IN THE MATTER OF THE MERGER	*****	**BEFORE THE**
OF HOMECARE MARYLAND, LLC	*****	**MARYLAND HEALTH**
AND CARROLL HOME CARE	*****	**CARE COMMISSION**

****

STAFF REPORT AND RECOMMENDATION
PROPOSED EXEMPTION FROM CERTIFICATE OF NEED REVIEW

I. INTRODUCTION

This matter involves a request for an exemption from Certificate of Need ("CON") review submitted by HomeCare Maryland, LLC ("HomeCare"), a general home health agency (License Number HH7107) that is authorized to provide home health care services in Baltimore City and the counties of Baltimore, Cecil, and Harford. HomeCare, a proprietary corporation, requests an exemption to acquire the assets of Carroll Home Care ("Carroll"), a not-for-profit general home health agency (License Number HH7144) which is authorized to provide home health agency services in three jurisdictions; Baltimore, Carroll, and Frederick Counties. This acquisition will constitute a merger of the two health care facilities because, post-acquisition, only HomeCare will continue to operate as a home health agency, serving the four jurisdictions it is currently authorized to serve and adding Carroll and Frederick Counties to its authorized service area.

Carroll Home Care has operated as a 'hospital-based" home health agency of Carroll Hospital Center, Inc. and, by virtue of that status, is also authorized to provide home health care services to residents of any jurisdiction in Maryland if, in doing so, it is providing service to a patient following discharge from Carroll Hospital Center. The proposed merger will eliminate Carroll Home Care and the surviving entity of the merger, HomeCare, will not be a hospital-based home health agency. Thus, it will not acquire the authority currently exercised by Carroll to follow discharged patients of Carroll Hospital Center to any jurisdiction as a home health care provider. HomeCare would be limited to serving the six jurisdictions identified in the previous paragraph.

Carroll, as part of Carroll Hospital Center, Inc., is a subsidiary of LifeBridge Health ("LifeBridge"). LifeBridge also owns 51% of HomeCare. Therefore, the culmination of this transaction is that the operations of HomeCare and Carroll will combine into one LifeBridge affiliate, which will operate as HomeCare under its existing license (HH7107) and Medicare certification number (#217107).

Under the terms of the proposed agreement, HomeCare will combine Carroll's services in Baltimore County into HomeCare's existing licensed operations. The second part of the transaction will involve HomeCare absorbing Carroll's authorization to operate as a home health agency in Carroll and Frederick Counties, with Carroll Home Care ceasing to operate as a

separately licensed home health agency in Maryland. Finally, HomeCare will establish a branch office in Carroll County.

While the proposed transaction is identified as an acquisition by HomeCare of the assets of Carroll, the objective of this transaction is the consolidation of the two agencies, with HomeCare expanding its service area by adding Carroll and Frederick Counties to its existing authorized service area of Baltimore City and Baltimore, Cecil and Harford Counties. Expanding the number of jurisdictions served by a general home health agency requires Commission approval, either through a CON or, in this case, through an exemption from CON review, pursuant to the merger or consolidation of health care facilities.

COMAR 10.24.01.04 provides that, "subject to the procedural requirements of this regulation, the Commission may exempt from the requirement of Certificate of Need review and approval" certain "actions proposed by a health care facility or merged asset system comprised of two or more health care facilities." Among those actions eligible for exemption from CON review is the "merger or consolidation of two or more hospitals or other health care facilities."

II. Legal Qualification for an Exemption from Certificate of Need Review

The applicable regulations require that facilities or organizations requesting an exemption give the Commission a 45-day written notice of their intent to merge or consolidate. HomeCare provided written notice of the proposed merger with Carroll on July 17, 2015.

This merger will not involve any new construction or renovation to an existing facility, the relocation or reconfiguration of existing medical services, or a change in bed capacity. The transaction is anticipated to close no later than September 30, 2015. There are no outstanding public body obligations associated with these facilities.

