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PCF
Primary Care First

PRIMARY CARE FIRST

PCF Office Hour

Cohosted by AAFP, ACP, and AMA

Foster Independence, Reward Outcomes

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

ACP
American College of Physicians
Leading Internal Medicine, Improving Lives

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Agenda

- Welcome and Introductions…… ACP
- Overview of the Primary Care First Model…….... CMS
- PCF Use-Case Scenarios…….... AAFP
- PCF Cohort 1 Physician Perspective..... Dr. Larry Ward
- Live Question and Answer Session…… AMA and CMS

CMS Panelists

Nicholas Minter, MPP
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Moderators

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Vice President, Governmental Affairs and Medical Practice

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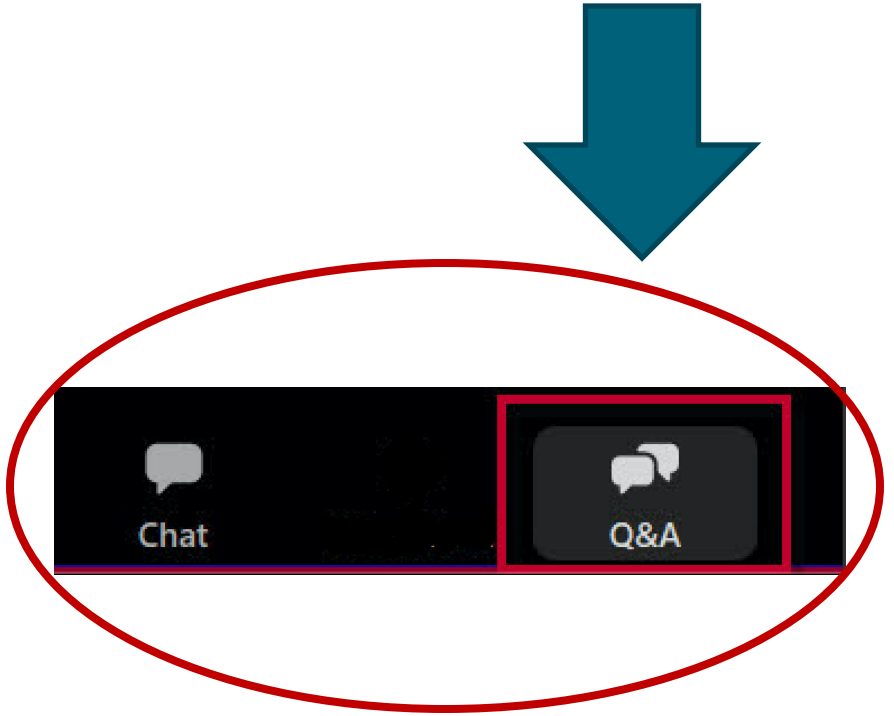
Assistant Director, Federal Affairs

Q&A: Submit Your Questions!

To submit a question, simply enter it using the Q&A feature located in the toolbar at the bottom of your Zoom window at any point throughout the webinar.



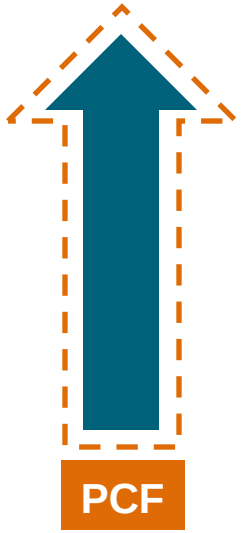
Primary Care First Model Overview

Primary Care First Builds on the Underlying Principles of Prior CMS Innovation Models

CMS primary care models offer a variety of opportunities to advance care delivery, increase revenue, and reduce reporting requirements.

Comprehensive Primary Care Plus (CPC+) Track 1 is a pathway for practices ready to build the capabilities to deliver comprehensive primary care.

CPC+ Track 2 is a pathway for practices poised to increase the comprehensiveness of primary care.



Primary Care First rewards outcomes, increases transparency and enhances care for high need populations.

