MARYLAND HEALTH CARE COMMISSION

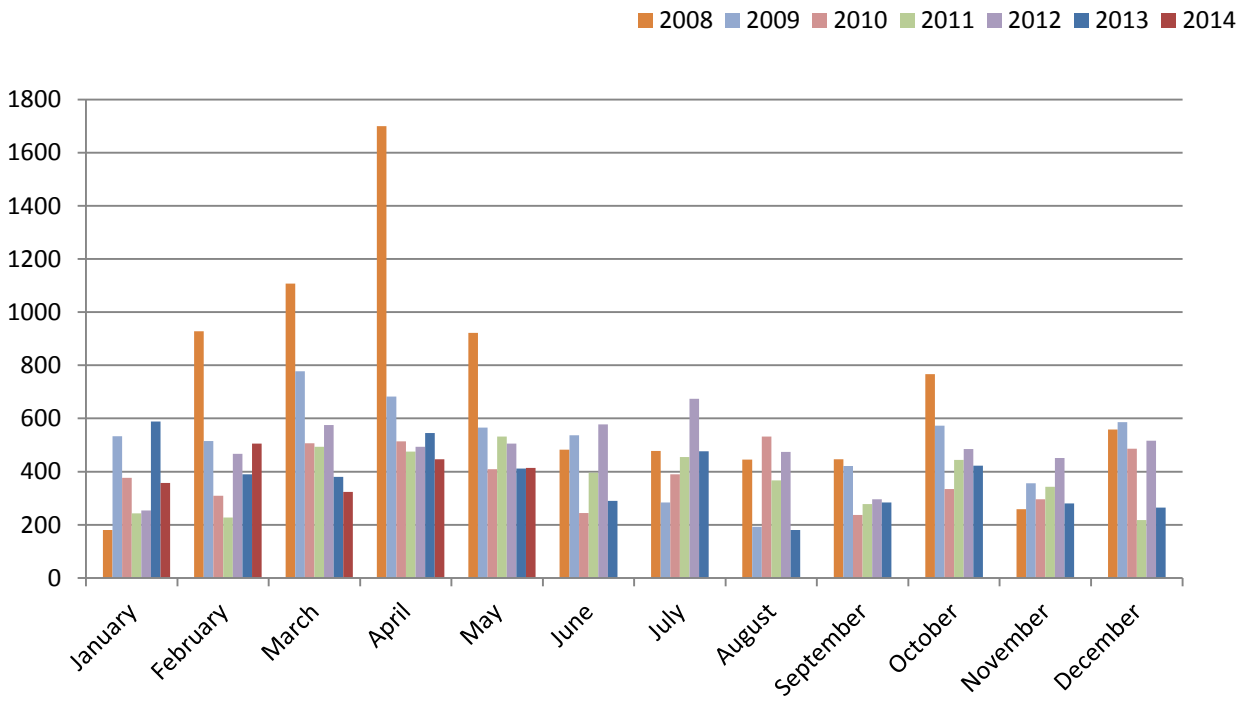
UPDATE OF ACTIVITIES

June 2014

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2014



Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of $413,661 for May of 2014. The monthly payments for uncompensated care from January 2008 through May 2014 are shown above in Figure 1. Uncompensated care claims for May 2014 will be paid after the close of the fiscal year on June 30th due to the budget cap of $12 million.

On-Call Stipends
Maryland's trauma centers are paid stipends to offset the costs of providing on-call services on a biannual basis. The deadline for Trauma Centers' applications for the January through June 2014 on-call stipends is no later than July 31, 2014.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

MCDB Contract Modification and Project Management Officer
The existing SSS contract ends in December 2014, with MCDB processing activities ending in June 2014. In order to most efficiently use federal grant funds (CCIIO Cycle 3) to implement the enhancements to the MCDB data capture and processing, the existing SSS contract is being modified to extend through June 30, 2016. This extension will be supported by both MHCC funds and federal funds. As previously reported, MHCC has contracted with Freedman Healthcare as a Project Management Officer (PMO) for the grant and MCDB expansion. Staff has worked with SSS and the PMO to develop the scope of work, deliverable timelines, and budget to best meet the program goals in the available time and within the budget constraints of the grant and MHCC funds. Both the SSS contract modification and PMO contract will be reviewed by the Maryland Board of Public Works at its meeting on July 2, 2014.

Development of Provider Pricing Application
At the Commission meeting on May 15, 2014, staff presented updated features to the MHCC provider and procedure pricing web application that offers search and report functionalities by provider, specialty, procedure, and geographic location, and includes both Medicare and private insurance data in parallel. Following the Commission meeting, staff addressed a variety of data quality issues and updated the application. The application was made available to Commissioners and members of the Practitioner Performance Measurement Workgroup on June 4, 2014 for a testing phase. Based on the feedback, staff will update the application along with planned roll-outs of additional functionalities and data. The next version of the application is expected to be released in July 2014.

