

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

February 2024

EXECUTIVE DIRECTION

Government Relations and Special Project – Tracey DeShields

State Policy Update

On January 31, 2024, there was a 5th meeting of the Commission on the Study of Trauma Funding. The focus of the meeting was on the draft report and recommendations. There was a recap of the findings on trauma center costs and then a review and discussion on the proposed recommendations. The goal in reviewing and discussing the recommendations was to get a consensus. We think there is consensus on the recommendations. The Co-chairs asked the Commission members to provide any feedback on the report itself and/or the recommendations no later than Monday February 5th. A few comments were submitted. We are working on a final draft with the goal of a final report to be completed and submitted prior to the bill hearings on a funding bill.

On January 23rd there was a briefing on trauma center funding in the House Appropriations Committee. Mr. Ben Steffen and Dr. Ted Delbridge, Executive Director for MIEMSS presented to the Committee on the trauma system and on trauma funding. The Appropriations Committee also heard from various trauma centers (Level I, Level IIs, and Level IIIs) and Shock Trauma representatives. The briefing went very well.

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.

The contractor is BreakThrough (BT) Technologies will begin work on the redesign of the MHCC website later this month.

MHCC-related news coverage: selected articles and commentary

Health Disparities

J. Shutt, “*Dozens of ‘friend of the court’ briefs backing abortion pill access arrive at Supreme Court,*” Maryland Matters, February 3, 2024

<https://www.marylandmatters.org/2024/02/03/dozens-of-friend-of-the-court-briefs-backing-abortion-pill-access-arrive-at-supreme-court>

Medicaid

D. Brown, “*Only four months left in Medicaid ‘unwinding.’ Who is losing coverage?*” Maryland Matters, January 31, 2024

<https://www.marylandmatters.org/2024/01/31/only-four-months-left-in-medicaid-unwinding-who-is-losing-coverage/>

Health Insurance

D. Brown, “Lawmakers renew effort to extend access to health care for undocumented Marylanders,” Maryland Matters, January 29, 2024

<https://www.marylandmatters.org/2024/01/29/lawmakers-renew-effort-to-extend-access-to-health-care-for-undocumented-marylanders/>

Medicare and Medicaid Programs: Patient Protection and Affordable Care Act; Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, etc. on the Federally-Facilitated Exchanges, etc., February 5, 2024, Federal Register

<https://www.federalregister.gov/public-inspection/2024-00895/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-advancing-interoperability>

Health Care and Prescription Drugs

D. Brown, “Drug affordability board receives list of Rx’s to begin cost review selection process,” February 1, 2024, Maryland Matters

<https://www.marylandmatters.org/2024/02/01/drug-affordability-board-receives-list-of-rxs-to-begin-cost-review-selection-process/>

2024 State Budget

B. Sears, “Ferguson calls for surgical cuts to Moore’s budget,” January 30, 2024, Maryland Matters

<https://www.marylandmatters.org/2024/01/30/ferguson-calls-for-surgical-cuts-to-moores-budget/>

Long-Term Care

S. Maucione, “Maryland legislators grapple with how to increase long-term care worker wages in new bill” February 2, 2024, WYPR

<https://www.wypr.org/wypr-news/2024-02-02/maryland-legislators-grapple-with-how-to-increase-long-term-care-worker-wages-in-new-bill>

Maryland Trauma Physician Services Fund

February 2024 - Update

The Commission staff did not receive the Uncompensated Care Claims by the deadline for the February update from our third-party administrator. Staff will report on February claims data in the update for the March Commission meeting.

We can report all equipment grant requests have been received and are currently being processed. The Commission’s FY 2024 budget for equipment grants is \$600,000.

The next round of semi-annual applications for on-call is due to the Commission during the months of January and February. The service period for payment to the trauma centers and specialty centers is from July 1, 2023, through December 31, 2023. These payments will be included in the update, once received and processed.

Wear The Cost

In January 2024, 419 users visited the site.

Maryland Quality Reporting

The Maryland Quality Reporting had 1,441 total users in January, similar to the previous month’s website users. The website also had notable increases in the number of sessions (an increase of 15.8%) and the average session duration, or how long a user stays on the website (increased 44.8% from 3 minutes and 29 seconds to 5 minutes and 3 seconds).

In January, the site received the most website referrals from Maryland 211, Maryland Attorney General, A Place for Mom, Agency for Healthcare Research and Quality, and Medicare, respectively.

