

# Getting Ready for the Maryland Primary Care Program: Care Management

Program Update

Program Management Office

Executive Director

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MARYLAND  
Department of Health

# Requirements: Primary Care Functions

Five advanced primary care functions:

Planned Care for Health  
Outcomes

Access & Continuity

Beneficiary &  
Caregiver Experience

Care Management

Comprehensiveness & Coordination

# Care Management

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- Care management is working with and for patients, generally occurring outside of traditional medical care (e.g., face-to-face office visits), to support optimal management of complex care...



# **Risk Stratification**

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- Risk algorithm based on diagnoses, claims or other information
  - Multiple chronic conditions
  - Missed critical follow ups- gaps in needed care
  - High risk conditions or combinations of conditions
  - Predictive modeling programs and risk scores
  - others
- Risk based on care team's observation and intuition
  - Additive based on intuition and ground level observations

# Longitudinal Care Management

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**Patients who may benefit from long term care management services include:**

Patients with  
serious mental  
illness

Patients with  
complex treatment  
regimens

Patients with  
multiple  
comorbidities

Patients with  
behavioral and  
social risk factors

Patients with  
frailty and  
functional  
impairment

# Short term Care Management

**Patients who may benefit from short term care management services include:**

Patients with  
new serious  
illness or injury  
involving  
complex  
treatment  
regimens

Patients with  
newly unstable  
chronic illness

Patients  
undergoing  
transition from  
the nursing  
home

Patients  
undergoing  
transitions in  
care from the  
hospital or  
emergency  
department

# Remember the “Why”

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- Strengthen Primary Care in Maryland
- **Provide the best quality health for all Marylanders**
- **Shift from an ever increasing volume demand to rewards for value based care**
- **Avoid unnecessary emergency department and hospital visits**
- Show the nation that Maryland can be the leader in healthcare

“We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard, because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win.”

- JFK Rice Univ. 1962

# 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)

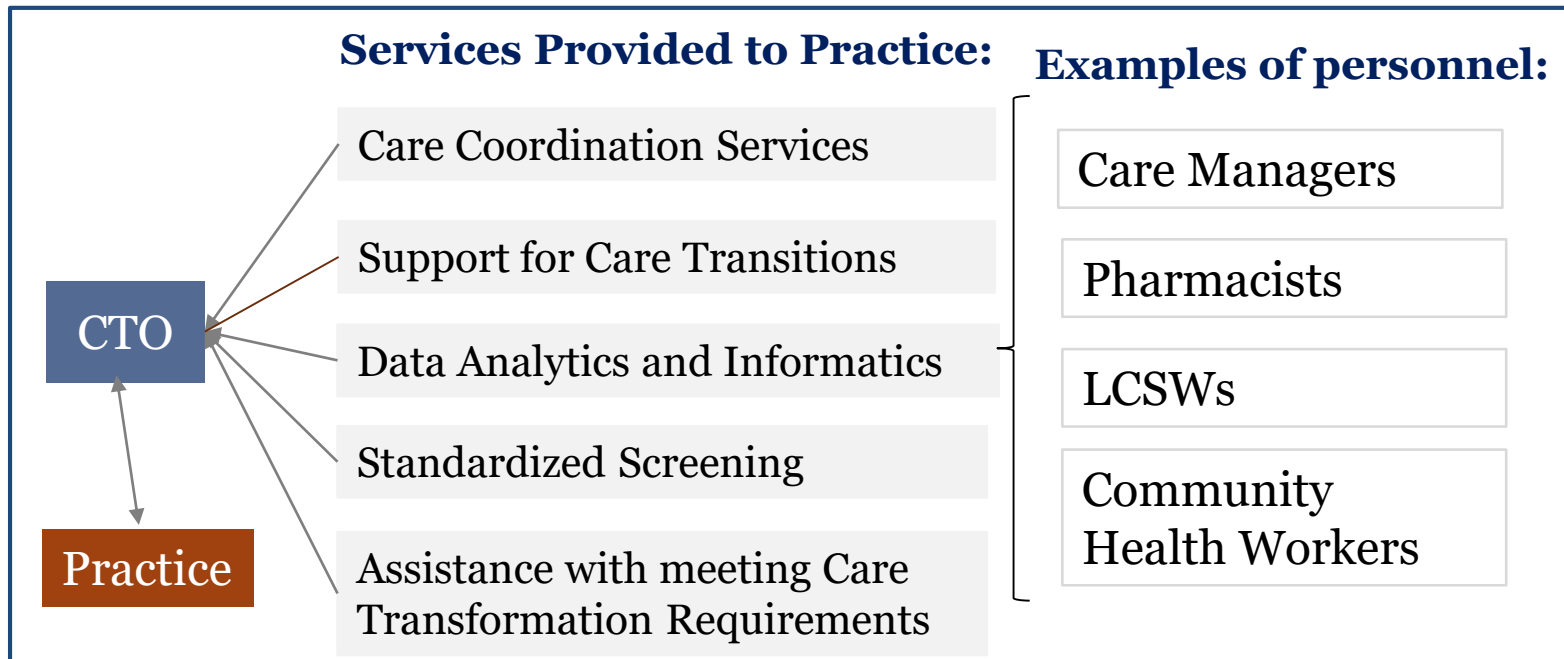
- CPCP - Partial pre-payment of historical E&M volume
- Deliver alternative visits
- Manage more patients by phone, secure message and secure text
- Timing: CPCP paid prospectively on a quarterly basis, Medicare FFS claim submitted normally but paid at reduced rate



