

# **MARYLAND HEALTH CARE COMMISSION**

## ***UPDATE OF ACTIVITIES***

**June 2025**

### ***EXECUTIVE DIRECTION***

#### **Government Relations and Special Projects – Tracey DeShields**

##### **State Policy Update**

##### **Legislative Session 2025**

The Governor held his last bill signing on May 20<sup>th</sup> and along with signing bills he also vetoed a number of them. One of the bills vetoed was Senate Bill (SB) 691/House Bill (HB) 333 - *Healthcare Ecosystem Stakeholder Cybersecurity Workgroup*. SB 691/HB 333, which would have established the Healthcare Ecosystem Stakeholder Cybersecurity Workgroup to develop strategies to prevent cybersecurity disruptions to the health care ecosystem, ensure the continuous delivery of essential healthcare ecosystem services, and enhance recovery efforts of the healthcare ecosystem following a cybersecurity incident. The bill also required the Workgroup to submit an interim report by January 1, 2026, and a final report of its findings and recommendations by December 1, 2026. Lastly, MHCC and the Maryland Insurance Administration (MIA) would have been responsible for co-chairing and staffing the Workgroup.

The reason for the rejection in the Governor’s veto letter on this bill and several others was that these pieces of legislation take agencies outside their core mission, require expertise that is not on staff, and concerns about adequate funding available to implement and achieve the objectives and goals of the legislation. Since SB 691/HB 333 were vetoed, MHCC and the MIA are no longer required to establish this cybersecurity workgroup and have no further responsibilities related to this legislation.

##### **MHCC-related news coverage: selected articles and commentary**

##### **Maryland Department of Health and Behavioral Health**

Maucione, S., “Maryland Health Department proposes new rules to prevent fraud in behavioral health system,” *WYPR - 88.1 FM Baltimore*, May 21, 2025

[www.wypr.org/wypr-news/2025-05-21/maryland-health-department-proposes-new-rules-to-prevent-fraud-in-behavioral-health-system](http://www.wypr.org/wypr-news/2025-05-21/maryland-health-department-proposes-new-rules-to-prevent-fraud-in-behavioral-health-system)

Story by The Southern Maryland Chronicle, “Maryland Targets Fraud in Health Rules,” *The Southern Maryland Chronicle*, May 21, 2025

[www.msn.com/en-us/health/other/maryland-targets-fraud-in-health-rules/ar-AA1Fd2Qm?apiversion=v2&noservercache=1&domshim=1&renderwebcomponents=1&wseo=1&batchservertelemetry=1&noservertelemetry=1](http://www.msn.com/en-us/health/other/maryland-targets-fraud-in-health-rules/ar-AA1Fd2Qm?apiversion=v2&noservercache=1&domshim=1&renderwebcomponents=1&wseo=1&batchservertelemetry=1&noservertelemetry=1)

##### **Healthcare**

Pifer, R., “House passes reconciliation bill with massive Medicaid cuts,” *Healthcare Dive*, May 22, 2025

[www.healthcaredive.com/news/house-passes-reconciliation-bill-medicaid-healthcare/748697/](http://www.healthcaredive.com/news/house-passes-reconciliation-bill-medicaid-healthcare/748697/)

Press Release, “Governor Moore Announces New SJ Incorporation Manufacturing Facility in Washington County,” *The Office of Governor Wes Moore*, May 22, 2025

[governor.maryland.gov/news/press/pages/governor-moore-announces-new-sj-incorporation-manufacturing-facility-in-washington-county.aspx](http://governor.maryland.gov/news/press/pages/governor-moore-announces-new-sj-incorporation-manufacturing-facility-in-washington-county.aspx)

**Maryland Trauma Physician Services Fund**

**No update this month**

**Internet Utilization**

**MHCC Website:** The MHCC website (<https://MHCC.maryland.gov>) had 3,645 during the month of May 2025.

**WTC Website:** The MHCC had 176 visitors during the month of May 2025.

**Maryland Quality Reporting**

**Maryland Quality Reporting**

Maryland Quality Reporting website traffic in the first three weeks of May was similar to that of the previous month during the same period. The number of new users decreased slightly by 6.2%. While the number of sessions remained relatively constant, the website notably experienced a 12.6% decrease in views per session, whereas the average session duration stayed the same. This suggests that users spend more time on fewer pages of the website.

