Maryland Health Care Commission

Thursday, February 21, 2019

1:00 p.m.

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

APPROVAL OF MINUTES

(Agenda Item #1)

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

(Agenda Item #2)

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

ACTION:

Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

(Agenda Item #3)

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

ACTION:

Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

(Agenda Item #4)

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

ACTION:

COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

(Agenda Item #5)

Comprehensive Care Facility Chapter of State Health Plan

Center for Health Care Facilities Planning and Development

February 21, 2019

Overview of Presentation

- **Process to Date**
- **Comments Received during Public Comment Period**
- **Staff Analysis and Response**
- **Nursing Home Bed Need**
- **Next Steps**

Process to Date

- Commissioner Consultation Group (3 meetings)
- Nursing Home Work Group (3 meetings)
- Informal Public Comment Period (6/6/18-7/13/18)
- Background and Status Report at June Commission meeting
- Staff presentation and Commission Adoption of Proposed Permanent Regulations (October Commission meeting)
- Formal Public Comment Period (12/7/18-1/7/19)
- *Presentation and Request for Action*

Major Issues Raised During Comment Period

- Docketing Rule Exceptions
- Waiver Beds
- Minimum Medicaid Participation Rate
- FGI Guidelines
- CMS Quality Ratings

Docketing Rule Exceptions

- 3 Docketing Rule Exceptions:
  - More than 50% of CCFs in jurisdiction <3 stars
  - Replacement of CCF < 100 beds
  - Signed risk-sharing agreement between CCF and hospital approved by HSCRC
- Opposition to any Docketing Rule Exception
- Review of each Exception
- Issues and Implications

Jurisdictions with < 3 star ratings

Jurisdiction	# of CCFs	3 Stars or More	Less than 3 Stars	% of Less than 3 Stars	
Allegany	**8**	**3**	**5**	**63%**	*
Anne Arundel	15	10	5	33%	
Baltimore	44	34	10	23%	
Baltimore City	28	21	7	25%	
Calvert	4	4	0	0%	
Caroline	2	1	1	50%	
Carroll	10	6	4	40%	
Cecil	3	2	1	33%	
Charles	4	4	0	0%	
Dorchester	2	2	0	0%	
Frederick	9	5	4	44%	
Garrett	4	4	0	0%	
Harford	6	3	3	50%	
Howard	5	4	1	20%	
Kent	3	3	0	0%	
Montgomery	34	26	8	24%	
Prince George's	19	16	3	16%	
Queen Anne's	**1**	**0**	**1**	**100%**	*
Somerset	2	2	0	0%	
St. Mary's	3	3	0	0%	
Talbot	2	1	1	50%	
Washington	**10**	**2**	**8**	**80%**	*
Wicomico	4	4	0	0%	
Worcester	3	2	1	33%	
Maryland Total	225	150	75	33%	

* Jurisdiction where more than 50% of the CCFs had an average overall CMS star rating of less than 3 stars in the most recent five quarterly refreshes for which CMS data is reported.

Source: CMS Nursing Home Compare Overall Star Rating Reports, January 30, 2019 quarterly refresh

Replacement of CCF < 100 beds

- Less opposition to this exception
- Estimate about 55 facilities, excluding CCRCs and HB-SNFs
- Present opportunity for a small, out-of-date CCF to build a replacement facility and add beds in the absence of bed need to make replacement of the facility financially viable

CCF-Hospital Risk-Sharing Agreement Approved by HSCRC

- Issues Raised:
  - Approve beds in absence of need
  - Unfair advantage to new facility
  - Unclear what acceptable agreement will be; too early in process
- Response:
  - Address TCOC and CON Task Force Report
  - No prohibition against existing CCFs
  - Remove this docketing exception

Waiver Beds

- 10 beds, or 10%, whichever is less
- Intended to provide institutional flexibility
- Issue: one-year limit to implement waiver beds
- Goal: use beds or remove from CCF bed inventory

Minimum Medicaid Participation Rate

- Requirement to serve a proportion of Medicaid patients commensurate with jurisdiction or region, whichever is less
- Long-standing MHCC principle
- Issue: industry states no demonstrated lack of access
- Responses:
  - Continue to maintain Medicaid access
  - Consistent with social determinants of health and equity
  - Consistent with goals of Joint Chairmen's Report

FGI Guidelines

- National guidelines for health care facilities developed by Facilities Guidelines Institute
- Issue: May not be able to meet; cost constraints
- Response:
  - Standardize existing requirements for appropriate living environment and specialized unit design
  - Provide flexibility for renovation
  - Consistent with OHCQ recommendation

CMS Quality Ratings

- Nationally validated measures developed by National Quality Forum
- Issues:
  - Concern that quality rating system is flawed and that CMS updates and modifies it
  - New manager or owner may take over to improve quality
  - Use Maryland Pay for Performance instead
- Response:
  - Nationally validated system
  - Language modified to owned or operated for 3+ years
  - Pay for Performance is not the best measure:
    - Cannot apply to out-of-state CCF
    - Focus is on long-stay patients
    - Relies on Family Experience of Care Survey

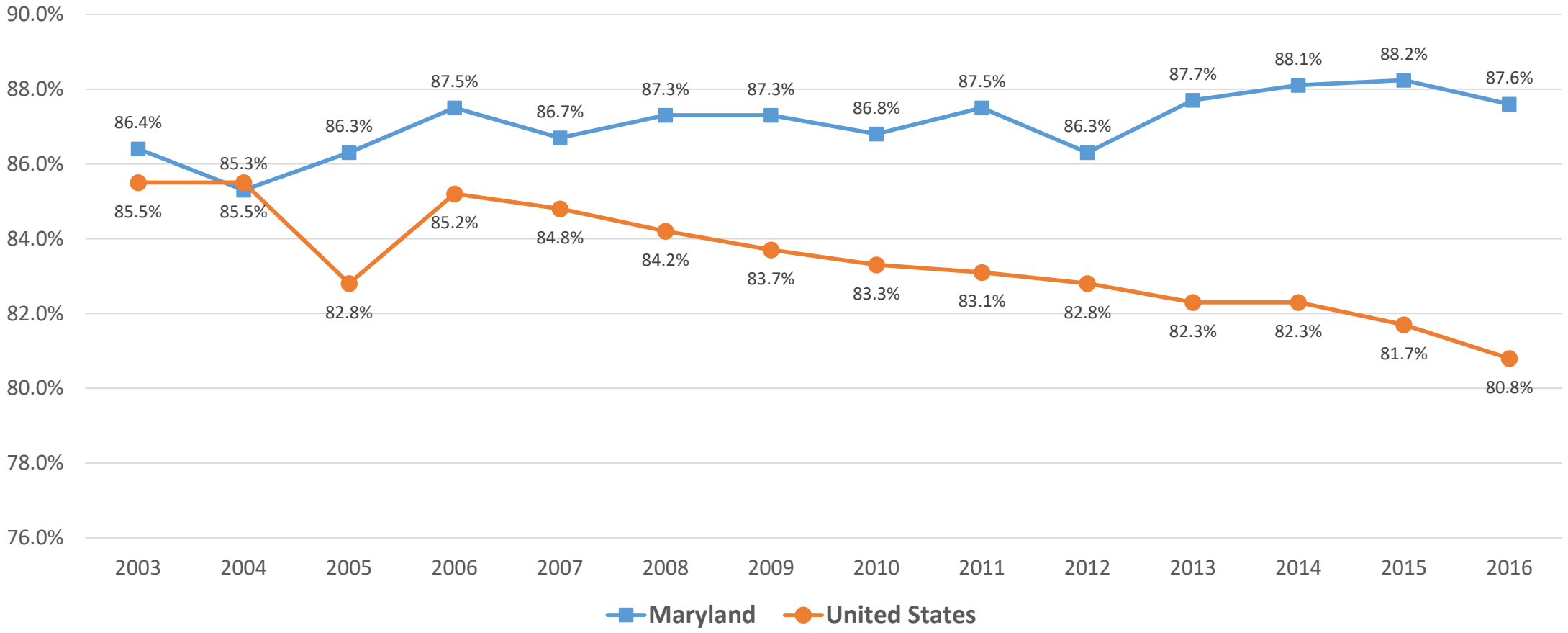
Bed Need Methodology: Updates and Assumptions

