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AHEAD Primary Care Advisory Council Meeting

July 16, 2025

Agenda

- Welcome and Introductions
- General Update on Programs and Recruiting
- Medicaid Path: Care Transformation Requirements
- Medicaid Path: Quality Incentive Methodology
- Wrap-Up and Next Steps

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MDH AHEAD Primary Care Work Group

- **Dr. Djinge Lindsay** - Chief Medical Officer
- **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
- **Laura Goodman** - Deputy Director, Medicaid Office of Innovation, Research and Development (IRD)
- **Sharon Neely** - Division Chief, Delivery Service Reform, IRD
- **Edouard Niyonshuti** - Health Policy Analyst, IRD
- **Mitzi Melendez-Prodoehl** - Mathematica
- **Thomas Weaver** - Project Manager, MDH

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Welcome to Senator Pamela Beidle

- Senator representing District 32
- Served on the Anne Arundel City Council from 1998 - 2006, and in the House of Delegates from 2006 - 2019
- Chair of the Finance Committee
- Previously served as the Chair of the Executive Nominations Committee
- Served as a member of the Environment and Transportation Committee where she chaired the Motor Vehicle and Transportation Policy sub-committee
- Also served on the Joint Audit Committee, the Maryland Tourism Development Council

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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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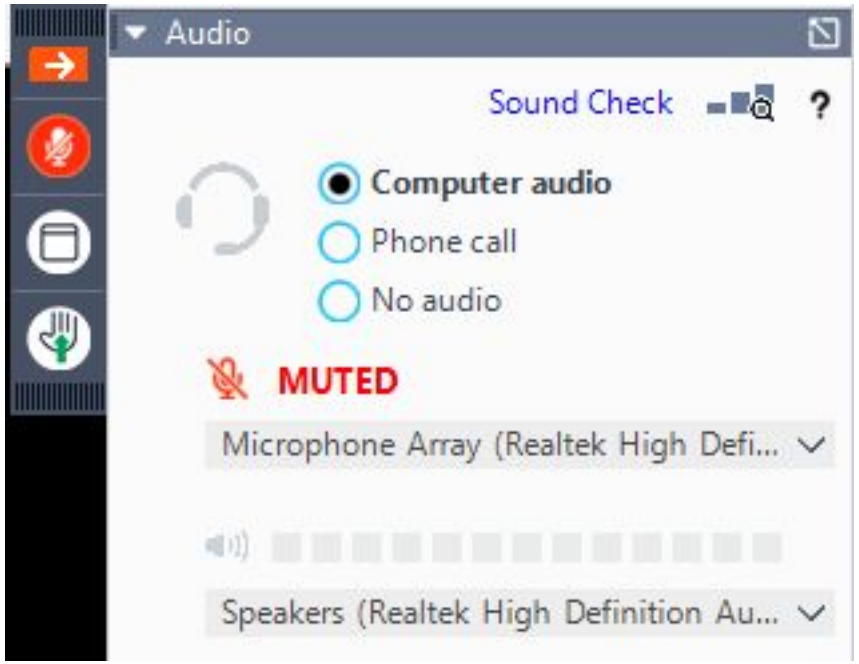
Platform Logistics

- 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: please use the “raise hand” for discussion
- 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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Update on Programs and Recruiting

