



Michigan Multistakeholder CPC+ Briefing December 2019

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[Welcoming Dr. Patrick Botz, DO to the CPC+ Michigan Multistakeholder Steering Committee!](#)

Thanks to all for the nominations we received for the open CPC+ Multistakeholder Steering Committee. We are pleased to announce that Dr. Patrick Botz, the Medical Director at St. Mary's of Michigan PHO in Saginaw where he is also a practicing CPC+ physician has been selected as the new member. Trained in Family Medicine at the Michigan State University College of Osteopathic Medicine, Dr. Botz "*feels a deep connection to the CPC+ program and its work in improving the experience, quality and value of care in our state*". Please join us in congratulating Dr. Botz!

[Primary Care First Round One Applications – What it Means for Michigan and A Calculator Tool for Estimating Financial Impact](#)

CMS has released the [Round One Primary Care First \(PDF\) application](#) for Round One of the Primary Care First (PCF) demonstration. Though existing CPC+ practices are not eligible for the Round One (2021) PCF starting period, they **will** be eligible to apply for 2022 participation. CMS will distribute application information in 2021 for CPC+ practices interested in joining Round Two PCF which will begin at the start of 2022. No action is necessary now for CPC+ practices. Non-CPC+ practices in Michigan **are** eligible for Round One of PCF and must file applications at the link above by 1/22/20.

Importantly, the release of the Primary Care First Round One demonstration does not affect the CPC+ demonstration for Michigan. Michigan and other CPC+ Round One regions will continue as planned through the demonstration period close on December 31, 2021. At this point, CMS will make a determination regarding whether or not the CPC+ demonstration will be certified to be integrated into ongoing Medicare payment policy.

The PCF design incorporates greater two-sided risk and may be a good fit for practices who are interested in moving up the ladder of payment redesign. CMS notes that it also offers potential for increased revenue with performance-based payments that reward for reducing acute hospital utilization, as it focuses on a single outcome measure (acute inpatient hospitalization) that has significant impact for patients. The model also features enhanced payments for practices that specialize in complex, chronic patients and high need, seriously ill populations. Since PCF has a deeper level of risk-sharing than CPC+.

Whether your practice is eligible for Round One (2021) or Round Two (2022) PCF participation, it may be helpful to

estimate its potential financial impact. HealthTeamWorks, a firm that will offer optional consulting services to practices, has designed a [PCF Revenue Calculator Tool](#) that is available free of use to practices and POs. Please note that you are not obligated to use their additional services, though HealthTeamWorks may add you to email distributions regarding their additional services and consulting.

[CMS Joins Officially Multipayer Data Aggregation in Michigan](#)

CMS is glad to announce that as of October 2019, it joined CPC+ Data Aggregation efforts with the University of Michigan to permit Medicare CPC+ lives to be included in the Multipayer CPC+ Michigan dashboard. This means that in addition to CPC+ data from Blue Cross Blue Shield of Michigan (BCBSM) and Priority Health, Medicare FFS CPC+ data will also be a part of the multipayer CPC+ dashboards scheduled to launch in 2Q 2020. These multipayer dashboards are designed to reduce practice burden through combining practice performance and patient information from multiple payers into one tool. Practices will also be able to gain improved insights through viewing longitudinal data across patients if they move between plans. As well, they will also allow for multipayer Physician Organization (PO)-level comparisons on key CPC+ metrics.

Collectively across these three payers, over 839,000 lives are covered. The Multipayer CPC+ Michigan dashboard and reports will be available to approximately 400 CPC+ practices (and their affiliated Physician Organizations, if applicable), upon DUA completion. The Michigan Data Collaborative of the University of Michigan distributed DUAs in early November to organizations for their processing and return. Over 40% of these have already returned signed DUAs thus far. Upon signature and completion of a DUA, the organization will provide a list of those who should have access to the dashboard (the “Authorized Users”). If you would like to know the status of the DUA at your organization or have a question about DUAs, please send it to: MichiganDataCollaborative@med.umich.edu.

The University of Michigan has a very strong history of supporting practices with data use, one of their biggest strengths. They also have a strong governance capability, with a long history of working with payers and practices in the region. They supported the Multi-Payer Advanced Primary Care Practice (MAPCP) program (named the Michigan Primary Care Transformation Project (MiPCT)), which produced Medicare cost savings in Michigan. CMS looks forward to working with the University of Michigan to provide payers and practices with aggregated data insights which are useful, usable, and used.

