Making Care Primary (MCP)

Payer Office Hour

August 8, 2023

Welcome & Introductions

Housekeeping & Logistics

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If you have questions for the MCP Team, please use the Q&A box on the bottom of your screen.

Provide Feedback

Please complete a short survey, available at the end of the event.

Closed captioning is available on the bottom of the screen.

Today's Presenters

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Agenda

1. Welcome and Introductions
2. Payer Partnership
3. MCP Model Features
4. Partnership Next Steps
5. Q&A Session
6. Closing and Resources

Payer Partnership for MCP

Making Care Primary (MCP) Goals

MCP is a 10.5-year model that provides a pathway from Fee-for-Service (FFS) payment to prospective, population-based payment to support comprehensive primary care that improves care quality and population health outcomes. CMS is eager to partner with other payers to help drive these goals for their beneficiaries.

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 – especially 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

Payer Partners

CMS Innovation Center is partnering with public and private payers to implement MCP. Through these partnerships, CMS will foster alignment in areas to reduce clinician burden and payer fragmentation, allowing providers to focus on practice transformation.

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

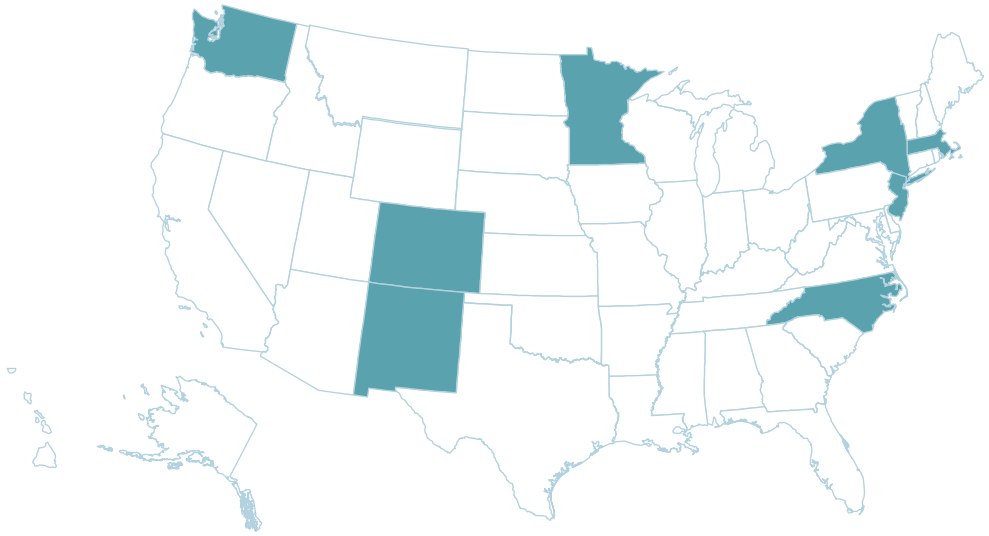
Local Implementation

- 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)

CMS Invites All Payers to Partner

- Commercial health insurers (such as plans offered via state or federally facilitated Health Insurance Marketplaces),
- States (through the Medicaid and CHIP programs, state employee programs, or other insurance purchasing),
- Medicaid/CHIP managed care organizations,
- Medicare Advantage plans,
- State or federal high-risk pools,
- Self-insured businesses or administrators of a self-insured group (Third Party Administrator [TPA]/Administrative Service Only [ASO])

