

April 2019 CMMI Proposals for Innovative Payment Models Introductory Table

Name	Qualifications	Payments	Quality measures	Major unknowns
Primary Care First – Base model	>125 beneficiaries In one of 26 geographic areas (given below)	<ul style="list-style-type: none"> ➤ Population payment quarterly on average HCC ➤ Flat fee for face-to-face ➤ Bonus for performance (up to 50% higher and 10% lower) 	CAHPS Colon Ca BP Diabetes Care plan	All settings? How to generate an HCC for beneficiaries new to Medicare A and B and how to adjust for increasingly well-managed in future years?
Primary Care First – seriously ill	No minimum N Take referrals of affected elders and reach out to get them into the practice – in one of 26 geographic areas (below)	As above, and an additional monthly payment for start-up and maybe for longer	Delete diabetes and ca screening – add others not yet specified	Qualification will be by diagnoses without severity? Deal with regression to the mean and dying?
Primary Care First – combined – both of the above	>125 benes In one of the 26 geographic areas (below)	As above	Unspecified	
Direct Contracting Professional	N req Attribution with bene opt-out; bene still can go anywhere	<ul style="list-style-type: none"> • 50% up and down 		
Direct Contracting Global	N >5000 Attribution with bene opt-out; bene still can go anywhere	<ul style="list-style-type: none"> • 100% up and down 		
Direct Contracting Geographic	Proposing 75,000 Medicare benes	Currently, 100% up and down, total costs of care in Medicare		Comments by May 23