

Physician-Focused Payment Model Technical Advisory Committee

How to Submit a Proposal to PTAC: Clarifications and Tips for Submitters

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Robert Berenson, MD, PTAC Member

February 27, 2017

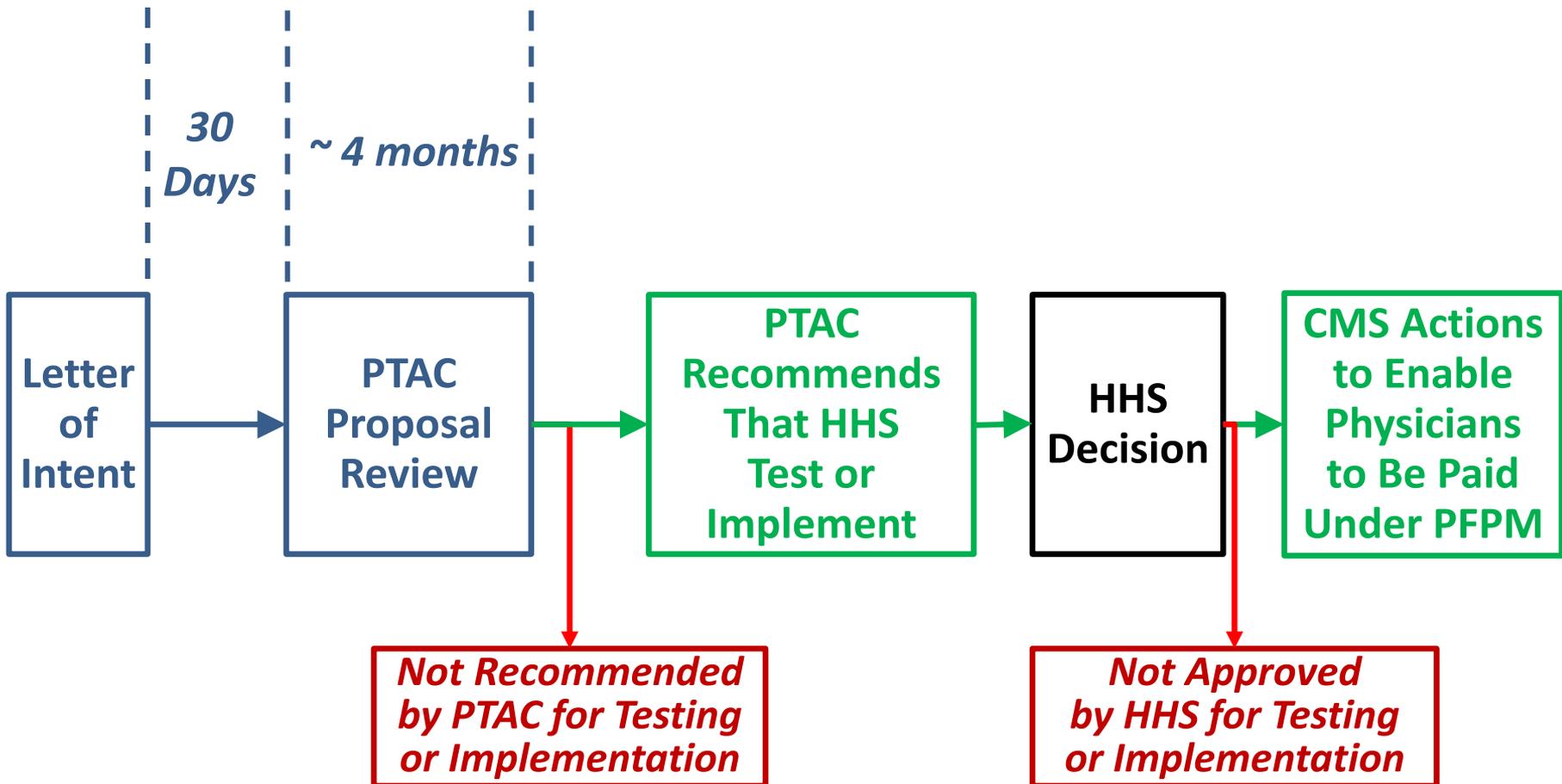
Webinar Information

- This webinar is being recorded. The slides used in this webinar will be distributed to participants and posted on the PTAC website.
- Following the presentation, questions will be moderated by the operator. You may also use the chat function.

Topics for Today

- We will discuss some specific information and issues that we think would be helpful based on PTAC experience with proposals submitted to date and questions we are frequently asked.
- We will not cover every aspect of the proposal review process or every element of the proposal contents; more details on the process and proposal contents were covered in previous webinars that are accessible from the PTAC website:
 - **"Overview of the Physician-Focused Payment Model Technical Advisory Committee (PTAC)"** hosted by PTAC Chair Dr. Jeffrey Baitel, Vice Chair Elizabeth Mitchell, and Member Robert Berenson, MD.
The slides used in this webinar are available [here](#).
 - **"How to Submit a Proposal to the Physician-Focused Payment Model Technical Advisory Committee (PTAC)"** hosted by PTAC Members Harold Miller and Dr. Kavita Patel
The slides used in this webinar are available [here](#).

The Basic Process of Proposal Submission, PTAC Review, and HHS Action



Submitting a Proposal and Responding to PTAC Questions

- Letters of Intent (LOIs) must be submitted at least 30 days before submitting a proposal.
- LOIs and full proposals should be submitted through the PTAC submission system (<https://mc04.manuscriptcentral.com/ptac>).
- All letters of intent and proposals will be posted on the PTAC website. Members of the public may file written statements on all proposals. All such written statements should be sent to the Designated Federal Official for PTAC at PTAC@HHS.gov.
- In general, three weeks will be allowed for the submission of public comments on a proposal and public comments will be added to the website approximately one week after the conclusion of the comment period.
- After a proposal is submitted, a subset of PTAC members will be appointed to serve as a Preliminary Review Team (PRT). After reviewing the proposal, the PRT may request that the submitter respond to specific questions about the proposal. These questions and responses will also be posted on the PTAC website for public review.

Finding Submitted Proposals on PTAC's Website

[PTAC](#)[Charter](#)[Bylaws](#)[Members](#)[Meetings](#)[FAQs](#)[Resources](#)[For Public Comment](#)[Proposal Submissions](#)[Contact](#)

PTAC is dedicated to transparent operations that encourage and incorporate feedback from the public. Periodically, the Committee asks for public feedback on draft documents and/or processes. Please see below for documents that are currently open for Public Comment.

Please send emails with subject line "Public Comment – [name of document]" to PTAC@hhs.gov.
Mail can be sent to PTAC c/o Angela Tejada, ASPE, 200 Independence Ave. SW, Washington, DC 20201.

Proposals Received

- Members of the public may file written statements on the following proposals. All such written statements should be sent to the Designated Federal Official for PTAC at PTAC@HHS.gov. Comments will be posted on the PTAC website approximately one week after the public comment period closes. Members of the public may also publicly comment on proposals at all meetings of PTAC during which PTAC deliberates on proposals. All such meetings and procedures for registering to make any public comments will be announced in the Federal Register at least 15 days prior to such a meeting.

In general, three weeks will be allowed for submission of public comments on a proposal.

