

# Overview of CMMI New Models- Primary Care First and Direct Contracting

April 29, 2019



# Welcome

Don Crane

AMERICA'S  
PHYSICIAN  
GROUPS 

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# WHO WE ARE

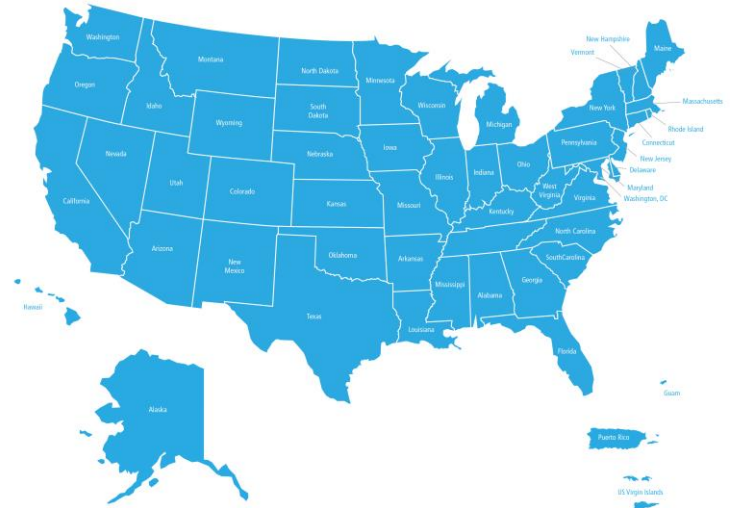
- 300+ physician organizations
- National
- Capitation is the destination
- “Taking Responsibility for America’s Health”

AMERICA'S  
PHYSICIAN  
GROUPS 

Taking Responsibility  
for America's Health

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AMERICA'S  
PHYSICIAN  
GROUPS 



# America's Physician Groups (APG)

- [Resources](#)
  - Advocacy
    - Representation on Capitol Hill
    - Healthcare on the Hill Weekly Update
    - Federal comment letters
  - Education
    - Standards of Excellence
    - [RETF](#) (Risk Evolution Task Force)
    - Regional Meetings

## Mission Statement

The mission of America's Physician Groups is to assist accountable physician groups to improve the quality and value of healthcare provided to patients. America's Physician Groups represents and supports physician groups that assume responsibility for clinically integrated, comprehensive, and coordinated healthcare on behalf of our patients. ***Simply, we are taking responsibility for America's health.***

## Strategic Vision

America's Physician Groups and its member groups will continue to drive the evolution and transformation of healthcare delivery throughout the nation.

# Agenda

- Introductions
- Primary Care First- Maria
- Direct Contracting- Valinda
- Perspectives from the Field- Dr. Patel
- Q/A – Dr. Lipp
- Takeaways for Practices- Valinda



**Maria Alexander**

Maria Alexander is the Senior Director of Population Health Clinical Operations and Government Channels at Mount Sinai Health System and formerly served as the Director of the Division of Special Populations and Projects at CMMI



**Kavita Patel**

Kavita Patel is the Executive Vice President of Payer and Provider Integration at Johns Hopkins Health System and a Nonresident Fellow at the Brookings Institution



