



maryland
health services
cost review commission

Total Cost of Care Workgroup Meeting

September 23, 2026

Agenda

- HSCRC Updates
- HOPE Updates
- Next Steps & Upcoming Meetings

HSCRC Updates

AHEAD Model Update

- HSCRC staff is managing its policy review and refinement activities in conjunction with ongoing changes to the CMMI methodology. This review and implementation process will continue through July 2027 and includes assessing whether HSCRC's operational processes integrate with the new processes under the AHEAD model.
- These discussions are being conducted through the Payment Models Workgroup. Please visit the [payment model webpage](#) for past materials, recordings, and upcoming meeting dates. Please reach out to hscrc.payment@maryland.gov if you wish to join the distribution list.

MPA Adjustment

- The MPA adjustment effective 7/1/2026 was not implemented by CMMI.
- Waiting for official confirmation from CMMI on next steps.

Comparing CCLF to the New AHEAD Datasets

- The datasets are similar in terms of attribution and claim details but slight beneficiary and claims differences are present
- Among beneficiaries common to both, the AHEAD data contain:
 - Slightly fewer claims and lower payments (~1%), as well as more delayed processing dates
 - Different addresses than present in CCLF (2% of beneficiaries), impacting beneficiary attribution
- These differences will impact each reporting suite differently
- All 2026 reporting in CRS will migrate to AHEAD data by December release

HOPE Updates

HOPE 2026 Timeline

- HSCRC
 - Commission Vote on RSI: January 2027
 - Seed Funding into GBRs: January 2027
- RSI
 - Applications Due: September 28, 2026
 - Present RSI Recommendations to Commission: November - December 2026
 - Final RSI Recommendation to Commission: January 2027
- CTF
 - Release RFA: October 1, 2026
 - Application will be sent out via Smartsheet link from the HOPE mailbox.
 - Please ensure you are forwarding CTF RFA materials to the correct people within your organization.
 - LOI due: October 23, 2026
 - Applications Due: November 20, 2026
 - December 2026: Committee review
 - January 2027: Awardees notified

HOPE Meeting Schedule

1. TCOC Workgroup Meetings

- Continue discussions during second half of workgroup meetings.

2. 30-Minute Monthly HOPE Workgroup Check-Ins (*in-between TCOC Workgroup Meetings*)

- [Zoom Registration Link](#)
- Meeting Dates
 - October 14 – 10AM (CTF Application Review)
 - November 12 – 10AM (Avoids Holiday)
 - December 9 – 10AM

CTF Exploratory Data

- Updated data sets were sent to hospitals who requested and signed DUAs. Please contact the HOPE inbox if you have any issues.
- If you have any additional data requests, you must email the HOPE inbox with your specific request by **October 6**. HSCRC will work with staff to determine if we can meet your request.

Discussion

- Savings Methodology
- Partner Hospitals and Funding
- CTF Alignment with the State
 - Priority areas for the State
 - AHEAD model population health accountability plans (PHAP)
 - Discussed in our [July 2026](#) meeting.
 - [Rural health transformation priorities](#)
 - Maternal Health (Presentation)
- Q&A



