

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

March 2025

EXECUTIVE DIRECTION

Government Relations and Special Projects – Tracey DeShields

State Policy Update

Legislative Session 2025

The legislative session continues. We have approximately 30 days left. The legislature is grappling with the State’s budget situation which is serious. They must pass the budget by the 83rd day of the session, however the Budget Committees have told the Governor that they will not pass the budget by the 83rd day of session. March 17th, St. Patrick’s Day is the crossover deadline for bills in the opposite chambers to have crossed over to either the Senate or the House.

MHCC made a late bill request related to our authority over ASAM 3.7 Intermediate Care Facilities (ICFs) giving us authority to approve or disapprove bed capacity in these facilities. This bill [*HB1515 - Certificate of Need - Intermediate Health Care Facilities – Exemptions*](#) is being heard in the House Health and Government Operations (HGO) Committee on Thursday March 13th.

MHCC had its budget hearings on Thursday February 27th in the Senate Budget and Taxation Subcommittee Health and Human Services Subcommittee and on Monday March 3rd we had our second budget hearing in the House Appropriations Health and Social Services Subcommittee. Both budget hearings went well and were uncontroversial.

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’s findings and recommendations.

MHCC along with the Maryland Department of Health (MDH) was invited by SAMSHA to attend a behavioral health workforce summit on February 11th and 12th. This summit included seven states and SAMSHA officials. It was a very informative summit – there were presentations from various experts and the states on what they are doing to address the workforce shortage in behavioral health.

MHCC-related news coverage: selected articles and commentary

Medicaid

Cook, G., “*Medicaid: Who has it and what could happen if the feds make major cuts?*”⁴ NBC News, March 7, 2025

<https://www.nbcwashington.com/news/health/what-is-medicaid-cuts-coverage-dc-maryland-virginia/3855450/>

Health Information

Palmer, K., “Health care providers form a united front against stricter patient privacy rules,” STAT, March 7, 2025

<https://www.statnews.com/2025/03/07/hipaa-security-update-rule-health-care-providers-push-back/>

Levinson, K., “Data can help agencies get ahead of increasing health care costs amid funding uncertainty,” Route Fifty, March 7, 2025

<https://www.route-fifty.com/artificial-intelligence/2025/03/data-can-help-agencies-get-ahead-increasing-health-care-costs-amid-funding-uncertainty/403582/?oref=rf-home-top-story>

Alter, S., “Apria Healthcare Agrees to \$6.4M Data Breach Settlement,” HIPAA Journal, March 7, 2025

<https://www.hipaajournal.com/apria-healthcare-data-breach-settlement/>

Maryland Trauma Physician Services Fund

Uncompensated Care Claims

There was no uncompensated care claims processing in the month of February.

Third-Party Administrator (TPA)

The MHCC is excited to announce that SCAS Management Group, LLC (SMG), has been selected as our new third-party administrator (TPA) responsible for adjudicating Trauma Fund claims. Founded in 2011 and based in Milwaukee, Wisconsin, SMG specializes in providing administrative services to both government and private payers. We look forward to a long and successful partnership with SMG, working together to provide exceptional customer service to our Trauma Fund providers. Claims processing is expected to resume around April 1, 2025, and additional information will be shared with our providers in March.

On-Call Costs Applications

The Commission processed ten On-Call Costs applications received in February from 12 of our Trauma/Specialty centers. The applications were submitted for the period July - December 2024. The 10 requests totaled **\$7,835,084.49**. We still await submissions from the University of Maryland Capital Region Medical Center, in addition to UPMC Western Maryland. The facilities have been notified.

Internet Utilization

MHCC Website: The MHCC website (<https://MHCC.maryland.gov>) had 4,326 during the month of February 2025.

WTC Website had 312 visitors during the month of February 2025

Maryland Quality Reporting

Maryland Quality Reporting

Maryland Quality Reporting had 1,543 users in February, which was similar to the previous month’s activity. The number of new users and sessions was also similar to last month. The website notably had a 14% decrease in views per session, which means that users viewed more pages on the website when they arrived.

This month, the site received referrals of at least 10 users or more from Maryland 211 (89 or 40.4%), Howard County Government (17 or 7.7%), Peoples-Law.org (16 or 7.3%), Maryland Attorney General (13 or 5.9%), and A Place for Mom (10 or 4.5%).

