



Applying to Participate in MDPCP 2021

Program Management Office

May 19, 2020

Agenda

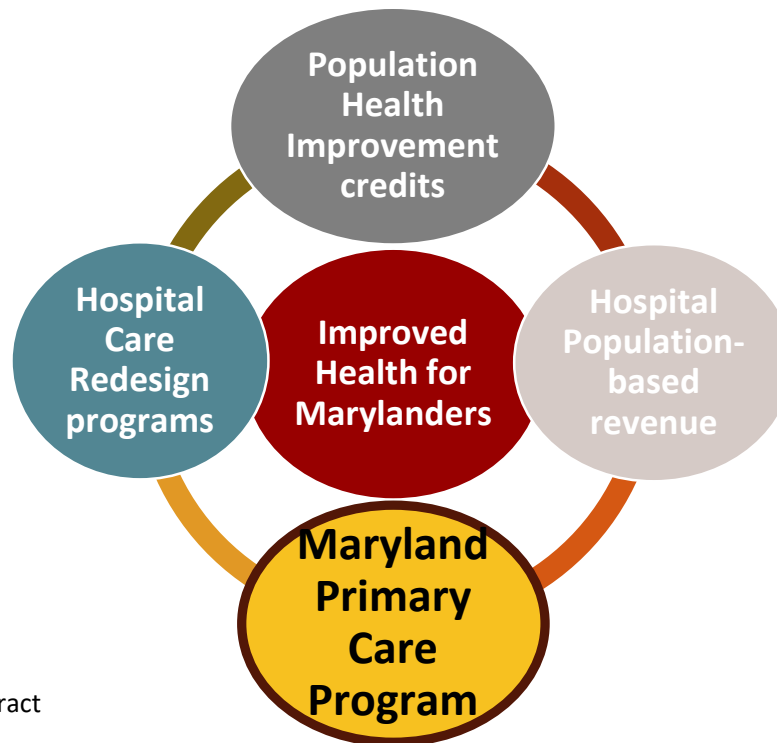
- Program Background
- Program Description, Requirements, and Information
- Eligibility
- What's in the Application?
- Completing the Application

Program Background

Total Cost of Care Model Components

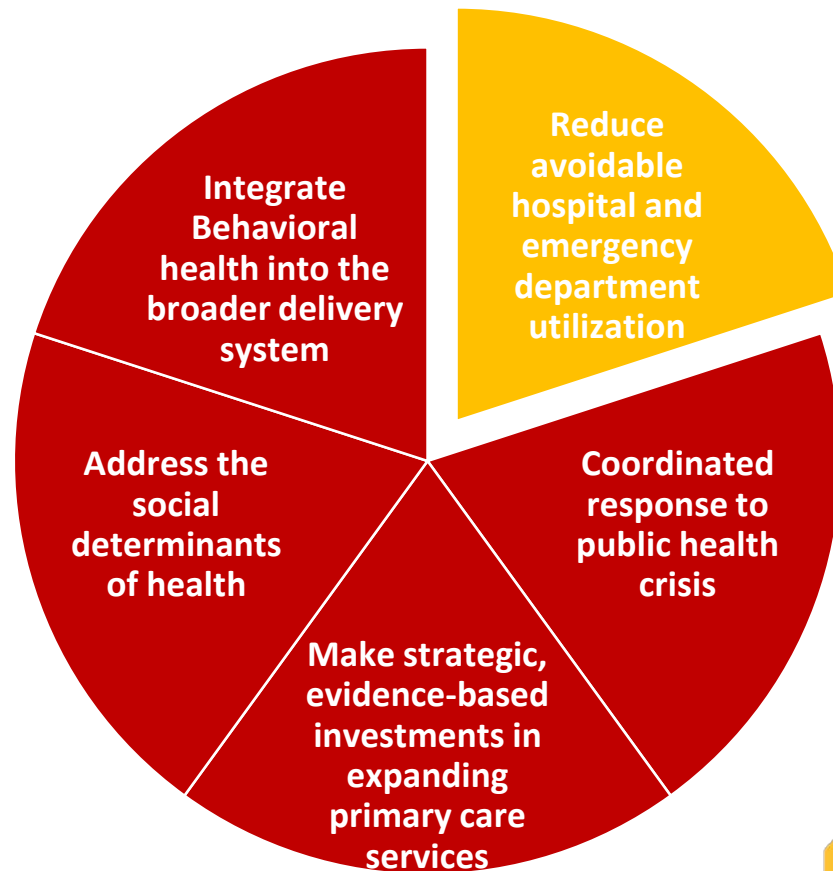
“Under this Model, CMS and the State will test whether **statewide health care delivery transformation**, together with population-based payments, improves population health and care outcomes for individuals while controlling the growth of Medicare Total Cost of Care”

