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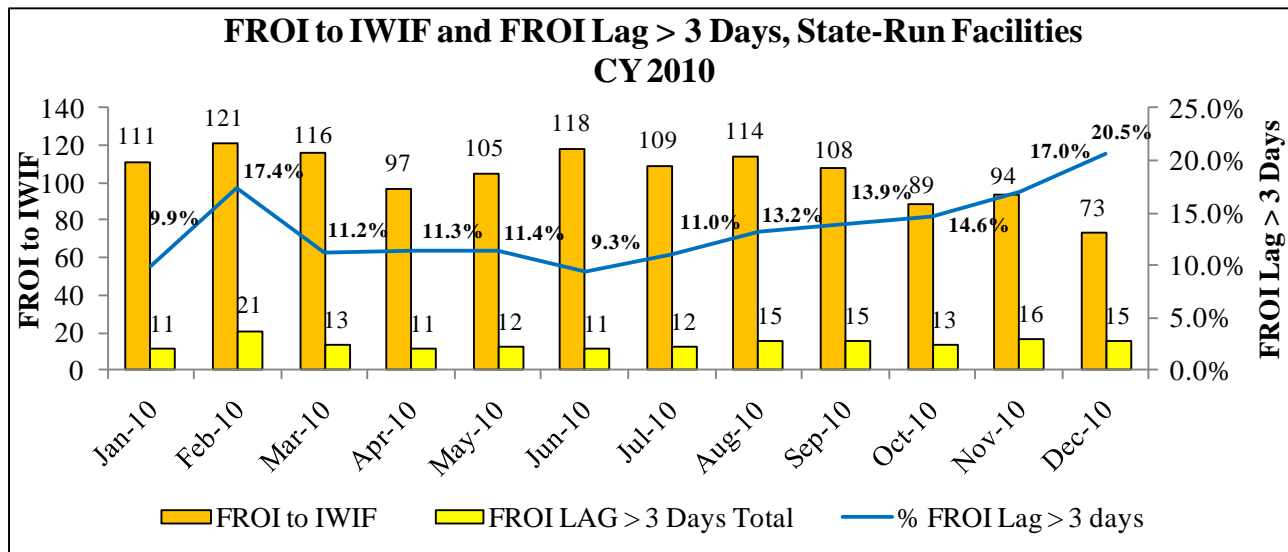
TTY USERS CALL VIA MD RELAY

Meeting Summary

Following is a summary of issues discussed at the DHMH Stat, held on March 1, 2011. Analysis is provided by StateStat and the Governor's Delivery Unit (GDU).

First Report of Incident (FROI) reporting

- The Department has reported an increase in FROI Lag > 3 days at state-run facilities in recent months, as shown in the chart below. The table breaks down the FROI lag by institution for FY 2011 YTD. The panel may wish to ask DHMH to comment on the increase in the FROI reporting lag in recent months, as well as the institution-specific data.
 - The Secretary reported that he has begun to take a more systemic look at assaults and injury reporting.

