MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

April 2014

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

MCDB Data Release Policy Workgroup

The second meeting of the MCDB Data Release Policy Workgroup was held on April 1, 2014 and focused on the process for reviewing applications for MCDB data. At the previous meeting, held on February 25, 2014, the group had agreed to three levels of sensitivity: Research Identifiable Files (RIF), which would have person-level detailed identifiable information; Limited Data Sets (LDS), which would person-level information but with key identifiers scrambled or categorized; and Public Use Files, which would be aggregate data with no identifiable information. The workgroup discussed the approaches to reviewing applications and releasing data depending on the level of sensitivity of the data, as defined at the prior meeting. Staff presented a proposed plan to review applications and make transparent the process for reviewing applications and releasing data.

The group agreed that a broad variety of purposes and users may be appropriate, if there were adequate controls in the review process. The workgroup supported the staff proposal of MHCC staff reviewing application for LDS files and a multi-stakeholder group reviewing applications for RIF files. In either case, staff would conduct detailed reviews of data management plans and specifications of files needed. Currently, all MCDB requests are required to be approved by an IRB; however workgroup members suggested that a privacy board may be more appropriate for secondary data release. Workgroup members also proposed following the example of some other state, such as Massachusetts, where there is a brief public comment period before final approval of applications. Staff will explore these options. Once a request is approved, data recipients would be bound by a Data Use Agreement (DUA's) with MHCC, and staff would monitor compliance and ultimate destruction of data at the conclusion of the study. The next meeting will be scheduled to discuss specific applications, DUA's, data product details, etc. that will become part of the formal Data Release Policy. The workgroup materials may be found on the Commission
website: http://mhcc.dhmh.maryland.gov/healthinmaryland/Pages/data_release_workgroup.aspx.

Maryland Health Workforce Study

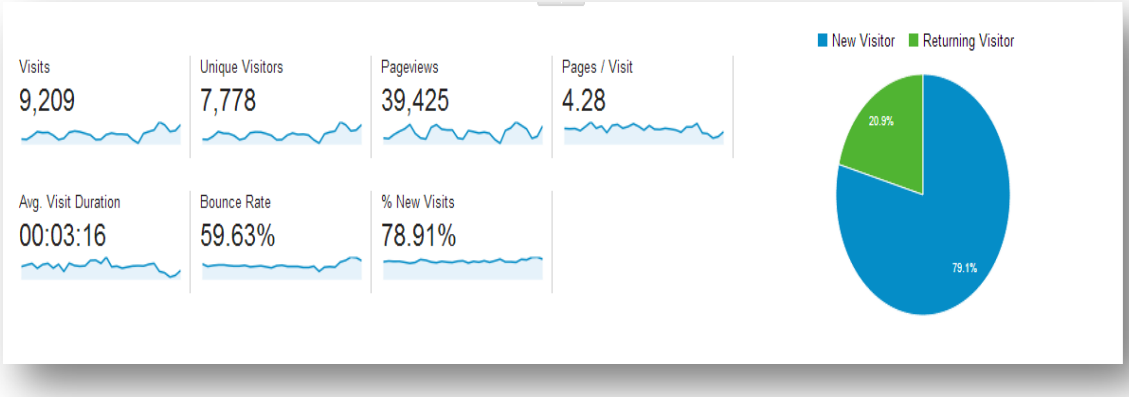
The Maryland Health Workforce Study reports have been finalized and posted on the Commission's website: http://mhcc.dhmh.maryland.gov/workforce/Pages/Health_Workforce_Study.aspx. On March 19, 2014, staff convened a meeting with health occupation boards (Boards) to launch the third phase of the study. Based on the recommendations from the first phase of the study, which provided an assessment of current data systems, the third phase aims to enhance existing data systems to improve data collected and ease of extraction for analysis. At the meeting, staff reviewed study findings from the first two phases, presented use cases for workforce data, and provided opportunities for the health occupation boards to discuss opportunities and challenges for implementing changes to their applications and data systems. The Boards cited cost concerns as the primary barrier to making changes. The Governor's Workforce Investment Board (GWIB) is providing a small amount of funding to support these changes. This funding

will be used to support changes for the Boards of Nursing, Dental Examiners, and Pharmacy. MHCC will provide in-kind support to enhance the data collection for the three mental health related Boards – Psychology, Social Work, and Professional Counselors. MHCC and GWIB will schedule meetings with Boards, individually, to work toward the tailored solutions needed.

