

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 hospital industry.

Obj. 1.1 All 46 Maryland acute general hospitals shall obtain a performance score of 90 percent or above in each measure within the performance domain.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
¹ Number of hospitals 90 percent or above in heart attacks	45	23	19	N/A	N/A	N/A	N/A
¹ Number of hospitals 90 percent or above in heart failure	45	45	46	N/A	N/A	N/A	N/A
¹ Number of hospitals 90 percent or above in pneumonia	40	40	43	N/A	N/A	N/A	N/A
¹ Number of hospitals 90 percent or above in Surgical Care	45	45	44	N/A	N/A	N/A	N/A

Obj. 1.2 To improve patient satisfaction at Maryland Acute General Hospitals.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
² Hospitals 75 percent or above in overall patient satisfaction (patient satisfaction score of 9 out of 10 or better)	30	30	3	5	0	7	7
Overall hospital performance on patient experience of care	N/A	68%	69%	69%	69%	69%	69%

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

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Overall hospital performance on best practice process measures	N/A	98%	98%	96%	97%	N/A	N/A
30 Day, all hospital case-mix adjusted readmission rate	13%	13%	12%	12%	12%	12%	12%
Case-mix adjusted, potentially preventable complication rate	140%	108%	90%	82%	70%	70%	70%

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

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider	N/A	N/A	N/A	9,453	13,006	14,700	16,560
Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider care manager	N/A	N/A	N/A	172	4,120	6,400	9,200
Number of high needs Medicare fee-for-service beneficiaries with a care alert	N/A	N/A	N/A	244	3,179	4,600	6,440

Goal 2. Improve access to and affordability of health care for all Maryland residents.

Obj. 2.1 Improve access to health insurance in the small and large group markets.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Est.	2018 Est.	2019 Est.
² Proportion of persons under age 65 years of age with health insurance	88.3%	93.5%	92.5%	92.8%	92.5%	92.5%	92.5%
² Proportion of individuals under 100 percent of Federal Poverty Level, age 19-64, without health insurance (even years only)	N/A	27.4%	N/A	18.0%	18.9%	18.9%	18.9%

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

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Maryland hospitals regulated	N/A	54	55	55	56	56	56
Maryland hospitals paying into Uncompensated Care Fund	N/A	21	20	23	21	21	21
Maryland hospitals receiving funding from Uncompensated Care	N/A	27	28	25	28	28	28
Maryland hospitals operating under global (GBR) payment structure	N/A	48	48	51	52	52	52
Maryland hospitals operating under Potentially Avoidable Utilization	N/A	48	48	48	52	52	52
Percent of regulated hospitals providing treatment to all patients regardless of ability to pay	N/A	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	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Number of Community Health Resources Commission grantees who provide access to integrated behavioral health and primary care services in community-based settings	14	5	6	5	6	4	6

Goal 3. Reduce the rate of growth in health care spending.

Obj. 3.1 Eliminate unnecessary administrative expenses through adoption of health information technology.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Documents uploaded to the state designated Health Information Exchange (HIE) (in millions)	90	114	204	325	N/A	N/A	N/A
Number of hospitals exchanging clinical information	42	46	47	48	N/A	N/A	N/A
Percentage of providers with access to HIE that use HIE	48%	63%	70%	75%	N/A	N/A	N/A
Number of provider queries	N/A	N/A	N/A	1,257,956	1,346,684	1,450,000	1,550,000
Number of unique users	N/A	N/A	N/A	25,862	53,189	57,500	58,900
Number of Encounter Notification System (ENS) alerts to physicians	N/A	N/A	N/A	18,019,775	18,488,775	18,750,000	18,950,000
Number of ambulatory practices connected to HIE	N/A	N/A	N/A	1,349	1,463	1,590	1,950

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	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Alternative Rate Methodology (ARM) applications completed	N/A	35	40	37	37	37	37
Maryland all-payer per capita hospital revenue growth	N/A	1.5%	2.3%	0.8%	3.0%	3.0%	3.0%

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	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 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	N/A	< 2.2%	< 0.04%	< 0.5%	<2.73%	<2.0%	<0.5%

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Obj. 3.4 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	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Number of reverse referral pilot projects and community hospital partnerships	3	6	9	9	11	10	8

OTHER PERFORMANCE METRICS

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Funds raised through HSCRC not directly supporting hospital finance (\$)							
Medicaid Hospital Assessment (M00Q01.03)	389,825,000	412,455,978	389,825,000	389,825,000	364,825,000	364,825,000	339,825,000
Health Care Coverage Fund (M00Q01 & M00L01.03)	138,733,839	158,555,141	164,897,347	165,192,897	175,615,840	181,637,615	187,865,873
Maryland Health Insurance Plan (D79Z02.01)	127,227,730	103,829,280	62,213,806	N/A	N/A	N/A	N/A
Nurse Support Program II (R60I00.38)	14,120,316	14,839,386	15,263,942	15,622,266	15,947,534	16,375,830	16,500,000
Nurse Support Program I (non-budgeted)	13,786,308	15,193,420	15,335,908	15,674,793	16,218,248	16,639,270	17,000,000
HSCRC User Fees (M00R01.02)	5,351,676	7,016,529	9,685,460	10,497,331	10,530,745	12,000,000	12,000,000
Maryland Patient Safety Center (non-budgeted)	1,225,637	1,200,000	1,080,000	972,000	874,800	656,100	492,075
Health Information Exchange (non-budgeted)	1,313,753	1,166,280	18,500,000	3,250,000	2,360,000	2,360,000	2,360,000

NOTES

¹ Measure retired by Centers for Medicare and Medicaid Services (CMS) in 2016.

² 2017 data for this measure is estimated; actual data will not be available until 2018.