Getting Ready for the Maryland Primary Care Program:
Social Determinants of Health
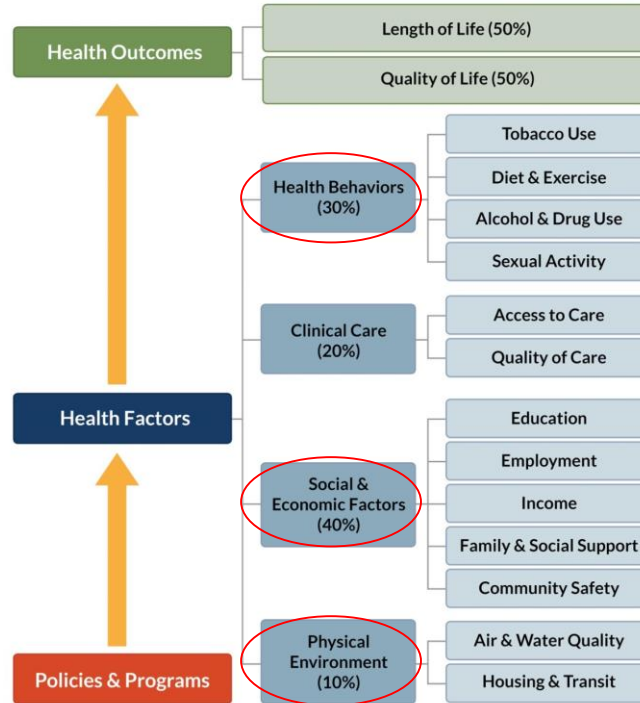
Program Update

Program Management Office

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Population Health Model
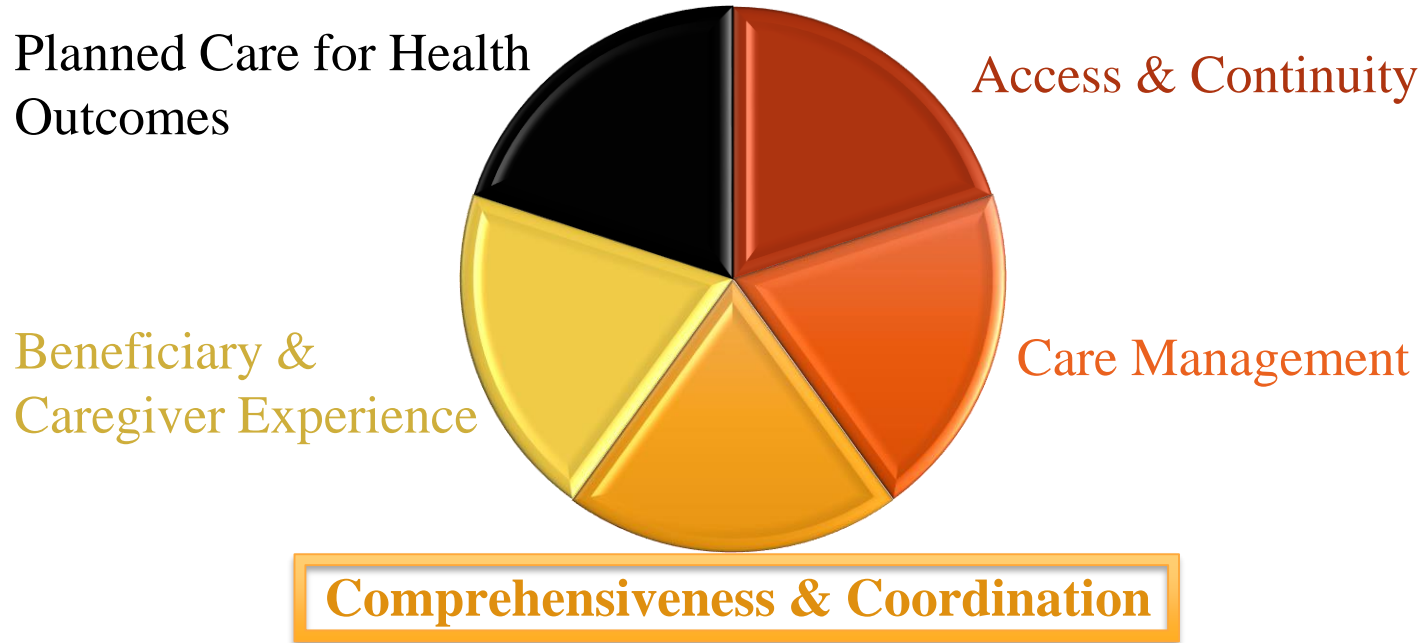
Where we spend and where we need to focus

