



Comprehensive Primary Care Initiative (CPCI)

On September 28, the Centers for Medicare & Medicaid Services [announced](#) the [Comprehensive Primary Care Initiative](#) (CPCI). This important effort, initiated by the CMS Innovation Center and [supported](#) by the AAFP, is designed to help primary care practices deliver higher quality, better coordinated, and more patient-centered care. Under the CPCI, Medicare, commercial, and state insurance plans will offer bonus payments to primary care doctors who better coordinate care for their patients.

The initiative will combine fee-for-service payments with a per-patient, per-month (PBPM) coordination fee that will range from \$8 to \$40 and will be risk-adjusted based on a one-time retrospective look at the three years of prior claims data and hierarchical condition category (HCC) scores. CMS will identify five to seven regional markets to participate and will then recruit 75 primary care practices, recognized as medical homes and whose physicians are board certified, to participate. Those primary care physicians will earn the monthly per-patient fee for both Medicare and Medicaid patients as well as for their patients who are enrolled in participating private sector plans. The cost savings resulting from this reform will be shared with the physicians as an incentive to keep health care affordable. After a few years, the coordination fee would be adjusted down as regional savings are shared with providers. CMS has the authority to expand the initiative across the country for Medicare and Medicaid if it is shown to improve quality and lower costs.

Public and private health care payers interested in applying to participate must submit a non-binding letter of Intent by November 15, 2011. Interested primary care practices will then apply to participate in the spring of 2012. The intent is for the CPCI to be operational in the summer of 2012.

For practices to be eligible for the Comprehensive Primary Care initiative, they must meet the following criteria:

- A practice must be a primary care practice and as such:
 - Provide the first point of contact for patients and ongoing care.
 - Be led by a board-certified general practitioner, internist, family physician, geriatrician or advanced practice nurse (as allowed by state law).
 - Composed of predominantly, but not necessarily exclusively, primary care providers, defined as one of the following: a physician who has a primary specialty designation of family medicine, internal medicine, or geriatric medicine; a nurse practitioner, clinical nurse specialist, or physician assistant for whom primary care services accounted for at least 60% of allowed charges under the Physician Fee Schedule.
 - Provide predominantly, but not necessarily exclusively, primary care services. These services may include those denoted by the following codes: 99201-99215; 99304-99318; 99324-99340; 99341-99350; GO402, G0438, and G0439; 99241-99245; 99354-99355; 99358-99359; 99381-88387; 99391-99387; 99401-99404; 99406-99409; 9941-99412; 99420; 99429; 99374-99380; and G0008-G0010.
 - May have multiple sites as long as these sites function as an integrated entity with centralized decision making, shared office space, facilities, clinical records, equipment, and personnel.
- Have National Provider Identifiers (NPIs) and Tax Identification Numbers (TINs).
- Be geographically located in a selected market.
- Have at least 60% of their revenues generated by payers participating in this initiative.
- Have a minimum of 200 eligible non-institutionalized Medicare beneficiaries, who are eligible for Part A and enrolled in Part B, but who are not enrolled in a Part C plan, Medicare Cost Plan, Demonstrations Plan, or PACE Plan, and who do not have end-stage renal disease (ESRD). Medicare must be the primary insurer for these beneficiaries.
- Use an electronic health record (EHR) system or electronic registry.

The AAFP continues to analyze this exciting new initiative, though there are already a few areas of concern in which the AAFP will continue working with CMS to improve:

- The definition of primary care providers for eligibility purposes, which if not properly constructed could prevent about 40 percent of family physicians from participating and an even higher percentage of general internal medicine physicians.
- CMS announced few details regarding how and when CMS can lower the PBPM fee. If the PBPM fee is designed to pay for coordination of care, why would it fluctuate with the level of savings?
- CMS must perform the risk adjustments needed for the PBPM fee. In the past, CMS's ability to properly risk adjust has been questionable and the AAFP will work with the agency to ensure appropriate risk adjustment for the Medicare and Medicaid populations.
- Though the AAFP understands that CMS, in order to properly study and evaluate their payment initiatives, must prevent physician participation in the CPCI if the physician is already participating in a separate initiative, the AAFP is concerned that family physicians must choose between the CPCI and other innovative payment efforts. To participate in the CPCI, practices will not be allowed to also participate in the:
 - Medicare Shared Savings Program (Medicare ACO) or the Pioneer ACO program;
 - Federally Qualified Health Center (FQHC);
 - Advanced Primary Care Practice Demonstration;
 - Independence at Home Demonstration;
 - Medicare High Cost Demonstration;
 - Multi-payer Advanced Primary Care Practice Demonstration; or the
 - Physician Group Practice Demonstration.
- The Innovation Center will enter into an agreement with selected practices that include terms and conditions of participation. Practices will be monitored continuously, and the Innovation Center reserves the right to terminate its participation with practices that are not performing according to the requirements established at the outset of the initiative. Payers and practices will enter into agreements of their own.

For more information from CMS, visit the Comprehensive Primary Care initiative [web site](#), review the more detailed [Solicitation for the Comprehensive Primary Care Initiative](#), or ask specific questions to CMS by e-mailing CPCi@cms.hhs.gov.