

# MARYLAND HEALTH CARE COMMISSION

## *UPDATE OF ACTIVITIES*

November 2023

### *EXECUTIVE DIRECTION*

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

##### State Policy Update

Work on the Mental Health Workforce Assessment has begun. The contract for a consultant group to conduct the assessment was awarded in mid-October to Trailhead Strategies. The MHCC staff is coordinating with the Behavioral Health Administration (BHA) on the Mental Health Workforce Assessment along with the Department of Labor, Higher Education Commission, and the Career and Education Technology Committee. MHCC and BHA are in the process of responding to the data request from Trailhead Strategies needed to begin their work on the workforce assessment.

The Commission on the Study of Trauma Funding in Maryland held its third meeting on November 3rd. The focus of the third meeting was on the cost information provided by the trauma centers and information on trauma center costs received from the HSCRC. Additionally, during the third meeting there was a presentation on the injuries that trauma centers treat most often in their facilities. The meeting discussion was understanding the costs and how most are captured in the hospital rates as well as looking at possible options for changing trauma fund.

We are reviewing RFP proposals for our website redesign.

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

###### Hospitals

Mettler, K., “Family ‘distraught’ after man’s death at Johns Hopkins was ruled a homicide”, Washington Post, November 4, 2023

<https://www.washingtonpost.com/dc-md-va/2023/11/04/john-hopkins-homicide-bertonazzi/>

###### Healthcare Data

Mukherjee, S., “What Biden’s AI executive order means for biotech and healthcare,” FastCompany, November 3, 2023

<https://www.fastcompany.com/90975903/biden-ai-executive-order-biotech-health-care>

Bruce, G., “HHS: Large healthcare data breaches up 60% over last year,” Becker’s Hospital Review, November 2nd, 2023

<https://www.beckershospitalreview.com/news-and-analysis/hhs-large-healthcare-data-breaches-up-60-over-last-year.html>

Ramezani, R., “How Healthcare Can Embrace the Cloud Without Jeopardizing Data,” Healthcare It Today November 2, 2023

<https://www.healthcareittoday.com/2023/11/02/how-healthcare-can-embrace-the-cloud-without-jeopardizing-data/>

**Health Disparities**

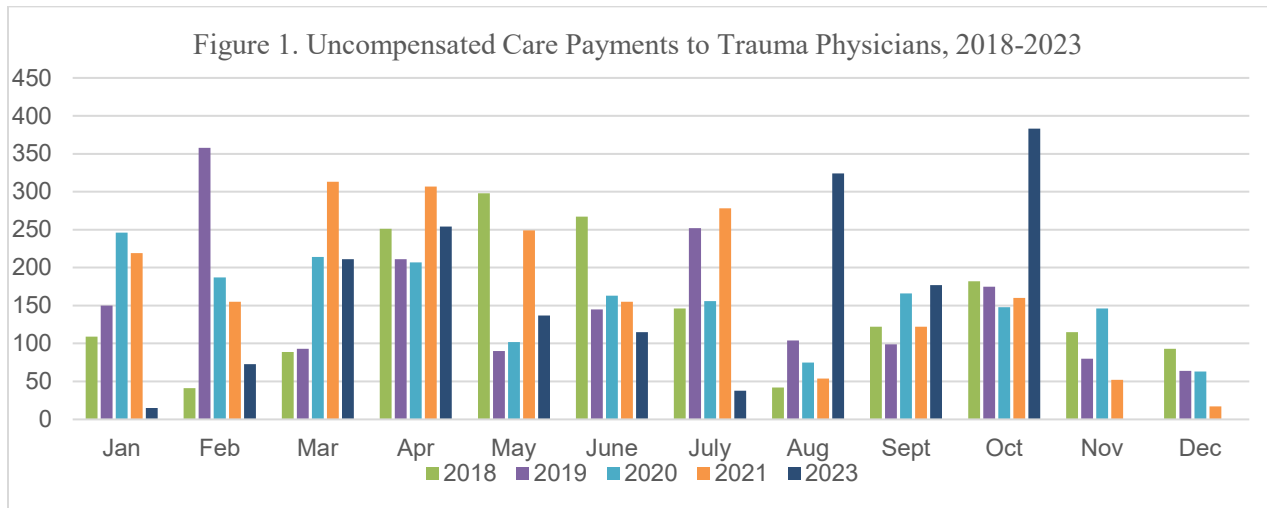
“Maryland Delegation Members Announce Over \$5 Million To Strengthen Maternal Health Care Across Maryland,” Press Release, November 02, 2023

<https://www.vanhollen.senate.gov/news/press-releases/maryland-delegation-members-announce-over-5-million-to-strengthen-maternal-health-care-across-maryland>

**Maryland Trauma Physician Services Fund**

**Uncompensated Care Processing**

Trustmark Health Benefits, the third-party administrator (TPA) for the Trauma Fund, processed \$382,562.40 uncompensated care claims through October 2023.



**MHCC Website:** The MHCC website (<https://MHCC.maryland.gov>) had 2,609 during the month of October 2023.

**Wear The Cost**

In October 2023, 236 users visited the site. The MHCC is working with Change Health Care, the episode developer for the episode system used by MHCC, to create an expanded group of episodes for the privately insured and for the first time Medicaid population. Staff expects to update Wear The Cost in late December.

