

Medicare Adds Four Areas to Large Primary Care Project

By Mindy Yochelson | May 17, 2017 6:02PM ET

- Applications accepted until July 13
- Some practices may be placed in control group

(BNA) -- Three states and a metropolitan area have been added to Medicare's primary care medical home model project, which already covers dozens of payers and thousands of doctor practices.

Round 2 of Comprehensive Primary Care Plus (CPC+) will take place in Louisiana, Nebraska, North Dakota and the area in and around Buffalo, N.Y. Seven payers, including commercial insurance plans and Medicaid managed care organizations, have provisionally agreed to participate, the Centers for Medicare Medicaid Services said May 17.

The program offers primary care practices funds to test new ways to deliver care beyond the traditional office visit and is intended to transform the way primary care is offered and reimbursed.

Program Ongoing

Round 1, which began earlier this year, has 53 payers and 2,891 practices in 14 regions. The CMS said it will select up to an additional 1,000 practices for Round 2.

Practices may participate in one of two tracks. The CMS provides care management fees to practices in both tracks, but higher amounts are paid in Track 2 for practices with more care management experience. Track 2 practices also receive a comprehensive primary care payment.

Advanced APM

Additionally, CPC+ is considered an advanced alternative payment model (APM) under the Medicare physician quality payment system that began Jan. 1.

The program is one of the only ways for primary care practices and medical homes to participate in advanced APMs, which were created under the Medicare Access and CHIP Reauthorization Act of 2015, Laura Wooster, senior vice president, public policy for the American Osteopathic Association, told Bloomberg BNA.

"So we were a little disappointed that it's only four regions in this round" with a cap of 1,000 practices, she said.

Medical professionals participating in an advanced APM are excluded from MACRA's Merit-based Incentive Payment System (MIPS) reporting requirements that could lead to cuts in their reimbursements. Additionally, participants may qualify for a 5 percent incentive payment.

Closer to Intent of Scope

The addition of the four regions makes the geographic scope of the program closer to the CMS's initial goal of 20 CPC+ regions.

The more limited size could be blamed somewhat on timing, Wooster said. The announcement of the Round 1 application process was in early August 2016, when "it's pretty hard to get people's attention," she said. Some didn't hear about it in time, she said.

For Round 2, practices located in the four new regions may apply from May 18 to July 13. The earlier date for starting the Round 2 process could lead to more applications, she said.

Control Groups

This time around, the CMS plans to randomly assign practices into either an intervention group or a control group for each of the tracks. Those chosen won't get the extra CPC+ payments. Instead, they can sign an agreement with the CMS that will offer them some compensation for participating in evaluation activities.

However, the agency said it expects to develop a rule that would allow those placed in control groups to receive favorable scoring under the MIPS scoring system. More details for control group practices will be announced later this year, the CMS said.

To contact the reporter on this story: Mindy Yochelson in Washington at MYochelson@bna.com

To contact the editor responsible for this story: Kendra Casey Plank at kcasey@bna.com

To view the complete story, {BBLSD PKA0M4U2N3E7GO}
Run {BNAgo} to subscribe to Bloomberg BNA Law Reports.

The above story appeared in:
Daily Report for Executives
Health Care Daily Report