III. Notice by the Commission to the Public

On July 23, 2015, staff requested publication of notices of receipt of the request for the exemption in the *Baltimore Sun*. The notice was also published in the *Maryland Register* on August 7, 2015 as required. No comments were received in response to these notices.

IV. Public Information Hearing

A public information hearing is required under certain circumstances when a hospital requests an exemption from CON review for the closure or partial closure of a hospital or for the conversion of a general hospital to a limited service hospital. Because the current request involves the consolidation of home health services and not hospital services, a public information hearing was not required.

V. Determination of Exemption from Certificate of Need Review

The applicable regulations direct the Commission to issue a determination of exemption from CON review if the merged asset system has provided the required information and the Commission finds that the proposed action:

A. Is in the public interest;
B. Is not inconsistent with the State Health Plan; and
C. Will result in more efficient and effective delivery of health services.

A. Is in the Public Interest

HomeCare states that the consolidation of the two home health agencies "will allow residents of Baltimore City, and Baltimore, Carroll, Cecil, Frederick, and Harford Counties to have a completely integrated home care service providing access to a broad range of services." With the completion of the transaction, HomeCare will merge the assets in the two agencies to provide a strong home health provider serving these six jurisdictions, which would be in the public's interest.

HomeCare does not project that this merger will have a significant impact on consumer choice. The completion of this transaction will leave twenty-four home health agencies authorized to operate in Baltimore County, thirteen in Carroll County, and eleven programs in Frederick County.

Staff Review

As shown in the following table, Carroll Home Care has significant market share in only one of the three Counties that it is authorized to serve, Carroll County. It dominates the Carroll County market, with over three times the resident client volume of the HHA serving the second largest number of Carroll County residents. Carroll Home Care has very small shares of the Baltimore County and Frederick County markets.

HomeCare has the fifth largest share of the HHA market in Baltimore County and also in Baltimore City, with approximate market shares of 7% and 9%, respectively. Its share of the Cecil and Harford County markets is negligible. The merger is not likely to materially affect HomeCare's position in its two primary markets, Baltimore County and Baltimore City. Combining the two agencies will reduce the number of agencies serving Baltimore County by one but there are 25 agencies serving the jurisdiction and Carroll Home Care's Baltimore County client volume is so small, that the combined agency, operating as HomeCare, will remain in fifth place, with respect to market share, based on the most recent data available.

A commonly used index of market competitiveness, the Herfindahl-Hirschman index, indicates that Cecil and Frederick County are highly concentrated home health agency markets.[1]

[1] Note: This is not to imply that HHAs typically have service areas that are limited to a single jurisdiction or are uniformly congruent with political boundaries. But regulation of where HHAs can operate, through CON regulation, has historically been by jurisdiction. Jurisdictional boundaries thus define the potential service areas of HHAs. Dominance of one or a few HHAs within a jurisdiction can inform the policy choices MHCC makes in regulating the supply of HHAs in the state.

However, this merger will not have the effect of increasing the level of market concentration in these jurisdictions because it will have no direct effect on Cecil County (only HomeCare serves this jurisdiction) and its only effect on Frederick County will be the replacement of Carroll Home Care (2% market share) with HomeCare. The index does not indicate that the four other jurisdictions served by either of the merging agencies has a highly concentrated home health agency market. Because Medicare is such a dominant payor for HHA services, the pricing implications of high market concentration are muted. But more competitive markets may be beneficial for the consuming public if agencies perceive success, in terms of revenue growth or profit, to be linked to achieving higher levels of performance in competitive market conditions. Regulators can influence this behavior with policies that favor growth opportunities for high-level performers. Payors can adjust payment methods to reward performance; e.g., Maryland HHAs are anticipated to be part of a Medicare payment demonstration of this type, beginning in 2016.

