MARYLAND HEALTH CARE COMMISSION

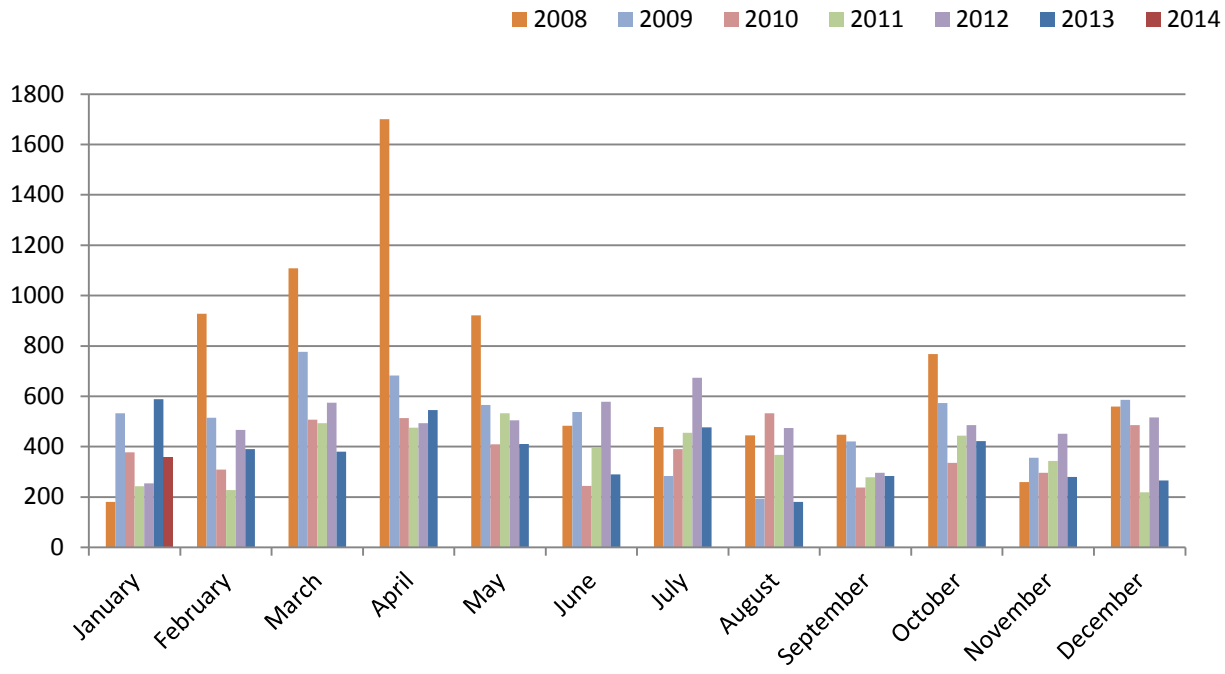
UPDATE OF ACTIVITIES

March 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 approximately $264,735 for December and $356,627 for January. The monthly payments for uncompensated care from January 2008 through January 2014 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 request payments of grants up to $57,000 for each eligible trauma center in early March.

On-Call Stipends
Commission staff requested on-call stipend payments for the Trauma Centers in February.

MCDB Payor Meetings and Workgroups

Commission staff organized two payor meetings in February. The first meeting involved both payors already submitting data to the MCDB and new payors expected to begin submitting data in 2014. Staff provided an overview of the new regulations and highlighted timelines and changes made to the 2013 and 2014 MCDB Submission Manuals. A second meeting was held on February 26, 2014 with new payors, who are expected to begin submitting data starting with the 2014 data submissions. Staff described the submission process, highlighting important elements in the Manuals, which serve as the technical submission guidelines for the MCDB. At both meetings, payors were provided the opportunity to raise concerns and ask questions. One item that was raised as a concern at both meetings was the process for acquiring and submitting the Master Patient Index (MPI), which is still being developed by CRISP, the State Designated Health Information Exchange. Three large payors and two pharmacy benefit managers will be asked to participate in testing of the MPI process this summer. Once the process has been finalized, staff will update the Commission website to describe the MPI process details in advance of end-of-year submissions. Staff will continue to answer questions and provide technical support on an *ad hoc* basis, and coordinate additional payor meetings, as needed.

