



# Step by Step Guide for Health Plan APMs to Qualify as AAPM

Valinda Rutledge  
June 6, 2018

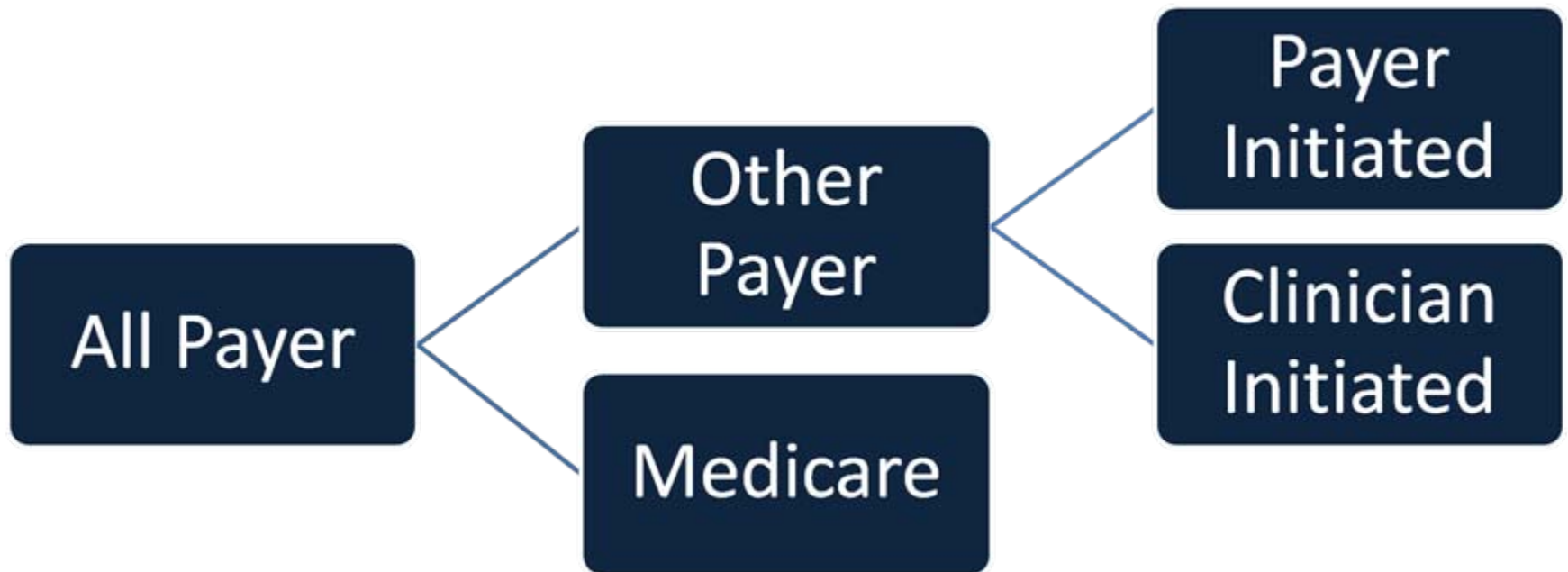
# Agenda

- Overview of All Payer Combination Option
- Other Payer Advanced APM Criteria
- Other Payer Advanced APM Determination Process
- Key Success Factors and Potential Pitfalls

# Goal

1. To Align Medicare aAPM definitions with Other Payer Advanced APMs in the All-Payer Combination Option as much as possible
2. Minimize reporting burden on payers and participants
3. Transparency by publishing list of approved aAPM

# All Payer Advanced APM



# Types of Other Payers Advanced APMs

- Medicaid Plans (MCOs and non MCO)
- Medicare Health Care plans( MA, PACE, Duals)
- Multi-payer (Partners with CMS in a CMS model such as CPC plus and OCM)