+ Beneficiaries in MCP-participating states

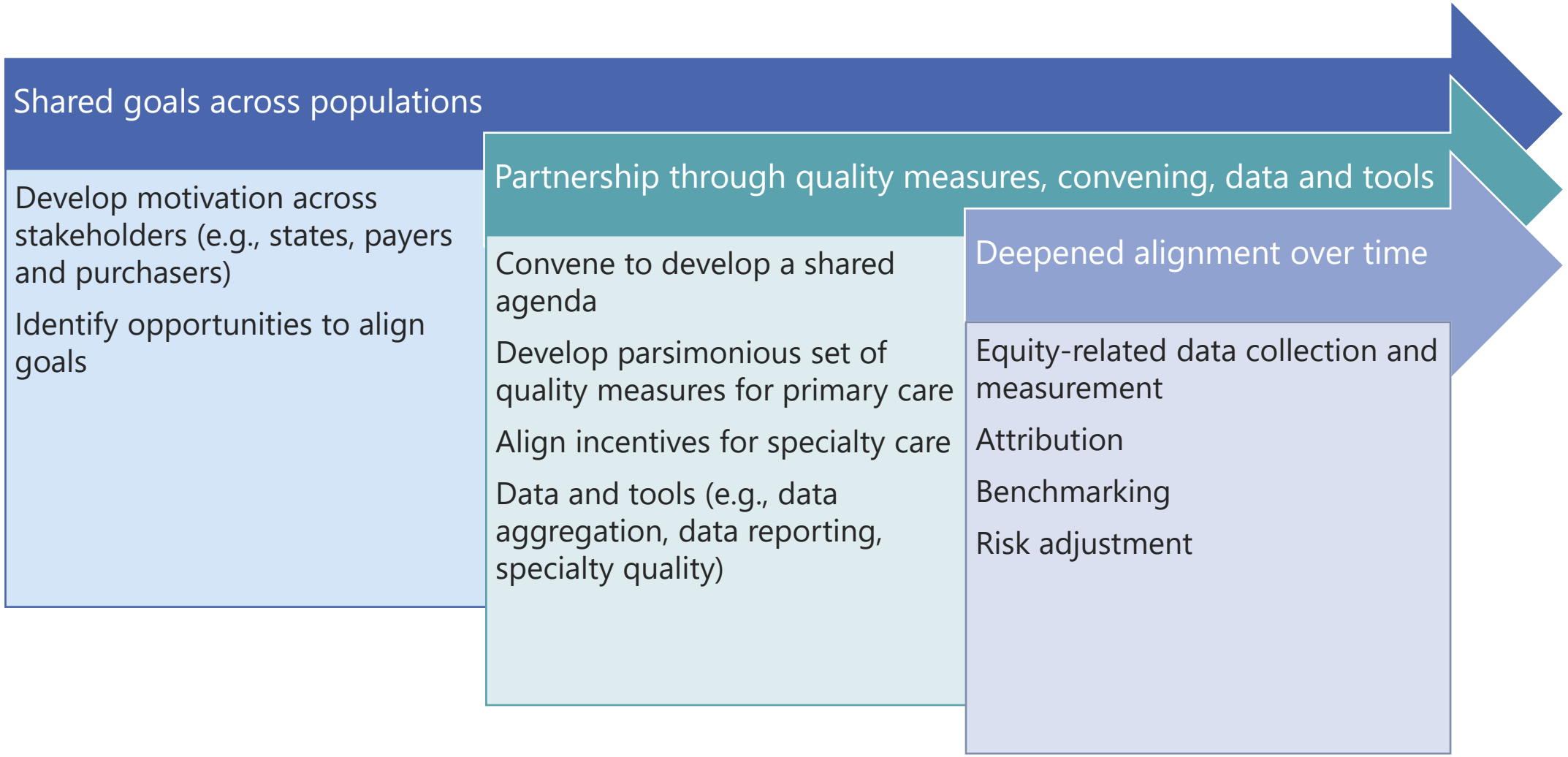


What Partnership Looks Like

MCP will partner with payers to reduce clinician burden, foster comprehensive primary care organization transformation, and expand regional primary care enhancement. MCP will support flexible payer alignment across five areas:

Alignment may result in:	Performance Measurement & Reporting	Health Equity Measures & Initiatives	Aligned Payment Approach	Timely and Consistent Data Sharing	Learning Supports & Technical Assistance
	Shared goals for quality improvement across participants, reduced participant burden, and shared definition of success across quality programs	*Shared commitment across participants and payers to reduce health disparities*	*Shared commitment to shift away from fee-for-service (FFS) while supporting flexible payer alignment*	*Shared commitment to provide data essential to improving care, reducing costs and burden, and providing accurate payment*	*Shared strategy with state and payer partners to support local implementation and participant success*
MCP Payer Partners will:	▪ Align measure specifications to the core set collected by CMS, where applicable. ▪ Include additional measures as desired to support local and regional patient populations	▪ Collect demographic data and support stratification of performance data	▪ Choose what type of non-FFS incentives and payment structures to implement ▪ Payers are invited to select a payment approach that is directionally consistent with MCP	▪ Participate in, and contribute resources (e.g., data/staffing/ funding) to, multi-payer collaboration on data sharing and the use of regional data infrastructure	▪ Make available supports needed including technical assistance, peer-to-peer learning, and practice facilitation and coaching for small, independent, and safety net organizations

