

MARYLAND HEALTH CARE COMMISSION

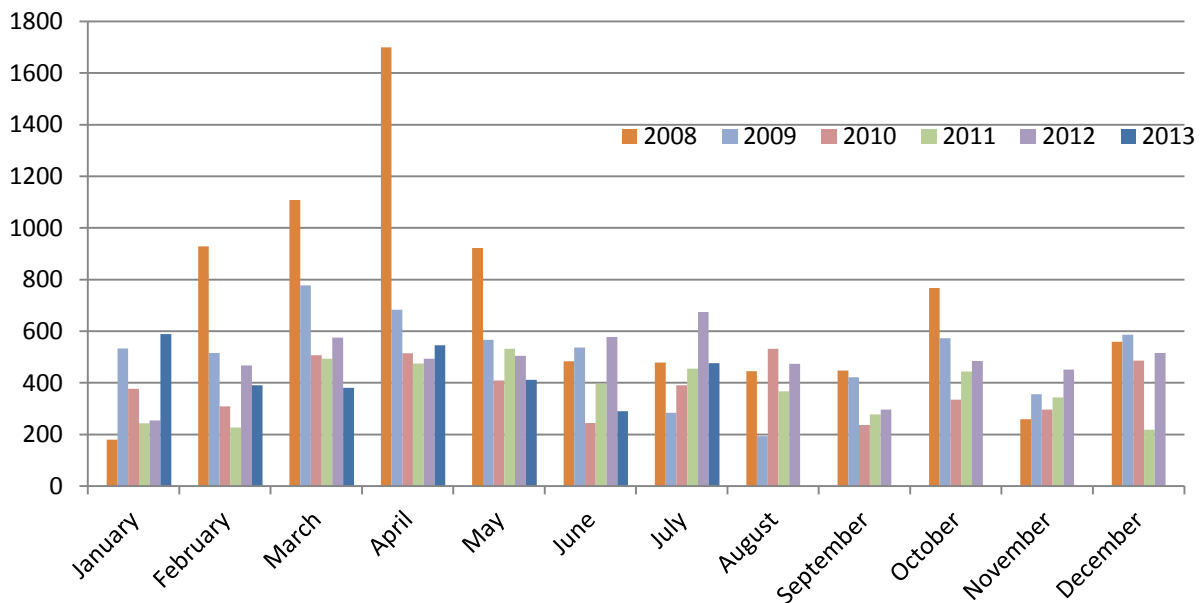
UPDATE OF ACTIVITIES

September 2013

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

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 \$476,057 for July of 2013. The monthly payments for uncompensated care from January 2008 through July 2013 are shown above in Figure 1.

On-Call Stipends

Maryland trauma centers were paid \$3,542,605 in on-call stipends for the January through June 2013 stipend period.

Trauma Equipment Grants

Maryland trauma centers have submitted documentation of equipment purchased or leased for the 2012-2013 equipment grant cycle. The Commission will release the application for the 2013-2014 grant cycle later this year.

RFP for Third Party Administrative Services

The Commission re-released an RFP for Trauma Fund third party administrative services in August. Proposals are due at the offices of the Commission, 4160 Patterson Avenue Baltimore, Maryland 21215 no later than 4:00 p.m. on September 25, 2013.

Cost and Quality Analysis

MCDB Regulations Release for Informal Comment

In order to support and achieve these goals laid out in the Commission's MCDB expansion plan, the MCDB regulations must be updated. The regulations will be distributed for informal comment in September and presented to the Commission for a vote as proposed and emergency regulations during the October Commission Meeting. The following is a summary of proposed changes: 1) In addition the current reporting entities, third party administrators, including pharmacy benefit managers and behavioral health administrators, any carriers, including qualified dental plans, selling products in the MHBE, and Medicaid MCO's will be required to submit data. These changes will ensure that the MCDB is more comprehensive, particularly with the launch of the Exchange next month. 2) Over the next two years of data collection, the draft regulations propose moving from the current annual submissions to quarterly submissions. This will allow for more timely analysis of data to inform policy decisions. 3) There three new report files proposed in the draft regulations: a) The Plan Benefit Design report is intended to provide greater detail about plan-specific service benefits, restrictions, and patient out-of-pocket obligations; b) The Non-Fee-for-Service Medical Expenses report is intended to capture lump sum payments from carriers to providers for non-claim-based services, usually as part of incentives for performance, quality of care, shared savings, etc.; c) The Dental Data report is intended to capture data from Qualified Dental Plans participating in the Exchange. 4) In order to be able to link enrollee information from PBMS and behavioral health administrators to medical claims, a Master Patient Index is proposed to provide a universal identifier across all payers, providers, and services. 5) Currently, changes to file specifications require changes in regulations. The draft regulations propose providing file specification in MCDB Submission Manual alone and not in the regulations. The entities required to report and the broad definition of reports will still remain in regulation.

Resident Summary Analysis File

In an effort to improve access to the wealth of information available in the MCDB to State partners, researchers, and other interested parties, particularly to those who may not have the technical capacity to manage and analyze large claims files, the Commission has created a workgroup to develop a Resident Summary File that will provide person-level utilization and cost information. This effort will create a product similar to the Master Beneficiary Summary File distributed by CMS for Medicare data. A workgroup involving carriers, State partners, and researchers has been formed to discuss the structure and fields to be included. The workgroup will meet next on September 26th.

Workforce Study

In an effort to better understand the supply and distribution of the health care workforce in Maryland, the Commission has partnered with the Governor's Office for Health Care Reform and Governor's Workforce Investment Board to study to assess the availability and utility of existing data sources (e.g. licensure Boards) to inform workforce analyses, to create analytic files when possible, to report on the supply and distribution with the best available data, and make recommendations for changes to licensure Board applications to collect needed data. Whereas past studies have focused primarily on physicians, this study will expand the scope with particular focus on primary care, oral health, and mental health. Providers groups will include: physicians, nurses, dentists, pharmacists, psychologists, social workers, and counselors. This study will also provide comparisons to national standards and the experience of other states. The study is being funded with support from the Robert Wood Johnson Foundation and GWIB. Study details and initial findings regarding the Board Applications will be presented to the GWIB

Board on September 18th. When more substantial results are available, the study will be presented at a Commission Meeting.

