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CENTER FOR MEDICARE & MEDICAID INNOVATION

MCP

The Making Care Primary (MCP) Model Welcome Webinar for Accepted Applicants

March 6, 2024

The Center for Medicare & Medicaid Services (CMS) Innovation Center

Housekeeping & Logistics

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Please submit questions in response to the event via the Q&A box on the bottom of your screen.

Please use the To-Do List to keep upcoming events and requirements for participation, which is at the end of this slide deck.

Today's Webinar Agenda

1. Welcome & Introduction
2. Next Steps
3. Model Overview Refresher
4. Q&A
5. Resources & Wrap-Up

Today's CMMI Speakers

Nicholas Minter
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CMS Innovation Center

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Congratulations!

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Making Care Primary (MCP) Model Goals

Comprehensive Primary Care

Ensure patients receive primary care that is integrated, coordinated, person-centered and accountable

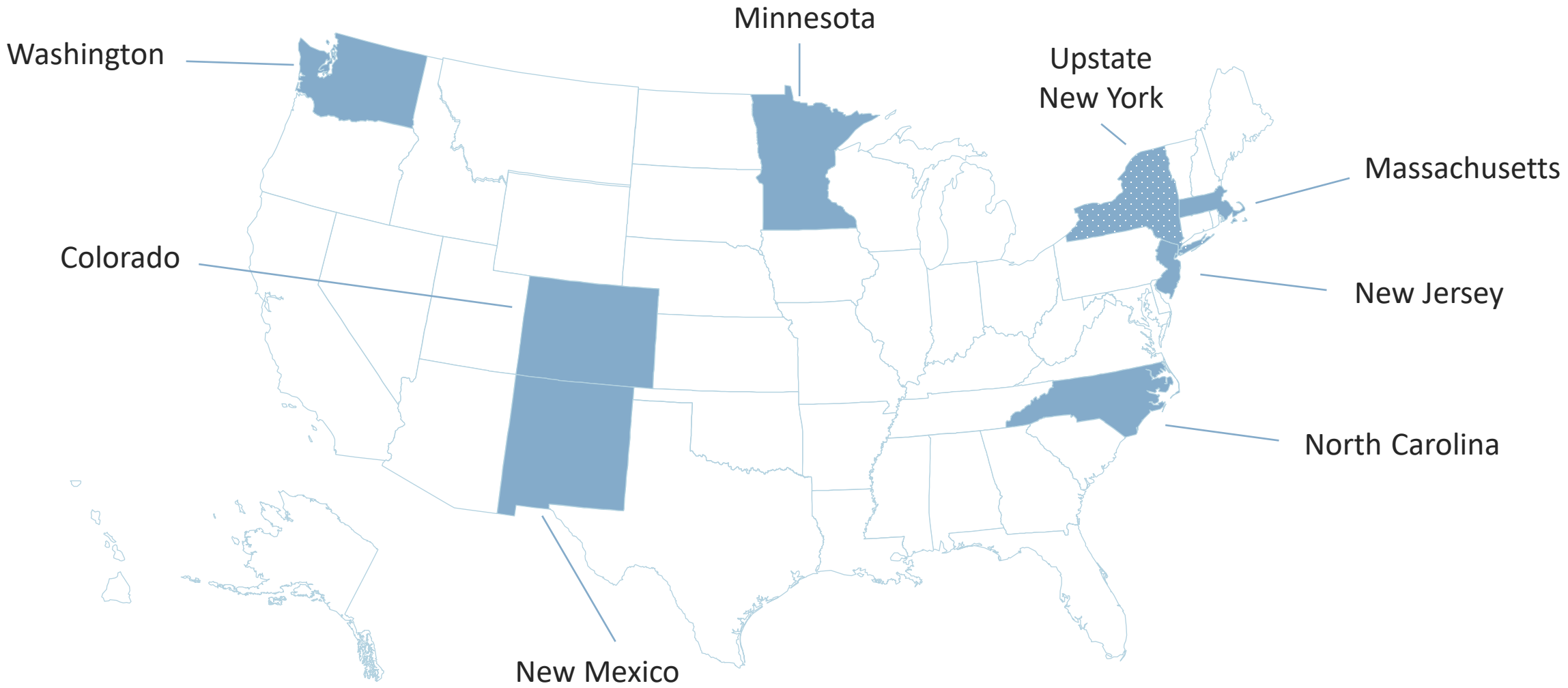
New Pathway for Value-Based Care (VBC)

