MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

February 2014

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

MCDB Regulations and 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 Administrative, Executive, and Legislative Review Committee (AELR) of the Maryland General Assembly requested a hearing regarding the regulations, prior to releasing the regulations on January 9, 2014. AELR released the regulations as emergency regulations on January 9, 2014 following a staff presentation. As part of the formal regulatory process, the proposed regulations were published in the Maryland Register for a formal comment period that ended on January 6, 2014. Staff has conducted a detailed analysis of comments and concluded no changes are needed in the regulations to address concerns. This analysis of comments will be circulated to Commissioners in advance of the meeting on February 20, 2014. Staff will recommend that the Commission adopt the regulations as final.

Staff will be engaging payors via two meetings in February. The first will be a Payor Meeting (February 12, 2014, 2pm) to review the new regulations and manuals broadly and provide an opportunity for payors to ask questions about these updates. The second will be a Data Release Policy Workgroup (February 25, 2014, 3pm) to discuss the Commission's policies regarding the release of MCDB data. Payors have expressed concern that releasing data may inadvertently share proprietary information. This meeting will provide payors an opportunity to express concerns and provide feedback on staff proposals.

MCDB and Workforce Reports

There are three reports released in January and February: (1) The Commission reports annually on the per capita spending in the privately insured market based on MCDB data. A preview of results from this report was presented at the Commission Meeting on January 16, 2014. Based on the Commissioner feedback, the report has been finalized and posted on the Commission website. (2) In partnership with the Governor's Office of Health Care Reform and the Governor's Workforce Investment Board, staff has been working with IHS Global to assess the current licensure board data systems available for workforce analysis, to report on the supply of primary care physicians and mental health services in Maryland, and to evaluate demand for services using a novel model developed by IHS. Pending review of partners at DHMH, this report will be released as final. (3) As required by House Bill 58 (2006), staff has produced a report on the race and ethnicity variation among physicians and population demographics. This report provides distribution of supply of physicians by race and ethnicity at the state and county level for overall counts, primary vs. specialty care, adoption of electronic medical records, and by practice setting. These analyses are also summarized for each jurisdiction in county fact sheets. Staff has been requested to present results of this report to the Maryland House Health & Government Operations Committee's Minority Health Disparities Subcommittee on February 19, 2014.

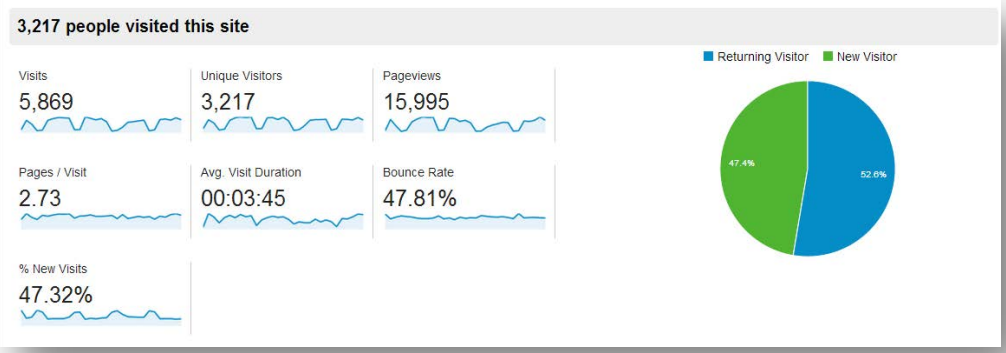
Data Release and Analytic Support

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. The attribution methodology to be used has been identified and will be used in an initial testing phase. The methodology is consistent with the approach used in Maryland's Patient Centered Medical Home Program. (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. Hilltop has contracted with Social and Scientific Systems, the MCDB database vendor, for additional technical support. Initial transfer of file formats and requirements for the MCDB has occurred with work on producing files to commence during February 2014. (4) In support of a reinsurance study sponsored by the Maryland Health Benefit Exchange and Maryland Health Insurance Partnership, staff has transferred data to Hilltop, which is the selected vendor for the study.

