MDPCP

MARYLAND PRIMARY CARE PROGRAM

Getting Started with the MDPCP Guide

December 31, 2019

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Welcome Letter

Hello Maryland Primary Care Practices and Care Transformation Organizations,

The Centers for Medicare & Medicaid Services (CMS) and the Maryland Primary Care Program (MDPCP) Program Management Office (PMO) are pleased to welcome you to MDPCP! We created this *Getting Started with the MDPCP Guide* to help you understand and navigate the program's core concepts, available resources and systems, and provide information essential to your success as a new MDPCP participant. After working through the foundations of MDPCP in this *Getting Started* guide, we recommend moving on to the Advancing Primary Care in the MDPCP: A Guide for Practices and CTOs to gain a deeper understanding of the MDPCP model and goals.

Along with over 100 new MDPCP Practices and three new Care Transformation Organizations (CTOs), you are strengthening Maryland's primary care services. We are excited to collaborate with you as you transform the delivery of health care to Maryland's residents. We promise to be a vital partner to your practice's advancement in the MDPCP by listening and responding to your needs as they arise. As you bring new energy and perspective to MDPCP, we look forward to seeing all you accomplish in 2020!

Sincerely,

The MDPCP Team

I. Getting Plugged In with MDPCP

The first step in MDPCP is having key staff members obtain access to the following platforms:

1. MDPCP Portal
2. MDPCP Connect
3. Chesapeake Regional Information System for our Patients (CRISP)

Additional details about these platforms are available throughout this guide. Another key resource to access is the *MDPCP Today* newsletter. This monthly newsletter will keep you and your team up-to-date on MDPCP related activities, deadlines, and requirements. To add subscribers to the *MDPCP Today* newsletter, email MDPCP@Lewin.com and provide a list of contacts.

A. MDPCP Portal

The Portal is an essential component of MDPCP program operations. In the Portal, practices and CTOs keep contact information up to date, update Practitioner and Staff Rosters, access payment and attribution data, complete reporting on the care transformation requirements[1], submit patient rosters for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, complete annual Financial Reporting, and much more.

Although CMS does not limit the number of Portal users per practice or CTO, we encourage you to designate a lead who will have primary responsibility for accessing information and completing reporting in the Portal at least quarterly. It is also good practice to have one or two other team members maintain access to the Portal at all times, in case of staff changes or unforeseen situations that may arise around important MDPCP deadlines.

[1] See Section II. MDPCP Drivers for additional information on MDPCP's Care Transformation Requirements.

Gaining Access to the Portal

Practice and CTO users should gain access to the Enterprise Identity Management (EIDM) System, the Innovation Center (IC) Web Application, and the MDPCP Portal as soon as possible. Please see **Registering for the Portal** to the right for steps required to get into the Portal. New practice and CTO users may begin accessing the Portal on January 1, 2020. You may complete EIDM registration and request IC and Portal access prior to January 1st.

Registering for the Portal

1. **Gain access to EIDM**: Go to **https://portal.cms.gov** and select "New User Registration" to create a user ID and password for your Enterprise Portal account.

2. **Request IC Application Role:** Log onto https://portal.cms.gov with the username and password from step 1 and select "Request/Add Apps" on the My Portal page. Within EIDM, request access to the IC application and select "Innovation Center Privileged User" from the Role drop-down menu. Then complete the Remote Identify Proofing (RIDP) process and register your Multi-Factor Authentication (MFA) device. CMS uses the Experian RIDP to confirm identities. If your Experian check fails, you will receive a message with an explanation. If your Experian check is successful, the site will route immediately to the MFA page. At the end of the MFA process, the site will notify you immediately of a successful registration.

3. **Request MDPCP Application Role:** Log onto https://portal.cms.gov and select "Application Console" on the My Portal page. Search for "Maryland Primary Care Program" – MDPCP in the Application Name field and select *either* "MDPCP Practice User" *or* "MDPCP CTO User" from the role drop-down menu. Users may only have one user role in the Portal. You must include your MDPCP Practice or CTO ID(s) in the justification field of the request to expedite processing.

EIDM access is the gateway to the Portal. Once you have your EIDM username and password, you can request access to the IC Web Application and the MDPCP Application. The IC is the common point of entry for Center for Medicare & Medicaid Innovation (CMMI) models, including MDPCP. Once your identity is confirmed in the IC, users can request access to the MDPCP Application. The MDPCP Application is the Portal in which practices and CTOs will access, enter, and update information for program operations.

Please refer to EIDM and Portal Registration 2020, the MDPCP Portal Practice User Manual (specifically, Section 3: Getting Started), or the MDPCP Portal CTO User Manual for detailed instructions on accessing and navigating the Portal.[2] These Portal guidance documents have screenshots of each registration step. On December 20, 2019, CMS emailed the Portal guidance documents to all practice and CTO points of contact. If your practice or CTO did not receive these documents, contact MarylandModel@cms.hhs.gov.

[2] Documents linked throughout this guide are available on MDPCP Connect. To access a document, you will need to have a Connect account, enter your login information, and either click the link or copy and paste the link into a web browser (preferably Google Chrome).

Begin Using the Portal

Once you successfully register for the Portal, log in and get familiar with the layout and functionality of the Portal during the first weeks of the program. The MDPCP Portal Practice User Manual and MDPCP Portal CTO User Manual contain additional information on navigating all sections of the Portal. Practices and CTOs should also become familiar with processes that need to be completed in the Portal and the associated deadlines throughout the Performance Year. See Section III. Reporting to review a full list of reporting processes and deadlines.

Accessing Your Attribution List

To access your Attribution List, navigate to the Practice Payment and Attribution Tab in the Portal. When downloading the list for the first time, you will be directed to the Request for Personally Identifiable Information page. After acknowledging the HIPAA agreement, you can download the report. You will only be asked to sign this agreement once.

Updating EHR Information

The following website may be helpful in finding your EHR's certification information: https://chpl.healthit.gov/#/search.

You will need to use Google Chrome to access this link.

Reviewing and Updating Your Practice or CTO Information

CMS has imported some data from your MDPCP application to the Portal, such as your contact information, electronic health record (EHR) information, and practitioner roster. All practices and CTOs should review the pre-populated information and make any necessary updates or corrections. Be sure to update your contact information as necessary, as CMS uses the email addresses on record in the Portal to send important notices and information to MDPCP participants. (Note: Users associated with multiple practices will be able to switch between practices by using the "Track" and "Practice" dropdown menus inside the Portal.) See **Exhibit 1: MDPCP Portal Sections to Review and Update** for a complete list of information that practices and CTOs will need to review and update.

Exhibit 1: MDPCP Portal Sections to Review and Update

What do I need to update in the Portal

General Information

Applies to Practices and CTOs

Section Contents: Organization demographics, including name, address, Primary Contact, Secondary Contact, Clinical Leader (or Third Contact), Health Information Technology contact (or Fourth Contact), and TIN

Required Updates:

- ❑ Review all information
- ❑ Provide all missing information
- ❑ Update out of date information
- ❑ Ensure primary and secondary points of contact (at a minimum) are up to date throughout participation in MDPCP

Use of this information:

- Program administration and operations
- Communications: Important documents and notices are sent to points of contact

EHR Information

Applies only to Practices

Section Contents: Developer (EHR Vendor), Product Name, Product Version, Certified Health IT Product List(CHPL) ID number or CMS EHR Certification ID

Required Updates:

- ❑ Review and confirm that all information is provided and accurate. Update any out of date or missing information
- ❑ If you are not using 2015 CHERT email the MarylandModel@cms.hhs.gov help desk

Use of this information:

- CMS will review to ensure all practices are using 2015 CEHRT. This is a program requirement.

Staff Roster

Applies to Practices and CTOs

Section Contents: Staff Members that are not MDPCP practitioner (as defined to the right)

Required Updates:

- ❑ Update to reflect all current staff members

Use of this information:

- Information will only be used for purposes of MDPCP evaluation and monitoring and will not be shared beyond CMS and CMS partners who provide support to participants

Practitioner Roster

Applies only to Practices

Section Contents: List of MDPCP Practitioners at your practice site who meet state licensure requirements, can bill Medicare and are participating in MDPCP. Typically refers to those who have a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), or a Physician Assistant (PA) license and a National Provider Identifier (NPI). See the Participation Agreement for details.

