MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2011

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

The Maryland Learning Collaborative will meet for the first time on May 14, 2011. More than 170 primary care practice clinicians and administrative staff will begin the process of learning how to transform their practices to become Patient Centered Medical Homes. The Maryland Learning Collaborative is an "All Teach, All Learn" collaborative created by the Maryland Learning Collaborative Leadership Steering Committee through the Commission's Memorandum of Understanding with the University of Maryland, Department Family and Community Medicine and with generous funding from the Maryland Community Health Resources Commission. Collaborative faculty members also include primary care physicians from Johns Hopkins Community Physicians and the Johns Hopkins Guided Care program, Kaiser Permanente, and the faculty from the School of Nursing at the University of Maryland. The first collaborative session has been funded by Pfizer, Inc.

Commission staff are in the process of attributing patients to the participating practices with the Program's participating health insurance carriers, self-insured employers, and staff from Social and Scientific Systems, the Commission's claims data base contractor.

MHCC has released a revised RFP for PCMH Program Evaluation services and will hold a pre-bid conference this month for this key component of the Program.

Center for Information Systems and Analysis staff are working with the Maryland Learning Collaborative staff to finalize the creation of a secure log-on website for Collaborative faculty and participating practice representatives.

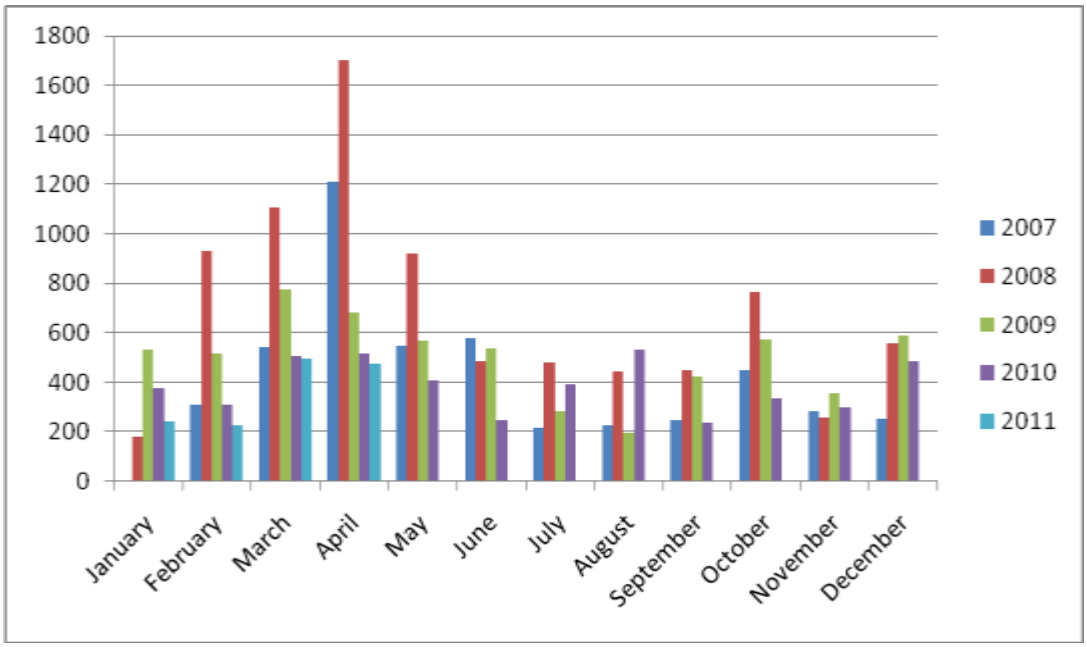
Information regarding the PCMH program is available on the Commission's website at: http://mhcc.maryland.gov/pcmh/.

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 $475,241 in April 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 sent to all carriers required to submit 2010 claims data to the MCDB a "Keyable Pages" pdf document for the carriers to use in submitting the documentation for their data submissions. The pdf document enables carriers to submit information required in the File Documentation (Section II) and Data Element Documentation (Section III) sections of the 2010 MCDB Data Base Submission Manual in an electronic format. Use of the electronic format enables staff to more easily save and retrieve the documentation for comparisons across carriers or across different years of a carrier's submissions. The electronic format also makes it easier for carriers to save and retrieve their documentation so that they may compare the details of their current year's data submission with those of the prior year to identify any significant changes that may signal problems with the current year's data.

