



Making Care Primary (MCP)

Office Hour



October 24, 2023



Welcome

Housekeeping & Logistics



Dial In



It is recommended that you listen via your computer speakers.

Options for audio listening:
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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



- 1** | Welcome
- 2** | Application Process & Timeline
- 3** | Questions & Answers
- 4** | Closing & Resources



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. After the November 30th, 2023, deadline, will there be other opportunities during this 10.5-year model for other practices to apply?**
- 2. If multiple primary care clinics bill under a single tax identification number (TIN), do all clinics need to participate or can one or two participate?**
- 3. If my practice has less than 125 attributed Medicare beneficiaries, but is above the billing threshold, are we eligible to apply?**
- 4. How will the prospective payment be modified when a new provider is added to a Track 2 or Track 3 organization?**
- 5. What are the requirements for health equity for model participants?**
- 6. Group national provider identifier (NPI)-level participation is strongly preferred over TIN-level. Can hospitalist/urgent care doctors be left off a participant's Clinician List?**



Closing & Resources

Additional Information & Application Support

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



Help Desk

MCP@cms.hhs.gov



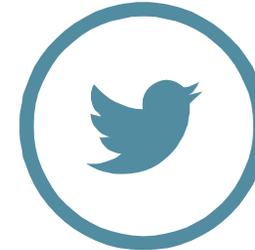
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<https://innovation.cms.gov/innovation-models/making-care-primary>



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Thank You
