

Maryland Primary Care Program Practice Application

Application Information

Application Summary

MDPCP-1170

Application Year

2023

Application Status

In Progress

Preliminary Questions

1. As of January 1, 2023, 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>)

2. To the best of your knowledge, has your practice or anyone employed in your practice had a final adverse legal action (as defined on page 12 of the Medicare Enrollment Application for Physicians and Non-Physician Practitioners, CMS-855i) or been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last five years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws? Failure to disclose this information could be grounds for application denial or immediate termination from the initiative.

3. Will your practice be using 2015 (or later) certified EHR technology (CEHRT) by January 1, 2023?

General Questions

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.

[Please reference the RFA \(link\) for specific program requirements.](#)

1. Will your practice be participating in any of the Medicare or other initiatives below as of January 1, 2023?
Please select all that apply.

- ☐ 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 (ex: MSSP)
- ☐ Other non-Medicare PCMH model
- ☐ None of the above

2a. Practice Identification:

Note: The 'Practice Site' name is your entity's legal name. If you use a different name for doing business, please enter it as your 'DBA' name.

i. Practice Site Legal Name

ii. Practice Site Name Doing Business As (DBA)

iii. Street Address 1

iv. Street Address 2

v. City

vi. State

Maryland

vii. County

- ☐ Alleghany County
- ☐ Anne Arundel County
- ☐ Baltimore County
- ☐ Baltimore City
- ☐ Calvert County
- ☐ Caroline County
- ☐ Carroll County
- ☐ Cecil County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Harford County
- ☐ Howard County
- ☐ Kent County
- ☐ Montgomery County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Saint Mary's County
- ☐ Somerset County
- ☐ Talbot County
- ☐ Washington County
- ☐ Wicomico County
- ☐ Worcester County

viii. Zip Code

ix. Practice Site Phone Number

x. Practice Site Fax Number

xi. Website (if applicable)

2b. Is the Practice billing address same as the above address?

3. CMS will assign practices to Track 1, 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 Tracks 1 and 2 only at this time.*

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

4. Describe the current legal structure of your organization.

Practice Structure and Ownership

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?

2. Does your practice use more than one billing TIN?

3. Please provide your Practice's Organizational NPI (Do not provide an NPI for an individual provider).

4. Please provide your Organization's Medicare Provider number.

a. Indicate if this is a CCN or PTAN.

b: Indicate if it is an FQHC. (Note that FQHCs are required to provide a CCN in order to participate in MDPCP).

5. Please specify whether this is your primary billing TIN to be used for MDPCP or if it's a TIN that you have used to bill Medicare within the last 3 years (Enter only 1 primary TIN for use in MDPCP).

TIN	TIN used for MDPCP
No Tins were entered.	

Contacts

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 the 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.

Applicant Contact

a. Email Address

b. First Name

c. Last Name

d. Title/Position

e. Does this person work in the practice?

f. Relationship with the practice

g. Business Phone Number

h. Business Phone Number Extension

i. Alternative Phone Number (e.g. cell phone)

j. Street Address 1

k. Street Address 2

l. City

m. State

n. Zip Code

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:

More information about the letter can be found on the “Letter of Support” tab.

Practice Contact

a. Email Address

b. First Name

c. Last Name

d. Title/Position

e. Business Phone Number

f. Business Phone Number Extension

g. Alternative Phone Number (e.g. cell phone)

h. Street Address 1

i. Street Address 2

j. City

k. State

l. Zip Code

Designated Official

a. Email Address

b. First Name

c. Last Name

d. Title/Position

e. Does this person work in the practice?

f. Relationship with the practice

g. Business Phone Number

h. Business Phone Number Extension

i. Alternative Phone Number (e.g. cell phone)

j. Street Address 1

k. Street Address 2

l. City

m. State

n. Zip Code

Clinician and Staff Information

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. For each primary care clinician in your practice that would participate in the program, please provide the following information:

Note that clinicians may only be listed on one MDPCP practice's Practitioner Roster at a time. Please do not add clinicians that are either currently participating in the MDPCP through another practice, or are included in another application.

