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State of Maryland's Achieving Healthcare Efficiency through Accountable Design (AHEAD) Primary Care Programs

Office of Advanced Primary Care (OAPC)

December 16, 2025

Agenda

- Welcome and Announcements.
- Major Program Updates for the AHEAD Primary Care Programs.
- Overview of All Programs.
- Medicaid Path 2026 Details.
- PC AHEAD 2026 Details.
- MDPCP AHEAD Updates and 2026 Details.
- Wrap-up and Question and Answer Session.

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Welcome and Announcements

- Dr. Djinge Lindsay, Chief Medical Officer, Maryland Department of Health (MDH).
- Chad Perman, Executive Director, OAPC.
- Alice Sowinski-Rice, Program Director, OAPC.
- Sharon Neely; Division Chief; Service Delivery Reform; Innovation, Research, and Development.
- Rachel Grisham, Operations and Policy Manager, OAPC.
- Nicholas Brown, Lead Practice Coach, OAPC.

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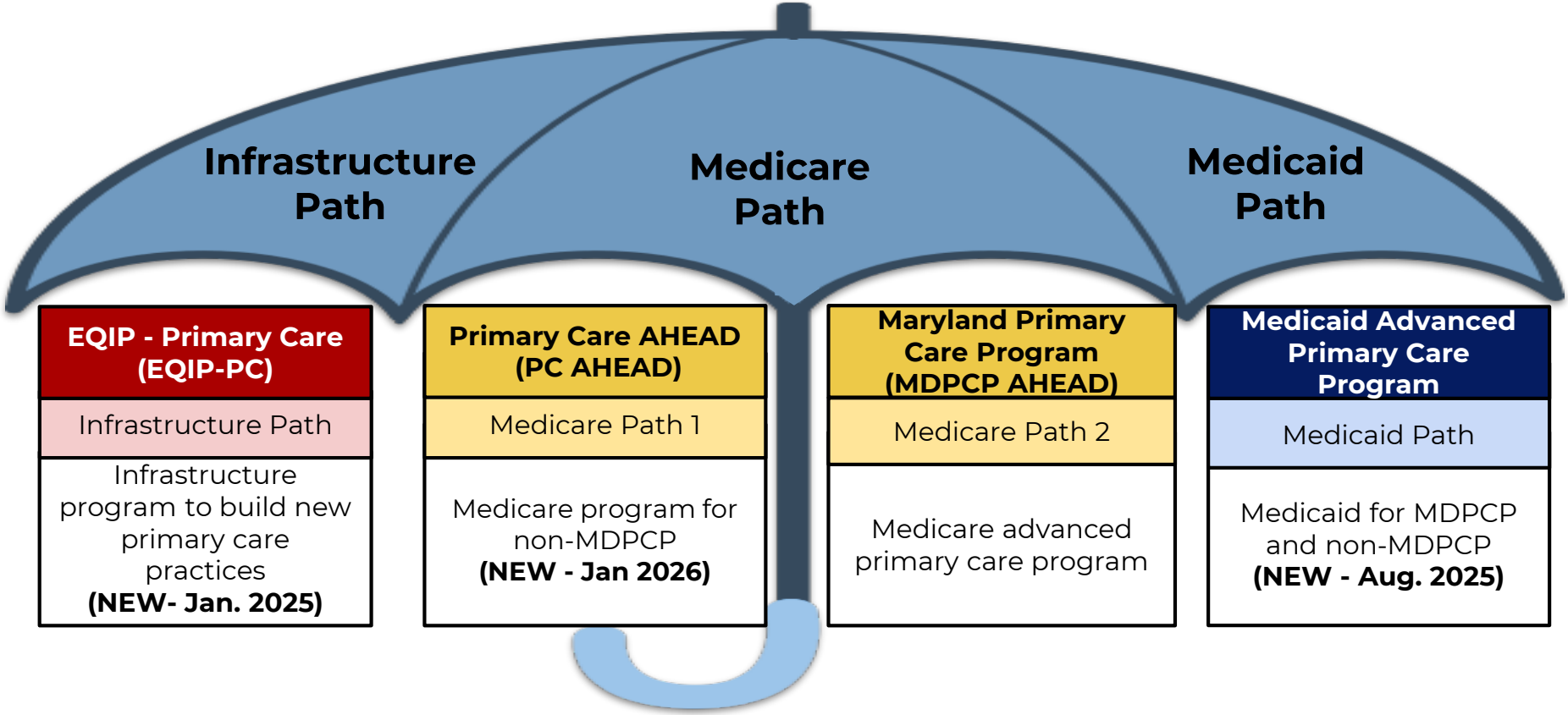
Maryland's AHEAD Primary Care Programs



