**Comprehensive Care Plus (CPC+) in Rhode Island: Frequently Asked Questions (FAQ)**

Rhode Island Health Plans are encouraging eligible primary care practices to apply for CPC+ as CPC+ will provide primary care practices with a one time, unique opportunity to obtain care management funding for the Medicare fee for service population. This Medicare funding will be additionally augmented by participating RI health plan funding either through systems of care or the Care Transformation Collaborative of Rhode Island. The key is understanding some of the nuances of the CPC+ funding opportunity within Rhode Island

**Q. What are some of the CMS available resources to obtain information on the CPC+ program?**

Primary care practices will want to review the resources that CMS has made available to understand the program description, the intent of CPC+, the payment design, the care delivery design, IT requirements, quality reporting requirements and practice application process. **Note: Practice applications are due: September 15, 2016.**

Main CPC+ Website:

https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus

15 upcoming CPC+ Practice Open Door Forums in August and September. Schedule and registration list:

https://innovation.cms.gov/Files/x/cpcplus-practiceeventscalendar.pdf

Practice FAQs (updated frequently):

https://innovation.cms.gov/Files/x/cpcplus-faqs.pdf

Questions?

Email CPCplus@cms.hhs.govor call the CPC+

**Q. How can my primary care practice find out if it is eligible to apply for CPC+?**

It is important to first determine if your primary care practice is eligible to participate in CPC+. The CPC+ Frequently Asked Questions (FAQ) document is a good place to start to determine if your practice is eligible to apply for CPC+. . Here are some of the eligibility highlights outlined in the CMS FQA:

# PRACTICE ELIGIBILITY

## Q: Can a primary care practice currently participating, or considering participation, in the Medicare Shared Savings Program also participate in Comprehensive Primary Care Plus (CPC+)?

Yes, primary care practices currently participating, or considering participation in Tracks 1, 2, or 3 of the Shared Savings Program, that meet the eligibility requirements of CPC+, may participate in both initiatives. Practices participating in Shared Savings Program Accountable Care Organizations (ACOs) can participate in either track of CPC+.

Practices within ACOs participating in the ACO Investment Model (AIM), Next Generation ACO Model, or other shared savings programs may not participate in CPC+.

## Q: Are pediatric practices eligible to participate in CPC+?

Eligible practitioners are those who have a primary specialty designation of family medicine, internal medicine, or geriatric medicine, and for whom primary care services accounted for at least 60 percent of billing under the Medicare Physician Fee Schedule. Even if pediatric practitioners have those specialty designations, it is unlikely that pediatric practices will be eligible to participate due to the CPC+ requirement that primary care practices must have at least 150 attributed Medicare fee for service beneficiaries to be eligible for this model.

## Q: Are federally qualified health centers (FQHCs) and rural health clinics (RHCs) eligible to participate in CPC+?

No, CPC+ is designed to test payment reform for traditional fee-for-service payment and the billing processes for FQHCs and RHCs are distinct from other primary care practices. Because FQHCs and RHCs do not submit claims on a Medicare Physician/Supplier claim form (CMS 1500) and are not paid according to the Medicare Physician Fee schedule for office visits, they are not eligible for participation.

## Q: Are practices only eligible if they are a certified Patient Centered Medical Home (PCMH)?

No, practices are not required to be PCMH certified to participate in CPC+. However, the care delivery eligibility requirements to participate in CPC+ may align with criteria for PCMH certification. The care delivery eligibility criteria are:

## Q: Are hospital owned practices eligible to apply to CPC+?

Yes, practices owned by hospitals and health systems are eligible to apply to CPC+. CPC+ is a practice- level transformation and each practice owned by a hospital must provide a signed letter by hospital leadership that commits to segregate funds paid by CMS to the practice as a result of participation in CPC+ (i.e., the CPC+ care management fee, performance-based incentive payment, and Comprehensive Primary Care Payment (Track 2 only)).

## Q: Are Independent Practice Associations (IPAs) eligible to apply to CPC+?

Yes, practices within an IPA are eligible to apply to CPC+. Practices within an IPA must apply separately to participate in CPC+, as CPC+ is a practice-level transformation.

## Q: Can a practice participate in a commercial ACO or a commercial Clinically Integrated Network (CIN) while participating in CPC+?

Yes, CPC+ participating practices may participate in other programs with private payers.

## Q: Are concierge primary care practices eligible to apply?

No, concierge practices, or any practice that charges patients a retainer fee as of January 1, 2017, may not participate in CPC+.

## Q: Is a practice that offers other lines of business, such as urgent care on weekends and/or physical exams for an insurance company eligible for CPC+?

Yes, practices may offer other lines of business while participating in CPC+. However, payments provided by CMS as a result of participation in CPC+ may not be used for these other lines of business. CPC+ practices will work to ensure patients have access to care and build long-term continuous relationship with patients, while they closely manage and provide comprehensive care for their patients, particularly those with complex needs.

