

# **MARYLAND HEALTH CARE COMMISSION**

## ***UPDATE OF ACTIVITIES***

**December 2023**

### ***EXECUTIVE DIRECTION***

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

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

The Commission on the Study of Trauma Funding in Maryland held its fourth meeting on November 21st. The focus of the fourth meeting was on the possible proposed recommendations from the Commission. The TraumaNet, Johns Hopkins and MHCC went over their ideas for possible recommendations. The recommendation ideas included more transparency on how trauma costs are reflected in the hospital HSCRC rates; increased flexibility for MHCC in disbursing funds for on-call physicians; trauma program-specific personnel identified as “essential and desired” (e.g., trauma medical director, trauma program manager, trauma quality management position, injury prevention coordinator/individual, and trauma registrars) should be supported costs; on-call/standby pay support should be increased for the core services and potentially expanded to include other COMAR required services (e.g., urology, plastic surgery, etc) and lastly, clinical services existing only to meet COMAR requirements should be supported costs.

Work on the Mental Health Workforce Assessment has begun. The consultant group, Trailhead Strategies continue their data collection. 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.

Review of the RFP proposals for our website redesign implementation. We are asking follow-up questions to top vendors and hopefully we be making a vendor selection very soon.

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

###### **Healthcare Data**

*D. Smith and B. Rosen*, “Online tracking technologies and HIPAA,” Commentary, The Daily Record, November 27, 2023

<https://thedailyrecord.com/2023/11/27/online-tracking-technologies-and-hipaa/>

###### **Health Insurance**

*D. Brown*, “Md. board hopes to identify first round of prescription drugs for price evaluations in 2024,” Maryland Matters, November 27, 2023

<https://www.marylandmatters.org/2023/11/28/md-board-hopes-to-identify-first-round-of-prescription-drugs-for-price-evaluations-in-2024/>

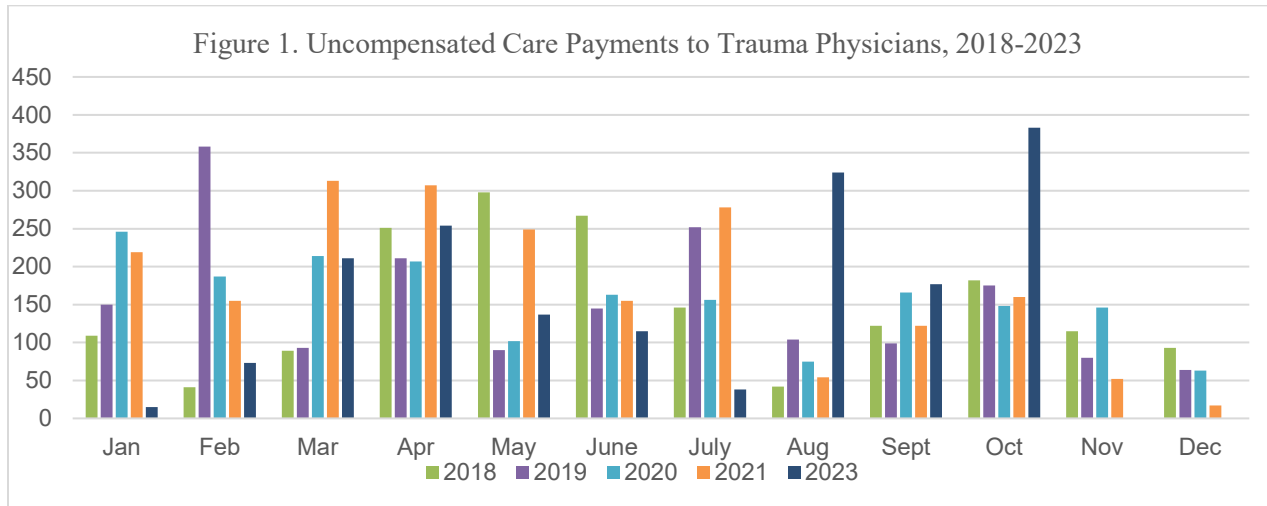
###### **Health Disparities**

“Governor Moore Announces Expanded Access to Contraceptive Care Across Maryland,” Press Release, November 27, 2023

**Maryland Trauma Physician Services Fund**

**Uncompensated Care Processing**

Commission staff has not received the Uncompensated file for November 2023. We will report the November and December Uncompensated Care numbers at the January Commission meeting. The Commission did process \$5,428,382 in On-Call payments to the Trauma and Specialty Centers.



