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# Applying to Participate in MDPCP 2021

## Program Management Office

May 19, 2020

# Agenda

- Program Background
- Program Description, Requirements, and Information
- Eligibility
- What's in the Application?
- Completing the Application



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# Program Background

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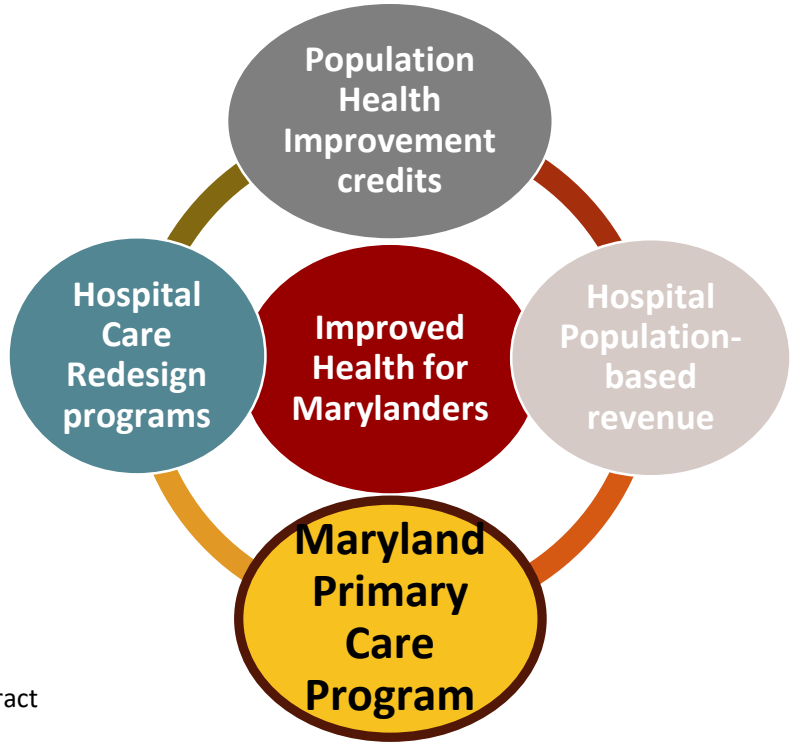
# Total Cost of Care Model Components

"Under this Model, CMS and the State will test whether **statewide health care delivery transformation,** together with population-based payments, improves population health and care outcomes for individuals while controlling the growth of Medicare Total Cost of Care"

Source: Maryland Model Contract




- Reduce Medicare expenditures by an annual run rate of $300m by 2023
- Innovate hospital/provider partnerships
- Gain credit for improving overall population health
- **Build a strong, effective primary care delivery system inclusive of medical, behavioral and social needs**

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# Big Picture – Setting an Example for the Nation with a Multipayer Statewide Program

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# MDPCP Goals

Is MDPCP right for me? Ask yourself if you want to:

- Support the Total Cost of Care Model and redesign of care delivery in Maryland including
  - Transition to Track 2 by end of your 3rd year
  - Transform your practice for all patients
  - Create a unified, collaborative primary care network for Maryland
- Help the State meet TCOC Model commitments including:
  - Reducing Medicare FFS per capita health costs
  - Improvement on quality and utilization metrics
  - Improvement on population health indicators
- Advance primary care to:
  - Manage health of high and rising risk individuals in community
  - Reduce hospital utilization
  - Provide preventive care; address behavioral health and social needs



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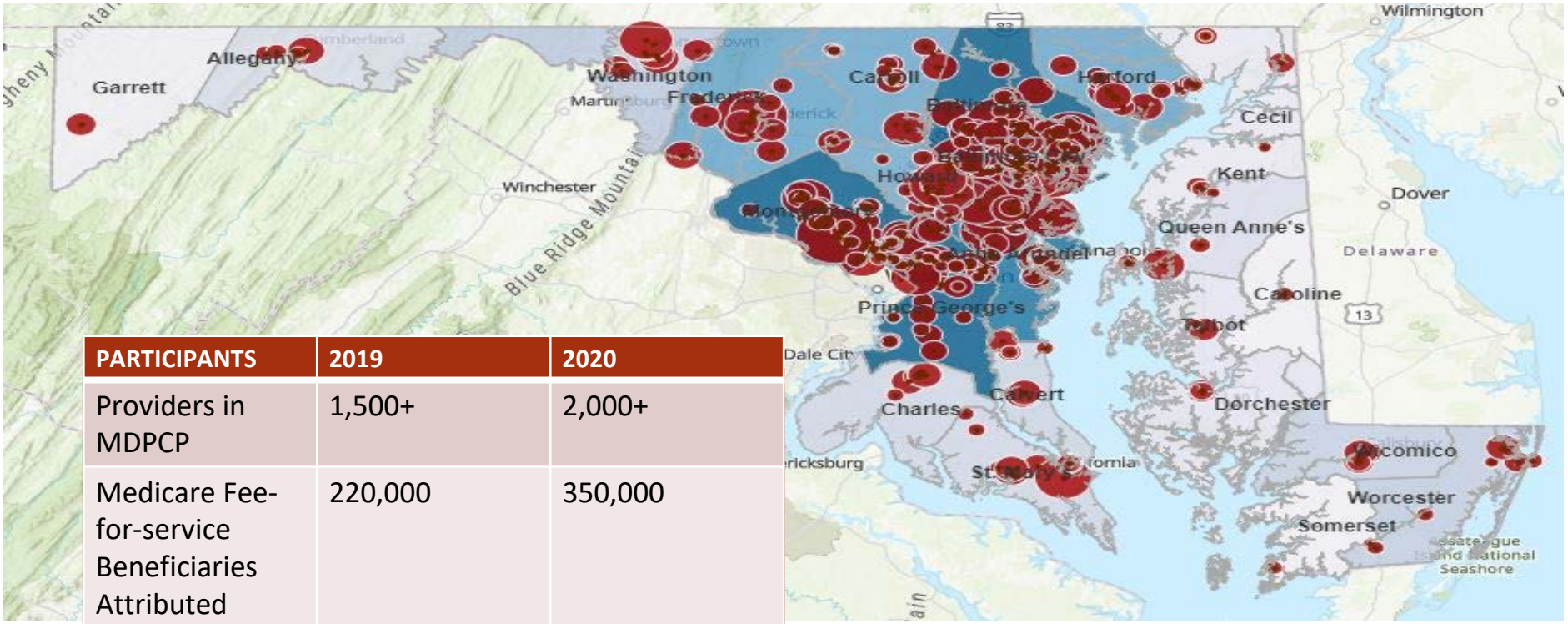
# MDPCP – 476 Practices currently




| PARTICIPANTS | 2019 | 2020 |
|---|---|---|
| Providers in MDPCP | 1,500+ | 2,000+ |
| Medicare Fee-for-service Beneficiaries Attributed | 220,000 | 350,000 |
| Marylanders Served | 2,000,000 – 3,000,000* | 2,700,000 – 3,800,000* |

** The Annals of Family Medicine, 2012* http://www.annfammed.org/content/10/5/396.full

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# Program Year 2

**476 Practices Participating**

- 350,000 attributed Medicare FFS beneficiaries
- 3,000,000+ patients in practices
- ~ 2,000 Primary Care Providers
- ~ 40% practices employed by hospitals
- All counties represented
- 438 CareFirst PCMH aligned practices (~515,000 members)
- 24 Care Transformation Organizations (min 6/county)
  - **16 of 24 are hospital-based**

Dual-Eligible Population in MDPCP:

- more than 50% of state now in practices today
- growing to 88% of non-institutionalized

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# What's New in MDPCP?

2020

- CareFirst joined as an aligned Payer
- Expanded CRISP Reports including COVID Vulnerability Index
- Requirement of 5% of attributed beneficiaries under care management
- Quarterly reporting reduced to semi-annual

2021

- FQHCs are now eligible to apply for Track 1

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# Program Requirements



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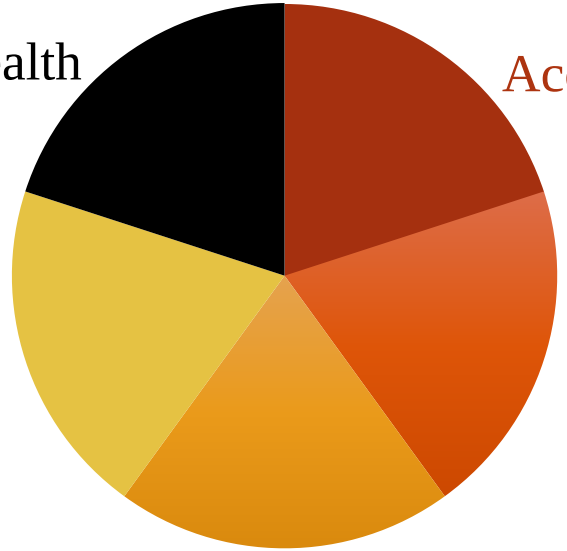
# MDPCP is Building Key Capabilities

## Primary Care Functions:



### Planned Care for Health Outcomes

**Advanced Health Information Technology**
**Continuous Quality Improvement**

### Access & Continuity

**Expanded Access**
**Alternative Visits**

### Beneficiary & Caregiver Experience

**Patient and Family Advisory Council**

### Care Management

**Risk-Stratified Care Management**
**Transitional Care Management**

### Comprehensiveness & Coordination

**Behavioral Health and Social Needs**
**Medication Management**

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# 2020 Performance Metrics

## Quality

**Electronic Clinical Quality Measures (eCQM)** include:

- Outcome measures – Diabetes and Hypertension Control (NQF 0018 & 0059)

**Patient Satisfaction**

- Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) – survey of practice patients (NQF 0005)

## Utilization

- Emergency department visits per 1,000 attributed beneficiaries (HEDIS)
- Hospitalizations per 1,000 attributed beneficiaries (HEDIS)

*2021 Measures TBD*



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# Payment Incentives in the MDPCP

## Practices – Track 1/Track 2

**Care Management Fee**

- **$6-$100 Per Beneficiary, Per Month (PBPM)**
  - Tiered payments based on acuity/risk tier of patients in practice including $50/$100 to support patients with complex needs, dementia, and behavioral health diagnoses
- Timing: Paid prospectively on a quarterly basis, not subject to repayment

**Performance-Based Incentive Payment**

- **Up to a $2.50/$4.00 PBPM payment opportunity**
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis, subject to repayment if benchmarks are not met

