

Opening the door
to quality health care
for all Marylanders



2020 ANNUAL REPORT

Maryland
Health Care
Commission



Andrew N. Pollak, MD, Chairman
Ben Steffen, Executive Director

July 1, 2019 through June 30, 2020

EXECUTIVE SUMMARY

The Maryland Health Care Commission (MHCC or the Commission) strives to ensure that quality care is accessible to everyone who lives in the communities we serve and helps all Marylanders get the information they need to make informed decisions about health care.

During fiscal year 2020, we reached a number of key milestones in the following strategic areas:



HEALTH SYSTEM QUALITY AND COST

Initiated a major redesign of the Maryland Health Care Quality Reports consumer website to create a one-stop information resource

Developed and distributed special surveys to gather critical information from nursing homes, assisted living facilities, and ambulatory surgery facilities to support the State's COVID pandemic response efforts

Enhanced collaboration with the hospice industry by developing and distributing performance reports from the annual Maryland Hospice Survey to hospice providers



INFORMATION TECHNOLOGY IN HEALTH CARE

Assessed statewide progress in the use of electronic health records (EHR), health information exchange (HIE), and telehealth

Developed the Telehealth Virtual Resource Center to ensure patients had access to safe and uninterrupted care

Developed public service announcements, podcasts, and other information to increase consumer awareness and understanding of telehealth

Organized a hospital cybersecurity readiness and risk management symposium

Convened the Maryland Primary Care Program (MDPCP) Advisory Council

Provided practice transformation support to 800 providers participating in the Centers for Medicare & Medicaid Services Practice Transformation Network



HEALTH FACILITIES PLANNING AND CERTIFICATE OF NEED

Initiated a new phase of Certificate of Need (CON) modernization to align CON regulation with Maryland's Total Cost of Care Model

Supported the passage of legislation key to implementing previously recommended CON reforms

Completed final action on 17 CON applications and five exemptions from CON review, including conversion of two general hospitals to freestanding medical facilities



SUPPORT OF STATEWIDE INITIATIVES

Provided analytical support and information from the Medical Care Database for assessing the impact of the Maryland All-Payer and Total Cost of Care Models

Reduced All-Payer Claims Database data submission errors and review time

Released annual report to the Maryland General Assembly on the status of the Trauma Fund

The Commissioners

Andrew N. Pollak, MD

Chairman

Randolph S. Sergent, Esq

Vice Chairman

Bimbola F. Akintade, PhD

Arun Bhandari, MD

Cassandra Boyer, BA

Marcia L. Boyle, MS

Trupti N. Brahmbhatt, PhD



Martin L. “Chip” Doordan, MHA

Jason McCarthy, PharmD

Jeffrey Metz, MBA, LNHA

Gerard S. O’Connor, MD

Michael J. O’Grady, PhD

Martha G. Rymer, CPA

Stephen B. Thomas, PhD

Marcus L. Wang, Esq

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INTRODUCTION

Introduction

2020 was a year unlike any other in recent memory. The global COVID-19 pandemic has had a profound effect on the health and wellbeing of communities around the world and in our state. This crisis has made the work of MHCC and its partners even more urgent and essential.

In addition to helping the state deal with the pandemic, we also continued our ongoing work to ensure all Marylanders, regardless of where they live or their socioeconomic situation, have access to the health care they need and the information that can help them make informed decisions about their care. This annual report outlines those efforts and others the Commission has been mandated to carry out.

...
 “The global COVID-19 pandemic...has made the work of MHCC and its partners even more urgent and essential.”
 ...

WHO WE ARE

The Commission is an independent state regulatory agency and part of the Department of Health. Our 15 Commissioners, appointed by the Governor with the advice and approval of the Senate, live in communities across Maryland. Their job is to represent both the State’s residents and a broad range of stakeholders, including health care institutions and providers, policymakers, purchasers, community organizations, and State and federal agencies.

Dr. Andrew Pollak was appointed Chairman of MHCC by Governor Larry Hogan in February 2019. Randolph Sergent serves as Vice Chairman.

WHAT WE DO

A healthy community needs access to quality care and the information to make informed health care decisions. Our mission is to:



PLAN AND INNOVATE

We develop plans and innovative solutions that ensure the State’s health system can meet the needs of our communities in a rapidly changing health care environment.



EDUCATE

We provide the information needed for community members and stakeholders to make informed health care decisions and hold the health care system accountable.



IMPROVE ACCESS

Health care and the needs of our communities change quickly and continuously. To help ensure access to affordable, quality care throughout Maryland, we provide timely, accurate information on care availability, cost, and quality to policy makers, purchasers, providers, and members of the public.

Introduction

HOW WE DO IT

We:

- Gather and share information with stakeholders and consumers
- Plan and develop regulations to ensure current and future health care needs are met
- Analyze health policy
- Support health-related legislative initiatives

MHCC is legislatively mandated to carry out the following activities for the State of Maryland:

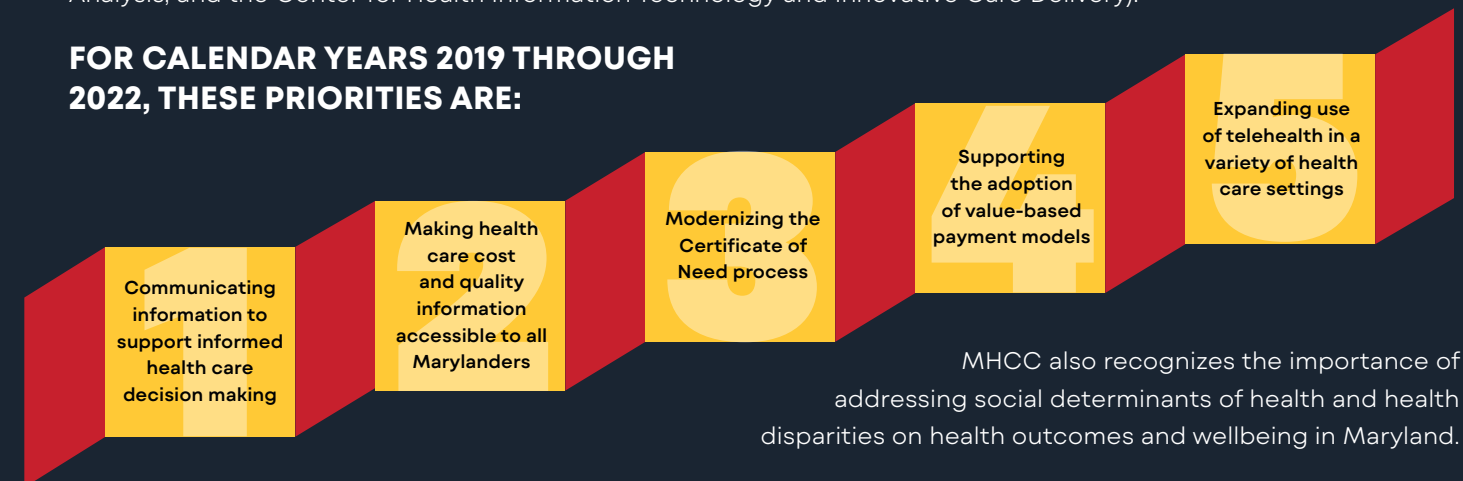
- Report on health system quality and cost
- Plan for and maintain the availability and financial viability of health care facilities and services
- Support diffusion of a strong, flexible, and secure health information technology (health IT) ecosystem
- Promote health care delivery system reform
- Develop an all-payer database to monitor cost, quality, and population health
- Monitor health care expenditures
- Protect safety-net providers
- Monitor health disparities

When directed by the General Assembly, MHCC conducts health policy studies of importance to the General Assembly, monitors Maryland’s health care workforce, and serves as a technical resource to the Health Services Cost Review Commission (HSCRC) for the All-Payer Model and Total Cost of Care (TCOC) Demonstration.

OUR FIVE PRIORITIES

We focus on five priorities, shared by our four centers (the Center for Health Care Facilities Planning and Development, the Center for Quality Measurement and Reporting, the Center for Information Services and Analysis, and the Center for Health Information Technology and Innovative Care Delivery).

FOR CALENDAR YEARS 2019 THROUGH 2022, THESE PRIORITIES ARE:



MHCC also recognizes the importance of addressing social determinants of health and health disparities on health outcomes and wellbeing in Maryland.

WHAT’S IN THIS REPORT

The first section of this report covers MHCC activities and accomplishments in fiscal year 2020. The second section addresses MHCC operations, including organization, staffing, and budget.



SECTION 1

2020 MHCC ACTIVITIES AND ACCOMPLISHMENTS

Section 1: 2020 MHCC Activities and Accomplishments

This section focuses on the Commission's activities and accomplishments in fiscal year 2020, as well as information on our efforts to support statewide initiatives and respond to legislative directives. The report is structured around four topics:

1

How we helped make care more accessible in response to the COVID-19 pandemic

2

How we helped consumers and stakeholders better understand and make informed decisions about the quality and cost of care in our hospitals and long-term care facilities

3

How we helped improve access to care for all and addressed health disparities in our communities

4

How we helped improve, assess, and promote quality of care for all Marylanders

Section 1: 2020 MHCC Activities and Accomplishments

1 COVID-19 RESPONSE



The COVID-19 pandemic put unprecedented strains on health systems worldwide. In Maryland, the Commission played an important role in helping the State respond to the heightened demand for care and monitor and better manage the health impacts of the virus on Marylanders, especially people living in assisted living communities and nursing homes, who are more vulnerable to the virus.

HOW WE HELPED



Issued 40 emergency Certificate of Need (CON) applications to significantly expand hospital bed capacity

Beginning in March 2020, MHCC began issuing emergency Certificates of Need, under existing regulations, in response to the COVID-19 pandemic state of emergency. In anticipation of the need for significant additional hospital bed capacity, most of these emergency CONs were issued to hospitals for projects aimed at creating additional bed capacity for infected patients or for relocating low acuity non-COVID-19 patients to free up bed capacity for infected patients.

These CONs were typically issued within 24 hours by the Executive Director with later confirmation by the Commission. By July 1, 2020, hospitals had been authorized to set up and staff **12,423 total acute care beds, adding over 3,000 beds** to the total licensed bed capacity of 9,400 in place prior to the pandemic.

