



# **EQIP Primary Care Program (EQIP-PC) Reporting Template**

Program Year 1

2025

# EQIP-PC Progress Reporting: Frequency and Submission Periods

This reporting is intended to provide an update to MDH and HSCRC on where your EQIP-PC site is at with expanding or building new access to advanced primary care. The results will be shared with the State team that supports this program and is intended to validate that your team is making progress and is not intended to be punitive. If you have any questions on use of EQIP-PC funds, you can consult the EQIP-PC Methodologies document.

<b>Section 1: Financial Reporting</b>	<b>Q2</b>	<b>Q4</b>
1.1 Staffing	✓	✓
1.2 Infrastructure	✓	✓
<b>Section 2: Care Delivery Reporting</b>	<b>Q2</b>	<b>Q4</b>
2.1 Practice Development	✓	✓
2.2 Patient Services	✓	✓
2.3 Providers	✓	✓
2.4 Future EQIP-PC Funding Cycles	✓	✓
2.5 Implementation Plan	✓	✓
<b>General</b>	<b>Q2</b>	<b>Q4</b>
Contact	✓	✓
Confirmation	✓	✓

<b>Practice Reporting Submission Periods</b>				
<b>Reporting Type</b>	<b>Q2 Submission Start Date</b>	<b>Q2 Submission End Date</b>	<b>Q4 Submission Start Date</b>	<b>Q4 Submission End Date</b>
Progress Reporting	5/1/25	5/15/25	10/15/25	10/31/25

# Section 1: Financial Reporting

*For all Financial Reporting, you should report on all funds spent that you received from participation in EQIP-PC. Do not report spending for your practice from any other funding source. All funds spent should be reported on in either the Staffing or Infrastructure sections. Do not report on funds in **both** the Staffing and Infrastructure sections, as this will duplicate the calculation of total funds spent. Please report on all funding received to-date for EQIP-PC.*

## 1.1 Staffing

**How many FTEs of each of the below professional staff types do you employ or contract with using EQIP-PC funds and how many dollars have been spent for each professional staff type using EQIP-PC funds?**

*For the dollars spent column, please include salaries and benefits allocated for that specific professional staff type.*

Staff Type	Approximate Number of FTEs	Dollars Spent
Administrative Support		
Behavioral Health Counselors		
Billing/Accounting Support		
Care Managers - Medical Assistants		
Care Managers - Other		
Care Managers - RN		
Community Health Workers		
Data Analysts		
Dieticians		
Health IT Support		

Licensed Social Workers		
Nutritionists		
Other Administration		
Pharmacists		
Pharmacy Technicians		
Practice Transformation Consultants		
Providers - MDs/DOs		
Providers - NPs		
Providers - PAs		
Psychiatrists		
Psychologists		
Other, please specify: <input type="text"/>		
<b>Total</b>	<b>Auto-calculated field</b>	<b>Auto-calculated field</b>

## 1.2 Infrastructure

How many dollars have been spent for each category from EQIP-PC funds?

Category	Dollars Spent (in total)
Construction/capital improvements	
Rent	
Utilities	
Medical equipment and supplies	
Office supplies	
Advertising and promotion	
Furniture, fixtures, and other related physical infrastructure	
Billing and accounting support (besides staffing)	
Information technology	
Insurance/malpractice	
Other, please specify: <input data-bbox="205 1182 625 1218" type="text"/>	
<b>Total</b>	<b>Auto-calculated field</b>

If you are working with a vendor and spending \$100,000 or more, please list the vendor(s) below. Include the amount allocated to the vendor and the services they are rendering for your practice for the purposes of EQIP-PC (free response):

## Section 2: Progress Reporting

### 2.1 Practice Development

Please select all options that correlate to your practice's development status (select all that apply)

- Location has been selected
- Lease agreement and other legal documents have been signed and completed
- Capital improvements have started
- Capital improvements are complete
- Providers are being onboarded and credentialed
- Non-provider staff are onboarded and trained
- New patients are being seen
- No action has been taken this year

Are there any barriers your practice is facing during development?

- Yes
- No

If yes, please provide more detail (free response):

Which payers is your practice contracted with at the moment?

- Medicare
- Medicare Advantage (any plan)
- Medicaid FFS
- Aetna Better Health (MCO)
- CareFirst BlueCross Blue Shield Community Health Plan (MCO)
- Jai Medical Systems (MCO)

- Kaiser Permanente (MCO)
- Maryland Physicians Care (MCO)
- MedStar Family Choice (MCO)
- Priority Partners (MCO)
- United Healthcare Community Plan (MCO)
- Wellpoint Maryland (MCO)
- CareFirst
- Aetna
- Kaiser Mid-Atlantic
- UnitedHealthcare
- We are not currently contracted with any payers

**Which of the following CRISP/health IT items have you accomplished at this time? (select all that apply)**

- Signed a Participation Agreement with CRISP
- Using a certified EHR (CEHRT)
- Have access and are using CRISP HIE portal
- Uploading a patient panel and using CEND and Population Explorer

**Are there any other details you wish to share with us about your practice development?**

## 2.2 Patient Services

**Please select all options that correlate to your practice's patient services status (select all that apply)**

- Our practice is open to new patients
- Patients can schedule online, over the phone, or through another mechanism
- Our practice is contracted with multiple payers
- Our practice can refer patients out for specialty care, if appropriate
- We are offering care management for patients, as appropriate
- We are tracking continuity of care
- We are integrating behavioral health

- We screen patients for social needs
- None of the above

**How many patients are you aiming to serve through your expanded or new practice during the entire EQIP-PC program? (free response):**

**How many patients are now being served through your expanded or new practice?** Please include any patients that have had a physical or virtual visit at your practice

Payer Type	Number of Patients
Medicare Fee-for-Service	
Medicare Advantage	
Medicaid	
Commercial or private insurance	
Uninsured	
Other, please specify: <input style="width: 150px; height: 15px;" type="text"/>	
<b>Total</b>	<b>Auto-calculated field</b>

**Please share what your care model looks like right now, including any care management services, behavioral health integration, and assistance for health-related social needs (free response):**

### 2.3 Providers

**Have you onboarded providers for your expanded or new practice?**

- Yes



No

**If yes, how many new providers have you onboarded?**

In progress:

Fully onboarded:

**If no, explain why you have not yet onboarded providers (free text)**

Please provide the breakdown of staff type for new providers (# of providers):

MD/DO:

NP:

PA:

## 2.4 Future EQIP-PC Funding Cycles

**Do you have any concerns about your current progress that you believe should result in withholding of your next EQIP-PC funding cycle?** If you do not have any concerns but would still like your payments delayed, please select "Yes" and provide more detail about your payment cycle delay request.

Yes

No

**If yes, please provide more detail (free response):**

## 2.5 Implementation Plan

**Please share any changes in your implementation plan since your original application (free response):**

*Please indicate any new directions in hiring, promotional strategies, or other changes that impact your strategy for building new primary care access*

# General

## Contact

Are you the primary contact for Progress Reporting for this Quarter?

- Yes
- No

## Primary Contact Information

- First name:
- Last name:
- Title/position:
- Email:
- Telephone number:
- Ext (optional):

## Confirmation

### Confirmation

- I have reviewed the information above and certify that it is accurate to the best of my knowledge.