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MDH's Vision and Goals for AHEAD Primary Care Programs

The vision is to:

- Advance whole-person care.
- Establish strong linkages across the healthcare continuum.
- Build a highly reliable program that sustains advanced primary care as a foundation for Marylanders.

The goals are as follows:

- Simplify administrative burden for primary care providers.
- Continue Medicare investment while broadening reach to Marylanders covered by Medicaid and commercial insurance.
- Improve health outcomes for all Marylanders.

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Major Program Updates for the AHEAD Primary Care Programs.

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The State signed the AHEAD Model Agreement with CMS in Nov. 2025

The State of Maryland and CMS agreed to update the AHEAD Model agreement on Nov. 12 for Maryland to participate in the AHEAD Model through 2035.

Implementation Period
9 Performance Years,
1/1/2026 – 12/31/2035

Transition Period
After the Implementation Period Ends, up to 60 months (5 years):
1/1/2036-12/31/2040

Post-Model Options:

- Make the Model permanent,
- test a new Model, or
- transition to national Medicare fee-for-service system

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AHEAD Agreement - Updates on Primary Care

- **2028 MDPCP Determination** - MDPCP AHEAD will continue through 2028 and then CMS and the State will determine whether to continue the program until 2035.
- **Enrollment Opportunity for 2027** - MDPCP AHEAD and PC AHEAD will have an opportunity for new enrollment for Program Year 2027.
- **PC AHEAD Expanded** - PC AHEAD will now have four pathways with increasing payments and risk.
  - Basic - starts in 2026.
  - Advanced - starts in 2027.
  - Partial Capitation (similar to Track 2 MDPCP) - starts in 2028.
  - Full Capitation - starts in 2028.

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PC AHEAD & MDPCP AHEAD Updates

The basics are below:

- For MDPCP AHEAD, Track 2 is only starting in 2026.
- It is a practice site-level program.
- Medicaid Path participation is a prerequisite to participate in these programs.
  - PC AHEAD participation will be in 2026.
  - MDPCP AHEAD participation will be in 2027.

The updates for 2026 are as follows:

- The State will be working closely with the Center for Medicare and Medicaid Services (CMS) to operate PC AHEAD and MDPCP AHEAD.
- Attribution and payments for the two programs will be completed at the same time by CMS.
- Financial Methodologies for 2026 are now available.
  - Review PC AHEAD methodology.
  - MDPCP financial methodology can be found on Connect.

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EQIP-PC Updates

- Performance Year (PY) 1 (Jan. 1 until Dec. 31, 2025) is wrapping up and practices are preparing for PY 2.
- There are 11 new primary care access points in total.
- As of Oct. 2025, eight sites have opened or expanded.
- Nine practices have contracted with at least one payer.
- All practices have connected with the Chesapeake Regional Information System for our Patients (CRISP).
- Three remaining sites will go online by the end of Sept. 2026.
    - An estimated 8,025 additional Marylanders are served bringing program total to over 16,000.

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Overview of All AHEAD Primary Care Programs.

