

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2025

EXECUTIVE DIRECTION

Government Relations and Special Projects – Tracey DeShields

State Policy Update

Legislative Session 2025

The legislative session ended April 7th at midnight. The legislature did address one of their biggest and most important issue, passing the budget. The Legislature passed a \$66.9 billion budget for the upcoming Fiscal Year (FY) 2026. The FY 2026 budget meets the spending affordability goals and protects against the impact of federal actions. The Blueprint for Maryland’s Future formulas were fully funded. Continued to provide vital health care services (through Medicaid) and added funds to preserve services for the developmentally disabled. Lastly, \$2.1 billion was added to the Rainy-Day Fund (Revenue Stabilization Account) and \$317 million in the State’s general fund (surplus).

Interim 2025

The MHCC made a late bill request related to our authority over ASAM 3.7 Intermediate Care Facilities (ICFs) giving us authority to approve or disapprove bed capacity in these facilities. This bill [*HB1515 - Certificate of Need - Intermediate Health Care Facilities – Exemptions*](#) was passed out of the House Health and Government Operations (HGO) Committee; however, it did not make to the Senate. The MHCC is planning to revise the bill and have it reintroduced during the 2026 legislative session.

We are reviewing the legislation that passed and the legislative work to be completed over the interim. This will be reviewed with the Commission during the May Commission meeting.

Behavioral Health Workforce Assessment

As a reminder MHCC along with the Maryland Department of Health (MDH) was invited by SAMSHA to attend a behavioral health workforce summit on February 11th and 12th. This summit included seven states and SAMSHA officials.

As you know, federal agencies are being disbanded, SAMSHA was one of the agencies where employees were let go with little to no notice. The Region 3 SAMSHA office and the other SAMSHA Regional offices were closed and staff terminated. This has significant implications for Maryland regarding treatment and funding for behavioral health and in particular substance use disorders.

The National Association of State Mental Health Program Directors (NASMHPD) has stepped in to continue the work of the Behavioral Health Workforce Learning Collaborative initiated by Region 3 SAMSHA office. We will meet with them on May 15th.

MHCC-related news coverage: selected articles and commentary

Maryland Department of Health

Brown, D., “Lessons from COVID-19 paved a ‘roadmap’ for future disease responses, officials say,” Maryland Matters, May 6, 2025
<https://marylandmatters.org/2025/05/05/lessons-from-covid-19-paved-a-roadmap-for-future-disease-responses-officials-say/>

Siddiqi, Z., “State Sued Over Nursing Home Survey Backlog Amid Ongoing Legislative Overhaul,” Skilled Nursing News, May 5, 2025
<https://skillednursingnews.com/2025/05/nursing-home-survey-delays-focus-of-class-action-lawsuit-against-state-dhs-amid-legislative-reform-efforts/>

Behavioral Health

Winebrenner, K., “Parents often struggle to find help for troubled youngsters — but this Maryland program can help,” Capital News Service, May 5, 2025
<https://baltimorepostexaminer.com/parents-often-struggle-to-find-help-for-troubled-youngsters-but-this-maryland-program-can-help/2025/05/05>

