



Maryland Primary Care Program Report

Summary

Reporting Period: January 2019 – July 29, 2022^(a)

Statewide Statistics Current Year

376,307
Medicare Benes in MDPCP (-1% vs 2021)

302,093^{(b)(c)}
Medicaid Enrollees in MDPCP practices (-33% vs End of 2021)

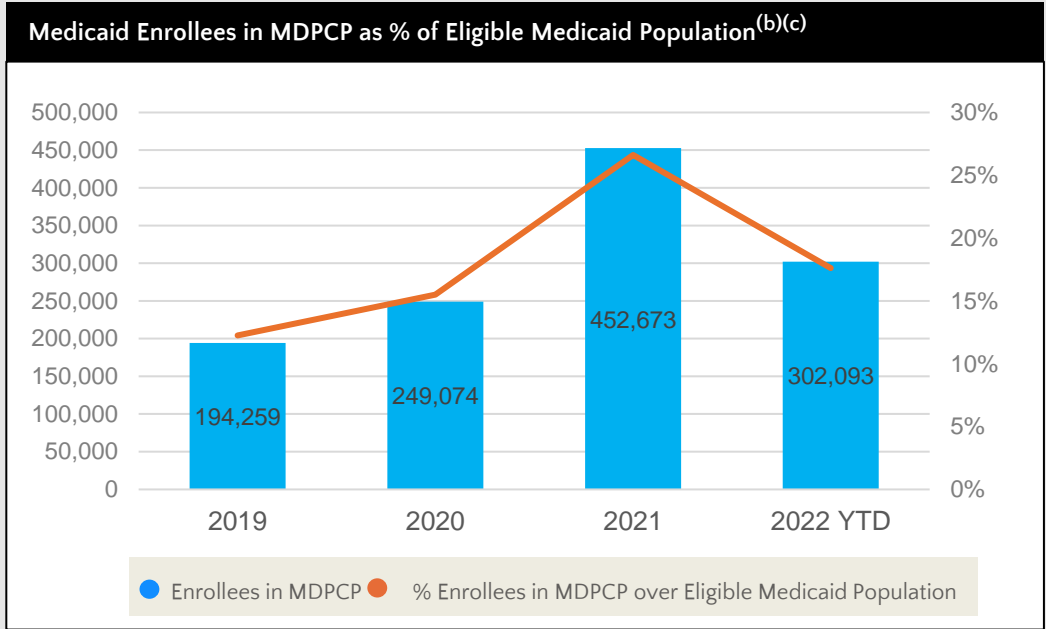
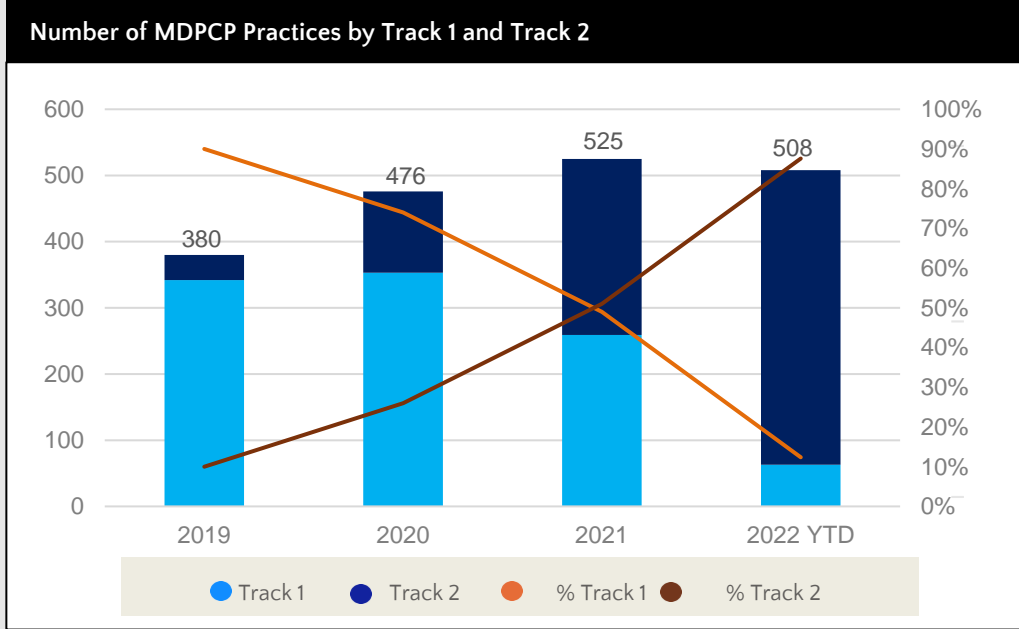
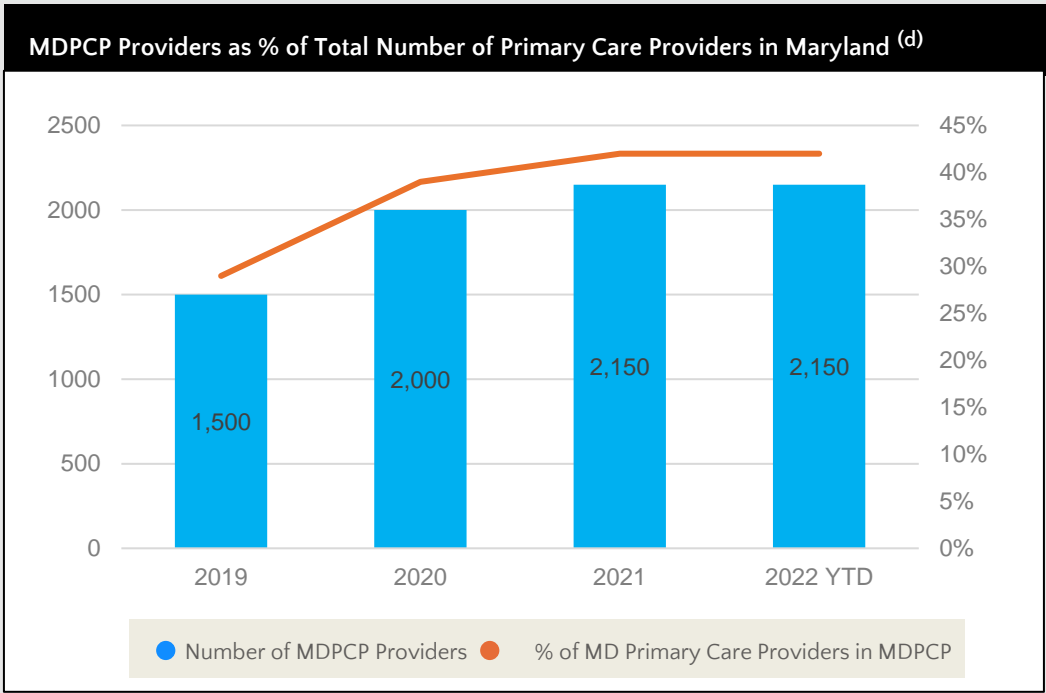
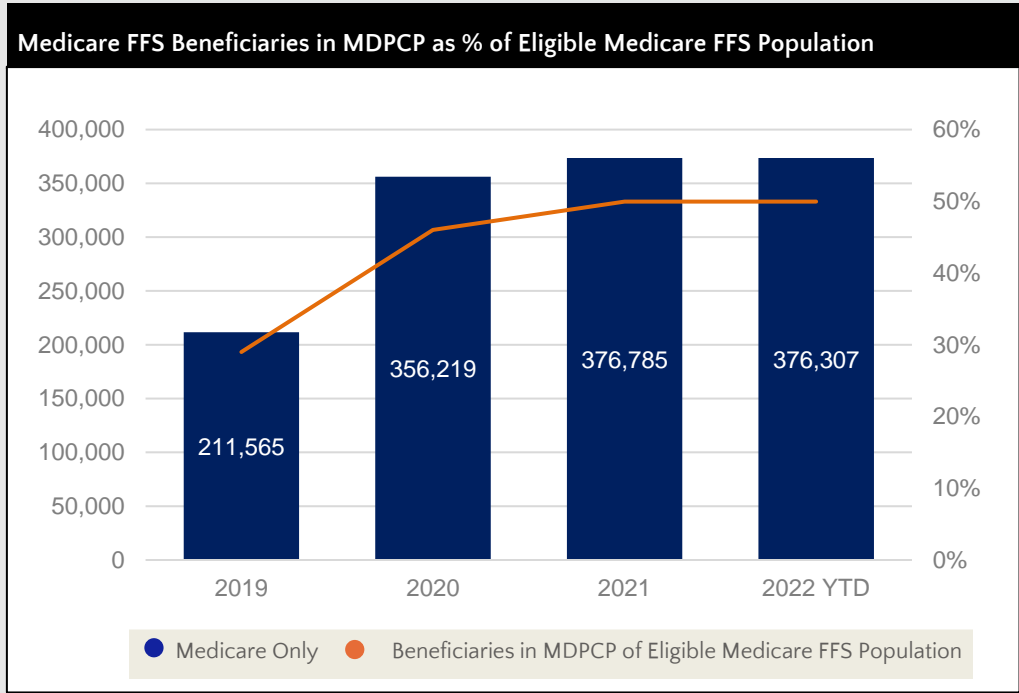
53,832^{(b)(c)}
Total Dual Eligibles (-17% vs End of 2021)

