

---

# Lessons from Collecting Two Cycles of APM Data in Oregon's APCD



HEALTH POLICY & ANALYTICS DIVISION

Stacey Schubert

---

# Presentation Today

- Background on Oregon's collection of APM data
- High level results from 2016 submission
- Lessons learned from qualitative interviews
- Next steps on APM data collection
- Future policy directions

# Background Information

# History of APM data collection in Oregon

- First discussions with carriers July 2015
- First data submitted in September 2017

“Mandatory Reporters shall submit separate information for each line of business and payment arrangement category held with each billing provider or organization, and shall differentiate spending on primary care from spending on non-primary care.”

# History of APM data collection in Oregon

- Current lines of business reported:
  - Commercial, not subject to ERISA
  - Medicare Advantage plans
  - PEBB/OEBB plans

# Use Cases

# Why Capture APMs?

- Measure spread of the CCO model and total statewide spending on health care
- Improve data completeness for measuring healthcare spending
- Measure penetration and quality of APM arrangements
- Benchmark to recognize payers at the forefront of APM adoption

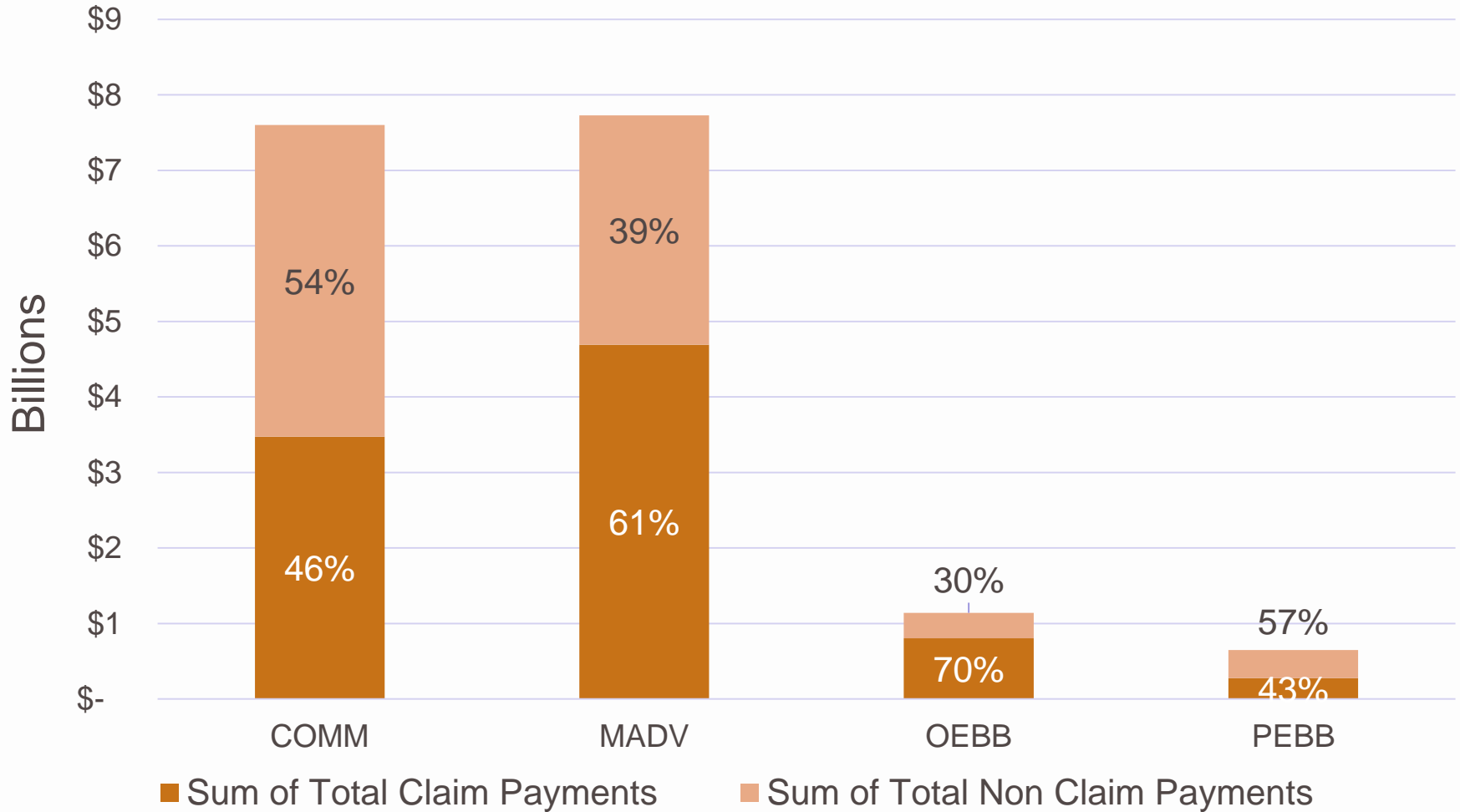
# 2016 Data



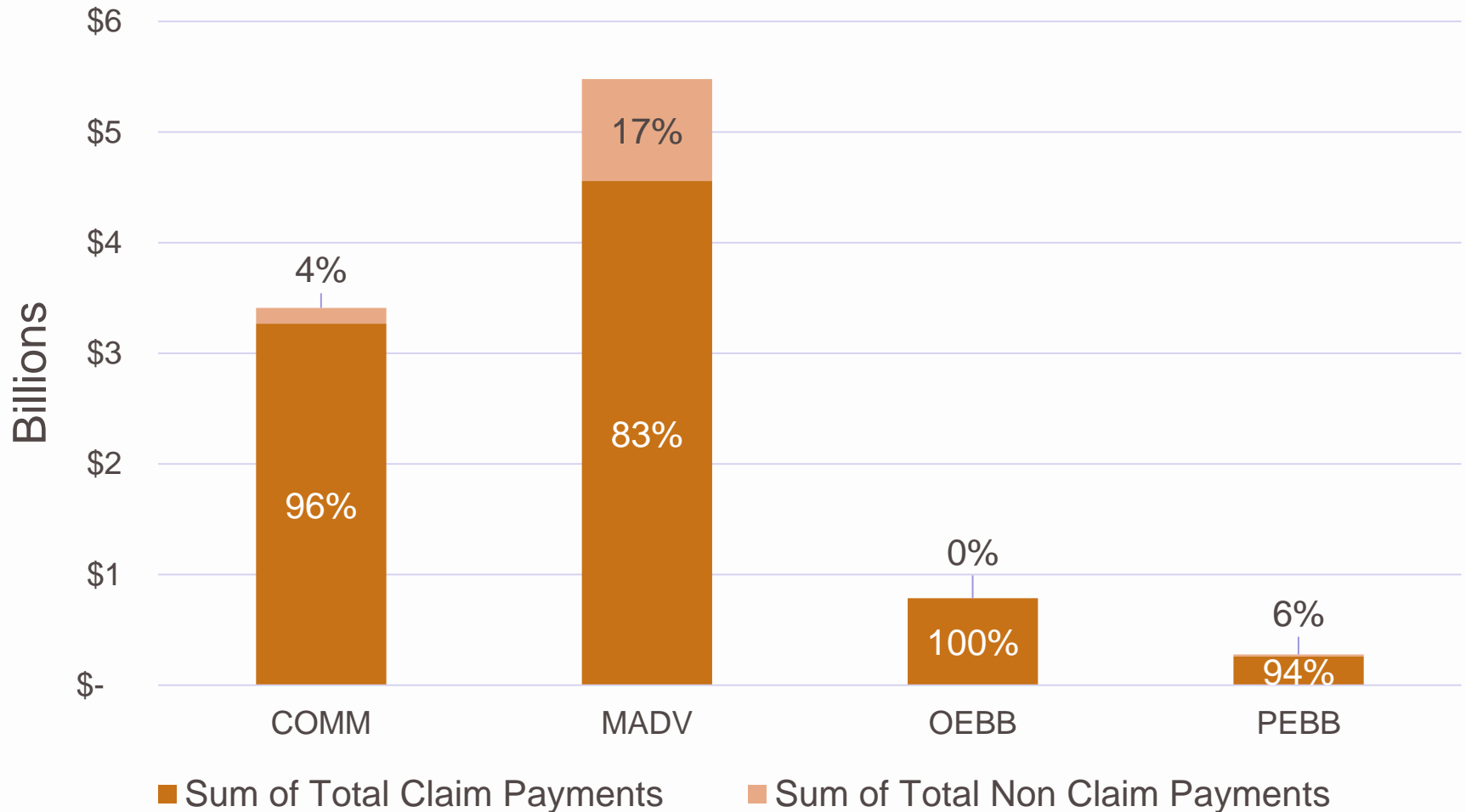
# Making sense of the data – summary stats

- 19 reporters submitted APM data in 2017
- Total payments for all lines of business: \$4.56B paid in claims and \$2.75B paid in non-claims
  - 38% of total payments were non-claims-based
- Primary care payments for all lines of business: \$584M paid in claims and \$484M in paid non-claims
  - Primary care was 14.6% of all payments

# Making sense of the data #1 – by LOB



# Making sense of the data #2 – by LOB



# Conversations with carriers about the data

- Primary care designation proved challenging.
- Operationalizing the inclusion criteria was not done uniformly.
- Treatment of withholds and recoupments not consistent.
- Rows represent various permutations of providers.

