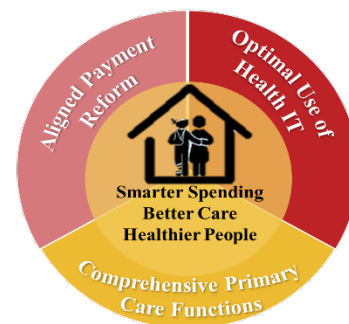


Summary of the Maryland Primary Care Program

January 2018

Overview

The State of Maryland proposed to CMS a voluntary 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.



Key Elements

Stakeholder Responsive Flexibility

Maryland aims to develop an advanced primary care program with flexibility to respond to the unique needs of the Maryland provider community and its patients. MDH and its partner agencies began stakeholder engagement around the MDPCP during the summer of 2016 and have gained the support of state leadership, legislators, health care practitioners, health delivery systems, payers, patients and advocates. This support includes MedChi, Maryland Hospital Association, the MHCC Primary Care Council, Maryland Academy of Family Physicians, American College of Physicians – Maryland Chapter, and organized provider groups.

Focus on Practice Transformation and Care Redesign

The MDPCP is proposed to 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	
<ul style="list-style-type: none"> • Access to Care • Care Management • Comprehensiveness and Coordination 	<ul style="list-style-type: none"> • Patient and Caregiver Experience • 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 would 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:

- **Care Management Fees (CMF)** are funds designated to provide care management to patients in need of those services. Funds would be provided 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.



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- **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 would gradually transform 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) would be a key feature of the program and would 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 pharmacists, behavioral health counseling, social services, community health workers, and health education. While providers would not be required to contract with and receive services from CTOs, the State expects many providers would benefit from the resources and technical assistance tailored to their needs.

Learning System

Practices that enter the program would 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 would 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 would be provided to practices to assist them in processes like risk stratification and provider referrals.

Timeline (pending CMS approval)

Activity	Timeframe
Application period for CTOs and Practices	Spring 2018 – Fall 2018
Initiate Program	January 2019

Please look for updates and more details on our web site:

<https://health.maryland.gov/MDPCP>

