Physician-Focused Payment Model Technical Advisory Committee (PTAC)

Feedback on CMMI Bundled Payment Programs

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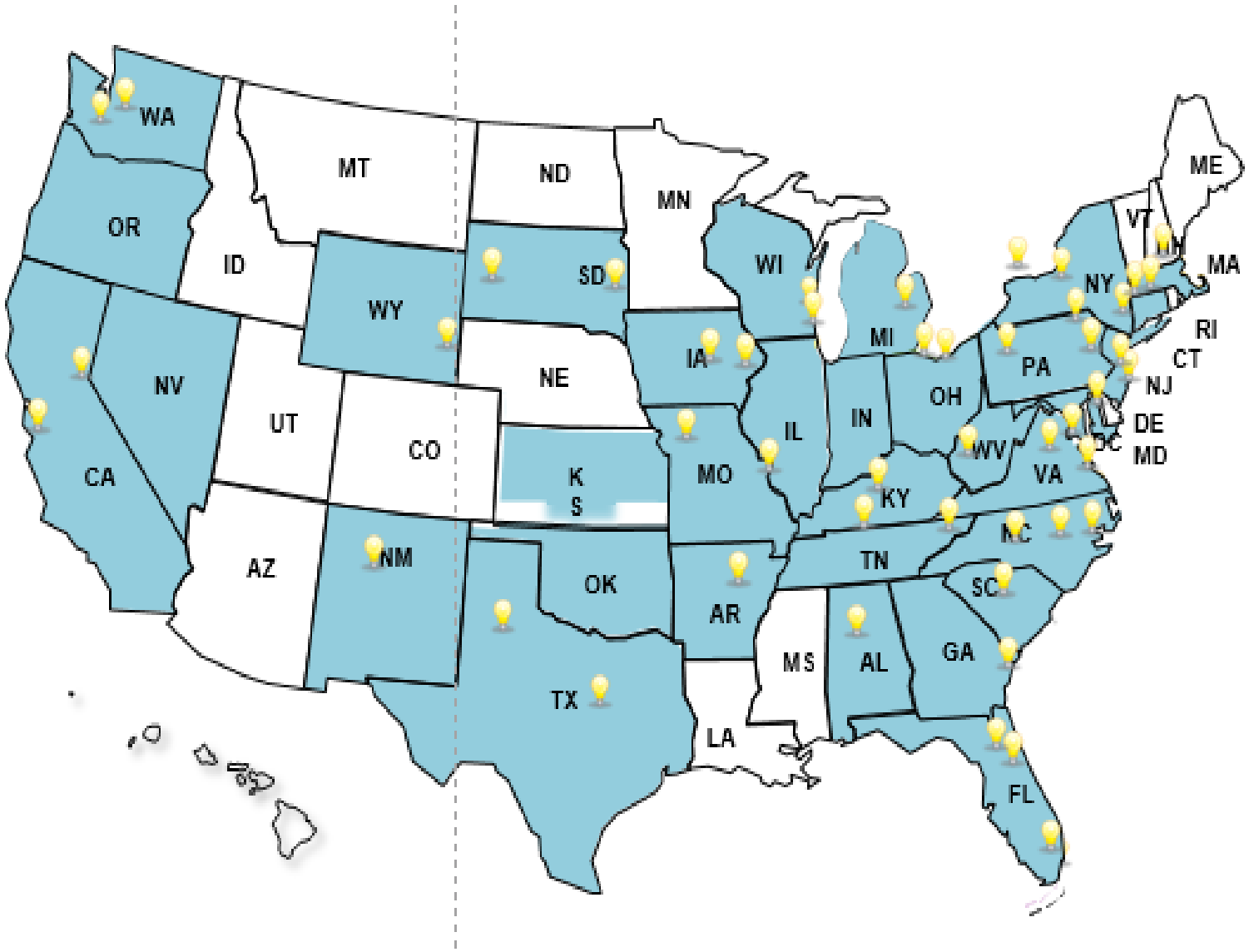
Bundle Payment Collaborative Members

BUNDLED PAYMENT COLLABORATIVE



Bundled Payment – What We Appreciate

Baseline Data

- Availability of data well in advance of decision point in order to decide whether to enter, which bundles to choose and plan care transformation

Monthly Data Feeds

- Access to monthly data drives decision making and encourages improvements, but missing substance use related claims

Voluntary Nature & Menu of Bundles

- Allow organizations to chose the model and enter when ready, as well as start small and grow into the program

Gainsharing Caps

- Support capping physician reconciliation payments at 50% of what otherwise paid

Bundled Payment – Barriers to Success

Target Pricing/Trending Methodology

- Discourages efficient organizations from participating in bundles
- Trending methodologies discourages long-term participation in bundles

Implementation Protocol

- Administratively burdensome
- Inconsistent review and feedback from CMS staff

Precedence Rules

- Creates confusion for providers and patients
- Devalues bundle participation

Uniform Discount Rates

- Discourages participation in complex medical bundles which have higher levels of variability

Bundled Payment – Barriers to Success

Risk Adjustment

- Exclusions and outlier protections insufficient
- Disconnect between baseline and performance period

Quality Metrics

- No application to payment
- No MIPS comparable measures or CEHRT requirements

Legal Waivers

- Need more tools to engage patients and encourage innovation in care
- No question mechanism to ask questions

Transparency

- No ability to replicate national numbers such as trend
- Lack of clarity on methodologies

Bundled Payment – Path to Improvement

- Ensure model is **voluntary**, and methodologies **transparent**
- Allow **annual open** application period
- Proceed with only **Model 2**
- Develop more relevant **outcomes measures** to use within this context
- Consider how to collect **patient assessment** instruments within workflow
- Research new and improved **risk adjustment** methodologies
- Increase **legal waivers** and create **FAQ process**
- Adopt **regional pricing** with at least 25% based on historical performance
- Implement **prospective target** pricing
- Adopt **trending methodology** inclusive of prior reconciliation/repayments
- Ensure **baseline data** is at least 4 months in advance and ongoing **monthly**
- **Vary discount** rates based on level of variability in a given bundle
- Base **precedence** on contribution to bundle, not physician vs. hospital
- Adopt **financial arrangement disclosures** similar to EPM
- Offer voluntary **risk tracks** similar to EPM for high variability DRG bundles
- Develop an equitable attribution of savings where **APMs overlap**