

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

April 2025

EXECUTIVE DIRECTION

Government Relations and Special Projects – Tracey DeShields

State Policy Update

Legislative Session 2025

The legislative session continues. The legislature is close to passing the budget. We have 2 calendar days left of the legislative session. Monday April 7th is the last day of the session. The legislature has been busy in these last days debating, amending, and passing bills.

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* was passed out of the House Health and Government Operations (HGO) Committee on Thursday April 3, 2025 and the House Chamber on April 4, 2025.

[SB0372/HB0869](#) - *Preserve Telehealth Access Act of 2025* which repeals the limitation on the period during which the Maryland Medical Assistance Program and health insurers, nonprofit health service plans, and health maintenance organizations are required to provide reimbursement for health care services provided through telehealth on a certain basis and at a certain rate. The bill also requires the Maryland Health Care Commission every 4 years, beginning in 2026, to submit a report to the Governor and the General Assembly on advances or developments in telehealth. As of April 4th, this is the first of the bills we are tracking to have passed both the House and the Senate and has been returned enrolled and to go to the Governor.

As a reminder 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

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.

We recently learned that Region 3 SAMSHA office and the other SAMSHA Regional offices have been closed and staff terminated with little to no notice. This has significant implications for Maryland regarding treatment and funding for behavioral health and in particular substance use disorders.

MHCC-related news coverage: selected articles and commentary

Maryland Health Care Commission

Shane, B., “Hospital board signs off on proposed merger,” OC-Today Dispatch, April 4, 2025

https://www.octodaydispatch.com/news/hospital-board-signs-off-on-proposed-merger/article_4e432ce0-7cc5-4fbd-846b-00fbeb32ffda.html

Nursing Homes

“Capital Funding Group Closes \$50.5M in Subordinate Financing to Support Refinancing of 25 Skilled Nursing Facilities Nationwide,” Citybiz, April 1, 2025,
<https://www.citybiz.co/article/678075/capital-funding-group-closes-50-5m-in-subordinate-financing-to-support-refinancing-of-25-skilled-nursing-facilities-nationwide/>

Health Insurance

“The hard truth behind making health insurance affordable,” Crain’s Detroit Business, March 31, 2025

<https://www.crainsdetroit.com/crains-content-studio/hidden-cost-health-insurance-mandates-why-affordability-remains-out-reach>

Maryland Department of Health

Lott,R., Seshamani, M., *“Podcast: Meena Seshamani on the Journey from CMS to Maryland's Department of Health,”* Health Affairs, April 1, 2025

<https://www.healthaffairs.org/doi/10.1377/hp20250327.516691/full/>

“Raskin Statement on Trump’s Mass Purge of MD-08 Health Agency Workers,” Press Release March 31, 2025

<https://raskin.house.gov/2025/4/raskin-statement-on-trump-s-mass-purge-of-md-08-health-agency-workers>

Maucione, S., *“Maryland offices accounted for a quarter of HHS layoffs,”* WYPR, April 4, 2025

<https://www.wypr.org/wypr-news/2025-04-03/maryland-offices-accounted-for-a-quarter-of-hhs-layoffs>

Crohn, M., Zhu, A., *“Nearly 3,000 jobs cut in Maryland after federal health agencies scale back,”* The Banner, April 3, 2025

<https://www.thebaltimorebanner.com/hhs-mass-layoffs-maryland-A7UXEP2ZJFGRFNQYMQ764RWRCI/>

Healthcare Generally

Karpovich, T., *“2,700 Marylanders may be laid off as part of U.S. Health & Human Services cuts,”* Baltimore Sun, April 3, 2025

<https://www.baltimoresun.com/2025/04/03/hhs-layoffs-2/>

Belt, D., *“‘Reckless’ \$200M Funding Cut Could Put MD Lives At Risk, AG Says,”* The Patch, April 4, 2025

<https://patch.com/maryland/bethesda-chevy Chase/reckless-200m-funding-cut-could-put-md-lives-risk-ag-says>

Government and Politics

Ford, W.J., *“House grants preliminary approval to reparations study measure,”* Maryland Matters, April 4, 2025

<https://marylandmatters.org/2025/04/02/house-grants-preliminary-approval-to-reparations-study-measure/>

Maryland Trauma Physician Services Fund

Uncompensated Care Claims

There was no uncompensated care claims processing in the month of March. SCAS Management Group, LLC (SMG), our new third-party administrator (TPA) began accepting uncompensated care claims from our providers on April 1, 2025. The Commission provided SMG three years of data from the Trauma Fund Registry. Claims processing began on April 7, 2025.

