
All Payer All Claims Database (APAC) Payment Arrangement File: Technical Assistance for CCOs



July 30, 2020

The logo for Oregon Health Authority features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background.

Oregon
Health
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Learning Objectives & Outline

Webinar Outline

- CCO 2.0 Value-based Payment (VBP) Requirements
- LAN Category Definitions + OHA's additional categories
- APAC Overview
- Payment Arrangement File (PAF)
- Tying it all together [Exhibit L – PAF – VBP Progress]

After the webinar, participants will be able to describe:

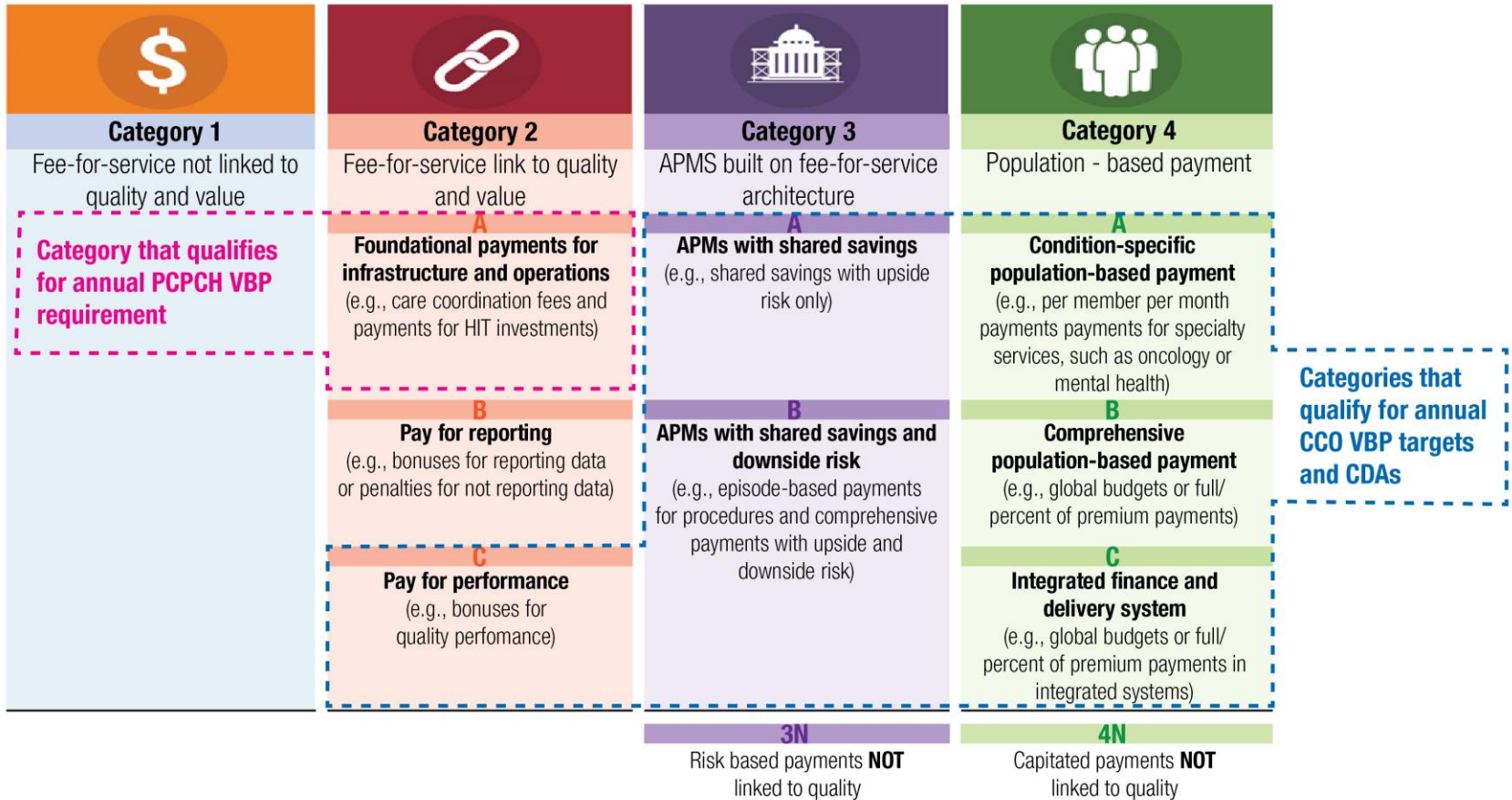
- Requirements for the PAF data submission
- Data fields included in the PAF
- The relationship between Exhibit L, the PAF, and CCO 2.0 VBP requirements

