Note: The application period for this model closed on November 30, 2023

Making Care Primary (MCP) is an alternative payment model (APM) created by CMS to offer primary care clinicians another way to receive payment for their services.

MCP was initially offered in 8 states (CO, NC, NJ, NM, NY, MA, MN, and WA), and the application portal closed in November 2023. Updated information will be provided should the program open to new participants.

Eligible participants include <u>solo primary care practices</u>, <u>Indian Health Programs</u>, <u>Federally Qualified Health Clinics (FQHCs)</u>, <u>group practices</u>, <u>health systems</u>, and <u>certain Critical Access Hospitals (CAHs)</u>. Ineligible participants include <u>rural Health Clinics</u> (RHCs), concierge practices, <u>Grandfathered Tribal FQHCs</u> and <u>PCF/ACO REACH Participant Providers active as of 5/31/23</u>.

MCP is set to last for 10.5 years. The unprecedented length of MCP was selected to allow program participants extended time to adapt to and familiarize themselves with the program's requirements. This progressive model consists of three tracks-

Track 1 "Building Infrastructure"	Track 2 "Implementing Advanced Primary Care"	Track 3 "Optimizing Care & Partnerships"
Onboarding for clinicians with no experience in value-based care	For clinicians with	
conventional fee-for- service (FFS) to pay for services	Uses a 50/50 mix of FFS and prospective, population -based payments	Uses only prospective, population -based payments
Participants can remain on this track for up to 2.5 years	Participants can remain on this track for up to 2.5 years	Participants can remain on this track for the full duration of the model, i.e., 10.5 years

*see Supplemental Payments

Participants can select which track they feel most comfortable starting in and can progress to the next track as they build readiness for the care delivery and payment mechanisms specific to the subsequent track.

Upfront
Infrastructure
Payment (UIP)
Track 1 ont (UIP)

Specialty Care



Track 1 participants will use data tools to identify high-quality specialists.



Track 2 participants will identify high-quality Specialty Care Partners through collaborative care arrangements (CCAs) and implement enhanced e-consults with at least 1 specialist.

Track 3 participants will establish enhanced relationships with Specialty Care Partners

Behavioral health