Primary Care First

Foster Independence. Reward Outcomes.

Seriously Ill Population (SIP) Payment Model Option

Center for Medicare & Medicaid Innovation (CMMI)

The SIP Model Option Aims to Impact the Lives of Seriously Ill Patients

Example SIP Patient:

Tom

Age: 87

Diagnosis: End stage chronic obstructive pulmonary disease (COPD), Congestive Heart Failure (CHF), Osteoarthritis

Patient Notes:

- Sees **multiple different specialists** seeking care to address his symptoms
- **Recurrent emergency department visits** (5 this year) and hospitalizations (3 in the past 6 months)
- **Unable to get timely appointments** with a primary care provider or pulmonologist
- **Confusion** regarding what to do, or which clinician to call when symptoms arise
- **No developed care plan** (i.e. has not identified goals, care preferences, or a healthcare proxy)
- **Walks with a cane** and uses stairs to get to his second floor bedroom
- Has a cupboard filled with **multiple pill bottles and inhalers**, some of which are duplicative or expired

The SIP Model Option Seeks to Address Fragmented Care Among High-Need Patients

Fragmented, siloed care

- Poor care coordination
- Difficulty navigating care plan
- Undesired or unnecessary treatments

Lack of care management programs focused on filling gaps in care

- Frequent visits to hospitals, skilled nursing facilities, and specialists' offices
- Frequent complications
- Increased caregiver dependency

High healthcare costs and low patient satisfaction

The SIP Model Option Aims to Transform Care for High-Need Patients

Goals of SIP Model Option*

Offer a transitional high touch, intensive intervention to help stabilize SIP patients; promote relief from symptoms, pain, and stress; develop a care plan; and transition them to a provider who can take responsibility for their longer-term care needs

Provide participating practices with additional financial resources to proactively engage SIP patients, address their intensive care needs, and help them achieve clinical stabilization and transition

Transform high-need patient care into a replicable population health initiative that is patient-centered and supports long-term chronic care management

*Aligned with Physician-Focused Payment Model Technical Advisory Committee (PTAC) recommendations

SIP Patients Experience Siloed Care and Serious Illness

SIP Patient Criteria

CMS will use claims data to identify beneficiaries in designated service areas who meet **both** of the following criteria:

(1) Fragmented pattern of care, defined as at least one of the following characteristics:

- No single practice, defined at the TIN (Taxpayer Identification Number) level, provided more than half of a beneficiary's evaluation and management visits
- High rate of hospital visits, including emergency department use

(2) Serious illness, defined as at least one of the following characteristics:

- Medical complexity
- High hospital utilization
- Signs of frailty

Eligibility Requirements for the SIP Model Option Differ Slightly from the General Primary Care First Model Option

Practices receiving SIP-identified patients must provide:

- ✓ An interdisciplinary care team that includes physician/nurse practitioner, care manager, registered nurse (RN), and social worker (optional team members include behavioral health specialist, pharmacist, community services coordinator, and chaplain)

- ✓ Comprehensive, person-centered care management ability, including ability to assess social needs of patients

- ✓ Relationships with community and medical resources and supports in the community to help address social determinants of health, medical, and behavioral health issues

- ✓ Wellness and healthcare planning as part of management of SIP patients

- ✓ Family and caregiver engagement

- ✓ 24/7 access to a member of the care team

Practices May Participate in the SIP-Only Option of Primary Care First

Primary Care First applicants can apply to be assigned SIP patients in their service area who express interest in the model

Option **1**

Primary Care First High Need Populations Payment Model Only

Also known as the SIP-only Option

Option **2**

Participation in Primary Care First General and High Need Populations Payment Models

- **Hospice and palliative care** practitioners can participate as a physician practice

- SIP-only practices are expected to have a **network of relationships** with a variety of care organizations in a SIP beneficiary's community in order to help facilitate care transitions

- **No minimum beneficiary requirement** to be eligible to participate for SIP-only practices

Practices May Also Participate in the General and SIP Primary Care First Model Options

Primary Care First applicants can apply to be assigned SIP patients in their service area who express interest in the model

Option (1)

Primary Care First High Need Populations Payment Model Only

Also known as the SIP-only Option

Option (2)

Participation in Primary Care First General and High Need Populations Payment Models

- Must meet **eligibility requirements for both Primary Care First and Primary Care First SIP** payment model options

- **Hospice and palliative care** practitioners can participate by partnering with a participating Primary Care First practice that includes these practitioners on its practitioner roster, or through an affiliated physician practice that meets the Primary Care First General requirements

CMS Follows a Series of Steps to Identify and Engage SIP Patients

Once CMS validates that beneficiaries meet claims-based SIP eligibility criteria, beneficiaries are engaged in the model through the following steps:

CMS contacts SIP-eligible patients to solicit their interest in the model with support (e.g., via community-based organizations).

