AHEAD Primary Care Advisory Council Meeting

September 9, 2025

Agenda

- Welcome and Introductions
- Updates on AHEAD Primary Care Programs
- Medicaid Path - Quality Incentive Program
- Planning for Future Meetings
- Advisory Council Bylaws
- Questions and Answers
- Wrap-Up and Next Steps

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MDH AHEAD Primary Care Work Group

- **Dr. Djinge Lindsay** - Chief Medical Officer, MDH
- **Chad Perman** - Executive Director, Office of Advanced Primary Care
- **Alice Sowinski-Rice** - Program Director, Office of Advanced Primary Care
- **Dr. Tere Dickson** - Medical Director, Clinical Transformation Unit
- **Sharon Neely** - Division Chief, Delivery Service Reform, IRD
- **Mitzi Melendez-Prodoehl** - Mathematica
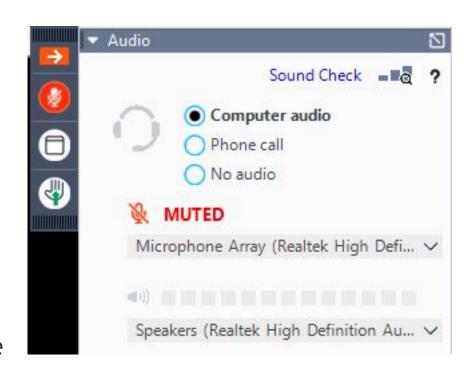- **Thomas Weaver** - Project Manager, MDH

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Roll Call

Please provide your name, role/position and organization

Senator Pamela Beidle	Dr. Chaunte Harris	Dr. Ursula McClymont
Brian Bailey	Leigh Hunter	Dr. Julio Menocal
Dr. Jeffrey Bernstein	Carlene James	Dr. Robin Motter-Mast
Dr. Kenneth Buczynski	Dr. Pankaj Kheterpal	Dr. Mercy Obamogie
Meghan Crosby Budinger	Dr. Scott Krugman	Dr. Nkem Okeke
Dr. Falana Carter	John Lease	Dr. Vicky Parikh
Dimitrios Cavathas	Carla Leedy	Linda Raines
Dr. Sandy Chung	Arumani Manisundaram	Dr. Magaly Rodriguez de Bittner
Dr. Amar Duggirala	Shantel Matthews	Dr. Marcee White

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Platform Logistics

- Make sure you select the audio type that you are using on the right hand side panel

- Advisory Council members are Panelists
  - Members can unmute themselves
  - Advisory Council: to speak, please put "I have a comment" in the chat box

- Public audience members will join in listen-only mode by default
  - Audience members: please use the Questions pane to send comments to the presenters

- Slide deck and link to recording will available after the presentation

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Welcome from Dr. Lindsay

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Update

AHEAD Primary Care Programs

AHEAD Model Updates

- **On September 2, CMS announced new name**: Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model.
- **New policy and operational changes** will be implemented across all cohorts beginning in January 2026.
- AHEAD's end date for all cohorts is now **December 31, 2035.**
- Maryland's participation still starts January 2026.
- For more information, visit the [CMS News Release](#).

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Maryland's AHEAD Primary Care Programs

Infrastructure Path

Medicare Path

Medicaid Path

EQIP - Primary Care (EQIP-PC)	Primary Care AHEAD (PC AHEAD)	Maryland Primary Care Program (MDPCP AHEAD)	Medicaid Advanced Primary Care Program
Infrastructure Path	*Medicare Path 1*	*Medicare Path 2*	*Medicaid Path*
Infrastructure program to build new primary care practices **(NEW)**	Medicare entry level program for non-MDPCP **(NEW)**	Medicare advanced primary care program	Medicaid entry level program for MDPCP and non-MDPCP **(NEW)**

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Upcoming AHEAD PC Milestones

- **September 30, 2025: State demonstrate readiness for Medicaid Primary Care APM Implementation (Medicaid Advanced Primary Care Program/Medicaid Path)**, as evidenced by finalized APM payment methodology development, provider recruitment, and provider commitments to participate in the Medicaid Primary Care APM

- **November 1, 2025:** CMS will provide the State the **list of approved Eligible Primary Care Practices (PC AHEAD/Medicare Path 1)**

