



Maryland Health Care Commission

Tuesday, October 20, 2016

1:00 p.m.



1. **APPROVAL OF MINUTES**
2. UPDATE OF ACTIVITIES
3. [ACTION: COMAR 10.24.15 – State Health Plan for Facilities and Services: Organ Transplant Services Chapter – Proposed Regulations](#)
4. [ACTION: Certificate of Need –Dimensions Health Corporation d/b/a Prince George’s Hospital Center and Mt. Washington Pediatric Hospital, Inc. \(Docket No. 13-16-2377\)](#)
5. [ACTION: COMAR 10.25.16 – Electronic Health Record Incentives – Final Regulations](#)
6. [ACTION: Certificate of Need – Northampton Manor Nursing and Rehabilitation Center, L.L.C. \(Docket No. 16-10-2377\)](#)
7. [ACTION: Quality Measures and Performance Thresholds for Home Health Agency Certificate of Need Review](#)
8. [PRESENTATION: 2016 Preauthorization Benchmark Attainment Report](#)
9. [PRESENTATION: Hospital Cyber Security Report: Evolving Threats Require New Approaches](#)
10. [Overview of Upcoming Initiatives](#)
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ACTION:

COMAR 10.24.15 – State Health Plan for Facilities and Services: Organ Transplant Services Chapter – Proposed Regulations

(Agenda Item #3)



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ACTION:

Certificate of Need – Dimensions Health Corporation d/b/a Prince George’s Hospital Center and Mt. Washington Pediatric Hospital, Inc. (Docket No. 13-16-2377)

(Agenda Item #4)



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HEALTH CARE
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ACTION:

COMAR 10.25.16 – Electronic Health Record Incentives – Final Regulations

(Agenda Item #5)

State-Regulated Payor Electronic Health Records Incentive Program

Final Action

COMAR 10.25.16

October 20, 2016



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EHR Incentive Program Overview

- **Maryland law enacted in 2009 requires the Maryland Health Care Commission (MHCC) to establish electronic health record (EHR) adoption incentives from certain State-regulated payors to promote the adoption and use of an EHR**
- **The regulations went into effect on April 21, 2011 and were amended on October 21, 2011, and June 9, 2014**
- **A one time incentive payment per payor per primary care practice of up to \$15,000 – based on the practice's panel size, calculated at \$25 per member**
- **The program sunsets at the end of 2016**

EHR Incentive Program Progress

October 2011- February 2016

- **Impact on advancing EHR adoption and Meaningful Use (MU) of health information technology has been moderate**
- **In total, incentive payments have exceeded \$9M**
- **All combined, payors have made 1,665 payments to primary care practices**
- **Average annual growth rate in program participation is about 29 percent**

Incentive Program Workgroup

- On April 18th, staff convened the workgroup to discuss
 - The impact of the incentives on advancing MU
 - Opportunities to increase the number of meaningful users by extending the sunset date
 - Strategies to increasing program participation
- Recommendations
 - A one-time extension of the sunset date by two years—through December 2018
 - Expand stakeholder outreach activities

Public Comment Period and Staff Recommendation

- During the 30-day comment period, no comments were received
- Staff recommends that the Commission adopt the proposed amendments as final amendments of the Commission
 - If adopted, the amendments would go into effect November 24, 2016

Thank You!



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Certificate of Need – Northampton Manor Nursing and Rehabilitation Center,
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(Agenda Item #6)



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ACTION:

Quality Measures and Performance Thresholds for Home Health
Agency Certificate of Need Review

(Agenda Item #7)



Quality Measures and Performance Thresholds for Home Health Agency Certificate of Need Review

October 20, 2016

Background

- HHA Chapter, COMAR 10.24.16, effective April 2016
- New approach: more competitive markets, more consumer choice of quality providers
- Quality measures from CMS Compare websites
- Draft quality measures and performance requirements posted for public comment on August 29, 2016
- Approved quality metrics to be used in CON review
 - Jurisdictional need
 - Qualifying an applicant
 - Determining preference among competing applicants

Rationale for Selecting the Measures

- Important frequently occurring conditions
- Data submission required by CMS
- Standardized measures allowing for valid comparisons
- Rigorous development process/National Quality Forum (NQF) endorsement
- Not topped out
- Used to evaluate incentive payment programs
- Opportunity to improve Maryland scores

How Would Home Health Agencies Qualify?

- Experience of Care Summary Star Rating (EOC)



equal to or better than 3 stars

- Quality of Care Summary Star Rating (QOC)



equal to or better than 3.5 stars

- Individual Process and Outcome Measures

equal to or better than the Maryland Average for:

- **6 of 11 QOC measures, and**
- **3 of 5 EOC measures**

Selected Home Health QOC Measures

Outcome Measures

How often patients got better at:

- walking or moving around 
- getting in and out of bed 
- bathing 
- taking drugs correctly by mouth

How often patients had improvement in:

- breathing 
- pain when moving around 

Rehospitalization 

ED use without hospitalization

Process Measures

How often the team:

- began care in a timely manner 
- taught about their drugs 
- determined if flu shot current 

