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Our goals for twenty twenty one are no less ambitious than what we have set out to do in 2019 and 2020,

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2021 is about scaling the value-based care further across the network.

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We are going to have a target this year of having 51 percent of our professional payments.

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So the payments to physicians and and other practitioners of healthcare,

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51 percent of them are going to be impacted by one of our value-based contracts by the end of 2021.

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We're on track to do that. We're excited. We have ongoing conversations with a number of major systems, a number of large practices,

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some smaller practices, when altogether we will achieve that goal of reaching 51 percent.

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And that is approaching critical mass to begin to see new new patterns of use and new patterns of focus on population in our in our population.

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And on behalf of the employer groups that were responsible for the individuals and also for our government programs that we're now in as well.

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Additional HCO partnerships this year we ended 2020 with five HCO partnerships, some of which have yet to be announced.

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It will be announced in the coming months. And a number of additional HCO partnerships are in the pipeline.

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We're in the process of building a new regional network as well.

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That will it will both be available locally and also fit into the Blue Cross and Blue Shield

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Association's national additional network option that was launched a year or so ago.

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And we continue to work on episode of care arrangements.

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We're going to be launching new episodes in 2021, going deeper into the available episodes than we were able to accomplish in 2020.

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So we're going to keep pressing, bringing new specialties and new practices into this world of value-based care.

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We're doing that actually in Maryland in partnership with the rest of the medical community and with Medicare fee for service.

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So Maryland has a special waiver from CMS.

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They operate a number of programs that CMS and the Center for Medicare, Medicaid Innovation are operating throughout the United States.

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There are special programs in Maryland. One of them is around episodes.

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And we're very pleased that we're going to be working with the Health Services Cost Review Commission,

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which sets hospital rates in Maryland on an episode program.

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That's going to be a mirror image. So what Medicare fee for service is doing will be a mirror image with what CareFirst commercial is doing.

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And we think that since that's such a large part of any individual practitioner's business, that we're going to get further,

faster together.

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It's this concept of multi payer alignment. If you have more of the patient population of any particular provider under a similar type of model,

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you will get more progress more quickly because there's more incentives at stake

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for the practitioner or that practice to begin to adjust their business model.

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So we're really excited about that. We think that's going to start January 1st, 2022.

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And we're very excited that we're going to be able to work really to create models that bring the whole medical community together,

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all with similar measures to improve outcomes for all of the communities that we serve and all the populations that we serve.

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We're also working at a never ending project to maintain provider data and make sure that we

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00:03:38,490 --> 00:03:43,950

have the most up to date and accurate information available for our members in our directories.

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There's an awful lot of change. Providers come into organizations, come out of organizations,

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00:03:49,020 --> 00:03:58,020

and keeping up with that across a network of more than forty-thousand different practitioners is quite, quite a job.

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We're using technology tools to help update that. And as part of our new type of relationship that is less transactional and more partnership

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oriented with our large provider systems is to solve problems like this together,

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to make things more efficient, more accurate and more timely so that we have the best information possible to provide to our members.