Professional Services Report

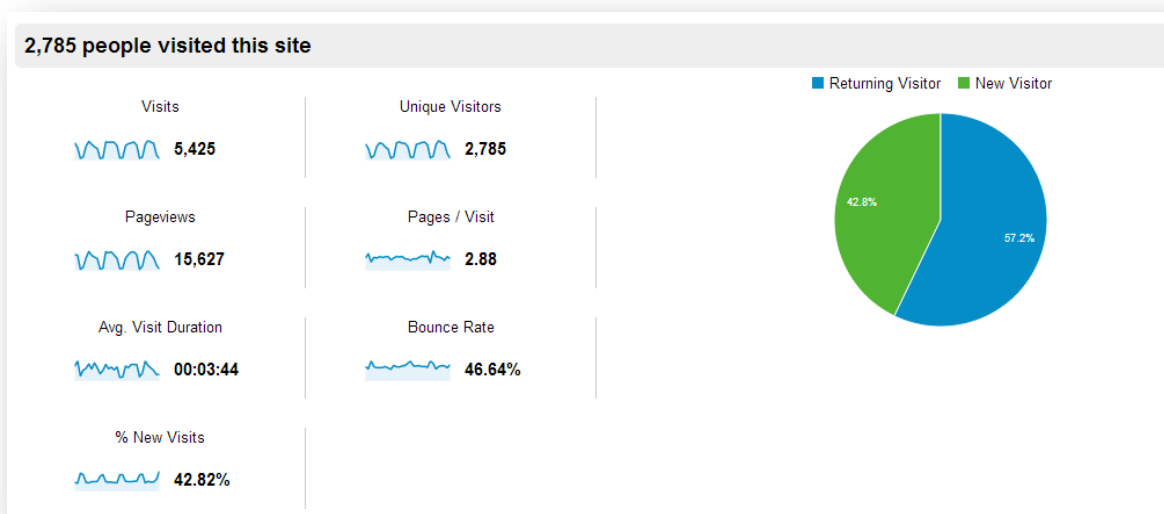
Findings from the analysis for our annual report on payments for professional services, produced in collaboration with Social and Scientific Systems (SSS), was at the July Commission meeting. The analysis compares 2010 and 2011 private payer payment rates for in-network and out-of-network services, overall and by the largest versus other payers. In addition to the usual comparison of privately insured payment rates to the rates paid by Medicare, this report includes a comparison of privately insured payment rates to the rates paid by Medicaid. Based on feedback from Commissioners, the report has been finalized and will be released and posted on the Commission website in September.

Data and Software Development

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.

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



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

As shown in the chart above, the number of visits to the MHCC website for the month of August 2013 was 5,425 and of these, there were 2,785 unique visits. The average time on the site was 3:44 minutes. Bounce rate of 46.64 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, Maryland.gov and crisphealth.org. Among the most common search keywords in August were:

- “Maryland health care commission”
- “MHCC”

Table 1 Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Case Management Monthly Tracking 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	Live – 43% licenses renewed.
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	Completed survey. MS Access database created and distributed for review.
Long Term Care 2012 Survey	Annual Maintenance	Completed survey. MS Access database created and distributed for
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	2014 Assessment Completed
IPad/iPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	Under development	Uploading content September.

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

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

- Desktop Notifications for Gmail for Government
 - Benefits of and instructions for turning on the desktop notification function; notifies the user, through a bell and, or pop-up, when a new email message arrives
- Reminder of the existence and location of electronic forms for all technology requests; forms are located on the MHCC Intranet Site
- Reminder about the “risks” of using the Microsoft Outlook 3rd party sync tool to access email and calendar functions within Gmail for Government.

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

- Google Drive Function
 - Description and benefits of using the Google Drive cloud to save and share documents
 - Instructions how to initialize Google Drive and share with co-workers

Server Room Updates

A new network switch was installed and configured. All MHCC workstations have been rewired to communicate through the new device. Wiring plant was reconfigured, color coded and documented.

Special Projects

Practitioner Performance Measurement Work Group

The third meeting of the Practitioner Performance Measurement Work Group was held on July 30th. The Commission’s contractor for this project, Discern, LLC, presented their analysis and recommendations on the first of five reports required under the contract; i.e., a readiness assessment on the existing All Payer Claims Database (APCD). The report evaluated the readiness of the APCD for reporting on primary and specialty care and the feasibility of aggregating APCD data with Medicare and Medicaid data. The report also included recommendations to maximize the ability to produce useful performance reports from an APCD.

The next scheduled meeting of this Work Group is September 24th, when Discern will present findings from their 2nd report on developing a practitioner performance measurement system, and their 4th report on technology solutions for public reporting of practitioner performance measures.

CCIIO Grant Application

MHCC and the Maryland Insurance Administration (MIA) jointly submitted a grant application for Cycle III funding from CCIIO to assist the MIA in rate review activities and price transparency efforts. The objective of this grant is to obtain funding, (up to \$3 million over two years), to speed up processing of MCDB data submissions so that the MIA has timely access to the data, and to create software that will automatically generate measures the MIA deems important for rate review. The accelerated processing of MCDB data submissions would be achieved through the use of Extract, Transform and Load (ETL) software that would screen data submissions for quality and completeness at the point of data submission and reject submissions that do not comply with the screening criteria. The ETL software would be obtained from an ETL vendor and would include the flexibility to employ payer-specific screening criteria. The payer-specific criteria will reflect waivers granted to payers by the MHCC for deviations from established data completeness thresholds. MHCC contracted with Navigant for assistance in writing the grant, and submitted the grant application on August 1st.

CENTERS FOR QUALITY AND REPORTING

Hospital Quality Initiatives

Hospital Performance Evaluation System

In 2009, the MHCC established the web-based Quality Measures Data Center (QMDC) to support direct and timely access to detailed patient-level quality and performance measures data for public reporting. This approach has accelerated the timely receipt of data directly from hospitals and has enabled the Commission to validate the accuracy and completeness of the data as well. The QMDC was established and maintained through a 5-year contract. MHCC staff recently completed a lengthy procurement process to engage a qualified vendor to support the maintenance and enhancement of the QMDC website and supporting infrastructure that generates the information released on the Hospital Guide. On August 21st, the Board of Public Works approved MHCC's request to engage the services of Advanta Government Services in a 5-year contract to support the hospital performance evaluation system. The staff is working closely with the new vendor to transition to an expanded and enhanced infrastructure and a more consumer friendly product (i.e., the Guide). The Commission staff intends to review the transition activities and plans for enhancements to the system and Guide during a future Commission meeting.