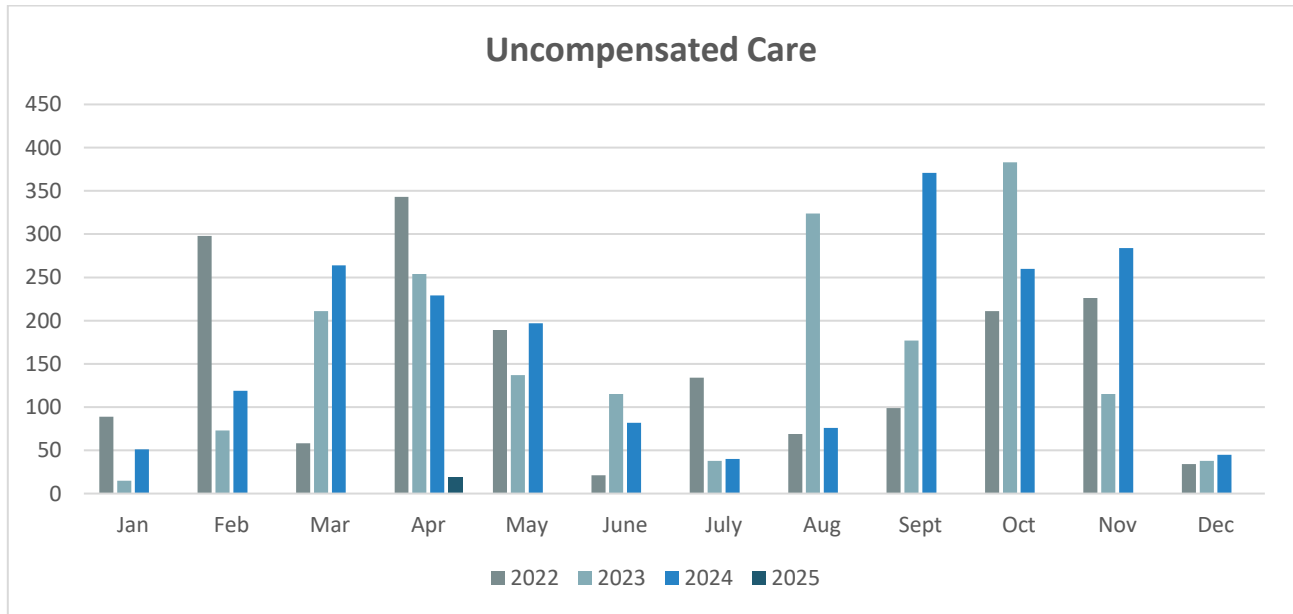
Maryland Trauma Physician Services Fund

On Call Applications

The Commission staff distributed awards to 12 trauma centers for On-Call services provided by trauma physicians for the period July – December of 2024. The total amount awarded was \$10,708,446.41.

Uncompensated Care Processing

Our new Third-Party Administrator, SCAS Management Group (SMG), for its inception processed **\$19,182.05** in uncompensated care claims for the month of April. Unfortunately, many claims were rejected due to mandatory information not being recorded. Explanation of Benefits (EOBs) were mailed out notifying providers of the information needed for processing. SMG anticipates the number of claims to double and/or triple for the month of May.



Internet Utilization

MHCC Website The MHCC website (<https://MHCC.maryland.gov>) had 4,506 during the month of April 2025.

WTC Website had 432 visitors during the month of April 2025.

Maryland Quality Reporting

Maryland Quality Reporting

Maryland Quality Reporting had 1,621 users in April, a slight increase (11.3%) from the previous month's activity. The number of new users also increased significantly by 16%. While the number of sessions remained relatively constant, the website notably had a 19.2% increase in the average session duration, meaning users spent more time on the website.

This month, the site received referrals of at least 10 users or more from Maryland 211 (88 or 37.1%), Howard County Government (23 or 9.7%), Maryland Attorney General (18 or 7.6%), umms.org (10 or 4.2%), and Peoples-Law.org (10 or 4.2%). The website notably had 11 users, or 4.6% of user traffic for the month, from a staff presentation on April 24, 2025.

Facebook remained the primary social media referral source.

