



PRIMARY CARE FIRST
Ready, Set, Apply!

Foster Independence, Reward Outcomes

Welcome!



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Ready, Set, Apply! Webinar:

Today's Agenda

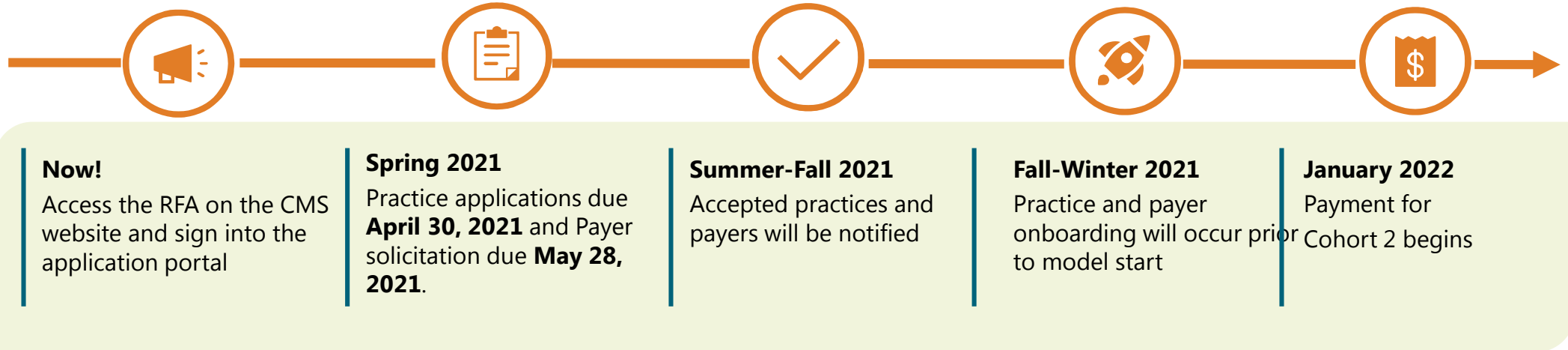
This session covers the following concepts to assist Primary Care First applicants in successfully completing an application.

- Updates on Primary Care First
- Primary Care First Application Introduction
- Practice Eligibility
- Practice and Practitioner Types
- Model Readiness
- Care Delivery
- Application Best Practices

Download the [Request for Applications \(RFA\)](#) on the [Primary Care First website](#) for more details on the specific questions included in the application.

Primary Care First Cohort 2 Will Launch in January 2022

The Primary Care First Application Portal **is now live!**
Please complete your Primary Care First practice application by **April 30, 2021.**



Practices Can Now Access the Primary Care First Application

Practices can register for an application portal account and access the practice application through the Primary Care First website.



- 1 **Create an account** for the application portal through the Primary Care First website:
<https://app1.innovation.cms.gov/PCF>
- 2 **Access the portal** as often as needed to complete an application
- 3 **Send any questions** to PrimaryCareApply@Telligen.com

The Practice Application Requires Information on Multiple Topics

The Primary Care First application contains the following sections:

Application Section	Description
Preliminary	Assists in determining overall eligibility to start an application
General Questions	Focuses on obtaining your practice background information and assesses baseline eligibility criteria, as it relates to the following: <ul style="list-style-type: none">• Practice Structure and Ownership• Practice Contacts• Practitioner and Staff Information• Health Information Technology
Financial Readiness	Focuses on payers you currently contract with and your experience with value-based contracting
Care Delivery	Focuses on existing methods and elements of delivering primary care, including care management, patient access, and quality improvement

Practice and Practitioner Types

- ✓ What defines a practice, and who should complete an application?
- ✓ Who is considered a primary care practitioner?
- ✓ What types of practices are ineligible to apply?

Primary Care First Defines a Primary Care Practice as a 'Brick and Mortar' Location



Primary Care Practice:

Defined as the legal entity that furnishes patient care services at a **"brick and mortar" physical location**. The following are important considerations for completing an application:

- If the practice offers patient care services at **multiple physical locations**, the practice will submit separate applications for each practice location that it wishes to participate.
- Each practice that is a part of a **health system, ACO, or other grouping of practices** must submit a separate application.
- In the case of a practice that provides **home-based primary care** and no care in an office setting, the billing address defines the practice.

Applicants will need to list all TINs used to bill Medicare since **January 1, 2017**.

Concierge Practices, FQHCs, and RHCs are Not Eligible to Participate

The following practice types are not eligible for participation in Primary Care First.



Concierge Practices

Any practice that currently charges patients a retainer fee* or intends to do so at any point during the 5-year performance period is not eligible for this model.



Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)

RHCs and FQHCs are paid by Medicare through a different payment system on a prospective basis and therefore are not eligible for this model.

