

Maryland Health Care Commission

The Maryland General Assembly created the Maryland Health Care Commission (MHCC) in 1999 through the consolidation of two existing commissions to *"establish a streamlined health care regulatory system in this state in a manner such that a single state health policy can be better articulated, coordinated, and implemented."*

Mission & Vision Statement

The Maryland Health Care Commission (Commission) is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public. The Commission's vision for Maryland is to ensure that informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as models for the nation.

Overview

The Commission is composed of 15 members appointed by the Governor, with the advice and consent of the Senate, for a term of four years. The Commission is organized around the health care systems seeking to evaluate, regulate, or influence, bringing a wide range of tools (data gathering, public reporting, planning and regulation) to bear to improve quality, address costs, or increase access. The Commission is made up of five Centers. A brief description of each of the Centers follows.

The Center for Hospital Services

The **Center for Hospital Services** focuses on improving hospital care, bringing together planning, certificate of need (CON), and public reporting of cost and quality. The Center is tasked with:

- Planning for hospital services and the drafting of the acute care chapter of the State Health Plan.
- Overseeing specialized inpatient services such as cardiac surgery, obstetrics, neonatal intensive care, organ transplant, and psychiatry, including developing the state health plan chapters, managing CONs for these services, and granting appropriate waivers to allow hospitals meeting rigorous criteria to perform emergency angioplasty.

- Providing meaningful information to consumers about the quality and outcomes of care provided in all Maryland acute care hospitals. It publishes the *Hospital Guide*, containing both general information and specific quality and outcome measures. The Center reports on the quality of hospital efforts in surgical infection prevention and is developing strategies to gather and report the rates of key hospital acquired infections. The Center plans to expand public reporting of angioplasty quality and outcomes beyond the current waiver hospitals to include all hospitals performing emergency angioplasty and is examining public reporting of risk-adjusted data on the quality and outcomes of cardiac surgery.
- Serving as the lead for studying emergency department crowding.
- Maintaining the CON program, which remains within the Center for Hospital Services because hospital CONs are the most complex and costly of projects requiring CON action. Maryland hospitals are in the midst of a rebuilding program, replacing aging hospital infrastructures through renovation, new construction, and in some cases, consolidation or relocation of facilities.

The Center for Long-Term and CommunityBased Care

The **Center for Long-term and Community-Based Care** focuses on improving long-term and community-based care, bringing together planning and public reporting efforts. The Center is assigned to:

- Health planning regarding long-term and communitybased care, including the policies guiding the determination of need in the CON process for nursing homes, home health agencies, and hospices.
- The Commission's study of long-term care vision and needs over the coming 25 years, required by legislation during the 2006 session of the General Assembly.
- The *Nursing Home Guide* for Marylanders, providing an easy way to locate and compare nursing homes on quality and outcomes measures.
- Pioneer the public reporting of resident and family satisfaction measures, and disseminating the policies and information related to Maryland assisted living programs.

The Center for Health Care Financing and Health Policy

The **Center for Healthcare Financing and Health Policy** has a specific regulatory responsibility for the small group market for health insurance and a broader responsibility for the analysis of public policy options relating to the organization and financing of health care. The Center is responsible for:

- The small group health insurance market, including regulation of the Comprehensive Standard Health Benefit Plan (CSHBP). Specifically, the Commission is responsible for specifying the benefits and covered services included in the core CSHBP offerings, modifying these when necessary to meet statutory affordability requirements.
- Reporting on trends in the small group market, including the costs of plans and the degree of concentration in the market, suggesting regulatory changes that will improve affordability, innovation, and value through improved competition.
- Reporting disparities in health and health care and is responsible for the Commission's Racial and Ethnic Disparities initiative. Reporting publicly on the performance of and satisfaction with health plans in the *HMO Consumer Guide*. Traditionally focused on measures of the clinical performance of HMOs, the *Consumer Guide* is expanding in two ways. The MHCC will now report on additional measures of health plan quality and value and will soon report on PPOs in addition to HMOs.
- The development and analysis of state health policy options affecting the organization and financing of health care. Particular emphasis has been placed on both incremental and non-incremental strategies for expanding health insurance coverage and on strategies to reduce health care expenditures and increase health care value.

The Center for Information Services and Analysis

The **Center for Information Services and Analysis** has expertise in the creation, maintenance, and mining of large databases, in the management of information technology and networks, and in the analysis and interpretation of population surveys. The Center performs the following functions:

- Produces key reports to guide health policy, including reports on health expenditures, health insurance, and the uninsured and uncompensated care.
- Focuses on physician services, including physician reimbursement and reporting on the cost and quality of physician services.
- Oversees the Maryland Trauma Physician Services Fund and has responsibility for developing procedures and policy options.
- Provides analytic and programming services to other divisions of the Commission and is responsible for the intranet and the Commission's web site.
- Works closely with the Health Services Cost Review Commission, publishing each hospital's charges for the most common Diagnosis Related Groups as part of the Commission's Price Transparency Initiative.

The Center for Health Information Technology

The **Center for Health Information Technology** is responsible for the Commission's health information technology initiatives. Electronic health information exchange promises to bring vital clinical information to the point-of-care, helping to improve the safety and quality of health care while decreasing overall health care costs. Health information technology requires two crucial components to be effective – widespread use of electronic health records and electronic health information exchange. The Center is tasked with:

- Planning and implementing a statewide health information exchange.
- Identifying challenges to health information technology adoption and use, and formulating solutions and best practices for making health information technology work.
- Increasing the availability and use of standards-based health information technology through consultative, educational, and outreach activities.
- Promoting and facilitating the adoption and optimal use of health information technology for the purposes of improving the quality and safety of health care.
- Harmonizing service area health information exchange efforts throughout the state.
- Certifying electronic health networks that accept electronic health care transactions originating in Maryland.

- Developing programs to promote electronic data interchange between payers and providers.
- Designating management service organizations to promote the adoption and advanced use of electronic health record.

For more information contact: Maryland Health Care Commission <http://mhcc.maryland.gov/> | (410) 764-3460

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