

MARYLAND HEALTH CARE COMMISSION

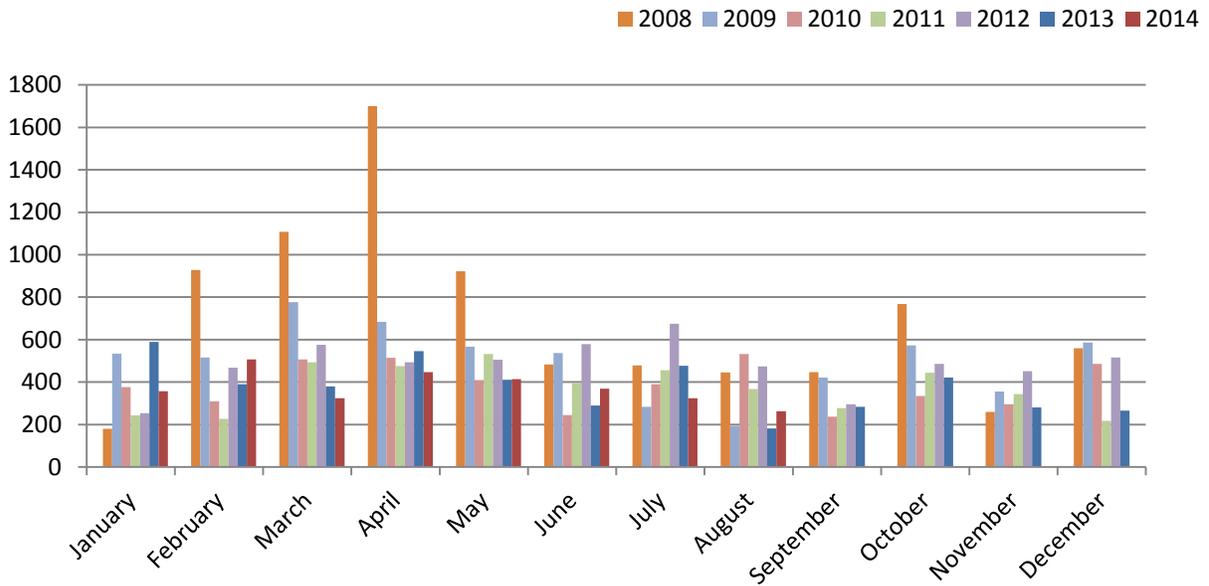
UPDATE OF ACTIVITIES

September 2014

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

**Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2014**



Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of \$323,578.70 for July and \$232,736 for August of 2014. The monthly payments for uncompensated care from January 2008 through August 2014 are shown above in Figure 1.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

MCDB Web Portal and ETL Development

The new contract extension with Social and Scientific Systems (SSS) began on July 16, 2014. A critical early deliverable is the development of an Extract, Transform, and Load (ETL) system to automate MCDB data capture and ultimately shorten the timeline for making data available for MHCC analyses and State partners. MHCC staff, the project management office (PMO), and SSS worked together to define the database infrastructure and design, business rules, business requirements, and timelines for deliverables. The development will occur in three phases with public releases targeted toward submission deadlines for the MCDB and will follow an agile project management approach.

The first public release will feature a web portal front end with user management, data submission, and submission status modules. The release date is September 22, 2014, and this release will be ready to capture data for the first two quarters of 2014 data, which are due on September 30, 2014. Files submitted on the web portal will be moved to a secure staging server, where a file watcher service will pick up files to be processed through tiered validations based on established business rules. In the first release, tier 1 validations, which check for file format conformance with submission manual requirements, will be automated. Subsequent releases will automate more advanced tiers of validation.

The second public release will feature the addition of a messaging and waiver module on the web portal and the addition of tier 2 (threshold validations) and partial tier 3 (field-level and cross-year validations) to automated the ETL process. The third public release will feature complete tier 3 and tier 4 (cross-field validations) and will make refinements to business rules and user interface based on ongoing testing and feedback from payors. There will be ongoing maintenance following the third public release.

The project has been on schedule throughout the process, and MHCC and SSS are prepared to implement public release 1 on time. In advance of the public release, SSS will hold three training sessions for payors on September 15th, 17th, and 19th. During the training period and moving forward, SSS will maintain a MCDB help desk (phone and email) during business hours to answer questions and provide any needed technical support.

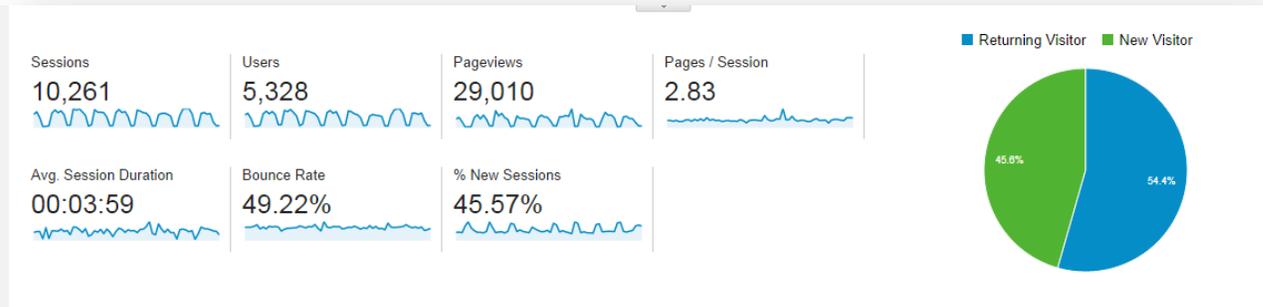
MCDB Payor Compliance and Technical Support

