

Getting Ready for the Maryland Primary Care Program: Planned Care for Health Outcomes

Program Update

Program Management Office

Executive Director

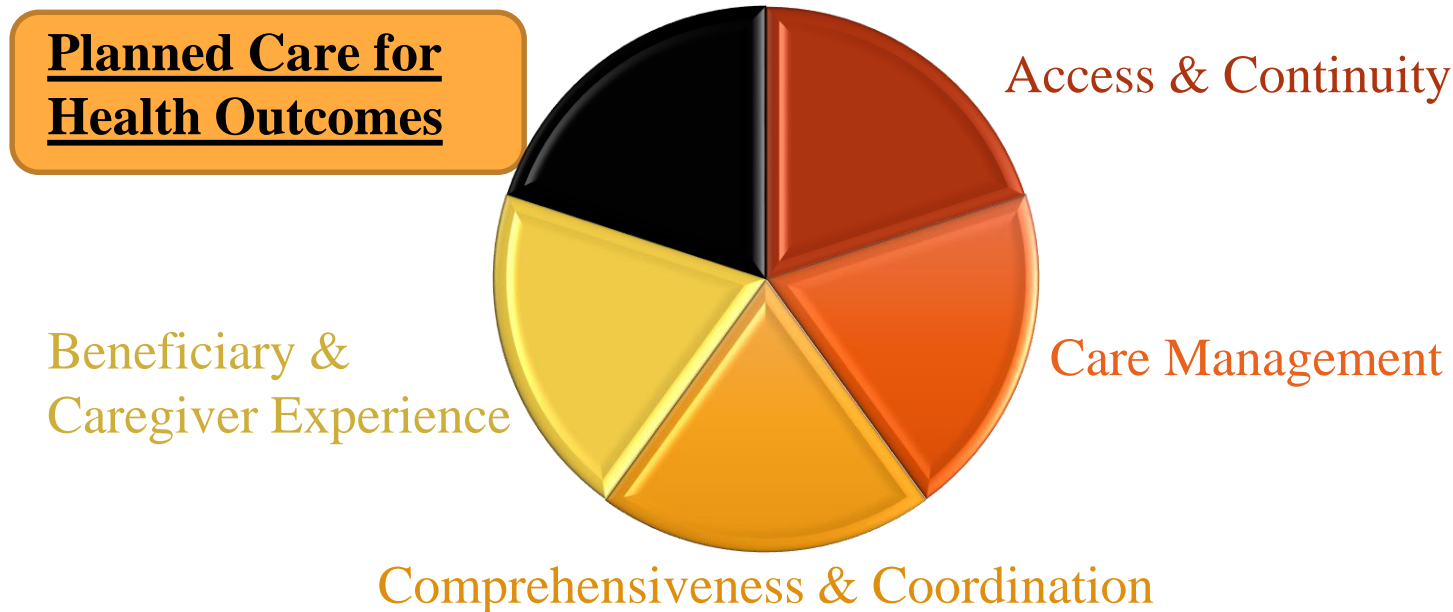
Howard Haft, MD, MMM, CPE, FACPE



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Requirements: Primary Care Functions

Five advanced primary care functions:



