



AHEAD Primary Care Update

Primary Care Stakeholder Meeting

August 21, 2024



Agenda

- Welcome and Introductions
- AHEAD State Agreement Update
- Medicaid Primary Care APM Review
- MDPCP Updates
- Primary Care Investment Workgroup and AHEAD Definition Comparison



Primary Care Elements in State Agreement



Vision

**Equity and Excellence in Maryland's Health Care Delivery System
that Improves the Health of All**

Community

Primary
Care

Specialty
Care

Hospital
Care

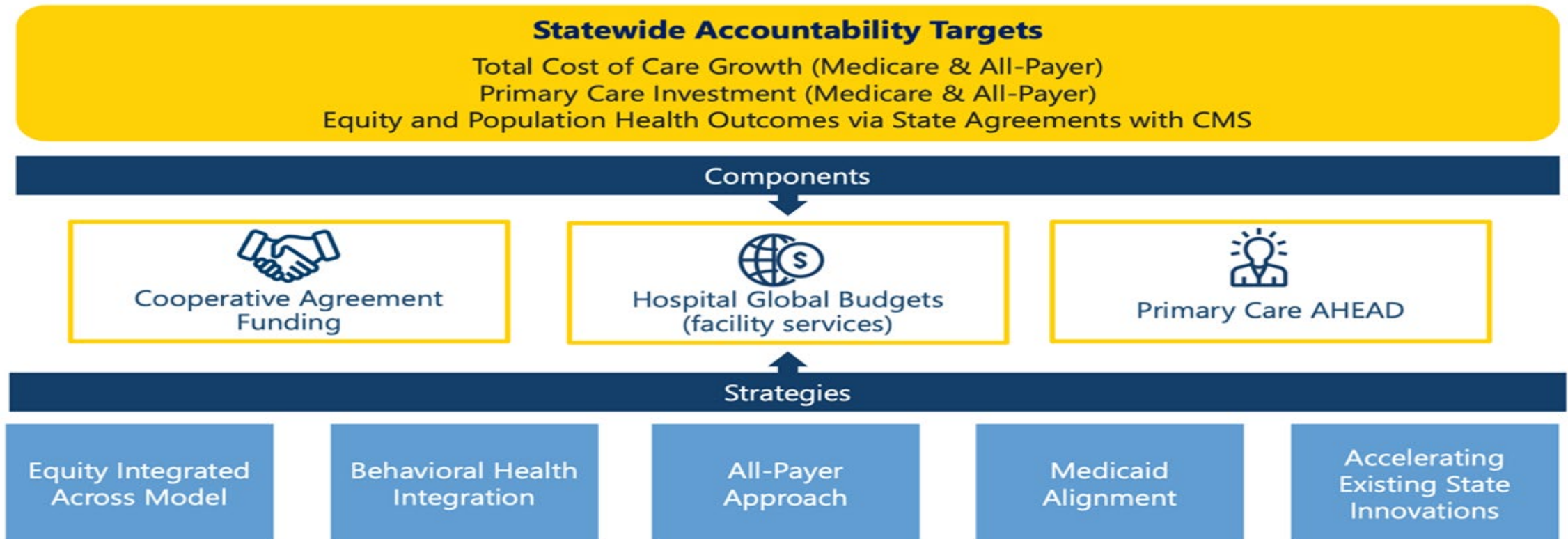
Post
Acute
Care

Palliative
Care

End of
Life Care

Equity, Community, & Population Health

States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model



AHEAD Requirements for Primary Care

✓	Medicaid primary care alternative payment model	<ul style="list-style-type: none">• In development of Medicaid concept
✓	Recruitment	<ul style="list-style-type: none">• MDPCP has over 500 practices• Medicaid could have approximately 500 practices depending on attribution method
✓	Care transformation	<ul style="list-style-type: none">• Integrating behavioral health care as a function of primary care, enhanced care management and specialty coordination, and addressing health-related social needs of beneficiaries
✓	Commercial alignment (encouraged)	<ul style="list-style-type: none">• Maryland's largest commercial payer CareFirst BlueCross BlueShield has been an aligned MDPCP payer
✓	Accountability	<ul style="list-style-type: none">• Maryland has rich data to develop targets and measure progress