Facebook remained the primary social media referral source.

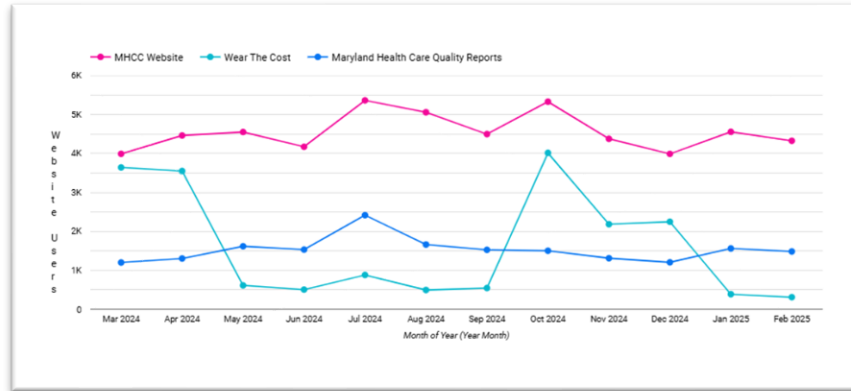


Figure 1 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

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

Members enrolled in fully insured health plans and assigned to an APM program performed better on three of seven quality measures for 2023

Recent APM quality measures show that insured members assigned to an APM in 2023 performed better on three of the seven measures studied compared to 2022. Breast Cancer Screening rates were higher among members associated with an APM. In 2022, APM rates were at 75.7% vs. non-APM rates of 72.3%, i.e., APM was better by +3.4% points. In 2023, APM rates were at 77.6% vs. non-APM 73.1%, i.e., APM was better by +4.5% points. Also, these results imply a +1.9% APM rate change for 2023 compared to a 0.8% non-APM rate change for the same period. Follow-Up after Emergency Department (ED) visits for mental health illness 30 days after the first visit, APM rates were +9.2% better than non-APM in 2023, while Follow-Up after ED visit for mental illness 7 days after the first visit APM rates were +5.1% points better than non-APM rates. Overall, insured members assigned to an APM demonstrated improvement in measures associated with emergency department utilization. The participation of the fully insured population by APM showed remarkable improvement from 2022 (11% — 60,981) to 2023 (20% — 105,765).

Cost and Quality Analysis – Shankar Mesta

MCDB Data Submission Status, Payor Compliance, and Technical Support

At the end of February 2025, 32 payors submitted clean Q4 2024 data through the Onpoint portal.

Thirty-two reporting entities submitted clean Q4 2024 data that have passed all quality checks. Only one of the Q4 2024 payor data submissions is under review by Onpoint support staff due to issues in the initial files submitted. MHCC and Onpoint staff reminded this payor to submit clean data to avoid unnecessary penalties due to late submission.

All eligible reporting entities have registered through the Onpoint portal to submit 2025 data per the latest data submission manual guidelines.

2025 MCDB Data Submission Manual Annual Payor Meeting

MHCC staff, in association with Onpoint, conducted all payor meetings/training for the 2025 MCDB Data Submission updates on January 14th, 2025. This training provided an opportunity for payor representatives to refresh their understanding of the importance of submitting clean data to MCDB and seek clarification on new updates in the 2025 manual from MHCC staff.

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

No Update for March 2025

Special Projects – Jason Caplan

No Update for March 2025

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

Certificates of Ongoing Performance

Staff received and began reviewing Holy Cross Hospital, Adventist White Oak Medical Center, and Meritus Medical Center Certificates of Ongoing Performance for percutaneous coronary intervention services applications due on February 21, 2025.

Other

MHCC staff attended a work group convened with hospital staff to discuss the workforce shortage of registered radiologic technologists and registered cardiovascular invasive specialist for cardiac catheterization laboratories. The shortage of these staff is an issue for most hospitals, and the work group discussed additional information to gather and plans for who would gather it.

