# NY State initiatives for Primary Care Practices: CPC plus - Webinar

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# Primary Care Initiatives in NY State

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# Federal and State Practice Transformation Programs for Providers: DSRIP, SIM, TCPI, CPC +, MACRA Highlights:

| DSRIP | SIM/APC | TCPI | CPC + | MACRA |
|---|---|---|---|---|
| **Focus:** Primary care practices participating in PPS provider networks | **Focus:** Primary care practices: Implementation 2017 | **Focus:** Clinician practices, both primary care and specialty | **Focus:** Primary care practices: Implementation 2017 | **Focus:** All Medicare practices Implementation 2019 |
| **Who provides funding/support to the provider:** The PPS in relevant DSRIP projects. | **Who provides funding/support to the provider:** APC Technical assistance (TA) vendors. | **Who provides funding/support to the provider:** 3 TCPI funded grantees –<br>• Care Transitions Network for People with Serious Mental Illness<br>• Greater New York City Practice Transformation Network<br>• New York State Practice Transformation Network | **Who provides funding/support to the provider:** CMS, commercial payers provide prospective, risk adjusted PMPM payments | **Who provides funding/support to the provider:** CMS, TA vendors |
| **Resources/Payment:** Practices are supported by PPSs to reach PCMH or APC designation | **Resources/Payment:** TA vendor paid on a per-practice basis. Focus on smaller practices. | **Payment:** TA vendors paid on a per-provider basis – Focus on larger practices. | **Resources/Payment:** No additional payments, national CMS learning networks provide support | **Resources/Payment:** Budget neutral, penalties and bonus payments |

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# Practice Transformation Programs: Governing authority

NY State (DOH) developed and administered:

- DSRIP
- SIM/APC

CMS/CMMI developed and administered with no involvement of NY State (DOH):

- CPC plus
- MACRA
- TCPI*

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## Common approach to help practices prepare for changing expectations:

Assistance for primary care practices have common features:

- Evolving ‘value-based’ reimbursements allowing for significant increase in funding and upfront investment
- A defined, but limited set of quality measures
- Transformation resources to support development of advanced primary care capabilities over time
- Focused measurement on costs and quality for the practice’s population

# NY State Health Improvement Plan - Overarching Goals

- 80% of the state's population will receive primary care within an APC setting, with a systematic focus on population health and integrated behavioral healthcare
- 80% of care paid for under a value-based financial arrangement

Federal and State practice transformation programs support these goals

# CPC plus

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# Comprehensive Primary Care Plus (CPC+)

- 5 year, multi-payer care delivery initiative *and* alternative payment model (APM) (2017-2021)
- 14 regions nationally, up to 5,000 providers. Countries chosen for NY State:

  Albany County; Columbia County; Dutchess County; Greene County; Montgomery County; Orange County; Rensselaer County; Saratoga County; Schenectady County; Schoharie County; Sullivan County; Ulster County; Warren County; Washington County
- Strengthening primary care to reduce costs

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## CPC+ aligns broadly with other multipayer initiatives (Advanced Primary Care)

| Areas | APC | CPC + |
|---|---|---|
| Primary care focused | ✓ | ✓ |
| Prospective transformation payments | ✓ | ✓ |
| Value based payment component | ✓ | ✓ |
| Milestones requirements over time | ✓ | ✓ |
| Set of core measures | ✓ | ✓ |

## CPC+ alignment challenges:

- Exclusion for FQHC's
- Limited geographic regions
- Certified Health IT as a criteria for participating
- Core measures
- Random selection of participating practices, not everybody who applies will be selected

## NY State DOH supports CPC plus:

- CPC plus is consistent with the SHIP/SIM/APC objectives in moving to multi-payer alignment and support of high value primary care and therefore we would urge you to apply.

