

# MARYLAND HEALTH CARE COMMISSION

## *UPDATE OF ACTIVITIES*

June 2023

### *EXECUTIVE DIRECTION*

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

##### State Policy Update

Governmental Relations is beginning the work on interim assignments. The beginning work is planning the scope of the work to be done regarding workgroups, reports, and studies for which Governmental Relations is responsible. The items with the asterisk are the ones that Governmental Relations is taking the lead role on. Also, assisting the other Centers with some organizational work for the studies, reports, and workgroups for which they are responsible.

Below is the full list of the interim responsibilities MHCC must tackle:

##### Budget Actions: *Executive Direction*

- Restricts \$100,000 in the 2024 appropriation, contingent on the enactment of SB 786 or HB 812, until MHCC submits a letter confirming the submission of regulations related to health information exchanges and electronic health records within 30 days of the submission of regulations.
- \*Requires MHCC to submit a report on the criteria for allocating \$9,500,000 in trauma facility funding 45 days prior to the transfer of funds from the DPA to MHCC for allocation to trauma centers.

##### Mandate Studies: *Center for Analysis and Information Systems*

- [SB0075](#) - Insurance and Maryland Medical Assistance Program – Treatment of Alopecia Areata – Coverage Requirements (Bill Failed) - *Study report due December 2023.*
- [SB0108](#) - HI – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement (Bill Failed) - *Study report due December 2023.*
- [SB0184/HB0376](#) - HI - Diagnostic and Supplemental Exams and Biopsies for Breast Cancer - Cost-Sharing - *MHCC to study and report on the financial impact of eliminating cost-sharing for diagnostic image-guided biopsies for breast cancer. Report due on or before October 1, 2023.*
- [HB1217/SB0805](#)-Maryland Medical Assistance Program and Health Insurance - Required Coverage for Biomarker Testing - *Report on the impact of providing biomarker testing by December 1, 2025.*

##### Health Care Workforce: *Executive Direction*

- \*[SB0283/HB0418](#) - Mental Health - Workforce Development - Fund Established - *Requires MHCC to conduct a comprehensive behavioral health workforce needs assessment in coordination with the BHA, the Maryland Higher Education Commission, the Maryland Department of Labor, the Career and Technical Education Committee, and other interested stakeholders. Needs Assessment due on or before October 15, 2024.*

**Trauma Funding:** *Executive Direction*

- ❑ [\\*SB0493/HB0675](#) - Commission to Study Trauma Center Funding in Maryland - MIEMSS and MHCC shall jointly chair and staff commission. Study the adequacy of trauma center funding. On or before December 1, 2023, the Commission shall report its findings and recommendations to the Governor and General Assembly.

**Nursing Homes:** *Centers for Quality and Health Planning*

- ❑ [SB0509/HB0702](#) - HCF - Nursing Homes - Acquisitions and Licensure - MHCC in consultation with certain stakeholders, to study and make recommendations regarding the expansion of the certificate of need program over acquisitions of nursing homes. Submit a report with recommendations from stakeholders to the General Assembly on or before December 1, 2023.

**Electronic Health Records and Information Exchange:** *Center for HIT and Innovative Care Delivery*

- ❑ [SB0648](#) - EHNs and EMRs - Nursing Homes - Release of Records - Review legislation in relation to and make sure consistent with HB 1022 (passed in 2021) in regulation.

**Protected Health Information:** *Center for HIT and Innovative Care Delivery*

- ❑ [SB0786/HB0812](#) - Health - Reproductive Health Services - Protected Information and Insurance Requirements - MHCC must (1) adopt emergency regulations within nine months of the bill's effective date to restrict data of patients related to legally protected health care and (2) submit quarterly reports on the bill's implementation in fiscal 2024 and 2025. Regulations must be developed by December 2023.

**Dental Health Services:** *Executive Direction and Quality*

- ❑ [\\*HB1146](#) - MDH and MHCC - Dental Services - Survey and Regional Needs Assessment - By December 1, 2023, MDH and MHCC, jointly and in consultation with MHA, must submit a report to specified committees of the General Assembly that includes the results of the survey and the regional needs assessment, as well as the regional plans.

**Telehealth:** *Center for HIT and Innovative Care Delivery*

- ❑ [SB0534](#) - Preserve Telehealth Access Act of 2023 - MHCC must study and make recommendations regarding the delivery of health care services through telehealth, as specified, and report to the General Assembly by December 1, 2024.
- ❑ [HB1148/SB0582](#) - Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland) - Requires the MHCC to study and make recommendations regarding the delivery of health care services through telehealth, including payment parity for the delivery of health care services through audiovisual and audio-only telehealth technologies on or before December 1, 2024.

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

**Behavioral Health:**

Berman, M., "The Intensive Outpatient Program at the Maryland Recovery Center," May 29, 2023, *Programming Insider*.