Data Release and Analytic Support

Staff has been engaged in ongoing support of State partners, making use of MCDB data: (1) Staff continues to support MIA in evaluating the MCDB for rate review activities. Based on MIA analysis, MHCC is revising eligibility file production to provide a more granular file that will be better suited for actuarial calculations at the per member per month level. (2) Staff continues to work with DHMH and SSS to finalize data products and tables to inform analysis of geographic distribution and variation in utilization of primary care services in Maryland using MCDB data. Final data will be delivered in the coming weeks, which DHMH will use as part of its planning efforts for primary care services. (3) Staff continues to work with Maryland Medicaid and Hilltop Institute to develop cross-walks and programs to convert Medicaid MCO data into MCDB-like files as a means of testing and planning for integration of Medicaid data in the MCDB. Hilltop and MHCC have bi-weekly meetings to track progress and address Hilltop's questions related to the development of the Medicaid MCDB files. Cross-walks have been created for the Professional Services and Eligibility Files. Institutional Files will be addressed next. (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 provides technical support, as needed.

Figure 2 - Data from Google Analytics for the month of March 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 April 2014 was 9,209 and of these, there were 7,778 unique visits. The average time on the site was 3:16 minutes. Bounce rate of 59.63 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 March 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 completed Live	Migrated to Cloud Server
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	New design completed for Practices and Administration.	QM Completed Case Management configured to start 4/15 Migrated to Cloud Server
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Psych Licensing Site	Ongoing support	
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 2013 Survey	LIVE	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 April 2014 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 23rd edition of the NOAS News & Notes newsletter. Features:

- Vertically Split Screen: Highlighting the value of having a split screen for 2 documents in Microsoft Word 2007. Included are step-by-step instructions for opening multiple documents and viewing in a split screen environment.
- Advanced Operators: characters/operators that can be used to filter or refine search activities within Google mail. Newsletter has a live link to a definitions page within the Google online help system
- "Please Restart Me": Reminder that all users should restart their computer workstations to refresh the memory banks. Remote users are encouraged to restart twice per week. Non-remote users are encouraged to shut down at the end of each business day

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, followed by a pre-bid conference on March 12th. Two proposals were received before the April 4th submission deadline. Staff will convene an Evaluation Committee to select the PMO contractor later this month. In addition, effective April 16th, a Methodologist will begin working at MHCC to assist the PMO with these grant initiatives.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

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

Staff continued to meet with hospital and health system representative to address their questions and concerns regarding the draft regulations. Staff also reviewed the comprehensive list of cardiac surgery codes provided by the Society of Thoracic Surgeons and the hospital discharge abstract data to evaluate which codes are appropriate for inclusion in an update of the SHP chapter for cardiac surgery and PCI services. We used the additional information acquired to inform its third iteration of the draft SHP chapter for consideration as proposed permanent regulations by the Commission in April.

In anticipation of the this new SHP chapter becoming effective in the Summer of 2014, staff put together a draft schedule for quickly initiating consideration of proposals to establish elective PCI programs from

non-cardiac surgery hospitals that are currently authorized to only provide primary (or emergency) PCI services. There are five such hospitals. We will continue to update this draft schedule as needed. Staff also began to put together a list of topics that the cardiac standing advisory committee (referenced in the draft SHP chapter) should potentially consider as a first priority when that committee convenes later this year.

State Health Plan Update: COMAR 10.24.15, Organ Transplant Services
Staff continues to work on putting together a White Paper in preparation for a work group discussion on issues that should be addressed in an update of the SHP chapter for organ transplant services. Two Center staff member will be attending two days of the United Network for Organ Sharing Transplant Management Forum, which will be held in late April in Baltimore, to gain further knowledge of the issues faced by organ transplant programs.

An updated organ transplant case utilization projection for solid organs was published in the *Maryland Register* on March 21, 2014. This update uses a base year period of 2010-2012 and forecasts demand for solid organ transplant cases for a target year of 2015. Staff is working on gathering the information required to update the projection for hematopoietic stem cells. Staff also anticipates that the utilization projection for solid organs may be updated in the next few months, after updated information for the full calendar year of 2013 is obtained. The updated projection qualified both health planning regions for organ transplantation defined in the SHP for consideration of new liver transplantation programs. The update can be viewed at
http://www.dsd.state.md.us/MDRegister/4106.pdf

State Health Plan Web Page
Staff has been working on a reorganization of the SHP web page to make it easier for the public to locate information of the Plan and Plan Development. Staff expects that the new page will go live in the next few weeks.

