Maryland Health Care Commission

Thursday, September 17, 2015

1:00 p.m.

AGENDA

1. **APPROVAL OF MINUTES**

2. UPDATE OF ACTIVITIES

3. ACTION: Exemption from Certificate of Need Review: Merger of HomeCare Maryland, LLC and Carroll Home Care

4. ACTION: Certificate of Need: Lorien-Howard, Inc. d/b/a Encore at Turf Valley (Docket No. 15-13-2365)

5. ACTION: COMAR 10.25.17: Benchmarks for Preauthorization of Health Care Services – Final Regulations

6. UDPATE: COMAR 10.25.19: Patient Centered Medical Home – Release for Informal Public Comment

7. UPDATE: COMAR 10.25.18: Health Information Technology: Privacy and Security Regulations

8. PRESENTATION: Chesapeake Regional Information System for Our Patients (CRISP)

9. UPDATE: State Health Plan for Facility and Services: Home Health Agency Services

10. Overview of Upcoming Initiatives

11. ADJOURNMENT

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(Agenda Item #6)

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UPDATE:

COMAR 10.25.18: Health Information Technology: Privacy and Security Regulations

(Agenda Item #7)

Health Information Exchange Privacy and Security

Draft Amendments

COMAR 10.25.18

September 17, 2015

The **MARYLAND HEALTH CARE COMMISSION**

Background

- **Legislative Authority**

  - A 2011 law requires MHCC to adopt regulations for the privacy and security of protected health information (PHI) exchanged through a health information exchange (HIE)

- **The Need for HIE Regulations**

  - National concerns exist about the sufficiency of HIPAA; the regulations help to ensure that consumers' information is protected

- **Collaborative Process**

  - The HIE Policy Board, a staff advisory workgroup that consists of a diverse group of stakeholders, advises staff on HIE privacy and security policies

  - Developed privacy and security policies that became the framework for the initial draft HIE regulations

Development Process

February 2012	• Draft released for informal public comment • 33 organizations provided comments
	Staff made revisions to the 2012 draft regulations in order to balance privacy and security with access
March 2013	• Draft released for additional informal public comment • 7 organizations provided comments
	Staff made revisions to the 2013 draft regulations in order to clarify entities or activities where the regulations do not apply
December 2014	Proposed regulations released
March 2014	Final regulations, COMAR 10.25.18, *Health Information Exchange, Privacy and Security,* became effective

Key Provisions of the Current Regulations

- **Health care consumer rights**

    - An opportunity to opt-out of allowing the exchange of their health information

    - Information concerning who has accessed their health information

    - Accurate and current information about their rights

- Access, use, or disclosure of PHI

    - Procedural and technical controls that must be in place, including authorization and authentication

    - Use of data is only permitted for treatment, payment, certain health care operations, reporting to public health authorities, and some secondary uses

Key Provisions of the Current Regulations
(Continued)

- Access, use, or disclosure of sensitive health information

  - Sensitive health information may only be exchanged electronically using a secure message or email through an HIE

- Auditing requirements

  - At least monthly, an HIE must conduct random audits of user access to the HIE, and promptly investigate any unusual findings identified

  - Conduct an annual privacy and security audit

Key Provisions of the Current Regulations
(Continued)

- **Remedial actions to be taken by an HIE**

  - **Immediately suspend access rights when it is necessary to avoid serious harm to the privacy and security of health information available through an HIE**

- **Notice of breach or violation**

  - **Participating organizations and consumers must be notified regarding any violation of the privacy and security of PHI through and HIE**

  - **Notification must be provided no later than 60 days from the time of the breach or violation and include certain information**

- **Registration and enforcement**

  - **HIEs must register and annually renew registration with MHCC to operate in the State**

Draft Amendments

- **Over the past year, the HIE Policy Board worked to develop the following policies:**

  - **Secondary Data Use (SDU) for Population Care Management**

  - **SDU for Research**

  - **Emergency Access for Participating Organizations**

- **Staff considered the above policies in the development of the draft amendments**

SDU for Population Care Management

- Allows an HIE to disclose data to care management organizations for population care management

- Population-based activities relating to improving patient and population health or reducing health care costs where no treatment relationship exists

- Identifiable data may only be disclosed after:

  - Appropriate notice has been provided to consumers whose information is to be disclosed; and

  - The consumer has authorized the release of their information

- An external and independent review committee may approve an authorization waiver request if certain conditions are met

Note: See Appendix for definitions to terms included above

SDU for Research

- HIE may disclose data to a qualified research organization for research purposes

- Disclosure of de-identified data must be approved by a Privacy Board

- Disclosure of identifiable data must be approved by an Instuitional Review Board or Privacy Board, including documentation of approved waiver or alteration of authorization requirement

- An HIE may charge a reasonable fee reflective of the direct and indirect cost associated with preparing and disclosing the data

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Note: See Appendix for definitions to terms included above

SDU – Enforcement and Reporting

- An HIE will make summary reports available to the public quarterly about the release of data for secondary purposes

- An HIE shall report at least annually to the Commission pertaining to the release of information for population care management

- The Commission may require an HIE to conduct an audit of SDU disclosures, using a third-party auditor

- Upon request, an HIE shall provide a health care consumer an accounting of any disclosures made to an entity for SDU purposes

Emergency Access

- An HIE must clearly communicate its emergency access policy to consumers

- An HIE shall only disclose information to the requesting health care provider under certain circumstances; e.g.,

  - In the professional opinion of the requesting health care provider, an emergency exists

  - The consumer's condition precludes the ability for the participating organization to obtain consumer consent; and

  - Information available through the HIE may be relevant to the specific emergency treatment;

- An HIE must implement technical procedures to document and audit emergency access

Other Substantive Draft Amendments

- **Electronic Health Record System definition broadened to apply to all EHR technology (.02B(#))**

- **Increased time frame for HIEs to acknowledge receipt of notification of a potential breach and begin an investigation (.03D)**

- **More specific information within patient notice from participating organization (.03G(c))**

- **Audit requirements strengthened to identify potential inappropriate access (.06A(3) & B(1))**

Next Steps

- Release draft amendments for a 30-day informal comment period

- Staff plans to revise draft amendments based on informal comments received

- Propose draft amendments to Commission at the November 19th meeting

Thank You!