- **January 1, 2026: State submit any alternative proposed PC AHEAD Quality Measures to CMS** in writing with a justification explaining the rationale for the alternative measure(s)

- **January 1, 2026: State implement Medicaid Primary Care APM (Medicaid Path)** with participation from primary care practices

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Medicaid Path - Key Dates

Sept. 26 - Cohort 1 deadline for 2026 participation

Late July - Provider Town Hall Update

| July | August | September | October |

August 8, 2025: Cohort 2* **(non-MDPCP) enrollment closed**

Late August: Care Management Fees distributed to **Cohort 1**

Mid October: Q4 Care Management Fees distributed to **Cohort 1**

*January 2026: Cohort 2 begins

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Medicaid Path by the Numbers

	TINs	Medicaid HealthChoice Participants
August 1, 2025 (MDPCP TINs)	94	368,000
January 1, 2026 (Non-MDPCP TINs)	77	163,000
Expected TOTAL for January 1, 2026* (MDPCP + Non-MDPCP TINs)	**171**	**531,000**

Final total Jan 2026 numbers are subject to change

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Medicaid Path - 2026 APM Design Update

- Submitted draft to CMS on July 15

- CMS has followed up with questions about Care Transformation Requirement (CTR) activities related to health promotion activities and screening and referral processes

- MDH is awaiting formal response from CMS on any changes necessary and a final submission by Oct. 1.

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PC AHEAD - Key Dates

August	September	October	November

August 31, 2025: PC AHEAD eligible list submitted to CMS (from MDH) - **Cohort 2**
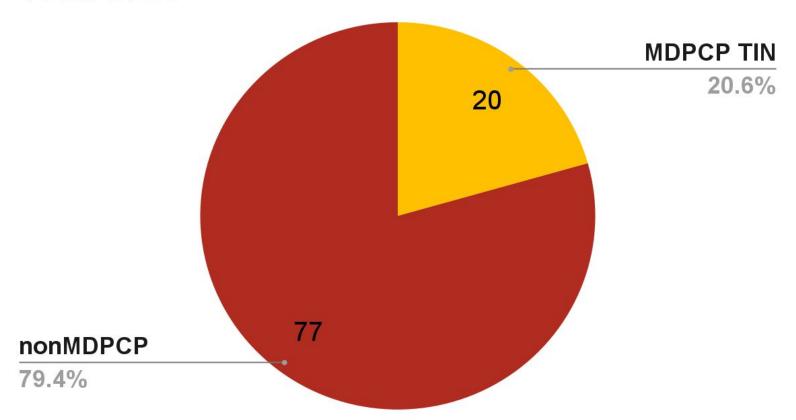
August 25 - CMS releases PC AHEAD financial specifications methodology

September 16: CMS conducting [PC AHEAD webinar](#) at 3pm

October - November - Participation Agreements will be offered to eligible practice sites

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Eligible PC AHEAD Sites

Total Sites

MDPCP TIN
20.6%

20

nonMDPCP
79.4%

77
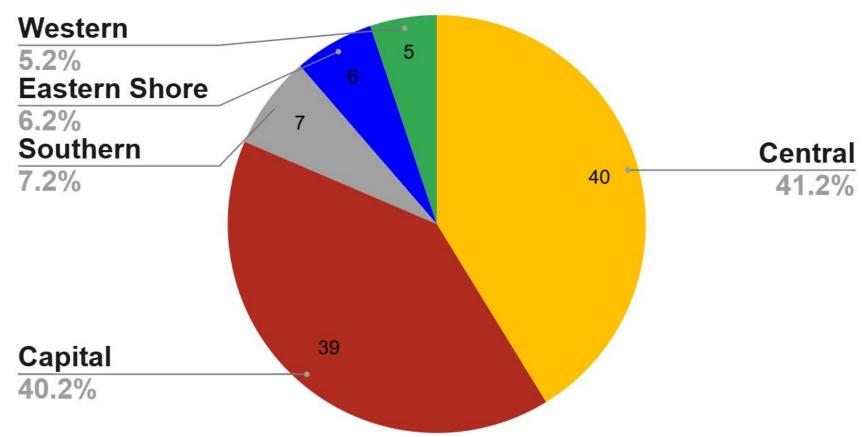
Note: Some MDPCP TINs have sites that are not participating in MDPCP and thus are eligible for PC AHEAD.

