Collecting Data on Alternative Payments Models As Part of an APCD

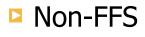
Oregon's Process and Lessons Learned Along the Way October 4, 2017



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Alternative Payment Methods (APM)





Quality and Financial Performance Incentives

- P4P, Payment Penalties, Shared Savings, Shared Risk
- Fixed Payments
 - Capitation, Limited Budget, Bundled/Episode-Based

The Challenges Oregon Faced

- 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



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!



- 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 <u>sold</u> in the State (i.e. SITUS)
- Many APCD's collect claims data for individuals <u>residing</u> 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 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

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?



- 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



