State of Maryland
Department of Health

Adam Kane
Chairman

Joseph Antos, PhD
Vice-Chairman

Victoria W. Bayless

Stacia Cohen

John M. Colmers

James N. Elliott, M.D.

Health Services Cost Review Commission
4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hscrc.maryland.gov

Katie Wunderlich
Executive Director

Allan Pack, Director
Population Based
Methodologies

Chris Peterson, Director
Payment Reform &
Provider Alignment

Gerard J. Schmith, Director
Revenue & Regulation
Compliance

William Henderson, Director
Medical Economics &
Data Analytics

To: Hospital CFOs, MPA Liaisons, and MATT Users
From: Willem Daniel, Deputy Director
Date: May 8, 2020
Re: RY 2022 Medicare Performance Adjustment Year 3 Attribution and Care Coordination Agreement Attestation

---

Dear hospital CFOs, MPA Liaisons, and MATT Users,

The HSCRC has completed the final provider and beneficiary attribution for Y3 of the MPA, and the lists are available for viewing in the MPA Attribution Tracking Tool (MATT) under the "Annual Attribution" tab. The attribution lists will be used to calculate MPA performance for Y3 (Calendar Year 2020). On behalf of the HSCRC, thank you for your participation during the review period and ongoing engagement in TCOC. The next step is to use these lists to determine if a hospital has attested to a care coordination agreement with a linked provider. Your continued engagement as we collect initial care coordination agreements and ask you to regularly update provider lists is appreciated and necessary to provide you with patient-level data (i.e. protected health information (PHI)).

The remainder of this memo provides a recap of the rules regarding access to patient-level detail on your attributed beneficiaries. **If a hospital wishes to access patient-level for their MPA providers, we are requiring hospitals to attest to care coordination relationships in MATT by May 29, 2020.** Details on this initial attestation are provided in Section I and the steps to follow in MATT are provided in Section II. Finally, this memo provides the instructions for ongoing updates to MPA provider lists. If a hospital is receiving patient-level data, regular updates are required in MATT and those requirements are outlined in Section III as well as the Appendix.

In addition, in response to stakeholder feedback throughout this process, HSCRC has revised the "Y3 MPA Attribution Guide and FAQ" and attached it to this email. If you have questions on how to view your MPA lists in MATT, please see the attached "MATT Hospital User Guide".

Section I. Initial Care Coordination Attestation

The presence of a care coordination attestation between a hospital and a provider allows CRISP to share patient-level data with hospitals for the purposes of care management and population health. Hospitals must attest to care coordination agreements with linked providers before they can receive patient-level data for patients attributed to those linked providers. Access to patient-level data in CRISP tools using the MPA attribution (e.g. the Medicare Analytics & Data Engine (MADE)) will

refresh in June 2020 to reflect MPA Y3 lists and care coordination agreements, replacing access to patient-level data from MPA Y2 lists. These attestations **do not** impact the MPA attribution, only patient-level data sharing.

MATT provides hospitals the ability to indicate the care coordination agreements they have with MPA Y3 Providers. Hospitals select the providers using the tool and then MATT generates a CFO Certification document for signature attesting to the presence of these agreements. We hope using MATT will automate and simplify the process of tracking the MPA attribution. **Hospitals wishing to access patient-level data for their MPA providers in the first data release should provide this signed attestation to the HSCRC by May 29, 2020. Failure to meet this deadline will delay the hospital's access to patient-level data.**

Section II. Submitting the Initial Care Coordination Attestation in MATT

The following steps are needed to complete this initial attestation process by May 29, 2020:

1. Using the "PHI Status" tab in MATT, select **May 2020** to view the MPA Y3 lists for the MDPCP/CTO, ACO, Employed, and Referral tiers, as applicable. Selecting earlier months (e.g. April 2020) will show prior MPA Y2 lists.
2. Toggle on or off the "PHI Status" checkbox for each provider depending on if the hospital is able to attest to a care relationship with that provider.
    a. Attestations with all providers on a hospital's MDPCP/CTO, ACO, and Employed lists are expected and the default setting is to allow access. It is only necessary to adjust this access if the hospital no longer has a relationship with the **entire** CTO, ACO, or Employed provider group.
    b. Hospitals may also attest to care coordination agreements with individual Referral providers, if desired.
3. Submit the reviewed list of providers on the final "Finalize & Submit" page in MATT's "PHI Status" tab, which will prompt the HSCRC to review the submission.
4. Once notified that the HSCRC approved the list, download the CFO Certification document using the "CFO Certification" button now available on the "Finalize & Submit" page.
5. Obtain the signature of your hospital's CFO, attesting to the accuracy of the provider care coordination agreements, and return the signed CFO Certification document to hscrc.tcoc@maryland.gov.

