

Maryland Primary Care Program (MDPCP) Advisory Council

Meeting Takeaways

January 11, 2022 | 5:00pm – 6:30pm

Participants

- Bob Atlas, *Maryland Hospital Association*
- Michael Barr, *MEDIS, LLC*
- Robert Berenson, *The Urban Institute*
- Scott Berkowitz, *Johns Hopkins*
- Kenneth Buczynski, *Wellspring Family Medicine*
- Stacia Cohen, *CareFirst*
- Will Daniel, *Health Services Cost Review Commission*
- Allan Field, *Retired Health Care Executive/Consultant*
- Howard Haft, *MDPCP Program Management Office*
- Kevin Hayes, *Consultant*
- Debora Kuchka-Craig, *MedStar*
- Kathleen Loughran, *AmeriGroup*
- Nkem Okeke, *Medicalincs*
- Gene Ransom, *MedChi*
- Michael Riebman, *Maryland Primary Care Physicians*
- Scott Rose, *Sheppard Pratt Health System*
- David Sharp, *Maryland Health Care Commission (MHCC)*
- Ben Steffen, *MHCC*

Key Discussion Items

- The MDPCP Program Management Office (PMO) reviewed the listed objectives of primary care in Maryland and the guiding principles for the MDPCP.
 - Person and family-centered care
 - Regional customization and flexibility to match local needs and leverage local infrastructure and resources
 - Steady movement from volume to value
 - Incremental all-payer approach
 - Care management
 - Financial and non-financial incentives for practice transformation

- Aligned and consistent set of quality, outcome, and utilization metrics
- Avoidance of unnecessary and duplicative utilization
- The PMO noted the following elements of the Track 3 Term Sheet submitted to the Center for Medicare & Medicaid Innovation in December 2021.
 - Program level funding for Track 2 will be maintained for Track 3
 - Practices' total Per Beneficiary Per Month (PBPM) amounts will vary and will be a function of their average hierarchical condition categories score and Health Equity Advancement Resource and Transformation (HEART) payments
 - Estimated amounts for Population Based Payments (PBP) range from \$50 to \$80 PBPM; HEART payments will be an additional payment from the PBP
 - Flat Visit Fee (FVF) amount will be based on the weighted average of the full list of Select Primary Care Services codes used in Track 2; the FVF amount will not be final until it is calculated based on the full MDPCP practice cohort after the 2023 application period
 - A prospective Performance Based Adjustment will be assessed on previous program year performance and PBP and FVF payment totals (for the entire year) to meet Advanced Alternative Payment Model risk standard (5 percent)
 - Care Transformation Organizations (CTOs) roles and payment amounts will be kept consistent with Tracks 1 and 2
- The PMO reviewed the *2020 Annual MDPCP Report* (available [here](#)). The report details the below accomplishments for program year two.
 - Infrastructure enhancement
 - Care transformation
 - Quality and utilization improvement
 - Support to practices and CTOs to address COVID-19