This month, the site received referrals of at least 10 users from Maryland 211 (86 or 51.2%) and Howard County Government (13 or 7.8%).

Facebook remained the primary source of social media referrals.

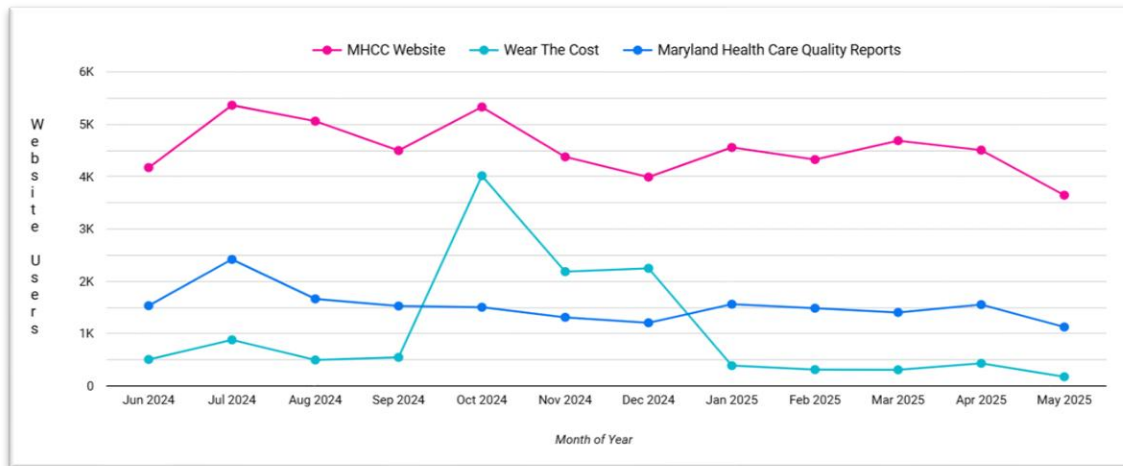


Figure 1 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

***CENTER FOR ANALYSIS AND INFORMATION SYSTEMS***

**Cost and Quality Analysis – Shankar Mesta**

**MCDB Data Submission Status, Payor Compliance, and Technical Support**

As of 5/23/2025, 32 (92%) payors had submitted Q12025 data to the MCDB.

At the end of the third week of May 2025, 92% of the payor data successfully passed all levels of data quality validation checks required by Onpoint and MHCC. Humana, Loomis, and Wellfleet had not submitted any data. Onpoint sent out reminders to the payor representatives to submit “clean” data before the deadline. Elevance Health has been granted a waiver to submit data before August 30<sup>th</sup>, 2025.

### **HSCRC Total Cost of Care 2023 Annual Per Capita Cost Update**

**The annual per capita cost for privately insured (medical only) health plans increased from \$5,028 in 2022 to \$5,196 in 2023, reflecting a 3.3% increase. This rate of increase is higher than the growth observed from 2021 to 2022, which was at 1.2%.**

- Between 2022 and 2023, annual per capita spending increased across most market groups. The annual per capita of individual and self-insured non-ERISA markets increased 9.5% and 9.0%, respectively, compared to the previous year.
- The fully insured large group market increased 4.6% from the previous year. The public employee (non-FEHBP) market followed closely, with a noteworthy 6.5% increase.
- The small group market showed an increase of 1.6% compared to the previous year.

### **Professional Services Report Update (2021 -2023)**

**Private professional payments per RVU for in-network services were 101% of Medicare payments for 2021.**

Results from the latest report show that the private payment rates for 2023 were about 109% of Medicare and about 120% of Medicaid. Compared to a year ago, private payments were about 105% and 116% of Medicare and Medicaid rates, respectively. Payments per RVU for all payers increased about 3.0% in 2023 compared to 2022 (\$39.58 and \$38.43, respectively). In contrast, we observed a 0.4% decrease from 2021 through 2022. Staff presented the results of the report at the May Commission meeting.

