



## Value-Based Arrangements Request for Provider Feedback

### Request Overview:

[Chapter 297, an act concerning health insurance – two-sided incentive arrangements and capitated payments](#) (Chapter 297) enables payors and providers to engage in capitation and two-sided risk contracting. It also requires the Maryland Health Care Commission (MHCC) to report on value-based arrangements. MHCC reporting includes the number and types of arrangements, quality outcomes of arrangements, complaints made regarding arrangements, their cost effectiveness and the impact of two-sided incentive arrangements on the fee schedules of health care practitioners included in the target budget who are not eligible providers.<sup>i</sup>

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. If your provider organization has not participated in or been eligible for carrier value-based care/ alternative payment model (APM) arrangements (e.g. incentive programs, shared savings programs, two-sided incentive arrangements, and/or capitation arrangements) in 2022 or 2023, why?
3. If your provider organization has participated in or been eligible for carrier APMs in 2022 or 2023:
  - a. With which carriers?
  - b. What type of arrangement (e.g. incentive programs, shared savings programs, two-sided incentive arrangements, and/or capitation arrangements)?
  - c. Has the carrier's arrangement created any disincentive to providing medically appropriate or medically necessary health 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)?
  - e. Has the carrier provided details of the arrangement before contract execution, 30 days before a change, and upon provider request?
4. 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](mailto:Shankar.Mesta@maryland.gov). Please ensure your submission is completed by September 23<sup>rd</sup>, 2024.

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](mailto:Shankar.Mesta@maryland.gov).

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<sup>1</sup> 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.

