

# Getting Ready for the Maryland Primary Care Program: What to Expect Now

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Program Management Office

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MARYLAND  
Department of Health

# Now that you have applied

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- Preliminary Practice Selection Letters Coming Soon
  - Track Assignment
  - Practice-CTO Pairing
  - Initial Onboarding Documentation Request
- CTO Contact
- Weekly Webinars and Updates
- Practice Coaches

# Remember the “Why”

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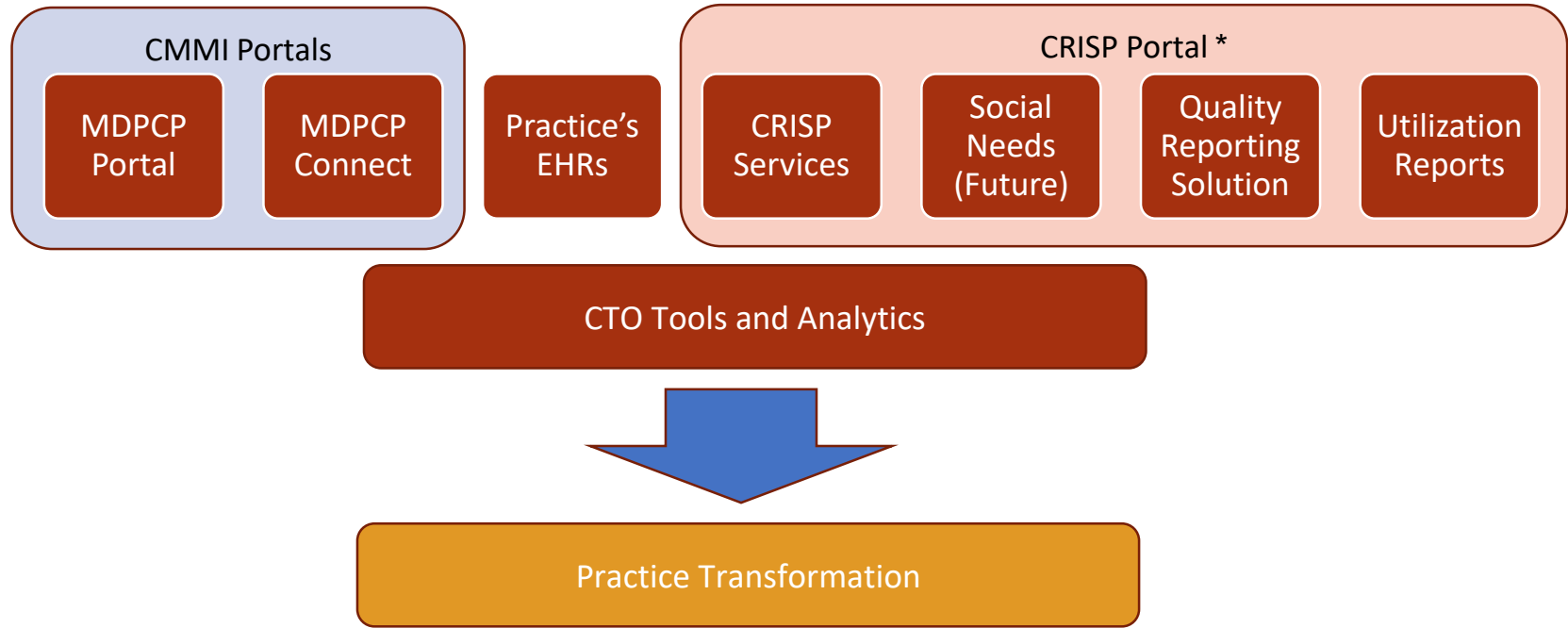
- Strengthen Primary Care in Maryland
- Provide the best quality health for all Marylanders
- Provide tools and resources to address areas of great need
- Free our Doctors from the need to have ever-increasing volume
- Reduce the burden of various quality reporting requirements
- Avoid unnecessary emergency department and hospital visits
- Show the nation that Maryland can be the leader in healthcare

# How change will happen

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- New payment streams:
  - Care Management Fees (CMF)
  - Performance Based Incentive Payments (PBIP)
  - Comprehensive Primary Care Payments (CPCP)
- Learning System and Technical Assistance
- Health Information Technology Support