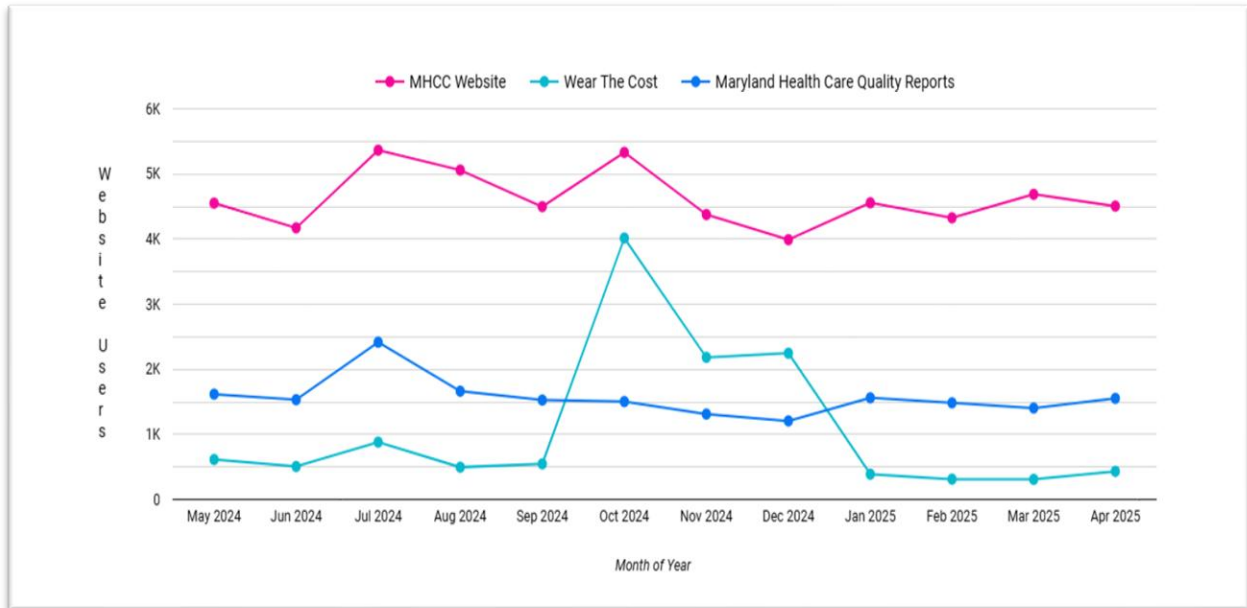


Figure 1 shows the number of website users over a 12-month period for each of the three websites maintained by Commission staff. Specific information about each website is listed above.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Shankar Mesta

No Update for May 2025

APCD Public Reporting and Data Release – Mahlet ‘Mahi’ Konjit-Solomon

No Update for May 2025

Special Projects – Jason Caplan

No Update for May 2025

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

Acute Care Policy and Planning – Eileen Fleck

State Health Plan for Facilities and Services: Residential Treatment Centers (COMAR 10.24.07)

Staff finalized a White Paper on residential treatment center services and presented an overview to the Commission at the April 17, 2025, meeting. Staff also discussed the policy implications of the research with respect to updating the State Health Plan COMAR 10.24.07. Work has continued revising draft regulations with a target date of June 2025 to post for informal comment.

Certificates of Ongoing Performance

MedStar Southern Maryland Hospital Center had a condition on its Certificate of Ongoing Performance for percutaneous coronary intervention services (PCI) that required the hospital to demonstrate that PCI case documentation accurately capture all patient care. The MHCC staff reviewed the records and concluded that the hospital completed the required actions. Based on the demonstration of a high level of compliance with documentation in PCI cases, through its auditing of records for over a year MHCC released the hospital from that condition.

Other

MHCC staff attended the Spring meeting of the Maryland Cardiac Surgery Quality Initiative on April 9, 2025.

Long-Term Care Policy and Planning – Jeanne Marie Gawel

Nursing Homes

The survey data for the 2023 Long Term Care Survey has been validated and is available for public use on the MHCC website. (Insert the link). The data shows an increase in occupancy at Maryland nursing homes in all Maryland health planning regions (Western, Montgomery, Southern, Central and Eastern Shore). Maryland nursing home occupancy increased from 78.9% in 2022 to 81.93% in 2023. Planning for the 2024 Long Term Care Survey is underway and will begin in May.

Home Health

Staff has updated the qualifying quality measure and performance levels criteria to be used in a proposed upcoming Certificate of Need (CON) review. The State Health Plan requires these metrics be considered and approved by the Commission prior to review. The metrics were posted for public comment in the Maryland Register beginning April 4, 2025, for a 30-day time period.

Hospice

The 2024 Hospice Survey began in March 2025, and is in progress with a closing date of May 21, 2025. There are 25 general hospices and one limited hospice provider in Maryland. The survey data is collected annually and used by MHCC for health planning purposes. Commission staff is in early planning stages of assembling a workgroup to begin work on the hospice chapter of the State Health Plan Maryland COMAR 10.24.13.

