

Montana CPC+ Webinar for Providers

August 23, 2016

4:00 pm

Agenda

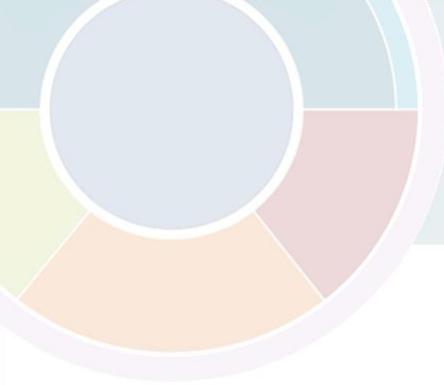
- Welcome and Introductions
- What is CPC+?
 - *Sonja Madera, CMS Region 8*
- Provider Perspective on CPC+
 - *Gregory Reicks, DO, FAAFP*
- MT Payers: BlueCross BlueShield MT, Montana Medicaid, and PacificSource
- Q&A



Comprehensive Primary Care **Plus**

*America's Largest-Ever Multi-Payer
Initiative to Improve Primary Care*

Sonja Madera
Centers for Medicare and Medicaid Services
August 23, 2016



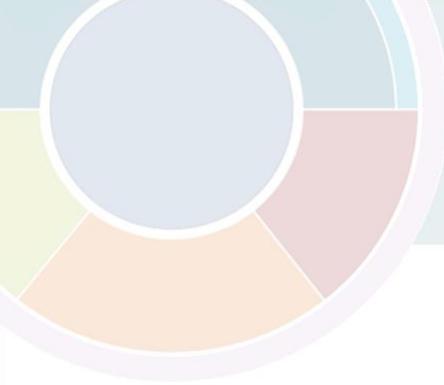
Introducing CPC+

- 1) Model Overview
- 2) Care Delivery Transformation
- 3) Payment Innovations
- 4) Practice Eligibility Criteria
- 5) Contact Information



For more information and application toolkit materials:

