

CAPITOL STREET

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New CMMI “Making Primary Care” Physician Model

Ten-Year Model, 8 States, Medicare & Medicaid Included (Starts 2024)

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We have previewed the likelihood of an incremental primary care VBC model from CMS per comments and stakeholder meetings of 2022-23. The agency is launching “Making Primary Care” ([here](#)) today with little fanfare, as a Senate Finance Committee hearing across the Capitol explores consolidation among insurers, physicians, hospitals, and outpatient clinics, as well as PBMs and other entities ([here](#)).

»» Our Take & Next Up

The new state-based CMMI model targets rural states and smaller providers who may find it tougher to engage in risk-bearing agreements, especially with chronically-ill patients. The new model incorporates Medicare and Medicaid, with additional funding for physicians to participate in risk-based models (tracks 2&3, see below for details). It’s an incremental positive to the value-based care movement, and importantly keeps ACO REACH untouched. The agency still strives for 100% accountable care arrangements by 2023. CMMI will be testing an unprecedented ten-year model – typical pilots last about 5 years – in eight states (CO, MA, NM participated in the CMS event this morning unveiling the details). The model will build upon previous primary care models, such as the Comprehensive Primary Care (CPC), CPC+, Primary Care First models, and the Maryland Primary Care Program (MDPCP). The model page is newly featured on the CMMI website ([here](#)).

»» Key Points

What states will be participating? CMS will test the new advanced primary care model in (1) Colorado, (2) Massachusetts, (3) Minnesota, (4) New Jersey, (5) New Mexico, (6) New York, (7) North Carolina, and (8)

Washington. CMS will work with participants to address issues specific to their communities, including care management for chronically ill, behavioral health, and access for rural residents.

Given that VBC in Medicaid is early days, CMS is working to crack the “multi-payer” nut. CMS is working with state Medicaid agencies in the 8 states to engage in care transformation across public programs, with plans to engage private payers in the coming months. The model’s flexible multi-payer alignment strategy allows CMS to build on existing state innovations and for all patients served by participating primary care clinicians to benefit from improvements in care delivery, financial investments in primary care, and learning tools and supports under the model.

Who may participate? The pilot will support physicians and clinics with varying levels of experience with value-based care, including Federally Qualified Health Centers (FQHCs) and physician practices with limited experience in value-based care. Others are FQHCs, Indian Health Service facilities, and Tribal clinics.

What is the timeline? Primary care practices within participating states may apply when the application opens in late summer 2023. The model will launch on July 1, 2024. The program lasts through December 31, 2034, resulting in a 10.5-year model.

Is there money up front? Yes. The model includes a 3-track approach based on participants’ experience level with value-based care and alternative payment models. Participants in all three tracks will receive enhanced payments, with participants in Track One focusing on building infrastructure to support care transformation. In Tracks Two and Three, the model will include certain advance payments and will offer more opportunities for bonus payments based on participant performance. This approach will support clinicians across the readiness continuum in their transition to value-based care, furthering CMS’s goal to ensure 100% of traditional Medicare beneficiaries are in a care relationship with accountability for quality and total cost of care.

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