MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

April 2012

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

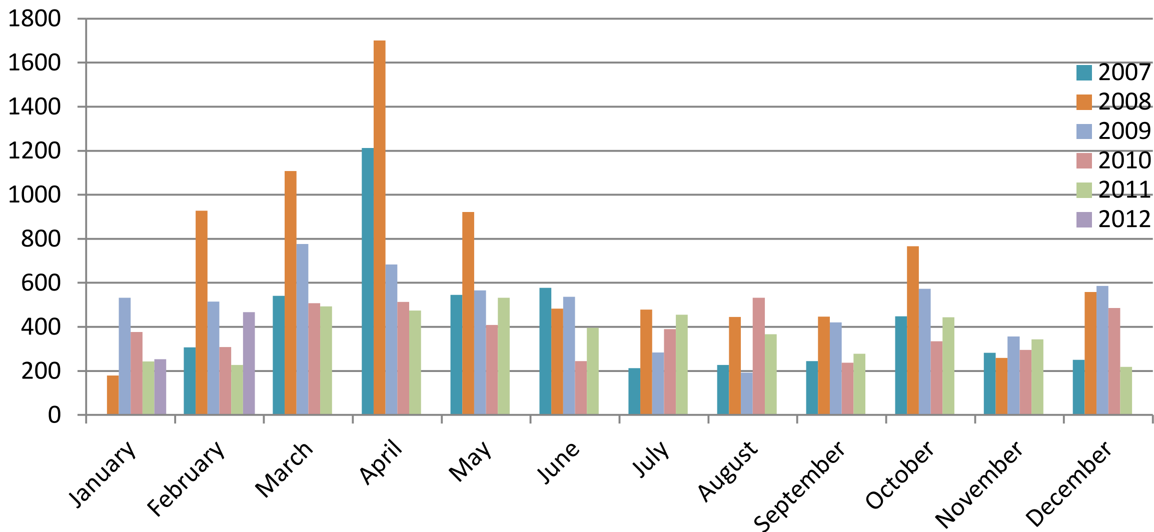
Data Submissions and Shared Savings Calculations
Commission staff worked closely with its data aggregator, Social and Scientific Systems, or SSS, and shared savings methodology consultant, Discern, to test the shared savings methodology using 2009 and 2010 claims data. Staff also worked with the participating payers and MCOs to update data submission manuals and created a method for linking quality measure results and fixed transformation payment data to each practice's file in the program database.

MMPP Evaluation
Staff worked with the external evaluator (IMPAQ prime contractor, University of Maryland School of Pharmacy and Johns Hopkins, sub-contractors) in securing access to all data needed for the evaluation and preparation of survey instruments/interview guides.

Maryland Learning Collaborative (MLC)
Staff secured additional funding from a pharmaceutical firm for MLC activities, collected opt-out information from practices, and drafted a care manager time reporting protocol in collaboration with MMPP practices' care managers.

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2007-2012



Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $466,832 for February of 2012. The monthly payments for uncompensated care from March 2007 through February 2012 are shown above in Figure 1.

2012 Trauma Equipment Grants
The Commission has received Trauma Equipment Grant applications from Maryland's Level II and Level III trauma centers. A committee composed of representatives from the Maryland Institute of Emergency Medical Services Systems, the Health Services Cost Review Commission, and the Maryland Health Care Commission will review and approve allocation of the grant funds in late April/early May. Commission staff plans for the Level II and Level III trauma centers to receive those funds in late May.

Cost and Quality Analysis

Maryland Medical Care Data Base (MCDB) Webinars
Staff has begun having monthly webinar meetings of Maryland Health Care Commission (MHCC) staff, MCDB payer representatives, Mr. Adrien Ndikumwami of Social and Scientific Systems, Inc. (SSS), our data base contractor, and staff from the Maryland Insurance Administration (MIA). These monthly meetings will serve as a vehicle for MHCC staff to: (a) obtain information from payers regarding proposed changes to the submission calendar or data requirements, and (b) address any problems with payers' submissions that emerged after staff began using the data for analyses. We also want payers to share with MHCC and SSS their suggestions for how the Commission might improve the submission process, especially with an eye to reducing the need for delayed submissions or resubmissions, or problems they have had providing information for particular data fields. We hope that payers might also assist each other by sharing any techniques they have employed to reduce errors in their submissions, or the e-mail exchanges with SSS to communicate why their submission for the current year differs significantly from that of the previous year. Lastly, we want to promote an information exchange between payers and the MIA so that payers will understand how the MIA intends to use the data and the MIA will learn about the submission process and the nature of the data submitted by the payers.

The first meeting was held on April 11th. Attendees included 35 payer representatives and 2 MIA staff. The topics discussed included a review of the MHCC's new data commitments, ways to facilitate the submission process for payers and reduce the need for payer resubmissions, and likely changes to the data requirements for the 2012 claims submission.