Long-Term Care Policy and Planning – Jeanne Marie Gawel

Nursing Homes

The revisions to COMAR 10.24.20, the State Health Plan Chapter for nursing homes became effective on February 17, 2025. The regulations have been updated to incorporate statutory changes to nursing home acquisitions, the standards for Medicaid participation and quality rating for nursing homes. The application/notice forms related to nursing home acquisitions have also been updated and are published on the MHCC website. The forms include:

- Real Property Only Application - This document is for real estate only transactions where the owner of the real property will have no role in the operations of the facility;
- Transfer of Ownership - This abbreviated notice is for ownership changes greater than 5% but less than 25%; and
- Acquisition Application - This application is for changes of ownership of 25% or greater.

Home Health

In partnership with the Center for Quality Reporting an analysis of the 2022 Home Health Survey data is used to project need for expansion of home health services. There are three components to assessing need for additional home health agencies: the availability of consumer choice, the existence of highly concentrated home health markets and the availability of consumer choice of home health agencies with high quality performance.

- Insufficient consumer choice is considered to exist in any jurisdiction in which consumers have two or fewer Medicare certified home health providers that served 10 or more clients each year during the most recent three-year period for which data is available.
- A jurisdiction is considered to have a highly concentrated market when it has a Herfindahl—Hirschman Index (HHI) of 0.25 or higher.
- A jurisdiction is considered to have an insufficient choice of quality performing home health agencies if a home health agency serving 60% or more of the clients in that jurisdiction does not meet the applicable performance requirements designated by the Commission.

The regulations require that before establishing a CON review cycle, the quality metrics used in the analysis will be published in the Maryland Register and on the Commission’s website to obtain public comment. The comments and staff recommendation are considered by the Commission for approval to establish the applicable quality measures and performance levels.

Hospice

Staff attended a meeting with the Hospice and Palliative Network of Maryland to discuss the 2023 Hospice survey data. Among the topics discussed were using data analytics to identify trends in real time, the utilization of hospice care by minority communities and palliative care services. A follow-up meeting will be scheduled at the end of the legislative session in April of 2025.

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

Green Acres Nursing and Rehab (Charles County)

Report

In accordance with Health-General §19-115(a)(3) and (b),¹ 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).

Facility

Green Acres Nursing and Rehab is a 170-bed comprehensive care facility (CCF) located at 10200 La Plata Road in Charles County, Maryland. There are no beds at the facility with more than two residents per room. The facility currently has an average 3 out of 5- star rating on the Centers for Medicare & Medicaid Services (CMS) Nursing Home Compare website which was last updated on January 29, 2025. The anticipated closing date of the transaction is March 1, 2025. The transaction is described below:

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.

¹The General Assembly passed legislation in 2024 that changed the MHCC review process for acquisitions of nursing homes. Health-Gen. § 19-120.2. However, the new process only applies to acquisition requests submitted after the effective date of implementing regulations. This request was filed before the regulations became effective on February 17, 2025.

Operator: 10200 La Plata Opco, LLC

POST-TRANSACTION

Owner of the real property: 10200 La Plata Propco, LLC

Owner of bed rights: 10200 La Plata Propco, LLC

Operator: 10200 La Plata Opco, LLC

Purchase price: \$27,500,000

Acquiring Entity

10200 La Plata Propco, LLC is 100% owned by 10200 La Plata Propco Holdco, LLC. The Holdco is owned by SJ Healthcare Capital, LLC (22%, managed by Simon Stern), PC8 Capital Group, LLC (22%, managed by Aharon Stern), La Plata NBK Legacy Trust (50%, Daniel Gottesman Trustee), Moshe Birnbaum (5%) and Manny Stern (1%). SJ Healthcare Capital, LLC is primarily owned by the SJ Family Trust (95.1%) and PC8 Capital Group, LLC is primarily owned by ADS Capital Trust (95.1%), both New Jersey irrevocable trusts.

10200 La Plata Propco, LLC shares common ownership with 10200 La Plata Opco, LLC, which is the current operator of Green Acres Nursing and Rehab. 10200 La Plata Opco acquired the operatorship of Green Acres on April 1, 2024. Other than Simon and Aharon Stern, none of the other owners or managers own any other nursing homes in Maryland. A complete ownership chart is attached to the application.

According to the information provided by the acquiring entity and CMS Nursing Home Compare data, Simon and Aharon Stern own, or have previously owned in the immediately preceding three-year period, one comprehensive care facility in Maryland—Solomons Nursing and Rehabilitation. Solomons Nursing and Rehabilitation has a 5-star rating on Nursing Home Compare. Five-star facilities are considered above average by the Centers for Medicare & Medicaid Services (CMS).

