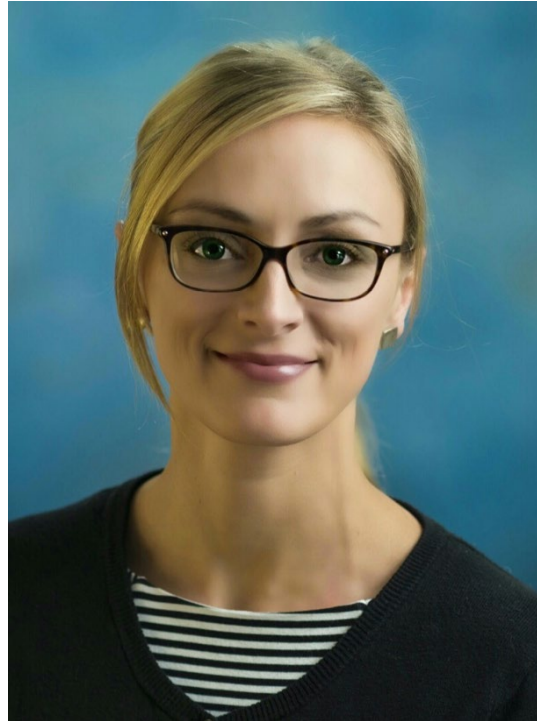




PRIMARY CARE FIRST  
Become a PCF Payer Partner

Foster Independence, Reward Outcomes

# Welcome



**Christa Speicher**  
Payer Lead for PCF and CPC+  
CMMI Division of Advanced Primary Care

# Become a Primary Care First Payer Partner: Today's Agenda

This session covers the following concepts to assist Primary Care First applicants in successfully completing the payer solicitation.

- Primary Care First Model Overview
- Overview of PCF Payer Partnership
- Payer Solicitation Process
- Timeline





# Primary Care First Model Overview

# Primary Care First Rewards Value and Quality Through an Innovative Payment Structure

## Primary Care First Goals

- 1 To **reduce Medicare spending** by preventing avoidable inpatient hospital admissions
- 2 To **improve quality of care and access to care** for all beneficiaries, particularly those with complex chronic conditions

## Primary Care First Overview

-  **5-year** alternative payment model
-  Offers greater **flexibility**, increased **transparency**, and **performance-based** payments to participants
-  Payment options for practices that specialize in **patients with complex chronic conditions**
-  Fosters **multi-payer alignment** to provide practices with resources and incentives to enhance care for all patients, regardless of insurer

# The PCF Payment Model Option Emphasizes Flexibility and Accountability



## PCF Payment Model Option Goals



**Promote patient access** to advanced primary care both in and outside of the office, especially for complex chronic populations



**Transition primary care** from fee-for-service payments to value-driven, population-based payments



**Reward high-quality, patient-focused care** that reduces preventable hospitalizations



## PCF Payments

**Professional population-based payments** and **flat primary care visit fees** to help practices improve access to care and transition from FFS to population-based payments

**Performance-based adjustments** of up to 50% of revenue and a 10% downside, based on a single outcome measure, with focused quality measures

# Primary Care First Practice Landscape

Cohort 2 of the PCF Model will be open to payers and all primary care practices in the 26 PCF regions regardless of their prior participation in the Comprehensive Primary Care Plus (CPC+) Model.