The **MARYLAND**
HEALTH CARE COMMISSION

Appendix

Key Definitions

Appropriate notice to consumers means a notice related to a request for identifiable data that minimally meet the following requirements:

(a) The notice:

(i) Must include educational information pertaining to the requesting entity's secondary use of data obtained through an HIE, including why the entity is requesting the data and how it intends to use the data;

(ii) May describe an ongoing scenario such as care coordination or other ongoing care management activities against which subsequent data may be requested by the care management organization from the HIE; in such cases, the potential need for and nature of such requests shall be included in the description of the initial request to the external review board and shall be plainly documented in the notice to consumers;

(iii) Must include a clear and detailed description of the steps a consumer needs to take in order to provide authorization for the use of their information or to deny authorization;

(iv) Must provide clear, detailed information that the consumer's failure to respond could result in their information being disclosed without authorization, if an independent external review committee waives authorization; and

(v) Must have characteristics as detailed in Regulation .03B(2)(b-g) of this chapter.

(b) The care management organization, or its third party, has provided to all consumers whose identifiable information is being requested:

(i) Written notice as described above, making at least three attempts using varied methods to reach the consumer;

(ii) Various methods for submitting an authorization or denying authorization, such as email, online, mail, and phone; and

(iii) At least 30 calendar days from the time of the notice to respond to the notice.

Key Definitions (continued)

- **Care management organization** means any entity that:

  - Has a financial or other specific care related responsibilities for individuals with whom they do not have a treatment, payment, or health care operations under 45 CFR Part 164.501(1) relationships; and

  - Has a contractual or other relationship with a State or Federal government or agency that provides them with the above mentioned responsibility; or

  - Is under a legal or regulatory role that provides them with the above mentioned responsibility.

- **Population care management purpose** means the use of data available from or through an HIE for population-based activities relating to improving patient and population health or reducing health care costs, including but not limited to: (a) Patient outreach activities that involve care management; (b) development of or assessing, quality indicators, patient patterns or outcomes, or supporting quality reporting; (c) developing and evaluation of innovative care delivery models/programs; and (d) risk assessment

Key Definitions (continued)

- **External and independent review committee** means a group of individuals that (1) is responsible for reviewing and making a determination regarding requests for an authorization waiver related to population care management; and (2) must be minimally composed of:

  - At least three consumer members, three health care provider members, one member representing the scientific community, one member with privacy/legal expertise, and one member with HIE expertise;

  - Members that have appropriate professional competencies necessary to review the request; and

  - More than half of the members are not affiliated with or related to any person affiliated with the requesting entity and are free from any conflicts of interest with the requesting entity.

Key Definitions (continued)

- **<u>Qualified research organization</u> means any entity that has:**

  - Entered into a data use agreement with the HIE in which data is being requested;

  - Is determined to have expertise to carry out research, specific to its request by an IRB or Privacy Board; and

  - Is determined to have a legitimate and credible reason or obligation to carry out research by an IRB or Privacy Board, specific to its request

- **<u>Research</u> means**

  - The use of data available from or through an HIE for the systematic investigation, including research development, testing, preparation, and evaluation, designed to develop or contribute to generalizable knowledge as defined in 42 CFR § 164.501 and 45 CFR § 46.102, including the use of de-identified data and limited data sets.

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PRESENTATION:

Chesapeake Regional Information System for Our Patients
(CRISP)

(Agenda Item #8)

Vision – Mission – Guiding Principles

CRISP is a non-profit health information exchange, or HIE, serving Maryland and the District of Columbia.

Our Vision

To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration.
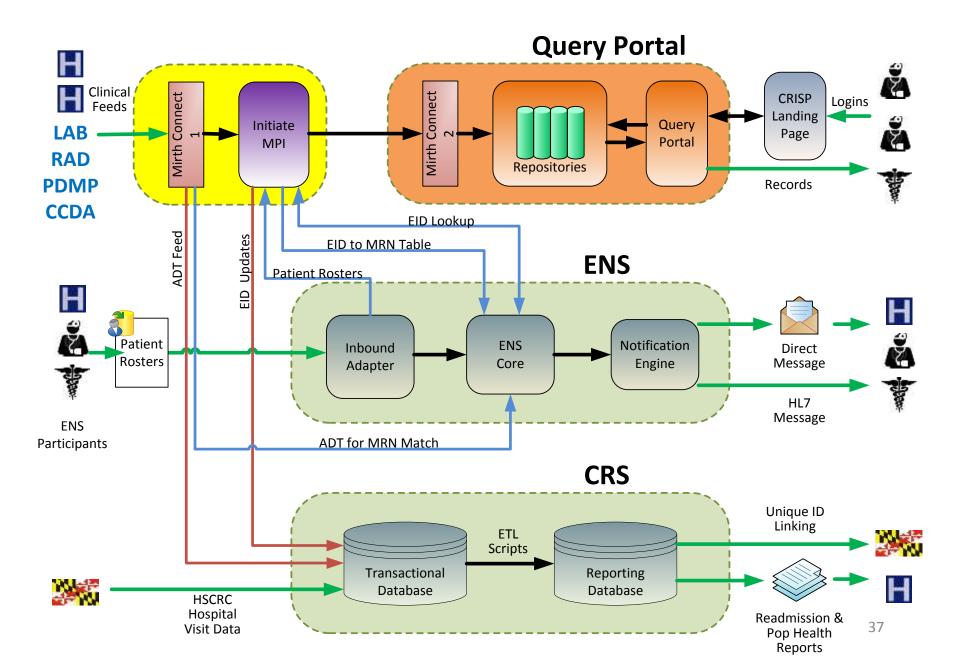
Our Mission

