Getting Ready for the Maryland Primary Care Program

Practice Opportunity & Program Review Webinar

July 26, 2018

Program Management Office

MARYLAND
Department of Health

Overview

Total Cost of Care Model

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

2014

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

Total Cost of Care Model and MDPCP

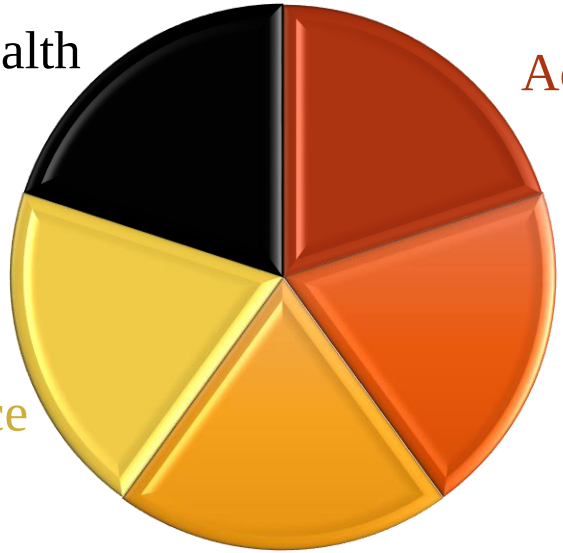
- Total Cost of Care Model is the umbrella
- MDPCP is critical to meeting TCOC Model commitments including:
  - Reducing Medicare FFS per capita health costs
  - Improvement on quality and utilization metrics
  - Improvement on population health indicators
- Advanced primary care will help the state:
  - 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

	CPC+	MDPCP
Integration with other State efforts	Independent model	Component of MD TCOC Model
Enrollment Limit	Cap of 5,000 practices nationally	No limit – practices must meet program qualifications
Enrollment Period	One-time application period for 5-year program	Annual application period
Track 1 v Track 2	Designated upon program entry	Migration to Track 2 by beginning of Year 4
Supports to transform primary care	Payment redesign	Payment redesign and CTOs
Payers	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	Medicare FFS (Other payers encouraged for future years)

Requirements: Primary Care Functions

Five advanced primary care functions:



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 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

75% 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

25% 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

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

Care Management Fee

- $17 average payment
- $6-$50 Per Beneficiary, Per Month (PBPM)
  - Tiered payments based on acuity/risk tier of patients in practice including $50 to support patients with complex needs
- Timing: Paid prospectively on a quarterly basis, not subject to repayment

Performance-Based Incentive Payment

- Up to a $2.50 PBPM payment opportunity
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis, subject to repayment if benchmarks are not met

Underlying Payment Structure

- Standard FFS
- Timing: Regular Medicare FFS claims payment

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

Practices – Track 2

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

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

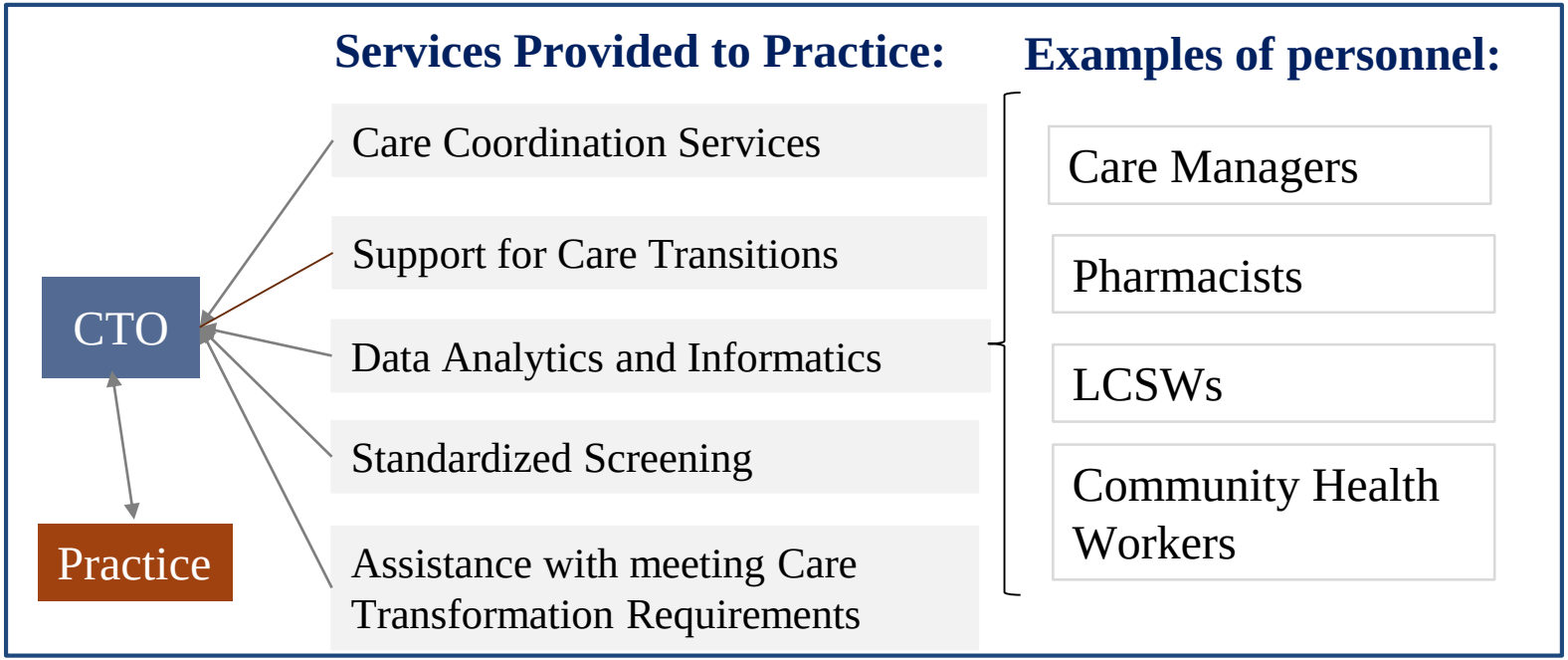
- Practices also participating in MSSP ACOs will not qualify under MDPCP
  - Instead, MACRA status will be determined based on the financial risk of the ACO
  - Reporting will also be to the ACO
- Other scenarios are outlined here:
  - https://health.maryland.gov/mdpcp/Documents/MDPCP%20Model%20Overlap%20Summary_6.15.18.pdf

