



## Office of Health Care Quality

Dennis Schrader, Secretary  
Howard Haft, MD, MMM, CPE, FACPE, Deputy Secretary  
Department of Health and Mental Hygiene  
February 1, 2017 (House) and February 2, 2017 (Senate)



MARYLAND  
DEPARTMENT OF HEALTH  
& MENTAL HYGIENE

# Public Health Services - Organizational Chart



# Major Responsibilities

---

OHCQ monitors the quality of care in Maryland's 18,032 health care facilities and community-based programs, representing 61 provider types

- Issue licenses, authorizing the operation of a business in Maryland
- Issue certifications, authorizing participation in the Medicare and Medicaid programs
- Conduct surveys to determine compliance with State and federal regulations, which set minimum standards for the delivery of care
- Educate providers, consumers, and other stakeholders through written materials, presentations, and web sites



# Strategic Planning Process

---

- 1. Regulatory Efficiency and Effectiveness:** Efficient and effective use of limited resources to fulfill our mandates
- 2. Core Operations:** Focus on core business functions and maintaining accountability
- 3. Customer Service:** Consistent, timely, and transparent interactions with all stakeholders
- 4. Quality Improvement:** Sustain a quality improvement process within OHCQ



# Regulatory Efficiency and Effectiveness

Fiscal Year	Surveyor Staffing Deficit
2013	107.09
2014	67.90
2015	52.50
2016	52.15
2017	46.05



Fiscal Year	Number of Providers
2013	13,000
2014	14,452
2015	15,043
2016	16,499
2017	18,032

**9% increase in the number of providers in 1 year and  
39% increase in 4 years**



# Accomplishments

---

- Offered training throughout the state to educate providers about developing acceptable plans of correction
- Conducted information sessions for individuals interested in opening an AL, AMDC, or RSA
- Hosted Meet and Greet events and external presentations
- Implemented multiple regulatory efficiency and effectiveness initiatives
- Partnered with Bloomberg School of Public Health for a 3-year OHCQ leadership development program
- Revised processes that enhanced federal claims submission
- Selected by CMS to test new accounting systems
- Partnered with the Ombudsmen for coordinated functions



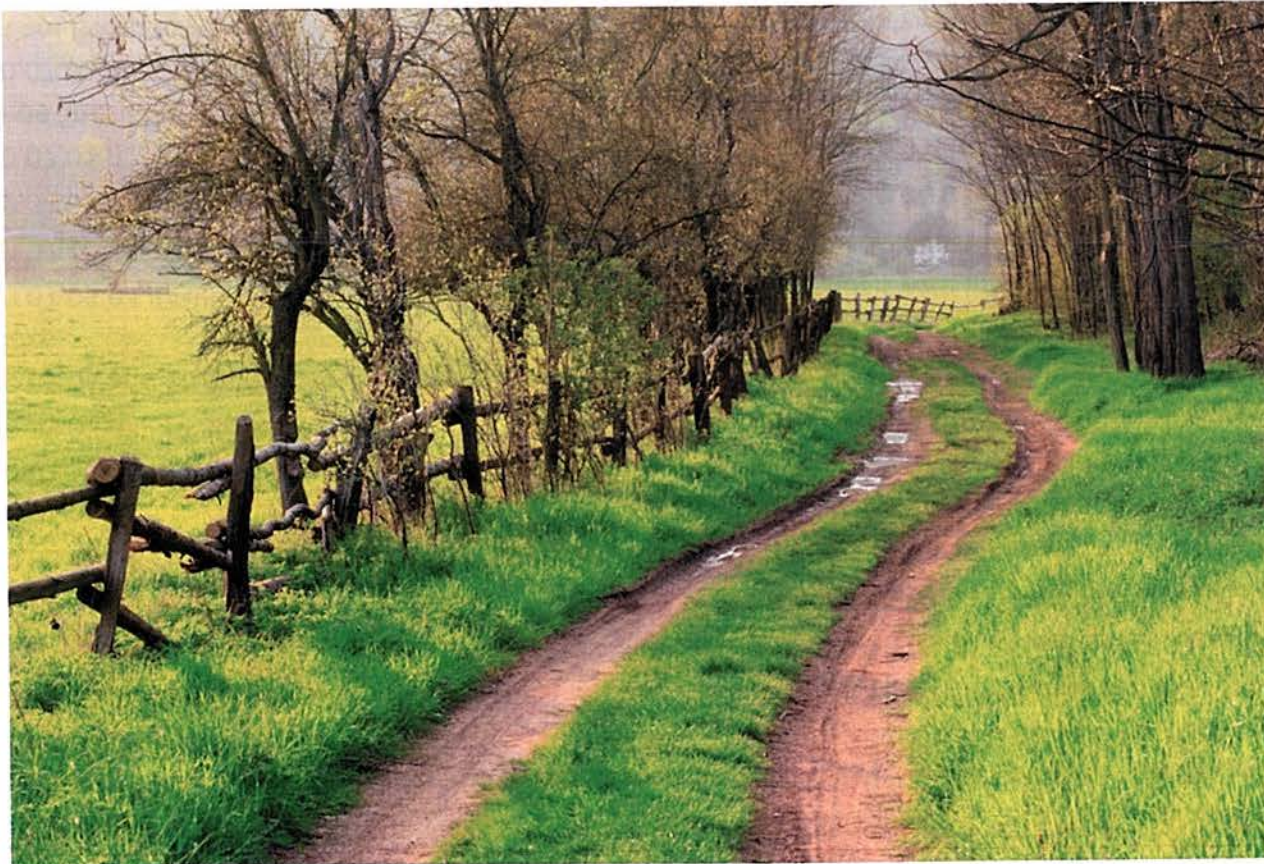
# New or Amended Regs, July 2015 – August 2016

