

Multi-Payer Advanced Primary Care Practice Demonstration
Questions & Answers – Updated April 12, 2011

1. What is the purpose of this demonstration?

The purpose of this demonstration is to evaluate whether the advanced primary care practice, when supported by Medicare, Medicaid, and private health plans, will (1) reduce unjustified variation in utilization and expenditures; (2) improve the safety, effectiveness, timeliness, and efficiency of health care; (3) increase the ability of beneficiaries to participate in decisions concerning their care; (4) increase the availability and delivery of care that is consistent with evidence-based guidelines in historically underserved areas; and (5) reduce unjustified variation in utilization and expenditures under the Medicare program.

What is unique about this demonstration is that all major payers in the state or proposed region (Medicare, Medicaid, as well as a significant representation of the large private insurers/managed care organizations) will be participating, thereby assuring the availability of sufficient resources to the primary care practice for implementation of the advanced primary care model.

2. What is an “Advanced Primary Care Practice”?

The Advanced Primary Care model (APC), also known as the patient-centered medical home, is a leading model for efficient management and delivery of quality health care services. An APC practice utilizes a team approach, with the patient at the center. The care model emphasizes prevention, health information technology, care coordination and shared decision-making among patients and their providers.

3. Under what statutory authority is this demonstration operating?

This demonstration is being conducted under CMS’ statutory demonstration authority (Section 402 of PL 90-248, the Social Security Act, as amended (42 USC 1395b-1), specifically sections 402(a) (1) and 402(b)).

4. How were demonstration sites selected?

Applications for the Multi-payer Advanced Primary Care Practice Demonstration were received from states in mid-August and reviewed by panels of Federal subject matter experts. The applications were rated and ranked according to how well they met the basic eligibility requirements outlined in the solicitation.

5. What states were selected?

The following states were selected for the MAPCP Demonstration: Maine, Vermont, New York, Rhode Island, Pennsylvania, North Carolina, Michigan, and Minnesota.

6. Will all practices in each of the states be eligible to participate? How many practices do you expect will participate in the demonstration?

All practices in each state will not be participating in the demonstration. In order to participate, practices will have to meet certain requirements to become a medical home, as specified by each state's program. Based on the projections provided by each of the eight states, we expect the demonstration to start with approximately 950 practices and grow to over 1,200 by the end of the third year. In some states the demonstration will be limited to certain geographic areas, but in others it will involve practices across the state.

7. When is the Demonstration scheduled to begin?

The 3-year demonstration is expected to be fully operational in all eight states by midyear, 2011.

8. How can beneficiaries participate in this demonstration?

In order to participate in this demonstration, beneficiaries must be covered under the traditional Medicare fee-for-service program and be receiving their primary care from a practice that is participating in the demonstration. Practices that are participating will be required to inform their patients that they are part of the demonstration, but patients will generally not be required to enroll.

Beneficiaries covered under the traditional Medicare fee-for-service program who receive their primary care from medical homes that are participating in this demonstration will not be restricted in any way from seeing other providers or from receiving all of the regular Medicare benefits that they are eligible for.

9. Are all other payers in the state required to participate in the demonstration?

The state initiative must include participation by Medicaid and a substantial majority of the private health plans offering coverage in both the group and individual health insurance market, including self-insured employer-sponsored group health plans. The purpose of this requirement is to assure the availability of the resources that participating practices need to support implementation of the advanced primary care model.

10. How can physicians participate in this demonstration?

Participation in this demonstration is determined by each state which must have its own means of identifying and enrolling primary care practices.

11. Are other providers such as physician specialists, nurse practitioners, or physician assistants eligible to participate in the demonstration?

Eligibility to participate in this demonstration is determined by each state. This includes participation by nurse practitioners, physician assistants, and/or other providers.

12. Are Federally Qualified Health Centers (FQHCs) and provider-based (i.e. hospital-owned) practices allowed to participate in the demonstration?

Determination of eligibility for participation in this demonstration is made by each of the states. In some states FQHCs and hospital-owned practices will be participating as well as independent practices.