**Maryland Quality Reporting**

The Maryland Quality Reporting had 1,613 total users in October, an increase of 1.3%. The website saw similar increases in activity for new users (increase of 0.3%) and sessions (increase 5.7%). Notably, the average session duration increased 9.0% from 3 minutes and 13 seconds to 3 minutes and 31 seconds, indicating the users who visited the site spent more time on the site, engaging with the content. The number of views per session also increased 33.2% from 1.5 pages to 2.0 pages.

The site received the most website referrals in October from Maryland 211, GovDelivery, Medicare, Maryland Attorney General, and A place for Mom.

Facebook remains the primary social media referral source.



Figure 2 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***

***State-Mandated Health Insurance Benefits Update  
Kenneth Yeates-Trotman, Director***

**Background:** A state-mandated health insurance benefit is a state law that requires a fully insured (insurance carrier is at risk) privately insured health policy or plan (e.g., health insurance carrier) to provide health insurance coverage for a specified benefit or service. In Maryland, most mandates apply to individual and employer-sponsored health insurance policies, including health maintenance organization (HMO) plans. However, the 1974 Employee Retirement and Income Security Act (ERISA) exempts self-insured plans from all state regulations regarding health insurance. However, the State Health Plan, which is self-insured (insurance carrier is not at risk), incorporates all state-mandated benefits and services. There are currently about 60 state-mandated benefits in Maryland.

**Comprehensive Analysis of Maryland’s Mandated Health Insurance Services:**

Insurance Article § 15–1502, Annotated Code of Maryland, requires that every four (4) years, the Maryland Health Care Commission (MHCC) must conduct an evaluation of existing state-mandated health insurance services and make recommendations to the General Assembly regarding decision-making criteria for reducing the number of state mandates or the extent of coverage. The General Assembly may consider these findings to determine whether to enact proposed state mandates and whether to repeal existing state mandates. After conducting a competitive bidding process this past summer, MHCC staff has hired an actuarial consulting firm, Lewis and Ellis, to conduct the comprehensive mandate study. A survey was sent on 9/26/2023 to each health

insurance carrier (Aetna, CareFirst, Cigna, UHC, and Kaiser) requesting premium information for fully insured business by health insurance market segment (individual, small group, large group) and a premium-equivalent amount for the State Health Plan and the coverage years 2017 through 2022. The survey also requested benefits claims costs by market segment and coverage years (2017 to 2022) for the current sixty state-mandated benefits. The survey is due from carriers on or before 11/15/2023 (an extended due date). The MCDB is used to get allowed claims and enrollment for the associated premium information surveyed from carriers. Findings from the study will be presented by Lewis and Ellis at the March Commission next Spring, 2024.

### **State Mandated Benefit Studies Resulting from the 2023 Legislative Session:**

Background: Insurance Article §15-1501, Annotated Code of Maryland, requires that the Maryland Health Care Commission (MHCC) annually assess the medical, social, and financial impact of proposed mandated health insurance services that failed to pass during the preceding legislative session or as requested by a Legislator or Legislative Committee by July 1 of each year. After conducting a competitive bidding process, MHCC staff usually hire an actuarial consulting firm to conduct the study. The assessment reports are typically due to the General Assembly annually by December 31. This Insurance Article §15-1501 is there in practice to have MHCC assess such proposed mandates before considering the adoption of a new mandate for health insurance coverage if introduced in a subsequent legislative session.

MHCC received letters from the Senate Finance Committee requesting assessments on the following legislations (Bills) that failed to pass during the 2023 legislative session of the Maryland General Assembly.

1. *Annual Behavioral Health Wellness Visits — Coverage and Reimbursement — SB0748*

MHCC staff contracted with Axene Health Partners, an actuarial consulting firm, to evaluate SB108, which would have required health insurance carriers to provide coverage and to reimburse for an annual behavioral health wellness visit on the same basis and at the same rate as an annual wellness visit for somatic health. Axene Health Partners will present the findings of this study at this **November Commission Meeting**.

2. *Insurance and Maryland Assistance Program — Treatment of Alopecia Areata—Coverage Requirements — SB0075*

MHCC staff contracted with Milliman, an actuarial consulting firm, to evaluate SB0075, which would have required coverage: (1) under Maryland's Medical Assistance Program. (Medicaid) for one hair prosthesis for a program recipient whose hair loss results from alopecia areata, and prescription drugs and medical devices approved by the U.S. Food and Drug Administration for the treatment of alopecia areata; and (2) under Insurance Article §15-836, Annotated Code of Maryland, the current mandated health insurance service ("mandate") to also require carriers to provide one hair prosthesis for an enrollee or insured whose hair loss results from alopecia areata. The bill also adds this coverage needed if the hair prosthesis is prescribed by the enrollee's attending physician or insured being treated for alopecia areata. Milliman will present the findings of this study at the **December Commission Meeting**.

3. *Diagnostic and Supplemental Exams and Biopsies for Breast Cancer — Cost Sharing — SB0184/HB0376*

MHCC staff contracted with Axene Health Partners to evaluate SB0184/HB0376, which **passed** and will be enacted into law effective on January 1, 2024. Under this new law, carriers may not impose any cost-sharing requirements on coverage for diagnostic breast examinations or supplemental breast examinations. Although 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. Axene Health Partners will present the findings of this study at the **December Commission Meeting**.

