Maryland Primary Care Program

Care Transformation Organization
Regional Partners Briefing
Maryland Department of Health
October 4, 2017

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Relationship to Total Cost of Care Model

The Primary Care Program – Primary Care Delivery Redesign

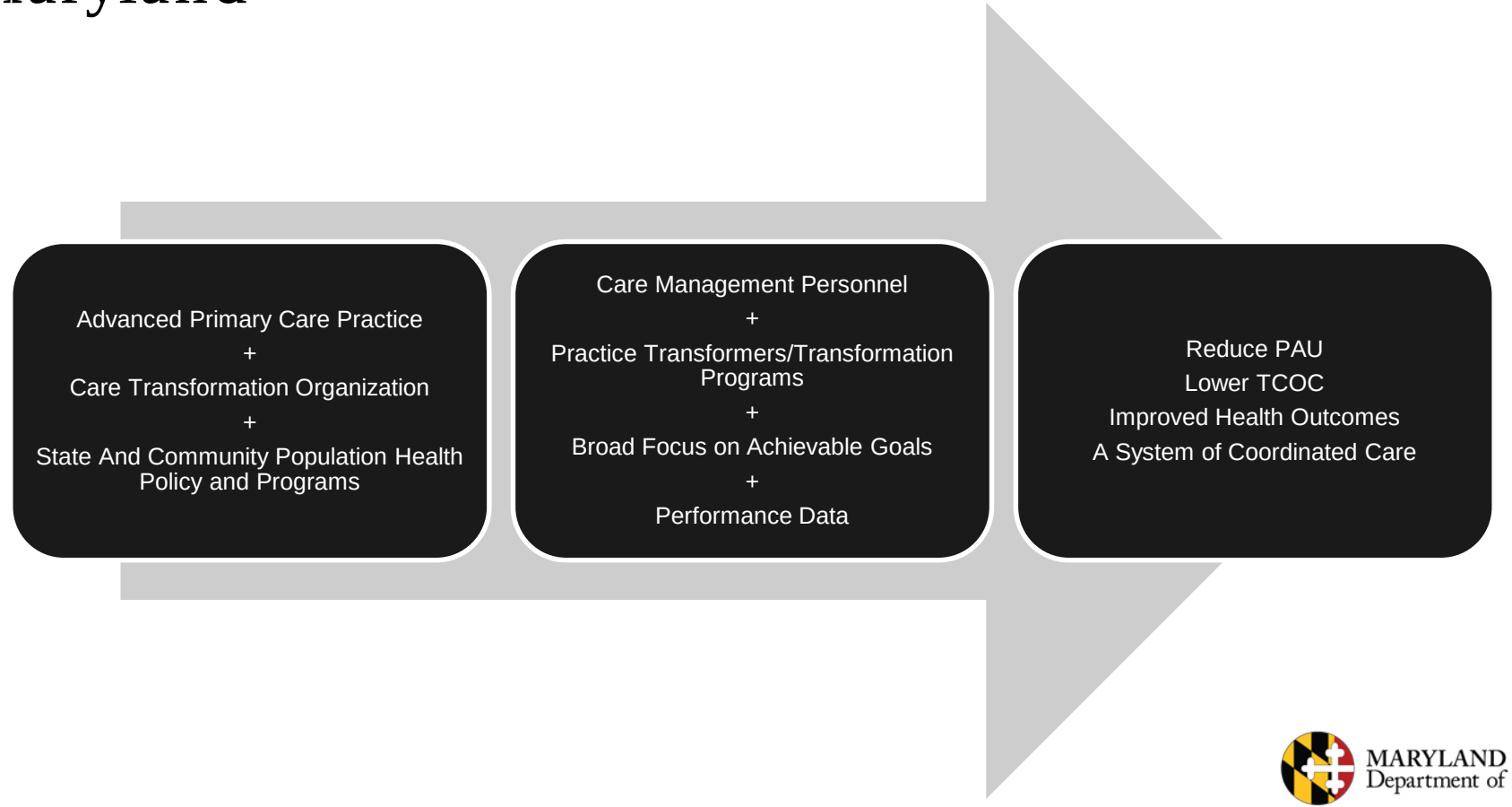
Complements and supports existing delivery system innovation in State particularly the hospital global budget

