

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

January 2024

EXECUTIVE DIRECTION

Government Relations and Special Project – Tracey DeShields

State Policy Update

During the 2023 legislative session the General Assembly charged the MHCC to come up with criteria to distribute \$9.5 million to trauma centers experiencing financial stress. On December 11th we had a meeting with the financial representatives of the trauma centers to discuss the criteria for disbursing the \$9.5M. The criteria was developed along with MIEMSS and involves patient volume, severity injury index, and the trauma center level (I, II, and III). The group seemed amenable to the criteria. Our next step is to report the criteria to the Governor’s Department of Budget and Management and then to the Senate Budget and Taxation Committee and the House Appropriations.

On December 11th there was a small group meeting comprised of members from the Commission on the Study of Trauma Funding. The small group met to discuss how to calculate and discern trauma center costs. The small group was asked to complete a more focused cost survey. The surveys were completed by most of the trauma centers and submitted back to us for review. The cost surveys are in the process of being reviewed.

Work on the Mental Health Workforce Assessment is underway. The consultant group, Trailhead Strategies continue their data collection. The consultant group has moved into phase two of their work. They are beginning interviews of behavioral health professionals, paraprofessionals, educators, and other stakeholders. They are also reaching out to various sources to get a picture of the landscape of the behavioral health workforce.

A contractor has been selected and awarded the contract for our website redesign implementation. The contractor is BreakThrough Technologies.

MHCC-related news coverage: selected articles and commentary

2024 Legislative Session

Press Release, Governor Moore Announces 2024 Legislative Session Public Safety Agenda and Legislative Action, January 9, 2024

<https://governor.maryland.gov/news/press/pages/governor-moore-announces-2024-legislative-session-public-safety-agenda-and-legislative-action.aspx>

Long-Term Care

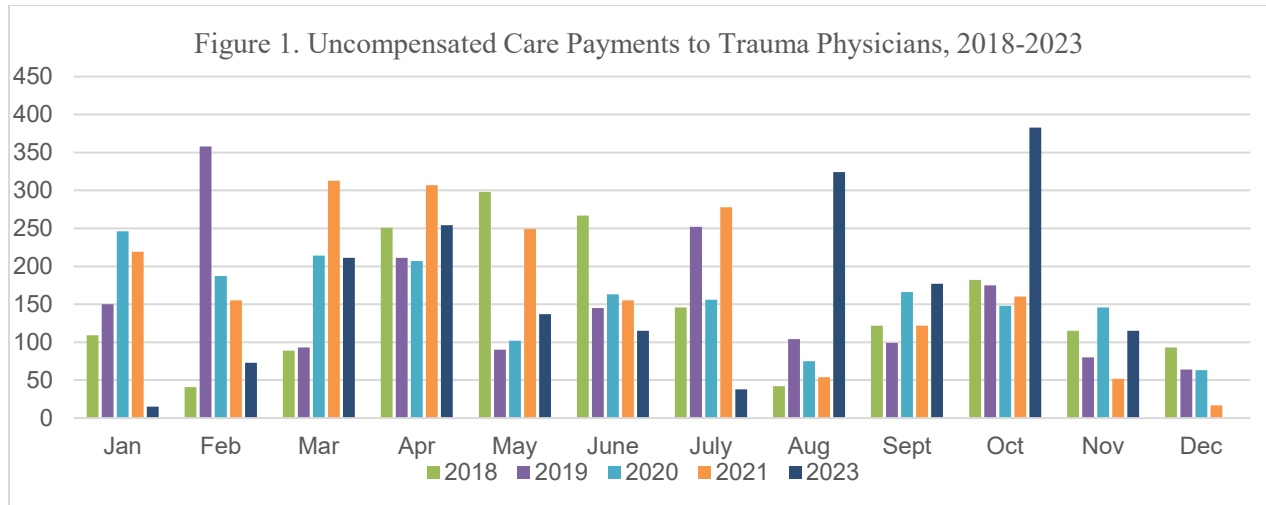
Press Release, Governor Moore Signs Executive Order Establishing Longevity Ready Maryland Initiative, January 3, 2024

<https://governor.maryland.gov/news/press/pages/governor-moore-signs-executive-order-establishing-longevity-ready-maryland-initiative.aspx>

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

Commission staff processed \$115,133.17 in uncompensated care in November and \$38,067.09 in claims for the month of December. All claims processing is on schedule.



