

Comprehensive Primary Care Plus (CPC+): *Updates for Montana*

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Today's Presentation

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CPC+ Recap

Multi-payer Alignment in Montana

Next Steps for Montana CPC+



CPC+ Recap



CPC+ Recap

CPC+ aims to improve health and reduce costs through transformed primary care, supported by multi-payer payment reform, data transparency and aligned quality measurement. Montana has been selected to participate, starting in January 2017.



5
Years

Beginning January 2017,
progress monitored quarterly



2
Program Tracks

Based on practices'
readiness for transformation



Up to **2,500**
Practices Per Track

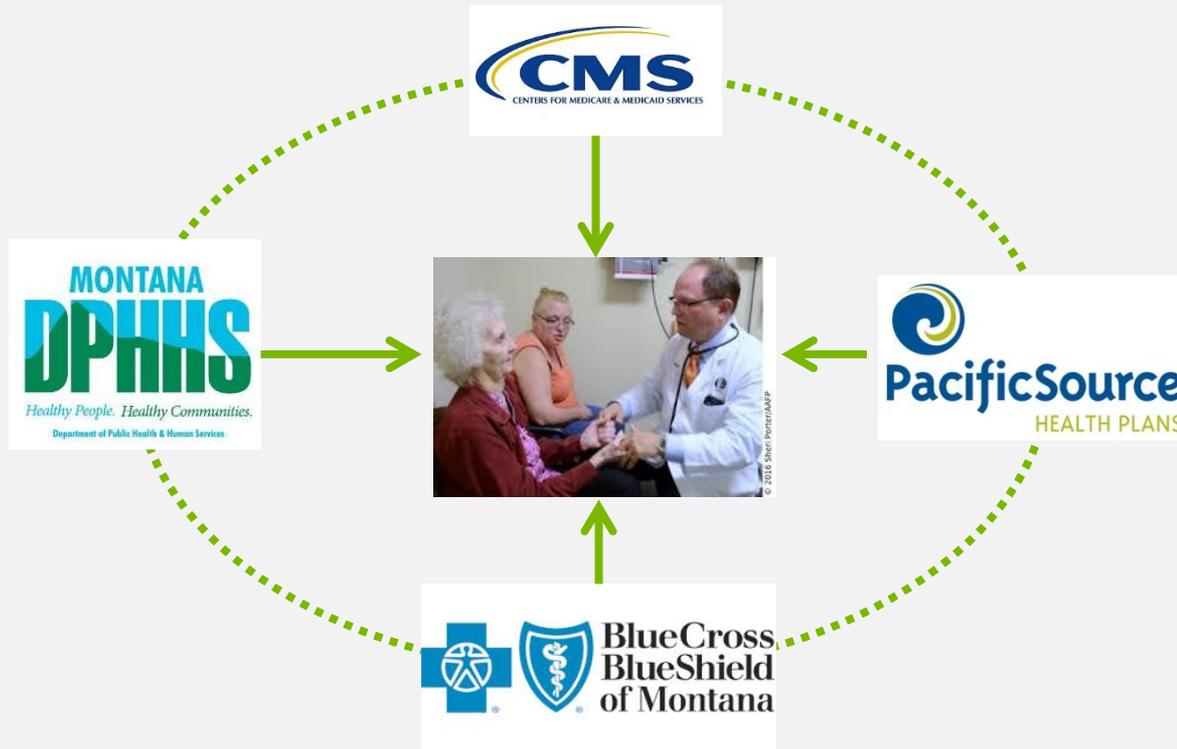
Dependent upon interest and
eligibility

CPC+ Regions and Payers

CPC+ Region	# of Payers
AR	6
CO	5
HI	1
Greater Kansas City	1
MI	2
MT	3
NJ	3
North Hudson-Capital Region	3
OH & Northern KY	12
OK	5
OR	15
Greater Philadelphia	2
RI	3
TN	4



In Montana, DPHHS, Blue Cross/Blue Shield and Pacific Source are participating in CPC+ alongside CMS



Participating payers have signed Memoranda of Understanding, undertaking to:

- Pay practices non-visit-based care management fees and quality payments;
- Share cost and quality information with practices
- Align on quality metrics