Key Goals of Primary Care Under the AHEAD Model

- **Increase investment** in primary care as a proportion of TCOC for Medicare FFS and across all-payers.
- **Align Medicare's primary care strategy with efforts already underway in state Medicaid programs**, including enhanced care management, behavioral health integration, and referrals for health-related social needs.
- **Target populations most in need of improved access to high-quality primary care by ensuring that FQHCs and RHCs can receive enhanced primary care payments and adjusting payments for medical and social risk given the particular needs of the patients they serve.**
- **Encourage more providers to build increased capacity to deliver advanced primary care.**

Key Components of National Primary Care AHEAD Program

- **A Medicare Enhanced Primary Care Payment (EPCP)** to fund advanced care management and behavioral health integration activities for Participant Primary Care Practices' attributed Medicare FFS beneficiaries. The EPCP will be adjusted for social and medical risk.
- **Care transformation requirements:**
 - Integrate behavioral health care as a function of primary care
 - Enhanced care management and speciality coordination
 - Address health-related social needs of beneficiaries
- **Medicaid Alignment:**
 - Care transformation requirements
 - Aligned quality measures between Medicaid and Medicare advanced primary care programs

Primary Care Elements in State Agreement

- Primary Care Medicare FFS Investment Target - likely targeted toward increase in participation in Medicare Model in out years
- Medicaid First participation requirement - likely 2027
- Availability of Primary Care AHEAD track alongside MD PCP - under discussion



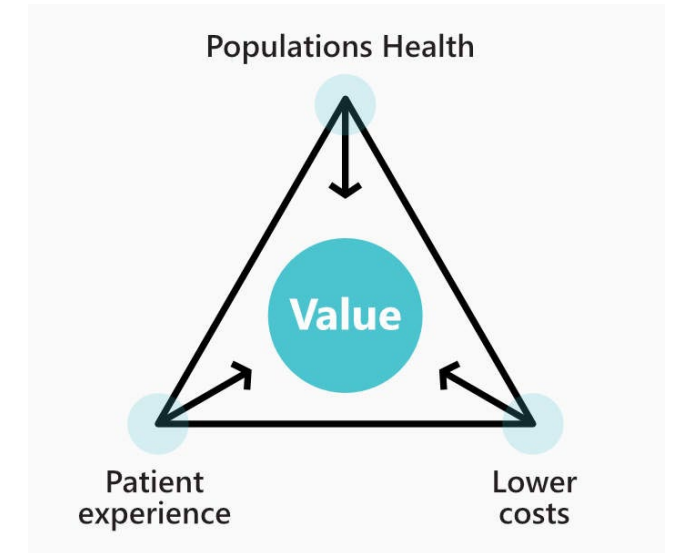
Maryland Medicaid Primary Care Alternative Payment Method (APM) Review



Value of Primary Care

Decades of research show that increased investment in primary care leads to **higher-quality, more equitable and less costly care**

- Communities with more PCPs have lower mortality rates and longer life expectancy¹
- Medicare beneficiaries with regular primary care engagement with the same PCP have less hospital utilization and lower costs²
- Access to high-quality primary care decreases disparities in USPSTF recommended preventive services³



1 Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. *JAMA Intern Med.* 2019;179(4):506–514. doi:10.1001/jamainternmed.2018.7624

2 Sonmez D, Weyer G, Adelman D. Primary Care Continuity, Frequency, and Regularity Associated With Medicare Savings. *JAMA Netw Open.* 2023;6(8):e2329991. doi:10.1001/jamanetworkopen.2023.29991

3 Primary Care's Essential Role in Advancing Health Equity for California. (March 2023) California Health Care Foundation. Retrieved from <https://www.chcf.org/wp-content/uploads/2023/03/PrimaryCaresEssentialRoleAdvancingHealthEquity.pdf>, August 9, 2024

