



## Alternative Payment Methods

DRAFT Data Submission Workbook: 2023 Reporting Cycle

[Link to Data Specification Manual](#)

Payor ID:	
Payor Name:	
Payor APM Contact:	
Has APM Arrangements (Y/N)	

This workbook contains the following worksheets:

Worksheet Name	Contents
A.1 Financial	Financial information associated with APM contracts, defined as HCP-LAN category 2A, 2B, 2C, 3A, 3B, 4B and 4C
A.2 Financial - Episodes	Financial information associated with APM contracts, defined as HCP-LAN category 4A
B.1 Quality	Quality information associated with APM contracts, defined as HCP-LAN category 2A, 2B, 2C, 3A, 3B, 4B and 4C
C. Contract Information	Contract parameters associated with APM contracts, defined as HCP-LAN category 2A-4C
D. Summary	Summary APM contracts and fee-for-service spending
E. Notes	Notes on payer contracting









D. Summary

This worksheet should include summary information on members attributed to value-based payment arrangements (defined as HCP-LAN Categories 2A, 2B, 3A, 3B, 4A, 4B, 4C). It should also include one row of summary information for Maryland residents enrolled in fully-insured Maryland situated plans who are not attributed to one of the HCP-LAN categories above.

A	B	C	D	E	F	G	H
Reporting Year	Pediatric APM Indicator	Insurance Category or Categories	Total Unduplicated Member Months	Total Number of Episodes	HCP-LAN Payment Category	Total Medical Expense	Total Non-Claims Payments

E. Notes

**Describe the risk adjustment software tool and version used. If these differ by contract, please specify contracts based on information provided in Worksheet C. Contract Information**

**Confirm that in Worksheet A. Financial the payments across HCP-LAN categories sums to the total payments to the billing provider identified. If not, please provide an explanation.**

**Provide any additional information MHCC could benefit from to better understand your APM contracting in Maryland**

**Comment on whether data provided includes data for residents outside of Maryland.**

**If quality information is not provided in B. 1 Quality, confirm that the MD APCD Eligibility file includes correct flags for members attributed to the HCP-LAN categories for APM arrangements**

**If quality information is not provided in B. 1 Quality, confirm that a roster of patients attributed to each provider group is included with this submission.**

## Alternative Payment Methods

### Reference Tables

HCP-LAN Code	Category and Subcategory
1	Fee for Service
2A	Fee for Service Linked to Quality & Value - Foundational Payments for Infrastructure & Operations
2B	Fee for Service Linked to Quality & Value - Pay for Reporting
2C	Fee for Service Linked to Quality & Value - Pay for Performance
3A	APMs Built on Fee-for-Service Architecture - APMs with Shared Savings
3B	APMs Built on Fee-for-Service Architecture - APMs with Shared Savings and Downside Risk
4A	Population-Based Payment - Condition-Specific Population-Based Payment
4B	Population-Based Payment - Comprehensive Population-Based Payment
4C	Population-Based Payment - Integrated Finance & Delivery System

Insurance Category Code	Definition
1	Commercial Fully-Insured
2	Commercial Self-Insured
3	Medicare Advantage
4	Medicare Supplemental
5	Other

Quality Measure Code	Quality Measure
AHU	Acute Hospital Utilization
EDU	Emergency Department Utilization
FUM	Follow-up After Emergency Department Visit for Mental Illness
BCS	Breast Cancer Screening
CDC	Comprehensive Diabetes Care
COU	Risk of Continued Opioid Use
CAHPS	Composite Care Scores- Coordination of Care

Pediatric Indicator Code	Pediatric Indicator
0	No
1	Yes