Comprehensive Primary Care Plus

Advancing the Delivery of
and Payment for Primary Care
Through Multi-Payer Partnership

LAN Summit

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Three Main Goals Underlie CPC+

1. Advance care delivery and payment to allow practices to provide more comprehensive care that meets the needs of all patients, particularly those with complex needs.

2. Accommodate practices at different levels of transformation readiness through two program tracks, both offered in every region.

3. Achieve the Delivery System Reform core objectives of **better care, smarter spending, and healthier people** in primary care.

5
Years

Beginning 2017, progress monitored quarterly

Up to 20
Regions

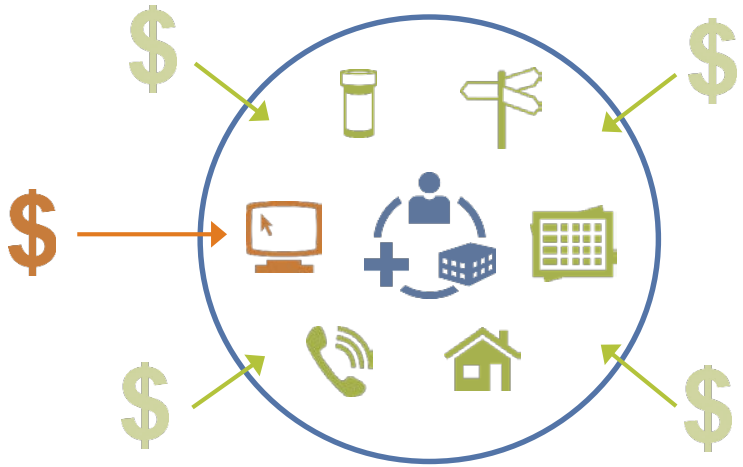
Selection based on payer interest and coverage

Multi-Payer Partnership Essential for Primary Care Reform

Multi-payer engagement is an essential component of CPC+

Support from any one payer covers only a portion of a practice's population

True comprehensive primary care possible only with the support of multiple payers



In CPC+, CMS will partner with payers that share Medicare's interest in strengthening primary care to achieve the aim of better care, smarter spending, and healthier people.

Multi-Payer Collaboration in CPC

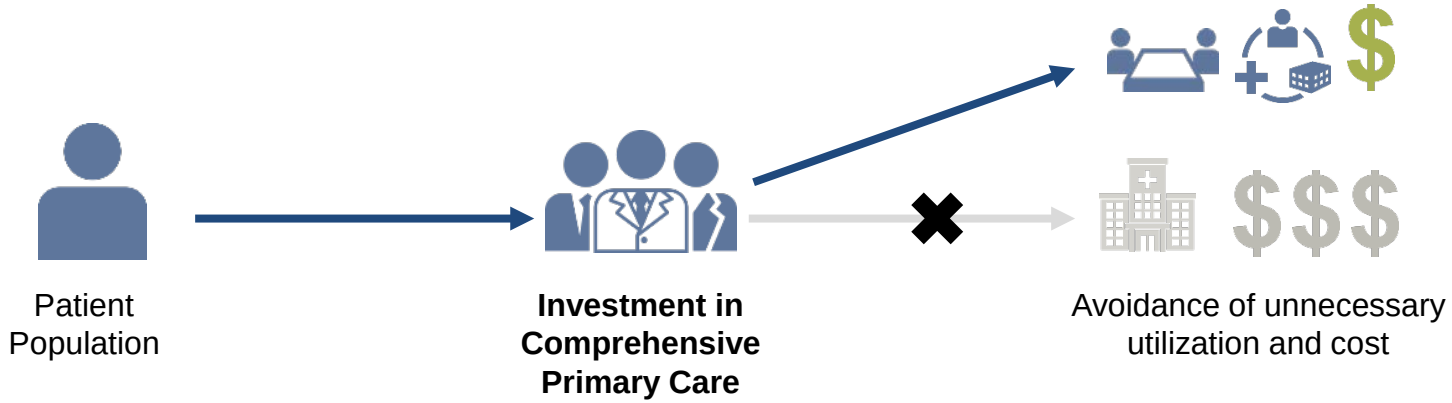
CPC
Comprehensive Primary Care

Since 2012, **Comprehensive Primary Care (CPC) initiative** brings together Medicare fee-for-service and **38 payer partners** across **7 regions** to support primary care practice transformation

- **95% of payers** continue to partner in CPC into its 4th year
- **Lines of business**: commercial, Medicare Advantage, Medicaid managed care, self-insured clients (TPA/ASO)
- Partnership with **4 State Medicaid agencies**

Why Should Payers Partner with Medicare in CPC+?

