MDPCP

MARYLAND PRIMARY CARE PROGRAM

Performance Year 2020
Financial Reporting Guide

December 28, 2020

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Important Information about MDPCP Financial Reporting

Your practice or care transformation organization (CTO) should use this guide to prepare for the Maryland Primary Care Program (MDPCP) financial reporting process and identify what information you will need to complete your financial reporting successfully. We recommend you review this guide completely to support your revenue and expenditure reporting efforts.

All practices and CTOs are required to report on their financial revenues and expenses in the MDPCP Practice Portal (Portal). For technical guidance on how to access and navigate the Financial Reporting module in the Portal, please refer to the latest version of the MDPCP Practice and CTO User Manuals located on MDPCP Connect.

Financial reporting is an integral part of your participation in MDPCP. The information you collect and provide in your financial report is incredibly valuable to the program. It allows you to track your MDPCP revenue and expenditures and identify what portion of your practice or CTO's overall budget goes toward "MDPCP work." "MDPCP work" is defined as those activities related to the delivery of the Care Transformation Requirements (Access and Continuity; Care Management; Comprehensiveness and Coordination across the Continuum of Care; Beneficiary & Caregiver Experience; and Planned Care for Health Outcomes) and participation in the model (e.g., reporting, attending MDPCP learning events, completing activities for the MDPCP independent evaluation).

The financial report also allows the Centers for Medicare & Medicaid Services (CMS) to: (1) understand how MDPCP resources can support practice transformation; and (2) measure MDPCP payments' impact on practice revenue. If you have questions about using MDPCP funds, please review your Participation Agreement and the *Payment FAQs* available in the Connect Library.

In the first quarter of 2021, practices and CTOs will report for the 2020 calendar year at the practice level. There are two components to financial reporting:

1. **Revenue.** In addition to the revenue that your practice or CTO receives from MDPCP, you will need to provide CMS with your total revenue for the year, including all income sources. You are not required to itemize this revenue or provide specific details to CMS.

2. **Expenditures.** Expenditures refer to all MDPCP-related expenses incurred in the last year, in which your practice or CTO used Care Management Fees (CMFs). You will report the approximate clinical labor, non-clinical labor, and non-labor expenses paid with CMFs. You will also provide CMS with your total labor and non-labor expenditures for the year, including but not limited to MDPCP work expenditures. You are not required to itemize these expenditures or provide specific details to CMS.

MDPCP financial reporting will help practices and CTOs reflect strategically about how best to use MDPCP funds to transform care and meet program requirements. To ensure that your practice or CTO is allocating these payments properly, it may be beneficial to use past and present data to forecast the payments you will receive in MDPCP each program year, then review and prioritize requirements, thinking about what work and investments your practice

needs to meet goals. Although CMS does not ask practices to submit this supporting data or requirements, the findings will help you understand how to allocate resources toward changes.

CMS uses the information you provide through your financial reporting in several ways:

- To help us understand how practices and CTOs use MDPCP payments to fund new and innovative work or initiatives,
- To identify areas of work that require the most support, and
- To inform monitoring and auditing activities.

Only CMS, your CTO partner, and CMS contractors will view your identifiable financial reporting data. CMS may share aggregate data at the county or state/program level publicly.

Practice Financial Reporting Instructions

This section provides instructions on how to complete the Performance Year 2020 Financial Reporting in the Portal. The reporting period will be from 01/04/2021 –03/31/2021. Practices are required to report at the practice level and not at the patient level.

1. Practice Revenue

1. Total MDPCP Revenue: This will autofill with the cumulative total of MDPCP payments (CMF, PBIP, and CPCP, if applicable) your practice received since 01/01/2020. This information is drawn from the Q4 2020 Payment & Attribution data in the Portal.

> ***Practice Response Required***
>
> 2. *Total Practice Site Revenue*: Total Practice Revenue refers to all the revenue your practice earns in the calendar year. If applicable, include all other revenue types, such as grants, fee-for-service (FFS) revenue, shared savings, and any other bonus payments. We will use this information to understand the relative impact of MDPCP on your practice's revenue. Only CMS, our contractors, and your partner CTO (if applicable) can see this information. CMS will not share individual practice revenue information with others.

3. MDPCP Portion of the Total Practice Site Revenue: This will auto-calculate based on your response to #1 and #2.
4. MDPCP Attributed Beneficiaries: This will autofill with the cumulative total of MDPCP Beneficiaries Attributed since 01/01/2020.

> ***Practice Response Required***
>
> 5. *Total Active Patients:* Total Active Patients refers to the total number of patients at your practice, including all MDPCP attributed beneficiaries, non-attributed patients, and uninsured patients.

6. Percentage of Patients Attributed to MDPCP: This will auto-calculate based on your response to #4 and #5.

2. Expenditures: 2020 Actuals

a) *Non-Labor Expenditures for MDPCP*

Non-labor expenditures are expenses paid from CMFs for practice activities or supplies not directly tied to a staff member. You may enter *'0'* for any category, but the total non-labor CMF expenditures across all categories must be greater than zero.