Required Updates:

- ❑ Update to reflect all current MDPCP Practitioners as defined above. Be sure to update this information on at least a quarterly basis, not later than the last day of the second month of each quarter to ensure that updates are captured for the next quarter

Use of this information:

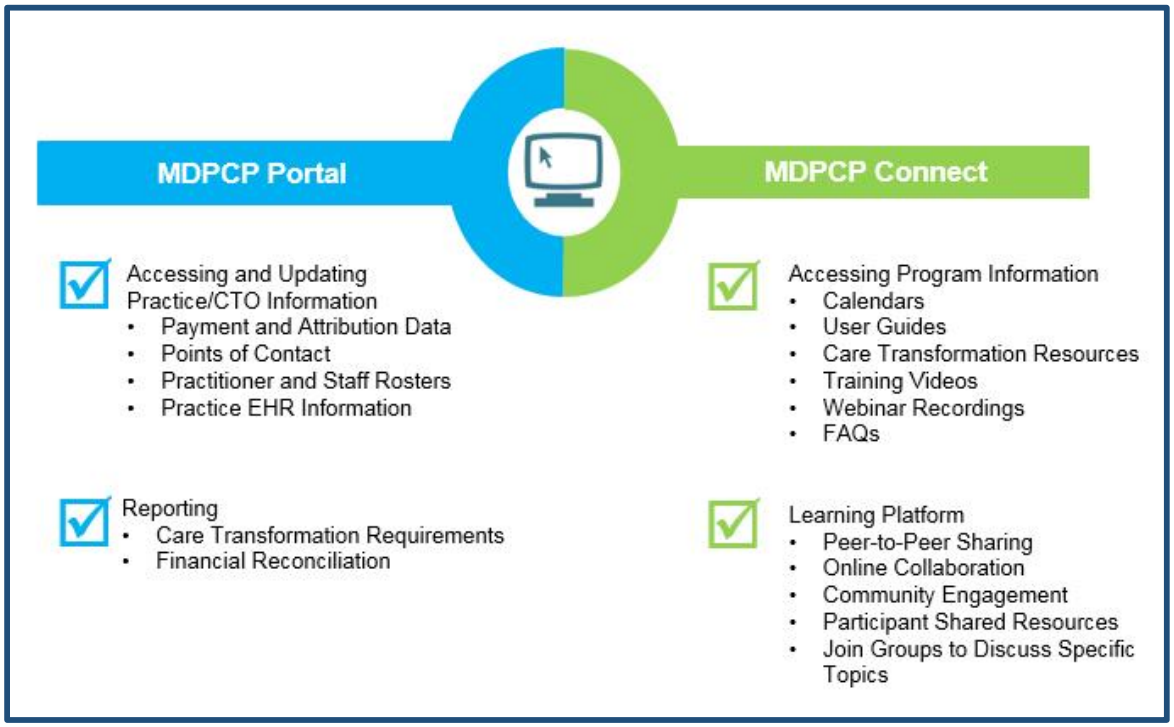
- Determine MDPCP beneficiary attribution and MDPCP Payments
- MDPCP evaluation and monitoring
- Information will only be used for purposes of MDPCP and will not be shared beyond CMS and CMS partners who provide support to participants

B. MDPCP Connect

Connect is an online, peer-to-peer learning platform that serves as the central hub for MDPCP communications, resources, and the MDPCP Learning Network. On Connect, practices and CTOs can access CMS resources, such as MDPCP guidance documents, webinars, discussion groups, and the MDPCP Calendar. Connect also supports interactions through the site's Chatter feature, where practices and CTOs can ask questions, and share and discuss ideas, best practices, and helpful resources.

While Connect and the Portal are both online platforms, they support different processes and serve different purposes in MDPCP. See **Exhibit 2: Different Uses for Connect and the Portal** to understand when to use each platform.

Exhibit 2: Different Uses for Connect and the Portal



Gaining Access to Connect

In December 2019, practice and CTO points of contact each received an email with a personalized link to access Connect. CMS's points of contact list included the individuals identified by practices and CTOs in their application, adjusted for any updates communicated to CMS since that time. The Connect registration process needed to be completed within 24 hours of receiving the email or the link was no longer valid.

Everyone at a practice or CTO is welcome to join Connect through the self-registration process described below. The only program information you will need is your MDPCP Practice or CTO Identification Number (ID). For practices, your MDPCP ID is T # MD # # # #, where T # denotes whether your practice is in Track 1 or Track 2, and the last four digits are from your application number. For CTOs, your ID is CTO0####, where the last four digits are from your application number.

Registering for Connect

1. Go to the Connect page: https://app.innovation.cms.gov/CMMIConnect/s/login/ and select "New User? Request for Access".
2. Enter your contact information in each field. For Affiliation, select "Model Participant". For "Model Identifier", enter your MDPCP ID, as explained above.
3. After you click the Submit Request button, a Thank You screen appears, confirming your submission and providing you a Request Confirmation #.
4. Within 5 days, you will receive an email from the CMMI Help Desk confirming your registration as well as a Welcome Email containing your username and a link to join the community. Click the link provided in the email to create your password. You must click "Forgot Password".
5. After clicking "Forgot Password", you will go to Connect to create your password and log in.

Making the Most of Connect

Upon logging into Connect, users go to a homepage with various tabs. Clicking on each tab navigates you to a different feature of the site. To make the most of Connect, explore all of the following features:

- Chatter
- Groups
- Calendar
- Libraries
- Knowledge

The following sections introduce users to the content and discussions that they will find in each tab on Connect.

1. Join Connect Groups

Browse the available groups in Connect that you wish to join. Connect Groups are informal, online groups that consist of small cohorts of practices and CTOs that have a common characteristic or need. Grouping by similar characteristics and needs will allow you to target your questions and discussions with the right people, on a convenient, ad-hoc basis. Use the groups to share and work through common challenges collaboratively, developing relationships

Connect Groups

- CTOs
- Care Managers
- Patient and Family Advisory Councils (PFACs)
- Pharmacists
- Risk Stratification
- Health IT
- Small Practices
- Allscripts EHR
- eClinical EHR
- Practice Fusion EHR

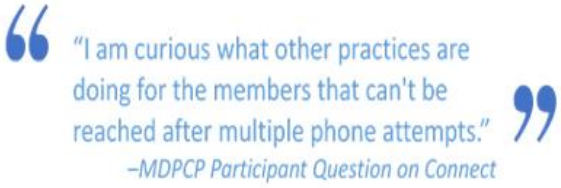
along the way. Examples of tools that practices and CTOs have shared within the Connect groups include:

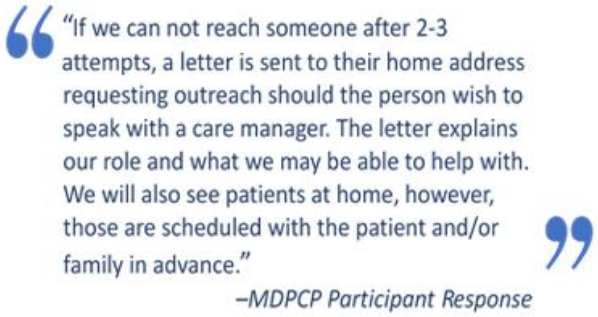
- PFAC Sample Invitation (PFAC Group)
- Operationalizing Performance Based Incentive Payment Measure (Health IT Group)
- Care Plan Template and Recording (Care Manager Group)

2. Participate in MDPCP Chatter

Chatter will appear on your Connect homepage when you log into Connect. Chatter functions like a discussion forum – you can post a comment, question, or resource (e.g., files and links) for all Connect participants to see, or for just a specific Connect Group. You can also respond to and build on others' posts.

The quotes below are from a Chatter exchange between two practices on Connect.





You have control of what appears in your Chatter Feed on Connect - it includes information and updates that *you* select to receive regularly. Chatter feed options will display under your profile picture to the left of the home screen, and may consist of any of the three categories described in **Exhibit 3: Chatter Feed Categories**. Content in your Chatter Feed depends on which groups you join (posts from your Group pages will appear here), which Connect users you choose to follow ("Following" another user is a way to keep informed of their posts on Connect), and any posts directed to you (when another user types "@(your name)"). You can also search your Chatter feed for files, people, and topics and bookmark those items to refer to later.

Exhibit 3: Chatter Feed Categories

What I Follow	A digest of the people, documents, and groups that you choose to follow. All Connect participants are included in the group MDPCP All as a default.
To Me	Consists of posts directed to you if someone types "@(your name)."
Bookmarked	Consists of resources, posts, and documents you have bookmarked that you want to refer to later.

3. Download Resources from the Connect Libraries

The MDPCP Connect Library stores the resources available to you. You can search for and download documents and resources in the Library. Additionally, you can receive updates of new Library content by adjusting your preferred email notifications for your Personal Digest. Under the Category drop down menu in the Top Content section, you can choose to sort documents by publication date, number of downloads, rating, or number of comments.

Along with individual documents, you will see various content packs containing documents on a certain topic area. The content packs align with elements of the Driver Diagram so that you can find resources related to your priorities and goals quickly. For additional details on each element of the Driver Diagram, refer to Section II: MDPCP Drivers. The MDPCP Connect Library includes:

- CMS program guidance documents, such as the Advancing Primary Care Guide, Quality Measures Reporting Guide, and the MDPCP Payment Methodologies
- Recordings and PowerPoint slides from Learning Events on various topics, including Care Management, Community Resources, and Patient Family Advisory Councils (PFACs)
- Resources shared by other MDPCP participants, such as the Risk Stratification Tool from Mercy Family Medicine and PCA Primary Care's Patient Chart for Team Huddles

4. Register for Events in the MDPCP Calendar

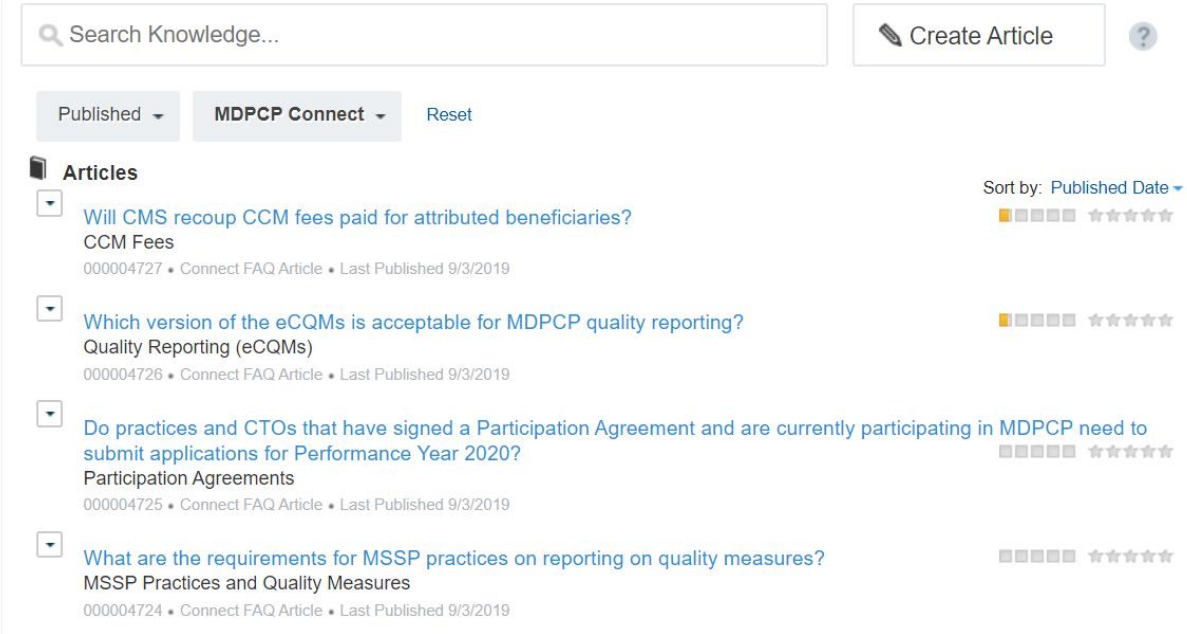
View upcoming events (e.g., webinars, in-person learning events) on the Connect calendar. Logistical information for learning events, including registration links, will appear on the calendar as they become available. The calendar also displays important program deadlines. Check the MDPCP Calendar frequently to stay connected and informed.

