Primary Care Payer Action Collaborative (PAC)
Designing and Implementing Alternative-to-FFS Payments in CPC+ Track 2

Working Session 1: Introduction

August 29, 2017
1:00-2:00 PM ET

If you require technical assistance, please contact Kristian Motta at kmotta@rippleeffect.com.
Welcome and Introductions

Charlie Fazio, MD
Senior Vice President and Health Plan Medical Director, HealthPartners

Lynne Cuppernull
LAN Project Director CMS Alliance to Modernize Healthcare (CAMH)
Track 2 Alternative-to-FFS Payments
Lab Facilitators: Introductions

Edith Coakley Stowe
Senior Manager
Manatt Health (DC)

Susan Stuard
Independent Consultant (NY)

Dori Glanz Reyneri
Senior Manager
Manatt Health (DC)

Reni Ellis
Consultant
Manatt Health (NY)
The Primary Care Payer Action Collaborative (PAC) is a “national table” for payers committed to the implementation of CPC+ at both the national and regional levels. The PAC will help catalyze practice-level transformation in CPC+ by:

- Identifying and committing to collective goals
- Sharing learning to accelerate action
- Tackling operational barriers to successful regional implementation
Four Upcoming “Labs”

Aim: Equip payers with necessary tools to implement alternative-to-FFS payments in Track 2

Introduction

Lab 1: Design Workflow
- September 14th
- 3:30-5:00 pm EST

Lab 2: Implementation
- September 28th
- 1:00-2:30 pm EST

Lab 3: Implementation (continued)
- October 10th
- 2:00-3:30 pm EST

Lab 4: Implementing Primary Care Payments in Medicaid
- October 25th
- 12:30-2:00 pm EST

Between sessions: internal work within your organization
By the conclusion of the PAC, participants show demonstrable progress towards the design and implementation of alternative-to-FFS payments, as demonstrated by the following:

- Engaging necessary organizational units
- Defining policy parameters for payments that align with CMS design principles
- Helping to position payers for operational testing
- Developing a strategy to educate members on the alternative-to-FFS payments
- Soliciting and incorporating feedback from practices, and developing strategies to reduce practice burden
- Making new connections -- through their PAC engagement – that help advance implementation within their region and beyond.

Frequent polling and a survey at the conclusion of the series will help us track progress.
# Today’s Agenda

<table>
<thead>
<tr>
<th>Timeframe (ET)</th>
<th>Topic</th>
<th>Facilitators/Presenters</th>
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</thead>
</table>
| 1 1:15- 1:25  | Context  
  - What is Track 2 trying to accomplish?  
  - Medicare’s “CPCP” Track 2 experience to date | CMS CPC+ Team |
| 2 1:25 – 1:35 | Curriculum and Charter for the 4 “Labs” | Edith Stowe  
  Susan Stuard |
| 3 1:35 – 1:55 | Interactive polling  
  - Understanding Track 2 operational status today  
  - Refining upcoming Curriculum, Schedule and Topics | Edith Stowe |
| 4 1:55 – 2:00 | Wrap Up | LAN team |
Antitrust Statement

PAC Participants agree that all activities are in compliance with federal and state antitrust laws. In the course of discussion, **no financial information from payer participants will be shared with other payers or the general public.**

During meetings and other activities, including all formal and informal discussions, each payer participant will refrain from discussing or exchanging information regarding any competitively sensitive topics. Such information includes, but is not limited to:

- PMPM
- Shared savings or incentive payments
- Information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing providers, or terms of coverage
Context
CMS CPC+ Team

Christiane LaBonte
CPC+ Team
Center for Medicare and Medicaid Innovation

Laura Sessums
Director, Division of Advanced Primary Care
Seamless Care Models Group
Center for Medicare and Medicaid Innovation
What is the Alternative-to-FFS Payment in Track 2 Trying to Accomplish?

Both CPC+ Track 1 and Track 2 redesign payment are hybrid payment models combining elements of FFS and capitation, but Track 2 has its own particular aims.

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 decoupling 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
- Test the effects of the changes empirically, with controls
Hallmarks of Track 2 Alternative-to-FFS Payment Payments

Across CPC+ participating payers and regions, payment models will be diverse but will share common hallmarks.

Track 2 Alternative-to-FFS Hallmarks:

• Depart from fee for service in a way that would be a relative improvement to fee for service
• Payment is sufficient to bring patients into alternative forms of care
• Payment does not preclude comprehensiveness (e.g., screening for unmet social needs and creating linkages to social services)
• Work drives towards a regional, multi-payer initiative
Curriculum and Charter
### Curriculum, Topics and Calendar

