Comprehensive Primary Care Plus

America's Largest-Ever Multi-Payer Initiative to Improve Primary Care

Introducing CPC+

1) Overview and Eligibility Criteria
2) Care Delivery Transformation
3) Payment Innovations
4) Health IT Requirements
5) Data Feedback and Learning Support

For more information and application toolkit materials:
https://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus

CPC+ a New Advanced Primary Care Medical Home Model

CPC+ By the Numbers

5

Years

Beginning January 2017, progress monitored quarterly

2

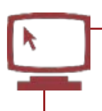
Program Tracks

Based on practices' readiness for transformation

Up to 2,500

Practices Per Track

Dependent upon interest and eligibility



Online Resource: CPC+ In Brief

CPC+ Offered in Fourteen Regions

Only Practices in Selected States/Counties May Apply

MT
OR
MI
OH
CO
OK
AR
TN
Greater Kansas City
Rhode Island
North Hudson/ Capital District (NY)
New Jersey
Greater Philadelphia (PA)
Northern Kentucky *(part of Ohio region)*
Hawaii

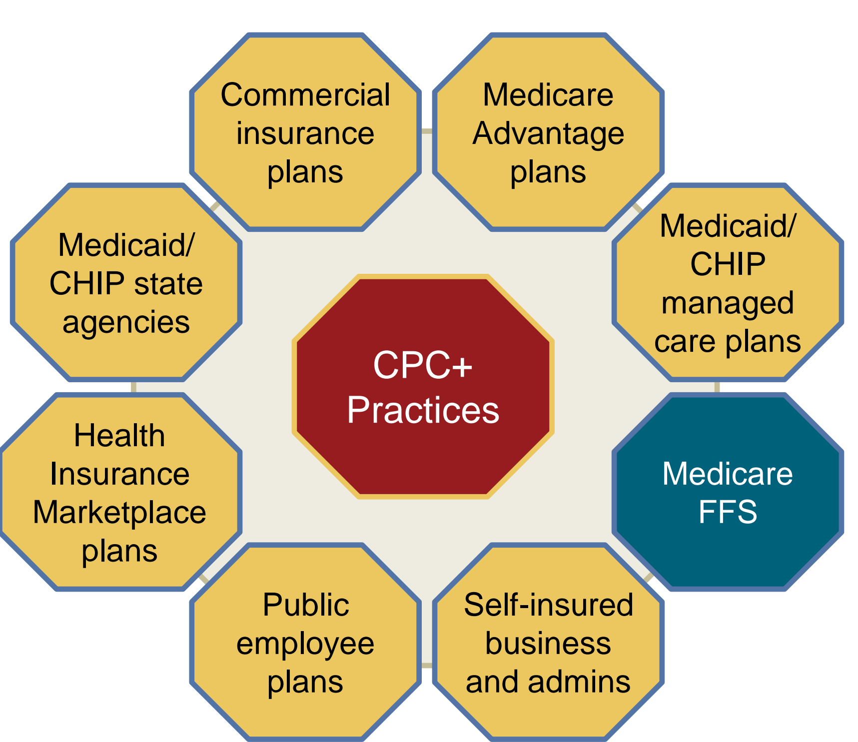
■ = Statewide region ★ = Region comprising contiguous counties

Online Resource: CPC+ Payer and Region List

CPC+ Regions Selected Based on Multi-Payer Support

Partner Payers Aligned With But Not Identical to Medicare

Payers Invited to Partner



Required Payer Alignment

Enhanced, non-FFS support

Change in cash flow mechanism from fee-for-service to at a least a partial alternative payment methodology for Track 2 practices

Performance-based incentive

Aligned quality and patient experience measures with Medicare FFS and other payers in the region

Practice- and member-level cost and utilization data at regular intervals

Online Resource: CPC+ Payer and Region List

CPC+ Applicants Must Have Practice Transformation Experience

Practice Eligibility Criteria

Track 1

Track 2

- Must have at least 150 attributed Medicare beneficiaries
- Must have support from CPC+ payer partners
- Must use CEHRT
- Existing care delivery activities must include:

Assigning patients to provider panel

Providing 24/7 access for patients

Supporting quality improvement activities

Developing and recording care plans

Following up with patients after ED or hospital discharge

Implementing a process to link patients to community-based resources

- Must apply with a letter of support from health IT vendor that outlines the vendor's commitment to support the practice in optimizing health IT.