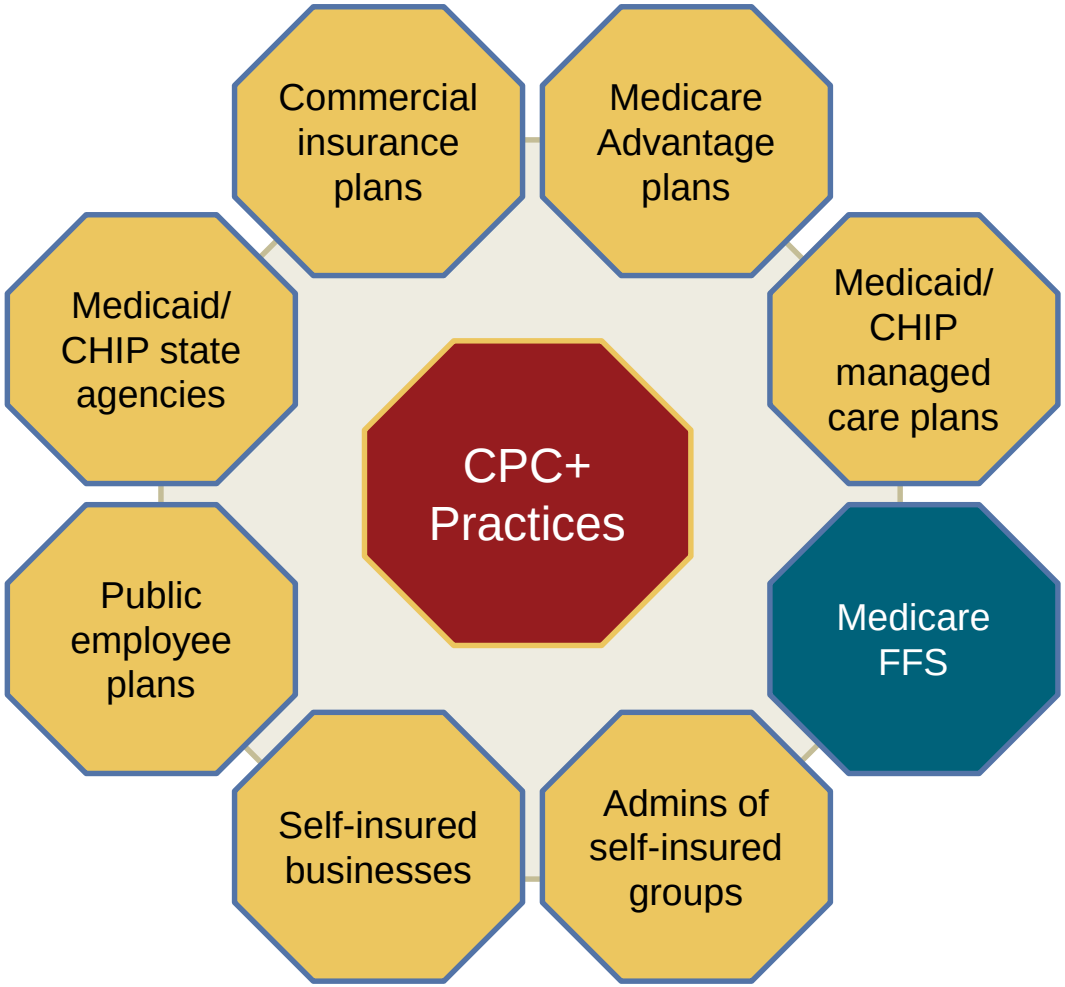
Investment in Primary Care Can Improve Quality, Reduce Total Cost of Care



There is abundant evidence that improved care and improved patient experience can be delivered by modest investments in primary care. CPC+ strategically invests in the kind of primary care most likely to have a **favorable impact on total cost of care** and aligning payment incentives to **reward value rather than volume**.

Medicare Will Align with Public and Private Payer Partners

CMS is soliciting interested payer partners: April 15 – June 1, 2016



Framework for Payer Partnership

Enhanced, non-fee-for-service support for Track 1 and 2 practices to meet the aims of the care delivery model

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 payments for Track 1 and 2 practices

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 for all practices

CMS and Partner Payers Will Support Practices in Both Program Tracks

CMS will solicit **applications from practices** within the regions chosen, beginning July 15, 2016, with applications due by September 1, 2016 at 11:59pm ET.

