

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide **Session 1** for the February 2026 Theme-Based Meeting:

Improving Multi-Payer Alignment in Value-Based Care

Topic: *Perspectives on Multi-Payer Alignment Across Programs Within Medicare*

Monday, February 23, 10:40 a.m. – 12:10 p.m. EST

Session Experts:

- **Nicholas Minter, MPP**, Deputy Director, Seamless Care Models Group, CMS Innovation Center
- **Dana Rye, MBA, MPP**, President, Value-Based Care, Duly Health and Care
- **Karthik Rao, MD**, Chief Medical Officer, agilon health
- **Michael Chernew, PhD**, Professor of Health Care Policy and Director, Healthcare Markets and Regulation Lab, Harvard Medical School

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. Improving Alignment Across Medicare Programs

Question 1: *What are strategies to improve alignment between Medicare fee-for-service (FFS), Medicare Advantage, and alternative payment models (APMs)?*

- a. What features of MA might be applied to APMs to improve beneficiary choices and enhance competition between these parts of the Medicare program

Question 2: *What approaches to alignment of value-based payment methods do other payers currently use that might inform CMS in testing and implementing multi-payer models in value-based care?*

- a. How should policy align Medicare Advantage with Medicare FFS to ensure beneficiaries receive high value, coordinated care?
- b. How does coordinated care in Medicare Advantage differ from coordinated care provided in total cost of care models in Medicare FFS?

B. Lessons Learned from CMS Programs and Innovation Center Models

Question 3: *What are experiences and lessons learned from the implementation of multi-payer alignment in CMS Innovation Center programs (e.g., MSSP) and models (e.g., CPC, CPC+, PCF, MCP, ACO REACH, AHEAD, etc.)?*

- a. What are next steps for moving multi-payer alignment across programs within Medicare?

Conclusion

Wrap-up Question: *Are there any additional insights you would like to share about achieving multi-payer alignment across programs within Medicare?*