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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.	2022 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	100%	100%	100%	100%
Percent of hospitals performing at or above the national average on preventing surgical site infections for knee procedures	N/A	N/A	N/A	100%	100%	100%	100%
Percent of hospitals performing at or above the national average on preventing surgical site infections for CABG procedures	N/A	N/A	N/A	100%	100%	100%	100%
Percent of acute general hospitals at or above the national average on preventing CLABSIs in ICUs	N/A	N/A	N/A	92%	100%	100%	100%
Percent of acute general hospitals performing at or above the national average on preventing C.diff infections	N/A	N/A	N/A	98%	98%	100%	100%
Percent of acute general hospitals performing at or above the national average on preventing CAUTIs	N/A	N/A	N/A	97%	100%	100%	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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Overall hospital performance on patient experience of care	69%	69%	69%	65%	66%	69%	70%
Number of hospitals improving patient satisfaction and recommending the hospital to family and friends	N/A	N/A	N/A	10	15	18	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	7	18	20	22

#### M00R

http://mhcc.maryland.gov/ | http://www.hscrc.maryland.gov/ | http://health.maryland.gov/mchrc/

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

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.	2022 Est.
Overall hospital performance on best practice process measures	96%	97%	N/A	N/A	N/A	N/A	N/A
30 Day, all hospital case-mix adjusted readmission rate	12%	12%	11%	11%	11%	11%	11%
Case-mix adjusted, potentially preventable complication rate	0.7%	0.7%	0.6%	0.7%	0.7%	0.7%	0.7%

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

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider	9,453	13,006	12,790	14,374	12,427	12,500	12,500
Number of high needs Medicare fee-for-service beneficiaries with a							
known care manager	172	4,120	3,628	3,343	2,691	2,700	2,700
Number of high needs Medicare fee-for-service beneficiaries with a		,	,	,	,	,	,
care alert	244	3,179	4,087	5,938	5,937	5,900	5,900

#### 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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.	2022 Est.
Proportion of persons under age 65 years of age with health							
insurance	92.5%	93.4%	93.0%	94.0%	93.2%	93.2%	93.2%
Proportion of individuals under 100 percent of Federal Poverty							
Level, age 19-64, without health insurance (even years only)	13.0%	14.0%	13.0%	13.0%	15.2%	14.5%	14.5%
Number of consumer visits to Wear the Cost website	N/A	N/A	N/A	26,743	17,834	21,401	25,681
Percent change year over year in the number of consumer visits to							
Wear the Cost website	N/A	N/A	N/A	N/A	-33.3%	20.0%	20.0%

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

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Maryland hospitals regulated	55	56	56	56	56	56	56
Maryland hospitals paying into Uncompensated Care Fund	23	21	19	20	21	21	21
Maryland hospitals receiving funding from Uncompensated Care	25	28	29	29	28	28	28
Maryland hospitals operating under global (GBR) payment							
structure	51	52	52	52	52	52	52
Maryland hospitals operating under Potentially Avoidable							
Utilization	48	52	52	52	52	52	52
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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 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	4	4	7	6	4

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.

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.	2022 Est.
Number of provider queries	1,257,956	1,346,684	2,326,100	3,889,981	6,068,930	6,500,000	6,750,000
Number of unique users	25,862	53,189	87,815	100,707	92,408	95,400	96,800
Number of Encounter Notification System (ENS) alerts to physicians	18,019,775	18,488,775	30,801,132	37,179,145	39,821,365	41,300,000	42,400,000
Percentage of Electronic Data Interchange (EDI)/ Electronic Health Network (EHN) private payer electronic claims	96%	96%	96%	97%	97%	98%	98%

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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.	2022 Est.
Alternative Rate Methodology (ARM) applications completed	37	37	36	36	35	30	30
Maryland all-payer per capita hospital revenue growth	0.80%	3.54%	1.50%	< 2.29%	<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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Est.	2021 Est.	2022 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	< 2.79%	< 0%	< 2.90%	< 1.72%	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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of ambulatory practices signed Participation Agreement	N/A	N/A	1,236	1,406	1,660	1,800	2,000
Number of providers that send comprehensive clinical patient profiles to CRISP (Tier 3)	N/A	N/A	711	1,122	1,359	1,759	2,000
Percent change from 2018 of the number of providers that send comprehensive clinical patient profiles to CRISP (Tier 3)	N/A	N/A	N/A	37%	48%	60%	64%

**Obj. 3.5** Increase the number of telehealth encounters by 40 percent from 2018 to 2021.

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Telehealth Use Cases - Ambulatory Care (combined)	N/A	N/A	14	3	3	3	3
Percent change from 2018 of the number of hospital care telehealth							
encounters	N/A	N/A	N/A	-79%	-79%	-79%	-79%

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	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Number of reverse referral pilot projects and community hospital							
partnerships	9	11	12	11	10	7	3

### **OTHER PERFORMANCE METRICS**

Performance Measures	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.
Funds raised through HSCRC not directly supporting hospital finance (\$)							
Medicaid Hospital Assessment (M00Q01.03)	389,825,000	364,825,000	364,825,000	334,825,000	309,825,000	329,825,000	329,825,000
Health Care Coverage Fund (M00Q01 & M00L01.03)	165,192,897	175,615,840	175,615,840	186,170,476	193,914,773	200,487,989	200,487,989
Maryland Health Insurance Plan (D79Z02.01)	N/A						
Nurse Support Program II (R62I00.38)	15,622,266	15,947,534	16,375,830	17,142,689	17,186,577	17,466,612	17,766,612
Nurse Support Program I (non-budgeted)	15,674,793	16,218,248	16,639,270	17,040,771	17,472,274	17,784,173	18,084,173
HSCRC User Fees (M00R01.02)	10,497,331	10,530,745	11,095,936	12,762,486	14,879,233	19,321,015	18,956,461
Maryland Patient Safety Center (non-budgeted)	972,000	874,800	656,100	492,075	521,056	123,019	0
Health Information Exchange (non-budgeted)	3,250,000	2,360,000	2,360,000	2,500,000	5,390,000	5,170,000	5,200,000