

# CPC+ Solicitation For Payer Partnership

## Description of Payer

Legal Entity Name

Year Established

NAIC Number

Corporate Address

Corporate City

Corporate State

Payer Website (URL)

Point of Contact (POC) Name

POC Title

POC Address

POC City

POC State

POC Phone

POC Email

POC Fax

Proposal Completed by:

Name

Title

**Partner Payer in the Comprehensive Primary Care (CPC) Model?**

Yes

No

**Partner Payer in the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration?**

Yes

No

**Partner Payer in a State Innovation Model (SIM) Test Awards State with Medicaid Participation?**

Yes

No

## **Executive Summary**

**1. Please provide an Executive Summary of your proposal.**

Please include the following in your Executive Summary:

- Why you would like to be a payer partner in CPC+;
- Any information relevant to your partnership in CPC+ that was not addressed in your responses to the questions below.

## Definition of Region

2. **Using counties as the descriptor, please propose the region in which you are interested in partnering in CPC+. Use the Excel spreadsheet entitled ‘Addendum to CPC+ Solicitation for Payer Partnership: Covered Lives by County and Line of Business’(<https://innovation.cms.gov/Files/x/cpcplus-payeraddendum.xls>) to indicate your proposed regions, as well as total covered lives by county and line of business.**

**Please include all proposed CPC+ regions in a single spreadsheet. For example, if you are a payer submitting multiple PDF proposals for distinct regions, please input all regions and covered lives by county and line of business into one Excel spreadsheet.**

**3. Please describe the lines of business and provider coverage in the region in which you are proposing to partner. If proposing to partner in multiple regions please submit a separate PDF 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 Primary Care Practices*	Total Primary Care Practitioners**
Commercial Insurance Plan					
Health Insurance Marketplace Plan					
Medicare Advantage					
Medicaid/CHIP Managed Plan					
State/Federal High-Risk Pool					
Third Party Administration (TPA)/ Administrative Services Only (ASO)					
Medicaid/CHIP Fee-For-Service (FFS) (State Partners Only)					

*\*In CPC+, CMS defines a “Primary Care Practice” site as the single “bricks and mortar” physical location where patients are seen, unless the practice has a satellite office. A satellite office is a separate physical location that is a “duplicate” of the application practice; the satellite shares resources and certified EHR technology, and has identical staff and practitioners as the original applicant site. Practices with satellite locations are permitted to participate and will be considered one practice in CPC+. Practices that are part of the same health group or system that share some practitioners or staff are not considered satellite practices and will be counted as separate practices for the purposes of CPC+.*

*\*\*In CPC+, CMS defines “Primary Care Practitioner” as a physician (MD or DO), nurse practitioner (NP), physician assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of family medicine, internal medicine, or geriatric medicine.*

**3a. Please answer the following:**

- **State insurance license number, or attach other licensure documentation in the proposed region.**
- **If available, please include a point of contact in the state's licensing authority.**
- **If applicable, please include your contract numbers on Medicare Advantage Plans**

**3b. Please select the method for pursuing a TPA/ASO Client Partnership. (Applicable to TPA/ASO Line of Business Only)**

Require all self-insured clients to partner in CPC+.

Allow self-insured clients to opt out of CPC+.

Encourage self-insured clients to opt in to CPC+.

**4. Please provide the minimum number of your members that must be attributed to a participating practice in order for you to support that practice in this model.**

Please note if and to what extent the minimum number of members per practice changes by line of business.

## Eligibility Questions

5. **Will you provide enhanced, non-fee-for-service support to both Track 1 and 2 practices to allow practices to meet the aims of the care delivery model and provide care management, care coordination, and similar “wraparound” services to all patients, agnostic of payer?**

Yes

No

6. **Will you reimburse Track 2 practices using at least a partial alternative to traditional fee-for-service payment by the end of the first performance year?**

Yes

No

7. **Will you share data with practices on cost, utilization, and quality at regular intervals (e.g., quarterly)?**

Yes

No

## Enhanced, Non-Fee-For-Service Support

8. **Please describe any non-fee-for-service (FFS) support you currently provide to primary care practices in the proposed region, such as, but not limited to, a per-member-per month (PMPM) payment, quality-based incentive payment, or direct support such as an embedded care manager.**

**9. For each line of business, please describe the non-(FFS) support you propose to provide to primary care practices in the proposed region for both Tracks 1 and 2.**

**10. Please provide a specific, quantitative “build-up” for support offered to Tracks 1 and 2 practices, by line of business. The “build-up” should include a calculation of this support and your proposed method of risk adjustment, if applicable.**

**10a. How does your build-up align with the Track 1 goal to support practices to develop capabilities to deliver comprehensive primary care?**

**10b. How does your build-up align with the Track 2 goal to provide increase the depth, breadth, and scope of medical care delivered to their patients, particularly those with complex needs?**

## Performance-Based Incentive Payment

**11. Please describe any prior experience providing performance-based incentive payments to primary care practices in the proposed region.**

**12. Please describe your proposed performance-based incentive arrangement with Track 1 and 2 practices.**

Please include the following information in your answer, as applicable:

- Calculation
- Frequency
- Expected Amount
- Timing of Payment
- Cost of Care Calculation
- Impact of Quality
- Utilization Measures
- Aggregation Methodology, if any
- Relation to Individual Practice Performance

## Track 2 Alternative to Fee-for-Service Payment

**13. Please describe any previous experience in providing alternatives to FFS payment arrangements to primary care practices in the proposed region.**

**14. Please describe your proposed departure from FFS payment for Track 2 practices.**

Please include the following information in your answer:

- Timeline for Instituting Alternative Payment Arrangement
- Rationale for Approach
- Method for Calculating Amount of Alternative Payment

## **Attribution Methodology**

**15. Please describe your proposed methodology to identify members served by participating practices in the proposed region.**

Please include the following information in your answer:

- Timing
- Frequency
- Approach to Notifying Practices of Members For Whom They Are Accountable

## **Data Sharing**

**16. Please describe your current strategy and proposed plan for sharing data with primary care practices in the proposed region, including the level of data shared (individual or aggregate), as well as the frequency of reporting. In your answer, please include information regarding feedback on cost data, utilization data, and real-time hospital and ER data in the proposed region.**



21. Please review the list of CPC+ Quality Measures. Based on this list below, please select the quality measures used to assess the quality performance of participating practices.

**CLINICAL PROCESS/EFFECTIVENESS (10)**

Selection	CMS ID#	NQF#	MEASURE TITLE	MEASURE TYPE/DATA SOURCE
	CMS65	0710	Depression: Remission at Twelve Months	Outcome/EHR
	CMS122	0059	Diabetes: Hemoglobin A1c Poor Control	Outcome/EHR
	CMS165	0018	Controlling High Blood Pressure	Outcome/EHR
	CMS131	0055	Diabetes: Eye Exam	Process/EHR
	CMS149	N/A	Dementia: Cognitive Assessment	Process/EHR
	CMS127	0043	Pneumonia: Vaccination Status for Older Adults	Process/EHR
	CMS137	0004	Initiation and Engagement of Alcohol and other Drug Dependence Treatment	Process/EHR
	CMS125	N/A	Breast Cancer Screening	Process/EHR
	CMS124	0032	Cervical Cancer Screening	Process/EHR
	CMS130	0034	Colorectal Cancer Screening	Process/EHR

**PATIENT SAFETY (3)**

Selection	CMS ID#	NQF#	MEASURE TITLE	MEASURE TYPE/DATA SOURCE
	CMS156	0022	Use of High Risk Medications in Elderly	Process/EHR
	CMS139	0101	Falls: Screening for Future Falls Risk	Process/EHR
	CMS68	0419	Documentation of Current Medications in the Medical Record	Process/EHR

**POPULATION/PUBLIC HEALTH (3)**

Selection	CMS ID#	NQF#	MEASURE TITLE	MEASURE TYPE/DATA SOURCE
	CMS2	0418	Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Process/EHR
	CMS138	0028	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process/EHR
	CMS147	0041	Preventative Care and Screening: Influenza Immunization	Process/EHR

**EFFICIENT USE OF HEALTHCARE RESOURCES (1)**

Selection	CMS ID#	NQF#	MEASURE TITLE	MEASURE TYPE/DATA SOURCE
	CMS166	0052	Use of Imaging Studies for Low Back Pain	Process/EHR

**CARE COORDINATION (1)**

Selection	CMS ID#	NQF#	MEASURE TITLE	MEASURE TYPE/DATA SOURCE
	CMS50	N/A	Closing the Referral Loop: Receipt of Specialist Report	Process/EHR

**PATIENT AND FAMILY ENGAGEMENT (2)**

Selection	CMS ID#	NQF#	MEASURE TITLE	MEASURE TYPE/DATA SOURCE
	N/A	0005	Consumer Assessment of Healthcare Providers and Systems (CAHPS)	Outcome/Patient Survey
	N/A	N/A	Patient Reported Outcome Measures (TBD)	Outcome/Patient Survey

**21a. If applicable, please share any other EHR-specified measures that you would recommend for inclusion in the CPC+ measure set.**

**22. If CPC+ practices shared CPC+ eCQM data with payers, would your organization be able to use these data to analyze practice quality performance?**

Yes

No

**22a. If you selected “no”, please explain why.**

**22b. If you selected “yes”, would the CPC+ eCQM data preclude the need for participating CPC+ practices to report or measure other quality data on your members attributed to CPC+ practices?**

Yes

No

**22c. If you selected “no”, please explain why.**

**23. Are you currently administering patient experience surveys to assess the quality performance of primary care practices?**

Yes

No

**23a. If you selected “yes”, are you willing to use CAHPS as your sole measure of patient experience for practices participating in CPC+?**

## **Proposed Monitoring and Evaluation Strategy**

**24. Please describe how you propose to monitor practices’ progress towards achieving the goals of CPC+.**

**24a. Please describe any actions you would take towards practices not achieving the goals of the program based on your assessment.**

**25. Please describe how you plan to evaluate the impact of your investment in CPC+.**

**25a. Please describe your willingness to share your evaluation findings with CMS.**

