



Making Care Primary (MCP) Model Payer Partner Letter of Intent

This form is for health insurance payers interested in partnering with the Center for Medicare and Medicaid Innovation to design and implement a model that aligns with the [Making Care Primary \(MCP\) Model](#), a primary care delivery and value-based payment model.

By signing this form, your organization is signaling an intent to:

- Design and implement a primary care payment model that aims to align with MCP in quality measurement, data provision, and learning strategy; and that moves providers away from fee-for-service and toward value-based payment;
- Submit a plan to the CMS Innovation Center by 2024 to implement an alternative payment model for primary care by 2027; and
- Meet regularly with the CMS Innovation Center to further model development and alignment between the date of signature and the conclusion of the MCP Model;
- Work with the CMS Innovation Center and other payers to achieve MCP's goals of implementing value-based payment and improving patient outcomes.

Please respond to the following questions and email your completed Letter of Intent (LOI) to Nicholas Minter at Nicholas.minter@cms.hhs.gov.

Provide the name of your organization:

Provide the state in which your organization will aim to initiate an alternative payment model for primary care (if your organization aims to initiate an alternative payment model in several states, please submit separate LOIs for each state):

Provide the name and contact information for the "Primary" person whom the CMS Innovation Center should contact for any questions or comments about your LOI.

Name _____
Title _____
Email _____
Phone Number _____

Provide the name and contact information for the "Secondary" person whom the CMS Innovation Center should contact for any questions or comments about your LOI.

Name _____
Title _____
Email _____
Phone number _____

By signing this form, I am indicating that _____ intends to partner with CMS in implementing the Making Care Primary Model (MCP) in the state indicated above. I understand that this form is non-binding and does not obligate _____ to partner with CMS in Making Care Primary (MCP) or any other future model.

Signature: _____ Date: _____