



# **Applying to Participate in MDPCP in 2023 for FQHCs**

**Program Management Office  
Maryland Primary Care Program**

**Spring 2022**

# Welcome & Announcements

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Chad Perman  
Acting Executive Director

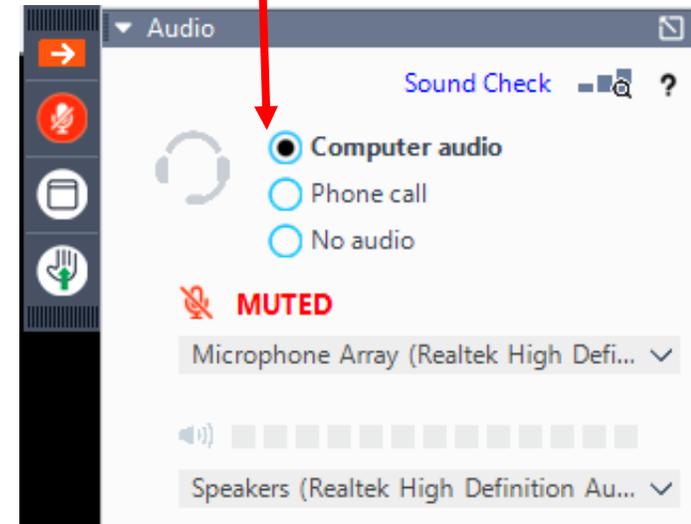


Alice Sowinski-Rice  
Operations Manager



# Before We Begin

- ❖ Make sure you select the **audio type** that you are using on the right-hand side panel
- ❖ Please use the **Questions pane** and presenters will address them during the Q&A section
- ❖ **Slide deck and link to recording** will be available after the presentation



# Agenda

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- Program Background
- Program Requirements and Payments
- Supports for Practices & FQHCs
- CTOs
- Practice & FQHC Eligibility and Application
- Q&A

# Why join MDPCP?

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Be a part of the successful transformation in the delivery of advanced primary care in Maryland - [read about MDPCP in the news!](#)



Get off the Fee-for-Service (FFS) hamster wheel and receive enhanced compensation with non-visit-based payments



Be an example to the nation and a path forward.



Build team-based care with the provider as the captain - enjoy more support and resources for your practices and patients.

*“There is no army as strong as an idea whose time has to come.”*

- Victor Hugo

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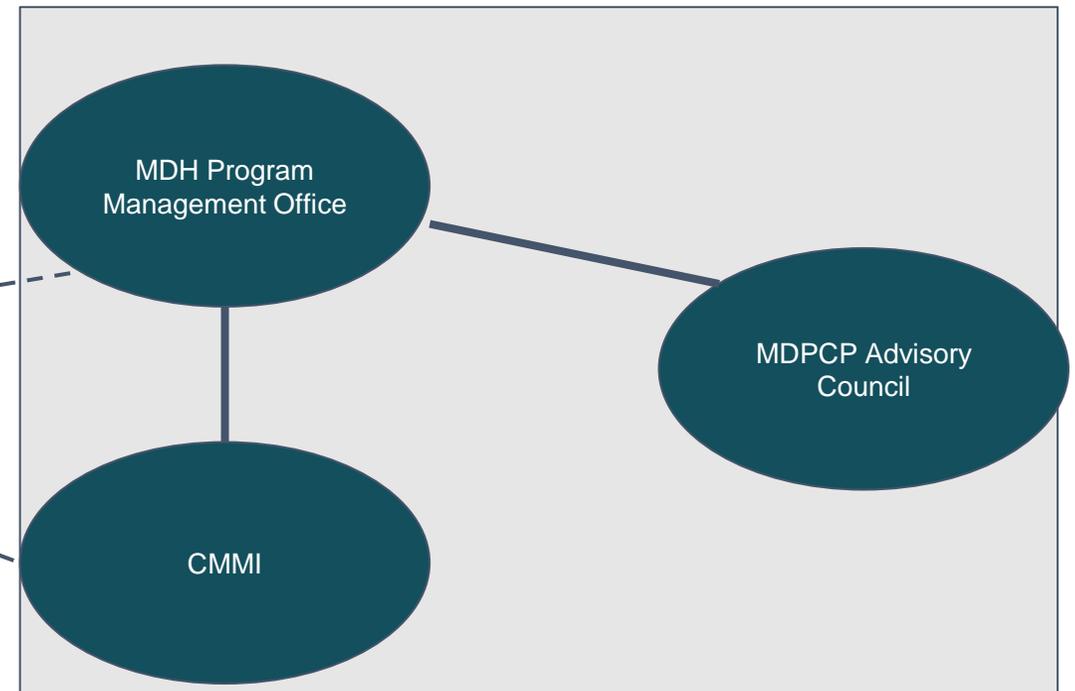
# Program Background

# MDPCP Structure

## Primary Care Provision



## Program Administration



# Maryland Primary Care Program (MDPCP) Background

MDPCP is....

- A **statewide advanced primary care program**
- **Goal** – Build a strong, effective primary care delivery system, inclusive of medical, behavioral and social needs
- Part of Maryland Total Cost of Care model, a statewide healthcare delivery transformation