# MDPCP Data Tools



# Learning System and Technical Assistance

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- CMMI Learning System
- MDPCP Webinars
- CTO Resources
- Practice Coaches
- Guidebooks

# What Does Success Look Like?

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- A stronger and sustainable Primary Care workforce
- A healthier and happier population in Maryland- equitably
- Primary care providers flocking to Maryland to participate
- Graduating Residents and students delighted to plant roots here
- Narrowed gap between primary care and specialty compensation
- Less reporting and more time with patients
- Avoid unnecessary hospital and ED visits, lower cost for health care insurance, a stronger economy

# Projected and Actual Uptake

## Primary Care Providers

	Conservative		Moderate		Optimistic		Applications	
	PCPs	Practices	PCPs	Practices	PCPs	Practices	PCPs	Practices
2019	427	102	1009	240	1602	381	2,265	595
2020	684	163	1463	348	2019	480	2,322	610
2021	893	212	1786	425	2371	564	2,380	625
2022	1022	243	1988	473	2550	606	2,439	641
2023	1068	254	2018	480	2670	635	2,500	657
2024	1020	243	1968	468	2628	625	2,563	673

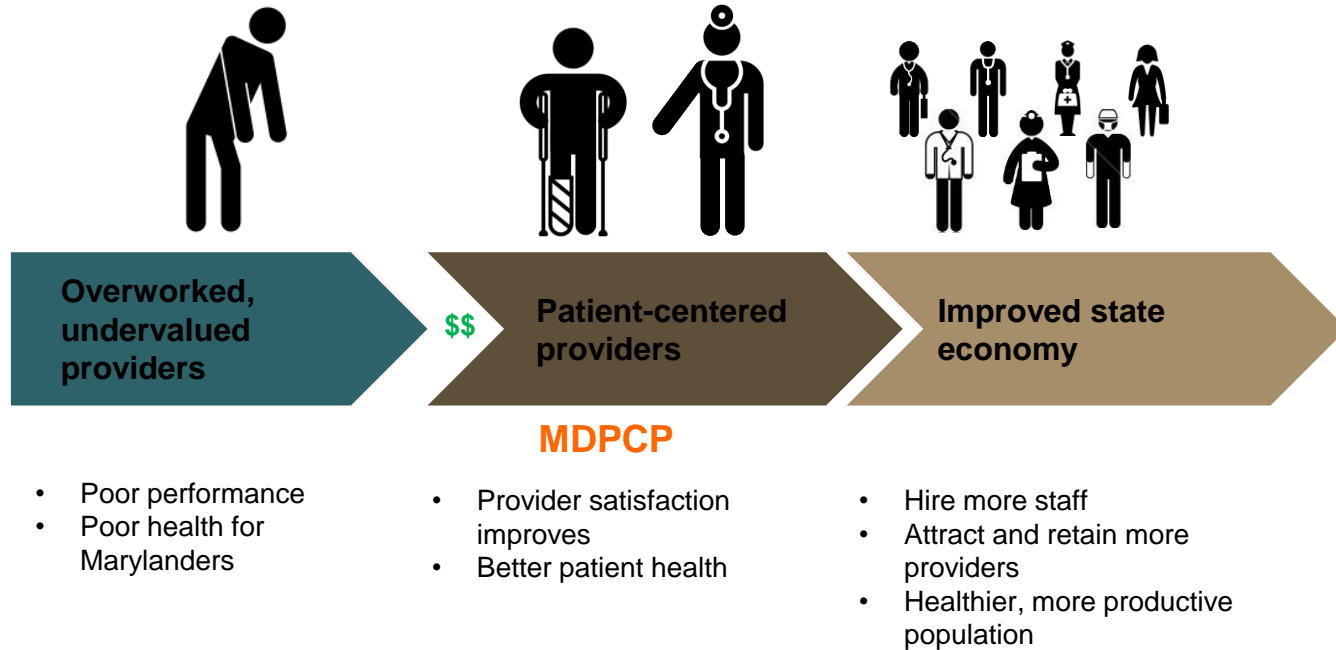
## Medicare FFS beneficiaries

	Conservative	Moderate	Optimistic	Actual
2019	72,509	171,202	271,910	382,743
2020	116,015	248,243	342,606	392,312
2021	151,585	303,129	402,426	402,120
2022	173,378	337,369	432,739	412,173
2023	181,289	342,405	453,132	422,477
2024	173,104	333,945	445,922	433,039





