MARYLAND HEALTH CARE COMMISSION

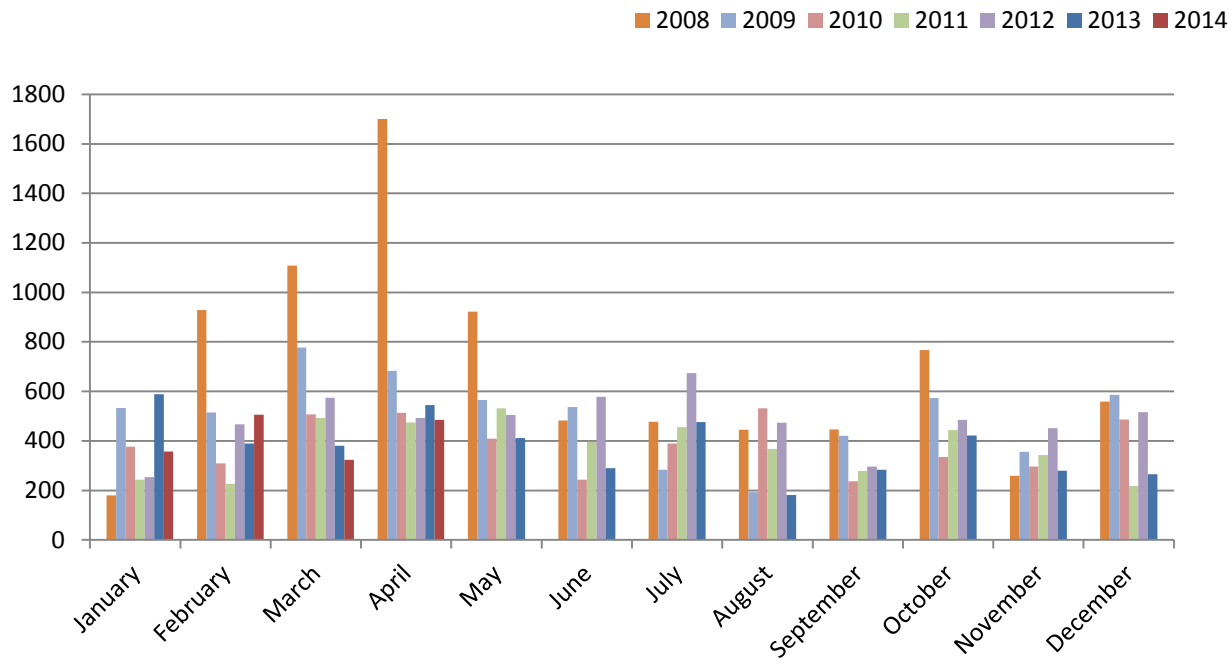
UPDATE OF ACTIVITIES

May 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 $505,690 for February; $324,092 for March; and $484,755 for April of 2014. The monthly payments for uncompensated care from January 2008 through April 2014 are shown above in Figure 1.

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

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

Professional Services Report
In response to a legislative mandate, the Commission has been reporting annually on pricing of professional services. At its origin, the goal was to provide information to policymakers, providers, and payors regarding the variations in rates for professional services. These reports include analyses of variation by payor market share, in vs. out-of-network rates, region, and type of service, and include comparisons to Medicare and Medicaid payment rates. While early reports yielded valuable insights into pricing variation, recent reports have not revealed much new information, as the trends have been stable over time. With this in mind, at the Commission meeting on May 15, 2014, staff will propose the provider pricing web application under development (described below) be used meet the requirements of the legislative mandate. Staff will also briefly present findings from the most recent update to this report, which makes use of the 2012 MCDB data. The report found a marginal increase in payment rates between 2011 ($36.11/RVU) and 2012 ($36.49/RVU). The largest payors pay about 12% less per RVU than other payors, and out-of-Network rates are over double that of in-network rates. In Maryland, commercial plan rates are comparable to Medicare rates and about 30% higher relative to Medicaid rates.

