

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

December 2011

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

MMPP Advisory Panel

The Advisory Panel held its second meeting on December 6th. Dr. Donald Nichols presented a summary of plans for conducting the program evaluation by IMPAQ. Panel members discussed considerations for carriers sharing data with practices in order to enhance care management.

NCQA Applications

The MMPP program achieved a major milestone by having all participating providers that were not already NCQA recognized submit an application for recognition.

The Commission welcomes US Family Health Plan to the MMPP program starting in January 2012.

Information regarding the PCMH program is available on the Commission's website at:

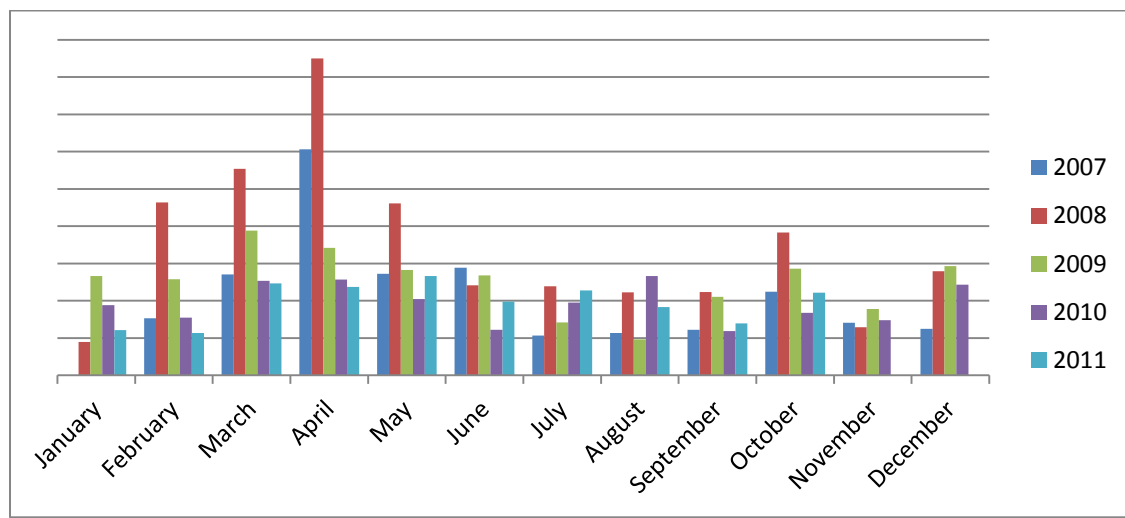
<http://mhcc.maryland.gov/pcmh/>.

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 \$443,892 in October 2011. The monthly payments for uncompensated care from March 2007 through October 2011 are shown below in Figure 1.

Figure 1 – Trauma Fund Uncompensated Care Payments 2007-2011



Cost and Quality Analysis

Report on Insurance Coverage through Maryland's Private Sector Employers

As stated last month, the MHCC produces a report on health insurance coverage through the State's private sector employers, based on results from the Medical Expenditure Panel Survey (MEPS) – Insurance/Employer Component, conducted annually by the Agency for Healthcare Research and Quality. The MEPS Insurance Component sends questionnaires to private and public sector employers to collect data on the number and types of private health insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics. This year's report, Medical Expenditure Panel Survey – Insurance Component, Maryland Sample through 2010, will examine private-sector establishments in Maryland that offered health insurance and the number of employees in these establishments who were eligible and enrolled in 2010. The draft of the report is near completion. Staff will release the report at the January meeting.

Data and Software Development

Internet Activities

The number of unique visitors to the MHCC website increased in November 2011 (Figure 2) by approximately 6%. The number of visitors is now nearly 3% above the number of visitors for June, 2011 for the first time in 5 months. When November 2011 is compared to November 2010, the number of visitors increased again, by nearly 19%.

