Comprehensive Primary Care Plus (CPC+)
Frequently Asked Questions

Revised, February 2018

1. **What is Comprehensive Primary Care Plus (CPC+)?**
   CPC+ is a regional, multi-payer, five-year Centers for Medicare & Medicaid Services supported initiative intended to strengthen primary care through efforts to transform payment reform and the care delivery system. CPC+ started on January 1, 2017. Michigan is a participating region. For detailed information on CPC+, please visit the CMS Innovation Center website.

2. **What is SIM? Is it different from CPC+?**
   The State Innovation Model (SIM) is different from CPC+. SIM is a program funded by CMS and run by the state of Michigan that focuses on developing and testing multi-payer health care payment and service delivery models to achieve better care coordination, lower costs, and improved health outcomes for Michigan residents. Blue Cross is in active conversations with the State to assure that PDCM, CPC+ and SIM work in concert and achieve synergy. Please visit the Michigan Department of Health and Human Services website for more information or to submit questions about SIM.

3. **Does CPC+ include specialists?**
   No, CPC+ is only for primary care providers.

4. **Is the Federal Employee Program (FEP) part of CPC+?**
   Yes

5. **Is Medicare Advantage (MA) part of CPC+?**
   No

6. **Is Blue Care Network (BCN) participating in CPC+?**
   No

7. **How do practices become part of CPC+?**
   CPC+ practices applied to the Centers for Medicare and Medicaid Services in summer 2016, and received notification about their selection status in November 2016.

8. **How will CPC+ practices be reimbursed by Blue Cross?**
   Blue Cross reimbursement will not change under CPC+. Participation in this synergistic multi-payer opportunity has been a catalyst for Blue Cross to consider what's next in our evolving value-based payment model. Given the need to continue advancing practice transformation across the state, Blue Cross value-based reimbursement (VBR) opportunities available to CPC+ practices will also be available to all PGIP practices. The CPC+ VBR opportunities are the current PCMH designation, cost of care, clinical quality, and PDCM VBRs, plus a new "advanced practice" VBR, which will not be unique to CPC+.

   Practices must meet Blue Cross criteria for each VBR to qualify for the additional payment. Participation in CPC+ does not automatically qualify a practice for any additional Blue Cross reimbursement.

9. **What is the difference between CPC+ Track 1 and Track 2?**
   From the perspective of Blue Cross reimbursement, there is no difference. Please refer to CMS CPC+ program guidelines for the different expectations regarding practice capabilities and advancement.

10. **Can the PDCM billing guidelines be used if you are in CPC+?**
    Yes. If you are eligible to deliver PDCM services, the PDCM billing guidelines remain applicable.

11. **Are the Blue Cross codes/billing rules different for CPC+ than for PDCM?**
    No

12. **My list of CPC+ practices does not match the PGIP physician list. Why is that?**
    CPC+ practices and PGIP practices do not necessarily have a 1:1 relationship. Sometimes practices submitted to CMS for inclusion in CPC+ were configured differently for participation in that program than the way they are configured for the purpose of participating in PGIP. In addition, CPC+ practice submission took place in summer 2016, so if there has been any movement in the practice, that movement might be reflected in the PGIP PA tool but not the CMS list of participating practices.

13. **How will CPC+ practices receive the Blue Cross monthly patient lists?**
    Practices that are eligible to deliver PDCM services will continue to receive the same PDCM-eligible member lists that they have received previously.

14. **Will there be a separate monthly patient list for CPC+?**

No, but patients attributed to CPC+ providers will be flagged on those lists, along with patients attributed to SIM participating providers.

15. **How many Michigan practices are in CPC+? Who are they?**
    Approximately 500 practices and 1500 MDs/DOs are in CPC+ (based on PGIP practice unit configurations; note that some providers used different practice configurations when applying to CPC+, and CMS is counting nurse practitioners and physician assistants, so CMS practice and practitioner counts are different from Blue Cross).

16. **Do all CPC+ practices get to bill the PDCM codes?**
    Previously, only PCMH-designated practices could bill Blue Cross for PDCM procedure codes. Effective 1/1/18, the ability to bill Blue Cross for PDCM procedure codes was expanded to *non-designated primary care practices that are participating in CPC+.* For more information on how to bill the PDCM procedure codes, practices may participate in the online PDCM billing trainings and review the PDCM Billing Guidelines available on micmrc.org, or reach out to valuepartnerships@bcbsm.com.

    Although they *can* bill for PDCM services, non-designated CPC+ practices are *not* eligible for value-based reimbursement for PCMH designation or provider-delivered care management.

17. **Do I have to stop billing the care management codes *because* I am in CPC+?**
    Not for Blue Cross. Please check with CMS and Priority Health regarding their payment policies, which may differ from Blue Cross policies.

18. **Is there value-based reimbursement for CPC+?**
    There is no VBR exclusive to CPC+.

19. **If I'm in CPC+ can I bill care management codes for all members, or only those that show up as eligible?**
    PDCM codes may only be billed for patients that are eligible, using the same processes to check eligibility that you have used previously.

20. **Are the training requirements different for CPC+ care managers than for PDCM care managers?**
    CPC+ practices do not have different training requirements than other PGIP practices, but if a practice is PCMH designated and wishes to deliver care management services, the PDCM training requirements are applicable.

21. **How do I report payments/revenue from Blue Cross to CMS?**

Blue Cross will provide physician organizations with a report showing their value-based reimbursement for CPC+ practices at the start of each year for the previous year. These reports will assist POs and practices in reporting BCBSM commercial VBR payments for CPC+ members to CMS and will be distributed via the PGIP EDDI folders.

The reports are based on actual claims billed and the VBR associated with those claims, and dollar amounts should be reported as “alternative to fee-for-service payments” on CMS revenue reports.

In addition, any BCBSM revenue received for billing the 12 PDCM claim codes for members attributed to CPC+ practices should be reported as “care management fees” on CMS revenue reports. This is data that the practice/PO will need to track throughout the year.