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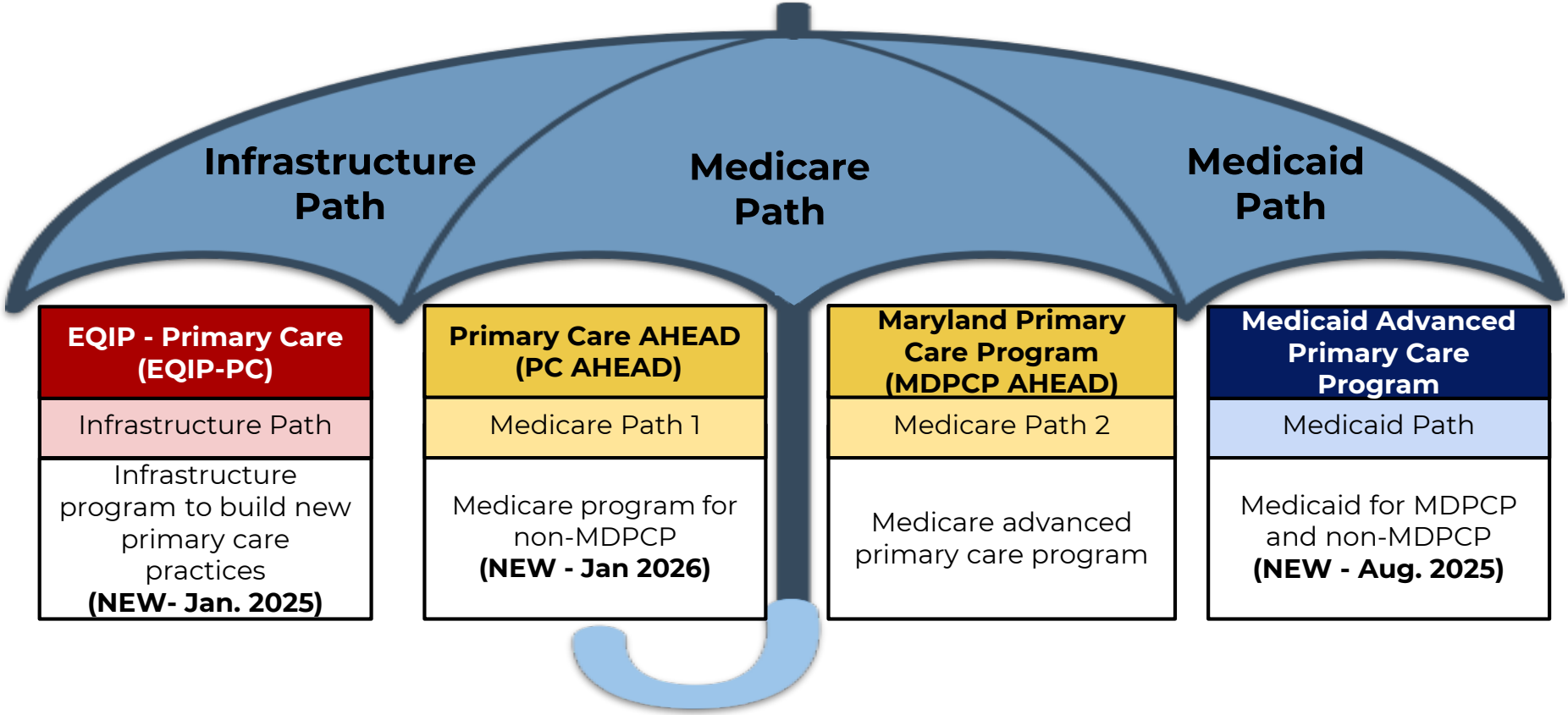
Revisiting Maryland's AHEAD Primary Care Programs



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Participation Across Programs

	EQIP-PC	PC AHEAD	MDPCP AHEAD	Medicaid Path
Practices or Tax Identification Numbers (TINs)	11 practices	35 practices*	~460 practices*	200 TINs
Marylanders Served	Projected to provide new access to at least 16,200 Marylanders	TBD attributed Medicare Fee For Service (FFS) beneficiaries	~350,000* attributed Medicare FFS benes	~788,000 Medicaid HealthChoice participants

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*Final, total Jan. 2026 numbers are subject to change

