CONNECTICUT

Connecticut AHEAD

Advisory Committee Meeting

May 15, 2025

Meeting Agenda

1. Welcome – 2 minutes
2. Approval of April Meeting Minutes – 2 minutes
3. Federal and State Updates – 2 minutes
4. Update on Hospital Global Budgets – 4 minutes
5. Maryland Provider Perspectives: Josh Repac, CFO and VP of Meritus Health – 30 minutes
6. Maryland Provider Perspectives: Gene Ransom III, CEO of MedChi - 30 minutes
7. Public Comment – 3 minutes
8. Next Steps and Meeting Adjournment – 5 minutes

CONNECTICUT Health Strategy

DEPARTMENT OF SOCIAL SERVICES

Connecticut AHEAD

Approval of Meeting Minutes

April 2025

CONNECTICUT

Federal and State Updates

Update on Hospital Global Budgets

CONNECTICUT

Quick Review: Medicare FFS Hospital Global Budget

What is it? Prospective, predetermined annual payment for inpatient and outpatient hospital services. Paid bi-weekly.

How is it calculated? Calculated based on historical hospital revenue with annual updates to account for changes in prices, volume, social risk and medical risk of the population

What does it offer?

Hospitals: Predictable funding and the opportunity to shift focus to population health management and to invest in coordination. *Hospitals do well when they keep people healthy and out of the hospital.*

Payers: It can improve healthcare affordability (Maryland model)

Patients: The opportunity to reduce fragmented, duplicative care

Medicare FFS Hospital Global Budget 3.0

Key Point: The methodology recognizes that many factors can impact the costs of care. It includes various ways the global budget can be adjusted to mitigate financial risk and to keep the focus on improving overall health.

ISSUE	ADJUSTMENT*
Switching from FFS to global budget requires upfront investment in systems and operations	Transformation incentive for hospitals that enroll in first two years of the program
It takes more resources to take care of sicker patients and patients with many social needs	Clinical Risk adjustment + Social Risk adjustment
Changing patient demographics and Medicare payment rates and policies for non-participating hospitals	Annual demographic and pricing adjustments
Keeping down unnecessary hospitalizations	Effectiveness adjustment
Improving community health and focusing upstream	Community Improvement Bonus
Some patients require uniquely expensive care	Outlier adjustment

* For full list of adjustments please refer to hospital global budget v3.0 previously circulated to the Advisory Committee

Maryland Provider Perspectives

Josh Repac, CFO and VP of Meritus Health

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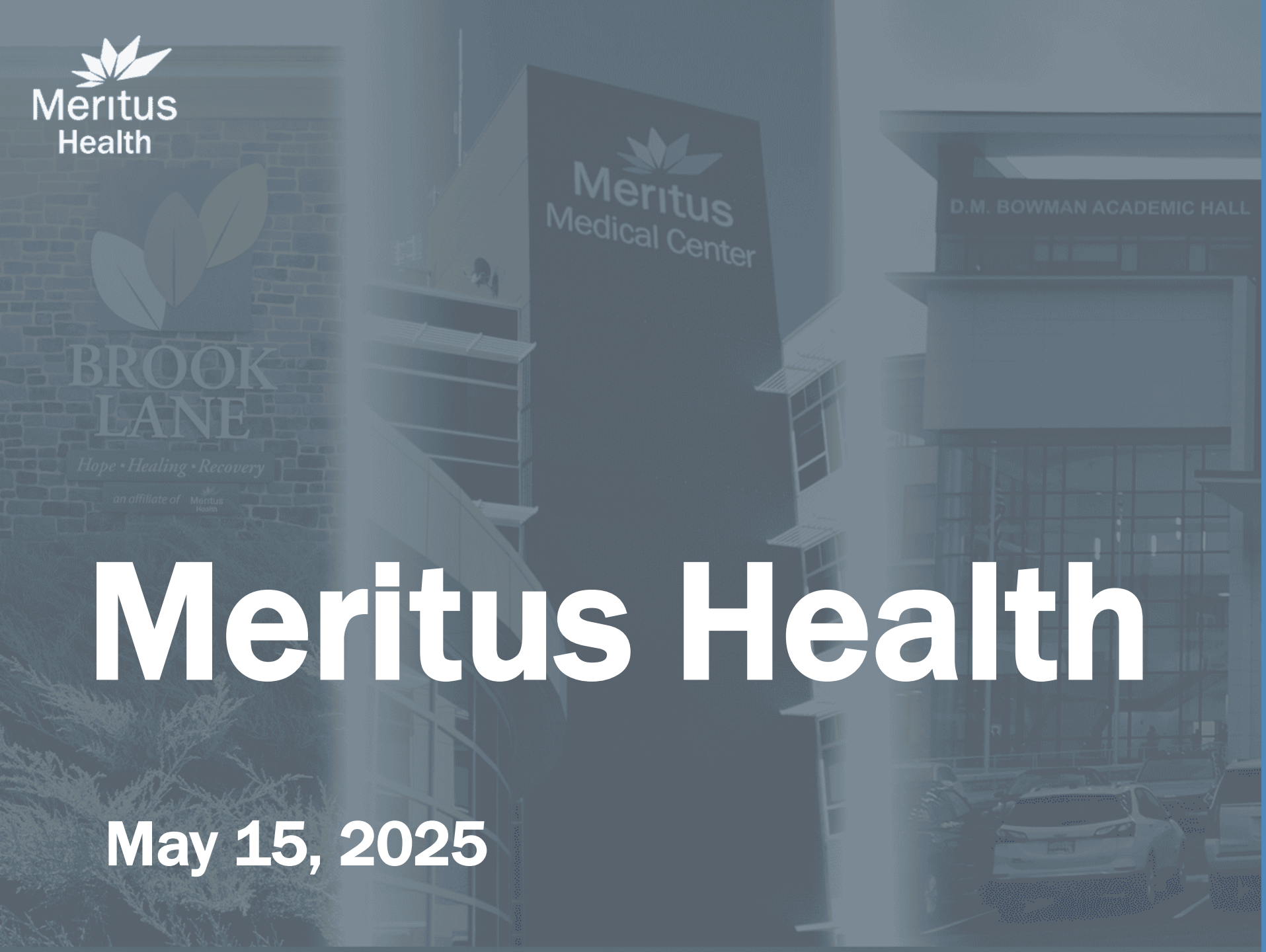