? *Track 2 applicants will indicate on their applications if they would like to join CPC+ in the event that CMS deems them eligible only for Track 1.*

Online Resource: CPC+ Practice Frequently Asked Questions

Five Functions Guide CPC+ Care Delivery Transformation

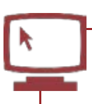
Access and Continuity

Care Management

Comprehensiveness and Coordination

Patient and Caregiver Engagement

Planned Care and Population Health

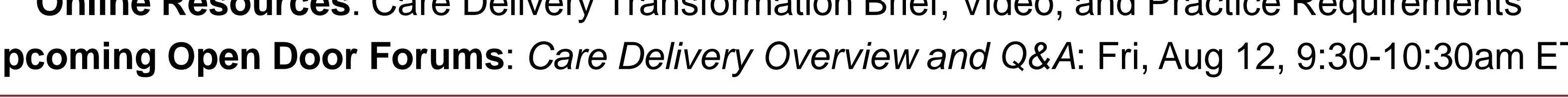


Online Resources: Care Delivery Transformation Brief and Video

CPC+ Practices Will Enhance Care Delivery Capabilities in 2017

Track 2 capabilities are inclusive of and build upon Track 1 requirements.

	Requirements for **Track 1**	Requirements for **Track 2**
Access and Continuity	Empanelment 24/7 patient access Assigned care teams	Alternative to traditional office visits, e.g., e-visits, phone visits, group visits, home visits, alternate location visits, and/or expanded hours.
Care Management	Risk stratified patient population Short-term and targeted, proactive, relationship-based care management ED visit and hospital follow-up	Two-step risk stratification process for all empanelled patients Care plans for high-risk chronic disease patients



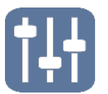
Online Resources: Care Delivery Transformation Brief, Video, and Practice Requirements

Upcoming Open Door Forums: *Care Delivery Overview and Q&A*: Fri, Aug 12, 9:30-10:30am ET

CPC+ Practices Will Enhance Care Delivery Capabilities in 2017

	Requirements for Track 1		Requirements for Track 2	
Comprehensiveness and Coordination		Identification of high volume/cost specialists		Behavioral health integration
				Psychosocial needs assessment and inventory of resources and supports to meet psychosocial needs
		Improved timeliness of notification and information transfer from EDs and hospitals		Collaborative care agreements
				Development of practice capability to meet needs of high-risk populations
Patient and Caregiver Engagement		At least annual Patient and Family Advisory Council		At least biannual Patient and Family Advisory Council
		Assessment of practice capabilities to support patient self-management		Patient self-management support for at least three high-risk conditions
Planned Care and Population Health		At least quarterly review of payer utilization reports and practice eCQM data to inform improvement strategy		At least weekly care team review of all population health data

