



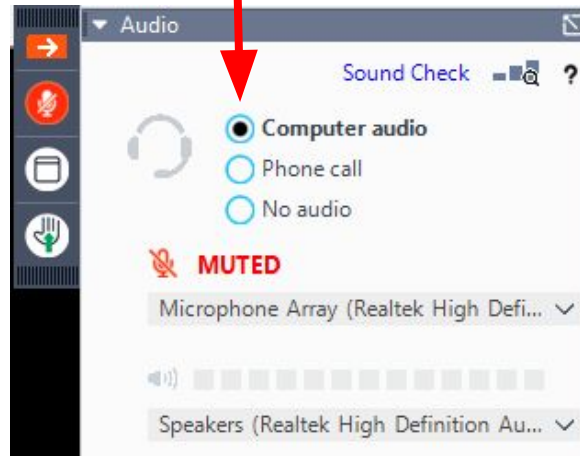
Provider Town Hall: Medicaid Advanced Primary Care Program

Office of Advanced Primary Care

July 28, 2025

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Agenda

- Welcome and Introductions
- Overview
- August 2025 - Cohort 1
- January 2026 - Cohort 1 & Cohort 2
- Practice Supports
- Q&A

Welcome & Introductions

Dr. Djinge Lindsay, Chief Medical Officer, Office of Care Transformation

Chad Perman, Executive Director, Office of Advanced Primary Care

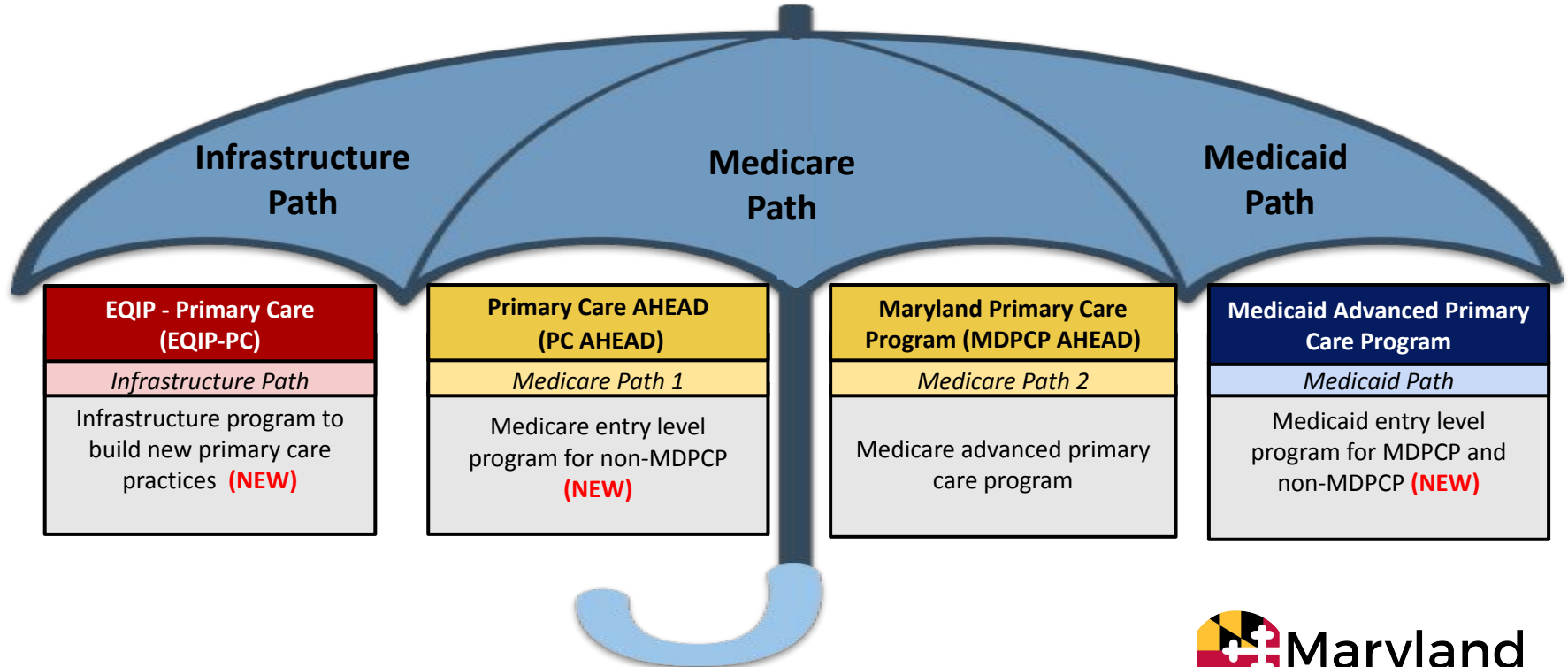
Alice Sowinski-Rice, Program Director, Office of Advanced Primary Care

