

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

January 2025

EXECUTIVE DIRECTION

Government Relations and Special Projects – Tracey DeShields

State Policy Update

Legislative Session 2025

On January 8th the 2025 Legislative Session begins. This session, the main issue the legislature and the Governor will be dealing with is a major budget deficit of \$2.7 billion for the coming fiscal year. This is the largest budget deficit facing the State in two decades. The deficit is projected to grow over the next five years to almost \$6 billion — nearly all the shortfall in the outer years is driven by costs related to implementing the education reforms in the Blueprint for Maryland’s Future.

Budget deficits in Maryland are not rare. Lawmakers are frequently reminded by budget analysts that the state’s ongoing expenses typically increase by about 5% annually. Ongoing projected revenues grow by about 3%. However fiscal leaders in the legislature have often taken a one-year-at-a-time approach to dealing with budget deficits that leaves wiggle room for the following year. It is likely a different approach will have to be taken to solve the budget deficit, especially for the outer years.

Behavioral Health Workforce Assessment

As mentioned in our December update, the work on the Behavioral Health Workforce Assessment is completed. The report has been received very well. Our consultant, Andy Hall, Trailhead Strategies has done several presentations on the report findings and recommendations. There have been several articles written about the report.

Secretary Herrera Scott asked Ben to attend the Health Performance Subcabinet meeting on December 18th. The discussion at this meeting centered around the overall healthcare workforce shortage with a focus on the behavioral health workforce shortage, particularly the assessment study that was done.

In the Department of Legislative Services Issue Papers, the Behavioral Health Workforce Assessment study was noted, and it was pointed out from the study that Maryland needs to expand capacity to train, employ, and retain an additional 7,000 professionals in eight behavioral health occupations over the next five years. Based on cost estimates for each target occupation, the report estimates that \$149 million is needed to close the behavioral health workforce gap over the next five years.

Website Redesign

BreakThrough (BT) Technologies is continuing their work on the redesign of MHCC’s website. The contract with BT was slated to end at the end of the year, although it will be extended. The homepage of the website has been completed by BT, and they are working on incorporating some of the feedback provided to them regarding the interior page design. BT has also provided a staging environment that allows MHCC IT staff to experiment and learn the mechanics of formatting the homepage and the interior pages of the website.

MHCC-related news coverage: selected articles and commentary

Healthcare

D. Brown, “2024 saw Medicaid unwinding, stalled projects moving, abortion rights affirmed (But health care access gains of 2024 could be undermined in 2025 by budget shortfalls, incoming Trump administration),” Maryland Matters, December 29, 2024

<https://marylandmatters.org/2024/12/28/2024-saw-medicaid-unwinding-stalled-projects-moving-abortion-rights-affirmed/>

T. Henderson, “Junk food and drug use cut into life expectancy gains for states (Maryland life expectancy in 2024 projected to be 79.3 years, just above national average,)” Maryland Matters, December 28, 2024

<https://marylandmatters.org/2024/12/28/junk-food-and-drug-use-cut-into-life-expectancy-gains-for-states/>

Behavioral Health

C. Cook, Office of Communications, “Maryland Department of Health Extends Moratorium on Select Provider Types,” Press Release, December 26, 2024

<https://health.maryland.gov/newsroom/Pages/MDH-Extends-Moratorium-on-Select-Provider-Types.aspx>

Healthcare Providers

“Cecil College nursing ranks number one in Maryland for national licensing exam pass rate,” Chester County Press, December 27, 2024

<https://www.chestercounty.com/2024/12/25/517814/cecil-college-nursing-ranks-number-one-in-maryland-for-national-licensing-exam-pass-rate>

Health Information

N. Eddy, “Ascension cyberattack exposed medical data of 5.6M customers,” HealthCare IT News, December 26, 2024

<https://www.healthcareitnews.com/news/ascension-cyberattack-exposed-medical-data-56m-customers>

G. Miller, “Healthcare Cybersecurity – 2025 Health IT Predictions,” HealthCare IT Today, December 26, 2024,

<https://www.healthcareittoday.com/2024/12/26/healthcare-cybersecurity-2025-health-it-predictions/>

A. Fox, “Top 15 largest U.S. healthcare provider data breaches of 2024,” Healthcare IT News, December 30, 2024

<https://www.healthcareitnews.com/news/top-15-largest-us-healthcare-provider-data-breaches-2024>

G. Bruce, “10 most consequential healthcare data breaches of '24,” Becker’s Health IT News, December 30, 2024

<https://www.beckershospitalreview.com/cybersecurity/10-most-consequential-healthcare-data-breaches-of-24.html>

Health Insurance

S. Maucione, “Maryland residents have just two weeks left to get health plans through the state marketplace,” WYPR - 88.1 FM Baltimore, December 30, 2024

<https://www.wypr.org/2024-12-30/maryland-residents-have-just-two-weeks-left-to-get-health-plans-through-the-state-marketplace>

“Some New Maryland Laws Taking Effect on January 1, 2025,” Eye on Annapolis, December 30, 2024

<https://www.eyeonannapolis.net/2024/12/some-new-maryland-laws-taking-effect-on-january-1-2025/>

A. Golden, “New laws go into effect across DC, Maryland and Virginia on Jan. 1, 2025,” WTOP News, December 30, 2024

<https://wtop.com/local/2024/12/new-laws-going-into-effect-across-dc-maryland-and-virginia-on-jan-1-2025/>

Maryland Trauma Physician Services Fund

Trauma Grant Program Planning

The MHCC staff convened a meeting of trauma centers in late December to discuss an expanded trauma grant program. [SB 1092](#) passed in 2024 expanded the level and scope of trauma grants that MHCC may award from the Trauma Fund reserve. Trauma centers supported expanding trauma grants to include training, education, and operation needs in addition to trauma equipment, which are already permitted under the grant program that existed prior passage of [SB 1092](#).