**Underlying Payment Structure**

- Track 1: Standard FFS
- Track 2: Partial pre-payment of historical E&M volume with 10% bonus
- Timing:
  - Track 1: FFS;
    Track 2: hybrid prospective and FFS

*MSSP ACO practices do not receive the Performance-Based Incentive Payment*
*Potential for additional bonuses via AAPM Status under MACRA Law*



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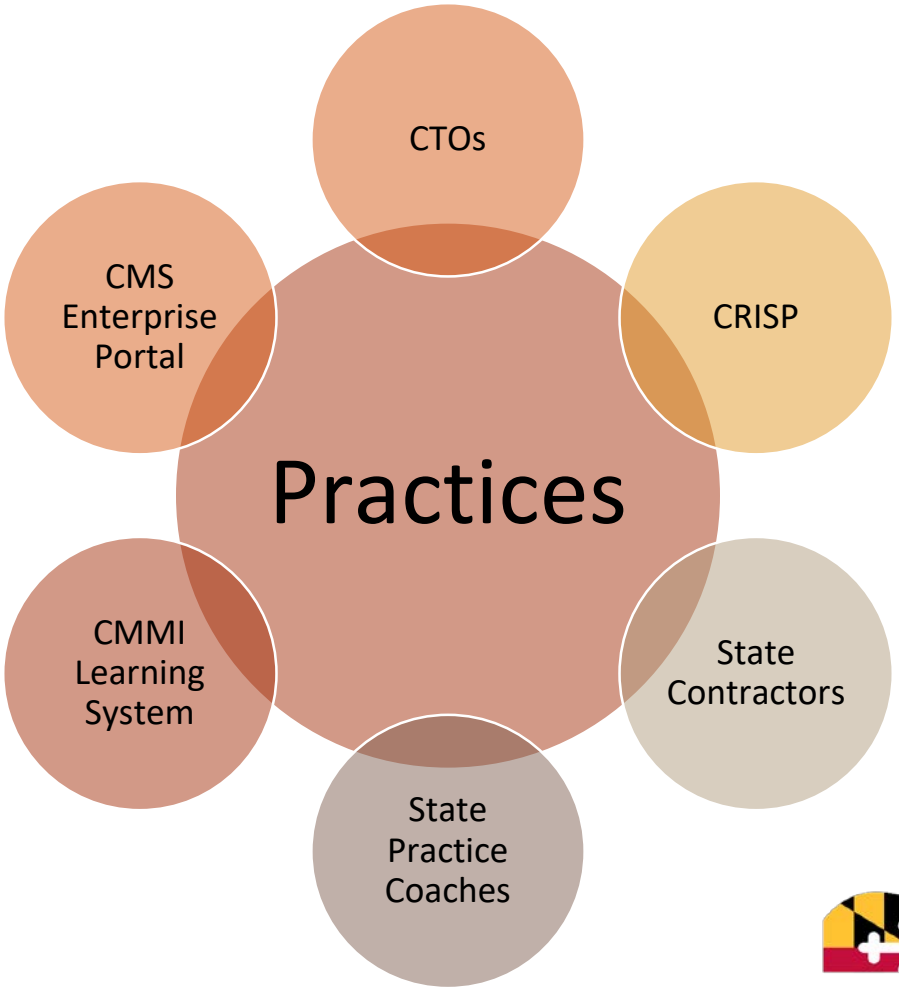
# Supports for Practices

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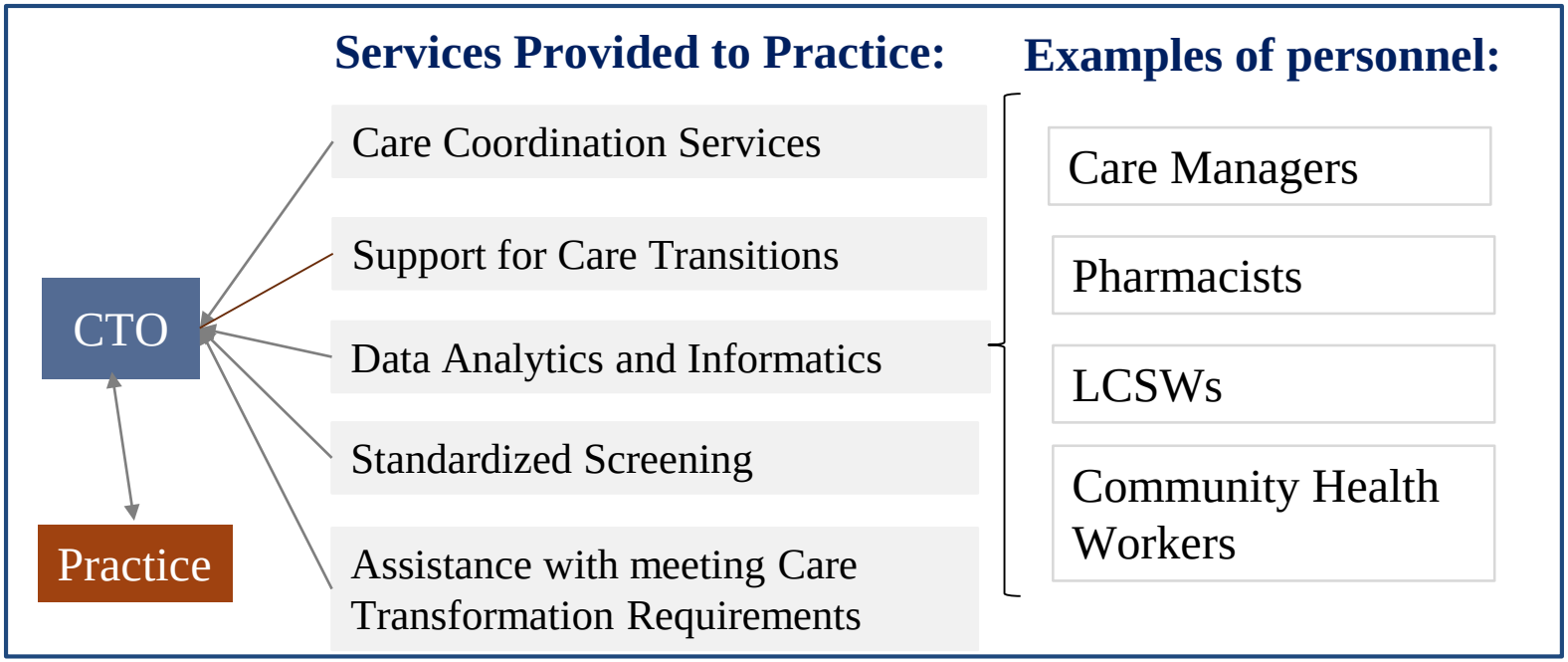
# Care Transformation Organization (CTO)

- Optional for the practice
- CTOs assist the practice in meeting care transformation requirements



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# CRISP Services for Practices

**Advanced primary care requires robust exchange of data and usage of services including:**

**Maryland Prescription Drug Monitoring Program**
Monitor the prescribing and dispensing of drugs
that contain controlled dangerous substances

**Encounter Notification Service (ENS)**
Be notified in real time about patient visits to the hospital

**Query Portal**
Search for your patients' prior hospital and medication records

**Direct Secure Messaging**
Use secure email instead of fax/phone for referrals and other care coordination

**Care Alerts**
Brief note with most important information on high-risk patients

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# Additional MDPCP HIT Through CRISP

- CRISP Quality Measure Reporting tool to CMMI
- MDPCP Claims Reports (summary and beneficiary level)
  - Hospital and Emergency Department Utilization Data
  - Specialists costs and utilization
  - Risk Stratification for Medicare beneficiaries with Hospital event probabilities
- Social Determinant Screening and Resource Directory (in development)
- Others TBD

# MDPCP Learning System

- Practice Coaches
  - State – provided to all practices and CTOs (Free!)
  - CTOs – some offer
- Webinars
- Office Hours
- Online Manuals
- Connect Site/Collaborative Communities
- Newsletter
- Provider and Staff training academies
- Annual Face-to-Face Meetings



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# State Practices Coaches

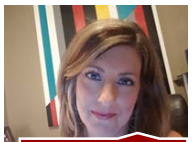
- Care Transformation Requirement Support
- Resource guidance
  - Documents and Learning Events
  - Tool navigation and support, including CRISP, MDPCP Portal, and Connect
- Timeline and reporting guidance
- Coordination with other support elements (i.e. CRISP and SBIRT Vendor)
- Connections to other practices
- See our dedicated team below!

Kelly Brown

Nicholas Brown

Shante' Gilmore

Tammy Liu


Kimberly Gibson

Laurie Dickerson

Vivian Aguayo

TJ Nairn

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# Eligibility

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# Practice Eligibility

- Meet CMS program integrity standards
- Provide services to a minimum of 125 attributed Medicare FFS beneficiaries – CMMI will run attribution after you apply
- Certified electronic health record, 2015 edition or later
- Practice site in Maryland
- All practices must meet care transformation requirements for Track 2 by no later than beginning of Year 4 participation including:
  - Offer alternative care delivery options
  - Accept hybrid pre-payment



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# Health Information Technology Requirements

- Utilize a 2015 certified electronic health record (application will ask for E.H.R. certification number)
- State Health Information Exchange (CRISP) connectivity by January 1 start date
- Commitment to use CRISP services (including ENS, Care Alerts and MDPCP Claims Reports) and report quality measures using CRISP system
- Quality Reporting
  - Use the latest eCQM specifications for all measures (including all annual updates)
  - Report measures electronically to State Health Information Exchange's quality measures system (CRISP CALiPR Tool)



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# Restrictions on Practice Participation

- Not charge any concierge fees to Medicare beneficiaries
- Not be a participant in certain other CMMI initiatives including
  - Accountable Care Organization [ACO] Investment Model
  - Next Generation ACO Model
  - Comprehensive ESRD Care Model
- Not a Rural Health Clinic
  - Provider may participate through an eligible practice
- Medicaid Health Homes

# Eligible Specialties

Log in and ensure current provider information in all CMS systems:

**PECOS**

- Medicare Provider Enrollment, Chain, and Ownership System
- https://pecos.cms.hhs.gov/pecos/login.do

**NPPES**

- National Plan & Provider Enumeration System
- https://nppes.cms.hhs.gov/#/

Ensure providers are listed as one of the eligible specialties:

- General Practice (01)
- Family Medicine (08)
- Internal Medicine (11)
- Obstetrics and Gynecology (16)
- Pediatric Medicine (37)
- Geriatric Medicine (38)
- Nurse Practitioner (50)
- Clinical Nurse Specialist (89)
- Co-located Psychiatry (26)*
- Physician Assistant (97)
- Preventive Medicine (84)
- Certified Nurse Midwife (42)

* Practitioners identified with a primary specialty code of Psychiatry (26) must be co-located with an eligible practitioner with a primary specialty code other than Psychiatry in order to participate

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# Completing the Application

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# Required Documents

Application

- Letters of Support and commitments from
  - Clinical Leadership
  - Ownership of practice
  - CRISP letter of support for practice (available on MDPCP website)

Onboarding Process (Fall)

- Participation Agreement with CMS
- CTO Arrangement with CTO (if choose to partner with CTO)
- Onboarding forms



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# Preparing for the Application

- Electronic portal for submission
- Information and materials to have on hand to avoid 30 minute timeout:
  - All providers for site (specialty, NPI)
  - Office address(es) – REMEMBER: 1 application per practice site
  - TINs (current and any used within last 3 years)
  - Organization's Medicare Provider Number (CCN or PTAN)
  - Practice, Application and Designated Points of Contact
  - Letters of Support and commitments from
    - Clinical Leadership
    - Ownership of practice
    - CRISP letter of support for practice
- Resource Guide: https://health.maryland.gov/mdpcp/Pages/ProgramApplication.aspx
- Program FAQs: https://health.maryland.gov/mdpcp/Documents/MDPCP%20FAQs%20-%20State%20Guidance.pdf



*Request for Applications: https://innovation.cms.gov/Files/x/mdtcocm-rfa.pdf*
*Practice Application Portal: https://app1.innovation.cms.gov/mdprov/mdprovLogin*

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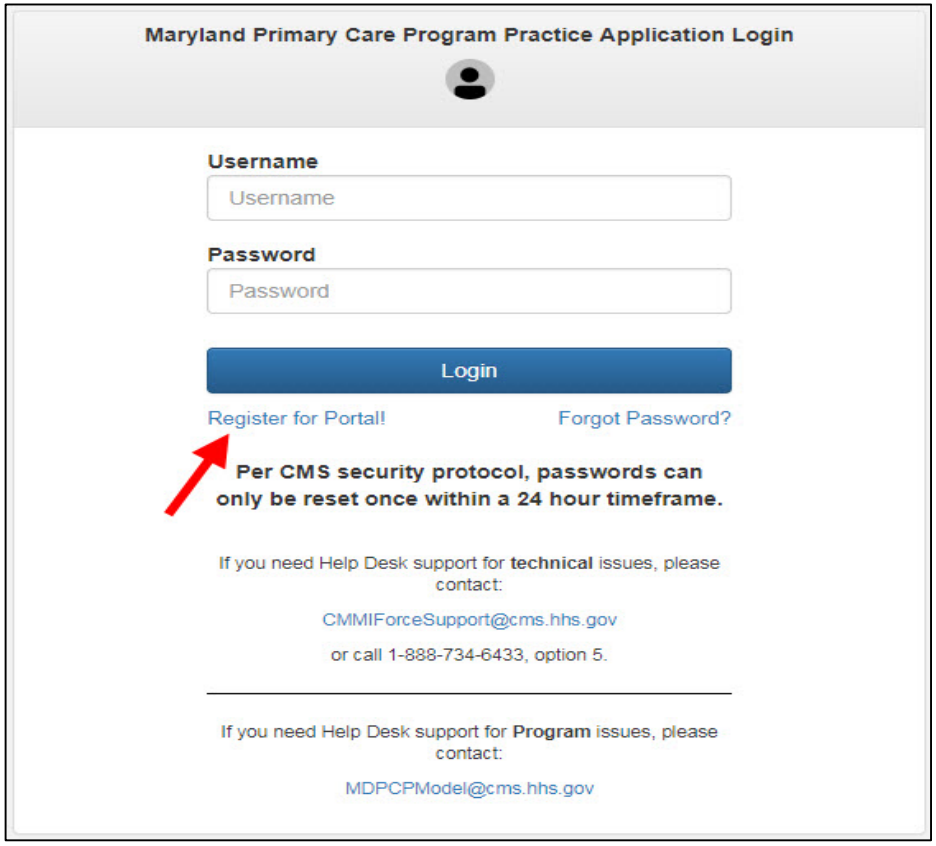
# Register & Login

Navigate to:
https://app1.innovation.cms.gov/mdprov/mdprovLogin

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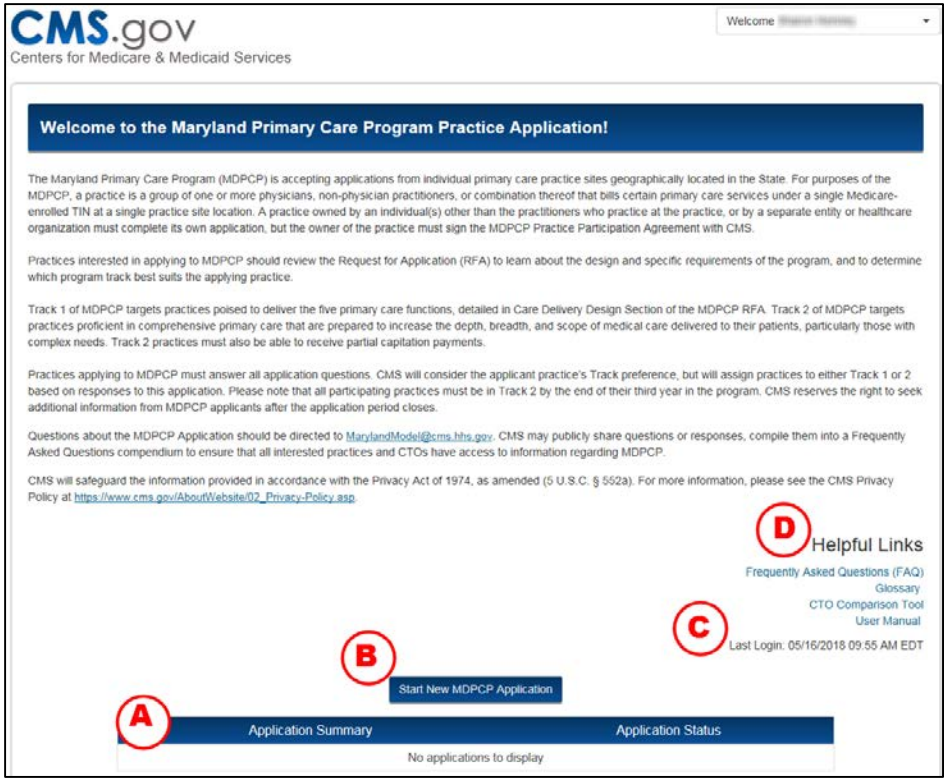
# Home Page

A. Table which displays application details
B. The **Start New MDPCP Application** button
C. Your Last Login date and time
D. Helpful Links



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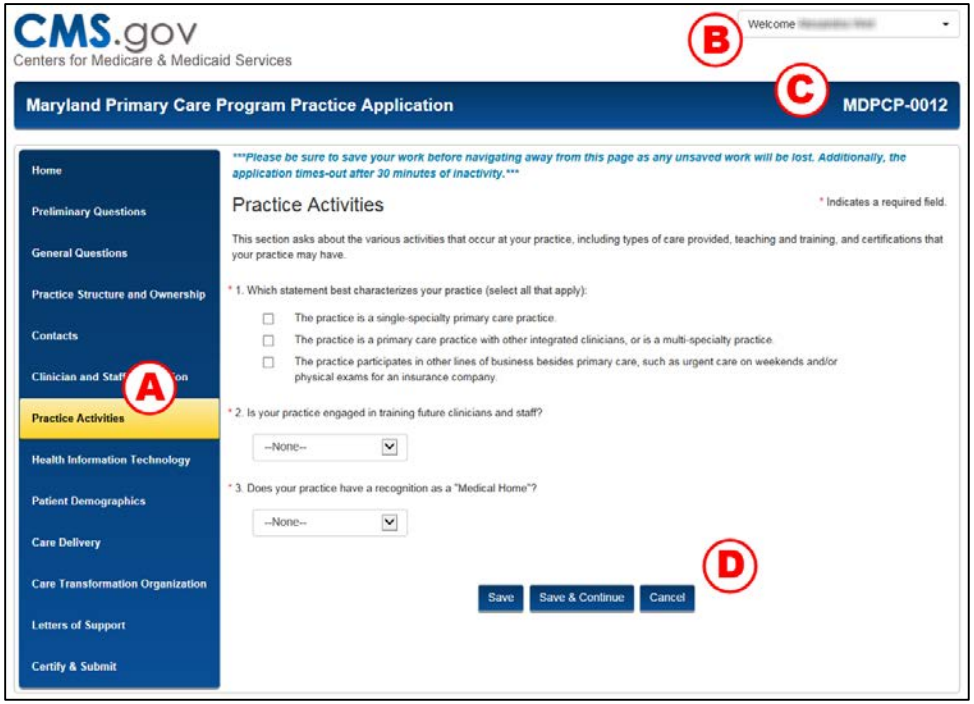
# Navigation

