

CMS Announces Primary Care Pilot Project

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On August 22, the Centers for Medicare & Medicaid Services (CMS) announced that 500 primary care practices, comprising more than 2,100 practitioners in seven regions, have been selected to participate in a four-year pilot program involving CMS, state Medicaid agencies, commercial health plans, self-insured businesses, and primary care providers. The Comprehensive Primary Care (CPC) Initiative is designed to provide more than 300,000 Medicare beneficiaries with improved access to care at lower costs. The primary care practices are located in Arkansas, Colorado, New Jersey, Oregon, New York (Capital District-Hudson Valley region), Ohio (Cincinnati-Dayton region), and Oklahoma (greater Tulsa region).

Primary care practices in the selected markets were chosen through a competitive application process. Practices were chosen based on their use of health information technology, ability to demonstrate recognition of advanced primary care delivery by leading clinical societies, service to patients covered by participating payors, participation in practice transformation and improvement activities, and diversity of geography, practice size, and ownership structure.

The CPC Initiative will test two models simultaneously: a service delivery model and a payment model. The service delivery model will test "comprehensive primary care," which CMS defines as having the following five functions: risk-stratified care management; access and continuity; planned care for chronic conditions and preventative care; patient and caregiver engagement; and coordination of care across the medical neighborhood. The payment model provides for a monthly care management fee (initially \$20 per beneficiary per month) to the participating practices and, in years two to four of the initiative, the potential to share in any savings to the Medicare program. Practices will also receive compensation from other payors participating in the initiative, including private insurance companies and other health plans, which will allow them to integrate multi-payor funding streams to strengthen their capacity to implement practice-wide quality improvement.

More information is available on CMS' website.*We would like to thank Donald H. Romano, Esquire (Foley & Lardner LLP, Washington, DC), for authoring this email alert.

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