MARYLAND HEALTH CARE COMMISSION

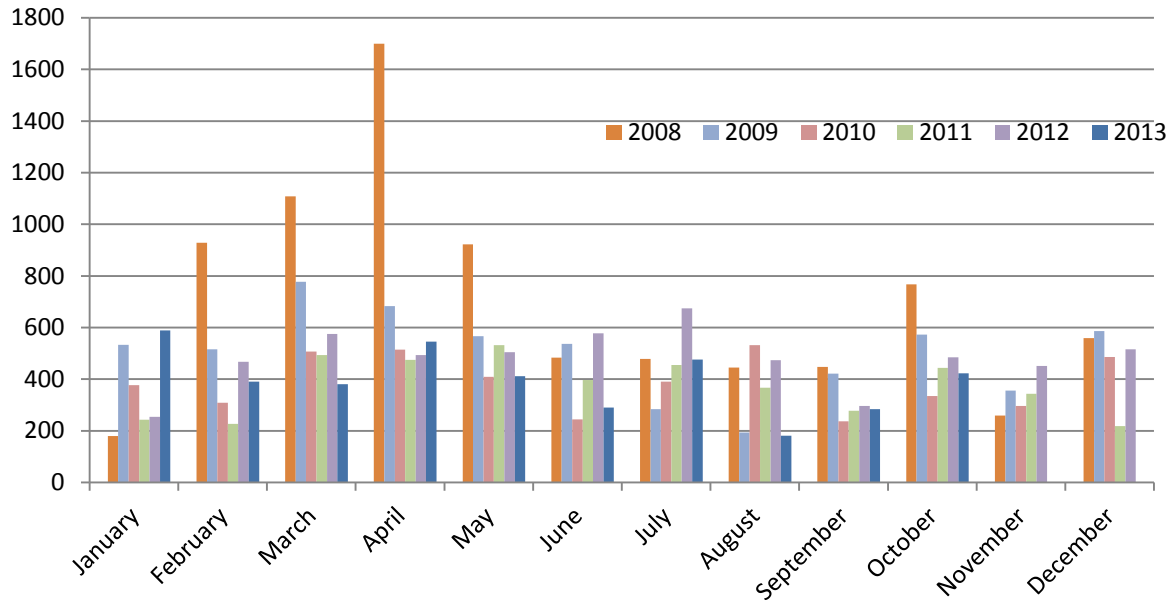
UPDATE OF ACTIVITIES

November 2013

EXECUTIVE DIRECTION

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 $284,488 for September and $421,814 for October of 2013. The monthly payments for uncompensated care from January 2008 through October 2013 are shown above in Figure 1.

Trauma Equipment Grants
The Commission's statute permits grants up to $400,000 from the Trauma Fund for this grant cycle to the MIEMSS-designated Level II and Level III trauma centers. Applications for grants were due on November 1st. Commission staff expects to make grants up to $57,000 for each eligible trauma center by the end of the calendar year.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

MCDB Submission Manual

Staff has revising the MCDB Submission Manual for 2013 and 2014, which are to be released reporting entities on November 21, 2013, pending review by Commissioners at the meeting on the same date. The Submission Manual provides detailed specifications for the reports defined in the MCDB Regulations (COMAR 10.25.06), which was adopted as Emergency Regulations and Proposed Permanent Regulations at the Commission Meeting on October 17, 2013. Currently reporting entities will continue to report in 2013 and provide an annual submission of data. Newly defined reporting entities, which include Third Party Administrators, Pharmacy Benefit Managers, Behavioral Health Administrators, Qualified Health Plans, and Qualified Dental Plans, will start providing quarterly reports in 2014. The 2013 Manual has been updated based on feedback from comments received during the informal comment period for the regulations and manual, and based on input from the Race, Ethnicity, and Language Workgroup, which is described below. The 2014 Manual addresses and specifies the new set of reporting entities and their requirements. In addition, it describes new reports, which include a Dental Report, Non-Fee-For Service Expenditure Report, and Plan Benefit Design Report. The Dental Report was drafted based on a review of similar reports from other states, discussions with experts, and feedback from Qualified Dental Plans. A workgroup was convened for the development of the Non-Fee-For Service Expenditure Report and Plan Benefit Design Report, which is described below. Given the complexity of these two reports, staff has concluded that it would be better to have a testing period during 2014 for these two reports with required reporting beginning in 2015.

