MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

December 2012

> *CENTER FOR INFORMATION*
> *SYSTEMS AND ANALYSIS*

Patient Centered Medical Home Program

Maryland Health Quality and Cost Council
Ben Steffen, the Commission's Executive Director, presented on shared savings and other 2012 results of the Maryland Multipayer PCMH (MMPP) program at the Council's December 7th meeting.

Maryland Health Care Reform Coordinating Council, Health Delivery Reform Subcommittee
Commission staff, contracted consultants, and participating physicians will provide a Rapid Fire presentation on the MMPP to the members of the Health Delivery Reform Subcommittee on December 19th.

Academy Health
Mr. Steffen also presented on the status of the MMPP program for Academy Health's Research Insights Meeting on Implementation of   Strategies to Improve Value on December 13th.

Report to the General Assembly
The Commission will report on *The Feasibility of Including Reductions in Disparities as a Performance Factor in Maryland's Multi-payer PCMH Program* at the end of this calendar year.

Care Manager Reporting
Commission staff met with program care managers to review the procedures for reporting of care manager time in anticipation of the first official semi-annual (for the period 7/1/12-12/31/12) reporting of time. Care manager time will be reported to the Commission between January 15-30, 2013 by the participating practices via a web portal application.

HIT Outreach
Center staff continue to work closely with colleagues from MHCC's Center for Health Information Technology to promote adoption of HIT across practice sites with a particular focus on an Encounter Notification System.

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**$484,673** for October of 2012. The monthly payments for uncompensated care from March 2007 through October 2012 are shown below in Figure 1.

On Call and Standby Stipends
Maryland's Trauma Centers' On Call applications for the July through December biannual period will be due to the Commission no later than January 31, 2013.

Audit Contract
In mid-January, Commission staff will request that the Maryland Board of Public Works approve the award of an MHCC agency contract for audit services.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2007-2012
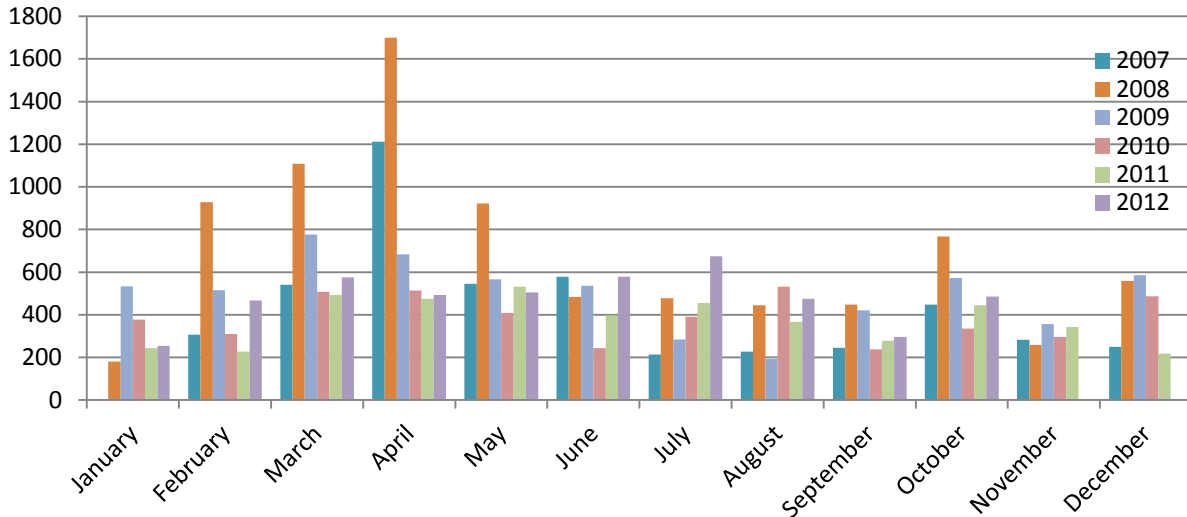
Cost and Quality Analysis

