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Healthcare Outcome Payment Effort (HOPE) Regional & Statewide Initiatives (RSI)

Request for Applications (RFA)

Responses Requested by September 28, 2026.

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A. Introduction

The Maryland Health Services Cost Review Commission ("HSCRC") is seeking applications from interested organizations for the Healthcare Outcome Payment Effort (HOPE) Regional & Statewide Initiatives (RSI) path. **A separate RFA will be released for Care Transformation Framework (CTF) applications in October.** HOPE is designed to create a clear, predictable, and accountable payment structure that enables hospitals, payers, and community partners to invest in interventions and share in savings. HOPE seeks to sustain and expand population health investments that advance Achieving Healthcare Efficiency through Accountable Design's (AHEAD) goals and drive meaningful system transformation.

Applications should be submitted to the HOPE mailbox at: hscrc.hope@maryland.gov by ***September 28, 2026***. In addition, applicants are required to submit a letter of intent to the HOPE mailbox by ***August 21, 2026.***

B. Background and Introduction to HOPE Policy

HOPE is designed to align closely with the AHEAD Statewide Population Health Accountability Plan (PHAP) and the broader vision advanced by stakeholders.[1] By reinforcing shared accountability for measurable improvements in population health, the framework supports the State's commitment to responsible cost growth, improved outcomes, and transparent performance expectations across the delivery system.

The program also reflects a deliberate opportunity for prevention and restorative health that emphasizes upstream interventions, chronic disease management, and community-based supports. In addition, HOPE seeks to encourage cross-sector collaboration and broader care delivery models. This approach recognizes that meaningful population health gains can benefit from engagement from community providers, social service organizations, and public health partners. Payer alignment under AHEAD reduces fragmentation, promotes value-based care, and supports sustainable cost growth while improving quality and overall population health.

The State's participation in AHEAD presents a pivotal opportunity to strengthen the alignment between payment policy and population health improvement. Building on stakeholder feedback regarding the strengths and limitations of prior initiatives including Potentially Avoidable Utilization (PAU) and CTIs, HOPE builds upon progress to date on these policies by offering clearer guidance to hospitals and partners regarding the return on investment. Described in further detail in sections below, it is a voluntary, upside only model that increases payment predictability and supports planning and investment using an annual

[1] https://health.maryland.gov/mche/pages/default.aspx

payout structure of an initial 3 years based on validated savings. At the same time, it represents a model in which the State becomes an outcome purchaser rewarding measurable, successful interventions.

C. Paths to Participation

Organizations may participate in HOPE through one of two pathways: the Care Transformation Framework (CTF) or Regional & Statewide Initiatives (RSIs). Both pathways are designed to improve population health while reducing emergency department and inpatient expenditures and allow participants to share in the savings they generate. The pathways differ in who leads the initiative, the scale of the intervention, and the approval process. This RFA applies only to the Regional & Statewide Initiative (RSI) pathway. A separate RFA for CTF applicants will be released in early October 2026.

C1. Path 2: Regional & Statewide Initiatives (RSI)

The RSI pathway supports interventions implemented across a defined region or statewide population and are led by a regional or statewide entity in partnership with at least one hospital. Eligible lead entities may include technology or digital health companies, health plans, community-based organizations, or other organizations with the capacity to implement and manage regional interventions. The regional or statewide entity should serve as the primary applicant. Each participating organization must execute a Memorandum of Understanding (MOU) or other contractual agreement with the lead entity that clearly defines partner roles, responsibilities, collaboration, and the distribution of funding. In addition, approved RSI participants must execute an MOU with HSCRC establishing the terms and conditions of participation in the HOPE program. RSI proposals undergo a three-step approval process. Proposals must first be recommended by the HOPE review committee, the HSCRC Executive Director, and then approved by the Commission before participation begins.

D. Funding and Payment Structure

The HOPE model is designed to provide predictability while rewarding measurable improvements in outcomes and utilization. Approved RSI participants are eligible to receive outcome payments based on demonstrated savings. Potential applicants are required to submit a letter of intent (LOI) as described in Section I. As part of the LOI, applicants will propose a savings methodology that defines how performance will be measured. If an applicant is approved to move forward in the process HSCRC staff will work with applicants to refine the methodology during the RFA process and will independently evaluate each methodology for methodological rigor before it goes to the review committee.

