# Summary of the Maryland Primary Care Program
June 2018

## Overview

Governor Larry Hogan, together with the Maryland Department of Health (MDH) and the Centers for Medicare and Medicaid Services (CMS), announced the federal approval of Maryland's Total Cost of Care All-Payer Model, known as the "Maryland Model," contract. The Maryland Model dramatically shifts how we pay for and deliver health care in Maryland. Going forward, the health care system in Maryland will transition away from encouraging more services and higher costs to one that rewards efficiency, value, and better health outcomes. A central part of the Maryland Model is the Maryland Primary Care Program (MDPCP), intended to support the delivery of advanced primary care throughout the state and allow community providers to play a vital role in prevention, improving health outcomes and controlling total health care spending growth.
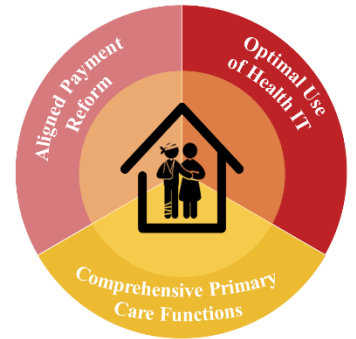
## Practice Eligibility

The program presents an unprecedented opportunity to participate in care transformation for physicians, clinical nurse specialists, nurse practitioners, and physician assistants with a variety of specialty designations, including: General Practice, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatric Medicine, Geriatric Medicine, and co-located Psychiatry. Among other requirements, Maryland practices that meet program integrity standards, use a certified electronic health record (EHR), and provide services to a minimum of 125 attributed Medicare fee-for-service beneficiaries are eligible to apply.

## Key Elements

### Focus on Practice Transformation and Care Redesign

The MDPCP will start in January 2019 and includes two tracks with incrementally advanced care delivery requirements and payment options for practice participation. As in CMS' Comprehensive Primary Care Plus (CPC+) model, both tracks require practices to employ the same functions, but the intensity of the delivery differs by track.

| Five Primary Care Functions | |
|---|---|
| • Access to Care<br>• Care Management<br>• Comprehensiveness and Coordination | • Patient and Caregiver Experience<br>• Planned Care and Population Health |
| Track 1 adds the Five Primary Care Function services to visit based, fee-for-service care. | Track 2 will include Track 1 services and redesign visits to offer non-visit based care (e.g., phone, email, telehealth, text message, and secure portal) for more comprehensive health management. |

### Payment Redesign

The Maryland Primary Care Program is built on the same concepts and values as medical home initiatives with many core elements taken from the CMS CPC+ model.

CMS will provide funding directly to Practices (and Care Transformation Organizations by practice designation) to strengthen and transform the delivery of primary care. The funding may be provided in several forms:

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- **Care Management Fees (CMF)** are funds designated to provide care management to patients in need of those services. Funds would be provided quarterly in advance on a per beneficiary per month (pbpm) basis to practices based on the risk levels of the Medicare beneficiaries attributed to that practice. Payments range from $6 to $100 pbpm.
- **Performance Based Incentive Payments (PBIP)** would be provided to practices and Care Transformation Organizations (CTOs) on a rate of between $2.50 to $4.00 pbpm balanced against measures of quality, patient satisfaction and utilization. Funds would be provided annually in advance.
- **The payment structure** is based on Medicare fee-for-service. In the advanced track of the program (Track 2), the typical Medicare fee-for-service payment system gradually transforms to a partial prepayment system with practices receiving quarterly payments in advance.
- **Medicare's Quality Payment Program** *may* also provide additional opportunity for practices to receive a 5% lump sum bonus on historical E&M claims and exemption from additional reporting as an Advanced Alternative Payment Model (AAPM)

## Support to Practices –

## Care Transformation Organizations

The MDPCP and the State of Maryland want to support the transformation of all primary care practices. Care Transformation Organizations (CTOs) are a key feature of the program and will provide support via care management personnel, infrastructure, and technical assistance. The CTOs generate economies of scale to help provide services that are challenging for many practices to engage in financially or operationally, such as care managers, pharmacists, behavioral health counseling, social services, community health workers, and health education. Use of a CTO is voluntary for all practices. CTOs will be compensated for their partnership by receiving a portion of the practices' CMF.

## Learning System

Practices that enter the program will be assisted with the specific requirements of advanced primary care transformation via a Learning System. Practices would not be expected to be "transformed" on day one of the program, but rather would be expected to make progress through didactic assistance and peer supports.

## Data

Practices will be provided with supports and services from the State-designated Health Information Exchange, CRISP, to address the needs of their patient panels. Additionally, Medicare data will be offered to practices to assist them in processes like risk stratification and specialist referrals.

## Timeline

| Activity | Timeframe |
| --- | --- |
| Release Application | June 8, 2018 |
| CTO Application Period Open | June 8 – July 23, 2018 |
| Practice Application Period Open | August 1 – 31, 2018 |
| Select CTOs and Practices | Summer/Fall 2018 |
| Initiate Program | January 2019 |
| Annual Enrollment | 2020-2023 |
| Program Participation | 2019-2026 |

Please look for updates and more details on our web site:
https://health.maryland.gov/MDPCP