Proposed Nursing Home Bed Need Methodology

The proposed bed need methodology is similar to the current bed need methodology. It improves on and simplifies some key steps as follows:

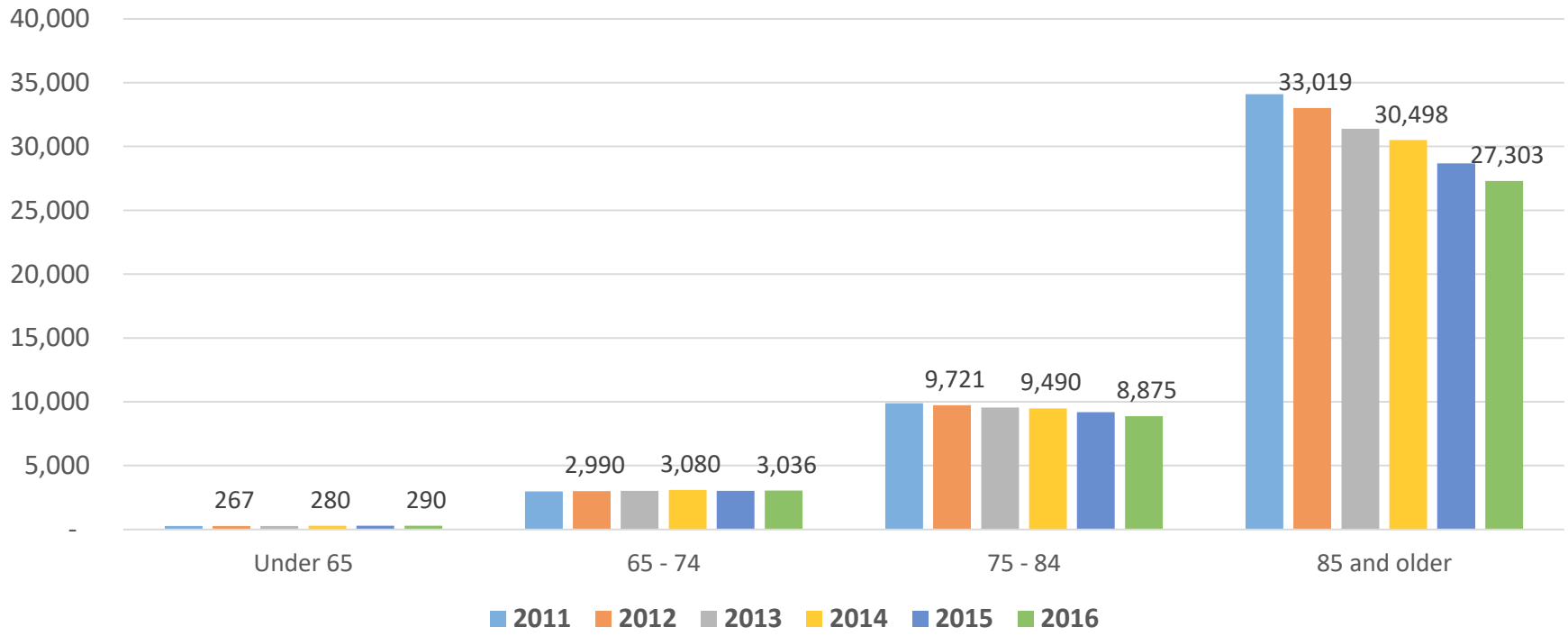
- **Takes into account patterns of use by age by modeling demand using observed rates of change in statewide use rates;**
- **Factors in use of Maryland nursing homes by non-Maryland residents;**
- **Simplifies the migration adjustment for Maryland jurisdictions by means of net in- and out-migration;**
- **Shortens the projection horizon to five years from the base year;**
- **Uses total estimated and projected population; and**
- **Adds a jurisdictional occupancy standard as a final step in determining net bed need.**

Nursing Home Occupancy Trends: Maryland and US 2003 - 2016



Source: University of California, San Francisco and Kaiser Family Foundation analysis of On-line Survey, Certification, and Reporting system (OSCAR) and Certification and Survey Provider Enhanced Reports (CASPER) data.

Maryland Statewide Use Rate Trends, 2011 - 2016



State	Age	Use Rate (Patient Days per 1,000 Population) 2011	2012	2013	2014	2015	2016	Annual Change of Use Rate 2012	2013	2014	2015	2016	Avg. Annual Change
MD	Under 65	265	267	269	280	286	290	0.7%	0.9%	4.1%	1.9%	1.5%	1.8%
MD	65 - 74	2,980	2,990	3,015	3,080	3,027	3,036	0.3%	0.8%	2.2%	-1.7%	0.3%	0.4%
MD	75 - 84	9,879	9,721	9,540	9,490	9,181	8,875	-1.6%	-1.9%	-0.5%	-3.3%	-3.3%	-2.1%
MD	85 and older	34,101	33,019	31,379	30,498	28,680	27,303	-3.2%	-5.0%	-2.8%	-6.0%	-4.8%	-4.3%

Source: MDS data 2011-2016; MD Dept of Planning Population Projections

2021 Maryland CCF Bed Need Projection

	Target Year Patient Days Projection using Statewide Use Rate Trends				Migration into MD from Outside MD or of Unknown Origin		Target Year Gross Bed Need		Net Migration among Maryland Jurisdictions		Target Year Adjusted Bed Need			Occupancy Rate
Jurisdiction	(a) 2016 Resident Days	(b) 2016 Population	(c) 2021 Projected Population	(d) 2021 Projected Resident Days	(e) In-Migration Days from Outside MD or of Unknown Origin (Avg. of 2014-2016)	(f) Ratio of In-Migration Days to Resident Days (=e/a)	(g) 2021 Total Projected Patient Days (=d*(1+f))	(h) 2021 Projected Gross Bed Need at 95% Occu (=g/365/0.95)	(i) Net Migration for MD Jurisdictions (Avg. of 2014-2016)	(j) Net Bed Need due to Net Migration at 95% Occu (=i/365/0.95)	(k) 2021 Adjusted Bed Need (=h+j)	(l) 2019 Bed Inventory Without Waiver Beds	(m) 2021 Adjusted Net Bed Need (=l-k)	(n) Avg Occu 2015&2016
ALLEGANY	251,282	73,365	76,099	243,521	38,796	15.4%	281,119	811	4,136	12	823	908	-85	87.7%
ANNE ARUNDEL	495,000	564,748	575,262	514,655	21,540	4.4%	537,050	1,549	68,732	198	1,747	1,784	-37	89.1%
BALTIMORE	1,519,507	832,339	848,730	1,468,089	30,754	2.0%	1,497,802	4,320	184,207	531	4,851	5,307	-456	89.5%
BALTIMORE CITY	1,455,027	615,826	616,598	1,436,559	23,031	1.6%	1,459,298	4,209	-195,555	-564	3,645	3,827	-182	90.4%
CALVERT	102,392	98,176	126,717	148,205	3,613	3.5%	153,435	442	-12,319	-36	407	292	115	87.7% *
CAROLINE	55,394	33,118	34,468	55,679	2,692	4.9%	58,385	168	-775	-2	166	193	-27	83.8%
CARROLL	236,807	167,765	169,547	252,883	15,104	6.4%	269,012	776	48,362	139	915	921	-6	87.9%
CECIL	131,524	102,795	105,922	141,253	18,154	13.8%	160,750	464	-8,954	-26	438	454	-16	80.2%
CHARLES	164,371	157,779	169,160	183,094	9,470	5.8%	193,643	558	-16,297	-47	511	495	16	89.8% *
DORCHESTER	81,754	32,648	34,638	82,348	880	1.1%	83,234	240	-5,967	-17	223	258	-35	87.0%
FREDERICK	346,274	248,466	266,023	380,785	21,403	6.2%	404,321	1,166	-14,625	-42	1,124	1,148	-24	88.9%
GARRETT	80,415	29,729	30,407	78,630	16,505	20.5%	94,769	273	6,895	20	293	317	-24	92.7%
HARFORD	270,903	251,911	258,986	292,406	6,598	2.4%	299,528	864	-19,953	-58	806	817	-11	91.3%
HOWARD	210,413	316,744	340,453	237,196	7,632	3.6%	245,799	709	-30,085	-87	622	629	-7	89.3%
KENT	58,161	19,848	21,021	60,768	2,221	3.8%	63,089	182	6,433	19	200	228	-28	80.2%
MONTGOMERY	1,091,648	1,038,910	1,058,712	1,077,860	256,016	23.5%	1,330,642	3,837	99,832	288	4,125	4,552	-427	87.0%
PRINCE GEORGE'S	900,467	907,547	920,100	992,036	248,410	27.6%	1,265,707	3,650	-162,919	-470	3,180	2,953	227	91.9% **
QUEEN ANNE'S	49,389	49,039	51,129	53,347	620	1.3%	54,017	156	-12,381	-36	120	120	0	85.5%
SAINT MARY'S	128,568	113,726	121,878	138,509	12,013	9.3%	151,451	437	52,976	153	590	611	-21	92.9%
SOMERSET	65,882	25,903	26,992	65,254	4,028	6.1%	69,244	200	-2,833	-8	192	211	-19	87.5%
TALBOT	76,422	37,832	39,082	76,500	2,409	3.2%	78,911	228	5,080	15	242	269	-27	88.1%
WASHINGTON	306,165	151,312	158,656	307,780	47,063	15.4%	355,091	1,024	10,526	30	1,054	1,138	-84	89.2%
WICOMICO	166,498	102,765	107,198	173,983	10,805	6.5%	185,274	534	6,537	19	553	613	-60	81.3%
WORCESTER	94,027	51,727	53,612	94,636	14,720	15.7%	109,451	316	-11,053	-32	284	307	-23	85.5%
Statewide	**8,338,290**	**6,024,018**	**6,211,390**	**8,555,976**	**814,477**	**9.8%**	**9,401,022**	**27,112**	**0**	**0**	**27,112**	**28,352**	**-1,240**	**88.9%**

