



# **AHEAD Primary Care Advisory Council Meeting**

February 18, 2026

# Agenda

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- Introduction and Roll Call
- Welcome
- Updates on AHEAD Primary Care Programs
- 2027 Eligibility policy for Medicaid Path
- 2026 Quality Incentive Program for Medicaid Path
- MHCC- PC Investment Workgroup Update
- Wrap-Up and Next Steps

# MDH AHEAD Primary Care Team

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

# Roll Call

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Please provide your name, role/position and organization

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

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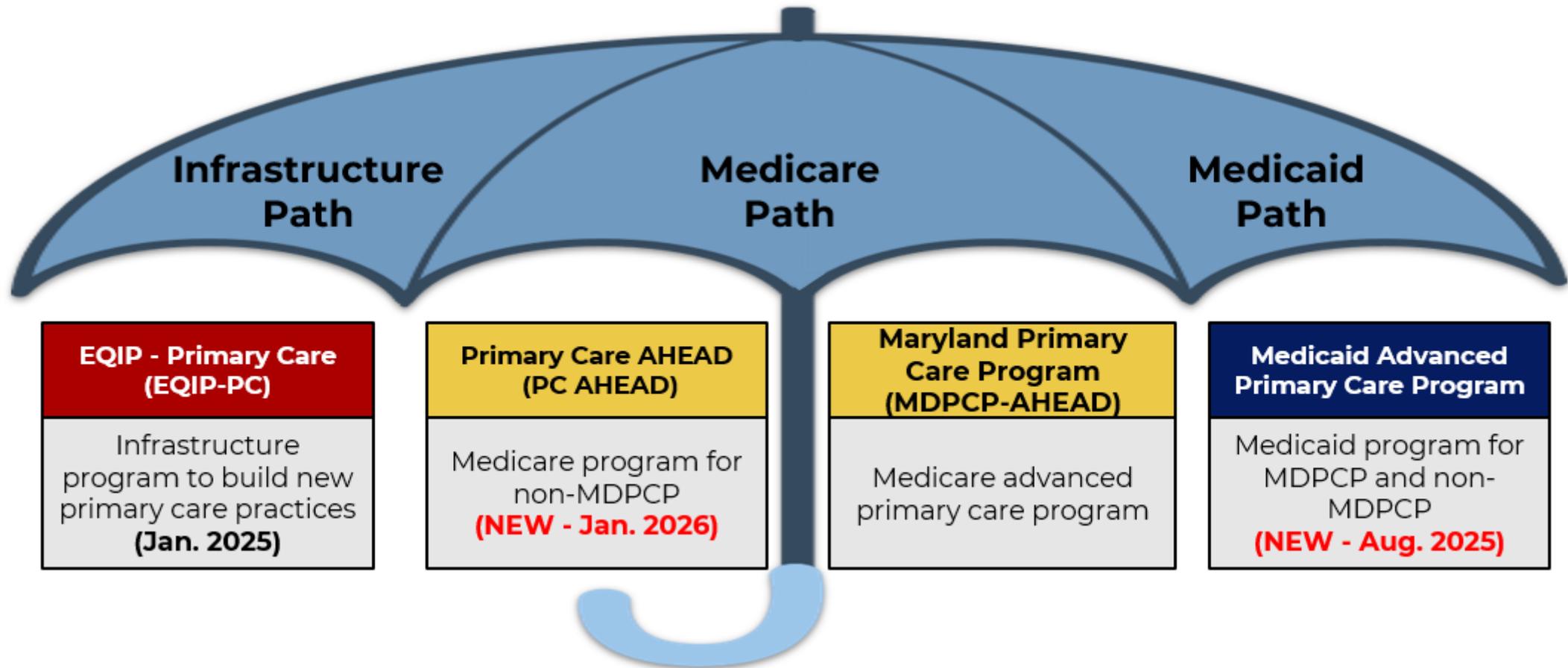
# Welcome

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# Updates on AHEAD Primary Care Programs

# Maryland's AHEAD Primary Care Programs

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# Participation Across Programs

Programs	EQIP-PC	PC AHEAD	MDPCP-AHEAD	Medicaid Advanced PCP
<b>Practices or TINs</b>	11 practices	32 practices	460 practices	200 TINs
<b>Marylanders Served</b>	Projected to provide new access to at least 16,200 Marylanders	~9,700 attributed Medicare FFS benes	~337,000 attributed Medicare FFS benes	~788,000 Medicaid HealthChoice participants

# Medicaid Advanced PCP - Operational Updates

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## Complete

- Released [2026 Program Manual](#) which includes program requirements, reporting and roles and responsibilities for MCOs and practices
- Held Orientation webinar - [Slides](#) & [Recording](#)
- Q1 Payments made to most practices by 1/23/26
  - Additional TINs added late will receive payments in Feb.