Healthcare Associated Infections (HAI) Data

The Hospital Quality Initiatives staff continue to work with our HAI data quality review contractor on our first audit of the surgical site infection data collected through the CDC National Safety Network Surveillance System (NHSN). The audit plan has been developed and we project that auditors will perform the on-site chart review activities later this year.

Over the past five years, MHCC has conducted an annual Health Care Worker (HCW) Influenza Vaccination survey to report flu vaccination rates on the Hospital Guide. Effective with the 2013/2014 flu season, Maryland hospitals will be required to use the new NHSN Health Care Personnel Influenza Vaccination module for reporting HCW flu vaccination information. As a result of this new reporting requirement, we will be able to compare Maryland hospital performance on employee vaccination rates with other states and with the nation. The HQI staff have notified hospitals of this new reporting requirement and an FAQ document is under development.

Effective July 2013, Maryland hospitals are required to utilize CDC's National Healthcare Safety Net (NHSN) surveillance system for collection of *Clostridium difficile* infections data (CDI LabID events). CDI LabID 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 continues to work with hospitals to facilitate an effective implementation of this new reporting requirement. An FAQ document has been developed and shared with the hospitals. The document addresses hospital questions and will be updated on an ongoing basis as new issues and concerns arise.

Health Plan Quality and Performance

The annual audits of commercial health benefit plans are completed; quality and performance data on detailed measures and indicators have been successfully validated; public release of the 2013 Health Benefit Plan Quality and Performance Report is scheduled for release on September 20, 2013; and in collaboration with the MHBE, the Maryland Health Connection Quality Report 2013 is on track for timely delivery to the MHBE on or before the mutually agreed upon September 27, 2013 deadline. Open enrollment for individuals begins October 1, 2013 for coverage effective January 1, 2014.

Staff serves as co-lead of the Charge 1 Subcommittee from the Cultural Competency Workgroup which was established by the Office of Minority Health and Health Disparities and the Maryland Health Quality and Cost Council (MHQCC). Charge 1 Subcommittee members have wrapped up their work together and have timely submitted an Activities Report to the leaders of the Cultural Competency Workgroup, as requested. Although projects related to the Charge 1 Subcommittee have concluded, the Cultural Competency Workgroup is continuing collaboration efforts, at the discretion of Workgroup leaders, while it combines reports received from each of three subcommittees into one summary document to be presented to the Maryland legislature during the fall of 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 2 months, the visits to the site have declined. The main reason for the drop in use is the impending launch of the health insurance exchange, Maryland Health Connection on October 1, 2013. While open enrollment in the individual exchange will start October 1, 2013, open enrollment for small businesses in the SHOP exchange was deferred to January 1, 2014. Because of the delay, VIRTUAL COMPARE will continue to operate until December 31, 2013 at which time it will be deactivated. Participating carriers have been notified that the 4th quarter of 2013 is the final period for posting CSHBP health benefit plans on VIRTUAL COMPARE. Notice of the extension of VIRTUAL COMPARE to December 31 is also being sent to the broker community, NFIB and the Maryland Chamber of Commerce in an effort to reach small businesses during this additional three month period.

Health Insurance Partnership

The “Partnership” premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of September 6, 2013 enrollment in the Partnership was as follows: 437 businesses; 1,215 enrolled employees; 1,977 covered lives. The average annual subsidy per enrolled employee is about \$2,400; the average age of all enrolled employees is 41; the group average wage is about \$28,300; the average number of employees per policy is 4.0. Commission staff and DHMH leadership have finalized a transition plan for the phase out of the Partnership, once the state health insurance exchange (Maryland Health Connection) becomes available to individuals and small employers in 2014. Staff will update the Commission on this transition plan and the deactivation of VIRTUAL COMPARE during the September Commission meeting.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care

Several updates to the web based Consumer Guide were completed.

Home Health Updates

HHCAHPS® results were updated for Maryland home health agencies. This survey reports how patients and families rated the care received from Maryland home health agencies. HHACHAPS reports two overall measures of patient satisfaction and three composite measures:

Overall measures

- Overall Rating of Care – only report the agencies in the top 10 percent of “Likelihood to Recommend”

Composite measures

- How often the home health team gave care in a professional way (four questions)
- How well home health team communicated with patients and family (six questions)
- How often the home health team care discussed medications, pain, and home safety (seven questions)

Data to update the 23 home health outcome and process measures was downloaded from CMS Home Health Compare. Because of changes in the format and content of the CMS datasets, LTC and database applications staff is determining the best way to transform the data for the Consumer Guide.

Staff added a short document that explains the Home Health quality measures to consumers.

Nursing Home Updates

Facility-specific family survey results were posted to the Guide. A briefing to the Commission on these and the Short Stay survey results is planned for a future meeting

Nursing Home Quality Measures (QM) (12 QM for long stay residents and 5 for short stay residents) were updated. This update contains data collected through March 2013.

Nursing Home Deficiencies and Survey Results were also updated. This contains surveys completed through March 2013.

Long Term Care HCW Influenza Vaccination

Staff revised materials to reflect the 2013-2014 influenza season which starts October 1, 2013. An email reminder was sent to all nursing homes and assisted living residences about the upcoming season and importance of staff vaccination to protect residents.

The center director and chief of LTC met with the Executive Director of the Maryland Partnership for Prevention, the DHMH Nurse Consultant, Center for Immunization from the Prevention and Health Promotion Administration, and the DHMH Nurse Consultant in Infection Prevention and Control to discuss ways to increase vaccination take up rates in LTC facilities that have low rates. The Maryland Partnership for Prevention has focused activities in the past on hospitals and ambulatory care settings but has more recently worked with select nursing homes. A follow up meeting is planned to delineate next steps.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy & Planning

Primary PCI Waiver Renewal

On July 18, 2013, the Commission approved a renewal of the primary PCI waiver for MedStar Southern Maryland Hospital Center.