508
Total Practices (-17 vs Prior Year End)

445
Total Track 2 Practices (+179 vs Prior Year End)

63
Total Track 1 Practices (-196 vs Prior Year End)

2,150
Total Providers



(a) Data are through June 2022, unless noted otherwise.
 (b) Medicaid data are cumulative from January 2019 to June 2022. YTD data is not comparable to calendar data.
 (c) Including dually eligible beneficiaries in MDPCP.
 (d) Including all active, board-certified Internal Medicine, Family Medicine, and General Practice physicians in Maryland



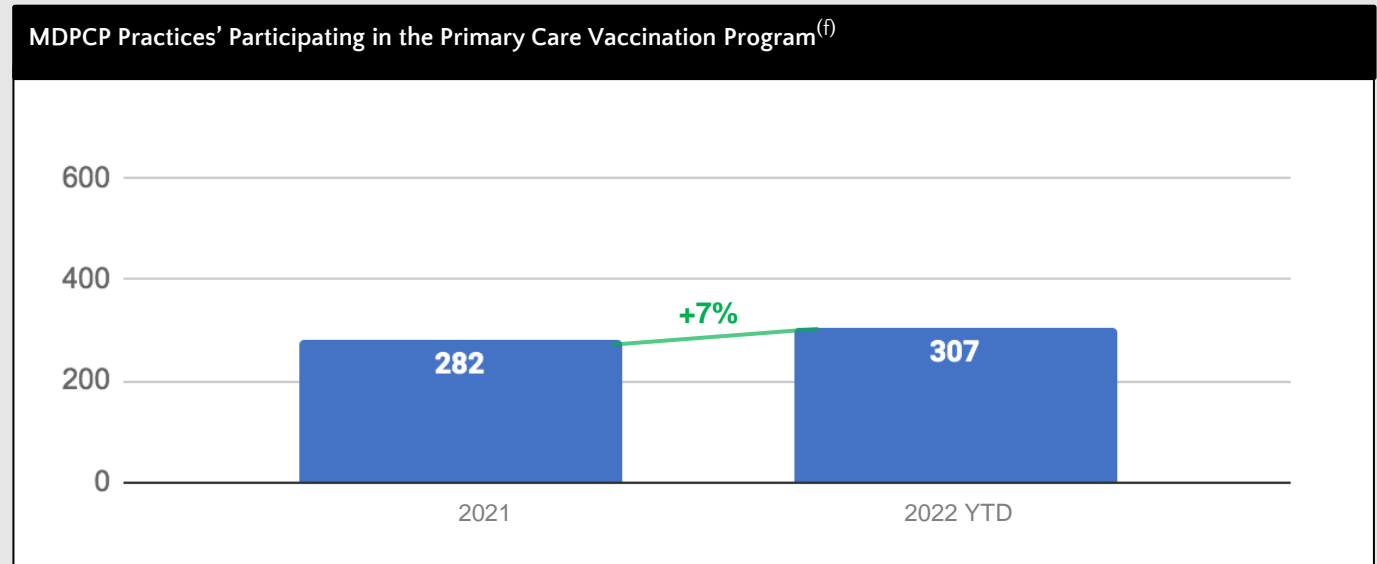
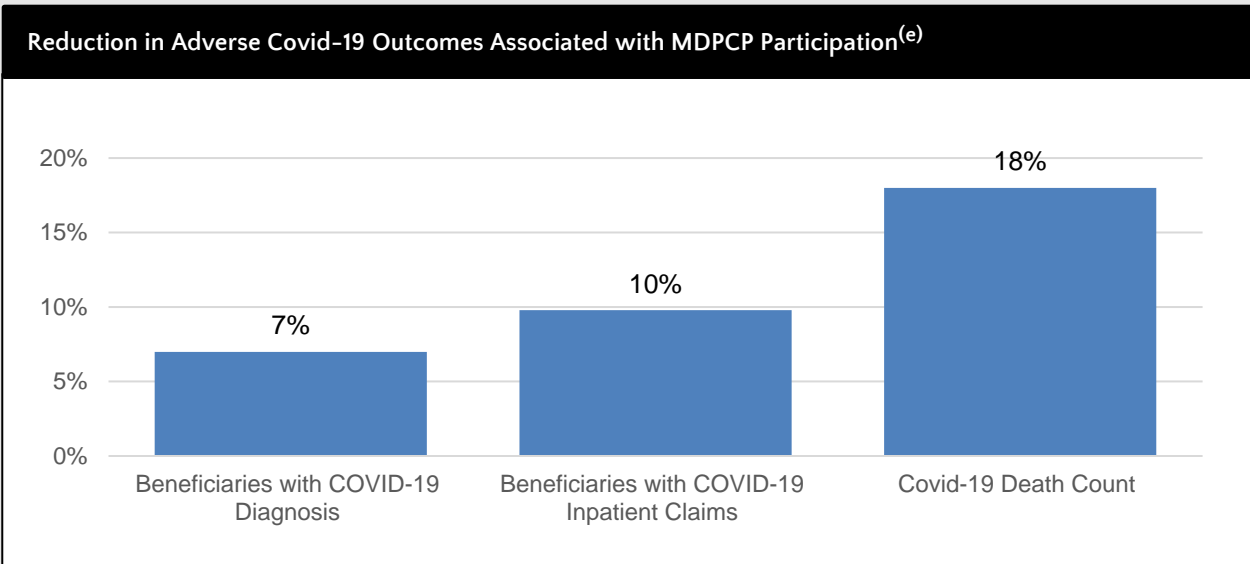
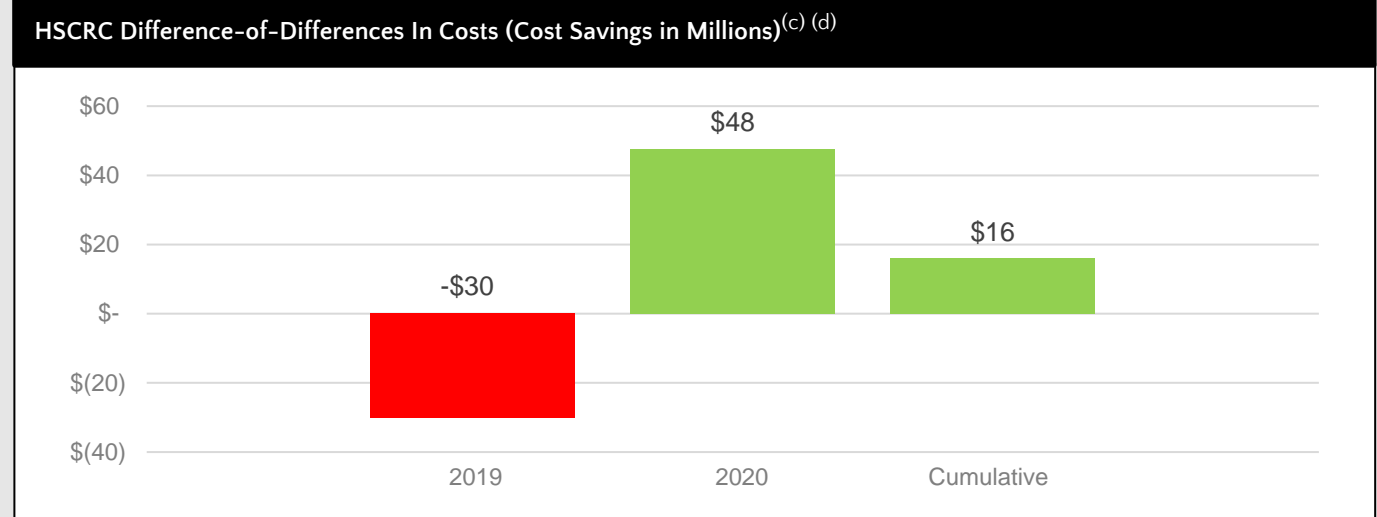
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Cost Savings and COVID-19 Statistics