*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



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

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

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

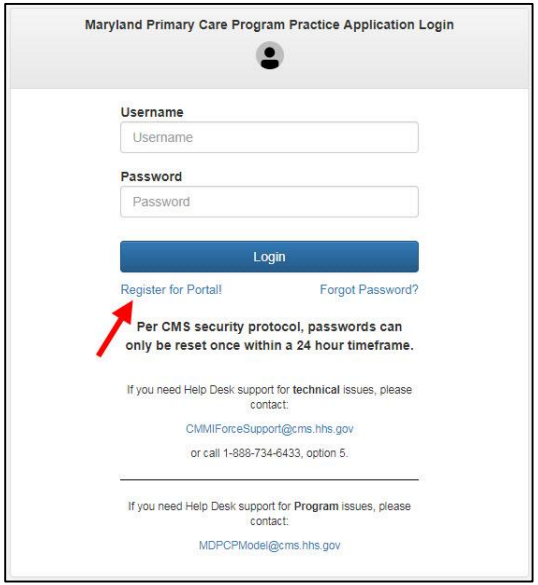
- Not charge any concierge fees to Medicare beneficiaries
- Not be a participant in certain other CMMI initiatives including
  - Accountable Care Organization [ACO] Investment Model
  - Next Generation ACO Model
  - Comprehensive ESRD Care Model
- Not a Rural Health Clinic or a Federally Qualified Health 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

Register & Login

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



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Practice Application Portal

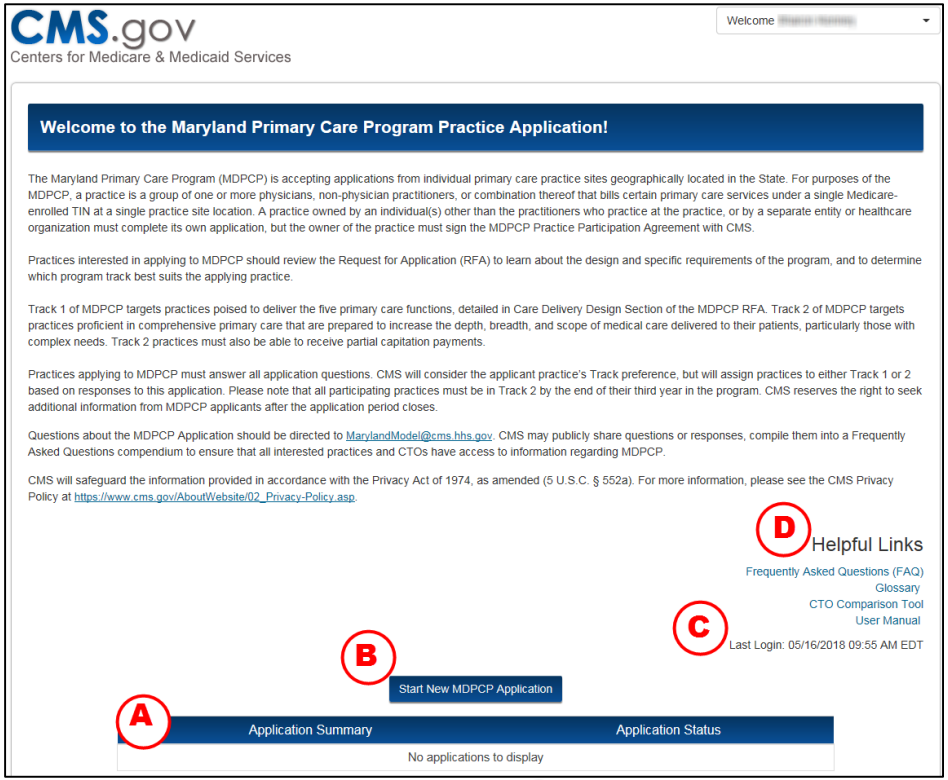
Home Page

A. Table which displays application details

B. The **Start New MDPCP Application** button

C. Your Last Login date and time

D. Helpful Links



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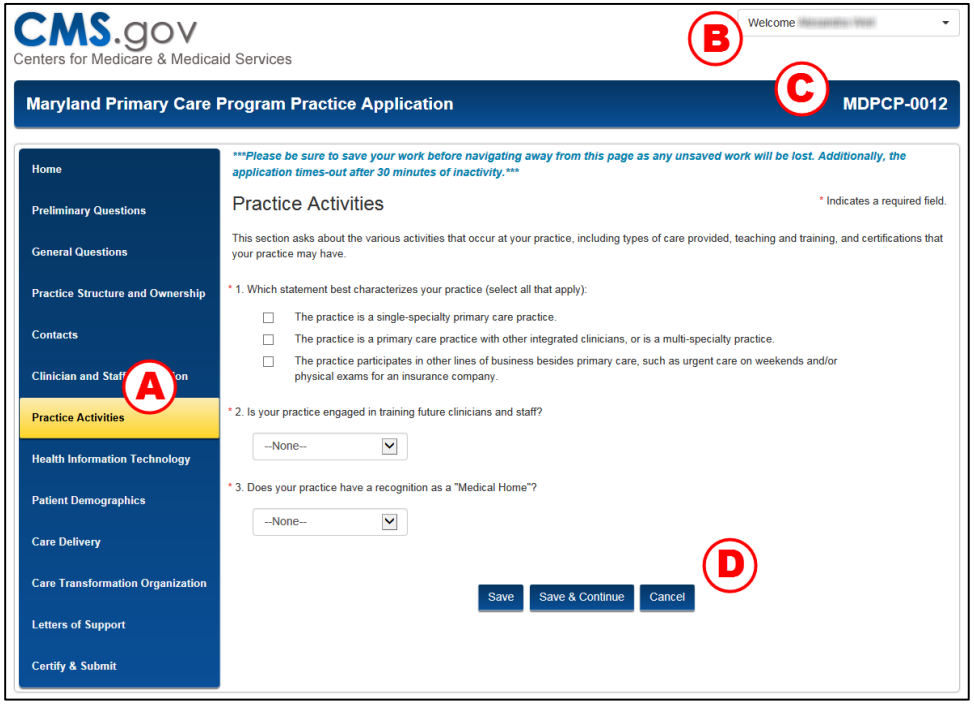
Navigation

