

Medicare Advantage Partnership Grant Program
Request for Proposals

Appendix A – CMS Star Ratings for 2020

ID	Measure Name	Category	Weight	Date
C01	Breast Cancer Screening	Process	1	2018
C02	Colorectal Cancer Screening	Process	1	2018
C03	Annual Flu Vaccine	Process	1	03/2019-05/2019
C04	Improving or Maintaining Physical Health	Outcome	3	04/2018-07/2018
C05	Improving or Maintaining Mental Health	Outcome	3	04/2018-07/2018
C06	Monitoring Physical Activity	Process	1	04/2018-07/2018
C07	Adult BMI Assessment	Process	1	2018
C08	Special Needs Plan (SNP) Care Management	Process	1	2018
C09	Care for Older Adults – Medication Review	Process	1	2018
C10	Care for Older Adults – Functional Status Assessment	Process	1	2018
C11	Care for Older Adults – Pain Assessment	Process	1	2018
C12	Osteoporosis Management in Women with Fracture	Process	1	2018
C13	Diabetes Care – Eye Exam	Process	1	2018
C14	Diabetes Care – Kidney Disease Monitoring	Process	1	2018
C15	Diabetes Care – Blood Sugar Controlled	Intermediate Outcome	3	2018
C16	Rheumatoid Arthritis Management	Process	1	2018
C17	Reducing the Risk of Falling	Process	1	2018
C18	Improving Bladder Control	Process	1	2018
C19	Medication Reconciliation Post-Discharge	Process	1	2018
C20	Plan All-Cause Readmissions	Outcome	3	2018
C21	Statin Therapy for those with Cardiovascular Disease	Process	1	2018
C22	Getting Needed Care	Patient Experience	1.5	03/2019-05/2019
C23	Getting Appointments and Care Quickly	Patient Experience	1.5	03/2019-05/2019
C24	Customer Service	Patient Experience	1.5	03/2019-05/2019
C25	Rating of Health Care Quality	Patient Experience	1.5	03/2019-05/2019
C26	Rating of Health Plan	Patient Experience	1.5	03/2019-05/2019
C27	Care Coordination	Patient Experience	1.5	03/2019-05/2019

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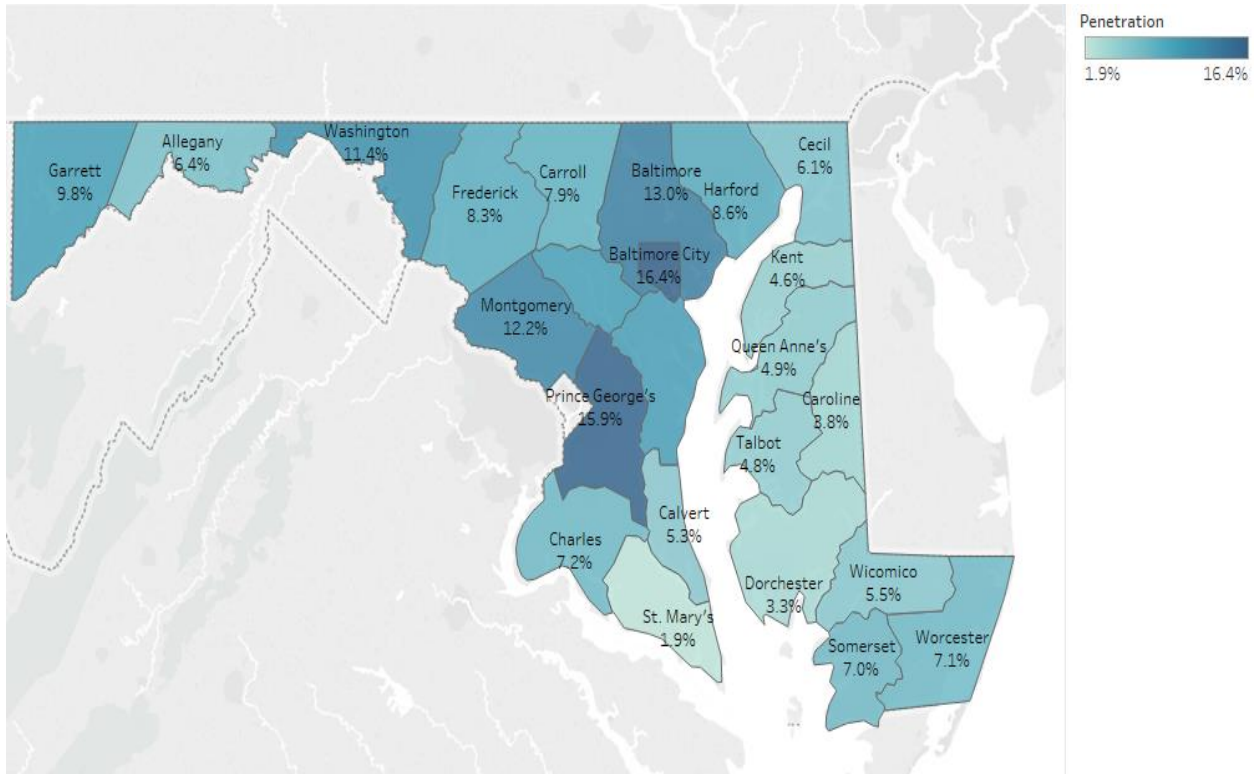
C28	Complaints about the Health Plan	Patient Experience	1.5	2018
C29	Members Choosing to Leave the Plan	Patient Experience	1.5	2018
C30	Health Plan Quality Improvement ²	Improvement	5	NA
C31	Plan Makes Timely Decisions about Appeals	Access	1.5	2018
C32	Reviewing Appeals Decisions	Access	1.5	2018
C33	Call Center – Foreign Language Interpreter	Access	1.5	02/2019-06/2019
D01	Call Center – Foreign Language Interpreter ³	Access	1.5	02/2019-06/2019
D02	Appeals Auto-Forward	Access	1.5	2018
D03	Appeals Upheld	Access	1.5	2018
D04	Complaints about the Drug Plan	Patient Experience	1.5	2018
D05	Members Choosing to Leave the Plan	Patient Experience	1.5	2018
D06	Drug Plan Quality Improvement	Improvement	5	NA
D07	Rating of Drug Plan	Patient Experience	1.5	03/2019-05/2019
D08	Getting Needed Prescription Drugs	Patient Experience	1.5	03/2019-05/2019
D09	MPF Price Accuracy	Process	1	01/2018-09/2018
D10	Medication Adherence for Diabetes Medications	Intermediate Outcome	3	2018
D11	Medication Adherence for Hypertension	Intermediate Outcome	3	2018
D12	Medication Adherence for Cholesterol	Intermediate Outcome	3	2018
D13	MTM Program Completion Rate for CMR	Process	1	2018
D14	Statin Use in Persons with Diabetes	Intermediate Outcome	1 ⁴	2018

