Announcement for Grant Applications
Expanding Telehealth Adoption in Ambulatory Practices

A funding opportunity for State Designated Managed Service Organizations

The Maryland Health Care Commission (MHCC) seeks grant applications from State Designated Managed Service Organizations (MSOs) with a robust plan for advancing adoption and use of telehealth in ambulatory practices (practices) throughout the State. MSOs must develop and implement comprehensive telehealth adoption plans unique to practices. Grant funding is only available to MSOs servicing practices that adopt telehealth (post award announcement).

Grant ID Number:	**MHCC 20-018**
Issue Date:	**April 3, 2020**
Title:	**Expanding Telehealth Adoption in Ambulatory Practices**

Application Due:	**April 9, 2020 by 5:00pm (EDT)**

Please submit all application-related materials to Melanie Cavaliere at melanie.cavaliere@maryland.gov.

This Announcement for Grant Applications can be found on MHCC's website at: mhcc.maryland.gov/mhcc/pages/home/procurement/procurement.aspx.

This grant announcement is not a binding expression of MHCC's intent to award a grant. The MHCC reserves the right, at its discretion, to change or modify information that is represented in whole or in part in this grant announcement.

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I. ABOUT THE MARYLAND HEALTH CARE COMMISSION

The Maryland Health Care Commission (MHCC) is an independent State regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment. The MHCC provides timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers, and the public. The MHCC consists of various Centers that evaluate, regulate, and influence health care in Maryland. The Centers for Health Care Facilities Planning and Development and Quality Measurement and Reporting are organized around provider organizations to address health care cost, quality, and access. The Center for Information Services and Analysis conducts broad studies using Maryland databases and national surveys, and has specific responsibilities relating to physician services. The Center for Health Information Technology and Innovative Care Delivery supports diffusion of health information technology (health IT) statewide to promote a strong and flexible health IT ecosystem that shifts focus from quantity of care delivered to improving health outcomes through coordinated care delivery.

II. INTRODUCTION

Telehealth has been used for decades in clinical settings. Advancements in telecommunication and information technologies within the last 10 years have significantly broadened the range and use of telehealth. Health care organizations, government agencies, retail pharmacies, payers, and other private companies are leveraging telehealth as a practical alternative to increase access to care, improve efficiencies, and reduce health care costs. Use and awareness of telehealth remains relatively low among health care providers and consumers.[1]

The COVID-19 crisis has increased interest in telehealth as more emphasis is placed on social distancing. The growing number of confirmed COVID-19 cases provides a strong rationale for providers to implement telehealth as part of their approach in responding to and mitigating the spread of COVID-19. For mild to moderate symptoms of COVID-19 or another illness, telehealth is a means to provide safe, reliable access to care during a time when many providers are discouraging patients from traveling to a medical office or facility unless absolutely necessary.[2] Practices are likely to shift their business models to a blend of virtual and in-person encounters following the COVID-19 State of Emergency.

III. OBJECTIVES

The MHCC plans to fund one or more State Designated MSOs to diffuse telehealth in practices statewide with emphasis on workflow redesign that supports use of telehealth technology to meet the increased need for virtual patient visits. Applicants must propose a plan that accelerates telehealth adoption and integration of sustainable telehealth protocols into practice

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[1] A 2019 J.D. Power Pulse survey found that one in 10 Americans have used telehealth; 75 percent do not have access or lack awareness of telehealth options. More information available at: www.prnewswire.com/news-releases/one-in-10-americans-use-telehealth-but-nearly-75-lack-awareness-or-access-jd-power-finds-300892939.html.

[2] Government and private payers have expanded telehealth coverage and reimbursement in response to COVID-19. More information is available at:
mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/HIT_Telehealth_COVID_19_Flyer.pdf.

workflows. The strategy must include completion of a telehealth readiness assessment; this can include the MHCC *Telehealth Readiness Assessment Tool* (TRA tool)[3] or an alternative assessment approved by MHCC. MSOs shall develop an implementation plan that helps practices prioritize and address areas of improvement identified in the telehealth readiness assessment results. MSO are required to develop a telehealth workflow design matrix in collaboration with each practice and ensure practice staff are appropriately trained on the technology and new workflows.

The grant is not intended to fund technology development, hardware, or test a specific use case. MSOs must provide consultation advice to practices in selecting and implementing a telehealth solution that enables them to provide convenient, high-quality remote care to patients. A range of options must be presented, from affordable, non-public facing applications to higher-end, telehealth platforms that are HIPAA-compliant.[4] MSOs will be required to review with practices telehealth guidance from the Department of Health and Human Services, Office for Civil Rights (OCR), Centers for Medicare & Medicaid Service (CMS), Maryland Medicaid, and commercial payers as it relates to matters including, and not limited to, new and existing requirements and any temporary waivers in response to COVID-19.