Payors were required to submit 2013 data to the MCDB by July 31, 2014. Several payors requested variances in the form of format modifications for specific fields within the reports or extensions on the deadline. SSS has processed 2013 data, as it is available. Submissions have often had discrepancies that needed to be verified, and some payors have submitted data well beyond the deadline. These have combined to delay processing; however, SSS has worked to provide quick responses to payors and process data once finalized. These submission delays may impact the availability of data for patient centered medical home shared savings, assignment of benefits report to the legislature, and release of data to HSCRC. MHCC and SSS are working to expedite processing to limit the impact of the submission delays.

Staff from both MHCC and Social and Scientific Systems (SSS) have been working with new payors required to begin reporting for 2014 data (Q1 and Q2 data due September 30, 2014) to answer questions, clarify requirements, and provide technical support as needed. Payors have been provided an opportunity to submit test files, in advance of their full submissions. SSS is reviewing test files and providing feedback, as appropriate.

Several payors, both new and existing reporting entities, have requested extensions for the 2014 Q1 and Q2 submissions. The new data requirements, short turnaround time from the 2013 submissions, and staff turnover for some payors have necessitated these requests. MHCC staff continue to collaborate with payors and has worked with payors to minimize the length of extensions needed. These extensions will likely result in some delays in final availability of the quarterly data; however, as payors are able to implement production environments for these reports, they will be able to generate on-time submissions for subsequent reporting cycles. MHCC staff continue to expect on-time production of the annual files for 2014, which are to be used for decision support for other state entities.

Figure 2 - Data from Google Analytics for the months of July and August 2014



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

Internet Activities

As shown in the chart above, the number of sessions to the MHCC website for the months of July and August 2014 was 10,261 and of these, there were 45.57% of new sessions. The average time on the site was 3:59 minutes. Bounce rate of 49.22 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, Maryland.gov and crisphealth.org. Among the most common search keywords in June were:

- “Maryland health care commission”
- “MHCC”

Table Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Million Hearts	Completed Live	Converted QM survey to Multi-Survey design to accommodate Million Hearts Survey
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	QM Completed Case Management Survey Live
Boards & Commissions Licensing	On-going Maintenance	

Sites (13 sites)		
Boards & Commissions Licensing Site(13 sites)	Redesign New Credit card Interface	Social Work Live Diet Live Massage Therapy Live
Physician Licensing	LIVE	Pre-populated database. New HIT questions. New HIT Navigation
Health Insurance Partnership Public Site		Migrated to Cloud Server
Health Insurance Partnership Registry Site	Monthly Subsidy Processing On-going Maintenance	Auditing payments for several employers (Ongoing)
Hospice Survey 2014	Completed 2014	(Ongoing)
Long Term Care 2013 Survey	Completed 2014	Exported LTC HIT Survey Questions
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	Completed - Testing	Industry Site Completed Web Editor Completed Splash page and Consumer page under development

Special Projects

Health Insurance Rate Review and Health Care Pricing Transparency: CCIIO Cycle III Grant

CMS awarded a Cycle III grant to Maryland for nearly \$3 million over a 2-year time period (October 1, 2013 through September 30, 2015) whereby MHCC will assist the MIA in rate review activities, and enhance Maryland's medical pricing transparency efforts. The grant money will be 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 would be achieved through the use of Extract, Transform and Load (ETL) software that would screen data submissions for quality and completeness at the point of data submission and reject submissions that do not comply with the screening criteria. The ETL software will be obtained through SSS, our current database/ETL contractor, and will include the flexibility to employ payer-specific screening criteria. The payer-specific criteria will reflect waivers granted to payers by the MHCC for deviations from established data completeness thresholds.

Freedman Healthcare, MHCC's Project Management Officer (PMO), continues to manage the duties of the database/ETL contractor to ensure that all milestones established in the Cycle III grant are met. MHCC's Methodologist assists the PMO with these grant initiatives, and is particularly involved in staff's MCDB decision support to the MIA in evaluating the MCDB for rate review activities.

In July, MHCC staff applied for a fourth cycle of rate review/pricing transparency grant money available from CMS/CCIIO to further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland. The anticipated award date for Cycle IV grant funding is September 30th.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

Implementation of COMAR 10.24.17, Specialized Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services

This updated State Health Plan (SHP) Chapter became effective August 18, 2014. Staff has received some requests for clarification on the regulations regarding PCI services. Staff has responded to some of these requests informally and will continue to work on responding to all requests for clarification.

- **Collection of STS Data**

Hospitals with cardiac surgery have begun submitting duplicate data from the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database to MHCC. Through assistance from staff in the Center for Quality Measurement and Reporting, hospitals were informed of the process for securely submitting their data to MHCC.

- **Standing Advisory Committee for Oversight of Cardiac Surgery Services**

All organizations contacted regarding a nominee to the Cardiac Standing Advisory Committee have provided the name of one or two nominees. Staff is working on determining the date for the first meeting and developing materials for the first meeting.