MCDB Workgroups

Two workgroups related to the MCDB were convened. The first focused on reporting of Race, Ethnicity, and Language (REL) in the MCDB. Carriers and Sate partners participated in the workgroup and had great interest in finding better means of reporting REL data and understanding utilization and cost in these subgroups. Barriers to direct reporting of data were discussed, and an intermediate plan to report race and ethnicity based on the RAND Indirect Method was proposed. There are some important limitations to the RAND approach, and workgroup members emphasized the need for improving direct reporting of REL data. Staff agrees with the emphasis on direct reporting, and will continue to work with stakeholders to identify strategies to improve direct reporting. In the interim, staff plans to require reporting entities to submit both direct and indirect data. From a brief survey of payors conducted, payors are already using indirect methodologies and have the capacity to report this data.

The second workgroup focused on Non-Fee-For Service Expenditure and Plan Benefit Design Reports. Staff contracted with the APCD Council, based at University of New Hampshire, and the National Association of Health Data Organizations to review practices nationally and provide recommendations for the reports. They found that there were limited efforts to collect this information and that there were no standard reporting requirements and practices. Based on workgroup discussions, it became clear that, while carriers do have the needed data, the data systems between their analytics and claims adjudication databases are not currently set up for reporting. Given the challenges in coordination of this data and the uncertainty of the initial quality of data reported, staff plans to provide a testing period in 2014 with these reports becoming required in 2015. Staff will continue to work with carriers to identify the best means of reporting this data.

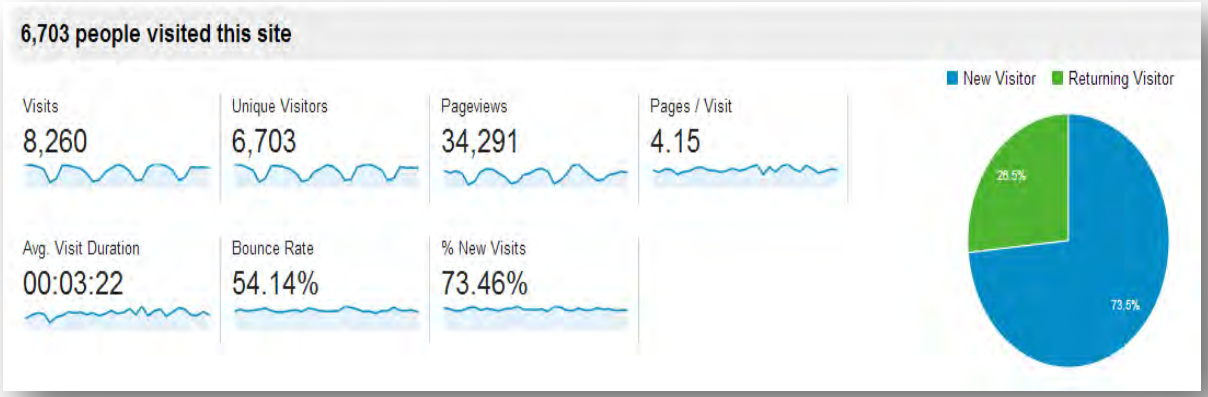
Workforce Study

Staff will present initial findings from the Maryland Health Workforce Study at the Commission meeting on November 21, 2013. Study focused on primary care, mental health, and dental workforce. The study included data from professional boards for physicians, nurses, psychologists, social workers, counselors,

dentists, and pharmacists. Phase 1 of the study focused on a review of the current data systems for conducting workforce analyses in Maryland. Phase 2 of the study reports on the current workforce supply based on the best available data. The presentation will focus on Phase 1, with Phase 2 to follow in a subsequent meeting. The data for physicians was most complete, with limitations in data collected and the ability to extract data from their current systems for nurses, dentists, and pharmacists.

Data and Software Development

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



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

Internet Activities

As shown in the chart above, the number of visits to the MHCC website for the month of October 2013 was 8,260 and of these, there were 6,703 unique visits. The average time on the site was 3:22 minutes. Bounce rate of 54.14 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 October were:

- "Maryland health care commission"
- "MHCC"

Table Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Case Management Monthly Tracking web site	Completed	
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	
Physician Licensing	Live – On-going Support	Live – 91% licenses renewed (12,752 licenses completed and $6.667M collected).
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	
Long Term Care 2012 Survey	Annual Maintenance	
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	Under development	Redesign committee WIP.

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

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

- Reminder to read all email alerts sent by the MHCC IT staff and DHMH OIT; they contain important information to help keep IT system running and data protected
- Instructions on how to provide computer resources (Internet access and printing) for MHCC guests
- In light of the newest strains of ransomware (Specifically, CryptoLocker), definitions were provided for malware and ransomware.