Three Payment Innovations Support CPC+ Practice Transformation



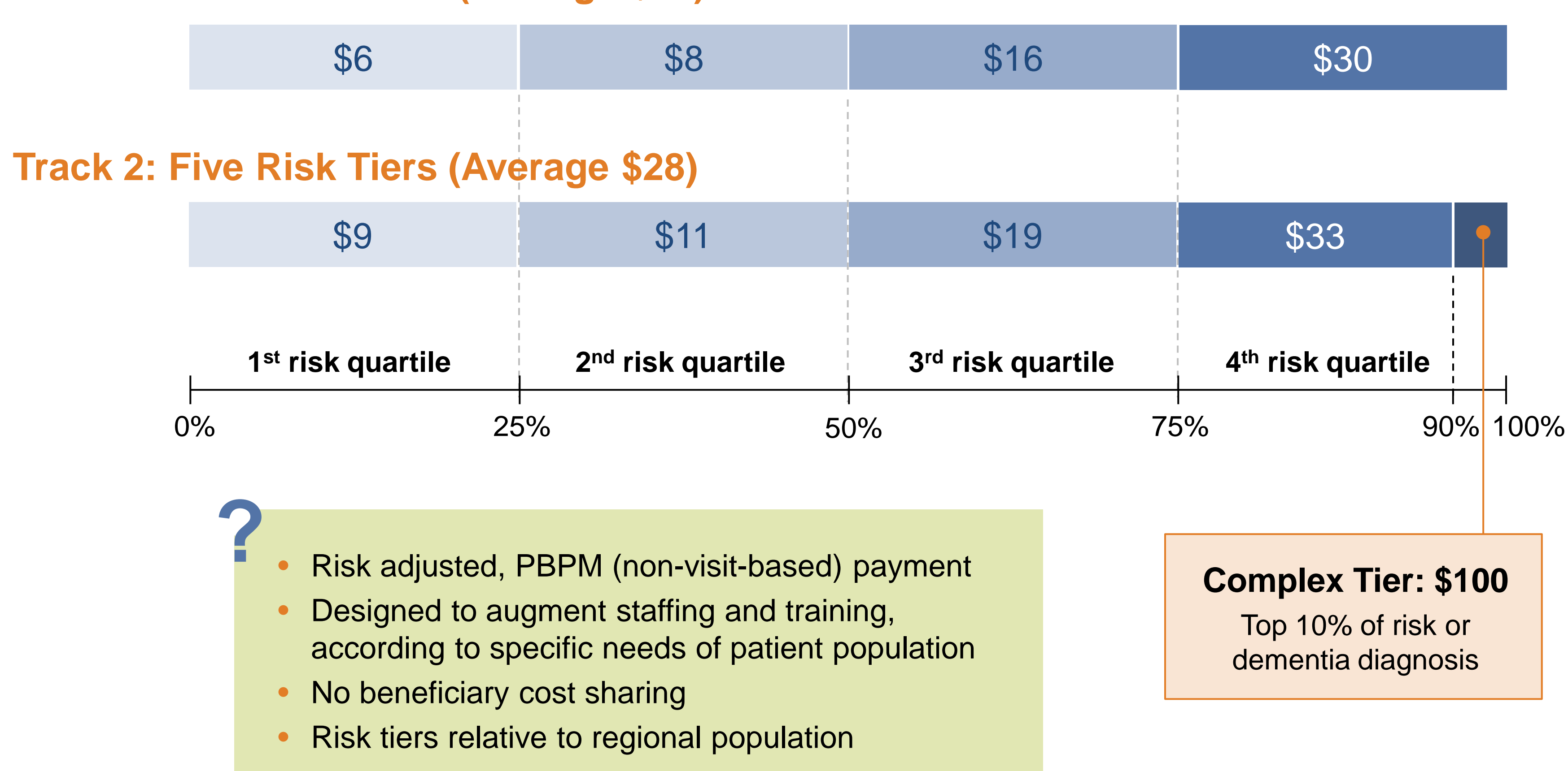
	Care Management Fee (PBPM)	**Performance-Based Incentive Payment** (PBPM)	**Payment Structure Redesign**
Objective	*Support augmented staffing and training for delivering comprehensive primary care*	*Reward practice performance on utilization and quality of care*	*Reduce dependence on visit-based fee-for-service to offer flexibility in care setting*
Track 1	$15 average	$2.50 opportunity	N/A (Standard FFS)
Track 2	$28 average; including $100 to support patients with complex needs	$4.00 opportunity	Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)

Online Resources: Payment Innovations Brief and Video

Upcoming Open Door Forum: *Financial Overview and Q&A*: Tues, Aug. 9, 2:30-3:30pm ET

PBPM Care Management Fees Determined by Patient Risk Levels

Payments Support Practice Capabilities to Better Manage Care



Opportunity to Earn Performance-Based Incentive Payments

Practices Will Keep Percentage of Upfront Payment

Two Components of Incentive Payment

Quality and patient experience measures
- Examples: eCQMs, CAHPS
- Measured at practice level

