

JULY 2023



Multi-Payer Alignment Blueprint

A guide for applying engagement strategies to achieve multi-payer alignment

Table of Contents

Section Name	Page #
Executive Summary	3
Introduction	6
STC State Profiles	8
How to Read the Blueprint	13
Performance Measurement and Reporting	17
Advancing Health Equity	26
Aligning Key Payment Model Components	38
Timely and Consistent Data Sharing	51
Providing and Leveraging Technical Assistance	62
Conclusion	72
Appendix	73

Executive Summary

Health care payment reform depends on participation from multiple payers to achieve sustainable system-wide transformation. Directional alignment of public and private payers across foundational areas—performance measurement and reporting, health equity, key payment model components, timely and consistent data sharing, and technical assistance—has the power to accelerate the realization of nationwide, value-based care that reduces burden and improves quality of care.

The Health Care Payment Learning and Action Network (HCP-LAN or LAN) created the State Transformation Collaboratives (STC) to take a locally-focused approach to address the needs of state populations through alternative health care payment. The STCs—Arkansas, California, Colorado, and North Carolina—are comprised of payers, with input from providers, health systems, purchasers, patient advocates, and community organizations. They are dedicated to transforming health care in their state by shifting economic drivers away from fee-for-service and toward high-value care.

Purpose of the Multi-Payer Alignment Blueprint

The STCs provide a mechanism to foster and test approaches to multi-payer alignment that have potential for regional or national application, with local priorities at top of mind. The HCP-LAN Multi-Payer Alignment Blueprint compiles successful multi-payer alignment initiatives from STC states along with national efforts and contributions from the LAN. The initiatives vary in scale and complexity and provide examples that other states can adapt and incorporate into their own multi-payer alignment strategy. The shared goals and approaches across these initiatives also provide a basis for generating cross-state alignment and building a foundation for national alignment.

Emerging Themes from Multi-Payer Alignment Initiatives

Over the course of developing the Blueprint, the LAN identified key themes consistently present in multi-payer alignment initiatives across the five foundational elements.

Performance Measurement and Reporting: Performance measurement makes it possible to accurately monitor quality and outcomes, create a single set of expectations across payers, and reduce provider burden. STC state approaches focus on the following themes:

- Developing and utilizing nationally stewarded approaches
- Improving the effectiveness and use of outcome measures
- Standardizing measurement and reporting approaches
- Integrating principles of equity and disparity reduction
- Improving accountability

Continued on next page



Executive Summary

Advancing Health Equity: Value-based care incentivizes changes to health care delivery, making it more accessible, drive better patient outcomes, and reduce inequities in both care and outcomes. Aligning multiple payers in their design and implementation of Alternative Payment Models (APM) will ensure equitable benefits to the patients served and improve overall population health. STC state approaches focus on the following themes:

- Defining what health equity means to stakeholders
- Establishing standards to collect health equity data
- Delivering more equitable and culturally and linguistically appropriate services
- Partnering with community-based organizations (CBO) to address unmet social needs
- Increasing accountability on addressing disparities and improving outcomes

Aligning Key Payment Model Components: Achieving multi-payer alignment on APM design requires decisions about what structural features to include in a payment model design, including risk adjustment, benchmarking, attribution, quality performance measurement systems, high-value networks and partnerships, APM infrastructure investments, and payer-provider contracting. Alignment does not require payers to build identical arrangements or programs; however, for APMs to be successful and scalable in improving outcomes and reducing costs, greater alignment is needed between commercial and public payers. STC state approaches focus on the following themes:

- Identifying model goals and shared values
- Taking a cascading and iterative approach to aligning model components
- Providing model design flexibility
- Adopting core concepts in payment methodology
- Creating transparency in payment model parameters
- Incorporating patient-centered care in model design

Timely and Consistent Data Sharing: Increased data sharing can enable improved benchmarking capabilities, care coordination between providers, and up-to-date quality reporting. Streamlining data reporting from multiple payers enhances the efficiency and effectiveness of data-driven interventions, leading to improvements in health care outcomes. STC state approaches focus on the following themes:

- Standardizing data, including how it's stored and shared
- Improving interoperability of electronic health record (EHR) data
- Increasing use of regional health information exchanges (HIE)
- Integrating social needs data and referrals into HIE platforms
- Reducing provider burden
- Exchanging data in real time
- Improving data quality and completeness

Continued on next page



Executive Summary

Providing and Leveraging Technical Assistance: Technical assistance—which for the STC states covers everything from research, outreach/convening support, training and education, and workgroup development—enables successful participation value-based care arrangements. STC state approaches focus on the following themes:

- Building off existing national-level support
- Maintaining payer connections after models end
- Developing and sharing evidence-based best practices
- Including a variety of modalities
- Improving communication between payers

Building Momentum to National Multi-Payer Alignment

Health care payment and delivery reforms that do not include perspectives from stakeholders across the industry and encourage alignment run the risk of perpetuating a system with disparate attempts at improving patient outcomes and high administrative burden. Initiatives that reflect national priorities are positioned to move toward shared goals, elements, and approaches that foster cross-state alignment and build a more efficient, high-performing health care system.

The examples of multi-payer alignment initiatives featured in this Blueprint, while not exhaustive, provide a picture of success factors that can be applied in other states' alignment efforts. They demonstrate that alignment happens in stages, with states starting small and utilizing continued and committed partnerships to build momentum toward sustainable impact on health system transformation.

The LAN encourages stakeholders to use the Blueprint to learn from states' initiatives in addressing alignment challenges and further grow efforts for cross-state alignment. The LAN thanks the many participants contributing to this work, especially STC members from Arkansas, California, Colorado, and North Carolina for their continued engagement in the efforts towards advancing multi-payer alignment in value-based care arrangements:

- Arkansas Blue Cross and Blue Shield
- Arkansas Department of Human Services (Arkansas Medicaid)
- Arkansas State Health Alliance for Records Exchange (SHARE)
- Blue Shield of California
- California Public Employees' Retirement System (CalPERS)
- Covered California
- Medi-Cal (California Medicaid)
- Colorado Department of Health Care Policy and Financing (Colorado Medicaid)
- Colorado Division of Insurance
- North Carolina Medicaid