MCDB Compliance and Technical Support
Payors are required to submit 2013 data to the MCDB by July 31, 2014. In advance of this submission due date (June 30, 2014), payors may request variances in the form of annual waivers for whole reports or format modifications for specific fields within the reports. Several payors have engaged staff in discussions regarding format modifications, and as needed, staff has met with payor teams to discuss challenges and agree on work plans to improve reporting, where current data falls short of required thresholds. Format Modifications are being approved based on a detailed review of the specific circumstances and justifications provided by each payor.

Staff from both MHCC and Social and Scientific Systems (SSS) have been working with new payors required to begin reporting for 2014 data (Q1 and Q2 data due September 30, 2014) to answer questions, clarify requirements, and provide technical support as needed. Payors will be provided an opportunity to submit test files starting on July 1, 2014.

Maryland Health Workforce Study
Staff has met with all health occupation boards (Boards) involved in the Study to discuss options for enhancing their license application surveys. MHCC will provide in-kind support to enhance the data collection for the three mental health related Boards – Psychology, Social Work, and Professional Counselors. Staff has been developing questions to be added to the applications for consideration by these Boards. These need to be reviewed and approved by each Board before they are added. The Governor's Workforce Investment Board (GWIB) is providing a small amount of funding to support these changes. This funding will be used to support changes for the Boards of Nursing, Dental Examiners, and Pharmacy. These Boards have greater challenges in making changes, as they operate proprietary license management software, which are difficult and expensive to alter. Staff will continue to work with these Boards to identify the best path forward.

Analytic Support and Data Development

Staff has been engaged in ongoing support of State partners, making use of MCDB data: (1) Staff continues to support MIA in evaluating the MCDB for rate review activities. There have been challenges in reconciling information from the MCDB and Actuarial Memoranda submitted to the MIA. The differences are primarily due to different definitions being used by each data collection. Insurance carriers do not provide detailed selection criteria to the MIA in producing their reports. MHCC, MIA, and SSS staffs continue to meet weekly and work together to identify the best methods of comparing data and assessing the utility of the MCDB for rate review. (2) Staff has worked with DHMH and SSS to finalize data tables to inform analysis of geographic distribution and variation in utilization of primary care services in Maryland using MCDB data. DHMH will use as part of its planning efforts for primary care services. MHCC staff has found this effort to be useful and has made plans for ongoing production of primary care attribution files. (3) Staff continues to work 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. Hilltop and MHCC have bi-weekly meetings to track progress and address Hilltop's questions related to the development of the Medicaid MCDB files. A draft report has been reviewed and will be finalized in the next month. Complete files will also be submitted in the next week and tested over the next two months.

Figure 2 - Data from Google Analytics for the month of May 2014

- **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 sessions to the MHCC website for the month of May 2014 was 5,636 and of these, there were 45.05% of new sessions. The average time on the site was 3:47 minutes. Bounce rate of 42.90 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 May were:

- "Maryland health care commission"
- "MHCC"

Table Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Million Hearts	Completed?Live	Converted QM survey to Multi-Survey design to accommodate Million Hearts Survey
PCMH Public Site	Updates	Migrated to Cloud Server

PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	On-going Maintenance	QM Completed Case Management Survey Live
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site(13 sites)	Redesign New Credit card Interface	Various
Physician Licensing	On-going Maintenance	
Health Insurance Partnership Public Site		Migrated to Cloud Server
Health Insurance Partnership Registry Site	Monthly Subsidy Processing On-going Maintenance	Auditing payments for several employers (Ongoing)
Hospice Survey 2014	LIVE	(Ongoing)
Long Term Care 2013 Survey	LIVE	Exported LTC HIT Survey Questions
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	Industry Site Completed Web Editor Completed Splash page and Consumer page under development

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The June 2014 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 25th edition of the NOAS News & Notes newsletter. Features:

- Import Bookmarks (favorites) from Firefox or IE into Chrome: Many users operate on the Internet using one of the three popular browsers, Google Chrome, Microsoft's Internet Explorer, or Firefox; with Chrome being the most used within government agencies within the State of Maryland. To help users align all their bookmarks from Firefox & Internet Explorer, steps are provided to guide in importing bookmarks into the Google Chrome browser.
- Reminder: Maryland Health Care Commission meetings are now available on YouTube for reviewing.