² The value of the improvement measure is equal to the number of measures the change in the measure score from 2019 to 2020 divided by the standard error of the measure score exceeds 1.96.

³ Measures that are applicable for both Part C and Part D plans are only counted once for MA-PD plans.

⁴ New measures are given a weight of 1 regardless of category.

Appendix B – Maryland’s Current Medicare Advantage Penetration



Source: CMS Medicare Advantage/Part D Contract and Enrollment Data. Accessed October 10, 2019.
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/MA-State-County-Penetration.html>

Appendix C – Number of Medicare Advantage Plans by County

County	2015	2016	2017	2018	2019	2020
Allegany	1	1			1	
Anne Arundel	2	3	3	4	3	3
Baltimore	3	4	4	5	4	4
Baltimore City	2	3	3	5	3	3
Calvert		1	2	1	1	2
Caroline		1	1	1		
Carroll		2	2	3	2	3
Cecil		1	1	1		
Charles	1	1	1	1	1	1
Dorchester		1	1	1		
Frederick	1	1	1	3	3	4
Garrett	1	1	1	1	1	1
Harford	1	2	2	4	2	2
Howard	3	4	4	5	3	3
Kent		1	1	1		
Montgomery	3	4	4	6	5	5
Prince George's	4	3	3	6	4	4
Queen Anne's		1	1	1		
Saint Mary's County	1	1	1			
Somerset		1	1	1	1	1
Talbot		1	1	1		
Washington	1	2	2	2	2	1
Wicomico		1	1	1	1	1
Worcester		1	1	1	1	1

Note: This analysis excludes employer-based (group) Medicare Advantage plans, Special Needs Plans (SNPs), other plans not available for general enrollment, and new market entrants.

Appendix D – Proposal Summary Template

As such, the applicants should provide short summaries with the most relevant points. Reviewers will rely on the more detailed Project Narrative for a more complete understanding of the proposal.

Hospital Applicant:	
Medicare Advantage Plan:	
Health System Affiliations:	
Total Budget Request:	

Plan Coverage Area
Impact Area

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<p>Proposed Activities</p>
<p>Measurement and Outcomes</p>
<p>Scalability and Sustainability</p>

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Partnership and Decision-making Process

Implementation Plan

Budget & Expenditures

Appendix E - Budget Template

Hospital Applicant:	
Medicare Advantage Plan:	
Total Budget Request:	

Workforce/Type of Staff	Description	Amount
IT/Technologies	Description	Amount
Other Indirect Costs	Description	Amount
Total Expenses & Investments		

Appendix F – Beneficiary Counts by County Template

Hospital Applicant:	
Medicare Advantage Plan:	

County Service Area	Average Monthly Enrollment (January 2020 – March 2020)	Average HCC Score (January 2020 – March 2020)
1.		
2.		
3. More as needed		

Appendix G – Examples of Expense Not Covered

Examples of expenses that will not be covered under the Medicare Advantage Partnership Grant Program include:

- Electronic health records or patient hotlines or portals that are used for care delivery and communication unless specifically implementing systems or modules for Medicare Advantage beneficiaries.
- Investments to improve coding or documentation, including upgrades to systems to be compliant with regulatory changes such as ICD-10.
- All retrospective and concurrent utilization review.
- Fraud prevention activities.
- CRISP participation fees other than specific projects not otherwise available to all CRISP users.
- Any expenses for physicians that do not clearly relate to Medicare Advantage Partnership goals (i.e., expenses for acquiring existing physicians that do not result in any change in access but simply results in the existing physicians being owned by the hospital).
- Any expenses that are primarily for marketing purposes unless these are specifically related to Medicare Advantage Partnership goals.
- Accreditation fees.
- Financial rewards to providers (e.g., pay-for-performance incentives). Programs however may use ROI for provider gain sharing and pay-for-performance incentives that are consistent with legal requirements.
- All other expenses that do not fall under the intent of the grant program.