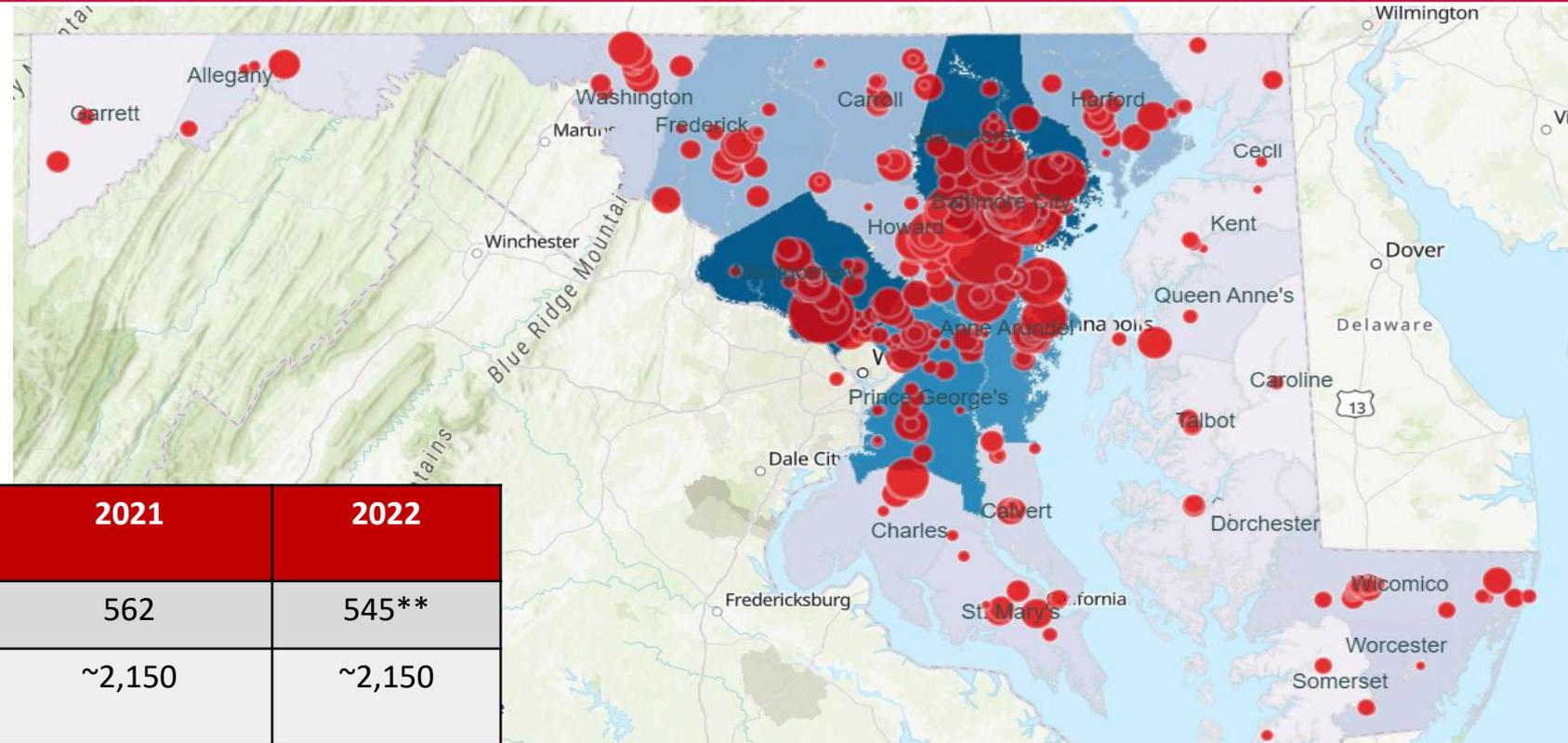
## Maryland Total Cost of Care Model



# MDPCP in 2022

**Support infrastructure – 24 Care Transformation Organizations**

**Statewide – Practices in every county**



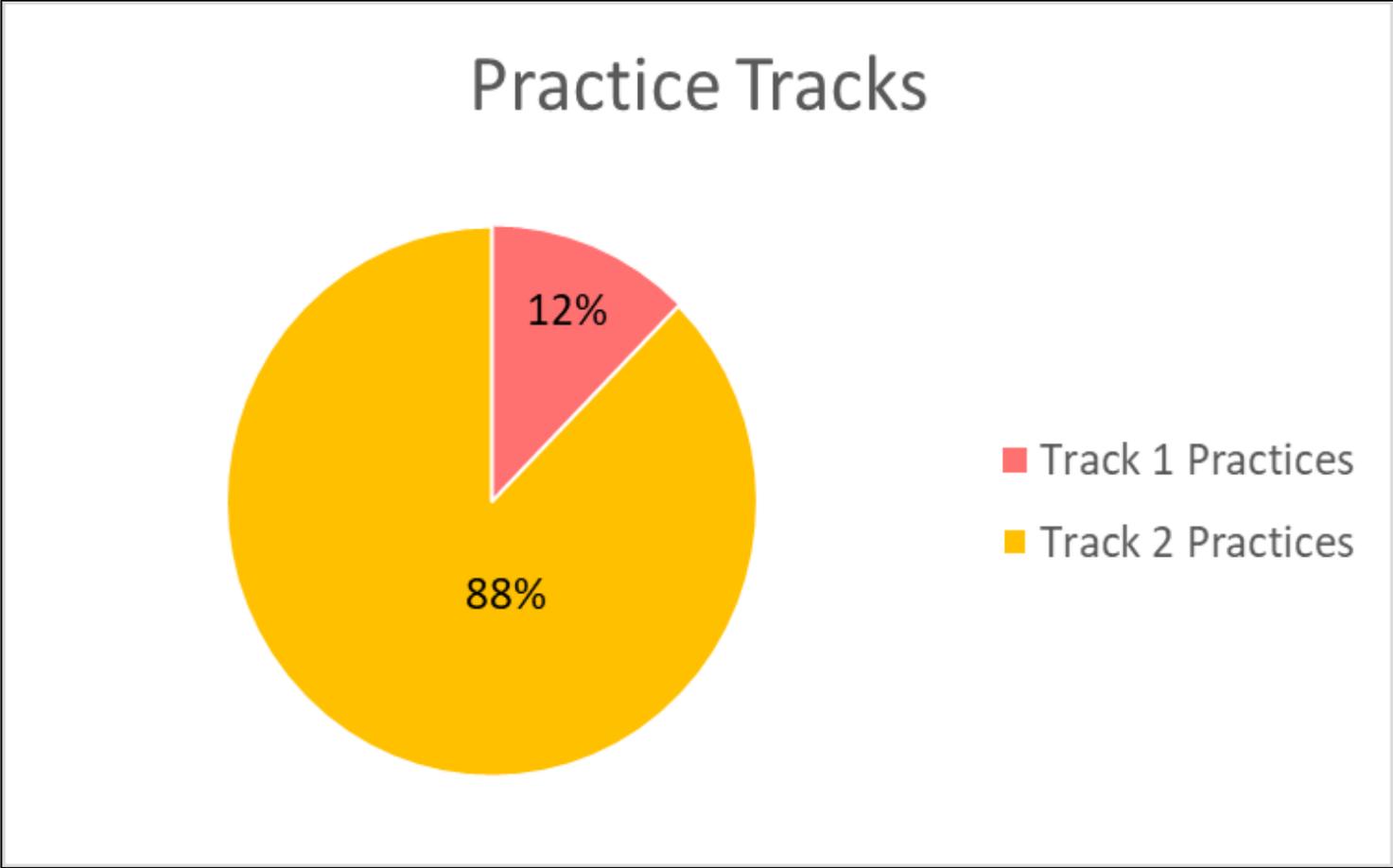
PARTICIPANTS	2019	2020	2021	2022
Practice sites	380	476	562	545**
Providers in MDPCP	~1,500	~2,000	~2,150	~2,150
FFS beneficiaries attributed	220,000 (28,717 duals)	356,000 (45,031 duals)	392,000 (60,000 duals)	374,000
Marylanders served	2,000,000 – 3,000,000*	2,700,000 – 3,800,000*	over 4,000,000*	over 4,000,000*

**\*\* 545 sites – 7 FQHC organizations represent 44 site locations (508 official participants)**

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

# 2022 MDPCP Practice Tracks

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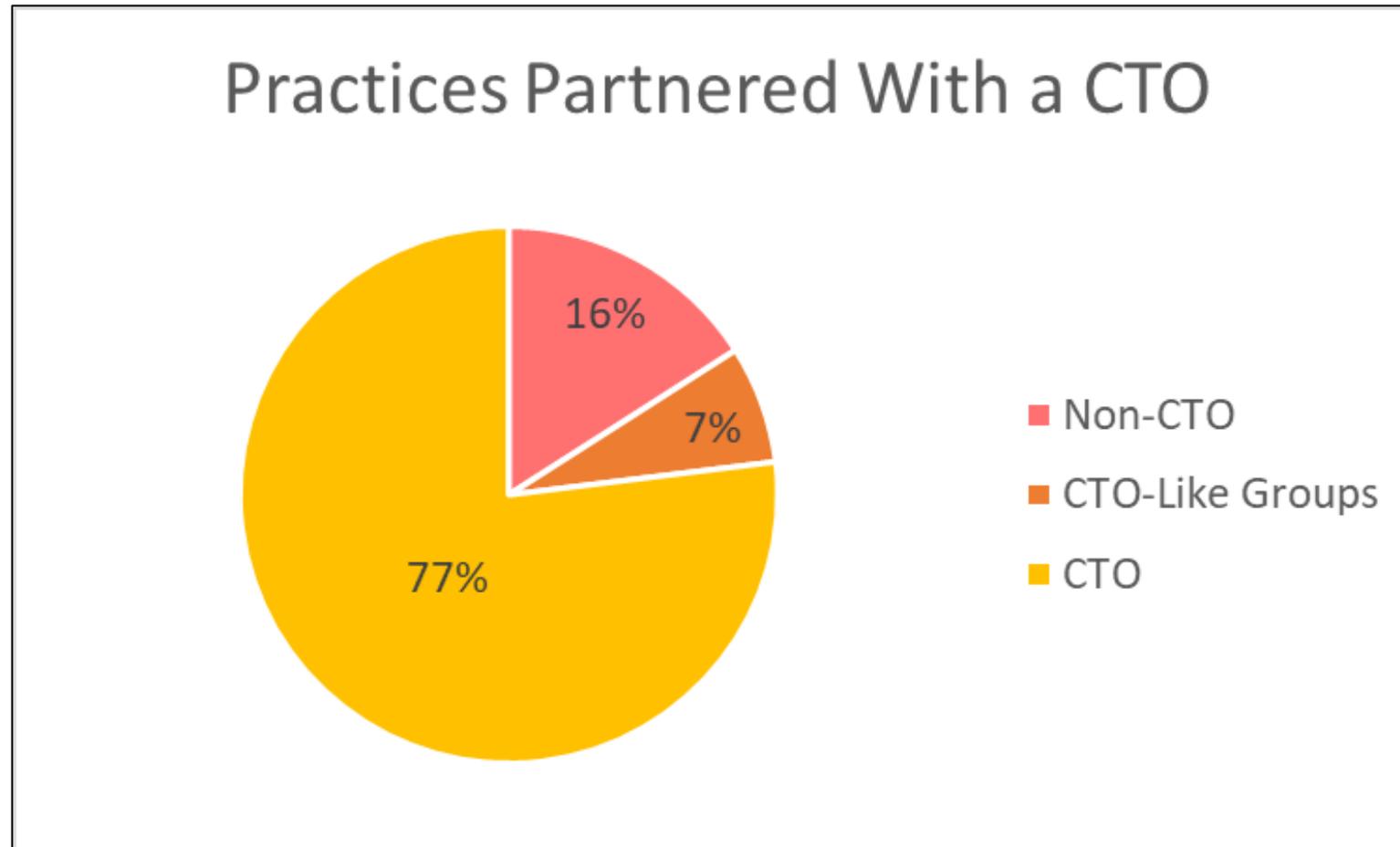
75% decrease in T1 practices from 2021 to 2022

80.5% increase in T2 practices from 2021 to 2022

\*New Track 3 currently under development

# 2022 MDPCP Practice-CTO Partnerships

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# MDPCP Payer Expansion

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2019

Medicare



2020

CareFirst 

2023\*

Medicaid  
(IN DEVELOPMENT)

# MDPCP Priorities

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## Key Facts:

MDPCP is a key part of the Statewide Integrated Health Improvement Strategy (SIHIS) is designed to engage State agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs for Marylanders.

