MARYLAND HEALTH CARE COMMISSION

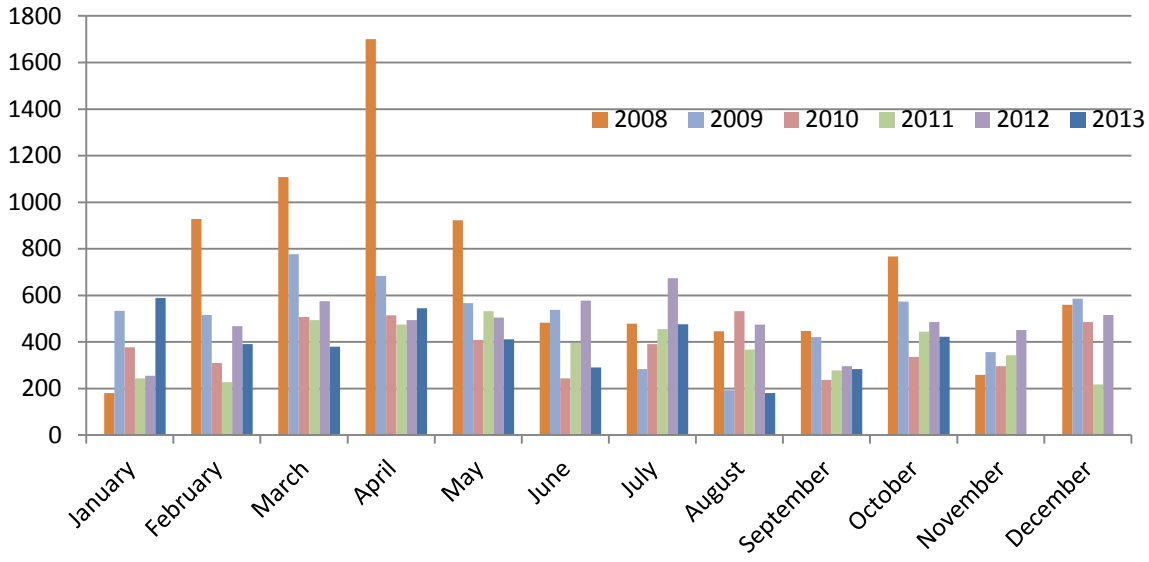
UPDATE OF ACTIVITIES

December 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 $421,814 for October. 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.

Third Party Administration of the Fund
On November 20, 2013, the Maryland Board of Public Works approved the award of a contract to CoreSource, Inc. to provide claims processing adjudication services to the Trauma Fund for a five year term.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

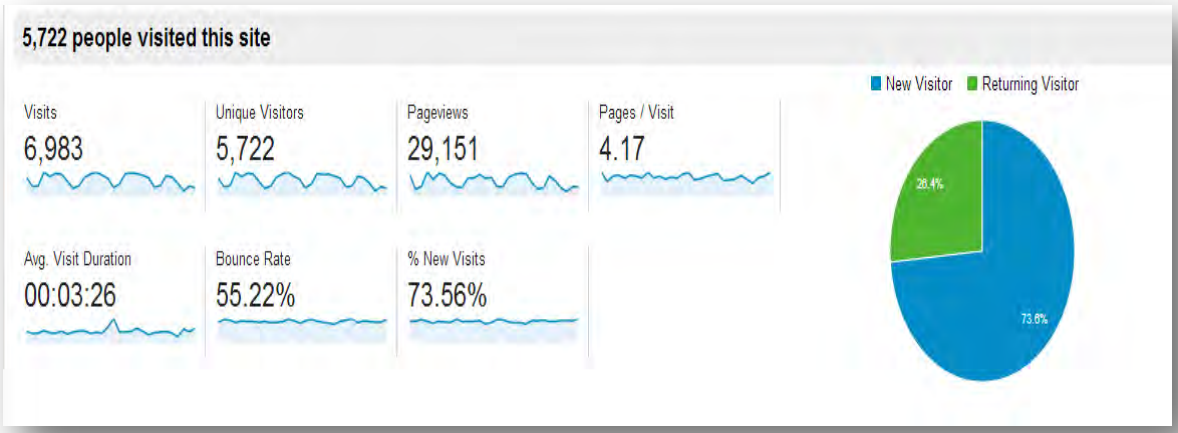
MCDB Regulations and Submission Manuals
The Commission adopted updated MCDB Regulations (COMAR 10.25.06) as Proposed Permanent and Emergency Regulations at the meeting held on October 17, 2013. The Commission asked for the Emergency Regulations to become effective on November 21, 2013, which requires approval of the Governor's Office and the Administrative, Executive, and Legislative Review Committee (AELR) of the Maryland General Assembly. Commission Staff has received notice that AELR has requested a hearing regarding the regulations, which is expected to be scheduled on January 10, 2014. The Commission approved release of the Submission Manuals be revised and released each November. Staff has delayed the release of the Submission Manuals, pending the hearing.