Programs Overview Comparison

	EQIP-PC	PC AHEAD	MDPCP AHEAD	Medicaid Path
FFS	Yes, continue to bill all payers FFS	Yes, continue to receive Medicare FFS	Yes, continue to receive Medicare FFS and partial capitation of Primary Care SVCS	Yes, continue to bill Medicaid (up to 103 percent (of 2025 rates) of Medicare FFS)
Care Management Fee (CMF)	Not applicable	State average of $21 PBPM with additional adjustments (Enhanced Primary Care Payment)	$9-100 PBPM	$2 Per Member Per Month (PMPM)
Quality	Not applicable	Quality Based Adjustment (measurement starts in 2026)	Performance Based Incentive Payment	Quality Incentive (measurement starts in 2026)
Health Equity Payment	Not applicable	Not applicable	$110 PBPM, for qualifying beneficiaries (HEART)	Not applicable
Infrastructure Grant Payments	Yes	Not applicable	Not applicable	Not applicable

Medicaid Path 2026 Details.

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Payments Overview

	Medicaid Path
FFS	Yes, continue to bill Medicaid (up to 103 percent (of 2025 rates) of Medicare FFS)
CMF	$2 PMPM
Quality	Quality Incentive (measurement starts in Calendar Year 2026)**
HEART Payment	Not applicable
Infrastructure Payments	Not applicable

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**Payments issued in late 2027

Care Transformation Requirements (CTRs) - Jan. 2026

Advanced Primary Care Function	CTR #	Care Transformation Requirement
Access and Continuity	1.1	Empanelment of Medicaid participants to a provider using Managed Care Organization (MCO) assignment.
Access and Continuity	1.4	At least one alternative care strategy (includes same or next-day appointments, telehealth, patient portal, after hours or weekend visit).
Access and Continuity	1.5	Assigned member outreach to those not engaged with primary care.
Care Management	2.2b	Provide transitional care management.
Care Management	2.5	Follow up within two business days post-hospital discharge and within one week post Emergency Department (ED) discharge (50 percent threshold).

-CTR # is based on the MDPCP #

-Detailed requirements will be provided in the Program Manual.

CTRs - Jan. 2026 continued…

Advanced Primary Care Function	CTR #	Care Transformation Requirement
Comprehensiveness and Coordination	3.1	Specialist referral management - use a process to refer patients to necessary appointments with specialists
Comprehensiveness and Coordination	3.3	Behavioral health screening and referral - use measurement-based care for behavioral health leveraging standardized screening tools.
Comprehensiveness and Coordination	3.4	Social support services screening and linkages.
Pediatrics Requirements	6.1	Newborn appointment availability - evaluation within three to five days of birth and within 48 to 72 hours after discharge from the hospital.
Pediatrics Requirements	6.2	Developmental and autism screenings within the scope of primary care.
Pediatrics Requirements	6.3	Complete forms for participation in school and/or childcare.

-CTR # is based on the MDPCP #

-Detailed requirements will be provided in the Program Manual.

CRISP Requirements - Jan. 2026

	#	CRISP Primary Care Requirement
CRISP Requirements	C.1	Submit CRISP Event Notification Delivery (CEND) panel every 90 days.
CRISP Requirements	C.2	Pull MCO assignment list quarterly from CRISP and upload as a panel to the CRISP Multi-payer platform.
CRISP Requirements	C.3	Review Prediction Tools on a monthly basis.
CRISP Requirements	C.4	Use the Multi-Payer Reports Platform in CRISP at least quarterly to monitor data for quality improvement over time.

*Progress on the CTRs will evaluated via a baseline assessment in Quarter 1 (Q1) 2026 and annual reporting each year going forward to align with other primary care programs.

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Multi-Payer Data Infrastructure to Support CTRs

Claims-based reports + MCO assignment list = Detailed, panel-based reports on Medicare and Medicaid patients

Claims-based reports are updated monthly. The MCO assignment list is updated quarterly.

The Multi-Payer Reporting Suite displays patients on an organization's panel that are enrolled in Medicare Fee-For-Service (FFS), Medicaid FFS, or Medicaid Managed Care.

