

Making Care Primary (MCP): Flexible Engagement for Payers



The CMS Innovation Center is launching a new approach to payer engagement in MCP. CMS is committed to partnering with payers on “directional alignment,” which allows flexibility in how payers adopt certain model design elements. This factsheet provides information on how payers can partner with CMS.

Introduction to MCP



Making Care Primary (MCP) is a 10.5-year flexible payment and care delivery model in which CMS will partner with payers to drive advanced primary care. It builds on insights from previous models to optimize multi-payer alignment and reduce participant burden to foster coordinated, high-quality, person-centered care.



Where MCP Will Operate: CO, NC, NJ, NM, NY¹, MA, MN, WA.



Duration of MCP: July 1, 2024 - December 31, 2034. The application for eligible primary care organizations opens in August 2023 and closes November 30, 2023.



Eligible Participants: Organizations that provide primary care services to Medicare beneficiaries. Please see the [RFA](#) for more information.

Eligible Payers: All (Medicare Advantage Organizations, Employer-Sponsored Plans, State Medicaid Agencies (SMAs), Commercial Insurers).



Track 1
Infrastructure Building



Track 2
Implementing Advanced Primary Care



Track 3
Optimizing Care and Partnerships

Level of VBC Experience for Primary Care Organization At Time of Application

Building capacity to offer advanced services, such as risk stratification, data review, identification of staff for, or HRSN screening and referral

Transitioning between FFS and prospective, population-based payment

Optimizing advanced primary care services and specialty care integration enabled by prospective, population-based payment

Key Features and Benefits for Payers

PARTNERSHIP WITH CMS

CMS views MCP as an ongoing partnership with payers. Payers commit to align in key areas and collaborate with CMS and other participants to adapt to local priorities. Reference the [MCP Payers Guide to Alignment](#) for details.

COLLABORATION FOR TRANSFORMATION

CMS will partner with payers to share data and support learning, equipping participants for success. These efforts will be built into existing state infrastructure to drive efficiency and support broader system transformation goals.

REDUCED BURDEN

MCP will decrease provider burden by aligning Medicare FFS with other payers in key areas such as: quality measures, data exchange, reporting requirements, and payment incentives.





COST SAVINGS

MCP will improve care delivery and shift payment away from fee-for-service (FFS). This will reduce costs and/or improve quality as it improves patient experience, increases patient retention, reduces health disparities, and improves outcomes.

¹Please reference the MCP RFA for eligible New York Counties.

What Partnership Looks Like

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

| |  Performance Measurement & Reporting |  Aligned Payment Approach |  Timely and Consistent Data Sharing |  Learning Supports & Technical Assistance |
|----------------------------------|--|---|---|---|
| Alignment will result in: | <p><i>Shared goals for quality improvement across participants, reduced participant burden, and shared priorities across quality programs</i></p> | <p><i>Shared commitment to shift away from fee-for-service (FFS) while supporting flexible payer alignment</i></p> | <p><i>Shared commitment to provide data essential to improving care, reducing costs and burden, and providing accurate payment</i></p> | <p><i>Shared strategy with state and payer partners to support local implementation and participant success</i></p> |
| MCP Payer Partners will: | <ul style="list-style-type: none"> Align measure specifications to the MCP measure 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. | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Participate in, and contribute resources (e.g., data/staffing/funding) to, multi-payer collaboration on data sharing and the use of regional data infrastructure. | <ul style="list-style-type: none"> Make available supports needed including TA, peer-to-peer learning, and practice facilitation and coaching (especially for small, independent, and safety net organizations). |

MCP Payer Partnership Timeline

Q3/Q4 2023: CMS discusses potential partnership with payers based on [MCP Payers Guide to Alignment](#).

February 2024: Deadline for payers to sign Letter of Interest (LOI) to become MCP Payer Partner.

March 2024: Accepted provider applicants sign Participation Agreements to join MCP.

July 2024: MCP begins for participating provider organizations.

August 2024: Payer Partners provide CMS with Payer Plan, detailing their alternative payment model for primary care and how it aligns with MCP.

February 2025 – December 2025: Payer Partners sign non-binding Memorandum of Understanding (MOU) with CMS to advance partnership efforts.

How to Learn More



Read one of the available resource materials on MCP's [website](#).



Interested payers that serve one or more MCP states can email MCP@cms.hhs.gov to learn more about partnering.