**Incorporating  
health equity  
lens**

**Reducing risk-adjusted  
PQIs**

**Addressing substance  
use disorder**

**Integrating  
Public Health**

**Improving post-  
discharge follow-up**

**Reducing mean body  
mass (BMI) and diabetes  
incidence**

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# Program Requirements & Payments

# MDPCP's Advanced Primary Care Requirements

## Care Transformation Requirements



**Access & Continuity** – Expanded Access | Alternative Visits (+Telemedicine)

**Care Management** - Risk-Stratification | Transitional Care Management | Longitudinal, Relationship-Based | Comprehensive Medication Management

**Comprehensiveness & Coordination** - Behavioral Health Integration | Social Needs Screening & Referral

**Beneficiary & Caregiver Experience** - Patient Family Advisory Councils | Advance Care Planning

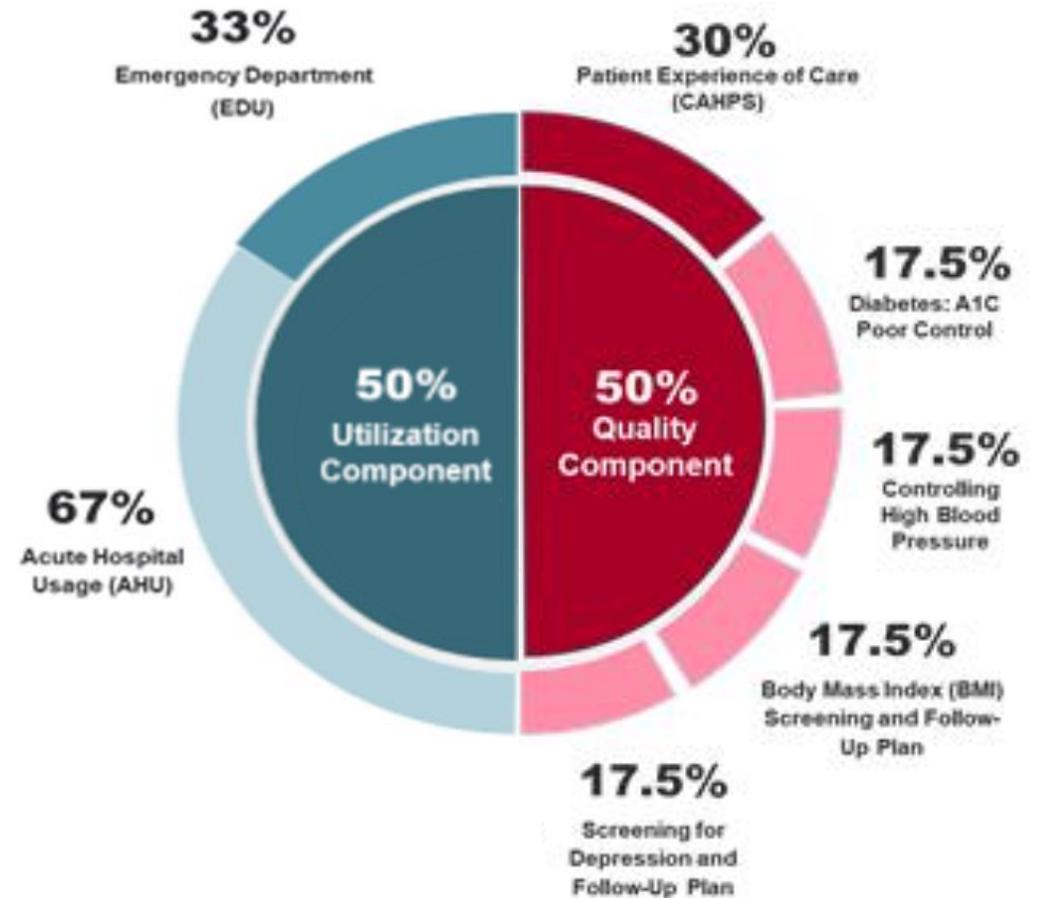
**Planned Care for Health Outcomes** - Continuous Quality Improvement | Advanced Health Information Technology | CRISP

# Track 1 Performance Metrics

**Clinical Quality measures aligned with State goals** – Diabetes Control, Hypertension Control, BMI assessment and follow-up, and Depression assessment and follow-up

**Patient engagement** - CAHPS survey for clinicians and groups

**Utilization that drives total cost of care** - Inpatient hospitalizations and ED visits for Medicare FFS beneficiaries



# Track 2 & 3 Performance Metrics

## Clinical Quality measures aligned with State goals –

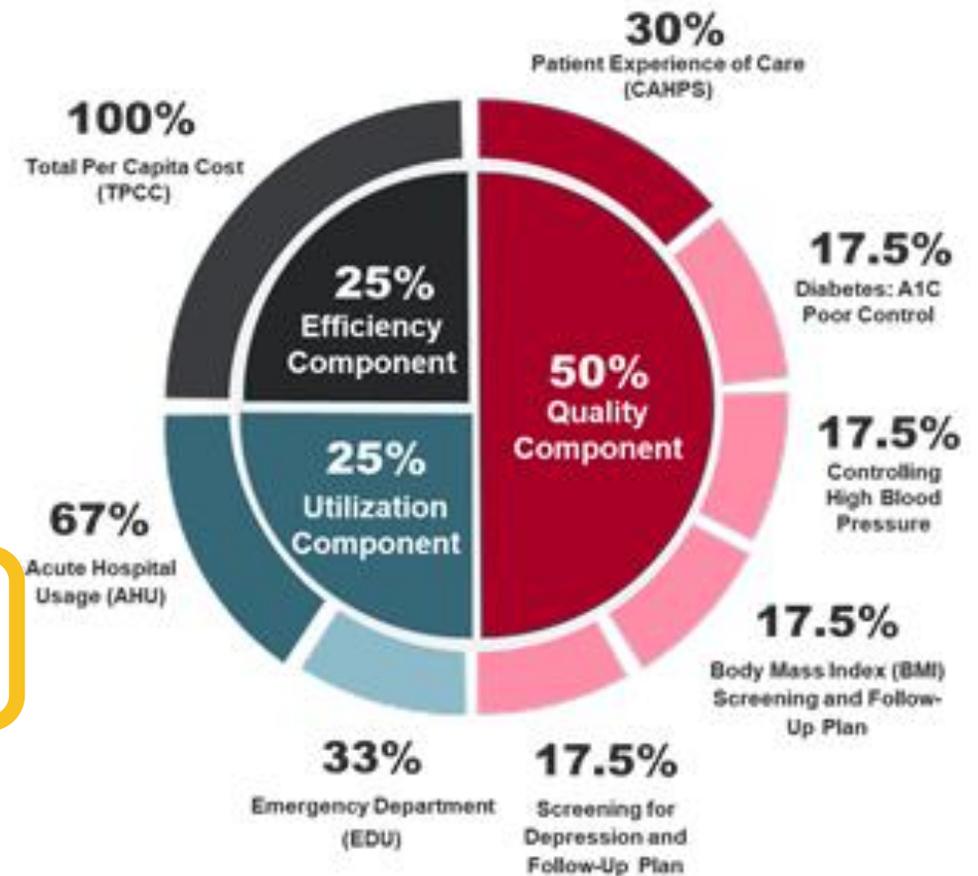
Diabetes Control, Hypertension Control, BMI assessment and follow-up, and Depression assessment and follow-up

**Patient engagement** - CAHPS survey for clinicians and groups

**Utilization that drives total cost of care** - Inpatient hospitalizations and ED visits for Medicare FFS beneficiaries

**Total Per Capita Cost** - observed to expected (O/E) ratio of total Medicare costs, for Track 2 & Track 3 practices only.

