

# Getting Ready for the Maryland Primary Care Program: Access and Continuity

Program Update

Program Management Office

Executive Director

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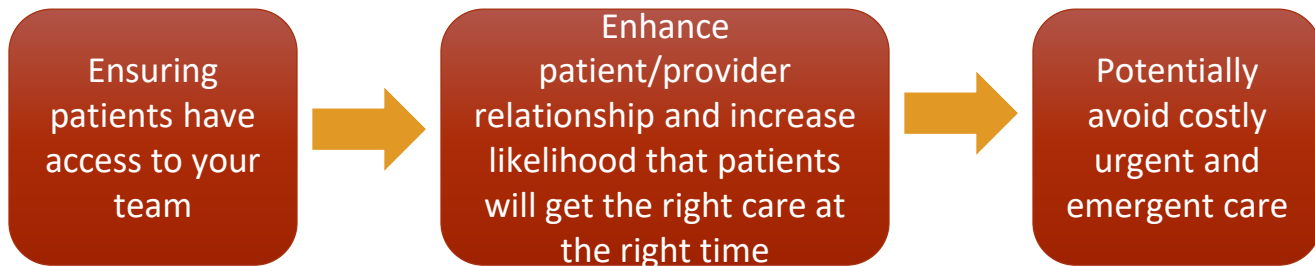


MARYLAND  
Department of Health

# Access and Continuity

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- A trusting, continuous relationship between patients, their caregivers, and your team of professionals who provide care for patients is the foundation of effective primary care.
- How to simply ensure that your patients have both...



# Empanelment – For Continuity

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- Health IT allows practice to assign each patient to a care team or practitioner, and to sort and review the patients by assignment.
- The assigned provider should be visible in the patient record to members of the care team.

# Empanelment

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Achieve and maintain at least 95% empanelment to practitioner and/or care teams.

Ensure patients have 24/7 access to a care team practitioner with real-time access to the EHR.

Organize care by practice-identified teams responsible for a specific, identifiable panel of patients to optimize continuity.

# Empanelment- Identify active patients

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- *Active patients* refers to patients who received primary care at your practice looking back over a given period. Your practice should define a look back period that is at least 18 months.

# **Empanelment-**

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## **Link/empanel each patient to a practitioner and/or care team**

- Assign each active patient to a practitioner and/or care team, then confirm the assignment with the patient and the practitioner and/or care team
- Care team can be:
  - Clinician (e.g., Physician, NP, PA, or CNS);
  - Care Pod (e.g., Physician + NP + MA + LCSW)

# Ensure Timely Access to Care

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1.

Provide 24/7 access, guided by the medical record, to the practitioner and/or care team for advice and information to guide urgent and emergent care.

2.

Use a patient portal and secure messaging to provide access to health information.

3.

Provide office hours in early mornings, evenings, and weekends with access to the patient medical record.

4.

Provide same-day or next-day access to the patient's own practitioner and/or care team for urgent care or transition management.

5.

Use alternatives for care outside of the traditional office visit to increase access to the care team and the practitioner, such as e-visits, phone visits, group visits, home visits, and visits in alternate locations (e.g., senior centers, assisted living centers) captured in the medical record.



# 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 Primary Care Providers 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



