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# AHEAD Overview

# Vision

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**Equity and Excellence in Maryland's Health Care Delivery System that Improves the Health of All**

Community

Primary  
Care

Specialty  
Care

Hospital  
Care

Post  
Acute  
Care

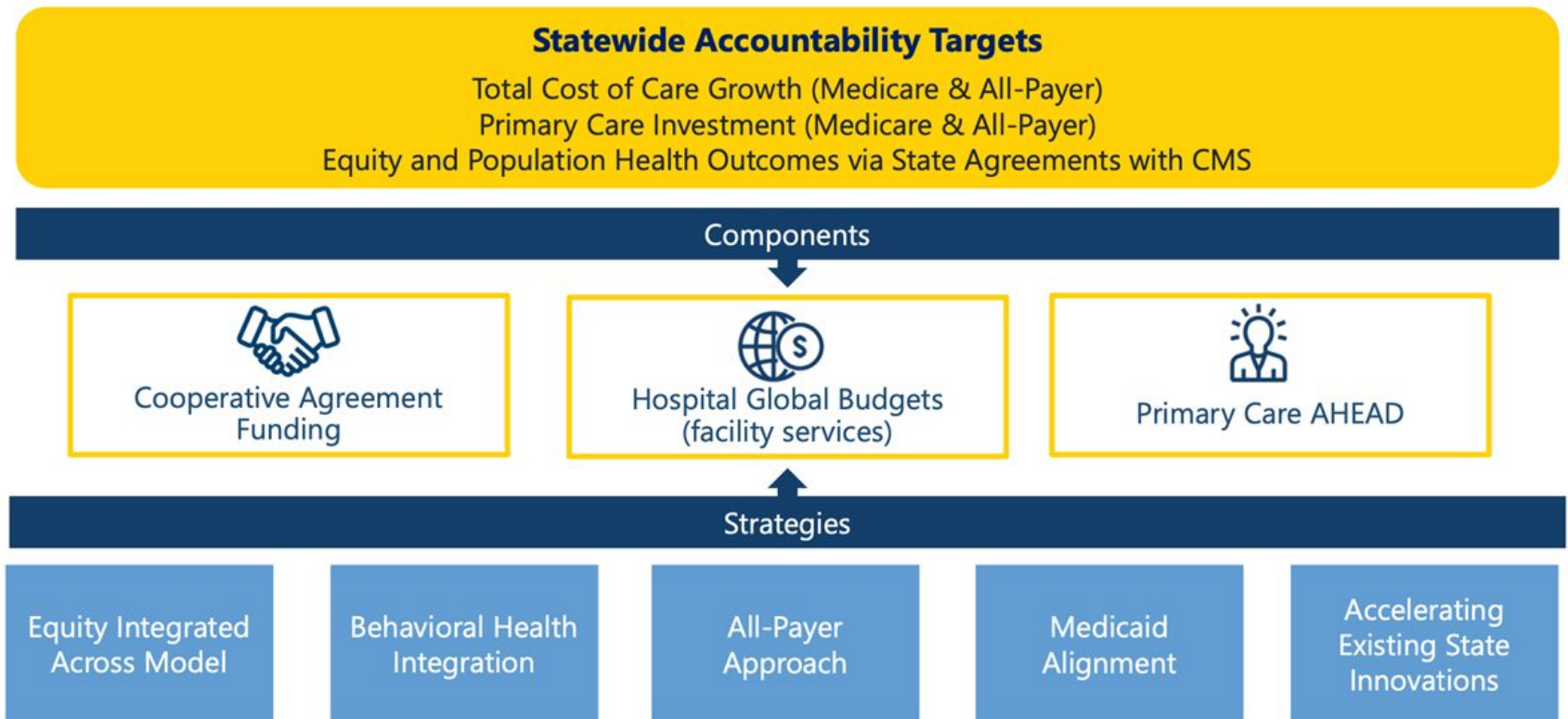
Palliative  
Care

End of  
Life  
Care

**Equity, Community, & Population Health**

# States Advancing All-Payer Health Equity

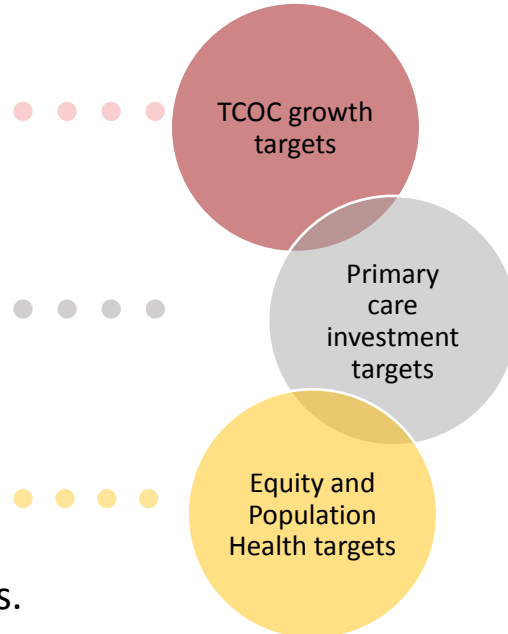
## Approaches and Development (AHEAD) Model



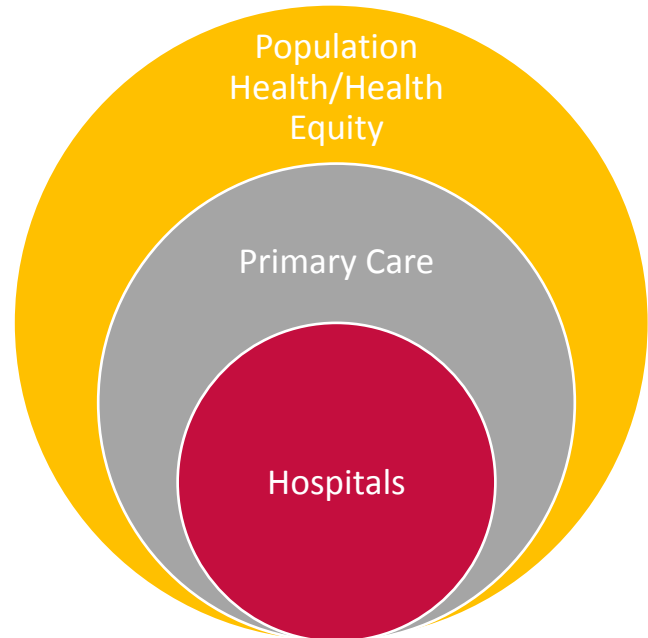
# AHEAD Builds on the TCOC Model

The States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model is a state total cost of care (TCOC) model designed to:

- curb growth in healthcare cost spending;
- improve population health; and
- advance health equity by reducing disparities in health outcomes.



Similar to the Maryland Total Cost of Care (TCOC) Model, AHEAD focuses on three overlapping domains to achieve its goals.



# The Maryland Health Model is Important to Our State

The Maryland Health Model improves the quality of life of Marylanders by:

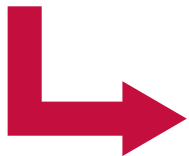
Controlling hospital cost growth while enhancing quality (care is provided in the right setting at the right time).

Guaranteeing equitable funding of uncompensated care

Stabilizing hospitals in order to ensure access to care in all parts of the state (ex. COVID-19)

Equalizing hospital charges for all payers (including the uninsured), benefiting consumers, and employers

Supporting population health and health equity initiatives



Losing the Model would deprive **Maryland communities** of these benefits.

# Why AHEAD

The Total Cost of Care TCOC Model agreement, which is key to Maryland's all-payer rate setting authority, is authorized through December 2026.

CMMI developed AHEAD as the federal policy approach for state implementation of population-based payment models.

**AHEAD is the pathway to secure continuation of the Maryland Model.**



The AHEAD Model enables Maryland to **continue and expand on its long-term commitment** to statewide improvements in healthcare quality while controlling costs.

# What Maryland Brings to the Table

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The AHEAD Model reflects decades-long lessons from Maryland and other states. Thus, Maryland brings many unique strengths to its AHEAD application, including:

Maryland has a long history of **successfully financing healthcare on an all-payer basis**.

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Maryland has the opportunity to **harness existing momentum and align different health equity promotion activities** at the local and state levels.

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**Maryland's Medicaid program has partnered for decades** with the HSCRC to implement innovative payment models.

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The **robust Maryland Model governance structure** provides a solid foundation for evolution of AHEAD Model governance.