\*For T1 practices: the utilization component makes up 50% of PBIP and there is no TPCC measure



# Payment Incentives in the MDPCP Tracks 1&2

## Care Management Fee (CMF)

- \$6-\$100 Per Beneficiary, Per Month (PBPM)
  - Tiered payments based on acuity/risk tier of patients in practice
- Timing: Paid prospectively on a quarterly basis, not subject to recoupment

## Health Equity Advancement Resource & Transformation Payment (HEART)

- \$110 PBPM for eligible benes

## Performance-Based Incentive Payment (PBIP)

- 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 recoupment if benchmarks are not met

## Comprehensive Primary Care Payment (CPCP) *For Track 2 Practices only*

- Partial pre-payment of historical E&M volume with 10% bonus
- Timing: Paid prospectively on a quarterly basis, not subject to recoupment

# HEART

Health Equity Advancement Resource and Transformation Payment (HEART) payment: All practices will receive CMFs. Some practices will also receive a HEART payment for eligible beneficiaries.

**Additional \$110 PBPM for attributed MDPCP beneficiaries who are in:**

**One of the two highest HCC risk tiers:**  
**4th HCC risk tier**  
(75th - 89th percentile)  
**Or complex risk tier** (90th - 99th percentile)

**High Medical Complexity (HCC)**

**High Area Deprivation Index (ADI)**

**Highest ADI quintile**  
(based on MDPCP beneficiary population) as defined by national rank

# MDPCP CRISP Requirements Overview

CRISP provides several services that can augment existing workflows within a clinical setting including MDPCP claims based reports for population health management

CRISP Requirements		
<b>Encounter Notification Service rosters (ENS)</b>	Submit patient roster or panel to CRISP and configure encounter alerts to enable appropriate follow-up activities	At least every 90 days (within 90 days of Q3 reporting)
<b>Care Alerts</b>	Submit Care Alerts to CRISP for your MDPCP-attributed beneficiaries	As necessary (related to care planning)
<b>Pre-AH (Likelihood of Avoidable Hospital) Events Tool</b>	<ul style="list-style-type: none"><li>● Review the Hilltop/MDPCP Pre-AH report tool and identify high risk beneficiaries who are at risk of having an avoidable hospital utilization event within the next few months.</li><li>● Follow up with Beneficiaries to establish a clinical action plan to support beneficiaries to avoid the hospital event.</li></ul>	At least monthly

# Other Program Reporting Requirements

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## During Performance Year

- Care Transformation Requirement Reporting for previous 6 months (Q1 & Q3)
- User Access Verification (Quarterly)

## Following Performance Year

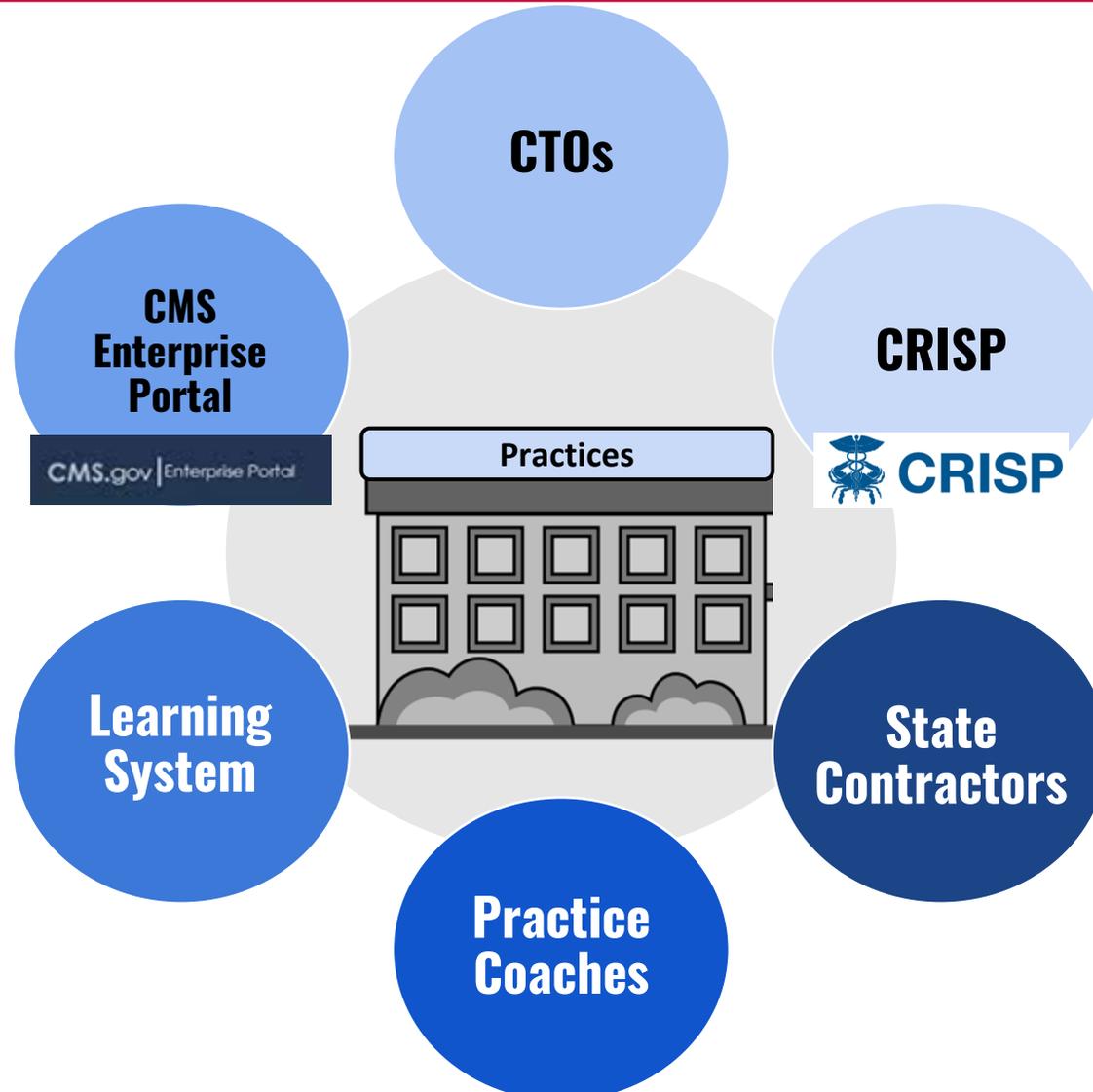
- Annual CMF and HEART Financial Reporting for previous PY (Q1)
- Annual eCQM Submission for previous PY (Q1)
- CAHPS Roster Submission for previous 6 months (Q1)

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# Supports for Practices

# Practices are supported

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What's Next?

