

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

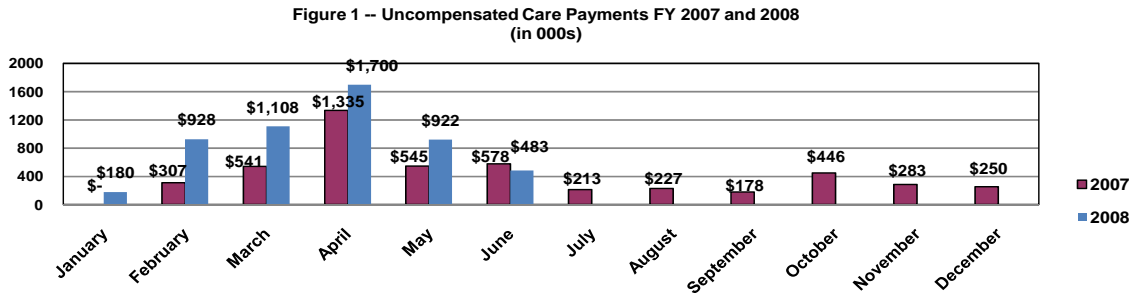
July 2008

**CENTER FOR INFORMATION SYSTEMS
AND ANALYSIS**

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately \$483,000 in June. The monthly payments for uncompensated care over the past eighteen months are shown in Figure 1. The Fund has reimbursed physicians more than \$3.1 million in the past three months, compared with about \$2.5 million for those same months in 2007.



Trauma Equipment Grants

Trauma Centers must disburse all funds from the 2007 equipment grants no later than June 30, 2008 and send an itemized disbursement report to the Commission directly thereafter. All hospitals must submit a report.

Trauma Uncompensated Care Reimbursement

Staff is automating the submission of check requests to the General Accounting Department. Slow payment has been one complaint of practices that are participating in the Trauma Fund.

SB 916 – Maryland Trauma Physician Services Fund – Reimbursement and Grants

The Commission is required to implement the new law (signed by Governor Martin O’Malley on April 24th) effective July 2008. Staff is drafting proposed changes to COMAR 10.25.10 to conform with the statutory changes in consultation with staff members from the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the Health Services Cost Review Commission (HSCRC), and the members of TraumaNet.

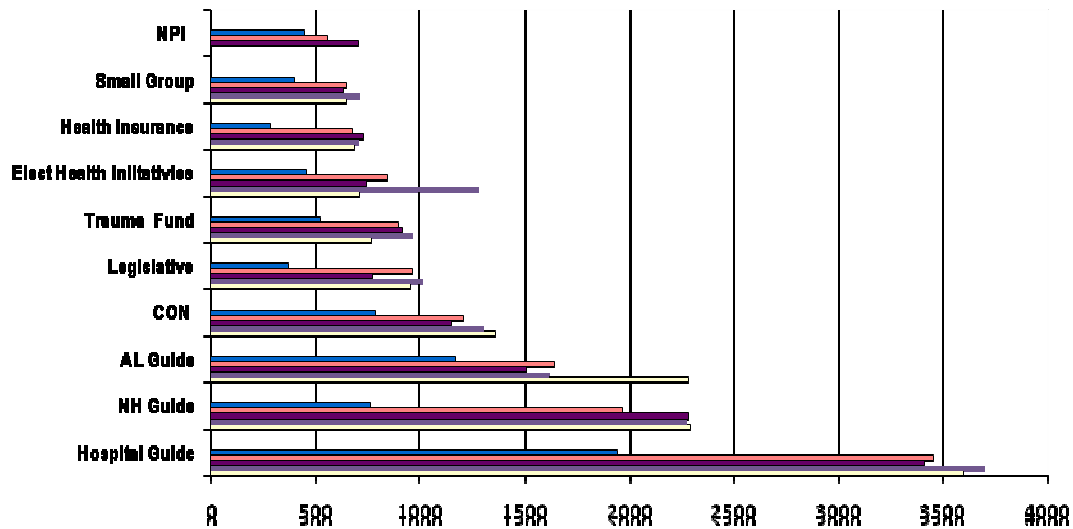
Data and Software Development

Internet Activities

Figure 2 presents results on web utilization for the Commission’s ten most frequently visited sites for February through June of this year. Visits were down significantly in June to about 12,000 from the average of about 20,500 visitors in the four previous months.

The Hospital Performance Guide, shown as “Hospital Guide” below, was the site with the highest utilization. The Guides (Hospital, Assisted Living, and Nursing Home) had significant traffic during the month. These three sites are the most frequently visited sites. The remaining sites are primarily policy related sites aimed at analysts and policymakers in the respective areas; therefore, fewer visitors would typically be expected. One possible exception is the ‘Electronic Health” and NPI sites. The recent implementation of the national provider identifier (May 23, 2008) likely caused a surge in utilization. Another factor pushing growth is the recent award of an EHR demonstration project to Maryland by CMS.

**Figure 2: Unique Visits to the MHCC Web Sites, February Through June
Top 10 MHCC Sites during June 2008**



Web Development for Internal Applications

Work continued in June on six MHCC web applications. The top priority was the development of the premium subsidy application; however, important work was also completed on the EDI Assessment and the Physician Pricing application. The following sites are newly operational or under development.