## In Progress

- Practice Coaches outreaching to all Medicaid TINs with a focus on organizations brand new to the AHEAD PC programs

## Upcoming

- Feb - Quality Incentive Program Methodology document
- Feb - eCQM reporting capabilities survey
- Mar - Baseline assessment for all TINs
- Feb/Mar - Care Management Subgroup review of technology solutions
- Feb/Mar - Development of MCO contacts directory for Practices

# MDPCP and PC AHEAD - Operational Updates

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## Complete

- Care Transformation Requirements
  - MDPCP AHEAD - All practices subject to T2 Care Transformation Requirements
  - PC AHEAD - to be released soon with Welcome Guide
- Q1 Payments
  - MDPCP and PC AHEAD - CMS paid practices first week of Feb

## In Progress

- PC AHEAD - Welcome materials

## Upcoming

- Mar - annual CTR reporting (MDPCP)
- Apr - annual financial reporting (MDPCP)

# Recruitment for PY 2027

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- There will be an opportunity for eligible primary care practice organizations to join the Medicaid Advanced Primary Care Program for PY 2027
  - Organizations may also be eligible for PC AHEAD and MDPCP-AHEAD
- MDH will facilitate the enrollment process for all of Maryland's advanced primary care programs for PY 2027
- Anticipating that this process will start in Q2 and run through the summer
- More information on eligibility for the different programs will be available in the coming months

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# **2027 Eligibility Policy - Medicaid Advanced Primary Care Program**

# MDH's Vision and Goals for AHEAD Primary Care

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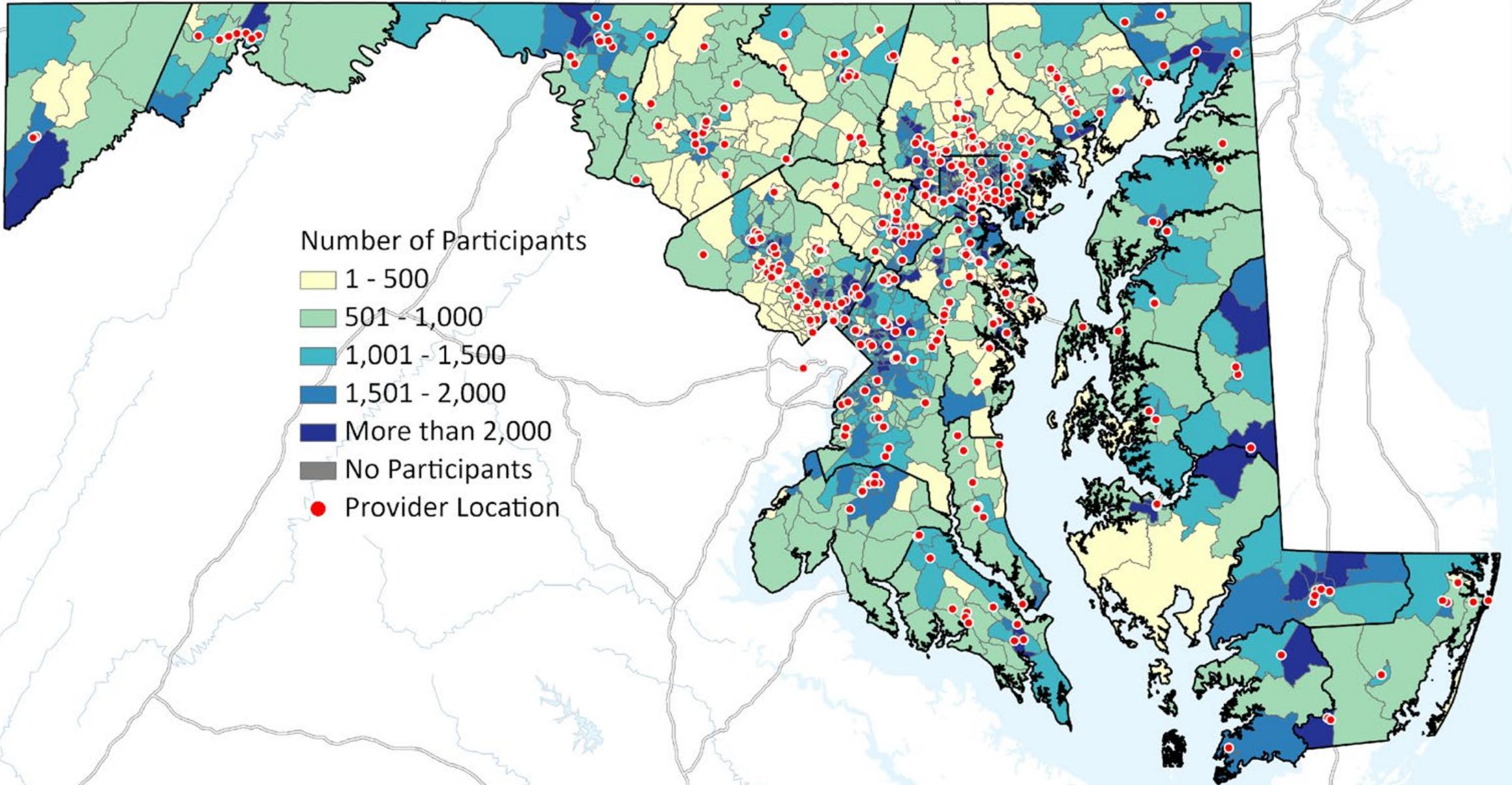
## VISION

