



To: Hospital CFOs, MPA Liaisons, and MATT Users
From: Willem Daniel, Deputy Director
Date: March 4, 2022
Re: RY 2024 Medicare Performance Adjustment Year 5 Attribution and Care Coordination Agreement Attestation

Dear Hospital CFOs, MPA Liaisons, and MATT Users,

The Medicare Performance Adjustment (MPA) policy attribution will change from the traditional primary-care based algorithm to a geographic approach for Calendar Year 2022. Since the geographic attribution does not establish any treatment relationships, HSCRC has established an additional approach for data sharing in order to support hospital care redesign efforts.

HSCRC will continue to share patient-level Personal Health Information (PHI) with hospitals under two scenarios: 1) if a treatment relationship is established with a patient through an inpatient admission or emergency department visit (referred to as a “touch”) in the past three years or 2) if a PHI data sharing relationship is established. HSCRC will use a two-step PHI data sharing approach that is separate from the MPA attribution to share patient-level data.

1. First, hospitals will identify non-hospital providers – physician/non-physician clinicians or facilities such as Long-term Acute Care Hospitals (LTAC), Skilled Nursing Facilities (SNF), Home Health Agencies – that have an established treatment relationship with the hospital. Any beneficiaries with a Medicare FFS claim (through the CCLF) for an Evaluation and Management (E&M) visits or an admission to these facility types will be included in this data sharing step.
2. Second, the hospital will need to attest to having a care coordination agreement with the provider. A care coordination agreement is considered to exist if the Hospital certifies that it has a Business Associate Agreement (BAA), as such term is defined by 45 CFR §164.504, or other such agreement (employment contract, ACO Agreement, etc.) that allows data sharing under HIPAA.

Once the provider list and attestations are received, hospitals will be able to access PHI for the appropriate beneficiaries.

Additionally, the HSCRC will share patient-level data with lead care partners and administrative proxies of Episode Quality Improvement Program (EQIP) entities with a care partner agreement.

The remainder of this memo provides a recap of the rules regarding access to patient-level detail for beneficiaries under the new PHI data-sharing approach. If

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a hospital wishes to access patient-level data for these beneficiaries in the first Y5 data processing cycle, hospitals are required to attest to care coordination agreements in MATT and submit a signed CFO Certification document to the HSCRC by May 25, 2022. 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 provider partner lists in Section III and requirements for receiving patient-level data are outlined in the Appendix.

Please note that the process outlined in this memo is separate from the process for submitting provider lists required for the MPA MDPCP Supplemental Adjustment. That process relates only to hospitals subjected to the MPA MDPCP Supplemental Adjustment.

Section I. Initial Care Coordination Attestation

A care coordination agreement between a hospital and a provider allows CRISP to share patient-level PHI data for individuals in a treatment relationship with that provider to the hospital. The data are shared for the purposes of care management and population health. Hospitals must attest to care coordination agreements with providers before they can receive patient-level data for patients linked to those providers. Access to patient-level data in CRISP's Medicare Analytics Data Engine (MADE) tool for MPA attributed beneficiaries will refresh in June 2022 to reflect the care coordination agreements currently in place. Patient-level data for MPA Y4 attributed beneficiaries will no longer be available. These attestations do not impact the MPA attribution, only patient-level data sharing access.

The HSCRC requires hospitals to re-affirm the presence of existing care coordination agreements for the new year. MATT allows hospitals to attest to their care coordination agreements with relevant providers. Once providers are identified, MATT generates a CFO Certification document for hospitals to sign attesting to the presence of these agreements. In response to industry requests, CFOs will designate MATT users as duly authorized representatives who will attest to additions to provider lists throughout Calendar Year 2022, removing the need for a new CFO signature every time a new agreement is added. In the event that the designated MATT users change during the calendar year, a new signed CFO Certification is required.

MATT automates and simplifies the process of tracking the PHI data sharing. Hospitals wishing to access patient-level data for their beneficiaries in the first available data release should submit providers in MATT and provide the signed CFO Certification to the HSCRC by May 25, 2022. Failure to meet this deadline will delay the hospital's access to patient-level data. MATT will be available for hospitals to upload their provider partners for CY22 starting on March 4, 2022.

Section II. Submitting the Initial Care Coordination Attestation in MATT

Technical steps needed to complete this initial attestation are outlined in the attached MATT Hospital User Guide and will also be covered during MATT user trainings being held by CRISP in March of 2022.

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

After a hospital's initial submission of provider partners with care coordination agreements, hospitals are required to update their provider lists in MATT for events that impact PHI sharing. Additionally, hospitals can continue to add new care coordination agreements in MATT throughout the year. Hospitals are only required to attest to their provider partner relationships when a relationship status changes, not on a monthly basis as required in CY 2021. We will not accept updates to provider lists using email or Excel submissions, all updates must be made in MATT.

For more details on how to use MATT to update provider partner lists, 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. Please follow that appendix in updating your hospital's attestations during 2022. Consistent with 2021 policies, ongoing provider updates are expected immediately and no later than the next processing cycle (the 25th of the month following the date of the event). The HSCRC reserves the right to terminate all patient-level data access if we feel provider updates are not occurring on a timely basis.

We sincerely appreciate your time focusing on managing PHI data sharing in a way that protects beneficiaries' privacy while allowing for effective care management and coordination. Please contact hsrc.toc@maryland.gov with any questions.

Best,
Willem Daniel
Deputy Director, Payment Reform
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Appendix. MATT Requirements for Ongoing Provider Lists Updates

Background:

Working with our legal counsel, we have determined that the termination events listed under

Notification Requirements below will end the data-sharing relationship between an attributed beneficiary and the hospital will no longer receive patient-level data for any impacted MPA-attributed 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 a PHI sharing 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 Y5.

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 processing cycle 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 the second Friday of the month). 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.

Notification Requirements:

Event Type	Data Sharing Tier	Event	Notification Requirement
Termination	CTO Partners	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	All Other	Termination of a previously signed care coordination agreement between a hospital and an individual clinician or facility partner.	Update MATT with the NPIs of any terminated provider relationships. Updating data sharing for a specific terminated clinician within a provider group is not necessary if an agreement remains in place with their provider group.
Addition	All Other	Signing of a HIPAA-compliant care coordination agreement between a hospital and an individual clinician, clinician group or facility partner.	Update MATT with the NPIs of any added providers.