

**MARYLAND HEALTH CARE COMMISSION**

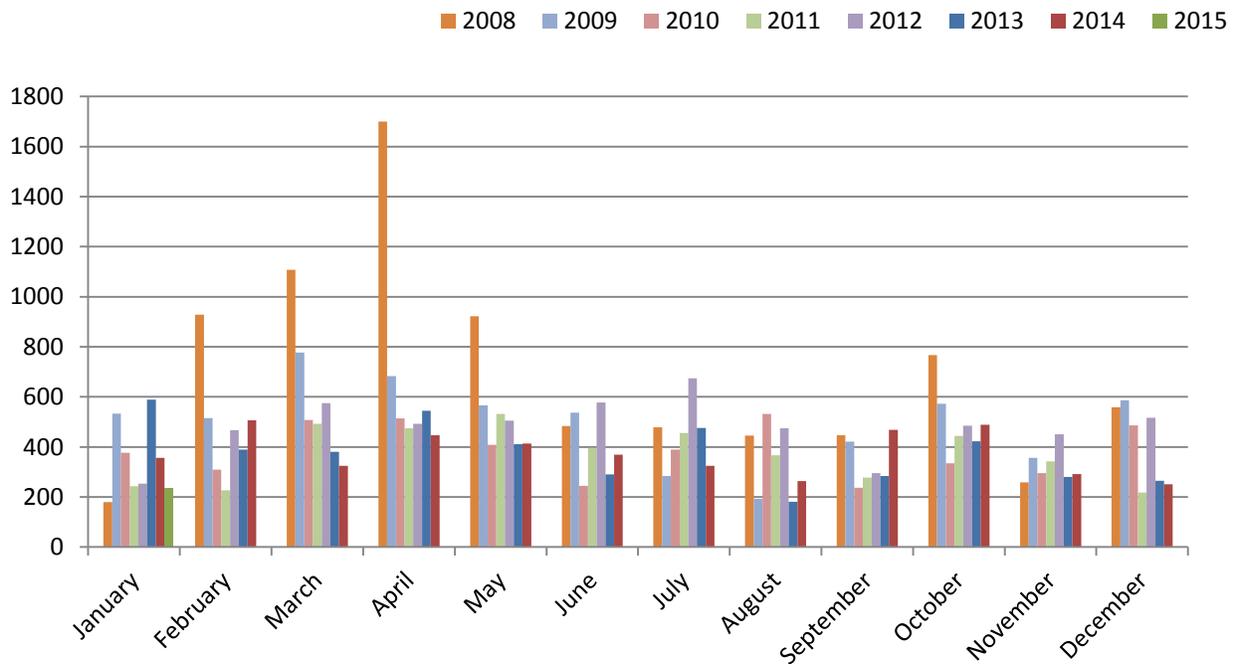
**UPDATE OF ACTIVITIES**

**March 2015**

**EXECUTIVE DIRECTION**

**Maryland Trauma Physician Services Fund**

**Figure 1  
Uncompensated Care Payments to Trauma Physicians, 2008-2015**



**Uncompensated Care Processing**

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of \$236,313 for the month of January 2015. The monthly payments for uncompensated care from January 2008 through January 2015 are shown above in Figure 1.

**On Call Stipends**

In early March the Commission staff requested payments for the July through December 2014 on call stipends.

## ***CENTER FOR ANALYSIS AND INFORMATION SYSTEMS***

### ***Cost and Quality Analysis***

#### **Data Release Policy**

MHCC collects data directly from health care facilities and insurance companies, and requests and maintains data from quality reporting organizations, the Centers for Medicare & Medicaid Services, Maryland and Washington DC hospitals, and Maryland professional licensure boards. Growing interest in these data resources, particularly data containing Protected Health Information (PHI) and Personally Identifiable Information (PII), necessitates standardization of MHCC data release practices and the development of a formal Data Release Policy (DRP).

Over the last year and a half, staff has engaged stakeholders in workgroups and informal conversations, surveyed practices of other states and CMS, evaluated MHCC's needs and capacity, and done preliminary analyses of the interest in this data. Based on this feedback, a formal DRP document has been created. In large part, it documents practices already in place; however there are three differences, for which staff will seek approval at the Commission Meeting on March 19, 2015: (1) Staff plans to charge for release of MCDB data, and perhaps other data products in the future. (2) Staff plans to engage a multi-stakeholder review committee, which will also serve as a Privacy Board, to review requests for data with detailed PHI and PII. Staff will also plan to update regulations regarding IRB requirements to permit Privacy Board review, in lieu of IRB, when appropriate. (3) Staff plans to publish summaries of all data requests and data releases on its website.

#### **MCDB Web Portal and ETL Development**

Development activities for the third release of the MCDB Web Portal and ETL system are nearing completion. The third release features expanded ETL automated processing (e.g. tier 3 cross-field validations), a management report module, and development of the data warehouse and data marts. The first phase launched on March 6, 2015 and included the management report module and tier 3 validations. The second phase, which includes development of the data warehouse and initial data marts development, will go into production in April.

