



Primary Care Investment

Analysis and Reporting Plan – Recommendations

SEPTEMBER 21, 2023

Background



- ▶ In 2022, the legislature passed Senate Bill 734, *Maryland Health Care Commission – Primary Care Report and Workgroup*
- ▶ The law requires MHCC to convene a Primary Care Workgroup (Workgroup) to obtain input on the scope and methodology for the analysis; the Workgroup convened in November and has met regularly to develop a Primary Care Investment Analysis and Reporting Plan (Plan)
 - The Plan establishes the primary care investment analysis framework that will guide MHCC in completing an annual assessment of payer primary care investments and identifying key policy issues for consideration by the Workgroup, stakeholders, and legislature
 - Plan due to the legislature by December 1, 2023
- ▶ The MHCC is required to annually report on ways to improve quality and access to primary care services, with special attention to increasing health care equity, reducing health care disparities, and avoiding increased costs to patients and the health care system based on the Plan beginning in December 2024



Why An Increased Primary Care Investment Matters

Rationale



▶ INVESTMENT

Higher investment in primary care is associated with lower costs, higher patient satisfaction, fewer hospitalizations and emergency department visits, and lower mortality*



▶ INSIGHT

Examining primary care spending as a percent of total health care spending can provide valuable insight when assessing access to primary care and measuring the overall effectiveness of a health care system



▶ ACCESS

Underinvestment in primary care gives rise to patient access and workforce issues*

*Primary Care Collaborative, Available at: www.pcpcc.org/primary-care-investment

State-Level Analysis



- ▶ Relative to its international counterparts, the U.S. underinvests in primary care; U.S. spends around 5-7 percent, Organization for Economic Co-operation and Development countries (37) average about 14 percent
- ▶ Underinvestment impacts the ability of primary care practices to provide patients with the personal attention and scope of services and negatively impacts the robustness of advance primary care models
- ▶ Association was found between increased primary care spend and fewer emergency department visits and total hospitalizations

* Source: www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/Investing-Primary-Care-State-Level-PCMH-Report.pdf



Proposed Plan Domains

Recommendation



- ▶ **PRIMARY CARE INVESTMENT DEFINITION** – Encompasses primary care office visits, preventive care, and a broad set of other services when performed by family medicine, general practice, internal medicine, preventive medicine, pediatrician, geriatrician, nurse practitioner, and physician assistant
 - Includes primary care providers delivering primary care services in a nursing home, Federally Qualified Health Center, urgent care center, retail clinic, or other non-traditional settings
 - Behavioral health services are included when provided by a primary care provider
 - Obstetric and gynecologic services are part of the definition when performed by a primary care provider

Recommendations *(Continued)*



- ▶ **COVERED SERVICES BILLED UNDER A PRIMARY CARE PROVIDER'S TAXONOMY** – Includes those services performed by a nurse midwife and behavioral health provider
 - Requires the provider to be integrated into a primary care practice where services are billed under the taxonomy code of the primary care provider

- ▶ **INVESTMENT TARGET** – Increase primary care investment beginning in 2024 through 2029
 - Aim to achieve 10 percent overall total primary care spending by 2030
 - Include a relative improvement goal of approximately one percent annually
 - Adjust relative improvement goal periodically to achieve the aim

Recommendations *(Continued)*



- ▶ **INVESTMENT APPROACH** – A primary care investment target aligned across commercial payers and a different target for Medicaid and the MCOs
 - Review annually and adjust as needed to achieve the statewide relative improvement goal
 - An accountability mechanism for meeting targets and in using investments to enhance primary care
- ▶ **INVESTMENT CALCULATION** – Spending per member per month and as a percent of total medical expense
 - Place of service filters will be applied
 - Pharmacy spending and rebates, dental, and other supplemental expenditures will be excluded from the calculations
 - Non-fee-for-service spending will be excluded in the 2024 analysis and final report; use of this data will be considered in 2025

Next Steps



- ▶ **FINALIZE THE PLAN REPORT** – Seek Workgroup feedback on the draft Plan report in October
- ▶ **COMMISSION REVIEW** – Present the draft Plan report at the October/November Commission meeting
- ▶ **PLAN SUBMISSION** – Submit the Plan report to the legislature by December 1st
- ▶ **STAKEHOLDER BRIEFINGS** – Provide an overview of the Plan to select stakeholders



