

Primary Care First

Foster Independence. Reward Outcomes.

Application Support Webinar

Center for Medicare & Medicaid Innovation (CMMI)



This Presentation Provides Guidance on Completing the Practice Application

These slides cover 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**
- **Seriously Ill Population (SIP)**
- **Live Q&A**

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

Stakeholder Feedback Informed Primary Care First Model Changes

CMS has made the following changes to the model based on stakeholder feedback:



Model Timeline

- **Application timeline:** Practice applications will be accepted through January 22, 2020. Payers may submit a Statement of Interest through December 6, 2019 and a formal proposal for partnership from December 9, 2019-March 13, 2020.
- **Model Launch:** Participant onboarding will take place July-December 2020. The model performance period and payments will begin in January 2021.



SIP Payment Option

- **Patient Transition:** SIP providers will create a transition plan and conduct a warm handoff to a provider/practice that meet PCF standards for longer-term care.



Model Payments

- **Population-Based Payment:** See new payment amounts below:

Practice Risk Group	Payment (PBPM)
Group 1: HCC <1.2	\$28
Group 2: HCC 1.2-1.5	\$45
Group 3: HCC 1.5-2.0	\$100
Group 4: HCC >2.0	\$175

- **Performance-Based Adjustment:** Assessment based on acute hospital utilization performance against a regional benchmark of similar practices

The Request for Applications (RFA) reflects all updates to the Primary Care First Model. Please reference the RFA for complete information and details.

Primary Care First Launches in 2021

The Primary Care First application portal is now live!

Please complete your Primary Care First practice application by **January 22, 2020**.



Fall 2019

Practice applications open; Payer statement of interest posted

Practice application and payer statement of interest submission period begins



Winter 2020

Practice applications due; Payer solicitation



Spring 2020

Practices and payers selected

Practice and payer selection period



Summer/Fall 2020

Onboarding of participants



January 2021

Model launch; Payment changes begins

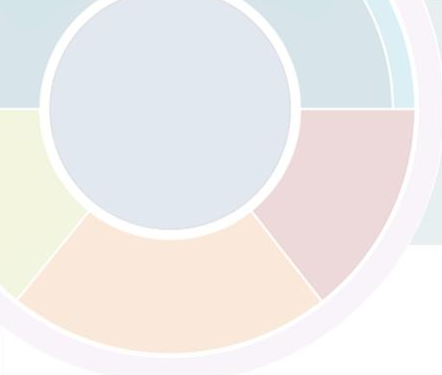
Practices Can Now Access the Primary Care First Application

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



The screenshot shows the CMS.gov website for the Primary Care First Practice Application. At the top left is the CMS.gov logo with the text "Centers for Medicare & Medicaid Services". Below it is a blue header bar with the text "Welcome to the Primary Care First Practice Application". The main content area contains several paragraphs of text explaining the application process, including a definition of Primary Care First (PCF) and instructions on how to submit an application. There are also links for "Request for Applications", "Frequently Asked Questions (FAQ)", and "Practice User Manual". A "Start New PCF Application" button is visible. At the bottom, there is a table with two columns: "Application ID" and "Application Status". The table currently shows "No applications to display".

- 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



Practices May Apply to One of Three Payment Model Options

The three Primary Care First payment model options accommodate for a continuum of providers that specialize in care for different patient populations.

Option 1

PCF-General Component

Focuses on **advanced primary care practices ready to assume financial risk** in exchange for reduced administrative burden and performance-based payments.

Option 2

SIP Component

Promotes care for high-need, **seriously ill population (SIP)** beneficiaries who lack a primary care practitioner and/or effective care coordination.

Option 3

Both PCF-General and SIP Components

Allows practices to **participate in both** the PCF-General and the SIP components of Primary Care First.

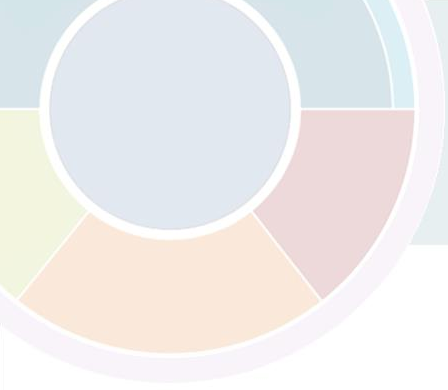
All practices will **complete the same application** regardless of the payment model option to which they are interested in applying.



