State-University Partnerships: Generating Evidence to Support State Policymaking

The Maryland Experience

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The 2014 federal waiver for Maryland’s All-Payer Model for hospitals has these requirements

- Shift 100% of hospital revenue to population-based global budgets
- Limit annual all-payer per capita total hospital revenue growth to 3.58%
- Achieve aggregate savings in Medicare per beneficiary total hospital cost growth over 5 years of $330 million
- Achieve quality targets for readmissions and hospital-acquired infections
- Monitor patient experience of care, population health, and health care expenditures across all payers
Other reforms are underway that are designed to align with the All-Payer Model

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- Duals Accountable Care Organizations
- Primary Care Model
- Regional Partnerships
- Complex and Chronic Care Program and Hospital Care Improvement Program
- Geographic Model
- Medicare (MSSP) ACOs

Source: Maryland Department of Health and Mental Hygiene
Hilltop has been conducting data analytics to support the All-Payer Model

- Medicaid Total Cost of Care methodology
- Predictors of hospitalization for nursing home residents using assessment data
- Maryland’s State Innovation Model (SIM) project: Accountable Care Organizations (ACOs) for Medicare-Medicaid Enrollees (“dual eligibles”)

Hilltop’s work is carried out through its long-standing partnership with Maryland Medicaid

**Flexibility, responsiveness, quick turn-around analytics**
The SIM Project: ACOs for Dual Eligibles (D-ACO)

- Goal is to develop a single transformative model for an integrated delivery system with care coordination for high-needs patients.
- Model must align with the goals of the All-Payer System.
- Integrated delivery system uses data and technology to inform program development and monitoring, care coordination, and rapid cycle evaluation.
- The D-ACO extends the total cost of care concept to encompass Medicare and Medicaid and D-ACOs can share in savings.
Maryland’s D-ACO model is person-centered

Source: Maryland Department of Health and Mental Hygiene
D-ACOs will initially launch in Baltimore City and Baltimore, Montgomery, and Prince George’s Counties.
What is Hilltop’s role?

- Data analytics to better understand Maryland’s dual eligibles
  - Chart book on Medicare and Medicaid utilization and costs
  - Reports on high utilizers, mental health conditions, and service use before/after hospitalization

- Shared savings methodology and risk adjustment based on functional status

- Health analytics hub for producing quality metrics and performance measures
Hilltop is helping Maryland address two major challenges in implementing the D-ACO model

**CHALLENGE 1**
Medicare Data

- Two-year lag (or more)
- Data use agreements (DUAs)
- Data linking

**Hilltop’s Contribution**

- Experience with DUAs
- Medicare-Medicaid data set for dual eligibles in Maryland

**CHALLENGE 2**
Sophisticated Data Analytics

- Shared savings model
- Risk adjustment
- Quality/performance measurement

**Hilltop’s Contribution**

- Extensive data warehouse
- Data linking
- Rate setting expertise
- Data scientists/programmers
- Partnership with actuaries
About The Hilltop Institute

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized research center dedicated to improving the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels.

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