Maryland Primary Care Program Practice Application

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The Maryland Primary Care Program (MDPCP) is accepting applications from individual primary care practice sites geographically located in the State. For purposes of the MDPCP, a practice is a group of one or more physicians, non-physician practitioners, or combination thereof that bills certain primary care services under a single Medicare-enrolled TIN at a single practice site location. A practice owned by an individual(s) other than the practitioners who practice at the practice, or by a separate entity or healthcare organization must complete its own application, but the owner of the practice must sign the MDPCP Practice Participation Agreement with CMS.

Practices interested in applying to MDPCP should review the Request for Application (RFA) to learn about the design and specific requirements of the program, and to determine which program track best suits the applying practice. To be eligible to participate in the MDPCP, a practice must submit a letter executed by both the practice and a CRISP representative certifying applicant's connectivity to CRISP and/or the commitment to achieving connectivity and use of CRISP services by the beginning of the MDPCP performance year.

Track 1 of MDPCP targets practices poised to deliver the five primary care functions, detailed in Care Delivery Design Section of the MDPCP RFA. Track 2 of MDPCP targets practices proficient in comprehensive primary care that are prepared to increase the depth, breadth, and scope of medical care delivered to their patients, particularly those with complex needs. In addition, Track 2 practices must also be able to receive partial capitation payments, and they are required to use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts.

Practices applying to MDPCP must answer all application questions. CMS will consider the applicant practice's Track preference, but will assign practices to either Track 1 or 2 based on responses to this application. Please note that all participating practices must be in Track 2 by the end of their third year in the program. CMS reserves the right to seek additional information from MDPCP applicants after the application period closes.

Questions about the MDPCP Application should be directed to MarylandModel@cms.hhs.gov. CMS may publicly share questions or responses, compile them into a Frequently Asked Questions compendium to ensure that all interested practices and CTOs have access to information regarding MDPCP.

CMS will safeguard the information provided in accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a). For more information, please see the CMS Privacy Policy at https://www.cms.gov/AboutWebsite/02_Privacy-Policy.asp.

Helpful Links

Glossary
CTO Comparison Tool
User Manual

Preliminary Questions

1. As of January 1, 2021, will your practice be a:
    a. Concierge practice? (Yes/No)
    b. Rural Health Clinic? (Yes/No)
    c. Critical Access Hospital (CAH)? (Yes/No)
    d. Medicaid approved Health Home provider? (Yes/No) (https://mmcp.health.maryland.gov/Pages/Health-Homes.aspx)

When Yes is selected for Questions a:

Concierge practices, Rural Health Clinics, Critical Access Hospitals (CAHs), and Medicaid approved Health Home providers are not eligible for the MDPCP program. If your practice falls into one of these categories currently and will continue to do so after January 1, 2021, your practice will be automatically deemed ineligible to participate.

If any of these criteria will apply to you, you can click “Exit Application”.

If your practice is otherwise eligible but employs a clinician who provides concierge services, that clinician will be excluded from participation in MDPCP and the practice’s continued eligibility for MDPCP will be based on the remaining clinicians.

If Yes is selected:
Please explain the legal actions, investigations, prosecutions, and/or settlements; the agency involved; and the resolution, if any. (Up to 2000 characters)

When Yes is selected for Question b, c & d:
Concierge practices, Rural Health Clinics, Critical Access Hospitals (CAHs), and Medicaid approved Health Home providers are not eligible for the MDPCP program. If your practice falls into one of these categories currently and will continue to do so after January 1, 2021, your practice will be automatically deemed ineligible to participate.

If any of these criteria will apply to you, you can click “Exit Application”.

2. To the best of your knowledge, has your practice or anyone employed in your practice had a final adverse legal action (as defined on page 12 of the Medicare Enrollment Application for Physicians and Non-Physician Practitioners, CMS-855i) or been the subject of an investigation by, prosecution by, or settlement with the Health and Human Services Office of the Inspector General, U.S. Department of Justice, or any other Federal or State enforcement agency in the last five years relating to allegations of failure to comply with applicable Medicare or Medicaid billing rules, the Anti-Kickback Statute, the physician self-referral prohibition, or any other applicable fraud and abuse laws? Failure to disclose this information could be grounds for application denial or immediate termination from the initiative. (Yes/No)

If Yes is selected:

Please explain the legal actions, investigations, prosecutions, and/or settlements; the agency involved; and the resolution, if any. (Up to 2000 characters)

3. Will your practice be using 2015 (or later) certified EHR technology (CEHRT) by January 1, 2021? (Yes/No)

If Yes is selected:
Provide CMS EHR Certification ID. If you do not know what your CMS EHR Certification ID is, more information can be found here. The user guide to the site can be found here.

