Primary Care First

Foster Independence. Reward Outcomes.

Model Briefing

Center for Medicare & Medicaid Innovation

Primary Care First Builds on the Underlying Principles of Prior CMS Innovation Models

CMS primary care models offer a variety of opportunities to advance care delivery, increase revenue, and reduce burden.

Comprehensive Primary Care Plus (CPC+) Track 1 is a pathway for practices ready to **build the capabilities** to deliver comprehensive primary care.

CPC+ Track 2 is a pathway for practices poised to **increase the comprehensiveness** of primary care.

Primary Care First rewards **outcomes**, increases **transparency**, enhances care for **high need populations**, and reduces **administrative burden**.

Primary Care First Rewards Value and Quality Through an Innovative Payment Structure

Primary Care First Goals

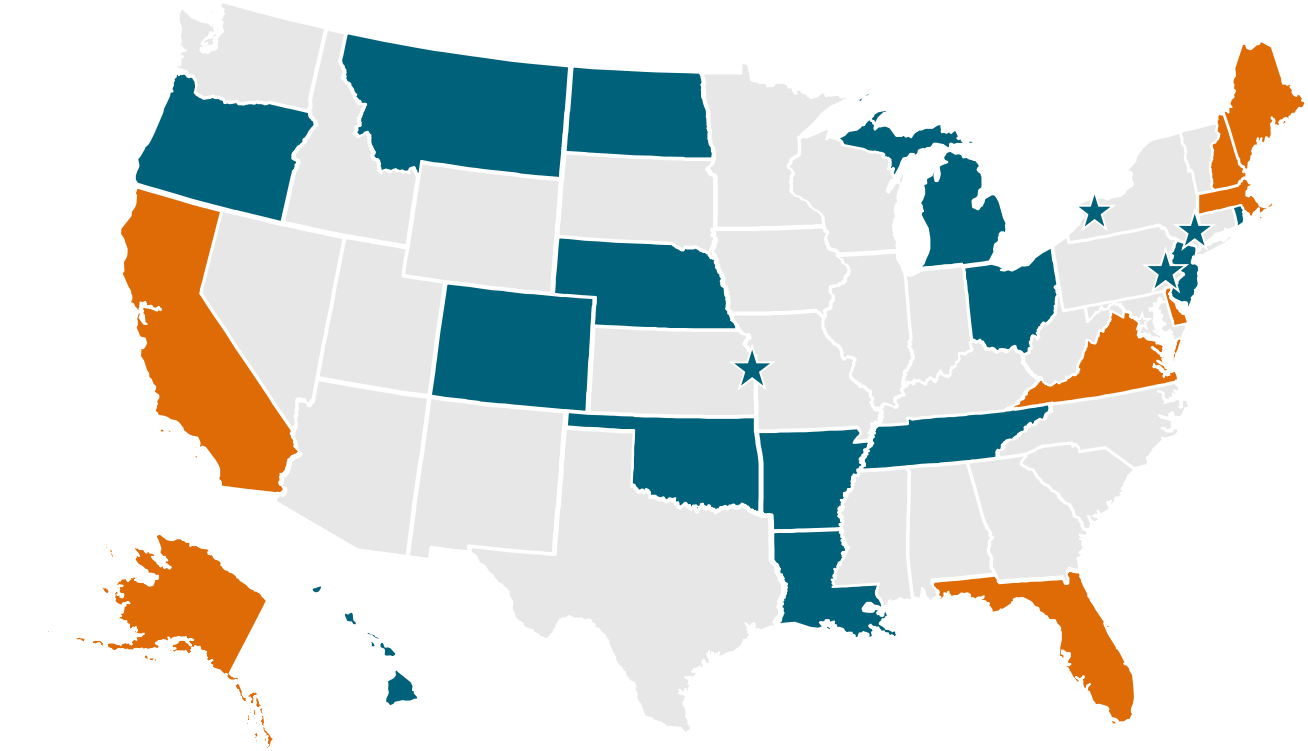
1. To **reduce Medicare spending** by preventing avoidable inpatient hospital admissions
2. To **improve quality of care and access to care** for all beneficiaries, particularly those with complex chronic conditions and serious illness

