

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)	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.	2024 Est.
Percent of acute general hospitals performing at or above the national average on preventing CLABSIs in ICUs	N/A	92%	100%	84%	74%	85%	95%
Percent of acute general hospitals performing at or above the national average on preventing C.diff infections	N/A	98%	98%	100%	98%	100%	100%
Percent of acute general hospitals performing at or above the national average on preventing CAUTIs	N/A	97%	100%	94%	90%	95%	100%
Percent of acute general hospitals performing at or above the national average on preventing MRSA	N/A	N/A	N/A	N/A	94%	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	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Overall hospital performance on patient experience of care	69%	65%	66%	66%	65%	68%	70%
Number of hospitals improving patient satisfaction and recommending the hospital to family and friends	N/A	10	15	16	11	15	18
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	7	18	16	13	15	18

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

Performance Measures (Calendar Year)	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.	2024 Est.
30 Day, all hospital case-mix adjusted readmission rate	11%	11%	11%	11%	11%	11%	11%
Case-mix adjusted, potentially preventable complication rate	0.64	0.67	0.63	0.65	0.55	0.54	0.53

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

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider	12,790	14,374	12,427	11,523	11,902	12,200	12,600
Number of high needs Medicare fee-for-service beneficiaries with a known care manager	3,628	3,343	2,691	2,382	2,495	2,650	2,730
Number of high needs Medicare fee-for-service beneficiaries with a care alert	4,087	5,938	5,937	7,109	8,488	9,000	9,600

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

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Overall Nursing Home performance on Experience of Care.	N/A	N/A	N/A	N/A	75.4%	80.0%	85.0%

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)	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.	2024 Est.
Overall Home Health performance on Experience of Care.	N/A	N/A	N/A	N/A	75.5%	80.0%	85.0%

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)	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.	2024 Est.
Overall Hospice performance on Experience of Care.	N/A	N/A	N/A	N/A	85.5%	90.0%	95.0%

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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	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 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	N/A	82.8%	87.8%	92.8%
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	N/A	79.1%	84.1%	89.1%
At least 90% of health care workers in nursing homes will be vaccinated against influenza.	N/A	N/A	N/A	N/A	85.1%	90.1%	95.1%
At least 75% of health care workers in assisted living facilities will be vaccinated against influenza.	N/A	N/A	N/A	N/A	65.4%	70.5%	75.5%

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	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of consumer visits to Wear the Cost website	N/A	26,743	17,834	25,584	9,761	16,470	18,117
Percent change year over year in the number of consumer visits to Wear the Cost website	N/A	N/A	-33.3%	43.5%	-61.8%	68.7%	10.0%
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	N/A	100.0%	100.0%	100.0%

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

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Maryland hospitals regulated	56	56	56	56	56	56	56
Maryland hospitals paying into Uncompensated Care Fund	19	20	21	18	18	19	19
Maryland hospitals receiving funding from Uncompensated Care	29	29	28	29	29	27	26
Maryland hospitals operating under global (GBR) payment structure	52	52	52	51	52	52	52
Maryland hospitals operating under Potentially Avoidable Utilization	52	52	52	51	47	46	45
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	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of Community Health Resources Commission grantees who provide access to integrated behavioral health and primary care services in community-based settings	4	4	7	8	6	6	3

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 5 percent from the prior year.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of provider queries	2,326,100	3,060,102	3,881,013	4,803,870	4,886,846	4,971,255	5,057,122
Number of unique users	87,815	100,707	92,408	110,017	112,317	113,440	114,574
Number of Encounter Notification System (ENS) alerts to physicians	30,801,132	37,179,145	39,821,365	26,093,887	38,223,220	40,000,000	42,000,000
Percent of new electronic advance directives available in hospital electronic health record systems.	N/A	N/A	N/A	N/A	7.7%	15.0%	25.0%

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)	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.	2024 Est.
Alternative Rate Methodology (ARM) applications completed	36	36	35	30	27	30	30
Maryland all-payer per capita hospital revenue growth	1.50%	2.92%	0.21%	<3.58%	<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 (Calendar Year)	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.	2024 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	< 2.90%	< 1.72%	> 2.20%	<3.22%	N/A	N/A	N/A

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Obj. 3.4 Increase the use of health information exchange for ambulatory practices by 10 percent from the prior year.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of ambulatory practices signed Participation Agreement	1,236	1,406	1,660	2,771	2,889	2,925	2,980
Number of providers that send comprehensive clinical patient profiles to CRISP (Tier 3)	711	1105	1,115	1,145	1,675	1,859	2,063
Percent change from prior year of the number of providers that send comprehensive clinical patient profiles to CRISP (Tier 3)	N/A	36%	1%	3%	32%	10%	10%

Obj. 3.5 Increase the number of telehealth encounters by 5 percent from the prior year.

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Percent change in telehealth visits for physician practices from prior year	N/A	N/A	N/A	37%	-48%	0%	0%

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	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Number of reverse referral pilot projects and community hospital partnerships	8	11	11	7	6	3	3

OTHER PERFORMANCE METRICS

Performance Measures	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Act.	2023 Est.	2024 Est.
Funds raised through HSCRC not directly supporting hospital finance (\$)							
Medicaid Hospital Assessment (M00Q01.03)	364,825,000	334,825,000	309,825,000	294,825,000	294,825,000	294,825,000	294,825,000
Health Care Coverage Fund (M00Q01 & M00L01.03)	175,615,840	186,170,476	193,914,773	200,487,989	206,146,758	211,913,241	218,270,638
Nurse Support Program II (R62I00.38)	16,375,830	17,142,689	17,186,577	17,784,173	17,375,642	18,876,135	18,876,135
Nurse Support Program I (non-budgeted)	16,639,270	17,040,771	17,472,274	17,466,612	17,321,473	19,173,306	19,173,306
HSCRC User Fees (M00R01.02)	11,095,936	12,762,486	14,879,233	18,865,827	17,772,298	20,743,045	22,581,293
¹ Maryland Patient Safety Center (non-budgeted)	656,100	492,075	369,056	521,056	248,028	N/A	N/A
Health Information Exchange (non-budgeted)	2,360,000	2,500,000	5,390,000	5,170,000	9,240,000	4,800,000	4,800,000

NOTES

¹ This assessment is no longer administered after FY 2022.