## 1 Cohort 1 (Already Participating)

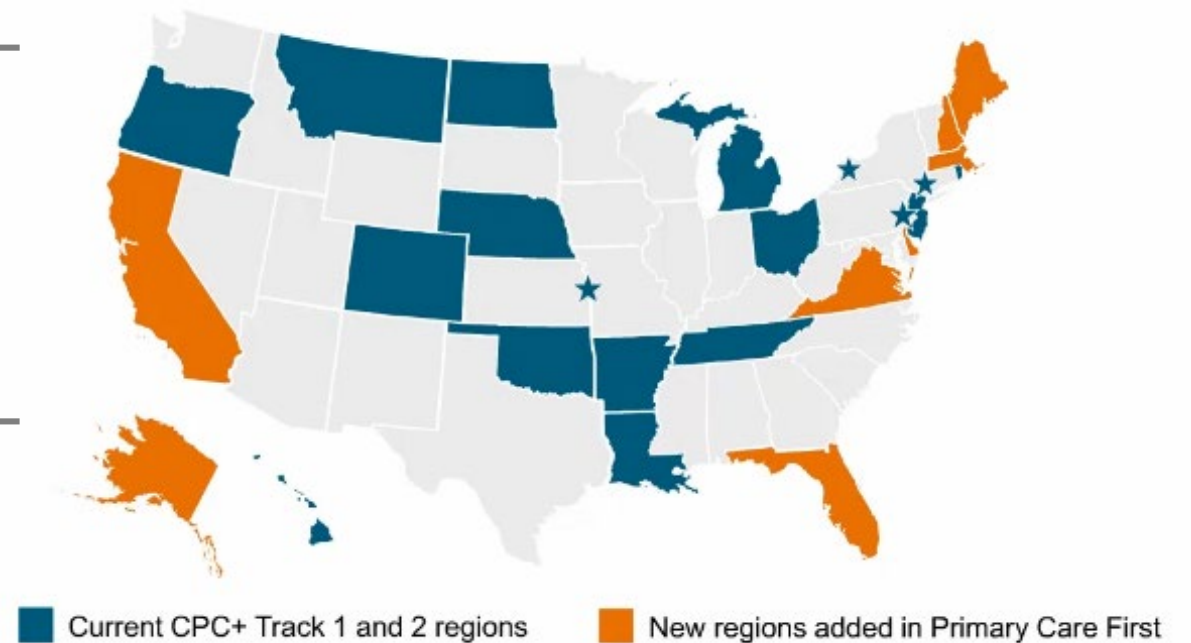
- Participate for five performance years (January 2021 – 2025)
- Does not include current CPC+ practices
- Includes **847 practices\* in 24 of the 26 eligible PCF regions**
- Practices serve over 530,000 Medicare Beneficiaries

## 2 Cohort 2

- Participate for five performance years (January 2022 – 2026)
- Both **CPC+ practices** and **non-CPC+ practices** from the 26 eligible PCF regions (shown to the right) are eligible

\*This number is accurate as of 2/18/2021.