Health Workforce Study
The Maryland Health Workforce Study has focused on the primary care, mental health, and dental workforce. The study included data from professional boards for physicians, physician assistants, 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. The data for physicians was most complete, with limitations in data collected and the ability to extract data from the current systems for nurses, dentists, and pharmacists. Staff presented initial findings from Phase 1 of the Study at the Commission meeting on November 21, 2013. Phase 2 of the study reports on the current workforce supply based on the best available data. The Study reports a deficit of 750 primary care physicians in Maryland, with substantial variation across the state in supply of physicians and surpluses or deficits relative to demand for services. IHS Global Inc., the vendor hired to conduct the Study with support of the Robert Wood Johnson Foundation, will present the results for Phase 2 of the Study at the Commission meeting on December 21, 2013.

Data Release and Analytic Support
Staff has been engaged in ongoing support of State partners, making use of MCDB data: 1) There has been a long-term relationship with the Maryland Insurance Administration (MIA) in support of their rate review activities. Staff continues to provide analytic support and MCDB data, which will be further enhanced by the activities surrounding the CCIIO Cycle 3 Rate Review Data Center grant that the Commission was awarded in September. 2) Commission Staff has been involved with various aspects of the DHMH State Innovation Model planning grant. A new effort will be to support DHMH in an analysis of geographic distribution and variation in utilization of primary care services in Montgomery County using MCDB data. 3) As part of an analysis of reinsurance and alternate subsidies, the Maryland Health Insurance Plan (MHIP) is partnering with the Hilltop Institute. Commission Staff is working with MHIP and Hilltop to first establish a Data Use Agreement (DUA) and subsequently provide MHIP and non-MHIP Individual Market data from the MCDB in support of their analysis. 4) Staff is working with Maryland Medicaid and Hilltop Institute to develop cross-walks and programs to convert Medicaid MCO data into MCDB-like files as a means of testing and planning for integration of Medicaid data in the MCDB.

Data and Software Development

Figure 2 - Data from Google Analytics for the month of November 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 November 2013 was 6,983 and of these, there were 5,722 unique visits. The average time on the site was 3:26 minutes. Bounce rate of 55.22 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 November 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	
PCMH Public Site	Redesign Started	Completed by 1/31/2014
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	Added new questions and new fields
Physician Licensing	Live – On-going Support	Completed – 91% licenses renewed (12,799 licenses completed and $6.696M collected of which $6.23M by credit card).
Health Insurance Partnership Public Site		
Health Insurance Partnership Registry Site	Monthly Subsidy Processing	Auditing payments for several employers
Health Insurance Partnership Registry Site	Monthly Registration	Adding renewals before 12/31/2104 and shutting old renewal process down.
Health Insurance Partnership Registry Site	On-going Maintenance	
Hospice Survey Update	Complete	
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)