If No is selected:
Practices must use 2015 (or later) certified EHR technology (CEHRT) by the time the performance year begins. If your practice will not have this CEHRT in place before January 1, 2021, you may click "Exit Application."

General Questions

This section focuses on background information about your practice. Information in this section will be used to determine whether your practice meets the baseline eligibility criteria for participation in MDPCP. If a practice is accepted to participate in MDPCP and CMS later learns that answers to the questions in this section have changed or are no longer accurate, CMS reserves the right to terminate the practice's participation in the program immediately.

Please reference the RFA (link) for specific program requirements.

1. Will your practice be participating in any of the Medicare or other initiatives below as of January 1, 2021? Please select all that apply.
    - Transformation Clinical Practice Initiative (TCPi) – participation in learning activities
    - TCPi – participation as part of a Practice Transformation Network or Support and Alignment Network
    - Accountable Health Communities
    - Advance Payment ACO Model
    - Million Hearts Model
    - Next Generation ACO Model
    - ACO Investment Model (AIM)
    - Other CMS shared savings program (ex: MSSP)
    - Other non-Medicare PCMH model
    - None of the above
2. Practice Identification:

Note: The 'Practice Site' name is your entity's legal name. If you use a different name for doing business, please enter it as your 'DBA' name.

i. Practice Site Legal Name
ii. Practice Site Name Doing Business As (DBA) if different than Legal Name
iii. Street Address 1
iv. Street Address 2

v. City
vi. State
vii. Zip Code
viii. Practice Site Phone Number
ix. Practice Site Fax Number
x. Website (if applicable)

2b. Is the Practice billing address same as the above address?
i. Organization Site Legal Name
ii. Organization Site Name "doing business as" if different than the Legal Name
iii. Street Address 1
iv. Street Address 2
v. City
vi. State
vii. Zip Code
viii. Organization Site Phone Number
ix. Organization Site Fax Number
x. Website (if applicable)

3. CMS will assign practices to Track 1 or 2 based on responses to this application. CMS will consider the preference for a practice to start the program in Track 1 or Track 2. All practices must meet the Track 2 requirements by the end of their third year of participation in the program. Please indicate your track preference below.
    - Track 1
    - Track 2

4. Describe the current legal structure of your organization.
- For profit corporation
- Non-profit 501(c)(3)

Practice Structure and Ownership

This section asks questions about the organizational structure and ownership of your practice. If you have a question about practice structure that is not addressed in the Request for Applications (RFA) or in the Application Instructions, please contact CMS at MarylandModel@cms.hhs.gov.

- Is your practice owned by another health care organization, such as a group practice, hospital or health system?
    - Yes
    - No
- Does your practice use more than one billing TIN?
    - Yes
    - No
    - Unknown
- Please provide your Practice's Organizational NPI (Do not provide an NPI for an individual provider).

- Please provide your Organization's Medicare Provider number.
    - a. Indicate if this is a CCN or PTAN?
    - b: Indicate if it is an FQHC? (Note that FQHCs are required to provide a CCN in order to participate in MDPCP).
- Please specify whether this is your primary billing TIN to be used for MDPCP or if it's a TIN that you have used to bill Medicare within the last 3 years (Enter only 1 primary TIN for use in MDPCP).
    - Add a New TIN

When adding TIN:

- TIN
- Re-type TIN
- Please specify whether this is your primary billing TIN to be used for MDPCP or if it is a TIN that you have used to bill Medicare within the last 3 years. Primary TIN for use in MDPCD.
    - Primary TIN for using in MDPCP
    - Used within last 3 years

If any of the options selected above, the following question displays:

Please specify whether this TIN is an Employer Identification Number (EIN) or Social Security Number (SSN).

- Employer Identification Number (EIN)
- Social Security Number (SSN)

Contacts

- Applicant Contacts
- Organization Contact
- Designated Contact

Clinician and Staff Information

This section asks questions about the clinicians in your practice. Unless otherwise indicated, please answer only for the primary care clinicians that will be participating in MDPCP.

