A Review of Proposed Models Deliberated and Voted on by PTAC as of December 2020

December 2025

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Introduction

- **Between December 2016 and December 2020, 35 proposed Physician-Focused Payment Models (PFPMs) were submitted to PTAC for review:**
  - This presentation summarizes findings from two reports that focus on the 28 proposed models that were deliberated and voted on by PTAC, and for which reports had been submitted to the Secretary as of December 2020.
  - The remaining 7 proposals submitted as of that date had been withdrawn from consideration.

Overview of Findings

- **Stakeholder Activation:**
  - Stakeholders submitted proposals that targeted different provider types, clinical conditions, and care settings, addressing real-time care delivery needs.
  - Proposals revealed the types of stakeholders who submitted proposals to PTAC. Provider associations, physician practices, and individual physicians submitted more than half (26 out of 35) of the proposals.
- **Addressing Care Delivery Reform:**
  - Proposed care delivery changes included:
    - Innovation in care management
    - Removal of access limitations
    - Reduction in unnecessary or harmful care
    - Care integration across providers and settings
    - Mitigation of disease progression

Overview of Findings, continued

- **Innovation in Alternative Payment Model Development:**
  - Proposed payment changes included: adding to the Medicare physician fee schedule (MPFS) in different ways, using fixed or episode-based payments, or using PBPM payments.
- **Willingness to Take on Risk:**
  - Almost all of the models proposed risk accountability approaches that involved two-sided risk.
- **Role of PTAC Expert Review:**
  - PTAC review provides an opportunity for stakeholders to raise policy issues relating to care delivery and payment reforms.

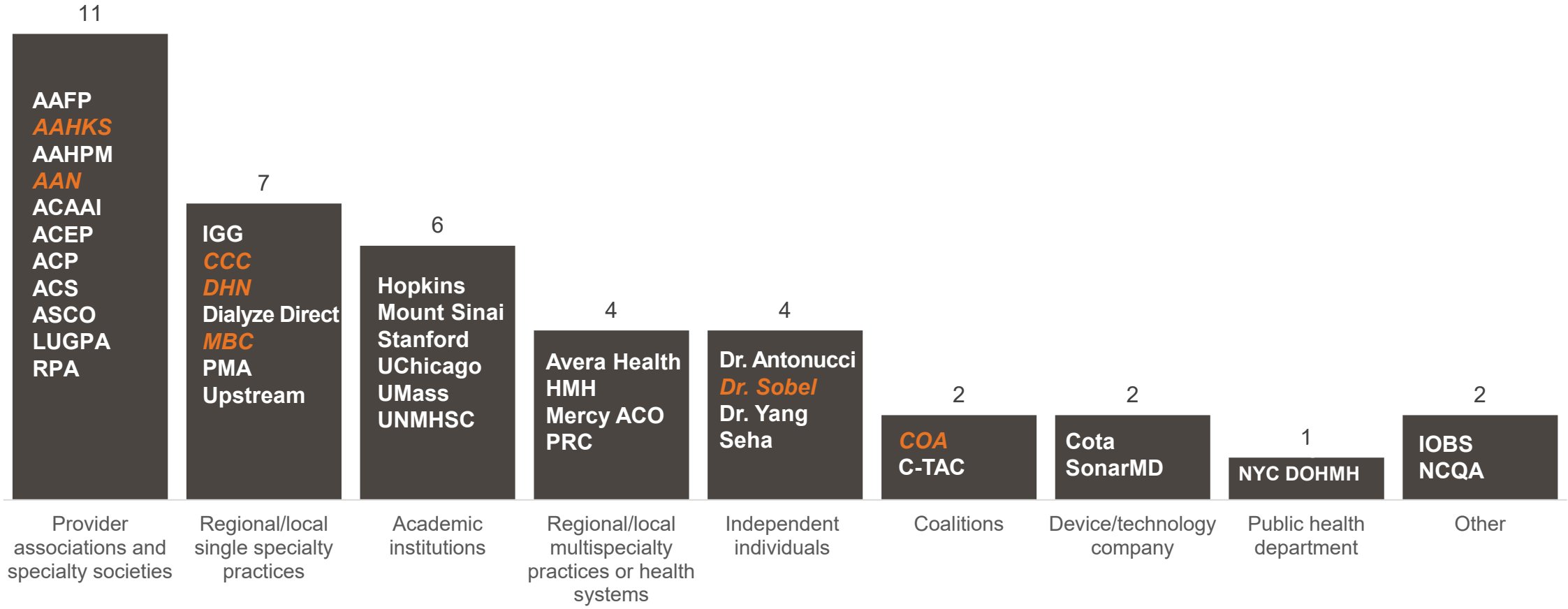
First Report: A Review of Proposed Models Deliberated and Voted on by PTAC