In real time, CMS refers interested SIP-eligible patients to participating practices and helps set up an appointment.

Participating practices seek to make contact as soon as possible with interested SIP patients (e.g., within 24 hours) but no later than 60 days, as evidenced by a Medicare claim for a face-to-face visit.

Participating practices may also receive, on a limited case-by-case basis, referrals of SIP beneficiaries not identified by claims data.

The SIP Model Option Includes Four Different Payment Components

SIP Payments

One time payment for first visit	+	Monthly professional population-based payment	+	Flat visit fee	+	Quality payment adjustment
$325 *(not geographically adjusted; inclusive of flat visit fee)*		**$275 PBPM* base rate** minus a withhold *(both geographically adjusted)*		Base rate **$50.52** per face-to-face encounter *(begins after second visit; geographically adjusted)*		Base rate **+/- $50 PBPM*** *(geographically adjusted)*

Quality to include a focus on successful transitions made at the earliest, most appropriate time.

*PBPM stands for per beneficiary per month.

A Variety of Services Are Included in the Flat Visit Fee

- **Face-to-face visits will generally be billed as a Flat Visit Fee.**

- **Illustrative examples of the types of services that would fall under the Flat Visit Fee and should not be billed separately under fee-for-service include:**

Office/Outpatient Visit Evaluation and Management	**Prolonged Evaluation and Management**	**Transitional Care Management Services**	**Home Care Evaluation and Management**
Advance Care Planning	**Welcome to Medicare and Annual Wellness Visits**	**Face-to-Face Visits Related to Chronic Care Management**	

The SIP Model Option Monitors Practice Performance Across Multiple Quality Measures*

24/7 Clinician Access *(monitoring assessment in Performance Years 1 and 2)*

Measures beneficiaries' perception of round-the-clock access

Days at Home *(monitoring assessment in Performance Years 1 and 2)*

Leverages a patient-defined goal and system measure of success; measures the number of days a SIP patient remains outside of an institutional care setting

Patient Experience of Care Survey *(monitoring assessment in Performance Year 1)*

Emphasizes patient experience, inclusive of domains such as getting timely appointments, care and information, quality communication with providers and patient rating of provider and care

Advance Care Plan

Ensures that patients' wishes regarding medical treatment be established

Total Per Capita Cost Measure (TPCC)

Provides meaningful information about total Medicare Part A and Part B costs associated with delivering care

Same measures as Primary Care First practices in Practice Risk Groups 4 and 5; CMS may assess one or more of these measure more often than annually (e.g., twice per year) in future years, and the measures used may change during the model as clinical standards and quality measurement approaches evolve.

Payments for a Participating Practice Change After Transitioning a Patient Out of SIP

After transitioning a SIP patient to the most appropriate practice or care setting, a practice's payments for the patient's care will change based on which model option they have chosen:

Option 1

Primary Care First High Need Populations Payment Model Only

Also known as the SIP-only Option

- **Will no longer receive SIP Payment Model Option payments** but can receive standard Medicare fee-for-service payments for these patients' care

Option 2

Participation in both options 1 and 2

- **Revert to payment structure of general track**, including professional risk-adjusted, population-based payment

CMS expects that SIP-only practices will **facilitate transition of SIP patients** to a primary care practice or other care provider or setting that can better meet the patient's longer-term care needs

SIP Practices Can Request a Delay in the Implementation of Certified Electronic Health Record Technology (CEHRT)

SIP-only practices can request a **one-year implementation delay for the CEHRT requirement** and **begin using CEHRT at the beginning of Performance Year 2**.

- Hospice and palliative care practitioners may lack resources to meet CEHRT requirements in year one of the model.

- SIP participants without CEHRT may require additional time to implement necessary workflow and IT changes.

- SIP participants that meet requirements for CEHRT will be evaluated separately for the purposes of determining if SIP can be considered an AAPM for year one of the model.

Note: SIP-only practices beginning in 2021 must have CEHRT.