Requirements: Primary Care Functions

Five advanced primary care functions:

Planned Care for Health Outcomes

Access & Continuity

Beneficiary & Caregiver Experience

Care Management

Comprehensiveness & Coordination

3

Comprehensiveness & Coordination

Track One

- Coordinate referrals with high volume/cost specialists serving population

- Integrate behavioral health

Track Two (all of the above, plus)

- Facilitate access to community resources and supports for social needs

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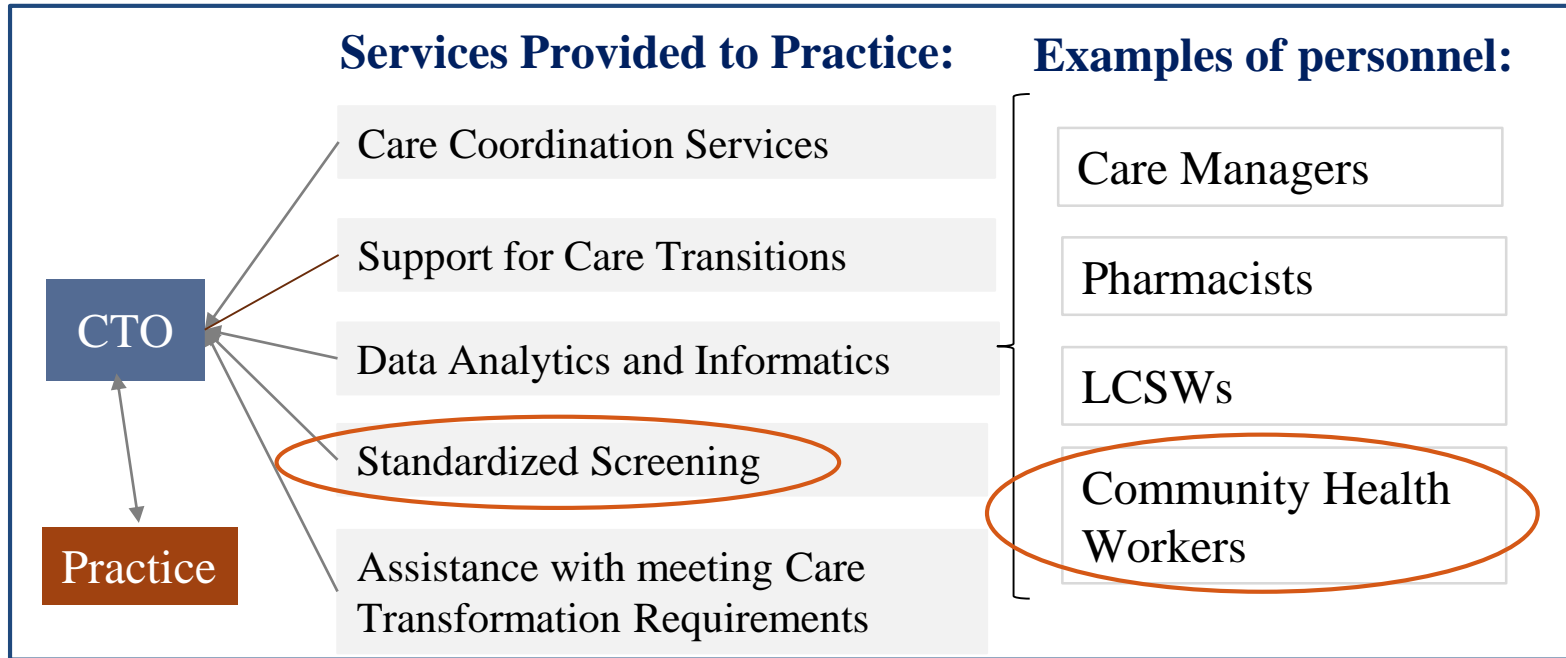
Social Needs Requirements

