MARYLAND HEALTH CARE COMMISSION

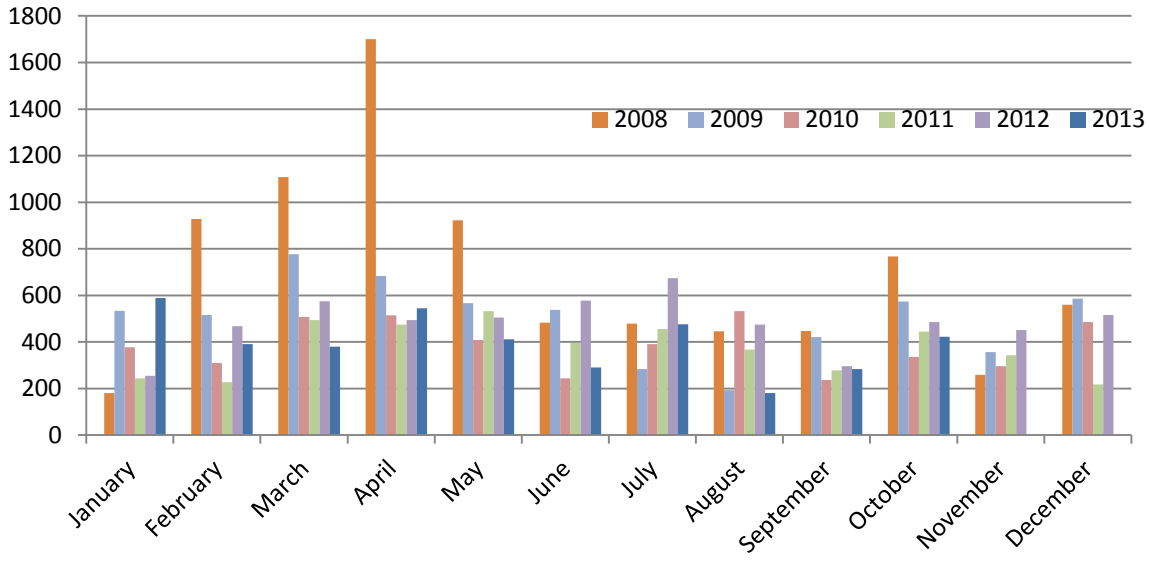
UPDATE OF ACTIVITIES

January 2014

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

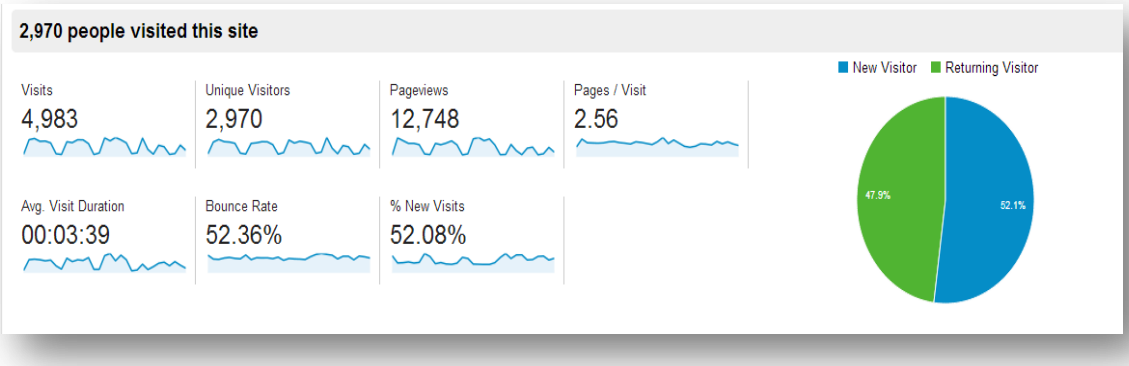
Cost and Quality Analysis

MCDB Regulations
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 required approval of the Governor's Office and the Administrative, Executive, and Legislative Review Committee (AELR) of the Maryland General Assembly. AELR requested a hearing regarding the regulations, prior to releasing the regulations. Commission Staff will be presenting to AELR on January 9th. Pending the outcome of the hearing, Staff will release the submission manuals, hold meetings with current and new reporting entities, and engage payors in workgroups to address data release policies.