Reporting Period: January 2019 – July 29, 2022

Medicare PBPM Cost, HCC – Risk Adjusted^{(a) (b)}

Category	Base Year 2019	2022 YTD (through 3/31/22)	Percent Change
Statewide FFS Population	\$1,038	\$1,191	15%
Statewide Non-Participating Population	\$1,003	\$1,159	16%
Equivalent Non-Participating Population	\$1,016	\$1,196	18%
MDPCP Statewide	\$1,015	\$1,139	12%



(a) Equivalent Non-MDPCP practices represent primary care practices that do not participate in the MDPCP program but serve patients who are demographically comparable to those served by MDPCP practices.

(b) Data are through March 2022, reflecting dynamic beneficiary attribution and HCC risk-adjustment.

(c) These data represent cost savings calculated by HSCRC (after care management fees) that can be attributed directly to MDPCP.

(d) Cumulative savings reflect the effects of compounding.

(e) Relative to comparison group. The difference in rates are statistically significant at the 5% level. More information can be found here: <https://www.milbank.org/publications/improving-covid-19-outcomes-for-medicare-beneficiaries-a-public-health-supported-advanced-primary-care-paradigm/>

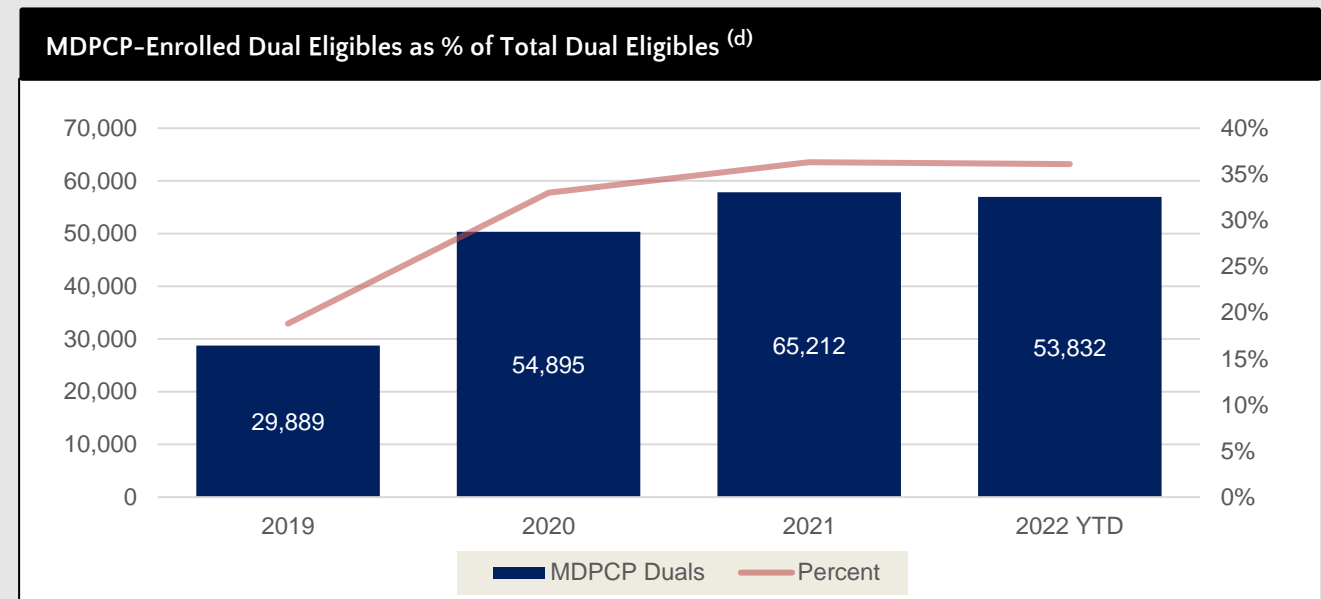
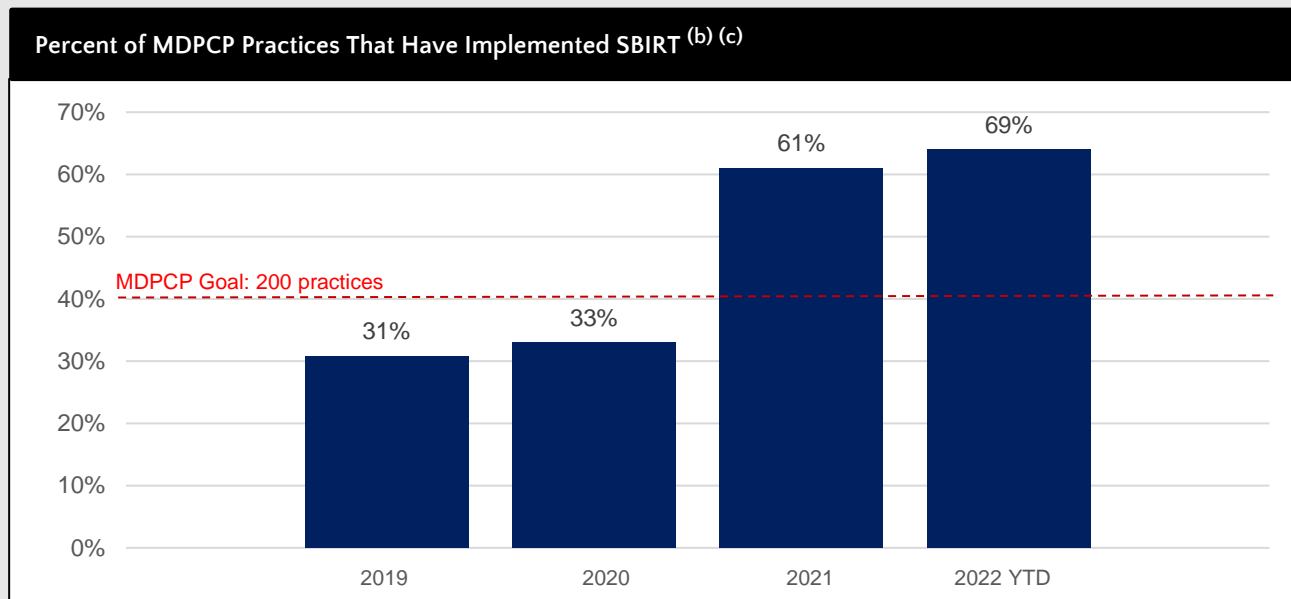
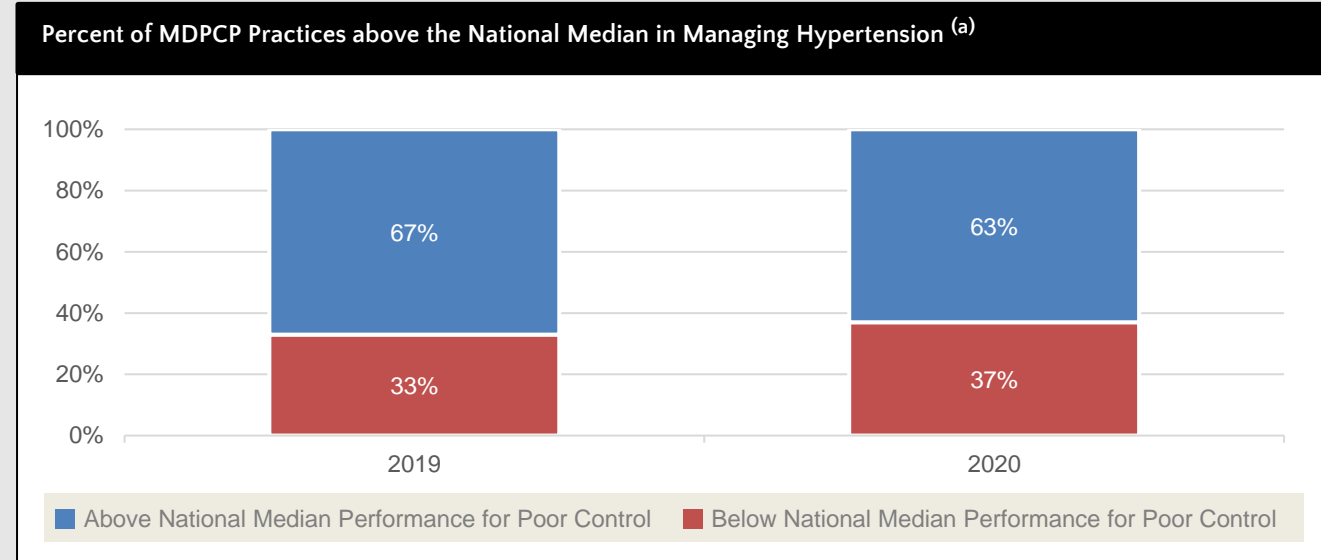
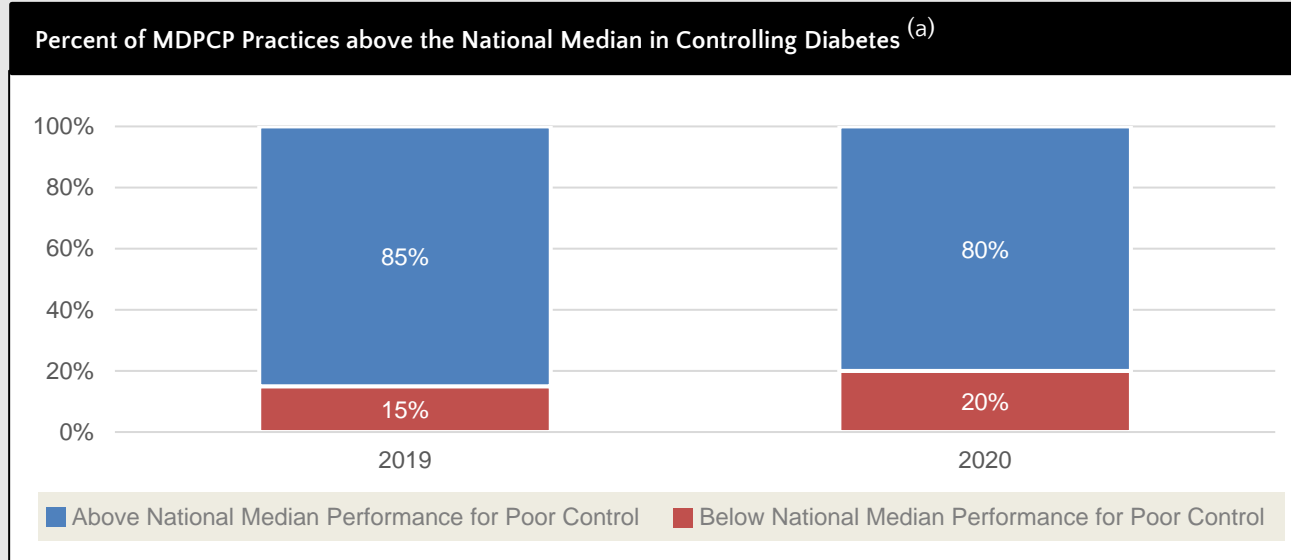
(f) Data last updated July 29, 2022.