Alignment is Phasic and Happens Over Time



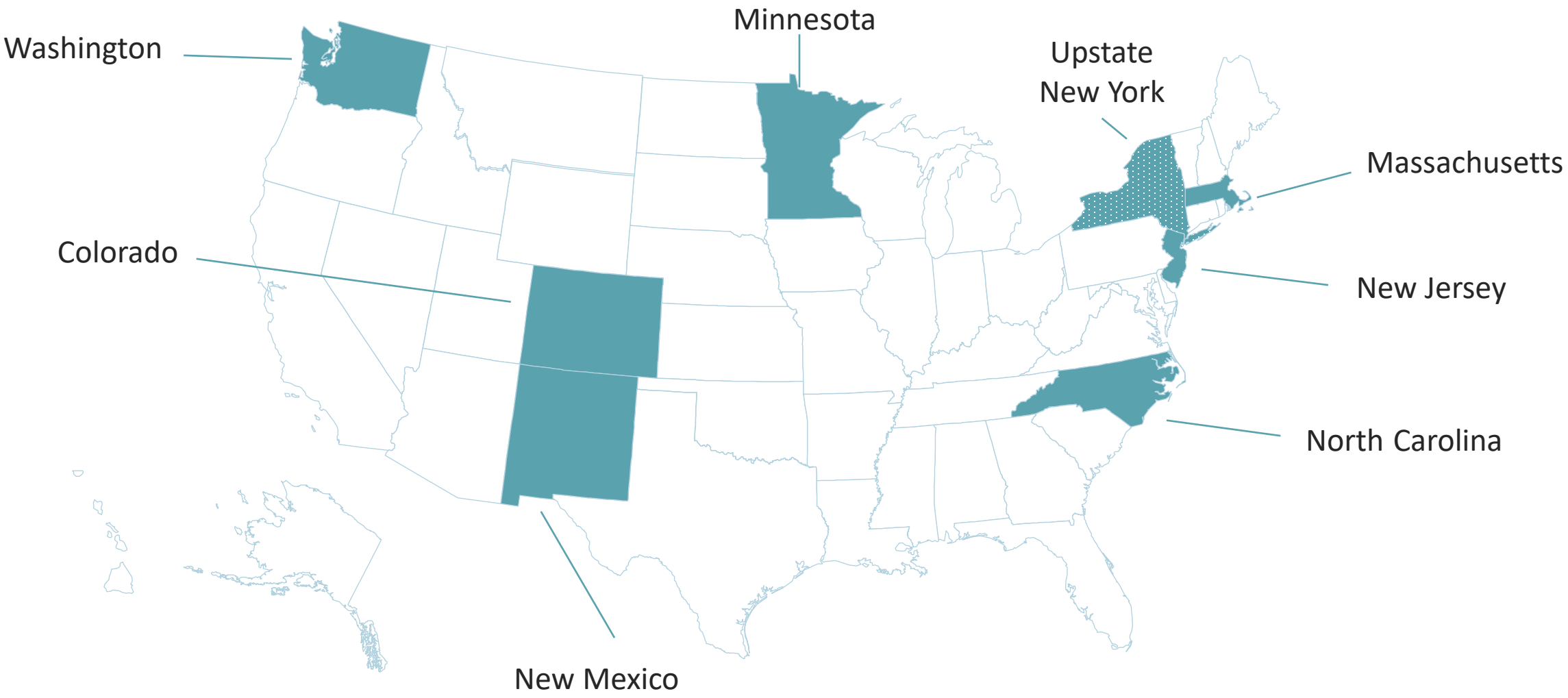
MCP Model Features

Model Overview Diagram

MCP will aim to achieve high-quality care while testing a new payment and care delivery structure that builds on insights from previous models and has a focus on advancing health equity and building partnerships.