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



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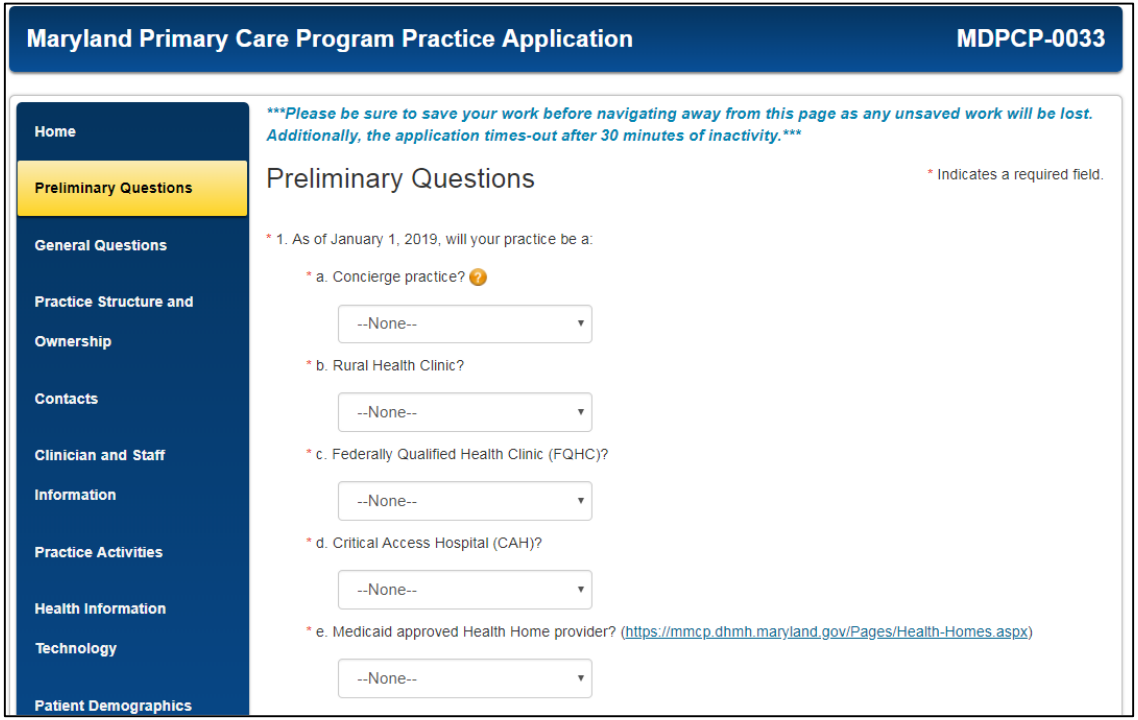
Preliminary Questions



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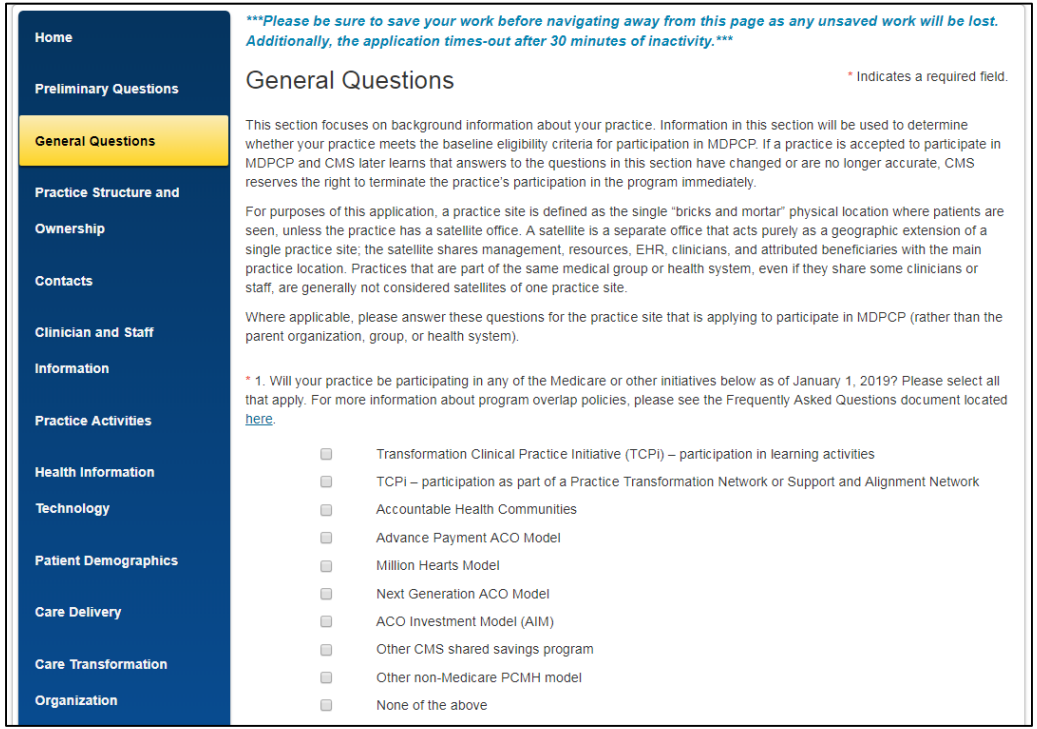
Practice Application Portal

