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<u>AHEAD Medicaid Path</u>:
Approved Design for 2026 Program Year: Care Transformation Priorities

State of Maryland
Submitted to CMS: September 30, 2025

Background

Under the AHEAD Model, CMS required the State of Maryland (State) to submit a memo detailing the State's care transformation priorities for the Medicaid Path. This is a summary of the program design for 2026. More detail on the evolution of those priorities and the full list of practice Care Transformation Requirements (CTRs) for 2026 are available in the full memo.

Program Goals

In alignment with the AHEAD Primary Care goals of increased investment in primary care, targeting populations with high medical and social risk and expanding primary care capacity, the Medicaid Path (Medicaid Advanced Primary Care Program) will:

1. Simplify administrative burden for primary care providers;
2. Leverage Medicare investments while broadening reach to Marylanders covered by Medicaid;
3. Foster care transformation through care management for Medicaid participants with high needs, linkages across the continuum of care—including behavioral health and dental services—and health promotion services.

Program Eligibility

Starting August 1, 2025, eligibility included:

1. Practice Taxpayer Identification Numbers (TINs), including Federally Qualified Health Center (FQHC) TINs, active in MDPCP.
2. At least 250 HealthChoice participants.

For 2026, eligibility expanded to include non-MDPCP TINs with at least 250 HealthChoice members. Future Expansion in 2027 may include TINs with fewer than 250 HealthChoice participants.

Enhanced Primary Care Payment

The three main payment streams will include:
1. Increased Evaluation and Management (E&M) rates for all primary care providers that accept Maryland Medicaid.
2. Care Management Fee for participating practice organizations - $2 Per Member Per Month (PMPM).
3. Performance-based incentives for participating practice organizations (starts 2026) - paid out in late 2027.

Key Primary Care Standards

Health Promotion Activity Coordination

Practice Requirements for 2026:
1. Screen and refer to lifestyle management programs.
2. Screen and refer for food insecurity using standardized tools. Referrals may include programs like Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), or local food pantries. Participants may also refer to professionals including registered dietitians or nutritionists for nutritional counseling.

MCOs are important partners for both collecting and sharing social support services data weekly with CRISP so that practices are aware of patient needs and subsequent referrals. Participants will be required to attest to health promotion activities in annual Care Transformation Requirement (CTR) reporting. Future requirements may expand on these existing focus areas.

Behavioral Health Integration

Practice Requirements for 2026:
1. Establish a routine, measurement-based screening process for behavioral health needs, reported and tracked through annual CTR reporting.
2. Facilitate warm handoffs to specialists or community organizations for Medicaid members.

Additional Requirements for Participants with Pediatric Members:
1. Screen children for developmental disorders using a standardized, validated tool.
2. Administer structured autism-specific screening at the 18- and 24-month well visits.

In the future, the State will explore adding requirements around integrating behavioral health providers into the primary care setting via co-location or through tele-consultation. The State will

also release more information on how practice organizations can address mental health and substance use disorder, develop educational materials and training, and provide technical assistance to practice organizations on developing workflows.

Specialty Care Coordination

Practice Requirements for 2026:
1. Establish a routine screening process to facilitate referrals for specialty care.
2. Report activities through annual CTR Reporting.

In the future, the State will work with MCOs to create efficient workflows with practice organizations. Participants will also be able to access the Specialist and Ancillary services report in CRISP.

Performance Accountability

The quality incentive program will start in 2026 (Program Year 1). All participating organizations that meet the minimum threshold of members or events in each measure's denominator will be eligible for the pay-for-performance (P4P) payment arrangement. Practice organizations must report the four eCQM measures through CRISP to qualify for pay-for-reporting (P4R).

Quality incentive payments will be made retrospectively after the performance period, after measure scoring is complete. Participants will be rewarded for being high-performers compared to fixed benchmarks or for improvements in their performance from the previous year. Medicaid claims data from 2024 will be used to set targets for 2026.

For the first two years, the four eCQM measures will be P4R. Starting in 2028, all measures will be P4P.

Target Population	Measure Domain	Measure Title	Measure Identifier	Data Source	Payment Arrangement
Adults	Healthcare Utilization	Emergency Department Utilization (EDU)	CMIT 234	Medicaid claims	P4P
Adults	Healthcare Utilization	Acute Hospital Utilization (AHU)	CMIT 14	Medicaid claims	P4P
Children	Primary Care Access and Preventive Care	Child and Adolescent Well-Care Visits (WCV)	CMIT 24	Medicaid claims	P4P

Target Population	Measure Domain	Measure Title	Measure Identifier	Data Source	Payment Arrangement
Children	Primary Care Access and Preventive Care	Developmental Screening in the First Three Years of Life (DEV-CH)	CMIT 1003	Medicaid claims	P4P
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
Adults	Chronic Conditions	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) (CDC-HbA1c Poor Control)	CMIT 204	eCQMs through CRISP	P4R
Adults	Chronic Conditions	Controlling High Blood Pressure (CBP)	CMIT 167	eCQMs through CRISP	P4R
Adults	Prevention & Wellness	Colorectal Cancer Screening	CMIT 139	eCQMs through CRISP	P4R

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