Assessment of "Primary Care First" Mini-Summit X, Part 1 2:00 p.m. - 2:45 p.m.

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(Moderator)

APM COMPONENT	PRIMARY CARE FIRST
Payments for Office Visits	 \$50 payment for each office visit with an attributed patient, regardless of length, in place of current office visit fees Standard office visit payments continue for unattributed patients
New Payments for Evaluation & Mgt Services	 Monthly payment for each attributed patient equivalent to current average revenues for office visits No difference in \$ based on individual patient needs Monthly payment for all patients in the practice is higher if the overall average risk score in the practice is higher
Care Management Services	No separate payment for care management services
Performance-Based Payments	 Payments increased by up to 50% based on rate of hospitalizations relative to other practices, if performance standards on quality measures is met Payment reduced by 10% if quality performance is low or hospitalization rate is high
Performance Measures	All cause hospitalization rate for attributed patients Five quality and patient experience measures for lower-risk patients; three measures for higher-risk patients
Patient Eligibility	 Patients are attributed to the practice based on the proportion of visits made to the practice over the prior two years Patients can voluntarily "align" with the practice by designating it on the CMS website
Measure of Patient Needs	CMS Hierarchical Condition Categories (HCCs)
Practice Eligibility	 Only open to practices in Alaska, California, Delaware, Florida, Maine, Massachusetts, New Hampshire, and Virginia and to non-CPC+ practices located in the 18 CPC+ regions Practices must have at least 125 Medicare beneficiaries and "experience with value-based payment arrangements"