State Health Plan Update: COMAR 10.24.10, General Acute Care Hospital Services
Update bed need projections for medical/surgical/gynecological/addictions (MSGA) beds and pediatric beds were published in the Maryland Register on March 7, 2014. This update uses a base year of 2012 (with use rate trends for 2002-2012 and 2007-2012) to forecast a minimum and maximum bed need range for 2022. The update can be viewed on the MHCC website at
http://mhcc.dhmh.maryland.gov/shp/Documents/statehealthplan/comar102410/bed%20need%20msga%20peds_2014.pdf

Maryland Ambulatory Surgery Provider Directory
A new edition of this Directory, with information for CY2012 gleaned from MHCC's Annual Survey of outpatient surgical facilities was published on the MHCC website on March 25, 2014. It provides information on 329 freestanding centers providing outpatient surgery and on outpatient surgery at Maryland's 46 general acute care hospitals. For the first time, this Directory includes information concerning board certification and eligibility for board certification of practitioners performing surgery at freestanding centers.

Long-Term Care Policy and Planning

Minimum Data Set Project
Commission staff continues to work with Myers and Stauffer (contractor) via bi-weekly phone conference calls to make the transition from the federal minimum data set (MDS 2.0) to MDS 3.0, as well as to update versions of MDS 3.0. Variables have now been incorporated into the MDS Manager Program, which now includes MDS 2.0, as well as MDS 3.0 and its various updates. Work has been completed on

programming MDS data to support the Consumer Guide for Long Term Care. Work is now underway on programming MDS data to support the Long Term Care Survey.

We are also working jointly with the Myers and Stauffer and the Office of Health Care Quality to review Section S (state-specific portion of MDS) in order to assess the level of completeness and to ensure that facilities provide complete Section S data.

Hospital Palliative Care Study
Work with a subcommittee of the full Advisory Committee on this project, to determine how best to define the palliative care patient population that should be flagged in HSCRC's data base, continued in March and was presented to the full Advisory Group, which met on March 25, 2014. Staff also met with staff of the Health Services Cost Review Commission (HSCRC) and the St. Paul Group (the HSCRC data contractor) to discuss the development of the data base flag for the participating pilot hospitals, in order to construct a data set on hospital facility and service use by palliative care patients. At the March 25 meeting, there was further discussion of multiple flag codes to indicate whether or not the patient accepted a palliative care plan of care on discharge. The Patient Definition and Discharge Database Subcommittee was reconvened to develop these definitions, based on the discussion, after the March 25 meeting. Staff plans to meet with the clinical and data entry staff at all pilot hospitals to discuss the logistics of flagging the discharge records.

A presentation will be made at the April Commission meeting to brief Commissioners on the process to date and to request approval for the final selection of pilot hospitals and for the study design.

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. We 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 this current survey. Staff also contacted the hospices to update contact information. Hospices received notice that the survey was ready for data entry effective 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 Agency Survey Data
Preparation for this survey was completed in March and the notice letter for the FY 2013 Maryland Home Health Agency Survey data collection was mailed to providers on April 3, 2014. The survey is scheduled to begin on April 14, 2014 with a due date of June 11, 2014. Sixty agencies will be participating in this year's collection.

Long Term Care Survey
The notice letter for the 2013 Maryland Long Term Care Survey data collection was mailed to providers on March 18, 2014. Over seven hundred providers will be participating in this data collection survey. The survey for comprehensive care facilities, which includes the assessment data needed for the calculation of user fees, was available for data entry on March 31, 2014 and will be due on April 29, 2014. For the first time comprehensive care providers will be providing data on health information technology and electronic health records. The survey for Assisted Living, Chronic Care and Adult Day Care facilities was available for data entry on March 31, 2014 and will be due on May 29, 2014.

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

Certificate of Need

Modified Certificate of Need (CON) Application

Prince George's Post Acute, LLC – (Prince George's County) – Docket No. 13-16-2347
Modification to a docketed CON application for establishment of a 150-bed comprehensive care facility (CCF) to be located at 9800 Apollo Drive, Upper Marlboro, with an estimated project cost of $17,160,552. The modification involves a change in the proposed project site to Lots 4 and 9, Brightseat Road, Landover and a change in the estimated project cost to $19,070,505

Request for Change in an Approved CON

Mercy Medical Center – (Baltimore City) – Docket No. 12-24-2332
Modification of the approved CON for the fit-out of shell space in the Bunting Building to relocate four existing operating rooms and add four new operating rooms. The modification request is for a change in the physical plant design and an increase in the capital cost of the project

Determinations of Coverage

- **Ambulatory Surgery Centers**

Baltimore Endoscopy ASC, LLC – (Baltimore County)
Relocation of an existing surgery center with two non-sterile procedure rooms from 4660 Wilkens Avenue, Suite 302, in Baltimore to a new location at 700 Geipe Road, in Catonsville

Montgomery Surgery Center – (Montgomery County)
The Surgery Center of Easton, L.P. (Talbot County)
Notice of Proposed Initial Public Offering by SCA's parent company, ASC Acquisition LLC, which operates the two ambulatory surgery centers and has an indirect ownership interest.