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

#### **Wear The Cost Website**

##### **Contract Activities**

Following the decision to move away from Change Healthcare (CHC) contract negotiations, MHCC is actively working with Onpoint to subcontract with the PACES group. This subcontract will facilitate the acquisition of a software license to run PACES’ episode grouping software directly at Onpoint. The arrangement includes both the creation of episodes and the generation of output to support updates to the *Wear The Cost* consumer-facing price transparency website.

Onpoint has submitted an initial proposal outlining the project scope and terms, which is currently under internal review by MHCC.

##### **Website Traffic and Engagement**

Website traffic to *Wear The Cost* experienced a slight decline during the month of April. This trend is largely attributed to the termination of the content communication contract, which resulted in a temporary pause in content promotion ads.

In addition, the website has not been updated with new content for over a year. As a static site, *Wear The Cost* is not structured for frequent updates, which may be contributing to reduced user engagement.

We anticipate a continued gradual decline in traffic over the coming months. A new contract will be issued to identify a new communication contractor, which will be aligned with the upcoming PACES contract to ensure strategic consistency across deliverables. Staff will continue to closely monitor website performance during this interim period.

### **Data Release Activities**

The University of Colorado data file is scheduled for delivery during the first week of June. Meanwhile, West Virginia University is in the process of completing their payment to finalize the data transfer.

### **Special Projects – Jason Caplan**

### **No update this month**

<p><b><i>CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT</i></b></p>
---

### **Acute Care Policy and Planning – Eileen Fleck**

### **Certificates of Ongoing Performance**

Staff completed and presented the Certificate of Ongoing Performance report for Holy Cross Hospital Silver Spring (Docket No. 24-15-CP059).

### **Annual Hospital Surveys of Service Capacity and Licensed Beds for FY 2026**

Staff worked on finalizing the annual hospital surveys of service capacity and allocation of licensed beds. The surveys are expected to be distributed in early June.

### **Long-Term Care Policy and Planning – Jeanne Marie Gawel**

### **Nursing Homes**

The 2024 Long-Term Care Survey is underway. The survey began May 15, 2025, and will run through July 13, 2025. The Long-Term Care Survey encompasses nursing homes, assisted living and chronic care facilities. The data is used to develop the State Health Plan, determine the need for additional capacity, assess the financial health and performance of the industry, calculate the MHCC User Fee Assessment and update the [MHCC Quality Reporting website](#).

### **Home Health**

The State Health Plan for Home Health Agency Services, COMAR 10.24.16 requires publication of the draft quality measures and required performance levels for the quality measures that an applicant must achieve in order to be considered in the upcoming Certificate of Need (CON) review cycle. At the May Commission meeting, staff presented the recommended qualifying quality criteria, and the one comment received. These metrics must be considered for approval by the Commission prior to a review. The Commission deferred

approval and requested staff to provide more information on national metrics. Further review of the quality measures will be revisited at the June 12, 2025 meeting.

Staff attended the annual conference with the Maryland National Capital Homecare Association on May 6, 2025. The sessions attended were on Value Based Purchasing, Advocacy, Health Equity, Artificial Intelligence and the Maryland 2025 Legislative session.

## **Hospice**

The 2024 Hospice Survey concluded in May. There are 25 general hospices and one limited hospice provider in Maryland. The survey data is collected annually and used to support health planning.

Staff presented its plans for a summer workgroup to review the State Health Plan Chapter for Hospice Services, COMAR 10.24.13 and corresponding methodology to the Board of the Hospice and Palliative Care Network of Maryland on May 7, 2025. The next step will be the assembly of who will serve on the workgroup.

