APM Assessment Framework for Providers

American Society of Anesthesiologists®

Have you struggled with identifying whether a particular Alternative Payment Model (APM) may be appropriate for your practice? Assessment of any individual APM depends on your unique practice characteristics, the breadth of current business relationships, and the landscape in which you practice. Below are a series of critical questions to guide you through assessing a proposed APM.

ADMINISTRATION

- ✓ Scope (Relevance to my Practice)
    - Is the procedural care you provide included in this model?
    - Is the APM's site of service where you primarily provide care?
    - Is it worth the effort (the effort to meet the provider thresholds) for you to participate in the APM?
- ✓ Governance
    - Which organization is primarily responsible for the creation of the model?
    - How is the APM Entity governed?
        - Are decisions made locally (i.e. hospital or physician group) or nationally (i.e. prescribed by APM Entity or regional health network)?
        - Who are the primary decision makers?
        - Will you have a physician or other advocate in the APM Entity who can listen and support you and your colleagues?
            - If not, will you have the ability to appoint someone?
    - How does the APM Entity determine the qualifying participant list submitted to CMS?
        - Will your participation in the APM be determined by your individual patient/revenue thresholds (i.e. by your NPI number) or by thresholds met by the entire provider team (i.e. by the group TIN number)?
        - Can the APM Entity help you determine if you are likely to be eligible under the model?
    - Does your physician group have a legal advocate to flag any high-level concerns?
        - Does the participation agreement bind individual physicians (NPI) or a group (TIN) in unforeseen ways (e.g. non-competes, binding arbitration, termination without appeals, etc.)?
        - Is there an appeals process for any decision made by the APM entity that directly impacts you?
        - What are your participation options depending on your institutions' arrangement (e.g. ACO)?
            - If you are a group, does your contract with your institutions allow participation options?

PAYMENT/RISK

- ✓ Payment Methodology
    - Who is the primary payor (e.g. Medicare, All-Payor)?
    - How is payment for the services you provide structured in the model?
        - What is the place of Medicare PFS and Anesthesia FS in fee-for-service payments?
        - Are there per-month or prospective payments made?
    - If the APM is episodic, how is the episode defined (i.e. procedure global period)?
    - How will your and other providers' contributions to savings be calculated?
        - Does the model allow for local (i.e. hospital, physician group) variation or is it prescribed nationally?
    - How will your contribution to patient care be calculated?
        - Is it strictly through fee-for-service payments, or are there other factors?
- ✓ Risk Methodology
    - Depending on your practice size, is the amount of risk likely to be prohibitive? What is the size of the APM in terms of its ability to spread risk and how does the APM adjust for risk?
    - Is there a period of transition, where risk is not immediately implemented?
    - Is the overhead for running the APM substantial, such that it could result in potential liability for you and your colleagues?
    - What are the line item implementation costs associated with participation?
        - Are there specific Certified EHR Technology (CEHRT)/registry requirements?
            - Will you be able to meet the CEHRT requirements?
        - Are additional FTE hires necessary?
        - Who is primarily responsible for paying for implementation (hospital vs physician group)?
    - If applicable, does the APM have a track record of success in predicting risk and obtaining positive returns?
        - If the APM is new, are there analogous models or health care frameworks that could potentially predict provider success?

QUALITY

- ✓ Quality Metrics
    - Are there reasonable opportunities for you to report quality measures?
        - Do the metrics in place adequately measure outcomes attributable to the work you do?
        - Do the metrics overlap with existing quality reporting already being performed or do they require additional effort to implement?
            - Do the reporting requirements create a burden on the individual NPI?
            - Are additional FTE hires needed to capture and help with the metrics reporting?
            - Who bears the cost of quality reporting for the APM entity?
        - Can you use existing reporting methods such as a QCDR to report required quality performance?
    - Are there performance metrics relevant to the PSH core competencies around surgical care coordination and or population health principles? For example:
        - Hospital length of stay
        - Non-mortality complications
        - Unplanned readmissions
    - Is there flexibility to add/remove measures including PSH core ones listed above, if needed?