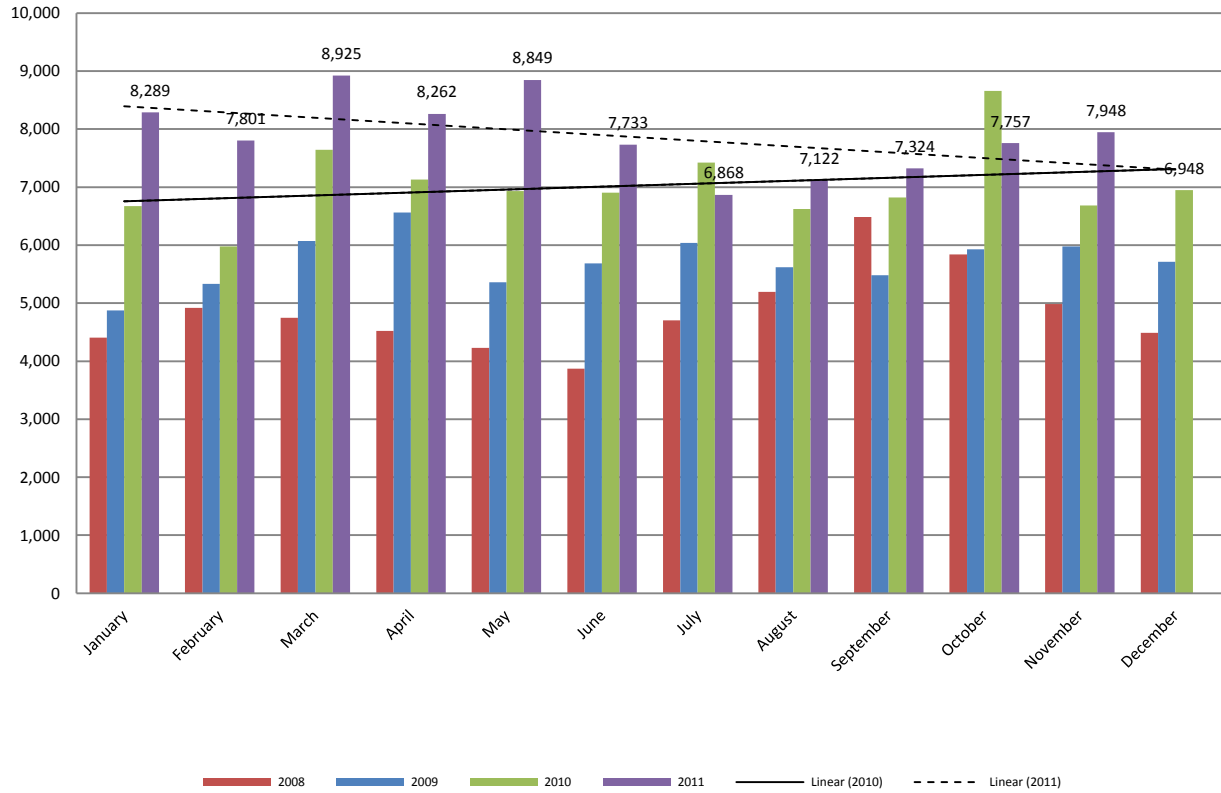
Typically visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals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

The number of visitors from all traffic sources to the MHCC websites increased in November 2011 by only 1%, but even with the increase did not return to the level of June, 2011. With the percentages by traffic sources for overall unique visitors increasing very little, the change in the type of traffic made a small change. Traffic arriving by search engines stayed virtually the same at 46%. Traffic for users arriving directly has decreased slightly, to 33%, which was offset by the users from referring sites of 21%. Typically, these shares fluctuate up and down 3 to 4 percent from month to month. Google remains the dominant search engine, even with a decrease from November 2011 of 3% for a total of 31% of all visitors to the MHCC site, about the same level as August, 2011. Among the most common search keywords in November:

- “maryland health care commission”
- “mhcc”
- “public comment”
- “maryland healthcare commission”
- “mhcc maryland”

The remaining visitors were again referred from sites such as other state agencies. This share also shifts 3 to 4 percent month-to-month with no consistent upward or downward trend. Among top referrers were the DHMH website, the Maryland Web Portal (Maryland.gov), dhmh.maryland.gov, weblogs.baltimoresun.com, and consumerhealthratings.com.

Figure 2 -- Unique Visitors to the MHCC Web Site



Web Development for Internal Applications

Table 1 presents the status of development for internal applications and for the health occupation boards. Planning is underway for several new projects. The three projects are of equal importance – the Physician Portal for Patient Centered Medical Home, User Fee Assessment, and the Physicians Renewal. A combination of internal and contractual resources will be used for these efforts.

Table 1– Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
Board of Physicians – Physician License Renewal	Complete	Start of Project: July 2011
PCMH Quality Measure website	Started	
Hospital Quality Redesign	Planning	Start of Project: Fall 2010
Board of Chiropractors – License Renewal	Underway	July 2013
Health Insurance Partnership	On-going	
Board Websites	Modifying for Ethnicity	

Maryland Telemedicine Task Force Financial and Business Model Advisory Group

Ben Steffen and David Sharp of the Commission staff and Robert Bass M.D., Executive Director of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) will present a report on the status of the Maryland Telemedicine Task Force and its advisory groups' work to the Maryland Quality and Cost Council at its December 19th meeting. Additional information on the Advisory Groups' work is available on the Commission's website at this link:

<http://mhcc.maryland.gov/electronichealth/telemedicine/index.html> and on the Quality and Cost Council's website at this link: <http://www.dhmm.state.md.us/mhqcc/telemedicine.html>.

