

Application to Use Burden/Hours from Generic PRA Clearance:
Health Care Payment Learning and Action Network
(CMS-10620, OMB 0938-1297)

Generic Information Collection (GenIC):

Tracking the adoption of alternative payment models

Office of Communications (OC)
Centers for Medicare & Medicaid Services (CMS)

A. Background

Changing the way health care is paid for in the United States is a key priority for health reform. Medical treatment and services have traditionally been paid for in a fee-for-service manner, rewarding clinicians for the quantity of care they provided. Alternative payment models (APMs) are designed to reward providers for the quality, efficiency, and coordination of their care. All APMs and payment reforms that seek to deliver better care at lower cost share a common pathway for success: providers, payers, and others in the health care system must make fundamental changes in their day-to-day operations that improve quality and reduce the cost of health care. Making operational changes will be viable and attractive only if new alternative payment models and payment reforms are broadly adopted by a critical mass of payers. When providers encounter new payment strategies for one payer but not others, the incentives to change are weak. When payers align their efforts, the incentives to change are stronger and the obstacles to change are reduced. As a result, the U.S. health care system will shift from a fee-for-service predominant system to one in which most care is provided through APMs.

The Health Care Payment Learning and Action Network (LAN) has brought together private payers, providers, employers, state partners, consumer groups, individual consumers, and many others to accelerate the transition to APMs. In early March 2016, Health and Human Services (HHS) announced that an estimated 30% of Medicare fee-for-service payments are now tied to APMs, thus reaching the first HHS milestone almost a year ahead of schedule.

To assess the adoption of APMs across the U.S. health care system, in 2016 the LAN launched a measurement effort focused on the adoption of APMs in the commercial sector, Medicare Advantage, and state Medicaid programs. The LAN structured its measurement efforts based on the work of the multi-stakeholder Alternative Payment Model Framework & Progress Tracking (APM FPT) Work Group, which had developed an APM Framework for categorizing APMs. In early 2016, nine participants from the LAN Payer Collaborative, a group of over 20 health plans and associations, volunteered to participate in a pilot of the survey instrument. The results of the pilot played an integral role in informing the data collection protocol and provided the LAN the opportunity to improve and maintain best practices moving toward a national effort.

Following the pilot, the LAN employed a multifaceted strategy (March-May 2016) to recruit health plans, and eventually Medicaid FFS states, to participate in a national effort to help gauge progress on the pathway to payment reform. In total, 70 leading health plans (over 100 plans including affiliates) and 2 states participated in an 8-week quantitative data survey from May 19 to July 13. Individual plan data, kept confidential, was aggregated into a composite number that serves as an indicator of APM adoption. These aggregated results were presented at the fall LAN Summit on October 25, 2016 and can be found here on the LAN website.

In 2017, the LAN repeated this APM measurement effort collecting data from over 80 participants, accounting for nearly 245.4 million Americans, or 84%, of the covered U.S. population. This report was presented at the October 2017 LAN Summit and shows progress, with 29% of total U.S. health care payments tied to alternative payment models (APMs) in 2016 compared to 23% in 2015, a 6 percentage point increase. Though the LAN survey is one of the largest and most comprehensive efforts to measure adoption of APMs conducted to date, there is still more work to be done. The LAN's proposed 2018 data collection initiative will build upon the 2016 baseline and 2017 progress and will help CMS measure further understanding of

differences in APM adoption among commercial, Medicaid, Medicare Advantage, and FFS Medicare business.

In addition, five simple informational questions will be asked in 2018 about the current and future state of payment reform from the payer's perspective. The LAN surveys participants to understand LAN participant opinions, priorities, and issues with respect to how to best increase the adoption of alternative payment models. These additional five questions will inform decision making about future LAN activities, including LAN Conference sessions, webinar topics, and feedback on LAN work group ideas.

B. Description of Information Collection

The purpose of this information request is to repeat, for purposes of measurement and comparison, the 2016 and 2017 data collection by collecting health care spending data from commercial, Medicaid, and Medicare Advantage payers to track the health system's progress in adopting APMs. The goal is a consistent and harmonized "apples-to-apples" comparison of the various payment models in use nationwide.