Table 1– MHCC Web Applications Under Development

| Application | Anticipated Start Development/Renewal | Launch date |
|--|---------------------------------------|------------------|
| Premium Subsidy Program | Underway | September 15th |
| EDI Assessment | Complete | Complete |
| LTC Survey | Complete | 08/01/08 |
| Physician Pricing | Underway | 8/15/08 |
| ADA Compliant NH Guide ADA Compliant with ADA Guidelines | Not Started | Under determined |
| Redesign of Hospital Guide | External Contractor | Not Specified |

Health Occupation Boards License Renewals

Staff continued to make progress on license renewal applications for the occupation boards. Table 2 presents the status on development for health occupation boards.

Table 2– Health Occupation Boards with Web Applications Under Development

| Board | Anticipated Start Development/Renewal | Start of Next Renewal Cycle |
|----------------------|--|------------------------------------|
| Occupational Therapy | On-line | Complete 7/1/08 |
| Audiologists | On-line | Complete 7/1/08 |
| Acupuncture | On-line | Complete 6/30/08 |
| Dietetic | Underway | 08/11/08 |
| Dental | Complete | Underway (complete 8/1/08) |
| Physician | Underway | Launch 07/15/08 |
| Chiropractic | Not started | 09/01/08 |
| Optometry | Not started | 06/30/09 |

Cost and Quality Analysis

Task Force on Health care Access and Reimbursement

The Center for Information Services and Analysis (CISA) staff continues to serve as staff to the Governor’s Task Force on Health Care Access & Reimbursement (HCAR Task Force), of which Dr. Cowdry is a member. The agenda for the July 11th Task Force meeting includes several presentations that may be of interest to MHCC Commissioners; the presentations may be downloaded after the meeting at the Task Force website, <http://www.dhmh.state.md.us/hcar/index.html>. Hoang H. Pham, M.D., M.P.H., Senior Health Researcher at the Center for Studying Health System Change, will discuss findings from national studies of physician practice formation. Beth Sammis, PhD, Deputy Commissioner of the Maryland Insurance Administration (MIA) will address the question of whether the MIA has sufficient authority to regulate rate-setting and market-related practices of health insurance carriers. Lydia Isaac, Special Assistant, Office of the Secretary, DHMH, will discuss the process that carriers and HMOs use to credential physicians, and if the State might play a useful role in the process. Additionally, Social and Scientific Systems will be conducting two studies for the Task Force, and Janet Sutton, PhD, Senior Analyst at SSS, will discuss their plans for these studies at the meeting. The studies are required under SB 744 and will address: (1) the desirability of providing payment incentives for after-hours care, and (2) the desirability of having primary care physicians provide mental health services. These studies will be completed in the fall.

Paying for Physician Care in Maryland: What Are the Factors Contributing to Differences Across Specialties?

MHCC staff has prepared this issue brief as part of a series of broad and wide-ranging discussions on access to care, trends in physician supply by specialty and Maryland region, and reimbursement for specific specialties. This paper is designed to assist the HCAR Task Force in examining approaches to improving primary care through changes in the delivery of services or in physician compensation. Staff will make a short presentation to the Commission at the July meeting on this issue brief.

Medical Care Data Base (MCDB)

Data collection for the 2007 MCDB is proceeding on schedule. The data base vendor reported receiving data from 19 payers, with the remaining 6 payers due to submit by the extended deadline of July 21, 2008. Staff will be closely monitoring the quality of the newly required data elements, including the addition of the National Provider Identifier (NPI) number and Maryland Health Professional License number to the Provider Directory file, and the Prescription Claim number to the Pharmacy Data file.

| Health Insurers and HMOs submitting data for the 2007 MCDB – Status as of 07/08/08 | |
|---|---------------------|
| P020 – Aetna Life & Health Insurance Co. | 6/29/08 |
| P030 – Aetna Health Inc. | 6/29/08 |
| P070 – American Republic Insurance Co. | 6/12/08 |
| P130 – CareFirst BlueChoice, Inc. | 6/30/08 |
| P131 – CareFirst of Maryland, Inc. | 6/30/08 |
| P160 – CIGNA Healthcare Mid-Atlantic, Inc. | Extension – 7/21/08 |
| P180 – Connecticut General Life Insurance Co. | Extension – 7/21/08 |
| P220 – Corporate Health Insurance Co. | Part of Aetna |
| P280 – Assurant Health/Time Insurance Co. | 7/01/08 |
| P320 – Golden Rule Insurance Co. | 7/01/08 |
| P325 – Graphic Arts Benefit Corporation | 6/20/08 |
| P330 – Great-West Life & Annuity Insurance Co. | Extension – 7/9/08 |
| P350 – Guardian Life Insurance Co. of America | 6/28/08 |
| P471 – Unicare Life & Health Insurance Co. | Extension – 7/17/08 |
| P480 – Kaiser Permanente Mid-Atlantic States | 6/27/08 |
| P500 – MAMSI Life & Health Insurance Co. | 6/23/08 |
| P520 – MD-Individual Practice Association, Inc. | 6/23/08 |
| P530 – MEGA Life & Health Insurance Co. | 6/27/08 |
| P620 – Optimum Choice, Inc. | 6/23/08 |
| P680 – Coventry Health Care of Delaware, Inc. | 7/01/08 |
| P760 – State Farm Mutual Automobile Insurance Co. | Extension – 7/17/08 |
| P820 – United Healthcare Insurance Co. | 6/26/08 |
| P830 – Trustmark Insurance Company | Extension – 7/8/08 |
| P850 – Union Labor Life Insurance Co. | 5/27/08 |
| P870 – United Healthcare of the Mid-Atlantic, Inc. | 6/26/08 |

**CENTERS FOR HEALTH CARE
FINANCING AND LONG-TERM CARE AND
COMMUNITY BASED SERVICES**

HMO Quality and Performance

2008 Plan Performance Evaluation: HEDIS Audit and CAHPS Survey

HEDIS Audit

HealthcareData.com, the HEDIS audit contractor, has completed five of seven deliverables for the 2008 audit season. HDC met the June deadline requiring the provision, to MHCC and its report development vendor, of all final rates and audit designations for the set of performance measures collected by plans. Additionally, the audit vendor submitted results for a subset of measures collected by the four plans that voluntarily participated in this first year effort to report comparative data on PPOs.

