Getting Ready for the Maryland Primary Care Program

Practice Opportunity & Program Review Webinar
July 26, 2018
Program Management Office
Total Cost of Care Model

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

**Hospital – Global Budgets**
2014 – 2026
- Reduce unnecessary readmissions/utilization
- Reduce hospital-based infections
- Increase appropriate care outside of hospital

**Care Redesign Program**
2017 – 2026
- 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

2026
Overview

Total Cost of Care Model and MDPCP

- Total Cost of Care Model is the umbrella
- MDPCP is critical to meeting TCOC Model commitments including:
  - Reducing Medicare FFS per capita health costs
  - Improvement on quality and utilization metrics
  - Improvement on population health indicators
- Advanced primary care will help the state:
  - Manage health of high and rising risk individuals in community
  - Reduce hospital utilization
  - Provide preventive care; address behavioral health and social needs
## Similar to CPC+ Model, Customized for Maryland

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<tr>
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<th>CPC+</th>
<th>MDPCP</th>
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<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</td>
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<td>Track 1 v Track 2</td>
<td>Designated upon program entry</td>
<td>Migration to Track 2 by beginning of Year 4</td>
</tr>
<tr>
<td>Supports to transform primary care</td>
<td>Payment redesign</td>
<td>Payment redesign and CTOs</td>
</tr>
<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 (Other payers encouraged for future years)</td>
</tr>
</tbody>
</table>
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
Access and Continuity

Track One
• Empanel patients to care teams
• 24/7 patient access

Track Two (all of the above, plus)
• Alternatives to traditional office visits
Care Delivery Redesign

Care Management

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

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

Track One & Two

• Continuously improve performance on key outcomes
Quality Metrics

electronic Clinical Quality Measures (eCQM)

- Report 9 or more of 19 measures
  - Group 1: Outcome Measures (2) – Report both outcome measures
  - Group 2: Other Measures (7) – Report at least 7 of 17 process Measures
- Measures overlap closely with MSSP ACO measures

Patient Satisfaction

- Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)
- CMS will survey a representative population of each practice’s patients, including non-Medicare FFS patients

Current metrics as of 2018 – TBD for 2019
Care Delivery Redesign

Utilization Metrics

ED Visits

• Emergency department utilization (EDU) per 1,000 attributed beneficiaries

Hospitalizations

• Inpatient hospitalization utilization (IHU) per 1,000 attributed beneficiaries

Utilization measures require no reporting on the part of practices

Calculated by CMS and its contractor at the end of each program year
## Payment Incentives in the MDPCP

### Practices – Track 1

<table>
<thead>
<tr>
<th>Care Management Fee</th>
<th>Performance-Based Incentive Payment</th>
<th>Underlying Payment Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• $17 average payment</td>
<td>• Up to a $2.50 PBPM payment opportunity</td>
<td>• Standard FFS</td>
</tr>
<tr>
<td>• $6-$50 Per Beneficiary, Per Month (PBPM)</td>
<td>• Must meet quality and utilization metrics to keep incentive payment</td>
<td>• Timing: Regular Medicare FFS claims payment</td>
</tr>
<tr>
<td>➢ Tiered payments based on acuity/risk tier of patients in practice including $50 to support patients with complex needs</td>
<td>• Timing: Paid prospectively on an annual basis, subject to repayment if benchmarks are not met</td>
<td></td>
</tr>
<tr>
<td>• Timing: Paid prospectively on a quarterly basis, not subject to repayment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MSSP ACO practices do not receive the Performance-Based Incentive Payment.**

**Potential for additional bonuses via AAPM Status under MACRA Law.**
## Payment Incentives in the MDPCP

### Care Management Fee
- $28 average payment
- $9-$100 PBPM
  - Tiered payments based on acuity/risk tier of patients in practice including $100 to support patients with complex needs
- Timing: Paid prospectively on a quarterly basis, not subject to repayment

### Performance-Based Incentive Payment
- Up to a $4.00 PBPM payment opportunity
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis, subject to repayment

### Underlying Payment Structure
- “Comprehensive Primary Care Payment” (CPCP)
- Partial pre-payment of historical E&M volume
- 10% bonus on CPCP percentage selected
- Timing: CPCP paid prospectively on a quarterly basis, Medicare FFS claim submitted normally but paid at reduced rate

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MSSP ACO practices do not receive the Performance-Based Incentive Payment

