Primary Care Transformation Advisory Committee Meeting 1

Laura Herrera Scott, M.D., Secretary of Health
Ryan B. Moran, Dr.P.H., Deputy Secretary, Health Care Financing & Medicaid Director

January 26, 2024

Technical Logistics

- For speaking/asking questions:

  Members (Panelists):

  - Please **use the "Raise hand" function** at the bottom of your screen and unmute yourself once the presenter has recognized you to speak ***OR*** send a **chat message** to "All Panelists."

  Non-members (Attendees):

  - There will be a public comment period at the end of the meeting. Please **use the "Raise hand" function** at the bottom of your screen and unmute yourself once the presenter has recognized you to speak during the public comment period.
  - You may also send written comments to mdh.maryland-model@maryland.gov email if you wish or if we run out of time during the public comment period.

- Muting (Everyone): Unless you have raised your hand and have been recognized to speak, **please keep yourself on mute**.
- Technical issues (Everyone): Please **send a chat message to Rick Stoddard** (Host).
- Closed Captioning (Everyone): M**ay be turned on/off by clicking the "CC" icon** in the lower left corner of the Webex window.

Agenda

- Introductions
- Goals of PCP-TAC
- AHEAD Overview
- Background
    - MDPCP Overview
    - Medicaid Primary Care Alignment
    - MHCC Primary Care Investment
- Maryland AHEAD Planning
- Public Comment
- Next Steps

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Introductions

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PCP-TAC Members

Organization	Representative
Maryland Department of Health	**Sec. Laura Herrera-Scott, MD***
Medicaid	**Ryan Moran, DrPH, MHSA***
Menocal Medical Services	Julio Menocal, MD
West Cecil	Mozella Williams, MD, MBA, FAAFP
Mountain Laurel	Sandra Moore
Medical Societies and Associations	Amar Duggirala, DO, MPH, FAAFP
MD Chapter of AAP	Jeffrey Bernstein, MD
MedStar	Vicky Parikh, MD, MPH
Tidal Health	James Trumble, MD, MBA
University of Maryland Medical System	Stephanie Selby, RN
Jai Medical	Stephanie Scharpf
Medicare beneficiary	Pamela Edison
Health Services Cost Review Commission	Christa Speicher

Organization	Representative
MDPCP Management Office	Chad Perman
UMD School of Pharmacy	Magaly de Bitner Rodriguez, PharmD, BCPS, CDE, FAPhA
Holy Cross	Rhonique Shields, MD, MHA, FAAP
GBMC	John Chessare, MD, MPH, FFAP, FACHE
Aledade	Tyler Blanchard
Medicalincs	Nkem Okeke, MD, MBA, MSPM
CareFirst	Zachary Rabovsky, MPH
Lower Shore Clinic	Dimitrios Cavathas, LCSW
MedChi	Angela Marshall, MD, FACP
Maryland Primary Care Physicians	Michael Riebman, MD
Health System Administrator	Matthew Poffenroth, MD, MBA
Maryland Health Care Commission	Ben Steffen
House of Delegates	Vice Chair Bonnie Cullison

*Co-chair

Advisory Committees

Population Health Transformation Advisory Committee (P-TAC)	Primary Care Transformation Advisory Committee (PCP-TAC)	Healthcare Transformation Advisory Committee (H-TAC)
• Advise the State on the approach to equity-centered population health improvement.	• Advise the State on the approach to equity-centered population health improvement through access to robust, value-based primary care.	• Advise the State on continued transformation of Maryland's healthcare delivery system, including all-payer cost growth targets.

160 applicants.

Clinicians, public health experts, consumers, academic institutions, hospitals, and payers.

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Goals of PCP-TAC

- PCP-TAC will support the development of the following components of Maryland's application to the AHEAD Model:
  - Identify critical design elements and potential modifications of existing advanced primary care programs including the Maryland Primary Care Program (MDPCP) to serve as a foundation for an aligned multi-payer primary care approach.
  - Discuss the proposed primary care investment methodology report to the Legislature recommended by the MHCC Primary Care Workgroup for application to the AHEAD requirements for all-payer primary care investment measurement and target setting, in addition to primary care spend reporting and spending benchmarks.
- Application due date: March 18, 2024 at 3pm

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AHEAD Overview

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Vision

Equity and Excellence in Maryland's Health Care Delivery System that Improves the Health of All

- Community
- Primary Care
- Specialty Care
- Hospital Care
- Post Acute Care
- Palliative Care
- End of Life Care

