

Comprehensive Primary Care Plus (CPC+) Update for Payers

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Tips for a Successful Webinar

The screenshot shows a webinar interface with a main content area displaying logos for CPC+ (Comprehensive Primary Care Plus) and CMS (Center for Medicare & Medicaid Innovation) and the text "Welcome to Today's Event". The interface includes a top toolbar with "Stop Sharing" and "Q & A" (highlighted with a red box), a bottom toolbar with navigation arrows and a "Sync" button, and a bottom panel with three sections: "Resources" (highlighted with a red box), "Survey" (highlighted with a red box), and "Audio Details".

Name	Size
Initial NDTR Batch Processing.xls	44 KB
CPC+_Webinar1_Qanda_Consoli	473 KB
FINAL VERSION -CPC Participati	916 KB

Resources

Survey

Audio Details

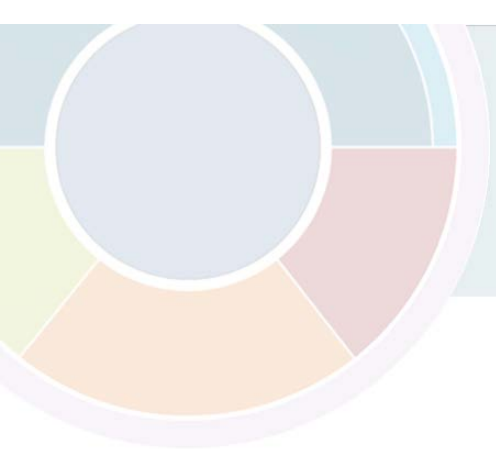
Dial in #: 1-800-832-0736
Room code: * 1434019 #



Webinar Overview

During this webinar, we will:

- Discuss the CPC+ practice selection process
- Provide an overview of the Participation Agreement
- Review Care Delivery Requirements by track for 2017 Performance Year (PY)
- Share available communication channels and upcoming webinars



CPC+ Practice Selection

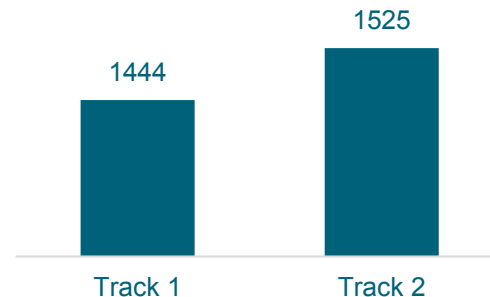
Practice Selection: Current Data

Acceptance Letters



2,969
Practices

Track Breakdown



MSSP* Participation

50%

- 1,054 practices in existing MSSP ACOs
- 417 practices applying to be MSSP ACOs** in 2017

Organizational Structure



846 independent practices



2,098 larger organizations



2,014 practices affiliated with other practices

*Medicare Shared Savings Program (MSSP)

**Accountable Care Organizations (ACOs)

Practice Selection: Regional Breakdown

Region	Track 1	Track 2	Total Practices
Arkansas	80	103	183
Colorado	93	114	207
Hawaii	46	65	111
Kansas City	75	34	109
Michigan	279	167	446
Montana	27	30	57
New Jersey	269	175	444
New York	69	93	162
Ohio	214	378	592
Oklahoma	80	101	181
Oregon	72	88	160
Philadelphia	83	138	221
Rhode Island	12	23	35
Tennessee	45	16	61



Practice Selection Process

1

Basic Eligibility
(location and disallowed overlaps and activities)

