



AHEAD Model Primary Care Town Hall

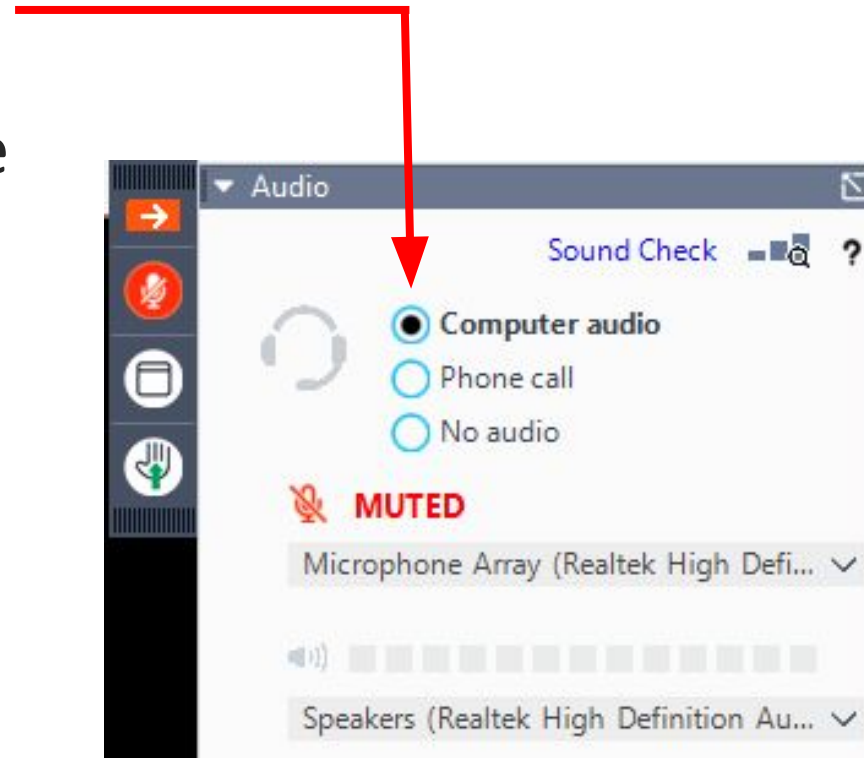
February 10, 2025

Agenda

- Welcome and Introductions
- AHEAD Primary Care Overview
- AHEAD Medicaid Model
 - Payment Design
 - Requirements
 - Care Transformation Requirements
 - Care Management Populations
 - Performance Measures
- Wrap Up and Next Steps

GoToWebinar Logistics

- Make sure you select the **audio type** that you are using on the right-hand side panel
- Please use the **Questions pane** to provide feedback during the session
- **Slide deck and link to recording** will be available after the presentation



Objectives

- Provide overview of AHEAD model and primary care components
- Review Medicaid Path payment design
- Share Medicaid practice requirements:
 - Care Transformation Requirements
 - Care Management Populations
 - Performance Measures
- Solicit provider feedback on model implementation
 - Special focus on required Care Management Populations and potential implementation challenges
 - mdh.pcmode@maryland.gov

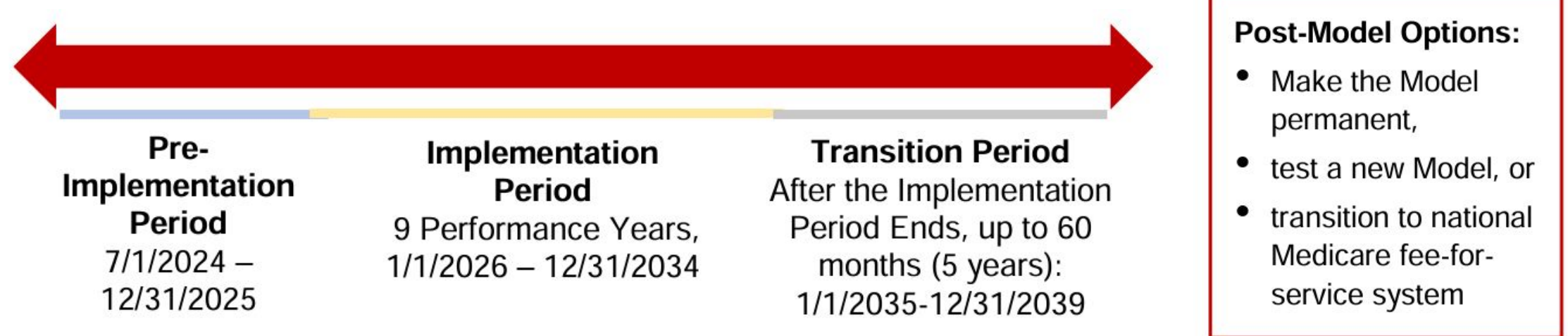
Introduction to our team

- Dr. Laura Herrera Scott - Secretary of Health
- Dr. Ryan Moran - Deputy Secretary, Health Care Financing
- Dr. Djinge Lindsay - Chief Medical Officer
- 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, Medicaid IRD
- Chad Perman - Executive Director, Office of Advanced Primary Care
- Alice Sowinski-Rice - MDPCP Program Director, Office of Advanced Primary Care
- Emily Gruber - MDPCP Associate Director, Office of Advanced Primary Care

AHEAD Primary Care Overview

The State signed the AHEAD Model Agreement with CMS in November 2024

The [State of Maryland and CMS announced a formal agreement](#) on November 1st for Maryland to participate in the AHEAD Model through 2034





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.

Vision and Goals for Primary Care AHEAD

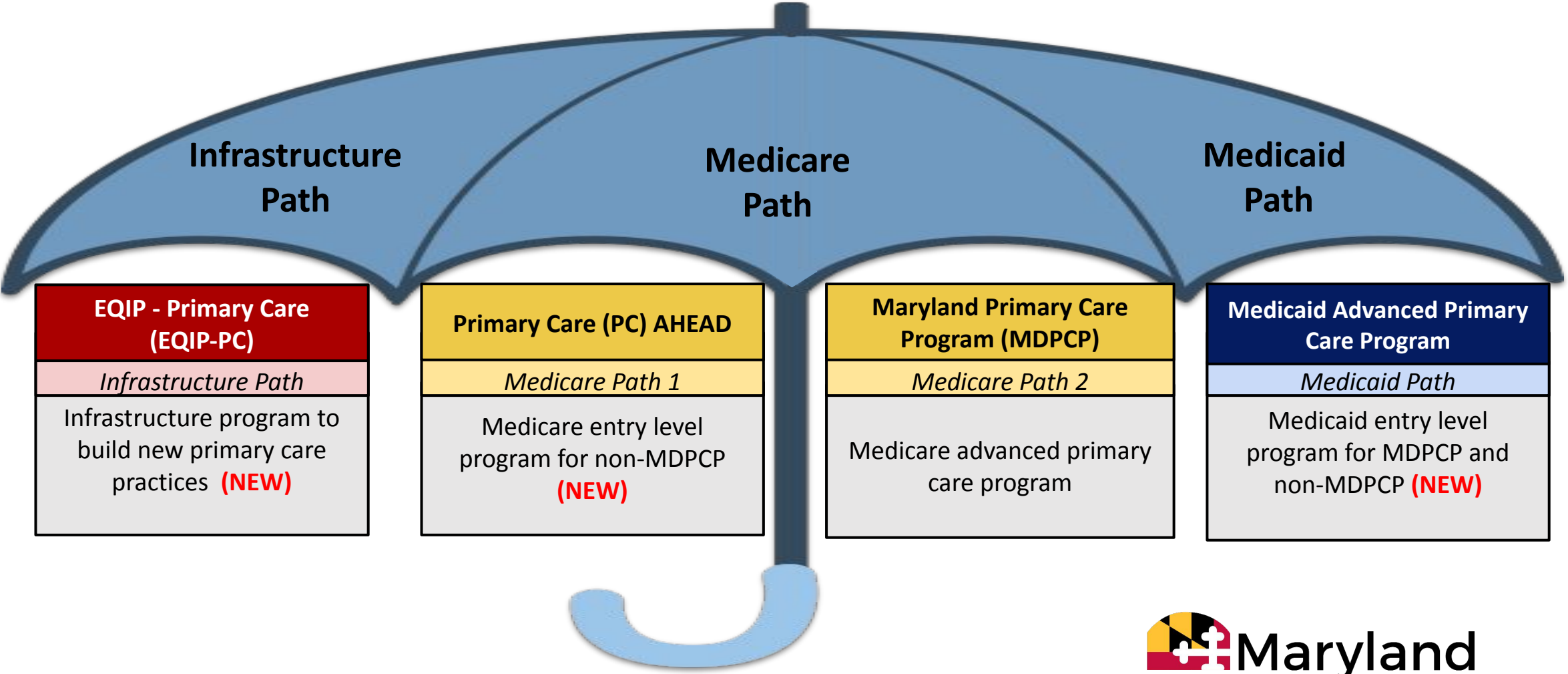
VISION

- 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

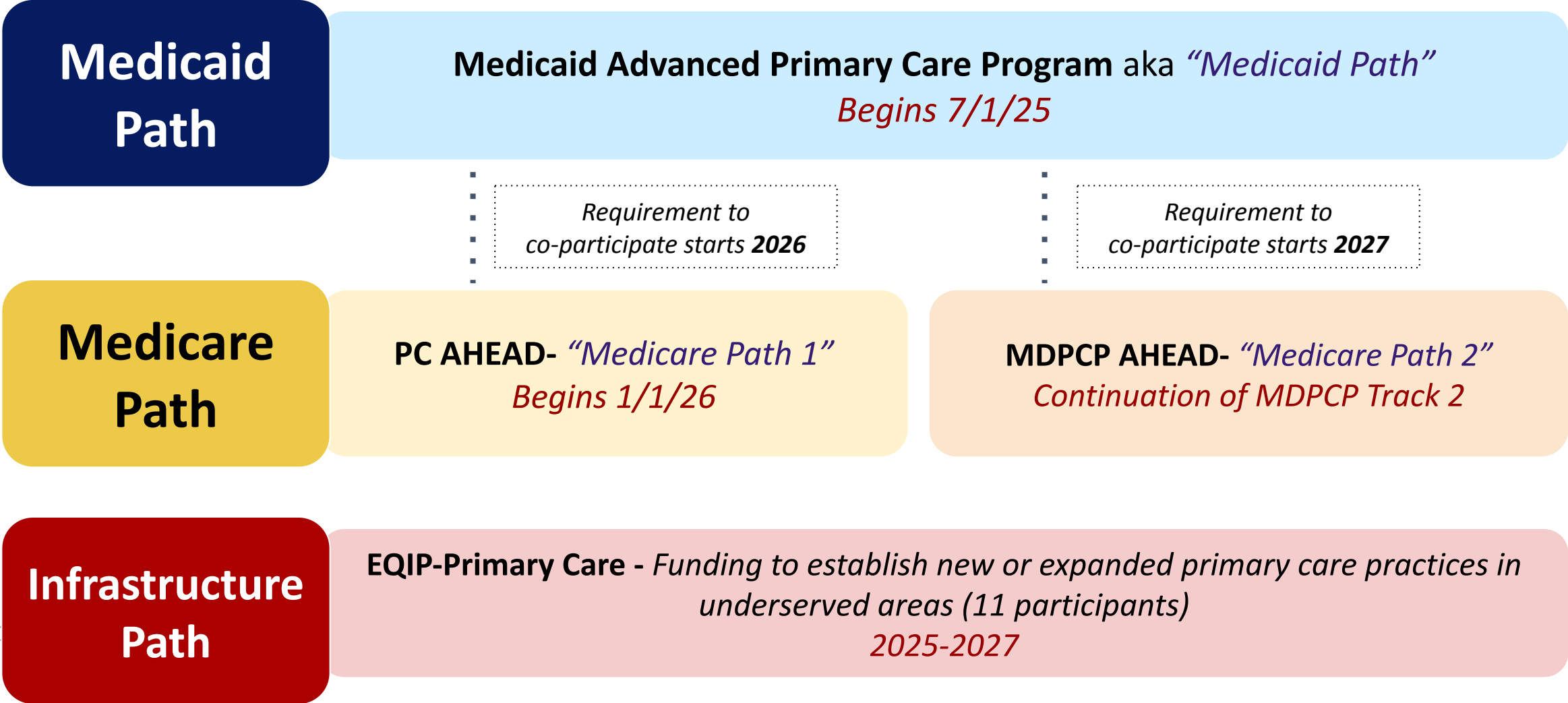
GOALS

- 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

Maryland's AHEAD Primary Care Programs (MDPCP)



Three Paths Available under MDPCP

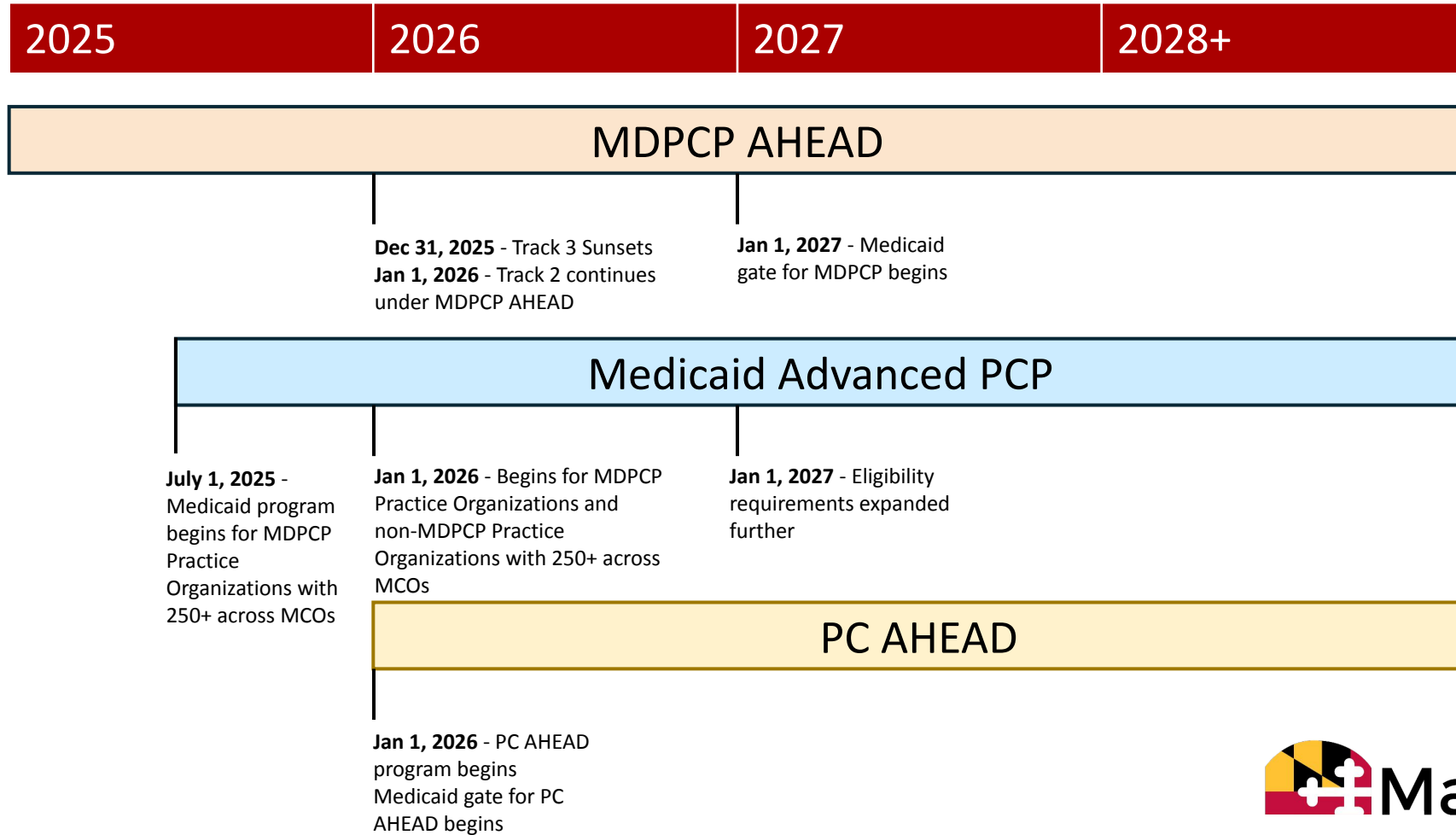


Payment Structure Overview

Medicaid Path
Medicaid Advanced Primary Care Program
Payment structure: <ul style="list-style-type: none">• Enhanced E&M Fees (<i>All PCPs</i>)• Care Management Fees• Quality Incentives

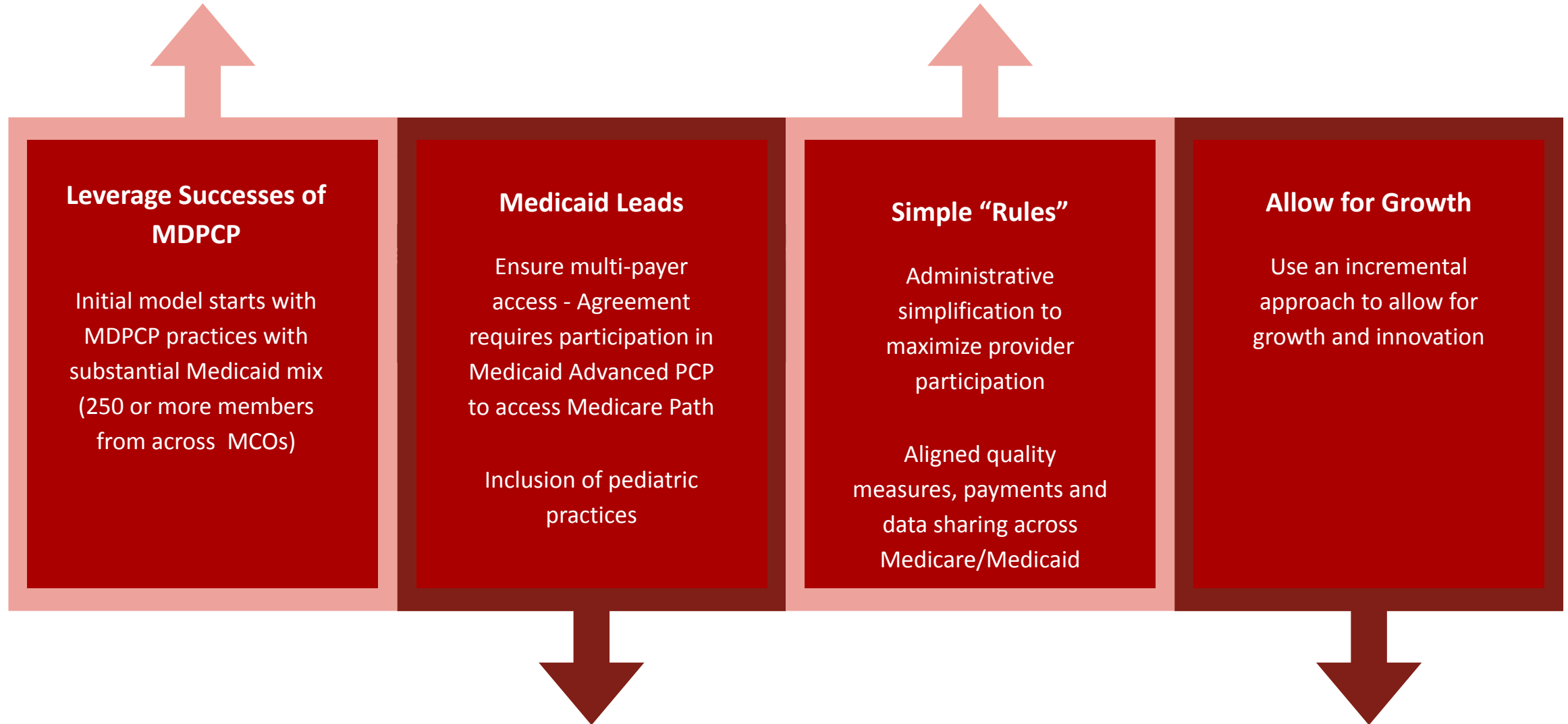
Medicare Path	
PC AHEAD	MDPCP AHEAD
Payment structure: <ul style="list-style-type: none">• FFS billing• Care Management Fees (Enhanced Primary Care Payment)• Quality component	Payment structure: <ul style="list-style-type: none">• Comprehensive Primary Care Payments (hybrid FFS)• Care Management Fees (includes HEART)• Performance-Based Incentive Payments

