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Primary Care Transformation Advisory Committee Meeting 2

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

February 23, 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."
  - If you have technical issues, please **send a chat message to Rick Stoddard** (Host).

  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**.
- Closed Captioning (Everyone): M**ay be turned on/off by clicking the "CC" icon** in the lower left corner of the Webex window.

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Agenda

- AHEAD Refresher
- Recap of PCP-TAC Meeting #1
- Charge #2
- Primary Care Investments and Targets
- Discussion
- Public Comment
- Next Steps

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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

AHEAD Refresher

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5

AHEAD Overview

Three advisory committees are established to receive input for the AHEAD application. PCP-TAC focused on primary care.

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 Growth Targets	Total cost of care Medicare savings target and all payer hospital spending target.	Total cost of care Medicare savings target, primary care investment targets, and all payer total cost of care spending 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 that is aligned with the state's population health goals.	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 for 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.

AHEAD Requirements for Primary Care

✓ Medicaid primary care alternative payment model	• Developed and initial vetting of Medicaid concept
✓ Recruitment	• MDPCP has over 500 practices and considerable overlap with Medicaid
✓ 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 currently participating in Medicaid primary care MCO APM, if applicable
- 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

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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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Recap of PCP-TAC Meeting #1

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11

PCP-TAC Summary of Comments

Topic	Comment
Accountability	Collaborating with community agencies and taking accountability for outcomes
	Hold payers to same level of accountability
Administrative burden	Administrative burden for practices includes contracting with multiple payers. Need standardardized approach for data collection. Practices that are not part of a larger health system will especially face administrative burden.
Alignment	Include smaller insurers in commercial alignment. Commercial alignment should also include standardizing approach to data collection
	Include all members of health care team in alignment, including pharmacy
	Align with state Medicaid program and MCOs readiness for alignment
	Alignment is key for quality measures and costs across payers. Need consistently in how we measure success across different programs.

PCP-TAC Summary of Comments

Topic	Comment
Care coordination	Key to understand connection points/links between parts of the healthcare system
CTOs	CTOs are important for practices, especially small practices. It is important to set up some form of CTO in the AHEAD program
Definitions	Clarify that advanced primary care should not be an incentive to increase non-value-based episodic care
	Inclusion of urgent care in primary care definition
Gaps	Address medication access, including medication adherence and how to use medications. Need to also address pharmacy costs
	Need investments in basic oral health

PCP-TAC Summary of Comments

Topic	Comment
Health equity and SDOH	To address health issues, it's important to also consider SDOH factors such as food and transportation. Focus on keeping people healthy in and out of the office.
	HEART funds in MDPCP have helped patients and practices but clear criteria for how the funds will be applied is necessary. These payments have also been key for resource-poor families and we should not lose sight of that.
Payments	Payment structure should allow small practices to do care coordination either through CTOs (for those with limited bandwidth) or themselves
Pediatrics	Expand and optimize the inclusion of pediatric primary care in the evolution of the evolving model components
Recruitment	Reduce barriers for practices to participate in MDPCP. Understand the needs of the new practices and smaller practices
	Consider recruitment on an ongoing basis

PCP-TAC Summary of Comments

Topic	Comment
Small practices	Medical practices, funding for care, and support the patients smaller practices serve is necessary
	Consider attribution methods and inclusion of smaller practices
Transformation and investments	Patient-centered approach of better support to enhance access and engagement through technology-user friendly platforms
	Invest in resources for practices and population health strategies
Workforce	Focus on recruiting and retaining medical professionals who want to stay in Maryland
	Targeted efforts due to scarcity in primary care physicians

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Charge #2

Discuss the proposed primary care investment methodology report to the Legislature recommended by the MHCC Primary Care Workgroup (PCIW) 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.

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Considerations for Alignment with AHEAD

TAC Discussion

- What are the important considerations for establishing a Maryland primary care investment definition under AHEAD?

- What are the functions that are needed to support primary care providers to be successful under AHEAD going forward?

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Primary Care Investment

Analysis and Reporting Plan

FEBRUARY 2024

Primary Care Investment Definition

PCIW

- Encompasses primary care office visits, preventive care, and a broad set of other services when performed by family medicine, general practice, internal medicine, preventive medicine, pediatrician, geriatrician, nurse practitioner, or physician assistant:
  - Includes primary care providers delivering primary care services in a nursing home, Federally Qualified Health Center, urgent care center, retail clinic, or other non-traditional setting
  - Behavioral health services are included when provided by a primary care provider
  - Obstetric and gynecologic services are part of the definition when performed by a primary care provider