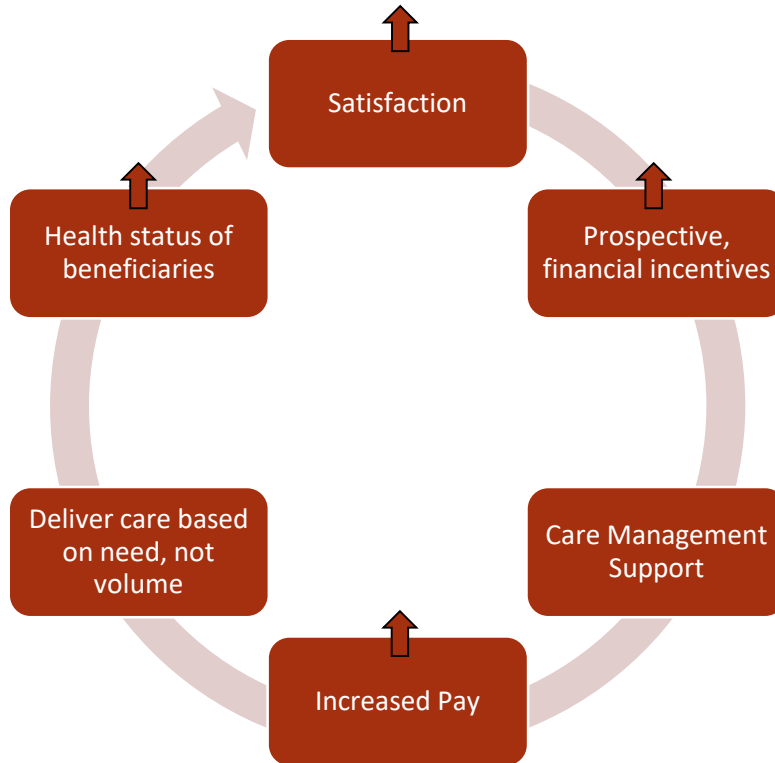
# Benefits to Patients

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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 to Support Access and Continuity

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## Care Management Fee (PBPM)

- Use \$\$ to meet Care Trans Reqs
  - Hire care management personnel
  - Hire staff to attend to 24/7 phone line
  - Hire staff to provide group visits
  - Purchase telehealth module
- Timing: Paid prospectively on a quarterly basis, not subject to repayment

## Performance-Based Incentive Payment (PBPM)

- Improve quality improvement processes
- Track measures including patient satisfaction
- Timing: Paid prospectively on an annual basis, subject to repayment

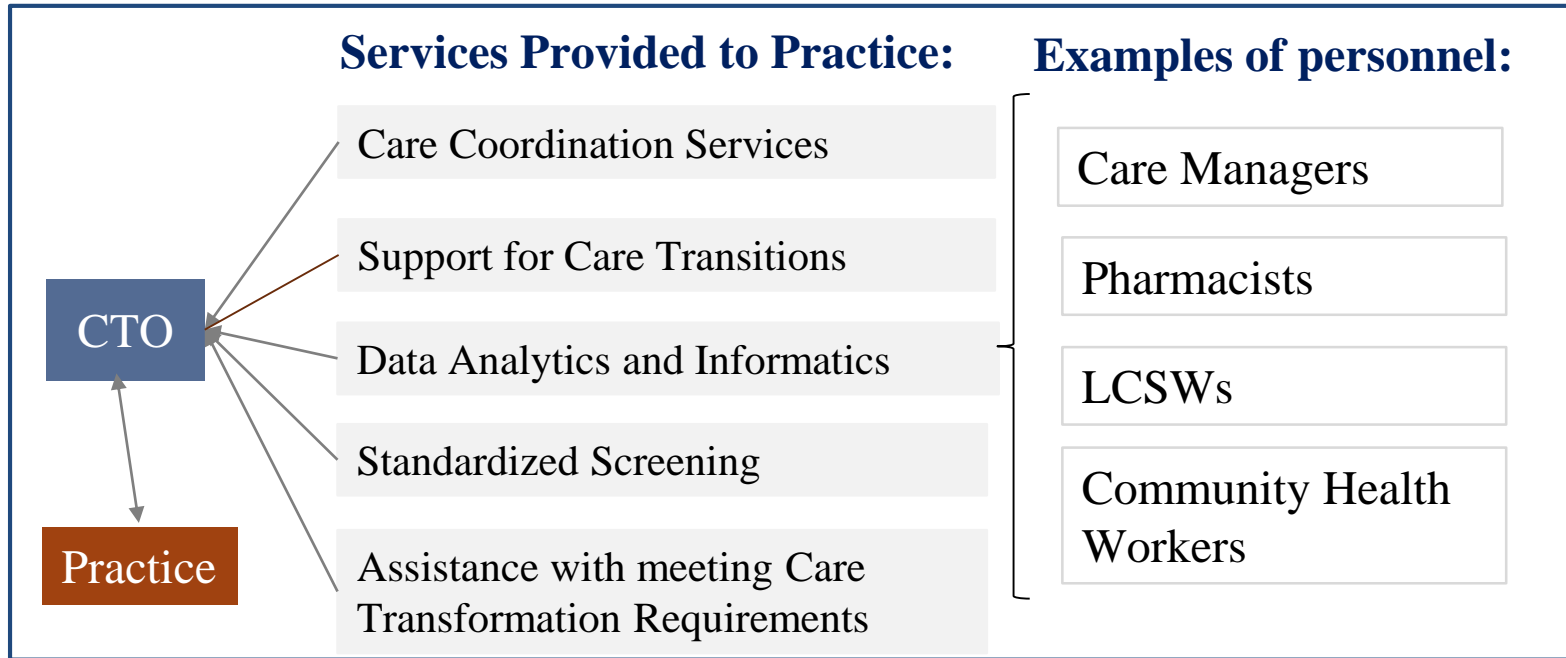
## Comprehensive Primary Care Payment (CPCP)