Consumer Assessment of Healthcare Providers and Systems (CAHPS Survey)

The CAHPS survey was completed and data submitted to NCQA by the deadline. After NCQA completed its validation process, WB&A provided summary results to any plan unable to download its results from NCQA's secure site. Plans will receive a final report in August incorporating 2008 national percentiles and providing more extensive analysis and results.

The average rate of response for Maryland HMOs improved over the prior year by eight percentage points to yield a final average response rate of 38.5 percent. First year survey results for PPO respondents trailed slightly with an average response rate of 36.2 percent. WB&A had contractual incentives to achieve minimum thresholds.

Report Development

Health Plan Quality and Performance staff had several conference calls throughout June with the report contractor, NCQA. The 2008 report series will consist of three reports maintaining the adaptation made in 2007 to condense some of the unique elements of policy-focused report with the content of the *Consumer Guide*.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)

At the February public meeting, the Commission approved final regulations on the incorporation of an Exclusive Provider Organization (EPO) as an additional plan type to be offered in the small group market. The regulations were implemented effective March 24, 2008 and carriers can begin selling this new product on July 1, 2008.

At the May public meeting, Commission staff presented the results of the annual surveys submitted by each participating carrier in the small group market. The presentation included updated information on the number of employer groups enrolled, the number of lives covered, average premiums for various plan types, etc. in the CSHBP for the year ending December 31, 2007, as well as the overall cost of the core plan in relation to the income affordability cap, which is set in statute at 10% of the average annual wage in Maryland. For comparative purposes, the report also included enrollment by age and geographic location of the business for both CY 2006 and CY 2007. Since the overall cost of the CSHBP is estimated to be at about 86% of the cap for 2007, the Commission is not required to make any changes to

the Standard Plan. However, at the request of the Commission and the General Assembly, staff will evaluate the cost of covering dependents up to the age of 25 and coverage for domestic partners in the small group market. Based on that analysis, the Commission will consider the adoption of those two benefits in the small group market later this year.

Health Insurance Partnership

At the February public meeting, the Commission adopted both emergency regulations (for an immediate effective date) and proposed permanent regulations that specify the components of wellness benefits offered under small employer health benefit plans. These regulations are required under SB 6, the “*Working Families and Small Business Health Coverage Act*,” enacted during the Special Session of November 2007. The emergency regulations were approved on April 1, 2008 and will expire on August 18, 2008. The proposed permanent regulations were approved at the June public meeting with a final effective date of July 17, 2008.

At the May public meeting, the Commission adopted both emergency regulations (for an immediate effective date) and proposed permanent regulations to implement the new premium subsidy program, officially named the “Health Insurance Partnership” which also was required under SB 6. The Partnership will be available to certain small employers with 2 to 9 eligible employees as long as they meet the requirements outlined in the law and meet certain salary, wage and other requirements established by the Commission through regulation. The proposed permanent regulations were published in the Maryland Register on June 20th. Commission staff will hold an informational meeting on July 14th to address any outstanding questions on the proposed regulations before the formal comment period ends on July 21st. In addition, Commission staff will hold two informational meetings for licensed insurance producers on July 21st and July 23rd to discuss the various applications/affirmations and the Commission registry related to the Partnership. Commission staff also has posted and continually updates a webpage on the MHCC website to inform all interested parties, including, carriers, brokers, employers, employees, various business associations, etc. of the ongoing process to implement the Partnership. Upon approval of the final regulations, the Partnership is expected to begin enrollment on October 1, 2008.

Mandated Health Insurance Services

As required under Insurance Article § 15-1501, Annotated Code of Maryland, the Commission is required to submit an annual report to the General Assembly on: (1) any proposed mandated health insurance service that failed during the preceding legislative session; or (2) any request for analysis on a proposed mandated benefit that was submitted by a Legislator to the Commission by July 1st of that year. Each evaluation must include an assessment on the medical, financial, and social impact of the proposed mandate. This year’s report will include an evaluation on the following five (5) proposed mandates:

1. Coverage for prosthetic devices
2. Extending the current mandate on coverage for in vitro fertilization
3. Coverage for the shingles (herpes zoster) vaccine
4. Coverage for autism spectrum disorder
5. Coverage for a 48-hour inpatient stay following mastectomy

Mercer, the Commission’s consulting actuary, will prepare this report, which is due to the Governor and the General Assembly by December 31, 2008.

Racial and Ethnic Health Care Disparities

Disparity Work Group

The group is currently focused on defining a common set of race and ethnicity data to be collected by health plans and used by them to address disparities. The information collected will also be provided to

the MHCC for analysis and reporting. There is significant variability between the plans regarding their current data collection and use status but plans have openly shared their efforts to date. Current response to race and ethnicity questions whether at time of application, via a website or in a clinician's office averages 30-40%.