Solomons Nursing and Rehabilitation Center also received a 96.3% positive rating on the 2023 Nursing Home Satisfaction Survey. The purpose of the Nursing Home Family Satisfaction Survey is to measure the experience and satisfaction of family members and other designated responsible parties of residents in Maryland’s nursing homes.

The acquiring entity has 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 month.

Commission staff also reviewed the most recent annual inspection reports and the subsequent plans of correction for Solomons Nursing and Rehabilitation Center, which had only 3-citations in its latest survey (2019).¹ Facility staff wrote plans of correction for each deficiency and the plans of correction were accepted. Although the facility has not had an annual survey since 2019, they have had no complaint surveys in all of 2024. The breakdown of deficiencies is below:

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

The acquiring entity stated that there were no lawsuits or arbitration filed against any affiliated nursing homes. Commission staff compared the disclosure with Federal and State case databases as well as a search of the Office of Inspector General Exclusions and did not find anything substantive. In addition, the acquiring entity attested that none of the purchaser’s principals — i.e., any owner² or former owner,

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

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

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.

In summary of the findings, the entity seeking to acquire ownership of the real estate and bed rights of Green Acres shares common ownership with the current operator of the facility. Green Acres currently has a 3-star rating on Nursing Home Compare and MHCC does not have evidence that 10200 La Plata Opco's acquisition of the operatorship has impacted the quality of the nursing home. The acquiring entity is affiliated with only one other Maryland nursing home; that affiliated facility's 5 out of 5-star rating on Nursing Home Compare, 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 have not identified any concerns with the prior performance of the acquiring entity in Maryland.

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

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

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

Certificate of Need (CON)

Pre-Application Conference

Residences at Vantage Point of Howard County (Howard County)

February 18, 2025

First Use Approval

Pyramid Walden-Bowie Intermediate Care Facility Docket No. 22-16-2452 (Prince George's County)
Pyramid Walden, Inc. (Pyramid Walden) was awarded a Certificate of Need (CON) to establish a 50-bed Track One Intermediate Care Facility for adults providing Level 3.7 Medically Monitored Intensive Inpatient and Level 3.7 Medically Monitored Intensive Inpatient Withdrawal Management services. The total project cost was \$4,930,900, with \$187,500 for land and building purchase, \$1,169,500 for new construction, \$2,956,000 for the renovation cost for patient rooms, nursing stations, and administrative space, and the purchase of furnishings for the proposed program, \$552,400 in contingency fees and gross interest during construction, and \$65,500 in CON application and legal fees. The applicant financed the project with \$1,232,725 in cash and \$3,698,175 in loans.

SurgCenter at National Harbor, LLC d/b/a Harborside Surgery Center (Harborside) (Prince George's County)
was awarded a CON to establish an ambulatory surgical facility (ASF) at 251 National Harbor Boulevard, Suite 200 in Oxon Hill, Maryland (Prince George's County). Harborside proposed converting one procedure room to an operating room, resulting in three sterile operating rooms and two procedure rooms after project

completion, thereby establishing an ASF. The approved project cost was \$247,985, which the applicant funded with cash reserves.

Determinations of Coverage

• **Ambulatory Surgery Centers (ASC)**

Greenbelt Ambulatory Surgery (Prince George’s County)

Greenbelt Ambulatory Surgery notified the Commission of a change of ownership. The Ambulatory Surgery Center (ASC) located at 7809 Belle Point Drive, Greenbelt, Maryland 20770 will continue to operate with zero (0) sterile operating rooms and two non-sterile procedure rooms.

Post transaction, the ownership of the ASC is as follows:

Rockville Endoscopy, Inc. -- • Charles Obioha (50%) • Adaeze Obioha (50%)	25%
Sanjiv Sood, M.D.	7.5%
Robert Hardi, M.D.	6.25%
John Bedeau, M.D.	6.25%
SurgNet Health Partners, Inc. -- • Fulcrum Growth Fund V, LLC (66.8%) • Leavitt Equity Partners III, LP (29.2%) • Harpeth Ventures Opportunity Fund, LP (4.0%)	55%

Rockville Ambulatory Surgery (Montgomery County)

Rockville Ambulatory Surgery notified the Commission of a change of ownership. The Ambulatory Surgery Center (ASC) located at 11400 Rockville Pike, Suite 108 Rockville, Maryland 20852 will continue to operate with zero (0) sterile operating rooms and one non-sterile procedure rooms.

