



Comparison of CPC+ and Medicare ACOs

According to information from the Centers for Medicare & Medicaid Services (CMS), Comprehensive Primary Care Plus (CPC+) is a national advanced primary care medical home model that aims to strengthen primary care through a regionally-based multi-payer payment reform and care delivery transformation. The CPC+ program will offer two tracks with different payment structures and requirements.

CMS initially precluded ACO practices from participating in CPC+. In response to strong objections from NAACOS and others, the agency reversed this decision in May 2016 and updated its FAQs. Track 1, 2 and 3 MSSP ACO primary care practices will be eligible to apply and participate in CPC+, should their region be selected as one of the 20 CPC+ regions. Practices participating in the ACO Investment Model (AIM) and Next Generation model will not be eligible to participate in CPC+. Up to 1,500 practices of the 5,000 total CPC+ primary care practices may be in ACOs. If more than 1,500 eligible practices within MSSP ACOs apply to participate in CPC+, they will be subject to a lottery.

CPC+ Payments

Program participants will receive a risk-adjusted, prospective monthly care management fee (CMF) for their attributed Medicare fee-for-service (FFS) beneficiaries. CMS will pay CPC+ Track 1 practices an average of \$15 per beneficiary per month (PBPM) while Track 2 practices will receive an average \$28 PBPM with additional funds for highest risk tier patients to support enhanced services for beneficiaries with complex needs. CMS will require Track 2 practices to engage more directly with health IT vendors on model goals. Therefore, Track 2 vendors will sign a memorandum of understanding with CMS to outline vendors' commitment to partnering with primary care practices participating in CPC+. Track 2 practices will also be asked to submit letters of support from their health IT vendors.

Track 1 practices will continue to receive regular Medicare FFS payments for covered services. However, Track 2 practices will receive a percentage of their expected Medicare evaluation and management (E&M) payments upfront in the form of a Comprehensive Primary Care Payment (CPCP) and a reduced FFS payment for face-to-face E&M claims. See the [CMS FAQs](#) on "payment design" on pages 12-14 for further details. CMS will also pay prospective performance-based incentive payments, but practices will be required to pay back funds if they are not able to meet annual performance thresholds. While CPC+ payments are slightly modified for ACO practices participating in CPC+, which is outlined later in this document, there are three major payment elements in CPC+:

- **Care Management Fee (CMF):** Both tracks have a risk-adjusted PBPM CMF paid, and the CMF for Track 1 will be approximately \$15 and \$28 for Track 2, although for Track 2 the payment could go up to \$100 PBPM for the sickest patients.
- **Performance-based Incentive Payment:** CMS will pay a prospective and retrospectively reconciled performance-based incentive based on certain patient experience, clinical quality and utilization measures. The payment for Track 1 will be \$2.50 PBPM and \$4.00 PBPM for Track 2.

- **Medicare Physician Fee Schedule Payments:** Track 1 will continue to bill and receive payment from Medicare FFS. Track 2 practices will continue to bill Medicare FFS, however FFS payments will be reduced to account for CPCPs. CPCPs are paid as lump-sum quarterly payments, and amounts will be larger than FFS amounts they are intended to replace.

CPC+ Program Eligibility

CPC+ practices must have multi-payer support, use EHR technology, and meet infrastructure capabilities for the applicable CPC+ Track. Specifically, to be eligible, a practice must meet the following criteria.

CPC+ Track 1 participation

- Provide practice structure and ownership information
- Use Certified Electronic Health Record Technology (CEHRT)
- Have sufficient payer interest and coverage
- Have existing care delivery activities including assigning patients to provider panel providing 24/7 access and supporting quality improvement activities

CPC+ Track 2 participation (in addition to the above criteria)

- Develop and record care plans, follow up with patients after emergency department or hospital discharge, and implement processes to link patients to community-based resources
- Provide a letter of support from the health IT vendor that outlines the vendor's commitment to support the practice in optimizing health IT

Please reference the CMS Practice Care Delivery Requirements [document](#) for a complete list of practice requirements.

