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CMS unveils new risk-based primary care model: 13 things to know

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CMS announced a new primary care initiative Monday designed to improve primary care by helping practices transition to value-based care models.

Here are 13 things to know about the new initiative.

1. The five-year model, Comprehensive Primary Care Plus (CPC+), builds on the Comprehensive Primary Care Initiative launched in late 2012.
2. CPC+ focuses on five key functions: access and continuity; care management, comprehensiveness and coordination; patient and caregiver engagement; and planned care and population health. According to CMS, the CPC+ model will help primary care practices work with hospitals and other clinicians, including specialists, to provide more coordinated care.
3. Under the CPC+ initiative, CMS will partner with commercial insurers and state Medicaid agencies to provide monthly care management fees based on beneficiary risk tiers.
4. PCP practices will participate in one of two CPC+ tracks. Practices in both tracks will receive upfront incentive payments that they will either keep or repay based on their performance on utilization and quality metrics. Practices in both tracks will also receive data on cost and utilization.
5. In Track 1, CMS will pay practices an average monthly care management fee of \$15 per beneficiary in addition to the fee-for-service payments under the Medicare Physician Fee Schedule. They're also eligible for a performance-based incentive payment of \$2.50 per beneficiary per month.
6. Practices in Track 2 will provide more comprehensive services for patients with complex medical and behavioral health needs than those in Track 1. Practices in Track 2 will receive an average monthly care management fee of \$28 per beneficiary.
7. Instead of receiving full Medicare fee-for-service payments for evaluation and management services, practices in Track 2 will receive a hybrid of reduced Medicare fee-for-service payments and upfront comprehensive primary care payments. "The hybrid payment design will allow greater flexibility in how practices deliver care outside of the traditional fee-for-service encounter," according to CMS.
8. Track 2 practices are also eligible for a performance-based incentive payment of \$4 per beneficiary per month.
9. CPC+ has a significant focus on health IT, and practices in Track 2 must submit a letter of support from their health IT vendors that outline the vendors' commitment to supporting their practices in reaching the goals of the CPC+ initiative.
10. The CPC+ model will be implemented in January 2017 in up to 20 regions and will encompass more than 20,000 physicians and clinicians.

11. CMS will select regions for CPC+ where there is significant interest from multiple payers to support practices' participation in the model. CMS said it will enter into a memorandum of understanding with selected payer partners to document a shared commitment to align on payment, data sharing and quality metrics.

12. Regarding the CPC+ model, American Medical Association President Steven J. Stack, MD, said, "The American Medical Association has urged CMS to adopt several of these improvements as it designed the next generation of advanced primary care models. This new model holds promise for patients, and we look forward to working with CMS on its continued refinement and implementation."

13. CMS will accept payer proposals to partner in CPC+ from April 15 through June 1. Once the regions are selected, CMS will accept practice applications from July 15 through September 1.

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