C-PORT E Follow-on Registry

Staff announced that mandatory participation in the C-PORT E Follow-on Registry (for the eight Maryland hospitals that participated in the research trials investigating the safety of providing elective PCI services at hospitals without cardiac surgery on-site) ends September 8, 2014, and clarified expectations for hospitals with regard to the follow-up requirement for patients recently enrolled.

State Health Plan Update: COMAR 10.24.15 Organ Transplant Services

Staff contacted 15 individuals or organizations inviting them to participate in a work group, or to nominate someone to participate in a work group, which will be used by staff in development of updates to this SHP chapter. Staff plans to poll members to determine the best day and time for a meeting. The first meeting will likely be held in October.

Study of the Impact of Rate Setting for Freestanding Medical Facilities

Staff began coordinating with the Health Services Cost Review Commission staff to plan for development of this study, scheduled for completion by the end of 2014. Freestanding medical facilities (FMFs) are hospital-affiliated centers for the provision of emergency health care services that are not located on the affiliate hospital's campus and are separately licensed from their affiliate hospitals. This facility category was created in Maryland law in 2005 and two pilot facilities have been authorized for development and operation in Maryland. A third facility, that pre-existed the 2005 law, has also been licensed as an FMF. The study will include analyses useful for developing Certificate of Need (CON) regulations, as required by July 2015. FMFs are regulated under the CON program and hospitals will be able to seek CON authorization to establish FMFs after July, 2015.

Report on General Hospital Acute Care Bed Inventories, FY 2015

A report on the changes in licensed acute care hospital beds in Maryland was posted on the MHCC website in August. This is an interim report that will be replaced in October with a new FY 2015 edition of MHCC's Annual Report on Selected Maryland Acute Care and Special Hospital Services. For the fifth consecutive year, Maryland's licensed acute care hospital bed inventory declined. Effective July 1, 2014, Maryland's 46 acute care general hospitals are licensed for a total of 9,804 beds. The licensed bed inventory in the state has shed 1,076 beds since FY 2010, a 9.9% decline. The interim report can be viewed at:

http://mhcc.dhmh.maryland.gov/hospital/Documents/hospital_services/FINAL_Update_LicensedAcuteCareBeds_FY2015.pdf

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 its various updates. Work has been completed on programming MDS data to support the Consumer Guide for Long Term Care; this includes analysis of long-stay and short-stay patients. Work is underway on programming MDS data to support the Long Term Care Survey.

We are also working jointly with Myers and Stauffer and the Office of Health Care Quality (OHCQ) to review Section S (state-specific portion of MDS) in order to assess the level of completeness and to ensure that facilities provide complete Section S data. This has been completed on a facility-specific level. Staff is drafting a letter to be sent jointly with OHCQ to indicate to facilities their level of completeness for Section S, and the need to furnish complete data.

Hospital Palliative Care Study

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

http://mhcc.dhmh.maryland.gov/Pages/HPCP_Project.aspx

Staff has obtained data from the Center to Advance Palliative Care (CAPC) for nine of the participating Maryland pilot hospitals for 2012. It is expected that 2013 data will be available soon. Staff also has received preliminary data from the Maryland Cancer Collaborative Survey.

Hospice Survey

Data submission for the FY 2013 Maryland Hospice Survey has been completed. Hospices received notice that the survey was ready for data entry effective Wednesday, March 12, 2014. Part I of the survey was due by May 12, 2014. All Part I surveys have been completed. Part II of the survey was due by June 11, 2014. All Part II surveys have now been submitted. Staff has reviewed the surveys and conducted follow up where data was inconsistent. Staff also provided technical assistance to hospice providers to assist with surveys as needed.

Hospice Education and Outreach

During the 2014 legislative session, Senate Bill 646 State Health Plan- Licensed Hospice Programs- Certificate of Need Review, was introduced, but did not pass. As a result of discussions between the Commission, staff of the Hospice and Palliative Care Network of Maryland, and members of the General Assembly, it was agreed that the Commission would convene workgroups on hospice education and outreach. Since the initial hospice need projections indicate need in Baltimore City and Prince George's County, the initial workgroup focus would be in those jurisdictions. In preparation for convening the workgroup, Commission staff met with providers serving those counties. On June 18th, staff met with representatives of the nine providers authorized to serve Prince George's County. Similarly, on July 7th, staff met with representatives of the eight hospices authorized to serve Baltimore City. Work is now underway to schedule the meetings of the Hospice Work Group.

Updating the Home Health Agency Chapter to the State Health Plan

Commission staff is drafting a paper proposing a conceptual framework for regulating home health agency (HHA) services in Maryland in preparation for updating the HHA Chapter of the State Health Plan. This background paper describes the current landscape of Maryland's HHA industry including the supply and geographic distribution of HHAs, as well as utilization trends and underlying factors contributing to changes in utilization.

MNCHA Annual Meeting

Commission staff is invited to the Maryland National Capital Homecare Association's (MNCHA) 2014 annual meeting, "Collaborations and Innovations to Support our Region's Health Care Needs" on September 18th. Speakers from various industries presenting at the MNCHA conference include: Maryland Hospital Association; CareFirst BlueCross BlueShield; and Capital Healthcare Group.