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2026 Quality Incentive Payment Arrangements

MDH will utilize two payment arrangements in its Medicaid AHEAD Primary Care Quality Incentive program for 2026. More detail is available in Appendix A.

Pay-for-performance (P4P) Claims

- MDH will provide incentives for performance on specific, claims-based measures.
- No reporting required.
- Four measures: Two child and two adult.
- The P4P domains are:
  - Health Care Utilization.
  - Primary Care Access and Preventive Care.

Pay-for-reporting (P4R) electronic Clinical Quality Measures (eCQMs)

- MDH will provide incentives for reporting specific clinical quality measures.
- Participating practices must report their performance measures to MDH via CRISP.
- Four measures: One child and four adult.
- The P4R domains are:
  - Behavioral Health.
  - Chronic Conditions.
  - Prevention and Wellness.

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PC AHEAD 2026 Details.

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PC AHEAD Overview

	PC AHEAD
FFS	Yes, continue to receive Medicare FFS
CMF	Average of $21 PBPM with additional adjustments (EPCP)
Quality	Quality Based Adjustment (measurement starts in 2026)
HEART Payment	Not applicable
Infrastructure Payments	Not applicable

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Quality Measures

Measure Domain	Measure Title	Measure Identifier	Measure Source
Prevention & Wellness	Colorectal Cancer Screening	CBE 0034 CMIT 139	eCQMs - EHR Data
Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	CBE 0059 CMIT 204	eCQMs - EHR Data
Behavioral Health	Preventative Care and Screening: Screening for Depression and Follow-Up Plan	CBE 0418e; CMIT 672	eCQMs - EHR Data
Health Care Utilization	Emergency Department Utilization (EDU)	CMIT 234	Medicare Claims
Health Care Utilization	Acute Hospital Utilization (AHU)	CMIT 14	Medicare Claims

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CTRs Overview

- The CTR categories are as follows:
  - Behavioral health as a function of primary care.
  - Care management and specialty coordination.
  - Health promotion activities.
- Annual reporting is expected to align with the other AHEAD Primary Care programs beginning PY 2027.
- CMS will share more information in January 2026.

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MDPCP AHEAD Updates and 2026 Details.

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Policy Updates for Performance Year 2026

Participation

- Only Track 2 will be available.
- Comprehensive Primary Care Payment (CPCP) split for all participants will be 65 percent and 35 percent.

HEART Payment

- This will be determined using Community Deprivation Index (CDI) instead of Area Deprivation Index (ADI).
  - Hierarchical Condition Category (HCC) risk tiers will still be used, along with CDI, to determine whether HEART payment is issued for a particular beneficiary.
- Starting Jan. 1, 2026, practices may use the HEART payment for beneficiary-level expenditures for any high-need beneficiaries as determined by the practice.

Optional Benefit Enhancements

- Telehealth visits.
- Non-physician care management visits* (enhancement is not available for Federally Qualified Health Centers (FQHCs)).

Performance Measures

- Removal of Total Per Capita Cost (TPCC), Consumer Assessment of Healthcare Providers and Systems (CAHPS), and Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)

2024 Performance Summary

Quality*

- Improvement in all eCQMs and patient experience.
  - HbA1c Poor Control (CMS122)**.
  - Controlling High Blood Pressure (CMS165).
  - Screening for Depression and Follow-Up Plan (CMS2).
  - CAHPS.

Cost

- No change in TPCC**.

Utilization

- Due to changes in the Healthcare Effectiveness Data and Information Set (HEDIS) specifications for AHU & EDU, we are unable to compare 2024 performance to previous years.
- MDPCP is performing better than the comparison populations in 2025 Year-to-date (YTD) data with respect to inpatient (IP) and ED utilization per 1,000 (Hierarchical Condition Category (HCC) risk-adjusted) metrics.

*Includes all practices (Track 2 and Track 3), both Medicare Shared Savings Program (MSSP) and non-MSSP practices.

**Inverse measure. Lower score indicates better performance.

2025 YTD - IP & ED Utilization per 1,000*

Comparison Group	IP Utilization per 1,000	ED Utilization per 1,000
Statewide, Non-Participating Population	222.35	385.73
Equivalent, Non-Participating Population	225.39	386.25
MDPCP	204.45	359.04

Jan. until Jun. 2025.