<https://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus>



CPC+ a New Advanced Primary Care Medical Home Model

CPC+ By the Numbers



5
Years

Beginning January 2017,
progress monitored quarterly



2
Program Tracks

Based on practices'
readiness for transformation



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

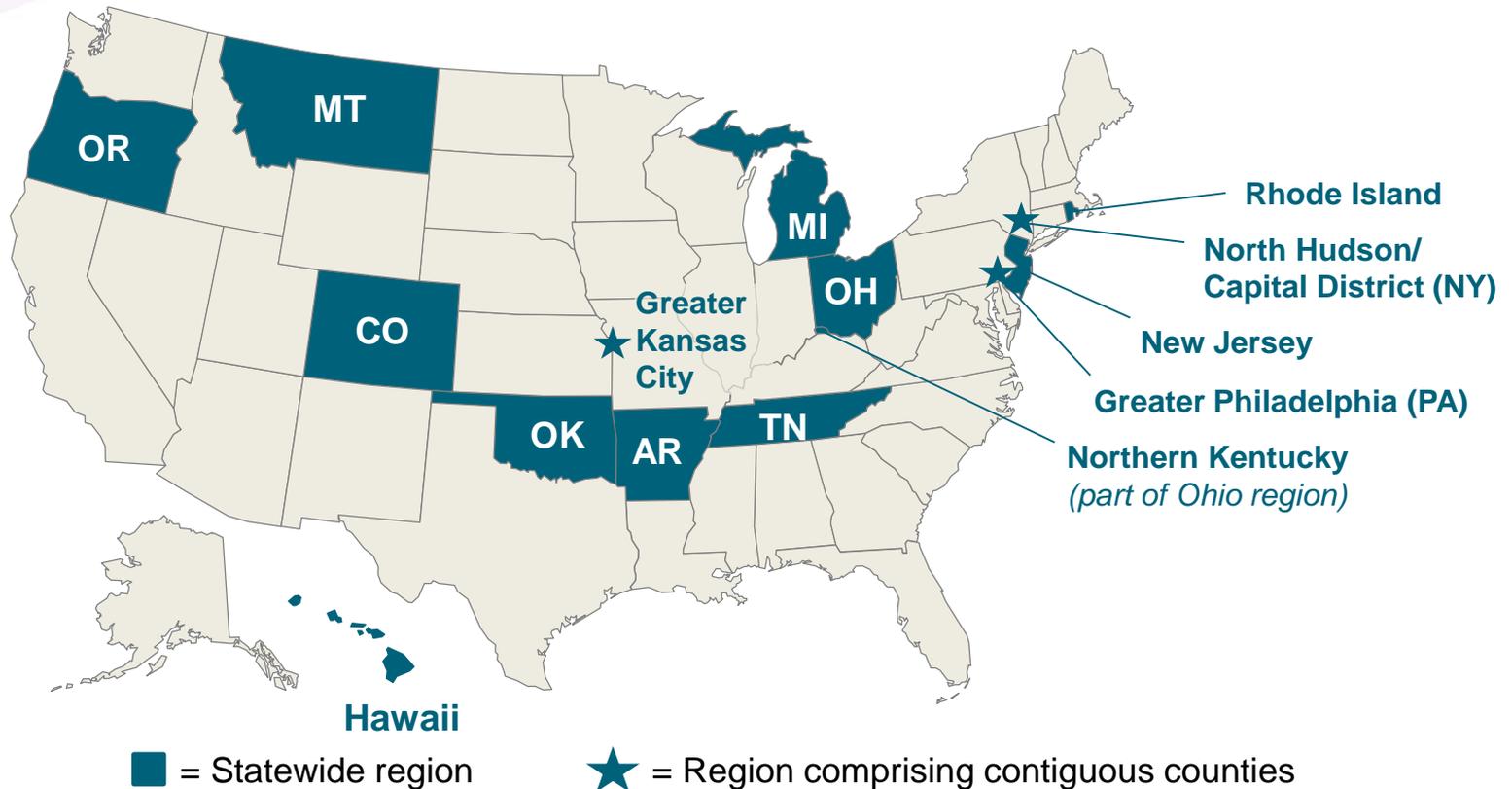
Dependent upon interest and
eligibility



Online Resource: CPC+ In Brief

CPC+ Offered in Fourteen Regions

Only Practices in Selected States/Counties May Apply

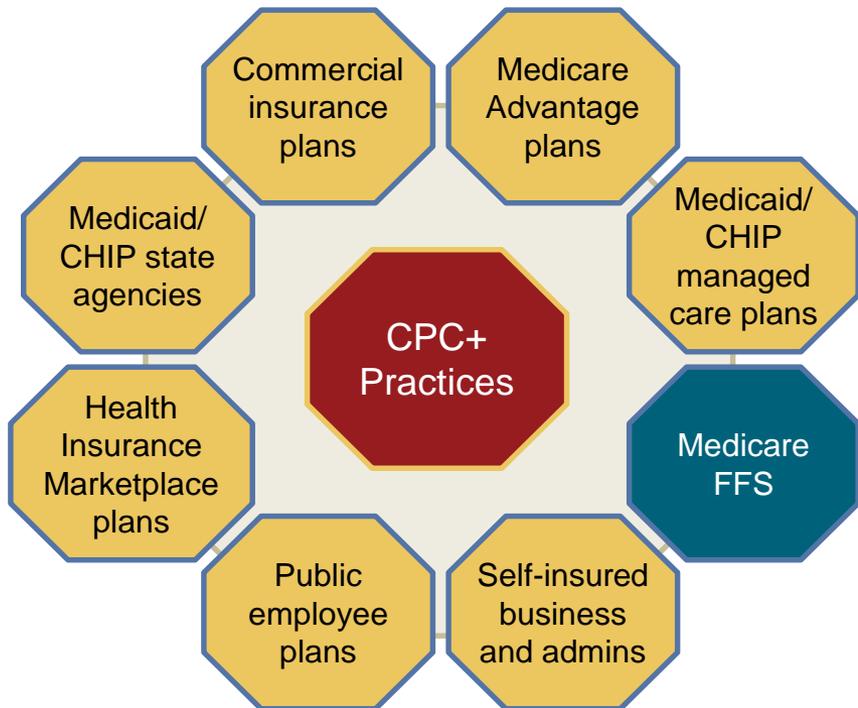


Online Resource: CPC+ Payer and Region List

CPC+ Regions Selected Based on Multi-Payer Support

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 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



Online Resource: CPC+ Payer and Region List

CPC+ Practices Will Enhance Care Delivery Capabilities in 2017

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

Requirements for

Track 1

Requirements for

Track 2

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



Online Resources: Care Delivery Transformation Brief, Video, and Practice Requirements