- [Advanced Care Model \(ACM\) Service Delivery and Advanced Alternative Payment Model](#) submitted by Coalition to Transform Advanced Care- comment period closes March 6, 2017.
- [The Comprehensive Colonoscopy Advanced Alternative Payment Model for Colorectal Cancer Screening, Diagnosis and Surveillance](#) submitted by the Digestive Health Network- comment period closed January 25, 2017.
- [Project Sonar](#) submitted by the Illinois Gastroenterology Group and SonarMD, LLC- comment period closed January 20, 2017.
- [The COPD and Asthma Monitoring Project](#) submitted by Pulmonary Medicine, Infectious Disease and Critical Care Consultants Medical Group Inc. of Sacramento, California (PMA)- comment period closed January 12, 2017*.
- [The ACS-Brandeis Advanced APM](#) submitted by the American College of Surgeons- comment period closed January 12, 2017*.

*Given that the public comment period for this proposal fell during the holiday season when many were away from the office, the deadline for public comments on this proposal was extended until January 12, 2017.

<https://aspe.hhs.gov/documents-public-comment-physician-focused-payment-model-technical-advisory-committee>

Finding Submitted Proposals on PTAC's Website

Proposals , LOIs, and public comments can also be found on the “Proposal Submissions” tab of the PTAC website.

PROPOSALS RECEIVED

PTAC has received the following proposals for physician-focused payment models from members of the public. Each proposal is open for three weeks of public comment and considered by a preliminary review team (PRT) prior to scoring and evaluation at a public PTAC meeting. Information related to each proposal will be added to the website when available.

- **The COPD and Asthma Monitoring Project** submitted by Pulmonary Medicine, Infectious Disease and Critical Care Consultants Medical Group Inc. of Sacramento, California (PMA)- comment period closed January 12, 2017.
 - Letter of Intent
 - Full Proposal
 - Public Comments Received
- **The ACS-Brandeis Advanced APM** submitted by the American College of Surgeons- comment period closed January 12, 2017.
 - Letter of Intent
 - Full Proposal
 - Public Comments Received
- **Project Sonar** submitted by the Illinois Gastroenterology Group and SonarMD, LLC- comment period closed January 20, 2017.
 - Letter of Intent
 - Full Proposal
 - Public Comments Received
- **The Comprehensive Colonoscopy Advanced Alternative Payment Model for Colorectal Cancer Screening, Diagnosis and Surveillance** submitted by the Digestive Health Network- comment period closed January 25, 2017.
 - Letter of Intent
 - Full Proposal
 - Public Comments Received
- **Advanced Care Model (ACM) Service Delivery and Advanced Alternative Payment Model** submitted by Coalition to Transform Advanced Care- comment period closes March 6, 2017.
 - Letter of Intent
 - Full Proposal

LETTERS OF INTENT RECEIVED

- **Episodic Payments for Radiation Oncology** submitted by the American College of Radiation Oncology (ACRO)
- **Radiation Oncology Total Cost of Care Physician Focused Payment Model** submitted by the American Society for Radiation Oncology (ASTRO)
- **ACCESS Project** submitted by the University of New Mexico Health Sciences Center
- **Oncology Bundle Program** submitted by Hackensack Meridian Health and COTA
- **APM for Retinal Disease** submitted by US Retina
- **Medical Cardiology Super Bundle** submitted by Cynapse Health, Inc.
- **CAPG Medicare Alternative Payment Model – Full Risk** submitted by CAPG
- **Comprehensive Cancer Care Delivery Model** submitted by Community Oncology Alliance
- **Physiatrist Led Post-Acute Micro-Bundle Model** submitted by Edward Bumetta MD, LLC

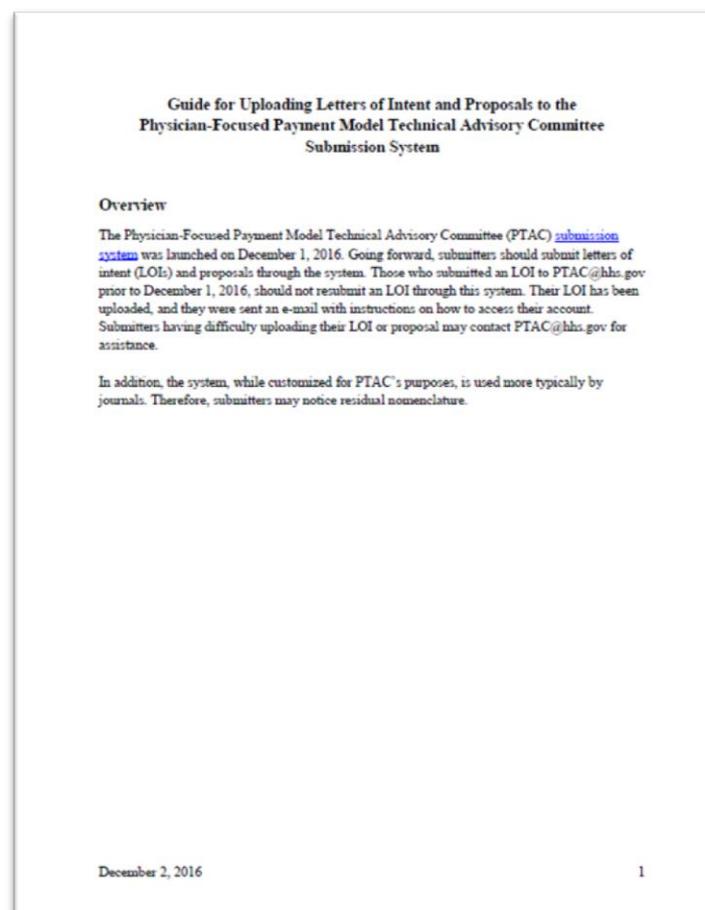
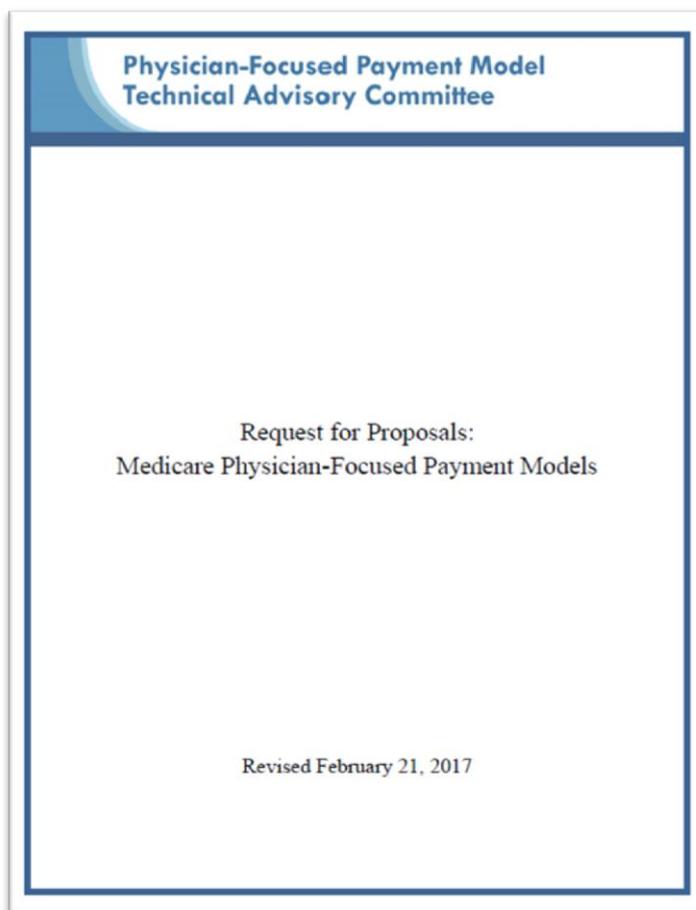
<https://aspe.hhs.gov/proposal-submissions-physician-focused-payment-model-technical-advisory-committee>

Deadlines and Timetable

- LOIs can be submitted at any time.
- Proposals can be submitted at any time at least 30 days after an LOI has been submitted.
- Responses to PTAC PRT questions can be submitted whenever convenient for the proposer. However, PTAC can only make recommendations on a proposal after it has all of the information it needs to do so.
- PTAC can only make recommendations about a proposal at a public meeting, so the total time needed for PTAC action will depend both on the responses from the submitter and PTAC's meeting schedule.
- There is no limit on the number of proposals that PTAC can recommend. PTAC can recommend a PFPM proposal that addresses issues similar to a previously recommended PFPM if PTAC believes that the proposal meets the criteria in the regulations. It is up to HHS to determine which proposals will be implemented and when.

