

Next Steps for Practices Interested in Comprehensive Primary Care Plus (CPC+)

The Comprehensive Primary Care Plus (CPC+) is an advanced primary care model built on learnings from the original [CPC initiative](#), including the critical role of practice readiness, aligned payment reform, actionable performance-based incentives, and robust data sharing. CPC+ is designed to provide physicians the freedom to care for their patients in a way they think will deliver the best outcomes and to pay them for achieving results and improving care.

Step 1. Determine if your practice meets the eligibility requirements

- At least 150 attributed Medicare beneficiaries¹
- Must use CEHRT
- Existing care delivery activities must include:
 - Assigning patients to provider panels
 - Providing 24/7 access for patients
 - Supporting quality improvement activities
 - Developing and recording care plans (*Track 2 only*)²
 - Following up with patients after ED or hospital discharge (*Track 2 only*)³
 - Implementing a process to link patients to community based resources (*Track 2 only*)
- Must have letter of support from health IT vendor that outlines the vendor's commitment to support the practice in optimizing health IT (*Track 2 only*)

¹ – The Centers for Medicare and Medicaid Services have outlined their attribution methodology in the [Request for Applications Appendix E](#).

² – Documenting and recording care plans are a requirement for reimbursement under the Chronic Care Management codes.

³ – The process of following up with patients after ED or hospital discharge is outlined under the requirements for reimbursement under the Transitional Care Management codes.

If you need help with any of the care delivery activities or evaluating which track you should apply for, you may benefit from the support provided by Caravan Health. More information about the Caravan Health boot camp is listed below.

Step 2. Verify your practice is not excluded based on participation in other programs. Excluded models:

- ACO Investment Model (AIM)
- Next Generation ACO
- Other Medicare shared savings ACO (Exception: Medicare Shared Savings Program (MSSP) may apply for CPC+)

CMS is accepting up to 1,500 MSSP practices into the program however the payment model will be different due to the shared savings component of the ACO.

Participation in excluded models does not preclude you from applying for participation in CPC+. The practice application will ask the applicant to identify the programs in which it is currently participating. Among the available responses is the opportunity to name the program and indicate your willingness to withdraw from that program if selected for CPC+. (Page 53 of the [Request for Applications](#) dated July 1, 2016.)

Step 3. Select the track for which your practice is best positioned to be successful.

The practice application allows you to apply for Track 2 but accept Track 1 if not selected for Track 2. Once enrolled in a track, the practice will remain in that track for the duration of the five-year program.

Step 4. Determine the amount of revenue generated by the list of participating payers in your region/state.

True comprehensive primary care is possible only with the support of multiple payers covering a large portion of patients. Practices with “multi-payer support” are defined as those with 50 percent or more of current revenue generated from these payers AND Medicare.

Step 5. Evaluate your ability to track and report the CPC+ Quality Measures

The selected measures are listed below as defined in the Request for Application. All measures are electronic clinical quality measures (eCQMs). Practices should review this listing and consult with their EHR vendor to determine their current status on the ability to document and report on these measures.

CPC+ eCQM Set - 2017 Performance Period				
	CMS ID#	NQF#	Measure Title	Measure Type/ Data Source
Report 2 of the Group 1 outcome measures:				
Group 1	CMS159v5	0710	Depression Remission at Twelve Months	Outcome/eCQM
	CMS165v5	0018	Controlling High Blood Pressure	Outcome/eCQM
	CMS122v5	0059	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Outcome/eCQM
Report 2 of the Group 2 complex care measures:				
Group 2	CMS156v5	0022	Use of High-Risk Medications in the Elderly	Process/eCQM
	CMS149v5	N/A	Dementia: Cognitive Assessment	Process/eCQM
	CMS139v5	0101	Falls: Screening for Future Fall Risk	Process/eCQM
	CMS137v5	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Process/eCQM
Report 5 of the 10 remaining measures (choice of Group 3 and remaining Groups 1 and 2 measures):				
Group 3	CMS50v5	N/A	Closing the Referral Loop: Receipt of Specialist Report	Process/eCQM
	CMS124v5	0032	Cervical Cancer Screening	Process/eCQM
	CMS130v5	0034	Colorectal Cancer Screening	Process/eCQM
	CMS131v5	0055	Diabetes: Eye Exam	Process/eCQM
	CMS138v5	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process/eCQM
	CMS166v6	0052	Use of Imaging Studies for Low Back Pain	Process/eCQM
	CMS125v5	2372	Breast Cancer Screening	Process/eCQM

Step 6. Contact the AAFP if you need additional assistance. For more information, call (800) 274-2237 or [email](#) the AAFP.

Caravan Health Boot Camp (Optional)

If you are interested in participating in the Caravan Health boot camp at no cost, you will need to also qualify for the Transforming Clinical Practice initiative (TCPi). TCPi is available to all [PQRS eligible clinicians](#) whether or not they are participating in PQRS. Exclusions for this program include participating in the Medicare Shared Savings Program, Pioneer ACOs, Comprehensive Primary Care Initiative, or Multi-Payer Advanced Primary Care Practice program.

The boot camp includes a series of webinars that began June 30 and run through August 25. All past webinars have been recorded and you can view a listing of the webinars at www.aafp.org/cpcplus.

In addition to the webinar series, Caravan Health is offering a suite of tools and services to help you meet the eligibility requirements for CPC+. During the boot camp, these services are free of charge. If you are selected for participation in CPC+, you may elect to continue receiving these tools and services to help your practice achieve the program requirements for CPC+ for a per beneficiary per month fee. Services include:

- 24/7 Nurse Advice Line
- Care Management Software
- Quarterly Staff Training
- Claims Data Analytics
- Quality Reporting
- Evidence-based care plans
- Care Coordinator Training and Support
- Consulting services, and
- CPC+ Application process support

For more information, call (800) 274-2237 or [email](#) the AAFP or go to www.CaravanHealth.com and click on “Get on Board.”