- MALWARE ALERT was issued notifying that two MHCC network resources had been infected by the CryptoLocker ransomware malware; all files were successfully recovered from backup; cleanup is still ongoing;

Computer Security Training Session
With the release of new strains of malicious software (malware), MHCC staff attended a training session (1 hour). During the session, users were reminded of the various types of malware in the "wild" and the potential dangers. Recommended steps were provided should a computer infection occur as well as prevention methods. The training was encouraged by MHCC leadership and attendance was mandatory.

Special Projects

Practitioner Performance Measurement
The Commission's contractor for the Practitioner Performance Measurement (PPM) project, Discern, LLC, submitted their final two required reports to Commission staff for review: (1) a cost estimate report for developing a practitioner performance measurement system; and (2) a draft Request for Proposal (RFP) for soliciting potential contractors to perform up to three tasks: receiving and storing claims data securely in a data warehouse; providing operational and technical support for quality measurement development and analysis; and developing a secure web portal for public reporting of quality measures. Commission staff is holding weekly meetings with Discern to finalize these deliverables before the contract ends on November 30th.

CCIIO Grant Application
MHCC and the Maryland Insurance Administration (MIA) jointly submitted a grant application for Cycle III funding from CMS/CCIIO to assist the MIA in rate review activities and price transparency efforts. CMS awarded a Cycle III grant to Maryland in late August for nearly $3 million over a 2-year time period. The grant money will be used 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 will be obtained from an ETL vendor (obtained through the competitively-bid procurement process) and will 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.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy & Planning

Acute Rehabilitation Chapter of the State Health Plan
A proposed replacement State Health Plan Chapter for acute inpatient rehabilitation services was published in the *Maryland Register* on September 6, 2013. The 30 day period for public comments ended on October 7, 2013. The Commission only received comments from MedStar Health.

Cardiac Surgery and PCI Services Chapter of the State Health Plan
Commission staff published a draft replacement Chapter of the State Health Plan for cardiac surgery and PCI services on its web site for a three-week public comment period that ended October 21, 2013. Commission staff received comments from approximately two dozen individuals or organizations. These

comments will be used to further revise draft regulations prior to submitting draft regulations to the Senate Finance Committee and House Health and Government Operations Committee in November for a 60-day review period.

Long Term Care Policy and 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, which now includes MDS 2.0, as well as MDS 3.0 and its various updates. Work has been completed on programming MDS data to support the Consumer Guide for Long Term Care. Work is now underway on programming MDS data to support the Long Term Care Survey.

Hospice Chapter 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, covered nursing homes, home health agencies, and hospice programs. When updated, these will be separate Plan Chapters; the Chapter focused on hospice services is now COMAR 10.24.13.

The development process for this Chapter was over two years. After two Informal Public Comment periods, the Formal Comment period was held from July 26 to August 26, 2013. Comments were received from 14 groups or organizations. These comments were posted on the Commission's website. The Summary and Analysis of Comments, including Staff Recommendations was presented to the Commission at its September 19th meeting. At that meeting, the Commission voted to approve COMAR 10.24.13 as final regulations and to repeal the portions of COMAR 10.24.08 that cover hospice services, contingent on COMAR 10.24.13 becoming effective.

This action was published in the October 4, 2013 issue of the *Maryland Register*. COMAR 10.24.13 became effective October 14, 2013. As part of the process of development of these regulations, work is underway in the areas of hospice education and quality measurement.

Hospice Educational Initiative
One directive received from the Senate Finance Committee was to work on a plan for hospice outreach and education. In response, staff has met via conference call with the Health Officers of both Prince George's County and Baltimore City, who supported the concept.

The first meeting of the Hospice Education Initiative Workgroup was held on April 29, 2013. Membership includes: 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.

At the first meeting, the goals and charge were discussed. There was also a general discussion of members' experience related to educational initiatives for end of life care and hospice, as well as outreach to minority populations. The second meeting 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 that 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 third meeting was held on September 24, 2013. At that meeting there were updates on educational initiatives that had been undertaken by the participating organizations. A publication by the Office of Minority Health and Health Disparities on *Maryland Cultural Competency: Technical Assistance Resource Kit* was distributed. It was decided that in lieu of monthly meetings, Commission staff will collect data quarterly from participants on educational initiatives. Staff will also post a compendium of item on the Commission's website. The group plans to reconvene next spring.

Hospital Palliative Care Programs

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.

