

MDPCP

MARYLAND PRIMARY CARE PROGRAM



Performance Year 2019 Financial Reporting Guide

November 2019

Table of Contents

I. Important Information about MDPCP Financial Reporting	1
A. Practice Financial Reporting Instructions	3
1. <i>Practice Revenue</i>	3
2. <i>Expenditures: 2019 Actuals</i>	3
3. <i>Summary</i>	5
B. CTO Financial Reporting Instructions	6
1. <i>CTO Revenue</i>	6
2. <i>Expenditures: 2019 Actuals</i>	6
3. <i>Summary</i>	8

I. Important Information about MDPCP Financial Reporting

Your practice or 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 CTO 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 User Manual 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 to 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 CMS to understand what resources are needed to support practice transformation through MDPCP and to measure the percentage increase in revenue that CMS's (and, in future Performance Years, other payer partners') MDPCP payments represent. If you have questions about use of MDPCP funds, please review your Participation Agreement and Payment FAQs on Connect.

There are two components to financial reporting:

1. **Revenue.** You are only required to report itemized revenue details for MDPCP-related revenues that your practice or CTO receives from CMS (though in future Performance Years, revenue from MDPCP payer partners may also be included). You will also provide CMS with your total revenue for the year, including all income sources (not limited to additional MDPCP revenue); however, you will not need to itemize this revenue or provide additional details to CMS.
2. **Expenditures.** Expenditures refers to all MDPCP expenses incurred by your practice or CTO in the last year. You will report the approximate clinical labor, non-clinical labor, and non-labor expenses related to carrying out MDPCP activities in the last year. You will also provide CMS with your total labor and non-labor expenditures for the year, (including but not limited to MDPCP); however, you will not need to itemize these expenditures or provide additional details to CMS.

During Q1 of 2020, practices and CTOs will report for the 2019 calendar year and at the practice level (you will not need to account for resources at the patient level).

These MDPCP financial reporting activities are intended to help you think strategically about your practice or CTO's new revenue from MDPCP and how best to target your investments. To accomplish your practice or CTO's goals using enhanced payment from MDPCP and to improve your ability to provide patient-centered, high quality, cost-effective care for patients and families, you should focus on using accounting best practices to accurately reflect the comprehensive primary care delivered. To ensure you allocate your practice's revenue to developing capabilities you deem to be highest priority areas, it may be beneficial to use past and present data to forecast the payments you will receive under MDPCP for each program year, then review and prioritize each year's requirements, thinking about what work and investments your practice needs to meet those goals. Though practices will not be asked to submit this information to CMS, these findings will help you understand how to allocate resources toward those changes.

Because you know your current practice or CTO resources and patient population best, we recommend you utilize MDPCP financial resources in a way that best address the needs of your patient populations. This exercise gives insight into where you are investing your resources to make changes in your practice or CTO work that lead to the MDPCP aims.

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

- Your financial reporting helps us understand how the resources provided through MDPCP are used to fund new and innovative work or initiatives.
- We use the information you provide to identify which areas of work require the most support, which helps us better understand the changes occurring in your practice or CTO, and helps us improve the supports that we provide to practices and CTOs through MDPCP.
- We use the information to inform monitoring and auditing activities.
- These data will only be viewed in an identifiable way by CMS, practice-CTO partners, and our contractors. We may publicly share aggregated data rolled up to the county or state/program level for communication purposes.

A.Practice Financial Reporting Instructions

This section describes what you will need to report during the Performance Year 2019 Financial Reporting Period (January 1 – March 31, 2020), with instructions and definitions for completing the report.

1. Practice Revenue

1. Total MDPCP Revenue: This will autofill with the cumulative total of MDPCP payments your practice received (since 01/01/2019), based on the Q4 2019 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 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 responses #1 and #2.
4. MDPCP Attributed Beneficiaries: This will autofill with the cumulative total of MDPCP Beneficiaries Attributed (since 01/01/2019).