Home Health EOC Measures HHCAHPS

Overall HHA rating



Communication between
providers and patients



Care given in professional way



Team discussed medications,
pain, safety



**HHCAHPS Summary Star Rating (average of the
four measures above)**

Likelihood to recommend

Summary Table:
Selected HHA Quality of Care Measures

HHA QOC Measure Description	Star Rating Measure	Measure Type	Source of Data	Risk Adjusted	NQF Endorsed	VBP Measure
Managing Daily Activities						
How often patients got better at walking or moving around	Yes	Outcome	OASIS	Yes	NQF 0167	Yes
How often patients got better at getting in and out of bed	Yes	Outcome	OASIS	Yes	NQF 0175	Yes
How often patients got better at bathing	Yes	Outcome	OASIS	Yes	NQF 0174	Yes
Managing Pain and Treatment Symptoms						
How often patients had less pain when moving around	Yes	Outcome	OASIS	Yes	NQF 0177	
How often patients' breathing improved	Yes	Outcome	OASIS	Yes	NQF0179	Yes
Preventing Unplanned Hospital Care						
Acute Care Hospitalization (ACH)	Yes	Outcome	Medicare Claims	Yes	NQF 0517	Yes
Emergency Department (ED) Use without Hospitalization		Outcome	Medicare Claims	Yes	NQF 0173	Yes

HHA QOC Measure Description	Star Rating Measure	Measure Type	Source of Data	Risk Adjusted	NQF Endorsed	VBP Measure
Preventing Harm						
How often the home health team began their patients' care in a timely manner	Yes	Process	OASIS	No	NQF 0526	
How often the team determined if patients received a flu shot for the current flu season	Yes	Process	OASIS		NQF 0522	Yes
How often the home health team taught patients (or their family caregivers) about their drugs	Yes	Process	OASIS		NQF 0520	Yes
How often patients got better at taking their drugs correctly by mouth		Outcome	OASIS	Yes	NQF 0176	Yes

How Would Non-HHA Applicants Qualify?

- Hospitals

Summary Star Rating (HCAHPS)



- Nursing Homes

Summary Star Rating

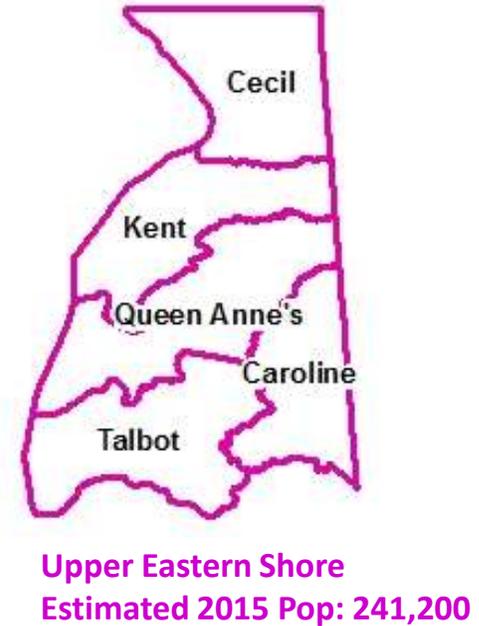
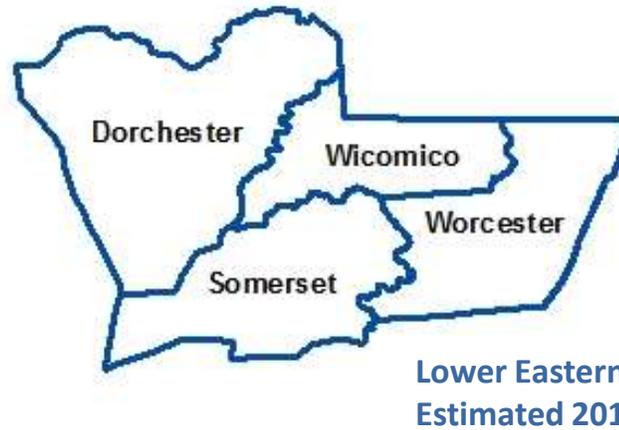


- Composed of Health Inspections, Staffing, Quality Measures, and Overall Summary Star Rating

- Residential Service Agencies (RSAs)

- No standardized measures, submit quality information

Regions for Home Health Agency 2017 CON Review Cycles



Requested Action

Approve recommended quality measures and performance thresholds for the upcoming CON review schedule.



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PRESENTATION:

2016 Preauthorization Benchmark Attainment Report

(Agenda Item #8)

Electronic Preauthorization

A Legislative Report

October 20, 2016



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Summary

- **State-regulated payors (payors) and pharmacy benefits managers (PBMs) have successfully introduced technology to support electronic preauthorization**
 - **Payors and PBMs implemented the benchmarks required by law**
 - **The benchmarks were phased in over a span of about two years, and payors and PBMs collaborated with providers in design testing of the benchmarks**
- **Over the past four years, use of online portals for medical increased by over 60 percent and increased by less than 6 percent for pharmaceuticals**
- **More work is needed by payors and PBMs to maximize the benefits of the technology for themselves and providers**