Between August 9 and September 11, 2013, MHCC staff conducted 15 phone interviews that covered palliative care programming at 19 Maryland hospitals. This was done 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 became effective October 1, 2013. The first meeting of the Advisory Group is scheduled for December 17, 2013.

Criteria for review of projects was developed by staff and sent for review to the Maryland Hospital Association (MHA) and the Office of Health Care Quality. A Request for Application (RFA) was sent to all hospitals with 50 or more acute care licensed beds (requirement of HB 581). MHA also sent alerts out to all hospitals. The RFA was sent out on October 18th with responses due on November 8th. Applications were received from 14 hospitals. A presentation on this process will be made at the November Commission meeting.

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

All 24 Home Health Agency (HHA) Utilization Tables for FY 2012 were posted on the Commission's website under public use data files on September 24, 2013. 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.

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. Staff has completed the post data cleaning and processing of the data, as well as the creation of public use data sets and reports. The public use data files have been posted to the Commission's website. Staff will begin the process of updating the Survey for the next data collection period.

FY 2012 Long Term Care Survey
Seven hundred and thirty-five (735) facilities participated in FY 2012 Long Term Care Survey (LTCS), which concluded on May 9, 2013. Staff is in the final stages of the post data cleaning of the survey data. The Assisted Living and Adult Day Care profile data for the Consumer Guide have been created. The Medicaid Cost Report data has been merged with the Long Term Care Survey data. Staff continues to review the analysis file, occupancy report files, frequencies, and cross year comparisons to find any anomalies or variances from year to year and write edits to correct any inconsistencies found after follow up with the facilities. After final review, staff will create the occupancy report and the public use data files, which will be posted to the Commission's website.

Certificate of Need ("CON")

CON Exemptions Approved
Merger of the Hospice Operations of Chester River Home Care & Hospice, LLC and Care Health Services, Inc. d/b/a Shore Home Care & Hospice into a new entity Five Rivers Hospice which will serve Caroline, Kent, Queen Anne's and Talbot Counties.

CON Applications Filed
Prince George's Post Acute Care, LLC – (Prince George's County) – Matter No. 13-16-2347
Construction of a new 150 bed comprehensive care facility to be located at 9800 Apollo Drive, Upper Marlboro.
Proposed Cost: $17,160,552

Blue Heron Nursing & Rehabilitation Center (St. Mary's County) – Matter No. 13-18-2348
Construction of a new 140 bed comprehensive care facility to be located at 20877 Point Lookout Road, Callaway.
Proposed Cost: $16,165,000

Washington Adventist Hospital – (Montgomery County) – Matter No. 13-15-2349
Relocation and construction of a new 201 bed hospital in the White Oak area of Silver Spring to be located at 12100 Plum Orchard Drive, Silver Spring, Montgomery County. Behavioral health services, including 40 acute psychiatric beds, will remain in renovated space inside the current Washington Adventist Hospital site located in Takoma Park, Montgomery County.
Proposed Cost: $373,035,900

MedStar Southern Maryland Hospital Center – (Prince George's County) – Matter No. 13-16-2350
New construction and renovation to modernize and enhance the Intensive Care Unit, the Emergency Department, the operating rooms and associated pre- and post-surgical care units, Prince George's County.
Proposed Cost: $126,380,662

Prince George's Regional Medical Center – (Prince George's County) - Matter No. 13-16-2351
Relocation and construction of a new 231 bed hospital to be located at The Boulevard at the Capital Center, Largo, Prince George's County.
Proposed Cost: $764,500,000

Application Review Conferences

MedStar Southern Maryland Hospital Center – (Prince George's County) – Matter No. 13-16-2350
On October 18th staff met with representatives of MedStar Southern Maryland Hospital Center to discuss completeness questions.

Blue Heron Nursing & Rehabilitation Center (St. Mary's County) – Matter No. 13-18-2348
On October 18th staff met with representatives of Blue Heron Nursing & Rehabilitation Center to discuss completeness questions.

Washington Adventist Hospital – (Montgomery County) – Matter No. 13-15-2349
On October 18th staff met with representatives of Washington Adventist Hospital to discuss completeness questions.

Seasons Hospice Suites at Sinai Hospital in Baltimore – (Baltimore City) – Matter No. 13-24-2346
On October 21st staff met with representatives of Seasons Hospice and Palliative Care to discuss completeness questions.

Prince George's Regional Medical Center – (Prince George's County) - Matter No. 13-16-2351
On October 21st staff met with representatives of Prince George's Regional Medical Center to discuss completeness questions.

Prince George's Post-Acute Care Comprehensive Care Facility – (Prince George's County) – Matter No. 13-16-2347
On October 30th staff met with representatives of the applicant to discuss completeness questions.

