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

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Lab 1: Design Work Flow

September 14, 2017
3:30-5:00 PM ET



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

Welcome and Introductions

Welcome



Edith Coakley Stowe
Senior Manager
Manatt Health (DC)



Susan Stuard
Independent Consultant (NY)



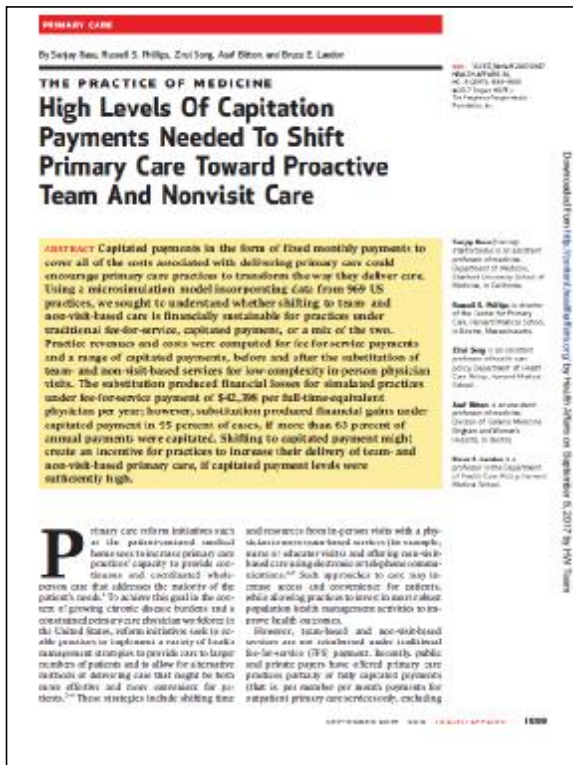
Dori Glanz Reyneri
Senior Manager
Manatt Health (DC)



Reni Ellis
Consultant
Manatt Health (NY)

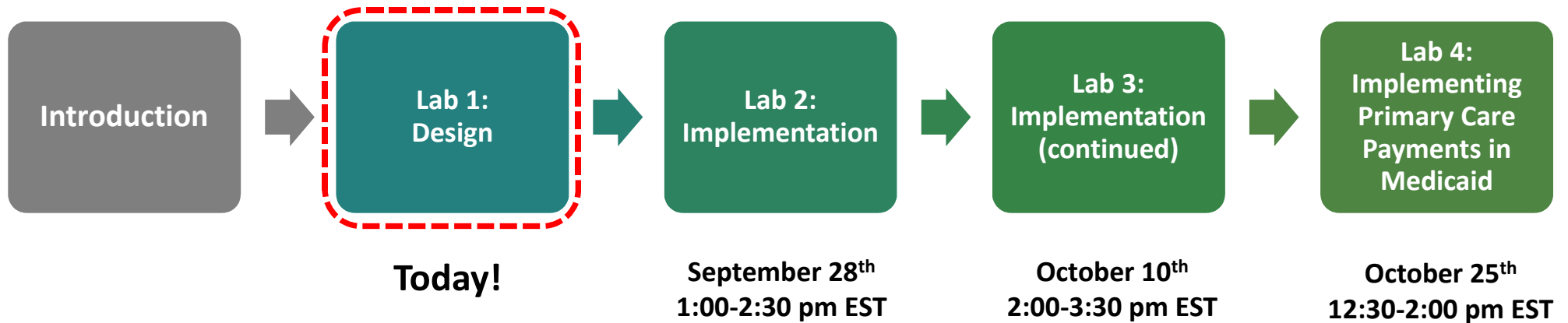
Timely new *Health Affairs* article: what level of capitation best supports team and nonvisit primary care?

By Sanjay Basu, Russell S. Phillips, Zurui Song, Asaf Bitton and Bruce Landon
Health Aff (Milwood). 2017; 36 (9); 1599-1605



- Authors used practice data to model whether shifting to team and non-visit-based care is better supported under FFS, capitation or a combination
- Under their model, **at least 63% of FFS** should be shifted to capitation to support financial gains through a team based approach

Curriculum, Topics and Calendar



Today's Agenda

	Timeframe (ET)	Topic	Facilitators/Presenters
1	3:30-3:35	Today's objective	Edith Stowe
2	3:35-3:45	Alternative-to-FFS Work Flow	Edith Stowe
3	3:45-3:50	Interactive polling	Edith Stowe
4	3:50-4:45	Design Steps: <ul style="list-style-type: none">• Examples• Q and A	Christiane LaBonte, CMS Eileen Wood, CDPHP Ann Pentkowski, Independent Health
5	4:45-4:55	Interactive polling	Edith Stowe
6	4:55-5:00	Wrap Up	Edith Stowe

Today's Objective

Objective for Lab 1

- Define each of the key **design decisions** involved in developing any alternative-to-fee for service payment for primary care practices
- Identify problems and peer solutions at each step