Background

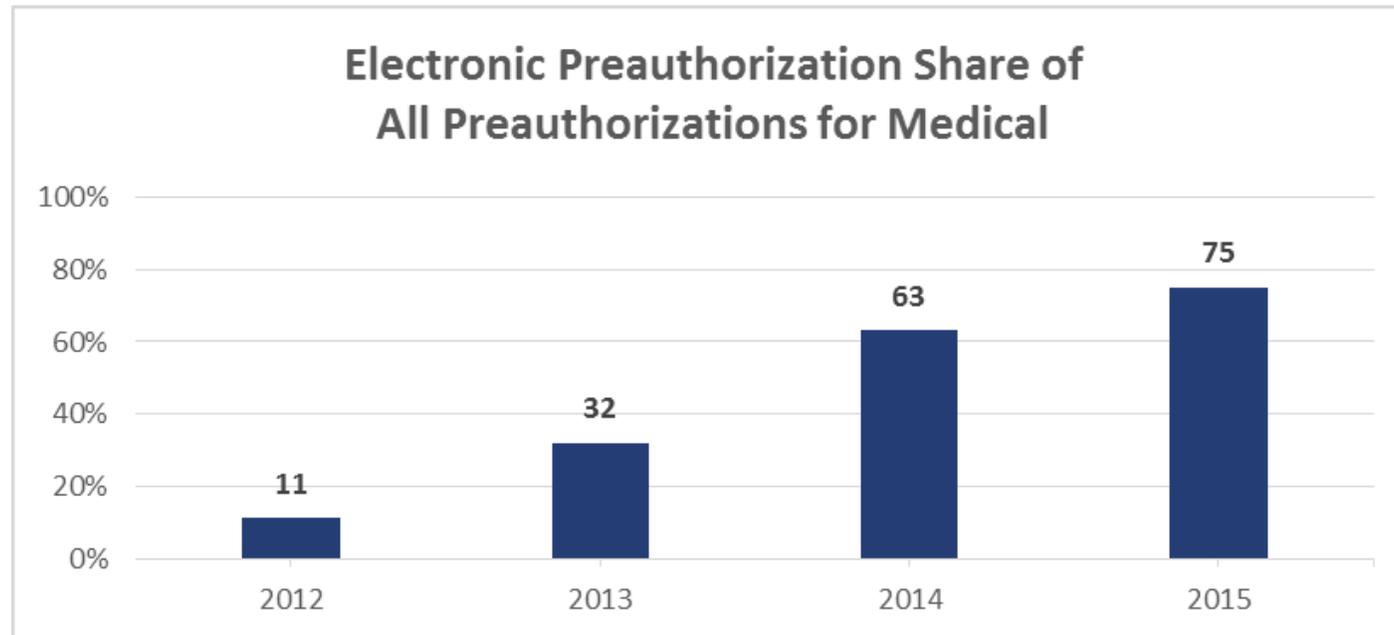
- **State law enacted in 2012 made Maryland one of the first states to mandate the implementation of electronic preauthorization with the aim of creating administrative efficiencies in the preauthorization process**
- **The MHCC worked with payors and PBMs to implement electronic preauthorization processes in a series of four benchmarks**
- **The MHCC is required to report annually to the Governor and General Assembly through 2016**

The Benchmarks

On or Before...	Description
October 1, 2012	Provide online access to a listing of all medical and pharmaceuticals that require preauthorization and the key criteria for making a determination
March 1, 2013	Establish an online system to receive and process preauthorization requests electronically and assign a unique identification number to each preauthorization for tracking purposes
July 1, 2013	Ensure all preauthorizations for medical and pharmaceuticals are processed within established timeframes
July 1, 2015	Implement electronic process to override a step therapy or fail-first protocol

