



Maryland  
Hospital Association

December 15, 2021

Dr. Alyson Schuster  
Deputy Director, Quality Methodologies  
Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Dear Dr. Schuster:

On behalf of the Maryland Hospital Association's 60 member hospitals and health systems, we appreciate the opportunity to comment on the Health Services Cost Review Commission's (HSCRC) *Draft Recommendations for the Maryland Hospital Acquired Conditions (MHAC) Program for Rate Year 2024*.

We support most of the current recommendations, which are mostly unchanged from the existing policy. We are concerned about the recommendation to update the Potentially Preventable Complications (PPC) measures for inclusion in the payment program.

The redesign of the MHAC program in 2019 narrowed the number of payment PPCs from 45 to 14 based on guidelines from clinical experts. Maryland hospitals supported this reduction to allow greater focus on clinically relevant complications with evidence-based prevention strategies. Yet, not all PPCs considered by staff for inclusion meet each of the criterion. Additionally, hospitals demonstrated including complications in payment policy drive attention and resources to improve clinical intervention and documentation and coding.

MHA acknowledges concerns about rising complications. However, more time is needed to assess the factors driving these increases—reduced focus on coding and documentation versus deficiencies in clinical care. Hospitals continue to focus on managing the COVID-19 pandemic, care delivery transformation, and exceptional patient care and safety. Activities that are perceived as an administrative burden receive less focus.

Through the end of 2018, Maryland hospitals dramatically decreased complications, exceeding the requirement of a 30% reduction by the end of the year. At this mature stage of the MHAC program, we recommend delaying the addition of PPCs in payment policy. This would allow time to work with staff to identify PPCs that should be removed or added. This is in keeping with established criteria for PPC inclusion in payment policy and maintaining the ability for hospitals to narrowly focus on complications improvement.

We look forward to continuing to work with the commission on this and future policies.

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Sincerely,

A handwritten signature in cursive script that reads "Traci La Valle".

Traci La Valle  
Senior Vice President, Quality & Health Improvement