Post transaction, the ownership of the ASC is as follows:

Rockville Endoscopy, Inc. -- • Charles Obioha (50%) • Adaeze Obioha (50%)	41.65%
Sanjiv Sood, M.D.	7.35%
SurgNet Health Partners, Inc. -- • Fulcrum Growth Fund V, LLC (66.8%) • Leavitt Equity Partners III, LP (29.2%) • Harpeth Ventures Opportunity Fund, LP (4.0%)	51%

Advance Surgery Center – Rockville (Montgomery County)

Advance Surgery Center – Rockville notified the Commission of a change of ownership. The Ambulatory Surgery Center (ASC) is located at 10110 Molecular Drive, Suite 100 Rockville, MD 20850 will continue to operate with zero (0) sterile operating rooms and three non-sterile procedure rooms.

Post transaction, the ownership of the ASC is as follows:

Advance Surgery Center Ownership	New Ownership Percentage
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Endosurg Investments, LLC	none
Ajay Bakshi, M.D.	13.3%
Ghanshyam Gupta, M.D.	13.3%
Jatinder Sekhon, M.D.	13.3%
Naveen Gupta, M.D.	5.65%
Rahul Gilotra, M.D.	3.45%
SurgNet Health Partners, Inc.	51%
Total Ownership	100%

Johns Hopkins Surgery Series - Lutherville (Baltimore County)

Johns Hopkins Surgery Series – Lutherville notified the Commission of changes to the surgical specialties at the facility located at 10755 Falls Road, Suite 110b in Lutherville. Johns Hopkins Surgery Series – Lutherville is an ASC that currently operates with one sterile operating room and one non-sterile procedure room. The ASC has discontinued Urology and Reproductive Endocrinology and Infertility procedures and has added Pain Management to its specialties.

- **Licensure**

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

- Johns Hopkins Bayview Medical Center (Baltimore City)

Johns Hopkins Bayview Medical Center notified the Commission of a plan to relinquish 60 chronic care facility (CCF) beds that were temporarily delicensed. Effective February 12, 2025, Johns Hopkins Bayview Medical Center will not have any authorized, licensed chronic care beds.

- **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**

- Bay Woods of Annapolis (Anne Arundel County)

The Commission authorized the temporary delicensure of 27 CCF beds at Bay Woods of Annapolis on January 29, 2024. Bay Woods of Annapolis did not take any action to either extend the time of the relinquishment or relicense the beds by January 29, 2025, therefore, in accordance with COMAR 10.24.01.03D(10)(b), the Commission deems the 27 beds to be abandoned by Bay Woods of Annapolis. The Commission’s inventory will reflect that Bay Woods of Annapolis is not authorized to operate any (0) licensed CCF beds.

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

- CareSouth HHA Holdings of Virginia, LLC d/b/a Enhabit Home Health-HH 7160 (Montgomery County) will close effective May 1, 2025. Pursuant to COMAR 10.24.16.08J, Enhabit shall document that it has a formal discharge plan for its patients. Enhabit will provide its patients with a list of home health agencies in the area and, once the patient selects a provider, Enhabit will facilitate referrals and transfers of care. Additionally, Enhabit will notify patients and family members or legal representatives of its intent to close beginning February 24, 2025.

- CareSouth HHA Holdings of Virginia, LLC d/b/a Enhabit Home Health-HH 7162 (Baltimore County) intends to close effective May 1, 2025. Pursuant to COMAR 10.24.16.08J, Enhabit shall document that it has a formal discharge plan for its patients. Enhabit will provide its patients with a list of home health agencies in the area and, once the patient selects a provider, Enhabit will facilitate referrals and transfers of care. Additionally, Enhabit will notify patients and family members or legal representatives of its intent to close beginning February 24, 2025.

