

Comprehensive Primary Care Plus Payer Fact Sheet

Multi-Payer Partnership

Strengthening primary care is critical to promoting health and reducing overall health care costs. CPC+ will bring together Medicare and other payers, including commercial insurance plans and state Medicaid agencies, in up to 20 regions, to provide the necessary financial support for practices to make significant changes in their care delivery. 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 payer partners.

Payer Partner Alignment

CMS will evaluate payer proposals based on the extent of their alignment with the Medicare Fee-For-Service (FFS) approach in CPC+. For each payer in the model, elements need not be identical with Medicare FFS but should be oriented so that the practice 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: CPC+ Alignment Framework

| Framework | Alignment Element | Medicare FFS Approach | Tracks | Timeline |
|-----------|----------------------------------|--|---|----------|
| Financial | Attribution | Prospective attribution based on a plurality of primary care allowed charges or billing the most recent claim (if that claim was for Chronic Care Management services) during the most recently available 24-month period. Refer to Appendix E in RFA for details. | Both tracks | 1/1/17 |
| 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 | 1/1/17 |

| Framework | Alignment Element | Medicare FFS Approach | Tracks | Timeline |
|------------------|--|---|---------------|---|
| 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 | 1/1/17* *Payer partners may delay until 1/1/18 |
| 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 | 1/1/17 |
| Data | Patient level cost and utilization data | Provide practices with at least quarterly practice-level feedback reports and regionally aggregated reports at practices' request. | All practices | 1/1/17 |
| Quality | Quality and performance measures | Refer to quality and performance measures as outlined in Appendix D of the RFA. | All practices | 1/1/17 |

Payer Solicitation Process

CMS will solicit payer proposals to partner in CPC+ through June 1, 2016. The choice of up to 20 CPC+ regions will be informed by the geographic reach of eligible payers. Next, CMS will publicize the CPC+ regions, and solicit applications from practices within these regions (July 15-September 1, 2016).

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 to engage in CPC+ 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 the framework for partnership is met and the degree to

which payers’ proposed activities align with the CMS approach. CMS may contact interested payers to clarify or modify their proposals. Continuing regions from Original CPC, current and former Multi-Payer Advanced Primary Care Practice Demonstration states, and State Innovation Model states with participation of their State Medicaid Agencies will all be given preference when CMS evaluates proposals. Once regions have been selected and approved, payers will be invited to partner with CMS by signing a MOU.

Additional details on payer selection are outlined in the ‘Payer and Region Selection’ section of the CPC+ Request for Applications.

Table 2: Timeline for Payer Partners

| Date | Action |
|-------------------------|--|
| April 15 - June 1, 2016 | Payers respond to the CPC+ Payer Solicitation and outline their covered lives, geographic scope, and commitment to aligning with CPC+. |
| July 2016 | The Innovation Center makes 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 practice application opens in selected regions. |
| October 2016 | Practice participants are selected. |
| January 1, 2017 | CPC+ goes live; payers 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.

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