Data submissions from payers are due June 30, 2011, and, as in previous years, staff are receiving and processing requests from submitting payers for both submission deadline extensions and data element waivers. As always, the staff assesses each payer's request(s) based on that payer's particular circumstances, including specific claims information provided to or retained by the payer and changes in staffing or claims processing and storage systems that may impact either the information the payer can submit, or when the submission can be completed. Staff has determined that Trustmark Insurance Company is exempt from submitting data to the 2010 MCDB, based on information reported to the Commission in recent User Fee Assessment filings and in a Data Completeness Summary and Quality Review of Trustmark's 2009 data conducted by Social and Scientific Systems (SSS). This information indicates a significant decline in the number of users and services provided to Maryland residents. The staff will continue to monitor Trustmark's status, as well as the impact of changes in federal insurance law, to determine if Trustmark will also be granted an exemption from submitting 2011 data.

Analysis of the 2009 MCDB Data
Preparation of analysis files from the 2009 MCDB claims data submissions has been complicated by the lack of data from Aetna. Aetna, which has successfully submitted data in prior years, as yet has been

unable to provide claims files that pass data quality checks performed by the data base contractor, SSS. However, without Aetna's data, the annual report on utilization and cost of professional health care services by privately insured, nonelderly residents in Maryland would present a skewed picture of utilization, especially with regard to distribution of patients and payments across the largest payers and the other carriers. Consequently, the 2009 MCDB is being augmented with 2008 Aetna data that has been adjusted to approximate 2009 utilization and costs using parameters from the 2009 Aetna data submission that have been determined to be credible. As a result, the production of the annual report on professional service utilization has been delayed. We expect that the results from the report will be presented at the June Commission meeting, and that printed versions of the report will become available at the end of June.

Study to Count the Supply of Physicians in Maryland in 2009-2010
As discussed in previous updates, MHCC and the HSCRC jointly sponsored a study of physician supply in Maryland in 2009-2010, by specialty and by region, using data from the Board of Physicians' licensure renewal survey. The study was conducted by Christopher Hogan, president of Direct Research, LLC. Following a presentation of study results to Dr. Joshua Sharfstein, Secretary of DHMH, on April 14th, additional analysis was conducted for the report. Staff expects to distribute the report to the MHCC Commissioners, as well as other interested parties, on May 13th via email. Dr. Hogan will present the results of this study at the May Commission meeting. Dr. Hogan will also make a presentation of his findings to interested parties during the same week; the date and time for that presentation will announced when the report is distributed on May 13th.

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

Health Plan Quality and Performance

HEDIS audits have been completed for all plans and are in process of analysis. Health Plan Quality profiles and Behavioral Health Report materials have been submitted on time and are currently under review. The health plan member CAHPS survey entered the telephone phase which will continue through the month of May. Staff held a meeting with the report contractor to discuss design and content of the 2011 report.

Staff prepared changes to regulations in COMAR 10.25.08 Evaluation of Quality and Performance of Health Benefit Plans to reflect the changes in Senate Bill 56 passed during the 2011 legislative session which expands the categories of health benefit plans reporting HEDIS measures and gives the Commission the capability to add additional performance measures to the evaluation system. Draft regulations were released for informal public comment. Staff anticipates bringing the regulations to the Commission in June.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
VIRTUAL COMPARE, the information-only web portal developed for use by small businesses, was released on May 3rd. Commission staff prepared a press release and both the DHMH public relations personnel and the Commission's public relations contractor distributed it amongst the 170 print, radio, and television media outlets throughout Maryland. Staff also prepared announcements so that participating carriers and the Maryland Chamber of Commerce could notify the broker and small business communities about the availability of this new web portal. A press release was also sent to 44 minority

business associations and incubator organizations. Staff also prepared an article on VIRTUAL COMPARE which appeared in the March print issue of the Insurance & Financial Advisor and also has been posted on their website and also published in the Baltimore Business Journal. BenefitFocus, the contractor that developed the web portal, is tracking the number of hits to the site and provides daily updates to staff via Google Analytics. To date, several hundred brokers have registered to be listed on VIRTUAL COMPARE. Later in the meeting, staff will present a brief overview of VIRTUAL COMPARE.