Partner Payers Aligned With But Not Identical to Medicare

Payers Invited to Partner



Required Payer Alignment

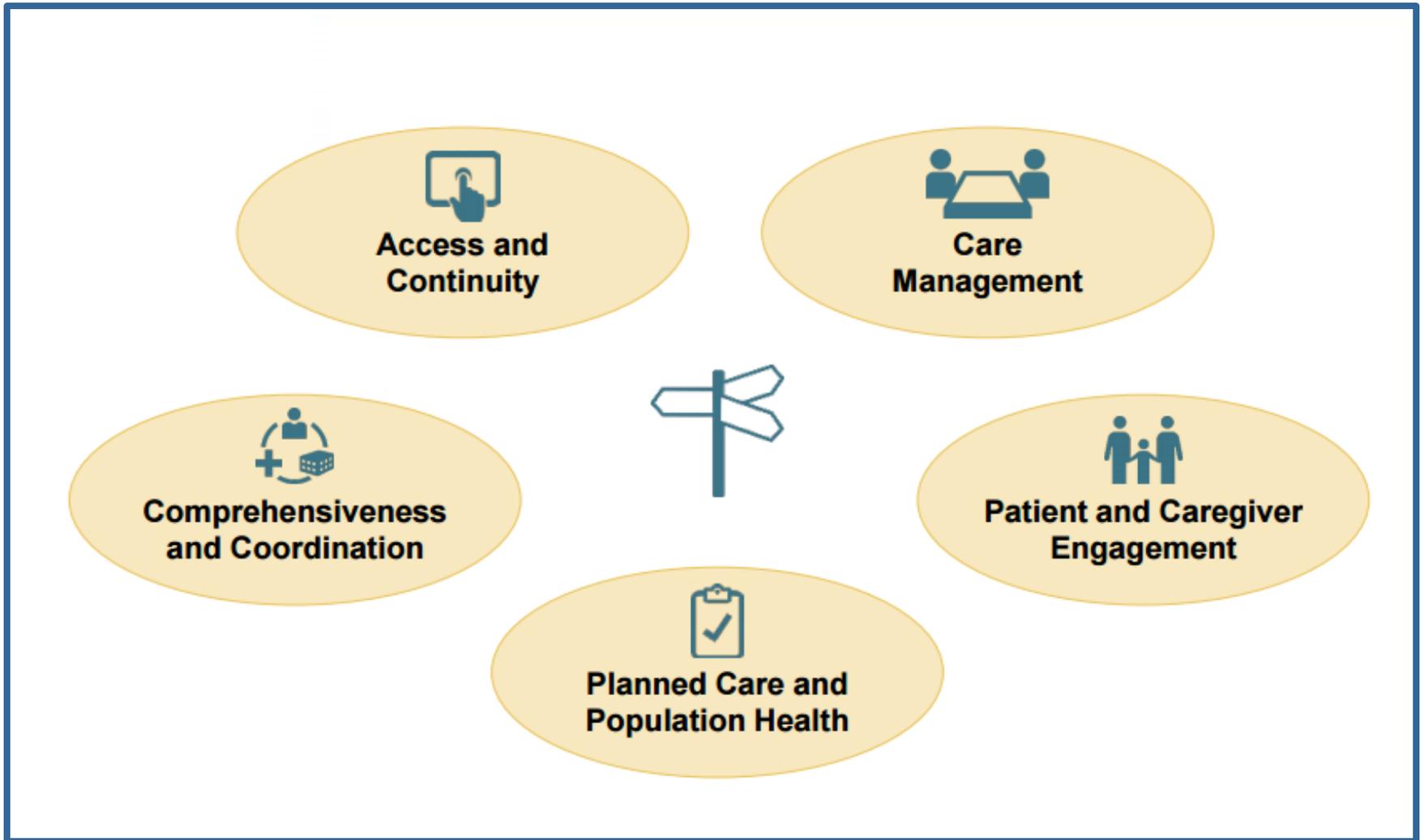
-  Enhanced, non-FFS support
-  Change in cash flow mechanism from fee-for-service to at a least a partial alternative payment methodology for Track 2 practices
-  Performance-based incentive
-  Aligned quality and patient experience measures with Medicare FFS and other payers in the region
-  Practice- and member-level cost and utilization data at regular intervals



Source: Centers for Medicare & Medicaid Innovation: <https://innovation.cms.gov/files/x/cpcplus-practiceslidepres.pdf>



Five Functions of CPC+ Care Delivery Transformation



CPC+ Track Requirements

Track 2 capabilities are inclusive of and build upon Track 1 capabilities



Access and Continuity



- Empanelment
- 24/7 patient access
- Assigned care teams



Alternative to traditional office visits, e.g., e-visits, phone visits, group visits, home visits, alternate location visits, and/or expanded hours.

Care Management



- Risk stratified patient population
- Short-term and targeted, proactive, relationship-based care management
- ED visit and hospital follow-up



Two-step risk stratification process for all empanelled patients



Care plans for high-risk chronic disease patients

Source: Centers for Medicare & Medicaid Innovation: <https://innovation.cms.gov/files/x/cpcplus-practiceslidepres.pdf>

CPC+ Track Requirements (Continued)

Track 2 capabilities are inclusive of and build upon Track 1 capabilities

Requirements for

Track 1

Requirements for

Track 2

Comprehensiveness and Coordination



Identification of high volume/cost specialists



Improved timeliness of notification and information transfer from EDs and hospitals



Behavioral health integration



Psychosocial needs assessment and inventory of resources and supports to meet psychosocial needs



Collaborative care agreements



Development of practice capability to meet needs of high-risk populations

Patient and Caregiver Engagement



At least annual Patient and Family Advisory Council



Assessment of practice capabilities to support patient self-management



At least biannual Patient and Family Advisory Council



Patient self-management support for at least three high-risk conditions

Planned Care and Population Health



At least quarterly review of payer utilization reports and practice eCQM data to inform improvement strategy



