

# 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](mailto: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)

## PAC

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**

*Today*

**Lab 1:  
Design  
Workflow**

**September 14<sup>th</sup>  
3:30-5:00 pm EST**

**Lab 2:  
Implementation**

**September 28<sup>th</sup>  
1:00-2:30 pm EST**

**Lab 3:  
Implementation  
(continued)**

**October 10<sup>th</sup>  
2:00-3:30 pm EST**

**Lab 4:  
Implementing  
Primary Care  
Payments in  
Medicaid**

**October 25<sup>th</sup>  
12:30-2:00 pm EST**

*Between sessions: internal work within your organization*

# Definition of Success

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

	Timeframe (ET)	Topic	Facilitators/Presenters
1	1:15- 1:25	<b>Context</b> <ul style="list-style-type: none"><li>• What is Track 2 trying to accomplish?</li><li>• Medicare's "CPCP" Track 2 experience to date</li></ul>	<b>CMS CPC+ Team</b>
2	1:25 – 1:35	<b>Curriculum and Charter for the 4 "Labs"</b>	<b>Edith Stowe Susan Stuard</b>
3	1:35 – 1:55	<b>Interactive polling</b> <ul style="list-style-type: none"><li>• Understanding Track 2 operational status today</li><li>• Refining upcoming Curriculum, Schedule and Topics</li></ul>	<b>Edith Stowe</b>
4	1:55 – 2:00	<b>Wrap Up</b>	<b>LAN team</b>

# 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

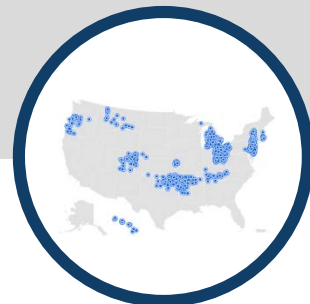
## Trying to Accomplish?

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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

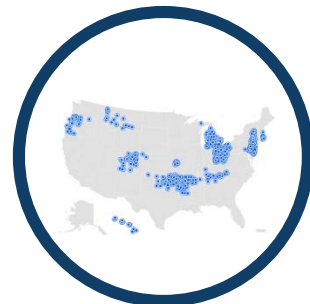


# Hallmarks of Track 2 Alternative-to-FFS Payment Payments

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

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## Introduction

### Lab 1: Design Workflow

- Design workflow for payers
- Processes and steps to include in design workflow (lines of business, providers, attribution, services)

**September 14<sup>th</sup>**  
**3:30-5:00 pm EST**

### Lab 2: Implementation

- Calculating payments
- Minimum volume thresholds
- Risk adjusting the FFS alternative payment
- Financial reconciliation
- Timing

**September 28<sup>th</sup>**  
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### Lab 3: Implementation (continued)

- Involving practices in model design

**October 10<sup>th</sup>**  
**2:00-3:30 pm EST**

### Lab 4: Implementing Primary Care Payments in Medicaid

- Implementing Track 2 in fee-for-service Medicaid
- Medicaid MCO Track 2 models

**October 25<sup>th</sup>**  
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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?

