

# Maryland Primary Care Program (MDPCP) Advisory Council

## Meeting Takeaways

Tuesday, August 10, 2021 | 5:00pm – 6:30pm

### Participants

- Bob Atlas, *Maryland Hospital Association*
- Robert Berenson, *The Urban Institute*
- Scott Berkowitz, *Johns Hopkins*
- Kenneth Buczynski, *Wellspring Family Medicine*
- Cathy Chapman, *Chapman and Associates Health Care*
- Stacia Cohen, *CareFirst*
- Will Daniel, *Health Services Cost Review Commission*
- Stacy Garrett-Ray, *University of Maryland Medical System*
- Howard Haft, *MDPCP Program Management Office*
- Kevin Hayes, *Consultant*
- Debora Kuchka-Craig, *MedStar*
- Kathleen Loughran, *AmeriGroup*
- Nkem Okeke, *Medicalincs*
- Mai Pham, *Anthem*
- Gene Ransom, (Rep., Colleen George), *MedChi, The Maryland State Medical Society*
- Michael Riebman, *Maryland Primary Care Physicians*
- Steven Schuh, *Medicaid*
- David Sharp, *Maryland Health Care Commission (MHCC)*
- Ben Steffen, *MHCC*

### Key Discussion Items

- The MDPCP Program Management Office (PMO) provided an update on the Center for Medicare & Medicaid Innovation's (CMMI) proposed modifications to Track 2.
- The Advisory Council (Council) discussed select CMMI's Track 2 options:
  - Maintain Advanced Alternative Payment Model (AAPM) status by shifting the hierarchical condition categories (HCC) override funds into the performance-based incentive payment.
    - Challenges include increased downside performance risk to practices and an increase in the percentage of program funds paid to Care Transformation Organizations.
    - A benefit to this approach is that it allows MDPCP practices to maintain qualifying alternative payment model status, which excludes practices from the Merit-based Incentive Payment System reporting requirements viewed as administratively burdensome and the potential payment adjustment.
  - Forgo AAPM status and use HCC override funds to increase care management payments for practices that treat more disadvantaged beneficiaries.

- Challenges include loss of AAPM status and increased reporting workload.
  - Opportunities include creating a pathway for providers who serve comparatively more low-income beneficiaries to participate in a value-based payment arrangement.
- The Council recommended that the PMO and other State leaders continue to discuss with CMMI the concerns expressed by the PMO to the proposed Track 2 options. The PMO plans to provide updates to the Council when additional information become available.