Participating States

MCP will be tested in eight (8) states in partnership with state Medicaid agencies (SMAs) and other payers in each region. Payer partnership fosters alignment on core model features to minimize payer fragmentation, while allowing payers flexibility to tailor their MCP implementation.



Who is Eligible to Participate?

Organizations that provide primary care services to patients may be eligible to apply to MCP. Due to MCP's payment and quality reporting design, certain organizations are not eligible to participate in MCP.

Organizations Eligible for MCP

- Serve as the regular source of primary care for a minimum of 125-attributed Medicare beneficiaries
- Independent or solo primary care practices
- Group practices
- Federally Qualified Health Centers (FQHCs)
- Health Systems
- Indian Health Programs
- Certain CAHs
- Organizations operating in the listed MCP states

Organizations Not Eligible for MCP

- Rural Health Clinics
- Concierge practices
- Grandfathered Tribal FQHCs
- Primary Care First (PCF) practices and ACO REACH Participant Providers active as of 5/31/23
- Organizations not operating in the listed MCP states
- Organizations enrolled in CMMI models (such as MSSP and ACO REACH) will not be allowed to simultaneously participate in MCP, with the exception of bundled payment models

Care Delivery Requirements

MCP care delivery focuses on building participant capacity to deliver equitable, team-based care and improve outcomes overtime through three participation tracks based on experience with value-based care. Requirements align closely with MCP performance measures and the NASEM[1] vision of person-centered, integrated, and high-quality primary care.

	Care Management Targeted Care Management and Chronic Condition Management	Care Integration Behavioral Health and Specialty Integration	Community Connections Health-Related Social Needs (HRSN) Screening/Referral and Community Supports and Service Navigation
Track 1	Empanel and risk stratify patients. Identify staff and develop workflows to (1) provide chronic care management and timely follow-up post ED and hospital visit and (2) deliver individualized self-management support.	Use specialty data tools to inform future partnerships. Identify staff and develop workflows to initiate a behavioral health integration (BHI) approach.	Implement universal HRSN screening with referral resources and develop workflows for referring patients with unmet HRSNs. Explore partnerships with social service providers and identify staff to navigate and coordinate HRSN support services.
Track 2	Implement chronic and episodic care management and individualized self-management support.	Identify high-quality Specialty Care Partners and implement enhanced eConsults. Implement a BHI approach using standardized tools and systematically and universally screen for key BH conditions.	Implement social service referral workflows Establish partnerships with social service providers and utilize Community Health Workers (CHWs) (or equivalent) for patient navigation.
Track 3	Implement individualized care plans and expand self-management services to include group education and linkages to community-based supports.	Establish enhanced relationships with high-quality Specialists. Optimize BHI workflows using a quality improvement framework.	Optimize referral workflows using a quality improvement framework. Strengthen partnerships and optimize the use of CHWs (or equivalent).

[1]National Academies of Science, Engineering, and Medicine (NASEM). Implementing high-quality primary care: Rebuilding the foundation of health care (https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care)

MCP Payment Types

MCP will introduce six (6) payment types for Medicare FFS to support MCP participants as they work to reach their patient care goals.

