

Stakeholder Innovation Group (SIG): **Intake Form for New Payment Model Idea that Requires State/Federal Approval** (to be added to the [Innovations Website](#))

Purpose: The purpose of this form is to collect structured information on stakeholders' innovative ideas for new payment models to transform and improve the quality of health care delivered in Maryland and help address the Total Cost of Care (TCOC) Model savings requirements. New payment models are innovative ideas, outside of traditional provider payment structures, that require approval from the Centers for Medicare and Medicaid Services (CMS) and/or the State of Maryland.

Background: The SIG is a provider-led, stakeholder forum to identify innovative ideas and care transformation ideas to advance the goals of the TCOC Model and population health efforts in the state. The SIG is designed to be a collaborative forum in which ideas can be discussed and enhanced before the State recommends the idea to the Secretary of Health and the Secretary's Vision Group (SVG) for approval.

Instructions to Fill Out this Intake Form: Any health care provider or stakeholder in Maryland may submit a New Payment Model Idea through this intake form. Ideas will be reviewed by SIG staff for completeness and will be discussed in SIG meetings on a first in-first out basis.

Ideas are intended to be iterated, improved and challenged through the SIG Process Flow. While it is likely that more complete ideas will be able to move through the SIG Assessment and State Evaluation process, SIG staff acknowledges the spectrum that exists between a concept and a fully defined payment model idea. A secondary purpose of this form is to help stakeholders understand the type of information that the SIG and State will need to effectively assess and evaluate a potential idea. SIG staff commit to working with stakeholders to complete the form and offer up to an hour of technical assistance per idea.

The form is estimated to take approximately 20 minutes to fill out. The form's sections are aligned with the SIG Assessment and Evaluation Criteria to facilitate easy review for completeness. Mandatory questions are indicated by an asterisk (*). Please note that this Payment Model Idea Intake Form is separate from the existing Case Study form for the Innovation Inventory, which contains programs that already exist and could be scaled by stakeholders without State review and approval.

Questions on the form can be directed to Erin Dorrien at edorrien@mhaonline.org

Requests for Technical Assistance can be directed to md.aid@maryland.gov

SIG Assessment and State Evaluation Criteria: Payment Model Ideas will be discussed and enhanced via the provider-led SIG. The SIG has outlined a tentative set of “Assessment Criteria,” which outline a standard against which all payment model ideas will be compared. These Assessment Criteria are copied in the below table. During the SIG Assessment, **the State will work closely to develop TCOC savings estimates to gain an understanding of return on investment potential.**

Once a proposed payment model meets the SIG Assessment Criteria, the model moves to a multi-agency State group for a TCOC evaluation, alignment with State priorities and programs, and a review of potential unintended outcomes. This State group will then 1) advance the idea to the Secretary’s Vision Group for approval, 2) recommend the idea go back to the SIG for additional refinement, or 3) not recommend the idea for implementation.

Assessment Criteria	Assessment Points
Target Population	<ul style="list-style-type: none"> • Targets a patient population with high expenditures or high needs • Delivers care in way that reduces health disparities
Quality and Cost	<ul style="list-style-type: none"> • Reasonable quality benchmark and goal(s) • Estimated ROI based on program administration costs and cost to conveners to participate
Value over Volume	<ul style="list-style-type: none"> • Strengthens accountability for a patient population • Incentives promote preventive care, population health, and/or public health
Payment Methodology and Flexibility	<ul style="list-style-type: none"> • Builds on proven or existing payment mechanisms and/or attribution models • Provides flexibility to providers to deliver additional, high-value services • Feasibility of receiving requested Medicaid and/or Medicare waivers, if necessary, from CMS

Payment Model Idea Intake Form

*Section 1: Submitter Information	
Name	
Title	
Organization or Affiliation	
Email	
Phone Number	
Date of Submission	
*Section 2: Payment Model Idea Overview	
Name	
Description of Idea	
Objective	<p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduction of disease burden <input type="checkbox"/> Provision of alternative clinical services <input type="checkbox"/> Streamlining of available services <input type="checkbox"/> Reduce per capita cost <input type="checkbox"/> Reduce total cost of care (TCOC) <input type="checkbox"/> Other:
Section 3: Payment Model Idea Details	
*Target Population	<p><i>Example: All residents over 18 years in zip codes XXXXX who have three or more chronic conditions and were discharged from an acute care visit (inpatient hospitalization or ED visit) within past six months that was due to an exacerbation of the following chronic conditions: xxxxxx.</i></p>
*Description of Intervention(s)	
*Duration of Performance Period	<p><i>This duration should match with your methodology for calculating savings and correspond with your timeframe for monitoring of any quality or process measures.</i></p> <ul style="list-style-type: none"> • Begins (i.e. infrastructure is in place and intervention(s) is active with patients): • Ends:
*Quality Impact	<p>Select and describe all measures that apply:</p> <ul style="list-style-type: none"> • Process: • Patient outcome: • Patient experience or satisfaction: <p><i>For each measure, describe its:</i></p> <ul style="list-style-type: none"> • Current Performance: • Annual Targeted Improvement:

<p>*Downside Risk Requirement for TCOC Accountability</p>	<p><i>*Downside financial risk means that if the risk-bearing entity exceeds budgeted costs or incurs losses, then it must refund payers a portion of the difference in costs. To ensure financial accountability under the TCOC Model and promote performance, specify the entity that will bear downside financial risk for the program:</i></p>
<p>*Financial Methodology</p>	<p>Describe your methodology for determining a return on investment and for calculating savings in these areas:</p> <ul style="list-style-type: none"> • Program sustainability • Total cost of care impact • Other
<p>Anticipated Resource Requirements</p>	
<p>Funding Requirements</p>	<ul style="list-style-type: none"> • Describe your source of funding for idea development, implementation, and operations: <ul style="list-style-type: none"> ○ *Primary: ○ Secondary: • Startup estimate, including staffing: • Operational estimate: • Long-term Funding Mechanism:
<p>*Advanced Alternative Payment Model (APM) Applicability</p>	<ul style="list-style-type: none"> • Can this idea be developed as an addition to the Care Redesign Program (CRP) or the upcoming Enhanced Episode Program? <ul style="list-style-type: none"> <input type="checkbox"/> If yes, which one? <input type="checkbox"/> No <input type="checkbox"/> I do not know • For Medicare purposes, to be designated as an Advanced APM under CMS Quality Payment Program rules, all three of the following criteria must be met. For more information, please see CMS' Advanced APM designation requirements. <i>Select the following criteria that you think would apply to your idea:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Requires participants to use certified EHR technology; <input type="checkbox"/> Provides payment for covered professional services based on quality measures comparable to those used in the MIPS quality performance category; and <input type="checkbox"/> Requires participants to bear more than nominal financial risk,¹ defined as either: <ul style="list-style-type: none"> ▪ At least 8 percent of the entity's own Medicare Part A and Part B payments; or

¹ Under federal regulations, this third requirement can be substituted if Medical Home Model expanded under CMS Innovation Center authority. However, the State does not anticipate other models in Maryland to qualify for this besides the current Maryland Primary Care Program (MDPCP).

	<ul style="list-style-type: none"> ▪ At least 3 percent of the total Part A and B spending for which the entity is responsible, even if not directly paid to them.² • Maryland hospitals meet all three of these qualifications and are considered Advanced APM Entities. Medicare ACOs taking on the required level of financial risk are also considered Advanced APM Entities. Such submitters should note this. Furthermore, qualifying clinicians, as defined by CMS' Quality Payment Program, partnering with Advanced APM Entities may qualify for a 5% increase in their Medicare payments (i.e., MACRA bonus). • There may be opportunities for Advanced APMs with other payers³
*Legal or Regulatory Barriers	Describe legal or regulatory barriers to operationalization, if any, particularly if your idea requires a waiver from Medicare rules that is necessary for the intervention(s) described above to be operational and successful.
Payer Alignment	Does your payment model idea intend for participation by more than one payer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section 7: Additional Information	
Partner(s) <i>If your organization will work with a Partner to furnish services to the Target Population, complete this section for each Partner, if there are multiple. If no Partners, skip this section.</i>	
Partner Type	<i>Select one and describe their responsibility:</i> <input type="checkbox"/> Physician groups, clinicians or auxiliary personnel: <input type="checkbox"/> Community based organizations: <input type="checkbox"/> Local or State agencies: <input type="checkbox"/> Other:
Accountability Mechanism	<i>Select all that apply:</i> <input type="checkbox"/> Contract <input type="checkbox"/> Affiliation <input type="checkbox"/> Other
Incentive Payments to Partners, if offering	<ul style="list-style-type: none"> • <i>Select one:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective • <i>Select all that apply: Types and source</i> <ul style="list-style-type: none"> <input type="checkbox"/> Shared savings <input type="checkbox"/> Bundled payments <input type="checkbox"/> Bonus payments <input type="checkbox"/> PMPM payments

² Based on federal regulation at [42 CFR 414.1415\(c\)\(3\)](#).

³ See <https://qpp.cms.gov/apms/all-payer-advanced-apms>

	<ul style="list-style-type: none"> <input type="checkbox"/> Shared resources <input type="checkbox"/> Other • <i>Select one:</i> How will you determine the amount of incentive payment that may be distributed to your Partner? <ul style="list-style-type: none"> <input type="checkbox"/> Percentage of savings <input type="checkbox"/> Pre-determined <input type="checkbox"/> Other • Describe any cash flow mechanism for distribution of savings to partners. <i>(Cash flow mechanisms involve changes in the method of payment for services furnished by providers and suppliers participating in an APM Entity. Cash flow mechanisms do not change the overall amount of payments. Rather, they change cash flow by providing a different method of payment for services.)</i>
<p>Maryland Adoption of Idea <i>Answer these questions if your idea exists outside the State of Maryland.</i></p>	
<p>Name of program existing outside of Maryland</p>	
<p>What aspects can be replicated in Maryland?</p>	
<p>What lessons can be adopted in Maryland?</p>	
<p>Provide any relevant website links</p>	
<p>Upload attachments, e.g. journal articles, evaluation studies, etc.</p>	