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

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@rippleffect.com.
Welcome and Introductions
Welcome

Edith Coakley Stowe
Senior Manager
Manatt Health (DC)

Dori Glanz Reyneri
Senior Manager
Manatt Health (DC)

Susan Stuard
Independent Consultant (NY)

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

Introduction

Lab 1: Design

Lab 2: Implementation

Lab 3: Implementation (continued)

Lab 4: Implementing Primary Care Payments in Medicaid

Today!

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

October 10th
2:00-3:30 pm EST

October 25th
12:30-2:00 pm EST
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<th>Timeframe (ET)</th>
<th>Topic</th>
<th>Facilitators/Presenters</th>
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<td>Edith Stowe</td>
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<td>2 3:35-3:45</td>
<td>Alternative-to-FFS Work Flow</td>
<td>Edith Stowe</td>
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<td>Interactive polling</td>
<td>Edith Stowe</td>
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<td>Design Steps:</td>
<td>Christiane LaBonte, CMS</td>
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<td>• Examples</td>
<td>Eileen Wood, CDPHP</td>
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<td>Interactive polling</td>
<td>Edith Stowe</td>
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<td>6 4:55-5:00</td>
<td>Wrap Up</td>
<td>Edith Stowe</td>
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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
Track 2 Alternative to FFS Payment: Work Flow

- **Design**
  - Lines of business included
  - Providers/practices included
  - Attribution
  - Services included
  - Level of practice risk

- **Implementation**
  - Using fee schedules to calculate payment
  - Minimum volume thresholds
  - Risk adjustment
  - Financial reconciliation
  - Timing of rollout and first payments

- **Practice Engagement**
  - Involving practices in model design
  - Data feedback to practices
Track 2 Alternative to FFS Payment: Work Flow

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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)

- Scanning capabilities/landscape: 25%
- Defining design principles: 46%
- Creating Track 2 operations plan: 17%
- Implementing Track 2 alternative: 25%

**PAC Webinar 1** (Aug 2017)

- Scanning capabilities/landscape: 18%
- Defining design principles: 38%
- Creating Track 2 operations plan: 30%
- Implementing Track 2 alternative: 22%
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.)?

- Yes: 13
- No: 10
- I don’t Know: 1
- N/A: 1

Section III.II.B: Progress by ‘Bucket’ of Work (Payment)
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?

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<td>a)</td>
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<td>Buffalo (Round 2)</td>
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<td>c)</td>
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<td>Kansas City</td>
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<td>Louisiana (Round 2)</td>
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<td>Nebraska (Round 2)</td>
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<td>New Jersey</td>
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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?
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

Lines of business included

Providers/practices included

Attribution

Services included

Level of practice risk

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

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

- Yes: 21
- No: 7
- I don’t Know: 2
- N/A: 0

Section III.II.A: Progress by ‘Bucket’ of Work (Attribution)
Has your organization’s attribution process for the T2 FFS alternative (or the CMF, if the same) been tested?

- Yes: 18
- No: 3
- I don’t Know: 2
- N/A: 4

Section III.II.A: Progress by ‘Bucket’ of Work (Attribution)
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?

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

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

- Yes: 8
- No: 12
- I don’t Know: 1
- N/A: 5

Section III.II.B: Progress by ‘Bucket’ of Work (Payment)
Services to Include: Payer Perspectives

- 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?
If you have any questions you would like to take offline, please follow up with *Lauren Icard* at [lauren.icard@us.gt.com](mailto:lauren.icard@us.gt.com)
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?

- Other/combinations: 3%
- Track 1 and 2 are the same: 8%
- Some risk borne by practice: 43%
- No/limited risk to practice: 46%
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?
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

Lab 2: Implementation
- Using fee schedules to calculate payment
- Minimum volume thresholds
- Risk adjustment
- Financial reconciliation
- Timing of rollout and first payments

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

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