Network Updates

- Virtualization Project: December 2013 marks 6 months of full operation for MHCC's virtualized network environment. Because of the new environment, 3 physical computer servers were retired. Included as part of the setup is a new disc-based backup system that permits the restoration of data to the file level and within the requested hour. The system is monitored daily and health checks are performed weekly. The first "tune-up" was performed at the end of November and the system was found to be running at 100% efficiency based on available resources.
- SAS Project: Work continues to upgrade and improve the MHCC data manipulation and business analytics environment based on the SAS platform. A new physical computer server has been installed and processing times have improved significantly (hours to minutes). Currently, work is underway to determine which of the old 32-bit code should be converted to 64-bit code to permit faster processing. In addition, user workstations are in the process of being converted to the new SAS environment.

Information Technology Newsletter

The December IT Newsletter has been released, containing helpful information about MHCC IT systems and services. The December 2013 issue provided instruction on adding documents (saved to a Google Drive folder) to scheduled events created in the Google calendar application.

Special Projects

Practitioner Performance Measurement

The Commission's contractor for the Practitioner Performance Measurement (PPM) project, Discern, LLC, submitted their final two required reports: (1) a cost estimate report for developing a practitioner performance measurement system; and (2) a draft Request for Proposals (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. Staff will post each report, with the exception of the draft RFP, on the Commission's website.

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 for nearly $3 million over a 2-year time period (October 1, 2013 through September 30, 2015). 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.

Staff is in the process of drafting a Request for Proposals (RFP) to procure a Project Management Officer (PMO) as a Contractor to manage the duties of the ETL vendor.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

Acute Rehabilitation Chapter of the State Health Plan

Final regulations for acute inpatient rehabilitation services, COMAR 10.24.09, were approved at the November Commission meeting. The new regulation will repeal and replace the current State Health Plan for Facilities and Services- Acute Inpatient Rehabilitation Services, COMAR 10.24.09. Notice will be published in the *Maryland Register* on December 13, 2003. The effective date for the new regulations will be December 23, 2013.

Cardiac Surgery and PCI Services Chapter of the State Health Plan

On November 19, 2013, Commission staff submitted draft regulations on cardiac surgery and percutaneous coronary intervention (PCI) services for review by the Senate Finance Committee and House Health and Government Operations Committee. The Committees will have 60 days to review the draft regulations.

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, the most recent being October, 2013. 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 Educational Initiative
One directive received from the Senate Finance Committee, related to the update of the State Health Plan for Hospice Services, 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 items on the Commission's website. The group plans to reconvene next spring.

Palliative Care in Hospitals
HB 581 "Establishment of Palliative Care Pilot Programs," passed during the 2013 legislative session. It requires the Maryland Health Care Commission to select at least 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.

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. Eleven hospitals were found to meet the minimum criteria. An initial presentation on this process was made at the November Commission meeting.

The first meeting of the Hospital Palliative Care Advisory Group is scheduled for December 17, 2013. Membership includes representatives of the pilot program hospitals as well as representatives of the two organizations mentioned in the legislation, Maryland Hospital Association and the Office of Health Care Quality, DHMH. Other interested groups include: the Hospice and Palliative Care Network, Med Chi, the Centers for Medicare and Medicaid Services, and researchers in the field of palliative care.

Chronic Hospital Occupancy
Commission staff has developed the Chronic Hospital Occupancy Report for FY 2012. This report, which is updated annually, is required under COMAR 10.24.08. It reports data on occupancy for both private and state-operated chronic hospitals. The private chronic hospitals in FY 2012 include James Lawrence Kernan Hospital; Johns Hopkins Bayview Medical Center; Levindale Hebrew Geriatric Center and Hospital; University Specialty Hospital; and Laurel Regional Hospital. The state-operated chronic hospitals include Western Maryland Center and Deer's Head Hospital Center. The Chronic Hospital Occupancy Report for FY 2012 was published in the December 13th issue of the *Maryland Register* and will be posted on the Commission's website.

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.

Staff is working on the FY 2013 Maryland Hospice Survey. Staff met via conference call with some hospice representatives to refine and clarify a few questions on the survey. These modifications and updates will be made for the next survey.