4. Labor and Delivery Services — Coverage – Deductible, Coinsurance, Copayment, or any other Cost-Sharing Requirement—SB0784

MHCC staff contracted with Milliman to evaluate SB0784, which would have required health insurance carriers, including HMOs, to provide coverage for labor and delivery services without certain cost-sharing requirements and generally relating to cost-sharing requirements for labor and delivery services. Staff used the definition for labor and delivery from the fiscal note for SB0784 as follows:

- i. Inpatient hospitalization for a mother and newborn for a minimum of 48 hours for regular delivery and 96 hours for a cesarean section
- ii. If the mother and newborn child remained in the hospital for at least the length of time specified above, a carrier must provide coverage for a home visit (if prescribed by the attending provider)
- iii. If a mother and newborn child have a shorter hospital stay, a carrier must provide coverage for one home visit within 24 hours after hospital discharge and, if prescribed by the attending provider, a second home visit.

A survey was sent 10/20/2023 to each health insurance carrier (Aetna, CareFirst, Cigna, UHC, and Kaiser) requesting premium information and the most popular benefit designs for the fully insured large group market. The survey due date was 11/1/2023. Only one carrier met the timeline. All other carriers requested more time as far as 11/10. Premium and most popular plan design information for the individual and small group markets requested from state partners has also been delayed. These delays in gathering information for the study might result in pushing reporting the findings to the January 2024 Commission Meeting from the December Meeting.

5. Hearing Aids for Adults — Coverage – HB1145

MHCC staff recently selected, an actuarial consulting firm (contract has not been awarded as yet), to evaluate HB1145, which would have required coverage for hearing aids for adults covered under policies or contracts authorizing an insured or enrollee to choose a certain hearing aid and pay a certain amount for the hearing aid without financial or contractual penalty to the provider of the hearing aid; and generally relating to health insurance and coverage for hearing aids. The actuarial selected consulting firm will present the findings of this study at the **January 2024 Commission Meeting**.

**Cost and Quality Analysis – Shankar Mesta**

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

**As of the end of October, 14 (20%) payors had submitted Q3 2023 data to the MCDB portal. 7 (20%) payors have submitted complete clean Q3 2023.**

Seven (20%) of the Q3 2023 payor data successfully passed all levels of data quality validation checks. Seven (20%) of the data submissions are under review. There are 21(60%) payors who have not submitted Q3 2023 data. To facilitate data submission, Onpoint staff sent weekly reminders to payors to submit clean 2023 Q3 data before the deadline of 11/30/2023.

**2024 MCDB Data Submission Manual**

The 2024 MCDB Data Submission Manual has been successfully updated with new changes. There are no changes in Maryland’s reporting requirements. The new manual contains a quality assurance memo template and a frequently asked questions section for alternative payment model (APM) data submission. This will support the payor technical team to submit APM data in a standard format.

MHCC staff shared the draft version with payor representatives for their feedback on the new changes. Staff will present the latest manual for approval at the November Commissioners meeting. The manual will be posted immediately after the meeting, pending Commissioner’s approval.

**MHCC Data Regarding HMO Payments to Non-Participating Providers**

Maryland Health-General Article, §19-710.1 specifies a methodology to calculate minimum payment rates that Health Maintenance Organizations (HMOs) must pay to non-contracting (non-trauma) providers that provide a covered evaluation and management (E&M) service to an HMO patient. The Maryland Health Care Commission (MHCC) is required to annually update these minimum payment rates, which are published by the Maryland Insurance Administration (MIA).

As specified in the law, E&M services as defined by the Centers for Medicare and Medicaid Services (CMS) in the Berenson-Eggers Type of Services (BETOS) terminology are calculated from the CMS Medicare Physician Fee Schedule that applied in August of 2008 adjusted by the cumulative Medicare Economic Index (MEI) prior to the start of each new calendar year. The 2022 increase in the MEI is **3.8%**. MHCC and MIA have agreed to modify the methodology if there are new E&M service codes included in the BETOS E&M categories. Fee levels for new codes will be based on the current Medicare Physician Fee Schedule for the geographic region and inflated using the MEI in subsequent years.

***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)**

The Commission adopted the proposed regulations at the October Commission meeting. The formal notice and text publication is anticipated to be published in the Maryland Register in December which will initiate the 30-day comment period.

**Certificate Of Ongoing Performance Reviews — Percutaneous Coronary Intervention**

A schedule for the review of applications for Certificates of Ongoing Performance of percutaneous coronary intervention (PCI) services was published in the Maryland Register on October 6, 2023.

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

**Palliative Care Services Final Report:**

Pursuant to HB378/Ch.0301 (2022 session), MHCC staff convened a workgroup to address palliative care services statewide. The workgroup met six times between September 2022 and August 2023. SEA Healthcare was engaged to conduct a statewide survey, review literature, and prepare an environmental scan of other states’ efforts in palliative care. A presentation on “The Current Status of Palliative Care Services in Maryland” was made at the June 2023 Commission meeting. The Interim Report was submitted to the Governor and the General Assembly as required in July 2023.

The workgroup reconvened and continued to work on final recommendations. The Final Report was presented at the October Commission meeting. After discussion, the Commission approved the Final Report. This report was submitted to the Governor and General Assembly as required by the November 1<sup>st</sup> due date.

### **NASHP Technical Assistance Meetings:**

The National Academy for State Health Policy (NASHP) awarded Maryland a technical assistance grant for its Serious Illness Institute to provide guidance on the development of palliative care programs in selected states. Maryland staff, NASHP staff, and the five other states participated in a call on September 21<sup>st</sup> to discuss the progress made to date in the development of a final palliative care report. In addition, common issues, including staffing, financing, and education were discussed among the states. The next call will be held on November 13, 2023.

