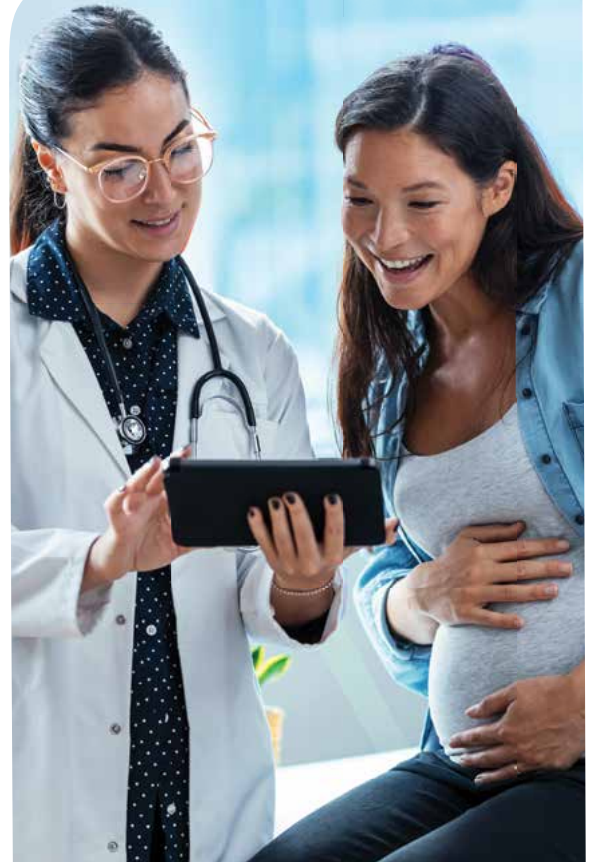




2024 ANNUAL REPORT



**Laying the
Groundwork
for Accessible
Health Care**



MARYLAND
Health Care
Commission

July 1, 2023 through June 30, 2024
Randolph Sergent, Esq, Chariman
Ben Steffen, Executive Director

EXECUTIVE SUMMARY

The Maryland Health Care Commission (MHCC or the Commission) works to make quality health care more accessible for all Marylanders & eliminate health disparities. The Commission provides key information on health care quality and cost to guide more informed decisions about care. The goal of this work is to improve the health and wellbeing of the communities we serve and lay the groundwork for accessible health care in Maryland.



During the 2024 fiscal year, we have laid new groundwork and built upon several key areas of our strategic plan:

SYSTEM COST, QUALITY, AND DISPARITIES

- **Cost:** Increased awareness of the health care quality reports consumer website, so Marylanders could more easily compare costs for up to five facilities. Expanded the number of episodes and procedures on the Wear the Cost website to increase price transparency and help inform patients' decisions when selecting a hospital.
- **Quality:** Continued patient-level data analytics of the Hospital Consumer Assessment of Healthcare Providers and Systems and facilitated practice transformation activities to improve care quality and enable success in value-based care models.
- **Disparities:** Designed a public information campaign to inform ALL Marylanders about Commission services and resources by hosting informational webinars, participating in health fairs, and developing and distributing educational materials.

FACILITIES PLANNING & CERTIFICATE OF NEED

- Finalized review of six Certificate of Need (CON) applications, and six project changes.
- Finalized four performance review certificates for hospital percutaneous coronary intervention (PCI) programs and completed one review of a certificate of conformance application.

- Revised State Health Plan regulations for acute care hospitals and developed draft regulations governing nursing homes.
- Completed a legislative study on Registered Cardiovascular Invasive Specialists and Radiation Injuries in Maryland Hospitals' Cardiac Catheterization Laboratories.
- Completed a White Paper on Residential Treatment Centers (RTCs) in preparation for updating the State Health Plan.

INFORMATION TECHNOLOGY IN HEALTH CARE

- Conducted an analysis of payer data from the All Payer Claims Database to guide development of telehealth coverage and reimbursement recommendations.
- Drafted a Noncontrolled Prescription Drugs Dispensers Data Submission Manual with technical guidance to support dispensers in reporting noncontrolled prescription drug information.
- Drafted amendments to state regulations to support the implementation of a health data utility and respond to legislation passed in 2021 and 2022.

- Submitted a report to the legislature to promote the use of mental health advance directives by consumers, first responders, and behavioral health crisis providers.
- Supported awareness of medical and mental health advance directives among consumers and providers, including a public service announcement and an informational spotlight highlighting growth in advance directives.
- Released a findings summary from a legislative scan of states that have enacted laws to enhance privacy protections for consumers electronic health data.
- Conducted an environmental scan of urgent care centers and spotlighted their growth by ownership type and use of health IT to support screening for patients' health-related social needs and the delivery of somatic and behavioral health services.

SUPPORT OF STATEWIDE REFORMS

- Convened the Primary Care Workgroup to review an analysis of primary care investment relative to overall health care spending. Convened the Maryland Primary Care Program Advisory Council to consider policy and operation-based matters to support the Maryland Primary Care Program under the Total Cost of Care Model.
- Completed an environmental scan of select aspects related to the prior authorization process, including state-level approaches to reform prior authorization requirements for prescription drugs, medical care, and other health care services.
- Finalized regulations to establish the regulatory framework for legally protected health care, including abortion care.
- Facilitated systemwide care delivery transformation by convening four health care symposiums aimed at transforming care through practice redesign.



- Served on Governor's Task Force on Countering Elder Abuse and led subcommittee on Improving Transitions of Care within Healthcare Settings (including hospitals, nursing homes, and assisted living programs).
- Worked in collaboration with the Maryland Patient Safety Center to obtain funding for implementation of a statewide healthcare worker violence prevention public awareness campaign for 2025.

THE COMMISSIONERS

Full biographies for all Commissioners are located in Appendix

CHAIRMAN

- Randolph S. Sergent, Esq, Chairman**
Vice President and Deputy General Counsel
CareFirst BlueCross BlueShield

COMMISSIONERS

- Awawu Agbabiaka, CRNP**
Nurse Practitioner
AIM Behavioral Health Services
- Arun Bhandari, MD**
Chesapeake Oncology Hematology Associates, PA
- Hassanatu Blake, PhD, MPH, MBA**
Director, Health Equity & Social Justice
National Association of County & City Health Officials
- Marcia Boyle, MS**
Founder
Immune Deficiency Foundation
- Kenneth Buczynski, MD**
Founder
Wellspring Family Medicine
- Tinisha Cheatham, MD**
Physician in Chief of the Mid-Atlantic
Permanente Medical Group
- Karl Douglas, MBA**
Director of Talent Development
Brightview Senior Living
- Danielle Duncan, PhD**
Education Division Director
COLA, Inc.
- Joan L. Gelrud, RN, MSN, FACHE, CPHQ**
Court Appointed Special Advocate for Children
Member
AHRQ National Advisory Council
- Shante Gilmore, DrPH, MPH**
Director, Health Equity Initiatives
Patient Advocate Foundation
- Mark T. Jensen, Esq**
Partner
Bowie & Jensen, LLC
- Jovonni Spinner, DrPH, MPH, CHES**
CEO/Founder
Beacon Public Health
- Marcus L. Wang, Esq**
Director
Department of Economic and Workforce Development, Baltimore County
- Karrie M. Wood**
Business Development Market Executive
Shore United Bank



TABLE OF CONTENTS

The first section covers MHCC activities and accomplishments in fiscal year 2024. The second section addresses MHCC operations, including organization, staffing, and budget. ii

ii	EXECUTIVE SUMMARY
1	INTRODUCTION
5	SECTION 1: 2024 MHCC Activities and Accomplishments
6	Improving Access to Care and Addressing Health Disparities to Support a Healthier Maryland
11	Improving the Health of Marylanders Using Information on the Quality and Cost of Care
15	Ensuring All Marylanders Have Access to Quality Care for a Healthier Future
22	SECTION 2: MHCC Organization, Operations, and Budget
23	Organization
24	The Center for Analysis and Information Systems
24	The Center for Health Care Facilities Planning and Development
25	The Center for Health Information Technology and Innovative Care Delivery
25	The Center for Quality Measurement and Reporting
26	Appropriation & Spending
27	APPENDIX: Governance, Tables, and Legislation Initiatives
28	Selection Process & Geographic Representation of Commissioners
29	Commissioner Biographies
35	Tables of Certificate of Need and Related Actions in FY 2024
37	Legislative Initiatives from the 2024 Legislative Session

TABLES & FIGURES

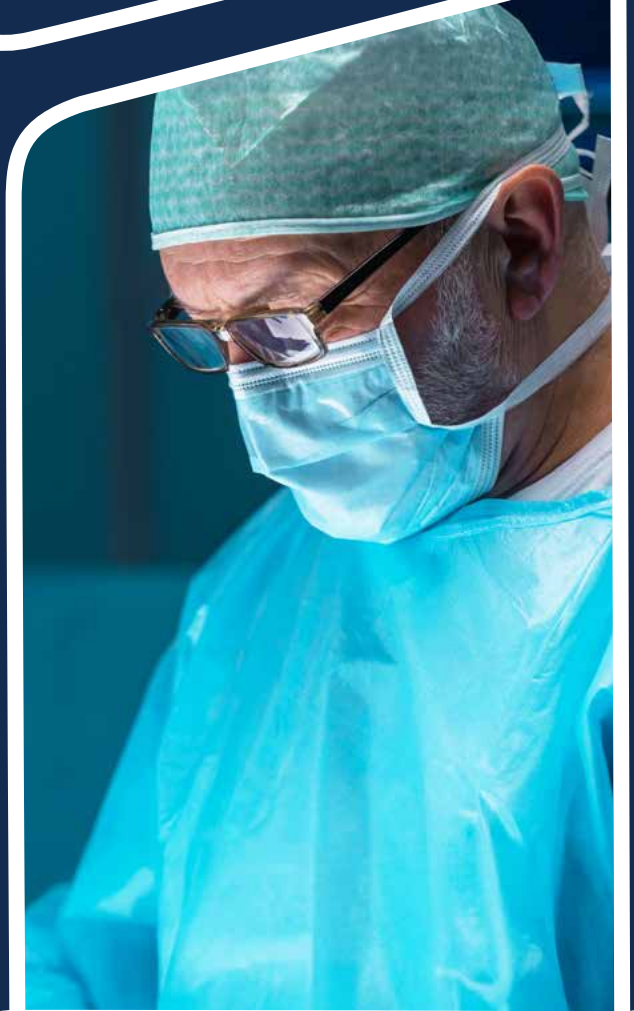
TABLES

- 18 Table 1: Star Ratings - Regional Rankings
- 19 Table 2: Summary of Nursing Home Family Experience of Care Domain Scores-2021 Statewide Results
- 35 Table 3: Project Changes to Approved Certificate of Need Actions in FY 2024
- 36 Table 4: Certificate of Need Actions in FY 2024

FIGURES

- 8 Figure 1: Maryland Hospice Patients Served by Race, FY2014-FY2022
- 20 Figure 2: Healthcare Worker Influenza Vaccination Results 2023-2024 Flu Season
- 24 Figure 3: Organizational Ecosystem at MHCC
- 26 Figure 4: FY2024 Budget Appropriation
- 28 Figure 5: MHCC Organizational Chart

INTRO: About MHCC, Our Mission, & Key Priorities



INTRODUCTION

The Maryland Health Care Commission (MHCC or the Commission) works on multiple fronts to ensure every Marylander has access to quality health care and the information needed to make informed decisions about their care to help lead the way to a healthier Maryland.