CPC+ Practices Will Enhance Care Delivery Capabilities in 2017

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

Three Payment Innovations Support CPC+ Practice Transformation



	Care Management Fee (PBPM)	Performance-Based Incentive Payment (PBPM)	Payment Structure Redesign
Objective	<i>Support augmented staffing and training for delivering comprehensive primary care</i>	<i>Reward practice performance on utilization and quality of care</i>	<i>Reduce dependence on visit-based fee-for-service to offer flexibility in care setting</i>
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	Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)

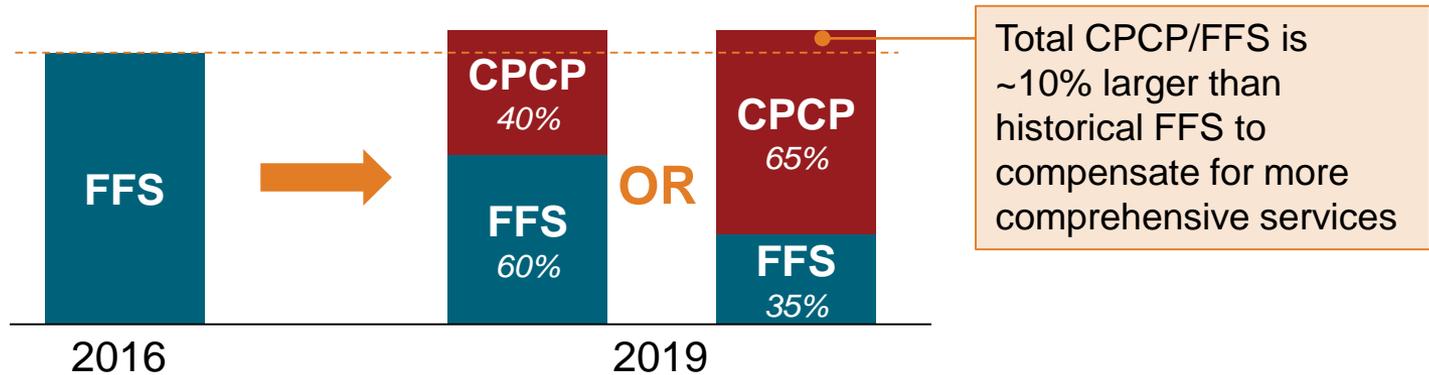


Online Resources: Payment Innovations Brief and Video

Track 2 Reimbursement Redesign Offers Flexibility in Care Delivery

Designed to Promote Population Health Beyond Office Visits

Hybrid of FFS and Upfront “Comprehensive Primary Care Payment” (CPCP) for Evaluation & Management



- Practices receive enhanced fees with roughly half of expected FFS payments upfront and subsequent FFS billings reduced by the prepaid amount
- CPCP reduces incentive to bring patients into the office for a visit but maintenance of some FFS allows for flexibility to treat patients in accordance with their preferences
- Practices select the pace at which they will progress towards one of two hybrid payment options (both roughly 50/50) by 2019

Opportunity to Earn Performance-Based Incentive Payments

Practices Will Keep Percentage of Upfront Payment

Two Components of Incentive Payment



Quality and patient experience measures

- Examples: eCQMs, CAHPS
- Measured at practice level



Utilization measures that drive total cost of care

- Examples: inpatient admissions, ED visits
- Measured at practice level

	Track 1	Track 2
Quality (PBPM)	\$1.25	\$2.00
Utilization (PBPM)	\$1.25	\$2.00
Total (PBPM)	\$2.50	\$4.00



Prospectively paid PBPM incentive; **retrospectively reconciled** based on practice performance

CPC+ Applicants Must Have Practice Transformation Experience

Practice Eligibility Criteria

Track 1

- Must have at least 150 attributed Medicare beneficiaries
- Must have support from CPC+ payer partners
- Must use CEHRT
- Existing care delivery activities must include:



Assigning patients to provider panel



Providing 24/7 access for patients



Supporting quality improvement activities



Developing and recording care plans



Following up with patients after ED or hospital discharge



Implementing a process to link patients to community-based resources

Track 2

- Must apply with a letter of support from health IT vendor that outlines the vendor's commitment to support the practice in optimizing health IT.



Track 2 applicants will indicate on their applications if they would like to join CPC+ in the event that CMS deems them eligible only for Track 1.



Online Resource: CPC+ Practice Frequently Asked Questions

Interested in CPC+?

