maryland
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EQIP Primary Care Program

Request for Application

July 2024

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Funding Announcement

The Maryland Health Services Cost Review Commission (“HSCRC”) is seeking applications from interested organizations for the new EQIP Primary Care Pilot Program (or “EQIP PC” or Program”). This funding program is intended to provide organizations with start-up infrastructure funding in return for adding

advanced primary care[1] capacity in designated areas under a multi-year commitment. The focus of the Program is to increase access to advanced primary care in areas of Maryland that are currently underserved for primary care. Total funding of up to $19 Million has been approved for this Program which will focus on certain geographies within the State of Maryland ("State").[2] The State has proposed a January 1, 2025, Program measurement start date.

Funding Period: CY 2025 – CY 2029 (subject to funding availability)

Application Requirements and Timeline

Interested organizations must complete the EQIP Primary Care Application Template and submit to EQIP.PrimaryCare@maryland.gov in order to be considered. An HSCRC evaluation committee will review the applications and make award decisions.

- RFA Announcement: July 18, 2024
- RFA Q&A Opportunity: July/August 2024 (exact date TBD)
- Application Deadline: August 31, 2024
- Award Notification: October 1, 2024

Background

The goals of the Maryland model include improved health, better patient experience, lower costs, and greater equity. Under its agreement with CMS, the State is at risk for the total cost of care ("TCOC") for Maryland Medicare fee-for-service ("Medicare FFS") Beneficiaries under the Maryland Total Cost of Care Model State Agreement ("TCOC Model"). Further information on the TCOC Model can be found on the HSCRC's website (TCOC Model). Currently, the TCOC Model has three Maryland-specific programs that are components of the Model test. These include the Hospital Payment Program, under which hospitals are paid based on a global budget; the Care Redesign Program ("CRP") to align care transformation efforts across providers; and the Maryland Primary Care Program ("MDPCP").

Background on the Episode Quality Improvement Program

Maryland providers and suppliers are excluded from federal Center for Medicare and Medicaid Innovation ("CMMI") episode payment models that include hospital costs in episode prices. As a result, the HSCRC

[1] Advanced primary care is a practice that shifts the focus of primary care toward quality. Advanced primary care practices offer care that is person- and family-centered, relationship-based, accessible, comprehensive, team-based, integrated, coordinated and equitable. *From "Attributes of Advanced Primary Care", developed by Primary Care Collaborative, the National Alliance of Healthcare Purchaser Coalitions and the Purchaser Business Group on Health. Retrieved from https://thepcc.org/resource/attributes-advanced-primary-care July 10, 2024.*

[2] This program is in accordance with the recommendation adopted by the HSCRC on November 8, 2023, found here in the section titled "Final Recommendation On Adjusting the MPA Savings Component for Calendar Year 2023")

has implemented the Episode Quality Improvement Program ("EQIP") as a vehicle within CRP, to allow providers to participate in care transformation and earn shared savings where they are able to reduce total cost of care. EQIP is a voluntary program that engages non-hospital Medicare providers and suppliers in care transformation and value-based payment. Currently EQIP holds participants accountable for achieving cost and quality targets for one or more clinical episodes, each of which will incorporate a specified alternative payment arrangement. To date EQIP has covered a wide range of specialty providers. Specifics on the current EQIP program can be found on the website of the Chesapeake Regional Information System for our Patients, Inc. ("CRISP"), the State Designated Health Information Exchange (HIE) for Maryland and the program administrator of EQIP. Further information on EQIP can be found on CRISP's website (EQIP). In establishing the EQIP program the HSCRC has focused on minimizing provider administrative burden and developing structures that incent provider participation. The HSCRC anticipates carrying these principles into this pilot primary care program.

