

## CMMI WANTS ALL MEDICARE FFS BENEFICIARIES IN VALUE-BASED CARE BY 2025

An innovation center official told physicians that by 2025 the center aspires to move all Medicare fee-for-service (FFS) beneficiaries into alternative payment (APMs) models that include a significant amount of risk for providers. The official also said that if value-based care is going to grow, innovation center models will have to move beyond fee-for-service to also improve outcomes and reduce costs in Medicare Advantage and Medicaid.

Sanjay Doddamani, a senior adviser at the Center for Medicare and Medicaid Innovation (CMMI), said that up to now many innovation center models have been a test, on their own, of the Medicare fee-for-service population, but that's going to change. If the health sector is really going to accelerate value-based care, he said, physicians should not have to dabble in one method of care for some patients and care for others in a different way.

He noted that CMS is seeing a dramatic growth in Medicare Advantage, so "having some levers to improve outcomes and reduce cost even in the Medicare Advantage environment are going to be important in terms of alignment, as well as from private payers." The agency hopes to have some of that announced in the near future, so "stay tuned," Doddamani said.

Arrah Tabe-Bedward, the deputy director of CMMI, said at a recent America's Health Insurance Plans conference that the center's current focus is to implement the new models it unveiled prior to former CMMI Director Adam Boehler's departure from CMS. CMS recently proposed a radiation oncology episode-of-care based model to begin in 2020. ■