



EQIP Primary Care Program (EQIP-PC) Specifications

Program Year 1

2025

I. Background and Overview.....	3
A. EQIP-PC Background.....	3
B. Alignment with EQIP and CRP.....	3
C. AHEAD Model.....	4
D. EQIP-PC Overview.....	4
1. Involved Parties.....	4
2. Timeline for EQIP-PC Milestones.....	5
II. EQIP-PC Care Partner Eligibility.....	6
A. Care Partner Arrangements and Payment Remission Recipient.....	6
III. Program Payments.....	7
A. Infrastructure Payments.....	7
B. Pre-Approval of Substantial Changes to Proposed Use of Funds.....	8
C. Withholding Funds.....	8
IV. Program Requirements.....	8
A. Submission of Program Documents.....	9
B. Program Progress Reporting.....	9
V. Removal from the Program.....	9

I. Background and Overview

Maryland's Health Services Cost Review Commission (HSCRC) has set all-payer rates for the State's hospitals since 1977, through a waiver with the Centers for Medicare & Medicaid Services (CMS). In 2019, Maryland entered into an agreement with CMS to modernize its rate-setting authority via the Total Cost of Care (TCOC) Model, building on achievements made through the Maryland All-Payer Model (2014-2018). The TCOC Model contains three core programs: Hospital Payment Program, Care Redesign Program (CRP), and Maryland Primary Care Program (MDPCP). The Episode Quality Improvement Program (EQIP) is operated as a track under the CRP. EQIP is a voluntary program that engages non-hospital Medicare providers and suppliers in care transformation and value-based payment through an episode-based approach. The State is expanding EQIP to increase access to primary care through the creation of the EQIP Primary Care Program (EQIP-PC).

This document contains technical specifications for EQIP-PC Program Year 1, running January 1, 2025, through December 31, 2025. It is intended to serve as a technical guide for those seeking to better understand how EQIP-PC is implemented and should not be considered an official CMS document. Other aspects of EQIP-PC are determined by CMS and Maryland Department of Health (MDH) policy. The overall methodology has been tailored to meet the goals of the TCOC Model; requirements of the CRP; and the State of Maryland's needs, unique payment structure, and technical capacity.

A. EQIP-PC Background

EQIP-PC intends to increase access to advanced primary care in underserved areas in Maryland. EQIP-PC is designed to do this in two ways: (1) this new program will be focused on the expansion and creation of new access to advanced primary care and (2) the additional resources will be focused in currently underserved areas.

B. Alignment with EQIP and CRP

EQIP-PC is organized under EQIP for administrative purposes. EQIP-PC is designed to complement the Maryland Primary Care Program (MDPCP) and other advanced primary care programs that serve Medicare and Medicaid populations.

Because EQIP-PC is organized under EQIP, EQIP-PC will align administratively with CRP. EQIP-PC includes "care partners," defined as a provider (MD, DO, NP, PA) in the participating primary care practice, as well as "entities," defined as the primary care practice (physical location providing primary care services). Participating EQIP-PC entities can enroll and participate with either individual care partners or multiple care partners. EQIP-PC entities will opt-in to three interventions that are relevant to EQIP-PC including clinical care/care redesign, beneficiary/caregiver engagement, and care coordination & care transitions. Opting in to these interventions satisfies a requirement under CRP.

EQIP-PC participants will receive infrastructure payments. Additional information on payments can be found in [“Program Payments.”](#)

