

**Comprehensive Primary Care Plus (CPC+) Round 2 Payer Solicitation
February 17, 2017**

Multi-Payer Partnership

Strengthening primary care is critical to promoting health and reducing overall health care costs. The Center for Medicare and Medicaid Innovation’s (Innovation Center) CPC+ model brings together Medicare and other payers, including commercial insurance plans and state Medicaid agencies, to provide the necessary financial support for practices to make significant changes in their care delivery. CMS is soliciting proposals, from existing and new payers in the 14 current CPC+ regions and in up to 10 new regions, to partner with CMS for CPC+ Round 2 which is expected to begin in 2018. CMS will enter into a Memorandum of Understanding (MOU) with selected payer partners to document a shared commitment to align on payment, data sharing, and quality metrics (as outlined in Table 1 below) throughout the five-year initiative. CMS will not provide any funding to payers for partnering in the CPC+ Model.

Payer Partner Alignment

CMS will evaluate payer proposals based on the extent of their alignment with CMS’ approach to alternative payment and quality measurement in CPC+. For each payer in the model, elements need not be identical with the CMS approach to CPC+ payments, data sharing, and quality measurement, but should be oriented so that the incentives and goals match those of the Model. Payers will commit to pursuing private arrangements with practices participating in both Tracks 1 and 2 of CPC+ for the model’s full duration.

Table 1 outlines the elements of the CPC+ payer partner framework in which payers are encouraged to align:

Table 1: CPC+ Payer Partner Alignment Framework

Alignment to this framework, with the exception of the change to cash flow, must be achieved by January 1, 2018. The change to cash flow must be accomplished by January 1, 2019.

Framework	Alignment Element	CMS CPC+ Model Approach	Tracks
Financial	Beneficiary Attribution	Prospective beneficiary attribution based on a plurality of primary care allowed charges or billing the most recent claim (if that claim was for CCM services) during the most recently available 24-month period. Refer to Appendix E in CPC+ RFA for details.	Both tracks

Framework	Alignment Element	CMS CPC+ Model Approach	Tracks
Financial	Enhanced non-visit based support	Care Management Fee: <ul style="list-style-type: none"> - Track 1: Averages \$15 PBPM - Track 2: Averages \$28 PBPM 	Both tracks. Higher payment in Track 2 than Track 1.
Financial	Change to cash flow mechanism (Examples: partial, full, or sub-capitation without downside risk, episodic payment, etc.)	Hybrid payment – part upfront PBPM paid quarterly and proportionally reduced FFS paid based on claims submissions.	Track 2 only
Financial	Performance-based incentive payment (Examples: shared savings, bonuses, etc.)	Prospective payment with practices only allowed to keep funds if they meet annual performance thresholds for clinical quality/patient experience and utilization.	Both tracks
Data	Patient level cost and utilization data	Provide practices with at least quarterly practice-level feedback reports and regionally aggregated reports at practices' request.	Both tracks
Quality	Quality and performance measures	Refer to quality and performance measures as outlined in Appendix D of the CPC+ RFA .	Both tracks
Care Delivery	Care delivery requirements	Track-specific requirements for primary care transformation refined annually in five comprehensive care domains: (1) Access and Continuity; (2) Care Management; (3) Comprehensiveness and Coordination; (4) Patient and Caregiver Engagement; (5) Planned Care and Population Health	Both tracks, with requirements focused on enhancing care for patients with complex needs and comprehensiveness for Track 2 practices.

Payer Solicitation Process

CMS will solicit payer proposals to partner in CPC+ through April 3, 2017. The choice of up to 10 new CPC+ regions will be informed by the geographic reach of eligible payers. CMS will solicit proposals from new payer partners in any of the existing 14 CPC+ regions as well as from existing payer partners interested in adding lines of business or other regions to their MOU. Next, CMS will publicize the new CPC+ regions, and solicit applications from practices within these new regions. Practices in the 14 existing regions may not apply to join CPC+ Round 2.

Payer Solicitations

Payers interested in partnering in CPC+ in multiple market regions are asked to submit separate proposals for each region. However, a payer may submit one proposal if a payer's lines of business and proposed approaches to each of the CPC+ design components do not vary across market regions. The regions chosen for CPC+ will be overlapping, contiguous geographic locales covered by multiple payers interested in partnering in CPC+.

Payer Partner Selection Process

CMS' selection process will map interested payers into overlapping regions and assess expected market share in these regions. Payer proposals in regions with sufficient market penetration will then be evaluated and scored. Payers will be scored based on: 1) the extent of payer market penetration in a region; 2) the number of covered lives they propose to include in the region; and 3) the extent to which CPC+ Payer Partner Alignment Framework is met (as outlined in Table 1) and the degree to which payers' proposed activities align with the CMS CPC+ Model approach. CMS may contact interested payers to clarify or modify their proposals. Continuing regions from current and former MAPCP and SIM states with participation of their State Medicaid Agencies will all be given preference when CMS evaluates payer proposals. Once regions have been selected and approved, payers will be invited to partner with CMS by signing a MOU.

Table 2: Timeline for Payer Partners

Date Range	Timeline Details
February 17– April 3, 2017	Payers respond to the CPC+ Round 2 Solicitation for Payer Partnership and outline their covered lives, geographic scope, and commitment to aligning with CPC+.
Spring/Summer 2017	The Innovation Center aims to make a determination of which regions have sufficient payer interest – both in covered lives and in alignment of proposals. CMS signs MOUs with those payers. The Round 2 practice application opens in selected regions.
Summer/Fall 2017	CMS aims to select practice participants.
January 1, 2018	CPC+ Round 2 is expected to begin; payers should begin aligned payment and support for participating practices.

Further Information

For questions about the model or the solicitation process, visit <http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus> or email CPCplus@cms.hhs.gov.