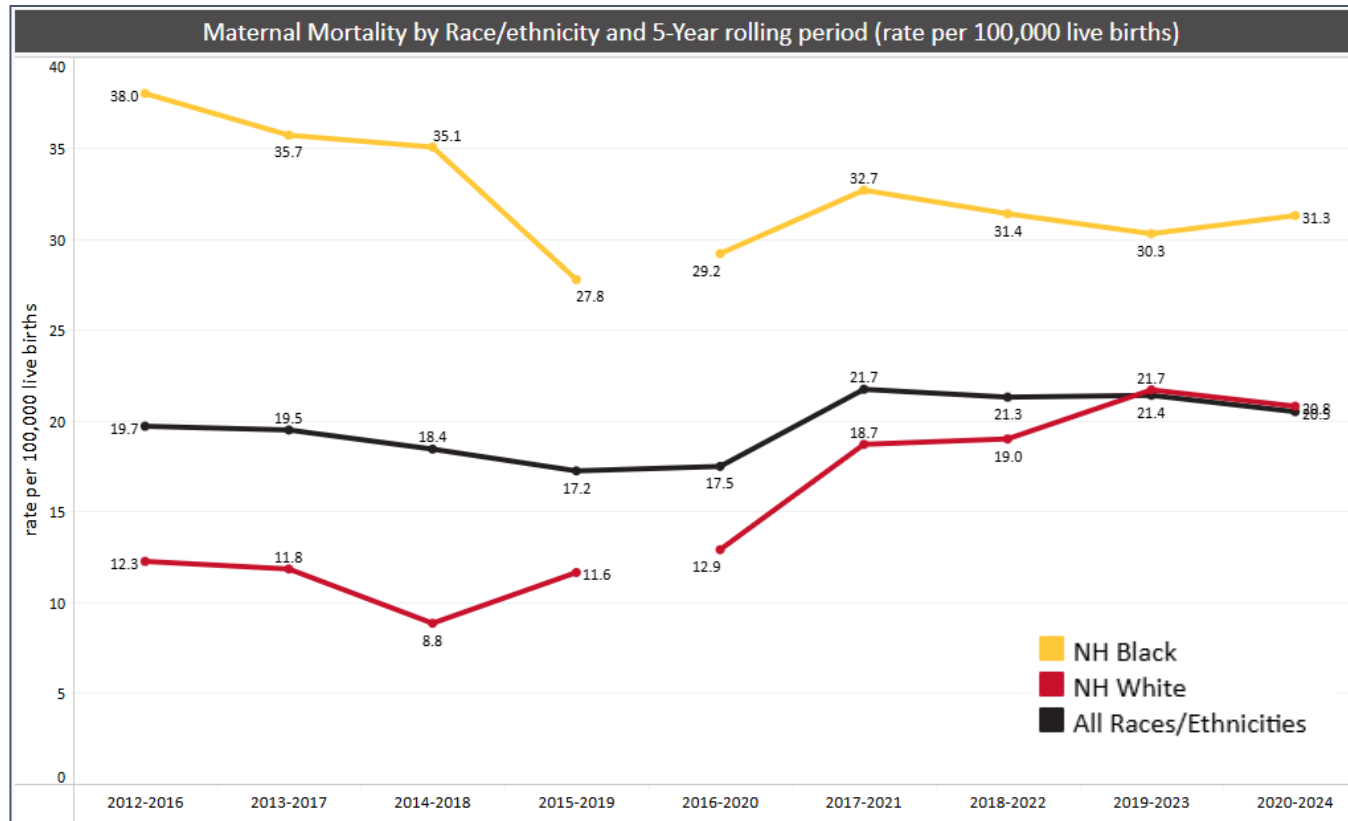
Maternal Health Data - MMR and NTSV

Dr. Meg Sullivan
Deputy Secretary, Public Health Services

September 23, 2026

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Maternal Mortality (<42 days postpartum)