Track 1

Up to **2,500** primary care practices.

Choice for practices ready to build the capabilities to deliver comprehensive primary care.

Track 2

Up to **2,500** primary care practices.

Choice for practices poised to increase the **comprehensiveness** of care through enhanced **health IT**, improve care of patients with **complex needs**, and inventory resources and supports to meet patients' **psychosocial needs.**

Practice Eligibility Requirements Vary by Track

- CMS will solicit applications from practices within the regions chosen, beginning July 15, 2016, with applications due by September 1, 2016 at 11:59pm ET.
- Practices will apply directly to the track for which they are interested and believe they are eligible*

Track 1

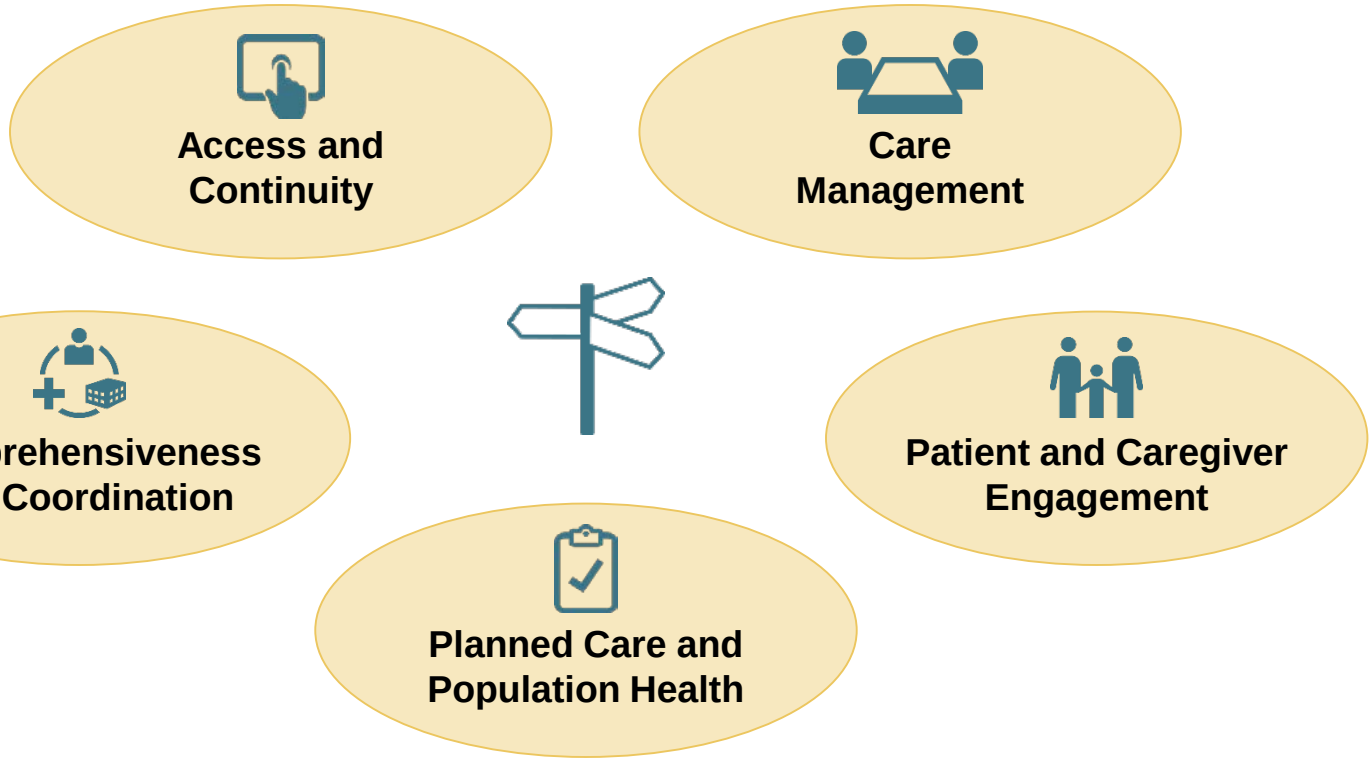
- Use of CEHRT
- Payer interest and coverage
- Existing care delivery activities must include: **assigning patients to provider panel, providing 24/7 access for patients, and supporting quality improvement activities.**

Track 2

- Use of CEHRT
- Payer interest and coverage
- Existing care delivery activities must include: **assigning patients to provider panel, providing 24/7 access for patients, and supporting quality improvement activities, while <u>also</u> developing and recording care plans, following up with patients after emergency department (ED) or hospital discharge, and implementing a process to link patients to community-based resources.**
- Letter of support from health IT vendor that outlines the vendor's commitment to support the practice in optimizing health IT.

