

Announcement of Comprehensive Primary Care Plus (CPC+)

CMS announced Comprehensive Primary Care Plus (CPC+), an advanced primary care medical home model and our largest investment in primary care transformation to date. At CMS, we know that strengthening primary care is critical to promoting healthy communities and reducing overall health care costs in the U.S. In CPC+, we have built on the foundation of the Comprehensive Primary Care (CPC) initiative by enhancing the payment and care delivery design. Our goal is to support primary care practices to deliver better care, smarter spending, and healthier people.

CPC+ is a regionally-based, multi-payer care delivery and alternative payment model (APM) that rewards value and quality through an innovative payment structure to support comprehensive primary care. The model will offer two tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices.

CPC+ is a five-year model that will begin in January 2017. We anticipate partnering with commercial and State payers in up to 20 regions around the country to support primary care practices. CMS will also engage directly with health information technology (health IT) vendors that provide products to advanced CPC+ practices.

Under the Comprehensive Primary Care Plus initiative unveiled Monday, the CMS and other payers will pay providers a monthly fee for patients' primary-care visits. The model will be implemented in up to 20 regions and could include up to 5,000 practices with 20,000 doctors and clinicians. As many as 25 million patients could be involved.

A pilot program launched in 2012 ends later this year. The initiative was found to have reduced total monthly expenditures by 2% per beneficiary in Medicare Parts A and B. The savings would offset the new monthly fees paid by the CMS.

Providers can participate in CPC Plus in two ways. In Track 1, the CMS will pay a monthly fee for specific services in addition to the fee-for-service Medicare payments. In Track 2, practices will also receive a monthly care-management fee, but instead of full Medicare fee-for-service payments for primary care they will receive reduced Medicare fee-for-service payments and up-front payments. This hybrid model allows practices to provide care outside of the traditional face-to-face encounter, the agency said.

From April 15-June 1, 2016, we will solicit payer proposals to partner in CPC+. Based on payer interest and coverage, we will announce the CPC+ regions in July 2016, and request applications from eligible practices within these geographic locales.

CMS is committed to supporting the development and testing of innovative health care payment and service delivery models throughout the country, particularly in states and regions where there has been a foundational investment. Therefore, in our selection of the CPC+ regions, we will give preference to states that have received SIM Model Test Awards, where Medicaid is a participating payer – if sufficient payers in these regions indicate their interest in partnering in CPC+ and propose an aligned approach to CMS.

For questions about the model and solicitation process, please visit <https://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus> or email

CPCplus@cms.hhs.gov. Information about the model will be posted to the website on an ongoing basis as it becomes available.

We anticipate providing specific webinar for SIM states and will provide information on that session in the future.

We are excited to share Medicare's vision for primary care and look forward to partnering in the years ahead to enhance and support high value, comprehensive care for all Americans.