

June 20, 2017

SUBJECT: Invitation to Apply to Participate in Comprehensive Primary Care Plus Model – Deadline is July 13, 2017

Dear Primary Care Practitioner:

Strengthening primary care is critical to promoting health and reducing overall health care costs. We believe that through multi-payer payment reform and practice transformation, primary care practices can deliver more patient-centered, higher quality care, and lower the use of unnecessary services that drive total costs of care.

We are writing today to invite you to apply to participate in **Comprehensive Primary Care Plus (CPC+)**. CPC+ is an advanced primary care medical home model run by the Center for Medicare and Medicaid Innovation, part of the Centers for Medicare & Medicaid Services (CMS). The voluntary model brings together public and private payers to provide financial resources and learning support to promote the delivery of comprehensive, patient-centered primary care for all of your patients.

There are nearly 3,000 practices across 14 geographic regions already participating in this five-year model, and we expect to accept up to 1,000 new practices to join CPC+ in four new regions: Louisiana, Nebraska, North Dakota, and Greater Buffalo, New York (Erie and Niagara Counties). CPC+ will begin in these regions on January 1, 2018.

Private payers have agreed to provide enhanced payments to support practices in achieving the goals of CPC+. All four regions have the support of Blue Cross Blue Shield plans, which are joined by Independent Health Association, Inc. in the Greater Buffalo Region and Amerigroup Louisiana Inc. and AmeriHealth Caritas Louisiana, Inc. in Louisiana.

We encourage you to learn more and apply at <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus> by July 13th. You can also view introductory CPC+ videos at <http://tiny.cc/CPCplus>.

We hope you'll join us on our mission to strengthen primary care in America.

Sincerely,

Enhancing Care Delivery

When applying to CPC+, your practice will select one of two program “Tracks” depending on your experience with and readiness for practice transformation, with increased expectations and financial supports for rapid change in Track 2. Practices in both Tracks will develop new capabilities to deliver comprehensive care for your entire population of patients, including:



Risk stratifying your patient population, so that you can proactively target high-risk patients for relationship-based care management



Collaborating with specialists, hospitals, EDs, and community-based resources to support your patients’ medical, behavioral and health-related social needs



Leveraging data from your own health IT and payer reports to support population health management and improve the quality and efficiency of care at your practice

Financial Support for Practice Transformation

As you build capabilities to deliver comprehensive care, you will be compensated in three ways. *Non-visit-based care management payments* will enable your practice to augment staffing and training in support of population health and care coordination. A *performance-based incentive payment* will

| | Care Management Fee (PBPM) | Performance-Based Incentive Payment (PBPM) | Payment Structure Redesign |
|-----------|---|--|---|
| Objective | Support augmented staffing and training for delivering comprehensive primary care | Reward practice performance on utilization and quality of care | Reduce dependence on visit-based fee-for-service to offer flexibility in care setting |
| Track 1 | \$15 average | \$2.50 opportunity | N/A (Medicare FFS) |
| Track 2 | \$28 average; including \$100 to support patients with complex needs | \$4.00 opportunity | Upfront “Comprehensive Primary Care Payment” (CPCP) + Reduced FFS |

reward you for delivering high-quality care and preventing unnecessary care. For Track 2 practices only, a *shift away from fee-for-service payment* will give your practitioners more flexibility to choose the care delivery methods that best meet the needs of their patients. Practices randomly assigned to the CPC+ control group with not receive the three payments.

Free Technical Assistance and Learning Opportunities

CPC+ offers a robust learning community that will provide you and other CPC+ practices with opportunities for in-person and web-based learning. An online social media platform called CPC+ Connect will allow you to ask questions of your peers, and designated Practice Facilitators will offer targeted, practice-level technical assistance as you use data to improve the care you deliver. Practices randomly assigned to the control group will not participate in the CPC+ learning community.

Eligibility Criteria

Eligible applicants are primary care practices that provide services to at least 125 Medicare beneficiaries each year with at least 45% of revenue from CPC+ payer partners. All practices must use 2015 Certified EHR Technology (CEHRT) by January 1, 2018 and must already assign patients to a practitioner or care team, provide 24/7 patient access, and support quality improvement activities. In addition, practices applying for Track 2 must already develop care plans, follow up with patients after hospital or emergency department discharge, have a process to link patients with community-based resources, and obtain a letter of support from their health IT vendor.