Primary Care First Overview

- **5-year** alternative payment model
- Offers greater **flexibility**, increased **transparency**, and **performance-based** payments to participants
- Payment options for practices that specialize in **patients with complex chronic conditions** and high need, **seriously ill populations**
- Fosters **multi-payer alignment** to provide practices with resources and incentives to enhance care for all patients, regardless of insurer

Primary Care First Will Be Offered in 26 States and Regions Beginning in 2020

In 2020, Primary Care First will include 26 diverse regions:



Current CPC+ Track 1 and 2 regions

New regions added in Primary Care First

Primary Care Practices Can Participate in One of Three Payment Model Options

The **three Primary Care First (PCF) payment models** accommodate a continuum of providers that specialize in care for different patient populations.

Option 1

PCF Payment Model

Focuses on **advanced primary care practices ready to assume financial risk** in exchange for reduced administrative burdens and performance-based payments. Introduces new, higher payments for practices caring for complex, chronically ill patients.

Option 2

PCF High Need Populations Payment Model

Promotes care for high need, **seriously ill population (SIP)** beneficiaries who lack a primary care practitioner and/or effective care coordination.

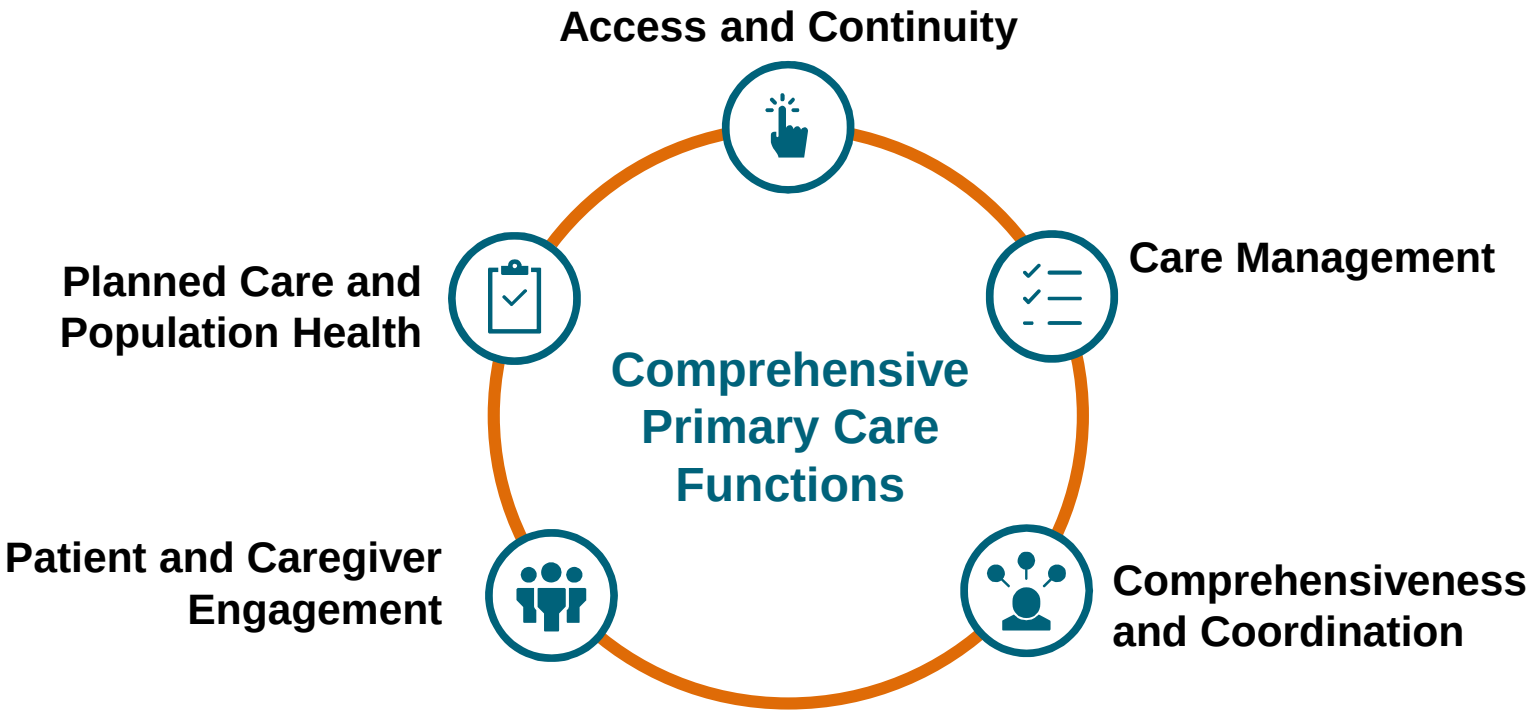
Option 3

Participation in both options 1 and 2

Allows practices to **participate in both** the PCF Payment Model and the PCF High Need Populations Payment Model.

Participants Achieve Model Aims Through Innovations in Their Care Delivery

PCF participants are incentivized to deliver evidence-based interventions across 5 comprehensive primary care functions:



Practices Have the Freedom to Innovate While Implementing Core Functions of Comprehensive Primary Care

Comprehensive Primary Care Function	PCF Intervention
Access and Continuity	▪ Provide 24/7 access to a care team practitioner with real-time access to the EHR
Care Management	▪ Provide risk-stratified care management
Comprehensiveness and Coordination	▪ Integrate behavioral health care ▪ Assess and support patients' psychosocial needs
Patient and Caregiver Engagement	▪ Implement a regular process for patients and caregivers to advise practice improvement
Planned Care and Population Health	▪ Set goals and continuously improve upon key outcome measures

The PCF Payment Model Option Emphasizes Flexibility and Accountability

