MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

March 2013

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

First National Primary Care Extension Program Conference
Sixteen states, including Maryland, were represented at this conference, which was held in Oklahoma City on February 21-22. The conference was held so that these states, all of which have initiatives to improve the delivery of primary care, could share their experiences and discuss strategies for building and sustaining a primary care quality improvement infrastructure. The conference had five aims:

- Make sure that all 16 states have a common understanding of the purpose and scope of AHRQ's IMPaCT initiative regarding primary care improvements and are well-prepared and positioned to disseminate this understanding to key constituents within their states and organizations.;
- Explore ways to strengthen primary care initiatives, increase consistency across states (to the extent that this is possible and desirable), identify challenges and opportunities, and generate new ideas and promising approaches to address them;
- Strengthen personal relationships between key leaders within and between the involved states that could hasten progress toward construction of the primary care expansion infrastructure;
- Conceptualize and begin to create a national toolkit for primary care extension programs; and
- Begin development of a coordinated strategy for achieving sustainable funding to support primary care extension programs.

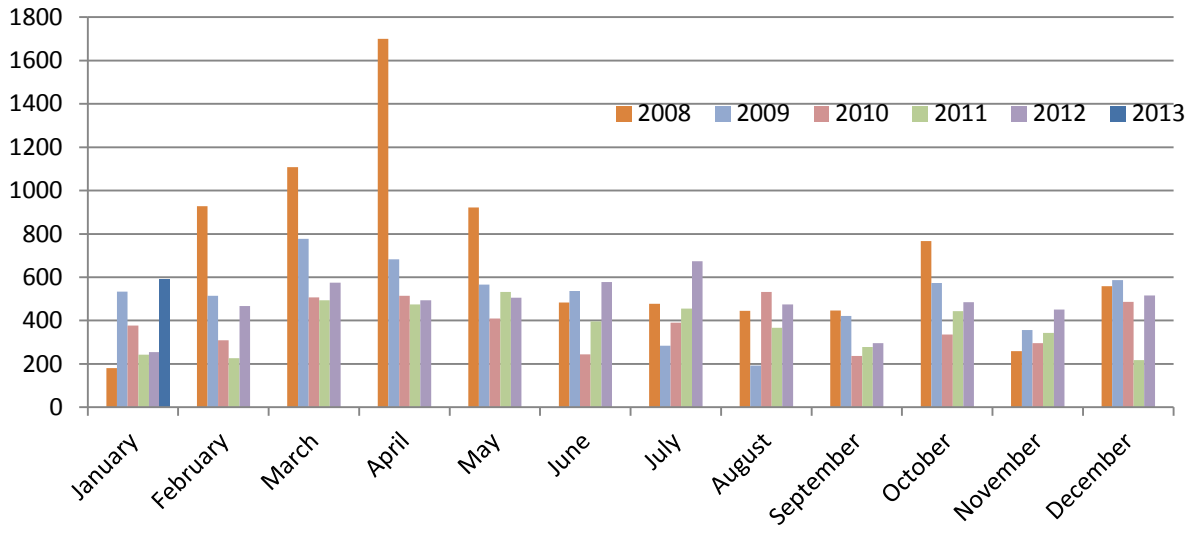
Maryland's attendees included Linda Bartnyska from MHCC; Dr. Niharika Khanna of the University of Maryland, School of Medicine, head of the Maryland Learning Collaborative, which provides practice transformation services to the practices in Maryland's PCMH program; Donald Nichols, PhD of IMPAQ International, head of the PCMH Evaluation Contract team; and Russ Montgomery, who works at DHMH with Dr. Laura Herrera. During the conference, we learned that Maryland is currently the only state that has created a scientifically valid evaluation of its primary care extension program, mainly due to the high cost of such an evaluation. Maryland team members got ideas on how we might broaden the infrastructure that connects primary care practices to their local resources, academic resources, and each other. Team members also developed relationships with representatives from other states that have relatively similar primary care program initiatives and resources, such as an APCD, (e.g., Colorado), which may be helpful in our efforts to improve primary care delivery in Maryland.

Maryland Learning Collaborative
The next collaborative meeting will be held on March 28, 2013 at Turf Valley Country Club in Ellicott City, Maryland.

