



CMS Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration Fact Sheet

Introduction: In September 2009, federal Health and Human Services' Secretary, Kathleen Sebelius announced the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration to allow Medicare to join Medicaid and private insurers in state-based reform initiatives aimed at improving the delivery of primary care. The Centers for Medicare & Medicaid Services (CMS) is administering this 3-year demonstration.

Advanced primary care (APC) practices, or “medical homes”, utilize a team approach to care, with the patient at the center. These medical home practices emphasize prevention, health information technology, care coordination and shared decision making among patients and their providers. The goal is to improve the quality and coordination of health care services.

CMS Role: Under the MAPCP Demonstration, CMS has committed to participating as a payer in existing multi-payer medical home state pilots, and will provide enhanced Medicare payments to participating practices for their Medicare patients. This payment is made with the expectation that participating practices provide enhanced services for providing continuous, comprehensive, coordinated, and patient-centered health care. CMS also expects that any new APC payments will be balanced by reductions in utilization of health care services that will result in at least budget neutrality.

Scope & Timeline: The MAPCP Demonstration was made available to all states that have developed and implemented multi-payer initiatives that promote the principles of advanced primary care practice (APCP), which are often referred to as the “patient-centered medical home” (PCMH) pilots. States were invited in June 2010 to apply for selection for this opportunity. Applications had to be submitted from state agencies by August 2010. CMS has stated that they intend to select six states to participate in this demonstration by the fall of 2010.

Eligibility: All states conducting multi-payer advanced primary care or medical home initiatives were eligible to apply for participation in this demonstration. To qualify for participation, states were required to have an advanced primary care initiative/ medical home pilot that meets the following:

- Is conducted under state auspices;
- Includes promotion of the advanced primary care/ medical home model as its central purpose;
- Includes Medicaid and substantial participation by private health plans;
- Has substantial support by primary care providers;
- Includes mechanisms for community support of participating practices; and
- Is coordinated with state health promotion and disease prevention efforts.

Expectation of budget neutrality: In their applications, states also had to include credible evidence to support an expectation that CMS participation in the state primary care initiative will reduce Medicare expenditures by an amount that exceeds the new payments being made by

Medicare under the demonstration, resulting in budget neutrality or ideally, cost savings. It is generally expected that those cost savings will result from enhanced access to primary care and improved coordination of care by the primary care practice team.

In the Maine proposal, we proposed to reach budget neutrality through a range of anticipated reductions in spending that are expected as a result of improved PCP access and coordination of care, and by decreasing avoidable or unnecessary use of services. These include anticipated reductions in avoidable hospitalizations and readmissions; ED visits; advanced imaging; and specialty consultations.

Federal authority: The MAPCP demonstration is being conducted under the authority of §402 of the Social Security Amendments of 1967 (as amended). Section 402 authorizes the Secretary to conduct demonstration projects to evaluate changes in methods of payment for covered services and payment for services not otherwise covered and which are incidental to services for which payment may be made.

Purpose: The MAPCP Demonstration is an opportunity to assess the effect of advanced primary care practice, or the PCMH model, when supported by changes in payment by Medicare, Medicaid, and private health plans. It seeks to assess the impact of this model on the following:

- The safety, effectiveness, timeliness, and efficiency of health care;
- Variation in utilization and expenditure not related to differences in health status;
- The ability of beneficiaries to participate effectively in decisions concerning their care;
- The delivery of care consistent with evidence-based guidelines in historically underserved areas;
- Utilization of, and expenditures for, services covered by Medicare and Medicaid.

The Centers for Medicare & Medicaid Services (CMS) will conduct an independent evaluation of the demonstration projects conducted under this initiative.

Maine PCMH Pilot & MAPCP Application: Maine has applied for participation in the MAPCP demonstration in an effort to have Medicare join the private purchasers and Medicaid as a payer in the Maine Patient Centered Medical Home (PCMH) Pilot.

Since 2008, the Dirigo Health Agency's Maine Quality Forum, *Quality Counts*, and the Maine Health Management Coalition have led a multi-stakeholder effort to implement and evaluate the Maine PCMH Pilot as the first step in achieving statewide implementation of a patient centered medical home model of care. The Maine PCMH Pilot includes 26 primary care practices from around the state that have made a commitment to transform their practice to a more patient-centered model of care; in recognition of their efforts, Pilot practices receive PCMH payments from the participating commercial payers (Anthem BCBS, Aetna, Harvard Pilgrim Health Care) and MaineCare. The ultimate goal of the PCMH effort is to sustain and revitalize primary care both to improve health outcomes for all Maine people and to reduce overall healthcare costs.

As part of Maine's application for participation in the MAPCP demonstration, it was proposed that Medicare would provide new medical home payments to participating practices of \$7pmpm, as well as new payments of \$3pmpm to community health teams to provide multi-disciplinary, community-based, practice integrated care management services.

More info:

- For more information about the MAPCP demonstration and a copy of the application requirements, see the demonstration web site:
<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1230016>
- For more information on the Maine PCMH Pilot, see the *Quality Counts* website:

<http://www.mainequalitycounts.org/major-programs/patient-centered-medical-home.html>