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
Seriously Ill Population (SIP)	Establishes intent to accept SIP patients

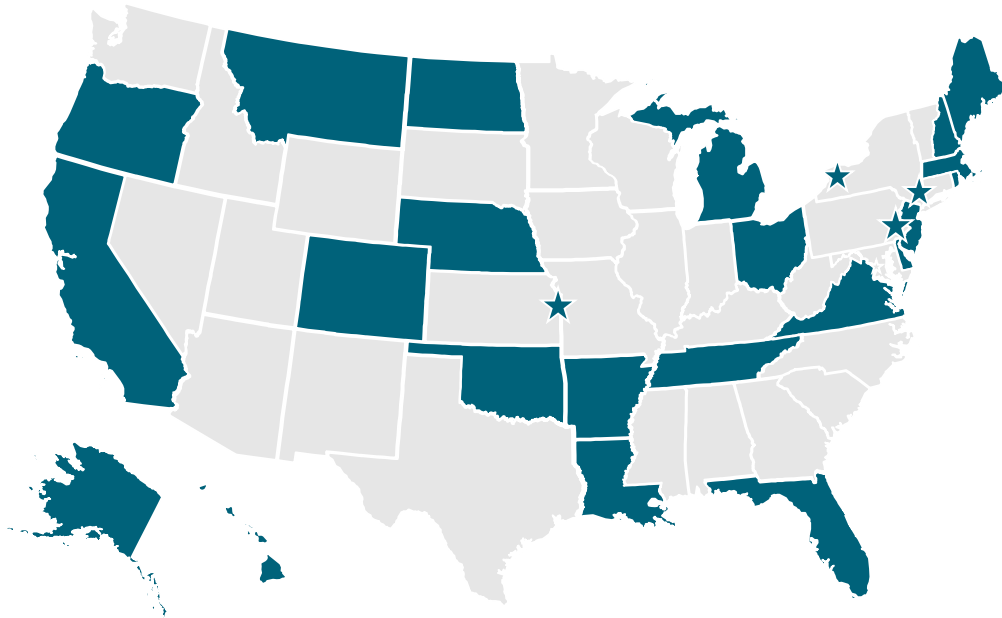


Practice Eligibility

- ✓ Which regions will be included in the 2021 cohort?
- ✓ What criteria will be used to determine eligibility?
- ✓ Are practices eligible to apply if they participate in other models?

There are 26 Regions Eligible for Participation in 2021

In 2021, Primary Care First will include **26 diverse regions**:



Practices that are **currently not participating in CPC+ but are located in a CPC+ region may be eligible to apply.**

Current CPC+ practices may participate in Primary Care First beginning in 2022.



Practices Must Meet a Defined Set of Eligibility Criteria to Participate in the PCF-General Payment Model Option

The following criteria apply to practices who seek to participate in the general Primary Care First payment model or in both the general and SIP payment models.



In the application, you will need to attest that you meet the following criteria:

- ✓ Include **primary care practitioners** (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 at least **70% of the practices' collective billing** based on revenue
- ✓ Demonstrate **experience with value-based payment arrangements**
- ✓ Meet **technology standards** for electronic medical records and data exchange
- ✓ Provide a set of **advanced primary care delivery** capabilities

Note: Practices participating in the SIP option will be subject to requirements discussed later in this presentation.

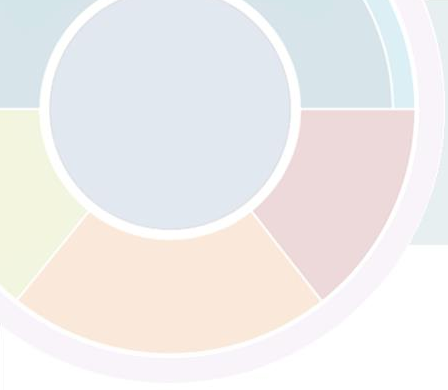


Participation in Other CMS Models may Impact Eligibility for Primary Care First

The following table highlights policy regarding overlap between Primary Care First and three other CMS Innovation Center models:

Model	Potential for Simultaneous Participation with Primary Care First
Comprehensive Primary Care Plus (CPC+ Model) – Tracks 1 and 2	Practices cannot participate in CPC+ and Primary Care First at the same time; however, CPC+ practices can apply to Primary Care First in 2021 for a 2022 start.
Direct Contracting (DC)	Practices cannot participate in DC and Primary Care First at the same time.
Medicare Accountable Care Organizations (ACOs)	<ul style="list-style-type: none">• Primary Care First practices may also participate in ACOs in the Medicare Shared Savings Program (Shared Savings Program).• Primary Care First practices may not participate in the Next Generation ACO Model or the Comprehensive End Stage Renal Disease (ESRD) Care Model.

Refer to the Request for Applications for additional information on the policies regarding overlap with other CMS Innovation Center models and Medicare programs.



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, 2013**.