HEZ Practices
Commission staff are meeting with representatives from the HEZ county health departments, practice representatives, and the Community Health Resources Commission regarding primary care practices' participation in the PCMH program.

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2013



Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately **$588,507** for January of 2013. The monthly payments for uncompensated care from January 2008 through January 2013 are shown above in Figure 1.

MIEMSS Trauma Registry
The Maryland Institute for Emergency Medical Services Systems (MIEMSS) has been in the process of modifying trauma centers' reporting of patients to the Trauma Registry. Commission staff is working with MIEMSS staff to improve the sharing of Registry information for verifying eligibility of Trauma Fund claims.

Cost and Quality Analysis

Update on Annual Reports
The analysis for the privately insured issue brief, produced in collaboration with Social and Scientific Systems (SSS), has been completed. Key findings from the analysis will be presented at the March Commission meeting, and the issue brief will be available in April. The analyses make detailed comparisons of 2011 privately insured health care spending in the individual, small group, large group, and MHIP markets. Comparisons include:

- Per enrollee expenditures for all services;
- Expenditure risk scores (based on diagnoses);
- Age group and geographic variation in per enrollee expenditures;
- Percent of enrollees with use of inpatient, outpatient, lab & imaging, professional services, and prescription drugs;
- Shares of per enrollee expenditures allocated to the different service types and prescription drugs;
- Out-of-pocket spending and percent of total expenditures;
- Out-of-pocket share of expenditures for each service type; and
- Change in per enrollee expenditures from 2010 to 2011.

Maryland Medical Care Data Base (MCDB) Future Webinars
Our third webinar meeting with MCDB payer representatives and staff of Maryland Health Care Commission (MHCC), Social and Scientific Systems, Inc. (SSS)—our data base contractor—and the Maryland Insurance Administration (MIA) will take place later this month. During the meeting, staff will discuss the top five reasons for re-submission of data and extended communications between SSS and submitting payers. In April, we plan to hold a fourth meeting to address any payer issues regarding the submission of 2012 data. We will also introduce payers to the MHCC's plans for future expansion of the information contained in the MCDB and modifications to the data that is currently being submitted.

Workgroup to Define Health Care Utilization Summary Files
Staff is convening a collaborative workgroup to define two population-based health care cost and utilization summary files that will be produced from the Commission's Medical Care Claims Data Base (MCDB). These files will support health reform initiatives, including the State Innovation Model design grant recently awarded to the Department of Health and Mental Hygiene (DHMH) by the Center for Medicare and Medicaid Innovation (CMMI) and the Health Services Cost Review Commission's (HSCRC) hospital rate setting redesign activities.

One file will contain a record for each privately insured resident that summarizes the resident's annual health care costs by service type and counts the occurrences of selected events, such as the number of inpatient admissions. The prototype for this file is the Medicare Master Beneficiary Summary File – Cost and Use Segment. The second file will summarize costs (by service type) and events at the zip code level. This latter file (with grouped versus individual information) will be available to users interested in geographic summaries of cost and use or to users that cannot qualify for access to the individual summary record file. Since staff expects the contents of the files to evolve over time, we plan to start with relatively narrow file definitions and to modify the definitions based on user feedback. Our vision is that when the MHCC's All Payer Claims Database expands to include Medicaid data, these files will reflect utilization for most, if not all, residents of Maryland.

The goal for the workgroup members will be to define files that are useful, with unambiguous variable definitions, and that are relatively simple to construct (using one MHCC programmer). The workgroup will be comprised of persons with experience in developing and/or analyzing health care cost/utilization files. Staff is seeking workgroup participation from each of Maryland's five largest carriers, the HSCRC, the Maryland Department of Health and Mental Hygiene, the Maryland Insurance Administration, the Maryland Health Benefit Exchange, the Maryland Hospital Association, MedChi, physician practices associated with Johns Hopkins and the University of Maryland, and the health system research community.