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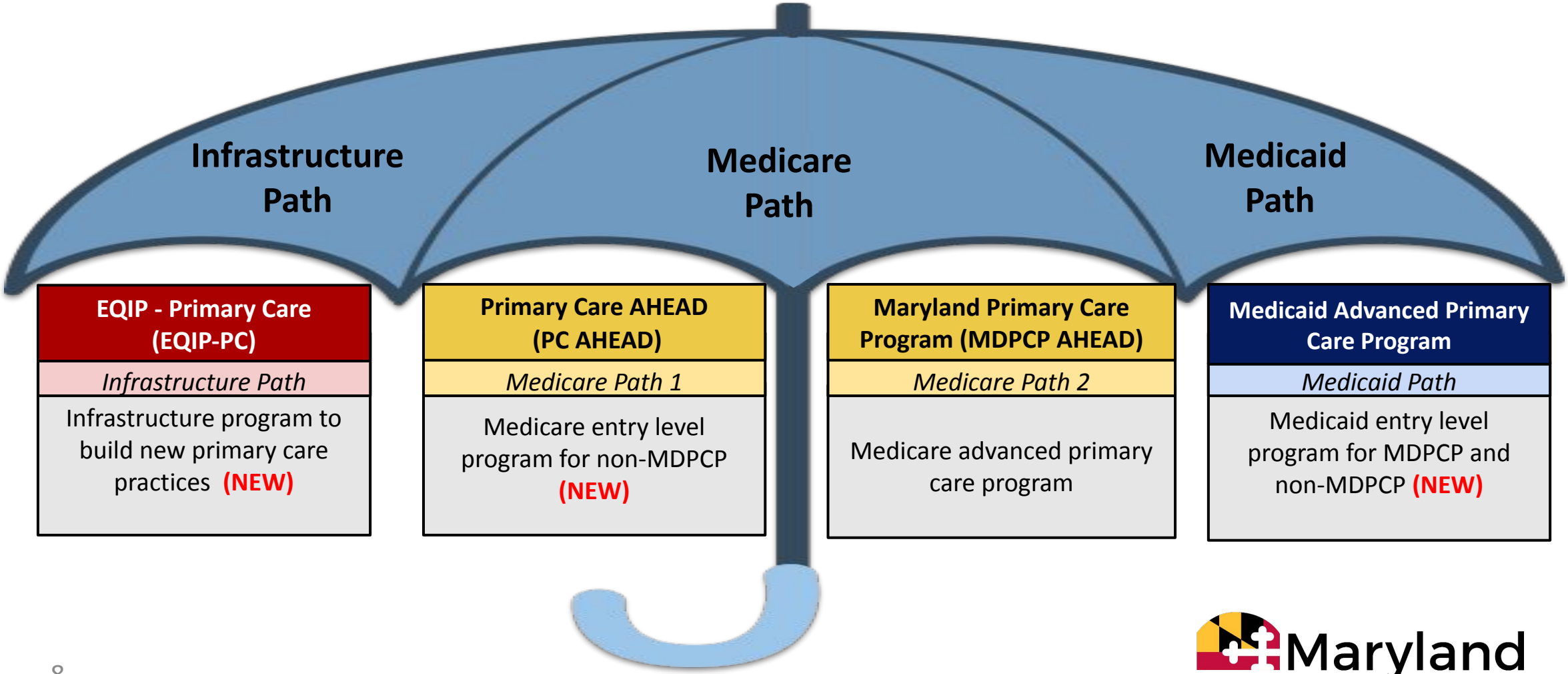
Maryland's AHEAD Primary Care Programs



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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Three Paths Available

Medicaid Path

Medicaid Advanced Primary Care Program aka *"Medicaid Path"*
Begins 8/1/25

*Requirement to co-participate starts **2026***

*Requirement to co-participate starts **2027***

Medicare Path

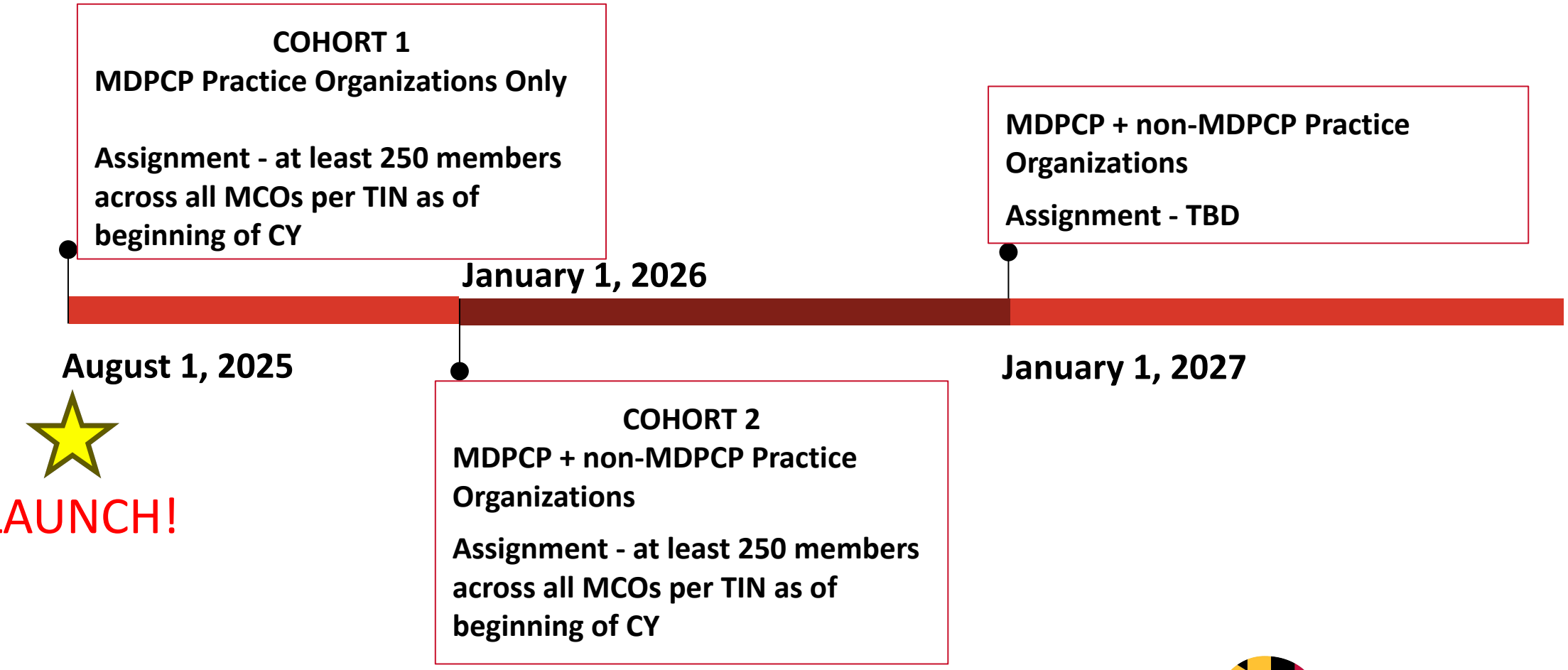
PC AHEAD- *"Medicare Path 1"*
Begins 1/1/26