Maryland Multi-Payer Patient-Centered Medical Home (PCMH) Program–MOU Update
The MHCC now has an MOU with the School of Pharmacy, University of Maryland, to calculate shared savings payments by Medicaid Managed Care Organizations (MCOs) to participating PCMH practices. Calculations for shared savings payments from carriers to PCMH practices are being determined by Discern Consulting, Inc. in collaboration with Social and Scientific Systems (SSS), Inc.—the vendor that constructs and analyzes the MHCC's database of carrier claims and enrollment information, known as the Maryland Medical Care Data Base (MCDB)—from carrier claims data. However, the Discern-SSS collaboration could not be used to calculate MCO shared savings payments to PCMH practices because Medicaid MCO claims and enrollment data are not currently included in the MCDB. Consequently, the MHCC had to establish a different mechanism for the calculation of MCO shared savings payments. Because the School of Pharmacy will be receiving MCO claims data from The Hilltop Institute (on behalf of the Medicaid Administration) to conduct analysis of the PCMH program in its role as a subcontractor to IMPAQ (the vendor responsible for evaluating the Maryland PCMH program), it made sense for the School of Pharmacy staff involved in the PCMH program evaluation to also analyze the MCO claims for the MCO shared savings payments. To insure that MCO shared savings payments are calculated according to the methodology used for calculation of carrier shared savings payments, Discern Consulting will participate in the calculation of MCO shared savings payments as a contractor to the School of Pharmacy. Analysis of the MCO data for the purpose of shared savings calculations will be conducted by staff under the direction of Ilene Zuckerman, Professor and Chair of the Pharmaceutical Health Services Research Department, who is also directing the analysis of claims data for the PCMH program evaluation.

Planning for Reports in the First Quarter of 2013
Staff expects to release four issue reports in the first quarter of 2013: 1) a Maryland 2011 health care expenditures issue brief; 2) an issue brief on 2011 privately insured spending in the individual, small group, large group, and MHIP markets; 3) an issue brief focused on comparing the cost and availability of

insurance among private employers with fewer than 100 employees; and a report on health insurance coverage among Maryland residents.

The state health care expenditures and privately insured issue briefs will be produced in collaboration with Social and Scientific Systems (SSS). The state health expenditures study will include estimates of Maryland per capita personal health care spending and the growth in per capita spending in 2011, with comparisons to national data. The privately insured study will utilize the most recent MCDB data (2011) to compare per enrollee spending in the markets listed above, with a breakdown on per enrollee spending by service type and the share of expenditures borne by patients as out-of-pocket spending (copayments, deductibles, balance billing).

Staff will produce the remaining two studies. The issue brief on the cost and availability of insurance from private employers with fewer than 100 employees will reflect information from the most recent (2011) Medical Expenditure Panel Survey—Insurance Component data; the survey is conducted annually by the Census Bureau for the Agency for Healthcare Research and Quality. The report on health insurance coverage in Maryland in 2011 will be based on information in other surveys conducted by the Census Bureau: 1) the Current Population survey; and the American Community Survey. The insurance coverage report is produced by staff every two years and is normally released in January. However, due to limited staffing, this year's report has been delayed and its content is being revised so that it requires less staff time.

Health Care Practitioner Performance Measurement Project
An overview of this new project will be presented at the December Commission meeting. This project addresses how the MHCC might provide information on practitioner performance to physicians, carriers, and patients, which has been identified as an important initiative for the MHCC by the members of the Health Care Reform Workgroup.

Data and Software Development

Internet Activities
Data from Google Analytics are not available for the month of November, due to a modification made to the Commission's website by Maryland's Department of Health and Mental Hygiene's Information Technology department staff.   The problem has been resolved and we will report data on visits to the Commission's websites next month.

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 – Website 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 and Allied Health providers online renewal, nine categories	Modifying for Ethnicity, Adding new questions for HIT, Telemedicine, and Active Licensed States COMPLETED	Providing ongoing support by category of caregiver
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)

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

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 staff had the choice of using the native Google Chrome application for email access or Microsoft Outlook as a front-end interface. Table 2, below, displays the Commission staff's use of these applications as a graph.