Equity, Community, & Population Health

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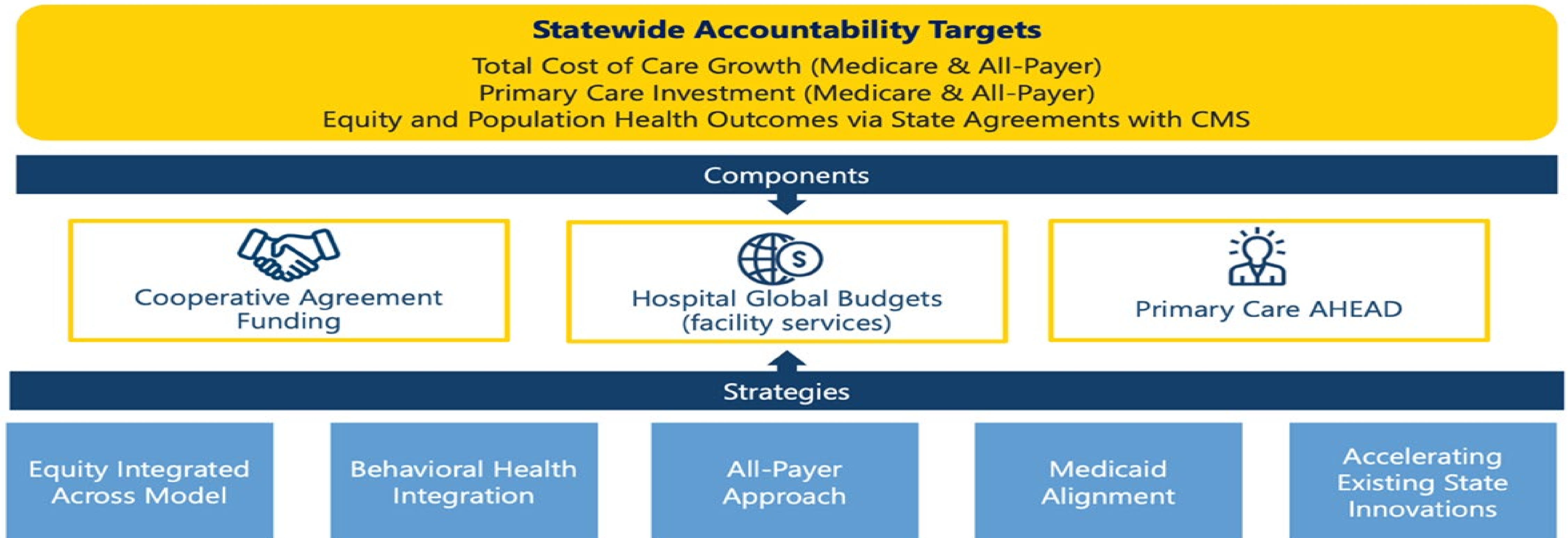
States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model



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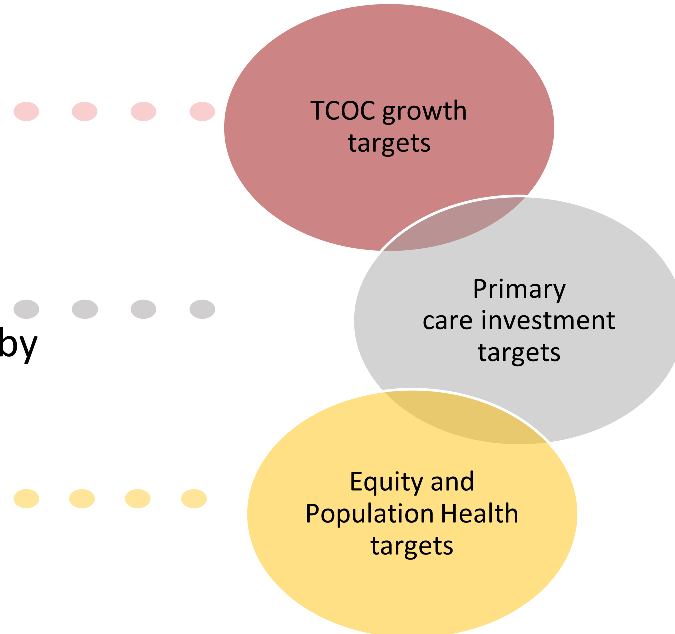
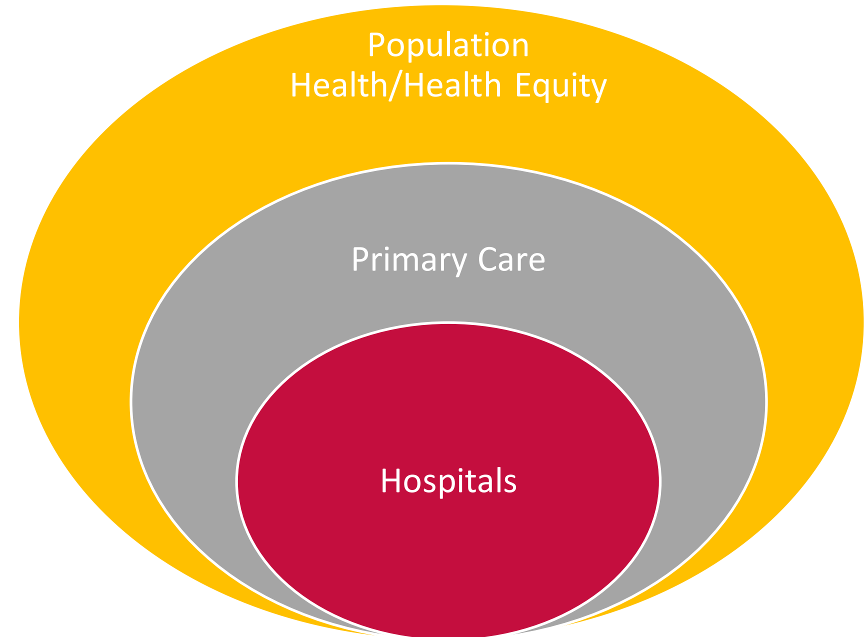
AHEAD Builds on the TCOC Model