MDPCP AHEAD- *"Medicare Path 2"*
Continuation of MDPCP Track 2

Infrastructure Path

EQIP-Primary Care - *Funding to establish new or expanded primary care practices in underserved areas (11 participants)*
2025-2027

Medicaid Path Eligibility



Note: Participation in the Medicaid Path is voluntary

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Medicaid Path Recruiting

- **Cohort 1 (8/1/25 start):** MCOs contracted with eligible MDPCP TINs for 8/1/25 start - COMPLETE!
  - 94 TINS, 256 MDPCP practices, 368,000 assigned members
- **Cohort 2 (1/1/26 start):** MCOs recruiting and signing contracts for 1/1/26 start of Medicaid Path - ONGOING!
  - Includes MDPCP and non-MDPCP TINs with 250+ members across all MCOs
  - Interested Non-MDPCP TINs completed the State Vetting Application
    - 81 TINs, 260,855 assigned members

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Key Recruiting and Program Dates

- **July 11, 2025**: **Cohort 2** vetting window closed (for non-MDPCP practices)
- **August 1, 2025**: Program Launch - **Cohort 1**!
- **August 8, 2025**: **Cohort 2** contracting templates due to Hilltop
- **August 8, 2025**: Deadline for non-MDPCP practice site locations under MDPCP TINs to indicate interest in PC AHEAD (new Federal Medicare path)
- **August 31, 2025**: **PC AHEAD eligible** list due to CMMI (from MDH) - Cohort 2 eligibility contracted list + non-MDPCP practice site locations under MDPCP TINS
- **Late August**: Care Management Fees are distributed to **Cohort 1**
- **August/September**: CMS anticipates sharing more detail on PC AHEAD
- **Fall 2025** - Additional education and program documentation

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Other Design Updates

Payments approved by CMS through December 2025

- Evaluation and Management: Increase to 103 percent of Medicare for PCPs
- Care Management Fee: $2 per member, per month (PMPM)

CTOs

- No formal participation requirement or payment for CTOs in Medicaid Path for 2026
- CTOs may develop their own arrangements for Medicaid and PC AHEAD practices

Medicaid Path: Care Transformation Requirements

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Care Management Fees

- PMPM payment for participating practice organizations
  - **Flat fee** of **$2 PMPM**
  - **Assigned Members** - Calculated and paid for eligible HealthChoice members assigned to a TIN for practices that opt to participate, per MCO
  - **Paid and updated quarterly** in alignment with MDPCP schedule (January, April, July, October)
- Utilized to provide advanced primary care, Care Transformation Requirements

Care Transformation Requirements - August 2025

Initial requirements for August - December 2025

1. **Multi-Payer Platform Access (CRISP)**
   a. Set up access and attend orientation webinars.
2. **MCO Assignment List**
   a. Pull your MCO assignment list from CRISP on a quarterly basis;
   b. Upload the list as a panel within the CRISP Multi-Payer Reports Platform.
3. **Outreach**
   a. Develop workflows and begin to conduct outreach to assigned Medicaid participants who have never been seen at your practice.
4. **CRISP Event Notification Delivery (CEND)**
   a. Submit or update CEND panels every 90 days that include your Medicaid assigned participants;
   b. Implement protocols for supporting post-hospitalization or ED discharge transitions of care for assigned Medicaid members.

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Care Transformation Requirements - January 2026

CMMI Requirements for January 1, 2026

1. Program Eligibility
2. Primary Care Clinical Standards
3. **Primary Care Coordination Standards**
4. **Health Promotion Activity Coordination**
5. **Behavioral Health Integration**
6. **Specialty Care Coordination**
7. Performance Accountability
8. Enhanced Primary Care Payment
9. Program Implementation