Potential for additional bonuses via AAPM Status under MACRA Law
MACRA Status

AAPM Designation

- MDPCP has been designated an Advanced APM under the Quality Payment Program (QPP)
- Clinicians in practices that meet the medical home rule (<50 clinicians in their parent organization) will be eligible QPs*
- Avoid MIPS and report under MDPCP*

MSSP ACOs, >50 clinicians, and Other Scenarios

- Practices also participating in MSSP ACOs will not qualify under MDPCP
  - Instead, MACRA status will be determined based on the financial risk of the ACO
  - Reporting will also be to the ACO
- Other scenarios are outlined here:

*Practices only participating in MDPCP

Disclaimer: CMS makes all final determinations regarding MACRA status. Scenarios outlined are illustrative only. For specific questions about your MACRA status, email QPP@cms.hhs.gov
Care Transformation Organization (CTO)
Optional for practices – assist the practice in meeting care transformation requirements

**Services Provided to Practice:**
- Care Coordination Services
- Support for Care Transitions
- Data Analytics and Informatics
- Standardized Screening
- Assistance with meeting Care Transformation Requirements

**Examples of personnel:**
- Care Managers
- Pharmacists
- LCSWs
- Community Health Workers
Supports for Practices

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” and under general supervision of provider at the practice

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

• Provide embedded resources at the request of the practice and/or provide services to patients in the community

• Services similar to Chronic Care Management fee (CCM)
Program Supports for Practice

- Information Technology
  - CRISP
  - CMMI Practice Portal
  - CTO tools & analytics (on request by practice)
- CMMI Learning System Supports – educational materials, events, and peer-to-peer learning
- Additional State supports on practice transformation
Eligibility & Restrictions

Practice Eligibility

- Meet program integrity standards
- Provide services to a minimum of 125 attributed Medicare FFS beneficiaries
- 2014 edition or later Certified electronic health record
- Practice site in Maryland
- Letters of Support and commitments from
  - Clinical Leadership
  - Ownership of practice
  - CRISP letter of support for practice
Basic Care Requirements

Track 1

- Experience with specified practice transformation activities for Track 1 include:
  - Assigning patients to practice panel
  - Providing 24/7 access to patients
  - Supporting quality improvement activities
  - Risk stratification of patients

Track 2

- All practices must meet care transformation requirements for Track 2 by no later than beginning of Year 4 participation including:
  - Offer alternative care delivery options
  - Accept hybrid payment
Eligibility & Restrictions

Health Information Technology Requirements

- Utilize a certified electronic health record
- State Health Information Exchange (CRISP) connectivity in year one
- Commitment to effectively use CRISP services and share data by end of first year in Track 2
- Quality Reporting
  - Use the latest eCQM specifications for all measures (including all annual updates)
  - Report measures electronically to State Health Information Exchange’s quality measures system (direct from E.H.R. or portal)
Restrictions on Practice Participation

- Not charge any concierge fees to Medicare beneficiaries
- Not be a participant in certain other CMMI initiatives including
  - Accountable Care Organization [ACO] Investment Model
  - Next Generation ACO Model
  - Comprehensive ESRD Care Model
- Not a Rural Health Clinic or a Federally Qualified Health Center
  - Provider may participate through an eligible practice
Preparing for Application

- Electronic portal for submission
- Information and materials to have on hand to avoid 30 minute timeout:
  - All providers for site (specialty, NPI)
  - Addresses of office and satellites
  - TINs
  - Contact persons for Practice, Application and HIT
  - Patient demographics (estimate or actual)
  - CTO selection (optional)
  - Letters of Support
Practice Application Portal

Register & Login

Navigate to: https://app1.innovation.cms.gov/mdprov/mdprovLogin
Practice Application Portal

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
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
Practice Application Portal

Preliminary Questions

**Preliminary Questions**

1. As of January 1, 2019, will your practice be:
   - a. Concierge practice?
   - b. Rural Health Clinic?
   - c. Federally Qualified Health Clinic (FQHC)?
   - d. Critical Access Hospital (CAH)?
   - e. Medicaid approved Health Home provider? (https://mmpcp.dhhr.maryland.gov/Pages/Health-Homes.aspx)
**General Questions**

***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**

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 MDCP. If a practice is accepted to participate in MDCP, 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 MDCP (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
- Advanced 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 Application Portal**

**Practice Structure & Ownership**

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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 [MarylandHealth.gov](http://MarylandHealth.gov).

