

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

April 2011

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

The kick-off of the Maryland Multi-Payer Program was held on April 12, 2011 at the Baltimore Marriott Waterfront. In collaboration with Merck & Co. Inc., Commission staff introduced the participating practices' PCMH champions and team leaders to the Maryland PCMH program team and the Learning Collaborative program team. Maryland Secretary of Health and Mental Hygiene, Joshua Sharfstein, MD, spoke regarding health care reform initiatives, both in Maryland and nationally, and the key role of Maryland's PCMH program within the scope of health care reform. The keynote speaker for the program, Dr. James Barr, a practicing family physician in New Jersey, focused his remarks on transforming a provider practice to encompass this model of advanced primary medical care.

Commission staff conducted a series of webinars and teleconferences in March and April with the invited practices' and carriers' representatives regarding the MMPP Participation Agreement and the Program Data Submission Guide. The program participants continue the process of signing the Agreement.

The Maryland Learning Collaborative staff conducted a webinar for provider practices on April 14, 2011. The first meeting of the Maryland Learning Collaborative will be on Saturday, May 14, 2011 from 8:00 am to 1:00 pm in Howard County. The location details are being finalized. Development and planning of the Maryland Learning Collaborative's master calendar and events continues.

MHCC released an RFP for the PCMH Program Evaluation services in February 2011. The Evaluation Review Committee is in the process of making a recommendation for this key component of the Program.

MHCC is holding breakfast meetings with interested self-funded employers in April. This series of outreach meetings is sponsored by Pfizer. The first session, featuring a presentation by Dr. Paul Grundy, was held March 29th in Bethesda. The next breakfast meeting will be April 19, 2011 – Hilton Baltimore, 401 W. Pratt Street, Baltimore, MD 21201.

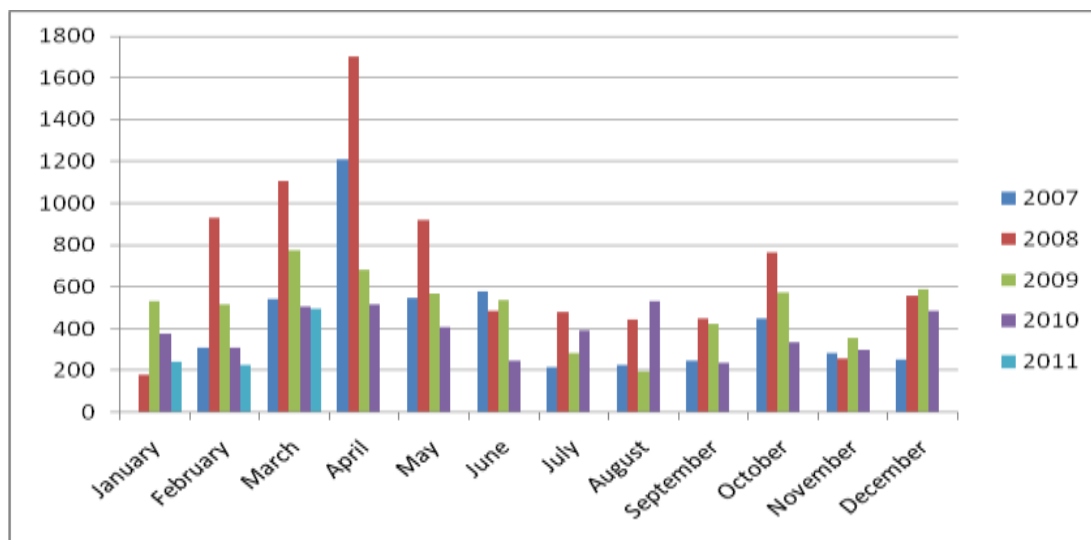
Information regarding the PCMH program is available on the Commission's website at:
<http://mhcc.maryland.gov/pcmh/>.

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 \$492,711 in March 2011. The monthly payments for uncompensated care since March 2007 are shown below in Figure 1.