On-call Trauma Stipends

The MHCC IT staff is developing a web-based application for trauma centers to file on-call reimbursement applications. Maryland Institute for Emergency Medical Services Systems (MIEMSS) regulations require trauma centers to have trauma surgeons, orthopedists, neurosurgeons, and anesthesiologists on-call and ready to respond within 30 minutes. The Trauma Fund reimburses trauma centers for a portion of these costs. The 2024 legislation doubled the maximums on-call stipends. A web-based application will enable trauma centers to determine on-call stipends they will receive when they submit their on-call applications. The application is slated to be completed later this winter.

Trauma Uncompensated Care Processing

The MHCC is recommending to the Maryland Board of Public Works that authorize a contract with SCAS Management Group to serve as the Trauma Fund’s uncompensated care claims Third Party Administrator (TPA). Luminare Health, the previous TPA, informed MHCC they were leaving the TPA market effective November 30, 2024. Uncompensated care claim processing has been paused until the contract with SCAS is approved. SCAS should be processing claims by the end of February.

COMAR 10.25.10 Maryland Trauma Physician Services Fund

The MHCC approved COMAR 10.25.10 Maryland Trauma Physicians Services Fund at the December Commission meeting. The final permanent regulations will be published in the *Maryland Register* in January. The regulations will become effective after publication.

Internet Utilization

MHCC Website: The MHCC website (<https://MHCC.maryland.gov>) had 3,991 visits during the month of December 2024.

WTC Website had 2,248 visitors during the month of December 2024

Maryland Quality Reporting

Maryland Quality Reporting had a total of 1,248 users in December, a slight decrease from the previous month (a decrease of 7.5%). The website also had similar decreases in new users and sessions (decreases of 8.3% and 11.0%,

respectively). The website notably had a 79.0 percent decrease in views per session and a 13.3 percent increase in the average session duration. This means that users viewing less pages but are spending more time on the website.

This month, the site received referrals of at least 10 users or more from Maryland 211(84 or 45.2%), Howard County Government (13 or 7.0%), Maryland Attorney General (12 or 6.5%), Medicare (11 or 6.0%), and University of Maryland (10 or 5.4%).

Facebook remained the primary social media referral source.

In 2024, the website had a total of 17,094 users who spent an average of four minutes on the website. Maryland Access Point and GovDelivery (or viewers from or Quality Corner newsletter) referred the most users to the website accounting for 34 percent and 14 percent of total users, respectively. Website traffic in 2024 was promising but also showed opportunities to continue to increase awareness and engagement with the website.

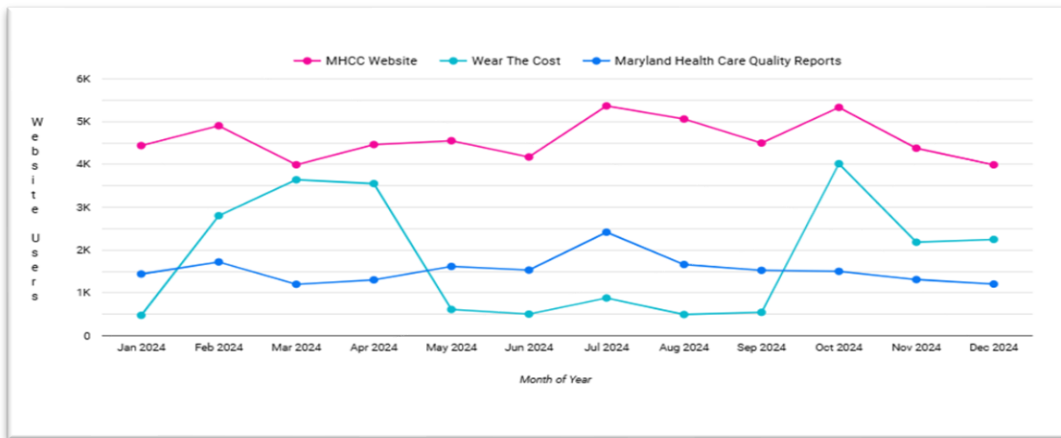


Figure 1 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

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

Report on the Adoption of Two-Sided Risk Programs

Maryland providers participation in APMs in 2023 increased 65 percent from 2022.