Vision and Goals for Maryland Primary Care AHEAD

VISION

- Advance whole-person care
- Establish strong linkages across the health care continuum
- Build a highly reliable program that sustains advanced primary care as a foundation for Marylanders

GOALS

- Simplify administrative burden for primary care providers
- Continue Medicare investment while broadening reach to Marylanders covered by Medicaid and commercial insurance
- Improve health outcomes for all Marylanders

Design Principles

- Leverage successes of MDPCP
 - Initial model starts with MDPCP practices with sufficient Medicaid mix (250 or more members from any one MCO)
- Medicaid leads
 - Federal requirement that providers must participate in Medicaid APM to be able to participate in Medicare APM
 - Inclusion of pediatric practices
- Simple “rules”
 - Administrative simplification to maximize provider participation
 - Aligned quality measures across coverage groups
 - Streamline reporting
 - Clear guidance for providers to understand payment structure and performance expectations
- Allow for growth in both innovation and the alternative payment model

Medicaid Primary Care APM 1.0

Three pillars of APM concept supporting Primary Care:

- E&M Increases
- Care management fees
- Quality Incentives

E&M Increases

- Increased E&M rates for all PCPs accepting Maryland Medicaid
 - 100-105% Medicare rate*
 - Fee-for-service and HealthChoice managed care
 - Not required to participate in aligned advanced primary care program
 - Effective July 1, 2025
- Aim to stabilize existing primary care workforce while also increasing Maryland's competitiveness in recruiting PCPs

