MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

TF Report 1-18

INTRODUCED BY: Global Budgeting Task Force

SUBJECT: Report of the Global Budgeting Task Force

THE MARYLAND WAIVER EXTENDED

Governor Larry Hogan, Maryland Department of Health Secretary Robert R. Neall, the Centers for Medicare and Medicaid Services (CMS), and the Centers for Medicare and Medicaid Innovation (CMMI) hosted the Maryland Total Cost of Care All-Payer Model (Maryland Model) Contract Signing Ceremony on Monday, July 9, commemorating Maryland beginning the next phase of health care innovation.

MedChi applauded the extension of the Maryland Medicare Waiver as a monumental achievement which is the result of bipartisan leadership and hard work by the Hogan Administration with the Federal Government, the Maryland General Assembly and the Maryland Congressional Delegation. MedChi is particularly excited about the new Maryland Primary Care Program that will expand Medicare service and access to thousands of Marylanders. The Maryland Model is unique to Maryland and made possible via a contract between CMS and the state. It aims to control the growth in health care costs, both at hospitals and community settings, while improving patient outcomes and quality of care. This comprehensive approach ensures the patient is at the center of decision making and their needs are being met with greater transparency and accountability. MedChi and other Physician groups asked that the new model be MACRA Compliant - MedChi wants to make sure whatever is created is compliant with Federal rules. In a perfect world, CMS would give credit to Maryland physicians for the risk being taken by hospitals and consider the entire waiver an Alternative Payment Model (APM). Furthermore, no disadvantage with regard to Alternative Payment Models. Other states have been allowed to implement programs that Maryland cannot adopt because of the Waiver.

However, CMMI has not allowed several programs to be implemented like the Oncology Model, CJR and BPCIA as a result of the new unique Waiver. This has caused some physicians concern about being disadvantaged under the new system.

MedChi also argued for patients' rights throughout the process asking for:

- **Checks and Balances** - Fairness for all parties, including patients, physicians and hospitals.

- **Protect Patient Rights** - Whatever systems or programs that are created should focus on

patients' rights. Patients should not have to worry that they are not getting the best healthcare because of a payment system.

While we have not seen signs of HMO style abuses under the global budget, hospitals have quietly expressed concerns about dumping, and the HSCRC is working to deal with market shifts and cuts where notification to the regulators and the public was not appropriate.

GAINSHARING AND ALIGNMENT PROGRAMS

Two initial care redesign programs aim to align hospitals and others PR actioners were created. They have had a lite take up and few physicians have benefited from the programs. The HCIP and CCIP are voluntary programs, that Hospitals will be able to obtain data, share resources with providers, and offer optional incentive payments

PRIMARY CARE PROGRAM

The Task Force recommended that MedChi promote The Primary Care Program and asked that MedChi become a Care Transformation Organization for the MDPCP:

MedChi is partnering with the Maryland Department of Health to promote and assist with the new Maryland Primary Care Program (MDPCP), scheduled to launch in January 2019.

The Maryland Primary Care Program (MDPCP) supports the delivery of advanced primary care throughout the State and allows community providers to play an increasingly important role in improving health outcomes and controlling total health care spending growth.

Practice Eligibility: In order to be eligible for the MDPCP your practice must provide services to a minimum of 125 attributed Medicare FFS beneficiaries, have a certified electronic health record, be located in the state of MD, and meet the program integrity standards.

The 5 Comprehensive Primary Care functions of Advanced Primary Care:

- o Care Management
- o Access and Continuity
- o Planned Care for Health Outcomes
- o Beneficiary and Caregiver Experience
- o Comprehensiveness & Coordination Across the Continuum of Care

These functions cover the core mission of the MD Primary Care Program.

Support to Practices – Care Transformation Organizations (CTOs) will be a key feature of the program and will provide support via care management personnel, infrastructure, and technical assistance. Physicians are not required to contract with and receive services from CTOs, though

the State expects many would benefit from the education and technical assistance tailored to their needs.

MedChi has been approved as a physician led CTO. To view a complete list of approved CTOs please click here: https://innovation.cms.gov/Files/x/mdtcocm-ctolist.pdf. Online applications for practices to apply to the MDPCP opened Wednesday, August 1st, and will remain open through Friday, August 31st. Full program requirements are found in the Request for Applications (RFA). For more information about the MDPCP or assistance with the application, please contact Colleen George at 410-539-0872 x3360 or cgeorge@medchi.org.

STAKEHOLDER INOVATION GROUP (SIG)

The Task Force is working with and monitoring the SIG. Maryland Department of Health requested the formation of a Stakeholder Innovation Group (SIG) with representation by a diverse group of stakeholders to recommend ways to accelerate transformation efforts and support the state's progression plan goals. The SIG is specifically tasked to:

- Develop a framework to inventory and track Maryland's current initiatives that improve quality and population health and constrain total cost of care growth;
- Recommend an approach and evaluation criteria for the State to use in considering care redesign, payment or population health improvement programs that require federal waivers or changes to provider payments or incentives; and,
- Support the dissemination of other models and programs that do not require state or federal approval through a statewide Innovation Summit.
- The first meeting was held on Feb. 5. MedChi has three representatives.
- MedChi, MHA, Lifespan and HFAM have representation.
- MDH Secretary Neall asked physicians to participate in a survey by April 6 to help catalogue current care delivery transformation efforts.
- First focus is on a new bundle program.

This concludes the Report of the Global Budgeting Task Force.

Respectfully submitted by the Global Budget Task Force:

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