Background on the Maryland Primary Care Program

MDPCP is a voluntary program for qualifying physician and non-physician Maryland primary care providers that provides funding and support for the delivery of advanced primary care throughout the state to serve Medicare Fee for Service Beneficiaries. The MDPCP supports the overall health care transformation process and allows primary care providers to play an increased role in prevention, management of chronic disease, and preventing unnecessary hospital utilization. Enrollment in the MDPCP is currently closed for calendar year 2025 in preparation for Maryland's transition to the AHEAD Model. MDPCP is jointly managed by MDH's MDPCP Management Office ("PMO") and CMMI. Further information on MDPCP can be found on the MDPCP website.

Background on Maryland Medicaid Advanced Primary Care Program

Maryland is in the midst of developing a Medicaid Advanced Primary Care APM that will require approval from the Center for Medicare and Medicaid Innovation (CMMI). This program will begin no later than January 1, 2026.

EQIP Primary Care Pilot Program

Administrative Structure and Program Support

EQIP PC will be organized under the banner of the HSCRC's existing EQIP program. EQIP PC is organized under EQIP for administrative purposes. It will not be a bundled payment program and will have unique characteristics that are distinct from the existing EQIP program due to its unique and focused purpose on building primary care capacity in underserved areas of the State. The State will provide program support

through existing tools established by CRISP, the MDPCP PMO, and the HSCRC EQIP. The HSCRC and PMO will partner and work across all state agencies to address any regulatory barriers to program participation.

Eligibility

Under EQIP PC the State seeks organizations for a multi-year commitment under which the organization will receive start-up infrastructure funding in return for adding advanced primary care capacity in the designated areas. The State anticipates funding would help meet start-up challenges such as provider recruitment as well as provide financial security during program ramp-up. Eligible organizations include existing practices, including Federally Qualified Health Centers ("FQHCs") who commit to adding new providers in the designated areas, completely new practices, and organizations (such as a large employer or local government) who would sponsor an advanced primary care practice. EQIP PC seeks to supplement MDPCP in two ways: (1) this new program will be focused on the expansion and creation of new access to advanced primary care (whereas MDPCP focuses on strengthening existing primary care access) and (2) the additional resources will be focused in currently underserved areas. The state envisions EQIP PC as "on ramp" or pathway to MDPCP participation and to participation in Maryland Medicaid's advanced primary care model in order to build capacity for providing comprehensive, advanced primary care.

Focus Area Selection

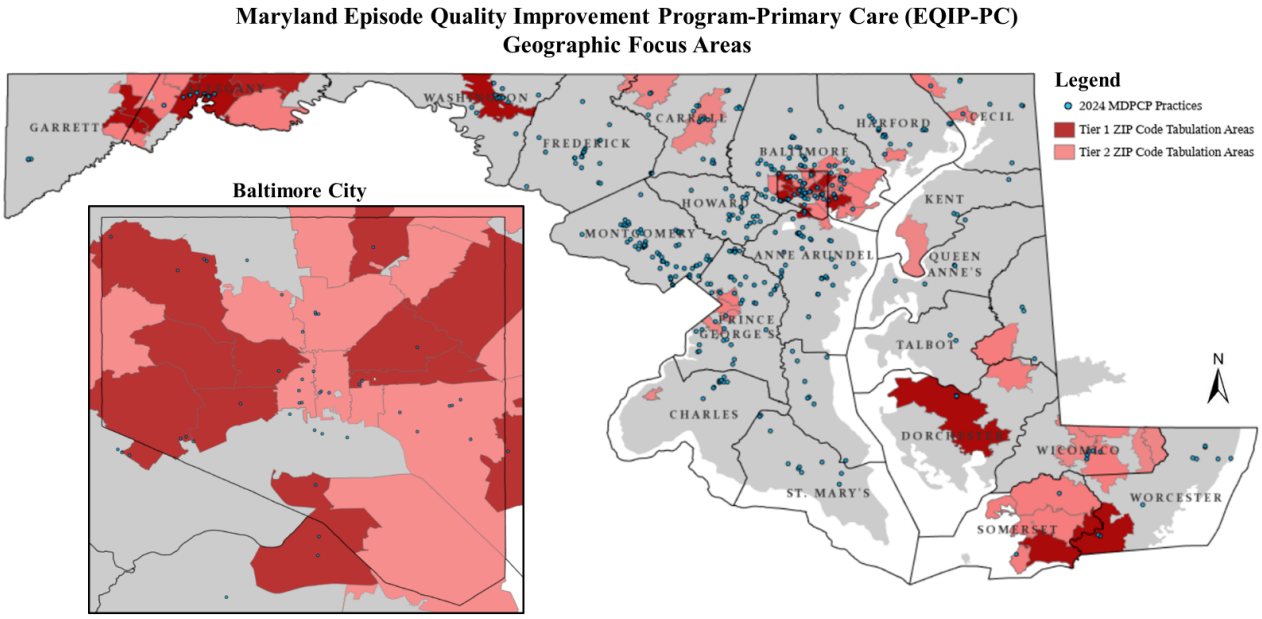
HSCRC has designated geographic areas in the State, that are a mix of rural and urban areas, and will select the best applications that address the needs of these focus area populations. By identifying zip codes where there is a low supply of primary care and poorer health and social outcomes, the State determined the geographic areas of the state where the program will be focused. Using the following metrics, HSCRC has identified specific focus areas in the state (see Figure I below):