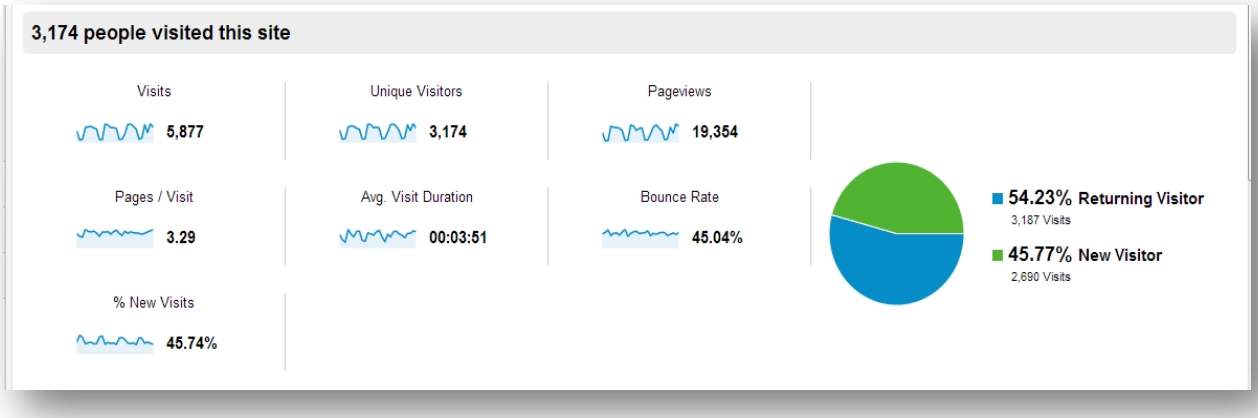
Data and Software Development

Internet Activities
As shown in the chart below, the number of visits to the MHCC website for the month of February was 2013 was 5,877 and of these, there were 3,174 unique visits. The average time on the site was 3:51 minutes. Bounce rate of 45.04 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 through a referral from 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 mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, Maryland.gov and crisphealth.org. Among the most common search keywords in January were:

- "Maryland health care commission"
- "MHCC"

Figure 2 - Data from Google Analytics for the month of February 2013



- 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.

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Care Management Monthly Tracking web site	Completed	Live
PCMH Quality Measure Reporting by Practices web site	Completed	Live
PCMH Public Site	On-going Maintenance	
PCMH Portal (Learning Center & 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 Psych Licensing Site	Ongoing support	Live
Physician Licensing	Live – On-going Support	Preparing for 2013 M-Z Renewals in July. New popup messages developed
Health Insurance Partnership Public Site	On-going Maintenance	
Health Insurance Partnership	Monthly Subsidy	

Registry Site	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 2012 Survey	Annual Maintenance	Completed changes for 2102 Survey. Testing new LTC Survey to MHCC Assessment interface. Going live in March 2013
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	Site configured. Testing. Going Live in March for 2014 Assessment
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The March IT Newsletter has been released, containing helpful information about MHCC IT systems and servers. Features:

- Reminders:
  - Remote Access using LogMeIn Procedures
  - Conference Room Closing Procedures
  - Workstation reset frequency for remote users
- Helpful Hints
  - How to attach a file using Gmail for Government through Google Chrome
  - MHCC Global Group Email Address
    - dlmhcc_dhmh@maryland.gov
  - Using Google Chrome Browser's calculation app
  - How to show the computer desktop from the Quick Launch bar

Large Conference Room Upgrade

The microphone system in the MHCC large conference room (#101) was upgraded to the following system:

- 15 Shure 5" Gooseneck wireless microphones (14 active)
- 5 new frequency amplifiers for better sound
- 15 new amplifiers (1 per microphone) with ability to automatically find the best channel for clear communications

The new equipment has been placed in a new data rack for protection and safe storage, yet easy access.

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. The MOU has been through several iterations and the updated MOU, believed to be in its final form, was re-issued to the MHBE. This MOU remains under final review by the MHBE and execution of the MOU is anticipated shortly.

As requested by the MHBE, staff had directed its report development contractor to develop several methodologies for a MHBE-specific 5-star rating system. The methodology selected by the MHBE for possible implementation was presented to their key stakeholder group consisting of qualified health, dental and vision plan representatives. Feedback from qualified plans on the proposed methodology has been collected and the MHBE has scheduled a follow-up meeting with the related vendors to take place on March 28, 2013. The 5-star rating system is now anticipated to be finalized by the MHBE by the end of March 2013.

