MARYLAND
Health Care
Commission

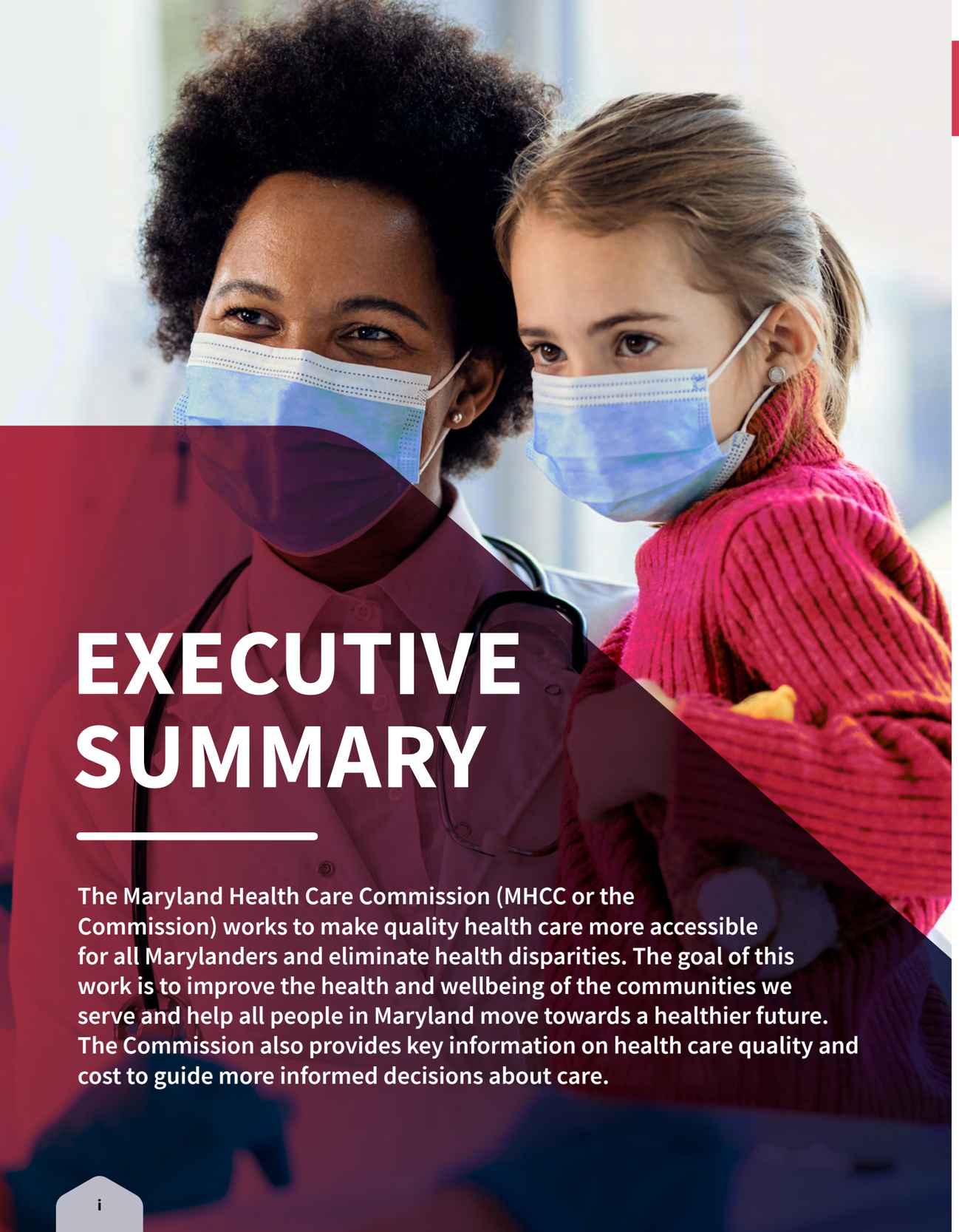
2021 ANNUAL REPORT

Maryland Health Care Commission

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

July 1, 2020 through June 30, 2021

MOVING FORWARD TOGETHER



EXECUTIVE SUMMARY

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

During fiscal year 2021, we made progress on several key milestones in strategic areas:

Health Disparities and Health System Quality and Cost

Initiated the collection of data to determine how Department of Health programs are addressing health disparities throughout the State

Completed a major redesign of the Maryland Health Care Quality Reports consumer website to create an easy-to-use, one-stop information resource for all Marylanders

Developed and distributed performance reports from the annual Maryland Hospice Survey to hospice providers and distributed educational brochures about hospice services to encourage the use of these services in majority Black communities, where they are currently underused

Expanded the Wear the Cost website to help consumers to understand how costs vary for shoppable healthcare services

Health Facilities Planning and Certificate Of Need

Continued to ensure availability of hospital beds to meet the needs of patients with COVID-19 by approving six emergency Certificates of Need (CONs)

With industry participation, implemented enhancements to the General Surgical Services Chapter and the Acute Psychiatric Services Chapter of the State Health Plan to better align CON regulation with Maryland's Total Cost of Care Model

Completed final action on 13 ongoing performance reviews of hospital percutaneous coronary intervention (PCI) programs to ensure compliance with quality and performance standards and the availability of critical state-of-the-art cardiac services to patients

Completed final action on five CON applications requesting approval to expand or enhance health care services. Three capital projects authorized in FY 2021 were major expansion and modernization projects at general hospitals, with a total estimated cost of approximately $483 million. Two were hospital surgical facility projects with an overall investment of approximately $19 million.

Information Technology in Health Care

Expanded telehealth initiatives to support Marylanders and providers during the COVID-19 public health emergency (PHE), including public service announcements, podcasts, outreach to salons in Baltimore City, development of the Telehealth Virtual Resource Center (TVRC), and a grant program for ambulatory practices adopting telehealth

Developed an interactive electronic Care Management Readiness Assessment to support advanced care delivery

Launched a practice transformation program designed to support 50 small ambulatory practices and assisted over 100 small ambulatory practices in implementing telehealth

Enabled the exchange of information from nursing homes and administrative health networks with CRISP to support Maryland's public health objectives, as directed by the General Assembly

Support of Statewide Reforms

Provided analytical support and information from the Medical Care Database for assessing the impact of the Total Cost of Care Models on controlling health care costs in Maryland

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

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

Supported the Maryland Primary Care Program by convening an Advisory Council

Took on new responsibilities assigned by the General Assembly to improve health care access through telehealth and expand public health monitoring by enabling further data sharing through CRISP, the State's Health Information Exchange

The Commissioners

Andrew N. Pollak, MD
Chair

Randolph S. Sergent, Esq
Vice Chair

Bimbola F. Akintade, PhD
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Marcia L. Boyle, MS
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Tinisha Cheatham, MD
Martin L. “Chip” Doordan, MHA
Mark Jensen, Esq
Jeffrey Metz, MBA, LNHA
Gerard S. O’Connor, MD
Michael J. O’Grady, PhD
Martha G. Rymer, CPA
Marcus L. Wang, Esq

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INTRODUCTION

Introduction

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. We are supporting the work of the Maryland Department of Health in addressing longstanding 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, redesigned Maryland Health Care Quality Reports consumer website, which went live on March 31, 2021, and has since averaged about 2,000 visitors per month seeking this important information.

The Commission continues to support the expansion of telehealth in Maryland. And as the global health crisis caused by the COVID-19 pandemic continues into its second year, the Commission has remained focused on ensuring Marylanders understand options to access essential health care services virtually and assessing the impact of policy changes to sustain use of telehealth in the years to come.

The goal of the Commission's work is to provide support and information that will help all Marylanders move towards a more equitable, healthier future.

Who We Are

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

Dr. Andrew Pollak is Chair of MHCC.
Randolph Sergent, Esq., serves as Vice Chair.

What We Do

To move towards a healthier future, our community needs access to quality care and the information to make informed health care decisions.