The first meeting of the MCDB Data Release Policy Workgroup was held on February 25, 2014 to discuss the Commission's policies regarding the release of MCDB data. Payors have expressed concern that releasing data may inadvertently share proprietary information. In the first meeting, staff presented first an overview of the motivations for data protection and standardization of data products from the consumer, payor, and MHCC resource perspectives. Second, an environmental scan of approaches taken by CMS and other states with APCD's was described. Finally, staff presented a proposal for defining standardized data products at three privacy levels: (1) Research Identifiable Files would contain detailed patient demographic and encounter information; (2) Limited Data Sets would allow person-level analyses but key identifiable fields, such as the patient identifier, zip code of residence, etc., would be either scrambled or removed; and (3) Public Use Data would provide geographic (e.g. jurisdiction, zip code) summaries of data and would not contain any identifiable information. There was a general consensus on the merits of such an approach. Specific field layouts will be shared at a future meeting. The second meeting of the workgroup has been scheduled for April 1, 2014 and will focus on the process for reviewing applications for MCDB data.

Maryland Health Workforce Study

In partnership with the Governor's Office of Health Care Reform and the Governor's Workforce Investment Board (GWIB), staff has been leading the Maryland Health Workforce Study. The study is funded with support from the Robert Wood Johnson Foundation and GWIB. The first phase of the study assessed the current licensure board data systems available for workforce analysis, and the second phase estimated the supply of primary care physicians and mental health services in Maryland and estimated demand for primary care services using a novel model developed by IHS Global, the contractor for the first two phases of the study. Results from the first two phases of the study were presented to the Commission at the November and December meetings. The reports have been finalized and posted on the Commission's website: http://mhcc.dhmh.maryland.gov/workforce/Pages/Health_Workforce_Study.aspx. The reports were disseminated widely to policy makers, researchers, and health occupation boards with an introductory letter from Ben Steffen and Lynn Selby (GWIB). In addition, Commission and IHS Global staff presented and discussed the study findings at GWIB's Board meeting on March 12, 2014.

On March 19, 2014, staff is convening a meeting with health occupation boards to launch the third phase of the study. Based on the recommendations from the first phase of the study, the third phase aims to enhance existing data systems to improve data collected and ease of extraction for analysis. At the

meeting, staff will review study findings from the first two phases, present use cases for workforce data, and provide opportunities for the health occupation boards to discuss opportunities and challenges for implementing changes to their applications and data systems. One key use case will be presented by staff from the Primary Care Office from DHMH, who will describe their efforts related to health workforce, in particular focusing on the designation of Health Professional Shortage Areas in Maryland.

Health Care Spending in Maryland

Commission staff reports annually on recent trends in personal health care (PHC) expenditure, based on data reported by CMS's National Health Expenditure Accounts. An estimated $49.4 billion in PHC expenditure occurred in Maryland in 2012. Both Maryland and national PHC expenditure continues to grow; however the rate of growth is reducing over time. Maryland's PHC spending rate of growth remains higher than the national average. As in past years, the per capita PHC expenditure is higher (12%) in Maryland ($8,397) compared to the national average ($7,520). Staff will present preliminary results at the Commission meeting on March 20, 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 released MCDB data for 2010-2012 to the MIA on March 7, 2014. (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. Preliminary analyses have been completed and discussed with DHMH. Final results and data sets will be created by the end of March. (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. Hilltop and MHCC staffs are having bi-weekly meetings to track progress and address Hilltop's questions related to the development of the Medicaid MCDB files. (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. Staff continues to provide technical support, as needed.

Figure 2 - Data from Google Analytics for the month of February 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 5,422 and of these, there were 3,002 unique visits. The average time on the site was 4:02 minutes. Bounce rate of 46.85 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 February were:

- "Maryland health care commission"
- "MHCC"

