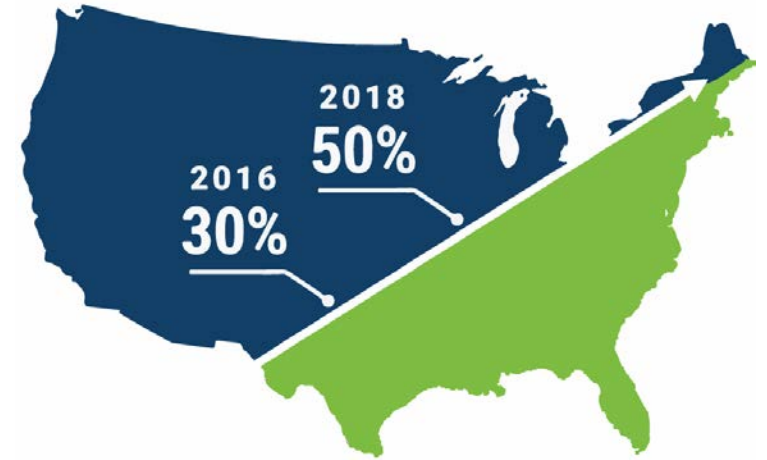
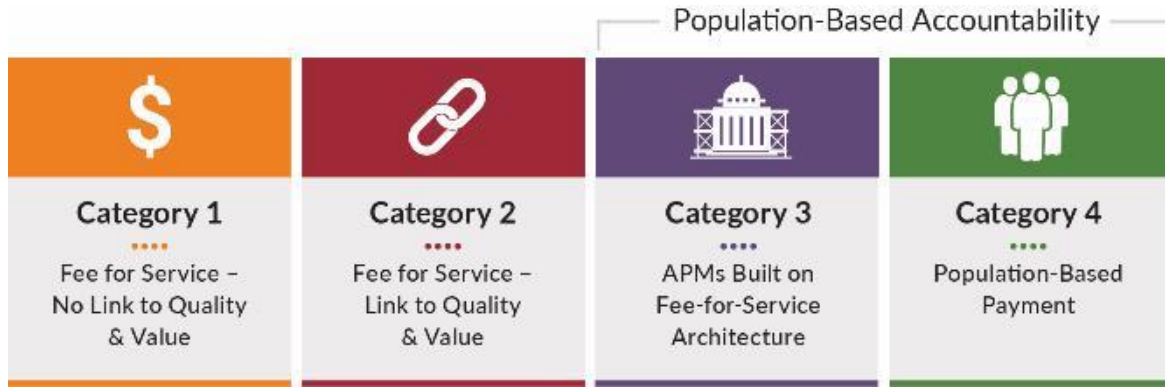


APM Measurement Effort

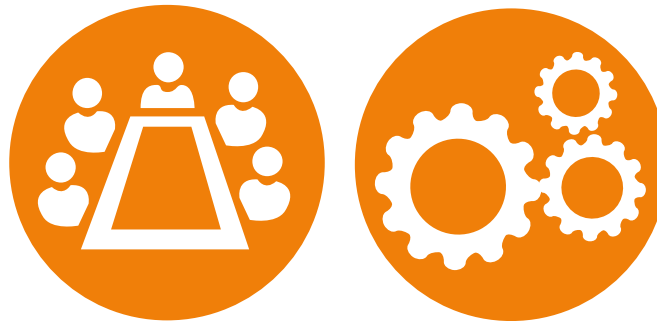
The Journey



National Measurement Effort

APM Framework

Payer Collaborative & Pilot



Key Principles

APM Framework – Summary of Key Principles

1

Empower Patients to be Partners

2

Shift to Population-Based Payments

3

Incentives Should Reach Providers

4

Payment Models & Quality

5

Motivate Providers

6

Dominant Form of Payment

7

Example of Delivery Systems in the Framework

Payer Collaborative Participants



Payer Collaborative Pilot

Nine plans voluntarily participated in a 5-week pilot exercise to:



Provide feedback on the proposed metrics



Test feasibility of the proposed data collection instrument

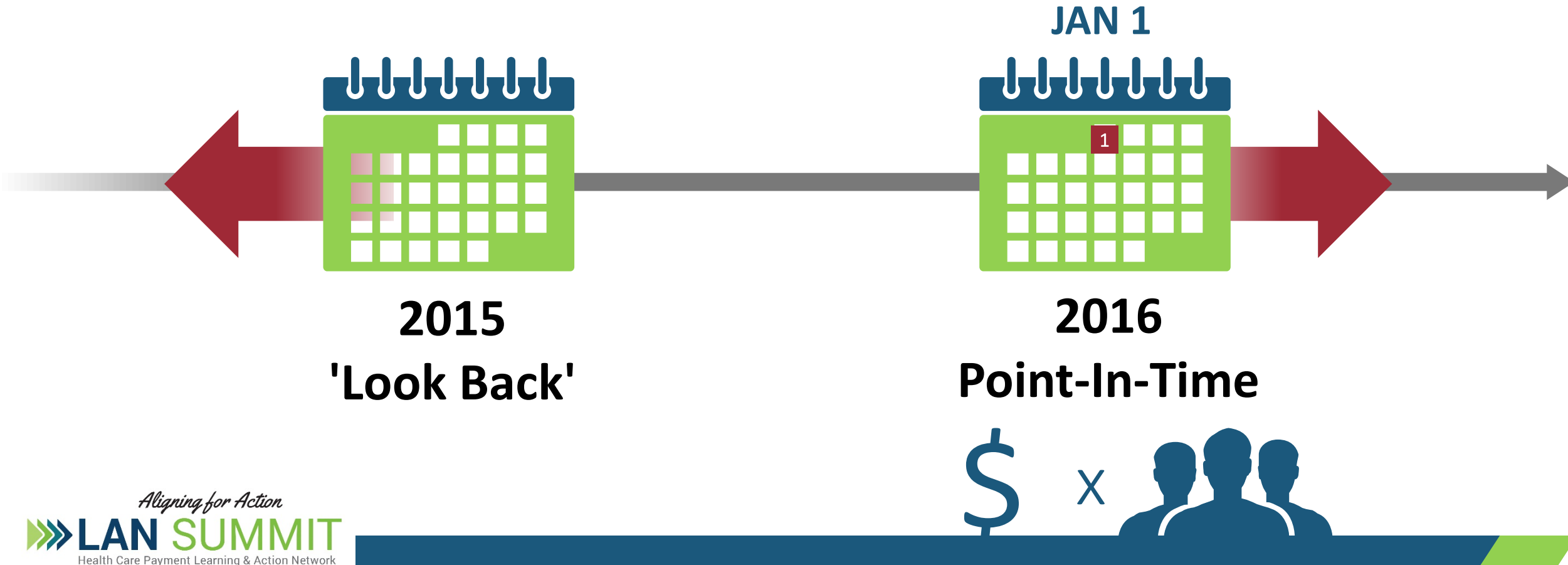


Determine the anticipated investment of time needed to complete the data collection

LAN APM Measurement Effort

The Methodologies

The LAN's national effort measures the use of APMs among public and private health plans across the country



The 2016 'Point-In-Time' Methodology

Based on CMS' approach used to assess whether traditional Medicare payments met the 30% Goal

- Payments are based on contracts in place on January 1, 2016
- These are **NOT** a projection of where a plan or Medicaid FFS state hopes its Categories 3 & 4 APM spending will be at the end of CY 2016
- 2016 Results reflect data submitted to the LAN only

2016 Point-In-Time

LAN PARTICIPANTS

40 HEALTH PLANS and **TWO** Medicaid States, responded directly to the LAN.

Representing over

128 MILLION AMERICANS, and...

Approximately

44% of the **COVERED POPULATION**

LAN PARTICIPANTS BY SERVICE LINE

	# of Plans	Covered Lives	% of Covered Population
COMMERCIAL	26	90M	44%
MEDICARE ADVANTAGE	23	10M	58%
MEDICAID <small>+2 FFS States</small>	28	28M	38%