Figure 1 – Trauma Fund Uncompensated Care Payments 2007-2011



Cost and Quality Analysis

Submission of 2010 Data to the Maryland Medical Care Data Base (MCDB)

Staff recently completed the MCDB Data Submission Manual for 2010 data. The new manual includes the requirements for the eligibility file in addition to the requirements for the professional services, pharmacy services, provider directory, and institutional services files. Staff held a webinar on April 4th with submitting payers to review the submission manual, highlighting minor modifications to the professional services, pharmacy services, provider directory, and institutional services files; a webinar to discuss the new eligibility file with submitting payers was held in March. The eligibility file will contain information for all Maryland residents with health insurance coverage through the submitting payers. It will include the demographic characteristics of enrollees and insurance contract information such as date of enrollment, source of the contract, and type of coverage. The inclusion of the eligibility file will enable MHCC staff to provide more information from the claims data, such as the utilization rate (percentage of enrollees with the service) for different types of care.

Analysis of the 2009 MCDB Data

This year staff intends to release two reports based on MCDB data. The first report will be the annual report on utilization and cost of professional health care services by privately insured, nonelderly residents in Maryland. This report is in the processing phase. It will use the analytical methods employed in previous reports, with the addition of a baseline analysis for assessing the *Assignment of Benefits and Reimbursement of Non-preferred Providers* law (Chapter 537 of the 2010 Laws of Maryland) on providers, patients, and carriers, as discussed in previous updates month's update.

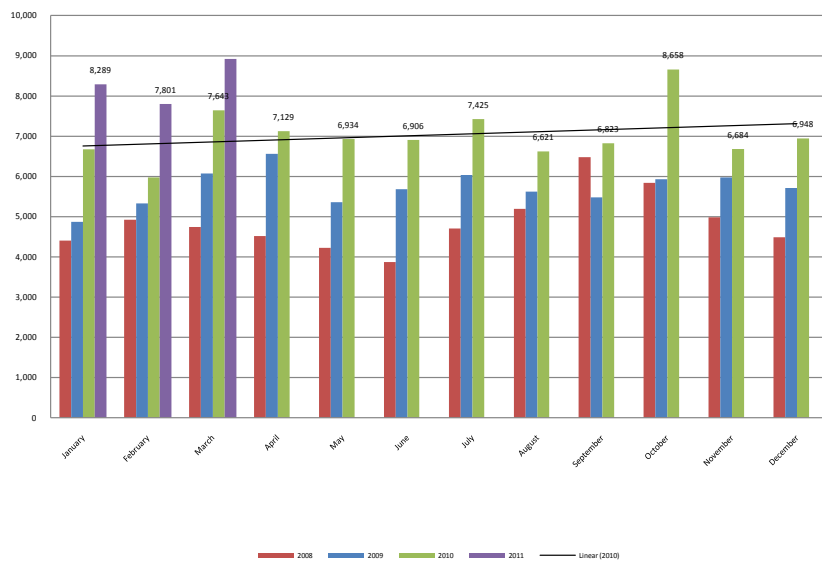
The second report will be a utilization and cost study of the annual health care use of privately insured Maryland residents. Unlike the professional services report, this new biennial report will report on utilization and cost across the entire mix of services, including both professional and institutional health care services in the analyses. This report is currently in the planning and testing phases. As this is the first year for payers to submit the institutional data, the initial report will focus on a simple, straightforward analysis of the data; in subsequent years, as we gain confidence in the quality of the institutional data, the detail in this report will be expanded.

Study to Count the Supply of Physicians in Maryland in 2009-2010

As discussed in a previous update, MHCC and the HSCRC jointly sponsored a study of physician supply in Maryland in 2009-2010, by specialty and by region, conducted by Christopher Hogan, president of Direct Research, LLC. The analyses have recently been completed and a draft of the study will be presented to Dr. Sharfstein, Secretary of DHMH, on April 14th. Subsequent to this presentation, staff expected to release the results of the report to the public, beginning with a presentation to the Commissioners.

Data and Software Development

Figure 2 -- Unique Visitors to the MHCC Web Site



Internet Activities

The number of unique visitors increased in March 2011 to 8,925 up by 14.4 percentage points from February 2011. Compared to March 2010, the 2011 internet access is about 16.8 percent higher.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or by referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

Approximately 41.29 percent of unique visitors arrived via a search engine, a slight decrease from February. The share of unique visitors who arrived directly accounted for 40.71 percent of unique visitors, up 12% from February. These shares typically fluctuate up and down 3 to 4 percent from month to month. Google remains the dominant search engine directing 28 percent of all visitors to the MHCC site, which is essentially stable from December. Among the most common search keywords in March:

- “Maryland Health Care Commission”
- “mhcc”
- “Maryland healthcare commission”
- “mental health task force”
- “nursing homes in maryland”

Web Development for Internal Applications

Table 1 presents the status of development for internal applications and for the health occupation boards. The Physician License renewal site will be modified prior to the July 2011 release. Planning is underway for several new projects, including a PCMH Program Quality Reporting effort.

