mdafp MARYLAND ACADEMY OF FAMILY PHYSICIANS

MedChi The Maryland State Medical Society

THE AHEAD MODEL: PRIMARY CARE

About the AHEAD Model

The Centers for Medicare & Medicaid Services (CMS) has selected Maryland to implement the new States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. With this selection, Maryland will move away from its current Total Cost of Care (TCOC) Model and continue to build on its state-wide efforts to improve health equity, quality, and access, and to control healthcare costs through the new AHEAD Model.

AHEAD Model Goals

The AHEAD Model Aims to:

- Improve the total health of a state population
- Expand health equity among all payers including Medicare, Medicaid, and private coverages
- Drive state and regional healthcare transformation and multi-payer alignment
- Increase resources available to participating states
- Support primary care and transform healthcare in communities

Prior to the AHEAD model, the State is Encouraged to:

Support and Prioritize the Maryland Primary Care Program (MDPCP) by:

- Improving and increasing enrollment opportunities, including a Medicaid program.
- Maintaining Care Transformation Organizations (CTOs), especially for small and mid-size practices.
- Using the Episode Quality Improvement Program (EQIP) as a wrap-around tool coordinating with MDPCP to target underserved areas.

Keep On-Ramp Track

MDPCP should keep an on-ramp track, so new practice sites may be added without risk.

Augment EQIP with Primary Care Bundles

MedChi and MDAFP strongly believe that we need to add several bundles targeted at primary care.

Expand MDPCP

To further advance the total health of all Marylanders and lower healthcare costs across all payers, MDPCP should be expanded to include Medicaid and private payers in the AHEAD Model.

Incorporate Transformation and MDPCP Gap Services

MDPCP will most likely not have open enrollment opportunities for 2025. MedChi and MDAFP strongly encourage incorporating a transformation role for EQIP primary care to get new practices into MDPCP once we have clarity on the future of the Maryland Model.

Develop an Accessible, Critical Primary Care Program

Using EQIP, a global budget program could be developed to provide accessible primary care for rural and urban settings with shortages. The cost could be covered by Medicaid and the HSCRC to improve outcomes, access, and population health. The program would target creating new pediatric and adult primary care services through a public-private partnership.

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