

## E-Alert: Updates on the Primary Care First & Direct Contracting Webinar and August 2 LOI Deadline

### Top Highlights:

- 1) **July 30 Webinar:** The Academy, in collaboration with the Home Centered Care Institute (HCCI), hosted a webinar on July 30 detailing the new Primary Care First and Direct Contracting models. The presentation slides are being sent out to all registrants and a recording of the webinar will be made available as soon as possible.
- 2) **August 2 LOI Deadline:** A Letter of Intent (LOI) to participate in the [Direct Contracting \(DC\) model](#) is required for any practice considering participation by 11:59pm ET on August 2, 2019. The LOI is non-binding and the Academy encourages any practice interested in the DC model to complete the [Letter of Intent \(LOI\)](#) by August 2, 2019.
- 3) **Direct Contracting Participation Threshold:** We anticipate there will be flexibility for smaller practices that do not meet the 5,000-beneficiary threshold to participate in the Direct Contracting (DC) model.

### Overview of Primary Cares Initiative

In April, the Center for Medicare and Medicaid Innovation (CMMI) announced a CMS **Primary Cares Initiative** which includes [new payment demonstrations](#) meant to promote value-based care, with a shift of up to 25 percent of primary care Medicare fee-for-service patients to these new models. Primary Care First (PCF), Seriously Ill Population (SIP), and Direct Contracting (DC) will offer enhanced payment for home care medicine and other providers to provide primary care for people with advanced illness. Important details remain to be announced and the Academy will provide updated information once available.

### Primary Care First (PCF) & Seriously Ill Population (SIP) Models

The Primary Care First (PCF) and Seriously Ill Population (SIP) models will be offered in 22 states and 4 regions for a January 2020 start date: **STATEWIDE** in Alaska, Arkansas, California, Colorado, Delaware, Florida, Hawaii, Louisiana, Maine, Massachusetts, Michigan, Montana, Nebraska, New Hampshire, New Jersey, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, Tennessee, and Virginia. **In Local Regions** of Greater Buffalo, NY, Kansas City (Kansas and Missouri), Greater Philadelphia (Pennsylvania), North Hudson-Capital Area, NY, and Northern Kentucky.

**PCF/SIP Timeline:** A letter of intent (LOI) is not required for PCF or SIP. A [request for application \(RFA\)](#) will be released in the coming weeks and is required for participation. Both models are scheduled to begin January 2020.

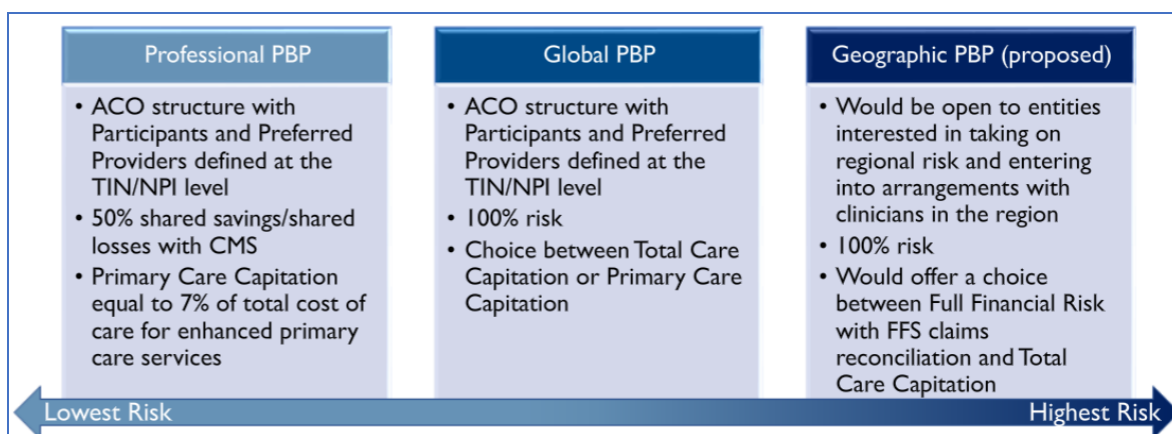
See below table for currently known patient eligibility and attribution, payments, and quality measures for PCF and SIP:

	Primary Care First (PCF)	Seriously Ill Population (SIP)
Patient Eligibility and Attribution	<p>Focus on complex chronic or seriously ill patients.</p> <p>Have at least 125 aligned beneficiaries, will use voluntary and claims-based attribution.</p>	<p>High HCC score OR 2+ non-elective hospital admissions in previous year OR multiple claims for certain DME (i.e., hospital beds) in previous year, AND they'd have less than 50% of the E/M visits from the same provider (so high-need AND no PCP or lack of care coordination)</p>
Payment	<ul style="list-style-type: none"><li>• Professional Population-based Payment (PBP) based on practice's patient risk group</li><li>• Flat Visit Fee: \$50 (no monthly limit)</li><li>• Performance-based Adjustment: up to 50% of PBP + Flat Visit Fee</li></ul>	<ul style="list-style-type: none"><li>• First 12 months: \$325 PBPM for first visit, then \$275 PBPM</li><li>• Flat Visit Fee: \$50 (no monthly limit)</li><li>• Quality Payment: up to \$50 PBPM</li></ul>

	Primary Care First (PCF)	Seriously Ill Population (SIP)
Measures	<ul style="list-style-type: none"> <li>Y1: Acute Hospital Utilization</li> <li>Y2: CPC+ Patient Experience of Care Survey, Diabetes: Hemoglobin A1c Poor Control, Controlling High Blood Pressure, Advance Care Plan, Colorectal Cancer Screening</li> </ul>	<ul style="list-style-type: none"> <li>Y1: Acute Hospital Utilization</li> <li>Y2: CPC+ Patient Experience of Care Survey, Advance Care Plan, 24/7 Clinician Access, Days at Home, Total Per Capita Cost Measure</li> </ul>

### Direct Contracting Model

The [Direct Contracting \(DC\)](#) model will engage practices or groups of providers who can reach 5,000 beneficiaries by Year 3 (with potential exceptions for smaller practices), as well as health systems, Accountable Care Organizations, Medicare Advantage plans, and Medicaid Managed Care Organizations. DC builds upon the Next Generation ACO model and has no geographic limitations on who may apply. The DC path will include three models:



**Timeline:** A [Letter of Intent \(LOI\)](#) is required to apply for participation in the DC Models and is **due on Friday, August 2**. The LOI is non-binding. CMS will then release the request for application (RFA), which will be required for participation. All models are scheduled to begin January 2020 except the DC Geographic Option, which will begin at a later date.

### Next Steps

The Academy continues its work with CMMI to improve these models and help home care medicine providers and others to participate in the new payments. This could expand access to our skilled and compassionate care. The Academy is advocating for the Primary Care First path to expand to additional regions to make payment improvements for both Primary Care First and Seriously Ill Population models. The Academy believes the models provide a strong new framework to adopt with local payers nationwide, in every area of the U.S. The Academy sees opportunities for individual practices or networks of HCM providers to form under the Direct Contracting option.