Table Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Case Management Monthly Tracking web site	Completed	Migrated to Cloud Server
PCMH Public Site	Redesign Review	Under Review Phase II Migrated to Cloud Server
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	New User Guide On-going Maintenance	QM Live Migrated to Cloud Server
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		Migrated to Cloud Server
Health Insurance Partnership Registry Site	Monthly Subsidy Processing	Auditing payments for several employers Migrated to Cloud Server
Health Insurance Partnership Registry Site	Monthly Registration	Heavy Maintenance to comply with changes Migrated to Cloud Server
Health Insurance Partnership Registry Site	On-going Maintenance	Migrated to Cloud Server
Hospice Survey 2014	LIVE	Migrated to Cloud Server
Long Term Care 2012 Survey		Updating for 2014 – Testing under way Migrated to Cloud Server
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	Migrated to Cloud Server
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing) Migrated to Cloud Server
MHCC Web Site	Under development	Redesign committee WIP. Migrated to Cloud Server Testing

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter
The March 2014 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 22st edition of the NOAS News & Notes newsletter. Features:

- Google Mail – advice on how to setup user "Send and Archive" options so that emails will automatically archive after a reply
- Changing font in Gmail for larger print using the browser's settings function
- Note about using "Drag & Drop" to place attachments from an email onto your computer's desktop
- Reminder/How To video about sharing and viewing a co-worker's calendar; also to request access to calendar for viewing details and editing appointments

Remote Access - Updates

- Logmein Users – 24
- Virtual Private Network (VPN) Users – 16

Offsite Server Hosting Project

- Project is progressing on schedule
- All web applications for surveys & financial transactions have been moved to the new hosting environment

Meeting Web Streaming
The February MHCC Commission Meeting was streamed via GoToMeeting. This was a live test of the Commission's ability to offer remote viewing, communication and recording of meetings; several MHCC staff members, on and off site, viewed and listened to the meeting proceedings. During the web streaming session, remote viewers could hear and see presentations, and view the commissioners/presenters seated in the primary meeting room area. This option will be available for commissioners who can't physically attend meetings and other distinguished guests of the Commission. Web streamed meetings will also be recorded and available upon demand and via web access.

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 prepared 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. The RFP was posted on eMaryland Marketplace and the MHCC web site on February 28th. Staff will conduct a pre-bid conference at the MHCC office on March 12th on 10:00 a.m. Bids will be accepted through April 4th. In addition, staff is in the process of hiring a Methodologist to assist the PMO with these grant initiatives. Staff conducted interviews in late February. This position is expected to be filled by early April.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

Staffing
Rebecca Goldman, who has been working as a Project Review Analyst in the Certificate of Need Division, but has also provided key support on recent policy and planning projects, is moving to the Policy and Planning Group full time. She will be replacing Brenna Raines, who resigned in February. Rebecca will continue to work on the Hospital Palliative Care study currently underway and will take the lead in initiating the process of updating the State Health Plan chapter for Organ Transplantation Services in the coming year.

State Health Plan Update: COMAR 10.24.17, Specialized Cardiovascular Services
Staff continues to meet with groups of legislators and individual legislators as well as hospital and health system representatives to address their questions and concerns regarding the draft SHP update. Written comments received on the draft regulations sent to the legislative committees in November, including the responses of the Senate Finance Committee and House Government Operations Committee, have been posted to the MHCC web site. The additional feedback received will be used to develop a third iteration of these regulations as proposed permanent regulations for action by the Commission. Additionally, the legislative committee review of the draft regulations has generated legislation to clearly provide authority for MHCC to incorporate voluntary relinquishment of hospital authority to provide cardiac surgery into the On-Going Performance Reviews for this service that is being implemented through these regulations.

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 pilot 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.

During the past month, staff held two meetings by conference call with the Patient Definition and Discharge Database Subcommittee. The goal of these meetings was to determine how best to define the patient population that should be flagged for this study. Results of this work will be presented to the full Advisory Group. We will be working with hospital representatives and staff of the Health Services Cost Review Commission (HSCRC) to establish the process for flagging and accessing the data. The next meeting of the Advisory Group has been scheduled for March 25th.

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 review. The tables were published in the Maryland Register on February 21st and have been posted on the Commission's website.

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 has completed work 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 also contacted the hospices to update contact information. Hospices have now received notice that the survey is ready for launch on Wednesday, March 12, 2014.

Home Health Agency Data
Commission staff continues to analyze home health agency utilization trend data obtained from the Commission's Maryland Home Health Agency Annual Surveys for purposes of updating the Home Health Agency Chapter of the State Health Plan. An alternative approach for forecasting HHA need is being considered by staff.

Home Health 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.