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**

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

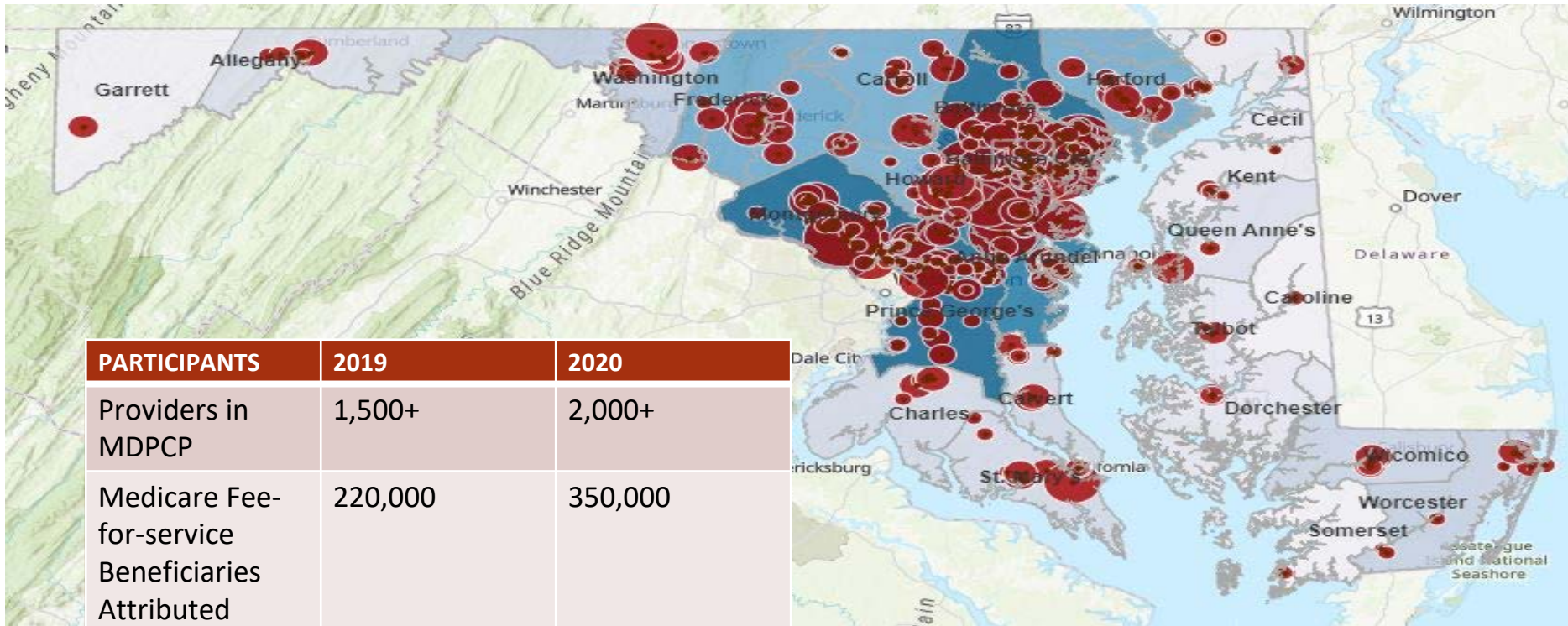


MDPCP Goals

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

MDPCP – 476 Practices currently



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

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

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

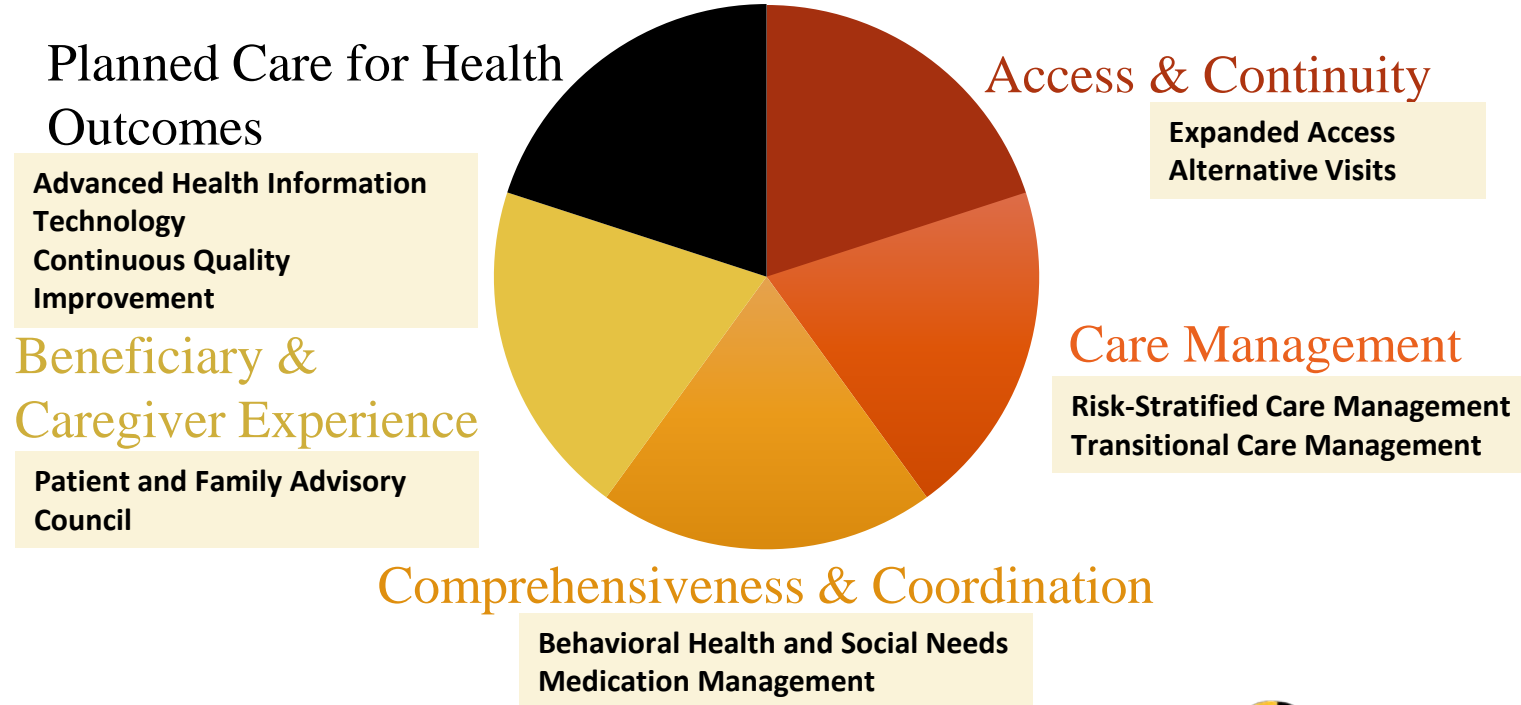
2021