State Action – Snapshot

- ▶ **MARYLAND ACTIVITIES**
- ▶ **LEGISLATION BY STATE**



- ▶ **THE MARYLAND MULTI-PAYOR PATIENT CENTERED MEDICAL HOME PROGRAM** – Launched a three-year pilot in support of legislation passed during the 2010 session of the Maryland General Assembly; the program was extended through 2016*
 - Practices – Approximately 52
 - Payers – Medicaid and the five largest carriers: Aetna; CareFirst BlueCross BlueShield; Cigna Health Care, Mid-Atlantic Region; Coventry Health Care; and UnitedHealthcare, Mid-Atlantic Region; the Federal Employees Health Benefit Plan, Maryland State Employees Health Benefit Plan, and TRICARE participated voluntarily

* *Chapters 5 and 6, 2010 Laws of Maryland*



- ▶ **THE MARYLAND PRIMARY CARE PROGRAM (MDPCP) LAUNCHED IN JANUARY 2019** – A central element of the Total Cost of Care model and is similar to other CMS Value-Based Care models
 - A voluntary program open to all qualifying Maryland primary care providers; provides funding and support for the delivery of advanced primary care throughout the State
 - As of January 2023, nearly 586 practices participate in the MDPCP, participation spans all counties and includes an FQHC with 48 unique sites across the State
 - Includes an MHCC convened Advisory Council that provides input to the operations of the MDPCP, serving a consultative and advisory role to the Secretary of the Maryland Department of Health and the Program Management Office

Legislation



2019

State	Focus	Status
Colorado	Requires the Insurance Commissioner to increase primary care spending	Passed
Maine	Defines primary care and details how primary care spending will transpire	Passed
Vermont	Determines the proportion of health care spending allocated to primary care	Passed
Washington	Determines by insurance carrier percentages of total expenditures for primary care	Passed
West Virginia	Establishes a Primary Care Council (PCC) to make available total expenditures for primary care	Passed

2020

State	Focus	Status
Connecticut	Sets benchmarks and aims to increase primary care spending to 10 percent of total spending by 2025	Passed

Legislation *(Continued)*



2021

State	Focus	Status
Delaware	Establishes mandatory minimums for payment innovations and advanced payment models	Passed
Delaware	Requires primary care spending State benchmarking process	Passed
Hawaii	Requires Medicaid Managed Care Organizations (MCOs) to report and increase percentage of primary care spending	Passed
New Jersey	Requires Medicaid MCOs to report on percentage of primary care total spending	Passed
New Mexico	Establishes a PCC to report on primary care spending and to recommend policies, regulations, and legislation to increase access to primary care	Passed

2022

State	Focus	Status
California	Measure and promotes sustained investment in primary care and behavioral health and set spending benchmarks	Passed
Connecticut	Establishes an annual cost growth benchmark and primary care investment target	Passed
Maine	Sets targets for investment in primary and behavioral health care	Passed

Legislation *(Continued)*



2022

State	Focus	Status
Nebraska	Establishes a PCC to measure primary care spending; recommends level of primary care investment across payers and steps to attain that target	Passed
Oklahoma	Requires MCOs to report on percentage of health care expenses devoted to primary care and spend 11 percent of total spend on primary care within four years	Passed
Utah	Requires the Health Data Committee to report on primary care spending	Passed
Washington	Requires the Health Care Transparency Board to report on primary care spending and progress towards increasing spend to 12 percent of total health care expenditures	Passed

2023

State	Focus	Status
Minnesota	Defines and requires reporting on primary care spending, including non-claims	Passed
Nevada	Defines and requires reporting on primary care spending as part of state cost benchmark	Passed
Oklahoma	Defines primary care; requires MCOs to spend 11 percent of total spend on primary care in four years	Passed
Massachusetts	Increases primary care investment; expands prospective primary care payment	Moving
North Carolina	Convenes primary care payment reform task force to measure primary care spending	Moving
New York	Defines and reports on primary care spending	Not Moving
Pennsylvania	Establishes a primary care task force	Not Moving