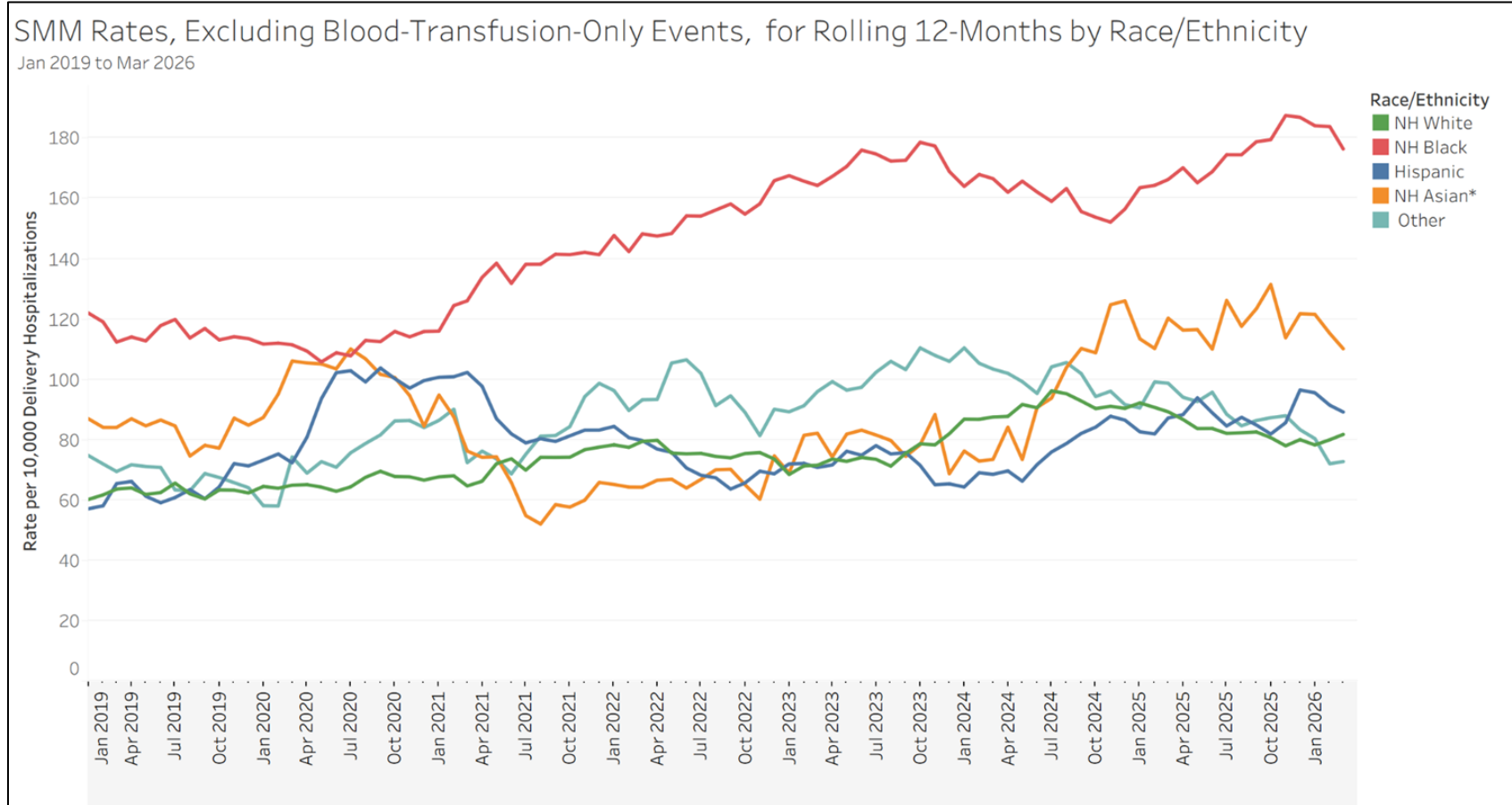
National Comparison

- US: 23.1 (2024)
- MD: 20.5 (2024)
- HP2030 Target: 15.7

Sources: CDC WONDER. Retrieved April 30, 2026 from [Maryland Department of Health - Women's Health Dashboard](#).

America's Health Rankings analysis of U.S. DHHS, CDC, NCHS, NVSS via HRSA, MCHB, FAD Resource Document, United Health Foundation, AmericasHealthRankings.org, accessed 2026.