Table 1: Market Share and Jurisdictional Relevance - Six Selected Jurisdictions HomeCare Maryland, LLC and Carroll Home Care, CY 2013

County	Home Health Agency	Market Share of Jurisdiction's Total Clients	Proportion of Agency's Total Clients Served
Baltimore	Carroll	0.7%	7.5%
	HomeCare	6.5%	49.0%
Carroll	Carroll	42.9%	86.8%
	HomeCare		
Cecil	Carroll		
	HomeCare	0.2%	0.2%
Frederick	Carroll	2.0%	5.0%
	HomeCare		
Harford	Carroll		
	HomeCare	0.8%	1.8%
Baltimore City	Carroll		
	HomeCare	8.9%	49.0%

Source: FY 2013 Maryland Home Health Agency Annual Survey, MHCC

A larger HHA will be operating in all six jurisdictions post-merger. HomeCare was the 13th largest HHA operating in Maryland in 2013, with over 2,600 admissions. Carroll's annual volume in that year, 1,822 admissions, was above the state median of 1,500 but about 14% lower than the state mean admissions per HHA. The 55 reporting agencies had a mean volume of 2,047 admissions. This average is skewed by a small number of very large agencies, with over 5,000 admissions per year. The five largest agencies account for over 38% of the state's admissions; thus, the median annual admissions volume per HHA of only 1,500 in 2013. The combined

admissions volume of HomeCare and Carroll could be anticipated to move HomeCare from 13th to the sixth largest HHA in Maryland, by admissions volume.

The reported payor mix of the two agencies in 2013 is shown in the following table. HomeCare, the larger agency, was more reliant on Medicare, the dominant payor for this service. Carroll served a larger proportion of private payors and Medicaid patients than HomeCare. It would be anticipated, post-merger, that the reliance by HomeCare on Medicare may be reduced and a range of private payors may be more important payor sources for the larger agency emerging from the transaction.

Table 2: Net Revenue ($000s) by Payor Type and Payor Mix, FY 2013
Carroll Home Care and HomeCare Maryland

	Medicare	Medicaid	Other Government	Private Insurance	HMO	Self Pay	Other	Total
Carroll	$3.316	$185	$0	$521	$52	$4	$0	$4,078
Homecare	$4,899	$44	$0	$428	$0	$0	$0	$5,371
All MD	$261,908	$5,105	$941	$25,778	$5,219	$551	$861	$300,363
Carroll	81%	5%	0%	13%	1%	0%	0%	100%
Homecare	91%	1%	0%	8%	0%	0%	0%	100%
All MD	87%	2%	0%	9%	2%	0%	0%	100%

Source: FY 2013 Maryland Home Health Agency Annual Survey, MHCC

With respect to performance on quality measures, HomeCare is currently rated 3.5 out of 5 stars for overall quality by the Centers for Medicare and Medicaid Services ("CMS"), which is also the Maryland rating. (See Appendix 2.) Carroll has a current rating of 3 stars. Neither agency stands out as an exceptionally higher performer in the CMS Home Health Compare quality measures currently posted when benchmarked against statewide performance: HomeCare beats Maryland average performance for 6 of 22 measures and Carroll had better scores than the state on 10 of the 22. For two non-quantified measures in the "prevention of unplanned hospital care" group, HomeCare is rated as "worse than expected" in re-admissions after a recent hospital stay and "better than expected" on hospital emergency room care (no re-admission) after a recent hospital stay. Carroll was rated as "same as expected" on readmissions and "better than expected" in hospital ER care. Carroll stands out as above average in patient survey results, exceeding the state average on five of five customer satisfaction ratings while HomeCare scored worse than the state average on all five. The following Table 3 summarizes this benchmarking of performance against the overall Maryland average performance.

