HCP LAN
Health Care Payment Learning & Action Network

Designing and Implementing Alternative-to-FFS Payments in CPC+ Track 2

In-Person Meeting

Primary Care Payer Action Collaborative

May 7, 2018

1:00-4:00 pm (EST)

Facilitators/Speakers

- Lynne Cuppernull, LAN Project Director, CMS Alliance to Modernize Healthcare
- Jen Sulkin, Health Care Collaborative Lead, CMS Alliance to Modernize Healthcare (CAMH)
- Dr. Charlie Fazio, Senior Vice President and Health Plan Medical Director, HealthPartners
- Susan Stuard, Lake Fleet Consulting
- Edith Coakley Stowe, Senior Manager, Manatt Health
- Kaylee O'Connor, Consultant, Manatt Health
- Alison Shippy, Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation, Seamless Care Models Group, Division of Advanced Primary Care
- Rayva Virginkar, Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation, Seamless Care Models Group, Division of Advanced Primary Care

I. Alternative to FFS Payments: 360 Degree Progress Review

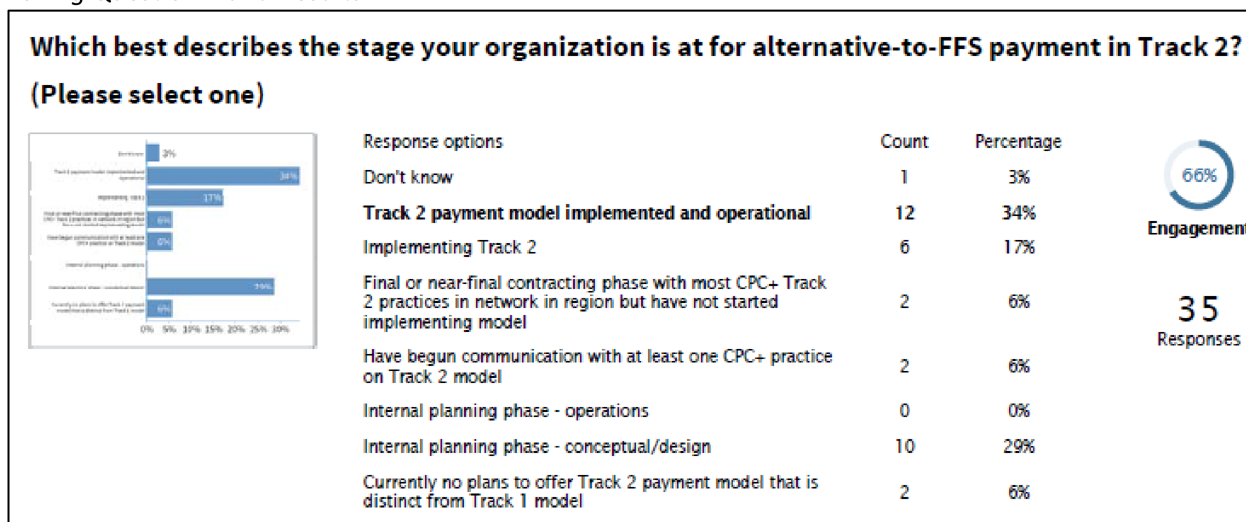
Susan Stuard facilitated a discussion about CPC+ payers' progress to date in implementing alternative to FFS payments.

- Rayva Virginkar (CMS) provided updated facts and figures on the model nationally:
  - Since January 2017, CMS has made significant investments in primary care, broadening the reach of CPC+ practices and payers alike. Approximately 96% of practices in CPC Classic continued on to CPC+. Ohio, New Jersey, and Michigan received substantial financial support considering the high number of CPC+ practices in those regions, with care management fees making up the majority of the payments in each region. Over 1.8 million beneficiaries are now included in the model. 46% of CPC+ practices are also participating in the Medicare Shared Savings Program. 7,400 individual clinicians participating in CPC+ are "Qualifying Participants" in Advanced Alternative Payment Models for the purposes of year one of the Quality Payment Program.
- Rayva Virginkar reminded payers about the theory of action for the alternative-to-FFS payment and made remarks on progress across payers:
  - The alternative-to-FFS payment in Track 2 is designed to: provide predictable and sufficient up-front resources and revenue to support comprehensive efforts; encourage non visit-based services; further decouple business model from volume, relative to Track 1; support practices in providing more comprehensive services in settings meeting patients' preferences; mitigate risks inherent in both fee for service and full capitation; support a whole-population care management strategy; and test the effects of the changes empirically, with controls.
  - CMS recently conducted a survey of payers participating in CPC+ on a range of issues. While the results are still being analyzed (20% of responses are still outstanding), some signals are emerging. Regarding reducing practice burden, 30% of payer respondents responded that they "leveraged existing CPC+ care delivery requirements" and almost half of the payer respondents responded that they are aligning quality measures within the region. On payment, while the majority of payers are either providing alternative-to-FFS payments to practices now or intending to do so, 17% of payers indicated that they are not planning to do so, and a substantial portion of payers left this survey question blank. On timing of the alternative-to-FFS payment, the majority answered that implementation is occurring or will occur in 2018, which aligns with the PAC experience. However, CMS is concerned by the substantial number of "TBD" or blank answers. Given that payers and CMS memorialized their shared commitment to