Home Health Agency Survey Data

The FY 2013 Maryland Home Health Agency Survey data collection period ended on June 11, 2014. 100% of the surveys have been submitted and accepted by the Commission. Sixty providers participated in the survey. Two providers were fined for non-compliance; one has paid the fine assessed. Staff has begun the data cleaning phase; the data has been audited and statistical reports have been created for further analysis.

Long Term Care Survey

Seven hundred and twenty-four (724) facilities participated in the 2013 Long Term Care Survey. Seven hundred and twenty-one (721) facility surveys have been submitted and accepted, including 233 comprehensive care facilities, 372 assisted living facilities, 110 adult day care centers and 6 chronic hospital facilities. Three assisted living facilities have not completed the survey and have been fined for non-compliance.

This year the Commission issued a Notice of Assessment of Fine on seventeen assisted living and two adult day care facility providers for non-compliance by the survey due date of May 29, 2014, but waived the fine for ten (10) who filed an appeal that were deemed appropriate. One of the facilities has paid the fine. The DHMH Office of General Accounting issued the invoices and will follow up with the providers and notify the Commission when the invoices are paid. All comprehensive care and chronic hospital facility surveys were in compliance.

Staff is in the process of cleaning the data. This includes the processing of the Medicaid Cost Report data which will be formatted to merge with the Long Term Care Survey data for analysis, running frequencies, and cross year comparisons to verify the data prior to creating reports.

Certificate of Need

CONs Approved

Palisades Eye Surgery Center d/b/a Rockville Eye Surgery, LLC – (Montgomery County) – Docket No. 14-15-2352

Relocation of the surgery center within the same office building and the addition of two operating rooms for a total of three operating rooms and two procedure rooms

Approved Costs: \$3,637,265

Changes Approved for Previously Issued CONs

College View Center – (Frederick County) – Docket No. 12-10-2336

Increase in the approved capital expenditure for replacement of a comprehensive care facility (130 beds). Increase authorized is \$1,351,589 (7.1%).

New Approved Cost: \$20,466,811

CON Exemptions Approved

Merger of Hospice of Queen Anne's, Inc. and Hospice Operations of Chester River Home Care and Hospice, Inc. (Kent & Queen Anne's Counties)

Acquisition of hospice operations of Chester River Home Care and Hospice (a subsidiary of University of Maryland Medical System) by Hospice of Queen Anne's, Inc. (HQA) with HQA surviving as the sole general hospice serving Kent and Queen Anne's Counties.

CON Letters of Intent

Brook Grove Foundation – (Montgomery County)

A 22-bed increase in the bed capacity of an existing 168-bed comprehensive care facility (CCF). The project will involve construction of a 70-bed building addition which will house the added beds and replace 48 existing CCF beds. The additional bed capacity is being acquired from National Lutheran Home & Village at Rockville.

Ingleside at King Farm – (Montgomery County)

A change in the status of 20 CCF beds licensed and operating as part of a 45-bed CCF. All 45 beds were authorized as continuing care retirement community beds with admission restrictions under an exception to CON requirements. The CCRC proposes to operate 20 of the existing beds without admissions restrictions on the basis of its acquisition of 20 unrestricted CCF beds from National Lutheran Home & Village at Rockville.

Maryland Health & Rehab Holding, LLC – (Baltimore City)

Construction of a new 165-bed CCF at 5502 Denview Way, Baltimore using temporarily delicensed bed capacity formerly operated at Harborside Nursing & Rehabilitation Center

Pre-Application Conferences

- **Brook Grove Foundation – (Montgomery County)**
July 23, 2014
- **Ingleside at King Farm – (Montgomery County)**
July 23, 2014
- **Maryland Health & Rehab Holding, LLC – (Baltimore City)**
August 20, 2014

Request for Exemption from CON Filed

Shore Health/University of Maryland Medical System and HQA– (Caroline and Talbot Counties)

Acquisition of hospice operations of Care Health Services, Inc. (a subsidiary of University of Maryland Shore Regional Health by HQA with HQA surviving as the sole general hospice serving Caroline and Talbot Counties.

Determinations of Coverage (The following projects/actions were determined to not require approval by MHCC unless otherwise noted.)

- **Ambulatory Surgery Centers**

Harford County Ambulatory Surgery Center – (Harford County)

Addition of two specialties, plastic surgery and gastroenterology, to the center and the addition of medical staff

Obstetrics and Gynecology Associates Ambulatory Surgery Center – (Montgomery County)

Establish an ambulatory surgery center with two non-sterile procedure rooms to be located at 1400 Forest Glen Road, Suite 500, in Silver Spring

Ruxton SurgiCenter, LLC – (Baltimore County)

Addition of a non-sterile procedure room to an existing ambulatory surgery center bringing the facilities total service capacity to two operating rooms and two non-sterile procedure rooms

- **Acquisitions/Change of Ownership**

Surgery Center of Rockville, LLC – (Montgomery County)

Acquisition of a 59% ownership interest in this ambulatory surgery center by SCA-Rockville, LLC, an indirect, wholly-owned subsidiary of Surgical Care Affiliates, LLC.

