

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 2022, at least 95 percent of eligible Maryland acute general hospitals shall perform at or better than the nation on the prevention of Central Line Associated Bloodstream Infection (CLABSIs) in Intensive Care Units (ICUs), Clostridioides difficile infections (C.diff), Catheter Associate Urinary Tract Infections (CAUTIs), and Methicillin Resistant Staphylococcus Aureus (MRSA) infections.

| Performance Measures (Calendar Year) | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Est. | 2024 Est. | 2025 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Percent of acute general hospitals performing at or above the national average on preventing CLABSIs in ICUs | 92% | 100% | 84% | 74% | 90% | 95% | 100% |
| Percent of acute general hospitals performing at or above the national average on preventing C.diff infections | 98% | 98% | 100% | 98% | 100% | 100% | 100% |
| Percent of acute general hospitals performing at or above the national average on preventing CAUTIs | 97% | 100% | 94% | 90% | 100% | 100% | 100% |
| Percent of acute general hospitals performing at or above the national average on preventing MRSA | N/A | N/A | N/A | 94% | 100% | 100% | 100% |

Obj. 1.2 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 | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Overall hospital performance on patient experience of care (patients would recommend) | 65% | 66% | 66% | 65% | 64% | 66% | 68% |
| 1 Number of hospitals improving patient satisfaction and recommending the hospital to family and friends | 10 | 15 | 16 | 11 | N/A | N/A | N/A |
| Percent of acute care general hospitals that received a patient rating of 9 or 10 on a scale of 0-10 | N/A | N/A | N/A | N/A | 64% | 66% | 68% |

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

| Performance Measures (Calendar Year) | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Est. | 2024 Est. | 2025 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 30 Day, all hospital case-mix adjusted readmission rate | 11% | 11% | 11% | 11% | 11% | 11% | 11% |
| Case-mix adjusted, potentially preventable complication rate | 0.77 | 0.82 | 0.82 | 0.75 | 0.75 | 0.75 | 0.75 |

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

| Performance Measures | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider | 14,374 | 12,427 | 11,523 | 11,902 | 12,053 | 12,300 | 12,500 |
| Number of high needs Medicare fee-for-service beneficiaries with a known care manager | 3,343 | 2,691 | 2,382 | 2,495 | 2,812 | 3,100 | 3,400 |
| Number of high needs Medicare fee-for-service beneficiaries with a care alert | 5,938 | 5,937 | 7,109 | 8,488 | 9,141 | 10,400 | 11,500 |

Obj. 1.5 By the end of calendar year 2023, at least 80 percent of survey respondents would recommend nursing homes.

| Performance Measures | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Overall Nursing Home performance on Experience of Care. | N/A | N/A | N/A | 75.4% | 69.0% | 75.0% | 77.0% |

Obj. 1.6 By the end of calendar year 2023, at least 80 percent of survey respondents would recommend home health agencies.

| Performance Measures (Calendar Year) | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Est. | 2024 Est. | 2025 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Overall Home Health performance on Experience of Care. | N/A | N/A | N/A | 75.5% | 75.0% | 77.0% | 79.0% |

Obj. 1.7 By the end of calendar year 2023, at least 90 percent of survey respondents would recommend hospice agencies.

| Performance Measures (Calendar Year) | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Est. | 2024 Est. | 2025 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Overall Hospice performance on Experience of Care. | N/A | N/A | N/A | 85.5% | 85.0% | 87.0% | 89.0% |

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Obj. 1.8 By the end of the 2022-2023 flu season, the statewide health care worker vaccination rate shall improve for each of the following provider categories.

| Performance Measures | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| The percent of health care workers in hospice agencies who are vaccinated against influenza will increase by 5% compared to the 2021-22 flu season. | N/A | N/A | N/A | 82.8% | 81.5% | 87.0% | 90.0% |
| The percent of health care workers in home health agencies who are vaccinated against influenza will increase by 5% compared to the 2021-22 flu season. | N/A | N/A | N/A | 79.1% | 69.7% | 75.0% | 80.0% |
| At least 90% of health care workers in nursing homes will be vaccinated against influenza. | N/A | N/A | N/A | 85.1% | 74.0% | 80.0% | 90.0% |
| At least 75% of health care workers in assisted living facilities will be vaccinated against influenza. | N/A | N/A | N/A | 65.4% | 57.0% | 65.0% | 75.0% |

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 | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of consumer visits to Wear the Cost website | 26,743 | 17,834 | 25,584 | 9,761 | 6,777 | 16,470 | 16,560 |
| Percent change year over year in the number of consumer visits to Wear the Cost website | N/A | -33.3% | 43.5% | -61.8% | -30.6% | 143.0% | 0.5% |
| Percentage of reporting entities that submitted “clean” data (no errors) to the APCD thirty (30) days after a submission deadline | N/A | N/A | N/A | 100.0% | 94.3% | 97.2% | 97.2% |