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

   - **Yes**

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

   **b.** Corporate Street Address 1

   **c.** Corporate Street Address 2

   **d.** Corporate City

   **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 (MEPs) are part of this organization?

   **k.** Are other practice sites in this organization applying to participate in MIPS?

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

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

***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.***

**Contact**

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.

- **Health IT Contact**: This should be someone from your practice or larger health care organization, who administers your practice’s EHR and other health IT and can answer specific questions about it.

<table>
<thead>
<tr>
<th>Type</th>
<th>First Name</th>
<th>Last Name</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Contact</td>
<td></td>
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<tr>
<td>Practice Contact</td>
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</tr>
<tr>
<td>Health IT Contact</td>
<td></td>
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</tr>
</tbody>
</table>
Practice Application Portal

Contact Information Window

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

Save  Close
Clinician & Staff Information

**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**

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 MDCPC.

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 MDCPC 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
   - No

* Explanation:

Remaining characters: 2009 (total allowed characters: 2009)
### Clinician Information Window

#### a. Clinician Name
- Last Name
- First Name
- Middle Initial

#### b. National Practitioner ID (NPI)

#### c. Maryland Board of Physicians License Number

#### d. Clinician Type
- None

#### e. Specialty
- None

#### f. Is this Clinician board certified in this specialty?
- None

#### g. If applicable, is the clinician current with maintenance of certification?
- None

#### h. This clinician works at the practice (or satellite office):
- None

#### i. Does this clinician also practice at another practice location (besides a satellite office)?
- None

[Check box for Clinical Leader]
Practice Activities

**Warning:** 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**

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.

2. Are the clinicians in your practice share an EHR with other types of clinicians in the practice?
   - [ ] None

3. Does your practice participate in other lines of business besides primary care, such as urgent care on weekends and/or physical exams for an insurance company?

4. Please describe the other lines of business in which your practice participates:

```
Remaining characters: 1000 (total allowed characters: 1000)
```

5. Is your practice engaged in training future clinicians and staff?
   - [ ] Yes

6. 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

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:

   - **Vendor Name**
   - **Product Name**
   - **Version**
   - **Action**

   **New Health IT Vendor**

   Showing 0 to 0 of 0 entities

   * Indicates a required field.

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, CAHPSR: Clinical Quality Measures (CQM) Reporting Tool, Enhanced Analytic Reporting

   Save | Save & Continue | Cancel
Practice Application Portal

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.***

Patient Demographics

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

2. Is this based on collected data or best estimate?
   - None

3. Are you in a designated Health Professional Shortage Areas or Medically Underserved Areas/Populations (MHAP) listed in the latest National Health Professions Schools and Services Center report?
   - None

Save, Save & Continue, Cancel
Care Delivery

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 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.

***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.***

* indicates a required field.

MARYLAND Department of Health
Practice Application Portal

Care Transformation Organization

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 and ID number into Application Portal
1. Clinical Leadership
2. Practice Ownership
3. CRISP (allot time to get executed):
   - Downloadable Template: https://health.maryland.gov/mdp/cp/Documents/Practice%20Applicant%20CRISP%20Letter%20of%20Commitment_final.docx
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.***

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 info@MarylandCMS.com.

- 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 omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release Applications</td>
<td>June 8, 2018</td>
</tr>
<tr>
<td>CTO Application Period Open</td>
<td>June 8 - July 23, 2018</td>
</tr>
<tr>
<td>Practice Application Period Open</td>
<td>August 1 - 31, 2018</td>
</tr>
<tr>
<td>Select CTOs and Practices</td>
<td>Summer/Fall 2018</td>
</tr>
<tr>
<td>Sign Agreements</td>
<td>Fall 2018</td>
</tr>
<tr>
<td>Initiate Program</td>
<td>January 1, 2019</td>
</tr>
<tr>
<td>Annual Enrollment</td>
<td>2020 - 2023</td>
</tr>
<tr>
<td>Program Participation</td>
<td>2019 - 2026</td>
</tr>
</tbody>
</table>
Thank you!

Updates and More Information:

https://health.maryland.gov/MDPCP

Questions: email MarylandModel@cms.hhs.gov
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=xPeyjE8coupk&feature=youtu.be
Quality Metrics

- Measures for 2018