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 2022, at least 95 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).

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<tbody>
<tr>
<td>Percent of hospitals performing at or above the national average on preventing surgical site infections for hip procedures</td>
<td>N/A</td>
<td>N/A</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Percent of hospitals performing at or above the national average on preventing surgical site infections for knee procedures</td>
<td>N/A</td>
<td>N/A</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percent of hospitals performing at or above the national average on preventing surgical site infections for CABG procedures</td>
<td>N/A</td>
<td>N/A</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percent of acute general hospitals at or above the national average on preventing CLABSIs in ICUs</td>
<td>N/A</td>
<td>N/A</td>
<td>92%</td>
<td>100%</td>
<td>84%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Percent of acute general hospitals performing at or above the national average on preventing C.diff infections</td>
<td>N/A</td>
<td>N/A</td>
<td>98%</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Percent of acute general hospitals performing at or above the national average on preventing CAUTIs</td>
<td>N/A</td>
<td>N/A</td>
<td>97%</td>
<td>100%</td>
<td>94%</td>
<td>100%</td>
<td>100%</td>
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**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.

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<tbody>
<tr>
<td>Overall hospital performance on patient experience of care</td>
<td>69%</td>
<td>69%</td>
<td>65%</td>
<td>66%</td>
<td>66%</td>
<td>68%</td>
<td>70%</td>
</tr>
<tr>
<td>Number of hospitals improving patient satisfaction and recommending the hospital to family and friends</td>
<td>N/A</td>
<td>N/A</td>
<td>10</td>
<td>15</td>
<td>16</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Number of hospitals improving patient satisfaction such that they would rate the hospital 9 or 10 on a scale of 1 to 10</td>
<td>N/A</td>
<td>N/A</td>
<td>7</td>
<td>18</td>
<td>16</td>
<td>18</td>
<td>20</td>
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M00R

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

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

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<tbody>
<tr>
<td>30 Day, all hospital case-mix adjusted readmission rate</td>
<td>12%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
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<tr>
<td>Case-mix adjusted, potentially preventable complication rate</td>
<td>0.66</td>
<td>0.64</td>
<td>0.67</td>
<td>0.63</td>
<td>0.65</td>
<td>0.65</td>
<td>0.67</td>
</tr>
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</table>

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

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<tbody>
<tr>
<td>Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider</td>
<td>13,006</td>
<td>12,790</td>
<td>14,374</td>
<td>12,427</td>
<td>11,523</td>
<td>12,500</td>
<td>12,500</td>
</tr>
<tr>
<td>Number of high needs Medicare fee-for-service beneficiaries with a known care manager</td>
<td>4,120</td>
<td>3,628</td>
<td>3,343</td>
<td>2,691</td>
<td>2,382</td>
<td>2,800</td>
<td>3,000</td>
</tr>
<tr>
<td>Number of high needs Medicare fee-for-service beneficiaries with a care alert</td>
<td>3,179</td>
<td>4,087</td>
<td>5,938</td>
<td>5,937</td>
<td>7,109</td>
<td>7,500</td>
<td>8,000</td>
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### 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.

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<tbody>
<tr>
<td>Proportion of persons under age 65 years of age with health insurance</td>
<td>93.4%</td>
<td>93.0%</td>
<td>94.0%</td>
<td>90.3%</td>
<td>90.3%</td>
<td>90.3%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Proportion of individuals under 100 percent of Federal Poverty Level, age 19-64, without health insurance (even years only)</td>
<td>14.0%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>21.1%</td>
<td>20.3%</td>
<td>19.5%</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

Number of consumer visits to Wear the Cost website:

- N/A

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

- 33.3%

- 43.5%

- 20.0%

- 20.0%
MDH - Health Regulatory Commissions - Maryland Health Care Commission, Health Services Cost Review Commission, and the Maryland Community Health Resources Commission

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

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<tbody>
<tr>
<td>Maryland hospitals regulated</td>
<td>56</td>
<td>56</td>
<td>56</td>
<td>56</td>
<td>56</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>Maryland hospitals paying into Uncompensated Care Fund</td>
<td>21</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Maryland hospitals receiving funding from Uncompensated Care</td>
<td>28</td>
<td>29</td>
<td>29</td>
<td>28</td>
<td>29</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Maryland hospitals operating under global (GBR) payment structure</td>
<td>52</td>
<td>52</td>
<td>52</td>
<td>52</td>
<td>51</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Maryland hospitals operating under Potentially Avoidable Utilization</td>
<td>52</td>
<td>52</td>
<td>52</td>
<td>52</td>
<td>51</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Percent of regulated hospitals providing treatment to all patients regardless of ability to pay</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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**Obj. 2.3** Increase access to integrated primary and behavioral health services in community-based settings.

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<tbody>
<tr>
<td>Number of Community Health Resources Commission grantees who provide access to integrated behavioral health and primary care services in community-based settings</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>6</td>
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</table>

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

**Obj. 3.1** Increase the use of health information exchange data by 10 percent and increase Electronic Data Interchange (EDI) to 98 percent.