- CPCP - Partial pre-payment of historical E&M volume
- Deliver alternative visits
- Manage more patients by phone, secure message and secure text
- 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**



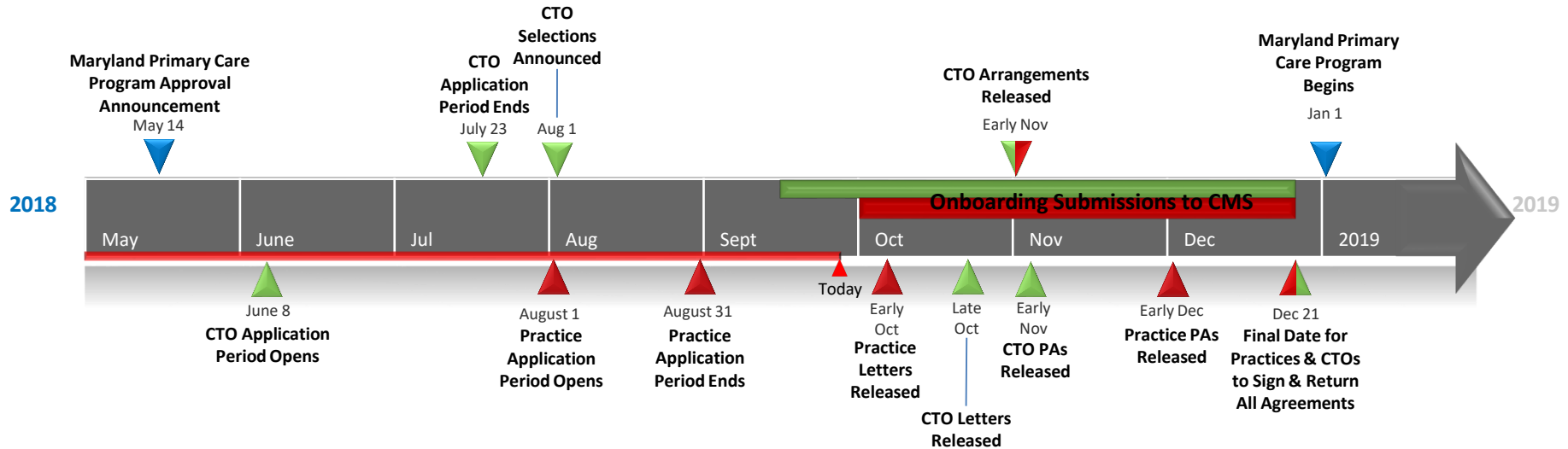
# CTOs' Role in the Program

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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.*

# Next Steps for Practices

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- Add [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov) to your safe senders list!
- CMS Preliminary Selection Letters to Practices
  - Includes Track Assignment and CTO Partner (if applicable)
- Required Document Submission (October):
  - CMS-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

# CMS-588 Form

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- Steps
  - Download, print, and complete form (including 9-digit TIN/EIN)
  - In the top right-hand corner, write in:
    - Profit Status (“P” or “NP”)
    - “MDPCP”
    - Application ID Number (“MDPCP-XXXX”)
  - Attach signed bank letter or voided check
  - Send hard copy back to CMMI via overnight mail with tracking
  - Email [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov) with your Application ID and mail tracking number
- Materials
  - Form 588 download: <https://health.maryland.gov/mdpcp/Documents/CMS588.pdf>
  - CMS instructions: <https://health.maryland.gov/mdpcp/Documents/Practice%20CMS-588%20Instructions.pdf>
  - Additional Tips & Checklist: <https://health.maryland.gov/mdpcp/documents/Tips%20for%20Completing%20Practice%20588.pdf>



# 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)