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# Advanced Primary Care

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## If your practice is not selected for CPC plus:

- Payers are still interested in a separate multi payer initiative in NY State
- Advanced Primary Care (APC)
- Transforming Clinical Practice Initiative (TCPI)

## What is Advanced Primary Care (APC)?

- APC is a voluntary multipayer primary care initiative
- Payers and providers use:
  - common practice standards and milestones
  - core quality measures,
  - payment and transformation

to support to assist primary care providers in meeting the ‘triple aim’

# APC deliverables: Where are we now?

- RFP for transformation agents (TA): applications received, being scored, will be released shortly
- RFI for payers: released and being analyzed, 1:1 meetings conducted
- Set of criteria for structural milestones: finalized
- Core measure-set: finalized (1.0)
- State wide practice transformation database: finalized
- Practice enrollment starts Q4 2016

For more information:
Email- sim@health.ny.gov
Website-
https://www.health.ny.gov/technology/innovation_plan_initiative/workgroup_integrated_care.htm

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# Questions

Susan Stuard
President,
Lake Fleet Consulting, LLC

# Introducing CPC+: A New Advanced Primary Care Medical Home Model

1) Overview and Eligibility Criteria
2) Care Delivery Transformation
3) Payment Innovations
4) Health IT Requirements
5) Data Feedback and Learning Support

**For more information and application toolkit materials:**

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

# CPC+ By the Numbers

**5**
**Years**

Beginning January 2017, progress monitored quarterly

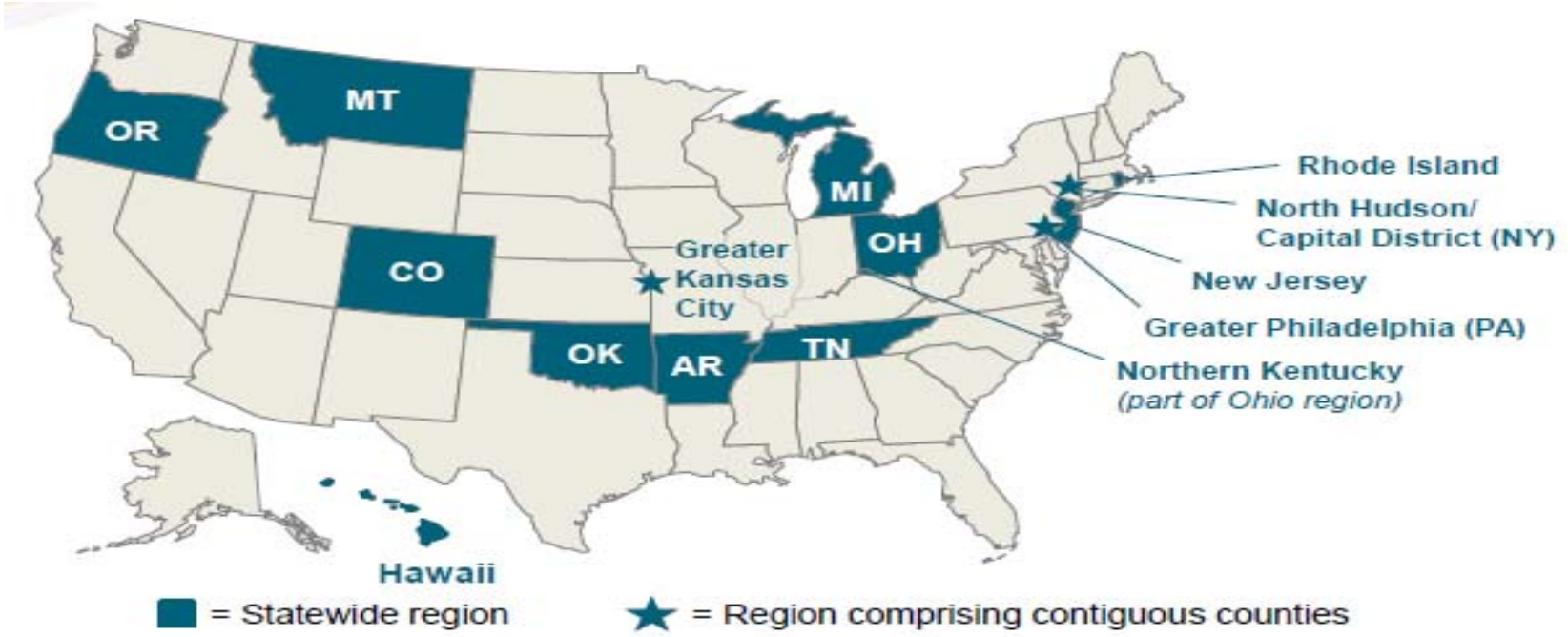
**2**
**Program Tracks**

Based on practices' readiness for transformation

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

Dependent upon interest and eligibility

# 14 Regions


MT
OR
CO
OK
AR
TN
MI
OH
Greater Kansas City
Rhode Island
North Hudson/ Capital District (NY)
New Jersey
Greater Philadelphia (PA)
Northern Kentucky
(part of Ohio region)
Hawaii
= Statewide region
= Region comprising contiguous counties

