

Comprehensive Primary Care Initiative Payer Application Instructions

Instructions for Application Submission

The CPC initiative payer application will be available through an online portal beginning in November 2011. Payers that submit a timely letter of intent will receive a link and account details to access the application. Applications will be accepted only via the online portal. All applications must be submitted by **5:00 pm EST on January 17, 2012**. The questions that will be asked in the online application are available below for your information.

The eligibility criteria for this initiative are set out in Section IID of the Solicitation.

Payers applying to the initiative for multiple markets will be able to use one online portal account for all markets. The online portal will include instructions for how to submit applications for multiple markets.

In place of a written signature, applicants will have the opportunity to submit an electronic signature. The online portal will include instructions for electronic signing.

The online portal will include capability and instructions for attaching any supplemental material necessary for answering the application questions. Supplemental material must not exceed a total of 15 pages in length.

CMS considers all information submitted in the Letter of Intent and Application as exempt under the Freedom of Information Act. Therefore, CMS will not release this information to the general public. If you are selected to participate in the Comprehensive Primary Care initiative, CMS may release publicly available demographic information (e.g. name, location, etc.) for informational purposes.

Questions

If you have any questions regarding the Comprehensive Primary Care initiative or application process, please email your questions to: CPCi@cms.hhs.gov. Responses to questions will be shared publicly to ensure that all applicants have access to clarifying information regarding the initiative and the application process.

Questions and answers will be posted on the CPC initiative website, <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/cpci/>.

Comprehensive Primary Care Initiative Payer Application Contents:

Description of Payer

- Payer Name:
- Year Established:
- Corporate Address:
- Corporate City:
- Corporate State:
- Point of Contact (POC) Name:
- POC Title:
- POC Address:
- POC City:
- POC State:
- POC Phone:
- POC Email:
- POC Fax:

Proposed Market(s)

This section will be used to discern the overlapping geographic areas in which there is interest in participating in the CPC initiative from multiple payers.

1. Please propose a "market" for this initiative by describing the service area(s) in which you are interested in participating in the CPC initiative using MSAs and/or rural county as descriptors.
2. Within this service area, how many primary care practices and providers (e.g. physician, nurse practitioner, etc) are in your network?
3. Please describe your lines of business and the number of members within each line of business in the market you are proposing in your application:

- | | |
|--|--|
| <input type="checkbox"/> Commercial insurance plan | Number of members in proposed market: ____ |
| <input type="checkbox"/> Medicare Advantage plan | Number of members in proposed market: ____ |
| <input type="checkbox"/> Medicaid managed care plan | Number of members in proposed market: ____ |
| <input type="checkbox"/> Medicaid fee-for-service | Number of members in proposed market: ____ |
| <input type="checkbox"/> State or federal high-risk pool | Number of members in proposed market: ____ |
| <input type="checkbox"/> TPA/ASO | Number of members in proposed market: ____ |
| <input type="checkbox"/> Direct purchaser/business | Number of members in proposed market: ____ |
| <input type="checkbox"/> Other: _____ | Number of members in proposed market: ____ |

Total number of members in proposed market: _____

4. (Optional) If applicable, please describe your reasoning for not wanting to collaborate with the Innovation Center in existing line(s) of business not checked above.

Primary Care Support

If selected for the Comprehensive Primary Care initiative, you will be asked to commit to perform what you describe in response to this section through a Memorandum of Understanding with CMS.

1. Please explain why you want to be part of the Comprehensive Primary Care Initiative. For states applying for their Medicaid fee-for-service beneficiaries, please describe how participating in this initiative would impact existing primary care services.

2. **a.** Please describe any non-fee-for-service support you currently provide to primary care practices in the proposed market, such as but not limited to a PMPM payment, quality-based bonuses, or direct support such as an embedded care manager.

b. (Optional) Please describe one specific instance in which your additional support for primary care transformation led to improvements in quality, outcome, and/or costs in primary care.

3. Please describe the method by which you propose to build on the support method described above or adopt a new method of support to align with the Innovation Center's approach under the Comprehensive Primary Care initiative.

4. Please provide a specific, quantitative "support build up" (including a calculation of PMPM support and your proposed method of risk adjustment) laying out your financial commitment to comprehensive primary care services in the proposed market for the duration of this initiative.

For states applying for their Medicaid fee-for-service beneficiaries, please indicate how you would augment existing PCCM payments or any other payments to primary care practices (you may answer this question as a separate attachment if necessary).

5. How does your support build-up align with each of the enhanced primary care functions upon which this initiative is based (described in Section IIE of the solicitation)?
 - Risk-based management
 - Access and continuity
 - Planned care for chronic conditions and preventive care

- Patient and family engagement
 - Coordination of care across the medical neighborhood
6. How will your proposed support strategy be fully integrated at the practice level and delivered at the point of care so as to support practice transformation?
 7. How do you intend to work with providers to enhance primary care services?
 8. Describe past successes in supporting primary care transformation for fee-for-service or managed care members.
 9. Describe your methodology for associating your members served by participating practices. CMS' beneficiary alignment methodology is described in Section IIF of the solicitation. You have the option of using the same attribution methodology as CMS.
 - a. Describe any current shared savings program or other accountable payment arrangements with primary care practices (including pay-for-performance or bonus payments).
 - b. *(Not applicable to states)* Please describe your proposed shared savings arrangement if selected to be part of the Comprehensive Primary Care Initiative

The following questions will be used to ascertain your interest in achieving common approaches to data sharing, monitoring implementation milestones, and quality measurement through market level discussions.

Data Sharing

- 1.** Please indicate your current strategy for sharing data with primary care practices in the proposed market, including the level of data shared (individual or aggregate) as well as the frequency of reporting.
- 2.** Please describe your plan for enhanced data feedback to practices in the proposed market, including cost data, utilization data, and real-time hospital and ER data.
- 3.** Please describe any involvement with local multi-purchaser databases or Health Information Exchanges.

Implementation Milestones and Quality Improvement Measures

- 1.** Please list specific quality metrics that you are currently using in pay-for-performance programs or in other payment programs for primary care practices in any market.
- 2. a.** Please describe any alignment you have created with other payers in your region or state around quality measures.
 - b.** Please describe your willingness to align quality measures with CMS, particularly around practice transformation milestones.
- 3.** Please describe how you would propose to monitor that participating in achieving the goals of practice transformation.
- 4.** Please describe how you plan to evaluate the impact of your investment in supporting primary care transformation.

Involvement in Multi-payer/Multi-stakeholder Efforts

- 1.** Please describe any past or current involvement with multi-payer or multi-stakeholder collaborations in the proposed market. Please indicate the various functions of any collaboratives in which you are currently supporting (e.g. data exchange, technical assistance, learning and diffusion, etc.).
- 2.** Please describe your vision for how multi-payer collaboration will transform primary care in the proposed market.

Participation in Other Initiatives

Please describe your participation any other primary care models you are currently testing, or if you are participating in any other local, state, or national initiatives (e.g. medical home or primary care programs, transitional care programs, accountable care organizations, local community health teams, HIT meaningful use programs, chronic disease self-management).