Our Mission

Improve Access

Health care and the needs of our communities change continuously. To help ensure access to quality, affordable care throughout the State for all Marylanders, 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 and Innovate

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

Introduction

How We Do It

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

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

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

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

Our Five Priorities

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

For calendar years 2019 through 2022, these priorities are:

1. Communicating information to support informed health care decision making
2. Making health care cost and quality information accessible to all Marylanders
3. Modernizing the Certificate of Need program
4. Supporting the adoption of value-based payment models
5. Expanding use of telehealth in a variety of health care settings

We also recognize the importance of addressing longstanding social determinants of health and health disparities on health outcomes and wellbeing in Maryland.

What's In This Report

The first section covers MHCC activities and accomplishments in fiscal year 2021. The second section addresses MHCC operations, including organization, staffing, and budget.

SECTION 1

2021 MHCC Activities and Accomplishments

1. Moving Forward Together to Improve Access to Care and Address Health Disparities

Access to quality care can not only improve the health of individual Marylanders, but also the wellbeing of entire communities. This access is also the key to overcoming health disparities that have a negative, often life-changing impact on people and communities throughout the State. Several of the Commission's initiatives in 2021 helped lay the groundwork to improve access to care, address modifiable health risks, and make care more affordable for all Marylanders.

How We Did It

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

The Maryland Primary Care Program (MDPCP) is an essential initiative that falls under the State's Total Cost of Care Model. It is a voluntary program open to all qualifying Maryland primary care providers. This program expands access to care by providing funding and support for the delivery of advanced primary care focused on quality of care throughout the State.

The program supports primary care providers so they can **play a larger role in disease prevention, management of chronic disease, and prevention of unnecessary hospital use**. Examples of how the program works towards this goal include helping patients avoid the need for emergency department care by making primary care more available and easier to access and reducing the risk of being hospitalized for preventable complications caused by poorly managed chronic conditions like diabetes, asthma, and heart disease.

The MDPCP Advisory Council provides input on the operations of the program and serves in a consultative role to the Secretary of Health. The Council includes MHCC-appointed members (https://mhcc.maryland.gov/mhcc/pages/apc/apc/documents/MDPCP_Advisory_Council.pdf) who represent a broad range of stakeholders. The Council met on several occasions this past year to consider modifications to the Advanced Level Program (Track 2), under which practices must demonstrate the ability to deliver comprehensive primary care functions.

Section 1: 2021 MHCC Activities and Accomplishments

Developed care management resources to improve care delivery for Marylanders with modifiable health risks

MHCC convened a care management focus group of around 30 representatives from accountable care organizations, physician practices, hospitals, and payers. The purpose of the group was to inform the development of a new interactive electronic care management assessment tool, known as the Care Management Readiness Assessment (CMRA).

The tool includes a physician practice self-assessment to determine care management preparedness, help practices design a care management program, define a care manager's role in a practice, and identify leading care manager responsibilities.

Supported telehealth innovation and response during the COVID-19 public health emergency

Over the last decade, telehealth has been a priority of the Commission. Effective use of telehealth for public health and clinical practice is a powerful tool that can expand access to care across communities in Maryland. Grants **support adoption of telehealth and the expansion of virtual care options for Maryland health care consumers.** In May 2020, three State-Designated Management Service Organizations (MSOs) were awarded a grant to support diffusion of telehealth in small ambulatory practices. MSOs worked collaboratively with practices to complete a telehealth readiness assessment, prioritize areas of improvement, understand payer reimbursement policies, and redesign workflows to support using the technology. The grant concluded in April 2021 and **aided 118 practices lacking technical resources needed to implement telehealth during the PHE. This exceeded the program goal of 100 practices.**

The Commission convened a Telehealth Policy Workgroup in the fall of 2020 to discuss telehealth policy changes in response to the COVID-19 PHE. The workgroup included about 70 participants who represented a variety of stakeholder perspectives and interests — providers, payers, consumers, technology vendors, and State agencies — and suggested MHCC study the quality and cost of telehealth and its impact on access to care, alignment with new models of care, and consumer and provider satisfaction. The workgroup's report provides the foundation for debate on continuation of telehealth waivers during the 2022 Legislative Session and is available at: https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/Telehealth_Policy_Workgroup_Report_Final.pdf.

MHCC, in consultation with select State agencies, will study the impact of telehealth services and submit a report to the Senate Finance Committee and the House Health and Government Operations Committee by December 1, 2022. The report will include recommendations on telehealth coverage and payment levels relative to in-person care. Findings will inform legislation during the 2023 Maryland legislative session.

Identified strategies to remove barriers to care that contribute to health disparities

During the 2021 legislative session, the Maryland General Assembly passed House Bill 309 and Senate Bill 565 Public Health - Data - Race and Ethnicity Information. This legislation requires the State to collect data on current disparity-reducing policies and programs.

The Office of Minority Health and Health Disparities (OMHHD), the Maryland Department of Health (MDH), and MHCC were identified as the lead organizations to oversee this initiative. The staff of the three organizations immediately began to work collaboratively to address the requirements of the new law.

A survey tool was developed to gather data on existing disparity-reducing policies and programs and identify gaps in service or data collection where additional resources may be needed. The electronic survey was distributed to all MDH units in July 2021.

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

Hospice services can be very helpful for patients and families facing serious illnesses, but not all communities use these services. Underuse is especially evident in the Black community. To encourage the use of hospice care in these communities, MHCC hired a firm to design print and electronic educational materials that explain the benefits of this type of care.

The content is used in regular rotation on MHCC social media platforms and the brochures were distributed to hospital discharge planners and libraries throughout the state. MHCC focused distribution on counties with higher percentages of Black residents. (The content was created in FY 2020, but because of COVID-19, there was a delay in distributing the information.)

Each year, Commission staff create 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.

The tables provide an understanding of changes occurring in the Maryland hospice care system. In the two most recent **years for which data is available, the proportion of all hospice patients who were Black has been stable.**

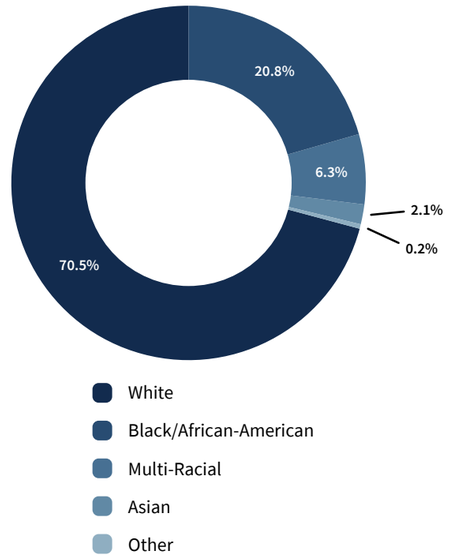


Figure 1: Hospice Users by Ethnicity

Source: MHCC Annual Hospice Survey 2018 Data

Section 1: 2021 MHCC Activities and Accomplishments

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

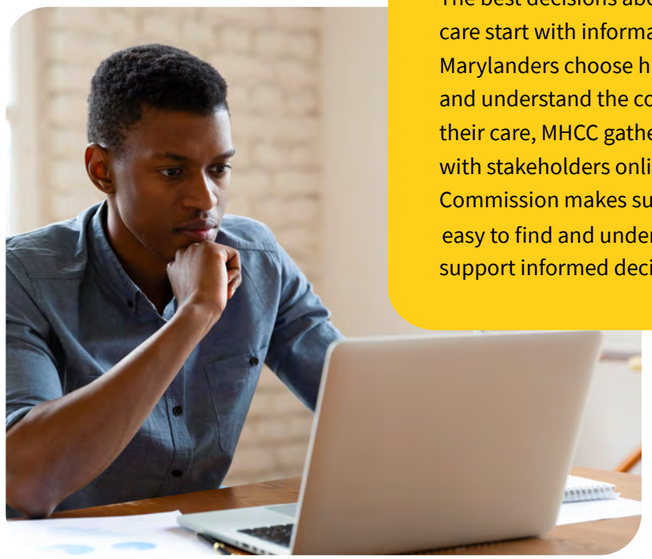
The Maryland Trauma Physician Services Fund provides payments to offset the costs of uncompensated and undercompensated medical care provided by trauma physicians to patients at the State's designated trauma centers, stipends to trauma centers to offset the centers' on-call and standby expenses, and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

The fund is financed by a $5 surcharge on motor vehicle registrations. In 2021, revenue collections by the Motor Vehicle Administration were $12,562,282. This is a reduction from the previous fiscal year due to the State of Emergency orders that extended the deadlines for automobile registration renewals. In total, the fund disbursed about **$11.4 million to trauma centers and trauma physician practices and $1.1 million to PARC (Primary Adult Resource Center for Trauma, R Adams Cowley Shock Trauma Center at the University of Maryland Shock Trauma)** over the past fiscal year. The report, "Maryland Trauma Physician Services Fund: Operations from July 1, 2019 through June 30, 2020," is available on the MHCC website.