1. Health Professional Shortage Area (HPSA) is a measure of primary care supply and is comprised of provider-to-population ratio, travel time to nearest source of care, and proportion of the population in poverty.
2. Prevention Quality Indicators (PQI) is a measure of primary care need and captures information about ambulatory sensitive conditions.
3. Area Deprivation Index (ADI) is a geographic measure of non-medical deprivation but utilized in this calculation as a component indicator of primary care need that captures information about social determinants of health.

Utilizing the combination of HPSA (supply) and ADI/PQI (need), Tier 1 areas (displayed in red on the map) are those with low primary care supply (HPSA) and very high primary care need (combination of high ADI

and PQI values). Tier 2 areas (displayed as pink on the map) would be those with low supply (HPSA) and high need (moderate ADI and/or PQI).

Figure I. Geographic Focus Areas – Maryland



Notes:
1. ZIP Code Tabulation Areas (ZCTAs) are geographic areas defined by the U.S. Census Bureau that correspond to United States Postal Service ZIP Codes.
2. Tier 1 and Tier 2 designations are a function of the Area Deprivation Index (ADI), Prevention Quality Indicators (PQI), and whether the ZCTA contains any Primary Care Health Professional Shortage Areas (PC-HPSAs). Tier 1 indicates a higher need than Tier 2.

Model of Care

This program will provide a pathway for access to new, high quality care delivery. In the application, practices will describe their model of care and how it aligns with the advanced primary care framework outlined by HSCRC, below. The framework for the model of care includes:

- **Care Management**
  - Build care management and chronic condition self-management support services.
  - Emphasize managing chronic diseases prevalent in the community with the goal of reducing unnecessary inpatient (IP) and emergency department (ED) use and total cost of care.
  - Leverage existing programs or innovative approaches to care management, in the state (Ex. Community Health Workers).
- **Integrated Care**
  - Strengthen connections with specialty care clinicians.

- Utilize evidence-based behavioral health screening and evaluation to improve patient care and coordination.
- Demonstrate ability to address behavioral health needs of the community – co-location of Behavioral Health providers, in house providers, direct scheduling, collaborative arrangements, etc.

- **Community Linkages**
  - Identify and address health-related social needs (HRSNs) and connect patients to community supports and services.
  - Build sustainable community partnerships to support the underserved population (transportation, housing, food banks, churches, schools, emergency medical, etc).

Financial Goals and Funding

Over the long term, participating practices will be expected to improve access and quality using the model of care as a roadmap. The expectation is that the practices will be reaching patients who previously had poor access to primary care. Therefore, delivering additional, high value advanced primary care services should reduce future unplanned inpatient and emergency department visits as well as improve the management of chronic conditions. The funding outlined below is critical to achieve those goals.