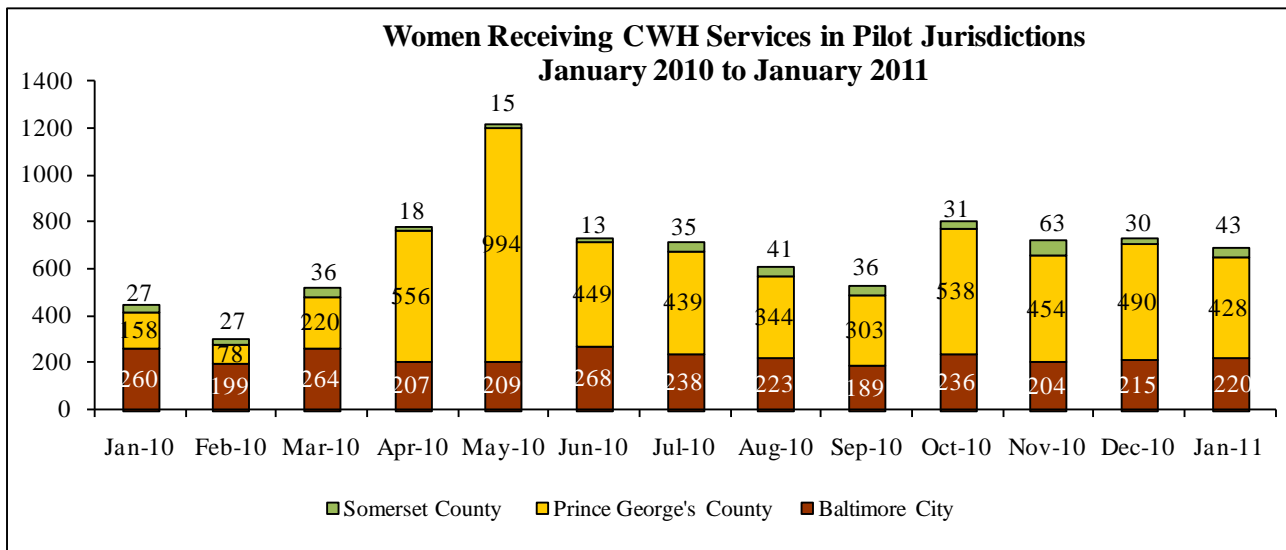


FROI Lag > 3 Days, by Month, by Institution						
Agency	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Western Maryland Center	0	1	0	0	0	0
Deer's Head Center	1	2	0	2	2	0
Walter P. Carter Center	0	0	0	0	0	0
Thomas B. Finan Hospital Center	4	0	2	1	1	3
RICA - Baltimore	0	0	0	1	3	0
Eastern Shore Hospital Center	0	0	1	0	0	0
Springfield Hospital Center	0	0	3	0	1	6
Spring Grove Hospital Center	1	3	4	4	2	2
Clifton T. Perkins Hospital Center	4	0	3	0	1	4
RICA - Gildner	0	0	0	0	1	0
Upper Shore	0	0	0	0	0	0
RICA - Southern Maryland	0	0	0	0	0	0
Rosewood Center	0	0	0	0	0	0
Holly Center	0	0	1	0	2	0
SETT	2	8	0	4	2	0
Potomac Center	0	0	0	1	0	0
Brandenburg Center	0	1	0	0	1	0
OCME	0	0	1	0	0	1
Total	12	15	15	13	16	16

Comprehensive Women’s Health Data

(GDU Goal 14—reduce infant mortality in Maryland by 10% by 2012)

- **Comprehensive Women’s Health Services.** The number of women receiving comprehensive women’s health services in pilot jurisdictions has remained fairly steady in November, December and January after declining from October. The largest proportion of women receiving services is consistently in Prince George’s County. Further, 55 percent more women were served in January 2011 than in January 2010.
 - The agency plans to expand these services to Dorchester County.



- **Accelerated Certification of Eligibility (ACE).** Strategies for early entry into prenatal care include expediting Medical Assistance enrollment for pregnant women in local health

departments (LHD) and local Department of Social Services (DSS) sites. DSS compliance rates are consistently below those of LHDs. DHMH wrote a memo on September 15 reiterating the need for 10-day compliance. The chart below shows compliance with 10 day processing between June and December.