Meritus Health

May 15, 2025

Meritus™
Medical Center

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an affiliate of Meritus Health

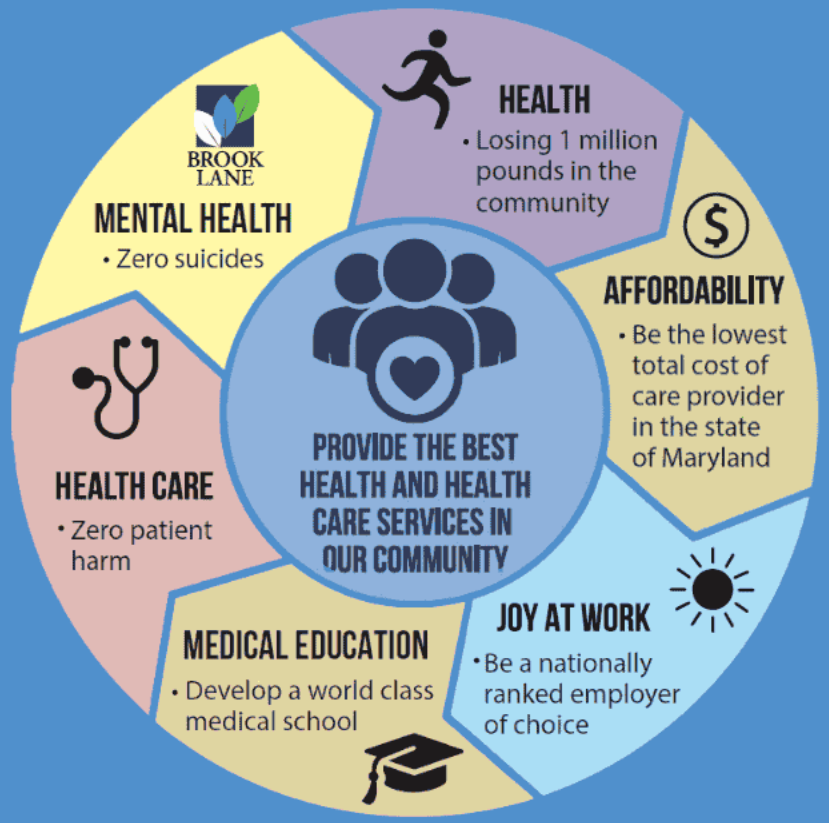
MERITUS SCHOOL OF OSTEOPATHIC MEDICINE
Meritus
MARYLAND

Meritus Health

Meritus Mission:

Improve the health of the community by providing the best healthcare, health services and medical education.

- **Anchor organization for the region**
- **Over 4,300 Team Members**
- **$700 million in annual revenue**
- **Serve over 200,000 people**



Meritus Medical Center

- 327 Bed Teaching Hospital
- Level III Trauma Center
- 75,000 Emergency room visits annually
- 500,000 ambulatory visits annually
- 2,100 deliveries annually
- 4,000 Trauma visits annually
- 250 plus providers in Meritus Medical Group
- Meritus Home Health
- Equipped for Life (Medical Equipment Company)

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- 65 bed Mental Health Hospital
- 6 bed Crisis Center
- Mental Health Urgent Care Center
- 2 Laurel Hall Schools