Facebook remains the primary social media referral source.

MHCC Website: The MHCC website (<https://MHCC.maryland.gov>) had 3,885 during the month of January 2024.

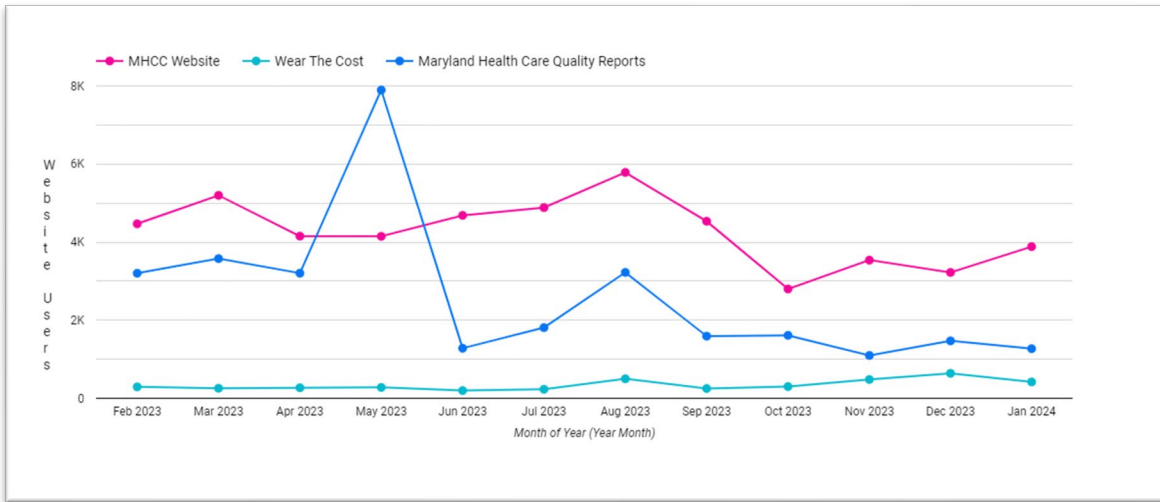


Figure 2 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

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

Legislation HB1145 (Hearing Aids for Adults) from the 2023 legislative session if enacted could increase privately insured premiums up to \$0.74 PMPM or 0.1%.

Lewis & Ellis, a consulting actuarial firm, was hired by MHCC to evaluate the social, medical, and financial impact of the proposed mandated insurance coverage in hearing aids for adults. Ms. Traci Hughes, a Vice President and principal consulting actuary with Lewis & Ellis, presented the key findings of the proposed legislation to Commissioners at the January 2024 Commission Meeting. Ms. Hughes points out that about 85% of adults aged 18 years and older experience no difficulty hearing when using a hearing aid. However, the remaining 15% (an improvement from 1990, which was 60%) still encountered minor or significant hearing loss challenges. Regarding service availability and usage, Ms. Hughes said that as of 2022, there will be about 4.4 audiologists per 100,000 people in Maryland. Lastly, Ms. Hughes said that if the proposed legislation is enacted, the premium cost per member per month (PMPM) could increase and the high end of \$0.74 or 0.10%. The Commissioner's vote then approved the report for this proposed legislation.

Cost and Quality Analysis – Shankar Mesta

MCDB Data Submission Status, Payor Compliance, and Technical Support

At the end of January 2024, twenty-one (60%) payors submitted Q4 2023 data through the new Onpoint portal.

To facilitate a smooth data transition, Onpoint regularly engages with payors to submit test data and provide feedback to ensure that payors can submit clean 2023Q4 data before the deadline of 02/29/2024.

Primary Care Investment Workgroup vs. AHEAD Methodology Comparison

The staff has analyzed APCD data from 2019-2022 to compare the primary care investment workgroup (PCIW) and AHEAD methodology. This comparison was done to support the crosswalk task by the Center for Health Information Technology and Innovative Care Delivery. To show the primary care percentages and per capita medical spending, the staff has provided the tables below, which use both PCIW and AHEAD methodology.