Planned Care for Health Outcomes

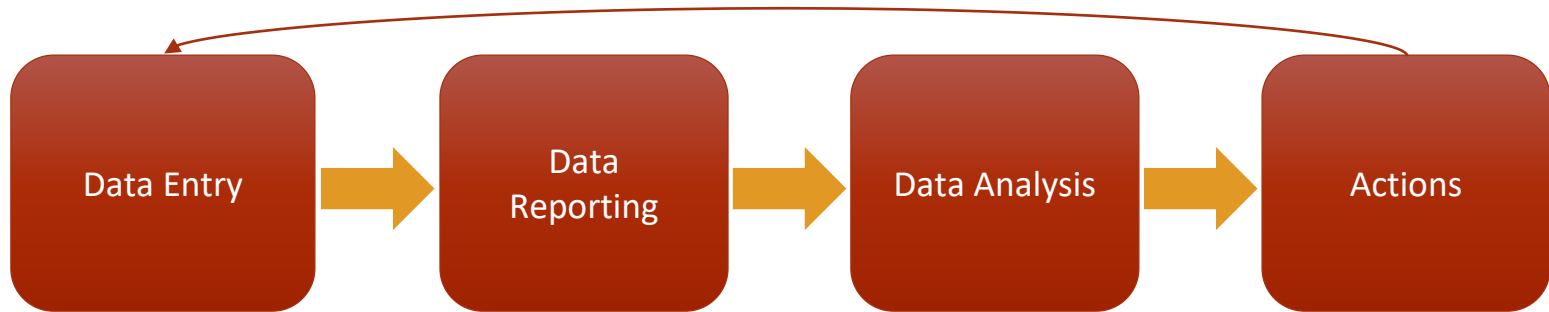
- Planned care and population health focuses on organizing care delivery to meet the needs of the entire population
- Americans receive only half of their needed preventive and chronic disease services
- Team-based approach can provide proactive and timely access to appropriate preventive care, evidence-based management of chronic conditions, and improve patients' experience of care

Team Based Care

- Organized team structure
- Link/empanel each patient to a practitioner and/or care team.
- Define roles and responsibilities, making sure that each care team member is using his or her highest skills and abilities.
- Reserve workspace and time to facilitate team interaction.
- Collaborative team functions: Establish huddles, protocols, and standing orders to create workflows to improve efficiencies in care.
- Team culture that centers on quality improvement
- Discuss routinely your practice data with your team to inform improvements in clinical quality, utilization, and patient experience of care.

Using Data for Quality Improvement

- Plan- on process or outcome to be studied
- Do- Execute the study, run the data
- Study- the results
- Act- on the results and restudy



Payment Incentives

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)

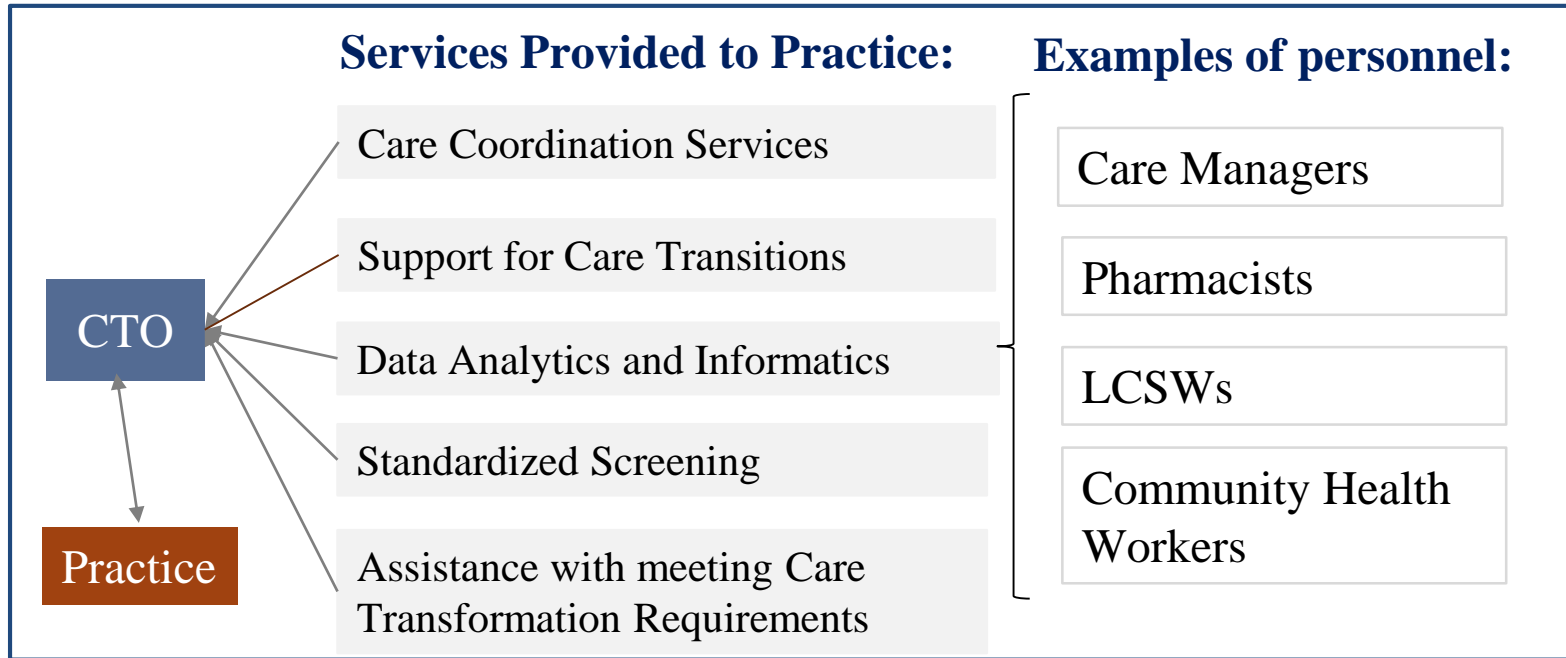
- Implement quality improvement processes
- Track performance including patient satisfaction
- Timing: Paid prospectively on an annual basis, subject to repayment