We support the work of the Maryland Department of Health in addressing long standing health disparities. The obstacles that cause these disparities can be related to a person's race or ethnicity, gender, religious affiliation, socioeconomic situation, age, mental health, disability, sexual orientation, or gender identification. These disparities cause preventable physical and mental health conditions that negatively impact both individuals and the broader community in which underserved populations live.

We provide a broad range of information that is easy to access and understand, aimed at helping Marylanders and other stakeholders, including legislators and public and private sector decision makers, make informed decisions about health care. Information on both the quality and cost of care are available through the user-friendly,

Maryland Health Care Quality Reports consumer website, which went live on March 31, 2021, and has since averaged about 1,500 visitors per month seeking this essential information.

The Commission continues to support the expansion of telehealth in Maryland and in a post-COVID environment, the Commission has remained focused both on ensuring Marylanders understand options to access essential health care services virtually and on assessing the impact of policy changes to sustain the use of telehealth in the years to come.

The goal of the Commission's work is to ensure access to quality health care and information that will help all Marylanders move towards a more equitable, healthier future.

WHO WE ARE

The Commission is an independent regulatory state agency that collaborates with the Maryland Department of Health. Our 15 Commissioners, appointed by the Governor with Senate approval, live within the local communities across Maryland. As commissioners, their job is to represent the interests of both the Maryland residents and the broad range of stakeholders, including health care institutions and providers, policymakers, purchasers, community organizations, and State and federal agencies.

Randolph Sergent, Esq is Chair of MHCC. Ben Steffen is Executive Director.

WHAT WE DO

To build a foundation towards a healthier future, we provide our community with accessible information on health care quality and costs so Marylanders can make informed health care decisions.



OUR MISSION



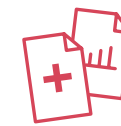
IMPROVE ACCESS

The health care needs of our communities are constantly changing. To ensure access to quality, affordable care throughout the state for all residents, we provide timely, accurate information on care quality, availability, and cost to policy makers, purchasers, providers, and members of the public.



EDUCATE

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



PLAN & INNOVATE

We develop strategic plans and innovative solutions that ensure that the state's health system can meet the needs of our communities in a changing health care environment now and in the future.

HOW WE DO IT

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

- Gather and distribute information to stakeholders and consumers
- Plan and develop regulations to meet current and future health care needs
- Analyze health policies to develop recommendations to improve the affordability and quality of healthcare
- Support health-related legislative initiatives
- Report data on health system quality and cost
- Strategically plan for and maintain the availability and financial viability of health care facilities and services
- Convene stakeholders to plan, analyze, and report annually on ways to improve quality of
- and access to primary care services, with special attention on ways to reduce health care disparities, promote health equity, and avoid increased costs to patients and the health care system
- 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 care cost, quality, and population health
- Monitor health care expenditures
- Protect safety-net providers to ensure access to care for all

At the direction of the General Assembly, the Commission conducts health policy studies, monitors Maryland's health care workforce, and serves as a technical resource for 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: 1) the Center for Health Care Facilities Planning and Development, 2) the Center for Quality Measurement and Reporting, 3) the Center for Information Services and Analysis, 4) the Center for Health Information Technology and Innovative Care Delivery. These five priorities include:

1

Communicating information to support informed health care decision-making

2

Modernizing the CON program

3

Expanding use of telehealth in a variety of health care settings

4

Making health care cost and quality information accessible to all Marylanders

5

Supporting the adoption of value-based payment models

We also recognize the importance of addressing long-standing social determinants of health and disparities on health outcomes and well-being in Maryland. These factors directly affect how the State ranks amongst others and how residents within the state can establish, maintain, and improve their quality of life.

SECTION 1: 2024 MHCC Activities and Accomplishments





FIRST:

IMPROVING ACCESS TO CARE AND ADDRESSING HEALTH DISPARITIES TO SUPPORT A HEALTHIER MARYLAND

Access to quality care not only improves the health of individual Marylanders, but also the well-being of entire communities. Healthcare access is key to overcoming deeply entrenched health disparities that have negative, often life-changing impacts on our people and communities throughout the State. In 2024, the Commission laid the framework for several initiatives delivering the Commission's strategic priorities for improving access to care, addressing preventable health risks, and making health care affordable for all Marylanders.

HOW WE DID IT:



Held virtual learning events in collaboration with the Health Services Cost Review Commission, the Maryland Academy of Family Physicians and MedChi, and The Maryland State Medical Society, highlighting innovations and best practices for experience, team-based care, mental health collaborative care, and for using data to manage patient populations among communities in the State

Attendees of the events learned strategies for successful participation in value-based care models and support in transforming the way they deliver advanced care.



Expanded access to preventive care and management of chronic conditions by supporting the Maryland Primary Care Program (MDPCP)

The MDPCP is an essential initiative that falls under the State's TCOC Model. This program expands access to primary care services by providing funding and support for the delivery of high-quality primary care throughout the State.

The MDPCP Advisory Council provides input on the MDPCP's operations and serves in a consultative role to the Secretary of Health.



Continued support for telehealth policy analysis and development

The MHCC was mandated by Chapter 382/Senate Bill 534, Preserve Telehealth Access Act of 2023, and Chapter 291/House Bill 1148, Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland), to study the cost and clinical effort to deliver health care services through telehealth and the adequacy of reimbursement for primary care and behavioral health outpatient services. Data analysis concluded and informed the development of telehealth coverage and reimbursement recommendations due to the legislature by December 1, 2024.



Increased regulatory oversight of nursing home acquisitions

In recent years, there have been concerns in Maryland and other states about changes occurring in the ownership and operation of nursing homes (which are licensed as comprehensive care facilities). The concerns relate to the role of the acquiring entities, especially around the investment by private equity (PE) firms and real estate investment trusts (REITs) and the impact on operations that can potentially negatively affect patient safety and delivery of high-quality care. In response, staff began providing additional detail to Commissioners on the acquiring entity's track record of quality operation which is reflected in composite scoring on the Centers for Medicare & Medicaid Services' Care Compare website.

Historically, MHCC regulatory oversight of nursing home acquisitions was limited to notification requirements and, under State Health Plan regulations, demonstration by acquiring entities that they do not have cases of fraud or abuse related to health care facility operations in their past. In response to 2024 legislation, MHCC developed regulations that revised the review and approval process for the acquisition of a nursing home. The legislation expanded MHCC authority over nursing home acquisitions and authorizes the collection of data that will provide policymakers with critical information to support effective approaches to any new regulatory oversight initiatives related to changes in health care facility ownership.



Tracked the use of hospice services and encouraged use in communities where hospice is under-utilized

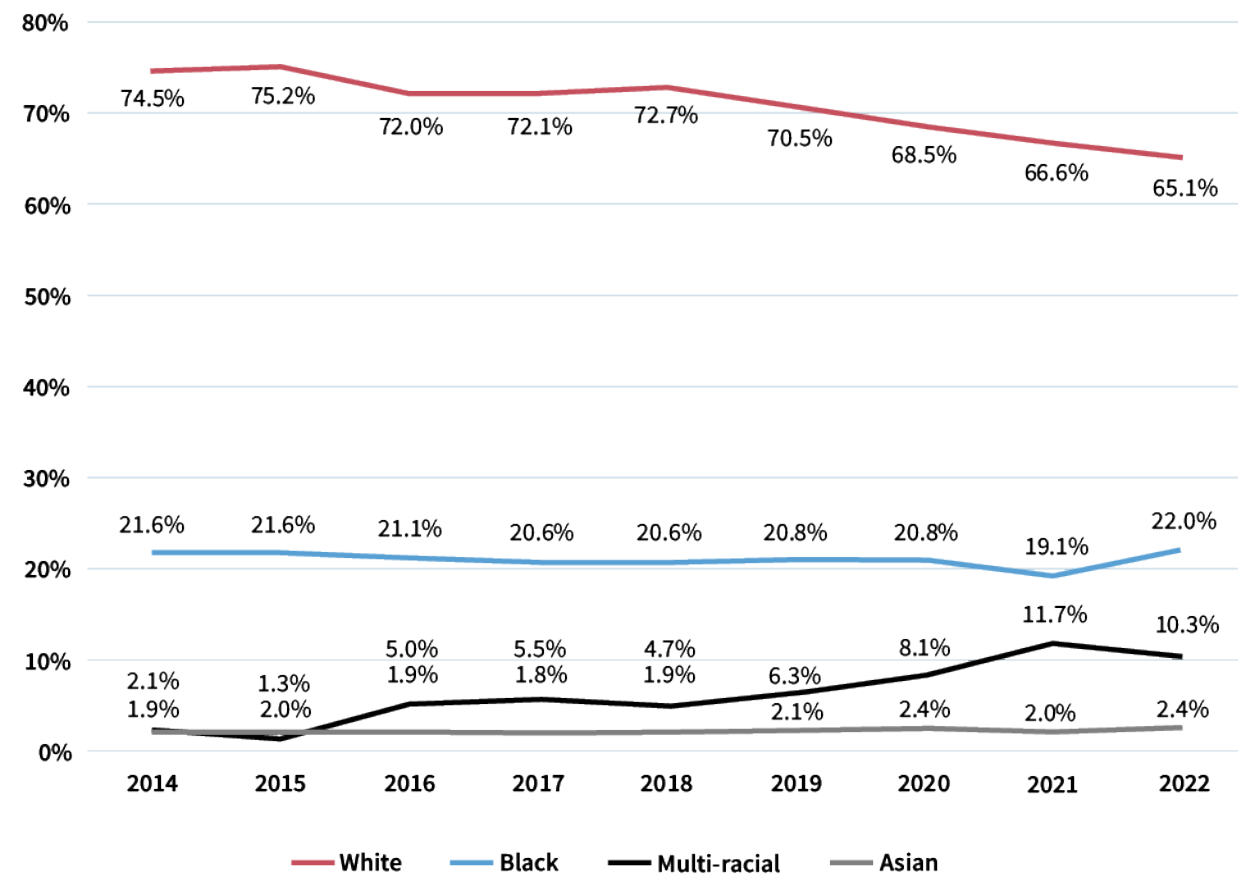
Hospice services can be immensely helpful for patients and families facing terminal illnesses, but not all communities use these services. Underuse of these services is especially present in the Black community. To encourage the use of hospice care in these communities, MHCC designed and disseminated a brochure and related electronic materials that explain the benefits of hospice care.