### **Certificate of Need (CON) – Jeanne-Marie Gawal – Acting Chief**

#### **CON Exemptions Approved**

##### **CommuniCare -Clinton/Fort Washington – (Prince George’s County) – Docket No. 23-16-EX015**

CommuniCare Health Services (CHS), affiliated with both Clinton Nursing, LLC d/b/a Clinton Health Care Center (Clinton, a 267-bed nursing home) and Livingston Leasing Co., LLC d/b/a Fort Washington Health Center (Fort Washington, a 150-bed nursing home) proposes to relocate 46 beds from Clinton to Fort Washington, reducing Clinton beds and increasing Fort Washington to 196-beds. This project will enable Fort Washington to eliminate all quad rooms, making all rooms single or double-bedded rooms.

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

##### **University of Maryland Medical Center – (Baltimore City) – Docket No. 19-24-2438**

Project change request to increase the capital costs associated with the project, and to make changes in the physical plant design to improve efficiency. The total project cost has increased to \$269,190,180, an increase of \$74,822,180 or approximately 37.3 percent. UMMC states that the project cost increase is due to delays that occurred due to the COVID-19 pandemic, as well as significant escalation in project costs.

#### **CON’s Withdrawn**

##### **Hope Health System – (Baltimore County) – Docket No. 23-03-2465**

Establish a 16-bed psychiatric hospital for children and adolescents to be located at 1726 Whitehead Road, Woodlawn  
Proposed Cost: \$1,365,000

#### **CON Letters of Intent**

##### **Sterling Care Hillhaven – (Prince George’s County)**

Sterling plans to file a CON for 34 additional skilled nursing home beds, 12 from MHCC’s bed inventory, and 22 acquired from Sacred Heart Home, Inc. in Hyattsville, Maryland. The beds will be added to the facility located at 3210 Powder Mill Road, Adelphi, Maryland.

##### **Crescent Cities Nursing & Rehabilitation Center – (Prince George’s County)**

Crescent Cities plans to file a CON to acquire 36 temporarily delicensed comprehensive care facility beds from Sacred Heart Home, Inc and relocate those beds to the facility located at 4409 East-West Highway, Riverdale, Maryland.

**First Use Approval**

**Greater Baltimore Medical Center – (Baltimore County) – Docket No. 19-03-2439**

Construct a three-story addition that would include two 30 bed nursing units. The project added 106,083 square feet (SF) and renovated 11,587 SF.

Approved Cost: \$108,228,049

**Determinations of Coverage**

- **Ambulatory Surgery Centers**

**AmSurg Holdings, Inc. – Maryland Facilities**

Change in ownership of 15 ambulatory surgical facilities (ASF) indirectly owned by either Envision Healthcare Corporation (EHC), or with EHC affiliates, (Envision). AmSurg is an indirect subsidiary of EHC, and it, or its corporate affiliates, are the corporate parent of each Maryland facility listed in the table below. Each affected facility is an existing ASF or ASC, with the number of sterile operating rooms and procedure rooms for each listed in the chart below.

Envision Healthcare List of ASC Names	Location Stated	Total OR/Proc Room Provided	MHCC FASF Survey			
			County Location	Oper. Room	Proc. Room	License Number
Maryland Endoscopy Center, LLC	Towson	3	Baltimore County	0	3	A1140
Maryland Surgery Center for Women, LLC, d/b/a Rockville Maryland Multispecialty	Rockville	4	Montgomery	1	5	A1347
Bel Air Endoscopy ASC, LLC, d/b/a Bel Air GI	Bel Air	3	Harford	0	3	A1126
Chevy Chase ASC, LLC, d/b/a Chevy Chase GI	Chevy Chase	4	Montgomery	0	4	A1251
The Laurel MD Endoscopy ASC, LLC, d/b/a Laurel GI	Laurel	3	Prince George's	0	3	A1099
Glen Burnie MD Endoscopy ASC, LLC, d/b/a Glen Burnie MD GI	Glen Burnie	2	Anne Arundel	0	2	A1377
Pikesville MD Endoscopy ASC, LLC, d/b/a Baltimore-Greene Tree Road MD GI	Pikesville	4	Baltimore County	0	4	A1068
Rockville ESC North MD Endoscopy ASC, LLC, d/b/a Rockville ESC North GI	Rockville	3	Montgomery	0	3	A1368
Rockville MD Endoscopy ASC, LLC, d/b/a Rockville GI	Rockville	5	Montgomery	0	5	A1192
Silver Spring MD Endoscopy ASC, LLC, d/b/a Silver Spring GI	Silver Spring	2	Montgomery	0	2	A1226
Waldorf Endoscopy ASC, LLC, d/b/a Waldorf GI	Waldorf	2	Charles	0	4	A1062
Towson Surgical Center, LLC, d/b/a Towson MD Multispecialty	Towson	3	Baltimore County	2	1	A1186
Eastern Shore Endoscopy, LLC, d/b/a Easton MD GI	Eason	2	Talbot	0	4	A1542
Carroll County Digestive Disease Center, LLC, d/b/a Westminster MD GI	Westminster	2	Carroll	0	2	A1245
Baltimore Endoscopy ASC, LLC, d/b/a Baltimore GI	Baltimore	3	Baltimore County	0	3	A1160

- **Acquisition/Change of Ownership**

Jar Inc. d/b/a Americare In-Home Nursing

Jar Inc., d/b/a Americare In-Home Nursing (Americare) is planning a transfer of corporate ownership to CareRing Health, LLC (CareRing). Americare is a wholly owned subsidiary of Home Recovery-Home Aid, Inc. Following the transaction, CareRing will be the sole owner of Home Recovery-Home Aid, Inc. This transaction was scheduled to occur on November 1, 2023. This change will not result in any changes to health care services or jurisdictions served by Americare (Montgomery and Prince George’s Counties).

