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CMS' Latest Innovation Model – The Making Care Primary (MCP) Model Includes Focus on Social Determinants of Health

Article By:

Kinal M. Patel

Alexis Finkelberg Bortniker

Jeffrey C. Thrope

On June 8, 2023, the Centers for Medicare and Medicaid Services (CMS) announced a new voluntary primary care model, the Making Care Primary (MCP) Model. Highlights include the following:

- The MCP Model will run for 10.5 years, commencing on July 1, 2024; targeting an eligible eight-state geography – Colorado, Massachusetts, Minnesota, New Mexico, New Jersey, New York, North Carolina, and Washington.
- The MCP Model will seek to improve support for the delivery of primary care services, leverage community-based resources, and strengthen coordination between beneficiaries' primary care clinicians and specialists, social service providers, and behavioral health clinicians.
- Consistent with CMS' broader goal to promote health equity, the MCP Model contains several components designed to improve health equity (e.g., required health-related social needs (HRSN) screenings and referrals, adjustment payments based on clinical indicators and social risk).
- Distinct from current and prior innovation models, the MCP Model offers participants financial support to build out advanced care delivery capabilities and a non-risk track to earn bonuses for demonstrating advanced primary care services (in addition to traditional fee-for-service reimbursement).

CMS will release a Request for Application and additional guidance later in the summer of 2023, with plans to accept applications by the end of summer 2024.

Three-Track Model

The MCP Model is a three-track model. Each track progressively varies based on value-based care expertise and offers considerable flexibility for providers that are new or transitioning to value-based care.

- Track One – Building Infrastructure.
  - Participants begin implementing advanced primary care services – risk-stratifying their population, reviewing data, building out workflows, identifying staff for chronic disease management, and conducting HRSN screening and referral.
  - Financial compensation includes (1) financial support to build out advanced care delivery capabilities, and (2) financial rewards for improving health care outcomes. Foley anticipates that advanced care delivery capabilities will include both capital expenditures, such as software services and tools, as well as the hiring of dedicated nurse coordinators or navigators. CMS has indicated that health care outcomes will be tied to the implementation of advanced primary care services.
  - Participation is reserved for providers with no prior value-based experience. We anticipate that CMS would require an attestation by participants, and exclude any organizations that previously participated in the Medicare Shared Savings Program (MSSP) or other innovation models – likely screened by tax identification numbers (TINs).
- Track Two – Implementing Advanced Primary Care.
  - Participants will partner with social service providers and specialists, implement care management services, and systematically screen for behavioral health conditions.
  - Financial compensation will include (1) 50%-50% blend of prospective-based payments and fee-for-service payments, (2) financial support to build out advanced care delivery capabilities (smaller than under Track One), and (3) financial rewards for improving patient health outcomes (greater than under Track One).
- Track Three – Optimizing Care and Partnerships.
  - Participants will build upon the quality improvement frameworks of Tracks One and Two to optimize and improve workflows, address silos to improve care integration, develop social services and specialty care partnerships, deepen connections to community resources, partner with social service providers and specialists, implement care management services, and systematically screen for behavioral health conditions.
  - Financial compensation will include (1) fully prospective, population-based payment, (2) financial support to sustain advanced care delivery capabilities

(smaller than under Track Two), and (3) financial rewards for improving patient health outcomes (greater than under Track Two).

  - Payment for primary care will shift to fully prospective, population-based payment while CMS will continue to provide additional financial support, at a lower level than Track 2, to sustain care delivery activities while participants have the opportunity to earn greater financial rewards for improving patient health outcomes.

Payor Engagement

Building on its payor engagement experiences under primary care innovation models (e.g., Primary Care First (PCF) and Comprehensive Primary Care Plus (CPC+)), CMS is working with state Medicaid agencies in the eight participating states, and will later engage with private payors, to expand the impact of the MCP Model's primary care transformation goals.

Eligible Participants

Eligible participants are limited to organizations that are enrolled in Medicare, have at least 125 attributed Medicare beneficiaries, and have a majority (at least 51%) of primary care sites located in an MCP Model-eligible state. Participants in many other shared savings programs, like the PCF, Affordable Care Organizations (ACO) Reach and the MSSP, as well as Rural Health Clinics, Grandfathered Tribal Federally Qualified Health Centers (FQHC) and concierge practices are excluded from the MCP Model; however, at this time other FQHCs are not excluded.

Notably participants in the MSSP can concurrently participate in the MCP Model during the first six months of its term only. No similar transition period is available for ACO Reach participants or other excluded participants.

Takeaways

The more than 10-year length of the support provided in the MCP Model provides an important opportunity for primary care providers, as they begin or continue their efforts to adapt to the evolving need to address social determinants of health, as well as the shift to value based payment models. Providers initially will need to confirm that they are not excluded based on their participation in the MSSP or other innovation models, and, if accepted in the MCP Model, should plan to terminate such conflicting participation.

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