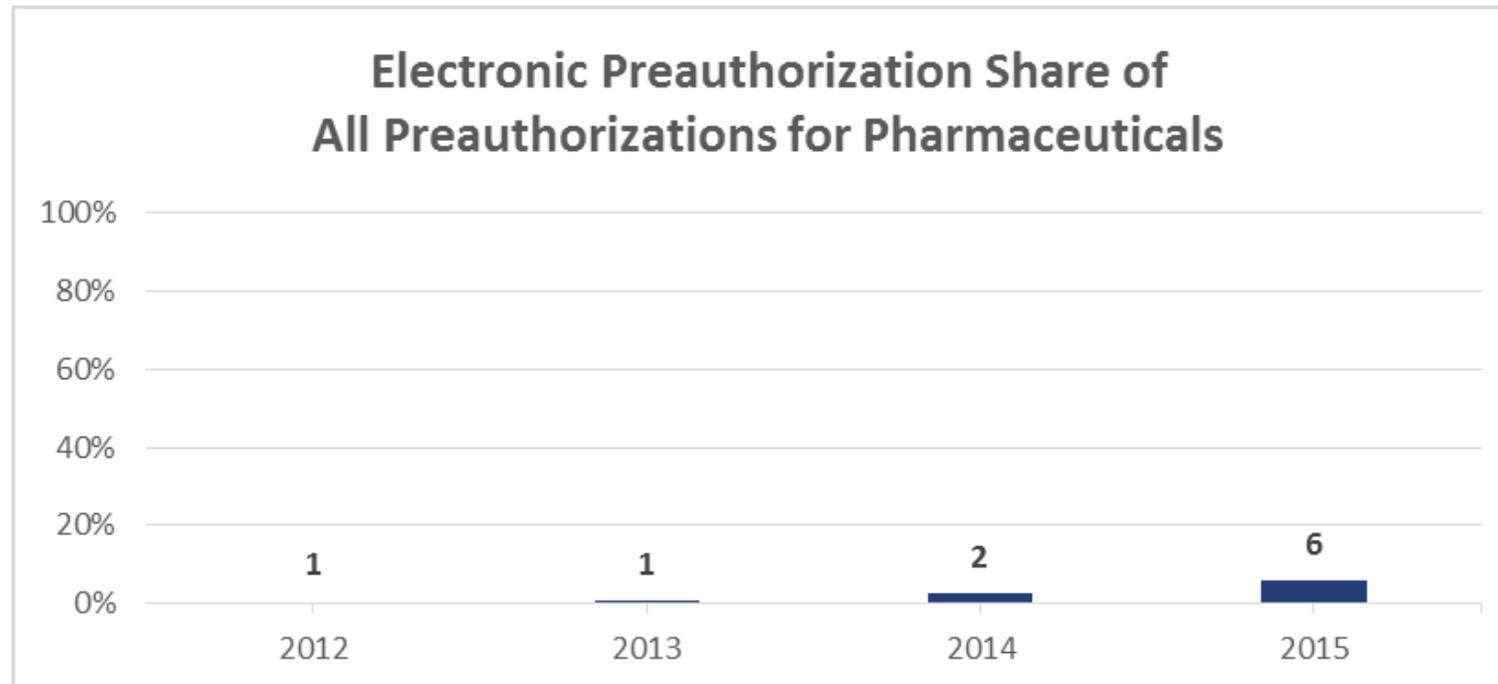
Key Findings

- The largest payors and PBMs have implemented an online portal to process preauthorizations
- Use of online portals for medical has grown by nearly 60 percent over the past four years



Key Findings *(continued)*

- Online portal use for pharmaceuticals is not likely to increase for electronic prescribing (eprescribing)
- Electronic health record (EHR) vendors have focused on developing applications to integrate preauthorization into existing eprescribing workflows



Looking Ahead

- **Payor and PBM requirements regarding preauthorization will likely continue under emerging alternative care delivery models**
- **Education and awareness activities related to the availability of payor and PBM portals is expected to continue**
- **The use of portals will eventually decrease as EHR vendors begin to incorporate standards that support direct payor and PBM communication**

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PRESENTATION:

Hospital Cyber Security Report: Evolving Threats Require New Approaches

(Agenda Item #9)

Hospital Cybersecurity

Evolving Threats Require New Approaches

An Information Brief

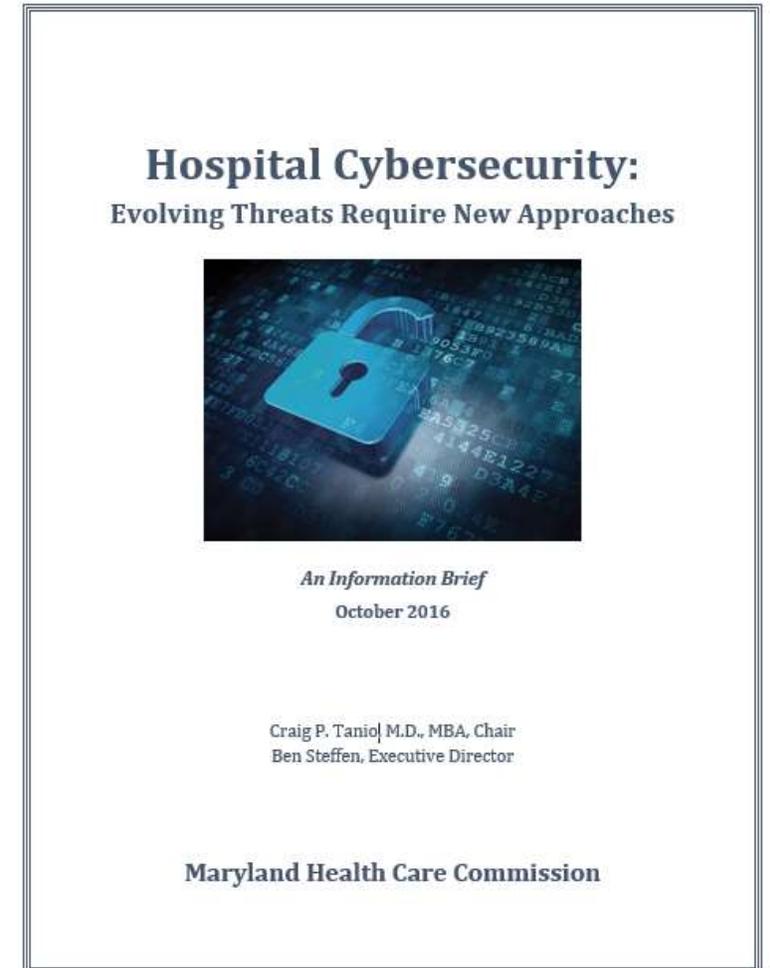
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Framing the Discussion

- Maryland hospitals are strengthening their cybersecurity strategies to guard against:
 - Phishing attacks
 - Malware and ransomware
 - Cloud threats
- Increased emphasis on building cybersecurity into existing governance, risk management, and business continuity framework
- Employee awareness and education is a leading defense against cyber-attacks



Cybersecurity - Risk Management

- Cybersecurity is a shared responsibility and requires a wide-ranging view of people, processes, and technologies to understand potential vulnerabilities and areas for remediation
- Guarding against cyber-attacks requires identifying critical cyber assets as part of a security risk assessment to understand vulnerabilities and identify ways to mitigate risk



Cyber-Attacks - Nationally

- Estimated to have increased by 125 percent since 2010
- Considered the leading cause of data breaches
- Nearly 94 percent of hospitals have experienced a data breach in the past two years
 - Ransomware victims paid almost \$209M in Q1 2016 as compared to \$25M in all of 2015

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"I'm no expert, but I think it's some kind of cyber attack!"