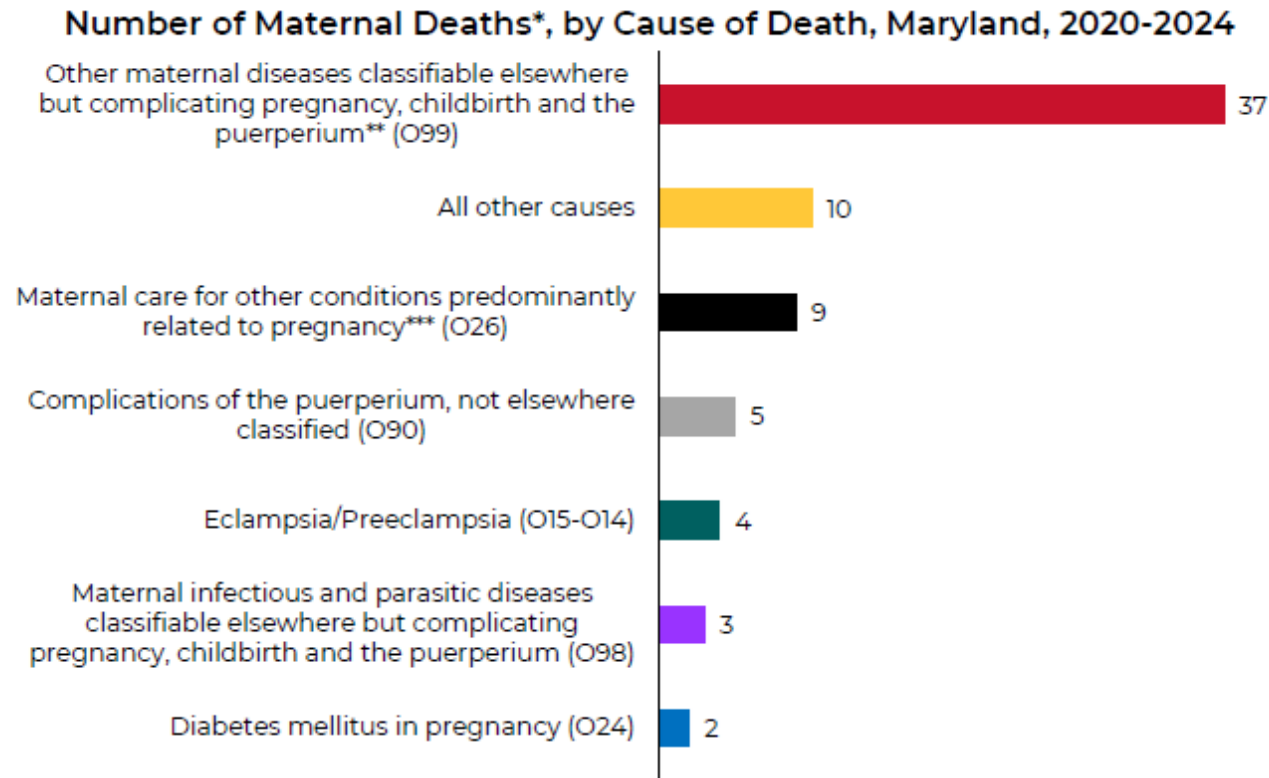
Severe Maternal Morbidity



Rates are per 10,000 delivery hospitalizations

Data source: Maryland Department of Health Maternal and Child Health Bureau analysis of Health Services Cost Review Commission Inpatient Case-Mix Data

Leading Causes of Maternal Mortality



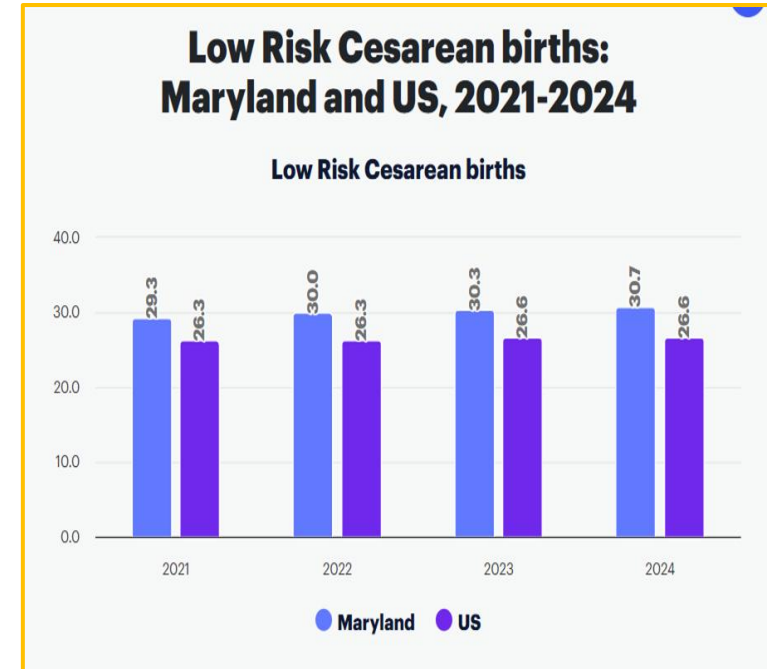
*Maternal deaths were identified using ICD-10 underlying cause-of-death codes: A34, O00-O95, and O98-O99

**Category includes conditions which complicate the pregnant state, are aggravated by the pregnancy or are a main reason for obstetric care (O99.0-O99.8)

***Category includes various conditions that develop during pregnancy and impact the management of the pregnant patient (O26.0-O26.9)

Low-Risk Cesarean Births

- Percent of low-risk births* delivered by cesarean section (2024):
 - US: 26.6%
 - HP 2030 target = 23.6%
 - MD: 30.7%
 - MD Medicaid: 35.6%
 - State ranking: 50th of 50
- Low risk defined as **NTSV**: Nulliparous (first time birth), Term (37+ weeks), Singleton, Vertex (head facing downward)



