

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

April 2024

EXECUTIVE DIRECTION

Government Relations and Special Project – Tracey DeShields

State Policy Update

The legislative session continues and is steadily rolling toward the last day of the legislative session. The MHCC has weighed in on various bills. An update on the bills being tracked will be provided at the April or May Commission meeting.

Work on the Mental Health Workforce Assessment continues. The consultant group, Trailhead Strategies continue their data collection and are beginning to do analysis of the data collected. Trailhead Strategies has asked to expand the scope of the project to include using MLDS data to conduct analysis of current supply of Behavioral Health professionals from Maryland colleges and universities; 5 virtual community provider/educator input sessions; develop fund operational model (which agency will administer the fund, how funds will be distributed, how impact will be evaluated long term, etc.); and to have an in person planning session to prioritize recommendations, review findings, and plan operational model for the investment fund. The consultant group has moved into phase two and three of their work.

A contractor has been selected and awarded the contract for our website redesign implementation. The contractor is BreakThrough (BT) Technologies. A kick-off meeting is planned for mid-April.

MHCC-related news coverage: selected articles and commentary

Health Disparities

Borgula, O., “Montgomery County Ranked One of the Healthiest in Maryland and U.S.,”
Montgomery Community Media, March 27, 2024

<https://www.mymcmedia.org/montgomery-county-healthiest-ranking/>

Health Insurance

Brown, D., “Md. health officials winding down on Medicaid redeterminations with only two months left,”
Maryland Matters, March 27, 2024

<https://www.marylandmatters.org/2024/03/27/md-health-officials-winding-down-on-medicaid-redeterminations-with-only-two-months-left/>

Targeted News Service, “Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes Final Rule Fact Sheet,”
InsuranceNewsNet, March 27, 2024

<https://insurancenewsnet.com/oarticle/streamlining-the-medicaid-childrens-health-insurance-program-and-basic-health-program-application-eligibility-determination-enrollment-and-renewal-processes-final-rule-fact-sheet>

Health Information Data

Fox, A., "States step in to hasten provider recovery in wake of Change Healthcare cyberattack," Healthcare IT News, March 27, 2024

<https://www.healthcareitnews.com/news/states-step-hasten-provider-recovery-wake-change-healthcare-cyberattack>

Long-Term Care

Carr, N., "AARP Maryland Calls for Stronger State Oversight of Adult Living Facilities as New Charges of Abuse are Brought," AARP States, April 4, 2024