**MHCC Website:** The MHCC website (<https://MHCC.maryland.gov>) had 3,388 during the month of November 2023.

**Wear The Cost**

In November 2023, 468 users visited the site.

**Maryland Quality Reporting**

The Maryland Quality Reporting had 1,098 total users in November, a decrease of 31.9%. The website had similar decreases in activity for new users (decrease of 33.5%), sessions (decrease 25.5%), and views per session (decrease of 30.9%). This was expected. Historically, there is a decline in website metrics during the winter months. Notably, the average session duration increased 3.8% from 3 minutes and 31 seconds to 3 minutes and 39 seconds, indicating the users who visited the site spent more time on the site, engaging with the content.

In November, the Maryland Quality Reporting site received the most website referrals from Maryland 211, A place for Mom, Maryland Attorney General, GovDelivery, AHRQ, Calvert County Government, and Medicare.

Facebook remains the primary social media referral source.

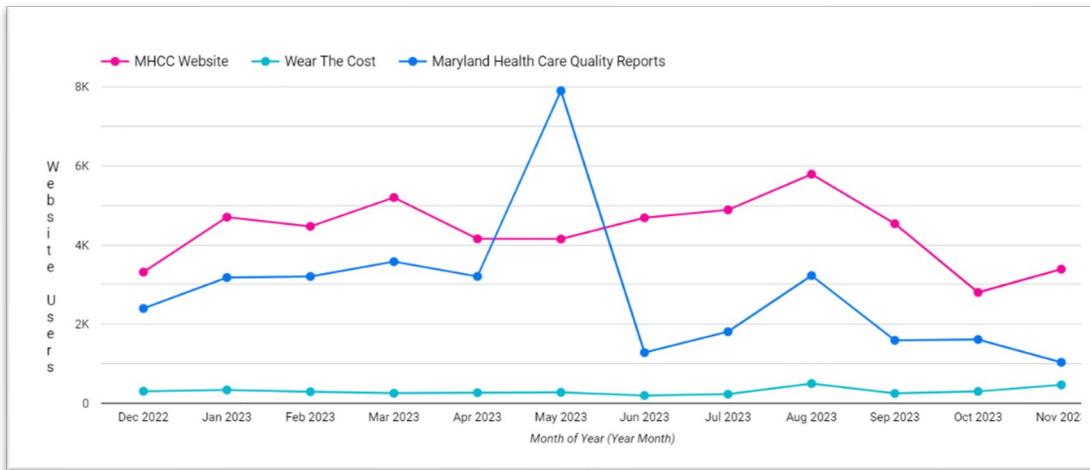


Figure 2 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

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

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

Mandate Studies as a result of the 2023 Legislative Session:

#### **1. Annual Behavioral Health Wellness Visits — Coverage and Reimbursement – SB108**

This legislation 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 (an actuarial consulting firm) was hired by MHCC to assess the social, medical, and financial impact of such legislation if it became a mandate. The following depicts Axene’s key findings of the assessment.

**Financial Analysis:** The expected premium increases in 2025 would be about \$0.37 PMPM for a net premium increase of about 0.05%. Assuming a savings of 1% of total cost per new patient, the medical savings offset the increased cost-share for new patients. Lastly, it is assumed that the mandate will increase the utilization of mental health services by 2% per year.

**Medical Analysis:** The United States Preventive Services Task Force (USPSTF) recommends screenings for anxiety, depression, and substance abuse and that early identification and treatment of behavioral disorders can lead to better patient outcomes.