Overview and Methods

- Purpose:
  - Synthesize and describe gaps in care delivery and payment identified by proposed PFPMs submitted to PTAC.
  - Identify key features and common elements of proposed care models and payment solutions.
- Methods:
  - Main analysis focused on 28 proposals deliberated and voted on by PTAC as of December 2020, with some exceptions.
  - Reviewed and analyzed Reports to the Secretary using NVivo12, using an iterative process with ASPE input.

Types of Entities Submitting Proposals to PTAC

PTAC proposals span a range of submitter types, most commonly national provider associations or specialty societies (11) and regional/local single-specialty physician practices (7).



Note: The total number of submitters (N=39) exceeds the number of submitted proposals (N=35) due to joint submissions. Withdrawn proposals are noted in orange italicized font.

Focus Areas of Proposed Models Deliberated and Voted on by PTAC

The proposed models fall into three categories: those addressing health conditions (N=16), those addressing a particular provider type or setting (N=11), and broadly applicable proposals (N=3).

Condition

HEALTH CONDITIONS

Cancer (ASCO, IOBS, HMH/Cota, LUGPA)
ESRD (RPA, Dialyze Direct)
Wounds (Seha, Upstream)
Crohn's Disease (IGG/SonarMD);
Asthma (ACAAI, PMA)
Hepatitis C Virus (NYC DOHMH)
Cerebral Emergencies (UNMHSC)
Ocular Emergencies (UMass)

SERIOUS ILLNESS
C-TAC, AAHPM

Clinical Setting

PRIMARY CARE
Dr. Antonucci, AAFP

PATIENT HOME
Mount Sinai, PRC, Hopkins/Stanford

SNFs
Avera Health, Dialyze Direct

CARE TRANSITIONS
ACEP, UChicago

RURAL PROVIDERS
Mercy ACO, UNMHSC

Broad

ACS
100+ conditions and procedures

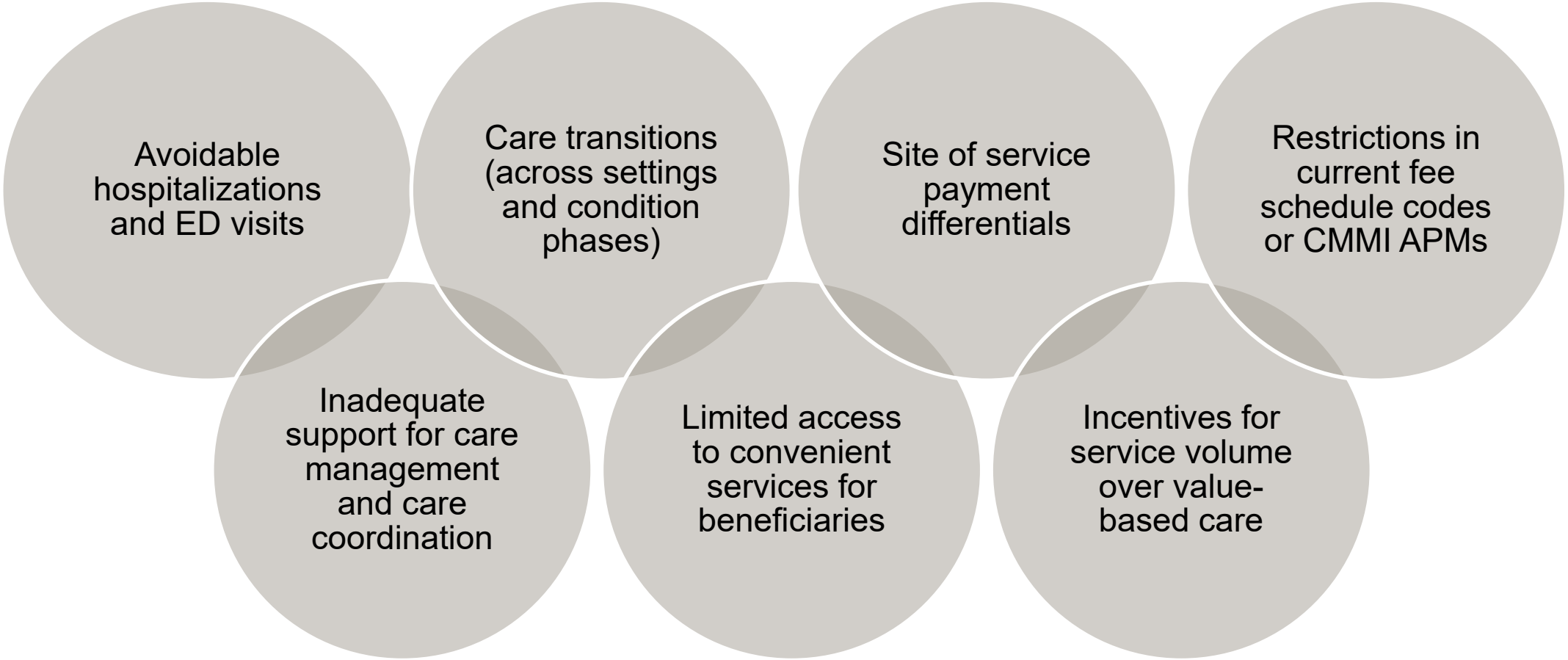
ACP/NCQA
Specialty/Primary Care Coordination for 3 Pilot Specialties