Better Than Maryland Average Performance Levels on CMS Home Health Compare Quality Measures by Type of Measure and Patient Survey Results September, 2015

	HomeCare	Carroll
Managing Daily Activity	2 of 3	0 of 3
Managing Pain & Treatment of Symptoms	1 of 5	3 of 5
Treating Wounds & Preventing Pressure Sores	1 of 4	3 of 4
Preventing Harm	2 of 8	3 of 8
Preventing Unplanned Hospital Care	0 of 2	1 of 2
Patient Survey Results	0 of 5	5 of 5

Source: Home Health Compare, CMS, Sept 2015

Staff concludes that no clear "public interest" basis for declining to approve an exemption from CON for this proposed merger exists. It will not have any substantive impact in reducing the competitiveness of the affected markets. It will create a larger HHA, which may have a positive impact on the ability of HomeCare to produce services at a lower cost. There is no clear basis for finding that access to HHA services will be negatively affected for any class of patient. The merging agencies are average performers, considering the overall quality rating issued by CMS.

B. Is not inconsistent with the State Health Plan or the institution-specific plan developed by the Commission

Commission Staff's review of this request for exemption does not indicate that it is inconsistent with the applicable State Health Plan ("SHP") standards at COMAR 10.24.08. Appendix 1 to this report reviews and comments on each of the SHP's project review standards for general home health agency services with respect to this proposed consolidation.

C. Will result in the delivery of more efficient and effective health care services

HomeCare served 2,447 unduplicated clients in four jurisdictions in CY 2013, while Carroll served a total of 1,815 unduplicated clients in four jurisdictions (1,576 in Carroll, 137 in Baltimore County 90 in Frederick, and 12 in Howard County[1]). So, the consolidated HomeCare resulting from the proposed merger is likely to have a client volume that is over 70% larger than HomeCare's current volume, if it holds on to the market share achieved by these HHAs separately. HomeCare states that it can easily absorb the Carroll patient service volume and operate the expanded services area in an efficient and effective manner. HomeCare will keep its home office in Baltimore County open as the main office of the larger agency and will operate a branch office in Carroll County, converting the existing Carroll operational base.

[1] As previously noted, a hospital-based home health agency like Carroll Home Care is allowed to provide follow-up home health services to patients discharged from Carroll Hospital Center. Therefore, Carroll served twelve patients residing in Howard County, although it has not been specifically authorized, through issuance of a CON, to serve Howard County.

The increase in scale is significant enough, moving from a single agency serving four jurisdictions with approximately 2,600 admissions to an agency serving six jurisdictions with approximately 4,500 admissions, that efficiencies and economies of scale in staffing can be achieved. The unit cost of overhead for functions such as staff training, health care record systems, and office operations should also be reducible through the proposed merger.

Staff recommends that the Commission find the merger is likely to result in the delivery of more efficient health care services and will not diminish the effectiveness of care, based on the quality of care indices, payor source, and market effects reviewed under Part V.A. of the report, concerning the public interest considerations related to the merger.

VI. CONCLUSION AND STAFF RECOMMENDATION

For the reasons set forth above, staff recommends that the Commission **APPROVE** the request for an exemption from CON review for the merger of HomeCare Maryland, Inc. and Carroll Home Care. If implemented as proposed, HomeCare, the surviving general home health agency, will acquire authority, through this exemption, to provide general home health agency services to the residents of Carroll and Frederick Counties.

IN THE MATTER OF THE MERGER	*****	**BEFORE THE**
OF HOMECARE MARYLAND, LLC	*****	**MARYLAND HEALTH**
AND CARROLL HOME CARE	*****	**CARE COMMISSION**

****

ORDER

Having reviewed and considered the information and analysis contained in the Staff Report and Recommendation, it is, this 17th day of September, 2015, hereby **ORDERED** that:

The request for exemption from Certificate of Need review filed by HomeCare Maryland, LLC and Carroll Home Care for the merger of two general home health agencies, with HomeCare as the surviving general home health agency program, is hereby **GRANTED.**

MARYLAND HEALTH CARE COMMISSION

APPENDIX 1:CONSISTENCY WITH THE STATE HEALTH PLAN

Proposed Consolidation of HomeCare Maryland, LLC with
Carroll Home Care, a subsidiary of Carroll Hospital Center, Inc.