Each year, carriers participating in the small group market are required to submit to the Commission completed survey forms that include enrollment and premium information in the CSHBP for the preceding calendar year. This year's analysis is based on data for the calendar year ending December 31, 2010. Commission staff is in the process of analyzing these data and will present the findings of these surveys at the June public meeting.

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 May 10, 2011 enrollment in the Partnership was as follows: 341 businesses; 1,000 enrolled employees; 1,671 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 2011 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.

As required under Insurance Article § 15-1502, Annotated Code of Maryland, every four years, the Commission is required to conduct an analysis on each existing mandated health insurance service in Maryland, including a comparison of Maryland's mandates to those in Delaware, Pennsylvania, Virginia, and the District of Columbia. Mercer will be conducting this analysis later in the year. The report is due to the General Assembly by January 1, 2012.

Long Term Care Policy and Planning

Hospice Survey
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 sent to some hospice programs for testing prior to survey release.

Nursing Home Occupancy and Payment Reports
The annual reports on nursing home occupancy and payment source have been completed. The following tables have been published in the April 22nd issue of the *Maryland Register:* "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. There are 39 Home Health Agencies (HHAs) completing the survey. Of those, 51% are in progress, 43% have not started, and 6% have been accepted. 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. There are 694 facilities completing the Long Term Care Survey. Of these, 32% have been accepted, 35% are in progress, and 33% have not started. On March 26th a 30 Day Reminder Notice was sent by email to facilities with a status of "Not Started" or "In Progress" and also by mail only to the facilities that had not yet started. The Survey due date is May 26, 2011. Staff will send another reminder notice to facilities 15 days before the survey due date. Staff continues to provide technical assistance as well as user support on the survey content during the survey collection period.

Long Term Care Quality Initiative

Enhancing Long Term Care Quality Reporting
Staff met with a national hospice organization to discuss opportunities for implementing a survey among hospice agencies in Maryland. The association representing Maryland hospice agencies has expressed strong interest in collaborating on such an effort. Staff will pursue opportunities to collaborate with national and local organizations in this effort.

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 were completed. Data are currently being analyzed.

Consumer Guide to Long Term Care
The contractor finished changes needed to the administrative function of the site. A scope of work to enhance the site by adding a quality measure report for home health agencies and the capability to display healthcare worker vaccination rates is in progress.

The release of the family survey results has resulted in some media interest. One article was featured in the Baltimore Business Journal.

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 a freestanding ambulatory surgical facility with two operating rooms ("ORs")

Massachusetts Avenue Surgery Center (Montgomery County)
Addition of one OR at an existing freestanding ambulatory surgical facility with two ORs through conversion of an existing non-sterile procedure room

Massachusetts Avenue Surgery Center (Montgomery County)
Addition of one OR at an existing freestanding ambulatory surgical facility with two ORs in adjacent leased space

CON Applications Filed

Knollwood Manor (Anne Arundel County)
Relocation and replacement of an 87-bed comprehensive care facility ("CCF") and addition of 13 beds at the replacement facility (four of the additional CCF beds will be transferred from Hammonds Lane Center)
Estimated cost: $16,542,696

Magnolia Center (Prince George's County)
Relocation and replacement of a 104-bed CCF and addition of 10 beds at the replacement facility
Estimated cost: $17,386,885

Pre-Application Conferences

Seasons Hospice-Change in Bed Capacity
A pre-application conference was held on April 6, 2011

Pre-Hearing Conferences

Washington Adventist Hospital - Relocation
A conference to plan for an evidentiary hearing to be held in the matter of the relocation of Washington Adventist Hospital was convened on April 21, 2011 by Commissioner/Reviewer Randy Worthington, Sr. with the applicant, interested parties, and participating entities in attendance.