A Practice Contact Log (log) (accessible on Google Drive) must be kept current by participating MSOs (daily). The log will include practice engagements by MSO. This is intended to eliminate practices from receiving additional calls once they are implementing telehealth with an MSO consistent with the work under this grant.

IV. APPLICATION COMPONENTS/CRITERIA FOR SELECTION

This grant opportunity is open to existing MSOs. A decision to award a grant will be based on an evaluation of the information provided by each MSO in their application. The MHCC may request and consider additional information from an MSO as needed. Criteria to be considered for a grant award is weighted based on points (specified in parentheses); applicants must achieve a minimum of 90 points. The following is required for an MSO's application to be deemed acceptable by MHCC:

A. **Diffusion Plan** (60 points) – Approach for developing a telehealth implementation framework unique to each practice and providing practice staff (including administrative, technical, and professional staff) with guidance on telehealth policy, technical requirements, and clinical best practices; at a minimum, the plan must include the following components:

   o *Readiness Assessment* – Method to assess practice readiness for telehealth as a first step to determine practice needs, and inform decisions on how to proceed with telehealth implementation (using either the MHCC TRA tool or an alternative assessment approved by MHCC); the method must include development of an

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[3] The TRA tool is designed to assist small practices preparing to implement or scale telehealth services. More information is available at: mhcctelehealthtool.herokuapp.com/.

[4] OCR has suspended enforcement and penalties against health care providers during the COVID-19 public health emergency. Use of non-public facing remote communication systems, such as Google Hangouts, WhatsApp, Skype, or iMessage is permitted. Public-facing products such as TikTok, Facebook Live, Twitch, or a chatroom like Slack are not. For more information, visit: www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf.

implementation plan that helps practices prioritize and address areas of improvement identified in the telehealth readiness assessment results

- o *Technology* – Types of telehealth solutions to be presented to practices as potential options that range in cost from non-public facing applications to HIPAA-compliant platforms and how solutions will be recommended to meet practice needs

- o *Workflow Redesign* – Process for mapping out telehealth workflows and shifting responsibilities among practice staff to incorporate telehealth protocols, such as determining if/when a virtual visit is appropriate; approach for developing a telehealth workflow design matrix in collaboration with and approved by each practice

- o *Training* – Activities to train practice staff on telehealth protocols and workflows, how to use telehealth technology, and other matters, including regulatory requirements, policies, reimbursement processes, etc. (both existing and new/temporary waivers to address the COVID-19 public health emergency)

B. **Coordination** (20 points) – Commitment to work with other participating MSOs to communicate information about practice engagements, and prevent practices from being contacted multiple times by other MSOs once work under the grant commences

C. **Reporting** (20 points) – Process to record achievement of specified milestones (see section VI) and report grant outcomes to MHCC

V. KEY INFORMATION

Application	An MSO must prepare, sign, and submit to MHCC a completed application consisting of items A-C in Section IV.
Dates	Application Due: April 9, 2020 Award Announcement (anticipated): April 16, 2020
Available Funding	Up to $500,000
Financial Match	None required
Grant Period	Up to 24-months
Submission Guidelines	To be considered for an award, an applicant must sufficiently demonstrate how it meets or exceeds all required criteria in its application. Applications that are no more than 10 pages (not including appendices) are preferred*.
Modifications	The MHCC may at any time modify this *Announcement for Grant Applications* or request modifications during the grant period as a condition of award.
FAQs	MHCC responses to inquiries regarding this *Announcement for Grant Applications* will be posted on the MHCC Procurement webpage.
Contact	Questions may be submitted via email to Melanie Cavaliere at melanie.cavaliere@maryland.gov.

VI. MILESTONES – REPORTING AND ASSESSMENT

An MSO awarded a grant must report to MHCC on their completion of all milestones in a manner specified by MHCC. This must include an attestation by the MSO of all services provided to

practices. Below are four (4) milestones with funding amounts (specified in parentheses) that an MSO can earn for each practice they service (post award).

Milestone 1 ($1,000/per practice)

A. Completion of the TRA tool or an alternative MHCC approved practice assessment in collaboration with practice staff

B. Development of a plan by the MSO to address areas of improvement including prioritization of those areas identified in the TRA tool or an MHCC approved alternative

C. Consultation advice to practices on the selection and implementation of a telehealth solution. Note: MSOs are prohibited from promoting a single solution to practices under this grant. A range of options must be presented, from affordable, non-public facing applications to higher-end, telehealth platforms that are HIPAA-compliant.