We will enable and support the healthcare community of Maryland and our region to appropriately and securely share data in order to facilitate care, reduce costs, and improve health outcomes.
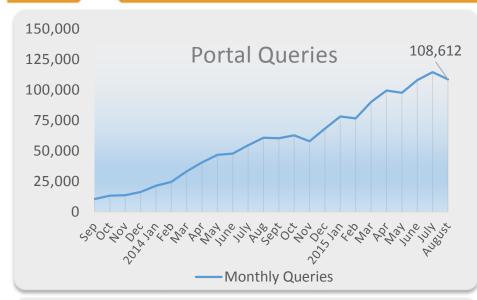
Our Guiding Principles

1. *Begin with a manageable scope and remain incremental.*

2. *Create opportunities to cooperate even while participating healthcare organizations still compete in other ways.*

3. *Affirm that competition and market-mechanisms spur innovation and improvement.*

4. *Promote and enable consumers' control over their own health information.*

5. *Use best practices and standards.*

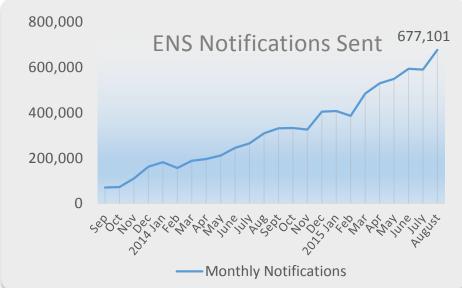6. *Serve our region's entire healthcare community.*
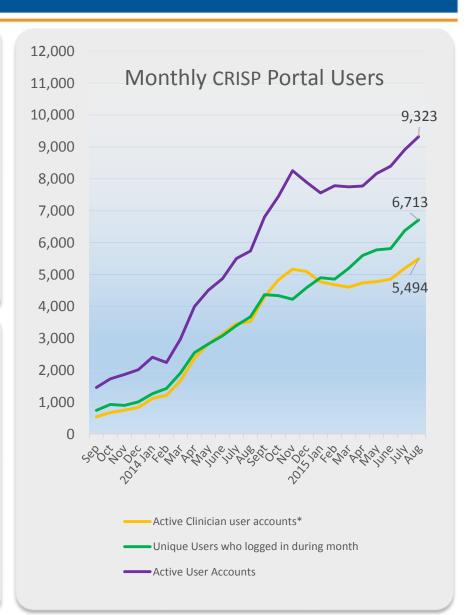
CRISP Infrastructure

ICN Project Organization

1. AMBULATORY CONNECTIVITY

The project aims to achieve bi-directional connectivity with ambulatory practices, long-term-care and, other health providers. Multiple methods of connectivity will be employed, including HL7 interfaces, CCDA exchange, and administrative networks.

2. DATA ROUTER

A key concept of the infrastructure effort is to send relevant patient-level data to the healthcare organizations who can use it for better care management. The data router will receive and normalize health records, determine a patient-provider relationship, verify patient consent, and forward the records where they should go in near real time.

3. CLINICAL PORTAL ENHANCEMENTS

The existing clinical query portal will be enhanced with new elements, including a care profile, a link to a provider directory, information on other known patient-provider relationships, and risk scores.

4. NOTIFICATION & ALERTING

New alerting tools will be built such that notification happens within the context of a providers existing workflow. So for instance, if a patient who is part of a specific care management initiative shows up at the ER, an in-context alert could inform the clinicians that the patient has a care manager available.

5. REPORTING & ANALYTICS

Existing reporting capabilities, built on Tableau and Microsoft Reporting Services, will be expanding and made available to many more care managers. Will also plan for a potential new solution to support thousands of ambulatory practices.

6. BASIC CARE MANAGEMENT SOFTWARE

The current scope is for planning only, as the advisors help us determine an appropriate path.

7. PRACTICE TRANSFORMATION

The current scope is for planning only, as the advisors help us determine an appropriate path.

Other CRISP Work

In support of Maryland's health benefit exchange, CRISP operates a provider directory for individuals choosing an insurance plan
http://providersearch.crisphealth.org

Other CRISP Work

CRISP provides the Maryland Department of Health (DHMH) with technology/connectivity assistance for portions of its Syndromic Surveillance, Immunization Registry, and Reportable Lab programs.

CRISP is piloting Encounter Notifications Services for family members of long-term-care residents.

In partnership with Maryland Medicaid, CRISP receives 90-10 matching funds to enhance the ENS service, to pilot a radiology image exchange service, and to build a tool to collect electronic clinical quality measures from ambulatory practices.

CRISP is partnered with the Maryland Health Care Commission to link Advance Directives submitted through www.MyDirectives.com to the Query portal.

Much of CRISP's work is conducted with oversight from the MHCC, and essentially all of CRISP's work is pursued with some level of strategic collaboration with MHCC.