Antitrust Statement

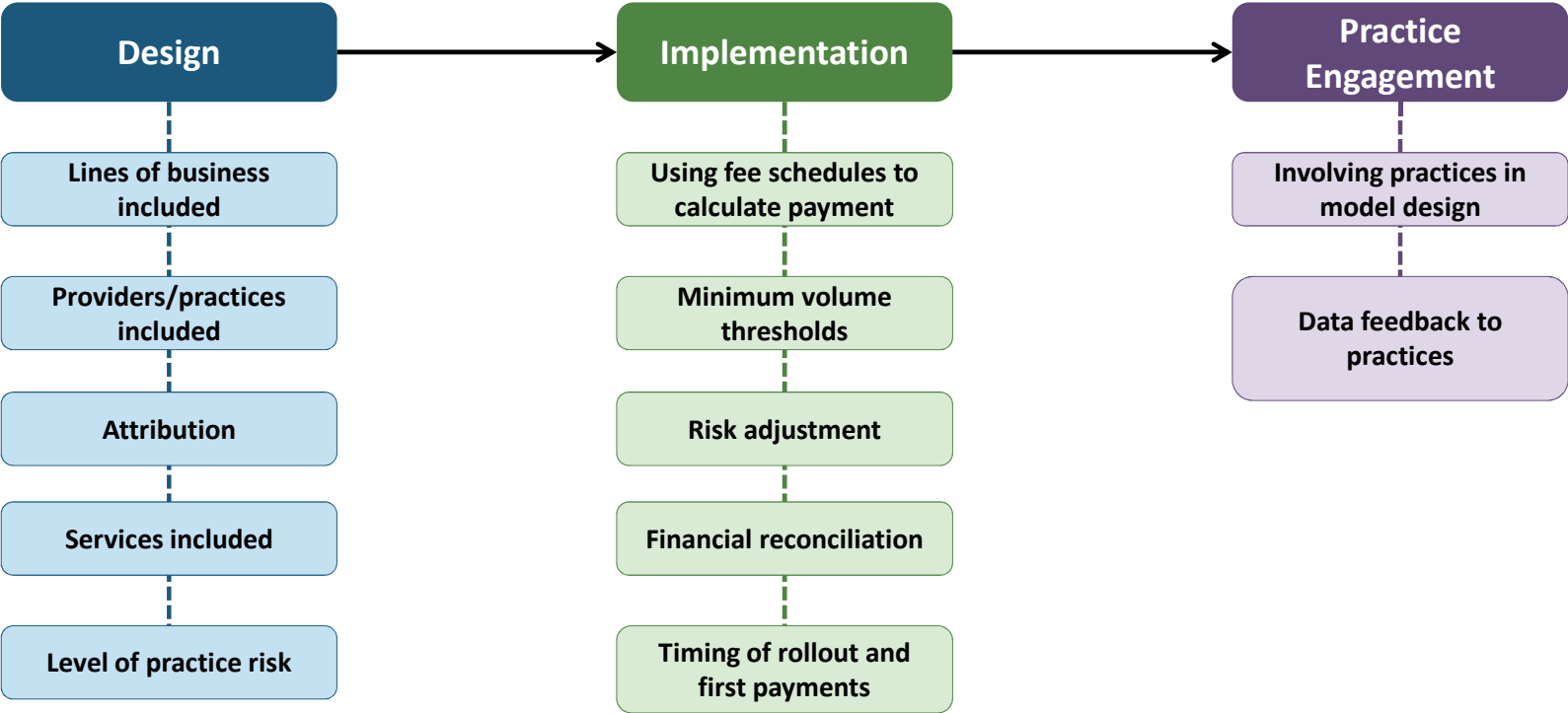
PAC Participants agree that all activities are in compliance with federal and state antitrust laws. In the course of discussion, **no financial information from payer participants will be shared with other payers or the general public.**

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:

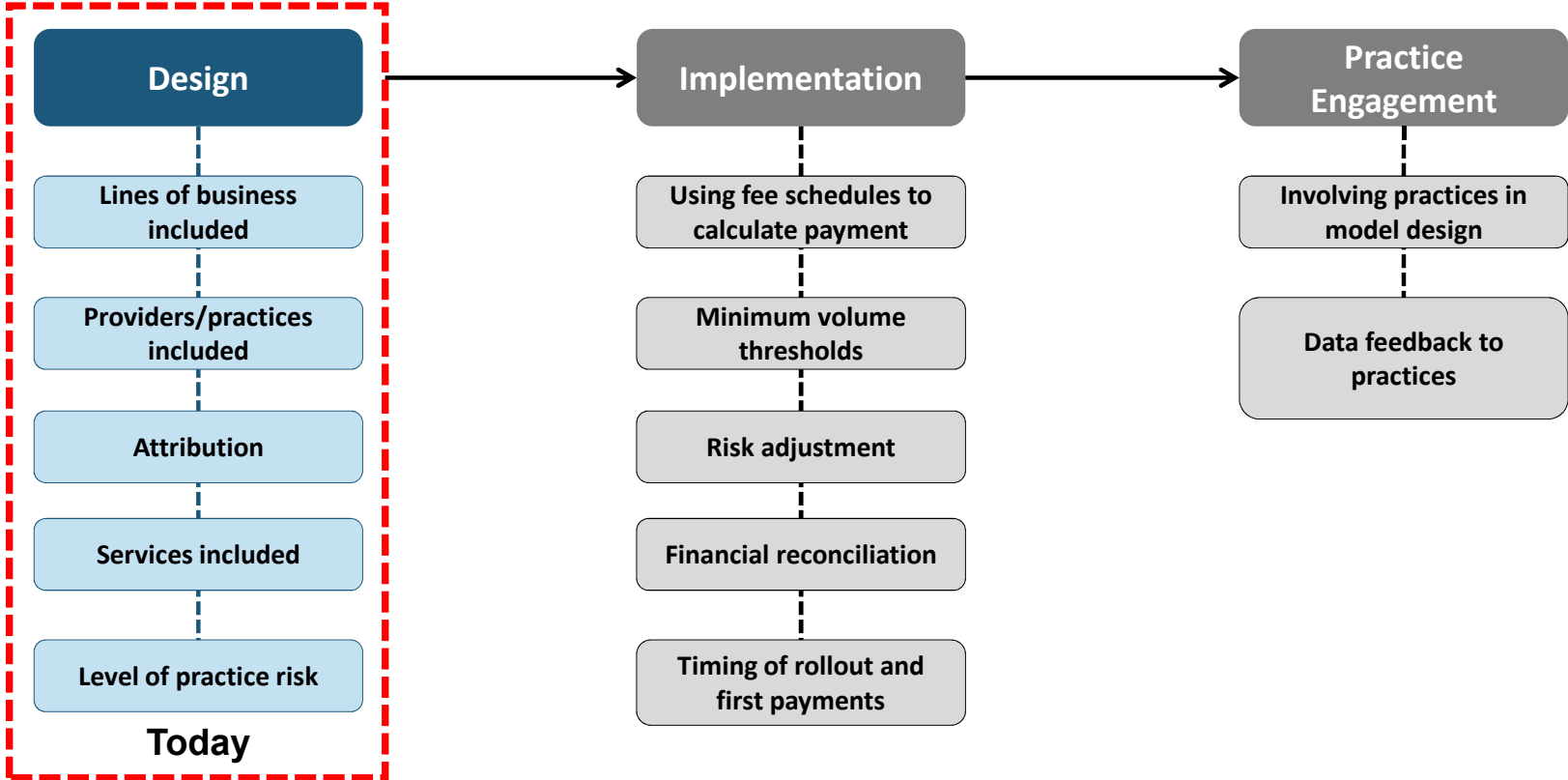
- PMPM
- Shared savings or incentive payments
- Information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing providers, or terms of coverage