Create a pathway for primary care organizations and practices – including small, independent, rural, and safety net organizations – to enter into value-based care arrangements

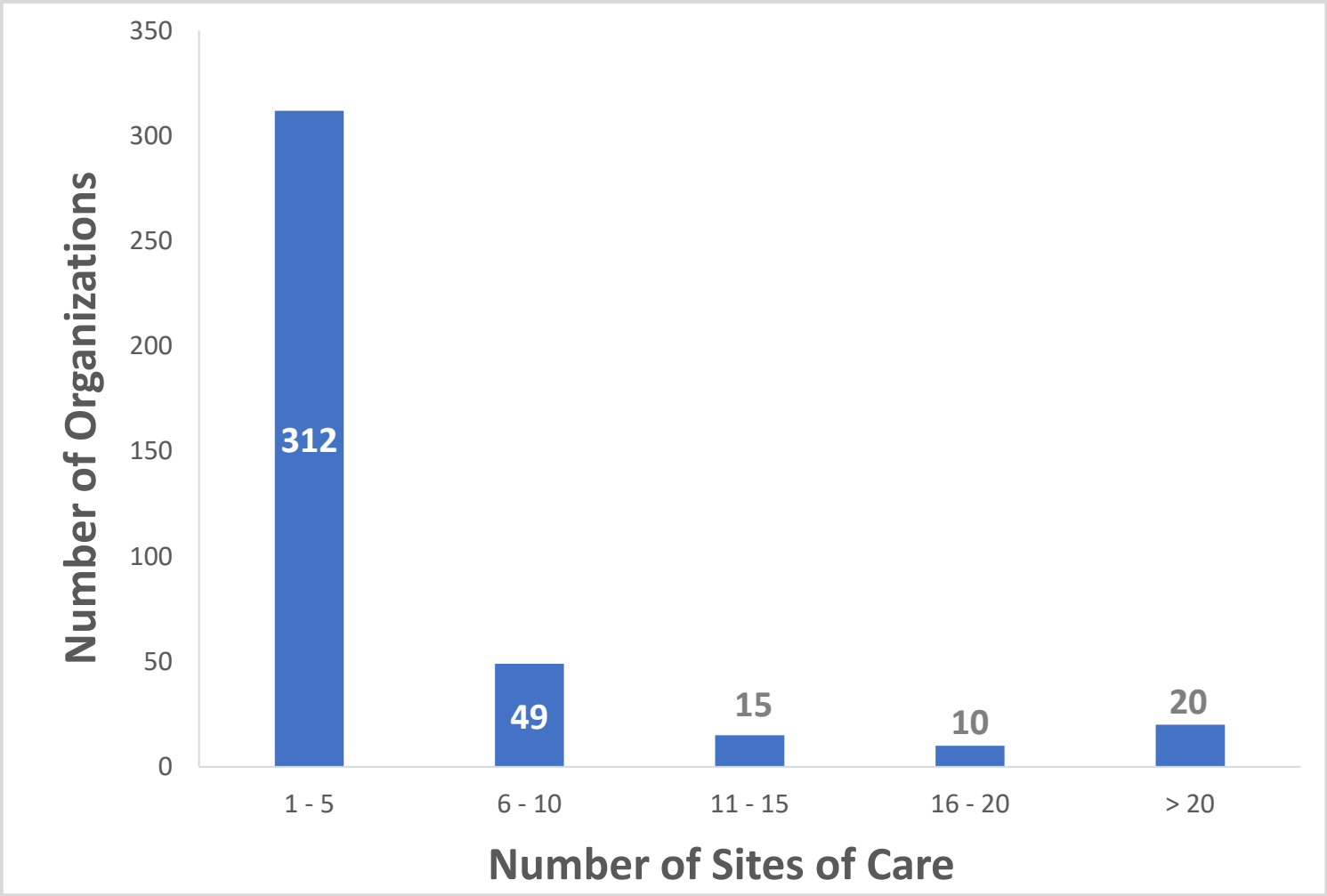
Improved Quality and Outcomes

Improve the quality of care and health outcomes of patients

Participating States



Number of Sites of Care Per Applicant Organization

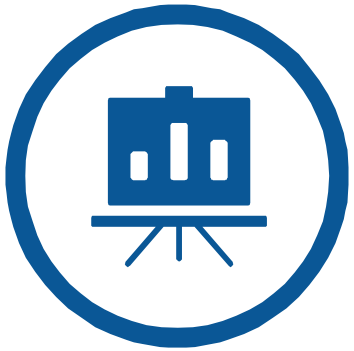


MCP Accepted Applicants

Received **406 applications** representing more than **1,800 sites of care**

- The average number of sites of care per organization is **4.7** with **75% of applicants having less than 5 sites of care**
- **127 FQHC** applicants and **279 non-FQHC** applicants

