

## Care Delivery/Payment Program Constructs

October 15, 2018

Maryland’s Total Cost of Care (TCOC) Model, which begins on January 1, 2019, allows for the development of care delivery and payment programs in two major categories, the Care Redesign Program and New Model Programs. The table below summarizes the two program categories:

	Care Redesign Program	New Model Programs
<b>Description</b>	<p>The Care Redesign Program (CRP) contains care delivery/payment programs that align hospitals with other providers. Hospitals are the conveners.</p> <ul style="list-style-type: none"> <li>• Care Redesign Programs may be created and approved through an established process that is described in both the All-Payer Model (enabled by the Care Redesign Amendment) as well as under the new TCOC Model between CMS and the State of Maryland.</li> <li>• Approval from CMS is designed to be relatively expeditious and streamlined.</li> <li>• Specific program design, participants and requirements must be established for each program.</li> </ul>	<p>New Model Programs (NMPs) are care delivery/payment programs that are not directly associated with hospitals. The convening entity would be identified based on program design. For instance, primary care practices are the conveners in the Maryland Primary Care Program (MDPCP).</p> <ul style="list-style-type: none"> <li>• New Model Programs must be negotiated with CMS and the State.</li> <li>• New Model Programs may require alternative or additional payments from CMS or other funding sources.</li> <li>• Specific program design, participants and requirements must be established for each program.</li> </ul>
<b>Example Programs</b>	<p>Current:</p> <ul style="list-style-type: none"> <li>• Hospital Care Improvement Program (HCIP)</li> <li>• Complex and Chronic Care Improvement Program (CCIP)</li> <li>• Launching January 1, 2019 - Episode Care Improvement Program (ECIP)</li> </ul> <p>Future Potential:</p> <ul style="list-style-type: none"> <li>• Care transition program with hospitals</li> <li>• Post-acute / long-term care Program with hospitals</li> <li>• Dual-eligible alignment with hospitals</li> <li>• Behavioral health integration with hospitals</li> <li>• Provider-led Care Redesign Program with hospitals</li> </ul>	<p>Current: Maryland Primary Care Program (MDPCP)</p> <p>Future Potential:</p> <ul style="list-style-type: none"> <li>• Dual-eligible alignment</li> <li>• Oncology Care Model</li> <li>• ESRD program</li> <li>• Episode Care Improvement Program for non-hospital conveners</li> <li>• Post-acute/long-term care program</li> <li>• Behavioral health program</li> <li>• Provider-led (e.g., specialists) New Model Programs</li> </ul>

	Care Redesign Program	New Model Programs
<b>MACRA Eligibility</b>	Maryland hospitals are Advanced Alternative Payment Model (APM) Entities and bear downside risk through their Population-Based Revenue (PBR). Providers who participate in Care Redesign Programs as Care Partners may be Qualifying Providers.	Each New Model Program must meet certain qualifications, as determined by CMS, to be designated as an Advanced APM. <sup>1</sup> For example, MDPCP qualifies certain participating providers for MACRA eligibility.  Other CMS programs that are considered Advanced APMs include the two-sided risk track of the Oncology Care Model (OCM), and the Bundled Payments for Care Improvement Advanced (BPCI Advanced). For participating clinicians to be MACRA eligible, entities must bear downside risk.
<b>Waivers</b>	Associated waivers are granted through CMS for each CRP Track based on the program design.	Associated waivers are granted through CMS for each New Model Program based on the program design.
<b>Investments</b>	Investments to deploy Care Redesign Programs are funded out of hospitals' PBRs.	Investments to deploy New Model Programs are funded by CMS or other negotiated funding sources.
<b>Incentives</b>	Incentives (if applicable) are funded out of hospitals' PBRs.	The funding for Care Coordination Fees and Incentives (if applicable) are from CMS investments or other negotiated funding sources.
<b>Changes to Medicare Payments or Claims Processing</b>	Not applicable	Each New Model Program with changes to federal Medicare payments (such as MDPCP's Track 2 partial capitation) or claims processing (such as bundled payments) is negotiated with CMS and the State, and may include some level of financial accountability.
<b>Parties to Legal Agreements</b>	Participation Agreement: A Care Redesign Participation Agreement is executed between each hospital, CMS and the State.	Participation Agreement: A Participation Agreement for each individual program is executed between CMS, the convening provider (e.g., the physician or Care Transformation Organization in the case of the MDPCP), and possibly the State.

<sup>1</sup> To be an Advanced APM, the following three criteria must be met:

1. Require participants to use certified EHR technology;
2. Provide payment for covered professional services based on quality measures comparable to those used in the quality performance category of the Merit-based Incentive Payment System (MIPS); and
3. Either: (1) be a Medical Home Model expanded under CMS Innovation Center authority; or (2) require participating APM Entities to bear more than a nominal amount of financial risk for monetary losses.

	Care Redesign Program	New Model Programs
<b>Parties to Legal Agreements (cont'd)</b>	<p>Track Implementation Template: A track implementation Template with program requirements is required to be created by the State for each Care Redesign Program. The hospital must complete the Implementation Template for each program describing their implementation plan.</p> <p>Care Partner Agreement: A care partner agreement is executed between the hospital and the participating providers for each Care Redesign Program.</p>	<p>Track Implementation Template (if applicable): A track implementation Template with program requirements is required to be created by the State for each New Model Program. The convening provider must complete the Implementation Template for each program describing their implementation plan.</p> <p>Care Partner Agreement (if applicable): A care partner agreement is executed between the convening provider and the participating providers for each New Model Program.</p>