* Bed need will be adjusted to zero because most recent observed average annual bed occupancy rate in last two years is below 90%.

** Bed need will be adjusted to zero because new facility opened during past 2 years.

Next Steps

- Withdraw and re-propose regulations with removal of docketing exception for nursing home-hospital risk sharing agreement
- Conduct another formal comment period
- Return to the Commission for final action

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program.

(Agenda Item #6)

MHCC/JHU Center for Population Health IT

Umbrella DUA update
2/21/2019

Elyse Lasser, MS
Center Coordinator
Johns Hopkins Center for Population Health IT
Elasser1@jhu.edu

Johns Hopkins Bloomberg School of Public Health

Agenda

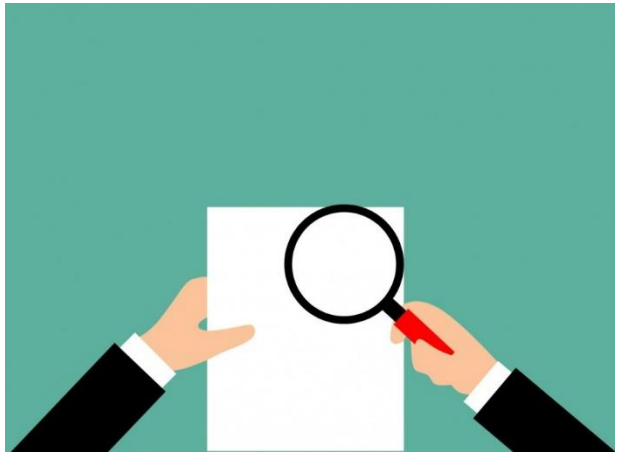
- Terms of the agreement
- Overview of projects
- Current request
- Detailed project update
    - “Marginal and Vulnerable Populations within the Patient-Centered Medical Home: Addressing Gaps in the Literature with Evidence from a Statewide Multi-Payer Pilot Scheme”
        - Oludolapo Fakeye

Terms of the Agreement

- Started Date: February, 2017
- Current End date: February, 2019
- Access to APCD for 2010-2014 released in February 2017
  - 2015 released September 2017
  - 2016 released September 2018
- Process to access data:
  - JHU faculty submit applications to CPHIT
  - CPHIT reviews and approves (Or requests clarification)
  - CPHIT staff send quarterly reports to MHCC on approved projects

Overview

- 8 Applications submitted
  - 5 active projects
    - 2 dissertations
    - 3 faculty led
- 13 data users/analysts
- 2 publications in review
- Multiple publication and abstracts planned to be submitted



Overview (cont)

"Use of Claims and EMR to Assess Trends and Correlates of Quality Measures for Contraception Care"

- PI: Dr. Caroline Moreau

"Evaluation of the Total Patient Revenue Program in Rural Maryland Hospitals"

- PI: Dr. Bradley Herring

"Developing a Geo-Social Analytic Platform for Risk Prediction and Visualization (GSAP): A pilot research project"

- PI: Dr. Hadi Kharrazi

"Marginal and Vulnerable Populations within the Patient-Centered Medical Home: Addressing Gaps in the Literature with Evidence from a Statewide Multi-Payer Pilot Scheme"

- PI: Oludolapo Fakeye

"Contraceptive Price Elasticity in Maryland: Estimating Price Effects on Contraceptive Use and Unplanned Pregnancy"

- PI: Susan Christiansen

"Use of Claims and EMR to Assess Trends and Correlates of Quality Measures for Contraception Care"

PI: Dr. Caroline Moreau

- **Aim 1.** Assess the institutional and individual determinants of use of effective contraceptive methods using Medicaid FP performance metrics in the State of Maryland.

- **Aim 2.** Analyze the factors associated with use of effective contraceptive methods using Medicaid FP performance metrics among women at high risk of pregnancy complications

- **Aim 3.** Compare and contrast factors associated with use of effective contraceptive methods via the Medicaid FP performance metrics using database claims and EMR data to assess the potential added value of EMRs in the monitoring of FP quality metrics.

"Evaluation of the Total Patient Revenue Program in Rural Maryland Hospitals"
PI: Dr. Bradley Herring

Aim 1:

- Estimate the effect of the Total Patient Revenue (TPR) implemented in 2011 in 10 rural MD hospitals to overall hospital care utilization and spending by the privately insured and medicaid population in MD

Aim 2:

- Assess whether the TPR affected the pattners of service use and utilzation of low-value care

Aim 3:

- Determine whether the TPR Program affected the intensity of care and quality outcomes for patients admitted with one of four specific conditions
  - Acute Myocardial Infarction
  - Ischemic Heart disease
  - Hemorrhagic Stroke
  - Ischemic Stroke

"Evaluation of the Total Patient Revenue Program in Rural Maryland Hospitals" (cont.)

- Data/sample: MHCC's MCDB for nonelderly adults continuously-enrolled in employment-based insurance.
- Outcomes: Inpatient hospitalizations (from vs. not from ED), ED visits (not hospitalized), (non-ED) outpatient hospital visits, professional visits (BETOS categories), and drug prescriptions.
- Design: Difference-in-difference for new GBR hospitals vs. previously-budgeted hospitals, comparing pre/post-2014 .
- Preliminary analyses of 2011-2013 vs. 2014 (still adding 2015). Analyses would benefit greatly from adding 2016 data; i.e., balanced and longer 2011-2013 vs. 2014-2016 comparison.

“Developing a Geo-Social Analytic Platform for Risk Prediction and Visualization (GSAP): A pilot research project”

PI: Dr. Hadi Kharrazi

Overall aim: understand how social and geographic level data can be used to predict hospitalization and utilization.

