Requirements: Primary Care Functions

Five advanced primary care functions:

Planned Care for Health Outcomes

Access & Continuity

Beneficiary & Caregiver Experience

Care Management

Comprehensiveness & Coordination

2

Patient Family Advisory Council (PFAC)

Representative Selection	→	Convene Council to Gather Suggestions	→	Incorporate Suggestions

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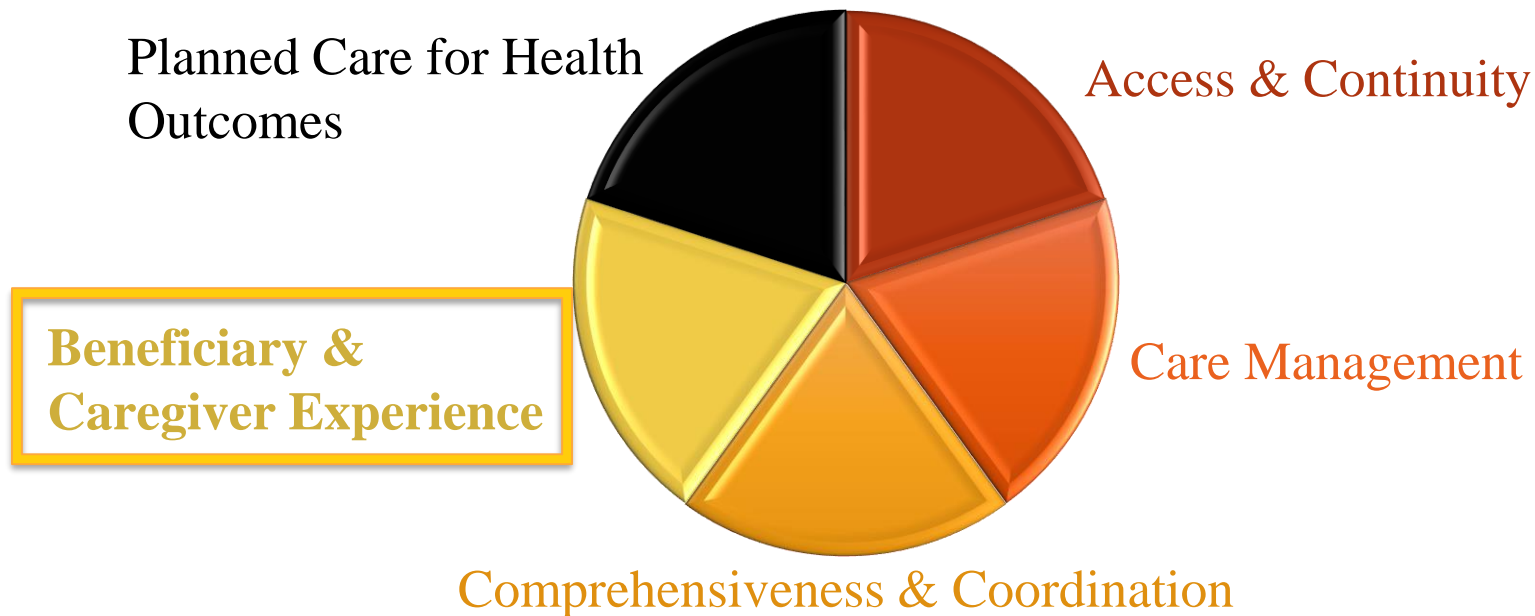
PFAC and Practice Quality Improvement

Practice	PFAC
Share practice priorities for improvement	Share patient priorities for improvement
Remain transparent	Maintain regular communication
Share data (outcomes data, etc.)	Share data (surveys, etc.)