# MDPCP 2022 Learning Live Calendar

EVENT NAME	FORMAT	DATE/TIME	DESCRIPTION	BEST FOR	REGISTRATION (PLATFORM)
MEDISOLV INFO SESSION #1		Thurs, 04/07 (5 - 6 PM)	The MDPCP PMO is excited to announce a new collaboration with CRISP and Medisolv on the Maryland Health Equity & Digital Quality Measures Project. Learn more here!	Practices with one of the following EHRs: Allscripts, Athena, Cerner, eClinicalWorks, Epic, and Meditech	<a href="#">Previous event</a> (GoogleMeet)
MDPCP OFFICE HOUR FOR PRACTICES & CTOS		Tues, 04/12 (12 - 1 PM)	Practices and CTOS-- please attend this office hour to ask MDPCP questions. Any relevant topics will be reviewed.	All roles; all practices; all CTOS	<a href="#">Recording</a> (GoTo Webinar)
"STATE OF THE MDPCP" ALL-PRACTICE CALL		Fri, 04/22 (12 - 1 PM)	Please join the MDPCP PMO in an all-practice and all-CTO call to review the state of the Maryland Primary Care Program.	All roles; all practices; all CTOS	<a href="#">Register</a> (GoTo Webinar)
SAY WHAT, SAY WHO? SIHIS!		Tues, 04/26 (5 - 6 PM)	The goal of this webinar is to understand the SIHIS and how primary care practices can align with SIHIS goals.	All roles; all practices; all CTOS	<a href="#">Register</a> (GoogleMeet)
MEDISOLV INFO SESSION #2		Fri, 04/29 (12 - 1 PM)	The MDPCP PMO is excited to announce a new collaboration with CRISP and Medisolv on the Maryland Health Equity & Digital Quality Measures Project. Learn more here!	Practices with one of the following EHRs: Allscripts, Athena, Cerner, eClinicalWorks, Epic, and Meditech	<a href="#">Register</a> (GoogleMeet)
MEDISOLV INFO SESSION #3		Tues, 05/03 (5 - 6 PM)	The MDPCP PMO is excited to announce a new collaboration with CRISP and Medisolv on the Maryland Health Equity & Digital Quality Measures Project. Learn more here!	Practices with one of the following EHRs: Allscripts, Athena, Cerner, eClinicalWorks, Epic, and Meditech	<a href="#">Register</a> (GoogleMeet)
CRISP OPEN OFFICE HOUR		Tues, 05/24 (12 - 1 PM)	Join us for a brief highlight on a CRISP feature followed by an open office hour with CRISP for any questions you may have about ULP/CRS.	All roles; all practices; CRISP users	<a href="#">Register</a> (GoogleMeet)
CARE MANAGER AFFINITY GROUP		Tues, 06/07 (12 - 1 PM)	Please join us for a discussion with Care Management staff from practices throughout MDPCP. This quarter's topic: Community Care Collaboration	Care Managers, Care Coordinators, CHWs	<a href="#">Register</a> (GoogleMeet)
FOCUSED REGIONAL CARE WORKSHOP		Thurs, 06/16 (5 - 6 PM)	Join us for a game-based series: a Focused Regional Care Workshop! Bust out of this escape room by working through a case study focused on the UTI PQI.	All roles; <b>Capital region practices only</b>	<a href="#">Register</a> (GoogleMeet)
PROVIDER LEADERSHIP ACADEMY		Sat, 06/11 (8 AM - 1 PM)	Join us for a half-day training program designed for provider leaders at Maryland's primary care practices, Network, learn, and more!	All primary care providers; all practices	Virtual (Registration link coming soon)

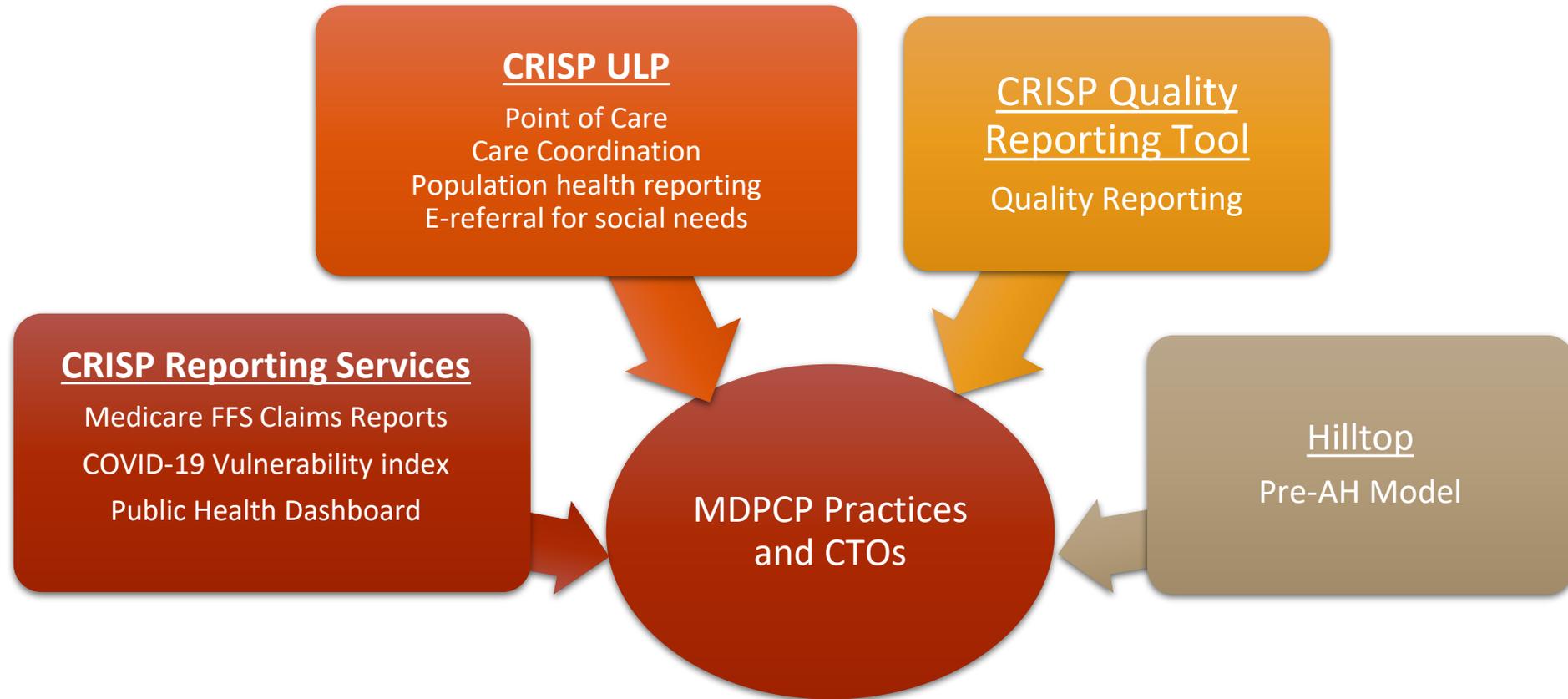
Register and attend MDPCP Learning Live events by reviewing the [2022 Learning Live Calendar](#).

## ❖ MDPCP [2021 Learning Calendar](#)

- Formats: Webinars, office hours, trainings, networking
- Topics: Care transformation, CRISP, hospice, eCQMs, etc.
- View our [Google Calendar](#)

## ❖ MDPCP On-Demand Video [Channel](#)

# CRISP Suite of Tools for MDPCP



# Practice Transformation Coaches



**Nicholas Brown**  
Lead Coach  
Salesforce SME



**Kelly Brown**  
Lead Coach  
QI SME



**Candice Morrison**  
Coach  
CRISP SME



**TJ Nairn**  
Coach



**Felicia Dortch**  
Coach

## What can a Practice Transformation Coach do?

- Care Transformation Requirement Support
- Connect to resources
  - Documents
  - Tool navigation and support
- Timeline and reporting guidance
- Coordination with other support elements (i.e. CRISP and SBIRT Vendor)
- Technical assistance
- Targeted quality improvement and process improvement