The following review of the SHP standards contained in COMAR 10.24.13 includes comments on the standards at

COMAR 10.24.08.10 Home Health Agency Standards.

A. General and Specialty Home Health Agencies. The Commission will use the following standards to review proposals for general and specialty home health agencies, as defined in §.16B of this Regulation.

(1) Service Area. An applicant shall:

(a) Designate the jurisdiction in which it proposes to provide services; and

(b) When applying to provide services in more than one jurisdiction, provide an overall description of the configuration of the parent home health agency and its interrelationships, including the designation and location of its main office, each subunit, and each branch, as defined in this Regulation, or other major administrative offices recognized by Medicare.

HomeCare is currently authorized to provide home health agency services to the residents of Baltimore City, and Baltimore, Cecil, and Harford Counties. With the completion of this merger transaction, Carroll Home Care will cease operations as a home health agency provider in Maryland, and HomeCare will obtain authorization to serve the residents of Carroll and Frederick Counties. HomeCare will continue to operate its main office in Baltimore, and operate a branch office in Carroll County.

(2) Financial Accessibility.

(a) An applicant shall be, or propose to be, Medicare- and Medicaid-certified, and accept clients whose expected primary source of payment is one or both of these programs.

(b) An applicant seeking Certificate of Need approval as a specialty home health agency may show evidence why this rule should not apply.

HomeCare and Carroll are existing home health agencies that are certified to participate in both the Medicare and Medicaid programs. HomeCare will continue to accept clients whose primary source of payment is either Medicare and/or Medicaid after the merger.

(3) Information to Providers and the General Public.

(a) An applicant shall inform the following entities about the agency's services, service area, reimbursement policy, office locations, and telephone numbers:

(i) Except as provided in .10B(5) of this Chapter, all hospitals, nursing homes, assisted living facilities, and hospice programs within its proposed service area;

(ii) At least five physicians who practice in its proposed service area;

(iii) At least one appropriately age-focused Medicaid home and community-based waiver program;

(iv) Except as provided in .10B(5) of this Chapter, the Senior Information and Assistance offices located in its proposed service area; and

(iv) The general public in its proposed service area.

(b) An applicant shall make its fees known to clients and their families before services are begun.

As an existing home health agency, HomeCare provides information regarding the services offered, service area, reimbursement policy, office locations, and telephone numbers to the health care providers listed in this standard. HomeCare informs the patients and their families of its fees before home health agency services have begun.

(4) Time Payment Plan. An applicant shall:

(a) Establish special time payment plans for an individual who is unable to make full payment at the time services are rendered; and

(b) Submit to the Commission and to each client a written copy of its policy detailing time payment options and mechanisms for clients to arrange for time payment.

HomeCare's Financial Assistance policy makes provisions for extended payment plans "to accommodate the patient's abilities to make payment." A copy of the Financial Policy and the availability of extended payment plans is provided to the patient at the time of admission.

(5) ***Charity Care and Sliding Fee Scale.*** Each applicant for home health agency services shall have a written policy for the provision of charity care for uninsured and underinsured patients to promote access to home health agency services regardless of an individual's ability to pay.

(a) The policy shall include provisions for, at a minimum, the following:

(i) Establishing estimates of the amount of charity care the agency intends to provide annually;

(ii) A sliding fee scale for clients unable to bear the full cost of services;

(iii) Individual notice of its charity care and sliding fee scale policies to each client before services are begun; and

(iv) Making a determination of probable eligibility for charity care and/or reduced fees within two business days of the client's initial request.

(b) An applicant for a specialty home health agency exclusively serving continuing care retirement community residents may present evidence why .10A (5) (a) of this Regulation should not apply.

HomeCare employs a number of methods to inform patients regarding its Financial Assistance policy, which include signage in conspicuous locations, providing notices to individuals, an annual ad in the local newspaper, and posting on the HomeCare website at http://homecaremaryland.com/uploads/file/Charity%20Care%20Policy%20ALS%2020150707.pdf..
Staff provides a copy of this policy to each person who seeks services at the time of admission.