- Track 2 Practices will be required to:
  - Complete an assessment of their attributed beneficiaries' health-related social needs
  - Conduct an inventory of resources and supports in the community to meet those needs
- Track 2 Practices are encouraged to utilize the health-related social needs screening tool developed for the CMS' Accountable Health Communities Model
- Track 1 Practices encouraged to implement screening and referrals process

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CTO Assistance on Social Needs

- The CTO's interdisciplinary care management team may assist in performing this risk stratification and screening

- CTO team may also refer attributed Medicare beneficiaries to community social service organizations, at the direction of a practitioner from the partner Participant Practice.

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Care Transformation Organization (CTO)

On request – assisting the practice in meeting care transformation requirements

Services Provided to Practice:

Examples of personnel:

CTO

Practice

Care Coordination Services

Support for Care Transitions

Data Analytics and Informatics

Standardized Screening

Assistance with meeting Care Transformation Requirements

Care Managers

Pharmacists

LCSWs

Community Health Workers

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Social Determinants of Health

Screening Tools Examples

- CMS Accountable Health Communities' [Health-Related Social Needs Screening Tool(innovation.cms.gov)](#)
  - AHC-HRSN can be self-administered or administered by clinical or nonclinical staff.
  - 10 core questions
- American Academy of Family Physicians tool
  - The [short-form(bit.ly)](#) includes 11 questions.
- [PRAPARE Toolkit, Chapter 9](#):
  - The National Association of Community Health Centers' [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences tool(www.nachc.org)](#)
  - (PRAPARE) includes 15 core questions and 5 supplemental questions.
- UCSF Comparison of Tools
  - [SIREN – Screening Tools Comparison](#)

MDH does not endorse any of these tools.

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Directories and Other Resources

- Existing directories that lists where beneficiaries can get social needs support (by zip-code) include:
  - United Way 211
  - Aunt Bertha
  - Your E.H.R.
  - Maryland Access Point (MAP)
- Practice-developed directory

MDH does not endorse any of these tools.

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Payment Incentives for Social Needs ———

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)

- Quality and Utilization measures
- Measures are directly impacted by social needs
- Track performance including patient satisfaction
- Timing: Paid prospectively on an annual basis, subject to repayment

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Long-term vision for MDPCP and Social Needs

- Data and Tools in development
  - Enterprise screening tool and resource directory for MDPCP practices
  - Additional social data provided via CRISP reports (e.g., ADI)
  - Risk Stratification
  - Enterprise predictive risk score for beneficiaries that includes social data

- Workflow Changes
  - Practices incorporate knowledge and social data into stratification
  - Health Risk Assessment (HRA)
  - Annual Wellness Visits
  - Demographic data, self-assessment of health status, psychosocial and behavioral risks, and activities of daily living

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Practice Vetting in Progress

- Participation contingent on vetting and document submission:
  1. Vetting
     - Program integrity screening
     - Attribution
       - Minimum 125 Medicare FFS beneficiaries
       - Primary Care Taxonomy
     - Completion of vetting expected early December

  2. Document Submission – **Final deadline December 21**

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Practice Documents & Participation

November Release:
- CTO Arrangement (for CTOs)
- CRISP Participation Agreement Follow-up

December Release:
- CTO Arrangement (for Practices)
- Practice Participation Agreement (PA) with CMS
  - Practice Participation Agreement
  - 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 and Arrangement: Friday, December 21*

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CTO Arrangement

Practices select services, countersign, and return to CTO and MDH-PMO via email at mdh.pcmodel@Maryland.gov by Dec. 21

Terms
- 2 pages
- Defines and confirms relationship based on practice Option selection
  - Effective Jan 1
  - Renews Annually Unless Terminated
  - Care Management Fee Split
  - Lead Care Manager
  - Data Sharing
  - Termination & Notification