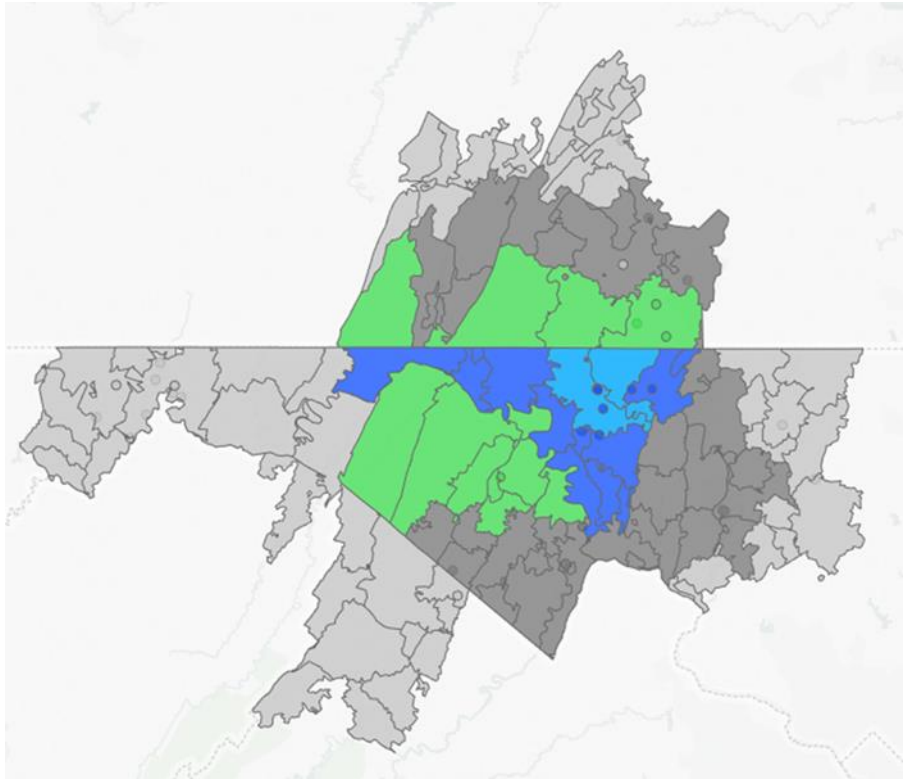
Meritus School of Osteopathic Medicine

- Starting summer of 2025
- First medical school in Maryland in 100 years
- Residencies:
  - Family Medicine (6 per year)
  - Psychiatry (5 per year)
- Residencies in Development:
  - General Surgery
  - Internal Medicine
  - Anesthesiology

Market Overview

- A leading healthcare provider in Western Maryland.
- Primary Service Area (PSA) is Washington County, Maryland.
- Secondary Service Area (SSA) includes portions of Franklin and Fulton County, PA; Morgan, Jefferson, and Berkeley County, WV.

- Washington County is growing by 4% per year, which is higher than the statewide average at 3%.
  - The surrounding region is growing by 5%, driven by Frederick County and Berkley County growing 11%.



Payer Mix

	MMC	Ambulatory (MPA, MML and MUC)	Total
Medicare & MC Adv	48.3%	39.3%	45.2%
Medicaid and Managed Medicaid	17.5%	14.2%	16.4%
Commercial	19.8%	21.4%	20.4%
Blue Cross	11.9%	18.7%	14.2%
Self	1.9%	1.7%	1.8%
Other	0.7%	4.7%	2.1%
	100.0%	100.0%	100.0%

Meritus Health

Meritus Medical Center

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Meritus School of Osteopathic Medicine Maryland

Meritus Medical Center

- Under a Global Budget Revenue “GBR” methodology since 2010
- 63% of Meritus Health net operating revenue falls under the GBR
- 85% inpatient market share
- 60% market share of primary care
- Over the past 15 years, averaged a 3% system operating margin
- Meritus has been growing volumes as a system
  - Focus on providing access to care
  - Moving lower acuity volumes outside the hospital
  - Keeping care that needs to be in the hospital local, at Meritus, instead of patients having to travel to another county or city

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Maryland

Investments in Population Health

- Expansion of primary care practices – 4 in the last two years
  - Stretch to both ends of the county and downtown Hagerstown
- Mobile clinic – added during Covid
- Mental Health urgent care – 20 patients per day present at the ED with a mental health crisis
- Expansion of urgent care – opened a second location at the local mall
- Embedded pharmacist in two of the larger primary care practices for medication management
- Meds to beds
  - Opened two pharmacies to ensure Meritus patients are able to receive their medications
- Value based contract with largest Medicaid MCO in our county

Meritus Health

Meritus Medical Center

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Meritus School of Osteopathic Medicine Maryland

Community Partnerships

- Opened a primary care clinic downtown at Horizon Goodwill
  - Horizon Goodwill opened a free dental clinic, community navigation services onsite and a grocery store will be opening there this year. Currently, this location is in a food desert and the most impoverished zip code in Washington County
- Co-Chair community coalition – Healthy Washington County – their mission is to improve the health of our community
- Partnership with the school district – school nurse program, embedded social workers for mental health, and athletic trainers at the high school
- Partner with multiple payers to improve the health of their beneficiaries in Washington County

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Maryland

Community Health Initiatives

NEXT YEAR, $100,000 WORTH OF FOOD WILL BE DISTRIBUTED THROUGH CARE TO SHARE BOXES

The Care to Share Boxes initiative aims to alleviate food insecurity in the community by distributing $100,000 worth of provisions. Accessible to all, this program caters to 13% of Washington County's residents and 15% of its children facing food insecurity.