Proposals Must Follow Instructions in the RFP and Be Uploaded Properly

<https://aspe.hhs.gov/proposal-submissions-physician-focused-payment-model-technical-advisory-committee>



Proposal Must Meet Definition of PFPM in MACRA Regulations

- A “physician- focused payment model” (PFPM) is an Alternative Payment Model:
 - In which Medicare is a payer
 - Eligible clinicians play a core role in implementing the payment methodology
 - Targets quality and cost of services that eligible professionals provide, order, or can significantly influence
- A payment model submitted to PTAC does NOT have to be an “Advanced APM” and PTAC will not make a determination as to whether it meets the Advanced APM requirements in CMS regulations.

Proposal Must Enable PTAC Review of Ten Criteria in MACRA Regulations

I. Incentives: Pay for Higher Value

1. Value over volume
2. Flexibility
3. Quality and cost
4. Payment methodology
5. Scope
6. Ability to be evaluated

II. Care Delivery Improvements

7. Integration and care coordination
8. Patient choice
9. Patient safety

III. Information enhancements

10. HIT

PTAC Has Prioritized the Regulatory Criteria for Its Recommendations

- **High Priority Criteria
(Proposal must meet these for PTAC recommendation)**
 - Scope of PFPM
 - Quality and Cost
 - Payment Methodology
- **Remainder of Criteria**
 - Value Over Volume
 - Flexibility
 - Ability to be Evaluated
 - Integration and Care Coordination
 - Patient Choice
 - Patient Safety
 - HIT

Proposal Tip: Respond to RFP Instructions and Criteria

- Address the specific elements and questions listed under each criterion to the extent possible.
- Pay attention to the technical aspects of PTAC's *Request for Proposals* and provide as much detail as possible for each criterion.
- Focus particular attention on the high priority criteria, but address ALL criteria in the RFP.

Proposal Tip: Be Clear and Concise

- Adequate information on all criteria should be included within the 20 page limit .
- Appendices can be used to provide additional detail, but essential information must be within the 20 page limit.
- Facts and data are the most convincing and objective way for PTAC to assess the criteria.

Proposal Tip:

Explain the Problem(s) You're Trying to Solve

Submitters should:

- Explain what improvements in care delivery would be supported by the proposed PFPM
- Explain why the care delivery improvement cannot be implemented under current payment systems (or with relatively simple adjustments to the Physician Fee Schedule or other payment systems)
- Explain why the payment barriers aren't addressed by existing CMS payment demonstrations and why a new PFPM is needed

Proposal Tip: Explain Clearly How the Payment Methodology Would Work

- How would payments to physicians and other entities be different than they are today?
- How would accountability for quality, utilization, and spending be different than it is today?
- How would the methodology assure adequate payment for services that patients need?
- How would the methodology ensure that savings are not being offset by higher spending elsewhere?

Proposal Tip: Explain and Estimate the Expected Impact on Quality and Cost

Submitters should:

- Describe what aspects of care quality or outcomes would be improved and how that would be measured
- Describe where savings would be achieved
- Explain what mechanisms would be used to ensure savings offset any additional costs
- Estimate how many Medicare beneficiaries could potentially benefit
- To the extent possible, quantify the improvements in quality and savings anticipated over the time frame of the proposal

Proposal Tip: The Model You Propose Can't Just Apply to One Organization

- PTAC (and CMS) wants proposals for payment models that have the potential to be used by physicians and other eligible practitioners across the entire country.
- We aren't likely to recommend theoretical models that no one is interested in, so we want to know that there are some physicians who are interested and willing to actually use the payment model if it is implemented.
- However, we also are unlikely to recommend models that are only designed to work for one particular organization, small collaborative, or community. It's OK to have a proposal that is designed to support specific types of services that you want to deliver, but we are most interested in payment models and care delivery mechanisms that a range of other organizations will also be able to implement.

Proposal Tip: Section B of the RFP Defines Types of PFPMs Likely to be Recommended

- PTAC is open to a wide range of models, not just models similar to what Medicare has already implemented
- PTAC is more likely to recommend truly different payment models, not things that could be addressed through normal fee schedule changes
- PTAC is more likely to recommend models that replace or bundle payments for *all* services that are related to a condition, a treatment, or all aspects of a patient's care, not just a subset of those services
- PTAC is more likely to recommend models in which clinicians take accountability for controlling spending on *all* services related to the condition, risk factor, or treatment addressed by the payment model, or for factors that are the primary drivers of that spending
- PTAC is more likely to recommend models that address appropriateness of treatments, not just the cost of treatments
- PTAC is more likely to recommend models that take accountability for outcomes, not just measures of processes of care
- PTAC is more likely to recommend models that have an effective method of adjusting payments and measures based on differences in patient needs
- PTAC is more likely to recommend models in which any financial risk is designed to be feasible for physicians, particularly small practices

Data Resources From PTAC

[PTAC](#)

[Charter](#)

[Bylaws](#)

[Members](#)

[Meetings](#)

[FAQs](#)

[Resources](#)

[For Public Comment](#)

[Proposal Submissions](#)

[Contact](#)

Below are resources for use by stakeholders and potential proposal submitters. PTAC encourages feedback from stakeholders. Please submit comments, questions, and suggestions regarding available resources and informational support needed to PTAC@hhs.gov.

DATA

- [Illustrative Data on Medicare Utilization and Reimbursement for Fee-for-Service Beneficiaries with Certain Medical Conditions \(PDF and Excel\)](#)
 - [Table 1A: Medicare Utilization and Reimbursement for Fee-for-Service Beneficiaries Newly Diagnosed with Congestive Heart Failure, Calendar Year 2014- PDF](#)
 - [Table 1B: Medicare Utilization and Reimbursement for Fee-for-Service Beneficiaries Ever Diagnosed with Congestive Health Failure, Calendar Year 2015- PDF](#)
 - [Table 1C: Medicare Utilization and Reimbursement in the One-Year Period Following Diagnosis Fee-for-Service Beneficiaries with a 2014 Diagnosis of Congestive Heart Failure- PDF](#)
 - [Table 2A: Average Total All-cause Medicare Fee-for-Service Spending for Selected Chronic Conditions, 2015- PDF](#)
 - [Table 2B: Average All-cause Part A Medicare Fee-for-Service Spending for Selected Chronic Conditions, 2015 \(Based on the CMS 5% Limited Data Set\) - PDF](#)
 - [Table 2C: Average All-cause Part B Medicare Fee-for-Service Spending for Selected Chronic Conditions, 2015 \(Based on the CMS 5% Limited Data Set\) - PDF](#)
 - [Appendix A: CHMS Chronic Conditions Data Warehouse \(CCW\)- CCW Condition Algorithms \(rev. 7/2016\) - PDF](#)
 - [Excel Workbook - All Tables, Illustrative Data on Medicare Utilization and Reimbursement for Fee-for-Service Beneficiaries with Certain Medical Conditions](#)

+ WEBINARS

+ REPORTS

Please send your comments on additional and different data analyses needed.