Dr. Yang
Not applicable PFPM; fundamental restructuring of Medicare

Note: Includes all proposals deliberated by PTAC as of December 2020 (N=28). Dialyze Direct and UNMHSC are included in two categories, as these proposals focus on both a specific health condition (ESRD and cerebral emergencies, respectively) and a clinical setting (SNFs and rural providers).

Care Delivery and Payment Issues Targeted in Proposed PFPMs

Care delivery and payment issues identified in the proposed models clustered around several broad themes.



Note: Includes all proposals deliberated by PTAC as of December 2020 (N=28).

Approaches to Payment for Care Delivery in Proposed PFPMs Deliberated and Voted on by PTAC

The proposed models used three main approaches to payment for care delivery. PBPM approaches (N=12) were most commonly proposed, followed by episode-based shared risk approaches (N=9).

Models with Additional Payments

These models have additional payments to the MPFS but not PBPMs or an episode-based bundle.

No downside risk
Dialyze Direct, Hopkins/Stanford, UNMHSC, Seha

Shared risk
Upstream

Models with Per Beneficiary Per Month (PBPM) Payments and Shared Risk

These models have monthly PBPM payments, can include other payment, and all include shared risk.

Capitated PBPMs
Dr. Antonucci; AAFP; AAHPM; ACAAI, ASCO, ACP/NCQA, C-TAC

Add-on PBPMs
IGG/SonarMD; PMA; LUGPA; Avera Health; UChicago

Episode-based Shared Risk Models

These models feature a target price for an episode with shared risk for performance during the episode based on spending and/or quality objectives.

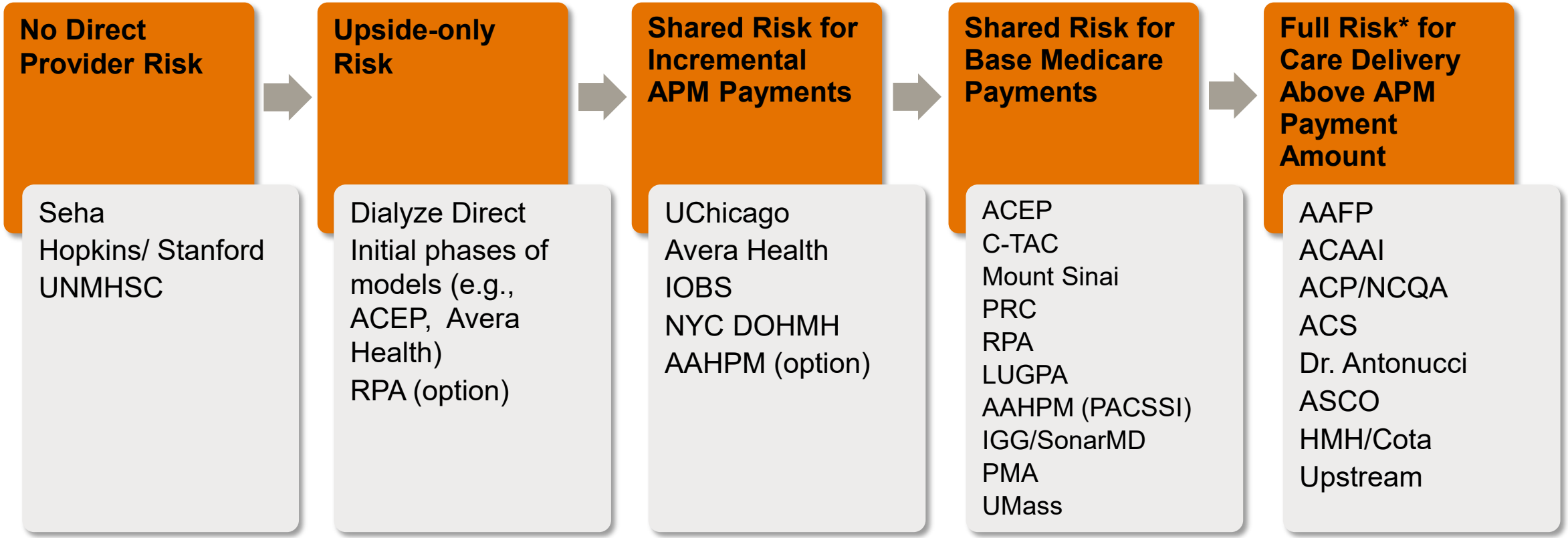
Continued FFS during episode
ACEP; ACS; IOBS; RPA, UMass