implementing this payment in the MOU and the limited time left in the model. The concerned is about the proportion of payers not adequately supporting Track 2 practices in their advanced efforts to move away from a reliance on visit-based, FFS care. CMS will continue to engage payers about specific barriers and solutions.

Polling & Facilitated Discussion

Polling Question 2 and Results:



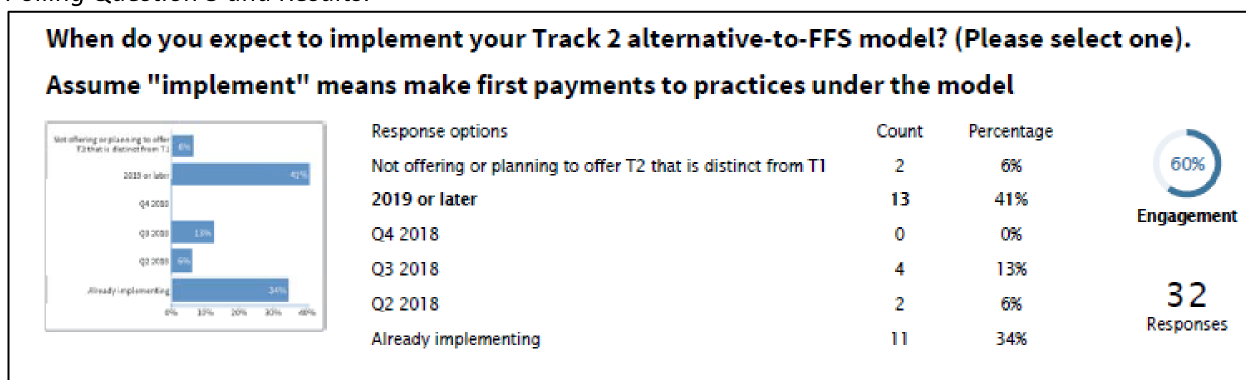
Which best describes the stage your organization is at for alternative-to-FFS payment in Track 2? (Please select one)

Response options	Count	Percentage
Don't know	1	3%
Track 2 payment model implemented and operational	**12**	**34%**
Implementing Track 2	6	17%
Final or near-final contracting phase with most CPC+ Track 2 practices in network in region but have not started implementing model	2	6%
Have begun communication with at least one CPC+ practice on Track 2 model	2	6%
Internal planning phase - operations	0	0%
Internal planning phase - conceptual/design	10	29%
Currently no plans to offer Track 2 payment model that is distinct from Track 1 model	2	6%

66% Engagement

35 Responses

Polling Question 3 and Results:



When do you expect to implement your Track 2 alternative-to-FFS model? (Please select one). Assume "implement" means make first payments to practices under the model

Response options	Count	Percentage
Not offering or planning to offer T2 that is distinct from T1	2	6%
2019 or later	**13**	**41%**
Q4 2018	0	0%
Q3 2018	4	13%
Q2 2018	2	6%
Already implementing	11	34%

60% Engagement

32 Responses

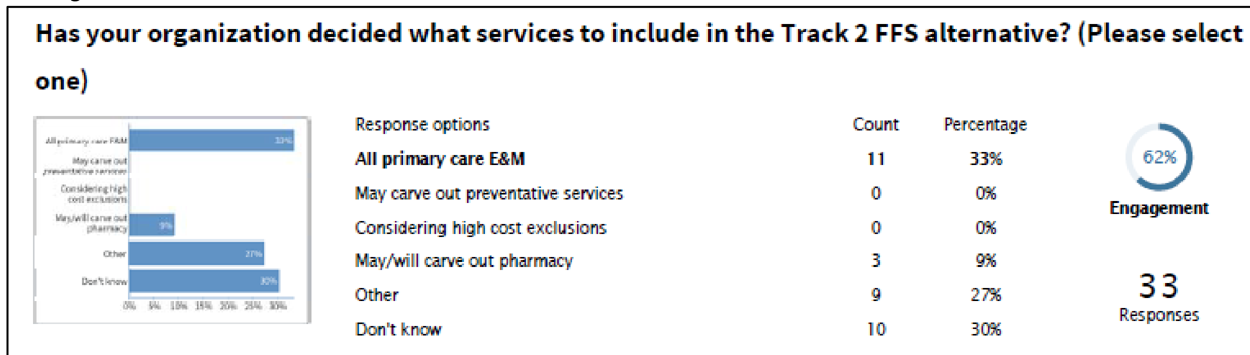
Polling Question 4 and Results: See Appendix I