MHCC Website: The MHCC website (<https://MHCC.maryland.gov>) had 3,224 during the month of December 2023.

Wear The Cost

In December 2023, 640 users visited the site.

Maryland Quality Reporting

The Maryland Quality Reporting had 1,471 total users in December, an increase of 34.0%. The website also had a notable but smaller increase in the number of sessions (increase 13.3%). The average session duration or how long a user stays on the website remained consistent at 3 and a half minutes.

In December, the site received the most website referrals from Washington Post, Maryland 211, A place for Mom, Maryland Attorney General, and Medicare.

Facebook remains the primary social media referral source.

Google changed platforms July 1, 2023, so the traditional year-over-year comparison is not possible because of differences in defining the platform metrics and data sources.

Notable highlights in website performance from July 1- December 31, 2023, is as follows:

- The website averaged 1,698 users with a low of 1,098 in November and a high of 3,225 in August.
- Users' age groups were evenly distributed with 65+ (12.0%) having the lowest share and those 35-44 (19.5%) being the highest share.
- Notably, Google was the primary source for users who arrived at the website through an organic website search (242 out of 468).
- Facebook is the primary referral of users from social media (99 of the 118 users).

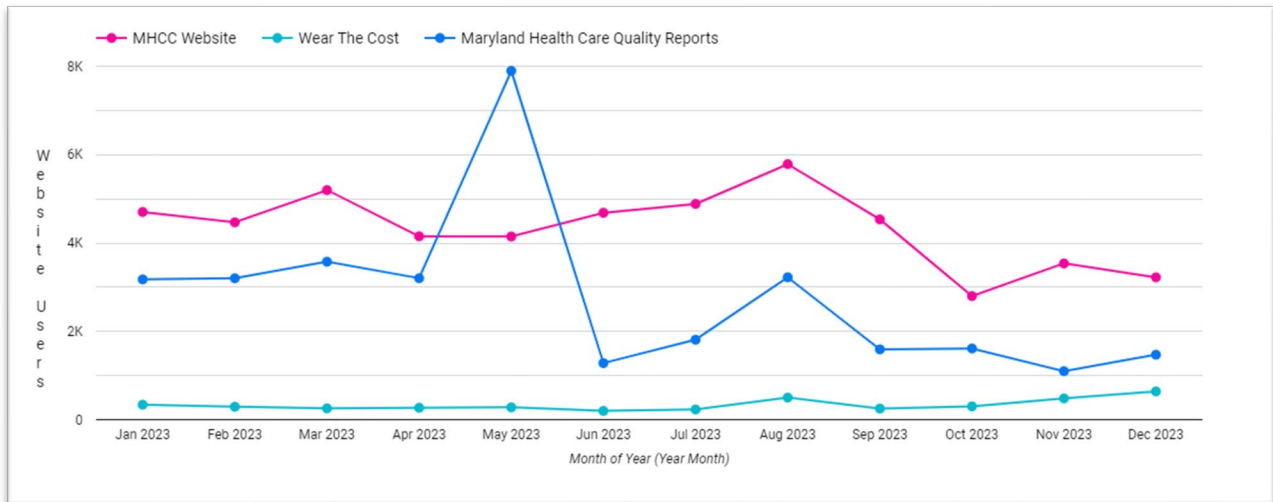


Figure 2 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

State-Mandated Health Insurance Benefits Update
Kenneth Yeates-Trotman, Director

The cumulative premium impact of the Mandate studies resulting from the 2023 legislative session is an increase in privately insured premiums of \$2.45 PMPM or 0.42%.

