

Learning Plan ISP- Participation in Alternative Payment Models (APM)

Practice considers systems and methods to maximize benefit of participation in alternative, performance payment arrangements.

The current COVID -19 emergency leaves health care systems, physician practices, the opportunity to move to value -based models, to create less dependence on fee for service reimbursement.

Practice evaluates impact of value-based payment arrangements on financial stability of practice, quality of care provided, and/or clinician and staff satisfaction.

Practice evaluates ACO and other group arrangements for VB payments.

An Alternative Payment Model (APM) is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population.

To achieve high quality, enhanced access, and reduced costs (aka, the Triple Aim) payers have adopted mixed payment models by linking higher provider payments (e.g., through enhanced fee schedules, PMPM case management fees or pay-for-performance programs) to health outcomes as quantified by specific quality metrics.

Goals /outcomes	Steps /Process to reach goals	Support Required Responsibility	Resources
<p>Understand payment methodologies for APM. There are varied payment methodologies being developed by payers for health care services. Payers are moving to value-based payment models that incentivize providers on quality, outcomes, and cost containment.</p>	<p>Understand the payment methodology (APM) in use by the ACO you wish to explore a partnership with.</p> <p>There are a variety of risk-based or budget-based payment models being developed. Risk-based arrangements (i.e., budget-based contracting) payments are predicated on an estimate of what the expected costs to treat a particular condition or patient population should be. This includes capitation, bundled payments, and shared savings arrangements.</p>	<p>Legal and accounting expertise advised.</p> <p>Practice needs to be sure to understand how these costs were calculated and that they include the total direct and indirect practice expenses and margin.</p> <p>The onus is on the physician to be able to manage expected utilization and related practice expenses for treatment. Success is based on the practice's ability to control the health care expenses of the patient population so</p>	<p>https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Pages/Payment-Models.aspx</p> <p>Webinars with excellent concepts even though they are older</p> <p>Alternative Payment Models Webinar Series</p> <ul style="list-style-type: none"> • Alternative Payment Models in a Rural Setting Suzanne Berman, MD, FAAP (59.05) • How to Prepare Your Practice for Implementing Alternative Payment Models Suzanne Berman, MD, FAAP (58.37)



Understand how the ACO you wish to participate in works with the practice/providers to achieve goals.

that they do not exceed the budgeted amount. The practice may share in the potential savings as well as any losses. For example, the practice may share in a percentage of any savings (e.g., upside risk); however, if the actual costs of care exceed the target or budgeted costs, the practice may be responsible for a percentage of the difference (e.g., downside risk).

FFS will be important to practice as a benchmark by which physicians can assess alternative payment models. Practices are encouraged to obtain the payment schedule from the payer and compare it to the practice's FFS rates with the same payer to evaluate whether the alternative payment model under consideration will provide adequate compensation.

- [Value Based Contracting with Payers](#)
Tom Long, MD, FAAP (45.03)
- [An Overview of Alternative Payment Models](#)
Norm Chip Harbaugh, Jr. MD, FAAP (58.29)
- [Contracting with Providers, ACO's, Integrated Delivery Systems, and IPAs](#)
Colleen Kraft, MD, FAAP (47:55)

Opportunity to Improve Care and Reduce Total Spending	Barrier(s) in the Current Payment System	Potential Solutions Through Alternative Payment Models
Help patients better manage health problems and risk factors in ways that avoid the need for hospitalizations	Lack of payment or inadequate payment for proactive outreach, care management, rapid response to problems, and non-hospital treatment options	APM #1: Payment for a High-Value Service APM #2: Condition-Based Payment for Physician Services APM #3: Multi-Physician Bundled Payment APM #7: Condition-Based Payment
Reduce unnecessary testing and visits to specialists	Insufficient payment to allow time for good diagnosis No payment to support phone or email contacts between physicians to develop good diagnoses and treatment plans	APM #1: Payment for a High-Value Service APM #2: Condition-Based Payment for Physician Services APM #3: Multi-Physician Bundled Payment
Use lower-cost procedures and services to treat patient conditions	Loss of physician revenue when fewer services or less-expensive services are performed, even though most costs and savings are associated with the corresponding payments to hospitals or other providers, not the physician practice	APM #2: Condition-Based Payment for Physician Services APM #7: Condition-Based Payment