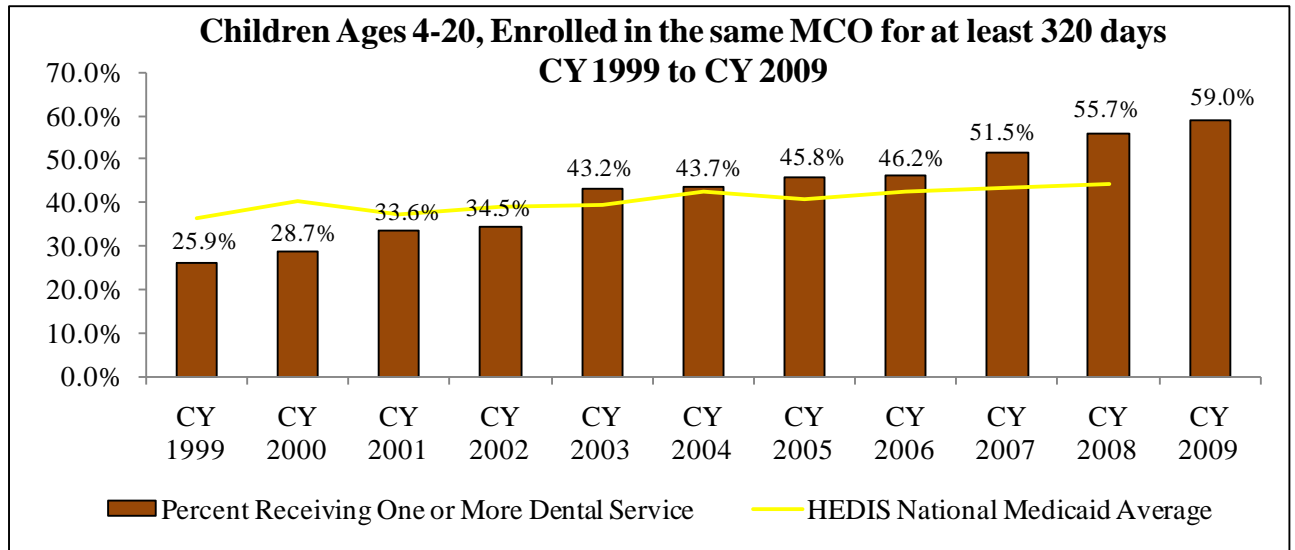
- The agency plans to attend the Department of Human Resources StateStat meeting to discuss this issue.

	Percentage of Pregnant Women's M.A. Applications Processed Within 10-Days					
	Baltimore City		Prince George's County		Somerset County	
	DSS	LHD	DSS	LHD	DSS	LHD
June	77.0%	96.3%	68.2%	95.2%	100.0%	100.0%
July	86.9%	92.4%	74.5%	97.4%	75.0%	100.0%
August	80.0%	97.2%	83.5%	98.4%	66.7%	100.0%
September	88.4%	100.0%	82.1%	98.5%	100.0%	100.0%
October	83.2%	95.5%	87.7%	97.8%	85.7%	85.7%
November	85.3%	98.7%	84.8%	99.0%	100.0%	100.0%
December	78.6%	100.0%	82.7%	98.6%	100.0%	100.0%
Average	83%	97%	80%	98%	90%	98%

