

Getting Started with the MDPCP

January 9, 2020

Transcript

Laura Maynard: Good evening everyone, and welcome. Welcome to the Getting Started with the MDPCP webinar. We are happy you're with us and are happy that you're introducing yourselves to one another in the chat pod. In this event, we will have several speakers. We're going to have with us Christa Speicher from CMS and Dr. Bruce Finke from CMS. This is Laura Maynard from the MDPCP Learning Network. You'll also be hearing from Chad Perman from the MDPCP PMO, Megan Girvin from the Learning Network, and Craig Behm who will be representing CRISP. We hope to share a lot of really interesting information and give you the opportunity to ask questions. For our welcome today, I would like to turn it over to Christa Speicher.

Christa Speicher: Hello everyone and good evening. Happy new year and welcome to the second performance year of MDPCP. My name is Christa Speicher and I am the lead for the Maryland Primary Care Program. We have close to 480 practices participating this year which is very exciting. It has far exceeded our expectations. Clearly there's a lot of interest in MDPCP. A lot was happening in 2019 as all of you are aware and thank you to our state partners for all of their work in 2019. We know practices were doing a ton of work to get acquainted with the program and the requirements as well as continuing to provide patient care which is most important. We acknowledge, this is not easy work. Your hard work is evident in the quarterly reports that we are seeing, the CAHPS submission process, attendance in Learning System events, general engagement with the program. I want to take a second and thank all of you for taking time to engage in the work and continuing to display a strong commitment to this work in advancing primary care in Maryland. To the new practices, we are excited to have you on board and look forward to hearing from you. For your engagement in all aspect of the program, we encourage you to get on track and start using that as a resource. Reach out to the help desk with any questions you may have and connect with your coach or CTO as you begin this journey. This is an extremely exciting time for healthcare in Maryland and now you are a part of it. Congratulations for this'll be a great year for the program. With that, I will turn it back to Laura Maynard.

Laura Maynard: Thank you. In this session, we will welcome everyone to the program. We hope to highlight key information you need in getting started on MDPCP activities. You'll have an opportunity to ask questions and we will look at next steps. For asking questions, we ask you to use the same chat pod that you are using to introduce yourselves. In there, ask any questions you have throughout. If you have a question for someone, type it in there and toward the end of the session we will have an opportunity to respond. We may not have time to answer all of the questions that come in live but we will collect, compile and respond to the questions.

A few things to know about the webinar platform - all your lines are muted and that's why we want you to type the chat pod. You can send messages, you can dial in and the dial-in information is right there at the corner of your screen. Next to that are resources available for download during this session. These include the slide decks for today, the Getting Started with the MDPCP Guide, the Getting Started Quarter One Action Items List, your January 2, 2020 starter newsletter is there and also a document on EIDM and Portal Registration Guidance. Closed captioning is available down underneath the slides. We hope you'll participate with us, type your questions in and interact as we go along through this information. Now I will turn it over to Chad Perman from the Maryland Program Management Office and he'll share a bit of information with you.

Chad Perman: Thank you Laura. To our partners at CMS and Lewin, we are excited to be here enter a second year in MDPCP. Why are we doing this? In 2018, Governor Larry Hogan, together with the MDH Program Management Office, along with CMS announced the approval of the Maryland Total Cost of Care model, which is called the Maryland Model Contract. The Maryland Model dramatically shifts how we will pay for and deliver care in Maryland. Going forward, the healthcare system in Maryland will transition away from encouraging more services and higher costs to one that rewards efficiency, value, and better health outcomes. The essential part of the Maryland Care Model is the Maryland Primary Care Program or MDPCP which is intended to support the delivery of advanced primary care and allow community providers to play a vital role in prevention, improving health outcomes and controlling total healthcare spending growth.

To be clear, CMS and the state are intentionally making strategic investments in primary care to improve the health of Marylanders and reduce unnecessary inpatient and ED utilization. This is a unique opportunity for the federal government and the state to partner on changing the delivery of healthcare in an entire state. Not only is this a great opportunity but we got we believe MDPCP will serve as an example for the nation to shift from high-cost, low-value care to efficient, community-based primary care. The program is designed to be the permanent way we deliver healthcare in Maryland. You're not alone in this journey. CMS has put a multitude of resources in place and the PMO under the MDH provides additional technical assistance and support to the practices and CTOs including training academies, technologies such as CRISP and claims reports, hands-on assistance from a practice coach. Thank you for joining us and joining MDPCP, we look forward to working with you.