On-Call Costs Applications

To date the Commission has processed 11 On-Call Costs Reimbursement applications received from the Trauma/Specialty centers for the period July – December 2024. The reimbursements totaled **\$9,440,567.81**. One application remains outstanding. The University of Maryland Capital Region Medical Center still has not submitted their request for reimbursement. The facility has been notified.

Internet Utilization

MHCC Website: The MHCC website (<https://MHCC.maryland.gov>) had 4,572 during the month of March 2025.

WTC Website had 302 visitors during the month of March 2025

Maryland Quality Reporting

Maryland Quality Reporting

Maryland Quality Reporting had 1,456 users in March, which was similar to the previous month’s activity. The number of new users and sessions was also similar to previous month. The website notably had a 9.5% decrease in views per session but a 13.2% increase in the average session duration, which means that users viewed less pages but spent more time on the website.

This month, the site received referrals of at least 10 users or more from Maryland 211 (85 or 43.8%), Howard County Government (18 or 9.3%), Maryland Attorney General (17 or 8.8%), and Peoples-Law.org (10 or 5.2%).

Facebook remained the primary social media referral source.

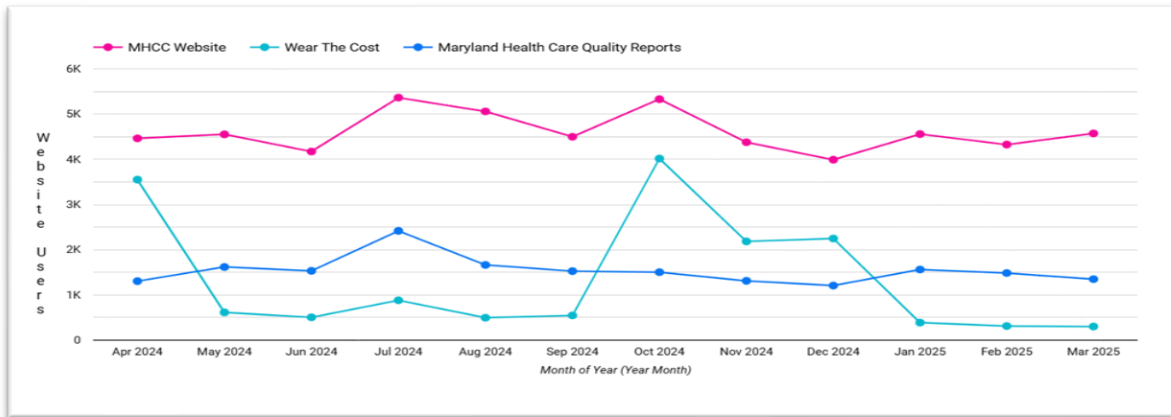


Figure 1 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

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

No Update for April 2025

Cost and Quality Analysis – Shankar Mesta

MCDB Data Submission Status, Payor Compliance, and Technical Support

In March, the staff collaborated with Elevance Health representatives to facilitate data submission to the MCDB. In short, Elevance Health, a new data submitter to the MCDB, was given an extension until 8/31/2025 (originally due 5/31/2025) to submit Q1-2025 data to the MCDB. MHCC has requested Elevance Health to provide a progress timeline on how this payer will meet the 8/31/2025 deadline. MHCC and Onpoint will monitor the progress of Elevance Health's Q1-2025 submission monthly using this progress timeline. Furthermore, the staff successfully onboarded Medimpact, a PBM, into the data submission process, ensuring their alignment with the requirements and timelines for the 2025 data submission.

As part of MHCC's follow-up reviews of APM data supporting the APM report, the cost per episode for 2024 data submissions from CareFirst and Cigna was examined and found to differ significantly from publicly available data. MHCC continues to collaborate with various health insurance carriers to find out the root cause of such differences.

In the past month, Cigna and CareFirst provided a list of codes for several episode-based procedures. Colonoscopies were examined as a case example, and the data was analyzed in the MCDB as a comparator to the 2024 reported information. This analysis focused on FFS claims for 3 days before and 14 days after the procedure, specifically for fully insured Maryland residents. The analysis outcomes were presented to Cigna and CareFirst so they could discuss the findings and the next steps.