Audience Poll



How would you describe the makeup of clinicians in your organization?
[Please select the option that best applies.]

a) I belong to an organization that provides primary care as its main function under our TIN

b) I am an FQHC

c) I belong to a multi-specialty organization that provides specialty and primary care services under the same TIN

d) I belong to a health system that provides specialty and primary care services, but we provide primary care services under one TIN and specialty services under a different TIN

Next Steps

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Webinar Schedule & Key Dates

Wednesday, March 13 (11:00 am-12:00 pm ET) – Payment Deep Dive

Wednesday, March 20 (2:30-3:30 pm ET) – Quality Reporting Deep Dive

Wednesday, March 27 (2:00-3:00 pm ET) – Care Delivery Deep Dive

Wednesday, April 3 (2:00-3:00 pm ET) – Health Equity Deep Dive

Wednesday, April 10 (TBD) – Learning System Deep Dive

Wednesday, April 17 (2:00-3:00 pm ET) – MCP Office Hours

Mid-March

Participation Agreement (PA), Payment Methodology Paper and Specialty Integration Quick Reference Guide distributed

DEADLINE:

Friday, April 19

Signed PAs & Track Change Requests due

Monday, July 1 – *MCP Model Launch*

What to Expect Between Now and PA Signing

Signed Participation Agreements (PAs) are due via web portal by April 19, 2024.

You should have already received the following:

- ✓ Acceptance Letter
- ✓ Estimated Attribution & Risk Tier Data
- ✓ Aligned Payers List

You will receive the following in the coming weeks:

- ⊕ PDF PA for reference only
- ⊕ PA via portal to sign electronically
- ⊕ HIPAA Form
- ⊕ Beneficiary Notification Template

What to Expect: Systems Access

Most systems will require the same username and password from your application.

- **MCP Portal:** houses the electronic PA, care delivery and health equity questions, & National Provider Identifier (NPI) rosters
- **MCP CONNECT:** an interactive, online community that allows participants to access model-specific trainings and webinar recordings, collaborate with peers, and discuss what works in the model
- **Innovation Payment Contractor (IPC):** system to collect banking information and from which payments will be made
- **Expanded Data Feedback Reporting (eDFR) Tool**: where participants will view their beneficiary population data

Actions for Participants After PA Signing

After PAs have been signed and approved, practices will be expected to begin developing their requisite plans and lay the groundwork for future reporting:

- ⊕ Update Clinician List (May 2024)
- ⊕ Develop a UIP Spend Plan using CMS template (Summer 2024)
- ⊕ Develop a Health Equity Plan using CMS template (October 2024)
- ⊕ Submit baseline care delivery reporting (October 2024)
- ⊕ Submit sociodemographic reporting (July 2025)
- ⊕ Submit quality reporting (January 2026)

Expanded Data Feedback Reporting (eDFR)

The **MCP eDFR tool** will provide participants with insights into their attributed beneficiary population

Practices will be able to access **aggregate data** to compare MCP beneficiaries to non-MCP beneficiaries in their region

CMS will provide participants with **performance data on specialists** in their region, prioritizing measures related to cardiology, pulmonology, and orthopedics

Resources and Support for MCP Participants

CMS and payer partners will create resources for MCP participants to be successful in the MCP model. This includes partnering in state efforts to create an environment for practice change.

Nationwide Support

+

State-Based Support

Nationwide Support	State-Based Support
Technical assistance to help MCP participants understand model requirements, rules of participation, payment, attribution, measurement, and waivers	**Collaboration** opportunities for MCP participants and with the specialty practices and community-based organizations that need to be partners in care for their patients.
Virtual platform for collaboration and coordination within and across regions to support learning and continuous improvement	**Practice facilitation** and coaching resources for those who need help building capacity and who desire support in making the changes in workflow and organization of care they need to succeed in the model and to advance health outcomes and health equity.
Data feedback with actionable data on cost and utilization for the Medicare beneficiaries served by the participant.	**Data aggregation and health information exchange** resources necessary to give participants a full view of the care their patients receive and to enable comprehensive and coordinated care across primary care, acute and sub-acute care, specialty care, and community-based services.
Reporting platform enabling participants to share the tactics, strategies, and care delivery methods they are using to improve health outcomes and advance health equity for their patients with peer comparisons.	

