



Applying to Participate in MDPCP in 2024

**Program Management Office
Maryland Primary Care Program**

June 16, 2023

Welcome & Announcements



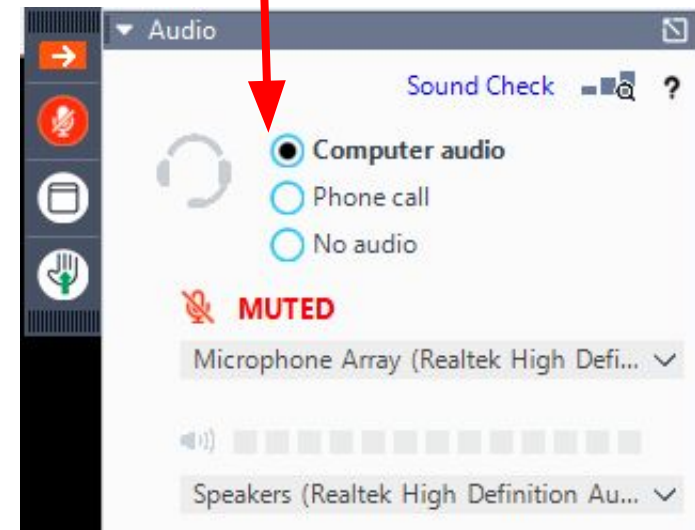
Chad Perman
Executive Director



Alice Sowinski-Rice
Program Director

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

- Program Background
- Program Requirements and Payments
- Practice Eligibility and Application
- Application Walkthrough
- Q&A

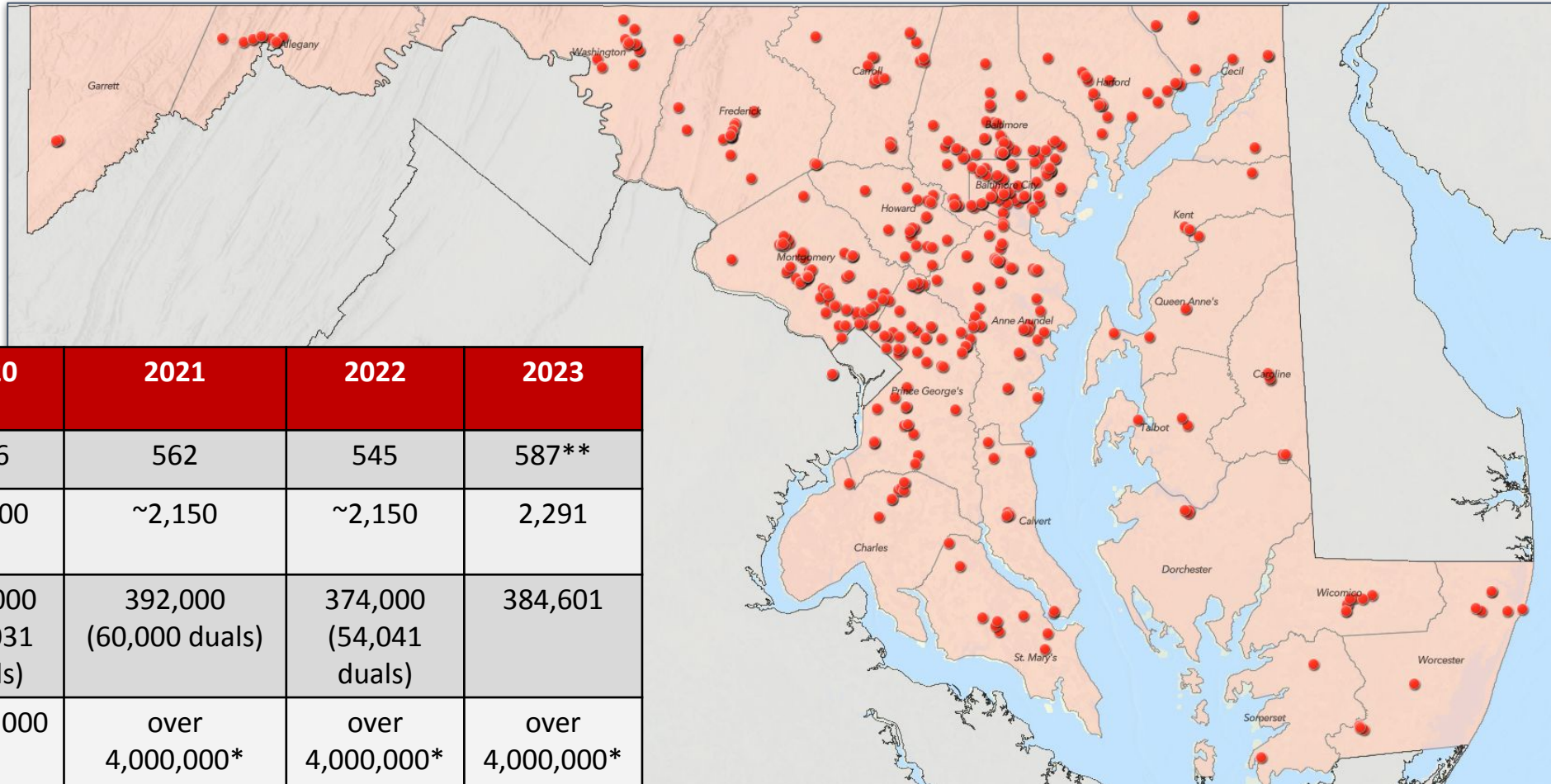
Program Background

Program Background

MDPCP in 2023 - Largest in the Nation

Support infrastructure –
25 Care Transformation
Organizations

Statewide –
Practices in every
county



PARTICIPANTS	2019	2020	2021	2022	2023
Practice sites	380	476	562	545	587**
Providers in MDPCP	~1,500	~2,000	~2,150	~2,150	2,291
FFS beneficiaries attributed	220,000 (28,717 duals)	356,000 (45,031 duals)	392,000 (60,000 duals)	374,000 (54,041 duals)	384,601
Marylanders served (estimated)	2,000,000 – 3,000,000*	2,700,000 – 3,800,000*	over 4,000,000*	over 4,000,000*	over 4,000,000*