Questions

Appendix

1. ICN Goals and Diagrams
2. Current Tools
3. New Tools and Services

ICN Goals

Goal	6-Month Goal Dec 31. 2015	12-Month Goal Jun 30, 2016	24-Month Goal Jun 30, 2017
ICN Tools and Services			
Deploy Router	**Routing data from 40 total ambulatory practices to 2 care management programs / 150 practices**	Router supporting 1,000 providers	Router supporting 5,000 providers
Consent Utility	**Opt out for ambulatory data is made more granular and working / ENS opt out working**	Opt out for ENS is working	3,000 peope have opted out of ENS
		Better patient notification options are implemented	1,000 people are receiving notifications
		Care Managers are starting to rely on the CRISP consent utility	Consent utility is integral to many care management initiatives
Deploy Risk Stratification solution against case mix data	**Risk stratification tool selection complete and production pilot underway for 4 partners / 10 partners**	Risk stratification broadly available through reports and or query portal	Risk stratification includes clinical data inputs
Deploy uniform "base" approach for Health Risk Assessment	**Build consensus among Steering Committee on uniform "base" approach to HRAs**	TBD	TBD
Deploy standardized approach for Care Profile development and sharing	**Steering Committee agrees on standardized approach to Care Profile, Care Alert development / live in portal**	Care Profiles available prominently in the clinical query portal	TBD
Deploy approach for Care Plan viewing through HIE	**Care Plan viewable through the clinical portal from 2 organizations / 4 organizations**	Care Plans available for 10,000 patients	Care Plans available for 40,000 patients
Deploy In-Context Notifications	**In context notifications in 4 EDs, for presence of a Care Plan or recent discharge / 10 EDs**	In-context notifications available to 100 ambulatory providers	In-context notifications available to 5,000 ambulatory providers
Enhance Clinical Query Portal with new information	**ENS Provider Subscription information available in Clinical Query Portal / with provider contact info**	Provider Directory contact information integrated into Clinical Query Portal	Robust patient attribution information, for providers and care managers, feeding the Clinical Query Portal
Deploy Reporting & Analytics tools for patient panels / attributed patients	**Tableau access available to all hospitals, and used by 20 / 40**	TBD	TBD
	Regional Partnerships are meaningfully using CRS reports		

ICN Goals 2

Goal	6-Month Goal Dec 31. 2015	12-Month Goal Jun 30, 2016	24-Month Goal Jun 30, 2017
New Data Sources			
Data Sharing Framework	**Pilot data Sharing Policy in place to enable use of All Payer Report / improved approach to 42 CFR Part 2 data agreed**	PA addendum signed by a majority of hospitals	Advanced ability to filter on 42 CFR Part 2
ENS Panel Growth	**An ENS message is sent for 55% of Medicare discharges / 60%**	An ENS message is sent for 65% of Medicare discharges	An ENS message is sent for 80% of Medicare discharges
CMS Data availability	**Partner with MHA and HSCRC to formally request data**	CMS data in use	
Admin / Visit Data growth	**1,000 providers sending administrative data / 2,000**	2,000 providers sending administrative data	5,000 providers sending administrative data
Ambulatory Clinical Data growth	**500 ambulatory providers sending clinical data / 1,000**	1,000 ambulatory providers sending clinical data	TBD
Increase SNF Connectivity	**Steering committee agrees approach to coordinating with SNFs and data sharing**	TBD	TBD
Industry / Community Partner Engagement			
Operational Practice Transformation Center	**Initial funding and plan in place / statewide effort funded**	TBD	TBD
Support Regional Partnerships	**At least one goal or obligation is defined and agreed in an MOU for each regional partnership / plus 5 other than RPs**	TBD	TBD
CRS / Tableau directly leveraged by strategic partners	**At least 2 partners have direct access to Tableau in support of provider organizations / 6 partners**	TBD	TBD

ICN Infrastructure Concept

Care Managers	Clinicians point-of-care	LTC / HH / Other Providers	Public Health Officials	ACO PCMH Payers	Patients

Deliverables

Care Managers	Clinicians point-of-care	LTC / HH / Other Providers	Public Health Officials	ACO PCMH Payers	Patients
• Risk stratified patient analysis • Care Profile view • Care Mgmt tools • Notifications • New clinical data feeds for care management • Performance metrics • Consent management	• Richer clinical query portal information • Care Profile view • Notifications • In-context alerts • Care Alerts receive & create • Consent management	• Richer clinical query portal information • Care Profile view • Performance metrics • Consent management	• Performance metrics • Statewide & regional analytics	• Risk stratified patient analysis • Care Profile view • Care Mgmt tools • Notifications • New clinical data feeds for care management • Performance metrics • Consent management	• Control of health data consent • All providers have a patient-centric understanding of their health status

In development with Regional Partnerships and others

Deliverables

Statewide ICN Infrastructure Development Plan

ICN Infrastructure Concept

Statewide ICN Infrastructure Development Plan

IT Stack →

New Tools
- In context notification & alerting tools
- Risk stratification / predictive modeling tools
- Basic Care Management software
- Data Router / clinical data normalization
- Clinical portal enhancements
- CCDA / Care Plan parsing

← Data Router Components →

HIE Infrastructures
- Patient / provider relationship identification
- CRISP Reporting Services analytics (CRS)
- Clinical query portal
- Privacy / consent management utility
- Identity management
- Encounter Notification Services (ENS)

Inputs
- Administrative / visit data (need ambulatory connectivity)
- PDMP
- Processed Case Mix data
- Medicare claims data
- Enrollment data, patient panels
- HIE clinical data

