

Value-Based Arrangements Request for Provider Feedback

Request Overview:

SB0834/Ch. 298, HB 1148/Ch. 297(2), 2022 - Health Insurance – Two-Sided Incentive Arrangements and Capitated Payments – Authorization requires the Maryland Health Care Commission (MHCC) to aggregate the (1) the number and type of value-based arrangements entered into in accordance with the authority established under the law; (2) quality outcomes of the value-based arrangements; (3) the number of complaints made regarding value-based arrangements; (4) the cost-effectiveness of the value-based arrangements; and (5) the impact of two-sided incentive arrangements on the fee schedules of health care practitioners included in the target budget that are not eligible providers.¹

In addition to meeting these requirements, MHCC is interested in seeking provider feedback on value-based arrangements in the commercial fully-insured market. Responses will be aggregated and anonymized in subsequent reporting.

Provider Feedback:

Provider feedback should be shared via email or [this form](#). Providers submitting feedback should submit their answers in numbered response to the below questions:

1. Name of provider or organization.
2. Is your organization a:
 - a. Solo practice or independent provider group
 - b. Small group (2–10 providers)
 - c. Medium group (11–50 providers)
 - d. Large group practice (51–200 providers)
 - e. Health system (200+ providers)
 - f. Other
3. If your provider organization has not participated in or been eligible for carrier value-based care/alternative payment model (APM) arrangements (e.g. population health and practice infrastructure payments, performance payments, payments with shared savings programs, payments with two-sided incentive arrangements, and/or capitation arrangements) in 2023 or 2024, why?
4. If your provider organization has participated in or been eligible for carrier APMs in 2023 or 2024:
 - a. With which carriers?



- b. What type of arrangement (e.g. population health and practice infrastructure payments, performance payments, payments with shared savings programs, payments with two-sided incentive arrangements, and/or capitation arrangements)?
 - c. Is this arrangement for primary care services?
 - d. Has the carrier's arrangement created any disincentive to providing medically appropriate or medically necessary health care services?
 - e. What are some of the goals of the program (e.g. promote health equity, improve health care outcomes, and encourage the provision of preventive health care services)?
 - f. Has the carrier provided details of the arrangement before contract execution, 30 days before a change, and upon provider request?
- 5. If your provider organization has participated in or is pursuing APM arrangements in 2025 or 2026:
 - a. With which carriers?
 - b. What type of arrangement (e.g. population health and practice infrastructure payments, performance payments, payments with shared savings programs, payments with two-sided incentive arrangements, and/or capitation arrangements)?
 - c. Is this arrangement for primary care services?
 - d. What are some of the goals of the program (e.g. promote health equity, improve health care outcomes, and encourage the provision of preventive health care services)?
- 6. Has your organization changed clinical or operational workflows to better improve health outcomes, as a result of the value-based arrangement? If so, what have you changed?
- 7. Does the value-based arrangement increase or decrease your payment, depending on quality? If yes, do you know what quality measures are being used, and if so, what are they?
- 8. Are any of the payers participating in a value-based arrangement from the same parent company that owns or operates your provider organization? If so, which ones?
- 9. Does your organization have any other comments regarding APMs in the Maryland commercial fully-insured market?

Submission Guidance:

Please submit your responses by email or using this form. All submissions should be directed to Shankar Mesta at Shankar.Mesta@maryland.gov. Please ensure your submission is completed by September 23rd, 2025.

If you have any questions or need assistance with the submission process, feel free to reach out to Shankar Mesta at Shankar.Mesta@maryland.gov.

ⁱ Chapter 297, 15–113(c) (5): A carrier may not reduce the fee schedule of a health care practitioner, a group of health care practitioners, or an eligible provider solely because they do not participate in the carrier's bonus, incentive-based compensation, or two-sided incentive arrangement program.