THE END





APPENDIX

Technical Data

Data Notes



- ▶ All spending was based on allowed amount
- ▶ The study population is restricted to:
 - ▶ Maryland residents only
 - ▶ Privately insured enrollees without age restrictions:
 - Individual, Small Group, and Large Group including fully-insured and self-insured non-ERISA (e.g., state and local government market segments)
 - ▶ The study population excludes:
 - Kaiser and dental enrollees
 - Catastrophic product types
 - Medicare and Medicaid
 - Self-insured ERISA and Federal Employee Health Benefit (FEHB) health plans due to federal decisions in 2016 (SCOTUS court ruling — *Gobeille vs. Liberty Mutual*) and (OPM barring payers from reporting FEHB data to APCDs) in 2019, respectively

Core Set of Primary Care Services (CPTs)



Primary Care Core Services
Immunizations
Health Risk Assessment
Phone Calls (physician & Non-Physician)
Online Service By Hc Pro
Phys/QHP Education Materials for Pts In Group Setting
Visual Acuity Screen
Office/OutPt Visit (includes consultations)
Individual Physician Supervision Of Pt (W/OutPt) In Home, Domiciliary Or Rest Home Complex
Home Visit (New & Established)
Prolong Service W/O Contact
Standby Service
Team Conf W/ or W/O Pt By Healthcare Prof 30 Min W/ or W/O Physician
Home/Nursing Facility Visits
Supervision Hospice Patient/Month
Preventive Medical Services
Online Digital Evaluation And Management Service
Phys/Qhp Telephone Evaluations
Interprofessional Electronic Health Assessments
Remote Monitoring Physiologic Parameters

Primary Care Core Services
Self-Measured Blood Pressures
Assmt & Care Planning Pt W/Cognitive Impairment
Complex Care W/O Pt Vsit
Chronic Care Mgmt
Trans Care Mgmt
Advncd Care Plan
Admin of Vaccines (Influenza, Pneumococcal, Hepatitis B)
Phys Cert or Re-Cert Mcr-Covr Hom Hlth Srvc per Cert or Re-Cert Prd
Home/Nursing Facility Visits W/Out Pt Medicare Approved
Hospice Facility Visits Medicare Approved
Welcome to Medicare visit
Ppps, Visits
Hospital Outpt Clinic Visit
FQHC Visits
Comprehensive Asses Care Plan Chronic Care Mgmt Services
Prolong Preventative Services
Back To School Visits
Clinic Service All-Inclusive
Prostate Cancer Screening; Digital Rectal Examination

Core Set of Primary Care Provider Specialties



Primary Care Providers
Physician (family medicine, general internal medicine, pediatrics, general practice, geriatric medicine)
Nurse practitioner (adult health, family, pediatrics, primary care)
Physician's assistant, medical
Certified clinical nurse specialist
Family Medicine (Adolescent, Adult, Geriatric)
Internal Medicine - Adolescent Medicine
Pediatrics - Adolescent Medicine
Nurse Practitioner - (Community Health, Gerontology, School, General)
Clinical Nurse Specialist - (Adult Health, Community Health/Public Health, Chronic Health, Family Health, Gerontology, Pediatrics, School)

Primary Care Providers
Family Medicine - Hospice Palliative
Internal Medicine, Hospice and Palliative Medicine
Pediatrics, Hospice and Palliative Medicine

Note: Restrict to only home health and hospice procedure codes

Primary Care Providers
Federally Qualified Health Center
Primary Care Clinic
Rural Health Center
Clinic/Center Primary Care
Rural Hospital
Critical Access Hospital
Other Non-Traditional Setting

Note: Restrict on revenue codes for clinic and professional services

Behavioral Health Services



Behavioral Health Services
Add-on code specific for psychiatric service
Psych Diagnostic Evaluation
Psych Diag Eval W/Med Services
Psychotherapy
Crisis Psychotherapy
Psychoanalysis
Family Psychotherapy (W/ or W/O Pt 50 Min)
Psychotherapy session with group of Pts' families
Group psychotherapy session
Provider prescribes/reviews meds after psychotherapy services
Provider administers narcotic drug to induce hypnotic state that helps diagnosis/Tx
Provider performs TMS to improve depression symptoms
Provider performs a subsequent redetermination of the minimum intensity of electrical pulses for Pt undergoing TMS
Provider applies an electric current to the Pt's brain for the purpose of producing a seizure or series of seizures to alleviate symptoms of mental disorder
Provider performs psychophysiological therapy using biofeedback training
Hypnotherapy
Provider works with outside agencies/employers/other providers regarding Pts physical environment to manage psychiatric Pt's medical care
Provider reviews medical records of the Pt pertaining to psychiatric evaluation to establish diagnosis/Tx plan
Provider explains the results of psychiatric/medical exams or other procedures about the Pt's care to the Pt's family/caregivers
Provider prepares report on Pt's mental state for other providers of care
Other psychiatric services or procedures