The MHCC staff and Freedman Healthcare rolled out its second annual Alternative Payment (APM) Report to be presented to the Senate Finance Committee and the House Health and Government Operations Committee. A Freedman Healthcare Consultant presented the key findings of the report to Commissioners at the December Commission meeting. Results showed that APM adoption in Maryland increased significantly on a population basis, with membership growing 65 percent from 2022 (73,000) to 2023 (187,000). Also, the percentage of Total Medical Expenditures (TME) attributed to value-based APM rose from 13 percent to 21 percent of overall TME, reflecting a substantial growth in value-based care. Growth was primarily in population-based models, with CareFirst adding four new provider organizations to its Health Care Payment Learning & Action Network (HCP-LAN) Category 3B (APMs with Upside Gainsharing/Downside Risk). Episode-based APMs also showed growth, particularly in HCPLAN Category 3B, with large increases in the number of pregnancy episodes.

APCD Public Reporting and Data Release – Mahlet ‘Mahi’ Konjit-Solomon

HB 570/SB 487 Study Progress

Mahlet Konjit-Solomon, Chief, Special Projects, presented to the Commission at the December meeting on a comparative analysis of contracted rates for participating and nonparticipating providers by HMOs and PPOs that was requested by the Chair of the House Health and Government Operations Committee. The study also examined the impact of the No Surprises Act and trends in provider network contract terminations. During the meeting, Commissioner Dr. Arun Bhandari requested additional details regarding service codes for service types by place of service, which will be addressed in follow-up materials. Commission staff are actively refining and completing the final report with updated data and insights for submission

Special Projects – Jason Caplan

Mandated Study on the cost of coverage for Calcium Score Testing

Black adults have a higher prevalence rate of hypertension than White, Hispanic, or Asian adults and, high cholesterol is most prevalent in non-Hispanic Asian men.

Milliman, a consulting actuarial firm, was hired by MHCC to provide the comprehensive analysis to evaluate the cost of coverage for calcium score testing (also known as coronary artery calcium, or CAC, testing) for individuals who have at least three of the four following risk factors: (1) diabetes; (2) high blood pressure; (3) high cholesterol; or (4) a family history of premature coronary artery disease. This study was requested by The House Health Governmental Operations Committee, via letter on April 24, 2024, based on the failed House Bill 1137. Casey Hammer, a principal consulting actuary with Milliman, presented a comprehensive analysis to Commissioners at the December 2024 Commission Meeting.

Ms. Hammer pointed out that prevalence of the individual risk factors varies across different demographics. Specifically, Black adults have a higher prevalence rate of hypertension than White, Hispanic, or Asian adults and, high cholesterol is most prevalent in non-Hispanic Asian men, followed by non-Hispanic White women, and is lowest among non-Hispanic Black men. The estimated fiscal impact ranges from low to high PMPM is \$0.001 to \$0.180 for the individual plans; \$0.001 to \$0.136 for the Group plans; \$0.001 to \$0.147 for the Totally Fully Insured Market; and, \$0.002 to \$0.494 for the State Health Plan.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

Certificates of Ongoing Performance

A schedule for the review of applications for Certificates of Ongoing Performance of percutaneous coronary intervention (PCI) services was published in the Maryland Register on December 27, 2024. Three hospitals are required to apply for a Certificate of Ongoing Performance by February 21, 2025, and an additional three hospitals

are required to apply by June 20, 2025. Commission staff continue to review applications that were received in 2024.

FY24 Chartbook

The *Chartbook of Maryland General and Special Hospital Facilities and Services FY 2024* was posted on MHCC’s website in December. The Chartbook details the data that MHCC collected, from both special hospitals and acute care general hospitals, in the FY 2024 MHCC annual and supplemental surveys, regarding how the hospitals utilized their resources to provide services to patients in Maryland during FY 2024.

Long-Term Care Policy and Planning – Jeanne Marie Gawel

Special Chronic Hospital Occupancy Reports

Consistent with COMAR 10.24.08, the State Health Plan Chapter on Special Hospital-Chronic Services, the Chronic Hospital Occupancy reports are published in the *Maryland Register*. The “Use of Special Hospital Chronic Beds: Maryland, FY 2024” and “Average Annual Chronic Hospital Occupancy Rates by Jurisdiction and Facility, Maryland, Fiscal Years 2022 – 2024” reports were published in the December 2, 2024, issue of the *Maryland Register*.

Nursing Home Occupancy Report and Maryland Medical Assistance Participation Rates

Consistent with COMAR 10.24.20, the State Health Plan Chapter on Comprehensive Care Facilities, Nursing Home Occupancy reports are published in the *Maryland Register*. The “[Nursing Home Bed Occupancy Rate and Average Annual Licensed Nursing Home Bed Capacity by Jurisdiction and Region, FY 2022](#)” and the “[Maryland Medical Assistance Participation Rates for Nursing Homes by Jurisdiction and Region for Fiscal Years 2022-2022](#)” were published in the December 27, 2024 issue of the *Maryland Register*.

Home Health Annual Survey

The 2023 Home Health Survey began on November 11, 2024. The collection period will be November 11, 2024 to January 9, 2025. All the Maryland Home Health Agencies are working on survey completion assisted by Commission staff.