Quality Improvement

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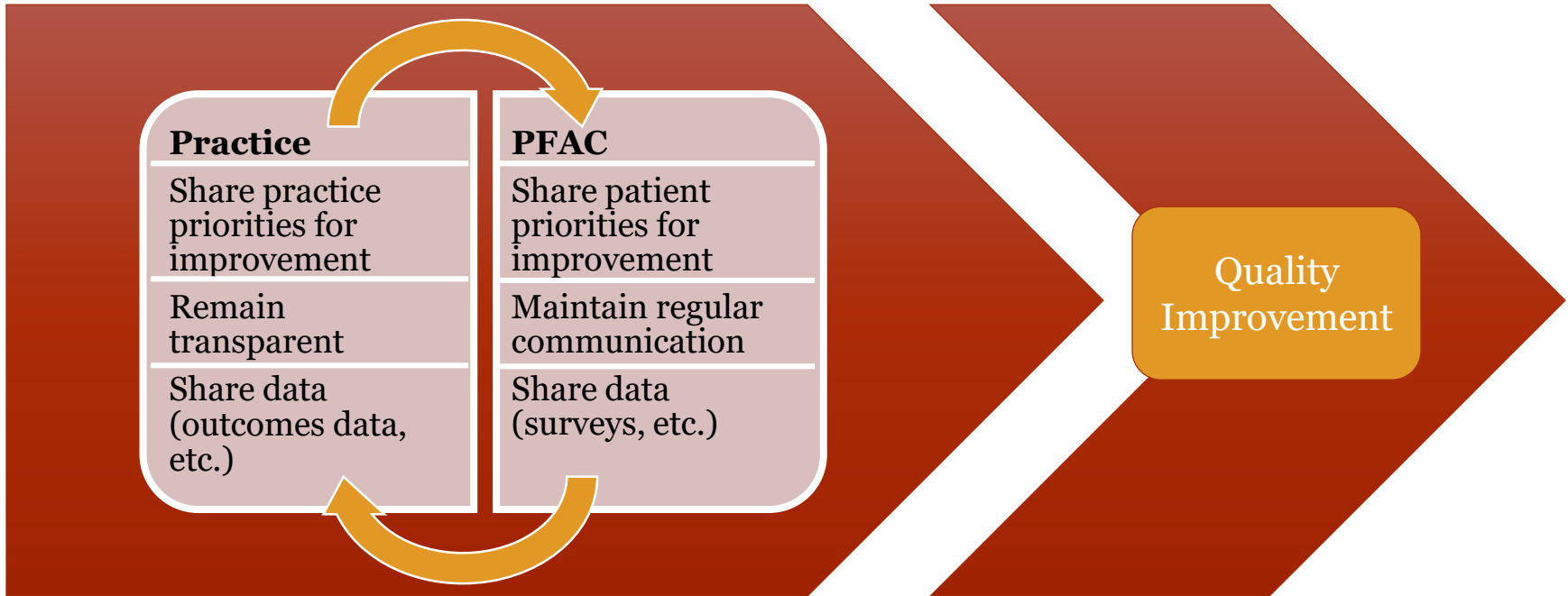
Advance Care Planning

Important Components Include:

| MOLST | Advance Directives- written/digital | Proxy |

★Should be implemented for all patients

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5

Integrate Self Management

Self-management should be used for:

High risk conditions

High frequency conditions

Examples: diabetes, asthma, COPD

6

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Shared Decision Making

Share decision making should be used in the following scenarios:

Serious conditions	Conditions with controversy	Request from patient

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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

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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