2

Care Delivery Requirements

3

Payer Density

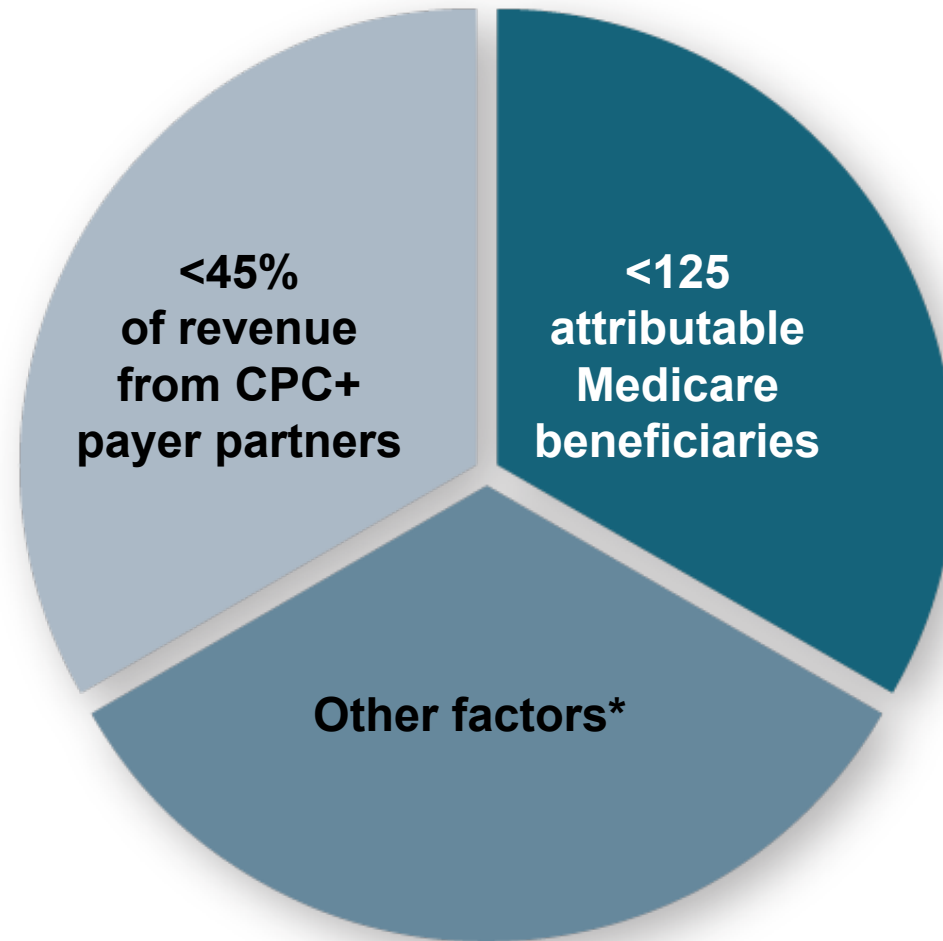
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Health IT

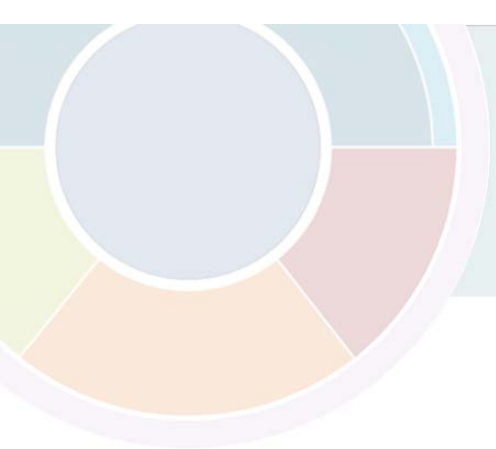
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Attribution

Common Reasons for Practice Denial



*Providing too few primary care services and not meeting the care delivery requirements



Participation Agreement



Participation Agreement Overview

- The Participation Agreement provides program details, such as requirements, definitions, and payment information
- Each selected practice must complete their track-specific agreement and submit it to become a CPC+ Participant
- A practice is not officially enrolled in CPC+ until they receive a signed copy of their Participation Agreement from the Centers for Medicare & Medicaid Services (CMS)

PARTICIPATION AGREEMENT

This participation agreement (“Agreement”) is between the CENTERS FOR MEDICARE & MEDICAID SERVICES (“CMS”) and _____, the “CPC+ Practice.”

Practice name and address

Under Section 1115A of the Social Security Act (“Act”), the CMS Center for Medicare & Medicaid Innovation (“Innovation Center”) is authorized to test innovative payment and service delivery models to reduce Medicare, Medicaid, or Children’s Health Insurance Program expenditures while preserving or enhancing the quality of care provided to beneficiaries under those programs.