Cyber-Attack - Impact

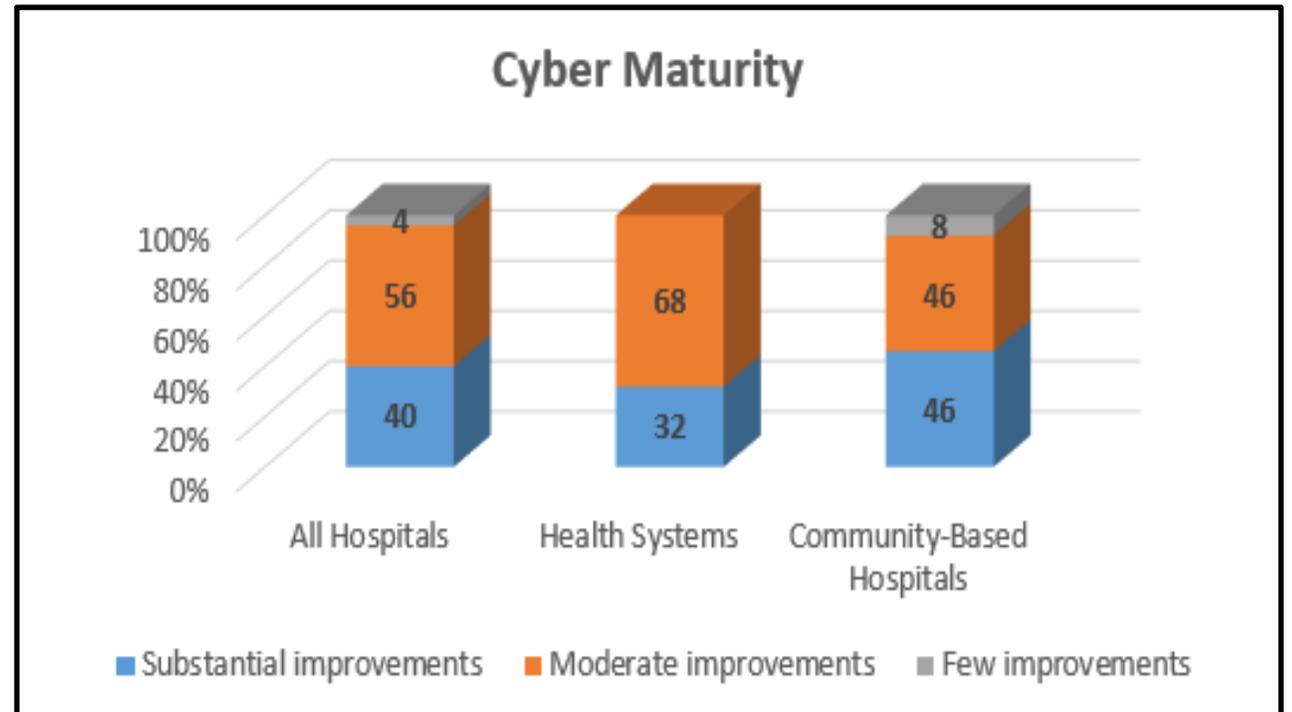
- **Loss of data and patient privacy**
- **Disruption to operations**
- **Financial losses to restore systems, credit monitoring, and potential lawsuits from impacted individuals**
- **Reputational harm**

The Assessment

- Conducted in the spring 2016
- All 48 acute care hospitals participated in the survey
- Hospital Chief Information Officers and Chief Information Security Officers self-reported data through an online questionnaire
 - Questions inquired about how hospitals are preparing for and managing cyber risks
- Survey results are presented in aggregate

Cyber Maturity

- Health systems generally have greater resources to deploy more robust cybersecurity strategies
- Nearly one half of community-based hospitals report making substantial improvements within the last two years