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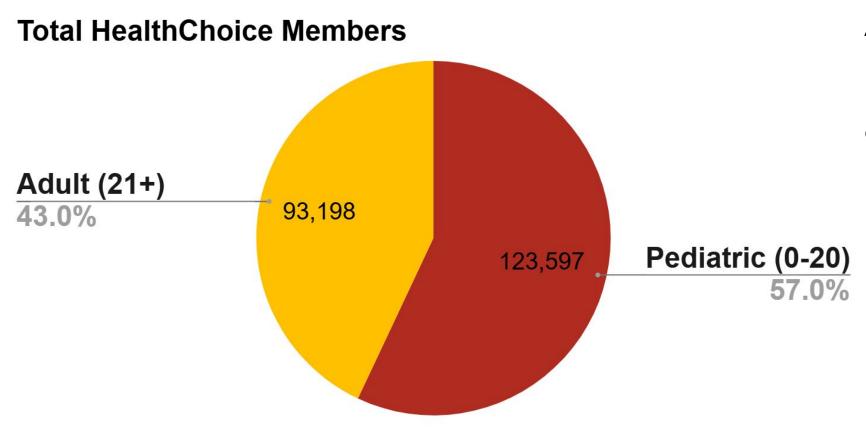
PC AHEAD Site Locations

Site Locations

Western
5.2%

Eastern Shore
6.2%

Southern
7.2%

5

6

7

40

39

Central
41.2%

Capital
40.2%

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Eligible PC AHEAD - Total Medicaid Members

Total HealthChoice Members

Adult (21+)
43.0%
93,198

Pediatric (0-20)
57.0%
123,597

Approximately half of the members and sites are made up of non-MDPCP organizations

216,795

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More Information on PC AHEAD

- **Sept. 16, 3:00 p.m. until 4:00 p.m. CMS Webinar**
- PC AHEAD Maryland Methodology Webinar - registration link .
- Topics will include:
  - The PC AHEAD components and key concepts
  - Financial components of the PC AHEAD methodology for Maryland in 2026 and 2027
  - Next steps for eligible primary care practices
- For reference: PC AHEAD Payment Specifications document

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Medicaid Path - Quality Incentive Program

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2026 Quality Incentive Program

The 2026 Quality Incentive will include four (4) P4P measures calculated from Medicaid claims and encounters and four (4) 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

Proposed - Pending CMS Approval

Calculating Baseline Data

- MDH is in the process of calculating baseline data to set targets for the four claims-based measures:
  - Acute Hospital Utilization (AHU)
  - Emergency Department Utilization (EDU)
  - Child and Adolescent Well Child Visits (WCV)
  - Developmental Screening in the First Three Years of Life (DEV-CH)
- Using historical Medicaid claims and encounter data for HealthChoice members from 2018 to 2024 to calculate the baseline data.
  - Medicaid needs to be the primary payer
  - Dual eligible members are excluded as well as members with other insurance
  - Members need to have Medicaid medical benefit
  - Data will be provided at the TIN-level in line with how care management payments are made.

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Proposed 2026 Target Setting Methodology

High-performance Target

- **Goal**: to incentivize high-performance among participating PCPs.
- **Data source**: Benchmark data will be sourced from statewide data from Medicaid HealthChoice members.
- **Data period**: Baseline data will be 2018-2024 dates of service for claims-based measures using Medicaid data.

Improvement Target

- **Goal**: To also reward PCPs for improvement in their performance.
- **Method**: MDH would set targets in alignment with Medicare's PC AHEAD approach.
- **Example**: Assume the high-performance target for WCV is 90%. Primary care practice A has a Child and Adolescent Well-Care Visits (WCV) rate of 70% in 2024 (baseline).
  - Improvement Percentage: [Benchmark] – [Practice Baseline] * .10 = x
  - Improvement Percentage: (90 - 70)*0.10 = 2%
  - Improvement Target = [Practice Baseline] + [x] =
  - Improvement Target = 70% + 2% = 72%