All EQIP PC proposed start-up funding is supplemental to normal revenues. Providers are expected to bill all payers, including Medicaid HealthChoice, Medicaid FFS and Medicare FFS, as appropriate, under standard reimbursement practices. The specific nature and amount of funding available to each organization will be determined based on what applicants submit in the funding proposal worksheet. The anticipated funding streams are outlined below:

1) **Infrastructure payment (IP)**
   a. Available the first 2 years, with potential for expansion to years 3 to 5 depending on the applicant.
   b. Annual payments made to practices in the last quarter prior to each program year or upon completion of program enrollment.
2) **Beneficiary payment (BP)**
   a. Availability of BPs to be determined during negotiations with selected applicants.
   b. Incentive structure to align with Medicaid Advanced Primary Care Program and MDPCP
3) **Shared savings (SS)**
   a. Further details available later to align with Medicaid Advanced Primary Care Program and MDPCP design.

As the proposed program is organized under the TCOC Model which focuses on Medicare FFS total cost of care, most program elements including aspects such as provider eligibility, payment amounts and quality measurement, will be based on Medicare FFS results, at the outset. The subsidies under this program would only be based on Medicare FFS participation. However, there will be no restriction on practices' ability to participate with other payers or serve non-Medicare FFS beneficiaries. Practices may use the funds from this program on activities related to infrastructure development and for the care of all patients in the practice. BPs may also include enhanced per beneficiary payments for dually eligible beneficiaries to support high-need individuals.

Practices will also be potentially eligible for other funding such as practice transformation grants and/or participation in MDPCP. Although it is anticipated that, where applicable, compensation would be coordinated with MDPCP for both Medicare and Medicaid to avoid duplicate payments or funding gaps.

Attribution

Beneficiaries will be attributed to a primary care provider when that beneficiary has their first claim for an Annual Wellness visit or Welcome to Medicare visit during the performance year. There are no restrictions based on prior eligibility. There is no minimum attribution requirement at this time. At least one year of activity would be required to establish attribution.

Participation Requirements

To participate in EQIP PC, practices must ensure the following:

- New sites and providers will be required to participate in Medicaid and/or contract with at least two Managed Care Organizations (MCOs).
- Practices must be in one of the Tier 1 or Tier 2 focus areas to participate (Appendix A.)
- Participating practices are required to identify a Lead Care Partner who will sign an agreement with the CRP entity and comply with all applicable requirements.
    - Lead Care Partner is not required to participate in EQIP PC.
    - Lead Care Partner will need to meet CMS vetting and certification requirements as outlined in this document.

To ensure ongoing compliance the HSCRC will develop program monitoring controls, including, but not limited to, items such as the following:

- Meet all CMS vetting and certification requirements (see next section).
- Monitoring of net increase in primary care capacity in the geographic focus areas.
- Audits to ensure program integrity (ex. Review of Annual Wellness Visits for upcoding).
- Quality monitoring utilizing a framework similar to MDPCP starting in Year 2.

- Demonstration of fidelity to the model of care (see Model of Care section) as well as certain operating requirements such as:
    - Is the practice open? Does the practice plan to stay open?
    - Has the practice met their targeted number of practitioners/NPIs for the year?
    - Has the practice put care coordination and practice support functions into place?

These items will be assessed using an annual progress report that practices will need to complete prior to the next performance year. Future funding may be withheld depending on the practice's responses in the progress report. The HSCRC and CRISP will work closely with participating organizations to minimize the administrative burden created by these controls. Failure to comply with program controls, after allowing for a reasonable corrective action period, will result in either a reduction of funding or practices being eliminated from the program. HSCRC will work with EQIP PC practices to develop a quality framework similar to MDPCP. In addition, transition to MDPCP and Medicaid advanced primary care will be required at the end of the pilot. Practices may transition to MDPCP sooner as appropriate.