**** 587 sites – 12 FQHC organizations represent 61 site locations (538 official participants)**

MDPCP Goals

Is MDPCP right for me?

Do you want to help drive the movement to improve care delivery in Maryland using a primary care foundation?

- Transform your practice for all patients
- Create a unified, collaborative primary care network for Maryland

Yes

Do you want to help the State meet TCOC Model commitments?

- Reduce Medicare FFS per capita health costs
- Improve on quality and utilization metrics
- Improve population health indicators such as diabetes and behavioral health

Yes

Are you interested and committed to MDPCP's goals?

- Manage health of high and rising risk individuals in community
- Reduce unnecessary hospital utilization
- Provide preventive care; address behavioral health and social needs

Yes

MDPCP is for you!

Performance Metrics

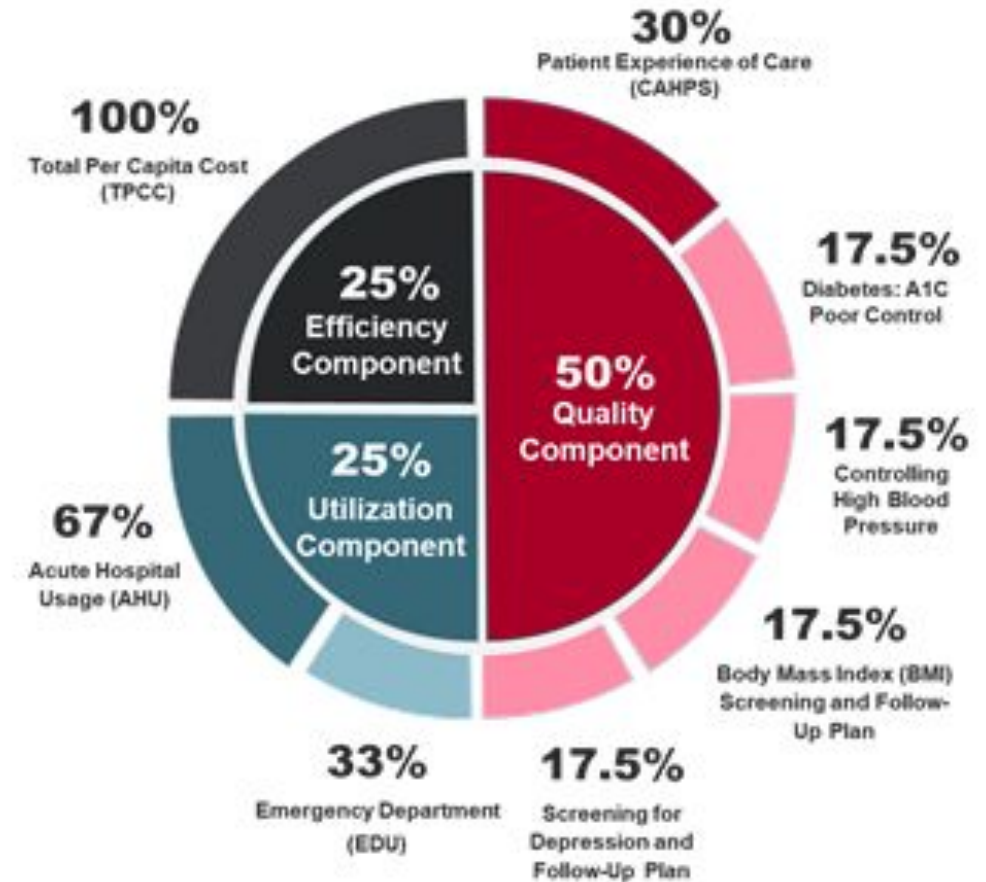
Clinical Quality measures aligned with State goals –

1) Diabetes Control, 2) Hypertension Control, 3) BMI assessment and follow-up, and 4) 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