RSI participants will receive 50% of validated annual savings generated by their initiative. The approved annual payment amount will remain fixed for up to three years. For example, if an initiative is approved with validated annual savings of $5 million, the RSI entity would receive an annual outcome payment of $2.5

million for three years, for a total of $7.5 million. The lead RSI entity is responsible for distributing outcome payments among participating organizations in accordance with the MOUs or contractual agreements executed among partners. Outcome payments will flow through the partner hospital and will be funded through the partner hospital's approved rates.

E. Seed Funding

HSCRC has made up to $25 million in seed funding available across both CTF and RSI applicants and are intended to help organizations launch interventions that require upfront investment and is separate from outcome payments.

Organizations requesting seed funding must submit a preliminary request and justification as part of the Letter of Intent. Applicants invited to submit a full application must include the requested funding amount and a detailed justification. Seed funding awards will be made only to organizations approved to participate in HOPE, and not all requests will be funded. Approved seed funding awards are expected to be distributed beginning in January 2027.

F. Savings Measurement

HOPE is designed to have a measurement methodology that is rigorous, transparent, and data driven. Payment levels will be based on statistically reliable, validated savings performance, calculated using all-payer claims data to ensure consistency and broad accountability. Statistical methodologies may incorporate risk adjustment to account for differences in patient complexity and case mix across participants whereby expected spending will be adjusted using established clinical risk indicators (e.g., APR-DRG risk scores) derived from relevant data to ensure that performance comparisons reflect true efficiency gains rather than underlying population differences. As outlined above, HSCRC will afford organizations and initiatives flexibility in their baseline for measuring performance. Staff will collaborate with applicants and measurement experts to develop and document a transparent, statistically defensible approach. While staff will continue to prioritize reliable measurement, they may allow payouts based on varying years of certified savings performance.

G. Committee Review and Criteria

The formal review committee (the Committee) will consist of governmental and non-governmental experts established to ensure that proposed interventions are rigorously evaluated, practically grounded, and aligned with program goals before recommending initiatives for approval. The body serves as a review committee rather than a public decision-making entity. The committee will bring informed perspectives to the assessment and qualification of initiatives. The committee is designed to leverage practical expertise and includes members with experience in care transformation and will ensure that recommendations are

not merely theoretical, but actionable and implementable in real-world settings. This blend of public accountability and operational insight helps promote initiatives that are feasible, impactful, and positioned to deliver meaningful results. The HSCRC Executive Director will make the final determination based on the committee's recommendation whether to submit the initiative for vote and approval by the Commission.

In assessing applications, the committee will ensure that submissions reflect meaningful and well-designed interventions. They will ensure that qualified initiatives are a balance of opportunities across the state given the specific challenges of each region and consider the resources already dedicated when considering how to prioritize funding. Specifically, proposals should demonstrate that they:

- Are grounded in a strong evidence base. This may be shown by citing peer-reviewed literature, prior evaluations, pilot studies, established practice standards, or technical assistance supporting the proposed intervention.
- Address a recognized State health priority. This may be shown by aligning with the state's AHEAD PHAP or the State Health Improvement Plan (SHIP) or other policies established by the Maryland Department of Health.
- Target a clearly defined population, by specifying eligibility criteria and defining characteristics of the target population, such as diagnoses, prior utilization of healthcare services, HCC score, geography, demographics, etc.
- Have a high likelihood of producing measurable impact related to the intervention. This may be shown by a clear and well-justified methodology for estimating the impact of the initiative on health and averted costs.
- Avoid adverse impacts on patient experience or total cost of care.

Each application, including savings methodology, will be reviewed by the Committee using the criteria below in Exhibit 1. The Committee's final recommendation which will be incorporated into the formal Commission recommendation. Commissioners will vote by the January 2027 Commission meeting to approve or not approve the initiatives for participation in HOPE for FY2028.

