Comprehensive Primary Care Plus (CPC+)

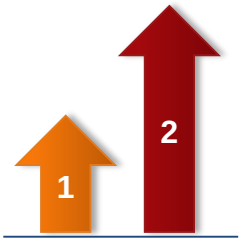
A new model for primary care in America

To transform the way primary care practices care for patients, payers must also transform the way they pay clinicians. Multi-payer payment transformation in support of practice transformation is at the heart of **CPC+**.

Payment Innovation Supports Practice Transformation

Comprehensive Care

- Patient Access
- Care Management and Coordination
- Patient Engagement and Population Health



Capabilities and Payment by Track

Financial Support

- Care Management Payments
- Incentive Payments for Quality and Utilization
- Alternative to Fee-for-Service (FFS) Payment Structure (Track 2 only)

Medicare FFS Financial Support for CPC+ Practices

	Care Management Fee (PBPM)	Performance-Based Incentive Payment (PBPM)	Underlying Payment Structure
Track 1	$15 average	$2.50 opportunity	Standard FFS
	Paid prospectively on a quarterly basis	Paid prospectively on an annual basis; must meet quality and utilization metrics to keep incentive payment	Regular Medicare FFS claims payment
Track 2	$28 average; including $100 to support patients with complex needs	$4.00 opportunity	Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)
	Paid prospectively on a quarterly basis	Paid prospectively on an annual basis; must meet quality and utilization metrics to keep incentive payment	CPCP paid prospectively on a quarterly basis; Medicare FFS claim is submitted normally but paid at reduced rate

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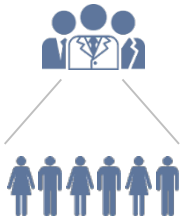
Payment Examples for Practices in CPC+

The following examples depict potential scenarios for practices participating in CPC+. Outcomes may vary and are based on a multitude of factors. These examples are to be used for illustrative purposes only and should not be interpreted to be practices' payment in CPC+.

In addition to Medicare payments, practices also receive additional, aligned financial support from other CPC+ partner payers. Please contact payer partners directly for details on their payment models.

Clinic A is a medium-size practice with nine physicians – six family medicine physicians and three internal medicine physicians. This practice opts for **Track 1** and has 1,150 attributed* Medicare FFS beneficiaries. With CPC+ funds, the clinic hires two care managers and a pharmacist who will focus on helping manage patients with uncontrolled chronic conditions.



9 practitioners

1,150 attributed beneficiaries

Using data from the clinics' electronic health record (EHR) as well as payer reports, the care managers identify patients with chronic conditions that have not had an office visit in the previous 12 months and those that were recently hospitalized or had a recent emergency department visit. The care managers develop processes to regularly track and communicate with these patients. Additionally, the practice establishes weekly meetings for all staff, including physicians and the pharmacist, to discuss high and rising risk patients.

Practice A would receive the following CPC+ Medicare payments:

Care Management Fees

Based on risk scores for attributed beneficiaries, practice receives an average of **$14.50 PBPM**

Total: $200,100

Performance-Based Incentive Payment**

Practice receives an **at-risk** incentive payment of **$2.50 PBPM**

Total: $34,500

Underlying Payment Structure

Practice continues to receive regular FFS Medicare payments based on the Medicare Physician Fee Schedule

*Not all Medicare FFS beneficiaries the practices cares for are attributed to the practice. Only those who have received the plurality of their primary care at the practice over the past two years will be attributed. See the CPC+ Payment Methodology Paper for the detailed attribution methodology.

**The PBIP is pre-paid and subject to recoupment in whole or in part based on practice performance on quality and utilization metrics.

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3 practitioners

250 attributed beneficiaries

Practice B is a small practice with two nurse practitioners and an internal medicine physician. Practice B opts for **Track 2** and has 250 attributed* Medicare FFS beneficiaries in CPC+. The practice cares for a large number of high risk patients, including several that have been diagnosed with dementia. The practice decides to hire a nurse practitioner to do home visits, and will target these visits to high risk patients with limited mobility or other health issues that make office visits difficult.

In addition to the care management fee, this Track 2 practice will receive the prospectively paid Comprehensive Primary Care Payment (CPCP) and commensurately reduced Evaluation and Management (E&M) fee-for-service payment. The CPCP allows practices to provide clinical care outside of the office, which is particularly helpful to high risk patients and those with dementia. The practice finds that the home visits are particularly useful in uncovering patients' unmet social needs, so they spend time building relationships with social service providers in the community to better support patients.

Practice B would receive the following CPC+ Medicare payments:

Care Management Fees

Based on risk score for attributed beneficiaries, practice receives an average of **$32 PBPM**

Total: $96,000

Performance-Based Incentive Payment**

Practice receives an at-risk incentive payment of **$4 PBPM**

Total: $12,000

Underlying Payment Structure

Practice elects to receive 65% prospective CPCP (plus an additional 6.5% bump), based on historic E&M revenue of $35,000

Total: $24,228

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