The content is used in regular rotation on MHCC social media platforms, and the brochures were distributed to various state agencies and senior centers upon request. Staff also regularly host webinars and presentations to various community groups to reach different populations.

Each year, the Commission’s staff creates hospice usage tables based on the Center for Health Facility Planning’s Annual Hospice Survey. These tables depict statewide, regional, and jurisdictional population use rates for hospice services, the racial composition of hospice patients, the most common ailments of hospice patients, and information on non-death discharge rates for hospices. Tables are shared with the hospice industry and posted on the MHCC website. In 2023, MHCC staff completed a comprehensive FY 2022 Hospice Utilization report which incorporated and critically analyzed hospice trends. Overall, FY 2022 hospice use increased slightly in Maryland compared to FY 2021 after several years of slight decline.

The tables provide an understanding of changes occurring in the Maryland hospice care system. Hospice use among Black individuals increased in FY 2022, to 22.0% compared to 19.1% in FY2021. This disrupts a slight decreasing trend in hospice use among Black individuals. Data for FY2023 hospice utilization was not available when this report was generated but the Commission will continue to monitor trends and educate the public on the value of hospice services.

Figure 1: Maryland Hospice Patients Served by Race, FY2014-FY2022



Data source: MHCC Hospice Survey 2014-2022. Data collection period FY2014-FY2022.

Ensured trauma care remains available to all Marylanders through support of the Maryland Trauma Physicians Services Fund

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 the State’s designated trauma centers, stipends to trauma centers to offset the center’s on-call and standby expenses, and grant funding for certain equipment.

The fund is financed by a \$5 surcharge on motor vehicle registrations. In 2024, revenue collections by the Motor Vehicle Administration were \$ 12,366,198, a slight increase compared to 2023 revenue collections (\$12,349,547). In total, the fund disbursed about \$11.8 million to trauma centers and trauma physician practices over the past fiscal year. The report “Maryland Trauma Physician Services Fund: Operations from July 1, 2023, through June 30, 2024,” is available on the MHCC website (https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_trauma/hcfs_trauma.aspx).

Supported the work of the new Maryland Maternal Health Act of 2024

The passage of the Maryland Maternal Health Act of 2024 (HB1051) aims to strengthen care coordination, provide resources, and increase transparency of maternal health care in the state. Among the requirements of the Act, Maryland must establish a report card for birthing facilities, highlighting various maternity-related metrics. After passage of the Act, the Maryland Department of Health and the MHCC quality team have been working toward implementation of a report card to better inform the public of the availability of needed services and the performance of local health care providers.

Increased research to improve patient care experience for all Marylanders

Historically, Maryland hospitals report lower levels of patient satisfaction compared to the national average. In FY2022, MHCC initiated patient-level data collection of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) to explore potential health disparities based on patient perception of care across various populations and measure domains (e.g., communication with providers, staff responsiveness, continuity of care, etc.).

Work continued in FY2024 to analyze specific areas of concern. Initial analyses of unadjusted data showed clear differences in patient experience by race and service lines. Among those who received maternity care, black patients/respondents were significantly more likely to report negative experiences compared to patients/respondents of other races. The MHCC quality team continues to work in collaboration with the Health Services Cost Review Commission and the Maryland Hospital Association to identify incentives and strategies for improvement of HCAHPS scores for all patients, including maternity patients.

**SECOND:**

IMPROVING THE HEALTH OF MARYLANDERS USING INFORMATION ON THE QUALITY AND COST OF CARE

Ensuring access to timely and accurate information is a critical component of improving the health of Marylanders. To help Marylanders choose high-quality care and understand the costs associated with their care, MHCC gathers data and shares it with stakeholders online. For consumers, the Commission supports informed decision-making by ensuring that information is easy to find and understand.

HOW WE DID IT:



Maintained ease of access and understanding with an enhanced Maryland Health Care Quality Reports consumer website

The Maryland Quality Reporting website (<https://healthcarequality.mhcc.maryland.gov>) consolidates the Commission's four mandated reporting initiatives—hospitals, long-term care, ambulatory surgery centers, and commercial health plans—into one, comprehensive, user-friendly website. Users can easily locate the information they need to make health care decisions. Consumers can find and compare patient ratings, safety and quality results, service volumes, cost, and other data. The site launched in spring of 2021 and staff regularly update the website with the most recent data for each type of health care facility.

EXPANDED FEATURES:

- **New Quality Measures:** Quality measurement has evolved, and an increasing emphasis is placed on the collection of digital quality metrics. Staff have implemented a coordinated effort with the Health Services Cost Review Commission (HSCRC) and other partners to collect and report electronic clinical quality measures (eCQMs). The first eCQM (Safe Use of Opioids) was reported on the consumer website in 2024. As reporting requirements expand, MHCC will incorporate these digital measures into the quality reporting initiative in the future.
- **Analytic Resources:** Patient satisfaction among hospital patients has long been reported on the aggregate level. MHCC has expanded data collection efforts over the past few years to collect patient-level data, allowing for a deeper dive into potential disparities in hospital experience. New tables have been added to the technical side of the website that highlight patient experience by service lines (e.g., medical, surgical, maternity), by hospital, and by race.

- **Adult Medical Day Care:** Though MHCC has historically collected information on adult medical day care (AMDC), the annual survey was streamlined to increase participation and response rate. Updated results of the AMDC survey are now available on the website.

KEY FEATURES

- **Long Term Care Toolkit:** The toolkit provides interactive resources such as checklists, guides, and financial calculators to help consumers plan for long term care and to ease the burden that comes with such decisions. The toolkit is the most commonly accessed resource on the website.
- **Health Equity:** The health equity section of the website provides hospital information on the cost and volume of cases for common medical conditions by race and ethnicity. Users can also search for various programs provided by MDH to support the needs of underserved populations.
- **Guides, fact sheets, and checklists:** This section includes added resources to help consumers choose the best facility to meet their needs. Topics range from guidance on how to select a provider/facility to information on establishing advance directives to preparing for surgery.

PROMOTION

To increase consumer awareness and use of the redesigned site, staff continues to promote the site and uses Google Analytics to monitor the monthly volume of traffic. Results of this monitoring show that the long-term care portion of the site is the most frequently visited.

To market to the older population in Maryland, staff attended senior-oriented community health fairs to distribute resources and materials to hundreds of older Marylanders. In addition, the Center also advertised in the annual Power of Aging Expo booklet, reaching many Marylanders and targeting consumers searching for and needing long-term care resources.

Staff regularly host informational website demonstrations for local and state partners to inform them of the resources available on the website. Community health workers are an important entryway into reaching underserved populations in Maryland. This year, staff hosted a web demonstration for community health workers. We received very positive feedback and plan to build upon this partnership moving forward. In addition, staff attend local community events to engage directly with consumers.

Staff distribute an electronic, quarterly newsletter called "Maryland Quality Corner" as a medium to engage with professionals, community partners, and others who are interested in quality initiatives occurring in Maryland. The newsletter reaches approximately 1,900 people and the number of subscribers continues to grow. Staff also regularly engage with consumers through social media platforms such as X (formerly Twitter,) Facebook, and LinkedIn.

PROVIDER RESOURCES

The site has a section dedicated to communicating with providers. It includes information on reporting requirements and regulations, data submission schedules, and past and current reports. New items have been added, including analytic materials for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and healthcare associated infection trends.



Increased partnerships with industry stakeholders to ensure clear understanding of publicly reported health care data

Staff play an active role participating in and contributing to the Maryland Consumer Health Information Hub, also known as “the Hub”. The Hub was created from a 2022 Maryland law requiring State and local agencies to use plain language in public communications about health, safety, and social services benefits. As a member of the Hub, MHCC worked collaboratively with other state agencies to draft health literacy checklists, guidelines and review protocol to support agencies creating contracts, grants or campaigns about health safety, health insurance, or social services benefits information. Staff continue to network, share resources, and collaborate with partners to get easy-to-understand health care information into the hands of all Marylanders (Learn more about HB1082: <https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb1082?ys=2022RS>).

Community Health Workers (CHW) are frontline public health workers who live in the communities they serve. CHWs play a crucial role in understanding health and social issues unique to their environment. Staff gave a web demonstration to over 30 CHWs in Maryland to help improve outreach to potentially underserved populations. Additionally, the Hub convened a focus group of CHWs to review the Maryland Quality Reporting website to identify potential areas of improvement and clarity of information for all levels of health literacy. Partnerships with CHWs are critical to continue to promote health resources to all populations and levels of health literacy.

Various national agencies publish ratings and rankings of hospital performance. Staff regularly track and analyze results from these organizations, including CMS five-star ratings and Leapfrog Hospital Safety Grades. Trends and patterns are used to help focus improvement activities in different areas of care.



Reported price information on health care services to help consumers compare facilities and make informed health care choices

MHCC has a long history of providing consumers with information about the price of care at different facilities to help them make informed decisions about where to receive care.

That information, available on the MHCC consumer website, includes:

- Daily room rates for nursing homes and assisted living facilities
- Daily rates for adult medical daycares
- Volume and price information, updated every six months, for all medical conditions treated in Maryland hospitals
- Total price and quality comparisons for common medical conditions and procedures, including hospital and non-hospital costs on [WeartheCost.org](https://www.wearthecost.org)



Provided price information using the All Payer-Claims Database (APCD) to increase transparency

The costs of health care are not always straightforward and there are nuances between institutional services and professional services. Due to Maryland’s unique rate setting system, providers and insurers do not negotiate prices for regulated hospital services. That means all payers (e.g., Commercial, Medicare, and Medicaid) pay the same rate for the same service at the same hospital, though prices per service may vary by hospital.

However, providers and insurers do negotiate prices for professional services (e.g., physician fees). These negotiated prices can vary from provider to provider for the same service. These price variations make it challenging for consumers to understand the cost of health care.

All private payers whose total covered lives exceed 1,000 as reported to the Maryland Insurance Administration, are required to report to the APCD. The types of private payers submitting data include life and health insurers, health maintenance organizations, third-party administrators, pharmacy benefits managers, and qualified health and dental plans. All qualified health and dental plans are required to report to the APCD regardless of the total number of covered lives. To improve cost transparency, MHCC shares information gathered in Maryland’s APCD. The data includes eligibility information from Medicare, Medicaid, and 37 private payers.