Table 1– Web Applications Under Development

Program/Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
Board of Physicians – Physician Renewal	Complete	July 2011
MHCC Assessment Survey	Underway	March 2011
Physician Portal/PCMH	Complete	Start of Project: April 2010
PCMH Quality Reporting	Planning	July 2011

<p><u>CENTERS FOR HEALTH CARE FINANCING AND LONG-TERM CARE AND COMMUNITY BASED SERVICES</u></p>
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Health Plan Quality and Performance

Both health plan HEDIS audit and CAHPS survey activities are on schedule; both of these activities will have substantive information to report next month.

Staff has scheduled meetings with the contractor to discuss production of the 2011 Health Plan Performance Report related to design and content. A theme for the 2011 report is under discussion.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)

Benefitfocus continues to work on the development of the web portal (VIRTUAL COMPARE) with April 25th as the target launch date, preceded by a press conference in Annapolis that morning. Staff is working with the Commission’s public relations contractor to prepare for the press conference. Staff is also preparing press releases so that participating carriers, the Maryland Chamber of Commerce, NFIB, and DBED can notify the broker and small business communities about the availability of this new web portal. Staff prepared an article on VIRTUAL COMPARE which appeared in the March print issue of the Insurance & Financial Advisor and will be posted on their website once the web portal is launched. This article also will be published in the Baltimore Business Journal. To date, several hundred brokers have pre-registered on VIRTUAL COMPARE.

Health Insurance Partnership

The “Partnership” premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of April 12, 2011 enrollment in the Partnership was as follows: 331 businesses; 960 enrolled employees; 1,605 covered lives. The average annual subsidy per enrolled employee is about \$2,400; the average age of all enrolled employees is 39; the group average wage is about \$28,000; the average number of employees per policy is 4.1. The 3rd annual report on the implementation of the Partnership was submitted to the Governor and the General Assembly in late December for the January 1, 2011 due date and is posted on the Commission’s website.

Mandated Health Insurance Services

Insurance Article § 15-1501, Annotated Code of Maryland, requires the Commission to submit an annual report to the General Assembly on: (1) any proposed mandated health insurance service that failed during the preceding legislative session; and (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. The 2010 annual mandated benefits report was approved by the Commission at the January public meeting and subsequently submitted to the General Assembly. The report also is posted on the Commission’s website.

Commission staff tracked a number of proposed mandate bills during the 2011 legislative session, most of which were evaluated by Mercer in the 2010 annual mandate report. Each proposed mandate either received an unfavorable report or was withdrawn by the sponsor.

Long Term Care Policy and Planning

Hospice Data

The data for the FY 2009 Maryland Hospice Survey has been posted on the Commission’s website. Staff is currently working on the internal development of the online FY 2010 hospice survey. The survey is undergoing internal testing and will be soon be ready for testing by hospice agencies.

Occupancy and Payment Reports

The annual reports on nursing home occupancy and payment source have been completed. The following tables have been submitted to the *Maryland Register* for publication in the April 22nd issue: “Nursing Home Licensed Beds Occupancy by Region and Jurisdiction: Maryland, Fiscal Year 2009” and “Required Maryland Medical Assistance Participation Rates for Nursing Homes by Region and Jurisdiction: Fiscal Year 2009.” These are developed and published annually based on data from the Long Term Care Survey, MHCC bed inventory reports, and Medicaid cost reports. They are used for health planning and Certificate of Need review.

Home Health Agency Data

Staff is updating the Home Health Agency (HHA) inventory, and is monitoring utilization trends in jurisdictions authorized to provide HHA services.

Home Health Agency Survey

The Home Health Agency Survey due date is May 26, 2011. Staff continues to provide technical assistance as well as user support on survey content during the survey collection period.

Long Term Care Survey

The 2010 Long Term Care Survey collection period began on March 28, 2011. Surveys were sent to nearly 700 facilities, including nursing homes, assisted living providers, adult day care centers, and chronic hospitals. The Survey due date is May 26, 2011. Staff provides technical assistance as well as user support on the survey content during the survey collection period.