The States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model is a state total cost of care (TCOC) model designed to:

- curb growth in healthcare cost spending;
- improve population health; and
- advance health equity by reducing disparities in health outcomes.



Similar to the Maryland Total Cost of Care (TCOC) Model, AHEAD focuses on three overlapping domains to achieve its goals.



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The Maryland Health Model is important to our State

The Maryland Health Model improves the quality of life of Marylanders by:

- Controlling hospital cost growth while enhancing quality (care is provided in the right setting at the right time).
- Guaranteeing equitable funding of uncompensated care
- Stabilizing hospitals in order to ensure access to care in all parts of the state (ex. COVID-19)
- Equalizing hospital charges for all payers (including the uninsured), benefiting consumers, and employers
- Supporting population health and health equity initiatives

Losing the Model would deprive **Maryland communities of these benefits**.

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Why AHEAD

The Total Cost of Care TCOC Model agreement, which is key to Maryland's all-payer rate setting authority, is authorized through December 2026.

CMMI developed AHEAD as the federal policy approach for state implementation of population-based payment models.

AHEAD is the pathway to secure continuation of the Maryland Model.

The AHEAD Model enables Maryland to **continue and expand on its long-term commitment** to statewide improvements in healthcare quality while controlling costs.

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What Maryland Brings to the Table

The AHEAD Model reflects decades-long lessons from Maryland and other states. Thus, Maryland brings many unique strengths to its AHEAD application, including:

- Maryland has a long history of **successfully financing healthcare on an all-payer basis**.
- Maryland has the opportunity to **harness existing momentum and align** different **health equity promotion activities** at the local and state levels.
- **Maryland's Medicaid program has partnered for decades** with the HSCRC to implement innovative payment models.
- The **robust Maryland Model governance structure** provides a solid foundation for evolution of AHEAD Model governance.
- Maryland's experience **operating the Maryland Primary Care Program** will help advance the goals of Primary Care AHEAD.
- Maryland's **technical expertise in establishing and improving global budgets** is unparalleled.
- Maryland's **decades of investment in a robust data infrastructure** support AHEAD Model success.

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TCOC Model and AHEAD

Feature	MD TCOC Model	AHEAD
Hospital Global Budgets	Maryland has a well developed all payer hospital global budget model.	Maryland can use the same methodology under AHEAD, subject to CMS approval.
Cost Targets	Medicare savings target.	Medicare savings target, primary care investment targets, and all payer savings targets (including Medicaid, MA, and commercial insurance)
Primary Care Program	Maryland has a well-developed Medicare primary care program.	A primary care program that is aligned between Medicare and Medicaid is required.
Quality	Maryland has a robust hospital quality program, including a measure on disparities. The MDPCP Program also has a quality program.	Similar hospital quality targets. For other providers/programs, Maryland will select quality measures from a list of measures provided by CMS.
Population Health & Equity	Maryland set population health targets related to diabetes, opioids, maternal morbidity, and childhood asthma.	States will select a set of population health measures from a menu of options provided by CMS. State must develop a health equity plan and equity targets.

