Diagram 1: APM Payment Model Data Flow

Providers
- Clinician 1
- Clinician 2
- Facility 1

Information on Patient/Enrollee

Payers
- Payer 1
- Payer 2
- Payer 3

Care Relationship

Coverage Relationship

EHR/Medical Records

Claims

Data Aggregation
- at patient level across setting/time
- at provider level across setting/time

(Requires patient/provider identity management/attribution)

Financial Benchmarking and Management

Care Management and Coordination

Quality Reporting and Feedback

Accountable Entity
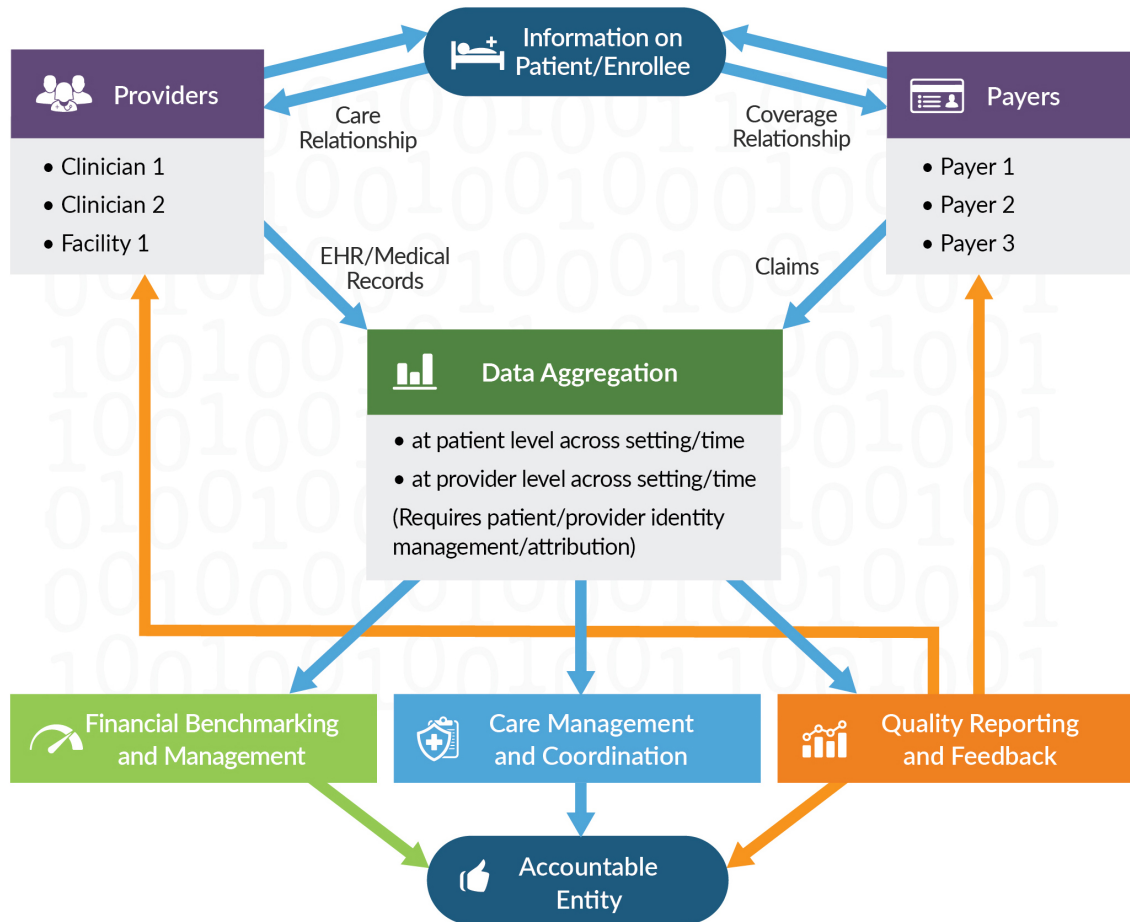
- Information flow in an APM starts with the relationships between the patient/enrollee and their provider(s) and payer(s).
- Both claims and clinical data need to be aggregated at the patient level to provide the entity(ies) responsible for the care and health of a defined population a full view of patient care and costs across providers.
- To ensure meaningful performance metrics, data from all payers should be aggregated at the provider (or other accountable entity) level. Providers will not know how to effect change if they receive conflicting reports from multiple payers.
- Once aggregated, the data can be organized and transformed into information for financial management, quality reporting, and care management.

HCP LAN
Health Care Payment Learning & Action Network

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