

# Getting Ready for the Maryland Primary Care Program: Comprehensiveness and Coordination

Program Update

Program Management Office

Executive Director

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# Requirements: Primary Care Functions

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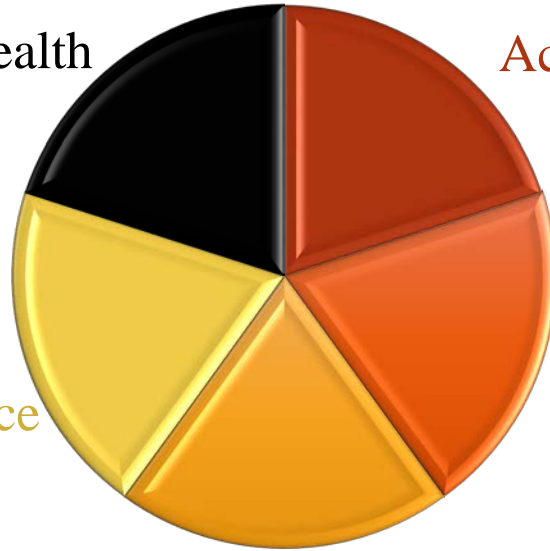
Five advanced primary care functions:

Planned Care for Health  
Outcomes

Access & Continuity

Beneficiary &  
Caregiver Experience

Care Management

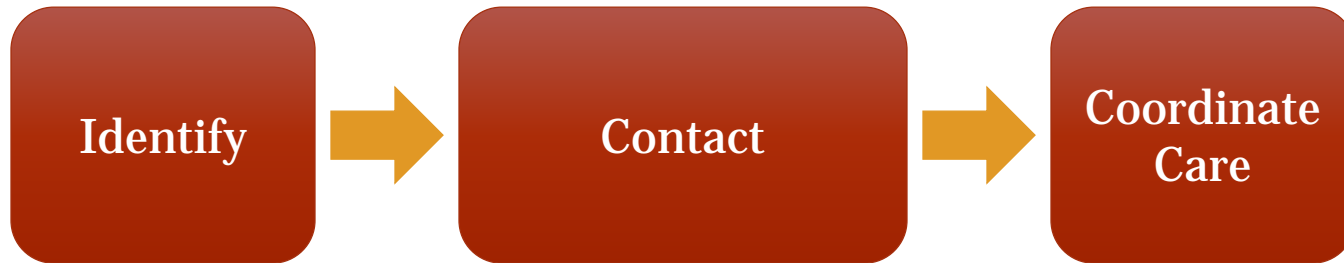


**Comprehensiveness & Coordination**

# Coordinate Care

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- Ensure coordinated referral management for attributed beneficiaries seeking care from high-volume and/or high-cost specialists as well as EDs and hospitals.



# **Behavioral Health**

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- Ensure attributed beneficiaries with behavioral health needs have access to care consistent with at least one option from a menu of options for integrated behavioral health supplied to attributed beneficiaries by the practice

# Behavioral Health Services

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**Identify patients who may benefit from behavioral health services, including:**

Patients with serious mental illness

Patients with substance use disorders

Patients with depression, anxiety and other mental health conditions

Patients with behavioral and social risk factors and BH issues

Patients with multiple co-morbidities and BH issues

*Comprehensiveness and Coordination*

# Co-Located Behavioral Health Management

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Behavioral Health Specialist in Office

LCSW-C  
Or Other

Psychologist

Psychiatrist

Tele Behavioral  
Health

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# Care Management for Behavioral Health

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**Team member trained in managing behavioral health conditions- Communicating with BH Specialist**

**Collaborative Care Model**

**MAT Waivers**

**Other Behavioral Health training**

# Payment Incentives

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## Care Management Fee (PBPM)

- Use \$\$ to meet Care Trans Reqs
  - Hire care management personnel
  - Hire staff to provide alternative visits
  - Perform screening in the office or in the community
  - Implement a Patient-Family Advisory Council (PFAC)
  - Analyze data & workflows
- Timing: Paid prospectively on a quarterly basis, not subject to repayment

