

CPC Initiative FAQ

1. What is the Comprehensive Primary Care (CPC) initiative?

The CPC initiative is a four year, multi-payer initiative led by the Centers for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation to test a service delivery model of comprehensive and accountable primary care. The initiative includes a monthly, per-patient care management fee and the potential to share in any savings to the Medicare program, in addition to traditional fee-for-service payments.

In April 2012 the CMMI released the names of seven geographic markets that were chosen to participate in the CPC initiative (see back).

2. What does the CPC initiative mean for me?

The primary care system is evolving at a rapid pace with changes in the payment environment and increasing expectations related to value, service, and outcomes for patients. The Patient Protection and Affordable Care Act created new tools for CMS to test and integrate into primary care, including medical homes, health homes, Accountable Care Organizations, and Medicare shared saving programs. Private sector payers have also adopted payment and practice reform tools such as the patient-centered medical home and risk stratified payment formulas. Primary care physicians have a unique opportunity to shape the future of health care through participation in this and other innovative initiatives that demonstrate their ability to increase quality of care while containing costs.

The CPC initiative will create an opportunity for selected primary care practices who are committed to improving the patient experience through increased access and continuity, planned care for chronic conditions and preventative care, patient and caregiver engagement, coordination of care across the medical neighborhood, and risk-stratified care management to receive enhanced payments based on a per member per month formula. The success of participating practices may result in the expansion of this model to additional markets and create momentum for additional payment reform.

3. What is Comprehensive Primary Care? Don't I already provide "comprehensive primary care"?

Most family physicians already have some of the components of comprehensive primary care in place. The CMS Innovation Center will provide resources to help primary care physicians work with patients in a comprehensive way to achieve better health, better care, and lower costs by:

- Managing care for patients with high health care needs
- Ensuring access to care
- Delivering preventative care
- Engaging patients and caregivers
- Coordinating care across the medical neighborhood

4. How does the CPC initiative fit with the patient-centered medical home (PCMH) model?

The CPC initiative aligns with the patient-centered medical home model. Both models of care include a personal physician, physician directed medical practice, whole person orientation, and coordinated care. In terms of infrastructure, both include access and continuity of care, population and disease management through electronic health records and patient registries, quality, and safety.

5. Now that the CPC initiative markets have been chosen, what's next?

The CMS Innovation Center planned a tiered approach towards project implementation including market, payer, and practice selection to meet a tentative project start date of Fall 2012.

Now that the seven markets have been determined, The CMS Innovation Center is focused on selecting payers and practices in those areas. The CMS Innovation Center proposed the following timeline for the CPC initiative:

Spring 2012 – Payer meetings convened in Washington D.C. and Memorandums of Understanding signed

Summer 2012 – Practices located in selected markets complete applications by July 20, 2012

October 2012 – CPC initiative launches in the Arkansas and Oklahoma (Greater Tulsa region) markets

November 2012 – CPC initiative launches in the Colorado, New Jersey, New York (Capital District-Hudson Valley region), Ohio (Greater Cincinnati-Dayton and Northern Kentucky regions), and Oregon markets

End of Project Year One – Practices must meet nine CPC initiative milestones

Years Two through Four – Future milestones must be completed by practices and CMS determines if project will be expanded to additional markets

6. What is the new reimbursement model that participating payers and Medicare are agreeing to use? Will it change how my practice generates revenue?

The central principle of the entire CPC initiative, as well as the larger industry trends, is to pay primary care providers for the quality of their health care outcomes as opposed to the current system of paying for the volume of patients seen and procedures conducted.

The CMS Innovation Center laid out the fundamental framework for reimbursement to which all participating payers must commit. This blended payment model is composed of:

- Base fee-for-service (FFS)
- Care management per-member-per-month (PMPM) fee
- Shared savings, which will be determined on an aggregate market level

The CMS care management fee will range from \$8 to \$40, with an average of \$20 PMPM for each Medicare patient in the first two years of the initiative. For the third and fourth years the PMPM will average \$15 for Medicare patients.

The private payers participating in each market have committed to the CMS Innovation Center that they will also provide meaningful payment and support to practices participating in the CPC initiative. The details of their payment and compensation system will be negotiated directly between the private payers and primary care practices.

The CMS Innovation Center encourages all primary care practices interested in taking part in the CPC initiative to contact the private payers participating in the CPC initiative to ensure clarity on the commitment of those plans for financial and technical support.



7. Will CMS, the participating payers, or the convener provide any resources to help facilitate my practice's participation? What kind of investments will my practice need to make to participate?

The CMS Innovation Center has stated that one of the central expectations of the CPC initiative is that participating practices will receive technical assistance and broader education as a core component of the initiative in each market. The details regarding the nature of this technical assistance are as of yet unavailable. CMS is committed to using local resources when and where they are available.