1. What is the total number of Individual Physicians (MD or DO), Nurse Practitioners (NPs), Physician Assistants (PAs), and Clinical Nurse Specialists (CNSs) who provide patient care at your practice and practice under their own National Provider ID (NPI)? Please include all full-time and part-time clinician staff, regardless of their practice specialty.
    - Fill in Number of Physicians
    - Fill in Number of NPs
    - Fill in Number of Pas
    - Fill in Number of CNSs

2. For purposes of the MDPCP program, a primary care clinician is defined as a Physician (MD or DO), Nurse Practitioner (NP), Physician Assistant (PA), or Clinical Nurse Specialist (CNS) who has a primary specialty designation of Internal Medicine, General

Practice, Geriatric Medicine, Family Medicine, Pediatric Medicine, Nurse Practitioner, OB/GYN, and Psychiatry. Of the total individual clinicians who provide patient care at your practice site, how many are primary care clinicians? Please include full-time and part-time staff.

- Fill in Number of Physicians
- Fill in Number of NPs
- Fill in Number of Pas
- Fill in Number of CNSs

3. For each primary care clinician in your practice that would participate in the program, please provide the following information:
    - Add Primary Care Clinician

On Clinicians Information window:

- a. Clinician Information
    - Last Name
    - First Name
    - Middle Name
- **b. National Practitioner ID (NPI)**
- **c. Maryland Board of Physicians License Number**
- **d. Clinician Type**
    - **Physician (MD or DO)**
    - **Clinical Nurse Specialist or Nurse Practitioner**
    - **Physician Assistant**
- **e. Specialty**
    - **01 General Practice**
    - **08 Family Medicine**
    - **11 Internal Medicine**
    - **16 Obstetrics and Gynecology**
    - **26 Psychiatry**
    - **37 Pediatric Medicine**
    - **38 Geriatric Medicine**
    - **50 Nurse Practitioner**
    - **89 Clinical Nurse Specialist**
    - 97 Physician Assistant
- **f. Is this Clinician board certified in this specialty?**
- **g. If applicable, is the clinician current with maintenance of certification?**
- **h. This clinician works at the practice:**

Practice Activities

This section asks about the various activities that occur at your practice, including types of care provided, teaching and training, and certifications that your practice may have.

1. Which statement best characterizes your practice (select all that apply):
    - The practice is a single-specialty primary care practice.
    - The practice is a primary care practice with other integrated clinicians, or a multi-specialty practice.

- The practice participates in other lines of business besides primary care, such as urgent care on weekends and/or physical exams for an insurance company.

2. Is your practice engaged in training future clinicians and staff?
    - Yes
    - No
    - Unknown
3. Does your practice have a recognition as a "Medical Home"?
    - Yes
    - No

If Yes is selected:
3a. Please select all organizations through which your practice has achieved Medical Home recognition:

- National Committee for Quality Assurance (NCQA-PCMH)
- The Joint Commission (TJC), previously known as Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Accreditation Association for Ambulatory Healthcare (AAAHC-Triple A)
- Utilization Review Accreditation Commission (URAC)
- State-based Recognition Program
- Insurance Plan-based Recognition Program
- Other

Health Information Technology

This section asks questions about the Health Information Technology (Health IT) capabilities of your practice.

1. Please provide the following information regarding the primary EHR system used by your practice site, as well as any additional Health IT tools that your practice uses:
    - New Health IT Vendor

2. Please indicate your current level of interaction with CRISP.

a. Do not participate but will sign a participation agreement and actively use CRISP beginning no later than Jan 1, 2021

b. Participate with CRISP with limited use of CRISP services

c. Participate with CRISP and use advanced primary care CRISP services like Encounter Notification Service (ENS) and Care Alerts

Care Delivery

The following questions gather information about your practice site's delivery of primary care. Your answers to these questions will also help determine whether your practice will be assigned to Track 1 or Track 2 of MDPCP. Please answer the following questions based on the current activities at your practice site:

Care Management

1. Patients
- are not assigned to specific clinician panels.
- are assigned to specific clinician panels and panel assignments are not routinely used by the practice for administrative or other purposes.
- are assigned to specific clinician panels and panel assignments are routinely used by the practice mainly for scheduling purposes.
- are assigned to specific clinician panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.