The Maryland Health Quality and Cost Council (MHQCC) recently established a Cultural Competency Workgroup and has identified its three charges. (1) Examine appropriate standards for cultural and linguistic competency for medical and behavioral health treatment and the feasibility and desirability of incorporating these standards into reporting by health care providers and tiering of reimbursement rates by payors; (2) Assess the feasibility of and develop recommendations for criteria and standards establishing multicultural health care equity and assessment programs for the Maryland Patient Centered Medical Home program and other health care settings; and (3) Recommend criteria for health care providers in the State to receive continuing education in multicultural health care, including cultural competency and health literacy training. The chief of this division serves as a co-leader of the Charge 1 Subcommittee, with Dr. Yolanda Ogbolu from the University of Maryland, School of Nursing. MHCC's chief of Government Relations serves as the lead staff support person for the Charge 1 Subcommittee. Members of the Charge 1 Subcommittee continue working together to complete the 7 action steps which have been laid out by the Office of Minority Health and Health Disparities. All projects related to the Charge 1 Subcommittee are anticipated to be completed by Fall 2013.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
VIRTUAL COMPARE, the information-only web portal developed for use by small businesses has been operational since May 2011. Over the past 30 days, the analytics have remained relatively steady, at approximately 4 Maryland visits per day, with users viewing about 4 pages per visit and spending an average of about 4 minutes per visit on the site. These Maryland statistics are slightly 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 March 12, 2013 enrollment in the Partnership was as follows: 424 businesses; 1,171 enrolled employees; 1,908 covered lives. The average annual subsidy per enrolled employee is more than $2,400; the average age of all enrolled employees is 41; the group average wage is about $27,700; the average number of employees per policy is 4.0. The 5th annual report

on the implementation of the Partnership was submitted to the General Assembly in January and posted on the Commission's website. Commission staff is currently in discussion with DHMH leadership and the Legislature to determine a transition plan for the Partnership, once state health insurance exchanges under the Maryland Health Connection become available to individuals and small employers in 2014.

Mandated Health Insurance Services
Each legislative session, Commission staff track bills proposing new mandates or modifications to existing mandates, if any, in order to meet the Commission's statutory requirement to report on the fiscal, medical, and social impact of the proposed legislation. Given that under the ACA, states are financially liable for the cost of newly added mandates purchased through the exchange, additional mandates are not anticipated. Staff is following legislation related to conformity to the ACA and MH parity.

Long Term Care Policy and Planning

Minimum Data Set Project
Commission staff continues 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. Programming for MDS 3.0 was initially done in SQL, and was then updated to SAS. Variables have now been updated into the MDS Manager Program. These programs are now being tested internally.
In addition, in response to issues raised by providers, staff contacted CMS to update certain variables collected in Section S (state-specific section) of the MDS. Staff worked with representatives of CMS and the changes have been accepted.

Hospice Section of the 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. The hospice chapter continues to undergo review and update.
The Hospice Work Group was reconvened on January 16th. At that meeting, consensus was reached on the components of the methodology. The Senate Finance Committee was briefed on January 24th on progress made concerning the methodology.

One directive received from the Senate Finance Committee was to work on a plan for the Educational Initiative for hospice. In response, staff has met via conference call with the Health Officers of both Prince George's County and Baltimore City. Invitations have also been sent to the MHA, MedChi, Monumental Medical Society and the DHMH Office of Minority Health. The intent is to convene the first meeting in the next few weeks.

Hospice Survey
The FY 2012 Maryland Hospice Survey started effective February 19, 2013. Notices were sent out to providers on Monday, February 11th. Part I of the survey will be due 60 days after the survey commences. Part II will be due no later than June 10, 2013. The public use data set for the FY 2011 Hospice Survey has been posted on the Commission's website.

FY 2012 Home Health Agency Survey
Staff is in the final stages of updating the Home Health Agency Survey application, which includes detailed testing of updates and validations for error resolution. Staff expects to have the Home Health Agency Survey available for online data entry in April.

FY 2012 Long Term Care Survey
On March 1, 2013, staff sent, via certified mail and email, the Long Term Care Survey notice letter informing providers of the survey data collection period and providing them with logon and password information to access the survey. The survey data collection period began on March 11, 2013 for all facility types and ends on April 9, 2013 for comprehensive care facilities, and on May 9, 2013 for all other licensure categories including chronic care, assisted living and adult day care centers. During the data collection period, staff will provide technical support to providers.

