

# 5 Things To Know About the CMS MCP Request For Application

On August 14, CMS published the Request For Application (RFA) for Making Care Primary (MCP), a progressive roadmap to value-based payment for primary care providers with little-to-no VBP experience, including providers that may have been in or are currently in MSSP or ACO REACH models.

MCP's payment, quality and care delivery design are meant to enhance primary care setting population health management capabilities and build off prior advanced primary care models, such as Primary Care First (PCF) and Comprehensive Primary Care Plus (CPC). What's new in this model are the health equity and state Medicaid alignment initiatives.

The RFA provides clarification that downstate New York counties are to be excluded from participation in MCP. This model is a good fit for primary care providers with limited care management and health IT capabilities or limited experience operating in a value-based environment and closing health-related social needs (HRSN) gaps. The investments made available to MCP participants and the upside-only nature of the program would help MCP participants both build out the capabilities and gain the experience needed to succeed in riskier VBP arrangements, such as those available in MSSP or ACO REACH. CHS can support interested parties in an analysis of which model would best serve their financial and operational interests.

The application window begins September 4<sup>th</sup> and closes on November 30<sup>th</sup>. Here are 5 key considerations that MCP applicants should be aware of:



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MCP FINANCIAL OVERVIEW					
Tracks	Primary Care & Performance Payments			Investments	
	Primary Care Payments		Performance Incentive Payment Opportunity ↑	Enhanced Services Payment Amount ↓	Upfront Infrastructure Payment Amount ↓
	Fee-For-Service	Prospective Payment Percent ↑			
1	100%	0%	3%	\$15 PBPM	\$145k
2	50%	50%	45%	\$10 PBPM	\$0k
3	0%	100%	60%	\$8 PBPM	\$0k

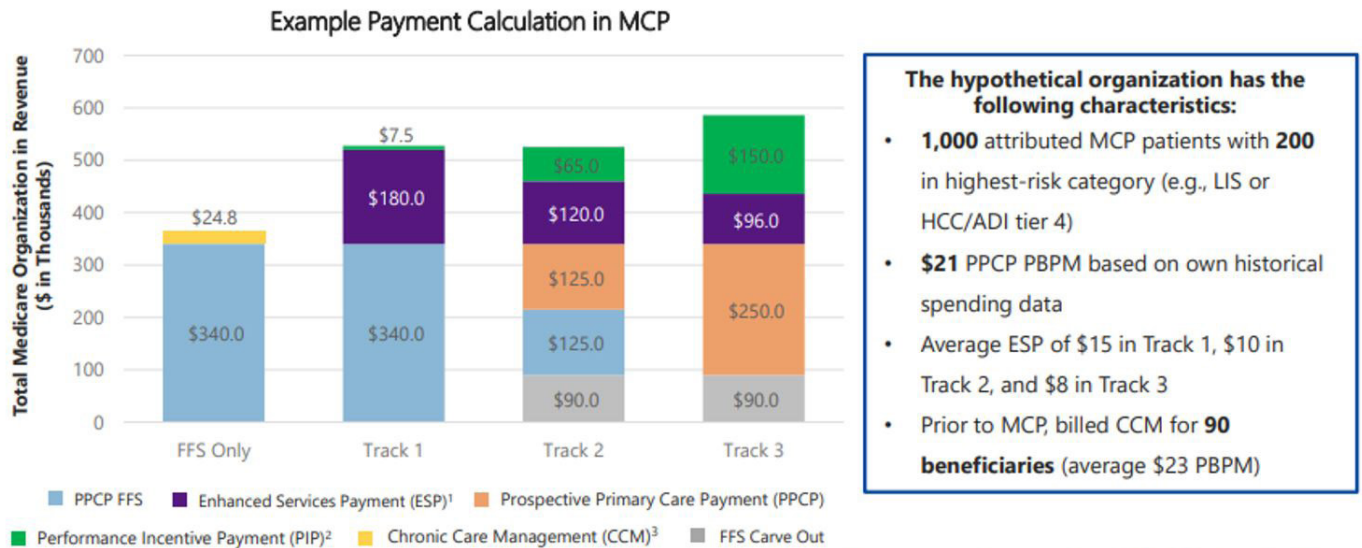
<sup>1</sup> CMS projects the ESP amounts referenced in the table to be the average ESP amounts per track for MCP participants

- a. Primary Care & Performance Payments:
  - i. Primary Care Payment percentages reflect the proportion of fee-for-service (FFS) vs Prospective Primary Care Payments (PPCP) payments an MCP participant will receive in primary care service reimbursement on by track
  - ii. Performance Incentive Payment (PIP) percentages reflect the proportion of primary care payments eligible for bonus
    - The actual bonus amount earned by an MCP participant will be contingent on performance against quality measures
    - CHS can help MCP participants maximize their PIP by providing the care management and data analytics support needed to close care gaps and achieve quality measures
- b. Investments:
  - i. Enhanced Services Payments (ESP) are clinically and socially risk-adjusted care management fees paid on a quarterly prospective basis ranging from \$2-\$25 PBPM to support enhanced Care Management activities
    - Actual ESP payment amounts will be impacted by MCP attributed beneficiary's low-income status (LIS) and clinical and social risk adjustment factors

“This model is a good fit for primary care providers with limited care management and health IT capabilities or limited experience operating in a value-based environment and closing health-related social needs (HRSN) gaps.”

