

# Comprehensive Primary Care Plus (CPC+)



## FACT SHEET

• April 2017

Arkansas is recognized nationally as a leader in value-based healthcare payment innovation. In 2012 the state launched an episodic payment model and was also selected for the original Comprehensive Primary Care initiative (CPC). Arkansas's efforts were reinforced in 2013, when the state was one of only six regions selected for a State Innovation Model (SIM) award by the Centers for Medicare and Medicaid Services (CMS). The state began a statewide Patient-Centered Medical Home (PCMH) program in 2014.<sup>1</sup> Public and private multi-payer participation and collaboration are hallmarks of each of these components.

## INTRODUCTION

In 2016 Arkansas was one of 14 regions selected through a competitive process to participate in Comprehensive Primary Care Plus (CPC+), a five-year, multi-payer initiative designed to strengthen primary care delivery, promote better health outcomes, and control overall health care costs.<sup>2</sup> Launched by the Centers for Medicare and Medicaid Services (CMS) and supported by Arkansas's largest public and private payers, CPC+ represents an overall shift to incentivize higher quality care through value-based alternative payment models (APM). The original CPC program from 2012 through 2016 brought an estimated \$50 million to the state to support 69 practices; CPC+ will also bring significant financing into the state to support care management in participating practices.

## HOW CPC+ WORKS

Providers in the 14 CPC+ regions were invited to apply for participation. Practices were selected by CMS to participate in one of two tracks within CPC+. Similar to Arkansas's PCMH program, providers in CPC+ are paid per-beneficiary, per-month (PBPM) care management fees up front and may also receive incentive payments for achieving quality and utilization targets within their patient panels. Track 2 practices also receive a portion of their expected fee-for-service (FFS) reimbursements up front for evaluation and management services, in exchange for reduced downstream Medicare FFS reimbursements. Each participating payer contributes financial support to practices.

CPC+ builds on and supports the experience of the many Arkansas providers who have already gained experience in the original CPC program and the state PCMH program.

### TRACK

1 2



### CPC+ Practice Eligibility Criteria

- Must have at least 150 Medicare beneficiaries
- Must use certified electronic health record (EHR)
- Assign patients to provider panel
- Support quality improvement activities
- Provide 24/7 access for patients

### Additional Requirements for Track 2 Clinics

- Develop and record care plans
- Follow up with patients after emergency department (ED) or hospital discharge
- Link patients to community-based resources
- Provide letter of support from health IT vendor that outlines vendor commitment to optimization

## Quick Look: CPC+ By the Numbers

**5** year program that began in January '17

**14** regions selected including Arkansas

**6** public & private payers participating in Arkansas

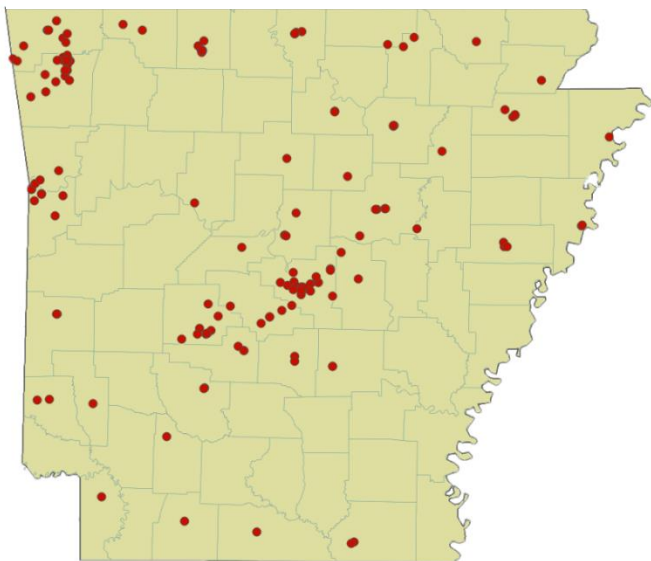
**182** Arkansas practices participating; 2,893 across all regions

**689** Arkansas primary care clinicians; 13,090 total in all regions

## CPC+ PROVIDER AND PAYER PARTICIPATION

Figure 1 (below) shows locations of clinics in Arkansas participating in CPC+. Of the 182 clinics enrolled in CPC+, 77 are in Track 1 and 105 are in Track 2. Many of the providers participating in CPC+ are also participating in the state's PCMH program. Among the 192 clinics enrolled in the state's PCMH program, 177 clinic sites include CPC+ providers.