Discussion:

- When comparing polling responses from fall 2017, the implementation timeline for Track 2 has changed for many of the payers. Payers found implementing the alternative-to-FFS payment to be more difficult than they had originally thought.
- Challenges cited in the free text polling and discussion fell into themes:
    - **Systems:** claims systems configuration, IT, differences in systems across lines of business
    - **Alignment across payer enterprise:** relatively small population size at practice/region level to capture in payment model; unwillingness to disrupt existing value-based payment arrangements (e.g. ACOs). Payers said that Track 2 is resource intensive, requiring IT capabilities and leadership investment.
    - **Internal buy-in:** from payer leadership and/or at multiple levels of organization; difficulty making case for ROI for CPC+ specifically (as opposed to other value-based initiatives competing for time/attention).

- **Consumer/employer/self-insured client buy-in:** One payer noted that it has found talking points for CPC Classic to be easier to develop than for Track 2. There is no "one size fits all" for Track 2, with various components of the messaging appealing to different stakeholders. With employer groups controlling much of the resource allocation, the correct messaging is essential.
- **Other external buy-in needed:** e.g. state legislature
- **Medicaid:** lack of additional funding, need for CMS waivers
- **Low practice appetite in market**: One payer anticipated much more interest in Track 2 than they have received (only four practices have agreed to take on the model); this, in part, is due to a perception among practices that they do not have the profit margin to sustain Track 2. Another payer noted that some of its network practices opted not to contract, despite meeting the threshold requirements, because the model does not appear to them to be financially attractive enough. One payer said he had seen practices hold the CPC+ contract "hostage," enabling more beneficial contracting in their non CPC+ arrangements, which raised the question of whether CMS needed to become involved to raise the possibility of termination of these practices from the model.

Polling Question 5 and Results:



Has your organization decided what services to include in the Track 2 FFS alternative? (Please select one)

Response options	Count	Percentage
All primary care E&M	**11**	33%
May carve out preventative services	0	0%
Considering high cost exclusions	0	0%
May/will carve out pharmacy	3	9%
Other	9	27%
Don't know	10	30%

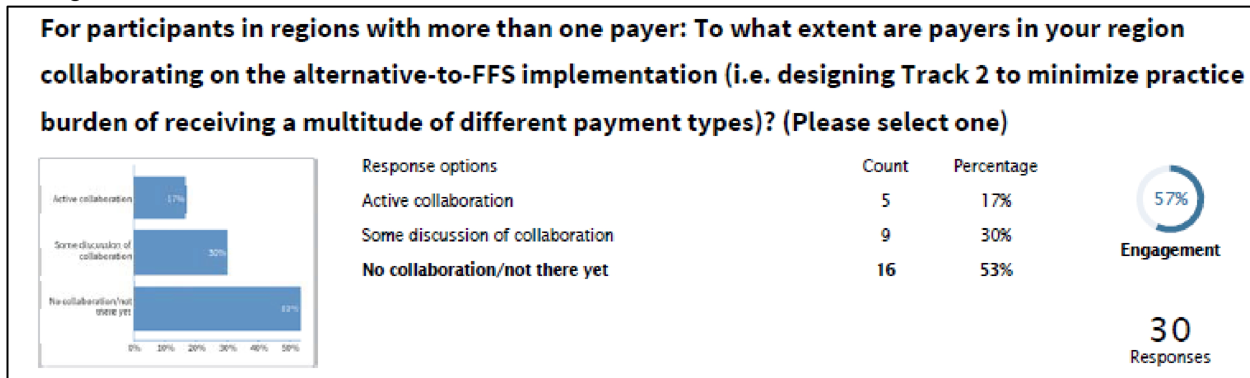
62% Engagement

33 Responses

Discussion:

- One payer decided to use the exact CMS code list for one year. While they considered making additions to the list, ultimately, they decided that the changes were not worth the confusion and it was more aligned from the practice perspective to continue to use the CMS code list.