Sharon Neely, Division Chief, Innovation, Research, & Development



Overview

Maryland's AHEAD Primary Care Programs



Three Available Paths

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

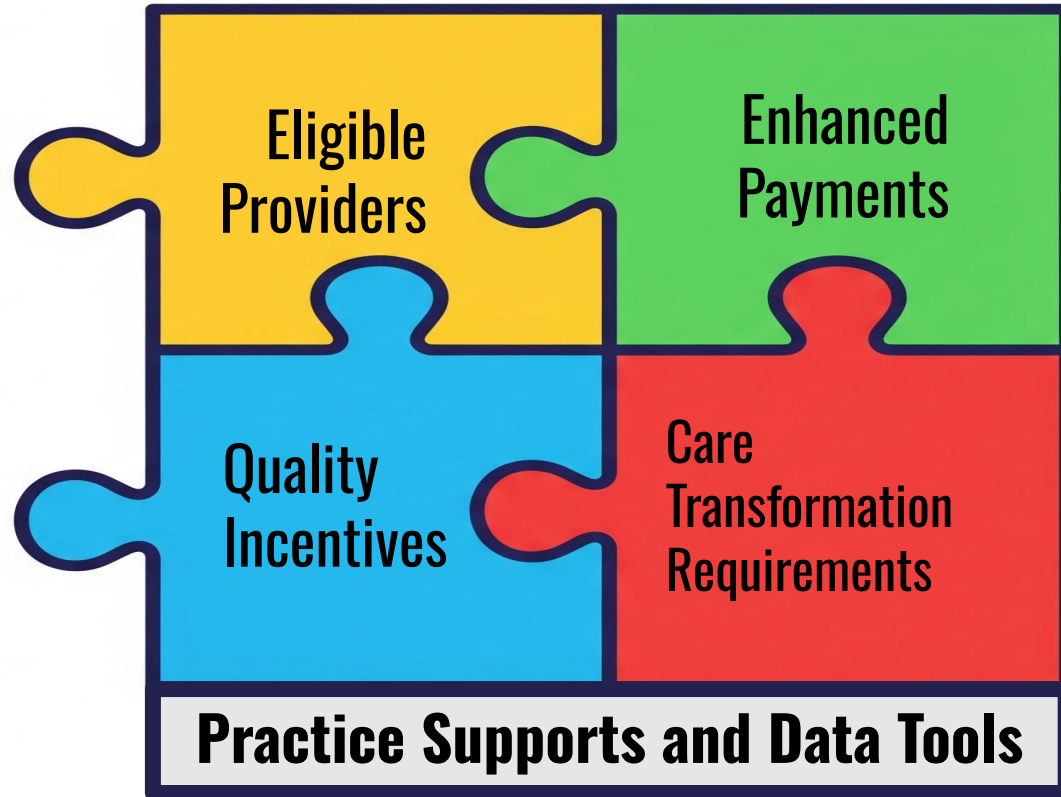
PC AHEAD- *“Medicare Path 1”*
Begins 1/1/26