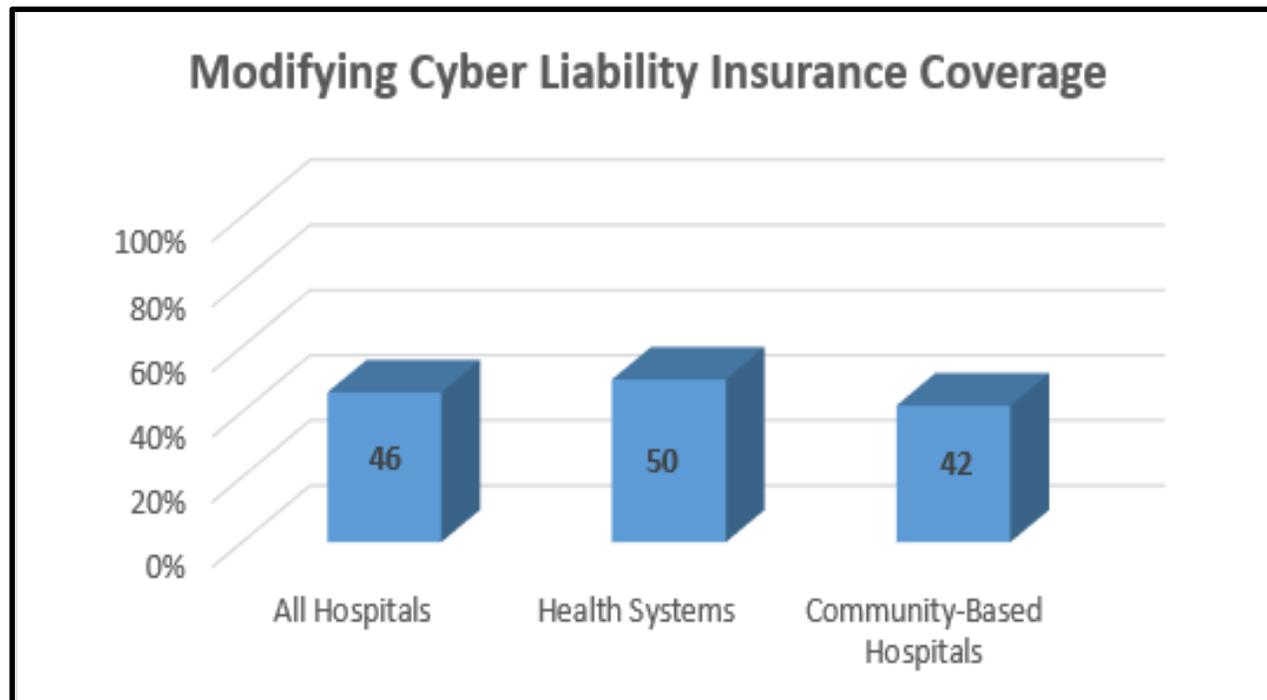
Cybersecurity Readiness

- Hospitals deploy a variety of cyber activities to assess risk
- Activities inform planning of cyber response and recovery protocols

Cybersecurity Readiness			
Activity	All Hospitals	Health Systems	Community-Based
	%		
Conducting more than one security risk assessment annually	58	95	27
Modifying emergency preparedness/incident response plans to include more specific procedures for cyber incidents	69	86	54
Integrating more robust and/or new cyber incident response policies and procedures with existing disaster recovery and business continuity plans	69	82	58
Conducting mock exercises to practice and test hospital capabilities to respond timely and minimize the impact of a cyber incident	73	86	62