Fixed episode payment
Mount Sinai; PRC; HMH/Cota; NYC DOHMH

Note: Includes most proposals deliberated and voted on by PTAC as of December 2020 (N=26). Two proposals (Dr. Yang and Mercy ACO) were not included because the Committee could not apply the criteria for PFPMs established by the Secretary to these two proposals.

Approaches to Financial Risk in Proposed PFPMs Deliberated and Voted on by PTAC

Almost all of the proposed models included some two-sided risk, where providers would share savings under the model and bear financial risk for expenditures exceeding a target amount.



*Full risk includes models with capitated PBPM payments as well as models with a fixed episode-based payment or cap on payments. These models can also include performance-based shared risk payments. Note: Includes most proposals deliberated and voted on by PTAC as of December 2020 (N=26). Some models are listed in multiple categories. Two proposals (Dr. Yang and Mercy ACO) were not included because the Committee could not apply the criteria for PFPMs established by the Secretary.

Payment Approaches Associated with Focus Areas in PFPMs Deliberated and Voted on by PTAC

Each focus area includes a variety of approaches to payment for care delivery.

	Models with Additional Payments		PBPM Shared Risk Models		Episode-Based Models	
	No downside risk	Shared risk	Capitated PBPM	Add-on PBPM	Episode-based FFS with shared risk	Fixed episode payment with shared risk
Condition-specific	*1* *Seha*	*1* *Upstream*	*4* *AAHPM, ACAAI, ASCO, C-TAC*	*3* *IGG/SonarMD, PMA, LUGPA*	*3* *IOBS, RPA, UMass*	*2* *HMH/Cota, NYC DOHMH*
Setting/ Provider-specific	*4* *Hopkins/ Stanford, Dialyze Direct, Mercy ACO*, UNMHSC*	*0*	*2* *Dr. Antonucci, AAFP*	*2* *Avera Health, UChicago*	*1* *ACEP*	*2* *Mount Sinai, PRC*
Broadly focused	*0*	*0*	*1* *ACP/NCQA*	*0*	*1* *ACS*	*0*

*Includes most proposals deliberated and voted on by PTAC as of December 2020 (N=27). Though Mercy ACO was determined not to meet PFPM requirements, it is included in this summary table because the proposal was part of the assessment. Dr. Yang's proposal is broad in focus and also determined not to be applicable as a PFPM, but it cannot be classified using these categories.

Second Report: A Review of PTAC Voting Patterns and Comments on Proposed PFPMs

Overview and Methods

- Purpose:
  - Identify patterns and themes resulting from PTAC's analysis and review of Physician-focused Payment Models relative to the Secretary's criteria.
- Methods:
  - Assessed final PTAC votes recorded for 22 models in Reports to the Secretary as of December 2019, including overall recommendation, final vote for each criterion, and distribution of votes among PTAC members by criterion.
  - Assessed PRT votes as recorded in 22 PRT reports, and determined where PRT votes differed from full PTAC votes on a criterion.
  - Used NVivo12 to code and analyze PTAC comments in the Reports to the Secretary covering 20 PTAC proposed models in six domains.

