

CMS launches largest-ever multi-payer initiative to improve primary care in America

New Affordable Care Act initiative, designed to improve quality and cost, gives doctors and patients more control over health care delivery

The Centers for Medicare & Medicaid Services (CMS) today announced its largest-ever initiative to transform and improve how primary care is delivered and paid for in America. The effort, the Comprehensive Primary Care Plus (CPC+) model, will be implemented in up to 20 regions and can accommodate up to 5,000 practices, which would encompass more than 20,000 doctors and clinicians and the 25 million people they serve. The initiative is designed to provide doctors the freedom to care for their patients the way they think will deliver the best outcomes and to pay them for achieving results and improving care.

“Strengthening primary care is critical to an effective health care system,” said Dr. Patrick Conway, CMS deputy administrator and chief medical officer. “By supporting primary care doctors and clinicians to spend time with patients, serve patients’ needs outside of the office visit, and better coordinate care with specialists we can continue to build a health care system that results in healthier people and smarter spending of our health care dollars. The Comprehensive Primary Care Plus model represents the future of health care that we’re striving towards.”

Building on the [Comprehensive Primary Care initiative](#) launched in late 2012, the five-year CPC+ model will benefit patients by helping primary care practices:

- Support patients with serious or chronic diseases to achieve their health goals
- Give patients 24-hour access to care and health information
- Deliver preventive care
- Engage patients and their families in their own care
- Work together with hospitals and other clinicians, including specialists, to provide better coordinated care

Primary care practices will participate in one of two tracks. Both tracks will require practices to perform the functions and meet the criteria listed above, but practices in Track 2 will also provide more comprehensive services for patients with complex medical and behavioral health needs, including, as appropriate, a systematic assessment of their psychosocial needs and an inventory of resources and supports to meet those needs.

CPC+ will help practices move away from one-size-fits-all, fee-for-service health care to a new system that will give doctors the freedom to deliver the care that best meets the needs of their patients.

In Track 1, CMS will pay practices a monthly care management fee in addition to the fee-for-service payments under the Medicare Physician Fee Schedule for activities.

In Track 2, practices will also receive a monthly care management fee and, instead of full Medicare fee-for-service payments for Evaluation and Management services, will receive a hybrid of reduced Medicare fee-for-service payments and up-front comprehensive primary care payments for those services. This hybrid payment design will allow greater flexibility in how practices deliver care outside of the traditional face-to-face encounter.

To promote high-quality and high-value care, practices in both tracks will receive up-front incentive payments that they will either keep or repay based on their performance on quality and utilization metrics. The payments under this model encourage doctors to focus on health outcomes rather than the volume of visits or tests.

Practices in both tracks also will receive data on cost and utilization. Optimal use of Health IT and a robust learning system will support them in making the necessary care delivery changes and using the data to improve their care of patients. Track 2 practices' vendors will sign a Memorandum of Understanding (MOU) with CMS that outlines their commitment to supporting practices' enhancement of health IT capabilities. These partnerships will be vital to practices' success in the care delivery work and align with the Office of the National Coordinator for Health IT priority to ensure electronic health information is available when and where it matters to consumers and clinicians.

Under the CPC+ model, Medicare will partner with commercial and state health insurance plans to support primary care practices in delivering advanced primary care. Advanced primary care is a model of care with five key components:

- Services are accessible, responsive to an individual's preference, and patients can take advantage of enhanced in-person hours and 24/7 telephone or electronic access.
- Patients at highest risk receive proactive, relationship-based care management services to improve outcomes.
- Care is comprehensive and practices can meet the majority of each individual's physical and mental health care needs, including prevention. Care is also coordinated across the health care system, including specialty care and community services, and patients receive timely follow-up after emergency room or hospital visits.
- It is patient-centered, recognizing that patients and family members are core members of the care team, and actively engages patients to design care that best meets their needs.
- Quality and utilization of services are measured, and data is analyzed to identify opportunities for improvements in care and to develop new capabilities.

CMS will select regions for CPC+ where there is sufficient interest from multiple payers to support practices' participation in the initiative. 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 in CPC+.

CMS will accept payer proposals to partner in CPC+ from April 15 through June 1, 2016. CMS will accept practice applications in the determined regions from July 15 through September 1, 2016.

The Affordable Care Act, through the creation of the Center for Medicare and Medicaid Innovation, allows for the testing of innovative payment and service delivery models, such as the CPC+ model, to move our health care system toward one that rewards clinicians based on the quality, not quantity, of care they give patients. Today's announcement is part of the Administration's broader strategy to improve the health care system by paying providers for what works, unlocking health care data, and finding new ways to coordinate and integrate care to improve quality.

In March 2016, the Administration estimated [that it met the ambitious goal](#) – eleven months ahead of schedule – of tying 30 percent of Medicare payments to quality and value through alternative payment models by 2016. The Administration's next goal is tying 50 percent of Medicare payments to alternative payment models by 2018. The [Health Care Payment Learning and Action Network](#) established in 2015 continues to align efforts between government, private sector payers, employers, providers, and consumers to broadly scale these gains in better care, smarter spending, and healthier people

Comprehensive Primary Care Plus

Comprehensive Primary Care Plus (CPC+) is a national advanced primary care medical home model that aims to strengthen primary care through a regionally-based multi-payer payment reform and care delivery transformation. CPC+ will include two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices in the United States (U.S.). The care delivery redesign ensures practices in each track have the infrastructure to deliver better care to result in a healthier patient population. The multi-payer payment redesign will give practices greater financial resources and flexibility to make appropriate investments to improve the quality and efficiency of care, and reduce unnecessary health care utilization. CPC+ will provide practices with a robust learning system, as well as actionable patient-level cost and utilization data feedback, to guide their decision making.