As part of the data warehouse development, SSS developed a secure data center (SDC) for MHCC to access all MCDB data (inclusive of privately insured, Medicare, and Medicaid data). MHCC staff, who work with MCDB, have been provided accounts and virtual machines on the SSS SDC, and all MCDB-related processing is now occurring on the SSS SDC. As part of this effort, MHCC will remove MCDB files from local servers, so that those resources may be allocated to other programs at MHCC.

Payors are in the process of submitting 2014 Q4 data. Several payors have been asked to resubmit data due to data quality issues in the past quarters. SSS continues to provide technical support to payors in submitting data on the web portal.

#### **Development of Master Patient Index for MCDB**

Staff has been working with CRISP over the last year to develop a process to add the CRISP Enterprise Identifier (EID), which is a masked version of CRISP's Master Patient Index, to the MCDB. The four largest medical insurance carriers and two largest pharmacy benefit managers were asked to submit demographic information to CRISP for 2014. These reporting entities submitted sample files in the second half of 2014 and have been submitting full year (2014) files over the last month.

CRISP conducted an analysis on the threshold they use to match identities. It has been agreed that the MCDB-related processing will use a slightly lower threshold than the clinical threshold used for other HIE activities. The risk of false positive matching is lower for the MCDB than in the clinical use case. Nonetheless, even with the new threshold, the projected rate of false positive matches is relatively small impact, in terms of identities affected.

Once the all data has been submitted and processed, CRISP will assign an EID to each member in a payor’s file and then send a cross-walk file between the CRISP EID and the MCDB patient identifier to SSS. This process is expect to happen in April 2015. SSS will integrate these files into the MCDB Eligibility files and test the ability to link self-insured medical and pharmacy claim data. Based on this analysis, MHCC will decide whether the EID is useful within the MCDB and whether to modify and continue the process. These stages will occur in the Spring and Summer of 2015. In order to support the services provided by CRISP for 2014 and 2015 data, MHCC has entered a Grant Agreement using the CMS CCIIO Cycle IV funds. SSS’ work on this effort is included in their existing contract with MHCC.

***Internet Activities***  
**Data from Google Analytics for the month of February 2015**



- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

As shown in the chart above, the number of sessions to the MHCC website for the month of February 2015 was 8,341 and of these, there were 58.05% new sessions. The average time on the site was 2:07 minutes. Bounce rate of 70.77 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, hsrcr.state.md.us. Among the most common search keywords in February were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

**Table Web Applications Under Development**

| <b>Board</b>                         | <b>Anticipated Start Development/Renewal</b> | <b>Start of Next Renewal Cycle</b> |
|--------------------------------------|--|------------------------------------|
| PCMH Public Site                     | Updates                                      | Migrated to Cloud Server           |
| PCMH Portal (Learning Center & MMPP) | On-going Maintenance                         | Migrated to Cloud Server           |
| PCMH Practices Site (New)            | On-going Maintenance                         | <b>QM LIVE</b>                     |
| Boards & Commissions Licensing       | On-going Maintenance                         |                                    |

|  |   |   |
|--|---|---|
| Sites (13 sites)                               |   |   |
| Boards & Commissions Licensing Site( 13 sites) | Redesign<br>New Credit card<br>Interface              | All Live<br>Social Work Live<br>Diet Live<br>Massage Therapy Live<br>Board of Professional<br>Counselors and Therapists<br>Board of Examiners of<br>Podiatrist<br>New Board of Psychologists<br>(LIVE 1/1/2015) |
| Physician Licensing                            | Completed   | Completed   |
| Health Insurance Partnership Public Site       |   | Migrated to Cloud Server  |
| Health Insurance Partnership Registry Site     | Monthly Subsidy<br>Processing<br>On-going Maintenance | Auditing payments for several<br>employers<br>(Ongoing)   |
| Hospice Survey 2014                            | Completed 2014  | LIVE  |
| Long Term Care 2013 Survey                     | Completed 2014  | Exported LTC HIT Survey<br>Questions  |
| Hospital Quality Redesign                      | Planning  |   |
| MHCC Assessment Database                       | On-going Maintenance                                  |   |
| IPad/IPhone App for MHCC                       | Development   | Ongoing   |
| npPCI Waiver                                   | Quarterly Report<br>finished                          | (Ongoing)   |
| MHCC Web Site                                  | LIVE  | Industry Site Completed<br>Web Editor Completed<br>Splash page and Consumer<br>page under development   |

### Network Operations & Administrative Systems (NOAS)

#### Information Technology Newsletter

The March 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 31<sup>st</sup> edition of the NOAS News & Notes newsletter.

Features:

- Feature Information: How to “Undo Sent Messages” within Google Mail – information for users to change settings on their @maryland.gov Google eMail account to enable the “undo send” feature and change the time permitted to recall a message.
- Security – reminding all users who utilize the remote access application, Logmein, to turn off their office workstation monitor(s) prior to leaving for the day.