Payers	Primary Care Spending as a Percent of Total Medical							
	PCIW				AHEAD			
	2019	2020	2021	2022	2019	2020	2021	2022
Aetna	5.0%	4.8%	5.7%	6.5%	7.8%	7.6%	8.1%	9.1%
CareFirst	6.4%	6.0%	6.0%	6.2%	8.3%	7.9%	7.9%	8.2%
CIGNA	7.6%	6.9%	7.0%	6.7%	10.2%	9.6%	9.6%	9.3%
UHC	6.0%	5.9%	6.2%	6.3%	8.2%	8.3%	8.4%	8.5%
Other	6.2%	6.8%	6.1%	6.2%	7.7%	8.5%	7.6%	7.9%
Total	6.6%	6.1%	6.2%	6.3%	8.3%	8.0%	8.2%	8.5%

Payers	Primary Care Per Capita Medical Spending							
	PCIW				AHEAD			
	2019	2020	2021	2022	2019	2020	2021	2022
Aetna	\$220	\$206	\$258	\$266	\$344	\$326	\$365	\$372
CareFirst	\$275	\$251	\$289	\$299	\$356	\$333	\$380	\$393
CIGNA	\$263	\$234	\$278	\$408	\$351	\$327	\$379	\$566
UHC	\$230	\$227	\$278	\$295	\$314	\$317	\$377	\$398
Other	\$466	\$463	\$506	\$742	\$581	\$577	\$627	\$946
Total	\$262	\$242	\$284	\$309	\$331	\$317	\$378	\$414

Ad-hoc Analysis

1. Maryland Statewide Behavioral Health Utilization

The Office of the Secretary was interested in comparing the utilization of Maryland Medicaid's behavioral health services with those of privately insured and Medicare populations. To achieve this, the staff analyzed the 2021 All-Payer Claims Database (APCD) data for privately insured individuals and reported the following:

1. The number of providers serving behavioral health patients in each county.
2. Demographic information such as gender and race of members with behavioral health conditions.

3. The total expenditure on behavioral health conditions is categorized by age group, gender, and race.

2. Cost of Epinephrine injectors

The Office of Senator Clarence Lam requested MHCC to provide information about Maryland residents' out-of-pocket expenses for epinephrine injectors. The staff analyzed the 2022 APCD data for privately insured individuals and reported the following;

1. The average out-of-pocket cost for EpiPens in 2022 was approximately \$206 per unique claimant for the commercial fully insured population. On average, these insured members have used about three prescriptions per unique claimant for 2022.
2. For State Health Plan (State_HP) claimants, the average out-of-pocket cost for EpiPens was about \$16 per unique claimant for 2022. State_HP claimants used about 1.2 prescriptions per claimant on average for 2022.
3. When the Fully Insured and the State_HP results were combined, the average out-of-pocket cost for EpiPens was about \$149 per unique claimant for 2022. This combined population of EpiPen claimants (Fully insured and State_HP) used about 2.4 prescriptions per unique claimant on average for 2022.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

Certificate of Conformance

Staff presented a report on the Certificate of Conformance application (Docket No. 23-20-CC042) from the University of Maryland (UM) Shore Health System Inc. that was filed on behalf of UM Shore Regional Health at Easton to establish primary and elective percutaneous coronary intervention (PCI) services at the replacement hospital. The Commission approved this request.

Certificates of Ongoing Performance

Applications for a Certificate of Ongoing Performance for PCI services were received from seven hospitals in January: Anne Arundel Medical Center, Howard County General Hospital, Johns Hopkins Bayview Medical Center, MedStar Franklin Square Hospital, St. Agnes Hospital, UM Baltimore Washington Medical Center, UM Upper Chesapeake Medical Center. Staff are reviewing these applications.

State Health Plan Chapter for Residential Treatment Centers (COMAR 10.24.07)

Work has begun on the update of COMAR 10.24.07, the State Health Plan Chapter for Residential Treatment Centers. The first work group meeting was held on Monday, February 5, 2024.

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 23rd to discuss Hilltop Institute data analysis regarding the cost of Medicaid coverage for palliative care.

FY 2022 Hospice Survey Data:

Staff completed the auditing and data processing for the FY 2022 Hospice Survey data. Patient volume, the Public Use data files and other reports are available on the Commission website at: https://mhcc.maryland.gov/public_use_files/hospicedownload.html

FY 2023 Maryland Hospice Survey:

Staff are currently working on the development of the FY 2023 Maryland Hospice Survey with a tentative launch date of March 1st.

FY 2022 Home Health Agency Survey:

The FY2022 Home Health Survey application is being tested to ensure all updates were addressed based on the security vulnerabilities upgrades made by the application development team because of the security breach. Staff anticipates data collection will commence next month.