The National Business Group on Health

Staff continues to participate on sub-committees related to Data, Communication, Refining the Business Case, and the Employer Survey. The Employer Survey Tool will be sent to major employers nationally to secure information regarding employer's attitudes, practices, concerns and experiences as they relate to health and health care disparities. Demographic changes will require the retention of older, healthier workers to meet future production demands.

Long Term Care Policy and Planning

Hospice Data

The Fiscal Year 2007 Maryland Hospice Survey was released for online survey completion effective March 5, 2008. To date, all of the hospice programs have completed both Part I and Part II of the survey. The Commission has also exercised its option to renew the contract with OCS effective July 1, 2008 through June 30, 2009.

Home Health

All home health agency surveys for Fiscal Year 2007 have been submitted and accepted. Staff is currently working with the Center for Information Services and Analysis to perform general data cleaning before staff to review for final analysis and creation of statistical reports.

Long Term Care Survey

The 2007 Long Term Care Survey is scheduled for release during July, 2008.

HB 1187

HB 1187, passed during the last legislative session, relates to both ownership information as well as the financial condition of nursing homes. This bill requires the Secretary of DHMH to convene a Stakeholders workgroup to make recommendations to the Secretary regarding regulations on: ownership and other information to be required from nursing homes on licensure and re-licensure; information on changes in financial condition to be reported to the Department; and other items related to nursing home licensure. Staff attended work group meetings on June 10th and July 2nd. The Workgroup is reviewing currently available documents, including: Medicare Enrollment Application; Medical Care Program (Medicaid) Provider Application Instructions; Licensure Renewal Application Packet; Assisted Living regulations; Certificate of Need Application form. The next meeting of this group will focus on triggers to indicate significant financial changes in nursing homes.

Long Term Care Quality Initiative

Deficiency Reporting

The MHCC and Office of Health Care Quality (OHCQ) staff met to discuss models to display a "citizen-friendly" report on deficiencies and enforcement actions for Maryland nursing homes and assisted living facilities in a way that is easy to understand and promotes transparency. Other state and national models are being reviewed by MHCC staff to assist in this task.

MHCC staff participated in the open door forum hosted by CMS to announce the five star system rating of nursing homes to become part of CMS Nursing Home Compare. The CMS initiative very closely parallels the MHCC and OHCQ deficiency report effort. While developing a Maryland system, staff is watching for additional detail about the CMS system to avoid confusion and possible duplication between the two systems. CMS stated plans to implement the proposed star system by December 2008.

Nursing Home Family Survey

A pre-survey communication was sent to all nursing homes detailing tasks to be accomplished in preparation for mailing of the survey at the end of August. MHCC staff is engaged in verifying facility contact information and preparing both a revised survey and communication materials.

Staffs collaboration with the federal Agency for Healthcare Research and Quality (AHRQ) resulted in a no cost comprehensive review of the Maryland nursing home survey by AHRQ staff and consultants working with AHRQ. The result is a shorter, improved survey for use in Maryland based on field tested information.

CENTER FOR HOSPITAL SERVICES

Hospital Services Policy and Planning

Certificate of Need (CON)

CONs Issued

Home Health Corporation of America (Dorchester County) – Docket No. 07-09-2196
Expansion of home health agency services into Dorchester County
Cost \$65,000

Celtic Healthcare, Inc. (Montgomery County) – Docket No. 07-15-2206
Establish a new home health agency serving Montgomery County
Cost: \$387,000

Comprehensive Home Health Care (Montgomery County) – Docket No. 07-15-2207
Establish a new home health agency serving Montgomery County
Cost: \$167,000

Maryland Home Health, LLC (Montgomery County) – Docket No. 07-15-2215
Establish a new home health agency serving Montgomery County
Cost: \$250,000

MBL Associates, Inc. (Montgomery County) – Docket No. 07-15-2216
Establish a new home health agency serving Montgomery County
Cost: \$183,150

CONs Denied

Angel Loving Care (Montgomery County) – Docket No. 07-15-2204
Establish a new home health agency serving Montgomery County
Cost: \$94,268

Elite Health Care Agency (Montgomery County) – Docket No. 07-15-2209
Establish a new home health agency serving Montgomery County
Cost: \$139,055

Home Health Connection (Montgomery County) – Docket No. 07-15-2212
Establish a new home health agency serving Montgomery County
Cost: \$90,207

HomeCare Rehab (Montgomery County) – Docket No. 07-15-2213
Establish a new home health agency serving Montgomery County
Cost: \$182,000

Homestead Health Care, Inc. (Montgomery County) – Docket No. 07-15-2214
Establish a new home health agency serving Montgomery County
Cost: \$258,200

Mid America Home Health of Maryland (Montgomery County) – Docket No. 07-15-2217
Establish a new home health agency serving Montgomery County
Cost: \$385,850

Premier Healthcare Services (Montgomery County) – Docket No. 07-15-2218
Establish a new home health agency serving Montgomery County
Cost: \$27,998

Reliance Home Health Care (Montgomery County) – Docket No. 07-15-2219
Establish a new home health agency serving Montgomery County
Cost: \$234,000

Rodriguez Torres Home Health Agency (Montgomery County) – Docket No. 07-15-2220
Establish a new home health agency serving Montgomery County
Cost: \$136,185

SHO Health Services, Inc. (Montgomery County) – Docket No. 07-15-2221
Establish a new home health agency serving Montgomery County
Cost: \$190,000