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

Primary Care First Goals

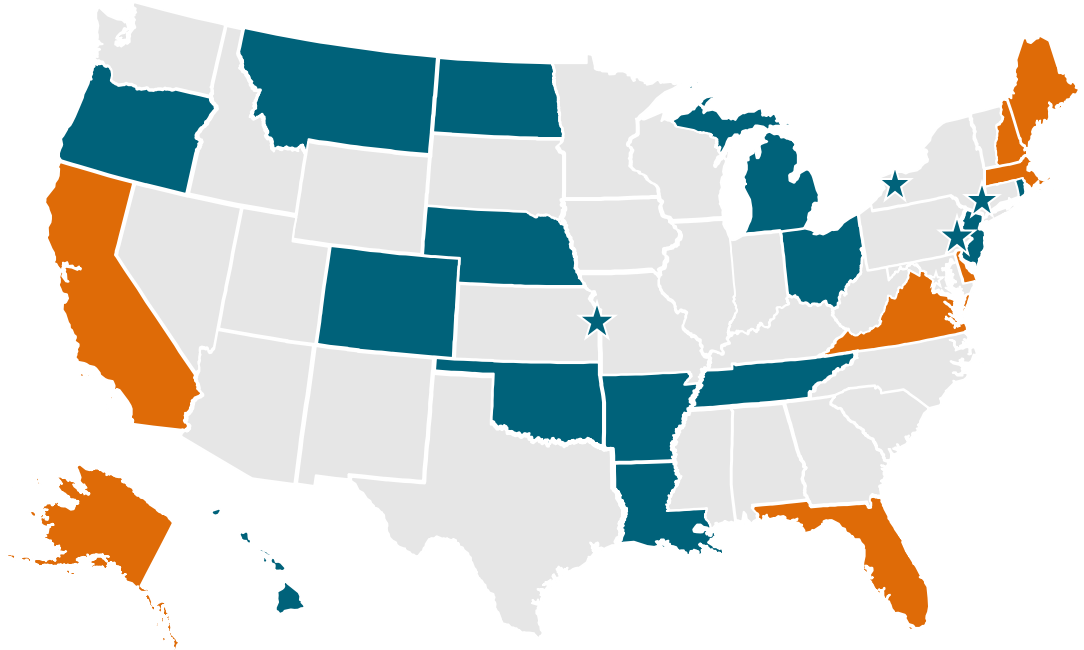
1. To **reduce Medicare spending** by preventing avoidable inpatient hospital admissions.
2. To **improve quality of care and access to care** for all patients, particularly those with complex chronic conditions.

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.

Primary Care First Is Offered in 26 States and Regions

For Cohort 2, beginning January 1, 2022, Primary Care First will be offered to both CPC+ and non-CPC+ practices.