19

Primary Care Investment Definition

AHEAD

- Flexibility for states to construct their own primary care definitions for spending measurement for All-Payer Primary Care Investment Targets
- Uses the same specialties as the PCIW and adds psychiatry and obstetrics/gynecology specialties into the definition
  - These providers can bill independent of a primary care practice

20

Covered services billed under a primary care provider's taxonomy

PCIW

- Includes services performed by a nurse midwife or behavioral health provider:
  - Requires the provider to be integrated into a primary care practice where services are billed under the taxonomy code of the primary care provider
- Non-claims based payments will be considered in the 2025 calculation

21

Covered services billed under Medicare CPT/HCPCS codes and specialty codes

AHEAD

- Aligns with the Medicare Shared Savings Program
- Fee-for-service (FFS) and non-claims based payments are used to calculate the investment. Need to consider non-claims-based payments as part of calculation of primary care spending and reporting
- FQHC or rural health clinics (RHC) are counted as primary care regardless of provider specialty code* as long as they included a primary care CPT/HCPCS code (includes inpatient, outpatient, professional)

* Speciality codes are broader than taxonomy codes

22

Investment Target

PCIW

- Increase primary care investment beginning in 2024 through 2029:
  - Aim to achieve 10 percent of total medical spending for overall total primary care spending by 2030
  - Include a relative improvement goal of approximately one percent annually
  - Adjust relative improvement goal periodically to achieve the aim

23

Investment Target

AHEAD

	Medicare FFS	**All-payer**
Final primary care investment target	Between 6-7% of Medicare TCOC, depending on current Medicare primary care spend by the end of the implementation period	Set by CMS on a state-by-state basis and in collaboration with existing state efforts on all-payer primary care investment Can use existing all-payer primary care investment target and current definition of primary care for measurement, subject to CMS approval

24

Investment Approach

PCIW

- A primary care investment target aligned across commercial payers and a different target for Medicaid and the MCOs:
  - Review annually and adjust as needed to achieve the statewide relative improvement goal
  - An accountability mechanism for meeting targets and in using investments to enhance primary care

25

Investment Approach

AHEAD

- All Medicare FFS spending (Parts A and B) for beneficiaries in the State who meet the eligibility criteria (e.g., residents in the State for a minimum defined timeframe) will be included in the Medicare FFS cost growth target calculation
- State will be accountable for meeting both annual improvement targets throughout the duration of the Implementation Period and a final primary care investment target by the end of the Implementation Period

26

Investment Calculation PCIW

- Spending per member per month and as a percent of total medical expense:
  - Place of service filters will be applied
  - Pharmacy spending and rebates, dental, and other supplemental expenditures will be excluded from the calculations

27

Investment Calculation

AHEAD

1. Include beneficiaries who were continuously enrolled in Medicare Part A and Part B for all months during which they were alive during the year.
2. Divide spending based on each beneficiary's state of residence on record in each month of the year.
3. Include claims with non-zero payment amounts with a from date in the year in question.
4. Add ACO payment adjustment amounts back to the cost of each claim line.

28

Discussion

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29

Considerations for Alignment with AHEAD

TAC Discussion

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Public Comment

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

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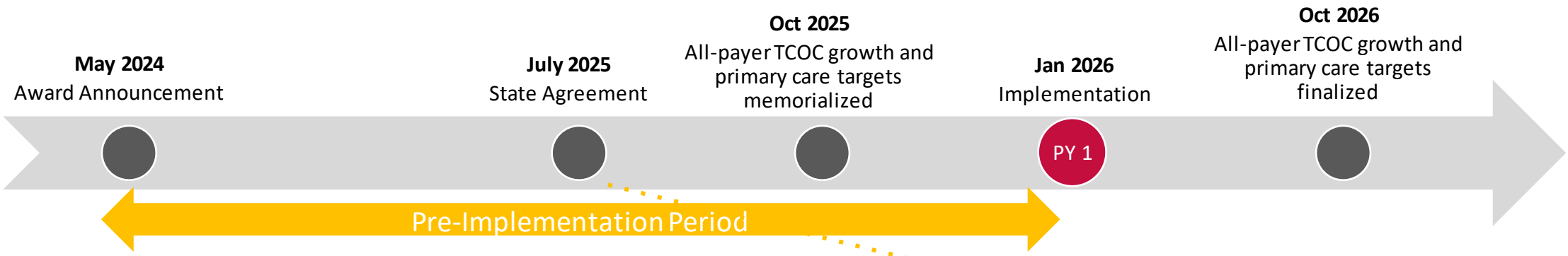
31

Next Steps



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. The TACs may evolve to maximize effectiveness depending on our work plan for the pre-implementation period.

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Thank you!

Additional comments may be sent to: mdh.maryland-model@maryland.gov
All meeting materials can be found at: https://hscrc.maryland.gov/Pages/ahead-model.aspx

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