Section 1: 2020 MHCC Activities and Accomplishments



Supported diffusion of telehealth to expand access to care during the pandemic

Early in the pandemic, State Executive Orders and federal waivers made use of telehealth easier for providers and consumers. In March 2020, MHCC expanded its telehealth initiatives to help providers implement and scale telehealth services during the public health emergency (PHE). Development of the *Telehealth Virtual Resource Center* began to help practices quickly pivot their operations to support telehealth visits and ensure patients had access to safe, uninterrupted care. This dedicated web page features information on key telehealth policy changes by payer, considerations for selecting a telehealth vendor, best practices for patient engagement and bedside manners in virtual care, benefits of remote patient monitoring and use of medical devices, and guidance on telehealth liabilities and risks.



The Commission also released a web-enabled Telehealth Readiness Assessment (TRA) tool for practices to assess telehealth readiness in five domains: core readiness, financial considerations, operations, staff engagement, and patient readiness. The tool provides guidelines, best practices, and resource information to help practices assess their readiness for adopting or expanding telehealth. Web-enabling the tool allows users to complete a practice assessment online and download resource materials. The tool was **viewed by more than 2,500 unique users locally and nationally**; it has also been used internationally.

Three State-Designated Management Service Organizations (MSOs) were awarded a grant to diffuse telehealth in ambulatory practices. The grant will conclude at the end of April 2021. The practices receive technical assistance to adopt telehealth. The work includes completing a telehealth readiness assessment and addressing gaps, restructuring workflows, providing education on payer use policies, and training on the technology. To date, about **105 small practices have implemented telehealth** and close to 220 practices have expressed interest in working with an MSO.

MHCC also identified initiatives to raise consumer awareness and understanding of telehealth. Development of an educational consumer web page began to include answers to frequently asked questions about virtual care and COVID-19 safety tips. Planning began for the first telehealth public service announcement in collaboration with the Baltimore Orioles and a telehealth podcast series in collaboration with Giant and Johns Hopkins Medicine.

Section 1: 2020 MHCC Activities and Accomplishments



Enhanced collaboration with CRISP (the State-Designated HIE) to gather information about the impact of COVID on long-term care community residents

We created a questionnaire and reporting system for the long-term care provider industry that required nursing homes and assisted living facilities to report COVID cases and deaths among residents and staff and the availability of personal protective equipment to **increase transparency about the impact of COVID** in these settings. MHCC contributed to and supported this effort by creating content and connecting CRISP with the appropriate industries.



Collaborated with the Health Services Cost Review Commission (HSCRC) to help long-term care facilities increase infection control protocols in response to COVID-19

MHCC participated on the committee awarding Long-Term Care Partnership grants to assist hospital systems with the resources needed to increase infection control protocols. Using the HSCRC hospital rate-setting system as the funding mechanism, **\$10 million was awarded to more than 10 hospital systems working with over 50 nursing homes and assisted living facilities** in Maryland.



Created and administered a Special Ambulatory Surgical Capacity Survey to help gather information about options to address increased patient volumes

In March 2020, staff worked with the Maryland Department of Health (MDH) to create and administer a brief capacity survey for the 315 plus ambulatory surgical facilities across the state. The survey included questions about the physical structure of facilities as well as the amount of personal protective equipment on hand. Senior management within the Maryland Department of Health used the survey to **determine if surgical facilities could be used to triage and assist hospitals with patient care** during the COVID-19 pandemic.

2 HELPING MARYLANDERS MAKE INFORMED DECISIONS ABOUT THE QUALITY AND COST OF CARE



In health care, higher cost does not necessarily mean better quality. One of the Commission's key roles is to educate Marylanders, whether they're legislators, consumers, or other stakeholders, about the performance of providers of health care services including the quality and cost of care so that they can make more informed decisions.

HOW WE DID IT



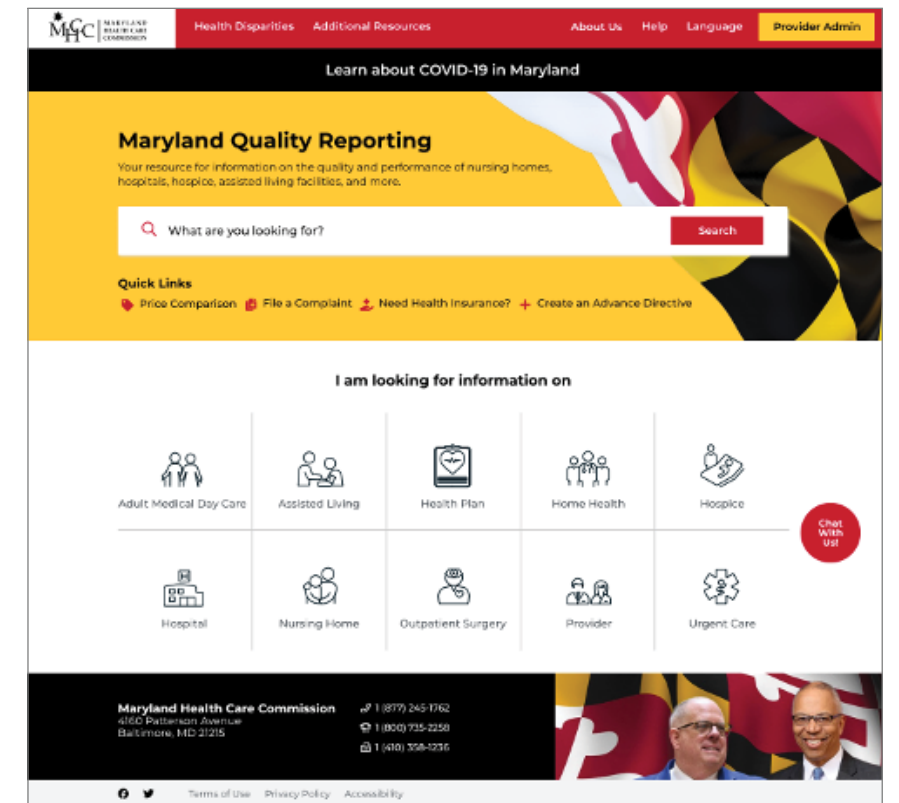
Initiated a major, consumer-friendly redesign of the Maryland Health Care Quality Reports consumer website (HTTPS://HEALTHCAREQUALITY.MHCC.MARYLAND.GOV)

The Maryland Health Care Quality Reports website is a consumer-friendly resource that brings together MHCC's four mandated public reporting initiatives: hospitals, long-term care, ambulatory surgery centers, and commercial health plans.

The Hospital Guide displays information on hospital performance for quality and patient experience measures, infection rates, and hospital prices by payer type for medical conditions and procedures. The Consumer Guide to Long-Term Care helps Marylanders make informed decisions about nursing homes, assisted living, hospice, adult day care, and home health. The site offers information to help consumers evaluate the quality and suitability of different long-term care facilities, including federal quality measures, results of the annual Nursing Home Family Experience of Care Survey, and results of the Nursing Home and Assisted Living Employee Influenza Vaccination Survey. The Long-Term Care guide is the most frequently visited consumer site managed by the Commission, with approximately **24,000 viewers annually**.

The Health Plan section provides consumers with information regarding commercial health plans available in Maryland, how effective the plans are in providing services, and member satisfaction ratings. Finally, an inventory of ambulatory surgery facilities is included on the website with specialties identified. The Commission is committed to publicly reporting accurate and non-biased data in an easy-to-understand format to help consumers make the best health care decisions.

In FY 2020, the Commission initiated a redesign and consolidation of its consumer reporting initiatives. Consumer focus group sessions were held to inform the web development process and release of the redesigned site is scheduled for the Spring 2021.



Maintained a long history of reporting price information on health care services to help consumers compare facilities and make informed health care choices

The information we provided included:

- Daily room rates for nursing homes and assisted living facilities to help consumers make informed **decisions when purchasing long-term care services**
- Volume and price information, updated every six months, for all medical conditions treated in Maryland hospitals, publicly available on MHCC's Quality Reports consumer website
- Total price and quality comparisons for four common medical conditions and procedures including hospital and non-hospital costs (WeartheCost.org)

Section 1: 2020 MHCC Activities and Accomplishments



Enhanced price transparency using the All Payer-Claims Database (APCD)

Maryland's All-Payer Claims Database includes claim and eligibility information from Medicare, Medicaid, and 37 private payers. The APCD is used to report on total health care costs and utilization.

In FY 2020, all private payers whose total covered lives exceed 1,000, as reported to the Maryland Insurance Administration (MIA), are required to report the APCD. The makeup of private payers reporting data includes life and health insurers, health maintenance organizations (HMOs), third-party administrators (TPAs), pharmacy benefits managers (PBMs), and qualified health and dental plans (QHPs and QDPs).

The APCD captures the insurance markets regulated under Maryland law: the individual market, the small-group market, and the regulated large-group market, and includes Maryland residents and non-residents whose group contracts are written or sold in Maryland. The number of privately insured Maryland residents in the Maryland APCD as of December 31, 2019, was about 1.8 million (including subscribers and their dependents, excluding ERISA and FEHB plans).

The integrity and timeliness of this data are important. To improve the rate of data submissions and reduce the data review timeframe, we continue to work diligently with payers to improve the data submission process. We are reminding payers to review all data internally before reporting to the APCD portal. MHCC also collaborates with its current data vendor to make the data review rate faster through the data validation process. As a result, **the percent of payers that submitted 100% clean data** reached a high of **86% for the first quarter of 2020**, remaining steady through the rest of the year.

The Commission also managed the APCD and completed several reports and studies using the data, including *Spending and Use among Maryland's Privately Fully-Insured 2018*, *Payment for Professional Services in Maryland (2016 - 2018)*, *Privately Insured 2018 Member Distribution for Selected Mental Health Disorders by County in Maryland*, and *Request for Cost Estimate to Eliminate Cost-Sharing for Prostate Cancer Screening*.

The Commission is committed to working with private payers on improving the reporting of race/ethnicity data to the APCD, gathering information that can help assess health disparities in the State, and will also collaborate with payers on reporting alternative payments data to the APCD.