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

Data Release Activities

University of Colorado: *Diabetic Ketoacidosis Trends and Resource Utilization at Diagnosis of Type 1 Diabetes in the United States.* Payment for the requested MCDB data has been received and confirmed. Onpoint has been instructed to begin preparing the data extracts for the years 2014–2021. MHCC have asked the University of Colorado team to confirm their readiness to receive and download the data once available.

Boston University: *Comparing Utilization, Outcomes, and Choice between VHA and non-VHA Health Care Systems.* The Data Use Agreement (DUA) has been sent to Boston University for signature following mutually agreed-upon revisions. The research team has also expressed interest in accessing 2024 MCDB data and is inquiring about approval and the expected timeline for approval and availability of data.

West Virginia University: *Collaborative Research: HNDS-R Networks and Health Disparities in Delays in Diagnosis of Medical Conditions with Ambiguous Symptoms.* A revised W-9 and invoice have been sent to the WVU team. MHCC is currently awaiting confirmation that the vendor/supplier's name has been updated on their end in order to proceed with payment and data delivery.

Johns Hopkins University: Assessing the Health Impacts of Guaranteed Income in Maryland. The application has been received and posted for public comment; no comments were submitted during the comment period. The application has also been sent to Medicaid for confirmation regarding their selected review pathway. We are now preparing to convene the Data Release Advisory Committee for formal review.

Special Projects – Jason Caplan

No Update for April 2025

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

Certificates of Ongoing Performance

Three reports for Certificates of Ongoing Performance were presented and approved at the March Commission meeting, including Sinai Hospital (Docket No. 24-24-CP055), TidalHealth Peninsula Regional (Docket No. 24-22-CP058), and University of Maryland St. Joseph Medical Center (Docket No. 24-03-CP057).

Long-Term Care Policy and Planning – Jeanne Marie Gawel

Nursing Homes

Based on the updates to COMAR 10.24.20 the State Health Plan for Comprehensive Care Facility (Nursing Home) Services regulations that became effective February 2025 Commission staff are working to update the need projections. The need methodology changed as well as the reduction of multibed rooms will have on bed need.

Home Health

Prior to a Home Health Agency CON review cycle the qualifying quality criteria to be used in the review is posted for public comment, then considered by the Commission. The proposed quality criteria were finalized in March and published in the April 4, 2025, edition of the Maryland Register. After a 30-day comment period, Commission staff will present the proposed quality criteria to the Commission for approval, along with any public comments received.

Hospice

The 2024 Hospice Survey began on March 20, 2025, and will run until May 21, 2025. There are 25 general hospices and one limited hospice provider in Maryland. This survey data is collected annually for the purpose of health planning. In addition, the 2023 Hospice Survey data has been completed this month and is available on the website.

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

Certificate of Need (CON)

Determinations of Coverage

- **Ambulatory Surgery Centers (ASC)**

UM Chesapeake Surgery Center, LLC (Harford County)

UM Chesapeake Surgery Center, LLC notified the Commission of a change in suite number. The ambulatory surgery center (ASC), located at 515 South Tollgate Road in Bel Air (Harford County) will update its address to 515 South Tollgate Road, Suite 100, in Bel Air. UM Chesapeake Surgery Center is an ASC with two sterile operating rooms and two non-sterile procedure rooms.

SAPNA Surgery Center of Potomac, LLC (Montgomery County)

The Commission informed Majid Ghauri, M.D. of SAPNA Surgery Center of Potomac, LLC, formerly Surgery Center at Park Potomac, LLC, that a determination of coverage is needed for Spine & Pain Clinics of North America, LLC. Spine & Pain Clinics of North America, LLC is a pain management practice that is also owned by Dr. Ghauri and that operates at the same location—7811 Montrose Road, Suite 220 in Potomac—where SAPNA Surgery Center of Potomac, LLC intends to operate.

Rockville Ambulatory Surgery (Montgomery County)

Rockville Ambulatory Surgery notified the Commission of a change of ownership of the ambulatory surgery center (ASC). Rockville Ambulatory Surgery states that there will be no other changes to the ASC, located at 11400 Rockville Pike, Suite 108 Rockville, besides the change of ownership. Rockville Ambulatory Surgery has zero (0) sterile operating rooms and one non-sterile procedure room.