System Maintenance Checks

Technical checkup was performed on the following MHCC resources:

- Virtual Infrastructure: received a very good health report. A few minor tweaks to help improve performance, but overall system health is very good.
- Conference Room 100: All systems were checked, projectors cleaned and adjusted; wiring consistency verified; sound system checked; all passed with no warnings or recommendations.

Special Projects

Health Insurance Rate Review and Health Care Pricing Transparency: CCIIO Cycle III Grant

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) whereby MHCC will assist the MIA in rate review activities and price transparency efforts. The grant money will be used to speed up processing of MCDB data submissions so that the MIA has timely access to the data. The funds also will be used 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 through a database/ETL contractor 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.

Through the competitive bid process, staff awarded a contract to Freedman Healthcare as the Project Management Officer (PMO) to manage the duties of a database/ETL contractor and a data analytics contractor. In addition, a Methodologist began working at MHCC in April to assist the PMO with these grant initiatives.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.17, Specialized Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services

A notice was published in the *Maryland Register* on May 30, 2014 announcing a proposed permanent regulation that would repeal and replace COMAR 10.24.17. Staff will be accepting comments on the proposed regulation until June 30, 2014. Staff also participated in a call with the Maryland Cardiac Surgery Quality Initiative to discuss their concerns regarding data collection and the proposed regulation and spoke with representatives of Anne Arundel Medical Center regarding the appropriate procedure codes defining cardiac surgery for purposes of the State Health Plan.

Standing Advisory Committee for Regulatory Oversight of Cardiac Surgery and PCI Services

Staff continued to consider the best structure for the standing advisory committee for cardiac services referenced in the proposed permanent regulation. Staff expects to begin the process of forming this group in the next few weeks.

State Health Plan Update: COMAR 10.24.15, Organ Transplant Services

Staff continued development of a White Paper on issues that should be addressed in an update of the State Health Plan chapter for organ transplant services and anticipates completion of this report in June. Staff plans to begin the process of forming a work group in June. Staff continues to work on gathering the information required to update the projection for hematopoietic stem cells.

Acute Rehabilitation Services

Staff completed the bed need projection for acute rehabilitation services. To complete this work, it was necessary to work with selected Maryland hospitals to overcome problems with the completeness and accuracy of some data included in the HSCRC Discharge Data Base and ensure the accuracy of future data collection related to acute rehabilitation services. Staff anticipates the acute rehabilitation bed need projection will be published in the *Maryland Register* in June.

Other Activities
The hospital bed designation applications, used by general hospitals to allocate total licensed acute care bed capacity to specific service categories for FY2015, and supplemental surveys, gathering information on a range of hospital facility and service capacities, were sent to the acute care hospitals in early June. New licensed bed designations by service will become effective on July 1, 2014. Consistent with the trend observed since FY2011, the statewide average daily census of acute care hospital patients for the 12-month period ending March 31, 2014 declined from the corresponding 12-month period for 2012-2013 by 373 patients, or approximately 3.7%.

Two Center staff attended the Health Datapalooza conference in Washington, D.C. in June. The conference was a valuable opportunity to learn about how challenges related to health care data are being addressed by researchers, clinicians, government agencies, entrepreneurs, and consumers.

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. Variables have now been incorporated 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.

We are also working jointly with the Myers and Stauffer and the Office of Health Care Quality (OHCQ) to review Section S (state-specific portion of MDS) in order to assess the level of completeness and to ensure that facilities provide complete Section S data. Staff will work on drafting a letter to be sent jointly with OHCQ to indicate to facilities their level of completeness for Section S, and the need to furnish complete data.

Hospital Palliative Care Study
In May, Center staff conferred with pilot hospital palliative care staff and hospital staff responsible for creating the HSCRC Discharge Data Base data sets to standardize the procedure for and answer questions about flagging palliative care patients in the Data Base starting July 1, 2014. HSCRC staff participated in these calls in order to respond to questions about data entry. Meetings were held with staff at all ten original pilot hospitals to discuss how to operationalize data collection at each hospital. During this process, it was determined that Howard County General Hospital should be added to our pilot hospital group, an original intention of the pilot hospital application by Gilchrist Hospice, that manages both the Greater Baltimore Medical Center and Howard County General palliative care programs.

Discussions regarding the data collection process included how to code patients and how to enter the data into the hospital record in order to ensure that it becomes part of the hospital discharge data submitted to HSCRC. Every hospital agreed not only to flag palliative care patients in the data base, but also to provide more specific breakdowns in discharge status as to whether palliative care recommendations were accepted by the patients, and whether a hospice referral was made. Data collection is scheduled to begin July 1, 2014.

