The HEART Payment

The **Health Equity Advancement Resource and Transformation (HEART)** payment was developed by CMS and the State PMO to provide additional financial support to MDPCP practices serving socioeconomically disadvantaged populations to improve health outcomes and lower costs as well as promote the State's and CMS' goal to advance health equity.

The HEART payment can be used for supporting enhanced care transformation services related to the 5 comprehensive functions of advanced primary care

Comprehensive Primary Care Functions of Advanced Primary Care

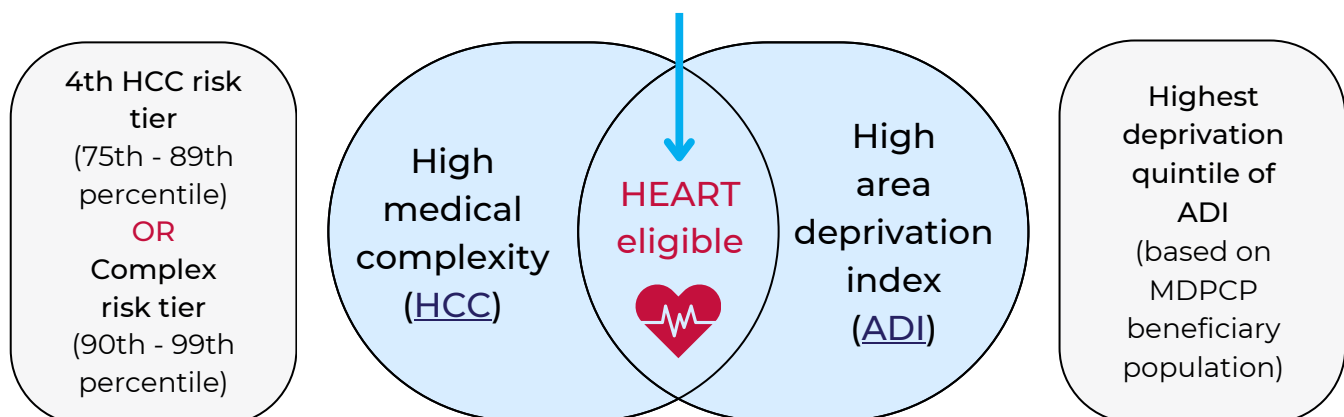| Access and Continuity	Care Management	Comprehensiveness and Coordination across the Continuum of Care	Beneficiary and Caregiver Experience	Planned Care for Health Outcomes

What is the HEART payment?

The HEART payment provides additional financial investments to MDPCP participants serving patients with high medical complexity and high ADI in order to address the complex needs of these under-resourced Medicare beneficiaries.

The HEART Payment is:

- **$110 per beneficiary per month**
- **Paid on a quarterly basis**
- **Not subject to recoupment**
- **Allocated based on payment calculations in Q1 of each program year**

Who qualifies for the HEART payment?

MDPCP beneficiaries are eligible based on beneficiaries' clinical and social risk scores.

4th HCC risk tier
(75th - 89th percentile)
OR
Complex risk tier
(90th - 99th percentile)

High medical complexity (HCC)

HEART eligible

High area deprivation index (ADI)

Highest deprivation quintile of ADI (based on MDPCP beneficiary population)

Examples of HEART payments uses in practices

HEART payments have been used by MDPCP participants on both the **beneficiary level** and **practice level.** Here are some examples:

Beneficiary Level Uses

Payments are intended for interventions for specific HEART-qualifying beneficiaries.

- Conducted a needs assessment with HEART beneficiaries to inform initiatives

- Facilitated access to housing support or utility assistance for eligible beneficiaries

- Explored and expanded transportation assistance for eligible beneficiaries

Practice Level Uses

Practice-wide uses of funds may allow practices to build practice infrastructure to most effectively address needs of HEART-qualifying beneficiaries.

- Integration of social needs screening workflows into EHRs

- Created relationships with community-based organizations related to food assistance, including meal and grocery-delivery services

- Hired community health workers and integrating them into care management teams and workflows

Glossary
ADI - Area Deprivation Index
CMS - Centers for Medicare & Medicaid Services
HCC - Hierarchical Condition Category
HEART Payment - Health Equity Advancement Resource and Transformation Payment
MDPCP - Maryland Primary Care Program
PMO - Program Management Office

For more detailed information on the HEART payment, see the HEART Payment Playbook
Guidance document only | Not endorsed by CMS

Maryland
DEPARTMENT OF HEALTH