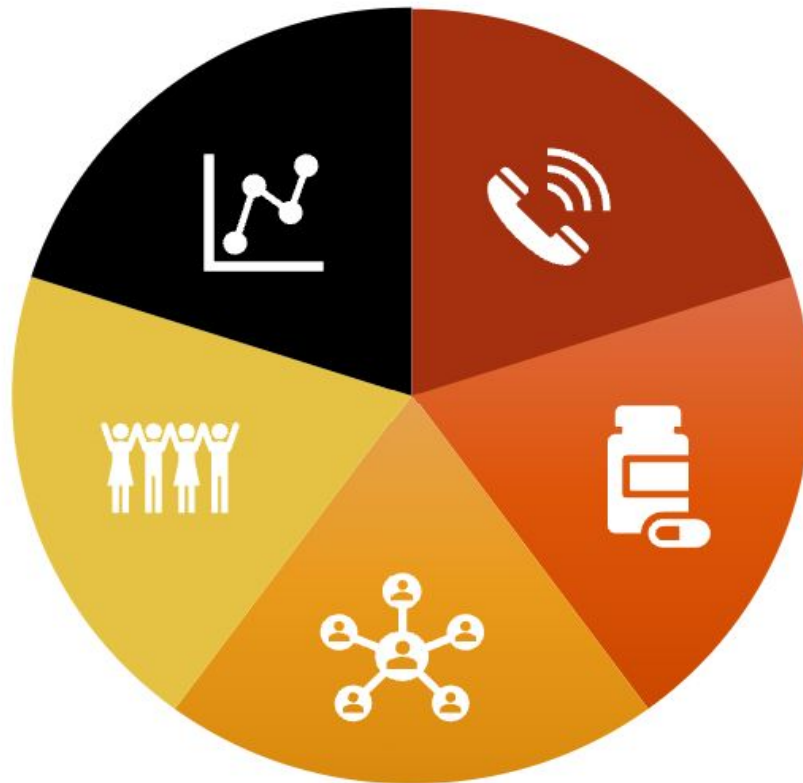
Total Per Capita Cost - observed to expected (O/E) ratio of total Medicare costs



Program Requirements and 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

Practice Payment Incentives in MDPCP

	Track 2		Track 3	
Payment Type	Payment	Detail	Payment	Detail
Non-claims based payment	Care Management Fees (CMF)	<ul style="list-style-type: none"> • \$9 to \$100 pbpm • Quarterly prospective • Based on risk level of beneficiaries 	Population-Based Payment (PBP)	<ul style="list-style-type: none"> • ~\$39 to \$62* pbpm • Quarterly prospective • Based on the practice average risk level
Non-claims based payment	Performance Based Incentive Payments (PBIP)	<ul style="list-style-type: none"> • \$4.00 pbpm • Annual prospective • Reconciliation based on performance measures 	Performance-Based Adjustment (PBA)	<ul style="list-style-type: none"> • -10% to +25% adjustment • Bi-annual adjustment to PBP and FVF based on performance measures
Hybrid: Non-claims based payment + FFS	Comprehensive Primary Care Payment (CPCP)	<ul style="list-style-type: none"> • Quarterly prospective based on historical select E/M with 10% bonus • Residual FFS paid when billed 	Flat Visit Fee (FVF)	<ul style="list-style-type: none"> • ~\$50 per claim for select E/M services • Paid as claims are billed
Non-claims based payment	Health Equity Advancement Resource & Transformation (HEART) Payment. \$110 pbpm, quarterly prospective payment for beneficiaries with <u>high medical complexity</u> + <u>high social deprivation</u> .			

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

More Information for Practices and FQHCs





- [Request for Applications \(RFA\)](#)
- [Practice & FQHC Application Portal](#)
- [Practice Application Portal User Manual](#)
- [Practice Application Questions](#)

More Information for CTOs




- [Request for Applications \(RFA\)](#)
- [CTO Application Portal](#)
- [CTO Application Portal User Manual](#)
- [CTO Application Questions](#)