- *Supplies* – These include other MDPCP work-related operating expenses at your practice, such as for printing or postage.
- *Trainings, Travel, and Conferences* – related to MDPCP work.
- *Consulting Fees* – related to MDPCP work.
- *Non-Health IT Technology* – These are MDPCP work-related costs associated with technology aside from your EHR and other health IT costs.

- *Third-Party Vendor* – A non-CTO entity contracted by the practice to assist with MDPCP activities.
- *Other* – Other MDPCP work-related uses of CMF that do not fall into any of the above categories.

Exhibit 1: Non-Labor Expenditures for Practices

Total	Actual
Non-Labor Expenditures for MDPCP[2]	$10[1]
Non-Labor Expenditures at Practice Site[3]	$100 (*Practice Response Required*)[1]
% of Non-Labor Expenditures for MDPCP[4]	10%[1]

[1] Numbers shown are for example only.
[2] Will auto-calculate based on entries to Non-Labor Expenditures table for MDPCP (Reminder: these entries should reflect non-labor expenditures of CMF *only*.).
[3] Non-Labor Expenditures at Practice Site: Total across practice, including but not limited to MDPCP Non-Labor Expenditures (*Practice Response Required*).
[4] Will auto-calculate based on [2] and [3].

b) *Labor Expenditures for MDPCP*

Labor expenditures for MDPCP work are your practice expenses paid using CMFs for hired, contracted, or consultant staff time. If your practice receives support from centralized or shared staff, please include your practice's portion of the total cost. We ask that you do your best to provide a snapshot of the labor-related expenses in an "average" week at your practice.

You may enter *'0'* for any category, but the total labor CMF expenditures across all categories must be greater than zero.

- *"Clinical practitioners and staff"* includes all members who provide direct, MDPCP work-related clinical care, including physicians (MD/DO), nurse practitioners (NP) and clinical nurse specialists (CNS), physician assistants (PA), registered nurses (RN), licensed practical nurses (LPN), LCSW/MSW, and other types of clinicians.
- Please include care managers at your practice in the group that best matches their license type, rather than their job title or role (e.g., include a nurse care manager in the RN category).
- *"Non-clinical staff"* includes all members who perform MDPCP work who are not involved in direct clinical care, such as office managers, administrators, front office staff, schedulers, and data analysts.

Exhibit 2: Labor Expenditures for Practices

Total	Actual
Labor Expenditures for MDPCP[2]	10[1]
Labor Expenditures at Practice Site[3]	50 (*Practice Response Required*)[1]
% of Labor Expenditures for MDPCP[4]	20%[1]

[1] Numbers shown are for example only.
[2] Will auto-calculate based on entries to Labor Expenditures table for MDPCP (Reminder: these entries should reflect labor expenditures of CMF *only*.).
[3] Labor Expenditures at Practice Site: Total across practice, including but not limited to MDPCP Labor Expenditures (*Practice Response Required*).
[4] Will auto-calculate based on [2] and [3].

Expenditures Questions

Only one question in this section is required: *"With new funding through MDPCP, what have you been able to do in your practice that you were not able to do before?"*

The response requires a minimum of 200 characters and a maximum of 1000 characters.

The two questions about the performance-based incentive payment (PBIP) are optional and have no minimum character requirements. Responses cannot exceed 500 characters.

Practices that transitioned to Track 2 for 2021 may select "N/A" for the expenditure question regarding use of CPCP since they were Track 1 practices during 2020 and therefore did not receive CPCP.

3. Summary

All of the information on this page fills automatically based on your practice's entries from previous pages.

Attestation is all that is required, as shown below.

Attestation of the Use of Funds

I attest that in 2020, our practice complied with the MDPCP Participation Agreement regarding the use of funds paid by CMS. This practice is not using the CMF for prohibited expenses, including but not limited to:

- Health IT, including upgrades, and hardware purchased solely for the purpose of accessing health IT

- Income tax payments

- Imaging equipment or other durable medical equipment

- Medications

- Continuing Medical Education (CME) (if not directly related to MDPCP)

- Costs (personnel or other costs) related to any practice billing or coding not related to MDPCP

- Office space, supplies, or decorations

- Payments to Participating MDPCP Practitioners for purposes other than supporting work related to MDPCP

Track 2 practices only:

- Further, as a Track 2 MDPCP practice, I attest we use the comprehensive primary care payments (CPCP) exclusively to fund the provision of medical care by participating MDPCP practitioners to Medicare beneficiaries, including but not limited to services with asynchronous communication and services performed outside the MDPCP practice site's physical location.

Reporting Point of Contact

Please provide the name and role of the primary person who completed this reporting.

CTO Financial Reporting Instructions

This section provides instructions on how to complete the Performance Year 2020 Financial Reporting in the Portal. The reporting period will be from 01/04/2021 – 03/31/2021.

1. CTO Revenue

1. Total MDPCP Revenue: This will autofill with the cumulative total of MDPCP payments (CMF and PBIP) your CTO received since 01/01/2019. This information is drawn from the Q4 2019 Payment & Attribution data in the Portal.