Table 2
MHCC Staff Use of Gmail for Government Applications
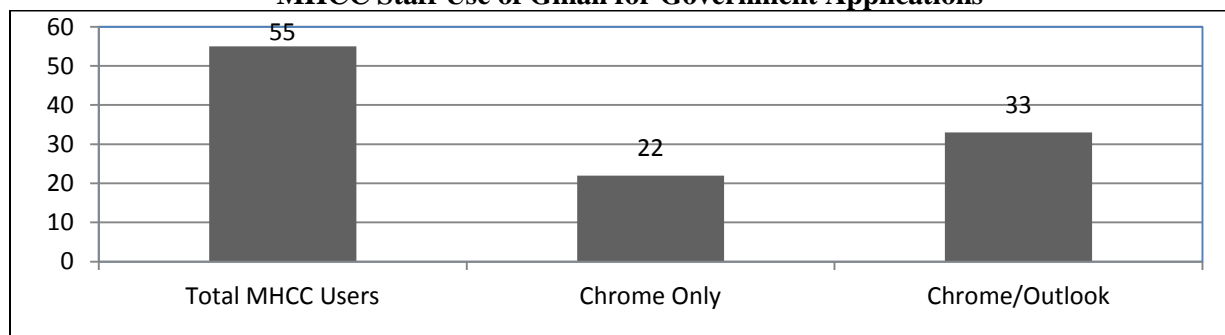
MHCC Virtualization Project

Commission staff have established the order for the data move to a virtualized environment, as shown below in Table 3.

Table 3
Timeline for the Virtualization Migration

Network Share Name	Current Computer	User Drive Assignment	Time
ntsoft	NAS-1	N:	January 2013
ntdata	admin2*	G:	January 2013
protected	NAS-1	P:	January 2013
dev	NAS-1	F:	TBD
static	db	S:	TBD

* Note: Network server "admin2" will be decommissioned after the transfer of information; existing data will remain on the computer for 6 months after transfer for redundancy.

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

Health Plan Quality and Performance

Staff had previously 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. This MOU currently remains under consideration by the MHBE.

On December 5th, staff hosted a Kickoff meeting for 2013 reporting by commercial health benefit plans. During the Kickoff, health benefit plan representatives received updates, from each of MHCC's audit partners, on the five quality tools used for the 2013 Maryland reporting and the important features of their respective reporting and audit processes. The five quality tools include the following: 1) HEDIS-Healthcare Effectiveness Data and Information Set, 2) CAHPS-Consumer Assessment of Healthcare Providers and Systems survey, 3) RELICC-Maryland RELICC [Race/Ethnicity, Language, Interpreters, and Cultural Competency] Assessment, 4) BHA-Maryland Plan Behavioral Health Assessment, and 5) QP-Maryland Plan Quality Profile. Also during the Kickoff, representatives from the MHBE presented sample screens for the Maryland Health Connection, the branded name for the Maryland Health Benefit Exchange. For this portion of the presentation, the commercial health benefit plan representatives had a chance to see how the quality information gathered and assessed during the 2013 reporting process would be presented, by the MHBE, to the consumer. It should be noted that the data being reported for the commercial health benefit plans will be used as proxy data for the QHPs in 2013 and 2014 reporting. So although data will continue to be collected by the QHPs themselves, there can be no separate reporting for the QHPs until 2015, when the QHPs have one year of data to report on.

The 2012 Health Benefit Plan Quality and Performance report is currently on track. Staff is working with the report development services contractor on the final proofs for the 2012 reports which are anticipated to be released prior to the year's end.

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 6 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 December 11, 2012 enrollment in the Partnership was as follows: 407 businesses; 1,120 enrolled employees; 1,848 covered lives. The average annual subsidy per enrolled employee is more than $2,400; the average age of all enrolled employees is 40; the group average wage is about $27,600; the average number of employees per policy is 4.0. The 5th annual report on the implementation of the Partnership will be submitted to the General Assembly on January 1st and 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 presented at the November meeting. The report will be finalized, approved by the Commission at the December meeting and sent to the Legislature before the 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. An updated version of the MDS Manager should be completed soon.

Hospice Survey
The Commission collects data annually from all licensed hospice programs in Maryland. All hospice programs have completed both Parts I and II, and the data has been cleaned and checked. The public use data for the FY 2011 survey has now been posted on the Commission's website at: http://mhcc.maryland.gov/public_use_files/index.aspx

Hospice Section of State Health Plan
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 continues to undergo 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 was released for Informal Public Comment during April. Updates based on revised population projections were posted in May. An analysis of comments received was presented to the

Commission in June. Staff met with the Hospice Network about modifying the approach to projecting need for hospice services. The Hospice Work Group was reconvened on August 23, 2012. Also, 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.