PCF Payment Model Option Goals

- **Promote patient access** to advanced primary care both in and outside of the office, especially for complex chronic populations
- **Transition primary care** from fee-for-service payments to value-driven, population-based payments
- **Reward high-quality, patient-focused care** that reduces preventable hospitalizations

PCF Payments

Professional population-based payments and **flat primary care visit fees** to help practices improve access to care and transition from FFS to population-based payments

Performance-based adjustments up to 50% of revenue and a 10% downside, based on a single outcome measure, with focused quality measures

Payments Under the PCF Payment Model Option Are Made Up of Two Major Components

Total Medicare payments

Total primary care payment + **Performance-based adjustment**

- Professional Population-Based Payment
- Flat Primary Care Visit Fee

Opportunity for practices to **increase revenue by up to 50%** of their total primary care payment based on key performance measures, including acute hospital utilization (AHU).

1. National adjustment
2. Cohort adjustment
3. Continuous improvement adjustment

Total Primary Care Payment Includes Two Payment Types: a Population-Based Payment and a Flat Visit Fee

Hybrid Total Primary Care Payments replace Medicare fee-for-service payments to support delivery of advanced primary care.

Professional Population-Based Payment

Payment for service in or outside of the office, adjusted for practices caring for higher risk populations. This payment is the same for all patients within a practice.

Practice Risk Group	Payment *Per beneficiary per month*
Group 1 (lowest average HCC)	$24
Group 2	$28
Group 3	$45
Group 4	$100
Group 5 (highest average HCC)	$175

Payment adjusted to account for beneficiaries seeking services outside the practice.

+

Flat Primary Care Visit Fee

Flat payment for face-to-face treatment that reduces billing and revenue cycle burden

$50.52

per face-to-face patient encounter

Adjusted for geography

These payments allow practices to:

- Easily predict payments for face-to-face care
- Spend less time on claims processing and more time with patients

Performance-Based Payment Adjustments Are Determined Based on a Multi-Step Process

In **Year 1**, adjustments are determined based on **acute hospital utilization (AHU)** alone.
In **Years 2-5**, adjustments are based on performance as described below.

Did the practice exceed the Quality Gateway?