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

Health Plan Quality and Performance

The 2011 Health Benefit Plan Performance Report also referred to as the *Consumer Guide* has been prepared and is pending authorization for public release shortly. The annual theme for the *Consumer Guide* this year focuses on maintaining wellness.

The 2011 Comprehensive Performance Report: Commercial HMO, POS, and PPO Health Benefit Plans in Maryland also referred to as the *Comprehensive Report* is in the draft stage and is currently being reviewed by the division for content and design changes. Public release is anticipated in mid-December 2011.

The division has finalized the 2012 Health Benefit Plan Reporting Requirements. A memorandum will soon be released identifying measures to be reported in 2012 as well as health benefit plans that are being required to report. This will be followed by a web-based kick-off meeting in early December for health benefit plans in preparation for the pending 2012 Healthcare Effectiveness Data and Information Set (HEDIS) audit and Consumer Assessment of HealthCare Providers and Systems (CAHPS) survey activities.

The division is preparing a Request for Proposal (RFP) to solicit a contractor for the Report Development component of the division.

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. Over the past 30 days, the analytics have remained steady in terms of daily number of visits, average time spent on the site and the number of pages viewed.

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 December 6, 2011 enrollment in the Partnership was as follows: 356 businesses; 1,027 enrolled employees; 1,739 covered lives. The average annual subsidy per enrolled employee is about \$2,350; 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 4th annual report on the implementation of the Partnership is due to the General Assembly by January 1, 2012.

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. For the 2011 report, due by December 31st, Mercer evaluated coverage for the treatment of bleeding disorders. Commission staff will present this report at the December meeting.

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 conducted this analysis, which Commission staff will present at the December meeting. The report is due to the General Assembly by January 1, 2012.

Long Term Care Policy and Planning

Hospice Planning

As the first step in updating the Hospice Services section of the State Health Plan, the Commission convened a Hospice Advisory Group. The charge of the Hospice Advisory Group was to assist Commission staff in analyzing utilization trends, discussing factors contributing to the changes in the utilization of hospice services, identifying potential factors affecting future need for hospice services, and discussing issues for policy development. Two meetings of the Hospice Advisory Group were held. The first meeting, held on October 11, 2011, focused on data trends and policy issues. Presentations were made on hospice issues from the perspectives of CMS, Medicaid, and the Office of Health Care Quality. In addition, data depicting trends in hospice utilization were presented. The second meeting, held on November 1, 2011, began with a review of hospice methodologies used in other states, as well as a discussion about the current Maryland hospice need projection methodology. The meeting then focused on data assumptions and key variables, such as age, use rate, growth rate, and volume threshold. Meeting materials are posted on the Commission’s website. Work is now underway to update the State Health Plan chapter addressing hospice services.

Chronic Hospital Occupancy Report

Commission staff has developed the Chronic Hospital Occupancy Report for FY 2010. This report, which is updated annually, is required under COMAR 10.24.08. It reports data on occupancy for both private and state-operated chronic hospitals. The private chronic hospitals in FY 2010 include James Lawrence Kernan Hospital; Johns Hopkins Bayview Medical Center; Levindale Hebrew Geriatric Center and

Hospital; University Specialty Hospital; and Gladys Spellman Specialty Hospital and Nursing Center. The state-operated chronic hospitals include Western Maryland Center and Deer's Head Hospital Center. The Chronic Hospital Occupancy Report for FY 2010 was published in the December 2nd issue of the *Maryland Register*.

Minimum Data Set Project

Commission staff are working with Myers and Stauffer (contractor) via bi-weekly phone conference calls to make the transition from the federal minimum data set (MDS 2.0) to MDS 3.0 as well as to convert the program from FoxPro to SAS programming language so that it is supported by and consistent with other programs at the Commission. The initial focus has been on reviewing and updating variables and programs from MDS 2.0 to 3.0. Variables have now been updated into the MDS Manager Program. Commission staff are also working with the Office of Health Care Quality to help assure that Section S (state-specific data portion of MDS) is accurately and completely reported.

Hospice Regulations Workgroup

The Office of Health Care Quality has convened a work group to develop regulations to address the development of residential hospice programs, or "hospice houses." These currently do not fall under the purview of the licensing regulations. The first meeting was held on November 29th. Commission staff are participating in this development process.

Home Health Agency Survey Data

The Home Health Agency (HHA) Utilization Tables for FY 2010 have been finalized and will be made available on the Commission's website. The data provided in these tables were obtained from the information collected by the Commission's Annual Home Health Agency Survey. The tables summarize agency and jurisdiction-specific data on the utilization and financing of home health agency services. An overview of HHAs in Maryland include: volume of admissions; referral sources; primary diagnosis on admission; length of care; average visits per Medicare client; dispositions; average cost per visit; revenues by payer type; and home health agency personnel. Data provided on Maryland resident use of home health agency care include: age group; unduplicated clients by payer type; and visits by payer type.