### Overview of PCF Regions



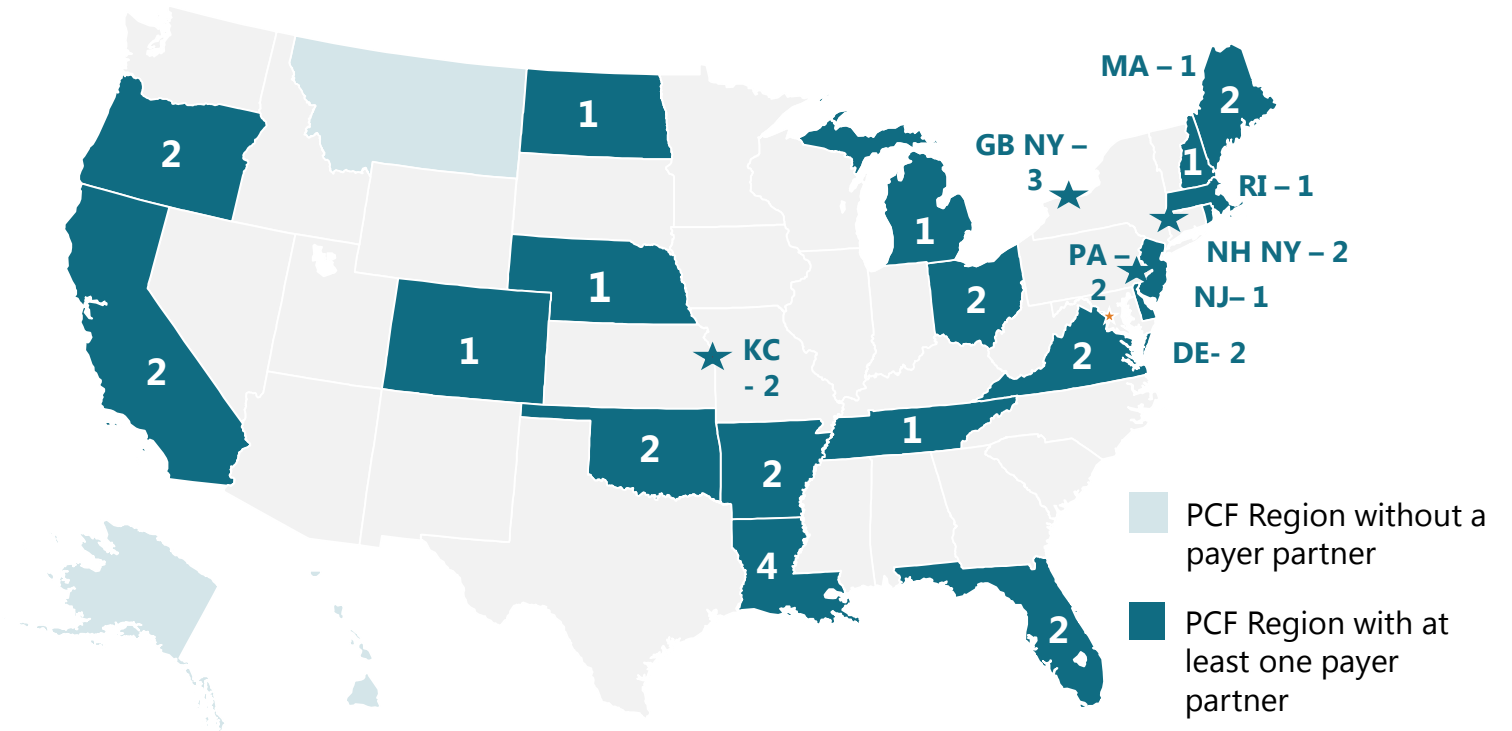
# Primary Care First Payer Landscape

Cohort 1 of PCF currently has 14 participating payer partners operating across 22 of PCF's regions. The map below shows the distribution of these payers.

**14**  
UNIQUE PAYER  
PARTNERS IN

**22**  
PCF REGIONS

**8**  
OF THE 14 UNIQUE  
PAYERS ARE ALSO CPC+  
PAYERS



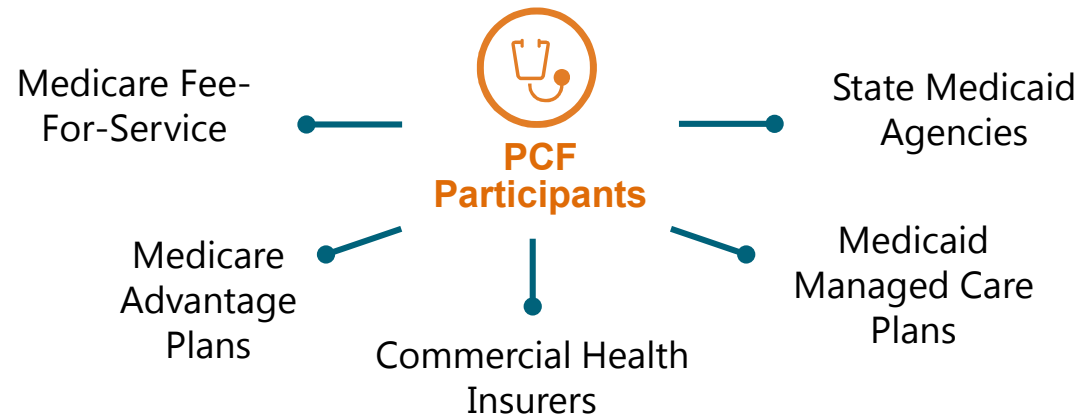
For more information on current payers view the [PCF Participating Regions & Payer Partners summary](#).



# Overview of PCF Payer Partnership

# CMS is Committed to Partnering with Aligned Payers in Selected Regions

CMS will encourage other payers to engage practices on similar outcomes. CMS is soliciting interested payers starting March 2021.



