Welcome

Housekeeping & Logistics

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Participate

If you have questions for the MCP Team, please use the Q&A box on the bottom of your screen.

Provide Feedback

Please complete a short survey, available at the end of the event.

Closed captioning is available on the bottom of the screen.

Agenda

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2 | Quick Overview on Eligibility Requirements

3 | Application Process & Timeline

4 | Questions & Answers

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Eligibility Requirements

Eligibility to Participate

Organizations that provide primary care services to patients may be eligible to apply to MCP. Due to MCP's payment and quality reporting design, certain organizations are not eligible to participate in MCP.

Organizations Eligible for MCP

- Independent or solo primary care practices
- Group practices
- Federally Qualified Health Centers (FQHCs)
- Health Systems
- Indian Health Programs
- Certain CAHs

Organizations Not Eligible for MCP

- Rural Health Clinics
- Concierge practices
- Grandfathered Tribal FQHCs
- Primary Care First (PCF) practices and ACO REACH Participant Providers active as of 5/31/23

Organizations are permitted to be dually enrolled in the Medicare Shared Savings Program (MSSP) and MCP between 7/1/24 and 12/31/24. No MCP payments will be made during this specific time period to prevent overlap payments.

Only organizations operating in the listed MCP states will be eligible.
MCP States: Colorado, North Carolina, New Jersey, New Mexico, New York, Minnesota, Massachusetts, and Washington

Your organization's prior experience with VBC will determine your eligibility for individual Tracks in MCP. CMS developed a Application Tracks Factsheet to help organizations understand.

Application Process & Timeline

Next Steps

✓ **Submit an Application by November 30th**

- Interested organizations are encouraged to begin their applications even if they are not prepared to submit at this time; doing so helps CMS provide more tailored support to applicants.
- Submit questions on your application to MCP@cms.hhs.gov.

Payer Partner Recruitment Timeline

- **February 2024:** Deadline for payers to sign Letter of Interest (LOI) to become MCP Payer Partner.

- **March 2024:** Accepted provider applicants sign Participation Agreements to join MCP.

- **July 2024:** MCP begins for participating provider organizations.

- **August 2024:** Payer Partners provide CMS with Payer Plan, detailing their alternative payment model for primary care and how it aligns with MCP.

- **February 2025 to December 2025:** Payer Partners sign non-binding Memorandum of Understanding (MOU) with CMS to advance partnership efforts.

Questions & Answers

Questions & Answers

1. How does the MCP framework help state Medicaid organizations advance VBC with their contracted MCOs?

2. What platform will be used to submit data to CMS?

3. What data will be shared with PCPs, and at what frequency to strengthen the Specialist connections?

4. Can a Specialty Care Partner can be under the same TIN as MCP applicant (as long as they are not on the Clinician List)?

5. Is the TPCC benchmarked against all Medicare providers or just MCP participants?

6. Will CMS provide TPCC information with current percentile ranking with the attribution data in February 2024?

7. Can an applicant change their requested track after completing the application? For example, can a practice apply for Track 2 and then decide to participate in Track 1?

Closing & Resources

Additional Information & Application Support

For more information and to stay up to date on upcoming MCP events:

Visit

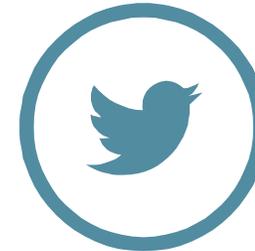https://innovation.cms.gov/innovation-models/making-care-primary

Help Desk

MCP@cms.hhs.gov

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Thank You