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

| Performance Measures | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Maryland hospitals regulated | 56 | 56 | 56 | 56 | 56 | 56 | 56 |
| Maryland hospitals paying into Uncompensated Care Fund | 20 | 21 | 18 | 18 | 26 | 26 | 26 |
| Maryland hospitals receiving funding from Uncompensated Care | 29 | 28 | 29 | 29 | 21 | 21 | 21 |
| Maryland hospitals operating under global (GBR) payment structure | 52 | 52 | 51 | 52 | 52 | 52 | 52 |
| Maryland hospitals operating under Potentially Avoidable Utilization | 52 | 52 | 51 | 47 | 47 | 47 | 47 |
| Percent of regulated hospitals providing treatment to all patients | 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 | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of Community Health Resources Commission grantees who provide access to integrated behavioral health and primary care services in community-based settings | 4 | 7 | 8 | 6 | 5 | 5 | 8 |

Goal 3. Facilitate the adoption of new technologies and health care data innovations and assess their impact on access and quality.

Obj. 3.1 Increase the use of health information exchange data by 5 percent from the prior year.

| Performance Measures | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of unique users of the State Designated health information exchange (CRISP) | N/A | N/A | N/A | N/A | 170,226 | 175,332 | 180,591 |
| Unique number of hospital advanced directives stored in an electronic health record system and made available to CRISP | N/A | N/A | N/A | N/A | 384,039 | 391,719 | 397,595 |

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 (Calendar Year) | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Est. | 2024 Est. | 2025 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Alternative Rate Methodology (ARM) applications completed | 36 | 35 | 30 | 27 | 27 | 26 | 25 |
| Maryland all-payer per capita hospital revenue growth | 2.92% | 0.21% | 6.06% | 6.06% | 3.72% | 3.58% | 3.6% |

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 (Calendar Year) | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Est. | 2024 Est. | 2025 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 | < 1.72% | > 2.20% | <3.22% | >2.07% | <1.00% | N/A | N/A |

Obj. 3.4 Annually increase the number of hospitals that have integrated telehealth into their electronic health record system workflows.

| Performance Measures | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of hospitals that have implemented telehealth within their electronic health record system | N/A | N/A | N/A | N/A | 43 | 43 | 43 |
| Number of hospitals that implemented a consumer satisfaction survey at the end of a telehealth encounter | N/A | N/A | N/A | N/A | 86 | 90 | 95 |

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Obj. 3.5 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 | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of reverse referral pilot projects and community hospital partnerships | 11 | 11 | 7 | 6 | 3 | 5 | 7 |

Goal 4 Promote new models of care to address barriers to reducing the Total Cost of Care (TCOC) in Maryland and seize on new authorities under Health Insurance: Two-Sided Incentive Arrangements and Capitated Payments.

Obj. 4.1 Increase the number of providers that participate in new care delivery models.

| Performance Measures | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| The number of providers that participate in value-based care models | N/A | N/A | N/A | N/A | 5,678 | 5,958 | 6,256 |

Goal 5 Address health disparities among the privately insured population by examining healthcare spending by race and ethnicity using the Medical Care Data Base (MCDB).

Obj. 5.1 Increase race and ethnicity reporting among the privately insured population in the Medical Care Data Base (MCDB).

| Performance Measures | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Percentage of payers (reporting entities) that are reporting 75% or more on Race/Ethnicity in the Medical Care Data Base (MCDB) | N/A | N/A | N/A | N/A | 9.10% | 9.10% | 9.1% |

OTHER PERFORMANCE METRICS

| Performance Measures | 2019 Act. | 2020 Act. | 2021 Act. | 2022 Act. | 2023 Act. | 2024 Est. | 2025 Est. |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Funds raised through HSCRC not directly supporting hospital finance (\$) | | | | | | | |
| Medicaid Hospital Assessment (M00Q01.03) | 334,825,000 | 309,825,000 | 294,825,000 | 294,825,000 | 294,825,000 | 244,825,000 | 294,825,000 |
| Health Care Coverage Fund (M00Q01 & M00L01.03) | 186,170,476 | 193,914,773 | 200,487,989 | 206,146,758 | 211,913,241 | 224,047,697 | 230,769,128 |
| Nurse Support Program II (R62I00.38) | 17,142,689 | 17,186,577 | 17,784,173 | 17,375,642 | 18,876,135 | 19,559,842 | 20,146,637 |
| Nurse Support Program I (non-budgeted) | 17,040,771 | 17,472,274 | 17,466,612 | 17,321,473 | 19,173,306 | 19,870,911 | 20,467,038 |
| HSCRC User Fees (M00R01.02) | 12,762,486 | 14,879,233 | 18,865,827 | 17,772,298 | 16,907,052 | 22,890,940 | 22,612,456 |
| ² Maryland Patient Safety Center (non-budgeted) | 492,075 | 369,056 | 521,056 | 248,028 | N/A | N/A | N/A |
| Health Information Exchange (non-budgeted) | 2,500,000 | 5,390,000 | 5,170,000 | 9,240,000 | 4,800,000 | 4,800,000 | 4,800,000 |

NOTES

¹ Metric discontinued.

² This assessment is no longer administered after FY 2022.