Home Health Agency Survey

Phase 1 of the FY2011 Home Health Agency Survey collection began on October 11, 2011 with a submission due date of January 10, 2012. Phase 1 agencies are home health agencies with a fiscal year end date on or before June 30, 2011. 57% of the agencies are in progress. Staff will send a 30 day reminder notice to the agencies during this month. Staff continues to provide home health agency staff with assistance during the survey collection period.

Long Term Care Survey

Staff is currently in the process of cleaning the FY 2010 Long Term Care Survey Data. Once data cleaning is complete, public use data sets and staff reports will be produced.

Long Term Care Quality Initiative

Nursing Home Experience of Care Surveys

Three responses were received from the solicitation. Staff is in the process of evaluating the responses.

Seasonal Influenza Vaccination for Staff Working in LTC

A series of emails have been released to provide resources and assistance to nursing homes to increase their vaccination rates. The facility specific rates for 2010 can now be viewed by Marylanders on the Consumer Guide to LTC as well as the rates of other nursing homes in the same county. To access the influenza rates, go to <http://mhcc.maryland.gov/consumerinfo/longtermcare/SearchPage.aspx>, select "Services Search"; select a nursing home and view the "Influenza Vaccination Rates" tab.

LTC Web Portal

Updates to the portal have been made; these include the influenza vaccination rates and Home Health Quality measures.

To access Home Health Quality measures go to <http://mhcc.maryland.gov/consumerinfo/longtermcare/>; select “Services Search”; select a Home Health agency; and view the “Quality Measures” tab.

CENTER FOR HOSPITAL SERVICES

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update

The Hospital Performance Evaluation Guide was updated on October 11th to include 27 “process of care” measures for heart attack, heart failure, pneumonia, surgical care and childhood asthma for the 12-month period ending March 2011. Patient experience measures were updated for 12-month period ending March 2011. These measures of the patient’s perspective on the care provided by hospitals are important and valuable indicators of hospital quality and performance. The updated Hospital Guide also includes updated central line associated bloodstream infection (CLABSI) data for the 12-month period ending June 30, 2011. The new data shows a significant decrease (37%) in the number of CLABSIs in ICUs as compared to FY 2010. The staff is working on additional enhancements to the Guide including the addition of 30-day readmission data and information summarizing hospital performance over time for healthcare associated infections measures. In addition, the staff is preparing for new emergency department measures and global immunization measures that are required for submission on January 1, 2012.

Healthcare Associated Infections (HAI) Data

Maryland hospitals are required to use the CDC National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on central line associated bloodstream infections (CLABSIs) in any ICU and surgical site infections related to Hip, Knee and CABG surgeries. MHCC has established a five year contract with Advanta Government Services, Inc to provide HAI data quality review and on-site medical chart audits to verify the accuracy and completeness of the HAI data submitted by hospitals. The on-site audits of the CLABSI data have been completed and the results will be shared with hospitals for educational purposes. The staff is working with the contractor to develop a strategy for the review and auditing of surgical site infections data.

Specialized Services Policy and Planning

Primary PCI Waivers

Holy Cross Hospital (Docket No. 11-15-0063 WR), Howard County General Hospital (Docket No. 11-13-0061 WR), Johns Hopkins Bayview Medical Center (Docket No. 11-24-0062 WR), and Saint Agnes Hospital (Docket No. 11-24-0060 WR) each timely filed an application requesting renewal of the hospital’s two-year waiver to provide primary percutaneous coronary intervention (PCI) services without on-site cardiac surgery services. On December 15, 2011, the Commission will consider the staff recommendation on each application.

Regulatory Oversight of PCI

The Commission appointed a technical advisory group to advise and assist the Commission in making recommendations on possible legislative changes related to oversight of PCI services. The background of this group’s formation is House Bill 1182, *Certificates of Need – Percutaneous Coronary Interventions*

Services, passed by the Maryland General Assembly during the 2011 regular session and approved by the Governor on May 19, 2011. Chapter 616 of the Acts of 2011 became effective on July 1, 2011, and remains effective until June 30, 2012. During this one-year period, the law prohibits a hospital from establishing a non-primary PCI program or providing non-primary PCI services unless the hospital was operating a PCI program on January 1, 2011, through a Certificate of Need for an open heart surgery program; or a non-primary waiver from Certificate of Need and State Health Plan requirements, in good standing, issued by the Maryland Health Care Commission. The law also requires that MHCC develop recommendations for statutory changes needed to provide appropriate oversight of PCI services and report its recommendations to the Governor and the General Assembly by December 31, 2011. A summary report of the advisory group's activities and recommendations will be presented to the Commission at the public meeting on December 15, 2011.

