

Maryland Total Cost of Care Model
Maryland Primary Care Program Track 3
Fact Sheet

Overview

The Centers for Medicare & Medicaid Services (CMS) is adding an additional track to the Maryland Total Cost of Care Model's Maryland Primary Care Program (MDPCP) that rewards or penalizes primary care practices in the state for their performance on the cost and quality of care furnished to Maryland Medicare beneficiaries. In the new track, called Track 3, participating practices and partner Care Transformation Organizations (CTOs) will receive a flat visit fee for select primary care services and a prospective population-based payment that are adjusted with a positive or negative Performance Based Adjustment.

MDPCP Track 3 begins on January 1, 2023, and will continue through December 31, 2026, the current end date of the MDPCP performance period. CMS also intends to retire Track 1 of the MDPCP and transition all model participants into either Track 2 or Track 3 by January 1, 2024.

Background

The MDPCP is part of the Maryland Total Cost of Care (MD TCOC) Model. The MD TCOC Model is a Center for Medicare and Medicaid Innovation (Innovation Center) model with annual savings targets that set the state of Maryland on course to achieve at least \$1 billion in Medicare savings by the end of 2023. A strong primary care system is necessary to support Maryland's continued efforts to improve health outcomes and reduce unnecessary hospitalizations. The MDPCP aims to transform primary care for Medicare Fee-For-Service (FFS) beneficiaries in Maryland, offering alternative payments to model participants to help cover preventive and care management services furnished to Medicare beneficiaries. CMS believes this will help lower hospital costs in Maryland and enhance quality of care for Medicare FFS beneficiaries. MDPCP Track 3 will build on lessons learned from MDPCP Tracks 1 and 2 and the Innovation Center's Primary Care First Model, as well as stakeholder feedback from current MDPCP practices, FQHCs, and CTOs, and the Maryland Department of Health.

Model participants are expected to transform the way they deliver primary care in order to provide comprehensive care management and person-centered care. Through MDPCP, CMS supports primary care practices' and FQHCs' transformation efforts by making alternative payments for enhanced care management as well as performance-based payments. All eligible primary care practices and FQHCs within the State are invited to apply to participate in the MDPCP. CMS is also accepting applications from entities that wish to participate in MDPCP as a Care Transformation Organization (CTO). For purposes of the MDPCP, a CTO is defined as a legal entity that uses an interdisciplinary care management team to offer care coordination services to Maryland Medicare beneficiaries, and performs other activities to help practices meet

the care transformation requirements under the MDPCP. A CTO's interdisciplinary care management team may offer care coordination services to the Maryland Medicare beneficiaries attributed to participating practices and FQHCs such as: pharmacist services, health and nutrition counseling services, behavioral health specialist services, referrals and linkages to social services, and support from health educators and Community Health Workers (CHWs).

Track Design

For Performance Year 2023, there will be three Tracks in MDPCP: a Standard Track (Track 1), an Advanced Track (Track 2), and a new Population-based Track (Track 3).

Participants in Tracks 1 and 2 receive a quarterly prospective per-beneficiary-per-month Care Management Fee (CMF) and an annual prospective at-risk Performance-Based Incentive Payment (PBIP). Additionally, Track 2 participants receive a quarterly prospective Comprehensive Primary Care Payment (CPCP) coupled with reduced fee-for-service payments for select primary care services.

Unlike Tracks 1 and 2, Track 3 does not include CMF, PBIP, or CPCP payments. Rather, Track 3 introduces two new payments, together called the Total Primary Care Payment (TPCP):

- Population-Based Payment (PBP) that pays a portion of fee-for-service prospectively, and a
- Flat Visit Fee (FVF) paid at the time of service for certain primary care services.

Track 3 introduces risk through a positive or negative Performance Based Adjustment (PBA) applied to the TPCP based on the practice's performance on measures of quality, utilization, and total cost of care. Track 3 also includes the Health Equity Advancement and Resource Transformation (HEART) Payment for practices to identify health-related social needs for high-cost and socioeconomically disadvantaged Medicare beneficiaries, address the complex needs of these underserved Medicare beneficiaries, and improve their health outcomes as part of their care management activities.

CMS will retire Track 1 of the program and transition all participants into either Track 2 or Track 3 by January 1, 2024.

CTOs may partner with practices or FQHCs participating in any track.

Model Eligibility

The MDPCP is open to eligible primary care practices, FQHCs, and CTOs in Maryland.

- Primary care practices in Maryland are eligible to participate in all three Tracks.
- As of January 1 2022, FQHCs are eligible to participate in both Track 1 and Track 2.

During Performance Year 2023, FQHCs will not be eligible to participate in Track 3. For future Performance Years, CMS will provide information about the Track(s) that FQHCs will be eligible to participate in.

The types of entities eligible to submit CTO applications may include health plans, Accountable Care Organizations (ACOs), managed service organizations (MSOs), Clinically Integrated Networks (CINs), hospitals, and other practice support organizations. A single organization may only submit one application type; that is, for example, a primary care practice may only apply to participate in the MDPCP as a participant practice or a CTO, but not both.

Model Application

The application period for Performance Year 2023 begins on June 13, 2022 and ends on July 15, 2022 at 11:59 PM ET. While CMS will not accept applications for MDPCP Performance Year 2023 that are submitted after July 15, 2022 at 11:59 PM ET, CMS currently intends to release a MDPCP Request for Applications in the spring of 2023 for primary care practices, FQHCs, and CTOs interested in participating in the MDPCP beginning in Performance Year 2024.

Each primary care practice, FQHC, or CTO that is accepted to participate in the MDPCP and executes an MDPCP participation agreement will participate in the model beginning on January 1, 2023. The MDPCP participation agreement and their participation in the model will last through December 31, 2026, which is the end of the final Performance Year of the MDPCP, unless their participation is terminated sooner.