Long Term Care Quality Initiative

Nursing Home Experience of Care Survey

The Pilot Short Stay Resident Survey results were received from the contractor for review. This survey is a collaborative effort between the MHCC, the federal Agency for Healthcare Research and Quality (AHRQ), the Consumer Assessment of Healthcare Providers and Systems (CAHPS) team, LifeSpan, HFAM and participating nursing homes. 72 nursing facilities with larger numbers of discharged residents participated in the pilot. Statewide results show that 83% of the respondents would recommend the nursing home; the average overall rating was 7.8 out of a possible 10.0.

Long Term Care Staff Influenza Vaccination Rate Survey

The Nursing Home Health Care Worker Influenza Vaccination Survey and the Pilot Survey for Assisted Living staff opened for data collection which will continue through mid-May.

CENTER FOR HOSPITAL SERVICES

Hospital Services Planning and Policy

Certificate of Need (“CON”)

CON Letters of Intent

Bethesda Eye Surgery Center (Montgomery County)

Establishment of an ambulatory surgical facility with two operating rooms (“ORs”) at 8120 Woodmont Avenue, Suite 420, in Bethesda. (An early CON application filing on January 11, 2011 was accepted as a letter of intent.)

Solomons Nursing Center (Calvert County)

Addition of 12 comprehensive care facility (“CCF”) beds

Asbury Solomons, Inc. (Calvert County)

Addition of 10 CCF beds

Seasons Hospice and Palliative Care of Maryland (Baltimore County)

Establish a general inpatient hospice facility with 15 beds in spaced leased from Franklin Square Hospital Center on the hospital campus, changing the bed capacity of the hospice from 14 to 29 beds

Pre-Application Conferences

A pre-application conference for the CCF review cycle for Calvert County was held on March 23, 2011.

Determinations of Coverage

- **Ambulatory Surgery Centers**

Towson Ambulatory Surgery Center (Baltimore County)

Proposal to establish an ambulatory surgery center with one OR to be located at 7505 Osler Drive, Suite 503, in Towson. The determination was that the proposed center design does not adequately conform

with Facility Guidelines Institute design guidelines; therefore, no determination authorizing development of this facility can be made pending design changes.

- **Acquisitions/Change of Ownership**

Personal Touch Home Care of Baltimore, Inc./ Personal Touch Home Health Aides of Baltimore, Inc.
Acquisition of a bifurcated home health agency by P.T. Intermediate Holding Corporation (“PTIHC”) and merger of PTIHC and H.C. Management Services, Inc. and Employee Stock Ownership Trust. The HHA is authorized to serve Baltimore City and Anne Arundel, Baltimore, Carroll, Harford and Howard Counties

Heartland Hospice Services, L.L.C. d/b/a Heartland Hospice Services (Baltimore)
Heartland Hospice Services, L.L.C. d/b/a Heartland Hospice Services (Beltsville)
Corporate restructuring of the ownership and operating entities. The Baltimore hospice is authorized to serve Anne Arundel, Baltimore, Harford and Howard counties and Baltimore City. The Beltsville hospice is authorized to serve Montgomery and Prince George’s Counties.

Heartland of Adelphi MD, L.L.C. (Prince George’s County)
Manor Care of Potomac MD, L.L.C. (Montgomery County)
Manor Care of Silver Spring MD, L.L.C. (Montgomery County)
Manor Care of Towson, L.L.C. (Baltimore County)
Heartland of Hyattsville MD, L.L.C. (Prince George’s County)
Manor Care of Wheaton MD, L.L.C. (Montgomery County)
Manor Care-Dulaney MD, L.L.C. (Baltimore County)
Manor Care-Roland Park MD, L.L.C. (Baltimore City)
Manor Care-Largo MD, L.L.C. (Prince George’s County)
Manor Care-Rossville MD, L.L.C. (Baltimore County)
Manor Care of Bethesda MD, L.L.C. (Montgomery County)
ManorCare-Ruxton MD, L.L.C. (Baltimore County)
ManorCare of Chevy Chase MD, L.L.C. (Montgomery County)
ManorCare-Woodbridge Valley MD, L.L.C. (Baltimore County)

Acquisition of the equity interests in the real property of 14 CCFs by HCP, Inc., a publicly-traded real estate investment trust from various limited partnerships managed by the Carlyle Group.