- **Capital Projects**

Adventist Health Care White Oak Medical Center – (Montgomery County)

Adventist submitted a request for a determination of non-coverage by CON to build out shell space on the 8th floor and establish a 30-bed inpatient medical/surgical unit.

Project Cost: \$20,566,100

- **Licensure**

- **Delicensure of Bed Capacity or of a Healthcare Facility**

Sacred Heart Home – (Prince George’s County)

Extension of temporary delicensure of 36 CCF beds until April 6, 2024

- **Relicensure of Bed Capacity or of a Healthcare Facility**

Augsburg Lutheran Home, Inc. – (Baltimore County)

Relicensure of 24 CCF beds that were temporarily delicensed

- **Other**

Bel Pre Health Care Center – (Montgomery County)

Relocate in its entirety Bel Pre Healthcare Center (Bel Pre), a 92-bed comprehensive care facility (CCF) located at 2601 Bel Pre Road, Silver Spring, Maryland, 20906 in Montgomery County. The new location will be 13908 New Hampshire Avenue, Silver Spring, Maryland 20904, also in Montgomery County. CommuniCare Health Systems (CHS) will sublease the new location from New Hampshire Leasing Co., LLC, which is currently utilized as an assisted living facility, The Landings of Silver Spring, that is closing its operations. Bel Pre Leasing Co., LLC and New Hampshire Leasing Co., LLC are both CHS affiliates.

Gentiva Certified Healthcare Corporation

Gentiva Certified HealthCare Corp. will change its name to CenterWell Certified HealthCare Corp. CenterWell Certified HealthCare Corp d/b/a CenterWell Home Health is located at 9250 Rumsey Road, Suite 200, Columbia Maryland, License # HH7071. CenterWell Home Health has branch offices at 180 Admiral Cochrane Drive, Suite 250 Annapolis, MD; 12501 Prosperity Drive, Suite 225, Silver Spring, MD; and 8600 LaSalle Road, Suite 315, Towson, MD

- **Waiver Beds**

Montcare of Potomac – (Montgomery County)

Addition of 10 CCF waiver beds for a total of 168 beds at the facility.

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

The Village at Augsburg

Transaction: Acquisition of assets

**CURRENT**

Owner of the real property: Augsburg Lutheran Home of Maryland, Inc.

Owner of bed rights: Augsburg Lutheran Home of Maryland, Inc.

Operator: Augsburg Lutheran Home of Maryland, Inc.

**POST-TRANSACTION**

Owner of the real property: 6825 Camp Road LLC

Owner of bed rights: 6825 Camp Road LLC

Operator: Resorts of Augsburg Corp.(Mindy Rosenberg 100%)

Purchase price: \$18,000,000

Additional information:

Village at Augsburg is a 131-bed CCF located at 6825 Campfield Road in Baltimore County, Maryland. There are no rooms at the facility with more than two residents per room. The facility currently has an above-average 4 out of 5-star rating on the CMS Nursing Home Compare website. The facility has a Memorandum of Understanding (MOU) with Medicaid of 46.6%, and it has met its threshold. The anticipated closing date of the transaction is December 1, 2023.

Staff notes that for the immediately preceding three-year period, facilities currently or previously owned within the State, associated with the acquiring entity majority owner Mindy Rosenberg, have an average rating (composite score of 3 stars out of five) in the CMS Nursing Home Compare Five-Star Quality Rating System. The Resorts at Chester River Manor achieved a 68.2% satisfaction rating and a 7/10 overall rating in the most recent Nursing Home Family Satisfaction Survey (This survey is for facilities in Maryland only). Ms. Rosenberg also has an ownership interest in the Resorts at Pooler a below average 2-star facility located in Georgia. The combined average of the two facilities is 2.5 stars, a below average score based on ownership of two facilities.

The applicant has provided evidence that both existing facilities in Maryland and Georgia have maintained quality assessment and assurance committees that meet at least quarterly. Commission staff also reviewed the most recent annual inspection reports and the subsequent plans of correction and found that for the most recent survey in 2019, the Resorts at Chester River Manor had nine deficiencies. In 2022, the Resorts at Pooler had five deficiencies. The national average for the number of nursing home deficiencies is 9.1. The acquiring entity documented one lawsuit/arbitration filing by a patient or patient representative at the Resorts at Chester River Manor and one settling of an estate at The Resorts at Pooler.

*Commission staff is still awaiting applicant response to ownership and affiliate entity structure.*

In summary of the findings, the Commission staff concludes that the acquiring entity would probably not meet the requirements for docketing a CON application to establish or expand a CCF under the State Health Plan Quality Rating standard [COMAR10.24.20.05A(8)]. Commission staff recommends that OHCQ consider the above information in its licensing decision.