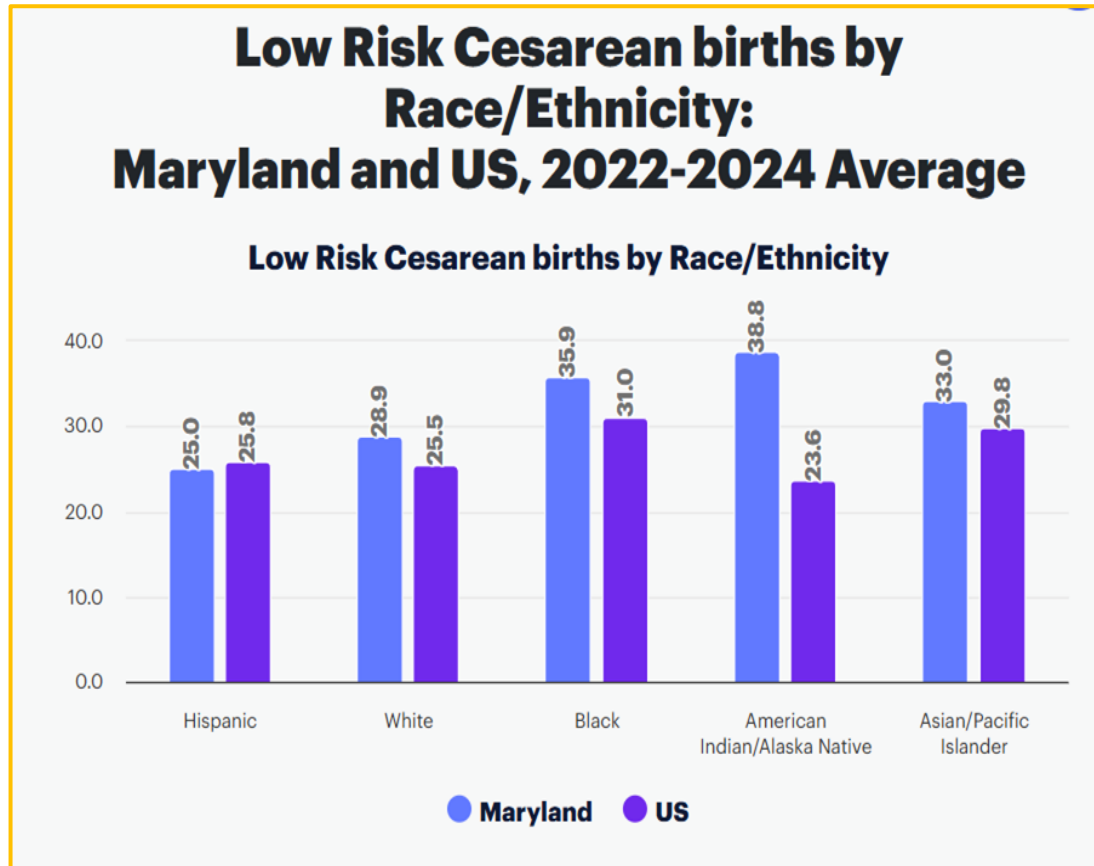
Sources:

National Center for Health Statistics, final natality data. Retrieved April 30, 2026 from March of Dimes

[Peristats](#).

America's Health Rankings analysis of U.S. DHHS, CDC, NCHS, NVSS, Natality Public Use Files via CDC WONDER Online Database, United Health Foundation, [AmericasHealthRankings.org](#), accessed 2026.

Low-Risk Cesarean Births By Race/Ethnicity



Sources:

National Center for Health Statistics, final natality data. Retrieved April 30, 2026 from March of Dimes Peristats.

America's Health Rankings analysis of U.S. DHHS, CDC, NCHS, NVSS, Natality Public Use Files via CDC WONDER Online Database, United Health Foundation, AmericasHealthRankings.org, accessed 2026.

NTSV Rate Reduction Drivers

🎯 Goal: Lower Maryland's NTSV rate to **23.6%** by December 31, 2029

Hospital Culture that Promotes Vaginal Delivery

- Leadership awareness and reporting of NTSV rates
- Explore methods of promoting vaginal birth
- Shared learning and accountability within and between institutions

Minimize Variability Between Providers & Patients

- Standardized protocols (Induction & Stage 2)
- Ongoing clinical education and skills training
- Real-time data feedback to clinicians

Additional Supports for High-Risk Communities

- Access to culturally competent care models
- Integration of multidisciplinary care teams (CNMs, doulas)
- Fostering patient engagement and trust
- Access to enhanced prenatal and perinatal supports

