



Michigan Multipayer “QUICK TIPS Sheet”

Reporting Commercial CPC+ 2020 Revenue to CMS

Background

CMS requires CPC+ practices to submit information on revenue received from commercial payers for the 2020 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 2020 (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 2020 for an earlier (e.g., 2019, etc.) year that was related to CPC+ commercial revenue.
- The deadline for practice reporting to CMS is **February 26, 2021**.
- 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** distributed the practice-specific reports to POs on January 27, 2021 that detail the revenue disbursed to each CPC+ practice for its attributed CPC+ BCBSM. The reports will use the latest and most complete data available. Thus, reports will cover a twelve-month period from January 2020 to December 2020 that should be reported as 2020 CPC+ revenue to CMS. If you have questions about these payments for your CPC+ members, please contact your PGIP Field Representative.
 - **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 19, 2020. The reports will use the latest and most complete data available and are anticipated to cover the entire 2020 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 University of Michigan, whose mission it is to support effective, efficient multipayer advanced primary care.

Michigan Commercial Multipayer



Comprehensive Primary Care Plus

CMS CPC+ 2020 CPC+ Financial Reporting Guide (pp.6-7)

Revenues

Revenue: 2020 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"> <input type="checkbox"/> None <input type="checkbox"/> Payer 1 <input type="checkbox"/> Payer 2 <input type="checkbox"/> Payer 3 	<p>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.</p>
Revenue: 2020 Actuals	Notes
<p>Revenue Information for CPC+ Payer Partners</p> <p>For each of the payer partners, you indicate above, you will answer the following questions:</p> <ul style="list-style-type: none"> • Number of attributed patients. • 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"> <input type="radio"/> Never <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually • Report the amount you last received. • What percentage of this amount was tied to performance on cost or quality (i.e., was “at-risk”)? • Report the amount of any bonus payment(s) you received in 2020 from this payer. Payment may have been for performance in 2020 or a prior year. 	<p><i>Reminder: You should only enter payments from the payers with which 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 (FFS) claims. This may include care management fees, global or capitated payments, and other alternative payments.</i></p>