Reduce the total cost of delivering a specific procedure or treatment in a hospital or other facility	Separate payments to the physician and hospital (or other facility) prevent compensating physicians for additional time or costs needed to reduce costs for the hospital/facility	APM #4: Physician-Facility Procedure Bundle
Use lower-cost providers or facilities for services ordered as part of treatment	Lack of payment or inadequate payment for use of lower-cost facilities or providers in conjunction with the physician's treatment services	APM #4: Physician-Facility Procedure Bundle APM #6: Episode Payment for a Procedure APM #7: Condition-Based Payment
Reduce the number of avoidable complications and the cost of treating avoidable complications	Inadequate payment for services needed to prevent complications or reduce the cost of treating complications	APM #1: Payment for a High-Value Service APM #5: Warrantied Payment for Physician Services APM #6: Episode Payment for a Procedure APM #7: Condition Based Payment



<p>Provider Engagement</p>	<p>ACOs can approach the engagement of health care providers from multiple organizational levels. At the administrative level, many ACOs develop driver diagrams and other tools to convey strategies and care improvement initiatives to providers and staff. At the practice level, ACOs create and distribute data reports to providers that capture provider performance on key measures and draw attention to improvement opportunities. Many ACOs also offer hands-on guidance and coaching for providers to act on the data reports and improve the efficiency and effectiveness of care delivery. In addition, ACOs motivate providers to improve care by offering them financial rewards for helping the ACO to achieve its cost and quality goals.</p>	<p>Practice Facilitators should encourage practices to explore assistance given to the practices by the ACO. Some ACOs may expect the practice to achieve goals of ACO with no assistance from the ACO. The practice needs to weigh the expected reimbursement gain to the needed resources to meet ACO goals and expectations.</p>	<p>Provider engagement toolkit file:///C:/Users/pball/Documents/University%20grant/Learning%20plans/Participation%20in%20APM%2010.1.1%2010.2.1%2010.3.1/2020 Provider%20Engagement%20Toolkit 508.pdf</p>
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<p>Beneficiary engagement</p>	<p>Regardless of which strategies ACOs choose to implement, incorporating beneficiaries' perspectives and values into both operations and care delivery is important to the ACOs' success in achieving cost and quality goals.</p> <ul style="list-style-type: none">• Engage beneficiaries in ACO governance• Elicit beneficiary and family feedback• Support beneficiary's self-care management.• Enhance communication with beneficiary• Communicate ACO as value-based organization.	<p>PFO can assist practice in setting up patient family advisory councils (PFACs) including ACO beneficiaries as members.</p> <p>ACOs note that beneficiaries are more receptive to information about the ACO when the information is communicated by a trusted care team rather than by an impersonal organization. PFO can support care teams understanding of the ACO concepts.</p>	<p>ACO beneficiary engagement tool</p> <p>file:///C:/Users/pball/Documents/University%20grant/Learning%20plans/Participation%20in%20APM%2010.1.1%2010.2.1%2010.3.1/ACO-BeneficiaryEngagementToolkit_11_25_19.pdf</p> <p>“Figure out the patients you’re accountable for and what their needs are. Use that data to tailor outreach to them. That means meeting them where they are — not just clinically, but also socially, culturally, and psychologically – <i>Josh Seidman, vice president, payment and delivery reform, Avalere Health, Washington, D.C.</i></p>
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<p>ACO Care Coordination</p>	<p>ACOs can use a variety of methods to coordinate and manage the care of their beneficiary populations.</p> <p>Practices should determine how the ACO will approach coordinated care and what the role for the practice will be in coordinates care.</p> <p>Approaches to care coordination includes system-wide initiatives and targeted interventions that support individuals with chronic conditions or recent acute care needs.</p> <p>Some ACOs focus on facilitating the exchange of data between primary care providers (PCPs) and emergency departments (EDs), whereas others establish networks of post-acute care partners to support their mission of improving the quality and effectiveness of care. Others may develop initiatives that focus on managing the care of individual beneficiaries, such as launching a home visit program or using information technology to streamline referrals to community organizations</p>		<p>Care Coordination Tool Kit</p> <p>file:///C:/Users/pball/Documents/University%20grant/Learning%20plans/Participation%20in%20APM%2010.1.1%2010.2.1%2010.3.1/ACO-CareCoordinationToolkit_4_11_19.pdf</p>
