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 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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.	2023 Est.
[1] Percent of hospitals performing at or above the national average on preventing surgical site infections for hip procedures	N/A	N/A	100%	100%	100%	100%	100%
[1] Percent of hospitals performing at or above the national average on preventing surgical site infections for knee procedures	N/A	N/A	100%	100%	100%	100%	100%
[1] Percent of hospitals performing at or above the national average on preventing surgical site infections for CABG procedures	N/A	N/A	100%	100%	100%	100%	100%
[1] Percent of acute general hospitals at or above the national average on preventing CLABSIs in ICUs	N/A	N/A	92%	100%	84%	95%	100%
[1] Percent of acute general hospitals performing at or above the national average on preventing C.diff infections	N/A	N/A	98%	98%	100%	100%	100%
[1] Percent of acute general hospitals performing at or above the national average on preventing CAUTIs	N/A	N/A	97%	100%	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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Overall hospital performance on patient experience of care	69%	69%	65%	66%	66%	68%	70%
Number of hospitals improving patient satisfaction and recommending the hospital to family and friends	N/A	N/A	10	15	16	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	7	18	16	18	20

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.	2023 Est.
30 Day, all hospital case-mix adjusted readmission rate	12%	11%	11%	11%	11%	11%	11%
Case-mix adjusted, potentially preventable complication rate	0.66	0.64	0.67	0.63	0.65	0.65	0.67

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of high needs Medicare fee-for-service beneficiaries with a known primary care provider	13,006	12,790	14,374	12,427	11,523	12,500	12,500
Number of high needs Medicare fee-for-service beneficiaries with a known care manager	4,120	3,628	3,343	2,691	2,382	2,800	3,000
Number of high needs Medicare fee-for-service beneficiaries with a care alert	3,179	4,087	5,938	5,937	7,109	7,500	8,000

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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
[2] Proportion of persons under age 65 years of age with health insurance	93.4%	93.0%	94.0%	90.3%	90.3%	90.3%	90.3%
[2] Proportion of individuals under 100 percent of Federal Poverty Level, age 19-64, without health insurance (even years only)	14.0%	13.0%	13.0%	21.1%	20.3%	19.5%	18.7%
Number of consumer visits to Wear the Cost website	N/A	N/A	26,743	17,834	25,584	30,701	36,841
Percent change year over year in the number of consumer visits to Wear the Cost website	N/A	N/A	N/A	-33.3%	43.5%	20.0%	20.0%

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Maryland hospitals regulated	56	56	56	56	56	56	56
Maryland hospitals paying into Uncompensated Care Fund	21	19	20	21	18	18	18
Maryland hospitals receiving funding from Uncompensated Care	28	29	29	28	29	29	29
Maryland hospitals operating under global (GBR) payment structure	52	52	52	52	51	50	50
Maryland hospitals operating under Potentially Avoidable Utilization	52	52	52	52	51	50	50
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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of Community Health Resources Commission grantees who provide access to integrated behavioral health and primary care services in community-based settings	6	4	4	7	8	6	6

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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.	2023 Est.
Number of provider queries	1,346,684	2,326,100	3,889,981	6,068,930	8,668,265	8,828,312	8,957,550
Number of unique users	53,189	87,815	100,707	92,408	110,017	113,718	114,950
Number of Encounter Notification System (ENS) alerts to physicians	18,488,775	30,801,132	37,179,145	39,821,365	26,093,887	27,920,459	28,316,500
[2] Percentage of Electronic Data Interchange (EDI)/ Electronic Health Network (EHN) private payer electronic claims	96%	96%	97%	97%	99%	99%	99%

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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.	2023 Est.
Alternative Rate Methodology (ARM) applications completed	37	36	36	35	30	32	33
Maryland all-payer per capita hospital revenue growth	3.54%	1.50%	2.92%	0.21%	<3.58%	<3.58%	<3.58%

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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.

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	2022 Est.	2023 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	< 0%	< 2.90%	< 1.72%	> 2.20%	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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of ambulatory practices signed Participation Agreement	N/A	1,236	1,406	1,660	2,771	3,350	3,675
Number of providers that send comprehensive clinical patient profiles to CRISP (Tier 3)	N/A	711	1,122	1,359	1,676	1,885	2,150
Percent change from prior year of the number of providers that send comprehensive clinical patient profiles to CRISP (Tier 3)	N/A	N/A	37%	17%	19%	11%	12%

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

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Telehealth visits - physician practices	N/A	N/A	N/A	11%	48%	50%	55%
Percent change in telehealth visits for physician practices from prior year	N/A	N/A	N/A	N/A	37%	2%	5%

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	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Number of reverse referral pilot projects and community hospital partnerships	11	12	11	10	7	6	4

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OTHER PERFORMANCE METRICS

Performance Measures	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Act.	2022 Est.	2023 Est.
Funds raised through HSCRC not directly supporting hospital finance ($)							
Medicaid Hospital Assessment (M00Q01.03)	364,825,000	364,825,000	334,825,000	309,825,000	294,825,000	294,825,000	294,825,000
Health Care Coverage Fund (M00Q01 & M00L01.03)	175,615,840	175,615,840	186,170,476	193,914,773	200,487,989	206,146,758	206,146,758
Nurse Support Program II (R62I00.38)	15,947,534	16,375,830	17,142,689	17,186,577	17,784,173	17,660,661	17,660,661
Nurse Support Program I (non-budgeted)	16,218,248	16,639,270	17,040,771	17,472,274	17,466,612	17,375,642	17,375,642
HSCRC User Fees (M00R01.02)	10,530,745	11,095,936	12,762,486	14,879,233	18,865,827	19,115,439	20,293,284
Maryland Patient Safety Center (non-budgeted)	874,800	656,100	492,075	369,056	521,056	248,028	248,028
Health Information Exchange (non-budgeted)	2,360,000	2,360,000	2,500,000	5,390,000	5,170,000	9,240,000	9,240,000

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.