No

-10%
Adjustment
to Total Primary Care Payment for next applicable year

Yes

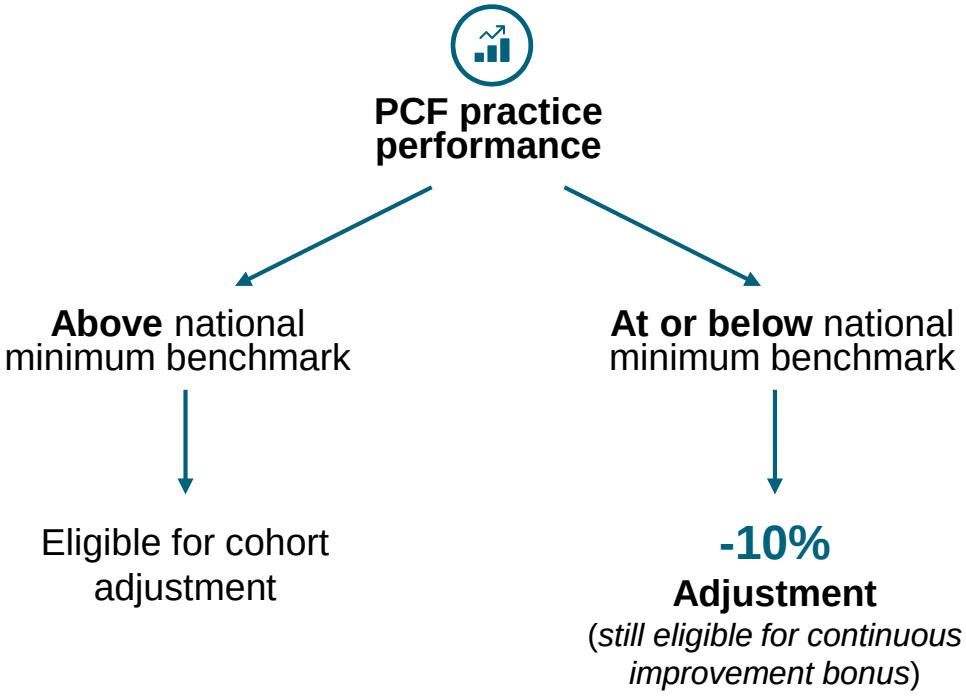
Adjustment of up to 50% of total primary care payment determined by comparing performance to three different benchmarks:

1. National adjustment
2. Cohort adjustment
3. Continuous improvement adjustment

In the National Adjustment, Applicable Practices Are Compared to a National Benchmark of Similar Practices

1 National adjustment

The national minimum benchmark is based on the lowest quartile of Acute Hospital Utilization (AHU) performers in a national reference group.



In the Cohort Adjustment, an Eligible Practice is Compared to Other Practices Enrolled in the Model

2 Cohort adjustment

Practice performance is next compared against other PCF participants to determine the performance-based adjustment.

Bottom 50% of PCF practices based on performance

0%
Adjustment

Top 50% of PCF practices based on performance

Performance Level	Adjustment to Total Primary Care Payment
Top 20% of eligible practices	**34%**
Top 21–40% of eligible practices	**27%**
Top 41–60% of eligible practices	**20%**
Top 61%–80% of eligible practices	**13%**
Top 81–100% of eligible practices	**6.5%**

A Continuous Improvement Bonus is Based on Whether a Practice Improved Relative to the Prior Year's Performance

3 Continuous improvement adjustment

Practices are also eligible for a **continuous improvement bonus of up to 1/3rd of total PBA amount** if they achieve their improvement target. CMS may use statistical approaches to account for random variations over time and promote reliability of improvement data.

Performance Level	Potential Improvement Bonus
Top 20% of PBA-eligible practices	**16%** of Total Primary Care Payment
Top 21–40% of PBA-eligible practices	**13%** of Total Primary Care Payment
Top 41–60% of PBA-eligible practices	**10%** of Total Primary Care Payment
Top 61%–80% of PBA-eligible practices	**7%** of Total Primary Care Payment
Top 81–100% of PBA-eligible practices	**3.5%** of Total Primary Care Payment
Practices performing above nationwide benchmark, but below top 50% of practices	**3.5%** of Total Primary Care Payment
Practices performing at or below nationwide minimum benchmark	**3.5%** of Total Primary Care Payment

The High Need Population Payment Model Option Increases Seriously Ill Populations' Access to Primary Care

PCF incorporates the following unique aspects for practices electing to serve seriously ill populations to increase access to high-quality, advanced primary care.