MDPCP AHEAD- *“Medicare Path 2”*
Continuation of MDPCP Track 2

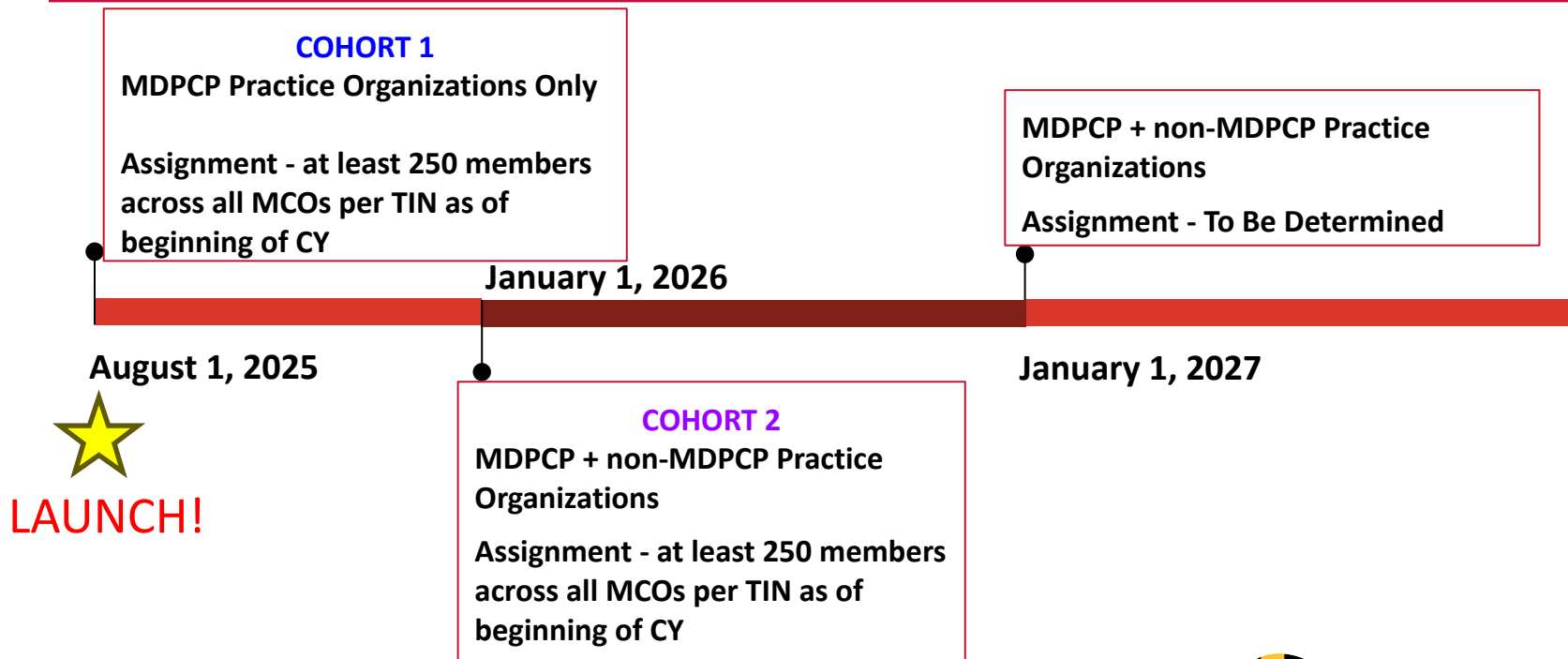
Infrastructure Path

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

Key Components of the Medicaid Path



Medicaid Path Eligibility



*Note: Participation in the Medicaid Path is voluntary
Both Practice and FQHC TINs are eligible to participate
Information about Maryland's MCOs is available [here](#)*

Medicaid Path Recruiting Status

Cohort 1 (Aug 1, 2025 start): Managed Care Organizations (MCOs) contracted with eligible MDPCP Tax Identification Numbers (TINs) for 8/1/25 start -

COMPLETE!

