ALTERNATIVE PAYMENT & ADVANCED CARE MODEL (APCM)

Oregon's Alternative Payment Model

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Theory of Change

- Supporting RHCs & FQHCS = Supporting the most vulnerable Oregonians and increases health equity
- Unable to pay more but could ***pay differently***
- Increased accountability for –
  - **Improved quality**
  - **Improved patient experience**
  - **Reduced cost**

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Overview

Developed in collaboration with the Oregon Primary Care Association (OPCA) and Oregon's Community Health Centers (CHCs).

Oregon's approach is the first Medicaid Alternative Payment Methodology (APM) for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that has removed the incentive to produce face-to-face visits.

Allows primary care providers to move away from limitations experienced in the fee-for-service model.

Provides CHCs the flexibility to not just deliver health care, but to foster health in the communities they serve.

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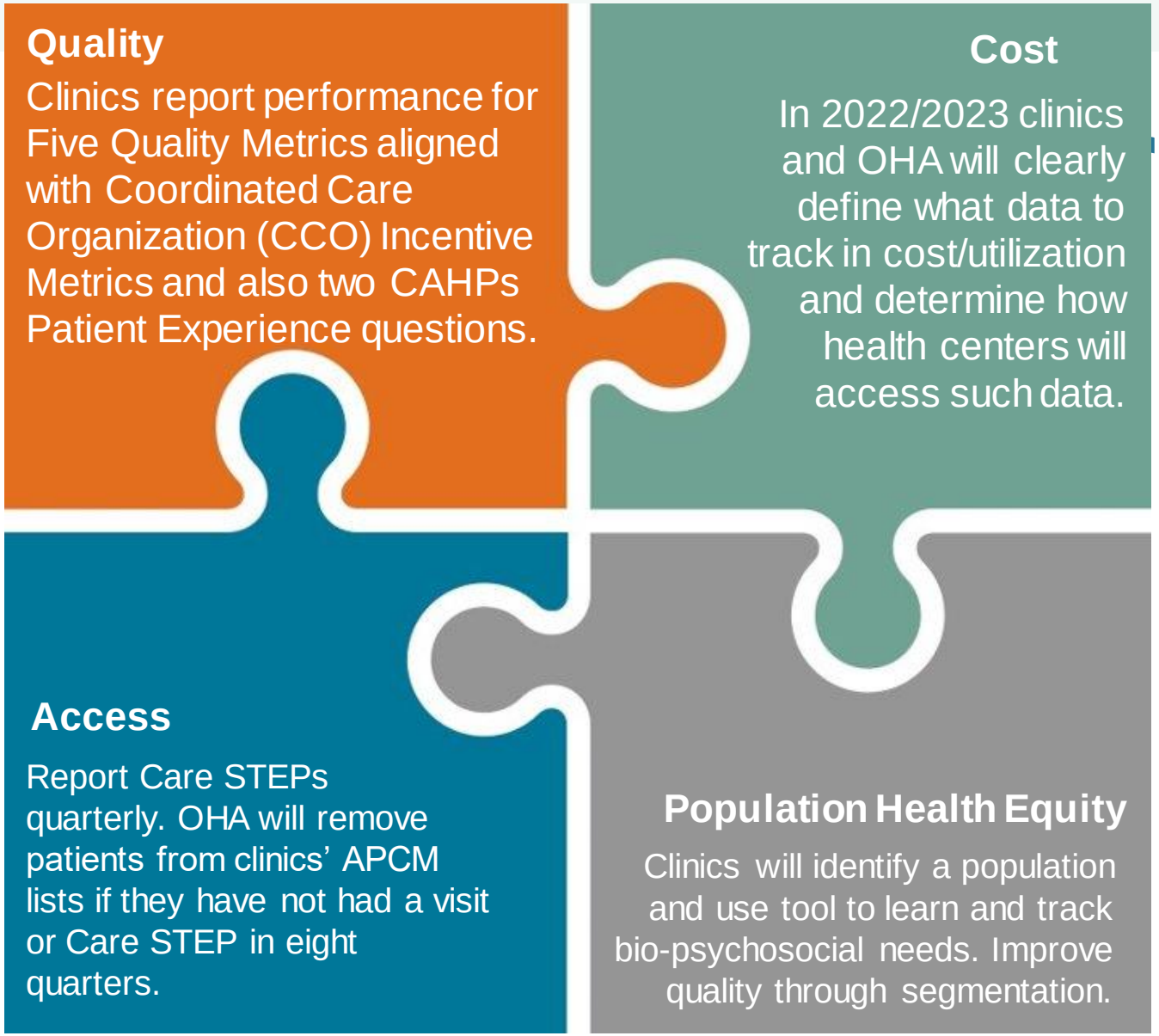