- COMAR 10.12.03 Cosmetic Surgical Facilities
- COMAR 10.51.05 Quality Assurance and 10.51.06 Employees
- COMAR 10.07.16 Limited Private Inpatient Facilities
- COMAR 10.12.04.04 Day Care for the Elderly and Adults with a Medical Disability
- COMAR 10.10.04.02 Medical Laboratories
- COMAR 10.07.05.04 Residential Service Agencies
- COMAR 10.07.03.05 Health Care Staff Agencies
- COMAR 10.05.05.03 Freestanding Ambulatory Surgical Facilities
- COMAR 10.07.11.04 Health Maintenance Organizations
- COMAR 10.05.02.04-.12 Birthing Centers
- COMAR 10.05.01 and 10.05.05 Freestanding Ambulatory Care Facilities
- COMAR 10.07.05.04 Residential Service Agencies
- COMAR 10.07.10.05-.16 Home Health Agencies
- COMAR 10.07.05.04 Residential Service Agencies
- COMAR 10.07.01.02, .03 and .30 Acute General Hospitals and Special Hospitals
- COMAR 10.07.02.05 Comprehensive Care Facilities and Extended Care Facilities
- COMAR 10.50.01.04 Tissue Banks
- COMAR 10.07.04 Related Institutions, Residential Treatment Centers
- COMAR 10.07.07 Nursing Referral Service Agencies
- COMAR 10.07.08 Freestanding Medical Facilities
- COMAR 10.07.09 Residents' Bill of Rights, Comprehensive Care and Extended Care Facilities
- COMAR 10.07.16 Limited Private Inpatient Facilities
- COMAR 10.07.10 Home Health Agencies
- COMAR 10.07.11 Health Maintenance Organizations
- COMAR 10.07.12 Health Care Facilities within Correctional Institutions
- COMAR 10.07.14 Assisted Living Programs
- COMAR 10.07.17 Limited Service Hospital
- COMAR 10.07.18 Comprehensive Rehab Facilities
- COMAR 10.07.20 Intermediate Care Facilities for Individuals with Intellectual Disabilities
- COMAR 10.07.21 Hospice Care Programs
- COMAR 10.10.03 Medical Laboratories – Licenses
- COMAR 10.21.16 Community Mental Health Programs
- COMAR 10.22.02 Administrative Requirements for Licensees
- COMAR 10.47.04 Certification Requirements
- COMAR 10.51.03 Licenses and Fees