Appendix A
- Details the services & staff offered by the CTO to all partner practices based on Option and Track
- Practices initial beside services they want to select
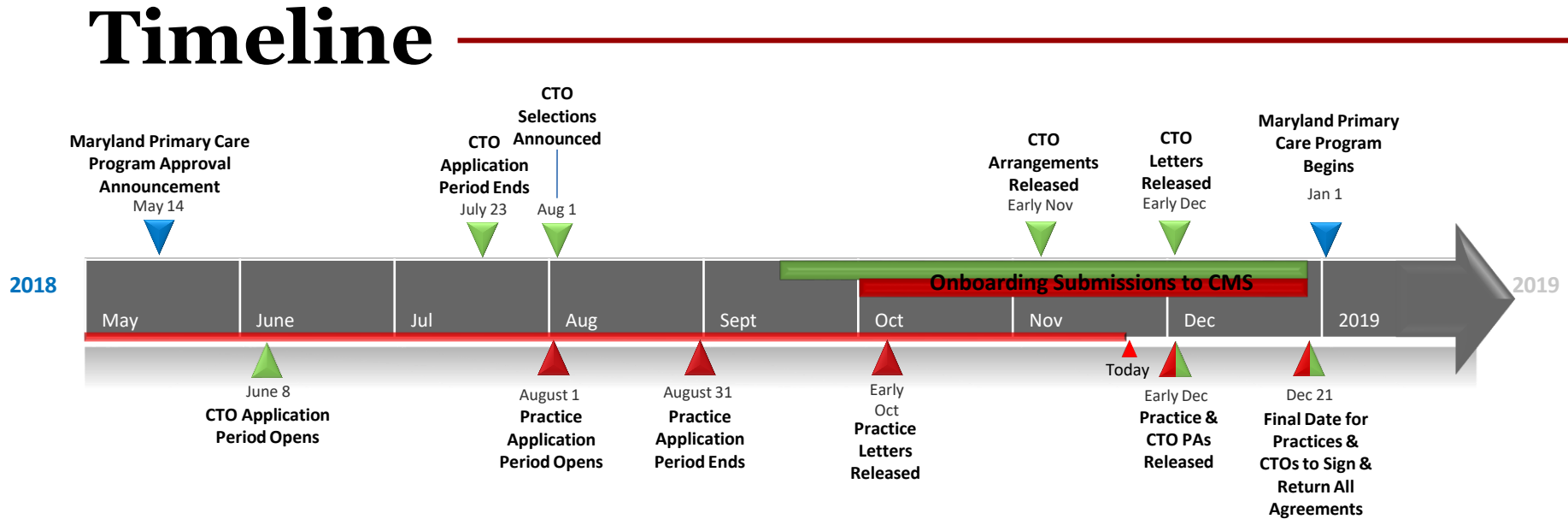
Appendix B
- Business Associate Agreement (BAA)
- Allows the CTO to have access via CRISP to quality and utilization reports available to the Practice
- Practice is the Covered Entity; CTO is the Business Associate
- May be originated by either Practice or CTO
- May attach existing BAA, if applicable

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Participation Agreement Highlights

- Key highlights from PA:
  - Term: 2019-2026 (entire program)
  - Direct agreement with CMS
  - Termination: Practice may exit program with proper notice
  - Access to claims and other data allowed through PA
  - Required to notify beneficiaries of practices' participation
  - Finalizes payment terms
  - Outlines all financial and performance reporting requirements
- PA is non-negotiable!

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Timeline

Timeline

CTO Selections Announced
Aug 1

Maryland Primary Care Program Approval Announcement
May 14

CTO Application Period Ends
July 23

CTO Arrangements Released
Early Nov

CTO Letters Released
Early Dec

Maryland Primary Care Program Begins
Jan 1

2018

| May | June | Jul | Aug | Sept | Oct | Nov | Dec | 2019 |

Onboarding Submissions to CMS

2019

June 8
CTO Application Period Opens

August 1
Practice Application Period Opens

August 31
Practice Application Period Ends

Early Oct
Practice Letters Released

Today

Early Dec
Practice & CTO PAs Released

Dec 21
Final Date for Practices & CTOs to Sign & Return All Agreements

Key
CTO Action
Practice Action
Program Milestone

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

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Thank you!

Updates and More Information:

https://health.maryland.gov/MDPCP

Questions: email MarylandModel@cms.hhs.gov

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