THE CARE CALLER PROGRAM FACILITATED OVER 62,000 MINUTES OF CALLS

Weekly check-in calls connected 340 individuals, engaging 70+ volunteers to alleviate loneliness; 95% of participants reported feeling less lonely as a result. Published in the Journal for Healthcare Quality

COMPLIMENTARY WEEKLY RIDES FOR PATIENT MEDICAL APPOINTMENTS

The fleet of eight vans offers an average of 300 free rides per week, totaling 15,000 annual free rides to assist patients in accessing their medical appointments and overcome transportation barriers.

What Matters Most to Patients

We ask every patient what matters most to them. By understanding a patient's goals and priorities, we can provide better care. We place this information at the top of their patient chart, so no matter where they receive care at Meritus, our team understands What Matters to the patient.

Meritus Health

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Thank You

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www.brooklane.org

1-800-342-2992
301-733-0330

13121 Brook Lane
Hagerstown, MD 21742

Meritus Medical Center

www.meritushealth.com

Patients: 301-790-8000
TDD: 240-469-6013

11116 Medical Campus Road
Hagerstown, MD 21742

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Meritus
MARYLAND

www.msom.org

11120 Health Drive
Hagerstown, MD 21742

Maryland Provider Perspectives

Gene Ransom, CEO of MedChi

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Connecticut AHEAD Advisory Committee

May 15th, 2025

Gene M. Ransom

Chief Executive Officer

MedChi: The Maryland State Medical Society

MedChi

The Maryland State Medical Society

Your Advocate. Your Resource. Your Profession.

Introduction to MedChi

MedChi is the seventh oldest medical society, formed in 1799 in Annapolis, MD.

The Mission of MedChi, The Maryland State Medical Society, is to serve as Maryland's foremost advocate and resource for physicians, their patients, and the public health of Maryland.

MedChi is the largest physician organization in Maryland

- Physicians – Primary Care and Specialists
- Medical Residents and Students
- Practice Managers and Medical Staff

MedChi

The Maryland State Medical Society

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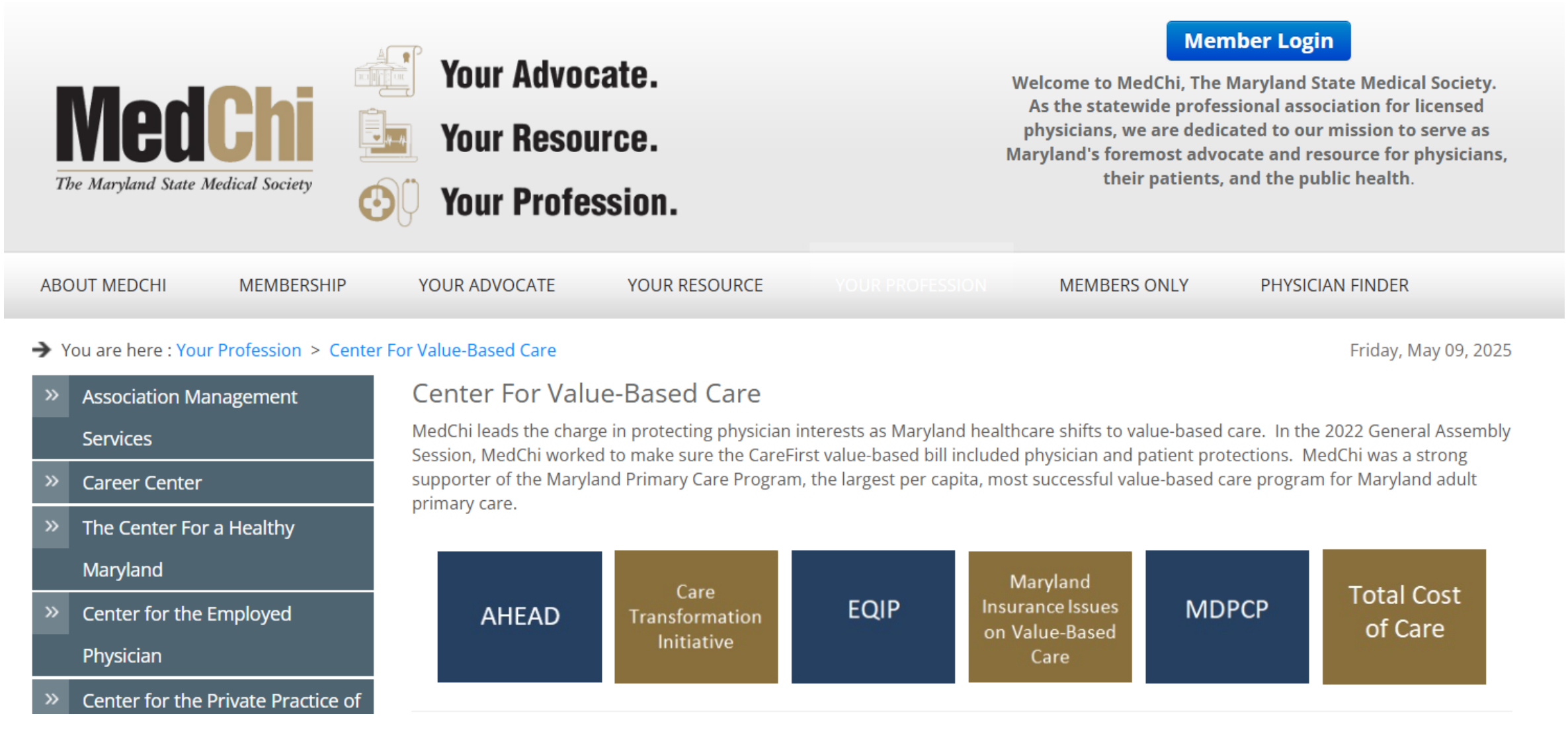
MedChi Center for Value-Based Care