*Please contact PrimaryCareApply@telligen.com if you change certain patients a retainer fee and have questions specific to your practice structure.

Primary Care First Defines a Primary Care Practitioner Using the Criteria Below



Primary Care Practitioner:

Defined as one of the following **practitioner types under their own NPI:**

- **Physician**
- **Nurse practitioner**
- **Physician assistant**
- **Clinical nurse specialist**

Each practitioner should be certified in **family medicine, internal medicine, geriatric medicine, or hospice and palliative medicine.** Practices should include full-time and part-time practitioners in their application responses.

Applicants will need to list all NPIs used to bill Medicare since **January 1, 2017.**

Model Readiness

- ✓ What health information technology is required?
- ✓ How do applicants demonstrate their financial readiness and experience with value-based contracting?

Practices Must Meet Health Information Technology Eligibility Requirements

Primary Care First practices will **benefit from interoperable health IT systems** and **gain value from data sharing** between providers and suppliers as well as with patients. Practices must meet the following requirements by the start of the year 1 performance period:

- ✓ **Use 2015 Edition Certified Electronic Health Record Technology (CEHRT)**
- ✓ **Support data exchange via Application Programming Interface (API)**
- ✓ **Connect to your regional health information exchange (HIE)**

The Application Assesses a Practice's Financial Readiness to Implement the Model

The application will request if, and when, a practice **intends to waive or reduce Medicare co-insurance** and **experience with value-based payments**.



Medicare Beneficiary Copayment

Opportunity to reduce or waive the applicable co-insurance during face-to-face visits allows **increased flexibility to better support patient engagement**.

In the future, CMS will require an implementation plan with the following:

- Categories of beneficiaries who will be eligible for cost sharing support
- Types of services eligible for cost sharing support
- Other information CMS may require



Value-Based Payment

Must provide percent revenue derived from value-based contracting and **demonstrate experience with value-based payment**. This includes:






- Payments based on **cost, quality and/or utilization performance** such as shared savings, performance-based incentive payments, and episode-based payments
- **Alternative to fee-for-services payments**, such as full or partial capitation

Care Delivery

- ✓ What primary care interventions are required?
- ✓ How do applicants demonstrate the ability to provide services?
- ✓ What do key care delivery terms mean?

Primary Care First Incentivizes Delivering Comprehensive Primary Care

Primary Care First practices are incentivized to achieve better care at lower costs through delivery of five comprehensive primary care functions:

Comprehensive Primary Care Function	PCF Intervention
 Access and Continuity	<ul style="list-style-type: none">▪ Provide 24/7 access to a care team practitioner with real-time access to the EHR
 Care Management	<ul style="list-style-type: none">▪ Provide risk-stratified care management
 Comprehensiveness and Coordination	<ul style="list-style-type: none">▪ Integrate behavioral health care▪ Assess and support patients' psychosocial needs
 Patient and Caregiver Engagement	<ul style="list-style-type: none">▪ Implement a regular process for patients and caregivers to advise practice improvement
 Planned Care and Population Health	<ul style="list-style-type: none">▪ Set goals and continuously improve upon key outcome measures

The Application Uses the Following Definitions for Key Care Delivery Terms

The following table highlights important terms and descriptions from the care delivery section of the application:

Term Used	Descriptions
Panel of patients	List that assigns each active patient in a practice to a practitioner and/or care team, with consideration of patient and caregiver preferences
ED follow up	Routine and timely follow up after every ED visit, either on the phone or through a face-to-face appointment
Risk stratification	Using a consistent method to assign and adjust risk status for all empaneled patients in which the first step is an algorithm-based method and the second step adds information that the clinical team has about the patient
Care management	Proactive engagement of beneficiaries for patients at highest risk; Supports the optimal management of complex care targeted to those most likely to benefit
Patient care plans	Capture and integrate patient goals into their care; Developed in partnership with patients; Documented in the electronic health record, regularly reviewed and updated
Advance care plan	Engaging patients in structured and documented conversations about the care they would want to receive if they became unable to speak for themselves

Application Best Practices

- ✓ What are best practices from Cohort 1?

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	Name	Role
Nicholas Minter	Director, Division of Advanced Primary Care	Tammy Luo	Data Lead
Leah Hendrick	Deputy Director, Division of Advanced Primary Care	Carly Medosch	Health IT Lead
Chris Coutin	Payment Operations and Data Aggregation Lead	Yona Openden	Learning Lead
Sarah Irie	Payment Policy Lead	Christa Speicher	Payer Lead
Emily Johnson	Model Co-Lead	Carey Zhuang	Applications and Practice Management 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

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[Join the Primary Care First Listserv](#)

Apply

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

[Access the model application here](#)

Questions about the Primary Care First Model and Next Steps? Please contact PrimaryCareApply@Telligen.com