*Pending Federal approval

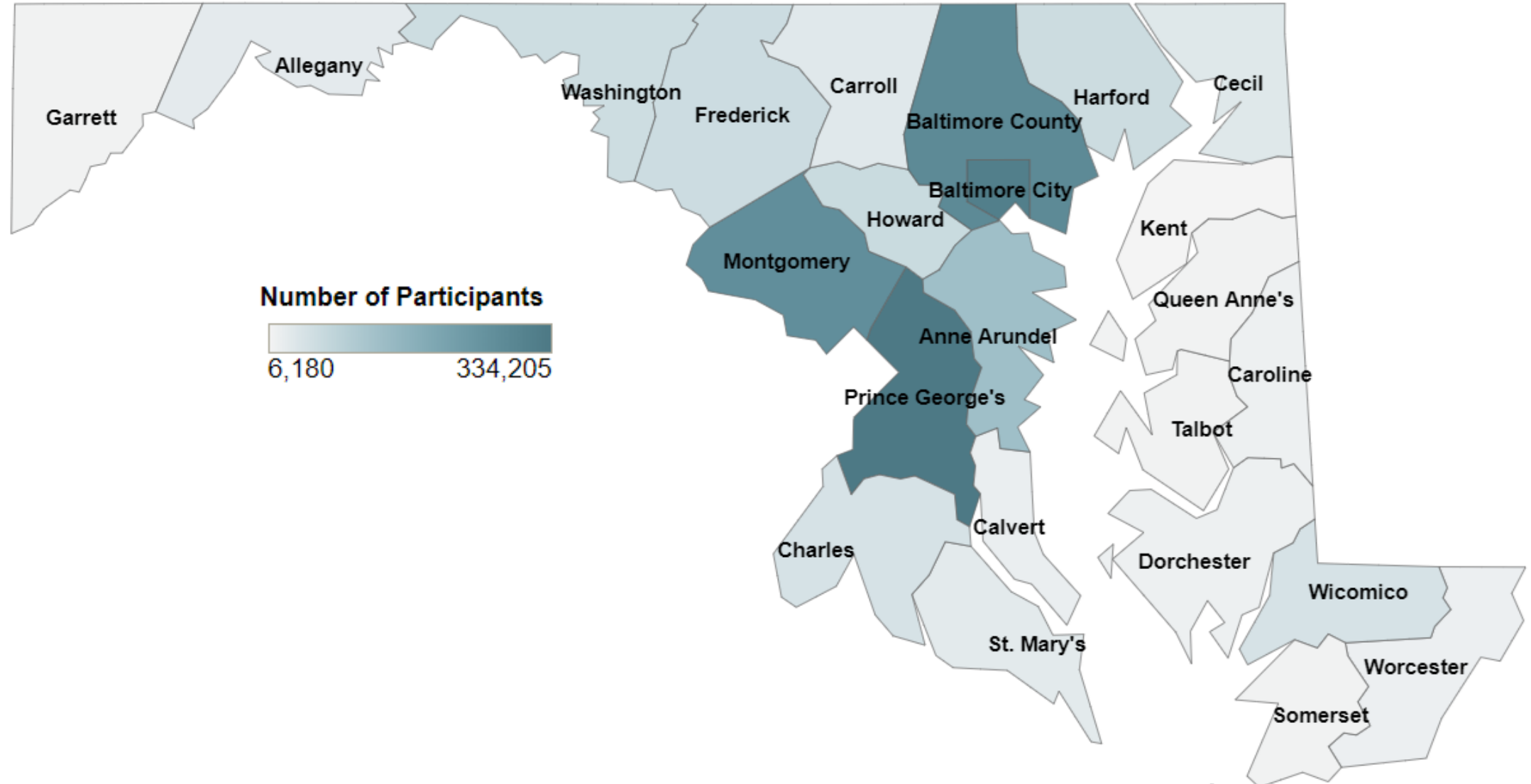
Care Management Fees

- Per member per month (PMPM) fee for participating practices
 - Flat fee of \$x PMPM
 - Calculated for all eligible HealthChoice members in the practice
 - Utilized to provide comprehensive care management for high-risk members
 - Other AHEAD states ranging \$1-3, Maryland TBD
- Practices will receive a care management fee for 100% of attributed members but only expected to utilize for the estimated 20-30% of members who will benefit
- MDH will develop guidance to define “high-risk” and care management expectations