## Q: Are practices engaged in training future primary care practitioners and staff eligible to apply to CPC+?

Yes, CMS encourages all practices to apply, especially those engaged in training future primary care practitioners and staff.

**Q. Is my practice required to have an electronic Health Record?**

By January 1st, 2017, all practices will be required to adopt a 2015 edition of a certified electronic health record (CEHRT).

 As part of the care delivery model, all practices will be expected to provide remote access to EHR to ensure 24/7 access to care team members with real time access to medical record.

 All practices will be expected to report on electronic clinical quality measures (eCQM) and generate quality reports at practice and panel level. Practices applying for Track 2 will be expected to work with vendors to support the development and optimization of a set of advanced HIT functions

# PRACTICE APPLICATION

## Q: How can practices apply to participate in CPC+?

CMS will solicit applications from practices within the 14 regions beginning **August 1, 2016** with applications due by **September 15, 2016 at 11:59pm ET**. Practices will apply directly to the track for which they are interested and believe they are eligible; however, CMS reserves the right to ask a practice that applied to Track 2 to instead participate in Track 1 if CMS believes that the practice does not meet the eligibility requirements for Track 2 but does meet the requirements for Track 1.

Interested practices will submit applications for CPC+ via an [online application portal](https://app1.innovation.cms.gov/cpcplus).

## Q: What is the definition of a “practice site”?

In 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 or provides patient care in the home instead of at a practice site. 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 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 are not considered satellite practices and will be counted as separate practices for the purposes of CPC+. Practices that see all or the majority of their patients in the home are eligible for participation in CPC+ and are expected to meet the same care delivery and EHR technology requirements. Despite not seeing all their patients in a single physical location, these practices must still use a single address for billing.

Eligible applicants are primary care practices (all NPIs billing under a TIN at a practice site address who are included on a Participant List, as defined in Appendix B of the [CPC+ Request for Applications](https://innovation.cms.gov/Files/x/cpcplus-rfa.pdf)) that pass program integrity screening, provide **health services to a minimum of 150 attributed Medicare**

**beneficiaries** and can meet the requirements of the CPC+ Participation Agreement. Practices will apply directly to the track for which they believe they are ready; however, CMS reserves the right to offer a practice entrance into Track 1 if they apply to but do not meet the eligibility requirements for Track 2.

# RHODE ISLAND FRAMEWORK FOR WORKING WITH CPC+

**Q. Which payers in Rhode Island have been provisionally selected to partner in CPC+?**

BlueCross BlueShield of Rhode Island, Rhode Island Medicaid, Tufts Health Plan and United Healthcare.

## Q: How does a practice demonstrate that they have multi-payer support?

In their applications, practices will have the opportunity to outline their 2015 revenue generated by services provided to patients covered by the payers with whom we expect to partner with in their region. Practices that have approximately 50 percent or more of their current revenue generated from these payers and Medicare will be better positioned to implement the service delivery model and meet the practice requirements. Medicare alone cannot provide the adequate supports that practices need to make significant changes in the way they deliver care, as primary care practices serve patients whose health care is paid for many different insurers. CMS has provided interested practices with [a list of the payers](#_bookmark0) that have been provisionally selected to partner with Medicare in CPC+.

**Q. What requirements have RI Health Plans outlined as additional requirements for RI Primary Care practice participation?**

**Unaffiliated Primary Care Practices**

In order to reduce potential disruption of existing transformation strategies, the participating Rhode Island Health Plans have indicated that unaffiliated eligible primary care practices, those that are not presently part of a system of care, can apply to be a CPC+ practice and should enter through CTC-RI as a Track 1 practice. Or through their participation within an existing System of Care network. Within these SOC agreements, participating providers continue to assume a greater share of cost accountability.

In 2017 The CTC-RI program will offer a 3 year participation agreement, at the end of which practices will be expected to align with an eligible System of Care.

**Affiliated Eligible Primary Care Practices**

Through alternative payment models, participating Rhode Island Health Plans support the sustained transformation of healthcare delivery within organized Systems of Care (representing groups of hospitals and aligned providers) through shared savings and risk-based fee-for-value provider agreements.

 In order to reduce potential disruption of existing transformation strategies, participating Rhode Island Health Plans are requiring that affiliated primary care practices apply as CPC+ practice participants and enter through their participation within an existing System of Care network. Within these SOC agreements, participating providers will continue to assume a greater share of cost accountability.

More advanced eligible primary care practices participating in a system of care are expected to apply for Track 2.

Less advanced eligible primary care practices participating in a system of care may apply for Track 1.