Through the Comprehensive Primary Care Plus Model (“CPC+” or “Model”), the Innovation Center will

Key Components of the Participation Agreement



Care Delivery Requirements



CAHPS



Data



Attribution



Taxpayer Identification Number



Beneficiary Freedom of Choice
























Financial Forecast Template Beneficiaries



Violations

CPC+ Care Delivery Requirements

	Requirements for Track 1	Additional Requirements for Track 1: Original CPC	Additional Requirements for Track 2
Access and Continuity	<ul style="list-style-type: none">  Empanelment  24/7 patient access  Assigned care teams 	<ul style="list-style-type: none">  Alternative to traditional office visits, e.g., e-visits, phone visits, group visits, home visits, alternate location visits, and/or expanded hours. 	<ul style="list-style-type: none">  Alternative to traditional office visits, e.g., e-visits, phone visits, group visits, home visits, alternate location visits, and/or expanded hours.
Care Management	<ul style="list-style-type: none">  Risk stratify patient population  Short-term and targeted, proactive, relationship-based care management  ED visit and hospital follow-up 	<ul style="list-style-type: none">  Two-step risk stratification process for all empanelled patients  Care plans for high-risk chronic disease patients 	<ul style="list-style-type: none">  Two-step risk stratification process for all empanelled patients  Care plans for high-risk chronic disease patients
Comprehensiveness and Coordination	<ul style="list-style-type: none">  Identify high volume/cost specialists  Identify EDs and hospitals and improve timeliness of notification and information transfer 	<ul style="list-style-type: none">  Collaborative care agreements with at least two groups of specialists  Behavioral health integration 	<ul style="list-style-type: none">  Psychosocial needs assessment using evidence-based tools  Inventory resources and supports to meet psychosocial needs  Identify a practice capability to develop that will meet important needs of sub-populations of patients  Collaborative care agreements with at least two groups of specialists  Behavioral health integration

CPC+ Care Delivery Requirements (cont'd)



Updates on Round 2



Round 1

2017 Performance Year



Round 2

2018 Performance Year



**CMS reaches
maximum of
5,500 CPC+
practices**



Updates on Round 2 (continued)

