



AHEAD Primary Care Advisory Council Meeting

May 4, 2026

Agenda

- Introduction and Roll Call.
- Welcome.
- 2026 Quality Incentive Update.
- MDPCP Migration to Multi-Payer.
- DAVE Tool for eCQM Collection.
- Question and Answer Session.
- Wrap-Up and Next Steps.

Today's Speakers

- **Perrie Briskin** - Deputy Secretary, Health Care Financing and Medicaid Director
- **Alice Sowinski-Rice** - Acting Director, OAPC
- **Mitzi Melendez-Prodoehl** - Mathematica
- **Peggy Oehlmann** - CRISP
- **Josh Schenkel** - CRISP
- **Audrey Speter** - hMetrix

Roll Call

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

Welcome from Perrie Briskin

2026 Quality Incentive Update

PY 2026 Quality Incentive Update

- Medicaid Advanced Primary Care Program 2026 Quality Incentive Program: **Jan. 1 – Dec. 31 2026.**
- In the last couple of months, MDH has shared the following information with Medicaid Advanced Primary Care Program participating organizations:
 - January 2026: Each participating organization's **baseline data** per measure via CRISP.
 - February 2026: 2026 Medicaid Advanced Primary Care Program Quality Incentive **Methodology** Document.
 - March 2026: 2026 **improvement targets** per measure per practice via CRISP.

MDPCP Migration to Multi-Payer

Migration Announcement

After reviewing feedback from participants and other stakeholders, we have decided to move forward with migrating the MDPCP/PC AHEAD Reporting Suite into the Multi-Payer Reporting Suite.

This means that practices will be able to access all program data tools in one spot in CRISP.

Advanced Primary Care Reports: Background

- MDPCP was the first advanced primary care program in Maryland (2019) and required a dedicated reporting suite.
 - Both PC AHEAD and Medicaid Advanced Primary Care Program started in Maryland in 2026.
 - Three programs together are referred to as Maryland's Advanced Primary Care Programs.
- Program participants are currently directed to either MDPCP/PC AHEAD Reporting Suite or the Multi-Payer Reporting Suite for Medicaid Advanced Primary Care Program participants.
 - Some users visit both suites to view data for the advanced primary care programs they participate in.
- OAPC, in collaboration with CRISP/hMetrix, decided to streamline program reporting by only maintaining the Multi-Payer Reporting Suite for all program purposes.

Multi-Payer Reporting (MPR) and MDPCP/PC AHEAD Comparison

Feature	Multi-Payer Reporting (MPR)	MDPCP / PC AHEAD Reporting
Patient Management	Panel-based: Users define and upload their own patient lists.	Fixed Attribution: CMS-attributed members are loaded automatically on a quarterly basis.
Data History	Real-time focus: Displays only the current version of the panel.	Historical Access: Maintains access to attribution lists from prior quarters.
Utilization Report Metrics	Provides IP and ER utilization tracking; Prediction Tools.	Provides IP and ER utilization tracking; Prediction Tools.
Metric Definitions	Uses standard claims-based methodologies.	Uses program-specific MDPCP/PC AHEAD definitions.
Program Specifics	Program agnostic; does not currently contain all MDPCP reports.	Contains specialized reports (e.g., Payment Band, SBIRT, and Chronic Condition reports).

Advantages of Migrating to MPR

- Participants can track **all AHEAD primary care programs in a single application** with consistent information provided across programs.
- **Reduce administrative burden** for users, particularly those participating in the Medicaid Advanced Primary Care Program.
 - hMetrix will load the MCO Assignment Lists into MPR on a quarterly basis to mitigate the current process challenges.
- **Streamline technical assistance** provided by the OAPC Practice Coaches through centralized data permissions.
- Centralize utilization **tracking**, care management, and program tracking to provide a single-platform view to monitor all panels, fostering better coordination across different payer types.

Enhancing Functionality for MDPCP Users

- MDPCP users will gain access to MPR's Population Navigator.
- Contains “Roster” functionality to isolate sub-populations of interest based on specific patient demographics and clinical characteristics.
 - Rosters can be saved, edited, and shared with other users.
- Measure selection easily refines patient populations based on chronic conditions.
- Download patient-level data for all patients or a select subset of patients.
- **Rosters can be applied to each report to tailor the results to the population of interest.**

Multi-Payer Reports Navigator

Panel: Panel_L6 - 6 Roster: -Default- Payer Type: Medicaid Apply

Roster Export

Beneficiary Name	Medicare ID	Medicaid ID	MRN	Medicaid	Medicare	ADI	Medicaid
'roger' Maday...						30	MC
000087 Jose T...						29	MC
Obong Abigail						46	MC
5310-i Hughes						9	FFS
?feldhausen A...						35	MC
A Branch Multi...						52	FFS
A Byrd Levina						P	MC
A Kosmas Teyun R		sr732bvo8qn	hzu2lmihlo	Yes	No	21	FFS
A Stroud Laalitya	7nafajx2tj4	n3ivjmgf03c	0plvu4h7op	Yes	Yes	37	MC
Asif Jahmon		40s7vgx77yt	anz32j6gpn	Yes	No	29	MC
Abalos Alcaras Idrisahmad		a8jdnmog0lq	5e98f1zcim	Yes	No	19	MC

Create Roster [X]

Upload / Select Patients Combine Existing Rosters

Name:

Type: Selected Patient(s) Current View Upload

Make Public:

Create Roster & Review Cancel

Measures

Filter	Measures	Value	Count
<input type="checkbox"/>	Alzheimer's Dementia	Yes	276
<input type="checkbox"/>	Alzheimer's Disease	Yes	50
<input type="checkbox"/>	Anemia	Yes	2,056
<input type="checkbox"/>	Asthma	Yes	867
<input type="checkbox"/>	Atrial Fibrillation	Yes	419
<input type="checkbox"/>	Chronic Kidney Disease	Yes	969
<input type="checkbox"/>	Chronic Obstructive Pulmon...	Yes	463
<input type="checkbox"/>	Colorectal Cancer	Yes	82
<input type="checkbox"/>	Depression	Yes	1,955
<input type="checkbox"/>	Diabetes	Yes	2,365
<input type="checkbox"/>	Endometrial Cancer	Yes	29
<input type="checkbox"/>	Female/Male Breast Cancer	Yes	187
<input type="checkbox"/>	Heart Failure	Yes	595



Migration Process

- hMetrix will rebuild MPR infrastructure to support both static and panel attribution.
- CRISP and hMetrix will work with OAPC to **identify and close functional gaps** between the reporting suites, including but not limited to:
 - Essential indicators like HCC Tiers and HEART indicators,
 - Expanded comparison groups,
 - Reports that are currently available in MDPCP, but not MPR.
- Users will be given **comprehensive support** to understand MPR's claims-based methodologies and report definitions.
- MPR will remain fully available and functional during development.
- The AHEAD Centralized Reporting Suite will launch in parallel, ensuring quality measurement remains robust throughout the transition.

Tentative Implementation Timeline

- Identify final specification changes: Q3 2026.
- Roll-out of AHEAD Centralized Reporting Suite Phase 1: November 2026.
- Initiate MPR development activities: Q4 2026.
- **Release & roll-out of MDPCP/PC AHEAD Attribution in MPR: February 2027.**
 - Timing is consistent with annual MDPCP roll out with Q1 attribution.
 - Includes migration of all MDPCP/PC AHEAD users.
 - MDPCP/PC AHEAD Y8 Reports (PY 2026) will remain active until complete run out of claims/quality.

DAVE Tool for eCQM Collection

eCQM Reporting Tool Announcement

After reviewing feedback from the Advisory Council, participating practice organizations, and other stakeholders, we have decided to move forward with developing the DAVE Tool for patient-level quality metric data collection.

This means that practices will be able to submit eCQMs in one central tool.

CRISP Reporting of eCQMs: Background

- MDPCP began in 2019, with initial eCQM reporting due in Q1 2020.
- CRISP had a tool called CaliPR (CQM Aligned Population Reporting) that collected eCQMs via QRDA files.
- The tool proved challenging:
 - One incorrect item in one cell would cause the whole file to crash,
 - Files sometimes took hours for users to upload,
 - Some users thought they had successfully uploaded, but CRISP did not receive,
 - Multiple extensions were needed, both from users reporting to CRISP and CRISP sending the final draft to CMS/MDPCP.

CRISP eCQM Reporting since 2020

- CRISP retired the CAIiPR tool after the first year of MDPCP.
- CRISP created a web-based tool that allowed users to report numerators, denominators, and exclusions for their MDPCP practices.
- The new tool proved much more user-friendly, but only collects aggregate data.
- CRISP had a pilot program using another vendor, Medisolv, to ingest QRDA files but pick up among practices was low.

Challenges with the Current Process

- Burden is on submitters to understand measure specifications.
- Potential inconsistency in data collection and aggregation across practices.
- Validation of submitted aggregate data is not possible.
- Only supports aggregate data submissions – it is not possible to disaggregate data by payer or patient demographics.

Needs for the Future

- With the addition of new programs, we need better data to effectively evaluate quality performance in Maryland's Primary Care AHEAD programs.
- CRISP/hMetrix/OAPC evaluated key criteria for a new tool. The tool must:
 - Collect more than just numerators and denominators,
 - Allow data to be disaggregated to compare quality across different sub-populations,
 - Be simple enough for broad use among all Primary Care AHEAD practices.

Introduction to DAVE for eCQMs

- The Data Accuracy Validation Engine (DAVE) for eCQMs is a secure, web-based platform for clinical quality data submission.
- Practices will upload patient-level clinical files—either CCDs or QRDA-1s—exported directly from their EHR.
 - Practices that cannot provide patient level data can apply for an exemption to initially submit aggregate results.
- DAVE acts as a calculation engine, processing the raw patient data and calculating quality results at various levels of aggregations.
- Submitters can manage the lifecycle of their data through the upload, automated validation, and final attestation phases.
- OAPC can track and manage all submissions.

Benefits of DAVE

- Produces validated and standardized results across practices and programs.
- Creates a single submission point for all AHEAD primary care programs and streamlines submissions for participants in multiple programs.
- Provides flexibility to aggregate quality results within and across programs by patient demographic characteristics without increased burden on the submitters.

hMetrix's DAVE Set-Up Process

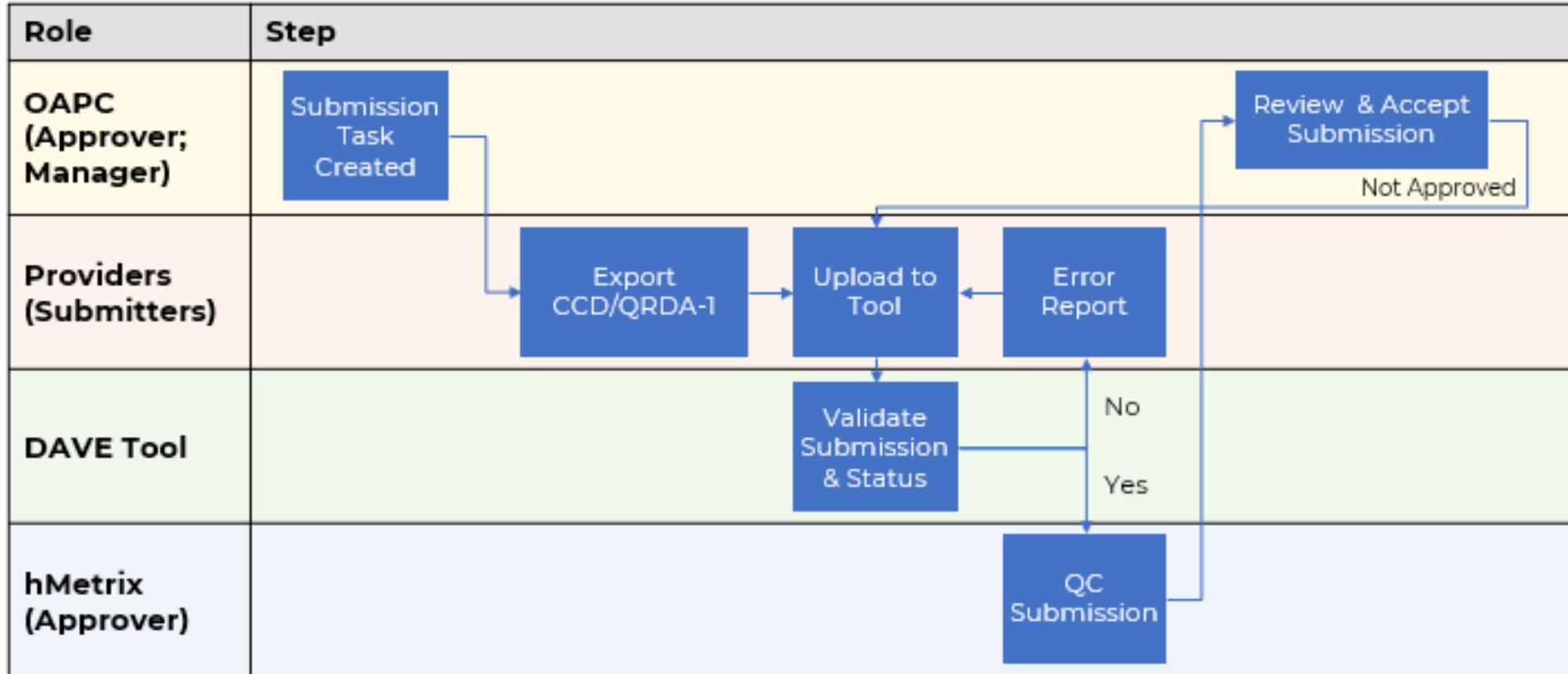
1. Analyze eCQM measures.
2. Create data submission documentation.
3. Compile data submitter list.
4. Provision submitters in the tool.
5. Provide training for submitters.
6. Configure the measure computation system.
7. Configure output datasets.

DAVE User Roles

The tool has configurable roles allowing users to act as:

- **Submitters:** Responsible for uploading valid data.
- **Approvers:** Responsible for QC review and acceptance.
- **Managers:** Responsible for governing the workflow.

High-Level DAVE Workflow



DAVE Approver Responsibility

- Approve provider submissions.
- DAVE will generate summary statistics to aid in Approval.
- Responsibility is to be balanced between hMetrix, CRISP, OAPC/MDH staff.

Question and Answer

Wrap Up and Next Steps

Wrap Up

Upcoming Meetings:

Care Management Workgroup Meeting

On hold

Advisory Council Meeting

Q3 - date TBD

Quality Subcommittee Meeting

On hold


Resources and Learning Opportunities

- MDPCP-AHEAD
 - [HEART Payment User Group](#) on **Tuesday, Jun. 23** from noon to **1:00 p.m.**
- Medicaid Advanced Primary Care Program
 - [Program Manual](#)
 - [Quality Incentive Methodology](#)
 - [Quality Incentive Methodology Webinar](#) on **Thursday, May 14** from noon to **1:00 p.m.**
 - [Office Hour](#) on **Tuesday, Jun. 2** from noon to **1:00 p.m.**
- PC AHEAD
 - Welcome Guide available for participants in the 4i Portal.

Appendix

Log on to Access DAVE

Log in to LogOnce




[Reset your password?](#)

Next

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Log in to LogOnce



[Reset your password?](#)

Login

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Navigating the DAVE Home Screen

DAVE 🔔 Submitter, Hospital [Logout](#)

Hospital: 210003 - UM Capital Region Medical Center

Data Type	Fiscal Year	Period	Submission Type	Due Date	Status	Status Reason	Submission Date	Error %	Error Report
Annual Filing Hospital Submission	2025	Yearly	e-Filing	10/31/2025	Data Due	Scheduled Annual Filing Hospital June Submission data collection	07/29/2025 10:27 AM		

[Download AF Submission Template](#) [Upload AF Submission](#) [Edit/Review AF Submission Online](#) [Request AF Submission Extension](#)

Submission History

Action	Request Reason	Comments	Date	Status	Error %	Error Report
Task created as per prod schedule			07/29/2025 10:26 AM			

Handling Validation Errors in DAVE

DAVE Submitter, Hospital [Logout](#)

Hospital: 210003 - UM Capital Region Medical Center

Data Type	Fiscal Year	Period	Submission Type	Due Date	Status	Status Reason	Submission Date	Error %	Error Report
Annual Filing Hospital Submission	2025	Yearly	e-Filing	10/31/2025	Invalid	Completion Percentage: 92.06%	07/30/2025 03:15 AM	3.0%	Download

Completion Percentage indicates percent of required fields that are complete in the submission

Download AF Submission Template | Upload AF Submission | Edit/Review AF Submission Online | Download Only Valid AF Submission | Download Latest AF Submission | Request AF Submission Extension

Submission History

Action	Request Reason	Comments	Date	Status	Error %	Error Report
+ Error Reports Created		Invalid	07/30/2025 03:15 AM	Active	3.0%	Download
+ Hospital Annual Filing Processing		Processing the Hospital Annual Filing Received from [redacted]	07/30/2025 03:15 AM			
+ Hospital Annual Filing Received		Hospital Annual Filing Received from [redacted] with the comment Submi...	07/30/2025 03:15 AM			

2026 Quality Incentive Measures and Weights

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

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.

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	eCQMs through CRISP	P4R	
Adults	Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) (CDC-HbA1c Poor Control)	eCQMs through CRISP	P4R	X
Adults	Chronic Conditions	Controlling High Blood Pressure (CBP)	eCQMs through CRISP	P4R	X
Adults	Prevention & Wellness	Colorectal Cancer Screening	eCQMs 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	Emergency Department Utilization (EDU)	CMIT 234	Claims	P4P	X	X	X
Adults	Healthcare Utilization	Acute Hospital Utilization (AHU)	CMIT 14	Claims	P4P	X	X	X
Children	Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits (WCV)	CMIT 24	Claims	P4P			X
Children	Primary Care Access and Preventive Care	Developmental Screening in the First Three Years of Life (DEV-CH)	CMIT 1003	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	eQMs through CRISP	P4R	X	X	X
Adults	Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) (CDC-HbA1c Poor Control)	CMIT 204	eQMs through CRISP	P4R	X	X	X
Adults	Chronic Conditions	Controlling High Blood Pressure (CBP)	CMIT 167	eQMs through CRISP	P4R		X	X
Adults	Prevention & Wellness	Colorectal Cancer Screening	CMIT 139	eQMs through CRISP	P4R	X		X

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