

Primary Care First Model Options

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July 2019

Model Status

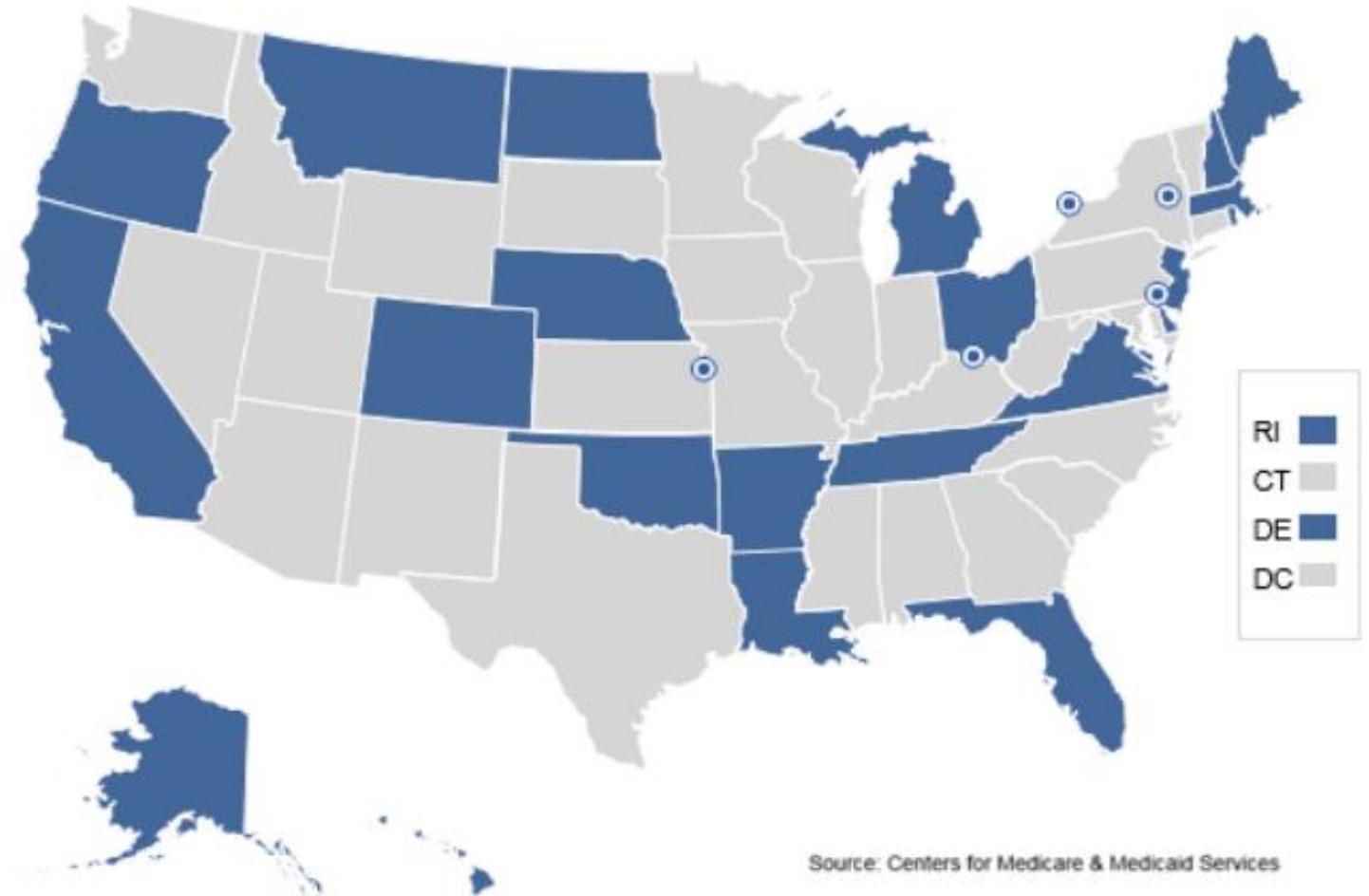
Announced...

What Are Primary Care First Model Options?

- Primary Care First (PCF) Model Options are a set of voluntary five-year payment options that reward value and quality by offering an innovative payment structure to support delivery of advanced primary care.
- Primary Care First is based on the underlying principles of prioritizing the doctor-patient relationship; enhancing care for patients with complex chronic needs and high need, seriously ill patients, reducing administrative burden, and focusing financial rewards on improved health outcomes.

Where Will The Models Be Available?

- Primary Care First Model Options will be offered in 26 regions for a 2020 start date:



Source: Centers for Medicare & Medicaid Services

Why Primary Care Choice?