- 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.

# All Maryland MDPCP Providers & Counts of All HealthChoice Participants by Census Tract, CY 2023



Provider addresses provided by MDH and geocoded using the Bing Maps API.  
Medicaid participant locations obtained from MMIS.

County of Prince William, Fairfax County, VA, VGIN, Esri, TomTom, Garmin, FAO, NOAA, USGS, EPA, NPS, USFWS

# 2027 Eligibility Policy Background

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- Medicaid participation gate for PC AHEAD begins in 2026; the gate for MDPCP AHEAD starts in 2027.
- Assignment to practices, especially newly entering Medicaid, takes time
- Changing federal landscape will impact Medicaid enrollment in future years (expected increase in churn and decrease in overall coverage)

**Goal:** maintain maximum participation and overall investment in Medicare programs while working to expand access for Medicaid-insured residents in those advanced practices.

# 2027 - Proposed Pathway for MDPCP TINs

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- Eligibility extended to MDPCP TIN organizations with **0-249 HealthChoice members** who have committed to meaningfully engaging Medicaid insured residents in their practices by partnering with MCOs
  - The practices need more time to increase their number of assigned HealthChoice members
- MDPCP TINs with less than 250 members must:
  - Sign a network contract with at least 1 HealthChoice MCO
  - Sign a Medicaid Advanced PCP contract addendum with at least 1 HealthChoice MCO
    - **Practice commits to meeting the same program requirements as all other participants including CTRs and reporting requirements**
- MDH will develop and communicate clear guidelines once policy is finalized.

# Practical Implications

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- **TINs with 1-249 assignment**

- Payments - will receive CMFs starting in Q1 2027 for assigned members for MCOs that they have signed a Medicaid Path contract addendum
- Quality -
  - Claims-based measures assessed on an individual basis and based on attribution, not assignment.
  - May only be eligible for eCQM P4R measures (all-payer) in 2027 due to small denominators.
- Reporting - CTRs, CRISP Requirements, eCQMs

- **TINS with 0 assignment**

- Payments - eligible to receive CMFs starting with Q1 2027, depends on members being assigned on a quarterly basis.
- Quality - May only be eligible for eCQM P4R measures (all-payer) in 2027 due to small denominators.
- Reporting - CTR , CRISP Requirements (as applicable), eCQMs

# Eligibility Policy Timeline by Year

2026	2027	2028 and beyond
<p><u>Eligibility Threshold</u> 250 members per TIN</p>	<p><u>Eligibility Threshold</u></p> <ul style="list-style-type: none"><li>• All MDPCP TINs eligible</li><li>• 250 threshold for non-MDPCP TINs</li></ul>	<p><u>Eligibility Threshold</u></p> <p>TBD</p>

The 2027 policy will serve as a bridge year to a long-term policy starting with 2028.

# Timeline At-A-Glance

Date	Action
Dec	Review and draft policy options
Jan	Draft 2027 eligibility policy
Feb	Discuss policy change with Advisory Council
Feb	Review policy change with MCOs
Mar	MDH finalizes PY 2027 eligibility policy and communicates broadly
Apr	MCOs send assignment data to Hilltop (as of Mar 2026)
May	MDH receives eligible TIN list from Hilltop
May - July	2027 enrollment period
Aug	Deadline for MDH to submit eligible PC AHEAD/MDPCP list to CMMI

# Discussion

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- Any major concerns about this approach for 2027?
- Any considerations to keep in mind for 2028 and beyond?