Eligibility and Beneficiary Attribution

Practices demonstrating relevant capabilities **can opt in to be assigned SIP patients or beneficiaries** who lack a primary care practitioner or care coordination.

Medicare-enrolled clinicians who provide **hospice or palliative care can partner** with participating practitioners.

Payments

Payments for practices serving seriously ill populations:

First 12 Months
▪ One-time payment for first visit with SIP patient: **$325 PBPM**
▪ Monthly SIP payments for up to 12 months: **$275 PBPM**
▪ Flat visit fees: **$50**
▪ Quality payment: up to **$50**

The Model's Quality Strategy Includes a Focused Set of Clinically Meaningful Measures

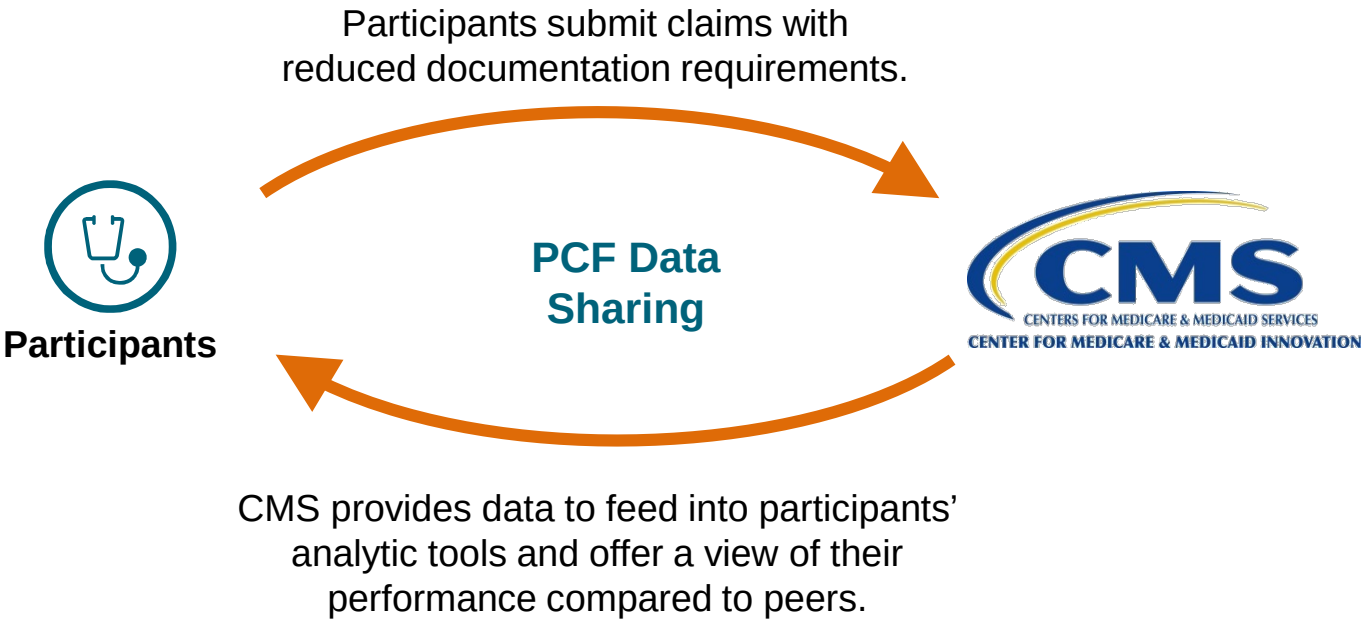
The following measures will inform performance-based adjustments and assessment of model impact.