- 94 TINs, 256 MDPCP practices, 368,000 assigned members

Cohort 2 (Jan 1, 2026 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](#) (closed 7/11/25)
 - 81 TINs, 260,855 assigned members

Cohort 1 - August 1, 2025

- **August 1, 2025:** Program Launch - **Cohort 1**
- **August 1, 2025:** Enhanced Evaluation & Management (E&M) payments begin for Primary Care Providers (PCPs)
- **Late August:** Care Management Fees (CMFs) are distributed to **Cohort 1**
- **August/September:** Centers for Medicare and Medicaid Services (CMS) anticipates sharing more detail on PC AHEAD
- **Fall 2025:** Additional education and program documentation

Cohort 2 - January 1, 2026

- **July 11, 2025:** Cohort 2 practice vetting window closed
- **August 8, 2025:** Cohort 2 contracts signed prior to August 8
- **August 8, 2025:** Deadline for non-MDPCP practice site locations under MDPCP TINs to indicate interest in PC AHEAD (new Federal Medicare path)
 - Final PC AHEAD enrollment decisions will be made in the fall
- **August 31, 2025:** PC AHEAD eligible list due to CMS (from MDH) - Cohort 2 eligibility contracted list + non-MDPCP practice site locations under MDPCP TINS
- **August/September:** CMS anticipates sharing more detail on PC AHEAD
- **Fall 2025:** Additional education and program documentation

August 2025 - Cohort 1

Payments

Medicaid Path Payments Overview

- Care management payments go through existing MCO contracts with PCP organizations
- Quality incentives to be managed by MDH

E&M Increases	Care Management Fees	Quality Incentives (Begin in 2026)
Increase to 103% of Medicare for PCPs (starts Aug 1, 2025)	\$2 PMPM (quarterly)	CY26 quality incentive payments issued in Fall 2027

Does not apply to FQHCs

Care Management Fee Schedule

Program Quarter	Prospective Payments Date Period	HealthChoice Member Assignment List Available on CRISP**	Payments from MCOs to PCPs (est.)*
CY 2025 Q3	Jul 25 - Sept 25	8/8/2025*	Late August 2025
CY 2025 Q4	Oct 25 - Dec 25	10/10/2025	Mid-October 2025
CY 2026 Q1	Jan 26 - Mar 26	Jan 2026 release	Mid-January 2026
CY 2026 Q2	Apr 26 - Jun 26	April 2026 release	Mid-April 2026
CY 2026 Q3	Jul 26 - Sept 26	July 2026 release	Mid-July 2026
CY 2026 Q4	Oct 26 - Dec 26	October 2026 release	Mid-October 2026

Payments aligned with MDPCP, except for the first

*First Quarter delayed

** Assignment list - 4 month lag

Medicaid Path: Care Transformation Requirements

Care Transformation Requirements - Aug 2025

Initial requirements for August - December 2025

1. **Multi-Payer Platform Access**
 - a. Request access to CRS and the Multi-Payer Reporting Suite.
 - b. Attend orientation webinars.
2. **MCO Assignment List**
 - a. Download your MCO assignment list on a quarterly basis;
 - b. Upload the list as a panel within the Multi-Payer Reporting Suite.
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.

Reporting - Aug-Dec 2025

- **For the first 5 months, there will NOT be** Quality reporting, Care Transformation Requirement reporting, or financial reporting in the Medicaid Path.
- Participating TINs should use August to December 2025 to prepare for CTR reporting for PY 2026 and ensure their EHR has capabilities to track and report the program eQMs.
- Reporting will start in Program Year 2026, and more details will be shared at a later date.

Medicaid Path: Data Platform | Multi-Payer Reporting Suite

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.