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

### ***Certificate of Need***

#### **Project Change After CON Approval**

##### **Luminis Health Doctors Community Medical Center (LHDCMC) Docket No. 23-16-2466**

(Prince George’s County)

LHDCMC requested a project change to reduce the construction size of a new hospital tower and scale back the renovations for the existing hospital. LHDCMC will (1) change the location of the new tower from the west side to the east side of the hospital; (2) reduce the number of obstetrics beds; (3) expand the loading dock construction to include a pharmacy; and (4) renovate the surgical platform (and other supportive services) in the existing hospital rather than constructing new ones. LHDCMC stated that these changes avoid significant increases in construction and operating costs. LHDCMC stated that the changes will still allow the hospital to deliver the full scope of obstetrical services, while lowering the project budget by one third, to a new estimated total cost of \$210,828,366. The Commission approved the Modification at the May 15, 2025, Commission Meeting.

#### **Determinations of Coverage**

- **Ambulatory Surgery Centers (ASC)**

##### **Delmarva Spine & Pain (Worcester County)**

Delmarva Spine & Pain requested to establish an ASC at 10231 Old Ocean City Blvd., Suite 208. Berlin, MD. The proposed ASC is owned by Wadid Zaky, M.D. The ASC anticipates beginning services on August 1, 2025, and will specialize in Pain Management. The ASC will have one non-sterile procedure room and zero sterile operating rooms.

##### **Howard County Surgery Center, LLC (Howard County)**

Howard County Surgery Center, LLC requested to establish an ASC at 2470 Longstone Lane, Suites K-N, Marriottsville, MD. The proposed ASC is owned by SurgCenter Development. The ASC anticipates beginning surgical services on November 1, 2025, and will specialize in Orthopedics. The ASC will have two sterile operating rooms and zero non-sterile procedure rooms.

##### **Amber Meadows Surgery Center (Frederick County)**

Amber Meadows Surgery Center is an established ASC with two non-sterile procedure rooms and no operating rooms, located at 186 Thomas Johnson Drive, Suite 104, Frederick, MD. The ASC notified MHCC of the name change to **Amber Meadow Surgical Center**, effective since May 29, 2024.

Summit Ambulatory Surgical Center, LLC- Annapolis (Anne Arundel County)

Summit Ambulatory Surgical Center, LLC (Summit) is an established ASC, specializing in Urology. Summit notified MHCC of the addition of two pediatric urologists at the ASC. Summit-Annapolis is located at 810 Bestgate Road, Suite 200, Annapolis, MD, and has one sterile operating room and two non-sterile procedure rooms.

- **Licensure**

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

- Roland Park Place (Baltimore City)

- On May 9, 2024, the Commission authorized the temporary delicensure of 55 comprehensive care facility (CCF) or nursing home beds for one year at Roland Park Place. At the end of the delicensure period, Roland Park Place 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 55 delicensed beds to be abandoned and notified Roland Park Place, and the inventory will reflect that Roland Park Place is authorized to operate 16 licensed CCF beds.

- **Other**

- University of Maryland Upper Chesapeake Medical Center, Inc. (UMMC) (Harford County)

- On March 31, 2025, University of Maryland Upper Chesapeake Medical Center, Inc. (UMMC) notified MHCC of its intent to close its inpatient pediatric unit, consisting of a single licensed pediatric bed at Unit 1 East of the hospital, located at 500 Upper Chesapeake Drive in Bel Air, Maryland 21014. Health-General Sections 19-120(l) and COMAR 10.24.01.03(C) state that a CON is not required to close part of a health care facility if the facility provides notice to the Commission at least 45 days prior to the partial closing and complies with the public informational hearing provisions of the regulations. As an acute general hospital, located in a jurisdiction with fewer than three acute general hospitals, UMMC is required to hold a public informational hearing and comply with the regulations of COMAR 10.24.01.04D. UMMC held the public informational hearing on April 10, 2025. In compliance with §D(3)(e)-(f), UMMC recorded the hearing, made the recording of the hearing available on its website, and provided a written summary of the hearing to the requisite State and local officials.

- Coastal Hospice, Inc. -H1550 (Wicomico County)

- Coastal Hospice, Inc. notified the Commission of a change in address of its administrative offices. Currently, the administrative office is located at 1050 W. Industrial Blvd, Suite 19, Cumberland, MD 21502. The office will be relocated to 12501 Willowbrook Road, 3rd Floor, Cumberland, MD 21502.