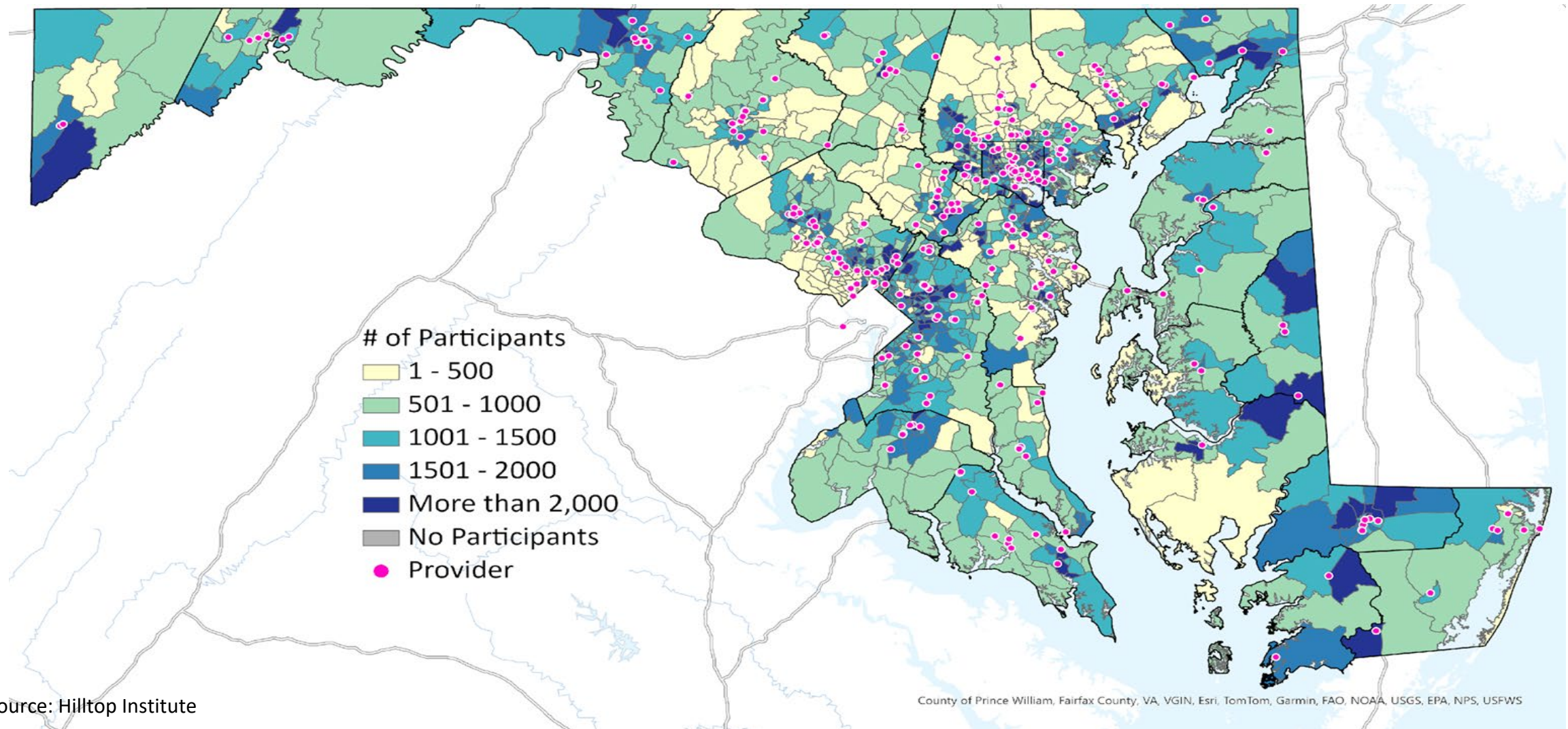
Quality Incentives

- Performance based payments for participating practices
 - Quality measures aligned with MDPCP
 - Focus on reductions on avoidable utilization (emergency