Since the Senate Finance Committee briefing in September, staff has been working internally and recently with the Hospice Network to develop an alternative approach to projecting need for hospice services. The Hospice Work Group will be reconvened in January.

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 was published in the November 16th issue of the Maryland Register and will be posted on the Commission's website.

FY 2011 Home Health Survey
Staff is finalizing the utilization tables and public use data files. When complete, utilization tables and public use files will be posted on the Commission's website. Staff is in the process of updating the Home Health Agency Survey for the 2012 fiscal period.

Long Term Care Survey
The 2011 Long Term Care Survey public use data files have been posted on the Commission's website. The data includes comprehensive care, chronic care, and assisted living facilities and adult day care centers. The 2011 Nursing Home Occupancy Report will be submitted to the Maryland Register for publication in December. Staff is in the process of updating the 2012 Long Term Care Survey.

Long Term Care Quality Initiative

Seasonal Influenza Vaccination Surveys for Staff Working in LTC
Staff presented to 90 providers at the Maryland Association of Adult Day Services Meeting about the importance of staff influenza vaccination for senior care providers. The audience was very receptive to the message that senior care providers should   receive influenza vaccination to protect the vulnerable elderly population. MHCC staff provided a colorful flyer suitable to post in each facility that describes who should get vaccinated and why.

Consumer Guide to Long Term Care
LTC and Web applications staff oversaw revision, testing, and installation of revisions to search feature of the Consumer Guide.

The platform for downloading CMS data is changing as of July 1, 2013. In an effort to avoid problems that could affect updates to the consumer guide web applications and LTC staff are using the new platform.

LTC staff will revise written protocols and establish a standard update schedule based on release of CMS data for home health and nursing homes. This schedule will provide both web applications and LTC staff with predictable timelines.

Other - Healthcare Associated Infections (HAI) in LTC
National activities point to increased emphasis on infections occurring in the LTC setting. Two examples: 1) the CMS 2012 Nursing Home Action Plan which includes heightening awareness of infection control issues and increasing surveyor ability in citing deficiencies in this area and names metrics such as C. difficile and urinary tract infections, catheter care processes, and vaccination rates among residents and staff; and, 2) CDC has developed through the National Healthcare Safety Network (NHSN) modules for Long-term Care Facilities. Effective in 2012 acute long-term facilities (chronic hospitals in Maryland) will be required to report bloodstream and catheter associated infections through NHSN. It seems only a matter of time before nursing homes will be added to the reporting requirements.

MHCC LTC staff is completing the training program for the NHSN LTC Component as a start to understanding the features and usefulness.

CENTER FOR HOSPITAL SERVICES

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update
The Hospital Performance Evaluation Guide is updated on a quarterly basis. The staff is preparing for the January 2013 update which will include two new performance measures related to patient immunization for pneumonia and influenza. The January release will also include two new measures that assess the amount of time patients spend in the emergency department before a decision to admit is made. Hospital collection of the measures data to support these new measures was initiated in January 2012.

Healthcare Associated Infections (HAI) Data
Maryland hospitals are required to use the CDC National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on central line associated bloodstream infections (CLABSIs) in any ICU and surgical site infections 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 quality review is underway.

The staff is also working on finalizing the third annual survey of hospital infection prevention and control programs for distribution to hospitals by the end of December. The survey is designed to gather information on staffing, operations and activities related to infection prevention and control to inform our statewide public reporting and quality improvement initiatives. The completed surveys will be due in mid-January 2013.

Specialized Services Policy & Planning

Cardiac Services

Clinical Advisory Group
The third meeting of the Clinical Advisory Group (CAG) on Cardiac Surgery and PCI Services was held on November 8. The group provided clinical input on a discussion document outlining possible Maryland standards for percutaneous coronary intervention (PCI). Staff is analyzing feedback and additional CAG suggestions, and preparing a revised PCI standards document to be distributed later in December. At the December 13 (fourth) meeting, the CAG will review current literature and national guidelines for Cardiac Surgery programs, examine the Society for Thoracic Surgeons national cardiac database, and provide feedback on a discussion document related to possible cardiac surgery standards in Maryland. The January 10 meeting will focus on refinement of recommendations for PCI standards.