## Multi-payer alignment promotes:

- ✓ An alternative to fee-for-service (FFS) payments.
- ✓ Alignment on practice quality and performance measures.
- ✓ Performance-based incentive opportunity.
- ✓ Practice- and participant-level data on cost, utilization, and quality.

# PCF Offers Several Benefits to Payers for Promoting the Transition to Value-Based Care



**Potential for greater reductions in avoidable utilization and costs** as compared to individual payer activities, because aligned payment, quality, and data sharing efforts can promote larger improvements in practice performance



**Opportunity to use PCF as a primary care model template**, which may reduce individual payer resources needed to design and develop a new model



**Facilitated multi-payer collaboration** which may include sharing best practices, working together towards shared goals, and additional learning opportunities



**Opportunity to earn Other Payer Advanced Alternative Payment Model (APM) status**

# CMS Will Solicit Payer Partners Based on Their Alignment to Four Core Model Principles

CMS is seeking to partner with payers who are aligned to PCF's core model principles, which include:

- 1 Moving away from a fee-for-service payment mechanism
- 2 Rewarding value-based outcomes over process
- 3 Using data to drive practice accountability and performance improvement
- 4 Leveraging multi-payer alignment as a critical tool for driving adoption of value-based care models

For each of the above principles, this presentation **will define what would be deemed “preferred alignment.”** Please refer to the [Payer Rubric](#) on the [PCF website](#) for what would qualify as “acceptable alignment” or “not sufficient alignment”.

# CMS Will Evaluate Payer Proposal Alignment Against the Below Framework

CMS will evaluate payer proposals based on prospective partners' alignment in the following domains:

## Payment

Reimburse practices through **an alternative to traditional fee-for-service (FFS)**, such as a population-based payment

## Quality

Implement **performance-based payments** that reward high performance on quality and utilization outcome measures

## Data

Share data on **cost, utilization, and quality** to support continuous learning and improvement

## Collaboration

Participate in multi-payer collaborative activities, including goal setting **for regional multi-payer collaboration and alignment**

The remainder of this overview is **divided into sections by the above domains** and will review important information your organization should consider when determining your alignment to PCF core model principles.

# Payment Alignment

- ✓ Moving away from fee-for-service payment mechanisms

# Total Primary Care Payment Promotes Flexibility in Care Delivery

Total Primary Care Payment is a hybrid payment that incentivizes advanced primary care while compensating practices with higher-risk patients.

## Population-Based Payment

Payment for service in or outside the office, adjusted for practices caring for higher risk populations. This base rate is the same for all patients attributed to the practice.

Practice Risk Group	Payment <i>(per beneficiary per month (PBPM))</i>
<b>Group 1:</b> Average Hierarchical Condition Category (HCC) <1.2	\$28
<b>Group 2:</b> Average HCC 1.2-1.5	\$45
<b>Group 3:</b> Average HCC 1.5-2.0	\$100
<b>Group 4:</b> Average HCC >2.0	\$175

Payment will be reduced through calculating a "leakage adjustment" if beneficiaries seek primary care services outside the practice.



## Flat Primary Care Visit Fee

Payment for in-person treatment applied as a fixed amount to most face-to-face office and home visits. The base rate is:

**\$40.82**  
per face-to-face encounter\*

These payments allow **practices to easily predict payments for face-to-face care.**

**Note:** All model payments are also subject to geographic adjustment, MIPS adjustment, and 2% Medicare sequestration, as required by federal rulemaking.

\* **Beneficiary cost sharing will apply and follow traditional FFS rules.**

# Preferred Alignment for Payment Involves Minimizing Volume-Based Incentive and Accounting for Risk Adjustment

CMS encourages payers to design an aligned payment model that meets the following “preferred alignment” criteria:



## Minimize Fee-For-Service

Partial primary care capitation with **more than 50% of revenue reimbursed** through capitated or other non-visit-based payment

OR

**Full primary care capitation**



## Risk Adjustment

Alternative to fee-for-service payment is risk adjusted to account for factors including but not limited to **health status and patient demographics**



# Quality Strategy Alignment

- ✓ Rewarding value-based outcomes over process

# Quality Gateway Ensures Practices are Maintaining Quality while Reducing Utilization

A practice's Quality Gateway measures depends on its practice risk group.