Laura Maynard: Thank you so much. There are many partners and many of them Chad mentioned in the MDPCP. the centers for Medicare and Medicaid services, PMO, coaches, the learning network, the practices and providers, and Care Transformation Organizations. They are all part of this endeavor. Let's look at where we all are. We will move to a map activity. We want you to drop a pin where you're located. First you'll need to zoom in and find North America. Then zoom in and find Maryland. Make it bigger so that you can drop your pin on exactly the place in Maryland where you are. The pin is a little purple item in the upper-left hand corner. Take the pin over and drop it where you are located. This will give us a visual of exactly where we are all across Maryland. I think you will see, we are all over the state. We will give you a moment or two. You're located all over the state. For the most part, we are pretty well

dispersed throughout. Thank you for participating. We will be back to the slide. As we go back, I will hand it over to Bruce Finke who will share with you an overview of some of the foundational concepts of care transformation.

Bruce Finke: Thanks, Laura. Good afternoon, all. It is very exciting to be with you all. If we can move to the next slide. I will take a minute and talk about the underlying logic of the model and the way we think about care delivery, and the way we work through this together with you all as coinvestigators. This work builds on 7+ years of experience at CMS. We started with the CPC model and CPC Plus which is currently going on in 18 regions across the country and involving close at 3000 practices. MDPCP built on that but adds significantly new things to it. Care Transformation Organizations are a unique and important part of MDPCP. MDPCP is embedded in the Maryland Total Cost of Care Model. I cannot understate the importance of partnerships involved, particularly with the leadership of the state Program Management Office.

On the next slide, you will start to see the top half of the driver diagram, we refer to this as the diagram for MDPCP. It's a way of explaining the model. You see the care delivery component. At the center are beneficiaries and caregivers. That's what we are here for. We are here to change outcomes. The care model differs from what you may be familiar with. It builds on patient centered medical home concepts and differs in important ways. Whereas in patient centered medical homes focus on processes and structures in your practice, the care model in MDPCP is about getting different outcomes for patients. Outcomes in terms of quality, patient experience, cost and utilization. It is striving for those outcomes that drives this model. If we want to get those outcomes, we have to provide care differently in order to get different results. If we do what we do the same way, we will get the same results. That is fundamental to the care model. The care model in MDPCP is around building basic practice capabilities in five key functions traditionally not well supported through the fee-for-service reimbursements. It's about using alternative payment models to support your work and delivering care in these five functions.

We have grouped these functions in terms of access and continuity. In terms of targeted management – bring scarce and valuable care management resources to the patients who will benefit from it the most; in terms of comprehensiveness and coordination and specifically about providing the care we can in primary care and the care that is better provided from outside of primary care – coordinating that care in a seamless way; Looking at the social determinants of health and those factors that impact health and how we can coordinate care, interventions and efforts to bring resources to patients to support their health. It also involves engaging patients or CMS beneficiaries in the design of how we deliver care. It certainly also means improving their experience of care. Finally, it's about looking at our patients individually and as a population and think about how to improve their outcomes as a whole. Those are the five key areas of work. The challenge will be to take additional resources provided through MDPCP in partnership with your CTO if you're using a CTO, certainly with the support of your coaches, through the Program Management Office and invest those resources into your delivery of care so you build the capabilities within these corridors of work. The key to that success is focus. It's focus on changes that will change outcomes and using data resources available to you through CRISP to identify those opportunities.