Polling Question 6 and Results:



For participants in regions with more than one payer: To what extent are payers in your region collaborating on the alternative-to-FFS implementation (i.e. designing Track 2 to minimize practice burden of receiving a multitude of different payment types)? (Please select one)

Response options	Count	Percentage
Active collaboration	5	17%
Some discussion of collaboration	9	30%
No collaboration/not there yet	**16**	53%

57% Engagement

30 Responses

Discussion:

- The percentage of payers answering "no collaboration/not there yet" has actually *risen* since fall of 2017. It may be that payers are judging themselves more stringently, or as they get more involved in the work, they more clearly see the challenges in aligning payment models.
- One payer observed that practices are increasingly demanding "perfect" alignment in Track 2 on such details as what day of the month they are paid.
- A payer noted that there has been a multi-payer forum in their region for some time and they have learned that limiting alternative payment model (APM) discussions to CPC+ Track 2 is challenging. CPC+ is viewed as a "piece of the pie," or another value based payment alternative in the mix. Similarly, a payer from another region noted that CPC+ is just one item in a complex regional mix of different APMs being implemented, which means that not all attention is on CPC+.

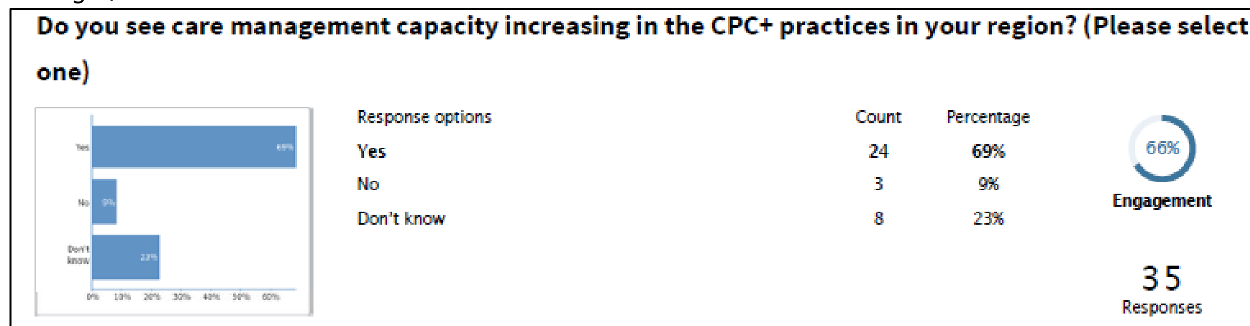
II. <u>Supporting CPC+ Care Delivery Aims Through Alternative-to-FFS Payment</u>

Edith Stowe facilitated a discussion about evidence that payment change may be driving care delivery change in CPC+ regions, from the perspective of payers.

- In a March 2018 LAN PAC session, Dr. Gregory Reicks of Foresight Family Physicians provided an illustrative example of the bridge between the alternative-to-FFS payment model and what actually happens on the ground. From 2012 to 2017, Foresight saw its revenue shift from 5% non-FFS to 47% total non-FFS, accompanied by a $6 per member per month (PMPM) increase in total revenue. Foresight Family Physicians has substantially redesigned its work flow such that providers have fewer in-person visits booked but do engage in phone visits, group visits and integrated behavioral health.
- Alison Shippy of CMS presented some early findings from national practice data in CPC+ that point to changes in how care is being organized at CPC+ practices: practices nationally report using the Track 2 CPCP funding to engage in home care, phone visits, facility care, group classes and in office, non-billable services. Practices report using nurses, community health workers, and additional staff to offer medication management, home assessments, and wellness visits.

Polling & Facilitated Discussion

Polling Question 7 and Results:



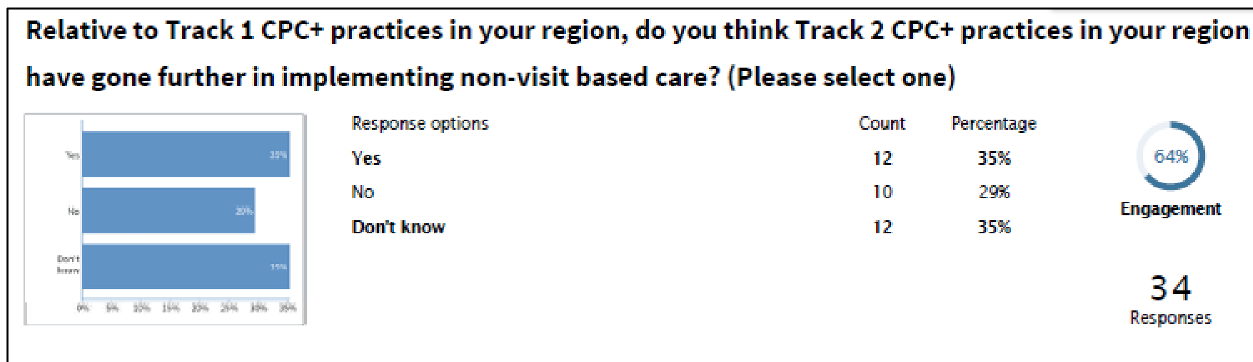
Do you see care management capacity increasing in the CPC+ practices in your region? (Please select one)