2. Non-physician practice team members
- play a limited role in providing clinical care.
- are primarily tasked with managing patient flow and triage.
- provide some clinical services such as assessment or self-management support.
- perform key clinical service roles that match their abilities and credentials.

3. The care managers used by our practice for managing the care for patients
- does not apply.
- are employed by another organization and located externally.
- are employed by another organization and located internally.
- are employed by our practice and located internally.

4. Care Plans
- are not developed or recorded.
- are developed and recorded but reflect clinicians' priorities only.
- are developed collaboratively with patients and families and include self-management and clinical goals.
- are developed collaboratively, include self-management and clinical management goals, are routinely recorded, and guide care at every subsequent point of service.

5. A standard method or tool(s) to stratify patients by risk level
- is not available.
- is available and not consistently used to stratify all patients.
- is available and is consistently used to stratify all patients and is inconsistently integrated into all aspects of care delivery.
- is available, consistently used to stratify all patients, and is integrated into all aspects of care delivery.

6. Follow-up by the practice with patients seen in the Emergency Department (ED) or hospital
- generally does not occur.
- occurs only if the ED or hospital alerts the primary care practice.
- occurs because the primary care practice makes proactive efforts to identify patients.

- is done routinely because the primary care practice has arrangements in place with the ED and hospital to both track these patients and ensure that follow-up is completed within a few days.

7. Would you be able to implement a risk-stratification process?
- Yes
- No

8. Would you be able to implement collaborative care agreements with at least two groups of specialists?
- Yes
- No

9. Do you have the ability to integrate behavioral health into care based on one of the options below?

Option 1: Care Management for Mental Illness Individuals with the identified mental health condition should be offered proactive, relationship-based care management (CM), with specific attention to care management of the mental health condition (e.g., Major Depressive Disorder/Dysthymia, Generalized Anxiety Disorder, and Panic Disorder). Practices that develop their capabilities to deliver care management for mental illness will:

- Select mental health condition(s) to prioritize and method to identify patients to target for care management. Targeted patients should be higher severity or more complex (e.g., MDD and DM2 with poor glycemic control).
- Identify or develop stepped care, evidence-based, treatment algorithms for mental health condition(s) identified for care management, incorporating principles of shared decision making and self-management support.
- Develop a workflow for screening, enrollment in integrated care services, tracking, and communicating with patients.
- Identify a clinician or team member (e.g., RN or BH specialist) who will provide care management and ensure training to support stepped care approach.

Option 2: Primary Care Behaviorist Program (PC Behaviorist)
The PC Behaviorist program integrates BH into the PC workflow through warm handoffs to a co-located BH professional to address mental illness in the primary care setting and behavioral strategies for management of chronic general medical illnesses, and facilitate specialty care engagement for serious mental illness. Practices that develop their capabilities to deliver the primary care behaviorist program will:

- Select mental health condition(s) to prioritize and method to identify patients to target for referral to the primary care behaviorist. Targeted patients should be higher severity or more complex (e.g., MDD and DM2 with poor glycemic control).
- Identify a credentialed BH provider (e.g., psychologist, social worker) trained in the primary behaviorist program of co-located care.
- Identify space in the primary care practice for the BH provider; test and implement a method for engaging BH services.
- Develop a workflow to integrate referrals (warm hand-offs) to the BH specialist.

- Yes
- No

10. Do you have the ability to characterize needs of sub-populations for high-risk patients, identify practice capability to meet those needs, and ensure needs are longitudinally met?
- Yes
- No

11. Would you be able to implement collaborative care agreements with at least two public health organizations based on patient's psychosocial needs, as appropriate?
- Yes
- No

12. Would you be able to convene a Patient-Family Advisory Council (PFAC) at least twice per year and integrate recommendations into care, as appropriate?
- Yes
- No

13. Would you be able to implement self-management support for at least three high risk conditions?
- Yes
- No

14. Linking patients to supportive community-based resources
- is not done systematically.
- is limited to providing patients a list of identified community resources in an accessible format.
- is accomplished through a designated staff person or resource responsible for connecting patients with community resources.
- is accomplished through active coordination between the health system, community service agencies, and patients and accomplished by a designated staff person.