PFPM Regulatory Criteria Established By the Secretary

- Scope
- Quality and Cost
- Payment Methodology
- Value over Volume
- Flexibility
- Ability to Be Evaluated
- Integration and Care Coordination
- Patient Choice
- Patient Safety
- Health Information Technology

PTAC Recommendations by Criterion for Proposals Deliberated and Voted on by PTAC as of December 2020

Key differentiating criteria were payment methodology, integration and care coordination, and quality and cost.

Criteria	Number of Proposals Receiving Each Score on the 10 Criteria			Percent of Proposals Scored Meets or Priority
	Does Not Meet	Meets	Priority	
High Priority Criteria				
1. Scope	4	12	10	85%
2. Quality and Cost	7	18	1	73%
3. Payment Methodology	14	12	0	46%
Other Criteria				
4. Value over Volume	3	23	0	88%
5. Flexibility	0	26	0	100%
6. Ability to Be Evaluated	5	21	0	81%
7. Integration and Care Coordination	10	15	1	62%
8. Patient Choice	1	21	4	96%
9. Patient Safety	3	22	1	88%
10. Health Information Technology	4	19	3	85%

Note: Includes most proposals deliberated and voted on by PTAC as of December 2020 (N=26). Two proposals (Dr. Yang and Mercy ACO) were not included because the Committee could not apply the criteria for PFPMs established by the Secretary to these two proposals.

Key Takeaways for Policy Development Based on PTAC's Review of Proposed Models Against Evaluative Criteria

- **PTAC's analysis included a focus on several criteria:**
  - Payment methodology
  - Integration and care coordination
  - Quality and cost
- **Scope and Scalability:** PTAC appreciated novel approaches, and suggested submitters address interaction with existing CMMI models.
- **Quality:** PTAC underscored the following:
  - Tying payment to quality
  - Designing care models to improve quality
  - Addressing quality assurance
- **Payment Model:** Submitters should carefully assess the positive and negative incentives created by the payment model and the appropriateness of the payment approach.

Key Takeaways for Policy Development, continued

- **Evidence and Evaluability:** Submitters should provide any evaluative results for previously tested models and conduct real-world testing, where possible.
- **Care Coordination, Care Integration, and Shared Decision-Making:** Submitters should describe formal integration and care coordination approaches, including shared decision-making, and describe how patient preferences and individual needs would be considered.
- **Health Information Technology (HIT):** PTAC praised the use of novel technologies, but indicated that HIT should avoid proprietary technology and limit provider and beneficiary burden.

Appendix

Status of Proposals Submitted to PTAC as of December 2020

28 stakeholder-submitted PFPM proposals have been deliberated by PTAC.

Deliberated on and Included in a Report to the Secretary (n=28)		Withdrawn** (n=7)
▪ AAFP ▪ AAHPM ▪ ACAAI ▪ ACEP ▪ ACP/NCQA ▪ ACS ▪ ASCO ▪ Avera Health ▪ C-TAC ▪ Dialyze Direct ▪ Dr. Antonucci ▪ Dr. Yang* ▪ HMH/Cota ▪ Hopkins/Stanford	▪ IGG/SonarMD ▪ IOBS ▪ LUGPA ▪ Mercy ACO* ▪ Mount Sinai ▪ NYC DOHMH ▪ PMA ▪ PRC ▪ RPA ▪ Seha ▪ UChicago ▪ UMass ▪ UNMHSC ▪ Upstream	▪ AAHKS ▪ AAN ▪ CCC ▪ COA ▪ DHN ▪ MBC ▪ Dr. Sobel

*PTAC determined the Secretary's criteria for evaluating PFPMs were not applicable to these proposals.

** Proposal status as of December 2020. The withdrawn column includes proposals whose submitters have indicated that they may revise and resubmit their proposals.

PTAC Voting on Priority Criteria for Proposed Models Recommended for Implementation or Further Development and Implementation

Among proposals recommended for implementation, wide variation in PTAC member votes occurred for the two home hospitalization models.

Proposal	Scope		Quality and Cost		Payment Methodology	
	PTAC Score	Vote Range	PTAC Score	Vote Range	PTAC Score	Vote Range
Recommended for Implementation						
ACEP	Priority	3–6	Meets	2–5	Meets	2–5
Avera Health	Priority	3–6	Meets	3–5	Meets	2–4
Mount Sinai	Priority	4–6	Meets	3–5	Meets	2–6†
PRC	Meets	3–6	Meets	2–6†	Meets	2–6†
RPA	Meets	3–6	Meets	3–6	Meets	3–4
Recommended for Further Development and Implementation						
IOBS*	Priority	4–6	Meets	3–5	Meets	2–4
UNMHSC*	Priority	3–6	Priority	3–6	Meets	1–4

SOURCE: Analysis of seven proposals deliberated and voted on by PTAC as of December 2020 that were recommended for implementation or for further development and implementation.

