

Collection of Advanced Payment Model Information: Experience from Other States



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Today's Discussion

- Background on APM data collection, use cases and lessons learned from other states
- Discussion on Maryland APM data collection

Alternative Payment Models Overview

- Insurer's payments to providers that do not appear on claims (not fee-for-service)
- Quality and Financial Performance Incentives
 - Payer for Performance/Payment Penalties
 - Shared Savings/Share Risk
- Fixed Payments
 - Population-Based Payments/Capitation
 - Bundled/Episode-Based
- Currently APM data is collected in MA, ME, OR, CO and DE with RI and MD beginning data collection
 - CA IHA collects voluntarily submitted APM data

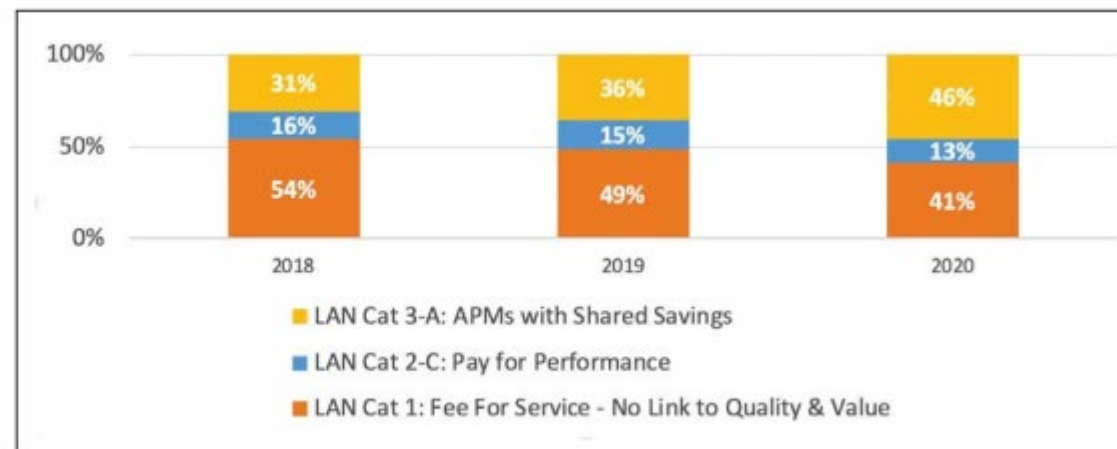


How is APM Data Used?

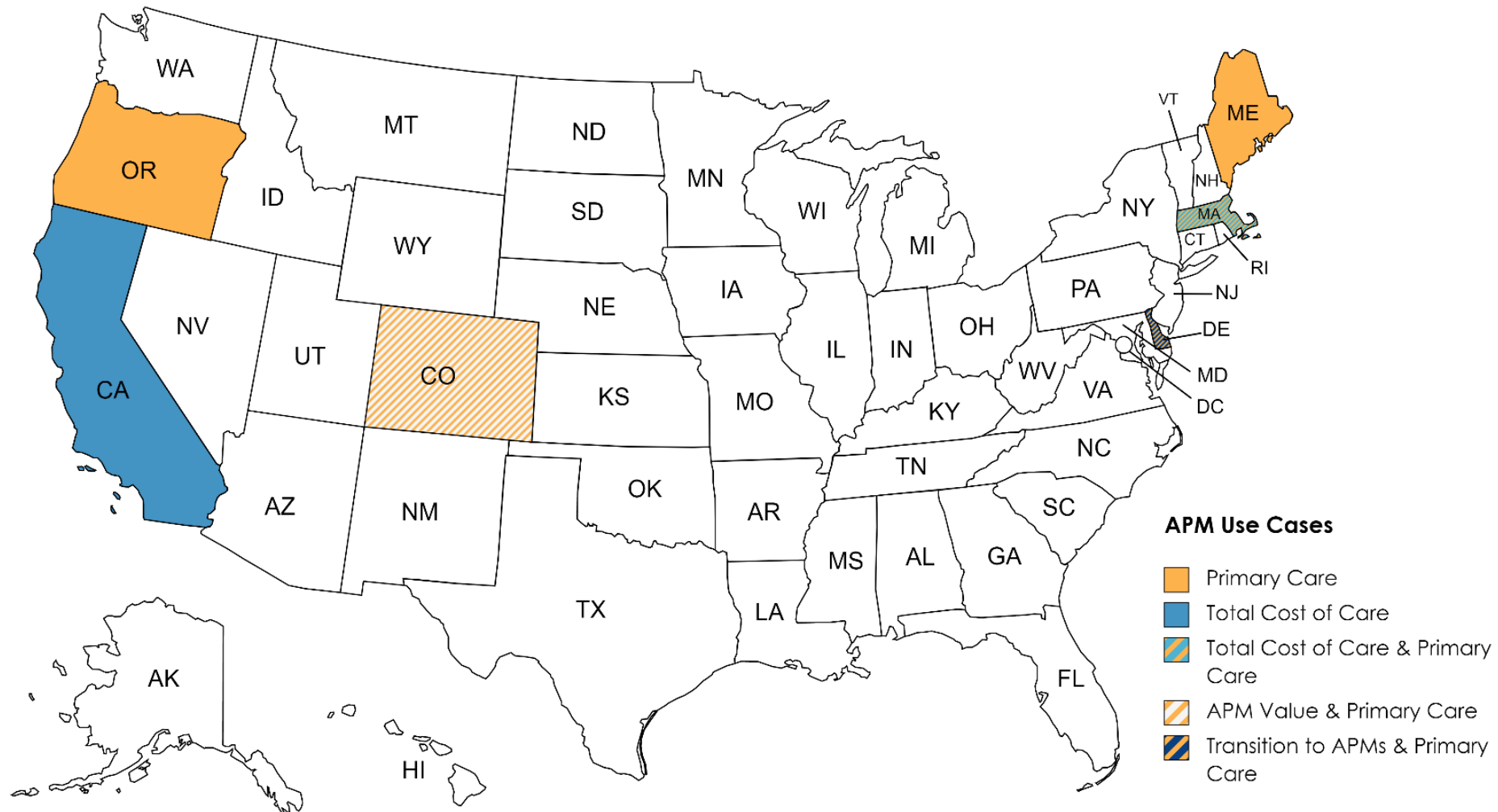
- Inform cost trends reporting, development of annual cost growth benchmarks for different payer types
- Report on claims and non-claims based primary care spending
- Identify effective APMs that reduce costs and improve quality
- Support transparency/regulatory efforts to move to value-based care
- Inform care delivery and payment incentives for innovative care transformation initiatives