✓The minimum performance threshold for each measure is the **30<sup>th</sup> percentile**; practices must meet or exceed this benchmark on all measures to pass the Quality Gateway.

## Practice Risk Groups 1 & 2 Quality Gateway Measures

- 1 **Patient Experience of Care Survey** (CAHPS® with supplemental items).
- 2 **Diabetes: Hemoglobin A1c (HbA1c) Poor Control** (>9%).\*
- 3 **Controlling High Blood Pressure.**
- 4 **Colorectal Cancer Screening.**
- 5 **Advance Care Plan** (MIPS CQM).

## Practice Risk Groups 3 & 4 Quality Gateway Measures

- 1 **Patient Experience of Care Survey** (CAHPS® with supplemental items).
- 2 **Advance Care Plan** (MIPS CQM).
- 3 **Days at Home.**<sup>Δ</sup>

\*Measure is reverse-scored

<sup>Δ</sup>Measure is under development and will first be applied in performance year 2

# Preferred Alignment for Quality Structure Involves Incentivizing Quality Outcomes Similar to Those Used by Other Payers

CMS encourages payers to design an approach that meets the following “preferred alignment” criteria for quality:



## Reimburse Outcomes, Not Process

Performance-based payment tied to **outcomes:**

- Clinical Quality
- Patient Experience
- Health Improvement
- Costs and/or Utilization Measures
- Total-Cost-Of-Care



## Substantial Impact on Payment

- Performance-based payment adjustment can increase practices' primary care revenue **by more than 15%**
- Performance can both **increase and decrease payment**



## Align Measures

- Payer uses **the same quality and utilization measures** as PCF to evaluate practice performance
- Payer uses few or **no additional measures** beyond the PCF measure set

# Data Sharing Alignment

- ✓ Using data to drive practice accountability and performance improvement

# PCF Practices May Request Reports to Gain Data-Driven Insights into the Quality of Care and the Patient Experience

Participants get access to timely, actionable data to assess performance relative to peers and drive care improvement.



## Level of Data

- Beneficiary level
- Practitioner level
- Practice level



## Type of Data

- Expenditure
- Utilization
- Patient demographic
- Diagnoses



## Timing

Delivered quarterly with no more than a one quarter lag



## Format

Interactive data feedback tool with option to request claims line feed data

# Preferred Alignment for Data Sharing Focuses on Delivering Actionable Feedback to Practices

CMS encourages payers to design an approach that meets the following “preferred alignment” criteria:



## Attribution

- Receive list of **prospectively attributed members** at least monthly



## Data Type and Format

- Provide **beneficiary-level utilization and cost of care data** for attributed members **at least quarterly**
- Data is delivered in **user-friendly formats** and can be exported into electronic formats for analysis
- Data is accompanied by tailored **support and guidance**



## Regional Aggregation

- Participate in or actively work towards participating in **regional data aggregation**, which provides multi-payer data in a single platform

# Collaboration Alignment

- ✓ Leveraging multi-payer alignment as a critical tool for driving adoption of value-based care models

# Preferred Alignment for Collaboration Involves Goal Setting and Information Sharing with Regional Peers

CMS encourages payers to design an approach that meets the following “preferred alignment” criteria:



## Collaboration

- Participate in and contribute to PCF-related **regional multi-payer collaborative activities**
- **Set and progress toward annual goals** for regional multi-payer collaboration and alignment



## Transparency

- **Share information about non-payment related topics** with CMS and other payers to inform payer alignment and collaboration activities



## Reasonable Eligibility Criteria

- Set **reasonable eligibility criteria** that enable participating PCF practices in their region to participate in the payer’s PCF-aligned model



# Payer Solicitation Process

# Interested Payers May Respond to This Solicitation by Submitting an Online Proposal

All interested payers should proceed with the following:



## Complete and submit a payer partnership proposal

- All interested payers can respond to this solicitation by completing an online proposal, which became available at <https://app1.innovation.cms.gov/PCF> on **March 16, 2021**.
- Payers interested in partnership in multiple regions are asked to **submit separate proposals for each region** if their proposed approach varies significantly between regions.
- Payer proposals are due on **May 28, 2021**.