Visit

[https://innovation.cms.gov/initiatives/
Comprehensive-Primary-Care-Plus](https://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus)
to learn more and apply.

Practice Applications due September 15, 2016

Contact

CPCplus@cms.hhs.gov

1-844-442-2672

Why You, Your Staff and Your Patients need CPC+

“You would be crazy not to participate”
The Foresight Family Practice Experience



Gregory Reicks, D.O. FAAFP
greicks@ffpdoc.com

Foresight Family Practice



- 2 physicians
- 2.5 Mid-level providers
- 3.5 Front Desk/**Registry**
- **1.5 Behavioral Health**
- **1.75 Care Managers**
- **Health Coach**
- 6 MAs
- 1 Biller
- 1 Administrator
- **0.5 CPC/SIM coordinator**
- 0.5 Occ Health
- .25 Scanner



Demographics

- ▶ 4750 Medical Home patients
 - 30% Medicare
 - 2/3 of these FFS
 - 20% Medicaid/CHIP adults and children
 - 40% Commercial/Self Insured Employers
 - 50% attributed CPC patients
 - 10% Other (Work Comp, Cash)
- CPC classic participant since 11/2012
- ~60% of patients attributed to CPC payers



Benefits for the Physicians

- ▶ More Practice Revenue (without having to increase volumes)
- ▶ =More Human Resources
 - Offload care coordination, coaching, behavioral health, education to new staff
 - Pay yourself for your non-clinical time
 - Team meetings, learning collaboratives, Leadership activities
- ▶ Feedback on Performance
 - Quality and Cost
 - Compared to peers
- ◻  MIPS
- ▶ Remain Independent
- ▶ Reduced Burnout
 - Additional help with “difficult” patients
 - Collaboration with other physicians



Benefits for Staff

- ▶ Training in Team Based Care
 - Everyone feels involved
 - Less pressure on MAs to do everything
- ▶ Training in change implementation, spread and stick
 - PDSA/Flow charts
 - Less frustration



Benefits for Patients

- ▶ More services available on site
 - Care coordination, case management, coaching, behavioral health
- ▶ Complex patients
 - Better coordination, transitions and medication management
- ▶ Better health outcomes
 - “I have been to a lot of medical offices in my life and your office is the friendliest, most organized office I have ever been to. I know I have a lot of problems and most doctors have not seemed interested in helping me. God bless you and you’re team for being there for me.”



Revenue Expectations / Budget

- ▶ Medicare
 - ~\$15 PMPM Track 1
- ▶ Commercial
 - ? ~\$5–10 PMPM
- ▶ Medicaid
 - ? ~\$5–20 PMPM
- ▶ Foresight CPC Revenue 2015
 - ~ \$230,000



CPC+ Expectations (No Free Lunch)

- ▶ Prepare a budget
 - Segregate Funds
 - Account for Expenses
- ▶ More meetings, more non-clinical time
 - Team Huddles, Care Team Meetings, QI meetings, Collaboratives
- ▶ Risk stratify your population
 - Various options
 - Physician gestalt
- ▶ Quarterly Reporting
 - eCQMs, Milestones