<https://programminginsider.com/the-intensive-outpatient-program-at-the-maryland-recovery-center/>

Hellgren, M. "Lawsuit accuses Maryland of 'warehousing' foster children with behavioral health issues in hospitals," June 2, 2023, WJZ News, CBS News Baltimore

<https://www.cbsnews.com/baltimore/news/lawsuit-accuses-maryland-of-warehousing-foster-children-with-behavioral-health-issues-in-hospitals/>

### **Healthcare Data:**

Press Release, *Healthcare Data Informatics Software Market Size to Surpass US \$50.6 Billion with an Excellent CAGR of 10.6% by 2029*, May 29, 2023, Pharmiweb.com

<https://www.pharmiweb.com/press-release/2023-05-29/healthcare-data-informatics-software-market-size-to-surpass-us-5060-billion-with-an-excellent-cagr>

Southwick, R., “Billing and texting: More patients want digital reminders,” May 30, 2023, Chief Healthcare Executive

<https://www.chiefhealthcareexecutive.com/view/billing-and-texting-more-patients-want-digital-reminders>

Read, J., “Smart Healthcare: How IoT Is Reshaping The Industry,” May 30, 2023, EMSNOW

<https://www.emsnow.com/smart-healthcare-how-iot-is-reshaping-the-industry/>

M.D., Kapasi, S., “The Effects of Data Privacy Bills on Healthcare: Safeguarding Patient Information in the Digital Age,” Jun 5, 2023, ETHealthWorld

<https://health.economictimes.indiatimes.com/news/health-it/the-effects-of-data-privacy-bills-on-healthcare-safeguarding-patient-information-in-the-digital-age/100748897>

### **Health Care Facilities:**

Grebbin, S., “CareTrust Acquires Ohio and Michigan Facilities for \$21.1 Million; Eduro Healthcare Acquires 2 Facilities in Billings, Montana,” June 2, 2023, Skilled Nursing News.

<https://skillednursingnews.com/2023/06/caretrust-reit-inc-acquires-ohio-and-michigan-facilities-for-21-1-million-eduro-healthcare-acquires-2-facilities-in-billings-montana/>

### **Health Care Services:**

McCausland, C., “Planned Parenthood of Maryland Battles New Threats to Reproductive Health Care,” June 2023, Baltimore Magazine

<https://www.baltimoremagazine.com/section/health/planned-parenthood-maryland-battles-new-threats-to-reproductive-health-care-one-year-after-roe-overturn/>

## **Maryland Trauma Physician Services Fund**

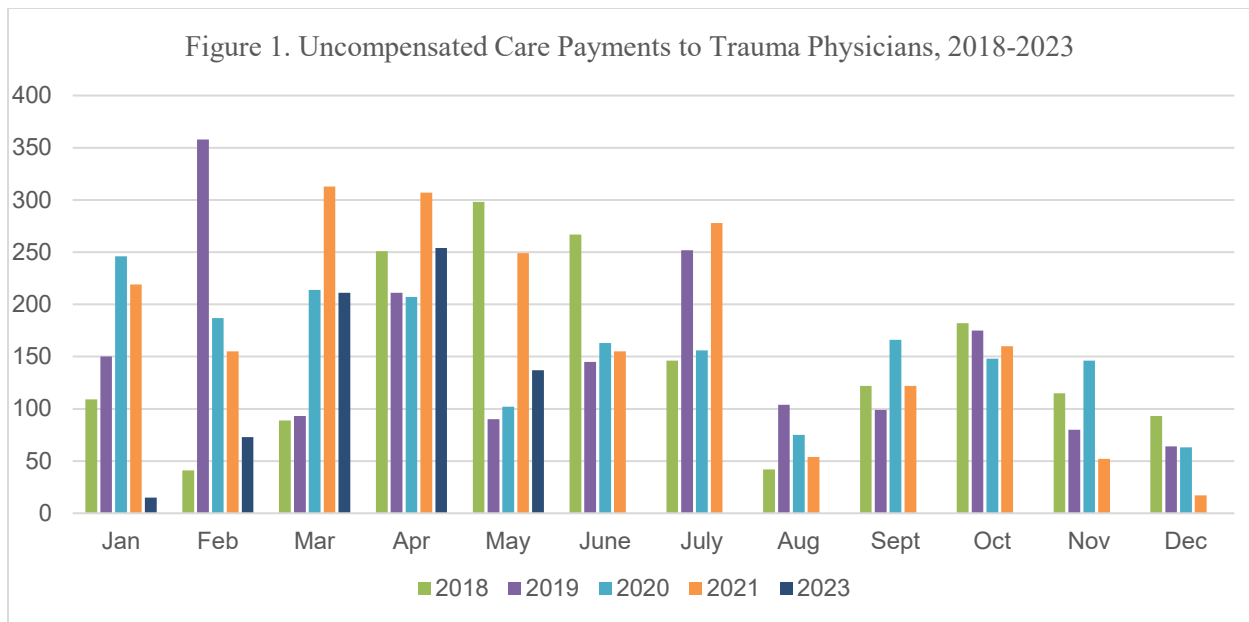
### **Uncompensated Care Processing:**

Trustmark Health Benefits, the third-party administrator (TPA) for the Trauma Fund, processed \$136,784 uncompensated care claims through May 2023.

### **On-Call Reimbursements:**

Staff has completed processing the July through December 2022 On-Call Applications from the eligible Trauma and Specialty Centers. Reimbursements for this period totaled \$4,641,393.

See Chart Below Figure 1.



**MHCC Website:** The MHCC website (<https://MHCC.maryland.gov>) had 4,148 users in the month of May 2023.

**Wear The Cost:**

In April 2023, 279 users visited the site.

