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DEPARTMENT OF HEALTH

MDPCP Track 3 Interim Developments Advisory Council Presentation

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

May 4, 2021

Where we left off – and subsequent actions

- Track 3 Recommendations sent to CMMI from PMO and Secretary of Health 12-23-20
- Letter of support from Advisory Council submitted 12-23-20
- Response from CMMI received 2-9-21
- Attempt by CMMI and State to reduce the large practice level variations in Total Primary Care Payment before Performance Adjustment failed
- CMMI offers 3 options- 4-29-21
- Response required by 5-14-21

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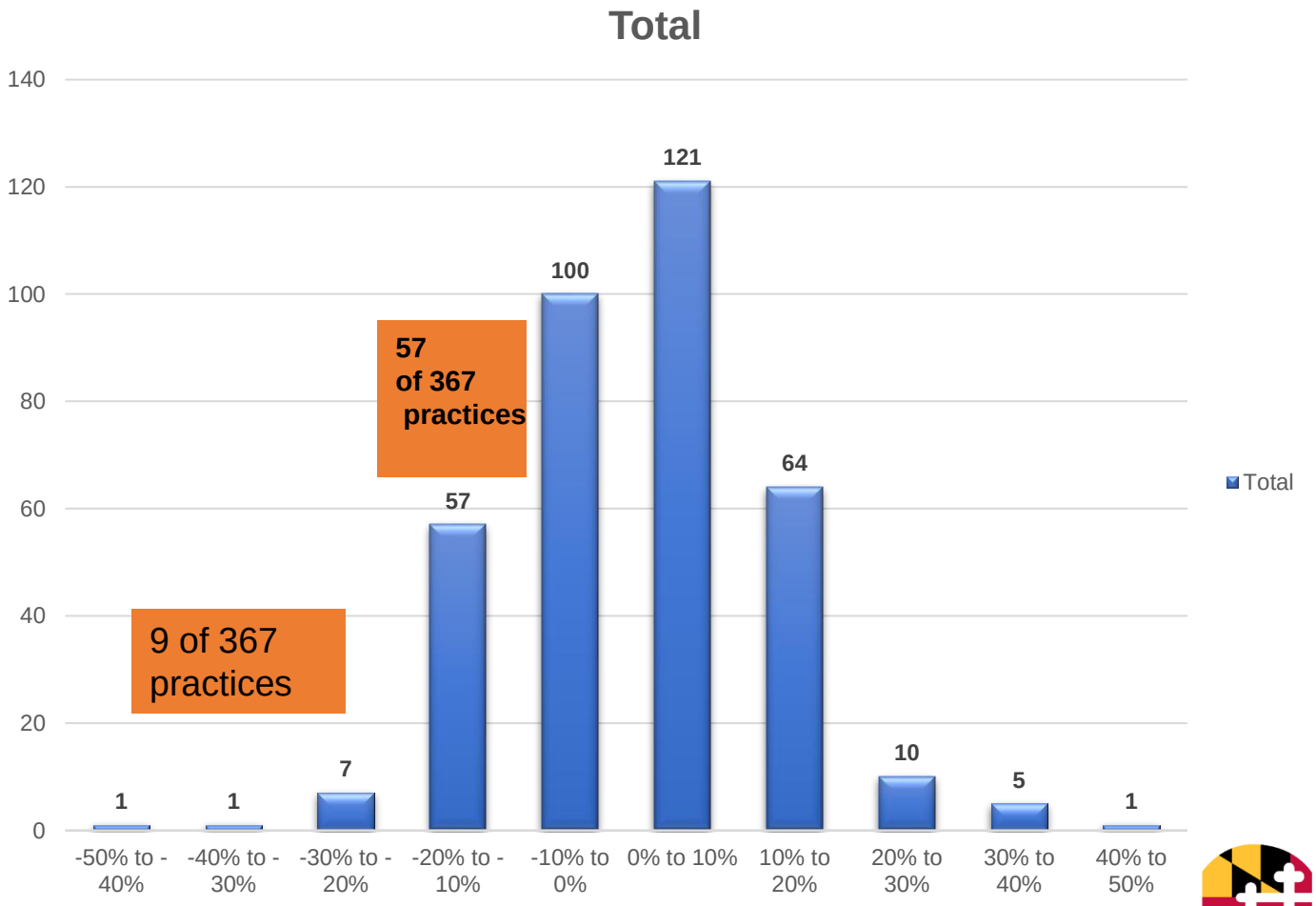
Total Primary Care Payment Practice Level Medicare Revenue Impact Transition from Track 2-Track 3 (after HCC modifications)



Source: CMMI data analysis
Based on 367 practices that participated in program in both 2019 and 2020

Total Primary Care Payment revenue change

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Updated Options from CMMI – Option 1

- Track 3 as previously negotiated with the State, including:
  - Population based payments using the practice average HCC refined groupings,
  - A PBA simplified framework with asymmetric risk including at least -10% downside risk and defined quality metrics, including the introduction of the TCOC measure *Total Per Capita Cost*.
  - Flat visit fee of $40.82
  - Practice Level Revenue variation remains
  - Begins 2023

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Updated Options from CMMI – Option 2

- Track 2 with modifications
  - Add the TCOC measure *Total Per Capita Cost* to the PBIP – 25% of PBIP,
  - Maintain the quality component (eCQMs and CAHPS) at 50%,
  - Reduce utilization to 25%.
- Introduces practices to TCOC accountability through the PBIP.
- CMF, PBIP and CPCP stay the same
- Begins 2022

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Updated Options from CMMI – Option 3

- No Changes to MDPCP
- CMMI has indicated that this will not put MDPCP and the Model in good position for expansion

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Feedback Requested from Advisory Council

- What do you think of the latest proposal from CMMI?
- What is promising and what is concerning?
- CMMI statement:

  As a reminder, in considering whether to expand MDTCOC, CMS will examine cost and quality results, as well as whether the MDTCOC model achieved its other objectives, including whether it extended TCOC accountability beyond hospitals. We continue to believe that population-based payments are the optimal next phase of value-based incentives for MD providers, and this aligns with the direction similar national models are moving, as in the progression from CPC+ to PCF.