Determination of Qualification for an Exception to Certificate of Conformance Requirements for Non-Primary PCI Registry Hospitals

Commission staff has received requested reports from the eight non-primary PCI programs which have had research waivers through CPORT-E and which now participate in the non-primary PCI Follow-On Registry. Staff will report on these programs' compliance and make recommendations to the Commission at the December meeting with respect to their qualification for an exception to Certificate of Conformance requirements, pursuant to HB 1141. 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 Planning and Policy/Certificate of Need

Certificate of Need ("CON")

Pre-Application Conference

Harford Memorial Hospital Replacement and Relocation
November 13, 2012

Determinations of Coverage

- **Ambulatory Surgery Centers**

SMART Pain Surgery Center, LLC – (Baltimore County)
Establish an ambulatory surgery center with one non-sterile procedure room to be located at 8890 McDonough Road, Suite 302, in Owings Mills

- **Acquisitions/Change of Ownership**

Endoscopy Center of North Baltimore, LLC – (Baltimore County)
Change in ownership of the facility and change in the medical director

Southern Maryland Hospital Center, Subacute Care Center Southern Maryland, and Southern Maryland Home Health Services, Inc. – (Prince George's County)
Acquisition of the above entities by MedStar Health, Inc.

Meritus Health – (Washington County)
Meritus Medical Center Endowment Development Company, Inc. is merging into Meritus Medical Center Endowment Fund, Inc. Meritus Medical Center Endowment Fund, Inc. is merging into Meritus Health, Inc. Meritus Health, Inc. is merging into Meritus Medical Center, Inc. Upon completion of these mergers, Meritus Medical Center, Inc. will become the "dominant organization" and the sole owner of Meritus Insurance Company, Ltd. (currently a wholly-owned subsidiary of Meritus Health, Inc.), Meritus Healthcare Foundation, Inc., and Meritus Holdings, Inc. Meritus Holdings, Inc. will remain as the owner of 100 percent of the stock of Meritus Enterprises, Inc.

Baltimore Podiatry Group Ambulatory Surgery Center – (Baltimore County)
Modification to previous ownership change. Benjamin Kleinman, DPM, will purchase the facility in his own name and not through Arbutus Ambulatory Surgery Center, LLC, as previously authorized

- **Other**

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

FutureCare-Old Court – (Baltimore County)
Relicensure of six temporarily delicensed CCF beds

FutureCare-Pineview – (Prince George's County
Relicensure of 11 temporarily delicensed CCF beds

FutureCare-Charles Village – (Baltimore City)
Relicensure of five temporarily delicensed CCF beds

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

FutureCare-North Point – (Baltimore County)
Permanent relinquishment of six temporarily delicensed CCF beds

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

FutureCare-Cold Spring – (Baltimore City)
Approval of a plan for the disposition of 17 temporarily delicensed CCF beds. Relicensure of five
temporarily delicensed beds effective January 1, 2013 and the relicensure of the remaining 12 CCF beds
effective July 1, 2013

Planning and Policy

On November 7, 2012, Eileen Fleck, Program Manager, made a presentation concerning the recent State
Health Plan update activity for general surgical services, to the Annual Meeting of the Maryland
Ambulatory Surgery Association.

On November 15, 2012, the *Annual Report on Selected Maryland Acute Care and Special Hospital
Services, FY 2013*, was published on the MHCC website.

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*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 finalized proposed changes
for the meaningful use Stage 3 requirements. The committee also discussed the national collaboration
effort to put in place a public-private partnership for developing guidelines around exchanging clinical
health information across state borders. Healtheways was selected in August as the organization to
manage the work activities of the eHealth Exchange, formerly the Nationwide Health Information
Network for the public-private partnership. The work effort of the committee is currently focused on
expanding the trusted, secure, and interoperable exchange of health information.