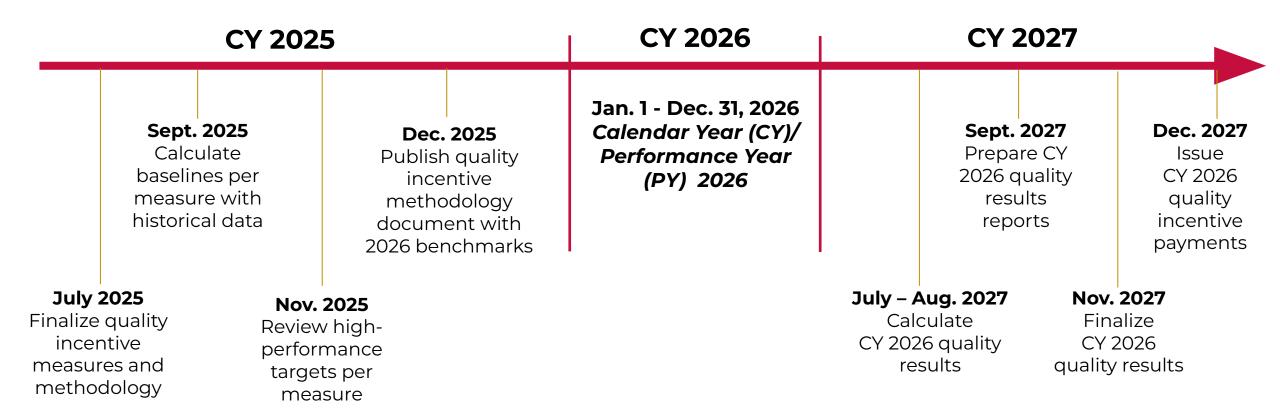*Proposed - Pending CMS Approval*

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For Discussion: Target Setting

If MDH is unable to calculate improvement targets for 2026, how would this change impact your participation in the Medicaid Path under AHEAD?

Would delaying improvement targets to 2027, like PC AHEAD, be a concern?

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2026 Medicaid AHEAD Primary Care Quality Incentive Timeline

CY 2025

CY 2026

CY 2027

Sept. 2025
Calculate baselines per measure with historical data

Dec. 2025
Publish quality incentive methodology document with 2026 benchmarks

Jan. 1 - Dec. 31, 2026
Calendar Year (CY)/ Performance Year (PY) 2026

Sept. 2027
Prepare CY 2026 quality results reports

Dec. 2027
Issue CY 2026 quality incentive payments

July 2025
Finalize quality incentive measures and methodology

Nov. 2025
Review high-performance targets per measure

July – Aug. 2027
Calculate CY 2026 quality results

Nov. 2027
Finalize CY 2026 quality results

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Planning for Future Meetings

Major Topics for Feedback - Fall 2025

Medicaid Path

- Quality incentive methodology and infrastructure
- Care Management and outreach coordination
- 2027 policy design changes (e.g. eligibility for smaller practices)

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Establishing Subgroup #1 - Quality Subcommittee

- **Purpose**:
  - Review and discuss proposed recommendations for the Medicaid quality incentive program design and future alignment.
  - Discuss provider capabilities and requirements in reporting eCQM data for the target population.
- **Participants**: Advisory Council members, CRISP/Hilltop (infrastructure partners)
- **Meeting Cadence**: Twice in Fall 2025, more meetings possible in 2026
- Group will be approximately 10 members

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Establishing Subgroup #2 - Care Management Workgroup

- **Purpose**:
  - Discuss how to streamline responsibilities between Practices and MCOs in the following areas: Outreach, Transitions of care, Longitudinal care management
  - Develop standards and best practices for the Medicaid Path
  - Identify any tools or tech solutions needed
- **Participants**: MCOs, Providers, CRISP/Hilltop (as needed)
- **Meeting Cadence**: Twice in Fall 2025, more meetings possible in 2026
- Group will be approximately 10 members

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Stakeholder Meetings - Fall/Winter 2025

- **9/30:** MDH-MCO AHEAD Primary Care Meeting, 4 - 5 PM

- **11/4:** Quality Subcommittee, 4:30 - 6 PM
- **11/10:** Care Management Workgroup, 4:30 - 6 PM
- **11/18:** AHEAD PC Advisory Council Quarterly Meeting, 4:30 - 6 PM

September   **October**   **November**   **December**

- **10/7:** Quality Subcommittee, 4:30 - 6 PM
- **10/21:** Care Management Workgroup, 4:30 - 6 PM
- **10/28:** MDH-MCO AHEAD Primary Care Meeting, 4 - 5 PM