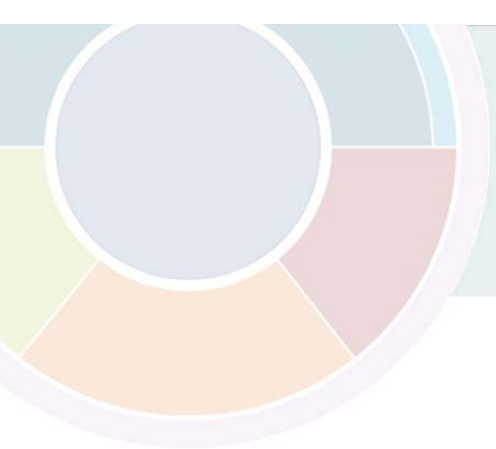
Round 1
2017 Performance Year



Round 2
2018 Performance Year



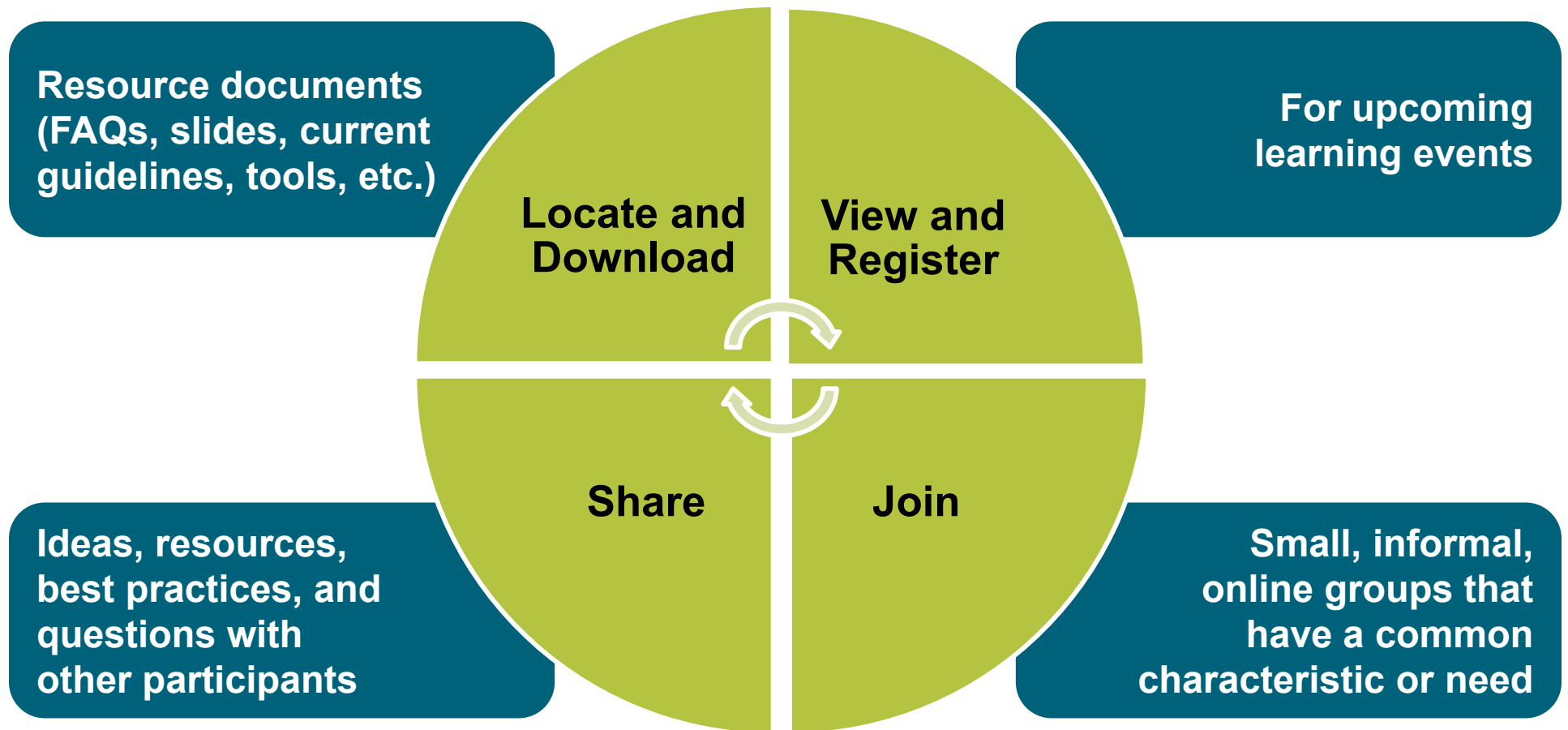
Payers will be able to partner with CPC+ participants in new and existing regions starting in 2018



CPC+ Communications



CPC+ Connect



Be on the lookout for upcoming CPC+ Connect training opportunities and resources (e.g.. Quick guide, handbook)

Health Care Payment Learning & Action Network (LAN) Primary Care Payer Action Collaborative (PAC)

HCP LAN
Health Care Payment Learning & Action Network

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- Employers
- guiding committee
- health care
- Medicaid

<https://hcp-lan.org/primary-care-payment-action-collaborative/>



Upcoming Payer Webinars

Check the payer forums and your email for registration details as they become available!

Topic	Target Date
Quality Alignment in Regions	January 2017
CMS Financial Methodology and Systems Implementation	February 2017 – webinar will occur in two parts
Regional Learning Contract and Data Feedback Contract Updates	February 2017
CPC+ Round 2 Webinar	February 2017
Regional Shared Services and Region-Specific Case Studies	March 2017
Care Delivery and Monitoring Overview	March 2017
How Practices Actionably Use Data	April 2017
Primary Care Return on Investment and Bringing Large Self-Insured Clients to the Table	May 2017
Quality Payment Program and the All-Payer Option	TBD



Upcoming Practice-Facing CPC+ Webinars

Check the CPC+ Community's Weekly Update for registration details as they become available!

Topic	Target Date
Welcome to CPC+	January 2017
Overview of Care Delivery Model	January 2017
Practice Portal and CPC+ Connect	January 2017
Care Management	February 2017
Optimal Use of Health IT	February 2017
Comprehensiveness and Coordination	February 2017
Planned Care and Population Health	March 2017
Continuous Improvement Driven By Data	March 2017
Patient and Caregiver Engagement	March 2017
Requirements, Reporting and Monitoring	March 2017



Question & Answer



If you have questions, please contact
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