**CMS reserves the right to ask a practice that applied to Track 2 to instead participate in Track 1 if CMS believes that the practice does not meet the eligibility requirements for Track 2 but does meet the requirements for Track 1.*

CPC+ Functions Guide Transformation



What is a Function?

The five CPC functions act as “corridors of action” leading to practices’ capability to deliver comprehensive primary care.

Why do Track 1 and 2 have the same Functions?

The outline to support better care, smarter spending, and healthier people is the same for all primary care practices in CPC+. However, specific requirements within these “corridors of action” vary by track.

CMS Will Provide Three Payment Innovations To Support Practice Transformation

	Care Management Fee (PBPM)	Performance-Based Incentive Payment	Underlying Payment Structure
Track 1	$15 average	$2.50 opportunity	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)

Care Management Fee: Medicare and Payer Alignment

Medicare Approach

Medicare Care Management Fee:

	Track 1	Track 2
Risk Methodology	HCC risk scores	HCC risk scores; claims data for high-risk diagnoses
Number of Risk Tiers	4	5
PBPM Amount	$15 average ($6 to $30)	$28 average ($9 to $100)
Purpose	Staffing and training related to the model requirements, according to the needs of the attributed Medicare patient population	

Aligned Payer Approach

- Offer non-fee-for-service support to allow Track 1 and 2 practices to **provide care management, care coordination, and similar "wraparound" services to all patients, agnostic of payer**.
- **Increase support for Track 2 compared to Track 1** to reflect advancement in practice transformation and care of patients with complex needs.

Quality and Performance Measures: Medicare and Payer Alignment

Medicare Approach

Medicare will use **quality and patient experience** measures to identify gaps in care, target quality improvement activities, and assess quality performance:

1. **Electronic clinical quality measures** (eCQMs)
2. **Patient experience of care** (CAHPS) surveys fielded by CMS or its contractors

- Practices will annually **report a subset** of eCQMs
- Practices must use **EHR technology** that meets the certification requirements specified in the Medicare EHR Incentive Program final rule.
- Final CPC+ measures TBA by November 2016.

Aligned Payer Approach

Payers are encouraged to align quality and patient experience measures with Medicare and other payers in the region.

CMS has aligned its quality reporting programs to **reduce provider reporting burden** by choosing eCQMS:

- Focus on a primary care population
- Encompass many National Quality Strategy domains
- Are included in **other CMS quality reporting programs**

CMS included many **recommended measures** from the Core Quality Measures Collaborative Workgroup measure set

Performance-Based Incentive Payment: Medicare and Payer Alignment

Medicare Approach

Practices at risk for two prospectively paid practice-level performance components; incentives partially or wholly reconciled retrospectively based on performance

Clinical **quality** and patient experience
- Track 1: $1.25 PBPM
- Track 2: $2.00 PBPM
- Examples: eCQMs, CAHPS

Utilization measures that drive total cost of care
- Track 1: $1.25
- Track 2: $2.00
- Examples: inpatient admissions, ED visits
- Must pass quality benchmark to receive

Aligned Payer Approach

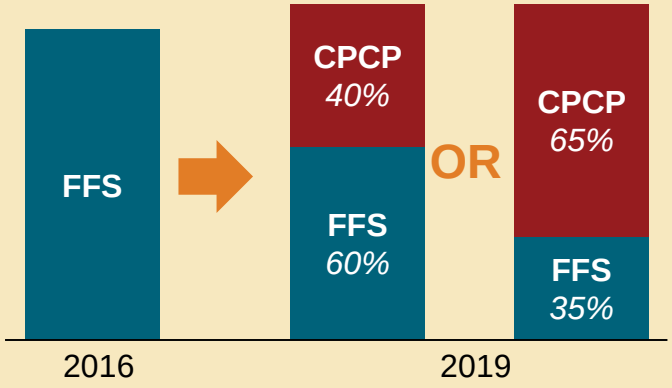
- Track 1 and 2 practices can qualify for performance-based incentive payments, based on a combination of utilization, cost of care, and/or quality metrics.
- Possible approaches include: **shared savings, bonuses, or other financial arrangements,** either prospectively or retrospectively.