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

Report

In accordance with Health-General §19-115(a)(3) and (b), the Maryland Health Care Commission (MHCC or Commission) is required to provide written findings and recommendations to the Office of Health Care Quality (OHCQ) when evaluating a notice of acquisition or transfer of interest of a nursing home. The Secretary of Health must consider MHCC’s findings and recommendations before taking action to approve, deny, approve with conditions, or revoke a nursing home license. Md. Code Ann., Health-Gen. §19-1401.2(b).

Transactions:

Sterling Care at South Mountain and Sterling Care at Frostburg Village (Washington County& Allegany County)

(1) Sterling Care at South Mountain

CURRENT

Owner of the real property: South Mountain SNF Realty, LLC

Owner of bed rights: South Mountain SNF Realty, LLC

Operator: South Mountain Operator, LLC

POST-TRANSACTION

Owner of the real property: 141 South Main Street MD LLC

Owner of bed rights: SM Rehab LLC

Operator: SM Rehab LLC

Purchase price: \$25,860,000

Additional Information:

Sterling Care at South Mountain is a 148-bed nursing home located at 141 South Main Street, Boonsboro, Maryland 21713 (Washington County). There are no rooms at the facility with more than two residents per room. The facility currently has an above average (4 out of 5-star rating) on the CMS Nursing Home Compare website. The facility has no Memorandum of Understanding (MOU) with Medicaid. The anticipated closing date of the transaction is January 1, 2025.

(2) Sterling Care at Frostburg Village

CURRENT

Owner of the real property: Frostburg SNF Realty, LLC

Owner of bed rights: Frostburg SNF Realty, LLC

Operator: Frostburg SNF Operator, LLC

POST-TRANSACTION

Owner of the real property: One Kaylor Circle MD LLC

Owner of bed rights: Kaylor Frostburg LLC

Operator: Kaylor Frostburg LLC

Purchase price: \$21,100,000

Additional Information:

Sterling Care Frostburg Village is a 132-bed nursing home located at 1 Kaylor Circle, Frostburg, Maryland (Allegheny County). There are no rooms at the facility with more than two residents per room. The facility currently has an average (3 out of 5-star rating) on the CMS Nursing Home Compare website. The facility has an MOU with Medicaid of 60.7 percent, and it is achieving 61 percent thus meeting the threshold for Medicaid patients served. The anticipated closing date of the transaction is January 1, 2025.

Findings

In both transactions the acquiring entities share the same majority owners. For the bed rights owner and operator (“Opco”), the acquiring entities’ majority owners are Steven Hornung (25%), Aaron Kaminer (25%), Rachelle Hornung (25%) and Leora Kaminer (25%). The acquiring entities’ majority owners have a current affiliation (owned for three years or more) with 20 nursing homes. They are listed in Attachment 1.

Commission staff notes that 17 of the 20 facilities related to the Opco’s acquiring entities have a below average rating (composite score of 2 stars or below out of 5) in the CMS Nursing Home Compare Five-Star Quality Rating System.

Commission staff reviewed the most recent annual inspection reports and the subsequent plans of correction of the related facilities. In 2024 the average number of nursing home deficiencies is 9.6. Half (50%) of the acquiring entities’ related facilities had an equal or higher number of citations than the national average of 9.6 percent.

There are 15 related facilities that have concerning findings within the last three years:

- Azria Health Winterset received a harm tag for failure to ensure a nursing home area is free from accident hazards.
- Azria Health Clarinda received an immediate jeopardy tag for failure to provide treatment/care according to orders; it also received a harm tag for the same deficiency.

- Azria Longview received two harm tags for failure to provide appropriate pressure ulcer care, and appropriate incontinence care.
- Azria Health Great Bend received an immediate jeopardy tag for failure to add doors in an exit area that do not require the use of a key.
- Azria Health Olathe receive an immediate jeopardy tag for failure to provide appropriate treatment to a resident with dementia.
- Azria Health Wichita received a harm tag for failure to provide appropriate pressure ulcer care. It also received an immediate jeopardy tag for failure to protect each resident from all types of abuse.
- Banyan at Montclair received immediate jeopardy tags for failure to ensure that a nursing home area is free from accident hazards, failure to set up quality assessment and assurance meetings, and failure to use its resources effectively and efficiently. It also received harm tags for failure to provide appropriate pressure ulcer care, failure to ensure residents are free from medication errors, and lack of safe appropriate pain management.
- Palm at Regency Square received an immediate jeopardy tag for failure to provide pharmaceutical services to meet the needs of each resident.
- Meadows at Ashland received a harm tag for failing to ensure the nursing home area is free from accident hazards.
- Mulberry at Waverly received an immediate jeopardy tag for failure to provide treatment according to orders.
- Pines at Blue Hill received an immediate jeopardy tag for failure to ensure a nursing home area is free from accident hazards. It also received a harm tag for failure to provide appropriate pressure ulcer care.
- Oaks at Central City received a harm tag for failure to provide appropriate pressure ulcer care.
- Cedars at Broadwell received an immediate jeopardy tag for not providing appropriate treatment according to orders.
- Azria Park Place received harm tags for not providing appropriate pressure ulcer care and for not providing enough nursing staff every day.
- Azria at Prairie Place received a harm tag for failure to keep the nursing home area free from accident hazards.