Staff finalized the annual *Health Information Technology Assessment of Maryland Hospitals* (assessment) survey and distributed the assessment to hospital Chief Information Officers (CIOs). The assessment measures health IT adoption and use among the 46 acute care hospitals in Maryland and has been conducted annually since 2008. Findings from the survey are used by staff in working with hospitals to expand the adoption and meaningful use of health IT. This year's assessment includes questions related to the meaningful use measures to report on hospitals' use of health IT to improve patient outcomes. CIOs are asked to complete the electronic survey by December 31st; the final report is expected to be released in the summer of 2013.

Staff convened the management service organization (MSO) Advisory Panel (panel) to review public comments made to the draft MSO State Designation criteria version 3 (version 3). The panel recommended removing the term "required" from version 3. The draft included the term "required" to identify criteria that an MSO cannot outsource to a third party. The panel proposed defining an MSO in a preamble section as an alternative and including criteria that specify MSOs are accountable for all services provided and for contractual relationships governed by the MSO. The panel also recommended clarifying the requirements around outsourcing services. Staff plans to review version 3 with the MSO accrediting organization, the Electronic Healthcare Network Accreditation Commission (EHNAC), in December. MSOs that seek accreditation beginning in 2013 will need to comply with version 3. MSOs must meet nearly 95 criteria related to privacy, security, business practices, technical performance, operations, and services, and undergo national accreditation to be State Designated. MSOs assist providers in the adoption of electronic health record (EHR) systems.

Staff is drafting the report to comply with Health-General Article §§19-101 and 19-108.2 regarding the electronic preauthorization of medical and pharmaceutical (health care) services. The law requires MHCC to report annually through 2016 on the progress of State-regulated payers (payers) and pharmacy benefit managers (PBMs) in obtaining certain benchmarks for standardizing and automating the preauthorization of health care services. Almost 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. The Phase 2 benchmark requires payers and PBMs to implement an online process to electronically accept prior authorization requests. The Phase 3 benchmark requires payers and PBMs to provide real-time approvals when no additional information is required for approving preauthorization requests. Audacious Inquiry, LLC (AI), was competitively selected to assist in developing the report, which is targeted for release in March 2013.

Planning activities are underway to conduct an environmental scan (scan) of independent long term care (LTC) facilities. During the month, staff identified key questions to be included in the scan. The scan is aimed at assessing EHR adoption planning and implementation among non-chain LTC facilities. Findings from the scan will be used by staff to develop short term strategies for expanding health IT adoption among independent LTC facilities. Staff is exploring the opportunity to include a broader set of questions around health IT as part of the annual Long Term Care Survey. This survey collects information from LTC facilities, assisted living, adult day care, and chronic hospitals. Questions related to health IT would be limited to LTC facilities and chronic hospitals. Over the next month, staff plans to work with the two trade associations: Health Facilities Association of Maryland and Lifespan Network, in finalizing the scan questions. An information brief is targeted for release in the summer of 2013.

Staff is in the preliminary stage of planning for a health IT consumer advisory group (advisory group). The advisory group will propose ways to increase consumer knowledge of health IT, and suggest strategies aimed at building consumer trust in electronic health information. In the fall of 2011, seven consumer focus groups were convened throughout the State to engage consumers in conversations related to awareness, trust, and education of health IT. The findings from the focus groups were detailed within the *Health Information Technology Consumer Awareness & Education Brief* (brief), which included recommendations for strategies to increase consumer awareness and education of health IT. The advisory

group will use the findings in the brief as the framework for developing strategies. Staff plans to convene the first meeting of the advisory group in the winter of 2013.

Drafting of the telemedicine technology-based implementation resource guide (guide) continued during the month. 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). The guide is intended to assist ambulatory practices in assessing telemedicine for their practice. Audacious Inquiry, LLC (AI) was competitively selected to provide assistance in completing the work. The guide is expected to be released in March of 2013. Staff also plans to assemble an evaluation panel consisting of representatives from MSOs to review leading cloud-based telemedicine technology solutions (solutions). Staff plans to work with MSOs to identify various solutions that could be offered by MSOs.

