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Purpose of Alternative Payment Mechanisms

- Value Based Payment
  - Cost and Quality
  - Accountability/Risk shifting
- Delivery System Change
  - Incentives (Rewards and Penalties)
  - Funding a new system
    - Care models, provider types
- Flexibility
  - An accountable entity can spend to attain goals, when accountable

APMs? – Medicare Advantage & Non Face to Face Services were novel alternatives

MATHEMATICA Policy Research

REPORT

FINAL REPORT

Evaluation of the Diffusion and Impact of the Chronic Care Management (CCM) Services: Final Report

November 2, 2017

John Schurrer
Ann O'Malley
Claire Wilson (Insight Policy Research)
Nancy McCall
Neetu Jain

Submitted to:
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Center for Medicare & Medicaid Innovation
Centers for Medicare & Medicaid Services
7500 Security Boulevard
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Contract Number: HHSM-500-2014-00034I

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Project Director: Nancy McCall
Reference Number: 50131

Research

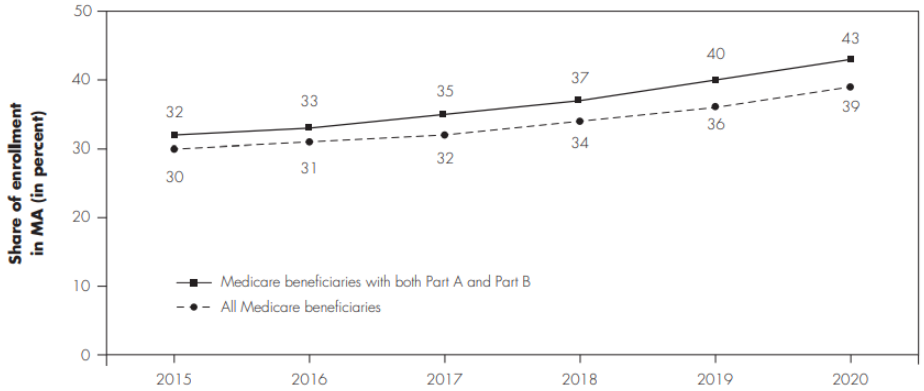
JAMA Internal Medicine | Original Investigation | HEALTH CARE REFORM

Changes in Health Care Costs and Mortality Associated With Transitional Care Management Services After a Discharge Among Medicare Beneficiaries

Andrew B. Bindman, MD; Donald F. Cox, PhD

JAMA Intern Med. doi:10.1001/jamainternmed.2018.2572
Published online July 30, 2018.

FIGURE 12-1 Rapid increase in the share of eligible Medicare beneficiaries enrolled in MA, 2015–2020



Note: MA (Medicare Advantage). Medicare beneficiaries must have both Part A and Part B coverage to enroll in an MA plan. In 2020, 9 percent of Medicare beneficiaries were not eligible to enroll in an MA plan because they did not have both Part A and Part B coverage.

Source: MedPAC analysis of CMS enrollment files, July 2015–2020.

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Fee for Service

- More widely available and implemented
- Opportunity to create new codes
  - Especially in response to coverage changes
- Opportunity to redefine existing codes
  - In CPT/HCPCS
  - In policy
- Often the “backbone” in APMs
- “Requires a license”
  - The defined Clinical Staff is policy
- Community Based Organizations?
- Informal Caregivers
- Facilities
  - Readmission penalties
  - DRG savings (delirium reduction)
  - Potential to add quality incentives related to AFHS

Code	Description
E/M	Time or MDM based coding allowed
99483	Cognitive Assessment and Care Planning
99487, 99490, 99491	Chronic Care Management
99424-99427	Principal Care Management
99417, 99358, G2212	Prolonged Services
99492-99494	Psychiatric Collaborative Care
99495, 99496	Transitional Care
90846	Psychotherapy w/o Patient
96156 etc.	Health and Behavioral Assessment and Intervention
New	Caregiver Training (OT/PT)
New	Caregiver Behavior Management Training
Many	Telemedicine/Digital Medicine

Disease Specific APMs

SPECIAL ARTICLE

Recommendations to Improve Payment Policies for Comprehensive Dementia Care

Kristin Lees Haggerty, PhD, Gary Epstein-Lubow, MD,† Lynn H. Spragens, MBA,‡ Rebecca J. Stoeckle, BA,* Leslie C. Evertson, DNP, RN, GNP-BC,§ Lee A. Jennings, MD, MSHS,¶ and David B. Reuben, MD‖*

JAGS 68:2478-2485, 2020

By Malaz Boustani, Catherine A. Alder, Craig A. Solid, and David Reuben

DOI: 10.1377/hlthaff.2018.05154
HEALTH AFFAIRS 38,
NO. 1 (2019): 54–59

An Alternative Payment Model To Support Widespread Use Of Collaborative Dementia Care Models

Dementia Care Management: A Proposed Framework for an Alternative Payment Model

AIM
ALZHEIMER'S IMPACT MOVEMENT
alzheimer's association

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Challenges to Disease APMs

- Progress of Physician Focused Payment Model Technical Advisory Committee
- MedPAC Recommendation to reduce APMs
- Complexity of Design: population, attribution, payment, quality
- Overlap with other models and whole person orientation
  - If shared savings
- Scaling and replication
  - Organizational behavior change
  - No existing delivery system (if we build it, will they come?)

Existing APMs and Incentive Programs

Medicare Shared Savings

- ADRD models save money
- Admissions/readmissions
- Patient Experience
- Risk Adjusted budget
- Can use non licensed staff
- *Lack of recognition of value*
- *Lack of community infrastructure*
- *Investment Risk*

Primary Care First

- Infrastructure support
- Admission, Satisfaction, Advanced Care Planning
- Blended capitation/FFS
- Telehealth Waiver
- Can use non licensed staff
- *Risk Adjustment is whole practice*
- *Lack of community infrastructure*
- *Inadequate budget for CBO payment*

Other APMs

- Independence at Home
- Hospital at Home