Practice Response Required

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

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

2. Expenditures: 2019 Actuals

a) Non-Labor Expenditures for MDPCP

- Non-labor expenditures are your practice expenses that are not tied to a staff member.
- You may enter '0' for any category, but the total non-labor expenditures across all categories must be greater than zero.
- Facilities – These include your office expenses, such as rent and equipment costs.
- Supplies – These include other operating expenses at your practice, such as for printing or postage.
- Trainings, Travel, and Conferences
- Consulting Fees

- Health Information Technology (IT) Equipment and Maintenance – These expenses should include your electronic health record (EHR) and any health IT services your practice contracts for, as well as maintenance for those products. Although you cannot use Medicare care management fees (CMFs) to pay for health IT, you may use other sources of revenue.
- Non-Health IT Technology – These are 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

Exhibit 1: Non-Labor Expenditures for Practices

Total	Actual ⁴
Non-Labor Expenditures for MDPCP¹	\$10
Non-Labor Expenditures at Practice Site²	\$100 (*Practice Response Required*)
% of Non-Labor Expenditures for MDPCP³	10%

¹ Will auto-calculate based on entries to Non-Labor Expenditures table for MDPCP. ² Non-Labor Expenditures at Practice Site: Total across practice, including MDPCP Non-Labor Expenditures (*Practice Response Required*). ³ Will auto-calculate based on entries to Non-Labor Expenditures for MDPCP and Non-Labor Expenditures at Practice Site. ⁴ Numbers shown are for example only.

b) Labor Expenditures for MDPCP

Labor expenditures are your practice expenses 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 expenditures across all categories must be greater than zero.

- “Clinical practitioners and staff” includes all members who provide direct 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 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 ⁴
Labor Expenditures for MDPCP¹	10
Labor Expenditures at Practice Site²	50 (*Practice Response Required*)
% of Labor Expenditures for MDPCP³	20%

¹ Will auto-calculate based on entries to Labor Expenditures table for MDPCP. ² Labor Expenditures at Practice Site: Total across practice, including MDPCP Labor Expenditures (*Practice Response Required*). ³ Will auto-calculate based on entries to Labor Expenditures for MDPCP and Labor Expenditures at Practice Site. ⁴ Numbers shown are for example only.

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.

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 2019, 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.

B.CTO Financial Reporting Instructions

This section describes what you will need to report during the Performance Year 2019 Financial Reporting Period (January 1 – March 31, 2020), with instructions and definitions for completing the report.

1. CTO Revenue

1. Total MDPCP Revenue: This will autofill with the cumulative total of MDPCP payments your CTO received (since 01/01/2019), based on 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.

3. MDPCP Portion of the Total CTO Site 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 January 1, 2019
5. Total MDPCP Beneficiaries Attributed to Partner Practices: This will autofill with your CTO’s cumulative beneficiaries attributed across all partner practices (since 01/01/2019).

2. Expenditures: 2019 Actuals

a) Non-Labor Expenditures for MDPCP

- Non-labor expenditures are your CTO expenses not tied to a staff member.
- You may enter ‘0’ for any category, but the total non-labor expenditures across all categories must be greater than zero.
- Facilities – These include your office expenses, such as rent and equipment costs.

- Supplies – These include other operating expenses at your CTO, such as for printing or postage.
- Trainings, Travel, and Conferences
- Consulting Fees
- Health IT Equipment and Maintenance – These expenses should include your EHR and any health IT services your CTO contracts for, as well as maintenance for those products. Although you cannot use Medicare CMFs to pay for health IT, you may use other sources of revenue.
- Non-Health IT Technology – These are 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

Exhibit 3: Non-Labor Expenditures for CTOs

Total	Actual ⁴
Non-Labor Expenditures for MDPCP¹	\$10
Non-Labor Expenditures at CTO²	\$100 (*CTO Response Required*)
% of Non-Labor Expenditures for MDPCP³	10%

¹ Will auto-calculate based on entries to Non-Labor Expenditures table for MDPCP. ² Non-Labor Expenditures at CTO: Total across CTO, including MDPCP Non-Labor Expenditures (*CTO Response Required*). ³ Will auto-calculate based on entries to Non-Labor Expenditures for MDPCP and Non-Labor Expenditures at the CTO. ⁴ Numbers shown are for example only.

b) Labor Expenditures for MDPCP

Labor expenditures are your CTO expenses 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 expenditures across all categories must be greater than zero.

- “Clinical practitioners and staff” includes all members who provide direct 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.
- Note: 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 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 ⁴
Labor Expenditures for MDPCP¹	10
Labor Expenditures at CTO²	50 (*CTO Response Required*)
% of Labor Expenditures for MDPCP³	20%

¹ Will auto-calculate based on entries to Labor Expenditures table for MDPCP. ² Labor Expenditures at CTO: Total across CTO, including MDPCP Labor Expenditures (*CTO Response Required*). ³ Will auto-calculate based on entries to Labor Expenditures for MDPCP and Labor Expenditures at the CTO. ⁴ Numbers shown are for example only.

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 2019, our CTO complied with the MDPCP Participation Agreement regarding the use of funds paid by CMS. This CTO 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

Reporting Point of Contact

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