Response options	Count	Percentage
Yes	24	69%
No	3	9%
Don't know	8	23%

66% Engagement

35 Responses

Polling Question 8 and Results:



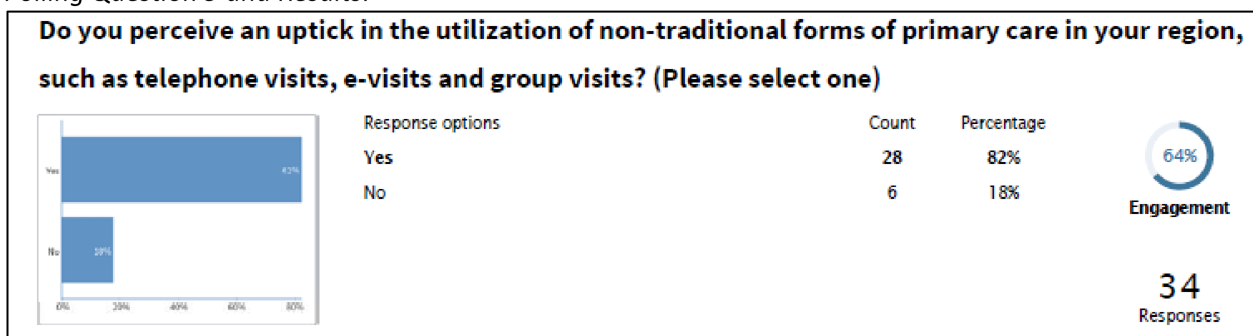
Relative to Track 1 CPC+ practices in your region, do you think Track 2 CPC+ practices in your region have gone further in implementing non-visit based care? (Please select one)

Response options	Count	Percentage
Yes	12	35%
No	10	29%
Don't know	12	35%

64% Engagement

34 Responses

Polling Question 9 and Results:



Do you perceive an uptick in the utilization of non-traditional forms of primary care in your region, such as telephone visits, e-visits and group visits? (Please select one)

Response options	Count	Percentage
Yes	28	82%
No	6	18%

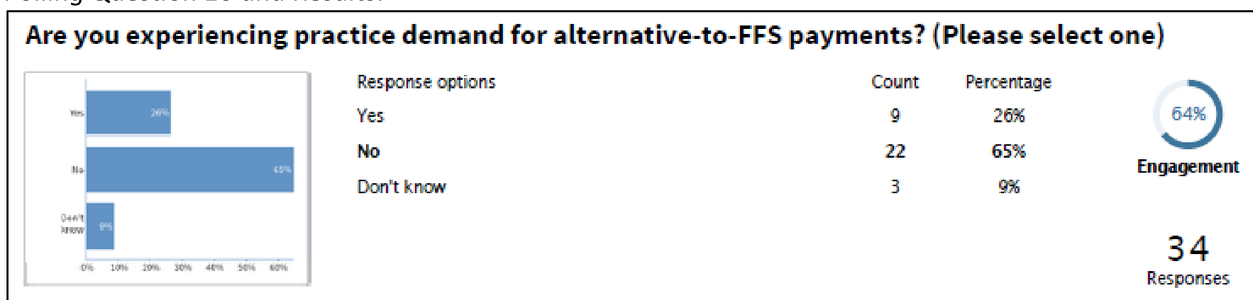
64% Engagement

34 Responses

Discussion:

- Payers generally agree that, globally speaking, they are seeing practice capacity for care management increasing in their regions. However, most do not see a clear distinction between trends in Track 1 and Track 2 practices at this time. Payers feel that it is still early in the model to see any differentiation. Some payers said that going into the model, the Track 2 practices tended to be more advanced than Track 1 on average in any event, so it may make sense that they are further along in care redesign on average.
- Payers also generally agree that there is an uptick occurring in non-visit based forms of care being offered. In the aggregate, practices are increasing their staff, seeing more complex patients, increasing the panel size per provider, providing transportation to office visits, offering telehealth, using web-based doctor platforms, and integrating behavioral health. However, the rate of change is not even across practices.