Withdrawal of CON Application

Shady Grove Fertility Center – (Montgomery County) – Matter No. 13-15-2342
Relocation of the current facility from 15001 Shady Grove Road, Rockville to an adjacent site at 14995 Shady Grove Road, Rockville and the addition of three procedure rooms.
Proposed Cost: $5,519,441

Determinations of Coverage

- **Ambulatory Surgery Centers**

Summit Ambulatory Surgical Center, LLC – (Montgomery County)
Relocation of an existing ambulatory surgery center with 1 sterile operating room and 2 non-sterile procedures rooms from 18109 Prince Philip Drive, Suite 270 Olney, to a new location at 3801 International Drive, Suite 300, Silver Spring.

- **Acquisitions/Change of Ownership**

Upper Chesapeake Health System – (Harford County)
Acquisition of Upper Chesapeake Health System, which includes Upper Chesapeake Medical Center and Harford Memorial Hospital by the University of Maryland Medical System Corporation.

Other

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

Ravenwood Healthcare, Inc. d/b/a Harborside Nursing & Rehabilitation Center – (Baltimore City)
Authorize a 6-month extension of temporary delicensure status of the 165 temporarily delicensed comprehensive care facility beds

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology

During the month, staff reconvened the Management Service Organization (MSO) Advisory Panel (panel) as part of an ongoing assessment of the State-Designated MSO program (program) to ensure it aligns with the requirements of House Bill 706, *Electronic Health Records – Regulation and Reimbursement*, (HB 706) from the 2009 legislative session. HB 706 identifies MSOs as organizations that offer hosted electronic health record (EHR) solutions and other management services to providers, and requires MHCC to designate MSOs to offer services throughout the State. MSOs support State efforts to promote the adoption of health information technology (health IT) by providing technical assistance to health care providers. Currently, MSOs must meet more than 90 criteria related to privacy, security, operations, technical performance, and business practices and obtain national accreditation of their technical infrastructure for State-Designation. Staff is working with the panel to align State-Designation requirements with the Centers for Medicare & Medicaid Services Triple Aim, which includes goals for improving patient experience of care, improving the health of populations, and reducing cost. Over the next six months, staff expects to finalize enhancements to the program and propose modifications to the existing regulation, COMAR 10.25.15, *Management Service Organization State Designation*.

Staff released the updated EHR Product Portfolio (portfolio) this month. The portfolio is updated in the fall and spring and is a free online resource to compare pricing and evaluate functionality of various EHR solutions. The portfolio's current update includes a new usability section based on feedback received by EHR users regarding the product's efficiency and ease in learning how to use the software. Approximately 20 EHR vendors submitted the required information about their products for the fall update. Vendor participation in the portfolio is voluntary, and products in the portfolio must be nationally certified. Vendors that participate in the portfolio agree to offer a discount to Maryland providers. Staff is in the process of enhancing the presentation of the portfolio on MHCC's website in an effort to make the portfolio more accessible and user-friendly. This is the fifth year for the portfolio; staff plans to release the next update in March.

During the month, staff finalized the survey instrument for the sixth annual *Health Information Technology Assessment of Maryland Hospitals* (assessment). The assessment evaluates select health IT adoption trends among all 46 acute care hospitals in Maryland that includes: order entry, electronic health records, medication administration, infection management, electronic prescribing, health information exchange (HIE), telemedicine, and meaningful use. The assessment evaluates Maryland hospital health IT adoption and benchmarks progress with hospitals nationally. This year, staff has expanded the electronic prescribing and telemedicine questions to gauge the types of technologies being utilized, to enable more accurate national comparisons, and to understand the extent to which these technologies are integrated with hospital EHR systems. The survey instrument is pre-populated for each hospital with select information from the prior year and sent electronically to hospital Chief Information Officers (CIOs). Staff anticipates sending the survey instrument to CIOs in December. Results from the survey are planned for release in May 2014.

Staff did not receive any new letters this month from primary care practices regarding payor compliance with the State-regulated payor (payor) EHR incentive program (program). COMAR 10.25.16, *Electronic Health Records Reimbursement*, requires payors to provide an incentive payment to primary care practices that meet certain requirements around the adoption and use of an EHR system. Eligible primary care physician practices can receive a base incentive payment and an additional incentive payment from the following payors: Aetna, Inc.; CareFirst BlueCross BlueShield; CIGNA Health Care Mid-Atlantic Region; Coventry Health Care; Kaiser Permanente; and UnitedHealthcare, Mid-Atlantic Region. All

combined, staff has received approximately 38 letters that mostly pertained to the methodology payors use to calculate the additional incentive payments. All inquiries have been addressed by staff. In general, staff determined that payors have calculated incentive payments consistent with the regulation.