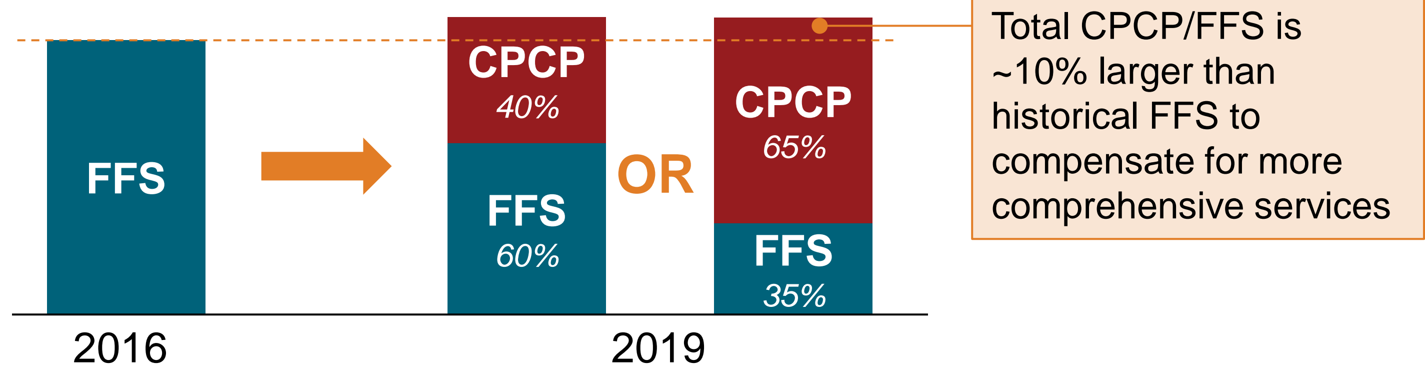
Utilization measures that drive total cost of care
- Examples: inpatient admissions, ED visits
- Measured at practice level

	Track 1	Track 2
Quality (PBPM)	$1.25	$2.00
Utilization (PBPM)	$1.25	$2.00
Total (PBPM)	**$2.50**	**$4.00**

Prospectively paid PBPM incentive**; retrospectively reconciled** based on practice performance

Track 2 Reimbursement Redesign Offers Flexibility in Care Delivery

Designed to Promote Population Health Beyond Office Visits



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- Practices receive enhanced fees with roughly half of expected FFS payments upfront and subsequent FFS billings reduced by the prepaid amount
- CPCP reduces incentive to bring patients into the office for a visit but maintenance of some FFS allows for flexibility to treat patients in accordance with their preferences
- Practices select the pace at which they will progress towards one of two hybrid payment options (both roughly 50/50) by 2019

Practices Will Use Advanced Health IT to Improve Patient Care

All Practices Must Adopt Certified EHR Technology

General Requirements

- Adopt certified health IT modules which meet the definition of CEHRT according to the timeline and requirements finalized for use in CMS programs supporting certified EHR use (e.g. EHR Incentive Programs, proposed Quality Payment Program)
- Use 2015 Edition technology (may use 2014 Edition in 2017 only)

Quality Reporting Requirements

- Adopt health IT certified to the (c)(1) – (c)(3) certification criteria for all eCQMs in the CPC+ measure set
- Use the latest annual measure update for the CPC+ measures
- Be able to filter eCQM data by practice site location and TIN/NPI beginning in 2017. Beginning in 2018, adopt 2015 Edition health IT certified to the criterion 45 CFR 170.315(c)(4) to filter eCQMs.

Additional for Track 2

By January 1, 2019 (beginning of CPC+ PY3), adopt health IT certified to the 2015 Edition "Care Plan" criterion found at 45 CFR 170.315(b)(9) and the 2015 Edition "Social, Behavioral, and Psychosocial Data" criterion found at 45 CFR 170.315(a)(15)

Many Opportunities for Learning, Collaboration, and Support

CPC+ Practice Portal

Online tool for reporting, feedback, and assessment on practice progress

CPC+ Connect

Web-based platform for CPC+ stakeholders to share ideas, resources, and strategies for practice transformation

Aligned Data Feedback

Actionable data reports on attribution and cost, utilization, and quality at the practice and patient level from multiple payers

Learning Opportunities

National Learning Communities

- Cross-region collaboration
- National learning opportunities
- Annual Stakeholder Meeting

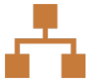
Regional Learning Communities

- Virtual and in-person learning sessions
- Outreach and support for practice leads
- Leadership engagement
- Alignment with regional reform

Affiliated Practices May Apply but Must Apply Independently

CMS encourages **all practices**, including those with the same owner or those in the same ACO, to apply to CPC+.

Every practice must submit a **separate application**; eligibility will be determined at the practice level.



CMS will accept affiliated practices (e.g., in a health system, ACO, etc.) as a group **to the extent possible**.

Affiliated practices (including practices in the same health system) may participate in **different tracks** of CPC+.

Up to 1,500 primary care practices participating in a Medicare Shared Savings Program **ACO may participate** in CPC+.

