AAFP ORGANIZATIONAL SUPPLEMENT

Primary Care First Practice Assessment Checklist

The Primary Care First (PCF) model is intended to reward outcomes, increase transparency around data, enhance care for populations with high needs, and reduce administrative burden. The two goals of the model are to reduce Medicare spending by preventing avoidable inpatient hospitalizations and to improve quality of care and access to care for all beneficiaries. Starting in 2021, PCF will be open to primary care clinicians practicing in 26 participating states and regions. Practices interested in taking part in the program must submit an application by January 22, 2020.

Use this checklist to assess your practice's readiness to participate in PCF, including care delivery capabilities, data infrastructure, and potential financial impact.

1. Review model details.

- Request for Applications – due January 22, 2020
- PCF FAQs

2. Determine if your practice is eligible to participate.

- Know the number of traditional Medicare patients in your practice (defined as the physical "brick-and-mortar'" location where you see patients). You need a minimum of 125 attributed patients to participate.
- Have advanced care delivery functions in place. CMS will not be prescriptive, but you should consider your practice's capabilities and their impact on success in the model.
  i. Practices must provide 24/7 access to a clinician with real-time electronic health record (EHR) access, risk-stratified care management, and integrated behavioral health.
  ii. Practices also need to assess/support patients' psychosocial needs, have a regular process for patient/caregiver engagement, and set goals to continuously improve on outcome measures.
- If you are in a multispecialty practice, ensure 70% of your practice's eligible primary care clinicians' combined revenue comes from primary care services.
- Evaluate your practice's experience with value-based payment (VBP) arrangements. Any of the following would be considered experience with VBP:
  i. Some level of capitation, pay for performance, shared savings, performance-based incentive payments, and other alternatives to fee for service (FFS). Experience with capitation will make the transition to PCF easier since the model includes partial capitation.
- Make sure you meet the health information technology (HIT) requirements, which include using 2015 Edition Certified Electronic Health Record Technology (CEHRT); supporting data exchange with other providers and health systems via Application Programming Interface (API); and connecting to your regional health information exchange (HIE), if available.
- Ensure you are not participating in another model or practice type that excludes your practice from participating in PCF, such as a federally qualified health center (FQHC), rural health clinic (RHC), concierge practice, Next Generation ACO, or Comprehensive Primary Care Plus (CPC+). CPC+ practices will be eligible to apply in 2021 for participation in 2022.

3. Evaluate your practice's readiness to participate.

- Assess the impact of participating in PCF by comparing your estimated revenue to revenue from comparable services provided under FFS.
  i. Population-based payment (PBP): Using the average hierarchical condition category (HCC) risk score, determine the PBP group to which your practice will likely be assigned. You will not be able to bill chronic care management codes because these are considered duplicative of the PBP. Use your average HCC risk score to determine which payment level you fall into:

Practice Risk Group	Payment Per Beneficiary Per Month
Group 1: Average HCC <1.2	$28
Group 2: Average HCC 1.2-1.5	$45
Group 3: Average HCC 1.5-2.0	$100
Group 4: Average HCC >2.0	$175

1. Determine the average HCC risk score for traditional Medicare patients in your practice. This score will determine your monthly PBP payment level in PCF. Use your National Provider Identifier (NPI) to look up your average HCC risk score here (Medicare public use data file). Do this for every clinician in your practice who meets the following inclusion criteria: MD, DO, certified nurse specialist (CNS), nurse practitioner (NP), or physician assistant (PA) in a primary care specialty (internal medicine, general medicine, geriatric medicine, family medicine, and hospice and palliative medicine). Average these HCC risk scores to get an idea of the PBP group to which you may be assigned.

Continued on back

DPA19101289

2. Note that the HCC risk score found in the Medicare public use data file includes all traditional Medicare patients you have seen in all settings, including the emergency department, not just patients seen in your practice setting.

ii. Flat visit fee: PCF practices will receive a flat visit fee of $40.82 when they bill a Healthcare Common Procedure Coding System (HCPCS) code for an eligible primary care service (see list below) for an attributed beneficiary. Note: Billing for two of the following codes at the same visit will only result in one flat visit fee being paid.

CPT/HCPCS Codes	
Office/Outpatient Visit E/M	99201-99205 99211-99215
Prolonged E/M	99354-99355
Transitional Care Management Services	99495-99496
Home Care E/M	99324-99328, 99334-99337, 99339-99345, 99347-99350
Advance Care Planning	99497, 99498
Welcome to Medicare and Annual Wellness Visits	G0402, G0438, G0439

CPT = Current Procedural Terminology; E/M = evaluation and management; HCPCS = Healthcare Common Procedure Coding System.

Reprinted from Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation. Primary Care First request for applications. Version 1. Accessed November 14, 2019. https://innovation.cms.gov/Files/x/pcf-rfa.pdf

iii. Use the AAFP PCF Dashboard to assess the impact of PCF participation on your yearly revenue. If you are a Medicare Shared Savings Program (MSSP) practice, use this information and potential bonus amounts to assess the impact participation in PCF would have on your shared savings.

- Other payers in your market with VBP
  i. PCF is designed to be multipayer and CMS will recruit payers in the 26 PCF regions to participate. When considering if the PCF model is right for you, evaluate the number of payers in your market moving to value-based payment. Reach out to provider representatives for your top payers to get information on VBP arrangements they offer as a part of PCF or separately.
- Data infrastructure and analysis capabilities
  i. Evaluate your practice's ability to analyze claims line feed data from CMS.
  ii. Ascertain if you are able to obtain registry, EHR, and electronic clinical quality measures (eCQM) data for your PCF practice site distinct from health system or other practice data and if you have appropriate staff who can review and analyze the data.
  iii. Ensure there is adequate technical support available from your EHR/registry vendor.

4. If you decide to applymake sure you do the following:

- Ensure all your traditional Medicare patients receive an Annual Wellness Visit (AWV) in the coming year. AWVs are an opportunity to capture diagnosis codes for accurate HCC risk scores and to ensure those patients are attributed to your practice.
- Educate your patients on selecting their primary care clinician on MyMedicare.gov. Voluntary alignment is the first step in beneficiary attribution for PCF and supersedes claims-based attribution.
- Confirm payment levels before signing a participation agreement with HCC data provided by CMS.

Resources:

Center for Medicare & Medicaid Innovation (CMMI)

PCF Request for Applications: https://innovation.cms.gov/Files/x/pcf-rfa.pdf

PCF FAQs: https://innovation.cms.gov/Files/x/pcf-faqs.pdf

PCF Website: https://innovation.cms.gov/initiatives/primary-care-first-model-options/

AAFP

CMS Primary Cares Initiative Webpage: https://www.aafp.org/practice-management/payment/medicare-payment/aapms/cms-primary-cares-initiative.html

AWV Website: https://www.aafp.org/practice-management/payment/coding/medicare-coordination-services/awv.html

HCC Website: https://www.aafp.org/practice-management/payment/coding/hcc.html

CMS

Voluntary Alignment Beneficiary Fact Sheet: https://rgvha.org/wp-content/uploads/2018/05/2018-Voluntary-Alignment-Beneficiary-Fact-Sheet.pdf

Medicare Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report: https://data.cms.gov/Medicare-Physician-Supplier/Medicare-Physician-and-Other-Supplier-National-Pro/n5qc-ua94/data