Letters Received, by Concern and Payor

Primary Concern	Aetna, Inc.	CareFirst BlueCross BlueShield	CIGNA Health Care Mid-Atlantic Region	Coventry Health Care	Kaiser Permanente	United-Health-care, Mid-Atlantic Region	Total Letters Received
Base Incentive Calculation	0	0	13	1	2	9	**25**
Additional Incentive Calculation	0	0	3	0	0	3	**6**
Timing of Payment Received	5	1	0	1	0	0	**7**
Total	**5**	**1**	**16**	**2**	**2**	**12**	**38**

Health Information Exchange

Staff continues to provide guidance to the Chesapeake Regional Information System for our Patients (CRISP), the State-Designated HIE regarding HIE implementation. During the month, the CRISP Clinical Advisory Board (advisory board) discussed two new use cases. The first use case provides health plans access to the CRISP query portal to locate patient information that can assist in quality improvement and care coordination. The second use case expands CRISP's Encounter Reporting System (ERS) to include select Health Services and Cost Review Commission hospital tape data to enable expanded reporting. Specifically, this use case would allow CRISP to produce cross-entity hospital services utilization reports. The advisory board approved the two use cases as pilots with an expected duration of between three to six months. After the pilot's completion, the advisory board will assess the impact of both use cases.

In the Maryland Multi Payor Patient Centered Medical Home Program (MMPP), staff is assessing practices' barriers to the adoption of the CRISP encounter notification service (ENS). ENS provides automatic real-time notifications to providers when one of their patients has an encounter with a Maryland hospital, including admissions, discharges, or transfers. These alerts enable providers to enhance care coordination and assist practices in receiving Medicare reimbursements for patient follow-up. Staff conducted phone surveys to better understand why roughly 41 percent of MMPP practices are not using ENS. The information collected will provide the basis to work with CRISP in formulating solutions to the barriers. This month, the Prescription Drug Monitoring Program (PDMP) pilot, supported technically by CRISP, went live. Information regarding prescribing and dispensing records of controlled substances is now available in the CRISP query portal, which will enable providers to better monitor the use of controlled dangerous substances. In addition, CliftonLarsonAllen, LLP (CLA) began the annual financial audit of CRISP and has completed the necessary field work. CLA reviewed CRISP's statement of financial positioning and related statements of activities and cash flows. A report detailing key audit findings and recommendations is expected for release in December.

During the month, staff continued the implementation of the Office of the National Coordinator (ONC) Challenge Grant (challenge grant). The grant program was initiated in February 2013 as part of the $1.6M challenge grant awarded to MHCC in 2011. Funding provided by the grant program is intended to enable the adoption of health IT and HIE for improved care transitions between long term care (LTC) facilities and hospitals. MHCC awarded Berlin Nursing Home and Rehabilitation Center, Ingleside at King Farm, and Lions Center for Rehabilitation and Extended Care a total of approximately $440K under the Independent Nursing Home Health IT Grant Program (grant program). Grantees continue to meet the performance requirements of the challenge grant that include accessing and using CRISP services, establishing data feeds for laboratory and radiology results delivery, and developing interfaces for the

exchange of patient information between the LTC facilities and their partner hospitals. Staff is planning a site visit with ONC to one of the LTC facilities that received MHCC funding.

Planning activities continued during the month to identify the technical and policy requirements for a statewide advance directives registry (registry). The registry will be initially funded by the challenge grant and the Department of Health and Mental Hygiene, which will support the project through June 30, 2014. During the month, staff released a Request for Proposals (RFP) to identify a contractor that can develop the registry. Advance directives allow an individual to appoint someone to make health care decisions in the event they become incapacitated. The registry will enable providers participating with the State-Designated HIE to update a patient's advance directives. The technical specifications for the registry will eventually enable consumers to manage their own advance directives. The RFP includes an evaluation component to assess technology deployment, policy challenges, and propose solutions to ensure integration of the registry with CRISP and optimal use by providers. Staff anticipates selecting a contractor in December and for development work to begin in January.