University of Maryland Shore Surgery Center at Queenstown, LLC – (Queen Anne's County)
Establish an ambulatory surgery center with one sterile operating room and three non-sterile procedure rooms to be located at 125 Shoreway Drive, Third Floor, Queenstown

- **Acquisitions/Change of Ownership**

Salisbury Uro Surgery Center – (Wicomico County)
Restructuring of the physicians group holding ownership shares in and a change in the medical staff practicing at this ambulatory surgery center with two non-sterile procedure rooms located at 132 South Division Street, Suite 401, in Salisbury.

Fairview Urocenter, LLC – (Prince George's County)
Acquisition of Fairview Urocenter, LLC, an existing ambulatory surgery center with two non-sterile procedure rooms located at 4225 Altamont Place, Suite 101, White Plains by Summit Ambulatory Surgery Center

Other

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

Ravenwood Lutheran Village – (Washington County)
Temporary delicensure of four CCF beds

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

Fayette Health & Rehabilitation Center – (Baltimore City)
Revised request for the relicensure of 11 of 29 temporary delicensed CCF beds

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

Fayette Health & Rehabilitation Center – (Baltimore City)
Relinquishment of 18 temporarily delicensed CCF beds

- **Miscellaneous**

HomeCall, Inc.
Relocations of parent agency (main office) and branch office. The current parent agency located at 130 Admiral Cochrane Drive, Suite 103, in Annapolis will now become the branch office and the current branch office located at 101 Marlboro Avenue, Suite 47, in Easton, will become the parent agency.

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 approved recommendations for Stage 3 meaningful use requirements, which are focused on using certified electronic health records (EHRs) to: improve quality of care and safety through clinical decision support; engage patients and families; improve care coordination; and improve population health. The Stage 3 meaningful use notice of proposed rulemaking is expected to be released in the fall of 2014, and a final rule is expected to be released in the first half of 2015. Stage 3 will begin in 2017 for hospitals and providers that have completed at least two years of Stage 2 of meaningful use. The committee also discussed strategies for expanding the health IT workforce and expects to develop occupational descriptions related to health IT.

Staff finalized the revised program requirements for organizations that seek State-Designated Management Service Organization (MSO) status. MSOs provide services to ambulatory practices to assist with EHR adoption, implementation, and achievement of meaningful use. Over the last year, staff worked with the MSO State-Designation advisory panel (panel) to revise the requirements for State-Designation. The revisions ensure that MSOs are well positioned to offer health IT services to assist providers in achieving practice transformation under health care reform. The new State-Designation requirements include flexibility around demonstrating compliance with federal and State privacy and security laws through either national accreditation or an independent third-party assessment. The revised requirements for MSO State-Designation become effective in April; MSOs will have one year to demonstrate compliance with the new requirements.

The spring update to the EHR Product Portfolio (portfolio) was released during the month. The portfolio, which is updated semi-annually, is a web-based resource for providers to evaluate pricing and functionality of various nationally certified EHR products. The spring update includes 10 EHR products that have met the new ONC 2014 complete EHR meaningful use certification requirements; two

nationally certified long term and post acute care EHR products are also included in the spring update. Participation in the portfolio is voluntary, and vendors must agree to offer a discount to all Maryland providers. A provider usability section is featured in the portfolio, which incorporates user ratings based on feedback obtained from providers using the product. The portfolio includes vendor pricing and functionality information to ease the comparison process for users. As more vendors complete the Stage 2 meaningful use certification process, staff anticipates that vendor participation in the portfolio will increase.

Staff collected responses from all 46 acute care hospital Chief Information Officers to the sixth annual *Health Information Technology Assessment of Maryland Hospitals* survey (survey) and is conducting a quality assurance review of the data. Preliminary findings from the survey indicate hospital EHR adoption rates have increased from about 89 percent in 2012 to roughly 98 percent in 2013. The survey captured information about hospital adoption and use of computerized physician order entry, EHRs, medication administration systems, infection management systems, electronic prescribing, heath information exchange (HIE), telemedicine, patient portals, and hospital participation in the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs, including their achievements in meeting the meaningful use requirements. This year, the survey also included a question to identify the EHR vendor that hospitals are using, to enable a market share assessment. Staff also obtained data from the Department of Health and Mental Hygiene (DHMH) Medical Assistance Program (Medicaid) to audit the meaningful use hospital survey responses. Preliminary findings indicate that roughly 96 percent of hospitals participated in the meaningful use program in 2013. A report on the survey findings is expected to be published in the summer.