VBP and Quality Requirement

- OHA has defined VBPs as payments to providers that reward the **value** instead of volume of care delivered, **rewarding** providers for a combination of high-quality care, positive member health outcomes, and cost savings.
- To qualify for CCO 2.0 VBP target achievement, each VBP contract between a CCO and provider/provider group requires a clear link to quality, specifically:
 - pre-selected performance measures, either from HPQMC measures menu, a national measures steward or with approval from OHA
 - provider(s) must demonstrate that they have met or exceeded either the target threshold or year-over-year improvement target
 - CCO review of provider performance

CCO 2.0 VBP Requirements

by Health Care Payment Learning & Action Network (LAN) categories



REVISED TIMELINE CCO 2.0 VBP Requirements

2020	2021	2022	2023	2024
Annual VBP % Requirements – Must be LAN Category 2C or Higher (P4P or Higher) —————>				



Implementation of Care Delivery Area (CDA) VBP Models
Must be LAN Category 2C or Higher (P4P or Higher)

CDAs now begin in 2022, and all are implemented by 2024



Shared Savings/Shared Risk Must be LAN Category 3B or Higher



←———— Patient-centered Primary Care Home (PCPCH) Investment —————>

CCO 2.0 & Meaningful Level of Risk

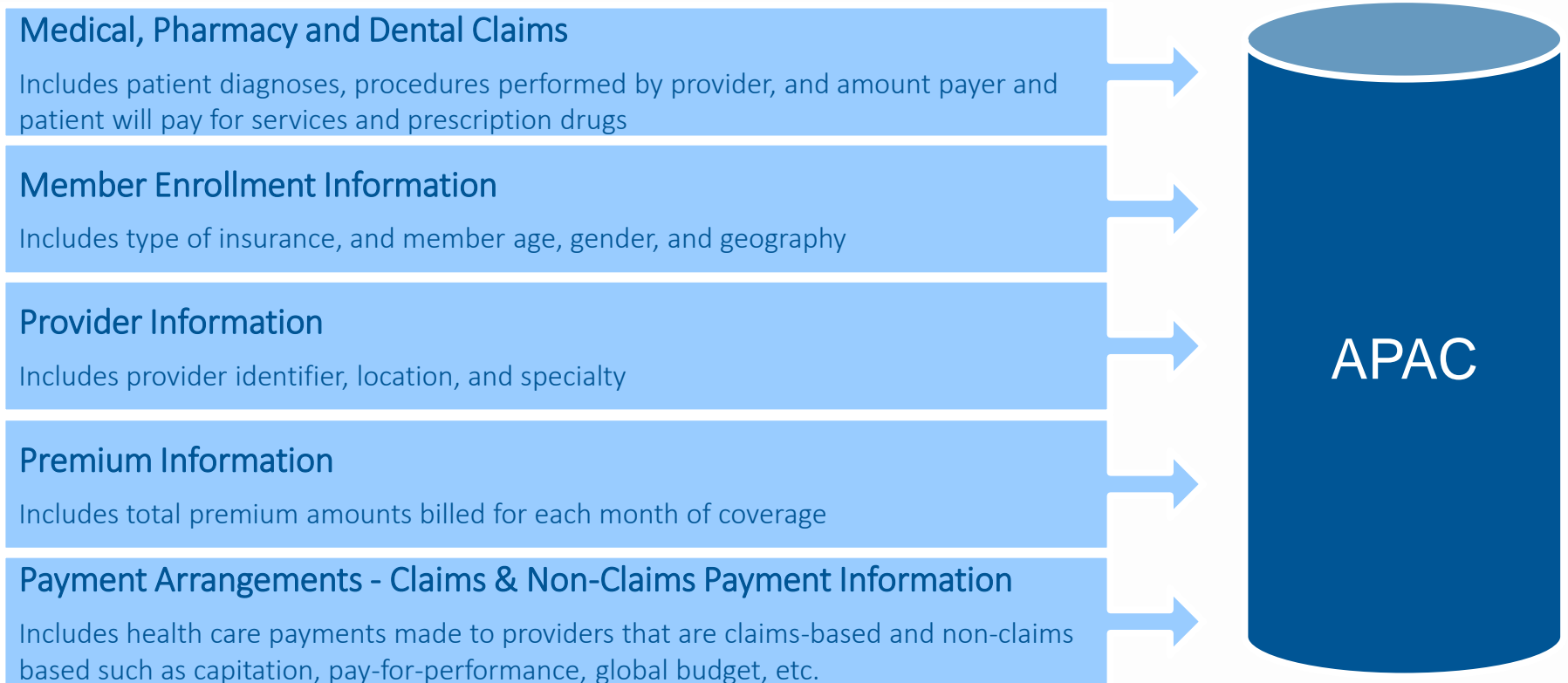
Under CCO 2.0, VBP contracts categorized as LAN 3B or higher must include the three risk-sharing model attributes shown below, which are based on the CMS definition of risk*:

Risk Sharing Attribute	Requirement
Risk exposure cap	$\geq 3\%$ of expected expenditures or 8% of payer revenue
Risk sharing rate	$\geq 30\%$ of all losses
Minimum loss rate	$\leq 4\%$