General Questions



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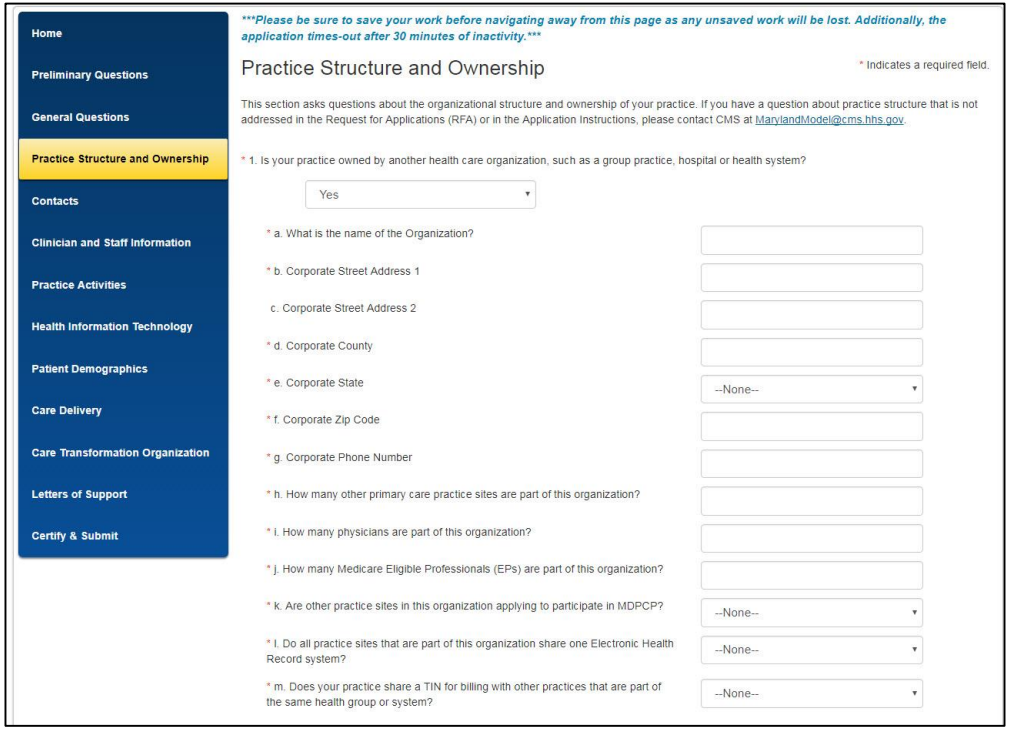
Practice Application Portal

Practice Structure & Ownership



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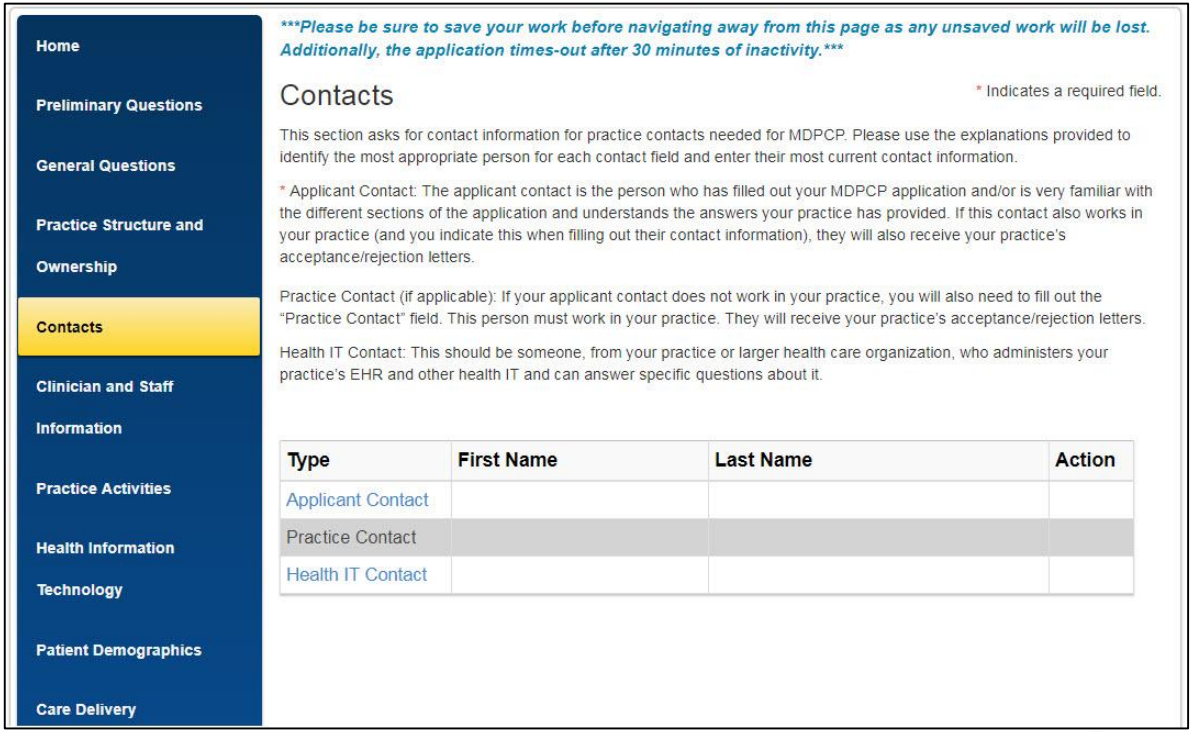
Contacts