# North Hudson-Capital District

- Physical practice location in one of these counties:
  - Albany; Columbia; Dutchess; Greene; Montgomery; Orange; Rensselaer; Saratoga; Schenectady; Schoharie; Sullivan; Ulster; Warren; Washington
- Participating payers: MVP, CDPHP, Empire
  - All three participated in CPC Classic

# CPC+ Regions Selected Based on Multi-Payer Support

- Commercial health plans aligned with but not identical to Medicare
- Required Payer Alignment:
  - Enhanced, non-FFS support
  - Change in cash flow mechanism from fee-for-service to a partial alternative payment methodology for Track 2
  - Practice- and member-level cost and utilization data at regular intervals
  - Performance-based incentive
  - Aligned quality and patient experience measures with Medicare FFS and other payers in the region

# 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:

**Track 2**

- 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

- 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.*

# 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 | Alternative to traditional office visits, e.g., e-visits, phone visits, group visits, home visits, alternate location visits, and/or expanded hours. |
| | 24/7 patient access | |
| | Assigned care teams | |
| Care Management | Risk stratified patient population | Two-step risk stratification process for all empanelled patients |
| | Short-term and targeted, proactive, relationship-based care management | Care plans for high-risk chronic disease patients |
| | ED visit and hospital follow-up | |

# CPC+ Practices Will Enhance Care Delivery Capabilities in 2017

| | Requirements for Track 1 | Requirements for Track 2 |
|---|---|---|
| Comprehen-siveness and Coordination | Identification of high volume/cost specialists | Behavioral health integration |
| | Improved timeliness of notification and information transfer from EDs and hospitals | 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 | At least biannual Patient and Family Advisory Council |
| | Assessment of practice capabilities to support patient self-management | 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 | *Support augmented staffing and training for delivering comprehensive primary care* | *Reward practice performance on utilization and quality of care* | *Reduce dependence on visit-based fee-for-service to offer flexibility in care setting* |
| Track 1 | $15 average | $2.50 opportunity | N/A (Standard 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

https://www.youtube.com/watch?v=0RyXKdpViP8&index=1&list=PLaV7m2-zFKpgXyFdYktqhUfgYcaGsSMPe

# All CPC+ Practices Must Adopt Certified EHR Technology

- General Requirements
- Adopt certified health IT modules which meet the definition of CEHRT according to the timeline and requirements finalized for use in CMS programs supporting certified EHR use (e.g. EHR Incentive Programs, proposed Quality Payment Program)
- Use 2015 Edition technology (may use 2014 Edition in 2017 only)
- Quality Reporting Requirements
- Adopt health IT certified to the (c)(1) – (c)(3) certification criteria for all eCQMs in the CPC+ measure set
- Use the latest annual measure update for the CPC+ measures
- Be able to filter eCQM data by practice site location and TIN/NPI beginning in 2017. Beginning in 2018, adopt 2015 Edition health IT certified to the criterion 45 CFR 170.315(c)(4) to filter eCQMs.
- Additional for Track 2
- By January 1, 2019 (beginning of CPC+ PY3), adopt health IT certified to the 2015 Edition "Care Plan" criterion found at 45 CFR 170.315(b)(9) and the 2015 Edition "Social, Behavioral, and Psychosocial Data" criterion found at 45 CFR 170.315(a)(15)

# Many Opportunities for Learning, Collaboration, and Support

## CPC+ Practice Portal

Online tool for reporting, feedback, and assessment on practice progress

## CPC+ Connect

Web-based platform for CPC+ stakeholders to share ideas, resources, and strategies for practice transformation

