MARYLAND
Department of Health

Maryland Primary Care Program (MDPCP) Quality Payment Program (QPP) FAQs

July 2018

The following document contains responses to the most Frequently Asked Questions (FAQs) about the Maryland Primary Care Program (MDPCP), as related to topics on the Quality Payment Program (QPP).

Disclaimer: *This series of FAQs is not endorsed by CMS and is meant to serve as a guidance document only.*

Additional questions about the MDPCP should be directed to MarylandModel@cms.hhs.gov, or 844-711-CMMI, Option 7.

For any other questions related to the QPP, please visit https://qpp.cms.gov/about/help-and-support or contact QPP@cms.hhs.gov.

Q: Does the Maryland Primary Care Program (MDPCP) qualify as an Advanced APM?
A: Yes, both Track 1 and Track 2 of the MDPCP meet the criteria to be Advanced APMs. The financial risk standards applied in making this determination with respect to the MDPCP Track are the financial risk and nominal amount standards specific to Medical Home Models. For Quality Payment Program payment years 2021 through 2024, those eligible clinicians who meet the qualifying APM participant (QP) threshold based on sufficient participation in the MDPCP will be excluded from the Merit-based Incentive Payment System (MIPS) reporting requirements and payment adjustments and qualify for a 5 percent APM incentive payment.

Q: What is the APM Entity under MDPCP?
A: The APM Entity under the MDPCP Tracks of the Model is the Participant Practice. Therefore, a single TIN with multiple practices participating in MDPCP would have multiple APM Entities.

Q: My practice is part of a larger parent organization; does the 50 eligible clinician limit for the Medical Home Model financial risk and nominal amount standards apply to the number of clinicians in the practice or the parent organization?
A: The 50 eligible clinician limit is assessed at the parent organization level, meaning CMS will identify the total number of eligible clinicians associated with any parent organization a practice may share an affiliation. Specifically, the Medical Home Model financial risk and nominal amount standards applies only to an APM Entity that is owned and operated by an organization with fewer than 50 eligible clinician whose Medicare billing rights have been reassigned to the TIN(s) of the organization(s) or any of the organization's subsidiary entities. Thus, only Participant Practices with fewer than 50 eligible clinicians in their parent organization will be considered as participants in an Advanced APM.

Q: Is there another way for an MDPCP Practice to qualify as an Advanced APM if it does not meet the Medical Home Model financial risk and nominal amount standards?
A: If an APM Entity has greater than 50 eligible clinicians in its parent organization, it may meet the criteria to be considered participating in an Advanced APM if it meets the generally applicable financial risk standard and generally applicable nominal amount standard. However, we note that by design MDPCP does not meet the generally applicable financial risk standard.

Q: How is Advanced APM status determined for MDPCP Practices participating in the Shared Savings Program or Track 1+ Model?
A: Under the Quality Payment Program, the Advanced APM status of MDPCP is evaluated using the special financial risk and nominal amount standards for Medical Home Models. For practices participating in MDPCP and the Shared Savings Program, determinations about QP status would be based on participation in the Shared Savings Program, since these practices do not take on the risk components of MDPCP. MDPCP practices participating in Tracks 2 and 3 of the Shared Savings Program, or the Track 1+ Model will be included in QP Determinations for the ACOs through which they are participating in those models. Tracks 2 and 3 of the Shared Savings Program and the Track 1+ Model are also Advanced APMs.

Q: If an MDPCP Practice exceeds the clinician limit for the Medical Home Model standards but does not meet the generally applicable financial risk and nominal amount standards, are the MDPCP Practitioners subject to MIPS?
A: For Participant Practices that exceed the 50 eligible clinician limit for the Medical Home Model standard and do not meet the generally applicable financial risk and nominal amount standards, practitioners do not qualify for a 5 percent APM incentive payment through MDPCP. Practitioners in these practices may be subject to the MIPS reporting requirements and payment adjustment unless they are otherwise excluded. The MDPCP is a MIPS APM, and the APM scoring standard will apply for any MIPS eligible clinicians in the practice.

Q: Which practitioners are eligible to be Qualifying APM Participants (QPs) under MDPCP?
A: Only eligible clinicians listed on the Practitioner Roster of an MDPCP Participant Practice are eligible to be QPs under MDPCP.

Q: How do eligible clinicians become QPs under MDPCP?
A: MPDCP Practitioners may become QPs if more than 50% of the practitioner's Part B payments for professional services or more than 35% of the practitioner's beneficiaries are furnished Part B professional services through an Advanced APM Entity. In the case of MDPCP, the MDPCP Participant Practice is the APM Entity. The practitioner must appear on the roster of the MDPCP Participant Practice.

Q: For purposes of calculating the 5 percent APM incentive payment, are the care management fees (CMF) and performance-based incentive payments (PBIP) included as Part B payments?
A: The CMF are included as Part B payments; the PBIP are not included.

Q: For Track 2 practices that have partial capitation of fee-for-service payments (i.e., receive CPCP), how is the 5 percent APM incentive payment calculated?
A: The 5 percent APM incentive payment is calculated before the reduction to fee-for-service payments is applied.

Q: Where can I find more information on the Quality Payment Program?
A: More information about the Quality Payment Program is available at https://qpp.cms.gov/