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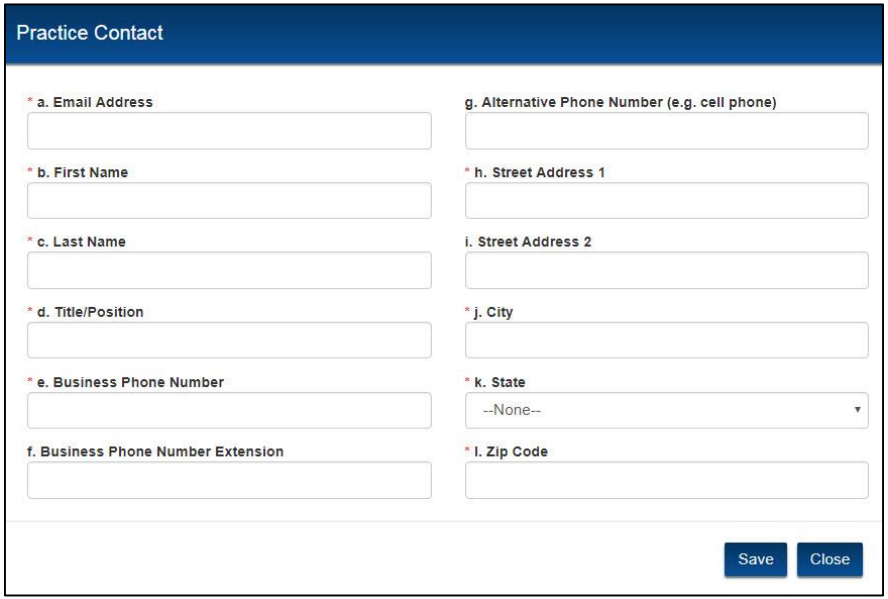
Contact Information Window



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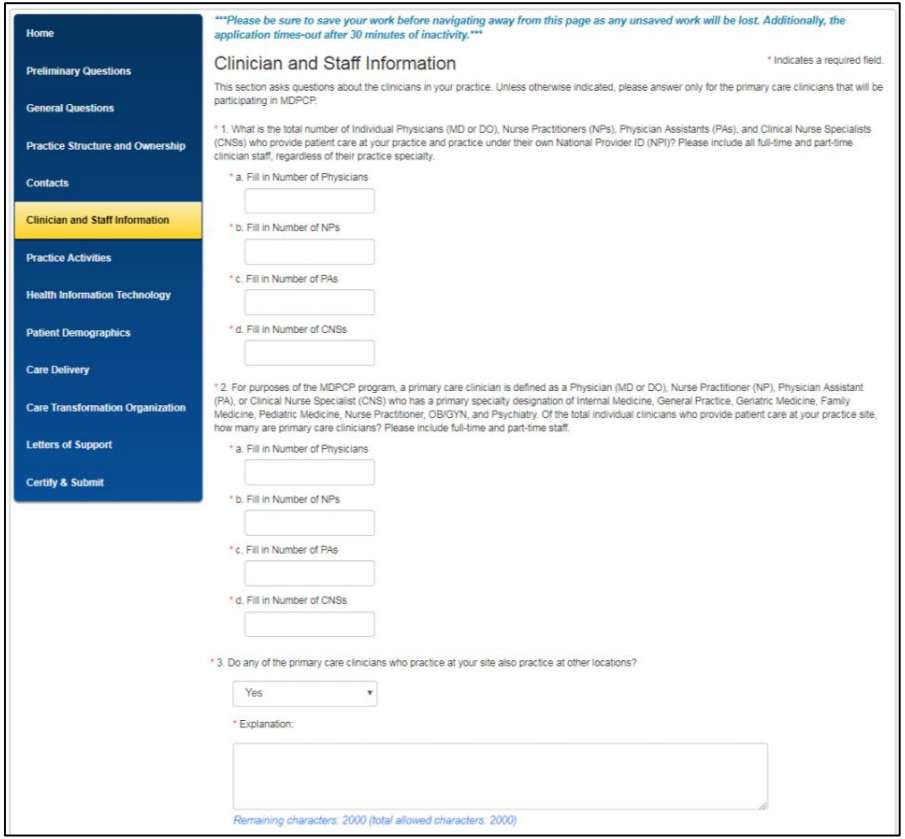
Clinician & Staff Information



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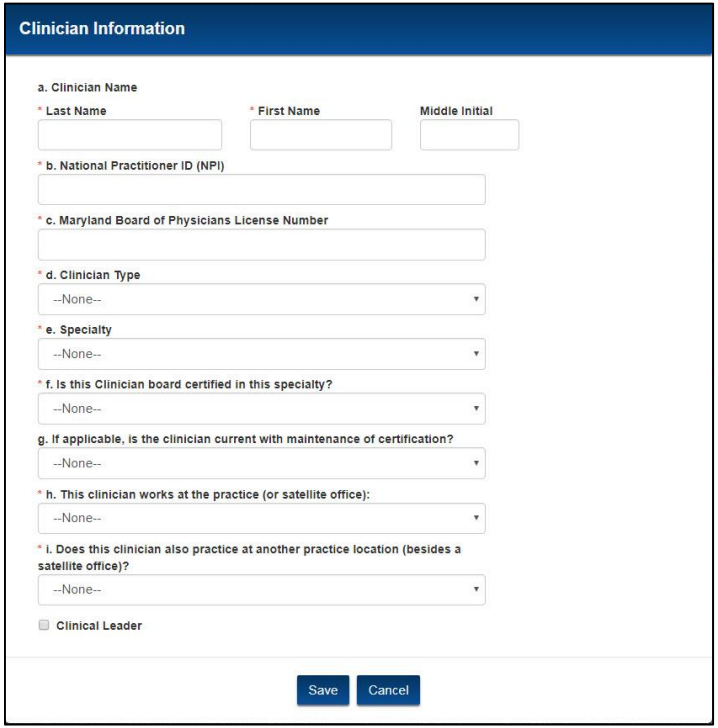
Clinician Information Window