A. Vertical navigation bar allows you to select each tab to navigate to other Portal pages

B. Welcome <username> drop-down menu

C. Unique Application Number, which is auto-generated when an application is started

D. Save, Save & Continue and Cancel buttons display at the bottom of every page

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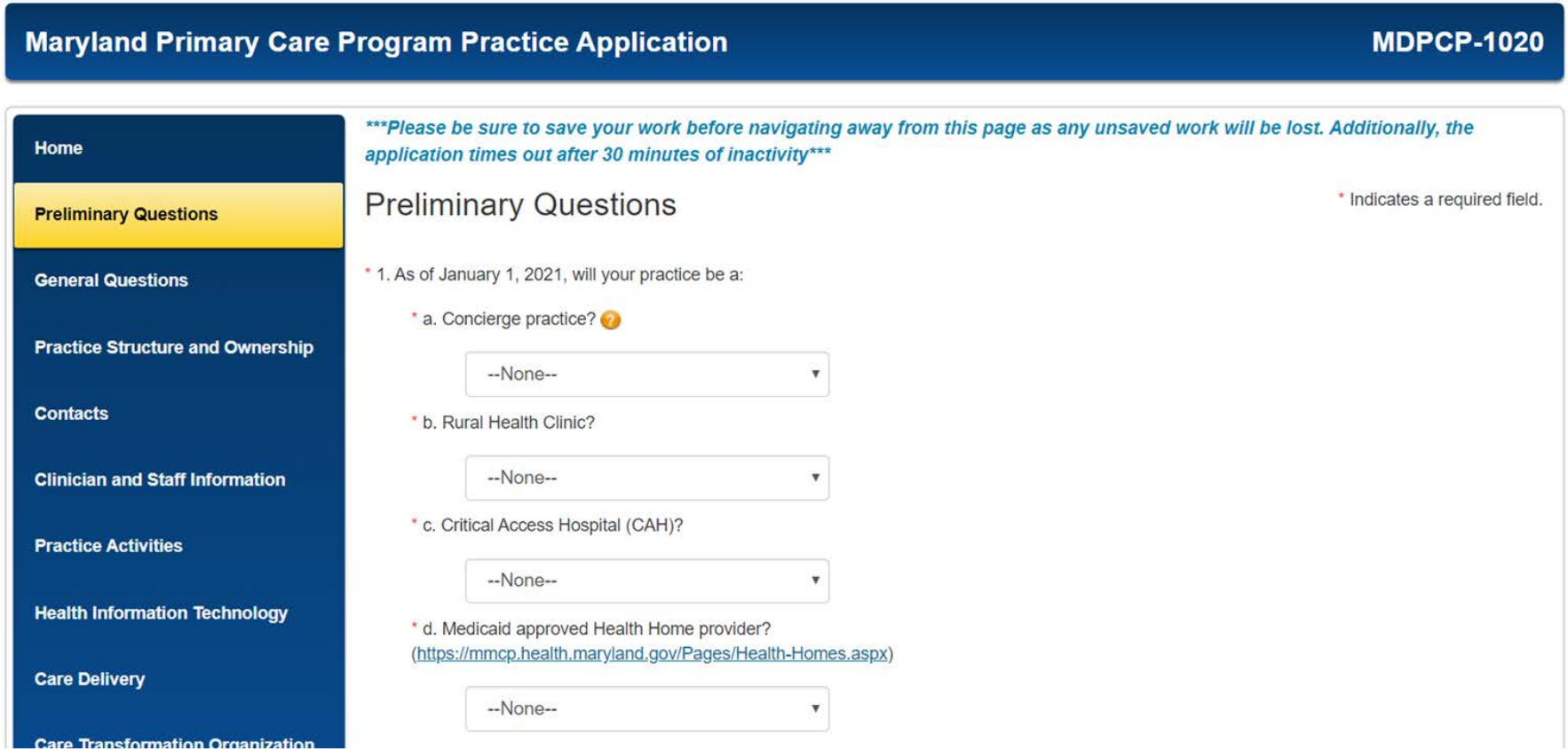
# Preliminary Questions



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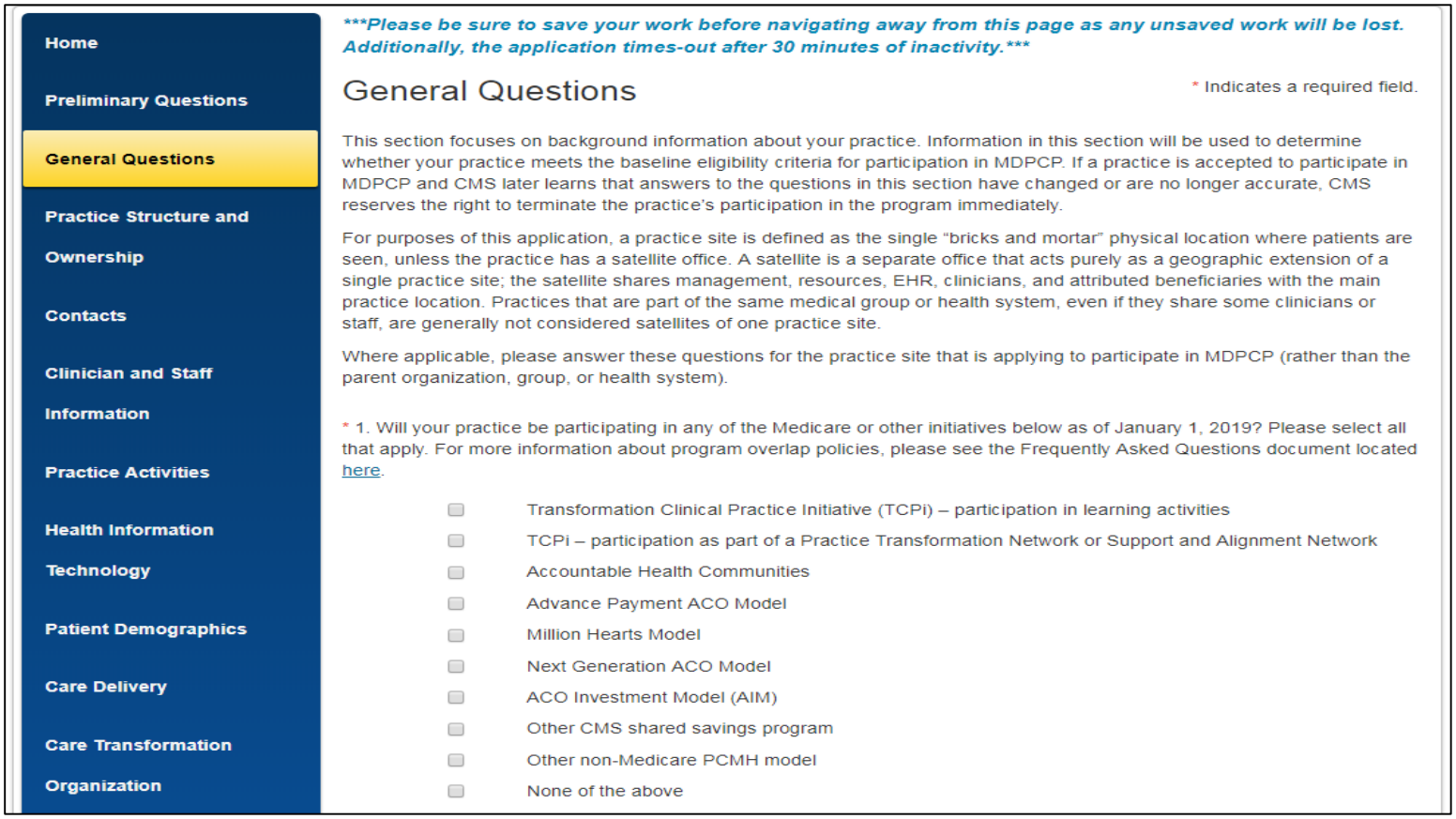
# General Questions

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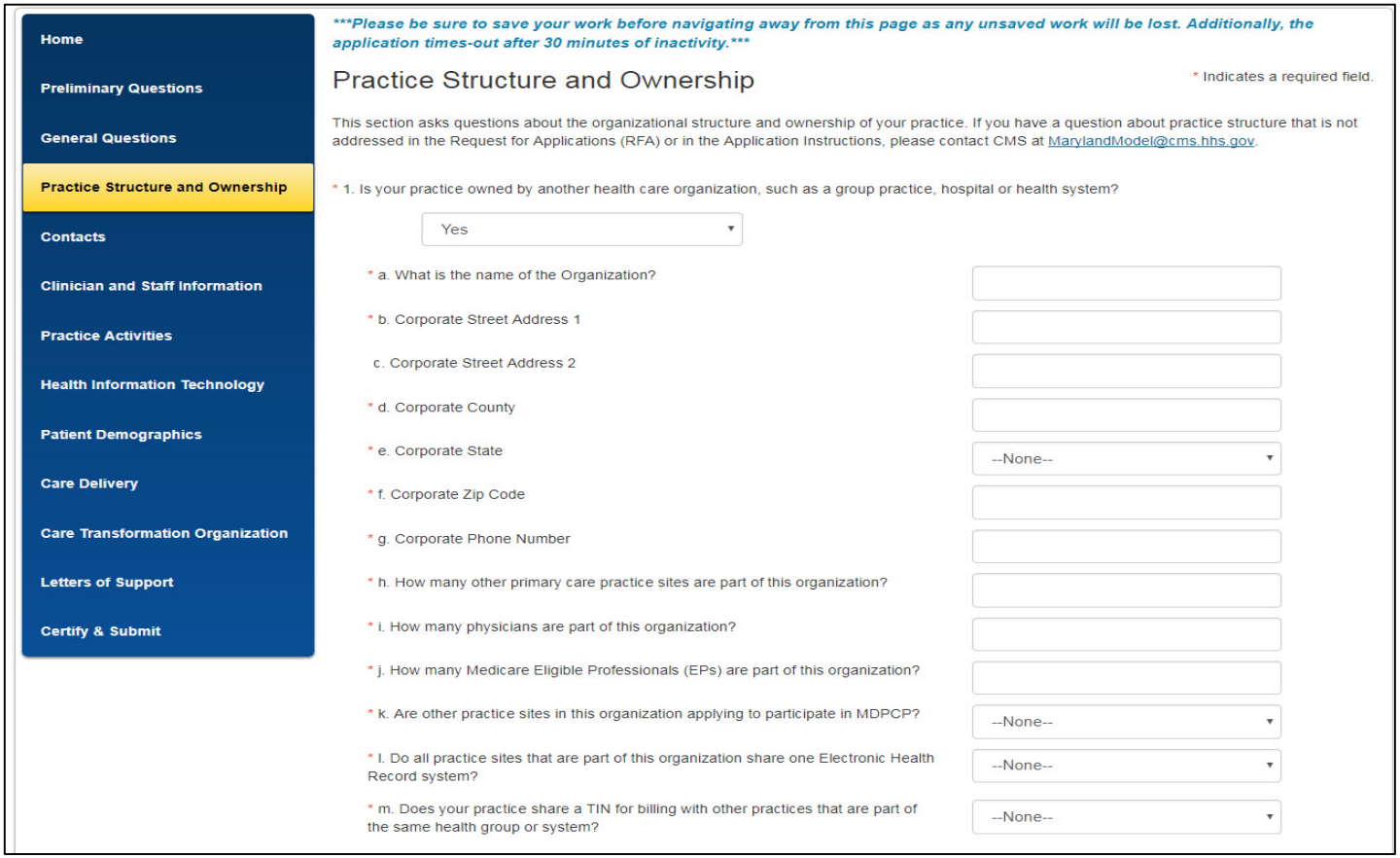
# Practice Structure & Ownership