Milestone 2 ($500/per practice)

A. Educate practice staff on telehealth guidance issued by OCR, CMS, Maryland Medicaid, and commercial payers regarding new and existing requirements, temporary waivers, etc.

Milestone 3 ($500/per practice)

A. Development of a telehealth workflow matrix diagram in consultation with practice staff

Milestone 4 ($700/per practice)

A. Training of practice staff on using the selected telehealth technology and the practice approved telehealth workflow matrix diagram consisting of reengineered workflows to support telehealth

On a monthly basis (subject to change), MHCC will make a (combined) single payment to an MSO based on a review of the MSO's milestone achievements, which will take into consideration practice responses to an MSO satisfaction survey. The satisfaction survey (approximately 10 questions using a 5-point Likert scale) will be developed and maintained by MHCC; a survey link will be provided to MSOs to distribute to practices for completion.

Practices will receive a $500 payment to offset their administrative investment cost for adopting telehealth and completing the MSO satisfaction survey when they attest to its use. Questions that receive a response below neutral on a Likert scale, indicating dissatisfaction with the MSO services, will result in a reduced Milestone 4 payment, not to exceed 50 percent (questions weighted equally).

VII. TERMS OF GRANT

A. Project Timeframe

One or more grant awards are anticipated to be issued by April 16, 2020 and last for up to a 24-month period after the grant award date. The MHCC may authorize a no-cost extension of the grant period if more time is needed to assess milestones and outcomes, or terminate the grant early at its discretion.

B. Funding Amount

A total of $500,000 is available for this grant. MSOs can earn financial incentives based on their completion of specified milestones for each practice ($2,700 maximum incentive per practice). Practices receive a $500 payment to offset administrative investment cost for adopting telehealth. A financial match is not required.

C. Proposal and Change in Scope Request

All responses, assertions, and commitments made in an application, including any amendments to the application, will be part of the grant agreement. Fulfillment of program objectives and deliverables is expected. If an awardee wishes to request changes to their application, a change of scope request with justification must be submitted in writing by the awardee to MHCC for consideration. The MHCC approves requests at its discretion.

D. Funds Disbursement, Match, and Restrictions

Grant funds will be disbursed upon MHCC's receipt of a complete and detailed invoice, including supporting documentation. The invoice must be completed at least monthly (subject to change) using an MHCC invoice template, and must include a description of the completed milestones and attestation, including date(s) and a description of services performed, the time period the invoice covers, and any supporting documentation as necessary. All documentation included must be to the satisfaction of MHCC for reimbursement approval.

No grant funds are paid towards: 1) clinical services that are otherwise being reimbursed through other sources, including, and not limited to, Medicare, Medicaid or commercial insurance; 2) reimbursement of costs incurred prior to the grant award; 3) meeting financial match requirements of other State or federal funds, 4) services, equipment or supports that are the legal responsibility of another party under federal or State law; and 5) goods or services not allocable to the approved program. Documentation for any final payment must be submitted no later than the 15th of the month after the grant period ends or the end date of an authorized extension of the grant period.

E. Final Deliverable

The awardee must agree to consult with MHCC in developing a final deliverable, and is expected to collaborate with MHCC on elements to include in the final deliverable. The awardee must consider suggestions and recommended revisions deemed reasonably necessary by MHCC.

F. Registration

Prior to an entity conducting business in the State, it must be registered with the Department of Assessments and Taxation, State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. An applicant must complete the registration prior to the due date for receipt of applications.

G. MHCC Grant Actions

If it becomes necessary to revise this announcement before the due date for applications, amendments will be announced on the [MHCC Procurement webpage](). The MHCC is not responsible for any costs incurred by an applicant in preparing and submitting an application or in performing any other activities relative to a grant announcement. The MHCC reserves the right to cancel this announcement for grant applications, to accept, or reject any and all applications (in whole or in part) received in response to an announcement for grant applications, to waive or permit correction of minor irregularities, to request additional information or modification to an application, and to conduct discussions with all qualified or potentially qualified grant applicants in any manner necessary to serve the best interests of MHCC, and to accomplish the objectives of this grant announcement.

H. Enforcement Actions

If MHCC determines an awardee is not complying with the grant terms, or the assertions and commitments made in its application, MHCC may take one or more enforcement actions. These range from actions designed to allow the awardee to take corrective action, such as developing an improvement plan, to penalizing actions against the awardee, such as withholding payment or temporarily suspending an award, disallowing costs, recouping payments made, or terminating an award. Different processes apply depending on the type of enforcement action. If an enforcement action is planned, MHCC will notify the awardee via email and indicate the effect of the action.

I. Press

Awardees are required to notify MHCC prior to referencing any grant-related activities in statements to the media regarding work related to the grant.