

This edition of Fast Facts summarizes practice revenue and expenditures figures for the Comprehensive Primary Care (CPC) initiative's first Program Year, 2013, which spanned the period between October 1, 2012 and December 31, 2013.<sup>1</sup> Practices reported this information to CMS in January 2014. Several adjustments were made to account for incomplete or erroneous reports. However, the data have not been adjusted for the size or risk of a region's patient population. These figures are presented for illustrative, rather than evaluative, purposes.

## I. CPC Practices in PY 2013

**Table 1. Number of CPC Practices, Providers, Active Patients as of January 2014\***

	AR	CO	NJ	NY	OH/KY	OK	OR	All CPC
<b>Practices</b>	68	74	70	75	75	67	67	<b>496</b>
<b>Providers</b>	283	427	274	352	276	264	618	<b>2,494</b>
<b>Active Patients</b>	318,378	399,065	326,536	329,823	436,344	316,097	408,263	<b>2,534,506</b>

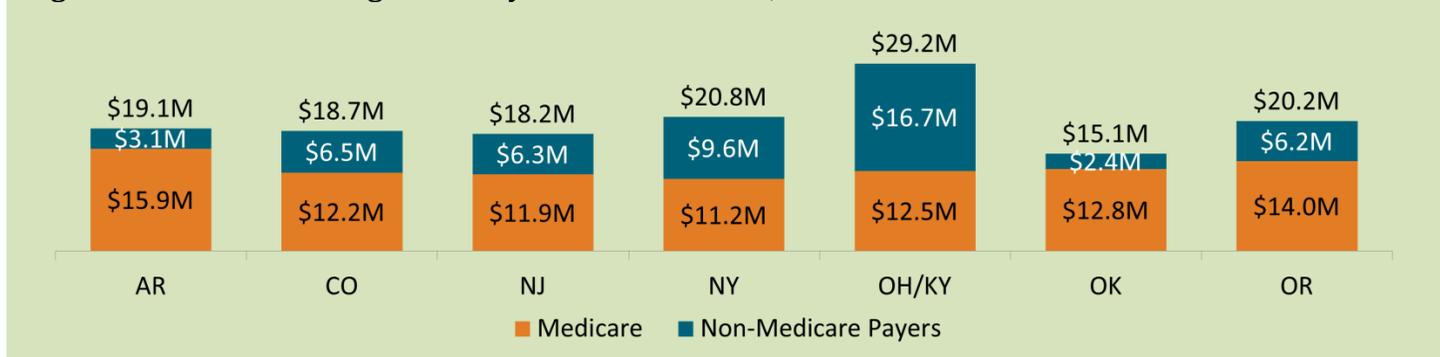
\* CPC practices reported on Program Year 2013 in January 2014. The most current count of practices, providers, and active patients can be found on the [CPC website](#).

## II. Practice Revenue

In total, CPC practices reported receiving \$141 million in care management payments from Medicare and other payers during Program Year (PY) 2013. Of this amount, \$90 million (64%) came from Medicare and \$51 million (36%) from all other payers, including Medicaid. The median total care management fees paid to a CPC practice during this period was approximately \$228,000, or approximately \$70,000 per provider over the same period.

- Funding by Region.** Figure 1 below shows the total CPC care management fees that practices reported receiving from all payers in a given CPC region during PY 2013. Across the seven CPC regions, these totals ranged from \$15.1M in Oklahoma to \$29.2M in Ohio/Kentucky.