The definitions are below.

- Equivalent Non-Participating Population: A subset of the statewide non-participating population, demographically matched to the participating pop by age, sex, dual eligibility, and county of residence.
- Statewide Non-Participating Population: All Medicare FFS beneficiaries who are eligible for MDPCP and not attributed to a participating provider.
- HCC Risk-adjustment: CMS assigns all participating beneficiaries an HCC score. The score is based on the community risk model to reflect the beneficiary's clinical profile and care needs. Risk-adjustment is based on the average HCC score of attributed beneficiaries.

MDPCP Program Accomplishments

The Office of Advanced Primary Care has driven the program accomplishments below, grouped by each workstream.

- The **Public Health Integration** workstream disseminated 25 devices into primary care practice settings for integrated respiratory virus detection and mitigation efforts.
- The **Health IT** workstream rolled out Multi-Payer Reporting Suite successfully.
- The **Operations and Policy** workstream collaborated with CMS to reduce administrative burden to participants and expand the use of HEART payment expenditures to include other high-need beneficiaries.
- The **Quality, Learning, and Chronic Disease** workstream engaged eight practice sites in "The National Cardiovascular Health Program," which is a CDC grant to improve prevention and management of cardiovascular disease.
- The **Coaching** workstream contributed to all active practices reporting meeting Track Three requirements.
- The **Behavioral Health Integration** workstream assisted with the completion of nearly 2,000,000 SBIRT screenings since Aug. 2021.

Supports and Learning Resources.

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Overview of Supports

- CRISP.
- Care Transformation Organizations (for MDPCP).
- Administrative Portal.
- Practice Coaches.
- Learning System.

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Action Items for Your Team

- Review program onboarding resources.
- Connect with your Practice Transformation Coach.
  - *Practice Coaches will reach out to non-MDPCP practices beginning January 2026
- Sign up for future learning events (onboarding and orientation events will be held in Q1 2026).

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Resources

- Updates on our webpage including:
  - FAQs.
  - General Announcements.
  - Recent Meetings.
  - Overview of the AHEAD Primary Care programs.
  - Medicaid Path materials (coming soon).
  - Provider Town Hall slides and recording.
  - Multi-payer Platform information for the Medicaid Path.
- 2026 Learning Live Calendar.

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AHEAD Primary Care - Key Milestones

- Aug. 2025: Medicaid Path limited launch.
- Nov. 2025: AHEAD Model Agreement signed by CMS and State.
- Jan. 2026: Medicaid Path full launch. PC AHEAD launch. MDPCP AHEAD continues.
- Aug. 2026: 2027 Medicaid Participants List due to CMS.
- Jan. 2027: Medicaid Participation required for all Medicare programs.

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Maryland's AHEAD Primary Care 2026 Priorities

The vision is:

- Advance whole-person care.
- Establish strong linkages across the healthcare continuum.
- Build a highly reliable program that sustains advanced primary care as a foundation for Marylanders.

The 2026 priorities are:

- Become familiar with multi-payer and PC-AHEAD updates.
- Become familiar with Medicaid requirements.
- Implement care transformation/care management staffing.
- Work with Practice Transformation Coach.
- Focus on improving quality on measures.

Appendices

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2026 Medicaid Path Quality Measures

The 2026 Quality Incentive will include four P4P measures calculated from Medicaid claims and encounters and four electronic clinical quality measures (eCQMs) as P4R that PCPs will submit to CRISP.