FY 2022 Long Term Care Survey:

In anticipation of public dissemination, including publication in the *Maryland Register*, staff is in the final stages of processing the FY2022 Long Term Care Survey data to prepare for the development of the FY2022 Occupancy reports, the Three-Year Nursing Home Bed Trends and Medicaid Participation Rate Tables,.

Certificate of Need – Jeanne-Marie Gawel

CON's Approved

University of Maryland Shore Health System – (Talbot County) – Docket No. 23-20-2463

Relocate and replace University of Maryland Shore Medical Center Easton, a general acute care hospital, to an undeveloped 200-acre site located at 10000 Longwoods Road in Easton, Talbot County, approximately 3 miles from the existing campus. The proposed replacement hospital will include 110 acute care beds, 12 special hospital rehabilitation beds, and 25 observation beds. The hospital will also include an emergency department (ED) with 27 treatment spaces and three behavioral health holding rooms, regulated outpatient clinics, a full-service laboratory, and space for administrative and education functions.

Approved Cost: \$539,558,871

Pre-Application Conference

Sterling Care Hillhaven – (Prince George’s County)

Sterling plans to file a CON for 34 additional skilled nursing home beds, 12 from MHCC’s bed inventory, and 22 acquired from Sacred Heart Home, Inc. in Hyattsville, Maryland. The beds will be added to the facility located at 3210 Powder Mill Road, Adelphi.

January 10, 2024

First Use Approval

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

Limited First Use: Relocation of beds from University of Maryland Harford Memorial Hospital (HMH) to Upper Chesapeake Medical Center (UCMC). This limited first use was for the use of the fourth and fifth floor of the patient tower constructed at UCMC, while the remainder of the renovations are being completed. The relocation of beds from HMH to UCMC is only one component of a larger restructuring project.

Project Cost: \$97,786,699

Harford Memorial Hospital – (Harford County) – Docket No. 17-12-EX004

Conversion of Harford Memorial Hospital (HMH) to a freestanding medical facility (FMF) with 25 emergency treatment spaces and 17 observation beds in single occupancy rooms, and related ancillary services. The project ceased all services at HMH and constructed a new emergency department and outpatient clinic facility at 635 McHenry Road in Aberdeen. The FMF is in 69,343 square feet on the first floor of a three-story building that also includes a special psychiatric hospital (Docket No. 18-12-2436).

Project Cost: \$56,665,400

University of Marland Upper Chesapeake Health Behavioral Health Pavilion at Aberdeen – (Harford County) – Docket No. 18-12-2436

Establish a new specialty psychiatric hospital, with a total of 33-beds. The facility is located at 635 McHenry Road in Aberdeen, Harford County. The site is approximately five miles from the Harford Memorial Hospital (HMH) campus and 12 miles from the Upper Chesapeake Medical Center (UCMC) and was built as part of a campus that will also include a Freestanding Medical Facility (FMF). The new special psychiatric hospital encompasses 35,204 square feet (SF) of finished department gross square feet (DGSF) for the hospital proper and 5,269 SF of shell space. The specialty psychiatric hospital is located in space above the FMF (Docket No.17-12-EX004). The site also has a building which will have approximately 15,000 SF to be fitted out for the provision of outpatient behavioral health services, including an intensive outpatient service program.

Project Cost: \$62,991,120

Determinations of Coverage

- **Ambulatory Surgery Centers**

SurgCenter of the Potomac, LLC – (Montgomery County)

Addition of Ear, Nose and Throat (ENT) and Urology to its procedures at the facility located at 6500 Rock Spring Drive, Suite 100, Bethesda.

MedStar Medical Group-Southern Maryland, L.L.C. d/b/a MedStar Shah Medical Group Endoscopy – (Charles County)

Addition of orthopedic procedures to the facility located at 10 St. Patrick Dr, 3rd Floor, Waldorf.

- **Acquisition/Change of Ownership**

Amedysis Maryland, LLC d/b/a Amedisys Hospice of Greater Chesapeake (H1536)

Transfer of corporate ownership (parent location and branch location) to UnitedHealth Group, Incorporated (UnitedHealth). Amedisys is a wholly owned subsidiary of Amedisys, Inc. Following the transaction, UnitedHealth will be the sole owner of Amedisys, Inc., the parent of Amedisys. This change will not result in any changes to health care services or jurisdictions served by Amedisys (Baltimore, Baltimore City, Cecil, and Harford Counties).