**Figure 1. Clinics Participating in CPC+**



### Clinics Participating in CPC+

Number of clinics participating in CPC+ voluntarily statewide: 182

- Track 1: 77 clinics
- Track 2: 105 clinics

### Payers Participating in CPC+

AR Blue Cross Blue Shield  
AR Health and Wellness Solutions  
AR Medicaid  
AR Superior Select  
HealthSCOPE Benefits  
QualChoice

## CPC+ CARE DELIVERY REQUIREMENTS AND QUALITY TARGETS

CPC+ facilitates care delivery transformation by providing directives in the following areas:

- **Access and Continuity:** Provide patients with 24/7 access to care and assign patient care teams; Track 2 to provide care delivery options outside of traditional office visits
- **Care Management:** Utilize risk-stratification to identify high-needs patients, provide targeted individual case management, and offer ED and hospital visit follow-up care
- **Comprehensiveness and Coordination:** Manage patients' primary care, behavioral health, and any health-related social or specialty care needs across the system; monitor patient admission, discharge, and transfers from EDs and hospitals; identify appropriate specialists for referrals; Track 2 to perform psychosocial needs assessments
- **Patient and Caregiver Engagement:** Conduct annual Patient and Family Advisory Council (PFAC) meetings; Track 2 to conduct PFAC meetings twice a year and provide patients with self-management support
- **Planned Care and Population Health:** Review quality and utilization reports from payers quarterly to assess and inform population health management; Track 2 to meet weekly to review population-level data
- **Provider Reporting and Health IT Requirements:** Use practice-level health IT to support population health focus and team-based structure; use certified EHRs and report electronic clinical quality measures; Track 2 to work with vendors to develop and optimize a set of health IT functions

## CPC+ PAYMENT INNOVATIONS

Value-based APMs seek to restructure the way providers are paid so that payments are based on the quality and efficiency of care rather than the overall volume of care, i.e. traditional FFS payments. In CPC+, Medicare offers three payment elements, detailed in Figure 2 (see next page), to incentivize providers to better manage patient care. While payer methodology differs somewhat, Medicare and partner payers in Arkansas all pay up front PBPM care management fees to providers in both practice tracks. Medicare also pays a PBPM performance-based incentive payment for Track 1 and 2 practices. The third payment element is a payment restructuring for Track 2 practices that offsets traditional FFS reimbursements with a prospective Comprehensive Primary Care payment meant to support care delivery to patients with the most complex needs.

**Figure 2. CPC+ Payment Structure for Medicare**



	Care management fee (risk adjusted)	Performance-based incentive payment	Payment structure redesign
<b>Objective</b>	Support proactive care management, staffing, and training needs for comprehensive care	Rewards practices for achieving quality and utilization performance targets	Shifts away from FFS to a prospective payment model to offer provider flexibility
<b>Track 1</b>	\$15 average	\$2.50 opportunity	N/A (standard FFS)
<b>Track 2</b>	\$28 average; including \$100 to support patients with complex needs	\$4.00 opportunity	Reduced FFS with prospective CPC payment

*“CPC+ is a positive step toward providing Arkansas physicians a stable practice income as health care moves in the direction of payment reform through alternative payment models.”*

– Stacy Zimmerman, MD, participant in the original CPC initiative

## QUALITY PAYMENT PROGRAM AND CPC+

CMS considers CPC+ to be an advanced APM. Beginning in 2019 under the guidelines of the federal Quality Payment Program (QPP), eligible providers who participate in advanced APMs will not be subject to potential negative Medicare payment adjustments. Because they are in an APM, the 182 clinics participating in CPC+ in Arkansas will be excluded from these potential negative payment adjustments.<sup>3</sup>

To expand opportunities for Medicare primary care clinicians to participate in advanced APMs under the QPP, CMS has offered a round of solicitations in 2017 for additional payers and practices to partner in CPC+ Round 2 for 2018. CMS is accepting proposals from payers in up to 10 new regions, as well as new payers in any of the existing 14 CPC+ regions. Current CMS policy regarding CPC+ Round 2 indicates that no new Arkansas practices will be accepted into CPC+ Round 2 in 2018. While practices located within new Round 2 regions may apply in late spring or early summer 2017, CMS has stated that new practices located in existing CPC+ Round 1 regions such as Arkansas will not be accepted.

## SUSTAINING MULTI-PAYER AND PROVIDER PROGRESS

All of the Arkansas payers in CPC+ meet and collaborate regularly in order to align strategies to the greatest extent possible. In doing so, payers aim to support providers and streamline CPC+ processes. Arkansas’s PCMH model is in alignment with CPC+, and in order to share best practices, the Arkansas payer group meets regularly with regional CPC+ payers from Oklahoma and Greater Kansas City. Local payers and CMS alike offer consistent and recurring opportunities for ongoing learning. National and regional learning communities have been established and promoted via webinars and in-person meetings.<sup>4</sup> Continued engagement and feedback from patients, providers, regional payers, and policymakers is necessary to continue the success of CPC+ and value-based payment models in the state.

## REFERENCES

1. Arkansas’s Health Care Payment Improvement Initiative: <http://www.paymentinitiative.org/Pages/default.aspx>
2. Full list of CPC+ regions and payers: <https://innovation.cms.gov/Files/x/cpcplus-payerregionlist.pdf>
3. For more information on the Quality Payment Program, please visit: <http://www.achi.net/Content/Documents/ResourceRenderer.ashx?ID=352> or <https://qpp.cms.gov/>
4. Updated information regarding CMS CPC+ learning activities may be found at: <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>