**Improving Multi-Payer Alignment in Value-Based Care**
**Request for Input (RFI)**

The Physician-Focused Payment Model Technical Advisory Committee (PTAC) is hosting theme-based discussions to inform the Committee on topics that are important for physician-focused payment models (PFPMs). Given the increased emphasis on developing larger population-based Alternative Payment Models (APMs) that encourage accountable care relationships, PTAC has conducted a series of theme-based discussions that examined key definitions, issues, and opportunities related to developing and implementing population-based total cost of care (PB-TCOC) models with accountability for quality and TCOC. Subsequent theme-based discussions have addressed topics related to identifying pathways toward maximizing participation in value-based care, reducing barriers to participation in APMs, and using data and health information technology to empower consumers and support providers.

These theme-based discussions are designed to give Committee members additional information about current perspectives on key issues related to developing and operationalizing PB-TCOC models. This information will be useful to policy makers, payers, accountable care entities, and providers for optimizing health care delivery and value-based transformation in the context of APMs and PFPMs specifically. The theme-based discussions provide an opportunity for PTAC to hear from the public and subject matter experts, including stakeholders who have previously submitted proposals to PTAC with relevant components.

To assist PTAC in preparing for future theme-based discussions, the Committee is interested in seeking stakeholder input about improving multi-payer alignment in value-based care. Specific topics that are of interest include:

- Identify approaches to successful implementation of multi-payer alignment of value-based care in federal or state models;
- Delineate solutions that have been used to overcome barriers to implementing multi-payer alignment;
- Determine concrete, short-run steps toward achieving multi-payer alignment; and
- Describe long-term aspirational goals for multi-payer alignment and how these could be accomplished.

Stakeholders will have an opportunity to provide public comments at the end of the second day of the public meeting. Findings from this theme-based discussion will be included in a report to the Secretary of Health and Human Services (HHS).

**Background:**

Aligning multiple payers across key components (e.g., payment methodology, benchmarking, risk adjustment, performance measures) may promote effectiveness and sustainability of value-based care models. Multi-payer alignment offers several potential benefits to payers, providers,

and patients, including providing a platform for payers and providers to work collaboratively, simplifying care delivery, and reducing fragmented care.[1,2,3]

Within this context, PTAC has assessed previous PFPM submitters' inclusion of multi-payer alignment in its model design components. Among the 35 proposals that were submitted to PTAC between 2016 and 2020, including 28 proposals that PTAC has deliberated on during public meetings, Committee members found that 14 of the 28 proposals included potential approaches to multi-payer alignment.

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) provides an environmental scan for every proposal reviewed by PTAC so that Committee members understand the clinical and economic circumstances within which a proposed model would be implemented, as well as related resource information that can inform their evaluation of each proposal. To assist PTAC in preparing for the February 2026 theme-based discussion, an environmental scan is currently being developed on topics related to the challenges and opportunities to implementing multi-payer alignment, approaches to implementing multi-payer alignment in value-based care, payer and provider involvement in the implementation of multi-payer alignment, and state value-based care models that have implemented multi-payer alignment.

PTAC is using the following working definition for multi-payer alignment:

- *Agreement among payer programs and products—including those offered through Traditional Medicare, Medicare Advantage, Medicaid Fee-For-Service, Medicaid Managed Care, commercial insurers, and employers—on the goals, strategies, and implementation areas necessary to promote value-based care.*
- *Implementation areas include but are not limited to financial incentives, care delivery flexibilities, data sharing, outcome measures, and patient engagement.*

This definition will likely continue to evolve as the Committee collects additional information from stakeholders.

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[1] Centers for Medicare & Medicaid Services. Multi-Payer Alignment. 2025. https://www.cms.gov/priorities/innovation/key-concepts/multi-payer-alignment

[2] Japinga M, Pokam Tchuisseu Y, Saunders R, & McClellan M. (2022). A Path Forward for Multipayer Alignment to Achieve Comprehensive, Equitable, and Affordable Care. Duke-Margolis Center for Health Policy. https://healthpolicy.duke.edu/sites/default/files/2022-12/A%20Path%20Forward%20for%20Multipayer%20Alignment%202.pdf

[3] Bailit MH, Flahert G, Hwang A. Adopting Multipayer Value-Based Payment Models. The Commonwealth Fund. January 2023. https://www.commonwealthfund.org/sites/default/files/2023-01/Bailit_implementation_guide_multipayer_VBP.pdf

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**PTAC Areas of Interest:**

PTAC is particularly interested in perspectives on improving multi-payer alignment in value-based care. Particular topics of interest include identifying approaches to successful implementation of multi-payer alignment of value-based care in federal or state models; delineating solutions that have been used to overcome barriers to implementing multi-payer alignment; determining concrete, short-run steps toward achieving multi-payer alignment; and describing long-term aspirational goals for multi-payer alignment and how these could be accomplished.

PTAC seeks to build upon the insights of stakeholders and use those insights and considerations to further inform the Committee's review of proposals and recommendations that the Committee may provide to the Secretary relating to this topic. Therefore, PTAC requests stakeholders' input on the questions listed below.

Please submit written input regarding any or all of the following questions to PTAC@HHS.gov. Questions about this request may also be addressed to PTAC@HHS.gov.

## Questions to the Public:

1) What are approaches to multi-payer alignment that CMS and other parties could use to test and implement multi-payer models in value-based care?

2) What are lessons learned from state value-based care models that have implemented multi-payer alignment?

3) What are effective strategies that have been used in practice to align financial incentives, benchmarking, attribution, and risk-adjustment methods within and across multiple payers?

4) What methods have been effectively used to standardize performance measures and reporting across multiple payers?

5) How are antitrust regulations and the use of safe harbor waivers navigated to effectively implement multi-payer alignment?

6) What are examples of approaches that have been successfully used to overcome competitive market dynamics and promote collaboration among payers?

7) What are examples of effective approaches used to overcome other factors that may influence collaboration and engagement among payers in multi-payer alignment initiatives (e.g., a desire for product differentiation from competitors, elements of payment design considered proprietary)?

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**Where to Submit Comments/Input**: Please submit written input regarding any or all of the following questions to PTAC@HHS.gov. Questions about this request may also be addressed to PTAC@HHS.gov.

*Note: Any comments that are not focused on the topic of improving multi-payer alignment in value-based care; APMs and PFPMs; and efforts by physicians and related providers caring for Medicare FFS beneficiaries, or are deemed outside of PTAC's statutory authority, will not be reviewed and included in any document(s) summarizing the public comments that were received in response to this request.*

## Appendix: Working Definitions Related to APMs

PTAC is using the following working definition of TCOC:

> *Total cost of care is a composite measure of the cost of all covered medical services delivered to an individual or group. In the context of Medicare Alternative Payment Models, TCOC typically includes Medicare Part A and Part B expenditures, and is calculated on a per-beneficiary basis for a specified time period.*

Within this context, some examples of existing models/programs that include components that are relevant for the development of APMs include:

- *Advanced primary care models (APCMs)* that promote the use of Advanced Primary Care, an approach that enables primary care innovations to achieve higher quality care and allows providers more flexibility to offer a broader set of services and care coordination.
- *Accountable Care Organization (ACO) programs* where physicians or health systems assume responsibility for TCOC associated with a patient population.

While some existing APMs may include shared savings with upside risk only, PTAC anticipates that value-based care models/programs will include pathways for allowing providers and organizations to gradually assume more downside financial risk over time.