More information on this project can be found on the Commission's website at:
http://mhcc.dhmh.maryland.gov/Pages/HPCP_Project.aspx

Hospice Survey
The FY 2013 Maryland Hospice Survey is currently underway. Hospices received notice that the survey was ready for data entry effective Wednesday, March 12, 2014. Part I of the survey was due by May 12, 2014. All Part I surveys have been completed. Part II of the survey is due by June 11, 2014. Staff is providing technical assistance to hospice providers to assist with surveys as needed.

2014 Leadership Summit
Commission staff attended the 2014 Leadership Summit: *The Role of Post-Acute Partnerships in Reducing Hospital Readmissions*, sponsored by the Maryland National Capital Homecare Association (MNCHA) and LifeSpan. The May 20, 2014 Summit was attended by Maryland hospitals, as well as a variety of post acute care providers including, but not limited to: home health agencies; residential service agencies; skilled nursing facilities; assisted living facilities; continuing care retirement communities (CCRCs); and medical adult day care centers. Carmela Coyle, President and CEO, Maryland Hospital Association, kicked off the Summit with her presentation "Maryland on the Leading Edge: Transforming Healthcare" during which she spoke about the changes in the hospital payment system creating new incentives for acute care hospitals to foster new and different partnerships with post-acute care providers. Three additional speakers addressed their strategies for implementing such partnerships. Heather Kirby, Assistant Vice president of Integrated Care Delivery at Frederick Memorial Hospital, presented "The Next Phase of Acute/Post Acute Partnerships; Not as Simple as 30-Day Readmissions." Mary Hannah, Transition Case Manager, University of Maryland Charles Regional Medical Center, addressed "Deconstructing Silos and Using the Materials to Build Community Bridges." Janice Drum, Senior Director of Nursing and Pam Hinshaw, Director of Care Management at Anne Arundel Medical Center, focused their comments on "Creative Solutions Beyond the Hospital Walls." During the afternoon session, Summit attendees participated in regional networking solution group discussions to identify strategies for developing or expanding on their action plan to reduce hospital readmissions. Such smaller group discussion further afforded the opportunity for networking and creating new partnerships between acute care hospitals and post acute care providers.

Home Health Agency Survey Data
The FY 2013 Maryland Home Health Agency Survey data collection period began on April 14, 2014 with a due date of June 11, 2014. To date, 63% of the surveys have been submitted. Staff continues to provide technical assistance to providers throughout the data collection period.

Long Term Care Survey
Two hundred and thirty-three (233) comprehensive care facility providers participated in the 2013 Maryland Long Term Care Survey (survey) which included the assessment data needed for the calculation of user fees. The survey was available for data entry on March 31, 2014, with a due date of April 29, 2014. 100% of the providers submitted their completed surveys by the due date of April 29, 2014. The assessment data from the survey will be given to the Center for Executive Direction for calculation of user fees and assessments, and the Health Information technology, electronic health records (EHR) data will be given to the Center for Health Information Technology and Innovative Care Delivery. Staff will conduct a desk audit of the CCF long- term care data in the coming months.

The survey for Assisted Living Facilities, Chronic Hospitals, and Adult Day Care Facilities was available for data entry on March 31, 2014 and was due on May 29, 2014. To date, 96% of the surveys have been completed and accepted. Staff will send out notices of fines for failure to timely complete this survey this week to the 23 facilities that have not completed their surveys or contacted the survey staff to request an extension. Staff will continue to follow up with the delinquent facilities and provide technical assistance to the providers until their surveys are submitted. Staff will also begin desk auditing procedures on this ALF survey input.

Staff continues to work with Myers and Stauffer (contractor) to update SAS programs to process, audit, and generate routine reports using the Long Term Care Survey data.

Certificate of Need

Modified CON's Approved
Mercy Medical Center, Inc. – (Baltimore City) – Docket No. 12-24-2332
An increase in the approved cost of the project, which expands and replaces surgical facilities, of $1,851,835, bringing the total approved cost to $25,381,424

CON Exemptions Approved

SurgiCenter of Pasadena, LLC – (Anne Arundel County/Prince George's County)

Relocation of an existing temporarily delicensed freestanding ambulatory surgical facility with three operating rooms and three non-sterile procedure rooms from 8109 Ritchie Highway, in Pasadena (Anne Arundel County) to the planned MedStar Brandywine Health Center, to be located at the intersection of Brandywine Road and Mattawoman Drive, in Prince George's County. The relocated facility will contain two operating rooms and one non-sterile procedure rooms and has an estimated cost of $5.347 million.