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# 2026 Quality Incentive Program Update

# 2026 Quality Incentive Update

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- Medicaid Advanced Primary Care Program 2026 Quality Incentive Program: Jan. 1 – Dec. 31, 2026.
- MDH shared each Medicaid Advanced Primary Care Program participating organization's baseline data per measure via CRISP in January 2026.
- Medicaid Advanced Primary Care Program participating organizations can earn a quality incentive of \$1 PMPM for:
  - Meeting targets on pay-for-performance (P4P) measures and
  - Reporting eCQM pay-for-reporting (P4R) measures.
- Each measure in the quality incentive program has a separate weight.
- Collectively, weights are distributed 50-50:
  - P4R Measures = \$0.50 PMPM.
  - P4P Measures = \$0.50 PMPM.

# 2026 Quality Incentive Measures and Weights - Practice that Serves Adults and Children

Population	Domain	Measure Name	Data Source	PY 2026	Measure Weight	Quality Incentive of \$1 PMPM
Adults	Healthcare Utilization	Emergency Department Utilization (EDU)	Claims	P4P	12.5%	\$0.125 PMPM
Adults	Healthcare Utilization	Acute Hospital Utilization (AHU)	Claims	P4P	12.5%	\$0.125 PMPM
Children	Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits	Claims	P4P	12.5%	\$0.125 PMPM
Children	Primary Care Access and Preventive Care	Developmental Screening in the First Three Years of Life (DEV-CH)	Claims	P4P	12.5%	\$0.125 PMPM
Adults	Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	eCQMs	P4R	12.5%	\$0.125 PMPM
Adults	Chronic Conditions	Controlling High Blood Pressure	eCQMs	P4R	12.5%	\$0.125 PMPM
Adults	Prevention & Wellness	Colorectal Cancer Screening	eCQMs	P4R	12.5%	\$0.125 PMPM
Children and Adults	Behavioral Health (BH)	Screening for Depression and Follow-Up Plan: Ages 12 to 64	eCQMs	P4R	12.5%	\$0.125 PMPM

# 2026 Quality Incentive Measures and Weights - Practice that Serves Children only

Population	Domain	Measure Name	Data Source	PY 2026	Measure Weight	Quality Incentive of \$1 PMPM
Children	Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits	Claims	P4P	25%	\$0.25 PMPM
Children	Primary Care Access and Preventive Care	Developmental Screening in the First Three Years of Life (DEV-CH)	Claims	P4P	25%	\$0.25 PMPM
Children and Adults	Behavioral Health (BH)	Screening for Depression and Follow-Up Plan: Ages 12 to 64	eCQMs	P4R	50%	\$0.50 PMPM

# 2026 Quality Incentive Measures and Weights - Practice that Serves Adults only

Population	Domain	Measure Name	Data Source	PY 2026	Measure Weight	Quality Incentive of \$1 PMPM
Adults	Healthcare Utilization	Emergency Department Utilization (EDU)	Claims	P4P	25%	\$0.25 PMPM
Adults	Healthcare Utilization	Acute Hospital Utilization (AHU)	Claims	P4P	25%	\$0.25 PMPM
Adults	Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	eCQMs	P4R	12.5%	\$0.125 PMPM
Adults	Chronic Conditions	Controlling High Blood Pressure	eCQMs	P4R	12.5%	\$0.125 PMPM
Adults	Prevention & Wellness	Colorectal Cancer Screening	eCQMs	P4R	12.5%	\$0.125 PMPM
Adults	Behavioral Health (BH)	Screening for Depression and Follow-Up Plan	eCQMs	P4R	12.5%	\$0.125 PMPM

# 2026 P4P Targets for Claims-based Measures

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- Medicaid Advanced Primary Care Program participating organizations have two types of P4P targets:
  - **High-performance targets** – same target per measure for all practices.
  - **Improvement targets** – practice-specific target per measure.
- Medicaid Advanced Primary Care Program participating organizations can meet **either** the high-performance or the improvement target per measure to earn the quality incentive.
- **High-performance targets** - discussed in November 2025.
- **Improvement targets** - will be set using Medicare PC AHEAD methodology and will be shared with Medicaid Advanced Primary Care Program participating organizations in March 2026.

