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Partners in Internal Medicine Participating in Historic Public-Private Partnership to Strengthen Primary Care

Initiative Provides Primary Care Practices with Additional Resources to Improve Coordination of Care

Partners in Internal Medicine is one of nearly 2,900 primary care practices nationwide participating in Comprehensive Primary Care Plus (CPC+), a partnership between payer partners from the Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, commercial health plans, self-insured businesses, and primary care providers. This partnership is designed to provide improved access to quality health care at lower costs.

“A robust primary care system is essential to achieve better care, smarter spending, and healthier people,” said Acting CMS Administrator Patrick Conway. “For this reason, CMS is committed to supporting primary care clinicians to deliver the best, most comprehensive primary care possible for their patients.”

Through CPC+, CMS will pay primary care practices a care management fee, initially set at an average of \$15 per beneficiary per month in Track 1 and \$28 per beneficiary per month in Track 2, to support enhanced, coordinated services on behalf of Medicare fee-for-service beneficiaries. Simultaneously, participating commercial, state, and other federal insurance plans are also offering enhanced payment to primary care practices designed to support them in providing high-quality primary care on behalf of their members.

For patients, this means that physicians may offer longer and more flexible hours; use electronic health records; coordinate care with patients’ other health care providers; better engage patients and caregivers in managing their own care; and provide individualized, enhanced care for patients living with multiple chronic diseases and higher needs.

The five-year model started on January 1, 2017, with CMS soliciting a diverse pool of commercial health plans, state Medicaid agencies, and self-insured businesses to work alongside Medicare to support comprehensive primary care. Public and private health plans in 14 regions across the country signed letters of intent with CMS to participate in this model:

Arkansas, Colorado, Hawaii, Kansas and Missouri's Greater Kansas City region, Michigan, Montana, New Jersey, New York's Capital District-Hudson Valley region, Ohio and Kentucky's Cincinnati-Dayton region, Oklahoma, Oregon, Pennsylvania's Greater Philadelphia Region, Rhode Island, and Tennessee. The markets were selected in August 2016 based on the percentage of the total population covered by payer partners who expressed interest in joining this partnership.

Eligible primary care practices in each market were invited to apply to participate in the winter of 2016. Through a competitive application process, CMS selected primary care practices within the selected markets to participate in CPC+. 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 payer partners; participation in practice transformation and improvement activities; and diversity of geography, practice size, and ownership structure.

CPC+ is administered by the Center for Medicare & Medicaid Innovation (CMS Innovation Center). The CMS Innovation Center was created by the Affordable Care Act to test innovative payment and service delivery models that have the potential to reduce program expenditures while preserving or enhancing the quality of care.

For more information about CPC+, visit: <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus/>