5. Search Program Frequently Asked Questions (FAQs) in the Knowledge Tab

The Knowledge tab is designed to provide users with a streamlined approach to navigating FAQs and CMS' answers. FAQs are sourced from trending questions that are submitted to the MarylandModel@cms.hhs.gov help desk or posted to Connect, or questions asked during Office Hours sessions and other MDPCP Learning Network events.

To find an FAQ, type a keyword or phrase in the search field. The results of the search will appear, as depicted in **Exhibit 4: FAQ Search Results Example**. You can filter results using the dropdown menus underneath the search field. You can also choose to sort documents alphabetically, by publication date, views, or rating.

Exhibit 4: FAQ Search Results Example



Upgrade to Connect Lightning

Starting in early 2020, MDPCP will upgrade Connect from its "classic" platform to a new, updated platform called "Lightning". After this upgrade, Connect will include a variety of new and improved features. All Connect users, at the time of the upgrade, will automatically receive Connect Lightning. Users will log in with the same username and password they used previously. This guide focuses on the features of the current version of Connect. The Learning Network will provide additional information about the Lightning upgrade as our transition approaches. The guidance will explain new features and tips for locating specific resources or discussion groups.

C. CRISP

CRISP, the state-designated Health Information Exchange (HIE) for Maryland, provides services and a suite of tools to assist health care practitioners in their efforts to improve delivery at the point of care and coordination between settings. The goal of the CRISP is to deliver the right health information to the right place at the right time, so that practices can provide safe, timely, efficient, effective, equitable, patient centered care.

Learn More

Explore the CRISP recordings, documents, and tools on Connect.

Success in MDPCP relies on using CRISP and the many services it provides, including:

- Encounter Notification Service (ENS)
- Care Alerts
- Clinical Query Portal
- MDPCP-specific CRISP Reporting Service (CRS) reports
- Avoidable Hospital and Emergency Department (ED) Utilization Lists (i.e., Pre-AH Prevent Avoidable Hospitalizations Tool)
- Prescription Drug Monitoring Program (PDMP)
- Electronic Clinical Quality Measure (eCQM) Reporting Tool (i.e., CALiPR)

Exhibit 5: CRISP Services for MDPCP describes the CRISP services and reports that give practices and CTOs data to support decision making on care management and other primary care functions. Section II. MDPCP Drivers explains these primary care functions in more detail, including their associated care transformation requirements.

Exhibit 5: CRISP Services for MDPCP

MDPCP Primary Care Function	CRISP Services
Access and Continuity	• Real-time continuous access to comprehensive patient records ○ Provides links between practice EHR, provider intuition, the CRISP Clinical Query Portal/Patient Snapshot, PDMP, and MDPCP CRS • Avoidable Hospital Events Tool assists with Risk Stratification
Care Management	• CRS MDPCP Reports • Risk stratify beneficiaries using Pre-AH Tool • Review prescriptions using PDMP • Care Alerts
Comprehensiveness and Coordination Across the Continuum of Care	• CRS MDPCP Reporting dashboard, with emphasis on Professional Services • Access to community resources and supports for social needs e-referral pilots currently being vetted
Beneficiary and Caregiver Experience	• Care Alerts • Clinical Query Portal
Planned Care for Health Outcomes	• MDPCP CRS Reports • Pre-AH Avoidable Hospital Events Tool

Joining CRISP

Once you have executed a CRISP Participation Agreement, you should obtain access to the CRISP platform. The action items listed in **Exhibit 6: Registering for and Maximizing CRISP** will assist practices with registering for CRISP and maximizing their use of CRISP services.

Exhibit 6: Registering for and Maximizing CRISP

CRISP User Status	Action Item
New CRISP Users	• Contact the CRISP Customer Care Team, 1-877-952-7477 or support@crisphealth.org, to reset passwords, add users, submit new patient panels, or other activities. • Request a site visit so a CRISP outreach team member can walk you through the services in more detail.
Active CRISP Users	• Confirm internally that you have at least one Point of Contact who is actively adding and removing users to CRISP services, as needed. • Confirm there is a contact person at CRISP who you can reach out to for training or adding new services. • Review the CRISP Toolkit at userguide.crisphealth.org for more information about the services and sample workflows. • Contact the CRISP Customer Care Team, 1-877-952-7477 or support@crisphealth.org, to activate new services.

Using CRISP Services

From among the list of CRISP services, CRISP has specific guidance for practices and CTOs on using its various features. See **Exhibit 7: Using CRISP Services** for suggestions on how to use three of CRISP's services to meet practice goals.

Exhibit 7: Using CRISP Services

CRISP Service Summary	Ways to use the CRISP Service
Care Alerts *Complete Care alerts within EHR/CRISP for high risk patients*	• Submit and update Care Alerts (brief, free-text notes describing the most relevant information about a patient for a downstream provider) for the highest risk MDPCP Beneficiaries. • Indicate which MDPCP Beneficiaries are enrolled in specific care programs; include the primary care physician, care manager, behavioral health support, pharmacist, and social worker (as appropriate). • Share Care Plans through CRISP so they are available to all treating providers. • Share the results of behavioral health and social needs screening tools.
Transitions of Care *View CRISP data during Transitions of Care*	• Log into CRISP or view CRISP data via *InContex*t apps during face-to-face or virtual patient encounters for the highest risk MDPCP Beneficiaries. • Log into CRISP or view CRISP data via *InContext* apps while supporting a transition of care. • Maintain an active Point of Contact with CRISP to grant and remove access. • Delegate CRISP access to care teams. • Review and act on gaps in care as appropriate.

CRISP Service Summary	Ways to use the CRISP Service
ENS Rosters *Submit beneficiary rosters (patient panels) to CRISP and configure encounter alerts to enable appropriate follow-up activities*	• Submit MDPCP Beneficiary rosters to CRISP. Include any beneficiaries who are actively receiving care management or have serious illnesses; configure encounter alerts to enable appropriate follow-up activities. • Enable real-time communication with Care Teams via secure text or other appropriate workflows; CRISP will integrate with communications applications, when possible. • Request for key specialty practices to connect with CRISP to share relevant patient information and view clinical data at the point of care.

D. MDPCP Learning Network

All practices, CTOs, state coaches, and subject matter experts in the MDPCP come together in a learning community to promote a shared understanding of comprehensive primary care delivery. This learning community offers a wide array of sessions, events, and resources to support practices as they transform primary care. See **Exhibit 8: Upcoming MDPCP Learning Network Activities** for the list of events in early 2020. Events are open to all the MDPCP stakeholders.

Exhibit 8: Upcoming MDPCP Learning Network Activities

	Activity Description	Upcoming Topic	Schedule
Getting Started Webinar	Webinars will include presentations from subject matter experts from CMS, MDPCP PMO, and practices on specific topics. There is also a Q&A period.	Getting Started in the MDPCP *(Live webinar for practices and CTOs joining in 2020)*	January 9, 2020
Office Hours	Office hours provide participants with an open forum to address questions to CMS, MDPCP PMO, and other MDPCP experts. As learning network recordings are released, we encourage participants to bring their questions related to those resources to office hours. However, questions on any program topic are welcome.	Office Hour *(for all practices and CTOs)* – use this time to ask questions about the *Attribution and Payments* recording, or other questions that you have about the program	January 30, 2020
		All Practice and CTO Office Hour	Late February
Affinity Groups	Affinity Groups are for practice and CTO staff interested in a select topic area. These groups are mainly peer-to-peer learning and discussion, in which participants share lessons learned and examples. Recordings of previous sessions (Care Manager, CTO, and Risk Stratification Topic Group) are in the Connect libraries.	Care Manager Affinity Group	January 14, 2020
			February 11, 2020
In-Person Sessions	Attend these in-person events to collaborate and network with practices across Maryland. Each event will feature large group presentations and smaller breakout sessions.	Learning Session 3	March 5, 2020

	Activity Description	Upcoming Topic	Schedule
Ongoing Communications	Spotlights will highlight practices sharing their experiences in specific MDPCP model areas. They may include podcasts, videos, or interviews, and are distributed as part of the monthly newsletter.	Varied	Varied
	The *MDPCP Today* newsletter provides program deadline reminders, resources, answers to FAQs, and upcoming events.	Varied	Monthly
Connect Resources	The Connect calendar contains all MDPCP learning events in the upcoming three months.	N/A	Ongoing
	Connect groups are informal, online forums that allow practices and CTOs with common characteristics or interests to discuss questions and challenges on a convenient, ad-hoc basis.	Varied	Ongoing

Frequently Asked Questions

Question: Are there specific requirements for the Learning Network?