Continued to support the work of the recently established Prescription Drug Affordability Board

This Board's mission is to **protect Marylanders from high prescription drug costs**, which can create barriers to care for many. MHCC supports the Board with data on prescription drug claims from private and public payers. The board is now supported by a professional staff, including an executive director and general counsel. However, the Commission will continue to support the board financially through the end of FY 2022.

2. Educating Marylanders So They Can Make Informed Decisions about the Quality and Cost of Care



The best decisions about health care start with information. 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 makes sure the informa tion is easy to find and unders and to support support informed decisions.

How We Did It

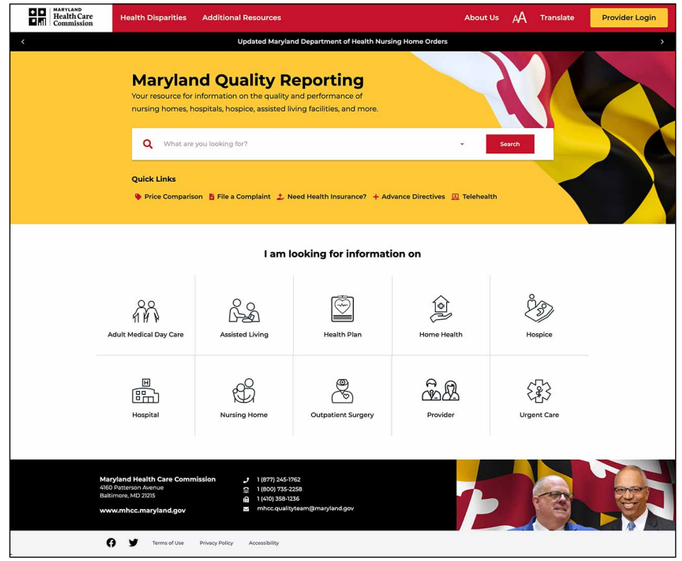
Made information easy to find and understand with a completely redesigned Maryland Health Care Quality Reports consumer website

The new site brings together MHCC's four mandated public reporting initiatives — hospitals, long-term care, ambulatory surgery centers, and commercial health plans — into one user-friendly website. Users can easily find 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 for up to five facilities at a time. Consumer focus groups were used to inform the development of the site, which launched in the spring of 2021.

New Features

- **Improved accessibility:** Users can adjust the size of the font on the screen and choose from over 100 languages for translation. The website is also mobile- and tablet-friendly.
- **Health disparities:** The new section, added in FY 2021, provides information on common medical conditions by race and ethnicity, Maryland population statistics, disparity-related legislation, and other valuable resources.
- **Urgent care directory:** The comprehensive directory helps users quickly locate urgent care centers by the facility's name, ZIP code, and county. The directory includes addresses, contact information, and operational information about each facility.

Section 1: 2021 MHCC Activities and Accomplishments



- **Expanded outpatient surgery reporting:** More information collected from the Commission's annual freestanding ambulatory surgical facility survey are now included. Users can compare ambulatory surgery facilities and hospital outpatient departments in terms of number of procedures performed, transfers due to complications, staff influenza vaccination ratings, surgical volume, and number of operating rooms.
- **Provider licensee list/search:** This new feature links to the websites of large provider boards including physicians, nurses, psychologists, counselors, and allied health professionals, making it easy for users to find licensees for all major provider types.
- **Assisted living directory:** MHCC continues to report quality information on assisted living facilities with 10 or more beds. The new site includes a directory for assisted living facilities with fewer than 10 beds to provide complete information. Users also can now view health, fire safety, and complaint inspection surveys provided by the Office of Health Care Quality.
- **Guides, fact sheets, checklists:** This new section includes resources to help consumers choose the best facility to meet their needs. Topics range from guidance on how to select a provider or facility to information on establishing advance directives and 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 are collaborating with AARP to create content and materials that will be shared with AARP members. Staff are also working with local library branches to disseminate information about the website, while engaging with consumers regularly through social media platforms such as Twitter, Facebook, LinkedIn, and Nextdoor.

Provider Resources

The site now has a section dedicated to communicating with providers. It includes information on reporting requirements and regulations, data submission schedules, and past and current reports.

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 day cares
- Volume and price information, updated every six months, for all medical conditions treated in Maryland hospitals
- Total price and quality comparisons for four common medical conditions and procedures, including hospital and non-hospital costs on WeartheCost.org

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

The cost of health care can be confusing. There is no fixed fee for a given service. Price varies from provider to provider and is different for insured people than for those who are uninsured. The prices negotiated with providers by insurers also vary significantly. These price variations can make it extremely difficult for consumers and other stakeholders to understand the cost of care.

To increase price transparency, MHCC shares information gathered in Maryland's All-Payer Claims Database. This information includes claim and eligibility information from Medicare, Medicaid, and 37 private payers. The APCD is used to report on total health care costs and utilization.

In FY 2021, all private payers whose total covered lives exceed 1,000, as reported to the Maryland Insurance Administration (MIA), are required to report to the APCD. The private payers reporting data include life and health insurers, health maintenance organizations (HMOs), third-party administrators (TPAs), pharmacy benefits managers (PBMs), and qualified health and dental plans (QHPs and QDPs). All QHPs and QDPs are required to report to the APCD regardless of the total number of covered lives.

The APCD captures the insurance markets regulated under Maryland law: the individual market, the small-group market, and the regulated large-group market. It includes Maryland residents and non-residents whose group contracts are written or sold in Maryland. The number of privately insured Maryland residents in the Maryland APCD as of December 31, 2020, was about 1.76 million (including subscribers and their dependents, excluding ERISA and FEHB plans).

The integrity and timeliness of this data are important. To improve the rate of data submissions and reduce the data review timeframe, MHCC continues to work with payers to

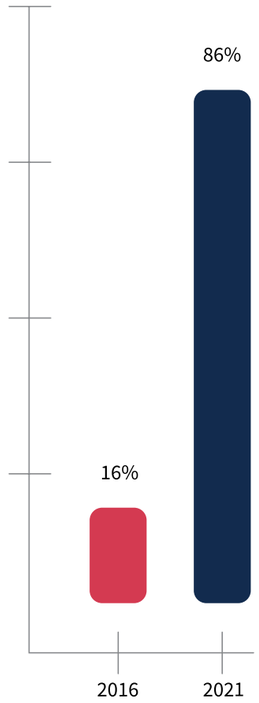


Figure 2: Percent of Payers that Submitted 100% Clean Data

improve the data submission process. **The percent of payers that submitted 100% clean data** reached a high of **86% for the first quarter of 2021**, remaining steady through the rest of the year.

To address health disparities, the Commission is committed to working with private payers to improve the reporting of race/ethnicity data to the APCD. Also, starting with the calendar year 2021 APCD private payer data, MHCC leveraged the HSCRC Casemix data for commercial (privately insured) plans via the CRISP Master Patient Index (MPI) to improve the racial data in the APCD. Results show a 66% patient match of racial data between the Casemix and the APCD.

