Design Elements	CPC+ Track 1: Shift to Value, Support Comprehensive Care	CPC+ Track 2: Advance Care, Meet Patients' Needs	Primary Care First
 **Care Delivery**	Practices implement core capabilities of comprehensive primary care.	Practices implement core and advanced capabilities of comprehensive primary care.	Practices have capabilities to deliver advanced primary care. Practices focused on care for complex chronic or seriously ill patients have associated specialized capabilities.
 **Payment**	*Care Management Fee:* Practices augment staffing and training to implement core care delivery model. *Performance-Based Incentive Payment:* Practices are motivated to reduce utilization and improve quality and experience of care.	*Comprehensive Primary Care Payment:* Practices have flexibility to deliver care based in the modality that best meets patient need. *Care Management Fee:* Practices augment staffing and training to implement advanced care delivery model. Practices receive increased support for patients with complex needs. *Performance-Based Incentive Payment:* Practices are motivated to reduce utilization and improve quality and experience of care.	*Total Monthly Payment:* Practices are paid to deliver advanced primary care in and outside of the office. Practices focused on caring for patients with complex chronic needs and the seriously ill receive increased payments to support their care for these patient populations. *Performance-Based Adjustment:* Practices are motivated to reduce acute hospital utilization (AHU) to reduce total costs of care, while meeting quality and experience of care thresholds.
	Beneficiary Attribution: Claims-based with voluntary alignment opportunity *Care Management Fee for Practice Investment:* Yes ($15 average) *Performance-Based Payment Potential (Approximate % of Primary Care Revenue):* ~10% *Underlying Payments to Practice:* Standard fee-for-service	*Beneficiary Attribution: Claims-based with voluntary alignment opportunity* *Care Management Fee for Practice Investment: Yes ($28 average)* *Performance-Based Payment Potential (Approximate % of Primary Care Revenue): ~20%* *Underlying Payments to Practice: Reduced FFS with prospective Comprehensive Primary Care Payment*	*Beneficiary Attribution: Claims-based with voluntary alignment opportunity; proactive identification and assignment of seriously ill and unmanaged beneficiaries* *Care Management Fee for Practice Investment: No* *Performance-Based Payment Potential (Approximate % of Primary Care Revenue): ~50% as well as a small downside (~10%)* *Underlying Payments to Practice: Risk-adjusted professional population-based*

			payment (PBP) with a flat primary care visit fee
Beneficiary Engagement Incentives	Not Applicable	Not Applicable	In an effort to increase access to primary care and patient engagement, CMS is exploring beneficiary engagement incentives and payment waivers. Further details will be available in the Request for Application and Participation Agreement.
Data Sharing	Medicare FFS expenditure and utilization data are delivered, as requested by participating practices, clearly and actionably on a quarterly basis at the practice-level, including beneficiary-level data available only to the Track 1 practice for their attributed beneficiaries.	Medicare FFS expenditure and utilization data are delivered, as requested by participating practices, clearly and actionably on a quarterly basis at the practice-level, including beneficiary-level data available only to the Track 2 practice for their attributed beneficiaries.	Medicare FFS expenditure and utilization data and Medicaid data, as available, are delivered, as requested by participating practices in accordance with applicable law, clearly and actionably on a quarterly basis at the practice- and National Provider Identifier (NPI)-level with identifiable information on performance of the participating practitioners. Practices can receive claims line feeds and can incorporate claims data into their own analytic tools.