<https://states.aarp.org/maryland/lcabus>

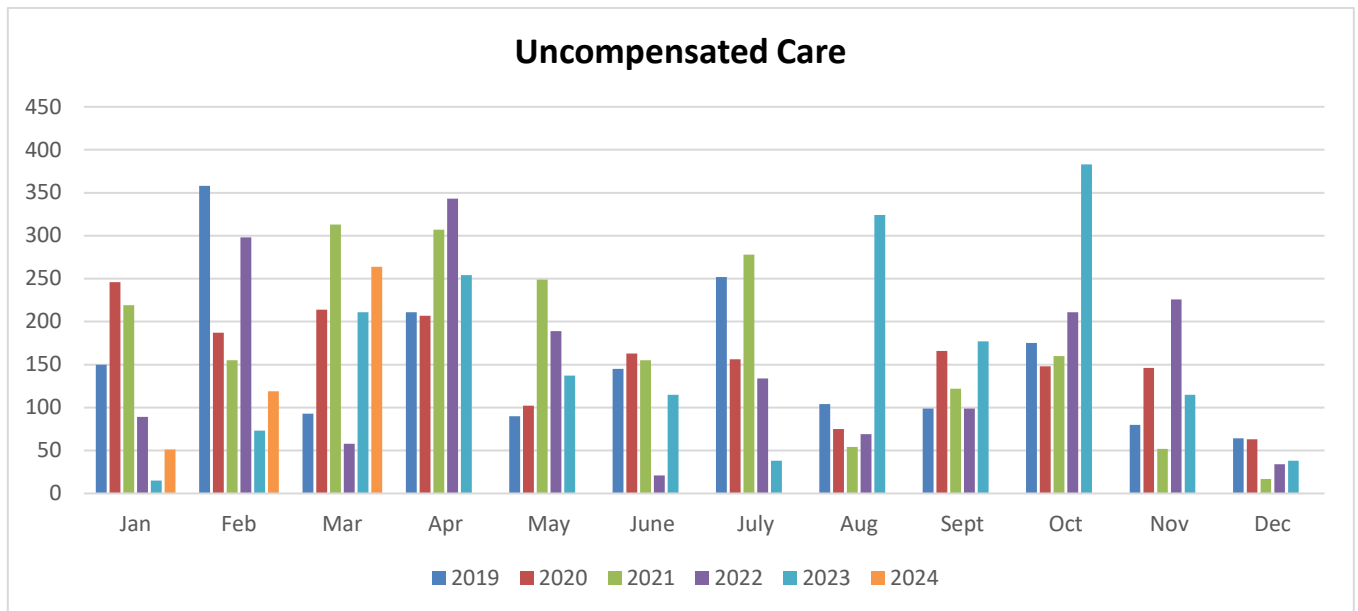
Maryland Trauma Physician Services Fund

On-Call Applications Processing

As of 04/02/2024, the Commission staff has processed ten requests from trauma/specialty centers totaling \$3,535,671.36 for reimbursement of on-call physician services for the period July – December of 2023. Two trauma centers have not submitted their on-call reports but have committed to doing so in April.

Uncompensated Care Processing

Commission staff processed \$263,726.92 in uncompensated care claims for the month of March. All claims processing is on schedule.



MHCC Website: The MHCC website (<https://MHCC.maryland.gov>) had 3,992 during the month of March 2024.

Wear The Cost

In March 2024, 3,642 users visited the site. The site has seen a surge in traffic since staff updated the site in December 2023.

Maryland Quality Reporting

The Maryland Quality Reporting had 1,202 total users in March, a 30% decrease from the previous month. The website also had similar decreases in sessions (a decrease of 24.1%). Notably, the average session duration, or how long a user stays on the website increased 22.4% to three minutes and 53 seconds. These changes were expected as the previous month's increase in website traffic was due to the release of the Winter 2024 issue of Quality Corner.

This month, the site received the most website referrals from Maryland 211, Maryland Attorney General, Medicare, AHRQ, and A Place for Mom.

Facebook remains the primary social media referral source.

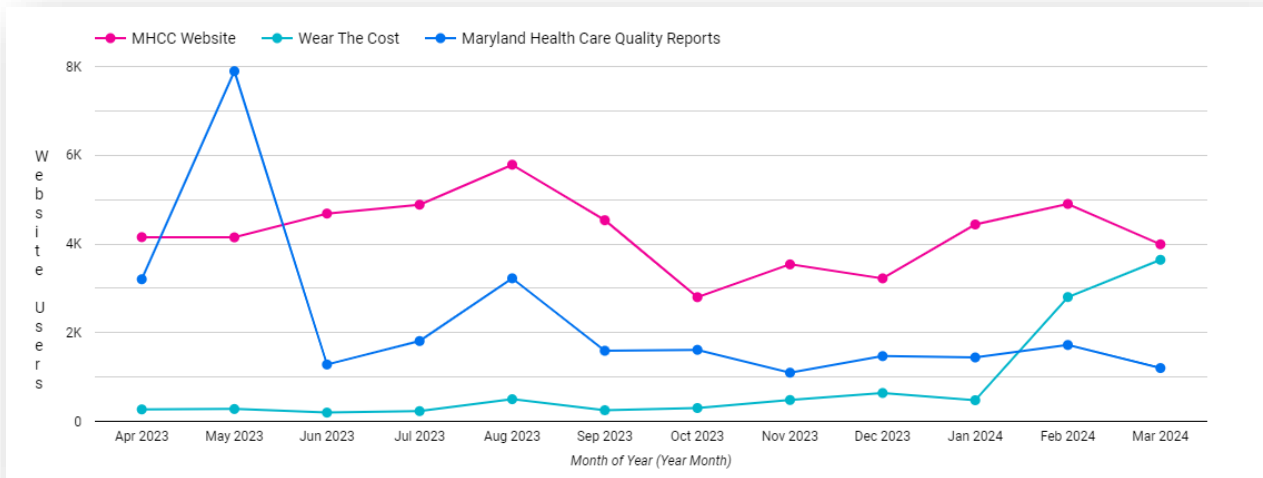


Figure 2 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Kenneth Yeates-Trotman, Director, Center for Analysis and Information Systems

An MCDB Data Use Case: AHRQ Rolled out its national Physician and Physician Practice Research Database (3P-RD) using the Maryland MCDB Data.