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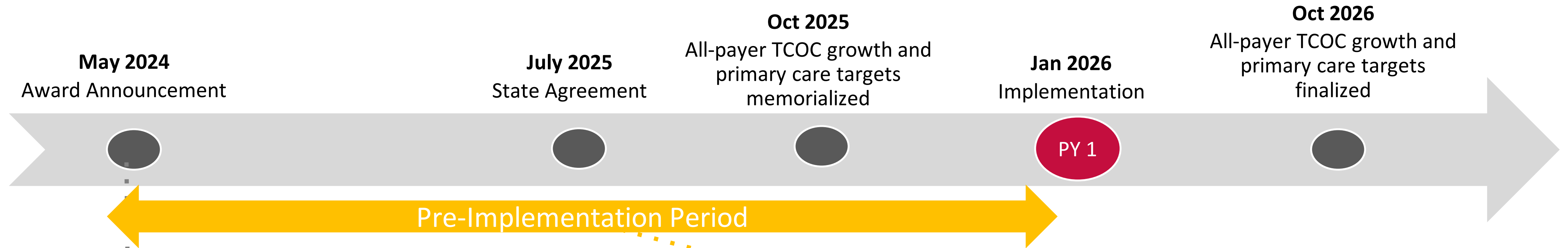
Looking AHEAD



Maryland's NOFO response will seek to **leverage new federal resources** to plan for the future of the Maryland Health Model.

Applying in Cohort 1 will secure **Maryland's role as a leader** in competing for federal funding while providing it **time to negotiate** new model terms prior to 2026 implementation.

The State envisions that **policy development and decision-making** will begin in July 2024 (the beginning of the Pre-Implementation Period) and continue through the July 2025 execution of the State Agreement. There will be **opportunity for community input** throughout this time frame.

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Background

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MDPCP Overview

PCP-TAC Meeting

Program Management Office
Maryland Primary Care Program
Chad Perman, Executive Director

January 26, 2024

Key Facts

- MDPCP is the largest state-based Medicare advanced primary care program in the nation
- Covers over 50% of the eligible Medicare FFS population
- MDPCP is in the 6th year of operation and covers every Maryland county
- Over $200M annually (in PY2023) in Federal dollars is sent directly to primary care practices for patient care
- Cumulative reduction in avoidable hospital utilization = 28% (2019-2022)
- Approved through December 2026

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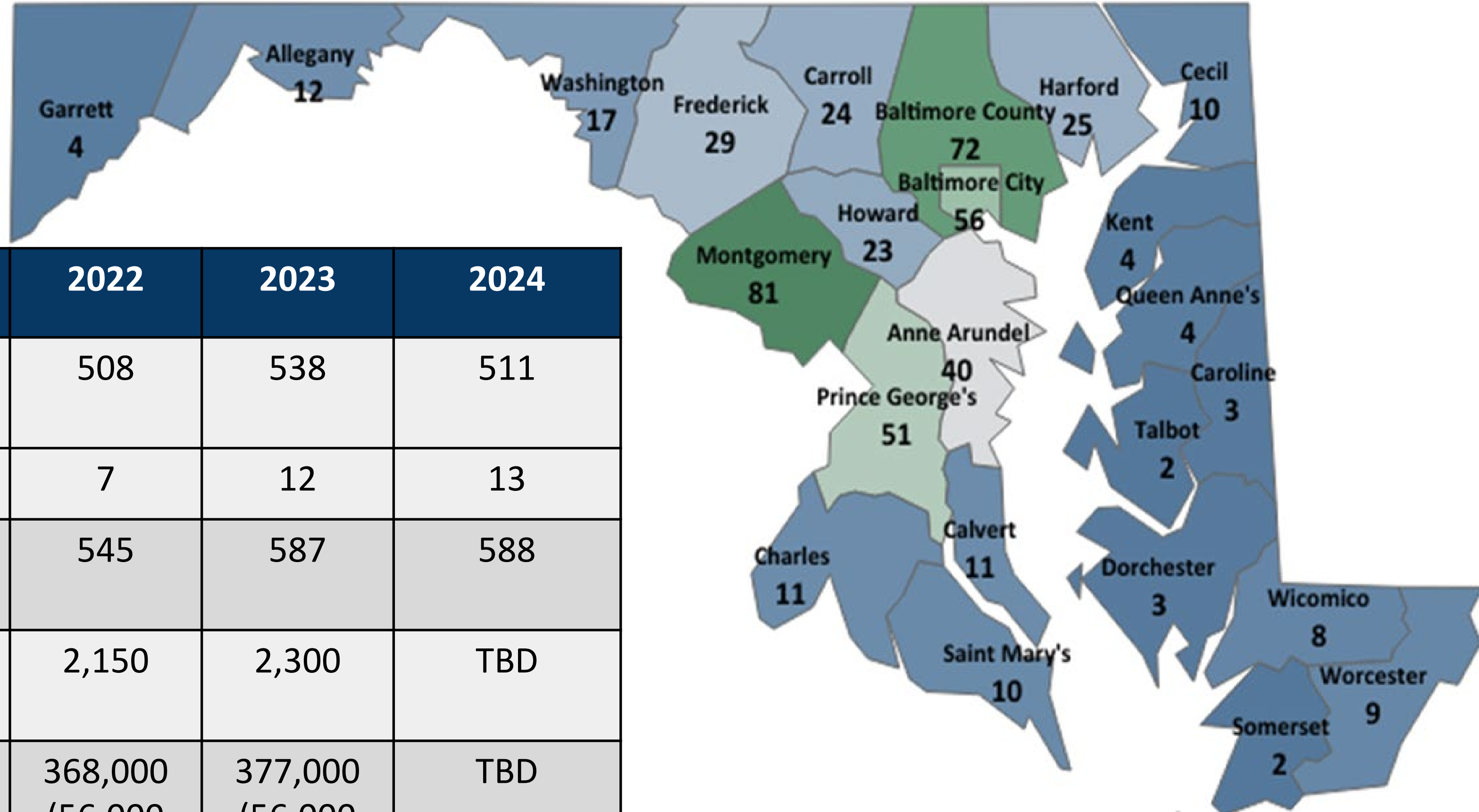
MDPCP in 2024 - 511 Participating Practices