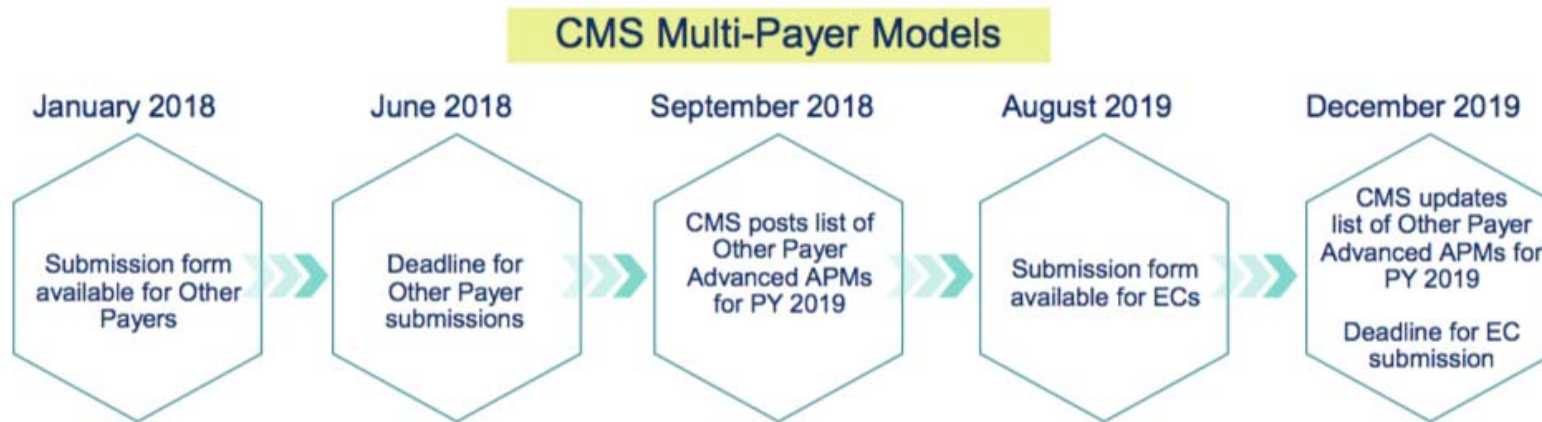
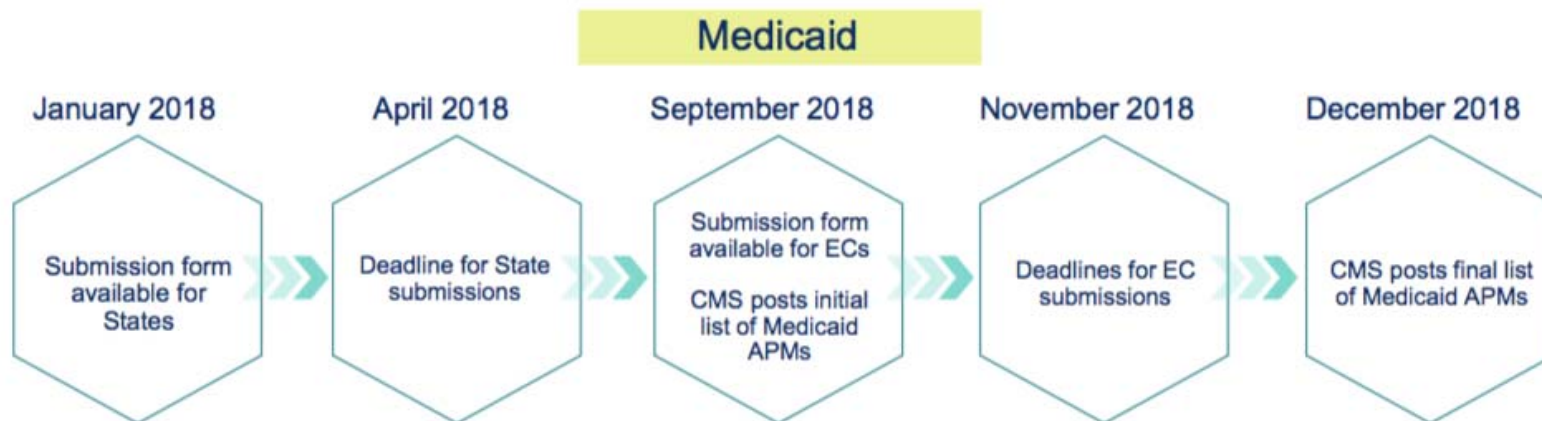
# Other Payer Advanced APMs Requirements