Resources From Other Sources

[PTAC](#) [Charter](#) [Bylaws](#) [Members](#) [Meetings](#) [FAQs](#) [Resources](#) [For Public Comment](#) [Proposal Submissions](#) [Contact](#)

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+ [DATA](#)

+ [WEBINARS](#)

- [REPORTS](#)

- [Alternative Payment Model Design Toolkit](#) by Center for Medicare & Medicaid Innovation
- [Examples of Health Care Payment Models Being Used in the Public and Private Sectors](#) by Social & Scientific Systems, Inc.
- [Federal Public Data: A Guide for Navigating Publicly Available Files for Those Developing Physician-Focused Payment Models](#)
This document highlights publicly available data sources that could be used in the development of Physician-Focused Payment Model (FFPM) proposals.
- [Information from the Specialty Payment Models Opportunities and Design Initiative](#) by MITRE
 - [RAND's Specialty Payment Model Opportunities and Assessment Oncology Simulation Report](#)
This report describes the results of a simulation analysis of a payment model for specialty oncology services that is being developed for possible testing by the Center for Medicare and Medicaid Innovation at the Centers for Medicare & Medicaid Services (CMS).
 - [RAND's Specialty Payment Model Opportunities and Assessment: Gastroenterology and Cardiology Model Design Report](#)
This report describes research related to the design of episode-based payment models for ambulatory gastroenterology and cardiology services for possible testing by the Center for Medicare and Medicaid Innovation at the Centers for Medicare and Medicaid Services (CMS).

Proposal Tip: Explain the Data You Use and Justify the Assumptions You Make

- Provide data/information supporting assumptions and conclusions.
- Describe sources and explanations of data presented.
- To the extent possible, indicate if proposed quality and spending measures have been tested and validated.

Proposal Tip:

Check the Proposal Checklist

- Ensure that the title of the submitted proposal is made clear.
- Follow the formatting instructions- check the checklist.
- Proposal must include:
 - Title page, table of contents, abstract, and page numbers
 - Name and address of submitting individual or organization
 - Name, mailing address, phone number, and e-mail for primary point of contact

Opportunities for Public Participation

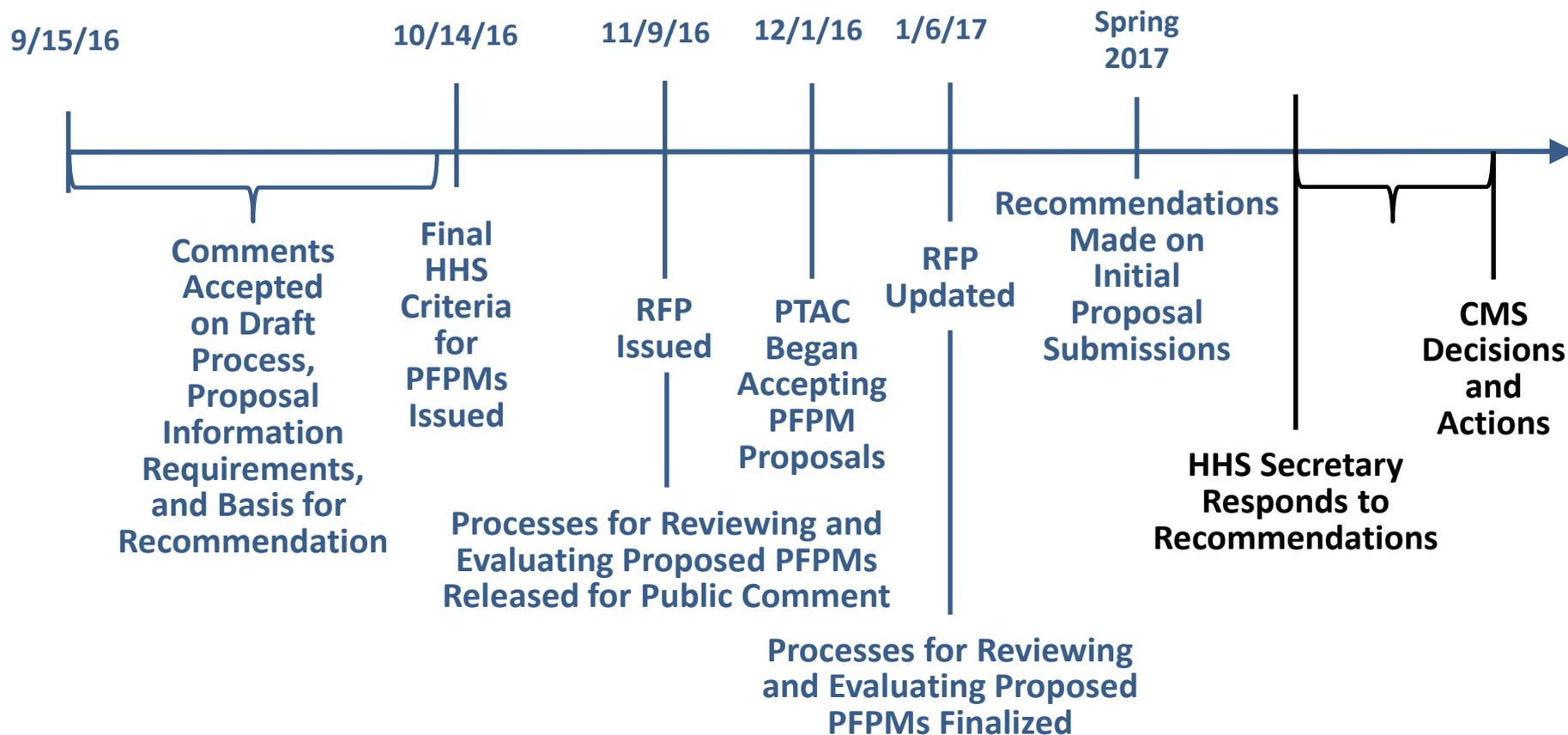
- Members of the public may comment on proposals and draft documents at all meetings of PTAC during which PTAC deliberates on proposals.
- We invite you to visit PTAC's website, <https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee>
- Email us at PTAC@hhs.gov, [join our listserv](#) to stay updated on all PTAC activities, and follow us on Twitter @PFPMTAC
- Questions?

Physician-Focused Payment Model Technical Advisory Committee

Appendix: Proposal Submission Process and Information Requirements

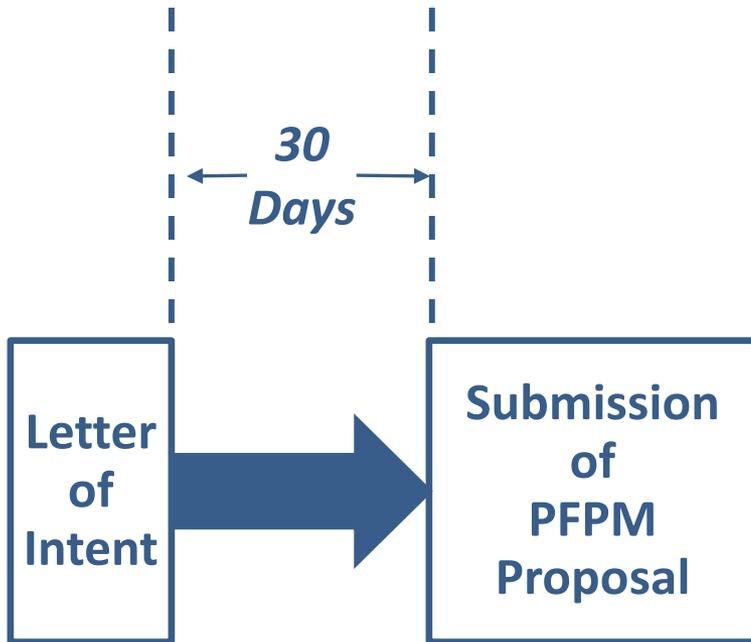
Slides from PTAC's second webinar, "[How to Submit a Proposal to the Physician-Focused Payment Model Technical Advisory Committee \(PTAC\)](#)" are available [here](#).