Legend:
- Hatched — New or needs significant development
- Solid — Existing

Working Version 1.4

Terminology

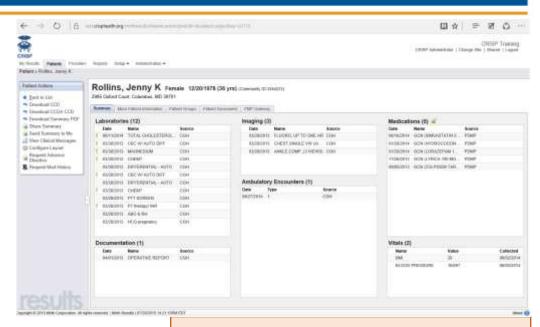|	Definition
Clinical Query Portal Enhancements	Improvements to the existing clinical query portal including approaches to simplify access, incorporating new content such as access to care profiles, and displaying the patient's providers.
In-Context Notifications and Alerting	Inclusive of a range of alert types sent to the point-of-care or to a care manager, in a manner consumable with their workflow. Alerts may pertain to critical information about a patient, identify care gaps, indicate post-discharge follow-up care has not occurred, etc.
Care Profile View	The care profile provides, in one readily viewable place, the key characteristics of a patient and their current medical status. Key elements in the care profiles could include patient demographics, most recent clinical alerts, summary of recent hospital encounters – diagnoses and procedures, visit dates, subscribing providers, and the existence of a current care plan.
Data Router	The router is a service that includes key functionality to support connectivity, consent management, data routing to other services or data consumers, and patient-provider relationship determination. The approach may rely on connectivity through a health system, through a hosted EHR, directly to the practice, or via an administrative network.
Standardized Risk Stratification Tools	Deployment of one or more centralized risk stratification methodologies to support stratification of patients initially using HSCRC case mix data housed in CRS but expanding to include broader data sets. Predictive risk score will be shared through a range of tools, including the query portal and ENS.

Current Tools and Services

Clinical Query Portal

- The clinical query portal allows credentialed users to search the HIE for clinical data.

- All 47 acute care hospitals in Maryland and 6 of 8 DC hospitals share clinical data.

- There are currently over 100,000 queries per month.

- 10 hospitals have enabled "single sign-on" connectivity to the portal enabling single-click access to data in CRISP.
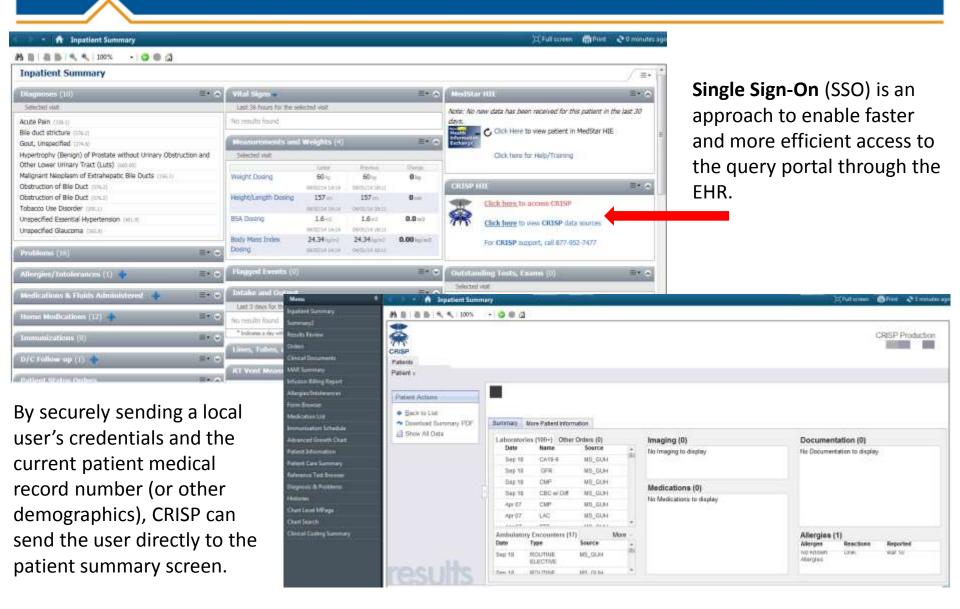

Types of data available:
- Patient demographics
- Lab results
- Radiology reports
- **PDMP Meds Data**
- Discharge summaries
- History and physicals
- Operative notes
- Consult notes

Clinical Query Portal - Single Sign-on

Single Sign-On (SSO) is an approach to enable faster and more efficient access to the query portal through the EHR.

By securely sending a local user's credentials and the current patient medical record number (or other demographics), CRISP can send the user directly to the patient summary screen.

Encounter Notification Service – Current Capabilities

➢ CRISP currently receives Admission Discharge Transfer messages in real-time from:

  ➢ All Maryland Acute Care Hospitals
  ➢ 6 of 8 D.C. Hospitals
  ➢ All Delaware Hospitals

➢ Through ENS, CRISP generates **real - time hospitalization notifications** to PCPs, care coordinators, and others responsible for patient care.

Important Current Capabilities

➢ Full Continuity of Care Documents (CCDs) are also routed through ENS to subscribing providers, who elect to receive them to support transitions of care.

  ➢ 10 Hospitals currently send CCDs to CRISP

➢ Hospitals can "auto-subscribe" so they can be alerted when one of their past discharges is being readmitted within 30 days. This same capability allows the receiving hospital to be notified, when a patient arriving at their facility had been discharged from another facility, within the past 30 days.

  ➢ 34 hospitals currently auto-subscribe to receive readmission notifications

➢ ENS was recently enhanced to include the ER and IP visits for a given patient with the past 6 months.
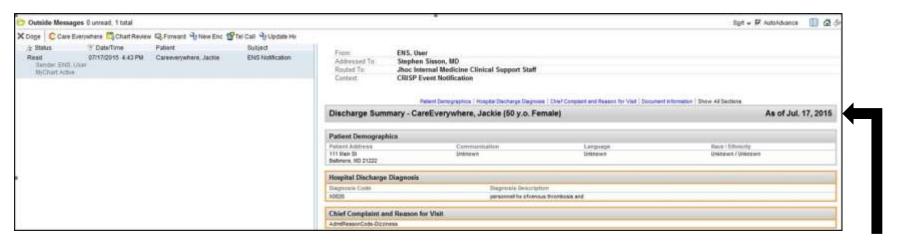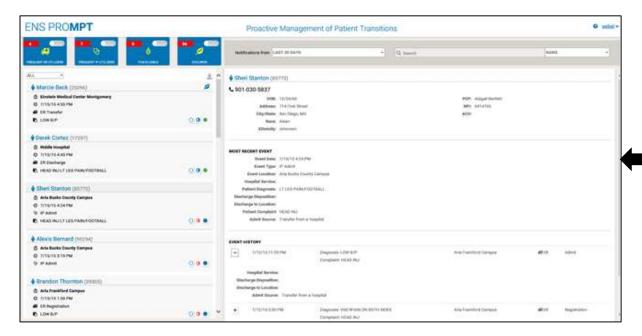
Methods to Receive Notifications

➢ Currently, ENS recipients can choose to receive real-time or a daily (or twice daily) summaries of the prior 24 hours of hospitalizations.