Dr. Herbert Wong, Director of the Division of Statistical Research and Methods at AHRQ, and Dr. Jennifer Smith, Principal Data Scientist at NORC, presented the AHRQ's Physician and Physician Practice Research Database (3P-RD) to Commissioners at the March Commission Meeting. The database aims to address existing data gaps in physician health services information at the state and market levels and provide evidence for safer, higher quality, and more accessible healthcare. Dr. Wong emphasized the need for data to inform policy on equity, health insurance, healthcare markets, and competition, especially in response to the COVID-19 pandemic. The 3P-RD project was established to address data gaps highlighted by the pandemic.

Dr. Jennifer Smith detailed the process of creating the 3P-RD database, which includes data from 13 states sourced from various common and unique data sources. Data quality, benchmarking, and addressing critical questions were crucial during testing. The database is currently in the sharing phase, allowing interested parties to access the data. The project aims to provide standardized and comprehensive data on physicians and practices to inform healthcare policy effectively.

The process of linking different data sources to create the 3P-RD database focused on physicians was discussed. Different data sources were linked to provide information on medical licensing, provider details, specialty information, and more. The final database includes data from 13 states, with characteristics from CMS Medicare fee-for-service and Medicaid data added to all states. Only Commercial data from the Maryland MCDB was released to AHRQ for the 3P-RD project. The goal was to harmonize all data and create a comprehensive database for analyzing physician information.

The importance of the 3P-RD database in tracking providers across state lines was highlighted. The database includes vital information about physicians and practices, allowing for accurate tracking and analysis. Different files, including a public use file and restricted use files, are available on the AHRQ website. The database currently has one year of data, with plans for an upgrade in 2026.

Cost and Quality Analysis – Shankar Mesta

No Update for the month of March 2024

Jason Caplan, Chief of Special Project Division – CAIS

Mandated Health Insurance Services Evaluation: Comprehensive Analysis of Maryland's Mandated Health Insurance Services.

Lewis & Ellis, a consulting actuarial firm, was hired by MHCC to provide the comprehensive analysis of Maryland's Mandated Health Insurance which is required to be done every 4 years under Insurance Article

§15-1502. Ms. Traci Hughes, a Vice President and principal consulting actuary with Lewis & Ellis, presented comprehensive analysis to Commissioners at the March 2024 Commission Meeting. Ms. Hughes pointed out that 57 of the 68 Maryland mandates are covered by the essential health benefits-benchmark plan. The full cost of the 68 health insurance service mandates amounts to approximately 17.3% of the premium when averaged across all markets.

Ms. Hughes identified the top 10 highest full cost mandates on average across all markets. They included several cancer screenings, cancer treatments as well as mental health and substance abuse treatment, among others.

In comparison to neighboring states, Maryland's mandates demonstrate a similar overall value, whether contemplating reducing mandates to align more closely with surrounding states, adding mandates to achieve parity with surrounding states, or a combination of both approaches, Maryland's current mandate full cost value remains within a range of 4 percentage points.

The BPW approved the APCD Value-Based Care Expert Consulting & PMO Services contract with Freedman Healthcare.

The Maryland Board of Public Works approved the APCD Value-Based Care Expert Consulting & PMO Services contract with Freedman Healthcare. The contract will run for seven years and has a contract value of \$4,346,204.