13. Will technical assistance be provided to physicians to help them transform their practices into advanced primary care practices (APCPs) or “medical homes”?

CMS will not be providing direct technical assistance to practices participating in this demonstration in order to assist them in transforming into medical homes. The intent of this demonstration is for Medicare to join Medicaid and commercial payers in a multi-payer effort to support a variety of medical home pilot programs that have been designed and are being implemented by the states. CMS will not take a direct role in the recruitment or training of practices. However, recent research supports the importance of not just providing the financial resources to practices to become medical homes, but also providing the technical assistance to help practices achieve that transformation. Because of this, the state programs selected incorporate significant training and technical assistance to the practices.

14. How much will practices participating in this demonstration be paid?

Under this demonstration, providers will continue to receive payment for traditional Medicare fee-for-service claims in the standard manner. However, under the demonstration states will pay participating practices additional amounts for transforming their practices into medical homes and for providing services that are not otherwise covered under the traditional Medicare fee-for-service program. The amount of the payments vary by state. The form of the payment may include a monthly fee for each participating beneficiary attributed to a participating practice, pay-for-performance incentives, shared savings or some combination the above. Payment for community-based practice support may be made separately from payments to participating practices.

15. Will this demonstration save Medicare money?

It is expected that each of the demonstration projects will at least be “budget neutral” over the course of the three years. This means that all Medicare payments under the demonstration will be less than or equal to the costs incurred for similar populations in the absence of the demonstration. Based on current projections, we expect that some of the projects will also result in significant savings to the Medicare program while improving the quality of care provided to beneficiaries.

16. How will this demonstration be evaluated?

Each of the states participating will be conducting a well-designed evaluation plan to monitor performance and provide feedback to participating payers, providers, and communities. Their

evaluations will address how the intervention has affected access, quality, and patterns of utilization and expenditure.

In addition, CMS will undertake its own evaluation of the demonstration through a contract with an outside, independent research organization. CMS requires that all of the payers, as well as other entities participating in this demonstration, commit to full cooperation with this evaluation. Findings from the demonstration will be compared to those of a control/comparison population.

17. Where can one get more information about the demonstration and about how to apply?

For more information, please the CMS demonstration web site:

<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1230016>

Questions may be emailed to: mapcpdemo@cms.hhs.gov.

18. How can I find out more about the details of each state’s APC initiative?

For more information about each state’s initiative, please contact the states. A list of contacts for each state is below.

State	Name	Title	Phone
Maine	Alexander Dragatsi	Program Coordinator, Maine Quality Forum, Dirigo Health Agency	(207) 287-9965
Michigan	Carol Callaghan	Director, Division of Chronic Disease & Injury Control, State of MI Department of Community Health	(517) 335-8368
Minnesota	Ross Owen	Health Services & Medical Management, MN Department of Human Services	(651) 431-4228
New York	Foster Gesten, MD	Medical Director, NY Department of Health	(518) 486-6865
North Carolina	Chris Collins	Director, Community Care, Office of Rural Health/Community Care	(919) 855-4788
Pennsylvania	Ann Torregrossa	Director, Governor's Office of Healthcare Reform	(717) 772-9065
Rhode Island	Tricia Leddy	Senior Policy Advisor, Office of the Director, RI Department of Health	(401) 222-1013
Vermont	Craig Jones, MD	Director, Vermont Blueprint for Health	(802) 879-5988

19. Can practices participating in the MAPCP demonstration also participate in an ACO?

There is no problem with practices participating as medical homes receiving a fixed monthly payment under the Multi payer Advanced Primary Care Practice (MAPCP) demonstration also being part of an ACO as long as the payment under the MAPCP demonstration does not involve a shared savings component. There is also not a problem if the practice receives other incentive payments based on meeting various quality or other benchmarks as long as the payment is not tied to Medicare savings.

However, please note that all payments under the MAPCP demonstration, whether they be directly to a practice or to a community health team (or equivalent) , on behalf of a beneficiary assigned to a medical home as well as an ACO will be factored in as Medicare expenses before any shared savings are calculated for an ACO.