**Promedica Skilled Nursing and Rehabilitation-Towson**

Transaction: Acquisition of assets

**CURRENT**

Owner of the real property: HCP Maryland Properties, LLC  
Owner of bed rights: HCP Maryland Properties, LLC  
Operator: Manor Care of Towson, LLC

**POST-TRANSACTION**

Owner of the real property: HCP Maryland Properties, LLC  
Owner of bed rights: Towson SNF Operations LLC  
Operator: Towson SNF Operations LLC  
Purchase price: \$15,326,130

Additional information:

Promedica Skilled Nursing and Rehabilitation-Towson is a 127-bed CCF located at 509 East Joppa Road in Baltimore County, Maryland. There are no beds at the facility, with more than two residents per room. The facility currently has an above-average 3 out of 5-star rating on the CMS Nursing Home Compare website. The facility does not have a Memorandum of Understanding (MOU) with Medicaid. The anticipated closing date of the transaction is December 1, 2023.

Staff notes that facilities currently or previously owned outside of the State, associated with the acquiring entity majority owners Moshe Sonnenschein, Pinchos Bak, and Shlomo Goldberger have a below-average rating (composite score of 2.5 stars out of five) in the CMS Nursing Home Compare Five-Star Quality Rating System. Commission staff also reviewed the most recent annual inspection reports and the subsequent plans of correction and found that only five of the 17 affiliated facilities had more deficiencies than the US average of 9.1. Commission staff checked the Federal Court database and OIG Exclusions, and there was no significant data found on any of the acquiring entities.

*Commission staff is still awaiting an applicant response with quarterly quality assurance meeting dates.*

In summary of the findings, the Commission staff concludes that the acquiring entity would probably not meet the requirements for docketing a CON application to establish or expand a CCF under the State Health Plan Quality Rating standard [COMAR10.24.20.05A(8)]. Commission staff recommends that OHCQ consider the above information in its licensing decision.

Premedia Skilled Nursing and Rehabilitation-Rossville

Transaction: Acquisition of assets

**CURRENT**

Owner of the real property: HCP Maryland Properties, LLC  
Owner of bed rights: HCP Maryland Properties, LLC  
Operator: Manor Care Rossville MD, LLC

**POST-TRANSACTION**

Owner of the real property: HCP Maryland Properties, LLC  
Owner of bed rights: Rossville SNF Operations LLC  
Operator: Rossville SNF Operations LLC  
Purchase price: \$16,005,657

Additional information:

Promedica Skilled Nursing and Rehabilitation-Rossville is a 172-bed CCF located at 6600 Ridge Road in Baltimore County, Maryland. There are triple bed rooms at the facility. The facility currently has an above-average 4 out of 5-star rating on the CMS Nursing Home Compare website. The facility does not have a Memorandum of Understanding (MOU) with Medicaid. The anticipated closing date of the transaction is December 1, 2023.

Staff notes that facilities currently or previously owned outside of the State, associated with the acquiring entity majority owners Moshe Sonnenschein, Pinchos Bak, and Shlomo Goldberger have a below-average rating (composite score of 2.5 stars out of five) in the CMS Nursing Home Compare Five-Star Quality Rating System. Commission staff also reviewed the most recent annual inspection reports and the subsequent plans of correction and found that only five of the 17 affiliated facilities had more deficiencies than the US average of 9.1. Commission staff checked the Federal Court database and OIG Exclusions, and there was no significant data found on any of the acquiring entities.

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In summary of the findings, the Commission staff concludes that the acquiring entity would probably not meet the requirements for docketing a CON application to establish or expand a CCF under the State Health Plan Quality Rating standard [COMAR10.24.20.05A(8)]. Commission staff recommends that OHCQ consider the above information in its licensing decision. Commission staff is still awaiting an applicant response with quarterly quality assurance meeting dates.

#### Promedica Skilled Nursing and Rehabilitation-Roland Park

Transaction: Acquisition of assets

#### **CURRENT**

Owner of the real property: HCP Maryland Properties, LLC

Owner of bed rights: HCP Maryland Properties, LLC

Operator: Manor Care of Roland Park, LLC

#### **POST-TRANSACTION**

Owner of the real property: HCP Maryland Properties, LLC

Owner of bed rights: Roland Park SNF Operations LLC

Operator: Roland Park SNF Operations LLC

Purchase price: \$12,446,525

#### Additional information:

Promedica Skilled Nursing and Rehabilitation-Roland Park is a 120-bed CCF located at 4669 Falls Road in Baltimore City, Maryland. There are no rooms at the facility with more than two residents per room. The facility currently has an average 3 out of 5-star rating on the CMS Nursing Home Compare website. The facility does have a Memorandum of Understanding (MOU) with Medicaid of 50% and has exceeded its threshold. The anticipated closing date of the transaction is December 1, 2023.

Staff notes that facilities currently or previously owned outside of the State, associated with the acquiring entity majority owners Moshe Sonnenschein, Pinchos Bak, and Shlomo Goldberger have a below-average rating (composite score of 2.5 stars out of five) in the CMS Nursing Home Compare Five-Star Quality Rating System. Commission staff also reviewed the most recent annual inspection reports and the subsequent plans of correction and found that only five of the 17 affiliated facilities had more deficiencies than the US average of 9.1. Commission staff checked the Federal Court database and OIG Exclusions, and there was significant data found on any of the acquiring entities.

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In summary of the findings, the Commission staff concludes that the acquiring entity would probably not meet the requirements for docketing a CON application to establish or expand a CCF under the State Health Plan Quality Rating standard [COMAR10.24.20.05A(8)]. Commission staff recommends that OHCQ consider the above information in its licensing decision.