**Social Analysis:** There is currently a mental health crisis in the United States, and it fosters a demand and need for behavioral health services in general. Suicide rates have been steadily increasing since 2001 with the largest ever recorded increase between 2020 and 2021 when the suicide jumped from 13.5 to 14.2 deaths per 100,000 respectively. The main barriers of patients to better mental health include (i) affordability (in 2020, about 30% of adults aged 18 and older with a behavioral health issue reported not receiving care due to insufficient health insurance coverage or no coverage from their insurance) and (ii) provider access (as many behavioral health specialists, especially psychiatrists, refuse to participate in a network due to higher reimbursement rates on an out-of-network basis). For

a consumer, that means the service may not be covered at all under in-network only plans or it may be covered at a higher cost-share on a plan with a non-participating provider. This legislation will address the affordability issue to some extent.

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

This legislation 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 an actuarial consulting firm will present the findings of this study at this **December Commission Meeting**.

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

This legislation 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.

Milliman an actuarial consulting firm will present the findings of this study at this **December Commission Meeting**

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

This legislation 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, an actuarial consulting firm will present the findings of this study at this **December Commission Meeting**.

5. *Hearing Aids for Adults — Coverage – HB1145*

This legislation 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. Lewis and Ellis, an actuarial consulting firm will present the findings of this study at the **January 2024 Commission Meeting**.

Award of MHCC 24-002 All Payer Claims Database (APCD) Value-Based Care Expert Consulting and Project Management Office (PMO) Services:

After a thorough review process of the vendor's proposals in response to an RFP, The Maryland Health Care Commission (MHCC) is recommending Freedman Healthcare, LLC, for the award of contract MHCC 24-002 to the Maryland Board of Public Works (BPW). The contract will be submitted to the BPW for final approval at the January 17, 2024, meeting. If the contract is approved by the BPW, we anticipate the contract to commence on February 1, 2024, for a seven (7) year term, at a total price of \$4,346,204.11. The term of the contract is for seven years at a total price of \$4,346,204.11. Freedman is the current MHCC PMO contractor. MHCC is continually enhancing the Medical Care Data Base (MCDB — aka Maryland's APCD) by improving and streamlining the collection, processing, and reporting of the MCDB data and improving pricing transparency capabilities. Under this new contract, Freedman Healthcare will continue to provide MHCC staff support on assembling the APCD; implementing and analyzing a non-claim-based payment initiative and reporting the results; implementing the primary care investment initiatives and other spending reports using the APCD. Freedman Healthcare (FHC) based in Boston Massachusetts, was established in 2005. FHC is the leading national expert in APCDs, having formally provided support to 24 states and regional multi-payer claims database projects nationwide. The company also helps clients build better data for better solutions to improve health care and its delivery. The firm's experience with clients spans 30 states across the US.

### **Cost and Quality Analysis – Shankar Mesta**

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

**As of the end of November, 35 (100%) payors have submitted a complete clean Q3 2023.**

Thirty-five (100%) of the Q3 2023 payor data successfully passed the Tier 3 data quality validation checks. To facilitate data submission, MHCC staff and Onpoint staff sent weekly reminders to payors during the last two weeks of November to submit clean 2023 Q3 data before the deadline of 11/30/2023.

MHCC has identified Alterwood Advantage, Inc. as a reporting entity to improve Medicare Advantage data collection to MCDB. Alterwood submitted test files to the portal in November, which passed quality checks. However, the production files had formatting issues. Onpoint provided feedback to resubmit the correct files. Alterwood is expected to submit the production files before the end of the first week of December.

MHCC has reminded Hopkins Health Advantage, Inc to submit Medicare Advantage in the next quarter.

#### **2024 MCDB Data Submission Manual**

The 2024 data submission manual was presented to the commissioners by the staff, who sought their approval. The manual was updated based on input from the payor representatives and posted on the MHCC website.

The staff reviewed the 2023 covered lives report to identify any new reporting entity required to submit data to the MCDB as per the mandate. There were no new reporting entity that met the criteria to submit the data. The final list of reporting entities was posted on the MHCC website.

In January 2024, the staff will conduct annual data submitter training to guide the new changes.

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

Staff worked closely with MIA staff to post the latest HMO payment rates to Non-Participating Providers on the MIA website.

## **Mandate Study Analysis**

The staff worked diligently with vendors to provide final summarized data to support the following mandate studies before the deadline.