Health Information Exchange
Staff continues to provide guidance to CRISP in implementing the statewide HIE and to its Advisory Board that consists of four committees: Finance, Exchange Technology, Clinical, and Small Practice Advisory Committees. Last month, staff participated in the Small Practice Advisory Committee meeting. The Small Practice Advisory Committee provides recommendations for policy and program enhancements from a clinical perspective to the CRISP Regional Extension Center (REC) program. As part of the meeting, members developed recommendations around gathering provider feedback on the value of the REC. During the month, activities related to CRISP's financial audit continued. CliftonLarsonAllen (CLA), the auditors, identified one internal control deficiency during a post-audit review of the financial statements. The liability and expense accounts were materially understated by about $203K prior to the posting of the audit adjustment. CRISP plans to change internal policies to ensure vendor expenses are reflected in their financial statements. Staff provided CLA with input into the draft audit report, which will be presented to the CRISP Finance Committee in January.

Staff is working with ONC to develop a proposal that among other things will allow MHCC to use the nearly $800K remaining from the Challenge Grant (grant) to advance the use of electronic health information in LTC. An initial use case under consideration is the publishing of institutional pharmacy data to the statewide HIE. Currently, medication reconciliation occurs at the time of admission and oftentimes the medication history is incomplete. This use case will enable the availability of real-time medication lists for hospitals and LTC facilities during the admission process. In 2011, MHCC received nearly $1.6M from ONC to connect six LTC and post acute care (LTPAC) facilities to the statewide HIE and to develop a plan for an electronic registry of Medical Orders for Life Sustaining Treatment. Technical challenges around integrating EHRs at LTC facilities with the HIE has limited the amount of clinical data that is available to the participants in the grant project. Staff plans to finalize the proposal and formally submit it to ONC in December.

Activities are underway to explore expanding the private and secure adoption of text messaging by providers that use mobile devices for exchanging protected health information. Staff, in collaboration with MedChi, The State Medical Society, began preliminary discussions to develop a strategy to identify vendors that offer products that meet the requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security rule. Secure text messaging provides an alternative option for providers to exchange patient information electronically from a mobile device. During the month, staff participated in a demonstration around the secure text message solutions offered by Tiger Text and Qliqsoft. Next month, staff expects to review DrFirst's secure text message solution.

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. The MHCC is

required under Maryland law (Health-General Article §§4-301 and 4-302) to develop regulations for the privacy and security of protected health information exchanged through an HIE. In February 2012, staff released draft regulations for informal public comment, and about 33 individuals and organizations submitted comments. The contractor will provide recommendations to modify the draft regulations to ensure they are aligned with current law; mitigate potential privacy and security concerns for consumers; and ensure the regulations are not overly burdensome to implement. Staff plans to release the next version of the draft regulations in January 2013 for informal public comment.

Electronic Health Networks & Electronic Data Interchange

COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks,* mandates payers with an annual premium volume of $1M or more annually and certain specialty payers to complete an electronic data interchange (EDI) progress report (report) by June 30th of each year. During the month, staff identified about 46 payers that must submit a report regarding their administrative health care transactions. Staff plans to notify these payers of the reporting requirements next month. The payers have a combined statewide reporting premium amount of about $5.5B, which accounts for approximately 99 percent of the total payer premiums reported in 2011. During the month, staff provided consultative support to HealthFusion, Inc.; Carestream Dental, LLC; and NaviNet, Inc. in completing the MHCC recertification process. Electronic health networks (networks) operating in Maryland are required to be certified by the MHCC as defined in COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse.* Certification is awarded to networks that have achieved accreditation by an MHCC recognized national accreditation organization.

National Networking

Staff attended several webinars during the month. eHealth Initiative (eHI) presented, *Integrated Data Analytics in an Era of Reform: Ten Observations from the Trenches*, which explained how hospitals and health systems can benefit from the integration of clinical and administrative data and perform comprehensive analytics to manage population health. eHI also presented, *Final Results from eHealth Initiative's 2012 HIE Survey,* that focused on State HIEs in terms of organization/governance; maturity and scope of exchange; involvement with other policy programs; and financing. The Healthcare Information Management Systems Society presented, *Striking a Balance between Protecting and Exchanging Protected Health Information* that discussed health information security and accountability issues, and Johns Hopkins Medical Institution (JHMI) highlighted how JHMI protects and shares EHRs among providers.