Will sustain the early gains of the All-Payer Model as targets becoming increasingly reliant on factors beyond the hospital

Will reduce avoidable hospitalizations and ED usage through advanced primary care access and prevention

- Components include care managers, 24/7 access to advice, medication management, open-access scheduling, behavioral health integration, and social services

Population Health Management – Alignment in Maryland



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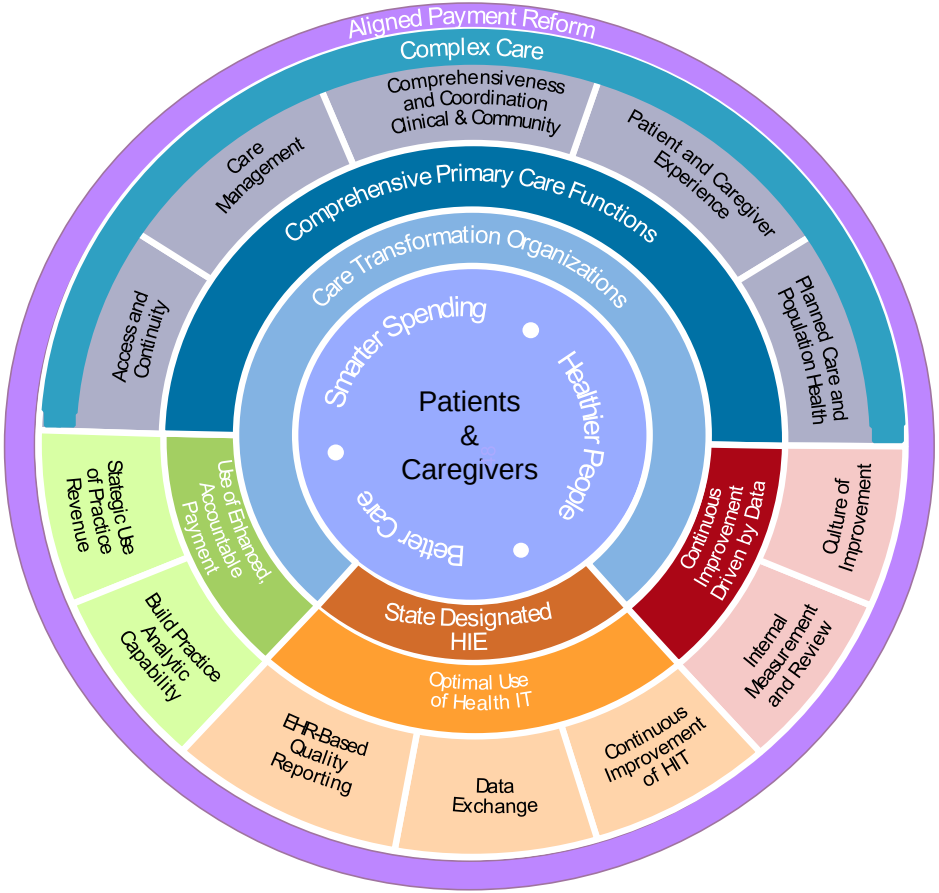
MDPCP Driver Diagram



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Care Transformation Organizations (CTOs) Overview

