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Making Care Primary

Client Alert

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Introduction

CMS has announced a multi-state initiative to strengthen primary care. This is a new primary care model called the “Making Care Primary (MCP) Model.” This model will be tested in eight (8) states starting in 2024: Colorado, Massachusetts, Minnesota, New Jersey, New Mexico, New York, North Carolina and Washington. CMS states that this is an important step in strengthening the primary care infrastructure “...especially for safety net and smaller independent primary care organizations.”

The Model seeks to improve health by expanding and enhancing care management and care coordination. It seeks to provide primary care clinicians with tools to form partnerships with specialists to leverage community-based connections to enhance patient health and, also to address health-related social needs.

The Model is a voluntary program which will begin in these states in July of 2024, and applications will open later in 2023.

Goals of MCP

The announced goals of MCP are: “1) to ensure patients receive primary care that is integrated, coordinated, person-centered and accountable; 2) create a pathway for primary care organizations and practices- especially small, independent, rural and safety net organization-to enter into value-based care; and 3) to improve the quality of care and health outcomes of patients while reducing program expenditures.” If this sounds familiar, it should as the Affordable Care Act has some of the same goals and although not mutually exclusive, it will take time to see if this new model is going to be a robust approach to these goals in a way that the ACA has not been. Over the last 20 years or so, CMS programs have often had the effect of pushing

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practitioners into larger group practices, so the reference to smaller independent practices is noteworthy as to whether CMS may be recognizing a move in a different direction and whether that might even be feasible at this juncture.

CMS has other coordination of care programs and pilots, such as the Bundled Payment Care Initiative (BPCI) – voluntary programs that mainly deal with acute care episodes such as heart surgery and joint replacement. Common themes around all these “value-based care” efforts include access to care, control of costs, and improving quality. These themes will continue to be a focus in health payor programs.

Incentives

MCP will also provide participants with additional revenue to build infrastructure, make primary care services more accessible and have a better coordination of care; CMS expects to see a reduction in expense by having better preventative care. The intent is to run this program for 10.5 years starting July 1, 2024.

Medicaid

CMS announced also it is working with state Medicaid Agencies in the eight states to address community priorities such as chronic conditions, behavioral health services and health care access for rural residents. The announcement mentions the flexible multi-payer alignment strategy so CMS can build on existing state innovations and for patients to benefit from improvements in care, financial investments in primary care and learning tools and supports under this model. The model will support varying participants with different experiences in value-based care, including FQHCs and physician practices with limited experience in value-based care.

As quoted in the announcement, CMS Deputy Administrator and Center for Medicare and Medicaid Innovation Director Liz Fowler states: “The Making Care Primary Model represents an unprecedented investment in the nation’s primary care network and brings us closer to our goal of reaching 100% of Traditional Medicare beneficiaries and the vast majority of Medicaid beneficiaries in accountable care arrangements, including advanced primary care, by 2030.” The Model will attempt to strengthen coordination among primary care clinicians, social service providers and behavioral health clinicians.

Three Tracks

There is a 3-track approach based on a participants’ experience level with value-based care and alternative payment models. Participants which include FQHCs, Indian Health Services and Tribal clinics among others will receive enhanced payments. In Track One the focus will be on building infrastructure to support care transformation. Track 2 and 3 will include advance payments and will offer more opportunities for bonus payments based on participant performance.

CLIENT ALERTS

CMS cites several payment innovations, such as prospective payments to primary care providers reducing the dependency on fee-for-service. Risk adjusted enhanced service payments will also be paid prospectively and will allow for the expansion of care management screens for health-related social needs and integrate specialty care.

Eligibility

To be eligible an organization must:

1. Be a legal entity under applicable state, federal or Tribal law and authorized to conduct business in each state in which it operates.
2. Be Medicare-enrolled.
3. Bill the health services furnished to a minimum of 125 attributed Medicare beneficiaries.
4. Have at least 51% of their primary care sites located in one of the MCP states identified earlier.

There are many other unanswered questions so far in this Model as to how the Federal Trade Commission, Department of Justice and other agencies of the federal government may address this Model. Previous guidance indicates Medicare Savings Plans are impacted by fraud and abuse and Stark laws and regulations, and so this Model encouraging referrals and payments to incentivize those referrals might face different scrutiny.

Conclusion

This Model will not be available for a year, and it will take even longer to roll out to other states. Undoubtedly changes will be made, and other states may be added or deleted. It will be important for practitioners to keep up to date on these and other programs for value-based care.

Primary care organizations within the participating states may apply when the application opens in late summer 2023. The actual Model will begin on July 1, 2024. Questions on the Model can also be submitted to MCP.

As this new Model and other programs develop, please do not hesitate to reach out to your Butzel health care attorney.

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CLIENT ALERTS

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