Data and Software Development

Figure 2 - Data from Google Analytics for the month of January 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 visits to the MHCC website for the month of January 2014 was 5,869 and of these, there were 3,217 unique visits. The average time on the site was 3:45 minutes. Bounce rate of 47.81 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 January 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 Review	Under Review Phase II
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	
PCMH Practices Site (New)	New User Guide On-going Maintenance	QM Live
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	
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	Heavy Maintenance to comply with changes
Health Insurance Partnership Registry Site	On-going Maintenance	
Hospice Survey 2014		Completed 2014 changes. Testing
Long Term Care 2012 Survey		Updating for 2014
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	Under development	Redesign committee WIP.

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The February 2014 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 21st edition of the NOAS News & Notes newsletter. Features:

- Alternative options to adding scheduled events to the Google calendar application
- Setting up Google Chrome to be the default email client on user workstations, including a link to a special Techie Tutor document available on the MHCC intranet site
- Advice about scanned documents on the multi-purpose copier
    - There is a size limitation for scanned documents that Google mail will accept; advise to save large scans to network drive instead of trying to mail

- Reminder of how to use the Unread Message Icon within Google mail and a link to a YouTube video demonstrating the process and talking about the advantages

Remote Access Modifications
In an effort to ensure the safety of MHCC data, the remote access policies and procedures for all users were reviewed and the following changes made:

- MHCC has a corporate account with Logmein.com for remote access to non-sensitive data; to date, over 20 users have general data access through Logmein.com; all accounts are centrally managed, including usage statistics, by MHCC IT staff;
- MHCC remote users who need access to sensitive data, will utilize the virtual private network (VPN) process & procedures established by and through the Department of Health & Mental Hygiene (DHMH); to date, 3 VPN tokens have been issued to have remote access to sensitive data;

Offsite Server Hosting Project
Currently, MHCC has had a long standing contract with an outside contractor to host a server providing the following activities:

- Web-based applications
- SQL Server Database activities
- Secure-FTP activities

MHCC, through the small procurement process, upgraded this contract; the new project kicked off in January 2014 and will involve the following hosted changes:

- Web-based applications will operate on a separate virtual server
- SQL Server Database activities will operate on a separate virtual server
- Secure-FTP activities will operate on a separate physical server
- Off-site backup resources to be provided via a separate physical server

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 (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 preparing a Request for Proposals (RFP) to procure a Project Management Officer (PMO) as a Contractor to manage the duties of a database/ETL contractor and a data analytics contractor. In addition, staff began the process to hire a Methodologist to assist the PMO with these grant initiatives. Resumes are currently under review and interviews will be scheduled in February.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.17, Specialized Cardiovascular Services
Staff briefed and answered questions from the Senate Finance and House Health and Government Operations Committees in January, as these committees reviewed the draft regulations implementing 2012 statutory changes in MHCC's regulation of percutaneous coronary intervention (PCI) and cardiac surgery services. Meetings have also been held with groups of legislators and individual legislators, County government representatives, and hospital and hospital system representatives as part of the process for development of these regulations outlined in the law. The input received during this phase of draft regulation review will be used to develop a third iteration of these regulations as proposed permanent regulations for action by the Commission.

Acute Care Hospital Bed Supply
Staff has updated acute care hospital bed need projections for medical/surgical/gynecological/ addictions (MSGA) and pediatric beds. This update uses a base year of 2012 and forecasts a bed need range for 2022, based on short-term (five year) and long-term (ten year) trends observed in bed demand. It will be published in the March 7, 2014 issue of the *Maryland Register.*

MSGA beds, which include both general and intensive care beds for medical and surgical hospitalization, comprise 81% of total licensed acute care hospital beds. Pediatric hospitalization has become a much smaller component of inpatient acute care, accounting for just over 4% of total licensed acute care hospital beds, and a more specialized service, with just five Maryland hospitals accounting for 65% of the total licensed pediatric beds.