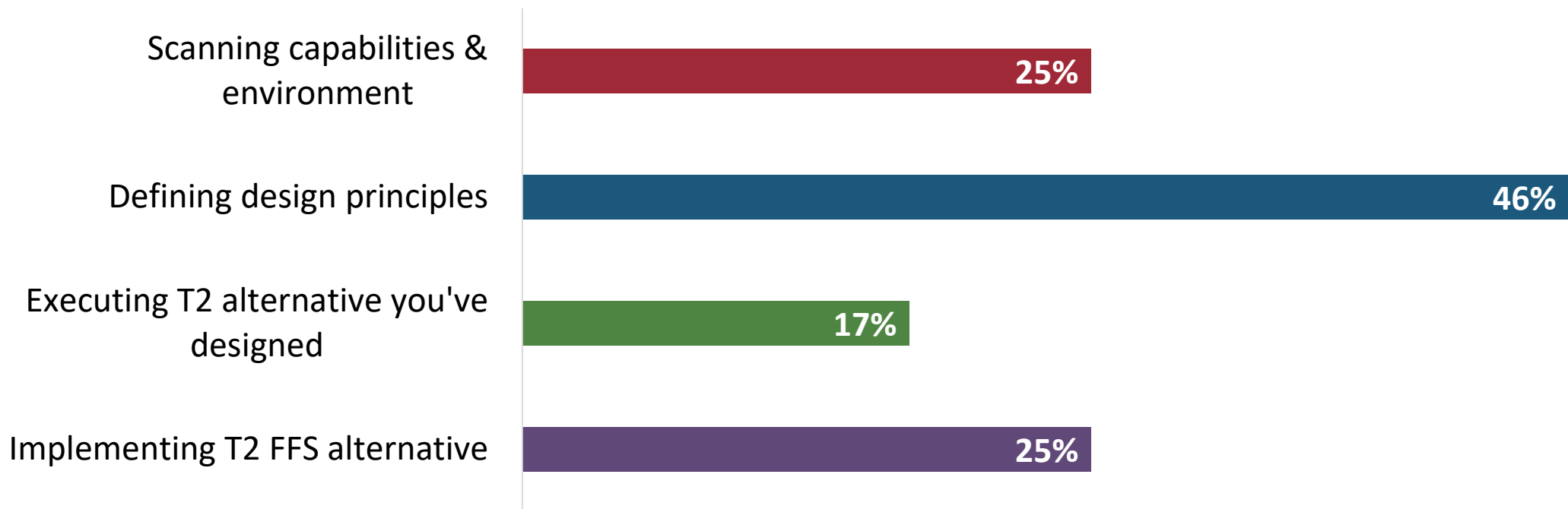


# Interactive Polling

# PAC Preview: Polling Results

The Primary Care Payer Action Collaborative (PAC) polled CPC+ payers in July 2017 to understand status and readiness for Track 2.

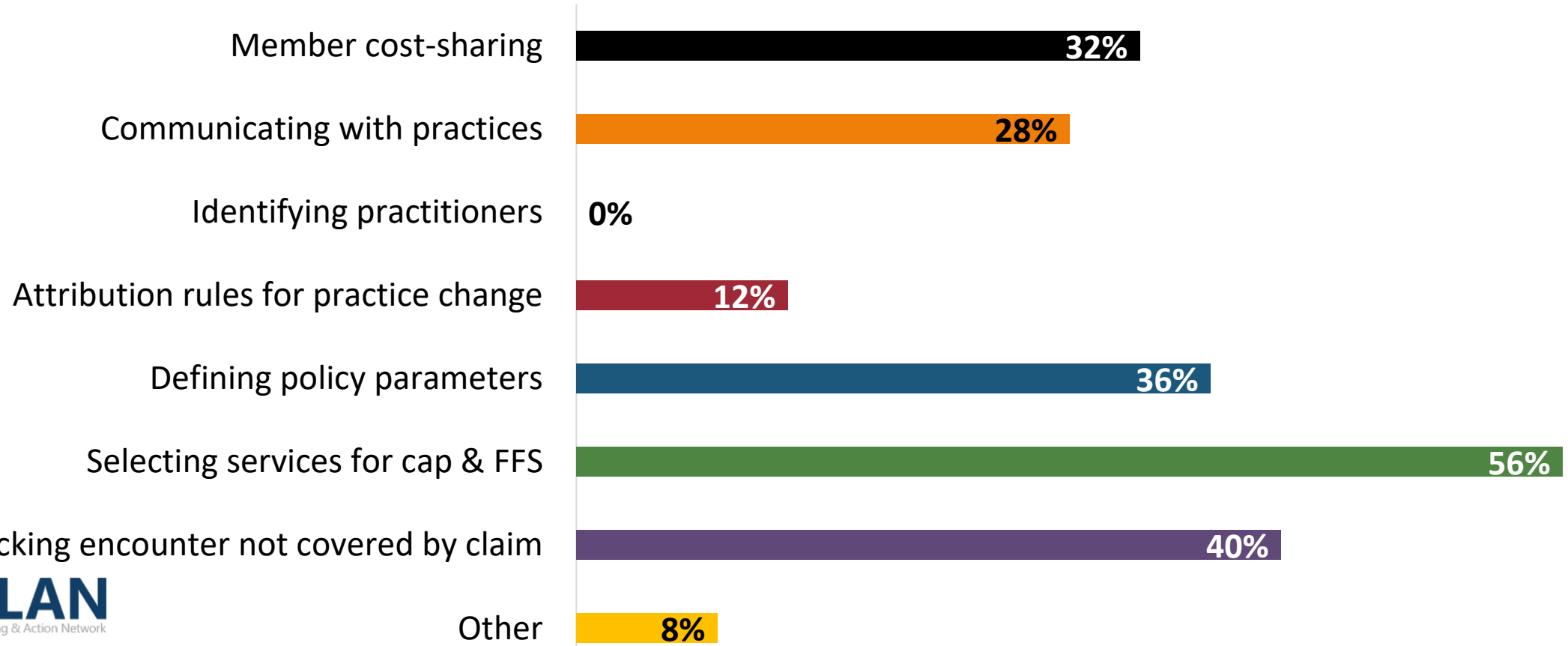
Which of the following reflect your organization's current focus related to designing and implementing a FFS alternative for Track 2 practices?  
(Please select all that apply)



# PAC Preview: Polling Results, continued

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)



# 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
- b. Q3 2017
- c. Q4 2017
- d. Q1 2018
- e. Q2 2018
- f. Q3 2018
- g. Q4 2018
- h. 2019 or later
- i. Not offering T2



# 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

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***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

# Thank you!

## Introduction



### *Next time...*

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