# PY2026 High-performance Targets for P4P Measures

Population	Domain	Measure Name	Data Source	2024 Statewide Performance	PY2026 Performance Level Target
Adults	Healthcare Utilization	Emergency Department Utilization (EDU) *	Claims	0.81	0.81
Adults	Healthcare Utilization	Acute Hospital Utilization (AHU) *	Claims	1.01	1.01
Children	Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits (WCV)	Claims	59.2%	59.9%
Children	Primary Care Access and Preventive Care	Developmental Screening in the First Three Years of Life (DEV-CH)	Claims	59.1%	59.7%

\*This is an inverse measure. A lower number is better.



# Next Steps

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**February 2026** – Publish the 2026 Quality Incentive Methodology document online for Medicaid Advanced Primary Care Program participating organizations.



**March 2026** – Share 2026 TIN-specific improvement targets with each participating organization via CRISP.

# 2026 Medicaid Quality Incentive Program Timeline

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## CY 2026

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

## CY 2027

- **March 2027:** Submit CY 2026 eCQM results in CRISP.
- **July – Aug. 2027:** Calculate CY 2026 quality results.
- **Sept. 2027:** Prepare CY 2026 quality results reports.
- **Nov. 2027:** Finalize CY 2026 quality results.
- **Dec. 2027:** Issue CY 2026 quality incentive payments.

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# MHCC- PC Investment Workgroup Update

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# Wrap Up and Next Steps

# Wrap Up

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## Upcoming Meetings:

**Care Management Workgroup Meeting**

**3/10/26**

**Advisory Council Meeting**

**Q2 - date TBD**

**Quality Subcommittee Meeting**

**Mar/April - date TBD**

# Resources and Learning Opportunities

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- MDPCP-AHEAD
  - [Office Hour](#) on Thursday, Feb. 19 from noon to 1:00 p.m.
  - [HEART Payment User Group](#) on Tuesday, Mar. 17 from noon to 1:00 p.m.
- Medicaid Advanced Primary Care Program
  - [Program Manual](#)
  - [Office Hour](#) on Tuesday, Mar. 3 from 5:00 p.m. to 6:00 p.m.
  - [Medicaid Advanced PCP Orientation Webinar](#) (recording)
  - Quality Incentive Methodology
- PC AHEAD
  - Welcome Guide coming soon

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# Appendix

# Aligned Quality Measures

Target Population	Measure Domain	Measure Title	Data Source	Medicaid Payment Arrangement	PHIP
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	X
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	eQMs through CRISP	P4R	
Adults	Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) (CDC-HbA1c Poor Control)	eQMs through CRISP	P4R	X
Adults	Chronic Conditions	Controlling High Blood Pressure (CBP)	eQMs through CRISP	P4R	X
Adults	Prevention & Wellness	Colorectal Cancer Screening	eQMs through CRISP	P4R	X

Notes: P4P = pay-for-performance; P4R = pay-for reporting

# Measures by AHEAD Primary Care Program

Target Population	Measure Domain	Measure Title	Measure Identifier	Data Source	Medicaid Payment Arrangement	PC AHEAD	MDPCP AHEAD	Medicaid
Adults	Healthcare Utilization	<b>Emergency Department Utilization (EDU)</b>	CMIT 234	Claims	P4P	X	X	X
Adults	Healthcare Utilization	<b>Acute Hospital Utilization (AHU)</b>	CMIT 14	Claims	P4P	X	X	X
Children	Primary Care Access and Preventive Care	<b>Child and Adolescent Well-Care Visits (WCV)</b>	CMIT 24	Claims	P4P			X
Children	Primary Care Access and Preventive Care	<b>Developmental Screening in the First Three Years of Life (DEV-CH)</b>	CMIT 1003	Claims	P4P			X
Children and Adults	Behavioral Health (BH)	<b>Screening for Depression and Follow-Up Plan (CDF-CF and AD): Ages 12 to 64</b>	CMIT 672	eQMs through CRISP	P4R	X	X	X
Adults	Chronic Conditions	<b>Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (&gt;9.0%) (CDC-HbA1c Poor Control)</b>	CMIT 204	eQMs through CRISP	P4R	X	X	X
Adults	Chronic Conditions	<b>Controlling High Blood Pressure (CBP)</b>	CMIT 167	eQMs through CRISP	P4R		X	X
Adults	Prevention & Wellness	<b>Colorectal Cancer Screening</b>	CMIT 139	eQMs through CRISP	P4R	X		X

# Additional Resources

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- [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](#)
- [2025 "State of the AHEAD Primary Care Programs" All-Call \(12/16/25\)](#)
- [PY 2026 Medicaid Path Program Manual](#)