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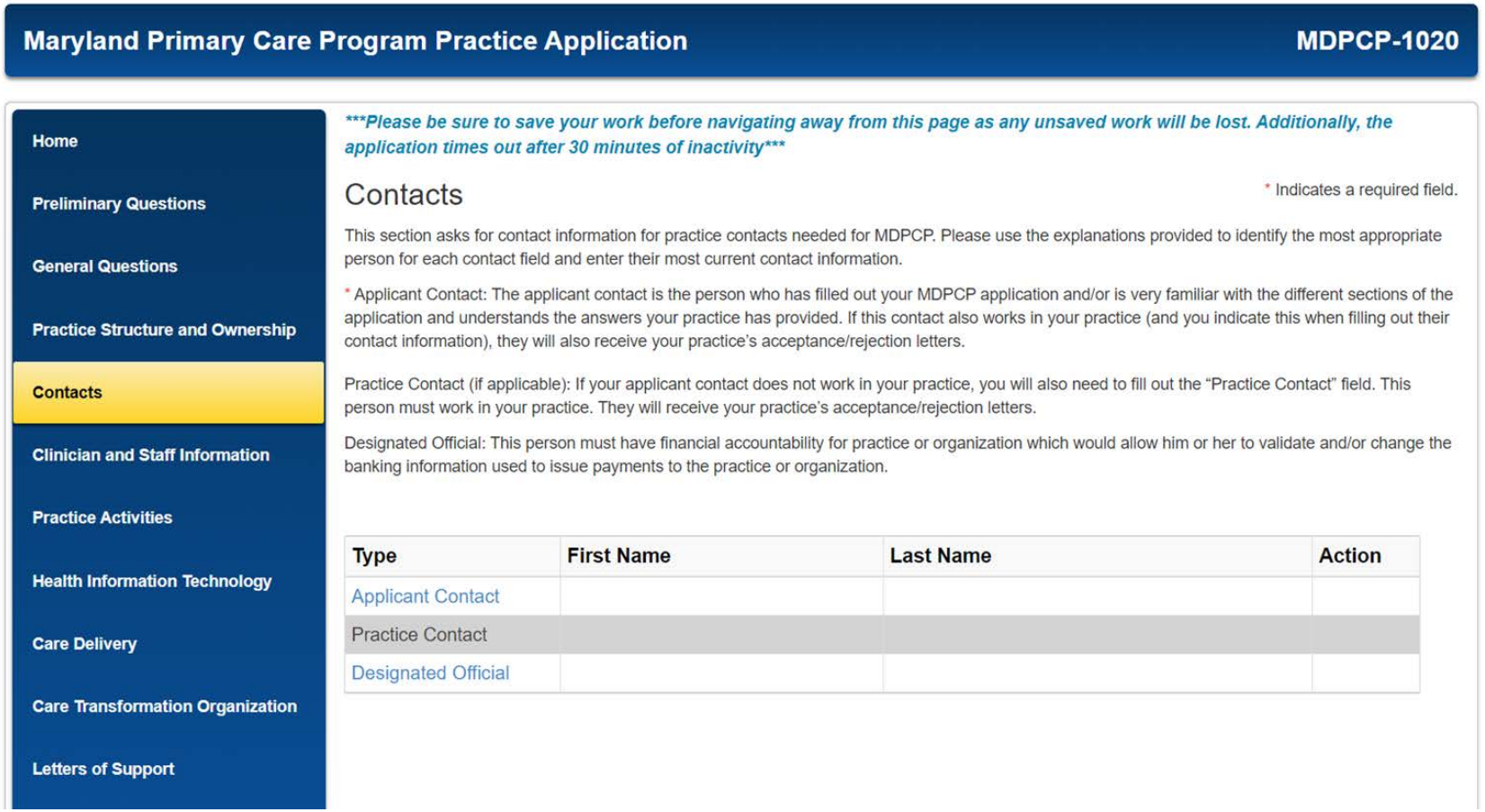
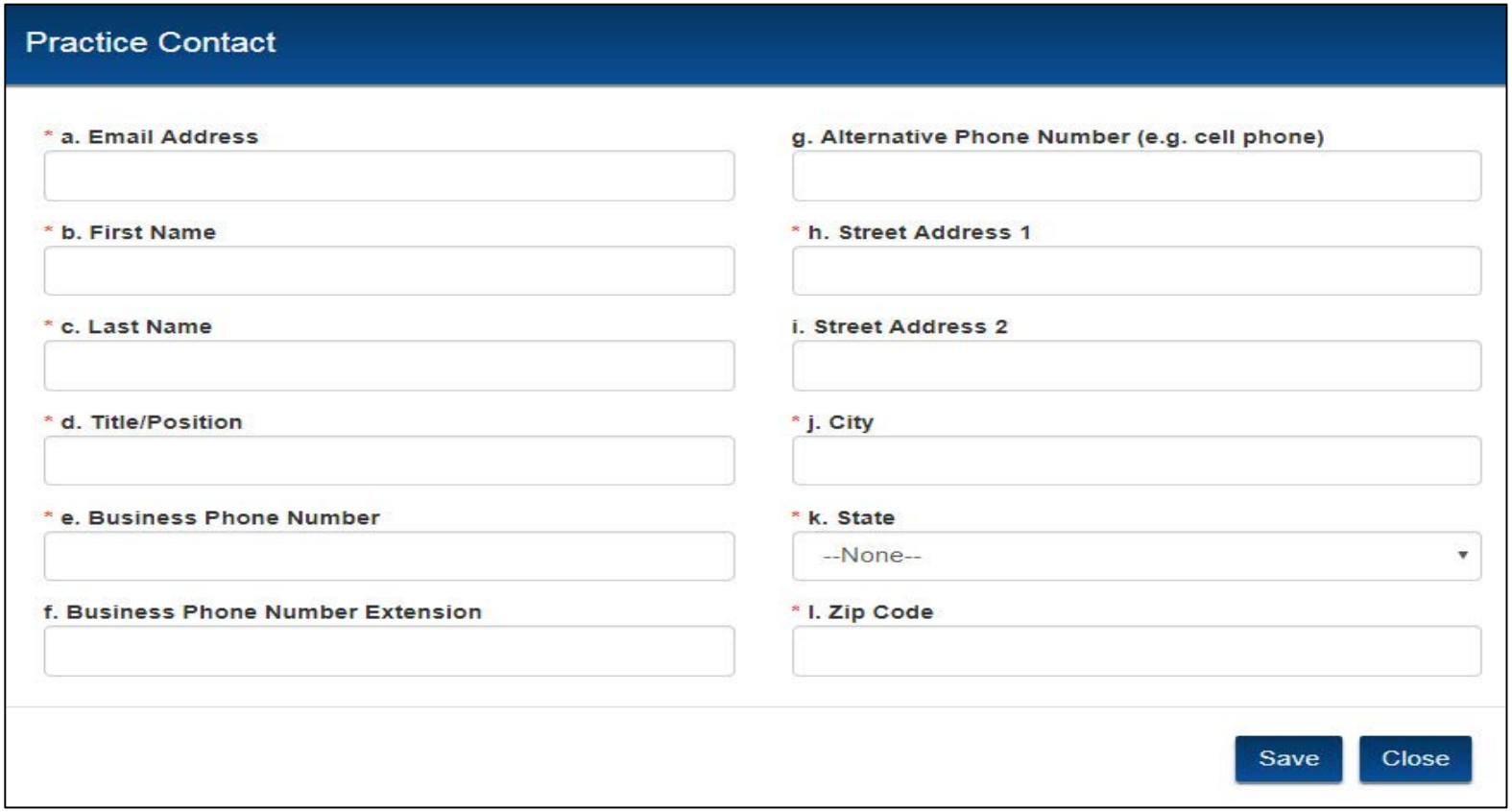
# Contacts


Maryland Primary Care Program Practice Application
MDPCP-1020
Home
Preliminary Questions
General Questions
Practice Structure and Ownership
Contacts
Clinician and Staff Information
Practice Activities
Health Information Technology
Care Delivery
Care Transformation Organization
Letters of Support
***Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times out after 30 minutes of inactivity***
Contacts
* Indicates a required field.
This section asks for contact information for practice contacts needed for MDPCP. Please use the explanations provided to identify the most appropriate person for each contact field and enter their most current contact information.
* Applicant Contact: The applicant contact is the person who has filled out your MDPCP application and/or is very familiar with the different sections of the application and understands the answers your practice has provided. If this contact also works in your practice (and you indicate this when filling out their contact information), they will also receive your practice's acceptance/rejection letters.
Practice Contact (if applicable): If your applicant contact does not work in your practice, you will also need to fill out the "Practice Contact" field. This person must work in your practice. They will receive your practice's acceptance/rejection letters.
Designated Official: This person must have financial accountability for practice or organization which would allow him or her to validate and/or change the banking information used to issue payments to the practice or organization.
Type
First Name
Last Name
Action
Applicant Contact
Practice Contact
Designated Official