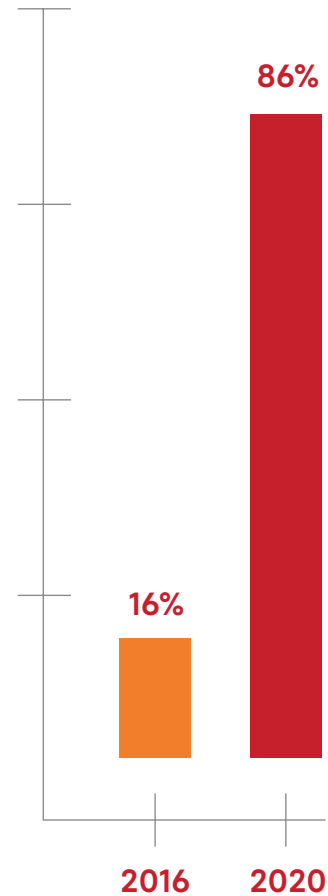


Figure 1: Percent of Payers that Submitted 100% Clean Data



Managed, updated, and promoted the Commission's Wear the Cost website to educate Marylanders about price differences for four common hospital-based health care services

In 2017, the Commission established an online tool that includes prices for a limited number of shoppable hospital-based services. The goal of the Wear the Cost (WeartheCost.org) site is to increase transparency of cost and quality differences among Maryland hospitals for shoppable health care services.

The website shows a patient's average typical and expected cost for four standard hospital procedures at different Maryland hospitals, as well as costs associated with potentially avoidable complications (PACs) and surgical mistakes. Consumers can run custom reports on the site. In FY 2020, over **16,100 users** visited the Wear the Cost website, including more than 5,000 users from Maryland.

The site will be updated with new content and new procedure categories in FY 2021.



Made more information available to stakeholders through the modernization of data release regulations

MHCC is working on modernizing the data release process by updating the APCD regulations and creating a new APCD data application to expand and improve the Commission's APCD data release process. These regulations **have not been updated in nearly ten years**. The modernization will:

- Provide users with more than a single year of information
- Make the data easier to access
- Make the data available for more users to support informed decision making, planning, research

3 IMPROVING ACCESS TO CARE FOR ALL MARYLANDERS AND ADDRESSING HEALTH DISPARITIES



Access to quality care is the foundation of healthier communities and a key factor in overcoming the health disparities that too many Marylanders face. Several of the Commission's initiatives in 2020 helped lay the groundwork to improve access to care for all communities in Maryland.

HOW WE DID IT



Supported the Maryland Primary Care Program to expand access to preventive care and management of chronic conditions

The Maryland Primary Care Program (MDPCP) is a key initiative under the State's Total Cost of Care Model. The MDPCP is a voluntary program open to all qualifying Maryland primary care providers and provides funding and support for the delivery of advanced primary care throughout the State. The program supports primary care providers so they can **increase their role in disease prevention, management of chronic disease, and prevention of unnecessary hospital utilization**; for example, the need to seek care in the emergency department because of lack of access to primary care or being hospitalized for preventable complications caused by poorly managed chronic conditions like diabetes and asthma.

The MDPCP Advisory Council provides input on the operations of the program and serves in a consultative role to the Secretary of Health. The Council includes 22 MHCC-appointed members who represent a broad range of stakeholders. It was convened on several occasions to consider:

- Enhancements to reporting
- The framework for a Track 3 Policy Framework modeled on the federal Primary Care First model
- Reducing program administrative activities



Expanded Care Management to help improve access to care for Marylanders with modifiable health risks

MHCC convened a care management focus group to **identify best practices** for care management in ambulatory practices and develop recommendations for care management resources. The goal is to:

- Identify strategies and best practices to improve care management for Marylanders with modifiable risks such as high blood pressure, smoking, obesity, and high blood sugar or cholesterol
- Align care management services to the needs of patients
- Identify, prepare, and integrate a team-based approach to deliver the needed services

The focus group contributed to content for an assessment tool. The Care Management Readiness Assessment consists of four sections to guide practices in determining: (1) care management guiding principles, (2) care manager skills, (3) care manager roles, and (4) care management readiness. The assessment is planned for release in 2021.



Supported and promoted innovation and use of telehealth to bring care to more communities and meet patients where they are

Telehealth became a valuable resource during the pandemic, but its value as a tool to expand access to care to all Marylanders in all communities has made it an important priority to the Commission for years. Through grants and education and awareness programs, we've continued to **support the expansion and adoption of telehealth**. Two recently concluded grants included:

- The University of Maryland Quality Care Network's (UMQCN) implementation of telehealth to optimize medication management and reconciliation to minimize adverse drug events and improve care coordination for patients with chronic obstructive pulmonary disease (COPD)
- Charles County Public Schools (CCPS) implementation of teletherapy to increase access to speech-language pathologists for students with special education needs

These grants concluded in January and March 2020, respectively.

Section 1: 2020 MHCC Activities and Accomplishments

The Commission also developed a three-part webinar series highlighting how telehealth can be leveraged in school health services and key policy considerations for program development. The series featured local and national leaders sharing their experiences in school-based telehealth and provided tips for integrating telehealth into school health services workflows, explained ways to use telehealth to manage students' health care needs in collaboration with community providers, and highlighted approaches taken by one school district in Maryland to resolve policy and technical challenges.

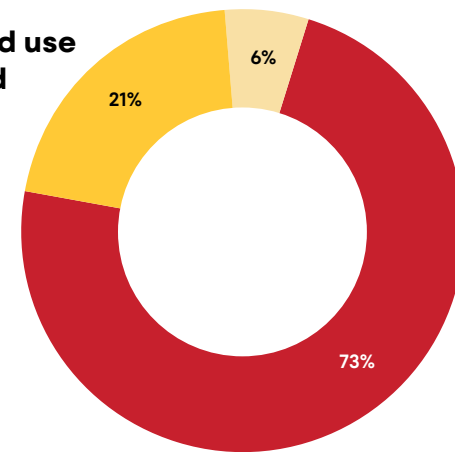
To promote consumer understanding and use of telehealth, we also developed public service announcements, podcasts, and other information.



Tracked the use of hospice services and encouraged use in communities where these services are underused

Hospice services can be of great value to patients and families facing serious illnesses, but not all communities use these services. The issue is especially evident in Black communities in Maryland. To encourage the use of hospice care in these communities, MHCC hired a firm to design brochures and electronic infographics that explained the benefits of this type of care. The content is used in regular rotation on MHCC social media platforms.

Yearly, Commission staff create hospice usage tables based on the Center for Health Facilities Planning's Hospice Survey. These tables depict the general usage rates, racial composition of hospice patients, most common ailments of hospice patients, non-death discharge rates, and rates of usage by region. Tables are shared with the hospice industry and posted on MHCC website. The tables provide an understanding of any changes in the hospice industry, and **this year, the tables showed a slight increase in hospice usage.**



White
African-American
Other

Figure 2: Hospice Users by Ethnicity
Source: MHCC Annual Hospice Survey (2018 Data)



Supported the Maryland Trauma Physicians Services Fund to help ensure trauma care remains available to all who need it

The Maryland Trauma Physician Services Fund provides payments to offset the costs of uncompensated and undercompensated medical care provided by trauma physicians to patients at Maryland's designated trauma centers, stipends to trauma centers to offset the centers' on-call and standby expenses, and grant funding for certain equipment.

The fund is financed by a \$5 surcharge on motor vehicle registrations. In 2020, revenue collections by the Motor Vehicle Administration were \$11,798,484. This is a reduction from the previous fiscal year due to the State of Emergency orders that extended the deadlines for automobile registration renewals. In total, the fund disbursed about **\$10.9 million to trauma centers and trauma physician practices** and **\$2.4 million to PARC (Primary Adult Resource Center for Trauma, R Adams Cowley Shock Trauma Center at the University of Maryland Shock Trauma)** over the past fiscal year. A full report, "[Maryland Trauma Physician Services Fund: Operations from July 1, 2019 through June 30, 2020](#)," is available on the MHCC website.

Section 1: 2020 MHCC Activities and Accomplishments



Assisted in the implementation of the Prescription Drug Affordability Board

This Board was established to **protect the State from high prescription drug costs**, which can create barriers to care for many Marylanders. The board will create a Physician Drug Affordability Stakeholder Council, develop a process that requires the Board to identify drugs at certain cost thresholds, and report on the pharmaceutical distribution and payment system to lower the list price of drugs. This foundational work is to be completed by the end of 2021.

The Commission is well positioned to support the Board with data on prescription drug claims from private and public payers. At the request of the Governor, the Commission will work with the Maryland Department of Budget Management and the Board to determine the most cost-effective approach to meeting the Board's short- and long-term staffing needs.



Researched the feasibility of no copay prostate cancer screening

When detected early, prostate cancer is often more treatable, lowering both the human and financial cost of the disease. Prostate cancer screening is the best tool for early detection. MHCC provided results of a prostate screening cost assessment to Maryland House of Delegates Health and Government Operations Committee Vice Chair, Joseline Pena-Melnyk, to determine the cost impact to the State of eliminating the member cost-sharing for this screening. MHCC concluded that **eliminating cost-sharing would not fuel excessive demand** for the test because of the emphasis on shared decision making in assessing the value of the PSA screening.



Delivered care transformation virtual learning events for health care practices to increase patient and family engagement and practice performance

The Commission presented several virtual **webinars focused on advancing care delivery**, including:

- A web-based learning session for ambulatory practices focused on learning processes and activities for patient and family engagement
- A webinar for providers from Federally Qualified Health Centers on value-based care delivery and MDPCP
- Presentations to podiatrists promoting health IT and sharing strategies to enhance practice performance and reimbursement in the Merit-Based Incentive Payment Systems
- Webinars targeting clinically integrated networks providing information on health IT and and telehealth.

4 ENSURING ALL MARYLANDERS HAVE ACCESS TO QUALITY CARE



High quality care can significantly improve both outcomes and quality of life, which is why MHCC focuses on ensuring that all Marylanders have access to it. Receiving quality health care not only positively affects the lives of individual Marylanders, it also has an impact on the overall health and wellbeing of communities, which can help lessen health disparities. Many of the Commission's initiatives, programs, and partnerships are moving this goal forward.

HOW WE DID IT



Used our regulatory tools to respond to a rapidly evolving health care delivery system

MHCC is legislatively mandated to plan for and maintain the availability and financial viability of health care facilities and services for the State of Maryland to ensure that health care facilities and services produce high value for the State's residents. The Commission also supports the establishment and updating of regulations, known as the State Health Plan (SHP), which inform the regulated facilities about the requirements for obtaining Certificate of Need (CON) approval of their development plans. We are committed to **a multi-year process of modernizing Maryland's Certificate of Need** processes for health care facilities.

