



maryland
health services
cost review commission

Draft Revenue for Reform

June 2022

Agenda

1. Progression Plan for Model 3.0
2. MPA Revenue at Risk
3. MPA and MATT Reporting Changes

3.0 Progression Plan

- Staff are distributing a written summary of the workgroup discussion (see attached document).
 - If members of the workgroup would like to submit comments or have additional perspectives reflected in the document, please send comments to the HSCRC.
 - Please submit comments by May 9. Staff will incorporate those comments into the final draft and discuss staff responses at the May 31 TCOC workgroup.
- The draft of the progression plan will be aggregated together with the other workgroups plans.
 - The aggregate progression plan will be presented to the Commission and the Secretary.
 - We expect the aggregate progression plan to be prepared by July.

3.0 Progression Plan: GBR 2.0

- The progression plan recommends working with CMS to modify or add any waivers that are necessary to permit the GBR 2.0.
 - This would allow hospitals to take on fully capitated TCOC risk for a geographic area.
 - GBR 2.0 would be voluntary for hospital and Staff anticipate that it would primarily be for rural hospitals.
- The progression plan recommends that GBR 2.0 that all-payers or virtually all-payers participate.
 - However, Medicare negotiations will have to begin before other payers can be brought on board.
 - Staff intent that the State will negotiate the structure of GBR 2.0 before adding additional payers.
- The progression plan recommends exploring alternative payment flows (such as an ACO-like structure) for GBR 2.0 since it is better to have it and not need it than the reverse.

3.0 Progression Plan: Supplemental Benefits

- The progression plan supports exploring the possibility of using a portion of the Medicare savings to provide additional benefits to Medicare beneficiaries.
 - The State intends to request that CMS allow the State to retain half of the Medicare savings in order to invest in population health.
 - Some portion of those dollars could be used to invest in additional Medicare benefits such as dental care, prescription drugs, etc.
- The progression plan supports using the State as the vehicle for delivering those benefits rather than hospitals.
 - The State would use an assessment to raise funds and then hire a benefit management company to administer the benefits.
 - The State would have to carefully manage the waiver test to ensure that there is not disruption in benefits.

Progression Plan 3.0: Reducing Cost Sharing

- The progression plan discusses the possibility of reducing Medicare cost sharing to account for the GBR effect.
 - As volumes fall under the GBR, prices will rise.
 - This will result in increased cost-sharing for consumers.
- While this is a problem, the magnitude of it is relatively small.
 - Medicaid doesn't have cost-sharing. Commercial cost-sharing are lower proportionally to the lower commercial rates.
 - Medicare cost-sharing is likely to be a small problem because it is limited to outpatient services and many beneficiaries have supplemental insurance.
- There would be some administrative complexity in fixing the cost sharing problems.