A quick word about requirements - you have seen there's a set of care delivery requirements associated with this model. Looking at the difference between the care model here and more traditional models, think of requirements as milestones or key steps along the way. They have been carefully selected and changed over time and tested, adjusted over time to be a set of changes in your practice that will help you deliver the care you want to deliver and get different outcomes. By themselves, they are not the answer. The requirements will not give you the results you want. They are necessary steps in the changes you will make to get those results. We ask that you pay attention to the requirements, think about them with your coaches, and think about the changes required and I think what you will find is that it opens up the door to additional changes that you will want to make in order to improve outcomes for your patients. At the bottom of the logic model are the structures that support that care model. You have heard about some of these today. We talked about payment, your ability to use the payment associated with MDPCP to invest in building capability in your practice, to partner with CTO if that's how you're going about it. That is a key to making these changes. Certainly the optimal use of health IT, and you will hear more about that today. In addition, taking an approach that uses the data you get through the program/through CRISP. And of course, your own EHR data. Using that data to identify opportunities to improve care for individual patients and for your population. These are structural elements to the model that will help you get to your results which is better outcomes for your patients.

That is the introduction to the care delivery model. We will be digging a lot into this over the course of the year. You will learn a lot from your peers and those who have been in the model in the past year and from each other. We view you as coinvestigators. We can talk about ways others have done this work and success others have had and they can share that with you. You will need to adapt that to your own practice and patients to make it work. We know you will be able to do that and we are excited to take that journey with you. I will turn this back to Laura. I'll have to drop off but look forward to meeting many of you at the learning session in March.

Laura Maynard: Thank you, Bruce. That learning from one another – let's start that now. Please tell us which aspects you are already working on. Which of the five functions have you started and type that into chat. Are you already engaged in care management? Are you already doing some of this beneficiary and caregiver experience work? What sorts of things have you begun? Naturally, you will learn, improve and refine. What are you working on now that you have started that will align with the work in this model. Type some of those in. First one that pops up there is care management. Everyone take a moment, click in some of the things you are already working on. Let's keep those coming in. As we do that, I will ask, there are some on the call that started this work a year ago. We have some who have been doing this for a while. Most of us on this webinar are new here. There are some that have been at it for a while. I want to ask those of you who have been doing this for a year, if you would share in the chat some words of wisdom. What do you wish you had known? What do you know now that you wish you had known last January when you first joined MDPCP? You can share what you all have been doing and what you wish you had known or any advice you may have. Continue typing those in. Continue talking to one another. We will move to sharing content soon. Continue to talk and we will come back to any questions. If you have a question related to anything you hear throughout

the session, type it in that chat box and we will address it later. To begin with talking about the Getting Started Guide, I will turn it over to Megan Girvin.

Megan Girvin: Thank you. I just saw Jasmin in the chat talking about taking advantage of all the resources which is timely because that is what I will talk about. I'll hit next slide here and get started. Most of you should have received the Getting Started with the MDPCP Guide last week. If you didn't, you can download it in the resources pod on Adobe. It's under the chat box. It's also available on Connect. This webinar is a high-level overview of what is included. There is additional information about the drivers we heard from Bruce and also how to connect to resources that we will speak about today. I want to note, more details and resources that come on each of these topics and also a lot are available on Connect already. Keep an eye out for those. Lastly, on the right, you will see these callout boxes that will be helpful as you go through the Getting Started Guide.

Here, we have a high level brief overview of action items to tackle by the end of this month. There is more detail in the guide but this is the helpful, quick look, a checklist you can use as you move through these items. We will get started here. On the slide, you will see two of the big resource websites used in MDPCP. The first is the MDPCP Portal and the second is MDPCP Connect. Your initial steps for engaging is to make sure the correct members of your practice have access to each one of these. I will talk more about that as we move through the slide. The MDPCP Portal is an important and essential tool for practices to access payment and attribution information and also to complete your care transformation reporting. MDPCP Connect is an online information and collaboration site. It is our centralized location for resources and networking with other practices and CTO's.

We will start with the Portal. I would emphasize how important getting access to the Portal is. We suggest designating a lead user for the Portal. There is no limit but it's very helpful to have one person responsible for completing reporting requirements and accessing information. Along with that, we encourage you to gain access for more team members in case the primary lead is not available or needs backup. A quick note - you all should have received an email last month about getting access to the Portal. Once you have access to the Portal, you'll be able to see the list of your beneficiaries there. I want to encourage you all, the EIDM and Portal registration resource is a very helpful step-by-step document for completing this registration. It has screenshots and everything. The participants should gain access to the enterprise identity management as soon as possible. To gain access, you will need to complete three high-level steps. In each step, there is more detail outlined in the document.