Goal: Review, Evaluate and Make Recommendations on New PFPMs



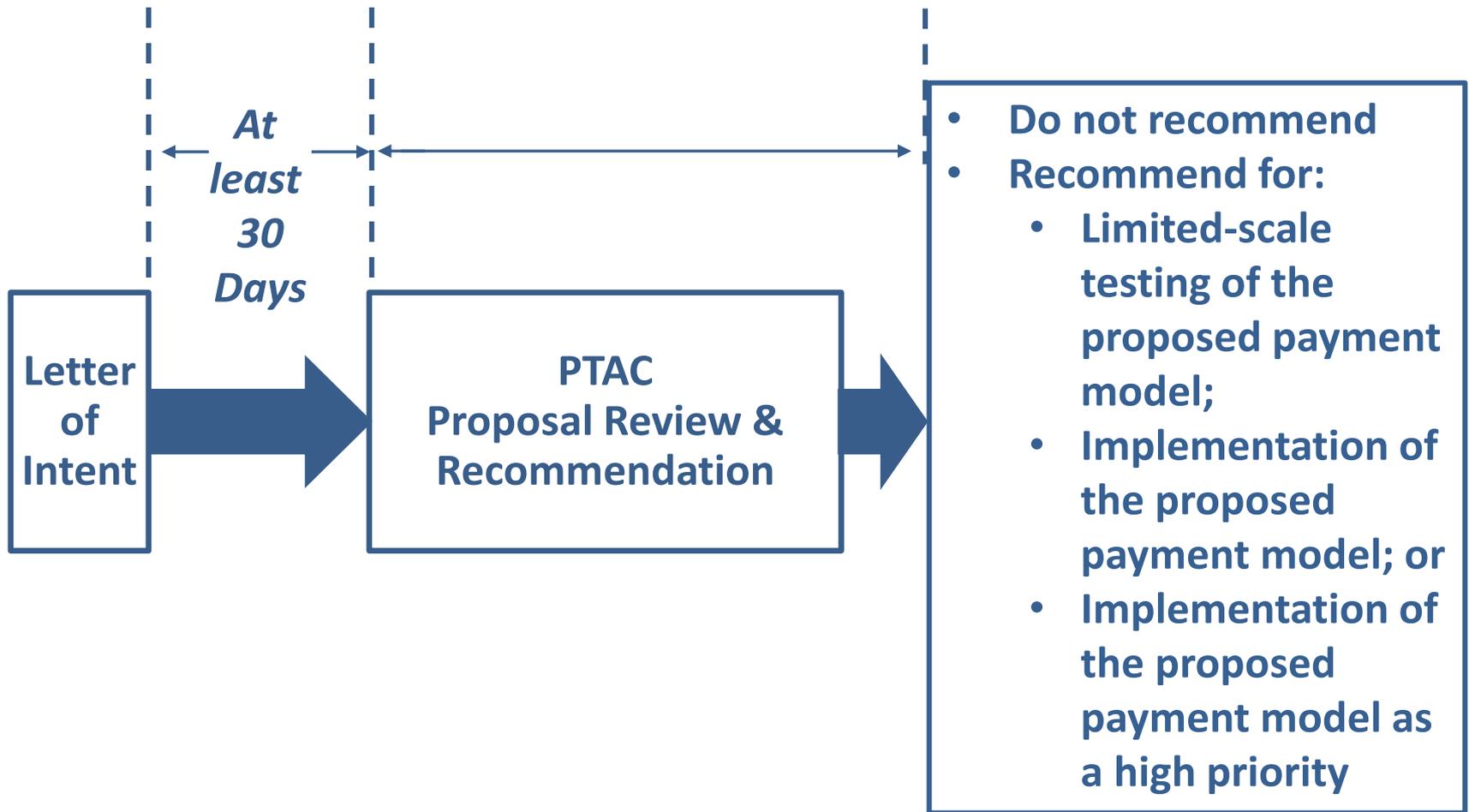
PFPM = Physician-Focused Payment Model

Process: Letter of Intent Submitted at Least 30 Days in Advance of Proposal

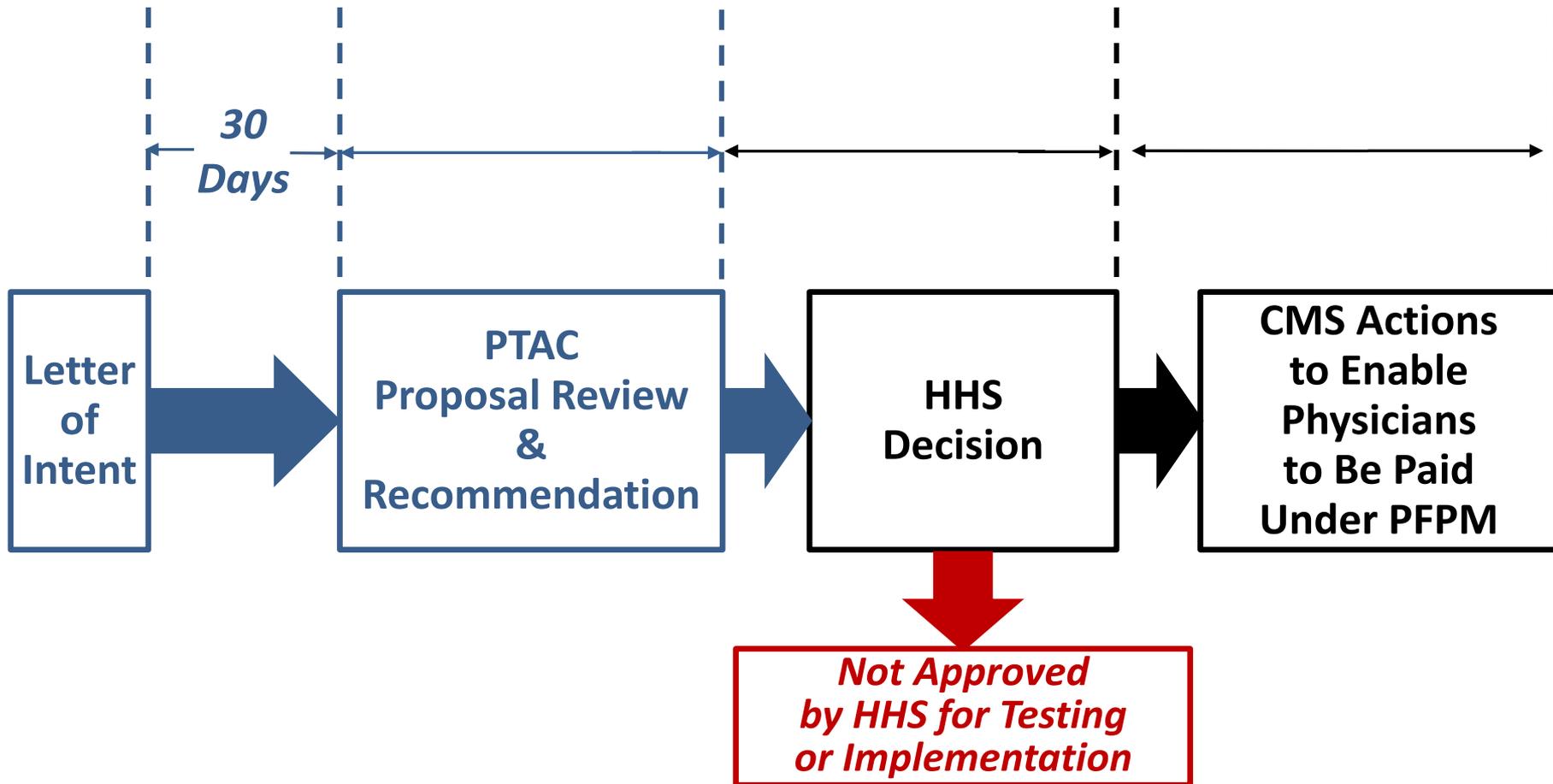


Note: there is no deadline for submitting a proposal or letter of intent

Review and Recommendation Process



PTAC Can Only Recommend; HHS Decides Whether and When to Implement PFPMs

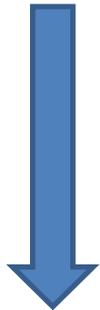


First Two Weeks

PTAC Proposal Review & Recommendation Process

*2
Weeks*

Proposal
reviewed for
completeness



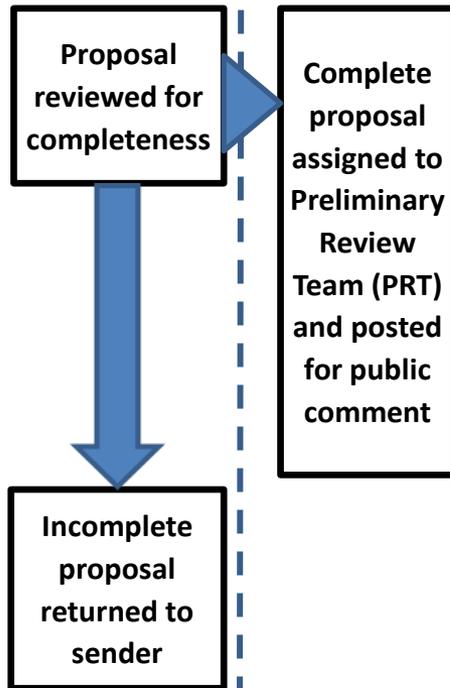
Incomplete
proposal
returned to
sender

First Two Weeks

