

Management Service Organization

State Designation Application

OVERVIEW

In 2009, the General Assembly passed House Bill 706,¹ requiring MHCC to designate one or more management service organizations (MSO). MSOs provide technical assistance and training to improve ambulatory practices' use of electronic health records (EHRs). As EHRs have evolved with consumer and equity-centered design approaches, practices are becoming better equipped to serve patient populations and communities. Practices that need assistance in adopting, implementing, and managing health information technology can receive support in the form of guidance in system selection, customization, workflow design, cybersecurity, and training with the support of an MSO. Organizations that provide health information technology and consulting services spanning EHRs, telehealth, health information exchange, quality reporting, and cybersecurity must demonstrate that they meet certain criteria to receive MSO State Designation. MSO State Designation is voluntary and valid for up to two years.

APPLICATION PROCESS

1. All sections of this application (initial or renewal) must be completed biannually in its entirety, including all required documentation, and submitted to mso.designation@maryland.gov. The individual authorizing the application must be a signatory authority of the MSO.
2. As stipulated in COMAR 10.25.15.03B, to qualify for State Designation, an MSO must:
 - a. Demonstrate that it meets all MSO State Designation criteria in effect at the date of application, MSO State Designation criteria are listed in Part B of this application;
 - b. Affirm that the applicant, a related entity, or a person or entity that is a principal, owner, operator, or part of management of the entity has never:
 - i. Pleaded guilty to, been convicted of, or received probation before judgment or similar diversionary disposition for a crime related to the operation of an MSO or for a crime involving fraud, dishonesty, or false dealings; or
 - ii. Been found in violation of State or federal laws or regulations governing the operation of an MSO.
 - c. Provide all required documentation; timely provide additional information requested by MHCC as needed to complete the application; and
 - d. Agree to comply with the requirements of COMAR 10.25.15, *Management Service Organization State Designation*.

¹ House Bill 706 available at: mgaleg.maryland.gov/2009rs/chapters_noln/Ch_689_hb0706T.pdf.

3. Renewal applications shall be submitted to MHCC at least 30 days prior to expiration of MSO State Designation.
4. The MHCC will review the application for completeness and compliance with MSO State Designation criteria; additional information may be requested, if necessary.
5. Upon completing a review of the application, MHCC will take one of the following actions:
 - a. Grant MSO State Designation; or
 - b. Deny the MSO State Designation for reasons specified to the applicant.
6. The MHCC will notify the applicant of its decision via email. MSOs that receive State Designation will be listed on MHCC's website.

NOTE: All information submitted in this application is subject to the Maryland Public Information Act, General Provisions Article ("Gen. Prov.") §§ 4-101 to 4-601 (2014).² The Maryland Public Information Act requires that MHCC deny a request for disclosure of any records that contain confidential commercial or financial information or trade secrets. See Gen. Prov. §4-335.³ Therefore, it is important that an applicant clearly identify any information provided in an application that the applicant believes falls within the meaning of Gen. Prov. § 4- 335 and should be withheld by MHCC in response to any Public Information Act request. Refer to Chapter 3 of the [Maryland Public Information Act](#) for more information.

PART A: APPLICANT INFORMATION

1. Check type of application:
 - ☐ Initial
 - ☐ Renewal
2. Legal business name:
3. Doing business as:
4. Check if corporate entity or subsidiary of a larger organization:
 - ☐ Corporate Entity
 - ☐ Subsidiary, (specify name)

² The full text of the Maryland Public Information Act, Gen. Prov. §§ 4-101 to 4-601, can be accessed online at: www.marylandattorneygeneral.gov/opengov%20documents/pia_manual_printable.pdf.

³ Available at: mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=ggp§ion=4-335&enactments=false.

5. Website URL:
6. Business address:
 - a. Street:
 - b. City:
 - c. State:
 - d. Zip code:
7. Mailing address – *Check if same as business address:* (if selected, proceed to question 8)
 - a. Street:
 - b. City:
 - c. State:
 - d. Zip code:
8. Federal tax ID:
9. State tax ID:
10. Phone number:
11. Contact Person:
 - a. Name:
 - b. Salutation:
 - c. Title:
 - d. Phone number:
 - e. E-mail:
12. Number of years and months the MSO has been in business (as of date of application):
 - a. Years:
 - b. Months:
13. Percent of total MSO services contracted within the past year that are:
 - a. Provided to Maryland practices:
 - b. Consulting services or solutions specific to telehealth:
 - c. Consulting services or solutions specific to cybersecurity:

14. MSO Demographics:

- a. Total number of MSO employees:
- b. Number of MSO employees that are Maryland residents:

15. Is the MSO a certified Maryland Minority Business Enterprise (MBE)?⁴

- ☐ Yes
- ☐ No
- ☐ In the process of becoming a certified MBE

PART B: ADHERENCE TO CRITERIA FOR MSO STATE DESIGNATION

Supporting documentation must be provided for each criterion and labeled accordingly (e.g., Criterion 1 documentation). If the applicant is partnering with one or more organizations to meet the criteria, supporting documentation must specify the organization name(s) and their role in meeting the relevant criteria.

Criteria
<p>1. Demonstrate that your organization provides technology and consultative services to ambulatory practices. Provide documentation that your MSO:</p> <ul style="list-style-type: none">a. Has an established relationship with an organization that hosts an EHR solution; documentation should include the name(s) of the solution(s) (e.g., marketing agreement, contract authorizations);b. Supports practices' work towards meeting the requirements under advanced care delivery models such as the Quality Payment Program (e.g., sample workflows, reports, practice testimonial letter); andc. Performs a practice assessment to assist clinical teams in identifying strengths and weaknesses in their practice (e.g., practice assessment template). <p><input type="checkbox"/> SUPPORTING DOCUMENTATION ATTACHED</p>

⁴ For more information about Maryland's MBE Certification, visit: www.mdot.maryland.gov/tso/pages/Index.aspx?PageId=90.

