

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide **Session 4** for the
February 2026 Theme-Based Meeting:
Improving Multi-Payer Alignment in Value-Based Care
Topic: Addressing Challenges to Advance Multi-Payer Alignment

Tuesday, February 24, 9:10 a.m. – 10:40 a.m. EST

Session Experts:

- **Ben Kornitzer, MD**, Senior Vice President and Chief Medical Officer, Aetna, a CVS Health Company
- **Vivek Garg, MD, MBA**, President and Chief Executive Officer, National Committee for Quality Assurance (NCQA)
- **Emily Transue, MD, MHA, FACP**, Chief Clinical Officer, Comagine Health
- **Rushika Fernandopulle, MD, MPP**, Chief Executive Officer, Liza Health

Committee Discussion and Q&A Session:

After each expert provides a 10-minute presentation, the Committee will facilitate an interactive discussion with the experts. As part of the discussion, Committee members will ask questions, including questions raised in response to the experts' presentations. The following are examples of questions that Committee members may ask.

A. Multi-Payer Alignment Successes

Question 1: *What experiences and successes have different stakeholders faced when implementing multi-payer alignment?*

- What degree of multi-payer alignment (e.g., exact, directional) is needed to promote value-based care?
- What are short-run steps and aspirational goals to achieve multi-payer alignment?

B. Technical Challenges

Question 2: *What strategies help to align and standardize benchmarking, attribution, and risk-adjustment methods across multiple payers?*

- How can differentiation to allow for competition coexist with alignment in patient attribution and risk-adjustment methods?

Question 3: *How is multi-payer alignment more difficult to achieve for certain APM design components relative to other components?*

- a. What methods can be used to standardize performance measures and reporting across multiple payers?
- b. What types of payer incentives should be provided to promote multi-payer alignment?
- c. What are best practices for sharing data across multiple payers?

C. Addressing Payer Motivations

Question 4: *How do competitive market dynamics between payers influence collaboration among payers?*

- a. What other factors influence collaboration and engagement among commercial payers in multi-payer alignment initiatives (e.g., a desire for product differentiation from competitors, elements of payment design considered proprietary)?

Question 5: *What are best practices to ensure consistency in value-based care across payers?*

- a. For payers that cover different lines of business (e.g., Medicare Advantage, Medicaid), how do experiences compare among the different lines of business?

Question 6: *What is the best way to monitor progress toward achieving multi-payer value-based payment model goals?*

D. Provider Considerations

Question 7: *What factors should be considered when implementing multi-payer alignment in primary care versus specialty care practices?*

Conclusion

Wrap-up Question: *Are there any additional insights you would like to share about addressing challenges to advance multi-payer alignment in value-based care?*