

Maryland Primary Care Program (MDPCP) Advisory Council

Meeting Takeaways

Tuesday, October 26, 2021 | 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*
- 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) provided an update on staff changes to the PMO and presented the MDPCP performance dashboard.
- The PMO reviewed the Center for Medicare & Medicaid Innovation's (CMMI) 2022 program policy changes and provided an update on Track 3 discussions with CMMI.
- The Advisory Council (Council) discussed the following 2022 program policy changes.
 - The hierarchical condition categories (HCC) override policy will be updated to eliminate two of three conditions assigned to the Complex Tier - substance use disorder and severe and persistent mental illness. The other condition, dementia, will remain in the HCC override policy.

- New Health Equity Advancement Resource and Transformation (HEART) payment will be included in the Care Management Fee. The HEART payment provides support for serving socioeconomically disadvantaged populations
 - Twenty-five percent of practices' performance-based incentive payment will be based on total per capita cost (TPCC) measure for Track 2 Practices.
 - MDPCP practices will be required to report under the Merit-Based Incentive Payment System due to loss of the Advanced Alternative Payment Model status.
 - Federally qualified health centers may now apply for Track 2.
- The PMO plans to provide additional updates on Track 3 to the Council as decisions made in collaboration with CMMI become available.