- FQHCs are now eligible to apply for Track 1

Program Requirements

MDPCP is Building Key Capabilities

Primary Care Functions:



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

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

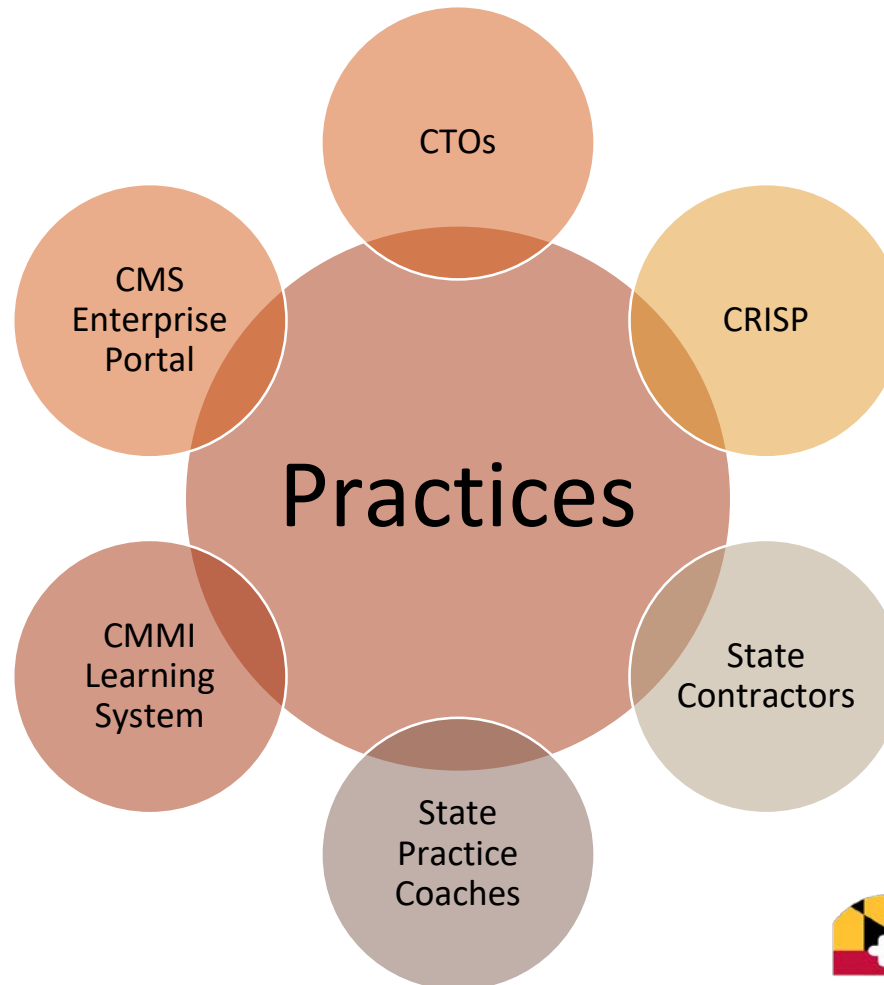
- **Up to a \$2.50/\$4.00 PBPM payment opportunity**
- **Must meet quality and utilization metrics to keep incentive payment**
- **Timing:** Paid prospectively on an annual basis, subject to repayment if benchmarks are not met