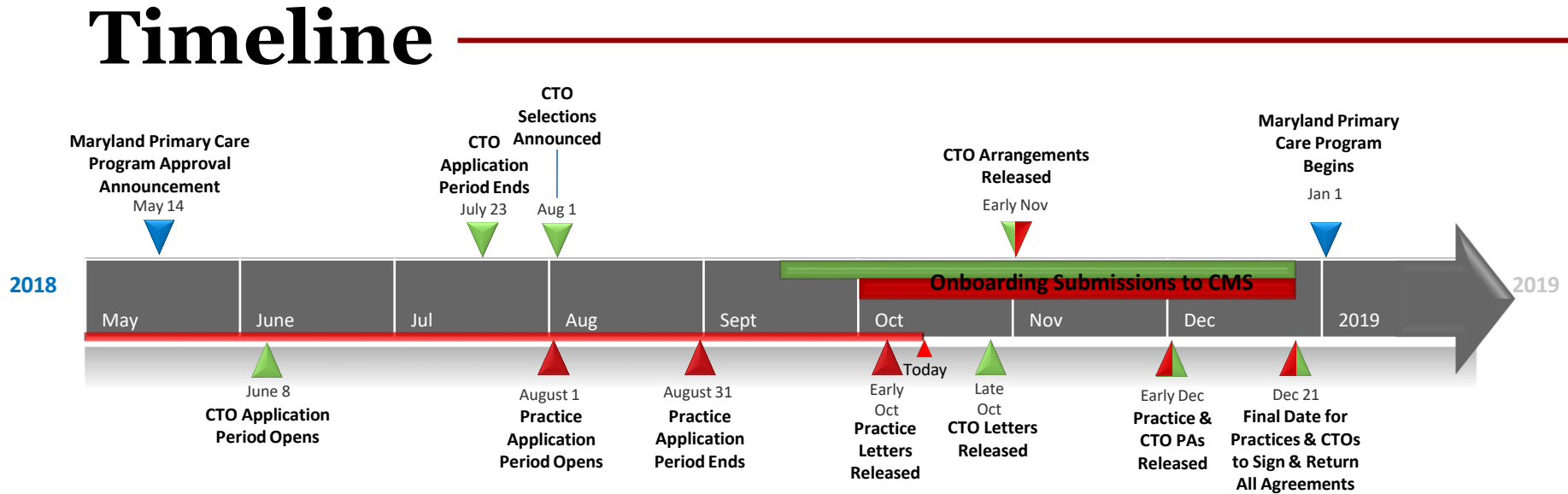


# Care Transformation Organization (CTO)

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

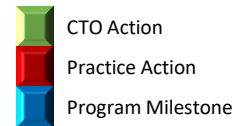


## Timeline



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

### Key



# Practice Notifications

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- Add [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov) to your safe senders list!
- CMS Emails to Practices (sent early October)
  - MDPCP: Preliminary Application Review Results
  - MDPCP: Preliminary CTO Pairing
  - Preliminary MDPCP Track 1/Track 2 Approval
- Letters Confirming Final Track and CTO Partner
  - To be sent out via “snail mail” mid-October
  - All decisions final

# Next Steps for Practices

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- Required Document Submission (**Due Friday, October 19**)
  - CMS-588 Form
  - CTO Payment Option Selection Form A
  - CPCP Option Selection for Track 2 Practices Form B
- 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>

# Sample 588 Form

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM 588-0000000000  
No. 0938-0626  
Expires: 01/2020

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

### PART I: REASON FOR SUBMISSION

**Reason for Submission:**

☒ New EFT Enrollment

☐ Change to Current EFT Enrollment (e.g. account or bank changes)

☐ Cancel EFT Enrollment

☐ Check here if EFT payment is being made to the Home Office of the Chain Organization (Attach letter Authorizing EFT payment to Chain Home Office)

Since your last EFT authorization agreement submission, have you had a:

☐ Change of Ownership, and/or

☐ Change of Practice Location?

If you checked either a change of ownership or change of practice location above, you must submit a change of information (using the Medicare enrollment application) to the Medicare contractor that services your geographical area(s) prior to or accompanying this EFT authorization agreement submission.

Please list the following:  
Profit  
MDRP  
Application Number

### PART II: ACCOUNT HOLDER INFORMATION

Provider/Supplier/Indirect Payment Procedure (IPP) Biller Legal Business Name  
Practice Name (e.g. Smith Practice)

Chain Organization Name or Home Office Legal Business Name (if different from Chain Organization Name)  
X

Account Holder's Street Address  
Practice Address (e.g. 123 Main Street)

Account Holder's City  
Baltimore

Account Holder's State  
MD

Account Holder's Zip Code  
21202

Tax Identification Number (TIN)  
1 2 3 4 5 6 7 8 9 1 2 3

Designate TIN  
☐ SSN (enrolling as an individual) OR  
☒ EIN (enrolling as a group/organization/corporation)

Medicare Identification Number (if issued)  
X

Health Plan Identifier (HPID) or Other Entity Identifier (OEID) (IPP Entities Only)  
X

National Provider Identifier (NPI)  
X

National Provider Identifier (NPI)  
X

National Provider Identifier (NPI)  
X

### PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name  
TD Bank

Financial Institution's Street Address  
123 Main Street



# 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)