Support infrastructure – 26 Care Transformation Organizations

Statewide – Practices in every county

PARTICIPANTS	2019	2020	2021	2022	2023	2024
Practices	380	476	525	508	538	511
FQHCs	-	-	7	7	12	13
Total sites	380	476	562	545	587	588
Providers*	1,500	2,000	~2,150	2,150	2,300	TBD
Medicare Beneficiaries attributed*	215,000 (30,000 duals)	326,000 (48,000 duals)	387,000 (58,000 duals)	368,000 (56,000 duals)	377,000 (56,000 duals)	TBD



Largest state program in the nation through 2023 - by number of practices and practices per capita (compared to CMS' national Primary Care First Model)

*Yearly totals for these metrics are approximate and based on Q1 attribution for the corresponding year. .

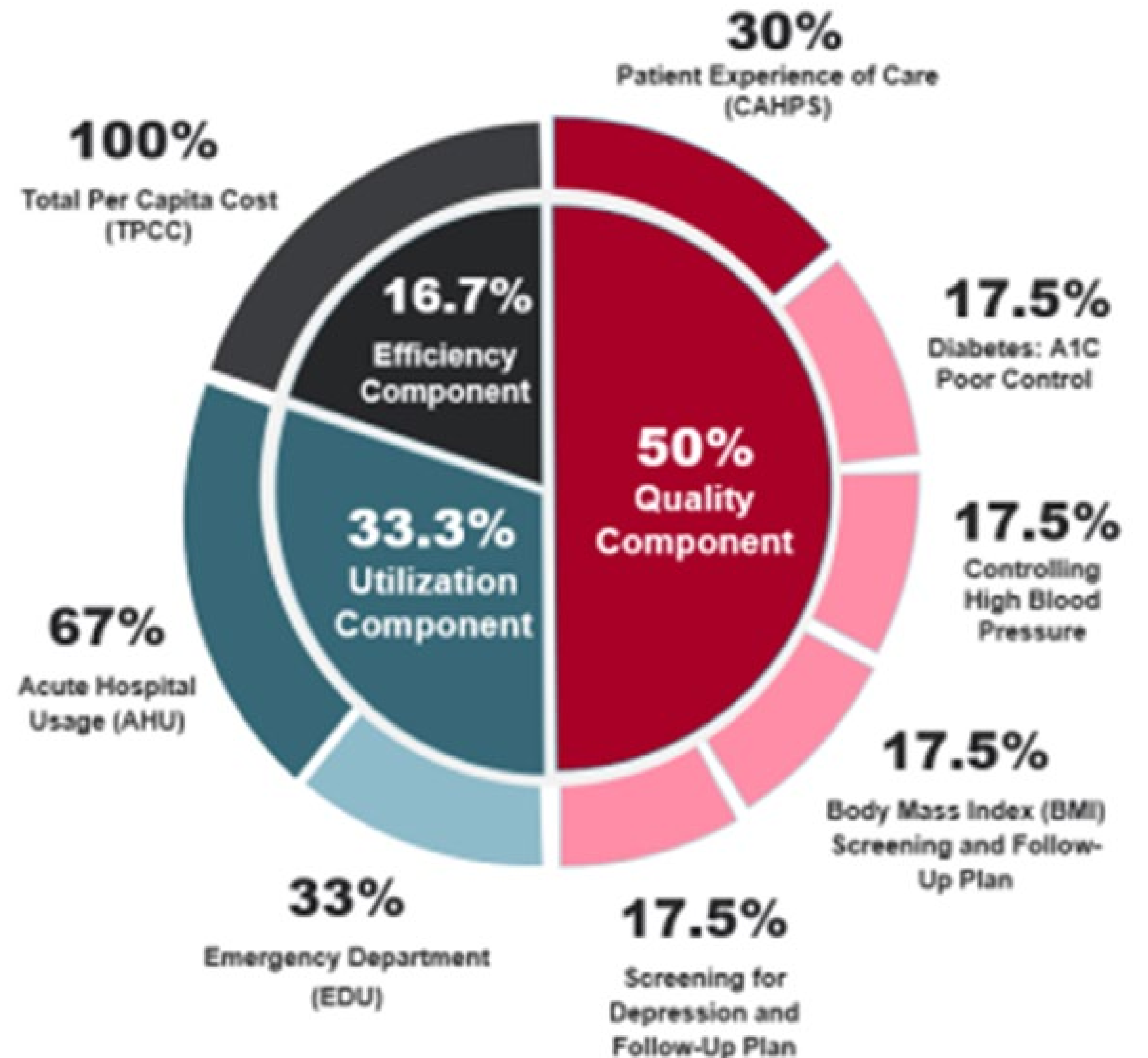
2024 Performance Metrics

Clinical Quality measures aligned with State goals – 1) Diabetes Control, 2) Hypertension Control, 3) BMI assessment and follow-up, 4) Depression screening and follow-up

Patient engagement - CAHPS survey for clinicians and groups

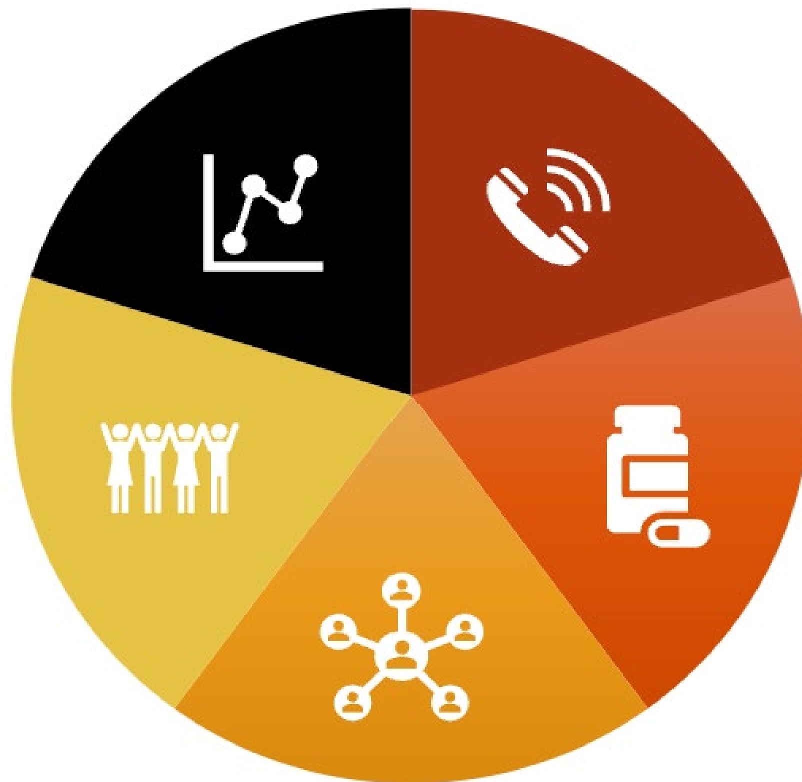
Utilization that drives total cost of care - Inpatient hospitalizations and ED visits for Medicare FFS beneficiaries

Total Per Capita Cost - observed to expected (O/E) ratio of total Medicare costs



MDPCP's Advanced Primary Care Requirements

Care Transformation Requirements



Access & Continuity – Expanded Access | Alternative Visits (+Telemedicine)

Care Management - Risk-Stratification | Transitional Care Management | Longitudinal, Relationship-Based | Comprehensive Medication Management

