

INSTRUCTIONS FOR COMPLETING THE CPC+ MODEL SOLICITATION FOR PAYER PARTNERSHIP

1. Save the [CPC+ Solicitation for Payer Partnership] PDF to your computer.
2. Complete all applicable questions to the best of your understanding. If an answer is not applicable, please answer 'N/A' versus leaving the field blank.
3. Save your responses within the PDF.
4. Submit PDF to CMS at CPCPlus@cms.hhs.gov
 - a. Use the SUBJECT heading: ***SUBMISSION* Payer Partner Solicitation for CMS**
 - b. Add any desired comments, instructions, and/or notes within the email body
 - c. Click SEND once you're ready to send to CMS
 - d. Upon emailing CMS your proposal, the CPCplus@cms.hhs.gov mailbox will generate an auto-reply to indicate receipt of your proposal
5. If you intend to partner in multiple states (regions), repeat steps 1 through 4 for each state and please reference the supplemental guide on page two.
6. CMS will hold all proposals in a queue until the solicitation period closes.
7. If at any time during the solicitation period you need to change a previous submission, follow steps 1-4 and use ***RESUBMISSION* Payer Partner Solicitation for CMS** in the SUBJECT field to indicate CMS should use this current version as the final proposal for consideration.
8. If at any time during this period you need to delete or rescind a previous submission, address an email to CPCPlus@cms.hhs.gov and use ***RESCIND* Payer Partner Solicitation for CMS** in the SUBJECT field to indicate CMS should remove your proposal from final consideration. Include additional notes/clarification in the email body if warranted.

Thank you in advance for your interest in partnering with CMS in the CPC+ model. We hope these instructions will help both payers and CMS best organize the proposal process.

If at any time you have questions or need assistance with completing the PDF, address an email to CPCPlus@cms.hhs.gov with ***QUESTION* Payer Partner Solicitation for CMS** in the subject field and CMS will respond to your questions.

SUPPLEMENTAL GUIDE: INSTRUCTIONS FOR PAYERS SUBMITTING MULTIPLE PROPOSALS

Disclaimer: This guide only applies to health plans planning to partner in multiple states in CPC+ and will need to submit a proposal for each state.

1. After completing steps #1 – 4 from page 1 on the first proposal, please resave the original pdf under a different name to match the next region you intend to partner with in CPC+.
2. After resaving this file please modify your responses to questions 2 and 3 to reflect the newly proposed region.

Question 2

2. Using counties as the descriptor, please propose the region in which you are interested in partnering in CPC+. Each plan proposal involving multiple states will require a completed application for each state. Please use the following format to describe a region (ST abbreviation-All Counties [if a service area covers the entire state], or ST-County 1 Name, County 2 Name, County 3 Name). For example...

DC-All Counties,
MD-Montgomery County, Prince George’s County, Howard County, Anne Arundel County, Baltimore County, Baltimore City County,
VA-Fairfax County, Loudon County, Prince William County

CT - All Counties

Question 3

3. Please describe the lines of business in the region in which you are proposing to partner. If proposing to partner in multiple regions please submit a separate application for each distinct proposed region.

Line of Business	Line of Business Offered (Yes/No)	Line of Business Offered Will Include in CPC+ (Yes/No)	If line of business is offered, but will not partner in CPC+, please explain why.	Total Covered Lives/Beneficiaries	Total Primary Care Practices*	Total Primary Care Practitioners**
Commercial Insurance Plan	Yes	Yes		40,000	1,000	4,000
Health Insurance Marketplace Plan	Yes	Yes		20,000	1,000	4,000
Medicare Advantage	Yes	Yes		60,000	2,000	8,000
Medicaid/CHIP Managed Plan	Yes	Yes		150,000	2,000	10,000
State/Federal High-Risk Pool	No	No				
Third Party Administration (TPA)/ Administrative Services Only (ASO)	Yes	Yes		50,000	2,000	8,000
Medicaid/CHIP Fee-For-Service (FFS) (State Partners Only)	No	No				

3. After entering and saving all new data please follow all instructions under step 4, page 1.