[You Are Invited: Join a CPC+ Michigan Multistakeholder Subcommittee for 2020](#)

The old saying is true – you can either participate in change or be subject to change that others make. Joining one of four CPC+ Michigan Multistakeholder Subcommittee gives you a front row seat to shaping the future of advanced primary care in our state and gives your ideas influence on a broader stage. *Each takes no more than an hour of your time every month or two months and allows you to weigh in on recommendations, learn about new topics and best practices, and shape our future.*

Read the subcommittee descriptions below, choose the one you want to join, and **take five minutes today to [complete the online subcommittee application for the group of your choice](#)**. It merely asks for your contact information and the name of the subcommittee you wish to join. If you are already on a subcommittee you are set and we will keep you on automatically for 2020 subcommittee participation. For those who to join, the four subcommittees are:

- 1) Payer Recruitment and Engagement – The Payer Recruitment and Engagement subcommittee focuses on expanding the payer base participating in demonstrations like CPC+ so that a greater proportion of practice panels are covered by payers participating. The group has been working on the implications of sunseting of the State Innovation Model on CPC+ practices, and has been in discussion with Medicaid Health Plans to combine the best thinking of all in preserving support for advanced primary care support for Medicaid members. Its co-chairs are Ruth Clark, Executive Director of Integrated Health Partners, and Dr. Dennis Ramus, Chairman of the

Board of The Physician Alliance.

2) Multipayer Dashboard - This group previews updates to the Michigan CPC+ Multipayer Dashboard and develops recommendations on increasing its usefulness for CPC+ practices and POs in Michigan. The group has been very active in suggestions for making the multipayer CPC+ Michigan dashboards and reports actionable and useful to practices and POs. For example, the group has advised on how to reduce firewall issues while keeping data safe and secure, where drill-downs are most helpful in the dashboards, and how reporting can also help practices and POs meet commercial payer targets. The Michigan Data Collaborative participates in the group which is chaired by Alicia Majcher of Michigan Medicine.

3) Metric Alignment – The Metrics group assesses opportunity for measure alignment and standardization among the participating CPC+ commercial payers (BCBSM and Priority Health) and CMS measures. The subcommittee is chaired by Dr. Theresa Osborne, Medical Director of System Quality at Spectrum Health, and made substantial progress in 2019 on aligning measures for blood pressure and A1c control as well as inpatient and emergency room use across the payers. Their goal is to reduce the burden of collection for Michigan practices and to increase the accuracy of metric calculation.

4) Care Interventions – This group focuses on producing easy-to-use tools and resources that are aimed at optimizing practice success on key CPC+ metrics. Right now, the group is finishing its work on outreach to national leaders and site visits and calls to the best performing CPC+ multipayer practices in Michigan on inpatient utilization and emergency room use. The group is chaired by Dr. Jerome Finkel, President and CEO of Alliance Health.

By joining, you will have a voice in subcommittee recommendations that are taken to the Steering Committee and Payer Leaders for approval, and will benefit from multipayer resources for the CPC+ Michigan community to support CPC+ success. You will be invited to one monthly or bimonthly web-based meeting. Your level of involvement is up to you. Joining is the first step!

[Direct Contracting CMS Demonstration Model](#)

On November 25, 2019, just days ago, CMS opened the [Request for Applications](#) for two “Direct Contracting” model options. The options are: (1) the Professional Option (hereinafter referred to as Professional), a lower-risk option with 50 percent Shared Savings/Shared Losses and a Primary Care Capitation equal to seven percent of the Performance Year Benchmark for enhanced primary care services; and (2) the Global Option (hereinafter referred to as Global), a full risk option with 100 percent Shared Savings/Shared Losses and either a Primary Care Capitation or Total Care Capitation. The demonstration options seem most aimed groups of aligned providers and others sharing responsibility for a Medicare FFS population though more aggressive levels of capitation and two-sided risk.

The CMS site describes the model this way: “Direct Contracting is intended to test whether these risk-based payment strategies align financial incentives and offer model participants (hereinafter referred to as Direct Contracting Entities (DCEs)) flexibility in engaging health care providers and patients in care delivery that results in preserving or enhancing quality of care and reducing the total cost of care. Following an Implementation Period (IP) in 2020, during which DCEs—including those DCEs that have historically furnished care to relatively few (or even no) Medicare FFS beneficiaries—will engage in beneficiary alignment and other activities, Direct Contracting will have five performance years (PYs) from 2021 through 2025.”

[Michigan Institute for Care Management and Transformation \(MICMT\) Offerings](#)

MICMT Complex Care Management (CCM) Course Registration and MICMT Approved CCM courses: for course details and registration [click here](#)

MICMT Approved Self-Management Support Programs: to learn more please visit www.micmrc.org
For questions please contact: micmt-requests@med.umich.edu

Contact Us! How Can We Help? Supporting CPC+ POs and Practices in Michigan

The joint commercial CPC+ payers in Michigan are working together to support multipayer alignment with the University of Michigan. We advocate with CMS to emphasize the important role that POs play in supporting CPC+ and work with them as partners in the Michigan CPC+ community, work with all participating payers in Michigan to create consistency in payer policy and approach wherever possible, and work to remove roadblocks that practices and POs face in CPC+ implementation and operations. We are interested in your experience of what is going well and what you find challenging. **Please contact the CPC+ Michigan Regional Convener, Diane Marriot (dbechel@umich.edu or 734 998 0390) at any time to share your ideas and experiences.**