- Maryland Family Care, Inc. Mercy Personal Physicians at Glen Burnie (Anne Arundel County)

- Mercy Personal Physicians at Glen Burnie requested a determination of non-coverage regarding major medical equipment (MME), the CT scanner, and a magnetic resonance imaging (MRI) machine, at Mercy Personal Physicians at Glen Burnie. Mercy Personal Physicians at Glen Burnie provides primary care, specialty care, and diagnostic imaging. MME is not considered a “medical service”. Therefore, Mercy Personal Physicians at Glen Burnie does not require a CON or Commission approval to purchase the CT scanner and MRI machine.

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

***Health Information Technology Division – Nikki Majewski, Division Chief***

**Artificial Intelligence Symposium**

Promotional efforts for the web-based Artificial Intelligence (AI) Symposium series are ongoing and feature presentations on navigating AI value and risk. Nearly 300 stakeholders have signed up to receive updates on the series. Three new presentations will be added in June and offer perspectives from electronic health record (EHR) developers and a representative from Google discussing key components of responsible AI, including its implications for data, infrastructure, models, and applications. Planning activities are in progress to add new content to the dedicated AI Symposium web page aimed at further exploring emerging AI trends to improve clinical and administrative workflows and consumer experience.

**Telehealth Policy Spotlight**

Drafting of a telehealth policy spotlight is progressing to summarize the current landscape and incorporate letter grades for telehealth innovation by state, based on findings from the Cicero Institute. The spotlight will also include data on the use of audio-only and audio video telehealth from the 2024 Health Information Technology Survey completed by all 18 hospital health systems operating in the State. The spotlight is targeted for release this summer.

**Prior Authorization**

Responses to the payor readiness questionnaire were analyzed to assess implementation of certain electronic prior authorization requirements in Chapters 848/847 (SB 791/ HB 932), *Health Insurance – Utilization Review – Revisions (2024)*. Among other things, the law requires payers to establish and maintain an online prior authorization process for pharmaceuticals by July 1, 2026, that links to EHR and e-prescribing systems and provides real-time benefit information on patient out-of-pocket costs at the point of prescribing. A report on the implementation of the law is due to the General Assembly by December 1, 2025.

**Regulations**

Drafting of proposed amendments to COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, was completed following a review of public comments received from December 2, 2024, through January 2, 2025. The regulations require MHCC certified electronic health networks to share specific information from electronic health care transactions with CRISP to support the implementation of legislation enacted in 2021 and 2025. The information will be used for clinical and public health purposes, including the State’s participation in the Centers for Medicare & Medicaid Services (CMS) Advancing All-Payer Health Equity Approaches and Development (AHEAD) model. The regulations are anticipated to be repropose and posted in the Marland Register on July 25, 2025, with an opportunity to provide public comments through August 25, 2025.

**Reproductive Health**

A questionnaire on provider implementation of new technology features for safeguarding legally protected health information (LPHI) was drafted and reviewed by select stakeholders. The initial rollout is focused on certain Epic users, as Epic holds the largest market share statewide and was among the first EHR vendors to implement technical requirements for LPHI (Chapter 248 and 249, Laws of Maryland, 2023). Responses will be analyzed to assess providers anticipated timelines for adopting new EHR upgrades designed to filter and restrict from disclosure certain mifepristone data, as well as the diagnosis, procedure, medication, and related codes for abortion care, as defined by COMAR 10.11.08, *Abortion Care Disclosure*. Research is advancing on an environmental scan examining how other states protect certain information related to reproductive health and gender-affirming care.

### **Noncontrolled Prescription Drugs**

A process is being developed to allow dispensers to request a waiver from reporting noncontrolled (non-CDS) prescription drug dispense information to CRISP. Under COMAR 10.25.18.13, *Noncontrolled Prescription Drugs Dispenser Reporting*, dispensers who meet specific conditions may apply for a time-limited waiver from MHCC. The regulations mandate non-CDS reporting by September 1, 2025, and requires MHCC to develop technical guidance for dispensers. Notably, no public comments were received on the draft *Noncontrolled Prescription Drugs Dispenser Data Submission Manual*, published in the May 2<sup>nd</sup> issue of the Maryland Register. The manual was developed collaboratively with dispensing organizations, CRISP, and other technology vendors and is expected to be finalized in June.