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Advanced Primary Care Function	#	Care Transformation Requirement (Abbreviated)	MDPCP	Medicaid	
Access and Continuity	1.1	Empanelment	☑	☐	*Note: Medicaid will be based on PCP assignment*
	1.2	24/7 access	☑	☑	
	1.4	At least one alternative care strategy (includes same or next-day appointments, telehealth, patient portal, after hours or weekend visit)	☑	☑	
Care Management	2.1	Risk stratification	☑	☐	*Note: review Pre-AH risk stratification for Medicaid (listed in CRISP requirements)*
	2.2a	Provide longitudinal care management for high and rising risk benes	☑	☑	*Note: Medicaid care management is for required care management populations (see upcoming slides)*
	2.2b	Provide transitional care management	☑	☑	
	2.3	Care planning for beneficiaries in longitudinal care management	☑	☑	
	2.5	Follow up within 2 business days post hospital discharge and within 1 week post ED discharge (50% threshold)	☑	☑	
	2.6	Comprehensive medication management	☑	☐	*Optional for Medicaid*

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Proposed Care Transformation Requirements - January 2026

Advanced Primary Care Function	CTR #	Care Transformation Requirement
Access and Continuity	1.1	Empanelment of Medicaid participants to a provider using 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 2 business days post hospital discharge and within 1 week post ED discharge (50% threshold)

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Proposed Care Transformation Requirements - January 2026

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	Health-related social needs screening and linkages
Pediatrics Requirements	6.1	Newborn appointment availability
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

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Proposed CRISP Requirements - January 2026

Advanced Primary Care Function	CTR #	Care Transformation Requirement
CRISP Requirements	C.1	Submit CRISP Event Notification Delivery (CEND) panel every 90 days
CRISP Requirements	C.2	Pull MCO assignment list 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

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Medicaid Path: Multi-Payer Reporting Suite

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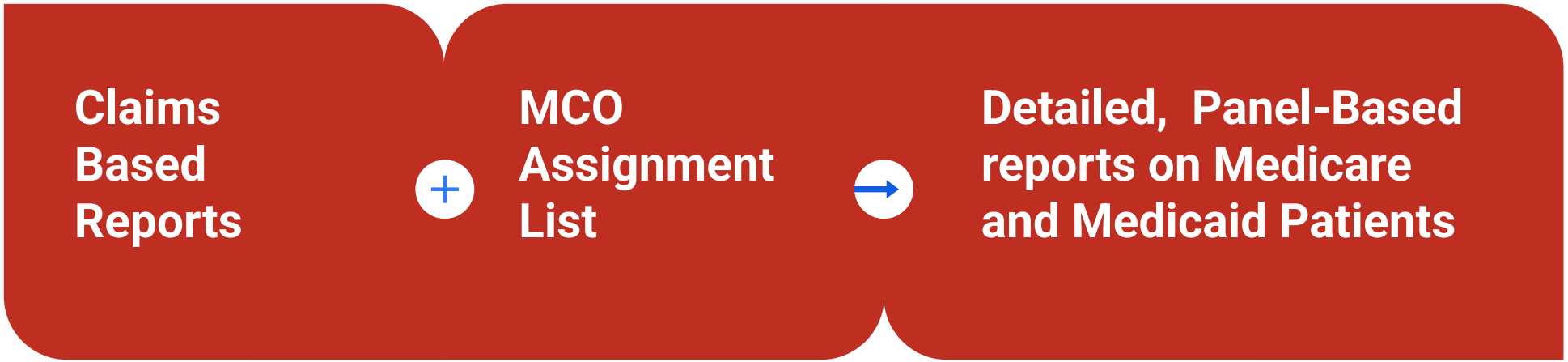
Multi-Payer Data Infrastructure to Support CTRs



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

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Multi-Payer Reporting Suite

#1 - Claims-based Reports

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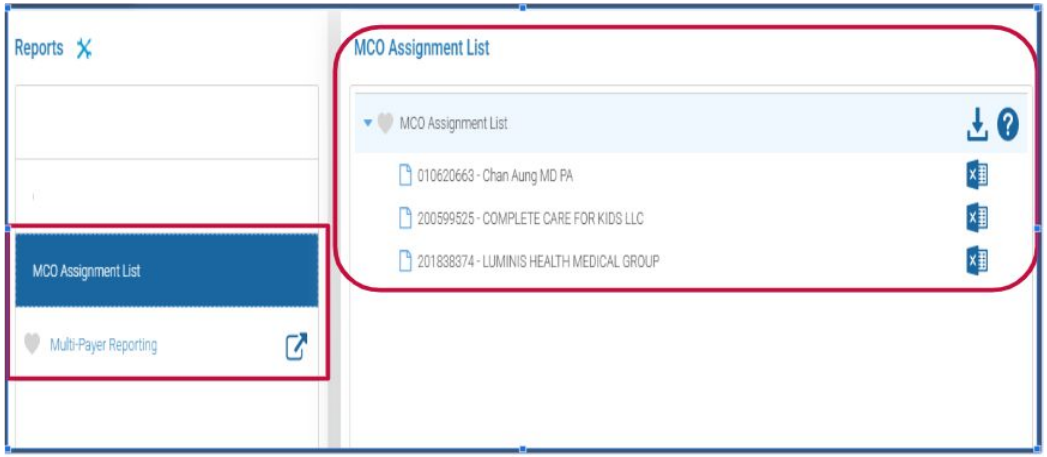
Medicaid Path: MCO Assignment List

#2 - HealthChoice members Assignment List

- Official accounting of all HealthChoice participants for whom it is responsible for providing advanced primary care under the Medicaid Path.
- Includes assigned Primary Care Provider for each participant within the TIN.
- Updated quarterly in alignment with payments
- TINs can then submit their list as a panel to CRISP, which then allows practice to see all of the claims-based reports

The quarterly MCO assignment lists present primary care providers' assigned participants.