Below is a summary of the cumulative premium impact of these studies:

Legislation (Commercial Including State Health Plan)	PMPM	% of Premium
Annual Behavioral Health Wellness Visits (SB 108)	\$0.37	
Diagnostic and Supplemental Exams and Biopsies for Breast Cancer (SB 184)	\$0.39	
Treatment of Alopecia Areata (SB 75)	\$0.06	
Labor and Delivery Services (SB 784)	\$0.89	
Hearing Aids for Adults (HB 1145)	\$0.74	
Total	\$2.45	0.42%

Reports for all mandate studies except *Hearing Aids for Adults* were submitted to the appropriate legislators and legislative committees.

Please note that results for the mandated benefits study — *Hearing Aids for Adults* (HB 1145) will be presented to the January Commission Meeting by Lewis and Ellis, an actuarial consulting firm hired by MHCC staff.

The First Reporting on Two-Sided Incentive Arrangements shows that there are 47 Alternative Payment Model (APM) Arrangements (Fully Insured) in Maryland for 2022.

Chapter 297 of the Laws of Maryland, which was signed into law in October of 2022, requires MHCC to collect data and report on value-based arrangements and submit a report to the Senate Finance Committee and the House Health Government Operations Committee annually, commencing on December 31, 2023, and annually after that until December 31, 2032. MHCC staff and Freedman Healthcare presented the key findings from MHCC's first APM data collection. Results were limited as only Aetna, CareFirst, and Cigna submitted APM arrangement data. Below is a summary of the key findings.

Metric	Statistic
Total APM Arrangements	47
Covered Maryland residents	117,747
Shared savings and downside risk arrangements (two-sided)	12
Episode of Care Arrangements	19
Episode of Care Arrangements with downside risk (two-sided)	8
Complaints to the Maryland Insurance Administration	0

The APM report was submitted by MHCC staff to the legislative committees mentioned above.

Cost and Quality Analysis – Shankar Mesta

MCDB Data Submission Status, Payor Compliance, and Technical Support

All payors submitted complete, clean Q3 2023 data as of January 2024.

As of the end of December 2023, 55% (18/33) of the reporting entities have completed registration and encryption certification with Onpoint for 2024 data submission. Reporting entities have begun submitting Q4 2023 data. Onpoint has sent a reminder to all reporting entities to submit “clean” data before the 02/29/2024 deadline to remain compliant.

2024 MCDB Data Submission Manual Annual Payor Meeting

MHCC staff, in association with Onpoint, will conduct all payor meetings/training for the 2024 MCDB Data Submission updates on January 11th, 2024. This training provides an opportunity for payor representatives to refresh their understanding regarding the importance of submitting clean data to MCDB and to seek clarification on new updates in the 2024 manual from MHCC staff.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

State Health Plan Chapter for Acute Care Hospital Services (COMAR 10.24.10)

The formal notice and text of the proposed regulations adopted by the Commission at the October meeting was published in the Maryland Register in December, the 30-day comment period ended on January 2, 2024. No comments were received, and final action will be considered at the February Commission meeting.

Long-Term Care Policy and Planning – Linda Cole

NASHP Technical Assistance Meetings:

The National Academy for State Health Policy (NASHP) awarded Maryland a technical assistance grant for its Serious Illness Institute to provide guidance on the development of palliative care programs in six selected states. The next call is scheduled for February. Topics to be discussed include Hilltop Institute data analysis of the cost of Medicaid coverage for palliative care.

Special Chronic Hospital Bed Occupancy Reports

MHCC staff developed two chronic hospital bed occupancy reports. The first includes data on the number of licensed chronic hospital beds, patient days, discharges, average lengths of stay, and average annual bed occupancy rates in fiscal year 2023 for the state's six chronic hospitals (four private and two state-operated hospitals). The second report reviews the three-year trend in chronic hospital bed occupancy for fiscal years 2021-2023. Both reports were published in the December 15, 2023 issue of the *Maryland Register*, and can be found on the Commission's website at the following links:

Use of Special Hospital Chronic Beds: Maryland, FY 2023:

https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/documents/acute_care/chcf_chronic_hospital_use_beds_2023.pdf

Average Annual Chronic Hospital Occupancy Rates by Jurisdiction and Facility: Maryland, FYs 2021 – 2023:

https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/documents/acute_care/chcf_chronic_hospital_occupancy_2021_2023.pdf

Hospital Services Planning and Policy/Certificate of Need – Jeanne-Marie Gawel

Approved CONs

Luminis Health Doctors Community Medical Center – Docket No. 23-16-2466

The project consists 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. The current hospital consists of two main buildings, an original four-story west tower and a six-story east tower. The new acute care patient care tower will be adjacent to the existing hospital to accommodate an expanded surgical suite, support services, and the new obstetrics program.