Family Health Administration

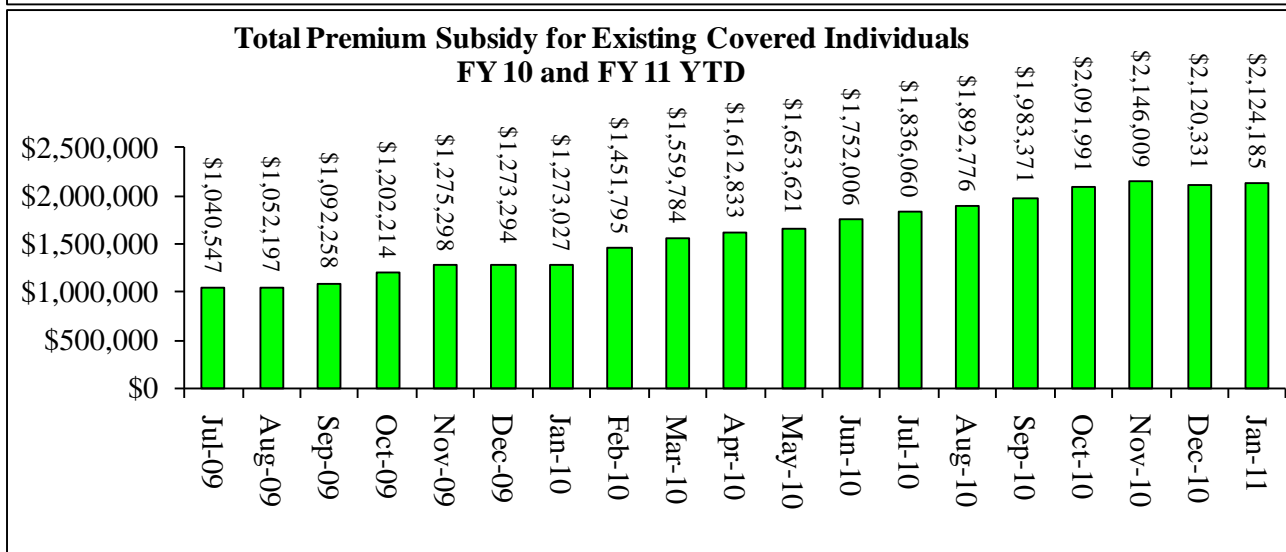
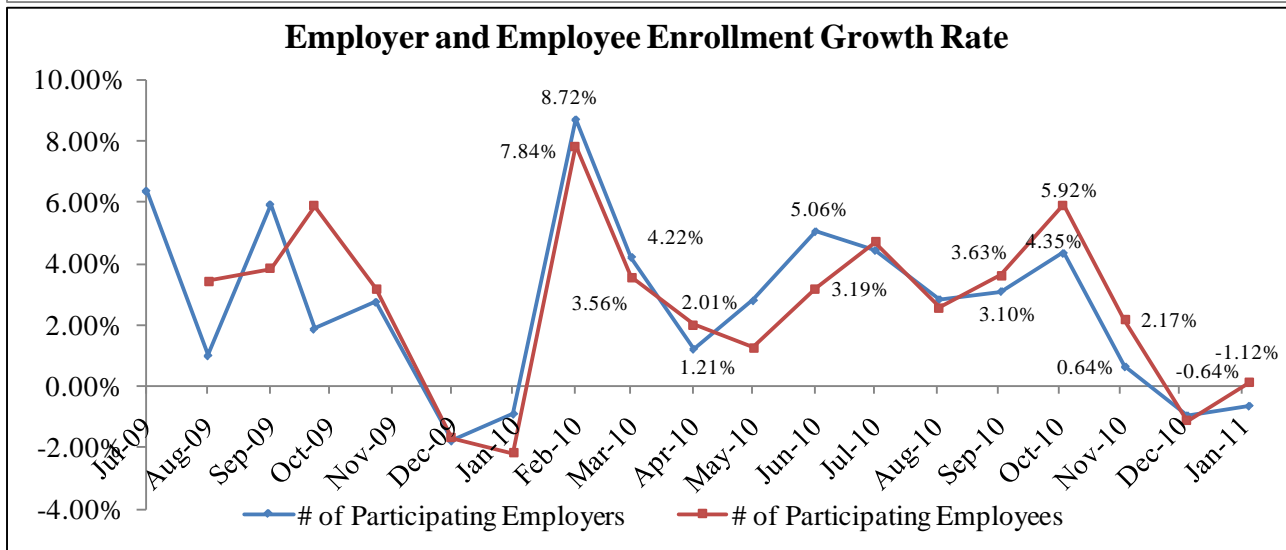
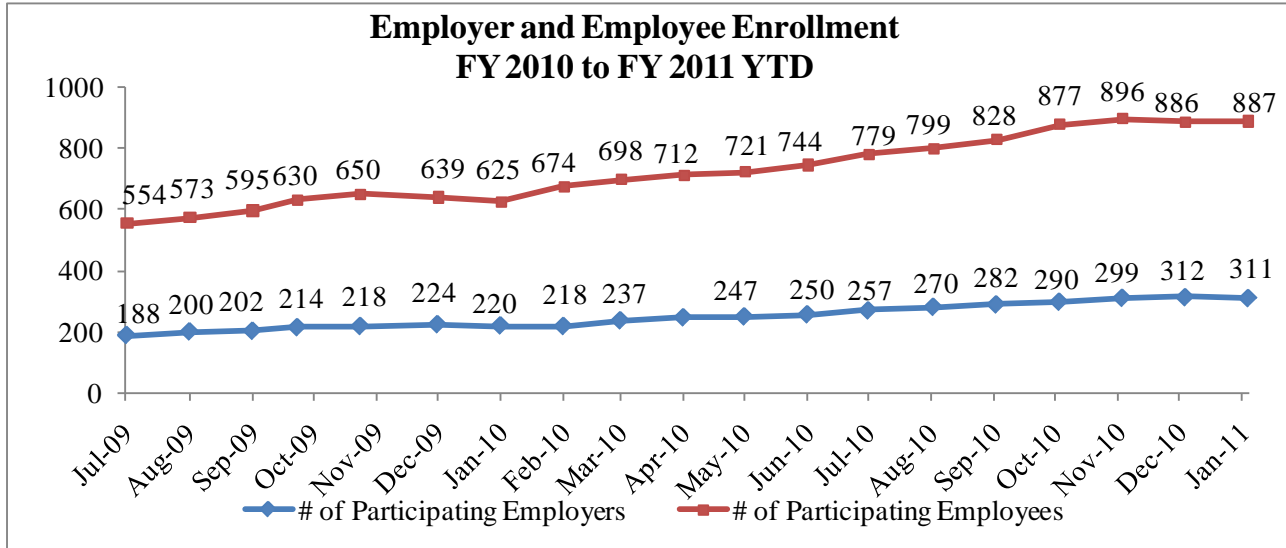
- **Children's Dental Services.** According to a 2010 report by PEW Center on the States titled "The Cost of Delay: State Dental Policies Fail One in Five Children," Maryland is one of six states with an "A" grade on children's dental services. The "A" grade indicates that Maryland met six of eight benchmarks, as shown in the table below. According to PEW's analysis of Medicaid data reported to CMS, the percentage of children enrolled in Medicaid in FFY 2007 was 36.1, below the national percentage of 38.1%.
- According to analysis by DHMH, the percentage of children receiving dental services increased from 19.9% in 1997 to 59.0% in 2009, due in part to the inception of the HealthChoice program. HealthChoice utilization in 1999 was ten percentage points below the national average, and as of 2008, utilization is more than ten percentage points above the national Healthcare Effectiveness Data and Information Set (HEDIS) average. Dental utilization rates have consistently been highest in Western Maryland from CY 2000 to CY 2009.
 - The Department reported that an evaluation is currently ongoing regarding new primary dental care providers. Once the evaluation is complete, the agency will reassess. A new primary care provider would require new legislation.