SIGNED THE WEEK BEFORE THE ELECTION.

PROCESS WAS QUICK.

CMS AND MARYLAND LEFT A LOT OF DETAILS TO FUTURE NEGOTIATION.

CMMI Announcement on Models and What it Means

- Caution AHEAD: State officials nervous for Maryland hospitals under Trump administration –Maryland Matters article
- Total Cost of Care (TOC) was scheduled to end 12-31-26, now ending 12-31-25
- Maryland had agreed to leave TOC and move into AHEAD 12-31-25.
- State has created a staff coordinating council.
- No change yet– but is it a signal ?

Press Releases Mar 12, 2025

Statement on CMS Innovation Center Aligning Portfolio with Statutory Obligation

Administration

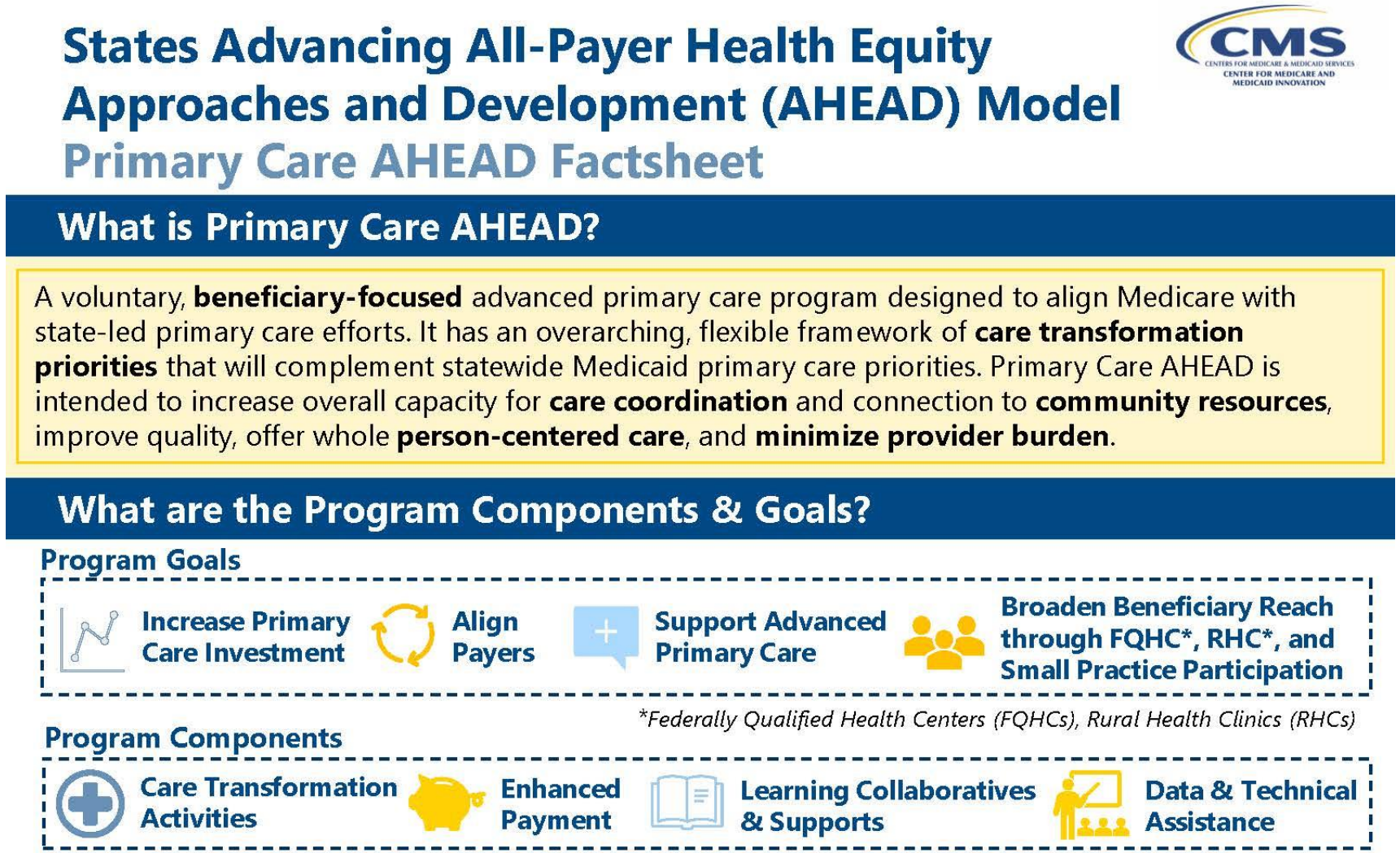
Share

The Centers for Medicare and Medicaid Services (CMS) Innovation Center is committed to testing – and eventually scaling – innovative payment models that meet the statutory goals of reducing program spending while maintaining or improving quality of care.

Consistent with achieving that mission, the Innovation Center has completed a comprehensive and data-driven review of our model portfolio based on the clear statutory mandate given to the Center by Congress. Based on the review's findings, CMS has identified models that will conclude as scheduled and others that will end early by December 31, 2025 - saving the American taxpayer almost $750,000,000. CMS will help participants in the selected models to minimize disruption to their operations and the beneficiaries they serve.

The Innovation Center plans to announce a new strategy based on guiding principles to make Americans healthier by preventing disease through evidence-based practices, empowering people with information to make better decisions, and driving choice and competition. This announcement streamlines the focus of CMMI's models and will help build a health system that improves quality and lowers costs while helping Americans live healthier lives.

Primary Care AHEAD



Maryland Primary Care Program (MDPCP)

MDPCP is a voluntary program open to all qualifying Maryland primary care providers that provides funding and support for the delivery of advanced primary care throughout the state.

The MDPCP supports the overall health care transformation process and allows primary care providers to play an increased role in:

- Prevention
- Management of chronic disease
- Preventing unnecessary hospital utilization

MDPCP
MARYLAND PRIMARY CARE PROGRAM

Medicaid MDPCP

Maryland aims to launch the Medicaid MDPCP program by July 2025.