Calvert Manor Health Center – (Calvert County)

Acquisition of Calvert Manor Healthcare Center, by Calvert Manor Healthcare Center, LLC a newly-formed affiliate of Aurora Health Management, LLC

Ardleigh Nursing Home, Inc. t/a Alice Manor – (Baltimore City)

Acquisition of Ardleigh Nursing Home, Inc. t/a Alice Manor by Alice Operator, LLC and Alice Building II, LLC which are both owned by Alice Parent, LLC

Courtland Gardens Nursing & Rehabilitation Center – (Baltimore County)

Acquisition of Courtland Gardens Nursing & Rehabilitation Center by 7920 Scott Level Road, LLC

Haven Nursing Home d/b/a Arlington West Nursing & Rehabilitation Center – (Baltimore City)

Change in the final terms of the acquisition of ownership interests in Haven Nursing Home d/b/a Arlington West Nursing & Rehabilitation Center by Brinton Woods Senior Living III, LLC.

- **Capital Projects**

University of Maryland Medical Center Midtown Campus– (Baltimore City)

Replacement of the renal dialysis unit

Proposed Cost: \$1,822,220

2014 MHA Bond Request

MedStar Franklin Square Medical Center – (Baltimore County)

Replacement of the NICU unit at the hospital (increase in the estimated cost of a project previously issued a determination of coverage).

New Cost: \$6,500,000

Other

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

Oakland Nursing & Rehabilitation Center – (Garrett County)

Temporary delicensure of 10 CCF beds

Lorien Riverside – (Harford County)

Temporary delicensure of two CCF beds

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

Berlin Nursing & Rehabilitation Center - (Worcester County)

Relicensure of 20 temporarily delicensed CCF beds

Allegany Nursing Home/Mid Atlantic of Cumberland

Relicensure of 10 temporarily delicensed CCF beds

Marley Neck Health & Rehabilitation Center – (Anne Arundel County)

Relicensure of four temporarily delicensed CCF beds

Elkton Center – (Cecil County)

Relicensure of 15 temporarily delicensed CCF beds

Moran Manor – (Allegany County)

Relicensure of 20 temporarily delicensed CCF beds

Devlin Manor Health Care Center – (Allegany County)

Relicensure of 10 temporarily delicensed CCF beds

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

Berlin Nursing & Rehabilitation Center – (Worcester County)

Relinquishment of 21 temporarily delicensed CCF beds

- **Miscellaneous**

Presbyterian Home of Maryland, Inc. d/b/a Carsins Run at Eva Mar – (Harford County)

Establishment of a 12-bed CCF at a CCRC. (Determined to fall within the CCRC exception for CCF beds operated with admission restrictions by CCRCs.)

Peninsula Regional Medical Center – (Wicomico County)

Closure of the NICU/Level IIIA Program at the hospital

- **Waiver Beds**

Forestville Health & Rehabilitation Center – (Prince George’s County)

Addition of 10 CCF beds. (Determined to fall within the provisions of COMAR 10.24.01.03E for the addition of beds to existing facilities without CON approval.)

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 discussed the development of a national interoperability roadmap (roadmap) that will be based on ONC’s *10-Year Vision to Achieve an Interoperable Health IT Infrastructure*. ONC will lead the development of the roadmap through online forums, federal workgroups, and state engagements. The roadmap will assess technologies and policies needed to ensure health care practitioners can electronically exchange health information with their patients and other relevant practitioners. The roadmap will also address technical standards; certification

to support adoption and optimization of health IT; and privacy and security protections for electronic health information. ONC aims to release the roadmap for public comment in January 2015.

During the month, staff continued to develop the *Health Information Technology, the Sixth Annual Assessment of Maryland Hospitals* (report). The report provides an update on health IT adoption trends among all 46 acute care hospitals in Maryland including: computerized physician order entry, electronic health records (EHRs), medication administration systems, infection surveillance software, electronic prescribing (e-prescribing), health information exchange (HIE), telehealth, and patient portals; participation in the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs will also be highlighted. To determine how widely health IT is diffused within each hospital, Chief Information Officers (CIOs) indicated how many departments use each technology. The report benchmarks Maryland hospital health IT adoption against national trends. Findings are used to assess opportunities for increasing the adoption and implementation of health IT in the State. In general, health IT adoption among hospitals in Maryland continues to exceed most national averages in all but two categories, e-prescribing and patient portals. The final report is expected to be released in September.

Staff continues to collaborate with the Department of Health and Mental Hygiene (DHMH) on outreach efforts targeted towards primary care practices (practices) that may be eligible to participate in the *State-Regulated Payor EHR Incentive Program* (State incentive program). The State incentive program was first introduced in 2011 and is outlined in COMAR 10.25.16, *Electronic Health Records Reimbursement* (regulations). Revisions to the regulations went into effect on June 9th of this year requiring certain State-regulated payors (payors) to provide participating practices an incentive payment up to \$15,000 if a practice attests to meaningful use, or participates in any MHCC-approved patient centered medical home (PCMH) program and achieves National Committee for Quality Assurance (NCQA) recognition as a Level 2. Payors participating in the State incentive program include: Aetna, Inc., CareFirst BlueCross BlueShield, CIGNA Health Care, Mid-Atlantic Region, Coventry Health Care, Kaiser Permanente, and UnitedHealthcare, Mid-Atlantic Region. Staff also developed an article for publication in the quarterly issue of *The Maryland Nurse* that provides information on the State incentive program and its expansion to include nurse practitioners.