The APCD is used to report on total health care costs and utilization. To address health disparities, the Commission has remained committed to working with private payers to improve the race/ethnicity data reporting process to the APCD. Starting with APCD private payer data for the calendar year 2022, MHCC collaborated with Chesapeake Regional Information System for our Patients (CRISP) to leverage the HSCRC Casemix data and incorporate the CRISP Admission, Discharge Transfer (ADT) notifications to enrich the reporting of race and ethnicity data in the APCD for commercial plans (privately insured plans) via the CRISP Master Patient Index. This effort significantly enriched the race/ethnicity data in the APCD for commercial plans. Results show an 83% patient match of racial data in the APCD, an increase from a 66% match in the prior year.

The APCD also captures the landscape of the insurance markets that are regulated under Maryland law—the individual market, the small-group market, and the regulated large-group market. It also includes both Maryland residents and non-residents whose group contracts are written and/or sold in Maryland. The number of Maryland residents who are either insured by Medicare Advantage or are privately insured as of December 2023 was nearly 1.84 million (including subscribers and their dependents, excluding Employee Retirement Income Security Act and Federal Employee Health Benefits plans).

The Commission is required to report the following information to the Senate Finance Committee and the House Health and Government Operations Committee on or before December 31, 2023, in accordance with §2-1257 of the State Government Article

- a. The number and type of value-based arrangements entered into;
- b. Quality outcomes of the value-based arrangements;
- c. The number of complaints made regarding value-based arrangement;
- d. The cost-effectiveness of the value-based arrangements; and
- e. The impact of two-sided incentive arrangements on the fee schedules of health care practitioners included in the target budget who are not eligible providers.

To report on these measures, MHCC identified CareFirst, Kaiser, Aetna, United Healthcare, and Cigna, who have Alternate Payment Method contracts, to report their 2023 value-based arrangement data to MHCC in accordance with COMAR 10.25.06.03 and the Alternate Payment Method Data Submission Guide.



Educated Marylanders about price differences for several common hospital services through the Wear the Cost website

The Commission has made significant strides in educating Maryland residents about price disparities in common hospital services through the Wear the Cost website (<https://www.wearthecost.org>). Launched in 2017, this online tool helps consumers and stakeholders comprehend the varying prices charged by different hospitals for identical services. It provides information on the average and expected costs of elective procedures, including potential costs related to complications and surgical errors. The website includes new updates, incorporating new episodes of care on procedures such as Coronary Angioplasty, Knee Arthroscopy, and Tonsillectomy. MHCC's initiative aims to empower individuals with precise and pertinent healthcare cost and quality data, fostering transparency and informed decision-making within the healthcare sector.

Recognizing the complexities of healthcare terminology and the vital need for effective communication, MHCC's efforts to inform the public about healthcare costs and quality have been pivotal. By encouraging individuals to explore various hospitals and healthcare providers based on cost and quality information from the Wear the Cost website, MHCC is striving to improve the overall healthcare experience for Maryland residents. In a major step forward, the "Wear The Cost" website expanded its coverage in late 2023 to include 25 Episodes. The update brings eight new common procedures like breast biopsies, colonoscopies, and shoulder replacements, as well as complex surgeries such as pacemaker implantation and coronary bypass grafting. For the first time, the website now covers four acute conditions— Diverticulitis, Hip/Pelvic Fracture, Pneumonia, and Stroke— increasing Marylanders' awareness of costs for unexpected medical events. Perhaps most importantly, this expansion marks the first time Medicaid data has been included alongside commercial insurance information, with 14 new episodes specifically for Medicaid patients. By adding these new episodes and including Medicaid data, "Wear The Cost" is now able to help more Maryland residents understand their healthcare costs and make informed decisions about their care.



THIRD: ENSURING ALL MARYLANDERS HAVE ACCESS TO QUALITY CARE FOR A HEALTHIER FUTURE

Improving access to high-quality care is key to laying the groundwork for accessible care to all Marylanders. Today's access to care will drastically improve the wellbeing of individual Marylanders and their communities.

HOW WE DID IT:



Used our regulatory tools to respond to an evolving health care delivery system

The MHCC is legally obligated to plan for and maintain the availability and financial viability of health care facilities and services for the State of Maryland. This ensures that health care facilities and services produce high value for the State's residents.

The Commission also supports the implementation and amendment of regulations through the State Health Plan which informs regulated facilities about the requirement for obtaining Certificate of Need (CON) approval of their development plans. A multi-year process of modernizing Maryland's CON program for health care facilities has been underway since 2019.

HERE'S AN OVERVIEW OF THE MHCC'S CON MODERNIZATION ACTIVITIES IN 2024:

- Modified threshold for qualifying as an interested party.
- Added flexibility and enhancements to the performance requirements.
- Streamlined the completeness review process.



Facilitated Quality Improvement with The Maryland Patient Safety Center

Maryland State law authorizes the Commission to designate an organization to serve as the patient safety center for our state; to develop, coordinate and implement patient safety initiatives across the state. The Maryland Patient Safety Center, Inc. (MPSC) holds the five-year designation and operates critical health

care professional educational and training programs for health care professionals in hospitals, nursing homes and other provider settings. These programs include strategies for the Clean Collaborative (preventing healthcare associated infections), B.I.R.T.H. Equity (Breaking Inequality Reimagining Transformative Healthcare, promoting safe and equitable maternal care), Caring for the Caregiver (strengthening health care workforce) In FY2024, the MPSC was awarded \$750,000 by the Maryland Legislature to implement a statewide public awareness campaign on workplace violence. The MHCC staff will work closely with MPSC to implement the campaign in FY2025.

Supported practice transformation activities to improve care quality and efficiency

MedChi Care Transformation Organization (CTO) was awarded a grant to support primary care and specialty practices with completion of select practice transformation activities. The activities aim to help practices deliver efficient, high-quality, team-based care. The practice transformation coaches provide guidance to practices for developing and redesigning workflows as well as transformation technical assistance. Two cohorts for a total cohort of 72 practices completed the program by June 30, 2023. Work continues and recruitment is underway for the 2024 cohort.

Drafted the first annual Primary Care Investment Analysis and Recommendations Report

Primary care is an essential cornerstone of the health care system to achieve greater equity and better health for all. Senate Bill 734, *Maryland Health Care Commission – Primary Care Report and Workgroup (2022)* requires MHCC to annually conduct an analysis of primary care investment over the preceding year, including data stratified by zip code and county. The workgroup is tasked with identifying ways to improve the quality of and access to primary care services, with special attention to increasing health care equity, reducing health care disparities, and avoiding increased costs to patients and the health care system. The MHCC convened Workgroup explores opportunities to advance primary care policies that make sustainable and systematic improvements in access to care and support equitable access to quality and affordable health care. A plan for the annual analysis and report was submitted to the Governor and the General Assembly by December 1, 2023. The 2024 Primary Care Investment Analysis and Recommendations Report (report) was submitted to the Governor and the General Assembly by December 1, 2024. The recommendations, shaped by findings from year one, emphasize the importance of comprehensive payer reporting and evaluating the impact of these investments on health care quality.

Developed and delivered virtual training for medical practices to succeed in value-based care delivery models

The Commission hosted several webinars that focused on advanced care delivery.

- The 2023 Fall webinar discussed the evolving role of social workers in team-based advanced care delivery. The presentations included information about why some advanced care delivery practices

employ in-house social workers and demonstrated how advanced care delivery practices share social worker resources.

- The 2024 Spring Forum shared best practices for how data can be used to manage patient populations, enhance care delivery, and improve patient outcomes as well as accessing available data from HIEs, including how to leverage data to improve care delivery and chronic care management.
- The 2024 Spring Symposium topic included key considerations around engaging patients and families to improve care quality and patient safety, and other considerations that can influence engagement.
- The 2024 Summer Summit discussed key considerations for implementing mental health collaborative care models, including treatment approaches and tips for defining the roles of primary care providers and behavioral health specialists.

Completed the 2023 Reporting Year evaluation for commercial health benefit plans

The Commission collected data from six commercial health maintenance organization health care plans and five preferred provider organization health plans. MHCC staff compiled quality data for health plan members using the Healthcare Effectiveness Data and Information Set.

This data includes:

- Behavioral health
- Primary care and wellness for children and adolescents
- Primary care for adults (cardiovascular conditions, musculoskeletal disease, medication management, and general health)
- Adult and pediatric respiratory conditions
- Women's health

The Commission also collected data on the Consumer Assessment of Healthcare Providers and Systems, number of behavioral health care providers in each plan, and the number of health care providers by medical specialty and county. All health plan data is displayed in a consumer-friendly format on the Maryland Quality Reporting website (<https://healthcarequality.mhcc.maryland.gov>).



Analyzed Medicare and Medicaid data to assess availability of high-quality care in Maryland to support informed consumer decision-making

The Commission analyzed star ratings for nursing homes and hospitals from the Centers for Medicare and Medicaid Services and determined:

- The number of 5-star facilities available in Maryland
- Where Maryland facilities rank in comparison to facilities in surrounding states such as Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia

32% of Maryland nursing homes earned a 5-star rating, ranked 5th among the surrounding states. Among Maryland home health agencies, 6% earned a 5-star rating, ranking Maryland 2nd among the surrounding states. Finally, 5% of hospitals earned a 5-star rating, ranking Maryland 4th among the surrounding states.

Table 1: Star Ratings - Regional Rankings

State	Nursing Homes		Home Health Agencies		Hospitals	
	Proportion of all facilities with 5-Star Rating	Regional Ranking	Proportion of all facilities with 5-Star Rating	Regional Ranking	Proportion of all facilities with 5-Star Rating	Regional Ranking
Maryland	32%	5	6%	2	5%	4
District of Columbia	44%	2	11%	1	0%	5
Pennsylvania	33%	4	2%	5	19%	1
West Virginia	22%	6	6%	3	0%	5
Delaware	49%	1	17%	2	17%	2
Virginia	33%	3	3%	4	9%	3



Completed the 2023 Nursing Home Family Experience of Care Survey to assess satisfaction with quality of care and overall experience

Every year, the Commission surveys family members of nursing home residents, asking them about their experience. The survey includes an assessment of the families' overall rating of the nursing home and whether they would recommend it to others. To ensure inclusion of many voices in the community, a Spanish language option of the survey is available.

An online option was available for the third consecutive year. Approximately 40% of respondents completed the survey online. Online administration has significantly reduced the cost of the survey and enables the reallocation of resources to data analytics.