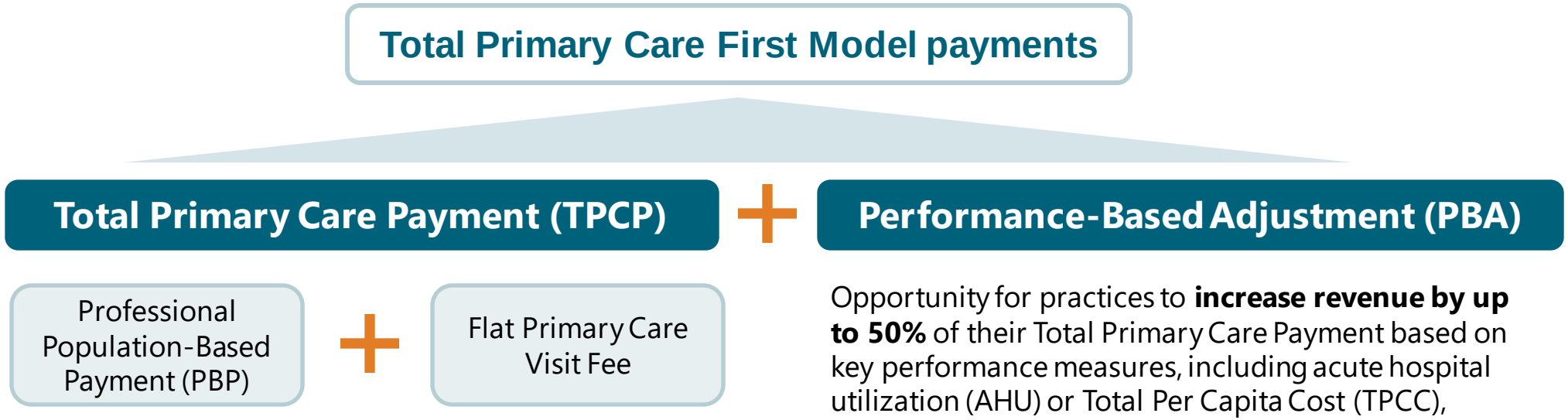
Current CPC+ Track 1 and 2 regions

New regions added in Primary Care First

PCF Participants Must Meet the Following Requirements

- ✓ Include **primary care practitioners** (i.e., MD, DO, CNS, NP, PA) in good standing with CMS.
- ✓ Provide health services to a **minimum of 125** attributed Medicare beneficiaries.
- ✓ Have primary care services account for the **predominant share** (e.g., 50%) of the practices' collective billing based on revenue.
- ✓ Demonstrate **experience with value-based payment arrangements**, such as shared savings, performance-based incentive payments, and alternative to fee-for-service payments.
- ✓ Adopt and maintain **health IT meeting the definition of CEHRT** required by the QPP at 42 CFR 414.1305 and the certification criteria found at 45 CFR 170.315(c)(1) - (3) for eCQM reporting, support **data exchange** with other providers and health systems via Application Programming Interface (API), and, if available, connect to their regional health information exchange (HIE).
- ✓ Attest via questions in the Practice Application to a limited set of **advanced primary care delivery** capabilities, including 24/7 access to a practitioner or nurse call line, and empanelment of patients to a primary care practitioner or care team.

Primary Care First Model Payments Include Two Major Components



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 *(per beneficiary per month (PBPM)*
Group 1: Average Hierarchical Condition Category (HCC) <1.2	**$28**
Group 2: Average HCC 1.2-1.5	**$45**
Group 3: Average HCC 1.5-2.0	**$100**
Group 4: 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*

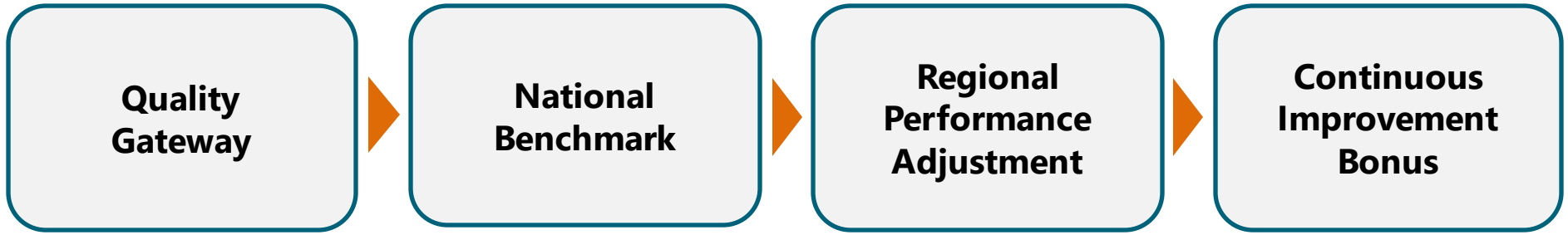
These payments allow **practices to easily predict payments for face-to-face care.**

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.**

Performance-Based Payment Adjustments Are Determined Based on a Multi-Step Process

Practices must meet or exceed the minimum performance threshold on a set of quality measures as first step; the remaining steps are based on utilization measures.



Based on **clinical quality** and **patient experience of care** measures.

- ✓ Based on **Acute Hospital Utilization** (AHU) measure for **Practice Risk Groups 1 and 2**
- ✓ Based on **Total Per Capita Cost** (TPCC) measure for **Practice Risk Groups 3 and 4**

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 **30th 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).