1. Insurance and Maryland Assistance Program — Treatment of Alopecia Areata—Coverage Requirements – SB0075
2. Labor and Delivery Services — Coverage – Deductible, Coinsurance, Copayment, or any other CostSharing Requirement—SB0784
3. Hearing Aids for Adults — Coverage – HB1145

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

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

#### **Certificate of Conformance for Elective and Primary Percutaneous Coronary Intervention**

University of Maryland Shore Medical Center at Easton (UM SMC Easton) has submitted an application for a Certificate of Conformance to establish elective and primary percutaneous coronary intervention (PCI) services at the proposed new location for the hospital. The staff report will be presented at the same Commission meeting UM SMC Easton’s Certificate of Need application for the hospital relocation will be considered.

#### **Certificate of Ongoing Performance for Cardiac Surgery Services**

Luminus Health Anne Arundel Medical Center (AAMC) submitted its application for a Certificate of Ongoing Performance for its cardiac surgery program on November 3, 2023. AAMC first established its cardiac surgery program in late 2020, and this is the first time the hospital has applied for a Certificate of Ongoing Performance for cardiac surgery services.

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

#### **Palliative Care Services Final Report**

Pursuant to HB378 (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 contracted 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 to the June Commission meeting and the Interim Report was submitted to the Governor and the General Assembly as required in July.

The workgroup reconvened and continued to work on final recommendations. The Final Report was presented to the October Commission meeting. After discussion, the Commission approved the Final Report and the 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. A call was held between Maryland staff and NASHP on November 13, 2023. Discussions focused on data needs to assess the financial impact of expansion of palliative care under Medicaid. The final Palliative Care Services Report was also shared with NASHP.

## **Chronic Hospital Occupancy Report**

Consistent with COMAR 10.24.08, the Chronic Hospital Occupancy Reports are to be published as a Notice in the December issue of the *Maryland Register*. MHCC staff have been developing both reports “Use of Special Hospital Chronic Beds: Maryland, FY 2023” and “Average Annual Chronic Hospital Occupancy Rates by Jurisdiction and Facility: Maryland, Fiscal Years 2021 – 2023”. Staff anticipates that both occupancy reports will be published in the December 15<sup>th</sup> issue of the *Maryland Register*.

## **Home Health Agency Survey**

Staff completed the auditing and data processing for the FY 2021 Home Health Agency Survey data. The data and utilization tables will be made available on the Commission's website when the public use page is accessible.

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

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

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

In response to the issuance of a Revocation of First Use on October 20, 2023, staying the enforcement until November 17, 2023, Baltimore Detox Center (BDC) submitted a Request for a Project Change after Project Approval, that was considered at the November 16, 2023, Commission meeting. BDC was asked to explain the significant plant design changes and increase in capital expenditures. The approved design was a 5,944 square foot facility; however, the completed project was a 10,548 square feet facility with significantly different room configuration. This is a 77% increase in the size of the facility.

### **Determinations of Coverage**

- **Ambulatory Surgery Centers**

#### **Podiatry Associates Ambulatory Surgery Center (Baltimore County)**

Relocation of an ambulatory surgery center with one (1) non-sterile procedure room to a new location at 110 Old Padonia Road, Suite 301, Cockeysville, Maryland  
Ownership Interest: Samer Saiedy, MD is the 100% owner

#### **Maple Lawn Surgery Center, LLC – (Howard County)**

Addition of neurosurgery procedures and two new physician providers - orthopedic surgeon, Dr. Sanjay Mathur and neurosurgeon, Dr. Raymond Haroun - at the ambulatory surgical center (ASC-1)

#### **District Surgery Center, LLC – (Montgomery County)**

Change of planned address from 6720A Rockledge Drive to 6720B Rockledge Drive, Suite 500 Bethesda, Maryland

#### **University of Maryland Surgery Center – (Howard County)**

Planned renovation to the surgery center located at 5900 Waterloo Road, Suite 120 Columbia, Maryland 21045

Clearway Surgery Center of Glen Burnie, LLC – (Anne Arundel County)