- **Other**

Adoration Home Health Care of Maryland, LLC d/b/a Revival Home Care Agency-Maryland HH7153 (Carroll County) notified the Commission of a change in address of its administrative offices and a trade name change. Currently, the administrative office is located at 187 E. Main Street, Westminster, MD 21157. The office will relocate to 56 W. Main Street, Suite 101, Westminster, MD 21157. Revival Home Care Agency-Maryland will change in its trade or doing business as (d/b/a) from Revival Home Care Agency-Maryland to Adoration Home Health Westminster.

Adoration Home Health Care of Maryland, LLC d/b/a Revival Home Care Agency-Maryland HH 7047 (Prince George's County) notified the Commission of a trade name change. Revival Home Care Agency-Maryland will change its d/b/a name from Revival Home Care Agency-Maryland to Adoration Home Health Marlboro.

Adoration Home Health Care of Maryland, LLC d/b/a Revival Home Care Agency-Maryland HH 7134 (Baltimore City) notified the Commission of a trade name change. Revival Home Care Agency-Maryland will change its d/b/a name from Revival Home Care Agency-Maryland to Adoration Home Health Baltimore.

Adoration Hospice Care Maryland, LLC d/b/a Revival Homecare Agency-Hospice 1545 (Baltimore City) notified the Commission of a trade name change. Revival Homecare Agency-Hospice will change its d/b/a name from Revival Homecare Agency-Hospice to Adoration Hospice.

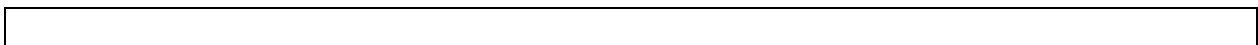
- **Waiver Beds**

Nursing and Rehabilitation Center at Stadium Place trading as Green House Residents Care and Rehabilitation at Stadium Place (Baltimore City)

Green House Residents Care and Rehabilitation at Stadium Place notified the Commission of its intent to increase its CCF capacity by five beds. Stadium Place is currently licensed for 58 CCF beds but Stadium Place states that it did not implement five waiver beds for which it received Commission approved on November 7, 2023. Per COMAR 10.24.20.04C(3), any bed addition authorized but not implemented and licensed within one year will expire one year after approval and additional beds will not be authorized until two additional years have passed. The Commission did not authorize an increase in Stadium Place's bed capacity. Stadium Place must maintain its CCF beds at 53 until after November 7, 2025.

Montgomery Village (Montgomery County)

Montgomery Village requested to increase its licensed bed capacity by 10 CCF beds. Pursuant to COMAR 10.24.01.03F (1)(a), a CCF may add 10 beds or 10 percent of its current bed capacity, whichever is less, if the facility's licensed bed capacity has not changed in the preceding two years. Montgomery Village has not changed its licensed CCF bed capacity in the last two years. The Commission authorized Montgomery Village to increase its CCF capacity by 10 beds, bringing the facility's licensed CCF bed capacity to 167.



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

Health Information Technology Division – Nikki Majewski, Division Chief

Artificial Intelligence Symposium

Several presentations were recorded for the virtual Artificial Intelligence (AI) Symposium Series on the equitable, ethical, and responsible use of AI applications in health care. The series will provide insights from researchers, providers, health information technologists, legal advisors, and data privacy and security experts supporting the integration of AI in clinical settings. Promotion of the series is underway, and presentations will be made available to view on-demand this spring.

Hospital Health IT Spotlights

An analysis of claims data from the All Payer Claims Database is advancing to identify trends in documenting health-related social needs using Z codes, a subcategory of the International Classification of Diseases, Clinical Modification system. Summary tables will guide development of a data supplement for the *Hospital Spotlight: Integrating Social Needs Data into Electronic Health Records* (January 2025). An outline for a hospital AI spotlight is being drafted and will highlight hospitals' use of AI technology and supporting governance. Hospital health IT spotlights incorporate analyses using data obtained through an annual survey completed by all 18 health systems with a combined 42 acute care hospitals operating in Maryland.

Data Breaches

A findings summary was drafted from a state-based analysis of data breaches reported to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) from January 1, 2021 to December 31, 2024. The findings will be included in a spotlight overviewing the health care cybersecurity landscape and growth of third-party breaches. Data on breaches affecting 500 or more individuals is made available through the OCR breach portal, which includes information on breach type and individuals affected. The spotlight is targeted for release in March.