Home Health Agency Survey
Staff is in the process of updating the FY 2013 Maryland Home Health Agency Survey for the next data collection period scheduled for the first quarter of 2014. The public use data file for FY 2012 is available on the Commission's website.

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. Staff is performing final review on the occupancy report files. 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's Approved

Cosmetic SurgiCenter of Maryland, Inc. d/b/a Bellona Surgery Center – Baltimore County - (Docket No. 13-03-2344)
Relocation of the existing ambulatory surgery center from 8322 Bellona Avenue, Towson to a new site at 1427 Clarkview Road, Baltimore, and the addition of one sterile operating room and one non-sterile procedure room
Approved Cost: $890,500

CON Letters of Intent

Rockville Eye Surgery, LLC d/b/a Palisades Eye Surgery Center – (Montgomery County)
Addition of 2 operating rooms to an existing surgery center located a 4818 Del Ray Avenue, Bethesda

Pre-Application Conference

On November 13 MHCC staff met with representatives of Rockville Eye Surgery, LLC d/b/a Palisades Eye Surgery Center regarding their plans to apply for a CON for the addition of 2 operating rooms to an existing surgery center.

Exemption from CON Requests Filed

MedStar Health – (Anne Arundel and Prince George's Counties)
Relocation of a temporarily delicensed ambulatory surgery center (SurgiCenter of Pasadena) which is authorized for 3 sterile operating rooms and 3 non-sterile procedure room from 8109 Ritchie Highway, Pasadena, Anne Arundel County to the MedStar Multispeciality Ambulatory Care Center, a planned facility to be located at the intersection of Brandywine Road, and Mattawoman Drive, Brandywine, Prince George's County.

Determinations of Coverage

- **Ambulatory Surgery Centers**

SMART Pain Surgery Center, LLC – (Baltimore County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 9 Park Center, Court, Suite 100, Owings Mills, Maryland
Carroll Foot and Ankle Surgery Center, LLC – (Carroll County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 1010 Liberty Road, Eldersburg, Maryland

- **Acquisitions/Change of Ownership**

Belcrest Surgery Center – (Prince George's County)
Change in ownership of the facility from Mark H. Sugar, DPM to Johny J. Motran, DPM
Randolph Hill Nursing Center – (Montgomery County)
Acquisition of the facility by Randolph Road, LLC
Purchase Price: $12,250,000

- **Capital Projects**

Meritus Medical Center – (Washington County)
Capital project expenditure to build out 14 beds on its 5-West Unit for a 25-bed observation unit.
Proposed Cost: $388,000

Frederick Memorial Hospital – (Frederick County)
Capital project expenditure to construct a 2-story connector between hospital and parking garage, relocation of hospital's main entrance, modernize emergency department, renovation of hospital's facilities for endoscopy and imaging services, and an upgrade to the hospital's exterior
Proposed Cost: $17,700,000

Other

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

Transitional Care Unit at Peninsula Regional Medical Center – (Wicomico County)
Temporary delicensure of the 30 bed CCF unit at the hospital

Johns Hopkins Bayview Care Center – (Baltimore City)
Temporary delicensure of the 80 bed CCF facility

Devlin Manor – (Allegany County)
Temporary delicensure o f 10 CCF beds

Moran Manor – (Allegany County)
Temporary delicensure of 20 CCF beds

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

Vinobona Nursing Home – (Frederick County)
Relicensure of 8 temporarily delicensed CCF beds

BridgePark Health Care Center – (Baltimore City)
Relicensure of 1 temporarily delicensed CCF bed

Ellicott City Health & Rehabilitation Center – (Howard County)
Relicensure of 8 of 17 temporarily delicensed CCF beds

South River Health & Rehabilitation Center – (Anne Arundel County)
Relicensure of 4 temporarily delicensed CCF beds

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

St. Martins Home – (Baltimore County)
Permament delicensure of 4 licensed CCF beds

- **Waiver Beds**

Bedford Court – (Montgomery County)
Denial of a request to add 3 CCF unrestricted waiver beds to the facility

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology

During the month, staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. The committee discussed data migration and extraction from electronic health records (EHRs) and patient data portability. The committee also reviewed updates of the role of health IT in advanced care planning, including electronic advance directives. Recommendations included ensuring that advance directive registries be accessible in real-time for providers and consumers, and that EHR vendors build and maintain capabilities for advance care planning. Recommendations to align various clinical quality measures with meaningful use measures were also discussed.