# Contact Information Window



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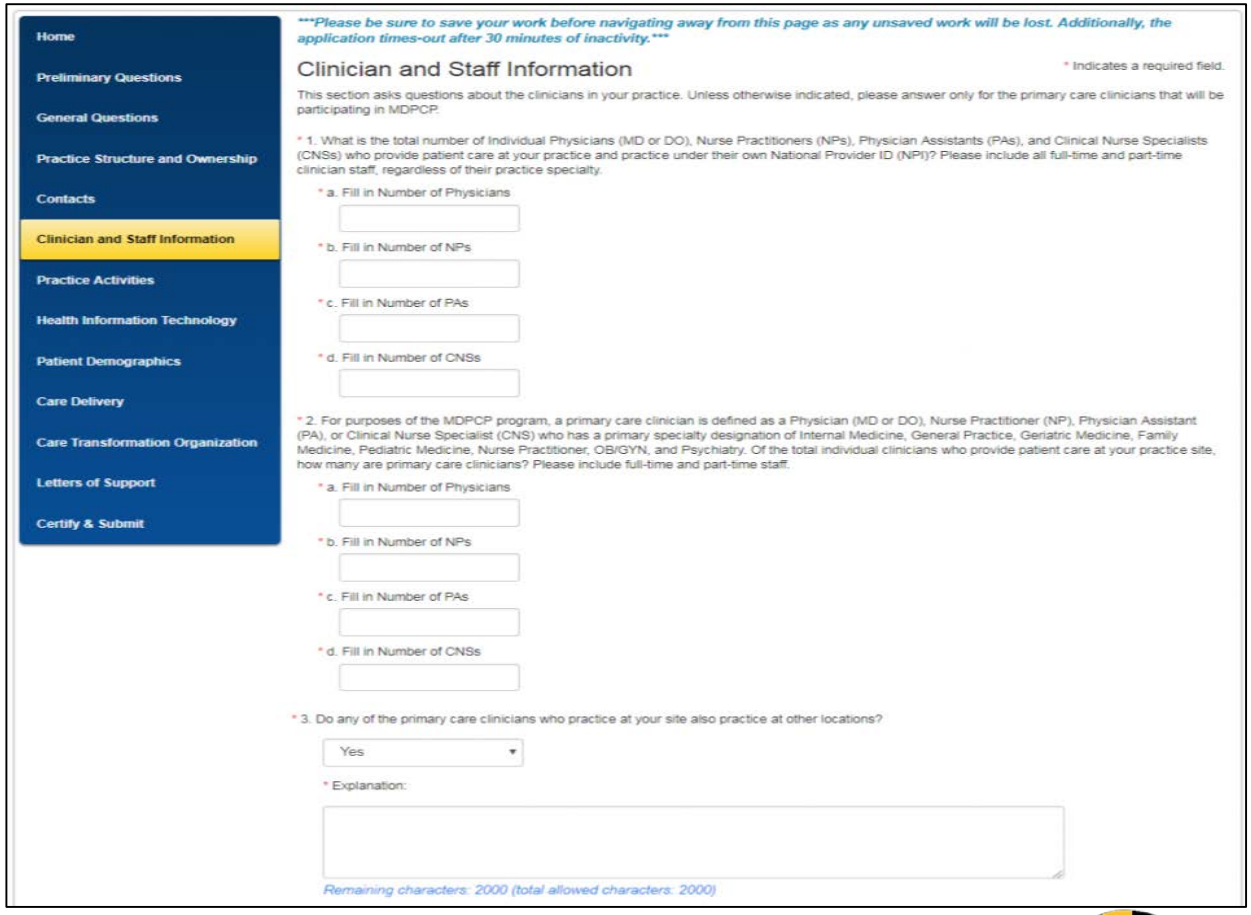
# Clinician & Staff Information

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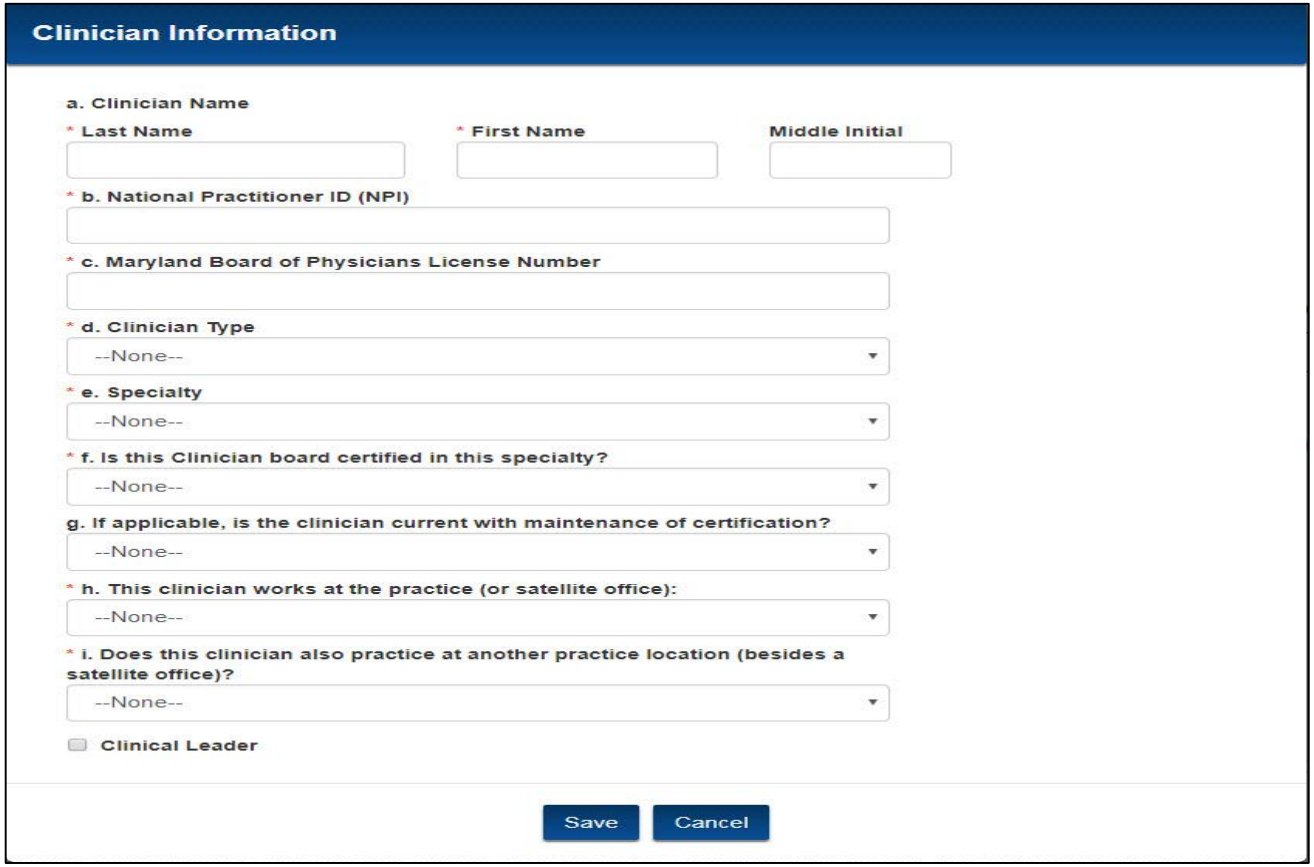
# Clinician Information Window



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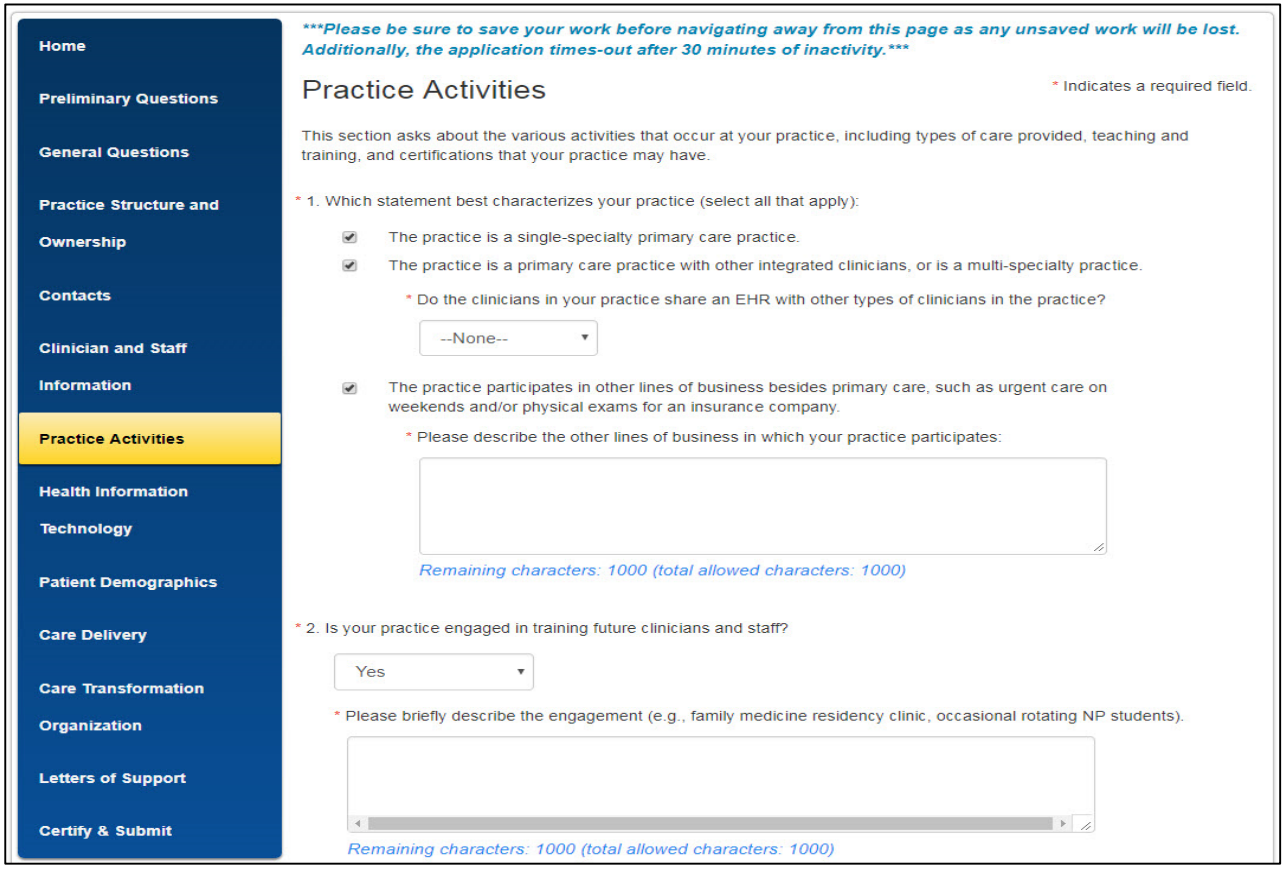
# Practice Activities