Answer: The Learning Network is a valuable tool that is free of charge to the MDPCP participants. Some events will be tailored to either CTOs or practices and/or directed toward specific audiences. There are no requirements to attend specific learning events, but practices and CTOs are highly encouraged to use all available learning resources.

Getting Started Action Items Summary

Exhibit 9: Immediate Action Items lists the key action items discussed in this document that you should complete by the end of January 2020.

Exhibit 9: Immediate Action Items

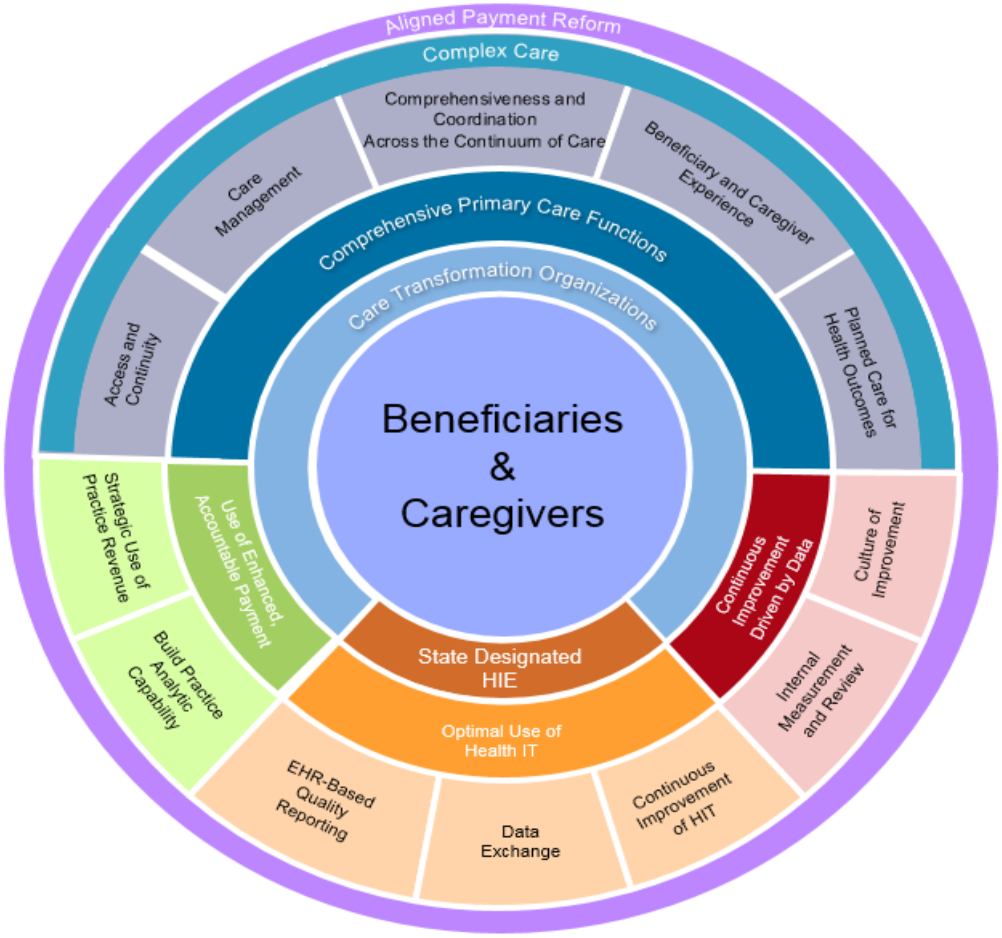
Action	Description	Location
Set up access to: MDPCP Portal (via CMS Enterprise Portal)	Register for a CMS EIDM ID. Then, register for the Innovation Center (IC) Portal, and, finally, request access to the MDPCP Application. For step-by-step guidance, please refer to the **EIDM and Portal Registration** document. You will need a Connect account to access these links.	CMS Enterprise Portal
After gaining access to the Portal, review the following information and update, as needed: • **Practice/CTO Information** • **Practitioner Roster** • **Staff Roster**	Update your practice or CTO information: Demographic information (e.g., practice or CTO name, address, TIN), health IT system information, and point of contact information. Practices: Update your Practitioner Roster—Include the primary care practitioners at your practice site who meet state licensure requirements, can bill Medicare, and who are participating in MDPCP. Update or confirm your EHR information: • Developer (EHR vendor) • Product Name • Product Version • Certified Health IT Product List (CHPL) ID number or CMS EHR Certification ID Practices and CTOs: Fill in your Staff Roster—Staff members at your practice or CTO other than the billing MDPCP Practitioners.	MDPCP Portal
Register for Connect	Self-register for Connect to access MDPCP resources and communicate with other practices	Connect Registration
Subscribe to the *MDPCP Today* Newsletter	Subscribe to *MDPCP Today* to receive programmatic updates, reminders of upcoming events and deadlines, and other key information.	Email Learning Network Team at MDPCP@Lewin.com
Set up access to CRISP	Contact the CRISP Customer Care Team to reset passwords, add users, submit new patient panels, or address other questions. Request a site visit so a CRISP outreach team member can walk you through the services in more detail.	1-877-952-7477 or support@crisphealth.org

II. MDPCP Drivers

MDPCP aims to support your practice to provide comprehensive, advanced primary care through aligned payment reform and care delivery transformation. **Exhibit 10: MDPCP Driver Diagram** is the model that we use to understand how MDPCP works to achieve our collective aims of better care at lower cost. This model focuses on five main drivers:

1. Comprehensive Primary Care Functions
2. Use of Enhanced, Accountable Payment
3. Continuous Improvement Driven by Data
4. Optimal Use of Health IT
5. Aligned Payment Reform

Exhibit 10: MDPCP Driver Diagram



While both tracks require practices to redesign their care to perform the five Comprehensive Primary Care Functions, the intensity and scope of the underlying care transformation requirements differs by track. Track 1 practices will focus on visit-based care, while Track 2 practice should work towards redesigning both visit-based and non-visit-based care (e.g., phone, email, text message, and secure portal).

Throughout the first three years in MDPCP, Track 1 practices must make steady progress toward Track 2. Practices must meet all Track 1 care transformation requirements and attest to their readiness to transition to Track 2 prior to the start of their fourth Performance Year. CMS reserves the right to terminate a Track 1 practice's Participation Agreement if the practice is unable to attest that it is ready to transition into Track 2. CMS will also evaluate your practice's connectivity with CRISP and use of its features as part of the evaluation for Track 2 readiness.

State Coaches

To assist practices with care transformation, the PMO assigns a state coach to each practice. For practices working with a CTO, the PMO assigns a state coach at the CTO-level. State coaches and CTOs can help practices with access to the Portal, Connect, and MDPCP Today during the first quarter of the program year.

Throughout the program year, it is important for practices to interact continually with their CTO or state coach to ensure that they are aligning themselves with care transformation requirements.

Frequently Asked Questions

Question: Are practices required to participate in the program for the entirety of the program period?

Answer: CMS expects that practices participate for all of the performance periods, but MDPCP is a voluntary program, and practices may withdraw without penalty. Practices must notify CMS at least 30 calendar days before the planned withdraw date. Departing the program before the completion of a performance period puts the practice at risk for recoupment of the prospectively paid performance-based incentive payment.

Question: Can practices move from Track 1 to Track 2?

Answer: Yes, Track 1 practices may request to transition to Track 2 during the yearly Track 2 application period, typically in late summer. CMS may approve for Track 2 those Track 1 practices that have successfully met all the Care Transformation Requirements for Track 1, that are using CRISP regularly, and have demonstrated their readiness to fulfill Track 2 requirements.

CMS expects practices in Track 1 to progress along the continuum of comprehensive primary care and may spend no more than three Performance Years in Track 1.

A. Driver 1: Comprehensive Primary Care Functions

CMS and the MDPCP PMO designed this program to give your practice the flexibility to provide care in ways not well supported by fee for service (FFS) payments. The care transformation requirements, which build on the Comprehensive Primary Care Functions of advanced primary care, serve as important milestones for your work to transform primary care. Throughout this section, review the suggested steps for prospective practice transformation goals. See also Advancing Primary Care in the MDPCP. This section includes links to several care transformation resource documents. The documents are available on Connect, which requires a Connect account.[3]

Function 1: Access and Continuity

The foundation of effective primary care is establishing and continuing a trusting relationship between a patient and his or her health care providers. Empanelment refers to assigning each patient within your practice to a practitioner or care team and is the first step to improving continuity of care, which allows patients and providers to develop a more effective relationship with one another. Empanelment is a key element of team-based care, which is why practices are required to empanel (or assign) all attributed beneficiaries to a practitioner or care team and ensure that those beneficiaries have 24/7 access to the team.

Suggested Steps for Access & Continuity

- Structure your patient panels to balance timely access to visits and offering continuity in care
- Understand and align supply and demand at your practice by measuring it through the empanelment process
- Provide same-day or next-day access to the patient's care team by leveraging the advanced access model
- Develop and implement a process to provide 24/7 access for your patients as patient needs often occur outside of traditional office hours and create pathways for continuous, reliable access
- Document all care provided in the practice in the same electronic health record
- Provide care outside of traditional office visits, including eConsultation, telephonic, and group visits

Suggested Steps for Empanelment

- Understand your practice's approach to empanelment based on how your practice is organized
- Identify active patients/beneficiaries who received primary care at your practice
- Empanel patients to practitioners and/or care teams, where care management is the core function of the team
- Measure continuity and develop an optimization strategy best suited to your practice's unique needs
- Establish a process to reevaluate each panel regularly, incorporating patient needs

[3] To access a document, you will need to have a Connect account, enter your login information, and either click the link or copy and paste the link into a web browser (preferably Google Chrome).