CPC+ practices must use **one billing TIN** for all primary care services. This TIN may be shared with other practices in a medical group or organization; CMS will identify specific CPC+ practitioners by their National Provider Identifier (NPI).

Online Resource: CPC+ Practice Frequently Asked Questions

Practice Types Ineligible for CPC+

CPC+ is designed to test payment reform for traditional fee-for-service payment under the Medicare Physician Fee Schedule.

Therefore, the following practices are not eligible to apply:

Pediatric Practices

CPC+ practices must include at least 150 eligible Medicare fee-for-service beneficiaries and pediatricians generally do not treat Medicare patients.

Concierge Practices

Retainer fees usually replace traditional co-insurance under Medicare fee-for-service and/or conflict with CPC+ Care Management Fees.

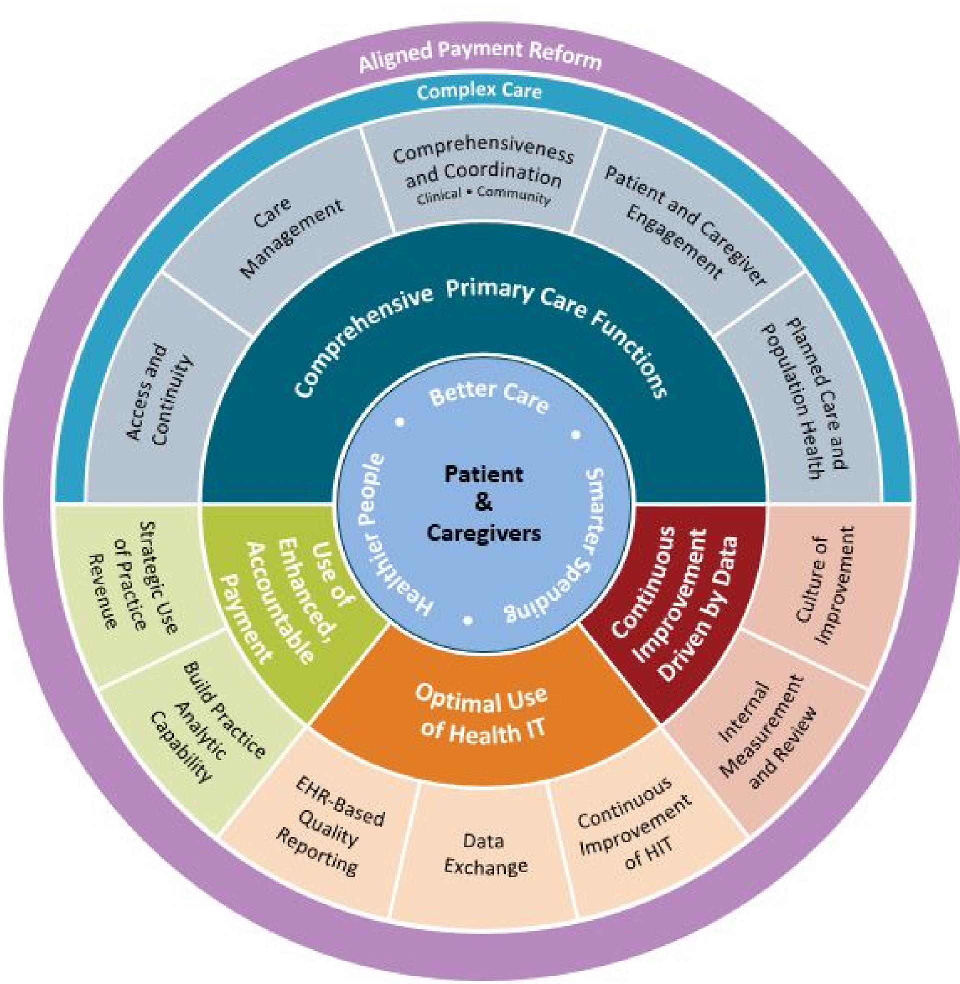
Rural Health Clinics

RHCs do not submit claims on a Medicare Physician/Supplier claim form and are not paid according to the Medicare Physician Fee Schedule for routine office visits.

Federally Qualified Health Centers

FQHCs do not submit claims on a Medicare Physician/Supplier claim form and are not paid according to the Medicare Physician Fee Schedule for routine office visits.

CPC+ Logic Model



Interested in CPC+?

Visit

https://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus

to learn more and apply.

Practice Applications due September 15, 2016

Contact

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