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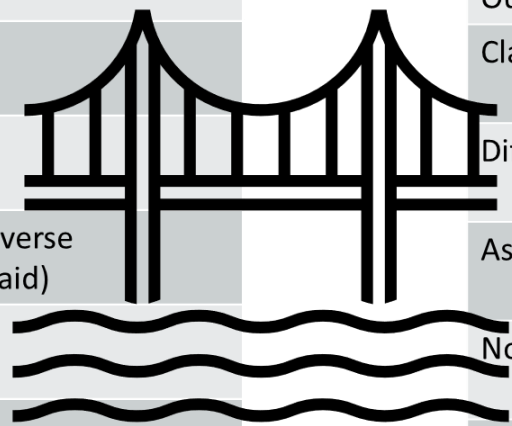
Opportunities

VBP Bridge(s)

Element	FFS	APCM	VBP
Attribution	Visit-based	Services-based	Annual assignment + patient preference
Accountability	Documentation	CareSTEPs	Outcomes: Total cost + quality
Risk Adjustment	None	None	Claims-based
Risk Stratification	None	None	Different levels of intensity
Quality	In-patient Universe (UDS)	In-patient Universe (UDS + Medicaid)	Assigned patient universe (CCO)
Race Adjustment	None	None	None
SDoH Adjustment	None	None	None



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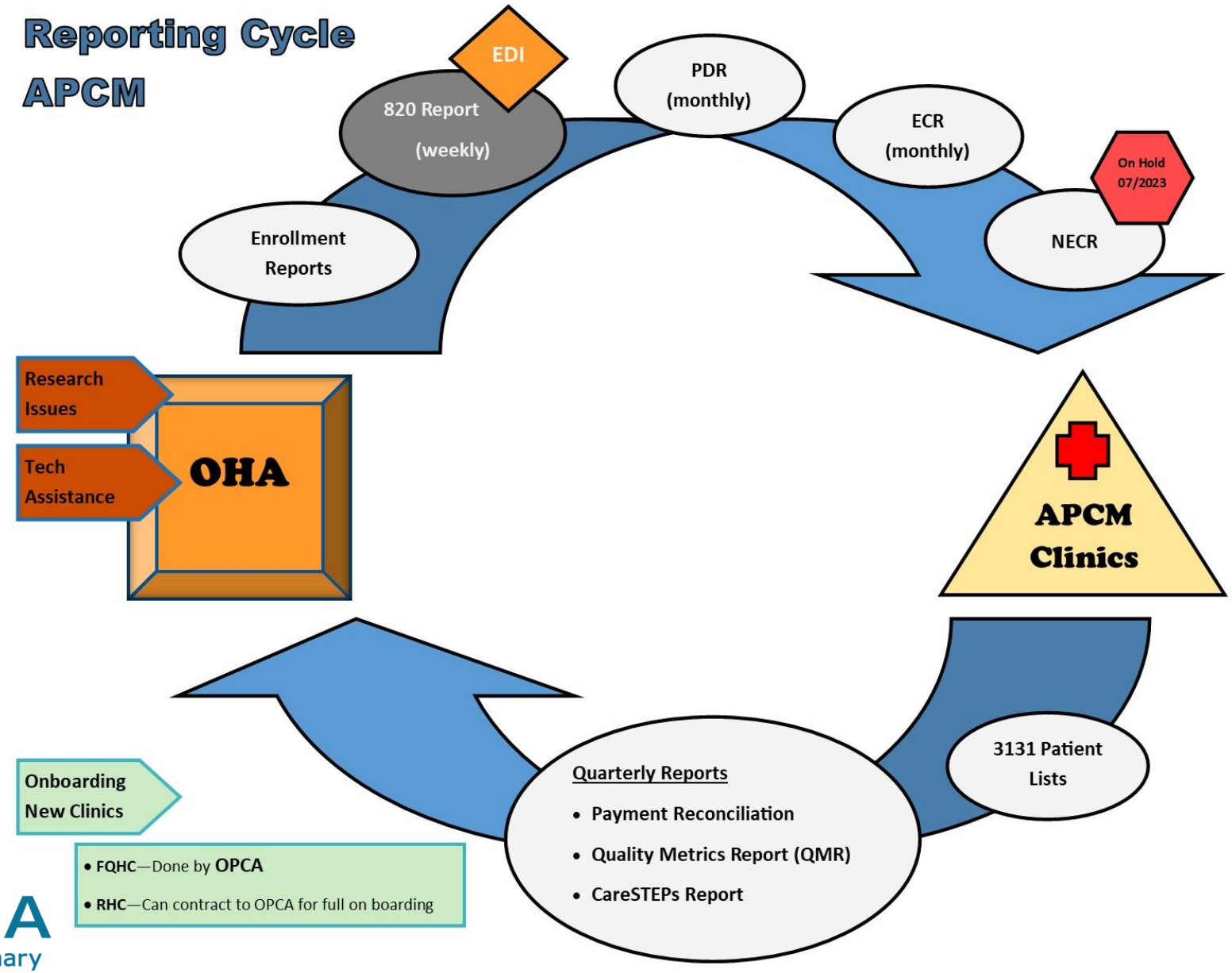

