

Primary Care First Program Fact Sheet

Program Structure and Features

CMS launched Primary Care First (PCF) in 2021, giving primary care providers an opportunity to have greater flexibility, increased transparency, and a performance-based payment structure to support delivery of advanced primary care services. The PCF program builds on existing features of Comprehensive Primary Care Plus (CPC+), leveraging a public-private partnership model with health plans to drive multi-payer payment reform and care delivery transformation.

PCF has a few distinguishing characteristics from the legacy CPC+ models¹:

Characteristic	CPC+ Track 1	CPC+ Track 2	PCF
Beneficiary Attribution	Claims-based with voluntary alignment	Claims-based with voluntary alignment	Claims-based with voluntary alignment Proactive identification and assignment of sick and unmanaged beneficiaries ²
Care Management Fee	Yes (\$15 average)	Yes (\$28 average)	No
Performance Based Payment Potential	About 0 - 10%	About 0 - 20%	About -10 - 50%
Underlying Payments to Practice	Standard FFS	Reduced FFS with prospective Comprehensive Primary Care Payment	Risk, geographic, and leakage adjusted professional PBP with a geographically adjusted flat primary care visit fee

The program outlines three payment model options³:

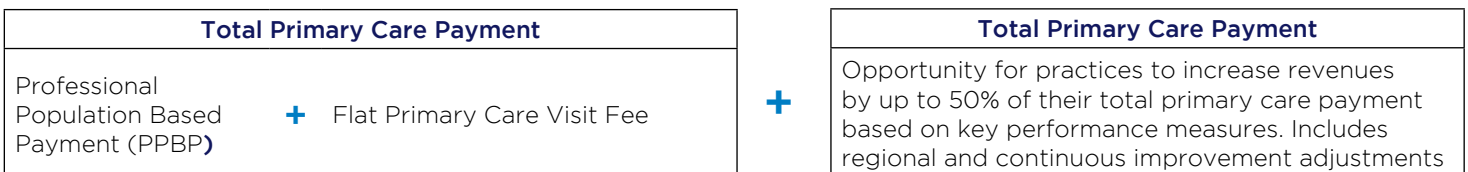
- PCF General Component - Focuses on advanced primary care practices and provides flat risk-adjusted payments to providers, with the opportunity for additional performance based adjustments
- SIP Component - Focuses on providing care for the high need, “seriously ill population” (SIP) who are receiving fragmented care and lack a primary care practitioner
- Both PCF-General and SIP Components - Allows for practices to participate in both components

Program Eligibility

To participate in the PCF program, primary care practices must submit an application for each individual practice site. Criteria for program eligibility includes location in one of the 26 PCF regions, provide primary care health services to a minimum of 125 attributed Medicare beneficiaries, have experience with value-based payment arrangements, and have primary care services that account for at least 50% of the practice’s collective billing based on revenue.⁴

The Primary Care First Payment Model

The Primary Care First payment model comprises two components:



The Total Primary Care Payment is risk adjusted and is determined by the average Hierarchical Condition Category (HCC) score of the practice:

Practice Risk Group	Professional PBP Base Rate
Group 1: Average 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

The performance-based adjustment is accessed by meeting the threshold of the quality gateway. This gateway is defined by performance thresholds for five quality metrics and the adjustment is determined by a utilization measure:

	Measure Title	Applicable Model Years
Utilization Measure	<ul style="list-style-type: none"> Acute Hospital Utilization (AHU) (HEDIS Measure) 	Year 1-5
Quality Gateway Measures Risk Groups 1 & 2	<ul style="list-style-type: none"> Patient Experience of Care Survey (CAHPS) Diabetes: HbA1C Controlling High BP Advanced Care Plan (MIPS CQM Measure) Colorectal Cancer Screening 	Year 2-5
Quality Gateway Measures Risk Groups 3 & 4	<ul style="list-style-type: none"> Advance Care Plan (MIPS) CAHPS Measure for PBA calculation Total Per Capita Cost (in lieu of AHU) 	Years 1-5
	<ul style="list-style-type: none"> Days at Home 	Years 2-5

Practices that do not meet the quality gateway and/or do not fall within the top 50th percentile of the national AHU benchmark will not be eligible for a positive performance-based payment. For those that also have AHU performance in the bottom 25th percentile, there is a potential penalty adjustment of up to -10%. Practices that meet the quality gateway and that are in the top 50th percentile of the national AHU benchmark are eligible for up to 50% of the total primary care payment. Beginning in year 3, if the practice does not meet Quality Gateway in the previous year, there will be an automatic -10% penalty adjustment all four quarters of the performance year.

Application Timelines

Practice applications for the January 1, 2022 performance year are due on May 21, 2021. Payer applications will close on June 18, 2021.

CMS will announce practice and payer selections for the second cohort in Summer or Fall of 2021.

Participation in the PCF model will begin in January 2022 and will run for five years,

For more information on exploring Primary Care First, please contact us at info@copehealthsolutions.com.

Footnotes

¹ See Primary Care First RFA <https://innovation.cms.gov/files/x/pcf-rfa.pdf>

² This is specific to the Seriously Ill Population (SIP)IP payment model

³ The SIP payment model option is currently under review by CMS and is not available for the 2022 performance period.

⁴ For a full list of program requirements, visit the CMS Primary Care First model page: <https://innovation.cms.gov/innovation-models/primary-care-first-model-options>