Proposed Permanent Regulations

Commission staff presented a summary of the informal comments received on the revised draft of COMAR 10.24.09, State Health Plan for Facilities and Services: Acute Inpatient Rehabilitation Services on July 18, 2013. Commission staff also outlined its recommendations on responding to these comments and requested that the Commission approve a revised version of the draft regulation as proposed permanent regulations. The Commission approved this request, and a notice of this action was published in the *Maryland Register* on September 6, 2013. Comments will be accepted through October 7, 2013.

Hospital Bed Inventory

A report titled *Update: Licensed Acute Care Hospital Beds, Fiscal Year 2014*, was published on the MHCC web site in early July. It is a preliminary report on the changes in licensed general acute care

hospital bed capacity that became effective on July 1, 2013 and will be replaced within the next thirty days with the full *Annual Report on Selected Maryland Acute Care and Special Hospital Services* for FY 2014. This report can be downloaded from the MHCC web site at: http://mhcc.dhmdh.maryland.gov/hospital/Documents/hospital/acute/acutecarehospital/Update_LicensedAcuteCareBeds_FY2014.pdf

Perinatal Care Services

The Maryland Perinatal Advisory Committee has been reconvened by DHMH in 2013 to update the State's Perinatal System Standards based on revised Guidelines on Perinatal Care issued by the American Academy of Pediatrics in 2012. These standards serve as a foundation for the standards MHCC uses in CON regulation of neonatal intensive care services and inpatient obstetric services. The Center Director is a member of this Committee, which met three times in July and August.

Regional Health Delivery and Health Planning in Rural Areas

The Maryland General Assembly's Joint Chairmen's Report requested that the Commission convene a group of interested stakeholders to evaluate regional health delivery and health planning in rural areas. The evaluation is to consider the appropriateness of current health planning region designations; the adequacy of the health care workforce in rural areas; barriers to accessing health care services caused by distance; adequacy of transportation to health care services; the impact of recent hospital consolidation on the availability of services in rural areas; and recommendation for change. The Group will report its findings by December 1, 2013.

A stakeholder group has been formed and includes representatives from the Department of Health and Mental Hygiene, the Maryland Institute for Emergency Services Systems, the Rural Maryland Council, the Maryland Rural Health Association, regional councils, Area Health Education Centers, county health departments, the insurance industry, hospitals, MedChi-the Maryland Medical Society, and the Nurse Practitioner Association of Maryland. It held its first meeting on July 17, 2013. At least three additional meetings are planned. 2013 and is expected to present its findings by December 1, 2013. For information on this project, you can link to the following page on the MHCC website: http://mhcc.dhmdh.maryland.gov/workgroup/Pages/Rural_Health_Workgroup.aspx

Long-Term Care Policy & Planning

Minimum Data Set Project

Commission staff continues to work 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 update versions of MDS 3.0. The initial focus was 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 work included 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. Work is also underway on programming MDS data to support the Consumer Guide for Long Term Care.

Additionally, in response to issues raised by providers, staff contacted the Centers for Medicare and Medicaid Services (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. A joint letter from the Commission and the Office of Health Care Quality was sent to all providers and vendors letting them know about the updates that go into effect in October, 2013.

State Health Plan-Hospice Services

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. When updated, these will be separate Plan Chapters; the Chapter focused on hospice services will be COMAR 10.24.13.

The development process for this Chapter spanned over two years. There were several meetings of the Hospice Work Group, as well as presentations to the Senate Finance Committee. The draft Chapter went through two rounds of Informal Public Comment. The first was from April 14 to May 14, 2012, and the second was from April 10 to May 10, 2013. Modifications to the Chapter and its need projection methodology were undertaken during the two comment periods. These were discussed with the Hospice Work Group. A Summary and Analysis of Comments was presented to the Commission, and the Summary and Analysis, as well as the original comments, were posted on the Commission's website.

The Summary and Analysis of Public Comments was presented to the Commission at the June meeting. In addition, Staff requested that the Commission approve COMAR 10.24.13 for release as proposed permanent regulations. The Commission voted to approve COMAR 10.24.13 as proposed permanent regulations and to repeal of the portions of COMAR 10.24.08 that cover hospice services, contingent on COMAR 10.24.13 becoming effective. This began the formal regulatory process.

The Formal Comment period was held from July 26 to August 26, 2013. Comments were received from 14 groups or organizations. The comments have been posted on the Commission's website.

<http://mhcc.dhmdh.maryland.gov/shp/Pages/Comments-Received.aspx>

A review of the comments and staff recommendations will be presented to the Commission at its September 19th meeting.

Hospice Education and Outreach Initiative

One directive received from the Senate Finance Committee was to work on a plan for hospice outreach and education. In response, staff met, via conference call, with the Health Officers of both Prince George's County and Baltimore City, who supported the concept, and formed a Hospice Education Initiative Workgroup with representation from Hospice and Palliative Care Network of Maryland; Coastal Hospice; Gilchrist Hospice; Hospice of the Chesapeake; Joseph Richey Hospice; Baltimore City Office of Aging; Central Maryland Ecumenical Council; Prince George's County Dept of Family Services; Prince George's County Health Dept; Maryland Hospital Association; Med Chi; Office of Health Care Quality; University of Maryland Dept of Social Work; the DHMH Office of Minority Health and Disparities; and the State Advisory Council on Quality Care at the End of Life.

The second meeting of this Workgroup was held on July 29th. Membership at this meeting was expanded to include: Delmarva Foundation; Monumental City Medical Society; Montgomery Hospice; and Seasons Hospice. At the meeting, there was a review of educational initiatives that had been undertaken by various organizations, the identification of critical factors for successful programs, and lessons learned. The next meeting will be held on September 24, 2013.

Hospital Palliative Care Pilot Project

HB 581 "Establishment of Palliative Care Pilot Programs," passed during the past legislative session. It requires the Maryland Health Care Commission to select five palliative care pilot programs in the state and, in conjunction with the Maryland Hospital Association and the Office of Health Care Quality, establish reporting requirements for the pilot sites.