Aim 1:

- Develop a standard geo-database by joining patient level data with geodata in order to visualize geographically aggregated outcomes of interest

Aim 2:

- Develop specialized geo-based risk scores for patient populations to supplement visualization and enhance abilities related to care management interventions

“Contraceptive Price Elasticity in Maryland: Estimating Price Effects on Contraceptive Use and Unplanned Pregnancy”

PI: Susan Christiansen

Aim 1:

- Estimate the price elasticity of contraceptives in adult women of reproductive age (18-45) in Maryland from 2010-2016

Aim 2:

- Utilize price elasticity estimates to model the impact of various contraceptive insurance coverage policies on utilization
  - Coup-years of protection
  - Contraceptive method mix
  - Unplanned pregnancies
  - Total costs

Current Requests

Extend our agreement for 1 more year

- Recently received 2016 data
- New policies about reporting changed in 2014

Allows researchers access to data to finish analysis
Submit publications and respond to reviewer comments as needed

For questions, more information:
Elasser1@jhu.edu

“Marginal and Vulnerable Populations within the Patient-Centered Medical Home: Addressing Gaps in the Literature with Evidence from a Statewide Multi-Payer Pilot Scheme”

Oludolapo Fakeye, PhD

Objective

- To evaluate impact of a statewide multi-payer PCMH initiative on **probability** of **consistently having the highest level of reimbursements** across several health insurers

- To evaluate impact of a statewide multi-payer PCMH initiative on **expenditure and utilization** among beneficiaries defined as **consistently having the highest level of reimbursements** across several health insurers

Study Measures

Primary Outcome

Consistently high-cost beneficiary (CHB) status:

- Users with high medical expenditure over consecutive periods

Primary independent variable

- Attribution to MMPP-participating vs. comparator practice

Patient-level covariates

- Age category, sex
- Charlson index score, indicator for psychosocial diagnosis
- Count of office-based visits to attributed provider

Practice-level covariates

- *Log*(Count of included patients)
- Number of physicians in practice
- Urbanicity of practice location

Methods

Change in Proportion of CHBs within Study Groups

- Population-averaged logistic longitudinal models of the binary outcome (CHB status) with D-I-D estimands

Change in CHB status among Baseline CHBs

- Marginal logistic model

Changes in Utilization among Baseline CHBs

- Population-averaged GLMs with Poisson (utilization) distributions and log-link functions
- D-I-D estimands, with working AR-1 within-subject correlation structure and robust corrections for misspecification

Results

- **115,696** adults included from **43 MMPP PCMHs**, **42 single-payer PCMHs**, and **35 non-PCMH** practices
  - **55,475** patients from 110 practices in baseline period
  - **83,625** patients from 113 practices in implementation
  - **23,404** (20%) observed in both periods

Table 1. Characteristics of Consistently High-Cost Beneficiaries, by Study Group

	Multi-Payer PCMH			Single-Payer PCMH			Non-PCMH		
	CHB	Non-CHB	P	CHB	Non-CHB	P	CHB	Non-CHB	P
	N = 1,249	*N = 20,290*		*N = 1,407*	*N = 23,647*		*N =595*	*N = 8,287*	
Age in years in 2010	46.7 (10.6)	44.7 (11.4)	<0.001	46.7 (10.7)	45.4 (11.3)	<0.001	46.3 (10.7)	43.8 (11.9)	<0.001
Charlson index score	2.0 (2.2)	0.6 (1.1)	<0.001	1.8 (2.3)	0.6 (1.1)	<0.001	1.9 (2.2)	0.6 (1.2)	<0.001
Count of chronic conditions	6.6 (3.9)	2.8 (2.4)	<0.001	6.2 (3.6)	2.9 (2.4)	<0.001	6.4 (3.6)	3.0 (2.5)	<0.001
Count of major ADGs	2.3 (1.5)	0.9 (1.0)	<0.001	2.2 (1.4)	0.9 (1.0)	<0.001	2.3 (1.4)	1.0 (1.1)	<0.001
Prevalence of psychosocial conditions	16%	4%	<0.001	14%	4%	<0.001	15%	5%	<0.001
Prevalence of malignancy	13%	5%	<0.001	15%	6%	<0.001	13%	5%	<0.001
Office-based visits in 2010	12.5 (8.6)	5.1 (4.0)	<0.001	12.5 (8.7)	5.4 (4.1)	<0.001	12.6 (8.6)	5.8 (4.3)	<0.001
Proportion of 2010 office-based visits in attributed practice	28%	51%	<0.001	33%	53%	<0.001	30%	49%	<0.001
Inpatient days in 2010 per 1,000 patients	1,240	151	<0.001	1,096	143	<0.001	889	189	<0.001
Total reimbursement	13,528 (16,960)	1,830 (2,767)	<0.001	13,908 (20,640)	1,854 (3,023)	<0.001	12,761 (14,455)	1,918 (2,836)	<0.001
Group proportion of total reimbursement	**31%**	**69%**		**31%**	**69%**		**32%**	**68%**	
Pharmaceutical reimbursement	5,794 (8,085)	313 (913)	<0.001	5,705 (8,472)	304 (1,048)	<0.001	5,182 (8,589)	278 (1,005)	<0.001
Group proportion of pharmaceutical reimbursement	**53%**	**47%**		**53%**	**47%**		**57%**	**43%**	

Results

Table 2. Adjusted Associations of Study Groups with Odds of CHB Status

	Saturated Model (No Covariates)	Aggregate Model	Continuously Enrolled Patients	Baseline CHBs
Description of Sample	All patients [$N = 115,696$]	All patients [$N = 115,696$]	Patients enrolled for 4 years [$N = 23,404$]	CHBs in 2010-11 [$N = 1,535$]
Model Covariates	None	Age category, sex, Charlson index score, indicator for psychosocial diagnosis, count of office-based encounters, practice size, number of physicians in practice, urbanicity of practice's county		
DID = Change in Odds of CHB Status from Baseline among Multi-Payer PCMH Patients / Change in Odds of CHB Status from Baseline among Comparator Group Patients				**Odds Ratio of CHB Status in 2012-13**
Multi-Payer PCMH vs. Single-Payer PCMH	1.04 [0.95 - 1.13]	1.04 [0.95 - 1.14]	1.07 [0.95 - 1.19]	1.41** [1.08 - 1.73]
Multi-Payer PCMH vs. Non-PCMH	0.88* [0.78 - 0.97]	0.87* [0.77 - 0.97]	0.89 [0.75 - 1.03]	0.65* [0.41 - 0.89]

Odds of consistently high-cost beneficiary (CHB) status were estimated from population-averaged logistic models adjusting for stated covariates.
**$P < 0.01$, *$P < 0.05$.

Results

Table 3. Changes in Utilization Measures for Consistently High-Cost Beneficiaries

UTILIZATION OUTCOMES					
		D-I-D Estimate for Multi-Payer PCMH vs. Single-Payer PCMH (95% CI)		**D-I-D Estimate for Multi-Payer PCMH vs. Non-PCMH Practice (95% CI)**	
	Multi-Payer PCMH: Mean in 2010 SD in 2010	*2010 to 2012*	*2010 to 2013*	*2010 to 2012*	*2010 to 2013*
Inpatient admissions	2010 Mean = 0.3	**0.85**	**0.78**	**0.60***	1.01
	2010 SD = 0.9	(0.58-1.24)	(0.52-1.16)	(0.36-1.00)	(0.53-1.95)
Emergency care visits	2010 Mean = 1.9	**0.85**	**0.83**	**0.87**	**0.97**
	2010 SD = 3.6	(0.69-1.04)	(0.66-1.05)	(0.65-1.15)	(0.69-1.35)
Office-based visits	2010 Mean = 12.4	**1.05**	**1.03**	1.00	0.98
	2010 SD = 8.0	(0.99-1.13)	(0.96-1.10)	(0.91-1.09)	(0.89-1.09)
Office-based visits to attributed provider	2010 Mean = 2.8	**1.09**	**1.06**	**1.18***	**1.21****
	2010 SD = 2.4	(0.98-1.21)	(0.96-1.18)	(1.04-1.34)	(1.05-1.39)

Estimates from population-averaged generalized linear gamma (expenditure outcomes) and Poisson (utilization outcomes) models of for individuals identified as consistently high-cost beneficiaries (CHBs) in baseline period. Difference-in-differences (D-I-D) estimands represent the ratio of means of changes in the outcome from baseline between study groups. The regression models control for individual's age category, sex, Charlson index score, indicator for psychosocial diagnosis, count of office-based encounters, practice size, urbanicity of practice's county, and number of physicians in practice. $^{**}P < 0.01$, $^{*}P < 0.05$.

Conclusion

- CHBs represent a small but significant subpopulation of primary care patients with complex challenges

- In the medical home setting, CHBs were less likely to persist as consistently high-cost utilizers

- In a multi-payer PCMH program with emphasis on care management, CHBs saw reduced inpatient admissions and increased encounters with their primary care physician

Thank You!