All plans of correction were implemented and accepted. The acquiring entities have provided evidence that the related facilities have maintained quality assessment and assurance committees that meet at least quarterly.

In summary of the findings, the Commission staff concludes that the acquiring entities of the Opco would probably not meet the requirements for docketing a CON application to establish or expand a nursing home under the State Health Plan Quality Rating standard COMAR 10.24.20.05A (8). Commission staff recommends that OHCQ consider the above information in its licensing decision.

Owner of Real Property Ownership Change

Both nursing homes will have a new real property owner. Sterling Care South Mountain will become 141 South Main Street MD LLC and Sterling Care Frostburg Village will become One Kaylor Circle MD LLC. Both LLCs have the same manager: Eagle MD2 Intermediate Holdco LLC, which in turn is managed by Eagle MD2 Holdco LLC, and then Eagle UC Manager LLC. Eagle UC Manager LLC has four trustees (Mandelbaum Trust) who hold an ownership interest of five percent or more, Chava Eichorn, Jacqueline Rieder, Samuel Rieder and Maxwell Luce. The acquiring entities provided a list of 10 facilities located in California, Arizona and Washington that are affiliated with the Mandelbaum Trust. All 10 facilities have been acquired between September 2023 and December 2024 and thus have not yet been owned for three or more years, excluding them from the CMS Nursing Home Compare analysis. Commission staff reviewed the OIG exclusions list and the PACER national court database and has not found any concerns with the above-mentioned trustees.

Lawsuits

The Opco acquiring entities disclosed one lawsuit at Azria Health Wichita from 2021 related to a general liability and professional liability policy; the case is now closed. The Opco acquiring entities also disclosed that there were two lawsuits at Azria Midtown related to negligent care cases that insurance deemed defensible; one case has been dismissed and the other is still pending. Commission staff reviewed the Federal court database as well as conducted a search on the OIG exclusions list and identified an additional lawsuit at Azria Health of Olathe Kansas, a 2018 bankruptcy case that is now closed. Commission staff did not find anything substantive to add to the information already disclosed by the acquiring entities.

In addition, the acquiring entities attested that none of the purchaser's principals — i.e., any owner¹ or former owner, member of senior management or management organization, or current or former owner or senior manager of any related or affiliated entities during the past 10 years has:

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

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, the Commission staff concludes that based on the acquiring entities related facilities below average (2 stars or below) score achieved at 17 of its 20 facilities, the acquiring entities would probably not meet the requirements for docketing a CON application to establish or expand a nursing home under the State Health Plan Quality Rating standard, COMAR 10.24.20.05A (8). In addition, half (50%) of the acquiring entities related facilities had an equal or higher number of citations than the national average of 9.6 percent on its last survey. Lastly, 15 of its related facilities received harm tags or immediate jeopardy tags for resident' health and safety as shown in Attachment 1 below.

Based on its limited review, Commission staff have identified concern with the quality performance of the acquiring entities related facilities. Commission staff recommends that OHCQ consider the above information in its licensing decision.

Attachment 1

Related Facility Performance in the Last Three Years

Facility	Star	QAPI	Surveys	Lawsuits-Closed
Azria Health Clarinda, IA	1	First business day each quarter	6/13/24-9 3/30/23-3 1/20/22-6	None
Azria Health Winterset, IA	3	First business day each quarter	5/9/24-8 1/19/23-3	None
Azria Health Longview IA	1	First business day each quarter	7/18/24-9 5/10/23-15	None

¹ The definition of owner or operator is an entity that owns at least 5 percent and is the owner of the real property and improvements; the owner of the bed rights; or the operator of the facility.

Azria Health Rose Vista IA	3	First business day each quarter	10/5/23-2 8/9/22-8	None
Azria Health Great Bend KS (Woodhaven)	2	First business day each quarter	12/12/23-8 5/10/22-14	None
Azria Health Olathe KS	3	First business day each quarter	1/23/24-13 5/12/22-15	None
Azria Health Wichita KS	2	First business day each quarter	4/15/24-15 6/27/22-12	Case for liability policies-closed
Banyan at Montclair, NE	NR	N/A Sold 2024	3/26/24-20 4/3/23-34	None
Palm at Regency Square, NE	1	N/A Sold 2023	6/27/24-15 5/11/23-9 2/9/22-11	None
Maples at Centennial, NE	1	N/A Sold 2023	6/24/24-5 6/6/23-3 4/12/22-1	None
Meadows at Ashland, NE	1	N/A Sold 2023	6/17/24-7 6/23/23-3 5/24/22-9	None
Birch at Sutherland, NE	1	N/A Sold 2023	11/16/23-12 9/1/22-12	None
Mulberry at Waverly, NE	2	N/A Sold 2023	1/10/24-11 3/9/23-13	None
Pines at Blue Hill, NE	1	N/A Sold 2023	5/23/24-17 5/3/23-16	None
Willows at Gretna, NE	1	N/A Sold 2023	8/15/23-7 6/2/22-10	None
Oaks at Central City, NE	1	N/A Sold 2023	8/1/24-3 9/14/23-4 8/16/22-17	None
Cypress at Midtown, NE	2	N/A Sold 2024	11/30/23-10 10/27/22-24	None
Cedars at Broadwell, NE	1	N/A Sold 2023	5/14/24-8 5/16/23-5 3/8/22-8	None
Azria Health Park Place, IA	1	First business day each quarter	11/21/23-38 11/9/22-15	None
Azria Health Prairie Ridge, IA	2	First business day each quarter	12/6/23-29 7/8/22-4	None

Data accessed 12/2/24, Average # of Health Citations in the US is 9.6.