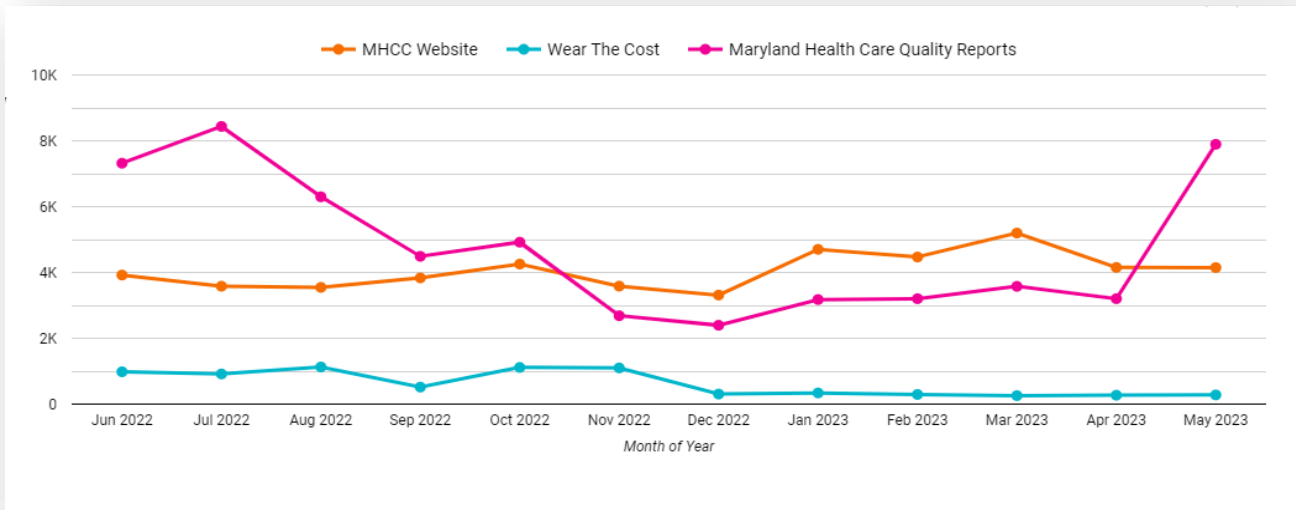
**Maryland Quality Reporting**

The Maryland Quality Reporting had 7,492 users, 8,838 sessions, and 11,208 pageviews in May. The average session duration was 31 seconds. Website activity increased for nearly all metrics except session duration and bounce rate. Although there was a significant increase (164.5%) in users about 4,800 were likely the result of website traffic from a bot given a large number originated from a single location outside of Maryland.

The site received the most website referrals from MHCC’s homepage (27.9%). The website also had referrals from Maryland 211, GovDelivery, Maryland Attorney General, Maryland State Archives, A Place for Mom, Medicare, and St. Josephs.

Facebook remains the primary social media referral source, accounting for 100% of all social referrals.

See Chart Below Figure 2: The graph 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 5/31/2023: 34 (97%) of payors have submitted Q1 2023 data to the MCDB. 19 (54%) of payors submitted complete and clean Q1 2023 data to the MCDB.**

Nineteen (54%) of the Q1 2023 payor data successfully passed all levels of data quality validation checks. Fifteen (43%) of the data submissions are under review. Alterwood Advantage is the only payor that has not submitted 2023 Q1 data. This payor is a new reporting entity required to submit Medicare Advantage data and who had requested a waiver from submitting Q1 2023 data before the submission deadline due to resource challenges. MHCC staff will be meeting with the payor representative to provide guidance regarding timely submission of clean data to the MCDB.

Onpoint delivered the Q4 2022 standard analytical file (SAF) quarterly extract to HSCRC in mid-May 2023.

**HSCRC Total Cost of Care 2021 Annual Per Capita Cost Update:**

**The annual per capita cost for privately insured (medical only) health plans increased from \$4,020 in 2020 to \$4,608 in 2021 (a 14.6% increase).**

The annual per capita cost for privately insured (medical only) health plans increased from \$4,020 in 2020 to \$4,608 in 2021 (a 14.6% increase). In comparison, the per capita spend between 2019 versus 2021 showed a similar 15% increase (\$4,008 in 2019). The increase in spending observed in Maryland in 2021 is comparable to the rate increase

reported in 2021 health care cost and utilization report which showed that in 2021 utilization of health care services was the main driver of 15 % increase in per capita cost.

### **Professional Services Report Update (2019 -2021)**

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

Results from the latest report show that private payments per RVU are about 101% higher than Medicare for 2021. In 2020 and 2019 it was about 103% and 104% respectively higher than Medicare rates. Compared to Medicaid payment rates on average, private payer rates are about 120% for 2021, 118% and 119% higher than Medicaid payment rates for 2020, and 2019 respectively for the same in-network services.

MHCC staff will present the results of the report at the June Commission meeting.

### **APCD Public Reporting and Data Release Division - Mahlet Konjit-Solomon 'Mahi'**

#### **Wear The Cost:**

In accordance with the input specification provided by Change Health Care (CHC), Onpoint, our data management partner, has successfully created a test dataset. The dataset was meticulously designed to meet the specific requirements outlined by CHC. CHC conducted comprehensive testing on the dataset to ensure its accuracy and reliability. During the testing phase, CHC identified several data issues, which were promptly addressed and resolved by Onpoint. The final and full data extract, incorporating all the necessary information as per CHC's specifications, was delivered to CHC on May 31st.

The website update, which aims to incorporate the newly obtained data, is currently scheduled for mid to late October. This timeline allows for comprehensive data analysis, quality assurance, and website development processes.

In the month of May, *Wear The Cost* website recorded a total of 275 visits, with 273 of those visits coming from new users. The number of sessions, which indicates active user engagement, reached a total of 285. These figures demonstrate a positive trend in web traffic, with a substantial number of new users and a high level of user activity on our website.