### Special Projects

#### Health Insurance Rate Review and Health Care Pricing Transparency: CCIIO Cycle III and Cycle IV Grants

During the Fall of 2013, CMS/CCIIO awarded a federal grant to MHCC, under its Cycle III rate review/medical pricing transparency grant program, for nearly \$3 million over a 2-year time period (October 1, 2013 through September 30, 2015). This grant funding allows MHCC to assist the MIA in rate review activities, and enhance Maryland’s medical pricing transparency efforts. The grant money is used to speed up processing of MCDB data submissions so that the MIA has timely access to the data. The funds also will be used to create software that will automatically generate measures the MIA deems important for rate review. The accelerated processing of MCDB data submissions is being achieved

through the use of Extract, Transform and Load (ETL) software that screens data submissions for quality and completeness at the point of data submission and rejects submissions that do not comply with the screening criteria. The ETL software was obtained through SSS, our current database/ETL contractor, and includes the flexibility to employ payer-specific screening criteria that reflects waivers granted to payers by the MHCC for deviations from established data completeness thresholds. The ETL portal went live for carrier data submission on September 30, 2014. Quarterly data submissions continue; however, some data issues have been discovered, requiring some carriers to resubmit data from earlier quarters. The portal continues to be built out for expanded automation, including recent development of some new administrative features. In addition, the Data Warehouse design is now underway.

On September 19, 2014, MHCC was awarded a Cycle IV federal grant from CMS/CCIIO, totaling more than \$1.1 million dollars over a two-year time period (September 19, 2014 through September 18, 2016), to further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland. In December 2014, staff procured Business Intelligence (BI) software from Tableau to support the development of dashboards to be displayed on MHCC's Industry portal, as well as data displays to support MIA's enhanced rate review process. In late February, staff executed a Grant Agreement with CRISP to develop an enrollee MPI file for 2014 and 2015 data submissions to the MCDB.

Freedman Healthcare, MHCC's Project Management Office (PMO), continues to manage the duties of the database/ETL contractor to ensure that all milestones established in the Cycle III and Cycle IV grants are met. MHCC's Methodologist assists the PMO with specific grant initiatives, specifically with MCDB decision support to the MIA in evaluating the MCDB for rate review activities. Last month, the Methodologist and Freedman began meeting with Maryland's large insurance carriers to discuss a data validation process with the goal of reconciling APCD data and data received by the MIA in Actuarial Memoranda (AM) as part of carrier rate filings.

## ***CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT***

### ***Acute Care Policy and Planning***

#### **State Health Plan Update: COMAR 10.24.15, Organ Transplant Services**

A draft meeting summary for the second Organ Transplant Work Group meeting, held on January 7, 2015, has been posted on MHCC's web site. Staff is continuing to work on developing material for the third work group meeting, which will be held on April 29, 2015.

#### **The Impact of Rate Setting on Freestanding Medical Facilities**

Ben Steffen presented MHCC's study of the impact of rate setting on freestanding medical facilities to the House Health and Government Operations Committee on February 10, 2015. One delegate asked about the number of patients seen at Maryland's freestanding medical facilities for dental conditions, and Staff formally responded in writing following the presentation. Staff answered all other questions immediately following the presentation.

#### **Development of State Health Plan Regulations for Freestanding Medical Facilities**

Staff is currently conducting additional research regarding the regulation of freestanding medical facilities. Staff plans to develop draft regulations prior to holding the first work group meeting, in order to facilitate discussion by the work group. Staff anticipates forming the work group in April.

### ***Long-Term Care Policy and Planning***

### **Minimum Data Set Project**

Commission staff continues to work with Myers and Stauffer (contractor) via bi-weekly phone conference calls to develop and further refine the MDS Manager program, which now includes MDS 2.0, as well as MDS 3.0, and incorporates updates as CMS revises versions of MDS 3.0. Work has been completed on programming MDS data to support the Consumer Guide for Long Term Care. Work is underway on programming MDS data to support the Long Term Care Survey and various component reports. Developmental work on the Nursing Home Occupancy Report is nearing completion.

### **Hospital Palliative Care Study**

The status of this project, as well as updates are posted on the Commission's website at:

[http://mhcc.dhmfh.maryland.gov/Pages/HPCP\\_Project.aspx](http://mhcc.dhmfh.maryland.gov/Pages/HPCP_Project.aspx)

A meeting was held on February 23, 2015 with the pilot hospitals to discuss progress on data collection, as well as other data needs for development of the report. A discussion about data reported to date to both the Centers to Advance Palliative Care and the Health Services Cost Review Commission (HSCRC) discharge data base was presented, and feedback was obtained from the pilot hospitals. Participants also discussed their efforts to obtain data on patient/family satisfaction, as well as discharged patients with a palliative plan of care.

Staff has developed a survey based on the National Quality Forum (NQF) best practices. This will be initially tested by the Standards/Best Practices Subcommittee and then sent to all pilot hospitals for completion. The next meeting of the pilot hospital group will focus on the results of this survey and reaching consensus on best practices for development of the report to be provided to the General Assembly.

### **Hospice Survey**

Data collection for the FY 2014 Maryland Hospice Survey is currently underway. Both emails and certified letters were sent out on February 5, 2015 to all hospice providers in Maryland about the upcoming FY 2014 Maryland Hospice Survey. This survey became available for online data entry on February 11. Staff will review data as it is submitted, and will work with hospice providers to offer assistance in completion of the survey as needed.