FIGURE 10:
Percent of Delaware Health Insurance Carriers Spend Tied to Contracts that Meet Certain HCP-LAN Categories (Carrier Reported, 2018-2020)

Source: Delaware carrier template submissions to the Office. Data reflects commercial fully insured and State Group Health Plan.



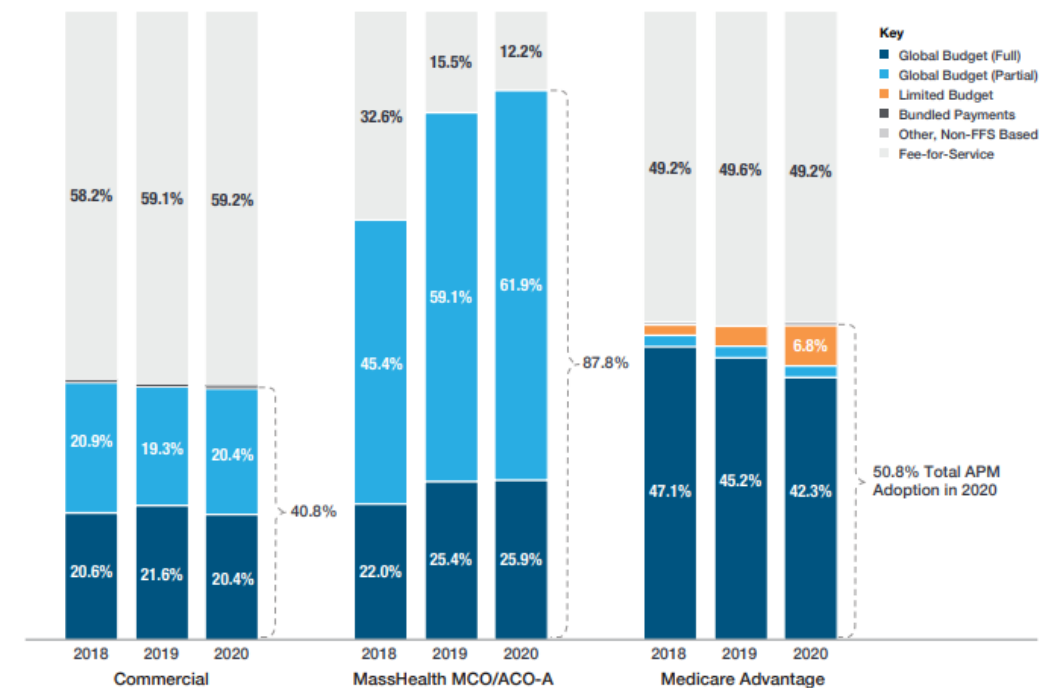
Examples from Other States



Massachusetts APM Data

- Ability to understand variation in value-based efforts by provider group
- Ability to understand variation in value-based efforts by geography
- Type of payment mechanism and level of risk
- Percent of market contracts tied to APMs and actual payments made through APMs

Adoption of Alternative Payment Methods by Insurance Category, 2018-2020



Source: Center for Health Information and Analysis (2022). Performance of the Massachusetts Health Care System