In 2020, we:

- Completed review of 15 CON applications and four exemptions from CON review, including two conversions of general hospitals to freestanding medical facilities (FMFs). These emergency treatment centers operate 24-7-365 and are staffed and equipped like hospital emergency departments but do not admit patients for overnight inpatient stays. They can observe patients for short periods to determine whether the patient should be transferred to a general hospital for admission.
- Initiated first ongoing performance reviews of percutaneous coronary intervention programs (five completed in FY 2020) facilitating greater patient access to non-surgical techniques designed to address coronary artery disease
- Eliminated the requirement for an existing general hospice to obtain a CON to add inpatient beds, through either establishing an inpatient hospice unit or expanding an existing unit
- Started modernization of health planning and CON regulation based on 2018 Commission report and 2019 General Assembly reforms¹ that implemented key recommendations of the report. As a result of these changes, in FY 2020, 13 changes at regulated health care facilities that would have required CON approval¹ under the former statute, were able to go forward without review and approval of a CON. This included three hospital capital expenditure projects, three projects involving the establishment of an ambulatory surgical facility, one change in the bed capacity of an existing general hospice, and six changes in the bed capacity of an existing alcoholism and drug abuse treatment intermediate care facility.
- Made significant progress on the update of two State Health Plan (SHP) chapters of regulation; COMAR 10.24.07, which is being redeveloped as regulations for psychiatric hospital services and COMAR 10.24.11, for general surgical services. These updates should be completed in FY 2021.

Tables providing additional details on Certificate of Need applications reviewed, approved, and/or changed in FY 2020 are in Appendix B.



Supported a Practice Transformation Network (PTN) to improve care

Through a partnership with MedChi, The Maryland State Medical Society, the University of Maryland School of Medicine Department of Family and Community Medicine, and the New Jersey Innovation Institute, 109 practices representing 836 individual providers were enrolled to complete practice transformation activities in Maryland from 2016 to September 2019. Under the Centers for Medicare & Medicaid Services Transforming Clinical Practice Initiative, grantees expanded quality improvement capacity, engaged in peer-to-peer learning, and used health data to determine gaps and target health care interventions. In June 2019, **the PTN efforts nationally were recognized by the Centers for Medicare & Medicaid Services** for achieving enrollment goals, supporting transformation, improving health outcomes, reducing unnecessary hospitalizations, generating savings, and reducing unnecessary tests and procedures.

¹ Or, the case of hospitals, a "pledge" prohibiting any significant change in charges related to the capital expenditure

5 OTHER KEY COMMISSION ACHIEVEMENTS



Completed the 2019 Nursing Home Family Experience of Care Survey to assess satisfaction with quality of care and overall experience

Each year, the Commission conducts a survey of family members of nursing home residents, asking them about their experience. In the 2018 data collection year, the Commission enhanced the survey by adding questions to create a more comprehensive survey. In addition, the survey included an assessment of families' overall rating of the nursing home and whether they would recommend the nursing home to others. As part of the enhancements to the survey in 2018 and to ensure all voices in the community are heard, a Spanish-language option was included for families who would rather complete the survey in Spanish.

The results of the 2019 survey indicated a **“good” to “very good” level of satisfaction with Maryland nursing homes.**

Table 1: Summary of Nursing Home Family Experience of Care Domain Scores – 2019 Statewide Results

Survey Domain	Statewide Score
Staff and Administration of the Nursing Home	3.4
Care Provided to Residents	3.3
Food and Meals	3.0
Autonomy and Resident Rights	3.3
Physical Aspects of the Nursing Home	3.2
Activities	3.0
Security and Residents' Personal Rights	3.3
Overall Rating of Care Received at the Nursing Home	7.6
Percentage of “Definitely Yes” or “Probably Yes” Responses to “Would You Recommend the Nursing Home?”	78%

Notes: The first seven items are calculated on a scale of 1 to 4 with 4 being the highest. The Overall Rating of Care is calculated on a scale of 1 to 10 with 10 being the highest.

The survey for 2020 was initiated with several additional enhancements, including an online version, which significantly reduces the cost of administration. We also added one open-ended question where participants can write in their concerns or compliments, as well as three general questions about the nursing home's COVID response. These enhancements will be included continuing forward.



Reported hospital and nursing home employee influenza vaccination rates to provide information on reducing infection risk

The Commission collects information on hospital and nursing home employee influenza vaccination rates each year and reports this information on the Maryland Quality Reports and Consumer Guide to Long-Term Care websites. The statewide hospital employee vaccination rate has increased from 78% when the requirement was first initiated in FY 2010 to **97% in FY 2020**. This rate was **higher than the national experience for hospitals**, making Maryland one of the top-performing states according to the Centers for Disease Control and Prevention (CDC). In FY 2020, all but one Maryland hospital reported that a mandatory employee flu vaccination policy was in place. That outlier hospital intends to implement a mandatory policy in the 2020–2021 flu season. The rate of vaccination in health care workers has also steadily increased in outpatient surgical facilities.

Nursing homes also improved, reporting a **90% vaccination rate** for the most recent flu season compared to a 58% vaccination rate in FY 2010. Improvement has not been as strong in Maryland's assisted living facilities with ≥10 beds, which reported a 50% vaccination rate following the 2012–2013 flu season and a 56% rate in the most recent flu season. In comparison, the CDC reports the national vaccination rate of 69% for long-term care staff. The percentage of nursing facilities that have implemented mandatory vaccination policies has increased by 10 percentage points over the past five years.

FY 2019 was the first year that vaccination policy information was collected from assisted living facilities. The percentage of assisted living facilities with ≥10 beds that have a mandatory vaccination policy has increased 7 percentage points since the first year of collecting information to 43%.

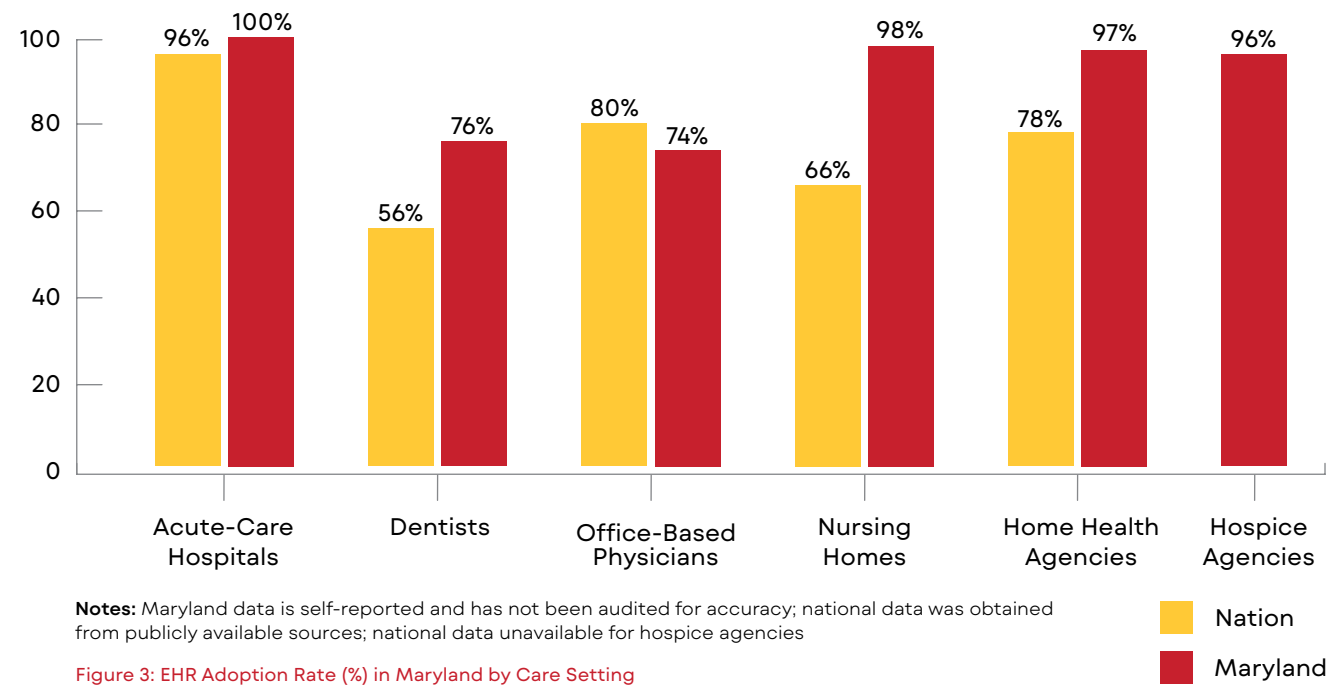


Promoted and supported the use and expansion of Health IT

MHCC **assessed statewide progress in the use of EHRs, HIE, and telehealth** during the PHE to identify trends and relevant policy matters that support awareness, build on the current landscape, and inform policy development, implementation, and evaluation.

Section 1: 2020 MHCC Activities and Accomplishments

A snapshot of EHR adoption by care setting is shown below.



Other work included:

- Oversight of CRISP (Chesapeake Regional Information System for our Patients), the State-Designated HIE
- Privacy and security policy oversight to the State-Designated HIE
- Revision of health IT questions included in the Annual Long-Term Care Survey to nursing homes to inquire about nursing homes use of telehealth and views on the value of EHRs, HIE, and telehealth
- Completion of environmental scans to assess health IT adoption by home health agencies and hospice facilities



Supported Statewide Initiatives

MHCC collaborates with other State agencies, provider organizations, health facilities, consumer groups, and others to support statewide health care initiatives. One of the ways we provided that support included convening the Care Management Focus Group to **address policy challenges and identify best practices for advancing care management in ambulatory practices.**

SECTION 2

MHCC ORGANIZATION, OPERATIONS, AND BUDGET



1 ORGANIZATION

The Commission is **organized around the health care systems it seeks 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, and increase access. MHCC's activities are directed and managed by the Commission Executive Director. Administrative activities, such as staffing, budget, and procurement, are managed by the Director of Administration. Two Assistant Attorneys General provide legal advice and counsel to the Executive Director, the Commission members, and Commission staff.

