# DEADLINE LOOMING FOR APPLICATIONS FOR CMS'S COMPREHENSIVE PRIMARY CARE PLUS PAYMENT MODEL

Enrollment will soon be closing for the Centers for Medicare and Medicaid Services' ("CMS") new Comprehensive Primary Care Plus ("CPC+") payment model. Building on the success of the Comprehensive Primary Care model, CPC+ aims to strengthen primary care by creating new incentives for providers to invest in resources to improve the quality and efficiency of patient care. Providers interested in enrolling must submit their applications online to CMS by **September 15, 2016**.

### WHO CAN APPLY?

CMS announced in early August that practices in the following 14 regions may apply to participate in CPC+.

- Arkansas: Statewide
- Colorado: Statewide
- Hawaii: Statewide
- Kansas and Missouri: Greater Kansas City Region
- Michigan: Statewide
- Montana: Statewide
- New Jersey: Statewide
- New York: North Hudson-Capital Region
- Ohio: Statewide and Northern Kentucky: Ohio and Northern Kentucky Region
- Oklahoma: Statewide
- Oregon: Statewide
- Pennsylvania: Greater Philadelphia Region
- Rhode Island: Statewide
- Tennessee: Statewide

### WHAT IS CPC+?

CPC+ is a two-track payment model available to primary care practices located in any of 14 regions across the United States. Providers enrolled in CPC+ will still receive fee-for-service payments for primary care services to Medicare beneficiaries and will also receive monthly care management fees for each Medicare patient attributed to their practice. Furthermore, practices will be eligible to retain performance-based incentive payments if they meet certain quality and utilization goals. The risks and benefits of CPC+ vary depending on the track chosen by the practice. The model is intended to be for five years beginning on January 1, 2017.

Practices selected to participate in CPC+ will take on responsibility for improving patient care through enhanced patient access, improved care management and coordination and devoting resources to patient engagement and population health. Practices participating in Track 2 of the model will be required to use Health IT resources to achieve these goals.

### HOW ARE PROVIDERS PAID UNDER CPC+?

CMS will pay practices differently depending on which CPC+ track a practice enrolls in. In both tracks, a practice will receive a monthly care management fee ("CMF") for each Medicare fee-for-service beneficiary attributed to it. CMS intends the CMF to be used to augment staffing

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and training in support of population health management and care coordination. In Track 1, CMF payments will average $15 per beneficiary, while in Track 2, they will average $28 per beneficiary. Track 1 providers will receive these payments in addition to their standard fee-for-service payments for covered evaluation and management services. Track 2 providers will receive evaluation and management payments through a blend of fee-for-service payments and risk-based Comprehensive Primary Care Payments ("CPCP"). CMS expects that Track 2 practices will increase the comprehensiveness of the care that they deliver to patients, so the CPCP amounts will be larger than the FFS payments they are intended to replace.

In addition to the CMF, practices are eligible to retain prospective performance-based payments if the practices meet CMS's utilization and quality goals. In Track 1, practices can receive up to $2.50 per beneficiary per month in performance-based payments, and Track 2 practices can receive up to $4.00 per beneficiary per month.

**WHAT ARE THE BENEFITS AND RISKS OF PARTICIPATING IN CPC+?**

In addition to enhanced reimbursement, providers enrolled in either track of CPC+ will be considered to be in an Advanced APM, exempting qualifying physicians from participating in the new Medicare Merit-Based Incentive Payment System and its negative payment adjustments. In exchange for additional payments from CMS, providers will commit to investing in resources to enhance patient care with a focus on five primary Comprehensive Primary Care Functions. Practices are at risk for the full amount of their performance-based payments. CMS will provide practices with a full performance-based payment up front based on the number of patients attributed to the practice, and the practice may be required to repay CMS if it fails to meet CMS's performance goals. Therefore, each practice will bear some risk for any investments they make with the performance-based payments.

**WHAT TYPES OF PROVIDERS CAN PARTICIPATE IN CPC+ AND HOW DO THEY COMPLETE THE APPLICATION PROCESS?**

Hospital-owned and affiliated medical groups, hospital-employed physicians and independent medical groups and physicians may apply to participate in CPC+.[1] Applications should be submitted online via the CMS website by September 15, 2016.

**WHERE CAN PRACTICES RECEIVE ADDITIONAL INFORMATION ON CPC+?**

Practices interested in participating in CPC+ can obtain more information for the program by visiting CMS's website here.

If you have any questions regarding CPC+, please do not hesitate to contact us:

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[1] Rural Health Clinics and Federally Qualified Health Clinics are not eligible to participate in CPC+.

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