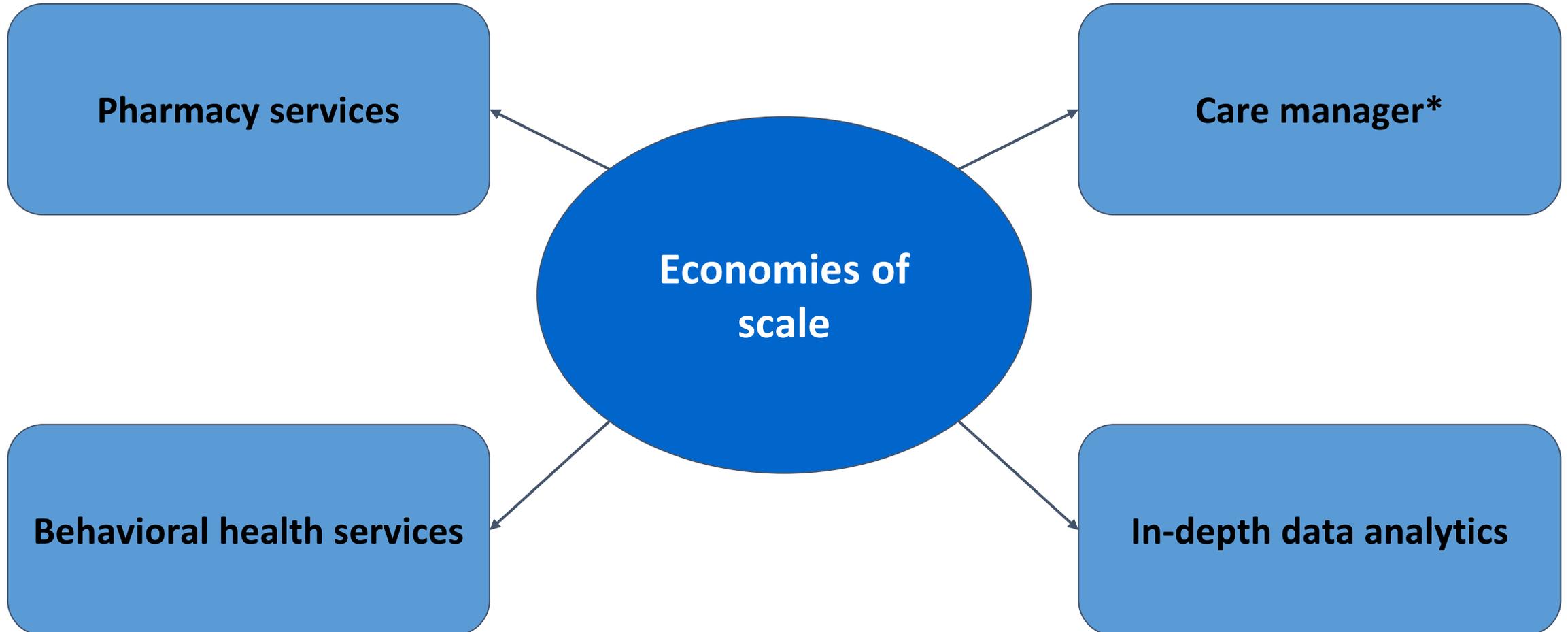


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# CTOs

# Why do CTOs exist?

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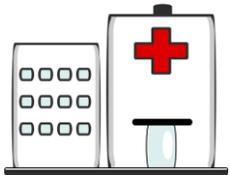
\*Note: Lead care manager provided to practices with a 50/50% CMF split

# Opportunity to partner with a Care Transformation Organization (CTO)

24 CTOs in total



Partnered with a few as **1** practice, and up to as many as **54** practices

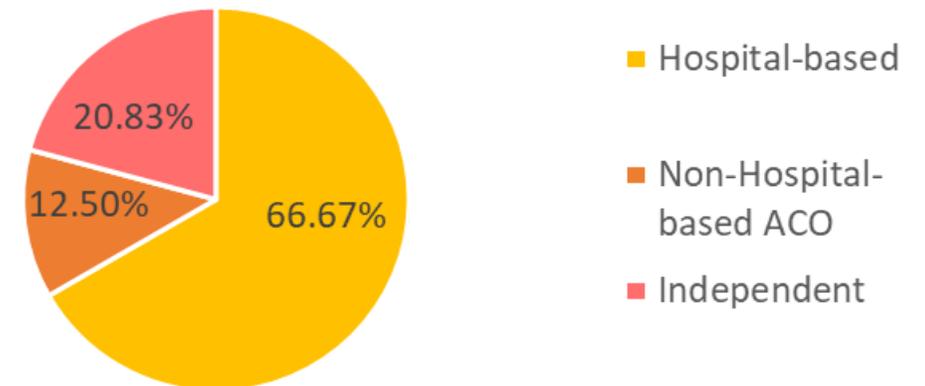


**16** are hospital-based CTOs that own or are closely affiliated with most of their partner practices



**3** are non-hospital ACO-based and **5** are independent organizations

% of CTOs, By Organization Affiliation



[List of CTOs](#)

Partnering with a CTO is VOLUNTARY.

# CTO Care Management Fee (CMF)

## Option 1

- CTO provides Lead Care Manager\*
- CTO & Practice each receive 50% CMF payment

## Option 2

- Practice provides its own Lead Care Manager
- CTO receives 30% CMF, Practice receives 70%

### \*Lead Care Manager

- Fully dedicated to care management functions of the participant practice
- Under Option 1, must be full-time employee of CTO
- Works with practice-based practitioners who have primary responsibility for care management of all beneficiaries attributed to practice

# CTO & Practice Pairing Process

- Practices write-in preferred CTO partner in initial application, and confirm their selection via follow-up survey
- Final CTO-practice pairings announced in the Fall
- Practice and CTOs sign CTO Arrangement Document

## CTOs Available in Worcester County



### Instructions:

- To learn more about the services provided by a particular CTO, please visit their website.
- Once you have decided on a CTO selection, please indicate your first and second choice for CTO partnership by completing the online form that was emailed to your practice's primary point of contact.

CTO ID	CTO Name	Website
0087	Aledade CTO (Aledade Accountable Care 30 LLC)	<a href="https://www.aledade.com/maryland">https://www.aledade.com/maryland</a>
0106	Atlantic General Hospital Corporation	<a href="http://www.atlanticgeneral.org">www.atlanticgeneral.org</a>
0160	Connections for Health	<a href="http://ConnectionsforHealth.com">http://ConnectionsforHealth.com</a>
0105	HealthIncs CTO	<a href="https://medicalincs.com/healthincs-cto/">https://medicalincs.com/healthincs-cto/</a>
0094	Maryland Collaborative Care Care Transformation Organization	<a href="https://www.mdctransformation.com/">https://www.mdctransformation.com/</a>
0084	MedChi Care Transformation Organization	<a href="https://www.medchi.org/MedChiCTO">https://www.medchi.org/MedChiCTO</a>
0112	Netrin Accountable Care LLC	<a href="http://www.mdcto.org/">http://www.mdcto.org/</a>
0096	Peninsula Regional Clinically Integrated Network CTO	<a href="https://www.prcin.org">https://www.prcin.org</a>
0169	PHS Doctors CTO, LLC	<a href="https://phsdoctorscto.com/">https://phsdoctorscto.com/</a>

[Back to List of Counties](#)

Example of CTOs available in Worcester County, as accessed by the [CTO Comparison Tool](#)

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# Practice & FQHC Eligibility & Application

# Practice & FQHC Eligibility

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-  Meet CMS program integrity standards
-  Provide services to a minimum of 125 attributed Medicare FFS/PPS beneficiaries. CMMI will run attribution after you apply
-  Only Maryland practice sites are eligible to participate
-  Utilize a 2015 certified Electronic Health Record (application will ask for EHR certification number)

# Restrictions

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-  Charge any concierge fees to Medicare beneficiaries
-  Be a participant in certain other CMMI initiatives including
  - Next Generation ACO Model
  - Comprehensive ESRD Care Model
-  Medicaid Health Homes

# Required Application Documents



\*Example application questions from previous years are available in Appendix 1 & 2 at:

[https://health.maryland.gov/mdpcp/Documents/TCOC%20-%20MDPCP%20-%20RFA%20-%20FINAL\\_508%20Compliant-2018.pdf](https://health.maryland.gov/mdpcp/Documents/TCOC%20-%20MDPCP%20-%20RFA%20-%20FINAL_508%20Compliant-2018.pdf)

Questions are subject to change and should be used for reference purposes only

# Preparing for Application

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- Electronic portal for submission
- Information and materials to have on hand:
  - Office address(es)
  - TINs (current and any used within last 3 years)
  - Organizational NPIs
  - Organization's Medicare Provider Number (CCN or PTAN)
    - The CCN will be used to identify attributed beneficiaries through claims analysis. May have to collect multiple CCNs for the FQHC system if there are multiple sites. CMMI can follow up with applicants to collect the necessary information.
  - Practice, Application and Designated Points of Contact
  - Letters of Support and commitments from
    - Clinical Leadership
    - Ownership of practice
    - CRISP letter of support for practice

**Avoid the 30-minute  
timeout!**

# Participation Options and Timeline

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**Request for Applications (RFA):** CMS will issue a RFA in the Spring of 2022 for January 1, 2023 practice, CTO, or FQHC start (2023 cohort), and a final RFA in the Spring of 2023 for January 1, 2024 practice, CTO, or FQHC start (final cohort).