Spectrum, Inc, (Montgomery County) – Docket No. 07-15-2222
Establish a new home health agency serving Montgomery County
Cost: \$158,138

Star In-Home Aids Program (Montgomery County) – Docket No. 07-15-2223
Establish a new home health agency serving Montgomery County
Cost: \$48,653

Modified CONs Issued

Montgomery General Hospital (Montgomery County) – Docket No. 06-15-2186
Increase in estimated capital cost of \$1,104,609
[The total estimated cost of the projected declined by \$941,970 to \$33,052,442, as a result of lower financing and other cash requirements]

CON Letters of Intent

Shady Grove Nursing & Rehabilitation Center (Montgomery County)
Relocation of 4 comprehensive care facility (“CCF”) beds from Springbrook Nursing Home to Shady Grove Nursing & Rehabilitation Center

Baltimore Washington Medical Center (Anne Arundel County)
Increase surgical capacity by 5 mixed-use operating rooms

Johns Hopkins Bayview Medical Center (Baltimore City)
Renovation and reconfiguration of the third floor of the John R. Burton Pavilion from comprehensive care space to inpatient acute care space

Pre-Application Conference

June 18, 2008
Baltimore Washington Medical Center (Anne Arundel County)
Increase number of mixed-use operating rooms

Application Review Conferences

- *June 20, 2008*

Carroll Home Care (Frederick County) – Docket No. 08-10-2258
Provide home health services in Frederick County

Quality Home Health (Frederick County) – Docket No. 08-10-2276
Provide home health services in Frederick County

Celtic Home Health (Frederick County) – Docket No. 08-10-2259
Provide home health services in Frederick County

Compassionate Care Home Health (Frederick County) – Docket No. 08-10-2261
Provide home health services in Frederick County

- *June 23, 2008*

Abaraham Healthcare (Frederick County) – Docket No. 08-10-2252
Provide home health services in Frederick County

Ayesha Home Health (Frederick County) – Docket No. 08-10-2255
Provide home health services in Frederick County

- *June 24, 2008*

Maxim Healthcare (Frederick County) – Docket No. 08-10-2271
Provide home health services in Frederick County

Community Home Health (Frederick County) – Docket No. 08-10-2260
Provide home health services in Frederick County

Madanguit, Gerardo (Frederick County) – Docket No. 08-10-2270
Provide home health services in Frederick County

HomeCare Rehab (Frederick County) – Docket No. 08-10-2264
Provide home health services in Frederick County

- *June 25, 2008*

Nursing & Health Services (Frederick County) – Docket No. 08-10-2272
Provide home health services in Frederick County

Reliance Home Health (Frederick County) – Docket No. 08-10-2277
Provide home health services in Frederick County

People Now Healthcare (Frederick County) – Docket No. 08-10-2273
Provide home health services in Frederick County

- *June 26, 2008*

Professional Healthcare (Frederick County) – Docket No. 08-10-2275
Provide home health services in Frederick County

JPS Services (Frederick County) – Docket No. 08-10-2266
Provide home health services in Frederick County

Crown Home Health (Frederick County) – Docket No. 08-10-2262
Provide home health services in Frederick County

Kahak Healthcare (Frederick County) – Docket No. 08-10-2267
Provide home health services in Frederick County

- *June 27, 2008*

American Health First (Frederick County) – Docket No. 08-10-2253
Provide home health services in Frederick County

Home Health Care Professionals (Frederick County) – Docket No. 08-10-2265
Provide home health services in Frederick County

Boyo Home Health (Frederick County) – Docket No. 08-10-2257
Provide home health services in Frederick County

- *June 30, 2008*

Shadon, Inc. (Frederick County) – Docket No. 08-10-2278
Provide home health services in Frederick County

FEM Nursing Services (Frederick County) – Docket No. 08-10-2263
Provide home health services in Frederick County

Angels Home Health (Frederick County) – Docket No. 08-10-2254
Provide home health services in Frederick County

Determinations of Coverage
Acquisitions

Chapel Hill Nursing Center, Randallstown (Baltimore County)
Purchase of 100% of ownership interest in Robeson Court Medical Investors, current owner, by Mid-Atlantic Holdings, LLC

Capital Threshold

Anne Arundel Medical Center (Anne Arundel County)
Capital project at the Clatanoff Pavilion for the upgrade and renovation of Labor and Delivery and renovation to public areas on all floors
Cost: \$2,200,000
MHA Bond Funding Request

Sinai Hospital of Baltimore (Baltimore City)
Expand and relocate existing post-anesthesia care unit as approved by CON 07-24-2199
Cost: \$5,400,000
MHA Bond Funding Request

Shady Grove Adventist Hospital (Montgomery County)
Renovate and update the Intermediate Care Unit
Cost: \$625,000
MHA Bond Funding Request

Atlantic General Hospital (Worcester County)
Expansion of the pharmacy
Cost: \$545,000
MHA Bond Funding Request

Calvert Memorial Hospital (Calvert County)
Renovation of the existing Infusion Therapy Center
Cost: \$2,211,639
MHA Bond Funding Request

Good Samaritan Hospital (Baltimore County)
Expansion and renovation of Center for Primary Care
Cost: \$380,000
MHA Bond Funding Request

St. Mary's Hospital (St. Mary's County)
Pediatric inpatient services and emergency department project – CON under review 08-18-2248
Cost: \$4,806,000
MHA Bond Funding Request