During the month, staff convened two meetings of the 2013 Telemedicine Task Force (task force) advisory groups: the Clinical Advisory Group (CAG) and Technology Solutions and Standards (TSS) Advisory Group. The task force is exploring opportunities to advance telemedicine in Maryland with a focus on expanding its use in innovative care delivery models. By January 1, 2014, an interim report on the progress of the task force must be submitted to the Governor, Senate Finance Committee, and the House Health and Government Operations Committee, and a final report is due by December 1, 2014. Drafting of the interim report is underway. During the month, the TSS advisory group explored the development of a telemedicine provider directory (directory) that could be accessed through the CRISP portal. Staff continued development of the wireframes to illustrate the technical structure of the directory and presented the wireframes to the TSS advisory group for feedback. The CAG discussed use cases and potential areas of telemedicine deployment based on agnostic technology. Next month, staff plans to seek feedback on the wireframes from leading closed telemedicine network vendors. Audacious Inquiry, LLC was competitively selected to provide assistance with this effort.

Staff held two workgroup meetings of the HIE Policy Board (board), an advisory group tasked with making recommendations to staff concerning privacy and security policies for the electronic exchange of health information. The recommendations made by the board are used in developing privacy and security regulations for all HIEs operating in Maryland. During the workgroup meetings, members developed policy principles to serve as a guide in developing secondary data use policies. Current proposed regulations limit secondary uses of data obtained through an HIE, as further consideration is needed by stakeholders prior to permitting certain secondary uses through an HIE. Staff plans to assess the policy principles developed by the board against various secondary data use cases as part of the policy development process. Staff anticipates the board will finalize secondary data use policy recommendations in early 2014.

Innovative Care Delivery Models

During the month, staff distributed quality measure thresholds to the MMPP practices for the 2013 performance year, which are used to qualify MMPP practices for shared savings incentive payments. Staff also provided guidance to payors in developing and distributing the shared savings incentive payments to MMPP practices. Practice specific reports from the 2012 performance year that include quality, utilization, and cost data were made available on the practice portal. An educational webinar was developed and made available to practices to provide an overview of the report data and help address any questions related to the quality metrics and shared savings calculation. During the month, staff also worked with its database contractor, Social and Scientific Systems, to obtain preliminary data for the updated patient rosters for the payors, Medicaid, and TRICARE. Staff is collaborating with the Maryland Learning Collaborative to develop a six-hour educational session scheduled on December 5, 2013. During the session, staff plans to review the shared savings incentive payments for 2012 and the quality thresholds.

Electronic Health Networks & Electronic Data Interchange
During the month, staff recertified three electronic health networks (EHNs): Ability Network, PNC Bank, and Post-N-Track. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, requires payors to use EHNs certified by MHCC. Certification is awarded to EHNs that have achieved accreditation by a qualified accreditation organization recognized by MHCC. In order to be certified, EHNs must meet over 120 performance criteria related to privacy and confidentiality, security, business practices, technical performance, and resources. Staff is conducting a performance assessment of certified EHNs operating in Maryland, which centers on the criteria for national accreditation by the Electronic Healthcare Network Accreditation Commission. Data from more than 40 EHNs will be included in the assessment that spans nearly 10 years. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors operating in Maryland with annual premiums exceeding $1M and certain specialty payors to submit administrative health care transaction reports to MHCC annually. Staff anticipates releasing an information brief in January 2014 on payor and provider use of electronic administrative transactions.

National Networking
Staff attended several webinars during the month. The eHealth Initiative (eHI) presented *Self-Insured Hospital Employees-A Launching Point for Population Health Management* that discussed the importance of effective analytics to support population health management from both the payor and provider perspectives. Bon Secours provided an overview of its employee health management efforts driven by its employee health plan, focusing on obesity, chronic obstructive pulmonary disease, hypertension, and depression. The eHI webinar entitled, *FDA Mobile Medical Apps Final Guidance* provided an overview and analysis of the guidance released by Food and Drug Administration. The Health Resources and Services Administration webinar, *Telehealth for Safety Net Providers* provided an overview of programs available to support the use of telehealth for medically underserved populations, and highlighted examples of how this technology is currently being used to treat patients.

CENTER FOR QUALITY MEASUREMENT 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 data collected through the QMDC website supports the HSCRC Quality Based Reimbursement Program and efforts to modernize the Medicare Waiver.

The QMDC was established and maintained through a 5-year contract. In September, the Commission initiated a new 5-year contract with Advanta Government Services, LLC to support the maintenance and enhancement of the QMDC website and supporting infrastructure that generates the quality and performance information. The staff continues to work closely with the new vendor to transition to an expanded and enhanced infrastructure and a more consumer friendly Hospital Guide. The Commission staff intends to review the transition activities and plans for enhancements to the system and Hospital Guide during a future Commission meeting.