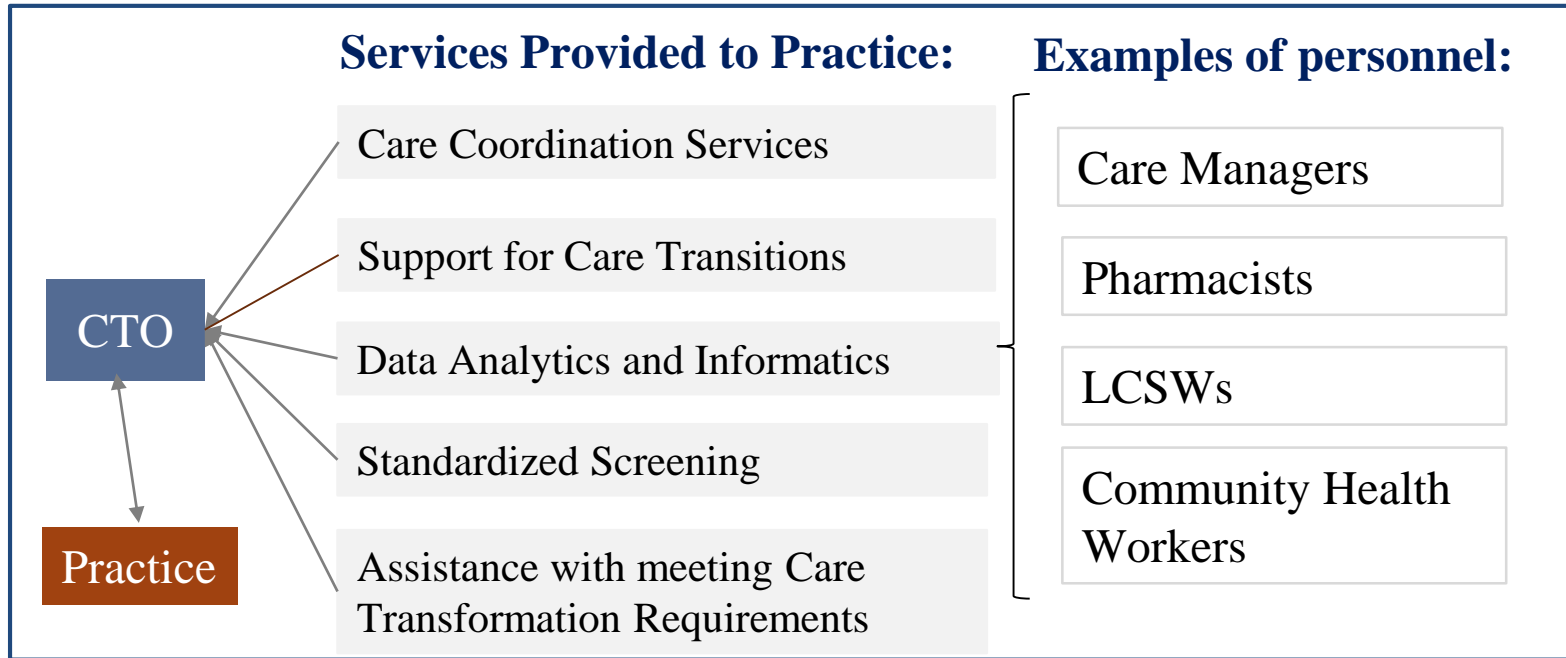### Comprehensive Primary Care Payment (CPCP)

- 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

9   *Potential for additional bonuses via AAPM Status under MACRA Law*

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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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Timeline

Timeline

Maryland Primary Care Program Approval Announcement
May 14

CTO Application Period Ends
July 23

CTO Selections Announced
Aug 1

CTO Arrangements Released
Early Nov

Maryland Primary Care Program Begins
Jan 1

Onboarding Submissions to CMS

2018

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

2019

Today

June 8
CTO Application Period Opens

August 1
Practice Application Period Opens

August 31
Practice Application Period Ends

Early Oct
Practice Letters Released

Late Oct
CTO Letters Released

Early Dec
Practice & CTO PAs Released

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

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

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Practice Documents & Participation