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Maryland's experience **operating the Maryland Primary Care Program** will help advance the goals of Primary Care AHEAD.

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Maryland's **technical expertise in establishing and improving global budgets** is unparalleled.

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Maryland's **decades of investment in a robust data infrastructure** support AHEAD Model success.

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# TCOC Model and AHEAD

Feature	MD TCOC Model	AHEAD
<b>Hospital Global Budgets</b>	Maryland has a well developed all payer hospital global budget model.	Maryland can use the same methodology under AHEAD, subject to CMS approval.
<b>Cost Targets</b>	Medicare savings target.	Medicare savings target, primary care investment targets, and all payer savings targets (including Medicaid, MA, and commercial insurance)
<b>Primary Care Program</b>	Maryland has a well-developed Medicare primary care program.	A primary care program that is aligned between Medicare and Medicaid is required.
<b>Quality</b>	Maryland has a robust hospital quality program, including a measure on disparities. The MDPCP Program also has a quality program.	Similar hospital quality targets. For other providers/programs, Maryland will select quality measures from a list of measures provided by CMS.
<b>Population Health &amp; Equity</b>	Maryland set population health targets related to diabetes, opioids, maternal morbidity, and childhood asthma.	States will select a set of population health measures from a menu of options provided by CMS. State must develop a health equity plan and equity targets.



# Advisory Committees

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## Population Health Transformation Advisory Committee (P-TAC)

- Advise the State on the approach to equity-centered population health improvement.

## Primary Care Transformation Advisory Committee (PCP-TAC)

- Advise the State on the approach to equity-centered population health improvement through access to robust, value-based primary care.

## Healthcare Transformation Advisory Committee (H-TAC)

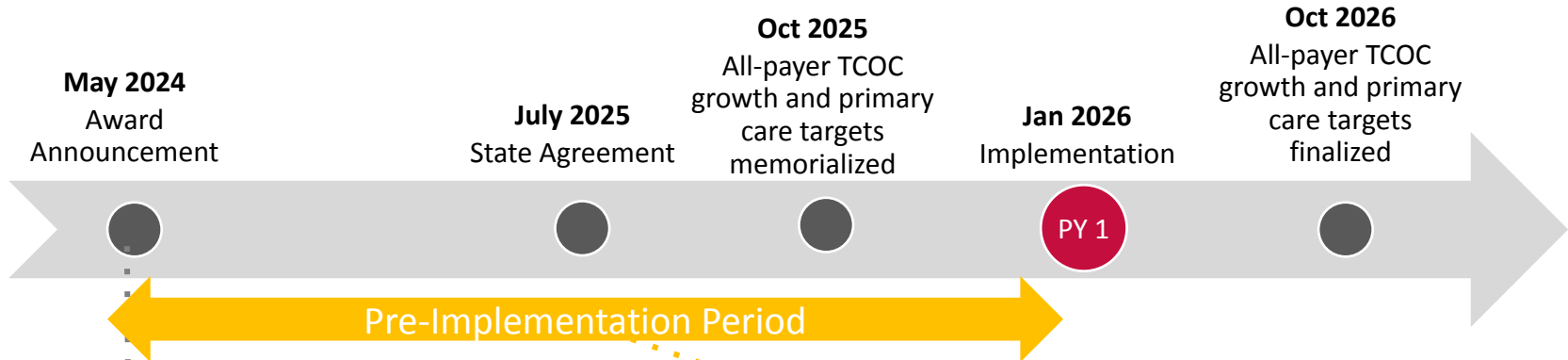
- Advise the State on continued transformation of Maryland's healthcare delivery system, including all-payer cost growth targets.



160 applicants.

Clinicians, public health experts, consumers, academic institutions, hospitals, and payers.

# Looking AHEAD\*



Maryland's NOFO response was submitted in March and the project narrative is available on HSCRC's website.

Applying in Cohort 1 will secure **Maryland's role as a leader** in competing for federal funding while providing it **time to negotiate** new model terms prior to 2026 implementation.

The State envisions that **policy development and decision-making** will begin in July 2024 (the beginning of the Pre-Implementation Period) *or sooner* and continue through the July 2025 execution of the State Agreement. There will be **opportunity for community input** throughout this time frame.

*\*Timeline on Medicare targets and State agreement may be advanced*