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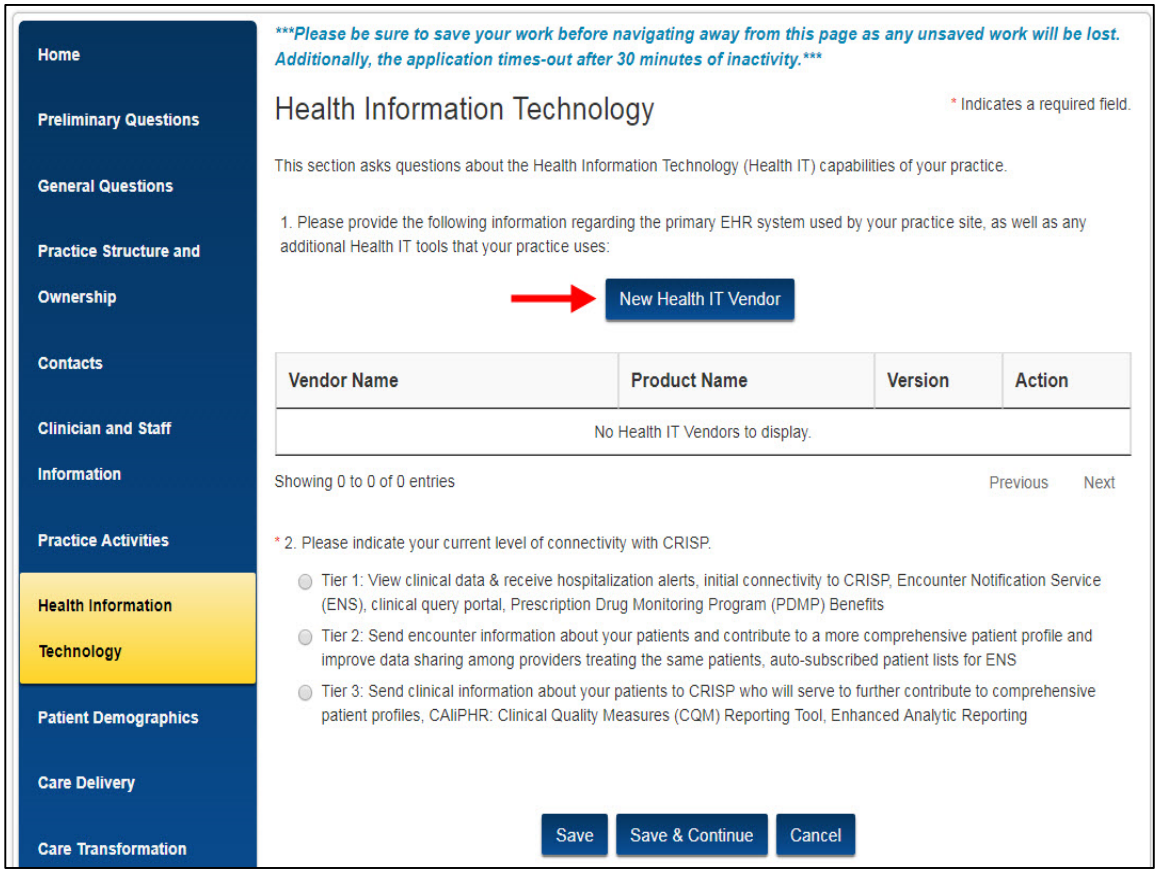
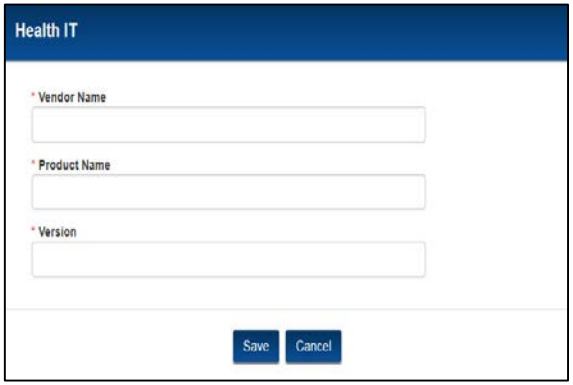
# Health Information Technology



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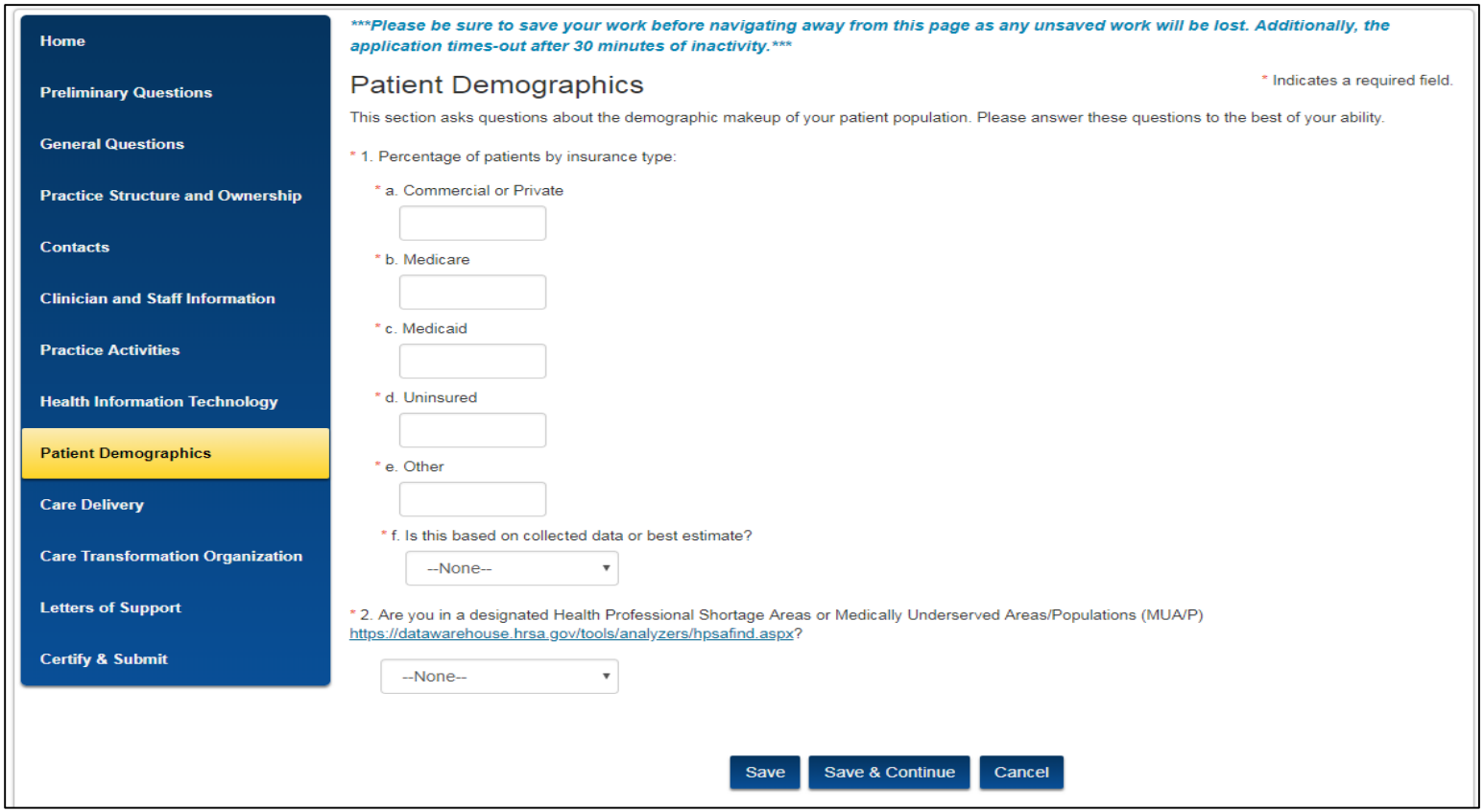
# Patient Demographics

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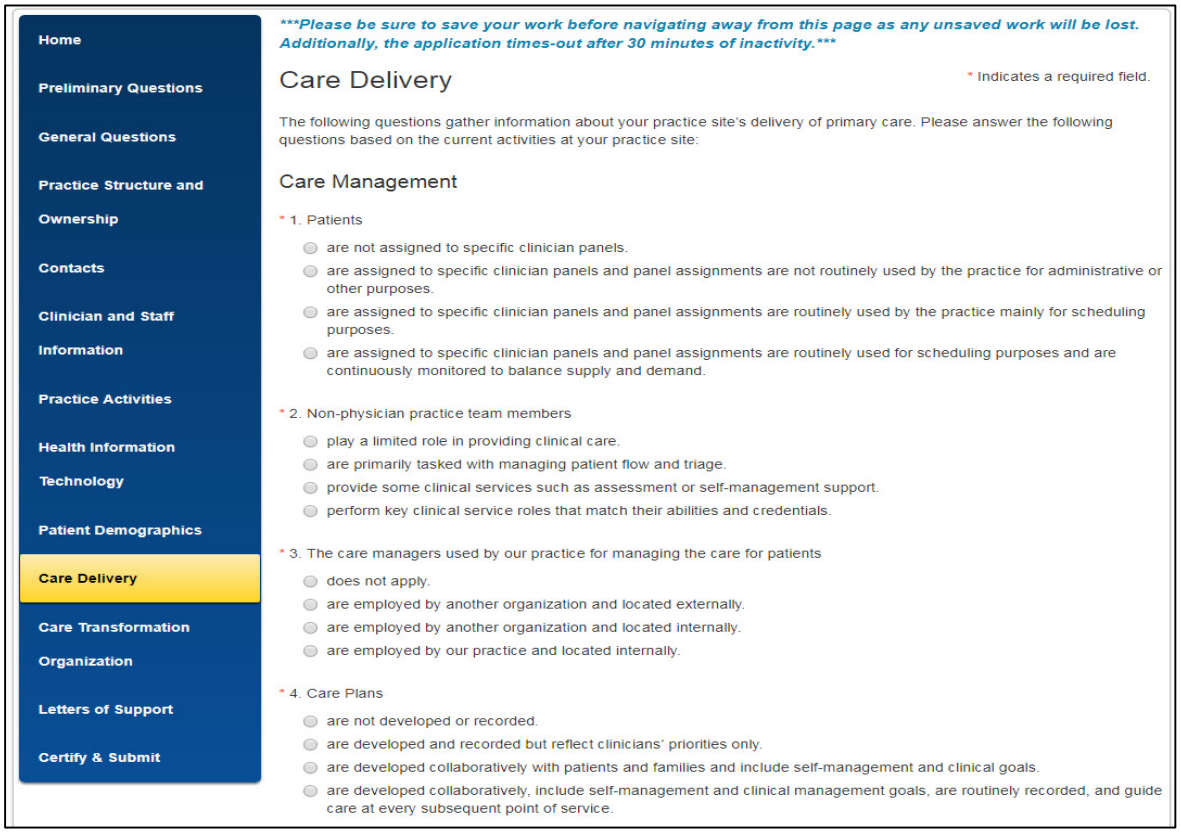
# Care Delivery