➢ Most notifications are sent via CRISP secure direct messaging tool (shown below).

➢ Some ENS subscribers choose to integrate notifications into their EHR by receiving the notifications in the form of an ADT.

Example: Daily summary notification sent as an attachment to CRISP's secure inbox
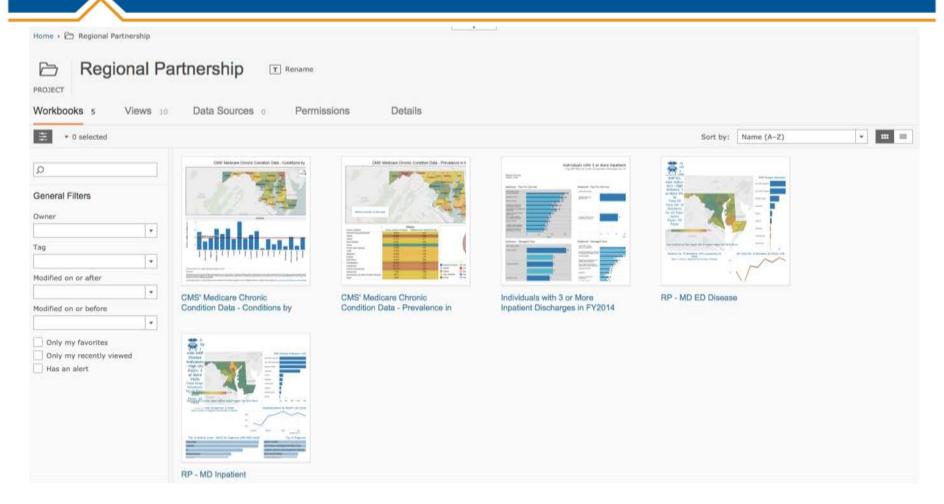
Near-term Additional Approaches for ENS

➤ ENS is in final testing to deliver notifications directly into Epic.

➤ Notifications are also currently flowing into other recipient systems in production.

➤ CRISP will also offer an ENS user interface beginning in early August rather than simple spreadsheet via secure email.

➤ Users will still have the ability to download the spreadsheet.

CRISP Reporting Services (CRS)

Link to July 9th Webinar Materials and Recording
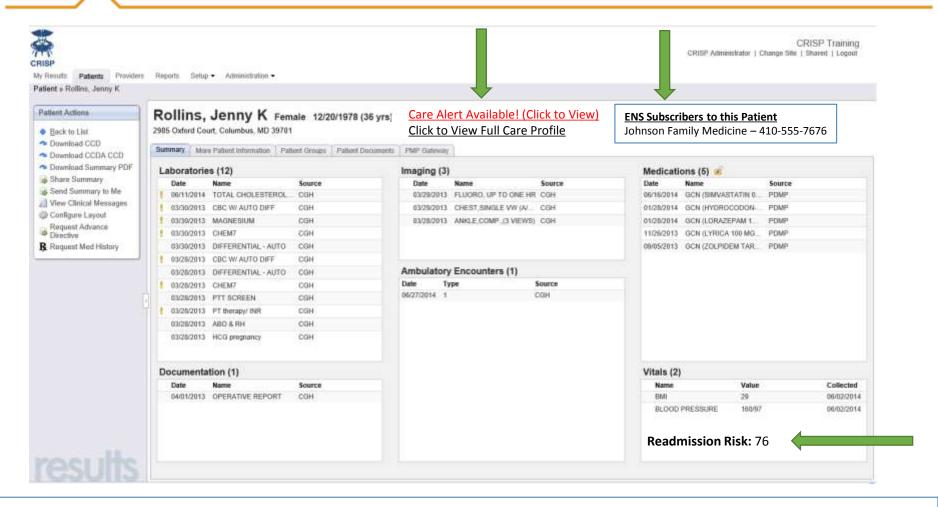http://pophealth.dhmh.maryland.gov/transformation/SitePages/Technical%20Assistance.aspx

ICN Infrastructure Tools and Services
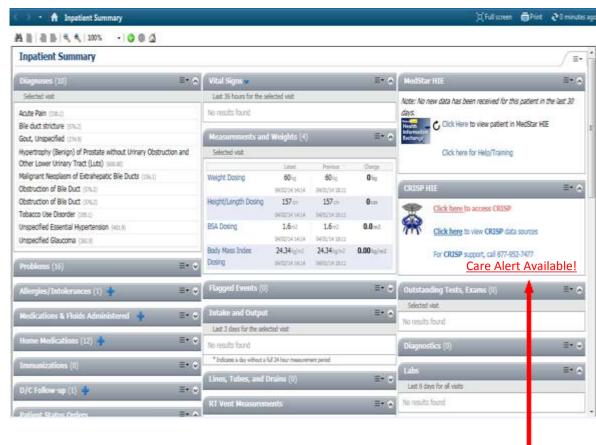
Clinical Query Portal Enhancements