#### **MCDB Data Release:**

##### **I. City of Baltimore Data Request - Assessing the Extent of Opioid Epidemic in Baltimore City**

The City of Baltimore has submitted a data request to assess the extent of the opioid epidemic in Baltimore City. The requested data will be delivered to the client during the first week of June.

##### **II. Johns Hopkins Data Request - Advancing Maryland's Statewide Suicide Data Warehouse**

Johns Hopkins University has made a data request aiming to advance Maryland's Statewide Suicide Data Warehouse. We are currently in the process of fulfilling this request, and we plan to deliver the requested data to Johns Hopkins University by the end of June.

### **Special Projects – Janet Ennis**

#### **Project Management Consulting Services:**

The current PMO contract with Freedman Healthcare, LLC was scheduled to expire on March 31, 2023. With nominal funds remaining on that contract, staff issued a contract extension request to the Board of Public Works (BPW) requesting an additional \$160,000 for six more months. The request will be addressed at the June 7, 2023 BPW meeting. Meanwhile, staff is in the process of drafting a new multi-year Request for Proposals (RFP) to contract with

a PMO to fulfill organization-wide support services related to ongoing APCD expansion and enhancements; implementing and analyzing a non-claim-based payment initiative; implementing the primary care investment initiative; and implementing reporting efforts on health care cost and utilization data, and other report writing.

**Required Health Insurance Services (Mandates): Studies**

Pursuant to Insurance Article §15-1501, MHCC must assess the social, medical, and financial impact of a proposed mandated health insurance service or coverage that fails to pass during the preceding legislative session or as requested by a Legislative Committee or Legislator. This year, MHCC has been requested to conduct studies related to the following bills:

- (1) **SB 75: Coverage Requirements for the Treatment of Alopecia Areata** for an enrollee or insured whose hair loss results from alopecia areata. This is a modification to a current mandate (§15-836) whereby coverage of up to \$350 for one hair prosthesis must be covered when prescribed by the attending oncologist for hair loss resulting from chemotherapy or radiation treatment for cancer. SB 75 also would have required coverage for alopecia areata if prescribed by the attending physician. This report is due by December 31, 2023.
- (2) **SB 108: Annual Behavioral Health Wellness Visits – Coverage and Reimbursement** provided at the same rate as an annual wellness visit for somatic health. This report is due by December 31, 2023.
- (3) **SB184/HB376 - Health Insurance – Diagnostic and Supplemental Examinations and Biopsies for Breast Cancer – Cost-Sharing**: This bill passed and becomes effective on January 1, 2024 whereby carriers may not impose any cost-sharing requirements on coverage for diagnostic breast examinations or supplemental breast examinations. Even though this bill passed, MHCC has been requested to study and report on the financial impact of eliminating health insurance cost-sharing for diagnostic image-guided biopsies for breast cancer. This MHCC study is due on or before October 1, 2023.
- (4) **Elimination of cost sharing for obstetric care – as requested by the Chair of the Health and Government Operations Committee (HGO)**. This fiscal assessment is due on or before December 31, 2023.

Similar to last year’s process, MHCC staff is drafting small procurements to contract with various actuarial consulting firms to conduct each analysis and draft the required reports.

Pursuant to Insurance Article § 15-1502, Annotated Code of Maryland, every four years, MHCC is required to conduct an analysis on each existing mandated health insurance service in Maryland, including a comparison of Maryland’s mandates to those in Delaware, Pennsylvania, Virginia, and the District of Columbia. This four-year comprehensive cost and comparison report is due by January 1, 2024. MHCC staff will contract for an actuarial consulting firm to prepare this study as well.

***CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT***

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

**State Health Plan Chapter for Acute Care Hospital Services (COMAR 10.24.10):**

At the May Commission meeting, staff presented an overview of changes to draft regulations COMAR 10.24.10. Staff also posted the draft regulations on the website for informal comment on May 16, 2023. Comments are due by June 14, 2023, at 5:00 p.m.

**Cardiac Services Advisory Committee (CSAC):**

The CSAC met on May 11, 2023, to discuss a recent consensus statement regarding percutaneous coronary intervention (PCI) at hospitals without cardiac surgery on-site and to discuss possible changes to the regulations in the State Health Plan Chapter for cardiac surgery and PCI services. The consensus statement is endorsed by the Society for Cardiovascular Interventions and Angiography (SCAI). CSAC members agreed that the SCAI consensus statement should be adopted as Expert Guidelines and recognized by MHCC, as defined in COMAR 10.24.17. CSAC members also agreed with minor potential changes to the standards for Certificates of Ongoing Performance for cardiac surgery programs.

***Long-Term Care Policy and Planning – Linda Cole***

**Palliative Care Services Workgroup:**

As required under HB378, Ch. 301 of 2022 legislative session, MHCC convened a workgroup of interested stakeholders to study palliative care services in the State. The most recent meeting of this workgroup was held on May 23, 2023. At that meeting, the contractor, SEA Healthcare, presented preliminary results of a statewide palliative care survey. The group also discussed preliminary recommendations for the Interim Report due on July 1, 2023. Staff will be presenting a status report on palliative care at the June Commission meeting.