MHCC selected Freedman Healthcare, LLC (incumbent) and Small Business Enterprise as the APCD Value-Based and PMO vendor for this contract. Freedman Healthcare (Freedman) was the only vendor that submitted a proposal in response to the RFP. Based in Burlington, MA, Freedman has in-depth experience consulting with other states on their APCD initiatives. Their proposal also illustrated a comprehensive understanding of the work requirements, mastery of the subject matter, and relevant experience with similar projects and services.

Maryland Law requires MHCC to analyze and report on healthcare utilization and spending in Maryland to the State legislature (COMAR 10.25.06). To meet this statutory requirement, MHCC developed an APCD, the Maryland Medical Care Data Base (MCDB), which contains information on privately insured healthcare services provided to Maryland residents. MHCC collects these privately insured claims and membership data quarterly from life and health insurance carriers, health maintenance organizations (HMOs), third-party administrators (TPAs), and pharmacy benefit managers (PBMs) who are licensed to do business in Maryland.

Freedman will support the assembly of the APCD, implement and analyze a non-claim-based payment initiative and reporting the results, implementing the primary care investment initiative, and implementing a State Health Expenditure Analysis (SHEA) reporting effort and other spending reports using the 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 second work group meeting for the update of COMAR 10.24.07 is scheduled for April 9, 2024.

Long-Term Care Policy and Planning – Vacant

Recruitment is underway for the Division Chief position with interviews scheduled in April.

FY 2024 Hospice Survey Data:

Staff sent the FY2023 Maryland Hospice Survey notice letter to providers informing them of the collection period, which is scheduled for April 9, 2024, to June 6, 2024. In March, staff emailed a notification on the survey modification including a 60-day collection period to complete the entire Survey, Part 1 and Part 2, to be consistent with the other Commission surveys.

FY 2022 Home Health Agency Survey:

The Home Health Survey collection was available to providers from February 27, 2024, to April 26, 2024. Staff provide technical assistance to providers and send reminder notices to providers throughout this collection.

Certificate of Need – Jeanne-Marie Gawel

Project Change After CON Approval

Hygea Detox at Camp Meade – (Anne Arundel County) – Docket No. 23-02-2468

Request for a \$114,844 increase (90%) in the project budget, bringing the total cost estimate to \$241,882. The overrun was due to unforeseen costs for furniture, moveable equipment, and new fencing.

CONs Relinquished

University of Maryland Midtown Surgery Center – (Baltimore City) – Docket No. 20-24-2442

Establish a new ambulatory surgical facility with 3 operating rooms and 2 procedure rooms in the ambulatory care building that is currently under construction on the UMMC-Midtown Campus.
Approved Cost: \$9,326,107

University of Maryland Medical Center – (Baltimore City) – Docket No. 20-24-2445

Expand capacity of pediatric cardiac surgical and interventional service line by adding one special purpose hybrid operating room (OR) that will serve the University of Maryland Children’s Hospital Pediatric Cardiac Program.
Approved Cost: \$9,555,000

Request for Project Change Application/Exemption Filed

Edward W. McCready Memorial Hospital – Docket No. 19-19-EX010

The Commission issued an exemption from CON review on January 16, 2020, authorizing Peninsula Regional and Edward W. McCready Memorial Hospital (“McCready Hospital”) to convert to a freestanding medical facility (“FMF”) in two phases. Phase I of the approved project, McCready Hospital converted to an FMF at the existing hospital location on March 1, 2020. The FMF is known as TidalHealth McCready Pavilion thus completing Phase I. Unfortunately, the approved location for Phase II of the project was determined not to be a suitable building site. Despite continuing efforts, Peninsula Regional has not been able to locate another suitable site within 5 miles of McCready Hospital. The five-mile radius from the existing hospital rule is a requirement in the regulations for the conversion of a hospital to an FMF. Accordingly, Peninsula Regional is requesting a post-approval project change to the exemption from CON review to continue to allow TidalHealth McCready Pavilion to operate at the former site of McCready Hospital, 201 Hall Highway, Crisfield, Maryland 21817.