Brightwood Center (Baltimore County)
Catonsville Commons (Baltimore County)
Chesapeake Wood (Dorchester County)
Cromwell Center (Baltimore County)
Hammonds Lane (Anne Arundel County)
Homewood Center (Baltimore County)
Knollwood Manor (Anne Arundel County)
Loch Raven Center (Baltimore County)
Long Green Center (Baltimore City)
Perring Parkway Center (Baltimore County)
Spa Creek Center (Anne Arundel County)
The Pines (Talbot County)
Waldorf Center (Charles County)

Acquisition of the real estate interests and ownership of the beds of 13 Genesis Healthcare Corporation CCFs by Health Care REIT, Inc. from various limited partnerships subsidiary to FC-GEN Investments, L.L.C. and transfer of the operational interest to new limited liability corporations established for each CCF.

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

Holly Hill Nursing & Rehabilitation Center (Baltimore County)

Temporary delicensure of three CCF beds

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

Summit Park Health & Rehabilitation Center (Baltimore County)

Permanent relinquishment of seven temporarily delicensed CCF beds

Patuxent River Health & Rehabilitation Center (Prince George's County)

Permanent relinquishment of seven temporarily delicensed CCF beds

Arcola Health & Rehabilitation Center (Montgomery County)

Permanent relinquishment of seven temporarily delicensed CCF beds

Glen Burnie Health & Rehabilitation Center (Anne Arundel County)

Permanent relinquishment of 10 temporarily delicensed CCF beds

North Arundel Health & Rehabilitation Center (Anne Arundel County)

Permanent relinquishment of 13 temporarily delicensed CCF beds

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

Liberty Heights Health & Rehabilitation Center (Baltimore City)

Relicensure of three temporarily delicensed CCF beds

Fayette Health & Rehabilitation Center (Baltimore City)

Relicensure of 14 temporarily delicensed CCF beds

- **Miscellaneous**

Hospice of Charles County (Charles County)

Grandfathering of a change in the bed capacity (10 beds) of this hospice based on activity undertaken prior to a new interpretation of applicable law.

Seasons Hospice and Palliative Care of Maryland, Inc.

Determination that CON approval would be required for a change in the bed capacity (15 beds) of this hospice.

Policy and Planning

The Center for Hospital Services staff have been participating in an inter-agency work group convened by the Maryland Department of Planning to assist in development of PlanMaryland, a state-level comprehensive land use plan. The inter-agency group met on March 9, 2011 and reviewed draft plan components. Further draft plan components were released for review and comment in late March.

Center staff are participating in a Health Services Cost Review Commission ("HSCRC") work group on Capital and Graduate Medical Education to provide input to HSCRC on rate setting policies in these areas. The group's first meeting was on March 10, 2011.

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update

The Hospital Performance Evaluation Guide is updated on a quarterly basis. On April 11, 2011, the MHCC updated the web-based Guide to include the most current data available for the process of care, HCAHPS and HAI measures. The process of care measures (i.e., AMI, PN, HF, SCIP, CAC) were updated using data for the 12-month period ending September 2010. The patient experience measures (HCAHPS) were also updated using the October 1, 2009 thru September 30, 2010 data period.

Central-line associated bloodstream infections (CLABSI) information was first released on the Hospital Guide in October 2010 using data for the 12-month period ending June 2010 (FY2010). Now, the updated Guide includes information on CLABSI experienced in Maryland acute care hospital adult and pediatric ICUs and neonatal ICUs (NICUs) for the 12-month period beginning January 1, 2010 through December 31, 2010. During this period, hospitals reported 323 CLABSI in Adult and Pediatric ICUs as compared to 424 CLABSI reported in FY2010. For NICUs, 41 CLABSI were reported in CY2010 as compared to 29 CLABSI reported in FY2010. It is important to note that the CY2010 CLABSI data includes all central line associated bloodstream infections (umbilical line and non-umbilical line associated bloodstream infections) in NICUs. Only non-umbilical line associated bloodstream infections were reported in the FY2010 data release. A comparison of non-umbilical line associated CLABSI in NICUs for CY2010 and FY2010 shows a slight reduction in reported infections – 25 cases reported for CY2010 and 29 cases reported for FY2010. Overall, Maryland hospital performance has improved since our first release of the CLABSI data on the Guide. A comparison of Maryland hospitals to national data shows that our hospitals are statistically no difference than hospitals nationally after adjusting for ICU type. At the time of the October 2010 release of CLABSI data on the Guide, Maryland hospital performance overall was worse than the national experience. Finally, CY2010 data on Active Surveillance Testing (AST) for MRSA in All ICUs has been added to the Guide.