**FY 2022 Hospice Survey:**

The FY 2022 Maryland Hospice Survey launched on March 1, 2023. All hospice providers were notified on February 21<sup>st</sup> of the availability of the online survey and required due dates for submission of data. Part I of the Hospice Survey was due by May 1, 2023. Except for one provider who was granted an extension and one provider updating needed corrections, to date, all Part I surveys have been completed and accepted. Part II is due by July 1, 2023.

**FY 2022 Long-Term Care Survey:**

The FY 2022 Maryland Long Term Care Survey data collection started on May 14, 2023. The data collection for Comprehensive Care Facilities runs for 30 days and is due on June 14, 2023. The Survey for Chronic Care and Assisted Living is due on July 14, 2023. On May 2, 2023, staff sent the Survey Notice letter to all providers informing them of the survey data collection period and online access to the web-based survey application. On May 30, 2023, staff issued the 15- Day Reminder Notice to Comprehensive Care providers that had not yet submitted their survey. Staff provide technical support to providers during the data collection period.

In addition, annual tables, entitled “Average Annual Occupancy Rate and Average Annual Number of Licensed Nursing Home Beds by Jurisdiction and Region: Maryland, Fiscal Years 2019-2021” and “Required Maryland Medical Assistance Participation Rates for Nursing Homes by Region and Jurisdiction: Fiscal Year 2021” were published in the May 19<sup>th</sup> issue of the *Maryland Register*. These tables will also be posted on the MHCC website.

## *Certificate of Need (“CON”) – Wynnee Hawk*

### **CON’s Approved:**

#### Pascal Crisis Services – (Anne Arundel County) – Docket No. 22-02-2459

Establish twenty Track Two ICF beds providing “clinically managed high intensity inpatient services” (ASAM Level 3.7/3.7WM). The facility will only serve adults and will be located at 43 Community Place in Crownsville (Anne Arundel County). Pascal proposes to renovate the ICF.

Approved Project Cost: \$60,500

#### UM-Capital Region Health – (Prince George’s County) – Docket No. 23-16-2464

Upgrade the Level II Special Care Nursery to a Level III Neonatal Intensive Care Unit (NICU) at University of Maryland Capital Region Medical Center (UMCRMC) in Prince George’s County, Maryland. No new construction, renovation, or other capital costs are required to implement the project, as UMCRMC was constructed to provide NICU services.

### **CON Project Change Approved:**

#### Shady Grove Adventist Hospital – (Montgomery County) – Docket No. 20-15-2443

Request for a Project Change after Project Approval submitted by Adventist Health Care Shady Grove Medical Center (SGMC), part of Adventist Health Care, Inc. (AHC). The design of the project has not changed, but the total project cost has increased by \$67,646,138 for a total project cost of \$247,657,497. The cost increase is primarily due to inflationary pressures and the volatile market conditions that are a result of the COVID-19 pandemic and the rise in labor costs and global supply chain issues and for unanticipated upgrades to the central utility plant (CUP).

### **Letters of Intent Received:**

#### Hygea Detox at Camp Meade, LLC – (Anne Arundel County)

Establish a 16 bed Track One ICF providing Level 3.7 Medically Monitored Intensive Inpatient Services Withdrawal Management, and Level 3.7D – Medically Monitored Inpatient Detoxification). The facility will include 16 adult ICF beds and will be located at 817 Camp Meade Road, Linthicum Heights. The proposed project will involve renovations to an existing facility, which formerly operated as Maryland House Detox, LLC.

### **First Use Approvals Issued:**

#### Broadmead, Inc. – (Baltimore County) – Docket No. 17-03-2394

Modernization of the 70-bed comprehensive care facility (CCF) as a part of its larger Continuing Care Retirement Community (CCRC) campus capital project. The project added 12,243 additional square feet to the CCF, increasing nursing home space from 25,556 SF to 37,799 SF. There was no increase in licensed beds, but the project increased the number of private rooms from 40 to 54 and reorganized the CCF bed capacity into “households” for specific categories of nursing home patients. There is no change in licensed bed capacity.

Approved Cost: \$14,537,000

#### Baltimore Detox Center – (Baltimore County) – Docket No. 18-03-2419

Establish a new Track One Intermediate Care Facility (“ICF”) in Woodlawn, Baltimore County. The proposed program will operate 24 adult detoxification beds at Level 3.7-WM, Medically Monitored Intensive Inpatient Withdrawal Management (Detoxification) program at 1825 Woodlawn Drive.

Approved Cost: \$585,982

#### Encompass Health Rehabilitation Hospital of Southern Maryland, LLC – (Prince George’s County) – Docket No. 18-16-2423

Establish a 60-bed special rehabilitation hospital to be located at the southwest corner of Melford Boulevard and Marconi Drive in Bowie (Prince George’s County), Maryland.

Approved Cost: \$52,683,596

UM-Capital Region Health – (Prince George’s County) – Docket No. 23-16-2464

Upgrade the Level II Special Care Nursery to a Level III Neonatal Intensive Care Unit (NICU) at University of Maryland Capital Region Medical Center (UMCRMC) in Prince George’s County, Maryland. No new construction, renovation, or other capital costs are required to implement the project, as UMCRMC was constructed to provide NICU services.

**Determinations of Coverage:**

• **Ambulatory Surgery Centers**

Bethesda Endoscopy Center, LLC – (Montgomery County)

Establish an ambulatory surgery center (ASC-P) with 4 non-sterile procedure rooms to be located at 6100 Executive Boulevard, Suite 300 Rockville.