Educated Marylanders about price differences for several common hospital services through the Wear the Cost website (WeartheCost.org)

The Commission created this online tool in 2017 to help consumers and other stakeholders better understand the range of prices charged by different hospitals for the same service and increase price transparency. The site includes prices for a limited number of shoppable hospital-based services.

The website shows a patient's average typical and expected cost for several standard hospital procedures at different Maryland hospitals. It also provides costs associated with potentially avoidable complications (PACs) and surgical mistakes. Consumers can run custom reports on the site.

The Maryland Episode Quality Improvement Program (EQIP), part of the Maryland Total Cost of Care Model Care Transformation Initiative (CTI), uses the Prometheus grouper to create episodes of care. This grouper is very similar to the one used to produce episodes of care for the Wear The Cost price transparency initiative.

EQIP is a voluntary program that provides incentive payments to physicians specializing in gastroenterology, orthopedics, and cardiology who improve the quality of care and reduce the cost of care that they provide to Maryland Medicare patients. Currently, there are eight episodes in common between the Wear The Cost initiative and the Maryland EQIP. The episodes are colorectal resection, gallbladder surgery, hip replacement, knee replacement, knee arthroscopy, lumbar laminectomy, lumbar spine fusion, and coronary angioplasty. However, as these episode groupers are updated independently, there is a risk that episode results from these groupers may differ over time.

3. Ensuring All Marylanders Have Access to Quality Care for a Healthier Future

Better access to high quality care is the key to helping all Marylanders move towards a healthier future. Access to quality care improves the wellbeing of individual Marylanders and their communities. It's also an important component in addressing and reducing the health disparities that impact the lives of hundreds of thousands of people in the State. Many of the Commission's initiatives, programs, and partnerships are focused on improving access to quality care for all.

How We Did It

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

MHCC is legislatively mandated to plan for and maintain the availability and financial viability of health care facilities and services for the State of Maryland. This helps ensure that health care facilities and services produce high value for the State's residents.

The Commission also supports the establishment and updating of regulations, known as the State Health Plan (SHP), which inform regulated facilities about the requirements for obtaining CON approval of their development plans. **A multi-year process of modernizing Maryland's CON program** for health care facilities is currently underway.

In 2021, MHCC:

- Completed review of five CON applications. Five additional applications were withdrawn from review by applicants in FY 2021. One of these, a contested case, was withdrawn following a recommendation of denial by a Commissioner appointed to review the proposed project. In FY 2020, 15 CON decisions were made. The pandemic was undoubtedly a factor in the substantially reduced number of CON applications for health care facility capital projects in 2021.

Section 1: 2021 MHCC Activities and Accomplishments

- Completed the processing of ongoing performance reviews to assess quality of care for 75% of the state's percutaneous coronary intervention programs by the end of FY 2021
- Substantially completed the update of two SHP chapters of regulation. COMAR 10.24.07 was redeveloped as regulations for psychiatric hospital services (COMAR 10.24.21). COMAR 10.24.11 guides the development of general surgical facilities and services, in the hospital and freestanding outpatient surgery setting. Work on these updates was completed in FY 2021, and both were adopted as permanent regulations at the first two Commission meetings of FY 2022.
- Supported the potential for the maximum use of market price settings for outpatient surgery by authorizing establishment of a licensed ambulatory surgical facility within a general hospital building. MHCC also determined that the establishment of a separately licensed and smaller market-priced surgical center can be co-located within a general hospital building without CON approval.
- Determined that hospices and hospitals can form joint ventures that can be authorized to provide general hospice services by using the existing hospice's license and CON service area authorizations

Tables providing additional details on Certificate of Need applications reviewed and/or changed in FY 2021 are in Appendix B.

Supported practice transformation activities to improve care quality and efficiency

The Commission awarded a grant to MedChi Care Transformation Organization (CTO) to support up to 50 primary care and specialty practices with completion of select practice transformation activities. The goal of these activities is to help practices deliver efficient, high-quality, team-based care. MedChi CTO will provide guidance to practices for developing and redesigning workflows as well as transformation technical assistance.

Developed and delivered virtual training for medical practices to improve performance

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

- A web-based learning session for ambulatory practices focused on 2021 Quality Payment Program updates, including tips and resources for succeeding in the Merit-Based Incentive Payment System (MIPS)
- Presentations to podiatrists on health IT, cybersecurity, and sharing strategies to enhance practice performance and reimbursement in MIPS
- Webinars targeting ambulatory practices that provided information on care management approaches, including models and strategies that improve delivery of care coordination services across the medical neighborhood
- Continuing education sessions for oral health care professionals on health IT and cybersecurity

Section 1: 2021 MHCC Activities and Accomplishments

Completed the 2020 Reporting Year evaluation for commercial health benefit plans

The Commission collected data from six commercial HMO health plans and five PPO health plans. Staff compiled Healthcare Effectiveness Data and Information Set (HEDIS) data about health plan members, including:

- 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

Consumer Assessment of Healthcare Providers and Systems (CAHPS) data were also collected from health plan members.

Finally, the number of behavioral health care providers in each plan and the number of health care providers by specialty and county were collected. All health plan data is displayed in a consumer friendly format on the Maryland Quality Reporting website.

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

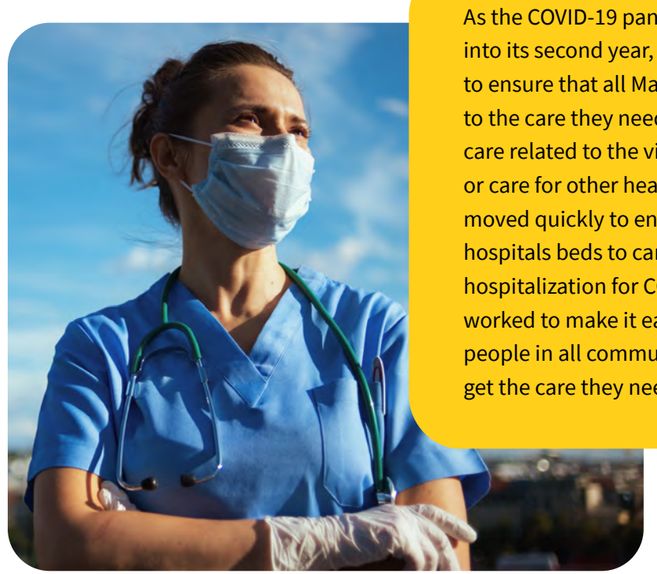
The Commission completed an analysis of Centers for Medicare and Medicaid Services star ratings for nursing homes, home health agencies, and hospitals to determine:

- How many 4- and 5-star facilities are in Maryland
- How Maryland ranks compared to Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia

Table 1: How Maryland Ranks Compared to Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia

	Nursing Homes		Home Health Agencies		Hospitals	
State	Proportion of all facilities with 5-Star Rating	Regional Rank	Proportion of all facilities with 5-Star Rating	Regional Rank	Proportion of all facilities with 5-Star Rating	Regional Rank
Maryland	27.7%	3	3.9%	3	6.8%	4
District of Columbia	37.5%	2	0.0%	5	0.0%	5
Pennsylvania	26.5%	4	4.8%	2	15.6%	1
West Virginia	19.0%	6	3.9%	4	8.7%	3
Delaware	50.0%	1	0.0%	6	0.0%	6
Virginia	23.3%	5	4.9%	1	11.3%	2

4. Making Care More Accessible During the Pandemic and Beyond



As the COVID-19 pandemic continued into its second year, MHCC took steps to ensure that all Marylanders had access to the care they needed, whether that was care related to the virus, care for emergencies, or care for other health issues. The Commission moved quickly to ensure the State had enough hospitals beds to care for those needing hospitalization for COVID-19 symptoms and worked to make it easier and safer for people in all communities in Maryland to get the care they needed via telehealth.