Note that after the practice application period closes, **interested payers will receive information from CMS** about how many practices submitted applications to help gauge where there is high practice interest in PCF.

# CMS Follows the Below Solicitation Process to Assess and Select PCF Payer Partners

The solicitation process for payer partnership follows the following steps:

## 1 Assessment of Payers' Alignment with CMS' Approach

Payer alignment with CMS' payment, quality, and data sharing approaches

## 2 Clarification of Proposals

CMS may contact payers to clarify elements of their proposal or to gain additional context for payer responses

## 3 Final Selection

CMS will use its assessment of payer proposals to inform selection of PCF payer partners

## 4 Memorandum of Understanding (MOU)

CMS expects to enter into an MOU with each selected payer. The MOUs will outline the commitments of payers that sign an MOU with CMS

# CMS Encourages Payers to Design Proposals That Meet 'Preferred Alignment' Criteria

Proposals will be evaluated based on the criteria outlined in the [Payer Rubric](#). This proposal evaluation process involves the following:



Payers respond to the solicitation **with detailed plans describing their approach and alignment** to PCF



Payer alignment to each core model principles is deemed "**not sufficient alignment,**" "**acceptable alignment,**" or "**preferred alignment**". Designs that meet "preferred alignment" are encouraged



CMS may still partner with payers who meet "acceptable alignment" criteria in some areas, with the expectation that these **payers will work towards meeting "preferred alignment" standards**



Payers that fall under "**not sufficient alignment**" on 1-2 criteria will still be considered, and CMS will seek **follow-up conversations** with those payers



**CMS selects payers** and reserves the right to reject any payer's proposal

# Interested Payers Should Account for the Below PCF Partnership Considerations

Some additional considerations for PCF payer partnership include the following:



## Commitment to Ensuring Competitive Markets

- CMS aims to **maintain a competitive environment** while providing an opportunity for payer partnership
- All conversations among payers and primary care practices must **comply with antitrust law**
- Nothing in the solicitation shall be **deemed to suspend any applicable antitrust laws or regulations**



## Partnership with State Medicaid Agencies

- CMS recognizes the importance of states' partnership in multi-payer initiatives and **invites state Medicaid agencies to apply**
- Interested states will need to **fund the non-federal share of Medicaid payments** for their attributed enrollees
- States may need to submit proposals to CMS through a **state plan amendment and/or waivers**

# Primary Care First Cohort 2 Will Launch in January 2022

The deadline to submit a [PCF Payer Solicitation](#) is **May 28, 2021!**



## March 2021

The Request for Application (RFA) Posted and Practice applications open



## Spring 2021

Payer applications due **Friday, May 28**, following deadline for practices



## Summer-Fall 2021

Accepted practices and payers will be announced



## Fall-Winter 2021

Participant onboarding occurs



## January 2022

Payment for Cohort 2 begins

Interested payers should review the [Request for Applications \(RFA\)](#) and can access the [PCF Payer Solicitation Portal](#) to complete an application.

# Get Your Questions Answered!

The CMS Primary Care First Model Team, noted below, will spend the rest of today's session answering your questions.

Name	Role
Nicholas Minter	Director, Division of Advanced Primary Care
Leah Hendrick	Deputy Director, Division of Advanced Primary Care
Christa Speicher	Payer Lead

**If you haven't already, please submit your questions using the Q&A box at the bottom of your Zoom screen.**

# Use the Following Resources to Learn More About Primary Care First

For more information about Primary Care First and to stay up to date on upcoming model events:

## Visit

<https://innovation.cms.gov/initiatives/primary-care-first-model-options/>

## Follow

@CMSinnovates

## Subscribe

[Join the Primary Care First Listserv](#)

## Apply

[Read the Request for Applications \(RFA\) here](#)

[Access the payer solicitation portal here](#)

Questions about the Primary Care First Model and Next Steps? Please contact [PrimaryCareApply@Telligen.com](mailto:PrimaryCareApply@Telligen.com).