

Model Overview

In July 2024, the Innovation Center at the Centers for Medicare & Medicaid Services (CMS) launched the Making Care Primary (MCP) Model to improve quality of care, while maintaining or reducing Medicare expenditures.

MCP had three tracks and was intended to provide a pathway for primary care clinicians with varying levels of experience in value-based care to gradually adopt prospective, population-based payments while building infrastructure to improve behavioral health and specialty integration and increase access to care.

To better align with the CMS Innovation Center’s statutory obligation and to protect the taxpayers, CMS concluded MCP earlier than planned on June 30, 2025, one year into the model.

MCP payment structure

-  **Upfront infrastructure payment (UIP)**, lump-sum payment to eligible practices
-  **Enhanced services payment (ESP)**, quarterly payments to all tracks to support non-billable services, adjusted for risk; per-capita payment amount generally decreased across model tracks
-  **Prospective primary care payment (PPCP)**, quarterly payments to eligible practices replace fee-for-service (FFS) revenue from primary care: capitated payments based on historical billing, with proportion capitated increasing across model tracks
-  **Performance incentive payment (PIP)**, rewarded participants in all tracks based on the model’s performance measures (upside risk only); opportunity for performance-based payments increased across tracks
-  **MCP e-Consult**, billable code for eligible MCP clinicians to consult with specialists
-  **Ambulatory co-management**, billable code for specialist partners to collaborate with eligible providers

Participants and Payer Partners

CMS launched MCP in eight states



CMS based selection on state Medicaid agencies’ willingness to align with the model

States said they joined MCP to support primary care initiatives they were already pursuing

MCP Model enrolled 131 primary care organizations

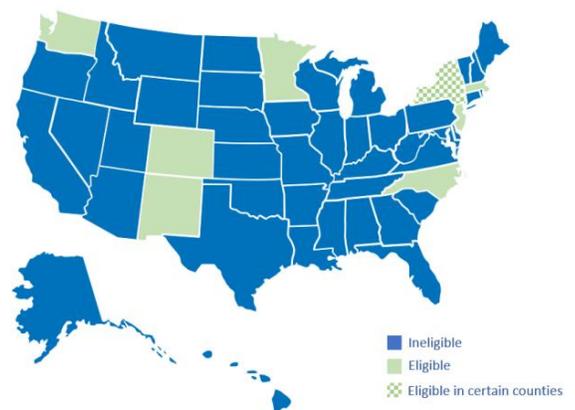
53 FQHC participants and 78 standard participants



Participation was low, with only 4% of eligible organizations in the regions joining

As intended, MCP enrolled participants with less experience with past Innovation Center initiatives and with less economically advantaged beneficiaries

MCP regions



This document summarizes the evaluation report. To learn more about PCF and the evaluation, visit [the Making Care Primary Model webpage](#).

Findings

MCP provided supports to practices who had meaningful room for improvement in a range of quality outcomes



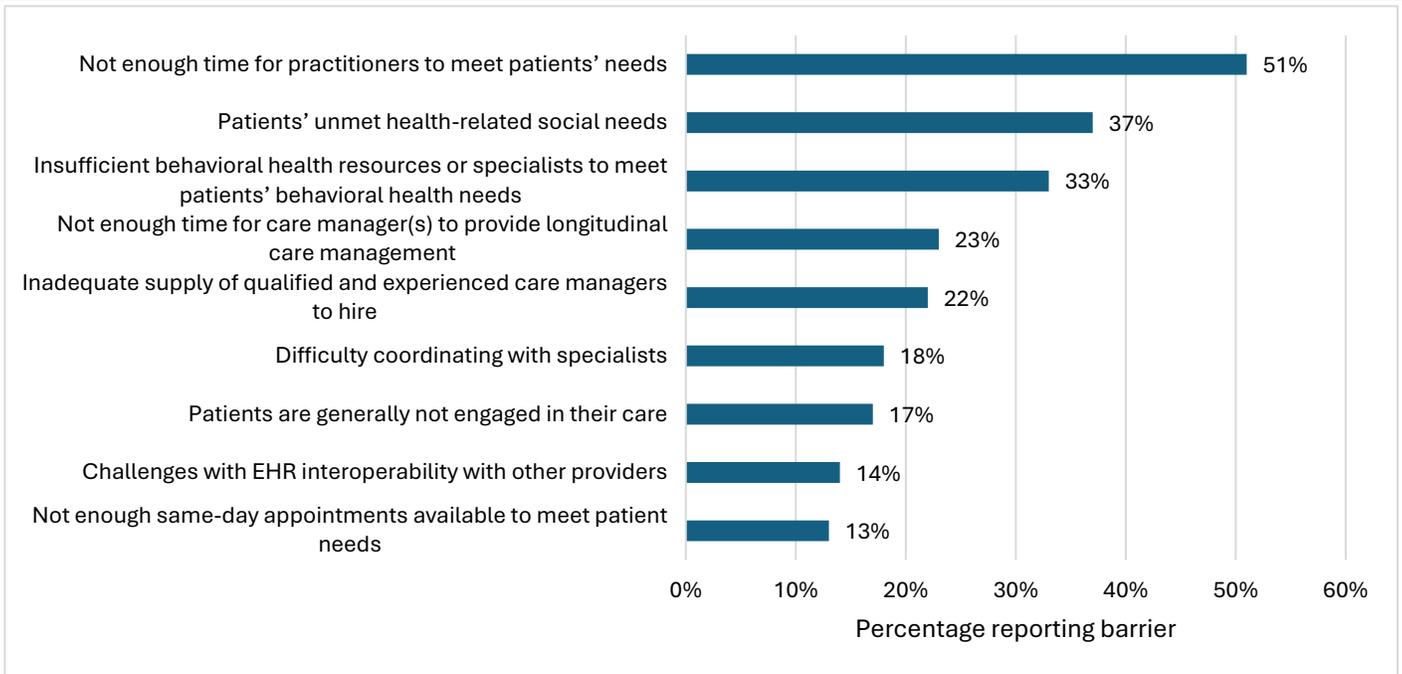
CMS provided participants with \$37.6 million in MCP-specific payments, as well as non-financial supports.

MCP was not projected to achieve cost neutrality for Medicare until 2027 or 2028 at the earliest and the magnitude of the savings, if any, was expected to be small.



Participants met some of MCP’s care delivery requirements at baseline. But they perceived other requirements as less feasible to meet or had little room for improvement.

MCP participants reported barriers they perceived to improving quality of care and health outcomes



Key Takeaways

Model participants faced substantial barriers to cost reduction and care improvement in the initial year of MCP, and low participation would have limited the MCP evaluation’s ability to detect effects.

CMS terminated the model on June 30, 2025 due to low uptake, a lack of projected savings, and a desire to put resources towards more impactful models.