## Aligned Data Feedback

Actionable data reports on attribution and cost, utilization, and quality at the practice and patient level from multiple payers

## Learning Opportunities

### National Learning Communities

- Cross-region collaboration
- National learning opportunities
- Annual Stakeholder Meeting

### Regional Learning Communities

- Virtual and in-person learning sessions
- Outreach and support for practice leads
- Leadership engagement
- Alignment with regional reform

# Affiliated Practices May Apply but Must Apply Independently

- CMS encourages **all practices**, including those with the same owner or those in the same ACO, to apply to CPC+.
- Every practice must submit a **separate application**; eligibility will be determined at the practice level.
- CMS will accept affiliated practices (e.g., in a health system, ACO, etc.) as a group **to the extent possible**.
- Affiliated practices (including practices in the same health system) may participate in **different tracks** of CPC+.
- Up to 1,500 primary care practices participating in a Medicare Shared Savings Program **ACO may participate** in CPC+.
- CPC+ practices must use **one billing TIN** for all primary care services. This TIN may be shared with other practices in a medical group or organization; CMS will identify specific CPC+ practitioners by their National Provider Identifier (NPI).

# Practices Not Eligible to Apply:

CPC+ is designed to test payment reform for traditional fee-for-service payment under the Medicare Physician Fee Schedule.

- **Pediatric Practices**
  - CPC+ practices must include at least 150 eligible Medicare fee-for-service beneficiaries and pediatricians generally do not treat Medicare patients.
- **Concierge Practices**
  - Retainer fees usually replace traditional co-insurance under Medicare fee-for-service and/or conflict with CPC+ Care Management Fees.
- **Rural Health Clinics**
  - RHCs do not submit claims on a Medicare Physician/Supplier claim form and are not paid according to the Medicare Physician Fee Schedule for routine office visits.
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# Payer Partners

**Peter Vellis, DO**

**Medical Director**

**Capital District Physicians Health Plan**

# Capital District Physicians' Health Plan
# Supporting CPC+

## CDPHPs Participation

- Supports CPC+ in all counties of the CPC NY Region
- Aligned in principle and goals of CPC
- To be eligible:
  - Must be a defined as a primary care practice
  - Must have a minimum of 150 CDPHP combined in all lines of business (Commercial, MAPD, Medicare, Medicaid, ASO)
- Payment Models – No downside risk
  - Track 1 - Risk Adjusted PMPM over FFS
  - Track 2 - Current EPC Model – Risk adjusted global payment for primary care service

## Performance Based Incentive Payment

- Risk-adjusted performance incentive opportunity based on the goals of the Triple Aim
  - Efficiency – Risk-adjusted relative utilization of healthcare resources
  - Effectiveness – HEDIS Process measures
  - Experience – Modified CG-CAHPS

# Payer Partners

**Darren Triller, PharmD**

**Vice President of Network Transformation**

**MVP Healthcare**

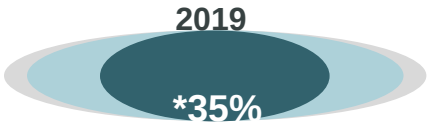

# VALUE-BASED CARE THROUGH COLLABORATION

August 2016

# GOVERNMENT IS LEADING THE WAY

## NYS Goals

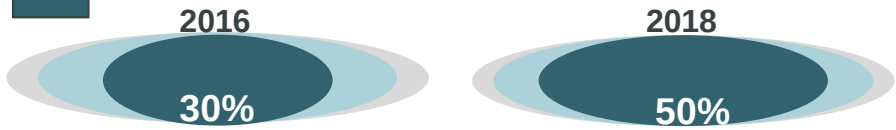
All NYS levels (Categories 0 - 3)
Shared Savings/Shared Risk (Categories 1 - 2)




**85 – 90%**

## CMS Goals

All Medicare FFS (Categories 1 - 4)
FFS linked to quality (Categories 2 - 4)
Alternative Payment Models (Categories 3 - 4)