Exemption from CON Requests Filed

Shore Health University of Maryland Medical Systems (Kent and Queen Anne's Counties)

Acquisition of Chester River Home Care and Hospice (a subsidiary of University of Maryland Medical System) by Hospice of Queen Anne's, Inc. and the merger of the two general hospice programs. Chester River Home Care and Hospice is authorized to serve Kent and Queen Anne's Counties. HQA is authorized to serve only Queen Anne's County.

Determinations of Coverage

- **Ambulatory Surgery Centers**

Women's Surgery Center of Tower Oaks – (Montgomery County)

Name change of the facility to Innovations Surgery Center

- **Acquisitions/Change of Ownership**

Envoy of Pikesville – (Baltimore County)

Acquisition of the Envoy of Pikesville comprehensive care facility (CCF) by Pikesville RE, LLC
Purchase Price: $13,300,000

Envoy of Denton – (Caroline County)

Acquisition of Envoy of Denton CCF by Denton RE, LLC
Purchase Price: $8,900,000

Rock Glen Nursing & Rehabilitation Center – (Baltimore City)

Acquisition of Rock Glen Nursing & Rehabilitation Center, a CCF, by Rock Glen Holdings, LLC
Purchase Price: $9,050,000

- **Capital Projects**

Anne Arundel Medical Center – (Anne Arundel County)

Capital project to combine and upgrade two mixed-use general purpose operating rooms located on the second floor of the South Tower of the Acute Care Pavilion to a more flexible, patient-centered hybrid operating room
Proposed Cost: $1,000,000 - 2014 MHA Bond Request

Adventist Behavioral Health – (Montgomery County)

Capital project for the renovation of space and the purchase of telepsychiatry equipment to expedite admissions
Proposed Cost: $680,000 – 2014 MHA Bond Request

Mercy Medical Center – (Baltimore City)

Capital project for the renovation of a floor in the Mercy-owned facility 301 St. Paul Place to create a primary care facility
Proposed Cost: $3,200,000 – 2014 MHA Bond Request

Washington Adventist Hospital – (Montgomery County)

Capital project to develop space for an expanded wound care center and radiology space
Proposed Cost: $400,000 – 2014 MHA Bond Request

Other

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

Corsica Hills – (Queen Anne's County)
Temporary delicensure of 10 CCF beds

Fahrney Keedy Home & Village – (Washington County)
Temporary delicensure of five CCF beds

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

Corsica Hills – (Queen Anne's County)
Relicensure of 10 temporarily delicensed CCF beds

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

St. Mary's Nursing Center – (St. Mary's County)
Permanent relinquishment of 20 temporarily delicensed CCF beds, leaving the facility with a licensed capacity of 160 CCF beds

- **Miscellaneous**

- **"Waiver" Beds**

Bel Pre Health & Rehabilitation Center – (Montgomery County)
Addition of two CCF waiver beds, bringing total licensed bed capacity of this facility to 92 CCF beds

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology
Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. During the month, the committee considered ways to enhance the voluntary national health IT certification process to improve interoperability across care settings for health care providers ineligible for federal electronic health record (EHR) incentive payments. The committee focused on health IT used in long term and post acute care (LTPAC) and behavioral health settings. The following certification principles were considered: leverage the existing ONC health IT certification program; consider limited funding; develop health IT features for setting-specific needs; and ensure privacy and security. Current EHR capabilities and potential developments in technology to enable data segmentation for privacy in behavioral health, which would enable patients to protect specific elements of their health information from being disclosed or exchanged, were also discussed.

During the month, staff continued drafting the sixth annual *Health Information Technology Assessment of Maryland Hospitals* (report). Adoption of health information technologies among all 46 acute care hospitals in Maryland will be highlighted in the report, including computerized physician order entry, EHRs, medication administration systems, infection surveillance software, electronic prescribing (e-prescribing), health information exchange (HIE), telemedicine, patient portals, and hospitals' participation in the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs and meaningful use achievements. Hospitals identified how many departments used a specified technology; hospitals that indicated they have not yet adopted a technology identified their plans to implement the technology. The report benchmarks Maryland hospitals' health IT adoption against national adoption rates. Preliminary

results indicate about 91 percent of acute care hospitals in Maryland participating in the CMS EHR Incentive Programs attested to meaningful use in 2013, an increase of roughly 17 acute care hospitals since 2012. In comparison, approximately 85 percent of acute care hospitals nationally have attested to meaningful use. The final report is planned for release this summer.

Two letters were received during the month regarding State-regulated payors (payors) compliance with COMAR 10.25.16, *Electronic Health Records Reimbursement.* Per the regulations, payors must provide incentive payments to primary care practices that meet certain requirements in their adoption and use of an EHR system. Eligible primary care practices can receive up to $15,000 in incentive payments 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. Since October 2011, when the program was first launched, staff has received approximately 50 letters from primary care practices, mostly pertaining to payors' methodology to calculate incentive payments. All inquiries have been evaluated, and staff has determined that generally, payors have calculated incentive payments consistent with the regulations.