Per Capita Spending – Privately Insured Report
The Commission reports annually on the per capita spending in the privately insured market. There are a variety of efforts underway to address the Triple Aim via delivery and payment system reforms. This report focuses on three such areas: Maryland Multi-Payer Patient-Centered Medical Home (MMPP), Consumer-Directed Health Plans (CDHP), and prescription drug spending. PCMH programs target those with chronic conditions, who are most likely to benefit from coordinated care. Overall, predicted risk for those enrolled in PCMH programs was 23% higher, and median spending was 11% higher. The higher risk ratio, relative to the spending ratio, suggests some attenuation in risk due to the program. A variety of factors influence selection of a CDHP, including availability of such plans, expected health spending, and health status. Individuals in better health are expected to enroll. While total spending was comparable between those in a CDHP and non-CDHP enrollees, out-of-pocket spending was consistently higher for CDHP enrollees. Coverage type greatly influences use of prescription drugs. Use ranged from 39% of enrollees in the Individual Market to 89% in the State's high-risk pool, Maryland Health Insurance Plan (MHIP). Number of scripts and spending followed a similar pattern. While generic drugs accounted for 72-78% of prescriptions filled, brand-name drugs accounted for 63-80% of the spending. Results from this report will be presented at the Commission Meeting on January 16th.

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 has begun to support DHMH in an analysis of geographic distribution and variation in utilization of primary care services in Montgomery County using MCDB data. 3) 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. An inter-agency MOU has been established to contract Hilltop to do this work using Exchange Level II funding. The work has commenced as of January 1, 2014 and is expected to be completed by June 30, 2014.

Figure 2 - Data from Google Analytics for the month of December 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 December 2013 was 4,983 and of these, there were 2,970 unique visits. The average time on the site was 2:56 minutes. Bounce rate of 52.36 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 December 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 – Under Review
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 –100%.

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	Reprogramming application for employee-based premiums
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.

Information Technology Newsletter

The January 2014 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 20th edition of the NOAS News & Notes newsletter. Features:

- Update on the new SAS server and database environment. Notification to the users of a pending upgrade of the SAS client software, the Enterprise Guide.
- Advice for all MHCC employees to use Google Chrome or Firefox browsers when accessing the new eTimesheet application. Internet Explorer (depending on the version) can cause irregularities in the viewing area of the electronic timesheet input desktop.
- Instructions how to check the amount of storage space in use in a user's Google Apps environment (mail, calendar, drive, etc.)

Virtualization Infrastructure Update
The MHCC virtualization infrastructure was updated with new software patches increase security against new malware and system inefficiencies.

SAS Database Environment
The new SAS database server has been stabilized. Workstations are now being upgraded to run the new client software.

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

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. In addition, staff has begun the process to hire a Methodologist to assist the PMO with these grant initiatives.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Long Term Care Policy and Planning

Minimum Data Set Project
Commission staff continues to work with Myers and Stauffer (contractor) via bi-weekly phone conference calls to make the transition from the federal minimum data set (MDS 2.0) to MDS 3.0, as well as to update versions of MDS 3.0. The initial focus was to convert the program from FoxPro to SAS programming language, so that it is supported by and consistent with other programs at the Commission. The work included reviewing and updating variables and programs from MDS 2.0 to 3.0. Programming for MDS 3.0 was initially done in SQL, and was then updated to SAS.