## Transition Timelines:

- 2023 is the final year of operation for Track 1
- 2025 is the final year of operation for Track 2
- 2026 all non-FQHC practices must be in Track 3
- Track 3 for FQHCs is still TBD

# Next Steps

Activity	Timeframe	
Release applications (RFA)	May/June 2022	
Application period	May/June - July 2022	
Qualified practices and CTOs notified	Late Summer/early Fall 2022	
Agreements and onboarding documents	Fall 2022	
Initiate Program Year 5	January 1, 2023	
Annual Application Periods	2019 - 2023	
Program Participation	2023 - 2026+	

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# FAQs for FQHCs

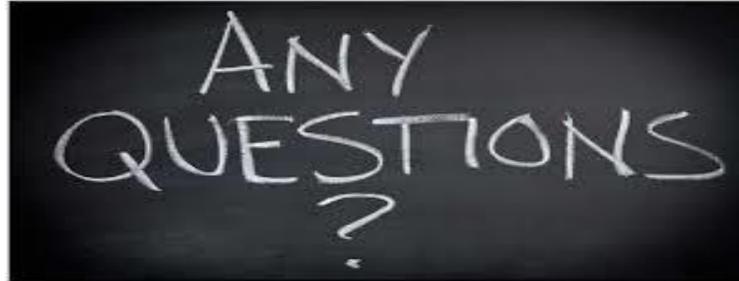
# FAQs for FQHCs

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- Eligible for 2023 participation
- May apply to participate in Track 1 or Track 2
- May apply as an organization (single application) or as individual practice sites (separate applications)
- Attribution minimum - 125 Medicare PPS beneficiaries
  - Applies to the applicant organization, whether it applies at the practice site or organizational level
- CTO eligibility – FQHCs ineligible; FQHCs may partner with CTOs (optional)
- Cannot billing CCM codes for attributed MDPCP beneficiaries
- May also participate in an ACO but will not receive PBIP
- All other MDPCP application and performance requirements will apply to FQHCs

# Thank you!

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**General Updates and More Information:**

<https://health.maryland.gov/MDPCP>

**Application Updates:**

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

Questions: email [mdh.pcmode@Maryland.gov](mailto:mdh.pcmode@Maryland.gov)

# Resources

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- [MDPCP 2020 Annual Report](#)
- PY2021 [RFA](#)
- [Application Resources](#) Webpage
- [List](#) of All Participating Practices for PY2022
- [List of CTOs](#)
- [CTO Comparison Tool](#)

# *Care Transformation Requirements*

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## **Appendix A**

# Access and Continuity

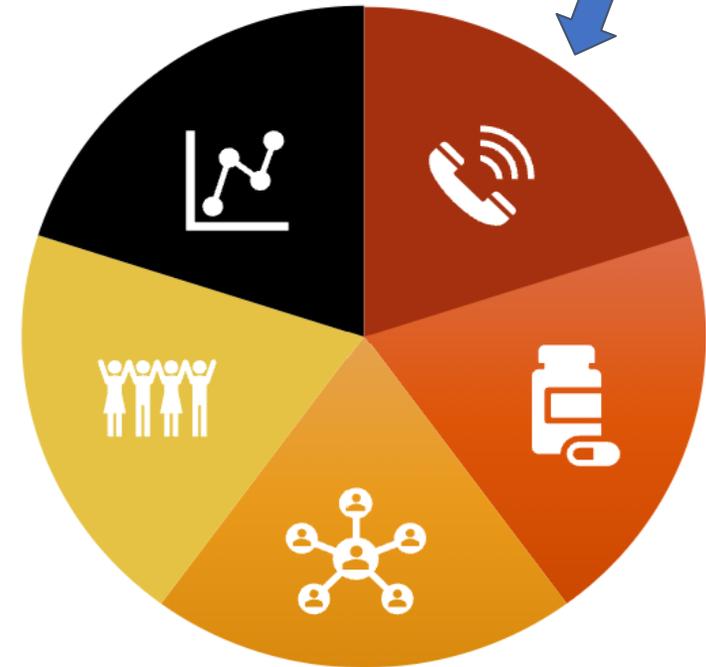
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## Track One

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

## Track Two (all of the above, plus)

- Alternatives to traditional office visits



# Care Management

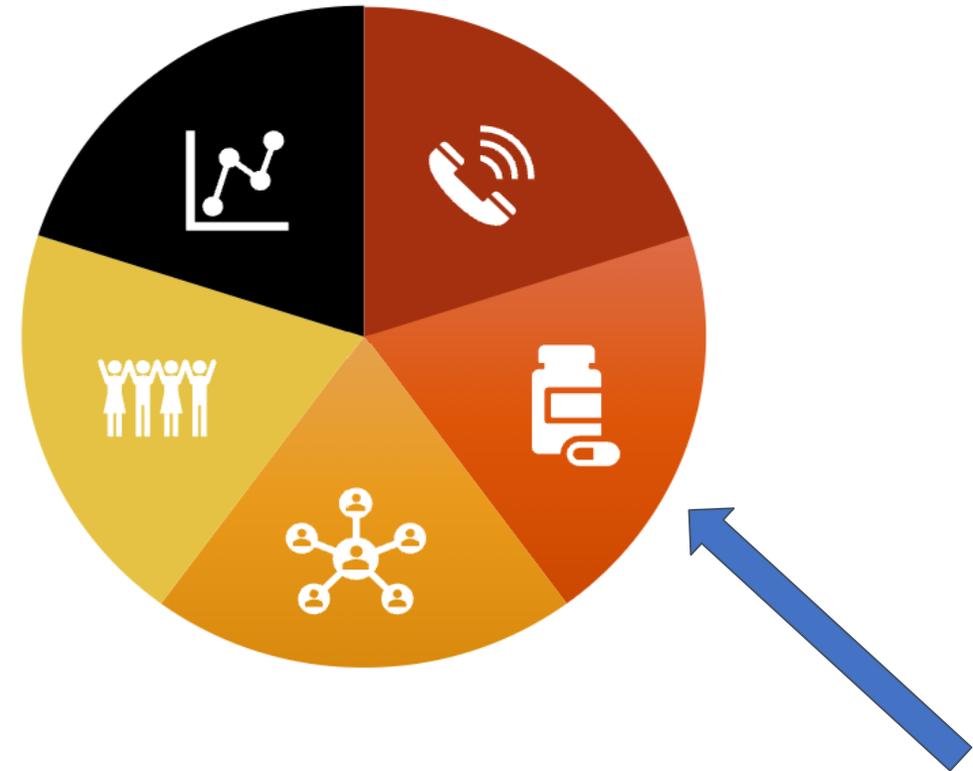
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## Track One

- 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

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## 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