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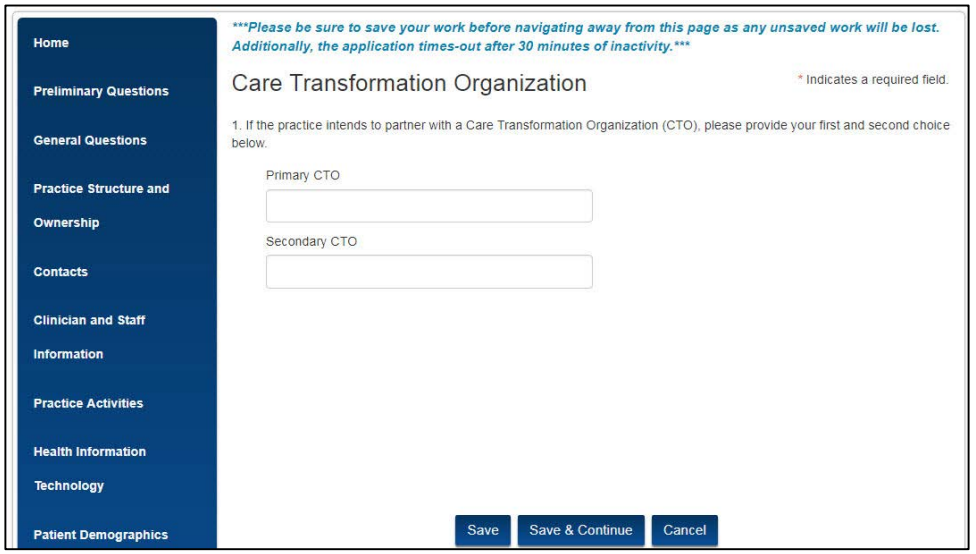
# Care Transformation Organization

**Optional**

Steps:

1. Identify preferred CTO by using the State CTO Comparison tool: https://health.maryland.gov/mdpcp/Pages/CTO-Comparison-Tool.aspx
2. Enter CTO name into Application Portal



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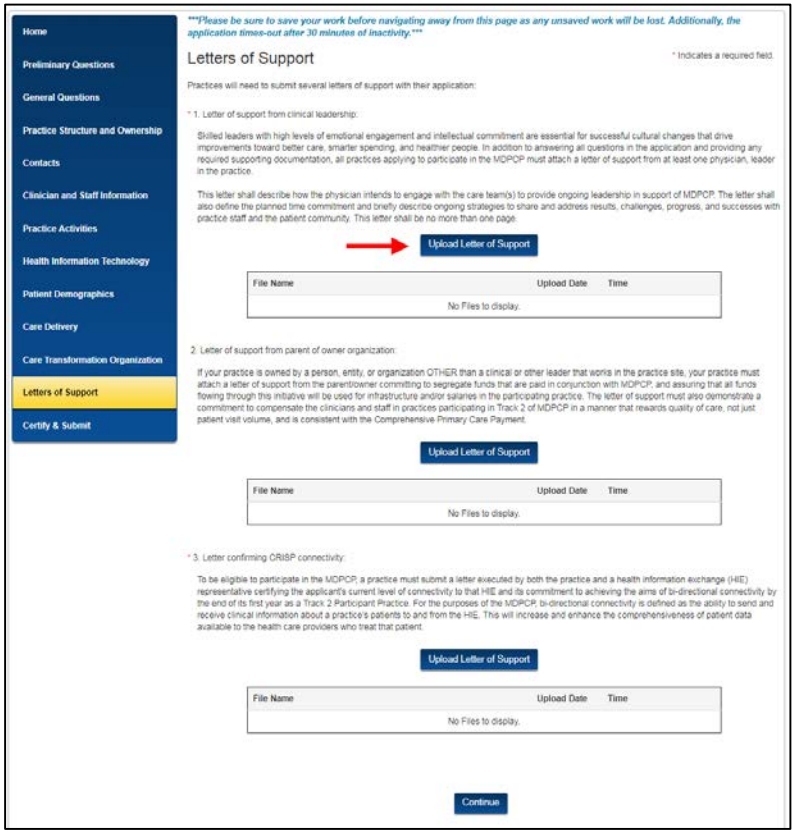
# Letters of Support




1. Clinical Leadership
2. Practice Ownership
3. CRISP (allot time to get executed):
   - Instructions: https://health.maryland.gov/mdpcp/Documents/CRISP%20Letter%20of%20Support%20Instructions.pdf
   - Downloadable Template: https://health.maryland.gov/mdpcp/Documents/Practice%20Applicant%20CRISP%20Letter%20of%20Commitment_final.docx

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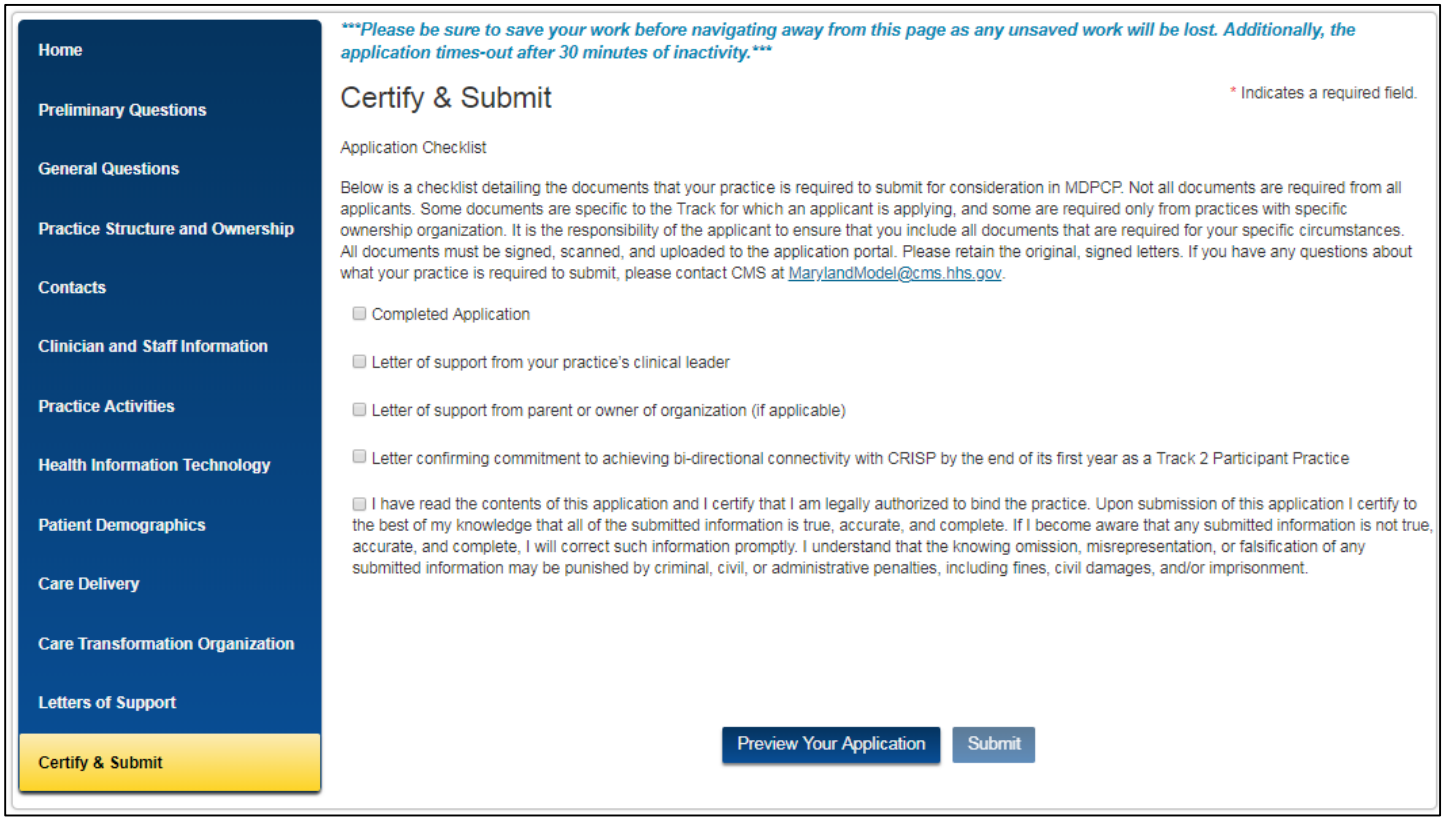
# Certify & Submit

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# Timeline

| Activity | Timeframe |
|---|---|
| Release Applications (RFA) | May 19, 2020 |
| Application Period | May 19 – July 14, 2020 |
| Qualified Practices and CTOs Notified | Late Summer/Early Fall 2020 |
| Agreements & Onboarding Documents | Fall 2020 |
| Initiate Program Year 3 | January 1, 2021 |
| Annual Enrollment | 2021 - 2023 |
| Program Participation | 2021 - 2026+ |



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# Thank you!

**General Updates and More Information:**

https://health.maryland.gov/MDPCP

**Application Updates:**

https://health.maryland.gov/mdpcp/Pages/ProgramApplication.aspx

Questions: email mdh.pcmodel@Maryland.gov



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# Appendix



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# Access and Continuity

Track One

- Empanel patients to care teams
- 24/7 patient access

Track Two (all of the above, plus)

- Alternatives to traditional office visits

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# Care Management

Track One

- Risk stratify patient population
- Short-and long-term care management
- Follow-up on patient hospitalizations

Track Two (all of the above, plus)

- Care plans & medication management for high risk chronic disease patients



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# Comprehensiveness and Coordination

Track One

- Coordinate referrals with high volume/cost specialists serving population
- Integrate behavioral health

Track Two (all of the above, plus)

- Facilitate access to community resources and supports for social needs

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# Beneficiary and Caregiver Engagement

Track One

- Convene Patient Family Advisory Council (PFAC) and integrate recommendations into care, as appropriate

Track Two (all of the above, plus)

- Advance care planning



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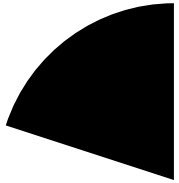
# Planned Care for Health Outcomes

Track One & Two

- Continuously improve performance on key outcomes





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