Staff continues to work with members of the State-Designated Management Service Organization (MSO) Advisory Panel (panel) to assess enhancements to the MSO State-Designation program (program). In general, MSOs support health care providers in their adoption, implementation, and maintenance of health IT. After three years of operations, changes are being considered to the program to ensure it continues to align with the legislative requirements of House Bill 706, *Electronic Health Records – Regulation and Reimbursement*, (HB 706, 2009), as well as with federal and State health care reform initiatives. HB 706 requires the MHCC to designate one or more MSOs to offer services throughout the State and defines MSOs as organizations that offer hosted EHR solutions and other managed services to providers. During the month, the panel finalized guiding principles for the program that are aimed at achieving the goals of the Centers for Medicare & Medicaid Services (CMS) Triple Aim: improving the patient experience of care, improving the health of populations, and reducing the cost of health care. Over the next several months, staff will continue working with the panel to develop measurable criteria consistent with the guiding principles.

The survey instrument for the sixth annual *Health Information Technology Assessment of Maryland Hospitals* (assessment) was tested in November by staff. The electronic survey will be distributed to Chief Information Officers (CIOs) of all 46 acute care hospitals in Maryland and is customized for each hospital based on their responses from the previous year. The survey collects information about adoption trends for computerized physician order entry, EHRs, medication administration, infection management, electronic prescribing, health information exchange (HIE), telemedicine, and patient portals. Participation in the CMS EHR incentive programs and achievement of meaningful use measures are also included in the survey. Supplemental questions regarding electronic prescribing and telemedicine were incorporated this year to enable a better national benchmark comparison. In December, staff will disseminate the survey electronically to hospital CIOs; responses will be collected through January 2014.

Planning activities are underway for a virtual demonstration of State-regulated payor (payor) and pharmacy benefit manager (PBM) electronic preauthorization systems. Maryland law required payers and PBMs to implement electronic preauthorization processes in a phased approach. Phase 1 required payors to make available on their website a list of health care services that require preauthorization and the criteria for making a preauthorization determination by October 1, 2012. Phase 2 required payors and PBMs to implement an online process to electronically accept preauthorization requests by March 1, 2013. Phase 3 required payors and PBMs to provide real-time approvals on select services when no additional information is required for approving preauthorization requests by July 1, 2013. All payors and PBMs are in compliance with the law. The virtual demonstration will showcase payor and PBM compliance with each of the phases, along with usability and unique features of the online preauthorization systems.

During the month, one letter was received from a primary care practice regarding a payor's compliance with COMAR 10.25.16, *Electronic Health Records Reimbursement*. The regulation requires payors to provide incentive payments to eligible primary care practices that meet certain benchmarks in their adoption and use of an EHR system. As of April 2013, incentive payments have been received by approximately four percent of eligible practices. The MHCC has received roughly 44 letters from practices regarding payors' compliance, generally centered on payor calculation of the incentive payments and timeliness of payment, as detailed in the table below. All inquiries have been evaluated by staff, and it was concluded that payors are in compliance 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	15	1	2	12	**30**
Additional Incentive Calculation	0	0	4	0	0	3	**7**
Timing of Payment Received	5	1	0	1	0	0	**7**
Total	**5**	**1**	**19**	**2**	**2**	**15**	**44**

Health Information Exchange

Staff continues to provide guidance to the Chesapeake Regional Information System for our Patients (CRISP), the State-Designated HIE, regarding implementation of the HIE. In November, a pilot program was initiated for a large number of users of the Prescription Drug Monitoring Program (PDMP). Prescribing and dispensing records of controlled substances from all pharmacies in Maryland are made available through CRISP. The HIE makes this information available through the query portal to credentialed individuals authorized to have access to this information. CRISP has implemented role-based access for users to access PDMP data. During the month, the CRISP Board of Directors Audit Committee met to review reports from the annual financial audit. During this meeting, representatives from CRISP, MHCC, and the audit firm, CliftonLarsonAllen, reviewed final financial statements and audit reports and discussed key audit findings and recommendations.