15. Indicate how you identify beneficiaries for episodic care management. This refers to short-term, goal-directed care management for beneficiaries who are not already in longitudinal care management as a result of their risk status. (Select all that apply)
- We do not identify beneficiaries for episodic care management
- Practitioner or care team referral
- Hospital admission or discharge
- ED visit
- Skilled Nursing Facility (SNF) admission or discharge
- New health condition (e.g., cancer diagnosis, accident, chronic condition)
- New clinical instability in a chronic condition, including change in medications
- Life event (e.g., death of spouse, financial loss)
- Initiation or stabilization on a high risk medication (e.g., anticoagulants)
- Other

16. Do you offer coordinated referral management for high-volume or high-cost specialists and health care organizations?
- Yes
- No

Access

17. Patient after-hours access (24 hours, 7 days a week) to a physician, PA/NP, or nurse
- is not available or limited to an answering machine.

- is available from a coverage arrangement (e.g., answering service) that does not offer a standardized communication protocol back to the practice for urgent problems.
- is provided by a coverage arrangement (e.g., answering service) that shares necessary patient data with and provides a summary to the practice.
- is available via the patient's choice of email or phone directly with the practice team or a clinician who has real-time access to the patient's electronic medical record.

18. Does your practice regularly offer at least one alternative to traditional office visits to increase access to care team and clinicians in a way that best meets the needs of the population, such as telemedicine, phone visits, group visits, home visits, alternate location visits (e.g., senior centers and assisted living centers), and/or expanded hours in early mornings, evenings, and weekends?

- Yes
- No

19. Does the practice provide Tele-Health services?

- Yes
- No

Quality Improvement

20. Quality improvement activities

- are not organized or supported consistently.
- are conducted on an ad hoc basis in reaction to specific problems.
- are based on a proven improvement strategy in reaction to specific problems.
- are based on a proven improvement strategy and used continuously in meeting organizational goals.

21. Staff, resources, and time for quality improvement activities

- are not readily available in the practice.
- are occasionally available but are limited in scope (due to some deficiencies in staff, resources, or time).
- are generally available and usually at the level needed.
- are all fully available in the practice.

Care Transformation Organization

1. If the practice intends to partner with a Care Transformation Organization (CTO), please provide your first and second choice below.

- Primary CTO
- Secondary CTO

Letter of Support

Practices will need to submit several letters of support with their application:

1. Letter of support from clinical leadership:
   Skilled leaders with high levels of emotional engagement and intellectual commitment are essential for successful cultural changes that drive improvements

toward better care, smarter spending, and healthier people. In addition to answering all questions in the application and providing any required supporting documentation, all practices applying to participate in the MDPCP must attach a letter of support from at least one physician, leader in the practice.

This letter shall describe how the physician intends to engage with the care team(s) to provide ongoing leadership in support of MDPCP. The letter shall also define the planned time commitment and briefly describe ongoing strategies to share and address results, challenges, progress, and successes with practice staff and the patient community. This letter shall be no more than one page.

- Upload Letter of Support

2. Letter of support from parent of owner organization:
   If your practice is owned by a person, entity, or organization OTHER than a clinical or other leader that works in the practice site, your practice must attach a letter of support from the parent/owner committing to segregate funds that are paid in conjunction with MDPCP, and assuring that all funds flowing through this initiative will be used for infrastructure and/or salaries in the participating practice. The letter of support must also demonstrate a commitment to compensate the clinicians and staff in practices participating in Track 2 of MDPCP in a manner that rewards quality of care, not just patient visit volume, and is consistent with the Comprehensive Primary Care Payment.

- Upload Letter of Support

Certify and Submit

Below is a checklist detailing the documents that your practice is required to submit for consideration in MDPCP. Not all documents are required from all applicants. Some documents are specific to the Track for which an applicant is applying, and some are required only from practices with specific ownership organization. It is the responsibility of the applicant to ensure that you include all documents that are required for your specific circumstances. All documents must be signed, scanned, and uploaded to the application portal. Please retain the original, signed letters. If you have any questions about what your practice is required to submit, please contact CMS at MarylandModel@cms.hhs.gov.

- Completed Application
- Letter of support from your practice's clinical leader
- Letter of support from parent or owner of organization (if applicable)
- Letter executed by both the practice and CRISP certifying the applicant's connectivity to CRISP and/or the commitment to achieving connectivity and use of CRISP services.
- I have read the contents of this application and I certify that I am legally authorized to bind the practice. Upon submission of this application I certify to the best of my knowledge that all of the submitted information is true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission,

misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.