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

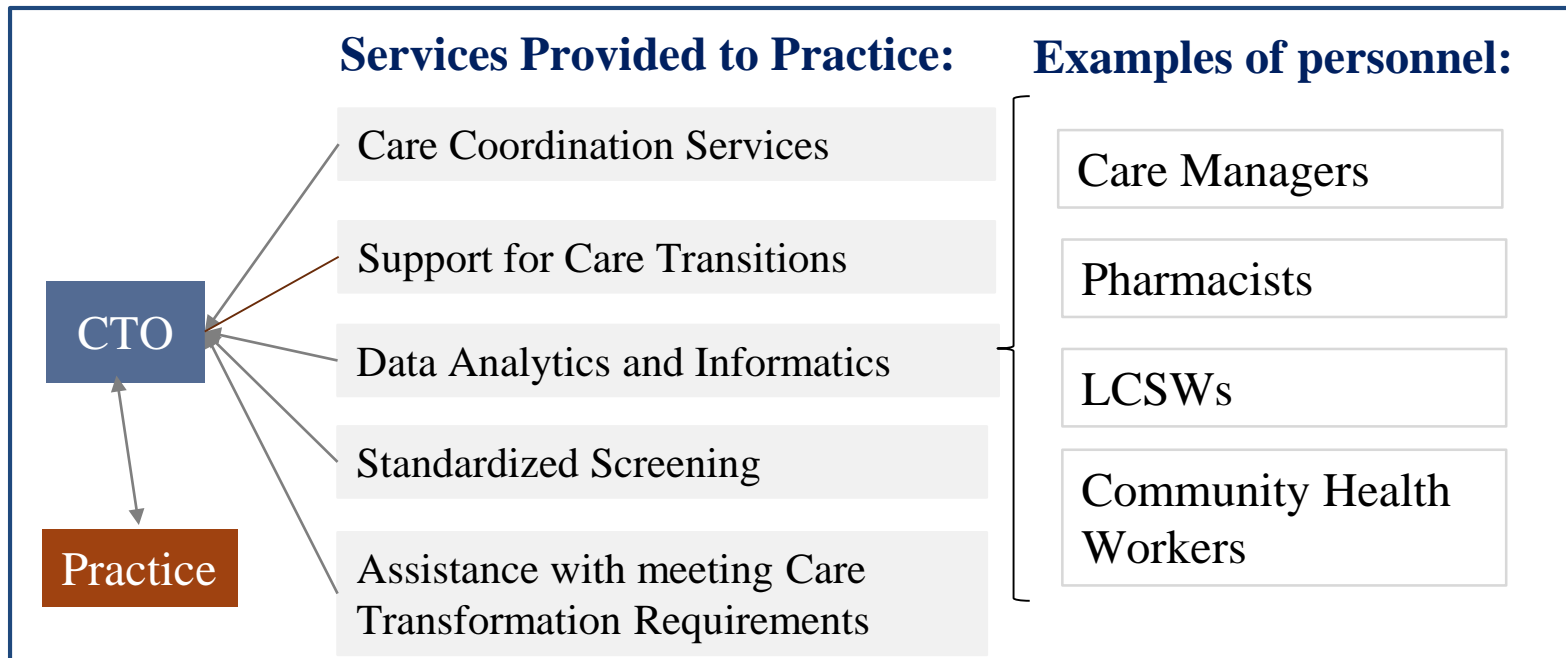
*MSSP ACO practices do not receive the Performance-Based Incentive Payment
Potential for additional bonuses via AAPM Status under MACRA Law*

Supports for Practices



Care Transformation Organization (CTO)

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



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

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

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



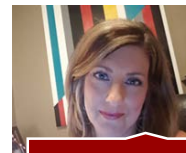
Nicholas Brown



Shante' Gilmore



Tammy Liu



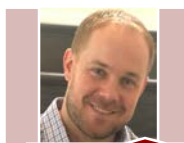
Kimberly Gibson



Laurie Dickerson



Vivian Aguayo



TJ Nairn



Eligibility

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

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)

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>

NPES

- 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

Completing the Application

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

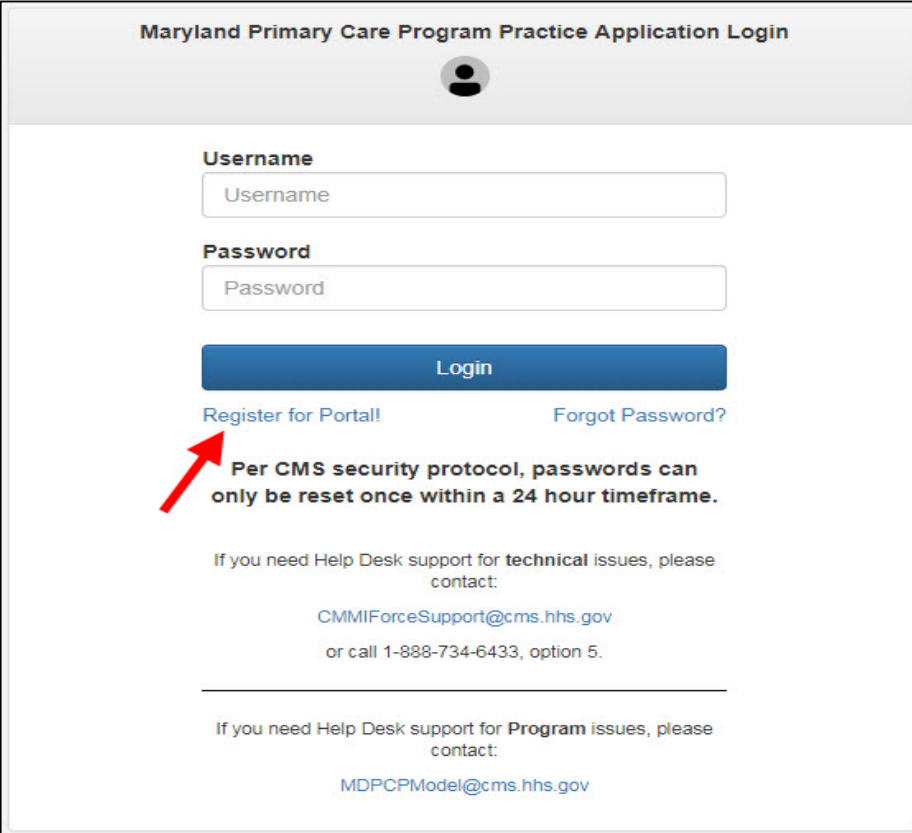
Preparing for the Application

- 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>


Register & Login

Navigate to:

<https://app1.innovation.cms.gov/mdprov/mdprovLogin>



Maryland Primary Care Program Practice Application Login



Username

Password

Login

[Register for Portal!](#) [Forgot Password?](#)

Per CMS security protocol, passwords can only be reset once within a 24 hour timeframe.

If you need Help Desk support for **technical** issues, please contact:
CMMIForceSupport@cms.hhs.gov
or call 1-888-734-6433, option 5.

If you need Help Desk support for **Program** issues, please contact:
MDPCPModel@cms.hhs.gov

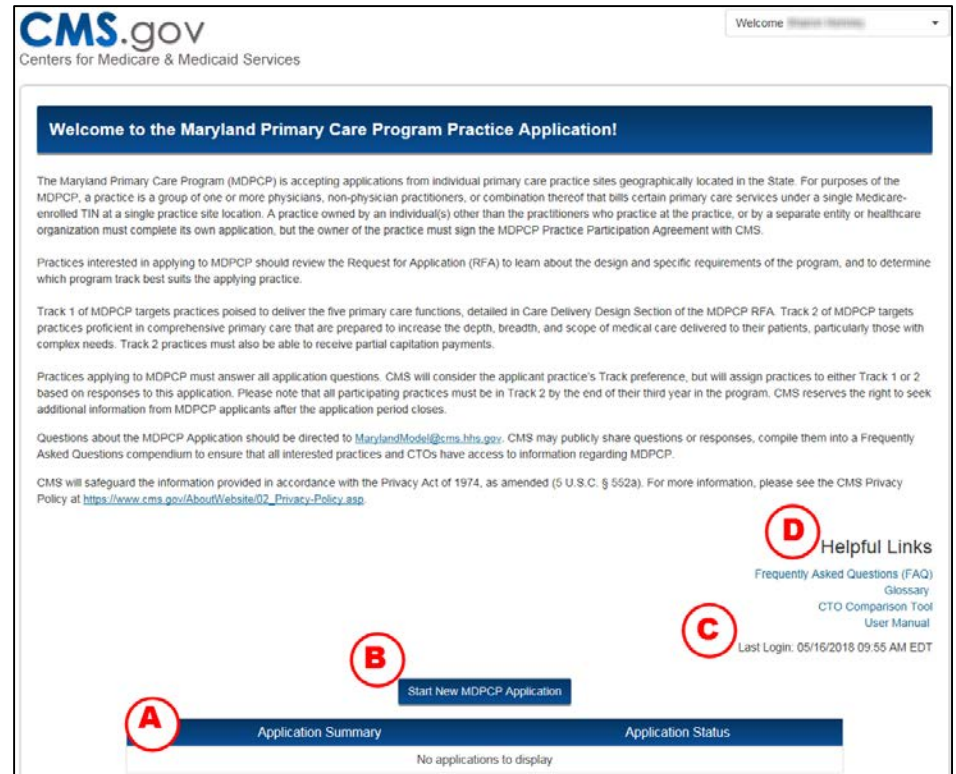
Home Page

A. Table which displays application details

B. The **Start New MDPCP Application** button

C. Your Last Login date and time

D. Helpful Links



CMS.gov
Centers for Medicare & Medicaid Services

Welcome [User Name]

Welcome to the Maryland Primary Care Program Practice Application!

The Maryland Primary Care Program (MDPCP) is accepting applications from individual primary care practice sites geographically located in the State. For purposes of the MDPCP, a practice is a group of one or more physicians, non-physician practitioners, or combination thereof that bills certain primary care services under a single Medicare-enrolled TIN at a single practice site location. A practice owned by an individual(s) other than the practitioners who practice at the practice, or by a separate entity or healthcare organization must complete its own application, but the owner of the practice must sign the MDPCP Practice Participation Agreement with CMS.

Practices interested in applying to MDPCP should review the Request for Application (RFA) to learn about the design and specific requirements of the program, and to determine which program track best suits the applying practice.

Track 1 of MDPCP targets practices poised to deliver the five primary care functions, detailed in Care Delivery Design Section of the MDPCP RFA. Track 2 of MDPCP targets practices proficient in comprehensive primary care that are prepared to increase the depth, breadth, and scope of medical care delivered to their patients, particularly those with complex needs. Track 2 practices must also be able to receive partial capitation payments.

Practices applying to MDPCP must answer all application questions. CMS will consider the applicant practice's Track preference, but will assign practices to either Track 1 or 2 based on responses to this application. Please note that all participating practices must be in Track 2 by the end of their third year in the program. CMS reserves the right to seek additional information from MDPCP applicants after the application period closes.

