



COMAR 10.24.10 State Health Plan for Facilities and Services: Acute Care Hospital Services

STAFF OVERVIEW OF DRAFT CHANGES



Goals

- ▶ Remove obsolete references and standards
- ▶ Reduce burden on applicants
- ▶ Update to reflect new priorities of MHCC
- ▶ Align with HSCRC's goals



.03 Issues and Policies

- ▶ Hospital services will be provided in the most cost-effective manner possible consistent with meeting the health care needs of patients and communities.
- ▶ Hospital services shall be accessible and health systems will strive to reduce barriers to hospital services for underserved populations that stem from factors that include, but are not limited to, finances, geography, race, ethnicity, or gender.



.03 Issues and Policies (continued)

- ▶ Hospitals and health systems will consider smart and sustainable growth policies as well as green design principles.
- ▶ Hospitals and health systems will systematically work to improve the quality of patient care. This includes planning, implementing, and optimizing electronic health record systems and exchange of electronic health information.



.03 Issues and Policies (continued)

- ▶ Specialized acute care services should be provided on a coordinated regional basis
- ▶ The CON program will coordinate its capital project review activities with HSCRC



.04A General Standards

Information Regarding Charges

- ▶ Comply with HSCRC requirements
- ▶ Comply with Centers for Medicaid and Medicare requirements
- ▶ Verification through requesting information from hospital, HSCRC, and Health Education and Advocacy Unit of the Attorney General's office.



.04A General Standards (continued)

Charity Care and Financial Assistance Policy

- ▶ Written policy for provision of free and reduced cost care
- ▶ Determination of probable eligibility within two business days
- ▶ Hospital in the bottom quartile for charity care shall demonstrate appropriateness of the level of charity care provided
- ▶ Verification of compliance through requesting information from multiple sources



.04A General Standards (continued)

Quality of Care

- ▶ Licensed and in good standing
- ▶ Accredited by Joint Commission or other accreditation organization regarded as acceptable
- ▶ Hospital shall explain steps taken to improve performance on quality measures below the statewide average for patient satisfaction, patient safety, infections, and other relevant measures
- ▶ Hospital shall explain its efforts to address quality metrics tracked by HSCRC



.04B Project Review Standards

- ▶ Geographic Access
- ▶ Non-Geographic Barriers to Access
 - ▶ Denial of admission only acceptable in limited circumstances
 - ▶ Hospital is expected to identify and explain its efforts to address non-geographic barriers to access that stem from patient's race, gender, or ethnicity.



. 04B Project Review Standards

Identification of Bed Need and Addition of Beds

- ▶ Service area level analysis is required
- ▶ Bed need projections are de-emphasized



. 04B Project Review Standards

Adverse Impact

- ▶ Hospital capital project shall not have an unwarranted adverse impact on charges, availability, or access to services.
- ▶ If a project reduces the potential availability or access to a facility or service, an applicant must demonstrate the changes will not inappropriately diminish access to care.



. 04B Project Review Standards

Cost-Effectiveness

- ▶ Applicant must identify two alternatives approaches for achieving the primary objective of a project
- ▶ No significant changes to this standard compared to the current cost-effectiveness standard



. 04B Project Review Standards

Financial Feasibility

- ▶ Applicant must document utilization projections are consistent with historic use or SHP projections, if relevant.
- ▶ Revenue estimates must be consistent with utilization projections
- ▶ Added language to state that a hospital proposing to increase its global budget to account for the capital project must file a timely rate application with HSCRC.



. 04B Other Project Review Standards

No Changes or Only Minor Changes

- ▶ Construction Cost of Hospital Space
- ▶ Construction Cost of Non-Hospital Space
- ▶ Inpatient Nursing Unit Space
- ▶ Efficiency
- ▶ Safety
- ▶ Emergency Department Treatment Capacity and Space
- ▶ Emergency Department Expansion



. 05 Methodology for Bed Need Projections

- ▶ No projections for pediatric beds
- ▶ Rely on major diagnostic category coding rather than DRGs to categorize discharges
- ▶ Added language to allow for deviation from the methodology in exceptional circumstances, with opportunity for public comment before final projections are published



Next Steps

- Additional internal review
- Post for informal public comment
- Present draft regulations to MHCC for consideration as proposed permanent regulations