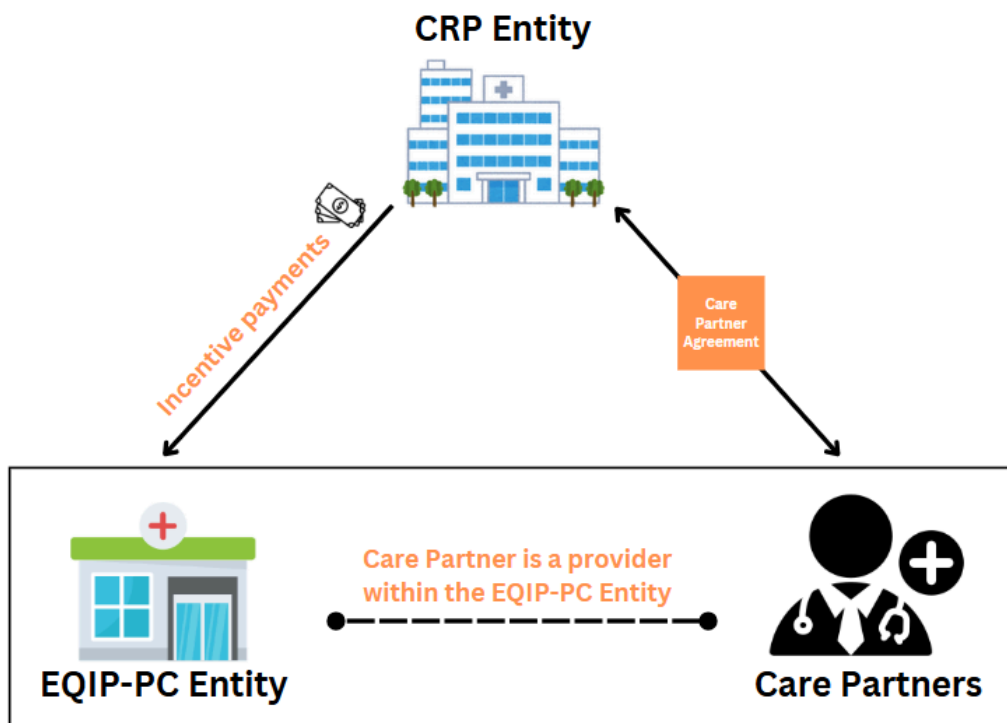
C. AHEAD Model

To ensure the ongoing provision of advanced primary care, EQIP-PC entities are expected to transition to MDPCP or Primary Care AHEAD and the upcoming Medicaid Advanced Primary Care Program, by January 2027. Participation in EQIP-PC assists new sites in the building and preparation of advanced primary care access, particularly in underserved areas of the state. Continuing participation in advanced primary care models through MDPCP or Primary Care AHEAD, as well as the Medicaid Advanced Primary Care Program, will ensure sustainable access to advanced primary care practices for Marylanders past the limited funding timeline for EQIP-PC.

D. EQIP-PC Overview

1. Involved Parties

EQIP-PC involves three parties: Care partners, EQIP-PC entities, and the CRP entity.



- **Care partners:** A care partner is a provider (MD, DO, NP, PA) in the participating primary care practice. Physicians and other approved practitioners licensed and enrolled in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) are eligible to be care partners. The State of Maryland will submit a list of potential care partners to CMS prior to the program year to verify providers are eligible to participate in Medicare. Care partners are also expected

to meet eligibility to participate in Medicaid.

- **EQIP-PC Entities:** An entity is the participating primary care practice. Care partners can participate individually in EQIP-PC within an EQIP-PC Entity or can join with other Care Partners and participate together under one EQIP-PC Entity. This is the case regardless of their professional affiliation with other organizations or legal entities (e.g., a physician group practice).
- **CRP Entity:** The CRP Entity is the hospital that aggregates Care Partner Arrangement Agreements and issues payments to the payment remission source indicated by the EQIP-PC Entity. The CRP Entity for EQIP-PC is the University of Maryland Medical Center. Providers must sign a Care Partner Arrangement Agreement annually with the CRP Entity to participate.

2. Timeline for EQIP-PC Milestones

Participating EQIP-PC entities participate for two years if they are expanding access at a current location and three years if they are creating new access at a new, separate location.