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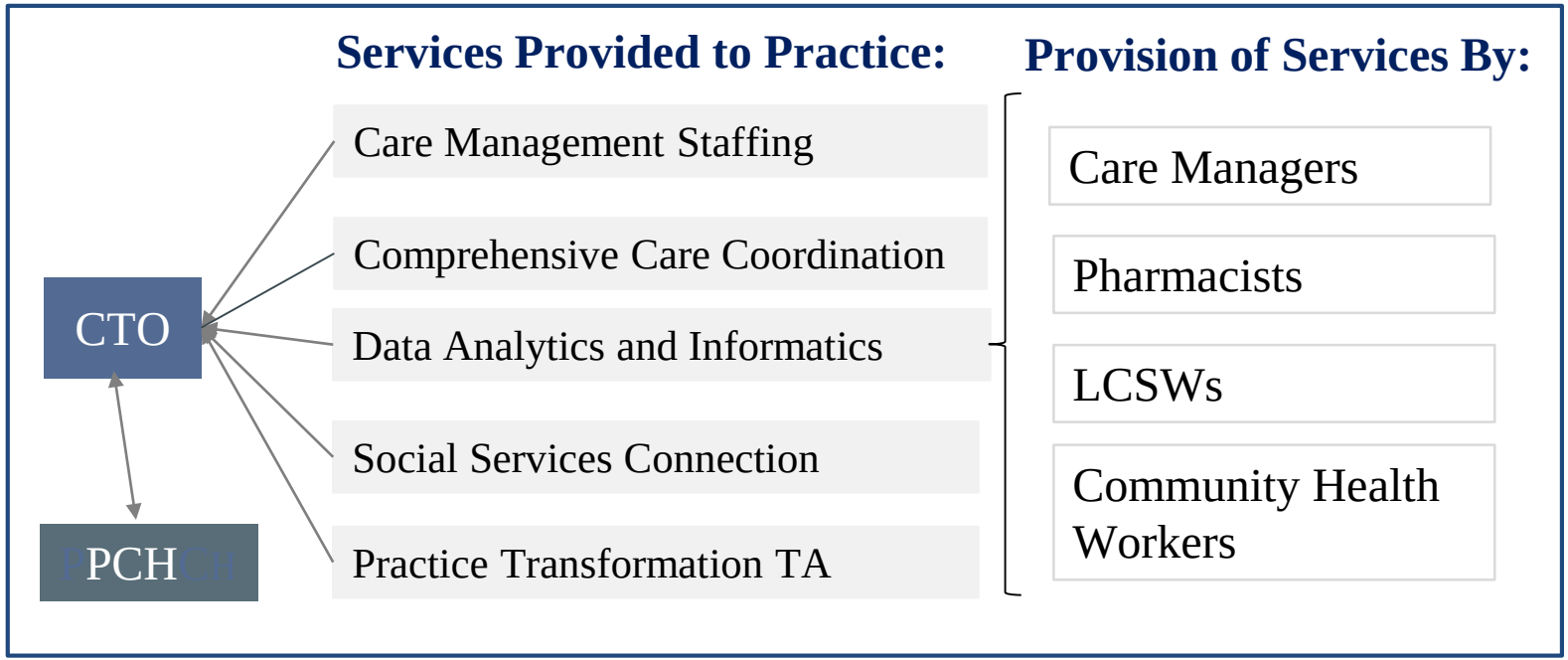
General Structure of a CTO

Designed to assist the practice in meeting care transformation requirements



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The Legal Structure of a CTO

Preliminary parameters:

- Legal structure independent from an entity that accepts Medicare Part A and/or B payments
- Separate financial accounting and reporting from other entities
- Ability to establish a clinically-driven governing board distinct from other entities

To be finalized in the RFA

CTOs Role in the Program

CTOs will provide services that are integral to meeting the care transformation requirements but do not require the personal professional services of a physician. CTOs shall help practices with personnel and expertise to:

- Transform the delivery of primary care
- Meet utilization and quality metrics
- Align with the hospitals and improve care coordination
- Ensure appropriate connections with other providers
- Assess and assist practices to manage care
- Access non-traditional workforce to enhance care management
- Use data to control total cost of care

CTO General Requirements

- Eligibility
  - Meet program integrity standards
  - Meet the requirements of the Participation Agreement
  - Letters of support and commitments from
    - Clinical leadership
    - Practice describing previous experience with CTO during the transformation process
  - Commitments to submit
    - complete care delivery practice reports
    - annual budget reporting
    - other program requirements as described in the Participation Agreement
- Health Information Technology
  - Support practice to meet Health IT requirements

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CTO Payment

CTO Attribution

Patients are prospectively attributed to a practice. If a practice engages with a CTO, the patients attributed to the practice are also attributed to the CTO for payments and accountability.