CON's Relinquished

CareNet Health Services and Systems, Inc d/b/a Lorien Mt Airy – (Carroll County) – Docket No. 22-06-2457
Lorien Mt. Airy was awarded a CON on September 15, 2022 to establish a Home Health Agency at Lorien Mt. Airy in Carroll County.

CON Letters of Intent

Sterling Care Hillhaven – (Prince George's County)

Sterling has filed a Letter of Intent to add 34 skilled nursing home beds to Hillhaven, a comprehensive care facility located in Prince George's County. The applicant intends for 12 of the Comprehensive Care Facility (CCF) beds to come from the MHCC's projected bed need inventory for Prince George's County (32 net bed need). The applicant has also acquired 22 CCF beds from Sacred Heart Home, Inc. in Hyattsville and plans to relocate those beds to the facility at 3210 Powder Mill Road, in Adelphi.

Request for Project Change Application/Exemption Filed

UM Upper Chesapeake Medical Center (UMMC) and UM Harford Memorial Hospital (HMH) – (Harford County) – Docket No. 17-12-EX003

Request for project change to increase the capital costs associated with the project by \$17,075,530, bringing the total capital costs to \$94,579,073. The majority of the costs have already been incurred. UMMC and HMH are also requesting an extension of the performance requirements imposed on the project by approximately seven months to complete certain renovations of existing support service areas of the main hospital associated with the project.

Exemption from CON Requests Filed

James Lawrence Kernan Hospital, Inc. d/b/a University of Maryland Rehabilitation and Orthopaedic Institute (UMROI) and University of Maryland Medical Center (UMMC), LLC – Docket No. 23-24-EX017

Relocation and consolidation of 25 acute inpatient rehabilitation beds for stroke patients and 18 acute inpatient rehabilitation beds for spine patients. The merger will also include five chronic care beds, and ten dually licensed acute inpatient rehabilitation and chronic care beds from UMROI to UMMC. These beds will accommodate patients recovering from traumatic brain injuries and spinal cord injuries, as well as medically complex comprehensive medical rehabilitation patients requiring acute inpatient rehabilitation services.
Total project cost: \$207,315,000

First Use Approval

- **Extension to Previous First Use Approval**

TidalHealth Peninsula Regional Medical Center – (Wicomico County) – Docket No. 18-22-2417

Addition of a new service, acute inpatient psychiatric services for children and adolescents (ages 0-18), in a new, renovated section in the hospital
Project Cost: \$8,778,325

Board of Child Care – (Baltimore County) – Docket No. 22-03-2460

Addition of a four-bed RTC to its New Windsor (Baltimore County), Maryland campus.
Project Cost: \$922,238

Determinations of Coverage

- **Ambulatory Surgery Centers**

Children’s National ASC (Montgomery County)

Renovations to support sterile processing, reverse osmosis, sterile water system services, and staff breakroom. This is a phased project, and there will be no disruption to the two existing operating rooms to the surgery center located at 9850 Key West Avenue, 2nd Floor, Rockville.

Global Ambulatory Surgery Centers, LLC – (Anne Arundel County)

Establish an ASC-P surgery center with 1 non-sterile procedure room to be located at 8031 Ritchie Highway, Suite 100, Pasadena

Ownership Interest: Haddijatou Ogunsola, M.D. – 100 % ownership

Johns Hopkins Hospital – (Baltimore City)

Renovation of an existing hybrid operating room and temporary use of Interventional Radiology Lab. This project includes renovations and updates to an existing mixed-use general purpose operating room and the concurrent temporary use of an interventional radiology lab for vascular surgery while the operating room is closed during the renovation phase.

