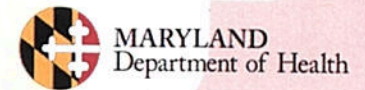


# Maryland Primary Care Program

MMAC Briefing  
Maryland Department of Health  
October 26, 2017



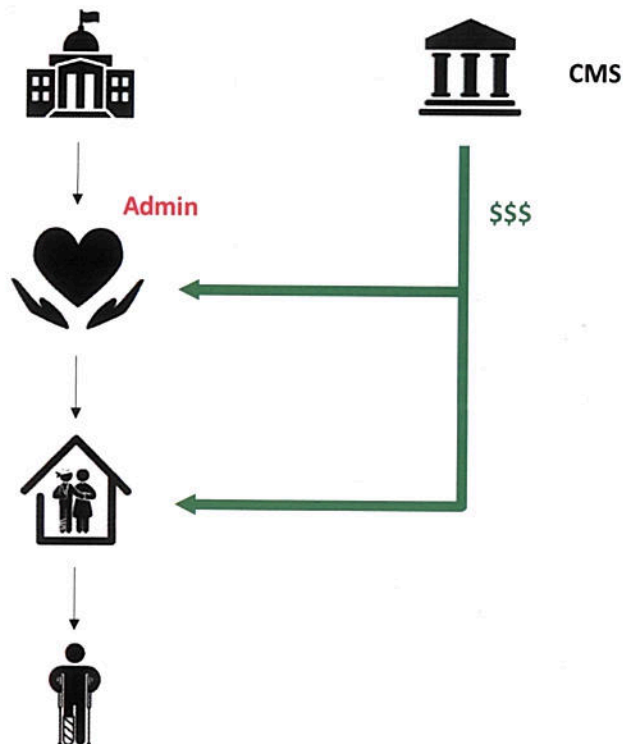
# The Maryland Primary Care Program

Maryland Department  
of Health/ Program  
Management  
Office in Office of Sec

Care Transformation  
Organization  
(leverage existing entities)

Person-Centered  
Homes and Providers

Patients



# Relationship to All-Payer Model and Progression Plan

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## The Primary Care Program – Primary Care Delivery Redesign

- Five key functions: access & continuity, comprehensiveness & coordination, care management, patient & caregiver engagement, planned care & population health
- Will sustain the early gains of the All-Payer Model as targets becoming increasingly reliant on factors beyond the hospital
- Complements and supports existing delivery system innovation in State particularly the Hospital Global Budget
- Reduce avoidable hospitalizations and ED usage through advanced primary care access and prevention
  - Components include care managers, 24/7 access to advice, medication mgt., open-access scheduling, behavioral health integration, and social services