Behavioral Health Services
Developmental Screen W/Score
Neuropsychological Testing and Assessment
Standard cognitive performance testing
Brief Emotional/Behav Assmt
Psychological testing evaluation services by physician or other QHP
Psychological and Neuropsychological Testing Evaluation Services
Neuropsychological testing evaluation services by physician or other QHP
Psychological and Neuropsychological Testing Evaluation Service (including administration)
Health Behavior Assessment Or Re-Assessment
Health Behavior Interventions (Individual, Group, Family)
Behavior Identification Assessment, Administered By QHP
Adaptive Behavior Treatment By Protocol, Administered By Technician Under The Direction Of A Physician Or Other Qualified Health Care Professional, Face-To-Face With One Pt, Each 15 Min
Group Adaptive Behavior Treatment By Protocol, Administered By Technician Under The Direction Of A Physician Or Other Qualified Health Care Professional, Face-To-Face With Two Or More Pts, Each 15 Min
Adaptive Behavior Treatment With Protocol Modification, Administered By Physician Or Other Qualified Health Care Professional, Which May Include Simultaneous Direction Of Technician, Face-To-Face With One Pt, Each 15 Min
Family Adaptive Behavior Treatment Guidance, Administered By Physician Or Other Qualified Health Care Professional (With Or Without The Pt Present), Face-To-Face With Guardian(S)/Caregiver(S), Each 15 Min
Multiple-Family Group Adaptive Behavior Treatment Guidance, Administered By Physician Or Other QHC Professional (W/O Pt Present), Face-To-Face With Multiple Sets Of Guardians/Caregivers, Each 15 Min
Group Adaptive Behavior Treatment With Protocol Modification, Administered By Physician Or Other Qualified Health Care Professional, Face-To-Face With Multiple Pts, Each 15 Min
Therapeutic Activities (BH providers only)
Self-care/Home management training (BH providers only)
Medical Nutrition

Behavioral Health Services *(Continued)*



Behavioral Health Services
Self-Mgmt Education & Training
Unlisted special service, procedure or report (BH provider only)
Behav Chng Smoking
Audit/Dast 15-30 Min
Alcohol/Substance Screen & Intervention >30 Min
Preventive Counseling Group
Care Mgmt Svc Bhvl Health Conditions 20 Min
Psyc Collab Care Mgmt
1St/Sbsq Psyc Collab Care
Tobacco Use Assessed
Smoking & 2Nd Hand Assessed
Current Tobacco Smoker Or 2Nd Hand Exposed
Tobacco Nonsmoker Not Exposed 2Nd Hand
Current Smokeless Tobacco User
Current Tobacco Non-User
Dschr Med/Current Med OutPt Record
Pt Screened For Depression
Pt Screened For Unhlthy Alcohol Use
Suicide Risk Assessed
Neg Scrn Depression Symptoms By Dep Tool
No Sig Dep Symp By Dep Tool
Mild-Mod Dep Symp By Deptool

Behavioral Health Services
Clin Sig Dep Sym By Dep Tool
Tobacco Use Cessation Intervention (Counseling, Pharmacologic)
Pt Tobacco Screen And Cessation Intervention
Pt Screened For Injection Drug Use (Hiv) and High Risk Sexual Behavior (Hiv)
Pt Couseled Psychosocial/Pharmacologic (Opioid Addiction, Alcohol Dependence)
Annual Alcohol Screen 15 Min
Brief Alcohol Misuse Counsel
Depression Screen Annual 15 Min
Medicated Assisted Treatment
Coordinated care fee, risk adjusted low, maintenance, home monitoring, team conference, physician coordinated care)
Coordinated care fee, risk adjusted maintenance, levels 3, 4, 5 (BH provider only)
Other specified case management service (BH provider only)
Alcohol and/or drug assessment
Behavioral Health Screening To Admit To Treatment Program
Behavioral health counseling and therapy, 15 Min
Alcohol and/or drug services; crisis intervention (outPt)
Behavioral health outreach service (planned approach to reach a targeted population)
Mental Health Assess By Non-MD
Medication Training and Support
Alcohol and/or drug abuse services, NOS, brief interventions)
Alcohol/Drug Screening