Four Maryland Facilities- Lions Center, Mountain City, Ridgeway and Dennett Road were recently acquired in September 2024 but have not been owned long enough to be included in the analysis.

Facility Services Planning and Policy/Certificate of Need – Ewurama Shaw-Taylor

Certificate of Need (CON)

CONs Relinquished

Optimal Health Care, Inc (Home Health (HH) License 7167) relinquished its CON, awarded October 17, 2019 to establish a Home Health Agency in Cecil County.

CON Letters of Intent

Residences at Vantage Point (RVP) (Howard County) submitted a letter of intent (LOI) to convert 13 nursing home beds at the Continuing Care Retirement Community (CCRC) to public beds. RVP is licensed for 44 nursing home beds located in 30 rooms that are a mixture of private and semi-private rooms. The project will use existing rooms and does not require construction of additional space. The LOI will be placed in the Maryland Register with a 30-day review period for submission of any other LOIs.

Determinations of Coverage

- **Ambulatory Surgery Centers (ASC)**

JCARE ASC, LLC (Washington County) received a Determination of Coverage to establish an ASC with one non-sterile procedure room to be located at 1120 Professional Boulevard, Suite B in Hagerstown, Maryland 21740.

Johns Hopkins Surgery Centers Series – Howard County notified the Commission of the addition of two surgical specialties, Colon and Rectal services and Pain (management) services, and updates to the names of some surgical specialties, to be consistent with the names used by the Centers for Medicare and Medicaid Services (CMS). The applicant attested that there were no other changes to the ASC at 5759 Cedar Lane in Columbia (Howard County) that currently operates with two sterile operating rooms and two non-sterile procedure rooms.

Johns Hopkins Surgery Centers Series – Knoll North notified the Commission of the discontinuation of Pain (management) services and updates to the names of some surgical specialties, to be consistent with the names used by CMS. The applicant attested that there were no other changes to the ASC at 5450 Knoll North Drive, Columbia that currently operates with two non-sterile procedure rooms.

Arturo Betancourt, M.D., P.A. d/b/a Baltimore Washington Eye Center (Anne Arundel County) notified the Commission of a change in ownership. The new owners of the ASC, Shruti Aggarwal, MD and Pranav Patel, MD will continue to provide Ophthalmology services with one sterile operating room and two non-sterile procedure rooms at 200 Hospital Drive, Suite 600, Glen Burnie.

- **Licensure**

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

Carroll Lutheran Village (Carroll County)

Carroll Lutheran Village notified the Commission of a plan to relinquish 20 licensed comprehensive care facility (CCF) beds effective December 8, 2024. Carroll Lutheran Village will have an authorized capacity of 83 licensed CCF beds.

- **Other**

Intergrace, Inc (Carroll County) notified the Commission of a change of trade name to Acts Communities of Maryland, Inc. The MHCC records will be updated accordingly to reflect the new trade name of this CCRC located at 576 Johnsville Road, Eldersburg, Maryland 21784.

Adventist Rehabilitation Hospital of Maryland, Inc d/b/a Adventist HealthCare Rehabilitation at White Oak (Montgomery County) requested approval of 10 additional CCF beds to its current 42-bed CCRC. The Commission staff determined that the project was exempt from CON for the additional beds pursuant to the provisions of COMAR 10.24.01.03K. The CCRC will have a 52-rehabilitation bed capacity.

HomeCall (HH License 7123R) (Baltimore City) notified the Commission of a change of trade name to HomeCall of Baltimore. The MHCC records will be updated accordingly to reflect the new trade name of this home health agency with its office located at 4701 Mount Hope Drive, Suite A, Baltimore, Maryland 21215.

Oxford Hills CCRC (Howard County) is planning to build a 13-building CCRC in Howard County. The CCRC will be comprised of 1,030 independent living units, 113 assisted living units, and 37 licensed nursing beds. Oxford Hills requested approval of the 37 CCF beds. Commission staff determined that the CCF beds were exempt from CON pursuant to the provisions of COMAR 10.24.01.03K.

Meritus Hagerstown Heart (Washington County) notified the Commission of its intent to replace a cardiac PET scanner with a PET/CT scanner in its cardiology department. The cardiac replacement scanner will be installed in the same location as the current unit and will not result in expansion of services or change in delivery capacity at the hospital at 1733 Howell Road, Hagerstown.