Proposal reviewed for
completeness- incomplete
proposals returned to sender

Assignment of Preliminary Review Team and Public Comment Period

PTAC Proposal Review & Recommendation Process



Composition of Preliminary Review Team:

- Only members of PTAC
- At least one physician
- No one with a conflict of interest
- One individual as lead reviewer

Support for Preliminary Review Team:

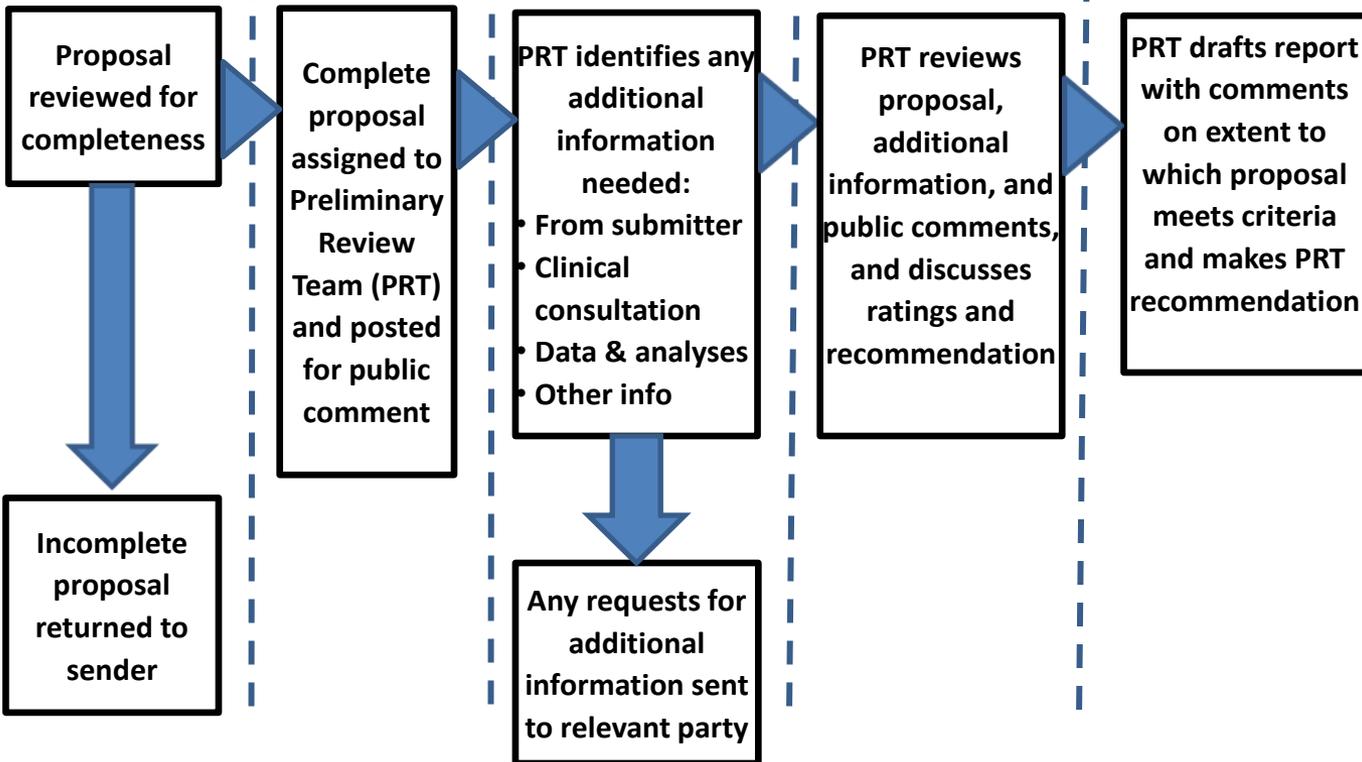
- ASPE Staff
- Subject matter experts if needed
 - No one with a conflict of interest
 - All outside experts will be publicly identified

Public Comment Period

- Proposals posted on PTAC website
- In general, three weeks allowed for submission of public comments on a proposal