At least weekly care team review of all population health data

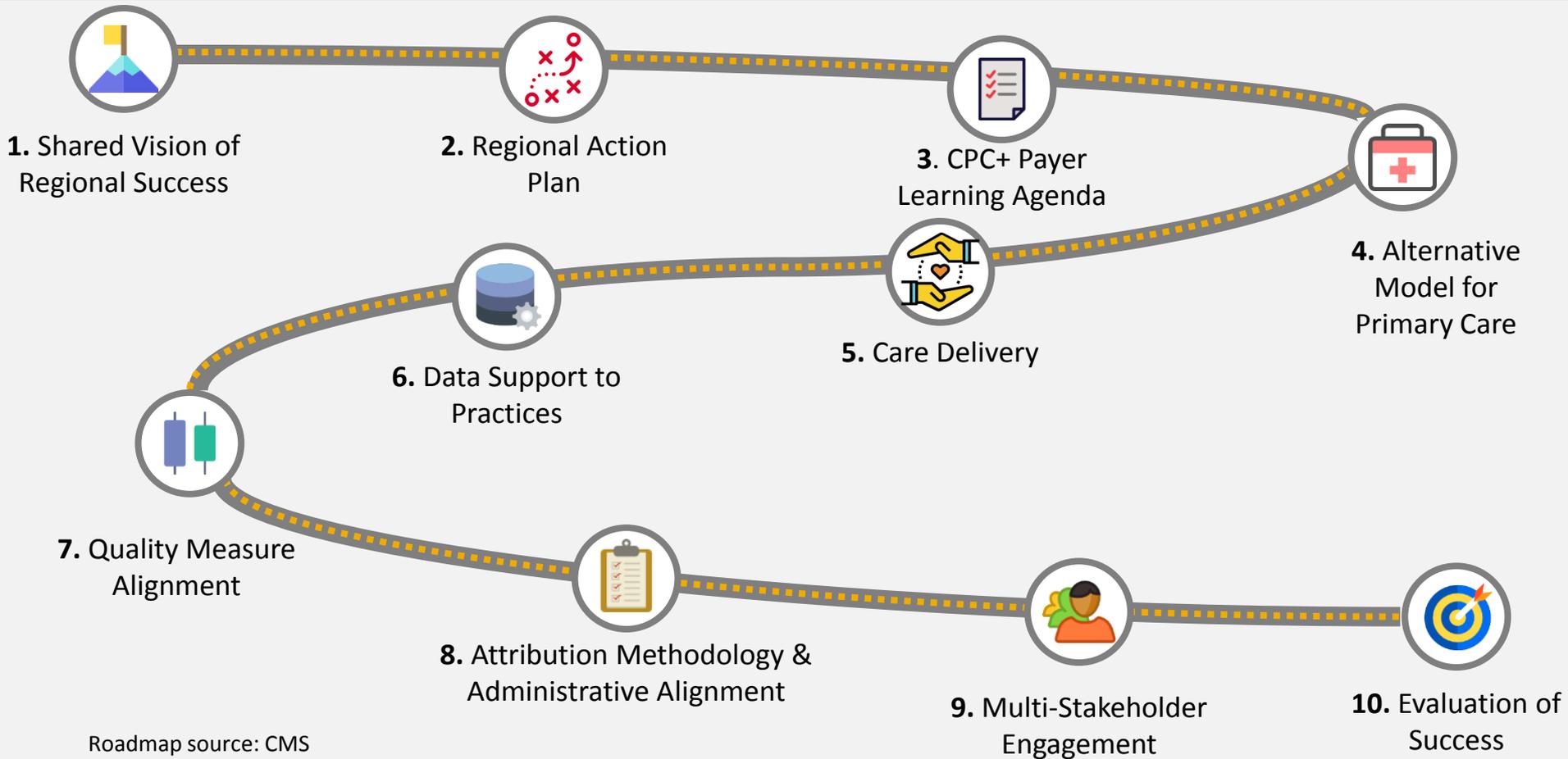
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Multi-Payer Alignment in Montana



CPC+ Payer Partner Collaboration Roadmap

Montana payers have begun discussions of how they will align their approaches for success in CPC+



Roadmap source: CMS



Next Steps for Montana CPC+



Next Steps



November: Practice Selection. Approximately 70 Montana practices have applied for CPC+. CMS will announce the list of successful practices by about 11/25.



December: Onboarding and Preparation. CMS onboarding steps with practices. Payer contract amendments with practices.



January 2017: Kick-off. *Montana can expect:*

- National and regional learning offerings for CPC+ practices
- Implementation of payment models by CMS and other participating payers
- Implementation and refinement of payer/practice data sharing strategies
- Aligned quality strategies between payers
- “Advanced Alternative Payment Model” MACRA status for CPC+ practices
- *Mid-year:* opportunity for further payer and practice applications for a 2018 start