Long Term Care Survey
Staff is in the process of updating the 2013 Long Term Care Survey for the next data collection period scheduled for the first quarter of 2014. Staff continues to work 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's Approved
Lorien Bel Air – Harford County – Docket No. 13-12-2345
Construct a new addition to house 21 additional CCF beds for a total of 90 CCF beds at the facility and a 2- unit expansion of the assisted living facility located at 1909 Emmorton Road, Bel Air.

Approved Costs: $6,548,938

Other

- Delicensure of Bed Capacity or a Health Care Facility

South River Health & Rehabilitation Center – (Anne Arundel County)
Temporary delicensure of 6 CCF beds

- Relicensure of Bed Capacity or a Health Care Facility

Fayette Health & Rehabilitation Center – (Baltimore City)
Relicensure of 29 temporary delicensed CCF beds

Ellicott City Health & Rehabilitation Center – (Howard County)
Relicensure of 9 temporary delicensed CCF beds

- Relinquishment of Bed Capacity or a Health Care Facility

Randolph Hills Nursing Center – Montgomery County
Relinquishment of 3 CCF waiver beds authorized in 1994, but never licensed by the facility

- Waiver Beds

St. Joseph Ministries – (Frederick County)
Addition of 7 CCF waiver beds for an authorized capacity of 113 CCF beds

Randolph Hills Nursing Center – Montgomery County
Addition of 4 CCF waiver beds for an authorized capacity of 112 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 discussed the status and future prospects for ONC's federally-funded Regional Extension Center (REC) program; Maryland's REC program ends in July 2015. RECs are responsible for providing technical support and resources to assist primary care physicians in adopting electronic health records (EHRs) and meeting meaningful use requirements. The committee contemplated how RECs could be leveraged to support practice transformation efforts, such as improving care delivery through patient centered medical homes (PCMHs) and implementing new payment models through accountable care arrangements.

Staff assessed feedback from the State-Designated Management Service Organization (MSO) advisory panel (panel) regarding proposed enhancements to the MSO State-Designation program (program). The panel is responsible for recommending to staff MSO policy and program enhancements. MSOs provide technical assistance to providers in implementing and using health IT. The panel has been considering

program requirements that would allow MSOs flexibility in the approach to validating privacy and security controls, and the use of an independent third-party assessment to ensure compliance with federal and State privacy and security laws. The panel has also been evaluating the inclusion of select criteria to ensure the program aligns with health care reform initiatives. Currently, the program requires MSOs to achieve national accreditation through an organization recognized by the MHCC and meet about 94 criteria related to privacy, security, operations, technical performance, and business practices. Staff anticipates finalizing the criteria for State designation over the next couple of months.

Staff continues to collect information from EHR vendors for the spring update to the web-based EHR Product Portfolio (portfolio). First released in September 2008, and updated semi-annually, the portfolio is a free online resource offering evaluative information for providers regarding pricing and functionality for approximately 20 EHR systems. To participate vendors must offer a discount to all Maryland providers and be nationally certified to meet the new ONC 2014 complete EHR certification criteria. The portfolio includes a usability section that identifies user ratings for various EHR functionalities. The usability section was added last fall to incorporate user feedback based on vendor references. The spring update will add roughly eight new EHR vendors to the portfolio. This update will include for the first time nationally certified long term and post acute care vendors. Staff also plans to add new information on Stage 2 meaningful use Population and Public Health Objectives for eligible providers, eligible hospitals, and critical access hospitals. The portfolio's spring update is scheduled to be published next month.

Staff provided consultative support to hospital Chief Information Officers (CIOs) as they complete the sixth annual *Health Information Technology Assessment of Maryland Hospitals* survey (survey). Survey results are electronically compiled from all 46 acute care hospitals in Maryland, collecting information on the use of computerized physician order entry, EHRs, medication administration systems, infection management systems, electronic prescribing, heath information exchange (HIE), telemedicine, and patient portals, as well as participation in the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs and meaningful use achievements. This year, surveys were customized for each hospital based on their 2012 responses. Compared to national hospital health IT adoption surveys, the survey is unique as it collects census level data and evaluates health IT adoption planning efforts among Maryland hospitals. Survey questions related to electronic prescribing and telemedicine were revised this year to enable more accurate comparisons with national benchmarks. Over the next month, staff plans to begin evaluating the data. A report is scheduled to be released in the summer of 2014.