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

One-time 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**

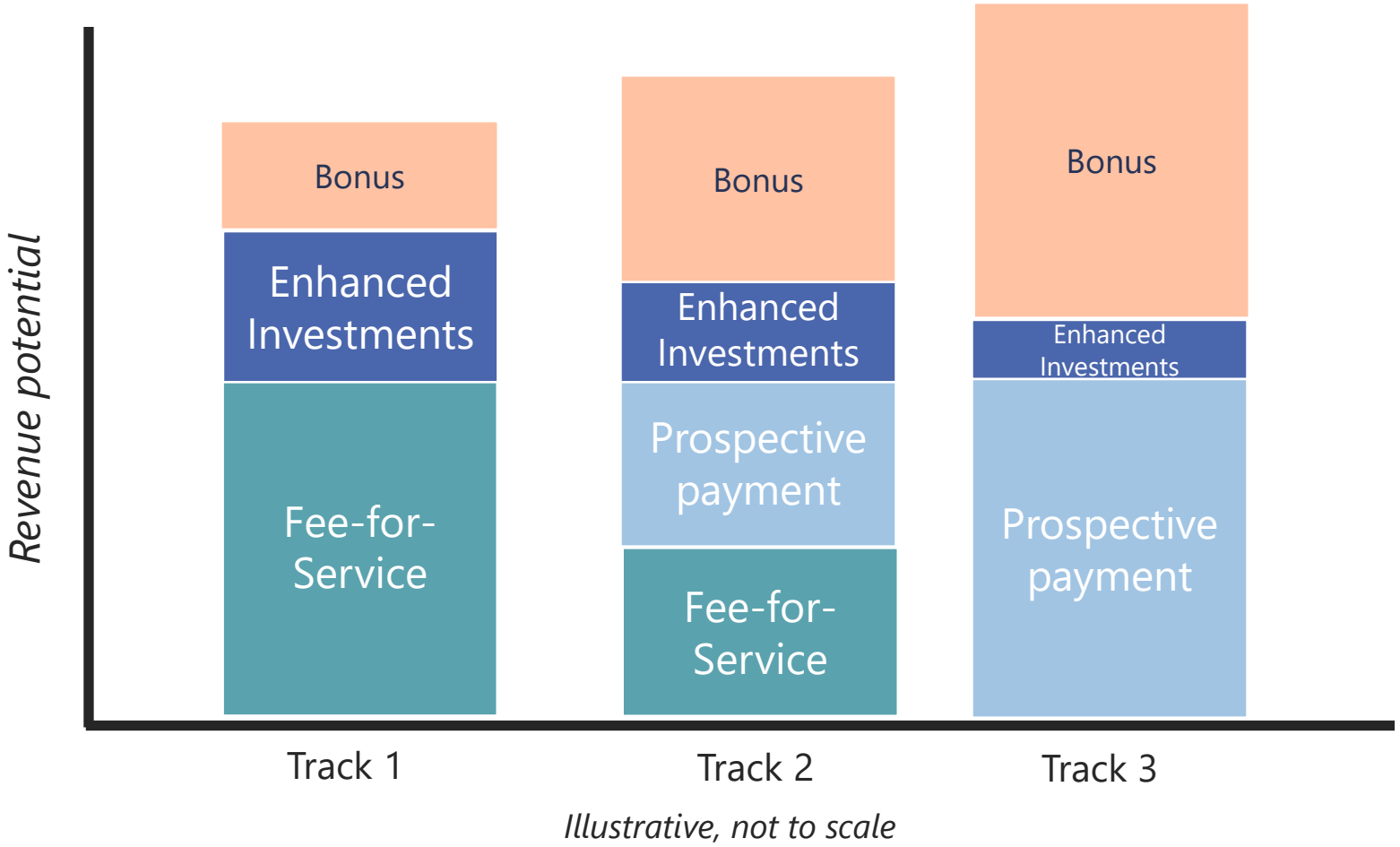
Ambulatory Co-Management (ACM)

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.

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

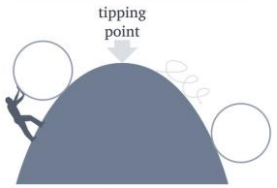
Mirroring CMS's broader quality measurement strategy, measures for MCP were selected to be actionable, clinically meaningful, and aligned with other CMS quality programs, including the Universal Foundation Measure Set *(as indicated below with an asterisk "*").* MCP's selected performance measures mirror the model's care transformation goals and incentivize performance through significant incentive payments.

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-health centers and Non-Indian Health Programs (IHPs))*	Claims		X	X
	EDU CI *(Health Centers and IHPs)*	Claims		X	X

Payer Partnership Next Steps

Benefits of Payer Partnership with CMS for MCP

Catalyze existing efforts to implement an evidence-based primary care transformation model to improve primary care by providing additional Medicare resources.