Consistent with the broad general downturn in demand for hospital beds which began in 2008-2009, the minimum MSGA bed need range for 2022 is lower than that for the last iteration published, a 2018 forecast, in all 24 Maryland jurisdictions. The 2022 pediatric bed need forecast range is lower or unchanged, when compared to the 2018 forecast range, for every jurisdiction. Only three jurisdictions have a higher maximum bed need for 2022 that is higher than that forecast for 2018.

Organ Transplantation
Staff has also developed an updated forecast of organ transplantation case volume for solid organ categories. This 2016 forecast, based on 2013 case numbers reported by United Network for Organ Sharing, will replace the 2013 forecast and will also be published in the March 7, 2014 *Maryland Register.* Staff plans a comprehensive review and update of COMAR 10.24.15, the State Health Plan chapter addressing organ transplantation services in 2014.

Maryland Cardiac Surgery Quality Initiative
The quality improvement organization formed by Maryland hospital cardiac surgery programs and cardiac surgeons in the latter half of 2013 met on January 8, 2012 and the meeting was primarily devoted to consideration of the draft update of COMAR 10.24.17 (see first Monthly Update item above). Eileen Fleck, Division Chief, an ex-officio, non-voting member of the Initiative Board and Paul Parker, the Center Director, participated in the meeting, responding to questions and discussing the draft developed for legislative committee review.

Long Term Care Policy and Planning

Minimum Data Set Project
Commission staff continues to work with Myers and Stauffer (contractor) via bi-weekly phone conference calls to make the transition from the federal minimum data set (MDS 2.0) to MDS 3.0, as well as to

update versions of MDS 3.0. The initial focus was to convert the program from FoxPro to SAS programming language, so that it is supported by and consistent with other programs at the Commission. The work included reviewing and updating variables and programs from MDS 2.0 to 3.0. Programming for MDS 3.0 was initially done in SQL, and was then updated to SAS.

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

Palliative Care in Hospitals

After the first meeting of the Hospital Palliative Care Advisory Group in December, 2013, staff contacted the Center for the Advancement of Palliative Care (CAPC) about the use of annual survey data already submitted by pilot hospitals. MHCC will be able to access existing and future CAPC survey data based on releases provided by the hospitals. Staff also surveyed the hospital programs about their ability to collect data on core data measures.

The second meeting of the Group was held on January 29, 2014. At this meeting, progress was made regarding the identification of existing data sources for this research beyond CAPC. A plan was developed to use subcommittees to further address: (1) defining the appropriate patient population to track in the HSCRC discharge data base, (2) develop minimum program standards and best practices, (3) develop a plan for addressing outpatient service delivery to and use by palliative care patients, and (4) patient and physician experience and satisfaction with palliative care services.

Nursing Home Occupancy and Payment Source

The Commission annually publishes a table on Nursing Home Occupancy by Region and Jurisdiction. At the same time, data is also published on Required Maryland Medical Assistance Participation Rates for Nursing Homes by Region and Jurisdiction. This information is based on data collected in the Commission's Long Term Care Survey. These reports are required under COMAR 10.24.08 and are used for Certificate of Need reviews. The tables have been submitted to the *Maryland Register* for publication on February 21 and will be posted on the Commission's website after publication.

Hospice Survey

The public use data set for the FY 2012 Maryland Hospice Survey has been completed and is posted on the Commission's website at: http://mhcc.maryland.gov/public_use_files/index.aspx
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 have been made for the next survey. Staff is currently testing the survey and will be contacting hospices during the coming weeks to verify name and contact information in preparation for this year's survey.