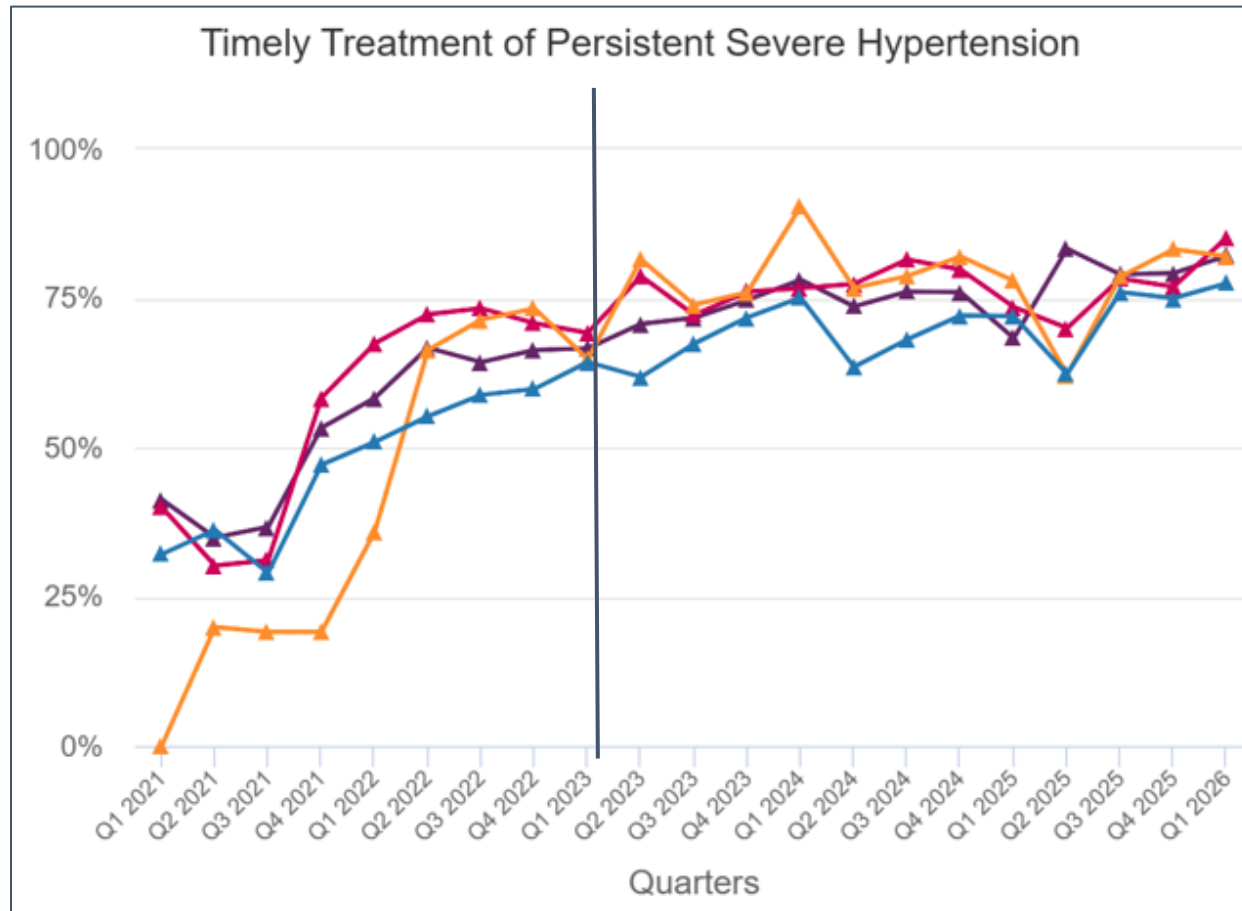
Labor Induction Protocols that Minimize Cesareans

- Standard criteria for elective vs. medical inductions
- Adherence to evidence-based labor progression
- Monitoring and feedback on induction outcomes

Data to Implementation

Previous Quality Initiatives

MDPQC: Severe Hypertension



Maryland Perinatal
Neonatal Quality
Collaborative

Previous Initiative:
Severe Hypertension

Jan 2021: 36.7%
Jun 2023: 77.6%

*Timely Treatment: Correct medication administered within
1 hour of an elevated BP on L&D Unit.



Questions

TCOC Workgroup Next Steps

TCOC Workplan for Upcoming Months

- Upcoming TCOC Workgroup Dates
 - October 28
 - Meeting Agenda TBD
 - November 25 and December 23 Meetings
 - HSCRC is changing the dates around the holiday season. Zoom link will be updated shortly.
 - November 25 → November 17th 8-10AM (**Tuesday**)
 - December 23 – Potentially Cancel
 - 2026 Meeting Dates (Tentative) posted on [TCOC Workgroup Webpage](#)

Thank You
Next Meeting October 28, 8-10 am