Purchase Price: \$3,300,000 (Part of a change of ownership of 9 entities)

Amedisys Maryland, LLC d/b/a Amedisys Hospice (H1544)

Transfer of corporate ownership to UnitedHealth Group, Incorporated (UnitedHealth). Amedisys is a wholly owned subsidiary of Amedisys, Inc. Following the transaction, UnitedHealth will be the sole owner of Amedisys, Inc., the parent of Amedisys. This change will not result in any changes to health care services or jurisdictions served by Amedisys (Prince George's County).

Purchase Price: \$3,00,000 (Part of a change of ownership of 9 entities)

Amedisys Maryland LLC d/b/a Amedisys Home Health (HH7094)

Transfer of corporate ownership to UnitedHealth Group, Incorporated (UnitedHealth). Amedisys is a wholly owned subsidiary of Amedisys, Inc. Following the transaction, UnitedHealth will be the sole owner of Amedisys, Inc., the parent of Amedisys. This change will not result in any changes to health care services or jurisdictions served by Amedisys (Baltimore City, Baltimore, Cecil, and Harford Counties).

Purchase Price: \$3,300,000 (Part of a change of ownership of 9 entities)

Amedisys Maryland, LLC d/b/a Amedisys Home Health (HH7111)

Transfer of corporate ownership (parent location and branch location) to UnitedHealth Group, Incorporated (UnitedHealth). Amedisys is a wholly owned subsidiary of Amedisys, Inc. Following the transaction, UnitedHealth will be the sole owner of Amedisys, Inc., the parent of Amedisys. This change will not result in any changes to health care services or jurisdictions served by Amedisys (Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties).

Purchase Price: \$3,300,000 (Part of a change of ownership of 9 entities)

Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health (HH7048)

Transfer of corporate ownership (parent location and branch location) to UnitedHealth Group, Incorporated (UnitedHealth). Amedisys is a wholly owned subsidiary of Amedisys, Inc. Following the transaction, UnitedHealth will be the sole owner of Amedisys, Inc., the parent of Amedisys. This change will not result in any changes to health care services or jurisdictions served by Amedisys (Anne Arundel, Baltimore, Baltimore City, Carroll, Frederick, Harford, and Howard Counties).

Purchase Price: \$3,300,000 (Part of a change of ownership of 9 entities)

Amedisys Maryland, LLC d/b/a Amedisys Home Health (HH7108)

Transfer of corporate ownership to UnitedHealth Group, Incorporated (UnitedHealth). Amedisys is a wholly owned subsidiary of Amedisys, Inc. Following the transaction, UnitedHealth will be the sole owner of Amedisys, Inc., the parent of Amedisys. This change will not result in any changes to health care services or jurisdictions served by Amedisys (Anne Arundel, Baltimore, Baltimore City, Prince George's Counties).

Purchase Price: \$3,300,000 (Part of a change of ownership of 9 entities)

Amedisys Maryland, LLC d/b/a Amedisys Home Health (HH7151)

Transfer of corporate ownership to UnitedHealth Group, Incorporated (UnitedHealth). Amedisys is a wholly owned subsidiary of Amedisys, Inc. Following the transaction, UnitedHealth will be the sole owner of Amedisys, Inc., the parent of Amedisys. This change will not result in any changes to health care services or jurisdiction served by Amedisys (Cecil County).

Purchase Price: \$3,300,000 (Part of a change of ownership of 9 entities)

Tender Loving Care Health Care Services Southeast, LLC d/b/a Amedisys Home Health (HH7045)

Transfer of corporate ownership to UnitedHealth Group, Incorporated (UnitedHealth). Amedisys is a wholly owned subsidiary of Amedisys, Inc. Following the transaction, UnitedHealth will be the sole owner of Amedisys, Inc., the parent of Amedisys. This change will not result in any changes to health care services or jurisdictions served by Amedisys (Anne Arundel, Baltimore, Baltimore City, Carroll, Harford, and Howard Counties).

Purchase Price: \$3,300,000 (Part of a change of ownership of 9 entities)

Tender Loving Care Health Care Services Southeast, LLC d/b/a Amedisys Home Health Care (HH7149)

Transfer of corporate ownership to UnitedHealth Group, Incorporated (UnitedHealth). Amedisys is a wholly owned subsidiary of Amedisys, Inc. Following the transaction, UnitedHealth will be the sole owner of Amedisys, Inc., the parent of Amedisys. This change will not result in any changes to health care services or jurisdictions served by Amedisys (Montgomery and Prince George's Counties).