Medicaid first requirement by 2027 – starting in January 2027, participation in the Medicaid primary care alternative payment model will be required to participate in Medicare primary care alternative payment models, including MDPCP.

MDPCP TODAY
MARYLAND PRIMARY CARE PROGRAM

November 2024

A Message to Our Readers

Dear MDPCP Colleagues,

I have several important updates to share with you this month!

AHEAD Model
Last week, the State and CMS announced a formal agreement for Maryland to participate in the AHEAD Model through 2034! The AHEAD Model, the next iteration of the Maryland Total Cost of Care Model, allows us to continue our innovative health transformation efforts including hospital global budgets and **advanced primary care investments**. Here are a few key terms from the new Agreement related to MDPCP:

- **Continuation of MDPCP through 2028** (extension to 2034 will be revisited with CMMI by 2028)
- Introduction of the national AHEAD Primary Care Program designed to recruit new primary care practices who are not in MDPCP into a Medicare primary care alternative payment model
- Requires the State to establish an aligned Medicaid primary care alternative payment model by January 2026 (Maryland is aiming to launch the Medicaid program by July 2025)
- Medicaid first requirement by 2027- starting in January 2027, participation in the Medicaid primary care alternative payment model will be required to participate in Medicare primary care alternative payment models, including MDPCP

Care Transformation Initiatives (CTIs)

Care Transformation Initiatives (CTIs) are initiatives undertaken by a hospital, group of hospitals, or a collaborative partnering with a hospital to reduce the total cost of care of a defined population.

Under the CTI program, hospitals:

- Choose the eligible Medicare population targeted by the CTI intervention
- Define how to restrict the population to those most likely to be impacted or enrolled in the intervention
- Choose the intervention duration.

CRISP operates the Care Transformation Profiler (CTP), to enable hospitals to view all CTIs statewide, and to monitor their own CTI progress.

Maryland's Episode Quality Improvement Program (EQIP)

- EQIP is a voluntary, Advanced Alternative Payment Model (AAPM) for Maryland generalists, specialists, or other CMS-approved practitioners.
- EQIP engages practitioners who treat Maryland Medicare beneficiaries in care transformation and value-based payment through an episode-based approach.
- EQIP will hold participants accountable for achieving **cost** and **quality** targets for one or more Clinical Episodes.

