



## Maryland Primary Care Program (MDPCP)

### CTO Arrangement Instructions for PY 2022

#### Instructions for CTOs

Please complete the CTO-Practice Arrangement according to the instructions and process described below:

#### **Arrangement**

- **Main Section of Arrangement**
  - Each CTO should complete their portion of the CTO arrangement
  - Review pages 1 and 2, then complete and sign the CTO section on page 2.
    - Note: Practices will write in their name and select CMF split on page 1, and complete the Practice section on page 2.
- **Appendix A**
  - For reference only - no action required.
- **Appendix B**
  - Sign the last page of Appendix B on behalf of your CTO.
- **Appendix C**
  - Insert your organization's Business Associate Agreement (BAA), which should allow for sharing of patient-level data for the purposes of the program, as specified in the "Data Sharing and Privacy" Section of the Arrangement. The Program Management Office does not provide BAAs.
  - Complete and sign the BAA on behalf of your CTO.

#### **Distribution & Return Process**

- **Please wait to share the Arrangement until after you have received a final list of your partner practices.**
- Complete and sign the Arrangement and Appendices in the Word document as described above. Next, save the document as a PDF and send to each of your practices for completion and signature.
  - Note: We have provided Word versions of the Arrangement to facilitate completion of Appendices B & C. Please do not edit the legal language of the Arrangement on pages 1 & 2, Appendix A, nor Appendix B. Edited documents will be rejected.
- Share the Arrangement with each practice, along with instructions for the practice to sign and complete all relevant portions of the Arrangement. The PMO will also provide general instructions (see below).

- Instruct your practices to either:
  - Return the fully executed document to your CTO and the PMO (at [mdh.pcmoel@maryland.gov](mailto:mdh.pcmoel@maryland.gov) ) as soon as possible, but **no later than Friday, December 3rd**; or
  - Collect all completed Arrangements from your practices and **send to the PMO in bulk by Friday, December 3rd**. Please include each Arrangement as a separate PDF attachment and include the list of practice ID numbers that are included in each email.
- Retain copies of all Arrangements as required by the CMS Participation Agreements.

### Instructions for Practices

Please complete the CTO-Practice Arrangement according to the instructions and process described below:

#### **Arrangement**

- **Main Section of Arrangement**
  - Look for an email from your CTO containing a pre-filled version of the CTO-Practice Arrangement.
  - Review pages 1 and 2, then:
    - Write in your practice name at the top of page 1
    - Confirm your Care Management Fee (CMF) Split at the bottom of page 1.
      - Note: This must align with the information provided via the CTO & CMF Selection form in late August/early September. CMS will split payments according to the information that was previously submitted and NOT this Arrangement document.
    - Complete and sign the Practice section on page 2.
  - Signature should be completed by a member of Practice leadership who has signing authority on behalf of the Practice site, as determined by the practice.
- **Appendix A**
  - For reference only - no action required.
- **Appendix B**
  - Appendix B lists a variety of “packages” which define the services and staff types your CTO will provide to assist your practice with meeting the Care Transformation Requirements for the program.
  - Please review the package options and check the box next to the package option you wish to select.
  - Sign on the Practice signature line at the end of Appendix B.

- **Appendix C**

- Review the Business Associate Agreement (BAA) provided by your CTO, which will allow for sharing of patient-level data for the purposes of the program.
- Complete and sign the BAA on behalf of your Practice.

#### **Return Process**

- Ensure all Practice sections of the Arrangement are fully completed and signed, then scan and save as a PDF.
- Based on guidance provided by your CTO, either:
  - Return the executed document to your CTO per their instructions.
  - Return the fully executed document to your CTO and the Program Management Office (at [mdh.pcmode@maryland.gov](mailto:mdh.pcmode@maryland.gov) ) as soon as possible, but **no later than Friday, December 3rd**. Include your MDPCP ID and Practice Name in the subject line (e.g., T1MD1234, Practice Name)
- Retain a copy of the Arrangement as required by the CMS Participation Agreement.