Purchase Price: \$3,300,000 (Part of a change of ownership of 9 entities)

University of Maryland Medicine ASC, LLC – (Howard County)

Change of Ownership. The ASC is currently 100% owned by University of Maryland Faculty Physicians, Inc. SCA Waterloo Holdings, LLC (Buyer) is a Delaware limited liability company and an affiliate of Surgical Care Affiliates, LLC (SCA). The Buyer will purchase a nine percent interest, and the University of Maryland Neurosurgery Associates, P.A. (Neurosurgery PA) and the University of Maryland Orthopaedic Associates, P.A. (Orthopaedic PA) will each purchase a thirty 30% interest in the ASC. University of Maryland Faculty Physicians, Inc. will maintain the other 31%.

Copper Ridge – (Carroll County)

Acquisition of the comprehensive care facility. Currently, the operator is Sykesville MD Opco LLC and will change to Carroll MD Opco LLC. The real property is owned by Sykesville MD Propco LLC and will not change. The bed rights are owned by Sykesville MD Opco LLC and will change to Carroll MD Opco LLC.

Purchase Price: \$0 (lease)

Asbury Home Health (HH7159)

Asbury Home Health is planning a transfer of ownership to Autumn Health, Inc. This change will not result in any changes to health care services, or the jurisdiction served (Montgomery County).

Purchase Price: \$1,200,000

Antietam Urosurgical Center, LLC (ASC) d/b/a Meritus Urology – (Washington County)

Intent of Medical Practices of Antietam, LLC (MPA) to acquire the existing practice of Antietam Urosurgical Center, LLC an ASC-1 with 3 procedure rooms located at 11110 Medical Campus Road, Suite 228, Hagerstown.

- **Capital Projects**

Johns Hopkins Hospital – (Baltimore City)

Establishment of a pediatric special purpose hybrid operating room (OR) and the concurrent closing of an existing general purpose outpatient operating room.

Project Cost: \$15,200,000

- **Licensure**

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

Bay Wood of Annapolis – (Anne Arundel County)

Request for temporary delicensure of 27 CCF beds from February 29, 2024, until February 28, 2025

Greater Baltimore Medical Center-Sub Acute – (Baltimore County)
Extension of temporary delicensure of 27 CCF beds until February 1, 2025

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

None

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

Health Information Technology Division – Nikki Majewski, Division Chief

Telehealth Studies

Kick-off meetings were convened with Milliman, Inc. to commence two studies required by legislation passed by the General Assembly in 2023. Chapter 382 (SB 534), *Preserve Telehealth Access Act of 2023* and Chapter 291 (HB 1148), *Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)* requires MHCC to study and make recommendations regarding the delivery of somatic and behavioral health services through telehealth modalities, including payment parity for audio-visual and audio-only telehealth. The SB 534 study will determine if it is more or less costly for providers to deliver telehealth services and whether the delivery of telehealth services requires more or less clinical time and intensity on the part of a provider. The HB 1148 study will develop a Health Payment Adequacy Assessment Framework to benchmark reimbursements by private payers and Maryland Medicaid to the Medicare Physician Fee Schedule. Milliman, Inc. was competitively selected to conduct analyses using data from MHCC’s All Payer Claims Database. Reports are due to the General Assembly by December 1, 2024.

Noncontrolled Prescription Drugs Reporting

Recruitment is advancing to identify dispensers to participate in a non-controlled dangerous substance (non-CDS) reporting demonstration with CRISP and their Prescription Drug Monitoring Program vendor, Leap Orbit. About nine dispensers, consisting of chains and independent pharmacies, expressed interest in participating; three are moving forward and six are reviewing the CRISP Participation Agreement and Draft Noncontrolled Prescription Drugs Dispenser Data Submission Manual (manual). Dispensers will submit non-CDS information in a test environment and provide feedback on the manual. Lessons learned will inform implementation of Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022). Dispensers are expected to begin reporting in March.

Environmental Scans – Urgent Care and Home Health

Drafting of an information brief on urgent care centers (UCC) use of health IT is progressing. The brief overviews the evolving role of UCCs and incorporates data from a health IT questionnaire completed by approximately 89 percent of multi-site UCCs operating in Maryland. An analysis of responses to a health IT questionnaire completed by about 80 percent of home health agencies (HHA) in the State is nearing completion. The questionnaires inquired about the use of electronic health records (EHR), telehealth, applications to track health-related social needs, and electronic advance directives. Information briefs are targeted for release in March.

