

# CMS PRIMARY CARE ADVANCE ALTERNATIVE PAYMENT OPPORTUNITY

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## WHAT IS THE CMS DIRECT CONTRACTING PROGRAM?

- o Direct Contracting is an advanced alternative payment opportunity that focuses on reinvesting dollars back into primary care.

## WHAT BENEFITS CAN I GAIN FROM JOINING THIS PROGRAM?

- ◆ **Financial**
  - Primary care providers (physicians and advance practice providers) can earn at least 30% more revenue per visit on their aligned Medicare FFS beneficiaries.
  - Health care organizations can also gain additional revenue by receiving a PMPM fee for up to 5 years.
  - No delay in cash flow like MSSP or Next Gen.
- ◆ **Reporting**
  - Can participate in a CMS Advanced Alternative Payment Model (AAPM) without having to take on risk.
  - Will receive the 5% AAPM MIPS bonus.
  - Could potentially be excluded from reporting MIPS.
- ◆ **Resource**
  - Dedicated Quality Improvement Advisor(s) (QIA) to help drive improved quality, health and cost outcomes based on the initiatives and measures you would like to improve.
- ◆ **Technology**
  - No mandatory quality measure selection or reporting requirements due to the use of the Clover Assistant tool.

## WHAT IS THE CLOVER ASSISTANT TOOL?

- o The Clover Assistant tool is a web-based application powered by clinical and claims data on Medicare beneficiaries. The Clover Assistant supports you by:
  - Dynamically surfacing up-to-date, patient-specific information, including care gaps, medications, and potential diagnoses.
  - Providing you with a comprehensive view, populated with data from anywhere aligned beneficiaries have received care.

## WHAT TYPE OF PARTICIPATION OPTIONS DO I HAVE?

- o **Option 1:** FFS revenue increases for aligned Medicare beneficiaries by at least 30%.
- o **Option 2:** Shared savings, no downside.
- o **Option 3:** Shared savings with downside risk.

## WHAT TYPES OF SUPPORT CAN I GET?

- o **Tier 1:** Dedicated Quality Improvement Advisor(s) (QIA) to help providers and practices implement the program.
- o **Tier 2:** Dedicated Quality Improvement Advisor(s) (QIA) to help providers and practices implement the program and align all value-based incentive strategies and activities, optimizing workflows and processes to achieve optimal success in population health.
- o **Tier 3:** In addition to what's offered in Tier 2, providers and practices have access to national physician experts to guide the adoption and implementation of evidence-based clinical programs that addresses the needs of their most vulnerable, high-cost patient populations.

## CAN I LEAVE THE PROGRAM IF I DO NOT LIKE IT?

- o Yes, participants just need to give written notice.