### **Electronic Data Interchange**

Data collection for the 2024 Electronic Data Interchange (EDI) Progress Report is nearing completion. A total of 43 payers were requested to submit a report in accordance with COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. Under these regulations, payers with annual premiums of \$1 million or more must report census-level data on electronic health care transactions by June 30<sup>th</sup> each year. Findings will be included in an EDI spotlight targeted for completion this fall.

## **Innovative Care Delivery Division – Melanie Cavaliere, Division Chief**

### **Learning Network**

A virtual event focused on improving patient access to care, including use of telehealth modalities, is scheduled for June. Organized in collaboration with MedChi, The Maryland State Medical Society, the event will feature a subject matter expert alongside two practice representatives. The first three sessions of a new on-demand webinar series, *Beyond the Textbook: Real-World Medicine and Case Studies*, is nearing completion. Planning is also underway for additional webinars covering topics related to advanced care delivery and value-based care. Select attendees may be eligible for continuing education credits.

### **Practice Transformation**

Activities are underway to conclude the Advancing Practice Transformation in Ambulatory Practices Program by the end of June 2025. Since its launch, the program has engaged approximately 87 primary care and specialty practices in transformation efforts designed to promote high-quality, cost-effective care. At present, 12 practices are actively enrolled and working with practice coaches from the MedChi Care Transformation Organization to complete two training modules based on the CMS Transforming Clinical Practice Initiative, along with final progress assessments. A provider flyer outlining practical steps for achieving practice transformation was published on MHCC's website. Development of a flyer exploring key considerations for risk-based contracting is progressing.

### **Primary Care Investment Workgroup**

Drafting is underway for the 2025 Primary Care Investment Workgroup (PCIW) Report, which will present findings from the annual investment analysis of primary care, as required by Chapter 667 (Senate Bill 734), *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022). A PCIW meeting to review a preliminary draft report is being planned for this summer. A final report is due to the Governor and General Assembly by December 1<sup>st</sup>.

# ***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 and patient satisfaction measures were updated to align with the most recent CMS Care Compare refresh. To ensure timely updates to the long term care facility profile pages, a survey was developed and added to the Provider Info page. Facilities can now log in and provide new facility information or request updates to existing facilities.

Nursing Home profile pages have been updated with the April 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. The assisted living facility directory was updated using the March 2025 OHCQ listing. Over 1,600 facilities are in the directory. 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 was similar in May compared to the same timeframe in April (approximately 1,500 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 May. Topics included National Stroke Awareness Month, National Women's Health Week, National Skilled Nursing Week, Older Americans Month, Hand Hygiene Day, 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**

Staff participated in the Hospice and Palliative Care Network of Maryland Quality and Regulatory Conference, held at the Hospice of the Chesapeake. This event provided the opportunity to learn about upcoming CMS reporting requirements of the new Hospice Outcomes and Patient Evaluation (HOPE) tool beginning July 2025 and changes to the CAHPS survey beginning October 2025.

Staff gave a website demonstration to the Homeless Continuum of Care in Prince George's County. The demonstration was tailored to the needs of the group to increase awareness of the site and to show how professionals can include the quality resource tool into their workflows based on the specific needs of their communities. The presentation was well received and follow-up requests for additional presentations are being scheduled.

## *Hospital Quality Initiatives – Courtney Carta*

### Healthcare Associated Infections

All Maryland acute care hospitals are required to report certain health care associated infections to the CDC's National Healthcare Safety Network (NHSN). The MHCC publicly reports this data annually on the MHCQR consumer website. Staff is preparing for public reporting of CY2024 data, which will include all required infection types: central line associated bloodstream infections (CLABSI), catheter associated urinary tract infections, Clostridium difficile (c. diff), and Methicillin-Resistant Staphylococcus Aureus (MRSA), and surgical site infections (SSI). The public reporting process will continue throughout June, and the results will be posted on the MHCQR website in July.

