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CMS NEWS: Fact Sheet: Health Care Payment Learning and Action Network

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Centers for Medicare & Medicaid Services



FACT SHEET

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Fact Sheet: Health Care Payment Learning and Action Network

Working Together to Move Payment toward Value and Quality in the U.S. Health System

The Purpose of the Health Care Payment Learning and Action Network

In January 2015, Department of Health and Human Services (HHS) Secretary Sylvia M. Burwell [announced](#) an ambitious initiative to move the Medicare program, and the health care system at large, toward paying providers based on the quality, rather than the quantity of care they give patient. The Health Care Payment Learning and Action Network is a key component of this effort to deliver better care, smarter spending of health dollars, and healthier people.

The Health Care Payment Learning and Action Network (“Network”) is being established to provide a forum for public-private partnerships to help the U.S. health care payment system (both private and public) meet or exceed recently established Medicare goals for value-based payments and alternative payment models. To help drive the health care system towards greater value-based purchasing — rather than continuing to reward volume regardless of quality of care delivered, HHS has set a goal of moving 30 percent of Medicare payments into alternative payment models by the end of 2016 and 50 percent into alternative payment models by the end of 2018. Alternative payment models include models such as Accountable Care Organizations (ACOs), bundled payments, and advanced primary care medical homes. Overall, HHS seeks to have 85 percent of Medicare payments tied to quality or value by 2016 and 90 percent by 2018.

The Network will serve as a forum where payers, providers, employers, purchasers, state partners, consumer groups, individual consumers, and others can discuss how to transition towards alternative payment models that emphasize value. The Network will be supported by an independent contractor that will act as a convener and facilitator.

- As a **convener**, the Network contractor will identify discussion topics and will bring together technical experts from the payer, provider, purchaser, employer, state, and consumer communities — creating workgroups that will catalogue best practices and implementation successes for alternative payment models and other payment reform.
- As a **facilitator**, the Network contractor will provide logistical support to workgroups and help disseminate best practices to all Network participants.

Open Invitation to Participate in the Health Care Payment Learning and Action Network

All payers, providers, employers, purchasers, states, consumer groups, individual consumers, and others can participate in the Health Care Payment Learning and Action Network. All interested individuals and organizations are invited to register at innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/.

Management of the Health Care Payment Learning and Action Network

The Network will be convened by an independent contractor funded by the Centers for Medicare & Medicaid Services (CMS). The contractor will convene meetings, disseminate information to Network participants, and lead learning sessions where participants can share best practices. The contractor will consider the views and recommendations of the Network when performing contracted activities. The Network will operate independently of HHS, CMS, and other government entities, and will work to support the efforts of the participants as a whole.

A Guiding Committee will be created to prioritize discussion topics and make recommendations to the contractor. Participants of this Guiding Committee will be drawn from participants in the Network. Workgroups will be created by the independent contractor in consultation with the Guiding Committee to address specific topic areas. Participants in workgroups will be drawn from Network participants. Representatives from HHS can participate equally on the Guiding Committee and workgroups. Information will be shared with the entire Network through regularly scheduled webinars and in-person meetings.

Meetings of the Health Care Payment Learning and Action Network

Most meetings of the Network will occur virtually by teleconference or webinar. In-person meetings will occur in the Washington D.C. area. The frequency of meetings will be determined by the contractor and informed by the Guiding Committee. CMS anticipates that there will be at least one meeting of the full Network each year, with additional webinars and discussions as needed. The Guiding Committee and workgroups will meet more frequently depending on the topics under discussion. Please join us for live streaming of the kickoff event on Wednesday, March 25, 2015.

Activities of the Health Care Learning and Action Network

Workgroup discussion topics will be defined by the independent contractor in consultation with the Guiding Committee and Network participants.

The Health Care Payment Learning and Action Network will perform the following functions:

- Serve as a convening body to facilitate joint implementation of new models of payment and care delivery,
- Identify areas of agreement around movement toward alternative payment models and define how best to report on these new payment models,
- Collaborate to generate evidence, share approaches, and remove barriers,
- Develop common approaches to core issues such as beneficiary attribution, financial models, benchmarking, quality and performance measurement, risk adjustment, and other topics raised for discussion, and
- Create implementation guides for payers, purchasers, providers, and consumers.

Participating in the Health Care Payment Learning and Action Network

Participants will be expected to actively engage in the Network by contributing to workgroups, sharing best practices, and learning from peers.

Stakeholders participating in the Network will be asked to:

- Support national alternative payment model goals for the U.S. health system that match or exceed the Medicare fee-for-service goals (30% alternative payment model penetration by 2016 and 50% by 2018),
- Agree that progress towards national goals should be measured, and
- Work with Network participants to establish standard definitions for alternative payment models.

Within the first six months, stakeholders will be asked to

- Set organization-specific goals for alternative payment models and
- Participate in reporting of progress towards national alternative payment model goals.

Dissemination of Findings for the Health Care Payment Learning and Action Network

The contractor will synthesize and document best practices across a variety of topic areas. Workgroups will be responsible for sharing their findings with the contractor to produce 'best practice' white papers. These best practices will inform webinar and in-person meetings where lessons learned will be shared. The frequency of reports and learning sessions will depend upon the topics.

We anticipate that the Network will build a repository of best practice papers for participants and the general public. When payers, providers, employers, purchasers, states, consumer groups, or individual consumers want to enter into alternative payment contracts or want to learn more about alternative payment models, they will be able to quickly obtain detailed information about best practices and to identify experts who are willing to share their experiences.

There is no fee to participate in the Network. Organizations will not receive funding from HHS or CMS for participating in the Network. Travel and accommodation for in-person meetings will not be paid for by HHS or CMS.

How to Register for the Health Care Payment Learning and Action Network

You can register at innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/. After you register, you will receive regular updates through the Network listserv. The names of registered organizations will be made public.

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