Collecting Data on Alternative Payments Models As Part of an APCD

Oregon's Process and Lessons Learned Along the Way
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Alternative Payment Methods (APM)

▶ Non-FFS

▶ Quality and Financial Performance Incentives
  - P4P, Payment Penalties, Shared Savings, Shared Risk

▶ Fixed Payments
  - Capitation, Limited Budget, Bundled/Episode-Based

Paying for outcomes and health

The Challenges Oregon Faced

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▶ Increasingly, OR payers spending more of their healthcare dollars on APM arrangements, but no centralized collection of this data

▶ Legislative Interest in APM Data:
  - APAC is meant to track the utilization, uptake, and comparative effectiveness of various payment methods (HB2009)
  - OHA is tasked with collecting data that enhances health payment reform and allows for reporting methods that are not claims-based (Chapter 389)
  - Reporting on the percentage of medical spending allocated to primary care each year (SB 231 and HB4017)

▶ However, APM payments are unlike other APCD data
  - Many are processed on separate platforms, outside of the claims system
  - Many are administered as annual bonus payments or contractual adjustments

OHA's Planning Process

Planning began in October 2015

▶ Identify and Research Mechanisms for Data Collection
  1. Using Data Already Collected by State (i.e. financial filings)
  2. Collecting Data Under Umbrella of APCD
     • Collecting as part of already existing APCD files
     • Collecting as separate file

▶ Confirm Authority to Collect Data under Possible Mechanisms

▶ Consider Cost and Complexity of New Data Stream

▶ Convene Stakeholders to Discuss/Establish Specific Use Cases

▶ Identify and Learn From Other States Collecting APM Data
  • Cannot be copy/paste!

Lessons Learned

▶ Not all payers have same definition of APM categories

▶ APM contracts have different performance periods –> think about who/how you will prorate this data

▶ Very difficult to flag claims-based payments captured in typical APCD files as being part of APM

▶ APM payments are often made to financial parent or holding company, not individual providers

▶ Some APM arrangements are tied to enrollment and others are not, making PMPM calculations difficult

▶ Work closely with your data manager to create specifications and validations!

Lessons Learned (Cont.)

▶ Make Sure You Understand the APM Data Source vs. the APCD Claims Data Source

- Many payers can only report APM data for policies *sold* in the State (i.e. SITUS)
- Many APCD's collect claims data for individuals *residing* in the state

This means that someone a Washington resident working in Oregon will not be in APCD Claims Data, but can be represented in APM data

Where Oregon Landed

- Separate APM file submitted annually

    (first submission is 9/30/17 - 2yrs after planning began!)

- APM file will never be combined with claims-based APCD data

- APM file to capture all payments made to every billing provider/organization under plans SITUSED in Oregon

- Payments parsed out by Line of Business, Payment Arrangement Category (including FFS), primary care vs. non-primary care

What Will the Data Be Used For

▶ Understanding trends in APM adoption

- Which APM arrangements are the most popular by LOB?
- Is APM adoption increasing over time?
- Where are APM providers located?
- What portion of healthcare dollars go towards APM?

▶ What is the average PMPM spend for member-based APM arrangements (i.e. capitation, integrated delivery system)?

▶ What portion of healthcare dollars goes to primary care?

On the Horizon

- ▶ Validate data through payer feedback loop

- ▶ Consider aligning APM categories and definitions with HCP-LAN (categories 1-4)

- ▶ Revisit incorporation of additional APM measures with Technical Advisory Group to better understand value of APM's and whether they are driving change

- ▶ Consider whether APM file can supplant other filings to State