MHCC is in the process of interviewing established hospital palliative care programs in Maryland hospitals in order to get a better understanding of the range and scope of different palliative care programs across the state. Staff plans to collect data from the ground-up and build the pilot around what currently exists in Maryland. This information, along with assistance from an advisory group, will assist in the development of recommendations for a design appropriate to the goal of the pilot program. The

legislation becomes effective October 1, 2013. The goal is to launch the pilot as soon as possible after October 1st.

Hospice Survey

The FY 2012 Maryland Hospice Survey was available for online data entry effective February 19, 2013. Notices were sent out to providers on Monday, February 11th. Part I of the survey was due 60 days after the survey commenced. Part II was due no later than June 10, 2013.

Part I of the survey has been completed by all 30 hospice providers in Maryland; data follow-up has also been completed. Part II has been submitted by all providers. Staff has now completed follow up edits for Part II and is working on development of the Public Use Data Set.

Home Health Agency Utilization Tables

Staff is in the final stages of editing all 24 Home Health Agency (HHA) Utilization Tables for FY 2012. The data provided in these tables were obtained from the information collected by the Commission's Annual Home Health Agency Survey. The tables summarize agency and jurisdiction-specific data on the utilization and financing of home health agency services. An overview of HHAs in Maryland include: volume of admissions; referral sources; primary diagnosis on admission; length of care; average visits per Medicare client; dispositions; average cost per visit; revenues by payer type; and home health agency personnel. Data provided on Maryland resident use of home health agency care by jurisdiction include: age group; unduplicated clients by payer type; and visits by payer type. Staff plans to post the HHA Utilization Tables for FY 2012 on the Commission's website under public use data files within the next few weeks.

FY 2012 Home Health Agency Survey

Sixty agencies participated in the FY2012 Home Health Agency Survey. The Home Health Agency Survey collection period began on April 8, 2013 and ended on June 6, 2013. The post data collection includes cleaning and processing the data for the creation of public use data sets and reports. Staff wrote SAS edits to update agency surveys where there were inconsistencies. Staff prepared the documentation for the public use data files. After final review the public use data files will be posted to the Commission's website.

FY 2012 Long Term Care Survey

Seven hundred and thirty-five (735) facilities participated in 2012 Long Term Care Survey which concluded on May 9, 2013. The post data collection phase of the survey began with the processing and cleaning of the Medicaid Cost Report data for FY 2012 reporting period. Staff merged the data with the Long Term Care Survey data to find any anomalies or inconsistencies. As a result, staff followed up with seven facilities: two facilities that did not provide data on the Survey or to the State Auditors, and five facilities that had incorrect provider numbers. The providers have supplied the data, and staff will write SAS edits to update the data for these facilities. Staff will continue the cleaning process of all the survey data which will include creating frequencies and cross year comparisons to find any anomalies or inconsistencies from year to year, creating and reviewing the Survey Analysis files and various reports including the occupancy reports.

Certificate of Need ("CON")

CON's Approved

Seasons Hospice & Palliative Care of Maryland, Inc. – (Baltimore County)

Docket No. 11-03-2318

Authorization to operate a 16-bed general inpatient ("GIP") hospice unit in 9,600 square feet of leased space on the campus of MedStar Franklin Square Medical Center, located at 8000 Franklin Square Drive, in Baltimore County.

Approved Cost: \$621,197.

CON's Relinquished

Chesapeake Woods Center – (Dorchester County) – Docket No. 12-09-2331

New construction and expansion of the facility, including the addition of 23 comprehensive care beds allocated to Caroline County, in accordance with COMAR 10.24.01.07(1)

Approved Cost: \$3,475,000

Withdrawal of CON Applications

Asbury Methodist Village – The Wilson Center – (Montgomery County) – Docket No. 13-15-2341

Application for renovations to the existing comprehensive care facility at a estimated cost of \$12,796,441. It was determined that, with revisions to the multi-stage project, the stages were not component parts of a single project and the cost of each project is estimated to fall below the capital threshold for CON review.

Harford Memorial Hospital – (Harford County) – Docket No. 12-12-2335

Relocation of 33 temporarily delicensed inpatient rehabilitation beds from Maryland General Hospital to Harford Memorial Hospital at an estimated cost of \$7,557,170. The application was withdrawn following issuance of a recommendation for denial.

CON Letters of Intent

Lorien Nursing & Rehabilitation Center Bel Air – (Harford County)

Addition of 21 comprehensive care facility (CCF) beds to the existing facility located at 1909 Emmorton Road, in Bel Air

Bel Air Health & Rehabilitation Center – (Harford County)

Addition of 21 comprehensive care beds to the existing facility located at 410 East McPhail Road, in Bel Air

Washington Adventist Hospital – (Montgomery County)

Relocation of the general acute care hospital located in Takoma Park to a new site located on a parcel of land in the White Oak section of Silver Spring at the southwestern bend of Plum Orchard Drive, with an address of 12100 Plum Orchard Drive, in Silver Spring.

Suburban Hospital – (Montgomery County)

Expansion and renovation at the existing hospital located at 8600 Old Georgetown Road, in Bethesda

Dimensions Health Corporation d/b/a Dimensions Health Care System and Mount Washington Pediatric Hospital - (Prince George's County)

Relocation of a general acute care hospital, Prince George's Hospital Center (PGHC), and a specialty hospital-pediatric, Mount Washington Pediatric Hospital at PGHC, to a parcel of land at the Boulevard at the Capital Center, in Largo

Dimensions Health Corporation d/b/a Dimensions Health Care System and Mount Washington Pediatric Hospital - (Prince George's County)

Relocation of a general acute care hospital, Prince George's Hospital Center (PGHC), and a specialty hospital-pediatric, Mount Washington Pediatric Hospital at PGHC, to site of the former Landover Mall, off of Brightseat Road, in Landover

MedStar Southern Maryland Hospital Center – (Prince George's County)

Expansion and renovation of the existing general acute care hospital located at 7503 Surratts Road, in Clinton

Prince George's Post Acute Care, LLC – (Prince George's County)
Establish a new 150-bed CCF to be located at 9800 Apollo Drive, in Landover

St. Mary's Long Term Care, LLC – (St. Mary's County)
Establish a new 140-bed CCF to be located at 20877 Point Lookout Road, in Callaway

Pre-Application Conference

Harford County Comprehensive Care Review

On July 17, 2013 Commission staff met with the representatives of Lorian Bel Air and Bel Air Health & Rehabilitation Center do discuss their plans submit CON applications to include the addition of beds to the existing facilities.

