



March 9, 2016

VIA ELECTRONIC MAIL

Population-Based Payment Work Group
Health Care Payment Learning and Action Network

Re: Comments on Draft Patient Attribution White Paper

Dear Chair Sir/Madam:

The Health Care Transformation Task Force (“HCTTF” or “Task Force”)¹ commends the work of the Health Care Payment Learning and Action Network’s (“LAN”) Population-Based Payment Work Group (“Work Group”) on its draft White Paper on Patient Attribution (“White Paper”). The Task Force appreciates the opportunity to provide comments to the Work Group, and looks forward to further collaboration to help facilitate widespread health care delivery transformation.

The HCTTF fully supports all elements of the patient attribution white paper. In many respects, the white paper’s substance is entirely consistent with existing Task Force policy on patient attribution. We are pleased that the HCTTF is so aligned with the Work Group’s thinking on the topic.

We ask for clarification on one point. The paper states that if a primary care provider (“PCP”) cannot be identified, specialty providers should be considered for attribution purposes. The Task Force understands the need to access specialty providers for attribution on occasion, but find the prospect a bit more worrisome if specialists are permitted for use on a broad scale. While some transition is underway, specialists remain primarily paid for their services under fee-for-service models, and payers will be challenged to pay them a capitated rate for their “PCP” service when fee-for-service prevails for their other services. The TF requests clarification that provider groups and/or delivery systems should only include in their

¹ The HCTTF is an emerging group of private sector stakeholders who are committed to accelerating the pace of delivery system transformation. Representing a diverse set of organizations from various segments of the industry—including patients/consumers, purchasers/employers, providers, and payers—we share a common commitment to transform our respective business and clinical models to deliver the triple aim of better health, better care, and reduced costs.

Our organizations aspire to put 75 percent of their business arrangements into value-based payment models, focusing on the Triple Aim goals, by 2020. We strive to provide private sector leadership through policy, operational, and technical support, and expertise that, when combined with the work being done by CMS and other public and private stakeholders, will increase the momentum of delivery system transformation.

attribution models specialists who self-declare that they provide primary care services for affected patient(s), and adopt the approach used in the Medicare Shared Savings Program.

Please contact HCTTF Executive Director, Jeff Micklos, at jeff.micklos@leavittpartners.com or (202) 774-1415 with any questions about this communication.

Sincerely,

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