Note: The application period for this model **closed** on November 30, 2023.

What is Making Care Primary?

Making Care Primary (MCP) is an alternative payment model (APM) created by CMS to offer primary care clinicians another way to receive payment for their services.

Who's eligible to join this model?

*MCP was initially offered in **8 states** (CO, NC, NJ, NM, NY, MA, MN, and WA), and the application portal closed in November 2023. Updated information will be provided should the program open to new participants.*

***Eligible participants include** solo primary care practices, Indian Health Programs, Federally Qualified Health Clinics (FQHCs), group practices, health systems, and certain Critical Access Hospitals (CAHs). **Ineligible participants include** rural Health Clinics (RHCs), concierge practices, Grandfathered Tribal FQHCs and PCF/ ACO REACH Participant Providers active as of 5/31/23.*

What are the key elements that make up this model?

*MCP is set to last for **10.5 years**. The unprecedented length of MCP was selected to allow program participants extended time to adapt to and familiarize themselves with the program's requirements. This **progressive** model consists of **three tracks**-*

***Track 1** "Building Infrastructure"*	***Track 2** "Implementing Advanced Primary Care"*	***Track 3** "Optimizing Care & Partnerships"*
*Onboarding for clinicians **with no experience** in value-based care*	*For clinicians **with some experience** in value-based care*	*For clinicians **with robust experience** in value-based care*
*Uses conventional **fee-for-service (FFS)** to pay for services*	*Uses a **50/50 mix** of **FFS** and **prospective, population-based payments***	*Uses **only prospective, population-based payments***
*Eligible for **three** forms of supplemental payments**	*Eligible for **some** forms of supplemental payments**	*Eligible for **some** forms of supplemental payments**
*Participants can remain on this track for up to **2.5 years***	*Participants can remain on this track for up to **2.5 years***	*Participants can remain on this track for the full duration of the model, i.e., **10.5 years***

**see Supplemental Payments*

Participants can select which track they feel most comfortable starting in and can progress to the next track as they build readiness for the care delivery and payment mechanisms specific to the subsequent track.

Supplemental Payments

Upfront Infrastructure Payment (UIP) *Track 1 only*	***Enhanced Services Payment (ESP)*** *Track 1, 2, 3*	***Performance Incentive Payment (PIP)*** *Track 1, 2, 3*	***Prospective Primary Care Payment (PPCP)*** *Track 2, 3 only*
*Available to participants who are **new to value-based arrangements** and **meet a low-revenue threshold or do not have an e-consult platform**.* *Eligible participants may receive **$72,500** in a **lump sum payment** at the start of Year 1 and **an additional $72,500** at the start of Year 2.* *Participants must use these funds for **increased staffing, social determinants of health (SDOH) strategies, and/or healthcare clinician infrastructure**.*	***Risk-adjusted per beneficiary per month (PBPM) payment**, in addition to typical payment for primary care services.* ***Note: this payment decreases by track as participants build capacity***	***Upside risk only** bonus payment (assessed yearly) based on quality, utilization, and cost. Bonus potential increases progressively by track.* ***Note: upside risk means a potential for gain***	***Replaces FFS revenue** for patients attributed to Making Care Primary.* *Payments will reflect a participant's historical billing record for the **first 3 years** of the model.* *Additionally, for participants in **Track 3**, CMS will base a portion of the PPCP supplemental payment on regional spending trends.*

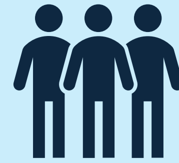
What are other elements that participants should know about on MCP?

*Participants will need to strengthen relationships with **specialty care clinicians** and incorporate evidence-based **behavioral health** screenings and evaluation to improve coordination of services and patient care. Here's what that looks like:*

Specialty Care

Track 1 *participants will use* ***data tools*** *to* ***identify high-quality specialists****.*

Track 2 *participants will identify* ***high-quality Specialty Care Partners*** *through collaborative care arrangements (CCAs) and implement* ***enhanced e-consults*** *with at least 1 specialist.*

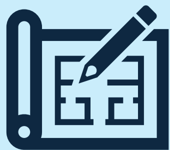


Track 3 *participants will establish enhanced relationships with* ***Specialty Care Partners*** *through* ***time-limited co-management relationships****.*

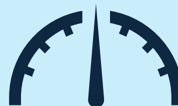
Participants in ***Track 2 and 3*** *can earn* ***$40 per service*** *when they send an eligible e-consult to any specialist (subject to geographic adjustment).*

Track 3 *Specialty Care Partners in a collaborative care arrangement (CCA)* ***can bill CMS an additional $50 per beneficiary per month (PBPM)****.*

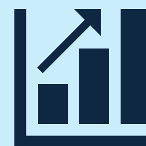
Behavioral health



Track 1 *participants will* ***identify staff & develop workflows*** *to implement a* ***behavioral health approach*** *grounded in measurement-based care (MBC).*



Track 2 *participants will implement a* ***behavioral health approach*** *using MBC such as leveraging tools & data to inform treatment decisions. Additionally, participants will* ***screen for key behavioral health conditions*** *such as depression & substance use disorder.*



Track 3 *participants will* ***optimize behavioral health workflows*** *using a quality improvement framework.*

How does MCP compare to other APMs in primary care?

Making Care Primary (MCP)	***Primary Care First (PCF)***	***Comprehensive Primary Care Plus (CPC+)***	***Comprehensive Primary Care (CPC)***
*Announced **June 2023***	*Announced **April 2019***	*Announced **April 2016***	*Announced **Fall 2011***
*Will become active in **July 2024** (application period is **closed**)*	***Active** (application period is **closed**)*	***Inactive***	***Inactive***
*Offered in **8** states*	*Offered in **26** states & regions*	*Offered in **18** states & regions*	*Offered in **7** states & regions*
*Offers **three participation** tracks*	*Offers **two participation** tracks*	*Offers **two participation** tracks*	*Offers **a single participation** track*
*Payments consist of **FFS** (Track 1, 2), **prospective, population-based payments** (Track 2, 3), and **supplemental payments** (varies by Track)*	*Payments consist of a **flat payment for primary care visits**, a **population-based payment**, and a **performance-based adjustment** with both an upside & downside risk*	*Payments consist of **capitation payment (PBPM)**, **performance-based incentive payment**, **conventional FFS** (Track 1), and **FFS adjusted by Comprehensive Primary Care Payments (CPCP)** (Track 2)*	*Payments consist of **FFS, capitation payment (PBPM)**, and **shared savings from the Medicare program***
***10.5-year** payment model*	***5-year** payment model*	***5-year** payment model*	***4-year** payment model*

How has the American College of Physicians (ACP) responded to the introduction of MCP?

*ACP has commended CMS for introducing MCP as a new payment model in primary care and for incorporating several recommendations made by ACP to facilitate improved coordination between primary care and other specialties. CMS incorporated several recommendations outlined in ACP's proposal titled, "**The 'Medical Neighborhood' Advanced Alternative Payment Model (AAPM) Proposal**" which was submitted to CMS's Physician-Focused Payment Model Technical Advisory Committee. Additionally, MCP aligns with the principles outlined in a position paper by ACP titled, "**Beyond the Referral: Principles of Effective, Ongoing Primary and Specialty Care Collaboration**" which seeks to promote stronger care coordination between primary care physicians and other specialists.*

Where can I find more information?

- ***CMS Overview of Making Care Primary***
- ***Other APMs in Primary Care***
- ***CMS Participation Status Lookup Tool***