Population	Domain	Measure Name	Data Source	2026
Adults	Healthcare Utilization	Emergency Department Utilization (EDU)	Medicaid claims	P4P
Adults	Healthcare Utilization	Acute Hospital Utilization (AHU)	Medicaid claims	P4P
Children	Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits (WCV)	Medicaid claims	P4P
Children	Primary Care Access and Preventive Care	Developmental Screening in the First Three Years of Life (DEV-CH)	Medicaid claims	P4P
Children and Adults	Behavioral Health (BH)	Screening for Depression and Follow-Up Plan (CDF-CF and AD): Ages 12 to 64	eCQMs through CRISP	P4R
Adults	Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) (CDC-HbA1c Poor Control)	eCQMs through CRISP	P4R
Adults	Chronic Conditions	Controlling High Blood Pressure (CBP)	eCQMs through CRISP	P4R
Adults	Prevention & Wellness	Colorectal Cancer Screening (COL)	eCQMs through CRISP	P4R

Claims Measures by AHEAD Primary Care Program

Target Population	Measure Domain	Measure Title	Measure Identifier	Data Source	Medicaid Payment Arrangement	PC AHEAD	MDPCP	Medicaid
Adults	Healthcare Utilization	**Emergency Department Utilization (EDU)**	CMIT 234	Medicaid claims	P4P	**X**	**X**	**X**
Adults	Healthcare Utilization	**Acute Hospital Utilization (AHU)**	CMIT 14	Medicaid claims	P4P	**X**	**X**	**X**
Children	Primary Care Access and Preventive Care	**Child and Adolescent Well-Care Visits (WCV)**	CMIT 24	Medicaid claims	P4P			**X**
Children	Primary Care Access and Preventive Care	**Developmental Screening in the First Three Years of Life (DEV-CH)**	CMIT 1003	Medicaid claims	P4P			**X**

Clinical Quality Measures by AHEAD Primary Care Program

Target Population	Measure Domain	Measure Title	Measure Identifier	Data Source	Medicaid Payment Arrangement	PC AHEAD	MDPCP	Medicaid
Children and Adults	Behavioral Health (BH)	**Screening for Depression and Follow-Up Plan (CDF-CF and AD): Ages 12 to 64**	CMIT 672	eCQMs through CRISP	P4R	X	X	X
Adults	Chronic Conditions	**Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) (CDC-HbA1c Poor Control)**	CMIT 204	eCQMs through CRISP	P4R	X	X	X
Adults	Chronic Conditions	**Controlling High Blood Pressure (CBP)**	CMIT 167	eCQMs through CRISP	P4R		X	X
Adults	Prevention & Wellness	**Colorectal Cancer Screening**	CMIT 139	eCQMs through CRISP	P4R	X		X

PC AHEAD and MDPCP Quality Incentive

	PC AHEAD	MDPCP AHEAD	Medicaid Path
Title	Quality Based Adjustment	Performance Based Incentive Payment	Quality Incentive payment
Payment Timing	Retrospective adjustment - Q4 of next PY	Prospective - beginning of PY Clawback - Q4 of next PY	Retrospective bonus- Q4 of next PY
Payment Amount	Percentage of Enhanced Primary Care Payment (EPCP)	$4.00 PBPM paid upfront	TBD
Risk	(neutral to negative) -5% to start; -10% by 2032	Subject to 100% clawback	None
Measure Types	Claims (Medicare utilization) and eCQM (all-payer clinical quality)	Claims (Medicare utilization) and eCQM (all-payer clinical quality)	Claims (Medicaid utilization) and eCQM (all-payer clinical quality)
Benchmarks	PC AHEAD participating practices	Utilization - Maryland PCP practices; Quality - National MIPS	Utilization - HealthChoice population; Quality - TBD, P4R for first two years
Methodology	Benchmark attainment; or year-over-year improvement; or continuous improvement	Benchmark attainment	Benchmark attainment; or year-over-year improvement

MDPCP Program-level Performance: Quality, eCQMs*

Measure	Raw Score - Program Average	Benchmark Breakpoint (50th percentile - national, all-payer benchmark population) from 2023 to 2024	Percent of Practices >= 50th Percentile	Overall Program Performance
HbA1c Poor Control (CMS122)**	Improved 2021: 27.30% 2022: 25.62% 2023: 30.06% 2024: 20.21%	Decreased significantly (harder to achieve)	Improved 2022: 85% 2023: 82% 2024: 91%	**Improving**
Controlling High Blood Pressure (CMS165)	Improved 2021: 69.49% 2022: n/a 2023: 73.06% 2024: 76.54%	Same benchmark as 2023	Improved 2021: 70% 2022: n/a 2023: 80% 2024: 89%	**Improving**
Screening for Depression and Follow-Up Plan (CMS2)	Improved 2021: 56.60% 2022: n/a 2023: 74.52% 2024: 76.08%	Same benchmark as 2023	Improved 2021: 79% 2022: n/a 2023: 90% 2024: 91%	**Improving**