Determinations of Coverage

- **Ambulatory Surgery Centers**

Greenspring Surgery Center, LLC (Baltimore County)
Establish an ambulatory surgery center with one sterile operating and two non-sterile procedure rooms to be located at 2700 Quarry Lake Drive, Suite 100, Baltimore

Salisbury Uro Surgery Center, LLC (Wicomico County)
Addition of a non-sterile procedure room to the existing ambulatory surgery center located at 1342 South Division Street, #401, Salisbury

Kaiser Permanente Baltimore Surgical Center (Baltimore County)
Change in the street name of the approved freestanding ambulatory surgical facility from 1601 Odensos Lane to 1701 Twin Springs Road

Coastal Cosmetic Surgery Center, LLC (Calvert County)
Name change of the existing surgery center to Plastic Surgery Center of Southern Maryland, LLC

- **Acquisitions/Change of Ownership/Corporate Restructuring**

Amedisys, Inc.
A restructuring of Amedisys, Inc, parent of Amedisys Maryland, LLC, which owns the following home health and hospice agencies: (1) Amedisys Home Health of Maryland; (2) Amedisys Home Health of Westminster; (3) Amedisys Home Health of Elkton; (4) Home Health Care of America, an Amedisys Company; (5) Greater Chesapeake Home Health, an Amedisys Company; and (6) Amedisys Hospice of Greater Chesapeake

College View Center, (Frederick County)
A change in the operator of the CCF from College View Center, LLC, a subsidiary of Genesis Health Care, LLC and Diamond Senior Living, LLC, the owner of the real assets of the facility, to a new operator, 700 Toll House Avenue Operations LLC, a subsidiary of Genesis HealthCare, LLC. The new owner of the real assets of the CCF will be Frederick Memorial Hospital.

Caton Manor (Baltimore County)
A change in the operator of the CCF from Caton Manor, LLC, a subsidiary of Genesis HealthCare, LLC and Diamond Senior Living, LLC, the owner of the real assets of the facility, to a new operator and owner of the real assets, 3330 Wilkens Avenue Operations, LLC, a subsidiary of Genesis HealthCare, LLC

Hamilton Center (Baltimore County)
A change in the operator of the CCF from Hamilton Center, LLC, a subsidiary of Genesis HealthCare, LLC and Diamond Senior Living, LLC, the owner of the real assets of the facility, to a new operator and owner of the real assets, 6040 Harford Road Operations, LLC, a subsidiary of Genesis HealthCare, LLC

Randallstown Center (Baltimore County)
A change in the operator of the CCF from Randallstown Center, LLC, a subsidiary of Genesis HealthCare, LLC and Diamond Senior Living, LLC, the owner of the real assets, to a new operator and owner of the real assets, 9109 Liberty Road Operations, LLC, a subsidiary of Genesis HealthCare, LLC

- **Hospital "Pledge" Projects**

Upper Chesapeake Medical Center (Harford County)
A building addition including two floors below grade for parking and a mixture of parking and building support space, and two floors above grade with space for radiation therapy services, imaging services, infusion therapy, a breast center, retail space, medical office space and administrative and program support services space
Estimated cost: $65,941,345

- **Other**

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

Laurelwood Care Center at Eklton (Cecil County)
Temporary delicensure of 26 CCF beds

Chesapeake Shores (St. Mary's County)
Temporary delicensure of two CCF beds

Anchorage Nursing & Rehabilitation Center (Wicomico County)
Temporary delicensure of 10 CCF beds

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

FutureCare – Pineview (Prince George's County)
Relicensure of 10 temporarily delicensed CCF beds

    - **Miscellaneous**

Villa St. Catherine, Inc. d/b/a St. Catherine's Nursing Center and St. Vincent Care Center, LLC (Frederick County)
Consolidation of two separately licensed CCFs under a single license and a single governance and management structure but maintenance of separately functioning CCF units within the combined facility; a CCF for the general public and a CCF exclusively used by members of the sponsoring religious orders

Hospital Performance Evaluation Guide (HPEG) Advisory Committee
The HPEG Advisory Committee held its monthly meeting in April and continues to provide guidance on the various activities associated with the maintenance and expansion of the Hospital Performance Evaluation Guide (HPEG). Over the past month, staff has worked with the HPEG Committee on ideas for a comprehensive annual report of hospital performance. The HPEG Committee also approved staff recommendations for the collection of Emergency Department data and reviewed the progress on HAI data collection and reporting activities. Most recent accomplishments are highlighted below:

Healthcare Associated Infections (HAI) Data

- *Validation of Data on Central Line-Associated Blood Stream Infections (CLABSI) in the ICU*