MDPCP Requirements for Access and Continuity:

- Track 1:
  - ❑ Empanel attributed beneficiaries to practitioner or care team.
  - ❑ Ensure attributed beneficiaries have 24/7 access to a care team or practitioner with real-time access to the EHR.
- Track 2:
  - ❑ Ensure attributed beneficiaries have regular access to the care team or practitioner through at least one alternative care strategy.

The care transformation requirement refers specifically to empaneling attributed Medicare beneficiaries, but practices should consider empaneling all of the practice's patients.

How CTOs can help with Access and Continuity:

- CTOs may employ and manage an interdisciplinary care management team of health care providers with a variety of backgrounds, including nurses, pharmacists, behavioral health specialists, and dieticians.
- At the request of practices, CTOs may assist practices in meeting Care Transformation Requirements under the supervision of the MDPCP Beneficiary's health care provider.

Learn More

You can hear more about the importance of empanelment and how it fits into your practice processes in the Empanelment and Care Management Recording.

Function 2: Care Management

Care management means working with and for patients, generally outside of face-to-face office visits, to help them meet their goals. Care management is a resource-intensive intervention that has its greatest impact when targeted to those most likely to benefit. Risk stratification is a dynamic process that assigns a risk status to patients and then uses this information to direct patient care and appropriate resources accordingly.

Risk stratification allows your practice to develop strategies to enhance care for patients at high and/or rising risk of complexity, while also meeting the preventive care needs of low-risk patients. Practices are expected to risk stratify only their attributed beneficiaries in MDPCP, but should consider risk stratifying all their patients.

Learn More

Hear from CMMI Senior Advisor, Bruce Finke, on the importance of risk stratification in this recording and review Mercy Family Medicine's Adult Risk Stratification Tool.

MDPCP Requirements for Care Management:

- Track 1:
  - ❑ Ensure all empaneled, attributed beneficiaries are risk stratified.
  - ❑ Ensure all attributed beneficiaries identified as increased risk and likely to benefit receive targeted, proactive, relationship-based (longitudinal) care management.
  - ❑ Ensure attributed beneficiaries receive a follow-up interaction from your practice within one week for ED discharges and two business days for hospital discharges.

- ❑ Ensure targeted, attributed beneficiaries who have received follow-up after ED, hospital discharge, or other triggering event receive short-term (episodic) care management.

- Track 2:
  - ❑ Ensure attributed beneficiaries in longitudinal care management are engaged in a personalized care planning process, which includes at least their goals, needs, and self-management activities.
  - ❑ Ensure attributed beneficiaries in longitudinal care management have access to comprehensive medication management.

How CTOs can help with Care Management:

- ❑ CTOs may work with a care manager to handle the care of high-risk, high-need attributed beneficiaries. Depending on the CTO's payment option (see the MDPCP Payments section), either the CTO or practice provides the care manager. CTOs may ensure that the Care Manager fully integrates the operations and processes of each practice.
- ❑ CTOs may assist practices in executing care management processes, including risk stratification.

Suggested Steps for Risk Stratification

- Apply an algorithm that uses some combination of clinical and historical data to provide a general risk segmentation of the entire practice population
- Use overall health status, most prevalent health conditions, social complexities, and level of required care to help determine risk level
- Monitor and refine the risk stratification method
- Embed the process within your health information technology system
- Automate as much of the risk stratification process as possible and build adaptable systems that can adjust risk as new information is available
- Apply information the practitioner or care team has about the patient to adjust and refine the estimation of risk status for individual partners

- ❑ The CTO's interdisciplinary team deployed at the Practice Site should aid in health screenings for attributed beneficiaries and provide 24-hour care management support.

Frequently Asked Questions

Question: How do you define "care management"?

Care management means working with and for patients, generally outside of face-to-face office visits, to help them meet their goals. Care management is a resource-intensive intervention that has its greatest impact when targeted to those most likely to benefit. Two cohorts of patients are likely to benefit from different approaches to care management:

1) patients with multiple comorbidities, complex treatment regimens, frailty and functional impairment, behavioral and social risks, and serious mental illness, and

2) otherwise stable patients undergoing transitions in care, those with new, serious illness, injury involving complex treatment regimens, or a newly unstable chronic illness.

We recognize that each practice may have different approaches to care management, so we have not created a specific definition for MDPCP.

Function 3: Comprehensiveness and Coordination across the Continuum of Care

Learn More

Hear from two CTOs on health-related social needs in this recording and read the Toolkit for Engaging Your Community.

Comprehensiveness in the primary care setting refers to addressing as many of the patient population's medical, behavioral, and health-related social needs as feasible. Coordination refers to bridging gaps between systems of care. This work adds breadth and depth to primary care delivery. It builds on relationships that are at the heart of effective primary care, reduces fragmentation of care, and is associated with lower utilization and improved health outcomes. It is especially valuable in the care of patients with complex medical and social conditions.

MDPCP focuses on an important set of evidence-based strategies for patients with complex medical and social needs:

- Integration of behavioral health care into primary care,
- Intensive management of complex medication regimens,
- Identification of health-related social needs and coordination with community-based resources to address those needs, and
- Care coordination and information exchange with ED, hospitals and specialists.

MDPCP Requirements for Comprehensiveness and Coordination Across the Continuum of Care:

- Track 1:
  - ❑ Ensure coordinated referral management for MPPCP Beneficiaries seeking care from high-frequency referral and/or high-cost specialty care providers as well as EDs and hospitals.
  - ❑ Ensure attributed beneficiaries with behavioral health needs have access to care consistent with at least one option from a menu of options for integrated behavioral health supplied to attributed beneficiaries by the Practice.
- Track 2:
  - ❑ Facilitate access to resources that are available in your community for MCPCP beneficiaries with identified health-related social needs.

Suggested Steps for Comprehensiveness and Coordination Across the Continuum of Care

To increase coordination with clinical and community-based services, begin by assessing the needs of your patient population by asking the following questions:

- What is the prevalence of health conditions and concerns within our practice? What data are available to determine prevalence of conditions?
- What is the scope of services provided to our patients? Do patients need additional services?
- Where are we referring our patients, and should we bring additional services into our practice?
- How can we collaborate more with professionals caring for our patients outside of the practice? How do we create better feedback loops?
- Is there an opportunity to play a more meaningful role in other settings of care (e.g., hospitals)?

How CTOs can help with Comprehensiveness and Coordination Across the Continuum of Care:

- ❑ CTOs may provide robust technical assistance with identifying high volume and/or high cost specialists.
- ❑ CTOs should work with practices to develop best ways to coordinate and integrate care with various caregivers.
- ❑ CTOs may also assist in developing common discharge and medication management plans to ensure that post-discharge care includes plans for practice-based care and medication management.

Frequently Asked Questions

Question: How can small practices effectively implement comprehensive medication management (CMM) using a part-time pharmacist?

Though valuable for practices of all sizes, as a small practice, you can begin your CMM work by initially providing CMM to a small subset of your empaneled patient population most likely to benefit from increased medication management. Doing so will provide the opportunity to hone your CMM strategies, adjust your work plans, and conduct Plan-Do-Study-Act cycles before rolling your CMM strategies out more broadly. Once you are confident that your chosen CMM approach is effective, efficient, and has shown benefit to your patients and care team(s), you can explore avenues to expand your CMM services to additional patient populations. As a small practice, you may find that using a part-time pharmacist may be enough to meet the needs of your most at-risk patient population.

It may be helpful to provide telemedicine/video conferencing bridge the relationship between patients and pharmacist; however, use these tactics as an alternate approach when an in-person, face-to-face interaction is unavailable or unnecessary (for example, with simple follow-ups and medication refill requests).

Function 4: Beneficiary and Caregiver Experience

Optimal care and health outcomes require patient and caregiver engagement in the management of their own care and in the design and improvement of care delivery. To that end, the program requires practices to organize Patient and Family Advisory Councils (PFAC) to understand the perspective of patients and caregivers on the organization and delivery of care and use this valuable perspective to help them make changes in their practice. In addition, practices will work to develop strategies and skills to support their patients in self-management of chronic conditions.

Suggested Steps for PFAC

- Establish and maintain a PFAC
- Ensure patients are meaningfully involved in the design of care
- Communicate to patients and their caregivers about the changes implemented by the practice
- Regularly review practice data with your PFAC and assess how changes are improving care

MDPCP Requirements for Beneficiary and Caregiver Experience:

- Track 1:
  - ❑ Convene a PFAC at least annually and integrate PFAC recommendations into care and quality improvement activities.
- Track 2:
  - ❑ Engage attributed beneficiaries and caregivers in a collaborative process for advance care planning.

Frequently Asked Questions

Question: Can multiple practices use the same PFAC?

Answer: Each practice must have its own representative PFAC, so that practices can address the needs of their specific populations.

How CTOs can help with Beneficiary and Caregiver Experience:

- ❑ CTOs may assist practices in organizing PFACs and incorporating patient and caregiver feedback to facilitate patient-centered care

Learn More

You can read more on the importance of PFACs in a Case Study on Partnering with Patients, developed by the Agency for Healthcare Research and Quality.

Function 5: Planned Care for Health Outcomes

Planned Care for Health Outcomes – or Population Health – refers to organizing care to meet the needs of your entire patient population. To achieve success in MDPCP (reducing the total utilization and cost of care and improving patient experience and quality of care), most practices will require improvement in current care processes and development of new practice capabilities that impact people across the patient population. This is a large and long-term change management challenge that requires engaged clinical and administrative leadership and a commitment to continuous, data-driven improvement. Practices in MDPCP have access to data sources to incorporate into improvement efforts including CMS claims data, EHR reports, CRISP, and other health IT resources.