# Next Steps

# Possible changes in file structure

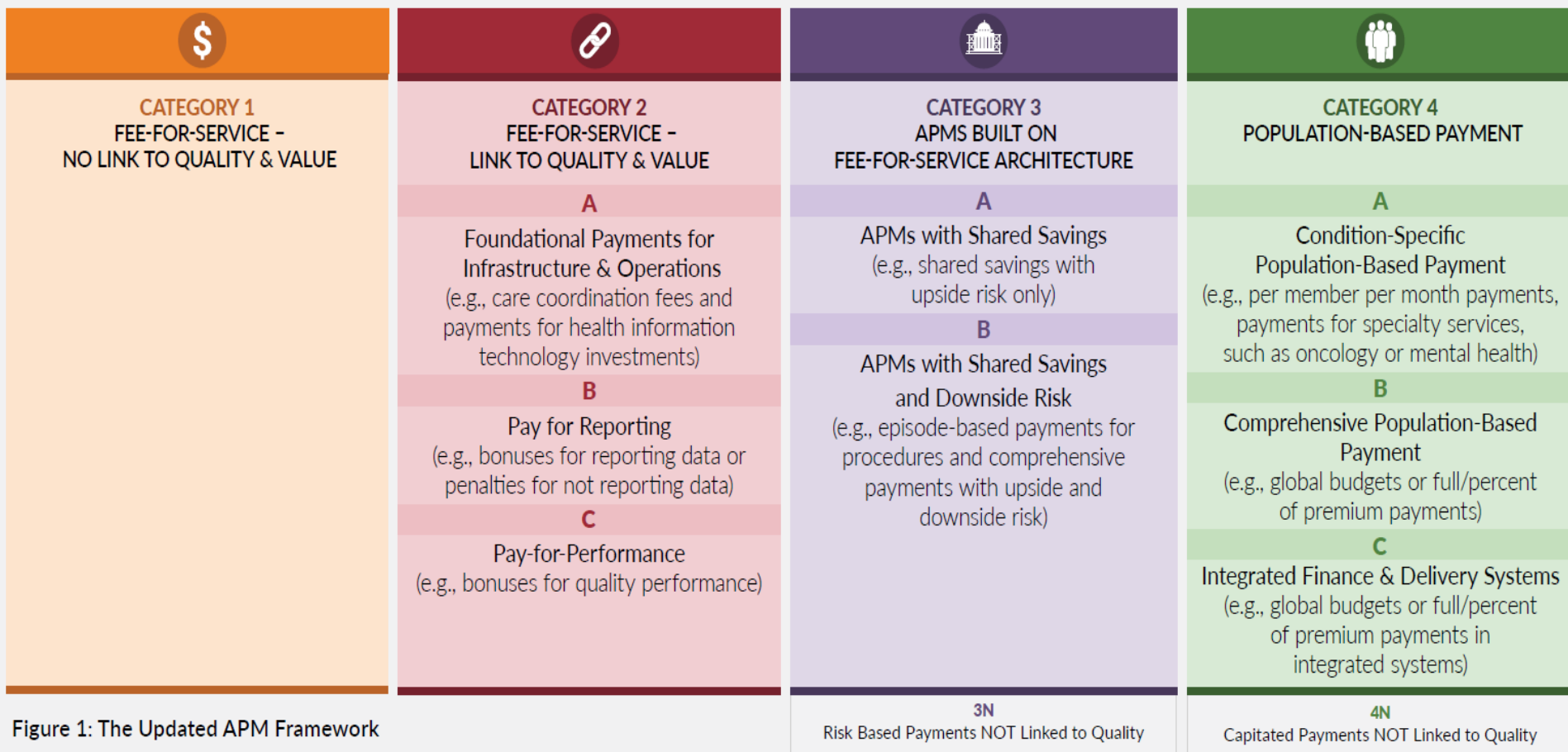


Figure 1: The Updated APM Framework

# Changes in mandatory reporters

- Oregon's fifteen CCOs are required to report APMs to APAC starting September 2019.
- OHA has worked with four CCOs to voluntarily submit data in 2018.

# Changes in specifications

- Instructions specific to CCOs
- Clarification about at which level payments are to be reported
- Instructions for national carriers
- Clarification about complex payment arrangements



# Future challenges

- Cannot cleanly analyze PMPMs paid to PCPCH clinics/providers

# APM current and future policy directions

- Primary Care Spending Report
- Measure value-based-payment (VBP) requirements embedded in CCO 2.0
- Measure spread of VBP uptake across and within each line of business

T  
H  
A  
N  
K  
  
Y  
O  
U

