

# MARYLAND HEALTH CARE COMMISSION

## *UPDATE OF ACTIVITIES*

March 2024

### *EXECUTIVE DIRECTION*

#### *Government Relations and Special Project – Tracey DeShields*

##### State Policy Update

The legislative session continues. The MHCC has taken positions on a number of bills. We testified and opposed *HB 804 - Certificate of Need - Psychiatric Health Care Facilities and Psychiatric and Mental Health Services – Exemption*. This bill would have exempted psychiatric services from the CON process. We also testified on the *SB1000/HB1122 Maryland Health Care Commission – Nursing Homes – Acquisitions* bills in the House and the Senate. Additionally, we testified on a few bills related to expanding the level of funding to the Trauma Fund. We have been working with all stakeholders on amendments to the nursing home acquisitions bills. We believe we have consensus on amendments and the bills will be going to a vote soon in the Seante and House Committees.

Work on the Mental Health Workforce Assessment continues. The consultant group, Trailhead Strategies continue their data collection and doing interviews with behavioral health professionals, paraprofessionals, educators, and other stakeholders. The consultant group has moved into phase three of their work. They are doing preliminary analysis of data. 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 in the amount of \$178,000 for our website redesign implementation. The contractor is Breakthrough (BT) Technologies based in Chicago, Illinois

##### **MHCC-related news coverage: selected articles and commentary**

###### Senior Services

B. Peveto, “*Lobby Day brings advocates to Annapolis to focus on Maryland seniors*”, Public News Service, March 7, 2024

<https://www.publicnewsservice.org/2024-03-07/senior-issues/lobby-day-brings-advocates-to-annapolis-to-focus-on-maryland-seniors/a89228-1>

###### Health Insurance

S. Akhtar, “*Maryland Bill Pushes for Comprehensive Prosthetic Coverage, Championed by Veteran and Paralympian John Heath*,” March 7, 2024

<https://bnnbreaking.com/breaking-news/health/maryland-bill-pushes-for-comprehensive-prosthetic-coverage-championed-by-veteran-and-paralympian-john-heath>

###### MDPCP OR Maryland Primary Care Program

Schulte, F., “*Whistleblower accuses Aledade, largest US independent primary care network, of Medicare fraud*,” KFF Health, News March 7, 2024

<https://www.columbian.com/news/2024/mar/07/whistleblower-accuses-aledade-largest-us-independent-primary-care-network-of-medicare-fraud/>

**Health Care Data**

Alder, S., “Sen. Cassidy Proposes Legislative Updates to Improve Health Data Privacy,” The HIPAA Journal, March 7, 2024

<https://www.hipaajournal.com/sen-cassidy-legislative-updates-to-improve-health-data-privacy/>

Dermody, T., “Salesforce launches healthcare data platform Einstein Copilot: Health Actions,” MobiHealthNews, March 7, 2024

<https://www.mobihealthnews.com/news/salesforce-launches-healthcare-data-platform-einstein-copilot-health-actions>

**Maryland Trauma Physician Services Fund**

**Equipment Grants**

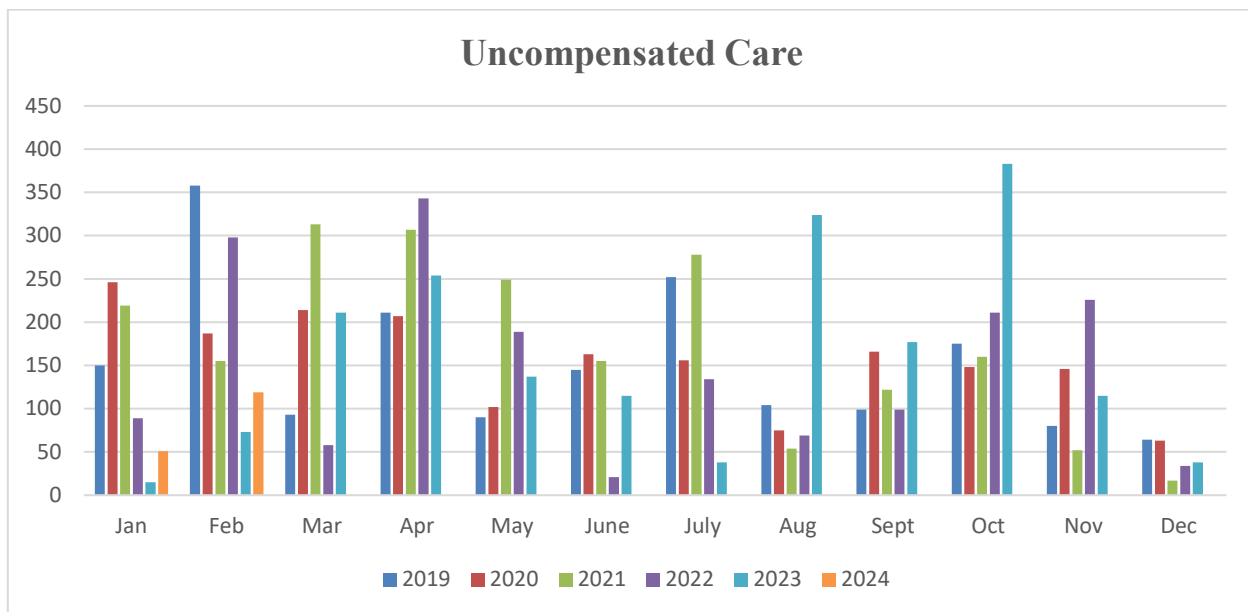
In the month of January, the Commission staff dispersed awards totaling \$509,322.54 of the \$600,000.00 designated for the FY 2024-2025 Trauma Equipment Grant Cycle. The grants were issued to six of the seven Level II / III Trauma Centers.