Since July 1, 2008, Maryland hospitals have been required to use the National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on Central Line-Associated Blood Stream Infections (CLABSI) in any ICU. Hospitals are required by NHSN to report data in the system within 30 days following the end of the month. In 2009, the Commission engaged the services of an independent auditor to perform an on-site chart review of CLABSI cases prior to public release of the information on the Hospital Guide. The staff is again in the process of seeking the services of a qualified contractor to review the HAI data, to include CLABSI, surgical site infections data, and other data planned for collection over the next five years. The procurement process has been initiated, an evaluation panel has been established, and we held our first proposal review meeting on Monday, May 9th. It is anticipated that the procurement process will be completed and a contract initiated by the summer.

- *2010-2011 Health Care Workers (HCW) Influenza Vaccination in Hospitals Survey*

Staff distributed the 3rd annual Survey on Health Care Workers (HCW) Influenza Vaccination to Maryland hospitals. This survey will provide useful information on individual hospital vaccination rates as well as hospital performance in comparison to peer facilities and to the State as a whole. The survey has been enhanced as a result of lessons learned from the pilot survey conducted last year. The online survey was distributed to hospitals in April for completion within 30 days following the end of the flu season (May 15, 2011).

- *Active Surveillance Testing (AST) for MRSA in All ICUs Survey*

The staff is processing the results of the 1st quarter 2011 survey for collecting data on Active Surveillance Testing (AST) for MRSA in All ICUs. It is important to note that this is a process measure that evaluates the rate of hospital screening (AST) for MRSA in all ICUs. It is not an outcome measure that evaluates the rate of MRSA colonization or infection in the hospital. The results of the survey are under staff review for completeness and will be distributed to hospitals for review prior to public reporting.

Other Activities
In support of MHCC's hospital quality initiatives, the staff continues to reach out to other units within DHMH, federal agencies, professional organizations and other states, to share and gather information and to identify opportunities for collaboration and improvement. The staff continues to collaborate with the HSCRC staff on data issues to support the Quality Based Reimbursement project and broader rate setting issues.

Specialized Services Policy and Planning

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) each timely filed an application requesting renewal of the hospital's two-year waiver to provide primary percutaneous coronary intervention (pPCI) services without on-site cardiac surgery services. On May 19, 2011, the Commission will consider the staff recommendation on each application.

Notice of the docketing of the following pPCI waiver renewal applications was published in the *Maryland Register* on April 22, 2011: Shady Grove Adventist Hospital (Docket No. 11-15-0058 WR) and Southern Maryland Hospital Center (Docket No. 11-16-0057 WR). The staff has requested that each hospital provide additional information supplementing its application by May 16, 2011.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology
Last month staff provided support to the Statewide HIE Coalition (Coalition) and commented on the draft Federal Health IT Strategic Plan for 2011-2015 (plan). The plan charts new ground for the national health information technology (HIT) agenda and focuses first on the exchange of electronic information that is already happening today, supporting exchange where it is not taking place, and creating the means for exchange between local initiatives. The plan also centers on engaging and empowering individuals with electronic information in order to promote patient-centered care as part of the path forward for using HIT to improve health outcomes. The Coalition encouraged the Office of the National Coordinator for Health Information Technology (ONC) to clarify that the Direct Project, a point-to-point exchange system, should not be considered an alternative to participation in a statewide health information exchange (HIE) network. The Coalition also provided input about how statewide HIE networks will relate to any governance mechanisms for nationwide exchange without undermining existing HIE governance mechanisms and policies. The Coalition consists of about 14 states, provides a forum to share experience with advancing HIT, and serves as an advocate for federal policies that will support the successful

statewide HIE implementation. States in the Coalition are implementing the technology to support the exchange of electronic health information.

Staff participated in a HIT state leadership conference in Washington, DC at the ONC. The conference centered on identifying best practices to align the various ONC programs to support providers in achieving Meaningful Use. Health IT Coordinators from the Mid-Atlantic States were invited by ONC to discuss policy requirements pertaining to the HIE Cooperative Agreement Grants that states received in 2010. States reported various progress in implementing the technology to support the exchange of electronic health information and in developing policies to govern the exchange. The ONC discussed the challenges for statewide HIEs to become sustainable during the meeting. The ONC also noted that exchanges will need to look at alternative ways to use the technology infrastructure to generate revenue to achieve sustainability, i.e., supporting prescription drug monitoring programs.