**Michael Lipp**

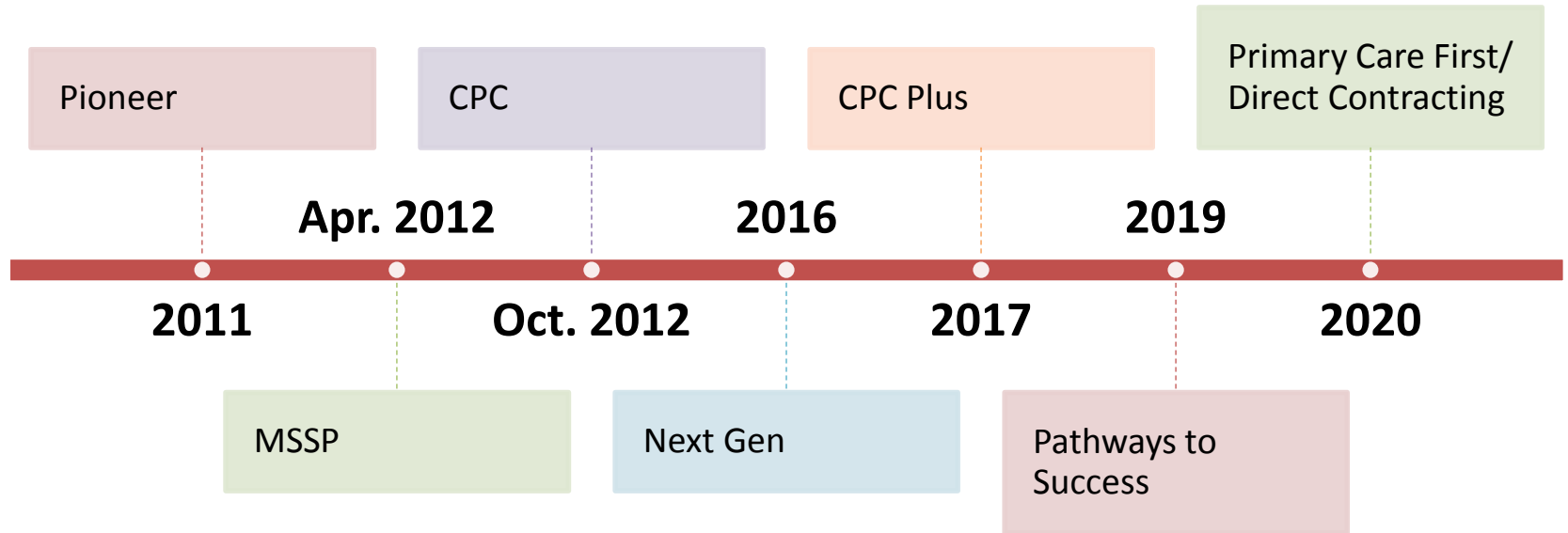
Michael Lipp is a Senior Advisor and Senior Medical Officer at CMMI, Former Vice President - Clinical Transformation, HealthCare Partners, A DaVita Medical Group, Former National Medical Director, ChenMed, Washington, DC



**Valinda Rutledge**

Prior to serving as VP of Federal Affairs for APG, Valinda Rutledge worked as a Senior Advisor and Group Director for the Patient Care Models Group at CMMI

# APM History



# New Primary Care Centered Models



## Primary Care First

Primary Care First  
High Needs Population



## Direct Contracting

Professional Care  
Global (Primary Care or Total Cost of  
Care)  
Geographic



# Primary Care First

# Overview Of Primary Care First



5 year voluntary model to begin  
in 2020



Builds on CPC+ Model; adds  
financial risk



Two Options:  
“Base” Model  
Seriously Ill Populations Focus

# Primary Care First Payment Model



## Population Based Payment (PBP)

Intended to provide more flexibility in how primary care is provided

Amount TBA



## Flat Fee for Primary Care Visits

Amount TBA



## Performance-Based Adjustment

Max upside of 50% of revenue

Max downside: 10% of revenue

Based on Acute Hospital Utilization (AHU) performance

Must surpass quality gateway to be eligible for upward adjustment

Assessed and paid quarterly

Seriously Ill Population option will have different payment model. Details not yet announced

# Eligibility Criteria of Primary Care First



MUST BE LOCATED IN ONE OF 26 APPROVED REGIONS (MAY ADD MORE FOR 2021)



MINIMUM OF 125 ATTRIBUTED BENEFICIARIES



2015 CEHRT AND OTHER DATA EXCHANGE REQUIREMENTS



PRIMARY CARE SERVICES MUST ACCOUNT FOR 70% OF PRACTICE REVENUE



ADVANCED PRIMARY CARE CAPABILITIES

\*Current CPC+ Practices are not eligible to participate until 2021

# Seriously Ill Population Option



Different payment model  
(details TBA)