Facility Services Planning and Policy/Certificate of Need – Ewurama Shaw-Taylor

Certificate of Need (CON)

Project Change After CON Approval

Luminis Health Doctors Community Medical Center (LHDCMC) Docket No. 23-16-2466 (Prince George’s County)

LHDCMC is requesting to reduce the size of the new construction and to scale back the renovations to the existing hospital. LHDCMC will (1) change the location of the new tower from the west side to the east side of the hospital; (2) reduce the number of obstetrics beds; (3) expand the loading dock construction to include a pharmacy; and (4) renovate the surgical platform (and other supportive services) in the existing hospital rather than constructing new ones. LHDCMC states that these changes avoid significant increases in construction and operating costs. The proposed changes will still allow the hospital to deliver the full scope of obstetrical services, while lowering the project budget by one third, to a new estimated total cost of \$210,828,366.

CON Letters of Intent

Anne Arundel-SCA Surgicenter, LLC d/b/a AAMC Surgery Center---Annapolis (Anne Arundel County)

AAMC Surgery Center-Annapolis is an ambulatory surgery center with two operating rooms and no procedure rooms, located at 904 Commerce Road, Annapolis, MD 21401. AAMC Surgery Center-Annapolis is seeking approval to add an operating room and establish itself as an ambulatory surgical facility (ASF) with three total operating rooms and one procedure room. AAMC Surgery Center-Annapolis will lease the space adjacent to the current facility and renovate to accommodate the additional operating and procedure rooms.

Determinations of Coverage

- **Ambulatory Surgery Centers (ASC)**

Towson Surgical Center (Baltimore County)

Towson Surgical Center is an ASC with two operating rooms and one procedure room, located at 1122 Kenilworth Drive, Suite 17, in Towson, MD 21204. Towson Surgical Center notified the Commission of two changes: (1) a change in ownership that occurred on January 2, 2025, and (2) the addition of two new cardiology procedures. Towson Surgical Center attested that there were no other changes to the ASC.

Towson Surgical Center Ownership	Pre-Transaction	Post-Transaction
Baltimore ASC Ventures, LLC: University of Maryland St. Joseph (UMSJ) Health System 51% AmSurg Holdings, LLC - 49%	71.4%	71.4%
Group of Physicians: Robert Clayton, M.D. – 4.4% John Mitcherling, M.D. – 5.8% William Mitcherling, M.D. – 5.8% Brent Birely, M.D. – 2.0% Carol Ritter, M.D. – 3.3% Paul Ringelman, M.D. – 4.9% Steven Adashek, M.D. – 2.4%	28.6%	none
UMSJ Health System	-	28.6%
Total Ownership	100%	100%

SAPNA Surgery Center of Potomac, LLC

SAPNA Surgery Center (SAPNA) is an ambulatory surgery center (ASC), located at 7811 Montrose Road, Suite 220, Potomac, MD 20854, with one non-sterile procedure room. SAPNA was formerly the Surgery Center at Park Potomac, LLC (Park Potomac), an existing ASC that operated at 7811 Montrose Road, Suite 330. Between July 2023 to May 2024, there were three changes to Park Potomac from the original determination of coverage: (1) ownership changed from three original owners—Jodie Stone, Majid Ghauri, M.D., and Usman Zahir, M.D.—to Dr. Ghauri having 100% ownership; (2) the ASC remained at the same address at 7811 Montrose Road, Potomac, MD 20854, but relocated from Suite 330 to Suite 220; and (3) after the ownership change and relocation, the ASC was renamed SAPNA. As a result of the changes enumerated above, the Commission issued an updated determination of coverage.

Spine & Pain Clinics of North America, LLC

The Spine & Pain Clinics of North America is an established pain management service provider operating in Virginia that opened a second location in Maryland, at 7811 Montrose Road, Suite 220 in Potomac, MD in February 2022. The Spine & Pain Clinics of North America is owned by Majid Ghauri, M.D., who also owns SAPNA. MHCC staff informed Majid Ghauri, M.D. that Spine & Pain Clinics of North America met the definition of an “ambulatory surgical center” per COMAR 10.24.01.01(04) and that a determination of coverage is needed for the facility. Dr. Ghauri furnished the Commission with the information needed to establish Spine & Pain Clinics of North America, LLC, as an ASC with one non-sterile procedure room. Spine & Pain Clinics of North America and SAPNA will operate at the same location, on alternate days of the week.