Model Overview

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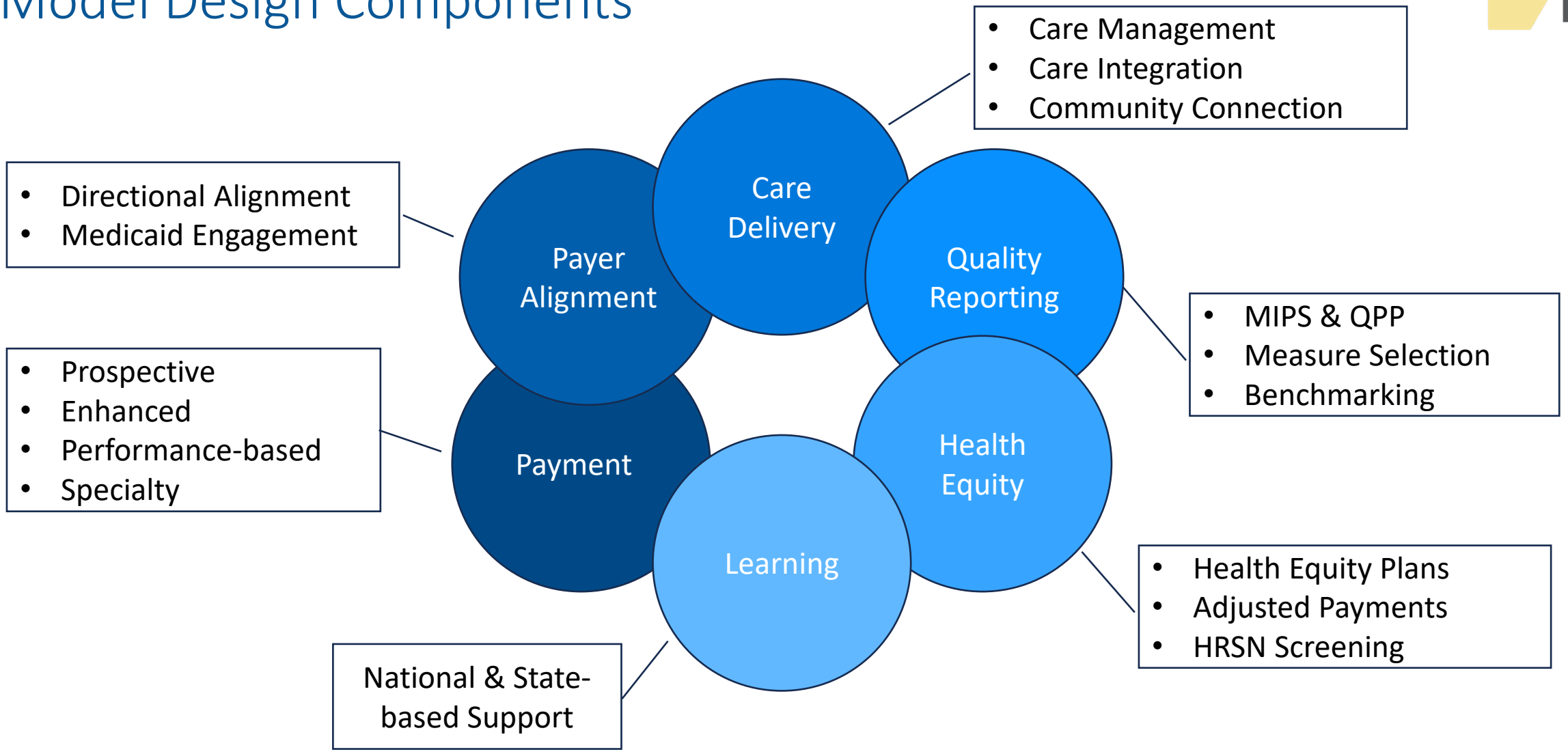
Model Design Components



MCP Overlap & Withdraw Policies

Medicare Shared Savings Program (SSP)

- **MCP will allow overlap between SSP and MCP from 7/1/24 - 12/31/24**, but the practice will need to withdraw from SSP before the June 2024 SSP provider roster submission deadline.
- Any MCP participant that **was in a two-sided risk arrangement under SSP will not qualify for Track 1**, because it is reserved for practices without prior experience in performance-based risk.