Exemption from CON Requests Filed

CommuniCare Health Services – (Montgomery County.) – Docket No. 24-16-EX018

CommuniCare Health Services owns Bel Pre Healthcare Center (Bel Pre), a 92-bed comprehensive care facility (CCF) in Silver Spring, Maryland in Montgomery County, and Kensington Healthcare Center (Kensington), a 140 bed CCF in Kensington, Maryland in Montgomery County. CommuniCare has requested an Exemption from CON to relocate 34 CCF beds from Kensington to Bel Pre, resulting in 106 beds at Kensington and 126 beds at the relocated Bel Pre. This project will enable CommuniCare to eliminate all quad rooms at Bel Pre¹, making all rooms single bedded rooms at Bel Pre. There are currently 16 beds in quad rooms, and this project will enable CommuniCare to increase the number of private rooms at Kensington.

First Use Approval

LifeBridge Health, Inc. – (Baltimore City) – Docket No. 19-24-EX011

Consolidate the acute inpatient psychiatric bed capacity and psychiatric inpatient services currently provided at three LBH general hospitals into two hospitals and to increase overall psychiatric bed capacity. The three LBH hospitals: Sinai with 24 psychiatric beds, located in Baltimore City; Northwest with 37 psychiatric beds, located in Randallstown, Baltimore County; and Bon Secours Baltimore Hospital (Bon Secours) with 36 psychiatric beds, located in Baltimore City. Bon Secours was acquired by LBH on November 1, 2019. The applicants relocated Bon Secours 36 acute inpatient psychiatric beds to the existing inpatient psychiatric services at Sinai (24 beds) and Northwest (12 beds) and ceased operation of inpatient psychiatric services at Bon Secours when the expanded facilities at Sinai and Northwest became operational.

Approved Cost: \$8,200,000

Determinations of Coverage

- **Ambulatory Surgery Centers**

Capital Surgical Center, LLC – (Montgomery County)

Covenant Surgical Holdings Corporation, the current holder of 51 percent of the indirect ownership of Capitol Surgical Center, LLC will transfer 70 percent of its equity to United Surgical Partners International, Inc. (United Surgical Partners) This transaction will result in United Surgical Partners, as the Buyer, acquiring 70

¹ On October 25, 2023, the MHCC agreed that a Certificate of Need (CON) was not needed for the relocation of Bel Pre in its entirety, including all 92 beds, to a new facility on the property formerly operating as an assisted living facility called The Landings of Silver Spring.

percent of Covenant’s outstanding equity. The facility is located at 6410 Rockledge Drive, Suite 110, Bethesda.

Clearway Surgery Center of Hagerstown, LLC – (Washington County)

Establish an ambulatory surgery center (ASC-1) with 1 sterile operating room and 1 non-sterile procedure room to be located at 1165 Imperial Drive, Suite 100, Hagerstown.

Maryland Center for Digestive Health – (Anne Arundel County)

Change in the organizational ownership of the facility located at 820 Bestgate Road, Suite 1A, Annapolis. The proposed ASC is presently owned by Covenant Surgical Partners, Inc., headquartered in Nashville, Tennessee. A transfer of 70 percent equity ownership from Covenant Surgical Holdings Corporation to United Surgical Partners International Inc., thus resulting in United Surgical Partners International Inc. having 35.7 percent indirect interest in the center, effective March 29, 2024. This transaction results in United Surgical Partners International, Inc. acquiring a minority indirect interest in Maryland Center for Digestive Health, LLC. The remaining ownership information previously disclosed will not change.

President, Board of Managers - Maia Ghandou
Board of Managers - DeeDee Burroughs, RN
Board of Managers - Christopher Olenec, M.D.
Board of Managers - Praveena Velamati, M.D.

Meritus Robinwood Surgery Center, LLC dba Dr. C.P. Choudari Surgical Center – (Washington County)

Establish an ambulatory surgery center (ASC-2) with 2 sterile operating rooms and 1 non-sterile procedure room to be located at 11110 Medical Campus Road, Suite 247, Hagerstown.

Revised Attachment A is an organizational chart with a breakdown of the ownership for Meritus Robinwood Surgery Center, LLC (MRSC). The organizational chart shows that MRSC is 100 percent owned by Meritus Enterprise, Inc. (MEI) which is owned and operated by Meritus Medical Center, Inc. (MMC).