Hospital Services Policy and Planning/Certificate of Need

Certificate of Need ("CON")

CON Letters of Intent

Frederick Memorial Hospital – (Frederick County)

Renovate existing hospital space to permit the addition of 10 private patient rooms, and to subsequently use these patient rooms to provide medical/surgical services.

Bellona Surgery Center – (Baltimore County)

Establishment of an ambulatory surgical facility through the addition of an operating room to an existing facility with only one operating room

First Use Approval

Anne Arundel Medical Center – Docket No. 04-02-2153 (Anne Arundel County)

Partial first use approval for Phase 2B of the new acute care pavilion

Determinations of Coverage

- **Ambulatory Surgery Centers**

Bay Surgery Centers – Waldorf, LLC – (Charles County)

Establish an ambulatory surgery center with one non-sterile procedure room to be located at 2960 Technology Place, Building 2, Suite C, in Waldorf

Frederick Endoscopy Center, LLC – (Frederick County)

Establish an ambulatory surgery center with 4 non-sterile procedure rooms to be located at 7115 Guilford Drive, Suite 202, in Frederick

University Center for Ambulatory Surgery, LLC – (Prince George's County)

Change in ownership of the ambulatory surgery center from Dr. Madhu Mohan to Physicians Institute for Ambulatory Surgery, LLC (owned by Napoleon Marcelo, M.D.; LeeAnn Rhodes, M.D.; Gurinder Singh, M.D.; and Michael Summerfield, M.D.)

- **Acquisitions/Change of Ownership**

Olney Urology Center – (Montgomery County)

Acquisition of the facility by Summit Ambulatory Surgical Center, LLC

Ruxton Surgicenter, LLC – (Baltimore County)

Acquisition of the of 51% ownership interest held by St. Joseph Medical Center by Ruxton Pain Management, LLC (owners: Louis Panlilio, M.D.; Theodore Grabow, M.D.; and Brian Block, M.D.)

Corporate Restructuring of Genesis HealthCare

Changes to certain investors and ownership percentages are occurring at the investor level of the Genesis organizational structure, specifically above FC-GEN Operations Investment, LLC ("FC-GEN Ops"). The current immediate investors of FC-GEN Ops are JER GAZ-1, LLC, JER GAZ-2, LLC (collectively "JER"), and FC Investors XI, LLC. JER GAZ-1, LLC owns approximately 44% and JER GAZ-2, LLC owns approximately 14% of the ownership interests of FC-GEN Ops, totaling approximately 58%. FC Investors XI, LLC owns the remaining 42% of the ownership interests of FC-GEN Ops. As part of the proposed modifications, investors on the FC Investors XI, LLC side will acquire the ownership interests currently held by JER and will directly own 100% of FC-GEN Ops. This change is pertinent to all 33 Maryland facilities.

Bradford Oaks Nursing & Rehab Center Brighwood Center

(Prince George's County)
7520 Surratts Road
Clinton, Maryland 20735

(Baltimore County)
to be known as Powerback Rehab-Brightwood Campus
515 Brightfield Road
Lutherville, Maryland 21093

Caton Manor Center
(Baltimore City)
3330 Wilkins Avenue
Baltimore, Maryland 21229

Catonsville Commons Center
(Baltimore County)
16 Fursting Avenue
Catonsville, Maryland 21228

Chesapeake Woods Center
(Dorchester County)
525 Glenburn Avenue
Cambridge, Maryland 21613

College View Center
(Frederick County)
700 Toll House Avenue
Frederick, Maryland 21701

Corsica Hills Center
(Queen Anne's County)
205 Armstrong Avenue
Centerville, Maryland 21617

Cromwell Center
(Baltimore County)
8710 Emge Road
Baltimore, Maryland 21234

Fairland Nursing & Rehab Center
(Montgomery County)
2101 Fairland Road
Silver Spring, Maryland 20904

Franklin Woods Center
(Baltimore County)
9200 Franklin Square Drive
Baltimore, Maryland 21237

Glade Valley Nursing & Rehab Center
(Frederick County)
56 West Frederick Street
Walkersville, Maryland 21793

Hamilton Center
(Baltimore City)
6040 Hartford Road
Baltimore, Maryland 21214

Hammonds Lane Center
(Anne Arundel County)
613 Hammonds Lane
Brooklyn Park, Maryland 21225

Heritage Center
(Baltimore County)
7232 German Hill Road
Dundalk, Maryland 21222

Homewood Center
(Baltimore County)

Knollwood Manor
(Anne Arundel County)

6000 Bellona Avenue
Baltimore, Maryland 21212

La Plata Center
(Charles County)
1 Magnolia Drive
LaPlata, Maryland 20646

Loch Raven Center
(Baltimore County)
8720 Emge Road
Baltimore, Maryland 21234

Magnolia Center
(Prince George's County)
8200 Good Luck Road
Lanham, Maryland 20706