Comprehensiveness & Coordination - Behavioral Health Integration | Social Needs Screening & Referral

Beneficiary & Caregiver Experience - Patient Family Advisory Councils | Advance Care Planning

Planned Care for Health Outcomes - Continuous Quality Improvement | Advanced Health Information Technology | CRISP

Practice Payment Incentives in MDPCP

	Track 2		Track 3	
Payment Type	**Payment**	**Detail**	**Payment**	**Detail**
Non-claims based payment	**Care Management Fees (CMF)**	• $9 to $100 pbpm • Quarterly prospective • Based on risk level of beneficiaries	**Population-Based Payment (PBP)**	• $34 to $56* pbpm • Quarterly prospective • Based on the practice average risk level
Non-claims based payment	**Performance Based Incentive Payments (PBIP)**	• $4.00 pbpm • Annual prospective • Reconciliation based on performance measures	**Performance-Based Adjustment (PBA)**	• -10% to +25% adjustment • Bi-annual adjustment to PBP and FVF based on performance measures
Hybrid: Non-claims based payment + FFS	**Comprehensive Primary Care Payment (CPCP)**	• Quarterly prospective based on historical select E/M with 10% bonus • Residual FFS paid when billed	**Flat Visit Fee (FVF)**	• $34-$52 per claim for select E/M services • Paid as claims are billed
Non-claims based payment	**Health Equity Advancement Resource & Transformation (HEART)** Payment. $110 pbpm, quarterly prospective payment for beneficiaries with high medical complexity + high social deprivation.			