Health Care Worker Seasonal Influenza Vaccination Survey

Data on the number of hospital health care workers who received seasonal influenza vaccinations during last year's seasonal flu season is publicly reported on the Hospital Guide. The Centers for Disease Control and Prevention have long recommended annual influenza vaccinations for all health care workers. The National Quality Forum includes influenza vaccination of health care workers as one of its 34 safe practices that should be utilized universally to reduce risk to patients. For the 2009-2010 flu season, 78% of Maryland hospital health care workers received the seasonal influenza vaccination. On April 1st the staff distributed the 2010-2011 flu season survey to hospitals for review. Completed surveys are due to the Commission by May 15th. In addition, the staff is working with interns from the Johns Hopkins University, School of Public Health to survey hospitals on their vaccination policies, practices and employee documentation requirements to gain a better understanding of factors that may influence hospital employee vaccination rates. To facilitate consistency among hospital data submissions, the staff developed a Frequently Asked Questions (FAQ) document on HCW Influenza Vaccination Survey requirements. The FAQ document is updated periodically with the review and guidance of the HAI Advisory Committee.

Surgical Site Infection Data Reporting

Effective July 1, 2010, hospitals are required to collect data on Surgical Site Infections (SSI) for surgeries involving hip replacements, knee replacements, and CABG, using the CDC's National Healthcare Safety Network System (NHSN). To facilitate communication regarding this new initiative, the staff has been working with the HAI Advisory Committee to develop supporting materials, including a Frequently Asked Questions (FAQ) document for posting to the Commission's HAI webpage. An SSI workgroup was established to focus on this issue and held monthly meetings since January to review questions and

responses. The first release of the FAQ document will be available this month. The workgroup will meet on an as needed basis to review new issues and questions for inclusion in this new resource for sharing information with hospitals.

Specialized Services Policy and Planning

Shady Grove Adventist Hospital and Southern Maryland Hospital Center have timely filed applications to renew their waivers to provide primary percutaneous coronary intervention (pPCI) services without on-site cardiac surgery. Notice of the docketing of the applications will be published in the *Maryland Register* on April 22, 2011.

Anne Arundel Medical Center (Docket No. 11-02-0056 WR), Baltimore Washington Medical Center (Docket No. 11-02-0055 WR), and Franklin Square Hospital Center (Docket No. 11-03-0054 WR) have submitted additional information for review in determining whether each hospital meets the pPCI program requirements in the State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention Services (COMAR 10.24.17, Table A-1).

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Last month staff provided support to the Statewide HIE Coalition (Coalition) in developing a letter to the Office of the National Coordinator for Health Information Technology (ONC) that encouraged communicating a clear message about what health information exchange (HIE) should be in the future, how the larger HIE ecosystem is being developed, and how the Direct Project, a point-to-point exchange system fits into that ecosystem. The Coalition encouraged ONC to provide states with a description of how various HIE mechanisms, such as statewide and regional HIE initiatives, private vendor-centric HIEs, private HIE initiatives supported by hospitals and provider organizations, and eventually interstate exchange fit together. The Coalition consists of about 14 states and provides a forum to share experience with advancing health information technology (HIT), and serves as an advocate for federal policies that will support successful statewide HIE implementation. States in the Coalition are implementing the technology to support the exchange of electronic health information.

Last month, staff participated in a Maryland Hospital Association (MHA) *Health Information Technology Executive Forum* (forum). Staff provided an update to Chief Information Officers (CIOs) on Medicaid's progress with implementing the Medicaid electronic health record (EHR) adoption incentive program. As part of the forum, the MHA reviewed hospital participation requirements to qualify for a Medicaid EHR adoption incentive. The CIOs discussed challenges in preparing their hospitals to meet the requirements established in the Centers for Medicare and Medicaid Services (CMS), Medicare and Medicaid incentive regulations under the *American Recovery and Reinvestment Act of 2009* (ARRA). The state designated HIE, the Chesapeake Regional Information System for our Patients or CRISP, also provided an update on connecting hospitals to the exchange. Most CIOs expect to meet the Meaningful Use requirements for Stage 1 at some point during 2012.