Project Cost: \$1,800,000

- **Acquisition/Change of Ownership**

The Village at Augsburg – (Baltimore County)

Acquisition of the above-referenced comprehensive care facility (CCF) on January 1, 2024. Currently, the operator, real property, and bed rights are owned by Augsburg Lutheran Home of Maryland, Inc. After the transaction, the real property and bed rights will be owned by 6825 Camp Road LLC, and the operations will be owned by the Resorts of Augsburg Corp.

Purchase Price: \$18,000,000

- **Licensure**

- **Delicensure of Bed Capacity or a Health Care Facility**

Carroll Lutheran Village – (Carroll County)

Temporary delicensure of 20 CCF beds changing licensed bed capacity at the facility from 103 to 83 licensed beds.

- **Other**

Gaithersburg Cancer Center – (Montgomery County)

Determination of coverage request that a CON is not required for radiation therapy center.

Greenbelt Radiation Oncology Center – (Prince George’s County)

Determination of coverage request that a CON is not required for radiation therapy center.

Pending Notices of Acquisition/Change of Ownership for Comprehensive Care Facilities (Nursing Homes)

Carroll MD Opco LLC (Copper Ridge)

Transaction: Acquisition of assets

CURRENT

Owner of the real property: Sykesville MD Opco LLC
Owner of bed rights: Sykesville MD Opco LLC
Operator: Sykesville MD Opco LLC

POST-TRANSACTION

Owner of the real property: Carroll MD Opco LLC
Owner of bed rights: Carroll MD Opco LLC
Operator: Carroll MD Opco LLC
Purchase price: \$0 lease

Copper Ridge is a 72-bed CCF located at 710 Obrecht Road in Sykesville, Maryland (Carroll County). There are no rooms at the facility with more than two residents per room. The facility currently has a below-average 1 out of 5-star rating on the CMS Nursing Home Compare website. The facility has a Memorandum of Understanding (MOU) with Medicaid of 50.3%, and it has met its threshold. The anticipated closing date of the transaction is March 1, 2024.

Moishe Mayer (100% acquiring entity) has a 100% ownership interest in one Maryland nursing home, Chesapeake Shores Nursing Center. He does not own any out-of-state nursing homes. The facility has an above average 5 out of 5-star rating on the Centers for Medicare & Medicaid Services (CMS) Nursing Home Compare website and is in Lexington Park, Maryland. Mr. Mayer has only owned the facility since November of 2022.

Chesapeake Shores Nursing Center a 6.7/10 overall rating in the most recent Nursing Home Family Satisfaction Survey. The purpose of the Nursing Home Family Satisfaction Survey is to measure the experience and satisfaction of family members and other designated responsible parties of residents in Maryland's nursing homes.

Mr. Mayer has provided evidence (meeting dates) that Chesapeake Shores Nursing Center maintained quality assessment and assurance committees. The committees meet quarterly and look at three months of data, meeting on the third Tuesday of each quarter.

Commission staff also reviewed the most recent annual inspection reports and the subsequent plans of correction and found that for the most recent survey in 2019 at Chesapeake Shores Nursing Home, there were four deficiencies, which is below the State average of 16. This performance is consistent with the prior surveys in 2016 and 2018. The applicant wrote plans of correction for each deficiency and the plans of correction were accepted. The breakdown of deficiencies is below.

Chesapeake Shores Nursing Home¹

- Infection Control
- Resident Assessment and Care Planning
- Nursing and Physician Services
- Resident Rights

Commission staff reviewed the disclosure of any lawsuits/arbitrations by using both a Federal and State database as well as a search of the Office of Inspector General Exclusions and did not find anything substantive. Mr. Mayer also attested that for Chesapeake Shores Nursing Home there are no outstanding lawsuits or arbitrations. In addition, the applicant attested that none of the purchaser's principals, any owner²

¹ <https://www.medicare.gov/care-compare/inspections/nursing-home/215142/health>

² The definition of owner or operator is an entity that owns at least 5% and is the owner of the real property and improvements; the owner of the bed rights; or the operator of the facility.

or former owner, member of senior management or management organization, or current or former owner or senior manager of any related or affiliated entity during the past ten years has:

- been convicted of felony or crime;
- pleaded guilty, nolo contendere, or entered a best interest plea of guilty;
- received a diversionary disposition regarding a felony or crime that relates to the ownership or management of a health care facility;
- or has paid a civil penalty in excess of \$10 million dollars.