**On-Call Applications**

The Commission staff is currently receiving applications for On-Call Services provided by trauma physicians for the period July – December of 2023. We have received a total of 10 applications to date (03/05/24).

**Uncompensated Care Processing**

Commission staff processed \$51,083.14. in uncompensated care in January and \$119,443.41 in claims for the month of February. All claims processing is on schedule.



**MHCC Website:** The MHCC website (<https://MHCC.maryland.gov>) had 3,925 during the month of February 2024.

**Wear The Cost**

In February 2024, 2,102 users visited the site. This is a significant increase from the 419 visitors in January. The site now contains comparisons for 24 episodes of care for the commercially insured and 17 episodes of care for individuals insured through Medicaid.

**Maryland Quality Reporting**

The Maryland Quality Reporting had 1,722 total users in February, nearly a 20% increase from the previous month. The website also had a slight increase in sessions (an increase of 7.6%). Notably, the average session duration, or how long a user stays on the website decreased 37%.

This month, the site received the most website referrals from GovDelivery, specifically, from 259 users who viewed the Winter 2024 issue of the Quality Corner newsletter released on February 8, 2024, and came directly to the website from a link in the newsletter. The users were split almost evenly between viewing the Outpatient Surgery section and the Health Plan section of the website, boosting two of the least commonly visited sections of the site. While the users did not spend much time on the site (average of 7 seconds), the engagement rate is defined as the percentage of sessions that lasted longer than 10 seconds or had 2 or more screen or page views, was 84.7%.

Users were also referred to the site from Maryland 211, A Place for Mom, Medicare, and the Maryland Attorney General.

Facebook remains the primary social media referral source.