**Figure 1. Total Care Management Payments to Practices, October 2012 – December 2013\***

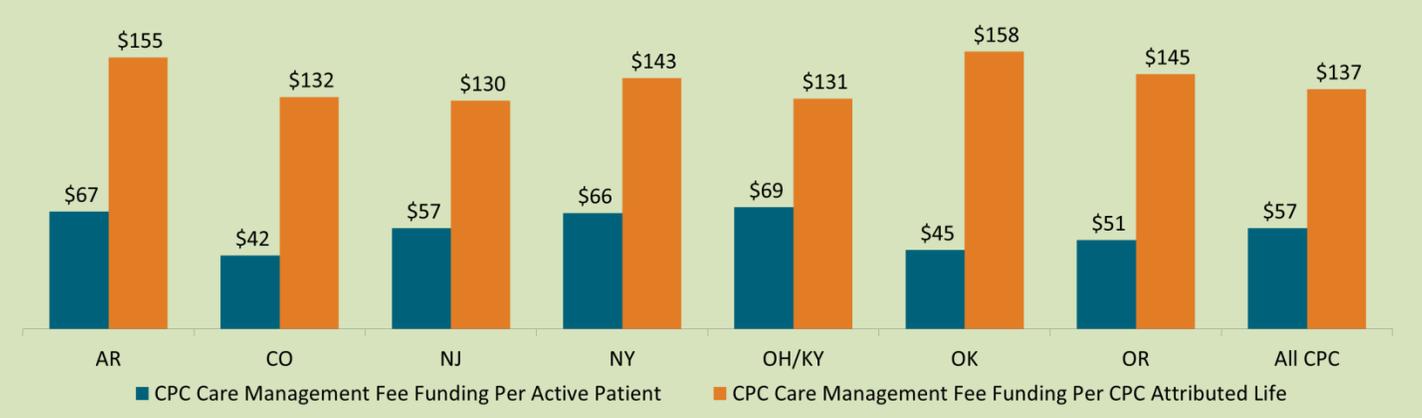


\* Practices reported payments from Non-Medicare Payers; CMS data was used to record Medicare payments. Incomplete reports of funding practices received from each payer were omitted from analysis, as were reports of extremely small or large quantities of care management funding per CPC attributed life.

<sup>1</sup> CMS began making CPC care management payments in October 2012 for AR and OK, and in November 2012 for all other regions. Other participating payers began making CPC care management payments on or before February 1, 2013.

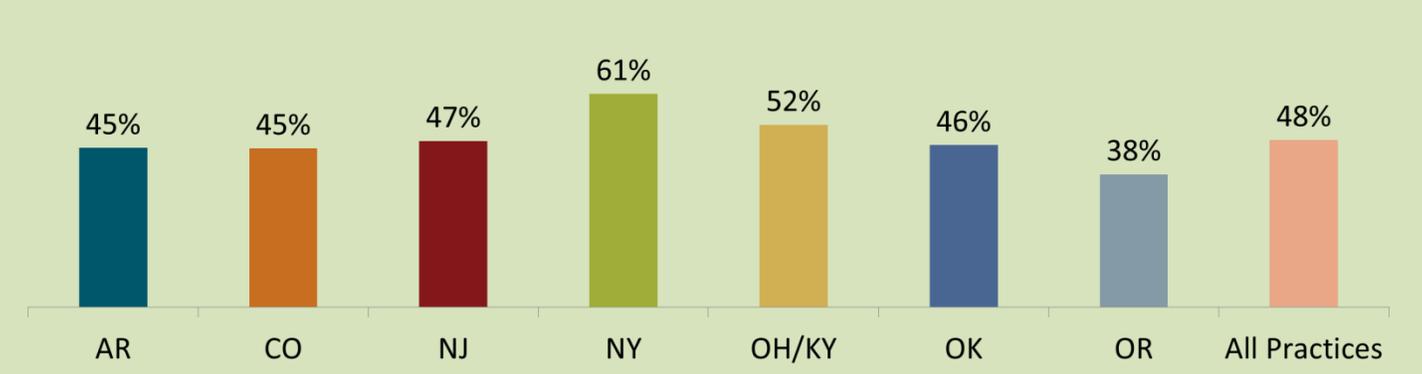
- Funding Per Patient.** Across all regions, practices reported receiving a median of approximately \$137 in care management fees per attributed patient (attributed by any CPC payer) and \$57 per active patient in Program Year 2013 (Figure 2). Variations in median practice funding per patient reflect differences in size and acuity (reflecting the risk adjustment of the care management payment) of patient populations within each region.