Polling Question 10 and Results:



Are you experiencing practice demand for alternative-to-FFS payments? (Please select one)

Response options	Count	Percentage
Yes	9	26%
No	22	65%
Don't know	3	9%

64% Engagement

34 Responses

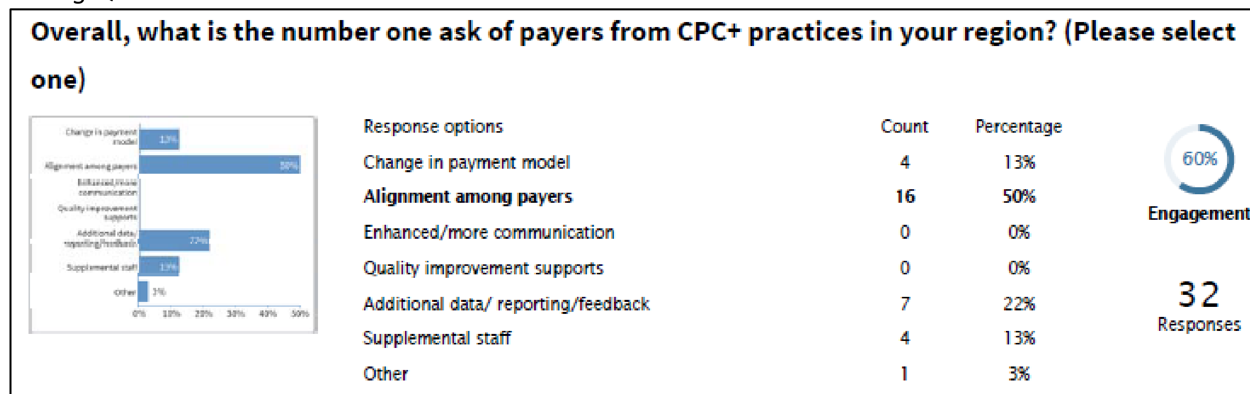
Discussion:

- Payers cited risk aversion among practices. Practices are worried about margin and sustainability when shifting to more PMPM based form of payment.
- Payers perceive that practices are moving slowly on changes in how providers and staff are reimbursed. Most practices are still using relative value units (RVUs) in their compensation models. Some payers are pointing

practices toward resources and educational materials about physician compensation models that rely less on RVUs.

- The QPP All Payer Combination Option (starting in 2019) may create new market pressure on both practices and payers, since practices falling below CMS' Advanced-Alternate Payment Model (A-APM) thresholds will be able to "count" other payers' models towards QPP bonuses only to the extent that those models meet CMS A-APM criteria and to the extent that they choose to participate in them. However, payers generally feel that this message has not yet "sunk in" with practices.

Polling Question 11 and Results:



Overall, what is the number one ask of payers from CPC+ practices in your region? (Please select one)

Response options	Count	Percentage
Change in payment model	4	13%
Alignment among payers	**16**	**50%**
Enhanced/more communication	0	0%
Quality improvement supports	0	0%
Additional data/ reporting/feedback	7	22%
Supplemental staff	4	13%
Other	1	3%

60% Engagement

32 Responses

Polling Question 11 and Results: See Appendix I

- Payers most frequently perceive that alignment (to the extent that it reduces practice burden) is the highest priority "ask" that practices have of them.