- Must use certified EHR technology on at least 50% clinicians
- Base payment on quality measures comparable to MIPS
- “More than nominal” financial risk

# High Level Other-Payer Process

1. Contract information is submitted to CMS for review
2. CMS reviews the info and agrees that the arrangement meets the definition of an aAPM
3. CMS will post the results of review
4. The eligible clinician meets the threshold through payments or patient counts to be considered an QP
5. Thresholds can be achieved through a combination of contracts

# All-Payer Timeline





# All-Payer Timeline

## Medicare Health Plans



## Remaining Other Payer Payment Arrangements



# Payment Amount Thresholds

**Table 1: All-Payer Combination Option – Payment Amount Method**

Payment Year	2019	2020	2021		2022		2023		2024 and later	
QP Payment Count Threshold	N/A	N/A	50%	25%	50%	25%	75%	25%	75%	25%
Partial QP Patient Count Threshold	N/A	N/A	40%	20%	40%	20%	50%	20%	50%	20%
			Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum

Performance Period will be Jan 1-August 31

# Patient Count Thresholds

**Table 2: All-Payer Combination Option – Patient Count Method**

Payment Year	2019	2020	2021		2022		2023		2024 and later	
QP Payment Count Threshold	N/A	N/A	35%	20%	35%	20%	50%	20%	50%	20%
Partial QP Patient Count Threshold	N/A	N/A	25%	10%	25%	10%	35%	10%	35%	10%
			Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum	Total	Medicare Minimum

Performance Period will be Jan 1-August 31

# Payer Initiated Other Payer Process Requirements

1. Voluntary process
2. In 2018, payers with Title XIX , Medicare Health arrangements or payers that are participating in a CMS multi-payer model like OCM can submit payer initiated application
3. In 2019, remaining other commercial payers can submit applications unless has same arrangement as Title XIX or Multi payer then can submit in 2018
4. Approval for aAPM determination is given for only 1 year
5. Medicaid arrangements (both MCO and FFS) must be submitted by state with MCO information

# Payer Initiated Timelines

1. Medicaid-Submission portal opens Jan of relevant period and concludes April
2. Multi-payer- open January and concludes June
3. Medicare Advantage- aligned with MA bid timeline- April and concludes June

# Clinician Initiated after Payer Submission

1. Eligible Clinician (EC) can only submit if payer has not submitted
2. Can only submit if they have a signed contract
3. For Multi payer and MA plans ECs can only submit during performance year (2019)
4. For Medicaid, it can be Sept 2018



# Information Needed for Submission

1. Submission Form Completed (by HPMS if MA)
2. Descriptive language of elements (arrangement details, CHERT evidence, quality measures, participants and locations)
3. Certification of accuracy is required
4. Retaining Records are required
5. Some information will be public but sensitive information will remain confidential
6. Can send redacted contracts

# Potential Pitfalls

1. Contract dates
2. Submission requirements
3. Deadlines
4. Clinicians
5. Infrastructure



# Key Success Factors

1. Familiarity with CMS requirements
2. Start discussion early with ALL stakeholders
3. Develop infrastructure

# Reasons to Participate

1. Align Population Health Activities
2. Optimize aAPM bonus opportunity
3. QP Snapshot dates are identical to Medicare except for December 1- can be individual or at APM entity
4. Fixed Cost advantage