Practice Eligibility & Application

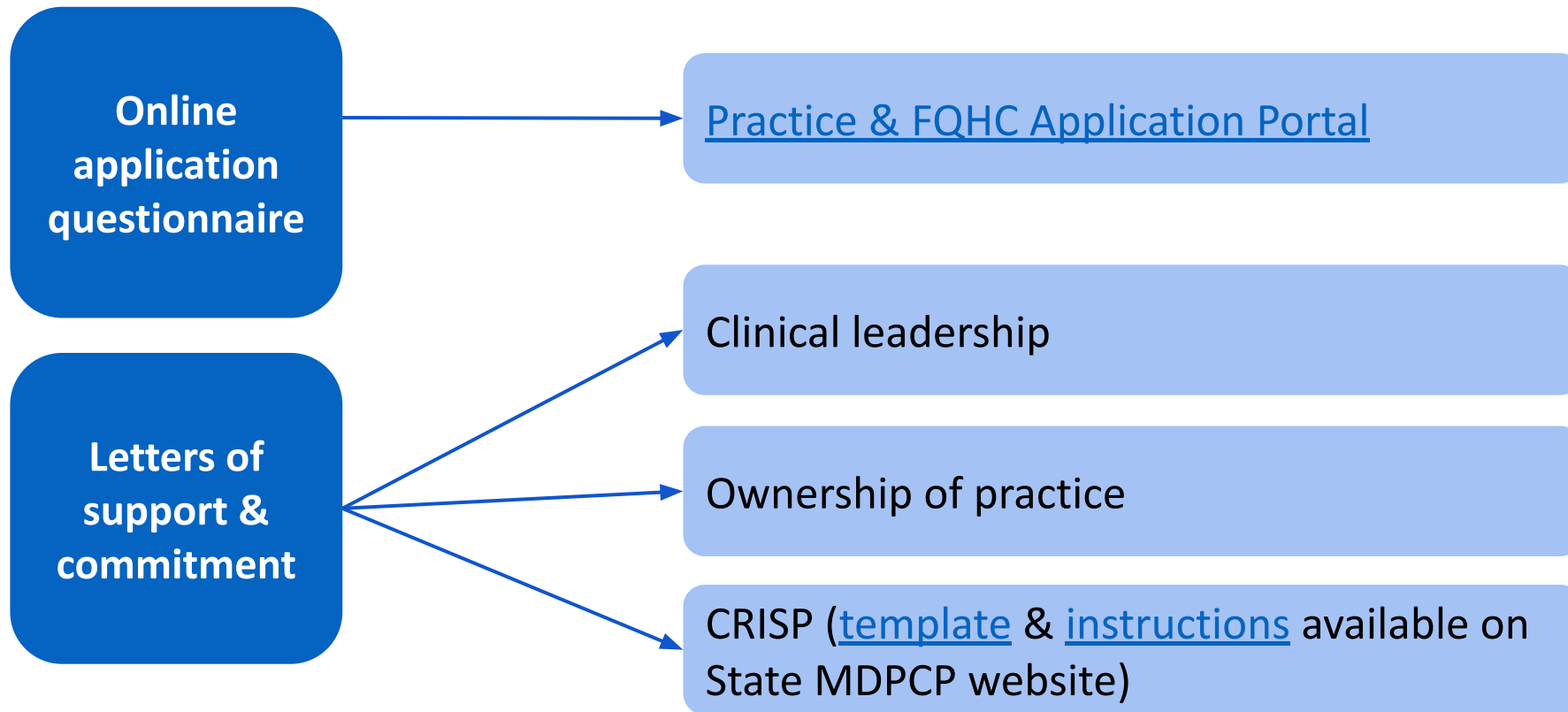
Practice Eligibility

-  Meet CMS program integrity standards
-  Provide services to a minimum of 125 attributed Medicare FFS beneficiaries
CMMI will run attribution after you apply
-  Have a practice site in Maryland
-  Utilize a 2015 certified Electronic Health Record (application will ask for EHR certification number)

Restrictions

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

Required Application Documents



*A preview of application questions for [practices](#) and [CTOs](#) are also available

Preparing for Application

- Electronic portal for submission
- Information and materials to have on hand:
 - All providers for site (specialty, NPI)
 - Office address(es)
 - Each primary care site must submit a separate application
 - FQHCs may apply for multiple sites under one application
 - TINs (current and any used within last 3 years)
 - Organizational NPIs
 - Organization's Medicare Provider Number (CCN or PTAN if applicable)
 - 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!**

Application Walkthrough

Register - Without CMS IDM Account

CMS.gov
Centers for Medicare & Medicaid Services

Maryland Primary Care Program Practice Application Login

CMS IDM Username
kennytest

CMS IDM Password

Remember me

Log In

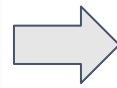
OR

New User Registration

Existing User Verification

[Need help signing in?](#)

HELP DESK
Technical Issues
Please contact CMIForceSupport@cms.hhs.gov or call 1-888-734-6433, option 5.



CMS.gov

Existing CMS Identity Management (IDM) Account Verification

* Do you have an existing CMS Identity Management (IDM) account?

Yes

No

Cancel **Next >>**

Help Links
If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://harp.qualitynet.org/lois/portal> (ex. QPP), please use these credentials to access your account.



IDM Registration

* Create New Username for CMS-IDM ⓘ
Create New Username for CMS-IDM

* Legal First Name
Legal First Name

* Legal Last Name
Legal Last Name

* Email Address
Email Address

I'm not a robot

Username Requirements

- Username must be between 6 and 70 characters
- Username must start and end with an alphanumeric character (e.g. 0-9, A-Z, a-z)
- Username must contain at least one letter (e.g. A-Z, a-z)
- Username must not contain 9 consecutive numbers (e.g. "Password123456789" is NOT allowed)
- Username must not contain consecutive special characters (e.g. "P@-word" is NOT allowed)
- Username only supports the following special characters: @,_,

<< Back Return to Login **Next >>**

Remote Identity Proofing (RIDP)

Remote Identify Proofing (RIDP) [Tips for Success](#)

Step 1 out of 2

* Legal First Name Middle Name * Legal Last Name

Email * Date of Birth

* Street Address Line 1 Street Address Line 2

* City * State * Zip Code Zip Code Extn

* Phone (XXXXXXXXXX) * Social Security Number (XXXXXXXXXX)

<< Back Return to Login Next >>



CMS.gov

Remote Identify Proofing (RIDP)

Step 2 out of 2

00:05:31

* You may have opened a mortgage loan in or around February 2015. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select "NONE OF THE ABOVE/DOES NOT APPLY".

- LOAN AMERICA
- CBC/FIRST COMMONWEALTH
- CROSSLAND MORTGAGE
- ROCK FINANCIAL CORP
- NONE OF THE ABOVE/DOES NOT APPLY

* You may have opened an auto loan in or around September 2017. Please select the lender for this account. If you do not have such an auto loan, select "NONE OF THE ABOVE/DOES NOT APPLY".

- WESTAR FINANCIAL
- SEAFIRST BANK
- FIRST COMMONWEALTH BANK
- US BANK
- NONE OF THE ABOVE/DOES NOT APPLY

* Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select "NONE OF THE ABOVE".

- 24
- 36
- 48
- 60
- NONE OF THE ABOVE/DOES NOT APPLY

* You may have opened a (BANK OF AMERICA) credit card. Please select the year in which your account was opened.

- 2011
- 2013
- 2015
- 2017
- NONE OF THE ABOVE/DOES NOT APPLY

* Which of the following institutions do you have a bank account with? If there is not a matched bank name, please select "NONE OF THE ABOVE".