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Quality

Reporting Period: January 2019 – July 29, 2022



(a) Based on MIPS (Merit-Based Incentive Payment System) reporting. A1C control is a method for treating and controlling blood sugar level for diabetes patients. Data are from 2020.

(b) SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a best practice used to identify and refer to treatment people suffering from substance use disorder (SUD).

(c) Data are through July 29 2022.

(d) Medicaid data are cumulative from January 2019 to June 2022. YTD data is not comparable to calendar data.



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Utilization

Reporting Period: January 2019 – July 29, 2022

Equivalent Non-participating Population

A subset of the statewide non-participating population, demographically matched to participants by age band, sex, dual eligibility, and county of residence

Statewide Non-participating Population

All Medicare FFS beneficiaries who are eligible for MDPCP and not attributed to a participating provider

HCC (Hierarchical Condition Category) Risk-adjustment

CMS assigns all participating beneficiaries in the MDPCP program an HCC score. The score is based on the community risk model to reflect the beneficiary's clinical profile and care needs.

Avoidable Admissions and ED Visits (PQI-like) Events per K – HCC Risk-adjusted^{(a) (b) (c)}

Category	Base Year 2019	2022 YTD (through 3/31/22)	Percent Change
Statewide FFS Population	87.6	60.2	-31.3%
Statewide Non-Participating Population	89.3	62.5	-30.0%
Equivalent Non-Participating Population	87.3	61.3	-29.8%
MDPCP Statewide	87.0	59.8	-31.3%

IP Events per K – HCC Risk-adjusted^{(b) (c)}

Category	Base Year 2019	2022 YTD (through 3/31/22)	Percent Change
Statewide FFS Population	248.9	220.3	-11.6%
Statewide Non-Participating Population	246.6	223.1	-9.5%
Equivalent Non-Participating Population	248.3	225.5	-9.2%
MDPCP Statewide	244.0	209.0	-14.5%

ED Utilization per K – HCC Risk-adjusted^{(b) (c)}

Category	Base Year 2019	2022 YTD (through 3/31/22)	Percent Change
Statewide FFS Population	457.2	340.2	-25.6%
Statewide Non-Participating Population	473.3	359.4	-24.1%
Equivalent Non-Participating Population	456.5	338.7	-25.8%
MDPCP Statewide	443.0	331.6	-25.1%

a. Chart displays utilization for IP admissions or ED visits that fall into one of 10 AHRQ Prevention Quality Indicator (PQI) categories using the 2021 AHRQ specification
 b. Risk-adjustment is based on the average HCC score of attributed beneficiaries.
 c. Data are through 3/31/22.



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SBIRT Summary

Reporting Period: January 2019 – July 29, 2022

Monthly Summary Statistics

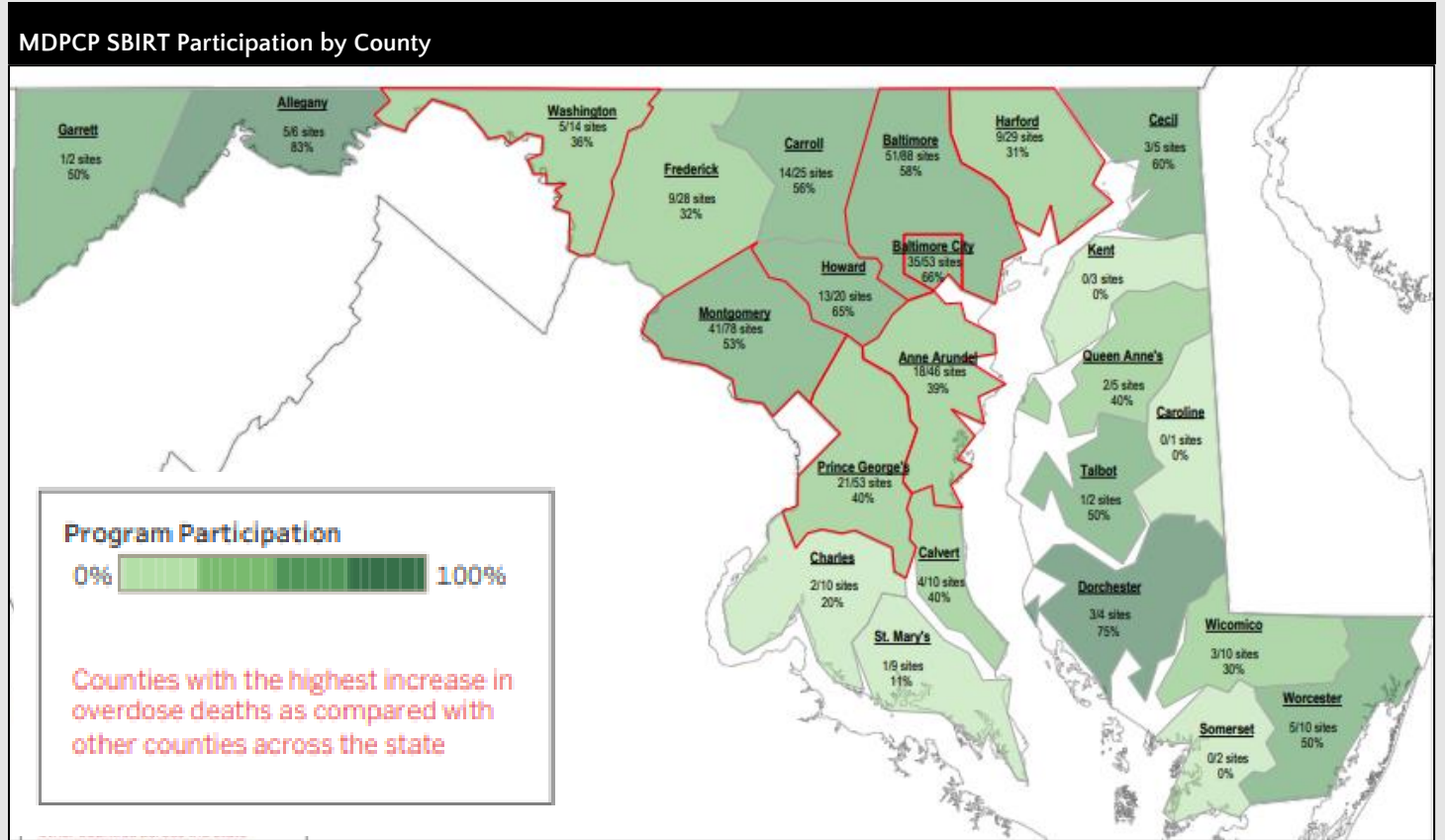
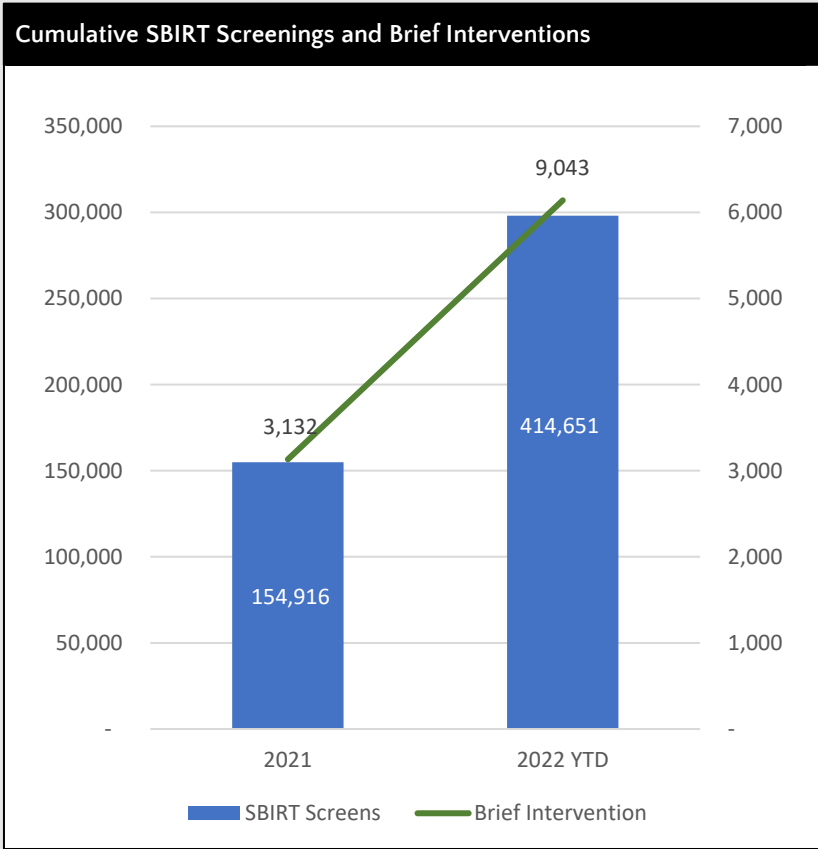
350
Total Practices Implementing SBIRT