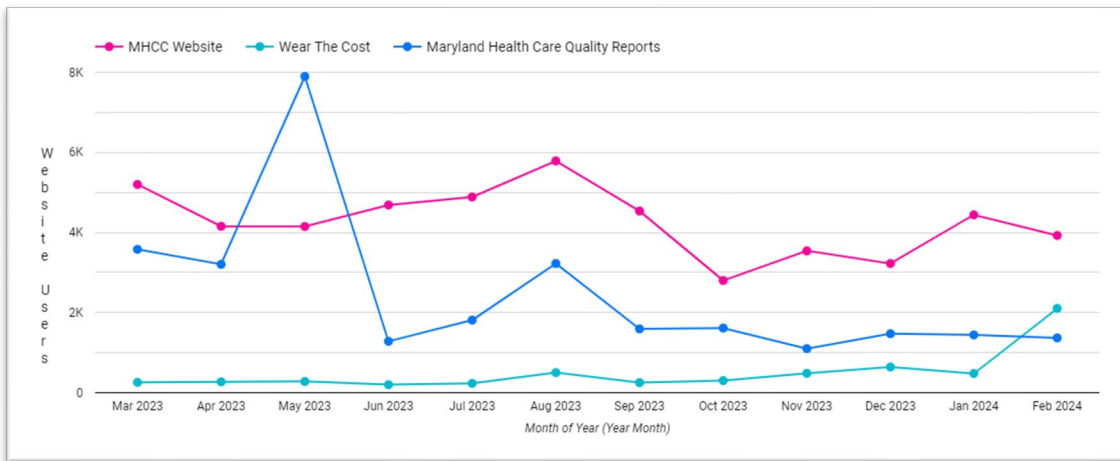


Figure 2 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

***CENTER FOR ANALYSIS AND INFORMATION SYSTEMS***

***Cost and Quality Analysis – Shankar Mesta***

**MCDB Data Submission Status, Payor Compliance, and Technical Support**

**At the end of February 2023, 31 (91%) payors submitted clean Q4 2022 data through the Onpoint portal.**

Thirty-one (91%) reporting entities submitted clean Q4 2022 data that have passed all quality checks. Three (9%) of the Q4 2022 payor data submissions are under review by Onpoint support staff due to issues in the initial submitted files. MHCC and Onpoint staff sent out reminders to these three payors to submit clean data to avoid unnecessary penalties due to late submission.

All eligible reporting entities have registered through Onpoint portal to submit 2023 data as per the latest data submission manual guidelines.

**CHIT Adhoc Data Request**

CAIS staff created an urgent care center distribution analysis for MHCC’s Center for Health Information Technology and Innovative Care Delivery (CHIT) staff. The distribution analysis showed the total allowed amount for individual urgent care center established in Maryland from 2021 to 2022. The CHIT staff wanted to conduct an environmental scan of urgent care centers who have submitted claims to APCD.

***CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT***

***Acute Care Policy and Planning – Eileen Fleck***

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

The first work group meeting for the update of COMAR 10.24.07 was held on Monday, February 5, 2023. The work group provided feedback on a draft White Paper on residential treatment centers (RTCs) developed by MHCC staff and provided feedback on draft policies for an update of COMAR 10.24.07 and the evaluation of the need for additional RTC capacity. The next meeting is scheduled for April 9, 2024.

**Annual Supplemental Hospital Inventory Survey for 2023**

Staff finalized and published the results from the annual supplemental hospital inventory survey on MHCC’s web site in February. The link to the file is:

[https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_hospital/documents/acute\\_care/con\\_chartbook\\_md\\_general\\_special\\_hospitals\\_fy23.pdf](https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/documents/acute_care/con_chartbook_md_general_special_hospitals_fy23.pdf)

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

The final proposed regulations were approved by the Commission at the February Commission meeting. COMAR 10.24.10 will be published in the March 8, 2024, edition of the Maryland Register with an effective date of March 18, 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 most recent meeting was held on February 23rd. Discussion focused on preliminary data from Hilltop to assess the costs and benefits of Maryland Medicaid coverage of palliative care. The next meeting will be with all six states and is scheduled for March 19th.

#### **FY 2023 Hospice Survey Data:**

Staff is preparing the FY2023 Maryland Hospice Survey with a preliminary letter to all hospice providers, informing them of changes to the data collection process and asking them to provide and confirm contact information.

#### **FY 2021 Home Health Agency Survey Data Posting:**

Data cleaning has been completed for the FY 2021 Home Health Agency (HHA) Survey. The data, which includes both the HHA Public Use Data Set and the HHA Utilization Tables, has been posted at: [https://mhcc.maryland.gov/public\\_use\\_files/index.aspx](https://mhcc.maryland.gov/public_use_files/index.aspx)

#### **FY 2022 Home Health Agency Survey:**

The FY2022 Home Health Agency Survey data collection is scheduled for February 27 to April 26, 2024. Staff continue to provide technical assistance to providers, as needed, during the data collection period.

### **Certificate of Need – Jeanne-Marie Gawel**

#### **Project Change After CON Approval**

University of Maryland Upper Chesapeake Medical Center with the University of Maryland Harford Memorial Hospital: Request for Post Approval Project Change  
Docket No. 17-12-EX003

A project change was submitted to increase the capital costs by \$13,379,892, a 15.9 percent increase. The increase brought the total construction expenditure from \$84,406,807 to \$97,786,699. The cost increase was attributed to two of the components of the project: the third-floor shell space and the renovations to the main building.

## **CON Applications Filed**

### Sterling Care Hillhaven – Matter No. 24-16-2469

Construction and the addition of 32 skilled nursing home beds from the MHCC Bed Need Projections for Comprehensive Care Facility (32 beds in Prince George’s County for the Target Year 2022). At project completion, Hillhaven will operate 98 total CCF beds, 44 private and 54 semi-private.

Proposed Cost: \$7,500,000

## **Request for Project Change Application/Exemption Filed**

### Hygea Detox at Camp Meade – Docket No. 23-02-2468

An increase of \$114,844 in the total current project budget of \$127,038 for a total revised project budget of \$241,882, with \$186,882 related to capital costs.