- FIRST NATIONAL TRUST SAVINGS
- CHARTER OAKS FCU
- NEWPORT FCU
- TEXAS BANK
- NONE OF THE ABOVE/DOES NOT APPLY

Back to Step 1 Submit Answers



Look for an "Activate CMS IDM Account" Email

Register - With CMS IDM Account

CMS.gov
Centers for Medicare & Medicaid Services

Maryland Primary Care Program Practice Application Login

CMS IDM Username
kennytest

CMS IDM Password

Remember me

Log In

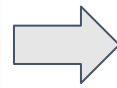
OR

New User Registration

Existing User Verification

[Need help signing in?](#)

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CMS.gov

Existing CMS Identity Management (IDM) Account Verification

* Do you have an existing CMS Identity Management (IDM) account?

Yes
 No

Cancel **Yes**

Help Links
If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://harp.qualitynet.org/lois/lois> (ex. QPP), please use these credentials to access your account.



CMS.gov

Existing CMS IDM Account Verification

One-time verification code has been sent to CMS IDM email address. It is valid for current session.

* Enter your CMS IDM Username

* Enter Verification Code

<< Back Return to Login **Validate OTP & Proceed**

Login

CMS.gov
Centers for Medicare & Medicaid Services

Maryland Primary Care Program Practice Application Login

CMS IDM Username
kennytest

CMS IDM Password

Remember me

Log In

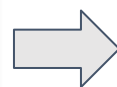
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Existing User Verification

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CMS.gov
Centers for Medicare & Medicaid Services

Email Authentication

Enter Code
|

Send email

Do not challenge me on this device for the next 30 minutes

Verify

[Sign Out](#)

HELP DESK
Technical Issues
Please contact CMMIForceSupport@cms.hhs.gov or call 1-888-734-6433, option 5.

Technical Assistance

Contact:

- CMMIForceSupport@cms.hhs.gov
- 1-888-734-6433, Option 5

Reference:

- [Practice Portal User Manual](#)



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

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 either a Federally Qualified Healthcare Center (FQHC) or 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. To be eligible to participate in the MDPCP, a practice must submit a letter executed by both the practice and a CRISP representative certifying the applicant's connectivity to CRISP and/or the commitment to achieving connectivity and use of CRISP services by the beginning of the MDPCP performance year.

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 health care delivered to their patients, particularly those with complex needs. In addition, Track 2 practices must also be able to receive partial capitation payments, and they are required to use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts, practices must be able to deliver Track 1 and 2 services, while taking on more practice-level accountability for attributed MDPCP beneficiaries' costs and quality of care, and shifting further away from the FFS payment structure by introducing a flat visit fee (FVF) for select primary care services paid at the time of service and a population based payment (PBP) that is paid prospectively on a quarterly basis.

Practices applying to MDPCP must answer all application questions. CMS will consider the applicant practice's Track preference but will assign practices to Track 1, 2 or 3 based on responses to this application. Please refer to the RFA for information about the track transition requirements timeline, as well as requirements and payment details specific to each track. 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 Care Transformation Organizations (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/About/Website/02_Privacy-Policy.asp.

