

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide **Session 3** for the February 2026 Theme-Based Meeting:

Improving Multi-Payer Alignment in Value-Based Care

Topic: *Lessons Learned from State Value-Based Care Models That Have Implemented Multi-Payer Alignment: Part 2*

Monday, February 23, 2:50 p.m. – 4:20 p.m. EST

Session Experts:

- **Janice Walters, MSHA**, Chief Executive Officer, Rural Health Redesign Center
- **John Bulger, DO, MBA**, Chief Medical Officer, Geisinger Health Plan
- **Dawn Stehle, DrPH, MPS**, Director, Early Childhood Systems, Policy, and Planning, ZERO TO THREE
- **Alicia M. Berkemeyer**, Executive Vice President and Chief Health Management Officer, Arkansas Blue Cross and Blue Shield

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. Successful Approaches and Solutions

Question 1: *What are effective approaches or solutions for overcoming barriers to multi-payer alignment in value-based care that your state has implemented?*

- a. What continue to be challenges to implementing multi-payer alignment in value-based care that your state has encountered?
- b. What are the biggest pain points in establishing effective multi-payer strategies that your state has identified?

B. Policy Considerations

Question 2: *What types of investments (such as Medicaid waiver programs) can best support your state with ongoing multi-payer alignment efforts?*

Question 3: *How have antitrust regulations and the use of safe harbor waivers been used in your state to effectively implement multi-payer alignment?*

C. Next Steps and Future Planning

Question 4: *What are your state's long-term goals for multi-payer alignment in value-based care, and how can these long-term goals be accomplished?*

- a. What are lessons learned about achieving multi-payer alignment from your state's value-based care initiative and potential recommendations for moving forward?
- b. What roles can other stakeholders (such as providers, purchasers, convener organizations, and CMS) have in helping states achieve these long-term goals?

Conclusion

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