- The maximum ESP amount eligible for a beneficiary is \$25 PBPM
  - ESP payments will decrease by 50% track-over-track
  - CHS can help your organization build out the coding practices needed to maximize your ESP amount
- ii. Upfront Infrastructure Payments (UIP) are only available to MCP participants in Track 1 that meet eligibility requirements below:
- Meets the “low-revenue” threshold: Part A +B revenue/spend < 35%
  - Does not have an e-consult platform

The graph below illustrates a CMS projection of MCP payments provided in a recent MCP webinar



<sup>1</sup>CMS will adjust ESPs for social and clinical risk indicators, including the Medicare Part D low-income subsidy and Area Deprivation Index. For more information, refer to the MCP RFA that will be released in August 2023.  
<sup>2</sup>The green shading in visual above indicates bonus payments by track for a hypothetical "Participant A", with high quality scores. MCP participants will be eligible for larger bonuses when they receive high quality scores.  
<sup>3</sup>While participants in Track 1 will not be able to bill a coordination code, they will receive larger ESP payments which CMS anticipates will correct for any revenue loss from CCM.

**2. CMS is using a design-implement-optimize care delivery build roadmap for MCP participants to follow:**

CARE DELIVERY BUILD ROADMAP			
Tracks	Domains		
	Care Management	Care Integration	Community Connection
1	Empanel & risk stratify all patients  Identify staff & develop workflows to provide chronic & episodic care management & chronic condition self-management support services	Identify staff & workflows to develop a BHI approach  Use specialist performance data to inform Specialty Care Partner (SCP) selection	Implement HRSN screenings  Explore social service partnerships & develop referral workflows  Identify staff (i.e. Community Health Workers) to support populations with disparate outcomes
2	Identify staff & workflows to develop a behavioral health integration (BHI) approach  Use specialist performance data to inform SCP selection	Implement the BHI approach  Screen patients for behavioral health (BH) conditions  Identify high-quality SCs  Establish collaborative care arrangements (CCAs)  Access a model-specific e-consult code	Implement social service referral workflows  Establish partnerships with social service providers  Utilize a CHW (or equivalent staff) in supporting high-need beneficiaries
3	Offer individualized care plans  Expand services to group education & community-based organizations (CBOs)	Optimize BHI workflows  Enhance SCP relationships  Access a new Ambulatory Co-Management code	Optimize social service referral workflows & use of CHWs/equivalent staff  Strengthen social service provider partnerships

CHS can support MCP Participants through each phase of the Care Delivery domain roadmap through care model best practices, healthcare workforce and data analytics support across clinical and social services workflows.

**3. CMS will implement Health Equity requirements similar to those in ACO REACH:**

- a. MCP HEPs to identify patient outcome disparities, implement initiatives that measure and reduce disparities over the course of the model, and submit annual HEP update reports
  - i. CMS will provide an HEP template to MCP Participants
- b. MCP participants must submit beneficiary-level demographic data for MCP attributed patients and aggregate-level HRSN data for all patients
- c. CHS can support MCP participants through the submission and implementation of Health Equity Plans and the infrastructure build needed to capture demographic and HRSN data efficiently

**4. CMS will provide data and partner with State Medicaid agencies to support MCP participants:**

- a. CMS will provide quality, utilization and payment metrics, attribution reports and data from multiple payors through state-based resources
  - i. MCP participants can compare their metrics to other model participants and obtain specialist data to inform Specialty Care Partner selection
- b. CMS will provide learning opportunities to MCP participants through platforms and partnerships
  - i. CMS will provide a collaboration and care delivery platform on which MCP participants can learn from each other and share tools and resources
  - ii. CMS will work with state Medicaid agencies and other payer partners to connect MCP participants with CBO connections, practice coaching and data aggregation resources
- c. CMS will partner with State Medicaid agencies and encourage payer partnership to align key MCP program components with other primary care programs across LOBs

**5. CMS has excluded Westchester, Bronx, New York, Richmond, Kings, Queens, Nassau and Suffolk counties in downstate NY from participating in MCP.**

*If you are interested in learning more about or applying to MCP, please reach out to us at [info@copehealthsolutions.com](mailto:info@copehealthsolutions.com) or 213-259-0245 to how CHS can help your organization to succeed in this CMMI model or any other form of value based payment for Medicare, Medicaid or commercial lines of business.*

**COPE Health Solutions** is a national leader in helping health care organizations succeed amid complexity and uncertainty

For more information, please contact us at [info@copehealthsolutions.com](mailto:info@copehealthsolutions.com) or call (213) 259-0245.