Perring Parkway Center
(Baltimore County)
1801 Wentworth Road
Baltimore, Maryland 21234

Salisbury Rehab & Nursing Center
(Wicomico County)
200 Civic Avenue
Salisbury, Maryland 21804

Shady Grove Nursing & Rehab Center
(Montgomery County)
9701 Medical Center Drive
Rockville, Maryland 20850

Spa Creek Center
(Anne Arundel County)
35 Milkshake Lane
Annapolis, Maryland 21403

The Pines
(Talbot County)
610 Dutchman's Lane
Easton, Maryland 21601

Woodside Center
(Montgomery County)
9101 Second Avenue
Silver Spring, Maryland 20910

899 Cecil Avenue
Millersville, Maryland 21108

Layhill Center
(Montgomery County)
3227 Bel Pre Road
Silver Spring, Maryland 20906

Long Green Center
(Baltimore City)
115 East Melrose Avenue
Baltimore, Maryland 21212

Multi-Medical Center
(Baltimore County)
7700 York Road
Towson, Maryland 21204

Randallstown Center
(Baltimore County)
9109 Liberty Road
Randallstown, Maryland 21133

Severna Park Center
(Anne Arundel County)
24 Truckhouse Road
Severna Park, Maryland 21146

Sligo Creek Nursing & Rehab Center
(Montgomery County)
7525 Carroll Avenue
Takoma Park, Maryland 20912

Springbrook Nursing & Rehab Center
(Montgomery County)
12325 New Hampshire Avenue
Silver Spring, Maryland 20904

Waldorf Center
(Charles County)
4140 Old Washington Highway
Waldorf, Maryland 20602

- **Other**

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

Citizens Care of Frederick County – (Frederick County)

Temporary delicensure of 25 CCF beds

Berlin Nursing & Rehabilitation Center – (Worcester County)

Temporary delicensure of 36 CCF beds

Allegheny Nursing Home/Mid Atlantic of Cumberland – (Allegany County)

Temporary delicensure of 9 CCF beds

Signature HealthCARE at Mallard Bay (Dorchester County)

Temporarily delicensure of an additional 10 CCF beds [determined to be unavailable to this facility under COMAR 10.24.01.03(4)]

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

Harborside Healthcare-Harford Gardens d/b/a FutureCare-Coldspring – (Baltimore City)

Confirmation of the relinquishment of 26 temporarily delicensed CCF beds

- **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**

Johns Hopkins Bayveiw Care Center – (Baltimore City)

Disposition of 92 temporarily delicensed CCF beds by the filing of a Letter of Intent and Certificate of Need application by a joint venture with Genesis Bayview JV Holdings, LLC to construct a 132 CCF bed replacement facility on the Johns Hopkins Bayview Campus

- **Miscellaneous**

Mercy Medical Center – Docket No. 07-24-2174 – (Baltimore City)

Changes to approved Certificate of Need that do not need Commission approval 1) changing the location of services and functions currently scheduled for the second phase; 2) perform additional work as part of Phase 2 that was scheduled for later phases but in different locations; and 3) finish space for function and services that were not originally proposed for relocation to the new tower

Policy and Planning

Hospital Policy and Planning staff participated in the November 3, 2011 meeting of the Health Services Cost Review Commission's Capital Work Group.

The Acting Director of the Center of Hospital Services was a presenter at the Maryland Chapter of the Health Care Financial Management Association's Annual Bill Moody Memorial Education Series for new hospital employees in the financial management field, held at Sheppard Pratt Hospital on November 4, 2011.

<i>CENTER FOR HEALTH INFORMATION TECHNOLOGY</i>
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Health Information Technology

Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) monthly Health Information Technology (HIT) Policy Committee (committee) meeting. The HIT Policy Committee is tasked with developing recommendations on a policy framework for a national health

information infrastructure, which includes standards for the exchange of electronic health information. The committee discussed a national consumer engagement strategy, preliminary requirements for meaningful use Stage 3, and the impact of Accountable Care Organizations on health information exchanges (HIEs). The committee explored various technologies and policy challenges related to hospital discharge transitions, how technology can improve transitions for patients and caregivers, and opportunities to better align ongoing work and inform IT transitions of care agenda to drive near term improvement and innovation. During the meeting, representatives from ONC discussed their strategy for engaging consumers that included ensuring consumers have access to their personal health information, supporting the development of tools and services that help consumers take action using their electronic health information, and supporting the evolution in expectations regarding access to and use of electronic health information to engage consumers more fully in their health care.