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”

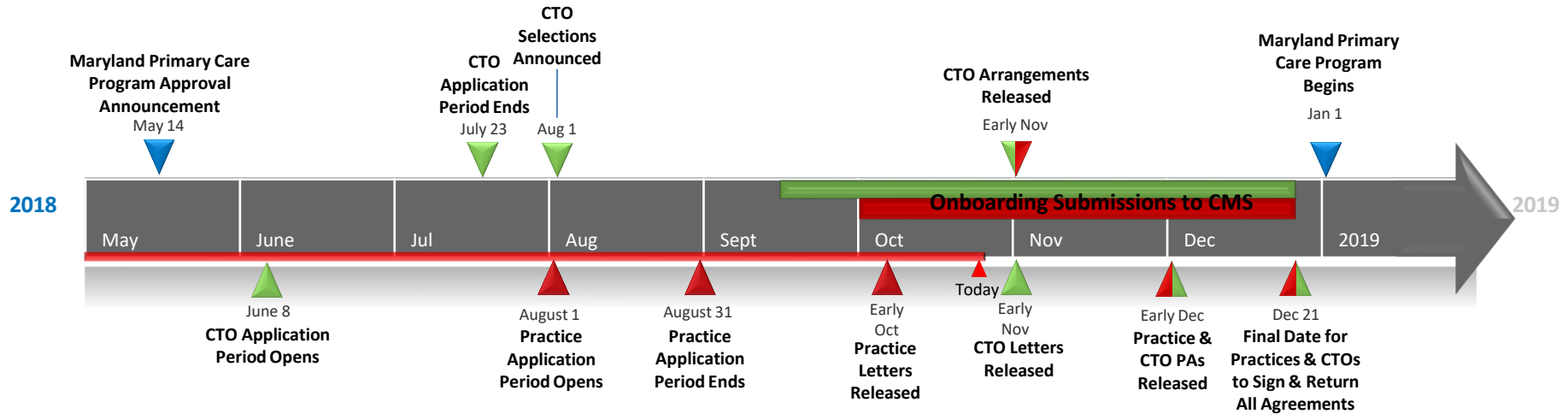
- Strengthen Primary Care in Maryland
- **Provide the best quality health for all Marylanders**
- **Shift from an ever increasing volume demand to rewards for value based care**
- **Avoid unnecessary emergency department and hospital visits**
- Show the nation that Maryland can be the leader in healthcare

“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



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Practice Documents & Participation

October Release:

- Due Friday, October 19:
 - CMS-588 Form
 - CTO Payment Option Selection Form A
 - CPCP Option Selection for Track 2 Practices Form B
- Participation contingent on:
 - Program integrity screening and other requirements
 - Attribution of minimum 125 Medicare FFS beneficiaries
 - Completion of all required documents before deadlines

Practice Documents & Participation

November Release:

- CTO Arrangement
- CRISP Participation Agreement Follow-up
 - ~50 practices still need to sign before Jan 1
 - CRISP will contact Practices

