THE MARYLAND MODEL

Global Hospital Budgets
1. Sets fixed annual revenue budgets with continuous monitoring by both state and federal regulators

All-Payer Hospital Rates
2. Ensures equitable access as government and commercial payers pay same regulated rates

Population Health Goals
3. Gives hospitals choices on how to invest fixed dollars to address unique communities’ needs

Quality of Care Incentives
4. Creates incentives for hospitals to meet quality goals with a focus on avoiding potentially avoidable utilization

Care for All Marylanders
5. Supports uninsured and underinsured Marylanders regardless of ability to pay, totaling about $2 million a day

EXCEPTIONAL PERFORMANCE TO DATE

$1.42 Billion
cumulative hospital savings

52% reduction
potentially preventable complications

9% reduction
over five years

Beat all performance targets under 2014 – 2018 contract between Maryland and U.S. Centers for Medicare & Medicaid Services

Source: HSCRC monthly hospital volume and revenue data & CMS monitoring data
WHAT HOSPITALS ARE DOING

Federal evaluators noted Maryland hospitals were more likely to use these health-enhancing strategies than hospitals across the U.S.

Investing in care coordinators and community health workers to transition patients
- Collaborate with post-acute providers to seamlessly implement care plans
- Operate “hotspot” clinics to address behavioral health high utilizers
- Facilitate transportation to follow-up medical appointments

Implementing patient education programs
- Help seniors achieve better balance and strength through wellness programs
- Offer chronic disease management education classes in community
- Reconcile medication in-home and educate patients with complex conditions

Using telehealth/technology to support healthcare in communities
- Empower Marylanders with chronic conditions through in-home visits and monitoring
- Use state-of-the-art health information exchange to support vulnerable patients
- Monitor prescription drug use to ensure patient safety

Expanding beyond healthcare to address social determinants of health needs
- Support chronic condition self-management with healthy food programs
- Provide jobs and training for residents facing socio-economic challenges
- Own and operate apartments to support Maryland’s most vulnerable

Sources: RTI International: Final Report—Evaluation of the Maryland All-Payer Model—November 2019; percents listed reflect hospitals engaged in activities with examples provided by the Maryland Hospital Association through its membership

Maryland Hospital Association