MHCC staff members' backgrounds and skills encompass a broad range of expertise, including:

- Public policy analysis
- Data management and analysis
- Health planning
- Health facilities construction and financing
- Medicaid administration
- Quality assessment
- Clinical and health services research
- Law
- Public performance reporting

Most Commission staff are organized into four Centers. Two of the four Centers—the Center for Health care Facilities Planning and Development and the Center for Quality Measurement and Reporting—are organized around provider organizations, bringing together under the same leadership the expertise and tools to address cost, quality, and access in those sectors of Maryland's health care system.

The Center for Analysis and Information Systems conducts broad studies, using both Maryland databases and national surveys, but also has specific responsibilities relating to physician services. The fourth Center, the Center for Health Information Technology and Innovative Care Delivery, has responsibilities that cut across sectors to facilitate the use of Health IT, support advanced care delivery and facilitate private and secure transfer of personal health information among sectors.

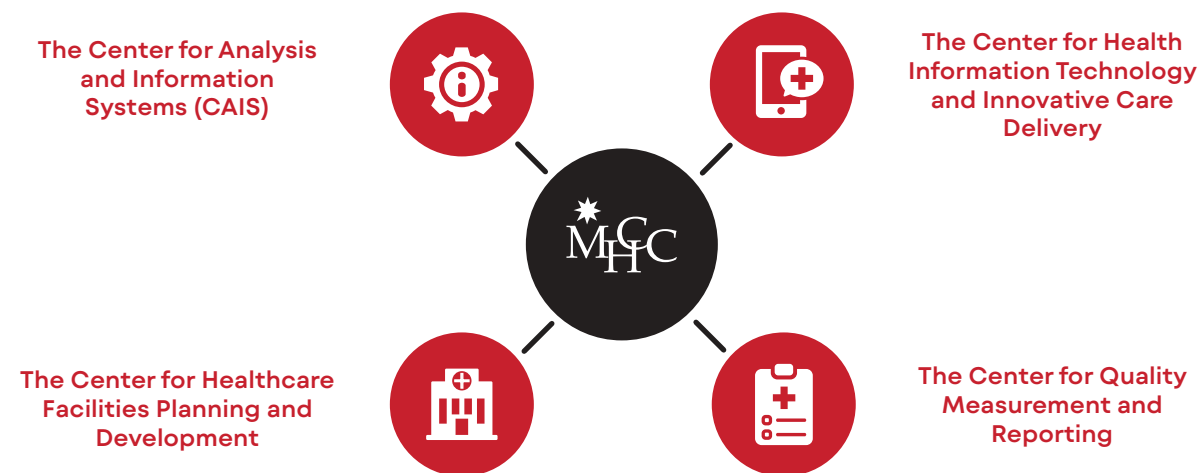


Figure 4: Organizational Ecosystem of MHCC

THE CENTER FOR ANALYSIS AND INFORMATION SYSTEMS (CAIS)

Director, Kenneth Yeates-Trotman

This Center assembles and manages the State's All-Payer Claims Database (APCD) from claim and eligibility information submitted by about 37 private payers, Medicare, and Medicaid. The Center uses the APCD to report on total health care spending (cost and utilization) and spending for each health care sector, including hospitals, health care professionals, and prescription drugs. The Center also maintains the Wear the Cost website. CAIS plays a crucial role in one of the Commission's strategic priorities—making MHCC the trusted source for cost and quality information.

THE CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Director, Paul Parker

The Center for Health Care Facilities Planning and Development develops plans for the supply and distribution of health care facilities and services and regulates the supply and distribution of facilities and services through Certificate of Need (CON) and related oversight programs. The Center is responsible for development and updates to the State Health Plan (SHP), a body of regulation that establishes criteria and standards for considering the need, costs and effectiveness, impact, and viability of health care facility capital projects. The Center administers the Certificate of Need, Certificate of Conformance, and Certificate of Ongoing Performance programs, which regulate certain aspects of health care service delivery by health care facilities. The Center collects information on health care capacity, service capacity, and use. Annual data sets are developed on the service capacity of general and special hospitals, nursing homes, home health agencies, general hospices, assisted living facilities, and adult day care facilities. The Center also obtains hospital databases on cardiac surgery, cardiac catheterization, and percutaneous cardiac intervention (PCI) for use in regulatory oversight of these services.

THE CENTER FOR HEALTH INFORMATION TECHNOLOGY AND INNOVATIVE CARE DELIVERY

Director, David Sharp

The Center for Health Information Technology and Innovative Care Delivery (Center) supports advancing value-based care and diffusion of health IT statewide to promote a strong and flexible health IT ecosystem that shifts focus from quantity of care delivered to improving health outcomes through coordinated care delivery. The Center provides oversight to registered HIE organizations operating in Maryland and develops policies that promote innovation related to interoperability.

THE CENTER FOR QUALITY MEASUREMENT AND REPORTING

Director, Theresa Lee

The Center for Quality Measurement and Reporting is responsible for the Commission's health care provider quality and performance evaluation mandates. These mandates help increase transparency and informed decision-making among consumers, facilitate improvements in the delivery of care, and support the State's unique hospital rate-setting system (i.e., the TCOC Model). The Center maintains the Maryland Health Care Quality Reports website and the Consumer Guide to Long-term Care. The Center is committed to reporting disparities in health and health care and remains focused on raising awareness of the Quality Reports consumer site among minority and disadvantaged populations.

2 APPROPRIATIONS AND SPENDING

MHCC operates through special funding collected through an assessment on the health care providers and payers regulated by the Commission. The amount is derived differently for each industry and is set every four years based on an analysis of the Commission's workload. The **cap was raised from \$12 million to \$16 million** in fiscal year 2018 and remained in effect during fiscal year 2020.

As in fiscal year 2019, the Commission assesses the following percentages on industries:

- Payers for an amount not to exceed 26% of the total MHCC budget
- Hospitals for an amount not to exceed 39% of the total MHCC budget
- Health occupation boards for an amount not to exceed 16% of the total MHCC budget
- Nursing homes for an amount not to exceed 19% of the total MHCC budget

FY2020 Budget Appropriation: \$36,779,461

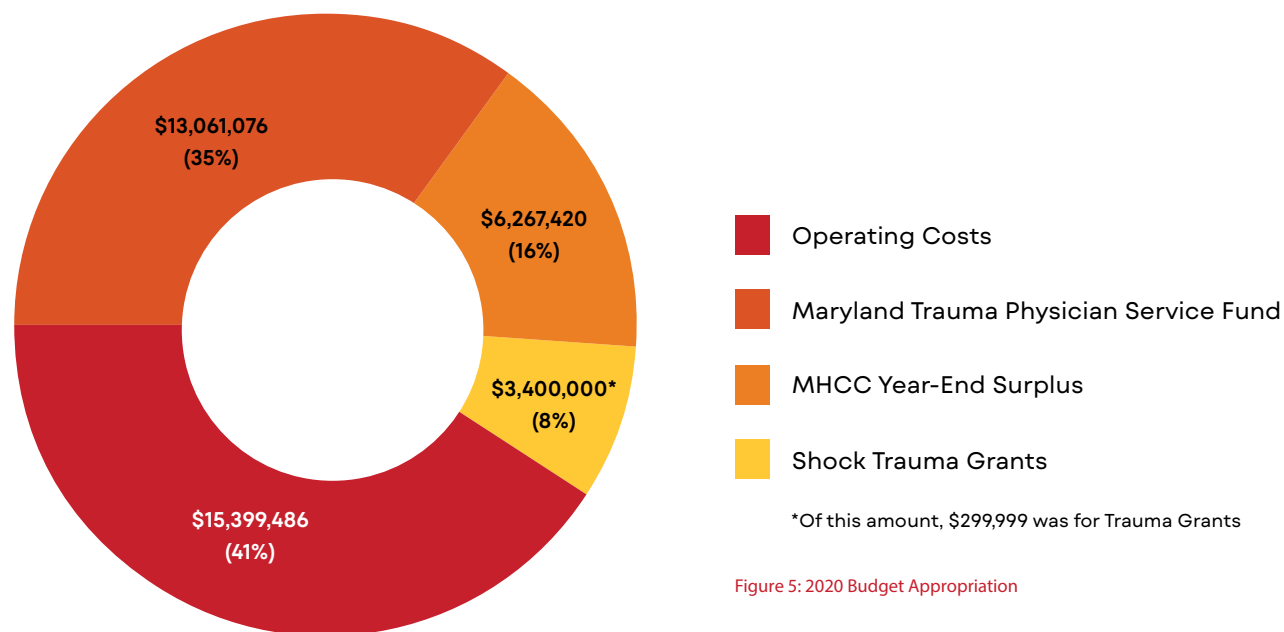


Figure 5: 2020 Budget Appropriation

APPENDICES



A GOVERNANCE

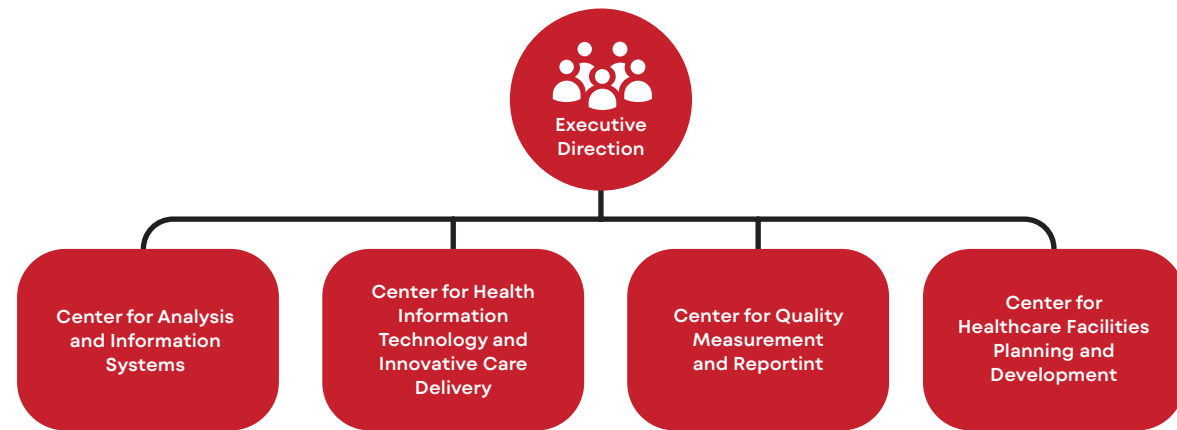


Figure 6: Maryland Health Care Commission Organizational Chart

SELECTION PROCESS AND GEOGRAPHIC REPRESENTATION OF COMMISSIONERS

MHCC is governed by a commission of 15 members appointed by the Governor with the advice and consent of the Senate. The Governor appointed the Chairman and the Chairman may select a Vice Chairman. Members are selected based on type of stakeholder they represent as well as their geographic location. The term of a member is four years, and a member may not serve more than two consecutive terms.

