MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

November 2012

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

Press Release
October 18, 2012—the Maryland Health Care Commission (MHCC) announced that 22 practices participating in the Maryland Multi-payer Patient Centered Medical Home Program (MMPP) will receive shared savings rewards for their performance during the first six months of the state's program.

"The Maryland PCMH program is designed to improve the health of Marylanders and help control costs," said Lt. Governor Anthony G. Brown. "I am pleased that our program is showing some promising early results."

"All practices in the program have made progress in implementing this new form of primary care," said Craig Tanio, M.D., Chairman of the MHCC. "Although we have much work ahead, the commitment of participating practices and carriers to the program is very encouraging. We believe that these types of programs can improve quality as well as the value of care."

Shared Savings
Approximately $815,000 in shared savings incentives were paid by participating commercial carriers to eligible practices.

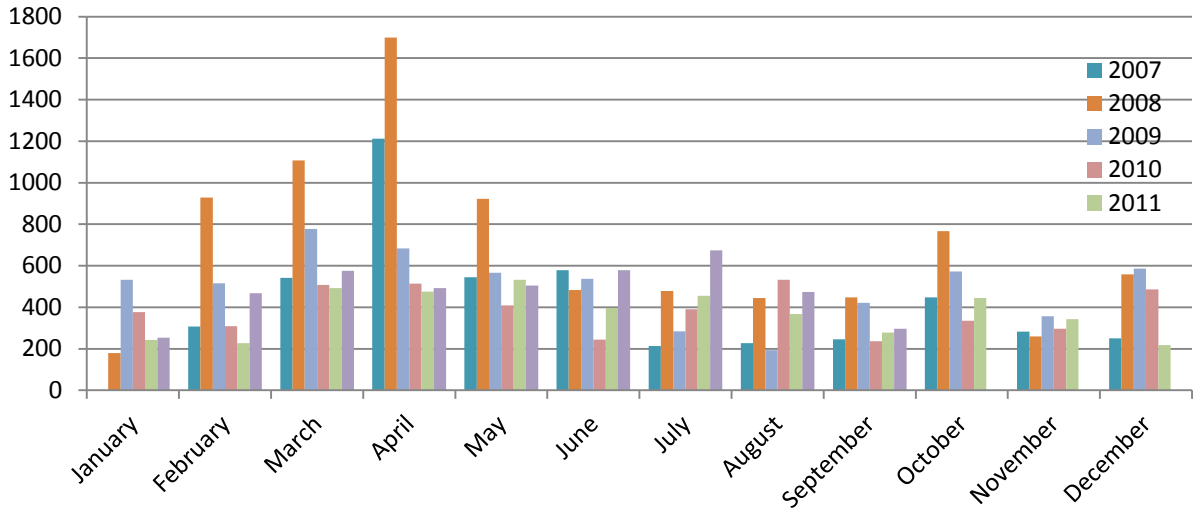
Maryland Learning Collaborative (MLC)
129 primary care providers and key practice staff members attended the October 25th biennial Learning Collaborative. Ellen Marie Whelen, NP, PhD, Senior Advisor of the Centers for Medicare and Medicaid (CMS) Innovations Center, the featured speaker for the afternoon, congratulated the participating practice representatives on the program's achievements to date and presented on The Role of PCMH in the Accountable Care Act.

Maryland Trauma Physician Services Fund

Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $296,024 for September of 2012. The monthly payments for uncompensated care from March 2007 through September 2012 are shown below in Figure 1.

MIEMSS Registry Audit
Commission staff will be sharing results of the audit of uncompensated care claims and MIEMSS Trauma Registry with physician practices in November.

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



Cost and Quality Analysis

Staff Presentations at the Annual NAHDO Conference and Annual APCD Meeting
The National Association of Health Data Organizations (NAHDO) held its annual meeting on October 22-24, followed by the annual All Payer Claims Database (APCD) meeting on October 24-25. NAHDO invited two of the MHCC staff to be presenters at these meetings. Ben Steffen, who is a member of the NAHDO Board of Directors, made a presentation during the NAHDO meeting on Leveraging Funds for Data & Analysis. Linda Bartnyska attended the APCD meeting and made a presentation on the public reports that have resulted from analyses of Maryland's APCD, with a focus on useful measures that could be reported by other states. Ms. Bartnyska also participated in a round table discussion on APCD sustainability and partnerships, data cleaning, and APCD measures of cost and quality at the meeting.

Developing a Monitoring Strategy for the Implementation of Health System Change at the State Level
Linda Bartnyska participated in a series of workshops held by Len Nichols, Director of the Center for Health Policy Research & Ethics at George Mason University, to assist Dr. Nichols with his RWJF/SHARE funded project to design a dashboard of measures suitable for monitoring health system change at the state level from 2014 onward. The final workshop, held on November 1, brought together all the workshop participants—which included representatives from states, federal agencies, research organizations, and foundations—to review and discuss Dr. Nichols' proposed measures for five domains: coverage; access-affordability; access-workforce; health improvement; and delivery system reform. Dr. Nichols will discuss his finalized list of measures in a report that will be issued later this year. Staff will share the report with interested Commissioners when it becomes available.

Impact of the Assignment of Benefits and Reimbursement of Non-preferred Providers (AOB) Act–Baseline Analysis
A report describing the Commission's legislatively required baseline analysis for a study of the benefits and costs associated with the AOB Act has been completed. The report is being reviewed and will be submitted to legislators within the next week.

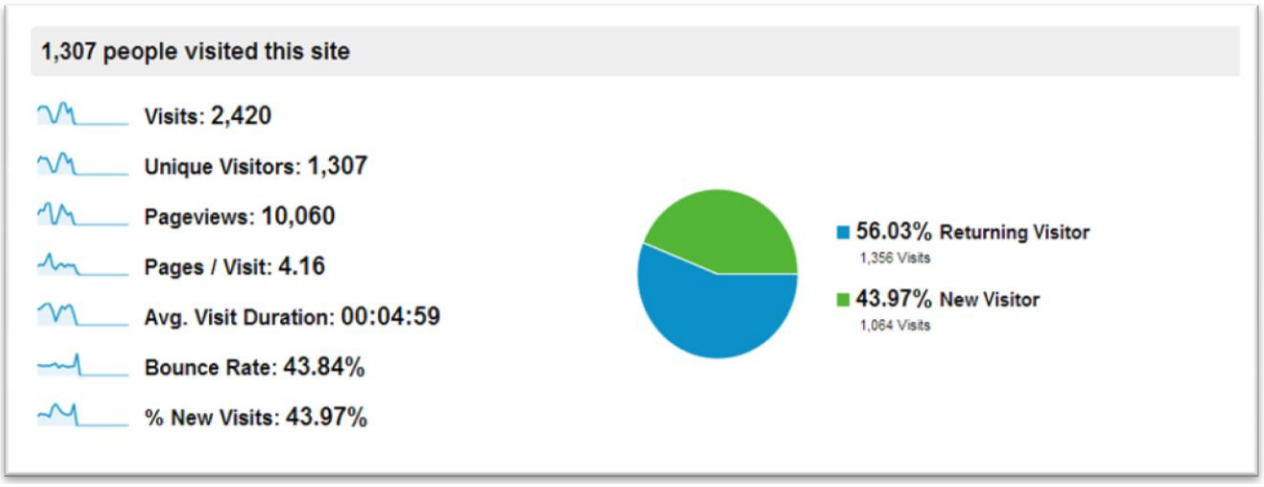
Maryland Medical Care Data Base (MCDB) – Database Contract Modification
As discussed in last month's update, staff submitted a modification for the existing database contract to the Board of Public Works that seeks to extend the contract by six months until the end of 2014 and add $631,000 to the contract to pay for four additional reports and analytical activities that are required for both the operation and the evaluation of the Maryland Multi-Payer Patient Centered Medical Home (MMPP) pilot. Due to tropical storm Sandy, the October Board of Public Works meeting, at which the contract modification was to be discussed, was rescheduled to November 14.

Data and Software Development

Internet Activities
As shown in the chart below, the number of visits to the MHCC website for the month of October 2012 was 2,420 and of these, there were 1,307 unique visits. The average time on the site was 4:16 minutes. 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 mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, Maryland.gov and crisphealth.org. Among the most common search keywords in September were:

- "Maryland health care commission"
- "MHCC"

Figure 2
Data from Google Analytics for the month of October 2012



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

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 Performance Reports - October	Uploaded	
PCMH Public Site	On-going Maintenance	
PCMH Portal (Learning Collaborative and MMPP)	On-going Maintenance	
PCMH Practices site (New)	New User Guide On-going Maintenance	
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Sites (13 sites)	Modifying for Ethnicity (10 sites updated to date) Psych updated to add 50 new fields.	
Physician Licensing	Live – Ongoing Support	July 16
Health Insurance Partnership Public Site	Ongoing Maintenance	
Health Insurance Partnership Registry Site	Monthly Subsidy Processing	
Health Insurance Partnership Registry Site	Monthly Registration	
Health Insurance Partnership Registry Site	Ongoing Maintenance	
Hospice Survey Update	Underway	Went Live: February, 2012
Long Term Care 2011 Survey	Start of Project: January 2012; survey finished and database results uploaded. Annual Maintenance ongoing	
Hospital Quality Redesign	Planning	Start of Project: Fall 2010
MHCC Assessment Database	On-going Maintenance	
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Live	For MHCC's Center for Hospital Services

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter
The November IT Newsletter has been released containing helpful information about MHCC IT systems and servers.

Going Google: Gmail for Government
MHCC is now converted over to use the State of Maryland's new electronic communications platform, Gmail for Government. The new platform also includes applications for scheduling, contacts, groups and online document sharing.

MHCC Virtualization Project
MHCC IT staff is continuing the testing process. After testing and document clean-up, the new environment is expected to go online January 2013.

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

Health Plan Quality and Performance

Staff worked with MHCC legal counsel to develop a Memorandum of Understanding (MOU) between MHCC and the Maryland Health Benefit Exchange (MHBE) as it relates to quality and performance reporting of health benefit plans which will be used by the Exchange as a proxy for their required federal reporting until 2015. This MOU is currently under by MHBE legal staff.

Staff worked with MHCC legal counsel to develop and execute a Data Use Agreement (DUA) between MHCC and the MidAtlantic Business Group on Health (MABGH) as well as the National Coalition on Health (NBCH) as it relates to data from the Maryland RELICC (Race/Ethnicity, Language, Interpreters, and Cultural Competency) Assessment. The DUA was signed by representatives from all parties and became effective on October 24th.

A contract resulting from Procurement Solicitation MHCC 13-006, Health Benefit Plan Performance Evaluation – Report Development was successfully executed for a period of one (1) year and eight (8) months beginning on November 1st, 2012 and ending May 31st, 2014, with a one (1) year renewal option. Staff is working with the winning bidder, Healthcare Data Company, LLC on Drafts of the 2012 reports which are anticipated to be released shortly.

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 remained relatively constant, at an average of approximately 7 Maryland visits per day, with users viewing about 4 pages per visit, and spending an average of about 5 minutes per visit on the site. These Maryland statistics remain 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 November 5, 2012 enrollment in the Partnership was as follows: 417 businesses; 1,149 enrolled employees; 1,892 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. Mercer, our consulting actuary, prepared the fiscal, medical, and social impact analysis, which staff will present at the November meeting. Senator Middleton's letter requesting this 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. These programs are now being tested..

Hospice Survey
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 has now been posted on the Commission's website at: http://mhcc.maryland.gov/public_use_files/index.aspx

Chronic Hospital Occupancy Report
Commission staff has developed the Chronic Hospital Occupancy Report for FY 2011. This report, which is updated annually, is required under COMAR 10.24.08. It reports data on occupancy for both private and state-operated chronic hospitals. The private chronic hospitals in FY 2011 include James Lawrence Kernan Hospital; Johns Hopkins Bayview Medical Center; Levindale Hebrew Geriatric Center and Hospital; University Specialty Hospital; and Laurel Regional Hospital. The state-operated chronic hospitals include Western Maryland Center and Deer's Head Hospital Center. The Chronic Hospital Occupancy Report for FY 2011 will be published in the November 16th issue of the Maryland Register.

FY 2011 Home Health Agency Survey
The FY 2011 Home Health Agency Survey data has been reviewed and verified. Preparation of the utilization tables and public use data set is in progress. The FY 2012 Home Health Agency Survey will begin in the first quarter of 2013 and collect data for all agencies, regardless of fiscal year ending dates. Home Health Agencies which were formerly surveyed during Phase 1 were notified by email of the change in the data collection period.

Long Term Care Survey
The post data collection phase of the survey began with the processing and cleaning of the FY 2011 survey data. Staff compiled cross year comparisons to find any anomalies or inconsistencies from year to year. As a result of these audits, 56 of 234 comprehensive care facilities needed to verify their data. Staff has completed the verification of the survey data for comprehensive care facilities. Of the 56 facilities contacted, staff needed to make updates to data from 7 facilities. This process included writing of SAS edits and creating final data sets. Staff has also completed the review of the assisted living data and chronic care facility data, and is finalizing the review on adult day care center data. When data cleaning is complete, public use files will be posted on the Commission's website.

Long Term Care Quality Initiative

Seasonal Influenza Vaccination Surveys for Staff Working in LTC
In an effort to improve staff vaccination rates in LTC facilities, MHCC staff are targeting certain nursing home providers whose rates do not meet the StateStat goal. To encourage providers meeting the

goal to continue to improve their rates, staff maintains ongoing communication and reminders of resources for nursing homes throughout the flu season.

Consumer Guide to Long Term Care
Maryland Nursing Home Quality Measures were updated in the Consumer Guide in October.

Other
LTC staff is scheduled to present to the LifeSpan/HFAM conference on the topic of Understanding and Using the New MDS 3.0 Quality Measures scheduled for December, 2012. This conference was originally planned for the weekend of the Hurricane Sandy. Participating in the conference offers an opportunity to market the Consumer Guide.

Staff was notified that the article submitted to the Journal of Healthcare Quality discussing the relationship between the CMS Five-Star Quality Rating System for nursing homes and the Maryland Health Care Commission family/responsible party experience of care survey will be the featured article in an upcoming issue.

CENTER FOR HOSPITAL SERVICES

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update
The HQI staff continues to work with DHMH and MIEMSS to establish an arrangement to share stroke data submitted through the Get With the Guidelines (GWTG) –Stroke registry. The data sharing arrangement is designed to reduce the reporting burden on hospitals as Stroke measures are currently available to those two agencies. Staff members plan to attend a Maryland Stroke Consortium meeting at MIEMSS on November 9th to further discuss data sharing and utilization of GWTG – Stroke data.

The Hospital Performance Evaluation Guide was updated on October 11th with data covering the twelve-month time period ending March 2012 for process of care measures (AMI, Heart Failure, Pneumonia, Surgical Care Improvement Project (SCIP), Childhood Asthma Care) and patient experience (HCAHPS) measures. Performance across these measures remains consistent with the previous reporting period. Additionally, central line-associated bloodstream infection (CLABSI) data was updated for FY2012. The CLABSI update included a PDF document comparing Maryland hospital performance for FY2011 and FY2012.

The October update also included the first release of surgical site infections data for Hip, Knee, and CABG procedure categories. The staff will provide a review of the Hospital Guide update during our November Commission meeting

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. To ensure the integrity of the data, we have established a five year contract with Advanta Government Services, Inc (AGS) to provide clinical data quality review and on-site medical chart audit services. The FY2012 CLABSI audit and CY2011 SSI data quality reviews are underway.

Specialized Services Policy & Planning

Cardiac Services
The second meeting of the Clinical Advisory Group on Cardiac Surgery and PCI Services was held on October 11. Dr. Thomas Aversano of Johns Hopkins Medicine, the Principal Investigator of the C PORT studies, presented the research results, lessons learned for policy in PCI, and gave concerns about PCI program performance following the conclusion of the study. Dr. Charles Chambers, of Pennsylvania State University, presented current (2011) national guidelines on PCI from the American College of Cardiology Foundation (ACCF), American Heart Association (AHA), and the Society for Cardiovascular Angiography and Interventions (SCAI). Dr. Chambers also presented the 2012 ACCF / SCAI Expert Consensus Document on Cardiac Catheterization Laboratory Standards Update. The CAG also reviewed and commented on the appropriateness of the standards which have been used by MHCC in considering the establishment and renewal of PCI waivers for hospitals not providing cardiac surgery.

Non-Primary PCI Programs Established through CPORT-E Research Waivers
Commission staff has received requested reports from the eight non-primary PCI programs which had been operating under research waivers and which now participate in the non-primary PCI Follow-On Registry. 2012 legislation requires that MHCC validate the continued compliance of these programs with waiver requirements by the end of this year. Staff will evaluate these programs' compliance and make recommendations to the Commission, in December 2012, on their further participation in the Registry. The Commission will continue to monitor performance in these Registry hospitals while revisions of the State Health Plan chapter on Cardiac Surgery and PCI are developed.

Hospital Services Policy and Planning/Certificate of Need

Certificate of Need ("CON")

Pre-Application Conference

On October 15, 2012, CON staff met with representatives of Johns Hopkins Health System to discuss a planned expansion and renovation of Suburban Hospital, in Bethesda.

Application Review Conference

On October 24, 2012, CON staff visited Mercy Medical Center in Baltimore and met with hospital staff to discuss issues in the proposed addition of operating rooms at the hospital, currently under review.

CON Procedural Regulations

On October 25, 2012, the Commission considered proposed changes to COMAR 10.24.01.01, in response to a petition filed by State Senator Pipkin. The Commission approved proposed regulatory amendments to the definition of "interested party" responsive to the petition.

Determinations of Coverage

- **Ambulatory Surgery Centers**

The Endoscopy Center of Bel Air, LLC – (Harford County)
Relocation of an existing ambulatory surgery center with two non-sterile procedure rooms from 620 W. MacPhail Road, Suite 104, Bel Air, to a new location at 208 Plumtree Road, Suite G, Bel Air.

Ambulatory Surgery Center Development Company, LLC – (Montgomery County)
Establish an ambulatory surgery center with two non-sterile procedure rooms to be located at 19735 Germantown Road, Suite 360, in Germantown

Shady Grove Surgery Center, LLC – (Baltimore County)
Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 901 Dulaney Valley Road, Suite 100, in Towson

Maryland Specialty Surgery Center, LLC – (Anne Arundel County)
Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located a 509 Progress Drive, Suite 100, in Linthicum

Columbia Surgical Institute, LLC – (Anne Arundel County)
Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located a 6020 Meadowridge Center Drive, in Elkridge

- **Other**

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

Mid-Atlantic of Fairfield t/a Fairfield Nursing Center – (Anne Arundel County)
Temporary delicensure of 4 CCF beds

Vindobona Nursing Center – (Frederick County)
Temporary delicensure of 8 CCF beds

Policy and Planning

On October 17, 2012, the Director of CHS made a presentation concerning CON regulation to LabQuest, a Montgomery County "umbrella" organization formed to promote and facilitate development of the Federal Drug Administration headquarters campus in Silver Spring and related area development. LabQuest supports the relocation of Washington Adventist Hospital to a site near the new FDA headquarters campus in the White Oak area of Silver Spring.

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 month, the committee reviewed recommendations for Stage 3 meaningful use and criteria for electronic health record (EHR) meaningful use certification. The committee considered requiring EHRs to have the capability to: query for a patient's record from other information systems; query a provider directory external to the EHR; and facilitate data portability between EHR systems, enabling a provider to switch from using one vendor's EHR system to another.

Staff continues to make revisions to the *Health Information Technology Assessment of Maryland Hospitals* (assessment) survey. The assessment measures health IT adoption and use in Maryland's 46 acute care hospitals and has been conducted annually since 2008. This year, staff modified the

assessment to include questions related to the meaningful use measures to report on hospitals use of health IT to improve patient outcomes. Evaluating the impact of health IT adoption is necessary to determine whether these new technologies are being used effectively. Next month, staff plans to continue gathering feedback from hospital Chief Information Officers on the questions included in the assessment. This is the first year collection of hospital data will occur using a secure web portal; the survey will be distributed to hospitals for completion in November.

Staff finalized changes to the management service organization (MSO) State Designation criteria and sought comments from the MSO Advisory Panel (panel) regarding the required criteria. At the recommendation of the panel, staff identified criteria that are required to be met by the MSO applicant and may not be outsourced. Comments were sought to identify the impact of the new requirements on MSOs. State Designation requires organizations to meet about 95 criteria related to privacy and security, technical performance, and services. MSOs provide technical assistance, guidance, outreach and education to support providers in achieving meaningful use. Staff is reviewing the comments and will reconvene the panel in November to finalize the criteria. During the month, staff awarded MSO State Designation - Candidacy Status to Innovative Health Solutions, Inc. Currently, three MSOs are in Candidacy Status and 15 MSOs have achieved State Designation.

Staff collected information from State-regulated payers (payers) and pharmacy benefit managers (PBMs) for compliance with Health-General Article §§19-101 and 19-108.2. The law requires the MHCC to work with payers, PBMs, and providers to attain benchmarks for standardizing and automating the preauthorization of medical and pharmacy services through three phases. Payers and PBMs are required to report to the MHCC on their progress in meeting the benchmarks. Nearly all payers and PBMs were able to meet the October 1st Phase 1 benchmark, which includes making available on their website a list of health care services and medications that require preauthorization and the criteria for making a preauthorization determination. Approximately six small PBMs and a closed model payer requested a waiver from meeting the Phase 1 benchmark. Preauthorization is often required by payers and PBMs to ensure that a drug is properly prescribed or a medical service is warranted. A report on the findings is due to the Governor and General Assembly by March 2013. Audacious Inquiry, LLC (AI) was competitively selected to provide assistance in completing the work.

Drafting of the telemedicine technology-based implementation resource guide (guide) continued in October. The guide includes resource information pertaining 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 health information exchange (HIE). Increasing the number of telemedicine networks will enable providers to have broader capability to consult on care delivery and better enable the availability of medical services in remote areas of the State. Staff is collaborating with the Telemedicine Technology Solutions and Standards Advisory Group (advisory group) in developing the guide. The guide is expected to be released in February 2013. AI was competitively selected to assist in completing the work.

Staff finalized the draft report to the Senate Finance Committee and the House Health and Government Operations Committee, as required by law (Health-General Article §19-143), regarding options for consideration to expand the current State-regulated EHR adoption incentives program (program). Maryland law requires the MHCC to study whether the scope of providers that may receive EHR adoption incentives from payers should be expanded beyond primary care practices. Existing regulation, COMAR 10.25.16, *Electronic Health Record Incentives*, requires payers to provide EHR adoption incentives to primary care practices that meet certain requirements. Staff collaborated with stakeholders in developing the recommendations. The recommendations are based on three options for expanding the program: 1) clarify the regulation through non-substantive changes; 2) rely on the Regional Extension Center (REC) to administer the incentive program; and 3) expand the regulation to include select

specialty care practices. The final report is due to the Senate Finance Committee and the House Health and Government Operations Committee by January 1, 2013.

Staff finalized the online EHR Product Portfolio (portfolio), a web-based application for ambulatory providers to evaluate EHR products that is updated semi-annually. Materials contained in the portfolio provide evaluative information on 32 nationally certified EHR products. The portfolio serves as a resource for providers in their assessment of EHR systems and includes pricing and functionality information. Included in this version of the portfolio is information related to EHR progress in connecting with the State Designated HIE, the Chesapeake Regional Information System for Our Patients (CRISP). Approximately 13 vendors are at various stages of integrating with CRISP. The semi-annual revision of the portfolio includes a provider satisfaction rating of EHR systems.

Activities are underway to conduct an assessment of EHR planning and adoption activities among unaffiliated and independent long term care (LTC) facilities statewide. Staff plans to exclude affiliated LTC facilities in the assessment as they tend to be more technologically advanced and have greater access to funding for technological adoption. In 2010, about 31 percent of independent LTC facilities reported some activities related to EHR adoption. Generally speaking, implementing an EHR system is one of the largest and most complex technology projects an independent LTC facility can undertake. Over the next couple of months, staff plans to work with independent LTC facility administrators to identify key questions to include in the assessment. Findings from the assessment will be used by staff to help guide the LTC trade associations in developing programs aimed at expanding EHR adoption among independent LTC facilities. An information brief detailing the results of the assessments are targeted for release in the spring of 2013.

Health Information Exchange

Staff continues to provide guidance to CRISP in implementing the statewide HIE. Last month, staff worked with CRISP in revising the scope of work for the Challenge Grant (grant). Maryland was one of eight states awarded a grant from the ONC; approximately $1.6M in February 2011. Grant funding is for improving long term and post-acute care transitions by leveraging HIE services available through CRISP. Staff plans to propose to ONC in November an alternative approach aimed at making investments in LTC facilities' health IT infrastructure with the nearly $900K remaining grant funds. During the month, Clifton Larsen Allen, LLP (CLA) finalized the annual financial audit of CRISP. The audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements and includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. The findings indicated the year ended in conformity with generally accepted accounting principles.

Staff provided support to CRISP's Regional Extension Center (REC) in developing a proposal to the ONC for use of approximately $660K in grant funds that are expected to be unused at the end of the REC program grant period. CRISP received $6.8M in federal funding to administer a program to assist 1,000 priority care providers (PCPs) with adopting and becoming meaningful users of EHRs by achieving three milestones through April 2014. As of early October, about 1,758 PCPs have signed an agreement to participate in the program. The proposal seeks to spend these unused funds on physician quality measurement and support programs. CRISP plans to submit the proposal to the ONC in November.

Staff continues to provide support to the contractor Post and Shell, P.C., a law firm selected to provide assistance in evaluating the draft HIE regulations that when adopted as final regulations will govern the privacy and security of electronic health information obtained or released through an HIE. Maryland law (Health-General Article §§4-301 and 4-302) requires the MHCC to develop regulations for the privacy and security of protected health information exchanged through an HIE. Staff released HIE draft regulations for informal public comments in February 2012 and received comments from about 33 individuals and organizations. The contractor will provide technology-related guidance on the draft regulations to ensure the draft HIE regulations: 1) are in alignment with current law, 2) do not present

significant privacy and security concerns for consumers, and 3) are not overly burdensome for providers and HIEs to implement. The next release of the draft HIE regulations is scheduled for January.

The Centers for Medicare and Medicaid Services (CMS) advised the State that it will receive approximately $8.6M for expansion of HIE adoption services. Staff collaborated with Maryland Medical Assistance (Medicaid) in developing the funding request as part of the annual update to Medicaid's *Health IT Implementation Advance Planning Document* (HIT-IAPD). Medicaid is required to update the HIT-IAPD annually, which details how Maryland will administer the Medicaid EHR Incentive Program under the *American Recovery and Reinvestment Act of 2009*. The Medicaid EHR Incentive Program provides financial incentives to eligible providers and hospitals that adopt and meaningfully use an EHR. Maryland is one of a few states that has received funding from CMS to expand their HIE program.

Electronic Health Networks & Electronic Data Interchange

Staff completed drafting of the EDI Information Brief during the month. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks,* requires State-regulated payers (payers) with annual premiums of $1M or more and certain specialty payers to submit census level information regarding electronic administrative transactions. The MHCC uses payer EDI information to measure the progress of EDI in the State; the EDI Information Brief is scheduled for release in November. During the month, staff completed recertification of three electronic health networks (EHNs or networks): Allscripts, InstaMed Communications, LLC, and ProtoMed Medical Management Corporation. EHNs operating in Maryland are required to be MHCC certified as specified in COMAR 10.25.07, *Certification of Electronic Networks and Medical Claims Clearinghouses.* Certification is awarded to networks that have achieved accreditation by a MHCC recognized accreditation organization. Approximately 40 networks with MHCC certification are doing business in the State.

National Networking

Staff attended several webinars during the month. The Healthcare Information and Management Systems Society hosted, *Industry Considerations for Embracing the Cloud* that presented new and improved ways to save and backup digital data files while still complying with the *Health Insurance Portability and Accountability Act of 1996* and the *Health Information Technology for Economic and Clinical Health Act*, streamlining collaboration, and ultimately protecting sensitive patient data. The AlliedHIE hosted, *Disruptive Technology: A New Approach to a National HIE* that discussed developing HIEs by solving specific organization issues rather than implementing an inclusive intervention. Aetna hosted, *Empowering Providers: A Commitment to Value-Based Care* that provided strategies to drive innovative collaboration; insights to successfully achieve a clinically integrated framework; and tools and integrated technology solutions.