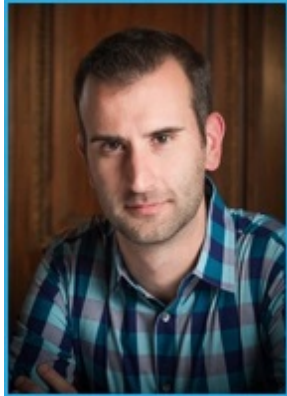


# Direct Contracting Learning Discussion



**The program will begin at 2:00 pm ET.**

# Introductions



## **David Pittman**

David is senior policy advisor at NAACOS where he assists the government affairs team in its legislative and regulatory affairs work, including its work around Direct Contracting. He also works on NAACOS's communications efforts.



## **Dave Ault**

Dave is counsel at Faegre Drinker Biddle & Reath LLP where he advises clients on a range of CMS issues including those related to value-based payment. Dave regularly draws on his extensive experience at HHS and CMS, including his tenure leading the Next Generation ACO Model and working as part of the Medicare Shared Savings Program leadership team.

# .....Ground Rules and Expectations



1. Today's discussion is scheduled for an hour
2. What to expect
  - Our goal is to allow DCEs to share concerns, answer questions and raise points of interest in a collaborative discussion.
  - Feel free to turn your video on and speak up when you feel the need. Please mute yourself when not talking.
3. Today's program is being recorded
  - Recordings will be posted to NAACOS's stand-alone [Direct Contracting page](#)

# Agenda.....



1. Welcomes and housekeeping
2. A couple of teed-up topics
  - a) Reaction to recent CMMI meetings
  - b) Question submitted in advance
3. Open forum and discussion

# .....NAACOS Direct Contracting Resources

- Stand-alone [webpage](#) with CMS and NAACOS resources
- In-depth [analysis](#) of Direct Contracting
- [Summary](#) of Direct Contracting Financial Specifications
- [Overview](#) of Quality Measurement Methodology
- [Frequently Asked Questions](#) on Direct Contracting
- Hosted several webinars, town halls and learning discussions
- To continue today's discussion, we encourage use of our Direct Contracting Listserv. You must sign up first and can do so [here](#).
  - [DirContractListServ@naacos.com](mailto:DirContractListServ@naacos.com)
- NAACOS staff is also available at [DirectContracting@naacos.com](mailto:DirectContracting@naacos.com)

# Key Dates.....



- **Nov. 18** – Deadline for 2022 provider-level BE/BEI elections
- **Nov. 18** – Deadline for PVA submissions for IP2 participants
- **Nov. 30** – Deadline to distribute beneficiary notifications to Prospective+ patients as of Oct. 1
- **Dec. 10 (est.)** – 2022 Preliminary Benchmark Reports sent to DCEs
- **Dec. 10** – December payments released
- **Dec. 17 (est.)** – Q1 Alternative Payment Arrangement reports sent to DCEs with prospective capitation and APO payment amounts
- **Dec. 17 (est.)** – 2022 financial guarantee amounts shared with DCEs
- **Dec. 17 (est.)** – Updated alignment estimates sent to DCEs

# Reaction to CMMI Meetings



- **Virtual Knowledge Transfer Meeting**
  - Daylong meeting of DCEs and Next Gen ACOs about lessons learned and moving forward
- **Listening Session #1 on CMS Innovation Center Strategy**
  - NAACOS spoke to share our perspective
  - Questions posed by CMMI:
    1. What is the greatest obstacle to participating in a CMS Innovation Center or other value-based, accountable care model, and how do you recommend the CMS Innovation Center alleviate this obstacle?
    2. CMS is currently exploring quicker, more actionable data, learning collaboratives, and payment and regulatory flexibilities. What else could the CMS Innovation Center do to support clinicians and help them be successful in models?
    3. How can CMMI better incorporate patient needs and goals into models? How should the impacts of value-based care on patients be measured?
  - Innovation Center Strategy Refresh [paper](#) was released on Oct. 20

# Question Submitted in Advance



- How do you handle primary care capitation among Nurse Practitioners and Physician Assistants who are considered primary care per CMS specialty codes, but they really practice in specialty settings like hospitalists, pain clinics, etc.?
- In MSSP, we have seen advanced practitioners who are not practicing in primary care clinics get attributed patients because of their CMS specialty code. How would this affect primary care capitation in Direct Contracting? Assume these are participant providers, not preferred. We'd like to keep all employed providers as participant so we don't have to report MIPS for them like we would have to if they were preferred providers.

# Other Topics.....



- **What other topics are on your mind or that you want to discuss?**
- To continue today's discussion, we encourage use of our Direct Contracting Listserv. You must sign up first and can do so [here](#).
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- NAACOS staff is also available at [DirectContracting@naacos.com](mailto:DirectContracting@naacos.com)

**Thank you!**