How We Did It

Issued six emergency Certificate of Need (CON) applications in FY 2021 that added to the 40 emergency CONs issued in FY 2020

From March 2020 through January 2021, MHCC issued six emergency Certificates of Need under existing regulations in response to the COVID-19 pandemic state of emergency. While this was a smaller number than the 40 CONs issued in FY 2020, they fulfilled the same essential purpose as those issued at the beginning of the pandemic. In anticipation of the need for significant additional hospital bed capacity, most of these emergency CONs were issued to hospitals for projects to create additional bed capacity for infected patients or for relocating low acuity non-COVID-19 patients, freeing up bed capacity for infected patients.

These CONs were typically issued within 24 hours by the Executive Director, with later confirmation by the Commission. Over 3,000 additional hospital beds, above and beyond the state's licensed acute care bed capacity when the pandemic emergency started, were added through this process. The state of emergency serving as the basis of this MHCC response remained in effect at the end of FY 2021.

Supported the expansion of telehealth to improve options to deliver and access care during the pandemic

The scope of MHCC's telehealth initiatives were broadened to support rapid adoption of virtual care. Dedicated web pages that included telehealth information for both consumers and providers, including educational materials and links to other relevant resources, were created to consolidate key information. A study was undertaken to determine whether telehealth waivers adopted during the public health emergency should be made permanent.

The Telehealth Virtual Resource Center (TVRC) features guidance and tools to help practices implement or expand telehealth services. Resources span a range of topics, including best practices for virtual care, technology solutions and vendor services, cybersecurity, payer policies, patient engagement, and liability considerations.

Understanding Telehealth – For Patients includes informational flyers and podcasts about telehealth, including answers to frequently asked questions.

MHCC also worked with over 100 salons in Baltimore City to expand the reach of this information across communities and provide salon patrons with the latest information on COVID-19 protocols and the benefits of telehealth. Salons displayed a series of MHCC public service announcement flyers that highlighted safety measures, encouraged vaccination, and featured why Marylanders should consider telehealth as an option for receiving health care.

The Commission released a Telehealth Technology Vendor Portfolio to assist practices looking to adopt or replace a telehealth solution. The portfolio provides users with the ability to generate a list of HIPAA compliant solutions to evaluate telehealth technology and the vendor providing the service. Nearly 80 vendors are included in the portfolio. Users can filter by select technology features. Updates include solutions that integrate with electronic health records (EHRs) and provide on-demand technical support.

The Commission also released a teledentistry guide that includes a practice self-assessment questionnaire and supporting guidance. The guide helps dental practices identify areas for improvement and increase teledentistry readiness. Information focuses on implementing new technology, getting staff and patient buy-in, redesigning workflows, and assessing practice and patient needs.

A compilation of COVID-19 telehealth initiatives is available here: https://mhcc.maryland.gov/mhcc/Pages/hit/hit_telemedicine/hit_telemedicine_covid_initiatives.aspx.

Section 1: 2021 MHCC Activities and Accomplishments

Released an addendum to the Patient and Family Guide for Ambulatory Practices to support patient and family engagement

MHCC developed an addendum to the March 2019 Patient and Family Advisory Council (PFAC) Guide for Ambulatory Practices. A PFAC consists of practice staff and patient and family volunteers who provide guidance on how to improve the patient and family experience.

Released in May 2021, the addendum includes best practices to support virtual practice partnerships with patient and family advisors.

Completed the 2020 Nursing Home Family Experience of Care Survey to assess satisfaction with quality of care and overall experience

Every year, the Commission conducts a survey of family members of nursing home residents, asking them about their experience. The survey includes an assessment of families' overall rating of the nursing home and whether they would recommend it to others. To ensure all voices in the community are heard, a Spanish-language option is included for families who would rather complete the survey in Spanish.

For the 2020 survey, an online option was offered, and approximately 33% of respondents returned the survey online. Online administration will significantly reduce the cost of the survey. Three questions assessing the family member's satisfaction with the general COVID-19 response and one open-ended question also were added in 2020.

Results of the survey are 30% of the Medicaid Pay for Performance score. The results of the 2020 survey indicated a **"good" to "very good" level of satisfaction with Maryland nursing homes.** Several scores increased from 2019 to 2020.

Table 2: Summary of Nursing Home Family Experience of Care Domain Scores – 2020 Statewide Results

Survey Domain	Statewide Score
Staff and Administration of the Nursing Home	3.4 out of 4
Care Provided to Residents	3.3 out of 4
Food and Meals	3.1 out of 4
Autonomy and Resident Rights	3.1 out of 4
Physical Aspects of the Nursing Home	3.2 out of 4
Activities	2.7 out of 4
Security and Residents' Personal Rights	3.3 out of 4
Overall Rating of Care Received at the Nursing Home	7.8 out of 10
Percentage of "Definitely Yes" or "Probably Yes" Responses to "Would You Recommend the Nursing Home?"	80%

Reported health care employee influenza vaccination rates to guide infection reduction

The Commission collects information on hospital, nursing home, and assisted living employee influenza vaccination rates each year. This information is reported on the Maryland Quality Reporting website.

Hospitals:

The statewide **hospital employee vaccination rate has increased** from 78% when the requirement was first initiated in FY 2010 to **97% in FY 2021**. This rate was **higher than the national experience for hospitals**, making Maryland one of the top-performing states according to the Centers for Disease Control and Prevention (CDC). In FY 2021, all Maryland hospitals reported that a mandatory employee flu vaccination policy was in place. The rate of vaccination in health care workers has also steadily increased in outpatient surgical facilities.

Nursing homes:

Nursing home employee vaccination rates experienced a decline from 90% during the 2019-2020 flu season to 85% in the 2020-2021 flu season. An informal survey among nursing home administrators indicated that the mandatory mask-wearing policy because of COVID led many employees to decline the flu vaccine. The percentage of nursing facilities that have implemented **mandatory vaccination policies decreased by 11% to 56%.**

The survey included one new question about whether nursing homes intend to implement a mandatory COVID-19 vaccination policy within the next two years. Results of the nursing home vaccination survey are 5% of the Medicaid Pay for Performance score.

Assisted living:

There was a **dramatic improvement in vaccination rates in Maryland's assisted living facilities** with more than 10 beds. These facilities reported a **64% vaccination rate in the current flu season compared to 56% the previous season.** A contributing factor to this increase may be the emphasis on raising awareness of Health General 18-404, which requires both nursing homes and assisted living facilities to educate staff of the importance of vaccination and offer the flu vaccine. Maryland assisted living facilities are nearing the national vaccination rate reported by CDC of 69% for long-term care staff.

FY 2019 was the first year that vaccination policy information was collected from assisted living facilities. The percentage of assisted living facilities with more than 10 beds that have a mandatory vaccination policy or intend to implement a policy within the next year increased to 52%. The number of facilities that reached a vaccination rate of 95% or higher increased to 29%. **The survey included one new question about whether the assisted living facility intends to implement a mandatory COVID-19 vaccination policy within the next two years.**

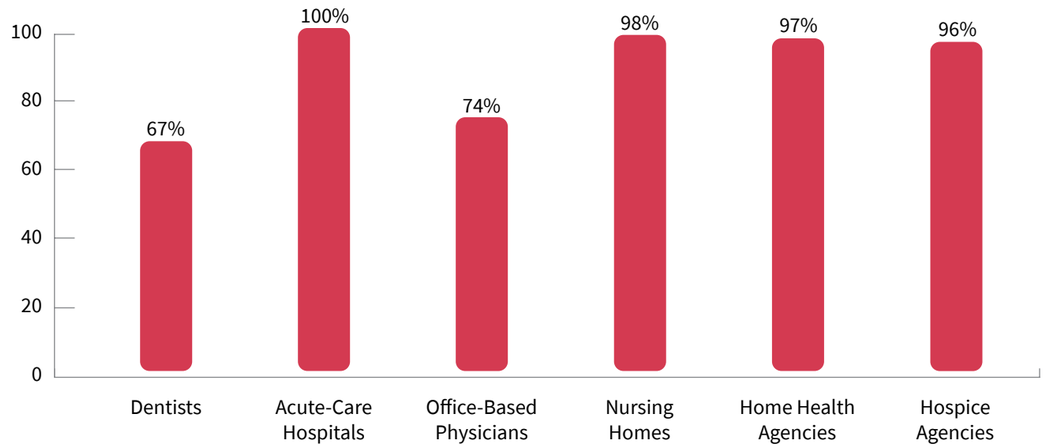
Home health and hospice:

In FY 2021, MHCC announced a new initiative to extend the employee influenza vaccination survey to home health agencies and hospices. The first year of data collection will be the 2021-2022 flu season. The survey will include one question about whether the home health agency or hospice intends to implement a mandatory COVID-19 vaccination policy within the next two years.