Commission staff concluded that because the acquiring entity is an existing Maryland nursing home operator, the star rating of Chesapeake Shores Nursing Home should be considered when assessing quality even though it has not yet been owned for three years. Due to the 5 out of 5-star (considered above average) rating, the acquiring entity would likely meet the Quality Rating standard at COMAR 10.24.20.05A (8), which would be required to obtain a Certificate of Need to establish or expand a CCF. In addition, the acquiring entity's adherence to its quality assurance meetings, performance on the Family Satisfaction survey, and performance on annual inspections provide evidence of a commitment to quality of care. Based on its limited review, Commission staff has not identified any concerns with the prior performance of the acquiring entity in Maryland.

***CENTER FOR HEALTH INFORMATION TECHNOLOGY & INNOVATIVE CARE
DELIVERY***

Health Information Technology Division – Nikki Majewski, Division Chief

Telehealth Studies

Milliman, Inc. was competitively awarded two contracts to complete studies required by Chapter 382/Senate Bill 534 (SB 534), *Preserve Telehealth Access Act of 2023* and Chapter 291/House Bill 1148 (HB 1148), *Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)* (2023). The study for SB 534 will assess health care provider cost and clinical time and intensity to deliver somatic and behavioral health services through telehealth modalities and in-person. The study for HB 1148 will benchmark payer reimbursements for private payers and Maryland Medicaid to the current Medicare Physician Fee Schedule to enable general measurement of payment adequacy and offer perspective on the efficient delivery of primary care and behavioral health outpatient services in-person and via telehealth. The studies will kick-off in January. Study findings and recommendations are due to the General Assembly by December 1, 2024.

Noncontrolled Prescription Drugs Reporting

Recruitment of dispensers to participate in a non-controlled dangerous substance (non-CDS) reporting demonstration with the State-Designated Health Information Exchange (CRISP) is underway. Dispensers will work with CRISP and their vendor, Leap Orbit, to submit non-CDS dispense information in a test environment. Participating dispensers will be asked to provide feedback on the draft Noncontrolled Prescription Drugs Dispenser Data Submission Manual (manual). The manual includes information on required data to be reported and timeframes, among other things, as required by Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022).

Environmental Scans – Urgent Care and Home Health

A health information technology (health IT) information brief on the urgent care center (UCC) landscape in Maryland and the nation is being drafted. The brief will incorporate data reported by 20 UCCs operating in

Maryland with 198 locations, representing approximately 89 percent of multi-site UCCs statewide. Responses to a home health agency (HHA) health IT questionnaire developed in collaboration with the Maryland-National Capital Homecare Association were prepared for analysis. The questionnaire was distributed to 34 HHAs operating in Maryland and inquired about HHAs use of electronic health records (EHR) and telehealth and how information on social determinants of health and advance directives is captured and shared. An information brief is targeted for release in Q1 2024.

Advance Directives

Development of a consumer flyer overviewing the benefits of creating and sharing an electronic advance directive is progressing. The flyer will complement outreach and education initiatives on medical and mental health advance directives. Discussions are underway with the Maryland Department of Health (MDH) to explore funding for expanding the CRISP technical infrastructure to support structured data on advance directives and to enable first responders to access CRISP advance directives data at the point of care. A technical discussion with the Maryland Institute for Emergency Medical Services Systems focused on integrating their EHR system with CRISP will occur in January.

Regulations

Town Hall meetings occurred with health information exchange (HIE) and electronic health network (EHN) entities implementing requirements in Chapter 249/House Bill 812, *Health - Reproductive Health Services - Protected Health Information and Insurance Requirements* (2023). Attendees included representatives from HIEs, EHNs, MDH, health professional associations, providers, and payers. Discussions were aimed at providing an update on MDH emergency regulations, COMAR 10.11.08, *Abortion Care Disclosure*, and answering questions regarding MHCC emergency regulations, COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*, and COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*. The MDH regulations (COMAR 10.11.08) and MHCC regulations (COMAR 10.25.18 and COMAR 10.25.07) are under review by the Administrative, Executive and Legislative Review Committee tasked with determining if regulations conform to the statutory authority of an agency and legislative intent. Planning is advancing with CRISP and Optum Insight (EHN) for a demonstration that would test the exchange of electronic health care transactions for public health and clinical purposes as required by Chapter 790/House Bill 1022, *Public Health - State Designated Exchange - Clinical Information* (2021).