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

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

**Telehealth Studies**

Two Request For Proposals (RFPs) were released to support the completion of studies required by Chapter 382/Senate Bill 534 (SB 534), *Preserve Telehealth Access Act of 2023* and Chapter 291/House Bill 1148 (HB 1148), *Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland)* (2023). The RFP for SB 534 is to identify a contractor to determine the cost for health care providers to deliver health care services through telehealth; and whether the delivery of health care services delivered through telehealth requires more or less clinical time and clinical intensity on the part of the health care provider. The RFP for HB 1148 is to identify a contractor to develop a Health Payment Adequacy Assessment Framework (Framework). The Framework will benchmark payer reimbursements for private payers and Maryland Medicaid for primary care and behavioral health outpatient services to the current Medicare Physician Fee Schedule. Award announcements are anticipated in November. Study findings and recommendations are due to the General Assembly by December 1, 2024.

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

Planning is underway for a pharmacy reporting demonstration project (project) in collaboration with the Chesapeake Regional Information System for Our Patients (CRISP). The Non-CDS Workgroup informed development of a draft Noncontrolled Prescription Drugs Dispenser Data Submission Manual (manual) in Q3 2023. The project will test the technical requirements in the manual using simulated data; results will be used to finalize the manual. The manual will be posted on MHCC’s website and updated annually; dispenser reporting is targeted to begin in Q2 2024. Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022), requires non-CDS reporting by dispensers to CRISP for purposes of treatment and care coordination.

**Health IT Spotlight**

A spotlight on social determinants of health (SDoH) technology is progressing. The spotlight will overview how health systems are using non-clinical, SDoH data for population health improvement. Available national data and information collected via the annual Health Information Technology Survey (survey) will be included. A total of 18 health systems with 43 acute care hospitals in Maryland responded to the survey. Drafting of the spotlight is targeted for completion in Q4 2023.

**Environmental Scans – Urgent Care and Home Health**

An analysis of responses to a health IT questionnaire by multi-site urgent care centers (UCCs) was completed. Approximately 74 percent of UCCs responded to the health IT questionnaire representing approximately 89 percent of locations statewide. A UCC spotlight is targeted for release in Q1 2024. Vetting of a health IT questionnaire by select home health agencies was completed and is being prepared for release in collaboration with the Maryland-National Capital Home Care Association. Responses will be collected through the end of the year.

### **Advance Directives**

Promotional activities continue for an advance directives public service announcement (PSA) recorded by Kurt Schmoke, University of Baltimore president and former mayor of Baltimore City. Several radio and television stations have committed to broadcasting the PSA. Development activities are progressing for a public awareness campaign (campaign) in collaboration with the Behavioral Health Administration (BHA) for mental health advance directives (MHAD). The campaign will promote the benefits of MHADs to consumers and providers, explain when and how to complete a MHAD, and overview how behavioral health crisis providers can access the information through CRISP. Chapter 297/Senate Bill 154, *Public Health – Mental Health Advance Directives – Awareness and Statewide Database* (2023) requires MHCC and BHA to submit a progress report to the Senate Finance Committee and House Government Operations Committee by December 1, 2023.

### **Regulations**

Approximately 133 informal comments were received by 17 stakeholder organizations on draft amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*, and COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*. Comments informed development of emergency and proposed regulations in support of Chapter 249/House Bill 812, *Health - Reproductive Health Services - Protected Health Information and Insurance Requirements* (2023). The law establishes protections for the disclosure of legally protected health information (i.e., abortion care and other sensitive health services) by health information exchanges and electronic health networks operating in the State.

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

A summary of findings for the 32 payers that submitted a report for the 2022 EDI reporting cycle is nearing completion. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payers with over \$1 million in premiums to submit an EDI progress report annually.

### **Electronic Preauthorization**

Reminders were sent to two payers and five pharmacy benefit managers (PBMs) that received a two-year compliance waiver from COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services* (regulations) in 2021. Payers and PBMs may request or renew a compliance waiver that meet certain circumstances. The regulations include four benchmarks, which aim to create administrative efficiencies in the preauthorization process.

### **Breaches**

Planning has commenced for an analysis of health care data breaches affecting 500 or more individuals. Breach data is made available by the U.S. Department of Health and Human Services, Office for Civil Rights and includes information on the reporting entity, breach type, and estimated records compromised. A spotlight highlighting key trends in breaches nationally and locally is targeted for release in Q1 2024.

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

### **Primary Care Workgroup (Workgroup)**

Planning is underway for the Primary Care Workgroup (Workgroup) to convene in December to initiate the buildout of the Primary Care Analysis and Reporting Plan (Plan). The Plan establishes the primary care investment analysis framework that will guide MHCC in completing an annual assessment of payer primary care investments and identifying key policy issues for consideration by the Workgroup, stakeholders, and legislature. Chapter 667/Senate Bill 734, *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022) requires MHCC to annually submit a report (December 1<sup>st</sup>) to the legislation that minimally includes: (1) an analysis of primary care investment over the immediately preceding year, including data stratified by zip code and county, in relation to total health care spending over the previous year; (2) and ways

to improve the quality of 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.