TRADITIONAL MEDICARE

38

Million Medicare FFS beneficiaries

100

% of the covered population

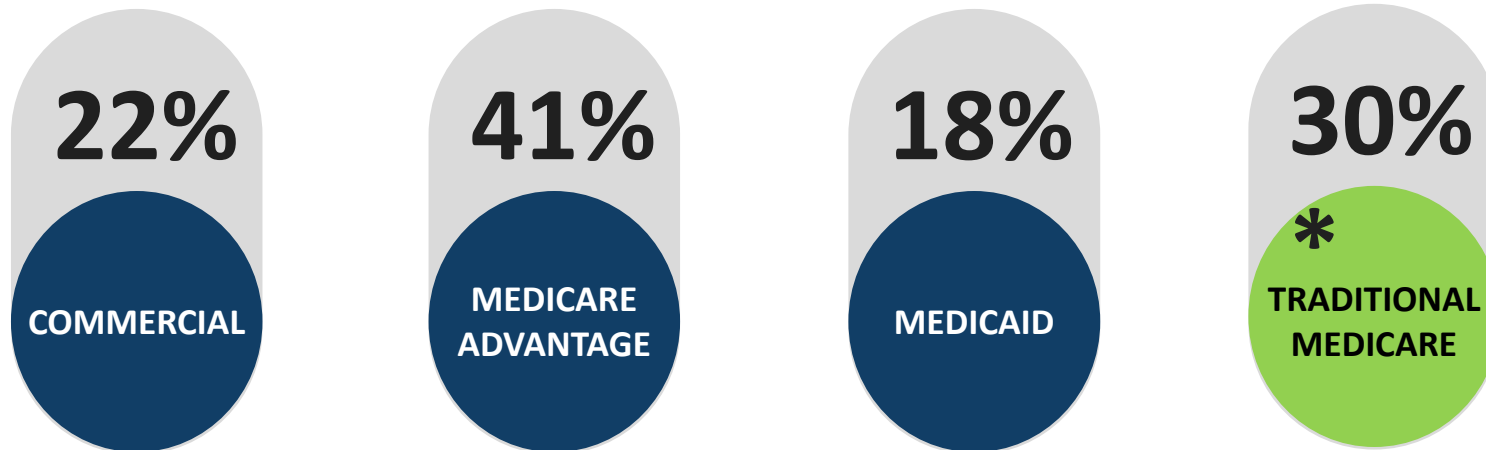
2016 Results



...In Categories 3 & 4



% of Healthcare Dollars



*The "25%" above does not include the "30%" traditional Medicare.

2016 Combined Results

LAN and Traditional Medicare



50% of the Covered Population



\$237 Billion in Categories 3 & 4



28% of Health Care Dollars in Categories 3 & 4

Limitations

- Health plan participation was voluntary
- Inability to report subcategory payment methods
- Potential variation in the interpretation of the metrics
- Health plan data system challenges



Way Ahead

Considerations for the LAN

- Are incentives reaching front-line providers?
- What APM models will be most successful?
- How do we account for increasing drug and behavioral health costs in these models and build innovative payment models to include these costs?
- What impact will MACRA, specifically MIPs, have on accelerating APMs?
- Will we see increased integration and care collaboration across specialty and primary care?

Call To Action



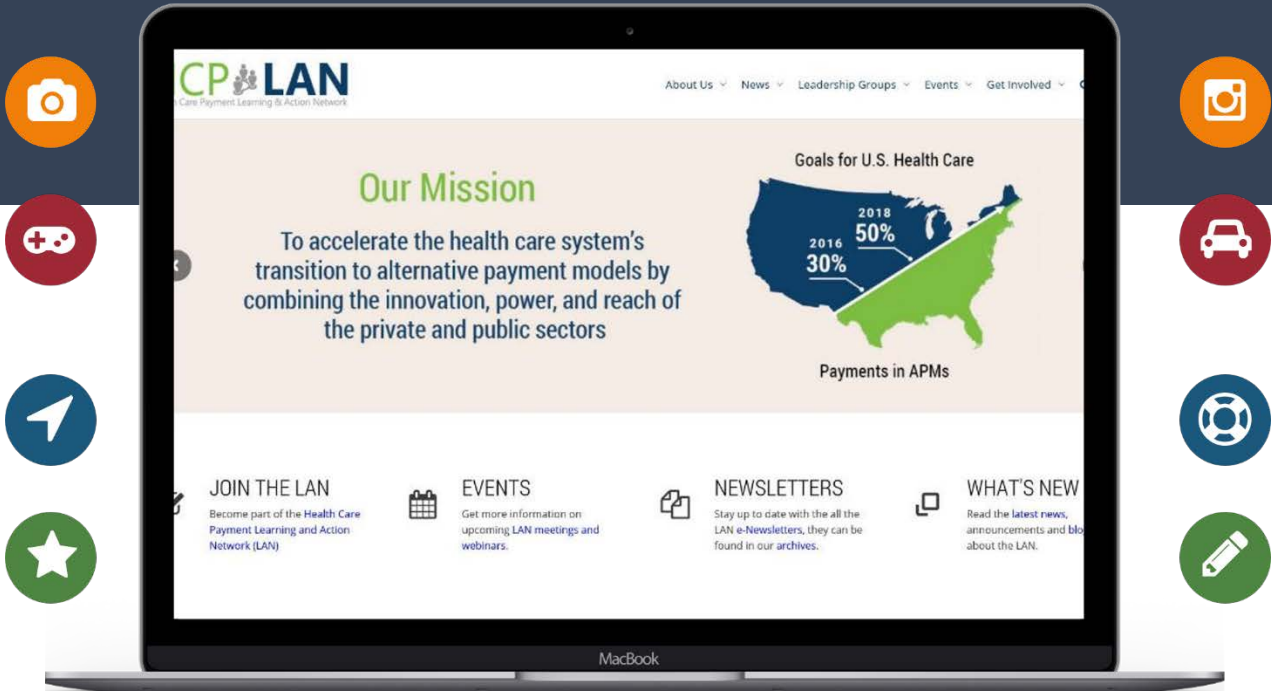
Patients and consumers, providers, health plans, employers, states, and consultants all play a critical role in advancing our collective efforts to transform health care to better care, healthier people, and smarter spending.

Questions



LAN Resources

<https://www.lansummit.org/LAN-Resources/>



Exit Survey

- We want to know what you think!

- Please take a moment to complete the exit survey so we can continue to improve and enrich the LAN.

<https://www.surveymonkey.com/r/lansummitsession>

Thank You!



Contact Us

We want to hear from you!



www.hcp-lan.org



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