In Multi-Payer reporting, the patient navigator report features participant data including the care management flag.



Multi-Payer Training Series in July

Two-Part Training on Multi-Payer Reporting Suite for Medicaid Path Participants

- CRISP is offering a comprehensive two-part training series to introduce new resources dedicated to MAPCP participants and demonstrate how the Multi-Payer Reporting Suite (MPR) can be leveraged to support advanced primary care under this program.
- 2 part series:
  - **Overview of Tools** - July 22 from 12:00 - 1:00 PM
  - **Deep Dive** - July 29 from 12:00 - 1:30 PM

Registration link for both sessions

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Quality Incentive Methodology

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Agenda

- Overview of Feedback from May 28 Primary Care Advisory Council
- 2026 Medicaid AHEAD Primary Care Quality Incentive Program
  - Payment mechanisms
  - Measures
  - Target setting methodology
  - Measure weights
  - Future meeting topics
  - 2026 quality incentive timeline

Feedback on PC Advisory Council on Quality Incentive Methodology (1/2)

Quality Measures

- MCO support to engage pediatric patients in annual visits
- Real-time ED and hospital utilization info to support preventing avoidable utilization
- Concerns related to limited IT capabilities to report Medicaid-specific eCQMs to CRISP

Target Setting and Measure Weights

- Fixed targets and improvement targets
- Reward practices for maintaining their performance over time
- Don’t set benchmarks for the first year too high (could discourage practices from joining the model)
- Divided opinions on each measure having equal weight vs. specific measures having a higher weight in the incentive methodology

Feedback on PC Advisory Council on Quality Incentive Methodology (2/2)

Member-to-Provider Attribution Methodology

- Members should have the ability to choose their primary care provider.
- Work with MCOs to inform members of their choices.

Other Topics

- MCOs should be engaged to align MCOs' outreach efforts and care management practices with PC AHEAD.
- PCPs would benefit from learning collaboratives to share best practices
- Consider providing technical assistance to engage with EHR vendors for eCQM reporting.
- CRISP should be engaged to discuss eCQM submission, dashboards, and real-time information sharing with hospitals.

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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:

Pay-for-reporting (P4R)

- MDH will provide incentives to participating primary care providers (PCPs) for reporting specific quality measures in a predetermined time-frame and through the designated data submission vehicle.
- This mechanism does not require participating practices to meet specific performance targets; it just requires practices to report their performance measures to MDH.

Pay-for-performance (P4P)

- MDH will identify performance measures that align with their priorities, set targets for those measures, and award financial incentives to participating PCPs that meet or exceed those targets.

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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

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2026 Target Setting Methodology

High-performance Target

- To incentivize high-performance among participating PCPs.
- Benchmark data will be sourced from:
  - Statewide data from AHEAD participating practices.
- Baseline data will be 2024 dates of service for claims-based measures using Medicaid data.
- AHEAD program year one (PY1), 2026, data will be used to set benchmarks for PY3 (2028).

Improvement Target

- To also reward PCPs for improvement in their performance.
- MDH would set targets using a closing the gap (CTG) approach.
  - For example, primary care practice A has a Child and Adolescent Well-Care Visits (WCV) rate of 70% in 2024 (baseline).
    - Gap = 100% - 70% = 30%
    - 10% CTG = 30% - 3% = 27%
    - 10% Improvement Target for primary care practice A = 100% - 27% = 73%

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Measure Weights Principles

- Each measure will have the same weight, same as in Medicare PC AHEAD.
- P4P measures should each have the same weight and P4R measures should weigh 50% of one P4P measure.
- Performance per measure is independent of each other.