The composition of the Commission is as follows:

- 9 individuals who do not have any connection with the management or policy of a health care provider or payer
- 2 physicians
- 2 payers
- 1 nursing home administrator in the state
- 1 non-physician health care practitioner

To the extent practicable, when appointing members to the Commission, the Governor ensures that at least five members are residents of different counties with populations of 300,000 or more and at least three members are residents of different counties with populations of less than 300,000. Of the three members representing counties with fewer than 300,000 residents, at least one must be a resident of the Eastern Shore; one must be a resident of Allegany, Garrett, Washington, Carroll, or Frederick County; and one must be a resident of Southern Maryland.

COMMISSIONER BIOGRAPHIES

Andrew N. Pollak, MD, Chairman, earned his MD at Northwestern University School of Medicine. His internship in general surgery and residency in orthopedic surgery were accomplished at the integrated Case Western Reserve University/University Hospitals of Cleveland Program. He went on to complete a fellowship in orthopedic traumatology at University of California Davis Medical Center. Dr. Pollak is the James Lawrence Kernan Professor of Orthopedics and Chair of the Department of Orthopedics within the University of Maryland School of Medicine. He also serves as Chief of Orthopedics for the University of Maryland Medical System. He currently serves as Treasurer of the American Academy of Orthopedic Surgeons (AAOS) and is Past President of the Orthopedic Trauma Association. His is Executive Committee Co-Chair for the Major Extremity Trauma Research Consortium (METRC), Chair of the Publications Committee for METRC, Editor of the AAOS Orange Book Series, Medical Director of the Baltimore County Fire Department, and Special Deputy US Marshal. (Term Expires 9/30/2024)

Randolph S. Sergent, Esq, Vice Chairman, is Vice President and Deputy General Counsel for CareFirst BlueCross BlueShield, where he has been employed since 2010. Prior to joining CareFirst, Mr. Sergent was a partner at Venable LLP. He also has served in the Maryland Attorney General's Office as Deputy Counsel to the Maryland Insurance Commissioner and as Assistant Attorney General in the Civil Litigation Division. Mr. Sergent is a member of the Ethics Committee of the Maryland State Bar Association (MSBA) and has served as Chair of the MSBA's Health Law Section. He holds a Juris Doctorate from the University of Virginia School of Law, a Master of Science in electrical engineering from the University of Maryland, College Park, and a Bachelor of Science in electrical engineering from the University of Virginia. Mr. Sergent resides in Howard County. (Term Expires 9/30/2024)

Bimbola F. Akintade, PhD, earned his bachelors, masters, and doctoral degrees at the University of Maryland School of Nursing. In addition, he earned an MBA and MHA from the University of Maryland University College. He is an Associate Professor and Associate Dean for the Master's Specialties at the University of Maryland School of Nursing. He is also a Fellow of the American Association of Nurse Practitioners and currently practices as an Acute Care Nurse Practitioner in the Post Anesthesia Care Unit at the University of Maryland Medical Center and the Trauma/Surgical Intensive Care Unit at the University of Maryland Capital Region Medical Center. He is a pioneer Board Member, Research Committee Chair, and Finance Committee Member of the Doctor of Nursing Practice of Color. (Term Expires 9/30/2022)

Arun Bhandari, MD, has been a practicing oncologist and hematologist at Chesapeake Oncology Hematology Associates, PA (COHA), Annapolis, MD since 2007. He is on staff at Anne Arundel Medical Center (AAMC), Baltimore Washington Medical Center (BWMC), and John Hopkins Medicine at Howard County General Hospital (HCGH). Dr. Bhandari is an Executive Board Member of The Maryland and District of Columbia Society of Clinical Oncology, Inc. (MDCSCO). He was appointed by Governor Hogan as a Council on the Maryland State Council on Cancer Control. Dr. Bhandari served as a member of the Maryland Board of Physicians from 2016 to 2020 and as Chairman of Panel A of the Board from May 2016 until April 2020. He completed a fellowship in hematology-oncology at Georgetown University Hospital/Washington Hospital Center, Washington, DC with a bone marrow transplant rotation at the National Institute of Health, Bethesda, MD and served as a chief fellow in hematology and oncology from 2004-2005. He was also a fellow in hematology and oncology at The University of Tennessee Health Science Center, Memphis, TN, an NCCN Member Institution. (Term Expires 9/30/2021)

Cassandra Boyer, BA works at the US Army Communications Electronics Command (CECOM) at the Aberdeen Proving Ground, Maryland. She currently serves as the point person coordinating the Software Engineering Center's Human Capital Program. Past roles have included Executive Officer, Corporate Communications, and the CECOM Commander's Initiatives Group. Prior to her employment with the US Army, Ms. Boyer held several positions in public affairs, including Director of Communications for Coventry Health Care of Delaware and Director of Advocacy for the American Lung Association. She lives in Havre de Grace, MD, and serves her community as a member of the Havre de Grace City Council. She is a graduate of Ursinus College with additional study at Johns Hopkins University and the College of Notre Dame. (Term Expires 9/30/2023)

Appendix A: Governance

Marcia L. Boyle, MS is the founder of the Immune Deficiency Foundation (IDF), the national nonprofit patient organization dedicated to improving the diagnosis, treatment, and quality of life of people with primary immunodeficiency diseases through advocacy, education, and research (www.primaryimmune.org). She served as president and CEO until her retirement in August 2017. She grew IDF from five volunteers in 1980 to an organization with approximately \$10 million a year in revenue in 2017 and a full-time staff of 37. She was a co-founder of the International Patient Organization for Primary Immunodeficiencies, which currently includes representation of patient organizations from 60 countries around the world. She also served on the Board of Directors of the National Health Council from 2015 to 2017. She was honored as a White House Champion of Change in Precision Medicine in 2015. (Term Expires 9/30/2022)

Trupti N. Brahmhatt, PhD is a Senior Policy Researcher at Rand. She earned a Bachelor of Science in Zoology and a master's in microbiology; a Doctor of Philosophy degree in Emerging Infectious Diseases; a Master of Arts degree in Diplomacy (terrorism track); an Executive Master of Business Administration (defense acquisition); and a Master in Science and Technology Intelligence (cyber security and data analytics). Ms. Brahmhatt is an American Society of Clinical Pathology board certified technologist in microbiology and immunology. She enlisted in the United States Navy in 1990, retiring in 2018 after 28 years of active duty service. She holds an appointment as an Assistant Adjunct Professor at the Department of Microbiology and Immunology, School of Medicine, Uniformed Services University, Maryland. Her professional interests and expertise include health care policy, science and technology, strategic planning, intelligence, defense acquisition, infectious diseases, microbiology, and biodefense. (Term Expires 9/30/2023)

Martin L. "Chip" Doordan, MHA earned a Master of Arts in Health Care Administration from George Washington University, a Master of Science from the University of Maryland, and a Bachelor of Science from University of Delaware. He has held positions in health care delivery for his entire career. Mr. Doordan served as CEO and President of Anne Arundel Medical Center (AAMC) from 1994 to 2011 and as President from 1988 through 1994. He also directed the growth of AAMC from a community hospital to a regional medical center with over 3,200 employees and an annual budget of over \$550 million. He served in the US Army from 1968 to 1971, including service in Vietnam from 1970 to 1971. (Term Expires 9/30/2022)

Jason McCarthy, PharmD, is Vice President for Operations at Kaiser Permanente Mid-Atlantic States. He is responsible for ensuring that Kaiser Permanente is appropriately and effectively aligned to implement high-quality care for its members throughout Maryland, Virginia, and the District of Columbia. In addition, Mr. McCarthy is responsible for overseeing Kaiser Permanente's growth in the Baltimore service area, which currently includes ~500 employees and 10 medical office buildings that service 125,000 members. From 2014 to 2016, Mr. McCarthy served as the Regional Pharmacy Director for Kaiser Permanente of the Mid-Atlantic States. Prior to joining Kaiser, he served as a District Manager with CVS Pharmacy in the Washington, DC, metro area. He received his Doctor of Pharmacy from Howard University College of Pharmacy in 2002 and his MBA from the University of Maryland, College Park in 2016. He currently resides in Bowie, Maryland. (Term Expires 9/30/2024)

Jeffrey Metz, MBA, LNHA, is President and Administrator of Egle Nursing and Rehab Center in Lonaconing, Maryland. He is also a founding partner in Foundation Rehab, an affiliate of Egle that provides long-term-care rehabilitation services. Mr. Metz previously served as Vice-Chair for the Maryland State Board of Examiners of Nursing Home Administrators. A graduate of Frostburg State University, he has a Bachelor of Science degree in accounting and a master's degree in business administration. Mr. Metz resides in Allegany County. (Term Expires 9/30/2022)

Gerard S. O'Connor, MD, is a surgeon in private practice in Chestertown, Maryland. In addition to his private practice, Dr. O'Connor has served as Chief of the Medical Staff and Chief of Surgery at Chester River Hospital Center, now University of Maryland Shore Medical Center at Chestertown. He received his undergraduate medical education at Georgetown University and completed a residency in general surgery at George Washington University. Dr. O'Connor brings to the Commission the perspective of a physician who serves a rural Maryland community. (Term Expires 9/30/2023)

Appendix A: Governance

Michael J. O'Grady, PhD, is a Principal of O'Grady Health Policy LLC, a private health consulting firm, and a Senior Fellow at the National Opinion Research Center (NORC) at the University of Chicago. His current research is concentrated on the interaction between scientific development and health economics, with a particular concentration on diabetes and obesity. From 2003 to 2005, he was the Assistant Secretary for Planning and Evaluation at the US Department of Health and Human Services. Dr. O'Grady worked directly with the Secretary on such critical policy issues as implementing the new Medicare drug benefit. Prior to his Senate confirmation, he served as a senior health advisor to the Chairman of the Senate Finance Committee and senior health economist at the Joint Economic Committee of the US Congress. Dr. O'Grady also held senior staff positions with the Medicare Payment Advisory Commission and the Congressional Research Service at the Library of Congress. He received his PhD in political science from the University of Rochester. Dr. O'Grady resides in Montgomery County. (Term Expires 9/30/2023)