Staff continued to work on modifying the web-based Physician EHR Product Portfolio (portfolio). The web-based application lists vendors certified under the ONC EHR certification requirements that agreed to offer product discounts to physicians. Vendor information includes line item pricing, five-year pricing projections, consumer reports based upon feedback from five references, case studies, and policies related to privacy and security. New to this update is the estimated cost for providers to connect to the state designated HIE and information supplied by the vendors about how the EHR manages sensitive health information. The portfolio is used as a resource by the provider community and has received national

attention through the ONC. The portfolio was first released in September of 2008; the updates are on a semi-annual basis.

Staff began drafting the third annual *Hospital Health Information Technology Survey* (survey). The survey assesses the rate of HIT adoption and planning activities among the state's 46 acute care hospitals. This survey is similar to several surveys nationally administered that assess HIT adoption; however, it is distinctive in that it includes planning questions in an effort to better understand the future of HIT adoption and assess the level of utilization within each hospital. The report will detail the findings in aggregate, based on size, geographic location, and affiliation with other hospitals and health systems, and will benchmark Maryland's progress with national activity. This year, the survey included planning questions related to the Meaningful Use incentives. Staff is evaluating the survey for potential modifications in 2012. Staff plans to seek comments on the draft document from the hospitals' CIOs in May, and anticipates releasing the report in July.

Staff continued developing the *2010 Health Information Technology: An Assessment of Freestanding Ambulatory Surgical Centers in Maryland Report* (report) during the month. The report evaluates the HIT adoption and future HIT plans among the 333 Freestanding Ambulatory Surgical Centers (Centers) in Maryland. Centers were assessed on seven HIT functionalities: computerized physician order entry; EHR adoption; electronic medication administration records; barcode medication administration; infection surveillance software; electronic prescribing; and electronic health information exchange. Roughly 37 percent of Centers report using HIT to manage care delivery. The report is targeted for release in May.

Staff convened a conference call with approximately 21 management services organizations (MSOs) in state designated Candidacy Status. The conference call was aimed at providing an update on Medicaid's readiness to implement the ARRA EHR adoption incentives and reviewing the state-regulated incentives; MSOs were informed that the Commission is scheduled to take final action on the regulation at the April Commission meeting. The regulation is a requirement established by House Bill 706, *Electronic Health Record – Regulation and Reimbursement* during the 2009 legislative session. MSOs are considered a viable alternative to the traditional EHR client-server model where the technology is maintained at the provider site and is capable of supporting multiple EHR products at reduced costs through economies of scale and bulk purchasing.

Staff is in the initial stages of developing a web-based MSO Product Portfolio (portfolio). The MSOs were asked in March to provide information related to pricing projections, service offerings, case studies, references, and EHR product information. The portfolio is targeted for release in April. During the month, staff approved Darnell Associates, Inc. for MSO Candidacy Status. Approximately 13 of the MSOs in Candidacy Status have signed an agreement with the CRISP's Regional Extension Center (REC) to provide technical assistance to providers related to EHR adoption, implementation, and utilization. The REC is funded through a \$6.3M grant from the ONC and provides subsidies to the MSOs for helping providers achieve three milestones: signing up a provider to the MSO; implementing select functionalities of the EHR; and meeting Stage 1 Meaningful Use requirements.

Staff continues to support the implementation of the CMS EHR Demonstration Project (project) by developing resource material on HIT that is distributed to project participants. Maryland is one of four states participating in the project along with Louisiana, South Dakota and Pennsylvania. Approximately 114 practices are in a treatment group that can receive up to \$290,000 over the five-year project as incentives for adopting an EHR and meeting established quality reporting requirements. A control group includes about 127 practices that can receive a small payment for completing the *Office System Survey* in years two and five of the project. During the month, staff disseminated information about HIE development to the treatment group and best practice information regarding negotiating contracts with EHR vendors to the control group.