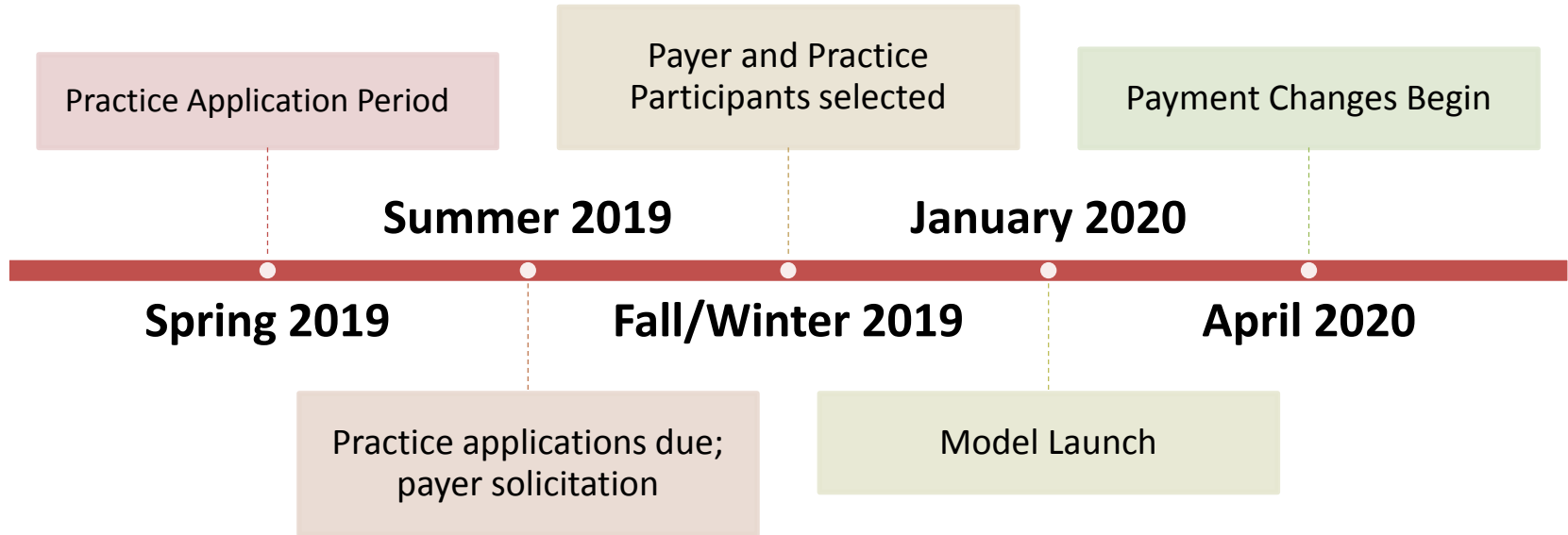


Practices must demonstrate  
specific capabilities



Option for hospice and palliative  
care providers to participate  
directly or as partners

# Primary Care First Timeline



# Primary Care First Open Questions

- What is amount of PBP and Visit Flat Fee?
- What is methodology for determining performance based payment adjustment?
- Details on Seriously Ill Population option (including payment methodology)?
- Billing/Documentation Requirements?
- Attribution/Levers for Voluntary Alignment?
- What benefit enhancements and payment waivers?
- Overlap Rules with other Models including ACOs?

# Direct Contracting



# Direct Contracting Overview



DESIGNED FOR MORE ADVANCED PROVIDERS AND ORGANIZATIONS THAT HAVE NOT TYPICALLY PARTICIPATED IN OTHER MODELS



5 YEAR VOLUNTARY MODEL



SIMILAR TO MEDICARE ADVANTAGE



QUALIFY AS ADVANCED APM



BENEFICIARIES MUST HAVE FREEDOM OF CHOICE



PROSPECTIVE BENEFICIARY ALIGNMENT (MUST HAVE AT LEAST 5,000)



HIGHER LEVEL QUALITY MEASURES

# Unique DC Characteristics



PROSPECTIVE  
POPULATION BASED  
PAYMENTS



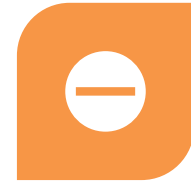
CASH FLOW OPTIONS



ENHANCED  
OPPORTUNITIES FOR  
BENEFICIARY  
ENGAGEMENT –  
WAIVERS AND ACTIVE  
ENROLLMENT (WILL  
RETAIN CLAIMS BASED)



BENCHMARKING AND  
RISK ADJUSTMENT  
MODIFICATIONS



ON-RAMP YEAR WITH  
NO RISK

Type	Risk Sharing	Cash Flow	Structure	Claims Processing
Professional	50%	7% of TCOC for “enhanced” primary care services	TIN/NPI	Participating Participants
Global	100%	Partial (Primary Care) or Total Capitation Payments	TIN/NPI	Participating Participants (optionally Preferred providers if Total Cap)
Geographic (proposed)	100%	Total Cap	N/A	CMS or Total Cap

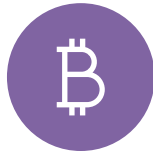
# Geographic RFI



Encourage non traditional organizations like health care technology companies



TCOC risk for geographic area (at least 75,000)