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<tbody>
<tr>
<td>Number of provider queries</td>
<td>1,346,684</td>
<td>2,326,100</td>
<td>3,889,981</td>
<td>6,068,930</td>
<td>8,668,265</td>
<td>8,828,312</td>
<td>8,957,550</td>
</tr>
<tr>
<td>Number of unique users</td>
<td>53,189</td>
<td>87,815</td>
<td>100,707</td>
<td>92,408</td>
<td>110,017</td>
<td>113,718</td>
<td>114,950</td>
</tr>
<tr>
<td>Number of Encounter Notification System (ENS) alerts to physicians</td>
<td>18,488,775</td>
<td>30,801,132</td>
<td>37,179,145</td>
<td>39,821,365</td>
<td>26,093,887</td>
<td>27,920,459</td>
<td>28,316,500</td>
</tr>
<tr>
<td>Percentage of Electronic Data Interchange (EDI) / Electronic Health Network (EHN) private payer electronic claims</td>
<td>96%</td>
<td>96%</td>
<td>97%</td>
<td>97%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
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**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.

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<tr>
<td>Alternative Rate Methodology (ARM) applications completed</td>
<td>37</td>
<td>36</td>
<td>36</td>
<td>35</td>
<td>30</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>Maryland all-payer per capita hospital revenue growth</td>
<td>3.54%</td>
<td>1.50%</td>
<td>2.92%</td>
<td>0.21%</td>
<td>&lt;3.58%</td>
<td>&lt;3.58%</td>
<td>&lt;3.58%</td>
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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.

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<tr>
<td>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</td>
<td>&lt; 0%</td>
<td>&lt; 2.90%</td>
<td>&lt; 1.72%</td>
<td>&gt; 2.20%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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Obj. 3.4 Increase the use of health information exchange for ambulatory practices by 20 percent from 2018 to 2021.

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<tbody>
<tr>
<td>Number of ambulatory practices signed Participation Agreement</td>
<td>N/A</td>
<td>1,236</td>
<td>1,406</td>
<td>1,660</td>
<td>2,771</td>
<td>3,350</td>
<td>3,675</td>
</tr>
<tr>
<td>Number of providers that send comprehensive clinical patient profiles to CRISP (Tier 3)</td>
<td>N/A</td>
<td>711</td>
<td>1,122</td>
<td>1,359</td>
<td>1,676</td>
<td>1,885</td>
<td>2,150</td>
</tr>
<tr>
<td>Percent change from prior year of the number of providers that send comprehensive clinical patient profiles to CRISP (Tier 3)</td>
<td>N/A</td>
<td>N/A</td>
<td>37%</td>
<td>17%</td>
<td>19%</td>
<td>11%</td>
<td>12%</td>
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Obj. 3.5 Increase the number of telehealth encounters by 5 percent each year.

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<tr>
<td>Telehealth visits - physician practices</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>11%</td>
<td>48%</td>
<td>50%</td>
<td>55%</td>
</tr>
<tr>
<td>Percent change in telehealth visits for physician practices from prior year</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>37%</td>
<td>2%</td>
<td>5%</td>
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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.

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<tbody>
<tr>
<td>Number of reverse referral pilot projects and community hospital partnerships</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>7</td>
<td>6</td>
<td>4</td>
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## OTHER PERFORMANCE METRICS

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<tbody>
<tr>
<td>Funds raised through HSCRC not directly supporting hospital finance ($)</td>
<td>364,825,000</td>
<td>364,825,000</td>
<td>334,825,000</td>
<td>309,825,000</td>
<td>294,825,000</td>
<td>294,825,000</td>
<td>294,825,000</td>
</tr>
<tr>
<td>Medicaid Hospital Assessment (M00Q01.03)</td>
<td>175,615,840</td>
<td>175,615,840</td>
<td>186,170,476</td>
<td>193,914,773</td>
<td>200,487,989</td>
<td>206,146,758</td>
<td>206,146,758</td>
</tr>
<tr>
<td>Health Care Coverage Fund (M00Q01 &amp; M00L01.03)</td>
<td>15,947,534</td>
<td>16,375,830</td>
<td>17,142,689</td>
<td>17,186,577</td>
<td>17,784,173</td>
<td>17,660,661</td>
<td>17,660,661</td>
</tr>
<tr>
<td>Nurse Support Program II (R62I00.38)</td>
<td>15,947,534</td>
<td>16,375,830</td>
<td>17,142,689</td>
<td>17,186,577</td>
<td>17,784,173</td>
<td>17,660,661</td>
<td>17,660,661</td>
</tr>
<tr>
<td>Nurse Support Program I (non-budgeted)</td>
<td>16,218,248</td>
<td>16,639,270</td>
<td>17,040,771</td>
<td>17,472,274</td>
<td>17,466,612</td>
<td>17,375,642</td>
<td>17,375,642</td>
</tr>
<tr>
<td>HSCRC User Fees (M00R01.02)</td>
<td>10,530,745</td>
<td>11,095,936</td>
<td>12,762,486</td>
<td>14,879,233</td>
<td>18,865,827</td>
<td>19,115,439</td>
<td>20,293,284</td>
</tr>
<tr>
<td>Maryland Patient Safety Center (non-budgeted)</td>
<td>874,800</td>
<td>656,100</td>
<td>492,075</td>
<td>369,056</td>
<td>521,056</td>
<td>248,028</td>
<td>248,028</td>
</tr>
<tr>
<td>Health Information Exchange (non-budgeted)</td>
<td>2,360,000</td>
<td>2,360,000</td>
<td>2,500,000</td>
<td>5,390,000</td>
<td>5,170,000</td>
<td>9,240,000</td>
<td>9,240,000</td>
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### NOTES

1. 2020 results are based on two quarters of data.
2. 2021 data is estimated because it is reported on a calendar year basis.