

CMS Announces New Primary Care Model

On June 8, 2023, the Centers for Medicare and Medicaid Services (CMS) announced the establishment of Making Care Primary (MCP) Model, a voluntary primary care model that will be tested in Colorado, Massachusetts, Minnesota, New Mexico, North Carolina, New York, New Jersey, and Washington.¹ Set to launch on July 1, 2024, the 10 ½ year model will seek to improve the coordination and management of care, enable primary care clinicians to form relationships with healthcare specialists, and form community-based connections to address the health needs of patients, as well as health-related social needs such as nutrition and housing.² This Health Capital Topics article will discuss the new MCP Model and its implications for the healthcare industry.

The MCP Model aims to improve the care Medicare and Medicaid beneficiaries receive by the delivery of advanced primary care services, which are foundational to high-performing health systems.³ The model was built upon previous primary care models such as the Maryland Primary Care Program (MDPCP), the Primary Care First (PCF) model, and the Comprehensive Primary Care (CPC/CPC+) Model.⁴ The MCP Model will give primary care clinicians a pathway to adopt population-based payments while driving equitable access to care and building infrastructure to improve specialty integration and behavioral health.⁵ Not only will the model strengthen coordination among specialists and clinicians, but it will include behavioral clinicians and social service providers, in an effort to lower emergency room utilization, prevent chronic disease, and achieve overall better health outcomes.⁶

Enhanced reimbursement through the MCP Model will be risk-adjusted to suit the needs of the community and patient populations.⁷ While provider reimbursement will start out as traditional fee-for-service (FFS), this model is designed to prepare providers for newer payment arrangements and slowly move them away from the traditional models.⁸ Model participants will be placed in one of three tracks, based on their experience with value-based care:⁹

- (1) **Track 1:** Intended for those who will require support to incorporate value-based care into their organization. Participants will focus on establishing the foundational infrastructure for advance primary care services, e.g., “risk-stratifying their population, reviewing data, building out workflows, identifying staff for

chronic disease management, and conducting health-related social needs screening and referral.” While CMS will continue to pay FFS payments to participants in this track, the agency will also provide additional financial support to help with the establishment of this foundation. Participants will also be able to earn financial incentives for improving outcomes.¹⁰

- (2) **Track 2:** Participants are expected to partner with medical specialists and social service organizations to institute care management programs and screen patients for behavioral health conditions. In this track, primary care reimbursement will be a 50/50 mix of FFS and prospective, population-based payments, while participants will also receive financial support from CMS (similar to Track 1) and can continue to earn incentive payments in exchange for improving outcomes.¹¹
- (3) **Track 3:** Participants are expected to expand upon the above tracks by “using quality improvement frameworks to optimize and improve workflows, address silos to improve care integration, develop social services and specialty care partnerships, and deepen connections to community resources.” Primary care payments in this track will be 100% prospective, with continued additional financial support (although at a lower level) and the ability to earn higher incentive payments for improved outcomes.¹²

The goal of this model is to transform the delivery of healthcare, especially in primary care, through three major parts: (1) community integrations, which will address social needs that are related to health; (2) care management, where participants will offer support services; and (3) care integration, where primary care providers will align with specialists.¹³ Not only will the model support Medicare and Medicaid providers in transitioning to value-based care, but it will aim to help Indian Health Service (IHS) and federally qualified health centers (FQHCs) providers, as well as rural providers and small physician practices.¹⁴ CMS will also work with Medicaid in the participating states to transform and align public programs with the MCP Model.¹⁵

For an organization to be eligible to participate in the MCP Model, they must:

- Be enrolled in Medicare;
- Provide care to at least 125 Medicare beneficiaries;
- Have a majority of their primary care locations or sites located in an MCP state; and
- Be a legal entity formed under the applicable laws, authorized to conduct business within the state it operates.¹⁶

Organizations will be unable to participate in both the Medicare Shared Savings Program (MSSP) and the MCP at the same time after the first six months of the MCP Model.¹⁷ Concierge practices, rural health clinics, current PCF practices, grandfathered Tribal FQHCs, and current ACO REACH providers will all be ineligible for the MCP Model.¹⁸

Provider groups are largely applauding CMS's next iteration in the shift to value-based care.¹⁹ Susan Dentzer, the President and Chief Executive Officer of America's Physicians Group (APG), stated that "holding primary care physicians accountable for costs and quality is central to achieving the promise of value-based health care. It's therefore important to continue to provide accessible 'on ramps' for small practices to enable them to make what could otherwise be a difficult transition for them."²⁰ She also added that longer-term models such as

the MCP will offer more stability to those who participate, and may ensure greater overall participation.²¹

The test period established in this model is responsive to recommendations by the American Medical Association (AMA), which called for more stability and transparency to encourage provider participation.²² The AMA's president stated that "the AMA strongly believes value-based care models are essential to the long-term wellbeing of the Medicare program and its ability to meet the needs of a diverse and aging population."²³

CMS did receive pushback from the National Association of Accountable Care Organizations (NAACOS), which stated that this latest model will exclude providers who have already been in accountable care organizations (ACOs), and will force organizations to decide between participating in the MCP Model or in an ACO.²⁴ The President and CEO of NAACOS, Cliff Gaus, said that "while aspects of the new model are positive, practices should not be forced to choose between Making Care Primary and participating in an ACO."²⁵ Within ACOs, primary care practices are the quarterback of care teams, but they must work with providers across the care continuum to achieve quality outcomes and cost savings."²⁶

CMS plans to begin the application period for this model later in the summer of 2023, with more technical details on the model to come soon.²⁷

1 "Making Care Primary (MCP) Model" Centers for Medicare and Medicaid Services, June 8, 2023, <https://innovation.cms.gov/innovation-models/making-care-primary> (Accessed 6/9/23).

2 *Ibid.*

3 *Ibid.*

4 *Ibid.*

5 *Ibid.*

6 *Ibid.*

7 "CMS pilot program aims to boost value-based primary care" By Victoria Turner, Modern Healthcare, June 8, 2023, <https://www.modernhealthcare.com/politics-policy/cms-debuts-making-care-primary-model-promote-value-based-care> (Accessed 6/9/23).

8 *Ibid.*

9 *Ibid.*

10 *Ibid.*; Centers for Medicare and Medicaid Services, June 8, 2023.

11 Turner, Modern Healthcare, June 8, 2023; Centers for Medicare and Medicaid Services, June 8, 2023.

12 *Ibid.*

13 Turner, Modern Healthcare, June 8, 2023.

14 *Ibid.*

15 "CMS launches new pilot program to test out value-based primary care in 8 states" By Heather Landi, Fierce Healthcare, June 8, 2023, <https://www.fiercehealthcare.com/providers/cms-launches-new-pilot-program-test-out-value-based-primary-care-8-states> (Accessed 6/9/23).

16 Centers for Medicare and Medicaid Services, June 8, 2023.

17 *Ibid.*

18 *Ibid.*

19 Landi, Fierce Healthcare, June 8, 2023.

20 *Ibid.*

21 *Ibid.*

22 *Ibid.*

23 *Ibid.*

24 *Ibid.*

25 *Ibid.*

26 *Ibid.*

27 Centers for Medicare and Medicaid Services, June 8, 2023.



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