The pre- and post-transaction ownership is as follows:

Rockville Ambulatory Surgery Ownership	Pre-Transaction	Post-Transaction
Rockville Endoscopy, Inc. -- <ul style="list-style-type: none"> • Charles Obioha (50%) • Adaeze Obioha (50%) 	65%	39%
Sanjiv Sood, M.D.	20%	10%
Adaeze Obioha	15%	none
SurgNet Health Partners, Inc. -- <ul style="list-style-type: none"> • Fulcrum Growth Fund V, LLC (66.8%) • Leavitt Equity Partners III, LP (29.2%) • Harpeth Ventures Opportunity Fund, LP (4.0%) 	-	51%
Total Ownership	100%	100%

Seidenberg Protzko Surgery Center, LLC, d/b/a Mid-Atlantic Surgery Pavilion (Harford County)

Mid-Atlantic Surgery Pavilion notified the Commission of a change of ownership. Mid-Atlantic Surgery Pavilion states that all other aspects of the ASC, located at 1111 Beards Hill Road, Suite 700 in Aberdeen, remain unchanged. Mid-Atlantic Surgery Pavilion is an ASC with one sterile operating room and two non-sterile procedure rooms.

The pre- and post-transaction ownership is as follows:

Ownership	Pre-Transaction	Post-Transaction
PRISM ASC, LLC	80%	90%
Jonathan Seidenberg, M.D.	10%	5%
Eugene Protzko, M.D.	10%	5%
Total	100%	100%

Lakeview Surgery Center, LLC (Prince George’s County)

Lakeview Surgery Center, LLC notified the Commission of a change of ownership. Lakeview Surgery Center states that all other aspects of changes to the ASC, located at 17001 Science Drive Bowie, remain

unchanged. Lakeview Surgery Center is an ASC with two sterile operating rooms and one non-sterile procedure room.

The pre- and post-transaction ownership is as follows:

Ownership	Pre-transaction	Post-transaction
PRISM ASC, LLC	60%	80%
Alyson Hall, M.D.	28.8%	14.4%
Jonathan Solomon, M.D.	8%	4.0%
Omar Ahmad, M.D.	1.6%	0.8%
John Choi, M.D.	1.6%	0.8%
Total	100%	100%

Regional Surgical Associates, LLC (Harford County)

Regional Surgical Associates, LLC requested a determination of coverage for the establishment of an ambulatory surgery center (ASC) located at 2012 Tollgate Road, Suites 111-112, Bel Air, MD 21025. The proposed ASC will operate with zero (0) sterile operating rooms and one non-sterile procedure room.

Premier Surgery Partners, LLC d/b/a Femi-Care Surgery Center (Baltimore County)

Femi-Care Surgery Center (Femi-Care) notified the Commission to clarify its ownership. Thy Nguyen, M.D. and David Chang, M.D., together, are Premier Surgery Partners, the owner of Femi-Care Surgery Center. Femi-Care is located at 1212 York Road, Suite A-101, Lutherville, MD 21093. Femi-Care is an ASC with zero (0) sterile operating rooms and two non-sterile procedure rooms.

Endoscopy Center of North Baltimore, LLC (Baltimore County)

Endoscopy Center of North Baltimore, LLC notified the Commission of a change of ownership. Endoscopy Center of North Baltimore affirms that there are no other changes to the ASC. Endoscopy Center of North Baltimore is located at 1220 E. Joppa Road, Building C, Suite 508 in Towson. The ASC has zero (0) sterile operating rooms and two non-sterile procedure rooms.

The pre- and post-transaction ownership is as follows:

Ownership	Pre-Transaction	Post-Transaction
Dr. Andrew H. Rosenstein	21.7%	12.5%
Dr. Aminur R. Khan	21.7%	13.5%
Dr. Scott Huber	11.8%	7.3%
Dr. Joshua S. Forman	8.7%	5.4%
Dr. Patrick Hyatt	10%	7.2%
Dr. Jamie Walters	5%	3.1%
Gastro Health of Maryland, LLC	21.1%	none
Gastro Health/USP Surgery Centers, LLC	-	51%
Total	100%	100%

Advance Surgery Center (Montgomery County)

Advance Surgery Center notified the Commission of a change of ownership. There will be no other changes to the ASC, located at 10110 Molecular Drive, Suite 100 Rockville, besides the change in ownership. Advance Surgery Center has zero (0) sterile operating rooms and three non-sterile procedure rooms.