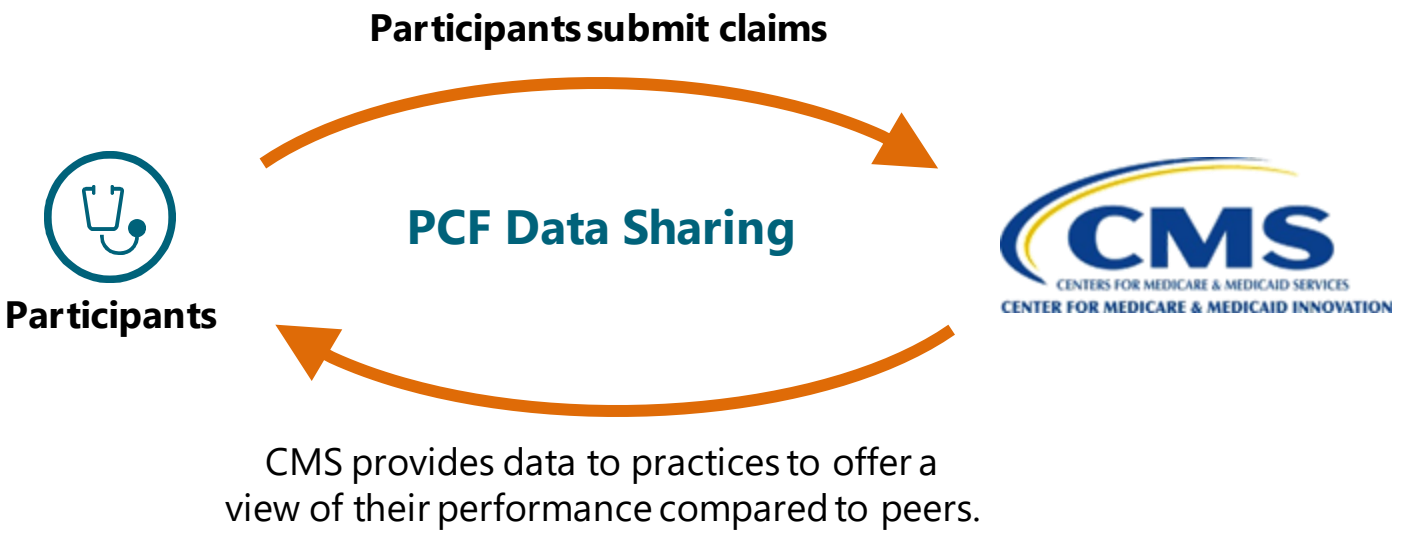
Practice Risk Groups 3 & 4 Quality Gateway Measures

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

*Measure is reverse-scored
ΔMeasure is under development and will first be applied in performance year 2

Primary Care First Innovates Data Sharing To Inform Care Delivery

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



Primary Care First Cohort 2 Will Launch in January 2022

Now!
Access the RFA on the CMS website and sign into the application portal

Spring-Summer 2021
Practice applications due **May 21, 2021** and Payer solicitation due **June 18, 2021**.

Summer-Fall 2021
Accepted practices and payers will be notified and announced

Fall-Winter 2021
Practice and payer onboarding will occur prior to model start

January 2022
Payment for Cohort 2 begins

Interested practices should review the Request for Applications (RFA) and can access the Application Portal to complete an application.

PCF Use-Case Scenarios (AAFP)

PCF Use-Case Scenarios –
Non-CPC+ Practices

General Practice Characteristics

- FTE = 5
- Number traditional Medicare patients = 2,000
- Average HCC Score for Attributed Medicare Patients = 1.12 (PCF Group 1, $28 PMPM)
- Leakage rate = 15%