## **First Use Approval**

### Brinton Woods Health Care Center d/b/a Atlee Hill Health & Rehab Center

#### Docket No. 18-06-2422

Replace and relocate a 60-bed comprehensive care facility (CCF) to the campus of Carroll Hospital in Westminster, Maryland. The replacement facility increased the number of private rooms from six to 40. The remaining 20 beds are ten semi-private rooms. The building’s main level will house all the residents on one floor. Commission approved cost \$17,176,140; the project was completed at a total capital cost of \$16,913,928.

### Pascal Crisis Services, Inc. – Docket No. 22-02-2459

Establish an Intermediate Care Facility (ICF) for alcohol and drug abuse treatment by adding 20 American Society of Addiction Medicine (ASAM) Level 3.7 withdrawal management (WM) beds to the facility in Crownsville, Maryland.

Approved Cost: \$60,500

### Alpas Wellness LaPlata – Docket No. 22-04-2462

Establish a 36 bed Track One Intermediate Care Facility for adults providing Level 3.7 Medically Monitored Intensive Inpatient and Level 3.7WM, Medically Monitored Intensive Inpatient Withdrawal Management (Detoxification) services. The proposed Level 3.7/3.7WM ICF will operate as part of a 108-bed alcoholism and drug abuse, eating disorder, gambling, and sex addiction center in La Plata, Maryland. The 36 3.7/3.7WM beds will be located on the first floor of a renovated three-story former assisted living facility.

Approved Cost: \$8,250,000

### Grace Medical Center – Docket No. 21-24-EX013 – Partial First Use

Sinai Hospital of Baltimore, Inc. (Sinai) and Grace Medical Center, Inc. (Grace) were awarded an Exemption from Certificate of Need to convert Grace to a freestanding medical facility (FMF). The general hospital campus was reconfigured in phases through a combination of renovation of existing building space, demolition of existing building space, and new construction. This partial first use request is for Phase 1 of the project, the establishment of the free-standing medical facility.

Approved Cost: \$61,648,080

## **Determinations of Coverage**

- **Ambulatory Surgery Centers**

Andochick Surgery Center, LLC – (Frederick County)

Change of ownership at Andochick Surgery Center, LLC, d/b/a Physicians Surgery Center of Frederick. Dr. Rishi Gupta, MD and Surgical Center Development #5, LLC will join the facility in February and will hold 5.0% and 38.0% ownership, respectively.

Capital Surgical Center, LLC- (Montgomery County)

Transfer and equity ownership majority from Covenant Surgical Holdings Corporation to United Surgical Partners International, Inc. This transaction will be effective March 29, 2024. United Surgical Partners International owns about 480 ASCs and surgical hospitals in the US.

Cascades Endoscopy Center. LLC - (Howard County)

Expansion of an existing ambulatory surgery center (ASC). On May 23, 2023, the Commission issued a determination of coverage to establish an ASC with three non-sterile procedure rooms at 7120 Minstrel Way in Suite 200 in Columbia, Maryland 21045. A subsequent request on January 22, 2024 sought to expand Cascades Endoscopy Center, LLC, by adding one non-sterile procedure room at 7120 Minstrel Way in Suite 101. Upon project completion, Cascades Endoscopy Center, LLC, would operate with no sterile operating rooms and a total of four (4) non-sterile procedure rooms.

Horizon Surgical Group – (Montgomery County)

A request for minor changes to a July 28, 2023 determination of coverage. The changes include:

1. An update of the d/b/a for the ASC from “Horizon Vascular Specialists ASC” to “Horizon Vascular ASC.”
2. The initiation of surgical services date is April 1, 2024, instead of October 1, 2023.
3. The estimated total cost of constructing or fitting out the area associated with the provision of the ambulatory surgical procedures is \$1,647,422.00.

• **Acquisition/Change of Ownership**

Sagepoint Nursing & Rehabilitation Center – (Charles County)

Acquisition of the above-referenced comprehensive care facility (CCF) on April 1, 2024. Currently, the operator and owner of the bed rights is Charles County Nursing and Rehabilitation Center Inc. and will change to 10200 La Plata Opco LLC. The real property is owned by Family of Care Real Estate Holding Company, Inc. and will remain the same.