Alternative-to-FFS Work Flow

Track 2 Alternative to FFS Payment: Work Flow



Track 2 Alternative to FFS Payment: Work Flow



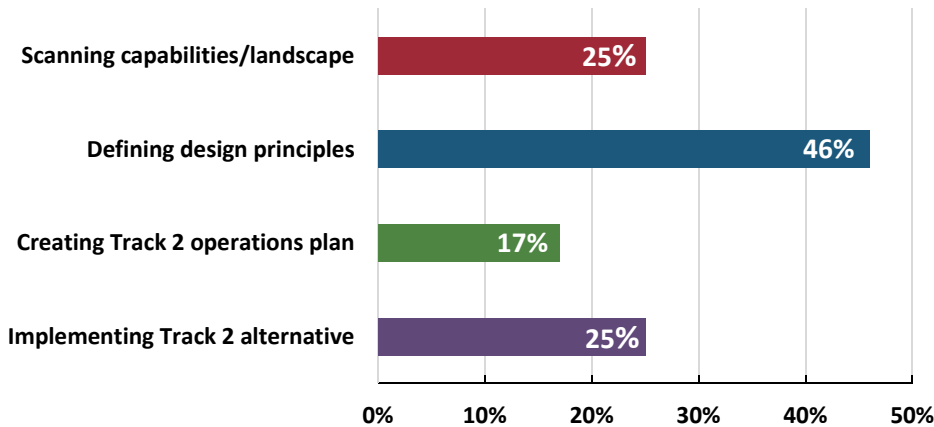
Interactive Polling

Comparison: Previous Polling Results

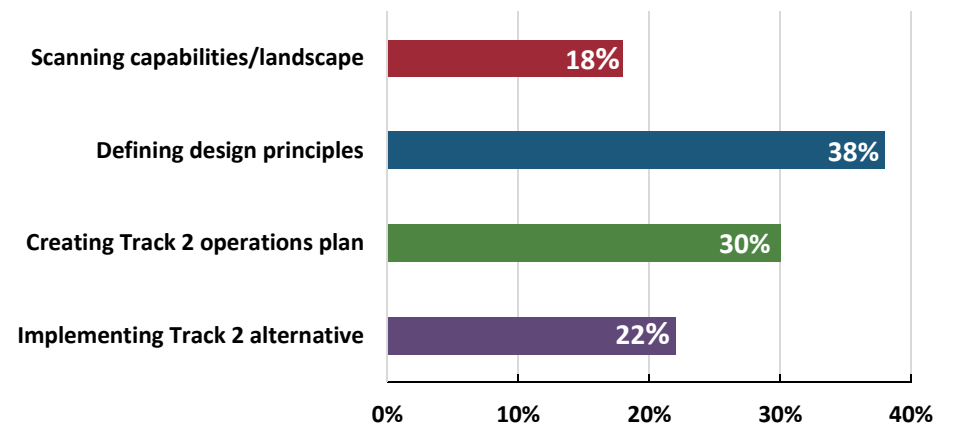
The PAC polled CPC+ payers in July and August 2017 to understand status, readiness and progress related to Track 2.

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 Webinar
(July 2017)

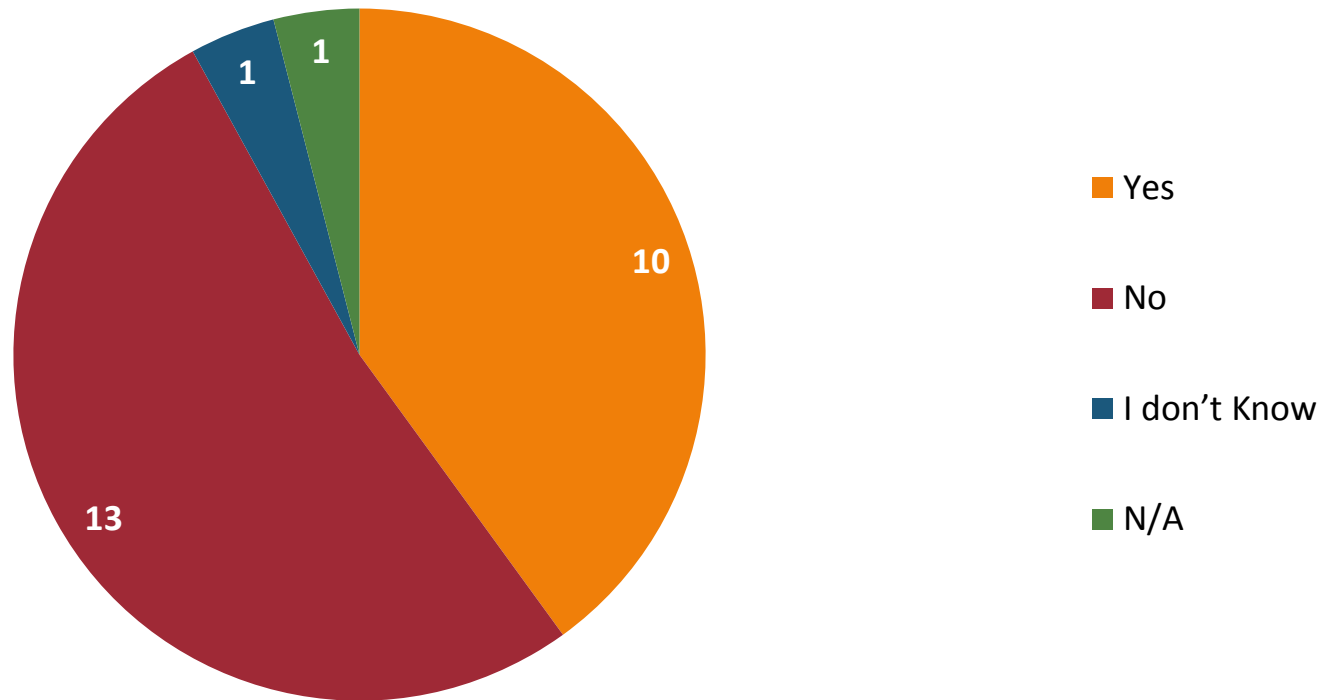


PAC Webinar 1
(Aug 2017)



From PAC Survey, July 2017

Has your organization defined the policy parameters for its Track 2 payment model (e.g., proportion of services to shift from FFS to prospective payment, etc.)?



Polling Question #1:

Has your organization defined the policy parameters for your Alternative-to-FFS payment?

- a. *Yes*
- b. *No*
- c. *Don't know*
- d. *N/A or other*

Please type any additional thoughts in the chat



Polling Question #2a:

Which CPC+ Region are you from?

- a) *Arkansas*
- b) *Buffalo (Round 2)*
- c) *Colorado*
- d) *Hawaii*
- e) *Kansas City*
- f) *Louisiana (Round 2)*
- g) *Michigan*
- h) *Montana*
- i) *Nebraska (Round 2)*
- j) *New Jersey*

If your region isn't listed or your organization is participating in multiple regions, please respond to the next question



Polling Question #2b:

Which CPC+ Region are you from?