Staff also continues to collaborate with DHMH, the Chesapeake Regional Information System for our Patients (CRISP), MedChi, The Maryland State Medical Society (MedChi) and hospitals to implement various strategies aimed at increasing participation in the *CMS Medicare and Medicaid EHR Incentive Programs* (federal incentive programs). These strategies were developed in the fall of 2013 and aim to assist providers in meeting the requirements of the federal incentive programs. The strategies include: conducting four webinars about meaningful use registration and attestation; engaging hospitals in meaningful use outreach with community providers; developing a web-based resource center for meaningful use; and establishing a Maryland single point of contact to triage and address meaningful use inquiries. During the month, staff worked with CRISP to develop an online tool to assist Medicaid providers in calculating their patient volume to determine if they may qualify for the Medicaid EHR incentive program; staff also developed vendor specific user guides on how to achieve meaningful use as part of CRISP's meaningful use resource center. Staff continues to provide support to hospitals as they assist physicians in their service area with achieving meaningful use.

Health Information Exchange

Staff continues to provide HIE implementation guidance to CRISP and its Advisory Board that consists of three committees: Finance, Technology, and Clinical. Staff participated in meetings with two of the Advisory Boards. The Technology Advisory Board reviewed the results of the annual CRISP technology audit and made recommendations for CRISP policies to enable proactive assessment of potential privacy and security risks; as well as began reviewing responses received from vendors to a Request for Proposal for image exchange services. CRISP anticipates reviewing the proposals, solidifying a funding source, and making an award this fall. The Clinical Advisory Board explored opportunities to make the Maryland Medical Orders for Life-Sustaining Treatment (MOLST) form electronically available through CRISP. The MOLST form is standardized and different from an advance directive in that it is created and maintained by a health care professional. Maryland law requires that a MOLST form be completed and

accompany a patient during certain transitions of care. Staff convened the annual hospital Chief Information Officer symposium in August. Discussions focused on defining strategies to enhance the clinical data made available by hospitals to CRISP and the exchange of data with hospital-owned ambulatory practices.

Staff continues to oversee the implementation of a pilot program funded by DHMH in collaboration with the Maryland Learning Collaborative and CRISP. Roughly \$50K was awarded to ZaneNetworks, a State-Designated Management Service Organization, to transmit structured clinical data from a primary care practice to CRISP. The data can then be made available to other health care professionals through the CRISP Query Portal; structured clinical data includes more standard data elements rather than narrative text. ZaneNetworks completed an implementation assessment and identified two workflow challenges: transmitting structured clinical data to CRISP outside the practice's EHR (i.e., the EHR cannot send a secure e-mail, the secure e-mail must be sent using a web application); and patient data must be sent to CRISP on an individual patient level. ZaneNetworks plans to work with the practice over the next few months to test a technical solution for automatically generating a list of high risk patients and address the technical requirements for the transmission of structured clinical data to CRISP.

During the month, staff continued to draft the information brief on the Independent Nursing Home Health IT Grant Program (INH grant program) evaluation. The INH grant program was implemented in the spring of 2013 to help facilitate the adoption and use of HIE among select independent nursing homes with the aim of improving transitions of care. Approximately \$440K from the \$1.6M ONC Challenge Grant awarded to MHCC in 2011 was distributed to: Berlin Nursing Home and Rehabilitation Center; Ingleside at King Farm; and Lions Center for Rehabilitation and Extended Care, in partnership with Egle Nursing and Rehab Center. As part of the INH grant program, nursing homes used the CRISP Encounter Notification Services (ENS) and Query Portal to manage the care of their residents' as they transitioned to and from a hospital. ENS provides alerts to nursing home staff when a resident has a hospital encounter, including admission, discharge, or transfer information. The CRISP Query Portal enables nursing home staff to obtain additional information about their residents, such as available laboratory or radiology reports. Nursing homes reported that the top three benefits of using HIE services were: improved access to resident health information, enhanced care coordination, and increased efficiencies in staff workflows. Staff plans to release the information brief this fall.

Staff convened the preauthorization workgroup (workgroup) meeting with stakeholders, including State-regulated payors (payors), pharmacy benefit managers (PBMs), and MedChi, among others. Discussions focused on ways to increase awareness and utilization of payors and PBMs online preauthorization systems. The workgroup proposed developing uniform language that payors and PBMs could use to inform providers about the pending July 1, 2015 requirement to electronically submit preauthorization requests; such language could be incorporated into confirmations of receipt, approval, or denial of preauthorization requests submitted via fax, mail, or phone. Staff began to assess responses received by payors and PBMs to the annual online questionnaire inquiring about their implementation of electronic preauthorization processes, volume of preauthorization requests, including the percentage submitted electronically, and marketing strategies to providers. Health-General Article §§19-101 and 19-108.2 (2012) required payors and PBMs to develop online preauthorization systems. The law requires MHCC to annually report to the Governor and General Assembly on payors and PBMs progress in implementing electronic preauthorization through 2016. Findings will be detailed in an end of year report to the Governor and General Assembly.