PBPM - Per Beneficiary, Per Month https://health.maryland.gov/mdpcp/Documents/Practice_Payment_Incentives_in_MDPCP.pdf
*Track 3 PBP rates subject to geographic adjustment factor and other adjustments

MDPCP Multi-Payer Alignment

Alignment in 5 areas:

1. Financial Incentives/ Non-visit based payments
2. Care Management
3. Quality Measures
4. Data Sharing
5. Practice Learning

2019 Medicare

2020

2025* Medicaid
(*IN DEVELOPMENT)

[MDPCP - Solicitation for Payer Partners (PDF)]

Medicaid Primary Care Alignment

Payment Model
Eligible Population and Attribution
Data-Sharing

Laura Goodman, Deputy Director

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Guiding Principles for Primary Care Alignment

The aligned advanced primary care program will allow Maryland to:		
Improve equitable access to primary care	Promote multi-payer alignment to create efficiencies	Accelerate health and quality outcomes

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Payment Model

The Medicaid primary care program will consist of three funding streams:

1. Increased evaluation and management (E&M) rates for all primary care practices billing Medicaid in Maryland;
2. Care transformation payments for practices participating in the advanced primary care program; and
3. Quality incentives for practices participating in the advanced primary care program; measures will align across AHEAD, MDPCP and the HealthChoice Population Health Incentive Program.

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Eligible Population and Attribution

- Practice eligibility: Primary care practices that contract with at least one HealthChoice managed care organization (MCO) and meet an attribution threshold of HealthChoice participants
- Participant population: Phased approach, starting with children and adults attributed to active MDPCP practices

Note: This slide pertains to eligibility for care transformation payments and quality incentives; all Medicaid primary care practices will receive increased E&M rates.

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Data-Sharing

MDH partnered with CRISP to develop and launch the Multi-Payer Reporting Suite to support alignment between MDPCP and Maryland Medicaid

- Data: Medicare fee-for-service claims data, Medicaid fee-for-service claims data, Medicaid encounter data across all institutional and ambulatory care settings.
- Panel-based: Managed by users, *e.g.*, hospitals, physician offices, FQHCs, post-acute care providers, MCOs, payers, policy stakeholders

Reports Available

Population Navigator
Acute Care Setting Utilization
ER Utilization
All-Cause Readmissions
Follow Up Post-Acute Setting Discharge
PMPM Trend
Health Equity by Demographics
Maternal Health Utilization
CMS Core Set Measure Dashboard
Measure Comparison Report
PQI Utilization Report

And more to come!

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Primary Care Investment

Analysis and Reporting Plan

Ben Steffen, Executive Director
David Sharp, Director

JANUARY 2024

Primary Care Investment
Analysis and Reporting Plan

October 2023

Randolph S. Sergent, Esq.
CHAIRMAN

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND
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Overview

- Senate Bill 734, *Maryland Health Care Commission – Primary Care Report and Workgroup (*2022) enacted under Article II, Section 17(c) of the Maryland Constitution ("the Act") requires the Maryland Health Care Commission ("MHCC") to annually conduct an analysis of primary care and make recommendations on the level of primary care investment relative to overall health care spending

- The Act requires MHCC to form a Primary Care Workgroup ("Workgroup") with representation from certain stakeholders to obtain input on the scope and methodology for the analysis

- The MHCC submitted a *Primary Care Investment Analysis and Reporting Plan* ("Plan") to the Governor and General Assembly on December 1, 2023

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About the Plan

- The Plan will guide annual reporting to the legislature beginning in 2024 that minimally includes:
  - An analysis of primary care investment over the immediately preceding year, including data stratified by zip code and county, in relation to total health care spending over the previous year
  - Ways to improve the quality of and access to primary care services, with special attention to increasing health care equity, reducing health care disparities, and avoiding increased costs to patients and the health care system
  - Any findings and recommendations of MHCC

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About the Plan *(Continued...)*