Breaches

Drafting has begun on a spotlight highlighting local and national trends from an analysis of health care data breaches. Breach data was obtained from the U.S. Department of Health and Human Services, Office for Civil Rights, and includes information on the reporting entity, breach type, and estimated records compromised for breaches affecting 500 or more individuals. The spotlight is targeted for release in Q1 2024.

Artificial Intelligence

Planning has commenced to convene several focus groups to gather stakeholder perspectives on the use of artificial intelligence (AI) embedded in a health IT system. Discussions will be aimed at exploring opportunities and challenges with leveraging AI algorithms and tools to improve decision making, enhance care delivery, and streamline workflows. Stakeholders will also consider how privacy and security of AI generated data can be effectively safeguarded and appropriately shared. Focus group meetings are targeted to occur in Q1 2024.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Primary Care Investment Workgroup

Planning is underway to convene the Primary Care Investment Workgroup (Workgroup) in Q1 2024. The Workgroup will discuss requirements of the Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. The AHEAD model is a voluntary framework designed to improve health outcomes across multiple states. The Centers for Medicare & Medicaid Services (CMS) released a Notice of Funding Opportunity for AHEAD on November 16, 2023. The Workgroup will begin to buildout the Primary Care Analysis and Reporting Plan (Plan), required by Chapter 667/Senate Bill 734, *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022). The Plan will guide annual reporting of payer primary care investment in 2024.

Practice Transformation Grant Activities

Transformation training and assessment activities are advancing for 22 practices (190 providers at 39 sites) in the Advancing Practice Transformation in Ambulatory Practices program (program). The CMS Transforming Clinical Practice Initiative practice transformation modules provide the foundation for the program. Four new practice sites (58 providers) submitted applications to participate in the program. This program cohort commenced in July of 2022. The MHCC competitively awarded MedChi, The Maryland State Medical Society (MedChi), Care Transformation Organization a grant to help prepare practices in shifting their focus from volume-based services to delivering high-quality and cost-effective care in value-based care models.

Learning Network

Planning activities are proceeding for a roundtable in collaboration with Monumental City Medical Society that will overview the Partners in Care Network Model, a multi-disciplinary team approach to care delivery that emphasizes active involvement of patients in the decision making and care process. Discussions are underway with the Maryland Academy of Family Physicians for a symposium focused on key principles and strategies for increasing patient and family engagement. Preparations are progressing with MedChi for a population health management forum focused on prevention, early intervention, and coordination of care to address the complex needs of individuals with chronic diseases.

Maryland Primary Care Program Advisory Council

Preparatory work is advancing to convene the Maryland Primary Care Program (MDPCP) Advisory Council (Council) in Q1 2024. The Council will consider strategies to ensure practice readiness to provide behavioral health services and deliberate on pragmatic views for achieving multi-payer alignment. The Council is tasked with considering policy and operation-based matters and serves in a consultative and advisory role to the Secretary of the MDH and the MDPCP Program Management Office. The Council considers policy and operation-based matters and deliberates on operational improvements.

