

Participants should be prepared to discuss, and back up their position with evidence where possible, the following questions:

Primary care providers

- What type of accountability should be used for care coordination fees? How do we verify that the care coordination fee goes to care coordination?
- What is the desired impact of care coordination fees? How to we measure that impact? What quality outcomes we should be measuring?
- How should we create total cost of care guardrails?

Payers

- How prepared are we to share actionable and timely patient data and information like care plans to facilitate effective use of care coordination fees?
- If providers are doing care coordination for certain patients, what does that mean for payers who are also doing care coordination?
- What does it take to offer the full range of alternative payment models?

All

- How do we determine a care coordination fee considering the cost of providing care coordination, return on investment, and impact on total cost of care?
- What alternative payment methodologies (*see the APM Framework below*) including primary care capitation are primary care providers already participating in or ready to participate in?
- How should we determine provider and payer readiness for alternative payment models?

Figure 4: The Updated APM Framework