Variables have now been updated into the MDS Manager Program, which now includes MDS 2.0, as well as MDS 3.0 and its various updates. Work has been completed on programming MDS data to support the Consumer Guide for Long Term Care. Work is now underway on programming MDS data to support the Annual Long Term Care Survey of comprehensive care facilities (nursing homes and assisted living facilities).

Hospice Education Initiative
One directive received from the Senate Finance Committee, related to the update to 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 Hospice Education Initiative Workgroup met three times between April and September, 2013, sharing ideas about effective community education and outreach efforts. At this time, Commission staff has committed to collect, on a quarterly basis, information on educational and outreach initiatives from Work Group participants and others. This material will be posted on a page developed for the Commission's website and hospices and other interested persons will be notified of its availability. The Workgroup plans to reconvene in the Spring.

Palliative Care in Hospitals
HB 581 "Establishment of Palliative Care Pilot Programs," passed during the past 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.

Prior to the October 1, 2013 effective date of this law, MHCC staff gatherer information on existing hospital palliative care programming and developed application criteria, with the assistance of MHA and OHCQ. An RFA was issued in October and 14 applications were received. Eleven hospitals were found to meet the minimum criteria. A presentation on this process was made at the November Commission meeting.

The first meeting of the Hospital Palliative Care Advisory Group was held on 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. At the December meeting, all 11 hospitals which were invited to participate in the pilot project were in attendance. This included: Carroll Hospital Center; Doctor's Community Hospital; Greater Baltimore Medical Center; Holy Cross Hospital; Johns Hopkins Hospital; MedStar Union Memorial Hospital; Meritus Medical Center; Peninsula Regional Medical Center; Suburban Hospital; Union Hospital; and Upper Chesapeake Medical Center.

At the first meeting, the legislation was discussed as well as the recommendations made by Commissioners at their November meeting to include data collection by race and ethnicity as well as to address the coordination of hospital-based palliative care with community-based resources. There was general discussion including topics such as: difficulties in measuring cost savings; late physician referral as a barrier to use; data collected only on patients referred; operational differences among programs. In a discussion about the draft core measures, there was discussion about the difficulties in collecting data and the suggestion was made that staff use data submitted by the programs to the Center to Advance Palliative Care (CAPC). Since this does not address patient-specific data, additional data collection will be needed.

Staff will contact CAPC about the use of data already submitted. Staff will also survey the hospital programs about their ability to collect data on core data measures. The next meeting of the Advisory Group is scheduled for January 29, 2014. .

Special Hospital-Chronic Bed 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 is now posted on the Commission's website.

Hospice Survey
The FY 2012 Maryland Hospice Survey data is undergoing final processing for creation of the public use data set. This was delayed due to the submission of corrected data by Seasons required as part of a CON determination of coverage and other data issues.

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 files for FY 2012 are available on the Commission's website.

FY 2012 Long Term Care Survey
Seven hundred and thirty-five (735) facilities participated in the 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.

Acute Care Policy and Planning

Primary PCI Waiver Renewals
On December 19, 2013, the Commission approved renewal of the primary PCI waivers for Holy Cross Hospital, Howard County General Hospital, Johns Hopkins Bayview Medical Center, and St. Agnes Hospital.

Maryland Cardiac Surgery Quality Initiative
A quality improvement organization was formed by Maryland hospital cardiac surgery programs in the latter half of 2013. The Chief of the Acute Care Policy and Planning Division serves as an ex officio (non-voting) member of this organization's board. The board met on December 12, 2013. The primary agenda of this meeting was organizational.

Certificate of Need

Changes to a CON
Season's Hospice and Palliative Care of Maryland – (Baltimore County) – Docket No. 11-03-2318
Establishment of a 16-bed inpatient hospice unit in vacated space at Franklin Square Hospital. The applicant is requesting an increase in the approved cost of the project and change in the physical plant design of the approved project.