Performance Year 4 (CY2025) Episodes

Allergy
Allergic Rhinitis, Asthma

Behavioral Health
Chronic Anxiety, Recurrent Depression

Cardiology
Pacemaker / Defibrillator, Acute Myocardial Infarction, CABG &/or Valve Procedures, Coronary Angioplasty

Dermatology
Cellulitis, Decubitus Ulcer, Dermatitis

Gastroenterology
Colonoscopy, Colorectal Resection, Gall Bladder Surgery, Upper GI Endoscopy

Ophthalmology
Cataract, Glaucoma

Orthopedics
Accidental Falls, Hip Replacement & Hip Revision, Hip/Pelvic Fracture, Knee Arthroscopy, Knee Replacement & Knee Revision, Low Back Pain, Lumbar Laminectomy, Lumbar Spine Fusion, Osteoarthritis, Rotator Cuff, Shoulder Replacement, Musculoskeletal Disorders

Pulmonary / Critical Care
Acute CHF / Pulmonary Edema, Chronic Obstructive Pulmonary Disease, Deep Vein Thrombosis / Pulmonary Embolism, Pneumonia, Sepsi

Rheumatology
Rheumatoid Arthritis

Urology
Catheter Associated UTIs, Prostatectomy, Transurethral Resection Prostate, UTI

Emergency Department
Abdominal Pain & Gastrointestinal Symptoms, Asthma/COPD, Atrial Fibrillation, Chest Pain, Deep Vein Thrombosis, Dehydration & Electrolyte Derangements, Diverticulitis, Fever, Fatigue or Weakness, Hyperglycemia, Nephrolithiasis, Pneumonia, Shortness of Breath, Skin & Soft Tissue Infection, Syncope, Urinary Tract Infection

Requested PACES Episodes

The following episodes from the finalized list of PACES episodes were requested for Performance Year 5 (CY2026) by EQIP stakeholders.

Clinical Category	short_name
Alcohol Drug Use or Induced Men	substance abuse alcohol
	substance abuse other
Blood and Blood Forming Organs	anemia chronic
	aplastic anemia
	neutropenia
	neutropenia (acute)
Burns	1st/2nd degree burn
Circulatory System	atrial fibrillation/flutter (chronic)
	heart failure (chronic)
	hypertension essential (chronic)
	pericarditis, inflammatory
	AV fistula creation and revision
	hypertension complic, malig acute
	hypertension secondary (chronic)
	Leg vein angioplasty
Digestive System, Hepatobiliary	anal/rectal fissur/ulcer
	crohn's disease
	diverticulitis of colon
	diverticulosis of intestine(chronic)
	esophageal varices(chronic)
	esophagitis (chronic)
	Bariatric surgery
	small bowel resection
	ERCP
Ear, Nose, Mouth & Throat	epistaxis
	sinusitis acute
Pregnancy, Childbirth and Puerp	C-section
	Vaginal Delivery

Clinical Category	short_name
Endocr, Nutritional & Metabolic	diabetes
	diabetic circulatory complications
	diabetic ketoacidosis dka (acute)
	diabetic neuropathy
	diabetic retinopathy
	diabetic skin complications
	ds of lipoid metabolism
	hemochromatosis
	hyperosmolarity non-ketotic coma (acute)
	Hypoglycemia (acute)
	Obesity hypoventilation syndrome
	osteoporosis
Eye	macular degeneration
	macular hole
	macular pucker
	retinal tear
	vitrectomy
	Glaucoma surgery
Female Reproductive System	breast biopsy
	Breast reconstruction
General	Appendectomy
	Repair inguinal hernia
	repair umbilical or ventral hernia
	Repair ventral hernia
Kidney and Urinary Tract Diseas	acute kidney failure
	chronic kidney disease - dialysis dependent
	chronic kidney disease - not dialysis dependent
Mental Behavioral Health	single manic episode
Respiratory System	acute uri simple

Clinical Category	short_name
Musculoskeletal System & Connec	amputation
	aseptic necrosis
	bone nos fx
	carpal tunnel surgery
	Cervical Fusion
	Cervical Replacement
	Fracture/dislocation treatment arm/wrist/hand
	Fracture/dislocation treatment knee
	Fracture/dislocation treatment lower leg/ankle/foot
	joint nos ganglion/cyst
	knee jnt internal derangement (acute)
	knee jnt internal derangmnt
	osteomyelitis nos
	osteomyelitis nos (acute)
	Lumbar and sacral spine surgery OTHER
Neoplasms and Myeloproliferativ	airway lung neoplasm malignant
	benign neoplasm of uterus
	breast neoplasm malignant
	carcinoma in situ cervix
	colorectal neoplasm malignant
	ds of the spleen, neoplasm
	graft vs. host
	leukemia acute
	leukemia chronic
	malignant neoplasm of uterus
	neoplasm of uncertain behavior of ovary
	Mastectomy
Nervous System	dementia
	parkinsons ds
	acute ischemic stroke
	transient ischemic attack

MedChi's Role in EQIP

MedChi works closely with the HSCRC and CRISP to:

- Conduct outreach for enrollment
- Provide continuous education to Care Partners and Administrative Proxies
- Advocate for EQIP and its participants
- Offer EQIP Entity administrative support

In addition, MedChi created EQIP entities to give smaller non-hospital groups the opportunity to participate in value-based care. MedChi also offers support to any organization regardless of their size or affiliation.

