

## **Index for OPCA's Alternative Payment and Advanced Care Model (APCM) Guidance Document Library**

**August 2016**

[Link to APCM Guidance Document Library in Dropbox](#)

### **Overview Documents**

OPCA APCM Overview Slides – Slide deck containing an overview of key components of the OPCA Alternative Payment and Advanced Care Model program, including technical and strategic considerations relating to payment and care model transformation, bridging to value-based pay and PCA capacity required to support this work.

OPCA Top 5 Lessons Learned – Key takeaways from OPCA's first 5 years of APCM, including the top 5 lessons learned in initiating payment and care model transformation in community health centers.

OPCA Top 10 Considerations as you Approach APM – Set of guidance on technical and strategic considerations, based on OPCA's experience, as you approach the development of Alternative Payment Methodologies for your community health center network.

### **Value-Based Pay**

OPCA VBP Value Definition – Shared definition of community health center value, in the context of Value-Based Pay, created collaboratively by OPCA and member community health centers.

OPCA VBP Principles – Shared principles for community health centers to participate in Value-Based Pay, developed collaboratively by OPCA and member community health centers.

OPCA VBP CHC and PCA Roles – Agreement between health centers regarding their respective roles in Value-Based Pay as individual organizations and as a network of organizations.

Citations on Segmentation and Risk Adjustment to Address Disparities – Key citations on strategies for addressing health disparities through payment and care model efforts in the safety net.

### **Rate Setting Methodology**

APM rate methodology worksheet – Worksheets used to apply applicable revenue data and member months for the calculation of each health center's wrap cap and open card rates.

APM reattribution methodology logic – Scenarios for reattributing Member Months for each health center based on primary care visits at other primary care entities. This logic mirrors the state's reattribution methodology for patients who have a leaked visit at other primary care entities.

APM Carve Out Logic – Description of counting method used for applying the carve-out methodology to the health center APM rates.

APM Carve Out Codes – List of diagnosis and procedure codes used to identify revenue and MMs to be excluded from the rate setting methodology. These codes also reflect services the state continues to pay health centers at the PPS level once they are on APM.

### **Measuring and Reporting**

APCM Comprehensive Reporting Guide – Workflows, reporting examples, and templates on key APM mechanisms such as setting APM patient lists, submitting and sending payment files, quarterly reporting, and patient roster management.

APM Engagement Touches – List of the 18 engagement touches, their definition, and health center instruction for documentation.

Reporting Template for DTP and APCM – Instructions for health centers reporting quality measures to OPCA and OHA on a quarterly basis. The template streamlines the reporting of two OPCA data initiatives – Data Transparency Project and the APCM quality reports.

Quarterly Reconciliation Template – To meet PPS federal law compliance, each health center reconciles their quarterly APM payments to the PPS equivalent amount per total visits. The goal is to figure out any net gain and loss for that quarter.

### **Policy and Procedures**

SPA –State Planning Amendment document outlining approval, scope and payment methodology to be used for the Oregon APM.

Participation Agreement – Agreement between the Oregon Health Authority and each participating health center to be signed at the beginning of their participation of the program. The agreement outlines all key policy and procedures considerations for program implementation.

APM Encounter Validation and Annual Payment - OHA's process to validate APM encounters, complete a reconciliation for each health center, and issue a settlement payment for health centers who earned less than the PPS equivalent amount for an annual period.

APM Data Access Agreement – Research Application that OPCA submits to the Oregon Health Authority on behalf of each health center to receive claims data information used for APM financial modeling.

### **Advanced Care Model Learning Sessions**

Learning Session Agendas – APCM Learning Community learning session agendas, including the kick-off event in January 2014, the *Population Health Design Summit*.

Learning Session Pre-Work Templates – Pre-work conducted by CHCs prior to each APCM Learning Session. The pre-work focuses on developing partnerships with patients, expanding teams, disaggregating data to identify population segments with worse outcomes and social determinants of health interviewing.

Population Health Design Summit Graphic Notes – Summary notes from the APCM Learning Community kick-off event in January 2014. The event was attended by community health experts from around Oregon and the country and the rich discussion was captured in these graphic notes.

APCM Learning Session Schematic – Summary schematic of the Learning Community strategies for care model change mapped with corresponding focus to the sequence of Learning Sessions from 2014 to 2016.

**PCA Capacity**

APCM Project Manager Job Description

APCM Project Coordinator Job Description