Elyse Lasser, MS

elasser1@jhu.edu

Oludolapo Fakeye, MA, PhD

ofakeye1@jhu.edu

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

ACTION:

Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

(Agenda Item #7)

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Legislative Update

(Agenda Item #8)

MARYLAND HEALTH CARE COMMISSION

Legislative Update

Maryland Health Care Commission
February 21, 2019

Background

- Each week the Commission reviews bills with hearings scheduled next week if staff recommend the Commission takes an action/position.
- Options for actions:
    1. No Position
    2. Letter of Information
    3. Concern
    4. Support
    5. Oppose

MARYLAND HEALTH CARE COMMISSION

Update

- SB 430: Maryland Health Care Commission-Authorized Prescribers -Reporting of Financial Gratuities or Incentives

  Withdrawn

MARYLAND HEALTH CARE COMMISSION

Bills for Review & Staff Recommended Action

- HB 607: Maryland Trauma Fund - State Primary Adult Resource Center - Reimbursement of On-Call and Standby Costs

  Letter of Information

- SB 469: Drugs and Devices- Electronic Prescriptions, Requirements

  Oppose– Position identical to position submitted for HB 409, discussed 2/8/19

- SB 733 / HB 924: State Board of Physicians - Registered Cardiovascular Invasive Specialists

  Letter of Information

MHCC MARYLAND HEALTH CARE COMMISSION

Preview of Future Discussions

- 3/1 Conference Call
  - Health and Government Operations- Monday 3/4 hearing
    - HB 930 Hospitals – Changes in Status – Notification and Approval
    - HB 940 Unregulated Space in Hospital Operating Suites Pilot Project
    - HB 1059 Health Care Facilities - Closing or Partial Closing - Public Notice
  - Health and Government Operations- Wednesday 3/6
    - HB 626 Health Care Facilities - Change in Bed Capacity - Certificate of Need Exemption
    - HB 646 Maryland Health Care Commission - State Health Plan and Certificate of Need for Hospital Capital Expenditures
    - HB 931 Health Care Facilities - Certificate of Need - Modifications
- 3/8 Conference Call
  - Finance Committee- Wednesday 3/14 hearing
    - SB 597 Maryland Health Care Commission - State Health Plan and Certificate of Need for Hospital Capital Expenditures (HB646)
    - SB 649 Health Care Facilities - Change in Bed Capacity - Certificate of Need Exemption

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Overview of the Telehealth Readiness Assessment Tool

(Agenda Item #9)

Telehealth Readiness Assessment Tool

February 21, 2019

MARYLAND

The MARYLAND HEALTH CARE COMMISSION

Purpose and Rationale

- Help inform practices about provider, patient, caregiver, and organizational readiness for telehealth, assess readiness for offering telehealth services, identify areas that need improvement, and prioritize areas that need improvement
- Implementation of telehealth services requires practices to shift how they operate and deliver care as organizational processes are often set up to support face-to-face encounters
- For many practices, challenges to successfully implement a telehealth program may discourage adoption

Project Support

- In January 2018, MHCC competitively selected RTI International to (1) develop a telehealth readiness assessment (TRA) questionnaire and scoring tool (tool), (2) recruit practices to field test the tool, and (3) develop supporting guidance
- Key milestones:
  - Develop question categories
  - Draft questions and scoring methodology
  - Conduct preliminary field testing and stakeholder interviews
  - Revise questions and scoring methodology
  - Draft supporting guidance
  - Conduct field testing of questions, scoring methodology, and supporting guidance
  - Revise and finalize questions, scoring methodology, and supporting guidance

Key Domains of the TRA Tool

- Core Readiness – Extent to which a practice has considered the need, benefits, and challenges associated with implementation
- Financial Considerations – Expectations around initial costs, sustainability, liability, insurance, and reimbursement
- Operations – Impact on operations and the practice's ability and willingness to make appropriate changes
- Staff Engagement – Practice team interest and engagement
- Patient Readiness – Patient readiness and interest

Development Approach

- Framework
  - Structure determined through assessment of practice needs related to telehealth adoption, and expectations for self-assessment tools using common approaches to self-assessment tool kits in health care
- Question Categories
  - Based on (1) best practices related to health literacy and patient engagement in a health care setting, and (2) challenges and barriers to telehealth implementation and sustainability in practices

Development Approach *(Cont.)*

- Questions, Scoring Methodology, Supporting Guidance, and Telehealth Resources
  - Literature review and environmental scan include
    - Peer-reviewed journals
    - Issue briefs
    - Federal, state, and local government reports
    - National conference proceedings/presentations
  - Iterative field testing and stakeholder reviews

Development Approach *(Cont.)*

- Field Testing
  - Recruited 25 physician practices to participate in two phases in field testing
  - Field testing addressed four primary features: question comprehension, knowledge or retrieval of relevant information from memory, decision processes, and response processes
  - Incorporated feedback from field testing into draft questions, scoring methodology, supporting guidance, and the telehealth resources document
- Used stakeholder interviews to support and supplement feedback gathered through field testing

Next Steps

- Copyright the TRA tool
- Post the TRA tool to the MHCC website
- Develop articles highlighting the TRA tool's value for publication in medical association newsletters
- Present on the TRA tool at various local medical association symposiums
- Select a vendor to web-enable the TRA tool; summer 2019 release

The MARYLAND
HEALTH CARE COMMISSION

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**

2. **UPDATE OF ACTIVITIES**

3. **ACTION:** Certificate of Need – Addiction Recovery, Inc. d/b/a Hope House Treatment Centers (Docket No. 18-16-2416)

4. **ACTION:** Change in Approved Certificate of Need – Anne Arundel Medical Center, Inc. (Docket No. 16-02-2375)

5. **ACTION:** COMAR 10.24.20 – State Health Plan for Facilities and Services: Comprehensive Care Facility Services – Proposed Permanent Regulations

6. **PRESENTATION:** Johns Hopkins University Center for Population Health IT (CPHIT) to make a presentation on how the University used the MCDB data under the MHCC/JHU CPHIT Umbrella DUA two-year pilot program

7. **ACTION:** Johns Hopkins CPHIT is seeking approval from the Commission to extend the current Umbrella DUA under the pilot program for one (1) year

8. **PRESENTATION:** Legislative Update

9. **PRESENTATION:** Overview of the Telehealth Readiness Assessment Tool

10. **PRESENTATION:** Overview of Psychiatric Hospital Services

11. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

PRESENTATION:

Overview of Psychiatric Hospital Services

(Agenda Item #10)

Maryland Acute Psychiatric Hospital Services:

An Overview of Use and Capacity

Eileen Fleck
Mario Ramsey
Division of Acute Care Policy & Planning
Center for Health Care Facilities Planning & Development