Exhibit 1. Review Criteria

Criteria	Overview
Strong Evidence Base	Does the proposal cite peer-reviewed literature, prior evaluations, pilot studies, or established practice standards supporting the intervention? • Peer-reviewed literature cited and relevant • Prior evaluation(s) of this or a comparable intervention cited • Pilot/demonstration data provided • Alignment with an established practice standard shown
Addresses a Recognized State Health Priority	Does the proposal align with the AHEAD Population Health Accountability Plan (PHAP), the State Health Improvement Plan (SHIP), or another established MDH policy? • Explicit alignment with AHEAD PHAP stated and explained • Explicit alignment with SHIP stated and explained • Alignment with another named MDH policy/priority stated and explained • Alignment claim is specific (names the priority/goal) rather than generic
Clearly Defined Target Population	Does the proposal specify eligibility criteria and defining characteristics of the population it will serve? • Eligibility criteria explicitly stated • Clinical characteristics defined (e.g., diagnoses, HCC score, prior utilization) • Geographic scope defined • Demographic characteristics defined (as relevant) • Estimated population size/reach quantified
High Likelihood of Measurable Impact	Does the proposal present a clear, well-justified methodology for estimating impact on health outcomes and averted costs? • Specific, measurable outcomes other than cost identified • Methodology for estimating health impact described and justified • Methodology for estimating cost impact/averted costs described and justified
Regional Collaboration and Governance	Does the proposal present demonstrate a multi-sector governance structure that includes the following: • Hospitals, community-based organizations, local health departments, and public health representation • Clearly defined decision-making authority • Formal partnership agreements. Signed agreements will be given greater weight than an intent to partner
Operational Readiness and Data Infrastructure	Does the proposal demonstrate robust data infrastructure and operational readiness including the following: • Committed leadership • Realistic implementation timeline • Active CRISP utilization • Data exchange capability • Closed-loop referral functionality, • Outcome tracking capability • Cross-organizational data sharing agreements
No Adverse Impact on Patient Experience or Total Cost of Care	Does the proposal address potential unintended effects on patient experience and total cost of care (TCOC), and how they will be monitored or mitigated? • Potential risks to patient experience identified and addressed • Potential risks to TCOC identified and addressed • Monitoring plan for adverse effects described • Mitigation/contingency plan described if risks materialize

H. Tentative RSI Program Timeline

The HSCRC is currently planning on the following timeline. This timeline is provided as a reference for applicants. All dates are tentative and are subject to change.

August 3, 2026	RSI RFA released
August 21, 2026	Letter of Intent due
September 28, 2026	RSI applications due to the HOPE mailbox at: hscrc.hope@maryland.gov
October 2026	Committee review
November 2026	Staff preliminary award notification
December 2026 (tentative)	RSI recommendation to Commission
January 2027	Awardees formally notified and one-time seed funding into GBRs, as approved.
July 1, 2027	Performance measurement begins

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I. Application Instructions

The application begins on the following page. Please follow these instructions:

- ✓ Only submit pages 8-11 when you submit your application and be sure to include the savings methodology template.
- ✓ In the subject of the email please indicate the following: HOPE RSI Application for *name of your institution.* **Example**: HOPE RSI Application for Cedars-Sinai Medical Center.
- ✓ In the body of the email include the name of the person that should be contacted for any questions or correspondence regarding this application.
- ✓ The letter of intent is required to move your application forward. If you did not submit a letter of intent, we will not accept your application.
- ✓ Attach to the submission your letter of intent, all letters of support, and other agreements in place with partner organizations.
- ✓ Fill out the entire Application Summary on the first page. If any of that information is missing, your application may not be considered.
- ✓ Limit your responses to questions 1-8 to one page or 500 words each in 12-point font, single spaced.
- ✓ Application is due by 11:59PM on September 28, 2026 to hope.hscrc@maryland.gov. LOI is due by 11:59PM on August 21, 2026, to the HOPE mailbox. No exceptions granted.
- ✓ There will be 2-4 RSIs approved for FY 2028 and HSCRC will notify applicants whether they were preliminarily approved or not in November 2026. There is no appeals process.