Long Term Care Quality Initiative

Trends in Long Term Care Quality
Staff has acquired longitudinal data for nursing home and home health quality measures for analysis. Trends in quality scores can be produced for nursing homes from 2006-2011 and for home health quality measures from 2008-2011. The results will be shared with individual nursing homes and home health agencies for internal quality improvement purposes and, if trends prove useful for consumers, displayed on the LTC Consumer Guide. They will also be included in a future presentation to the Commission.

Healthcare Associated Infection (HAI) in LTC
Staff has a meeting scheduled with key LTC infection control practitioners to discuss directions for nursing home HAI initiatives.

Hospice Quality
Staff has arranged a meeting with the Maryland Hospice & Palliative Care Network of Executive Director to discuss advancement of measures for hospice quality.

Consumer Guide to Long Term Care
A bid board to secure a vendor to provide maintenance and minor updates for the LTC Consumer portal was posted. Responses are now being evaluated.

Other
Staff attended the National Quality Forum Annual Conference. The session presented by Patrick Conway, CMS Chief Medical Officer and Director of the Center for Clinical Standards and Quality offered a good overview of the CMS quality focus for the next few years.

CENTER FOR HOSPITAL SERVICES

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update
In preparation for the upcoming update of the Hospital Performance Evaluation Guide, clinical and HCAHPS data for the third quarter of 2012 was collected through the Quality Measures Data Center. All hospitals successfully submitted their data for this time period. The next update to the Hospital Performance Evaluation Guide is scheduled for April 11, 2013 and will include a refresh of clinical and HCAHPS data as well as an update to CLABSI and SSI data. Staff also continues to prepare for the collection and public reporting of outpatient measures. MHCC required hospitals to complete the Hospital OQR Online Notice of Participation through QualityNet by February 28, 2013, which would allow access to hospital outpatient claims based measures data.

HQI staff co-hosted a webinar with the Quality Measures Data Center on March 5, 2013 regarding MHCC's expanded hospital quality data collection policies for inpatient, outpatient, and healthcare-associated infections. The webinar was well attended, with over 100 participants; this group included

Quality Measures Data Center administrators, infection preventionists, and hospital IT staff involved in data submission.

The Hospital Performance Evaluation Guide Advisory Committee held its monthly meeting on February 25, 2013. New quality measures data collection policies as well as an overview of procurement activities were discussed.

Healthcare Associated Infections (HAI) Data
Hospital Quality Initiatives staff continues to work with Advanta Government Services on the FY2012 CLABSI and SSI data audit and quality review.

The preliminary results of the third annual survey of hospital infection and prevention and control programs have been submitted. The completed surveys were due in January 2013 and staff members are currently reviewing the information received from the hospitals. A presentation was given to the HAI Advisory Committee at the monthly meeting in February 2013. A final report and presentation are being prepared.

Beginning in July 2013, Maryland hospitals will be required to utilize CDCs National Healthcare Safety Net (NHSN) surveillance system for collection of Clostridium difficile infections data (CDI LabID events). CDILabID events that occur in all inpatient locations must be reported (Neonatal ICUs, Well Baby Nurseries, and Well Baby Clinics are excluded) through the CDC surveillance system. The staff is preparing for this new reporting initiative.

The Healthcare Associated Infections Advisory Committee had its monthly meeting on February 27, 2013. The committee reviewed the new quality measures data collection policies, the CLASI and SSI audits, and the hospital infection and prevention and control program survey.

Specialized Services Policy and Planning

Cardiac Services

Clinical Advisory Group
The sixth meeting of the Clinical Advisory Group (CAG) on Cardiac Surgery and PCI Services was held on February 28, 2013. Co-Chair David Williams, MD, led the meeting which focused on proposed standards for percutaneous coronary intervention (PCI) services. Dr. Julie Miller made a presentation on the Maryland Academic Consortium for PCI Appropriateness and Quality, or MACPAQ, and a proposal for expansion of this program to function as a statewide hospital consortium for external peer review of PCI services. The final two meetings of the CAG are scheduled for March 14 and April 11.

PCI at Hospitals without Cardiac Surgery Onsite
On February 21, 2013, the Commission approved renewal of primary PCI waivers for Frederick Memorial Hospital and Meritus Medical Center.