Suggested Steps for Planned Care for Health Outcomes

- Identify the crucial measures and data to inform improvement opportunities
- Engage staff broadly across the practice and use team-based care
- Develop processes to regularly collect data; include data provided by CMS, CRISP, and your EHR
- Establish an internal process in which the practice regularly reviews measures and performance as a team
- Adopt a formal model for change/quality improvement (e.g., LEAN, Six Sigma, PDSA Model for Improvement) and use it regularly
- Use MDPCP payments to incentivize continuous improvement on key metrics and build care team accountability for beneficiary health outcomes

MDPCP Requirements for Planned Care for Health Outcomes:

- Track 1:
  - ❑ Continuously improve your performance on key outcomes, including cost of care, electronic clinical quality measures, beneficiary experience, and utilization measures.

How CTOs can help with Planned Care for Health Outcomes:

- ❑ As in the Care Management function, CTOs may provide assistance in risk stratification and providing health screenings for attributed beneficiaries.
- ❑ CTOs may also assist practices with the use of data provided by CMS and the MDPCP PMO.

Learn More

Learn from another practice about continually improving care management integration in this practice poster.

B. Driver 2: Use of Enhanced Accountable Payments

By aligning Medicare payments with specific Care Transformation Requirements, CMS and the MDPCP PMO expect practices to provide more comprehensive and continuous care. These payments help practices and CTOs perform care transformation activities and deliver the Comprehensive Primary Care Functions to empaneled beneficiaries.

Using MDPCP Payments

Your practice must use care management fees (CMFs) to support your MDPCP work. While CMS will not authorize specific uses of payments and will direct practices and CTOs to their legal counsel, the following are examples of permitted expenses:

Frequently Asked Questions

Question: When are MDPCP beneficiaries attributed to MDPCP practices?

Answer: CMS will perform attribution on a quarterly basis by utilizing historical Medicare claims data. The 24-month historical lookback period ends 7 months prior to the start of the quarter.

For more information on the attribution methodology, refer to the 2020 Payment Methodologies document.

- Wages, including associated payroll taxes and benefits, for MDPCP Practitioners and practice staff (e.g., care manager, care coordinator, pre-visit planner, quality/data analyst, pharmacist, or behavioral health clinician) to perform Care Transformation Requirements, as long as the wages and benefit costs are in proportion to the time the staff spend performing the Care Transformation Requirements;
- Care delivery tools (e.g., shared decision making aids, patient survey instruments), including the purchase of licenses to access such tools electronically, related to performing the Care Transformation Requirements;
- Costs of training MDPCP Practitioners and MDPCP Practice Site staff, including necessary attendance, travel, and accommodations expenses, if such expenses are directly related to performing the Care Transformation Requirements (e.g., attending MDPCP learning system meetings).

Examples of prohibited expenses for the CMF include paying for:

- The purchase of electronic health record software, including upgrades;
- Income tax or to make other tax payments not expressly permitted by the terms of the Practice or CTO Participation Agreement;
- The purchase of imaging equipment or other durable medical equipment;
- The purchase of drugs, biologicals, or other medications;
- Continuing medical education (CME) (if not directly related to the MDPCP);
- Personnel or other costs directly related to the practice or Practice Site billing or coding;

- Office space, supplies, or decorations; and
- Making payments to MDPCP Practitioners, Specialists and other Practice Site staff for purposes other than supporting work directly related to the Care Transformation Requirements

For more examples and frequently asked questions on how to use payments, please refer to the Use of Payments FAQs. There are no spending restrictions on the performance-based incentive payments (PBIPs). However, please remember that based on your PBIP performance, you may be required to repay all, some, or none of your practice's PBIP. As noted in the PBIP section, the practices participating in Medicare Shared Savings Program (MSSP) will not receive the PBIP.

Track 2 practices must use comprehensive primary care payments to increase the comprehensiveness and flexibility of care delivered at your practice.

C. Driver 3: Continuous Improvement Driven by Data

Continuous improvement refers to using data to guide your practice transformation. Your practice will develop ways to incorporate data reliably and systematically on quality and other metrics at the Practice Site level. By looking at measurement data at the practice level, you can understand how all members of the practice impacts the quality of care you provide to your patients and how you compare with similar MDPCP practices.

There are several different types of data available to your practice to use, from both external sources (e.g., CRISP) and internal systems (e.g., eCQMs).

Useful Tips: Avoidable Hospital Events Tool

The Avoidable Hospital Events Tool in CRISP provides you with a practice level snapshot of your beneficiary's risk levels. Within the report, you will see a list of beneficiaries color-coded by their risk tier. You can export the data into excel to do further analysis. This tool can help you refine your risk stratification methodology and manage your care management process.

There are over 200 factors that feed into the risk scores reflected in the tool. The relative contribution of each factor is different across the risk tiers. The biggest driver for the top 1% is often the habitual avoidable clinical hospital utilization. When you move down to the next group, it is often multiple chronic conditions and high-risk surgical procedures. The scores of lower risk individuals are influenced by environmental factors and lack of vaccines. In 2020, you will be able to drill down to the beneficiary level to see their specific risk factors.

During Performance Year 2020, your practice should work with your health IT vendor to ensure you can generate meaningful data to make decisions and track progress toward improvements in care at the patient and practice level. We encourage practices to review progress and performance throughout the year and test and implement new workflows to improve care. Practices should monitor eCQM performance data and check ED/hospital utilization information in CRISP regularly, and use the information to identify opportunities for continued improvement.

D. Driver 4: Optimal Use of Health IT

Practices are expected to use CRISP and certified EHR technology (CEHRT) to ensure the exchange of clinical information across the continuum of care.

In accordance with the Practice Participation Agreement (Article VIII), practices must use CEHRT that meets 2015 Edition certification criteria. These 2015 Edition (or better) CEHRT capabilities will support the MDPCP requirement for real time point of care and remote access for the practice's care team members to attributed beneficiaries' health records. For practices partnering with a CTO, the practice must ensure that the CTO's interdisciplinary team has real time access to the practice's EHR.

Optimal Use of Health IT for CTOs

The CTO may assist practices in utilizing the common data and health IT systems in order to promote effective strategies for treatment planning and monitoring health outcomes between different health care providers and across multiple settings of care.

To verify the CEHRT version of your EHR system, use the lookup tool on the Certified Health IT Product webpage: https://chpl.healthit.gov/#/search.

E. Driver 5: Aligned Payment Reform

The MDPCP provides financial flexibilities and monetary incentives to encourage primary care providers to prioritize patient-centered care and comprehensive care management in their practices. CMS anticipates that the MDPCP payments will help practices and CTOs provide enhanced services of comprehensive primary care.

Learn More

To understand the MDPCP enhanced payment structure, all MDPCP Practices should review **2020 Payment Methodologies document**, which was attached to your MDPCP Participation Agreement.

Care Management Fees

CMFs are prospective, per beneficiary per month (PBPM) payments paid to practices and CTOs every quarter. Practices and CTOs must use CMFs to meet Care Transformation Requirements and in accordance with Participation Agreements. At the end of each Performance Year, practices will be required to report their CMF expenditures via the Portal.

The CMF amounts allocated to practices and CTOs are determined by:

1. Number of beneficiaries attributed to a given practice per quarter.
2. Hierarchical Condition Categories (HCC) composite risk scores of the attributed beneficiary population, and

Useful Tips: Chronic Care Management (CCM)

Given the similarity between MDPCP and **CCM** services covered by Medicare FFS, MDPCP Practices in both Tracks may not bill Medicare for **CCM** services furnished to attributed Medicare beneficiaries.

3. The MDPCP track for the Performance Year.

CMFs are risk-adjusted to reflect the clinical profile and care needs of the practice's attributed beneficiaries. As displayed in **Exhibit 11: CMF Amounts for 2020**, attributed beneficiaries are assigned to one of five risk tiers based on their HCC composite risk scores and claims data for diagnoses. CMS calculates the HCC risk score annually by using the HCC Community Risk Adjustment Model. For additional information, refer to the MDPCP Payment Methodologies, or Section 4.1 and Section 9.2 of the MDPCP Participation Agreement. Practices will receive higher payment rates for patients in higher risk tiers due to their increased complexity of primary care and care management needs. CMF payments also vary by track.

Exhibit 11: CMF Amounts for Performance Year 2020

Practice Payments			
Risk Tier	**Criteria**	**PBPM CMF (Track 1)**	**PBPM CMF (Track 2)**
Tier 1	01-24% HCC	$6	$9
Tier 2	25-49% HCC	$8	$11
Tier 3	50-74% HCC	$16	$19
Tier 4	75-89% HCC	$30	$33
Complex*	≥ 90% HCC	$50	$100

CTO Payments		
Options	**Practice Percentage Payments**	**CTO Percentage Payments**
Option 1	50% of Total CMF Payments	50% of Total CMF Payments
Option 2	70% of Total CMF Payments	30% of Total CMF Payments

*Practices will receive significantly higher CMF payments from CMS for attributed beneficiaries who fall into the Complex risk tier. CMS will assign attributed beneficiaries to the Complex risk tier who falls within the top 10 percent of the HCC scores, as well as those who have persistent and severe mental illness, substance use disorder, or dementia as identified using Medicare claims data.

CMF Payments for CTOs

Practices may choose one of two CTO payment options prior to the start of the Performance Year. CTOs are required to report CMF expenditures to CMS.