[Register here](#) to attend Part 2 of the Multi-payer Reporting Suite Training
Tues, July 29 (12 - 1:30 PM)

Multi-Payer Reporting Suite

1

Claims-Based Reports

Landing Page Dashboard with links to each individual report

List of all available beneficiaries on your panel; create Rosters

Comparison of utilization trends over time

Track Inpatient, ED, PQI & Readmission utilization, including physician follow-up

New dashboard focused on quality and utilization measures



Investigate PMPM spending by care setting

Explore utilization trends by demographic characteristics

Suite focused on prenatal, delivery, and postpartum care

Track Medicaid Redetermination Dates for follow-up

View risk scores and attributes driving those scores

MCO Assignment List

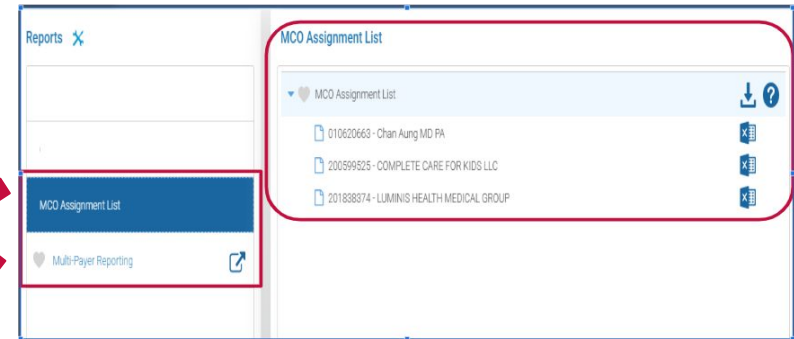
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HealthChoice Members Assignment List

- 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.



January 2026 - Cohort 1 & Cohort 2

2026 Expansion

2026 Program details and requirements build on the 2025 design including:

- Payments remain the same
- Quality Incentive component begins
- CTRs are expanded
- Reporting will begin

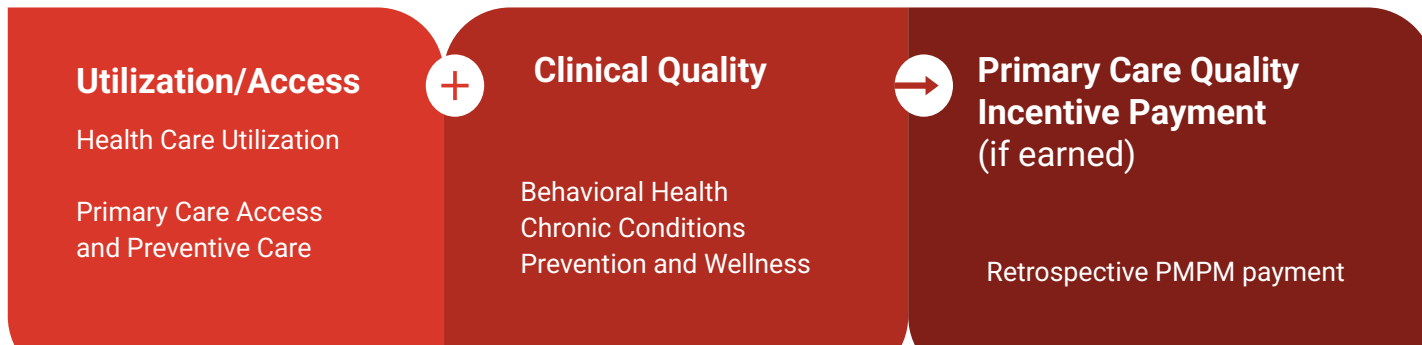
Quality Incentive Methodology

Overview of Quality Incentive

Principles

- Align measures and methodology with other AHEAD Primary Care Programs
- Select validated measures aligned with population health priorities
- Minimize administrative burden on practices

Design



- Performance Year 1 will be for 2026 dates of service (1/1/26 - 12/31/26), which will be measured in the summer of 2027

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.