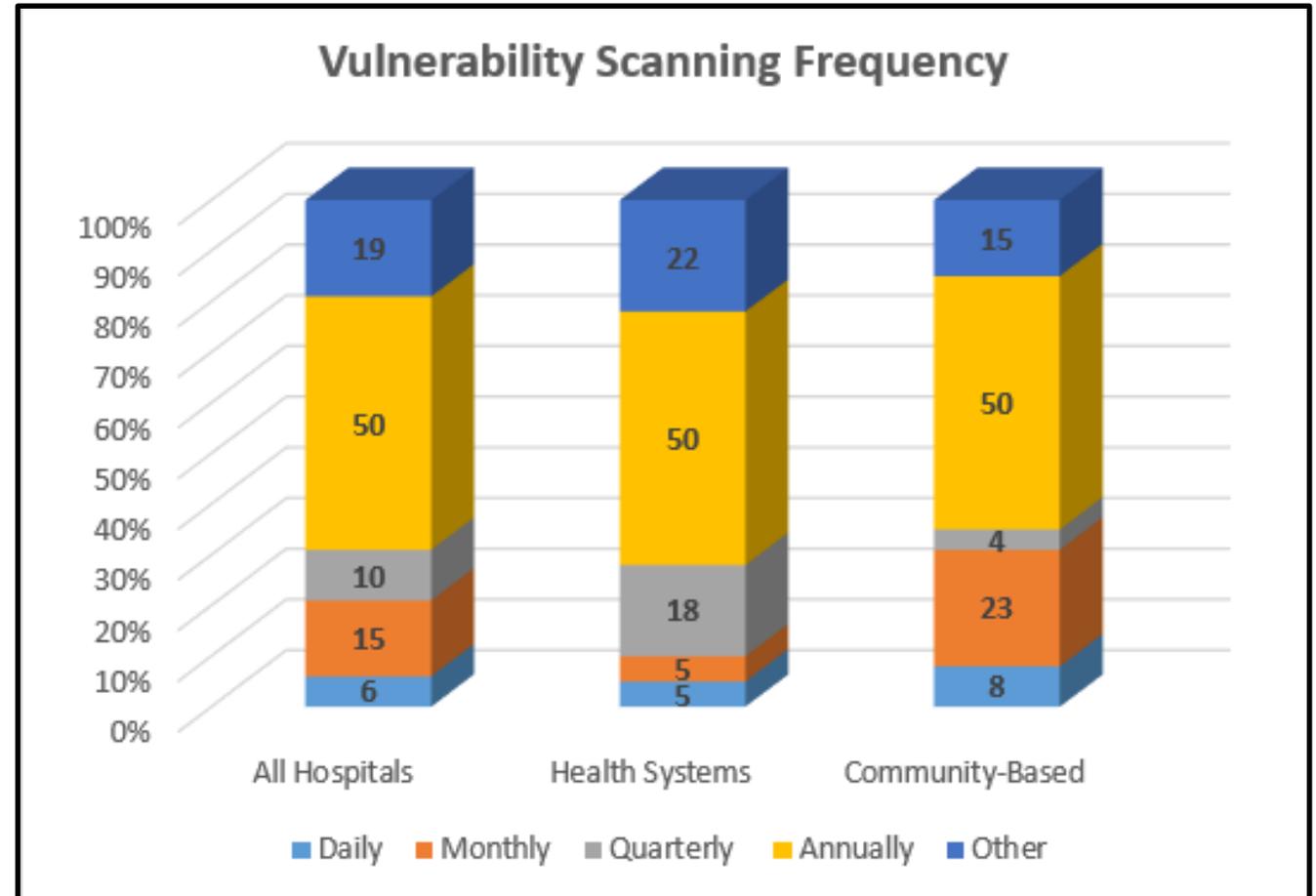
Liability Insurance Coverage

- Broader adoption of health IT and other electronic care delivery systems has caused hospitals to evaluate their cyber liability insurance coverage
- About half of hospitals report plans to modify their cyber liability insurance coverage



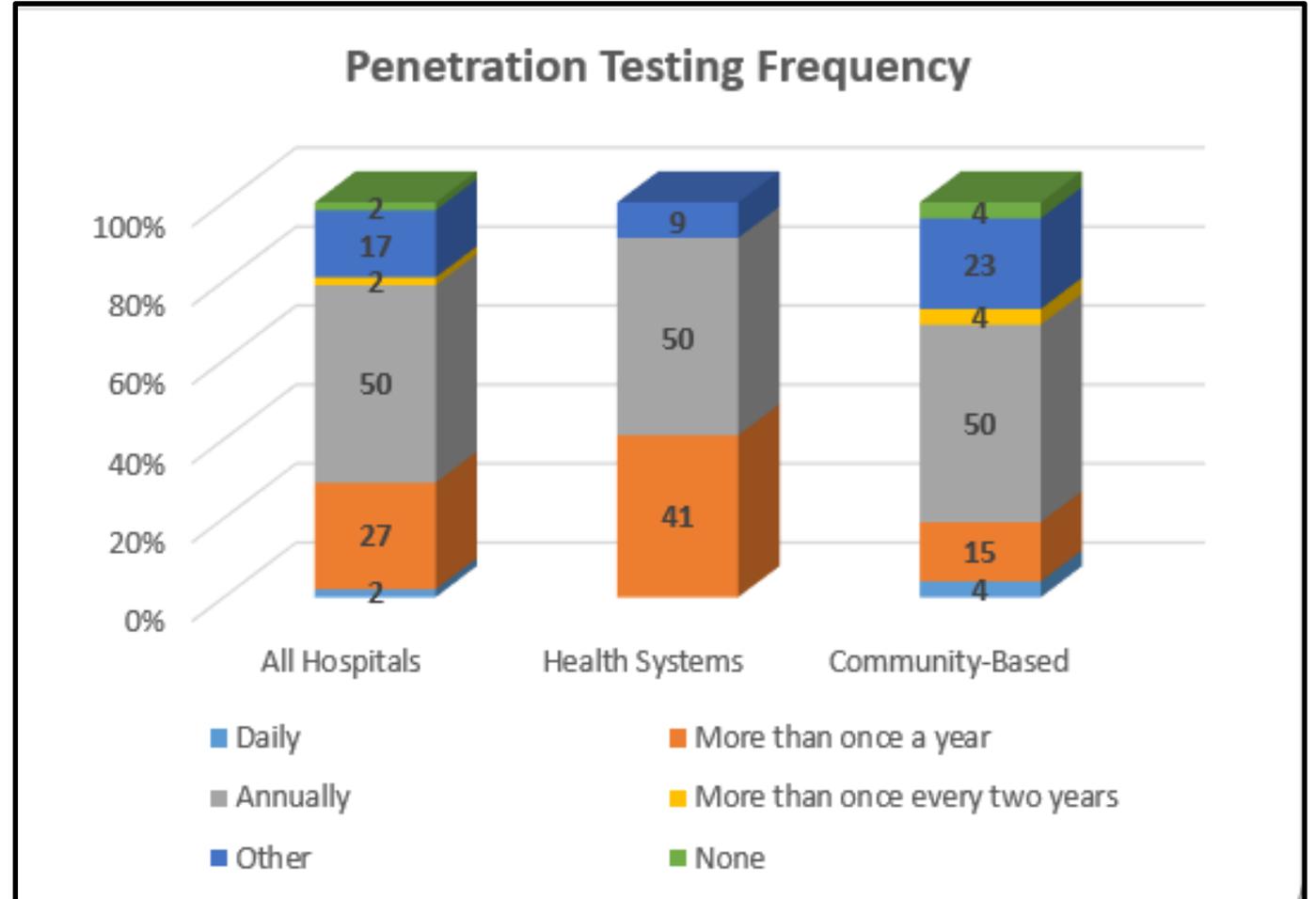
Vulnerability Scanning

- Hospitals typically conduct scans on at least annually
- Common vulnerabilities include un-patched or out-of-date software or use of default and weak passwords