### **Updating the Home Health Agency (HHA) Chapter to the State Health Plan**

An HHA Advisory Group has been created to assist in updating the State Health Plan regulations governing CON review of HHA projects. The first meeting of the Advisory Group was held February 5, 2015. The agenda, meeting summary, White Paper, and copies of the presentations as well as the Advisory Group's membership roster are available on the Commission's website at

[http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups\\_hha.aspx](http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx)

The second meeting of the HHA Advisory Group will be held on March 18, 2015 at 10:00 a.m. at the MHCC offices. The focus of this meeting will be to discuss qualifying factors or triggers that could lead to consideration of an additional HHA to serve a jurisdiction, as well as certain characteristics required for an applicant to be eligible to seek a CON to provide HHA services in that jurisdiction.

### **Long Term Care Survey**

Data collection and data cleaning for the FY 2013 Long Term Care Survey has been completed.

The Long Term Care Public Use data is available on the Commission's website at:

[http://mhcc.maryland.gov/public\\_use\\_files/index.aspx](http://mhcc.maryland.gov/public_use_files/index.aspx)

The Nursing Home Occupancy Report and Required Medicaid Participation Rate Report have been finalized and provided to the *Maryland Register* for publication. Staff is in the process of preparing for the FY 2014 Long Term Care Survey.

## *Certificate of Need*

### CONs Approved

#### Brook Grove Retirement Village – (Montgomery County) – Docket No. 14-15-2354

Addition of 22 comprehensive care facility (CCF) beds as part of a 70-bed building addition through which 48 existing CCF beds will be replaced. The 22 beds were temporarily delicensed by The Village at Rockville and acquired by Brooke Grove.

Approved Cost: \$25,025,000.

### CON Letters of Intent

#### Mid-Atlantic HealthCare – (Baltimore City)

Establishment of an 80-bed CCF at 300-306 West Fayette Street in Baltimore City using temporarily delicensed beds acquired from Johns Hopkins Bayview Medical Center.

#### Sheppard Pratt Hospital at Ellicott City - (Howard County)

Relocation of a special hospital-psychiatric currently located at 4100 College Avenue, in Ellicott City to a new site on a 44-acre parcel located near the intersection of Route 1 and Route 103 in Elkridge. The replacement hospital is proposed to have eight additional acute psychiatric beds, for a total of 100.

#### Lorien Howard IV, LLC – (Howard County)

Establishment of a 78-bed CCF facility to be located at 9731 Washington Boulevard in Laurel

#### Lorien Howard IV, LLC – (Howard County)

Construction of a new 78-bed CCF facility to be located at 11274-11296 Scaggsville Road in Scaggsville

#### Lorien Howard d/b/a Encore at Turf Valley – (Howard County)

Addition of 51 CCF beds to an existing 63-bed CCF located in Ellicott City.

#### Suburban Hospital – (Montgomery County)

Capital expenditure for expansion and renovation of an existing general hospital located in Bethesda.

#### 11100 Billingsley Road OPCO, LLC – (Charles County)

Establishment of a Track One Alcoholism and Drug Abuse Intermediate Care Facility (ICF) with 190 beds to be located at 11100 Billingsley Road in Waldorf

#### 11000 Mattaponi Road OPCO, LLC – (Prince George's County)

Establishment of a Track One Alcoholism and Drug Abuse ICF with 73 beds to be located at 1100 Mattaponi Road in Upper Marlboro

#### 4620 Melwood Road OPCO, LLC – (Prince George's County)

Establishment of a Track One Alcoholism and Drug Abuse ICF with 96 beds to be located at 4620 Melwood Road in Upper Marlboro

#### 314 Grove Neck Road OPCO, LLC – (Cecil County)

Establishment of a Track One Alcoholism and Drug Abuse ICF with 50 beds to be located at 314 Grove Neck Road in Earleville

#### 201 Wye Woods Avenue OPCO, LLC – (Queen Anne's County)

Establishment of a Track One Alcoholism and Drug Abuse ICF with 80 beds to be located at 201 Wye Woods Way in Queenstown

560-600 Aspen Drive OPCO, LLC – (Queen Anne’s County)

Establishment of a Track One Alcoholism and Drug Abuse ICF with 100 beds to be located at 600 Aspen Drive in Queenstown

**Pre-Application Conference**

Sheppard Pratt at Ellicott City - (Howard County)

February 11, 2015

Lorien Howard IV, LLC – (Howard County)

Lorien Howard IV, LLC – (Howard County)

Lorien Howard d/b/a Encore at Turf Valley – (Howard County)

February 18, 2015

Mid-Atlantic HealthCare – (Baltimore City)

February 18, 2015

Suburban Hospital – (Montgomery County)

February 19, 2015

11100 Billingsley Road OPCO, LLC – (Charles County)

11000 Mattaponi Road OPCO, LLC – (Prince George’s County)

4620 Melwood Road OPCO, LLC – (Prince George’s County)

314 Grove Neck Road OPCO, LLC – (Cecil County)

201 Wye Woods Avenue OPCO, LLC – (Queen Anne’s County)

560-600 Aspen Drive OPCO, LLC – (Queen Anne’s County)

March 10, 2015

**CON Applications Filed**

Lorien-Bel Air – (Harford County) - Matter No. 14-12-2358

Addition of 27 CCF beds to an existing 69-bed CCF. (The facility currently has authorization to add 21 CCF beds (CON Docket No.13-12-2345).