Clinical Query Portal Enhancements – Improvements to the existing clinical query portal including approaches to simplify access, incorporating new content such as access to care profiles, and displaying the patient's providers.
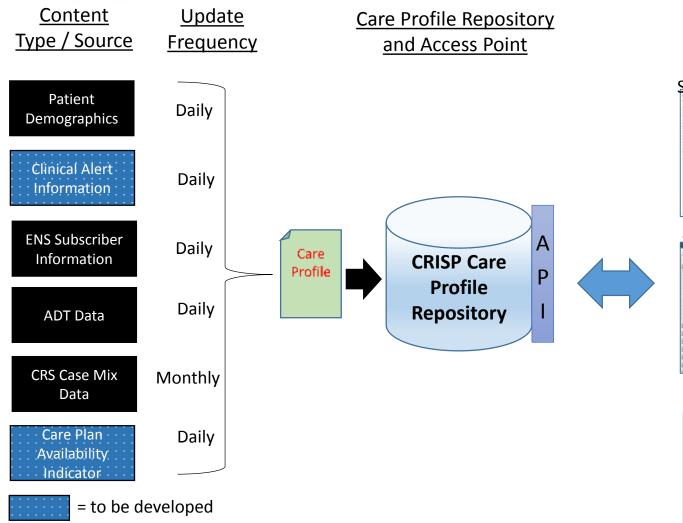
In-Context Notifications and Alerting

- In-context alerting is intended to provide key information to clinical decision makers at the most effective point in their clinical workflows.

- An example of an in-context alert is pushing information to a hospital ER when a patient is registered indicating if a care plan is available in CRISP.

- In this in-context alert use case, a pre-defined method to access the care plan (or just key sections such as the care alert) would be established between CRISP and the receiving organization.
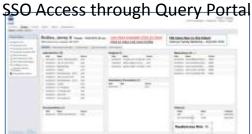

In-Context Notifications and Alerting – inclusive of a range of alert types sent to the point of care or to a care manager that pertains to critical information about a patient, identifies care gaps, indicates post-discharge follow-up care has not occurred, etc.

Care Profile View

Content Type / Source

Update Frequency

Care Profile Repository and Access Point

Access Methods

Patient Demographics — Daily

Clinical Alert Information — Daily

ENS Subscriber Information — Daily

ADT Data — Daily

CRS Case Mix Data — Monthly

Care Plan Availability Indicator — Daily

Care Profile → CRISP Care Profile Repository | A P I

= to be developed

SSO Access through Query Portal

API call from EHR
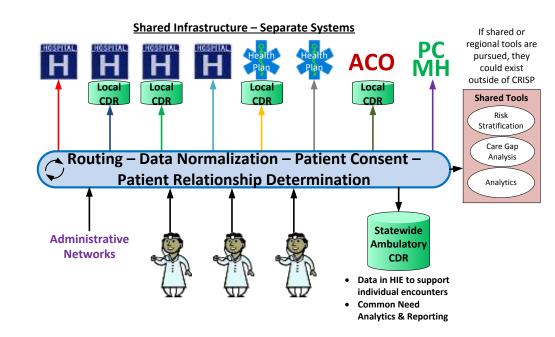
Link from ENS User Interface

Data Router and Non-Hospital Connectivity

Key Functions include:

- Consent management
- Data normalization
- Data routing
- Patient-provider relationships determination and management

Shared Infrastructure – Separate Systems

Routing – Data Normalization – Patient Consent – Patient Relationship Determination

Administrative Networks

Statewide Ambulatory CDR

- Data in HIE to support individual encounters
- Common Need Analytics & Reporting

If shared or regional tools are pursued, they could exist outside of CRISP

Shared Tools
- Risk Stratification
- Care Gap Analysis
- Analytics

Data Router - The router is a service that includes key functionality to support connectivity, consent management, data routing to other services or data consumers, and determine patient-provider relationships.   These approaches may rely on connectivity through a health system, through a hosted EHR, directly to the practice, or via an administrative network.
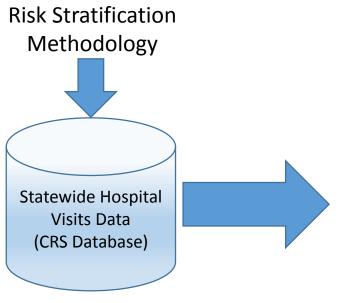
Router Continued

➢ **Connectivity and Routing** – inclusive of a range of connectivity approaches including connections to practice through health systems, direct connectivity to EHRs, hosted EHR connectivity, and administrative network connections.

➢ **Data Normalization** – applications of message transformation and vocabulary mapping services to inbound data.

➢ **Consent Engine** – the centrally managed consent engine will still require provider / care manager patient engagement and a significant patient education campaign. The consent engine will enable individuals to select more granular consent preferences that the current "all - in or all - out" choice.

➢ **Relationship Determination** – patient to provider relationships could be established and maintained through a range of data types flowing through CRISP, for example by using administrative claim data and ENS subscription panels. Other tools to enable management of those relationships are also planned in order to facilitate program enrollment (and consent), such as CCM.

Standardized Risk Stratification Tools

Risk Stratification
Methodology

↓

Statewide Hospital
Visits Data
(CRS Database)

→

➢ Standardized and shared risk stratification and predictive modeling tools
➢ Supporting common understanding high risk patients
➢ Data feeds to provider care management systems
➢ Risk scores available through broader set of CRISP tools

Note: Over time, additional data, such as Medicare claims data, can supplement the currently available hospital case mix data.

Standardized Risk Stratification Tools - deployment of one or more centralized risk stratification methodologies to support stratification of patients initially using HSCRC case mix data housed in CRS but expanding to include broader data sets. Predictive risk score will be shared through a range of tools, including the query portal and ENS.