213
Practices Reporting

414,651
SBIRT Screenings

29,060
Positive SBIRT Screenings

9,043
Brief Interventions (BI)



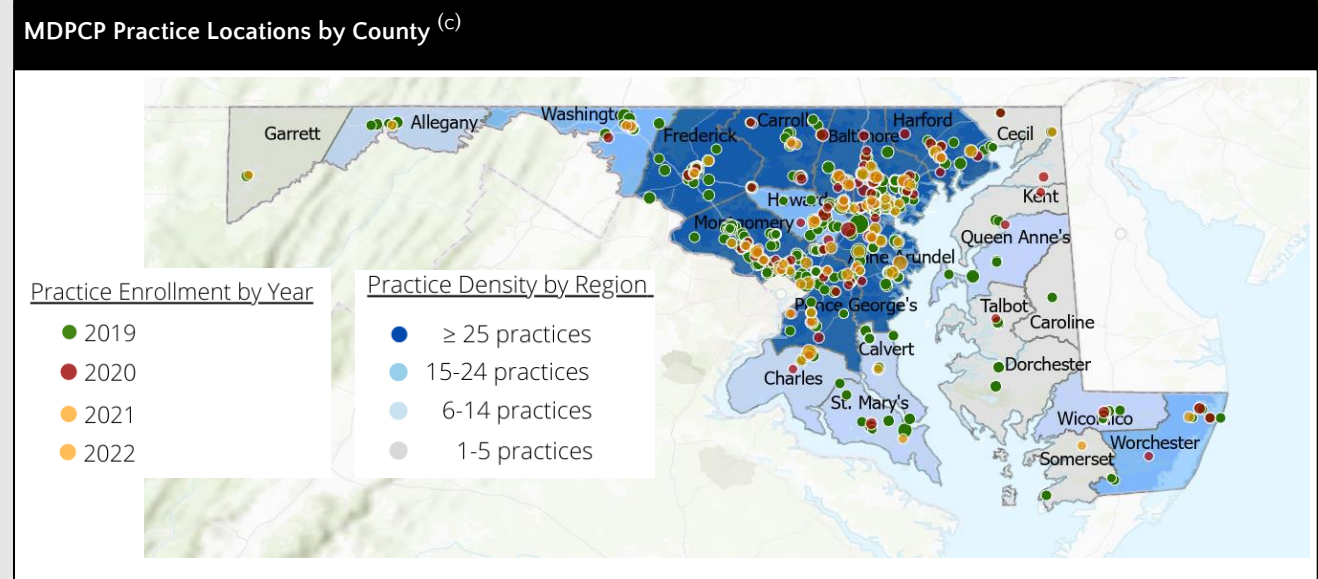
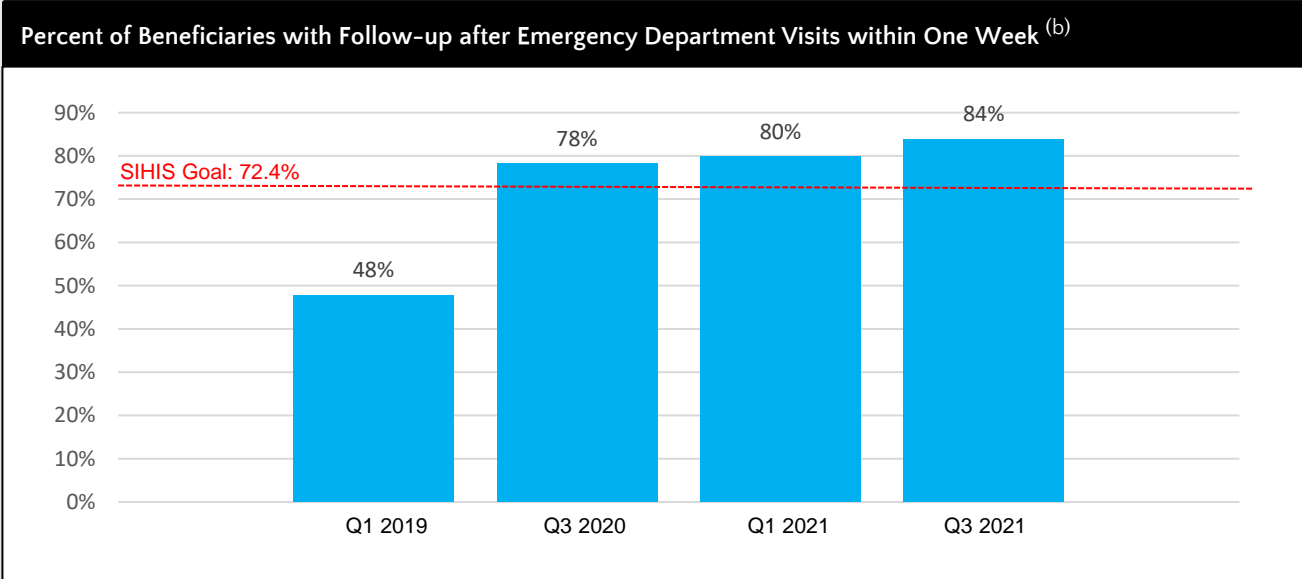
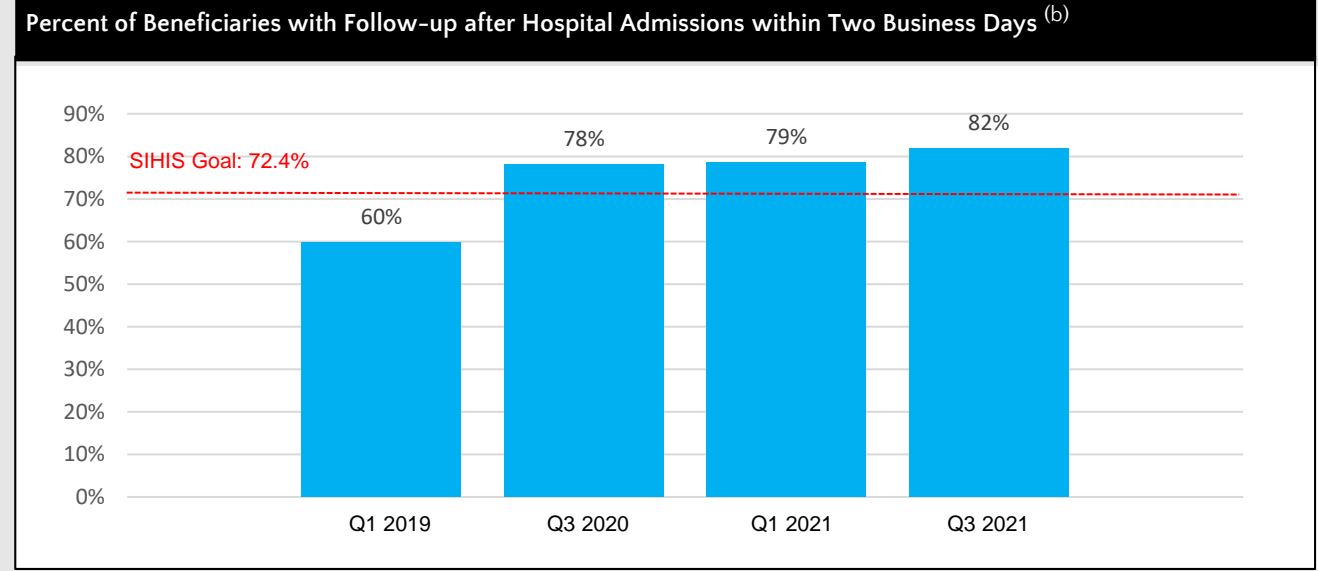
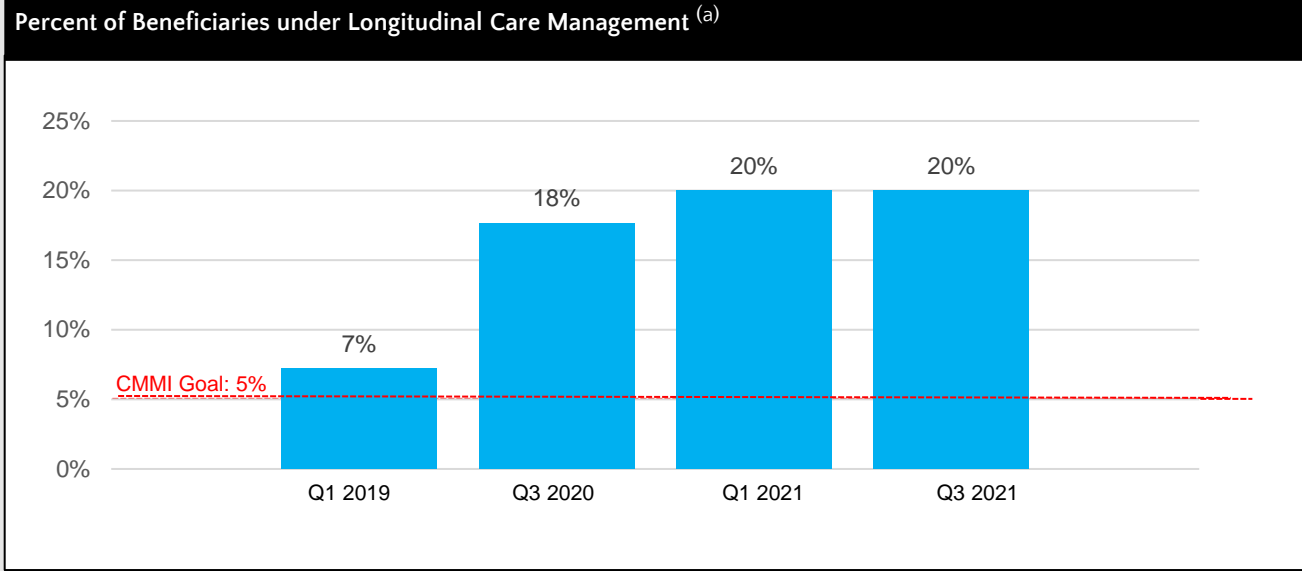
Monthly and Cumulative Statistics

	August – 21	September – 21	October – 21	November – 21	December – 21	January – 22	February – 22	March – 22	April – 22	May – 22	June – 22	July – 22	Total
% SBIRT Screens out of Total Eligible Patients	63%	66%	65%	66%	51%	61%	67%	62%	75%	70%	69%	71%	65%
% Positives out of Total SBIRT Screens	9%	8%	9%	8%	6%	5%	5%	7%	7%	7%	7%	7%	7%
% BI out of Total Positives	37%	29%	23%	20%	23%	26%	29%	36%	34%	36%	46%	42%	31%
Practices Reporting Per Month	112	123	147	154	153	175	200	213	190	222	208	213	-

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MDPCP Practices Follow Up

Reporting Period: January 2019 – July 29, 2022



(a) CMMI (Centers for Medicare & Medicaid Services Innovation Center) develops and tests new healthcare payment and service delivery models to improve patient care and reduce costs.