Home Health Data

Commission staff continues to analyze home health agency utilization trend data for purposes of updating the Home Health Agency Chapter of the State Health Plan. Working with staff from the Center for Quality Measurement and Reporting, HHA quality measures (both outcome and process measures) and performance scores based on CMS' Outcome and Assessment Information Set (OASIS) data, as well as experience of care data based on the Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey, are being reviewed and analyzed. The Commission's Maryland Consumer Guide to Long Term Care initially added the Home Health Compare measures for each Maryland HHA in the fall of 2011. This Consumer Guide to Long Term Care is available on the Commission's website (http://mhcc.maryland.gov/consumerinfo/longtermcare/Default.aspx) and is updated on an ongoing basis.

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 FY 2012 Long Term Care Survey (LTCS), which concluded on May 9, 2013. The post data cleaning phase has been completed and reports including the occupancy reports have been generated. The public use data files for 2012 are available on the Commission's website.

Staff is in the process of updating the 2013 Long Term Care Survey (Survey) for the next data collection period scheduled for the first quarter of 2014. Beginning with the 2013 Survey collection, a new section on health information technology, electronic data exchange, will be added to the survey for nursing home providers to complete.

Staff is working with Myers and Stauffer (contractor) to develop more efficient SAS programs to process, audit and generate routine reports using the Long Term Care Survey data.

Certificate of Need ("CON")

CON Applications Filed

Rockville Eye Surgery Center d/b/a Palisades Eye Surgery Center – (Montgomery County) – Matter No. 14-15-2352
Replacement and addition of two operating rooms
Estimated Cost: $3,637,265

CON's Relinquished

Genesis Bayview – (Baltimore City) – Docket No. 11-24-2323
Construction of a 132-bed comprehensive care facility (CCF) on the campus of Johns Hopkins Bayview Medical Center.
Approved Cost: $26,150,769

CON Letters of Intent

Lorien-Howard, Inc. d/b/a Encore at Turf Valley – (Howard County)
Addition of nine CCF beds

Brook Grove Foundation – (Montgomery County)
New construction and addition to the facility to hold 64 replacement CCF beds relocated from an older part of the facility

Pre-Application Conference

Lorien-Howard, Inc. d/b/a Encore at Turf Valley – (Howard County)
Addition of nine CCF beds
January 17, 2014

Brook Grove Foundation – (Montgomery County)
New construction and addition to the facility to hold 64 replacement CCF beds relocated from an older part of the facility
January 17, 2014

Application Review Conferences

On January 14, 2014 staff met with representatives of Palisades Eye Surgery Center to discuss completeness questions on its CON application to replace and expand a freestanding ambulatory surgical facility.

On January 22, 2014 staff met with representatives of Prince George's Hospital Center to discuss issues related to the CON application to relocate the hospital.

Determinations of Coverage

- **Ambulatory Surgery Centers**

Checkerspot Surgery Centers, LLC – (Anne Arundel County)
Establish an ambulatory surgery center with one non-sterile procedure room to be located at 1130 Annapolis Road, Suite 102, in Odenton

Oxon Hill Urology Surgery Center – (Prince George's County)
Establish an ambulatory surgery center with one non-sterile procedure room to be located at 6228 Oxon Hill Road, in Oxon Hill

MVP Ambulatory Surgical Center, LLC – (Howard County)
Establish an ambulatory surgery center with five non-sterile procedure rooms to be located at 8860 Columbia Parkway, Suite 400, Columbia

- **Acquisitions/Change of Ownership**

Charles County Nursing & Rehabilitation Center – (Charles County)
Restructuring of the ownership of the facility. Family of Care Alliance is the new ownership entity. Charles County Nursing & Rehabilitation Center, Inc. will continue to operate the facility

Leonardtown Surgery Center – (St. Mary's County)
Addition of two physicians to the ownership group of the surgery center, Peter Johnson, M.D. and Janak Vidyarthi, M.D.