Ownership Interest:

Bethesda Endoscopy Center, LLC, 10215 Fernwood Rd., Bethesda, Maryland 20817

Children’s National Prince George’s County – (Prince George’s County)

Establish an ambulatory surgery center (ASC) with 2 sterile operating rooms to be located at 2900 North Campus Way, Lanham

Ownership Interest:

Children’s Hospital d/b/a Children’s National Hospital, a subsidiary of Children’s National Medical Center

Interventional Pain and Spine County)

Establish an ambulatory surgery center (ASC-P) with 1 non-sterile procedure room to be located at 3280 Urbana Pike, Suite 207, Ijamsville

Ownership Interest:

Juliet Gyebi-Foster, M.D.

Summit Brachytherapy, LLC – (Baltimore City)

Establish an ambulatory surgery center (ASC-1) with 1 sterile operating room and 2 non-sterile procedure rooms to be located at 3407 Wilkens Avenue, Suite 210, Baltimore. The ASC-1 will operate in the same physical space as an existing ASC, Summit Ambulatory Surgical Center LLC. The proposed center will operate as a separately licensed and certified ambulatory surgical facility during distinct operating hours. There would be no concurrent or overlapping hours of operation.

Ownership Interest:

Summit Brachytherapy, LLC is wholly owned by Chesapeake Urology Associates (CUA).

Cascades Endoscopy Center, LLC – (Howard County)

Relocation of the endoscopy center to 7120 Minstrel Way, Suite 200, Columbia, and an increase in procedure rooms for a total of 3 procedure rooms.

• **Acquisitions:**

Autumn Lake Healthcare at Chevy Chase – (Montgomery County)

Currently the operator is Manor Care of Chevy Chase MD LLC, dba Promedica Skilled Nursing & Rehab (Chevy Chase). Operator ownership will change to 8700 Jones Mill Road Opco LLC, dba Autumn Lake Healthcare at Chevy Chase. Currently the owner of the bed rights is Manor Care of Chevy Chase MD, LLC, and the bed rights ownership will change to HCP Maryland Properties, LLC. The owner of the real property will not change.

Purchase Price: The proposed licensee will be entering into a lease with the current real estate owner. There is no purchase price attached to this agreement.

Autumn Lake Healthcare at Silver Spring – (Montgomery County)

Currently the operator is Manor Care Silver Spring MD LLC, dba Promedica Skilled Nursing & Rehab (Silver Spring). Operator ownership will change to 2501 Musgrove Road Opco LLC, dba Autumn Lake Healthcare at Silver Spring. Currently the owner of the bed rights is Manor Care of Silver Spring, MD, LLC, and bed rights ownership will change to HCP Maryland Properties LLC. The owner of the real property will not change.

Purchase Price: The proposed licensee will be entering into a lease with the current real estate owner. There is no purchase price attached to this agreement.

Autumn Lake Healthcare at Towson – (Baltimore County)

Currently the operator is Manor Care- Ruxton MD LLC, dba Promedica Skilled Nursing & Rehab (Ruxton). Operator ownership will change to 7001 Charles Street Opco LLC, dba Autumn Lake Healthcare at Towson. Currently the owner of the bed rights is Manor Care - Ruxton MD, LLC, and bed rights ownership will change to HCP Maryland Properties, LLC. The owner of the real property will not change.

Purchase Price: The proposed licensee will be entering into a lease with the current real estate owner. There is no purchase price attached to this agreement.

Advance Rehab at Autumn Lake Healthcare – (Baltimore County)

Currently the operator is Promedica Senior Care of Brightwood MD LLC, dba Promedica Skilled Nursing & Rehab (Brightwood). Operator ownership will change to 515 Brightfield Road Opco LLC, dba Advanced Rehab at Autumn Lake Healthcare. Currently the owner of the bed rights is Well PM Properties, LLC, and bed rights ownership will change to FC-GEN Real Estate, LLC. The owner of the real property will not change.

Purchase Price: The proposed licensee will be entering into a lease with the current real estate owner. There is no purchase price attached to this agreement.

- **Capital Projects:**

Sinai Hospital of Baltimore – (Baltimore City)

Sinai Hospital of Baltimore (Sinai), a hospital part of LifeBridge Health, Inc. requested a determination from the Maryland Health Construction that a Certificate of Need (CON) is not required to undertake a capital expenditure for construction of an outpatient Cancer Center related to patient care. The request was accompanied by a pledge related to the capital costs associated with the project.

Proposed Cost: \$95,000,000

- **Licensure:**

Edenwald Senior Living – (Baltimore County)

Extension of temporary delicensure status of 22 CCF beds at the facility

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

Hillhaven Nursing and Rehabilitation

Transaction: Acquisition of assets

*CURRENT*

Owner of the real property: MH Adelphi Holdings, LLC, MH Adelphi TIC II Owner, LLC, and MH Adelphi TIC III Owner, LLC

Owner of bed rights: MH Adelphi Operating, LLC

Operator: MH Adelphi Operating, LLC

*POST-TRANSACTION*

Owner of the real property: Hillhaven SNF Realty, LLC

Owner of bed rights: Hillhaven SNF Operator, LLC

Operator: Hillhaven SNF Operator, LLC

Purchase price: \$26,250,000

Additional information: The 66 bed CCF is located at 3210 Powder Mill Road, Adelphi, Maryland, 20783. The purchasing entities affiliated with Sterling Care and Peace Healthcare currently have a below average 2.5 out of 5-star rating on the CMS Nursing Home Compare website for its seven Sterling Care and four Peace Health Maryland Nursing Homes.