### **Practice Transformation Grant Activities**

Promotion of the Advancing Practice Transformation in Ambulatory Practices (APT) program is progressing in collaboration with the MedChi Care Transformation Organization (CTO). The CTO continues to assist about 17 practices in the APT (185 providers at 35 sites) in transforming care delivery. Key transformation activities include practice assessment, transformation training, and workflow redesign. The assessment and training framework are informed by the Centers for Medicare & Medicaid Services (CMS) Transforming Clinical Practice Initiative practice transformation modules. The MHCC competitively selected the CTO for Round 2 APT funding in July 2022; the APT program concludes in June 2024.

### **Learning Network**

Promotional efforts are advancing for a virtual panel discussion in collaboration MedChi, The Maryland State Medical Society (MedChi) on the evolving role of social workers in team-based advanced primary care delivery. Participants will receive continuing medical education credit for attending the event. Health IT and innovative care delivery initiatives were overviewed at annual meetings of the Maryland Chiropractic Association, Maryland Podiatry Medical Association and MedChi. A cybersecurity best practices panel presented at the Maryland State Dental Association Chesapeake Conference. Planning for the American Association of Retired Persons (AARP) podcast on advanced primary care and other select MHCC initiatives is proceeding.

### **Maryland Primary Care Program (MDPCP) Advisory Council**

The Advisory Council (AC) provided feedback to the Program Management Office (PMO) on the draft annual report recommendations. The PMO annually submits a report to CMS on ways that it can improve the MDPCP. Recommendations center on participating practices' care transformation requirements and utilization and quality measures. In collaboration with the Maryland Department of Health, key AC focus areas for 2024 were identified and two membership categories were added: MDPCP Practice Staff, and Medical Societies and Associations. The AC is targeted to convene in January.

## ***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. Profile pages for assisted living facilities with 10 or more beds have been updated with facility characteristics and services provided, using data from the most recent MHCC Long Term Care survey. Additional enhancements and updated features are underway and routine updates and maintenance are ongoing. Staff continue 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 higher in October (1,613 users) compared to September (1,592 users). 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 October. Topics included Health Literacy 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. Staff also promote the MQR website using additional social media platforms such as LinkedIn and NextDoor.

Staff presented to seniors at the Florence Bain Senior Center about our Long-Term Care Planning Toolkit. This presentation was part of a series of presentations sponsored by the Howard County Department of Aging. Also, staff sponsored a table at the Baltimore County Department of Aging annual Power of Aging Expo. Staff interacted with hundreds of seniors to describe our website and resources.

### **Collaborations**

Staff attended the inaugural convening of the University of Maryland Herschel S. Horowitz Center for Health Literacy, the State's designated Consumer Health Information Hub. The Hub is a network of organizations and people increasing plain language and language access for health information. More information about the work the Hub is doing is available [here](#). MHCC looks forward to continued collaboration with the Hub to ensure Marylanders can access and use health information available on the Maryland Quality Reporting website to make informed healthcare decisions.

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

#### **Maryland Cardiac Center Consortium (MC3)**

MIEMSS recently created a standing advisory committee called Maryland Cardiac Center Consortium (MC3). Membership is open to all designated cardiac interventional centers (CIC) and referral facilities in Maryland. The goal of the MC3 is to improve cardiac systems of care across the state. Staff attended the October meeting to provide input on MHCC's cardiac-related programs and initiatives. MHCC will continue to partner with MC3 to help improve systems and quality of cardiac care in Maryland hospitals.

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

#### **Nursing Home Family Experience of Care Survey**

Maryland residents have received an invitation to the electronic version of the survey via email, followed by a letter. The first paper copies of the survey were mailed in late October. The survey currently has a 12% response rate, and data collection will continue throughout November and early December.

#### **Health Care Worker Influenza Vaccination Survey**

#### **Assisted Living, Home Health, and Hospice Influenza Survey**

Long term care facilities are in the process of data collection. Staff continue to provide support and resource materials.

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

Staff have been working on the recommendations and the technical report for the workgroup to review in November. Staff plan to share the recommendations with Commissioners soon.

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

The workgroup has met 4 times (July 14, August 4, August 25, and September 15). The workgroup has examined the effects of private equity and REITs on nursing home ownership through speakers from the University of Pennsylvania, the Office of the Attorney General, and the Office of Health Care Quality, and Nexus Insights. Staff have drafted a report and recommendations, and the draft has been shared with the

workgroup. Feedback has been requested from the workgroup on or by November 15, the date of the final workgroup meeting. The workgroup recommendations will be shared with the Commissioners soon.

### **Health Plan Quality Initiatives**

Data collection for the 2022 measurement year is complete, and data analysis is complete. The results have been shared with the website contractor, and the data will be posted on the Maryland Quality Reporting website by the end of November.

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

#### **Outpatient Quality Initiative**

Staff continues to work with the Department of Health (MDH) and the Maryland Hospital Administration (MHA) to complete the requirements of the legislative bill to understand the potential to expand capacity of dental surgical services in underserved communities. The report will go to the Senate Finance Committee and the House Government Operations Committee on or before December 1, 2023.

Staff launched the 2022 annual Freestanding Ambulatory Surgical Facility (FASF) Survey on July 31, 2023. The annual reporting of ambulatory surgery facilities is required under COMAR 10.24.04. The data collected is used to support health planning and CON related activities of the Center for Health Care Facilities Planning and Development and for public reporting on the *Maryland Quality Reporting* consumer website. Staff had been working with a few facilities that did not submit their surveys by the deadline prior to the Commission website going down for emergency maintenance. Once the survey website is available again, staff will conclude the survey collection for 2022 and begin reviewing and cleaning the data. The goal is to make survey results available by the end of the year.