The results of the survey account for 30% of the Medicaid Pay for Performance score. The Medicaid Pay for Performance score awards facilities who perform highly on certain indicators such as staffing, health care worker influenza vaccination status, family satisfaction with care, and clinical quality of care. The 2023 survey results indicated a “good” (scores above 2.5 but below 3.0 on a scale of 1 to 4) to “very good” (scores above 3.0 on a scale of 1 to 4) level of satisfaction with Maryland nursing homes. Several scores increased in 2023, compared to 2022. The scores in the table below indicate the average score across the state. Completed the 2023 Nursing Home Family Experience of Care Survey to assess satisfaction with quality of care and overall experience.

Table 2: Summary of Nursing Home Family Experience of Care Domain Scores-2022 and 2023 Statewide Results

Survey Domain	2022 Statewide Score	2023 Statewide Score
Staff and Administration of the Nursing Home	3.2 out of 4	3.3 out of 4
Care Provided to Residents	3.1 out of 4	3.2 out of 4
Food and Meals	2.9 out of 4	2.9 out of 4
Autonomy and Resident Rights	3.1 out of 4	3.2 out of 4
Physical Aspects of the Nursing Home	3.0 out of 4	3.1 out of 4
Activities	2.7 out of 4	2.8 out of 4
Security and Residents' Personal Rights	3.2 out of 4	3.2 out of 4
Overall Rating of Care Received at the Nursing Home	7.2 out of 10	7.3 out of 10
Percentage of “Definitely Yes” or “Probably Yes” Responses to “Would You Recommend the Nursing Home?”	69%	71%



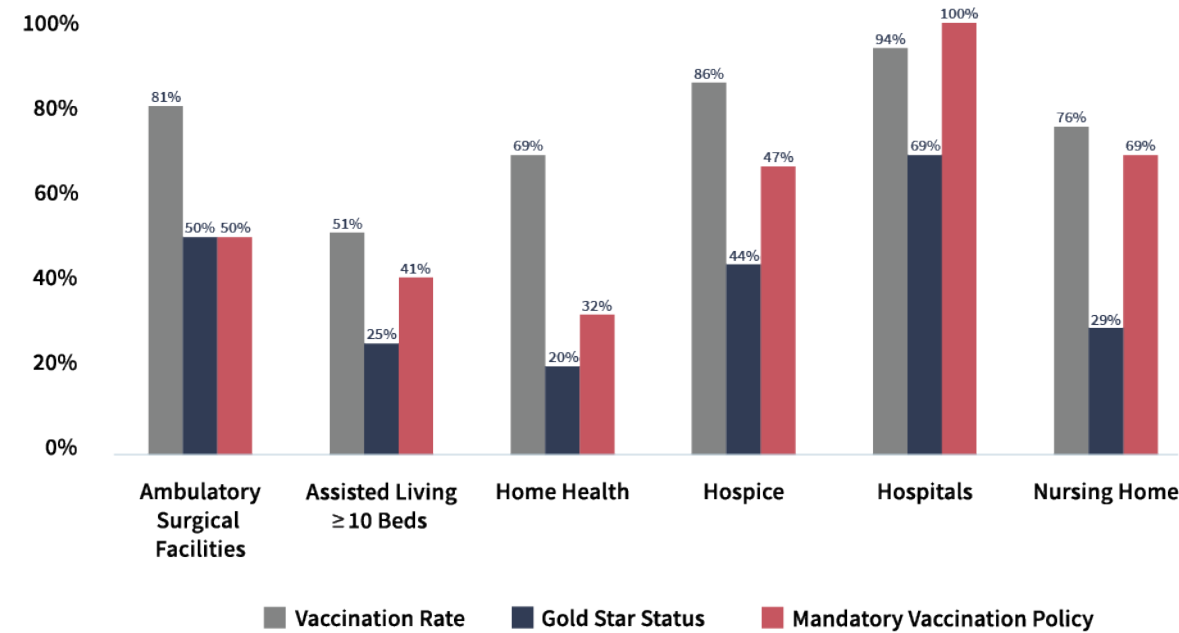
Reported health care employee influenza vaccination rates to guide infection reduction

Health care workers regularly interact with patients or residents who may have the flu. Vaccination is an important preventive measure to minimize the risk of health care workers contracting the flu themselves or transmitting the flu to vulnerable populations (e.g., elderly, immunocompromised). The Commission collects and reports on employee flu vaccination data for ambulatory surgical facilities, assisted living facilities ≥10 beds, home health agencies, hospice, hospitals, and nursing homes. This information is available on the Maryland Quality Reporting website and enables the public to evaluate and compare provider performance on this important quality metric. MHCC also reports on facility requirements of mandatory vaccination policies which may include a range of consequences for non-vaccinated employees such as: requiring employees to wear masks; restricting employees to certain areas of the facility; restricting employees to non-direct patient care; up to termination of employment.

Employee vaccination rates vary by facility type. Hospitals have the highest rates (94%), and assisted living facilities (≥10 beds) have the lowest rates (51%). Vaccination rates generally, though not always, align with the rate of facilities that have mandatory employee vaccination policies. For example, every hospital in Maryland has a mandatory flu vaccination policy, leading to a high vaccination rate. However, ambulatory surgical facilities and home health agency results are an exception, as both facility types have much higher vaccination rates compared to the rate of facilities with mandatory policies.

Facilities that reach at least 95% staff vaccination rates are assigned “gold star” status on the Maryland Quality Reporting website. Results range from 20% (home health) to 69% (hospitals).

Figure 2: Healthcare Worker Influenza Vaccination Results 2023–2024 Flu Season



Promoted and supported the use and expansion of Health IT

The MHCC assessed diffusion of EHRs, HIE, and telehealth to identify trends and policy that support awareness and inform implementation and evaluation of health IT. Findings also informed strategies aimed at expanding the use of health IT statewide. Other key initiatives that were aimed at creating efficiencies and equitable care delivery through health IT include:

- Maintained oversight of CRISP, the State-Designated HIE, and approximately 17 other MHCC registered HIEs operating in the State;
- Certified 29 electronic health networks that facilitate the exchange of electronic health care transactions between payers and providers and examined electronic claims volume reported by payers;
- Monitored cybersecurity trends and reported health care data breaches in Maryland and the nation;
- Supported diffusion of electronic advance directives
- Examined consumer privacy laws adopted by states to close gaps in protections for health data that are not covered under federal rules;
- Administered health IT questionnaires to various provider types; and
- Assessed artificial intelligence technologies and identified public policy and clinical considerations.



Developed messaging to create a safer environment for health care workers, ensuring continued patient access to high quality care

Employees and staff in health care settings face significant risk of workplace violence, which has become a growing threat. According to the U.S. Department of Labor Occupational Safety and Health Administration (OSHA), health care employees are four times more likely to be a victim of workplace violence and four times more likely to take time off due to violence-related injuries. Recognizing the need to address workplace violence in health care settings in Maryland, Senate Bill 700 required the Secretary of Health to establish the Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup. In 2022, MHCC facilitated this Workgroup to develop a public awareness campaign on preventing workplace violence in health care settings and to create a plan for implementing the campaign. The report was finalized and was sent to the legislature for funding consideration in late 2022. Funding was approved in 2023, and staff continue to work closely with the Maryland Patient Safety Center in an advisory role to implement the campaign in FY2025.



Participation in industry committees and advisory councils

Staff take an active role in the participation of many industry committees and advisory councils. MHCC influence and reach spans across the health care system. A few examples of committee participation include the MDH Morbidity, Mortality, and Quality Review Committee, the Health Services Cost Review Commission’s Performance Measurement Workgroup, Maryland Cardiac Data Coordinators Committee, and Medicaid’s Payment Driven Payment Model for Nursing Homes Workgroup. Staff are uniquely positioned to provide perspectives on health care system needs, access to care, and quality improvement activities.



SECTION 2: MHCC Organization, Operations, & Budget



ORGANIZATION

The Commission's organization serves as the foundation from which we tackle Marylanders' health disparities with a healthy future in mind. We are organized around the health care systems we seek to evaluate, and we bring a wide range of tools (including data collection, public reporting, strategic planning, and regulation) to improve health care quality, costs, and accessibility. The Commission'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 Attorney Generals provide professional legal counsel to the Executive Director, the Commission members, and Commission staff.

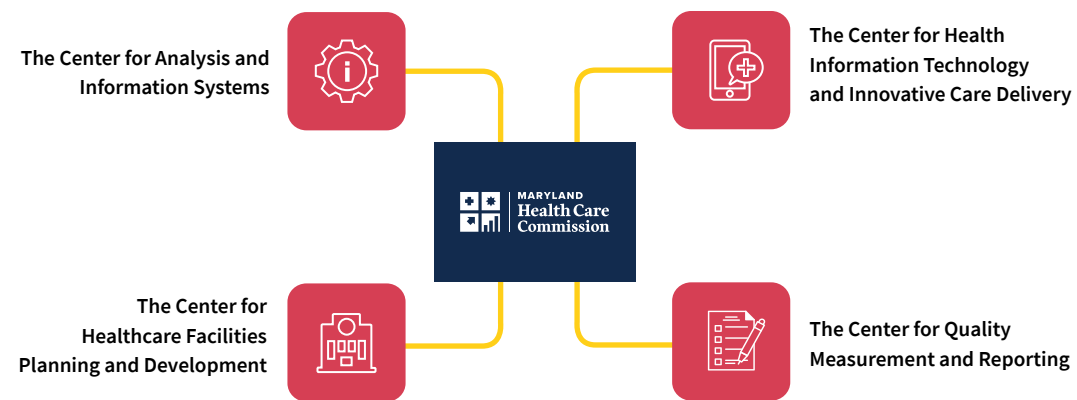
MHCC STAFF MEMBERS' BACKGROUNDS AND SKILLS ENCOMPASS A BROAD RANGE OF EXPERTISE, INCLUDING:

- Public policy analysis
- Data management and analysis
- Strategic health planning
- Health facility construction and finance
- Quality control and assurance
- Governmental law
- Clinical and health services research
- Public performance reporting

Most of the MHCC staff is 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 centralized around health care provider organizations, bringing expertise and strategy together under the same leadership to address health care costs, quality, and accessibility throughout Maryland's health care system.

The Center for Analysis and Information Systems not only conducts in-depth and varied studies, using 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, is in charge of activities that cut across sectors to facilitate the use of Health IT, support advanced care delivery, and facilitate private and secure transfers of personal health information among sectors.