In an effort to support the redesign of the consumer portion of the Hospital Guide, MHCC is seeking a contractor to organize and conduct consumer focus groups to understand what consumers seek in a health care information reporting website, as well as to solicit feedback on several new options for presenting hospital quality and performance data. Staff is currently in the process of reviewing technical proposals.

Healthcare Associated Infections (HAI) Data

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

MHCC staff continues to work on updates to the CLABSI and SSI data. Preview reports are being generated and shared with the hospitals. The updates will be presented on the Hospital Guide in January 2014.

The HAI Advisory Committee met in October to discuss the upcoming SSI audit. Staff also discussed the change in health care worker influenza vaccination reporting from the MHCC survey to the CDC's NHSN Health Care Personnel (HCP) Influenza Vaccination Reporting module for the 2013/2014 flu season. The Committee also discussed the upcoming MHCC Hospital Infection Prevention and Control Program Annual Survey scheduled for release next month.

Effective July 2013, Maryland hospitals are required to utilize CDC's 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 NHSN surveillance system. The staff continues to work with hospitals to facilitate an effective implementation of this new reporting requirement. The staff is also preparing for the expansion of HAI data collection that becomes effective January 1, 2014.

Specialized Cardiac Services Data

The Hospital Quality Initiatives staff continues to work with the hospitals to ensure compliance with reporting clinical cardiac services data through the NCDR ACTION and CathPCI Registries. Hospitals are required to submit this detailed patient level data on a quarterly basis. The staff has recently completed the collection and preliminary data quality review of the 2nd quarter 2013 data for both registries. The reporting requirements were recently expanded to include summary metrics and performance measure data. Twenty-three Maryland hospitals and four out-of-state hospitals are required to submit this data. This data is currently used in the review of hospital PCI Waiver renewal applications.

Health Plan Quality and Performance

Staff met with representatives from Aetna/Coventry, CareFirst, Cigna, Kaiser Permanente, and UnitedHealthcare, to discuss the draft quality and performance reporting requirements (QPRR) for the 2014 reporting year. Lena Hershkovitz, Manager of Plan Services at the MHBE, explained that to ensure the integrity of the Exchange's consumer shopping experience and the 5-Star Rating system, MHBE requires that all authorized carriers participating in the individual or SHOP markets, to report quality metrics for each legal entity in the State, using the five quality tools that comprise the MHCC's Quality and Performance Evaluation System. These quality tools include the Health Care Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), Maryland Plan Behavioral Health Assessment (BHA), and Maryland Health Plan Quality Profile (QP). Staff intends to release the finalized 2014 QPRR by the end of the month.

Staff continues to work across divisions, with the All Payer Claims Database – Cost and Quality division, to share information on processes and outcomes on health benefit plan reporting for pilot measures surrounding race/ethnicity and language.

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. Last month, visits to the site increased, mainly because of the launch of the state's health insurance exchange, Maryland Health Connection, on October 1, 2013. The other noted observation is that the visitors who intended to access VIRTUAL COMPARE are viewing more pages and spending significantly more time per session. Although open enrollment in the individual exchange began on October 1st, open enrollment for small businesses in the SHOP exchange has now been deferred to April 1, 2014. VIRTUAL COMPARE will be deactivated effective midnight on December 31, 2013 as planned.

Health Insurance Partnership
The "Partnership" premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of November 13, 2013 enrollment in the Partnership was as follows: 430 businesses; 1,224 enrolled employees; 1,986 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 $28,500; the average number of employees per policy is 4.1. Since open enrollment for small businesses in the SHOP exchange is deferred until April 1, 2014, Commission staff will notify all businesses currently enrolled in the Partnership that participating carriers may be offering for groups renewing between January 1, 2014 through May 31, 2014 an early renewal option to renew their health benefit plans effective December 1, 2013 and continue receiving a state subsidy if they meet all subsidy employer eligibility requirements.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care
Adult Day Care and Assisted Living profile information updated with the most recent Long Term Care Survey data.

Staff designed a poster for distribution to the 110 Senior Centers in Maryland that promotes awareness of the Guide. Staff is also scheduled to meet with Area Agencies on Aging directors in early December to promote use of the Guide and an opportunity to address senior center attendees to gather feedback on Consumer Guide utility.

Enhancements to the web site to make navigation easier are in progress

Other Activities
Completed the Long Term Care Quality section for inclusion in the MHCC Annual Report to the Governor.

Nursing Home quality measures trend analysis has been resumed with MDS 3.0 data – 2011 and 2012 measure results are now available for analysis.