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<p>Colorado Primary care payment reform</p>	<p>Update as of July 30, 2020 from website</p> <p>Alternative Payment Model (APM) Participants: Do you have Colorado Data Analytics Portal access?</p> <p>The Department of Health Care Policy & Financing recently expanded the Colorado Data Analytics Portal (CDAP) capabilities to include provider access to APM data. Effective Aug. 7, CDAP will house refreshed quarterly data reports for primary care medical providers (PCMPs) participating in the Alternative Payment Model (APM) program. CDAP will display practice- and member-level data for all APM measures to help providers identify gaps in care and intervene to provide quality, coordinated care. PCMPs are encouraged to contact their regional accountable entity (RAE) to request access. Please email HCPF_primarycarepaymentreform@state.co.us if you need your RAE contact information.</p>	<p>PFO assist eligible practices understand the integration of APM with the Accountable Care Collaborative (ACC)</p> <p>“The Accountable Care Collaborative (ACC) is the core of the state’s Medicaid program. It promotes improved health for members by delivering care in an increasingly seamless way. The ACC provides the framework in which other health care initiatives, such as payment reform, can thrive. The APM applies to practices that are designated as Primary Care Medical Providers (PCMPs) under the ACC, including Federally Qualified Health Centers (FQHC).”</p>	<p>https://www.colorado.gov/pacific/hcpf/primary-care-payment-reform-3</p>
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<p>New added to ACO options: CMS Unveils New Value-Based Care, ACO Options for Rural Providers. Under a new rural health model, CMS will provide funding to rural providers and their communities to build value-based care systems and encourage ACO participation.</p> <p>ACO Model: CMS will select up to 20 rural-focused ACOs to receive advanced payments as part of joining the Medicare Shared Savings Program (Shared Savings Program). Building on the success of the ACO Investment Model (AIM), the advanced shared savings payments are expected to help CHART ACOs engage in value-based payment efforts that will improve outcomes and quality of care for rural beneficiaries. A majority of ACO providers/suppliers of the CHART ACO must be located within rural counties or census tracts as defined by FORHP.</p>	<p>The CHART Model aims to address rural health disparities by giving rural communities the financial resources needed to transform care delivery systems using innovative financial arrangements and operational and regulatory flexibilities. Rural providers will have two opportunities to receive funding from CMS for value-based care efforts. The CHART community Model and the ACO transformation track. The Model’s Community Transformation Track, which will give up to 15 rural communities a total of \$75 million in seed money to lead organizations to implement care delivery reforms, reimburse providers capitated payments, and offer operational and regulatory flexibilities to establish a more sustainable rural healthcare system.</p>	<p>Rural health systems need a lead organization for this project.</p> <p>Lead organizations include but are not limited to state Medicaid agencies, state rural health offices, local public health departments, academic medical centers, and independent practice associations.</p> <p>Telehealth expansions, such as allowing the beneficiary’s home to be an originating site, will be part of the flexibilities offered by the lead organizations in the Community Transformation Track, CMS stated. Under the model’s track, rural outpatient departments and emergency rooms will also be paid as if they were classified as hospitals and participating hospitals will be able to waive cost-sharing for Medicare Part B services, as well as offer Medicare beneficiaries transportation and gift cards for chronic disease management, the federal agency noted. Other benefit enhancements offered to participants include home</p>	<p>https://revcycleintelligence.com/news/cms-unveils-new-value-based-care-aco-options-for-rural-providers</p> <p>CHART Fact Sheet</p> <p>https://www.cms.gov/newsroom/factsheets/community-health-access-and-rural-transformation-chart-model-fact-sheet</p> <p>CHART Model</p> <p>https://innovation.cms.gov/innovation-models/chart-model</p> <p>Funding to Rural health</p> <p>https://www.fiercehealthcare.com/hospitals/cms-launches-new-payment-model-to-boost-funding-to-rural-healthcare-providers</p>
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PRACTICE INNOVATION
PROGRAM COLORADO
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		<p>visits after discharge from a hospital and for care management and a waiver of the 3-day inpatient stay prior to admission requirement for skilled nursing facility coverage. Rural ACOs will also be able to get funding through the CHART Model's ACO Transformation Track.</p>	
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