While MHCC acknowledges that this transaction has met the requirements for an acquisition, we note that Hillhaven Nursing and Rehabilitation has not met its current Memorandum of Understanding (MOU) with Medicaid. The current MOU threshold for Prince George's County is 42%. According to the most recent Medicaid Cost Report, Hillhaven Nursing and Rehabilitation only achieved 32%. The track record of the facility would probably fail to meet the requirements of a CON application to establish or expand a CCF under the State Health Plan Medical Assistance Participation Standard [COMAR 10.24.20.05A(2)].

In addition, the seven Sterling Care and four Peace Healthcare facilities in Maryland owned or operated by Jeff Kagan, Nathan Jakobovitz, and Yoni Grunbaum have an average rating of 2.5 stars (composite scores below three stars are considered below average) on the CMS Nursing Home Compare Five-Star Quality Rating System<sup>1</sup>. The track record of the persons acquiring this CCF would probably fail to meet the requirements for docketing of a CON application to establish or expand a CCF under the State Health Plan Quality Rating standard [COMAR 10.24.20.05A(8)].

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

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

**Interstate Telehealth Expansion Study:**

Drafting of recommendations is advancing as part of the Interstate Telehealth Expansion Study requested by the Health and Government Operations (HGO) Committee. Several stakeholders provided feedback on the proposed recommendations. In May of 2022, the HGO Committee Chair requested that MHCC convene a workgroup to deliberate on select policy questions for the expansion of interstate telehealth. A final report is due to the HGO Committee by December 1, 2023.

**Noncontrolled Prescription Drugs (Non-CDS) Reporting:**

Drafting of the Non-CDS Dispenser Data Submission Manual (manual) is progressing. A dispenser roundtable provided preliminary guidance on key elements of the manual, which includes data to be submitted, reporting timeframes and frequency, electronic reporting specifications, and processes for reporting in the event of a technology failure. The manual will be available on MHCC's website and updated annually; dispenser reporting is anticipated to begin in Q1 2024. Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022) requires reporting of non-CDS dispense information to CRISP.

**Health IT Survey:**

Data collection was completed for the *2023 Hospital Health Information Technology Survey* (survey). A review of the responses to detect and correct data anomalies is proceeding. A total of 18 health systems with 43 acute care hospitals responded to the survey. Hospitals provided information related to electronic health records (EHRs), health

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<sup>1</sup> The rating scores were accessed on the CMS Nursing Home Compare website. The data had been last updated on April 26, 2023.

information exchange (HIE), telehealth, social determinants of health technology, electronic advance directives, and cybersecurity controls. Findings will inform strategies focused on advancing health IT use and best practices.

### **Urgent Care and Retail Health Clinics Environmental Scan:**

A health IT questionnaire was finalized for distribution to 28 urgent care centers and one retail clinic representing 220 sites in the State. Questions are aimed at use of EHRs, HIEs, and telehealth to support alternative venues for the treatment of acute illnesses and injuries. The questionnaire is targeted for release in June.

### **Advance Directives:**

Production of a public service announcement (PSA) promoting advance care planning and encouraging adults to create an advance directive is nearing completion. The PSA features Kurt Schmoke, University of Baltimore President and former mayor of Baltimore (1987-1999) and will be promoted this summer. Planning is evolving for a study required by Chapter 297/Senate Bill 154, *Public Health - Mental Health Advance Directives - Awareness and Statewide Database* (2023). The law requires MHCC and the Behavioral Health Administration to study how first responders and behavioral health crisis providers can access advance directives when responding to a behavioral health crisis. A final report is due to the General Assembly by December 1, 2023.

### **Health Data Utility (HDU):**

A report was drafted identifying ongoing revenue sources to fund activities required by Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022). The law requires CRISP to operate an HDU that integrates new data sources to support care delivery and public health in Maryland and support a non-CDS reporting mandate. The report is due to the General Assembly by January 1, 2024.

### **HIE Privacy and Security Regulations:**

Informal vetting of proposed amendments by select stakeholders and Post & Schell, P.C. (law firm – contractor) to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* are underway. The amendments include changes that modernize and align the regulations with the 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification program final rule. Stakeholder discussions are moving ahead to identify approaches that HIEs operating in the State are considering that restricts health data exchange for patients who have obtained legally protected health care, as required Chapter 248/Senate Bill 786, *Health – Reproductive Health Services – Protected Health Information and Insurance Requirements* (2023). Findings will inform development of the supporting regulations.

### **Electronic Data Interchange (EDI):**

Nearly 95 percent of payers have submitted their 2022 EDI Progress Report. A total of 32 payers with annual premiums of \$1 million or more must submit a report by June 30<sup>th</sup> as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. Data on electronic health care transactions is being prepared for analysis; a findings summary is targeted for release in Q4 2023.

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

### **Primary Care Workgroup:**

Drafting is advancing for the Primary Care Analysis and Reporting Plan (plan) based on input from the Primary Care Workgroup (workgroup). Freedman HealthCare, LLC was competitively selected to support the activities of the workgroup. Chapter 667/Senate Bill 734, *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022) requires MHCC to convene a workgroup and annually report on ways to improve quality and access to primary care services, with special attention to increasing health care equity, reducing health care disparities, and avoiding increased costs to patients and the health care system. The plan is due to the General Assembly by December 1, 2023. Planning activities are proceeding for the June 21<sup>st</sup> workgroup meeting.