First, you want to gain access to the EIDM site. The site serves as the parent site for all CMS models. It's that first step to getting into the MDPCP specific applications. After gaining access, you will request access to innovation center, also called IC application and select the Innovation Center privilege user from the role drop-down menu. From there, you'll be able to request access to the MDPCP application role, which is the specific application for this program. I know that was a lot of information. I encourage you to check out that resource at the bottom. It's the last in the list. Once you get in, there is a lot you can do. We listed things out so you can prioritize the most essential items. The first two bullets are things that practices and CTO's will need to do.

Once you get in, you need to update and verify your demographic information and point of contact information. It's important to keep that point of contact information up-to-date because that is who we send all the important and timely messaging to.

Both practices and CTOs will have to fill out the staff roster. For practices, your staff roster is everyone at your practice that is not a practitioner. The practitioners will have their own separate roster as you will see in bullet three. It will include primary care practitioners at your practice site to fulfill the criteria listed. Last, practices will need to update or confirm EHR information as well. Then we will move to MDPCP Connect. I will pause here and give it back to Laura to do a quick poll.

Laura Maynard: As we transition from talking about the Portal to talking about MDPCP Connect which you will hear a lot more about here, to introduce that, let's launch the polls. There are three different polls and three different questions. First one - have you received an email to access Connect, yes or no? Have you logged into Connect, yes or no? And if you have not received access, do you plan to self-register, yes or no? Take a moment to click in and once you have clicked on your response to those, share and chat any experiences you may have had using an online community or particularly using Connect if you have already done so. What it has been like. What have you been able to accomplish? What you like about it. Chat in a comment while others take a moment to click their responses. It looks like most of you all are planning to access or have already done so. Just another moment, a few more results and let's show the results. You can get a look. Almost 70% have received the email. Almost 70% have logged in and about 84%, if you have not received access, you plan to self-register. That's great to hear. We will move back to telling you more about what you can find there.

Megan Girvin: Thanks Laura. For those that have started to login and maybe haven't logged in yet, you will soon learn that Connect is kind of my thing so I am very excited to see how many people are logging in or plan to self-register. And please feel free to reach out to the MDPCP help desk if you have any questions about how to do those things. So now I will move to the overview of Connect. As you can kind of see from people that are chatting in there's a lot of different things you can do on Connect. You can access resources, timely communications, and network with CTOs and practices in the program. With that, I will just quickly talk about how to get access. This is all outlined in the Getting Started Guide as well. We put some high-level steps here. We have the link for self-registering. It's very easy. Click new user and then fill out the forms that pop up on your screen. The only one I really want to emphasize to be careful with is the model participant or affiliation. Sorry, you want to select model participant. And then for model identifier you want to make sure that you put in the correct format to ensure that you received timely access. And we have the correct format here and also in the guide. After that, you will receive a confirmation number and then within about five business days you will receive an email with your username and a link to join the community and set up your password.

So, this is what the Connect homepage looks like when you login. This is where you will be taken to. At the top of the homepage you will see various tabs and clicking on each tab will bring you to a different feature of the site. So I really encourage you to explore all these different tabs. We are going to talk about them high level here today, but there is a lot more when you get into the information. The last thing I want to say is that when you login, there is a box to post and this

is an easy way for you to talk with others. You can tag people, you can ask questions, share thoughts, and share resources. And then the next feature I want to point out is the Connect groups. So we have a number of groups set up on Connect with the goal that people who are working in these areas often, or have a lot to talk about or share, will be able to join these groups with like-minded individuals and kind of talk through things together. They are available now. I encourage you to scroll through the list and join the ones that you find interesting. Most of them are open so you can see what people are talking about within them before you join.

