Making Care Primary (MCP) Model
Example Revenues Factsheet

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
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This factsheet describes a hypothetical organization – referred to as Organization A – that participates in the Making Care Primary (MCP) Model. The information in this factsheet explains how Organization A's potential revenue under Medicare fee-for-service (FFS) compares to its potential revenue under MCP.

MCP uses six payment types to support care delivery and quality improvement goals. MCP provides three track options for organizations to select from when applying to the model, based on their experience with Medicare value-based care.

Refer to page 31 of the RFA for more information on MCP's payment design.

Refer to page 14 of the RFA for more information on the three track options within MCP.

Patient Population

Organization A's patient population faces significant barriers to care, and the providers can't always reach patients or help with needs or services that are not covered by Medicare FFS. They help patients with chronic conditions manage their care clinically, but do not have self-management work flows yet.

Community Partnerships

Organization A has a few specialty care providers they work with in the community but does not have the technology capabilities or workforce to support regular follow-ups with referrals. They are interested in learning more about how to use data to implement team-based care and build community partnerships.

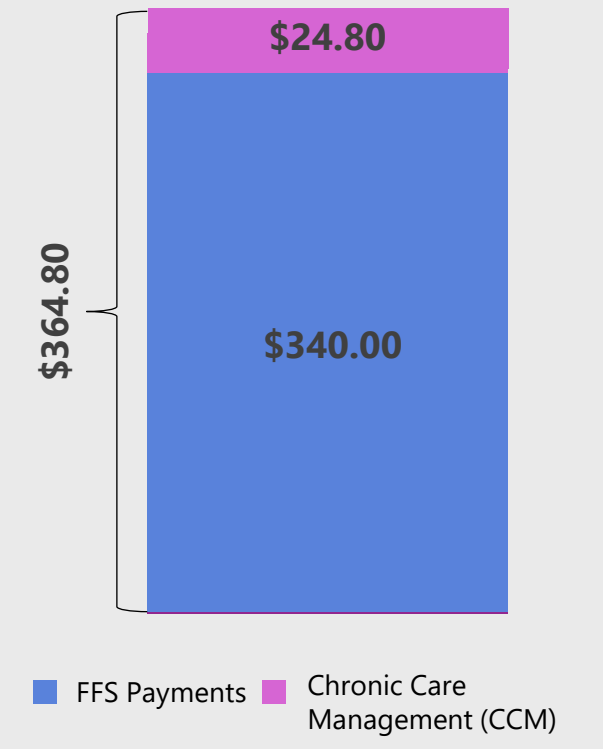
Technology Capabilities

Organization A doesn't have an e-consultation technology platform and would like to hire more staff to support a team-based care approach with follow-ups and referrals; they are eligible for MCP's upfront infrastructure payment, which is described more fully in the MCP RFA.

Organization A's Total Revenue Calculation ($ in Thousands) under Medicare FFS

Total Medicare FFS Beneficiaries: 1,000

Chronic Care Management (CCM): $23 per beneficiary per month (PBPM) for 90 beneficiaries



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Organization A in MCP Track 1

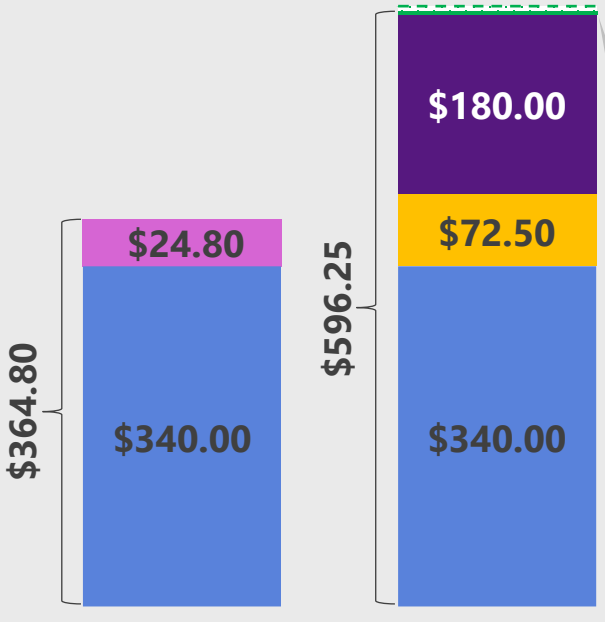
The example below demonstrates a hypothetical revenue calculation for example Organization A's performance characteristics in Track 1 of MCP.

Under MCP Track 1, Organization A qualifies for an Upfront Infrastructure Payment (UIP) and submits a spend plan to receive $72,500 in a lump sum in 2024 and a second lump sum payment in 2025. Organization A reports and receives credit for controlling high blood pressure and the Person-Centered Primary Care Measure (PCPCM)[1]. Organization A bills fee-for-service for primary care services and receives additional payments (Enhanced Services Payments) to expand the use of community health workers (CHWs) to high-risk patients who could benefit from their services.