Withdrawing from MCP

- Participants who withdraw from MCP prior to entering Track 3 **may be required to repay all Upfront Infrastructure Payments** received.
- After terminating their participation in MCP, **a participant may join or re-join an SSP ACO** subject to their meeting necessary SSP deadlines and criteria.

Payers as Partners for MCP Success

Directional Alignment

- CMS will work with payers in MCP states to encourage close alignment in areas that directly reduce burden on clinicians
- CMS will partner with payers to establish MCP-aligned plans, with shared goals, learning priorities, and access to data, tools, and peer-to-peer learning

Medicaid Engagement

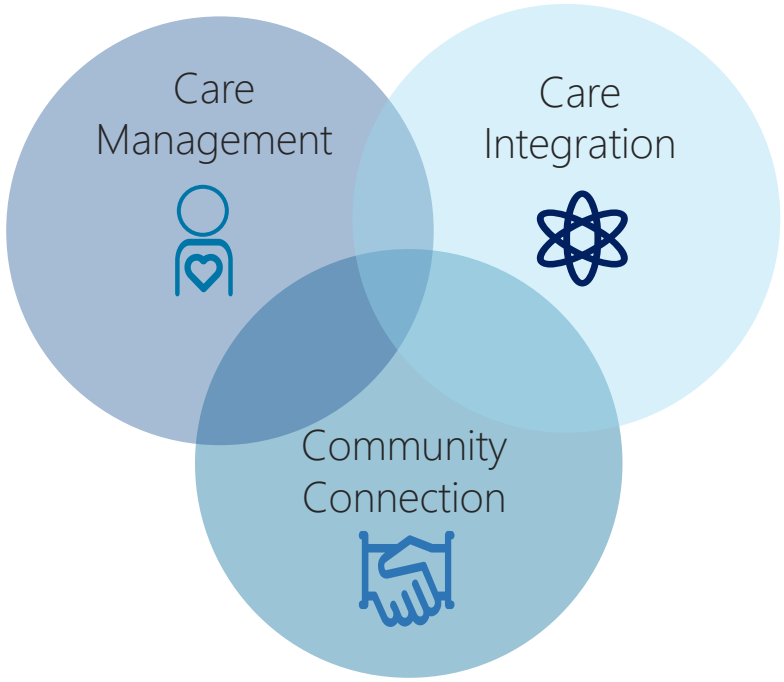
- CMS has partnered with state Medicaid agencies (SMAs) to streamline primary care payment reform and learning priorities across Medicare and Medicaid
- MCP will continue to work closely with SMAs to streamline requirements and learning supports

Local Implementation

- CMS, SMAs, and payer partners will make practice- and patient-level data available to participants through data sharing efforts within the state
- CMS will provide flexibility for payers to include additional measures that reflect local priorities for their patient population(s)

Care Delivery

Care Delivery Domains



MCP Participant Requirements

Track 1	Track 2	Track 3
Building Infrastructure	Implementing Advanced Primary Care	Optimizing Care and Partnerships

Meet Care Delivery Requirements, by Track
Participants are required to meet the Care Delivery Requirements in their track by the end of the first full (12-month) performance year.

Complete Baseline and Ongoing Care Delivery Reporting
Participants are required to complete initial baseline care delivery reporting during the first year, and ongoing care delivery reporting *(bi-annually for Tracks 1 and 2; annually for Track 3).*

Participation Tracks

	Track 1 Building Infrastructure	Track 2 Implementing Advanced Primary Care	Track 3 Optimizing Care and Partnerships
Focus Area	Building capacity to offer advanced services, such as risk stratification, data review, identification of staff, and HRSN screening and referral	Transitioning between FFS and prospective, population-based payment	Optimizing advanced primary care services and specialty care integration enabled by prospective, population-based payment
Duration	Participants who enter* in Track 1 can remain in Track for 2.5 years before progressing to Track 2	Participants who enter* in Track 2 can remain in Track 2 for 2.5 years before moving to Track 3	Participants who enter* in Track 3 can remain for the entirety of the MCP

Level of VBC Experience

**Organizations that start in Track 1, 2, or 3 will have an additional 6 months (or half of a year) in that track, given the mid-year start date for the model. A participant's length of time in a track depends on which track they started in.*

MCP Payment Types

Prospective Primary Care Payment (PPCP)

Track 1 | **Track 2** | **Track 3**

Quarterly per-beneficiary-per-month (PBPM) payment (calculated based on historical billing) to support a gradual progression from fee-for-service (FFS) payment to a population-based payment structure.