The pre- and post-transaction ownership is as follows:

Advance Surgery Center Ownership	Pre-Transaction	Post-Transaction
Endosurg Investments, LLC	31.58%	none
Ajay Bakshi, M.D.	17.89%	9%
Ghanshyam Gupta, M.D.	17.89%	9%
Jatinder Sekhon, M.D.	17.89%	12%
Naveen Gupta, M.D.	9.47%	9%
Rahul Gilotra, M.D.	5.26%	3%
Babak Sagvand, M.D.	-	7%
SurgNet Health Partners, Inc.	-	51%
Total Ownership	100%	100%

- **Acquisition/Change of Ownership (Not ASC)**

- Atlantic General Hospital (Worcester County)

TidalHealth, Inc. (THI) notified the Commission of its intent to acquire Atlantic General Hospital Corporation (AGHC) and its hospital, Atlantic General Hospital in Berlin (Worcester County). THI anticipates that the closing is anticipated to occur on or around May 1, 2025. THI will become the sole member of AGHC. The Board composition of THI will be modified for a period following Closing to reflect the addition of AGHC to the system. The name of AGHC and Atlantic General Hospital will change within a year of the Closing, and they will notify the Commission when such change occurs. AGHC will continue to operate Atlantic General Hospital after Closing, and the Affiliation is not intended to result in any changes to the health care services provided by or the bed capacity of Atlantic General Hospital.

- **Capital Projects**

- University of Maryland Charles Regional Medical Center-Relocation of Interventional Radiology Lab and Related Projects (Charles County)

University of Maryland Charles Regional Medical Center requested a determination of coverage with respect to a capital project to be partially funded by a grant through the Maryland Hospital Association’s 2026 Hospital Bond Program. The proposed project seeks to relocate the interventional radiology lab and the nuclear medicine department; expand storage for operating room equipment and supplies and storage for materials management; and consolidate office spaces of imaging managers and radiologists. The estimated total project cost is \$6,200,000. The hospital plans to request up to \$3,800,000 from the Maryland Hospital Association Bond Program to help pay for the planning, design, and construction of the facility.

- **Licensure**

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

- Little Sisters of the Poor (Baltimore County)

The Commission authorized the temporary delicensure of 18 CCF beds at Little Sisters of the Poor on August 9, 2022, and granted a one-year extension effective August 9, 2023. At the end of the extension period, Little Sisters of the Poor did not notify the Commission of its plans for the beds, per COMAR 10.24.01.03D(7). Therefore, in accordance with COMAR 10.24.01.03D(10), the Commission considers the 18 delicensed beds to be abandoned, notified Little Sisters of the Poor and the inventory will reflect that Little Sisters of the Poor is authorized to operate 20 licensed CCF beds.

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

- **Larkin Chase Center (Prince George’s County)**

- Larkin Chase Center (Larkin Chase) notified the Commission of its intent to relicense 120 CCF beds that were temporarily delicensed. Effective March 1, 2025, Larkin Chase will have 120 authorized, licensed CCF beds.

- **Other**

- **University of Maryland Radiation Oncology Associates University of Maryland Medical Center (Baltimore City)** requested a determination of non-coverage for a Gamma Pod used to provide non-invasive radiation therapy for breast cancer treatment. The Gamma Pod is considered major medical equipment that does not require a CON and is located in the Guldesky Building of the Medical Center, in a location that will be converted to unregulated hospital space.

- **Waiver Beds**

- **Potomac Operator, LLC d/b/a Montcare at Potomac (Montgomery County)**

- Montcare at Potomac notified the Commission of its intent to increase its CCF capacity by ten (10) beds. Montcare at Potomac is currently licensed for 158 CCF beds. Montcare at Potomac states that it did not implement ten waiver beds for which it received Commission approval on October 4, 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 the requested bed increase and Montcare at Potomac may not request additional CCF beds until October 4, 2025.

- **Copper Ridge Nursing and Assisted Living Center (Carroll County)**

- Copper Ridge Nursing and Assisted Living Center (Copper Ridge) requested to increase its licensed CCF bed capacity by seven beds. Pursuant to COMAR 10.24.01.03F (1)(a), a CCF may add ten (10) beds or ten (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. Copper Ridge has not changed its licensed CCF bed capacity in the last two years. The Commission authorized Copper Ridge to increase its CCF capacity by seven beds, bringing the facility’s licensed CCF bed capacity to 79.