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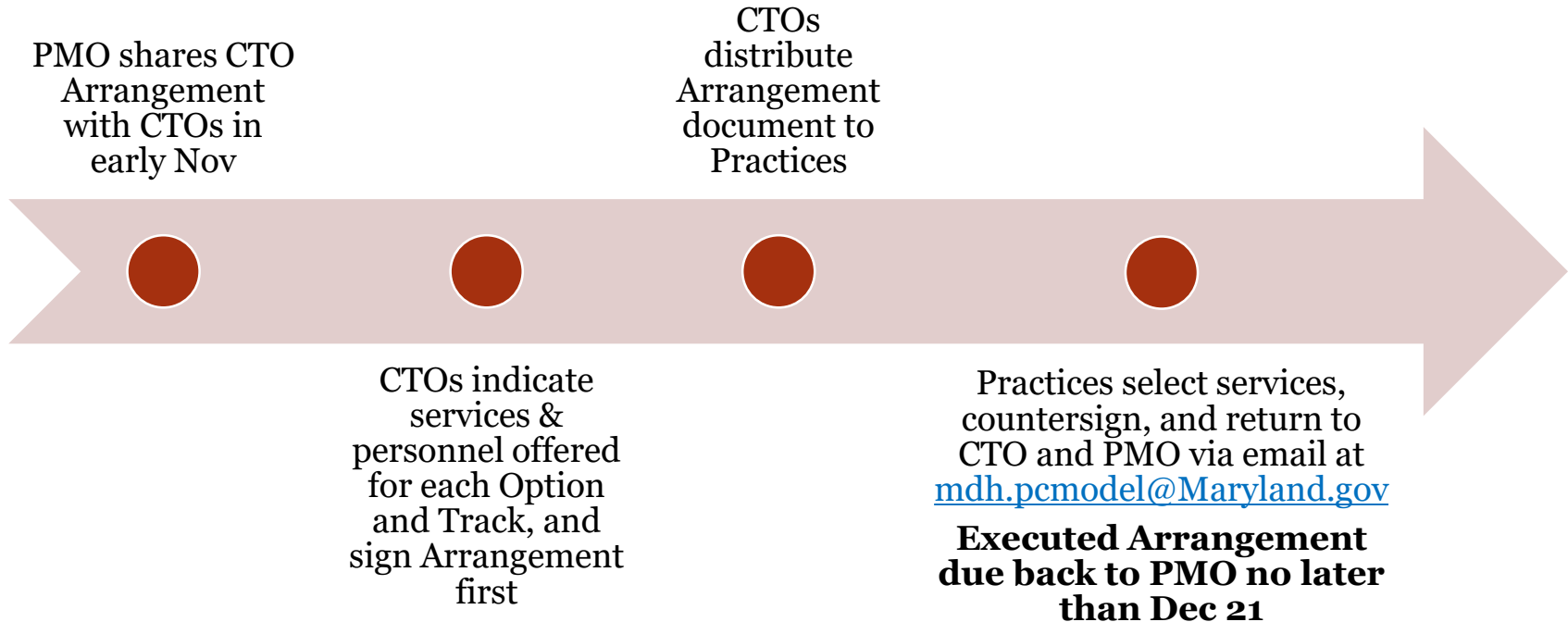 - CRISP will contact Practices

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*

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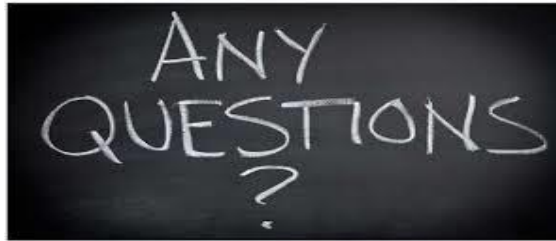
CTO Arrangement Document

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

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CTO Arrangement Process

PMO shares CTO Arrangement with CTOs in early Nov

CTOs distribute Arrangement document to Practices

CTOs indicate services & personnel offered for each Option and Track, and sign Arrangement first

Practices select services, countersign, and return to CTO and PMO via email at mdh.pcmodel@Maryland.gov

Executed Arrangement due back to PMO no later than Dec 21

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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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