- **Date TBD:** MDH-MCO AHEAD Primary Care Meeting, 4 - 5 PM
- **Date TBD**: Medicaid Path Provider Townhall

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Upcoming Topics by Group

Quality Subcommittee	Care Management Workgroup	Advisory Council
Quality incentive methodology and infrastructure including member-to-provider attribution, baseline data and targets	**Care Management and outreach coordination**	**2027 policy design changes** (e.g. eligibility for smaller practices)

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Next Steps

- MDH will nominate a small group of Advisory Council members to participate on the Care Management workgroup and a separate group to participate on the Quality Subcommittee
- MDH will also work with the MCOs to identify nominees to participate on the Care Management workgroup.
- If we don't nominate you for this round, we expect that there will be future opportunities

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Advisory Council Bylaws

Overview

The AHEAD Primary Care Advisory Council will advise MDH on the ongoing development and implementation of Maryland's AHEAD Primary Care Programs

Member Responsibilities	Member Commitments	Membership Expertise
- Serve as a source of independent expertise and advice - Attend scheduled meetings - Actively participate - Make recommendations on proposals	2 year terms with one reappointment possible - Council will convene at least four times a year - Meeting will be held virtually and in the evenings.	- Council includes 27 members across 11 categories. - Subgroups will address issues that require select expertise and input to guide MDH program and policy.

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Question & Answers

Wrap Up and Next Steps

Next Advisory Council Meeting

Nov. 18th: 4:30 - 6 PM

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Appendix

Maryland's Vision
Empower all Marylanders to achieve optimal health and well-being.

Ensure High-Value Care

- Align public and private investments towards common population health outcomes
- Enable innovative models across the care continuum
- Constrain all-payer TCOC growth

Improve Access to Care

- Expand and align all-payer advanced primary care
- Support statewide efforts to strengthen the behavioral health care continuum
- Increase all-payer primary care investment

Promote Health Equity

- Elevate community decision-making
- Identify, address, and measure HRSN
- Invest in community capacity building

Accountability

Infrastructure: Data and analytics; Workforce; Health Information Technology; Administrative Simplification

Maryland's Health Equity Plan will: Elevate community voice to define our shared commitment to health. Integrate and align resources across clinical and population health needs. Overcome systemic and structural racial and ethnic health inequities.

AHEAD Requirements for Primary Care

Primary Care Transformation- Behavioral Health, Social Needs, Specialist Coordination

Quality Accountability

Medicaid Focus

Improved Population Health and Health Equity

Alignment with All Payers

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MDH's Vision and Goals for Primary Care AHEAD

VISION

- 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

GOALS

- 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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Design Principles

Leverage Successes of MDPCP
Initial model starts with MDPCP practices with substantial Medicaid mix
(250 or more members from across MCOs)

Medicaid Leads

Ensure multi-payer access - Agreement requires participation in Medicaid Advanced PCP to access Medicare Path

Inclusion of pediatric practices

Simple "Rules"

Administrative simplification to maximize provider participation

Aligned quality measures, payments and data sharing across Medicare/Medicaid

Allow for Growth

Use an incremental approach to allow for growth and innovation

Payment Structure Overview

Medicaid Path	Medicare Path	
Medicaid Advanced Primary Care Program	**PC AHEAD**	**MDPCP AHEAD**
Payment structure: • Enhanced E&M Fees *(All PCPs)* • Care Management Fees • Quality Incentives	**Payment structure:** • FFS billing • Care Management Fees (Enhanced Primary Care Payment) • Quality component	**Payment structure:** • Comprehensive Primary Care Payments (hybrid FFS) • Care Management Fees (includes HEART) • Performance-Based Incentive Payments

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Measures by AHEAD Primary Care Program
(NOTE: Subject to CMS approval)

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
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

Resources

- [PC Advisory Council Members and Bios](#)
- [Maryland's AHEAD Primary Care Programs webpage](#)
- [AHEAD Model Overview](#)
- [Hilltop MDPCP Evaluation, 2019-2022](#)
- [CMS PC-AHEAD Factsheet](#)
- [AHEAD Model Primary Care Town Hall Slide Deck](#)

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