Other

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

Hamilton Center – (Baltimore City)
Denial of a request for the temporary delicensure of all 99 CCF beds at the facility. Acknowledgement of closure of the facility without timely notification to MHCC. The bed capacity is deemed abandoned.

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

National Lutheran Home and Village – (Montgomery County)
Status of temporary delicensure and relicensure of comprehensive care facility (CCF) beds at the facility during implementation of CON No. 11-15-2319:

- Acknowledgement of the relicensure of 33 of 38 temporarily delicensed CCF beds (effective January 1, 2011) and the continued temporary delicensure of the five remaining beds until March 31, 2014;

- Acknowledgement of the temporary delicensure of an additional 76 CCF beds effective February 7, 2012 and the return of 32 of the 76 temporarily delicensed beds effective February 1, 2013 and the continued temporary delicensure of the remaining 44 beds until March 31, 2014;
- Acknowledgement of the temporary delicensure of 76 CCF beds effective February 1, 2013; and
- Acknowledgement of temporary delicensure of 72 CCF beds effective November 1, 2013

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. The committee highlighted findings from an ONC funded assessment of the impact of health IT and meaningful use. The review identified that health IT systems, such as clinical decision support, health information exchange (HIE), and computerized provider order entry, are making a positive impact on health care quality, safety, and efficiency. The committee also identified key challenges of federal policies and programs in enabling providers to improve care and population health while reducing cost through the use of health IT. These challenges include data integration across electronic health record (EHR) systems that inhibit providers from exchanging information, and barriers in accessing sensitive health information.

The State-Designated Management Service Organization (MSO) Advisory Panel (advisory panel) met during the month to continue developing criteria recommendations for the MSO State-Designation program (program). After three years of operations, changes are being considered in the criteria to ensure alignment with federal and State health care reform initiatives. MSOs provide assistance to health care providers in adopting, implementing, and achieving meaningful use of EHRs. Advisory panel activities have focused on developing criteria that support 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. Under the current program, MSOs must achieve national accreditation and meet about 94 criteria regarding privacy, security, operations, technical performance, and business practices. Staff anticipates implementing revised MSO State-Designated criteria in the second quarter of this year.

Activities are underway to update the MHCC web-based EHR Product Portfolio (portfolio), which currently consists of 20 EHR vendors. The portfolio serves as a resource for health care providers to compare and evaluate pricing and functionality of EHR systems. All products showcased in the portfolio are nationally certified; vendors must meet the newly implemented 2014 certification criteria to participate in the current update. Vendor participation in the portfolio is voluntary and requires that a discount be offered to all Maryland providers. The portfolio, which was first released in September 2008, is revised annually in the fall with additional updates in the spring. The October 2013 revision added a new EHR usability section that includes ratings from users regarding the product's efficiency and ease of learning how to use the software. In January, an announcement was distributed to all 2014 certified vendors detailing procedures on how to participate in the portfolio. Staff will begin collecting and verifying the required information from interested vendors over the next month. Staff expects to complete the update in March.

During the month, staff continued to work with hospital Chief Information Officers (CIOs) to complete their responses to the sixth annual *Health Information Technology Assessment of Maryland Hospitals* (survey), which was distributed in December to all 46 acute care hospitals in Maryland. The survey captures the use of computerized physician order entry, EHRs, medication administration systems, infection management systems, electronic prescribing, HIE, telemedicine, and patient portals, as well as participation in the CMS EHR Incentive Programs and achievement of meaningful use. All 46 hospitals received online customized surveys this year based on their 2012 responses to enhance usability and efficiency in completing the survey. The survey is unique as compared to national hospital health IT adoption surveys in that it collects census level data and assesses hospital health IT adoption planning efforts. This year, survey questions pertaining to electronic prescribing and telemedicine were changed to

enable more accurate comparisons with national benchmarks regarding adoption and use of these technologies. Currently, approximately 75 percent of acute care hospitals have completed the survey. Over the next month, staff plans to work with hospitals to complete the survey and quality check responses. A report on the survey findings is scheduled to be released in the summer of 2014.