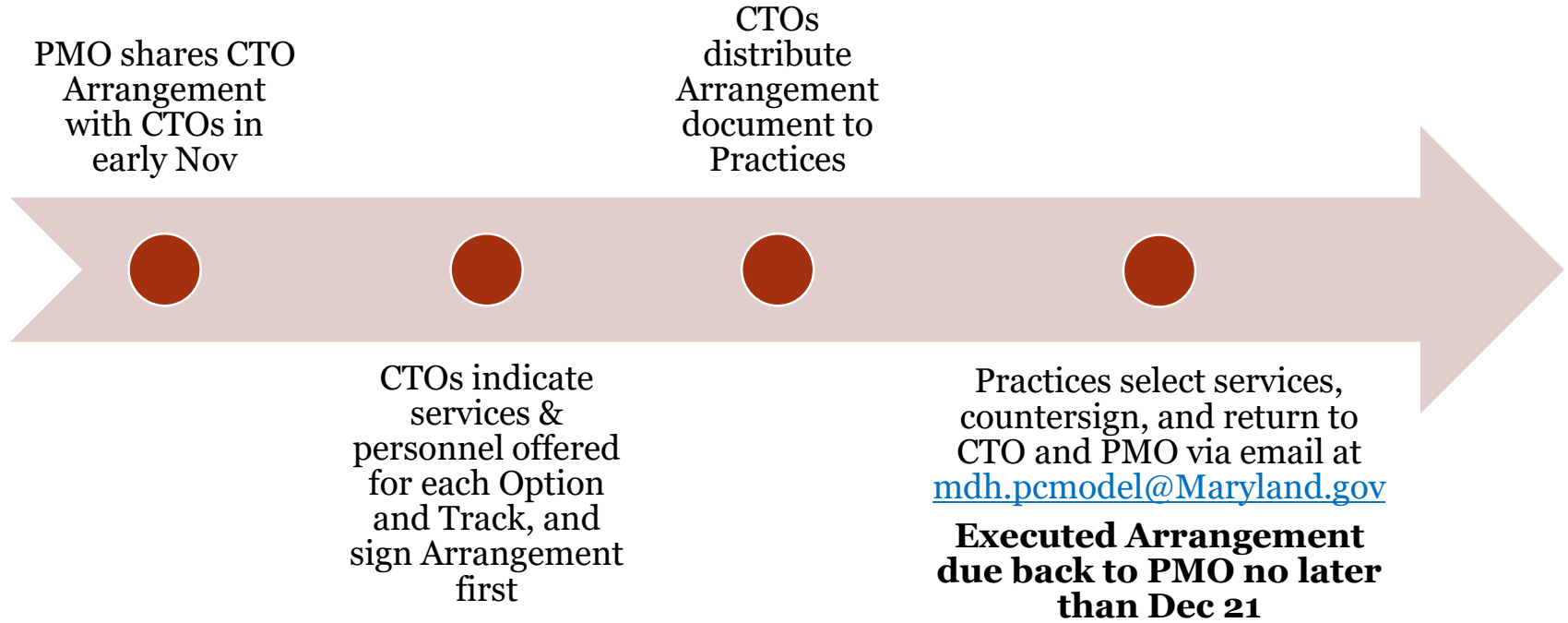
December Release:

- Practice Participation Agreement (PA) with CMS
 - Practice Participation Agreement with CMS
 - Data Worksheet
- Registration for data access
 - Registration for Enterprise Policy Privacy Engine (EPPE)
 - Registration for Enterprise Identity Management (EIDM) Account
 - Register in December, Access in January
- *Final deadline to return PA to CMS: Friday, December 21*

CTO Arrangement Document

1. Arrangement document for each practice and their CTO:
Defines and confirms relationship based on practice Option selection
 2. Appendix A: Details the services offered by the CTO to all partner practices based on Option and Track
 3. Appendix B: CTOs & Practices also complete BAA for data sharing
- CMMI requires these are in place and may inspect

CTO Arrangement Process



Thank you!



Updates and More Information:

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

Questions: email MarylandModel@cms.hhs.gov