Primary Care First

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association
Primary Care

Frequently Asked Questions

What is Primary Care First?

Primary Care First is a multi-payer model of care delivery and payment. Primary Care First fosters practitioner independence by increasing flexibility for primary care, providing participating practitioners with the freedom to innovate their care delivery approach based on their unique patient population and resources.

What are the eligibility requirements?

The Arkansas Blue Cross and Blue Shield PCF Program eligibility requirements include the following:

- The provider type must meet the CMS primary care practitioner definition: Primary Care Physicians (MD, DO); Nurse Practitioner (APRN, APN, NP); Physician Assistant (PA); or Clinical Nurse Specialist (CNS), who have a specialty designation (family medicine, internal medicine, general medicine, or geriatric medicine.
- The provider must use 2015 Edition Certified Electronic Health Record Technology (CEHRT).
- The provider must be enrolled in the following networks: Arkansas Blue Cross and Blue Shield PPP, Health Advantage HMO, Arkansas' First Source PPO and True Blue PPO.
- The provider must not be participating in the Arkansas Blue Cross PCMH, CPC+, or other value-based program or agreement for the same panel of patients.

How do I enroll?

After approval from CMS, clinics and providers will complete the Arkansas Blue Cross PCF enrollment application and return Arkansas Blue Cross contracts with original signatures.

What is the payment model for Arkansas Blue Cross Primary Care First?

The payment model for Primary Care First is heavily influenced by the CMMI payer rubric. The payer rubric, in general, requires that the payment model move away from fee-for-service and instead replace it with risk adjusted payments. Additionally, participating practices can earn upside and downside adjustments to their payment based on their performance on certain utilization, quality, and patient experience measures.

Are non-CPC+ practices eligible to join PCF as part of the second cohort, which will join the model in 2022?

CMS announced in February 2021 that in addition to CPC+ practices, other non-CPC+ practices will also be eligible to apply for participation for the 2022 program year.

Does Arkansas Blue Cross PCF have a flat visit fee?

The Arkansas Blue Cross PCF payment model does not have a flat visit fee. Instead, practices will receive a discounted plan payment for E&M codes.

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If I add a provider to my practice mid-year, how are care management fees calculated?

New providers will earn base care management fees until they have a full quarter of performance to measure. Adjustments to care management fees are paid the 2nd quarter after the performance period.

What type of data will be shared with the clinics?

Arkansas Blue Cross Care Management Portal houses data by practice, provider, and patient.

- Quality data shows patients who have care gaps, and reports can be exported for practices to work on closing care gaps.
- Utilization data provided can be drilled down to the patient level to identify those patients with frequent ED visits and inpatient hospitalization who may need additional care management, self-management support, education or disease management.

Will the Patient Experience of Care Survey results be shared with the practices?

Yes, Arkansas Blue Cross (or a vendor) will field a survey of our members. Results of the survey will be shared with practices.

Who should I contact if I have additional questions?

If you have additional questions you may submit them via email to primarycare@arkbluecross.com