Application Review Conference
Washington Adventist Hospital, CON Matter No. 13-15-2349
Relocation of a general acute care hospital
December 5, 2013

Determinations of Coverage

Other

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

LaPlata Center – (Charles County)
Temporary delicensure of 4 comprehensive care facility (CCF) beds

Long Green Center – (Baltimore City)
Temporary delicensure of 7 CCF beds

Homewood Center – (Baltimore City)
Temporary delicensure of 6 CCF beds

Cromwell Center – (Baltimore County)
Temporary delicensure of 6 CCF beds

Catonsville Commons – (Baltimore County)
Temporary delicensure of 5 CCF beds

Holly Hill Center – (Baltimore County)
Temporary delicensure of 5 CCF beds

Anchorage Nursing & Rehabilitation Center – (Wicomico County)
Temporary delicensure of 6 CCF beds

Blue Point Nursing & Rehabilitation Center – (Baltimore City)
Temporary delicensure of 10 CCF beds

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

Mid Atlantic Fairfield – (Anne Arundel County)
Relicensure of 4 temporarily delicensed CCF beds

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

Hammonds Lane Center – (Anne Arundel County)
Permament delicensure of 16 licensed CCF beds

Spa Creek Center – (Anne Arundel County)

Severna Park Center – (Anne Arundel County)
Permanent delicensure of 3 licensed 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. In December, the committee considered the establishment of a new ONC health IT certification program for improving interoperability across care settings, specifically for long-term and post-acute care and behavioral health providers. The committee also discussed requirements around accounting of disclosures and recommended that such disclosures be limited to the entity name rather than the specific individual.

Staff continues to work with members of the State-Designated Management Service Organization (MSO) Advisory Panel (advisory panel) to assess enhancements to the MSO State-Designation program (program). During the month, staff obtained feedback from members of the advisory panel regarding the development of measurable criteria based on guiding principles, which were developed to better align the MSO program with health care reform. Staff has determined that program changes are necessary to ensure the program continues to meet legislative requirements outlined in MD. Health-General Code Ann. §19-143 (2012). The existing program requires that MSOs achieve national accreditation and meet over 94 criteria related to privacy, security, operations, technical performance, and business practices. Staff has been working with the advisory panel to identify MSO criteria that are consistent with the Centers for Medicare & Medicaid Services (CMS) Triple Aim — to improve the patient experience of care, improve health of populations, and lower health care costs. Staff will continue to work with members of the advisory panel to develop measurable criteria that support the guiding principles.

The online survey for the sixth annual *Health Information Technology Assessment of Maryland Hospitals* was distributed during the month to Chief Information Officers (CIOs) of all 46 acute care hospitals in Maryland. This year, surveys were customized for each hospital based on responses provided in 2012.

The survey evaluates hospital health IT adoption, including use of computerized physician order entry, electronic health records (EHRs), medication administration systems, infection management systems, electronic prescribing, health information exchange (HIE), telemedicine, and patient portals, as well as each hospital's participation in the CMS EHR Incentive Programs. Additional electronic prescribing and telemedicine questions were added to the survey this year to yield more accurate national comparisons. CIOs were asked to complete the survey in December. In January, staff plans to begin reviewing the data and working with CIOs to ensure that all 46 hospitals complete the survey. The report is scheduled for release in the summer of 2014.

During the month, staff did not receive any letters of concern from primary care practices regarding payors' compliance with the State-regulated payor (payor) EHR incentive program (program). Under the program, as outlined in COMAR 10.25.16, *Electronic Health Records Reimbursement*, payors must provide an incentive payment to primary care practices that meet certain requirements in their adoption and use of an EHR system. Eligible primary care practices can receive a base incentive payment and an additional incentive payment totaling up to $15,000 from the following payors: Aetna, Inc.; CareFirst BlueCross BlueShield; CIGNA Health Care, Mid-Atlantic Region; Coventry Health Care; Kaiser Permanente; and UnitedHealthcare, Mid-Atlantic Region. All combined, staff has received approximately 44 letters that mostly pertained to the methodology payors used to calculate the additional incentive payments. All inquiries have been evaluated by staff and in general, staff determined that payors have calculated incentive payments consistent with the regulation.