The integration of the statewide advance directive registry (registry) with CRISP went live in July. The registry is maintained by MyDirectives, a web-based service that allows Maryland consumers to create and maintain an advance directive online. Authorized health care professionals can search for patients' electronic advance directives at the point of care using the CRISP Query Portal. MyDirectives operates as a stand-alone service where consumers can share their electronic advance directive with health care professionals and/or family members securely over the Internet. An environmental scan conducted by staff earlier this year indicated that while several states have established registries containing advance directives, these registries rely mostly on paper-based processes. Maryland is one of the first states to

implement an online registry that is connected to a State-Designated HIE. CRISP has informed its users that the new feature is now available by providing them with a link to a video from MyDirectives.

Staff continued to draft the legislative report on the Telemedicine Task Force (task force) recommendations for expanding telehealth adoption in Maryland. The legislative report is due to the Governor, Senate Finance Committee, and House Health and Government Operations Committee by December 1, 2014. Telehealth use case categories developed by the Clinical Advisory Group will be detailed in the report and are intended to provide a focus on how telehealth could be utilized to enhance care delivery, for example improve transitions of care between acute and post acute care settings, manage hospital Prevention Quality Indicators, and support innovative payment and service delivery models. The Finance and Business Model Advisory Group proposed financial and business considerations regarding the use cases for government, private payors, and providers, which will also be outlined in the report; staff collected feedback on the financial and business considerations from members of all three advisory groups during the month. In addition, the report will provide a framework for a voluntary telehealth provider directory developed by the Technology Solutions and Standards Advisory Group. Staff plans to finalize the draft report in September.

Staff completed the HIE registration process for Children's IQ Network, CRISP, and Peninsula Regional Medical Center. COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*, requires HIEs operating in Maryland to register with MHCC. As part of registration, HIEs must demonstrate financial viability and their implementation of certain policies and procedures related to the privacy and security of health information that is stored and shared electronically. Staff continues to evaluate registration information from five other HIEs identified as needing to comply with the regulations. Staff convened a workgroup meeting of the HIE Policy Board (Board), a staff advisory group tasked with recommending policies governing the exchange of patients' protected health information. Discussions focused on potential requirements for hospitals, managed care organizations, and accountable care organizations (ACOs) that may request data from an HIE in support of population care management initiatives.

Innovative Care Delivery

Staff convened three meetings with the Patient Centered Medical Home (PCMH) Program Transformation Workgroup (PTW), which is tasked with developing recommendations to expand advanced primary care models in the State upon conclusion of the existing PCMH pilot at the end of 2015. Maryland law, Health-General §19-1A-02, required MHCC to establish the Maryland Multi-Payor PCMH Program (MMPP) in 2011 with the goal of improving the health and satisfaction of patients and slow the growth of health care costs. The PCMH model utilizes a team-based health care delivery approach, aimed at establishing more efficient management and delivery of health care services. PTW members discussed challenges and potential solutions of evolving advanced primary care models, including reimbursement structures, as well as explored potential policy opportunities. The PTW is expected to meet several times over the next few months; staff plans to work with the PTW to finalize the recommendations later this summer.

Staff continued developing two information briefs during the month. The first information brief highlights the results of an evaluation of nine primary care practices participating in the MMPP that achieved MMPP quality and cost goals over two consecutive years. The evaluation highlights three key initiatives that attributed to MMPP goal achievement: incorporating a care manager into the practice; tracking patient outcomes; and improving access to patients outside of normal office hours. Staff intends to use the findings from the evaluation to educate other MMPP practices in adopting best practices to help them maximize their performance in PCMH programs. The second information brief is a limited summary of the *Evaluation of the MMPP First Annual Report* (report); the report was authored by IMPAQ and released in December 2013. The report overviews progress of select areas of the MMPP during the first year of the pilot from July 2011 through June 2012. In general, results of the first year evaluation show improvements in outcomes among patients with chronic conditions.

Electronic Health Networks & Electronic Data Interchange

Staff awarded an initial electronic health network (EHN) certification to Dorado Systems, a newly operating entity in the State and recertification to Quadax, Inc.; MedAssets; and GE Healthcare IITS. Approximately 40 EHNs operating in Maryland are certified with MHCC in accordance with COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. EHNs must receive national accreditation every two years, which includes demonstration of compliance with over 100 criteria related to privacy, security, and business practices as part of the EHN certification process. Staff has begun to analyze data obtained from payors' Electronic Data Interchange (EDI) Progress Report (report) for calendar year 2013; 39 payors were required to report. Per COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, payors whose premium volume exceeds \$1M annually, and select specialty payors, are required to submit a report to MHCC by June 30th each year. An information brief detailing payors' EDI progress in 2013 will be released towards the end of this year.

National Networking

Staff attended several webinars during the month. MobiHealthNews presented, *The Rise of Health Devices for Home Health and On-the-Go*, which discussed how health IT has evolved over the past five years to help drive care delivery outside of clinical settings to anywhere a patient is physically located. HealthData Management's webinar, *Eliminating Shadow IT in the Hospital Environment*, provided insights into how health care organizations can better protect the security of patients' electronic health information by mitigating potential threats of unauthorized access to services and devices within health care organizations. The National Academy for State Health Policy hosted, *Leveraging Multiple State Data Sources to Drive Improvement in Population Health Outcomes*, which featured an overview of opportunities for states to identify and use data from a variety of sources to examine sub-populations, identify their needs, and target interventions to address those needs. The eHealth Initiative presented *Keys to Health IT Success: Results from the 2014 Survey on ACOs*, which discussed findings from the national 2014 survey of ACOs; specifically how ACOs are building a health IT infrastructure to help them achieve goals of the Triple Aim, which are to improve patient experiences, health outcomes, and costs of care.