- **Licensure**

- **Delicensure of Bed Capacity or a Health Care Facility**

- Nexus-Woodbourne Family Health (Baltimore City)

Nexus-Woodbourne Family Health requested an extension of temporary delicensure of two residential treatment center (RTC) beds. The original temporary delicensure of two RTC beds was granted on April 1, 2024. The RTC requests an additional temporary delicensure while the facility completes

renovations and plans the location of programming spaces. The Commission extended the temporary delicensure until April 1, 2026, and will retain the beds in the Commission's inventory of 48 beds for the facility.

○ **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**

Sacred Heart Home (Prince George's County)

The Commission authorized the temporary delicensure of 58 CCF beds at Sacred Heart Home on April 12, 2022, and granted a one-year extension effective April 6, 2023. Over the past three years, MHCC has granted multiple additional extensions, and at the end of the final extension period, Sacred Heart Home did not take any action or notify the Commission of its plans for the beds, per COMAR 10.24.01.03D(7). Therefore, in accordance with COMAR 10.24.01.03D(10), the Commission considers the 58 delicensed beds to be abandoned, and the inventory will reflect that Sacred Heart Home is authorized to operate 44 licensed CCF beds.

• **Other**

Padder Health Services (Howard County)

Padder Health Services, located at 9710 Patuxent Wood Drive, Columbia, MD 21046, requested a determination of non-coverage to purchase a PET/CT Scanner, a major medical equipment (MME). The new scanner will replace the current Digirad SPECT scanner and enable myocardial perfusion imaging with improved image quality (thereby reducing false positives) and reduced radiation exposure. MME is not considered a "medical service". Therefore, Padder Health Services does not require a CON or any other Commission approval to purchase the PET/CT Scanner.

Hospice of Washington County (Washington County)

Hospice of Washington County requested permission to provide general hospice services to a resident of Frederick County located at 1710 Underpass Way in Hagerstown MD.

UPMC Western Maryland Corporation - Home Health -HH 7031 and Hospice -H1534 (Allegany County)

UPMC Western Maryland Corporation notified the Commission of a change in address of its administrative offices. Currently, the administrative office is located at 1050 W. Industrial Blvd, Suite 19, Cumberland, MD 21502. The office will be relocated to 12501 Willowbrook Road, 3rd Floor, Cumberland, MD 21502.

Atlantic General Hospital John H. 'Jack' Burbage, Jr. Regional Cancer Center (Worcester County)

Atlantic General Hospital requested a determination of non-coverage regarding major medical equipment (MME), the computer tomography and radiation therapy equipment at the John H. 'Jack' Burbage, Jr. Regional Cancer Care Center. The John H. 'Jack' Burbage, Jr. Regional Cancer Care Center, inclusive of the computer tomography and radiation therapy equipment, is part of the acquisition of Atlantic General Hospital Corporation by TidalHealth, Inc. MME is not considered a "medical service". Therefore, the Center and TidalHealth, Inc. do not require a CON or any other Commission approval for the purchase of the PET/CT Scanner.

Tidal Health Cardiology (Wicomico County)

TidalHealth Cardiology requested a determination non-coverage regarding major medical equipment (MME), a new PET/CT scanner. TidalHealth Cardiology plans to replace the existing cardiac PET scanner with a new PET/CT Scanner to be placed in the same location as the existing equipment, located at 400 Eastern Shore Drive in Salisbury, Maryland. MME is not considered a "medical service". Therefore, Tidal Health Cardiology does not require a CON or any other Commission approval to replace and operate the PET/CT Scanner.

Northwest Healthcare Center (Baltimore City)

Northwest Healthcare Center (Northwest) notified the Commission of its intent to relocate. Northwest is a 91-bed comprehensive care facility, located at 4601 Pall Mall Road, and is affiliated with CommuniCare Health Services (CHS) that is recognized by the Commission as a merged asset system. CommuniCare Health Services will relocate Northwest to 3855 Greenspring Avenue, Baltimore, MD 21211. Northwest's new location on Greenspring is in the same jurisdiction (Baltimore City) as the current location.