Letters Received, by Concern and Payor

Primary Concern	Aetna, Inc.	CareFirst BlueCross BlueShield	CIGNA Health Care, Mid-Atlantic Region	Coventry Health Care	Kaiser Permanente	United-Health-care, Mid-Atlantic Region	Total Letters Received
Base Incentive Calculation	0	0	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 viewed an online demonstration of a provider portal to a community HIE for one of the three long-term care (LTC) facilities awarded funding under the Independent Nursing Home Health IT Grant Program (grant program). The demonstration showed how providers will be able to access laboratory results and continuity of care documents as well as use secure messaging to exchange health information electronically. The grant program was initiated as part of the 2011 $1.6M ONC Challenge Grant to facilitate the electronic exchange of health information between hospitals and LTC facilities. The three grantees, Ingleside at King Farm; Berlin Nursing Home and Rehabilitation Center; and Lions Center for Rehabilitation and Extended Care, received a combined amount of nearly $440K in the spring of 2013 to support health IT adoption for improved care coordination. The LTC facilities have been working with MSOs to adopt and implement HIE services, including the CRISP Encounter Notification System (ENS). ENS enables providers to receive automated alerts about their patients' hospital admission, discharge, and transfer activity. The LTC facilities have been training providers on optimized use of the new services and how best to incorporate these services within their workflows. Implementation activities are scheduled to be completed in February 2014.

ONC requires recipients of the Challenge Grant to evaluate and document the progress of their work. Beginning in early 2014, staff will be conducting an evaluation of the grant program. The evaluation will include the following: an assessment of the implementation and challenges encountered; best practices and lessons learned; and the cost-effectiveness and sustainability of the grant program. The evaluation

will be completed in collaboration with the nursing home grantees, hospitals, MSOs, and CRISP. An information brief documenting the findings is expected to be released in the summer of 2014. Staff is also in the process of identifying a vendor to develop and implement a Statewide advance directive registry (registry). The registry is intended to be accessible electronically through the State-Designated HIE. During the month, staff modified the request for proposal (RFP) and reposted it on eMaryland Market Place. The RFP aims to identify a contractor that can integrate an advance directive registry solution with the State-Designated HIE and identify key policy issues that need to be addressed before going live with the registry. Funding from ONC's Challenge Grant and the Department of Health and Mental Hygiene will financially support the registry through June 2014. Staff plans to competitively award the contract in January 2014.

Staff finalized and submitted to the Governor, Senate Finance Committee, and House Health and Government Operations Committee an interim report on the progress of the Telemedicine Task Force (task force) as required by law. Senate Bill 776, *Telemedicine Task Force – Maryland Health Care Commission* (Chapter 319, 2013), required MHCC to reconvene the task force to explore the advancement of telemedicine for improved health status and care delivery in the State. The task force reconvened in July 2013 and has explored the use of telemedicine in innovative care delivery models; telemedicine use cases for underserved areas; and the development of an online registry of telemedicine providers that would include the types of services offered by providers and the technology being used to support those telemedicine services. Over the next 12 months, the task force expects to develop recommendations to expand telemedicine penetration and to mitigate policy challenges. A final report is due to the General Assembly by December 1, 2014, that will include recommendations for expanding telemedicine adoption in Maryland.

The HIE Policy Board (Board), a staff advisory workgroup, continued deliberating on policies pertaining to secondary data use. The Board consists of stakeholders representing providers, consumers, payors, and HIEs and is tasked with developing policy recommendations regarding the privacy and security of information exchanged by HIEs operating in Maryland. HIEs have the potential to aggregate data from a variety of sources and have the ability to make that data available for approved secondary uses, such as clinical research and improving the performance of health care delivery systems. During the month, the Board identified a number of use cases to help guide the development of secondary data use policies. The secondary data use policies under development will be used by staff in drafting a comprehensive secondary data use regulation. The current proposed regulation allows for limited secondary data use under certain circumstances through HIEs. Staff anticipates finalizing the secondary data use policies during the winter.