department, inpatient admissions, readmissions)
 - Payments will be retrospective, following the culmination of the performance year

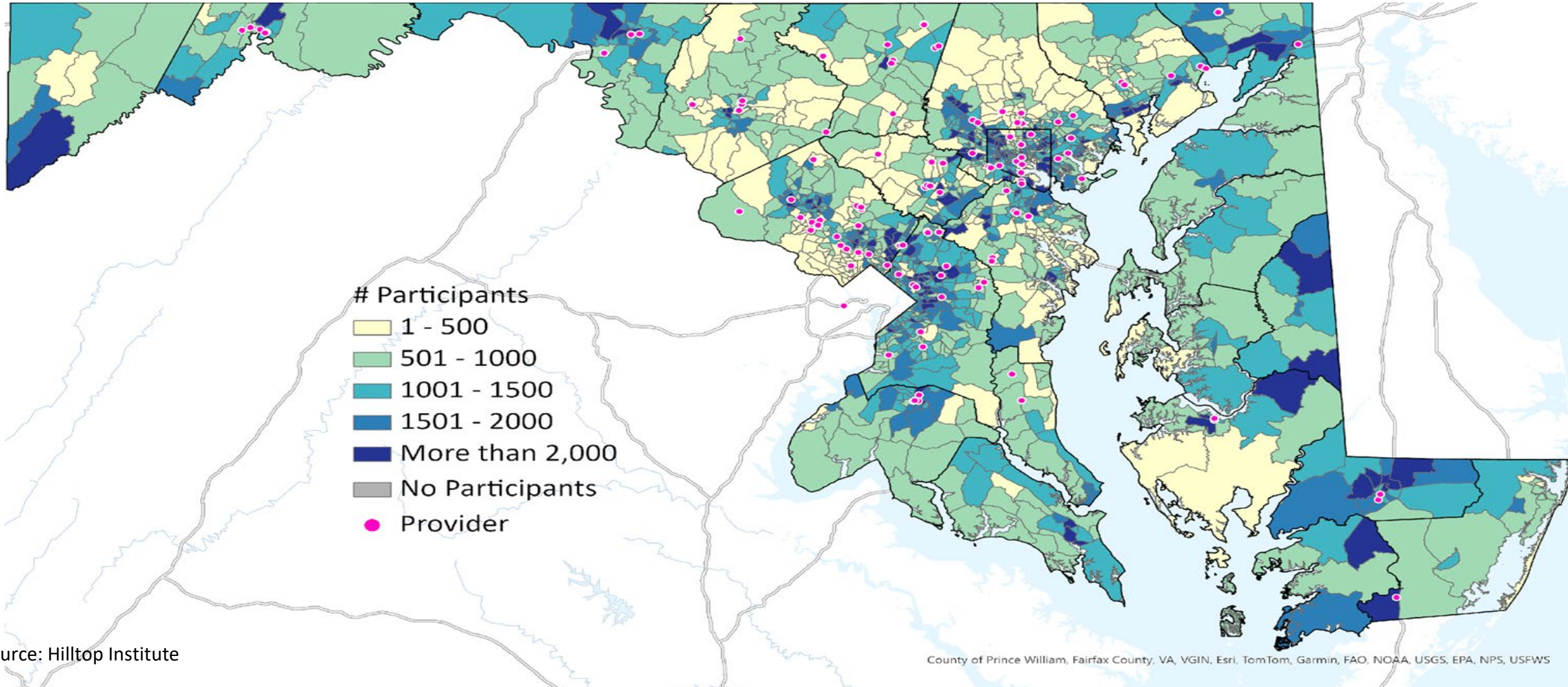
Current Distribution of Medicaid Participants



