

MEDICARE COMPREHENSIVE PRIMARY CARE PLUS (CPC+)

Description

Comprehensive Primary Care Plus (CPC+) is a national advanced primary care medical home model that aims to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation. CPC+ includes two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices in the United States (U.S.).

Background

CPC+ is a unique public-private partnership, in which practices are supported by 55 aligned payers in 18 regions (PDF). This partnership gives practices additional financial resources and flexibility to make investments, improve quality of care, and reduce the number of unnecessary services their patients receive.

CPC+ provides practices with a robust learning system, as well as actionable data feedback to guide their decision making. The care delivery redesign ensures practices have the infrastructure to deliver better care, resulting in a healthier patient population.

Model Details

CPC+ seeks to improve quality, access, and efficiency of primary care. Practices in both tracks will make changes in the way they deliver care, centered on key Comprehensive Primary Care Functions: (1) Access and Continuity; (2) Care Management; (3) Comprehensiveness and Coordination; (4) Patient and Caregiver Engagement; and (5) Planned Care and Population Health.

To support the delivery of comprehensive primary care, CPC+ includes three payment elements:

1. Care Management Fee (CMF): Both tracks provide a non-visit-based CMF paid per-beneficiary-per month (PBPM). The Medicare FFS CMFs are paid on a quarterly basis. The amount is risk-adjusted for each practice to account for the intensity of care management services required for the practice's specific population.
2. Performance-Based Incentive Payment: CPC+ prospectively pays and retrospectively reconciles a performance-based incentive based on how well a practice performs on patient experience measures, clinical quality measures, and utilization measures that drive total cost of care.
3. Payment under the Medicare Physician Fee Schedule: Track 1 continues to bill and receive payment from Medicare FFS as usual. Track 2 practices also continue to bill as usual, but the FFS payment will be reduced to account for CMS shifting a portion of Medicare FFS payments into Comprehensive Primary Care Payments (CPCP), which will be paid in a lump sum on a quarterly basis absent a claim. Track 2 practices are expected to increase the comprehensiveness of care delivered, and thus, the CPCP amounts will be larger than the FFS payment amounts they are intended to replace.

Relevance to Ohio CPC

■ The Ohio Department of Medicaid submitted a coordinated application for Medicare CPC+ alongside all 5 Medicaid managed care plans and 5 commercial payer partners. CMS will announce by the end of July whether Ohio has been selected as a region for Medicare CPC+ participation.

■ Ohio's CPC program is highly aligned with Medicare CPC+ in terms of payment streams, eligibility requirements, and program requirements

Learn more

CPC+ Partners: [CPC+ Payer List \(PDF\)](#) | [CPC+ Practice Participant List](#)

[CPC+ Request for Applications \(PDF\)](#)

[CPC+ Payment Methodology Paper PY 2020 \(PDF\)](#)

[CPC+ Practice Frequently Asked Questions \(PDF\)](#)