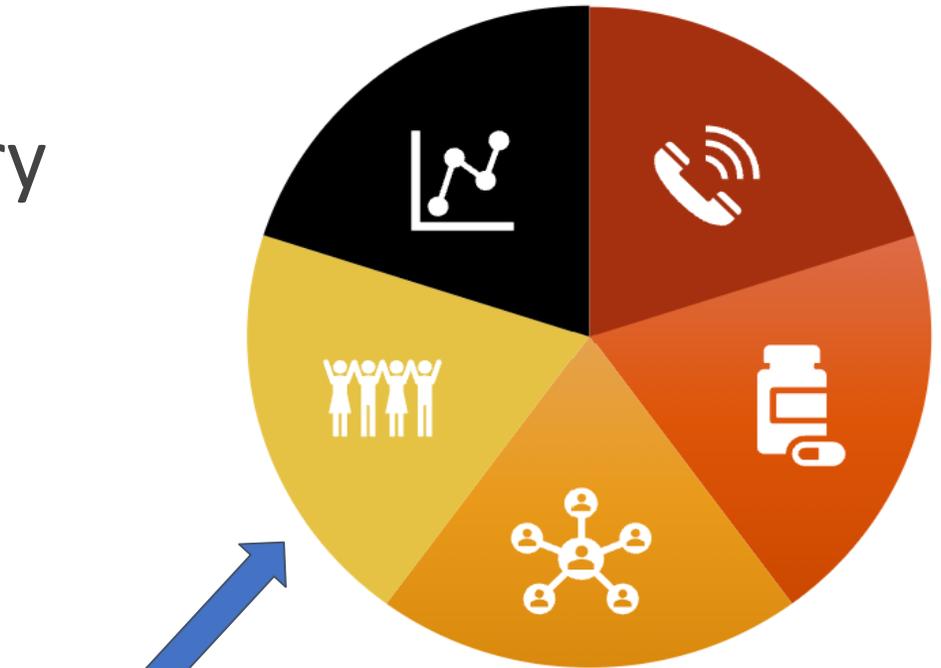
# Beneficiary and Caregiver Engagement

## 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

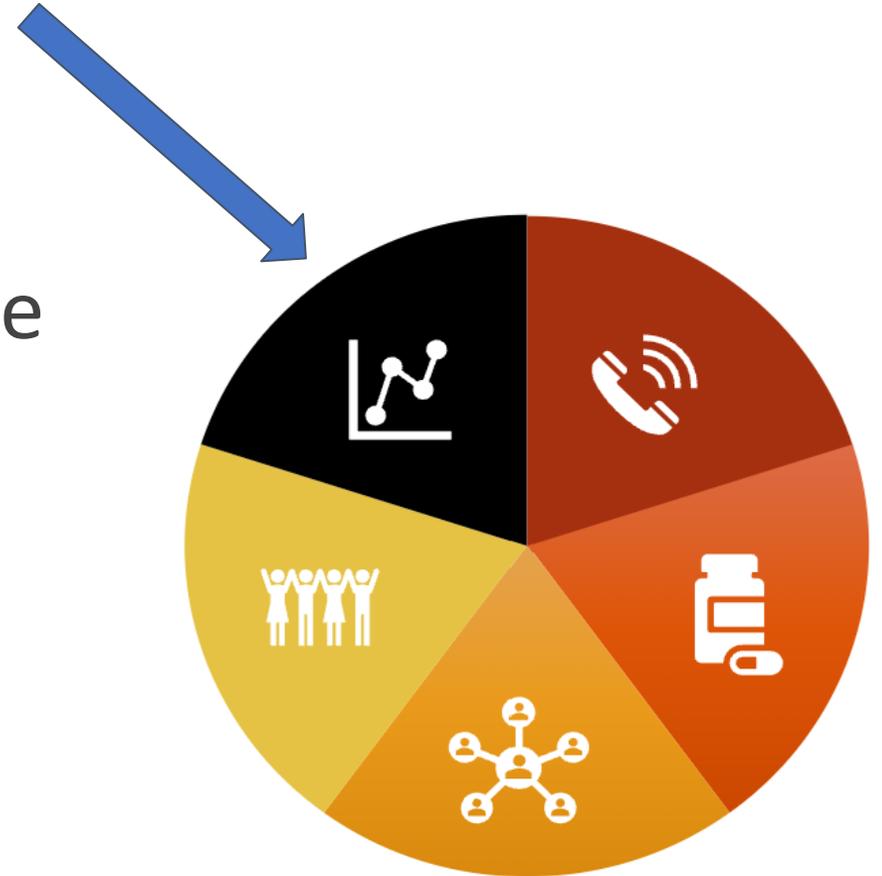


# Planned Care for Health Outcomes

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## Track One & Two

- Continuously improve performance on key outcomes



*Practice Application Portal*

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# Appendix B

# Register & Login

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](mailto:CMMIForceSupport@cms.hhs.gov)  
or call 1-888-734-6433, option 5.

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

**\*\*Note:** Screenshots are from 2020 and are subject to change

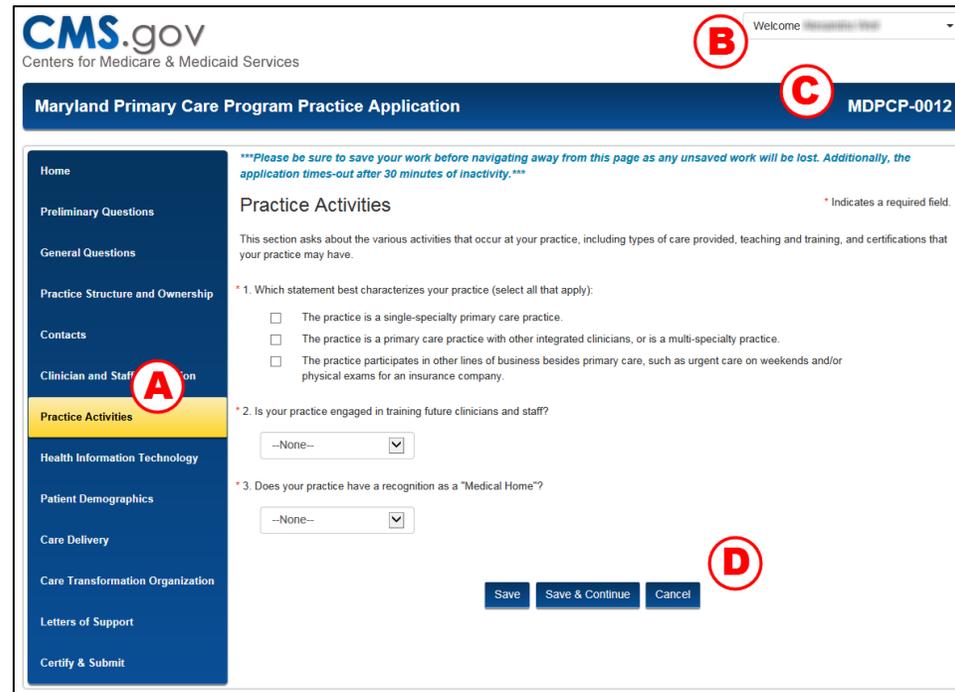
# Home Page

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

The screenshot shows the home page of the Maryland Primary Care Program Practice Application. At the top left is the CMS.gov logo with the text 'Centers for Medicare & Medicaid Services'. At the top right is a 'Welcome' dropdown menu. Below the logo is a blue banner with the text 'Welcome to the Maryland Primary Care Program Practice Application!'. The main content area contains several paragraphs of text explaining the program and providing instructions. At the bottom, there is a table with two columns: 'Application Summary' and 'Application Status'. The 'Application Summary' column contains a 'Start New MDPCP Application' button. The 'Application Status' column contains the text 'No applications to display'. To the right of the table is a 'Helpful Links' section with links to 'Frequently Asked Questions (FAQ)', 'Glossary', 'CTO Comparison Tool', and 'User Manual'. Below the links is the text 'Last Login: 05/16/2018 09:55 AM EDT'. Red circles with letters A, B, C, and D are overlaid on the screenshot to indicate the locations of the elements described in the list to the left.

# 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



# Preliminary Questions

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

\*\*\*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\*\*\*

## Preliminary Questions

\* Indicates a required field.

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

\* a. Concierge practice? 

\* b. Rural Health Clinic?

\* c. Critical Access Hospital (CAH)?

\* d. Medicaid approved Health Home provider?

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

# General Questions

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

**General Questions** \* Indicates a required field.

**\*\*\*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.\*\*\***

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

# Practice Structure & Ownership

\*\*\*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.\*\*\*

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](mailto:MarylandModel@cms.hhs.gov)

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

\* a. What is the name of the Organization?

\* b. Corporate Street Address 1

c. Corporate Street Address 2

\* d. Corporate County

\* e. Corporate State

\* 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?

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

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

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- Care Delivery
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- 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

**Practice Contact**

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

# Clinician & Staff Information

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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?

\* 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

# Practice Activities

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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)

# Health Information Technology

\*\*\*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.\*\*\*

## 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](#)

# Patient Demographics

\*\*\*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.\*\*\*

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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?

\* 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?>

Save Save & Continue Cancel

# Care Delivery

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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



The screenshot shows a web application interface for entering CTO information. On the left is a dark blue navigation menu with the following items: 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 has a warning at the top: "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 is the title "Care Transformation Organization" and a note: "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 are three buttons: "Save", "Save & Continue", and "Cancel". A red asterisk indicates a required field.

# 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 MDPCCP 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 MDPCCP. 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 MDPCCP, 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 MDPCCP 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 MDPCCP, 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 MDPCCP, 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/mdpcp/Documents/CRISP%20Letter%20of%20Support%20Instructions.pdf>
  - Downloadable Template:  
[https://health.maryland.gov/mdpcp/Documents/Practice%20Applicant%20CRISP%20Letter%20of%20Commitment\\_final.docx](https://health.maryland.gov/mdpcp/Documents/Practice%20Applicant%20CRISP%20Letter%20of%20Commitment_final.docx)

# Certify & Submit

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## 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](mailto: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

*Performance Measures & Benchmarks*

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**Appendix C**

# PY2023 Performance Measures (Anticipated )

Measure	Type	Measure Steward (ID, if applicable)	Benchmark	Requirement
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) * inverse measure	Outcome	NCQA (CMS122)	MIPS (National)	Report via CRISP, all-payer
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Process	CMS (CMS69)	MIPS (National)	Report via CRISP, all-payer
Controlling High Blood Pressure	Outcome	NCQA (CMS165)	MIPS (National)	Report via CRISP, all-payer
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Process/ Outcome	CMS (CMS2)	MIPS (National)	Report via CRISP, all-payer
EDU and AHU	Outcome	NCQA HEDIS	State Medicare FFS	CMMI automatically pulls claims
Patient experience of care	-	CAHPS	National CG CAHPS - PCMH	Survey rosters sent to CMMI contractor
Total Per Capita Cost (Risk Adjusted Total Cost of Care measure) (Track 2 only)	Outcome	TBD	State Medicare FFS	CMMI automatically pulls claims (CRISP report being developed)

\*Note: Diabetes Poor Control is an inverse measure where a lower percentage means better performance