- a) *North Dakota (Round 2)*
- b) *Hudson/N Capital NY*
- c) *Ohio/N Kentucky*
- d) *Oklahoma*
- e) *Oregon*
- f) *Philadelphia*
- g) *Rhode Island*
- h) *Tennessee*
- i) *Payer in multiple regions*



Panel Introductions

Today's Panel



Christiane LaBonte
CPC+ Team
Center for Medicare and Medicaid Innovation,
CMS



Eileen Wood
Executive Vice President
Capital District Physicians' Health Plan,
Albany NY



Ann Pentkowski
Senior Vice President, Network
and Performance Management
Independent Health,
Buffalo NY

Design Steps

Lines of Business to Include



What lines of business should you include in your Alternative-to-FFS Payments?



Special considerations:

- Medicare Advantage and Medicaid Physician Incentive Plan regulations
- State-level ASO capitation provisions

Lines of Business to Include: *Payer Perspectives*



- What lines of business are you including in your alternative-to-FFS payment model? Are all these lines of business included at the start or will you add lines of business over time?
- Are there important considerations, issues or complexities that you have encountered with certain lines of business (state PPO regulations, ASO contracts, etc.)?
- Are there claims platform configuration/customization issues that are specific to a certain line of business?

Questions or Comments?



If you have any questions you would like to take offline,
please follow up with **Lauren Icard** at lauren.icard@us.gt.com

Providers/Practices to Include



What will be the unit for calculation and payment of the Alternative-to-FFS payment?



Special considerations:

- Alignment to CPC+ practice site level is ideal
- May be necessary to have a different strategy for smaller and larger practices

Providers/Practices to Include: *Payer Perspectives*

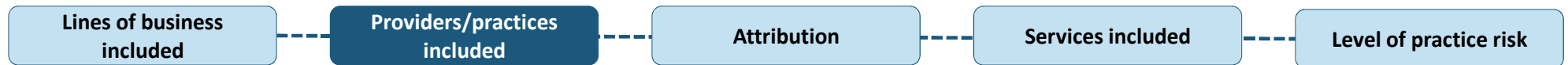
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- What is the unit for constructing the payment? Tax ID, NPI, site designation?
- How are you dealing with small practices?
- How are you dealing with mid-level providers?

Questions or Comments?

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Attribution



How should patient attribution be designed to construct the alternative-to-FFS payment?



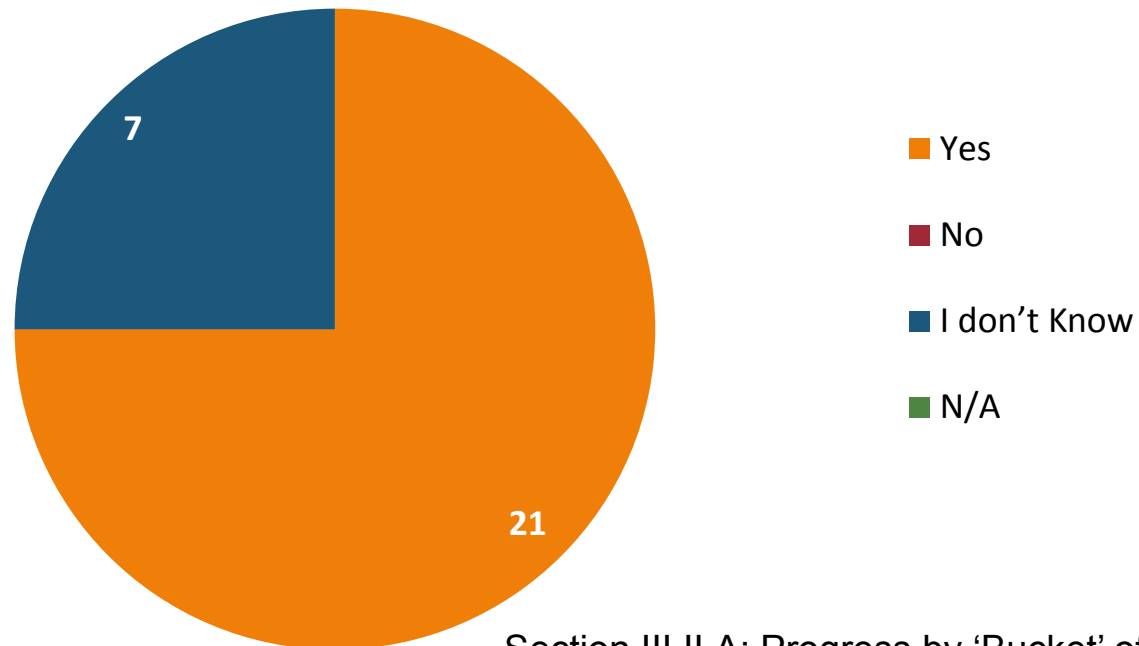
Special considerations:

- Even more critical than in Track 1 to reflect practice composition changes accurately
- May be more important than in Track 1 to have a manual override process