**Introduction**

<table>
<thead>
<tr>
<th>Lab 1: Design Workflow</th>
<th>Lab 2: Implementation</th>
<th>Lab 3: Implementation (continued)</th>
<th>Lab 4: Implementing Primary Care Payments in Medicaid</th>
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<tbody>
<tr>
<td>Design workflow for payers</td>
<td>Calculating payments</td>
<td>Involving practices in model design</td>
<td>Implementing Track 2 in fee-for-service Medicaid</td>
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<tr>
<td>Processes and steps to include in design workflow (lines of business, providers, attribution, services)</td>
<td>Minimum volume thresholds</td>
<td></td>
<td>Medicaid MCO Track 2 models</td>
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<td>Risk adjusting the FFS alternative payment</td>
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<td>Financial reconciliation</td>
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<td>Timing</td>
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Between sessions: internal work within payer organization. Following each lab, participants will receive materials to share with their organizations.
PAC Charter: Expectations

PAC Lab Facilitators will:

• Share a defined curriculum and schedule
• Revise curriculum to account for payer feedback from polls and discussion during webinars as well as offline
• Identify payer representatives to share problems and solutions
• Foster a neutral, non-judgmental atmosphere
• Support payers’ efforts to implement a Track 2 FFS Alternative payment model
PAC Charter: Expectations, continued

Expectations for payer participants:

• Review curriculum and invite your colleagues to attend specific sessions, as appropriate
• Participate actively in webinars by voting during polling and asking questions/providing input, either verbally or using chat function
• Share your organization’s experience planning for and/or implementing a Track 2 Alternative-to-FFS Payment, as committed to in the CPC+ payer MOU
• Refrain from discussing competitively sensitive topics
• Commit to internal work within your organization between sessions
• Commit to collaborating within your CPC+ region on the aims of Track 2
• Fill out survey at conclusion of sessions to assess progress since July
Questions or Comments on Charter?

If you have any questions you would like to take offline, please follow up with Lauren Icard at lauren.icard@us.gt.com
Interactive Polling
The Primary Care Payer Action Collaborative (PAC) polled CPC+ payers in July 2017 to understand status and readiness for Track 2.

Which of the following reflect your organization's current focus related to designing and implementing a FFS alternative for Track 2 practices?
(Please select all that apply)

<table>
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<tr>
<th>Focus Area</th>
<th>Percentage</th>
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<tr>
<td>Scanning capabilities &amp; environment</td>
<td>25%</td>
</tr>
<tr>
<td>Defining design principles</td>
<td>46%</td>
</tr>
<tr>
<td>Executing T2 alternative you've designed</td>
<td>17%</td>
</tr>
<tr>
<td>Implementing T2 FFS alternative</td>
<td>25%</td>
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The Primary Care Payer Action Collaborative (PAC) polled CPC+ payers in July 2017 to understand status and readiness for Track 2.

Which activities would you **MOST** like the PAC to focus on in future collaborative sessions?

(Please select all that apply)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Member cost-sharing</td>
<td>32%</td>
</tr>
<tr>
<td>Communicating with practices</td>
<td>28%</td>
</tr>
<tr>
<td>Identifying practitioners</td>
<td>0%</td>
</tr>
<tr>
<td>Attribution rules for practice change</td>
<td>12%</td>
</tr>
<tr>
<td>Defining policy parameters</td>
<td>36%</td>
</tr>
<tr>
<td>Selecting services for cap &amp; FFS</td>
<td>56%</td>
</tr>
<tr>
<td>Tracking encounter not covered by claim</td>
<td>40%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
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Polling Question #1

Which options reflect your current focus related to designing and implementing an alternative to FFS payment for Track 2 practices?

a. Scanning capabilities/landscape
b. Defining design principles
c. Creating Track 2 operations plan
d. Implementing Track 2 alternative
Polling Question #2

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

a. No plans to offer Track 2 model
b. Internal planning - design
c. Internal planning - operations
d. In communication w/practice(s)
e. Final or near-final contracting
f. Implementing Track 2
g. Model implemented & operational
h. Don't know
Polling Question #3

When do you expect to implement your T2 alternative-to-FFS model?
Assume "implement" means make first payments to practices under the model.

a. Already implementing  f. Q3 2018
b. Q3 2017  g. Q4 2018
c. Q4 2017  h. 2019 or later
d. Q1 2018  i. Not offering T2
e. Q2 2018
Polling Question #4

If you are planning to decrease FFS rates in Track 2 relative to Track 1, which best describes the element of risk in the payment model?

a. No/limited risk to practice
b. Some risk borne by practice
c. Track 1 and 2 are the same
d. Other/combinations

Please note any nuances in the free-text box
Polling Question #5

In our first Lab on September 14, we are planning to discuss what type of primary care services are included in the Track 2 fee for service alternative payment. Please give us some feedback to help plan this webinar.

Has your organization decided what services to include in the Track 2 FFS alternative? (Please check all that apply)

a. All primary care E&M
b. May carve out preventative svcs
c. Considering high cost exclusions
d. May/will carve out pharmacy
e. Other
f. Don’t know

Please note any nuances in the free-text box
Polling Question #6

For regions with >1 payer: Are regional payers collaborating on Track 2 to minimize practice burden of receiving different payment types?

a. No collaboration/not there yet
b. Some discussion of collaboration
c. Active collaboration
Wrap-up