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	18	1	2	15	**36**
Additional Incentive Calculation	0	0	4	0	0	3	**7**
Timing of Payment Received	5	1	0	1	0	0	**7**
Total	**5**	**1**	**22**	**2**	**2**	**18**	**50**

Staff convened two meetings with hospital liaisons to announce the availability of new meaningful use resources. This work is part of strategies being implemented to increase participation in the CMS EHR Incentive Programs. The strategies were developed in the fall of 2013 and aim to assist providers in meeting requirements of the CMS EHR Incentive Programs; the strategies include: 1) conducting four webinars for providers about meaningful use registration and attestation; 2) engaging hospitals in meaningful use outreach with community providers; 3) developing a web-based resource center for meaningful use; and 4) establishing a Maryland single point of contact to triage and address meaningful use inquiries. During the month, staff launched the online meaningful use resource center that serves as the statewide meaningful use inquiry single point of contact, hosted by the Chesapeake Regional Information System for our Patients (CRISP). Next month, staff plans to work in coordination with CRISP, MedChi, the Department of Health and Mental Hygiene (DHMH), hospital liaisons, the American College of Physicians, and the Medical Group Management Association to inform providers about the meaningful use resource center and the availability of the single point of contact though newsletters, faxes, and emails. Over the next couple of months, staff plans to work with DHMH to identify and educate practices that have registered for the CMS EHR Incentive Programs but have not yet achieved meaningful use.

Health Information Exchange

During the month, staff participated in meetings with the CRISP clinical and technology advisory boards. During the meetings, members discussed a new pilot that gives CRISP the opportunity to provide additional value to hospitals through the CRISP encounter notification service (ENS). ENS allows providers to receive a notification regarding a patient's hospital encounter. Typically, a provider's current patient panel must be submitted to CRISP monthly to allow CRISP to route the ENS alert to the appropriate provider. Members discussed the opportunity for CRISP to use hospital admission, discharge, and transfer information that it already receives to generate ENS alerts for hospitals, eliminating the need for hospitals to submit patient panels to CRISP. In this pilot, the discharging hospital would receive an alert if the patient was admitted to another hospital within 60 days. The clinical advisory board approved a pilot of the new service for two hospitals: Bon Secours Hospital and

University of Maryland Medical Center Midtown Campus. The technology advisory board also discussed opportunities to make electronic radiology images available through the HIE. Currently, the CRISP query portal makes radiology reports available to providers, but does not include associated images. CRISP plans to evaluate potential vendors this summer.

Staff continued drafting an information brief on the evaluation results from the Independent Nursing Home Health IT Grant Program (INH grant program). The evaluation indicates that nursing homes participating in the INH grant program used CRISP services, such as ENS, to better manage transitions of care. ENS alerts served as a tool to inform nursing home clinical staff that a resident had a transition of care, and to search for any other available clinical information in the CRISP query portal to prepare for the resident's return to their facility. The INH grant program was initiated as part of the $1.6M ONC Challenge Grant awarded to MHCC in 2011. In the spring of 2013, approximately $440K was awarded to three nursing homes to facilitate adoption and use of health IT, including HIE, for improved transitions of care between nursing homes and hospitals. The funds awarded were distributed to Berlin Nursing Home and Rehabilitation Center, Ingleside at King Farm, and Lions Center for Rehabilitation and Extended Care in partnership with Egle Nursing and Rehab Center. As part of the INH grant program, nursing homes worked with MHCC State-Designated Management Service Organizations to adopt and implement health IT into their workflows. The information brief is planned for release this summer.

Two Telemedicine Task Force (task force) advisory group meetings were convened by staff in May; a total of 13 meetings with the task force have occurred this year. The task force is charged with identifying plans to increase telehealth adoption in Maryland and includes three Advisory Groups: Clinical, Technology Solutions and Standards, and Finance and Business Model. Virtual workgroup meetings were held with the Technology Solutions and Standards Advisory Group and the Clinical Advisory Group during the month. The Clinical Advisory Group identified future innovative telehealth use cases related to emergency medical services, public health screenings, school-based health, obstetrics and gynecology, and medical kiosks connected to health care professionals. The Technology Solutions and Standards Advisory Group finalized the key components for a telehealth provider directory that could be made available through CRISP. Staff also continued to work virtually with the Finance and Business Model Advisory Group to identify challenges and potential solutions regarding the telehealth use cases. A final report on recommendations by the task force for enhancing telehealth in Maryland is due to the Governor and General Assembly by December 1, 2014.

Staff received one HIE registration application out of approximately nine organizations identified as needing to comply with COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (regulation), which became effective in March 2014. The regulations require HIEs operating in Maryland to register with MHCC, among other things. Staff continued discussions with roughly three other organizations to identify their data sharing models to determine if they must comply with the regulations. Staff also convened a workgroup meeting in May with the HIE Policy Board (Board), a staff advisory group. During the meeting, members discussed potential requirements for hospitals and accountable care organizations that may plan to request data from an HIE in support of health care reform initiatives. Board members discussed the importance of establishing policies to safeguard the privacy and security of patients' electronic health information from organizations participating in health care reform that may request data from HIEs.

Innovative Care Delivery

During the month, staff distributed to care managers in the Maryland Multi-Payor Patient Centered Medical Home (PCMH) Program (MMPP) a web-based survey on teamwork and care transitions to ascertain best practices within the MMPP. The survey includes questions related to team structure, leadership, situation monitoring, mutual support and communications shared throughout an MMPP practice. The survey also assesses patients' timely access to care; planning for post-discharge follow-up visits; and a post-discharge patient assessment and updated care plan. Preliminary results from the survey were presented by staff and the Maryland Learning Collaborative leadership at the quarterly MMPP practice meeting convened during the month. Key presentations addressed the 2014 *National Committee for Quality Assurance* PCMH recognition standards, pediatric health issues, and the delivery of culturally

and linguistically appropriate services. Staff also participated in a demonstration with CareFirst BlueCross BlueShield on prior authorizations.

Evaluation of best practices continued during the month for the nine MMPP practices that achieved program performance goals in the first two years and received financial incentive payments. Key evaluation areas included clinical, technical, and business aspects of each MMPP practice. Staff intends to utilize the findings from the evaluation to assist other MMPP practices in adopting changes that will help them maximize their ability to achieve PCMH goals. Planning activities are also underway for the June 3rd PCMH Program Transformation Workgroup (workgroup) meeting. The workgroup is planning to meet about three times over the summer to identify opportunities for advancing integrated models of care delivery after the MMPP legislation abrogates at the end of 2015.

Electronic Health Networks & Electronic Data Interchange
During the month, staff recertified three electronic health networks (EHNs): Eyefinity, TransUnion, and Secure EDI. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*, requires EHNs operating in the State to be certified by MHCC. EHNs must receive national accreditation and demonstrate compliance with over 100 criteria related to privacy, security, and business practices. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with premiums of $1M or more annually and select specialty payors to submit to MHCC each year census level data of paper and electronic administrative health care transactions. Staff continues to collect and evaluate payors' 2014 Electronic Data Interchange (EDI) Progress Report Forms (forms), which must be submitted to MHCC by June 30th. More than half of the 39 payors required to report have submitted their completed forms. An information brief is scheduled for release at the end of the year detailing EDI progress.

National Networking
Staff attended several webinars during the month. The eHealth Initiative (eHI) hosted, *Exploring CIO Perspectives: Findings from 2014 Survey on Data & Analytics*, which discussed how hospital Chief Information Officers and executives are utilizing data and analytics to initiate improvements across health care organizations. eHI also presented, *Enterprise Risk Management: Successfully Achieving Privacy and Security Objectives with Third Party Relationships*, which provided an overview of the challenges and best practices of proactively preparing for security risks. Healthcare Informatics hosted *Leveraging Managed Infrastructure to Implement New Technology and Care Delivery Models*, which discussed the underlying tenets of implementing health IT and patient care delivery models, common risks in change and how to mitigate them, and benchmarks by which technology performance and compliance should be measured to ensure successful outcomes.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

No issues related to quality reporting by any of the participating Maryland carriers are anticipated at this time. The 2014 quality reports are on track for timely public release prior to open enrollment in October.

MHBE has confirmed that continued use of proxy data is intended for quality reporting in 2015. Multi-year procurements by MHCC that support the quality reporting needs of the MHBE are anticipated for 2015 through 2020.

Staff will improve the content and presentation of information in future public reports by incorporating selected recommendations for improvement identified through three feedback initiatives; first, individual feedback gained from conducting targeted employer visits; second, employer feedback gained through participation in the Baltimore Business Journal's 2014 Spring Business Growth Expo on May 16th; and

third, group feedback gained from conducting a formal focus group, consisting of small, medium and large employers .

Staff continues working with DHMH's Division of HealthChoice Management and Quality Assurance (Medicaid Office) on an as needed basis related to an information sharing initiative regarding health plan quality reporting, which was requested by DHMH's Medicaid Office.