Practice Size Considerations

For CPC+, CMS defines a "Primary Care Practice" site as the single "bricks and mortar" physical location where patients are seen, unless the practice has a satellite office. A satellite office is a separate physical location that is a duplicate of the application practice; the satellite shares resources and certified EHR technology and has identical staff and practitioners as the original applicant site. Practices with satellite locations are permitted to participate and will be considered one practice in CPC+. Practices that are part of the same health group or system that share some practitioners or staff are not considered satellite practices and will be counted as separate practices for the purposes of CPC+.

CPC+ Application Details

CPC+ is a five-year program that begins in January 2017. CMS plans to include 5,000 practices in up to 20 pre-selected regions. CMS began by soliciting payer proposals for participation in the CPC+ program. Based on payer interest, CMS will select up to 20 regions. Once regions have been selected and approved by CMS, practices will be able to apply for CPC+ beginning July 15, 2016.

The application period will close on September 1, 2016 at 11:59 pm ET. Practices in selected regions will be able to apply to the CPC+ track in which they are interested and eligible; however, CMS reserves the right to ask a practice to switch tracks if eligibility criteria are not believed to be met. Note that Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are not eligible for participation at this time. Further details about the application for practices are available [here](#).

Payment for ACO Practices in CPC+

- **Care Management Fee (CMF):** Primary care practices within ACOs will receive the same CMFs as all other CPC+ practices. These payments will be made directly to practices to invest in care delivery at the participating CPC+ practice site. Like larger group practices or health systems, any CPC+ practices within an ACO will be required to provide a signed letter by ACO leadership that commits to segregate funds paid as a result of participation in CPC+. The CMF will be included in the ACO’s total expenditures for shared savings and shared loss calculations.
- **Performance-based Incentive Payment:** Primary care practices within ACOs will forego the CPC+ prospectively paid, retrospectively reconciled performance-based incentive payment, and instead they will participate in the ACO’s shared savings and shared loss arrangement.
- **Payment under the Medicare Physician Fee Schedule:** Practices in Track 2 of CPC+ will shift a portion of Medicare FFS payments for E&M services into CPCPs and have a commensurate reduction in payment for E&M services. The CPCP and reduced FFS payments together will be calculated based on an amount 10 percent larger than historical billings to support increased comprehensiveness of care. The CPCP, including the 10 percent increase, will be included in the ACO’s total expenditures for shared savings and shared loss calculations.

There will be no changes to the ACO financial benchmark calculations. CPC+ payments (CMF and CPCP) for ACO-aligned beneficiaries will be included in the ACO’s expenditures.

Comparison of Key CPC+ and MSSP ACO Criteria

| Issue | CPC+ | MSSP ACO |
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| MACRA Advanced APM Status (eligible to earn 5% bonus 2019 – 2024) (proposed by CMS, to be finalized by Nov. 1, 2016) | CPC+ practices are included on the Advanced APM list and would thus be eligible for APM bonuses, should they meet other criteria. | Track 1 ACOs are not included on CMS’s proposed Advanced APM list and would thus be ineligible. Practices that participate in both CPC+ and Track 1 would not be eligible for Advanced APM bonuses. Track 2 and 3 ACOs are on the proposed Advanced APM list and would be eligible for the APM bonuses, should they meet other criteria. |
| 2017 Application Timeframe | July 15 – September 1, 2016 | July 1 – July 29, 2016 |
| Geographic Requirements | Primary care practices in the 20 geographic regions selected by CMS | No geographic restrictions |