Purchase price: \$0 (lease)

• **Licensure**

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

Johns Hopkins Bayview Medical Center – (Baltimore City)

Temporary delicensure of all 60 chronic care beds

• **Other**

Hospice of Washington County – (Washington County)

Permission to provide hospice services to a patient residing in Frederick County living near the county line with Washington County. This notification is a routine action under MHCC regulations because hospice service areas are specific to county. A hospice, not designated to serve a given county must seek approval from MHCC, which are typically issued within 24 hours of receipt.

University of Maryland Capital Region Health – (Prince George’s County)  
Request for a Determination of Non-Coverage for major medical equipment.

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

Sagepoint Nursing and Rehabilitation Center is a 170-bed comprehensive care facility (CCF) located at 10200 La Plata Road in Charles County, Maryland.

Transaction: Acquisition of assets

**CURRENT**

Owner of the real property: Family of Care Real Estate Holding Company, Inc.

Owner of bed rights: Charles County Nursing and Rehabilitation Center Inc.

Operator: Charles County Nursing and Rehabilitation Center Inc.

**POST-TRANSACTION**

Owner of the real property: Family of Care Real Estate Holding Company, Inc.

Owner of bed rights: 10200 La Plata Opco LLC

Operator: 10200 La Plata Opco LLC

Purchase price: \$0 (lease)

**Acquiring Entities**

10200 La Plata Opco LLC is 100% owned by 10200 La Plata Opco Holdco, LLC which is subsequently managed by Simon Stern (22%), Aharon Stern (22%), La Plata NBK Legacy Trust (50% Noah Burton Trustee), Moshe Birnbaum (5%) and Manny Stern (1%). A complete ownership chart is attached to the application.

According to the CMS Nursing Home Compare data the acquiring entities own or have previously owned in the immediately preceding three-year period, three other comprehensive care facilities in Maryland—Solomons Nursing and Rehabilitation (5-stars), Potomac Valley Rehabilitation Center (4-stars) and the Nursing and Rehabilitation Center at Stadium Place (1-star). However, the acquiring entities state that they divested from the latter two in January of 2021, and provided documentation of the divestiture. Four- or five-star facilities are considered above average, three-star facilities are considered average, and one- or two-star facilities are considered below-average by the Centers for Medicare & Medicaid Services (CMS).

For the one Maryland nursing home currently affiliated with the applicants (Solomons Nursing and Rehabilitation Center) the Nursing Home Family Satisfaction Survey yielded an 89.2% positive rating. 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.

Solomons Nursing and Rehabilitation Center does currently have a MOU with Medicaid of 68.3%. Using the most current MHCC data available (2022), the facility is achieving 60% however the threshold in Calvert County is only 37.8% and the acquiring entities would be eligible for a lower threshold.

The acquiring entities have provided evidence (meeting dates) that Solomons Nursing and Rehabilitation Center maintained quality assessment and assurance committees. The committees meet quarterly and look at three months of data, meeting on the last Wednesday of each quarter.

The most recent annual inspection reports and the subsequent plans of correction for the one affiliated Maryland facility, Solomons Nursing and Rehabilitation Center, were reviewed which had only 3-citations in its latest survey (2019<sup>1</sup>). Facility staff wrote plans of correction for each deficiency and the plans of correction were accepted. The breakdown of deficiencies is below:

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<sup>1</sup> The previous surveys in 2017 and 2018 both had four citations, the Maryland average is 16.2

**Solomons Nursing and Rehabilitation Center**  
Freedom from Abuse, Neglect and Exploitation 0  
Quality of Life 0  
Infection Control 0  
Resident Assessment and Care Planning 0  
Nursing and Physician Services 1  
Resident Rights 0  
Nutrition and Dietary 0  
Pharmacy Services 2  
Environmental 0  
Administration 0

A review of 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 did not find anything substantive. In addition, the acquiring entities attested that none of the purchaser's principals — i.e., any owner<sup>2</sup> 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 of more than \$10 million dollars.

### **Recommendation**

In accordance with Health- General §19-1401.2, before taking any action on a license, the Secretary must consider any findings and recommendations of the Maryland Health Care Commission to the Office of Health Care Quality under Health- General §19-115.

In summary of the findings, Commission staff concluded that having a 5 out of 5-star (considered above average) rating, the acquiring entities would probably meet the Quality Rating standard at COMAR10.24.20.05A(8), which would be required to obtain a Certificate of Need to establish or expand a CCF. In addition, the acquiring entities 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 entities in Maryland.

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<sup>2</sup> 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.