Advance Directives

A technical discussion with the Maryland Institute for Emergency Medical Services Systems (MIEMSS), their EHR vendor (ImageTrend), and CRISP considered approaches to enable access to advance directives and other clinical information in the workflow of first responders. Funding options are being explored to establish integration with CRISP using the Advance Directive Program Fund maintained by the Maryland Department of Health (MDH). A flyer overviewing the benefits of creating and sharing an electronic advance directive was drafted. The flyer complements efforts to increase awareness of medical and mental health advance directives.

Regulations

Proposed permanent amendments to 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*, were printed in the Maryland Register on January 12th. The edition also included MDH's proposed permanent regulations, COMAR 10.11.08, *Abortion Care Disclosure*. Public comments received through February 12th will be considered in preparing final draft regulations. On February 9th, the regulations were adopted as emergency and published in the Maryland Register. The regulations support implementation of Chapter 249/House Bill 812, *Health - Reproductive Health Services - Protected Health Information and Insurance Requirements* (2023). A review is underway of health information exchange (HIE) and electronic health network (EHN) affirmations of compliance or implementation plans, as required by the regulations.

CRISP

Strategies were explored to advance CRISP's implementation of a consumer management application (CMA) required by Chapter 798/HB 1375 *Health Information Exchanges – Electronic Health Information – Sharing and Disclosure* (2021). The law tasks CRISP with developing and maintaining a centralized CMA that allows persons to opt-out from having their personal health information shared or disclosed by HIEs operating in the State. The minimum functional requirements for HIEs to connect to CRISP's consent registry were identified to guide development of a prototype for the CMA. Optum Insight provided test files with synthetic data to CRISP for a demonstration that will test the exchange of electronic health care transactions. The demonstration will inform CRISP's implementation of Chapter 790/House Bill 1022, *Public Health - State Designated Exchange - Clinical Information* (2021) allowing the use of administrative and financial data (e.g., authorizations and claims) for clinical care and public health purposes.

Privacy and Security Audits

Myers and Stauffer LC (MSLC) completed a review of System and Organization Controls 2 reports prepared by independent auditors for CRISP and its third-party service organizations. The review also included independent auditor reports on CRISP's compliance with HIPAA, COMAR 10.25.18, and cybersecurity. The scope of MSLC's review focused on the use of industry standards and best practices to reduce risk and protect the confidentiality, integrity, and security of protected health information. Findings from the review were shared with CRISP.

Breaches

Drafting of a spotlight based on an analysis of breaches affecting 500 or more individuals is advancing. Data was obtained from a public use file made available by the U.S. Department of Health and Human Services, Office for Civil Rights. The spotlight will overview breach trends from 2018 through 2023 and best practices for preparing, preventing, and responding to breaches. The spotlight is targeted for release in April.

Artificial Intelligence

Focus groups are being planned for Q2 2024 to discuss opportunities and challenges in leveraging artificial intelligence (AI) in health IT and supporting administrative technology systems. Stakeholders will share perspectives on concerns regarding data privacy, security, and algorithmic bias and consider policies to safeguard patient data and ensure fairness in AI-driven decision-making. A literature review is underway of AI health IT use cases and a scan of existing and planned capabilities among EHR developers.

Legislative Scans

A legislative scan (scan) identified states that have passed legislation to implement payment parity for telehealth permanently or temporarily. A findings summary was prepared to distinguish payment parity policies for audio-visual and audio-only telehealth. A scan refresh of consumer privacy laws for health-related data that falls outside the scope of HIPAA is in progress. The scan will identify new legislation passed by states to address uneven protections for health-related data created and recorded by consumers outside of clinical settings using third-party applications.

HITRUST

Planning has commenced for an HIE and EHN Town Hall event where a representative from HITRUST will overview recent criteria changes to the evaluative elements of its certifiable framework, among other things. HITRUST provides a comprehensive framework that integrates various privacy and security standards to protect electronic health information. Organizations that obtain certification can provide a level of assurance that it meets and maintains rigorous industry standards for privacy and security. The MHCC recognized HITRUST in 2018; most HIEs and EHNs obtain HITRUST certification to comply with regulations set forth by MHCC. The Town Hall events are anticipated to occur in April.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Primary Care Investment Workgroup

Planning is progressing to convene the Primary Care Investment Workgroup (Workgroup) in Q1 2024. The Workgroup will discuss select design elements included in the Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model application. The AHEAD Model is a state-based alternative payment and service delivery model designed to curb health care cost growth, improve population health, and advance health equity by reducing disparities in health outcomes. The Centers for Medicare & Medicaid Services (CMS) released the Notice of Funding Opportunity on November 16, 2023. The MDH is taking the lead in completing the application and is collaborating with various State agencies in crafting responses; the application is due by March 18th.