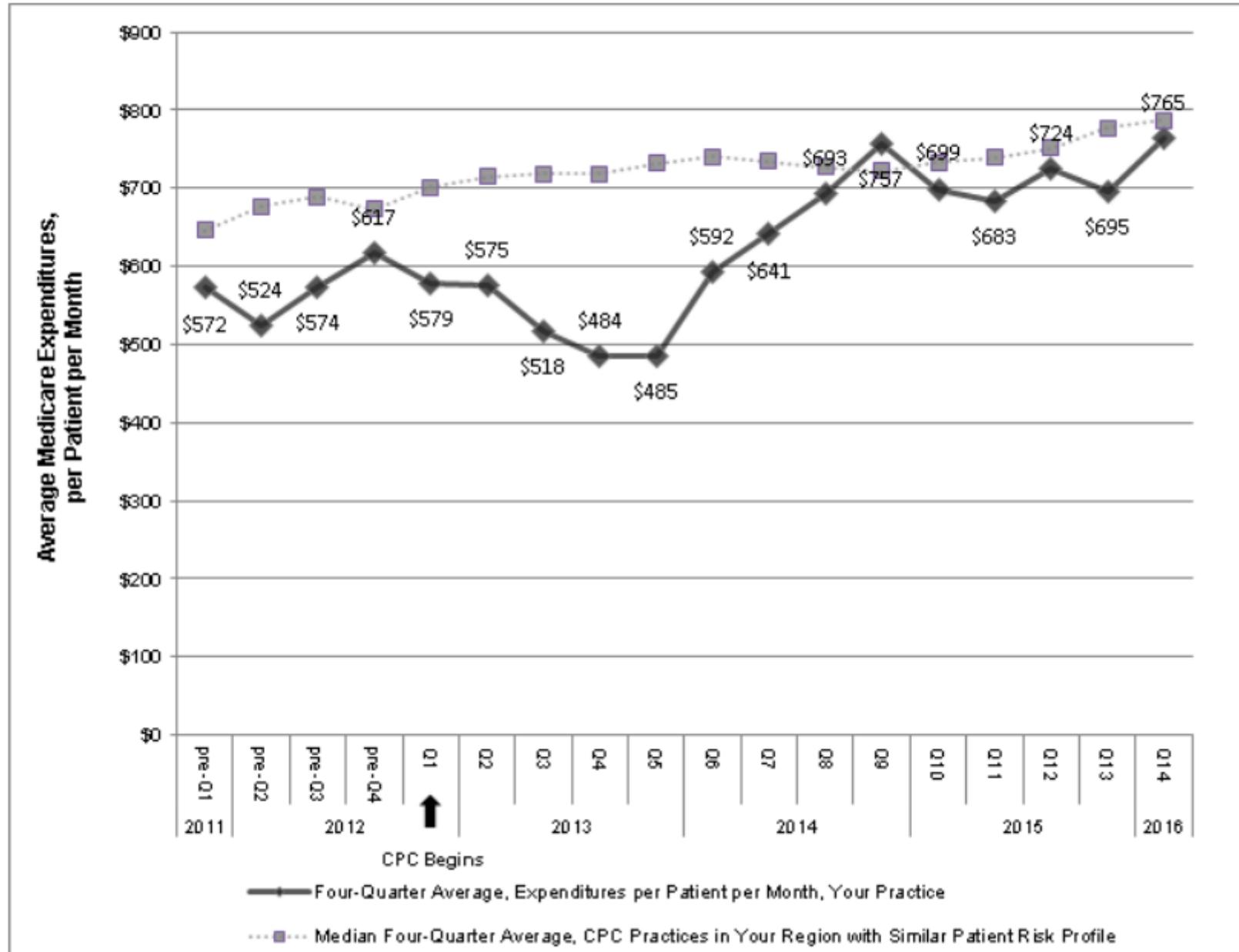


Feedback Reports

Table 3a. Medicare Expenditures per Patient per Month (risk-adjusted) for All Attributed Medicare Patients

