CMS Innovative Service & Payment Model Comparison Table

	Comprehensive Primary Care Plus (CPC+)	Primary Care First (PCF)
Program Overview	CPC+ a voluntary, five-year alternative payment program (2018-2022) with a goal of: • Multi-payer payment reform and practice transformation to strengthen primary care delivery & reduce total cost of care • Payment redesign by payers, offer the ability for greater cash flow and flexibility for primary care practices. • Increased use of analytics to identify needs at a population level and develop processes to meet those needs CPC+ offers two tracks: Track 1 for practices building capabilities or Track 2 for those already delivering advanced primary care. CPC+ builds upon the lessons learned from the CPC initiative, CMS' largest investment in primary care to date.	PCF is voluntary, five-year alternative payment program that offers: • Flexibility, increased transparency, and performance-based payments structure to support delivery of advanced primary care • Payment options for practices that specialize in patients with complex chronic conditions and high-needs, seriously ill populations (SIP) • Multi-player alignments to provide practices with resources and incentives to enhance care for all patients, regardless of insurer. Set to launch in Jan 2021, PCF is a new model based on the underlying principles of Comprehensive Primary Care Plus (CPC+) Model. In March 2021, CMS announced they would receive applications through April 30, 2021 for a second cohort of PCF participants that would begin in January 2022. The deadline has been extended to May 21, 2021.
Minimum Beneficiary Size	Both Tracks 1 & 2: The practice must have at least 125 attributed Medicare Part B fee for service (FFS) beneficiaries.	Minimum of 125 attributed Medicare beneficiaries for PCF-general component Seriously Ill Populations (SIP)-only practices must have a minimum of 20 beneficiaries.
Payment	• CPC+ practices will receive a risk-adjusted, prospective, monthly care management fee (CMF) for their attributed CPC+ Medicare beneficiaries • Track 1 practices will receive a CMF that averages $15 per beneficiary per month (PBPM) to support their transformation efforts. • Track 2 practices will receive an average of approximately $28 PBPM, including a $100 PBPM for a highest risk tier to support the enhanced services for beneficiaries with complex needs. • Track 2 receives a $100 PBPM for a highest risk tier to support the enhanced services beneficiaries with complex needs require. • In Track 1, practices will also continue to receive regular Medicare fee-for-service payments for covered evaluation and management services (E&M). • In Track 2 of CPC+, CMS is introducing a hybrid of fee-for-service and Comprehensive Primary Care Payment (CPCP) and practices will receive a percentage of their expected Medicare E&M payment upfront and a reduced fee-for service payment for face-to-face E&M claims.	Each payment has two components = Total Primary Care Payment (PPBP +FPC) + performance-based adjustment • PPBP = Professional population-based payment | Fixed PBPM based on average practice risk score (multiplied by leakage rate) • FPC = Flat primary care visit fee | Flat fee for each visit • Total Primary Care Payment includes a professional population-based payment for service in or outside the office, adjusted for practices caring for higher-risk populations. • This base rate is the same for all patients within a practice (based on HCC categories). • TPCP also includes a flat primary care visit for in-person treatment that reduces billing and revenue cycle burden. • TPCP is adjusted based on the practice's performance on established quality metrics relative to their region. • The continuous improvement adjustment provides a bonus of up to 16% of the possible 50%PBA amount if practices achieve their improvement target.
Performance	• $2.50 PBPM performance-based incentive payment based on quality and utilization metrics • $4 PBPM performance-based incentive payment based on quality and utilization metrics	Cash flow in this program is limited to a quarterly Total Primary Care Payment (TPCP) and a performance-based adjustment consisting of a regional performance adjustment and a continuous Improvement bonus (the practice's current AHU/TPCC compared to prior year)
Quality Measures	For both Track 1 & Track 2: • Annually report electronic clinical quality measures (eCQMs). • Consumer Assessment of Healthcare Providers & Systems [CAHPS] survey to assess patient experience of care.	In order to be eligible for a positive performance based adjustment, PCF practices must meet the Quality Gateway for all established measures and meet or exceed the 50th percentile of a nationally constructed AHU/TPCC benchmark. Practice's regional AHU/TPCC percentile performance is then used to determine the percent adjustment applied to the PCF's payment. Practices are also evaluated on their ability to demonstrate statistically reliable improvements over their prior year's AHU/TPCC performance.
Beneficiary Alignment	Prospective claims-based and voluntary alignment	Prospective claims-based on retrospective data from the last 24 months, with patient lists provided to practices quarterly and voluntary alignment

For more information on CMS accountable care program opportunities, please contact info@copehealthsolutions.com or 213-259-0245.