As for the amount of charity care it intends to provide annually, HomeCare's policy states the estimated amount is based on the most recent available statewide average percentage of "Total Dollar Value Provided to Charity Clients" to "Total Cost, all Visits" as provided by the Maryland Health Care Commission. The financial assistance policy includes a sliding fee scale for patients eligible for financial assistance. A decision on eligibility for charity care and/or reduced fees will be rendered within two business days after the patient submits the Financial Assistance Application.

(6) ***Quality.*** An applicant shall develop an ongoing quality assurance program that includes compliance with all applicable federal and state quality of care standards, and provide a

copy of its program protocols when it requests first time approval as required by COMAR 10.24.01.18.

HomeCare submitted a copy of its Quality Assurance Program, which includes the policies with regard to Performance Improvement and Utilization Review. These policies comply with all applicable federal and state quality of care standards.

MHCC's *Consumer Guide to Long Term Care*[1] provides a list of 22 home health quality measures[2] for the following five categories of care: managing daily activities; managing pain and treatment symptoms; treating wounds and preventing pressure sores; preventing harm; and preventing unplanned hospital care. A comparison of the results for these quality measures for HomeCare Maryland and Carroll Home Care with the average for all Maryland home health agencies is provided in Appendix 2.

Medicare's Home Health Compare website[3] provides a quality of patient care 5-star rating system for the two home health agencies. HomeCare Maryland received 3 ½ stars and Carroll Home Care received 3 stars out of 5. The CMS website states that across the country, most agencies fall "in the middle" with 3 or 3 ½ stars.

[1]Available at: http://mhcc.maryland.gov/mhcc/pages/apcd/apcd_quality/apcd_quality_hh_quality.aspx.
[2]As reported on CMS Home Health Compare Measures Report for the time period January 2014 – December 2014.
[3]Available at: http://www.medicare.gov/homehealthcompare/search.html.

(7) ***Cost.*** An applicant shall assure that its costs and charges are not excessive in relation to those of other agencies that operate in the same and nearby jurisdictions.

HomeCare states that reimbursement for home health agencies is determined by the insurers based on patient acuity, the type of home care provided, and the location of the service. Medicare is the largest payor for home health services. The Medicaid program sets its own rates, which are the same for every provider; private pay insurers are reimbursed on a fee for service basis that is negotiated by the payor with the provider. HomeCare states "its rates are competitive and are not excessive."

(8) ***Linkages with Other Service Providers.*** Except as provided in .10B(5) of this Chapter, an applicant shall document its established links with hospitals, nursing homes, hospice programs, assisted living providers, Adult Evaluation and Review Services, Senior Information and Assistance, adult day care programs, the local Department of Social Services, and home-delivered meal programs located within its proposed service area.

(a) A new home health agency shall provide this documentation when it requests first use approval.

(b) A home health agency already licensed and operating in Maryland shall provide documentation of these linkages before beginning operation in the new jurisdiction.

As existing home health agencies operating in Maryland, both HomeCare and Carroll Home Care currently have linkages and relationships with existing health care providers in the jurisdictions where they are authorized to operate. Since Carroll Home Care currently has linkages with providers in Carroll and Frederick Counties, HomeCare will maintain the relationships with these providers when it expands services into these two jurisdictions. Thus HomeCare complies with this criteria.

(9) ***Discharge Planning.*** An applicant shall provide documentation of a formal discharge planning process.

HomeCare's Patient Discharge Process states discharge planning is initiated for every home care patient at the time of the patient's admission. HomeCare provided a copy of the Patient Discharge Process with their exemption request.

(10) ***Financial Solvency***. An applicant shall document that it can comply with the capital reserve and other solvency requirements specified by the Centers for Medicare and Medicaid Services (CMS) for a Medicare-certified home health agency.

HomeCare and Carroll Home Care are both existing home health agencies operating in Maryland. HomeCare will continue to operate as a home health agency after the merger. Therefore, this criteria does not apply.

