CPC+ Collaborative Update: January 8, 2020

This document is a collection of best practices, tools, and resources shared by your peers in the Michigan region during regional subgroup meetings. Please note that the use of this document is optional; please consult and use it at your discretion.

Michigan CPC+ Year in Review

Data

- Congratulations to David M. Byrens, MD, and 68th Street Internal Medicine for retaining 100% of their performance-based incentive payments (PBIP).
- Both inpatient hospital utilization and emergency department utilization improved from 2017 to 2018.
- Electronic Clinical Quality Measures (eCQMs) also improved from 2017 to 2018. The Michigan region met the maximum benchmark for both measures.
- The Consumer Assessment of Healthcare Providers and Systems (CAHPs) measure slightly increased, though Michigan did meet the minimum benchmark.
- Inpatient utilization and emergency department utilization data for the Michigan region was reviewed.
- In 2019, there were 13 regional and cross-regional webinars, 10 national webinars, two in-person learning sessions, and a national meeting.
- In 2020, there will be regional and cross-regional webinars, new small group coaching events, two in-person regional meetings, and a national meeting.

Michigan Multi-Stakeholder Update

Year in Review and Future Outlook

- The Michigan Multipayer CPC+ team is comprised of the following:
    - Blue Cross Blue Shield Michigan
    - Senior leaders of Priority Health (with the Centers for Medicare & Medicaid Services [CMS] CPC+ Leadership Interface)
    - Steering Committee is comprised of appointees from participating CPC+ practices and physician organizations (POs)
- The Michigan Multipayer team is independent of and work in conjunction with CMS to support CPC+ success in Michigan.
- The Steering Committee appoints people from CPC+ practices and POs.
    - There are four subcommittees: the Michigan Data Collaborative Dashboard subcommittee, the multipayer metrics subcommittee, the payer recruitment subcommittee, and the care intervention subcommittee.
        - There are several ways to join and participate in the Michigan Multi-Stakeholder team. The website provides updated information regarding the region. If you would like to join a subcommittee, send an email to the address below.
            - Website: https://cpcplusmichigan.org/ (no password needed)
            - Email: MichiganMultipayerCPCPlus@med.umich.edu

- 2019 Year in Review:
    - Care interventions emergency department and inpatient best practice framework approved
    - Primary Care First (PCF) feedback
    - Michigan Multipayer CPC+ measure alignment
    - Advocacy for post-state innovation model (SIM) care management support (Medicaid)
- 2020 Key Activities:
    - The “ED and Inpatient Best Practice Toolkit” will be distributed to CPC+ practices.
    - The Michigan Multipayer CPC+ team will hold “Improving Together” webinars covering key topics.
    - There will be an initial CMS inclusion of PO leaders on webinar distribution lists.
    - “Online Resources” will be added as a category of the Michigan Data Collaborative Dashboard.

Michigan Data Collaborative Dashboard

- The dashboard was created to support improvement efforts for all CPC+ participants.
- The dashboard will include patient demographics, community types, chronic conditions, quality measures, and utilization measures.
- Updates to the dashboard regarding user access are as follows:
    - 62% of the practices now have signed data use agreements to access the dashboard.
    - A new user’s guide will be added.
    - PO and practice users will be onboarded with the December 2019 release.
- What’s happening in 2020?
    - Q1: Collecting payer data from CMS and Priority Health
        - Providing support, continuing onboarding, and holding webinars about how to use the dashboards
    - Q2: Offering multi-channel user support
        - Providing quarterly dashboard updates
        - Evaluating what is working, making needed improvement, and receiving data (CPC+ stakeholders)
- A data flow diagram was presented.
- For more information about how to gain access to the dashboard, visit the website (https://cpcplusmichigan.org/ [no password needed]) or email MichiganMultipayerCPCPlus@med.umich.edu.

Reminders

Save the date:

- Michigan Learning Session 9 will be held on May 28, 2020

Question and Answer

Participant question:

- Can you provide a short description of the differences between Direct Contracting (DC) and PCF?

Emily Johnson's answer:

- At a high level, it is helpful to think about these models in reference to existing Center for Medicare & Medicaid Innovation models. DC is more of a total cost of care model where participants are at risk for their attributed beneficiaries' total cost of care; it is similar to the structure of accountable care organizations (ACOs), and can be thought of as the successor to the Next Generation ACO Model. DC is a shared savings model where participants have the option to take responsibility for either 50% or 100% of both shared savings and shared losses. In contrast, PCF — the next iteration of the CPC+ model — is focused specifically on the primary care component of health care spending. PCF is not a shared savings model, and practices are not responsible for all patient costs under the model. DC may be a better fit for larger organizations, and PCF may be a better fit for individual practices or larger organizations that want to focus specifically on primary care.

