



# Navigating DPC for Employers

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# Learning Objectives

1. Consider both the positives and negatives of serving Employers.
2. Review the different employer plan options and how they pair with DPC: pure DPC, indemnity, health share, ICHRA, fully-funded, level-funded, self-funded.
3. Consider the different DPC pathways to serve employers: direct, MSOs/IPAs, affiliate networks.

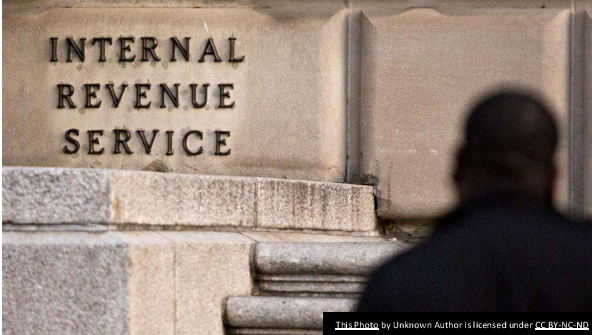


## *Live Content Slide*

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**Poll: Are you working with Employers now?**

# Why Employer-Sponsored Care



WWII wage controls -> IRS Tax Code

+

ERISA

+

weak individual market

+

ACA employer mandate

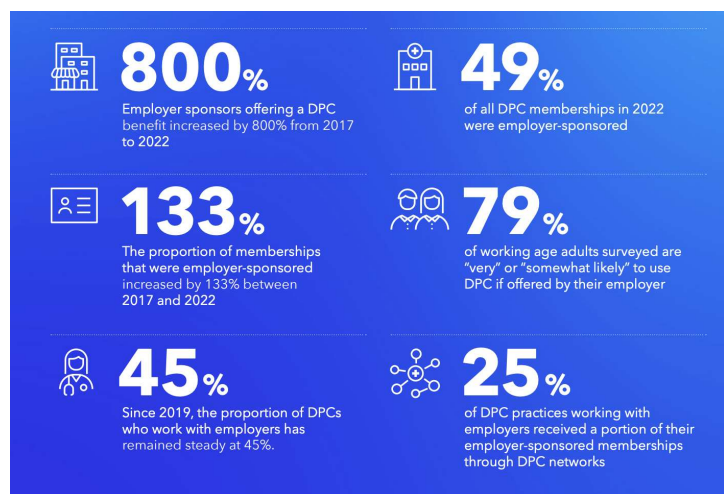
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~50% Americans



## Current State of DPC for Employers

- Many DPCs are working with employers.
- More employers are interested.
- Networks are growing.
- More plans serving employers want DPC.
- Employers pay ~50



Source: Employer Trends in DPC 2023 Report ([www.hint.com](http://www.hint.com))



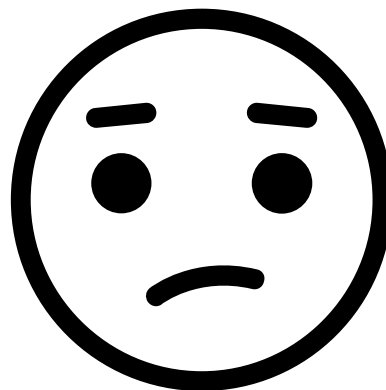
## Positives



- Members
- Connection
- System transformation

## Negatives

- Turnover
- Potential complexity
- Extra work



## Plan 1: DPC Only

Employer covers DPC membership for employees, nothing else.



Photo by [Brett Jordan](#) on [Unsplash](#)



## Plan 2: Fixed Indemnity

Type of insurance plan that can be used for health services that reimburses members a fixed amount per service without a provider network, up to a maximum.



## Plan 3: Health share

Non-insurance arrangement where members contribute monthly and share each other's medical costs based on religious or ethical agreement.



## Plan 4: Targeted Stipends

Employer-funded accounts (ICHRA, QSEHRA, LSA) that reimburse employees for individually purchased health insurance and qualified medical expenses.



## Plan 5: Fully-funded

**BUCAH**

Traditional insurance where the employer pays a fixed premium to an insurance company, which assumes all risk and claims costs.



## Plan 6: Self-funded

Employer assumes the financial risk for providing healthcare benefits, paying claims directly as they arise, often with stop-loss protection.

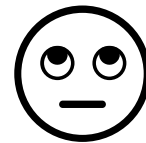




## More Plan 6: Self-funded Components

- Benefits broker, advisor, consultants
- Plan design
- Plan documents (SPD)
- Third party administrator (TPA)
- Claims funding
- Stop loss insurance
- Provider networks and reference-based pricing
- Care Navigation
- Case Management
- Utilization Management
- Pharmacy benefit manager (PBM)

“Is he really talking about this?”



## Plan 7: Level-funded

Version of self-funded plan where employers pay a fixed monthly amount that covers claims funding, administration, and stop-loss insurance, with potential share of rebates if claims are low.



## Path 1: Direct

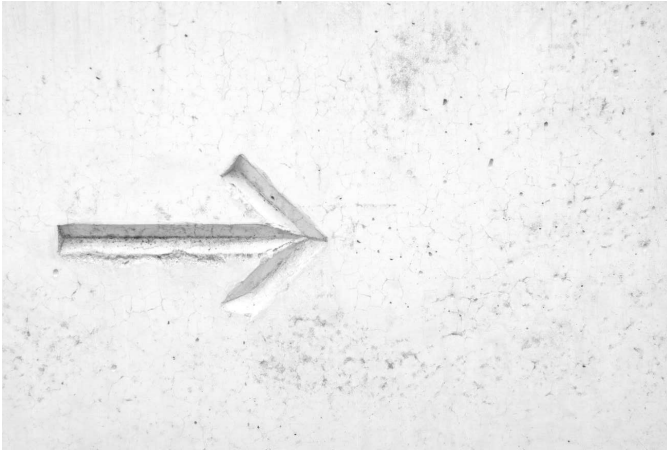


Photo by [Nik](#) on [Unsplash](#)

DPC contracts directly with Employer.



## Path 2: MSOs & IPAs

DPC joins an MSO (management services organization) or an IPA (independent physician association) that holds contracts with employers in addition to other management services.



## Path 3: Networks

Holy Sh!+,  
he just  
said that  
word!



DPC joins a network that contracts with employers.



## Objectives Review

1. Consider both the positives and negatives of serving Employers.
2. Review the different employer plan options and how they pair with DPC: DPC only, indemnity, health share, stipend (ICHRA, QSEHRA, fully-funded, self-funded, and level-funded).
3. Consider the different DPC pathways to serve employers: direct, MSOs/IPAs, and affiliate networks.



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## Social Q&A for Navigating DPC for Employers



## QUESTIONS?

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