Prince George's Hospital Center

On July 22, 2013 staff met with Michael King of Dimensions Health Corporation discuss the opening of a sub-acute unit at the hospital

Washington Adventist Hospital

On August 8, 2013 staff met with representatives of Washington Adventist Hospital, the Office of Health Care Quality and HSCRC to discuss licensure and rate setting issues related to Washington Adventist Hospital's application to relocate to the White Oak section of Montgomery County.

Montgomery County Acute Care Hospital Projects Review

On August 14, 2013, staff met with Washington Adventist Hospital to discuss the planned application to relocate from Takoma Park to a new hospital to be constructed on a parcel of land in the White Oak section of Silver Spring at the southwestern bend of Plum Orchard Drive, with an address of 12100 Plum Orchard Drive, Silver Spring.

Prince George's County Acute Care Hospital Projects Review

On August 14, 2013, staff met with representatives of Dimensions Health Corporation d/b/a Dimensions Health Care System and Mount Washington Pediatric Hospital to discuss the planned submission of a CON application to relocate Prince George's Hospital Center and with representatives of MedStar Southern Maryland Hospital Center to discuss the planned submission of a CON application to undertake new construction and renovations on the existing hospital campus.

St. Mary's County Comprehensive Care Review

On August 14, 2013, staff met with representatives of St. Mary's Long Term Care LLC regarding their planned CON application to construct a new 140 bed nursing home at 20877 Point Lookout Road, Callaway in St. Mary's County.

Prince George's County Comprehensive Care Review

On August 22, 2013, staff met with representatives of Prince George's Post Acute Care, LLC regarding their planned CON application to construct a new 150 bed nursing home at 9800 Apollo Drive, Landover in Prince George's County.

Sheppard Pratt Health System

On August 29, 2013, staff met with representatives of Sheppard Pratt to discuss future plans to relocate its Ellicott City campus.

CON Applications Filed

Bellona Surgery Center – (Baltimore County) – Matter No. 13-03-2344

Relocation of the existing ambulatory surgery center from 8322 Bellona Avenue, in Towson to a new site at 1427 Clarkview Road, in Baltimore.

Estimated Cost: \$891,000

Application Review Conferences

Capital Caring – Matter No. 13-16-2343 – (Prince George’s County)

On July 3, 2013, staff met with representatives of Capital Hospice d/b/a Capital Caring to discuss completeness questions on their CON application to create a 7-bed inpatient hospice unit in an assisted living facility (Residence on Greenbelt) in Lanham

Bellona Surgery Center – (Baltimore County) – Matter No. 13-03-2344

On July 18, 2013, staff met with representatives of Bellona Surgery Center to discuss completeness questions on their CON application to relocate the surgery center from 8322 Bellona Avenue, Towson to a new site at 1427 Clarkview Road, Baltimore

Other CON-Related Conferences

On July 19, 2013, CON Division and Executive staff met with Secretary of Veterans Affairs Chow and representatives of Charlotte Hall to discuss CON regulation and the requirements associated with development of a second CCF in Maryland by the Maryland Veterans Administration for military veterans.

Determinations of Coverage

• Ambulatory Surgery Centers

Allegany Ambulatory Surgery Center, LLC – (Allegany County)

Change in medical staff of the facility. Robert Carpenter will be the sole practitioner and sole owner of the facility

Harford County Ambulatory Surgery Center – (Harford County)

Change in ownership of the ambulatory surgery center

Drs. Taylor & Osterman, P.A. – (Montgomery County)

Closure of the physician’s office surgery center located at 8630 Fenton Street, in Silver Spring

Advance Surgery Center, LLC – (Montgomery County)

Relocation of the surgery center from 9420 Key West Avenue, Suite 104, in Rockville to a new site at 10110 Molecular Drive, Suite 100, in Rockville and the addition of a non-sterile procedure room

Columbia Foot and Ankle Ambulatory Surgery Center – (Howard County)

Closure of the physician’s office surgery center located at 6100 Day Long Land, Suite 102, in Clarksville

Monocacy Surgery Center, LLC – (Frederick County)

Establishment of an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 4991 New Design Road, in Frederick

Piccard Surgery Center, LLC – (Montgomery County)

Requested change in anesthesia practices at an ambulatory surgery center

Bethesda Chevy Chase Surgery Center, LLC – (Montgomery County)

Requested change in anesthesia practices at an ambulatory surgery center

Harford Lower Extremity Specialists – (Harford County)

Addition of Scott Reich, D.P.M. as a practicing podiatrist to the surgery center

- **Acquisitions/Change of Ownership**

Home Health Care Services, LLC d/b/a Health at Home – (Baltimore County)

Restructuring of the ownership of Home Health Care Services, LLC (a specialty home health agency authorized to serve residents of North Oaks and Blakehurst retirement communities in Baltimore County and Vantage House in Howard County) and the acquisition of a 22% ownership share in the resulting company by CareSouth Health System Inc,

Chestertown Nursing & Rehabilitation Center – (Kent County)

Change in operator of the facility from Chestertown Nursing Center, Inc. to Aurora Senior Living of Chestertown, LLC and change in the owner of the real property from Chesapeake Meadows Limited Partnership to Aurora Holdings, VI, LLC. Aurora VI will own the bed rights and have the right to sell the beds.

Purchase Price: \$6,500,000

- **Capital Projects**

Suburban Hospital – (Montgomery County)

On July 23, 2013, Commission staff determined that two capital projects involving demolition work, site work and construction of a new parking garage costing a total of \$51 million are the first phases of a larger campus redesign and as such require CON review and approval as part of the larger project that also includes a major expansion of the hospital.

Wilson Health Center of Asbury Methodist Village – (Montgomery County)

On July 25, 2013 Commission staff determined that three proposed projects can be viewed as distinct projects and the individual projects do not require CON review and approval, based on the facility changes resulting from each project and the current estimated cost of each project.