Figure 3:
Organizational Ecosystem at MHCC



THE CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Director, Kenneth Yeates-Trotman

This Center assembles and manages the State's APCD from claim and eligibility information submitted by private payers, Medicare, and Medicaid. The Center uses the APCD to report on total and sector-specific health care spending (cost and utilization), including hospitals, health care professionals, and prescription drugs. The Center also maintains the Wear the Cost website. The Center for Analysis and Information Systems 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, Wynee Hawk

The Center for Health Care Facilities Planning and Development develops strategic plans for the supply and distribution of health care facilities and services and regulates the supply and distribution of facilities and services through CON and related oversight programs. The Center is responsible for developing and updating the State Health Plan, a regulatory body that establishes criteria and standards for considering the needs, costs, effectiveness, impact, and viability of health care facility projects or service-delivery programs. The Center administers the CON program, regulating certain types of capital projects by seven types of health care facilities. It also administers the Certificate of Conformance and Certificate of Ongoing Performance programs, which regulate development PCI programs and performance of cardiac surgery and Percutaneous Coronary Intervention (PCI) programs. The Center collects information on health care facility services and service capacity and use of facilities. Annual data sets are developed on the services at general and specialty 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 and PCI for the regulatory oversight of these services.

THE CENTER FOR HEALTH INFORMATION TECHNOLOGY AND INNOVATIVE CARE DELIVERY

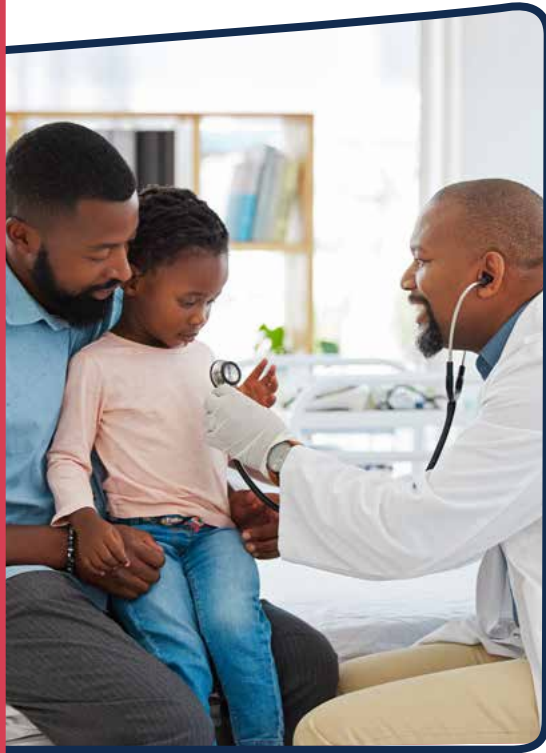
Director, David Sharp

The Center for Health Information Technology and Innovative Care Delivery advances value-based care models and diffuses statewide health IT to promote a fortified and flexible health IT ecosystem that focuses on improving health outcomes through care coordination rather than the number of care services. The Center provides oversight to registered HIE and EHN entities that operate in Maryland and envelope policies that promote innovations towards interoperability.

THE CENTER FOR QUALITY MEASUREMENT AND REPORTING

Director, Theresa Lee

The Center for Quality Measurement and Reporting is responsible for the Commission's mandates for health care provider quality and performance evaluation. These mandates increase transparency and aid informed decision-making for consumers, facilitate care delivery improvements, and support Maryland's unique hospital rate-setting system (i.e., the TCOC and the recently approved AHEAD Model). The Center maintains the Maryland Health Care Quality Reports website. The Center is committed to reporting health care disparities and remains focused on raising awareness of the Quality Reports consumer site among minority and disadvantaged populations. Finally, the Center monitors the performance of the Maryland Patient Safety Center and facilitates quality improvement activities across provider settings to promote effective transitions of care.



APPROPRIATIONS AND SPENDING

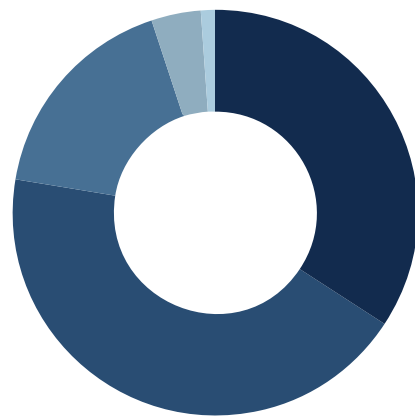
MHCC collects special funding based on the assessment of health care providers and payers regulated by the Commission. The amount is derived differently for each industry and is set every four years based on an analysis of the Commission's workload. The cap was raised from \$16 million to \$20 million during the 2022 legislative session. This new cap became effective July 1, 2022 (Fiscal Year 2023).

AS IN FISCAL YEAR 2020, THE COMMISSION ASSESSES THE FOLLOWING PERCENTAGES ON INDUSTRIES:

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

Figure 4: FY2024 Budget Appropriation

FY2024 Budget Appropriation - \$52,122,624.00
 FY2024 Total Expenditures - \$50,522,668.04



- **Operating Budget (U101-U107)**
\$17,281,165.75 (34.20%)
- **Trauma (U110)**
\$21,941,502.29 (43.43%)
- **Shock Trauma (U111)**
\$8,700,000.00 (17.22%)
- **MD Patient Safety Center (U112)**
\$2,000,000.00 (3.96%)
- **MDPCP**
\$600,000.00

APPENDICES: Governance, Tables, and Legislation Initiatives

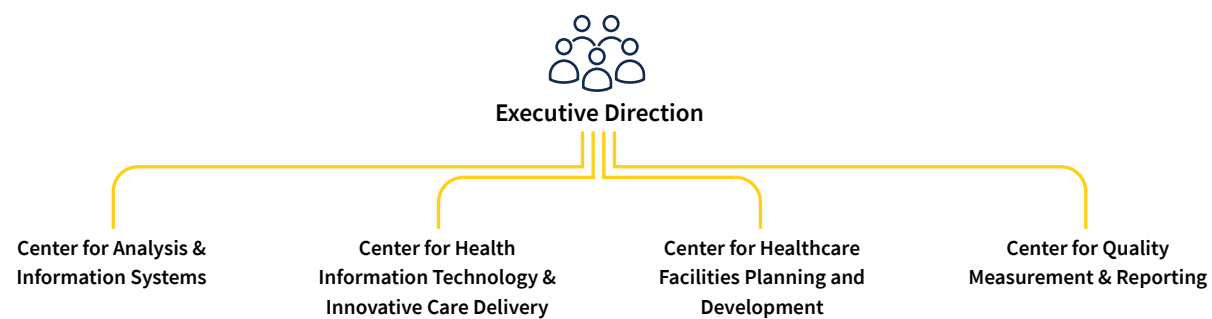




SELECTION PROCESS AND GEOGRAPHIC REPRESENTATION OF COMMISSIONERS

MHCC is governed by 15 commissioners appointed by the Maryland Governor based on the Senate’s counsel. The Governor appoints the Chairman, and in turn, the Chairman may appoint a Vice Chairman. Members are selected based on their geographic location, and the type of stakeholder they represent. Each commissioner’s term is limited to four years, and they may not serve more than 2 consecutive terms.

Figure 5: MHCC Organizational Chart



COMMISSION COMPOSITION

- 8 members do not have any connection with the management or policy of a health care provider or payer
- 3 physicians
- 1 payer
- 1 state nursing home administrator
- 2 non-physician health care practitioners

Whenever feasible, the Governor makes their commission appointments considering the following criteria: at least five members must be 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

These are the commissioners who were serving when this report was developed.

Randolph S. Sergent, Esq., 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 and has served as chair of the Maryland State Bar Association’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).

Awawu Agbabiaka, CRNP is a nurse practitioner specializing in addiction medicine, and she operates a private practice, AIM Behavioral Health Services. She holds a Bachelor of Science in Nursing degree from Howard University and a Master of Science in Nursing degree from George Washington University. Currently pursuing her Doctor of Nursing Practice Psych Mental Health Nurse Practitioner-Family specialty at University of Maryland School of Nursing. She is a proud member of Chi Eta Phi Sorority Inc., a volunteer with the American Red Cross, and a member of the Board of Directors for Lynn’s Gift Inc., a national nonprofit that supports families from low-income backgrounds. (Term Expires 9/30/26).

Arun Bhandari, MD, is a practicing Oncologist and Hematologist at Chesapeake Oncology Hematology Associates, PA, Annapolis, MD since 2007(an Oncology - Hematology private practice serving citizens of Maryland since 1990). He is on staff at Anne Arundel Medical Center, Baltimore Washington Medical Center, and John Hopkins Medicine at Howard County General Hospital. Dr. Bhandari is an Executive Board Member of The Maryland and District of Columbia Society of Clinical Oncology, Inc. which plays a significant role in improving the quality and delivery of cancer care in Maryland and the District of Columbia.

Bhandari was appointed by Governor Hogan as a Council on the Maryland State Council on Cancer Control, where he has a role to educate and advise government officials, public and private organizations, and the general public on comprehensive State policies and programs necessary to reduce and control cancer incidence, mortality, and morbidity among Marylanders. Dr. Bhandari served as Chairman of Panel A of the Maryland Board of Physicians from 2016 to 2020. He was responsible for assuring quality health care in Maryland through the efficient licensure and effective discipline of healthcare providers under its jurisdiction by protecting and educating clients, customers, and stakeholders, and enforcing the Maryland Medical Practice Act.

Bhandari completed a fellowship in Hematology-Oncology from Georgetown University Hospital/ Washington Hospital Center, Washington, DC with

bone marrow transplant rotation at the National Institute of Health, Bethesda, MD. He served as a Chief Fellow in Hematology & Oncology from 2004-2005. He was a fellow in Hematology & Oncology at The University of Tennessee Health Science Center, Memphis, TN, and National Comprehensive Cancer Network Member Institution. (Term Expires 9/30/2025).

Hassanatu Blake, PhD, MPH, MBA., is a public health professional with over 15 years in spearheading innovative initiatives at the nexus of public health, educational technology, and social impact. She is a thought leader and catalyst for change, coupled with a unique blend of academic achievements and practical and research experience.

In her current role as Director of Health Equity & Social Justice at the National Association of County & City Health Officials, Dr. Blake is instrumental in leading a \$15.3M CDC-funded project to build COVID health equity infrastructure. Her role involves introducing cutting-edge technology, such as AI chatbots, to enhance training programs and streamline organizational processes for increased efficiency and impact.

Dr. Blake also serves as an Adjunct Professor at both Tufts University School of Medicine and Brooklyn College; and a researcher at University of Alabama Birmingham School of Public Health focused on the use of social media for HIV prevention among female sex workers in Cameroon. She was appointed in 2023 by Maryland Governor Wes Moore to the Maryland Health Care Commission as a Health Commissioner.

Dr. Blake has been recognized for her wealth of expertise by the US White House Champions of Change Initiative under the Obama Administration; featured in *Black Enterprise*; a TEDx Speaker; and has served as a keynote speaker at numerous education, business, and tech conferences, and leading institutions of higher education.