Organization A's Total Revenue Calculation ($ in Thousands) in FFS-only vs. MCP Track 1

Total MCP-attributed beneficiaries: **1,000**

PPCP per beneficiary per month	• $21 based on own historical data
Enhanced Services Payments (ESP)	• Average ESP of $15 • 200 in highest risk category for ESPs[2]



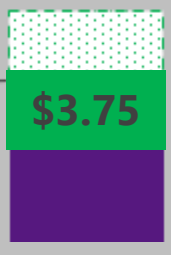
Organization A's Total Revenue Calculation ($ in Thousands) under Medicare FFS

Organization A's Total Revenue Calculation ($ in Thousands) in MCP Track 1

Example PIP Calculation

Diabetes control	25%	
Controlling high blood pressure	25%	✓
Colorectal cancer screening	25%	
Person-Centered Primary Care Measure (PCPCM)	25%	✓
Organization A receives **50% of the total possible PIP payment**	**$3,750**	

Organization A earned **50%** of possible PIP



Total Possible PIP: **$7.5**

- FFS Payments
- Potential Performance Incentive Payment (PIP)
- Achieved PIP for example performance period
- Enhanced Services Payment (ESP)
- Chronic Care Management (CCM)
- Upfront Infrastructure Payment (UIP) - installment #1

[1]Full credit for PCPCM is given for reporting in performance year 1 and performance year 2.
[2]ESPs will be adjusted to MCP-attributed beneficiaries characteristics, including the Medicare Part D low-income subsidy. The highest possible ESP PBPM in MCP is $25.

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Organization A in MCP Track 3

The example below demonstrates a hypothetical revenue calculation for example Organization A's performance characteristics in Track 3 of MCP.

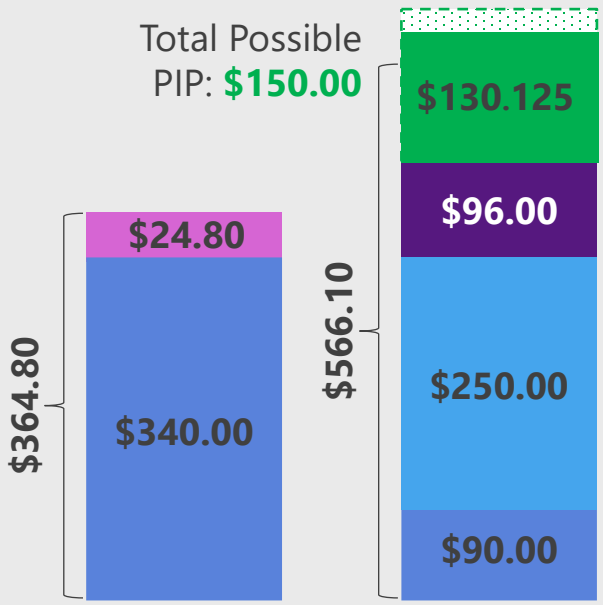
Organization A now offers individualized care plans and self-management support for diabetes and hypertension. They have implemented new screening workflows for colorectal cancer and depression. Organization A also works with community organizations and Specialty Care Partners to support patients with health-related social needs.

Organization A feels confident using available data to monitor patient health trends and understand payment. They use prospective payments to fund and implement care improvements.

Organization A's Total Revenue Calculation ($ in Thousands) in FFS-only vs. MCP Track 3

Total MCP-attributed beneficiaries: **1,000**

PPCP per beneficiary per month	• $21 based on own historical data
Enhanced Services Payments (ESP)	• Average ESP[3] of $8 • 200 in highest risk category for ESPs



Example PIP Calculation		
PCPCM	6%	
Diabetes Control	6%	
Controlling High Blood Pressure	6%	✓
Colorectal Cancer Screening	6%	
Screening for Social Drivers of Health	6%	
Screening for Depression & Follow-Up Plan[4]	4%	✓
Depression Remission at 12 months[4]	4%	Half credit given
EDU[4]	18.5%	
TPCC	18.5%	✓
TPCC CI	25%	

Organization A receives **86.75% of the total possible PIP payment** in this example performance period **$130,125**

- FFS Payments
- Potential Performance Incentive Payment (PIP)
- Achieved PIP for example performance period
- Enhanced Services Payment (ESP)
- Chronic Care Management (CCM)
- Prospective Primary Care Payment (PPCP)

[3]As participants progress across Tracks, ESP amounts decrease in each corresponding risk tier. For more information, refer to the Enhanced Services Payment section of the MCP RFA.
[4]Half credit is given for depression screening, depression remission, and EDU if participants are ≥50th but <80th percentiles.