Program Timeline and Key Milestones

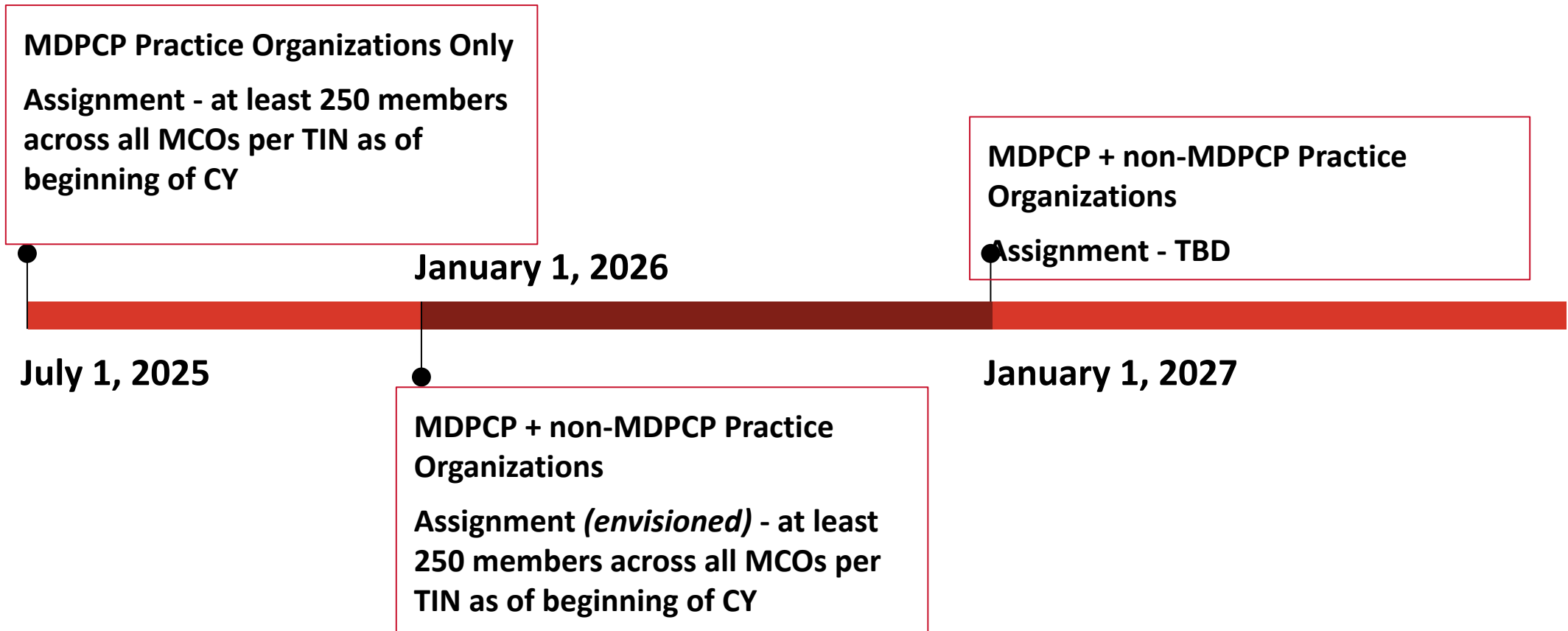


AHEAD Medicaid Model

Design Principles



Eligibility



Note: Participation in the Medicaid model is voluntary

Payments Overview

Payments go through existing MCO contracts with PCP organizations

**E&M
Increases**

**Care
Management
Fees**

**Quality
Incentives
(Begin in
2026)**

E&M Increases

- Increased E&M rates *for all PCPs accepting Maryland Medicaid*
 - 100-105% Medicare rate*
 - Fee-for-service and HealthChoice managed care
 - Effective July 1, 2025
- Aim to stabilize existing primary care workforce while also increasing Maryland's competitiveness in recruiting PCPs

Care Management Fees

- Per member per month (PMPM) fee for participating practice organizations
 - **Flat fee of \$2 PMPM**
 - **Assigned Members** - Calculated and paid for all eligible HealthChoice members assigned to a TIN for practices that opt to participate
 - **Paid and updated quarterly** in alignment with MDPCP schedule (Jan, April, July, Oct)
- Utilized to provide comprehensive care management for high-risk members
 - Estimate about 20% of assigned HealthChoice members

Quality Incentives

- Performance based payments for participating practice organizations
 - Quality measures aligned with MDPCP and PC AHEAD
 - Focus on reductions in avoidable utilization that drives total cost of care (emergency department, inpatient admissions) and priority clinical areas (prevention/chronic conditions/behavioral health)
- Measures will be communicated in 2025 to begin tracking performance
- Quality incentives will start in 2026 - design still TBD

Care Transformation Requirements

Design Principles

- Build from current MDPCP care transformation requirements
- Add requirements for the pediatric population
 - Any practice seeing pediatrics patients will need to meet pediatric requirements, in addition to existing adult requirements
- Requirements are drafted for the practice level
 - CTOs may assist practices with meeting requirements, as appropriate

Care Transformation Requirements

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

*Note: green boxes indicate where current MDPCP practices likely **already meet the Medicaid requirement***

Care Transformation Requirements

Advanced Primary Care Function	#	Care Transformation Requirement (Abbreviated)	MDPCP	Medicaid
Comprehensive ness and Coordination	3.1	Specialist referral management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>Note: for Medicaid, this requirement is simply to have a process to refer patients to necessary appointments with specialists</i>
	3.3	Behavioral health integration (from a menu of options)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>Note: For Medicaid members, refer as necessary to care coordination with the BH ASO (Carelon)</i>
	3.4	HRSN screening and linkages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Beneficiary & Caregiver Experience	4.1	Convene a PFAC at least annually	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.2	Advance care planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Planned Care for Health Outcomes	5.1	Use data for continuous quality improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrics Requirements		Newborn appointment availability	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice (AAP)</i>
		Developmental and autism screenings within the scope of primary care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Complete forms for school and/or childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Note: green boxes indicate where current MDPCP practices likely **already meet** the Medicaid requirement*

CRISP Requirements

No changes from MDPCP

CRISP Requirements		
CRISP Requirement	MDPCP	Medicaid
Review Prediction Tools on a monthly basis	✓	✓
Submit Care Alerts	✓	✓
Submit CEND panel every 90 days	✓	✓

*Note: green boxes indicate where current MDPCP practices likely **already meet** the Medicaid requirement*

Care Management Populations

Medicaid Required Care Management Populations

Prediction Tools

- Pre-AH - top 10%
- Risk scoring tool used in MDPCP to predict avoidable hospital events*

Special Populations

- Newborns
- Pre-Term/NICU
- SSI/ABD
- Foster Youth
- Justice-involved Youth

Utilization

- 2 or more ED visits in previous 12 months
- 2 or more hospitalizations in previous 12 months
- Unplanned 30 day readmission