The current, refreshed APM Framework, which expanded and refined the original APM Framework, classifies payment models into four categories:

- Category 1—fee-for-service with no link of payment to quality;
- Category 2—fee-for-service with a link of payment to quality;
- Category 3—alternative payment models built on fee-for-service architecture; and
- Category 4—population-based payment.

Using a similar protocol from the 2016 and 2017 collection efforts, health plans will be asked to provide their spending in each of the APM Framework categories, as well as their total in- and out-of-network spend and total in-network spend, for CY 2017 or the most recent 12 months over all lines of business. The measurement effort will also ask five simple informational questions about the current and future state of payment reform. These questions are straightforward opinion based questions from the payer's perspective. (See informational questions attachment for more information and the APM data collection tool to review each of the five questions.)

Recruitment efforts for the 2018 LAN APM Measurement Effort will be similar to 2017. In 2018, the LAN will again partner with America's Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBSA) and support participation of their member plans in the association APM survey. However, this year both BCBSA and AHIP will voluntarily collect the same APM data the LAN is collecting, to capture payments by line of business, with AHIP and the LAN anticipating fielding a joint survey through Qualtrics. While AHIP will collect some information that the LAN will not receive, the LAN will receive APM data from AHIP member plans and non-AHIP payers, thus, we have increased our burden estimate to reflect an increased number of plans reporting directly to the LAN. As a result, the LAN, in collaboration with AHIP, plans to recruit 50-65 health plans in 2018 to submit data directly to the LAN

In contrast, BCBSA will field its own survey for its own purposes in alignment with the LAN's APM methodology, though the LAN will only receive aggregated data with no access to individual health plan responses.

Recruitment and notice for the 2018 data collection will begin in March 2018, beginning with 2017 participants. As part of this recruitment effort, the LAN will launch a 2018 Progress Measurement website. The LAN will advertise this website and the measurement effort through a variety of communication mediums, such as LAN newsletters, blogs, and at the LAN events.

The 2018 APM measurement website will be designed to support participants in the 2018 LAN APM measurement effort. It will include:

- [2016 and 2017 APM results](#)
- 2018 APM National APM Metric Overview (attached)
- APM Data Collection tool (excel file and Qualtrics versions attached)
- Frequently Asked Questions (FAQ)
- Link to the [original](#) and [refreshed APM Framework](#) white papers

Note that this 2018 APM measurement website is still under development, and can be viewed at the following link: [2018 APM Progress Measurement website](#). A word document with website language and graphics has been provided to facilitate review. Document versions of the metric overview, FAQs, and survey tools are also attached to this request.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Payer burden was collected for the 2016 and 2017 efforts, with an average of 23 hours per health plan. Additionally, a significant number of participants will be able to leverage the analyses established in 2016 and 2017. For these reasons, the burden for 2018 should not exceed 23 hours per health plan. Five simple informational questions about the current and future state of payment reform will also be asked in this information request and are expected to require no more than 2 hours to complete based on our internal testing with AHIP and BCBSA for a combined total of 25 burden hours per health plan response.

For the third consecutive year, the LAN is partnering with AHIP and BCBSA. Unlike last year where the LAN simply received trade associations' aggregate data for their member health plans, the LAN is collaborating with AHIP to field a joint survey. In addition, the LAN will directly recruit up to 20-30 commercial plans and Medicaid FFS states to participate directly, with the expectation of directly collecting APM data from 60 to 75 health plans when AHIP member plans are added in. In order to yield a meaningful representation of the U.S. health care market, the survey aims to represent greater than 60% of covered lives, with the objective to build upon the 84% representation of the 2017 survey.

Data will be collected via a Qualtrics collection tool that will be linked to on the 2018 Measurement Effort website. No incentives will be offered. The total approved burden ceiling of the generic ICR

is 49,400 hours. We are requesting a total deduction of 1,875 hours from the approved burden ceiling (maximum 75 participants x 25 hours = 1,875 hours).

E. Timeline

The data collection effort is scheduled to run from May 15 - July 30, 2018. The results of the survey will be publically reported at the LAN Summit to be held in October 2018.