CTO Payment Option 1: Under this option, the CTO will receive 50 percent of the practice's CMF payment. The CTO will provide the practice with one or more individuals who are fully dedicated to the care management functions of the practice ("Lead Care Manager"). The CTO must support the practice in maintaining at least 5% of its attributed beneficiaries in targeted, proactive, relationship-based care management

CTO Payment Option 2: Under this option, the CTO will receive 30 percent of the practice's CMF payment. The CTO is not required to deploy a Lead Care Manager to the practice under this option. The CTO must support the practice in maintaining at least 5% of its attributed beneficiaries in targeted, proactive, relationship-based care management

Under Both Option 1 and Option 2: During the first Performance Year, a CTO is required to spend at least 50 percent of their CMFs on deploying care management professionals. The remaining fees must be utilized in accordance with the CTO Participation Agreement and to support their practice in meeting Care Transformation Requirements. At the start of the second Performance Year, CTOs are required to spend the majority of their CMFs on deploying care management professionals.

Performance Based Incentive Payments

PBIPs are annual at-risk prospective payments that are paid to practices and CTOs at the start of each Performance Year. As listed in **Exhibit 12: PBIP Amounts for 2020**, the PBIPs differ by track and are broken down into two distinct components:

1. Utilization – incentives for performance on certain utilization measures selected by CMS on the grounds that they drive total cost of care; and
2. Quality – incentives for performance on clinical quality and patient experience of care measures.

PBIPs are "at-risk," meaning that practices and CTOs are required to refund a portion or all of the payments if they – or for CTOs, their partner practices – fail to meet minimum quality and utilization performance targets. CMS will score practices' performance at the end of the Performance Year to determine if a practice will keep none, some, or all of their PBIP.

Useful Tips: Performance Based Incentive Payments

At the beginning of each Performance Year, practices and CTOs will receive the full amount of the PBIP that they are eligible to earn based on the number of their attributed beneficiaries and the practice track. After the close of the Performance Year, the actual amount earned is calculated and the unearned portion must be repaid to CMS.

CMS will score performance using a continuous approach with a threshold **minimum of 50 percent**. Practices meeting less than 50 percent of their performance threshold keep **none of the incentive**; practices meeting **80 percent or more** of their performance threshold keep the **entire incentive**. A **60 percent score** results in the practice keeping **60 percent of their payment**.

CMS will assess a practice's performance on utilization by reviewing their Medicare claims-based measures of Acute Hospital and Emergency Department Utilization (available in Healthcare Effectiveness Data and Information Set [HEDIS]) for attributed beneficiaries.

Exhibit 12: PBIP Amounts for Performance Year 2020

Practice Payments			
Track	**Utilization (PBPM)**	**Quality (PBPM)**	**Total (PBPM)**
Track 1	$1.25	$1.25	$2.50
Track 2	$2.00	$2.00	$4.00

CTO Payments		
Utilization (PBPM)	**Quality (PBPM)**	**Total (PBPM)**
$2.00	$2.00	$4.00

Frequently Asked Questions

Question: Do CTOs have requirements regarding how they spend CMFs they receive? Does this differ based on payment option 1 or 2?

Answer: CTOs must adhere to the rules outlined in the 2020 CTO Participation Agreement for CMF spending. CMF spending does not differ based on payment options 1 or 2. During the CTO's first Performance Year, CTOs will be required to spend at least 50 percent of their CMF payments on deploying care management professionals. The remaining 50 percent of the MDPCP Partner CTO's CMF payments must be used only to support the practices in meeting the Care Transformation Requirements and in accordance with the CTO Participation Agreement. Beginning in the CTO's second Performance Year, CTOs will be required to spend more than the majority of their CMF payments on deploying care management professionals.

Question: Can the CTO use CMFs to provide technical support to practices regarding clinical quality data collection, templates to capture the data, and accurate data reporting?

Answer: CTOs must spend CMFs on activities that help practices meet the Care Transformation Requirements. As data will play a major role in meeting requirements, CTOs may use CMFs to aid this effort.

Question: How can practices find out their CMF payments based on HCC scores?

Answer: The MDPCP Portal will include payment amounts. CMS will notify practices of their payment amounts at the beginning of each quarter.

Question: Can we use the CMF for care coordination activities associated with only Medicare patients or all patients?

Answer: We encourage you to make practice changes for all patients; however, practices can only use CMFs for attributed Medicare beneficiaries.

CMS will evaluate eCQMs and the CAHPS Clinician & Group Survey metrics to assess quality and the MDPCP patient experience of care.

As a reminder, practices may also participate in an MSSP Accountable Care Organization (i.e., dual participant). However, CMS will not pay shared savings and PBIPs for the same beneficiary. If a practice is a dual participant, the practice will not receive any portion of the annual PBIP for the Performance Year. Dual practices are still required to report on the two MDPCP eCQMs and submit a patient roster for CAHPS for monitoring, oversight, and evaluation purposes (as permitted by the Practice Participation Agreement, Articles XI and XII).

Comprehensive Primary Care Payments

CMS will pay out the third payment type, the Comprehensive Primary Care Payment (CPCP) in a hybrid fashion: part prospective PBPM (paid quarterly) and part reduced FFS payments for 'Select Primary Care Services' (SPCS). Unlike other MDPCP payments, only Track 2 practices are eligible to receive CPCPs.

As shown in **Exhibit 13: Payment Choices**, a Track 2 practice will have four CPCP options available to them in their first Performance Year. However, CPCP Election Percentages must increase or remain constant from year to year, and for any years after the first Performance Year, a practice may not choose an option with a lower CPCP percentage than they selected for a previous Performance Year. Track 2 practices must select higher election rates in subsequent years and are expected to select an Annual CPCP Election Percentage of at least 40% by their third year of participation as a Track 2 practice.

Performance Based Incentive Payments for MDPCP Partner CTOs

CTOs partnering with practices eligible for PBIP receive a separate, independent PBIP payment at the beginning of the year. A uniform PBIP payment rate of $4 PBPM is multiplied by the total number of beneficiaries across all of the CTO's PBIP-eligible partner practices. This amount is then multiplied by 12 and reduced for sequestration. The resulting amount is the total prospective PBIP that is remitted to the CTO. CTOs do not receive a PBIP for beneficiaries attributed to practices that participate in MSSP. CTOs' PBIP is subject to recoupment as well: the performance of a CTO is based on the aggregated outcomes and measures from all of the CTO's practices eligible to receive the PBIP.

Exhibit 13: Payment Choices by Year of Participation as a Track 2 Practice

	Track 2 Practices					
	First Year in Track 2		Second Year in Track 2		Third+ Year in Track 2	
	CPCP	FFS	CPCP	FFS	CPCP	FFS
Options Available	10%	90%				
	25%	75%	25%	75%		
	40%	60%	40%	60%	40%	60%
	65%	35%	65%	35%	65%	35%

Frequently Asked Questions

Question: What happens to my CPCP if we expand and add new practitioners?

Answer: While the PBPM for the CPCP is determined prior to the start of the first Model Year and does not change, the PBPM is multiplied by the number of beneficiaries attributed to the Participant Practice at the beginning of the quarter. It is then multiplied by 3 (for the months in the quarter) to arrive at the calculated CPCP amount for the quarter. Since the PBPM rate is multiplied by the number of attributed beneficiaries at the beginning of each quarter, it accounts for any added beneficiaries due to added providers.

Question: Since the CPCP is based on a reduced fee schedule, can the practice elect to distribute to the providers in proportion to the attribution or is it restricted to be used only for practice?

Answer: Limitations on Spending CPCP Payments:
(a) The practice shall use the CPCP payment amounts received from CMS, if any, exclusively to fund the provision of Primary Care Services by practitioners to beneficiaries, including but not limited to such services furnished via telehealth, including asynchronous store and forward technologies (as defined in 42 CFR § 410.78(a)(1)), and other services performed outside of the address identified in the recitals to this Agreement in a manner that does not require the beneficiary to visit that physical location.
(b) If the practice participates in Track 2 under this Agreement, the practice shall have methodologies and procedures for tracking and clearly documenting the use of CPCPs received from CMS is for the purposes permitted under Article 9.6(a).

MDPCP Payments to Practices Timeframe

CMS uses your banking information, business address, TIN, and Organizational National Provider Identifier (NPI) to establish vendor accounts for the MDPCP payees. Electronic payments are then disbursed either by a CMS Medicare contractor in cooperation with a commercial bank or directly through the U.S. Treasury. It is important to alert the MDPCP team via MarylandModel@cms.hhs.gov, if you need to update any payee information, but please do NOT send any banking information by email.

CMS will deposit payments into accounts in the second half of the first month of each quarter. Most practices will receive their first 2020 CMF payment and PBIP in late January. Practices may receive an additional *one-time* downward adjustment to their PBIP in Quarter 2 if they are identified as MSSP practices after Quarter 1 payments are disbursed.

If you are in Track 2, you will receive the CPCP and a reduction in your payment for SPCS services according to the Physician Fee Schedule in Quarter 1. All anticipated payment dates are posted on the Connect calendar.

III. Reporting

A. Care Transformation Requirements Reporting

The care transformation requirements reporting questions will ask about progress on specific MDPCP requirements that span the five primary care functions. This will help CMS and the PMO understand practice progress in the program and inform decisions regarding learning activities, coaching, and future adjustments to program policy.

Frequently Asked Questions

Question: In the Portal, it does not show when we have to complete the requirement. Are we expected to fulfill all of the requirements in the first year?

Answer: Semi-annual reporting on the Care Transformation Requirements is intended to help you guide your progress and help us understand where you are in your care transformation efforts. You certainly do not have to fulfill all of these requirements upon submitting your first reports. The only requirement is that you fulfill these requirements by the end of your third year in the program so that you can move to Track 2. Of course, we encourage you to fulfill them before that, but you are only required to have fulfilled them by the end of your third year.

Care transformation requirements reporting is performed in the Portal during two submission periods per year. Reporting at the end of Quarter 1 and Quarter 3 will cover the previous six months of activity—except for the first quarter of participation in the program. You can save and return to your report at any time during the reporting period. Later in the year, you will be able to look back to the previous reporting period data and print it for reference. We encourage starting reporting early. The questions will be posted on Connect prior to the submission period.