Innovative Care Delivery

Staff made available to payors participating in the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) fixed transformation payment (FTP) amounts. FTPs are per patient per month payments distributed prospectively every six months to support MMPP participating practices to achieve patient centered medical home (PCMH) goals, such as increased access to care and embedded care management. Payors are expected to issue the FTP payments by the end of December, in accordance with the MMPP participation agreement. Two calendar year 2014 data submission manuals, one for payors and one for Medicaid Managed Care Organizations, outlining claims and enrollment data requirements were finalized during the month. These manuals are updated annually to reflect timelines and milestones of MMPP requirements. Staff invited MMPP practices to participate in a workgroup focused on developing a care coordination best practices compendium. Staff is also developing a framework for convening a workgroup to gather stakeholder input on the role of MHCC in a PCMH as it pertains to program administration, a payor PCMH accreditation program, and a PCMH practice certification program.

Electronic Data Interchange

In December, staff notified select payors of upcoming reporting requirements under COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*. Payors with an annual premium volume of $1M or more, and certain specialty payors, are required to complete an annual Electronic Data Interchange (EDI) Progress Report (report) by June 30th of each year that details their administrative health care transactions. In 2014, reporting payor premium amounts totaled over $4.9B, which accounts for about 98 percent of all payor premiums in Maryland. Staff is drafting an information brief (brief) to provide an overview of 2012 EDI activity; in general, EDI activity increased roughly one percent since 2011. The brief is expected to be released in January.

National Networking
Staff attended several webinars during the month. The Electronic Healthcare Network Accreditation Commission (EHNAC) presented, *HIE/HIO and the Direct Protocol: Exploring the Connection to MU2 Implementation* that described the value and implications of sustainability for HIEs. The presentation discussed how organizations can assure interoperability; ways to reduce protected health information breach risks through comprehensive risk management programs; and how to prepare an organization to implement secure communications in support of Meaningful Use requirements. The eHealth Initiative presented, *Meaningful Use Stage 2 & Electronic Exchange Technology* that discussed the impact of Meaningful Use Stage 2 on electronic data exchange. Stage 2 will require health care providers to securely exchange clinical information with other providers and patients. The Clinical Engineering-IT Community (a collaboration among the Association for the Advancement of Medical Instrumentation, the American College of Clinical Engineering, and the Healthcare Information and Management Systems Society) presented, *Telehealth Considerations and Challenges* that explored the security of telecommunications, remote monitoring, data challenges related to telehealth equipment, and clinical workflow integration within the context of telemedicine.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Following release of the 2014 Quality and Performance Reporting Requirements (QPRR) and a Kickoff Meeting for 2014 Reporting, carrier reporting for 2014 shall include the following: Aetna will continue to have Coventry maintain its license in Maryland and report on quality separately; CareFirst will begin reporting on its legal entity Group Hospitalization and Medical Services, Inc.; Cigna is authorized to report only on its legal entity, Cigna Health and Life Insurance Company (CHLIC), as its other legal entity, Connecticut General Life Insurance Company, is no longer being marketed in Maryland and its membership is migrating to CHLIC, and with member-migration to less than $1 million premium volume reportedly expected in April 2014; Kaiser Permanente will begin reporting on its legal entity Kaiser Permanente Insurance Company; and UnitedHealthcare will continue to report on its five legal entities.