Enhanced Services Payment (ESP)

Track 1 | **Track 2** | **Track 3**

Non-visit-based per-beneficiary-per-month (PBPM) payment that is adjusted to reflect the attributed population's level of clinical (CMS-HCC) and social (ADI) risk to provide proportionally more resources to organizations that serve high-needs patients.

Performance Incentive Payment (PIP)

Track 1 | **Track 2** | **Track 3**

Upside-only performance incentive payment designed to reward MCP participants for improvements in patient outcomes and quality measures. Structured to maximize revenue stability (half of estimated PIP will be paid in the first quarter of performance year).

Upfront Infrastructure Payment (UIP)

Track 1 | Track 2 | Track 3

Lump-sum payment for select Track 1 participants to support organizations with fewer resources to invest in staffing, SDOH strategies, and HIT infrastructure.

MCP E-Consult (MEC)

Track 1 | **Track 2** | **Track 3**

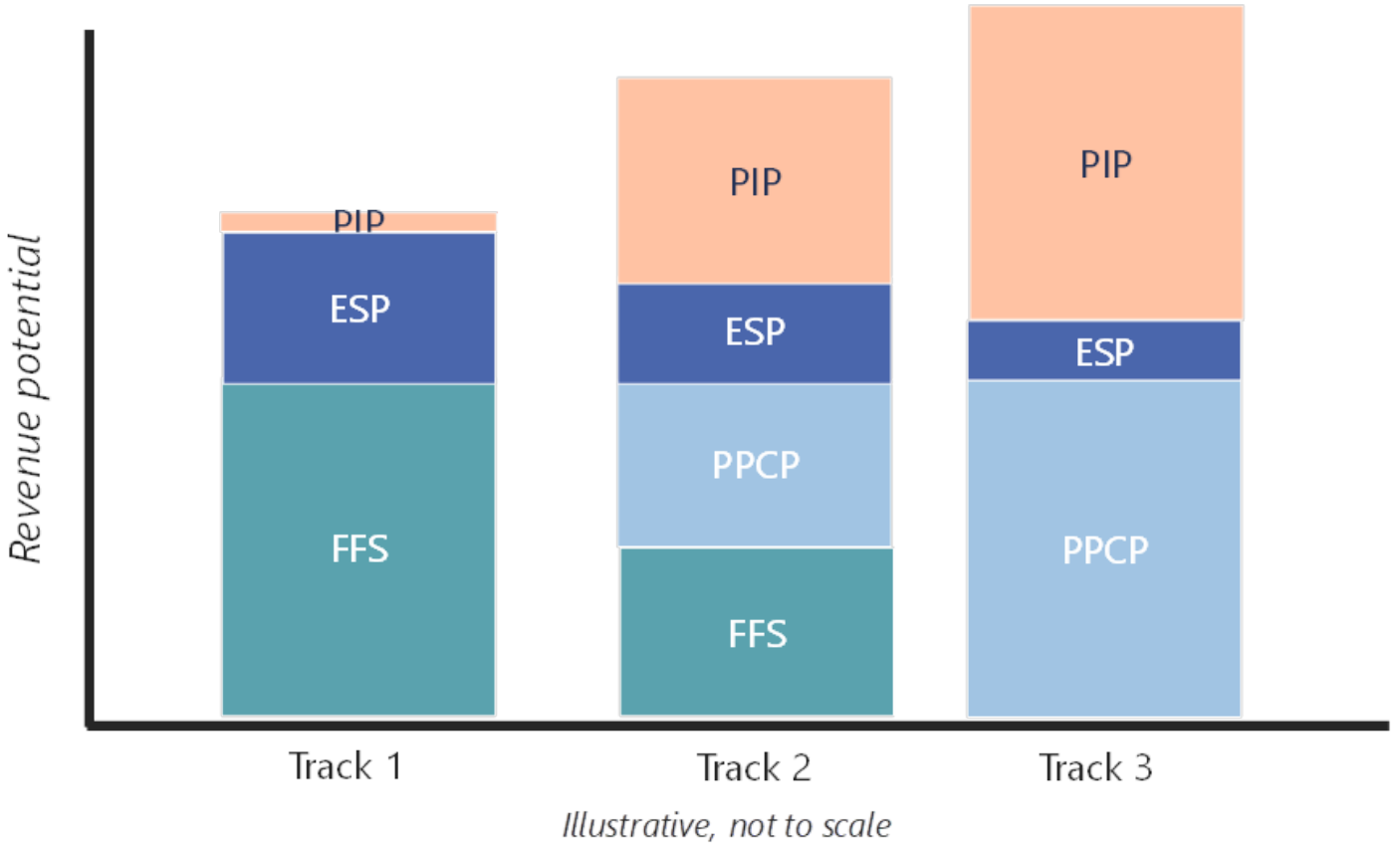
Ambulatory Co-Management (ACM)