February 21, 2019

MHCC MARYLAND HEALTH CARE COMMISSION

Trend in Acute Psychiatric Hospital Bed Capacity

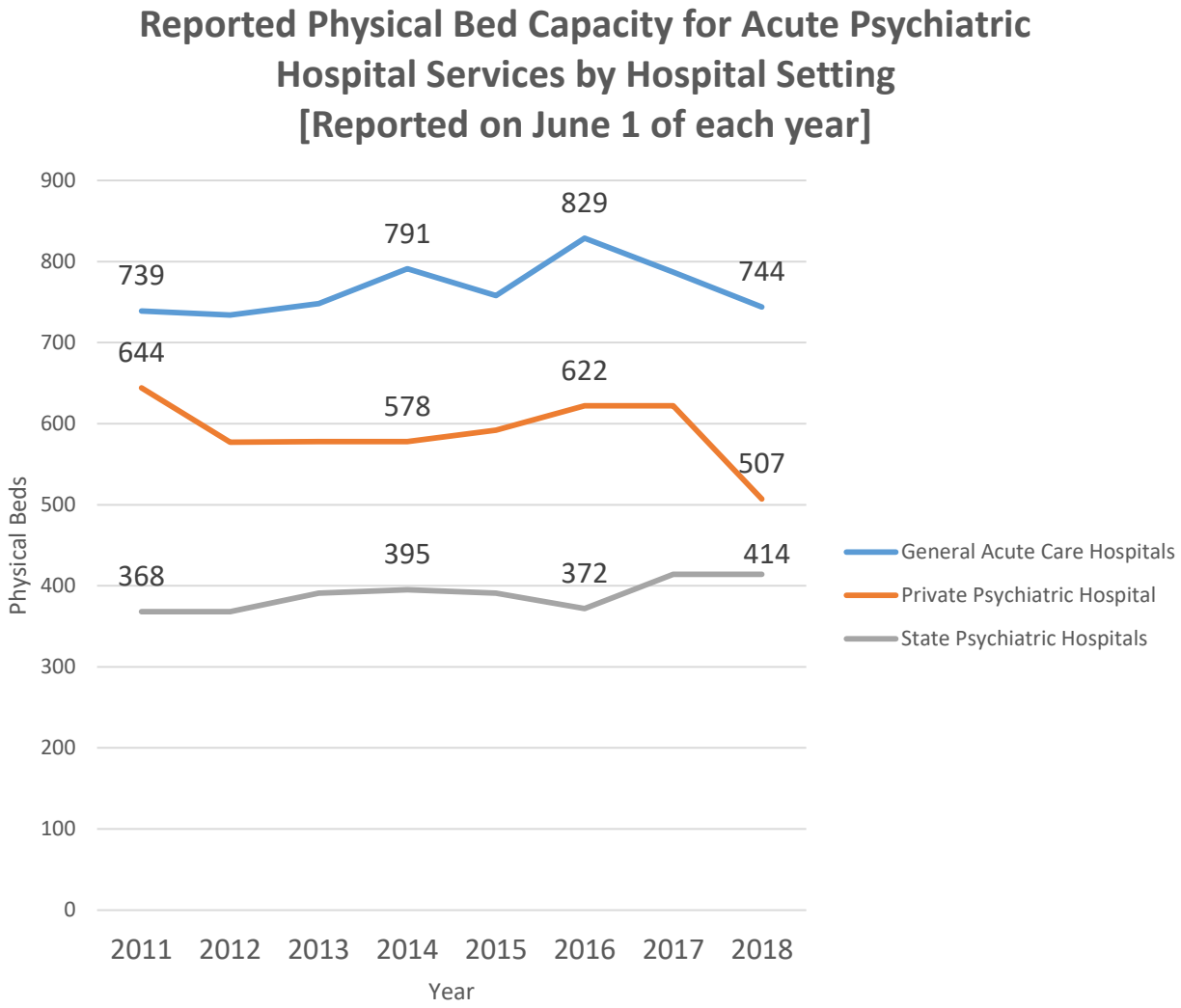
- From 2011 to 2018, overall physical bed capacity declined (-4.9%) led by

Private psych hospitals: -21.2%
n = 507

- Despite increased physical bed capacity at:

General hospitals: +0.7%
n = 744
State psych hospitals: +12.5%
n = 414

SOURCE: MHCC

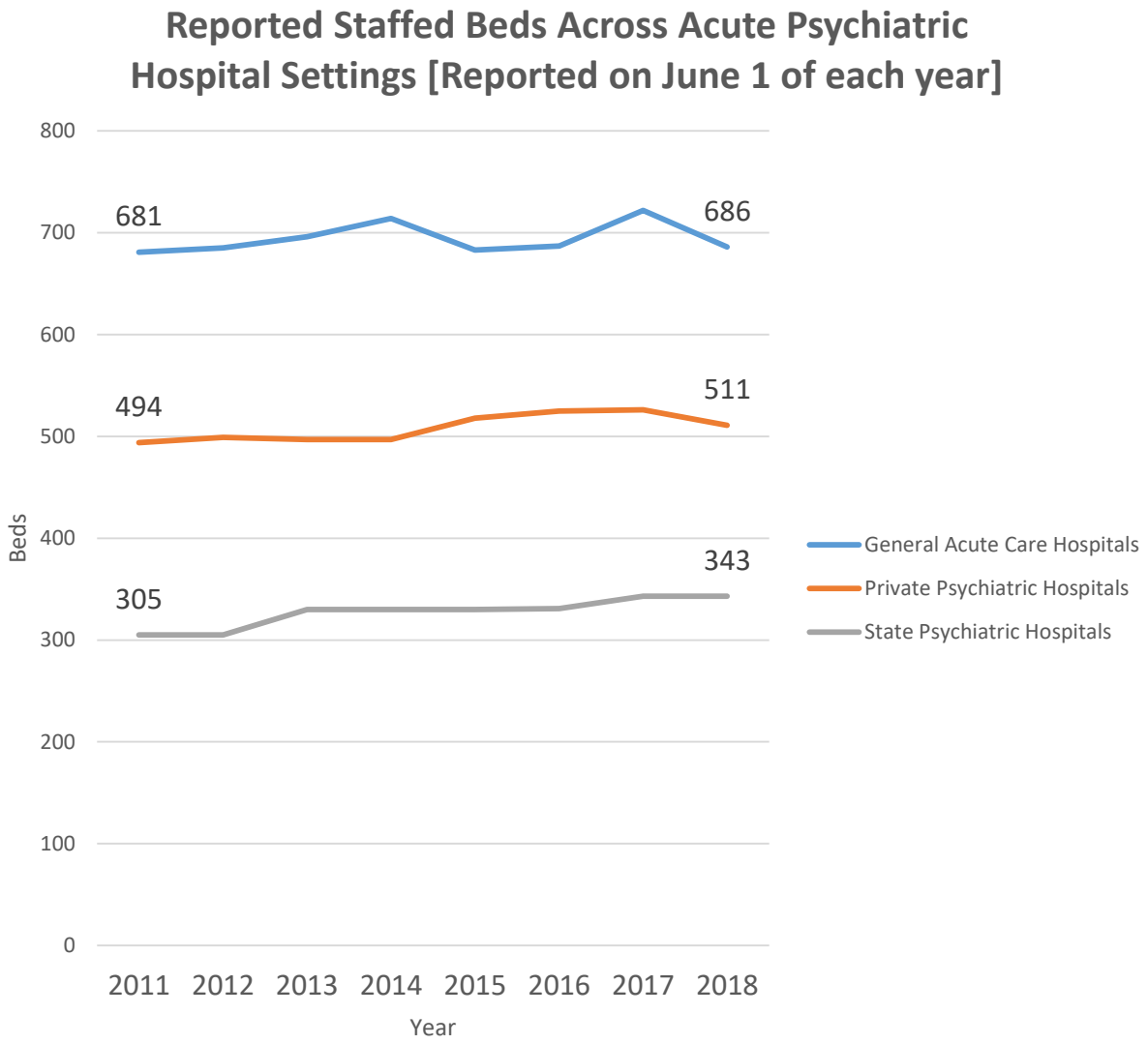


Trend in Staffing of Acute Psychiatric Bed Capacity

- Modest overall increase (4.1%) in staffed acute psychiatric beds from 2011 to 2018

General hospitals: *+0.7%*
n = 686
Private psych hospitals: *+3.4%*
n = 511
State psych hospitals: *+12.4%*
n = 343

Source: MHCC

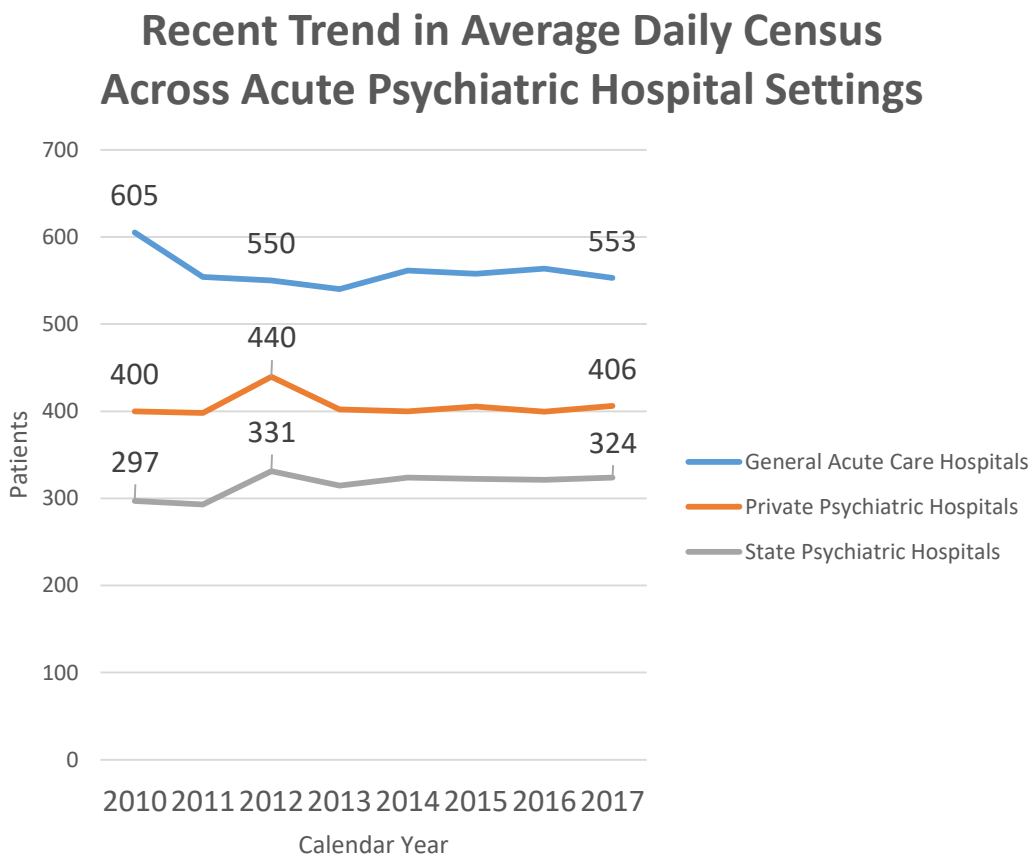


Trend in Acute Psychiatric Bed Utilization -ADC

- Overall, a slight decline in average daily census across acute psychiatric settings in first seven years of the current decade
- Slight shift in demand from general hospital to State psych hospital setting