Discount (3%-5%) required



Benchmarking based on one year historical FFS per capita spend

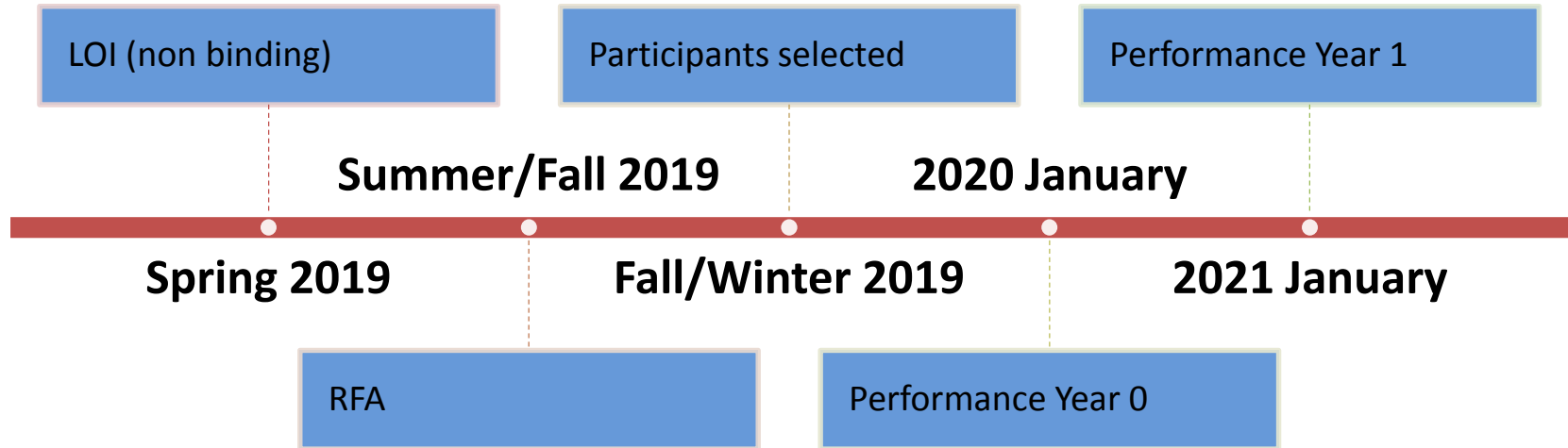


Need to have at least 2 participants in the region selected



Responses accepted through May 23, 2019

# Timeline for Professional/Global



# Direct Contracting Open Questions

- What codes are included in “Enhanced Primary Care Services” ?
- What are (if any) the Encounter data submission requirements?
- What are the Marketing guidelines for Active Enrollment?
- What will be the attribution Logic for Claims Alignment?
- What kind of Benefit Enhancements Waivers will be available for SDOH?
- Overlap Rules with other Models (especially Mandatory models)?
- What strategies/incentives are permitted to encourage beneficiaries (who have freedom of choice ) to remain in Network ?

# Perspectives from Dr Patel

# Q/A from Dr Lipp



# What competencies do you need to develop with these new models?



ASSUMING GLOBAL  
RISK AND ABILITY TO  
PROCESS CLAIMS



MANAGE THE  
TRANSITION OF  
BENCHMARKING FROM  
HISTORICAL TO  
REGIONAL



EVALUATE EFFECTIVE  
BENEFICIARY  
INCENTIVES AND HOW  
TO IMPLEMENT  
SUCCESSFULLY



MANAGE COMPLEX  
WAIVERS BEYOND  
TRADITIONAL LIKE 3DAY  
SNF



IMPLEMENT  
STRATEGIES FOR  
BENEFICIARY ACTIVE  
ENROLLMENT ( IE.  
MARKETING OF ACO  
AND PROVIDERS)

# 5 Takeaways for Practices



Complete LOI and Application by Timeline



Assess model variables and levers for success in your practice and market



Assess New Infrastructure and Competencies Needed for the New Models



Benchmark Cost Savings Opportunities using historical and regional FFS as well as MA data



Join Learning Collaboratives – APG Risk Evolution Task Force, Learn from experienced practices!

# Reactions to the New Models

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May 8<sup>th</sup> from 2-3 pm EST

Don Crane will be hosting a round table discussion with our National Member Experts on “Reactions to the New CMMI’s New Direct Contracting Models”

- ❖ Don Rebhun, MD, APG Board Chair and Regional Medical Director from DaVita Healthcare Partners
- ❖ Leigh Hutchins, CEO from NAMM California
- ❖ Rajesh Shrestha, COO from Intermountain Healthcare

# CMS Webinars

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## Primary Care First

- April 30 at 12pm EST
- April 30 at 3pm EST


## Direct Contracting

- May 2 at 3pm EST
- May 7 at 3pm EST

# Questions?

- **Maria Alexander** | [Maria.Alexander@mountsinai.org](mailto:Maria.Alexander@mountsinai.org)
- **Dr Kavita Patel** | [kpatel@brookings.edu](mailto:kpatel@brookings.edu)
- **Dr Michael Lipp** | [Michael.Lipp@cms.hhs.gov](mailto:Michael.Lipp@cms.hhs.gov)
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- **Valinda Rutledge** | [vrutledge@apg.org](mailto:vrutledge@apg.org)

SAVE THE  
DATE!

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# Colloquium 2019

November 11 – 13, 2019

Grand Hyatt Washington, Washington, DC

<https://www.apg.org/conferences-collog/>