OHIC Primary Care APM Pilot - Implementation Checklist
June 8, 2018 Draft for payer feedback

A. Practice Identification and Engagement

- ☐ Potential practices identified
- ☐ Initial contact with potential participant practices describing the pilot.
- ☐ Agreement in principle with potential participant practices to develop an APM contract based on the OHIC Primary Care APM Work Group Consensus Model (8-9-17).
- ☐ Key staff on both sides identified
- ☐ Preliminary meeting to discuss program details and identify outstanding topics
- ☐ Participating providers confirmed (e.g. which clinicians are identified as PCPs? Are any PCPs not participating?)
- ☐ Capitated entity confirmed[1]

B. Capitated Services

- ☐ Defined by plan business staff
- ☐ confirmed by plan analytics staff (i.e. any technical ambiguities resolved)
- ☐ Confirmed by all practices
- ☐ Implemented in claims system
- ☐ Decision to pay separately for after-hours codes
- ☐ Separate payment of after-hours codes implemented in claims system

C. Participating Patient Population

- ☐ Included covered populations defined by plan (by line of business)
  - ☐ confirmed by practices
- ☐ Patient attribution model defined by plan
  - ☐ confirmed by practices
  - ☐ confirmed by plan analytics staff (i.e. any technical ambiguities resolved)
- ☐ Monthly reattribution methodology defined by plan
  - ☐ confirmed by practices

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[1] A participating provider is a provider who will be paid on an APM basis for their participating patients. If a participating patient receives capitated primary care services from any provider in the capitated entity, that claim will not be paid. However, the capitated entity may include providers who are not participating, and who would be paid under existing contracts for patients who are not attributed to a participating provider.

- □ implemented in analytics systems

- □ Confirmed by plan analytics staff (i.e. any technical ambiguities resolved)
- □ Implemented in claims system

D. Rate Development

- □ Plan decision on whether to set a network-wide rate or to develop custom rates for practices.
- □ Rate development methodology finalized and documented
    - □ shared with practices
- □ Rate calculated
    - □ shared with practices, including calculations
- □ Discussion of implications for total cost of care contracts (if applicable)

E. Risk Adjustment

- □ Adult risk adjustment methodology[2] defined by plan
    - □ shared with practices
- □ Implemented in analytic queries
- □ Implemented in claims system (e.g., monthly modification to rates based on risk scores)
- □ Pediatric risk adjustment methodology defined by plan
    - □ shared with practices
- □ Implemented in analytic queries
- □ Implemented in claims system (e.g., monthly modification to rates based on risk scores)

F. Performance Measurement

- □ Changes or additions to existing contractual incentives performance measures defined and are consistent with the OHIC Aligned Measure Set
    - □ shared with practices
    - □ Systems in place to implement changes to contractual performance measures, if any
- □ Stinting measure option confirmed
    - □ shared with practices
    - □ Systems in place to measure and report stinting measures

G. Contracting

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[2] e.g., software and version, underlying parameters, assumptions applied by the insurer, the impact of risk adjustment on payments, timing of recalculation of scores.

- ☐ Start date set
- ☐ First contract draft
- ☐ Draft shared with all participating practices
- ☐ Final contract draft
- ☐ Signed contract from all participating practices

H. Payment Systems

- ☐ Capitation payment system implemented
- ☐ Capitation payment system automated
- ☐ Reconciliation of cost-sharing defined by plan
  - ☐ shared with practices
- ☐ Reconciliation of cost-sharing implemented

I. Reporting and Other Documents

- ☐ Program guide / supporting materials drafted
  - ☐ shared with practices
- ☐ List of reports and descriptions finalized
  - ☐ shared with practices
- ☐ Template reports developed
  - ☐ shared with practices
- ☐ Reports generated

Consensus Model Reports

- Enrolled members, with risk scores, and associated payment calculations
- prevention and wellness visit rate
- specialist utilization
- emergency department visits (average rates and high-utilizers)
- non-capitated urgent care use, and

J. Technical Assistance

- ☐ Technical assistance plan for assisting practices with necessary business and clinical changes to succeed under capitation identified
  - ☐ shared with practices
- ☐ Technical assistance to practices for necessary business and clinical changes to succeed under capitation implemented