

MDH - Health Regulatory Commissions - Maryland Health Care Commission, Health Services Cost Review 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 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 percent 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	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 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	100%	N/A	N/A
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	100%	N/A	N/A
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	100%	N/A	N/A
Percent of acute general hospitals at or above the national average on preventing CLABSIs in ICUs	N/A	N/A	N/A	N/A	92%	95%	98%
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	98%	98%	100%
Percent of acute general hospitals performing at or above the national average on preventing CAUTIs	N/A	N/A	N/A	N/A	97%	98%	100%

Obj. 1.2 By the end of calendar year 2020, at least 20 Maryland hospitals will improve patient satisfaction such that at least 70 percent 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	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Overall hospital performance on patient experience of care	69%	69%	69%	69%	65%	69%	70%
Number of hospitals improving patient satisfaction and recommending the hospital to family and friends	N/A	N/A	N/A	N/A	10	15	20
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	7	10	15

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

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.	2021 Est.
Overall hospital performance on best practice process measures	98%	96%	97%	N/A	N/A	N/A	N/A
30 Day, all hospital case-mix adjusted readmission rate	12%	12%	12%	12%	11%	11%	11%
Case-mix adjusted, potentially preventable complication rate	0.9%	0.8%	0.7%	0.5%	0.5%	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	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider	N/A	9,453	13,006	12,790	14,374	14,500	14,900
Number of high needs Medicare fee-for-service beneficiaries with a known care manager	N/A	172	4,120	3,628	3,343	3,500	3,500
Number of high needs Medicare fee-for-service beneficiaries with a care alert	N/A	244	3,179	4,087	5,938	6,000	6,500

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	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.	2021 Est.
Proportion of persons under age 65 years of age with health insurance	92.5%	92.5%	93.4%	93.0%	94.0%	93.2%	93.5%
Proportion of individuals under 100 percent of Federal Poverty Level, age 19-64, without health insurance (even years only)	15.0%	13.0%	14.0%	13.0%	13.0%	13.0%	12.0%
Number of consumer visits to Wear the Cost website	N/A	N/A	N/A	N/A	26,743	30,000	35,000
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	10.9%	14.3%

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

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Maryland hospitals regulated	55	55	56	56	56	55	55
Maryland hospitals paying into Uncompensated Care Fund	20	23	21	19	20	21	21
Maryland hospitals receiving funding from Uncompensated Care	28	25	28	29	29	28	28
Maryland hospitals operating under global (GBR) payment structure	48	51	52	52	52	51	51
Maryland hospitals operating under Potentially Avoidable Utilization	48	48	52	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%

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

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Number of Community Health Resources Commission grantees who provide access to integrated behavioral health and primary care services in community-based settings	6	5	6	4	4	10	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 percent by calendar year 2021.

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.	2021 Est.
Number of provider queries	N/A	1,257,956	1,346,684	2,326,100	3,889,981	4,000,000	4,300,000
Number of unique users	N/A	25,862	53,189	87,815	100,707	150,000	155,000
Number of Encounter Notification System (ENS) alerts to physicians	N/A	18,019,775	18,488,775	30,801,132	37,179,145	44,000,000	47,500,000
Percentage of Electronic Data Interchange (EDI)/ Electronic Health Network (EHN) private payer electronic claims	93%	96%	96%	96%	97%	97%	97%

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	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.	2021 Est.
Alternative Rate Methodology (ARM) applications completed	40	37	37	36	36	36	36
Maryland all-payer per capita hospital revenue growth	2.31%	0.80%	3.54%	1.50%	< 3.58%	< 3.58%	< 3.58%

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	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Est.	2020 Est.	2021 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	< 0.40%	< 2.79%	< 0%	< 2.90%	N/A	N/A	N/A

Obj. 3.4 Increase the use of health information exchange for ambulatory practices by 20 percent from 2018 to 2021.

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Number of ambulatory practices signed Participation Agreement	N/A	N/A	N/A	1,236	1,406	1,575	1,625
Care Coordination High Need Patients - Care Alerts	N/A	N/A	N/A	84,600	93,060	107,000	115,000
Percent change from 2018 of of the use of the health information exchange for ambulatory practices	N/A	N/A	N/A	N/A	10%	26%	36%

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Obj. 3.5 Increase the number of telehealth use cases by 20 percent from 2018 to 2021.

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Telehealth Use Cases - Ambulatory Care (combined)	N/A	N/A	N/A	14	3	5	7
Percent change from 2018 of the number of telehealth use cases	N/A	N/A	N/A	N/A	-79%	-64%	-50%

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	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Number of reverse referral pilot projects and community hospital partnerships	9	9	11	12	11	13	11

OTHER PERFORMANCE METRICS

Performance Measures	2015 Act.	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.
Funds raised through HSCRC not directly supporting hospital finance (\$)							
Medicaid Hospital Assessment (M00Q01.03)	389,825,000	389,825,000	364,825,000	364,825,000	334,902,112	309,825,000	284,825,000
Health Care Coverage Fund (M00Q01 & M00L01.03)	164,897,347	165,192,897	175,615,840	175,615,840	189,267,460	186,170,476	193,914,773
¹ Maryland Health Insurance Plan (D79Z02.01)	62,213,806	N/A	N/A	N/A	N/A	N/A	N/A
Nurse Support Program II (R62I00.38)	15,263,942	15,622,266	15,947,534	16,375,830	17,142,689	17,698,613	17,466,577
Nurse Support Program I (non-budgeted)	15,335,908	15,674,793	16,218,248	16,639,270	17,040,771	17,472,274	17,626,178
HSCRC User Fees (M00R01.02)	9,685,460	10,497,331	10,530,745	11,095,936	12,762,486	18,010,495	19,327,280
Maryland Patient Safety Center (non-budgeted)	1,080,000	972,000	874,800	656,100	492,075	396,056	332,150
Health Information Exchange (non-budgeted)	18,500,000	3,250,000	2,360,000	2,360,000	2,500,000	5,390,000	5,497,800

NOTES

¹ Maryland Health Insurance Plan has been dissolved; payments concluded 2015.