*Includes all practices (T2/T3), both non-MSSP and MSSP practices
**Inverse measure. Lower score indicates higher performance

MDPCP Program-level Performance: Quality, Patient Experience*

Measure	Raw Score - Program Average	Benchmark Breakpoint (50th percentile - PCF benchmark population) from 2023 to 2024	Percent of Practices >= 50th Percentile	Overall Program Performance
CAHPS	Improved 2022: 79.37% 2023: 78.36% 2024: 80.42%	Decreased (easier to achieve)	Improved 2022: 34% 2023: 47% 2024: 62%	**Improving**

*Includes all practices (T2/T3), both non-MSSP and MSSP practices

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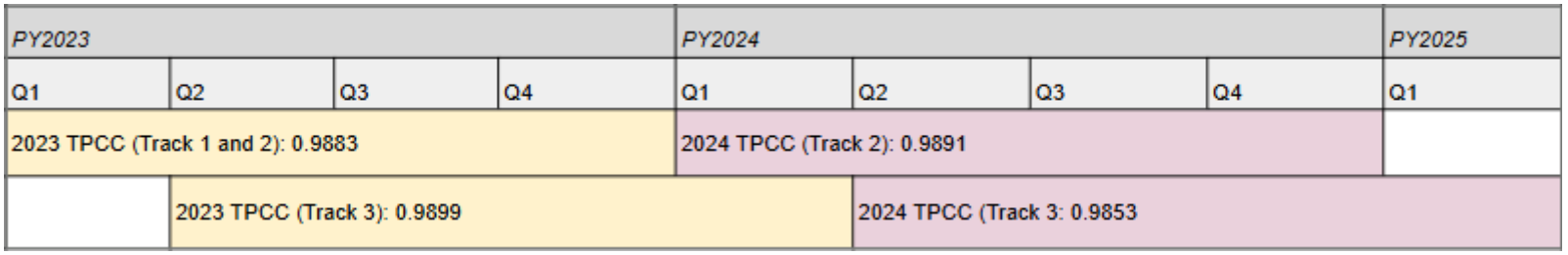
MDPCP Program-level Performance - Cost

Measure	Raw Score - Program Average*	Benchmark Breakpoint (50th percentile - state level benchmark population) from 2023 to 2024	Percent of Practices >= 50th Percentile	Overall Program Performance
TPCC**	2022 (All practices): 0.9933 2023 (T1/T2): 0.9883 2023 (T3): 0.9899 2024 (T2): 0.9891 2024 (T3): 0.9853	Same benchmark	2022 (All practices): 44% 2023 (T1/T2): 49% 2023 (T3): 46% 2024 (T2): 49% 2024 (T3): 49%	**No change**



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*Measurement period for this measure differs by Track in 2023 and 2024. Results are not directly comparable.
**Inverse measure. Lower score indicates higher performance.

Program-level Performance - Utilization*

Measure	Raw Score - Program Average**	Percent of Practices >= 50th Percentile
Inpatient Utilization (AHU)***	2024 (T2):1.1010 2024: (T3): 1.0773	2024 (T2): 52% 2024 (T3): 61%
Emergency Department Utilization (EDU)***	2024 (T2): 1.1170 2024: (T3): 0.9947	2024 (T2): 32% 2024: (T3): 47%

*The HEDIS specifications for PY 2024 EDU and AHU changed and therefore are not comparable to previous MDPCP program years
**Measurement period for this measure differs by Track in 2023 and 2024. Results are not directly comparable.
*** Inverse measure. Lower score indicates higher performance.

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