Martha G. Rymer, CPA is the partner/owner of Rymer & Associates PA, located in Calvert County, Maryland. She has been a professional in the practice since 1998. Prior to joining the practice, she was the Chief Financial Officer at Calvert Memorial Hospital for 13 years. Ms. Rymer has extensive knowledge of health care and also works with a wide variety of business clients in the construction, printing, real estate, restaurant, and retail industries. In addition to tax preparation, she consults on business practice management issues and assists businesses with analysis of financial performance and planning. She is also the Treasurer of her local Chamber of Commerce and on the finance committee of the local hospice and her church. Ms. Rymer graduated from Mount Saint Mary's University in 1983 with a BS degree in accounting. She is a certified public accountant licensed in the State of Maryland. (Term Expires 9/30/2021)

Stephen B. Thomas, PhD, is the director of the Maryland Center for Health Equity in the University of Maryland School of Public Health and a professor of health services administration at the school. Dr. Thomas is an internationally recognized African American leader in minority health research and community engagement, and he has been a lead investigator of multiple studies investigating racial differences in health outcomes. Dr. Thomas resides in Prince George's County. (Term Expires 9/30/2021)

Marcus L. Wang, Esq., is the Co-Founder, President, and General Manager of Baltimore-based ZytoGen Global Genetics Institute, a CAP-accredited genetics testing company. Previously, he practiced corporate law at the Manhattan office of DLA Piper, as well as in China, where he spearheaded the development, execution, and launch of Under Armour's China market entry. Mr. Wang sits on the President's Roundtable at the University of Maryland, Baltimore as well as the Board of Visitors at the University of Maryland Francis King Carey School of Law as Co-Chair of the Development Committee. He is the founder of the Leadership Scholars Legacy Endowment, a scholarship fund for deserving students, and serves on the Board of Trustees at Gilman School, as well as the Board of Directors for the Baltimore County Revenue Authority. Mr. Wang earned a BA cum laude from Harvard University, and a JD from the University of Maryland, Francis King Carey School of Law. He also holds a Certificate in International and Comparative Business Law from the Central University of Finance and Economics in Beijing, and a Certificate in Genetics and Genomics from Stanford University. (Term Expires: 9/30/24)

B TABLES OF CERTIFICATES OF NEED REVIEWED, APPROVED, OR CHANGED IN FY 2020

Table 2: Requests for Exemption from Certificate of Need Review - FY 2020

Project Sponsor	Location	Description of Project	Estimated Cost of Project	Final Action
LifeBridge Health (Bon Secours Hospital/ Northwest Hospital/Sinai Hospital of Baltimore)	Baltimore City and Baltimore Co.	Consolidation of psychiatric hospital bed capacity (Add beds at Northwest and Sinai/Terminate service at Bon Secours)	\$8,000,000	Approval
Peninsula Regional Medical Center and Edward W. McCready Memorial Hospital	Somerset	Convert a general hospital (McCready) to a freestanding medical facility with Peninsula Regional as parent	\$25,589,254	Approval
University of Maryland Upper Chesapeake Health (UM Harford Memorial Hospital/UM Upper Chesapeake Medical Center)	Harford	Convert a general hospital (Harford Memorial) to a freestanding medical facility with Upper Chesapeake as parent	\$84,400,000	Approval
University of Maryland Upper Chesapeake Medical Center	Harford	Add 30 medical/surgical beds	\$52,750	Approval

Table 3: Changes to Approved Certificates of Need - FY 2020

Project Sponsor	Location	Description of Project	Estimated Cost of Project	Final Action
Brinton Woods Health Care Center	Carroll	Increase in the approved cost of a new building project	\$2,338,640 (yielding a new total approved project cost of \$17,176,140)	Approval

Table 4: Tables of Certificates of Need Actions in FY 2020

Project Sponsor	Location	Description of Project	Estimated Cost of Project	Final Action
Maryland Surgery Center for Women	Montgomery	Establishment of an ambulatory surgical facility through the addition of a second operating room	\$183,155	Approval
Johns Hopkins Surgery Center Series - White Marsh	Baltimore Co.	Establishment of an ambulatory surgical facility through the addition of a second operating room	\$1,050,000	Approval
Bayada Home Health Care, Inc.	Baltimore City	Establish a general hospice	\$131,000	Approval
Carroll Hospice, Inc.	Baltimore City	Expansion of the authorized service area of an existing general hospice	\$52,750	Approval
P-B Home Health Care Agency, Inc.	Baltimore City	Establish a general hospice	\$57,500	Approval
Amedisys Maryland LLC	Caroline, Kent, and Queen Anne's	Expansion of the authorized service area of an existing general home health agency	\$40,000	Approval
Bayada Home Health Care, Inc.	Cecil	Expansion of the authorized service area of an existing general home health agency	\$0	Approval
Optimal Health Care, Inc.	Caroline, Cecil, Kent, Queen Anne's, and Talbot	Establish a home health agency	\$37,000	Approval
Gaudenzia - Crownsville	Anne Arundel	Establish an alcoholism and drug abuse treatment intermediate care facility	\$16,235	Approval
Rehabilitation Hospital Corporation of America (Encompass)	Wicomico	Add special rehabilitation hospital beds	\$5,717,015	Approval
Johns Hopkins Bayview Medical Center	Baltimore City	Add special rehabilitation hospital beds	\$0	Approval
Baltimore Detox Center	Baltimore Co.	Establish an alcoholism and drug abuse treatment intermediate care facility	\$585,982	Approval
University of Maryland Upper Chesapeake Behavioral Health Pavilion	Harford	Establish a special psychiatric hospital	\$62,991,120	Approval
Encompass Health Rehabilitation Hospital of Southern Maryland	Prince George's	Establish a special rehabilitation hospital	\$39,019,894	Approval
Pyramid Walden - Joppa	Harford	Establish an alcoholism and drug abuse treatment intermediate care facility	\$5,194,069	Approval

C BRIEF DESCRIPTIONS OF LEGISLATION IN FY 2020

In FY2020, Maryland enacted several laws and regulations related to the mission and responsibilities of the Commission. The bills identified below represent legislative activities monitored and supported by the MHCC.

TELEHEALTH BILLS

HOUSE BILL 448 AND SENATE BILL 402: HEALTH CARE PRACTITIONERS – TELEHEALTH

Maryland Constitution - Chapter 15

Authorizes providers to use telehealth for health care interactions and sets guidelines for the standard of care provided via telehealth consultations.

SENATE BILL 502: TELEHEALTH – MENTAL HEALTH AND CHRONIC CONDITION MANAGEMENT SERVICES – COVERAGE AND PILOT PROGRAM

Maryland Constitution - Chapter 18

Alters to definition of telehealth as it relates to certain health care entities. Requires the Maryland Medical Assistance Program to provide health care services, specifically mental health services, via telehealth. Requires the Maryland Department of Health to apply to the Centers for Medicare and Medicaid Services for amendments to certain waivers to implement a pilot program to provide telehealth services under the Maryland Medical Assistance Program.

HOUSE BILL 1208: MARYLAND MEDICAL ASSISTANCE PROGRAM – TELEHEALTH – PILOT PROGRAM

Maryland Constitution - Chapter 17

Requires the Maryland Medical Assistance Program (MMAP) to provide mental health services to a patient in the patient's home setting via telehealth. Requires the Maryland Department of Health to apply to the Centers for Medicare and Medicaid Services for an amendment to waivers to implement a pilot program to provide certain telehealth services to MMAP recipients on or before December 1, 2020.

INSURANCE MANDATE BILLS

HOUSE BILL 447 AND SENATE BILL 475: HEALTH INSURANCE – PEDIATRIC AUTOIMMUNE NEUROPSYCHIATRIC DISORDERS – COVERAGE

Maryland Constitution - Chapter 560

Requires the Maryland Medical Assistance Program to provide services for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome beginning January 1, 2021. Requires carriers to provide coverage for diagnosis, evaluation, and treatment of pediatric autoimmune neuropsychiatric disorders.

HOUSE BILL 781 AND SENATE BILL 988: HEALTH INSURANCE – IN VITRO FERTILIZATION REVISIONS

Maryland Constitution - Chapter 324

Alters the circumstances under which health care services are required to provide coverage for certain expenses arising from in vitro fertilization procedures.

HOUSE BILL 852 AND SENATE BILL 661: HEALTH INSURANCE – PROSTATE CANCER SCREENING – PROHIBITING COST-SHARING

Maryland Constitution - Chapter 343

Prohibits certain insurers, nonprofit health service plans, and health maintenance organizations from applying a deductible, a copayment, or coinsurance to coverage for certain preventive care screening services for prostate cancer.

OTHER RELEVANT LEGISLATION

HOUSE BILL 935 AND SENATE BILL 728: HEALTH FACILITIES – FREESTANDING AMBULATORY CARE FACILITIES – ADMINISTRATION OF ANESTHESIA

Maryland Constitution - Chapter 378

Requires the Secretary of Health to establish a requirement for ambulatory surgical facilities to ensure that an anesthesia practitioner is not precluded from providing the highest level of anesthesia support that may be required to safely treat patients undergoing procedures in a freestanding ambulatory surgical facility performed in a nonsterile procedure room or a sterile operating room

HOUSE BILL 1095 AND SENATE BILL 669: PUBLIC HEALTH – PRESCRIPTION DRUG AFFORDABILITY BOARD AND FUND

Vetoed by the Governor

Repeals provisions of law requiring the Prescription Drug Affordability Board to identify a source for funding by December 31, 2020 and establishes the Prescription Drug Affordability Fund

HOUSE BILL 998 AND SENATE BILL 501: MARYLAND LOAN ASSISTANCE REPAYMENT PROGRAM FOR PHYSICIANS AND PHYSICIAN ASSISTANTS – ADMINISTRATION AND FUNDING

Maryland Constitution - Chapter 403

Transfers oversight of the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants from the Maryland Higher Education Commission to the Maryland Department of Health and requires the Department of Health to submit a certain annual report to the General Assembly

HOUSE BILL 915 AND SENATE BILL 632: HEALTH FACILITIES - HOSPITALS – DISCLOSURE OF OUTPATIENT FACILITY FEES (FACILITY FEE RIGHT-TO-KNOW ACT)

Maryland Constitution - Chapter 365

Requires hospitals to determine range of fees and fee estimates and to provide each patient with written notice for outpatient facility fees that are charged for services provided at the hospital

HOUSE BILL 512 AND SENATE BILL 166: DRUGS AND DEVICES – ELECTRONIC PRESCRIPTIONS – CONTROLLED DANGEROUS SUBSTANCE – INFORMATION

Maryland Constitution - Chapter 230

Clarifies the use of electronic prescriptions for controlled dangerous substances.