No Primary Care Clinicians to display.

Practice Activities

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

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

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

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

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

Health Information Technology

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.

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

2. Please indicate your current level of interaction with CRISP.

Care Delivery

The following questions gather information about your practice site's delivery of primary care. Your answers to these questions will also help determine whether your practice will be assigned to Track 1, Track 2 or Track 3 of MDPCP. Please answer the following questions based on the current activities at your practice site:

Care Management

1. Patients

2. Non-physician practice team members

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

4. Care Plans

5. A standard method or tool(s) to stratify patients by risk level

6. Follow-up by the practice with patients seen in the Emergency Department (ED) or hospital

7. Would you be able to implement a risk-stratification process?

8. Would you be able to implement collaborative care arrangements with at least two groups of specialists?

9. Do you have the ability to integrate behavioral health into care based on one of the options below?

Option 1: Care Management for individuals with an identified behavioral health condition should be offered proactive, relationship-based care management (CM), with specific attention to care management of the behavioral health condition (e.g., Major Depressive Disorder/Dysthymia, Generalized Anxiety Disorder, and Panic Disorder). Practices that develop their capabilities to deliver behavioral health care management will:

- Select behavioral health condition(s) to prioritize and methods to identify patients to target for care management. Targeted patients should be higher severity or more complex (e.g., MDD and DM2 with poor glycemic control).
- Identify or develop stepped care, evidence-based, treatment algorithms for behavioral health condition(s) identified for care management, incorporating principles of shared decision making and self-management support.
- Develop a workflow for screening, enrollment in integrated care services, tracking, and communicating with patients.
- Identify a clinician or team member (e.g., RN or BH specialist) who will provide care management and ensure training to support a stepped care approach.

Option 2: Primary Care Behaviorist Program (PC Behaviorist)

The PC Behaviorist program integrates BH into the PC workflow through warm hand-offs to a co-located BH professional to address behavioral health in the primary care setting and behavioral strategies for management of chronic general medical illnesses, and facilitate specialty care engagement for serious mental illness. Practices that develop their capabilities to deliver the primary care behaviorist program will:

- Select behavioral health condition(s) to prioritize and method to identify patients to target for referral to the primary care behaviorist. Targeted patients should be higher severity or more complex (e.g., MDD and DM2 with poor glycemic control).
- Identify a credentialed BH provider (e.g., psychologist, social worker) trained in the primary behaviorist program of co-located care.
- Identify space in the primary care practice for the BH provider; test and implement a method for engaging BH services.
- Develop a workflow to integrate referrals (warm hand-offs) to the BH specialist.

10. Do you have the ability to characterize needs of sub-populations for high-risk patients, identify practice capability to meet those needs, and ensure needs are longitudinally met?

11. Would you be able to implement collaborative care agreements with at least two public health organizations based on patient's psychosocial needs, as appropriate?

12. Would you be able to convene a Patient-Family Advisory Council (PFAC) at least once per year and integrate recommendations into care, as appropriate?

13. Would you be able to implement self-management support for at least three high risk conditions?

14. Linking patients to supportive community-based resources

15. Indicate how you identify beneficiaries for episodic care management. This refers to short-term, goal-directed care management for beneficiaries who are not already in longitudinal care management as a result of their risk status. (Select all that apply)

16. Do you offer coordinated referral management for high-volume or high-cost specialists and health care organizations?

Access

17. Patient after-hours access (24 hours, 7 days a week) to a physician, PA/NP, or nurse

18. Does your practice regularly offer at least one alternative to traditional office visits to increase access to care team and clinicians in a way that best meets the needs of the population, such as telemedicine, phone visits, group visits, home visits, alternate location visits (e.g., senior centers and assisted living centers), and/or expanded hours in early mornings, evenings, and weekends?

19. Does the practice provide Tele-Health services?

Quality Improvement

20. Quality improvement activities

21. Staff, resources, and time for quality improvement activities

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

Secondary CTO

Letters of Support

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.

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.

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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.

File Name	Upload Date	Time
No Files to display.		

Certify & Submit

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.