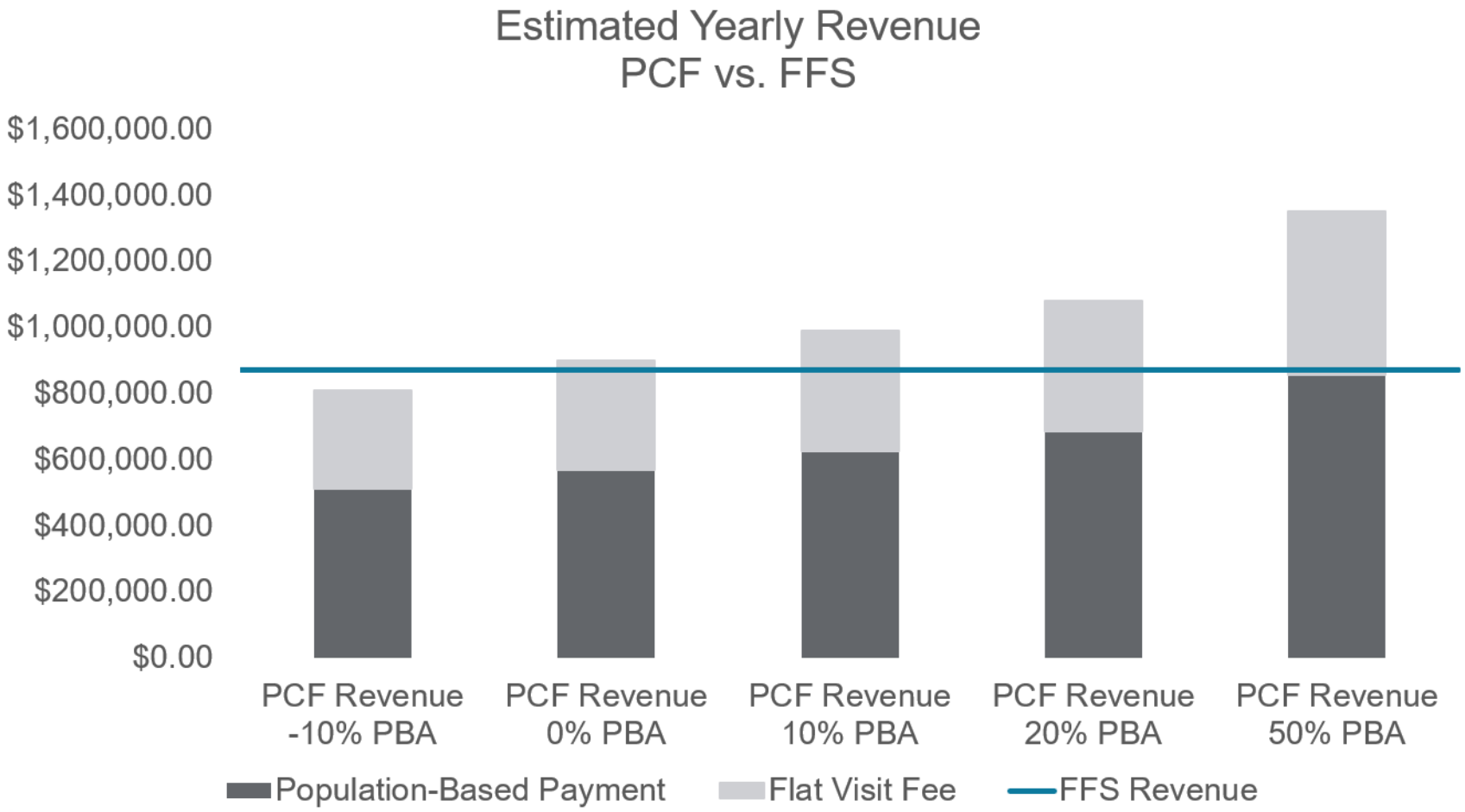
Scenario A

- Care Manager FTE = 1
- CCM Visits (99490) = 250/month
- Annual Wellness Visit rate = 25% (500 of 2,000 attributed beneficiaries receive AWV in calendar year)

