

MDH - Health Regulatory Commissions - Maryland Health Care Commission, Health Services Cost Resource Commission, and the Maryland Community Health Resources Commission

MISSION

The mission of the Maryland Health Regulatory Commissions is to plan for health system needs, constrain costs, improve quality and access, and encourage informed decision-making. The Commissions promote an equitable and efficient health care system for all Maryland residents by providing timely and accurate information, enforcing accountability, improving Maryland's system of rate regulation, and the developing strategies to deliver comprehensive health care regardless of ability to pay.

VISION

The Commissions envision a state in which all residents hold the health care system accountable and have access to affordable, high quality, and integrated health care services through programs that serve as national models.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. Improve quality of care in the healthcare industry.

Obj. 1.1 By the end of calendar year 2020, at least 75% of eligible Maryland acute general hospitals shall perform at or better than the nation on the prevention of surgical site infections for hip procedures, knee procedures, Coronary Artery Bi-Pass Graft (CABG), Central Line Associated Bloodstream Infection (CLABSIs) in Intensive Care Units (ICUs) , Clostridium difficile Infections (C.diff), and Catheter Associated Urinary Tract Infection (CAUTIs).

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Percent of hospitals performing at or above the national average on preventing surgical site infections for hip procedures	N/A	N/A	N/A	N/A	N/A	75	80
Percent of hospitals performing at or above the national average on preventing surgical site infections for knee procedures	N/A	N/A	N/A	N/A	N/A	75	80
Percent of hospitals performing at or above the national average on preventing surgical site infections for CABG procedures	N/A	N/A	N/A	N/A	N/A	75	80
Percent of acute general hospitals at or above the national average on preventing CLABSIs in ICUs	N/A	N/A	N/A	N/A	N/A	75	80
Percent of acute general hospitals performing at or above the national average on preventing C.diff infections	N/A	N/A	N/A	N/A	N/A	75	80
Percent of acute general hospitals performing at or above the national average on preventing CAUTIs	N/A	N/A	N/A	N/A	N/A	75	80

Obj. 1.2 By the end of calendar year 2020, at least 20 Maryland hospitals will improve patient satisfaction such that at least 70% of patients report that they rate the hospital 9 or 10 on a scale of 1 to 10 and would recommend the hospital to family and friends.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Overall hospital performance on patient experience of care	68%	69%	69%	69%	69%	69%	69%
Number of hospitals improving patient satisfaction and recommending the hospital to family and friends	N/A	N/A	N/A	N/A	N/A	32	37
Number of hospitals improving patient satisfaction such that they would rate the hospital 9 or 10 on a scale of 1 to 10	N/A	N/A	N/A	N/A	N/A	32	37

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Obj. 1.3 To reduce complication and hospital readmissions and improve compliance with best practices.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Overall hospital performance on best practice process measures	98%	98%	96%	97%	97%	N/A	N/A
30 Day, all hospital case-mix adjusted readmission rate	13%	12%	12%	12%	12%	12%	12%
Case-mix adjusted, potentially preventable complication rate	0.1%	0.9%	0.8%	0.7%	0.7%	0.5%	0.5%

Obj. 1.4 To improve care coordination for high needs Medicare fee-for-service beneficiaries through Integrated Care Networks.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider	N/A	N/A	9,453	13,006	13,006	13,500	14,500
Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider care manager	N/A	N/A	172	4,120	4,120	4,500	4,500
Number of high needs Medicare fee-for-service beneficiaries with a care alert	N/A	N/A	244	3,179	3,179	4,500	4,500

Goal 2. Improve costs in the health care industry.

Obj. 2.1 Improve consumer access to healthcare pricing so that Maryland residents can use informed decision making to choose affordable health care.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.	2020 Est.
¹ Proportion of persons under age 65 years of age with health insurance	93.5%	92.5%	92.5%	93.4%	93.4%	94.0%	94.0%
¹ Proportion of individuals under 100 percent of Federal Poverty Level, age 19-64, without health insurance (even years only)	27.4%	N/A	18.9%	18.1%	18.1%	18.2%	18.2%
Number of consumer visits to Wear the Cost website	N/A	N/A	N/A	N/A	N/A	27,907	30,697
Percent change year over year in the number of consumer visits to Wear the Cost website	N/A	N/A	N/A	N/A	N/A	N/A	9.1%