- **Bethesda Operator, LLC d/b/a Montcare at Bethesda (Montgomery County)**

- Montcare at Bethesda notified the Commission of its intent to increase its CCF capacity by ten beds. Montcare at Bethesda is currently licensed for 110 CCF beds. Montcare at Bethesda states that it did not implement ten waiver beds for which it received Commission approval on November 1, 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 the requested bed increase and Montcare at Bethesda may not request additional CCF beds until November 1, 2025.

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

Health Information Technology Division – Nikki Majewski, Division Chief

Artificial Intelligence Symposium

A dedicated web page for the Artificial Intelligence (AI) Symposium was created to showcase presentations on the equitable, ethical, and responsible use of AI in health care. The initial six presentations were prerecorded and feature researchers, providers, health information technologists, legal advisors, and experts in data privacy and security. Promotional activities continue in collaboration with stakeholders, including the Maryland Hospital Association. The AI Symposium presentations, along with other related materials, will be available for on-demand viewing in April.

Health IT Spotlights

A data supplement for the *Hospital Spotlight: Integrating Social Needs Data into Electronic Health Records* (January 2025) was compiled with summary tables from a regional analysis of claims with ICD-10 Z codes used to document socioeconomic circumstances. Data from 2021-2023 for government and private payers was obtained from the All Payer Claims Database. Review of a state-level report on telehealth policy innovation by the Cicero Institute was completed. The report assigns letter grades to all 50 states based on the implementation of certain telehealth policies. Key findings from the report will be included in a telehealth spotlight that incorporates data on the utilization of telehealth modalities among all 18 hospital health systems in the State. The telehealth spotlight is targeted for release this summer.

Data Breaches

A spotlight overviewing health care data breach trends in Maryland and the nation was finalized. The spotlight includes findings from a state-based analysis using publicly available data on breaches reported to the U.S. Department of Health and Human Services, Office for Civil Rights. The analysis centers on breaches affecting 500 or more individuals from January 1, 2021, to December 31, 2024, including the cyberattack on Change Healthcare in 2024, which caused widespread disruptions in revenue management and patient care. Information on factors that cause breaches and best practices for improving data privacy and security are included in the spotlight.

Regulations

Certain revisions to COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* were drafted based on public comments received in response to proposed permanent regulations published in the Maryland Register on December 2, 2024. Amendments support State law (2021) that requires electronic health networks to provide certain electronic administrative health care transactions to CRISP, the State-Designed Health Information Exchange (HIE). Final amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* were posted in the Maryland Register on April 4, 2025, with an effective date of April 14, 2025. The regulations will advance implementation of legislation passed in 2021 and 2022 sessions requiring CRISP to develop a consumer consent management application, operate a health data utility, and collect noncontrolled prescription drug (non-CDS) information reported by dispensers.

Legally Protected Health Information

A review is underway on the implementation of HIEs technical capabilities for protecting legally protected health information (LPHI). State law (2023) requires HIEs to filter and restrict from disclosure LPHI, which includes mifepristone data and the diagnosis, procedure, medication, and related codes for abortion care. HIEs were asked to provide ongoing written progress updates on implementation given the need for additional time to block specific codes and related text-based LPHI. The seventh quarterly update on implementation was sent to the Senate Finance Committee and Health and Government Operations Committee as required by law.

Noncontrolled Prescription Drugs

The draft *Noncontrolled Prescription Drugs Dispenser Data Submission Manual* (manual) was updated to clarify certain processes for non-CDS reporting. Over the last year, select dispensers have been requested to review different versions of the draft manual. Feedback has guided the iterative development of the manual in collaboration with CRISP and their technology vendor. COMAR 10.25.18 requires the manual to be published in the Maryland Register for a 20-day public comment period. The manual is anticipated to be finalized by June.

Cybersecurity Preparedness Self-Evaluation Questionnaire

Draft updates were made to the *Cybersecurity Preparedness Self-Evaluation Questionnaire* (Questionnaire) based on version 2 of the National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF). The Questionnaire consists of self-evaluation statements grouped by people, processes, and technology, and is intended to help small practices identify potential gaps in cybersecurity and prioritize areas for improvement. The self-evaluation statements align with standards, best practices, and recommendations for improving cybersecurity in the NIST CSF, which was developed with experts in the federal government and private sector. Updates to the Questionnaire are targeted for completion by June.