Section III. Ongoing Provider List Updates and Care Coordination Agreement Submissions

In order to allow for patient-level data sharing on an ongoing basis, HSCRC needs to validate continuing care coordination relationships between hospitals and providers. After the May 29, 2020 deadline, hospitals attesting to care coordination agreements are required to update their provider lists in MATT for events that impact PHI sharing. Additionally, hospitals will continue to have the ability to add new care coordination agreements in MATT throughout the year. **We will no longer accept updates to provider lists using email and Excel, all updates must be made in MATT.**

The process for updating MPA provider lists in MATT follows the same procedure as outlined in Section II. The "PHI Status" tab should be used and hospitals should select the current month and year for which they are submitting the changes. For more details on how to use MATT to submit these PHI events, please see the attached "MATT Hospital User Guide".

The rules for when hospitals are required to update MATT for a change in provider status are described in an Appendix to this memo. These rules are the same as those issued in our original memo on June 12, 2019 with the exception of Employed tier termination notifications now only being needed

if the **entire** employment group terminates, not the individual NPI. Please follow that appendix in updating your hospital's attestations during 2020. **Consistent with 2019 policies, ongoing provider updates are expected upon the event and no later than the next occurring 25th of the month following the date of the event. The HSCRC reserves the right to terminate all MPA attribution patient-level data access if we feel provider updates are not occurring on a timely basis.**

Again, we sincerely appreciate your time reviewing the MPA Year 3 attribution and your continued engagement in future years of the MPA. Please contact hscrc.tcoc@maryland.gov with any questions.

Best,
Willem Daniel
Deputy Director, Payment Reform
Health Services Cost Review Commission

Appendix. MATT Requirements for Ongoing Provider Lists Updates

Background:

Working with our legal counsel, we have determined that the changes listed under *Notification Requirements* below will end the data-sharing relationship between an attributed beneficiary and the hospital and will result in the termination of patient-level data sharing based under the MPA for any impacted beneficiary. Therefore, we are required to obtain data on these events in as timely a fashion as possible. This change only impacts beneficiaries where patient-level data was shared on the basis of an MPA relationship; if the hospital also has a touch relationship, the patient-level data will still be shared based on hospital touch. Again, these changes **do not** impact the MPA attribution, only patient-level data sharing; the beneficiary will continue to be attributed to the same hospital for MPA Y3.

Required Action

The table below shows the termination and addition events and the notification requirement for each. Notice of an event should be made in MATT upon the event, and should be delivered no later than the next occurring 25th of the month following the date of the event. Hospitals should strive to be as timely as possible in delivering notice. The related patient-level data sharing will be terminated/added effective with the CRISP release date in the following month (typically around the 10th). As the data is released on a lagged basis, these timelines will be sufficient to prevent inappropriate PHI sharing as long as hospitals notify the HSCRC in a timely fashion.

Please note that the Y3 MPA attribution is performed at the group-level for MDPCP, ACO, and Employed lists and, therefore, hospitals do not need to monitor the care relationships with individual NPIs on these lists. Consistent with the table below, hospitals should only notify the HSCRC if the entire MDPCP/CTO, ACO, or Employed group terminates. Monitoring the status of individual NPI terminations or additions is only necessary for Referral-linkage providers.

Notification Requirements:

Event Type	Relevant Attribution Tier	Event	Notification Requirement
Termination	MDPCP	Termination of a group's participation in MDPCP where the group is associated with a hospital's CTO.	Update MATT with the hospital(s) associated with the termination.
Termination	ACO	Termination of an ACO or the ACO's relationship with a hospital (applicable only to those hospitals attributing beneficiaries based on an ACO relationship).	Update MATT with the hospital(s) associated with the termination.
Termination	Employed Provider	Hospital's termination of an entire employment group, as consistent with the employed provider list given in MATT as part of the MPA attribution.	Update MATT for all the NPIs of the terminated group at the related hospital. If the hospital did not provide an employed provider list in MATT, this requirement is not relevant.
Termination	Referral	Termination of a previously signed care coordination agreement between a hospital and an individual provider or provider group.	Update MATT with the NPIs of any terminated providers at the related hospital.

Addition	Referral	Signing of an HIPAA-compliant care coordination agreement between a hospital and an individual provider or provider group.	Update MATT with the NPIs of any added providers at the related hospital. Then download, sign, and submit an updated CFO attestation noting the change.