Hospital Quality Initiatives

Hospital Performance Evaluation System
The Quality Measures Data Center (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. Staff continues to work on the redesign of the QMDC, which will include major changes to the format and functionality of the site for both consumers and hospital representatives. As a part of the redesign MHCC has engaged consumers in a series of focus groups to gather feedback on the current Hospital Guide as well as the proposed redesign of healthcare-associated infections (HAI) data displays. Over the next several months MHCC will engage consumers in four more focus groups regarding site design and data displays.

The QMDC submission period for 4Q2013 inpatient clinical and patient experience data closed on May 16, 2014. All hospitals successfully submitted their data. The 1Q2014 data submission period will occur in August 2014.

Healthcare Associated Infections (HAI) Data
Staff has begun drafting a work plan for an initiative designed to promote and enhance Antimicrobial Stewardship (AS) in acute care hospitals. An HAI Advisory Committee meeting is scheduled for June 25, 2014.

MHCC staff has been participating on a multi-state workgroup of the Council of State and Territorial Epidemiologists (CSTE). The workgroup is tasked with standardizing the display of HAI data for both consumer and health professional reporting.

Staff continues to work with hospitals on submission of the Healthcare Personnel Influenza Vaccination summary data that was due on May 15, 2014. This is the first year that the NHSN influenza vaccination module will be used. Due to the change in data collection, a few hospitals have had technical problems and are working through the process.

The MHCC Hospital Infection Prevention and Control Program Annual Survey was released in early February. The staff is finalizing the report.

Maryland hospitals continue to report Clostridium difficile infections data (CDI LabID events) through CDC's NHSN surveillance system. The staff is also working with hospitals on the new HAI data requirements that became effective January 1, 2014 including MRSA bacteremia, catheter-associated urinary tract infection (CAUTI), and surgical site infections data for 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. 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.

The staff is in the process of collecting the 1Q2014 ACTION data and the staff continues to cross reference the HSCRC administrative data with the CathPCI data to check for reporting discrepancies. The letter notification of chart audits went out on May 30, 2014 to all Maryland hospitals participating in the NCDR registry data and the audit is expected to be completed before the close of the fiscal year.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care
The focus group held May 20, 2014 was quite successful. Eleven participants offered many suggestions for improving the site, but also complimented most of the site's content and utility. Staff is reviewing the complete report. Next steps include prioritizing short and long range changes for implementation based on funding availability.

The newly released Home Health quality measures and patient satisfaction measures (Home Heath CAHPS) have been uploaded to the Consumer Guide to LTC Services.

Nursing Home Surveys
The annual Nursing Home Surveys is still in progress. Telephone follow-up to those who have not responded ends May 13th; analysis of results are scheduled for delivery by mid-July.

LTC Staff Influenza Survey
The data collection has ended; staff is now analyzing results. 100% of nursing homes and 99% of assisted living residences completed the survey. Results show yet another statewide increase for nursing home rates from the prior year and a small increase in assisted living rates. The results show 80% of nursing homes not only met but exceeded the STATESTAT goal.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
Each year, carriers participating in the small group market are required to submit to the Commission completed survey forms that include enrollment and premium information in the CSHBP for the preceding calendar year. This year's analysis is based on data for the calendar year ending December 31, 2013. Commission staff is in the process of analyzing these data and will present the findings of these surveys at the June public meeting.

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 June 9, 2014 enrollment in the Partnership was as follows: 293 businesses; 837 enrolled employees; 1,355 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 almost $29,400; the average number of employees per policy is 4.3. The declines since year-end 2013 in both coverage and the average subsidy per employee can be attributed to higher small employer premiums for ACA-compliant plans that now must be offered. In addition, anecdotal information from brokers indicates that several small employers that did not renew their group policies are sending their employees to the individual exchange where they might qualify for a premium tax credit or other cost sharing subsidies.

Since open enrollment for small businesses in Maryland's SHOP exchange was deferred until April 1, 2014, Commission staff made all the necessary technical changes 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 were necessary because only ACA-compliant plans could be offered as of January 1, 2014 and those plans must include premiums calculated on a member-level rating method, rather than a composite rating method that was used in the past in the small group

market. For those subsidy groups whose policies will expire between June 1, 2014 through December 31, 2014 they will be able to purchase an Exchange-certified SHOP plan through the SHOP Direct Enrollment Option with help from an insurance agent, broker, or third party administrator (TPA), and may be eligible for federal tax credits of up to 50 percent of their paid premiums. As stated in the Transition Notice issued last September, the Partnership was closed to new groups effective January 1, 2014.