Behavioral Health Provider Specialties



Behavioral Health Providers
Physician, general psychiatry
Physician, child and adolescent psychiatry
Nurse practitioner, psychiatric
Behavioral Health & Social Service Providers/Social Worker, Clinical
Allopathic & Osteopathic Physicians/ Psychiatry & Neurology, Geriatric Psychiatry, Hospice & Palliative Medicine
Ambulatory Health Care Facilities/Clinic/Center, Mental Health- CMHC
Counselor (Addiction-SUD, Mental Health, Pastoral, Professional (Counselor in FQHC), School)
Psychoanalyst
Psychologist (Addiction, Adult Development and Aging, Clinical, Cognitive and Behavioral, Counseling, Educational)

OB-GYN Services



OB-GYN Services
Remove Contraceptive Capsule
Implant Hormone Pellet(S)
Insert Drug Implant Device
Remove Drug Implant Device
Remove W/ Insert Drug Implant
I & D Of Vulva/Perineum
I & D Of Bartholin Gland Abscess
Destroy Vulva Lesions (Simple or Complex)
Biopsy Of Vulva/Perineum
Exam Of Vulva W/Scope
Obtaining pap smear
Destroy Vag Lesions Simple
Biopsy Of Vagina Mucosa (Simple or Complex)
Remove Vagina Lesion
Treat Vagina Infection
Fitting Of Diaphragm/Cap
Pelvic Examination Under Anesthesia

OB-GYN Services
Exam Of Vagina W/Scope
Exam/Biopsy Of Vag W/Scope
Exam Of Cervix W/Scope
Exam/Biopsy Of Cervix W/Scope
Biopsy Of Cervix W/Scope
Endocerv Curettage W/Scope
Endocervical Curettage
Biopsy Of Uterus Lining
Biopsy Done W/Colposcopy Add-On
Dilation And Curettage
Insert Intrauterine Device
Remove Intrauterine Device
Fetal Non-Stress Test
Insert Cervical Dilator
Episiotomy Or Vaginal Repair
Obstetrical Care
Veginal Delivery + Postpartum Care

OB-GYN Services *(Continued)*



OB-GYN Services
External Cephalic
Delivery Of Placenta
Antepartum Care
Routine Ob Care
Cesarean Delivery Only + Postpartum Care
Routine Obstetric Care After Prevs C-Section
Vaginal Delivery Only After Prevs C-Section (includes Postpartum Care if necessary)
Routine Ob Care Post Vaginal Delivery After Prev C-Section
C-Section Only, After Attempted Vaginal Delivery After Prev C- Section (includes Postpartum Care if necessary)
Care Of Miscarriage 1St Trimester
Ob Us < 14 Wks (Single or Additional Fetus)
Ob Us >= 14 Wks (Single or Additional Fetus)
Ob Us Detailed (Single or Additional Fetus)
Ob Us Nuchal Measure (Single Gest or Add-On)
Ob Us Limited Fetus 1<
Ob Us Follow-Up Per Fetus
Transvaginal Us Obstetric

OB-GYN Services
Fetal Biophys Profile (W/ or W/O Non-Stress Testing)
Urinalysis Dip Stick/Tablet Reagnt (Auto or Non-Auto Microscopy)
Urine Pregnancy Test Visual Color Comparison
Delivery/Birthing Resuscitation
Home Visit For Newborn Care And Assessment
Initial Prenatal Care Visit
Prenatal Flow Sheet
Subsequent Prenatal Care
Postpartum Care Visit
Prenatal Care At Risk Assessm
Antepartum Management
Prenatal care, at-risk enhanced service package
Annual Gynecological Examinations
Annual Breast Exam
Insertion Of Levonorgestrel-Releasing Intrauterine Sys
Infant Safety (Including Cardiopulmonary Resuscitation Classes Nonphysician Provider, Per Session)
Cancer Screen; Pelvic/Breast Exam