And I already spoke a little bit about chatter. This is the page you come to right when you login. Just a few more points about that. You can control what shows up on your chatter page, your newsfeed. And as I mentioned with the groups, what you follow or what groups you join, those will show up on your chatter feed as well as people you follow and any resources or the library, if you subscribe to that. So very useful to have it right there when you login. And then the Connect library is where all the MDPCP resources are housed. The resources available in this Adobe resource pod will all be there in case you lose track of them at some point over the next few months. There are also other really important guides such as Advancing Primary Care Guide, the Payment Methodology Guidance Document, CRISP guidance, etcetera. So there's a lot to explore there. I really encourage you to kind of sort through it. And another note is some of the documents are organized into content packs that have clear titles related to the driver diagram that Bruce was speaking to earlier. So for example there is a care management content pack that houses a lot of the care management resources in one, easy to find place.

And then the Connect calendar is an easy way to stay up-to-date on all upcoming learning events, reporting requirements, key program dates, things of that nature. You will notice we do have a 2020 quarter one calendar in the resource pod, which is really useful to print out and hang up and kind of follow on a regular basis. But the Connect calendar is updated regularly and will reflect any new updates over the next few weeks. So I encourage you to look at that. It's color-coded, so you can easily find related events. And if you click on the event, you can see further details such as the registration link or what will be covered in the event. And then the last feature I will cover here is the knowledge tab. And this is, it provides a streamlined approach to navigating the frequently asked questions and answers in the program. So the learning network team uploads questions from a variety of sources including webinars, the mailboxes, and Connect questions and we put the question and the CMS response within this tab. So very useful if you want to navigate through and see what questions have been asked.

And then the last thing I want to provide is and update for everyone is, we will be getting an upgrade to Connect this year which is very exciting. It's a very similar process. You won't have to sign up for a new account. You will have access; your access will transfer over. Your username, your password will all be the same. It will just look a little different and be a little more user-friendly when you logon. So we will have additional resources and some training information forthcoming as we get closer to the launch date. But very exciting and we look forward to hearing what you all think about the upgrade. So with that I will kind of close the kind of Portal and Connect overview and I will pass it over to Craig who will speak about the third really important system in MDPCP, CRISP. Thank you,

Craig Behm: Great! Well thank you so much and I see a lot of familiar names in the chat window so that's really wonderful. I hope all of you are familiar with CRISP. We are the state-designated Health Information Exchange. That essentially means we have real-time data connections to support clinical activity at the point of care and to facilitate care coordination. We have access to claims data so we can provide tools and reports to help you understand your attributed population, some of the metrics associated with them and hopefully design effective programs to improve the health of the patients we all serve. Most participants in MDPCP - certainly everybody from last year and most from this year - are already participants with CRISP. If you are not or if you are not sure, you can reach out to us at support@crisphealth.org or go to our website. We have an 877 number which is 877 95CRISP. We are happy to talk you through the participation agreement and other requirements to join CRISP. It's much more likely that instead, you'll probably want a refresher or to understand who in your organization has access to the tools or to make sure that you have full access to the tools you need. If that's the case, it's the same email address and phone number to reach out. We are excited this program is so heavily aligned with the services and data we can provide. All we're doing is moving this information around and you all and your team to make it effective and meaningful for your patients.

There are a few key activities that CRISP will be central to as you exceed the expectations of the program. This includes contributing data about your patient. It's hopefully through an automated feed or potentially through a patient roster. You will access information on your patients, very much like how you do for the prescription drug monitoring program. There's a lot of helpful clinical information for you as you have decision making for your patients. You can learn about other visits, encounters, lab results, images and all sorts of things through the CRISP Portal or hopefully directly within your EHR integration. Hopefully you will receive notification through CRISP so you know when a patient has been recently discharged so you can reach out and provide wraparound services through care managers and integrated behavioral health and other teams. So maybe with that, I know that was high-level, we are ready, willing, able to help you get signed up and use CRISP effectively. Please don't hesitate to reach out and I look forward to working with all of you. Now I'm going to go ahead and pass it over to Chad. Take it away, Chad.

Chad Perman: Thank you, Craig. I appreciate it and you guys at CRISP are an integral part of MDPCP so we are grateful for that. I want to remind everyone who is coming back to the program and those who are new to the program, the program management office or PMO offers free practice coaches to help get you through the program. Among the many resources being provided through the learning system, we also offer hands-on technical assistance at your practice or through a webinar. Just a few tips in terms of how to get the most out of your coach. Establishing a relationship early really is really important. If you haven't heard from your coach already, you're going to hear from them soon. The coaches work both for the practices and CTOs so they work with everyone in the program. Once you establish that relationship, it's important to meet regularly with them both in person and by phone and discuss what you need, make a plan for the year. They are there to help you think through what are the next steps for your practice because that looks different for every practice. Ask your coach for tips that they have. We have a year under our belt so we know more. Many of your colleagues can tell you, in the first year, we

were all figuring it out at the same time. We know more now and some of the tricks to move forward.