Dr. Blake has a BA from Tufts University, an MPH from Emory University Rollins School of Public Health, a MBA from Plymouth State University, and a PhD from University of Alabama Birmingham School of Public Health. (Term Expires 9/30/2027)

Marcia L. Boyle, MS, is the founder of the Immune Deficiency Foundation, 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 (primaryimmune.org). She served as president and CEO until her retirement in August 2017. She grew the Immune Deficiency Foundation 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 9/30/2026).

Ken Buczynski, MD, is the founder and owner of Wellspring Family Medicine, a practice that provides outpatient, inpatient, and surgical obstetrical care to residents of Western Maryland. Dr. Buczynski founded Wellspring Family Medicine in 2004 and has grown the practice to three sites staffed by four physicians, five physician assistants, and one nurse practitioner.

Dr. Buczynski holds leadership positions with organizations dedicated to providing care to residents of Western Maryland. He is the Chairman of the Department of Medicine at Garrett Regional Medical Center and serves as Secretary on the medical staff Executive Committee. He serves as adjunct faculty for the University of Maryland in the Western Maryland Area Health Education Center's rural rotations program for medical

students. Dr. Buczynski also currently works part-time in the Emergency Department at Garrett Regional Medical Center where he serves as the Base Station Medical Director. Dr. Buczynski formerly served as an attending physician and Medical Director of Oakland Nursing and Rehab Center as well as Owner and Medical Director of Garrett Medical Transport, an interfacility ambulance transport company.

Dr. Buczynski received his medical education at Penn State College of Medicine and his undergraduate education at University of Virginia, where he graduated with high distinction and was a two-year letterman in varsity football. He completed his family medicine residency at Via Christi Regional Medical Center in Wichita, Kansas. Dr. Buczynski is a staunch advocate for advanced primary care. Wellspring Family Medicine is the only primary care practice in Garrett County that participates in the MDPCP, and Dr. Buczynski serves on the MDPCP Advisory Council, a group convened by MHCC to make recommendations to the Secretary of Health on changes to the MDPCP. (Term Expires 9/30/2024)

Tinisha Cheatham, MD, is a physician-in-chief of the Mid-Atlantic Permanente Medical Group for the Baltimore service area. She is responsible for the clinical care that the Mid-Atlantic Permanente Medical Group delivers to over 134,000 members at Kaiser Permanente's integrated outpatient medical centers, contracted hospitals, and affiliated skilled nursing facilities across the Baltimore metropolitan area.

Dr. Cheatham is a board-certified family medicine physician who currently practices throughout the Baltimore service area. She received her bachelor's degree in zoology and biology from North Carolina State University and her Doctor of Osteopathic Medicine degree from the Ohio University College of Osteopathic Medicine in Athens, Ohio. She completed her family medicine training at Doctors Hospital in Columbus, Ohio. Dr. Cheatham has been recognized by her peers as a top doctor

and was acknowledged by the National Committee for Quality Assurance Diabetes Recognition Program from 2011 to 2014. (Term Expires 9/30/2024).

Karl Douglas, ALM, LNHA, MBA., is the Founder of Synergy Baltimore. This non-profit organization provides health education, disease management, food assistance, rehabilitation, and job placement for the homeless and underprivileged in Baltimore City.

Mr. Douglas is the Director of Talent Development for Brightview Senior Living where he is responsible for the growth and development of 5500+ associates, and leads efforts on Diversity, Equity, and Inclusion. Mr. Douglas has led start-ups as a Dementia Care Director and larger teams as an Executive Director for Brightview. Before his pivot to the healthcare industry, he celebrated a 20-year career in the consumer product industry as Director of Retail, managing all Walmart business for the Proctor and Gamble Corporation, covering 17,000 stores. His responsibilities included leading 25 managers who managed 3000 employees across North America.

Mr. Douglas graduated from Morgan State University with a BS in Business Management and an MBA in Health Care Management from the University of Phoenix. In addition to working as a licensed Assisted Living Manager and Nursing Home Administrator, Mr. Douglas teaches master's level courses on entrepreneurship and leadership at both Towson University and the University of Maryland, Baltimore County.

If you know Mr. Douglas, you know that his attitude and commitment to serving others and growing leaders are contagious. He is skilled at collaborating and bringing people of diverse backgrounds together. He consistently pursues excellence and pushes everyone around him to do the same. (Term Expires 9/30/26)

Danielle Stroughton-Duncan, MLS, MEd, EdD., has over 20 years of experience as a Medical Laboratory Scientist and Clinical Educator in various healthcare settings throughout Maryland. With her vast knowledge, she has trained laboratory science professionals, medical assistants, and nurses to provide excellent patient care.

Currently, Dr. Stroughton-Duncan is the Director of Education at COLA, Inc., where she oversees the creation and development of educational content for laboratory science professionals and physicians. Working with an interdisciplinary team, she promotes the visibility of laboratory science professionals through an educational approach, nurturing the pipeline in clinical laboratory science by advocating for initiatives to address the laboratory workforce shortage and utilizing laboratory data to improve patient outcomes. Stroughton-Duncan strives to promote and advance understanding of the impact of laboratory science in the effective delivery of healthcare.

Dr. Stroughton-Duncan has also served as an Adjunct Professor at Morgan State University and Anne Arundel Community College. She sits on the advisory board for the Anne Arundel Community College Medical Laboratory Technician program.

Dr. Stroughton-Duncan holds a Bachelor of Science degree from Morgan State University and a Master of Education degree from Northcentral University, where she is currently pursuing a doctoral degree in education. She was appointed in 2023 by Governor Wes Moore to the Maryland Health Care Commission as a Commissioner. Stroughton-Duncan's area of focus includes clinical chemistry, interprofessional education, and championing the advancement of the laboratory science industry. (Term Expires 9/30/27)

Joan Gelrud, RN, MSN, CPHQ, FACHE., Ms. Gelrud, retired as Luminis Health's Chief Quality and Population Health Officer, responsible for system-wide quality, safety, infection prevention, patient experience, accreditation, care management, community outreach, performance

improvement, population health, value-based programs, and progressive payment models for all entities of Luminis Health.

Prior to Luminis Health, Ms. Gelrud was responsible for the care, treatment, and services for 12.4 million Kaiser Permanente members as the Senior Vice President of Kaiser Foundation's Health Plan and Hospital Quality, Co-Executive Director of Kaiser Permanente's Care Management Institute, and the Executive Director of the Improvement Institute in Oakland, CA.

Ms. Gelrud also served as Vice President of Quality, Safety & Regulatory and Chief Nurse Executive at Kaiser Permanente's Mid-Atlantic States Region. Prior to her roles with Kaiser, Ms. Gelrud was the Vice President at MedStar St. Mary's Hospital in Leonardtown, MD.

Ms. Gelrud is currently spending her time as a Court Appointed Special Advocate for children experiencing abuse or neglect, as a member of the Agency for Research Healthcare and Quality's National Advisory Committee, and as a new member of the Maryland Health Care Commission. To help combat hospital expenditures, Ms. Gelrud is also on the Advisory Board for LIBERTAS, a new company working to reduce the cost of physician preference items for cardiac and other procedures. (Term Expires 9/30/27)

Shante Gilmore, MPH, is Director, Health Equity Initiatives at the Patient Advocate Foundation. She previously served as a Health Equity Program Manager with the CDC and as a Practice Transformation Coach with the Maryland Department of Health under Maryland Primary Care Program. She has extensive community-based health experience and volunteered as a Community Health Worker where she focused on serving vulnerable populations including at-risk women and teens. Ms. Gilmore holds an MPH (Behavioral Health Concentration) and a Bachelor of Science in Biology from Morgan State University. Ms. Gilmore is currently working towards a Doctorate in Public Health (DrPH) at Johns Hopkins University School

of Public Health in Baltimore. (Term Expires 9/30/2027).

Mark Jensen, Esq., is a senior partner and the founder of Bowie & Jensen, a law firm based in Baltimore Maryland. Mr. Jensen heads the Mergers & Acquisitions practice and oversees the firm's work with major clients including counseling established private companies on decisions and transactions which advance critical corporate objectives. Mr. Jensen serves as outside general counsel for several private companies, helping them to identify and triage a range of legal and business issues, including governance, mergers & acquisitions, corporate issues, intellectual property, real estate, and employment matters. Mr. Jensen has been active in the community and public service throughout his career. He has provided pro bono assistance to numerous non-profit organizations, including the Intrepid Foundation and the Bates/ Vincent Foundation.

Mr. Jensen has been engaged with the Maryland health care system for over two decades. He served on, and ultimately chaired, the Board of MedStar Union Memorial Hospital and later on the MedStar Health System Board from 2011-2019, where he chaired the Patient Safety and Quality Committee. He held leadership positions with the Maryland Hospital Association including Chairman of the Board, Chairman of the Search Committee for the new MedStar Health Association President and CEO, and a member of the Clinical and Quality Issues Committee. Mr. Jensen earned his J.D. from the State University of New York at Buffalo. (Term Expires 9/30/2025).

Jovonni Spinner, DrPH, MPH, CHES, is the CEO and Founder of Beacon Public Health- whose vision is to support healthy and whole communities by focusing on health equity. She is an award-winning health equity strategist and thought leader with a deep passion for improving health equity across the lifespan through research,

communication, multi-sector partnerships, and leadership. She creates culturally competent and inclusive public health programming, but also shines at telling public health stories, giving voice to those rarely heard, and sharing outcomes with key influencers to provide programmatic strategic direction and influence organizational change.

Dr. Spinner uses her voice to deliver dynamic speeches and to facilitate conversations on health equity. She has led state and federal health equity programs like the Diversity in Clinical Trials Initiative, Community Health Worker Health Disparities Initiative, and Virginia Vaccines for Children Program which have reached millions of consumers to help them make better informed health decisions, obtain the services they need, and advocate for healthier communities. She was appointed by Governor Wes Moore to serve on the Maryland HealthCare Commission in 2023.

Her passion is helping organizations and public health professionals overcome challenges in delivering dynamic, equity-driven, culturally tailored public health programs to meet the health needs of minority communities. She is also a public health adjunct professor, serves on non-profit boards, and is active in her community creating programs to build the public health workforce and mentoring early-career professionals.

She is an alum of Virginia Commonwealth University, Emory University, and Morgan State University. (Term Expires 9/30/27)

Marcus L. Wang, Esq., is a Harvard-educated CEO and New York- licensed attorney with proven experience both in building startups to profitability and in expanding public companies globally. He has powered companies to success in diverse sectors ranging from biotech and genomics to retail and e-commerce, in both the U.S. and China.