2011 Claims Data Submissions to the MCDB
The submission process for 2011 claims data has begun and the data submission manual has been distributed to payers. In order to avoid delays in payer submissions of 2011 data, the staff decided not to make any changes to the data requirements that existed for the 2010 data. This means that payers will not need to change their programming code from last year. Also, the format for the support documentation that payers need to submit with their data has been changed to make it easier for payers to cut and paste the information from other sources.

In order to reduce the need for resubmissions and clarifying communications between SSS staff and payer representatives, payers are being asked to compare key measures from their 2011 submissions to the values for the same measures in their 2010 submissions before submitting their 2011 data. If there is more than a 10% change in these values, payers will need to confirm that these differences are legitimate (as opposed to data errors) and provide an explanation to SSS for the difference(s).

A Profile of Maryland's Self-Insured Small Group Health Insurance Market
Staff will present the results of a study on Maryland's self-insured small group market at the April Commission meeting. The study was conducted for the MHCC by SHADAC (the State Health Access Data Assistance Center) using MEPS-IC data. Funding for the study was provided through a grant from

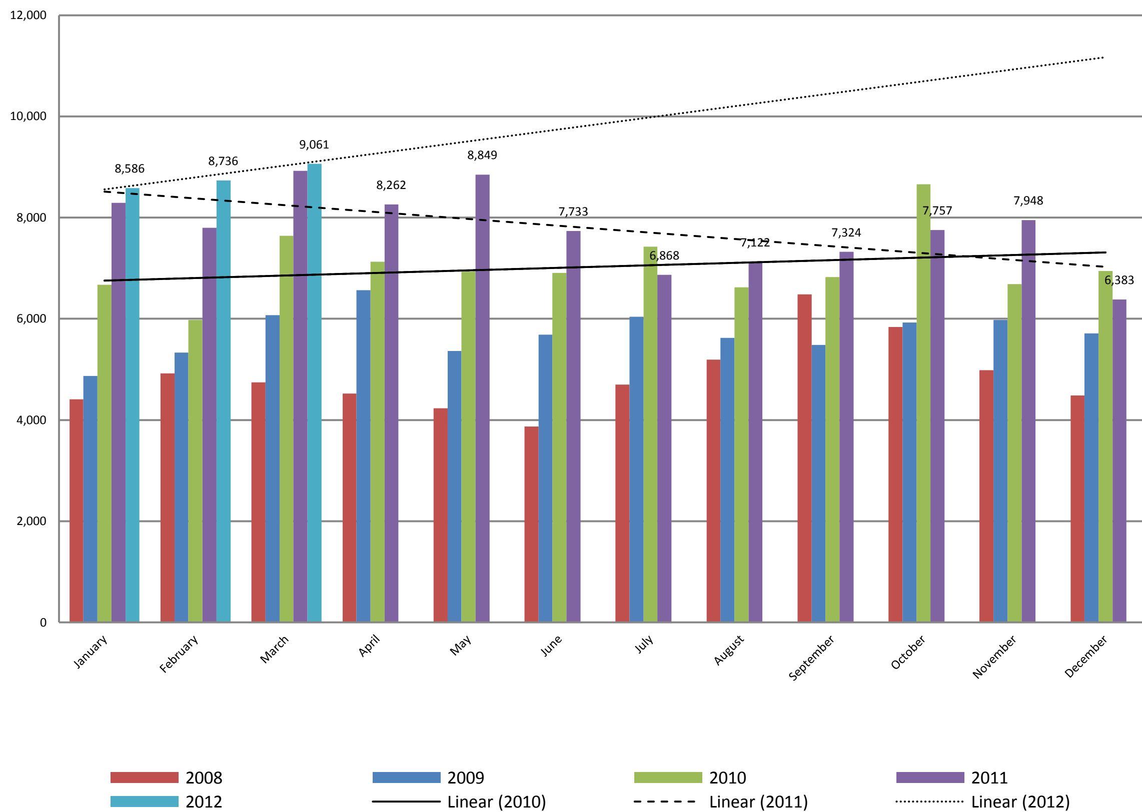
the Robert Wood Johnson Foundation's State Health Reform Assistance Network. The conclusions of the study are that the percent of small employers nationally and in Maryland that self-insure is relatively small (around 11% to 13%) and the trend has been flat. Because the ACA increases the incentives for some small employers to self-insure, which could have a negative impact on the SHOP Exchange, staff will continue to track self-insurance rates in the small group market and provide the information to state policy-makers, including those in charge of running Maryland's Health Benefit Exchange. The results of the study will be released in an MHCC issue brief that will discuss small group health insurance market regulation in Maryland, trends in self-insurance in this market, and how trends in Maryland compare to trends nationally.

Data and Software Development

Internet Activities

The number of unique visitors to the MHCC website increased in March 2012 (see Figure 2, below) by somewhat less than 4%, to 9,061, which is far more than any given past month for which statistics have been maintained. The number of new visitors for March 2012 increased 1.5% above March, 2011 and the number of new visitors decreased slightly, 1.2 %, from last month. The time on our site for this month increased as did the overall number of pages viewed.

Figure 2 -- Unique Visitors to the MHCC Web Site



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 traffic sources' proportions change within 2-3% from month to month

The number of visitors from all traffic sources to the MHCC websites decreased in March 2012 by approximately 5%. The variations within the traffic sources changed very slightly by approximately 1%

in all types. Traffic arriving by search engines decreased by roughly 1.3 % to 48.2 percent. This was offset by the slight increase in traffic for users arriving directly, to 31.4%. The users from site referrals, decreased slightly to 20.4%. Typically, shares fluctuate up and down 3 to 4 percent from month to month. Google remains the dominant search engine, with a decrease from February of less than 0.5 % for a total of 50 percent of all visitors to the MHCC site. Among the most common search keywords in March were:

- "maryland health care commission"
- "maryland healthcare commission"
- "mhcc"
- "legislative reports"
- "maryland ship "

The remaining visitors were referred from sites such as other state agencies. Among top referrers were the DHMH website, the Maryland Web Portal (Maryland.gov), search.maryland.gov, pdev.dhmh.md.gov:36115, and consumerhealthratings.com.

Web Development for Internal Applications

Table 1, below, presents the status of development for internal applications and for the health occupation boards. Both internal and contractual resources are used for these efforts**.**

Table 1– Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Quality Measurement reporting website	Underway	Project went live January 26, 2012
PCMH Registration and Administration Site	Completed 4/1/2012	
PCMH Program Site	On-going Maintenance	Project went live April 2011
PCMH Portal (Learning Collaborative & MMPP)	On-going Maintenance	Project went live April 2011
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Sites (13 sites)	Modifying for Ethnicity – completed 6 sites	
Boards & Commissions Licensing Sites –Opticians	Added Health Information Technology	
Health Insurance Partnership Public Site	On-going Maintenance	
Health Insurance Partnership Registry Site	Monthly Subsidy Processing – performed adjustments to calculation	
Health Insurance Partnership Registry Site	Monthly Registration	
Health Insurance Partnership Registry Site	On-going Maintenance	
Hospice Survey Update	Underway	Project went live February, 2012
Long Term Care 2011 Survey	Underway	Start of Project: January 2012

Network Operations & Administrative Systems (NOAS)

SharePoint Website Migration
The Commission's website was migrated to the consolidated SharePoint site hosted at DHMH HQ on April 10th. All web traffic to the Commission's former website is being redirected to the new site.

Virtualization Project (Redesign MHCC Data Center Infrastructure)
A vendor for this work has been selected and the appropriate documentation has been submitted for approval.

Workstation Upgrades
As of the end of March, twelve workstation upgrades have been completed by staff. The remaining 8 systems will stay in inventory for emergency replacements.

SAS/Enterprise Guide
The server storage space for SAS operations has been increased to 2 terabytes (a terabyte is 1024 gigabytes of data storage.) Commission staff use SAS/Enterprise Guide for analysis of data from sources such as the Medical Care Data Base the Long Term Care Services database.

Gmail for Government
MHCC will be moving to Gmail for Government, as required by the Maryland Department of Health and Mental Hygiene, in early June. All Commission staff email addresses will be updated as a result of this change. Staff will update the members of the Commission and the public with additional details as they become available.

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

Health Plan Quality and Performance

Staff continues to hold monthly teleconferences with health benefit plan representatives to provide further opportunity for feedback and suggestions pertaining to reporting on health benefit plan quality and performance. The last teleconference was held on March 14th and provided an opportunity for plan representatives to discuss the 2013 performance report series and to begin a discussion of how to establish and report 2013 quality improvement goals. The goals include the National Quality Forum's Million Hearts Campaign and other MHCC quality measures within the Quality and Performance Reporting Requirements (QPRR). The health benefit plans recognize the value of identifying quality improvement goals and have expressed a desire to participate in the process of identifying realistic and attainable goals for quality improvement for cardiac-related measures as well as other QPRR measures.

Staff has been participating on-site visits with health benefit plans in conjunction with the audit vendor throughout the month of March. This not only provides an important learning experience but the opportunity to dialogue on issues and concerns one-on-one. The 2012 Health Benefit Plan Performance Report theme of "Body-Mind-Spirit" was also discussed during the on-site visits as well as the need to prepare for performance reporting on Race, Ethnicity, Language, and Cultural Competency (RELCC) in 2013.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
VIRTUAL COMPARE, the information-only web portal developed for use by small businesses has been operational since last May. Over the past 30 days, the analytics have remained relatively steady, averaging approximately 7 Maryland visits per day, 4 pages per visit, with the average time on the site increasing to almost 7 minutes per visit, and the majority being new users 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, 2011. 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 April 10, 2012 enrollment in the Partnership was as follows: 396 businesses; 1,120 enrolled employees; 1,858 covered lives. The average annual subsidy per enrolled employee is about $2,300; the average age of all enrolled employees is 40; the group average wage is almost $28,000; the average number of employees per policy is 4.1. The 4th annual report on the implementation of the Partnership was submitted to the General Assembly on January 1st and is posted on the Commission's website.

Mandated Health Insurance Services
Throughout the legislative session, commission staff tracked the progress of several bills proposing new mandates or modifications to existing mandates. To date, staff has received one request for an actuarial analysis: requiring carriers to cover orthotics for the management of a diabetic's feet. Senator Middleton's letter requesting this fiscal, medical, and social impact report indicated a December 31, 2012 due date.

Long Term Care Policy and Planning

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. The recent focus has been on obtaining a reliable source for zip code information and developing useable measures of diversion from nursing homes.

Hospice Survey (FY 2011)
The Commission collects data annually from all licensed hospice programs in Maryland. Letters regarding the release of the FY 2011 Maryland Hospice Survey were sent out on February 13, 2012. The official launch date for the online survey was February 14th. The survey is completed in two parts. Part I is due 60 days after receipt of the survey notice. This year that is April 16, 2012. Part II (which is based on Medicare cost report data) is due no later than June 7, 2012. As of April 2, eight programs have completed and certified Part I.

Draft Hospice Section
The State Health Plan for Facilities and Services addresses health services that are regulated under the Certificate of Need (CON) program. One chapter, COMAR 10.24.08 covers nursing homes, home health agencies, and hospice programs. This chapter is currently undergoing review and update. In lieu of a

single chapter covering the three types of health services noted above, there will now be a separate COMAR chapter for each. The first chapter for update will be hospice services. A brief update was presented at the January Commission meeting. The goal is to release this chapter for an informal public comment period in the next few weeks.

Hospice Regulations Workgroup

The Office of Health Care Quality within DHMH 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. Commission staff is participating in this development process. The first meeting was held on November 29th. The most recent meeting was held on March 13, 2012. A draft of proposed regulations is currently under review. Commission staff had a conference call with OHCQ staff to discuss issues related to coverage of hospice under Certificate of Need.

Home Health Survey Data

Commission staff is analyzing home health agency utilization trend data, including reviewing agencies' authorized jurisdictions actually served, based on submission of information reported by every home health agency in Maryland on the Commission's Annual Home Health Agency Surveys.

FY 2011 Home Health Agency Survey

Phase 2 Home Health Agency Survey data collection began on March 1, 2012 with a due date of May 29, 2012. 56% of the agencies have started their Survey. Staff continues to provide technical assistance to users during the data collection period. Phase 2 agencies are home health agencies with a fiscal year end date between July 1, 2011 and December 31, 2011. Courtesy reminder notices will be sent to providers who have not submitted their survey 30 days, 15 days and 5 days prior to the due date of May 29, 2012. Staff notified the Maryland National Capital Homecare Association (MNCHA) regarding the status of the survey.

Long Term Care Survey

The 2011 Maryland Long Term Care Survey Notice Letter was sent by mail and email to long term care facility providers on March 15, 2012 with notification that the survey application would be available on the Commission's website for data entry on March 26, 2012. Over 700 facilities are expected to participate in this survey which includes Comprehensive Care Facilities, Chronic Care Facilities, Assisted Living, and Adult Day Care Centers. The survey data collection period will run for 60 days, with a submission due date of May 24, 2012. Staff will provide technical assistance to users during the survey period.

Courtesy reminder notices will be sent to providers who have not submitted their survey 30 days, 15 days and 5 days prior to the due date of May 24, 2012. Staff notified the Nursing Home Associations, Lifespan and Health Facilities Association of Maryland (HFAM) of the start of the survey.

Staff completed follow up with facilities for the 2010 Long Term Care Survey and necessary corrections have been made to the data. The public use data set and documentation for the 2010 Long Term Care Survey will soon be posted on the Commission's website.

Long Term Care Quality Initiative

Nursing Home Experience of Care Surveys

Surveys were mailed the week of April 2, 2012 to responsible parties (for nursing home residents with long stays) and recently discharged residents (short stay residents). The data collection period for the surveys will continue through the middle of May.

Seasonal Influenza Vaccination Surveys for Staff Working in LTC

Two LTC surveys are now available on the Commission web site for data entry; one for Assisted Living residences with 10 or more beds (approximately 340 facilities) and one for nursing homes (approximately 224 facilities). Data entry will continue through May 15, 2012.

Consumer Guide to Long Term Care
Several nursing home quality measures displayed on the Guide will change due to revised definitions made in the transition to MDS 3.0. The revised QM's are due to be released this month; staff will carefully review the revised measures to determine if modifications are needed to the Consumer Guide.

The first Home Health CAHPS survey results (Consumer Assessment of Healthcare Providers and Systems) are due for release this spring. CAHPS surveys are designed to collect consumer experience with health care providers. LTC Quality staff plan to add the home health CAHPS results to the Maryland Consumer guide by the summer.

CENTER FOR HOSPITAL SERVICES

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update
In March, the HQI staff issued an informal notice of new measures under consideration for collection in January 2013. The notice requested comments by the end of March. These measures include STROKE, VTE and certain outpatient measures. The staff is reviewing comments received from the industry and will review the comments and staff recommendations with the HPEG Advisory Committee at the April 23rd meeting.

Data Collection Initiative for Specialized Cardiac Care
All Maryland acute general hospitals with a waiver from the MHCC to provide primary percutaneous coronary intervention (PCI) services or with a certificate of need for a cardiac surgery and PCI program are required to report quarterly data to the Commission through use of the American College of Cardiology Foundation's (ACCF) National Cardiovascular Data Registry (NCDR®) ACTION Registry®-GWTG™ and ACCF's NCDR CathPCI Registry®. These reporting requirements apply to eligible patients discharged on or after July 1, 2010. A copy of the Register notices and related information is available on the Commission's Cardiac Data webpage located at http://mhcc.maryland.gov/cardiac_advisory/index.html.

In addition, as a condition of designation as a Cardiac Interventional Center, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) requires hospital participation in the NCDR ACTION Registry to fulfill its data reporting requirements under COMAR 30.08.16.02 D (9). These reporting requirements also apply to three out of state hospitals operating under Memoranda of Understanding with MIEMSS as Cardiac Interventional Centers.

The staff has developed a process for the transfer of the ACTION and CathPCI registry data to the MHCC. We continue to work collaboratively with MIEMSS to maintain a single data transfer process to accommodate the requirements of both agencies and to minimize the burden on hospitals. The HQI and MIEMSS staffs have met with hospitals to discuss data submission issues and concerns. A small procurement effort is underway to obtain data processing and analytic services to support this data quality initiative.

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 procedures. MHCC has established a five year contract with Advanta Government Services, Inc (AGS) to provide HAI data quality review and on-site medical chart audit services. The audit of the FY2011 data has been completed and hospitals have been provided a summary of their results. The contractor is finalizing the audit results and preparing the final report. MHCC will host an educational webinar to update hospital Infection Preventionists on our findings and to review current NHSN definitions and requirements.

Specialized Services Policy and Planning

Cardiac Services

Primary PCI
Staff received the pPCI interim compliance report from Southern Maryland Hospital Center.

Elective PCI
On March 26, 2012, C-PORT E Study Principal Investigator Thomas Aversano, presented final results from C-PORT E in a Late Breaking Session at the Annual Meeting of the American College of Cardiology, and the study results were published in the *New England Journal of Medicine* immediately following the meeting.

The General Assembly passed HB 1141 / SB 750, which:

- identifies PCI as a specialized service regulated by the MHCC;
- transfers oversight of PCI from a waiver process to a certificate process that includes a Certificate of Conformance for establishment of a PCI program, and a Certificate of Ongoing Performance;
- grants existing primary PCI waiver programs a Certificate of Conformance to continue providing emergency PCI;
- requires the Commission to adopt regulations, through an update of the State Health Plan for cardiac services, that address quality, access, and cost, and establish a process for ongoing performance review of cardiac services;
- sets up a Clinical Advisory Group to made recommendations on
    - standards for cardiac surgery services, primary PCI services and non-primary PCI services;
    - oversight of cardiac surgery programs and PCI services at cardiac surgery hospitals.

Commission staff is planning the implementation of HB 1141, including preparations for creating the Clinical Advisory Group.

Important dates associated with HB 1141:
July 1, 2012: Oversight of PCI services changes from waiver process to certificate process.

December 31, 2012: Deadline for the Commission to determine, for each non-primary PCI waiver hospital, whether the hospital will be granted authority to continue performing elective PCI (based on performance on npPCI Registry standards).

September 30, 2013: Deadline for the Commission to post draft regulations on PCI at non-cardiac-surgery hospitals, for public comment, and to submit them to the Governor and to the Senate Finance Committee, and the House Health and Government Operations Committee.

December 1, 2013: Deadline for the Commission to post draft regulations on cardiac surgery and PCI at cardiac surgery hospitals, for public comment, and to submit them to the Governor and to the Senate Finance Committee, and the House Health and Government Operations Committee.

Hospital Services Planning and Policy/Certificate of Need

Certificate of Need ("CON")

CON's Approved

Genesis Bayview Joint Venture – (Baltimore City) Docket No. 11-24-2323
Construction of a new 132-bed comprehensive care facility (CCF) on the campus of Johns Hopkins Bayview Medical Center (JHBMC), incorporating licensed and temporarily delicensed CCF beds operated by JHBMC
Approved Cost: $26,150,769

CON Applications Filed

Hospice of the Chesapeake – (Anne Arundel County) – Matter No. 12-02-2333
Establishment of a 14-bed inpatient hospice unit to be constructed at 90-92 Ritchie Highway in Pasadena (Anne Arundel County)
Estimated Cost: $3,590,000

Determinations of Coverage

- **Ambulatory Surgery Centers**

Ambulatory Plastic Surgery Center Associates – (Montgomery County)
Closure of the current surgery center at 9715 Medical Center Drive, Suite 315, Rockville and the relocation and establishment of a new ambulatory surgery center with one sterile operating room and one non-sterile procedure room to be located at 15245 Shady Grove Road, Suite 155, in Rockville

Olney Urology Center – (Montgomery County)
Addition of physician to the existing surgery center

Center for Pain Management, LLC. – (Baltimore County)
Establish an ambulatory surgery center with two non-sterile procedure rooms to be located at 6829 Hospital Drive, Suite 302, Baltimore

- **Acquisitions/Change of Ownership**

Parris-Castro Eye Care Center – (Harford County)
Acquisition of the Parris-Castro Eye Care Center by Ophthalmology Associates, LLC

- **Capital Projects**

Civista Medical Center – (Charles County)
Addition of a fifth operating room dedicated to the provision of inpatient surgery
Estimated Cost: $500,000

- **Other**

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

Aurora Senior Living at Manokin – (Somerset County)
Temporary delicensure of nine CCF beds

Ellicott City Health & Rehabilitation Center – (Howard County)
Temporary delicensure of 27 CCF beds

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

Layhill Center – (Montgomery County)
Relicensure of four temporarily delicensed CCF beds

Laurelwood Care center at Elkton – (Cecil County)
Relicensure of 26 temporarily delicensed CCF beds

Chesapeake Shores – (St. Mary's County)
Relicensure of two temporarily delicensed CCF beds

Signature HealthCARE at Mallard Bay – (Dorchester County)
Relicensure of 26 temporarily delicensed CCF beds

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

FutureCare – Pineview (Prince George's County)
Permanent relinquishment of three licensed CCF beds for an authorized capacity of 189 CCF beds

Edenwald – (Baltimore County)
Permanent relinquishment of one licensed CCF bed for an authorized capacity of 85 CCF beds

Bel Pre Health & Rehabilitation Center – (Montgomery County)
Permanent relinquishment of 10 temporarily delicensed CCF beds for an authorized capacity of 90 CCF beds

Planning and Policy

On March 12, 2012, HPP staff participated in a meeting of the Board of Directors of the Health Systems Agency of Northern Virginia to discuss differences in the approaches taken by Maryland and Virginia to regulation of ambulatory surgical centers and the possible policy options available for improvements in this area of CON regulation.

On March 20, 2012, HPP staff and other MHCC staff met with representatives of the Talbot Hospice Foundation and State Delegate Eckhardt to discuss CON regulation of hospice inpatient facilities and the interface of CON regulation and proposed licensure rules for residential "hospice houses."

On March 22, 2012, HPP staff and other MHCC staff participated in a meeting with OHCQ staff to discuss development issues with respect to proposed licensure rules for residential "hospice houses."
On March 22, 2012, HPP staff and other MHCC staff were provided with a briefing by representatives of UMMS concerning their planning activities on the Upper Shore of Maryland and ideas for hospital systems development they will be undertaking on the Eastern Shore in coming years.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) 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 transmission standards for the exchange of electronic health information. The committee reviewed the notice of proposed rulemaking for meaningful use Stage 2 and the ONC's strategy for advancing the exchange of electronic health information. During the meeting, the committee deliberated on how to increase value, decrease cost, and build provider trust in electronic health information exchange. The committee also discussed the challenges of achieving interoperable health information systems, which include developing a common approach to transporting information from point to point. Over the next several months, participants plan to address directories, certificate management and discovery, consumer tools, and governance models to support electronic health information exchange.

Last month, staff released the updated web-based Electronic Health Record Product Portfolio (portfolio). The portfolio was originally created in 2008 and is an online resource to inform users about electronic health record (EHR) products. The portfolio contains about 65 nationally certified vendors. Each vendor participating in the portfolio has provided information regarding their EHR system and functionality; line item pricing and pricing projections; privacy and security policies for hosted products; and references that describe user satisfaction. All vendors included in the portfolio offer a discount to Maryland providers. New to this release are EHR vendors that offer products for specialty practices and information regarding Direct messaging services. Direct messaging is a secure method for exchanging health information electronically across various information technology systems using the Internet. The portfolio is updated twice a year.

Staff is drafting the fourth annual *Hospital Health Information Technology Survey* assessment (assessment) report. The survey evaluates the level of HIT adoption in hospitals from 2008 through 2011. The report includes an analysis of HIT adoption trends and a comparison by hospital size, affiliation, and geographic location for all 46 acute care hospitals. The key areas of focus are around computerized physician order entry (CPOE), EHRs, electronic medication administration records (eMAR), barcode medication administration (BCMA), infection surveillance software (ISS), and e-prescribing. While similar to surveys administered nationally, this survey is unique in that it asks questions related to HIT planning and inquires as to the number of primary care units that have implemented different health IT functionalities. In addition to reporting the utilization of a particular technology, the survey required that hospitals report on the number of units implementing each of the core technologies. The report is scheduled for release in early summer.

During the month, staff made revisions to the draft *2012 Ambulatory Health Information Technology Survey* report (report). Next month, staff plans to ask the Maryland Ambulatory Surgical Association for feedback on the draft report. All 335 Freestanding Ambulatory Surgical Centers (Centers) in the state responded to the HIT-related questions included in the annual *Maryland Freestanding Ambulatory Surgical Center Survey*. Key areas of focus include: CPOE, EHRs, eMARs, BCMA, ISS, and e-prescribing. In general, the findings suggest the level of HIT adoption continues to increase in nearly all Centers with the greatest increase in the adoption of CPOE. The report includes a breakout of HIT in Centers within specific geographic regions and between single-specialty and multi-specialty Centers. Staff plans to release the report in late spring.

Staff awarded management service organization (MSO) *State Designation* to Darnell Associates, Inc. and MedChi Network Services, LLC, and reviewed one application for MSO *Candidacy Status* from

HealthPro International. Currently, approximately eleven MSOs have achieved *State Designation* and about six MSOs are in *Candidacy Status*. MSOs have emerged as a way to address the challenges associated with provider adoption of EHRs. These challenges include the cost and maintenance required for the technology, and the responsibilities that accompany the secure storage of electronic data. Staff began preliminary analysis of the MSO State Designation criteria and plans to reconvene the MSO Advisory Panel this summer to consider changes to the criteria. During the month, staff convened a series of meetings with EHR vendors and the statewide health information exchange (HIE) to discuss strategies for developing interfaces between EHRs and the HIE.

Staff held a technical meeting with the statewide HIE and select payers and pharmacy benefit managers to discuss the implementation specifications for electronic single sign-on (SSO). SSO enables providers to use the same user name and password to access prior authorization portals of multiple payers. Its use can significantly reduce the administrative burden on providers and their staff when completing or tracking prior authorizations through the Internet. SSO implementation is one of the recommendations outlined in the December 2011 *Recommendations for Implementing Electronic Prior Authorizations* report. A multi-stakeholder group that convened last fall established recommendations, which are voluntary, aimed at decreasing the burden of prior authorization requests on providers and payers by standardizing the request process. Select payers and pharmacy benefit managers have agreed to a phased implementation approach: 1) post information on their website regarding medical services and prescription drugs that require prior authorization and the key criteria used to make a final determination of a prior authorization request; 2) establish an online process to electronically accept prior authorizations and issue a tracking number, and 3) adopt standard timeframes for making determinations on electronic prior authorization requests. The General Assembly is considering House Bill 470, *Maryland Health Care Commission – Preauthorization of Medical Services and Pharmaceuticals – Standards*, that would require the adoption of these recommendations.

Staff is collecting data from physicians and allied health providers regarding the progress achieved toward the adoption and meaningful use of EHRs in the state. This initiative is a result of House Bill 706 (HB 706) *Electronic Health Records – Regulation and Reimbursement*. HB 706 passed during the 2009 legislative session and among other things, requires the MHCC to identify recommendations for any changes in state law that may be necessary to achieve optimal adoption and use of EHRs. Staff also plans to use the finding(s) in collaboration with the medical and allied health care associations to develop strategies aimed at increasing EHR adoption and meaningful use. Staff awarded a contract to Audacious Inquiry, LLC (AI) to provide assistance in completing this work. A report is due to the Governor and the General Assembly in October 2012.

Health Information Exchange

Staff provided support to the Chesapeake Regional Information System for our Patients (CRISP); the statewide HIE, in developing strategies for expanding provider use of the Virtual Health Record Portal (portal) and participating in a Direct pilot. The portal would allow providers to view select clinical information at the point of care through their Internet browser. The Direct pilot allows for a secure method to exchange encrypted health information directly to known, trusted recipients over the Internet. Staff worked with CRISP and the Maryland Learning Collaborative to engage providers in the Maryland Multi-Payer Patient Centered Medical Home Program pilot in the use of the portal and to participate in the Direct pilot. Last month, staff also provided support to the auditor completing the HIE technology security auditor: CliftonLarsonAllen, LLP (CLA). CLA plans to review nearly 150 information security controls as part of the audit. This is the second year the MHCC has completed a security audit of the HIE. A report is scheduled for release in May.

Activities to implement the Regional Extension Center (REC) program continued during the month. In 2009, CRISP received around $6.4M from the ONC to develop and implement a strategy that expands EHR adoption in the state and qualify priority primary care practices (PPCPs) for federal EHR adoption incentive payments. Approximately 14 MSOs have contracted with the REC to provide education,

outreach, and technical assistance to 1,000 PPCPs, a goal set by the ONC. MSOs receive incentives from the REC for helping providers achieve three specific milestones; all combined, approximately 1,505 PPCPs have signed a participation agreement with an MSO; approximately 642 PPCPs have demonstrated certain functionalities of their EHR (i.e., e-prescribing); and about 54 PPCPs have achieved meaningful use Stage 1. The ONC recently announced extending the REC program from two to four years and potentially offering some additional funds to RECs that meet their goal.

During the month, seven applications were received for the Innovative Ideas Contest, a program conceived by the Secretary of the Department of Health and Mental Hygiene (DHMH). Staff worked with CRISP and DHMH to develop the program. The contest seeks to leverage the statewide HIE and identify innovative and practical ideas around the use of potential data sources, both within and outside the health care domain, to achieve new insights, solutions, or interventions that address public health challenges. Applicants will go through multiple rounds of evaluation, including a review by an expert panel. The contest includes a winner and two honorable mentions, along with a people's choice award. The total award amount for the contest is $5,000 with the largest amount going to the first place winner; finalists will receive public recognition from the Secretary of DHMH. The application period ends on April 16th and the winning applications are expected to be announced in May 2012.

Last month, staff finalized an information brief detailing a strategy for implementing electronic Advance Directives and Medical Orders for Life Sustaining Treatment (MOLST) forms. The MHCC received a Challenge Grant of approximately $1.6M from the ONC as a supplement to the *State Health Information Exchange Cooperative Agreement Program*. The scope of the Challenge Grant includes developing recommendations for electronic Advanced Directives and MOLST forms; integrating six long-term care facilities with the statewide HIE; and implementing the web portal with approximately 50 long term care facilities. The recommendations included in the information brief were developed by the Advance Directives Focus Group. The recommendations stipulate that Advance Directives should be electronic and accessible via a web portal and include the development of a database for electronic MOLST forms. During the month, technical integration activities continued with approximately three long term care facilities and the HIE, a requirement to enable the exchange of data with the long term care facilities and geographically proximate hospitals.

Staff continues to work on identifying strategies that will encourage ambulatory practices to connect to the HIE. This initiative is aimed at exploring technology and workflow challenges to address increased ambulatory practice connectivity with the HIE. Staff is consulting with providers, payers, and employers in developing the recommendations. During the month, staff surveyed roughly 50 ambulatory practices; the survey questions focused on challenges relating to connectivity. The Centers for Medicare and Medicaid Services decision not to include HIE connectivity under the meaningful use requirement has required states to develop alternative strategies for getting ambulatory practices to participate in HIE. AI is the consulting organization that was competitively selected to assist in completing the work. A report is scheduled for release in the summer.

Staff is in the preliminary stage of evaluating the comments received during the informal public review period on the draft HIE regulations that were released on February 16th. Approximately 20 comment letters were received during the four-week informal public review period. Staff has extended the informal public comment period by approximately three weeks and has encouraged additional organizations to provide comments. Staff anticipates presenting its assessment of the informal public comments to the MHCC convened HIE Policy Board (board) in May. House Bill 784 *Medical Records – Health Information Exchange* (HB 784) from the 2011 legislative session requires the MHCC to establish regulations for the privacy and security of protected health information exchanged through HIEs. Over the last year, the board recommended adoption of roughly 10 policies; the board has identified an additional 15 policies for development. In April, the board plans to finalize their recommendation on the *Primary Data Use and Disclosure* and *Consumer Access to Audit* policies.

Staff continued drafting an HIE consumer engagement, awareness, and access report. Several consumer focus groups were convened in the fall of 2011 to assess 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. Koss on Care, a consultant organization, provided assistance in facilitating the focus groups and in drafting the final report. The consultant's work includes an in-depth evaluation of HIEs and providers throughout the state and to formulate recommendations aimed at expanding consumer outreach and education. The report is targeted for release in late spring.

Electronic Health Networks & Electronic Data Interchange

Staff recertified two electronic health networks (EHNs), Gateway EDI and ZirMed, Inc. In accordance with COMAR 10.25.07 – *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, payers doing business in the state must use an EHN certified by the MHCC. EHNs are certified for two years and are required to meet standards related to privacy and confidentiality, security, and technical performance. Staff is currently updating the EHN Policy & Procedure Manual to reflect internal changes made to the certification process. COMAR 10.25.09 – *Requirements for Payers to Designate Electronic Health Networks*, requires the MHCC to collect administrative health care transaction information from payers that have premium volumes of $1 million or more annually. Activities are currently under way to support this year's collection period that ends on June 30th.

National Networking

Staff participated in several webinars during the month. The *NeHC* presented, *HIE Case Study: CORHIO & Cal eConnect* where key HIE challenges and connectivity strategies of the Colorado Regional Health Information Organization and Cal eConnect HIEs were discussed. *Putting Patients into Meaningful Use - Getting Ready for Stage 2*, hosted by eHI, highlighted the Centers for Medicare and Medicaid Services meaningful use stage 2 proposed rulemaking changes to the objectives and measures required of eligible professionals/hospitals in order to receive incentive payments for using certified EHRs. The Telehealth Resource Center presented, *Step by Step: Starting A Telehealth Program* on key steps of how to successfully develop and implement a Telemedicine program.