- There is an urgent need to preserve and strengthen primary care as well as a need for support of serious illness care services for Medicare beneficiaries.
- Empirical evidence shows that strengthening primary care is associated with higher quality, better outcomes, and lower costs within and across major population subgroups.
- Despite this evidence, primary care spending accounts for a small portion of total cost of care, and is even lower for patients with complex, chronic conditions.

Why Primary Care Choice?

- Primary Care First addresses these needs by creating a seamless continuum of care and accommodates a continuum of interested providers.

Why Primary Care Choice?

- The payment options test whether delivery of advanced primary care can reduce total cost of care, accommodating practices at multiple stages of readiness to assume accountability for patient outcomes.
- Primary Care First will focus on advanced primary care practices ready to assume financial risk in exchange for reduced administrative burdens and performance-based payments.

Primary Care First Focus

- Primary Care First will focus on advanced primary care practices ready to assume financial risk in exchange for reduced administrative burdens and performance-based payments.
- Primary Care First prioritizes patients by emphasizing the doctor-patient relationship and patient choice in the assignment of Medicare beneficiaries to Primary Care First practices.
- The model aims to improve the experience for beneficiaries by reducing administrative burdens so practitioners can spend more time with patients.

Goals for Model

- Practices will be incentivized to deliver patient-centered care that reduces acute hospital utilization.
- Primary Care First is oriented around comprehensive primary care functions:
 - (1) access and continuity;
 - (2) care management;
 - (3) comprehensiveness and coordination;
 - (4) patient and caregiver engagement; and
 - (5) planned care and population health.

Transparency & Accountability

- Primary Care First aims to be transparent, simple, and hold practitioners accountable by:
 - Providing payment to practices through a **simple payment structure**, including:
 - a payment mechanism that allows care to be driven by clinicians rather than administrative requirements and revenue cycle management;
 - a population-based payment to provide more flexibility in the provision of patient care along with a flat primary care visit fee; and
 - a performance based adjustment providing an upside of up to 50% of revenue as well as a small downside (10% of revenue) incentive to reduce costs and improve quality, assessed and paid quarterly.

Payment

- Total Monthly Payment: Practices are paid to deliver advanced primary care in and outside of the office. Practices focused on caring for patients with complex chronic needs and the seriously ill receive increased payments to support their care for these patient populations.
- Performance-Based Adjustment: Practices are motivated to reduce acute hospital utilization (AHU) to reduce total costs of care, while meeting quality and experience of care thresholds.

PCF Second Payment Model Option

- Primary Care First also encourages advanced primary care practices, including providers whose clinicians are enrolled in Medicare who typically provide hospice or **palliative care services**, to take responsibility for high need, seriously ill beneficiaries who currently lack a primary care practitioner and/or effective care coordination—population groups referred to under the model as the Seriously Ill Population or SIP.

Who Can Participate In The Primary Care First SIP Payment Model?

- Clinicians enrolled in Medicare who typically provide hospice or palliative care services (e.g., those affiliated with a hospice, palliative care or similar organization) are eligible to care exclusively for SIP patients, either by participating in the model as a practice or by partnering with a Primary Care First participating practice that includes these practitioners on its practitioner roster.
- Eligible practitioners (that each practice applicant must identify by NPI in its application) are those in internal medicine, general medicine, geriatric medicine, family medicine, and/or **hospice and palliative medicine**.

SIP Payment



Eligibility and Beneficiary Attribution



Practices demonstrating relevant capabilities **can opt in to be assigned SIP patients or beneficiaries** who lack a primary care practitioner or care coordination.



Medicare-enrolled clinicians who provide **hospice or palliative care can partner** with participating practitioners.



Payments

Payments for practices serving seriously ill populations:

First 12 Months

- One-time payment for first visit with SIP patient: **\$325 PBPM**
- Monthly SIP payments for up to 12 months: **\$275 PBPM**
- Flat visit fees: **\$50**
- Quality payment: up to **\$50**

What Is The Timeline For Primary Care First?



Prepare for model application release by confirming your organization's eligibility and willingness to participate today. [Email our mailbox to join our listserv](#) for updates on application release.

Primary Care First Model Options

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- Primary care practices participating in the new models will thus have strong financial incentives to improve patient experience and reduce avoidable spending, creating new opportunities for partnership and contracting for palliative care services.
- The Request for Applications is expected to be released around **June 2019**, and the new models should begin operations in January 2020. Currently, a second round of applications is also anticipated.
 - https://innovation.cms.gov/initiatives/primary-care-first-model-options?utm_source=New+Medicare+Alternative+&utm_campaign=Medicare+Alt+Payment&utm_medium=email



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