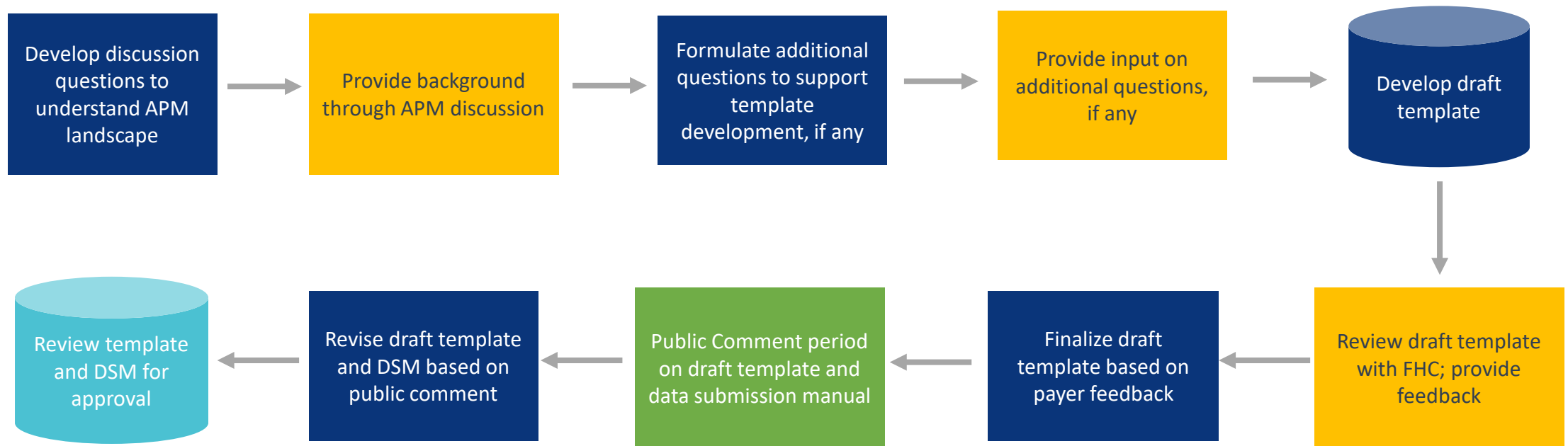
What Makes APM Data Different?

- Collected and reported on by financial or contracting departments
- Not reported at person-level
- Payments are finalized on a different timeline with longer run out periods than claims data
- Often reported as contract-based (SITUS) instead of resident based
- Little standardization in reporting templates and definitions

What Can We Learn from Other States?

- Data collection and definitions should align with priority use cases
- Early and continuous stakeholder engagement on data collection format and use cases is key to receiving good data
- Payers require hands-on guidance on understanding definitions, categorizing programs, classifying payments for multi-layered programs
 - Health Care Payment Learning and Action Network provides example of standardized definition, but payers require additional guidance on categorization
- Payers typically prefer simplified Excel templates and annual reporting
- Data on populations and risk adjustment tools used by data submitters supports consistent reporting
- Total medical expense flowing through APM contracts and actual non-claims payments are different

Discussion – APMs in Maryland



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- Primary Goal: Evaluate implementation of Bill 1148
 - Monitoring the movement from FFS to value-based care in the commercial market
 - Supporting or evaluating innovative care transformation initiatives
- Additional ways APM data collection can support Maryland:
 - Evaluating primary care spending
 - Understanding total cost of care
- What opportunities do you see for collecting APM data? Any concerns?

Questions?



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Appendix

Examples of State Reports

State	APM Data Users	APM Data Uses
MA	CHIA, MA Health Policy Commission	CHIA uses APM and Total Medical Expense (TME) data to develop their Annual Report on the Performance of the Massachusetts Health Care System . The Annual Report informs the Health Policy Commission Health Care Cost Trends Hearing
OR	Internal state users	OHA uses APM data to account for primary care and non-primary care dollars spent each year. APM data currently supports Oregon's annual primary care spending report
CO	APCD/CIVHC, Division of Insurance (DOI), and state Medicaid agency (HCPF)	CIVHC uses APM data to create a Primary Care Report for DOI and is developing an Affordability Dashboard with HCPF. A long-term goal is to identify APMs that are most effective in reducing costs and improving quality.
DE	Delaware DOI	Establish baseline to inform policy: An Integrated Approach to Improve Access, Quality and Value Monitor compliance with targets or requirements: Annual Review of Carrier Progress Towards Meeting Affordability Standards
IHA	IHA, California Office of the Patient Advocate	Data supports generation of the California Regional Health Care Cost & Quality Atlas, a publicly available tool that reports total cost of care, clinical quality, and hospital utilization metrics. APM data is used for analysis and reporting on Total Cost of Care.
ME	The Maine Health Data Organization, Maine Quality Forum (MQF)	MQF must submit an annual report to the legislature on primary care spending in the state to better inform future policy decisions specific to investments in primary care