Increasing payer involvement and exploring opportunities for the statewide HIE to connect with CareFirst has been underway for more than a year. Last month, staff convened a meeting with representatives from United Healthcare to discuss similar opportunities for collaboration. UnitedHealth Care agreed to become active in various advisory boards under the guidance of the state designated HIE, the Chesapeake Regional Information System for our Patients (CRISP). Meeting participants agreed that a reasonable first step is to participate in activities related to implementing the statewide HIE. CareFirst is currently developing a use case around hospital discharge summaries after nearly a year of participation in various HIE activities.

During the month, staff completed testing of the modifications to the web-based Physician EHR Product Portfolio (portfolio). Included in the portfolio is a list of EHR vendors that have met the most stringent ONC certification standards relating to functionality, privacy and security. Information contained in the portfolio pertains to pricing, five-year pricing projections, consumer reports based upon feedback from five references, case studies, and policies related to privacy and security. Leading enhancements to the portfolio include the estimated cost for providers to connect to the state designated HIE and information about how the EHR vendor manages sensitive health information. Staff released the first version in September of 2008 and completed a full revision in September 2010. The latest changes include the addition of two EHR vendors to the existing 29 vendors. A fourth version of the portfolio is planned for September 2011.

Staff continued 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 administered nationally that assess the progress with 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 benchmarks Maryland's progress with national activity. This year, the survey included planning questions related to the Meaningful Use incentives. Staff also continues to evaluate the survey for 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 convened a meeting with approximately 21 management services organizations (MSOs) in state designated Candidacy Status to provide direction in key areas required for state designation. As part of the meeting, staff provided guidance to MSOs in meeting the accreditation criteria requirements around stand-alone and hosted data centers. To be considered for state designation, MSOs must receive accreditation from the Electronic Healthcare Network Accreditation Commission (EHNAC). MSOs must demonstrate compliance with nearly 90 criteria related to privacy, technical performance, business practices, resources, and security. Staff has begun to identify additional criteria that should be included in the next version of the MSO accreditation requirements document. The MSO Advisory Panel will reconvene in June to consider the changes to the existing MSO accreditation requirements. Finalizing the

next version of the MSO accreditation requirements document is expected to take approximately six months.

Staff is in the early stages of developing a web-based MSO Product Portfolio (portfolio). Staff is working with the MSOs to collect information related to pricing projections, service offerings, case studies, references, and EHR product information. The portfolio is targeted for release in July. During the month, staff reviewed Calvert Memorial Hospital's MSO Candidacy Status Application. Approximately 14 MSOs in Candidacy Status have contracted with the CRISP's Regional Extension Center (REC) to provide education, outreach, and technical assistance to 1,000 priority primary care practices (PPCPs) in adopting and becoming meaningful users of an EHR; the ONC established Maryland's PPCP goal. MSOs receive reimbursement from the REC for helping providers achieve three specific milestones: a signed participation agreement between a provider and an MSO; implementing certain functionality of the EHR (i.e., e-prescribing); and meeting Stage 1 of the Meaningful Use requirements. All combined, approximately 552 PPCPs have signed a participation agreement with an MSO.

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. Staff is completing planning activities for a focus group of independent nursing homes to convene in Western Maryland next month to discuss the challenges and barriers to implementing EHRs. As part of the focus group meeting, staff will review the newly added features of the portfolio with the nursing homes. Staff is developing an electronic EHR adoption environmental scan for nursing homes to assess the current challenges for nursing homes with adopting an EHR. Staff anticipates inviting nursing homes to participate in the environmental scan next month in June.