### 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 second quarterly cardiac data coordinators meeting of 2025 occurred on May 13, 2025. Discussion points included data registry updates, a case study, and a question-and-answer session. The next meeting is scheduled for August.

## *Long Term Care and Health Plan Quality Initiatives—Stacy Howes*

### Nursing Home Family Experience of Care Survey

The 2024 reports have been distributed to nursing homes, and data are being prepared for the website. Data will be available on the Quality Reporting website in June.

#### *Follow Up to May Commission Meeting Inquiries*

Commissioners expressed interest in knowing whether staff satisfaction was associated with satisfaction scores on the Nursing Home Family Experience of Care (EOC) Survey. Public staff satisfaction measures were not available, but CMS calculates a staff turnover measure which is the percentage of staff who ended their employment with the facility during the past year, and this was used as a proxy for staff satisfaction. Lower staff turnover was statistically significantly associated with higher family satisfaction with care.

Commissioners also expressed interest in knowing whether for profit nursing homes in Maryland only had different satisfaction rates than for profit nursing homes owned by companies outside of Maryland. There was no significant difference in satisfaction between the two types of for-profit nursing homes.

Finally, Commissioners asked how we compared to Rhode Island's scores. After further investigation, staff identified a typographical error on the slide, and Rhode Island's "Overall how would you rate this nursing home" scale should have been presented as being on a scale of 1 to 5, not 1 to 4. Therefore, their average score of 3.96 is only slightly higher than Maryland's average score of 7.2 (on a scale of 1 to 10). Their score would roughly equate to 7.9 on our scale, indicating similar levels of satisfaction reported by families. At this time, it is difficult to compare Maryland's scores to other states because of the use of different questions and scales and not having access to raw data. Despite these limitations, staff will continue to make an effort to work with other states.

Staff contacted the Executive Director and the Deputy Director of State Programs at the Office of Health Care Quality about the possibility of receiving the reports or data from this yearly survey. We are awaiting a response.

### Long Term Care Health Care Worker Influenza Vaccination Surveys

Data collection has concluded for nursing homes, assisted living facilities, home health agencies, and hospices that 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 now submit their data via the National Health Safety Network (NHSN), with MHCC staff providing assistance to facilities with the NHSN reporting requirements. All hospices and home health agencies submitted data, and

data are being prepared for the website. Data will be available on the Quality Reporting website in June or July.

### **Health Plan Quality Initiatives**

Staff are in the middle of data collection and have completed the first draft of an issue brief that focuses on maternal health. The issue brief uses health plan and other applicable data to create policy suggestions and provide information on the state of maternal health in Maryland.

### **Collaboration with Center for Healthcare Facilities Planning and Development**

Staff is working with the Center for Healthcare Facilities and Development on two projects. First, we are working 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. Staff is continuing to work on this initiative. Second, we are working with the hospice industry to determine need based on quality. Staff have developed a list of individuals to include in the workgroup and a general list of topics to include in the workgroup.

### **Outpatient Quality Initiative—Mariama Simmons**

#### **Ambulatory Surgery Facilities (ASFs)**

The staff continues to collaborate with the Center for Healthcare Facilities Planning and Development to finalize the enhancements to the Annual Freestanding Ambulatory Surgical Facility (FASF) Survey. Proposed changes include querying ASFs on their efforts to assess and address the Social Determinants of Health (SDOH), requiring one additional financial data question regarding operating expenses to support CON reviews. The survey will also be expanded to better track changes in facility ownership by private equity organizations. Staff is planning to launch the survey in mid-June.

#### **Adult Medical Day Care (AMDC)**

Staff is finalizing the electronic data collection tool that will allow adult medical day care providers to update programmatic data about their facilities. Programmatic data for this facility include services offered to participants, hours of operation, and the availability of a licensed or registered nurse on staff during hours of operation. We have also enhanced the survey to collect flu vaccination rates of AMDC health care workers as we do with other provider types. Based on last year's survey, there are approximately 130 licensed AMDC providers across the state. Staff plans to launch the survey in June.