Helpful Links

- Glossary
- CTO Comparison Tool
- User Manual

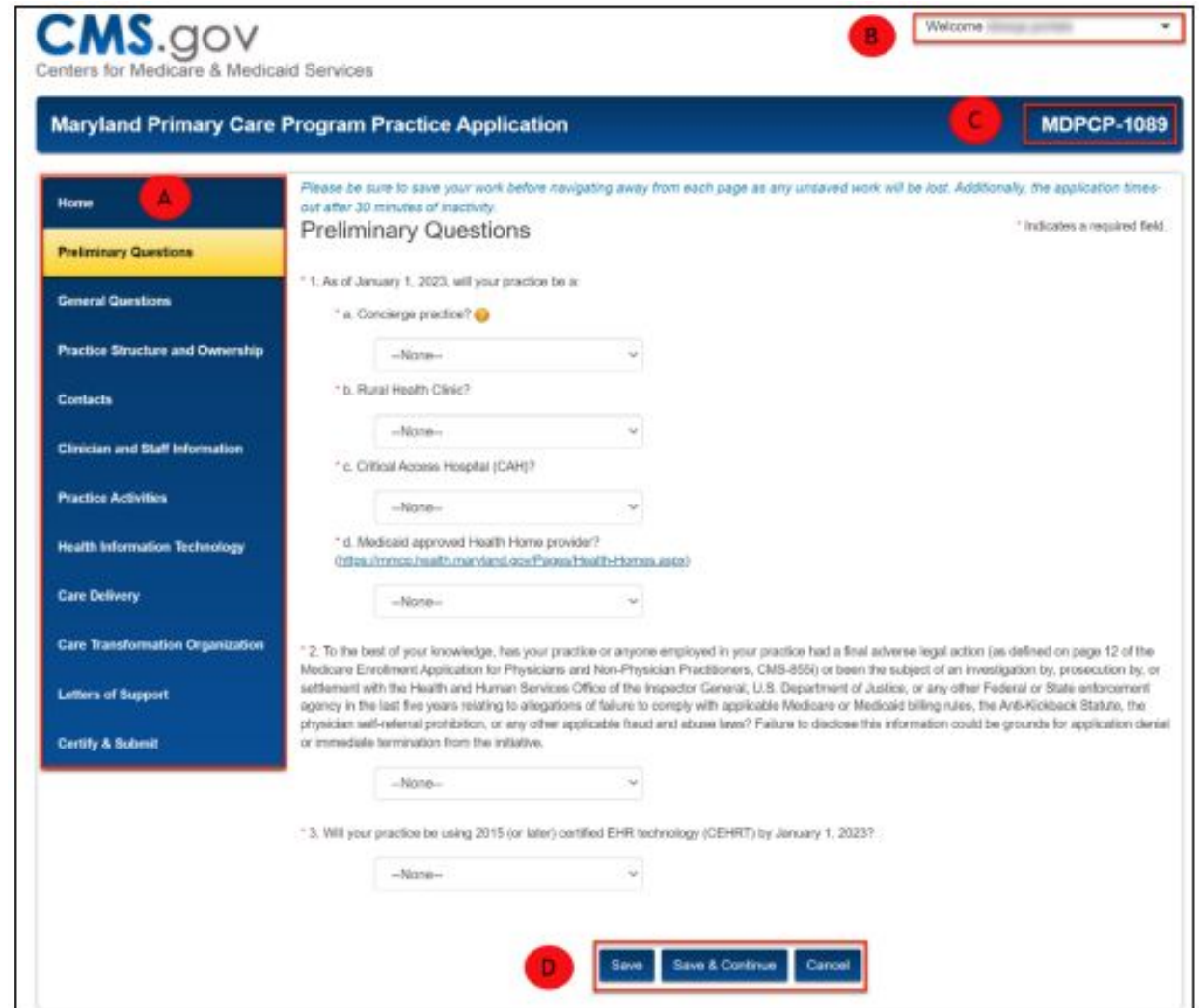
Last Login: 01/13/2022 11:10 AM ET

Start New MDPCP Application

Application Summary	Application Year	Application Status
MDPCP-1089	2023	In Progress

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

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.

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

Preferred Track Selection

* 3. CMS will assign practices to Track 2 or 3 based on responses to this application. CMS will consider practices' starting Track preference. Please refer to the [RFA](#) for information about the Track transition requirements timeline, as well as requirements and payment details specific to each Track. *Note that FQHCs are eligible for Track 2 only at this time.* (Select one option).

--None--

* Our practice has reviewed and understands the information in the RFA regarding requirements and MDPCP payment structure differences for each MDPCP Track.



* 3. CMS will assign practices to Track 2 or 3 based on responses to this application. CMS will consider practices' starting Track preference. Please refer to the [RFA](#) for information about the Track transition requirements timeline, as well as requirements and payment details specific to each Track. *Note that FQHCs are eligible for Track 2 only at this time.* (Select one option).

Track 2

* Our practice has reviewed and understands the information in the RFA regarding requirements and MDPCP payment structure differences for each MDPCP Track.

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.

* 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?

Contacts

- 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

Applicant Contact

<p>* a. Email Address <input type="text" value="test@test.com"/></p>	<p>i. Alternative Phone Number (e.g. cell phone) <input type="text"/></p>
<p>* b. First Name <input type="text" value="test"/></p>	<p>* j. Street Address 1 <input type="text" value="test.test"/></p>
<p>* c. Last Name <input type="text" value="test"/></p>	<p>k. Street Address 2 <input type="text"/></p>
<p>* d. Title/Position <input type="text" value="test"/></p>	<p>* l. City <input type="text" value="test city"/></p>
<p>* e. Does this person work in the practice? <input type="text" value="No"/></p>	<p>* m. State <input type="text" value="Maryland"/></p>
<p>* f. Relationship with the practice <input type="text" value="test"/></p>	<p>* n. Zip Code <input type="text" value="09999"/></p>
<p>* g. Business Phone Number <input type="text" value="999-999-9999"/></p>	<p>* o. This application requires a letter of support from a clinical leader in your practice. Please enter the name of the clinical leader that will sign this letter: <input type="text" value="T"/></p>
<p>h. Business Phone Number Extension <input type="text"/></p>	<p>More information about the letter can be found on the "Letter of Support" tab.</p>

Clinician & Staff Information

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.

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:

* If part time, how many hours per week does this clinician work at the practice site?

Clinical Leader

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

Practice Activities

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 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 each 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.

[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 interaction with CRISP.

- Do not currently participate with CRISP, but will sign a participation agreement and actively use CRISP beginning no later than Jan 1, 2024
- Participate with CRISP with limited use of CRISP services
- Participate with CRISP and use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts

[Save](#) [Save & Continue](#) [Cancel](#)

Health IT

* Vendor Name

* Product Name

* Version

[Save](#) [Cancel](#)

*Confirm whether your EHR is 2015 CERHT at: <https://chpl.healthit.gov>



Care Delivery

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

Care Delivery * 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.*****

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

1. Identify preferred CTO by using the [State CTO Comparison Tool](#)
2. Select CTO name from dropdown list or type in the name a new CTO under “Other, please specify”
3. Selection is non-binding. Final decision will be made via email survey in late summer/early fall

Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

Care Transformation Organization

* Indicates a required field.

* 1. If the practice intends to partner with a Care Transformation Organization (CTO), please provide your first and second choice below. To learn more about CTOs available in your area, please visit the State's [CTO Comparison Tool](#).

Primary CTO

Other (specify)

* Other, please specify.

Secondary CTO

--None--

- None--
- Adventist Healthcare One Health Quality
- Alidade Accountable Care 30, LLC
- Anne Arundel Medical Center Collaborative Care Network, LLC
- Ascension Saint Agnes Community Health Partners
- Atlantic General Hospital Corporation
- Carroll PHO, LLC
- Frederick Integrated Healthcare Network, LLC
- Greater Baltimore Health Alliance Physicians, LLC
- HCD International
- Holy Cross Health, Inc.
- InterMed Associates IPA, LLC
- Johns Hopkins Medicine Alliance for Patients, LLC
- LifeBridge Health ACO, Inc.
- Management Solutions, LLC
- Maryland Collaborative Care Transformation Organization
- MedChi Practice Transformation
- MedStar Accountable Care, LLC
- Meritus Health ACO, LLC
- Netrin Accountable Care, LLC

Save Cancel

Letters of Support

Please be sure to save your work before navigating away from each 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 provider or clinical leader in the practice.