Regulations

Certain draft revisions were made to proposed amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* after consideration of public comments received (December 2, 2024 to January 2, 2025). The regulations support the implementation of legislation passed by the General Assembly in 2021 and 2022 requiring CRISP, the State-Designated Health Information Exchange (HIE), to develop a consumer consent management application, operate a health data utility, and collect noncontrolled prescription drug (non-CDS) information reported by dispensers. The proposed regulations are anticipated to be finalized in April. Consideration of public comments and potential revisions to proposed amendments to COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* continues. The regulations support State law enacted in 2021 requiring electronic health networks (EHNs) to provide certain electronic administrative health care transactions to CRISP for clinical and public health purposes.

Legally Protected Health Information

An environmental scan (scan) is being planned to explore provider awareness and implementation of requirements for legally protected health information (LPHI). Drafting of a questionnaire is underway and targeted to be distributed to select providers in April. The scan will identify technical and policy matters that support or limit LPHI protections for providers and consumers as required by State law (2023). HIEs will provide a progress update by March 31st on their implementation of technical capabilities to filter and restrict from sharing LPHI.

Noncontrolled Prescription Drugs

Stakeholder collaborations continue to build dispenser awareness about upcoming requirements to submit non-CDS dispensing information to CRISP. An informational flyer with frequently asked questions about non-CDS reporting was distributed at the Maryland Pharmacists Association's mid-year meeting on February 16th. The Maryland Board of Pharmacy featured an article on the value of non-CDS dispensing information for patient treatment and care coordination in the winter edition of its quarterly newsletter. Dispenser reporting is anticipated to begin in Q4 2025.

Cybersecurity Preparedness Self-Evaluation Questionnaire

A review of version 2 of the National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF) has commenced and will inform updates to the *Cybersecurity Preparedness Self-Evaluation Questionnaire* (Questionnaire). The NIST CSF was developed with experts in the federal government and private sector to create a set of standards, best practices, and recommendations for improving cybersecurity regardless of an organization's size, sector, or maturity. The Questionnaire is currently based on version 1.2 of the NIST CSF and helps assist provider organizations in identifying potential gaps in cybersecurity and prioritizing areas for improvement. Revisions to align the Questionnaire with version 2 of the NIST CSF are targeted for completion by June.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

EHN Certifications

Recertification was completed for six EHNs in Q1 2025. COMAR 10.25.07 requires payers operating in the State to accept transactions from MHCC certified EHNs. The certification process ensures EHNs meet standards related to privacy and confidentiality, business practices, physical and human resources, technical performance, and security. The six EHNs are among 31 operating in Maryland that are MHCC certified.

Learning Network

Preparations continued for a March 14th virtual event on Patient and Family Advisory Councils (PFACs) in collaboration with MedChi, The Maryland State Medical Society (MedChi). The event will feature subject matter experts from various practices to discuss optimizing the role of PFACs to enhance the patient experience. Recording has begun for a new on-demand webinar series centering on challenges and opportunities of advanced care delivery, *Beyond the Textbook: Real-World Medicine and Case Studies*. The first session overviews the health equity landscape and will be made available to view in March with the opportunity to receive continuing education credits.

Practice Transformation

Drafting of a spotlight on the local and national landscape of practice transformation continues. The spotlight will discuss the *Advancing Practice Transformation in Ambulatory Practices Program* (program), which has engaged over 80 primary care and specialty practices with the support of the MedChi Care Transformation Organization (CTO). The 11 practices currently enrolled are working with coaches to complete training modules based on the Centers for Medicare & Medicaid Services Transforming Clinical Practice Initiative. The program supports practice transformation efforts that aim to ensure the delivery of high-quality, cost-effective care. In 2021, MHCC competitively selected MedChi CTO to guide practices in completing program milestones.