Mr. Wang serves as Co-Founder, President, and General Manager of ZytoGen Global Genetics Institute, which utilizes Next Generation Sequencing

to drive successful pregnancy outcomes for patients worldwide through its proprietary Preimplantation Genetic Screening platform. Mr. Wang’s international business and legal experience cover both the U.S., where he practiced corporate law at the Manhattan office of DLA Piper, as well as China, where he spearheaded the development, execution, and launch of Under Armour’s China market entry in 2011. Mr. Wang continues to advise U.S. businesses concerning China’s market entry and partnerships, providing guidance on go-to market strategy, regulatory issues, brand development, and product localization.

Mr. Wang also serves as the Chair of the Baltimore County Economic Development Advisory Board. Formed in 2020 by Baltimore County Executive Johnny Olszewski, the Board is tasked with advising the administration on strategies for attraction and retention of businesses, best practices for public- private partnerships, and the creation of a long-term economic development strategy.

Born and raised in Baltimore, Mr. Wang is a graduate of Gilman School with an A.B. cum laude from Harvard University and a J.D. from the University of Maryland Francis King Carey School of Law. Mr. Wang 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. Mr. Wang is licensed and admitted to practice as an attorney in the State of New York. (Term Expires 9/30/24).

Karrie Wood, Executive Vice President, Director of Business Development. Ms. Wood is the Director of Business Development for Community Bank of the Chesapeake. Ms. Wood has been with the Bank for twenty years and has extensive experience and expertise collaborating with large commercial clients, municipalities, and school systems. Ms. Wood is a graduate of Maryland Banking School and also attended the College of Southern Maryland and is a graduate of the Leadership of

Southern Maryland Executive program. Ms. Wood serves her community as the current Treasurer and Membership Chair for the Charlotte Hall Rotary Club and board member for The Calverton School. Ms. Wood is a past President of the Charlotte Hall Rotary Club, past board member of the Community Foundation of Southern Maryland and past board member of the Calvert Health Foundation. (Term Expires 9/30/25).

THANK YOU FOR YOUR SERVICE

Ben Steffen, Executive Director of the Maryland Health Care Commission, is retiring after more than 30 years of dedicated State service. His leadership and commitment have made a lasting impact on our organization and laid the groundwork for continued success in serving the people of Maryland and ensuring access to care for all.

Mr. Steffen began his career in state service in 1994 as Deputy Director for Data Systems & Analysis at MHCC’s predecessor organization, the Health Care Access and Cost Commission (HCACC). In 1999, HCACC merged with the Health Resources Planning Commission to become what is now known as the Maryland Health Care Commission. Mr. Steffen was named Executive Director of MHCC in 2011.

His many accomplishments include expanding access to care through a modernized Certificate of Need program, increasing accountability and transparency through initiatives like the creation of the “Maryland Quality Reporting” and “Wear The Cost” websites, advancing health information technology to improve patient care through secure electronic health information and expanding telehealth. He also successfully guided the organization through the unprecedented public health challenges of the COVID-19 pandemic.

Mr. Steffen’s legacy and his influence on Maryland’s health care landscape will be felt for years to come. On behalf of the staff, Commissioners, and the State of Maryland, thank you for your extraordinary service!



TABLES OF CERTIFICATE OF NEED AND RELATED ACTIONS IN FY 2024

Table 3: Project Changes to Approved Certificate of Need Actions in FY 2024

Applicant	Location	Description of Project	Estimated Cost of Project	Final Action
UM Upper Chesapeake Medical Center (UMCM) and UM Harford Memorial Hospital (HMH)	Harford County	Project change to increase the capital costs	\$17,075,530, bringing the total capital costs \$94,579,073	Approved
University of Maryland Upper Chesapeake Medical Center with the University of Maryland Harford Memorial Hospital	Harford County	Project change to increase the capital costs	\$13,379,892	Approved
Tidal Health Peninsula	Wicomico County	Project change request did not include material changes to the nature of the project, the immediate capacity		Approved
Baltimore Detox Center	Baltimore County	Project Change after Project Approval The approved design was a 5,944 square foot facility, however, the completed project was a 10,548 square feet facility with significantly different room configuration.		Approved
University of Maryland Medical Center	Baltimore City	Project change request to increase the capital costs associated with the project, and to make changes in the physical plant design to improve efficiency	\$269,190,180, an increase of \$74,822,180	Approved
Hygea Detox at Camp Meade	Anne Arundel County	Project change for a \$114,844 increase (90%) in the budget	\$241,882	Approved

Table 4: Certificate of Need Actions in FY 2024

Applicant	Location	Description of Project	Estimated Cost of Project	Final Action
Johns Hopkins Bayview Medical Center	Baltimore City	Construction of a new inpatient building and renovation of two existing buildings on the hospital campus.	\$468,852,000	Withdrawn
Hospice of the Chesapeake, Inc., Hospice of Charles County, Inc., and Calvert Hospice Inc	Charles County and Calvert County	Charles County, Inc. (Charles) and Calvert Hospice, Inc. (Calvert) and the consolidation of the hospice services of Charles and Calvert under Hospice of the Chesapeake, Inc.	None	Approved
Alpas Wellness- LaPlata	Calvert County	Establish a 36-bed Track One intermediate care facility	\$42,637,500	Approved
Hygea Detox at Camp Meade	Anne Arundel County	Establish a Track One 16-bed, alcoholism and drug abuse intermediate care facility (ICF)	\$136,781	Approved
CommuniCare - Clinton/Fort Washington	Prince George's County	Exemption from CON to relocate 46 beds from Clinton to Fort Washington, reducing Clinton beds and increasing Fort Washington to 196-beds.		Approved
Hope Health	Baltimore County	Establish a 16-bed psychiatric hospital for children and adolescents	\$1,365,000	Withdrawn
Luminis Health Doctors Community Medical Center	Prince George's County	The project consisted of two main components: the establishment of a new obstetrics program, and a capital project consisting of construction of a new acute care patient tower and renovation of the existing hospital infrastructure and surgical services to improve functionality and support services	\$285,954,229	Approved



LEGISLATIVE INITIATIVES FROM THE 2024 LEGISLATIVE SESSION

During the 2024 legislative session, Maryland enacted a number of laws and regulations related to the mission and responsibilities of the Commission.

MANDATE STUDIES

SB0614/HB0865 - Maryland Medical Assistance Program and Health Insurance - Coverage for Prostheses (So Every Body Can Move Act)

- This bill expands the current mandated benefit for coverage of prosthetic devices to be coverage for prostheses and replacement for prostheses. The MHCC and the MDH, in consultation with the MIA, shall review utilization of “L” codes and related codes within the All-Payer Claims Database.

HB1137 - Maryland Medical Assistance Program and Health Insurance - Required Coverage for Calcium Score Testing

- This bill requires the Medicaid, insurers, nonprofit health service plans, HMOs, and MCOs to provide coverage for calcium score testing for individuals who have at least three of the following risk factors: diabetes, high blood pressure, high cholesterol, or a family history of premature coronary artery disease. MHCC shall assess the social, medical, and financial impact of the proposed mandated health insurance benefits.

TRAUMA FUNDING

SB0493/HB0675 - Commission to Study Trauma Center Funding in Maryland

- MIEMSS and MHCC shall jointly chair and staff commission. Study the adequacy of trauma center funding. On or before December 1, 2023, the Commission shall report its findings and recommendations to the Governor and General Assembly.

HB1439/SB1092 - Emergency Services – Funding

- MHCC and the HSCRC shall adopt regulations that specify the information that trauma physicians, trauma health care practitioners, and trauma centers must submit to receive money from the Fund. MHCC in consultation with the HSCRC and the MIEMSS shall develop a process for the award of grants to LEVEL I, Level II, and Level III trauma centers in the delivery of trauma care. On or before November 1 of each year, the Commission and the Health Services Cost Review Commission shall report to the General Assembly.

NURSING HOMES

SB1000/HB1122 - Maryland Health Care Commission - Nursing Homes - Acquisitions

- The Commission shall adopt regulations by January 1, 2025, requiring a person, at least 60 days before the closing date of the acquisition of a nursing home, to submit a request for acquisition to the MHCC and provide certain notice to residents, resident representatives, and employees of the nursing home.

MATERNAL HEALTH

SB1059/HB1051 - Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)

- This bill codifies the current requirement that a provider who receives reimbursement from Medicaid for obstetric services complete “prenatal risk assessment form” for a patient and submit the form to the local health department (LHD). - The Secretary of Health, in collaboration with the MHCC, will develop a Maryland report card for birthing facility maternity care by July 1, 2025.

HEALTH INSURANCE

SB0791/HB0932 - Health Insurance - Utilization Review - Revisions

- This bill requires carriers, by July 1, 2026, to establish and maintain an online process for prior authorizations that meets specified parameters. MHCC and MIA, in consultation with health care practitioners and payors, shall jointly conduct a study on the development of standards for the implementation of payor programs to modify prior authorization. MHCC, in consultation with MIA, shall monitor the progress toward implementing the bill’s requirements regarding an online electronic process for prior authorization.

PRIVATE EQUITY

HB1388 (CH0378) - Labor and Employment

- Noncompete and Conflict of Interest Clauses for Veterinary and Health Care Professionals and Study of the Health Care Market Applying to veterinary and health care professionals’ provisions of law stating that certain noncompete and conflict of interest provisions in certain employment contracts are null and void as being against the public policy of the State; The Maryland Health Care Commission (MHCC) must contract with a private consultant to study, in consultation with relevant stakeholders, specified topics related to the health care market in the State. The bill takes effect June 1, 2024.

COMMISSION STUDY

SB0694/HB0887 - Maryland Department of Health - Health Commissions and Maryland Insurance Administration - Study

- Requires the Maryland Department of Health to contract with an independent consultant to conduct a certain study of the HSCRC, the MHCC, the MIA, and the MCHRC; The Department shall submit a report on the results of the study by January 1, 2026.

WORKGROUPS AND MEMBERSHIPS

HB1143 - EMS - Maryland Emergency Department Wait Time Reduction Commission – Establishment

- Establishes the Maryland Emergency Department Wait Time Reduction Commission to address factors throughout the health care system that contribute to increased emergency department (ED) wait times.

SB0212(CH0042) HB1048 (CH0041) - Behavioral Health Advisory Council and Commission on Behavioral Health Care Treatment and Access – Alterations

- The bill alters the membership and terms of the council, alters the membership of the commission, and requires the commission to make specified recommendations regarding the integration of somatic and behavioral health services in Medicaid.



Stay Connected

 mhcc.maryland.gov

 4160 Patterson Avenue,
Baltimore, MD 21215

 Toll Free: 1 (877) 245-1762
TTY Number: 1 (800) 735-2258

 Fax: (410) 358-1236



MARYLAND
Health Care
Commission