Health Condition

- Pediatric Asthma with 1 or more ED visits in the previous 12 months

Clinician Referral

- High social needs or social risk
- Complex health condition

Performance Measures

Measure Criteria and Planning

Criteria for measure selection

- Alignment with common quality measure sets (AHEAD Medicare measures, [Universal Foundation](#), [CMS Core Set](#), [SIHIS](#))
- Representation on other Maryland Medicaid quality improvement efforts (Performance Monitoring, Quality Strategy, Population Health Incentive Program/VBP)
- Maryland Population Health priorities and opportunities for improvement
- Data availability and potential administrative burden

Measure Criteria and Planning

- Key Considerations:
 - Start with claims-based measures
 - AHEAD requirement to use electronic Clinical Quality Measures (eCQMs) by 2028
- MDH and CMMI will collaborate to develop a plan for transition from claims to eCQMs

Adult Measures for Medicaid


Domain	Measure Name	Medicaid Path	Medicare Path 1 (PC AHEAD)	Medicare Path 2 (MDPCP)
Prevention & Wellness	Colorectal Cancer Screening*	X	X	
Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (> 9.0%)	X	X	X
	Controlling High Blood Pressure*	X		X
Behavioral Health	Preventative Care and Screening: Screening for Depression and Follow-Up Plan	X	X	X
Health Care Utilization	Emergency Department Utilization (EDU)	X	X	X
	Acute Hospital Utilization (AHU)	X	X	X

- eCQMs/EHR;
 - Claims-based;
 * - may be added to Medicare Paths in future years

Child Measures for Medicaid

Measures apply to Pediatric and Family Medicine practices with HealthChoice children members

Domain	Measure Name	Medicaid Path	Medicare Path 1 (PC AHEAD)	Medicare Path 2 (MDPCP)
Behavioral Health Care	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	X	N/A	N/A
Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits (WCV-CH)	X	N/A	N/A
	Developmental Screening in the First Three Years of Life (DEV-CH)	X	N/A	N/A
Care of Acute and Chronic Conditions	Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	X	N/A	N/A

 - Claims-based

Multi-Payer Reporting Suite: Updates and Upcoming Webinar

As we move towards aligned Medicare and Medicaid programs, we **strongly encourage all users to start using the Multi-payer reporting suite in CRISP for your Medicaid-related data needs** (i.e. population health management, utilization data, quality outcomes)

Multi-payer Reporting Suite Update

CRISP Reporting Services is excited to announce the **launch of the Prediction Tools report in the Multi-Payer Reporting Suite**, as well as additional quality data.

CRISP will host a **[webinar on the Quality and Prediction Tools on Friday, February 28th from 11:30AM-12:30PM.](#)**

We encourage you to [register](#) and join!



Multi-Payer Reports
Population Summary
Population Navigator
Measure Comparison by Time Period
Acute Care Setting Utilization Report
Emergency Room Utilization Report
Plan All Cause Readmission (PCR) Report
PQI Utilization Report
Follow Up After Inpatient Discharge Report
PMPM Trend Report
Health Equity by Demographics Report
Maternal Health Utilization Reports
Redetermination Report
* Quality Measure Dashboard
* Health Equity by Demographics (Quality)
* Prediction Tools (Pre-AH and Pre-DC)



Wrap Up and Next Steps

Questions to Consider

- Overall, what, if any, implementation challenges do you foresee with implementing the Medicaid model?
- Within the Required Care Management Populations, are their populations on the list that should be excluded? Are there any populations that are not on the list that should be included?
- Are the proposed quality measures well aligned with other quality or value-based programs you are engaged with? Are there any concerns about data collection or reporting quality measures?
- What specific supports does your practice need from Care Transformation Organizations (CTOs)?
- Looking ahead to 2028, what barriers may your practice face for electronic clinical quality measure data capture?

Thank you!

- Continue to share any feedback or questions in the Q&A box in GoToWebinar

OR

- Email us with comments at mdh.pcmode@maryland.gov, using subject: “AHEAD Primary Care Town Hall Feedback”

Resources

- [HSCRC AHEAD model webpage](#)
- [CMMI AHEAD model webpage](#)