General hospitals: -8.6%
n = 553
Private psych hospitals: +1.5%
n = 406
State psych hospitals: +9.0%
n = 324

Source: Hospital Discharge Data Base

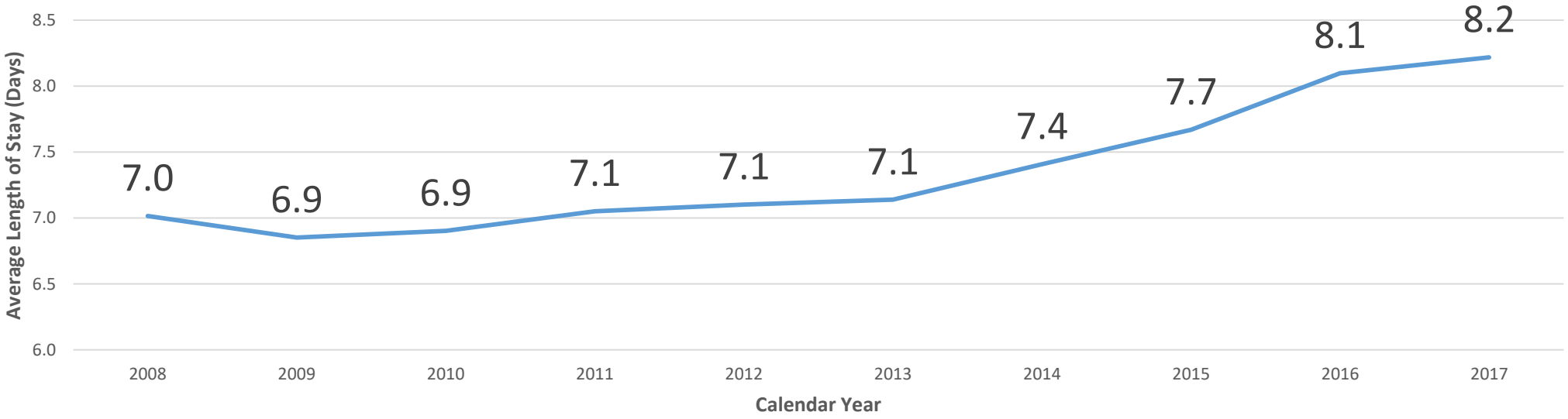


Trend in Acute Psychiatric Bed Utilization-ALOS

- An increase of over a full day in average length of stay for patients with a primary psychiatric diagnosis

Source: Hospital Discharge Data Base

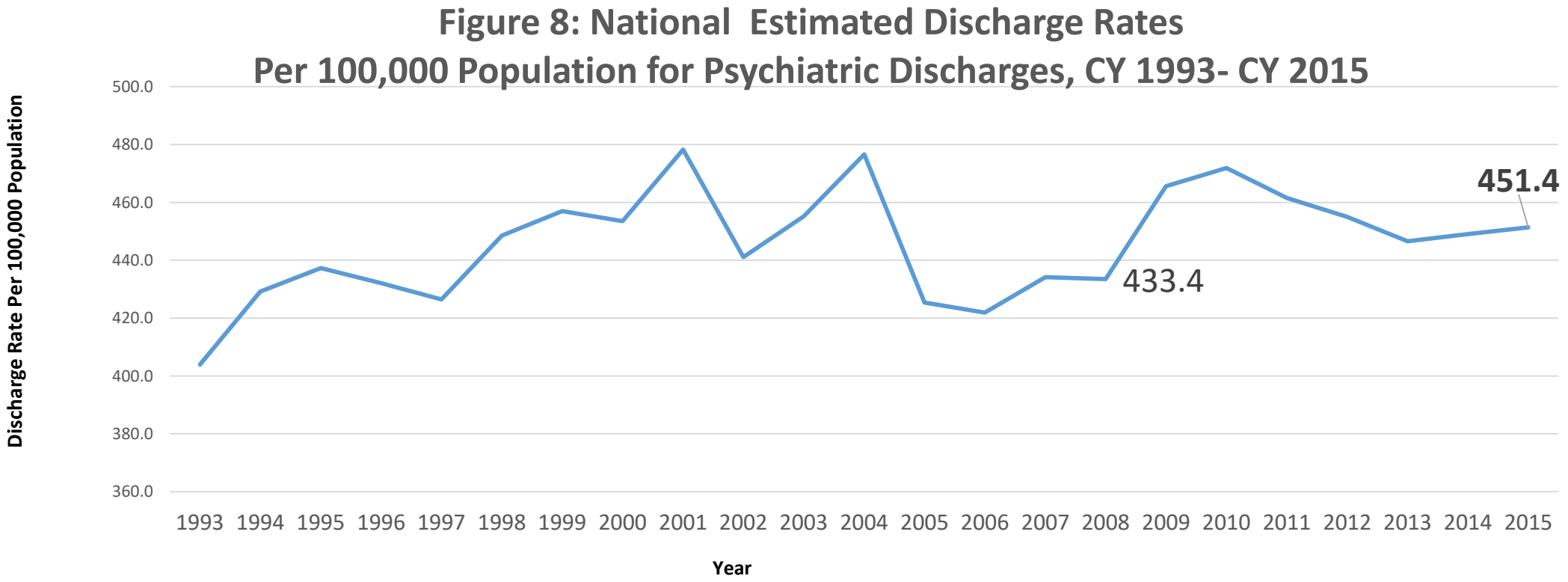
Figure 6. Average Length of Stay for Maryland Hospital Discharges with a Primary Psychiatric Diagnosis, CY 2008 - CY 2017



Trend in Acute Psychiatric Bed Utilization-Pop. Use

- Maryland's population may have a relatively high rate of use for acute psychiatric hospitalization