Chester River Hospital (Kent County)
Expansion of the pharmacy department
Cost: \$750,000
MHA Bond Funding Request

Frederick Memorial Hospital (Frederick County)

Renovations to the hospital to accommodate July increase in acute care bed licensure from 246 to 269 beds

Cost: \$5,333,000

MHA Bond Funding Request

Upper Chesapeake Health System (Harford County)

Development of an 8 beds hospice residential facility

Cost: \$2,260,000

MHA Bond Funding Request

Civista Medical Center (Charles County)

Relocation and enlargement of existing Dialysis Center within the hospital

Cost: \$315,000

MHA Bond Funding Request

Delicensure of Bed Capacity or a Health Care Facility

Renaissance Gardens at Riderwood (Prince George's County)

Notification that the number of CCF beds has been decreased by 86 from 218 to 132

Renaissance Gardens at Charlestown (Baltimore County)

Notification that the number of CCF beds has been decreased by 15 from 244 to 229

Temporary Delicensure of Bed Capacity or a Health Care Facility

Corsica Hills Center (Queen Anne's County)

19 CCF beds

Plan for Relicensure of Bed Capacity or a Health Care Facility

St. Martin's Home (Baltimore County)

Sale of 14 temporarily delicensed CCF beds to Holly Hill Nursing, LLC, which will file a CON request to add the beds at Holly Hill Nursing, LLC in the next applicable published review cycle

Ambulatory Surgery Centers

Charles County Surgical Center (Charles County)

Establish an ambulatory surgery center with 10 non-sterile procedure rooms to be located at 4225 Altamont Place, 3rd Floor, Unit 3, White Plains

Hospital Quality Initiatives

The Hospital Performance Evaluation Guide Advisory Committee held its monthly meeting on June 23rd to discuss various activities associated with the maintenance and expansion of the Hospital Guide. The MHCC staff presented a draft Work Plan for fiscal years 2009-2010 for discussion by the Advisory Committee. The proposed plan includes consideration of new measures and data sources, such as Emergency Department, Outpatient, Maternity/Newborn, and patient assessment (i.e., HCAHP survey) data. The staff provided an update on the first meeting of the newly established HAI Advisory Committee and the status of the procurement activities related to the RFP to support the establishment of the Quality Measures Data Center. A Pre-Bid Conference for the RFP was held on June 3rd.

The Delmarva Foundation, Inc. has been engaged to provide data services necessary to update and maintain the Hospital Guide. The staff is working with the contactor to obtain data from the QIO Warehouse to implement a series of quality measure updates to the Guide. The Hospital Profile component of the current Guide provides a series of measures describing the structure and organization of hospital services. Those measures include: membership in a health system; for-profit/non-profit status; teaching status; Joint Commission accreditation status; inpatient services available (medical-surgical, maternity, pediatric, and psychiatric); licensed acute care beds by service; and, maternity and newborn levels of care, staffing, and services. As part of the Delmarva work plan, the Hospital Profile information reported on the Guide will be expanded to include the following additional information:

| Category | Data Element |
|---|--|
| Emergency Department | Emergency Department Treatment Spaces |
| | Emergency Department Visits Not Admitted |
| | Emergency Department Visits Admitted |
| Trauma/Specialty Referral Centers | MIEMSS Designated Trauma and Specialty Referral Centers |
| Cardiac Surgery Program | Adult Open Heart Surgery Program |
| | Pediatric Cardiac Surgery Program |
| | Adult Open Heart Surgery Procedures |
| | Adult Coronary Artery Bypass Graph (CABG) Surgery Procedures Pediatric Cardiac Surgery Procedures |
| Percutaneous Coronary Intervention (PCI) Program | PCI Program |
| | Primary PCI Program |
| | PCI Procedures |
| Solid Organ Transplant Program | Kidney Transplant Program |
| | Liver Transplant Program |
| | Heart Transplant Program |
| | Lung Transplant Program |
| | Pancreas Transplant Program |
| | Kidney Transplants |
| Liver Transplants | |
| Heart Transplants | |
| Lung Transplants | |
| Pancreas Transplants | |
| Acute Inpatient Rehabilitation Program | Medical Rehabilitation Program |
| | Brain Injury Program |
| | Spinal Cord Injury Program |
| | Medical Rehabilitation Program Discharges |
| | Brain Injury Program Discharges Spinal Cord Injury Program Discharges |
| Burn Care Program | Adult Burn Care Program |
| | Pediatric Burn Care Program |
| | Adult Burn Care Discharges |
| | Pediatric Burn Care Discharges |

- ***Public Reporting of Healthcare-Associated Infections Data in Maryland via the National Healthcare Safety Network (NHSN)***

The NHSN system is the vehicle for collecting data on certain health-care associated infection data and quality measures from Maryland hospitals. Maryland hospitals are required to use the NHSN system to report data to the Commission on Central Line-Associated Blood Stream Infections in any intensive care

unit, beginning July 1, 2008. The staff has worked with the hospitals to facilitate compliance with its new requirement. As of July 1st, twenty-two hospitals are in full compliance with this mandate. The staff will continue to work with hospitals to ensure full compliance

Staff continues to participate in the NHSN State Users monthly teleconferences to stay abreast of issues surrounding HAI hospital performance measures and to share experiences with representatives from other states. MHCC has developed a survey to obtain information describing the characteristics of State programs using the NHSN system to collect data on healthcare-associated infections. This survey is being sent to the 17 States now using NHSN for collection of HAI data. Part I of the survey requests information on statutory requirements to use NHSN, the lead State agency responsible for HAI data collection, the types of facilities required to report in the HAI program, and the NHSN modules and specific data elements that are collected. In Part II of the survey, information describing plans for publicly reporting HAI data collected in via NHSN is requested. Information regarding data auditing and validation strategies used by States are requested in the Part II of the survey.