CPC+ is a five-year model that will begin in January 2017.

Background

Strengthening primary care is critical to promoting health and reducing overall health care costs in the U.S. CPC+ builds on the foundation of the Comprehensive Primary Care (CPC) initiative, a model tested through the Center for Medicare & Medicaid Innovation that runs from October 2012 through December 31, 2016. CPC+ integrates many lessons learned from CPC, including insights on practice readiness, the progression of care delivery redesign, actionable performance-based incentives, necessary health information technology, and claims data sharing with practices.

CPC+ will bring together CMS, commercial insurance plans, and State Medicaid agencies to provide the financial support necessary for practices to make fundamental 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 throughout the five year initiative.

Model Details

The goal of CPC+ is to improve the quality of care patients receive, improve patients' health, and spend health care dollars more wisely. Practices in both tracks will make changes in the way they deliver care, centered on key Comprehensive Primary Care Functions: (1) Access and Continuity; (2) Care Management; (3) Comprehensiveness and Coordination; (4) Patient and Caregiver Engagement; and (5) Planned Care and Population Health. Additional information about each CPC+ track is listed below:

| | Track 1 | Track 2 |
|-------------------------------------|--|---|
| Practice Capabilities | Pathway for practices ready to build the capabilities to deliver comprehensive primary care. | Pathway for practices poised to increase the comprehensiveness of care through enhanced Health IT, improve care of patients with complex needs, and inventory of resources and supports to meet patients' psychosocial needs. |
| Medicare Care Management Fee | Average Medicare care management fee of \$15 per beneficiary per month. | Average Medicare care management fee of \$28 per beneficiary per month, which includes a \$100 care management fee for patients with the most complex needs. |

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| Medicare Payment Structure | Practices will receive regular fee-for-service payments. | Practices will receive “Comprehensive Primary Care Payments (CPCP)” – a hybrid of Medicare fee-for-service and a percentage of their expected Evaluation & Management (E&M) reimbursements upfront in the form of a CPCP. Practices will receive a commensurate reduction in E&M fee-for-service payments for a percentage of claims. |
| Medicare Performance-Based Incentive Payment | Practices are eligible for a performance-based incentive payment of \$2.50 per beneficiary per month. Incentive payments are prepaid at the beginning of a performance year, but practices may only keep these funds if quality and utilization performance thresholds are met. | Practices are eligible for a performance-based incentive payment of \$4 per beneficiary per month. Incentive payments are prepaid at the beginning of a performance year, but practices may only keep these funds if quality and utilization performance thresholds are met. |
| Health IT Vendor Partner | N/A | Practices must submit a letter of support from their health IT vendor(s) that outlines vendors’ commitment to supporting practices with advanced health IT capabilities. |
| Medicare Payment Structure | Practices will receive regular fee-for-service payments. | Practices will receive “Comprehensive Primary Care Payments (CPCP)” – a hybrid of Medicare fee-for-service and a percentage of their expected Evaluation & Management (E&M) reimbursements upfront in the form of a CPCP. Practices will receive a commensurate reduction in E&M fee-for-service payments for a percentage of claims. |
| Multi-Payer Support | Practices must have support from multiple payers partnering in CPC+. | Payers must have support from multiple payers partnering in CPC+. |

How to Apply

Payer solicitation and practice applications will be a staggered process. First, CMS will solicit payer proposals to partner with Medicare in CPC+ (April 15-June 1, 2016). The choice of up to 20 CPC+ regions will be informed by the geographic reach of selected payers.

Next, CMS will publicize the CPC+ regions, and solicit applications from practices within these regions (July 15-September 1, 2016). Practices will apply directly to the track for which they believe they are ready; however, CMS reserves the right to offer practice entrance into Track 1 if they apply to, but do not meet the eligibility requirements for Track 2.

Practices applying to Track 2 will need to submit a letter of support from their Health IT vendor(s) that outlines vendors' commitment to supporting the practice with advanced health IT capabilities. CMS will sign a Memorandum of Understanding with those health IT vendors supporting Track 2 practices selected to participate in CPC+.

Stakeholder Webinars

CMS will host webinars on the following dates for interested stakeholders:

- **CPC+ Model Announcement – open to all members of the public**
 - Thursday, April 14 | 3:00 – 4:00 p.m. EDT | [Registration is open](#)
 - Tuesday, April 19 | 3:00 – 4:00 p.m. EDT | [Registration is open](#)
- **CPC+ Health IT Vendor Event – open to Health IT vendors only**
 - Thursday, April 21 | 12:00 – 1:00p.m. EDT | [Registration is open](#)
- **CPC+ Interested Payer Event – open to payers only**
 - Wednesday, April 27 | 2:00 – 3:00p.m. EDT | [Registration is open](#)
 - Tuesday, May 10 | 2:00 – 3:00p.m. EDT | [Registration is open](#)

For questions about the model or the solicitation process, please email CPCplus@cms.hhs.gov.

Additional Information