2026 Measure Weights - PCPs Serving Children and Adults

Formula for identifying weights and quality incentive amount per measure

- Formula for weights per measure: # of P4P measures + (# of P4R measures/2) = 1
- 4 P4P Measures + (4 P4R Measures/2) = 1; each P4P measure has a weight of 1/6 or 16.67%

# of Measures	Population	Domain	Measure Name	Incentive Type	Weights
1	Adults	Healthcare Utilization	Emergency Department Utilization (EDU)	P4P	16.67%
2	Adults	Healthcare Utilization	Acute Hospital Utilization (AHU)	P4P	16.67%
3	Children	Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits (WCV)	P4P	16.67%
4	Children	Primary Care Access and Preventive Care	Developmental Screening in the First Three Years of Life (DEV-CH)	P4P	16.67%
5	Children and Adults	Behavioral Health (BH)	Screening for Depression and Follow-Up Plan (CDF-CF and AD): Ages 12 to 64	P4R	8.33%
6	Adults	Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) (CDC-HbA1c Poor Control)	P4R	8.33%
7	Adults	Chronic Conditions	Controlling High Blood Pressure (CBP)	P4R	8.33%
8	Adults	Prevention & Wellness	Colorectal Cancer Screening (COL)	P4R	8.33%

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2026 Measure Weights - PCPs Serving Adults

Formula for identifying weights and quality incentive amount per measure

- Formula for weights per measure: # of P4P measures + (# of P4R measures/2) = 1
- 2 P4P Measures + (4 P4R Measures/2) = 1; each P4P measure has a weight of 1/4 or 25%

# of Measures	Population	Domain	Measure Name	Incentive Type	Weights
1	Adults	Healthcare Utilization	Emergency Department Utilization (EDU)	P4P	25%
2	Adults	Healthcare Utilization	Acute Hospital Utilization (AHU)	P4P	25%
3	Adults	Behavioral Health (BH)	Screening for Depression and Follow-Up Plan (CDF-CF and AD): Ages 12 to 64	P4R	12.5%
4	Adults	Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) (CDC-HbA1c Poor Control)	P4R	12.5%
5	Adults	Chronic Conditions	Controlling High Blood Pressure (CBP)	P4R	12.5%
6	Adults	Prevention & Wellness	Colorectal Cancer Screening (COL)	P4R	12.5%

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2026 Measure Weights - PCPs Serving Children

Formula for identifying weights and quality incentive amount per measure

- Formula for weights per measure: # of P4P measures + (# of P4R measures/2) = 1
- 2 P4P Measures + (1 P4R Measures/2) = 1; each P4P measure has a weight of 2/5 or 40%

# of Measures	Population	Domain	Measure Name	Incentive Type	Weights
1	Children	Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits (WCV)	P4P	40%
2	Children	Primary Care Access and Preventive Care	Developmental Screening in the First Three Years of Life (DEV-CH)	P4P	40%
3	Children	Behavioral Health (BH)	Screening for Depression and Follow-Up Plan (CDF-CF and AD): Ages 12 to 64	P4R	20%

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2026 Baseline Calculation

- To set 2026 P4P targets, MDH will use Medicaid claims and encounter data for 2024 dates of service as the baseline data to develop prospective benchmarks which will be calculated using:
  - Accepted claims and encounters received in the Medicaid data warehouse as of June 30, 2025 will be included.
  - Medicaid needs to be the primary payer; claims/encounters where Medicaid is secondary or tertiary payer would be excluded.
  - Data for members that maintained their Medicaid-eligibility continuously for 11 months out of the year and were Medicaid eligible on Dec. 31, 2024.
  - Data will be provided at the TIN-level in line with how care management payments are made.
  - Afterwards, MDH will follow measure specifications to calculate the claims-based baseline data.
- MDH will discuss the member-to-provider attribution process for calculating the 2026 P4P results in future Primary Care Advisory Council meetings.

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Quality Topics for Future Meetings

- 2026 Quality Incentive
  - Discuss member-to-provider attribution for 2026 quality measures
  - Review the 2026 quality incentive guide for participating practices
  - Share the 2026 quality incentive high-performance and improvement targets
- MCOs
  - Engage MCOs to support participating PCPs in meeting the Medicaid Advanced Primary Care Program quality incentive program goals
- eCQMs
  - Discuss PCPs' eCQM reporting capabilities and potential EHR vendor support
  - Walk through the 2026 eCQM submission process
- Other
  - Talk about potential enhancements to PCP reports to support AHEAD
  - Identify additional support PCPs may need to be successful in the Medicaid AHEAD Primary Care quality incentive program