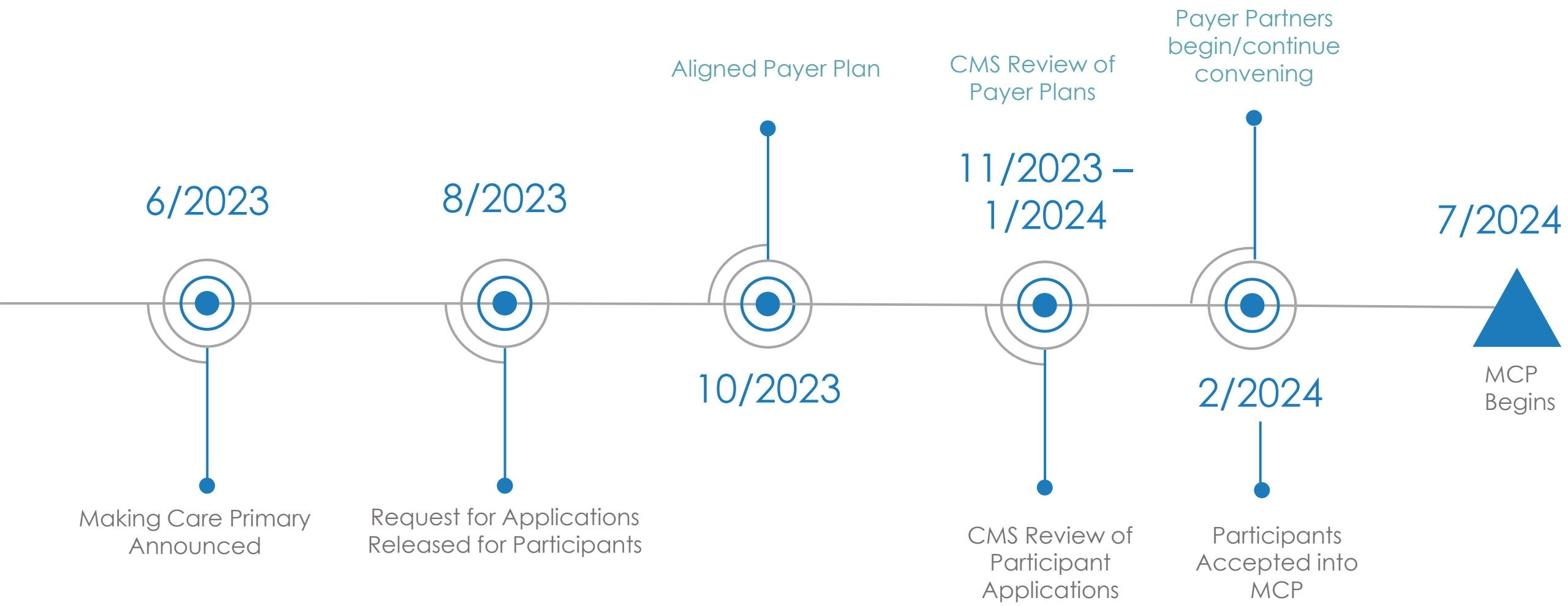
Accelerate change and reach a tipping point to achieve shared goals that increase clinician incentives to improve patient outcomes, while reducing clinical and administrative burden, increasing likelihood of provider success in value-based care and realization of increased value for payer investment.

Goal-oriented and data-driven convening with other payers at the state and national level to share lessons learned and work towards increased alignment on technical model elements over time (e.g. attribution, benchmarking and risk adjustment).

Improved data provision to practices, with a long-term goal of aggregating data across payers.

Illustrate commitment to primary care investment, increasing appeal as payers to participating primary care providers.

Making Care Primary Payer Partnership Timeline



Next Steps for Engagement

- **Payers are encouraged to consider how your plans could align with MCP goals and design features.**
  - Priorities for alignment include payment, performance measurement, long-term data aggregation, and learning tools.
  - CMS encourages flexibility on other model features to retain payer differentiation.
  - Reach out to the MCP@cms.hhs.gov with specific questions.
- **Payers interested in partnering will submit information on their plans in October of 2023 (Payer Partner Solicitation).**
  - Information will include design elements for MCP-aligned plan, and general data on beneficiary pool.
  - After payer submits their plan, CMS will review and communicate directly with each payer to resolve remaining questions.
- **CMS and payer will sign non-binding Memorandum of Understanding (MOU) to formalize partnership in 2024.**
  - MOU will enumerate CMS commitments to payer and providers, and vice versa.

Questions & Answers

Closing & Resources

Additional Information

For more information and to stay up to date on upcoming MCP events:

Visit

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

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Thank you

Thank you for attending today's
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