Track 1 | Track 2 | **Track 3**

Payments to support specialty integration strategy to support communication and collaboration for longitudinal primary care and short-term specialized care for chronic conditions. MEC code billable by MCP primary care clinicians while ACM is billable by Specialty Care Partners and in-house MCP Specialists at multispecialty participants.

Payment Approach

- **Prospective Primary Care Payment** (PPCP) *increases* over time, while **Fee-for-Service** *decreases*, to support the interprofessional team.
- **Enhanced Services Payments** (ESP) *decrease* over time as practices become more advanced, and potential for payments tied to quality performance increases.
- **Performance Incentive Payment** (PIP) *potential greatly increases* over time to make up for decreases in guaranteed payments.



Performance Measurement and Reporting

Focus	Measure	Type	Track		
			1	2	3
Chronic Conditions	Controlling High Blood Pressure	eCQM	X	X	X
	Diabetes Hba1C Poor Control (>9%)	eCQM	X	X	X
Wellness and Prevention	Colorectal Cancer Screening	eCQM	X	X	X
Person-Centered Care	Person-Centered Primary Care Measure (PCPCM)	Survey	X	X	X
Behavioral Health	Screening for Depression with Follow Up	eCQM		X	X
	Depression Remission at 12 months	eCQM		X	X
Equity	Screening for Social Drivers of Health	CQM		X	X
Cost/ Utilization	Total Per Capita Cost (TPCC)	Claims		X	X
	Emergency Department Utilization (EDU)	Claims		X	X
	TPCC Continuous Improvement (CI) *(Non-FQHCs and Non-Indian Health Programs (IHPs))*	Claims		X	X
	EDU CI *(FQHCs and IHPs)*	Claims		X	X

Specialty Care Integration

Payment: Once MCP participants enter Tracks 2 and 3, they are expected to implement e-consults as part of their care delivery requirements.

Data: CMS will provide participants with performance data on specialists in their region, prioritizing measures related to cardiology, pulmonology, and orthopedics.

Learning Tools: CMS will partner with stakeholders, state Medicaid programs, and other payer partners to connect MCP participants with each other, and specialty practices.

Peer-to-Peer Learning: CMS will provide a collaboration platform and other forums to help participants learn from each other.