Reach out if you have any problems, we can help facilitate those and answer questions. If you have questions about program requirements, or issues with the quarterly reporting, challenges with CRISP or with your EHR, all those things we can help with including help with thinking through workflows and what other practices are doing and providing assistance there. There's a link here with the top 10 reasons to use your coach. Feel free to click on that when you have a chance. The most important reason you will see, and this is on our website, is this is a free consultant to you. We don't charge for this. Our interest here is that you are successful and your patients are healthier. Look for an outreach by phone or by email. If you haven't heard from your coach yet, you will soon hear from them pretty soon and if you want to follow-up in the meantime, feel free to email us at mdh.pcmmodel@maryland.gov. Alright, now back to Megan.

Megan Girvin: Thanks, Chad. I'll just have a quick couple of slides here. Once again you will see the Getting Started Action Item Summary. It's quick to look at, quick to have around so you know what you'll need to complete. The key dates for performance year 2020, - for those who started with 2019, you will notice a shift. We will no longer be doing quarterly reporting. It will be semi-annual. You will see those dates here. You will also see the eCQM Reporting and Financial Reporting dates. Very important to all of you, there are the payment schedule dates here as well. Helpful to have those on hand. These graphs were pulled from the Getting Started Guide so you will find them in that document as well. With that, I will transfer back to Laura. Thank you all.

Laura Maynard: Thank you Megan. We will talk about looking ahead, about what to expect from the learning network and some of the learning opportunities you will have. Continue to type in any questions you have into that chat pod. You can see some of the answers are coming through in chat. Others we will speak to verbally. As we're looking into what's coming up for the learning network, we wanted to share with you an overview of some of the learning network activities that are going to be coming up for you this year. A lot of different types of activities that are going to happen. We have got these webinars, there will be office hours where there will be a greater chance to ask your questions live or send in questions in advance and get answers to those questions regularly. We will run some affinity groups they'll be virtual in some that will be on Connect for an opportunity for you to chat with one another. We have the in-person learning session coming up on March 5th. That is something to look forward to - a great opportunity to connect with each other. Of course, the Connect platform and the newsletter – MDPCP Today.

All of those are ways you can collaborate with each other and learn from one another. That is really the key. Want to speak briefly about just why learning from each other matters. Bruce alluded to this earlier. The real key is that you the practices are the experts in how to do this. The model and the program shows those functions - those milestones are kind of guidelines of what to do. How to do it comes from you and you learn that from one another, from trying things, seeing what works, and from sharing those experiences with each other. Our goal is to foster a collaborative learning culture so you have that peer-to-peer relationship building and an opportunity to share with each other – give you that venue so you can talk to each other and

share. We really want to encourage you to participate in the learning activities and in all the resources that are available to you. This will help you get other perspectives. Other practices that may be similar to you or other practices that may be different from you and ways you can learn from one another and motivate each other to continue to take action. This will help with the type of change in culture that may be necessary to make the changes in the way you practice that Bruce talked about in regard to the model and care transformation functions.

So here is what's coming up. Here's your save-the-date. You can see there are plenty of learning opportunities coming up in the next couple of months. We'll mention starting at the bottom, that's that learning session that I talked about earlier, Learning Session 3. It will be the first one for the new starters. It will be in Gaithersburg. We will get more information out on that soon but save the date for March 5th. Coming up in a little while - the Care Manager Affinity Group. This is a virtual conversation session on care management topics that really is including a lot of care managers themselves and people who actually do that work of care management. They get together once a month and talk to each other. This is an opportunity for that. The next session of that happens on January 14th at noon. You can see the other webinars there. That will be followed quickly by a webinar on advancing the five primary care functions. One on the CRISP Tools. Then the Office Hours – the first Office Hour is going to be on January 30th etc. You can see the schedule there. So lots of good learning opportunities upcoming. I'm going to move now to Q&A. We have had some of the questions answered there in chat. We have had others come in that we got the answers to but we just haven't yet spoken them so we will do that.