Staff did not receive any letters of concern this month from primary care practices regarding State-regulated payor (payor) compliance with COMAR 10.25.16, *Electronic Health Records Reimbursement*. The regulation currently requires payors to provide incentive payments up to $15,000 to eligible primary care practices that meet certain benchmarks in their adoption and use of an EHR system. Payors required to comply with the regulation include: Aetna, Inc.; CareFirst BlueCross BlueShield; CIGNA Health Care, Mid-Atlantic Region; Coventry Health Care; Kaiser Permanente; and UnitedHealthcare, Mid-Atlantic Region. Since October 2011, staff has received approximately 44 letters from practices inquiring about payor compliance with COMAR 10.25.16; the letters have generally centered on payor calculation and timeliness of the incentive payments, as detailed in the table below. All inquiries have been evaluated by staff, and it has been concluded that payors are in compliance with the regulation. As of April 2013, incentive payments have been distributed to approximately four percent of eligible practices. In February, staff plans to collect updated information from payors regarding the number of incentive payments distributed to primary care practices through the end of 2013.

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) in implementing the State-Designated HIE. Staff participated in the Technology Advisory Committee (committee) during the month; members discussed opportunities for CRISP to provide image exchange capabilities. CRISP issued a request for information inquiring about vendor image exchange and archival services. The committee also discussed the possibility of CRISP leveraging the encounter notification service (ENS) to assist providers in meeting the meaningful use requirement related to transitions of care. Each year, MHCC engages an information technology audit organization to evaluate the privacy and security controls of the State-Designated HIE. Staff met with CliftonLarsonAllen (CLA) this month to define the parameters for a privacy and security audit. CLA expects to review nearly 150 information security controls as part of the audit, which began in January. CLA plans to provide a report in May.

During the month, staff began an evaluation of the Independent Nursing Home Health IT Grant Program (INH grant program), which was initiated to help increase the electronic exchange of health information to improve care transitions between nursing homes and hospitals. The evaluation will assess implementation strategies and outcomes, including challenges, lessons learned, and best practices, as well as the cost-effectiveness and sustainability of the INH grant program. Collectively, about $440K was awarded in the spring of 2013 to three independent nursing homes: Ingleside at King Farm; Berlin Nursing Home and Rehabilitation Center; and Lions Center for Rehabilitation and Extended Care. The funds were made available through the ONC Challenge Grant of about $1.6M awarded to MHCC in 2011. Over the course of the INH grant program, grantees have been working with State-Designated MSOs to implement and utilize HIE services, including the use of query portals to access available patient

health information and the use of ENS to receive alerts about resident hospital admissions, discharges, and transfers. Staff competitively selected Beacon Partners to assist with the INH grant evaluation process. An information brief is scheduled for release this summer.

An evaluation committee reviewed responses to the modified request for proposals (RFP) for the implementation of a statewide advance directive registry (registry). The RFP requires the conceptualization and implementation of a statewide registry integrated with the State-Designated HIE. Information contained in the registry would be accessible through the CRISP query portal. The goal of the project is to give health care providers electronic access to advance directive documents that are in the registry, making a patient's end of life health care treatment preferences more easily known and available at the time and place of care. Preliminary funding for this project was received through the ONC Challenge Grant and the Department of Health and Mental Hygiene (DHMH). Staff has conducted an environmental scan of advance directive registries in other states, which will be included in an information brief on advance care planning that is expected to be released in the spring.