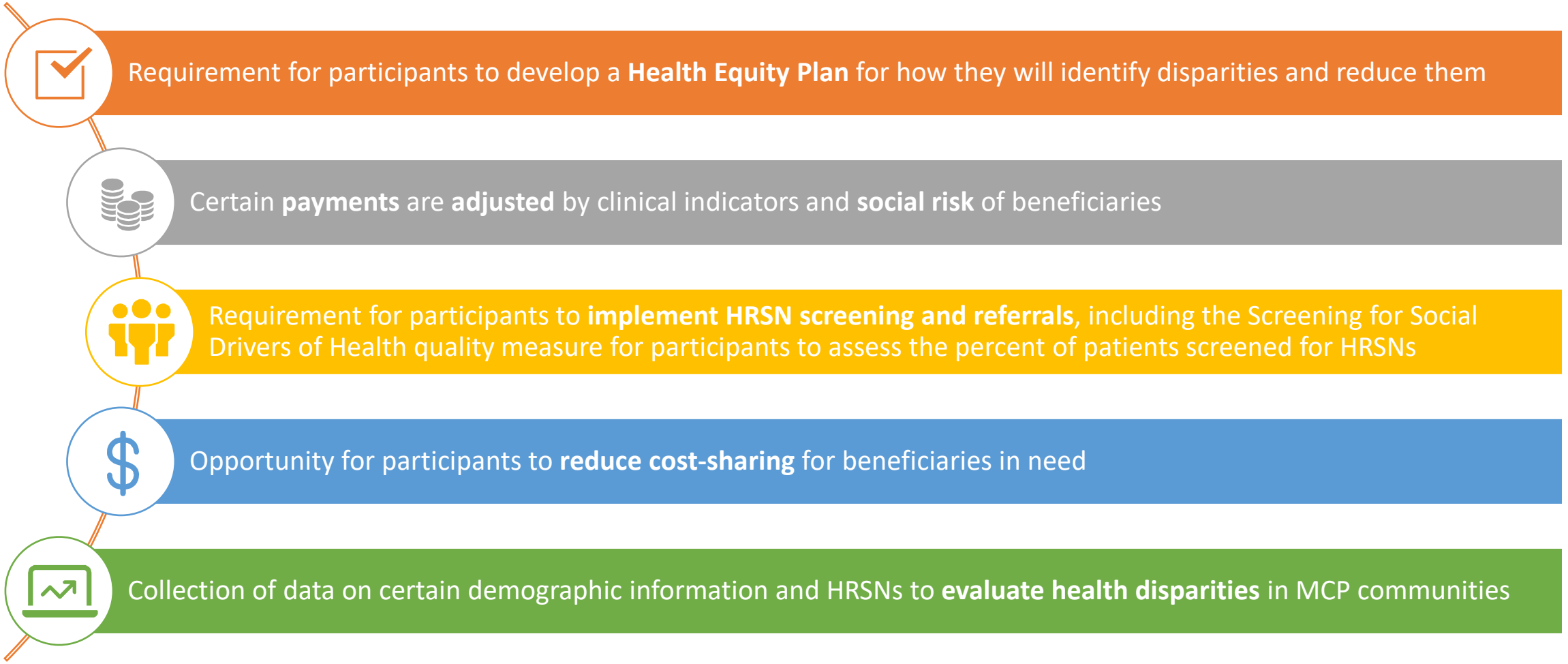
Payment Details

MCP will feature two payment types to encourage specialty care integration and support participants as they take on care delivery requirements:

	MCP eConsult (MEC) Code *Billable by MCP Primary Care Clinicians*	**Ambulatory Co-Management (ACM) Code** *Billable by Specialty Care Partners and MCP Specialists*
Goal	Address current barriers to eConsult billing, including its inclusion of post-service time to implement the specialist's recommendation	Support ongoing communication and collaboration of shared MCP patients who require both longitudinal primary care and also short-term specialized care to stabilize a new or exacerbated chronic condition
Eligibility	Participants in Tracks 2 and 3 *(These codes are absorbed into the prospective primary care payments (PPCPs) in Track 3).*	Specialty Care Partner clinicians *(whose TIN has a Collaborative Care Arrangement (CCA) in place with an MCP Participant) and in-house MCP Specialists at Multispecialty Participants.*
Potential Amount	$40 per service (subject to geographic adjustment)*	$50 per month (subject to geographic adjustment)*

**To account for regional cost differences, MCP will apply a geographic adjustment factor (GAF) to the MEC and ACM.*

Health Equity Strategy



Q&A

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Open Q&A

Open Q&A

We will start with **questions submitted by attendees in advance**.

Please enter any additional questions you have for our CMMI speakers in the Q&A box.

Your submissions will be used to inform FAQs.

To Do List

TIMING	TASK
✓	Review acceptance letter including beneficiary attribution & aligned payer list
Mid-March	Read the Payment Methodology Paper & Specialty Integration documents
Mid-March	Review the PDF Participation Agreement
Friday, April 19	Email MCP@cms.hhs.gov to change Track, if applicable
Friday, April 19	Electronically sign Participation Agreement in the MCP Portal
Friday, April 19	Complete the electronic HIPAA form in the MCP Portal
Monday, May 6	Upload NPI roster to MCP Portal
Late April - Early May	Upload banking information to Innovation Payment Contractor site

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Additional Information

For more information and to stay up to date the MCP Model:

Visit

https://innovation.cms.gov/innovation-models/making-care-primary

Help Desk

Reach out to MCP@cms.hhs.gov for questions

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