This letter shall describe how the provider 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 optimizing its use of HIE services for advanced primary care to support its success in the program. 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

Certify & Submit

Please be sure to save your work before navigating away from each 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.

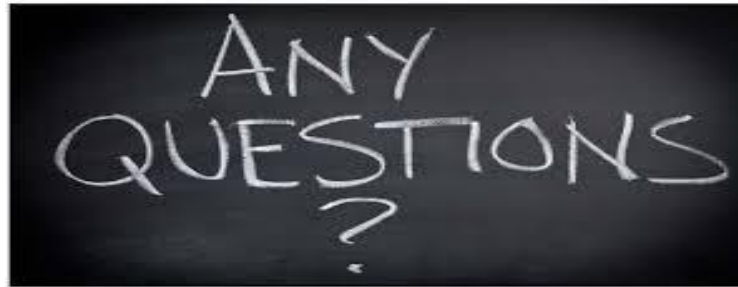
- Completed Application
- Letter of support from your practice's clinical leader
- Letter of support from parent or owner of organization (if applicable)
- Letter executed by both the practice and CRISP certifying the applicant's connectivity to CRISP and/or the commitment to achieving connectivity and use of CRISP services.
- 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](#)

Next Steps

Activity	Timeframe
Release applications (RFA)	May 15, 2023
Application period	May 15 - July 17, 2023
Qualified practices and CTOs notified	Early Fall 2023
Agreements and onboarding documents	Fall 2023
Initiate Program Year 6	January 1, 2024
Program Participation	2024 - 2026+

Thank you!



General Updates and More Information:

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

Application Updates:

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

Questions:

Application Portal Support: CMMIForceSupport@cms.hhs.gov

State Program Management Office: mdh.pcmodel@Maryland.gov

CMMI: MarylandModel@cms.hhs.gov

Additional Resources

Appendix

Practice Payment Incentives in MDPCP

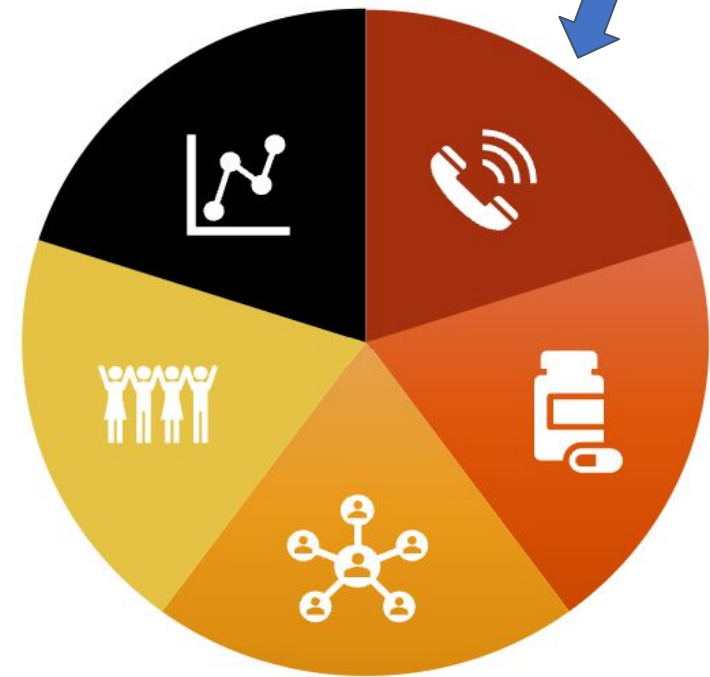
- ❖ Further detail on Practice Payment Incentives can be found here: https://health.maryland.gov/mdpcp/Documents/Practice_Payment_Incentives_in_MDPCP.pdf