<p><i>CENTER FOR QUALITY MEASUREMENT AND REPORTING</i></p>

Health Plan Quality & Performance

Two separate 2014 quality reports are on track for timely public release prior to open enrollment in October. The two sister reports include a short consumer edition that focuses on consumer-related quality measures from the CAHPS® survey and a longer comprehensive report that includes quality measures from all five quality measurement instruments (RELICC™, BHA, QP, HEDIS®, and CAHPS®).

Staff is working with MHCC's AAG to execute a trademark for MHCC's newest quality measurement instrument, the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment (RELICC)™. Formal trademark submission has been successfully completed and full and formal Registered Trademark "®" status remains pending at this time.

Staff is finalizing details for an MHCC sole source procurement of "Annual Audit Services to Reduce Health Disparities Using Two Quality Measurement Instruments: Maryland Health Plan Quality Profile and a Proprietary Instrument Called Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment (RELICC)™". It should be noted that MHBE is actively collaborating in this procurement and fully intends to share costs with MHCC in order to cover all MHBE-related expenses associated with services resulting from this procurement. It is anticipated that MHCC will be able to finalize this item following the October 1, 2014 Board of Public Works meeting.

Staff has successfully conducted carrier-specific RELICC™ Webinars with the MidAtlantic Business Group on Health/National Business Coalition on Health. The series of webinars provided an opportunity to review each carrier's 2014 RELICC™ performance results prior to the public release of the results in the 2014 Maryland Health Care Commission Comprehensive Quality Report. An additional webinar was also hosted for MHBE's qualified health plans in order to cover various preparation details related to the anticipated required RELICC™ reporting for MHBE's qualified health plans.

Hospital Quality Initiatives

Hospital Performance Evaluation System

The Quality Measures Data Center (QMDC) website and portal supports 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. Staff continues to work on the redesign of the QMDC, which will include major changes to the format and functionality of the site for both consumers and hospital representatives. As a part of the redesign, MHCC has engaged consumers in a series of focus groups to gather feedback on the current Hospital Guide as well as the proposed redesign of healthcare-associated infections (HAI) data displays. The next series of focus groups will be held later this year.

Healthcare Associated Infections (HAI) Data

MHCC 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.

Staff is performing hospital data quality reviews on FY2014 CLABSI data and CY2013 SSI data for public reporting on the new Hospital Guide in October.

Maryland hospitals continue to report Clostridium difficile infections data (CDI LabID events) through CDC's NHSN surveillance system. The staff is also working with hospitals on the new HAI data requirements that became effective January 1, 2014 including MRSA bacteremia, catheter-associated urinary tract infection (CAUTI), and surgical site infections data for abdominal hysterectomy and colon surgery.

Specialized Cardiac Services Data

The staff has completed the collection and processing of the 1Q2014 NCDR CathPCI registry data. The first phase of the cardiac data validation process has been completed and work is underway to share audit findings with facilities. An educational webinar will be scheduled to provide overall results to hospitals and to address data quality concerns.

Long Term Care Quality Initiative

LTC HCW Influenza Survey

The Long Term Care Infection Control Practitioner Group at DHMH extended an invitation to the fall meeting to discuss the MHCC HCW influenza vaccination initiative; this offers another avenue to encourage facilities to increase rates.

MHCC staff offered comments, supporting documentation, and rationale for changes relative to staff influenza vaccination and the requirement for infection control expertise in the proposed regulations "*Comprehensive Care Facilities and Extended Care Facilities*" under revision by the Office of Health Care Quality. Follow up meetings are scheduled for October which MHCC staff will attend.

Family and Resident Experience of Care Surveys

Staff will analyze data to determine the number of nursing homes with sufficient discharges to participate in the recently discharged resident survey. Currently about 80 nursing homes participate. An increased

focus on transitions of care is particularly important in Maryland because of the All-Payer Modernization Model.

Consumer Guide to Long Term Care

Updates to nursing home quality measures and staffing data are complete, and facility specific staff influenza vaccination rates are updated for nursing homes and assisted living.

Staff continues to develop solutions to the focus group comments. Testing of several changes to the layout of the home page are in development.

Home Health Agency (HHA) Quality Initiative

LTC staff is collaborating with Long-Term Care Policy and Planning and Certificate of Need staff to develop a proposal for quality assurance mechanisms for use in making CON decisions.

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 September 5, 2014 enrollment in the Partnership was as follows: 219 businesses; 620 enrolled employees; 1,021 covered lives. The average annual subsidy per enrolled employee is \$2,477; the average age of all enrolled employees is 41; the group average wage is almost \$29,300; the average number of employees per policy is 4.4. The declines since year-end 2013 in both coverage and the average subsidy per employee can be attributed to higher small employer premiums for ACA-compliant plans that now must be offered; several small employers not renewing their 2013 group policies but instead sending their employees to the individual exchange where they might qualify for a premium tax credit or other cost sharing subsidies; and the impact of the phase-out of this Program which began in June 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 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 expire between June 1, 2014 through December 31, 2014 they are 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), 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 change about their coverage options. As stated in the Transition Notice issued last September, the Partnership was closed to new groups effective January 1, 2014.