Electronic Data Interchange

The 2024 Electronic Data Interchange Progress Report was distributed to 43 payers for completion. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers with annual premiums of \$1 million or more to report census-level data on electronic health care transactions by June 30th. Data collection will continue through May.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Learning Network

A virtual event on Patient and Family Advisory Councils (PFACs) was held on March 14th in collaboration with MedChi, The Maryland State Medical Society (MedChi). The event featured two subject matter experts and two practice representatives who discussed their experiences optimizing the role of PFACs to enhance the patient experience. The Q2 2025 Learning Network event will focus on strategies to improve patient access, including telehealth. The first two sessions of the new on-demand webinar series, *Beyond the Textbook: Real-World Medicine and Case Studies*, have been recorded. One session explores the current health equity landscape in Maryland, while the other offers strategies to enhance patient experience. The webinars will be available for viewing in April, with the opportunity for attendees to earn continuing education credits.

Practice Transformation

Drafting is ongoing for a flyer series on practice transformation goals and key concepts, including overviews of the national and local landscape, which will highlight the *Advancing Practice Transformation in Ambulatory Practices Program* (program). The program has engaged approximately 86 primary care and specialty practices in transformation efforts aimed at ensuring the delivery of high-quality, cost-effective care. These practices are supported by MedChi Care Transformation Organization, which MHCC competitively selected in 2021 to help guide them in completing program milestones. Currently, 11 practices are enrolled in the program and are working with coaches to complete training modules based on the Centers for Medicare & Medicaid Services Transforming Clinical Practice Initiative.

Primary Care Investment Workgroup

A Primary Care Investment Workgroup (PCIW) meeting was held on March 25th. The meeting discussion included updates on State investment activities and preliminary discussions of the draft data and key focus areas to include in the PCIW 2025 report due to the Governor and General Assembly in December. Chapter 667 (Senate Bill 734), *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022), requires MHCC to conduct an annual investment analysis of primary care. The analysis must identify ways to improve the quality of and access to care, with a special focus on increasing health care equity, reducing disparities, and preventing increased costs for 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. Hospital quality measures (e.g., timely and effective care, readmissions, and HCAHPS) were updated with the most recent CMS Care Compare refresh. Home Health profile pages have been updated with the authorized jurisdictions from the public use data. Hospice profile pages have been updated with the February 2025 data released for the CMS Care Compare refresh. Hospice updates include federal quality measure scores for the Hospice Item Set and the Hospice Care Index, and hospice CAHPS scores and star rating. 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 monitor traffic to the consumer site using Google Analytics software. Website traffic decreased slightly in March (1,349) compared to February (1,485 users). The most frequently viewed topics on the MQR site include assisted living, nursing homes, and hospitals. Traffic to the site is presented graphically under the Executive Direction section of this update.

MQR Website Promotion

There were approximately 80 social media posts in March. Topics included Patient Safety Awareness Week, National Kidney Month, National Colorectal Awareness 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.

The Hub is a network of organizations to increase plain language and language access for health, safety, insurance, and social services information in Maryland and the UMD Horowitz Center for Health Literacy is the designated Hub organizer. Staff presented on the Maryland Quality Reporting website during the Hub's annual conference in College Park. The presentation included the evolution and development of the website and use of plain language, tips, and tricks, to ensure ease of use and understanding for the average consumer.

COMR in the Community

Staff participated in the Black Family Wellness Expo, held at Roberta's House in Baltimore City. This expo was well attended by the community and featured health screenings, financial counseling, mental health and behavioral health support, and more. This type of event provides a unique opportunity to interact with the community, promote the resources on the Quality Reporting website, and network with a wide professional audience.

Hospital Quality Initiatives – Courtney Carta

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 enhance patient experience. All Maryland hospitals were invited to participate in the collaborative. MHCC staff presented exploratory analyses of state-level, detailed data at the March 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. Data has been analyzed, and final reports will be distributed to each nursing home during the first week of April. The kickoff for 2025 will be in the second week of April.

Long Term Care Health Care Worker Influenza Vaccination Surveys

Nursing homes, assisted living facilities, home health agencies, and hospices began submitting their annual influenza vaccination surveys on April 1. Surveys are due by May 9 for hospice and home health and May 15 for assisted living facilities and nursing homes. Nursing homes will submit their data via the National Health Safety Network (NHSN). MHCC staff will administer the home health, assisted living and hospice surveys via Smartsheets survey application. Approximately 675 facilities are required to report this data to the Commission.

Health Plan Quality Initiatives

Data collection for the 2024 measurement year kicked off February 14. Staff are in the middle of data collection, and there are no further updates this month.

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 met with industry representatives to share ideas and gather feedback on the proposed data collection changes.