Estimated Cost: \$5,807,948

Lorien Harford Nursing & Rehabilitation Center – (Harford County) - Matter No. 15-12-2359

Establishment of a 70-bed CCF beds to be located at 2000 Rock Spring Road in Forest Hill.

Estimated Cost: \$12,215,376

Anne Arundel Medical Center – (Anne Arundel County) - Matter No. 15-02-2360

Establish a cardiac surgery service in partnership with Johns Hopkins Medicine.

Estimated Cost: \$2,500,000

Baltimore Washington Medical Center – (Anne Arundel County) - Matter No. 15-02-2361

Establish a cardiac surgery service.

Estimated Cost: \$1,259,117

**First Use Approval**

Waldorf Nursing & Rehabilitation Center – (Charles County) – Docket No. 11-08-2325

Establishment of a 67-bed CCF located in located off Demmar Road near the intersection with St. Charles Parkway in Waldorf.

Final Cost: \$11,897,178

**Determinations of Coverage**

- **Ambulatory Surgery Centers**

White Marsh Surgery Center Series – (Baltimore County)

Change in name of the facility located at 2330 West Joppa Road, Suite 301, Lutherville to Johns Hopkins Surgery Center Series

MDP Surgery Center – (Cecil County)

Establish an ambulatory surgery center with one non-sterile procedure room to be located at 216 East Pulaski Highway in Elkton

- **Acquisition/Change of Ownership**

Elkton Treatment Center – (Cecil County)

Stock transfer of an alcoholism and drug abuse treatment facility from CRC Health Group, Inc. to Acadia Healthcare Company, Inc.

Cumberland Treatment Center – (Allegany County)

Stock transfer of an alcoholism and drug abuse treatment facility from CRC Health Group, Inc. to Acadia Healthcare Company, Inc.

Pine Heights Treatment Center – (Baltimore City)

Stock transfer of an alcoholism and drug abuse treatment facility from CRC Health Group, Inc to Acadia Healthcare Company, Inc.

Forest Haven Nursing Home – (Baltimore County)

Acquisition of a 167-bed CCF by Propero Catonsville, LLC. Following the transaction, the bed rights will be owned by Forest Haven Nursing & Rehabilitation Center. The operator of the facility will be Forest Haven Nursing & Rehabilitation Center. The real assets will be owned by Propero Catonsville, LLC

Purchase Price: \$8,860,000

Calvert County Nursing Center – (Calvert County)

Acquisition of a 149-bed CCF by Asbury Communities, Inc. Following the transaction, the bed rights will be controlled by Asbury Communities, Inc. The real assets will be owned by Calvert County Nursing Center (of which Asbury Communities, Inc. is the sole member)

Purchase Price: \$0

- **Capital Projects**

Fort Washington Medical Center – (Prince George’s County)

Capital project for the expansion and renovation of a general hospital located in Fort Washington. The hospital “pledged” to not seek recognition in rates of more than \$1.5 million for capital cost associated with the project over the life of the project.

Estimated Cost: \$19,190,000

- **Other**

- **Temporary Delicensure of a Health Care Facility**

Robinwood Surgery Center – (Washington County)

Temporary delicensure of a freestanding ambulatory surgical facility located at 1110 Medical Campus Road in Hagerstown.

- **Relicensure of Bed Capacity**

South River Health & Rehabilitation Center – (Anne Arundel County)

Relicensure of six temporarily delicensed CCF beds

- **Disposition of Temporarily Delicensed Bed Capacity**

Peninsula Regional Medical Center-Transitional Care Unit – (Wicomico County)

Permanent relinquishment of 30 temporarily delicensed CCF beds and closure of the unit.

***CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY***

### **Health Information Technology**

Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. The committee explored recommendations that aim to achieve key goals outlined in the Federal Health IT Strategic Plan 2015-2020. The recommendations were developed by the Strategy and Innovation Workgroup and Consumer Workgroup and focus on improving health, supporting value-based payment and delivery reform, and fostering a learning health system. The recommendations will be considered for inclusion in the committee's 2015 activities. Facilitating consumer access to and use of electronic health information was also discussed.

During the month, staff provided consultative support to hospital Chief Information Officers as they complete the annual Hospital Health IT Survey (survey). The survey collects information on hospitals use of electronic health records (EHRs), computerized physician order entry, clinical decision support, electronic medication administration systems, infection surveillance software, electronic prescribing, health information exchange (HIE), telehealth, and patient portals, as well as their participation in the Centers for Medicare & Medicaid Services EHR Incentive Programs. The survey is unique as it collects census level data and evaluates health IT adoption planning efforts among all 47 acute care hospitals in Maryland. New questions were added to the survey this year inquiring about hospital participation in community-based HIEs. Staff continues to review the data for completeness as survey responses are received. A report is scheduled to be released later this summer.