Source: HCUP NIS Data Set – MDC 19

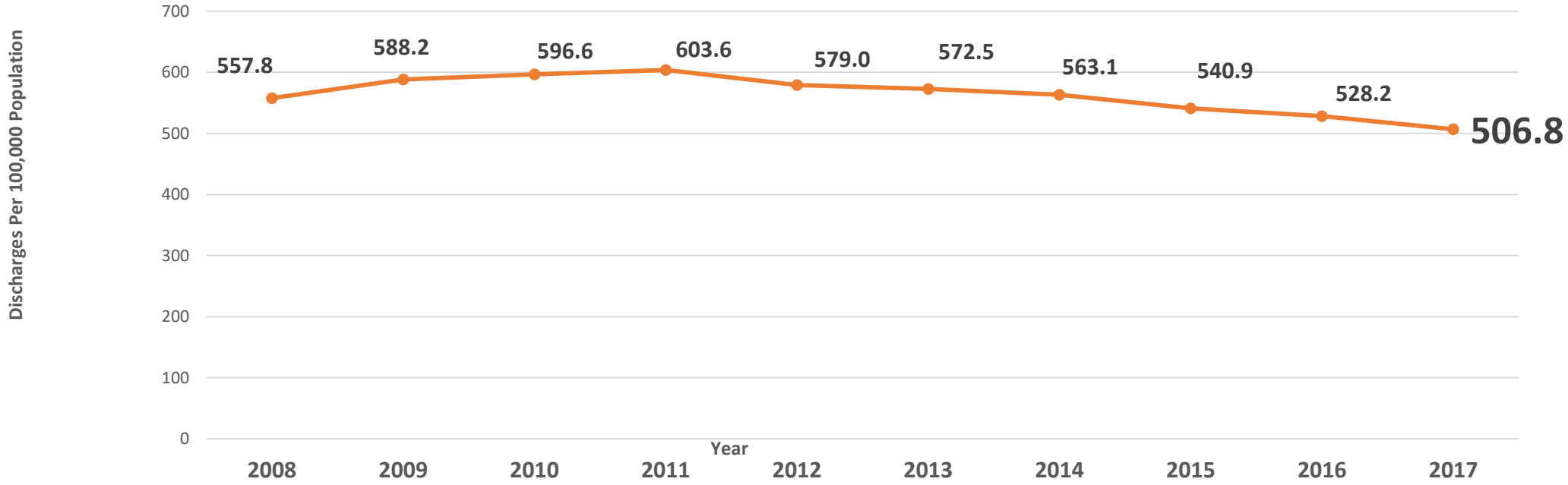


Trend in Acute Psychiatric Bed Utilization-Pop. Use

- Maryland's population may have a relatively high rate of use for acute psychiatric hospitalization

Source: Hospital Discharge Data Bases – MD and DC - MDC 19

Figure 9: Psychiatric Discharges for Maryland Residents from Maryland and District of Columbia Community Hospitals, CY 2008- CY 2017



Trend in Acute Psychiatric Bed Utilization-Pop. Use

- Maryland's population may have a relatively high rate of use for acute psychiatric hospitalization

Source: Hospital Discharge Data Base

Table 10. General Hospital and Private Psychiatric Hospital Use Rate (Discharges with a Primary Psychiatric Diagnosis per Population) by Age Group, CY 2008-CY2017

Age Group	Discharges Per 1,000 Maryland Residents										Use Rate Change 2008-2017
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Child (0-12)	1.8	1.9	2.0	2.1	2.2	2.0	1.9	2.0	2.0	2.1	+17%
Adolescent (13-17)	10.1	12.0	11.9	12.9	12.9	13.3	13.3	13.9	13.3	13.4	+33%
Adult (>18)	8.5	9.0	9.0	9.1	8.9	8.7	8.5	8.2	8.2	7.9	-7%
All Ages	7.5	8.0	8.0	8.2	8.0	7.9	7.8	7.6	7.5	7.3	-3%

Source: MHCC staff analysis of HSCRC discharge abstract data, CY 2008 to CY 2017.
*Discharge rates do not include discharges from State psychiatric hospitals.

Table 11. General Hospital and Private Psychiatric Hospital Use Rate (Discharges with a Primary Psychiatric Diagnosis per Population) by Region, CY 2008-CY2017

Health Planning Region	Discharges Per 1,000 Maryland Residents										Discharge Rate Change 2008-2017
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Central	9.6	10.0	10.0	10.1	9.9	9.7	9.2	8.8	8.6	8.5	-11%
Eastern Shore	5.4	6.0	6.1	6.8	6.8	6.0	6.0	5.9	5.9	5.5	+2%
Montgomery County	5.8	6.5	6.3	6.2	6.1	6.1	6.2	6.5	6.0	5.9	+2%
Southern	4.5	5.0	5.1	5.2	5.1	5.1	5.3	5.3	5.7	5.7	+27%
Western	7.8	8.8	9.3	9.6	9.2	8.8	8.8	8.7	8.1	7.9	+1%
Maryland	7.5	8.0	8.0	8.2	8.0	7.9	7.8	7.6	7.5	7.3	-3%

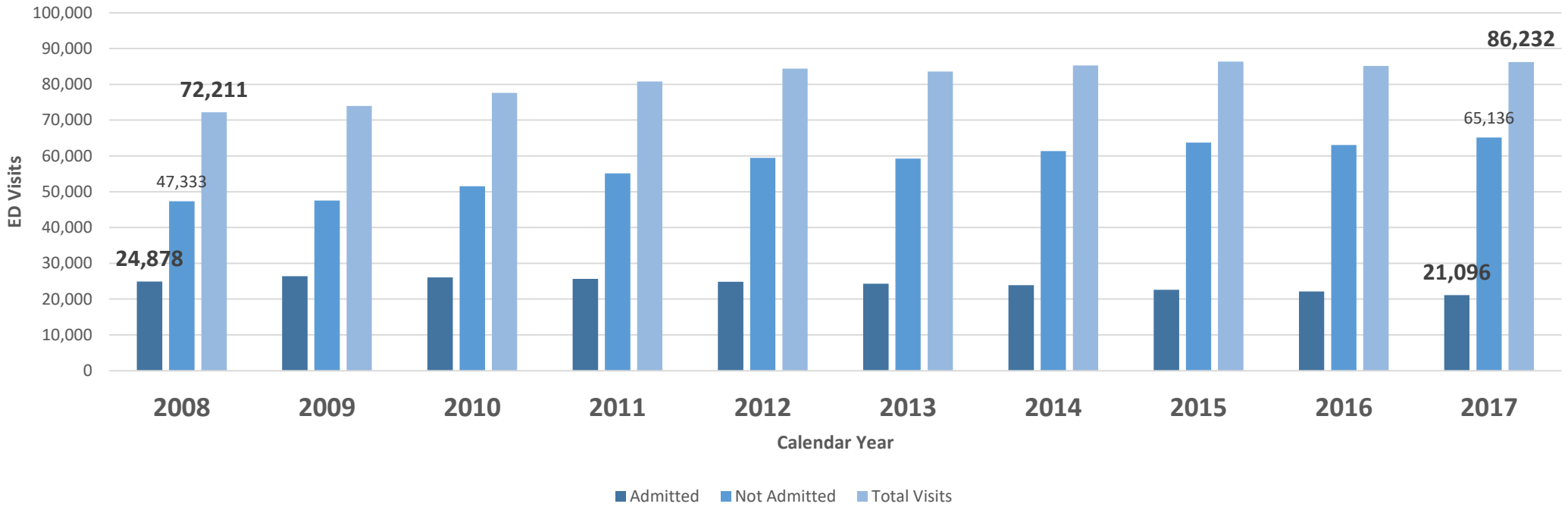
Source: MHCC staff analysis of HSCRC discharge abstract data, CY 2008 to CY 2017.
Notes: Discharge rates do not include discharges from State psychiatric hospitals.

Trend in ED Use - Psychiatric Patients

- 19% increase in ED visits by persons with primary psychiatric diagnosis and 15% decline in ED visits converting into hospital admission

Source: Hospital Discharge Data Base

Figure 10: Emergency Department (ED) Visits at Maryland Hospitals for Patients with a Primary Psychiatric Diagnosis, CY 2008 - CY 2017



Questions for SHP Update

- ***How appropriate is Maryland's use of psychiatric hospital facilities?***
  - ***Discharge rate***
  - ***Length of stay***
- ***How can CON regulation best address:***
  - ***Growth in demand for child and adolescent psychiatric hospitalization?***
  - ***Overcrowding of hospital EDs and, particularly, the contribution of patients with psychiatric diagnoses and their long wait times for transition out of the ED?***
  - ***If population use of psychiatric hospitalization is unreasonably high, the need for a care delivery system that more efficiently and effectively channels patients to outpatient care and/or more effectively manages patient care over the long-term to reduce hospitalization?***

White Paper: Maryland Acute Psychiatric Hospital Services

- *Scope of CON Regulation of Psychiatric Hospital Services*
- *Current SHP Chapter for Psychiatric Hospital Services*
- *Trends in the Supply and Use of Acute Psychiatric Services*
- *Access to Acute Psychiatric Hospital Services*
- *Other Behavioral Health Services*
- *State Health Planning for Acute Psychiatric Services*
- *Standards of the Current SHP Chapter*

The WP can be found on the MHCC web site: *Health Care Community > Health Care Facilities Services . State Health Plan*

http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_shp/documents/psychiatric%20services/con_shp_comar_10_24_07_White%20Paper_Maryland%20Acute%20Psychiatric%20Hospital%20Services_20190221.pdf

MHCC | MARYLAND HEALTH CARE COMMISSION


ENJOY THE REST OF
YOUR DAY