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

Health Information Technology Division – Nikki Majewski, Division Chief

Artificial Intelligence (AI)

Drafting of a spotlight on the AI landscape and state-level policy and regulatory initiatives is underway. An environmental scan identified states that have passed legislation for the use of AI in health care was completed. Legislative themes generally center on privacy, data integrity, and transparency and aim to balance AI innovation with governance. The spotlight is targeted for release in Q1 2025. Planning has commenced for an AI webinar symposium series aimed at building stakeholder awareness of its application in care delivery.

Data Breaches

An analysis of health care data breaches reported to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) is nearing completion. Data was obtained from the OCR online portal for breaches affecting 500 or more individuals through 2024. Drafting of a spotlight that highlights national and local breach trends and lessons learned for mitigating risks to data privacy and security is advancing. The spotlight is targeted for release in Q1 2025.

Hospital Health IT Survey

The development of a spotlight focused on integrating social needs data into electronic health record systems is in progress. The spotlight highlights key insights from an analysis of responses to the annual Hospital Health IT Survey, along with national comparisons, focusing on health-related social needs screening and how the data is used to support patient and population health. The spotlight is targeted for release in Q1 2025.

Regulations

Public comments on proposed permanent regulations supporting legislation passed by the General Assembly in 2021 and 2022 are under review. 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* were published in the December 2nd edition of the Maryland Register. The amendments to COMAR 10.25.07 require electronic health networks to submit certain electronic administrative health care transactions to the State-Designed Health Information Exchange (HIE), CRISP. The

amendments to COMAR 10.25.18 require CRISP to develop a consumer consent management application, operate a health data utility, and collect noncontrolled prescription drugs (non-CDS) information reported by dispensers.

Legally Protected Health Information

HIEs requiring additional time to develop and implement technical capabilities for legally protected health information (LPHI) were granted exemptions from COMAR 10.25.18. The exemptions are valid through 2025 to accommodate HIE timelines to filter and restrict the exchange of LPHI and enable direct consent processes. Chapters 248/249 (SB 786/HB 812), *Health Reproductive Health Services – Protected Information and Insurance Requirements* (2023) prohibits the disclosure of LPHI, which includes mifepristone data and the diagnosis, procedure, medication, and related codes for abortion care.

Non-CDS Prescription Drugs

Planning is underway for several dispenser awareness building initiatives of non-CDS reporting requirements anticipated to begin in Q3 2025. Chapter 296 (HB 1127), *Public Health – State Designated Exchange – Health Data Utility* (2022) mandates certain dispensers provide non-CDS dispense data to CRISP. An informational flyer (flyer) on the requirements for distribution by various stakeholders is in development. The flyer is targeted for release in Q1 2025.

CRISP Privacy and Security Audit Reports

Findings from the Meyers and Stauffer LC (MSLC) annual examination (examination) of privacy and security audit reports for CRISP and its and its subcontractors were reviewed. MSLC assessed the adequacy of business and technology-related controls, policies, procedures and other safeguards employed by third-party service organizations and any potential risks to protect the confidentiality, integrity, and security of protected health information based on industry standards and best practices. The examination also reviewed CRISP reports on HIPAA and COMAR compliance and cybersecurity. A report summarizing the review and recommendations for CRISP is anticipated to be finalized in January. Activities are underway to identify an auditor for the 2025 review period.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Grant

Recruitment is underway for ambulatory practices to join the Advancing Practice Transformation in Ambulatory Practices Program (program). Onboarding for the 2024 Cohort began in September, with approximately ten practices already enrolled. Based on the Centers for Medicare & Medicaid Services (CMS) Transforming Clinical Practice Initiative milestones, the program helps practices transition from volume-based services to delivering high-quality, cost-effective care within value-based care models. MedChi, The Maryland State Medical Society, Care Transformation Organization received an MHCC grant in 2021, and has supported around 72 practices encompassing 480 providers across 126 sites.

Learning Network

A learning network event was held on December 13th, focused on advancing care delivery through continuous quality improvement. Presenters included the Vice President and Medical Director of a large CTO, along with a hematology and oncology specialist who discussed setting clear, measurable goals for improvement. Planning is underway for a March event that will explore ways to enhance both in-person and virtual patient access. Additionally, planning has commenced for a *Beyond the Textbook: Real-World Medicine and Case Studies* webinar series on advanced care delivery, where key challenges and opportunities will be explored in 15-minute sessions. The recorded sessions will be made available to learning network participants on the MHCC website, with continuing education credits offered.