Last month, staff developed ARRA incentives material for use by the following licensing boards of allied health care providers: chiropractors, optometrists, podiatrists, and dentists. Medicare incentives are available to chiropractors, podiatrists, optometrists, and dentists that perform dental surgery or dental medicine. Medicaid incentives are available to dentists. Staff is also in the preliminary stage of developing a webinar for allied health care providers to review the incentive requirements. Last month, MSOs were invited to participate in an outreach campaign focused on increasing allied health care provider awareness and adoption of EHRs. Approximately 11 MSOs were provided with a contact list and are expected to reach out to allied health care providers in their service area.

Activities to expand the number of EHR vendors participating in the Nursing Home EHR Product Portfolio (portfolio) continued during the month. The web-based portfolio lists EHR products specifically designed to assist nursing homes in the evaluation of EHRs. Approximately six vendors have agreed to participate in the portfolio; staff extended invitations to approximately 20 vendors. The portfolio provides information useful in the evaluation of EHRs such as, presentations, pricing, privacy and security policies for application service providers, and user reference reports. Staff is in the preliminary stages of convening a focus group consisting of independent nursing homes in Western Maryland. The purpose of the focus group is to explore solutions to the regional challenges and barriers of implementing EHRs. A similar focus group was convened in Baltimore in February.

Health Information Exchange

Maryland is one of ten states that the ONC awarded an HIE Challenge Grant. Maryland will receive approximately \$1.6M over a three-year period to develop innovative and scalable solutions that improve long term care and post acute care transitions by leveraging the HIE. CRISP will exchange select clinical summaries and medication histories among six long term care facilities and acute care hospitals. The electronic exchange of clinical information is expected to result in a reduction of hospital readmission rates for the pilot population. The state designated HIE will also develop the required framework for storing and exchanging advance directives in Maryland and includes advance directives as a component of the electronic summary of care record. During the month, staff revised the project scope of work based on the changes requested by ONC and to support a nearly 20 percent reduction in the approved budget.

Staff continues to provide guidance to CRISP's Advisory Board that consists of four committees: Finance, Technology, Clinical Excellence, and Small Practice Advisory Committee. Last month, staff participated in the CRISP Small Practice Advisory Committee meeting, which discussed the progress of the REC, and a strategy to monitor the progress of MSOs in reaching the established milestones. Staff also completed activities related to the information technology security audit with Clifton Gunderson, LLP. The auditors proposed that CRISP adopt additional controls to safeguard the data. The auditor's final report is expected in April; staff is scheduled to review the findings with CRISP next month.

Staff continues to provide support to the Policy Board in the development of policies that will govern the state designated HIE. The Policy Board approved at the March meeting the *Sensitive Health Information* and *Emergency Access for Participating Organizations* policies, and approved a resolution that allows participating organizations to query the state designated HIE so that providers can begin accessing the data during care delivery. The Policy Board initially identified nearly 20 policies and has recommended for consideration by the MHCC six policies and two resolutions. During the month, staff convened three workgroups to continue development of draft policies related to *Consumer Access* and *Suspension and Reinstatement of User Access* policies. The HIE Policy Board is scheduled to consider these policies at the April meeting.

Staff received feedback from CMS on the *State Medicaid Health Information Technology Plan* (SMHP) submitted for review in early January. In consultation with the Maryland Medical Assistance Program, staff began drafting updates required with the resubmission of the SMHP to CMS. Staff plans to work with the Medical Assistance Program to identify a consultant who will act as a primary reviewer of the SMHP before the revisions are sent to CMS. Funding approved in April 2010 under the *Health*

Information Technology Planning Advanced Planning Document will be used to fund the work. Staff continues to finalize the *Medicaid Provider Environmental Scan Report* and the *Medicaid HIT Readiness Report*, which will be included as sections in the SMHP.

Electronic Health Networks & Electronic Data Interchange

COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers with premiums of \$1M or more to complete an annual electronic data interchange progress report by June 30th of each year. Staff modified the web-based application and notified payers of its online availability. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* requires electronic health networks (networks) to receive MHCC certification. During the month, staff completed the recertification of two networks: Surescripts and Siemens Medical Solutions.

National Networking

Staff participated in several webinars during the month. The eHI webinar entitled *Adopting an EHR – Making the Business Case* focused on quality improvement; research; space requirements; efficiency and financial reasons for implementing EHRs, and the *Benefits of Non-Provider Based HIE* discussed the challenges of establishing a non-provider based HIE. The ONC presented a webinar on *Long-Term and Post-Acute Care* that focused on the challenges and opportunities of advance directives through an HIE.