Implementation activities of the ONC Challenge Grant continued during the month. Staff received roughly $1.6M under the 2011 ONC Challenge Grant award to improve care transitions between long-term care (LTC) facilities and hospitals through the electronic exchange of health information. Staff awarded roughly $440K to three independent LTC facilities: Berlin Nursing Home and Rehabilitation Center, Ingleside at King Farm, and Lions Center for Rehabilitation and Extended Care. Recipients were competitively selected, and the funding is intended to facilitate adoption and use of health IT to support improved transitions of care between hospitals and their facility. A key requirement for each facility is the use of CRISP's Encounter Notification Service (ENS) to enhance care coordination. The ENS allows providers to receive real-time alerts from CRISP when one of their patients has an encounter at a Maryland hospital. LTC facilities solicited the services of a State-Designated MSO to assist in the implementation of the grant program, and were required to identify hospital partners to improve care transitions and reduce hospital readmissions. In general, all three facilities report that funds from the grant program have allowed them to enhance their workflows by improving their overall health IT infrastructure. Next month, staff will begin to develop a strategy to evaluate the implementation of the grant program.

The Challenge Grant also enables staff to plan for a statewide advance directive registry (registry). The preliminary design model of the registry will make advance directives available electronically at the time and place of care delivery through the CRISP query portal. In November, staff released a request for

proposals (RFP) to select a contractor to implement the registry. A RFP pre-proposal conference was held during the month with prospective contractors. Preliminary funding for the project will be supported by the Challenge Grant and the Department of Health and Mental Hygiene (DHMH) through June 30, 2014. As part of the RFP, the contractor will be required to evaluate the registry's infrastructure and determine key policies required to support the registry's continued use and diffusion. Responses to the RFP are due December 2, 2013. Staff plans to evaluate proposals and award a contractor in January 2014.

Staff continues to convene the Telemedicine Task Force (task force). Maryland law requires MHCC to reconvene the task force to identify opportunities for expanding the use of telemedicine in the State to improve health status and care delivery. During the month, the Clinical Advisory Group and Technology Solutions and Standards Advisory Group continued to discuss the development of a telemedicine provider directory (directory) that could be accessed through the CRISP query portal. Staff presented wireframes to the advisory groups to illustrate the technical structure of the directory. The registry would make available information about providers who are rendering care through telemedicine. Staff is drafting the required interim legislative report detailing the progress of the task force since it reconvened in July. An interim report is due to the Governor, Senate Finance Committee, and the House Health and Government Operations Committee by January 1, 2014. The task force is required to develop a final report that includes recommendations by December 1, 2014.

The HIE Policy Board (Board) workgroup continued deliberating policies pertaining to secondary data use. The Board consists of stakeholders representing providers, consumers, payors, and HIEs and is tasked with creating policy recommendations regarding the privacy and security of information exchanged by HIEs operating in Maryland. Staff considers the Board's policy recommendations in developing regulations. HIEs aggregate data from various sources across the health care continuum and have the potential to provide data for secondary uses, such as clinical and public health research. Proposed regulations permit select secondary uses of data available through an HIE for public health purposes. During the November workgroup meetings, Board members assessed secondary data use principles against a list of potential use cases and discussed various patient consent requirements. Board members will continue to discuss secondary data use policy recommendations over the next several months.