Staff continued to draft the annual report on health IT adoption among comprehensive care facilities (CCFs). The report is based on data collected through the State's Annual Long Term Care (LTC) Survey of approximately 233 CCFs, as well as interviews with various stakeholders in the LTC community. EHR adoption among CCFs in Maryland, including their needs for exchanging electronic health information with other facilities, will be highlighted in the report. Preliminary findings suggest that almost three-quarters of CCFs are using an EHR, and their greatest needs for exchanging electronic health information are with hospitals, pharmacies, and laboratories. CCFs that have implemented an EHR reported improvements in access to patient data, care coordination across health care settings, patients' health outcomes, and clinical workflows. The report will also provide an overview of the national LTC health IT landscape and opportunities to advance health IT adoption among CCFs in Maryland, with a focus on HIE and telehealth. Audacious Inquiry was competitively selected to assist in completing the work. The report is anticipated to be released in the spring of 2015.

During the month, staff finalized proposed revisions to COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services*, to support the 2014 legislation, which requires that on or before July 1, 2015, State regulated payors (payors) that require a step therapy or fail-first protocol, establish an online process for providers to override the requirement. Staff also included changes in the regulation that removes the historical benchmark dates; payors that were required to meet the benchmarks met them in accordance with the law. Under Health-General Article §§19-101 and 19-108.2 (2012), MHCC was required to work with payors to standardize and automate the preauthorization of medical and pharmaceutical services through a three-phased implementation approach. Phase 1 required payors to make available on their website, by October 1, 2012, a list of health care services requiring preauthorization and the key criteria for making a determination. Phase 2 required payors to implement, by March 1, 2013, an online process for accepting preauthorization requests electronically and for assigning a unique identification number to each electronic request. Phase 3 required payors to meet certain timeframes for processing electronic preauthorization requests by July 1, 2013. The law requires MHCC to report to the Governor and General Assembly on payors' progress in meeting the requirements through December 31, 2016.

### **Health Information Exchange**

Staff participated in four Advisory Board meetings of the Chesapeake Regional Information System for our Patients (CRISP): the Clinical Advisory Board, the Technical Advisory Board, the Finance and Sustainability Advisory Board, and the Reporting and Analytics Advisory Board. The Clinical Advisory Board discussed challenges around how to efficiently navigate the large amount of clinical information within a Continuity of Care Document to locate key clinical information relevant to the provider and specific patient care needs. The Technical Advisory Board explored technical options to increase recovery of the CRISP data center in the event of a disaster (e.g. fire, vandalism, system failure, or natural disaster). The Finance and Sustainability Advisory Board discussed the status of the current budget and reviewed the proposed 2016 budget. The Reporting and Analytics Board reviewed data that can be made available to hospitals through canned reports to assist with care coordination.

Staff is working with CRISP in developing an ambulatory practice encounter notification service pilot (pilot). The pilot will consist of a Maryland-based electronic health network (EHN), CRISP, and a small number of ambulatory practices. The pilot will enable participating ambulatory practices to receive an electronic alert when patients that are attributed to their practice visit an urgent care center or seek care from a specialist. These alerts can be used by ambulatory practices in care coordination. Over the next month, staff will work with CRISP and the Maryland-based EHN to develop the technical aspects of the pilot. Staff anticipates identifying ambulatory practices that would participate in the pilot over the next month. The pilot is expected to begin in this summer. During the month, staff also provided support to the independent auditor, CliftonLarsonAllen (CLA), who will complete the annual privacy and security audit of CRISP. A preliminary report of the findings is expected in May.

A Pharmacy HIE Access Workgroup (workgroup) meeting convened during the month to develop a plan for implementing a pilot between community pharmacies and CRISP. The goal of the pilot is to enable community pharmacists to have access to clinical information available through CRISP. Currently, authorized pharmacists that work in community settings can access data through CRISP pertaining to the Prescription Drug Monitoring Program (PDMP). The PDMP contains information on prescriptions previously filled for controlled dangerous substances. The recommendations developed by the workgroup are aimed at expanding access to other available medication history, as well as laboratory results, radiology reports, and transcribed reports. The workgroup previously considered: (1) pilot scope and participants; (2) privacy and security policies; (3) sites and number of authorized users; and (4) assessment metrics for the pilot. During the month, staff presented the pilot to the CRISP Clinical Advisory Board, which they approved. Approximately five community pharmacy sites were selected to participate in the pilot beginning in the spring.

The *Advancing Telehealth through Innovative Transitions of Care Symposium* (symposium) was held during the month, which showcased the work of all three telehealth grantees (grantees). During the

symposium, grantees presented their project goals, telehealth technology implementation processes, and challenges and successes of integrating telehealth technology within their clinical workflows. The grantees include: (1) Atlantic General Hospital Corporation in partnership with Berlin Nursing and Rehabilitation Center; (2) Dimensions Healthcare System in partnership with Sanctuary of Holy Cross; and (3) University of Maryland Upper Chesapeake Health in partnership with the Bel Air facility of Lorien Health. Two grantees have initiated their telehealth interventions; the third grantee plans to initiate their telehealth intervention in March. The symposium also included several presentations on opportunities to advance telehealth, the use of telehealth in stroke care, and telehealth in rural primary care settings. During the month, staff conducted a performance assessment site visit at Dimensions Healthcare System and Sanctuary of Holy Cross.