In Performance Year 4 (CY2025) MedChi directly supports:

- 13 EQIP entities consisting of;
- 71 organizations and;
- 286 practitioners.

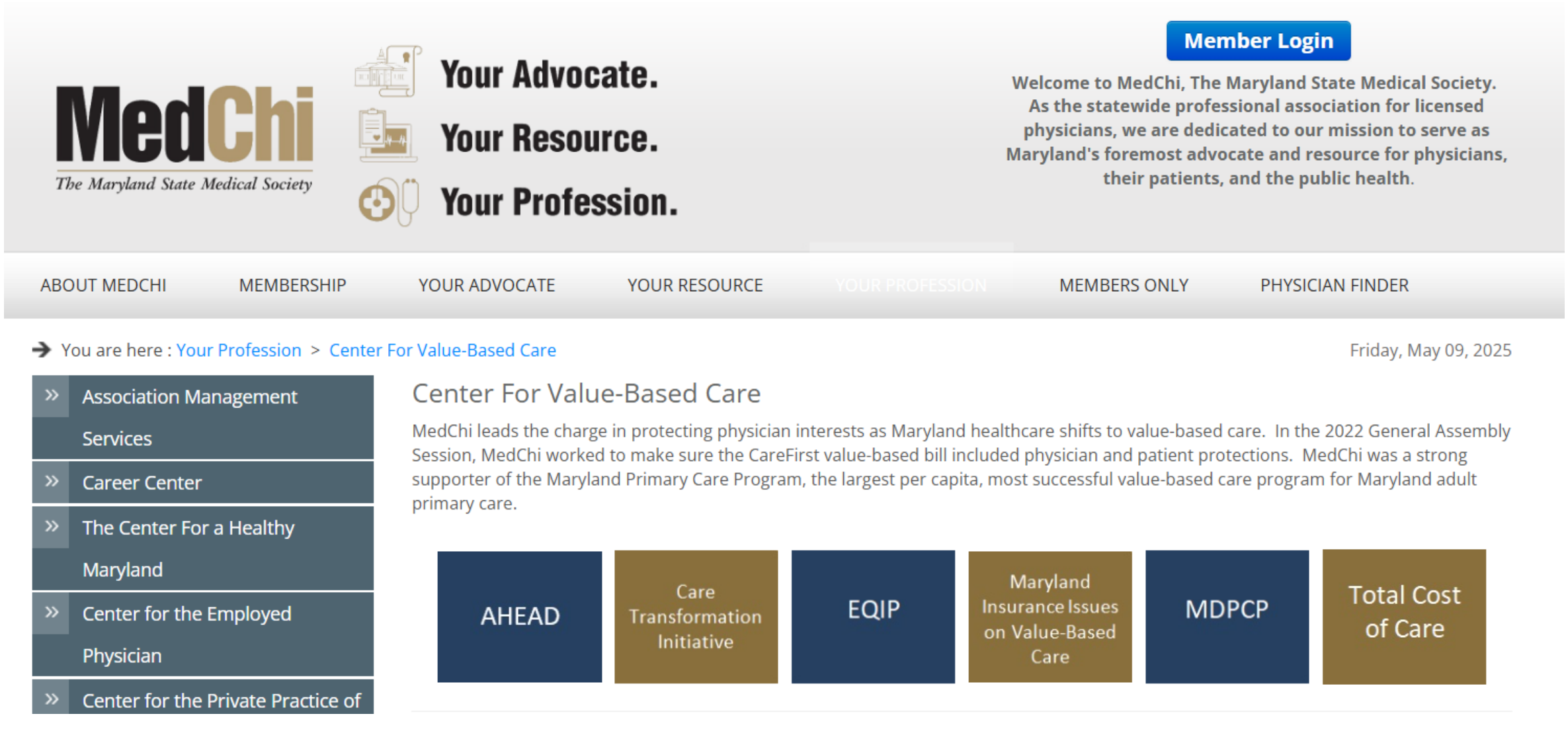
CRISP Outreach and Services

Our outreach team can offer 1 on 1 or group trainings for our various CRISP tools and services:

- Clinical Information (access to patient labs, notes, and images)
- PDMP (access to controlled substances mandated by MD state law)
- CEND/Population Explorer (a live running feed of your patient encounters so you can do a timely follow up)
- Available options for potentially integrating CRISP into your EMR (automating your panel, sending data etc)

CRISP will give a personalized and tailored experience to fit your needs – for any new inquiries please call CRISP support at 877-952-7477 and they can connect you with your designated outreach representative!

MedChi Center for Value-Based Care



www.medchi.org

Medchi Medchi | Facebook

MedChi (@MedChiupdates) / Twitter

Gene (@GeneRansom) / Twitter

gransom@medchi.org

members@medchi.org

Baltimore Office:
410-539-0872

Contact Us and Check Us Out on the Web!

MedChi
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Your Advocate. Your Resource. Your Profession.

Public Comment

Next Steps

Next Steps

- Summer schedule June 26, July 17, August 21