The applicant states that MMC, the controlling parent entity, appoints the officers of MEI. The following is the list of the Board of Directors and Officers for MMC.

Robert Goetz, Jr. (Chair)	Kent Reynolds (Vice-President)
Tom Amalfitano, M.D. (Ex Officio)	Erin Hershey
Shaheen Iqbal, M.D.	Barbara Jacobs, RN
Maulik Joshi, Dr. P.H. (Ex Officio)	James Kercheval
Al Martin	James Stojack
William Su, M.D.	Scott Worrell, M.D.

Officers
Maulik Joshi, Dr. P.H. (President)
Joseph Repac, CPA, MBA (Treasurer)
Lynn Haines, Esq. (Secretary)

Metro DC Surgery Center, LLC – (Prince George’s County)

Metropolitan Access Center, LLC. The name will change to Metro DC Surgery Center, LLC, located at 4155 Bladensburg Road, Colmar Manor.

Timonium Endoscopy Center, LLC – (Baltimore County)

Addition of 1 non-sterile procedure room to the facility located at 1212 York Road, Suite B201, Lutherville. The facility will now have 3 non-sterile procedure rooms.

Washington Surgery Center, LLC – (Montgomery County)

Establish an ambulatory surgery center (ASC-P) to be located at 11272 Georgia Avenue, Wheaton.

- **Licensure**

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

Nexus-Woodbourne Family Health – (Baltimore City)

Temporary delicensure of 2 of 48 RTC beds at the facility.

Sacred Heart Home – (Prince George’s County)

Additional extension of temporary delicensure status of 58 CCF beds until October 6, 2024

- **Other**

Advance Radiology – (Harford County)

Request for a Determination of Non-Coverage for major medical equipment.

Gilchrist Hospice Care, Inc. – (Baltimore County)

Change in address for the administrative offices of Gilchrist. The existing facility is located at 11311 McCormack Road, Suite 100, Hunt Vally, Maryland 21031 and will relocate to 11311 McCormack Road, Suite 350, Hunt Vally, Maryland 21031.

Baltimore Detox Center – (Baltimore County)

Relocation of the Intermediate Care Facility (ICF) from 1825 Woodlawn Drive, Baltimore, to 7131 Rutherford Road, Windsor, as well as increase the bed capacity from 24 (24 Level III.7

Withdrawal Management) to 90 beds Level III.7-Withdrawl Management and Medically Monitored Intensive Inpatient).

MHCC has determined that the proposed relocation requires a Certificate of Need

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

Milliman conducted a preliminary analysis of data from the All Payer Claims Database. The analysis supports study requirements for two laws 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)*. The SB 534 study will analyze claims data to evaluate the difference in cost and clinical time and intensity for providers delivering services via telehealth and in-person. The HB 1148 study will develop a Health Payment Adequacy Assessment Framework (framework) to benchmark reimbursements by private payers and Maryland Medicaid to the Medicare Physician Fee Schedule. Study recommendations are due to the General Assembly by December 1, 2024.

CRISP – Privacy and Security Audit Reports Review

Meyers and Stauffer, LC (MSLC) provided a briefing to Maryland Department of Health (MDH) representatives on findings from its review of privacy and security audit reports for CRISP and its technology vendors. The MHCC annually engages an audit organization to complete an independent assessment of third-party audit reports, which contain information on the design and operational effectiveness of privacy and security controls, compliance with State and federal regulations, and cybersecurity performance. MSLC's review of the reports offer additional assurances that CRISP and its vendors have mature and defined approaches to risk management and compliance. Opportunities to strengthen data security and privacy were noted. Planning activities for the 2024 review will begin in Q3.

Noncontrolled Prescription Drugs (Non-CDS) Reporting

Testing of the draft *Noncontrolled Prescription Drugs Dispenser Data Submission Manual* (manual) is progressing. Several dispensers participating in the non-CDS prescription drug monitoring program demonstration with CRISP are evaluating the technical specifications used to compile data for reporting to CRISP. The manual was developed in collaboration with CRISP and will guide dispenser reporting of non-CDS dispensed information as required by Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022).