From PAC Survey, July 2017



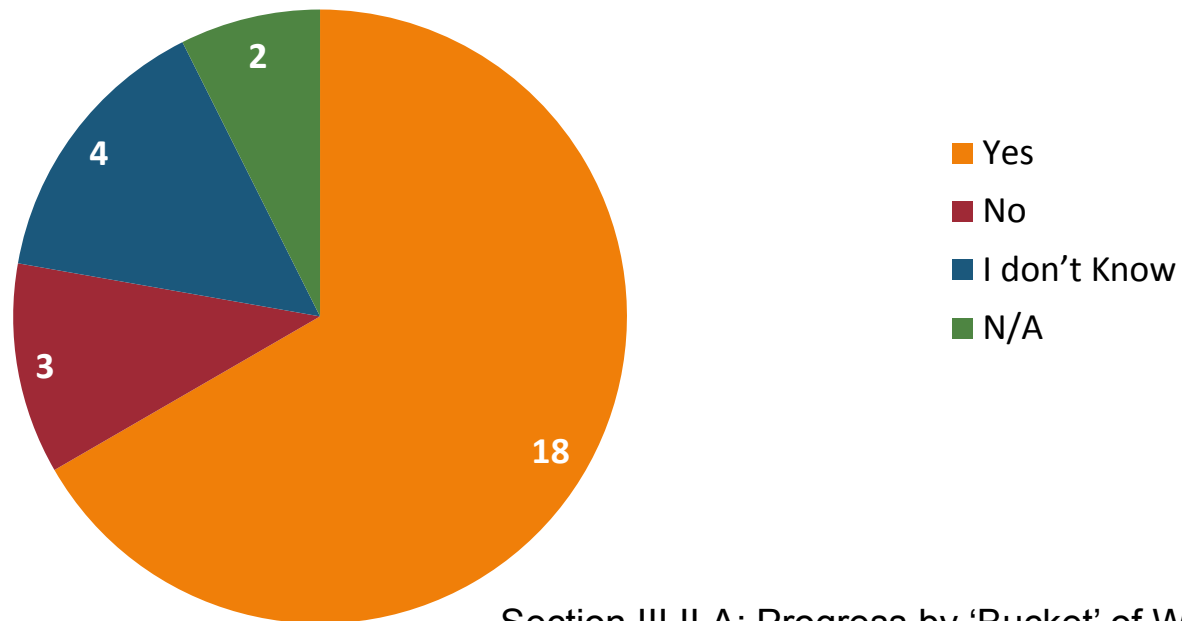
Does your organization plan to use the same attribution method it uses in the administration of the care management fees (CMFs) for T2?



From PAC Survey, July 2017



Has your organization’s attribution process for the T2 FFS alternative (or the CMF, if the same) been tested?



Attribution: *Payer Perspectives*



- What attribution methodology are you using or planning to use?
- What pitfalls, if any, have you encountered with attribution and any unintended consequences on Track 2 alternative-to-FFS payments?

Questions or Comments?

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Services to Include

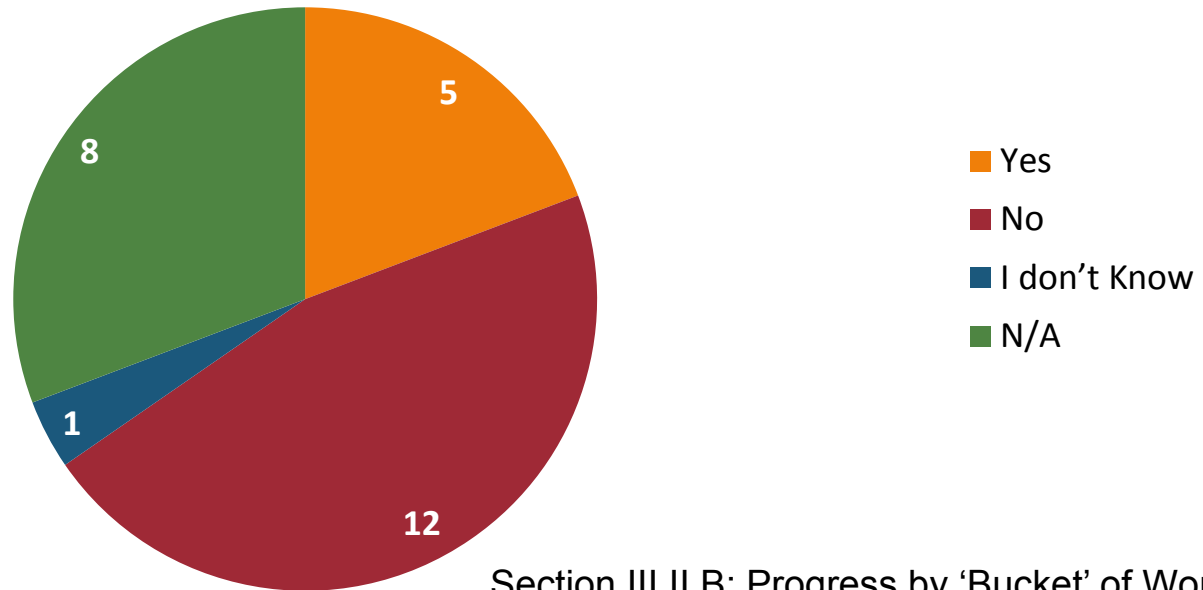


Which services should CPC+ organizations include in their Alternative-to-FFS Payments?