University of Maryland Medical Center Docket No. 23-24-EX017 (Baltimore City)

University of Maryland Medical Center (UMMC) requested an adjustment to the implementation schedule for its CON Exempt project to relocate 58 acute rehabilitation and chronic care beds from the University of Maryland Rehabilitation and Orthopaedic Institute to the University of Maryland Medical Center in Baltimore City. UMMC commenced construction in January 2025 instead of December 2024, as projected in the approved Exemption. UMMC does not anticipate that this delay will impact its proposed schedule for the remaining performance requirements nor affect the total approved cost, including allowable inflation. The Commission approved the change in the implementation schedule.

***CENTER FOR HEALTH INFORMATION TECHNOLOGY & INNOVATIVE CARE
DELIVERY***

Health Information Technology Division – Nikki Majewski, Division Chief

Artificial Intelligence Symposium

The Artificial Intelligence (AI) Symposium series commenced with the release of six presentations. The theme of the series centers on advancing responsible use of AI-enabled technology in health care. Presenters include a range of AI subject matter experts, including researchers, providers, health information technologists, legal advisors, and data privacy and security professionals. More than 250 stakeholders registered in advance and were notified that the presentations were available to view on-demand. Additional presentations will be released in May.

Health IT Spotlights

Drafting of a data supplement illustrating the share of claims with a documented social needs-related billing code was completed. The supplement is a follow up to the *Hospital Spotlight: Integrating Social Needs Data into Electronic Health Records* (January 2025) and includes a regional analysis of Z codes, which identify non-medical factors related to socioeconomic and psychosocial circumstances. Data from 2021 to 2023 was obtained from the All Payer Claims Database for private and government payers. In addition, scoping of a telehealth policy spotlight is progressing. The spotlight will incorporate letter grades assigned to states for their telehealth policies based on a report by the Cicero Institute, a nonpartisan public policy organization. Utilization data of telehealth modalities across all 18 hospital health systems in the State will be highlighted. The spotlight is anticipated to be released this summer.

Prior Authorization

A brief readiness questionnaire was distributed to payers to assess the status of implementing technical requirements for prior authorization as required by State law (2024). Chapters 848/847 (SB 791/HB 932), *Health Insurance – Utilization Review – Revisions* requires payers to establish and maintain an online process by July 1, 2026 that links to electronic health records (EHR) and e-prescribing systems using certain national standards, accepts and approves electronic prior authorization requests under certain conditions, and provides information on patient out-of-pocket costs and more affordable medication alternatives in real-time. A report on progress toward implementing the law is due to the General Assembly by December 1, 2025.

Regulations

Final amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*, effective April 14, 2025, are being operationalized as it relates to dispenser reporting of noncontrolled prescription drugs (non-CDS). State law (2022) requires the State-Designated Health Information Exchange (CRISP) to make non-CDS dispense information available for treatment and care coordination purposes. Amendments to COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* are advancing to support the implementation of State law (2021) requiring electronic health networks to provide certain electronic health care transactions to CRISP. The amendments will also support the implementation of legislation passed during the 2025 session of General Assembly (House Bill 1104), which clarifies that electronic health care transactions data may be used to support the State's participation in the Centers for Medicare & Medicaid Services (CMS) Advancing All-Payer Health Equity Approaches and Development (AHEAD) model.

Reproductive Health

Planning has begun for an environmental scan of state policies that establish protections for reproductive health and gender-affirming care. The scan will review a study on state-level abortion trends, including abortion medication provided via telehealth, which was conducted by Guttmacher Institute, a non-profit research organization. Staff attended a quarterly meeting of the Electronic Health Record Association (EHRA) to share and receive updates on the implementation of technical requirements for blocking legally protected health information (i.e., mifepristone data and the diagnosis, procedure, medication, and related codes for abortion care). The EHRA is a national trade association supporting the implementation of State law (2023) that established protections for legally protected health information.

Noncontrolled Prescription Drugs

The draft *Noncontrolled Prescription Drugs Dispenser Data Submission Manual* (dispenser manual) was published in the May 2nd issue of the Maryland Register for a 20-day public comment period. The draft dispenser manual provides technical guidance for non-CDS reporting and was developed iteratively in collaboration with dispensing organizations and technology vendors, including CRISP. The dispenser manual is expected to be finalized in June. Outreach to pharmacies and dispensing prescribers continues in preparation of non-CDS reporting in Q4 2024, as required by COMAR 10.25.18.