Questions about the MDPCP Application should be directed to MarylandModel@cms.hhs.gov. CMS may publicly share questions or responses, compile them into a Frequently Asked Questions compendium to ensure that all interested practices and CTOs have access to information regarding MDPCP.

CMS will safeguard the information provided in accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a). For more information, please see the CMS Privacy Policy at https://www.cms.gov/AboutWebsite/02_Privacy-Policy.asp.

Helpful Links
Frequently Asked Questions (FAQ)
Glossary
CTO Comparison Tool
User Manual
Last Login: 05/16/2018 09:55 AM EDT

Start New MDPCP Application

Application Summary	Application Status
No applications to display	

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

CMS.gov
Centers for Medicare & Medicaid Services

Welcome [username] **B**

Maryland Primary Care Program Practice Application **C** MDPCP-0012

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.

* Indicates a required field.

Practice Activities

This section asks about the various activities that occur at your practice, including types of care provided, teaching and training, and certifications that your practice may have.

* 1. Which statement best characterizes your practice (select all that apply):

- ☐ The practice is a single-specialty primary care practice.
- ☐ The practice is a primary care practice with other integrated clinicians, or is a multi-specialty practice.
- ☐ The practice participates in other lines of business besides primary care, such as urgent care on weekends and/or physical exams for an insurance company.

* 2. Is your practice engaged in training future clinicians and staff?

--None-- **A**

* 3. Does your practice have a recognition as a "Medical Home"?

--None--

Save Save & Continue Cancel **D**

Preliminary Questions

Maryland Primary Care Program Practice Application

MDPCP-1020

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Preliminary Questions

* Indicates a required field.

* 1. As of January 1, 2021, will your practice be a:

* a. Concierge practice? 

--None--

* b. Rural Health Clinic?

--None--

* c. Critical Access Hospital (CAH)?

--None--

* d. Medicaid approved Health Home provider?

(<https://mmcp.health.maryland.gov/Pages/Health-Homes.aspx>)

--None--

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General Questions

* Indicates a required field.

This section focuses on background information about your practice. Information in this section will be used to determine whether your practice meets the baseline eligibility criteria for participation in MDPCP. If a practice is accepted to participate in MDPCP and CMS later learns that answers to the questions in this section have changed or are no longer accurate, CMS reserves the right to terminate the practice's participation in the program immediately.

For purposes of this application, a practice site is defined as the single "bricks and mortar" physical location where patients are seen, unless the practice has a satellite office. A satellite is a separate office that acts purely as a geographic extension of a single practice site; the satellite shares management, resources, EHR, clinicians, and attributed beneficiaries with the main practice location. Practices that are part of the same medical group or health system, even if they share some clinicians or staff, are generally not considered satellites of one practice site.

Where applicable, please answer these questions for the practice site that is applying to participate in MDPCP (rather than the parent organization, group, or health system).

* 1. Will your practice be participating in any of the Medicare or other initiatives below as of January 1, 2019? Please select all that apply. For more information about program overlap policies, please see the [Frequently Asked Questions](#) document located [here](#).

☐

Transformation Clinical Practice Initiative (TCPI) – participation in learning activities

☐

TCPI – participation as part of a Practice Transformation Network or Support and Alignment Network

☐

Accountable Health Communities

☐

Advance Payment ACO Model

☐

Million Hearts Model

☐

Next Generation ACO Model

☐

ACO Investment Model (AIM)

☐

Other CMS shared savings program

☐

Other non-Medicare PCMH model

☐

None of the above

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Practice Structure and Ownership

* Indicates a required field.

This section asks questions about the organizational structure and ownership of your practice. If you have a question about practice structure that is not addressed in the Request for Applications (RFA) or in the Application Instructions, please contact CMS at MarylandModel@cms.hhs.gov.

* 1. Is your practice owned by another health care organization, such as a group practice, hospital or health system?

Yes

* a. What is the name of the Organization?

* b. Corporate Street Address 1

c. Corporate Street Address 2

* d. Corporate County

* e. Corporate State

--None--

* f. Corporate Zip Code

* g. Corporate Phone Number

* h. How many other primary care practice sites are part of this organization?

* i. How many physicians are part of this organization?

* j. How many Medicare Eligible Professionals (EPs) are part of this organization?

* k. Are other practice sites in this organization applying to participate in MDPCP?

--None--

* l. Do all practice sites that are part of this organization share one Electronic Health Record system?

--None--

* m. Does your practice share a TIN for billing with other practices that are part of the same health group or system?

--None--

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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

Practice Contact

<div>* a. Email Address</div> <input type="text"/>	<div>g. Alternative Phone Number (e.g. cell phone)</div> <input type="text"/>
<div>* b. First Name</div> <input type="text"/>	<div>* h. Street Address 1</div> <input type="text"/>
<div>* c. Last Name</div> <input type="text"/>	<div>i. Street Address 2</div> <input type="text"/>
<div>* d. Title/Position</div> <input type="text"/>	<div>* j. City</div> <input type="text"/>
<div>* e. Business Phone Number</div> <input type="text"/>	<div>* k. State</div> <div>--None--</div>
<div>f. Business Phone Number Extension</div> <input type="text"/>	<div>* l. Zip Code</div> <input type="text"/>

Save

Close

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Clinician and Staff Information

* Indicates a required field.