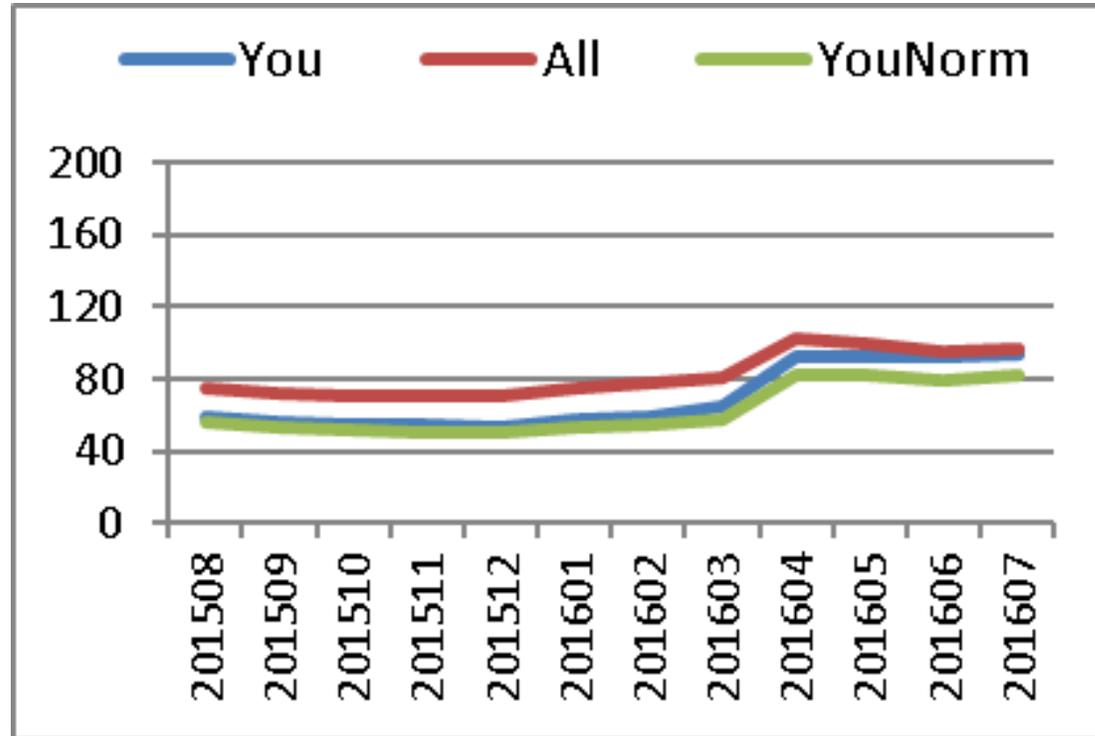
Service Category	Current Four-Quarter Average, Q11 to Q14 (Q14 estimate)		Previous Four-Quarter Average, Q10 to Q13 (actual)	
	Your Practice	Median Value Among CPC Practices in Your Region	Your Practice	Median Value Among CPC Practices in Your Region
Average Expenditures per Patient per Month for All Services	\$706	\$689	\$648	\$688
Professional Services in All Settings				
Professional Services Provided in All Settings by Primary Care Providers	\$40	\$44	\$39	\$44
<i>From CPC practices</i>	\$23	\$25	\$23	\$26
<i>Not from CPC practices</i>	\$17	\$20	\$16 LO	\$20
Professional Services Provided in All Settings by Specialty Care Providers	\$59 LO	\$107	\$57 LO	\$105
Hospital Services				
Inpatient Hospital Services, Any Cause	\$271 HI	\$225	\$236	\$234
<i>Inpatient hospital services for ambulatory care-sensitive conditions (ACSCs)</i>	\$48 HI	\$31	\$35	\$30
Outpatient Hospital Services, Nonemergency	\$114 HI	\$94	\$110	\$97
<i>Major procedures and anesthesia</i>	\$19	\$23	\$19	\$20
<i>Ambulatory/minor procedures</i>	\$23 HI	\$16	\$21 HI	\$17
<i>Imaging services</i>	\$13	\$15	\$12	\$14
<i>Chemotherapy and other Part B-covered drugs</i>	\$37 HI	\$16	\$37 HI	\$16 SM
<i>Laboratory and other tests</i>	\$10 HI	\$6	\$10 HI	\$5
<i>Evaluation and management services in nonemergency settings</i>	\$3 LO	\$4	\$2 LO	\$5
<i>Outpatient physical therapy, occupational therapy, or speech/language therapy</i>	\$4 LO	\$7	\$4 LO	\$7
<i>Dialysis, ambulance, and other outpatient hospital services</i>	\$7 HI	\$6	\$5	\$5

Figure 3. Trends in Four-Quarter Average Expenditures per Medicare Patient per Month (unadjusted)



Feedback Reports

Average IP Visits Per 1000 Members



Is this another ACO?

- ▶ Another Consulting Opportunity?
 - Caravan Health
 - ▶ Another opportunity to fight with your EHR vendor?
 - ▶ Another pilot that will run its course and be gone?
- 



Gregory Reicks, D.O. FAAFP >>

greicks@ffpdoc.com

970-361-8735

Montana Payers

- BlueCross BlueShield of Montana
 - Jon Griffin, Medical Director
- Montana Medicaid
 - Kelley Gobbs, HIP & PCMH Program Officer
- PacificSource
 - Justin Murgel, Provider Relations Manager

Q&A

- To ask a question:
 - Click the hand icon to “raise your hand” and we will unmute you
 - Type your question into the chat box
- Please introduce yourself with your name and your practice
- Please allow providers to ask their questions first

CPC+ Resources

- CMS CPC+ Website:
<https://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus>
- MT CPC+ Website:
<http://dphhs.mt.gov/healthcare/innovation/cpcplus>
- CPC+ Application Help:
 - Email CPCplus@cms.hhs.gov or
 - Call the CPC+ Help Desk (8:30a.m. – 7:30p.m. EDT) at 1-844-442-2672