Participant comment:

- One huge concern I have with PCF is the leakage calculation in the population-based payment. The logic CMS uses for primary care visits includes nurse practitioner (NP) and physician assistant (PA) taxonomy codes without any differentiation as to whether they work in a specialist's office or in a primary care office. This means that patient visits with a NP/PA in a specialist setting are categorized as primary care visits, which reduces the population-based payment. I used the CPC+ Data Feedback Tool to look at what our "Primary Care Other" rates were, and NP/PA visits caused our practice to show a leakage rate of about 40%.

Emily Johnson answered:

- That is a legitimate concern. To help explain the leakage adjustment and its necessary inclusion in the payment structure, it is important to note that CMS cannot pay for duplicative services. Historically, population-based payments are calculated to be about 60% of primary care spending and reimbursement for primary care visits. If CMS already pays through population-based payments, they cannot also pay for the same services when they are billed for from another primary care physician's office. That is a good point about NP/PAs. This is a new concern, and it is something that I (Emily Johnson) will discuss with the team.

Participant question:

- Is there any chance that CPC+ will be extended through December 2022? Or is it certain that the model will end on Dec. 31, 2021?

Emily Johnson answered:

- CPC+ will run through the end of 2021. One reason CMS pushed back the start of PCF is so that current CPC+ practices can complete the full five-year CPC+ performance period and then seamlessly transition into the 2022 cohort of PCF. By doing so, CPC+

practices may continue with CPC+ through its final year before rolling into PCF. There will not be a gap between CPC+ and PCF.

Participant comment:

- With as low as the visit fee is, PCF does not seem to offer much value to practices that have average health populations. There will be no money for per beneficiary per month, and these practices will not be able to succeed with the visit fees alone. In some cases, practices made more money with strictly fee-for-service (FFS) payments prior to CPC+ than they will make with PCF, which also involves risk for participating practices.

Emily Johnson answered:

- Every practice is going to have to do its own financial analysis and look at whether the payment model under PCF is right for its own circumstances. However, the population-based payment and flat visit fee amounts were calculated to be equivalent to historical FFS rates. About 60% of revenue will come through population-based payments, and the other 40% will come through flat visit fees. Practices are guaranteed to receive the monthly population-based payments for their attributed beneficiaries regardless of whether they see a particular beneficiary that month. On top of these payments, practices have the opportunity to earn as much as 50% more than historical payments through the performance-based adjustment, which rewards practice performance on the quality and utilization metrics.

Participant question:

- Where can you find information about leakage in the Data Feedback Tool?

Participant answered:

- You can find the information in two places: I ran the beneficiary custom report and included filters for “Primary Care My Practice” and “Primary Care Other Practice.” Then I drilled in on some patient names in the “Beneficiary Profile” tab to see that it was the NP/PAs that were counting as other.

Participant question:

- Is CMS going to change the way it calculates the Hierarchical Condition Category (HCC) score in PCF, as compared the way it is calculated in CPC+? A HCC score of 1.2 is quite a reach in CPC+.

Emily Johnson answered:

- Calculating HCC scores will be done the same way in PCF as it is in CPC+. We are aware of concerns about the current methodologies. CMS is exploring the possibility of using alternative methodologies, and more information will be available in the payment methodology paper that will be published in spring or early summer.

Participant asked:

- How do I get the information necessary to access the Michigan Multipayer CPC+ Dashboard?

Answer:

- Visit the website (https://cpcplusmichigan.org/ [no password needed]) or email MichiganMultipayerCPCPlus@med.umich.edu.

Participant asked:

- Will all Michigan CPC+ practices be able to access to the Michigan Multipayer data once the data is released, or is there a cost to access the data?

Susan and Diane answered:

- There will be no cost to practices.

Participant asked:

- How current will the data be in the dashboard? Will it be refreshed nightly, weekly, or monthly?

Susan answered:

- Data will be refreshed on a quarterly basis.

Resources

Michigan Multipayer CPC+

- Website: https://cpcplusmichigan.org/
- Email: MichiganMultipayerCPCPlus@med.umich.edu

Primary Care First

- Website: https://innovation.cms.gov/initiatives/primary-care-first-model-options/

PCF Listserv

- Website: https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12520

Letter of Intent (sign into CPC+ Connect first)

- Website: https://app.innovation.cms.gov/CPCPlusConnect/s/login/?startURL=%2FCPCPlusConnect%2Fs%2Fcontentdocument%2F069t00000077XeGAAU&ec=302