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CareSTEPs:

Care and *S*ervices *T*hat *E*ngage *P*atients

- A Care STEP is **a specific direct interaction between the health center staff and the patient**, the patient's family or authorized representative(s) through in-person, digital, group visits, or telephonic means.
- The **goal** of the Care STEPs documentation system is to **demonstrate the range of ways in which health center teams are providing access to services and value to patients**.
- **18 Care STEPs**, grouped into **4 categories**

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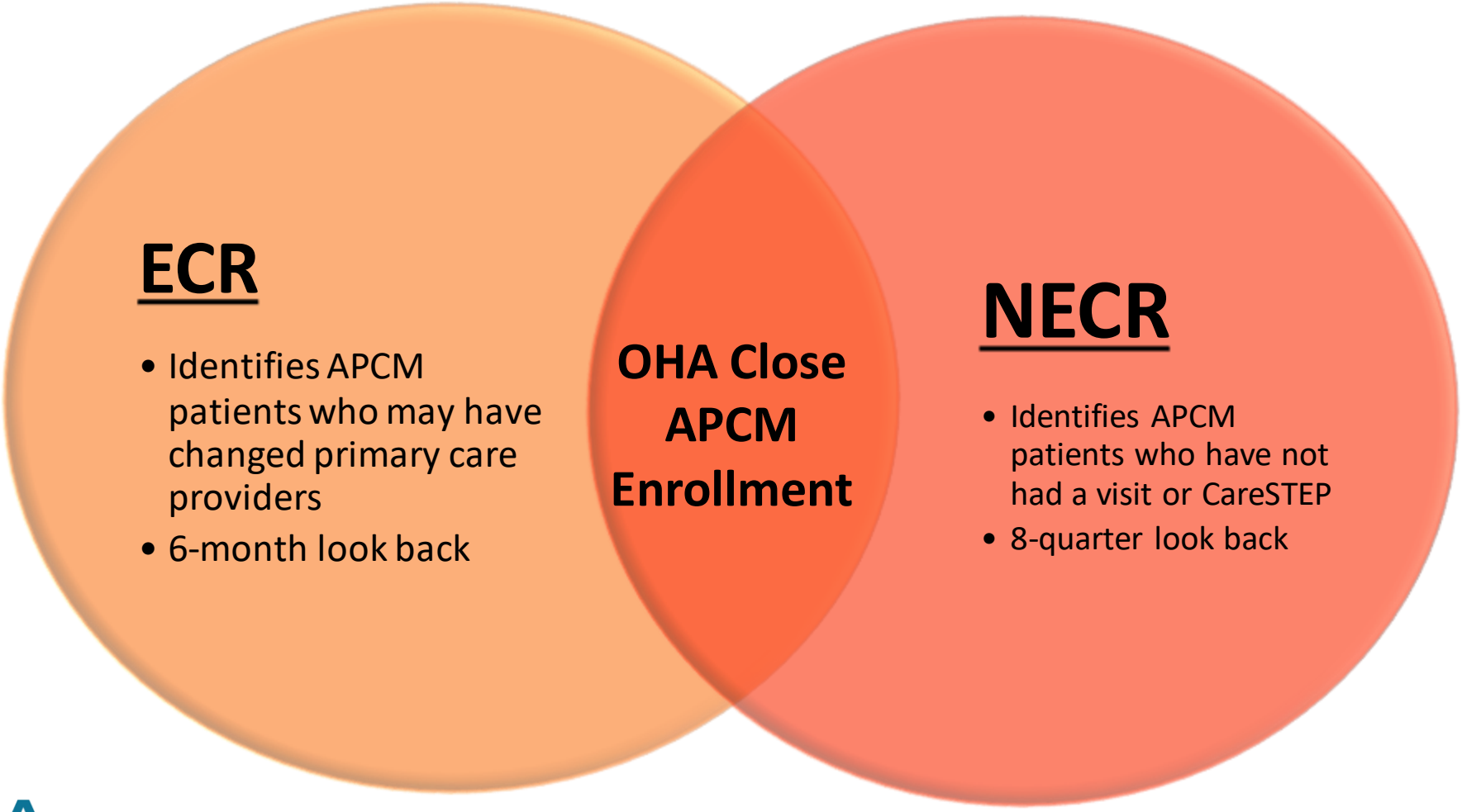
Reattribution