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

***Health Information Technology Division – Nikki Majewski, Division Chief***

**Telehealth Studies**

Milliman, Inc. was granted access to MHCC’s All Payer Claims Database to conduct analyses for two studies required by legislation passed 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)*. Milliman was competitively selected to complete the studies in January. The study for HB 1148 will develop a Health Payment Adequacy Assessment Framework to benchmark reimbursements by private payers and Maryland Medicaid to the Medicare Physician Fee Schedule. SB 534 will evaluate the difference in cost and clinical time and intensity for providers to deliver select services via telehealth and in-person. Findings will inform the development of recommendations regarding the delivery of somatic and behavioral health services through audio-visual and audio-only telehealth. Reports are due to the General Assembly by December 1, 2024.

**Noncontrolled Prescription Drugs (Non-CDS) Reporting**

The *Draft Noncontrolled Prescription Drugs Dispenser Data Submission Manual* (manual) was shared with select dispensers participating in the non-CDS reporting demonstration with CRISP and the Prescription Drug Monitoring Program (PDMP) vendor, Leap Orbit. The manual was developed in collaboration with CRISP and provides guidance on submitting non-CDS dispense information in a test environment; changes to the manual will be considered based on demonstration findings. Several pharmacies (an independent, chain, and compounding pharmacy) are participating in the demonstration. Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022) requires dispensers to report non-CDS data to CRISP.

**Environmental Scans – Urgent Care and Home Health**

An information brief (brief) on urgent care centers (UCC) use of health IT is nearing completion. The brief highlights UCCs adaptability to meet care delivery needs before and after the COVID-19 Public Health Emergency and incorporates data from a health IT questionnaire completed by approximately 89 percent of multi-site UCCs operating in Maryland. Key themes were identified from an analysis of home health agencies (HHAs) responses to a health IT questionnaire inquiring about the use of electronic health records (EHR), telehealth, applications to track health-related social needs, and electronic advance directives. The questionnaire was completed by about 80 percent of HHAs in the State. An information brief is targeted for release in June.

**Advance Directives**

The *Advance Directives Communication Toolkit* was updated to include a new flyer overviewing the benefits of electronic advance directives. The flyer can be used in promoting electronic medical and mental health advance directives. Technical discussions with the Maryland Institute for Emergency Medical Services Systems (MIEMSS), ImageTrend (MIEMSS’ EHR vendor), and CRISP continue. Integration will enable access to advance directives and other clinical information in the workflow of first responders. ImageTrend intends to use the national Carequality interoperability framework to exchange data with CRISP. Carequality is a partnership between public and private sectors aimed at promoting data exchange among health information exchange (HIE) organizations.

## **Regulations**

A review was completed of comments submitted by around 36 individuals and organizations in response to the Notice of Proposed Action to amend 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* (regulations). The proposed regulations were posted in the Maryland Register on January 12, 2024; final action on the proposed amendments will be considered in April. The Joint Committee on Administrative, Executive, and Legislative Review granted emergency status to the amendments, which were published in the Maryland Register on February 9, 2024. Amendments to the regulations support implementation of Chapter 249/House Bill 812, *Health - Reproductive Health Services - Protected Health Information and Insurance Requirements* (2023).

## **Legally Protected Health Information**

A review of HIEs and electronic health networks (EHNs) affirmations of compliance and implementation plans for restricting from disclosure legally protected health information (LPHI) is nearing completion. COMAR 10.25.18 and COMAR 10.25.07 require HIEs and EHNs operating in the State to either affirm they have the technical ability to parse restricted codes defined as LPHI in the Maryland Department of Health's (MDH) regulations, COMAR 10.11.08 *Abortion Care Disclosure*, or specify their planned technical approach to restrict the required codes. Health-General Article, §4-302.5, Annotated Code of Maryland (2023) established protections for certain diagnosis, procedural, medication, and other related codes for abortion care and other sensitive health services. Affirmations of compliance and implementation plans received will be posted on MHCC's website in March.

## **CRISP**

Strategies for deploying a phased approach for the consent management application (CMA) were discussed with CRISP. Chapter 798/HB 1375 *Health Information Exchanges – Electronic Health Information – Sharing and Disclosure* (2021) requires CRISP to develop and maintain a CMA that centralizes the HIE opt-out process for health care consumers. Registered HIEs are required to connect to CRISP to obtain information on consumers opt-out status. The phased approach will be included in amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* in Q2 2024. CRISP completed an analysis of Optum Insight's (Optum) administrative transactions (transactions) test files and identified additional data requirements. Activities are underway to obtain synthetic transaction data from Optum. EHNs are required to submit transactions to CRISP for clinical care and public health purposes in accordance with Chapter 790/House Bill 1022, *Public Health - State Designated Exchange - Clinical Information* (2021).