From PAC Survey, 2017



If your model is capitating specific primary care services, has your organization defined rules to select the services/codes that will be capitated and those that will remain in fee-for-service?



Services to Include: *Payer Perspectives*

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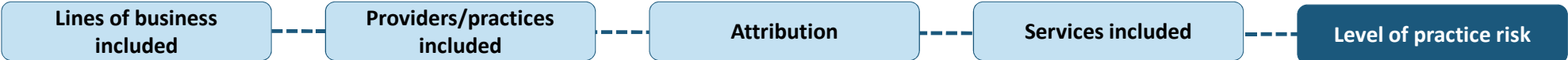
- What services are included in the payment?
- Which services are excluded and why?
- Has your health plan refined the included or excluded services over time? If so, why?

Questions or Comments?

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Level of Practice Risk

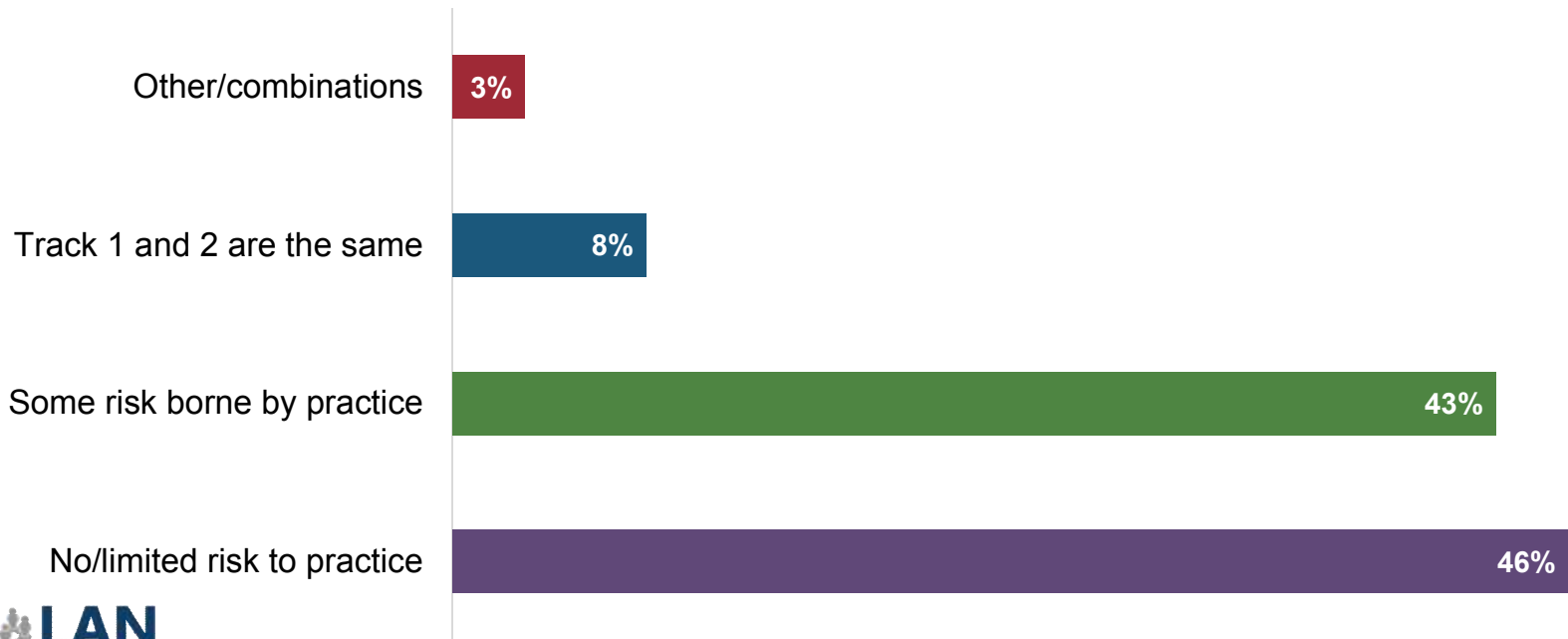


Conceptually, how much will practice and payer be at risk for the difference between FFS and the alternative-to-FFS payment?

Polling Results from August 29th



If you plan to decrease FFS rates in T2 relative to T1, which best describes the element of risk in the payment model?



Level of Practice Risk: *Payer Perspectives*



- Under your design, what financial risk is the practice exposed to? Is this risk separate from, or tied to, your *performance based* incentive payments?
- How does your health plan limit and/or monitor practice financial risk when they start out in this new payment model?
- Have you modified your payment approach over time to adjust practices' risk up or down?
- How have you communicated with practices about risk in the model?

Questions or Comments?



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

Polling Question #3:

Please rate your overall satisfaction with this event.

- a. *Very satisfied*
- b. *Somewhat satisfied*
- c. *Somewhat dissatisfied*
- d. *Very dissatisfied*

Please type additional thoughts in the chat



Polling Question #4:

Today's Lab enhanced my knowledge of the subject area.

