

**CMS Multi-Payer Advanced Primary Care Practice Demonstration
Announced June 2, 2010**

- Open to states which are or plan to be implementing initiatives that support the principles of APCP (Advanced primary care practice)*
- Purpose: Assess the effect of APCP on
 - Safety, timeliness, effectiveness, and efficiency of care
 - Unwarranted variation
 - Ability of beneficiaries to participate in decisions concerning their care
 - Delivery of care c/w evidence-based guidelines in historically underserved areas
 - Utilization of and expenditure for services covered by Medicaid and Medicare
- Up to six states
- Multipayer participation
 - Medicaid required
 - Private health plans in group and individual market, self insured employer-sponsored group health plans
- Non-Medicare participants (commercial plans) must enroll >50% of residents who are in group/individual plans
- Must demonstrate commitment by a majority of primary care physicians practicing in state (Will be done through organizations)
- *Principles/Basic Elements of APCP
 - Ongoing relationship with practice
 - Access to practice outside normal office hours
 - Care coordination among
 - Physician
 - Hospitals
 - Home care agencies
 - Nursing homes
 - Coordination with community-based wellness and prevention
 - Adoption of HIT
 - Payment reform to implement APCP
 - Quality/performance measurement

Budget Neutrality

- State initiatives will reduce Medicare expenditures under A & B by amount greater than payment Medicare makes for otherwise noncovered services. (Can be for any pilot-related expense but Medicare will pay only for what other participating payers pay for.)
- Maximum Medicare payment: \$10 pmpm
- One payment model across practices and payers (one or more of care coordination fee, additional payment for covered services, P4P incentive)
- CMS will closely monitor expenditures
- Will provide monitoring reports at least quarterly
- No payback required by Medicare participation in the pilot will be terminated if budget neutrality not being achieved

“We believe that the strongest prospective assurance of budget neutrality will be the identification of specific goals for changes in the organization of care and patterns of care delivery that are supported by strong, locally developed evidence” (from the CMS Solicitation)

Other Issues:

Participation in other Medicare demonstration projects:

- Current solicitation requires a statement by the State that it and the participating providers agree not to participate in more than one Medicare demonstration at any point in time, and will not apply to participate in any Medicare demonstration (other than the MAPCP Demonstration) that covers the period between the start and end dates of the MAPCP Demonstration. This is so evaluation remains “pure” and so CMS doesn’t pay twice for the same service.
- The possibility exists that Medicare support for ACO (accountable care organization) demonstration could be done on a demonstration basis and therefore not be accessible to Maine providers.
- Current strategy is to continue application for this demonstration; current CMS guidance states that ACO program is not a demonstration and will not interfere with MAPC demo participation.

Timeline

Application due date (recently extended): August 17, 2010

Final version ready for submission (but not submitted): July 30, 2010

Draft ready for review: July 23, 2010