Establish an ASC-1 surgery center with 1 sterile operating room and 1 non-sterile procedure room to be located at 7704 Quarterfield Road, Suite F, Glen Burnie, Maryland

Ownership Interest: 100% Owner is KURE Pain New Co, LLC

- **Acquisition/Change of Ownership**

Spiritrust Lutheran Home Care & Hospice (HH7153)

Spiritrust Lutheran Home Care & Hospice is planning a transfer of ownership to Adoration Home Health Care Maryland (Adoration). This change will not result in any changes to health care services or jurisdictions served (Carroll, Frederick and Washington Counties)

Purchase Price: \$2,500,000

University of Maryland Medical System Corporation d/b/a University of Maryland Medical Center – (Baltimore City)

University of Maryland Medical System Corporation (UMMS) intends to formally transfer business rights, claims, and assets necessary to operate University of Maryland Medical Center. Currently, UMMS is the direct owner and operator and after the transaction, the direct owner and operator will be the University of Maryland Medical Center, LLC (UMMC, LLC), a wholly owned subsidiary of UMMS.

ProMedica Skilled Nursing & Rehabilitation-Rossville - (Baltimore County)

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: lease

ProMedica Skilled Nursing & Rehabilitation-Roland Park - (Baltimore County)

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: lease

ProMedica Skilled Nursing & Rehabilitation-Towson - (Baltimore County)

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: lease

- **Licensure**

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

Larkin Chase Center – (Prince George’s County)

Extension of temporary delicensure of 120 CCF beds until June 14, 2024.

- **Other**

Johns Hopkins Medical Imaging Green Spring Station – (Baltimore County)

Request for a Determination of Non-Coverage for outpatient imaging services

Adventist HealthCare Imaging – (Montgomery County)

Request for a Determination of Non-Coverage for outpatient imaging services

Align Radiology – (Prince George’s County)

Request for a Determination of Non-Coverage for outpatient imaging services

UPMC Western Maryland Independent Diagnostic Testing Facility – (Allegany County)

Request for a Determination of Non-Coverage for outpatient imaging services

LHCG CCXXV, LLC d/b/a VNA of Maryland-Easton (HH7139)

Change in address OLD Address: 121 Federal Street, Suite 3, Easton, Maryland 21601

NEW Address: 29516 Canvasback Drive, 2nd Floor, Easton, Maryland 21601

- **Waiver Beds**

Montcare at Bethesda - (Montgomery County)

Addition of 10 CCF waiver beds for a total of 120 beds at the facility

Nursing and Rehabilitation Center at Stadium Place - (Baltimore City)

Addition of 5 CCF waiver beds for a total of 58 beds at the facility

Lorien-Columbia – (Howard County)

Addition of 10 CCF waiver beds for a total of 215 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:**

The Village at Augsburg is a 131-bed CCF located at 6825 Campfield 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 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 original anticipated closing date of the transaction was December 1, 2023, however this date is being extended so that the Maryland Department of Aging can complete its review.

Staff notes that for the immediately preceding three-year period, there is one facility currently or previously owned within the State, associated with the acquiring entity majority owner Mindy Rosenberg, The Resorts at Chester River Manor. The facility has 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 7/10 overall rating in the most recent Nursing Home Family Satisfaction Survey.

The applicant has provided evidence that its Maryland facility has 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. 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.

In summary of the findings, the Commission staff concludes that the acquiring entity would probably 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**

An evaluation is underway of proposals 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). A Request For Proposals (RFP) for SB 534 is to identify a contractor to determine if it is more or less costly 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 intensity by a 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. Contractors with high scoring RFPs received best and final questions that will be used to inform selection. Awardees will be announced in December. Study findings and recommendations are due to the General Assembly by December 1, 2024.

### **Noncontrolled Prescription Drugs Reporting**

Dispensers are being recruited to participate in a demonstration project (project) for reporting non-controlled dangerous substance (CDS) dispense information. The project supports implementation of Chapter 296/House Bill 1127, *Public Health – State Designated Exchange – Health Data Utility* (2022), which requires dispensers to report non-CDS data to the State-Designated Health Information Exchange (CRISP) for treatment and care coordination purposes. Participating dispensers will provide feedback on the draft Noncontrolled Prescription Drugs Dispenser Data Submission Manual. A project kick-off meeting with participating dispensers will occur in Q1 2024.