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Obj. 2.2 Finance the Uncompensated Care Fund through the continuation of the new All-Payer model.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Maryland hospitals regulated	54	55	55	56	56	56	56
Maryland hospitals paying into Uncompensated Care Fund	21	20	23	21	21	20	20
Maryland hospitals receiving funding from Uncompensated Care	27	28	25	28	28	29	29
Maryland hospitals operating under global (GBR) payment structure	48	48	51	52	52	51	51
Maryland hospitals operating under Potentially Avoidable Utilization	48	48	48	52	52	51	51
Percent of regulated hospitals providing treatment to all patients regardless of ability to pay	100%	100%	100%	100%	100%	100%	100%

Obj. 2.3 Increase access to integrated primary and behavioral health services in community-based settings.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Number of Community Health Resources Commission grantees who provide access to integrated behavioral health and primary care services in community-based settings	5	6	5	6	6	6	8

Goal 3. Reduce the rate of administrative growth in health care spending through Health Information Technology (HIT).

Obj. 3.1 Increase the use of Electronic claims to 85% by CY 2021.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Number of provider queries	N/A	N/A	1,257,956	1,346,684	1,346,684	3,000,000	3,326,100
Number of unique users	N/A	N/A	25,862	53,189	53,189	107,000	130,000
Number of Encounter Notification System (ENS) alerts to physicians	N/A	N/A	18,019,775	18,488,775	18,488,775	40,000,000	50,000,000
Percentage of Electronic Data Interchange (EDI)/ Electronic Health Network (EHN) private payor electronic claims	N/A	N/A	N/A	N/A	N/A	65%	80%

Obj. 3.2 Per capita Maryland hospital revenues will grow at an annual rate that does not exceed 3.58 percent, the long term change in the per capita Gross State Product.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Alternative Rate Methodology (ARM) applications completed	35	40	37	37	37	36	36
Maryland all-payer per capita hospital revenue growth	1.5%	2.3%	0.8%	3.0%	3.0%	1.1%	3.0%

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Obj. 3.3 Medicare fee-for-service hospital expenditures per Maryland Medicare fee-for-service beneficiary will grow more slowly than the national Medicare fee-for-service expenditures per beneficiary.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Growth in Medicare fee-for-service hospital expenditures per Maryland beneficiary compared to the growth in national Medicare fee-for-service hospital expenditures per beneficiary	< 2.20%	< 0.04%	< 0.5%	< 2.73%	< 2.73%	0.00%	0.00%

Obj. 3.4 Increase the use of health information exchange for ambulatory practices by 20% from 2017 to 2021.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Number of ambulatory practices signed Participation Agreement	N/A	N/A	N/A	N/A	N/A	1,718	2,043
Care Coordination High Need Patients - Care Alerts	N/A	N/A	N/A	N/A	N/A	145,000	22,000

Obj. 3.5 Increase the number of telehealth use cases by 20% from 2017 to 2021.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Telehealth Use Cases - Ambulatory Care (combined)	N/A	N/A	N/A	N/A	N/A	17	20

Obj. 3.6 Decrease use of hospital emergency departments for non-urgent care and reduce avoidable hospitalizations by establishing reverse referral projects and other community-hospital partnerships.

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Number of reverse referral pilot projects and community hospital partnerships	6	9	9	11	11	14	16

OTHER PERFORMANCE METRICS

Performance Measures	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.
Funds raised through HSCRC not directly supporting hospital finance (\$)							
Medicaid Hospital Assessment (M00Q01.03)	412,455,978	389,825,000	389,825,000	364,825,000	364,825,000	334,825,000	304,825,000
Health Care Coverage Fund (M00Q01 & M00L01.03)	158,555,141	164,897,347	165,192,897	175,615,840	175,615,840	186,170,476	189,893,885
Maryland Health Insurance Plan (D79Z02.01)	103,829,280	62,213,806	N/A	N/A	N/A	N/A	N/A
Nurse Support Program II (R60I00.38)	14,839,386	15,263,942	15,622,266	15,947,534	15,947,534	16,709,798	17,000,000
Nurse Support Program I (non-budgeted)	15,193,420	15,335,908	15,674,793	16,218,248	16,218,248	17,040,771	17,500,000
HSCRC User Fees (M00R01.02)	7,016,529	9,685,460	10,497,331	10,530,745	10,530,745	13,000,000	16,000,000
Maryland Patient Safety Center (non-budgeted)	1,200,000	1,080,000	972,000	874,800	874,800	492,075	492,075
Health Information Exchange (non-budgeted)	1,166,280	18,500,000	3,250,000	2,360,000	2,360,000	2,500,000	2,360,000

NOTES

¹ 2018 data for this measure is estimated; actual data will not be available until 2019.