# Investing in Primary Care Drives Broad State Improvement



# Benefits to Patients

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- Freedom of choice
- No cost sharing on enhanced services like care management
- Team care led by my Doctor
- Expanded office hours
- Alternative, flexible care options
  - Telemedicine, group visits, home visits
- Records are available to all of my providers
- Care Managers help smooth transitions of care
- Medication management support
- Community and social support linkages (e.g., transportation, safe housing)
- Behavioral health care led by my practice



# Benefits to the Provider



## Eligible Specialties

Family Medicine

General Practice

Geriatric Medicine

Internal Medicine

OB/GYN

Pediatric Medicine

Co-Located Psychiatry

# 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

# Payment Incentives in the MDPCP

## Practices – Track 2

### Care Management Fee (PBPM)

- \$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 (PBPM)

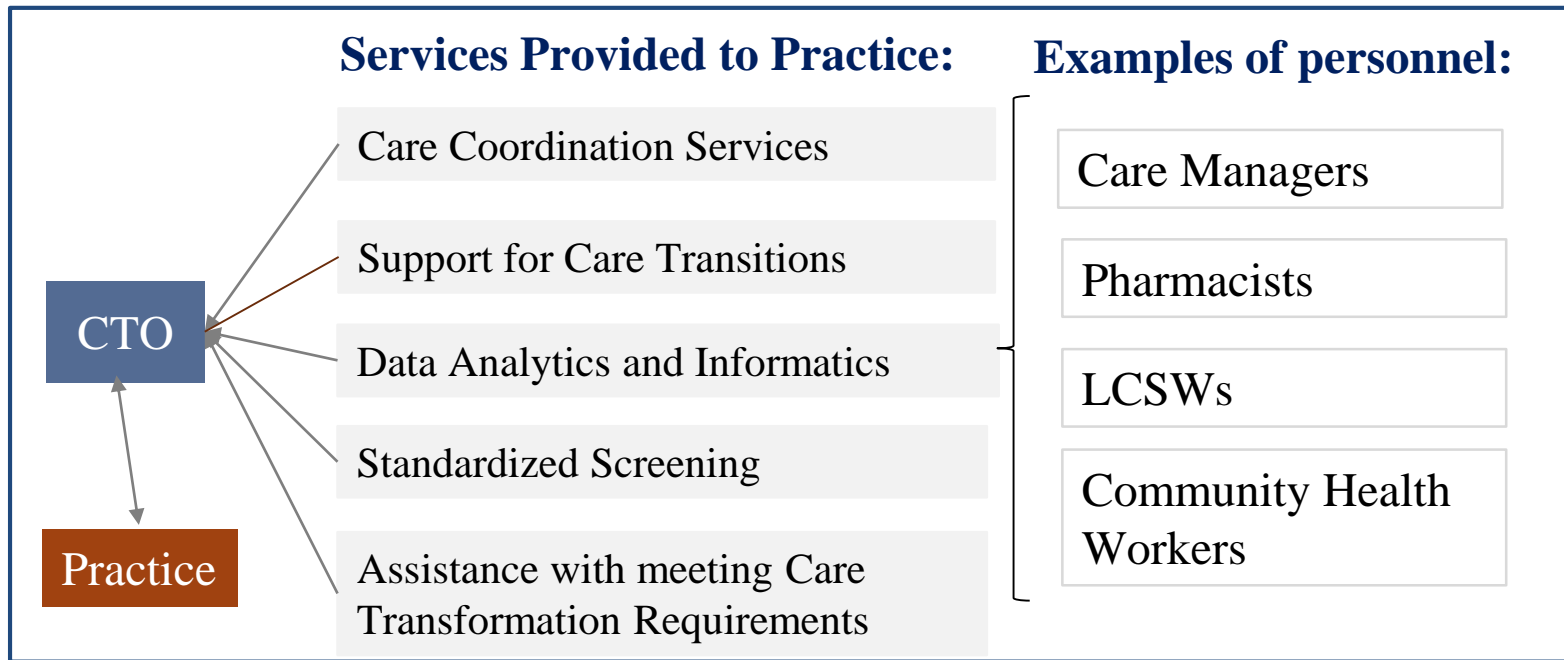
- Up to a \$4.00 PBPM payment opportunity
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis, subject to repayment