Medicare Performance Adjustment

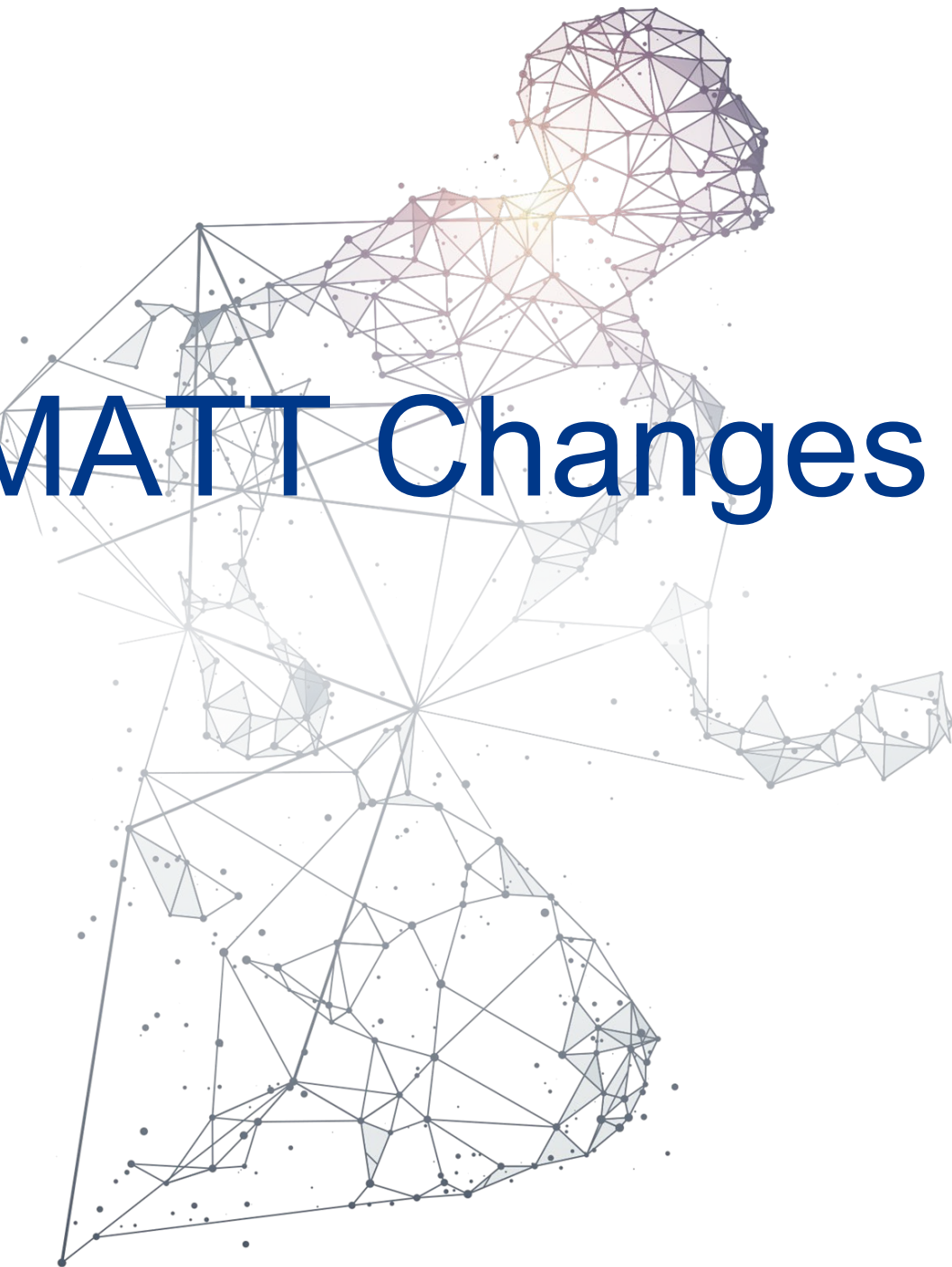
MPA Revenue At Risk

- In its 2023 MPA Approval Letter, CMS indicated that it expected the State to increase the Revenue at Risk under the MPA in 2024.
 - Staff believe that CMS expects an increasing the revenue at risk to at least 2% of Medicare revenue in 2024 and potentially further increases in the future.
 - Increasing the revenue at risk to 2% would double the revenue at risk under the traditional portion of the MPA.
- The MPA has a 33% marginal savings rate. This means that in order to realize the maximum revenue at risk, a hospital would have to exceed the national growth rate by 6 percentage points.
- Staff believe that an increasing the revenue at risk is reasonable.

MPA Policy Changes for Future Years

- Staff do not intent to make substantive change to the MPA other than including the population health measure as recommended by the performance measurement workgroup.
- If hospitals would like to suggest potential changes in the MPA, they should reach out to the HSCRC, and we will add it to the TCOC Workgroup Agenda.

MPA & MATT Changes for Y6 (2023)



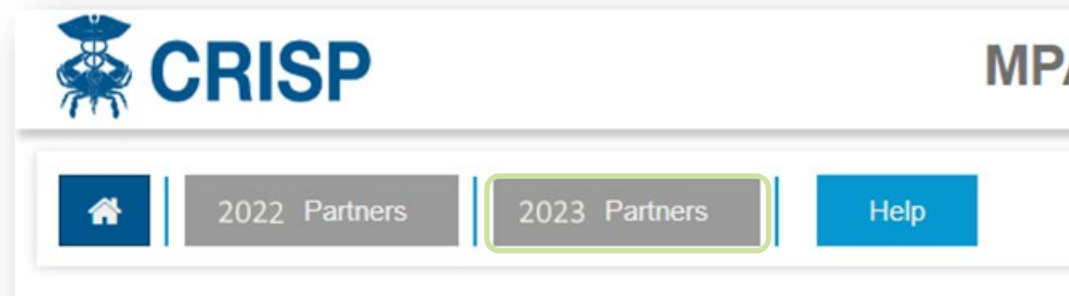
Report Changes Due to Removal of MDPCP Supplemental Adjustment

- The MDPCP Supplemental Adjustment has been removed for 2023
- As a result, several MPA and MATT components will be removed:
 - MATT: Affiliated Providers
 - MPA Sandbox Category: MDPCP Supplemental Adj. Affiliated Facility
 - MDPCP Performance Reports: MDPCP Supplemental MPA Adjustment Scorecard

The screenshot displays the CRISP MPA Attribution Tracking interface. At the top, the CRISP logo and 'MPA Attribution Tracking' are visible. Below the header, there is a navigation bar with a home icon, '2023 Partners', a menu with 'Affiliated Providers' (crossed out), and a 'Help' button. A dropdown menu is open under 'Affiliated Providers', listing 'Rendering Provider Location - County', 'Professional Provider', 'Dual Status', and 'MDPCP Supplemental Adj. Affiliated Facility' (crossed out). Below this, the 'MDPCP Performance Reports Y4' section is shown, containing 'MDPCP Retrospective Performance Sandbox Y4' and 'MDPCP Supplemental MPA Adjustment Scorecard Y4' (crossed out). Green arrows from the text on the left point to these specific elements in the interface.

MATT Changes and Process for Y6

- 2023 tab will be added
- Affiliated Providers tab will be removed



All prior submitted partners will be removed

Able to download from 2022 and reupload to 2023, if appropriate

Must submit CFO certification and attest to authorized submitters

Required only once a year, unless additional submitters require authorization

Changes must be finalized by the 25th of each month for PHI sharing the next monthly release

Required for access to PHI for any beneficiaries without an IP or ED hospital 'touch'

MPA Y6 Timeline

- April 10, 2023
 - MATT: 2023 Partners Submissions open
- April 26, 2023
 - Next TCOC Meeting – Opportunity for Discussion
- May 25, 2023
 - Deadline for June MATT Submissions
- June 9, 2023
 - MPA Y6 Monitoring Reports Released
 - Will contain claims data through January 2023
 - MPA Y6 Attribution incorporated into MADE
 - MDPCP Y5 Performance Reports Published



Next Steps

Next Steps

- Please submit comments on the progression plan by May 9.
- The next workgroup will be on May 31.
 - The agenda will be any suggestions / comments on the progression plan.
 - We will distribute a final draft before the workgroup meeting.
- We will also discuss the first year of CTI results at the May 31 Workgroup meeting.
- Please submit any additional ideas / comments on the MPA. We will discuss these ideas over the summer and fall.