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2. UPDATE OF ACTIVITIES

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4. ACTION: Certificate of Need: Lorien-Howard, Inc. d/b/a Encore at Turf Valley (Docket No. 15-13-2365)

5. ACTION: COMAR 10.25.17: Benchmarks for Preauthorization of Health Care Services – Final Regulations

6. UDPATE: COMAR 10.25.19: Patient Centered Medical Home – Release for Informal Public Comment

7. UPDATE: COMAR 10.25.18: Health Information Technology: Privacy and Security Regulations

8. PRESENTATION: Chesapeake Regional Information System for Our Patients (CRISP)

9. UPDATE: State Health Plan for Facility and Services: Home Health Agency Services

10. Overview of Upcoming Initiatives

11. ADJOURNMENT

UPDATE:

State Health Plan for Facility and Services: Home Health Agency Services

(Agenda Item #9)

Updating the Home Health Agency Chapter of the State Health Plan

September 17, 2015

Cathy Weiss
Center for Health Care Facilities Planning and Development

MARYLAND
HEALTH CARE
COMMISSION

Background

- **Home Health Agencies (HHAs): only CON-regulated facilities providing home care services**

- **New Plan Chapter focus on HHAs (COMAR 10.24.16)**

- **Only HHAs may be certified for Medicare**
  - **Medicare is primary payor; 72% of clients and 83% of visits**
  - **CMS payment policies have major impact on use of HHAs**
  - **Medicare requires submission of utilization and quality data**
  - **Public reporting: Home Health Compare; Star Ratings**
  - **Maryland selected for CMS 2016 HH Value-based purchasing demonstration**

- **MHCC Whitepaper and 2015 HHA Advisory Group**

Current Landscape

- **56 licensed HHAs**

- **Majority located in Baltimore metropolitan area, Montgomery, Prince George's, Carroll and Frederick Counties**

- **Vast majority authorized to serve more than 1 jurisdiction**

- **Recent CONs awarded: 2008 and 2009**

  - **Need identified in 3 jurisdictions: Baltimore, Frederick and Montgomery**

  - **2 existing HHAs expanded to serve Frederick County**

  - **4 new HHA providers to serve Baltimore and/or Montgomery Counties**

    - ▶ 1 new HHA approved to serve Montgomery County remains

    - ▶ 3 new HHA providers unable to establish a sufficient market share in Baltimore and/or Montgomery Counties were eventually acquired

3

Features of New Approach

- **Focus on quality providers**

- **Require qualification of applicants based on past performance**

- **Create opportunities for new or expanded HHAs to enhance consumer choice, market competitiveness, and/or quality performance**

- **Recognize evolving nature of quality measurements by selecting measures and performance thresholds before each review cycle**

4

New Approach to Determining Need

Ensure consumer choice of quality HHAs

Qualifications for a jurisdiction

- Insufficient consumer choice
- Highly concentrated HHA service market, or
- Insufficient choice of quality performing HHAs

Create multi-jurisdiction regions for CON review

- Combine two or more smaller, contiguous jurisdictions
- Provide incentive to serve rural, less densely populated areas

Qualifying CON Applicants

Types of qualified applicants

- Existing Medicare-certified HHAs in Maryland
- Existing Medicare-certified HHAs licensed in another State, or
- Non-HHA providers licensed and accredited: hospital, nursing home or Maryland RSA providing skilled nursing services

Qualifications for all applicants include:

- No Medicare or Medicaid payments suspended within last 5 years
- Not convicted of Medicare or Medicaid fraud or abuse within last 5 years
- Complied with federal and State quality of care reporting requirements and performance standards

Performance-related qualifications vary by type of applicant

- Public Notice: selected quality measures; performance levels

Public Notice: HHA Quality Measures and Performance Levels for Qualified Applicants

- **Quality measures are evolving; performance levels are changing**

- **Opportunity to review and comment on recommended measures before adoption**

- **Quality measures for Medicare-certified HHAs:**

  - **Achievement on CMS Star Ratings**

  - **Achievement on selected quality measures, and**

  - **Maintenance or improvement in performance over three-year period**

- **Quality measures for hospitals, nursing homes or Maryland RSAs:**

  - **Hospitals and Nursing Homes: achieve and maintain CMS Star Ratings for at least three most recent years**

  - **Maryland RSAs: maintain accreditation for at least three most recent years**

CON Review Standards

CON review standards will include:

- Financial accessibility

- Charity care and sliding fee scale

- Financial feasibility

- Impact

CON Preference Rules in Comparative Reviews

May limit number of CON applicants approved when:

- Multiple docketed applications fully comply with CON review standards, and

- Approval of all docketed applications would have an adverse impact on existing HHAs

Order of preference:

- Higher performance on quality measures

- Proven track record in serving a broader range of all payor types and the indigent

- Proven track record in providing a broader range of services

Strategy: Gradual Growth

Allow for gradual growth in number of HHAs and expansion of existing HHAs

- **500K+ population: no more than three new market entrants in a single review cycle**

- **200K to < 500K population: no more than two new market entrants**

- **< 200K population: no more than one new market entrant**

10

Acquisition of HHAs

- **22 of the 56 HHAs have entered Maryland via acquisition**

- **Not a CON review; requires determination of coverage**

- **Additional information; greater transparency:**

  - **No Medicare fraud or abuse, or other serious criminal activity**

  - **Commitment to serve all payor types and the uninsured**

  - **No change in scope of services**

Merger or Consolidation of HHAs

Current:

- **Consistent with State Health Plan**
- **Result in more efficient and effective delivery**
- **In the public interest**

Proposed:

- **Commitment to serve all payor types and uninsured**
- **Public interest finding:**
  - ▶ **geographic and financial access**
  - ▶ **market concentration pre- and post- merger, and**
  - ▶ **quality performance**

Goal: What We Hope to Achieve

▶ **Renewed focus on consumer choice**

▶ **Greater emphasis on quality providers**

▶ **Create opportunities for new HHA providers and expansion of existing HHAs**

▶ **Streamline the CON review process**

Background information on White Paper and 2015 HHA Advisory Group meetings
http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx

CMS Home Health Compare https://www.medicare.gov/homehealthcompare/search.html

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Overview of Upcoming Initiatives

(Agenda Item #10)

ENJOY THE REST OF YOUR DAY