Promoted and supported the use and expansion of Health IT

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

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



Notes: Maryland data is self-reported and has not beed audited for accuracy; national data was obtained from publicly available sources; national data unavailable for hospice agencies

Figure 3: EHR Adoption Rate (%) in Maryland by Care Setting

Other work included:

- Continued oversight of CRISP (Chesapeake Regional Information System for our Patients), the State-Designated HIE
- Initiated in-depth review of privacy and security regulations (COMAR 10.25.18) to modernize protections, align with federal polices, and facilitate innovation for entities registered with MHCC to provide HIE services in the State
- Conducted a review of urgent care centers operating in Maryland to identify existing policies and procedures for sharing patient encounter information with primary care providers
- Initiated a national scan of current or proposed policy or legislation aimed at strengthening PGHD protections
- Analyzed health care data breaches affecting more than 500 individuals to assess breach trends and inform development of educational initiatives on cybersecurity best practices

SECTION 2

MHCC Organization, Operations, and Budget

1. Organization

The Commission is organized around the health care systems it seeks to evaluate, regulate, or influence, bringing a wide range of tools (data gathering, public reporting, planning, and regulation) to bear to improve quality, address costs, and increase access. MHCC's activities are directed and managed by the Commission Executive Director. Administrative activities, such as staffing, budget, and procurement, are managed by the Director of Administration. Two Assistant Attorneys General provide legal advice and counsel to the Executive Director, the Commission members, and Commission staff.

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

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

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

The Center for Analysis and Information Systems not only conducts broad studies, using both Maryland databases and national surveys, but also has specific responsibilities relating to physician services. The fourth Center, the Center for Health Information Technology and Innovative Care Delivery, has responsibilities that cut across sectors to facilitate the use of Health IT, support advanced care delivery, and facilitate private and secure transfer of personal health information among sectors.

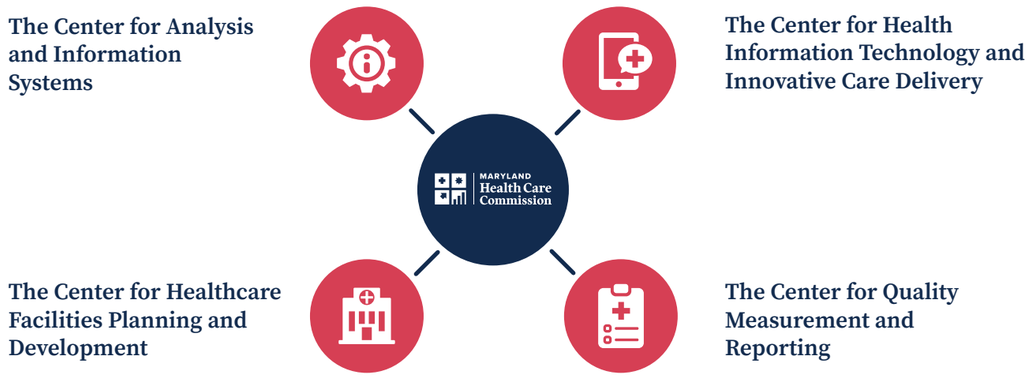


Figure 4: Organizational Ecosystem at MHCC

Section 2: MHCC Organization, Operations, and Budget

The Center for Analysis and Information Systems

Director, Kenneth Yeates-Trotman

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

The Center for Health Care Facilities Planning and Development

Director, Paul Parker

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

The Center for Health Information Technology and Innovative Care Delivery

Director, David Sharp

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

The Center for Quality Measurement and Reporting

Director, Theressa Lee

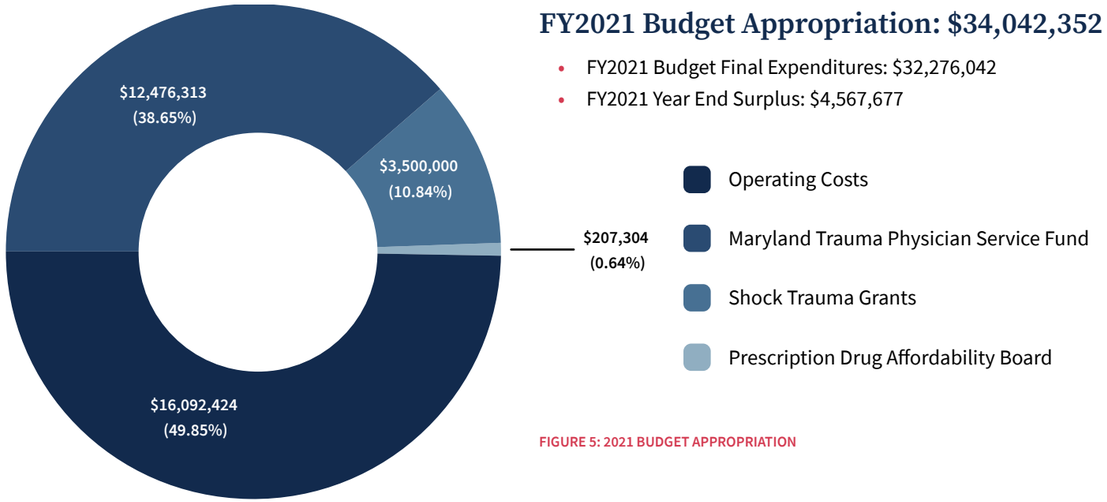
The Center for Quality Measurement and Reporting is responsible for the Commission's health care provider quality and performance evaluation mandates. These mandates help increase transparency and informed decision-making among consumers, facilitate improvements in the delivery of care, and support the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

2. Appropriations and Spending

MHCC operates through special funding collected through an assessment on the health care providers and payers regulated by the Commission. The amount is derived differently for each industry and is set every four years based on an analysis of the Commission's workload. The **cap was raised from $12 million to $16 million** in fiscal year 2018 and remained in effect during fiscal year 2021.

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



FY2021 Budget Appropriation: $34,042,352

- FY2021 Budget Final Expenditures: $32,276,042
- FY2021 Year End Surplus: $4,567,677

FIGURE 5: 2021 BUDGET APPROPRIATION

APPENDICES

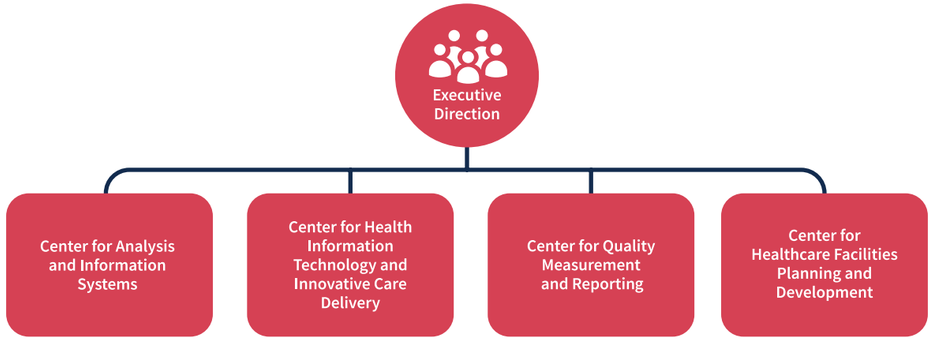


Figure 6: Maryland Health Care Commission Organizational Chart

Selection Process and Geographic Representation of Commissioners

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

Composition of the Commission

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

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

Appendices

Commissioner Biographies

These commissioners were serving when this report was printed.