Last month, staff continued drafting the HIE environmental scan (scan) report, which evaluates the landscape of HIEs in Maryland. The report includes recommendations on proposed changes to the definition of an HIE in statute and simplifying the HIE registration process. Staff plans to release a report on the scan findings in the spring; STS Consulting Group was competitively selected to assist in completing the work. During the month, staff worked with stakeholders to identify additional participants for the HIE Policy Board (Board), a staff advisory workgroup, in an effort to increase stakeholder diversity. The Board has been in place for about five years and is tasked with recommending policies governing the electronic exchange of protected health information; the next meeting is scheduled for March 5<sup>th</sup>.

### **Innovative Care Delivery**

During the month, staff assisted practices participating in the Maryland Multi-Payor Patient Centered Medical Home (PCMH) Program (MMPP) in electronically submitting their annual quality measures for the 2014 performance year. The MMPP began in 2011 to test the PCMH model of care and includes 52 primary and multi-specialty practices. Staff continues to provide consultative support to select carriers in completing the *Single Carrier PCMH Program Application*. Carriers are required by law to obtain MHCC approval of their PCMH program. Carrier PCMH programs must conform to the *Guidelines for PCMH Demonstration Programs* established by MHCC. The guidelines include key elements endorsed by the Patient Centered Primary Care Collaborative, a multi-stakeholder national coalition. In general, the key elements include: practice recognition and support, reimbursement model, and assessment and reporting of results. CareFirst and Cigna have achieved MHCC recognition of their PCMH program.

Staff continued to work with IMPAQ International to finalize the four information briefs highlighting findings from the final evaluation of the MMPP. Key aspects of the evaluation include: 1) patient satisfaction, 2) provider satisfaction, 3) practice transformation, and 4) quality, utilization and cost. Practices in the MMPP indicated that participation in the MMPP has prepared them to participate in more advanced care delivery models, such as accountable care organizations. The information briefs are expected to be released in the spring.

During the month, staff worked with Aetna to resolve the challenges that have delayed 2013 shared savings incentive payments to MMPP practices. In general, delays were a result of Aetna converting members from US Healthcare to the Aetna platform. Staff also received the data to assign patients to the MMPP practices for Cycles 7 and 8. Over the next month, staff will complete the required activities with the data for Aetna to issue MMPP practices payments for Cycles 7 and 8.

### **Electronic Health Networks & Electronic Data Interchange**

Electronic Health Network (EHN) recertification was completed during the month for the following three entities: (1) SSI ClaimsNet, (2) Surescripts, LLC, and (3) Cerner Health Services, Inc. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*, requires third party payors operating in the State to only accept electronic health care transactions from EHNs certified by MHCC. To receive certification, EHNs must be accredited by a national accrediting organization, which includes meeting over 100 criteria related to privacy and security. During the month, an information brief summarizing payors' 2013 Electronic Data Interchange

(EDI) activity was finalized by staff. Each year, payors and certain specialty payors, whose premium volume exceeds \$1M annually, are required to submit an EDI Progress Report to MHCC by June 30<sup>th</sup> in accordance with COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*. The EDI Progress Report Form for the 2014 reporting period was developed by staff during the month and will be distributed to approximately 39 payors in March.

### **National Networking**

Staff attended two webinars during the month. The National Academy for State Health Policy (NASHP) presented, *“Integrating Community Health Worker (CHW) Models into Evolving State Health Care Systems,”* which focused on how CHWs are improving health care delivery through facilitating care coordination and enhancing access to community based services; the webinar highlighted how Massachusetts, New Mexico, and South Carolina are utilizing CHWs to transform their health systems. The NASHP also hosted, *“A Walk in Someone Else’s Shoes: Payment Reform Perspectives from Providers and Private Payers,”* where stakeholders discussed state delivery and payment transformation, goals and motivations for participating in these efforts, unique challenges in implementing state health system reform, and ways in which states can better collaborate with payors, purchasers, and providers.

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### ***Health Plan Quality & Performance***

With several existing contracts coming to term in 2015, new procurements are necessary. As such, staff is in the process of finalizing one Contract Modification and two Requests for Proposals for key support functions. Staff continues to monitor the State’s future reporting needs by qualified health plans and has a continued commitment to support the Exchange for the 2015 reporting period.

Audit processes for the 2015 public reporting period on health benefit plan quality remain on track. Pre-on-site conference calls were held with each Maryland Carrier during February and on-site visits began taking place in early March and are scheduled to conclude in mid-April. MHCC and its audit partners continue to work closely with carriers to address carrier questions and concerns related to the annual audit. MHCC anticipates a successful 2015 audit.

Staff continues working with MHCC’s Assistant Attorney General to execute a trademark for MHCC’s newest quality measurement instrument, the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment (RELICC)<sup>TM</sup>. The trademark submission was completed previously, supplemental information was provided, and full and formal Registered Trademark “®” status is pending final approval.