D TABLES, CHARTS, AND FIGURES GENERATED FROM THE ALL PAYER CLAIMS DATA

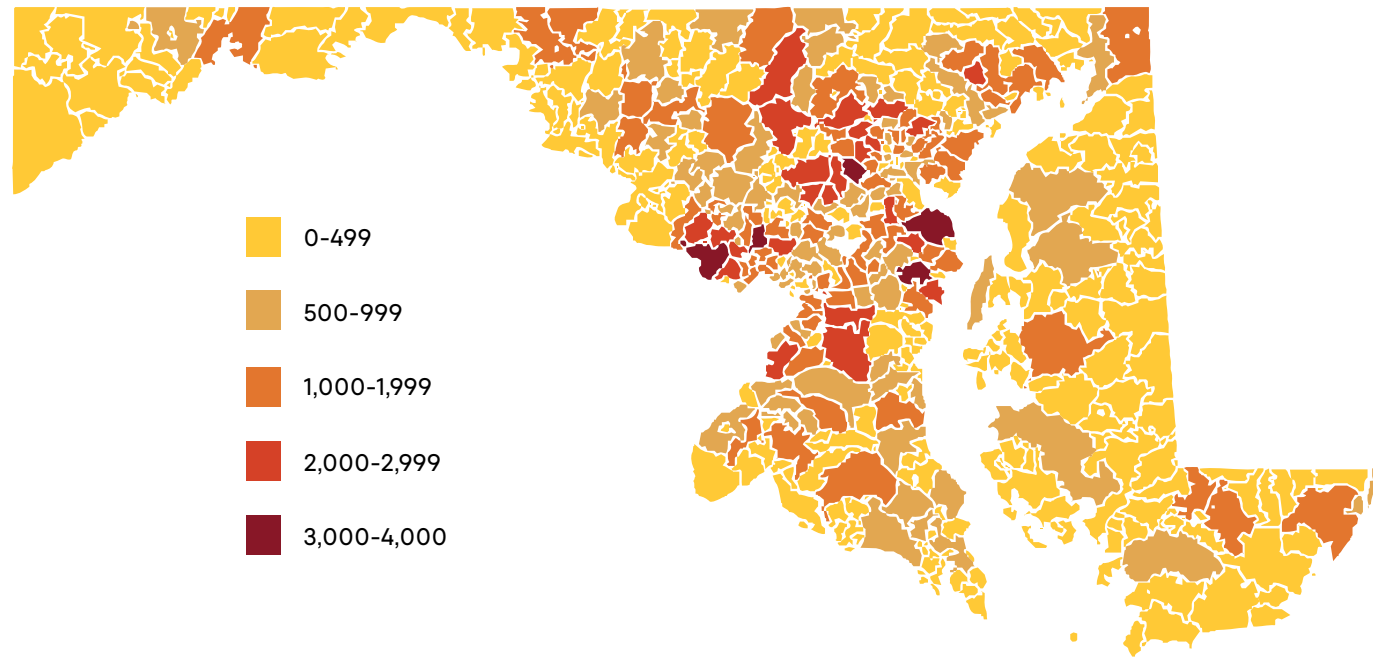
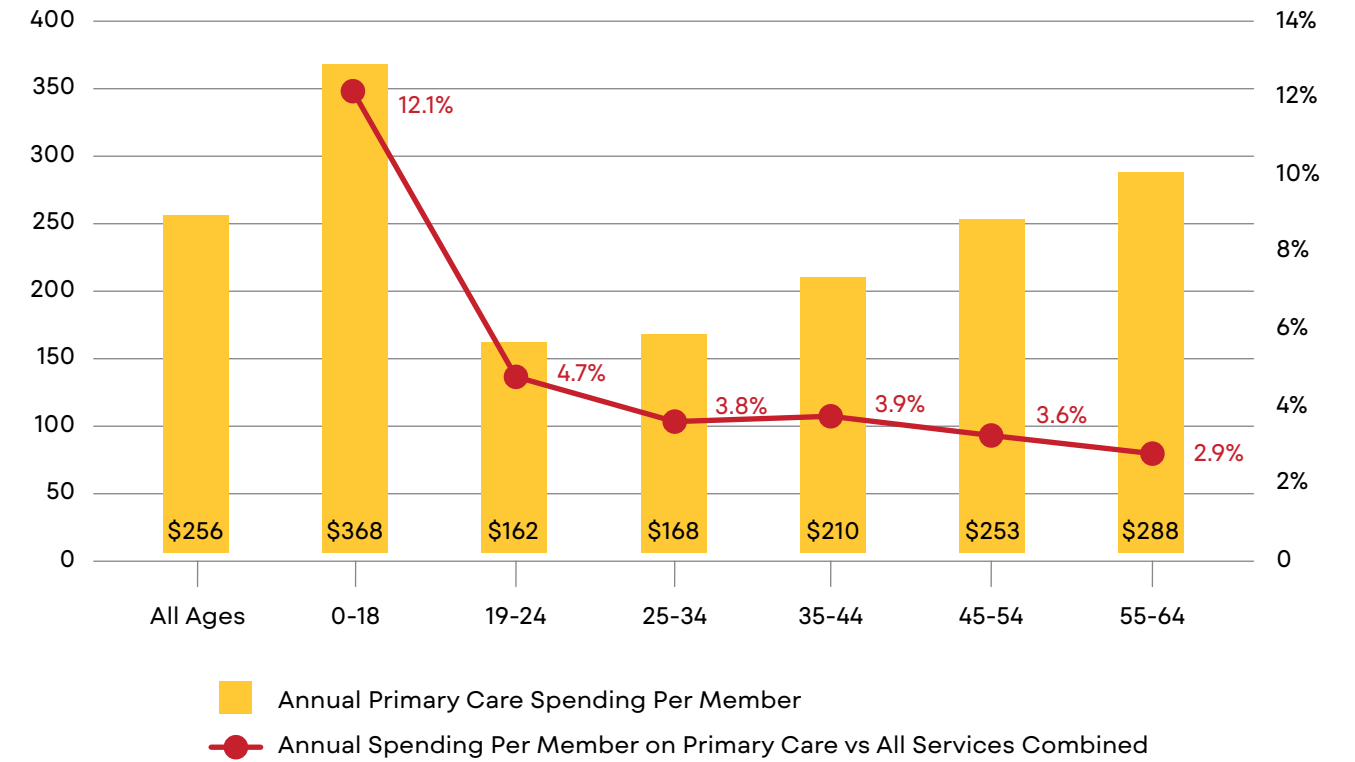


Figure 7: Identify Vulnerable High-Risk Privately Insured Population for COVID-19
Source: MCDB, 2018

Table 5: Top 5 Vulnerable* MD Regions			
Zip Code	No. of Patients	City	County
21122	3,630	Pasadena	Anne Arundel
20906	3,500	Silver Spring	Montgomery
20854	3,476	Potomac	Montgomery
21401	3,210	Annapolis	Anne Arundel
21228	3,122	Catonsville	Baltimore

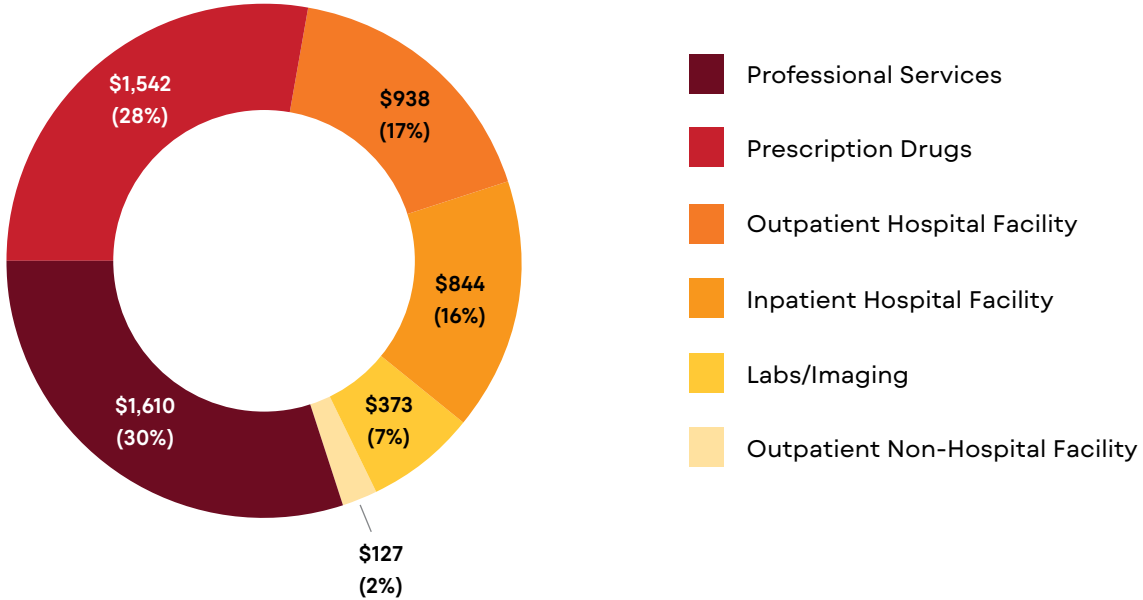
*Vulnerable population defined as people ≥ 60 years old and are diagnosed with heart disease, diabetes, lung disease, hypertension, and cancer



The average per member spending for both primary care and all services combined increased modestly for the 19 to 64 age group throughout the study period. However, the percentage of primary care spending compared to overall spending declined with age, from 4.7% to 2.9%.

Figure 8: Per Member Spending, All Services vs. % Per Member Spending on Primary Care, by Age Group, 2018

Appendix D: Tables, Charts, and Figures Generated from the All Payer Claims Data



Professional services and prescription drugs accounted for about 58% of total healthcare spending for 2018.

Figure 9: Privately Insured (All Markets) Annual Per Member Spending by Service Category, 2018 (Excludes FEHB and ERISA Plans)



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