*Source: CMS - [https://qpp-cm-prod-content.s3.amazonaws.com/uploads/133/QPP%20All-Payer%20External%20FAQ Remediated 2018%2004%202020.pdf](https://qpp-cm-prod-content.s3.amazonaws.com/uploads/133/QPP%20All-Payer%20External%20FAQ%20Remediated%202018%2004%202020.pdf)

All Payer All Claims (APAC) Overview

- Established in 2009 to support transparency and policy



Payment Arrangement File





- The PAFs:
 - Capture information regarding reimbursement to providers including:
 - FFS claims-based reimbursement
 - Non-claims payments (capitation, incentives, shared savings)
 - Reconciliation payments from providers to payers in shared risk contracts
 - Are part of the APAC database
 - Are due annually on September 30th
 - Include total and primary care related reimbursement
 - Enable analysis of reimbursement by payment model and line of business
 - Support analysis of payments to Patient-Centered Primary Care Home (PCPCH) clinics by both commercial and public payers
 - Are used to evaluate progress against CCO 2.0 VBP requirements



Summary of PAF Data Elements

Data Element Name	Description
Contract ID	Internal contract ID with billing provider or organization
Billing Provider or Organization NPI	NPI for billing provider or organization which holds the contract with the mandatory reporter
Billing Provider or Organization Tax ID	Federal taxpayer's ID of the billing provider or organization/facility which holds the contract with the mandatory reporter.
Billing Provider Last Name or Organization	Last name of the billing provider or the full name of the organization which holds the contract with the mandatory reporter
Billing Provider First Name	First name of the billing provider which holds the contract with the mandatory reporter
Billing Provider or Organization Entity type	1=person;2=facility;3=professional group;4=retail site;5=E-site;6=financial parent, 7=transportation, 8=other
Line of Business	Indicates insurance line of business [MADV, COMM, CCO, PEBB, OEBS]
Payment Model	Indicates the payment arrangement type that is being reported based on the HCP-LAN framework (e.g., pay for performance, shared savings, capitation, etc.)
Performance Period Start Date & End Date	Effective dates of performance period for reported payment arrangement
Member Months	Total number of member months that participate in reported payment arrangement. Note: only applies to some payment arrangements.
Total Primary Care Claims Payments	Sum of all associated primary care claims payments
Total Primary Care Non-Claims Payments	Sum of all associated non-claims payments that pertain to primary care
Total Claims Payments	Sum of all associated claims payments
Total Non-Claims Payments	Sum of all associated non-claims payments

Payment Arrangement Categories in PAF

			
CATEGORY 1 FEE FOR SERVICE – NO LINK TO QUALITY & VALUE	CATEGORY 2 FEE FOR SERVICE – LINK TO QUALITY & VALUE	CATEGORY 3 APMS BUILT ON FEE -FOR-SERVICE ARCHITECTURE	CATEGORY 4 POPULATION – BASED PAYMENT
	A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)	A APMs with Shared Savings (e.g., shared savings with upside risk only)	A Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	B Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
	C Pay-for-Performance (e.g., bonuses for quality performance)		C Integrated Finance & Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	4N Capitated Payments NOT Linked to Quality

Additional Categories:

1A – Fee-for-service with known link to quality

Instead of 2A, we use:
2Ai – PCPCH payments

2Aii – Non-PCPCH infrastructure payments

Common Problems in CCO PAF Data

Problem	Solution
Contract_IDs are the same for all CCO-submitted PAF records	Contract_IDs in PAF should be unique for each provider contract
Sub-capitation to a management entity is reported using a shared risk LAN category	The LAN category must reflect how service providers are reimbursed (not the sub-capitated entity)
PAF file is missing FFS payments	ALL payment arrangements should be included in PAF submission – not just APMs
Data for CCOs that share a financial parent are submitted as a single PAF	A separate PAF should be submitted for each CCO, even if the financial parent is the same

Exhibit L – PAF – VBP Requirements

Exhibit L:
Submitted annually in
April.
Tab L16 is the exact
same layout as PAF

PAF:
Submitted annually no
later than Sept 30.
Again, same data
layout as Exhibit L tab
L16

Annual VBP Target
Achievement: Relies on
VBP data from the PAF
to evaluate progress
against CCO 2.0
requirements.

Note: to calculate the percentage of VBP for each CCO, OHA will use VBP spending data from the PAF and total medical expenses from Exhibit L

Resources

- Email questions re PAF or APAC to: APAC.Admin@state.or.us
- Oregon's All Payer All Claims (APAC) Program:
 - <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>
- Oregon's APAC Payment Arrangement File Workgroup
 - <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims-PAF.aspx>
- Health Care Payment Learning & Action Network
 - <https://hcp-lan.org/apm-refresh-white-paper/>
- CCO 2.0 VBP Resources
 - www.transformationcenter.org