

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, NY, MA, MN, WA



Duration of MCP: July 1, 2024 - December 31, 2034







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



Indicate Your Interest: Interested payers that serve one or more MCP states can email MCP@cms.hhs.gov to learn more

Primary care organizations will have three participation track options to select from when applying:

|  Track 1 Infrastructure Building |  Track 2 Implementing Advanced Primary Care |  Track 3 Optimizing Care and Partnerships |
|--|---|--|
| Level of VBC Experience At Time of Application  | | |
| <i>Building capacity to offer advanced services, such as risk stratification, data review, identification of staff for, or HRSN screening and referral</i> | <i>Transitioning between FFS and prospective, population-based payment</i> | <i>Optimizing advanced primary care services and specialty care integration enabled by prospective, population-based payment</i> |

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 MCP to local priorities.

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 burden by aligning with 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.

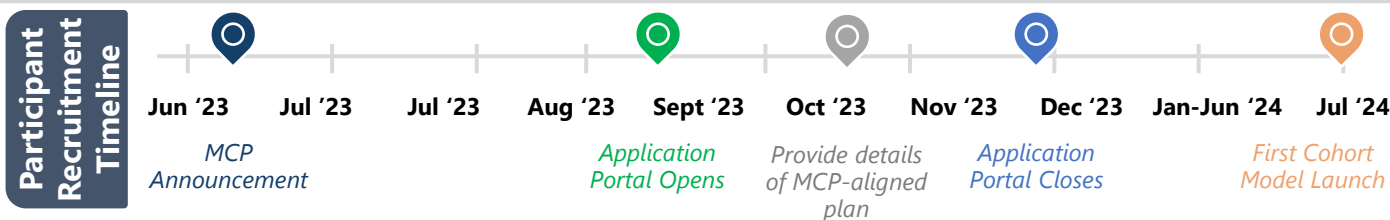
What Partnership Looks Like

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 | Health Equity Measures & Initiatives | Aligned Payment Approach | Timely and Consistent Data Sharing | Learning Supports & Technical Assistance |
|----------------------------------|--|--|---|--|--|
| Alignment will result in: | <i>Shared goals for quality improvement across participants, reduced participant burden, and shared priorities across quality programs</i> | <i>Shared commitment across participants and payers to reduce health disparities</i> | <i>Shared commitment to shift away from fee-for-service (FFS) while supporting flexible payer alignment</i> | <i>Shared commitment to provide data essential to improving care, reducing costs and burden, and providing accurate payment</i> | <i>Shared strategy with state partners to support state-level infrastructure for participant success and systems transformation</i> |
| MCP Payer Partners will: | <ul style="list-style-type: none"> Align measure specifications to the core set collected by CMS* Include additional measures as desired to support local and regional patient populations | <ul style="list-style-type: none"> Collect demographic data and support stratification of performance data Integrate screening for Health-Related Social Needs (HSRNs) | <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's performance measure set includes measures from [CMS's Universal Foundation](#). MCP's core set of performance measures will be released in July/August 2023.

MCP Timeline



Payer engagement will continue throughout the participant recruitment cycle in preparation for MCP launch.

Additional Opportunities to Learn About MCP and Engage with CMS:

- Reach out to the MCP at MCP@cms.hhs.gov with any questions or to start a conversation about partnering in MCP.
- Attend one of MCP's upcoming events.
 - MCP Payer Office Hours** – Coming August 2023
- Read one of the available resource materials on MCP's [website](#).