**85%**

**90%**

***The minimum target for DSRIP year 5 (2020) is 35% of total managed care payments tied to level 2 or higher.**

# COLLABORATIVE VALUE-BASED CARE

## 1. Shared Vision

**Trust & Transparency / Core Competencies / Consumer-Centric**

## 2. Relevant Programs

**Aligned to Capabilities / Flexible Models / Improvement Opportunities**

## 3. Enabled Outcomes

**Data Exchange / Care Management / Learning & Advancement**

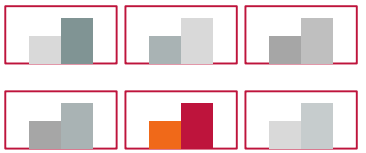
VALUE-BASED CARE THROUGH COLLABORATION

# ALWAYS A COLLABORATIVE PROCESS

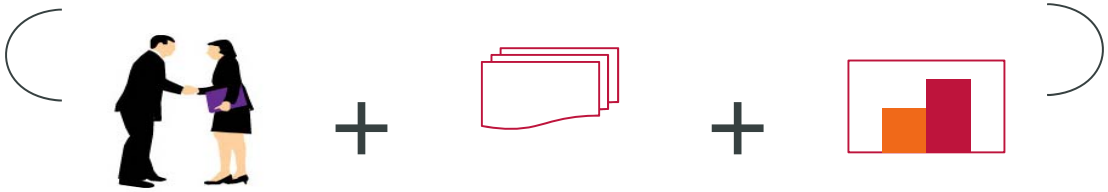
## Shared Vision

## Relevant Programs

## Enable Outcomes



- Mutual Goals
- Clinical & Claims Analysis
- Quality & Utilization



- Clinical & Quality Improvement
- Higher Patient Satisfaction
- Financial Success

# MVP/CPC+ Alignment

**Recognizes PCP as center of effective, seamless care**

**Aligns payment with higher level services, performance**

**Advances methods that expand access to PCP care and enhance patient-provider relationship**

- **Hours of operation/access**
- **Enhanced utilization of technology/non-visit encounters**

**Focuses on priority quality and utilization measures**

**Forces regional dialogue on key issues**

**Promotes multi-payer collaboration**

# MVP CPC+ Approach

**Seek to engage existing CPCi practices as well as additional providers in the approved CMS region**

**Target practices with >150 members on average across proposed lines of business that are not already engaged in a program**

**Committed to:**

- **Tiered, non-visit based care management support**
- **Performance-based support based on narrow list of relevant quality and utilization measures**
- **Alternative to FFS payment model for Track 2 practices (‘18)**
- **Collaborating with practices, other payers to transform the health system in the targeted region**

# Payer Partners

**Empire Blue Cross Blue Shield**

**Robert La Penna**

**Network Director for Payment Innovation Programs**

# CPCI Participant Experience

- Cindy Chan, MD, FACP
  CapitalCare Medical Group

- Louis Snitkoff, MD, FACP
  CapitalCare Medical Group

My CPC+ Application does not get accepted.
What are my options?

# If your application is not accepted, you have options:

There are several Practice Transformation Networks (PTNs) operating within New York State:

- New York State —Actively enrolling primary care, behavioral, and specialty practices throughout New York.
- Care Transitions Network—Enrolling providers throughout New York who serve clients with mental illness.
- Greater NYC—Open to NYU practices only. Focus on PCMH certification and improvement metrics.

**Get FREE Resources and Technical Assistance!**

Practices that join a PTN enjoy free resources and services including:

- Practice transformation coaches
- Data reporting assistance
- Access to proven change management tools
- Free CME credits and MOC points
- National leaders in practice transformation

**Who Is Eligible?**

- Solo practitioners, small groups, and large health systems
- Internists, other MDs, PAs and NPs
- Practices **not** currently participating in a Medicare Shared Savings Program, Pioneer ACO, CPC+, or Multi-payer Advanced Primary Care Program

Find out more about these PTNs and other ACP practice transformation resources at **www.acponline.org/tcpi** or email SAN@acponline.org (and tell them NY sent you).

# Thank-you to the co-sponsors:

- NYS Department of Health
- New York Chapter, American College of Physicians (NYACP)
- Medical Society of the State of NY (MSSNY)
- NYS Academy of Family Physicians (NYSAFP)

# Q&A