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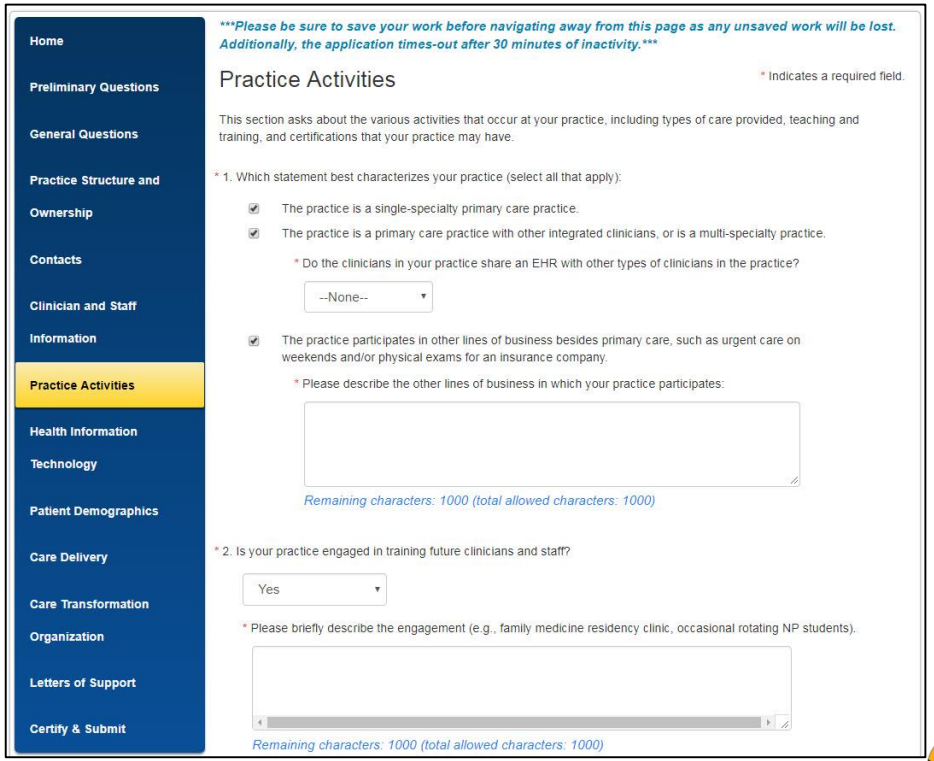
Practice Activities



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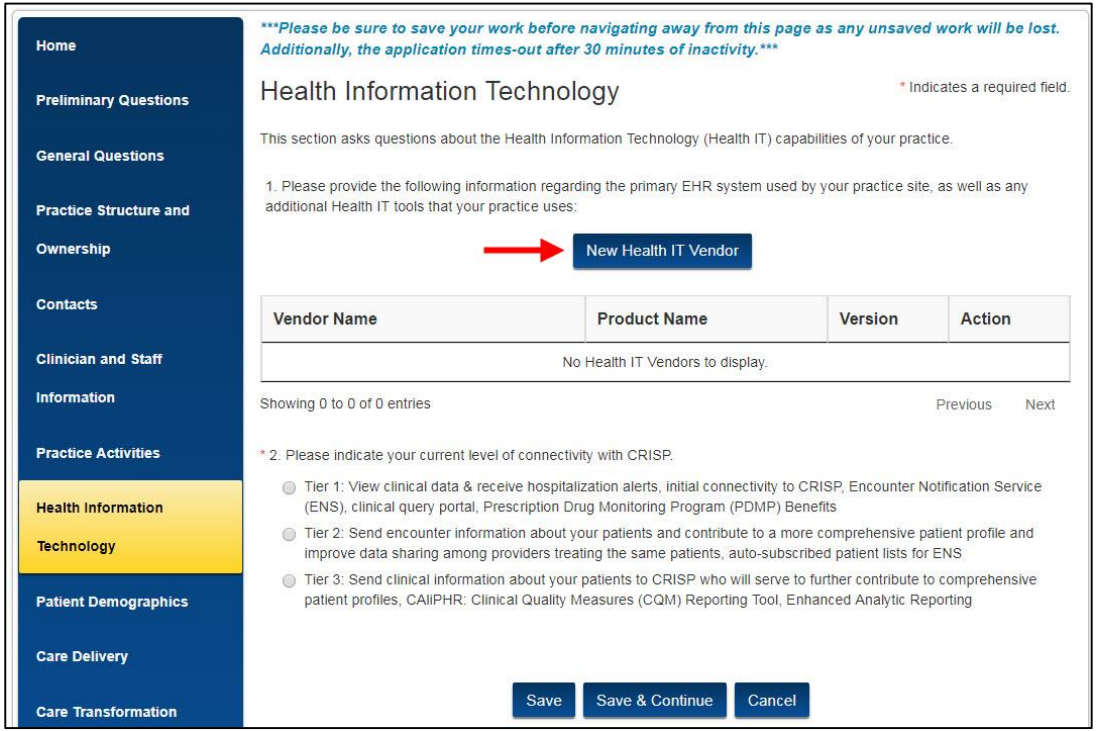
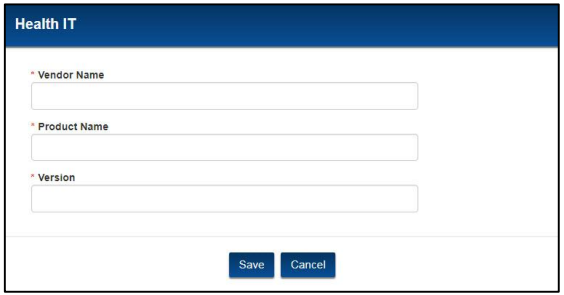
Health Information Technology