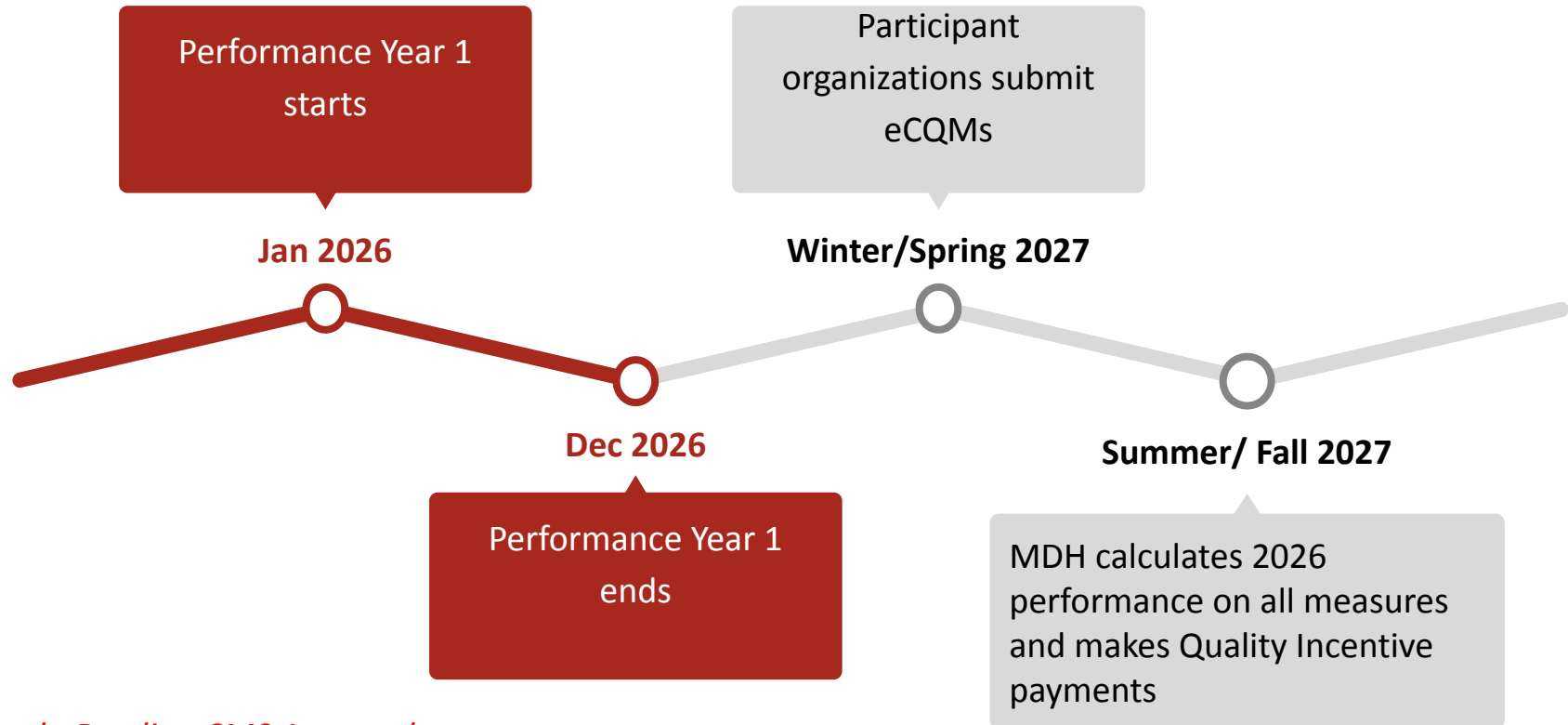
2026 Quality Incentive Measures

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

Proposed - Pending CMS Approval

2026 Quality Incentive Component Timeline



Proposed - Pending CMS Approval

Medicaid Path: Care Transformation Requirements

Care Transformation Requirements - Jan 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

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"/>	
		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"/>	
	1.4				
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 beneficiaries	<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>

Proposed - Pending CMS Approval

Proposed CTRs - 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)

CTR # is based on the MDPCP #

Proposed CTRs - January 2026 continued...