**Affiliated and Unaffiliated Eligible Primary Care Practices Added Requirements**

Affiliated and unaffiliated eligible primary care practices would additionally be expected to maintain access standards for new and existing patients, and meet standards around complex care management and integrated behavioral health.

**Q. How will my primary care practice know if it is more advanced or less advanced in applying for Track 1 or Track 2?**

 There are two tracks for care delivery and payment:

**Track 1:** Pathway for practices ready to build the capabilities to deliver comprehensive primary care

**Track 2:** Pathway for practices poised to increase the comprehensiveness of care through enhanced Health IT, improve care of patients with complex needs, and inventory of resources. Track 2 practices additionally need a letter of support from their HIT vendor. Details for the letters of support can be found at the end of the application.

**Q. What is the Care Transformation Collaborative of Rhode Island (CTC-RI)?**

Under the auspices of the Office of the Health Insurance Commissioner (OHIC) and the Executive Office of Health and Human Services (EOHHS), CTC-RI is a statewide, multi-payer program that provides a pathway for primary care practice transformation. CTC-RI provides technical assistance and training to promote integrated, patient andfamily centered care, data driven quality improvement, and prepares practices to perform successfully under alternative payment models. As a statewide learning collaborative, CTC-RI facilitates the sharing of best practices in primary care, integration with specialists/health systems, and provides a platform for testing and evaluating new models that improve population health. The CTC-RI strives to align its primary care program with state, federal, public, and private initiatives and inform health care system transformation.

Today the CTC-RI multi-payer program includes 81 primary care practices, with 522 adult and pediatric providers, caring for over 330,000 Rhode Islanders (30% of the State population). Renamed and incorporated as a 501c3, in 2015, the Care Transformation Collaborative of Rhode Island (CTC-RI) features a common contract that standardizes the expectations and approach to primary care practice transformation across payers. Supplemental payments (pmpm) support the addition of an embedded nurse care manager in the practice site as well as infrastructure investments need for practice transformation.

**Q. As an eligible unaffiliated practice applying for CPC+, are there additional benefits and expectations associated with being part of the Care Transformation Collaborative of Rhode Island (CTC-RI)?**

**BENEFITS OF PARTICIPATING IN CTC-RI**

CTC-RI is a multi-payer initiative and participating health plans provide additional $3.00 infrastructure per member per month payment for meeting CTC-RI transformation milestones. Your primary care practice would have a “voice at the table” with other primary care providers and payers working together to provide Rhode Island patients with better care at lower costs. CTC-RI , with support from the Rhode Island Health Plans, provide added on-site practice transformation support to assist primary care practices with being prepared for upcoming federal and state primary care alternative payment models, including those offered by the Rhode Island Office of the Health Insurance Commission (OHIC).

**EXPECTATIONS OF PARTICIPATING IN CTC-RI**

Unaffiliated eligible primary care practices that successfully apply for CPC+ will be expected to additionally meet the milestone expectations for CTC-RI. Within a three year timeframe, practices will be expected to hire a nurse care manager, achieve NCQA Patient Centered Medical Home recognition, and attest to meeting 80% of the OHIC cost containment strategies.

**Q. How many practices will CTC-RI support based on unaffiliated eligible practices that successfully apply to CPC+ Track 1?**

The Health plans are anticipating supporting 40-45 primary care practices through CTC-RI with start date of January 1, 2017.

**Q. Can my primary care practice leave a system of care that is not eligible for CPC+ so my practice can participate in CPC+?**

No. The participating Rhode Island Health Plans, as part of their application to CPC+, indicated that Rhode Island has invested in important system of care development work and they will not support disruptions to the health delivery system.

**Q. How can my primary care practice find out more about the Rhode Island framework for participating in CPC+?**

Staff from the Care Transformation Collaborative (CTC) is available to provide technical assistance and answer questions about the program.

*In person with optional “go to meeting” sessions:*

8/31/16 7:30-9:00am HealthCentric Advisors, 235 Promenade Street, Providence RI Suite 500

* + Dial +1 (571) 317-3112 Access Code/Meeting ID: 465-102-693

9/6/16 5:30-7:00pm HealthCentric Advisors, 235 Promenade Street, Providence RI Suite 500

* + Dial +1 (571) 317-3112 Access Code/Meeting ID: 465-102-693

9/7/16 5:30-7:00pm HealthCentric Advisors, 235 Promenade Street, Providence RI Suite 500

* + Dial +1 (571) 317-3112 Access Code/Meeting ID: 465-102-693

*Webinars:*

8/30/16 12:15-1:00pm

* + Dial +1 (571) 317-3112 Access Code/Meeting ID: 465-102-693

9/1/16 12:15-1:00pm

* + Dial +1 (571) 317-3112 Access Code/Meeting ID: 465-102-693

 Practices may also send email questions CTC-R: I contact info: CTCRI@umassmed.edu