Cybersecurity

Version 2.0 of the *Cybersecurity Preparedness Self-Evaluation Questionnaire* (Questionnaire) was released. The Questionnaire aligns with the National Institute of Standards and Technology (NIST) Cybersecurity Framework (CSF), a compendium of cybersecurity standards, best practices, and recommendations developed with experts in the federal government and private sector. The Questionnaire consists of self-evaluation statements grouped by people, process, and technology to help small practices identify gaps in cybersecurity and prioritize areas for improvement.

Electronic Data Interchange

Data collection continues for the 43 payers required to complete the 2024 Electronic Data Interchange Progress Report (report). COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payers with annual premiums of \$1 million or more to report census-level data on electronic health care transactions by June 30th each year. Most payers are expected to submit their completed report by the end of May.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Learning Network

A virtual event on improving patient access is being planned for June in collaboration with MedChi, The Maryland State Medical Society (MedChi). The event will feature a subject matter expert and two practice representatives who will discuss methods to improve patient access, including telehealth. The first three sessions of the new on-demand webinar series, *Beyond the Textbook: Real-World Medicine and Case Studies*,

have been recorded and are anticipated to be posted for viewing in April. Attendees will have the opportunity to earn continuing education credits for both the June event and the on-demand webinars.

Practice Transformation

A provider flyer was drafted with guidance to help prepare or advance participation in alternative payment models. The flyer highlights practical steps practices can take to achieve practice transformation. The Advancing Practice Transformation in Ambulatory Practices Program (APT), which is scheduled to conclude at the end of June 2025, has engaged approximately 87 primary care and specialty practices in transformation efforts aimed at ensuring the delivery of high-quality, cost-effective care. MedChi Care Transformation Organization is supporting the practices in completing program milestones. Currently, 12 practices are enrolled in the program and are working with coaches to complete select training modules based on the CMS Transforming Clinical Practice Initiative.

Primary Care Investment Workgroup

Drafting continues for the Primary Care Investment Workgroup (PCIW) 2025 report. Chapter 667 (Senate Bill 734), *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022), requires MHCC to conduct an annual investment analysis of primary care. The 2025 report is due to the Governor and General Assembly by December 1st.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Center for Quality Measurement and Reporting

The Maryland Quality Reporting (MQR) Website Updates

Staff continue to work with Advanta Government Services (AGS), the website contractor, to update the [Maryland Quality Reporting](#) consumer site. Additional enhancements and updated features are underway and routine updates and maintenance are ongoing. Staff continue to respond to consumer inquiries and requests for printed material received via the quality reports email.

MQR Website Traffic

Staff monitors traffic to the consumer site using Google Analytics software. Website traffic increased slightly in April (1,459 users) compared to March (1,349 users). The most frequently viewed topics on the MQR site include assisted living, nursing homes, and hospitals. Traffic to the site is presented graphically under the Executive Direction section of this update.

MQR Website Promotion

There were approximately 80 social media posts in April. Topics included National Public Health Week, World Immunization Week, National Minority Health Month, and general promotional posts for the MQR website. These topics generally coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events and are designed to link readers back to the MQR website.

COMR in the Community

Staff participated in the Minority Health Wellness Fair, held at the Maryland Department of Health in Baltimore City. This event was well attended, and provided the opportunity to share the resources available on the Quality Reporting website with both community members and health care professionals.

Staff gave a website demonstration to the Prince George's County Community Care Coordination Team. The demonstration was tailored to the needs of the group to increase awareness of the site and to show how professionals can include the quality resource tool into their workflows based on specific needs of their

communities. The presentation was well received and follow-up requests for additional presentations are being scheduled.

JCR Report – Private Payer Coverage of Ambulatory Surgical Facilities

The 2024 Joint Chairmen’s Report (JCR) required the Maryland Health Care Commission (MHCC) to examine private health insurance carriers and HMOs coverage of ambulatory surgical centers (ASCs) and outline the policies and procedures for their inclusion in private payer plans. The MHCC submitted its interim report in December 2024 to the Senate Budget and Taxation Committee and the House Appropriations Committee (hereafter Committees), which can be accessed [here](#).