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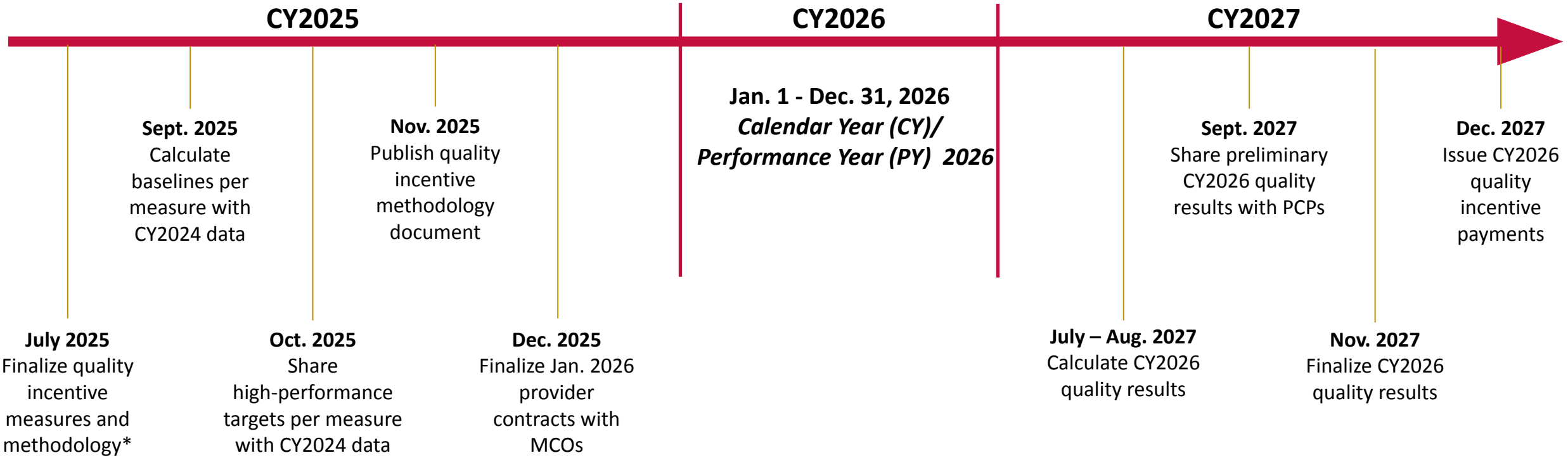
2026 Medicaid AHEAD Primary Care Quality Incentive Timeline



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Questions?

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Wrap up and Next Steps

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Future Agenda

Upcoming and future topics:

- Council bylaws
- Medicaid care transformation requirements and coordination with MCOs
- Medicaid Performance measure methodology
- Digital quality measures transition planning
- 2027 Medicaid design updates