Scenario B

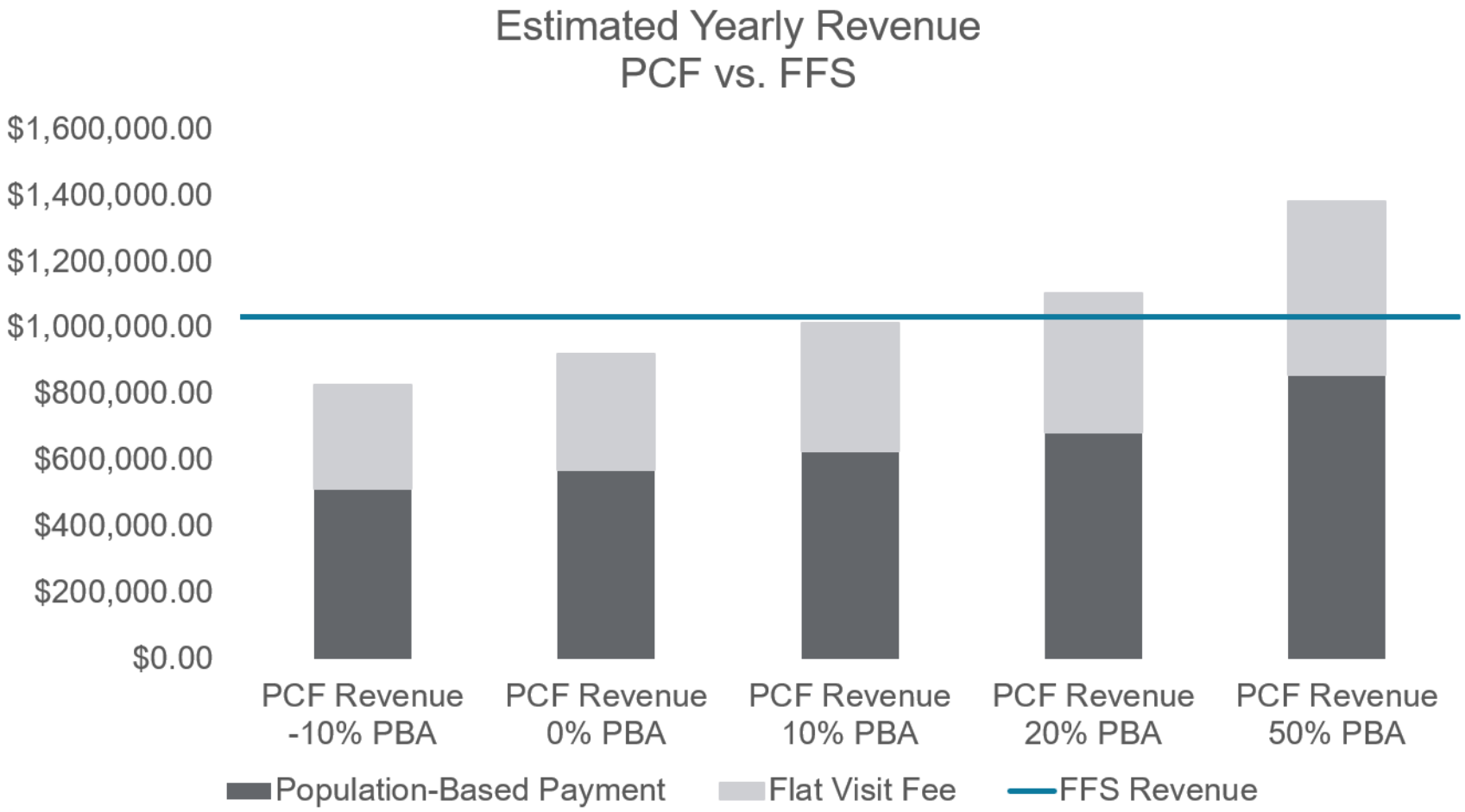
- Care Manager FTE = 2
- CCM Visits (99490) = 500/month
- Annual Wellness Visit rate = 50% (1,000 of 2,000 attributed beneficiaries receive AWV in calendar year)

