



## Michigan Multipayer “QUICK TIPS Sheet”

# Reporting Commercial CPC+ 2019 Revenue to CMS

### Background

CMS requires CPC+ practices to submit information on revenue received from commercial payers for the 2019 calendar year. This Quick Tips Sheet for Reporting Michigan CPC+ Commercial Revenue was designed to assist in your reporting. In Michigan, as in several other regions, CPC+ practice payments from commercial CPC+ payers (BCBSM and Priority Health) are part of contractual arrangements that existed prior to CPC+.

### How Michigan Commercial Payers Will Help POs and Practices

- The elements for you to include for each commercial payer’s revenue received in 2019 (illustrated on page two of this guide) are: 1) the number of attributed CPC+ commercial members and how often payment is issued; 2) the amount of revenue (i.e., including care management G and CPT codes, incentives, Value-Based Reimbursement, etc.) that each practice received from each commercial payer for its CPC+ attributed members; 3) the percent of such payments that were tied to cost or quality performance; and 4) the amount of bonus you received in 2019 for an earlier (e.g., 2018, etc.) year that was related to CPC+ commercial revenue.
- The deadline for practice reporting to CMS is February 28, 2020.
- In advance of this deadline, to ease the burden of reporting on practices, each Michigan participating CPC+ payer partner (BCBSM and Priority Health) will distribute reports to POs for each of their CPC+ practices for distribution to their practices as follows:

- **BCBSM** will distribute practice-specific reports to POs that detail the revenue disbursed to each CPC+ practice for its attributed CPC+ BCBSM membership by February 10, 2020. The reports will use the latest and most complete data available. Thus, reports will cover a twelve-month period from January 2019 to December 2019 that should be reported as 2019 CPC+ revenue to CMS. If you have questions about these payments for your CPC+ members, please contact your PGIP Field Representative.

*(If your practice is not PCMH PGIP-designated, the only CPC+ payment you would reflect is related to Clinical Quality VBR and G/CPT codes billed for provider-delivered care management. Note that this applies to only a very small number of practices.)*

- **Priority Health** will distribute practice-specific reports to ACNs (POs) that detail the revenue disbursed to each CPC+ practice for its attributed CPC+ Priority membership by February 21, 2020. The reports will use the latest and most complete data available and are anticipated to cover the entire 2019 calendar year period.



*This Quick Guide was made possible by our commercial CPC+ plans in Michigan (BCBSM and Priority Health) and was developed in partnership with the CPC+ Michigan Multipayer Initiative Team at the at the University of Michigan, whose mission it is to support effective, efficient multipayer advanced primary care.*

CMS CPC+ 2019 CPC+ Financial Reporting Guide (pp.6-7)

**Revenues**

Revenue: 2019 Actuals	Notes
<p>Below are the CPC+ payer partners in your region. Please indicate with which payer(s) your practice has a contractual agreement to receive CPC+ payments and other supports for caring for your patients.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Payer 1</li> <li><input type="checkbox"/> Payer 2</li> <li><input type="checkbox"/> Payer 3</li> </ul>	<p><i>All CPC+ payer partners from your region will be listed. You should only select the payers with which you contract under their respective CPC+-aligned program. For example, if you contract with a payer in your region, but that payer is not paying you enhanced CPC+ payments for its members at your practice, you should not select this payer.</i></p>
<p><b>Revenue Information for CPC+ Payer Partners</b></p> <p>For each of the payer partners you indicate above, you will answer the following questions:</p> <ul style="list-style-type: none"> <li>• Number of attributed patients.</li> <li>• How frequently do you receive payments to support CPC+ from this payer? Do not include payments for fee-for-service claims. <ul style="list-style-type: none"> <li>○ Never</li> <li>○ Monthly</li> <li>○ Quarterly</li> <li>○ Annually</li> </ul> </li> <li>• Report the amount you last received.</li> <li>• What percentage of this amount was tied to performance on cost or quality (i.e., was "at risk")?</li> <li>• Report the amount of any bonus payment(s) you received in 2019 from this payer. Payment may have been for performance in 2018 or a prior year.</li> </ul>	<p><i>Reminder: You should only enter payments from the payers with whom you contract under their respective CPC+-aligned program.</i></p> <p><i>Attributed patients are the patients for whom a CPC+ payer partner pays you enhanced support through that payer's CPC+ program. We recommend that you use the number of attributed patients per payer at a single point in time, rather than trying to calculate the number of unique patients attributed throughout the year.</i></p> <p><i>For the amount you last received from this payer, please include only payments not related to normal fee-for-service claims. This may include care management fees, global or capitated payments, and other alternative payments.</i></p>