PRIMARY CARE FIRST MODEL

CMS recently released two new Alternative Payment Models (APMs), the Direct Contracting and Primary Care First models. Direct Contracting builds on the Next Generation ACO model and will offer three voluntary, risk-sharing payment arrangement options. Primary Care First builds on the principles of the existing CPC+ model and will be offered in 26 regions specified on this website, 18 of which are existing CPC+ regions. The CMS fact sheet is available here; the model will run for five years.

Importantly, while CMS has recently indicated it intends to allow ACO practices to participate in Primary Care First, the agency has not yet established that policy in writing. NAACOS is urging the Innovation Center to allow ACO practices to participate in both the MSSP and Primary Care First models. More detailed information about the model is available here. The Primary Care First model's release follows the first CPC+ program evaluation results, showing very limited success of the model. Applications for these models will open spring of 2019 and participation will begin January 1, 2020. CMS notes those practices currently participating in CPC+ will not be permitted to participate in Primary Care First until 2021. The Innovation Center has indicated this model will qualify as an Advanced APM, however this has not yet been confirmed. Additionally, Innovation Center staff have communicated to NAACOS that the model will be certified as an Advanced APM using the Medical Home risk standard, therefore, certain size restrictions may limit the opportunity for some participants to obtain QP status through their participation in this model. More information on these details will be provided in the Request for Application.

Key factors of the model:

- Provides a professional population-based payment along with a flat primary care visit fee ($50 per encounter)
- Additionally, provides a performance-based adjustment with an upside potential of up to 50 percent of primary care revenue with downside risk of 10 percent of primary care revenue
- Includes a Seriously Ill Population (SIP) participation option for qualifying practices, providing enhanced payments for caring for this population
- Uses a quality 'gateway' approach, meaning the practice must meet certain quality measure standards to be eligible for payments. If quality measure standards are not met, practices must pay 10% of primary care revenue as a financial penalty

Please note there are many details lacking and the Innovation Center will provide additional information on the program in the coming months as the application cycle opens. This resource is intended as a broad overview using the information presented by the Innovation Center at this time.

Applying to Participate in Primary Care First

Existing CPC+ participants cannot apply to participate in 2020, but CMS indicates these practices will have an opportunity to participate beginning in 2021. To apply, primary care services must account for at least 70 percent of the practices' collective billing based on revenue and the practice must have experience with value-based payment arrangements. CMS has not yet provided additional details, which are expected to be shared in the upcoming Request for Application. Finally, the Innovation Center notes Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are not eligible to participate in Primary Care First (PCF).

This model offers three options to participate:

1. PCF Payment Model
2. PCF High Need Population Payment Model (Seriously Ill Population)
3. Participation in both options

In the PCF model, a participant is defined as a practice, which the Innovation Center notes will be identified as the "collection of NPIs at the brick and mortar level."

Payments Provided Through Primary Care First

Population-based payment

- Payment for service in or outside the office, adjusted for practices caring for higher risk populations. The Innovation Center notes this payment will be adjusted to account for beneficiaries seeking services outside the practice.

Performance-based payment

- Performance-based payments will be awarded based on quality performance as compared to pre-established performance benchmarks. The practice must meet and exceed the quality gateway performance threshold to avoid the -10 percent penalty and be eligible to earn a positive payment adjustment of up to 50 percent of total primary care payment.
- For Performance Year one, this payment adjustment is determined based on acute hospital utilization. For Performance Years two to five, this payment adjustment is based on performance on the quality measures noted below, the amount of the payment adjustment will be determined by comparing performance to three benchmarks: a national benchmark, a cohort (program) benchmark, and continuous improvement benchmark.
- For the cohort benchmark, only the top 50 percent of PCF practices will earn a positive adjustment based on their performance level, therefore many PCF practices will not earn the maximum 50 percent performance-based payment adjustment.

High Need Population Payment

- Practices demonstrating certain specified capabilities can opt in to the Seriously Ill Population (SIP) participation option. CMS has not yet shared details on how SIP patients will be attributed under this participation option.
- Practices will be given enhanced payments to care for this SIP population ($325 PBPM one-time payment for first visit with SIP patient, monthly SIP payments for up to 12 months of $275 PBPM and flat visit fees of $50). The Innovation Center also notes additional payments for high quality may be provided, however CMS has not yet identified what quality measures will be used for this population.

Primary Care First Quality Measures

- Acute Hospital Utilization (HEDIS), using the non-CPC+ reference population as the benchmark
- CPC+ Patient Experience of Care Survey, using MIPS performance as the benchmark
- Diabetes HbA1c Poor Control/Controlling High Blood Pressure, using MIPS performance as the benchmark
- Care Plan, using MIPS performance as the benchmark
- Colorectal Cancer Screening, using MIPS performance as the benchmark

More Information

Tune into our on-demand recording of the Innovation Center's Pauline Lapin reviewing the models and hearing ACO reactions at our recent spring conference. CMS has held numerous webinars on the Primary Care First model and a recording and slides will be made available on their website shortly.

NAACOS is interested in hearing from members about these new models as we continue to advocate for policies that enhance ACO participation options. We encourage you to share your feedback by emailing us at advocacy@naacos.com.