During the regular submission period, you have the option to request a one-week extension (i.e., late submission period) to complete your reporting. If approved, you must complete your reporting before the end of the late submission period.. **Exhibit 14: 2020 MDPCP Reporting Submission Periods** list each of the reporting timeframes for the year.

Exhibit 14: Performance Year 2020 MDPCP Reporting Submission Periods

Reporting Type	Submission Type	Quarter 1	Quarter 3
Practice Reporting	Regular Submission	03/23/2020 - 04/10/2020	09/21/2020 - 10/09/2020
	Request for Extension – Late Submission	03/23/2020 - 04/10/2020	09/21/2020 - 10/09/2020
	Late Submission Period	04/13/2020 - 04/17/2020	10/12/2020 - 10/16/2020
	Request for Extension – Data Correction	04/20/2020 - 06/05/2020	10/19/2020 - 12/04/2020
	Data Correction	06/08/2020 - 06/12/2020	12/07/2020 - 12/11/2020
CTO Attestation	Regular Submission	04/27/2020 - 05/08/2020	10/26/2020 - 11/06/2020
	Late Submission Period	05/11/2020 - 05/15/2020	11/09/2020 - 11/13/2020
	Data Correction	06/15/2020 - 06/19/2020	12/14/2020 - 12/18/2020

Exhibit 15: Reporting Focus Areas outlines the key areas in which practices will report in the Portal as part of care transformation requirement reporting.

Exhibit 15: Reporting Focus Areas

Reporting Focus Areas	Sections	Q1	Q3
Function 1: Access & Continuity	1.1 Empanelment	●	●
	1.2 24/7 Access	●	●
	1.3 Continuity of Care	●	●
	1.4 Enhanced Access and Communication	●	●
Function 2: Care Management	2.1 Risk Stratification	●	●
	2.2 Identifying Beneficiaries for Care Management	●	●
	2.3 Care Management Staffing	●	●
	2.4 Care Plans	●	●
	2.5 Beneficiary Follow-Up- Hospital and Emergency Department	●	●
	2.6 Comprehensive Medication Management	●	●
Function 3: Comprehensiveness & Coordination Across the Continuum of Care	3.1 Coordinated Referral Management with Specialists	●	●
	3.2 Identifying and Communicating with Hospitals and EDs Your Beneficiaries Use	●	●
	3.3 Behavioral Health Integration	●	●
	3.4 Linkages with Social Services	●	●
Function 4: Beneficiary & Caregiver Engagement	4.1 Engaging MDPCP Beneficiaries and Caregivers in Your Practice	●	●
	4.2 Advance Care Planning	●	●
Function 5: Planned Care for Health Outcomes	5.1 Team-Based Care	●	●
	5.2 Use of Data to Plan Care	●	●
	5.3 Continuous Quality Improvement	●	●
	5.4 Culture of Improvement at Your Practice	●	●
General Practice Questions	Payment Composition Selection (Track 2 only)		●
	Medicare Beneficiary Demographics	●	●
	MDPCP Program Questions	●	●
	Reporting Point of Contact	●	●
CTO Attestation	Practice Assistance Verification	●	●
	CTO Information Verification	●	●
	Reporting Point of Contact	●	●

B. Quality and Utilization Measures

CMS will release the Performance Year 2020 Quality Measure Reporting Guide later in 2020. It will be posted for download in the *MDPCP Today* newsletter and on Connect.

eCQMs

Exhibit 16: MDPCP Quality and Utilization Measures describes the two eCQMs required for reporting. Practices starting in 2020 will report final progress on eCQMs in Quarter 1 of 2021 through the CRISP CQM Aligned Population Health Reporting Tool (CaliPR). Practices can submit eCQMs performance rates using two methods:

1. Submitting a QRDA III file that has been exported from the EHR
2. Manually entering the eCQM performance rates (i.e., numerator and denominator)

The QRDA III is a standard document format for the exchange of eCQM data, containing extracted data from EHRs and other information technology systems. It is used for the exchange of eCQM data between systems for quality measurement and reporting programs. Using this format will allow you to get instantaneous feedback in CRISP and will reduce data submission-related errors.

Final eCQMs for Performance Year 2020

Although four eCQMs are mentioned in the 2020 Participation Agreement, measure specifications are not yet available for the following two measures:

- Screening for Abnormal Blood Glucose in Overweight/Obese Patients
- Substance Use Screening and Intervention Composite).

CMS anticipates that eCQM specifications for these measures will be published in 2020, and CMS will provide them to practices as soon as they become available. Practices should plan to work with their EHR vendors to implement these measures for Performance Year 2021, but will not be required to report on them for Performance Year 2020. We urge practices to continue to develop clinical processes for these measures during Performance Year 2020 so they are ready to collect data for reporting beginning January 1, 2021.

Exhibit 16: MDPCP Quality and Utilization Measures

	Measure Name	Measure Steward	Benchmark	Year of Benchmark Data	Reporting Method	Measurement Period	Reporting Period
eCQMs*	Controlling High Blood Pressure (CMS165)	National Committee for Quality Assurance (NCQA)	National, All Payer	2020 or most recent data	CRISP	January 1, 2020 – December 31, 2020	Q1 2021
	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (CMS122)	NCQA	National, All Payer	2020 or most recent data	CRISP	January 1, 2020 – December 31, 2020	Q1 2021
Patient Experience of Care	CG-CAHPS® Patient Experience Survey	Agency for Healthcare Research and Quality (AHRQ)	National, All Payer	2020 or most recent data	MDPCP Portal	January 1, 2019 – December 31, 2019	July 2020, January 2021**
Utilization	Inpatient Hospital Utilization	NCQA HEDIS	Maryland, Medicare Only	2020	No reporting requirement	January 1, 2019 – December 31, 2019	N/A
	Emergency Department Utilization	NCQA HEDIS	Maryland, Medicare Only	2020	No reporting requirement	January 1, 2019 – December 31, 2019	N/A

*Practices should collect eCQM data for all patients (regardless of payer) throughout the Measurement Period (January 1, 2020 – December 31, 2020 for 2020 Performance Year).

** Practices will submit patient rosters in the Portal twice a year. Practices will receive their Clinician & Group CAHPS® (CG-CAHPS®) survey results for the entire Performance Year through the Portal in the summer of 2021.

Patient Experience of Care

Twice per Performance Year, CMS will conduct a Patient Experience of Care Survey on a sample of your patients utilizing the CG-CAHPS® survey. This survey offers insight into otherwise difficult-to-measure features of care delivery, such as provider communication, shared decision making, and timely care. There is no cost to your practice for this survey.

Practices will be required to provide a roster of all patients twice per year (in July 2020 and January 2021), which the CMS contractor will use to select a patient sample and administer the patient experience of care survey. MDPCP uses results from the survey to calculate a portion of each practice's credit for the PBIP quality component, and for monitoring, oversight, and evaluation purposes (as required by the MDPCP Practice Participation Agreement Articles XI and XII).

Patient Experience of Care Requirement

ALL practices are required to submit a patient roster for CAHPS, even practices that are dual participants in MSSP and do not receive PBIP. MDPCP will use the information for monitoring, oversight, and evaluation purposes (as required by the MDPCP Practice Participation Agreement Articles XI and XII).

MDPCP has provided a CAHPS Survey Information Packet to assist practices with meeting the survey requirements and preparing staff/patients for the survey fielding. Practices will use this patient roster template to submit a patient roster via the MDPCP Portal. Practices should begin working with their EHR vendors to prepare for this process at the start of 2020.

Claims-Based Utilization

CMS will evaluate practices' Medicare claims to determine ED utilization and acute hospital utilization. Practices or CTOs will not need to report these measures directly, but should engage in improving quality of care reflected in these measures, such as preventing avoidable utilization. CMS will calculate these measures after the end of each Performance Year.

IV. Key Program Dates and Deadlines

Exhibit 17: Key Dates lists your reporting and payment timeframes. These dates also are available on the Connect calendar. For additional details on the Care Transformation Requirements Reporting schedule, including late submission periods, see **Exhibit 14**.

Exhibit 17: Key MDPCP Dates

	Type	Location	Timeline*
Semi-Annual Actions	Care Transformation Requirements Reporting for Practices	MDPCP Portal	03/23/20 to 04/10/20 (Q1)
			09/21/20 to 10/09/20 (Q3)
	Care Transformation Requirements CTO Attestation	MDPCP Portal	04/27/20 to 05/08/20 (Q1)
			10/26/20 to 11/06/20 (Q3)
	Submit Patient Roster for the CAHPS Survey	MDPCP Portal	Fielding 1: July 2020
			Fielding 2: January 2021
Annual Actions	eCQM Reporting	CRISP	January 1, 2021 – March 31, 2021
	Financial Reporting	MDPCP Portal	January 1, 2021 – March 31, 2021

	Type	Location	Timeline*
Payment Schedule	Care Management Fees	MDPCP Portal	January 2020
			April 2020
			July 2020
			October 2020
	Performance-Based Incentive Payments	MDPCP Portal	January 2020
	Comprehensive Primary Care Payments (Track 2 Practices Only)	MDPCP Portal	January 2020
			April 2020
			July 2020
			October 2020

*Please note that all dates are subject to change at the discretion of CMS.

V. Contact Us with Questions

For questions, please contact MarylandModel@cms.hhs.gov or 1-844-711-2664. Please have your MDPCP ID ready if you call or include it in the subject line of emails. (For practices, your MDPCP ID is T#MD####, where T# denotes whether you are Track 1 or Track 2, and the last four digits are from your application number. For CTOs, your ID is CTO0####, where the last four digits are from your application number.) For all MDPCP Help Desk options, review the Help Desk Guidance Document.