Innovative Care Delivery

During the month, staff made available to participating practices in the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) shared savings incentive payment reports. Staff generated a report for each practice indicating their achievement of shared savings from payors for calendar year 2012. Staff released to each payor participating in the MMPP a listing of patients seen at participating practice sites. These lists are used by payors in calculating practice fixed transformation payments. In addition, staff surveyed participating practices regarding their use of ENS through CRISP to identify barriers to use. Over the next month, staff will work with CRISP to further identify the value of ENS in care management for participating practices. Two data submission manuals (manuals), one for payors and one for Medicaid Managed Care Organizations, for calendar year 2014 were updated to reflect upcoming program requirements for participating practices. Staff anticipates releasing the manuals in December to MMPP practices. Staff continues working with DHMH to develop recommendations for future patient centered medical home (PCMH) programs in Maryland. Staff anticipates a role for MHCC in program administration, a payor PCMH accreditation program, and a PCMH practice certification program. Last month, staff finalized activities for the Maryland Learning Collaborative educational event scheduled for December 5th in Towson.

Electronic Data Interchange

During the month, staff identified payors that must submit to MHCC a 2014 Electronic Data Interchange (EDI) Progress Report (report) detailing administrative health care transactions as required by COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks.* COMAR 10.25.09 requires

payors with an annual premium volume of $1M or more, as well as certain specialty payors, to complete a report by June 30th of each year. The report identifies the volume of practitioner, hospital, and dental claims submitted electronically, as well as compliance with federal requirements regarding web-based and batch administrative transactions. Next month, staff plans to notify payors that meet the reporting requirements to submit a report by June 30, 2014. An information brief summarizing the 2013 EDI reports is being drafted and is scheduled to be released in January 2014.

National Networking
Staff attended several webinars during the month. The eHealth Initiative (eHI) presented, *2013 HIE Survey Results,* in which an expert panel of HIE representatives discussed how the survey findings related to their experiences in building and maintaining HIEs. eHi hosted, *Overcoming Integration Roadblocks on the Road to Accountable Care,* which highlighted several issues with hospital/physician groups sharing and receiving secure data within communities of care while continuing to work inside their EHRs. Topics included managing payor interoperability among internal systems, care management systems, and other vendors, as well as putting new technologies in the cloud to help mitigate acquisition risks. The American Telemedicine Association presented two webinars: *FDA Guidance on Mobile Health* that provided an overview of the recent guidance issued by the U.S. Food and Drug Administration concerning mobile medical applications; and *Overview of Legal Issues in Telemedicine* that provided information on complying with various laws governing the practice of medicine and treatment of patients across the U.S.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Staff released the finalized 2014 Quality and Performance Reporting Requirements (QPRR) and facilitated a Reporting Kickoff Meeting with Maryland Health Benefit Plans(HBP) and exchange Qualified Health Plans(QHP) to discuss reporting and audit processes for the 2014 reporting year. Representatives from Aetna/Coventry, CareFirst, Cigna, Kaiser Permanente, and UnitedHealthcare, Evergreen Health Cooperative, and the contracted audit team were in attendance. Claire Schreiber, Business Operations Specialist at the MHBE explained that to ensure the integrity of the Exchange's consumer shopping experience and the Exchange's 5-Star Rating system, all authorized carriers participating in the individual or SHOP exchanges, must report quality metrics for each legal entity in the State, using the MHCC quality tools.

Staff maintains responsibility as co-leader of the Charge 1 Subcommittee of the Cultural Competency Workgroup which is part of the Health Disparities Work Group Chaired by E. Albert Reece, M.D., Ph.D., and staffed by Carlessia A. Hussein, Dr.P.H. Workgroup leaders have combined reports received from each of three subcommittees into one summary document. The final Cultural Competency Report was also presented by Workgroup leaders at the MHQCC December 6th meeting.

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.

Hospital Quality Initiatives

Hospital Performance Evaluation System
Significant progress has been made towards the redesign of the web-based Quality Measures Data Center (QMDC). The QMDC website and portal supports direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to modernize the Medicare Waiver.