### 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

# Care Transformation Organization (CTO)

**On request – assisting the practice in meeting care transformation requirements**



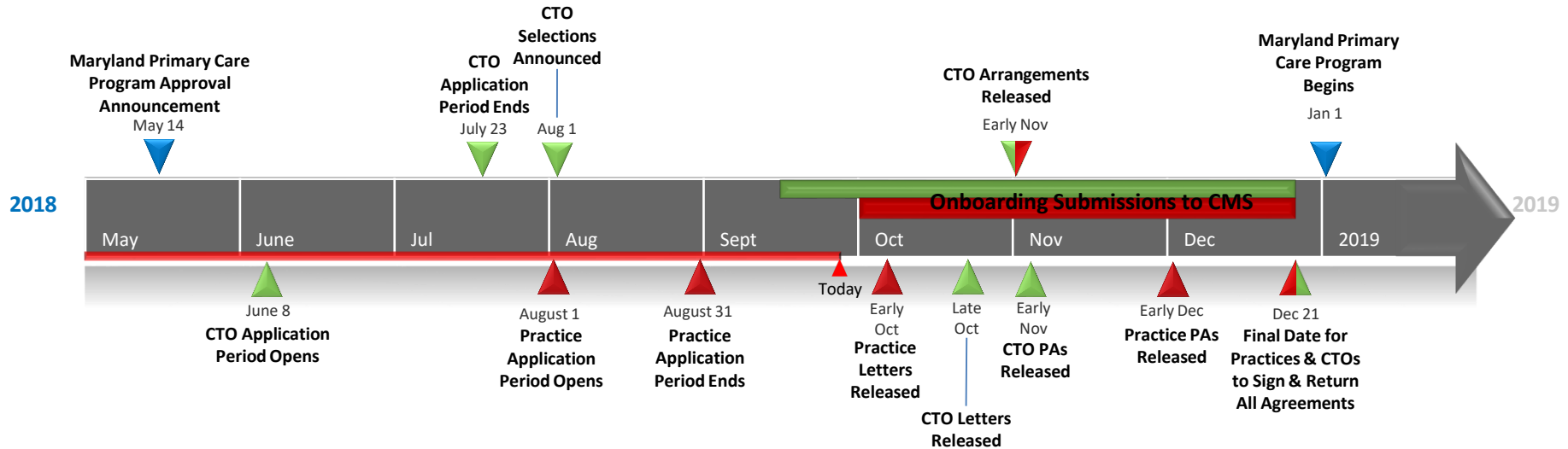
# CTOs' Role in the Program

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- 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)




## Timeline

# Timeline



*Disclaimer: Guidance document only. Not endorsed by CMS. Timeline and exact dates subject to change.*

### Key

-  CTO Action
-  Practice Action
-  Program Milestone



# Next Steps for Practices

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- CMS Preliminary Selection Letters to Practices
  - Includes Track Assignment and CTO Partner (if applicable)
- Required Document Submission (October):
  - 588 Form
  - CTO Payment Option Selection Form
  - CPCP Option Selection for Track 2 Practices Form
- Required Document Submission (December):
  - Registration for Enterprise Policy Privacy Engine (EPPE)
  - Registration for Enterprise Identity Management (EIDM) Account
  - Data Request & Specification Worksheet (to be returned with PA)
  - Practice Participation Agreement
  - CTO Arrangement

# Practice Payment Setup

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- Form 588 request will be sent out early October
- Due back in 2 weeks
- 2 steps
  - Download of EFT form and complete
  - Send hard copy back to CMMI
- Materials
  - Form 588 download:  
<https://health.maryland.gov/mdpcp/Documents/CMS588.pdf>
  - PMO additional instructions: coming soon on website

# CTO Arrangement Document

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- Agreement document for each practice and their CTO
- Defines and confirms relationship and Option level
- Details the services offered by the CTO to all practices
- Includes BAA for data sharing
- Provided and maintained by PMO
- Target sharing date: early November
- Return date: prior to Dec 31
- CMMI requires these are in place and may inspect

# Thank you!

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**Updates and More Information:**

<https://health.maryland.gov/MDPCP>

Questions: email [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov)