MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

September 2012

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

All major aspects of the MMPP program had important achievements in this period.

Evaluation:

- Patient and provider satisfaction tools were piloted; and,
- Comparison site selection methodology was reviewed and approved.

Shared Savings:

- MHCC's data aggregator and its shared savings methodology consultant calculated the shared savings for the MMPP program for commercial carriers. These preliminary results are currently being validated by MHCC will be reviewed by carriers with MHCC on September 19 and then released to practices for projected disbursements by the end of September.
- The process for calculating Medicaid shared savings has been finalized and data processing specifications for encounter data and pricing methods will be set by end of September for projected disbursement in October.
- Major self-funded employer groups – OPM, Maryland Department of Budget and Management (state employees) and USFHP – received tailored briefings to update them on shared savings process and time line.

Fixed Transformation Payments – Cycle 3

- Totaled approximately $3.42 million

Quality Measures:

- MHCC staff reviewed two proposals for setting quality measure thresholds for quality measures

Program Recognition:

- MMPP will be featured in the September 26th edition of AHRQs *Innovation Exchange*
- The shared savings approach adopted by MMPP was featured in a Commonwealth funded study published in the September 2012 edition of *Health Affairs*
- The program's public website was updated

Maryland Learning Collaborative:

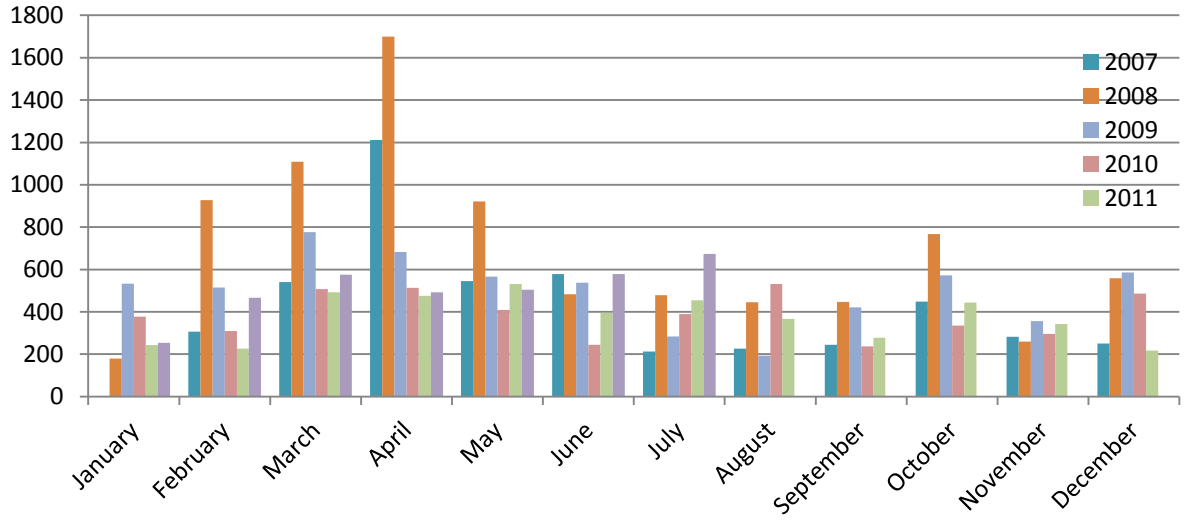
- Two (2) regional collaborative meetings were held focusing on health care reform and quality improvement in August
- Special support was given to practices with NCQA Level I recognition as these practices must apply for Level II or better recognition by September 30.

Program Expansion:

- MHCC staff provided conceptual and writing support to the DHMH-led CMS "State Innovations Model" application which is due to CMS by September 24th

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 $577,725 for June of 2012 and $674,462 for July of 2012. The monthly payments for uncompensated care from March 2007 through July 2012 are shown above in Figure 1.

Maryland Criminal Injuries Compensation Board Collaboration
Commission staff met with the Executive Director and staff from the Criminal Injuries Compensation Board in July to develop a collaboration plan for management of the trauma patients' claims made to the Crime Victim Compensation Fund.

Cost and Quality Analysis

Maryland Medical Care Data Base (MCDB) – Submissions of 2011 Information
All carriers required to submit 2011 claims and eligibility files to the MCDB have passed the preliminary data screens conducted by the database vendor, Social and Scientific Systems, Inc. This is a marked improvement over last year, when some carriers did not complete their submissions until the end of the calendar year. We attribute the improvement to: 1) carriers' understanding that the MHCC has placed a high priority on timely submissions of complete and accurate data—communicated to carriers in several teleconferences in the spring; and 2) MHCC's decision not to change any of file lay-outs from those used for the 2010 data so that none of the carriers would need to change their computer programs.

Because the Maryland Multi-Payer Program (MMPP)/Patient-Centered Medical Home participation agreement requires carriers to pay any shared savings to practices at the end of September, the database

vendor has been focused on rapidly analyzing the claims provided by the five major carriers who participate in the MMPP. The vendor has successfully completed this task, and the relevant information has been given to the vendor responsible for calculating shared savings, Discern Consulting.

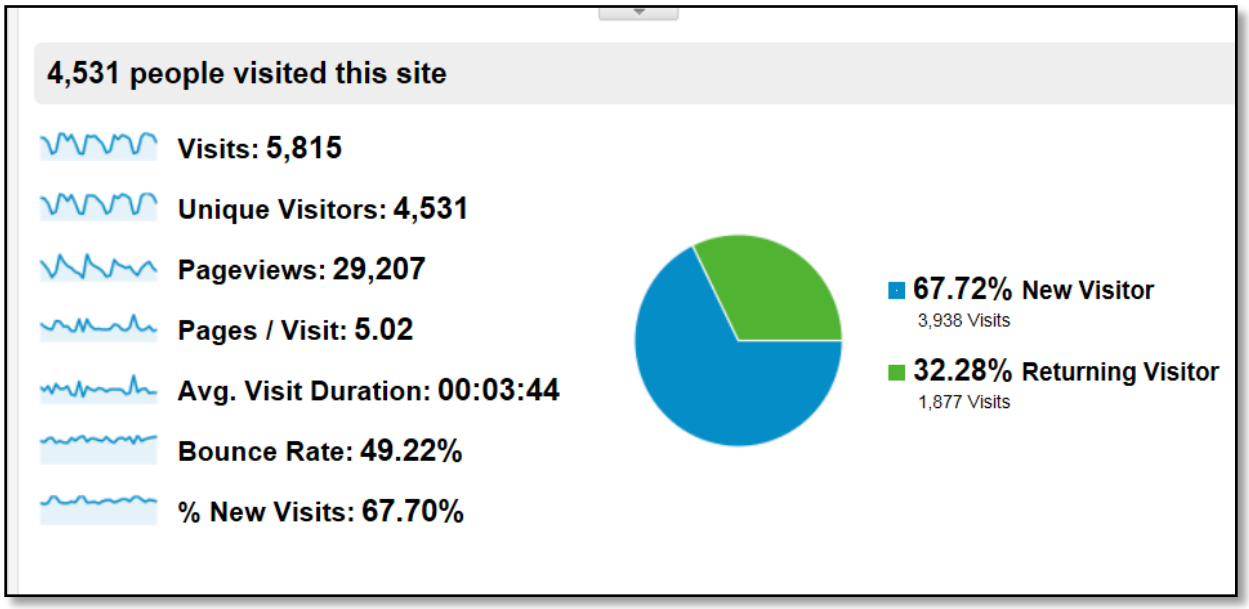
MCDB –Data Sharing
Division staff have provided the Maryland Medicaid Administration with several years of privately insured prescription drug claims for a study it is conducting on use of psychotropic medication among children. The Medicaid Administration will compare utilization of these medications in privately insured children to utilization rates among children covered by Medicaid. Staff from MHCC and the database contractor have also provided analytical support to the person conducting the analysis.

MCDB – Data Expansion and Enhancement
Maryland's CCIIO grant application (discussed in the July update) was approved, which means that the MHCC will receive funds for incorporating new information in the MCDB and improving the timeliness of the data. The funding will be used to kick-start the inclusion of Medicaid MCO claims files and prescription drug claims for self-insured patients—obtained from pharmacy benefit managers (PBMs)—in the MCDB. Inclusion of the PBM data will require the creation of a master patient index (MPI) for each enrollee and patient in the MCDB, so that the PBM drug claims can be correctly assigned to patients in the MCDB. The MPI will be created by the Chesapeake Regional Information System for our Patients (CRISP). The grant funds will be used for exploratory analysis of the MCO and PBM data, and the creation of programs to evaluate and process the data. The grant will also provide funding for the definition of a new file, the plan benefit description file, which will be submitted by private carriers in the future.

Assessment of the Assignment of Benefits Bill
As discussed in the July update, the Commission is required to study the benefits and costs associated with passage of the Assignment of Benefits and Reimbursement of Non-preferred Providers bill in 2010 (Chapter 537, Acts of 2010). The baseline analysis of the study parameters—using 2010 claims data—will be completed by the end of September, and a report will be submitted to legislators at the beginning of October. Results from the baseline analysis will be presented at the October Commission meeting.

MEPS-IC Survey Data on Access to Insurance Coverage through Maryland Employers
Staff has received the federal MEPS-IC survey data for 2011, which is available to the public on the MEPS-IC website. Preliminary examination of the data indicates the percent of employees in Maryland private establishments who work for employers that offer insurance, at 84%, is unchanged from Maryland's percentage in 2010. This is slightly above the national percentage in 2011 (85%), which declined from 2010 (86%). Staff will provide updated information for key figures from the Commission's bi-annual MEPS-IC report in an issue brief that will issued later this fall.

Figure 2 - Data from Google Analytics for the month of August 2012



- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

Internet Activities

As shown in the chart above, the number of visits to the MHCC website for the month of August 2012 was 5815 and of these, there was 4531 unique visits. The average time on the site was 3.44 minutes. Bounce rate is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

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 highest referral source was from the dhmh.maryland.gov website. Other government agencies include Search.maryland.gov, maryland.gov, hscrc.state.md.us, baltimorecountymd.gov and aging.maryland.gov. Among the most common search keywords in August were:

- "Maryland health care commission"
- "Maryland nursing homes"
- "PCMH"
- "mhcc.maryland"
- "small business health insurance"

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 Measure website	Completed	Updates ongoing
PCMH Public Site	On-going Maintenance	Project went live end of January, 2012
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	
PCMH Practices Site (New)	Completed	Updates ongoing
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Sites (13 sites)	Modifying for Ethnicity (7 sites updated to date)	
Physician Licensing	Modifying for Ethnicity, Adding new questions for HIT, Telemedicine, and Active Licensed States COMPLETED	July 16 Providing ongoing support
Health Insurance Partnership Public Site	On-going Maintenance	
Health Insurance Partnership Registry Site	Monthly Subsidy Processing	
Health Insurance Partnership Registry Site	Monthly Registration	
Health Insurance Partnership Registry Site	On-going Maintenance	
Hospice Survey Update	Underway	Went Live February, 2012
Long Term Care 2011 Survey	Annual Maintenance	Start of Project: January 2012 Survey Finished. Database results uploaded.
Hospital Quality Redesign	Planning	Start of Project: Fall 2010
MHCC Assessment Database	Development	Finished. Reviewing data before export.
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Development	For MHCC's Center for Hospital Services

Network Operations & Administrative Systems (NOAS)

Virtualization Project (Redesign MHCC Data Center Infrastructure)
All hardware has been received. Power requirements have been verified in the current data center. Virtualization software has been ordered. Current installation date is September 26, 2012. Process should take approximately 3 days. Test data will be loaded and testing by MHCC IT staff will begin.

Information Technology Newsletter
The August 2012 copy of the Network Operations & Administrative Systems (NOAS) newsletter was released.

Information Technology Helpdesk Portal
IT Helpdesk was fully released. The software provides a resource to log all technology help calls and monitors all network traffic, hardware and software. Information is stored in an online knowledge base for staff access.

Going Google: Gmail for Government
MHCC email accounts were created in the new State of Maryland email system based on Google's Gmail. MHCC employees were provided access to the new accounts and several have migrated from the current email system. Further migrations will begin during the month of September.

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

Health Plan Quality and Performance

In collaboration with the Health Benefit Exchange (HBE), staff held a teleconference with commercial health benefit plans and formally announced the MHCC collaboration with the HBE. A representative from the HBE presented their preliminary reporting requirement for qualified health plans (QHPs) that will participate in the Exchange will be required to conduct quality and performance reporting through the MHCC's Quality and Performance Evaluation System.

Staff met with representatives from the Maryland Citizens' Health Initiative and the Center for American Progress regarding the possible expansion of the Maryland RELICC Assessment in future years, to account for improved data collection on health equity in Maryland, particularly for Lesbian, Gay, Bisexual, and Transgender (LGBT) data collection. Staff is also participating with staff of the MHCC's Advanced Primary Care Programs in their planning for Maryland Multi-Payor Program evaluation initiatives that may include the adoption of LGBT data collection.

Staff held multiple teleconferences in August and September with the Maryland RELICC Assessment vendor in order to prepare for the roll-out of the new Maryland-specific quality and performance evaluation tool being required for use by Maryland's commercial health benefit plans in the Commission's 2013 Quality and Performance Reporting Requirements.

Staff is in the final stages of developing and executing a Memorandum of Understanding between MHCC and the HBE as it relates to quality and performance reporting of health benefit plans.

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 May 2011. Over the past 30 days, the analytics have increased from an average of approximately 4 Maryland visits per day to 7 per day, with users viewing about 4 pages per visit, and spending an average of about 5 minutes per visit on the site. This is above the national average.

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 September 11, 2012 enrollment in the Partnership was as follows: 414 businesses; 1,147 enrolled employees; 1,886 covered lives. The average annual subsidy per enrolled employee is almost $2,400; the average age of all enrolled employees is 40; the group average wage is about $27,500; the average number of employees per policy is 4.0. 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. Staff 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 Date 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. These programs are now being tested.

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. All hospice programs have completed both Parts I and II, and the data has been cleaned and checked. The public use data set will be developed and posted during the next few weeks.

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.
The Chapter on Hospice Services (COMAR 10.24.13) was released for a 30-day Informal Public Comment on April 13, 2012. Comments were due to the Commission by May 14, 2012. Staff presented an overview of the Chapter at the April 19th Commission meeting. In addition, in response to requests to address questions, staff held in Informal Public Meeting on April 27th.
Also, staff received updated population projections based on the 2010 census and posted revised need projections, as well as a step-by-step description of the need methodology, on its website on May 23, 2012.

Staff developed an analysis and staff recommendations regarding the comments received during the Informal Public Comment period. The results of this analysis were presented at the June Commission meeting. Following the meeting, the staff analysis and recommendations, the complete set of comments, and the proposed changes in the draft regulations were posted on the Commission's website.

Staff met with the Hospice Network about an alternative approach to projecting need for hospice services. The Hospice Advisory Group was reconvened on August 23, 2012. In addition, a meeting was held with interested participants on September 10, 2012. In addition, a briefing was held on September 12, 2012 at the Senate Finance Committee.

FY 2011 Home Health Agency Survey
Sixty (60) agencies participated in the 2011 Home Health Agency Survey, which ended on May 29, 2012. Staff has reviewed all Home Health Agency Surveys for FY 2011, and has contacted 20 agencies to follow-up with responses to certain survey questions. Staff is in the process of receiving corrected information from the agencies and incorporating them into the home health agency data base for FY 2011.
The data collection for the 2012 Home Health Agency Survey has been changed to include only one survey data collection period. In past years, the survey collection was divided into two phases: Phase 1, for which collection commenced in September/October and included agencies with fiscal year end dates on or before June 30 of the survey year; and Phase 2, for which collection commenced in February/March and included agencies with fiscal year end dates from July 31 to December 31 of the survey year. The 2012 Home Health Agency Survey will begin in the first quarter of 2013 and collect data for all agencies, regardless of fiscal year dates. Former Phase 1 agencies were notified by email of the change in the collection period.

Long Term Care Survey
Seven hundred and eighteen (718) facilities participated in 2011 Long Term Care Survey, which concluded on June 25 2012. The post data collection phase of the survey began with the processing and cleaning of the 2011 Survey data. This process includes creating and reviewing the Survey Analysis files and various reports including the occupancy reports. Staff compiled cross year comparisons to find any anomalies or inconsistencies from year to year. As a result staff will be conducting follow ups with facilities by email and phone for verification of the data.

Long Term Care Quality Initiative

Nursing Home Experience of Care Surveys
2012 Family Survey results have been transmitted to all nursing homes and posted on the Consumer Guide are complete**;** preliminary results of the short stay have been received and are awaiting final Agency for Healthcare Research and Quality (AHRQ) analysis.

Seasonal Influenza Vaccination Surveys for Staff Working in LTC
Notice sent to all nursing homes and assisted living residences of the flu season which began September 1, 2012. Notice included resources for promoting awareness and where to obtain flu vaccination.

Consumer Guide to Long Term Care
CMS nursing home quality measure scores based on the new MDS 3.0 were released in July 2012. This information is now available for each nursing home on the Consumer portal. New measures include prevalence of falls with major injury and residents receiving antipsychotic medication. Revised measures include pressure ulcer development which is now focused on stage II-IV ulcers and pain management. Nursing home scores on these measures differ from those posted under MDS 2.0.

Regarding the antipsychotic measure, CMS reports nationally up to 25% of nursing home residents receive antipsychotics. CMS has implemented an aggressive initiative to reduce the use of antipsychotics by 15% by the end of 2012. Increased scrutiny during surveys will note if a resident is prescribed an antipsychotic, there is evidence in the medical record that potential side effects are being monitored, effectiveness of the drugs is described, and there are efforts to reduce dosage to the minimal effective

level. Using the *Nursing Home Compare* data released July 2012, the median antipsychotic use in Maryland nursing homes is 18.7%.

Staff attended the MHCC staff attended the Agency for Healthcare Research and Quality's (AHRQ's) annual Conference held on September 10, 2012. There were several presentations about long term care quality initiatives, effectiveness of public report of performance data, and consumer surveys in health care.

CENTER FOR HOSPITAL SERVICES

Hospital Quality Initiatives (HQI)

Hospital Performance Evaluation Guide (HPEG) Update
The HQI staff, with the guidance of the HPEG Advisory Committee, has added new inpatient hospital quality measures for reporting on the Maryland Hospital Performance Evaluation Guide. These new measures support HSCRC's Quality Based Reimbursement Program. These measures include AMI-10 (Statin Prescribed at Discharge) as well as the VTE and 'Get with the Guidelines' (GWTG) STROKE measures for inpatient services. The measures were posted in the Maryland Registry following an informal comment. The HQI staff continues to work with the hospital industry towards collection of new and meaningful hospital performance data to inform consumers and facilitate quality improvement.

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 data related to Hip, Knee and CABG procedures. The HQI staff is in the process of preparing for the October update to the Hospital Guide which will include FY2012 CLABSI data. Since CLABSI data was first reported on the Guide in October 2010, the CLABSI rate in Maryland hospital ICUs has continued to decline.

The HQI staff is also working towards the first release of surgical site infections (SSI) data on the Hospital Guide. With input from our HAI Advisory Committee, we have finalized the display format and the level of detail to be included in the new SSI data release.

MHCC has established a five year contract with Advanta Government Services (AGS_, Inc to provide HAI data quality review and on-site medical chart audit services. The FY2012 CLABSI audit and CY2011 SSI data quality reviews are underway.

On September 19, 2012, MHCC will hold a Webinar for hospital Infection Preventionists and other personnel who support infection prevention and control activities. The Webinar will provide an update on our HAI data collection and reporting activities.

Data Collection Initiative for Specialized Cardiac Care
All Maryland acute care general hospitals with a waiver from MHCC to provide primary percutaneous coronary intervention (PCI) services or with a Certificate of Need to provide cardiac surgery and PCI services 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. The staff has developed a process for the transfer of the ACTION and CathPCI registry data to 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. We are utilizing the services of a contractor, AGS, to develop a SAS analytic file to support internal analysis of the data.

Specialized Services Policy and Planning

Implementation of HB 1141
Consistent with the requirements of HB 1141, the Commission has convened a Clinical Advisory Group on Cardiac Surgery and PCI Services, to provide clinical expertise and make recommendations on standards for both cardiac surgery and PCI services. The Commission has appointed twenty-seven members to the group, which includes broad representation of in-state and out-of-state clinical experts. The first meeting is scheduled for September 27, 2012, and will be held at the Hilton Baltimore BWI. A total of six meetings have been scheduled for this panel.

Also, per HB1141, staff has begun a review of the eight non-primary PCI programs that participated under research waivers in C-PORT E, and are now part of the Follow-on Elective Angioplasty Registry. By the end of December 2012, the Commission must make a determination on whether these programs have continued to meet waiver and registry standards, and will continue to have authority to perform non-primary (elective) PCI. This continuing authority would be granted under an exemption to the new Certificate of Conformance requirement during the period of transition from the waiver program to the new regulatory framework provided in HB 1141. The standards for the Certificates of Conformance and Ongoing Performance, to be required of both non-surgical and surgical hospitals, will be developed by the Commission with the help of the Clinical Advisory Group. The Commission is required to complete the process of revising the State Health Plan Chapter on Cardiac Surgery and PCI by the end of 2013. Staff has drafted technical amendments which would allow the Commission to continue appropriate oversight of the Registry hospitals in 2013, and until the revised State Health Plan takes effect.

Hospital Services Policy and Planning/Certificate of Need

July 1, 2012 through August 31, 2012

Certificate of Need ("CON")
CON's Approved

ManorCare Health Services - Fairwood – (Prince George's County) – Docket No. 11-16-2324
Establishment of a 110-bed comprehensive care facility ("CCF") on Fairwood Parkway, Bowie, through relocation of existing CCF bed capacity (HHCC-Adelphi - 65 beds; HHCC-Hyattsville - 30 beds; and MCHC-Largo - 15 beds)
Approved Cost: $16,042,836
Approved: July 19, 2012

Cosmetic Surgical Center of Maryland d/b/a Bellona Surgery Center – (Baltimore County) – Docket No. 12-03-2327
Addition of an operating room ("OR") by an existing physician's outpatient surgical center ("POSC") establishing a 2-OR ambulatory surgical facility ("ASF") at 8322 Bellona Avenue, Towson
Approved Cost: $104,500
Approved: July 19, 2012

Massachusetts Avenue Surgery Center – (Montgomery County) – Docket No. 12-15-2328
Addition of a third OR by an existing ASF located at 6400 Goldsboro Road, Bethesda
Approved Cost: $638,250
Approved: July 19, 2012

Hospice of Queen Anne's County – (Queen Anne's County) – Docket No. 12-17-2329
Change in hospice bed capacity by designating six existing residential beds as permissible to use for general inpatient hospice care at the "Hospice House" facility located in Centreville
Approved Cost: $11,400
Approved: July 19, 2012

525 Glenburn Avenue Operations, LLC d/b/a Chesapeake Woods Center – (Dorchester County) – Docket No. 12-09-2331
Addition of 23 CCF beds by an existing CCF located in Dorchester County
Approved Cost: $3,475,000
Approved: July 19, 2012

CON Letters of Intent

Memorial Hospital of Easton – (Talbot County)
Relocation and replacement of the existing general hospital to a new site at 10000 Longwoods Road. Easton

Pre-Application Conference
Memorial Hospital of Easton – (Talbot County)
Relocation and replacement
July 18, 2012

CON Applications Filed

Garrett County Memorial Hospital – (Garrett County) – Matter No. 12-11-2337
Capital expenditure for construction of a 4-story building addition and renovations at an existing hospital
Estimated Cost: $23,539,350

College View Center – (Frederick County) – Matter No. 12-10-2336
Construction of a replacement CCF beds with 130 beds in Frederick
Estimated Cost: $19,205,000

Anne Arundel Medical Center – (Anne Arundel County) – Matter No. 12-02-2338
Build-out of third floor shell space to add a 30-bed medical/surgical unit
Estimated Cost: $8,027,342

Determinations of Coverage

- Ambulatory Surgery Centers

Summit Ambulatory Surgical Center, LLC – (Baltimore City)
Relocation of a POSC from 1001 Pine Heights Avenue, Suite 100, Baltimore to 3407 Wilkens Avenue, Suite 200, Baltimore

Surgery Center of Annapolis, LLC – (Anne Arundel County)
Addition of practicing physician (Justin Cashman, M.D) by a POSC

Advanced Surgery Center of Bethesda, LLC – (Montgomery County)
Establish a POSC with one sterile operating room and one non-sterile procedure room to be located at 6430 Rockledge Drive, Suite, 160, Bethesda

SurgCenter of Western Maryland, LLC – (Allegany County)
Change of POSC ownership

Orthopaedic Associates of Central Maryland Ambulatory Surgical Center, LLC – (Baltimore City)
Change of POSC ownership

Arundel Ambulatory Surgery Center – (Anne Arundel County)
Change in ASF ownership

Baltimore Spine Center, LLC – (Baltimore County)
Change in POSC ownership

- Acquisitions/Change of Ownership

Woodbourne Center, Inc. – (Baltimore City)
Acquisition of Woodbourne Center by Nexus

- Other

o Delicensure of Bed Capacity or a Health Care Facility

FutureCare – Sandtown Winchester – (Baltimore City)
Temporary delicensure of three CCF beds

FutureCare – Homewood – (Baltimore City)
Temporary delicensure of three CCF beds

FutureCare – Chesapeake – (Anne Arundel County)
Temporary delicensure of four CCF beds

FutureCare – Cherrywood – (Baltimore County)
Temporary delicensure of three CCF beds

o Relicensure of Bed Capacity or a Health Care Facility

Fayette Health & Rehabilitation Center – (Baltimore City)
Relicensure of 29 temporarily delicensed CCF beds

o Relinquishment of Bed Capacity or a Health Care Facility

Forestville Health & Rehabilitation Center – (Prince George's County)
Permanent relinquishment of eight CCF beds reducing capacity to 152 CCF beds

Marley Neck Health & Rehabilitation Center – (Anne Arundel County)
Permanent relinquishment of four CCF beds reducing capacity to 95 CCF beds

o Miscellaneous

Liberty Heights Health & Rehabilitation Center – (Baltimore City)
Acknowledgement that facility will not be temporarily delicensing 23 CCF beds as previously authorized

Policy and Planning

Mission Lifeline
On July 5, July 19, and August 3, 2012, HPP staff participated in "steering committee" meetings developing a second annual "STEMI" conference for Maryland. The conference, planned for Saturday, October 20, 2012 at the Maritime Institute Conference Center, is sponsored by MIEMMS and Mission Lifeline, a program of the American Heart Association focused on improving STEMI outcomes and cardiac resuscitation systems performance. HPP staff will be presenting an update on changes in regulation of PCI and cardiac surgery at the conference.

Smart Growth and Hospitals
HPP staff attended a conference on July 18, 2012 sponsored by the Maryland Department of Planning focused on smart growth principles for hospital planning and project development.

Clinical Advisory Group/PCI and Cardiac Surgery
HPP staff participated in a planning meeting with the CAG co-chairs on August 14, 2012.

Updating the Hospice Chapter of the SHP
HPP staff participated in two meetings addressing issues in the update of State Health Plan standards for hospice services; a meeting with Hospice Network representatives on August 20, 2012 and a meeting of the Hospice Advisory Group on August 23, 2012.

Acute Rehabilitation
On August 27, 2012, a meeting of the Acute Rehabilitation Work Group was convened to review and discuss a second draft of proposed amendments to COMAR 10.24.09, State Health Plan standards for acute rehabilitation hospital facilities. Based on this work, a draft for informal review and comment is in development.

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 (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. During the meeting, the committee reviewed barriers reported by providers to Stage 1 meaningful use attestation that were summarized by Regional Extension Centers (RECs). The top five challenges were: the meaningful use measures; provider engagement; vendor selection; administrative practice issues; and vendor delays in implementation and installation. As of July 31st, the Centers for Medicare and Medicaid Services (CMS) reported that nearly 4,554 providers in Maryland have registered for the Medicare and Medicaid electronic health record (EHR) incentives, and about 1,369 providers have been paid an incentive.

Planning activities to revise the fifth annual *Health Information Technology Assessment of Maryland Hospitals* (assessment) are underway. Each year since 2008, staff has administered a survey to all acute care hospitals to measure the adoption of key health information technologies (health IT). The assessment measured hospital adoption with some comparison by size and location. Staff plans to invite

the Maryland Hospital Association (MHA) and the Chief Information Officers (CIOs) of Maryland's 46 acute care hospitals to provide input in identifying select clinical measures that may be impacted by the adoption of health IT. Staff plans to enhance future reports to measure the impact of health IT adoption. Over the next several months staff expects to work with CIOs and the MHA to identify select reporting measures.

Staff awarded management service organization (MSO) State Designation to Syndicus, Inc. and McFarland & Associates, Inc. and approved one application for MSO Candidacy Status from Doctor's Choice Medical Services, Inc. Currently, 14 MSOs have achieved State Designation and about five MSOs are in Candidacy Status. MSOs have one year to demonstrate that they meet over 90 requirements related to privacy, technical performance, business practices, security, and services to achieve State Designation. Staff continued to work with the MSO Advisory Panel (panel) to develop core criteria to include in the State Designation evaluation process. Core criteria are requirements that MSO applicants must meet themselves, without outsourcing the requirement. Staff is collaborating with the Electronic Healthcare Network Accreditation Commission (EHNAC), the national accreditation organization, in finalizing the core criteria and plans to complete this activity in September.

During the month, staff met with state-regulated payers (payers) and pharmacy benefit managers (PBMs) to discuss implementation activities regarding the preauthorization requirements as detailed in House Bill 470 (HB 470), *Maryland Health Care Commission – Preauthorization of Health Care Services – Benchmarks*, which was passed during the 2012 legislative session. Among other things, the law requires the MHCC to work with payers and PBMs to attain certain benchmarks around best practices and standards for electronic prior authorizations of prescription medications and medical services. Staff also provided several payers with feedback on their online strategy to comply with the law. Staff developed an electronic application for payers and PBMs to report on their progress in implementing the benchmarks.

Staff convened a health IT program evaluation workgroup (workgroup) last month to assess the timeliness of developing criteria that can be used to measure the current impact of health IT adoption in Maryland. Approximately 15 individuals from a variety of stakeholder groups attended the meeting. Stakeholders agreed that an evaluation tool would have value; however, they noted that it would be difficult to measure the impact of health IT programs on the effectiveness of care delivery at this time. The workgroup recommended deferring discussion on evaluating health IT programs for one more year to allow for greater adoption of health IT statewide.

Staff convened the Telemedicine Technology Solutions and Standards Advisory Group (advisory group) during the month to discuss the development of a technology-based telemedicine implementation resource guide (guide). The advisory group is currently collaborating on the identification of a range of best practices for telemedicine as it relates to infrastructure, clinical devices, video conferencing units, communication hardware, and data exchange standards, which are critical to ensuring that telemedicine networks across the state can easily communicate with each other and eventually connect to the statewide HIE. Audacious Inquiry, LLC (AI) was competitively selected to provide assistance in completing the work. Next month the advisory group will consider key telemedicine technology policy challenges. The guide is expected to be released in January 2013.

Staff finalized a report to the Governor and General Assembly as required under House Bill 706 *Electronic Health Records – Regulation and Reimbursement* (HB 706), which was signed into law in May 2009. This report includes an update on the progress providers are making in the adoption and meaningful use of EHRs, as well as recommendations around proposed changes in state law to achieve optimal EHR adoption and use among Maryland providers. Staff collaborated with health systems, the statewide HIE, the Maryland REC, MSOs, medical and allied health care societies, and payers in developing the recommendations. The recommendations are aimed at increasing EHR and HIE service

transparency and include strategies to mitigate barriers to EHR adoption through continued financial incentives and educational initiatives. AI was competitively selected to assist in completing the work.

Staff began preliminary discussions with state-regulated payers and MedChi, The Maryland State Medical Society, to explore opportunities to expand the EHR adoption incentive program. COMAR 10.25.16, *Electronic Health Record Incentives,* requires state-regulated payers to provide EHR adoption incentives to primary care practices that meet certain requirements. House Bill 736, *Electronic Health Records – Incentives for Health Care Providers – Regulations* (HB 736), signed into law in 2011, requires the MHCC in consultation with the DHMH, payers, and providers to study whether the scope of health care providers that may receive EHR adoption incentives should be expanded beyond primary care practices. The law also requires the MHCC to submit a report by January 1, 2013 to the Senate Finance Committee and the House Health and Government Operations Committee.

Last month, staff initiated update activities to MHCC's web-based EHR Product Portfolio (portfolio). Originally released in September 2008, the portfolio is revised each year in September. This year, the portfolio will highlight vendors that are connecting to the statewide HIE. The portfolio is a tool that allows health care providers to evaluate and compare information about EHR vendors and products. All EHR vendors included in the portfolio are nationally certified and offer their products at a discounted rate to Maryland providers. The portfolio contains details on the system, functions, pricing, secure messaging, connectivity status to the statewide HIE, privacy and security policies, and references describing user satisfaction. The revised portfolio is expected to be released in October.

Health Information Exchange

Staff continues to provide guidance to the statewide HIE, the Chesapeake Regional Information System for Our Patients (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. Last month, staff participated in the Finance Committee meeting. The discussion centered on identifying a pricing model for the encounter notification service (ENS). CRISP currently receives notifications of admissions and discharges on a near real-time basis for all hospitals in Maryland. ENS was designed to allow participating providers to receive a real-time, secure notification when a hospitalization or other qualified event occurs to one of their patients. ENS is presently in a pilot phase of implementation and widespread deployment is expected to begin in late fall. Staff also contracted with Clifton Larsen Allen, LLP to conduct a 2012 financial and information technology audit.

Activities aimed at increasing ambulatory care providers' use of HIE services continued during the month. Staff is finalizing the initial draft *Recommendations to Increase Ambulatory Practice Use of Health Information Exchange* report (report). Key recommendations include: requiring ambulatory care practices with an EHR to contribute and consume electronic information from an HIE; establishing educational courses relating to health IT with the Maryland Board of Physicians and allied health care licensing boards; encouraging the state's leading human resource association to inform employees on the benefits of EHRs and HIE; and educating the Maryland Association of Health Underwriters about the benefits of EHRs and HIE. Once finalized, staff intends to work with stakeholders to adopt the recommendations. AI was competitively selected to provide assistance in completing the work. The final report is expected to be released in November.

Staff continues to make changes to the HIE draft regulations that were previously released for informal public comment in late February. During the informal comment period, staff received comments from about 33 stakeholder organizations. The MHCC is required under House Bill 784, *Medical Records – Health Information Exchange* (HB 784) that was signed into law in May 2011, to develop regulations for privacy and security of protected health information obtained or released through an HIE. Modifications made to the draft regulations aim to address broad stakeholder comments in several key areas and should: 1) not be overly burdensome to implement, 2) be financially responsible, and 3) maintain the privacy and

security of health information electronically exchanged among providers. The next version of the draft HIE regulations is targeted for release in November.

Staff is finalizing a funding request for expansion of HIE adoption services to be part of the annual update to the Maryland Medical Assistance *Health IT Implementation Advance Planning Document* (HIT-IAPD). During the month, staff consulted with the Centers for Medicare and Medicaid Services (CMS) on the strategy for HIE adoption services. Maryland Medical Assistance updates the HIT-IAPD for approval by CMS annually, which includes information about the administration of the Medicaid EHR Incentive Program. The Medicaid EHR Incentive Program provides financial incentives under the *American Recovery and Reinvestment Act of 2009* to eligible providers and hospitals that adopt and meaningfully use an EHR. Upon approval by CMS, states are allowed to use program funds to support HIE adoption activities that are directly correlated to the Medicaid EHR Incentive Program. Next month, staff plans to submit the final HIE adoption services proposal and funding request to CMS for consideration.

Staff solicited external review from the ONC on the final draft of the *Health Information Technology Consumer Awareness and Education Brief*. The information brief represents the work of several consumer focus groups that 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. The focus groups provided an opportunity to engage consumers, providers, and community-based organizations in identifying an approach to build consumer confidence in electronic health information. Koss on Care was competitively selected to provide assistance in facilitating the work. The final brief is expected to be released in September.

Electronic Health Networks & Electronic Data Interchange

Payers with annual premiums of $1 million or more and certain specialty payers are required by regulation, COMAR 10.25.09 – *Requirements for Payers to Designate Electronic Health Networks,* to submit an electronic data interchange (EDI) progress report by June 30th of each year. This year, approximately 49 payers were required to report; compliance with the reporting requirements was 100 percent. Information from the EDI progress report is summarized in an information brief and is used by payers to develop strategies aimed at increasing the use of technology. During the month, staff completed electronic health network (EHN) MHCC recertification of Quadax, Inc, GE Healthcare and MedAssets Net Revenue Systems, LLC. Staff also provided consultative support to ProtoMed Medical Management Corporation and Health Fusion in completing the MHCC recertification process. EHNs are required to obtain MHCC certification as defined in COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse.*

National Networking

Staff attended several webinars during the month. The Prescription Drug Monitoring Program (PDMP) presented, *Enhancing Access to Prescription Drug Monitoring Programs through Health Information Technology Work Group Recommendations* that summarized how the use of health IT increases timely access to PDMP data. The Health Resources and Services Administration (HRSA) presented, *Telehealth Resources for Safety Net Providers* that provided an overview of Federal Communications Commission and HRSA programs that are available to improve health care delivery, education and health information services. The NeHC webinar, *How to Play by the Final Rules: An Overview of Meaningful Use Stage 2 & the Standards and Certification Criteria Final Rules* overviewed the recently released meaningful use Stage 2 final rule.