Electronic Health Network/Health Information Exchange Entities Recognition

During Q4 2023, five EHNs were recertified. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, requires payers operating in the State to only accept transactions from MHCC certified EHNs. To receive MHCC certification, EHNs must be accredited or certified by a nationally recognized organization where standards related to privacy and confidentiality, business practices, physical and human resources, technical performance, and security are evaluated. Approximately 30 MHCC certified EHNs operate in Maryland. In addition, one HIE registration was renewed and 15 HIEs were granted a six-month extension of their existing registration to align their renewal date with the effective date in Chapter 249/House Bill 812, Health – Reproductive Health Services – Protected Information and Insurance Requirements. COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* requires organizations that meet the definition of an HIE to register annually with MHCC. Roughly 16 HIEs are registered in Maryland.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Quality Reporting (MQR) website

MQR Website Updates

Staff continue to work with Advanta Government Services (AGS), the website contractor, to update the [Maryland Quality Reporting](#) consumer site. Hospital, Home Health, Hospice and Nursing Home profile pages have been updated with the most recent data released for the CMS Care Compare refreshes. Hospital updates include quality measures and patient satisfaction measures. Nursing home updates include long and short stay quality measure scores and star ratings, staffing times and star rating, health, fire and safety inspection results and star ratings, and the overall star rating. Home health updates include family satisfaction scores and star ratings and quality measure scores and star ratings. Updates to the hospice pages include family satisfaction scores, the family caregiver star rating and quality measure scores. Additional enhancements and updated features are underway and routine updates and maintenance are ongoing. Staff continue to respond to consumer inquiries received via the quality reports email.

MQR Website Traffic

Staff monitors traffic to the consumer site using Google Analytics software. Website traffic was higher in December (1,471 users) compared to November (1,061 users). The most frequently viewed topics on the MQR site include assisted living, hospitals, and nursing homes. Traffic to the site is presented graphically under the Executive Direction section of this update.

MQR Website Promotion

There were approximately 65 social media posts in December. Topics included National Influenza Vaccination Week, National Handwashing Awareness Week, and general promotional posts for the MQR website. These topics generally coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events and are designed to link readers back to the MQR website. Staff also promote the MQR website using additional social media platforms such as LinkedIn and NextDoor.

Hospital Quality Initiatives – Courtney Carta

Birthing Friendly Designation

CMS has added a new “Birthing Friendly” icon on CMS Care Compare for hospitals that meet criteria to receive a birthing friendly designation. The ‘Birthing-Friendly’ designation is part of national efforts to improve maternal health in the U.S by helping people find high quality-maternity care. Hospitals can receive this designation by acknowledging participation in a state or national program to improve the quality of care for mothers and babies by applying patient safety practices. This designation is now reflected on the hospital profile pages on the Maryland Quality Reporting website. Among eligible hospitals, 29/32, or 91% of birthing hospitals in Maryland received the Birthing Friendly designation. All birthing-friendly hospitals can be found on the CMS webpage [here](#).

Long Term Care and Health Plan Quality Initiatives—Stacy Howes

Nursing Home Family Experience of Care Survey

Data collection has concluded for the 2023 year. The response rate was 39.5% which is significantly higher than last year’s rate and on par with rates in years prior to 2022. The contractor has begun data analysis which should be complete within the next two months.

Assisted Living, Home Health, and Hospice Influenza Vaccination Surveys

Long term care facilities are in the process of data collection. Staff continue to provide support and resource materials.

Assisted Living Quality Analysis SB531 Workgroup

Staff shared the report with the workgroup members in mid-December and asked for any written feedback by January 5. The final workgroup meeting was held on January 8 and the final recommendations and report were reviewed and approved with modifications by the group. The AL recommendations and report will be presented to the Commission for action at the January meeting.

SB509 Nursing Home Acquisitions Workgroup

The workgroup recommendations were shared with and approved for submission by Commissioners on December 14. The legislative report will be submitted to the legislature January 3.

Health Plan Quality Initiatives

Data from the 2022 measurement year are available on the Maryland Quality Reporting website.

Outpatient Quality Initiative—Mariama Simmons

Outpatient Quality Initiative

With the 2022 closing of the Freestanding Ambulatory Surgery Facility (FASF) Survey in December, staff is working on the data management and cleaning needed to make the data available for public consumption. The data will be available next month.

Staff are developing an alternative data collection effort for Adult Medical Day Care (AMDC) programs. We are transitioning from the Long-Term Care Survey as the source of this information to streamline the process and reduce the data collection burden on AMDC providers. Moving forward, the descriptive information used to populate the AMDC section of the Maryland Quality Reporting website will be collected electronically via email and supplemented as needed with a hardcopy option. The survey will be conducted this month.