This section asks questions about the clinicians in your practice. Unless otherwise indicated, please answer only for the primary care clinicians that will be participating in MDPCP.

* 1. What is the total number of Individual Physicians (MD or DO), Nurse Practitioners (NPs), Physician Assistants (PAs), and Clinical Nurse Specialists (CNSs) who provide patient care at your practice and practice under their own National Provider ID (NPI)? Please include all full-time and part-time clinician staff, regardless of their practice specialty.

* a. Fill in Number of Physicians

* b. Fill in Number of NPs

* c. Fill in Number of PAs

* d. Fill in Number of CNSs

* 2. For purposes of the MDPCP program, a primary care clinician is defined as a Physician (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of Internal Medicine, General Practice, Geriatric Medicine, Family Medicine, Pediatric Medicine, Nurse Practitioner, OB/GYN, and Psychiatry. Of the total individual clinicians who provide patient care at your practice site, how many are primary care clinicians? Please include full-time and part-time staff.

* a. Fill in Number of Physicians

* b. Fill in Number of NPs

* c. Fill in Number of PAs

* d. Fill in Number of CNSs

* 3. Do any of the primary care clinicians who practice at your site also practice at other locations?

Yes

* Explanation:

Remaining characters: 2000 (total allowed characters: 2000)

Clinician Information Window

Clinician Information

a. Clinician Name

* Last Name

* First Name

Middle Initial

* b. National Practitioner ID (NPI)

* c. Maryland Board of Physicians License Number

* d. Clinician Type

* e. Specialty

* f. Is this Clinician board certified in this specialty?

g. If applicable, is the clinician current with maintenance of certification?

* h. This clinician works at the practice (or satellite office):

* i. Does this clinician also practice at another practice location (besides a satellite office)?

☐ Clinical Leader

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Practice Activities

* Indicates a required field.

This section asks about the various activities that occur at your practice, including types of care provided, teaching and training, and certifications that your practice may have.

* 1. Which statement best characterizes your practice (select all that apply):

☒ The practice is a single-specialty primary care practice.

☒ The practice is a primary care practice with other integrated clinicians, or is a multi-specialty practice.

* Do the clinicians in your practice share an EHR with other types of clinicians in the practice?

--None--

☒ The practice participates in other lines of business besides primary care, such as urgent care on weekends and/or physical exams for an insurance company.

* Please describe the other lines of business in which your practice participates:

Remaining characters: 1000 (total allowed characters: 1000)

* 2. Is your practice engaged in training future clinicians and staff?

Yes

* Please briefly describe the engagement (e.g., family medicine residency clinic, occasional rotating NP students).

Remaining characters: 1000 (total allowed characters: 1000)

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Health Information Technology

* Indicates a required field.

This section asks questions about the Health Information Technology (Health IT) capabilities of your practice.

1. Please provide the following information regarding the primary EHR system used by your practice site, as well as any additional Health IT tools that your practice uses:

New Health IT Vendor

Vendor Name	Product Name	Version	Action
No Health IT Vendors to display.			

Showing 0 to 0 of 0 entries Previous Next

* 2. Please indicate your current level of connectivity with CRISP.

- ☐ Tier 1: View clinical data & receive hospitalization alerts, initial connectivity to CRISP, Encounter Notification Service (ENS), clinical query portal, Prescription Drug Monitoring Program (PDMP) Benefits
- ☐ Tier 2: Send encounter information about your patients and contribute to a more comprehensive patient profile and improve data sharing among providers treating the same patients, auto-subscribed patient lists for ENS
- ☐ Tier 3: Send clinical information about your patients to CRISP who will serve to further contribute to comprehensive patient profiles, CAIIPHR: Clinical Quality Measures (CQM) Reporting Tool, Enhanced Analytic Reporting

Save

Save & Continue

Cancel

Health IT

* Vendor Name

* Product Name

* Version

Save

Cancel

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Patient Demographics

* Indicates a required field.

This section asks questions about the demographic makeup of your patient population. Please answer these questions to the best of your ability.

* 1. Percentage of patients by insurance type:

* a. Commercial or Private

* b. Medicare

* c. Medicaid

* d. Uninsured

* e. Other

* f. Is this based on collected data or best estimate?

--None--

* 2. Are you in a designated Health Professional Shortage Areas or Medically Underserved Areas/Populations (MUA/P)

<https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx?>

--None--

Save

Save & Continue

Cancel

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Care Delivery

* Indicates a required field.

The following questions gather information about your practice site's delivery of primary care. Please answer the following questions based on the current activities at your practice site:

Care Management

* 1. Patients

- ☐ are not assigned to specific clinician panels.
- ☐ are assigned to specific clinician panels and panel assignments are not routinely used by the practice for administrative or other purposes.
- ☐ are assigned to specific clinician panels and panel assignments are routinely used by the practice mainly for scheduling purposes.
- ☐ are assigned to specific clinician panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.

* 2. Non-physician practice team members

- ☐ play a limited role in providing clinical care.
- ☐ are primarily tasked with managing patient flow and triage.
- ☐ provide some clinical services such as assessment or self-management support.
- ☐ perform key clinical service roles that match their abilities and credentials.

* 3. The care managers used by our practice for managing the care for patients

- ☐ does not apply.
- ☐ are employed by another organization and located externally.
- ☐ are employed by another organization and located internally.
- ☐ are employed by our practice and located internally.