During the month, a total of three letters were received from two primary care practices regarding State-regulated payors' (payors) compliance with COMAR 10.25.16, *Electronic Health Records Reimbursement.* The regulation requires payors to 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 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 47 letters from practices, mostly pertaining to payors' methodology to calculate incentive payments. All inquiries have been evaluated, and staff has determined that payors have calculated incentive payments consistent with the regulation. Staff is currently collecting information from payors to identify the number of applications and incentive payments made to primary care practices through December 2013. Staff will use the reported data to assess participation in the program.

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	17	1	2	13	**33**
Additional Incentive Calculation	0	0	4	0	0	3	**7**
Timing of Payment Received	5	1	0	1	0	0	**7**
Total	**5**	**1**	**21**	**2**	**2**	**16**	**47**

Staff began implementing strategies aimed at increasing ambulatory provider participation in the CMS EHR Incentive Program (program). The strategies were developed in the fall of 2013 in collaboration with the Department of Health and Mental Hygiene (DHMH), the Chesapeake Regional Information System for our Patients (CRISP), The Maryland Medical Society, MedChi, and hospitals. The focus of the strategies is on short-term interventions to assist providers in meeting the program's requirements. Over the next several months, staff plans to work with stakeholders to: 1) conduct four meaningful use registration and attestation webinars; 2) engage hospitals in meaningful use outreach and education activities with community-based providers; 3) develop a web-based meaningful use resource center to include general information and Maryland Medicaid State-specific information on meaningful use; and 4) establish a program single point of contact to triage and address meaningful use inquiries via phone. CRISP was competitively selected to assist in the work. Next month, staff plans to finalize a targeted outreach approach to ensure providers are made aware and take advantage of these strategies as they become available.

Health Information Exchange

Activities aimed at expanding the services of the State-Designated HIE, CRISP, to providers continued during the month. Staff participated in a Clinical Advisory Committee (committee) meeting that discussed opportunities to provide clinical pharmacists access to the CRISP query portal. The committee also discussed efforts to automate audits of user access to evaluate appropriate use of the CRISP query portal. Staff continues to provide support to CliftonLarsonAllen (CLA) for the annual information technology audit (audit) of CRISP. The audit will assess whether CRISP participants' patient data is processed, transmitted, and stored by CRISP and its vendors in a secure manner. A preliminary report of the findings is expected in May. Staff is also working with CRISP to finalize the ONC required HIE evaluation report (report). States that received funding under the *State Health Information Exchange Cooperative Agreement Program* in 2010 are required to complete a program evaluation shortly after the funding period ends on March 14, 2014. The report will assess, among other things, how HIE performance has progressed in key program priority areas, such as making laboratory results, patient care summaries, and hospital re-admission reports available to providers as well as highlight growth in HIE services adoption and data contribution.

The Independent Nursing Home Health IT Grant Program (INH grant program) concluded in February; staff received grantees' final goal reports and continued the evaluation of the INH grant program. Under the INH grant program, three independent nursing homes received a total of approximately $440K in the spring of 2013 to adopt and use health IT, including HIEs, with the goal of improving transitions of care between nursing homes and hospitals. Berlin Nursing Home and Rehabilitation Center, Ingleside at King Farm, and Lions Center for Rehabilitation and Extended Care were awarded the INH grant, which was funded through ONC's $1.6M Challenge Grant awarded to MHCC in 2011. These participating nursing homes have worked with State-Designated MSOs, CRISP, and EHR vendors to implement HIE services, such as CRISP's query portal and encounter notification service. The INH grant program evaluation will assess each nursing home's implementation strategies and use of HIE services to coordinate care. Beacon Partners was competitively selected to assist with conducting the evaluation. Staff plans to release an information brief on the INH grant program evaluation in late summer.

Work began during the month to implement a statewide advance directive registry (registry), which will be accessible through the CRISP query portal. The registry will help facilitate the completion and exchange of advance directives among patients and their providers to ensure patients' end-of-life treatment preferences are known and honored. Building the registry into the CRISP query portal will also enhance the services CRISP offers to providers and make the advance directives more widely available. Implementation for the registry is funded through the ONC Challenge Grant and DHMH. Next month, preliminary testing of the advance directive registry integration with the State-Designated HIE is scheduled to occur. Staff is also exploring opportunities to build awareness and use of the advance directive registry. An information brief on advance directives highlighting HIE integration status of registries in other states is anticipated to be released in the summer.