Staff received data from all State-regulated payors (payors) that participate in the State EHR incentive program (program), which include: Aetna, Inc.; CareFirst BlueCross BlueShield; CIGNA Health Care, Mid-Atlantic Region; Coventry Health Care; Kaiser Permanente; and UnitedHealthcare, Mid-Atlantic Region. COMAR 10.25.16, *Electronic Health Records Reimbursement*, requires payors to annually report on the number of primary care practices that have applied for or received an incentive payment. Staff plans to analyze the data next month to assess changes in program participation from the prior year. In March, staff did not receive any letters from primary care practices that identify concerns regarding payors' compliance with the regulation. The program requires payors to provide primary care practices a base incentive payment of up to $7,500 for adopting an EHR and up to an additional $7,500 for meeting certain requirements in the use of the EHR system. All combined, staff has received approximately 47 letters of concern from 25 primary care practices that mostly pertained to the methodology payors used to calculate the base incentive payments since the regulation were implemented in October 2011. All inquiries have been reviewed, and staff has determined that payors are in compliance with the regulation.

Letters Received, by Concern and Payor

Primary Concern	Aetna, Inc.	CareFirst BlueCross BlueShield	CIGNA Health Care, Mid-Atlantic Region	Coventry Health Care	Kaiser Permanente	United-Health-care, Mid-Atlantic Region	Total Letters Received
Base Incentive Calculation	0	0	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**

During the month, staff hosted a Medicaid meaningful use attestation webinar (webinar) that offered guidance for participation in the Medicaid EHR Incentive Program. The webinar is one of four strategies being implemented by staff to increase participation in the CMS EHR Incentive Programs, in collaboration with DHMH, the Chesapeake Regional Information System for our Patients (CRISP), The Maryland Medical Society, MedChi, and hospitals. In the fall of 2013, four strategies were identified to

be implemented over an 18-month period: 1) conduct four meaningful use registration and attestation webinars; 2) engage hospitals in meaningful use outreach activities with community providers; 3) develop a web-based meaningful use resource center; and 4) establish a Maryland meaningful use single point of contact to triage and address meaningful use inquiries. Fifty three individuals participated in the March webinar. Staff also began drafting protocol for tracking and triaging inquiries received to the single point of contact, CRISP, who were competitively selected to assist in completing the work. Next month, staff plans to finalize a draft web-based meaningful use resource center, as well as an approach to providing technical assistance to hospital liaisons in identifying practices that may need outreach and education regarding meaningful use attestation.

Health Information Exchange

Staff participated in three CRISP advisory board meetings this month. The Clinical Advisory Board met to discuss opportunities to provide clinical pharmacists access to the CRISP query portal, as they are typically involved in direct patient care and could benefit from viewing laboratory results. The Finance Advisory Board met to review the CRISP HIE operations budget for fiscal year 2015, which included an assessment of hospital fees. The Technology Advisory Board recommended that CRISP focus on a phased image exchange approach, with first completing the exchange of images, and then in the future to explore becoming an imaging archive service provider. Staff attended a CRISP payor summit that included representation from the large private payors, managed care organizations (MCOs), and Medicaid. Participants discussed opportunities for payors to utilize HIE services and a potential financial model for payors' contribution to the HIE. Staff continues to provide support to CliftonLarsonAllen (CLA) for the annual information technology audit (audit) of CRISP. The audit evaluates the extent to which CRISP and its vendors process, transmit, and store patient data in a secure manner. CLA concluded its field work during the month and expects to issue a preliminary draft report of the audit findings in April.

Staff continues to draft an HIE evaluation report that is required by ONC. All states that received funding under the *State Health Information Exchange Cooperative Agreement Program* must complete an evaluation report at the end of the funding period, March 14, 2014. The report will include an assessment of HIE performance in priority areas such as making laboratory results, patient care summaries, and hospital re-admission reports available to providers, as well as growth in the adoption of HIE services and data contribution. Preliminary findings indicate that participation in the HIE from both data contributors and data users continues to increase. Staff is also required to submit an evaluation report of the Challenge Grant; ONC awarded MHCC $1.6M in 2011 to improve long-term and post acute care transitions over a three-year funding period. The Challenge Grant evaluation report will provide an assessment of the work to facilitate care coordination between nursing homes and hospitals, implementation of an advance directive registry, and efforts to make institutional pharmacy data available through CRISP. Preliminary findings indicate that long-term care (LTC) facilities are using CRISP to better manage their residents' transitions between LTC facilities and hospitals. Staff plans to submit the evaluation reports to ONC in April.