† Orange color cell indicates wide variation (of at least 4 points) in PTAC voting.

* These proposals were deliberated by PTAC under a new voting approach implemented in September 2018.

PTAC Voting on Priority Criteria for Proposed Models for Testing

Wide variations in voting on priority criteria occurred for over half of proposals recommended for limited-scale testing.

Proposal	Scope		Quality and Cost		Payment Methodology	
	PTAC Score	Vote Range	PTAC Score	Vote Range	PTAC Score	Vote Range
PTAC Recommends Testing the Model as Specified in PTAC Comments to Inform Payment Model Development						
Hopkins/Stanford*	Priority	3–6	Meets	3–5	Does not meet	2–3
ACP-NCQA*	Meets	3–6	Meets	3–4	Meets	2–4
Recommended for Limited-Scale Testing						
AAHPM	Priority	3–6	Does not meet	2–6†	Does not meet	1–4
AAFP	Priority	3–6	Meets	3–5	Meets	3–5
ACS	Priority	3–6	Meets	2–3	Meets	1–5†
C-TAC	Priority	4–6	Meets	3–5	Meets	3–4
Dr. Antonucci	Meets	2–6†	Does not meet	1–3	Does not meet	2–5
HMH/Cota	Meets	3–5	Meets	3–5	Meets	2–5
IGG/SonarMD	Meets	1–6†	Meets	1–6†	Does not meet	1–5†
UChicago	Meets	1–6†	Meets	1–5†	Does not meet	1–5†

SOURCE: Analysis of ten proposals deliberated and voted on by PTAC as of December 2020 that were recommended for testing.

† Orange color cell indicates wide variation (of at least 4 points) in PTAC voting.

* These proposals were deliberated by PTAC under a new voting approach implemented in September 2018.

PRT and PTAC Voting on Priority Criteria: When Divergent, PTAC Generally Gave Higher Scores

Proposal	Scope		Quality and Cost		Payment Methodology	
	PRT	PTAC	PRT	PTAC	PRT	PTAC
Recommend for Implementation						
ACEP	Meets‡	Priority‡	Meets	Meets	Does not meet†	Meets†
Avera Health	Meets‡	Priority‡	Meets	Meets	Meets	Meets
Mount Sinai	Meets‡	Priority‡	Meets	Meets	Meets	Meets
PRC	Meets	Meets	Meets	Meets	Meets	Meets
RPA	Meets	Meets	Meets	Meets	Meets	Meets
Recommend for Further Development and Implementation						
IOBS*	Priority	Priority	Does not meet†	Meets†	Does not meet†	Meets†
UNMHSC*	Priority	Priority	Priority†	Priority†	Meets†	Meets†
PTAC Recommends Testing the Model as Specified in PTAC Comments to Inform Payment Model Development						
Hopkins/Stanford*	Meets‡	Priority‡	Meets	Meets	Does not met	Does not meet
ACP-NCQA*	Meets	Meets	Meets	Meets	Meets	Meets
Recommend for Limited-Scale Testing						
AAFP	Meets‡	Priority‡	Meets	Meets	Meets	Meets
AAHPM	Priority	Priority	Does not meet	Does not meet	Does not meet	Does not meet
ACS	Meets‡	Priority‡	Does not meet†	Meets†	Meets	Meets
C-TAC	Priority	Priority	Meets	Meets	Meets	Meets
Dr. Antonucci	Does not meet†	Meets†	Does not meet	Does not meet	Does not meet	Does not meet
HMH/Cota	Meets	Meets	Meets	Meets	Meets	Meets
IGG/SonarMD	Does not meet†	Meets†	Does not meet†	Meets†	Does not meet	Does not meet
UChicago	Does not meet†	Meets†	Does not meet†	Meets†	Does not meet	Does not meet

*PTAC deliberated on these proposed models under a new voting approach that was approved in September 2018.
SOURCE: Analysis of 17 proposals deliberated and voted on by PTAC as of December 2020 that were recommended for implementation, further development and implementation, or testing.