Hospital Services Policy and Planning/Certificate of Need

February 1, 2013 through February 28, 2012

Certificate of Need ("CON")

CONs Approved
Garrett County Memorial Hospital – (Garrett County) – Docket No. 12-11-2337
Construction of a new four-story addition and renovation of the existing hospital.

Approved Cost: $23,539,350

CONs Relinquished
ManorCare – Fairwood – (Prince George's County) – Docket No. 11-16-2324
Establishment of a 110-bed comprehensive care facility on Fairwood Parkway in Bowie. The 110 beds were to be reallocated from three existing CCFs in the County (HHCC-Adelphi - 65 beds, HHCC-Hyattsville – 30 beds, and MCHC-Largo - 15 beds).
Approved Cost: $16,042,836

Pre-Application Conferences
A pre-application conference with representatives of Washington Adventist Hospital was held on February 22, 2013. The hospital is planning to file an application to replace and relocate its general acute care facilities and redevelop its existing campus as a site for delivery of specialty hospital and outpatient services.

CON Applications Filed
Asbury Methodist Village – The Wilson Center – (Montgomery County)
Renovations to the existing comprehensive care facility.
Proposed Cost: $12,796,441

Application Review Conferences
An application review conference was held on February 8, 2013 with representatives of Father Martin's Ashley, an intermediate care facility for alcohol and drug abuse rehabilitation, to discuss information needed to complete its application for expansion and renovation (15 additional beds and replacement of 36 beds) filed in January.

Determinations of Coverage

- Acquisitions/Changes of Ownership

Elkton Center – (Cecil County)
Change in the operator of the facility from SunBridge Healthcare, LLC to One Price Drive Operations, LLC. Both the real estate and the CCF beds will continue to be owned by Elkton Care Center Associates Limited Partnership.

Vindobona Nursing & Rehabilitation Center – (Frederick County)
Change in the operator of the facility from Vindobona, Inc. to Braddock Heights Healthcare, LLC.

- Other

o Delicensure of Bed Capacity or a Health Care Facility

Fayette Health & Rehabilitation Center – (Baltimore City)
Temporary delicensure of 29 CCF beds

Ellicott City Health & Rehabilitation Center – (Howard County)
Temporary delicensure of 32 CCF beds

Bridgepark Healthcare Center – (Baltimore City)
Temporary delicensure of one CCF bed

FutureCare-Pineview – (Prince George's County)

Temporary delicensure of nine CCF beds

- Waiver Beds

Johns Hopkins Hospital – (Baltimore City)
Addition of four acute rehabilitation beds

Bay Ridge Health Care Center – (Anne Arundel County)
Addition of nine comprehensive care beds

King Farm Presbyterian Retirement Community d/b/a Ingleside at King Farm – (Montgomery County)
Addition of 19 CCF beds, excepted from CON requirements under the restricted admission terms of COMAR 1024.01.03K, for the use of residents of this continuing care retirement community.

Policy and Planning

On February 15, 2013, CHS staff attended a presentation by Columbia Healthcare Analytics on a platform it has developed for external review of patient care quality and safety for various types of hospital services.

On February 20, 2013, CHS staff met with senior staff of the Maryland Institute for Emergency Medical Services and Systems to discuss areas of needed coordination between the new regulatory oversight system under development for cardiac services and MIEMSS program for designation of hospitals as cardiac intervention centers.

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. The committee reviewed public comments received regarding the proposed Stage 3 meaningful use requirements. In general, the responses emphasized the importance of evaluating the impact of the Stage 2 requirements before finalizing Stage 3 requirements. The committee also discussed the potential impact of adding new requirements before the technical standards have been adopted by ONC.

A preliminary review of the 2012 Hospital Health Information Technology Survey (survey) data is underway. The survey has been administered annually since 2008 with the goal of measuring health IT adoption and use among all 46 acute care hospitals in Maryland. The survey is distributed to hospital Chief Information Officers (CIOs) and collects information about hospital departments' use of order entry, electronic health records (EHRs), medication administration, infection management, health information exchange (HIE) and telemedicine. This year's survey also requested information regarding hospitals' participation in the Medicare and Medicaid EHR Incentive Program and meeting the meaningful use requirements. The survey enables a comparison to national health IT adoption trends, and is unique in that it includes an evaluation of health IT planning efforts. Over the next month, staff will work with hospital CIOs to address reporting anomalies identified during the data review process. A report of the findings is expected to be released in early summer.