MDPCP Providers with ≥ 250 HealthChoice Members and Number of HealthChoice Participants by Census Tract, CY 2023



MDPCP Providers with < 250 HealthChoice Members and Number of HealthChoice Participants by Census Tract, CY 2023



Maryland Managed Care Organizations by County*

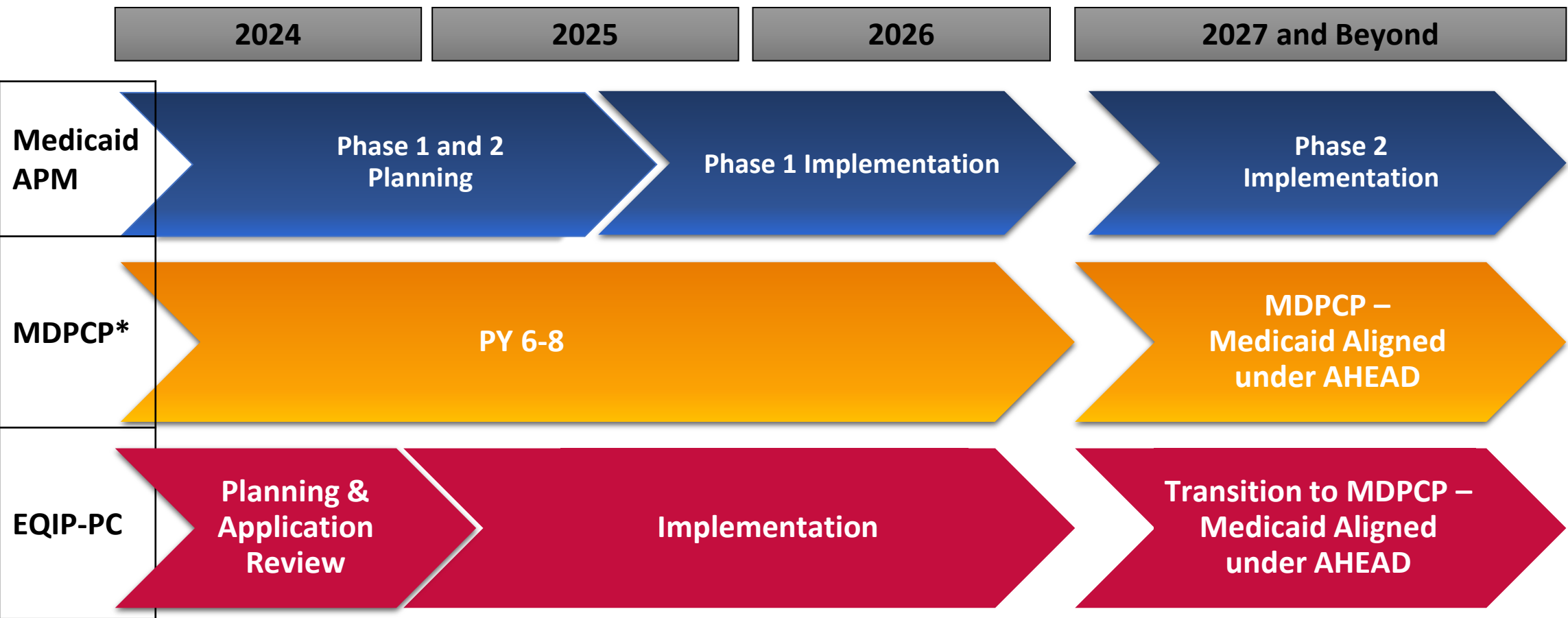
County	Aetna	CareFirst	JAI †	KP*	MPC	MSFC	PPMCO	UHC	Wellpoint
Allegany	✓	✓			✓		✓	Voluntarily Frozen	✓
Anne Arundel	✓	✓	✓	Frozen	✓	✓	✓	✓	✓
Baltimore City	✓	✓	✓	Frozen	✓	✓	✓	✓	✓
Baltimore County	✓	✓	✓	Frozen	✓	✓	✓	✓	✓
Calvert	✓	✓		Frozen	✓	✓	✓	✓	✓
Caroline	✓	✓			✓		✓	✓	✓
Carroll	✓	✓	✓		✓		✓	✓	✓
Cecil	✓	✓			✓		✓	✓	✓
Charles	✓	✓		Frozen	✓	✓	✓	✓	✓
Dorchester	✓	✓			✓		✓	✓	✓
Frederick	✓	✓			✓		✓	✓	✓
Garrett	✓	✓			✓		✓	Voluntarily Frozen	✓
Harford	✓	✓	✓	Frozen	✓	✓	✓	✓	✓
Howard	✓	✓	✓	Frozen	✓		✓	✓	✓
Kent	✓	✓			✓		✓	✓	✓
Montgomery	✓	✓	✓	Frozen	✓	✓	✓	✓	✓
Prince George's	✓	✓	✓	Frozen	✓	✓	✓	✓	✓
Queen Anne's	✓	✓			✓		✓	✓	✓
Somerset	✓	✓			✓		✓	✓	✓
St. Mary's	✓	✓		Frozen	✓	✓	✓	✓	✓
Talbot	✓	✓			✓		✓	✓	✓
Washington	✓	✓			✓		✓	✓	✓
Wicomico	✓	✓			✓		✓	✓	✓
Worcester	✓	✓			✓		✓	✓	✓

*As of August 2024. Jai opened in Montgomery County as of 8/1/2024. New enrollments for Kaiser (KP) are temporarily frozen from 8/1/2024-9/30/24.

Future Innovation and Expansion

- Expand pool of participating primary care practices
- Prospective hybrid payment approach
- Risk adjustment for medical and social complexity
- Greater incentive alignment
- Commercial payer alignment

Anticipated Maryland Advanced Primary Care Progression*



*Discussing with CMMI availability of AHEAD PC program in addition to MDPCP

Building a spectrum of advanced primary care programs to address needs of Medicare and Medicaid beneficiaries

Questions or Comments?



MDPCP Updates



MDPCP Update

MDPCP

- 2026 policy updates - UNDER DISCUSSION WITH CMMI
 - HEART payment flexibilities
 - Track 2 continuation
- Fall milestones and communications
- Coming Soon!
 - MDPCP Evaluation, 2019-2022 - conducted by The Hilltop Institute

EQIP-Primary Care Pilot Program update

- Program overview and PMO role
- RFA timeline