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

An examination of urgent care center (UCC) response data from the health information technology (health IT) questionnaire is moving forward. A preliminary draft of the spotlight highlights UCC's use of health IT to support clinical care and business operations. The questionnaire was completed by 20 UCCs with 198 locations, representing approximately 89 percent of multi-site UCCs statewide. A health IT questionnaire was distributed in collaboration with the Maryland-National Capital Homecare Association to 34 home health agencies (HHAs) with 55 locations in Maryland. The questionnaire collects data on HHAs use of electronic health records and telehealth and how information on social determinants of health and advance directives is captured and shared. Responses will be collected through December.

### **Advance Directives**

A mental health advance directives (MHAD) flyer for behavioral health professionals was developed in collaboration with stakeholders. Planning is taking place for a public awareness campaign (campaign) in collaboration with the Behavioral Health Administration (BHA). The campaign will promote the benefits of MHADs to consumers and clinicians, explain when and how to complete a MHAD, and overview how behavioral health crisis providers can access advance directives information through CRISP. A toolkit with educational resources on MHADs is in development and will be featured on BHA's website.

### **Regulations**

The emergency and proposed permanent regulations amending 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*, were submitted to the Administrative, Executive and Legislative Review (AELR) Committee. The AELR Committee determines whether regulations conform to the statutory authority of an agency and legislative intent. The regulations align with the Maryland Department of Health's (MDH) emergency regulations that support the requirements in Chapter 249/House Bill 812, *Health - Reproductive Health Services - Protected Health Information and Insurance Requirements* (2023).

### **Electronic Data Interchange**

An Electronic Data Interchange (EDI) summary was completed for the 32 payers that submitted a 2022 EDI progress report. 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. Planning is underway for the 2024 EDI Progress Report, which is targeted for release in Q1 2024.

### **Electronic Preauthorization**

Compliance waivers were issued for two payers and five pharmacy benefit managers (PBMs) under COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services* (regulations). The regulations require payers and PBMs to implement four benchmarks that aim to create administrative efficiencies in the

preauthorization process. The regulations allow payers and PBMs that meet certain circumstances to request a two-year waiver.

### **Breaches**

An analysis of health care breaches is proceeding using data made available by the U.S. Department of Health and Human Services, Office for Civil Rights. The data includes information on the reporting entity, breach type, and estimated records compromised for breaches affecting 500 or more individuals. A spotlight highlighting key local and national breach trends is targeted for release in Q1 2024.

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

#### **Primary Care Workgroup**

Planning is occurring for the December Primary Care Workgroup (Workgroup) meeting where the recently released Center for Medicare and Medicaid Innovations (CMMI) Notice of Funding Opportunity for the States Advancing the All-Payer Health Equity Approaches and Development (AHEAD) Model Funding Opportunity will be considered. The AHEAD Model is a voluntary, state-based alternative payment and service delivery model designed to curb health care cost growth, improve population health, and advance health equity by reducing disparities in health outcomes. The Workgroup will also discuss next steps to buildout the Primary Care Analysis and Reporting Plan (Plan), which will be used to guide the annual assessment of private payer and Maryland Medicaid investment in primary care. Chapter 667/Senate Bill 734, *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022) requires MHCC in 2024 to develop an annual primary care investment report, which is due to the Governor and General Assembly by December 1<sup>st</sup>.

#### **Practice Transformation Grant Activities**

Practice assessment, transformation training, and workflow redesign activities are progressing for about 18 practices (186 providers at 36 sites) in the Advancing Practice Transformation in Ambulatory Practices (APT) program. The APT assessment and training framework align with the Centers for Medicare & Medicaid Services (CMS) Transforming Clinical Practice Initiative practice transformation modules. Four additional practices (5 providers at 4 sites) submitted applications to participate in the APT. The MHCC competitively awarded MedChi, The Maryland State Medical Society (MedChi), Care Transformation Organization the APT in July of 2022.