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Regional & Statewide Initiatives (RSI) Application

Application Summary

Lead applicant:	
Partner hospital:	
Other partners:	
Is this a new or existing initiative?	
Title and description of intervention:	
Projected total savings:	
Performance period:	
Requested seed funding amount (optional):	

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Application Questions

1. Intervention/Population Overview Please describe your initiative/intervention, including:

- Supporting literature and prior evaluations of this type of intervention
- Alignment with State health priorities including AHEAD Population Health Accountability Plan (PHAP), the State Health Improvement Plan (SHIP), or another established MDH policy.
- Region-specific challenges the intervention addresses

2. Target Population Detail Please describe, in greater detail, the target population, including:

- Population served
- Geographic area served i.e. zip codes, counties, etc
- Eligibility criteria — clinical characteristics (e.g., diagnoses, HCC score, prior utilization)
- Eligibility criteria — demographic characteristics
- Estimated size of the population

3. Savings Methodology Please complete the ***Savings Methodology Template*** and attach to the application. For the qualitative portion of the application, provide an overview of the methodology that addresses each bullet below.

- Specific, measurable outcomes other than cost identified
- Methodology for estimating health impact described and justified
- Methodology for estimating cost impact/averted costs described and justified

4. Risks and Mitigation Please describe the risks associated with this intervention, including:

- Risks to patients and patient experience
- Risks to total cost of care
- Monitoring and mitigation plan for identified risks including specific relevant measure/s that will be monitored Payment may be withheld if there are red flags in measure reporting. This will be addressed in the MOU between HSCRC and the initiative.

5. Existing Funding and Duplication Please describe existing funding related to this issue, including:

- Whether funding is already dedicated to this issue in this region (by your organization or others)
- If yes, how this proposal complements (rather than duplicates) existing initiatives
- Names of existing initiatives, including any planned Care Transformation Framework (CTF) initiatives and other Maryland/Federal initiatives

6. Seed Funding Justification If requesting seed funding, please provide a strong justification, including:

- Why this cannot be funded through existing operating budget or other available grants
- What happens if seed funding is not awarded
- The plan for sustaining the initiative once seed funding ends

7. Regional Collaboration and Governance Please describe the collaboration and governance structure including:

- How the structure is a multi-sector governance structure
- Organizations included
- Discuss the decision-making process and who has authority
- Agreements in place including MOUs

8. Operational Readiness and Data Infrastructure Please describe the organization's operational readiness and data infrastructure including:

- Committed leadership
- Realistic implementation timeline
- Active CRISP utilization
- Data exchange capability
- Closed-loop referral functionality
- Outcome tracking capability
- Cross-organizational data sharing agreements

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J. Instructions for Letter of Intent (LOI)

The Letter of Intent (LOI) is designed to help the HSCRC screen proposals and determine whether they generally align with the HOPE program criteria. The HSCRC will only support a limited number of RSIs and consider the resources and funding amounts in final decisions. Programs that are less developed or considered unlikely to be approved during the formal review process may be eliminated during the LOI process.

Response should be limited to one page or 250 words per question. Please submit a complete LOI to the HOPE mailbox at **hscrc.hope@maryland.gov** by 11:59PM **August 21, 2026**.

After reviewing your LOI, HSCRC staff will notify your organization whether your proposal has been approved to move forward to the full application. Organizations that advance may receive analytic support, as needed.

Please respond to the following questions:

1. Provide a high-level overview of the proposed intervention, including the partners involved (including participating hospitals).
2. Does the proposed intervention align with one or more State health priority areas? If so, please describe how.
3. Provide a high-level overview of your proposed methodology for measuring savings. Applicants should review the RFA Savings Template for the elements that your organization's LOI should consider addressing.
4. Do you anticipate requesting seed funding? If so:
    - Approximately how much funding will you request?
    - Provide a high-level justification for the requested funding.
5. Is the LOI signed by both the regional entity (or entities) and at least one participating hospital?
6. Please provide evidence of constituent support and attest that you have the intention of creating MOUs with partners.
7. Please describe the current build-out of the intervention addressing topics such as:
    - Collaboration with key partners currently in place
    - How long has the initiative been in operation or how advanced the planning is
    - Key milestones that have been achieved
    - Data infrastructure including CRISP utilization
8. If your organization is invited to submit a full application, do you anticipate needing technical assistance to develop a more detailed savings methodology?