Pew Center on the States Analysis of Eight Key Policy Indicators		
Benchmark	Maryland	National Benchmark
State has sealant programs in place in at least 25 percent of high-risk schools, 2009	25-49%	25% or more
State does not require a prior dentist's exam before a hygienist sees a child in a school sealant program, 2009	yes	yes
State provides optimally fluoridated water to at least 75 percent of citizens on community systems, 2006	93.8	75%
State pays dentists who serve Medicaid-enrolled children at least the national average of Medicaid rates as a percentage of the dentists' median retail fees, 2008	78.30%	60.50%
State Medicaid program reimburses medical care providers for preventive dental health services, 2009	yes	yes
State submits basic screening data to the National Oral Health Surveillance System, 2009	yes	yes
State meets or exceeds the national average of children ages 1 to 18 on Medicaid receiving dental services, 2007	36.1%	38.10%
State has authorized a new primary care dental provider, 2009	no	yes



Health Insurance Partnership

- Enrollment Growth Rate.** DHMH provided an analysis of potential growth scenarios and recommended action options. The data show that employer and employee enrollment have increased 41 percent from January 2010 to January 2011. The second chart shows that the rate of growth has slowed since February 2010 and that enrollment declined in December 2010, which seems to be a seasonal pattern. The total premium subsidy decreased slightly in December, presumably as a result of decreased enrollment.



Developmental Disabilities Administration (DDA)

- **Waiting List.** The number of individuals on the DDA Waiting List increased in November and December. The increase in the DDA Waiting List is driven by the Current Request category. Meanwhile, the number of individuals in the Crisis Resolution category continues to decline.
 - The agency reported that it has asked the Inspector General to audit the waiting list process.

