

MHCC Vision Draft Action Items

Access

Subcategory	Draft action item	Description
Primary Care	Establish primary care targets by payor, and build accountability mechanisms to achieve targets.	Required to establish primary care targets by AHEAD model agreement with CMS, before CY2027. We would work with other state agencies to build accountability mechanisms to achieve the targets.
	Explore creation of “primary care champion” designation for plans and providers	We would build methodologies to identify plans and health systems that are providing exemplary investment in primary care to improve access, and are paying for advanced primary care.
	Assess health system investment in primary care*	We would consider adding questions to the annual hospital survey questions to assess level of primary care investment at a health system level, since many primary care practices are owned or affiliated with health systems.
	Submit empiric information to CMS for service valuation	Every year, CMS revalues services, and recently they have expressed interest in obtaining empiric data to value services. Overvaluation or undervaluation of services can either create incentives to increase or decrease availability. We would consider using some of our claims data to support valuation accuracy.
Workforce	Work with MDH, HSCRC on Graduate Medical Education (GME) strategy	Maryland would continue to have oversight of GME funding in the new AHEAD model. We would convene state agency partners, such as HSCRC and MDH, and stakeholder feedback to help identify recommendations in a report.
	Explore opportunities to expand access to telehealth and fulfill interstate compacts	One of the options in the state agreement, this would involve working with the state licensing boards and build on previous work of the Commission.

Utilization management	Propose regulations focused on promoting evidence-based utilization management and transparency	We would advance regulations aimed at aligning state and federal requirements for prior authorization criteria that are evidence-based and transparent.
	Advance electronic prior authorization	We are implementing state law to ensure that plans and providers are achieving benchmarks for electronic prior authorization. We will write a report on progress annually.
Coverage	Work with CRISP to identify patients with medical exemptions to community engagement requirements	We would work with CRISP to utilize HIE data to identify patients that should be exempt from community engagement requirements, and work with state partners to ensure that they receive necessary information.

Reduce Disparities

Subcategory	Draft action item	Description
Quality and Safety	Establish methodologies to identify plans/ providers delivering high quality care to underserved populations	MHCC would explore options in quality rating systems to recognize and reward plans/ providers delivering high quality care to underserved populations
	Establish designation for plans/ providers who have achieved health equity accreditation	MHCC would establish a designation that could be displayed on the quality website or as consumers are shopping for care
Social Determinants of Health (SDOH) and community-based partnerships	Support statewide SDOH screening and closed-loop referrals as part of the CRISP infrastructure	MHCC would explore funding opportunities and regulatory options to better support statewide transfer of SDOH screening and referrals, which would better link providers and community-based organizations (CBOs) to promote whole-person care
	Explore funding for a Community Care Hub model to better link providers and CBOs	Smaller CBOs often lack administrative infrastructure to be able to contract with plans and providers. A Community Care Hub (CCH) is a larger CBO, with better administrative capabilities, that can help establish the contracts, develop data exchange, and more.

	Work with payors to cover Community Health Integration (CHI) and Principal Illness Navigation (PIN)	These Medicare payment codes represent the services of Community Health Workers (CHWs) and would be a sustainable strategy to supporting this workforce. CHWs have been shown to reduce disparities in a variety of contexts. MHCC would perform a study for the legislature on the implications of requiring payment for these codes.
	Reexamine CON health equity criteria to consider factors like linkages to CBOs and addressing factors identified in community health needs assessments	We would look at overarching state health plan chapters to better understand if there are any regulatory updates to be made
	Establish social subcategory of mandated studies	MHCC regularly does mandated studies, and can work with the General Assembly to identify equity implications of requiring coverage for different services
Geographic disparities	Change CON regulations and processes to actively encourage new market entrants in underserved areas	MHCC would reexamine our state health plan chapters to actively encourage access to providers and services in underserved areas
Technology	Establish framework for responsible use of artificial intelligence, including equity implications	The proliferation of AI has numerous equity implications, especially since biases in the data that large language models are trained on can further entrench disparities. MHCC would meet with stakeholders to identify a path forward, possibly through regulatory changes.
	Explore opportunities in EMR oversight to give timely information to clinicians that can help alleviate disparities	New clinical decision support tools have been implemented in certain circumstances that have shown to eliminate disparities
	Consider further developing equity-focused, interactive mapping tool for the public	MHCC would leverage its data resources to overlay information about geographic disparities, provider locations, and quality data to better understand disparities across the state.

Value

Subcategory	Draft action item	Description
Quality and Safety	Work with Maryland Insurance Administration (MIA) to add quality information in provider directories	Providing quality information at the point where consumers are deciding where to go for care can reward providers who are providing high quality care, and provide consumers with the information they need.
	Enhance data incorporated into the consumer-facing quality website	Currently, we do not display data from Medicaid, or certain Office of Health Care Quality (OHCQ) data on the quality website. We would work with MDH to incorporate.
	Drive a statewide strategy to improve care in long-term care facilities, working with agency partners.	We would work with HSCRC and MDH to develop a strategy that can improve the quality of care delivered in long-term care facilities.
Competition	Work with the legislature to increase MHCC authority over transactions involving non-hospital facilities and practices	We would work with the legislature on a public interest review process run by MHCC to ensure that factors such as quality, cost, staffing, and service lines are taken into consideration
	Reform CON processes to introduce competition in areas with health care monopolies	We would have to evaluate the state health plan chapters to address areas with sole providers and anticompetitive markets, and consider additional regulatory changes
	Update annual surveys to add questions if a facility has undergone a corporate transaction	This would allow MHCC and the broader public to better understand the effect of corporate transactions in the facilities that MHCC regulates

Operations

Subcategory	Draft action item	Description
External affairs	Finish new MHCC website	The new website would be much more user friendly, easy to navigate, with new releases available up top. Current plan is for March.
	New reports are accompanied by roll out plans	Having roll-out plans, including press releases, social media, interviews etc, will help improve the impact of MHCC reports and policy changes.
	Proactive legislative strategy	Working with the legislature proactively can help ensure that MHCC can improve its impact
	Develop technical expertise to perform analyses internally, and enhance contract oversight training	A high percentage of the MHCC budget is focused on contractor work, and so developing improved capabilities internally would be more efficient
	Ensure that budget reflects priorities and are aligned to clear actions	A budget that reflects priorities is key to achieving goals
Data	Develop APCD of the future by blending together claims data and HIE data	Connecting unstructured and structured HIE data—which derives information from electronic medical records-- to claims would be a powerful tool to ask and answer questions in new ways. It could also allow MHCC to work with partners to develop new ways of measuring quality, access, and more.
	Create internal access to HIE data and connect relevant databases	MHCC has potential access to a vast array of data, but the agency could combine datasets where appropriate to be able to answer questions in a much more sophisticated way
	Improve accuracy and completeness of claims data through finalized regulation	Improving data accuracy of claims is important for state level analyses