CTO Payment

- The CTO will receive a percentage of the PBPM Care Management Fee (CMF) for each practice that has contracted with the CTO based on the level of support provided to the practice

- Attributed payments are made prospectively on a quarterly basis

- The CTO will receive its share of the CMF directly from the CMS payment contractor

Payment Incentives for Better Primary Care

CTOs

Care Management Fee (PBPM)

- Up to 50% of a practice's care management fee; depends on option chosen by practice
- Timing: Paid prospectively on a quarterly basis

Performance-Based Incentive Payment (PBPM)

- Receives a payment for Track 1 and Track 2 practices engaged with CTO
- Timing: Paid prospectively on an annual basis; CTO will be required to repay funds if they do not meet annual performance thresholds

How can the Payments be Spent?

CTOs

Care Management Fee (PBPM)

- "Substantial Majority" of the CTO's CMF must be spent on employing care management professionals
- Care management professionals do not include administrative staff, data analysts, or consultants.
- Remaining amount of CMF can be spent on services/personnel as determined by CTO

Performance-Based Incentive Payment (PBPM)

- No Restrictions
- Subject to reconciliation/claw-back based on performance

Next Steps

Selection Process

- Late Fall 2017
  - Pending CMS approval, release joint RFA for CTOs and practices
  - CTO applications due prior to practice applications
  - CTOs will be selected prior to the return date of the practice applications in order to allow practices to select a CTO at their discretion
- If you are selected as a CTO
  - First quarter of 2018, selected CTOs will sign Participation Agreements outlining level of services and revenue sharing

Timeline

Activity	Timeframe
Submit Model for Approval from HHS	Summer 2017
Stand up Program Management Office	Fall 2017
Draft legal agreements and applications for CTOs and practices	Fall 2017
Release applications	Late Fall 2017
Select CTOs and practices	Winter/Spring 2018
Initiate Program	Summer 2018
Expand Program	2019 - 2023

The End

Updates at
https://pophealth.health.maryland.gov/Pages/Maryland-Primary-Care-Program.aspx

Appendices

Total Cost of Care Model

Total Cost of Care Model Contract Negotiations

Maryland Primary Care Program (MDPCP) is a distinct contract element

- Separate contract element of the Total Cost of Care Model contract between State and CMMI
- Participation selection based on a Requests For Applications for practices (PCHs) and care transformation organizations (CTOs); CMS selects participants
- CMS will develop Participation Agreements for practices and CTOs

Relationship to Total Cost of Care Model

The Primary Care Program – Primary Care Delivery Redesign

Five key functions

1. Access & Continuity
2. Comprehensiveness & Coordination
3. Care Management
4. Patient & Caregiver Engagement
5. Planned Care & Population Health