**Practice Transformation Grant Activities:**

MedChi Care Transformation Organization (CTO) continues to advance practice assessments, transformation training, and workflow redesign activities for about 28 practices in the *Advancing Practice Transformation in Ambulatory Practices* (APT) program 2021 cohort and 13 practices in the 2022 cohort. The MHCC competitively awarded the CTO an APT grant in June 2021 and Round 2 funding in July 2022. Roughly 27 practices are targeted to complete their transformation program plan by the end of June. The APT program concludes in June of 2024.

**Learning Network:**

Planning activities are progressing for a dental cybersecurity presentation in collaboration with the Maryland State Dental Association at the October 2023 Chesapeake Dental Conference. The presentation will provide dental practices with strategies to improve cybersecurity readiness. Preparatory activities are underway for a whole-person health webinar focused on best practices for coordinating hearing health with audiologists and the impact that it has on overall health. The webinar is targeted to occur in June.

**Electronic Network Registration:**

Seven electronic health networks (EHNs) renewed their MHCC certification during Q1 and Q2 2023. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* require payers that accept electronic health care transactions originating in Maryland to accept transactions only from MHCC certified EHNs. EHNs seeking MHCC certification must meet national standards related to privacy and confidentiality, business practices, physical and human resources, technical performance, and security. Certification is valid for a two-year period; roughly 30 MHCC certified EHNs operate in Maryland. During this period, eight HIEs renewed their MHCC registrations. COMAR 10.25.18 requires organizations that meet the definition of an HIE to register annually with MHCC; roughly 16 HIEs are registered in Maryland.

**Value-Based Care Delivery - Consumer Awareness:**

Planning is progressing for a Value-Based Care (VBC) delivery consumer education flyer (flyer), which is targeted for release in August. VBC promotes patient-centered care and engages patients to address their health-related challenges. The flyer is intended to educate consumers on the impact of VBC on patients and providers and describe how multidisciplinary care teams can help patients become more engaged consumers of health care.

***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 newly redesigned website. The most recent refresh includes updates to the assisted living facility inspection survey results. An enhancement to the Home Health and Hospice jurisdictions served search function was implemented. Additional enhancements and updated features are underway and routine updates and maintenance are ongoing. Staff continues to respond to consumer inquiries received via the quality reports email.

**MQR Website Traffic:**

Staff monitors traffic to the consumer site using Google Analytics software. Website traffic was slightly higher in May (7,492 users) compared to April (2,833 users). Though there appeared to be a significant increase in users, a large portion of users originated from a single location outside of Maryland, indicating that it was potentially a bot.

The most frequently viewed topics on the MQR site include assisted living, nursing homes, and hospital price transparency. 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 Older Americans Month, National Nurses Week, National Women’s Health Week, 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. Staff also promote the MQR website using additional social media platforms such as LinkedIn and NextDoor.

### **Hospital Quality Initiatives – Courtney Carta**

#### **Healthcare Associated Infections:**

All Maryland acute care hospitals are required to report certain healthcare associated infections to the CDC’s National Healthcare Safety Network (NHSN). MHCC publicly reports this data annually on the MHCQR consumer website. Staff are preparing for public reporting of CY2022 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 May 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 2023 occurred on May 9, 2022. 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 results of 2022 survey were shared at the May Commission meeting. The survey process for 2023 will begin in July 2023.

Market Decisions Research has been selected as the contractor for the Experience of Care Survey, and they will begin data collection for the 2023 survey over the summer.

#### **Health Care Worker Influenza Vaccination Survey (Nursing Homes, Assisted Living, Home Health, and Hospice):**

Data collection for the 2022-2023 flu season is complete for all long-term care facilities. The hospice and home health results have been submitted to the website contractor, AGS, and should be available to view by early July. The nursing home and assisted living surveys were due June 2, and staff continues to receive results from a few outlying facilities. Results will be available for public reporting on the website in July.

#### **Assisted Living Quality Analysis SB531 Workgroup:**

The final workgroup meeting took place on May 22. Ten recommendations were proposed to the workgroup, and feedback was recorded. The workgroup was asked to provide any additional feedback in writing by June 5. All feedback will be incorporated into a draft report which will be distributed for feedback by June 21. meeting

#### **SB509 Nursing Home Acquisitions Workgroup:**

This workgroup involves examining the current CON process for approving nursing home acquisitions and whether acquired nursing homes should be required to eliminate triple and quadruple occupancy rooms. Staff are collaborating with the Center for Health Facilities and Planning to chair this workgroup. Staff are in the process of compiling a list of workgroup members and will formally invite members by June 10. The final report for this workgroup is due December 1, 2023.

**Health Plan Quality Initiatives:**

Data collection for the 2022 measurement year is ongoing.

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

**Outpatient Quality Initiative:**

Staff launched a special ambulatory surgery center (ASC) dental capacity survey on June 1, 2023. This survey is in response to House Bill 1146 that requires the Commission to administer a special survey of certain ASCs to assess the state's capacity to provide needed dental procedures to vulnerable populations including children. A comparable survey of hospitals is being administered by the Maryland Hospital Association. The survey was sent to 94 ASCs that are either multispecialty facilities or currently providing dental/oral surgeries. The survey will close on June 22, 2023. The results of the survey and other data inputs will be used to craft regional plans to ensure appropriate access to needed dental services for vulnerable populations, particularly those insured by Medicaid. The survey results, regional plans, and report will be sent to the Senate Finance Committee and the House and Government Operations Committee on or before December 1, 2023.