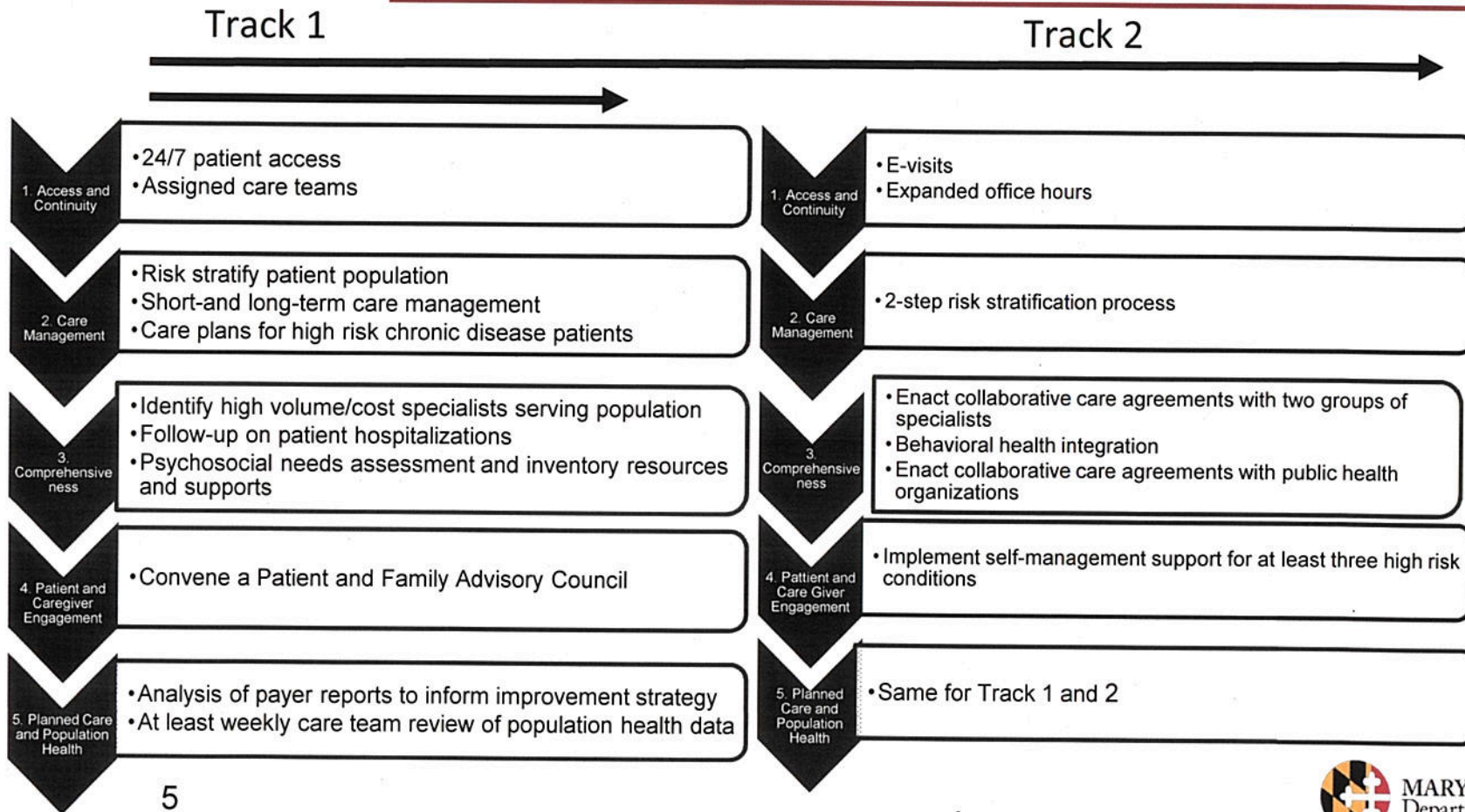
# Builds from the CMMI CPC Plus Model

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MCPC will build off CMMI's CPC Plus program.

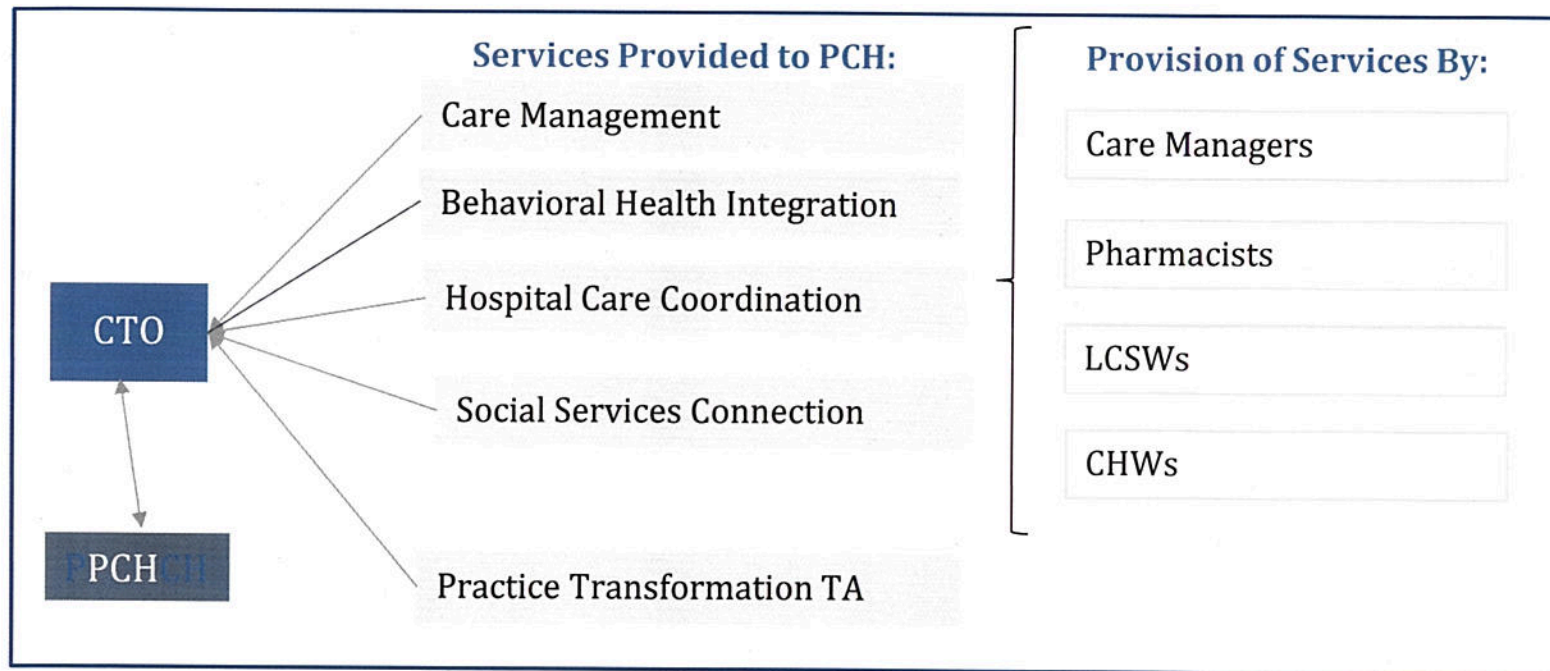
- **Maryland's Primary Care program will offer more flexibility to primary care practices than CPC Plus**
  - Rolling application for practices, advance from Track 1 to Track 2
  - Care transformation organizations (CTOs) will support practices – Practice Transformation, Care Management, Informatics, Hospital Transitions, Social Services Integration, Behavioral health integration
  - CMMI will take responsibility for establishing the program and gradually transition responsibility to the State