During the month, staff developed guidance material for the 2014 Telemedicine Task Force (task force) advisory groups. The task force is a requirement of Senate Bill 776, *Telemedicine Task Force – Maryland Health Care Commission* (Chapter 319, 2013). The law mandates that MHCC reconvene the task force to explore options for telemedicine expansion within the State. The task force is comprised of three advisory groups: Clinical, Finance and Business Model, and Technology Solutions and Standards. The task force is exploring 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, among other things. Recommendations and a final report on the work of the task force are due to the Governor, Senate Finance Committee, and the House Health and Government Operations Committee by December 1, 2014. Next month, staff plans to convene the task force to address key policy questions; in addition the Technology Solutions and Standards advisory group is expected to meet.

In February, the HIE Policy Board (Board), a staff advisory workgroup, met both virtually and in-person to continue discussions regarding secondary data use policies. The Board previously drafted a list of secondary data use cases to guide the development of requirements for secondary use related to each use case. The Board is tasked with developing recommendations for the privacy and security of information electronically exchanged by Maryland HIEs; the recommendations are taken into consideration by staff in developing regulations. The Board is comprised of representatives from providers, consumers, payors, and HIEs. During the meetings, Board members discussed cross-cutting policies that would apply to the draft secondary use cases. Next month, the Board plans to continue deliberations on secondary data use related to public health and health care reform initiatives.

Innovative Care Delivery

Staff hosted a PCMH Practice Transformation Workgroup (PTW) that consisted of payors, providers, and DHMH. The PTW discussed the Maryland Multi-Payor PCMH Program (MMPP) and status of payor PCMH programs. The PTW also considered the value of a PCMH payor accreditation program and practice transformation certification program after the MMPP concludes at the end of 2015. To identify practice strategies to maximize performance in the MMPP, staff scheduled interviews with 10 practices that received payor shared savings. The assessment of top performing practices is to be completed by staff and JLS Advisory Group, with a report scheduled for release in the summer. Staff competitively selected JLS Advisory Group in December to assist in the evaluation. In addition, an independent evaluation report, prepared by Impaq, regarding 2011 performance by the participating practices in the first year of the MMPP was released. Staff also participated in a Physician Alignment and Engagement Workgroup hosted by the Health Services Cost Review Commission, which supports the implementation of population-based and patient centered payment systems. Maryland's implementation of these systems has the potential to serve as a national model by changing from a system that controls cost on a per inpatient admission approach to one that controls cost on a per capita basis for both inpatient and outpatient hospital costs.

Electronic Health Networks & Electronic Data Interchange
Staff completed electronic health network (EHN) re-certifications for Office Ally, LLC and Health Data Management. Per COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*, EHNs operating in Maryland are required to be certified by MHCC, which includes a requirement for accreditation by a national accrediting organization. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payors whose premium exceeds $1M annually, including certain specialty payors, to report to MHCC by June 30th of each year census level administrative health care transactions data. The 2014 Electronic Data Interchange (EDI) Progress Report Form was developed by staff during the month and is expected to be distributed to approximately 35 payors and seven managed care organizations in March.

National Networking
Staff attended several webinars during the month. The Healthcare Information Management Systems Society presented, *Predictive Population Management*, which discussed how technology supports population health competencies and how advances in technology are changing the perception of population health and the way patients are engaged in their health care. Healthcare Informatics presented, *The Path to Collaborative Care: Creating an IT Foundation for a Successful Accountable Care Organization (ACO)*, which discussed health IT components and data requirements needed to support care coordination, key challenges of EHR interoperability to coordinate care within and beyond a particular care setting (i.e. laboratories, payors, public health, etc.), and how to engage rural providers in an ACO model of care. The Health and Human Services Office of Civil Rights hosted a webinar on the *Health Insurance Portability and Accountability Act of 1996* (HIPAA), *HIPAA and Public Health: An Update from the HHS Office of Civil Rights*, which discussed recent changes to federal privacy and security rule requirements implemented by the new HIPAA Omnibus Rule and guidance on implementing these new requirements.

