LAN National APM Data Collection

Additional guidance for measuring covered lives in accountable care APM arrangements

Last updated in May 2023

Health plans participating in the 2023 LAN APM Measurement Survey should reference this document to provide your organization with additional guidance while answering the accountable care questions. Below are definitions and inclusion/exclusion criteria to review when answering the questions related to covered lives in accountable care arrangements.

1) **Aligned/Assigned Examples**

   Below are examples of how a health plan member and health plan may be aligned/assigned to an accountable care APM.

   A) Health Member Example: A health plan member may voluntarily select a primary care physician (PCP) or primary care group (PCG) at the time of enrollment or at other times while enrolled in the health plan.

   B) Health Plan Example: Health plans may take this action when the product in which the member enrolls requires the member to select a PCP or PCG. If the member does not select a PCP or PCG at the time of enrollment, the health plan allocates – or assigns – the member to a PCP or PCG within the health plans' preferred provider network. The health plan may consider the PCP or PCG's current panel size, geographic location, member claims' history, and other factors when identifying an appropriate PCP or PCG for the member.

2) **Inclusion/exclusion criteria for the duration of the longitudinal relationship (i.e., six months or longer) for accountable care APM arrangements**

   Without Episodes of Care

   A) Inclusion:

      i) If a health plan member is in an accountable care arrangement with a provider that is expected to be at least six months or longer, but the member does not remain in that arrangement for the full six months (regardless of the reason), the intent is for

that health plan member to be counted because the accountable care arrangement was structured to be 6 months or longer.

With Episodes of Care

A) Inclusion:
   i) A provider-patient relationship for an episode of care for a chronic condition or cancer treatment regimen that is six months or longer qualifies as a longitudinal relationship.

B) Exclusion:
   i) A three-month episode for a hip/knee replacement or other such service does not qualify as a longitudinal relationship. Please exclude these patients from the accountable care count ***unless*** the patient is in an accountable care relationship with another provider that is six months or longer.

3) Inclusion/exclusion criteria for total cost of care (TCOC) arrangements

A) Inclusion:
   i) A TCOC arrangement that excludes drug-benefit-related costs can still be considered a TCOC arrangement.
   ii) A TCOC arrangement that is for a patient's primary care services, but not the patient's specialty or facility-related costs can still be considered a TCOC arrangement.
   iii) An episode-based model of 6-month or longer that excludes un-related services, outliers, and other select exclusionary criteria (e.g., major traumas) can still be considered a TCOC arrangement.

B) Exclusion:
   i) An arrangement that only covers wellness or preventive care is not considered a TCOC arrangement.