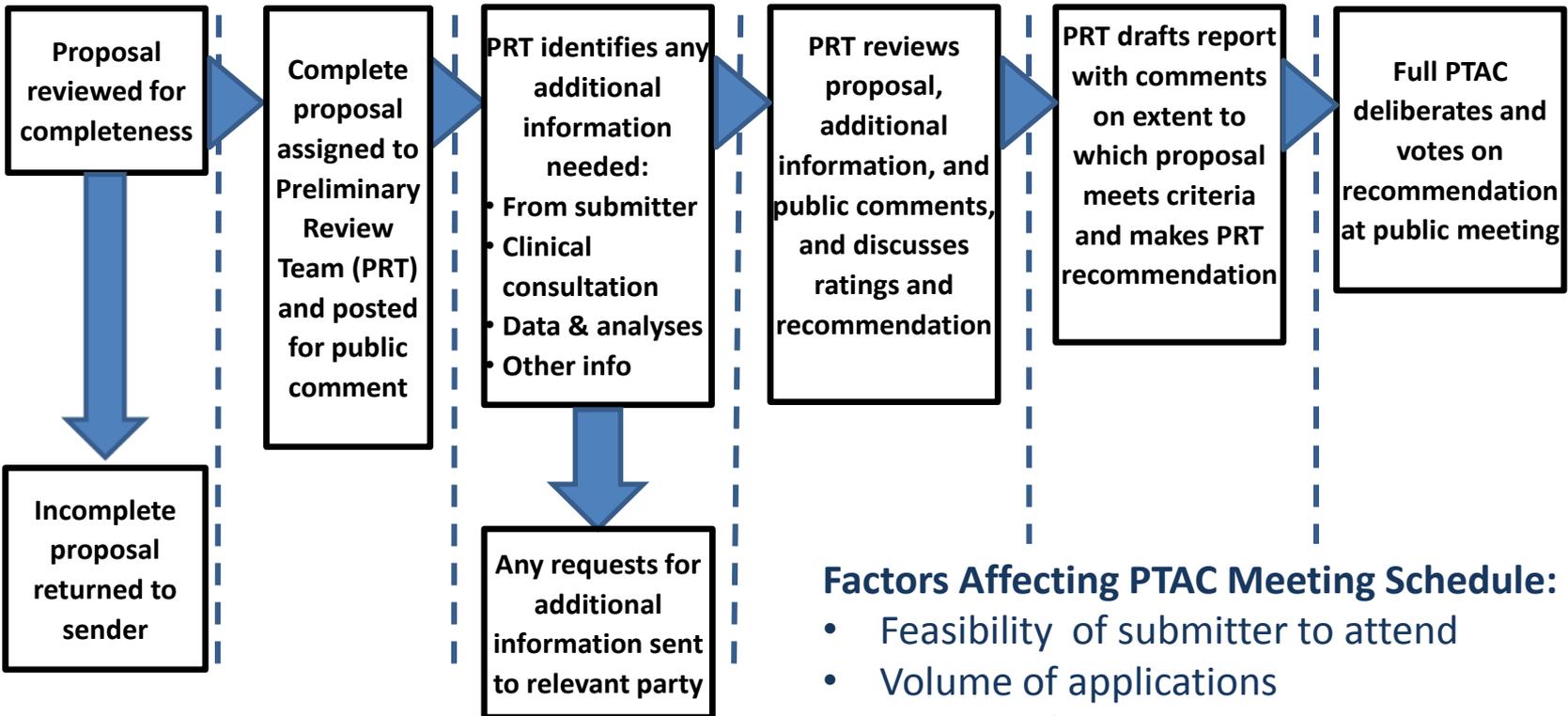
Preliminary Review Team Actions

PTAC Proposal Review & Recommendation Process



Public Deliberation

PTAC Proposal Review & Recommendation Process

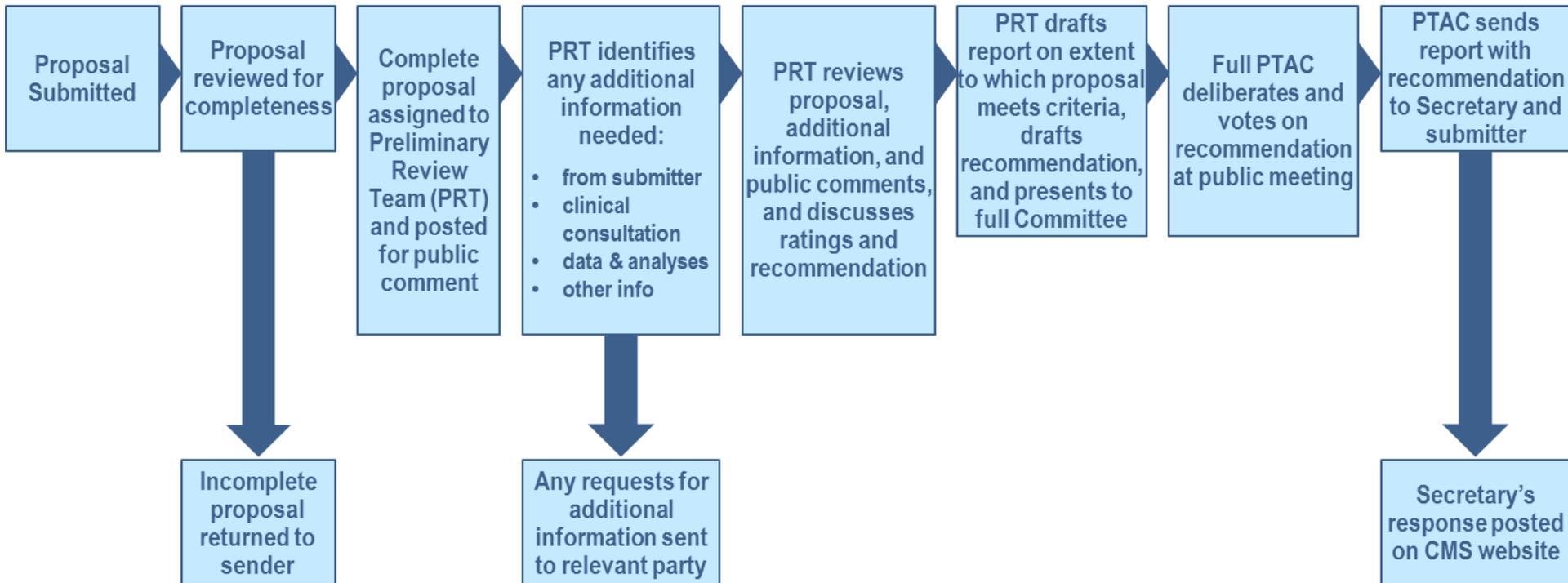


Factors Affecting PTAC Meeting Schedule:

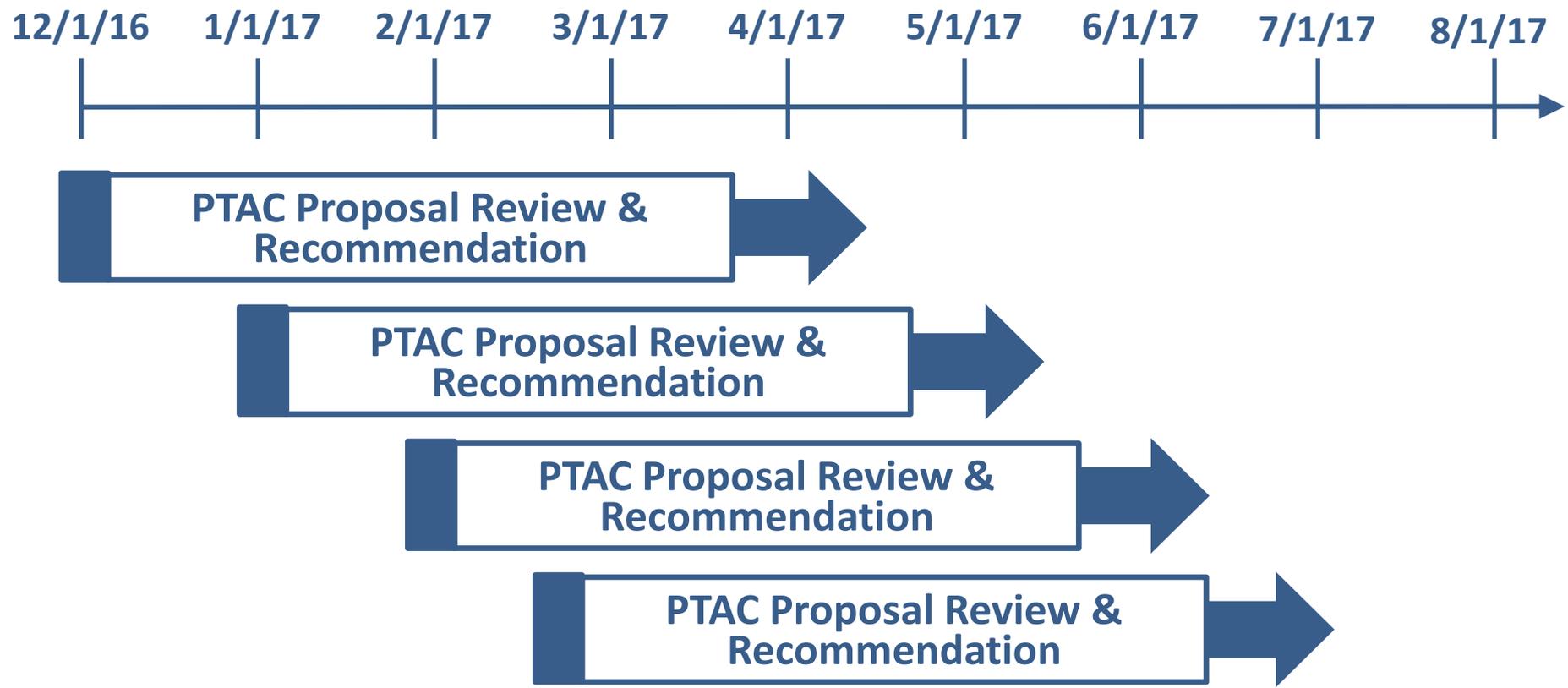
- Feasibility of submitter to attend
- Volume of applications
- Volume of questions on proposal