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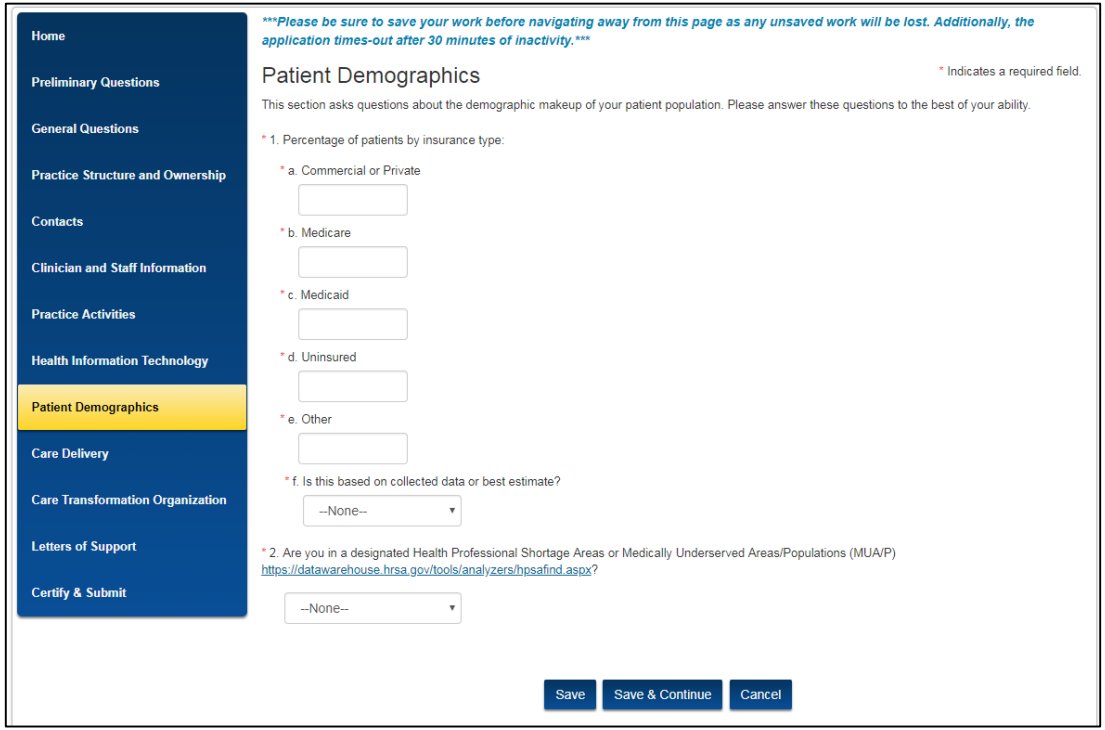
Patient Demographics



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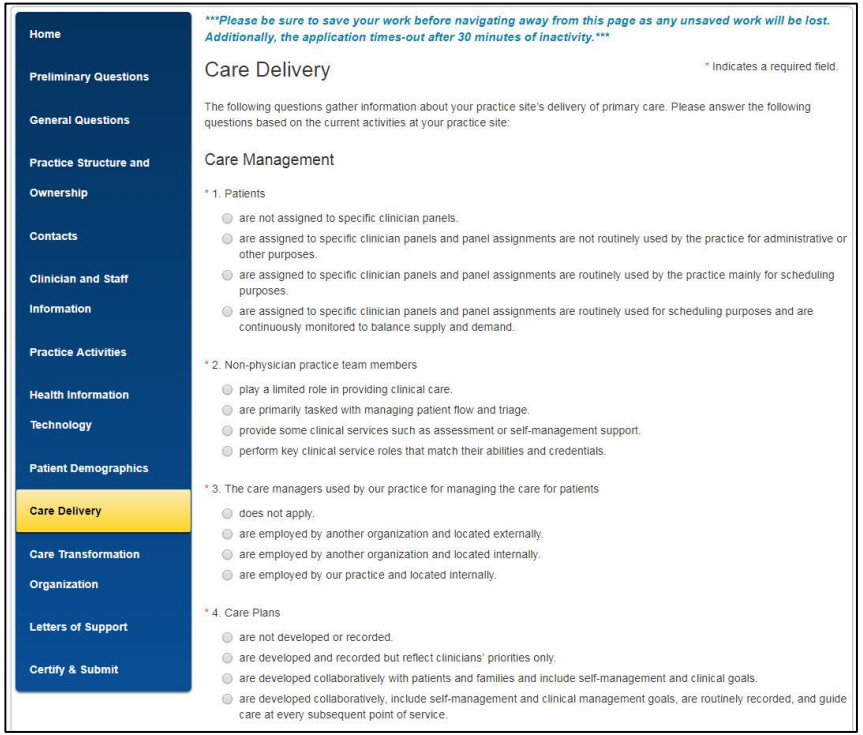
Care Delivery



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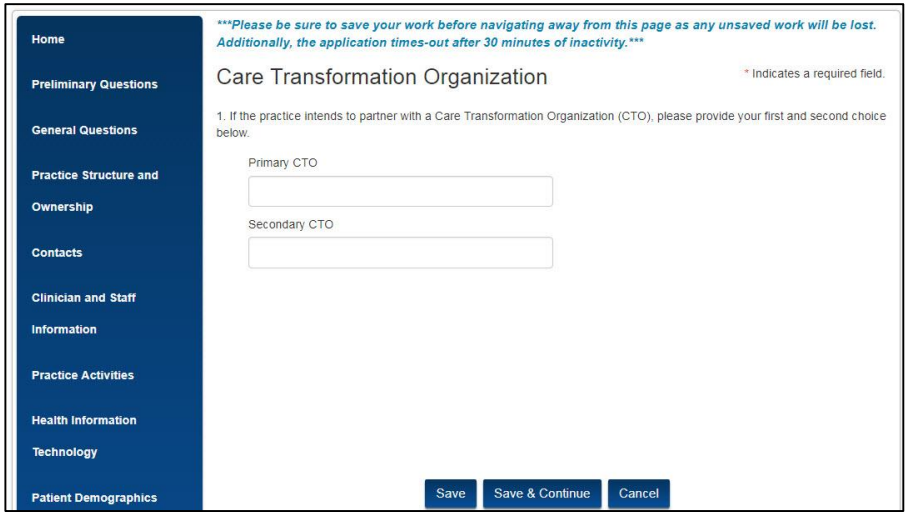
Care Transformation Organization