Expanding EQIP-PC Entities

The following list contains milestones for expanding EQIP-PC entities:

PY 2025 (Year 1)	
Q1	Year 1 - Cycle 1 payment disbursed
Q2	Practice progress reporting period
Q3	Year 1 - Cycle 2 payment disbursed
Q4	<ul style="list-style-type: none"> • Practice progress reporting period • Care Partner Agreement signing (contract and vetting) for Year 2 participation
PY 2026 (Year 2)	
Q1	Year 2 - Cycle 1 payment disbursed
Q2	Practice progress reporting period
Q3	Year 2 - Cycle 2 payment disbursed
Q4	Final practice progress reporting period

New EQIP-PC Entities

The following list contains milestones for new EQIP-PC entities:

PY 2025 (Year 1)	
Q1	Year 1 - Cycle 1 payment disbursed
Q2	Practice progress reporting period
Q3	Year 1 - Cycle 2 payment disbursed

Q4	<ul style="list-style-type: none"> Practice progress reporting period Care Partner Agreement signing (contract and vetting) for Year 2 participation
PY 2026 (Year 2)	
Q1	Year 2 - Cycle 1 payment disbursed
Q2	Practice progress reporting period
Q3	Year 2 - Cycle 2 payment disbursed
Q4	<ul style="list-style-type: none"> Practice progress reporting period Care Partner Agreement signing (contract and vetting) for Year 3 participation
PY 2027 (Year 3)	
Q1	Year 3 - Cycle 1 payment disbursed
Q2	Practice progress reporting period
Q3	Year 3 - Cycle 2 payment disbursed
Q4	Final practice progress reporting period

II. EQIP-PC Care Partner Eligibility

Each care partner in an EQIP-PC entity is required to:

1. Sign a standard Care Partner Arrangement Agreement indicating they will comply with the following:
 - a. Use Certified Electronic Health Record Technology (CEHRT) where required by CMS.
 - b. Use and have an active participation agreement with CRISP Chesapeake Regional Information System for our Patients (CRISP), Maryland's Health Information Exchange
 - c. Notify patients about EQIP-PC
2. Pass CMS vetting for eligibility based on the following:
 - a. Medicare PECOS is up to date and correct.
 - b. CMS program integrity verification.
 - c. Law enforcement review.

EQIP-PC entities are eligible to receive infrastructure payments based on the agreed upon amount in their initial EQIP-PC awardee letter. Participating Care Partners can bill payers and receive reimbursement for their services as normal. Program progress is assessed semiannually during the participation period. Participating entities are not expected to repay infrastructure payments. However, future payments may be withheld if program progress reporting indicates misuse of program funds to the extent that spending no longer aligns with the EQIP-PC program. Examples of misuse of program funds include: fraud and using EQIP-PC funds for a site other than the approved EQIP-PC site.

A. Care Partner Arrangements and Payment Remission Recipient

The CRP entity will generate a standard Arrangement Agreement for each Care Partner for electronic signature. The Agreement will detail requirements for participation, standards established for the

program, and details of the EQIP-PC entity. The EQIP-PC entity will provide contact information for each care partner. The EQIP-PC entity must indicate the single Payment Remission Recipient to whom the EQIP-PC entity's applicable infrastructure payment will be distributed. The Agreement allows changes to the Payment Remission Recipient by the EQIP-PC entity.

Each Care Partner must sign an Agreement annually. The State will reach out to participating entities with directions for completing this process on a yearly basis. Care Partners will be removed from the EQIP-PC Entity if they do not (1) pass CMS vetting and (2) sign an Agreement.

III. Program Payments

A. Infrastructure Payments

EQIP-PC entities will receive infrastructure payments intended to support their efforts to expand their current services or establish new services to create new access to advanced primary care services. Infrastructure payment amounts are unique to each EQIP-PC entity and are described in the original EQIP-PC program awardee letters. Participating entities that are expanding access will receive infrastructure payments for two years, while those that are creating new access will receive these payments for three years.