Staff completed an evaluation of the Independent Nursing Home Health IT Grant Program (INH grant program), which was initiated as part of the ONC Challenge Grant. In the spring of 2013, Berlin Nursing Home and Rehabilitation Center, Ingleside at King Farm, and Lions Center for Rehabilitation and Extended Care were awarded approximately $440K to enable the adoption of health IT and HIE to enhance care coordination with partner hospitals. All three grantees partnered with State-Designated MSOs to implement and use HIE services, including query portal use to access patient health information and CRISP's encounter notification service (ENS) to receive automated alerts when their residents are admitted to or discharged from the hospital. Query portal access has been used to prepare for residents' return to the facility, make treatment decisions, and avoid duplicate testing; all of the grantees indicated that laboratory tests and radiology reports accessed through the query portal were among the most helpful pieces of information used in coordinating care. Staff competitively selected Beacon Partners to assist in completing the evaluation. The results of the evaluation will be released in the summer.

During the month, activities continued for implementing the statewide advance directive registry (registry). Preliminary technical quality assurance testing was conducted to assess the integration of the registry with the State-Designated HIE. Consumers can upload an advance directive to the registry through a secure website, and the registry will be made accessible through the CRISP query portal, allowing health care providers that are using CRISP to search for a patient's advance directive at the point of care. The overall goal of the registry is to make advance directives electronically available as part of a patient's health record. This ensures health care providers can more easily access and honor a patient's end-of-life treatment preferences. Initial funding for the registry's implementation was made available through the ONC Challenge Grant and DHMH. Next month, testing of the registry among a selection of CRISP participating providers is scheduled to begin. Staff is exploring opportunities to work with stakeholders to increase awareness of the registry. Staff plans to release an advance directives information brief this summer.

Activities aimed at expanding the services of the State-Designated HIE to providers continued during the month. Staff is working with the LifeSpan Board of Directors to develop an initiative aimed at long-term care facilities that have adopted an EHR to encourage the use of the CRISP query portal and ENS. During transitions of care, LTC facilities can query the CRISP portal to find information about a resident's hospital visit. The use of ENS has been found to be particularly useful to independent living and assisted living facilities. Generally, staff at these facilitates are not immediately informed when a resident is transferred to a hospital; if the facility is receiving alerts from CRISP, staff can be informed of the transitions and better prepare for the resident's return, coordinate care, and engage caregivers. Staff is also working with the LifeSpan Board of Directors to encourage institutional pharmacies in Maryland to send medication data to CRISP. Including medication data from institutional pharmacies in the HIE will ensure that treating providers have a more complete picture when residents are seen in emergency departments or admitted to the hospital, and also improves coordination of care when residents transition between hospitals and nursing facilities.

In March, staff convened five meetings of the 2014 Telemedicine Task Force (task force) and the advisory groups to discuss opportunities to diffuse telemedicine Maryland. The first 2014 task force meeting included participation from all three task force advisory groups: Clinical, Finance and Business Model, and Technology Solutions and Standards Advisory Group. The task force discussed expanding the definition of telemedicine to include a broad range of health care providers and telehealth applications. During the month, the Technology Solutions and Standards Advisory Group continued to explore the definition of telehealth and the development of an online registry of telehealth providers that could be made available through CRISP. The Clinical Advisory Group and Finance and Business Model Advisory Group discussed several innovative telehealth use cases. A final report on task force recommendations for telehealth diffusion is due by December 1, 2014 to the Governor and General Assembly. The task force advisory groups have scheduled several meetings in April.

Staff began to operationalize the HIE registration process to support COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (regulation), which became effective on March 17, 2014. The regulation requires all HIEs operating in Maryland to register with MHCC, among other things. Staff estimates that roughly six organizations meet the definition in regulation of an HIE. Staff plans to begin accepting registration applications from HIEs in early April; and all Maryland HIEs are anticipated to be registered by the end of July. Staff also convened a workgroup of the HIE Policy Board (Board), a staff advisory workgroup, to discuss policies governing the release of information by HIEs for secondary use. Board members discussed several use cases related to health care reform initiatives. In April, the Board plans to continue assessing secondary uses cases related to health care reform.