Upcoming Provider Town Hall

Appendix

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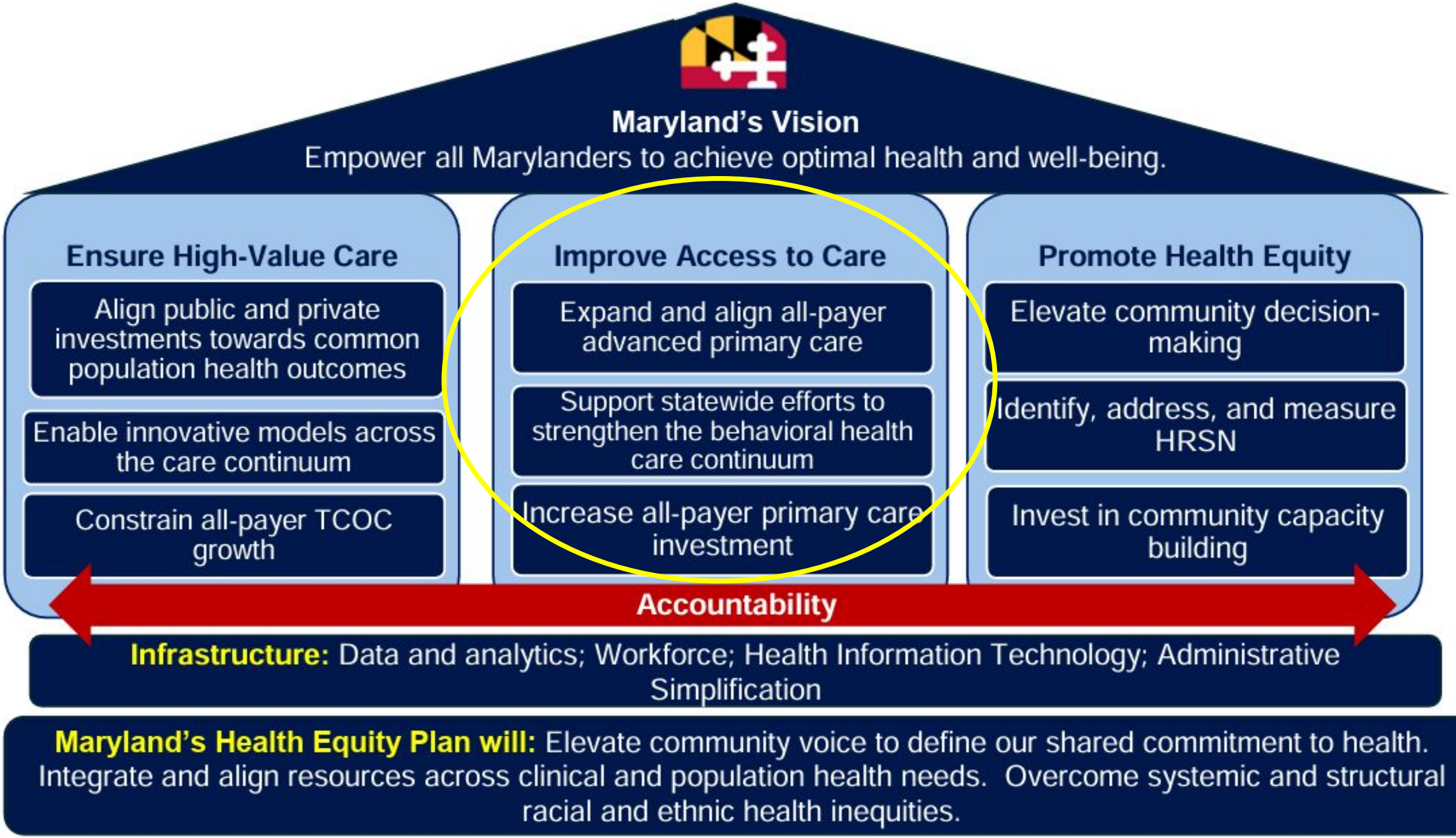
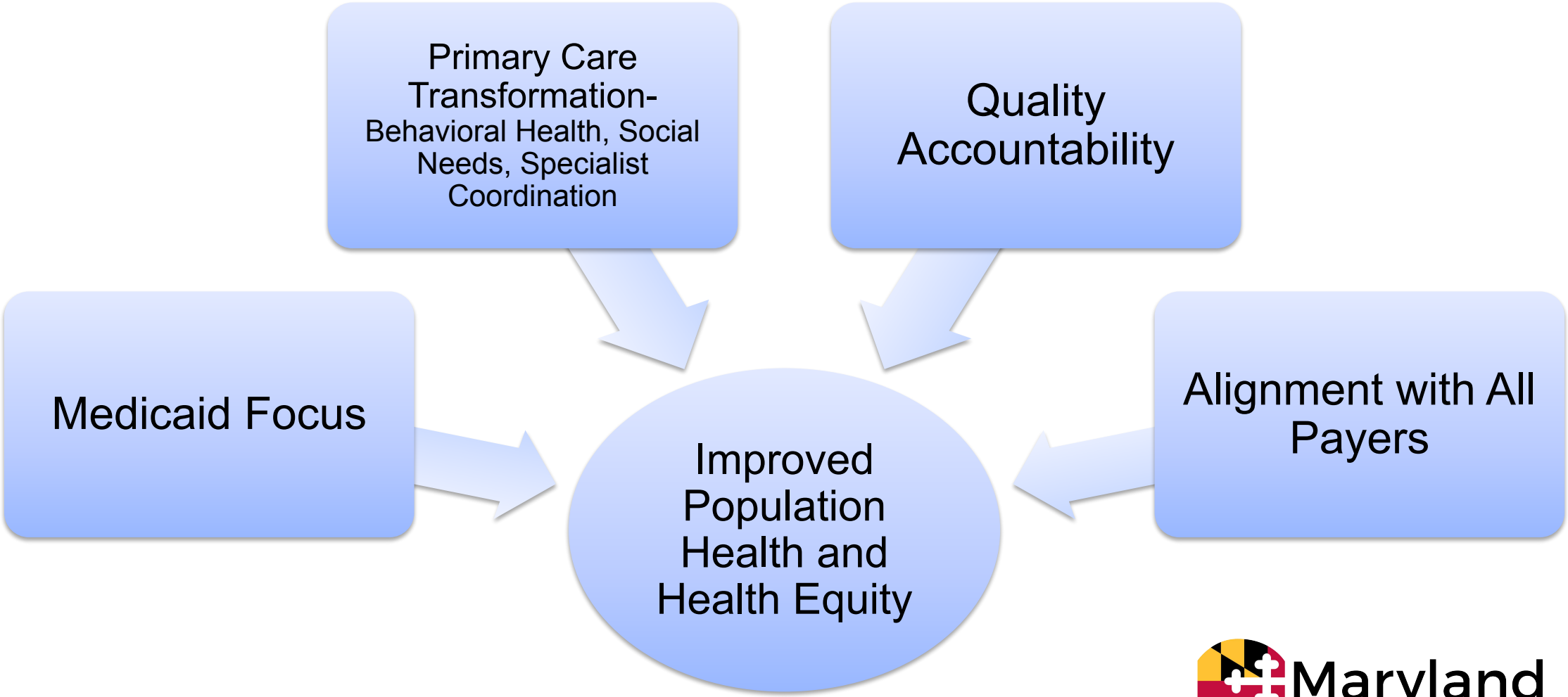

Maryland's Vision
Empower all Marylanders to achieve optimal health and well-being.
Ensure High-Value Care
Align public and private investments towards common population health outcomes
Enable innovative models across the care continuum
Constrain all-payer TCOC growth
Improve Access to Care
Expand and 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



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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
Medicaid Advanced Primary Care Program
Payment structure: • Enhanced E&M Fees *(All PCPs)* • Care Management Fees • Quality Incentives

Medicare Path	
PC AHEAD	**MDPCP AHEAD**
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

(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