Claims-Based Monitoring of SIP Practices Assesses Progress in Meeting Model Goals

Participant monitoring is designed to ensure that practices are engaging SIP patients in a variety of ways based on each beneficiary's current and anticipated needs.

Evidence of SIP patient engagement may include:

- Completion of initial face-to-face visit after receiving a SIP patient attribution list
- Amount and type of services provided to SIP patients (including face-to-face and telephonic encounters)
- Hospital admission and re-admission rates
- Post-hospital discharge follow up
- Quality and appropriateness of care transitions

CMS will also monitor for evidence of fragmented care and unnecessary hospital utilization following transition of the beneficiary.

Care and Health Outcomes of SIP Patients Improve as a Result of SIP
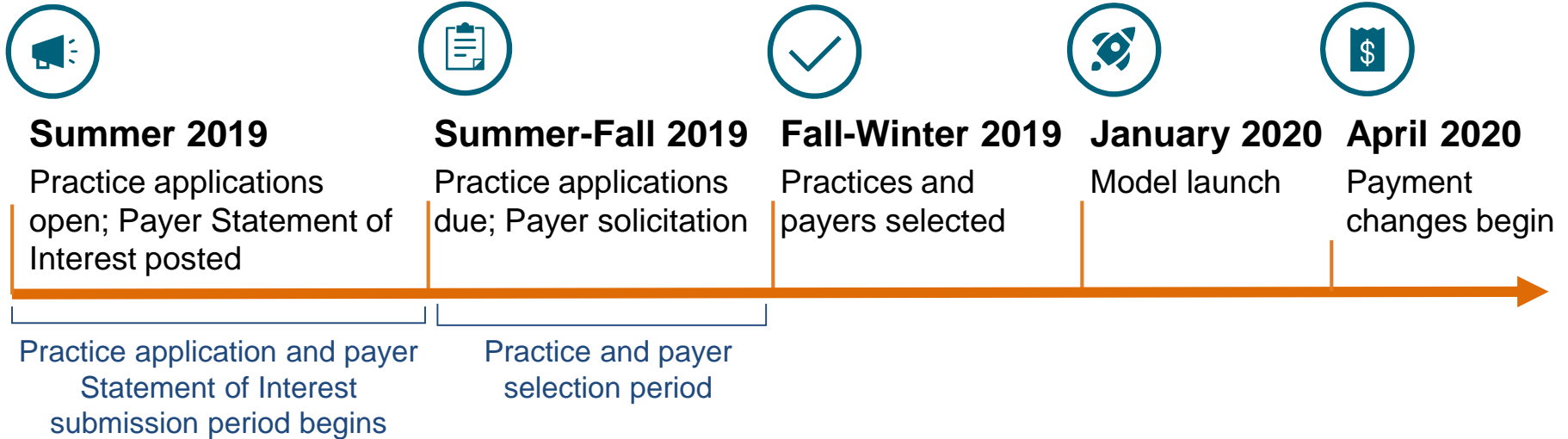
Example SIP Patient:

Tom

Age: 87

Diagnosis: End stage chronic obstructive pulmonary disease (COPD), Congestive Heart Failure (CHF), Osteoarthritis

As a result of Primary Care First:

- **Tom's primary care provider is closely coordinating care** in conjunction with specialists, and Tom receives timely appointments that are coordinated with caregivers

- **No Emergency Department visits** in the past 3 months; he had 2 COPD exacerbations that were managed in the outpatient setting

- Tom knows what to do and who to call if symptoms worsen, with a **clinician available 24/7**

- Tom understands his illness, has identified a long-term plan specific to his goals, **created an advance care plan** including his end-of-life care preferences and identified a healthcare proxy

- **Home safety evaluation** was performed, and Tom's bedroom was moved to the first floor

- **Medication reconciliation** performed, expired medications were discarded, and Tom now uses a pill organizer and carries his medication list with him

Primary Care First Will Launch in Early 2020

Summer 2019
Practice applications open; Payer Statement of Interest posted

Summer-Fall 2019
Practice applications due; Payer solicitation

Fall-Winter 2019
Practices and payers selected

January 2020
Model launch

April 2020
Payment changes begin

Practice application and payer Statement of Interest submission period begins

Practice and payer selection period

Prepare for model application release by confirming your organization's eligibility and willingness to participate today.

Use the Following Resources to Learn More About Primary Care First

For more information about Primary Care First and to stay up to date on upcoming model events:

Visit

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

Call

1-833-226-7278

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Reminder: More detail will be provided in Part II of the SIP Webinar Series