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Alternative Payment Methodology: Rates

- OPCA does an assessment prior to onboarding, to ensure that your CHC is well-positioned for APCM
- RHC's/FQHC's PPS visits & revenue from an 18-month lookback are used to develop PMPM rates
- Two PMPM rates are developed for each health center's Medicaid eligible patients:
  - Open Card (FFS) patient rate: PPS payments ÷ number of patient member months = **Open Card/FFS PMPM rate**
  - CCO enrolled patient rate: Wraparound payments ÷ CCO patient member months = **Wrap-cap/CCO PMPM rate**
- APM payments compared annually to what the clinic would have received through PPS payments; if APM payments are less, OHA will issue a settlement

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Oregon's APCM Accountability Plan Risk Proposal

- Accountability attached to outcomes, Quality Metrics Reports (QMRs)
- Phased approach to assessing penalties for poor quality performance –
  - **TRIGGER PERIOD**: If a clinic does not meet established targets on at least 3 out of 5 measures over 4 consecutive quarters, they will trigger the next phase.
  - **PIP (Performance Improvement Plan) PERIOD**: Health Centers and OHA will negotiate a Performance Improvement Plan for the next 4 quarters, which includes expectations for improvement.
  - **ACCOUNTABILITY (or penalty) PERIOD**: If the health center has failed to meet expectations outlined in the PIP agreement over the course of 4 quarters, they will enter the accountability, or penalty period.

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Rate Reduction

APCM Revenue 'Rate Reductions' during Accountability Periods

# Measures NOT MET	% payment reduction
2 or less	0.0%
3	2.0%
4	2.75%
5	3.5%

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Changes in RHCs/FQHCs

FFS Medicaid reimbursement converted (PMPM) payment.

PMPM provide payment stability allowing expansion of care outside of traditional billable visits.