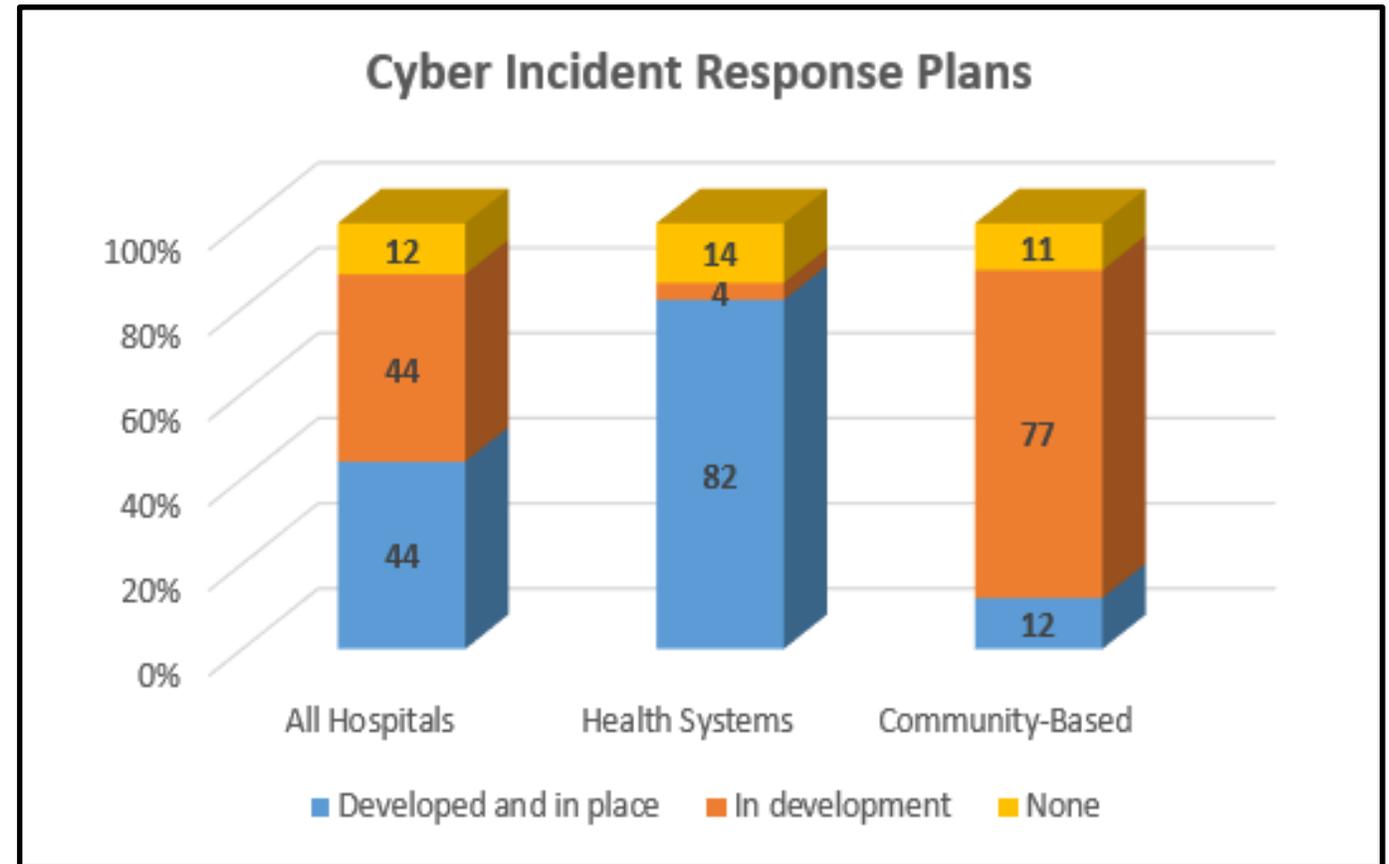
Penetration Testing

- Hospitals generally perform pentesting annually
- Several hospitals indicated plans to increase pentesting frequency



Incident Response Planning

- The majority of health systems have established cyber incident response plans
- Most plans at community-based hospitals are under development



Awareness Training

- Employee awareness and education about cybersecurity is one of the greatest defenses against a cyber-attack
- Hospitals deploy a number of initiatives to increase employee awareness

Employee Awareness and Education			
Communication Channel	All Hospitals	Health Systems	Community-Based
	%		
Requires formal training for all employees	88	100	77
Provides training to employees regarding their specific responsibility in preventing and responding to cyber-attacks	31	41	23
Distributes cyber tips via newsletters	48	41	54
Conducts campaigns designed to engage and educate employees about cyber security	75	91	62

Next Steps

- **Use the findings to enhance hospital awareness of cybersecurity**
- **Explore opportunities with the Maryland Hospital Association and the Maryland Chapter of Healthcare Information and Management Systems Society in developing cybersecurity peer learning forums and webinars**
- **Work with hospitals to finalize a cybersecurity self-assessment resource guide**

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Overview of Upcoming Initiatives

(Agenda Item #10)



ENJOY THE REST OF
YOUR DAY