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| Size Requirements | <p>Primary care practices (all National Provider Identifiers billing under a TIN at a “bricks and mortar” practice site address who are included on a participant list) that provide health services to a minimum of 150 attributed Medicare beneficiaries. CMS will consider practice size as part of the CPC+ evaluation criteria, and the program is designed for relatively smaller practices.</p> <p>CMS proposes that MACRA Advanced APMs qualifying under the Medical Home Model standard, which includes CPC+, would have 50 or fewer eligible clinicians beginning in 2018.</p> | <p>No specific size requirements related to the number of practitioners, but ACOs must provide health services to at least 5,000 attributed Medicare beneficiaries.</p> <p>ACO primary care practices in CPC+ would be evaluated based on the “bricks and mortar” physical location of the practice, not on the ACO as a whole.</p> |
| Payment Structure | <p>CPC+ practices receive monthly Care Management Fees which vary based on track and patient health status. They are eligible for performance-based incentives and still receive FFS payments. Track 2 CPC+ practices have FFS payments reduced to account for lump sum, quarterly payments called CPCPs, which are intended to replace foregone FFS payments.</p> | <p>No up-front payments for MSSP ACOs (aside from those participating in the ACO Investment Model). ACOs that meet quality thresholds and earn savings beyond their minimum savings rate can qualify to share savings with Medicare. The shared savings rates vary based on track, from 50 to 75%. ACOs continue to receive FFS reimbursement.</p> |
| Agreement Periods | Five years | Three years |
| Quality Requirements | <p>Annually report electronic clinical quality measures (eQMs) and patient experience of care measures through the Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p> <p>eQMs must be reported at the practice-site level and include all practice population patients, regardless of payer or insurance status.</p> <p>In future years, Track 2 practices may also use a patient-reported outcome measure survey.</p> | <p>Annually report, and for ACOs in their second or subsequent participation years, meet performance standards for 34 quality measures. Measures are reported through the CMS Web Interface as well as evaluated from claims data. CMS also evaluates ACOs on CAHPS. ACO measures only consider traditional Medicare beneficiaries, not those in Medicare Advantage or covered by payers outside Medicare.</p> <p>ACOs primary care practices that participate in CPC+ must meet quality requirements for both MSSP and CPC+.</p> |

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| EHR Requirements | At a minimum, CPC+ practices must adopt CEHRT editions specified by CMS. Track 2 practices must submit letter(s) of support from health IT vendor(s) along with their applications, which outline their vendor's commitment to support the practice in optimizing health IT. | ACOs must use CEHRT editions specified by CMS. MSSP Quality Measure 11 requires that at least 50% of an ACO's primary care physicians meet Meaningful Use criteria. |
| Patient Attribution | <p>Beneficiaries will be aligned with the practice that either billed for the plurality of their primary care allowed charges or billed the most recent Chronic Care Management (CCM) claim if that claim was for CCM services during the most recently available 24-month period.</p> <p>If a beneficiary has an equal number of qualifying visits to more than one practice, the beneficiary will be aligned to the practice with the most recent visit.</p> <p>Attribution is run quarterly, so beneficiaries are attributed to a practice for the next prospective quarter.</p> | <p>Track 1 and 2: Preliminary prospective assignment with retrospective reconciliation. Two-step process: First, assign a beneficiary if the beneficiary receives the plurality of their primary care services from a primary care provider or ACO professional providing services at a FQHC/RHC. Second, (only if beneficiaries did not receive any primary care services from a PCP inside or outside of the ACO), these beneficiaries are assigned to an ACO if they receive the plurality of PC services from ACO professionals in the ACO.</p> <p>Track 3: Similar evaluation of where beneficiaries receive plurality of PCP services, but under Track 3 there is prospective beneficiary assignment for the year.</p> |
| Risk Adjustment | CMFs are risk adjusted using the CMS-Hierarchical Condition Category (HCC) model. CMS-HCC risk scores are generated annually, but the update does not align with the beginning of the CPC+ performance years. For example, assuming a beneficiary stays attributed to the same CPC+ practice every quarter, the CMF payment for that beneficiary would only change after the risk score update mid-year. | Historical benchmark expenditures adjusted based on CMS HCC model. Newly assigned beneficiaries adjusted using CMS-HCC model; continuously assigned beneficiaries adjusted using demographic factors alone unless CMS-HCC risk scores result in a lower risk score. |
| CCM: non-face-to-face care coordination services furnished to Medicare beneficiaries with multiple chronic conditions | <p>CPC+ practices may not bill CCM for attributed CPC+ patients.</p> <p>They may bill these services for non-attributed CPC+ patients, should they meet other CCM criteria.</p> | ACOs may furnish and bill CCM for any of their Medicare beneficiaries, should they meet other CCM criteria. |

Additional Resources

CPC+ Resources:

- CMS CPC+ [webpage](#)
- CMS CPC+ [FAQs](#)
- CMS CPC+ [Request for Applications](#)

MSSP Resources:

- CMS MSSP [webpage](#)
- CMS MSSP [FAQs](#)
- NAACOS ACO Comparison [Chart](#)

Should you have feedback on this resource or further questions, please contact us at advocacy@naacos.com.