Staff participated in the bi-annual ONC grantee conference in Washington DC. In June, 2010, Maryland was awarded nearly \$10.9M for the implementation of an HIE in the state under the *State Health Information Exchange Cooperative Agreement Program*. The conference centered on broad technology and policy challenges related to HIE implementation. Discussion topics pertaining to consumer engagement and patient access to data were discussed during the meeting. The ONC awarded HIE grant funding to states based on an ONC-approved state HIE strategic and operation plan. Grant funding is available through March 2014. As part of the meeting, ONC reviewed their strategic plan for states to implement Direct protocols for exchanging electronic health information. To meet the requirement, states must make changes to their HIE technology to allow providers to send secure electronic messages to appropriately authorized and authenticated providers. Implementing Direct protocols enables providers participating in the federal EHR adoption incentive program to meet the proposed requirements for meaningful use Stage 2.

In September, the emergency regulations and proposed regulations for COMAR 10.25.16, *Electronic Health Record Incentives* were adopted by the Commission. The emergency regulations were implemented while the proposed regulations are under review; the emergency regulations are set to expire on March 3, 2012. The proposed regulations were published in the Maryland Register on October 21st with a 30-day comment period. During the month, staff addressed several inquiries from payers on the proposed regulations and no formal written comments were received. The regulation is a result of the 2011 General Assembly passing House Bill 736, *Electronic Health Records – Incentives for Health Care Providers – Regulations* (HB 736), which was signed into law by Governor Martin O'Malley on May 19th; the regulation requires certain state-regulated payors to provide incentives to primary care practices for adopting a certified electronic health record (EHR) and provides additional incentives for advance use of an EHR. In coordination with the Regional Extension Center (REC), staff presented the details of the incentive program to nearly 100 participants.

During the month, management service organizations (MSOs) distributed to practices the MSO performance assessment tool (MSOPAT). Practices were asked to provide feedback on service and performance of the MSO in an effort to assess their value to the practice. The MSOPAT was developed by staff in collaboration with the MSO Advisory Panel and the REC, operated by the state designated HIE, the Chesapeake Regional Information System for Our Patients (CRISP). Results will be used by the MHCC, REC, and MSOs to assess performance of the MSOs and identify opportunities for program enhancement. Approximately eight organizations have achieved MSO designation and the same number of MSOs are in candidacy status. To achieve State Designation, MSOs must meet nearly 90 criteria related to privacy, security, business practices, technical performance and operations and undergo accreditation from a nationally recognized accreditation organization. Over the last month, the MSO Criteria Committee finalized changes to the State Designation criteria, which becomes effective on January 1, 2012.

During the month, staff distributed the annual Hospital Health Information Technology survey (survey) to all 46 acute care hospitals in Maryland. The survey assesses the rate of HIT implementation in hospitals

and evaluates the extent of adoption within the hospital's patient care areas, as well as health IT planning efforts. Staff worked with hospital Chief Information Officers to revise the survey this year to include questions related to HIT implementation within hospital units. This will enable the evaluation of the level of health IT adoption and use within hospitals. This survey is similar to several surveys administered nationally that assess health IT adoption; however, it is unique in that it includes planning questions in an effort to better understand the future of health IT adoption. Results from the survey are used by staff, hospitals, and the state designated HIE to develop strategies aimed at advancing health IT in hospitals. This is the fourth year the MHCC has assessed hospital health IT adoption; the final report is scheduled for release in the spring of 2012. During the month, staff received nearly 60 percent of the completed surveys and expects to receive the remaining surveys in December.

During the month, staff finalized recommendations related to electronic prior authorizations. In July 2011, the Joint Committee on Health Care Delivery and Financing of the Maryland General Assembly requested that the MHCC develop recommendations around best practices and standards for electronic prior authorization of prescription medications and medical services. Prior authorization is required by many state-regulated payers (payers) and third party administrators (TPAs) before certain prescriptions for medications may be filled or medical services may be undertaken. The prior authorization process is often manual, nonstandard, and perceived as burdensome to providers. Staff convened various stakeholder meetings to develop recommendations for implementing an electronic prior authorization process. In general, the consensus of the workgroup was to focus on short-term solutions that incrementally reduce the burden on providers, payers, and TPAs, and require minimal rework once national standards are adopted. The proposed recommendations would be phased in over a two-year timeframe and include an electronic form, assignment of a tracking number by payers and pharmacy benefit managers for each prior authorization request, and a notification and determination process on non-urgent prior authorization requests that exceed the existing state requirements of two business days.