Staff finalized key planning activities for the 2014 Telemedicine Task Force (task force) to be consistent with Maryland law, Senate Bill 776, *Telemedicine Task Force – Maryland Health Care Commission* (Chapter 319, 2013). The law requires MHCC to convene the task force to identify telemedicine opportunities to improve health status and care delivery; assess factors related to telemedicine, which includes supportive uses of EHRs and HIE; and identify strategies for telemedicine deployment in rural areas. The task force consists of three advisory groups: Clinical, Finance and Business Model, and Technology Solutions and Standards. Staff is also finalizing wireframe prototypes for a telemedicine provider registry (registry) that could be made available through the CRISP query portal. The task force is scheduled to convene in February; all three task force advisory groups will participate in a policy discussion on key challenges related to telemedicine expansion in Maryland. The MHCC is required to submit a final report on the findings and recommendations of the task force to the Governor, Senate Finance Committee, and House Health and Government Operations Committee by December 1, 2014.

The HIE Policy Board (Board) workgroup met virtually during the month to continue deliberating on 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 regarding permitted uses of HIE data. The proposed regulations permit select secondary uses of data available through an HIE for public health purposes. During the month, Board members discussed secondary data use policies that could be applied to such use cases for public health or research related purposes. In February, the Board is scheduled to continue the discussion on secondary data use.

Innovative Care Delivery

Staff finalized the Medicaid Managed Care Organizations (MCOs) fixed transformation payment (FTP) amounts for practices participating in the Maryland Multi-Payor Patient Centered Medical Home (PCMH) Program (MMPP). Payors were advised of FTP amounts in December and distributed FTPs to their MMPP practices during the month. A FTP consists of a per patient per month payment disbursed in advance to MMPP practices every six months to financially assist them in achieving PCMH goals. Staff participated with the Maryland Learning Collaborative in an MMPP Practice Workgroup (MPW) that focused on identifying best practice guidelines for care coordination. The MPW achieved consensus on key care plan and care management reporting. Staff also finalized activities for the PCMH Transformation Workgroup (PTW), which is scheduled for February 7th. Stakeholders invited to participate in the PTW include payors, providers, and DHMH. The PTW will explore opportunities for PCMH pertaining to a payor accreditation program and a practice transformation certification program when the existing MMPP program abrogates at the end of 2015. The enabling legislation established the MMPP in 2010 (Maryland Annotated Code, Section 19-1A.). Staff finalized planning activities for an assessment of 10 practices that received commercial payor shared savings. The assessment will identify

strategies adopted at the practice level that have enabled the practices to maximize performance in the PCMH program. Staff competitively selected JLS Advisory group to assist in the evaluation. A report is scheduled for release in April.

Electronic Health Networks & Electronic Data Interchange
During the month, staff completed an electronic health network (EHN) re-certification for Relay Health. EHNs operating in Maryland are required to be certified by MHCC as defined in COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*; certification is contingent upon achieving accreditation by a national accrediting organization recognized by MHCC. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payors with a premium value of $1M or more annually, including certain specialty payors, to report census level administrative health care transactions to MHCC by June 30th of each year. An electronic data interchange (EDI) information brief was released in January that provides an overview of EDI activity in Maryland for 2012. In general, the findings illustrate that EDI activity increased slightly from 90 percent in 2011 to 91 percent in 2012. Preliminary activities are underway for the 2013 EDI reporting cycle; staff has identified payors required to submit a report.

National Networking
Staff attended several webinars during the month. ONC provided an overview of its guide, *How to Identify and Address Unsafe Conditions Associated with Health IT*, which helps health care organizations identify health IT hazards, such as the unsafe use of health IT systems and reporting programs. The Healthcare Information Management Systems Society presented two webinars: *Protecting PHI with A Robust Health Information Security Program*, which discussed key changes to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) issued under the Omnibus Rule and strategies for developing a health information security program and safeguarding protected health information; and *Building a Value-Based Infrastructure – The IT-Supply Chain Connection*, which focused on current regulatory implementation by the Food and Drug Administration (FDA) for a unique device identification (UDI) system that would require medical devices to be assigned and labeled with device and production identifiers.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Carrier reporting for 2014 on all five quality measurement instruments (HEDIS, CAHPS, RELICC, BHA, and QP) is on track. Staff has received completed Maryland Health Plan Quality Profile submissions from all carriers, and the submissions are being evaluated as scheduled. In addition, throughout the month of February, individualized carrier teleconferences are being held with the assigned auditor. Scheduled carrier onsite visits are anticipated during March and April.