The MHCC staff has worked in collaboration with the HSCRC hospital quality measurement staff to identify opportunities to streamline our core measures and patient experience data collection and processing functions. In addition, the staff continues to work closely with our data management and systems development contractor to expand and enhance the infrastructure that supports our quality reporting activities.

Our effort to improve the consumer display of information on the Hospital Guide will be informed by the feedback we obtain from consumer discussion groups. The MHCC has engaged the services of a private research firm to moderate a series of focus group sessions designed to gather information on how consumers perceive and value the information on the Guide.

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 (SSI) data collected through the CDC National Healthcare Safety Network (NHSN) surveillance system. The on-site chart review activities began in November. MHCC staff and the contractor are coordinating the SSI audits with the hospitals and also providing communication in the form of an audit letter to each hospital prior to the on-site visit.

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

The HAI Advisory Committee will meet in December. Staff will discuss the SSI audit and the new data reporting requirements becoming effective January 1, 2014. The Committee will discuss the upcoming MHCC Hospital Infection Prevention and Control Program Annual Survey scheduled for release in December.

Maryland hospitals continue to report *Clostridium difficile* infections data (CDI LabID events) through CDC's NHSN surveillance system. The staff continues to work with hospitals to ensure compliance with this reporting requirement. The staff is also preparing for the expansion of HAI data collection that becomes effective January 1, 2014 which includes MRSA bacteremia, catheter-associated urinary tract infection (CAUTI), and the expansion of SSIs to include abdominal hysterectomy and colon surgery.

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.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care
Assisted Living survey reports were updated (these are reports generated to document state licensing and complaint visits by the Office of Health Care Quality staff).

Staff met with Area Agencies on Aging directors to promote use of the Guide and request access to senior center attendees to gather feedback on Consumer Guide utility. The group gave positive comments about the guide; one senior center feedback session is set up thus far; others will be scheduled after the holidays.

The home page enhancement for the LTC web site is nearly complete. The goal of the enhancement is to highlight certain aspects of the site and assist users to find information on the site.

New additions to the Consumer Guide are under development: add staffing and staff stability information. Staffing data will include hours of care by provider type (direct care) downloaded from Nursing Home Compare and staffing stability. Staffing stability is defined as the percentage of direct care staff retained for more than two years. Staffing stability is collected by the Maryland Medicaid Program for use as one of the factors in the Pay for Performance calculation.

Nursing Home Surveys
Staff is formatting 2012 short stay results for inclusion in the LTC Guide.

Nursing Home surveys cycle is due to begin in January 2014.

Staff influenza vaccination collection period – significant changes to web survey were identified to be completed before the submission period begins April 1, 2014.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
VIRTUAL COMPARE, the information-only web portal developed for use by small businesses, has been operational since May 2011. Over the past 30 days, the analytics declined to approximately 2 serious visits per day. Although open enrollment in the individual exchange began on October 1st, open enrollment for small businesses in the SHOP exchange has been deferred to April 1, 2014. VIRTUAL COMPARE is still on schedule to 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 December 11, 2013 enrollment in the Partnership was as follows: 417 businesses; 1,176 enrolled employees; 1,914 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 Maryland's SHOP exchange is deferred until April 1, 2014, Commission staff is researching the technical changes that would have to be made to the Partnership website and Registry in order to keep the subsidy program open to employer groups with renewal dates between January 1, 2014 through May 31, 2014. System-wide changes are necessary because all ACA-compliant plans offered as of January 1, 2014 must include premiums calculated on a member or individual rating method, rather than the current composite rating method. Once the carriers advise if they will be continuing participation in the Program beyond 2013, staff will submit correspondence to all interested parties, including enrolled employers, TPAs, and brokers that the Partnership will remain open to renewing groups until Maryland's SHOP Exchange is available. As stated in the Transition Notice issued last September, the Partnership will be closed to new groups effective January 1, 2014. Commission staff will brief the Commission on the status of the Program during today's meeting.