Getting Ready for the Maryland Primary Care Program

Care Transformation Organization (CTO) Update

May 29, 2018

Program Management Office
Agenda

• Overview
• Care Delivery Redesign
• Supporting the Practice
• Payments
• Eligibility & Restrictions
• Application Process & Timeline
Overview

Total Cost of Care Model

Improving health, enhancing patient experience, and reducing per capita costs.

2017

HSCRC Models
- All Payer – 2014-18
- Total Cost of Care – 2019-29

Reduce unnecessary readmissions/utilization
Reduce hospital-based infections
Increase appropriate care outside of hospital

HSCRC Care Redesign Programs
- 2017 - TBD

Improve efficiency of care in hospital
Increase communication between hospital and community providers
Increase complex care coordination for high and rising risk
Reduce unnecessary lab tests

Maryland Primary Care Program
- 2019-2026

Increase preventive care to lower the Total Cost of Care
Decrease avoidable hospitalizations
Decrease unnecessary ED visits
Increase care coordination
Increase community supports
### Overview

**Similar to CPC+, Customized to Maryland**

<table>
<thead>
<tr>
<th></th>
<th>CPC+</th>
<th>MDPCP</th>
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</thead>
<tbody>
<tr>
<td>Integration with other State efforts</td>
<td>Independent model</td>
<td>Component of MD TCOC Model</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>Cap of 5,000 practices nationally</td>
<td>No limit – practices must meet program qualifications</td>
</tr>
<tr>
<td>Enrollment Period</td>
<td>One-time application period for 5-year program</td>
<td>Annual application period starting in 2018</td>
</tr>
<tr>
<td>Track 1 v Track 2</td>
<td>Designated upon program entry</td>
<td>Migration to track 2 by end of Year 3</td>
</tr>
<tr>
<td>Supports to transform primary care</td>
<td>Payment redesign</td>
<td>Payment redesign and CTOs</td>
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<tr>
<td>Payers</td>
<td>61 payers are partnering with CMS including BCBS plans; Commercial payers including Aetna and UHC; FFS Medicaid, Medicaid MCOs such as Amerigroup and Molina; and Medicare Advantage Plans</td>
<td>Medicare FFS, Duals, (Other payers encouraged for future years)</td>
</tr>
</tbody>
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Care Delivery Redesign

Requirements: Primary Care Functions

Five advanced primary care functions:

- Planned Care for Health Outcomes
- Access & Continuity
- Beneficiary & Caregiver Experience
- Care Management
- Comprehensiveness & Coordination
Supporting the Practice

Care Transformation Organization
Designed to assist the practice in meeting care transformation requirements

<table>
<thead>
<tr>
<th>Services Provided to Practice:</th>
<th>Provision of Services By:</th>
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<tbody>
<tr>
<td>Care Coordination Services</td>
<td>Care Managers</td>
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<tr>
<td>Support for Care Transitions</td>
<td>Pharmacists</td>
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<tr>
<td>Data Analytics and Informatics</td>
<td>LCSWs</td>
</tr>
<tr>
<td>Standardized Screening</td>
<td>Community Health Workers</td>
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<tr>
<td>Assistance with meeting Care Transformation Requirements</td>
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</table>
CTOs’ Role in the Program

• Provide services that are integral to meeting the care transformation requirements but do not require the personal professional services of a physician.

• Services provided “incident to” supervising practice provider

• Embed resources at the request of the practice and/or provide services (similar to CCM) to patients in the community

• Enhance capacity of practice to provide care management services, improve workflows and manage their populations
### CTO Payments

**Care Management Fee (PBPM)**
- Up to 50% of a practice’s care management fee; depends on option chosen by practice
- Timing: Paid prospectively on a quarterly basis

**Performance-Based Incentive Payment (PBPM)**
- Receives a parallel payment for Track 1 and Track 2 practices engaged with CTO (up to $4.00 PBPM)
- Timing: Paid prospectively on an annual basis; subject to repayment (based on performance of Partner Practices)
## How can the Payments be Spent?

### Care Management Fee (PBPM)
- At least 50% of the CTO’s CMF must be spent on employing care management professionals that support Practices.
- Care management professionals do not include administrative staff, data analysts, or consultants.
- Remaining amount of CMF can be spent on services/personnel as determined by CTO to support practices meet care transformation requirements.

### Performance-Based Incentive Payment (PBPM)
- No Restrictions
- Subject to repayment based on performance
CTO Eligibility

- Meet program integrity standards
- Meet the requirements of the Participation Agreement
- Letters of support and commitments from
  - Clinical leadership
  - Practice describing previous experience with CTO during the transformation process
- Serve counties as identified in application
- Commitments to submit:
  - Attestations to practices’ care delivery reports
  - Budget reporting
  - Other program requirements as described in the Participation Agreement
- Health Information Technology
  - Support practice to meet connectivity and data sharing requirements
Eligibility & Restrictions

CTO Criteria

• CTOs will be judged on:
  • Ability to support practices’ meet care transformation requirements
  • Experience
  • Infrastructure
  • Capacity and willingness to work with practices
  • Geographic scope
  • Connectivity and data sharing

• Selections made by CMS


Eligibility & Restrictions

Structure of CTO

• Legal structure can be separate, new entity or existing organization

• Separate financial accounting and reporting for MDPCP activities

• Ability to establish a clinically-driven governing board comprised of providers from partner practices
CMS Application Process

- June 2018
  - Release joint RFA for CTOs and practices
  - CTO applications due first (~ 45 days)
  - CTOs will be selected before Practice application opens in August
- Fall 2018
  - Selected practices will be matched to CTO selections
  - CTOs and Practices will sign Participation Agreements
  - CTOs and Practices will sign BAAs outlining level of services and revenue sharing
Agreements

• Participation Agreement (PA)

• Business Associate Agreements
  • CTOs and Practices will sign BAAs outlining level of services and revenue sharing
CTO Marketing to Practices

• Comparison Tool
  • Basic information will be pulled from application
  • Posted to State webpage
  • CTOs may provide additional information directly to State that will be listed: (e.g., web site, social media)

• Networking opportunity
  • Selected CTOs will be invited to provide short presentations (More to come)
## Application Process & Timeline

### Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Release applications</td>
<td>Early June 2018</td>
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<tr>
<td>Select CTOs and practices</td>
<td>Summer/Fall 2018</td>
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<tr>
<td>Initiate Program</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Annual enrollment</td>
<td>2020 - 2023</td>
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<tr>
<td>Program Participation</td>
<td>2019 - 2026</td>
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Thank you!

Updates and More Information:

https://health.maryland.gov/MDPCP
 Useful Videos on CPC+

- Part 1: (Care Delivery Transformation)
  https://www.youtube.com/watch?v=DWUea_UD_Kw

- Part 2: (Payment Overview)
  https://www.youtube.com/watch?v=KMNci76w9K8

- Part 3: (Care management fees)
  https://www.youtube.com/watch?v=NBVNQyNeKJ8&feature=youtu.be

- Part 4: (Hybrid Payment)
  https://www.youtube.com/watch?v=xPeyjE8c0uk&feature=youtu.be
Quality Metrics

• Measures for 2018