#### **Learning Network**

Staff convened a virtual webinar in collaboration with MedChi on the evolving role of social workers in team-based advanced primary care delivery. Panelists discussed types of services social workers provide in team-based models; benefits of employing an in-house social worker in advanced care delivery practices; and ways advanced care delivery practices can share social worker resources. Nearly 70 clinicians participated in the webinar, attendees are eligible to receive continuing medical education credit. Staff presented on advanced primary care and other Commission initiatives at an American Association of Retired Persons podcast.

#### **Maryland Primary Care Program Advisory Council**

Planning is underway to convene the Maryland Primary Care Program (MDPCP) Advisory Council (council) in January. Effective behavioral health integration and multi-payer alignment will be deliberated. The council provides input to the Secretary of Health and the MDPCP Program Management Office on operations, policy, the annual report to CMS, and gathers data from providers to support examination of specific issues.

## ***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. Patient characteristics for assisted living facilities with 10 or more beds have been updated with race, ethnicity, age and gender percentages, 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 lower in November (1,061 users) compared to October (1,613 users). The most frequently viewed topics on the MQR site include assisted living, nursing homes, and health plans. 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 November. Topics included Antibiotics Awareness Week, National Family Caregiver 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 the Howard County Senior Men’s Group about our Long Term Care Planning Toolkit and additional features of the website. The group was engaged and provided excellent feedback about the presentation and availability of information and data. Staff also presented at the MDH Community Health Worker (CHW) Advisory Committee to give an overview of available resources. Additional collaborations with CHWs are anticipated.

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

#### **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 final quarterly cardiac data coordinators meeting of 2023 occurred on November 14, 2023. Discussion points included data registry updates, a case study, and a question-and-answer session.

#### **Leapfrog Hospital Safety Grades**

The Leapfrog Group assigns letter grades (A-F) to hospitals based on performance on various patient safety measures. Grades are assigned twice annually and the Fall 2023 results were recently released. Nationally, Maryland ranks 18<sup>th</sup> based on percentage of “A” hospitals. Maryland hospitals’ performance has improved compared to the previous grading cycle (Spring 2023). Compared to national data, Maryland performance is about the same for A’s and B’s, proportionally. Maryland has slightly more C’s and fewer D’s and F’s. To view hospital-specific results on the Leapfrog Hospital Safety site, click [here](#).

**Table 1: Leapfrog Hospital Safety Grades**

<b>Letter Grade</b>	<b>National Fall 2023</b>	<b>Maryland Fall 2023 n=41</b>	<b>Maryland Spring 2023 n=41</b>
A	30%	13(32%)	9 (22%)
B	24%	9 (22%)	15 (37%)
C	39%	18 (44%)	15 (37%)
D	7%	1 (2%)	2 (5%)
F	1%	0 (0%)	0 (0%)

***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 with a copy of the survey. The second paper copies of the survey were mailed in late November. The survey currently has a 23% response rate, and data collection will continue throughout December.

**Assisted Living, Home Health, and Hospice Influenza Vaccination Surveys**

Long term care facilities are in the process of data collection. Staff continue to provide support and resource materials. Facilities received GovDelivery messages in recognition of National Influenza Vaccination Week, in an effort to boost vaccination promotion among staff.

**Assisted Living Quality Analysis SB531 Workgroup**

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

**SB509 Nursing Home Acquisitions Workgroup**

The workgroup has met 5 times (July 14, August 4, August 25, September 15, and November 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, the Office of Health Care Quality, and Nexus Insights. Staff have drafted a report and recommendations, and the draft The workgroup recommendations will be shared with the Commissioners at the December meeting.

**Health Plan Quality Initiatives**

Data from the 2022 measurement year are available on the Maryland Quality Reporting website.

***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 was expected to be sent to the Senate Finance Committee and the House Government Operations Committee on or before December 1, 2023, but the workgroup may request an extension to continue to gather information.

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. In October, the Commission temporarily disabled the survey website before a few facilities could submit their delinquent surveys. Staff will begin data validation and cleaning on the 2022 data once the survey website is restored.