Staff has been nominated to represent MHCC and MHBE on the American Institutes for Research's Health Insurance Marketplace Consumer Experience Surveys Technical Expert Panel (HIM CES TEP). The purpose of the Technical Expert Panel (TEP) is to advise the project team on the development and proposed fielding of the enrollee satisfaction survey(s) for qualified health plan members in the Health Insurance Marketplace. Work to this end is anticipated to culminate in the final survey's intended implementation in 2016. The next HIM CES TEP meeting is anticipated to take place in April.

One of the five quality measurement tools that comprise the Quality and Performance Evaluation System is the Quality Profile. Staff has received completed Quality Profiles from Aetna, Cigna, and Coventry,

which are currently under review. CareFirst, Kaiser Permanente, and United requested and were granted extensions on their Quality Profile carrier submissions. MHCC anticipates receiving the three late submissions prior to the Commission meeting.

Staff is currently processing the third modification to the HEDIS contract. The Board of Public Works (BPW) hearing on this item is scheduled for January 22, 2014. No issues related to BPW approval are anticipated.

Hospital Quality Initiatives

Hospital Performance Evaluation System
In an effort to better understand how consumers perceive and value the information presented on the Hospital Guide, MHCC contracted the services of a private research firm to moderate a series of consumer focus groups. The first two of these focus groups were held on December 17, 2013; staff members from MHCC as well as representatives from the firm managing the hospital QMDC website and Hospital Guide were in attendance. Staff is currently reviewing a summary of findings from these focus groups. Additional focus group sessions will be used to solicit feedback on several new options for displaying hospital quality and performance data.

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.

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 and continued through December. The chart review is scheduled to be completed by the end of January. 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. Final reports on the chart review findings are being generated and will be shared with the hospitals as well.

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 January. 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, as well as preliminary findings from the Hospital Guide focus groups.

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.

Question and Answer documents have been prepared and shared with hospital infection preventionists in regards to the new reporting requirements.

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 3rd quarter 2013 ACTION data and is in the process of collecting the CathPCI data. 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
MHCC staff is in the process of contacting Area Agencies on Aging directors to set up additional sessions in January with senior center attendees to gather feedback on the Consumer Guide to Long Term Care. This year we plan to display additional data but more importantly, make major changes to the functionality of the Guide based on user input.

MHCC staff met with LTC association leadership to explain and get feedback on proposed enhancements to the Consumer Guide, namely the staffing information described in last month's update and the addition of nursing home private pay rates. Feedback from LifeSpan and HFAM was positive and supportive of the changes. These improvements are planned for implementation in the next few months.

MHCC staff also did the ground work for the next phase of Consumer Guide enhancements that consist of improving and standardizing the ability to compare appropriate descriptive information and performance measures across data types (for example, quality measures, experience of care, survey deficiencies) and across provider types (for example, nursing homes and home health agencies). This work involves identifying all data categories amenable to comparison, determining appropriate formats, soliciting user feedback, and building the technical infrastructure to support the improvements. Display of nursing home trends over time is part of this effort. LTC staff is working closely with MHCC Database Applications and Development staff on this project.

Nursing Home Surveys
Several activities are underway in support of the 2014 survey cycle: 1) MHCC notified all nursing homes of the annual survey in December. 2) MHCC staff prepared a list of updates for the contractor that includes changes in administrator, contacts for the survey, new facilities, and closures. 3) The contractor will mail and provide phone follow-up to all nursing homes with directions on how to submit responsible party and recently discharged resident lists. Lists are due by mid-February with mailing of surveys scheduled for early March. 4) As suggested by a Commissioner, MHCC staff will again include select performance measure outcomes for each nursing home to be included with the survey as an additional information source for the individual completing the survey. These data show key indicators of care such as pressure sores and pain management and directs the reader to the Consumer Guide for other information.

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 was deactivated effective midnight on December 31, 2013.

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 the end of 2013, enrollment in the Partnership was as follows: 423 businesses; 1,208 enrolled employees; 1,951 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 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. Staff also submitted correspondence to all interested parties, including participating carriers, enrolled employers, TPAs, and brokers to advise 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.