III. Reflection on LAN PAC and Wrap Up

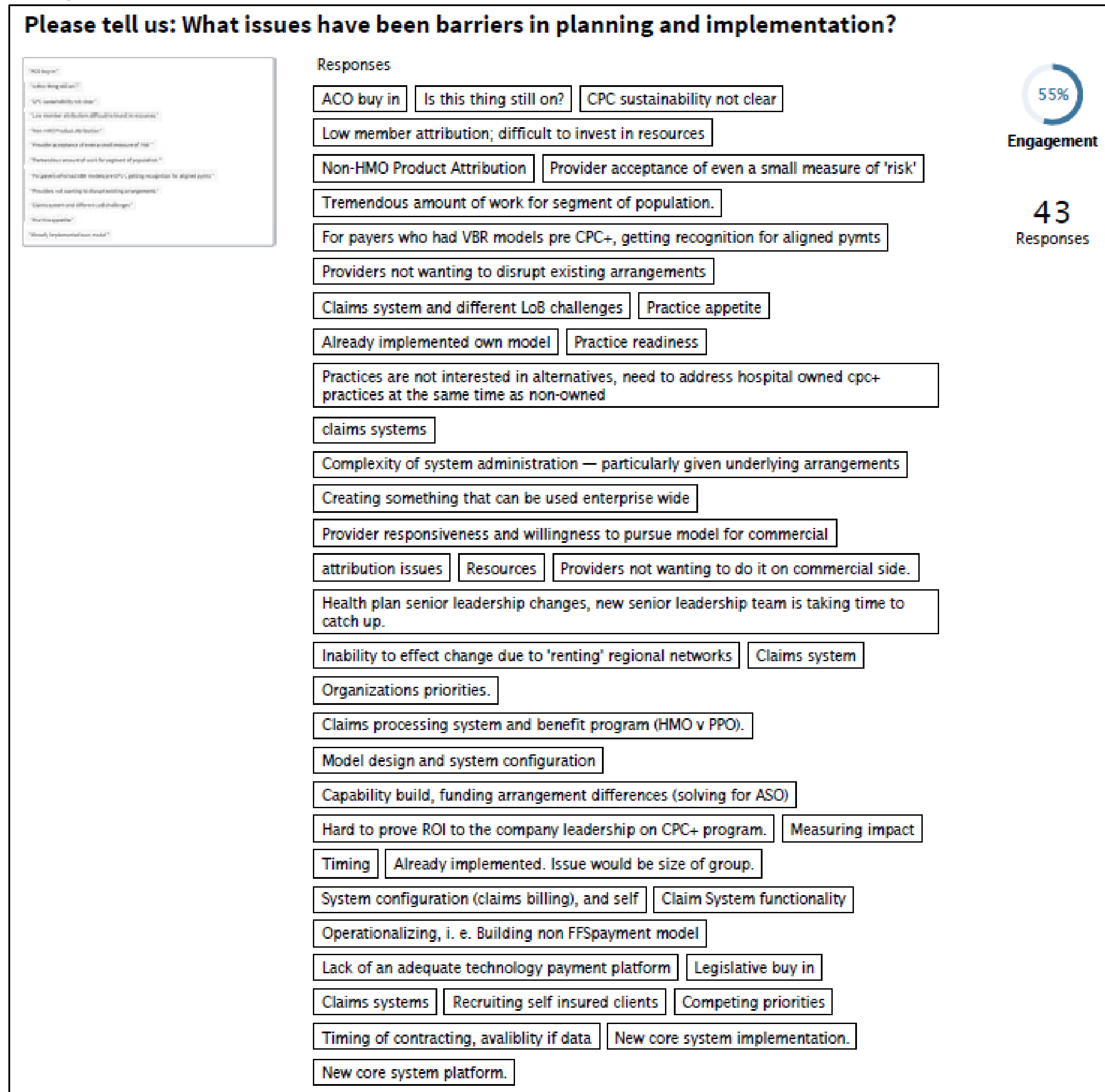
- Charlie Fazio provided some wrap-up remarks.
  - Since October 2016, the LAN PAC has provided practical, strategic discussions to move towards alternative-to-FFS payments. Each LAN PAC webinar had between 80 to 100 participants. Polling indicated that participants were generally satisfied and left intending to take action as a result.
  - Regardless of the future of the PAC, the PAC Portal will serve as an enduring resource in continuing to change the financial incentives to slow the rise of health care costs.

Discussion:

- The cross-regional payer collaboration in CPC+ has been valuable in bringing different stakeholders to the table. For those new to CPC+, the LAN PAC helped individuals and organizations get up to speed with the content, especially in instances of leadership turnover.
- Payers would have liked to see a broader representation of presenters and panelists during the webinars, drawing from some of the smaller plans or those that focus more on Medicaid. Some payers also expressed that, in retrospect, it may have been beneficial to expand the conversation beyond CPC+ to other value based efforts and alignment. Now understanding the barriers that practices and payers have encountered, some payers would have liked more of a focus on additional topic areas including attribution and claims payment.

Appendix I: Free Text Polling Questions

Polling Question 4 and Results:



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Appendix II: Registered Attendees

#	First Name	Last Name	Title	Organization
1	Roger	Adams	CPC Plus Region Lead	CMS
2	Dustin	Allison		CMS
3	Melody	Anthony	Deputy State Medicaid Director	Oklahoma Health Care Authority
4	Erwin	Austria	Analytics & Reporting Consultant	Blue Cross Blue Shield of Montana
5	Peter	Bachini	Sr. Director, Medicare Medical Networks & VBC	Aetna, Inc
6	Bridget	Baker	CMS Region Lead	CMS
7	Jackie	Ball	Sr. Engagement Manager	Aetna Health Inc
8	Sean	Beecher	Dir. Network Development Value Based Reimbursement	BlueCross BlueShield of Western New York
9	Alicia	Berkemeyer	Senior Vice President, Provider Network Programs	Arkansas Blue Cross and Blue Shield
10	John	Blair, MD	CEO	MedAllies
11	Greg	Bowman	Consultant	Consultant
12	Christy	Brechtel	Director Population Health Management	AultCare
13	Amber	Broderson	Provider Relations Partner	Blue Cross Blue Shield
14	Edith	Coakley Stowe	Coakley Stowe	Manatt Health
15	Christopher	Coutin	Payment Operations/Contracting Officer's Representative	CMS
16	Charlotte	Crist	Managing Director, Clinical Programs	Blue Cross & Blue Shield of Rhode Island
17	Lynne	Cuppernull		MITRE Corporation
18	Missy	Davis	Director, Primary Care	AR Blue Cross and Blue Shield
19	Janice	Dietrich	Director, Clinical Strategy & Care Models	BCBSOK
20	Kate	Elliott	Senior Director of Engagement	HealthInsight Oregon
21	Emma	Esmont	Alternative Payment Model Administrator	Ohio Department of Medicaid
22	Patty	Estes	Senior Director of Network Innovation/Strategy	Blue Cross Blue Shield of Montana
23	John	Ezzard	Specialist Leader	Deloitte
24	Charles	Fazio	Health Plan Medical Director	HealthPartners, Inc.
25	Thomas	Foels	Chief Medical Officer	Independent Health
26	Cupid	Gascon	VP Clinical Transformation	MVP Health Care
27	Kristin	Geonnotti	Senior Researcher	Mathematica Policy Research
28	Meredith	Gonsahn	Health Policy Analyst	TennCare
29	Dianna	Gorniak	RN, CCM Clinical Practice Liaison	Blue Cross Blue Shield of Oklahoma
30	Sheila	Hanley	Senior Advisor	CMS Innovation Center
31	Andrea	Harmon		CMS
32	Leah	Hendrick		CMS
33	Dana	Jean-Baptiste	Health researcher	Mathematica Policy Research
34	Karen	Johnson	Vice President, Enterprise Data & Analytics	Blue Cross and Blue Shield of Kansas City