* 4. Care Plans

- ☐ are not developed or recorded.
- ☐ are developed and recorded but reflect clinicians' priorities only.
- ☐ are developed collaboratively with patients and families and include self-management and clinical goals.
- ☐ are developed collaboratively, include self-management and clinical management goals, are routinely recorded, and guide care at every subsequent point of service.

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

A screenshot of a web application portal for Care Transformation Organizations. The left sidebar is dark blue with white text listing navigation options: Home, Preliminary Questions, General Questions, Practice Structure and Ownership, Contacts, Clinician and Staff Information, Practice Activities, Health Information, Technology, and Patient Demographics. The main content area is white. At the top, a warning message in blue text states: "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." Below this, the title "Care Transformation Organization" is displayed with a note: "* Indicates a required field." A numbered instruction follows: "1. If the practice intends to partner with a Care Transformation Organization (CTO), please provide your first and second choice below." There are two input fields: "Primary CTO" and "Secondary CTO". At the bottom right, there are three buttons: "Save", "Save & Continue", and "Cancel".

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.

Letters of Support * Indicates a required field.

Practices will need to submit several letters of support with their application:

* 1. Letter of support from clinical leadership:

Skilled leaders with high levels of emotional engagement and intellectual commitment are essential for successful cultural changes that drive improvements toward better care, smarter spending, and healthier people. In addition to answering all questions in the application and providing any required supporting documentation, all practices applying to participate in the MDPCP must attach a letter of support from at least one physician, leader in the practice.

This letter shall describe how the physician intends to engage with the care team(s) to provide ongoing leadership in support of MDPCP. The letter shall also define the planned time commitment and briefly describe ongoing strategies to share and address results, challenges, progress, and successes with practice staff and the patient community. This letter shall be no more than one page.

[Upload Letter of Support](#)

File Name	Upload Date	Time
No Files to display.		

* 2. Letter of support from parent of owner organization:

If your practice is owned by a person, entity, or organization OTHER than a clinical or other leader that works in the practice site, your practice must attach a letter of support from the parent/owner committing to segregate funds that are paid in conjunction with MDPCP, and assuring that all funds flowing through this initiative will be used for infrastructure and/or salaries in the participating practice. The letter of support must also demonstrate a commitment to compensate the clinicians and staff in practices participating in Track 2 of MDPCP in a manner that rewards quality of care, not just patient visit volume, and is consistent with the Comprehensive Primary Care Payment.

[Upload Letter of Support](#)

File Name	Upload Date	Time
No Files to display.		

* 3. Letter confirming CRISP connectivity:

To be eligible to participate in the MDPCP, a practice must submit a letter executed by both the practice and a health information exchange (HIE) representative certifying the applicant's current level of connectivity to that HIE and its commitment to achieving the aims of bi-directional connectivity by the end of its first year as a Track 2 Participant Practice. For the purposes of the MDPCP, bi-directional connectivity is defined as the ability to send and receive clinical information about a practice's patients to and from the HIE. This will increase and enhance the comprehensiveness of patient data available to the health care providers who treat that patient.

[Upload Letter of Support](#)

File Name	Upload Date	Time
No Files to display.		

[Continue](#)

1. Clinical Leadership
2. Practice Ownership
3. CRISP (allot time to get executed):

- Instructions:

<https://health.maryland.gov/mdpc/Documents/CRISP%20Letter%20of%20Support%20Instructions.pdf>

- Downloadable Template:

https://health.maryland.gov/mdpc/Documents/Practice%20Applicant%20CRISP%20Letter%20of%20Commitment_final.docx

Certify & Submit

Home

Preliminary Questions

General Questions

Practice Structure and Ownership

Contacts

Clinician and Staff Information

Practice Activities

Health Information Technology

Patient Demographics

Care Delivery

Care Transformation Organization

Letters of Support

Certify & Submit

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.

Certify & Submit

* Indicates a required field.

Application Checklist








Below is a checklist detailing the documents that your practice is required to submit for consideration in MDPCP. Not all documents are required from all applicants. Some documents are specific to the Track for which an applicant is applying, and some are required only from practices with specific ownership organization. It is the responsibility of the applicant to ensure that you include all documents that are required for your specific circumstances. All documents must be signed, scanned, and uploaded to the application portal. Please retain the original, signed letters. If you have any questions about what your practice is required to submit, please contact CMS at MarylandModel@cms.hhs.gov.

- ☐ Completed Application
- ☐ Letter of support from your practice's clinical leader
- ☐ Letter of support from parent or owner of organization (if applicable)
- ☐ Letter confirming commitment to achieving bi-directional connectivity with CRISP by the end of its first year as a Track 2 Participant Practice
- ☐ I have read the contents of this application and I certify that I am legally authorized to bind the practice. Upon submission of this application I certify to the best of my knowledge that all of the submitted information is true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Preview Your Application

Submit

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+

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

Appendix

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



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



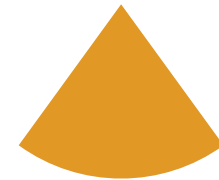
Comprehensiveness and Coordination

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



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



Planned Care for Health Outcomes

Track One & Two

- Continuously improve performance on key outcomes