Innovative Care Delivery
During the month, staff interviewed 10 participating practices in the Maryland Multi-Payor Patient Center Medical Home (PCMH) Program (MMPP) to identify strategies to maximize PCMH practice performance. Practices participating in the MMPP can earn a percentage of the savings they generate through improved care and better patient outcomes (shared savings). These practices responded to questions pertaining to the business model and clinical and technology aspects of the practice. A report that details an evaluation of the underlying factors that contribute to the top performing practices is scheduled for release this summer. In March, MMPP participating practices completed reporting their quality metrics for the 2013 performance year via an online portal. The quality metrics are one of the parameters used to qualify practices for an annual performance based bonus payment. Staff is in the preliminary stages of planning for an MMPP Care Manager Workgroup meeting that will discuss best practices and care plan updates. Planning activities are also underway for a PCMH Transformation Workgroup meeting that will discuss potential innovations and the role of MHCC when the law abrogates at the end of 2015.

Electronic Health Networks & Electronic Data Interchange
Staff worked with two electronic health networks (EHN) to provide consultative support on their upcoming MHCC re-certification. EHNs operating in Maryland are required to be certified by MHCC per COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. Certification includes accreditation by a national accrediting organization on criteria related to privacy, security, and business practices. Staff distributed to 35 payors and seven MCOs their 2014 Electronic Data Interchange (EDI) Progress Report Forms (forms). COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with annual premiums of $1M or more, including select specialty payors, to report census level administrative health care transactions data to MHCC annually. Next month, staff will begin to compile and analyze EDI data submitted by payors as their forms are received; all data are anticipated to be collected by June.

National Networking
Staff attended several webinars during the month. The Health Resources and Services Administration hosted, *Federal Communications Support for Community-Based Health IT* that provided an overview of the Federal Communications Commission's (FCC) programs available to support telecommunications and broadband community-based health IT programs. The webinar highlighted examples of how the FCC's programs are currently being used to support safety net providers. The Southwest Telehealth Resource Center presented two webinars, *Improving Access to Quality Medical Care - Out of Hospital: Where does Telemedicine Seat Fit in the Emergency Medical Services (EMS)?* that presented information on EMS and potential implementation areas for telemedicine, as well as *Patient Centered Medical Home – What?, Why?, How?* that described the accreditation and recognition processes for PCMH, and explained how to build a PCMH. The Health Information and Management Systems Society webinar, *Linking Technology and Supply Chain to Cost, Quality and Outcomes* addressed topics focusing on data that can be connected to health care systems and the technology infrastructure necessary to analyze this data.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Staff has successfully completed individualized carrier on-site visits with the assigned audit team. Carrier reporting for 2014 on all five quality measurement instruments (HEDIS, CAHPS, RELICC, BHA, and QP) is on track. No issues related to quality reporting by any of the participating Maryland carriers are anticipated at this time.

Staff continues to work with the MHBE related to continued production of their quality reports including CMS' proposed Quality Rating System (QRS) for Qualified Health Plans.

Staff continues development of the 2014 Health Benefit Plan Quality and Performance Report which will contain an expanded CAHPS section and a new RELICC section. To improve future public reporting, staff has been meeting with employers of all sizes to get their feedback on report content and presentation. In addition there will be two formal focus group meetings in May. Staff will incorporate selected improvement(s) identified through the two initiatives in future reports.

Hospital Quality Initiatives

Hospital Performance Evaluation System

The Quality Measures Data Center (QMDC) website and portal supports direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to modernize the Medicare Waiver. The redesign of the QMDC is underway and will include major changes to the format and functionality of the site, for both consumers and hospital representatives. The secure web portal for hospital data submission was deployed in March and all hospitals successfully submitted their Q1-Q3 2013 core measures and patient experience data within our project plan schedule.

Throughout the QMDC redesign process, the staff has been committed to seeking consumer input in determining how our quality and performance data are communicated to the public. To date, MHCC has conducted two focus group sessions to gather information on how consumers perceive the current version of the Guide. We intend to sponsor additional focus group sessions over the next two months as new webpage displays are developed. The next two focus group sessions are scheduled for April 18, 2014 and will focus on the new QMDC format and HAI data display.

Healthcare Associated Infections (HAI) Data

The staff held an HAI Advisory Committee meeting on March 26th. During the meeting, the Committee agreed that for 2014, the group would include in its ongoing activities, an initiative designed to promote and enhance Antimicrobial Stewardship (AS) in acute care hospitals. The staff committed to drafting a work plan for review during the May committee meeting. Staff also reviewed the new Maryland Quality Measures Data Center (QMDC) website with the Advisory Committee and noted how AS could be featured in the first release of the new Hospital Guide.

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 hospitals. Staff is working with hospitals to make corrections in NHSN based on the audit findings. An educational webinar for hospitals is being planned for May 6th 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 is 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.

Release of CDC Statewide Report

On March 26, 2014, CDC released the *National and State HAI Progress Report, 2012*. The Report represents the first release of state specific data showing hospital performance over time for CLABSI, CAUTI, and surgical site infections (SSI) associated with colon and abdominal hysterectomy procedures.

