

## COMPREHENSIVE PRIMACY CARE PLUS (CPC+) PROGRAM

### What is CPC+?

Comprehensive Primary Care Plus (CPC+) started as an innovation initiative by the Centers for Medicare & Medicaid Services (CMS) to shift healthcare payments from a traditional fee-for-service model to a value-based payment system. Montana was one of only 14 regions selected nationwide to participate in this program, alongside Medicare and commercial payers such as Blue Cross Blue Shield of Montana, PacificSource, and Allegiance Life and Health. The CMS program ran from January 1, 2018, to December 31, 2021, but Montana Medicaid has continued the CPC+ model through a 1932(a) Medicaid state plan.

### What are the goals of CPC+?

CPC+ is designed to achieve three primary goals:

- Smarter healthcare spending,
- More effective healthcare delivery, and
- Healthier patients.

### What are the tracks in CPC+?

The program includes two tracks:

- **Track 1** focuses on delivering comprehensive primary care functions.
- **Track 2** requires additional care delivery capabilities, including the use of enhanced technology and the integration of behavioral health services.

Both tracks emphasize care centered on key primary care functions, such as access and continuity of care, care management, comprehensiveness and coordination, patient and caregiver engagement, and planned care focused on population health.

### How are providers reimbursed?

CPC+ providers are compensated based on risk-stratified per-member-per-month (PMPM) care management fees. Members are assigned a health risk score and categorized into tiers based on their level of risk. Each tier has a corresponding PMPM payment rate. Below are the payment details for both Track 1 and Track 2 in State Fiscal Year 2024:

#### TRACK 1

Tier Level	PMPM Fee	Member Count	Total PMPM
Tier 1	\$3.33	30,504	\$631,897
Tier 2	\$9.33	10,225	\$482,958
Tier 3	\$15.33	2,654	\$172,217
Tier 4	\$21.33	1,702	\$198,335
<b>Track 1 Totals</b>		<b>45,085</b>	<b>\$1,485,408</b>



*TRACK 2*

<b>Tier Level</b>	<b>PMPM Fee</b>	<b>Member Count</b>	<b>Total PMPM</b>
Tier 1	\$6.33	41,285	\$1,657,700
Tier 2	\$12.33	16,138	\$1,041,475
Tier 3	\$18.33	4,472	\$358,719
Tier 4	\$24.33	2,925	\$383,297
Tier 5	\$34.33	233	\$33,197
<b>Track 2 Totals</b>		<b>65,053</b>	<b>\$3,474,389</b>

**How is performance measured?**

Each year, CPC+ providers submit quality measures to the Department of Public Health and Human Services. These quality measures include preventive services and utilization metrics. Medicaid combines claims data with clinical data provided by the CPC+ practices to evaluate their performance. Providers who meet or exceed quality measure benchmarks are eligible for additional annual quality incentive payments.