Scenario A



- Care Manager FTE = 1
- CCM Visits (99490) = 250/month
- Annual Wellness Visit rate = 25% (500 of 2,000 attributed beneficiaries receive AWV in calendar year)

Scenario B



- Care Manager FTE = 2
- CCM Visits (99490) = 500/month
- Annual Wellness Visit rate = 50% (1,000 of 2,000 attributed beneficiaries receive AWV in calendar year)

PCF Use-Case Scenario –
CPC+ Practices

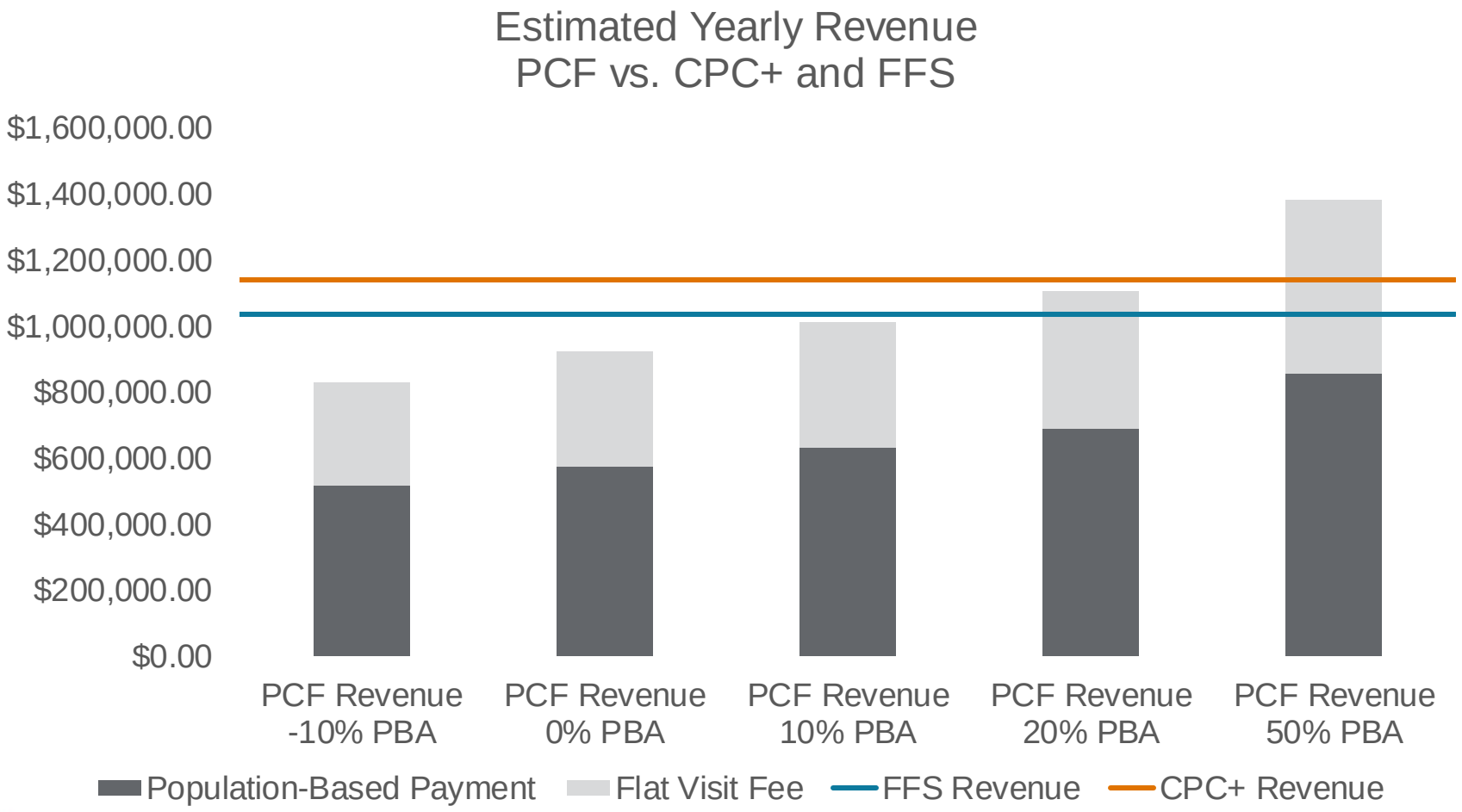
General Practice Characteristics

- FTE = 5
- Number traditional Medicare patients = 2,000
- Average HCC Score for Attributed Medicare Patients = 1.12 (PCF Group 1, $28 PMPM)
- Leakage rate = 15%
- CPC+ CMF (Track 1) = $339,000
- CPC+ PBIP Retained (70%) = $42,000

Scenario

- Care Manager FTE = 2
- CCM Visits (99490) = 500/month
- Annual Wellness Visit rate = 50% (1,000 of 2,000 attributed beneficiaries receive AWV in calendar year)

CPC+ Scenario



- Care Manager FTE = 2
- CCM Visits (99490) = 500/month
- Annual Wellness Visit rate = 50% (1,000 of 2,000 attributed beneficiaries receive AWV in calendar year)

Physician Perspective: PCF Cohort 1

Lawrence Ward, MD, MPH, FACP

Question & Answer Session with CMS Panelists

Q&A – Eligibility & Application

What should a physician practice consider in terms of dual participation in an ACO and PCF? How will dual participation impact our ACO benchmark?

Q&A – PCF and CPC+

How is this program different than CPC+?

Q&A – Payment

Medicare payment rates for office visits were increased in 2021. Will these increases be reflected in the PCF flat visit rates?

Q&A – Leakage

A primary care physician sees patients at two locations but is assigned to only one PCF practice. How will an attributed patient seeing their PCP at the non-PCF practice location impact the PCF practice's leakage rate?

Q&A – Data

What data will I receive before signing a participation agreement?

Q&A – Risk Adjustment

How will patient acuity status adjust over the course of the five-year agreement period?

Question & Answer Session with CMS Panelists

Additional Resources

CMS Resources

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/

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Join the Primary Care First Listserv