During the month, staff convened the Management Service Organization (MSO) State-Designation Advisory Panel (advisory panel) to review and finalize the revisions to the criteria for State-designation. MSOs offer services to ambulatory practices as they adopt and use EHRs, and offer EHRs hosted offsite in secure network operating centers. Key changes to the criteria include: the removal of required criteria; edits to the Overview section; and a change to the criterion that the MSO must facilitate connectivity to the State-Designated health information exchange from the menu set of currently available options. The advisory panel also recommended a requirement for MSOs to demonstrate that they meet the definition of an MSO as part of the application process. State-designated MSOs must achieve national accreditation, which includes about 95 criteria related to privacy, security, business practices, technical performance, operations and services. The criteria will be released in March by the Electronic Health Care Network Accreditation Commission for a 60-day public comment period.

Staff continues to make changes to the web-based EHR Product Portfolio (portfolio), which includes evaluative information on about 42 nationally certified EHR products. First released in 2008 and updated annually, the portfolio offers evaluative and comparative information on EHR systems and serves as a provider resource guide to assess various EHR products. The portfolio also highlights vendors that are connecting to the State-Designated HIE. Participating vendors are required to offer discounts to Maryland providers. The portfolio includes: product screen shots; user references; pricing information; privacy and security policies; and case studies/user testimonials. The updated portfolio is expected to be available on the website this spring.

Planning activities are underway to convene a health IT consumer advisory group (advisory group). The purpose of the advisory group is to develop broad strategies for building awareness and trust among consumers in Maryland regarding the use of health IT. In September 2012, MHCC released the Health Information Technology Consumer Awareness & Education Brief (brief). The brief included a recommendation to establish an advisory group based on the findings of seven focus groups comprised of consumers, providers and community-based organizations. The advisory group will develop a blueprint that will be used as a guide to address key challenges related to consumer awareness and trust of health IT. Staff plans to convene the first meeting of the advisory group in May.

Health Information Exchange

Staff continues to provide guidance to the Chesapeake Regional Information System for Our Patients (CRISP), the State-Designated HIE, in implementing the HIE and to its Advisory Board that consists of four committees: Finance, Technology, Clinical, and Small Practice Advisory Committees. Staff participated in the Exchange Technology and Clinical Advisory Committee meetings during the month. The Clinical Advisory Committee provides guidance on the services offered by CRISP, including offering clinical perspectives, prioritizing use cases, and assessing the clinical value of use cases. The Clinical Advisory Committee discussed the status of the prescription drug monitoring program (PDMP) and the value and prioritization of various data elements, such as diagnosis and disposition information, to be included in the encounter notification service (ENS). The Technology Committee reviews and provides guidance on infrastructure, integration, deployment activities and other technology related-decisions. The Technology Committee vetted the technical approach for the implementation of the PDMP. The Technology Committee also discussed various challenges related to receiving electronic medication history data through the HIE. SureScripts, the source of medication history data, is in contract negotiations with the CRISP technology partner.

During the month, staff continued to work with CliftonLarsonAllen (CLA) to identify the scope for a security audit for the State-Designated HIE technical infrastructure. CLA expects to review nearly 150 information security controls as part of the audit. A preliminary audit report is anticipated for late summer. Staff also finalized the State-Designated HIE Agreement (agreement) with CRISP. Maryland law requires MHCC to designate an HIE to enable the electronic exchange of health information statewide. The previous Memorandum of Understanding (MOU) designating CRISP as the statewide HIE expired in the fall of 2012 after being in place for about three years. The agreement expands on

CRISP's current scope of work and is consistent with key provisions of the original MOU. The agreement will be in place for three years.

Staff conducted technology site visits during the month at three community-based hospitals that operate a local health information exchange: Frederick Memorial Hospital; Upper Chesapeake Medical Center; and Peninsula Regional Medical Center. Staff met with CIOs to discuss health IT adoption strategies and activities around developing local health information exchange platforms that will enable ambulatory providers in their service area to exchange clinical information. Site visits are aimed at harmonizing health information exchange efforts among community-based hospitals to ensure interoperability with the State-Designated HIE. As part of the meeting, technical standards and data integration activities with the hospital's EHR system and ambulatory practices were discussed. Staff is in the preliminary stages of planning four regional hospital meetings that will occur over the next few months with hospital CIOs and Chief Medical Informatics Officers. The purpose of the meetings is to discuss expanding hospital data made available to the State-Designated HIE from hospital admission, discharge and transfer (ADT) systems.