**Figure 2. Median Care Management Payments to Practices, Per Patient (Active vs. Attributed), October 2012 – December 2013**



- Payer Penetration.** The payer penetration rate in each region refers to the proportion of active patients that are attributed by CPC payers to CPC practices within a region. CPC practices receive care management fees on behalf of these attributed patients from the payers participating in CPC.<sup>2</sup> The significant number of active patients in CPC practices that are not attributed by a participating CPC payer likely receive health insurance from self-insured employers or health insurers that do not participate in CPC. The overall payer penetration rate across all CPC practices was 48% in PY2013 (Figure 3).

**Figure 3. Payer Penetration Rate in January 2014 (Proportion of CPC-Attributed to Active Lives)**

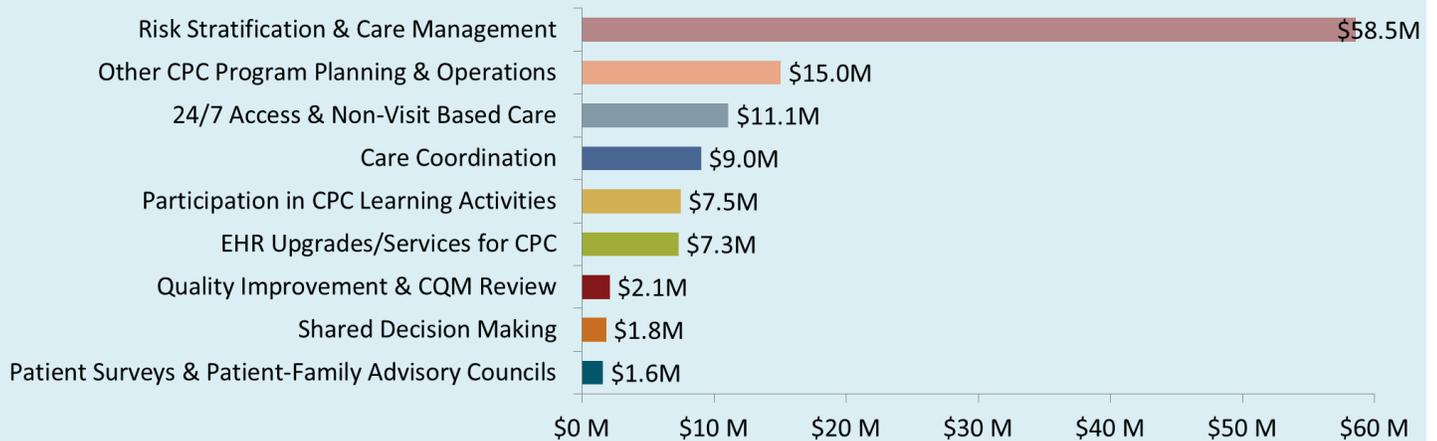


<sup>2</sup> The numerator of the payer penetration statistic is the total number of patients that participating payers determine are receiving primary care from (are attributed to) CPC practices, as reported by CPC practices. The denominator is the total number of active patients in the practice as identified by the CPC practice.

### III. Practice Spending

- Spending by Activity.** In total, CPC practices reported spending approximately \$116 million on CPC-related activities in PY2013. Across all CPC regions, practices spent over half (\$59 million, or 51% of all spending) of the care management fees on risk stratification and care management (Figure 4).

**Figure 4. Total Practice-Reported Spending of CPC Care Management Fees in PY 2013, by Milestone**



- Spending by Region.** In each region, practice spending patterns by Milestone echo overall trends (Figure 5). The largest proportion of all spending in every region was devoted to risk stratification and care management.

**Figure 5. Regional Spending of CPC Care Management Fees in PY 2013, by Milestone**

