

Advisory Council Meeting

11-17-20

Policy Guidance to Date

1. **PCF framework** – Reaffirm that we intend to use the broad framework of PCF with a Population Based Payment, fixed flat fee and a performance adjustment
2. **Funding Level** – Reaffirm intention to provide funding that is greater than current Track 2 before PBA
3. **Population based payment structure** – Reaffirm the intention to move to “money follows the person” HCC scores using the PCF tiers
4. **Flat-based fee** –
 - a. Reaffirm that we intend to have at least 50% of payments in the population-based payments to deemphasize unnecessary face to face visits
 - b. Reaffirm that we will use a flat fee that does not encourage excessive face to face visits
5. **CTOs** – Confirm that CTOs should continue to be included as formal participants in Track 3, remain optional for all practices
6. **Track Progression – (see below)**
 - a. Confirm that Track 1 will phase out by 2023
 - b. Confirm that track 2 will phase out by 2026

11/17/20 Topic and Presentation – Performance Adjustment

1. Today we will focus on the performance adjustment starting with an analysis done by hMetrix using Maryland data. Initial discussion around:
 - a. PCF performance is extremely complex and challenging to understand. *Do we need a simpler version?*
 - b. PCF performance adjustments make quarterly adjustments. *Do we want adjustments done that frequently?*
 - c. PCF performance adjustment is heavily focused on AHU. *Is that the State’s focus?*
 - d. PCF performance adjustment has cliffs (0 and -10% adjustments) for the majority of practices. *Is this what we are looking for in performance adjustment?*
 - e. PCF has a gateway that requires meeting all elements individually (not composite). Missing any one element means not passing the gateway. *Is that what we are looking for in Maryland?*
 - f. PCF quality metrics do not fully align with the SIHIS, which outlines the State’s performance goals for the TCOC Model. *Do we want to have the ability to establish and weight quality measures consistent with the state’s population health goals?*

Table – Overview of Tracks available by year

	2021	2022	2023	2024	2025	2026	2027 and beyond
Track 1	X	X	X				
Track 2	X	X	X	X	X		
Track 3			X	X	X	X	TBD

Track 1	Transition to T2 by this date	Transition to T3 by this date	Time in T3
2019 starters	2022	2025	2 years
2020 starters	2023	2026	1 year
2021 starters	2024	2026	1 year
2022 starters	2024	2026	1 year
2023 starters	2024	2026	1 year

*There will be no more Track 1 starters beginning in 2024. Track 1 2022 starters have 2 years to transition to T2. Track 1 2023 starters have 1 year to transition to Track 2.