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

Randolph S. Sergent, Esq, **Vice Chairman,** is vice president and deputy general counsel for CareFirst BlueCross BlueShield, where he has been employed since 2010. Prior to joining CareFirst, Mr. Sergent was a partner at Venable LLP. He also has served in the Maryland Attorney General's Office as deputy counsel to the Maryland Insurance Commissioner and as assistant attorney general in the Civil Litigation Division. Mr. Sergent is a member of the Ethics Committee of the Maryland State Bar Association (MSBA)and has served as chair of the MSBA's Health Law Section. He holds a juris doctorate from the University of Virginia School of Law, a master of science in electrical engineering from the University of Maryland, College Park, and a bachelor of science in electrical engineering from the University of Virginia. Mr. Sergent resides in Howard County. (Term Expires 9/30/2024)

Bimbola F. Akintade, PhD, earned his bachelors, masters, and doctoral degrees at the University of Maryland School of Nursing. In addition, he earned an MBA and MHA from the University of Maryland University College. He is an associate professor and associate dean for the master's specialties at the University of Maryland School of Nursing. He is also a fellow of the American Association of Nurse Practitioners and currently practices as an acute care nurse practitioner in the Post Anesthesia Care Unit at the University of Maryland Medical Center and the Trauma/Surgical Intensive Care Unit at the University of Maryland Capital Region Medical Center. He is a pioneer board member, research committee chair, and finance committee member of the Doctor of Nursing Practice of Color. (Term Expires 9/30/2022)

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

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

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

Trupti N. Brahmbhatt, PhD, is a senior policy researcher at Rand. She earned a bachelor of science in zoology and a master's in microbiology; a doctor of philosophy degree in emerging infectious diseases; a master of arts degree in diplomacy (terrorism track); an executive master of business administration (defense acquisition); and a master's in science and technology intelligence (cyber security and data analytics). Ms. Brahmbhatt is an American Society of Clinical Pathology board certified technologist in microbiology and immunology. She enlisted in the United States Navy in 1990, retiring in 2018 after 28 years of active duty service. She holds an appointment as an assistant adjunct professor at the Department of Microbiology and Immunology, School of Medicine, Uniformed Services University, Maryland. Her professional interests and expertise include health care policy, science and technology, strategic planning, intelligence, defense acquisition, infectious diseases, microbiology, and biodefense. (Term Expires 9/30/2023)

Dr. Tinisha Cheatham, MD, is a physician in chief (PIC) of the Mid-Atlantic Permanente Medical Group (MAPMG) for the Baltimore service area. She is responsible for the clinical care that MAPMG 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)

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

Mark Jensen, Esq., co-founded the law firm of Bowie & Jensen in 1990 and has been a partner in the firm for 31 years. He oversees all transactional work for firm clients. In addition to working with the firm's clients, Mr. Jensen has provided pro bono assistance to numerous non-profit organizations, including Intrepid Foundation, Bates/Vincent Foundation, Roland Park Civic League, and Greek Orthodox Cathedral of the Annunciation. He is also a past member of the MedStar Health System Board of Directors, past chair of the board's quality, safety, and professional affairs committee, and former chair of the board of MedStar Union Memorial Hospital. He holds a juris doctorate from the State University of New York at Buffalo and a B.A., magna cum laude, from Hamline University, St. Paul, Minnesota.
(Term Expires 9/30/2025)

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

Appendices

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

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

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

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

Thank you for your service, Dr. Stephen Thomas

Stephen Thomas, PhD, the director of the University of Maryland Center for Health Equity, completed eight years of service on the Maryland Health Care Commission (MHCC) in September 2021. Throughout his time as a commissioner, Dr. Thomas was committed to educating MHCC about the consequences of health disparities in Maryland. He was a staunch advocate for using MHCC's statutory authority and expertise to reduce health inequities in health care delivery. From expanding access to cardiac services to promoting telehealth, Dr. Thomas advocated for assessing how each health reform might contribute to the reduction of health inequities. Dr. Thomas brought a passion for and commitment to public health that was anchored in his own work, but which was effortlessly transferred to his work at the Commission. As a public health practitioner, he emphasized the importance of seeing health disparities as not inevitable but unacceptable and intolerable limitations that require resolution. Commissioner Thomas brought his positivity and infectious enthusiasm to MHCC regardless of whether he was working with the MHCC staff, building awareness of men's health issues through outreach to barber shops, expanding access to dental services for those who lacked a routine source of dental care, or educating the public on COVID-19 vaccines.

B. Tables of Certificates of Need and Related Actions - FY 2021

Table 3: Changes to Approved Certificates of Need - FY 2021

Project Sponsor	Location	Description of Project	Estimated Cost of Project	Final Action
Gilchrist Hospice Care	Baltimore City	Increase in the approved cost of a new building for inpatient hospice services	$3,487,152 New authorized project cost: $13,886,102	Approval
Encompass Health Rehabilitation Hospital	Prince George's	Increase in the approved cost of a new special rehabilitation hospital	$6,962,312 New authorized project cost: $45,982,206	Approval
Sheppard Pratt at Elkridge	Howard	Increase in the approved cost of a new special psychiatric hospital	$9,105,505 New authorized project cost: $105,638,412	Approval
Sheppard Pratt at Elkridge	Howard	Increase in the approved cost of a new special psychiatric hospital and a change in the project financing mechanism	$7,427,103 New authorized project cost: $112,524,426	Approval

Table 4: Certificates of Need Actions in FY 2021

Project Sponsor	Location	Description of Project	Estimated Cost of Project	Final Action
Greater Baltimore Medical Center	Baltimore Co.	Multi-level building addition adding acute care bed capacity to modernize nursing units/ add public amenity space on entry level	$108,228,049	Conditional Approval
University of Maryland Medical Center	Baltimore City	Multi-level building addition primarily designed to consolidate oncology services/ addition of acute care bed capacity	$194,368,000	Conditional Approval
University of Maryland Medical Center Midtown SurgiCenter, LLC	Baltimore City	Establish an ambulatory surgical facility (three operating rooms)	$9,326,107	Conditional Approval
University of Maryland Medical Center	Baltimore City	Add an operating room (special purpose hybrid pediatric room)	$9,555,000	Conditional Approval
Adventist HealthCare Shady Grove Medical Center	Montgomery	Multi-level building addition adding acute care bed capacity to modernize nursing units/ expand emergency department/replace main lobby/add interventional radiology capacity	$180,011,359	Conditional Approval

C. Brief Descriptions of Legislation in FY 2021

In FY 2021, Maryland enacted several laws and regulations related to the mission and responsibilities of the Commission. The bills identified below represent legislative activities monitored and supported by the MHCC.

Italicized text describes action needed by the Maryland Health Care Commission (MHCC).

*Asterisk denotes proposed legislation did not pass.

Health Disparities

House Bill 28 and Senate Bill 5 - Public Health - Implicit Bias Training and the Office of Minority Health and Health Disparities, Maryland - Chapters 744 and 745

This legislation requires applicants for the renewal of a license or certificate issued by a health occupations board to attest to completion of an approved implicit bias training program the first time they renew their license or certificate after April 1, 2022. Beginning in fiscal 2023, the Governor must include in the annual budget bill an appropriation for the Office of Minority Health and Health Disparities (OMHHD) that is the greater than either $1,788,314 or 0.012% of the total funds appropriated to the Maryland Department of Health (MDH) in that fiscal year. OMHHD must publish on its website health data that includes race and ethnicity information it collects and update the data at least every six months.

House Bill 78/Senate Bill 52 - Public Health - Maryland Commission on Health Equity (The Shirley Nathan–Pulliam Health Equity Act of 2021), Maryland - Chapters 749 and 750

This legislation establishes the Maryland Commission on Health Equity to (1) employ a health equity framework in specified examinations; (2) provide advice on issues of racial, ethnic, cultural, or socioeconomic health disparities; (3) facilitate coordination of expertise and experience in developing a comprehensive health equity plan addressing the social determinants of health; and, (4) set goals for health equity and prepare a plan for the State to achieve health equity in alignment with other statewide planning activities.