Environmental Scans – Urgent Care and Home Health

Drafting is nearing completion on an urgent care center (UCC) information brief (brief) focused on the growth and use of health information technology (health IT). The brief highlights findings from an environmental scan of UCCs with more than one location in Maryland and incorporates data from a health IT questionnaire completed by approximately 89 percent of multi-site UCCs, including those owned by a health system with at least one acute care hospital in the State. Effective use of health IT can enhance equitable care by facilitating access to accurate and up-to-date patient information, improving operational efficiency, and enabling better coordination of care between UCCs and primary care providers. The brief is targeted for release in April.

Regulations

Preparation of final amendments to COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* and COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* was completed. The regulations support implementation of Chapter 249/House Bill 812, *Health – Reproductive Health Services – Protected Health Information and Insurance Requirements* (2023) that require electronic health networks (EHNs) and health information exchanges (HIEs) to filter and restrict from sharing legally protected health information with a date of service after May 31, 2022. Drafting of amendments to modernize COMAR 10.25.18 is advancing. The amendments support legislation passed by the General Assembly in 2021 and 2022 and select provisions in the Office of the National Coordinator for Health Information Technology Cures Act Final Rule. Amendments include: a phased approach for CRISP to implement a consumer consent management application (CMA) required by Chapter 798/HB 1375 *Health Information Exchanges – Electronic Health Information – Sharing and Disclosure* (2021); requirements for EHNs to submit certain electronic administrative transactions to CRISP required by Chapter 790/House Bill 1022, *Public Health – State Designated Exchange – Clinical Information* (2021); and dispenser reporting of non-CDS dispensed information required by Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022). Draft amendments are anticipated to be released for informal comment in May.

Legally Protected Health Information

A review is underway of EHNs and HIEs implementation plans (status reports) pertaining to the enactment of protections for legally protected health information required by Health-General Article, §4-302.5, Annotated Code of Maryland. The status reports are required by COMAR 10.25.07 and COMAR 10.25.18 for EHN and HIE entities operating in Maryland that submitted an implementation plan in January. Status reports will be posted on MHCC's website. A Town Hall event was convened on April 16th to provide additional guidance to EHNs and HIEs on implementing the regulatory requirements.

HITRUST

EHNs, HIEs, and payers were invited to attend a virtual Town Hall on April 23rd with representatives from HITRUST, an information protection standards organization and certifying body. The Town Hall aims to update stakeholders on changes to the HITRUST certification framework. Certification signifies that an organization has undergone a rigorous assessment process to demonstrate its compliance with industry-leading standards for privacy and information security. The MHCC began recognizing HITRUST certification in 2018 to validate privacy and security controls implemented by EHNs and HIEs.

Breaches

Development of a spotlight on health care data breaches affecting 500 or more individuals is evolving. Additional analysis of breaches reported in Q4 2023 was completed. Information in the spotlight highlights breach trends from 2018 through 2023 using publicly available information reported to the U.S. Department of Health and Human Services, Office for Civil Rights. The spotlight includes best practices for preparing, preventing, and responding to breaches and is targeted for release in May.

Artificial Intelligence

Planning is advancing to convene stakeholders to explore opportunities and obstacles of harnessing artificial intelligence (AI) technology in health IT. AI technology offers transformative potential for clinical decision-making and operational efficiency; addressing challenges related to privacy, security, and transparency are crucial for realizing its potential and establishing trust. Several meetings are targeted to occur in May and include representatives from the private sector, academia, and government.

Electronic Data Interchange

The reporting tool for the 2023 EDI Progress Report was distributed to 40 payers in accordance with COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. The regulations require payers with annual premiums of \$1 million or more to report census level data on electronic health care transactions by June 30th; data collection will continue through May.

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. The Workgroup will consider select changes in primary care investment strategies proposed in MHCC's Primary Care Investment Analysis and Reporting Plan (report) that was submitted to the General Assembly in October 2023. Chapter 667/SB734, *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022) requires MHCC to provide a report, beginning December 1, 2024, and each year thereafter, to the General Assembly containing an analysis of primary care investment, ways to improve the quality of and access to primary care services, and any findings and recommendations. The Workgroup will identify potential changes to the plan to strengthen alignment with 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.