The Telemedicine Task Force Report for the Maryland Health Cost and Quality Council (Council) was completed in November and will be presented to the Council by Robert Bass, MD, Executive Director for the Maryland Institute for Emergency Medical Services in December. In June 2010, the Council convened a Telemedicine Task Force (Task Force) to address challenges to widespread adoption of a comprehensive statewide telemedicine system of care. The Task Force submitted its final report to the Council in September 2010. In November of the same year, former Secretary of the Department of Health and Mental Hygiene John Colmers established a Leadership Committee of the Task Force and requested that the committee develop specific recommendations to advance telemedicine in Maryland. Former Secretary Colmers requested that the Leadership Committee present its recommendations by way of a report to the Council in December 2011. Three advisory groups were formed to develop recommendations: the Financial and Business Model Advisory Group, the Technology Solutions and Standards Advisory Group, and the Clinical Advisory Group. After nearly six months of deliberation, the advisory groups finalized their recommendations.

Health Information Exchange

Staff continues to provide guidance to CRISP in implementing the statewide HIE and to its Advisory Board that consists of four committees: Finance, Technology, Clinical Excellence, and Small Practice Advisory Committee. During the month, staff participated in the Technology and Clinical Committee meetings. The Technology Committee is responsible for providing guidance and expertise on infrastructure and other technology related decisions for the state designated HIE. Discussion items centered on ensuring continued progress in the exchange of electronic health information, infrastructure stability, and radiology imaging exchange. The Clinical Committee discussed the technical challenges in producing and transmitting continuity of care documents, the need to begin exploring the exchange of images through the HIE, current query utilization, and laboratory results and immunization reporting. Activities related to the financial audit are ongoing; last month Clifton Gunderson, LLP provided for review CRISP's FY2012 financials and CRISP management responded to the findings. A final report with key audit recommendations is expected to be finalized for release in January.

Implementation activities continued in November as it relates to the Challenge Grant as part of the *State Health Information Exchange Cooperative Agreement Program* (project). Maryland is one of ten states that the ONC awarded funding for a demonstration project to develop innovative and scalable solutions that improve long term care and post acute care transitions by leveraging the HIE. The state designated HIE 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, the electronic advanced directives focus group met to continue developing recommendations around an approach for piloting an electronic advance directives registry. During the month, Lorien Health Systems began to enter data into an online survey for residents that are discharged to the hospital. The survey is designed to capture basic information on the transition of care used to measure performance. As part of the project, the MHCC is tasked with developing a model for electronic advance directives. Approximately \$1.6M of the overall HIE funding by the ONC is for the completion of this project.

Staff continues to provide support to the HIE Policy Board (board) as they develop policy recommendations for the privacy and security of electronic health information exchanged through HIEs operating in Maryland. During the month, staff continued to develop the *Data Use and Disclosure* and *Consumer Access to Audit* policies. Approximately 11 policies have been finalized by the board and about 18 additional policies are identified for development. During the month, staff implemented a virtual HIE policy development process. The process will facilitate drafting of policies by board members virtually and will decrease the number of workgroup meetings required to draft policies. Policies recommended to the MHCC for adoption by the board are drafted into proposed regulation consistent with House Bill 784, *Medical Records – Health Information Exchange* from the 2011 legislative session. Staff has finalized an initial draft of proposed regulations that includes six policies recommended by the board and will seek informal comments from the public in December.

Data analysis is underway on information collected during the consumer and provider HIE focus group meetings that were held in September. Staff is assessing provider and community-based organization awareness of electronic health information, trust in the electronic exchange of this information, and challenges related to consumer access and control in an environment where multiple HIEs exist. Activities continue around assessing consumer awareness of electronic health information, trust in the electronic exchange of their information, and challenges related to consumer access and control in an environment where multiple HIEs exist. Preliminary recommendations center on developing foundational strategies that inform consumers regarding access and control over their electronic health information. Over the next month, additional recommendations around literacy issues working with least trusting populations are expected to be finalized. Koss on Care, a consultant organization, is providing assistance in analyzing the data and drafting the report. A final report is targeted for release in January 2012.

Electronic Health Networks & Electronic Data Interchange

Staff identified about 37 payers that must submit census level information on their electronic administrative transaction volumes in 2012. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payers with premiums of \$1 million or more to complete an annual EDI progress report by June 30th. During the month, staff completed the recertification of Health Data Management and Office Ally. COMAR 10.25.07 – *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, requires electronic health networks (networks) operating in Maryland to be certified by the MHCC. These networks must demonstrate that they meet over 120 standards related to privacy and security, confidentiality, technical performance, and business processes, and receive accreditation from a qualified organization.

National Networking

Staff participated in several webinars during the month. eHI presented, *Connecting the Unconnected: How to Reach Unaffiliated Physicians through Health Information Exchange* that explored how organizations can help unaffiliated physicians connect through HIEs; *Connecting Healthcare Communities Health Information Exchange Across Pennsylvania*, presented how the Keystone Beacon Community has leveraged the tools of an HIE to improve care coordination in Central Pennsylvania; and *Release of the 2011 Report on HIE Sustainable HIE in a Changing Landscape* focused on the characteristics of a sustainable HIE.