MDPCP Program

Builds from the CMMI CPC Plus Model

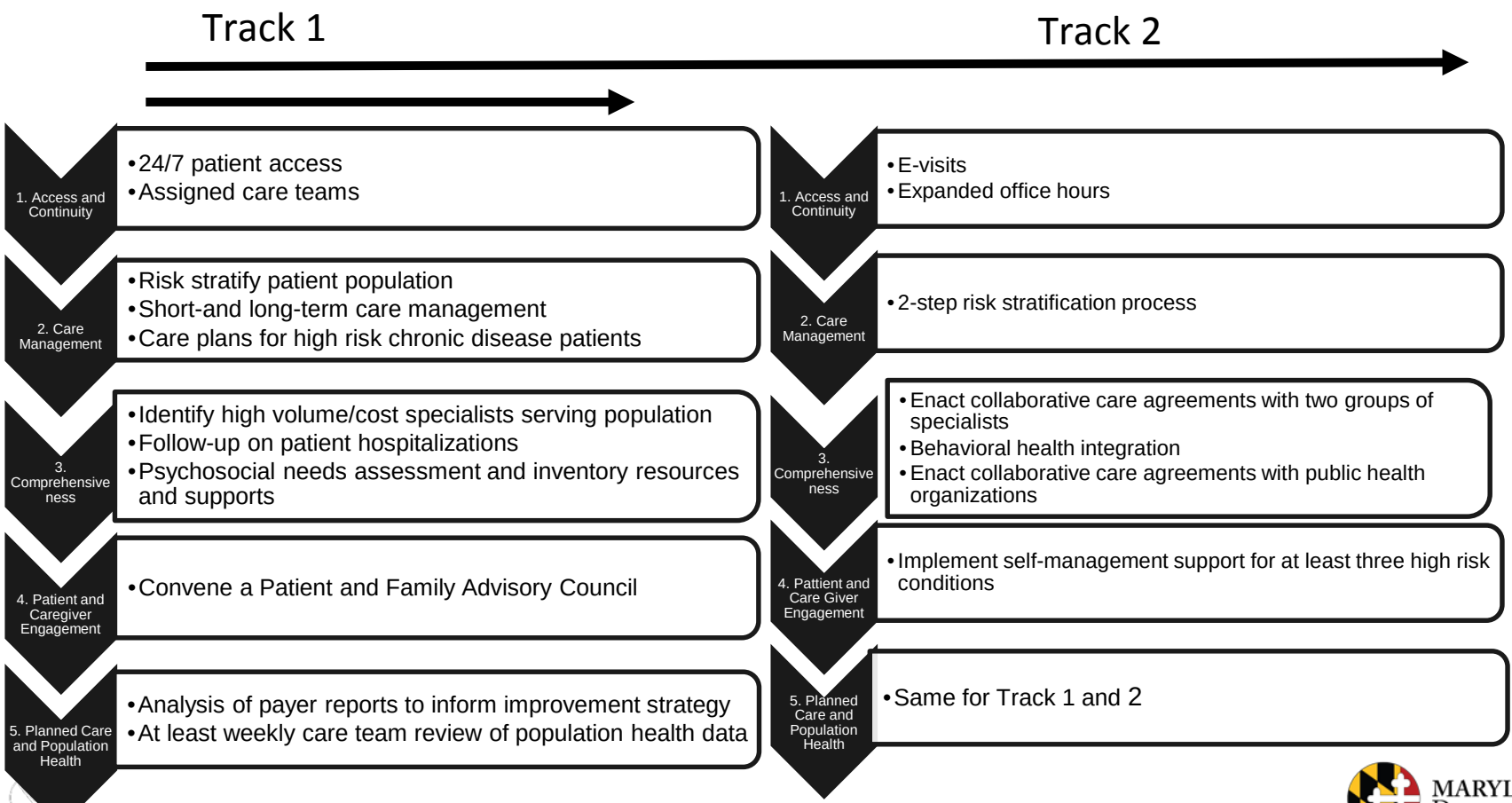
- 18 regions engaged, 14 started in 01/2017, 4 will begin in 2018
- Almost 2,900 practices engaged in 2017, up to 1,000 more practices in 2018
- 61 payers are partnering with CMS including BCBS plans, commercial payers including Aetna and UHC, FFS Medicaid, Medicaid MCOs such as Amerigroup and Molina, and Medicare Advantage Plans

How is MDPCP Different from CPC Plus?

- MDPCP is part of the broader Maryland's All Payer Model
- CPC Plus is a limited to a select subset of practices, MDPCP aims to enroll most primary care providers over the next five years.
- One enrollment opportunity in CPC Plus, MDPCP will have rolling enrollments, practices will be encouraged to enroll when they can meet the MDPCP requirements.
- All MDPCP practices will be expected to migrate to Track 2
- Unique CTO structure reflects the practice design in Maryland
- Payers will be able to align with the program in future years