*Our common ground is the individuals that we serve*

---



Tricia Tomsko Nay  
410-402-8055  
[tricia.nay@maryland.gov](mailto:tricia.nay@maryland.gov)



MARYLAND  
DEPARTMENT OF HEALTH  
& MENTAL HYGIENE





DHMH

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center, Bland Bryant Building

55 Wade Avenue, Catonsville, Maryland 21228-4663

*Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary*

**Testimony before the  
House Appropriations Committee's Health and Human Resources Subcommittee  
and the Senate Budget & Taxation Committee's Health and Human Services Subcommittee  
February 1, 2017 and February 2, 2017  
Patricia Tomsko Nay, MD, CMD, CHCQM, FAAFP, FABQAURP, FAAHPM  
Executive Director  
Office of Health Care Quality**

Good afternoon, Chair, Vice-Chair and members of the subcommittee. I am Tricia Nay, the Executive Director of the Office of Health Care Quality (OHCQ). It is my privilege to speak with you today on behalf of OHCQ's FY 2018 Governor's Allowance.

OHCQ is the agency within the Department of Health and Mental Hygiene that oversees the quality of care in health care facilities and community-based programs. As of July 1, 2016, OHCQ licensed and certified 18,032 facilities and programs, representing 61 provider types. Licensing authorizes a program to do business in the state, while certification authorizes a facility to participate in the Medicare and Medicaid programs.

In addition to licensing and certification activities, OHCQ conducts surveys to determine compliance with State and federal regulations, which set forth minimum standards for the delivery of care. Through written materials, presentations, and web sites, OHCQ educates providers, consumers, and other stakeholders throughout the State. It is through these activities that OHCQ fulfills our mission to protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community delivery systems.

Over the past four years, there was a 39% increase in providers with a corresponding 1% increase in OHCQ's total positions and contractual employees. Despite increasing workload, our projected surveyor staffing deficit decreased from 52.15 surveyors to 46.05 in FY 2017. We've accomplished this through our strategic planning process, which maximizes our efficiency while maintaining effective oversight. Our approach balances the impact of administrative burdens on businesses and the State with protecting those receiving services. From July 2015 to August 2016, OHCQ promulgated 35 new or amended regulations, including decreasing licensure fees, deleting obsolete or unnecessary regulations, and strengthening oversight where necessary to protect health and safety.

Thank you for the opportunity to testify today.

**Office of Health Care Quality  
FY 2018 Budget Analysis Response**

Responses to the three issues identified in the Department of Legislative Services budget analysis of the Office of Health Care Quality's budget are below:

**Issue 1:** *Add budget bill language requesting a three-year plan to adequately staff the Office of Health Care Quality. The Department of Legislative Services recommends that DHMH develop a three-year plan to fully staff the agency according to its statutory staffing study analysis.*

**Response:** By October 1, 2017, DHMH will develop and submit a three-year plan to fully staff OHCQ according to its statutory staffing study analysis.

**Issue 2:** *The Department of Legislative Services (DLS) recommends that the agency comment on the current turnover estimate given the recent decrease in vacancies.*

**Response:** The Department's FY 2018 Allowance attempts to estimate turnover at realistic levels based on prior years' vacancy rates. However, the fluid nature of recruiting, hiring, and retaining staff will always vary among programs throughout the Department, producing surpluses in some programs and deficits in others. While OHCQ's current vacancy rate is currently lower than its FY 2018 budgeted turnover rate, the Department will continue encouraging OHCQ to hire to the best of its ability, and to the extent that OHCQ runs a deficit in FY 2018, the Department will realign funding to OHCQ from other programs running surpluses via a budget amendment.

**Issue 3:** *The agency should comment on whether or not it lost federal funding in fiscal 2016 due to not meeting statutory mandates.*

**Response:** In FY 2016, OHCQ lost about \$20,600 in federal funds in the ambulatory care unit due to unfulfilled federal mandates.