(b) SIHIS (Statewide Integrated Health Improvement Strategy) is designed to engage state agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs.

(c) Green represents the MDPCP practices that enrolled in 2019, red represents those that enrolled in 2020, orange represents those that enrolled in 2021 and practices that remained enrolled in 2022.

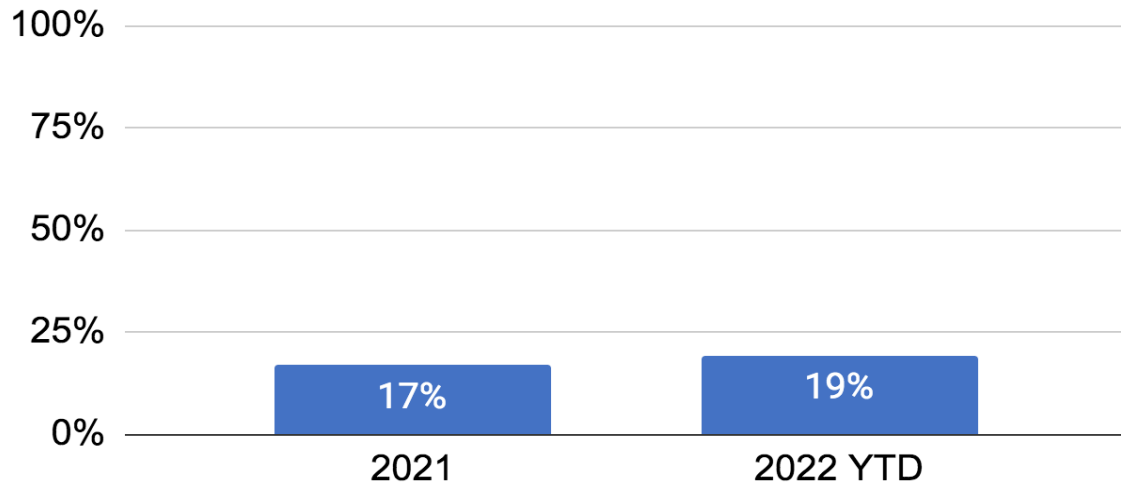


Maryland Primary Care Program Report

MDPCP Practices Implementing Collaborative Care Model (CoCM) for Mental Health

Reporting Period: August 2021 – July 29, 2022

Status of 2022 MDPCP Practices' Participation in Collaborative Care Model (CoCM)

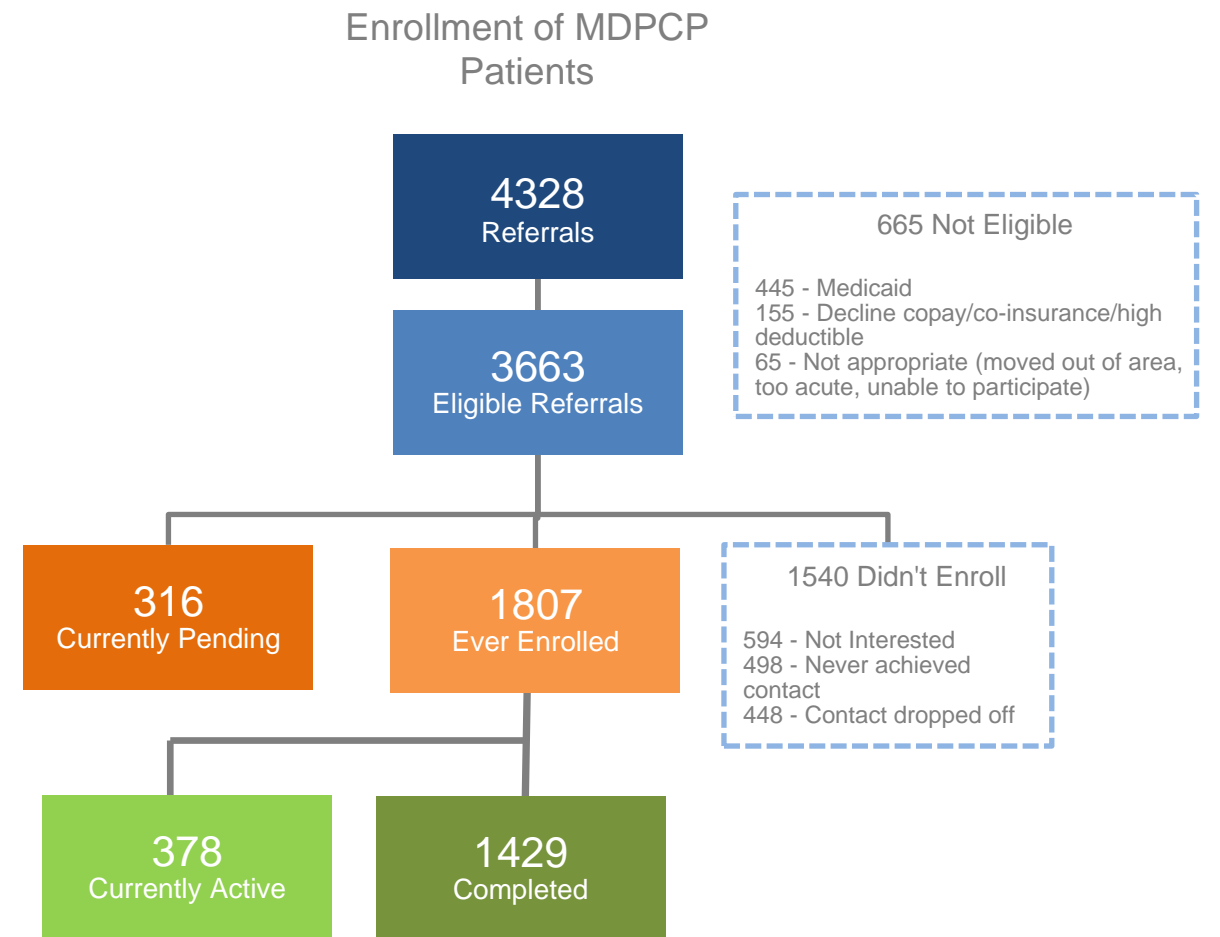


MDPCP Patients - Clinical Improvement under Collaborative Care Model (CoCM)^{(a)(b)}

Days in CCP	30	60	90	120	180
% Patients with PHQ-9 CMR ²	18%	54%	66%	72%	77%

77% of assessed patients have achieved a Clinically Meaningful Reduction (CMR) in PHQ-9 Score within 6 months in CCP and with 54% achieving CMR within just 2 months

Enrollment and Engagement^{(a)(b)}



4328 referrals were received from MDPCP practices. Of referrals received, 10% were ineligible due to having Maryland Medicaid

(a) Data are through April 2022.

(b) Data reflects any patient enrolled in a practice over their tenure of care. Data goes back to January 2019.