CMS Vetting and Certification of Care Partners

Each Care Partner that is operating within an EQIP PC practice must meet, at a minimum, the following requirements:

- A clinician must have a National Provider Identifier (NPI);
- The provider must participate in the Medicare program;
- The provider must be licensed;
- The provider must use at least 2015 Certified Electronic Health Record ("EHR") technology ("CEHRT") and CRISP, Maryland's health information exchange; and
- The provider will be subject to a federal program integrity screening process; while participants can opt to engage Care Partners at the physician group practice level, all members of the group must be screened individually.

Due to the nature of this program whereby Care Partners are recruited and hired on a rolling basis, HSCRC requests that vetting, and certification occur on a quarterly basis to allow for Care Partners to begin practicing as quickly as possible to facilitate increasing access to primary care in the underserved areas.

QPP Eligibility Participation Requirements

CRP is an Advanced APM for purposes of the CMS Quality Payment Program ("QPP"). The CRP Entity acts as the participating Advanced APM entity on behalf of all Care Partners. Through the federal vetting and certification process required for CRP, Care Partners may be eligible to become Qualifying APM Participants ("QPs") under CMS' Quality Payment Program.

MDPCP Overlap

MDPCP practices may or may not be eligible to receive the Beneficiary Payments but are eligible for the Infrastructure Payment and Shared Savings payments. Existing MDPCP practices and FQHCs are expected to continue in MDPCP but can add NPIs using the funding available through EQIP PC. As noted above, continued participation in the State's Medicare advanced primary care program will require transition to MDPCP at the end of the pilot. Practices may transition to MDPCP sooner as appropriate.

EQIP-PC Program Timeline

The HSCRC is planning on the following timeline. This timeline is provided as a reference for all applicants.

July 18, 2024	HSCRC releases EQIP PC Program Application
July/August 2024 (exact date TBD)	Opportunity for potential participants to ask questions regarding the application
August 30, 2024	Deadline for EQIP PC Program Application
September 1 – September 30, 2024	Review Panel evaluates applications
October 1, 2024	HSCRC notifies successful applicants
October 1 – October 31, 2024	Selected organization(s) complete program enrollment (it will not be required to identify participating providers to enroll the organization)
October 1, 2024 – June 30, 2025	Participating providers are identified and vetted by CMS and initial subsidy payments are made based on agreed upon schedule (it is anticipated organizations would have until half-way through the first year of the program to meet initial provider recruitment goals)
December 15, 2024	Target date for initial payments (assumes completed enrollment process)
January 1, 2025	EQIP-PC Program measurement start date
January 1, 2026	Practices may begin to transition from infrastructure subsidy to per beneficiary reimbursement as early as Yr 2

Application Process

Interested organizations will apply for participation in EQIP PC. A complete submission should include the following:

- EQIP Primary Care Application (attached)
- EQIP Primary Care Funding Proposal Worksheet (attached)
- Work plan (including short- and long-term milestones), timeline, and staffing model.

As indicated in the timeline figure above, the State will offer an opportunity for applicants to ask questions about the application and will close the application period on August 30, 2024. The State may share

applicant's contact information with other interested applicants in order to facilitate potential partnerships. The State will then evaluate applications and notify applicants of their status by October 1, 2024.

Evaluation Process

An Evaluation Committee formed by the HSCRC will review and score the Program applications. The HSCRC may engage additional subject matter experts to assist in the review and evaluation of the applications. The HSCRC will make awards based on applications received and will determine how funds are disbursed. This means that:

- Determinations by the Evaluation Committee are not subject to appeal;
- The Evaluation Committee may require alterations to the scope or amount of an application during the process; and
- The Evaluation Committee may require an applicant to alter an application(s) to comply with the award limitation described above.

Evaluation Criteria

Applications will be reviewed, and funding awarded based on the following criteria (Points outlined in Appendix B):

1) Background and qualifications for deliver high quality primary care
2) Knowledge, presence, and experience in the geographic focus area
3) Minority Business Enterprise or like Status
4) Model of care
5) Staffing Model and Recruitment Strategy
6) Location Desirability
7) Care Coordination and Practice Support Function