Staff received confirmation that Maryland Health Benefit Exchange (MHBE) intends to continue using MHCC's Quality and Performance Evaluation System for public reporting of qualified health plan performance. In addition, MHBE has requested and staff has agreed to provide support on a scheduled MHBE teleconference with outside agencies related to agency-interest surrounding dental quality reporting.

Staff attended Academy Health's National Health Policy Conference in Washington, D.C. in early February. The conference provided insight from health policy leaders on the nation's health policy agenda and other critical health policy priorities for 2015.

Hospital Quality Initiatives

Hospital Performance Evaluation System

The Maryland Hospital Performance Evaluation Guide was updated in January. Maternity and Newborn, Medical Conditions, and SSI data were refreshed using CY2012 data; CLABSI data was updated through FY2013.

Progress continues to be 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. A conference call and webinar will be hosted on February 19th to review recent developments in MHCC's hospital quality data collection policies, to inform hospitals of the upcoming enhancements to the QMDC website, and to provide a vehicle for open discussion between staff and hospitals.
The MHCC staff continues to work in collaboration with the HSCRC staff to streamline our quality measures data collection processes.

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 were completed the end of January. Final reports on the chart review findings are being generated and will be shared with the hospitals. An educational webinar for hospitals is planned for next month to review the results of the audit and lessons learned.
MHCC staff finished updates to the CLABSI and SSI data. Preview reports were generated and shared with the hospitals. The updates were posted to the Hospital Guide in January 2014.
The HAI Advisory Committee met in January. Commissioner Phillips joined the meeting to discuss the need for a state-wide collaborative for Antimicrobial Stewardship Programs. Staff discussed the SSI audit and the new data reporting requirements that became effective January 1, 2014. The Committee discussed the upcoming MHCC Hospital Infection Prevention and Control Program Annual Survey scheduled for release in early February. The survey was expanded to include questions on antimicrobial stewardship activities in Maryland hospitals.

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. Question and Answer documents for each of these requirements have been prepared (updated as needed) and shared with hospital Infection Preventionists.

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 completed the changes needed to implement a new banner for the home page. This update also includes the addition of staffing hours for nursing homes and enhanced navigation using added arrows and back buttons. Use the following link for quick access to the new home page: http://mhcc.maryland.gov/consumerinfo/longtermcare/Default.aspx.
For optimum viewing we recommend the Firefox browser since Internet Explorer does not display all features consistently.

Senior Center feedback on the LTC Guide

MHCC staff continues to seek additional opportunities for feedback. Staff will participate in a community fair in early April at a Baltimore County senior center where feedback will be solicited. Staff also wrote an article for inclusion in the Caregiver Newsletter which is distributed county-wide.

LTC Staff Influenza Survey

Staff is updating facilities to be included in the survey and updating logins and contact information. Reminders to all nursing homes and long term care facilities will be sent in early March 2014.

Nursing Home Surveys

Current Family and Recently Discharged Resident survey activities include acquisition of lists of responsible parties and recently discharged residents; compiling facility-specific performance data for the surveys; and survey materials receiving final approval for print.

Small Group Market

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 February 10, 2014 enrollment in the Partnership was as follows: 384 businesses; 1,097 enrolled employees; 1,776 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 $28,400; the average number of employees per policy is 4.1. The decline in coverage since year-end 2013 can be attributed to higher small employer premiums for ACA-compliant plans that now must be offered. However, 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. Moreover, with the last minute decision to keep this state subsidy program open to renewing groups, many qualifying employers with January renewal dates will retroactively renew in February.

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. As stated in the Transition Notice issued last September, the Partnership was closed to new groups effective January 1, 2014.