Staff developed a draft *EHR Monetary Incentive Application* (incentive application) for primary care practices to use when they apply to participate in the payer's EHR adoption incentive program under COMAR 10.25.16, *Electronic Health Record Incentives*. The Commission approved this regulation at the April Commission meeting. The regulation requires state-regulated payers to offer a monetary incentive to primary care practices for the adoption and use of EHRs. The draft of the incentive application includes information related to the EHR in use by the primary care practice, demographic information, and a patient listing with payer member identification numbers. Staff also drafted an *EHR Monetary Incentive Voucher* (voucher) for practices to use when seeking an incentive payment. The voucher requires a primary care practice to submit a copy of the payer acknowledgement letter, which shows their acceptance into the payers EHR adoption incentive program. The voucher also requires a primary care practice to outline their current EHR functionality in order to be considered for an additional incentive under the regulation. Staff asked payers to review and comment on the incentive application and voucher. Staff plans to finalize these documents in May.

Health Information Exchange

Staff continues to provide guidance to CRISP's Advisory Board that consists of four committees: Finance, Technology, Clinical Excellence, and Small Practice Advisory. Last month, staff participated in the Small Practice Advisory Committee meeting, which considered the activities of the REC; the Finance Advisory Committee meeting, which discussed the proposed budget for FY2012 and fee structure to connect ambulatory practices to the HIE; and the Clinical Excellence Advisory Committee meeting, which assessed the impact of HIE querying on hospital workflows. Staff also participated with the REC in a site-visit from the ONC. In April, staff received the final *Information Technology Security Audit Report* from Clifton Gunderson, LLP (CG). Key audit recommendations related to the adoption of expanded controls to safeguard the HIE. CG completed a financial review earlier in the year. Staff is scheduled to review the findings with CRISP in May.

Staff continues to provide support to the Policy Board in the development of policies that will govern the state designated HIE. At the March meeting, the Policy Board approved the *Suspension and Reinstatement of Access* policy and continued discussions to identify key components of a *Consumer Access* policy. The Policy Board has identified about 20 policies for development to govern the HIE and has recommended the MHCC approve an additional seven policies and two resolutions. During the month, staff convened two workgroups to continue development of draft policies related to *Consumer Access* and *Consumer Outreach and Education* policies in an effort to finalize the policies for a vote at the next Policy Board meeting in May.

Staff continues to collaborate with the Centers for Medicare and Medicaid Services (CMS) to implement the CMS EHR Demonstration Project (project). Maryland is one of four states participating in the project along with Louisiana, South Dakota and Pennsylvania. The project provides financial incentives up to $290,000 over a five-year period for small to medium-sized primary care practices to incentivize EHR adoption and meet established quality reporting measures. Approximately 114 practices in the treatment group are eligible for these incentives and approximately 127 practices in the control group can receive a small payment for completing an *Office System Survey* in years two and five. During the month, staff distributed educational material related to clinical decision support to the treatment group and guidelines on implementing EHRs to the control group.

Preliminary activity is underway to convene a Technical Solutions and Standards Advisory Group (group). This group will evaluate technology that is required to support the expanded use of telemedicine in Maryland. At the end of 2011, the Telemedicine Task Force submitted a report to the Quality and Cost Council with recommendations related to expanding telemedicine for the treatment of stroke and other key clinical conditions. In November, former Secretary John Colmers requested that an Advisory Committee replace the Telemedicine Task Force and three subcommittees be established to make specific recommendations about the use cases, technology, and the financial and business model. The group will consist of hospital Chief Information Officers, representatives from the HIE, MedChi, and the HIE Policy Board. Staff is currently identifying group participants and the initial meeting is scheduled to occur in June.

Electronic Health Networks & Electronic Data Interchange

Staff provided consultative services to payers completing the annual EDI Progress Report (report). Roughly 66 payers are required to complete the report; thus far about 16 payers have begun to complete the online web-based application and four have submitted their report. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers with premiums of $1M or more to complete the report by June 30th of each year. During the month, staff completed the review of four electronic health networks (networks): ACS EDI Gateway, Caremedic, EDI Health Group, and Novologix. COMAR 10.25.07; *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* requires networks operating in Maryland to be MHCC certified.

National Networking

Staff participated in several webinars during the month. The Health Resources and Services Administration webinar entitled, *The Health IT Workforce Training Programs for the Safety Net Community* provided an overview of the H IT workforce training programs. The EHI webinars entitled, *The Effect of PCAST Report on HIEs* focused on how HIEs may be affected by Stage 2 of Meaningful Use; and *Engaging Patients in Meaningful Use* discussed how utilization of personal health records can change the patient experience and the factors that influence hurdles to patient involvement with HIT.