### ***Long Term Care Quality Initiative***

#### **Consumer Guide to Long Term Care**

Meeting with OHCQ staff to seek resolution of a long standing error in the OHCQ assisted living survey reports which consumes considerable MHCC staff time investigating and making corrections before publication.

To address a concern raised at the February Commission meeting, modifications are being made to the presentation of the nursing home short stay results. These include a more definitive explanation of the survey, and enhanced access to participating short stay nursing home scores.

## **Nursing Home Experience of Care Surveys**

Mailing of long-stay and short-stay surveys will be completed by the end of this month.

## **Home Health Agency (HHA) Quality Initiative**

LTC staff continues to work with Long-Term Care Policy and Planning and Certificate of Need (CON) staff to incorporate quality scores for home health agencies into the CON review and approval process. Following the February 5, 2015 advisory group meeting, several internal meetings were held to discuss feedback and refine the proposal. The next advisory meeting is scheduled for mid-March.

## ***Hospital Quality Initiatives***

### **The Maryland Health Care Quality Reports**

Over the past five years, the Quality Measures Data Center (QMDC) website and secure portal has supported direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to modernize the Medicare Waiver. The QMDC, a major component of the Hospital Guide infrastructure, is being transformed into a single point of consumer access to quality and performance information on hospitals, other health care providers and health plans in Maryland. Staff is currently reviewing comments and questions from hospitals and consumers in a continued effort to refine content and presentation tool. We are also developing webpages for display of Health Plan member experience data and updating the CLABSI and common medical conditions/charge data for release in April. Strategies for promoting the new consumer website are being developed.

MHCC recently issued a contract solicitation to support additional consumer focus group sessions related to the Maryland Health Care Quality Reports website. Staff is currently reviewing contract submissions.

### **Healthcare Associated Infections (HAI) Data**

Maryland hospitals continue to report *Clostridium difficile* infections data (CDI Lab ID events) through CDC's NHSN surveillance system. Calendar year 2014 data will be publicly reported on the QMDC in April 2015. Calendar year 2014 CLABSI data will also be publicly reported with the April 2015 QMDC update.

Staff is also working with hospitals on the new HAI data requirements that became effective January 1, 2015 including the expansion of CDI and MRSA bacteremia Lab ID event reporting into outpatient emergency departments and 24-hour observation units, as well as the expansion of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infections (CLABSI) into adult and pediatric medical, surgical, and medical/surgical wards.

MHCC staff requested CDI and MRSA data from hospitals in early March in preparation for the upcoming audit of NHSN data. The staff in collaboration with the audit contractor, work closely with hospital Infection Preventionists to provide guidance on audit requirements and procedures. Additional data for CLABSI and CAUTI will be requested from the hospitals in the near future.

The staff is also preparing for the 2015 Annual Survey of Hospital Infection Prevention and Control Programs. We are soliciting feedback from our HAI Advisory Committee and plan to send the survey to hospitals in the near future.

The staff continues to participate on a multi-state workgroup of the Council of State and Territorial Epidemiologists (CSTE). The workgroup is tasked with standardizing the display of HAI data for both consumer and health professional reporting. Conference calls are held bi-weekly.

Two interns from Johns Hopkins School of Public Health are working with staff on a project focusing on health care worker influenza vaccination across health care settings. The two students will be with the center through Mid-May of 2015.

### **Specialized Cardiac Services Data**

The cardiac data validation process has been completed and the audit findings were shared with facilities through an educational webinar held on Dec. 4th at the MHCC offices. The staff and AGS (audit contractor) submitted a poster abstract for the ACC NCDR annual conference to be held in March 2015. The abstract, which summarizes our cardiac data audit activities, was accepted. A poster presentation has been developed and will be showcased during the national conference in San Diego.

### ***Small Group Market***

#### **Health Insurance Partnership**

The “Partnership” premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of March 5, 2015 enrollment in the Partnership was as follows: 34 businesses; 86 enrolled employees; 137 covered lives. The average annual subsidy per enrolled employee is \$2,580; the average age of all enrolled employees is 41; the group average wage is about \$26,900; the average number of employees per policy is 4.2. The declines in coverage over the past several months is mainly attributable to the phase-out of this state subsidy program, which began on June 1, 2014. Since open enrollment for small businesses in Maryland’s SHOP exchange was deferred until April 1, 2014, Commission staff made all the necessary technical/recoding changes to the Partnership website and Registry in order to keep the subsidy program open to employer groups with renewal dates between January 1, 2014 through May 31, 2014. For those subsidy groups whose policies expired between June 1, 2014 through December 31, 2014 they were able to purchase an Exchange-certified SHOP plan through the SHOP Direct Enrollment Option with help from an insurance agent, broker, or third party administrator (TPA), or by shopping directly on Maryland Health Connection, where they might qualify for federal tax credits of up to 50 percent of their paid premiums. Staff sent correspondence to each employer impacted by these changes about their coverage options. As stated in the Transition Notice issued in September 2014, the Partnership was closed to new groups effective January 1, 2014. Coverage and state subsidies under this Program will cease entirely by May 1, 2015. As a result, HB 759 was introduced this Legislative Session to repeal this state subsidy program. The Commission testified in support of HB 759 earlier this month.