- a. *Strongly Agree*
- b. *Agree*
- c. *Disagree*
- d. *Strongly Disagree*

Please type additional thoughts in the chat



Polling Question #5:

I will take action or work with others in my organization to take action based on today's lab.

- a. *Strongly Agree*
- b. *Agree*
- c. *Disagree*
- d. *Strongly Disagree*

*Please use the chat to tell us what you will act on,
or why the information was not actionable*



Polling Question #6:

Of the design areas discussed today, which, if any, do you feel better equipped to move forward on?

- a. *Lines of Business Included*
- b. *Providers/practices Included*
- c. *Attribution*
- d. *Services*
- e. *Level of practice risk*

Please type any additional thoughts in the chat.



Polling Question #7:

The PAC is helping my organization make progress towards its goals in CPC+.

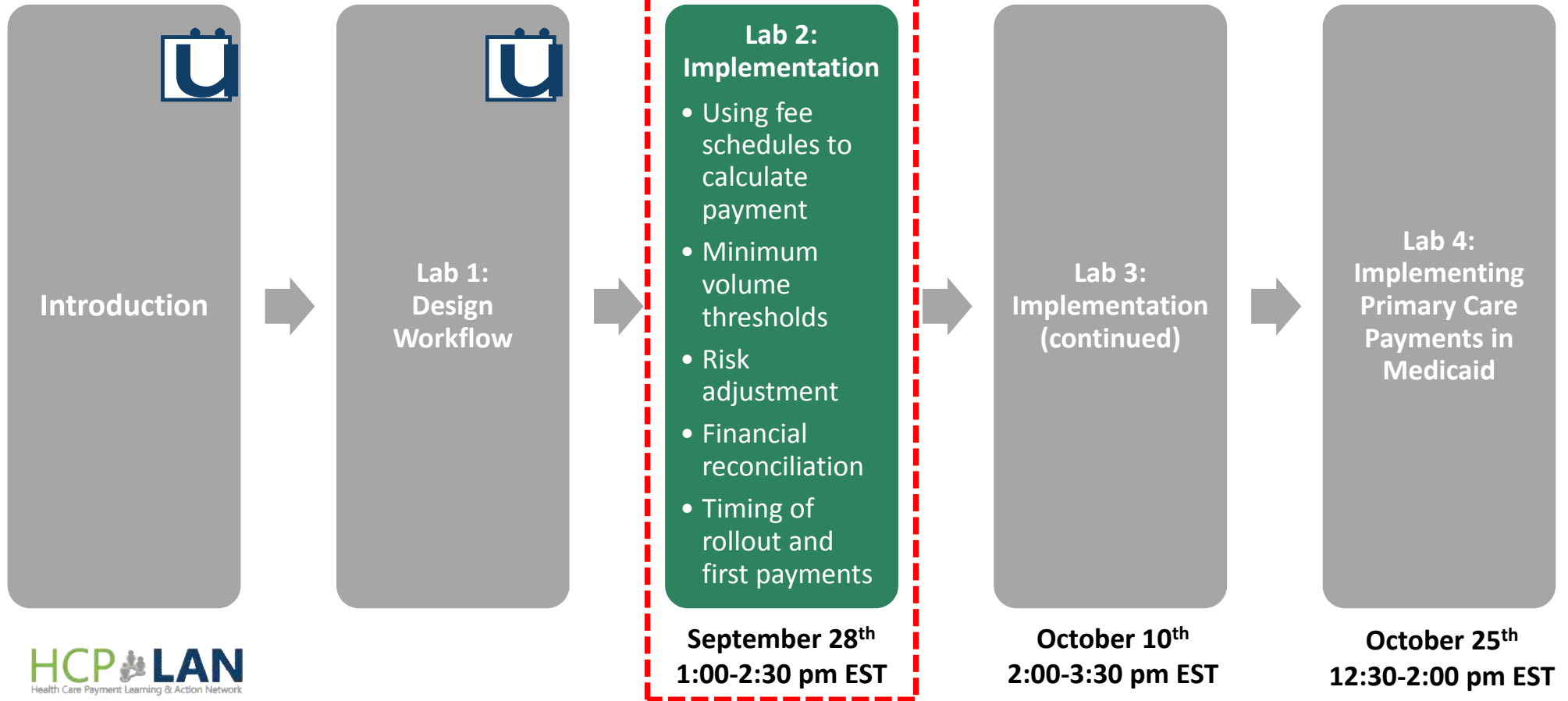
- a. *Strongly Agree*
- b. *Agree*
- c. *Disagree*
- d. *Strongly Disagree*

Please type any additional thoughts in the chat.



Wrap-up

Next time



Polling Question #8:

Which of the following would you most like us to emphasize next time?

- a. *Dealing with multiple fee schedules*
- b. *Minimum volume thresholds*
- c. *Risk adjustment*
- d. *Financial reconciliation*
- e. *Timing of rollout and first payments of alternative-to-FFS*

Please type additional thoughts in the chat



Thank you!