Maryland Primary Care Program Advisory Council

The Maryland Primary Care Program (MDPCP) Advisory Council (Council) convened on April 3rd. The Council discussed replacing the body mass index electronic clinical quality measure with an alternative suitable measure. Policy options for payment year 2025 and 2026 were considered as it relates to the Health Equity Advancement Resource and Transformation (HEART) payment, which provides additional support to MDPCP participants serving socioeconomically disadvantaged populations. The Council is tasked with policy and operational-based matters and serves in a consultative and advisory role to the Secretary of MDH and the MDPCP Program Management Office.

Practice Transformation Grant Activities

Transformation training and assessment milestones continued for the 27 practices (207 providers at 56 sites) in the Advancing Practice Transformation in Ambulatory Practices program (program). All practices have completed one or more of the 11 milestones. The Centers for Medicare & Medicaid Services Transforming Clinical Practice Initiative modules are the foundation of the program. In July 2021, MedChi, the Maryland State Medical Society (MedChi), Care Transformation Organization was competitively awarded an MHCC grant 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

The 2024 Spring Symposium (symposium) was held in collaboration with the Maryland Academy of Family Physicians and MedChi on April 12th. The symposium focused on key principles and strategies for increasing patient and family engagement. Planning is progressing on several symposiums anticipated to occur in Q3 and Q4. Participants in learning network events are eligible to receive continuing education credit.

EHN/HIE Recognition – Q1 2024 Update

Two new EHNs were certified and three EHNs were recertified. COMAR 10.25.07 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 32 MHCC certified EHNs operate in Maryland. COMAR 10.25.18 requires HIEs operating in Maryland to register with MHCC; approximately 14 HIEs are registered. One HIE registration was renewed and three new HIE applications are under review.

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. CMS Hospital quality measures were recently refreshed. The Health Equity Common Conditions by Race page has been expanded beyond the Top 25 conditions and now includes over 300 conditions. CMS Hospice measures from the most recent CMS refresh were updated. These measures include family satisfaction scores and star ratings 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 lower in March (1,202 users) compared to February (1,722 users) The most frequently viewed topics on the MQR site include assisted living, nursing homes, the long term care planning toolkit, and hospitals. Traffic to the site is presented graphically under the Executive Direction section of this update.

MQR Website Promotion

There were approximately 80 social media posts in March. Topics included, Women’s History Month, Patient Safety Awareness Month, National Kidney 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.

CQMR in the Community

CQMR Staff sponsored a table at the Black Family Wellness Expo in Baltimore. These community events provide a unique opportunity to not only promote and discuss the quality website with community members, but also share with and learn from other organizations committed to improving the health status of Maryland residents.

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. Theresa Lee testified in favor of the bill at the March HGO hearing and it was well received. The staff looks forward to working with MDH and stakeholders to expand and improve upon our maternal health data reporting.

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.

Long Term Care Healthcare Worker Influenza Vaccination Surveys

Healthcare Worker influenza vaccination surveys have opened for data reporting for hospice and home health agencies for the 2023-24 flu season. Agencies have until May 15 to report data, and rates will be reported publicly and to the commission.

Assisted living, home health and hospice agencies continue to report data directly to the Commission. Nursing homes will report data via the National Healthcare Safety Network (NHSN) survey. Staff continue to provide resources and support to facilities with their reporting requirements. Data is expected to be publicly available in July 2024.

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 Ambulatory Surgery Facility Survey

The annual Freestanding Ambulatory Surgery Facility (FASF) Survey for calendar year 2022 closed in December and staff are finalizing and preparing the data for public reporting. The data are expected to be

available soon. Staff are reviewing, updating, and modifying the survey questions and application to begin collecting 2023's data by the Summer.

Adult Medical Day Care Program Survey

Staff implemented a new, streamlined data collection survey for Adult Medical Day Care (AMDC) programs in Maryland. The AMDC survey period closed in February, staff cleaned and finalized the data. Staff is working with the vendor to publicly report the data on the Maryland Quality Reporting consumer website; the data should be available by end of April.

Health Equity Inventory

No new update