

	<b>Cost Reimbursement</b> (provider paid for fixed costs)	<b>Fee-for-Services</b> (provider paid for units of service)	<b>Capitation/Case Rate</b> (provider paid for the episode and measured on outcome)
<b>Carved-Out</b> (BH benefit/care separate from medical benefit/care)			
<b>Carved-In</b> (BH benefit/care included in medical benefit/care)			
<b>Integrated</b> (BH benefit and medical benefit in one plan and care is integrated)			

# Move Toward Integrated Payment and Care Systems

## Checklist for Change

- ✓ Payers and Providers must utilize good EHRs in order to capture services and costs
- ✓ Payers must have an incentive to have a good provider networks and not just focus on profit
- ✓ Providers must have an incentive to provide “outcome-based” care to get the desired outcome for patients/payers and not just focus on payments
- ✓ Both Payers and Providers need models and then the time to develop integrated systems and be ready to constantly re-evaluate the model and “fix” as you go
- ✓ Payers and Providers must be honest and engaged partners
- ✓ Finally, Patients must be empowered to change the Payer or Provider if necessary – this is the ultimate market force