

Health Care Transformation Task Force Releases APM Roles and Responsibilities Planning Resource

New Tool Helps Organizations Define Roles and Coordinate Activities Key to Delivering High Quality Care

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[Transformation Task Force](#) (HCTTF or Task Force), a group of leading health care payers, providers, purchasers and patient advocacy organizations, today released a customizable resource designed to clearly identify the roles health care partners play in implementing alternative payment models (APMs). The tool – which is available for free download – is intended to help users recognize gaps or overlaps in responsibilities, improve efficiencies and communication, and promote successful APM operations.

“Effective collaboration is an ongoing challenge as health care providers and payers partner to deploy alternative payment models and delivery system reforms, sometimes

unintentionally duplicating efforts,” said Blair Childs, Senior Vice President of Public Affairs at Premier. “This resource greatly simplifies this task by offering a common framework that all sides can use to identify key activities and determine who should be taking the lead based on demonstrated capabilities.”

The [roles and responsibilities matrix](#) was designed for health care payers, providers, and purchasers working under an existing APM contract or planning a new APM partnership. The goal of the matrix is to clearly identify the relationships between the parties implementing an APM, recognize gaps or overlaps in responsibilities, improve efficiencies and communication, and promote successful operations.

“Coordinating activities across payers, providers, and purchasers has been a perennial challenge for APM implementation. This resource should better focus these conversations and lead to more successful advanced payer/provider partnerships,” said Jeff Micklos, Executive Director of

the Task Force. “We are excited to be able to share these lessons learned from our members’ deep commitment to and experience in value-based payment design and implementation.”

The resource is modeled after a commonly used project planning and responsibility assignment tool called a “RACI” matrix – standing for responsible, accountable, consulted, and informed – and is pre-populated with common workstreams and activities related to operating APMs. The tool can be customized to reflect a user’s specific APM or integrated into existing organizational project management plans.

“It has been extremely useful to have the core APM workstreams and activities that payers and providers should account for laid out in a simple and customizable format,” said David Johnson, Medical Director of Healthcare Strategy and Payment Transformation at Blue Cross Blue Shield of North Carolina. “We have already taken advantage of this resource to make updates to our model planning and design process.”

Workstreams	Activities	Responsible	Accountable	Consulted	Informed
Payment Model	Contract Template				
	Payment Approach				
	Other Payments (Infrastructure, Quality Bonus, etc.)				
	Patient Eligibility				
	Patient Attribution/Selection				
	Provider Eligibility/Enrollment				
	Budget Methodology/Calculation				
	Trend Methodology/Calculation				
	Claims/Encounter Data Processing				
	Risk Adjustments				
	Quality Adjustments				
Benefit Design	Benefit Coverage (Covered/Non-Covered Benefits)				
	Cost Sharing				
	Member Incentives				
Patient/Member Services	Outreach and Education				
	Engagement/Activation				
	Experience Measurement				
	Complaints/Service Recovery				
Clinical Care	Patient Foster/Empanelment				
	Risk Assessments				
	Care Coordination/Case Management				
	Population Health				
	Patient Access/Enabling Services				
	Clinical Care Delivery				
	Staffing/Training				
	Utilization Management (Prior Auth, Referral Management, etc.)				
Health Related Social Needs	Provider Credentialing and Privileging				
	Community Needs Assessments				
	Social Needs Assessments/Gap Identification				
	Referral for Service/Closing Gaps				
Health IT/Data Sharing	Follow-Up				
	EM/VEHR Management				
	Electronic Tools (Clinical Decision Support, Referral)				
	Health Information Exchange				
	Clinical Data Reporting				
	Claims/Encounter Data Reporting				
Quality Strategy	Social Needs Data Reporting				
	Data Analytics				
	Measure Selection				
	Target Setting				
	Quality Data Reporting				
Payer-Provider Engagement	Analyst/Score Calculation				
	Final Performance Reports				
	Quality Improvement Initiatives				
	Governance/Meeting Structure				
	Payer Supports (e.g. Infrastructure assessments, technical assistance, practice transformation investments)				
	Shared Resources				

HCTTF APM Roles and Responsibilities Matrix

Members of the Health Care Transformation Task Force believe it is a national priority for the health care industry to collaborate in the transition to value. The Task Force regularly develops best practices and resources for implementing value-based payment models and actionable policy recommendations to accelerate value transformation.

For more information and to browse the resources & perspectives, please visit:

<https://hcttf.org/resources-perspectives/>

ABOUT HEALTH CARE TRANSFORMATION TASK FORCE

Health Care Transformation Task Force is a unique collaboration of patients, payers, providers and purchasers working to lead a sweeping transformation of the health care system. By transitioning to value-based models that support the Triple Aim of better health, better care and lower costs, the Task Force is committed to accelerating the transformation to value in health care.

TASK FORCE MEMBERS: Aetna • agilon health • Aledade • American Academy of Family Physicians • Anthem, Inc. • ApolloMed • Archway Health • Atrius Health • Blue Cross Blue Shield of Massachusetts • Blue Cross Blue Shield of Michigan • Blue Cross Blue Shield of North Carolina • Blue Cross Blue Shield of South Carolina • Cambia Health Solutions • Clarify Health Solutions •

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