Measure Type	Measure Title	Benchmark
Utilization Measure for Performance-Based Adjustment Calculation (Year 1-5)	**Acute Hospital Utilization** (AHU) (HEDIS measure)	PCF and Non-PCF reference population
Quality Gateway (starts in Year 2)	**CPC+ Patient Experience of Care Survey** (modernized version of CAHPS)	PCF and Non-PCF reference population
	Diabetes: Hemoglobin A1c (HbA1c) **Poor Control** (>9%) (eCQM)[1]	MIPS
	Controlling High Blood Pressure (eCQM)	MIPS
	Care Plan (registry measure)	MIPS
	Colorectal Cancer Screening (eCQM)[1]	MIPS
Quality Gateway for practices serving high-risk and seriously ill populations[1]	To be developed during model; domains could include 24/7 patient access and days at home	

1. The following measures will not apply to practices in Practice Risk Groups 4 or 5 and for practices receiving SIP identified patients: (a) Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (eCQM) and (b) Colorectal Cancer Screening (eCQM)

Primary Care First Innovates Data Sharing to Inform Care Delivery

Participants get access to timely, actionable data to assess performance relative to peers and drive care improvement.



Practices Participating in the PCF Payment Model Option Must Meet the Following Eligibility Requirements

Practices participating in the PCF Payment Model Option must:

- ✓ Include **primary care practitioners** (MD, DO, CNS, NP, PA) in good standing with CMS
- ✓ Provide health services to a **minimum of 125** attributed Medicare beneficiaries*****
- ✓ Have primary care services account for the **predominant share** (e.g., 70) of the practices' collective billing based on revenue*****
- ✓ Demonstrate **experience with value-based payment arrangements**, such as shared savings, performance-based incentive payments, and alternative to fee-for-service payments
- ✓ Use 2015 Edition **Certified Electronic Health Record Technology** (CEHRT), support **data exchange** with other providers and health systems via Application Programming Interface (API), and, if available, connect to their regional health information exchange (HIE)
- ✓ Attest via questions in the Practice Application to a limited set of **advanced primary care delivery** capabilities, including 24/7 access to a practitioner or nurse call line, and empanelment of patients to a primary care practitioner or care team

***Note:** Practices participating only in the SIP option are not subject to these specific requirements.

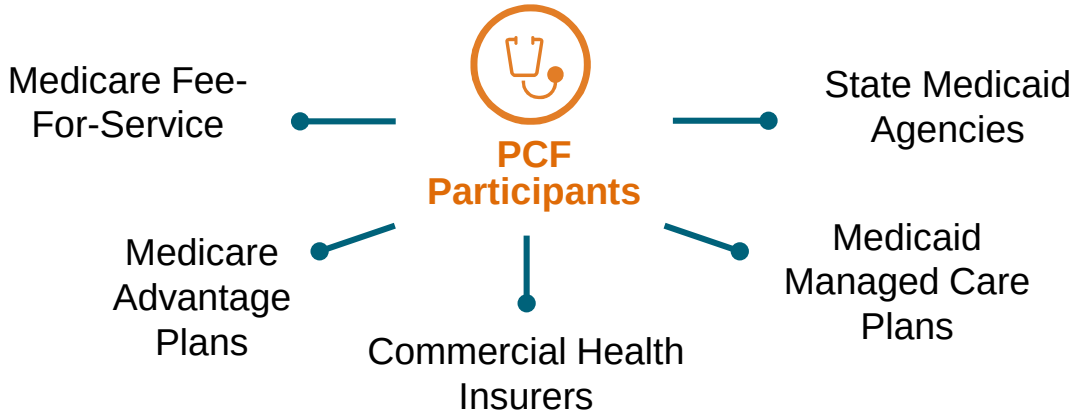
Practices Participating in the High Need Population Model Option Must Meet the Following Eligibility Requirements

Practices receiving **SIP-identified patients** (identified based on risk score) must:

- ✓ Include **practitioners serving seriously ill populations** (MD, DO, CNS, NP, PA) in good standing with CMS
- ✓ Meet **basic competencies to successfully manage complex patients** and demonstrate relevant clinical capabilities (e.g., interdisciplinary teams, comprehensive care, person-centered care, family and caregiver engagement, 24/7 access to a practitioner or nurse call line)
- ✓ **Have a network of providers in the community** to meet patients' long-term care needs for those only participating in the SIP option
- ✓ Use 2015 Edition **Certified Electronic Health Record Technology** (CEHRT), support **data exchange** with other providers and health systems via Application Programming Interface (API), and, if available, connect to their regional health information exchange (HIE)

CMS is Committed to Partnering with Aligned Payers in Selected Regions

In PCF, CMS will encourage other payers to engage practices on similar outcomes. **CMS is soliciting interested payers starting in summer 2019.**



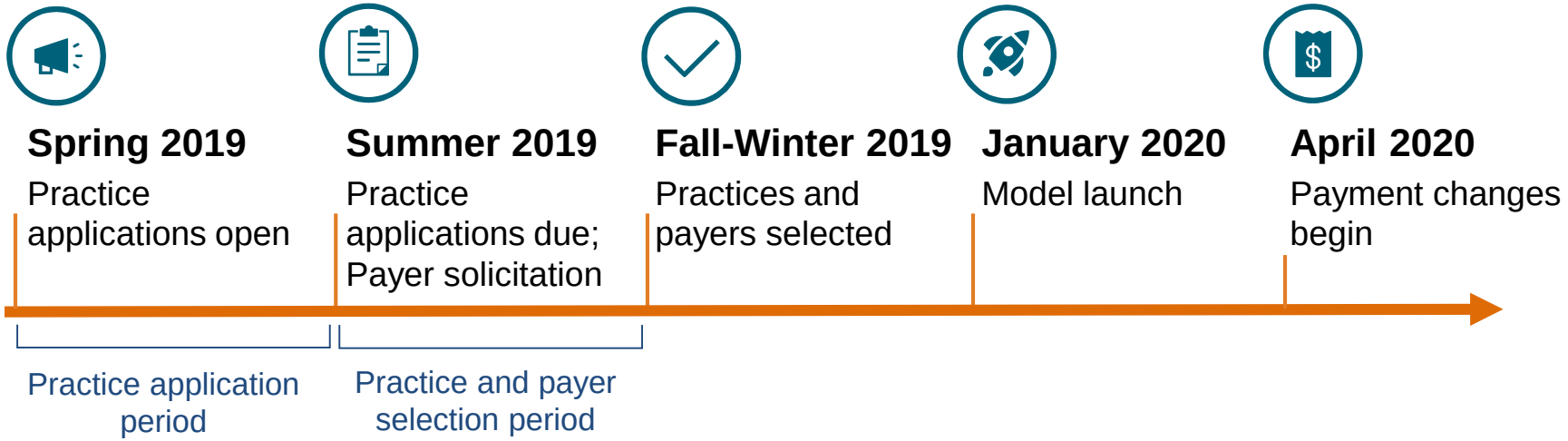
Multi-payer alignment promotes:

- An alternative to fee-for-service payments
- Performance-based incentive opportunity
- Practice- and participant-level data on cost, utilization, and quality
- Alignment on practice quality and performance measures
- Broadened support for seriously ill populations

Your Practice Can Experience Many Benefits By Participating in Primary Care First

- **Less administrative burden and more flexibility** so providers can spend more time with patients and deliver care based on patient needs
- **Ability to increase revenue** with performance-based payments that reward participants for easily understood primary care outcomes
- **Enhanced access to actionable, timely data** to inform your care transformation and assess your performance relative to peers
- **Focus on single outcome measure** that matters most to patients: acute hospital utilization
- **Opportunities** for practices that specialize in complex, chronic patients and high need, seriously ill populations
- **Potential to become a Qualifying APM Participant** by practicing in an Advanced Alternative Payment Model

Primary Care First Will Launch in Early 2020



Email us at PrimaryCareApply@telligen.com to join our listserv.

Use the Following Resources to Learn More About Primary Care First

Visit

https://innovation.cms.gov/initiatives/primary-care-first-model-options/

Call

1-833-226-7278

Email

PrimaryCareApply@telligen.com

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Look out for additional PCF events in the coming months!