During the month, staff received approval from ONC to use funds from the Challenge Grant (grant) to advance the use of electronic health information in select long term care (LTC) facilities. In 2011, MHCC received about $1.6M from ONC under the Challenge Grant to connect six LTC and post acute care facilities with CRISP. The demonstration concluded with approximately $600K in grant funds remaining. These remaining funds will be used to competitively award a small number of independent qualifying LTC facilities with grants to improve transitions of care between LTC facilities and hospitals. During the month, staff announced the funding opportunity and held a conference call and a bidders' conference to answer questions from potential applicants. In March, an evaluation panel is expected to make recommendations regarding the grant awards for LTC facilities. ONC also approved MHCC to use a portion of the remaining funds to implement, develop and test a use case for institutional pharmacies to publish medication data to CRISP. Institutional pharmacy data is currently not available to the State-Designated HIE. During the month, staff held a kick off meeting for the institutional pharmacy pilot use case; next month, staff plans to meet with the three largest institutional pharmacy providers.

Planning activities continued during the month to develop initiatives that will increase the percentage of eligible providers participating in the Medicare and Medicaid EHR Incentive Program (incentive program). Approximately 27 percent of Maryland physicians have adopted an EHR and, as of December 31, 2012, about 13 percent of eligible providers have attested and received payment under the incentive program. In February, staff hosted a virtual Medicare attestation session that offered instructions for the process of attesting for meaningful use with CMS. Over the next couple of months, staff plans to assess programs aimed at increasing meaningful use attestations in other states that are similar to Maryland in terms of their physician-to-population ratio, practice ownership, size, etc. This information will be used to develop programs that can be deployed statewide for accelerating participation in the incentive program. Audacious Inquiry, LLC (AI) was competitively selected to provide assistance in completing the work. A final report is expected to be released this summer.

Staff continues working with the Telemedicine Technology Solutions and Standards Advisory Group (advisory group) to develop a telemedicine implementation resource guide (guide) to support providers in adopting technology used in providing telemedicine services. The guide will include information about available technology, vendor assessment questions, integration with EHRs, State laws related to telemedicine, and potential data integration with HIEs. The guide is expected to be released this summer; AI was competitively selected to assist in the project. Over the next few months, staff plans to meet with several telemedicine technology solution vendors to explore integration opportunities with HIE.

Electronic Health Networks & Electronic Data Interchange

COMAR 10.25.09, Requirements for Payers to Designate Electronic Health Networks, mandates State-regulated payers (payers) who report an annual premium volume of $1 million or more and select

specialty payers to report on their electronic health care transaction volumes each year. During the month, staff developed the 2013 Electronic Data Interchange (EDI) Progress Report Form to collect this information from payers. Reporting payers are required to complete the form by June 30, 2013. The reporting process also enables MHCC to identify electronic health networks (EHNs) operating in the State; EHNs operating in Maryland are required to be MHCC certified as defined in COMAR 10.25.07, Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse. During the month, staff completed EHN recertification for The SSI Group, ClaimsNet.com, Inc., and Siemens Medical Solutions.

National Networking

Staff attended several webinars during the month. The National eHealth Collaborative (NeHC) hosted two webinars. Patients Improve the Accuracy of their Medical Records presented findings from the ONC-funded evaluation of a pilot project at Geisinger Health System where patients were encouraged to provide feedback on their medication list through the use of patient portals. The results demonstrated that patients can be effectively engaged online to improve the quality of information contained in their EHR. In HIE Governance Town Hall, Farzad Mostashari, M.D. and senior staff at ONC provided an overview of ONC's planned HIE governance activities. Feedback from participant stakeholders will be used to inform ONC activities and assist in advancing the governance goals of nationwide HIE including: increasing interoperability, decreasing the cost and complexity of exchange, and increasing trust among participants to mobilize trusted exchange to support patient care. ONC also presented, Introducing Blue Button Plus – An Implementation Guide for Developers and Data Holders. ONC offered implementation guidance for providers, payers and technology developers seeking to execute Blue Button Plus for secure transmission of personal health data.