Practice Requirements

Primary Care Functions



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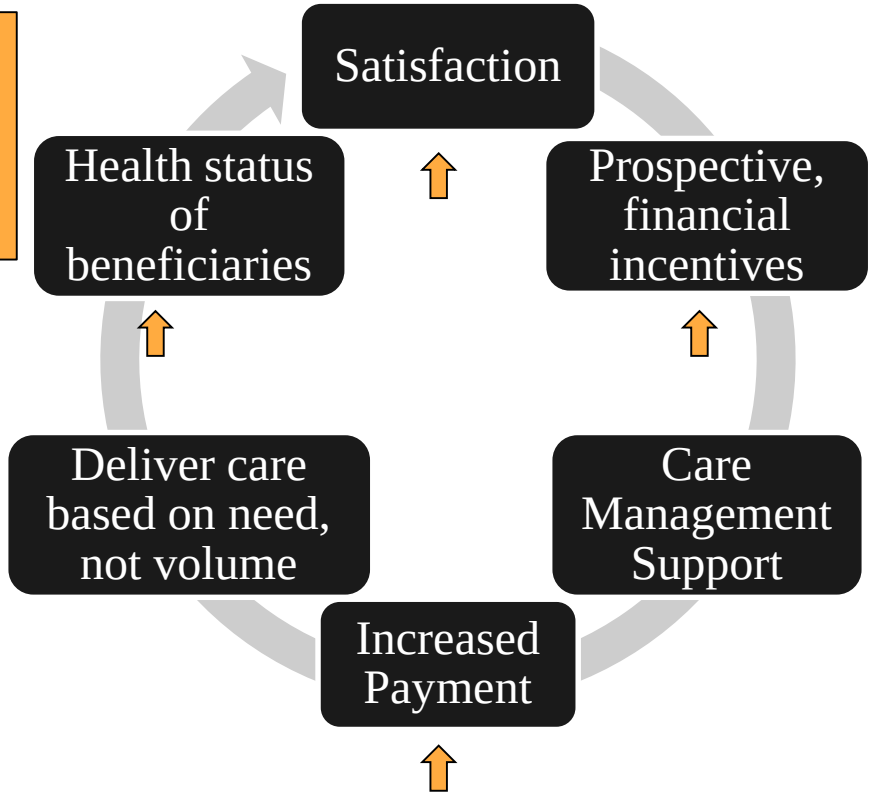
Participation: Benefits to the Provider

Physicians in State:
Total: 15,000
Primary Care: 5,000
(approx.)



Payment Incentives for Better Primary Care

Practices – Track 1

Care Management Fee (PBPM)

- $20 average payment
- $6-$50 PBPM
  - Tiered payments based on acuity/risk tier of patients in practice including $50 to support patients with complex needs
- Timing: Paid prospectively on a quarterly basis

Performance-Based Incentive Payment

- $2.50 payment opportunity
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis

Underlying Payment Structure

- Standard FFS
- Timing: Regular Medicare FFS claims payment

Payment Incentives for Better Primary Care

Practices – Track 2

Care Management Fee (PBPM)

- $28 average payment
- $9-$100 PBPM
  - Tiered payments based on acuity/risk tier of patients in practice including $100 to support patients with complex needs
- Timing: Paid prospectively on a quarterly basis

Performance-Based Incentive Payment

- $4.00 payment opportunity
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis

- Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)
- Timing: Regular Medicare FFS claims payment
  - Medicare FFS claim submitted normally but paid at reduced rate

Projected Ramp-Up of Practices

- Annual application process, practices enroll when they are ready to succeed
- Projections assume that some practices will initially enter in Track 1 and others will enter in Track 2
- Practices will progress from Track 1 to Track 2, Track 1 Practices have three years to reach Track 2
- Federal government will make a substantial financial investment to implement Primary Care Program and in support of Population Health

Projected Ramp-Up of Providers

		2018	2019	2020	2021	2022	2023
Optimistic ramp-up scenario	Track 1	141	216	230	153	121	38
	Track 2	212	350	510	693	763	806
Standard ramp-up scenario	Track 1	417	501	480	326	238	92
	Track 2	418	710	998	1320	1432	1537
Conservative ramp-up scenario	Track 1	530	637	610	382	302	98
	Track 2	796	1034	1353	1729	1908	2077