Public Engagement and Implementation of Population-Based and Patient-Centered Payment Systems
Charge to Advisory Council
Updated December 4, 2015

Need. With the State's a new All-Payer Model nearing its second full year of operations, the Department of Health and Mental Hygiene (DHMH) and the Health Services Cost Review Commission (HSCRC) are reconvening the Advisory Council. The Council, originally charged with recommending guiding principles for the implementation of the new model, is now needed to provide advice on the potential future directions for Maryland's payment and delivery system initiatives. In order to create sustainability of the existing All-Payer Model, the delivery system needs to develop partnerships and infrastructure that will help it improve care with a resulting reduction in avoidable hospitalizations and costs. Additionally, the Agreement between the Centers for Medicare and Medicaid Services (CMS) and Maryland calls for Maryland to submit a proposal for a new model no later than January 2017, which shall limit, at a minimum, the Medicare beneficiary total cost of care growth rate.

The implementation of the new All-Payer Model has been guided by the input of the original Advisory Council and numerous Work Groups. This stakeholder process has engaged over 125 members, representing a broad range of perspectives. This unprecedented level of participation by Maryland stakeholders reflects the complexity and importance of Maryland's new model and their commitment to achieving the goals of the new model.

In its initial report to the Commission, the Advisory Council recommended physician and other provider alignment strategies as essential components of successful implementation. The support for this recommendation has been bolstered by subsequent Work Groups. In addition, it has been a focus of staff planning efforts. The Center for Medicare and Medicaid Innovation (CMMI) has indicated a willingness to consider incremental strategies to support alignment, in the context of a broader understanding of Maryland's longer-term vision for health care transformation. The Advisory Council is needed to provide DHMH and HSCRC advice on Maryland's future payment and delivery transformation initiatives. Since the new model extends to providers beyond HSCRC's regulatory authority, it is essential to work closely with DHMH and representatives of other providers in considering total cost of care approaches.

Overview of Proposed Framework. The purpose of the Advisory Council is to provide a forum for discussion and debate among stakeholders that can generate solutions and, when consensus is not possible, identify issues for the Staff's information and the Secretary and Commissioners' consideration for action. The purpose of the Work Groups is to provide expertise, particularly on the state of the art and the feasibility of possible solutions. The Council and Work Groups are as important for their

potential to create an environment of openness and trust as for the specific content they consider and the specific advice they provide.

The purpose of this document is to describe how these groups will work together and with the Department and Commission, and propose the charge for the Advisory Council.

The Advisory Council will provide broad input on the guiding principles for the HSCRC and DHMH to consider in implementation of the new payment and delivery systems design. Work Groups will be convened on more specific topics and will provide advice on both interim policy decisions and more permanent policy changes.

Membership: The size of the Advisory Council and Work Group membership should balance the need to gain input from a wide variety of stakeholders, yet support an effective working relationship among its members. The DHMH Secretary and HSCRC Commissioners will appoint additional members of the Advisory Council and make updates as needed, with input from the HSCRC staff, after consultation with DHMH staff and stakeholder groups. The already constituted Payment Models Work Group and Performance Measurement Work Group will continue ongoing work. Other Work Groups and task forces previously convened can be reconvened as needed. Updates to the membership of Work Groups may be made from time to time as needed. Appointments to new Work Groups will be made by the HSCRC staff in consultation with DHMH staff and stakeholder representatives, with alterations to workgroup composition made upon request of Commissioners. HSCRC staff will be attentive to using participants from the Work Groups that were previously convened, to increase the continuity of understanding, while augmenting membership to ensure inclusion of the broader set of stakeholders that are needed to address evolution of the All-Payer Model. Membership may not be delegated to a substitute representative. Initially, HSCRC and DHMH staff envision one new Work Group focused on Infrastructure and Alignment activities. This may evolve, as the HSCRC and DHMH receive advice from the Advisory Council.

Consensus: The Advisory Council and Work Groups should seek to find consensus on key issues. When consensus cannot be achieved, their report to the HSCRC and DHMH should reflect the different perspectives that were provided. The Advisory Council and Work Groups are not decision-making organizations, and therefore, will not be expected to vote on policy issues or implementation activities.

Leadership and Staff: Staff or consulting experts will be designated to facilitate the meetings of Advisory Council and Work Groups. Experts will also be designated to support the deliberations of the groups as needed. These lead staff will actively participate in the project management team and provide routine updates to ensure coordination with the HSCRC and among the groups.

Transparency (Public Meetings and Materials): The Advisory Council and Work Groups will convene in public meetings. Meeting dates and materials will be posted on-line on the HSCRC

website. Meeting agendas should include presentations from knowledgeable individuals and experts on policy or methodological issues.

Work Groups are designed to provide structured input to the DHMH and the HSCRC on key design and implementation activities. The purpose of the Work Groups is to provide expertise, particularly on the state of the art and the feasibility of possible solutions.

The Advisory Council

DHMH and HSCRC are reconvening the Advisory Council because they believe that the Council's input is essential for advice on ongoing requirements for success of the All-Payer Model and development of a long-term vision for Maryland's payment and delivery system transformation efforts.

Charge: The purpose of the Advisory Council is to provide the DHMH and HSCRC with senior-level stakeholder input on the long-term vision for Maryland's transformation efforts. Continuing successful implementation of a new payment model and meeting the terms of the CMS demonstration will require the input and support of hospitals, payers, providers and other stakeholders, including patients and families.

Timeframe:

1. The Advisory Council is expected to reconvene in January 2016.
2. The Advisory Council will provide a preliminary report to the DHMH and the HSCRC by the end of March 2016. In this preliminary report, the Council will propose recommendations for the continuing success of the existing All-Payer Model and lay out the foundation and guiding principles of a long-term vision for Maryland's payment and delivery system transformation efforts. This draft report should update the DHMH and the HSCRC on the Advisory Council's progress and identify areas of consensus.
3. The Advisory Council will continue to meet, as needed, throughout the year, to continue to evaluate developments regarding progress under the All-Payer Model.