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



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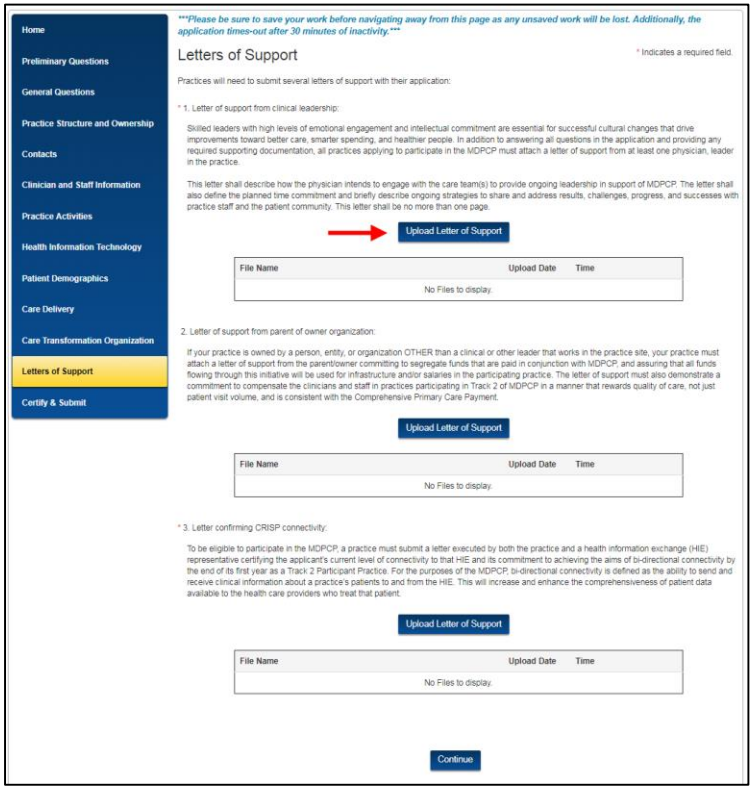
Letters of Support



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

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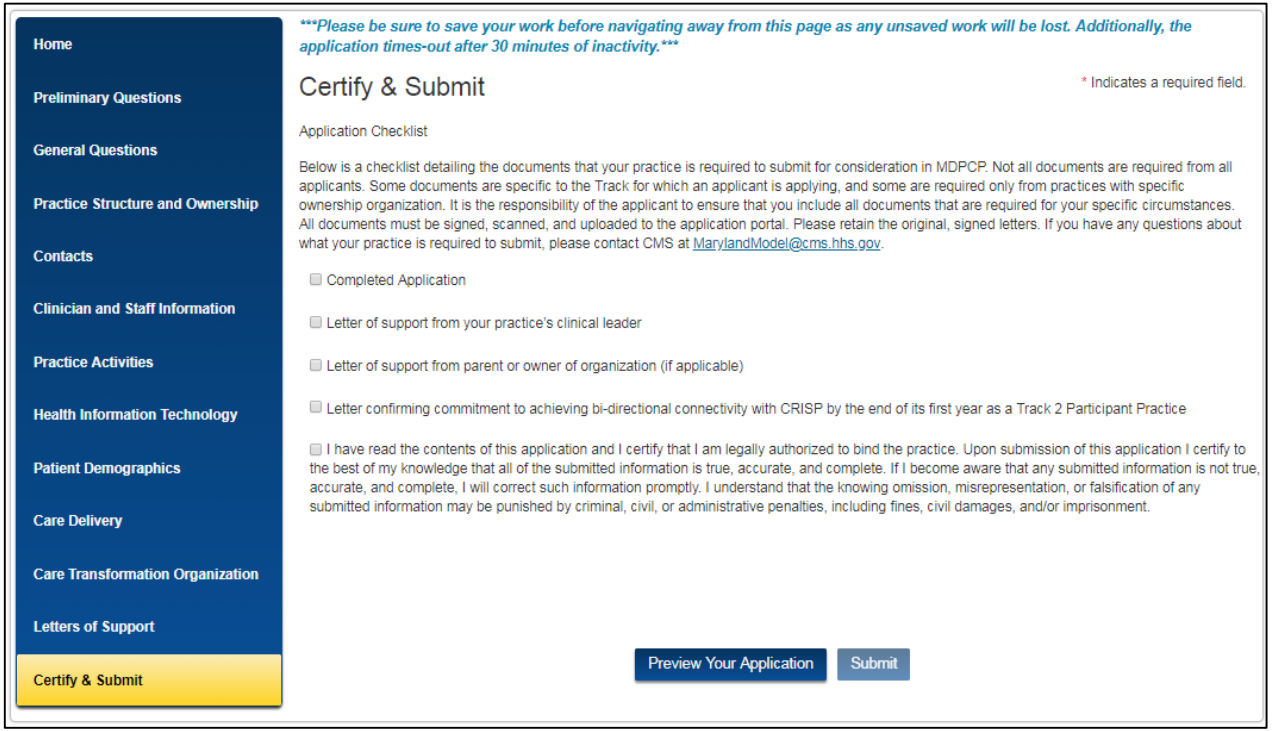
Practice Application Portal

Certify & Submit



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Timeline

Activity	Timeframe
Release Applications	June 8, 2018
CTO Application Period Open	June 8 - July 23, 2018
Practice Application Period Open	August 1 - 31, 2018
Select CTOs and Practices	Summer/Fall 2018
Sign Agreements	Fall 2018
Initiate Program	January 1, 2019
Annual Enrollment	2020 - 2023
Program Participation	2019 - 2026

Thank you!

Updates and More Information:

https://health.maryland.gov/MDPCP

Questions: email MarylandModel@cms.hhs.gov

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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=xPeyjE8couk&feature=youtu.be

Quality Metrics

- Measures for 2018
  https://innovation.cms.gov/Files/x/cpcplus-qualrptpy2018.pdf