As you know, Maryland has a waiver from the CMS Inpatient Prospective Payment System (IPPS) for reimbursement purposes and our hospitals are not required to report under the CMS Inpatient Quality Reporting (IQR) Program that includes the NHSN data (CLABSI, CAUTI, SSI, etc). MHCC has required our general acute care hospitals to report CLABSIs in ICUs through NHSN since 2008 and SSI data for hip, knee, and CABG procedures since July 2010. The only NHSN data for Maryland that represents a reasonable overview of statewide performance is CLABSIs in ICUs. Only ten Maryland hospitals voluntarily utilized NHSN for monitoring SSI for colon surgery and eight of our hospitals used the surveillance system for monitoring abdominal hysterectomy procedures during the CDC reporting period. This information is not clearly articulated with the CDC display of the SSI results. Using such a small sample size as if it is indicative of the entire state is misleading Similarly, Maryland hospitals had not been required to use NHSN for CAUTIs in ICU reporting as required by CMS for hospitals nationally prior to 2014.

During the 2011 and 2012 reporting period, Maryland hospitals were only required by MHCC to report on CLABSIs in ICUs. The staff believes the report does not represent Maryland hospital performance statewide, is misleading, and asked CDC to modify the presentation for Maryland. Unfortunately, our request was denied.

The staff, in collaboration with DHMH personnel, and in anticipation of public inquires, prepared joint talking points to respond to the CDC Report (CDC Press Release held on March 26th) if needed. There has been no follow up inquiries on the report to date.

Specialized Cardiac Services Data

The Hospital Quality Initiatives staff continues to work with the hospitals to ensure compliance with reporting clinical cardiac services data through the NCDR ACTION and CathPCI Registries. Hospitals are required to submit this detailed patient level data on a quarterly basis. Twenty-three Maryland hospitals and four out-of-state hospitals are required to submit this data. This data is currently used in the review of hospital PCI Waiver renewal applications.

The staff recently completed the collection and preliminary data quality review of the 4th quarter 2013 ACTION data and is in the process of collecting the 4th quarter 2013 CathPCI data. The staff has begun to cross reference the HSCRC administrative data with the CathPCI data to check for reporting discrepancies. Staff attended the annual NCDR meeting in Washington, DC at the end of March for educational purposes. Staff is also working on the agenda items for the upcoming quarterly Cardiac Data Coordinators meeting in May. Staff will be meeting with our contractor to start the preliminary work needed before the hospital audits begin. The audits are projected for completion before the end of this fiscal year.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care

The community fair that staff attended provided staff an opportunity to talk with and demonstrate the website to approximately 50 attendees to increase awareness of the Consumer Guide. In addition 8-10

seniors participated in a short session that provided feedback on selected aspects of Guide, i.e. content, display, and functionality. The others who did not have time were given cards with contact information so they can provide feedback at a more convenient time. Insight gained through the feedback will be used as a basis for the formal focus group session in May.

Nursing Home Surveys
Data collection is in process through May 2014.

LTC Staff Influenza Survey
Data collection is in process through May 15, 2014. Consumer Guide to Long Term Care

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 April 8, 2014 enrollment in the Partnership was as follows: 341 businesses; 1,000 enrolled employees; 1,608 covered lives. The average annual subsidy per enrolled employee is about $2,425; the average age of all enrolled employees is 41; the group average wage is about $28,850; the average number of employees per policy is 4.3. The declines since year-end 2013 in both coverage and the average subsidy per employee can be attributed to higher small employer premiums for ACA-compliant plans that now must be offered. In addition, anecdotal information from brokers indicates that several small employers that did not renew their group policies are sending their employees to the individual exchange where they might qualify for a premium tax credit or other cost sharing subsidies.

Since open enrollment for small businesses in Maryland's SHOP exchange was deferred until April 1, 2014, Commission staff made all the necessary technical changes to the Partnership website and Registry in order to keep the subsidy program open to employer groups with renewal dates between January 1, 2014 through May 31, 2014. System-wide changes were necessary because only ACA-compliant plans could be offered as of January 1, 2014 and those plans must include premiums calculated on a member-level rating method, rather than a composite rating method that was used in the past in the small group market. For those subsidy groups whose policies will expire between June 1, 2014 through December 31, 2014 they will be able to purchase an Exchange-certified SHOP plan through the SHOP Direct Enrollment Option with help from an insurance agent, broker, or third party administrator (TPA), and may be eligible for federal tax credits of up to 50 percent of their paid premiums. As stated in the Transition Notice issued last September, the Partnership was closed to new groups effective January 1, 2014.