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) are on track. Individualized carrier teleconferences with the assigned auditor were completed successfully. Scheduled, follow-up carrier onsite visits are currently in progress and are anticipated to conclude in early April. All carriers are fully engaged in the Maryland reporting process which wraps up in the summer. No issues related to carrier audits are anticipated at this time.

Staff is in the planning phase for the development of the 2014 Health Benefit Plan Quality and Performance Report, which will contain an expanded CAHPS section and new RELICC section. Staff also intends to incorporate selected improvement(s) resulting from two key feedback initiatives, one initiative that emphasizes the employer perspective and another that emphasizes the consumer perspective. Employer feedback is obtained through scheduled onsite meetings with a diverse group of targeted large and small employers. In addition, staff is collaborating across divisions to execute a Focus Group Bid Board to solicit consumer feedback.

Hospital Quality Initiatives

Hospital Performance Evaluation System
The staff held two conference call/webinars (10am and 1pm) on February 19th to review recent developments in MHCC's hospital quality data collection policies and to inform hospitals of the upcoming enhancements to the QMDC website. Over 70 hospital representatives and vendors participated in the webinars. The event provided an effective vehicle for communicating system enhancements and for open discussion between staff and hospitals.

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. In February, staff worked with several hospitals to pilot test the new web-portal for submission of core measures and patient experience data...The session provided valuable information for troubleshooting and improving the data submission process. All hospitals will be required to update their Q1-Q3 2013 core measures and patient experience data through the new website in March 2014. Upon completion of this phase of our redesign activities, the staff will focus on development of new content for the consumer or public section of the web site.

Throughout the website redesign process, the staff is committed to seeking consumer input in determining how our quality and performance data are communicated to the public. To that end, the staff initiated a procurement option to acquire the services of an experienced market research firm to solicit consumer ideas and feedback on the Hospital Performance Evaluation Guide through a series of focus groups. To date, MHCC has conducted two focus groups to gather information on how consumers perceive the current version of the Guide, and will sponsor additional focus group sessions through the end of the fiscal year as new webpage displays are developed.

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 have been shared with the majority of hospitals. An educational webinar for hospitals is being planned for the near future to review the results of the audit and lessons learned.

The MHCC Hospital Infection Prevention and Control Program Annual Survey was released in early February. The staff are reviewing submissions, contacting hospitals as needed, and summarizing findings.

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. 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.

On February 28th, the MHCC sponsored the quarterly Cardiac Data Coordinators meeting to review submission requirements and address technical and clinical data issues. Representatives from the NCDR participated via phone and responded to hospital questions and concerns. The staff prepared a Q&A document based on the information shared during the meeting to serve as a hospital resource. The meeting also included a demonstration of the NCDR data download and file transfer and submission process by two of the participant hospitals.
The staff recently completed the collection and preliminary data quality review of the 3rd quarter 2013 CathPCI data and is in the process of collecting the 4th quarter 2013 ACTION data.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care
Staff will participate in a community fair in early April at a Baltimore county senior center to solicit consumer feedback on the content, display, and functionality of the web-based Consumer Guide to Long Term Care. Staff has also prepared a bid board for release to secure a contractor to recruit appropriate participants and conduct an independent focus group session like was done for the hospital guide. To further ongoing marketing of the website, an article has been submitted to the Baltimore County Caregiver Newsletter that promotes the utility of the LTC Consumer Guide.

Nursing Home Surveys
The long stay and short stay surveys are awaiting mailing by the contractor at the end of this month. Nursing homes have been exceptionally cooperative this year in providing information necessary for the preparation and distribution of the surveys.

LTC Staff Influenza Survey
Reminders to all nursing homes and other long term care facilities were sent this month noting the end of the 2013-2014 influenza season on March 31, 2014. The online survey to collect staff vaccination rates from all nursing homes and assisted living residences will take place from April through May 15, 2014.

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 March 11, 2014 enrollment in the Partnership was as follows: 348 businesses; 1,000 enrolled employees; 1,618 covered lives. The average annual subsidy per enrolled employee is about $2,450; the average age of all enrolled employees is 41; the group average wage is about $28,700; 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. 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 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.