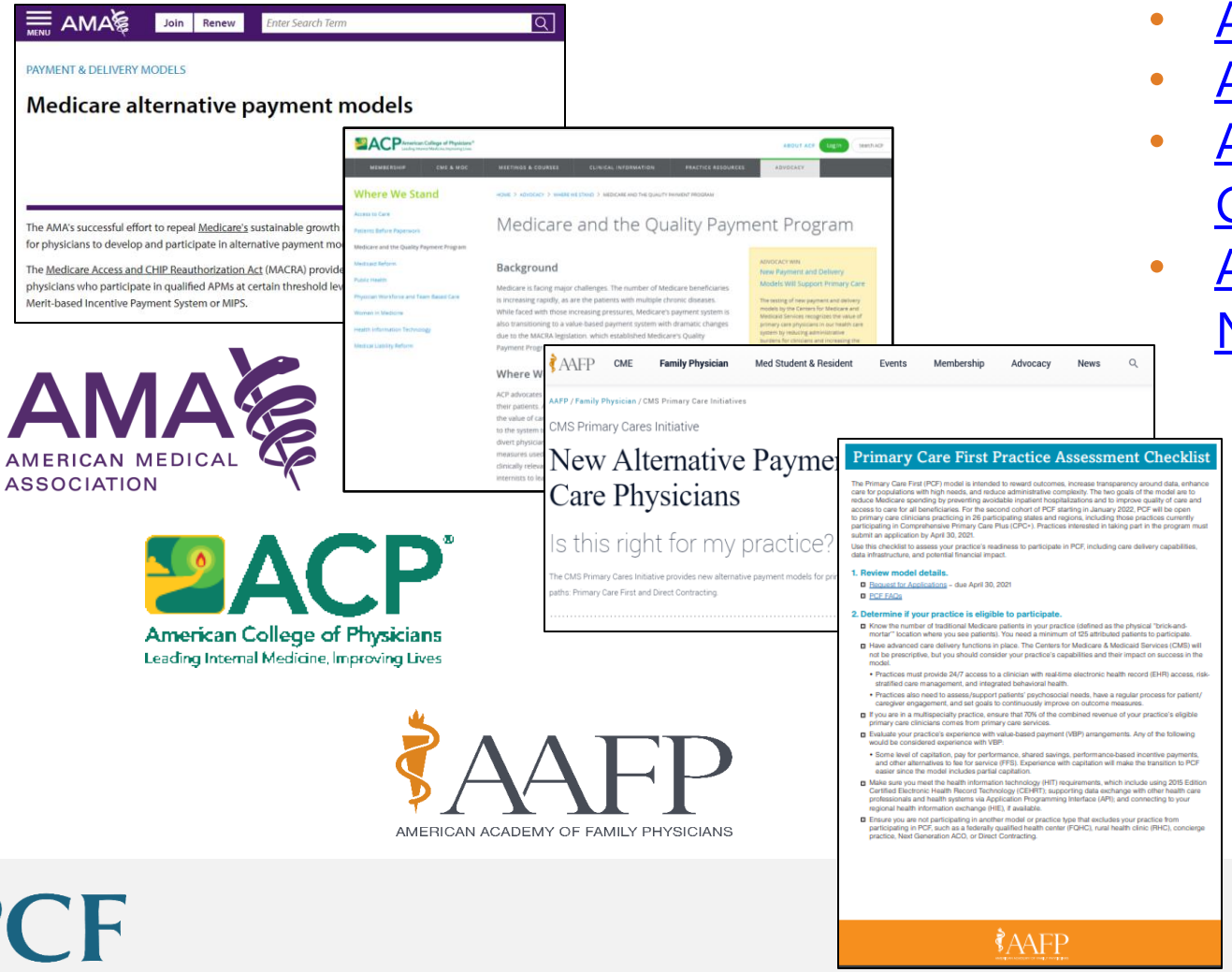
Apply

Read the Request for Applications (RFA) here

Access the model application here

Attend the upcoming **Primary Care First Practice Office Hour on Wednesday, May 5th at 2PM ET**; attend the **Primary Care First Payer Office Hour on Wednesday, May 12th at 2PM ET**.
Questions about the Primary Care First Model and Next Steps? Please contact PrimaryCareApply@Telligen.com.

Additional Resources:



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- AMA's Medicare APMs Webpage
- ACP's QPP Advocacy Webpage
- AAFP PCF Webpage
- AAFP Primary Care First Dashboard – CPC+ Practices
- AAFP Primary Care First Dashboard – Non-CPC+ Practices

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Thank you for joining us for today's webinar. We hope you found it valuable!

Have a question that wasn't answered or want to tell us what you thought?

Email us at policy-regs@acponline.org.

Appendix

Acronyms Glossary

ACO: Accountable Care Organization
APM: Alternative Payment Model
CAHPS: Consumer Assessment of Healthcare Providers & Systems
CEHRT: Certified Electronic Health Record Technology
CMS: Centers for Medicare & Medicaid Services
CMMI: Centers for Medicare & Medicaid Innovation
CPC+: Comprehensive Primary Care Plus
CQM: Clinical Quality Measure
ESRD: End-State Renal Disease
FFS: Fee For Service
HPSA: Healthcare Professional Shortage Area
MA: Medicare Advantage
MIPS: Merit-based Incentive Payment System
MLR: Minimum Loss Rate
MSPB: Medicare Spending Per Beneficiary
MSR: Minimum Savings Rate
MSSP: Medicare Shared Savings Program
NPI: National Provider Identifier
PCMH: Patient-Centered Medical Home
PCSP: Patient-Centered Specialty Practice
QCDR: Qualified Clinical Data Registry
QP: Qualified APM Participant
QPP: Quality Payment Program
SNF: Skilled Nursing Facility
TIN: Tax Identification Number
TPCC: Total Per Capita Cost