CareSTEPs

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Changes to FQHCs/RHCs

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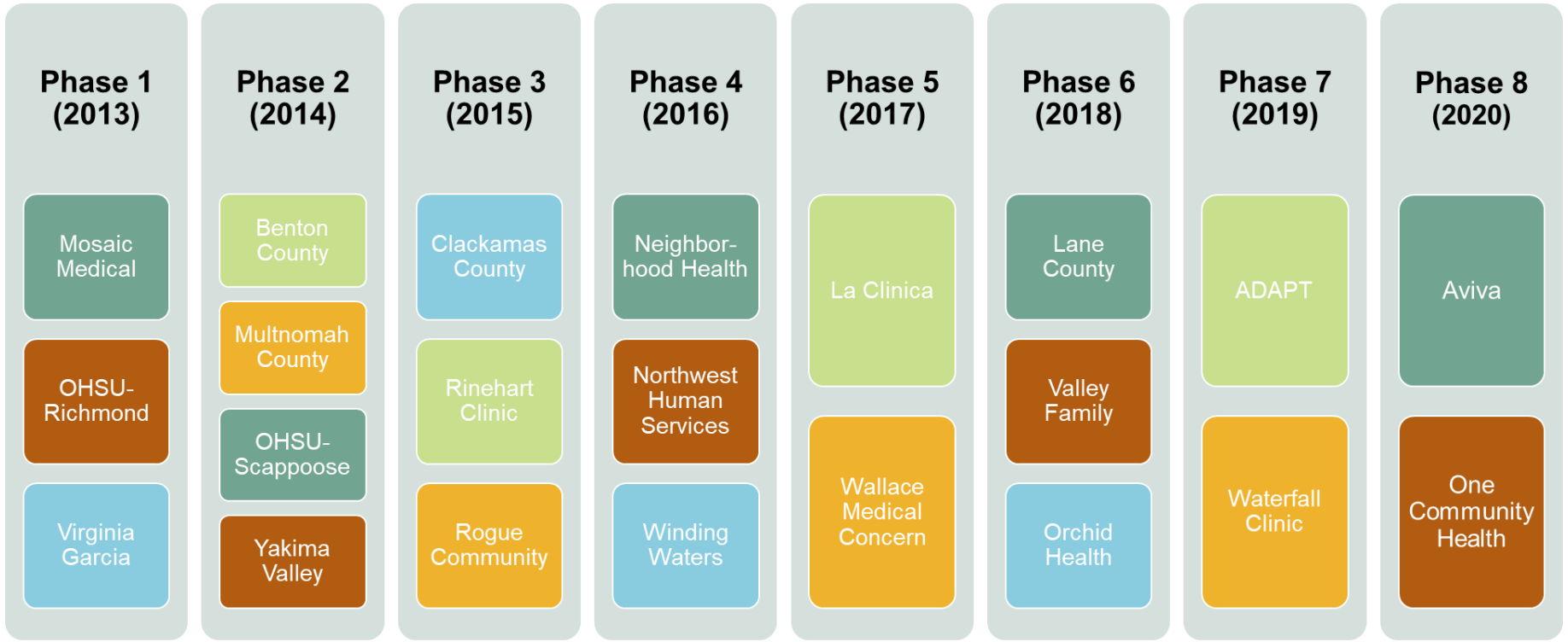
Growth



*Onboarding paused currently, will resume in the future

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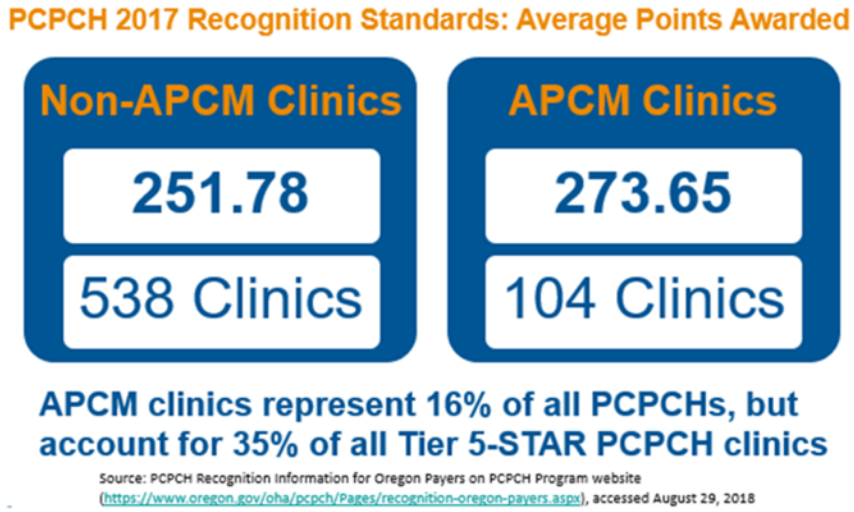
Program Success

Highest performing PCPCHs

- APCM clinics run over 40% of all 5 STAR PCPCH recognized sites
- Significant and measurable increases in CareSTEPs



Nearly 90% of APCM clinics expanded care teams as a result of participating

- Patient engagement with care team beyond traditional visits has more than tripled since 2013

Improvements in quality metric performance

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Celebrating Our Success!

1. Onboarded 59% of FQHCs and 2 RHCs
2. OPCA Training and T/A program established
3. 1.2M Care STEPS documented
4. No CHC removed from APCM!
5. Versed in continuum of HCP-LAN Framework
6. National leader in integration of payment and care model transformation
7. COVID adaptations

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Bill Roller

Billing & Administrative Director at Orchid Health

orchid health
oakridge clinic

Orchid Health's Experience as an APCM participating RHC

orchid health
wade creek clinic

orchidhealth

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Questions?

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