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 charge 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



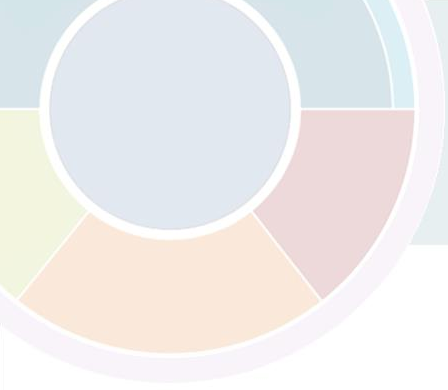
Primary Care Practitioner:

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

- **Physician**
- **Nurse practitioner**
- **Physician assistant**
- **Clinical nurse specialist** with a primary specialty of family medicine, internal medicine, geriatric medicine or hospice and palliative medicine

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, 2013**.



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.

PCF General and hybrid 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)

Note: SIP-only practices will be required to attest that they will meet these requirements by January 1 of the second model performance year (2022).



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:

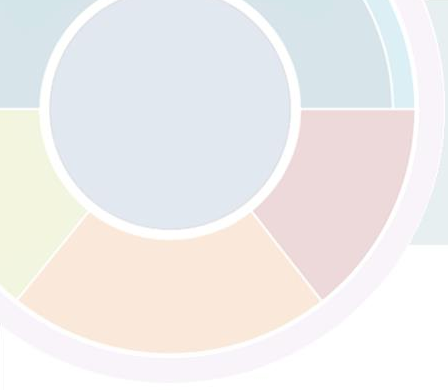
Comprehensive Primary Care Function	Illustrative PCF Interventions
 Access and Continuity	<ul style="list-style-type: none">▪ Provide 24/7 access to a care team practitioner with real-time access to the EHR
 Care Management	<ul style="list-style-type: none">▪ Provide risk-stratified care management
 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




Seriously Ill Population (SIP)

- ✓ Who is eligible to apply for a SIP model option?
- ✓ How is a SIP patient defined?
- ✓ How do applicants demonstrate their ability to meet needs of SIP patients and provide additional services?



Practices Must Meet Specific Eligibility Criteria to Participate in the SIP-Only Payment Model Option

The following criteria apply to practices who apply for a payment model option that includes treatment of SIP patients:

 If applying to a SIP payment model option, special considerations include:

- ✓ SIP-only practices have **no minimum attributed Medicare beneficiary** requirement
- ✓ Include practitioners (MD, DO, CNS, NP, PA) **servicing seriously ill populations** and meet **competencies to manage complex patients** and demonstrate relevant clinical capabilities
- ✓ Attest in their application that they **have relationships with a network of other care providers in the community** to whom they can transition SIP patients for their comprehensive care needs
- ✓ SIP-only practices **will not be required** to meet the **Health Information Technology requirements for the first year** of Primary Care First



CMS Uses Claims Data to Identify Beneficiaries Who Meet Two SIP Beneficiary Criteria

SIP Patient Criteria

CMS will use claims data to identify beneficiaries in designated service areas who meet **both** of the following criteria:

- ① **Fragmented pattern of care, defined as at least one of the following characteristics:**
 - No single practice (defined at the TIN level) provided more than half of a beneficiary's evaluation and management visits
 - High rate of hospital visits, including emergency department use

- ② **Serious illness, defined as at least one of the following characteristics:**
 - Significant chronic or other serious illness (HCC risk score ≥ 3.0)
 - High hospital utilization in the context of chronic illness, through both of the following:
 - a) HCC risk score greater than 2.0 and less than 3.0; AND
 - b) Two or more unplanned hospital admissions in the previous 12 months.
 - Signs of frailty, as evidenced by a DME claim for a hospital bed or transfer equipment



SIP Practices will be Asked to Provide Additional Information in Their Application

Practices **applying to accept SIP patients** will also be asked to do the following:



- ▶ Provide **ZIP codes** that are within their preferred service area(s), as well as the **maximum number of attributed SIP patients that they have capacity** to manage



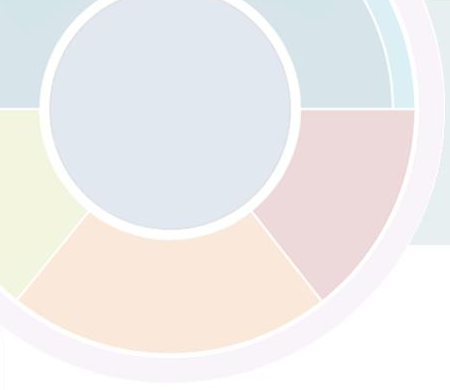
- ▶ Identify **care-team members that work at the practice site** on a full or part-time basis, including but not limited to, the following: **Social Worker, Behavioral Health Specialist, Pharmacist**



- ▶ Indicate how **social and functional support needs** are assessed for **vulnerable patients**



- ▶ Indicate the types of **community and medical resources/supports** with whom the practice has **established relationships**



Questions?



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/>

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1-833-226-7278

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