Expanding EQIP-PC Entities

The following list contains the infrastructure payment schedule and proportional amounts for expanding EQIP-PC entities:

PY 2025 (Year 1)		
Q1	Year 1 - Cycle 1 payment disbursed	70% of Year 1 funding
Q3	Year 1 - Cycle 2 payment disbursed	30% of Year 1 funding
PY 2026 (Year 2)		
Q1	Year 2 - Cycle 1 payment disbursed	70% of Year 2 funding
Q3	Year 2 - Cycle 2 payment disbursed	30% of Year 2 funding

New EQIP-PC Entities

The following list contains the infrastructure payment schedule and proportional amounts for new EQIP-PC entities:

PY 2025 (Year 1)		
Q1	Year 1 - Cycle 1 payment disbursed	70% of Year 1 funding

Q3	Year 1 - Cycle 2 payment disbursed	30% of Year 1 funding
PY 2026 (Year 2)		
Q1	Year 2 - Cycle 1 payment disbursed	70% of Year 2 funding
Q3	Year 2 - Cycle 2 payment disbursed	30% of Year 2 funding
PY 2027 (Year 3)		
Q1	Year 3 - Cycle 1 payment disbursed	70% of Year 3 funding
Q3	Year 3 - Cycle 2 payment disbursed	30% of Year 3 funding

B. Pre-Approval of Substantial Changes to Proposed Use of Funds

Establishing a new primary care practice or expanding an existing practice is a complex and challenging process. It is understood that EQIP-PC infrastructure funds may not be spent in the exact amount or usage as proposed during the EQIP-PC application process. EQIP-PC entities will report on any changes through the semiannual program progress reporting. Most changes to proposed use of funds do not need to be pre-approved by CMS, MDH, or HSCRC.

The following substantial changes to use of funds require approval by MDH before proceeding:

- 1) A change in the zip code of the practice
- 2) A change in the number of primary care providers supported through EQIP-PC funds

To get approval for these changes, the EQIP-PC entity should email eqip.primarycare@maryland.gov with a description of the change and an explanation of why the change is occurring. The EQIP-PC entity can only proceed with the change after obtaining written approval for the change from MDH.

C. Withholding Funds

EQIP-PC entities will be assessed on their progression through the program through the semiannual program progress reporting. If a participating entity indicates misuse of program funds, future payments may be withheld.

Participating EQIP-PC entities can also request a cycle payment delay. In this instance, payments will be held and added to the next payment cycle. These requests must be submitted through Progress Reporting.

IV. Program Requirements

A. Submission of Program Documents

Participating EQIP-PC entities are required to submit annual Care Partner Agreements between the EQIP-PC entity and CRP entity. These Agreements are to be completed before the beginning of the subsequent program year, unless otherwise indicated in the Agreement. MDH will work with the CRP entity to confirm accuracy of the completed Agreement and process in a timely manner.

EQIP-PC entities must also provide an IRS W-9 to the CRP entity to legally allow for the disbursement of infrastructure funding. If the Payment Remission Recipient address needs to be changed, a new W-9 will need to be submitted. Requests for these business changes must be submitted via email (equip.primarycare@maryland.gov).

B. Program Progress Reporting

EQIP-PC entities will be responsible for completing semiannual program progress reporting. This reporting will be conducted in Q2 and Q4 of each program year and will assess how the entity is working towards advancing primary care access in underserved areas of Maryland, working to achieve milestones, and utilizing the infrastructure funding.

MDH will assess the responses provided in the semiannual program progress reporting to ensure compliance with the EQIP-PC program goals and ensure infrastructure payments are still appropriate. Reporting responses that indicate inappropriate use of funds or refusal to submit program progress reporting may result in the restriction of further funding and participation in the program.

V. Removal from the Program

EQIP-PC is a voluntary program that requires an initial Agreement and annual consent to participate thereafter. EQIP-PC entities are responsible for notifying MDH if any information in the Care Partner Agreement changes. Should a care partner wish to be removed from an EQIP-PC entity, or an EQIP-PC entity no longer wishes to participate in EQIP-PC altogether, it will be required to update MDH via email (equip.primarycare@maryland.gov).

There are several circumstances where a Care Partner or an EQIP-PC entity will be involuntarily removed from the program:

- Failure to maintain vetting from CMS ([EQIP-PC Care Partner Eligibility](#)).
- Failure to provide care or compliance in conjunction with the Agreement ([Program Requirements](#)).
- Failure to complete program progress reporting or failure to demonstrate appropriate use of infrastructure funding ([Program Requirements](#))