Care Transformation Requirements

Appendix

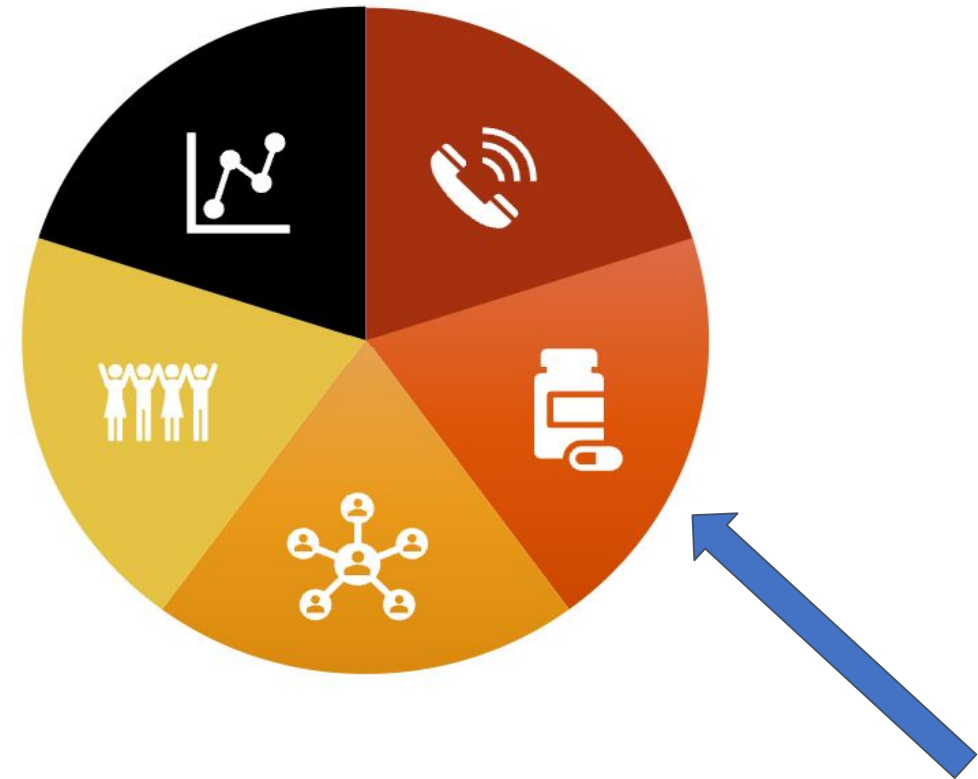
Access and Continuity

- Empanel patients to care teams
- 24/7 patient access
- Alternatives to traditional office visits



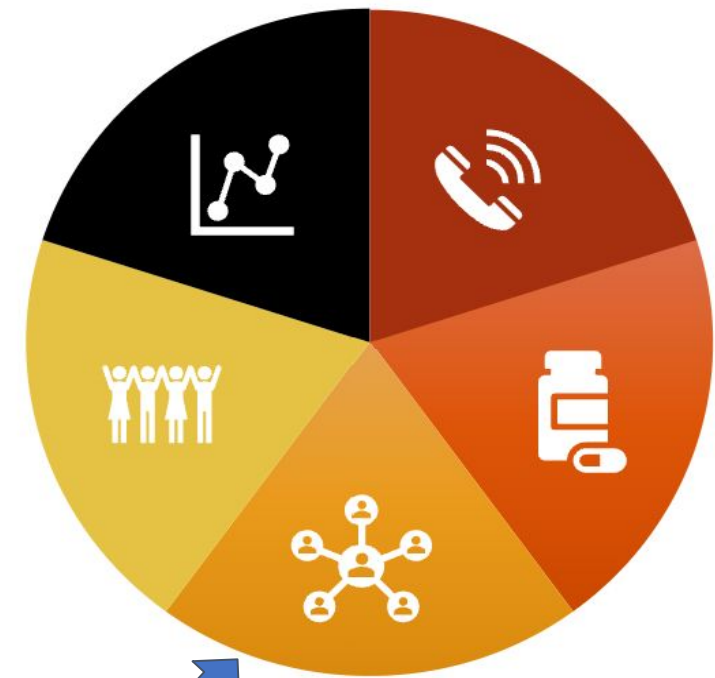
Care Management

- Risk stratify patient population
- Short-and long-term care management
- Follow-up on patient hospitalizations
- Care plans & medication management for high risk chronic disease patients



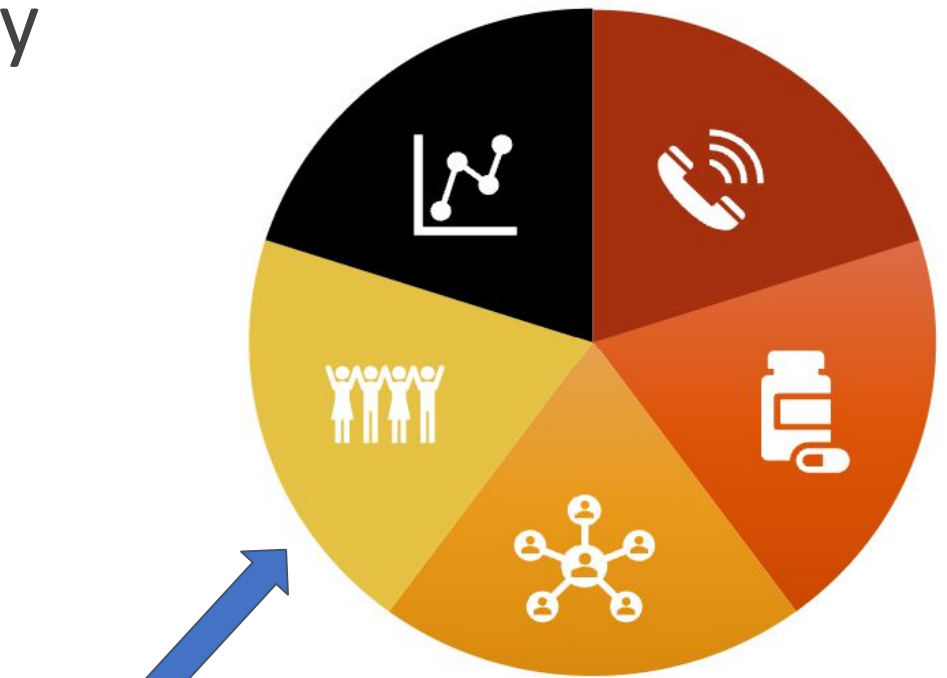
Comprehensiveness and Coordination

- Coordinate referrals with high volume/cost specialists serving population
- Integrate behavioral health
- Facilitate access to community resources and supports for social needs



Beneficiary and Caregiver Engagement

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



Planned Care for Health Outcomes

- Continuously improve performance on key outcomes

