

2015 PAYER DATA REPORTING TAG MEETING

ALTERNATIVE PAYMENT METHODS (APM)
CONCURRENT ADDENDUM

April 1, 2015



center
for health
information
and analysis

APM Updates

- Legacy APM filing will be submitted via INET as usual
- Concurrent addendum will be submitted on a spreadsheet via confidential email **for plans reporting global payment/budget arrangements only**
- CY 2014 Data Year for both filings

APM Concurrent Addendum

Objectives:

- Collect data on global payment arrangements to better understand the nature of risk, benefits included, and prevalence by commercial market segment (i.e. Individual, Small Group, Mid-Size, etc.)
- Single stream data collection across state agencies; much of this information was requested in last year's Cost Trends Hearing pre-filed testimony

APM Concurrent Addendum

Aggregate Zip-Code Level Member Months by:

- Insurance category
- Commercial market segment (if applicable)
- Product type
- Payment Method
- Risk Type
- Carved-out Benefits

This data should be an aggregate summary of the global payment member population of the APM zip code level data submitted via INET.

APM Concurrent Addendum

Provider Level Member Months by:

- Contracting Entity ID
- Physician Group OrgID
- Local Practice Group OrgID
- Pediatric Indicator
- Insurance Category
- Product Type
- Payment Method
- Risk Type
- Carved-out Benefits

Report for MA residents associated with primary care providers under global payment contracts. May include out of state providers.

APM Concurrent Addendum: Definitions

Risk Type: Indicates the nature of the financial contract between the payer and provider.

Global Payment – Shared Savings Only

A payment arrangement in which providers share in cost savings at a pre-negotiated rate if they stay below a target budget for their population's care, but face no financial risk if their costs exceed it.

Global Payment- Upside and Downside Risk

In a two-sided risk model, providers share in cost savings if they stay below a target budget for their population's care and share in the losses at a pre-negotiated rate if their costs exceed the target budget. Providers are often eligible to keep a larger proportion of savings if they agree to share in any costs above the benchmark.

APM Concurrent Addendum: Definitions

Carved-out Benefits: Indicates the services carved-out from the global budget contract.

- Pharmacy Only
- Behavioral Health Only
- Pharmacy and Behavioral Health
- Other Services (not pharmacy and behavioral health)
- Pharmacy and Other
- Behavioral Health and Other
- Pharmacy, Behavioral Health, and Other

APM Concurrent Addendum: Definitions

Commercial Market Segment: Only applicable to commercial full- and partial-claim populations.

- **Individual:** Individuals purchase insurance directly from payers, including through the Connector
- **Small Group:** Employer groups with 1-50 eligible employees
- **Mid-Size Group:** Employer groups with 51 to 100 enrolled employees
- **Large Group:** Employer groups with 101 to 499 enrolled employees
- **Jumbo Group:** Employer groups with 500 or more enrolled employees

Payer Filing Schedule - UPDATE

File Type	File	Deadline
TME	CY 2013 Final TME	May 1, 2015
	CY 2014 Preliminary TME	May 1, 2015
APM	CY 2014 Legacy APM	May 15, 2015
	CY 2014 Supplemental Filing (excel)	May 15, 2015
RP	CY 2014 Hospital Relative Price	June 1, 2015
	CY 2013 Physician Group Relative Price	June 1, 2015
	CY 2014 Other Provider Relative Price	June 1, 2015

Submit APM supplemental data via email to your CHIA APM contact

Health Status Adjustment Tool Survey

- CHIA will circulate a survey to payers over the next week requesting information on the tools and versions to be used in reporting CY 2013 Final TME and CY 2014 Preliminary TME.
- This will help us prepare for reporting of TME trends
- Reminder: These tools should be same tool and version for all files submitted in a given reporting year

Questions or Comments?

Please call or email your designated CHIA-APM contact with any questions or comments:

(changes in red)

Contact	Payers
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