<i>CENTER FOR HEALTH INFORMATION TECHNOLOGY & INNOVATIVE CARE DELIVERY</i>

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 discussion included a focus on Medicare providers who attested for meaningful use in 2011 under the Centers for Medicare & Medicaid Services (CMS) Electronic Health Record (EHR) Incentive Program (incentive program), and did not attest to meaningful use in 2012. CMS identified a number of reasons that pertain to providers not attesting in 2012, including an inability to meet the deadline, the attestation process being too time-consuming or complicated, switching to a practice without an EHR, and dissatisfaction with the EHR vendor, among others. The Food and Drug Administration Safety Innovation Act (FDASIA) Workgroup discussed their work in developing a report on an appropriate, risk-based regulatory framework pertaining to health IT that promotes innovation, protects patient safety, and avoids regulatory duplication. Representatives from

FDASIA noted that the adoption of additional standards is needed and a public process for customer rating of health IT to increase transparency is required.

Staff finalized the annual report, *Health Information Technology: An Assessment of Maryland Hospitals* (report). The report was initially published in 2009 and provides an update on health IT adoption among all 46 acute care hospitals in Maryland. The report details how hospitals are implementing the following technologies: EHRs, computerized physician order entry, electronic prescribing, clinical decision support, electronic medication administration records, barcode medication administration records, infection surveillance software, patient portals, health information exchange (HIE), and telemedicine. This year's report also describes hospital participation in the CMS EHR adoption incentive program. The findings presented in the report are used to assess opportunities for increasing the adoption and implementation of health IT among hospitals in the State. The report benchmarks Maryland hospital health IT adoption against national trends. Preliminary results indicate that Maryland hospital health IT adoption continues to exceed national adoption rates. The report is targeted for release in October.

During the month, staff worked with members of the Management Service Organization (MSO) Advisory Panel (panel) and the Electronic Healthcare Network Accreditation Commission (EHNAC) to evaluate potential enhancements to the MSO State-Designation program (program). MSOs are responsible for providing services, such as EHR implementation, and support in obtaining the CMS meaningful use requirements. The current program requires that MSOs meet over 90 criteria related to privacy, security, operations, technical performance, and business practices. Staff is assessing the EHNAC accreditation process and the criteria required for State-Designation, in response to financial and technical challenges that MSOs have encountered regarding State-Designation. Under COMAR 10.25.15, *Management Service Organization State-Designation*, MSOs must achieve State-Designation within a one-year Candidacy Status, and they must renew their State-Designation every two years. The panel scheduled a series of meetings through the fall to discuss potential changes to the accreditation criteria and explore opportunities to strengthen MSO's value-add to providers.

Staff is in the preliminary stage of developing a report of the data collected from State-regulated payers (payers) and pharmacy benefit managers (PBMs) through an online reporting tool to assess progress in implementing electronic preauthorization, as required by Maryland law. The online reporting tool was used to collect information from payers and PBMs on their attainment of all three phases of the electronic preauthorization process. Under Health-General Article §§19-101 and 19-108.2 (2012), MHCC is required to work with payers and PBMs to standardize and automate the preauthorization of medical and pharmaceutical services (health care services) through a three-phased implementation approach. Phase 1 required payers and PBMs to make available on their website, by October 1, 2012, a list of health care services requiring preauthorization and the key criteria for making a determination. Phase 2 required payers and PBMs to implement, by March 1, 2013, an online process for accepting preauthorization requests electronically and for assigning a unique identification number to each electronic request. Phase 3 required payers and PBMs to meet certain timeframes for processing electronic preauthorization requests by July 1, 2013. Staff is required to submit a report to the Governor and General Assembly by December 31, 2013 on payer and PBM implementation of the electronic preauthorization process. Audacious Inquiry (Ai) was competitively selected to assist in the work effort.

Staff continues to work with vendors interested in participating in the EHR Product Portfolio (portfolio). The portfolio provides information about EHR functionality, pricing, user references, and vendor privacy and security policies. First released in September 2008, the portfolio undergoes a complete revision every year in the fall. This year's updates will include provider reviews related to usability, efficiency, error rates, ease in learning the software, and meaningful use. All EHR products in the portfolio are nationally certified and offer a discount to Maryland providers. Over the next month, staff plans to finalize the data analysis and review of provider references regarding product usability.

Staff is in the preliminary stage of drafting an information brief regarding EHR adoption among independent long term care (LTC) facilities in Maryland. The brief will present the findings of an environmental scan among 24 LTC facilities across the State. The scan focused on the benefits and challenges of adopting an EHR system, how facilities are using the various features of their EHR systems, and their needs related to exchanging patient health information with partner organizations. Preliminary findings indicate that roughly 58 percent of independent LTC facilities have adopted an EHR. The results of the scan will be used to develop strategies for diffusing health IT among independent LTC facilities. Staff expects to release the information brief in October. Staff is also working with the Lifespan Network, a senior care provider association in the State, to convene a round table discussion with nursing home administrators to explore opportunities for advancing health IT in LTC.

During the month, staff followed-up with participants of the State-Regulated Payer EHR Adoption Incentive Workgroup (workgroup) on the evaluation of potential enhancements to the EHR adoption incentive program (program), which were considered during the June workgroup meeting. The workgroup consists of payers, Chesapeake Regional Information System for our Patients (CRISP), the Maryland Department of Health and Mental Hygiene (DHMH), MedChi (the Maryland State Medical Society), and the Maryland Hospital Association (MHA). COMAR 10.25.16, *Electronic Health Records Reimbursement* (regulation) requires State-regulated payers to provide an incentive payment to primary care practices that meet certain requirements around the adoption and use of an EHR system. Delegate Peter Hammen, Chair of the Health and Government Operations Committee, of the Maryland General Assembly, asked staff to explore options to enhance the program and standardize EHR formats across health care settings. Staff anticipates finalizing recommendation in October. Ai was competitively selected to assist in the work effort.

Staff received three letters, during the month, from a primary care practice regarding payer compliance with the COMAR 10.25.16. The practice letter centered on concerns regarding the incentive payment calculation; staff addressed these concerns during the month. All combined, MHCC has received approximately 33 letters of concern from practices regarding payer compliance with the regulation, which was launched in October 2011. Most letters of concern pertained to the methodology payers used to calculate the additional incentive payments; all inquiries have been addressed by staff. In general, staff determined that payers had calculated the incentives payments consistent with the regulation; currently, all payers are in compliance with the regulation.

Letters Received by Concern and Payer

Primary Concern	Aetna, Inc.	CareFirst BlueCross BlueShield	CIGNA Health Care Mid- Atlantic Region	Coventry Health Care	Kaiser Permanente	United- Healthcare, MidAtlantic Region	Total Letters Received
Base Incentive Calculation	0	0	11	0	2	8	21
Additional Incentive Calculation	0	0	2	0	0	3	5
Timing of Payment Received	5	1	0	1	0	0	7
Total	5	1	13	1	2	11	33

Staff provided Cohen, Rutherford and Knight, P.C. 2010 and 2011 data from the D.C. Inpatient Discharge - Limited Access Database (LAD). The MHCC collects data from the D.C. Hospital Association related to Maryland resident inpatient hospital stays in D.C. hospitals. To obtain the data, requestors must submit an application to staff for approval. Over the last year, staff has received three requests for the LAD.

Health Information Exchange

Staff continues to provide guidance to CRISP, the State-Designated HIE on the implementation of an HIE. During the month, the draft security audit assessment report (report) was finalized; the report incorporates CRISP responses to the findings. The report will be presented to the CRISP Board of Directors Audit Committee in October. CliftonLarsonAllen LLP (CLA) conducted the audit to determine the risks to patient data that is processed, transmitted and stored by CRISP, and evaluate the potential for unauthorized disclosure or breach. Planning efforts are underway to begin the 2013 fiscal year financial audit of CRISP.

Staff held the third and final regional meeting with hospital Chief Information Officers (CIOs) and Chief Medical Informatics Officers (CMIOs). The meeting included CIOs and CMIOs from the Western Maryland and Eastern Shore regions. Regional meetings focused on exploring opportunities and challenges to expand clinical data included in admission, discharge, and transfer (ADT) data submitted to CRISP. All of Maryland's 46 acute care hospitals submit ADT data electronically to CRISP. The ability to publish additional information, such as chief complaint, discharge diagnosis, or death indicator was discussed. Expanded hospital reporting, among other things, will be used by CRISP in the production of real-time provider alerts. Most hospitals will begin to publish the additional information to CRISP in September.

Staff awarded additional funding under the Independent Nursing Home Health Information Technology Grant Program to King Farm Presbyterian Retirement Community to develop laboratory results and radiology report delivery into their EHR system. A combined total amount of about \$440,506 was awarded to grantees through the 2011 Challenge Grant funding received from ONC for supporting the electronic exchange of health information. Berlin Nursing Home and Rehabilitation Center, Ingleside at King Farm, and Lions Center for Rehabilitation and Extended Care received funding to facilitate the electronic exchange of health information between hospitals and their facilities, with the overall goal of improving transitions of care. During the month, the facilities submitted their first quarter progress reports and began implementing various HIE services, such as the CRISP query portal and Encounter Notification Service. Over the course of the grant, the facilities will work with EHR vendors, MSOs, and CRISP to develop systems to exchange electronic health information and better coordinate their patients' care.

Staff convened the 2013 Telemedicine Task Force (task force). Senate Bill 776, *Telemedicine Task Force – Maryland Health Care Commission* (SB 776), signed into law by Governor Martin O'Malley on May 2, 2013, requires MHCC, in collaboration with the Maryland Health Quality and Cost Council, to reconvene the 2010 Telemedicine Task Force. The 2013 task force will identify opportunities to expand the use of telemedicine for improving health status and care delivery in the State, and will develop legislative recommendations to identify the role of telemedicine in innovative care delivery models. The initial meeting included members of the three task force advisory groups: clinical, finance and business model, and technology solutions and standards. The advisory groups will assess methods for using telemedicine to increase access to health care, improve patient outcomes, and reduce health care costs. During the month, staff convened meetings of the clinical advisory group and the technology solutions and standards advisory group. An interim report on the work of the task force is due to the Governor, Senate Finance Committee, and the House Health and Government Operations Committee by January 1, 2014, and a final report is due by December 1, 2014. Ai was competitively selected to assist in the work effort.

Innovative Care Delivery Models

During the month, staff worked with TRICARE, the health care program serving Uniformed Service members, to execute a Memorandum of Understanding for TRICARE to participate in the Maryland Multi-payer Patient Centered Medical Home program (MMPP). Staff has been working for nearly two years to secure TRICARE's participation in the MMPP. TRICARE is expected to issue fixed transformation payments (FTP) to all 52 practices in the MMPP. FTPs are per patient per month payments, distributed prospectively every six months to support participating practices in their efforts to bolster infrastructure, including hiring additional staff, conducting staff training, and making health IT

investments. Concurrently, staff evaluated the patient attribution list and advised the commercial carriers of their FTP obligation. The patient attribution list is developed using the last two years of claims data from the MHCC's All Payer Claim Database. Staff also worked with Impaq International, LLC, the Commission's MMPP program evaluation consultant, to conduct a patient satisfaction and provider transformation survey. Staff provided various support to the Maryland Learning Collaborative's educational session that occurred on August 6th in Annapolis.

Electronic Health Networks & Electronic Data Interchange

During the month, staff evaluated administrative health care transaction census level data from payers and select specialty payers with annual premiums of \$1 million or more, as required by COMAR 10.25.09 – *Requirements for Payers to Designate Electronic Health Networks*. The administrative transaction data collected from payers will be summarized in an information brief to be released in the fall. The findings are used to identify trends in EDI and assess compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements regarding national standards for electronic transactions between payers and providers. COMAR 10.25.07 – *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* requires electronic health networks (EHNs) operating in Maryland to be certified by MHCC. Last month, staff recertified four EHNs: Navicare, Inc., MD On-Line, HealthFusion, and Capario.

National Networking

Staff attended the eHealth Initiative webinar, *How will ICD-10 Impact You?* that reviewed survey results on the strategic impact of ICD-10 across the health care industry. ONC presented, *ONC Patient Safety* that discussed how ONC, in coordination with the Food and Drug Administration, is planning to develop and implement a plan for health IT safety by the end of 2014. In the National eHealth Collaborative webinar, *Meeting the Challenge Grant Consumer-Mediated Exchange in Indiana*, representatives from NoMoreClipboard, Indiana Health Information Technology, Inc., and the HealthBridge HIE explained the challenges associated with making HIE data available to consumers using a personal health record.