Criteria

2. Demonstrate expertise and knowledge of telehealth to provide technical support and guidance to practices. Provide documentation that your MSO:
- a. Provides technical assistance to practices for determining readiness for care delivery through telehealth (e.g., assessment tool);
 - b. Assists practices in implementing telehealth including vendor selection and integration of technology into workflows (e.g., sample workflows, practice testimonial letter);
 - c. Assists practices in developing a telehealth business plan (e.g., business plan template, planning document);
 - d. Provides guidance on optimizing telehealth including administrative and clinical workflow redesign (e.g., sample workflow); and
 - e. Provides billing and reimbursement training and guidance to help practices optimize telehealth revenue (e.g., sample training materials).

☐ **SUPPORTING DOCUMENTATION ATTACHED**

3. Demonstrate expertise and knowledge of health IT to enable electronic data exchange. Provide documentation that your MSO:
- a. Provides technical assistance to practices including setting up, monitoring, and or maintaining bidirectional connectivity between ambulatory practices and the State Designated health information exchange (e.g., sample training document);
 - b. Assists practices to develop and obtain reports to guide quality initiatives including customizing reports using different data and software applications (e.g., report sample); and
 - c. Offers evaluation and guidance to support practices in managing population health data (e.g., sample documentation including reporting template or analysis).

☐ **SUPPORTING DOCUMENTATION ATTACHED**

Criteria

4. Demonstrate knowledge of cybersecurity best practices and provide technical support and guidance to practices. Provide documentation that your MSO:
- a. Provides training for safeguarding systems and access to information, and preventing, detecting, and responding to cybers threat and attacks (e.g., sample training materials);
 - b. Assists practices in developing incident response and recovery plans that address cybersecurity (e.g., sample plan based on selected incident framework); and
 - c. Provides technical assistance to practices for assessing cybersecurity gaps and prioritizing areas for improvement (e.g., assessment tool, practice testimonial).

☐ **SUPPORTING DOCUMENTATION ATTACHED**

5. Demonstrate your organization's ability to assess the business and organizational aspects of a practice for each of the following categories. Provide documentation that your MSO:
- a. Offers presentations on the methods for optimizing reimbursement for quality (e.g., sample presentation); and
 - b. Generates financial reports to guide practice decisions (e.g., sample report).

☐ **SUPPORTING DOCUMENTATION ATTACHED**

6. Demonstrate annual training and certification processes for MSO employees who have access to protected health information as defined by the Health Insurance Portability and Accountability Act 1996 (HIPAA), and as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act. Provide documentation that your MSO:
- a. Offers training and certification curriculum and documentation for employees who have access to protected health information as defined by HIPAA and HITECH (e.g., sample training materials); and
 - b. Trains employees (e.g., copy of recent certificates).

☐ **SUPPORTING DOCUMENTATION ATTACHED**

7. Demonstrate transparent and accurate marketing materials describing the scope, warranties, and cost of all offered services. Provide:
- a. Sample of marketing materials used by the organization; and
 - b. Completed MSO Disclosure Statement.

☐ **SUPPORTING DOCUMENTATION ATTACHED**

PART C: ATTESTATION

By submitting this application, the applicant understands and agrees to items 1 through 4 if approved for State Designation.

1. Appear on [MHCC's website](#) as a State-Designated MSO where information posted may include corporate name, address, telephone number, website address, and other information as reasonably deemed appropriate by MHCC.
2. Comply with all the requirements of [COMAR 10.25.15](#) including the specific requirements below:
 - a. COMAR 10.25.15.06: State Designation issued pursuant to this Chapter may not be sold, assigned, leased, or transferred in any way.
 - b. COMAR 10.25.15.07A: Notify the Commission of the impending closure, sale, lease, assignment, or transfer of the State Designated MSO at least 60 days before the closure, sale, lease, assignment, or transfer of all or part of a State-Designated MSO to any person or entity that was not identified as an owner of the MSO at the time of the most recent certification by the Commission, and timely provide information required or requested by the Commission.
3. Affirm under penalties of perjury that the applicant, a related entity, or a person or entity that is a principal, owner, operator, or part of management of the entity has never:
 - a. Pleaded guilty to, been convicted of, or received probation before judgment or similar diversionary disposition for a crime related to the operation of an MSO or for a crime involving fraud, dishonesty, or false dealings; or
 - b. Been found in violation of State or federal laws or regulations governing the operation of an MSO.
4. The Applicant understands that this application is completed and submitted in accordance with the requirements outlined in COMAR 10.25.15, *Management Service Organization State Designation*, and that all costs associated with the activities undertaken for MSO State Designation and compliance with the regulations are at the expense of the applicant and that MHCC is not responsible for any costs that may be incurred in pursuit of State Designation or compliance.

I affirm under penalties of perjury that the contents of this application (or the supplementary information) are true to the best of my knowledge, information, and belief. I also understand that any false information provided shall be cause for denial of this MSO State Designation application or revocation of MSO State Designation granted.

Electronic Signature:

Entering an electronic signature or typing a name in the signature box above is the equivalent of a physical signature.

Printed Name:

Title:

Date:

PLEASE SUBMIT A COMPLETED APPLICATION AND ALL REQUIRED
DOCUMENTATION TO mso.designation@maryland.gov