#	First Name	Last Name	Title	Organization
35	Craig	Jones	Contractor, CPC+ Data Aggregation & Alignment Contract	Capitol Health Associates
36	Monica	Juenger	Director if Stakeholder Relations	Governor's Office of Health Transformation
37	Mary	Kjemperud	Director, Network and Clinical Support	CareOregon
38	Robert	La Penna	Network Director for Payment Innovation Programs	Empire BlueCross BlueShield an Anthem company
39	Christiane	LaBonte		CMS
40	Lisa	LaCarrubba	Medical Director	Horizon Blue Cross Blue Shield NJ
41	James	Lee		CMS
42	Diane	Marriott	Convener, Michigan Multipayer Initiatives	University of Michigan
43	Elizabeth	Martin	Vice President	The Lewin Group
44	Lubna	Maruf	Medical Director	QualChoice
45	Cynthia	Mattingley	Practice Transformation Manager	Rocky Mountain Health Plans
46	Sarah	McHugh		CMS
47	Kristian	Motta		Ripple Effect
48	Erik	Muther	Vice President	Discern Health
49	Kaylee	O'Connor	Consultant	Manatt Health
50	Desa	Osterhoust	Analytics & Reporting Consultant	Blue Cross Blue Shield of Montana
51	Tara	Perrone	Manager, Care Transformation	Horizon BCBSNJ
52	Katie	Pierson	Director, Program Operations and Management, Payment Innovation	Anthem
53	Frances	Placide		CMS
54	TIm	Prinz	Managing Consultant	The Lewin Group
55	Caroline	Raimy	Manager, Provider Relations and Practice Engagement	HealthNow NY
56	Anne	Santifer	Director of Health Care Innovations	Arkansas Medicaid
57	Cori	Sheedy	CPC+ RLN Deputy Project Director	The Lewin Group
58	Samantha	Sheridan		CMS
59	Alison	Shippy		CMS
60	Christa	Shively	Sr. Director Quality & Medical Practice Integration	Providence Health Plan - Health Care Services
61	Julie	Sich	Manager, Population Health - Quality Engagement	SummaCare
62	Emilie	Sites	Program Coordinator	HealthInsight Oregon
63	Julie	Spalding	Provider Performance Manager	Independence Blue Cross
64	Vincent	Speenburgh	Manager, Practice Transformation	Capital District Physicians' Health Plan, Inc.
65	Susan	Stuard		Lake Fleet Consulting
66	Jennifer	Sulkin		MITRE Corporation
67	Jay	Swenson	Sr. Program Manager	UnitedHealthcare
68	Dwane	Tankersley	VP of Business Development	Arkansas Health & Wellness
69	Qiana	Thomason	Vice President, Population Health Solutions	Blue Cross Blue Shield of Kansas City
70	Jason	Tomei	Practice Transformation Coordinator	HealthNow NY

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#	First Name	Last Name	Title	Organization
71	Rayva	Virginkar		CMS
72	Edmund	Wymyslo	Medical Director Population Health Management	AultCare
73	Marjorie	Yano	Payment Innovation Director	Ohio Department of Medicaid
74	Judy	Zerzan	Chief Medical Officer/Client and Clinical Care Office Director	State of Colorado, Department of Health Care Policy and Financing
75	Charles	Zonfa	Chief Medical Office / VP Contracting & Network Development	SummaCare, Inc.