8. Is my practice eligible to participate? What practice characteristics are the most desirable as practices apply?

It has been made clear by the CMS Innovation Center that they are only interested in recruiting high-functioning practices which will most likely be successful over the four year program. The minimum requirements for participation have been established. To qualify practices must:

- Provide comprehensive primary care to all patients (see Question 3)
- Serve at least 150 Medicare fee-for-service beneficiaries
- Submit Medicare claims using the standard Medicare Physician/Supplier claims form (CMS-1500)

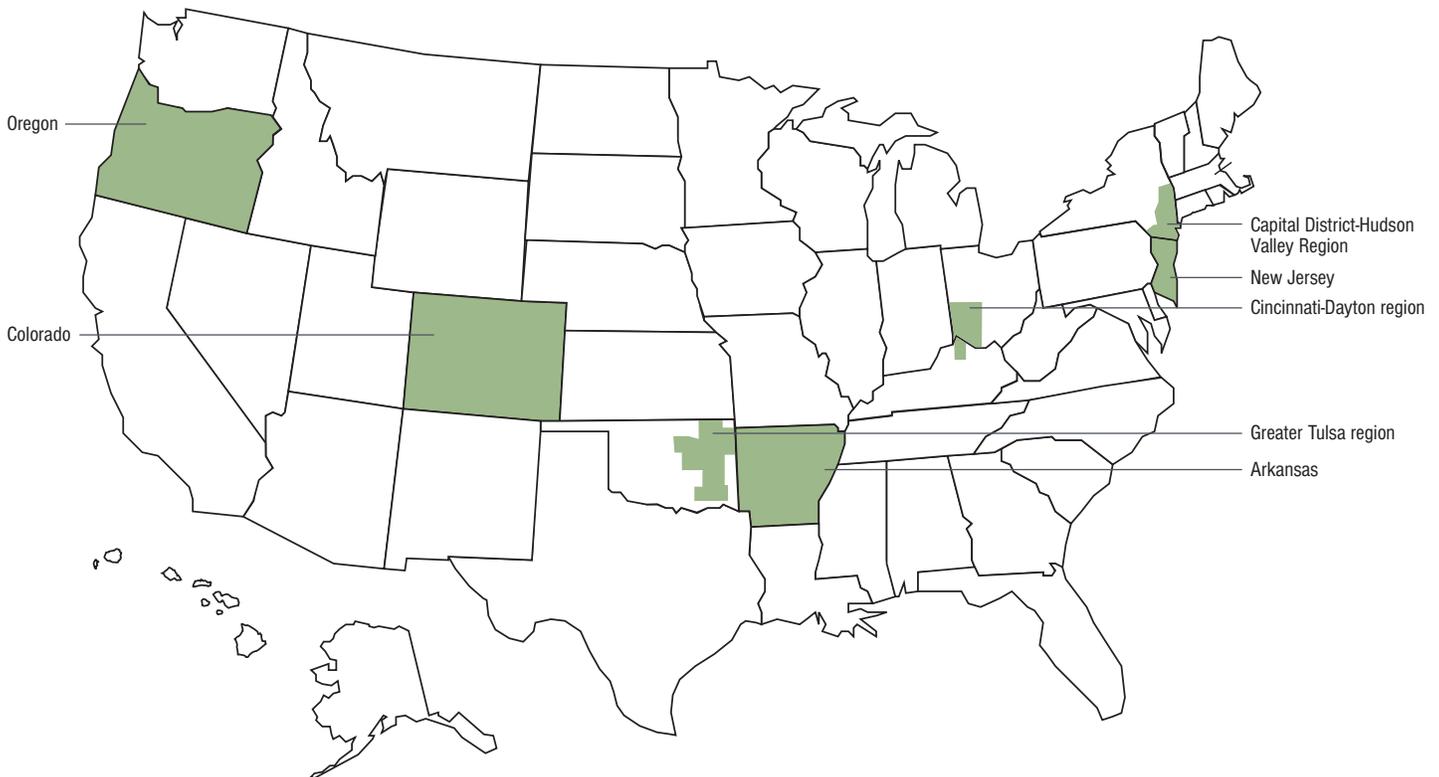
- Be geographically located in selected regions
- Declare a willingness to transform in all five comprehensive primary care functional areas
- Agree to provide comprehensive primary care and evaluation activities

9. What if my market wasn't chosen? Should I wait to see the outcomes of this four (4) year project?

An important feature of the CPC initiative is the built in ability for the Secretary of Health and Humans Services to expand the CPC initiative to additional markets without congressional approval if the project shows promise in its first two years. Even if your practice was not chosen to participate in this initial project, you may be selected if the project is expanded. The general payment environment is changing to favor these same capabilities so moving toward the PCMH is a good strategy.

CMS and many private payers are developing initiatives similar to the CPC initiative that you may qualify to participate in. It is critical that you continue to work toward conversion to an electronic health record system that meets meaningful use criteria and patient-centered medical home recognition so that you are positioned to take advantage of future initiatives.

CPC Initiative Selected Markets



The seven markets selected to participate in the CPC initiative include the statewide markets of Arkansas, Colorado, New Jersey, and Oregon, and the partial-state markets of New York (Capital District-Hudson Valley Region), Ohio (Cincinnati-Dayton region), and Oklahoma (Greater Tulsa region). For a detailed description of partial-state markets by counties, visit aafp.org/cpci.