Primary Care Investment Workgroup

Planning for the upcoming meeting of the Primary Care Investment Workgroup (Workgroup) on March 25th is progressing. The meeting agenda includes preliminary discussions of the 2025 report to the Governor and General Assembly on primary care, as required by Chapter 667 (Senate Bill 734), *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022). The law requires MHCC to conduct an annual investment analysis of primary care and identify ways to improve quality of and access to care with special

attention to increasing health care equity, reducing health care disparities, and avoiding increased costs to patients and the health care system.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

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. Home Health profile pages have been updated with the January 2025 data released for the CMS Care Compare refresh. Home Health updates include family satisfaction scores and star ratings and quality measure scores and star ratings. Two new measures have been added to the quality measures used in the star ratings. Nursing Home profile pages have also been updated with the January 2025 data released for the CMS Care Compare refresh. 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. Nursing facilities that are cited for abuse or indicated as Special Focus Facilities by CMS have warning icons prominently featured on their facility profile page, along with explanatory language. Additional enhancements and updated features are underway and routine updates and maintenance are ongoing. Staff continue to respond to consumer inquiries and requests for printed material received via the quality reports email.

MQR Website Traffic

Staff monitors traffic to the consumer site using Google Analytics software. Website traffic decreased slightly in February (1,485 users) compared to January (1,562 users). 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 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.

CQMR in the Community

The Winter edition of the Quality Corner Newsletter was released to approximately 1,800 contacts. The newsletter featured briefs on the MPSC workplace violence campaign, price transparency, and health plan quality rating updates. The newsletter provides a unique opportunity to regularly stay engaged with a variety of professional audiences with a quality-based focus.

Hospital Quality Initiatives – Courtney Carta

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 2025 occurred on February 11, 2025. Discussion points included data registry updates, MIEMSS updates, a case study, and a question-and-answer session. The next meeting is scheduled in May.

MPSC Workplace Violence Prevention Campaign

In 2022, as a result of SB700, MHCC led a work group to develop a public awareness campaign and dissemination plan geared toward preventing workplace violence in healthcare settings. In FY2024, the Maryland Patient Safety Center was awarded funding by the Maryland Legislature to implement the plan statewide. In collaboration with MHCC and MHA, MPSC recently launched the campaign “It Takes Patients” with an aim to humanize healthcare employees and encourage compassion among families. For more information, visit <https://www.ittakespatients.org/>.

HCAHPS Collaborative

Historically, Maryland hospitals report lower levels of patient satisfaction compared to the national average. MHCC began collecting patient-level HCAHPS data in CY2022 to explore potential health disparities based on patient perception of care across various populations and measure domains. Staff are working closely with the HSCRC and the Maryland Hospital Association on a newly formed HCAHPS Collaborative to help improve Maryland scores and increase patient experience. All Maryland hospitals were invited to participate in the collaborative. MHCC staff presented exploratory analyses of state-level, detailed data at the February meeting and will continue providing analytical support throughout the Collaborative.

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 concluded. 5,101 surveys were received and processed with 2,140 completed online, 1,734 completed on paper, and 1,227 completed by phone. Data is being analyzed, and final reports are being compiled for the state and for each nursing home.

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. Home health, assisted living, and hospice surveys have been successfully migrated from Survey Monkey to Smartsheets and are ready for use for this year’s data collection.

Health Plan Quality Initiatives

Data collection for the 2024 measurement year kicked off February 14. The Health Equity Questionnaire is being piloted this year. This questionnaire aims to evaluate the organization’s health equity metrics by evaluating their policies, practices, and performance in promoting equitable access, quality, and outcomes for all members. The Race and Ethnic Stratification measure is also being piloted. This measure is a subset of quality measures with focus areas on chronic conditions, maternal health, substance use, children’s health, and behavioral health identifying racial and ethnic groupings for each specific measure. These two measures will not be factored into the 2024 measure year scores.

Collaboration with the Center for Health Care Facilities Planning and Development

Staff assisted the staff of the Center for Health Care Facilities Planning and Development to determine the home health need by analyzing quality data. Staff established quality measures to evaluate for nursing homes,

hospitals, and home health agencies and used the state health plan as guidance to calculate “high quality” facilities that would be eligible to open a home health agency under state health plan rules.

Outpatient Quality Initiative—Mariama Simmons

Ambulatory Surgery Facilities (ASFs)

The staff is working with the Center for Healthcare Facilities Planning and Development to consider enhancements to the Annual Freestanding Ambulatory Surgery Facility Survey. These proposed changes include querying ASFs on their efforts to assess and address the Social Determinants of Health (SDOH) of their target populations as well as requiring additional financial data on operating expenses to support CON review. The staff will reach out to the industry to gather their feedback on the proposed changes.