- Serves as a strategic planning framework that will evolve over time to achieve primary care investment and care delivery goals
- Contains several domains identified by the Workgroup that provide the foundation to guide primary care analysis activities; other domains will be considered periodically to ensure the Plan keeps pace with the evolving primary care landscape

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On the Horizon

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2024 Key Workgroup Activities

- Analyze primary care investment over the immediately preceding year, including data stratified by zip code and county, in relation to total health care spending over the previous year
- Explore opportunities to advance primary care policies that make sustainable and systematic improvements in access to care, equity, quality of care, efficiency, and cost control
- Finalize investment targets for Medicaid and consider whether to factor in primary mental health care delivered by a managed care organization
- Contemplate approaches for payers and providers that tie investments to VBC models that require strong advanced primary care standards
- Explore causes and potential strategies where increased investment can begin to address workforce shortages and the unequal distribution of the primary care providers in Maryland

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Maryland AHEAD Planning

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Primary Care AHEAD Requirements

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AHEAD Requirements for Primary Care

Requirement	Status
✓ Medicaid primary care alternative payment model	• Developed and initial vetting of Medicaid concept
✓ Recruitment	• MDPCP has over 500 practices • Medicaid could have approximately 500 practices depending on attribution method
✓ Care transformation	• Integrating behavioral health care as a function of primary care, enhanced care management and specialty coordination, and addressing health-related social needs of beneficiaries
✓ Commercial alignment (encouraged)	• Maryland's largest commercial payer CareFirst BlueCross BlueShield has been an aligned MDPCP payer
✓ Accountability	• Maryland has rich data to develop targets and measure progress

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Primary Care AHEAD
Application Requirements At-A-Glance

Transformation	Targets	Recruitment
- Current and planned Medicaid initiatives in primary care	- Strategy to measure primary care investment across payers over time	- Recruitment plan during pre-implementation period
- Tools for increasing access to primary care	- Measure primary care spending	- Types of practices participating in Medicaid primary care APM
- Align Primary Care AHEAD with existing efforts	- Establish a specific goal of increasing statewide primary care investment in proportion to the total cost of care	- Gaps in current participation and plans to address gaps under Primary Care AHEAD

Key Components of Primary Care AHEAD

- **A Medicare Enhanced Primary Care Payment (EPCP)** to fund advanced care management and behavioral health integration activities for Participant Primary Care Practices' attributed Medicare FFS beneficiaries. The EPCP will be adjusted for social and medical risk.
- **Care transformation requirements**:
  - Integrate behavioral health care as a function of primary care
  - Enhanced care management and speciality coordination
  - Address health-related social needs of beneficiaries
- **Medicaid Alignment:**
  - Care transformation requirements
  - Aligned quality measures between Medicaid and Medicare advanced primary care programs

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Key Goals of Primary Care AHEAD

- **Increase investment** in primary care as a proportion of TCOC for Medicare FFS and across all-payers.
- **Align Medicare's primary care strategy with efforts already underway in state Medicaid programs**, including enhanced care management, behavioral health integration, and referrals for health-related social needs.
- **Target populations most in need of improved access to high-quality primary care by ensuring that FQHCs** and RHCs can receive enhanced primary care payments and **adjusting payments for medical and social risk given the particular needs of the patients they serve**.
- **Encourage more providers to build increased capacity to deliver advanced primary care**.

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Primary Care Definition

Primary Care AHEAD working definition for investment measurement for Medicare FFS includes:

- General practice
- Family practice
- Internal medicine
- OBGYN
- Hospice and palliative care
- Psychiatry
- Geriatric psychiatry
- Pediatric medicine
- Physician assistant
- Geriatric medicine
- Certified nurse midwife
- Nurse practitioner
- Addiction medicine
- Preventive medicine
- Neuropsychiatry
- Certified clinical nurse specialist

Source: CMS AHEAD Primary Care Investment Methodology

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Discussion

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Charge #1

Identify critical design elements and potential modifications of existing advanced primary care programs including the Maryland Primary Care Program (MDPCP) to serve as a foundation for an aligned multi-payer primary care approach.

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Considerations for Alignment with AHEAD

TAC Discussion

- What is your vision for primary care transformation?
- What are strategies to engage smaller practices?
- How to achieve commercial alignment?
- What are the options for attribution methodology for aligned payers?
- What should be the role of CTOs moving forward?
- What other infrastructure is needed for continued practice transformation and care management?

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Public Comment

Additional comments may be sent to: mdh.maryland-model@maryland.gov

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Next Steps

PCP-TAC Meeting 2: Friday, February 23, 2024 from 8:30-10:30 AM

Link to HSCRC: https://hscrc.maryland.gov/Pages/ahead-model.aspx

Thank you!

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*More information can be found at https://hscrc.maryland.gov/Pages/TCOCModelProgression.aspx