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	Social support services screening and linkages
Pediatrics Requirements	6.1	Newborn appointment availability - evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital
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

Proposed - Pending CMS Approval

CTR # is based on the MDPCP #

Proposed CRISP Requirements - January 2026

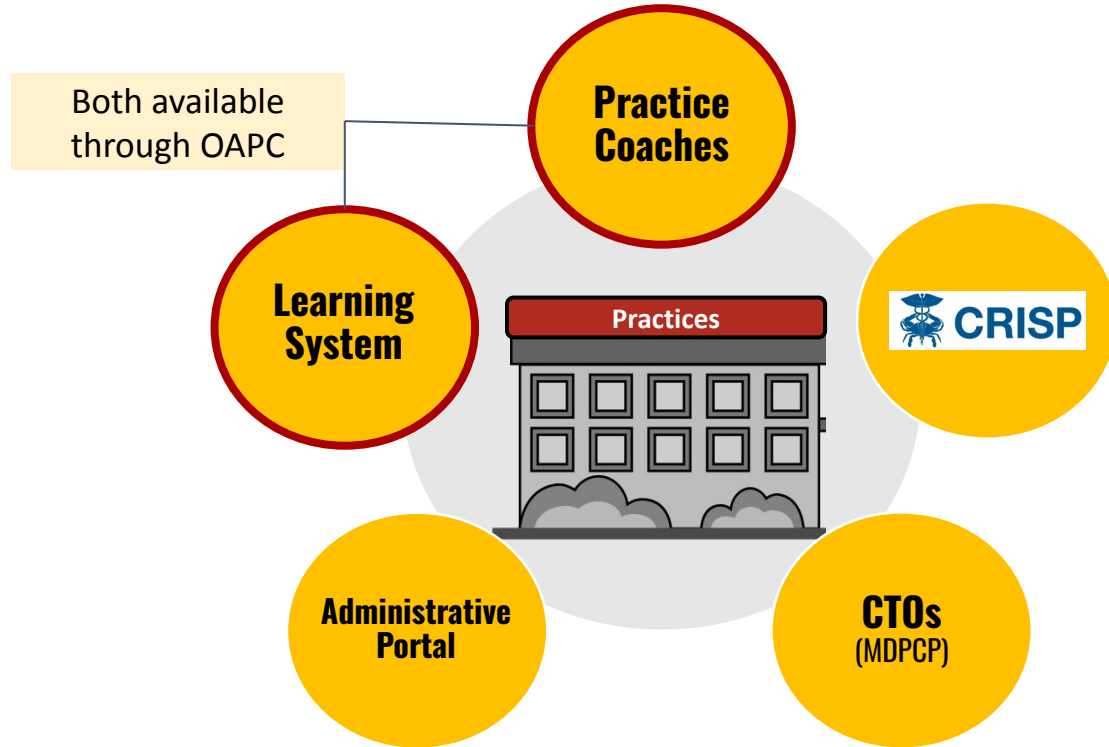
Advanced Primary Care Function	CTR #	Care Transformation Requirement
CRISP Requirements	C.1	Submit CRISP Event Notification Delivery (CEND) panel every 90 days
CRISP Requirements	C.2	Pull MCO assignment list quarterly from CRISP and upload as a panel to the CRISP Multi-payer platform.
CRISP Requirements	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

CTR # is based on the MDPCP #

Proposed - Pending CMS Approval

Practice Supports

Overview of Supports



Question & Answer

Appendix

Adult Measure Alignment

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

* - may be added to gray box 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	Follow-Up After Acute Care Visits for Asthma*		N/A	N/A

* - may be added to gray box in future years