In support of MHCC's hospital quality initiatives, the staff continues to reach out to other units within DHMH, federal agencies, professional organizations and other states, to share and gather information and to identify opportunities for collaboration and improvement. Staff is participating on the HSCRC's Evaluation Work Group formed to support the work of the Quality-Based Reimbursement Initiative.

Specialized Services Policy and Planning

On June 18, 2008, Commission staff attended a meeting of the Maryland STEMI System Advisory Committee, convened by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). The meeting included a discussion of the background and justification for developing a system for ST-elevation myocardial infarction (STEMI); current data and trends; options for structuring the Maryland Statewide STEMI System; and draft "Acute Cardiac Interventional Center Standards," distributed by MIEMSS for comment.

On June 20th, the Commission published in the *Maryland Register* the schedule for submission of applications to request a research waiver to provide non-primary percutaneous coronary intervention (npPCI) services in hospitals without on-site cardiac surgery located in the Western Maryland and Eastern Shore Regional Service Areas. The schedule is also available at: http://mhcc.maryland.gov/hospital_services/specialservices/cardiovascular/pci/regnotice062008.pdf.

On July 2, 2008, the Commission received a letter from Calvert Memorial Hospital (CMH), requesting a change in the Acute Inpatient Rehabilitation Services Chapter of the State Health Plan (COMAR 10.24.09) that would permit CMH to submit a Certificate of Need application. The hospital is seeking to establish a new rehabilitation unit in the Southern Maryland Regional Service Area.

Health Information Technology

Staff evaluated comments received from representatives of the Solutions and Implementation Workgroup (Workgroup) on the final report. The draft has gone through a series of reviews with representatives of the Workgroup over the last several months. The final report identifies organizational-level business practices related to privacy and security policies for electronic health information. Contained in the report are eight guiding principles for implementing a private and secure health information exchange (HIE). The report also describes nine leading barriers to data sharing and proposes solutions and implementation activities to the barriers. Staff plans to convene a group of stakeholders in the fall to explore developing implementation plans for the required activities identified by the Workgroup. The final report is scheduled for release in July.

During the month, staff participated in three meetings of the Certification Commission for Healthcare Information Technology (CCHIT) Network Workgroup (Workgroup). These meetings focused on the results of the May HIE alpha testing, which resulted in recommendations to modify the certification criteria, test scripts, and certification schedule. The CCHIT Commissioners approved these suggestions, with pilot testing scheduled for July. The Workgroup discussed participation in a joint working group with the Healthcare Information Technology Standards Panel (HITSP). HITSP is a public-private sector partnership under contract with the Office of the National Coordinator (ONC) to develop a harmonization framework that defines interoperability specifications and transactions. A representative from the Network Workgroup will participate in the joint working group in order to ensure that standards related to HIE are identified for harmonization and development. The CCHIT network certification program is scheduled to begin on October 1, 2008.

Staff finalized the physician electronic health record (EHR) adoption survey in collaboration with the Erickson Foundation. The Maryland Academy of Family Physicians reviewed the survey and provided several comments, which were incorporated into the survey. Staff worked with the Erickson Foundation to develop a representative sample database of physician practices by both specialty and geographic location. The Erickson Foundation will administer the survey through a call center that will begin operations in mid-July. Data analysis is expected to begin in August and a final report is targeted for release around the end of the year. The survey will provide a benchmark for EHR adoption in the State and a comparison to national activity. The results of the survey will help guide efforts to expand EHR adoption throughout Maryland.

The Department of Health and Human Services Secretary Michael Leavitt presented an award to the MHCC, the Maryland State Medical Society (MedChi), and the Medical Society of the District of Columbia for being one of 12 Communities selected to participate in the Centers for Medicare and Medicaid Services (CMS) EHR Demonstration Project (Demonstration Project). This five-year Demonstration Project will provide funding incentives for up to 200 primary care physician practices with 20 or fewer physicians to adopt and implement an EHR. CMS has scheduled a program orientation meeting on July 8th for representatives from the 12 communities at their Baltimore office. Maryland is one of four communities identified to begin this program in August. The remaining eight communities are scheduled to begin in July 2009. Primary care practices will receive payment for implementing an EHR during the first year and begin reporting on 26 clinical measures during the remaining years. Incentive payments are determined by several factors and the maximum amount for participation in the

demonstration project is \$290,000 per practice. The Issue Brief cannot be included in the mailing, but will provide a draft version prior to the meeting scheduled for July 17, 2008.

Staff has been working with EHR vendors to identify those vendors that are willing to offer purchasing discounts. Last month, staff reviewed approximately ten vendor products that achieved 2007 CCHIT certification. Staff plans to develop an EHR Vendor Guide (Guide) for practices to use in assessing EHR vendors. The purpose of this initiative is to provide practices with select information that will help them make an informed purchasing decision, and to identify discounts from the vendors. Approximately 38 vendors that meet the current CCHIT requirements have been invited for inclusion in the Guide. Staff plans to post the Guide on its webpage and work with MedChi and the Maryland Medical Group Management Association to alert practices to its availability. The Guide is targeted for release in August.