# Primary Care Functions



# Care Transformation Organizations

Designed to assist the practice meet the 5 primary care functions



# Payment Incentives for Better Primary Care

		Care Management Fee (PBPM)	Performance-Based Incentive Payment (PBPM)	Underlying Payment Structure
Practices	Track 1	<b>Payment: \$28 average; \$6 - \$100 PBPM</b> Tiered payments based on acuity/risk tier of patients in practice including \$100 to support patients with complex needs	Payment: \$2.50 opportunity  Must meet quality and utilization metrics to keep incentive payment  Timing: Paid prospectively on an annual basis;	<b>Payment: Standard FFS</b>  Timing: Regular Medicare FFS claims payment
	Track 2		Payment: \$4.00 opportunity  Must meet quality and utilization metrics to keep incentive payment  Timing: Paid prospectively on an annual basis;	<b>Payment: Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)</b>  Medicare FFS claim is submitted normally but paid at reduced rate  Timing: CPCP paid prospectively on a quarterly basis;

# CRISP HIT Supports and Services for Practices

## Supports

### Data Exchange Support Programs (DESP)

- This program will provide funds directly to practices who want to connect with CRISP.
  - The payments are fixed amounts, which the practice can use to offset connectivity costs.
  - In return, the practice will provide and maintain data feeds to CRISP.

Goal: Establish 200 ambulatory practice connection

Requirement: CEHRT

#### Funding

Milestone 1 - \$3,000

Milestone 2a - \$4,000

OR

Milestone 2a+2b - \$7,000

Total = up to \$10,000

## Services

### Maryland Prescription Drug Monitoring Program

- Monitor the prescribing and dispensing of drugs that contain controlled dangerous substances

### Encounter Notification Service (ENS)

- Be notified in real time about patient visits to the hospital

### Query Portal

- Search for your patients' prior hospital and medication records

### Direct Secure Messaging

- Use secure email instead of fax/phone for referrals and other care coordination



# Learning System for Practices

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CMMI to operate Learning System in consultation with the State.

- Employ National (Booz Allen) and Regional (Lewin) Learning System contractors
  - Regional contractor may subcontract with local organizations
- Learning System will assist practices in meeting care delivery requirements
  - Transitioning from Track 1 to Track 2
  - CMMI will monitor practices for meeting care delivery requirements
- By 2021, the Learning System is expected to transition to State responsibility

# Timeline

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

# The End

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Updates at

[https://pophealth.health.maryland.gov/Pages/Maryl  
andComprehensivePrimaryCareModel.aspx](https://pophealth.health.maryland.gov/Pages/Maryl<br/>andComprehensivePrimaryCareModel.aspx)