

CMMI: 2022 Listening Sessions Galore

Center for Innovation Supports Direct Contracting, New Models Take Time

This week, the Value-Based Payment summit convened Healthcare Value Week ([virtual](#)). Centers for Medicare and Medicaid Services (CMMI) leadership participated in a summit. Keynotes, panels and other interviews are archived and can be found ([here](#)). Today is the first day of the week-long meeting.

- **CMMI leadership referenced its long-term strategic plan and the 5 pillars of focus.** The Center for Medicare and Medicaid Services (CMMI) released a strategic plan ([here](#)) in 2021, and reiterated its vocal support of value-based care, with broad goals of accountable, equitable, patient-centric care by 2030. (1) Drive accountable care by 2030 to all beneficiaries (Medicare and vast majority of Medicaid) to ensure they are in a relationship with accountability around care/cost (2) Advance health equity (3) Support innovation (model participants) (4) Timely data & healthcare price transparency (5) Overall healthcare transformation
- **As CMMI looks at cost, the Center looks at Medicare spending from a Trust Fund perspective.** CMMI leadership wants to discuss and focus on patient affordability e.g., reducing OOP costs. CMMI is aiming to speak with providers and stakeholders that have not engaged with CMMI, to understand why they have not partnered with the government. Accepting downside risk can be challenging.
- **CMMI Leader Elizabeth Fowler stated support for Direct Contracting, investing in primary care.** Fowler said CMMI supports providing quality care by investing in primary care, and preventing hospitalization as well as lower value care.
- **Direct Contracting is not capitated care.** Specifically, Fowler noted that Direct Contracting is unlike capitated insurance models that may include restrictions to care via prior authorization (PA) and narrow networks. In fact the direct contracting (DC) models include access to new benefit enhancements, such as home health, cost-sharing support for Part B services.
- **CMMI wants to make sure that each of its models count, and this will take time New models take 18 months - 2 years to develop & implement.** Fowler notes that a handful of models have showed cost savings over the decade tenure of CMMI. The group has launched more than 50 alternative payment models while only 6 have shown statistically significant savings to tax payers and Medicare. 4 models were authorized to be extended: (1) Home Health value based payment (VBP) (2) Pioneer ACOs (3) Prior Authorization for non-emergency services (4) Diabetes Prevention Program (DPP).
- **There will be a bigger shift in how CMMI defines success in its pilots.** The agency wants with 95% confidence that a model will generate savings on a net basis. Also important that the government drives toward health system transformation. Other measures are important: could include things like functional status, # days at home, market impacts e.g., model adopted by other payers and providers.
- **CMMI leadership again notes concerning upcoding trends in Medicare Advantage (MA).** CMMI notes that innovation should be around care delivery, and not just gaming the system with upcoding ([here](#)). CMMI Director has stated this in multiple settings previously i.e., that providers need to deliver care better instead of finding ways to maximize revenues through coding.

- **Don't forget Health Equity.** CMMI held a listening session on December with transcript and slides (see [here](#) for more) on its website. Equity is a key priority, especially given lessons learned from COVID. Every model is seen through the lens of caring for those in underserved areas, with access barriers. CMMI officials today noted that the equity agenda includes enabling technical support, strengthening data collection, recruiting providers that have not participated in CMMI models in the past, ensuring that provider selection and enrollee process is not a barrier nor is it a challenge.
- **OUR TAKE -- THESE THINGS TAKE TIME:** CMMI noted that throughout 2022 the Center will continue engaging with Listening Session(s) and meetings with all stakeholders, including patients. Model development sometimes takes between 18 months and 2 years. The CMMI is proud to be sharing as much about their thinking as possible, and will continue to do so, as they did today at this conference with about a half dozen CMMI officials in various speaking roles. They also want to learn what works and what helps real people. CMMI, for instance, has had some feedback that “accountable” care can mean that care has been withheld, and could mean “skimping” to some Americans versus care coordination. The term equity may not resonate with patients, as well. This is a marathon, not a sprint, and we will keep apprised of Center updates, as well as potential Congressional and other changes.