The JCR requires MHCC to conduct a comprehensive study that includes a detailed analysis of the cost differential between procedures performed in hospital outpatient departments versus ASCs. Additionally, the study examines ASC integration with the Total Cost of Care Model or its successor under the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model, administered by the Centers for Medicare & Medicaid Services.

The final report is due to the legislature by June 1, 2025. However, challenges in obtaining the necessary data for the cost differential analysis and staffing issues delayed completing the study in May. As a result, staff will present their findings at MHCC’s June 12, 2025 meeting and will plan to submit the final report to the Committees by June 30, 2025.

Hospital Quality Initiatives – Courtney Carta

Leapfrog Hospital Safety Grades

The Leapfrog Group assigns letter grades (A-F) to hospitals based on performance on various patient safety measures. Grades are assigned twice annually, and the Spring 2025 results were recently released. Nationally, Maryland ranks 21st based on percentage of “A” hospitals, compared to 30th in Fall 2024. Twelve hospitals received an A this grading cycle – up from 10 the previous cycle. Leapfrog also announced a new “Straight A” designation for hospitals that earned an A for 5 consecutive grading cycles. Five hospitals earned this distinction: AHC White Oak Medical Center, Luminis Health Anne Arundel Medical Center, Meritus Medical Center, TidalHealth Peninsula Regional, and UM St. Joseph Medical Center.

The table below shows a summary of Maryland hospital performance for the past two grading cycles. To view hospital-specific results, click [here](#).

Letter Grade	Fall 2024 n=40	Spring 2025 (current) n=40
A	10 (25%)	12 (30%)
B	15 (37.5%)	15 (37.5%)
C	15 (37.5%)	13 (32.5%)
D	0 (0%)	0 (0%)
F	0 (0%)	0 (0%)

HB1051 Maternal Health – Assessment, Referrals, and Reporting

Under HB 1051 the Health Secretary, in collaboration with the MHCC, must develop a Maryland report card for birthing facilities (hospitals and freestanding birthing centers) and collect the necessary information to complete an annual report card for each birthing facility in the State. Staff are working closely with MDH and other stakeholders to support this effort. Staff are providing analytic expertise to MDH to meet the requirements of the bill. Long Term Care and Health Plan Quality Initiatives—Stacy Howes

Nursing Home Family Experience of Care Survey

Data collection for the 2024 survey year has concluded. 5,101 surveys were received and processed. Data has been analyzed, and final reports will be distributed to each nursing home during the first week of May. Data will be available on the Quality Reporting website in June.

Long Term Care Health Care Worker Influenza Vaccination Surveys

Data collection continues for the nursing homes, assisted living facilities, home health agencies, and hospices that began submitting their annual influenza vaccination surveys on April 1. Surveys are due by May 9 for hospice and home health and May 15 for assisted living facilities and nursing homes. Nursing homes now submit their data via the National Health Safety Network (NHSN), with MHCC staff providing assistance to facilities with the NHSN reporting requirements. MHCC staff administer the home health, assisted living and hospice surveys via Smartsheets survey application. Approximately 675 long term care facilities are required to report this data to the Commission.

Health Plan Quality Initiatives

Data collection for the 2024 measurement year kicked off February 14. Staff are in the middle of data collection, and there are no further updates this month.

Collaboration with Center for Healthcare Facilities Planning and Development

Staff are working with the Center for Healthcare Facilities and Development on two projects. First, we are working to determine the home health need by analyzing quality data. Staff established quality measures to evaluate for nursing homes, hospitals, and home health agencies and used the state health plan as guidance to calculate “high quality” facilities that would be eligible to open a home health agency under state health plan rules. Second, we are working with the hospice industry to determine need based on quality. As a result, we will facilitate a workgroup with the industry and other stakeholders.

Outpatient Quality Initiative—Mariama Simmons

Ambulatory Surgery Facilities (ASFs)

The staff is also working in collaboration with the Center for Healthcare Facilities Planning and Development to consider enhancements to the Annual Freestanding Ambulatory Surgery Facility Survey. These proposed changes include querying ASFs on their efforts to assess and address the Social Determinants of Health (SDOH) of their target populations as well as requiring additional financial data on operating expenses to support CON review. The survey will also be expanded to better track changes in facility ownership by private equity organizations. The staff continues to engage with industry representatives to share ideas and gather feedback on the proposed data collection changes.