Staff updated the draft Hospital Health Information Technology (HIT) Survey to reflect comments received by the Center for Hospital Services Hospital Performance Evaluation Guide Advisory Committee. The survey includes key questions that will allow for comparison with roughly five national surveys on hospital HIT adoption. This survey is unique in that it asks questions aimed at assessing the level of implementation and plans for exchanging clinical data, as opposed to most national surveys that only measure adoption. Staff intends to seek final comments from hospital CIOs and other stakeholders on the draft in July and field test the survey in August. A report on aggregate findings will be released in the fall. The Center for Hospital Services is considering including the survey as part of the annual Center for Hospital Services Hospital Quality's Annual Survey.

Health Information Exchange

The Chesapeake Regional Information System for our Patients (CRISP) and the Montgomery County HIE Collaborative continued their efforts to develop recommendations for implementing A Citizen Centric Health Information Exchange for Maryland. The Montgomery County HIE Collaborative conducted its first planning meeting where approximately 25 participants were briefed on the activities and timeframes for the project, and were assigned to participate in one of five workgroups: Community Leadership; Business Foundation; Governance; Privacy & Security; and Technical Architecture. The CRISP leadership team identified participants to take part in three workgroups: Community Interaction and Privacy and Security Workgroup; Business Development and Finance Workgroup; and Exchange Technology and Clinical Workflows Workgroup. These three workgroups have their initial meeting scheduled in July. Staff plans to convene the first of four joint meetings of the planning teams on July 9th. The final report is due on February 20, 2009 and will include recommendations that address policy and technical issues related to implementation of a statewide HIE in Maryland.

The Health Information Security & Privacy Collaboration's (HISPC) Adoption of Standards Collaborative Workgroup (Workgroup) completed development of an Environmental Scan tool to assess national authentication and authorization activities. Maryland is one of ten states working to support cross network HIE for treatment of individuals and populations, and the development of an implementation plan that guides participating states in the adoption of a *National Health Bridge (NHB): Basic Policy Requirements for Authentication and Audit*. A number of HIEs from around the nation have been invited to take part in completing the Environmental Scan tool. The Workgroup plans to review the data in July and release preliminary findings to ONC in August. ONC has subcontracted with the participants of the Workgroup to complete a series of deliverables over the next nine months.

Staff worked with Dynamed Solutions, LLC to conduct a survey among hospitals to assess the progress of exchanging clinical information with service area providers. About 23 hospital CIOs returned responses to the survey, discussing their clinical data sharing activities. Staff is developing a Service Area Health Information Exchange (SAHIE) Planning Guide. Hospital CIOs have been invited to take part in a SAHIE Workgroup (Workgroup) that will develop a framework of best practices for communities

involved in exchanging electronic patient information. The Workgroup will hold its first meeting in July; the purpose of the Workgroup is to determine an acceptable range of policies related to business standards and privacy and security practices for communities that share electronic health information. Staff anticipates the Guide to be released at the end of the year.

Electronic Health Networks & Electronic Data Interchange

MHCC granted Gateway EDI EHN recertification for two years. Availity was granted candidacy status, and has one year to complete the process for initial EHN certification. Staff provided consultative support to several networks that have expressed interest in doing business in Maryland. Staff also participated on the Electronic Healthcare Network Accreditation Commission (EHNAC) Criteria Committee. Currently, the committee is working on standardizing the pharmacy criteria to match the other criteria already established.

Last month, staff released the *2007 Dental EDI Review* (Review). The Review reflects 2006 dental transaction data submitted by 39 private payers, Medicaid, and the seven Medicaid Managed Care Organizations on their progress in accepting electronic administrative transactions. Staff plans to meet with the Maryland State Dental Association to present the findings of the Review and provide input into ways the dental association can work with its members and payers to expand dental EDI. The Review is available on the MHCC website.

This is the first year that payers will use an online application for reporting their 2007 health care transaction census information, as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. Staff notified approximately 42 payers of their unique user IDs and password for accessing the online 2007 EDI Progress Report. During the month, staff provided a number of payers with assistance in using the application. Staff expects all payers to meet the June 30th reporting timeframe.

National Networking

Staff attended the third meeting regarding the development of a successor (AHIC 2.0) to the American Health Information Community (AHIC). AHIC is a federal advisory body that makes recommendations to the Secretary of the Department of Health and Human Services on the development and adoption of health information technology. The meeting addressed the progress in designing and establishing a self-sustaining, public-private partnership based in the private sector. The meeting discussed the work by the four AHIC Successor Planning Groups in completing the planning and design work for the establishment of AHIC 2.0 structure. Staff also participated virtually in the 22nd meeting of the American Health Information Community (AHIC). The members heard updates on the AHIC Successor, accelerating the progress in making standards available for interoperability, the current progress of CCHIT in developing certification criteria, and a discussion of its proposed plans beyond 2008.

Staff participated in a webinar on *Critical Success Factors for EMR Implementation*. This webinar reviewed where EHR adoption is today and where it is headed in the future. Two speakers discussed their approaches and successes in implementing an EHR in their hospitals and discussed why they were successful. Staff also participated in the second in a series of nine webinars, *Building Blocks for Healthcare Interoperability*; these sessions will be conducted from June through September 2008 by the Healthcare Information Technology Standards Panel (HITSP). These nine webinars are aimed at reviewing the steps used by HITSP in developing interoperable health care information, among other related topics.