## Performance-Based Incentive Payment (PBPM)

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

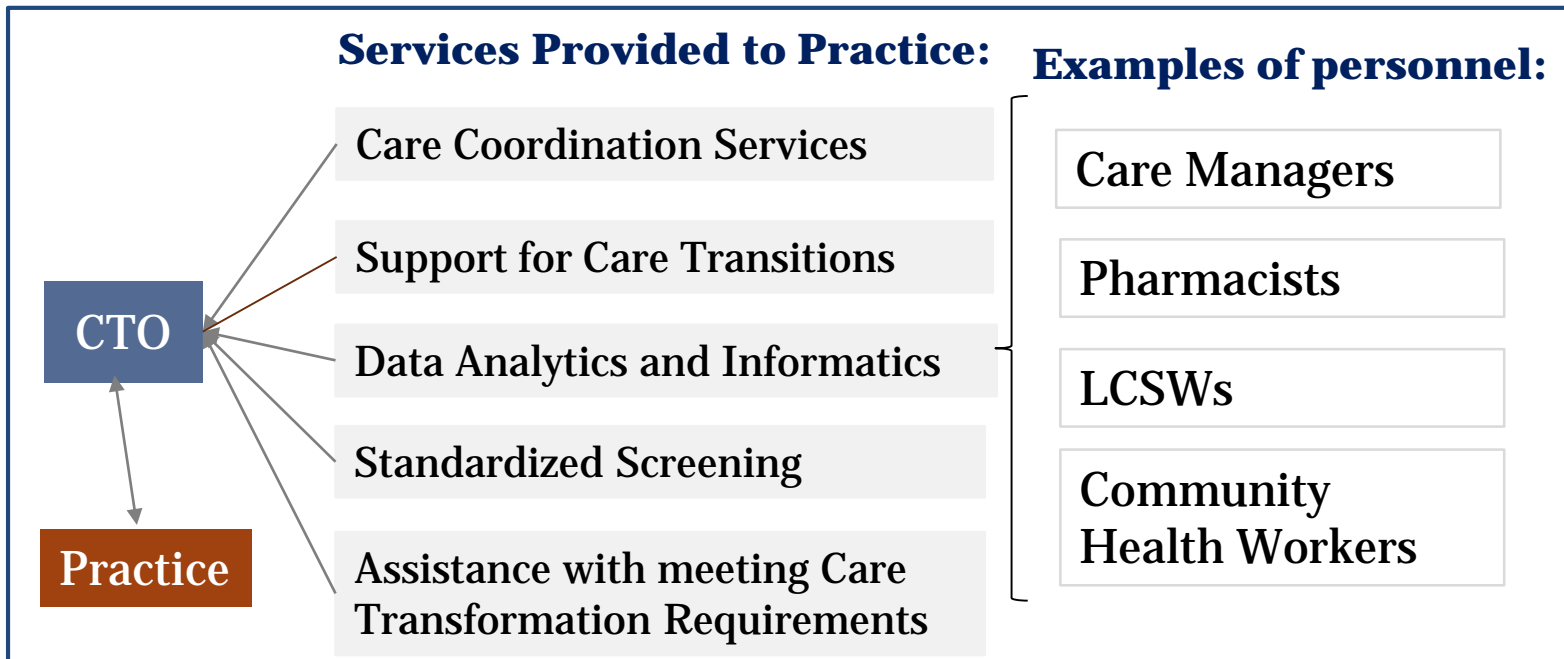
## Comprehensive Primary Care Payment (CPCP)

- CPCP - Partial pre-payment of historical E&M volume
- Deliver alternative visits & other innovative strategies to manage beneficiaries' health
- 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**



# Remember the “Why”

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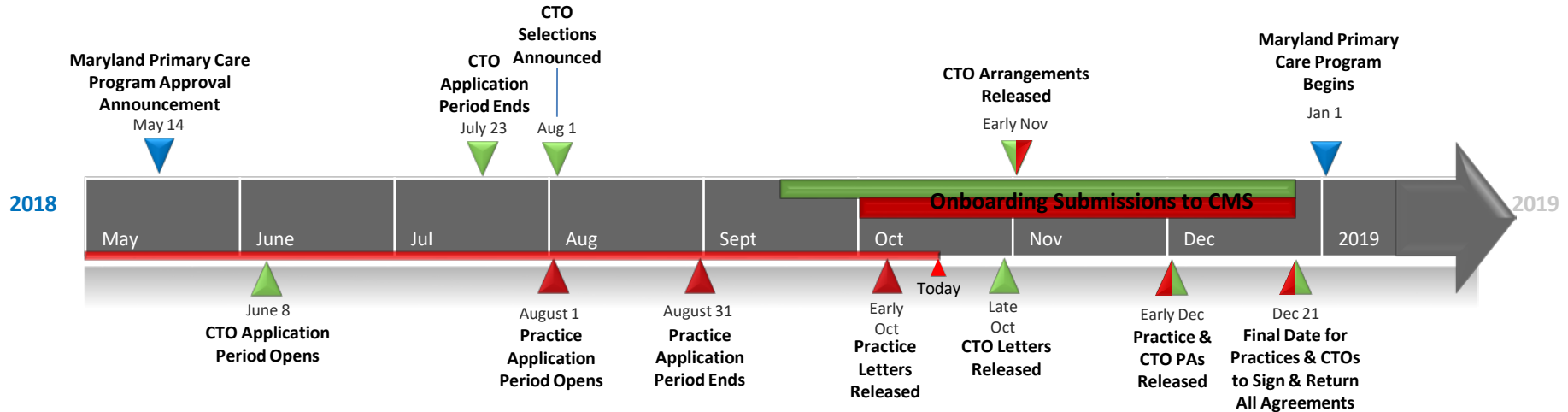
- Strengthen Primary Care in Maryland
- **Provide the best quality health for all Marylanders**
- **Shift from an ever increasing volume demand to rewards for value based care**
- **Avoid unnecessary emergency department and hospital visits**
- Show the nation that Maryland can be the leader in healthcare

“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




# Timeline

# Timeline



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

### Key

-  CTO Action
-  Practice Action
-  Program Milestone

# 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
- CMS Letters Confirming Final Track and CTO Partner
  - 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

F3211E (EFT) 01/2020  
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

Individual  Group

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 (HIPID) or Other Entity Identifier (OEID) (IPP Entities Only): X

National Provider Identifier (NPI): X

**PART III: FINANCIAL INSTITUTION INFORMATION**

Financial Institution's Name: TD Bank  
Financial Institution's Street Address:

# 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)