(11) ***Data Collection and Submission*****.** An applicant shall demonstrate the ability to comply with all applicable federal and State data collection requirements including, but not limited to, the Commission's Home Health Agency Annual Report and the CMS's Outcome and Assessment Information Set (OASIS).

HomeCare complies with all applicable federal and State data collection requirements.

Appendix 2

Home Health Quality Measure Comparison:

HomeCare Maryland,

Carroll Home Care

and

All Maryland HHAs

	HomeCare Maryland	Carroll Home Care	Maryland Average
Quality of Patient Care Star Rating	**3.5 out of 5**	**3 out of 5**	**3.5 out of 5**

	HomeCare Maryland	Carroll Home Care	Maryland Average
Managing Daily Activities			
How often patients got better at walking or moving around.	65.3%	60.2%	**65.1%**
How often patients got better at getting in and out of bed.	68.6%	57.8%	**62.6%**
How often patients got better at bathing.	67.1%	60.9%	**70.3%**
Managing Pain and Treatment Symptoms			
How often the home health team checked patients for pain.	90.1%	99.6%	**97.8%**
How often the home health team treated their patients' pain.	96.0%	99.8%	**97.3%**
How often patients had less pain when moving around.	66.0%	58.9%	**70.0%**
How often the home health team treated heart failure (weakening of the heart) patients' symptoms.	85.7%	99.0%	**95.8%**
How often patients' breathing improved.	76.4%	64.6%	**74.3%**
Treating Wounds and Preventing Pressure Sores			
How often patients' wounds improved or healed after an operation.	84.0%	84.2%	**90.4%**
How often the home health team checked patients for the risk of developing pressure sores (bed sores).	99.1%	99.5%	**99.2%**
How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care.	97.9%	100.0%	**96.9%**
How often the home health team took doctor-ordered action to prevent pressure sores (bed sores).	92.0%	98.4%	**94.9%**
Preventing Harm			
How often the home health team began their patients' care in a timely manner.	62.4%	96.5%	**90.4%**
How often the home health team taught patients (or their family caregivers) about their drugs.	75.1%	77.7%	**90.1%**
How often patients got better at taking their drugs correctly by mouth.	57.8%	40.3%	**56.8%**
How often the home health team checked patients' risk of falling.	96.9%	89.1%	**97.1%**
How often the home health team checked patients for depression.	89.3%	99.8%	**96.3%**
How often the home health team determined whether patients received a flu shot for the current flu season.	79.4%	76.0%	**76.9%**
How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot).	72.2%	71.5%	**76.2%**

For patients with diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care.	92.9%	98.1%	**93.1%**
Preventing Unplanned Hospital Care			
How often patients receiving home health care needed any urgent, unplanned care in the hospital emergency room without being admitted to the hospital.	11.0%	9.2%	**11.5%**
How often home health patients had to be admitted to the hospital.	15.7%	16.7%	**16.5%**

	HomeCare Maryland	Carroll Home Care
How often home health patients, who have had a recent hospital stay, had to be re-admitted to the hospital	**Worse than expected**	**Same as expected**
How often home health patients, who have had a recent hospital stay, received care in the hospital emergency room without being re-admitted to the hospital	**Better than expected**	**Better than expected**

Patient Survey Results

HomeCare: 123 completed surveys/24% response rate Carroll: 359 completed surveys/42% response rate CY 2014 patients in both cases	**HomeCare Maryland**	**Carroll Home Care**	**Maryland Average**
How often the home health team gave care in a professional way	**86%**	**91%**	**87%**
How well did the home health team communicate with patients	**83%**	**90%**	**85%**
Did the home health team discuss medicines, pain, and home safety with patients	**80%**	**86%**	**82%**
How do patients rate the overall care from the home health agency	**76%**	**87%**	**82%**
Would patients recommend the home health agency to friends and family	**66%**	**87%**	**76%**