Alternative to FFS for Track 2 Practices: Medicare and Payer Alignment

Medicare Approach

Medicare Hybrid FFS and "Comprehensive Primary Care Payment" (CPCP):

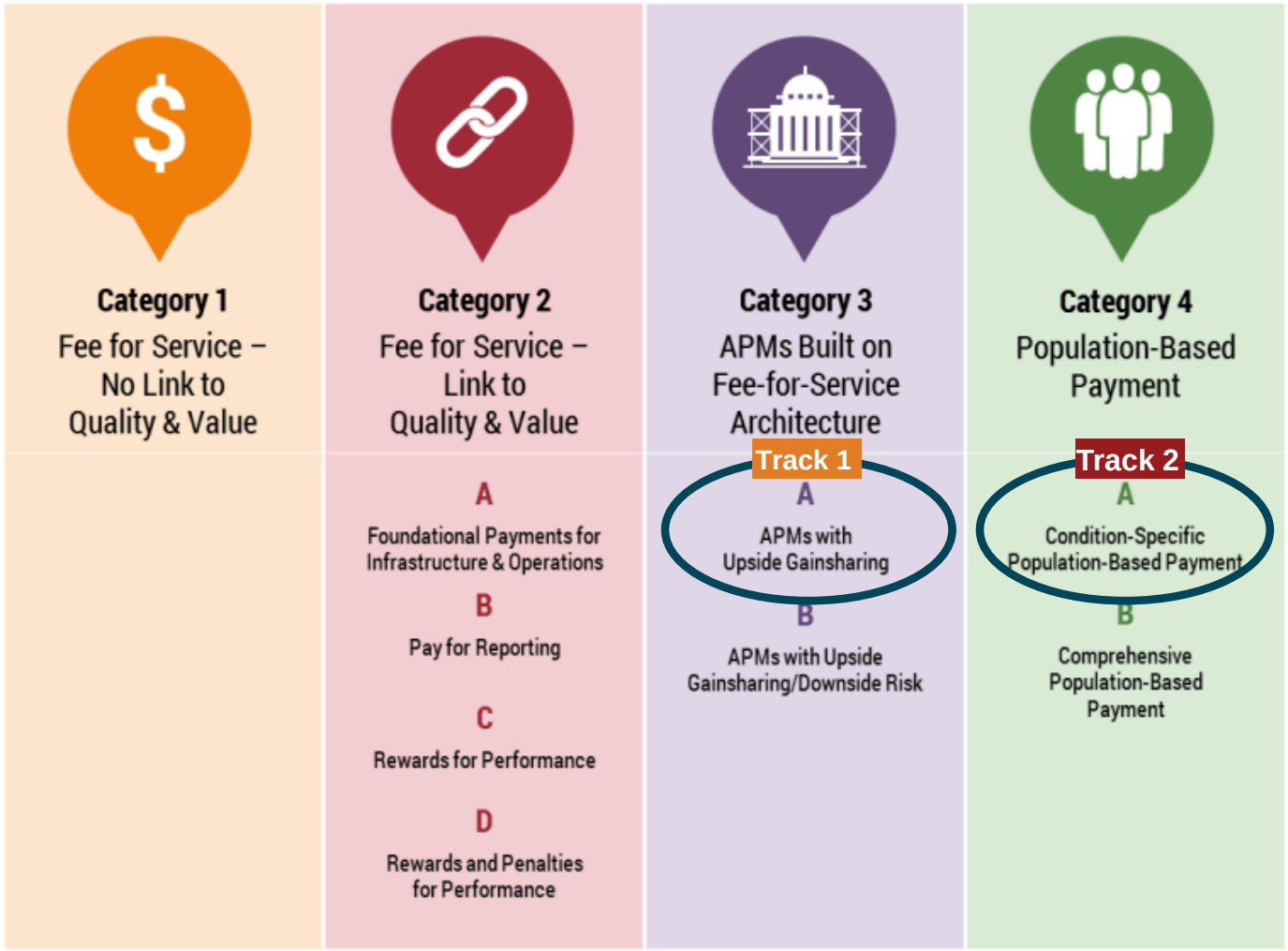
- Based on past E&M payments - increased 10%
- Paid upfront and partially reconciled
- FFS E&M reduced proportionately
- Practices select the pace of transition to one of two hybrid payments
- Compensates for traditional clinical care yet allows flexibility for care delivery in/outside an office visit