The Commission must establish an advisory committee on data collection. The Maryland Department of Health (MDH) must staff the commission. The commission must submit an annual report by December 1 of each year, and the 2023 report must include findings and recommendations on the health effects occurring in the State as a result of specified factors.

The advisory committee must define the parameters of a health equity data set to be maintained by the HIE, including specified indicators. The data set must include data from health care facilities that report to the Health Services Cost Review Commission, health care payers that report to the Maryland Health Care Commission, and any other data source the advisory committee determines necessary.

House Bill 309 and Senate Bill 565 - Public Health - Data - Race and Ethnicity Information, Maryland - Chapters 761 and 762

This legislation requires the Director of the Office of Minority Health and Health Disparities (OMHHD) to meet with representatives from MHCC and the Maryland Department of Health (MDH) at least annually to examine the collection of health data that includes race and ethnicity information in the State and identify any changes for improving such data that is accessible by OMHHD. OMHHD must, to the extent authorized under federal and State privacy laws, respond to requests for health data that includes race and ethnicity information within 30 days after receipt of the request. The bill also alters

the Health Care Disparities Policy Report Card published by OMHHD and requires each health occupations board to include on application and renewal forms an option for the applicant to provide their race and ethnicity information and encourage provision of such information.

By January 1, 2022, OMHHD, in coordination with MHCC and MDH, must establish, submit to the General Assembly, and implement a specified data plan.

Telehealth Bills

House Bill 123 and Senate Bill 3 - Preserve Telehealth Access Act of 2021 Maryland - Chapters 70 and 71

The bill expands the definitions of telehealth and the coverage and reimbursement requirements for health care services provided through telehealth for both Medicaid and private insurance. Insurers, nonprofit health service plans, and health maintenance organizations (collectively known as carriers) must reimburse for a covered service appropriately provided through telehealth, as specified.

By December 1, 2022, the Maryland Health Care Commission (MHCC) will submit a report on the impact of providing telehealth services in accordance with the bill's requirements.

Health Information Exchange

House Bill 1022 and Senate Bill 748 - Public Health - State Designated Exchange - Clinical Information, Maryland - Chapters 790 and 791

This legislation requires a nursing home, on request of the Maryland Department of Health (MDH), to electronically submit clinical information to the State-designated exchange. The exchange may provide the information to specified entities. If approved by the Maryland Health Care Commission (MHCC), the information may be combined with other data maintained by the exchange to facilitate (1) a State health improvement program; (2) mitigation of a public health emergency; and (3) improvement of patient safety. The information may not be used for any other purpose, including licensing and certification. The bill requires an electronic health network (EHN) to provide specified electronic health care transactions and prohibits an EHN from charging a fee for such transactions.

Uncodified language requires MDH to identify and seek appropriate funding to implement the bill.

By January 1, 2022, MHCC must report to the Governor and the General Assembly on the availability of funding and the sustainability of the technical infrastructure required to implement the bill.

House Bill 1375 - Health Information Exchanges - Electronic Health Information - Sharing and Disclosure, Maryland - Chapter 798

This legislation requires the Commission to adopt regulations that require the State-designated HIE to develop and maintain a consent management application. An HIE and a payer must transmit the response to a request for clinical information received through the State-designated HIE in accordance with specified regulations.

MHCC must adopt regulations specifying the scope of clinical information to be exchanged or sent, and the regulations must limit the scope of clinical information shared to promote the protection of the electronic health information (EHI) of a person who has opted out of having their EHI shared or disclosed by an HIE.

MHCC must establish penalties for noncompliance with regulations governing the privacy and security of protected health information, including fines of up to $10,000 per day that are determined based on the extent of actual or potential public harm caused by the violation, the cost of investigating the violation, and whether the person committed previous violations.

MHCC, in consultation with specified stakeholders, must make a recommendation on an updated statutory definition of HIE and report its recommendation to specified committees of the General Assembly by December 1, 2021.

Human Services

House Bill 548 and Senate Bill 299 - Human Services - Trauma-Informed Care - Commission and Training (Healing Maryland's Trauma Act), Maryland - Chapters 722 and 723

This legislation established the Commission on Trauma-Informed Care to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults. It requires the Commission to submit its findings annually to the Governor and the General Assembly by June 30 and to study developing a process and framework for implementing an Adverse Childhood Experiences (ACEs) Aware Program in the State.

In consultation with the Maryland Department of Health (MDH), DHS, and the Maryland Health Care Commission, the commission must (1) study developing a process and framework for implementing an ACEs Aware Program in the State and (2) implement the program. On or before October 1, beginning in 2022, the Commission must report to the Governor and General Assembly on findings and recommendations.

Health Facilities

House Bill 565 and Senate Bill 514 - Health Facilities - Hospitals - Medical Debt Protection, Maryland - Chapters 769 and 770

This legislation establishes requirements related to hospital debt collection policies and payment plans and prohibits a hospital from taking specified actions when collecting debt. A hospital must annually submit its policy on the collection of debts owed by patients, as well as a specified report to the Health Services Cost Review Commission (HSCRC), which HSCRC must compile into an annual medical debt collection report.

By December 1, 2021, MHCC must examine and report on the feasibility of using the State-designated Health Information Exchange (HIE) to support determination of patients' financial status for determining eligibility for free or reduced-cost care or an income-based payment plan. By January 1, 2022, HSCRC must develop and report on guidelines for an income-based payment plan and study the impact on uncompensated care of providing specified refunds or requiring hospitals to forgive specified judgments or strike specified adverse information.

House Bill 674 and Senate Bill 704 - Nursing Homes - Transfer of Ownership – Surveys, Maryland - Chapters 159 and 160

This bill specifies actions the Maryland Department of Health (MDH) must take if ownership of a licensed nursing home is transferred to a person who does not own or operate another nursing home in the State at the time of the transfer. MDH must conduct (1) the first full survey of the licensed nursing home within three months after the date of transfer and (2) an unannounced, on-site follow-up survey of the licensed nursing home that covers any deficiencies noted in the initial full survey within 120 days after the initial survey was completed.

***House Bill 936 - Hospitals and Freestanding Medical Facilities (FMF) - Closing or Partial Closing - Public Notice**

This bill would have expanded specified notice requirements related to the closing or partial closing of a hospital or freestanding medical facility. MHCC is authorized to require the person proposing the closure or partial closure of a hospital or freestanding medical facility to publish and send the required notices.

House Bill 588 and Senate Bill - Budget Bill (Fiscal Year 2022), Maryland - Chapter 537

The budget committees are interested in the expansion of a Hospital at Home model in Maryland. This model offers patients an alternative to inpatient hospital-based care. The model was founded in Maryland through Johns Hopkins Medicine in the mid-1990s and has operated in various pilot programs at other hospitals outside of the state. During the recent public health emergency, the federal government has offered broad regulatory flexibility to hospitals to provide services in locations other than traditional hospital settings (i.e., the Hospitals Without Walls program). However, while it is unclear if this regulatory flexibility will continue beyond the current public health emergency, there is interest from states in developing model programs to continue it.

The committees request that the Heath Services Cost Review Commission (HSCRC) and MHCC, in consultation with the Office of Health Care Quality and Maryland Medicaid, report on the efficacy of the Hospital at Home model, how this model fits into the Maryland Total Cost of Care Model, barriers in existing State law and regulations that currently exist to prevent the broadening of the model, cost implications to public and private payers, and, if the commissions think the model should be more broadly implemented, recommendations on how to do so.

Advance Directives

***Senate Bill 837 - Health - Advance Care Planning and Advance Directives**

This bill would have required the Maryland Health Care Commission (MHCC) in the Maryland Department of Health (MDH) to coordinate implementation of advance care planning programs in the State. Each health insurance carrier had to offer electronic advance directives to its members or enrollees as specified.

MARYLAND
Health Care
Commission

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