Primary Care Investment Workgroup

Planning began for the convening of the Primary Care Investment Workgroup (Workgroup) in Q1 2025. The Workgroup will focus on establishing a reporting structure for the 2025 Primary Care Analysis and Report, an

annual requirement under Chapter 667 (Senate Bill 734), *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022). In addition, the Workgroup will consider matters related to the Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. The AHEAD model is a voluntary initiative aimed at improving health outcomes across multiple states. On July 3, 2024, CMS announced that Maryland, Vermont, and Connecticut, along with Hawaii (pending certain requirements), will be the first states to participate in the AHEAD model.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Center for Quality Measurement and Reporting

The Maryland Quality Reporting (MQR) website

MQR Website Updates

Commission staff continues to work with Advanta Government Services (AGS), the website contractor, to update the [Maryland Quality Reporting](#) consumer site. Hospital quality measures were updated with the most recent CMS Care Compare refresh. Hospital price transparency data was refreshed to include the first six months of 2024. Hospice facility pages were updated with the most recent data released from the November 2024 CMS Care Compare refresh. Hospice updates include a family caregiver survey star rating, family satisfaction ratings, and federal quality measure scores. Assisted Living profile pages were updated with the most recent public use data from the CY2022 MHCC Annual Long Term Care survey. Profiles for 357 facilities were updated with information including secure Alzheimer unit and level of care, ownership type, hospice affiliation, reported room rates and services provided. Additional enhancements and updated features are underway and routine updates and maintenance are ongoing. Commission staff continues to respond to consumer inquiries and requests for printed material received via the quality reports email.

MQR Website Traffic

Commission staff monitors traffic to the consumer site using Google Analytics software. Website traffic was slightly lower in December (1,248) compared to November (1,349 users). There are over 17,000 users in CY2024. The most frequently viewed topics on the MQR site include assisted living, nursing homes, and the long-term care planning toolkit. Traffic to the site is presented graphically under the Executive Direction section of this update.

MQR Website Promotion

There were approximately 60 social media posts in December. Topics included Open Enrollment, National Influenza Vaccination 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. Commission staff also promote the MQR website using additional social media platforms such as LinkedIn and NextDoor.

CQMR in the Community

Commission staff attended the annual MDH Office of Minority Health and Health Disparities conference, held at Morgan State University. These events provide a unique opportunity to share with and learn from other organizations committed to improving the lives 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. Commission staff are working closely with MDH and other stakeholders to support this effort. Commission staff are exploring existing data sources and providing analytic expertise to MDH to meet the requirements of the bill.

Healthcare Associated Infections

All Maryland hospitals must report healthcare associated infection data to the National Healthcare Safety Network (NHSN), CDC’s surveillance software. MHCC uses this data to publicly report the results annually. NHSN has recently updated the predictive modeling, also called “rebaselining.” The MHCC has presented preliminary analysis to MDH and Maryland hospitals to demonstrate how HAI results may be affected in the next reporting period. Preliminary results show that results for MRSA and surgical site infections may only slightly change, and overall state performance looks similar using existing and new models.

Long Term Care and Health Plan Quality Initiatives—Stacy Howes

Nursing Home Family Experience of Care Survey

Data collection for the 2024 survey year has begun. The second round of letters inviting loved ones to complete the survey has been delivered. As of December 27th, over 3,000 completed surveys had been received.

Updated Nursing Home Reporting Requirements in NHSN

Beginning January 1, 2025, CMS requires weekly reporting by all skilled nursing facilities of respiratory syncytial virus (RSV), COVID-19, and influenza information via NHSN. Commission staff sent letters via GovDelivery and email to all nursing home administrators and corporate contacts with information and resources to ensure compliance with this new requirement. Facilities are encouraged, but not required, to also complete the [NHSN Annual Long-Term Care Facility Survey](#), the [Multidrug-Resistant Organism & Clostridioides Difficile \(MDRO & CDI\)](#) monthly report, and the [HealthCare Acquired Infections \(HAI\)](#) monthly report in NHSN.

Long Term Care Health Care Worker Influenza Vaccination Surveys

Nursing homes, assisted living facilities, home health agencies, and hospices continue to collect data for the 2024-2025 flu season.

Health Plan Quality Initiatives

Data for the year 2023 is complete, and the data has been updated on the Quality Reporting website. Commission staff will work with the contractor, HealthData Company, to identify areas of additional investigation to support the Commission’s dedication to advancing health equity.

Commission staff began working with the primary care dashboard workgroup to create a consumer-friendly dashboard with metrics that focus on investment in financing, workforce, access, and quality of care in primary care in the state. Health plan data will be an integral metric on the dashboard.

Outpatient Quality Initiative—Mariama Simmons

Freestanding Ambulatory Surgery Facility (FASF) Survey

Commission staff continues to work with both internal and contractor website administrators to ensure the 2023 survey results are posted online. Commission staff has also begun working with the internal team from the Center

for Facilities Planning and Development to modify and update the 2024 survey in any way that they may find beneficial for their unit. The 2024 annual FASF survey will launch later this coming summer.

Ambulatory Surgery Facilities (ASFs) and Commercial Insurance Network Report

In October 2024, staff began working with the Executive Director and the Director of the Center for Analysis and Information Systems to address the legislative request for a report on the status of ASF participation in commercial insurance provider networks; the adequacy of access to outpatient providers across the state; the cost differential between ASF and hospital outpatient services; and the impact of incorporating ASFs in the TCOC/AHEAD model. ASF staff continues to work with Commission staff to ensure the final report will be submitted by the June 2025 deadline.

Adult Medical Day Reporting

By the end of this month, Commission staff will collect data from the 127 licensed adult medical day care (AMDC) facilities across the state. AMDCs do not have standardized federal or state quality measures, but the Commission believes that providing demographic and programmatic data collected in this annual survey is beneficial for consumers across the state.