Aligned Payer Approach

- By the end of the first performance year, **change the cash flow mechanism** for reimbursing practices via at least a partial alternative to traditional FFS payment.
  - Examples: **partial, full, or sub-capitation without downside risk, episodic payment, etc**.
- Goals:
  - Compensate for **proactive, comprehensive care** previously require to be furnished in an office setting.
  - Allow practices to provide care in a way that **best meets patient needs**, including by email, phone, patient portal, or other alternative visit modalities.

CPC+ and the Alternative Payment Model Framework



Practices Receive Frequent Data Feedback from CMS and Payer Partners

Patient-Level Cost and Utilization Data

Actionable and Timely

+

Multi-Payer Alignment

Many Opportunities for Learning, Collaboration, and Support

CPC+ Practice Portal

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

CPC Connect

Comprehensive Primary Care

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

Learning Communities

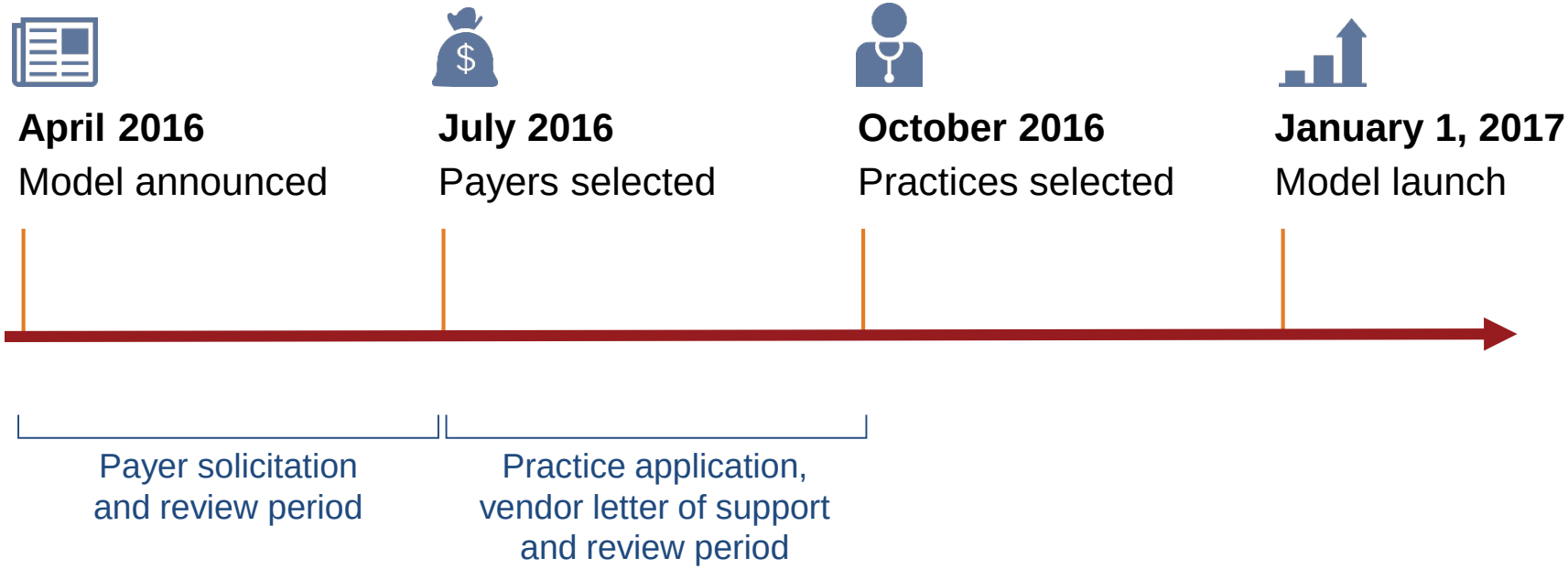
National webinars and annual National Stakeholder Meeting

- Cross-region collaboration.

Virtual and in-person regional learning sessions

- Engagement with CPC+ stakeholders.
- Outreach and support from regional learning faculty.

CPC+ Timeline to Launch



For More Information on CPC+

Visit

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

for Request for Applications, Payer Solicitation, Payer MOU, FAQs, Fact Sheet, Webinar Information

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