Maryland Primary Care Program Advisory Council

The Maryland Primary Care Program (MDPCP) Advisory Council (Council) is planning to convene in Q1 2024. Discussion items include strategies to ensure practice readiness to provide behavioral health services, and policy and implementation challenges related to the Health Equity Advancement Resource and Transformation (HEART) payment. The HEART payment provides additional support to MDPCP participants serving socioeconomically disadvantaged populations and promotes the State's and CMS' goal to advance health equity. The Council serves in a consultative and advisory role to the Secretary of the MDH and the MDPCP Program Management Office. The Council is tasked with policy and operational-based matters and deliberates on operational improvements.

Practice Transformation Grant Activities

Twenty-two practices (190 providers at 39 sites) in the Advancing Practice Transformation in Ambulatory Practices program (program) are incrementally completing transformation training and assessment milestones. Nearly 22 practices have completed one or more of the seven milestones. The foundation for the program is the CMS Transforming Clinical Practice Initiative practice transformation modules. In July 2022, MHCC competitively awarded a grant to MedChi, the Maryland State Medical Society (MedChi), Care Transformation Organization to help practices shift 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 with the Maryland Academy of Family Physicians for a symposium in Q1 2024 focused on key principles and strategies for increasing patient and family engagement. A population health management forum with MedChi focused on using data to inform prevention, early intervention, and coordination of care to address the complex needs of individuals with chronic diseases is planned for Q2 2024. Attendees will receive Continuing Medical Education credit for event participation.

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. Additional enhancements and updated features are underway and routine updates and maintenance are ongoing. The most recent update includes hospital price transparency data and medical conditions by race and ethnicity. 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 similar in January (1,441 users) compared to December (1,471 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

To promote awareness of the Quality Reports website, packages were mailed to all 117 senior centers in Maryland. The packages contained promotional items such as jar grippers and pillboxes that are printed with the website address and a QR code, and printed material including Quality Reports rack cards, hospice brochures, LTC planning toolkits, and other fact sheets. 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. Staff assisted the Executive Director with a presentation to MaCCRA (Maryland Continuing Care Residents' Association). The presentation highlighted the work the Commission has undertaken by leading the Nursing Home Acquisition Workgroup and the Small Assisted Living Workgroup and described the information that can be found on the Maryland Quality Reporting website.

Hospital Quality Initiatives – Courtney Carta

Healthcare Associated Infections

CMS has added a new requirement for hospitals to begin submitting antibiotic use and resistance data to the CDC National Healthcare Safety Network system. Standardized surveillance of antibiotic stewardship is an important step that can contribute to patient safety initiatives and ultimately lead to better outcomes. At this time, the measure is attestation-only but may evolve and lead to public reporting in the future. Staff are collaborating with MDH and other partners to assist hospitals as they adapt systems to meet the new requirement.

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

The final report and recommendations were approved at the January 18, 2024 Commission meeting and sent to the governor and general assembly January 26.

SB509 Nursing Home Acquisitions Workgroup

The final recommendations were approved at the December 14, 2023 Commission meeting, and the final report was approved at a special meeting on December 20, 2024. The final report and recommendations were sent to the governor and general assembly on January 16, 2024.

Health Plan Quality Initiatives

Data from the 2022 measurement year are available on the Maryland Quality Reporting website. Staff are working with the contractor to identify areas of additional investigation to support the Commission's dedication to advancing health equity.

Outpatient Quality Initiative—Mariama Simmons

Freestanding Ambulator Surgery Facility Survey

The annual Freestanding Ambulatory Surgery Facility (FASF) Survey closed in December and staff are finalizing and preparing the data for public reporting. The data are expected to be available later this month.

Adult Medical Day Care Program Survey

Staff recently implemented a new, streamlined data collection survey for Adult Medical Day Care (AMDC) programs in Maryland. The AMDC survey is underway, and the data collected will be reported on Maryland Quality Reporting consumer website later in the Spring.