Report to HHS Secretary

PTAC Proposal Review & Recommendation Process



No Deadlines on When Proposals Can Be Submitted; Rolling Reviews & Decisions



Supporting Information: Background

- PTAC will assess the extent to which each submitted proposal meets criteria for PFPMs established by the Secretary of HHS in regulations at 42 CFR §414.1465. The Secretary is required by MACRA to establish these PFPM criteria.
- MACRA also requires PTAC to review proposed models and submit comments and recommendations to the Secretary regarding whether each model meets the Secretary's criteria. PTAC will do so by reviewing information submitted as part of each proposal.

Criteria

1. Scope of Proposed PFPM (high priority)
2. Quality and Cost (high priority)
3. Payment Methodology (high priority)
4. Value over Volume
5. Flexibility
6. Ability to be Evaluated
7. Integration and Care Coordination
8. Patient Choice
9. Patient Safety
10. Health Information Technology

Supporting Information: Scope of Proposed PFPM

- The proposal aims to broaden or expand CMS' APM portfolio by either: (1) addressing an issue in payment policy in a new way, or (2) including APM Entities whose opportunities to participate in APMs have been limited.
- The goal of this section is to explain the scope of the PFPM by providing PTAC with a sense of the overall potential impact of the proposed model on physicians or other eligible professionals and beneficiary participation.
- Proposals should describe the scope and span of the payment model and discuss practice-level feasibility of implementing this model as well as clinical and financial risks.

Supporting Information: Quality and Cost

- The proposal is anticipated to (1) improve health care quality at no additional cost, (2) maintain health care quality while decreasing cost, or (3) both improve health care quality and decrease cost.
- The goal of this section is to better understand the “value proposition” that will be addressed by the proposed PFPM.
- Proposals should describe how the components of the value proposition will be achieved. Proposals should describe any current barriers to achieving desired value/quality goals and how they would be overcome by the payment model.
- Proposals should identify any novel clinical quality and health outcome measures that will be included in this proposed model. In particular, measures related to outcomes and beneficiary experience should be noted.

Supporting Information: Payment Methodology

- Pays APM Entities with a payment methodology designed to achieve the goals of the PFPM Criteria.
- Addresses in detail through this methodology how Medicare, and other payers if applicable, pay APM entities, how the payment methodology differs from current payment methodologies, and why the PFPM cannot be tested under current payment methodologies.
- The goal of this section is to better understand the payment methodology for the proposed model, including how it differs from both existing payment methodologies and current alternative payment models.
- Proposals should describe the role of physicians or other eligible professionals in setting and achieving the PFPM objectives, as well as the financial risk that the entity/physicians will bear in the model. A goal of this section is to better understand any regulatory barriers at local, state, or federal levels that might affect implementation of the proposed model.

Supporting Information: Value over Volume

- The proposal is anticipated to provide incentives to practitioners to deliver high-quality health care.
- The goal of this section is to better understand how the model is intended to affect practitioners' behavior to achieve higher value care through the use of payment and other incentives.
- A variety of incentives might be used to move care towards value, including financial and nonfinancial ones; please describe any unique and innovative approaches to promote the pursuit of value including nonfinancial incentives such as unique staffing arrangements, patient incentives, etc.

Supporting Information: Flexibility

- Provide the flexibility needed for practitioners to deliver high-quality health care.
- The goal of this section is to better understand:
 - How the proposed payment model could accommodate different types of practice settings and different patient populations
 - The level of flexibility incorporated into the model to include novel therapies and technologies
 - Any infrastructure changes that might be necessary for a physician or other eligible professionals to succeed in the proposed model

Supporting Information: Ability to be Evaluated

- Have evaluable goals for quality of care, cost, and any other goals of the PFPM.
- The goal of this section is to describe the extent to which the proposed model or the care changes to be supported by the model can be evaluated and what, if any, evaluations are currently under way that can identify evaluable goals for individuals or entities in the model.
- If there are inherent difficulties in conducting a full evaluation, please identify such difficulties and how they are being addressed.

Supporting Information: Integration and Care Coordination

- Encourage greater integration and care coordination among practitioners and across setting where multiple practitioners or settings are relevant to delivering care to the population treated under the PFPM.
- The goal of this section is to describe the full range of personnel and institutional resources that would need to be deployed to accomplish the proposed model's objectives.
- Describe how such deployment might alter traditional relationships in the delivery system, enhance care integration, and improve care coordination for patients.

Supporting Information: Patient Choice

- Encourage greater attention to the health of the population served while also supporting the unique needs and preferences of individual patients.
- The goal of this section is to describe how patient choice and involvement will be integrated into the proposed PFPM.
- Describe how differences among patient needs will be accommodated and how any current disparities in outcomes might be reduced. For example, please share how the demographics of the patient population and social determinants of care may be addressed.

Supporting Information: Patient Safety

- The extent to which the proposal aims to maintain or improve standards of patient safety.
- The goal of this section is to describe how patients would be protected from potential disruption in health care delivery brought about by the changes in payment methodology and provider incentives.
- Describe how disruptions in care transitions and care continuity will be addressed.
- Safety in this instance should be interpreted to be all-inclusive and not just facility-based.

Supporting Information: Health Information Technology

- Encourage use of health information technology to inform care.
- The goal of this section is to understand the role of information technology in the proposed payment model.
- Describe how information technology will be utilized to accomplish the model's objectives with an emphasis on any innovations that improve outcomes, improve the consumer experience and enhance the efficiency of the care delivery process.
- Describe goals for better data sharing, reduced information blocking and overall improved interoperability to facilitate the goals of the payment model.

Supplemental Information

- If the entity submitting the proposal wishes to serve as a recipient of the proposed payment, describe the proposed governance structure for the entity.
- If known, describe any infrastructure investments that might be needed from CMS in addition to changes in the payment model (e.g. different mechanisms for claims processing, data flows, quality reporting, etc.).