CTO Response Required

2. *Total CTO Revenue:* Total CTO Revenue refers to all the revenue your CTO earns in the calendar year. If applicable, include all other revenue types, such as grants, FFS revenue, shared savings, and any other bonus payments. We use this information to understand the relative impact of MDPCP on your CTO's revenue. Only CMS and our contractors, and your partner practice(s) can see this information; we will not share individual CTO revenue information with others.

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3. MDPCP Portion of the Total CTO Revenue: This will auto-calculate based on responses #1 and #2.
4. Number of Partner Practices: This will autofill with your CTO's total associated practices as of 01/01/2020.
5. Total MDPCP Beneficiaries Attributed to Partner Practices: This will autofill with your CTO's cumulative beneficiaries attributed across all partner practices since 01/01/2020.

2. Expenditures: 2020 Actuals

a) *Non-Labor Expenditures for MDPCP*

Non-labor expenditures are expenses paid from CMFs for CTO activities or supplies not directly tied to a staff member. You may enter *'0'* for any category, but the total non-labor CMF expenditures across all categories must be greater than zero.

- *Supplies* – These include other MDPCP work-related operating expenses at your CTO, such as for printing or postage.

- *Trainings, Travel, and Conferences* – related to MDPCP work.

- *Consulting Fees* – related to MDPCP work.

- *Non-Health IT Technology* – These are MDPCP work-related costs associated with technology aside from your EHR and other health IT costs.

- *Third-Party Vendor* – An entity contracted by the CTO to assist with MDPCP activities.

- *Other* – Other MDPCP work-related uses of CMF that do not fall into any of the above categories.

Exhibit 3: Non-Labor Expenditures for CTOs

Total	Actual
Non-Labor Expenditures for MDPCP[2]	$10[1]
Non-Labor Expenditures at CTO[3]	$100 (*CTO Response Required*)[1]
% of Non-Labor Expenditures for MDPCP[4]	10%[1]

[1] Numbers shown are for example only.
[2] Will auto-calculate based on entries to Non-Labor Expenditures table for MDPCP (Reminder: these entries should reflect non-labor expenditures of CMF *only*.).
[3] Non-Labor Expenditures at CTO: Total across CTO, including but not limited to MDPCP Non-Labor Expenditures (*CTO Response Required*).
[4] Will auto-calculate based on [3] and [4].

b) *Labor Expenditures for MDPCP*

Labor expenditures for MDPCP work are your CTO expenses paid using CMFs for hired, contracted, or consultant staff time. If your CTO receives support from centralized or shared staff, please include your CTO's portion of the total cost. We ask that you do your best to provide a snapshot of the labor-related expenses in an "average" week at your practice.

You may enter *'0'* for any category, but the total labor CMF expenditures across all categories must be greater than zero.

- *"Clinical practitioners and staff"* includes all members who provide direct, MDPCP work-related clinical care, including physicians (MD/DO), nurse practitioners (NP) and clinical nurse specialists (CNS), physician assistants (PA), registered nurses (RN), licensed practical nurses (LPN), LCSW/MSW, and other types of clinicians.

- Please include care managers at your CTO in the group that best matches their license type, rather than their job title or role (e.g., include a nurse care manager in the RN category).

- *"Non-clinical staff"* includes all members who perform MDPCP work who are not involved in direct clinical care, such as office managers, administrators, front office staff, schedulers and data analysts.

Exhibit 4: Labor Expenditures for CTOs

Total	Actual
Labor Expenditures for MDPCP[2]	10[1]
Labor Expenditures at CTO[3]	50 (*CTO Response Required*)[1]
% of Labor Expenditures for MDPCP[4]	20%[1]

[1] Numbers shown are for example only.
[2] Will auto-calculate based on entries to Labor Expenditures table for MDPCP (Reminder: these entries should reflect labor expenditures of CMF *only*.).
[3] Labor Expenditures at CTO: Total across CTO, including MDPCP Labor Expenditures (*CTO Response Required*).
[4] Will auto-calculate based on [2] and [3].

Expenditures Questions

All open-ended questions are optional and have no minimum character requirement. Responses cannot exceed 500 characters.

3. Summary

All of the information on this page fills automatically based on your CTO's entries from previous pages.

Attestation is all that is required, as shown below.

Attestation of the Use of Funds

I attest that in 2020, our CTO complied with the MDPCP Participation Agreement regarding the use of funds paid by CMS. Our CTO is not using CMFs for prohibited expenses, including but not limited to:

- Health IT, including upgrades, and hardware purchased solely for the purpose of accessing health IT

- Income tax payments

- Imaging equipment or other durable medical equipment

- Medications

- Continuing Medical Education (CME) (if not directly related to MDPCP)

- Costs (personnel or other costs) related to any practice billing or coding not related to MDPCP

- Office space, supplies, or decorations

- Payments to Participating MDPCP Practitioners for purposes other than supporting work related to MDPCP

Reporting Point of Contact

Please provide the name and role of the primary person who completed this reporting.