## **Breaches**

A spotlight on the health care data breach affecting 500 or more individuals was drafted. The spotlight includes information on breach trends from 2018 through 2023 based on an analysis of publicly available information on breaches reported to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). The spotlight includes best practices for preparing, preventing, and responding to breaches and is targeted for release in April.

## **Artificial Intelligence**

Preparations are in progress to organize focus groups aimed at exploring the opportunities and obstacles of harnessing artificial intelligence (AI) technology in health IT. AI stands poised to transform care delivery by revolutionizing multiple facets of health IT. AI can analyze vast amounts of data to identify patterns, trends, and correlations that may not be readily apparent to enhance clinical decision-making and patient outcomes. Discussions will focus on privacy and security and ethical use of AI. Two virtual focus groups opened to the public are anticipated to occur in April.

## **Legislative Scans**

An annual legislation scan (scan) of state consumer privacy laws that include protections for health-related data that falls outside the scope of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

was completed. Laws identified through the scan generally establish consumer rights regarding their data and impose restrictions or obligations around the collection, use, or sale of certain data. Another scan identified states that have proposed or passed legislation to protect privacy and access to certain reproductive health care information. In April 2023, OCR issued a Notice of Proposed Rulemaking to modify HIPAA to strengthen reproductive health care privacy.

### **HITRUST**

Planning is advancing to convene a HITRUST Town Hall with EHNs, HIEs, payers, and HITRUST in April. The Town Hall will center on how periodic updates to the HITRUST certification framework respond to evolving cyber threats and enhance control requirements to demonstrate an organization's commitment to privacy and security. In 2018, MHCC began recognizing HITRUST; most HIEs and EHNs obtain HITRUST certification to comply with regulations set forth by MHCC.

## ***Innovative Care Delivery Division – Melanie Cavaliere, Division Chief***

### **Primary Care Investment Workgroup**

Planning is progressing to convene the Primary Care Investment Workgroup (Workgroup) in Q2 2024. The Workgroup will review Maryland's primary care investment strategies, including the Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model application. The AHEAD Model is designed to curb health care cost growth, improve population health, and advance health equity by reducing disparities in health outcomes. On November 16, 2023, The Centers for Medicare & Medicaid Services (CMS) released the Notice of Funding Opportunity. The MDH plans to submit its AHEAD application by March 18<sup>th</sup> and is collaborating with various State agencies in formulating responses.

### **Maryland Primary Care Program Advisory Council**

The Maryland Primary Care Program (MDPCP) Advisory Council (Council) is planning to convene in Q2 2024. The Council will discuss strategies to ensure practice readiness to provide behavioral health services, and policy and implementation challenges related to the Health Equity Advancement Resource and Transformation payment (HEART), which provides additional support to MDPCP participants serving socioeconomically disadvantaged populations. HEART payments promote the State's and CMS' goal to advance health equity. The Council is tasked with policy and operational-based matters and serves in a consultative and advisory role to the Secretary of the MDH and the MDPCP Program Management Office.

### **Practice Transformation Grant Activities**

Transformation training and assessment milestones are being completed by 27 practices (207 providers at 56 sites) in the Advancing Practice Transformation in Ambulatory Practices program (program). Nearly 26 practices have completed one or more of the eleven milestones. The CMS Transforming Clinical Practice Initiative practice transformation modules are the foundation of the program. The 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 in July 2021.

### **Learning Network**

Promotional activities are underway for a March 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. Planning activities continue with the Maryland Academy of Family

Physicians for a symposium in Q2 2024 focused on key principles and strategies for increasing patient and family engagement. Continuing Medical Education credit applications are submitted to award 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. Home Health and Nursing Home profile pages have been updated with the most recent data released for the CMS Care Compare refreshes. 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. An updated assisted living directory with over 1,600 facilities has been uploaded. 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 February (1,722 users) compared to January (1,441 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 70 social media posts in February. Topics included, Black History Month, National Wise Health Care Consumer Month, American Heart Health Month, 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.

#### **Community Health Worker Program Collaboration**

Staff are working with the MDH Community Health Workers (CHW) Program to increase awareness of the MQR website. CHWs work or volunteer in the community they live in and generally have shared experiences (e.g., culture, language, life experiences) with the communities they serve. CHWs have a unique ability and perspective to provide outreach, information, and resources where it's needed most. Staff presented a web demonstration during the February monthly CHW Advisory Committee meeting to inform the group about all the information available on the MHCC website and to solicit CHW participation in a website focus group/feedback session. There were approximately 30 attendees and the presentation received positive feedback. Two 1-hour feedback sessions for CHWs have been scheduled for the last week of March. We look forward to a continued collaboration with the MDH CHW Program.

