



MACRA: The All-Payer Combination Option for APM Qualification

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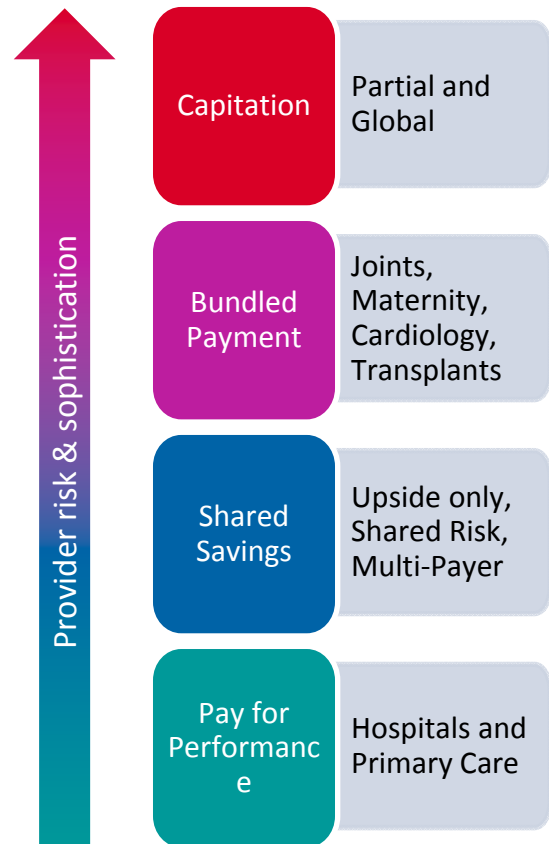
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What is the All-Payer Combination Option?

- Option to allow eligible clinicians to become Qualifying APM Participants (QPs) through a combination of Medicare Advanced APMs and Other Payer Advanced APMs
 - Providers who meet a minimum threshold under Medicare option, but not the patient count and/or payment amount thresholds through Medicare-only may request All-Payer determination
- Available beginning in 2019 QP Performance Period
- Other Payer Advanced APMs must:
 - Require use of certified EHR technology (CEHRT)
 - Base payments on quality measures comparable to MIPS quality performance categories
 - Meet nominal financial risk standards

Our Commitment to Value-based Care

Menu of Payment Models



Programs at Scale



53% of enterprise medical spend in shared savings/risk and capitation



>76,000 providers in shared savings/shared risk contracts



7.3M members attributed to ACOs and PCMHs



805 Hospitals in Commercial P4P programs
192 groups in Medicaid Specialist P4P pilots

All-Payer Combination Option: Opportunities



- Align incentives across payers and payment arrangements to drive practice- and system-wide change



- Recognize and reward investments made with other payers that are complementary to Medicare efforts



- Encourage participation in advanced APMs with other payers

All-Payer Combination Option: Potential Challenges

Encouraging and Sustaining Participation in Advanced APMs

- Creating a sustainable business case to take on the risk required of Advanced APMs

Medical Home Definition

- Medicare Medical Homes versus Other Payers

Administrative and Reporting Mechanisms

- Payer Initiated versus Eligible Clinician Initiated
- Entity- versus Individual-level reporting

Thank you

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