We had a question come in that we wanted to mention. It's come in from a couple of folks. When will we see the 2020 1st quarter attributed? The answer for that one is that the 2020 1st quarter beneficiary and payment information is going to be available in the Portal in late January. That will be in the Portal, not Connect and that will be in late January so that's when you'll be looking for that and there will be announcements when that is available. I am just browsing to see if there are other questions. One asked about Track 2 notifications and those practices that will be moving to Track 2 have received communication of that so they have been informed that they are moving to Track 2 this year.

Let's see. Other questions that have come in that we haven't yet answered or that we want to emphasize. Taking a quick look. Continue to chat those in if you have additional questions. There was a question that came through in regard to the EIDM and portal registration document. That's the document that's there in the resource pod. That document does walk you through creating accounts for whoever needs one. Each person who needs an account will need to go through that process themselves. You cannot register there for anyone else. They each have to do it individually. Looking at other questions coming in, and as we get the answers we are putting those in. Eric had asked about practice reporting for the first quarter and the reporting period. You don't duplicate reporting. All practices report on first quarter 2020 after the close of the quarter. Then during Q3 reporting and future reporting it covers those previous two quarters. I see lots and lots of questions coming in, that's great keep them coming in. If we are able to obtain answers for all of them now, we will. If we are not, we will compile them and answer them on Connect or through the newsletter for you.

Looking at questions. The question regarding remaining in Track 1 – yes, if you were not accepted into Track 2, you are still considered in the program under Track 1 as long as you sign a participation agreement for 2020. We've got lots of good questions coming in, keep them coming. We are getting the answers as we can and we will read them out. I had a question come through for CTOs specifically – what's the 2020 date for completing the surety bond? CMS will provide written notice to CTOs of the amount they are financially guaranteed before the end of January. Then CTOs will have 60 days after that. We have other questions coming in, other answers coming through. Please feel free to keep on chatting in your questions. We can see multiple people typing. Alright we are looking at additional questions and getting those answers for you. Yes, Rachel thanks for noting that. We are keeping all your questions. We are capturing all questions and if we don't get to them today, we will find a response for them at a later point. So keep your questions coming.

Alright we had a question, is the 5% of population care management annually or per quarter? So the goal is to have 5% of beneficiaries under a combination of longitudinal and episodic care management throughout the timeframe of the model? Good questions coming in, keep them coming. Another question that came in is should the expenses match 100% with CMS? And the response for that one - practices should review the guide closely and ask specific questions to the helpdesk. But generally looking to understand how the CMF is spent. And that is a good point, if you have very practice-specific questions, those are best directed to the helpdesk. They can respond far better to something very specific to your individual practice.

Alright let's see if we have any other questions coming in. Yes, there are a couple more that we haven't yet responded to. Great, good questions and answers are being made in that chat box. We will give just a few more minutes on the Q&A before we wrap up. As we are looking at those last few questions, I do want to move on to ask for your feedback. You are going to have a survey pop up here in the next little bit. It will take you two-to-three minutes to complete. If you would give us your feedback on this event, this survey will pop up now unless you have pop-up blockers enabled. You will also receive it by email. We take your feedback very seriously. If you let us know what to think of this event, we will use that information to help plan future events. Please take a moment to complete the survey. Thank you all so much for participating. Thank you for sharing. Thank you for typing in to chat. Thank you to all of our presenters who have shared. We really appreciate the questions and answers. If you ask a question and it has not yet been answered, we will encourage you to stay in touch with us on Connect. We'll be posting answers and questions there. We also have office hours coming up on January 30th and that will be another opportunity to ask questions and get some answers to those.

As I'm getting ready to close, there you go one more answer about PFACs. How many meetings are required through the year? At least annually. So the other questions, we will compile, we'll get a response for you, encourage you to logon to Connect and get a look for those. Thank you all very much for participating today. Have a great evening and have great experience in the MDPCP. Thanks.