## ***Hospital Quality Initiatives – Courtney Carta***

### **HB1051 Maternal Health – Assessment, Referrals, and Reporting**

Under HB 1051 the Health Secretary, in collaboration with the MHCC, must develop a Maryland report card for birthing facilities (hospitals and freestanding birthing centers) and collect the necessary information to complete an annual report card for each birthing facility in the state. Staff are working closely with Delegate Jennifer White Holland, MDH and other stakeholders to support this effort. The hospital component of our *Quality Reporting* consumer website has been offered to serve as the platform for the proposed report card. Users of the MHCC consumer website can identify hospitals that provide maternity services and assess their performance on a variety of quality and performance measures. The staff looks forward to working with MDH and stakeholders to expand and improve upon our maternal health data reporting.

### **Specialized Cardiac Services Data**

All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR CathPCI data registries and report quarterly data and detailed reports to the Commission in accordance with established timelines. The first quarterly cardiac data coordinators meeting of 2024 occurred on February 13, 2024. Discussion points included data registry updates, a case study discussion, and a question-and-answer session. The next meeting is scheduled for May.

### **Maryland Cardiac Center Consortium (MC3)**

MIEMSS recently created a standing advisory committee called Maryland Cardiac Center Consortium (MC3). Membership is open to all designated cardiac interventional centers (CIC) and referral facilities in Maryland. The goal of the MC3 is to improve cardiac systems of care across the state. The February meeting included an open discussion on ways in which MHCC and MIEMSS could streamline the various application processes. MHCC will continue to partner with MC3 to help improve systems and quality of cardiac care in Maryland hospitals.

## ***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. Staff met with MDH Office of Long Term Services and Supports to discuss data integrity issues with the new CMS nursing home measure *S\_041\_01: Percentage of healthcare personnel who got a flu shot for the current season*. Nursing home facilities have been notified of the revised procedures for accurate and timely reporting of this measure, so the Commission and the Pay for Performance program can use it in lieu of the former MHCC influenza survey. Staff will work with the National Healthcare Safety Network to obtain healthcare worker influenza vaccination data beginning with the 2023-2024 flu season.

### **Health Plan Quality Initiatives**

Staff are working with the contractor to identify areas of additional investigation to support the Commission's dedication to advancing health equity. Staff are preparing for data collection for the 2023 measurement year.

## *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 soon.

### **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 period has closed, and staff are cleaning and finalizing the data to be publicly reported on Maryland Quality Reporting consumer website later in the Spring.

### **Health Equity Inventory**

As a deliverable from the 2021 Legislative session, staff worked to create a health equity inventory that provides information on programs and services available to vulnerable populations of Marylanders that are impacted by health and social inequities. These programs are sponsored by the Maryland Department of Health (MDH) or affiliate organizations of MDH. The inventory is available on the Quality Reporting consumer website. Staff are working to collect updated information on the various programs and services.

### **Pediatric Dental Study**

The Maryland Department of Health, in collaboration with the Maryland Hospital Association and the MHCC completed an interim report on Medicaid patients access to hospital and ambulatory surgery center operating rooms for dental procedures for the House Health and Government Operations Committee. While the data submitted are preliminary, the MHA hospital survey showed that 11 of the 43 acute hospitals have zero credentialed dentists. Of the remaining hospitals, 32 reporting having at least one credentialed dentist, 8 reported having no OR minutes available to dentists. Analyses of Medicaid claims show longer travel times to dental OR services in the eastern and western parts of the state and that participants are not necessarily accessing services at the nearest OR. Driving times for non-dental OR services are shorter than for dental OR services. Dental OR surgery access is clustered in the central part of the state.

Only a small number of ASCs provide any type of dental surgery. From the collection of MHCC's latest annual ASC data, only 3 of 345 ASC statewide reported that they provide any type of dental surgery services. The MHCC ASC dental capacity survey included a question on what factors would motivate current non-dental surgery providers to expand their services. One major concern was that ASCs had no information on the level of demand for these services, and several ASCs expressed concern that the volume of cases may not exist in the long-term. At this point complex pediatric dental procedures that require anesthesia will primarily be provided in hospital ORs. MHCC will continue to work with the ASC industry to build interest in providing dental services to the pediatric population when clinically appropriate.