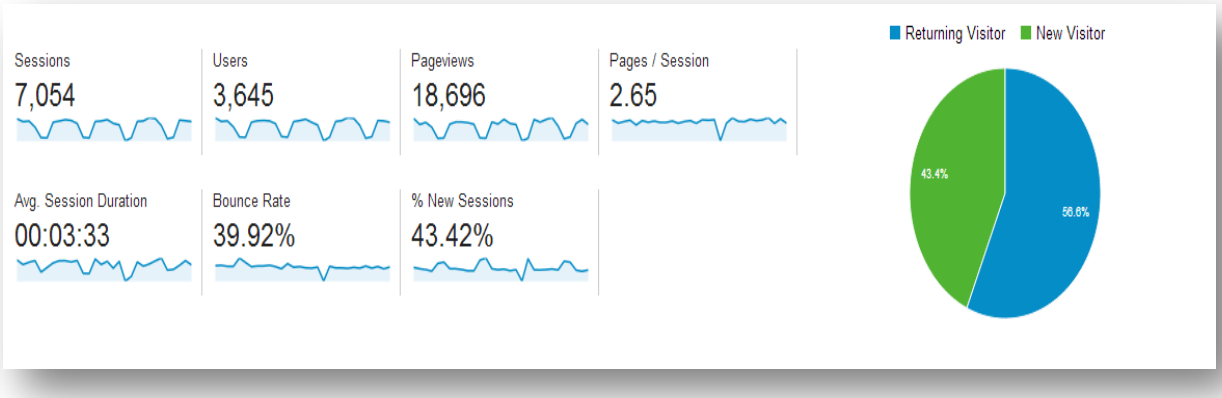
Development of Provider Pricing Application
On April 9, 2014, in unprecedented effort, CMS released payment information for all providers and procedure codes. Several organizations developed applications to showcase this data, permitting simple searches by provider name, specialty, geographic location, etc.. At the Commission meeting on April 17, 2014, staff presented a developmental web application that allowed similar search and report functionalities and included both Medicare and private insurance data in parallel. Based on the feedback from Commissioners, staff worked to add additional functionalities, such as permitting provider comparisons and added options for filtering data. Staff will present this application, including its potential to obviate the professional services report. Staff will solicit feedback at the meeting and will make the application available to Commissioners and members of the Practitioner Performance Measurement Workgroup for further review and feedback after the Commission meeting.

MCDB Report Development
Commission staff convened a workgroup to discuss reporting of plan benefit design and non-fee-for-service expenditures in October 2013. Given the complexity of the information and payor feedback that this information was not readily accessible in their reporting databases, Commission staff engaged the APCD Council to conduct a broad environmental scan of current practices of payors and other APCD states. Individual meetings with payors who report to the MCDB are ongoing, so that staff may collaborate with payor reporting teams to develop meaningful plan benefit design and non-fee-for-service reporting templates.

Maryland Health Workforce Study
Following a meeting on March 19, 2014 with health occupation boards (Boards) to describe the findings of the Maryland Health Workforce Study, Commission staff has worked to meet individually with Boards to discuss next steps to enhance existing data systems. 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 have had initial meetings with the Boards of Nursing and Pharmacy, and meetings are planned with the Boards of Dental Examiners, Psychology, Social Work, and Professional Counselors.

Analytic Support and Data Development
Staff has been engaged in ongoing support of State partners, making use of MCDB data: (1) Staff continues to support MIA in evaluating the MCDB for rate review activities. Based on MIA analysis, MHCC revised eligibility file production to provide a more granular file that will be better suited for actuarial calculations at the per member per month level. To better support MIA's review and reconciliation of MCDB data with rate filings, weekly standing meetings have been planned to include MIA, MHCC, and SSS (database vendor). (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. File development is nearing completion, and final reports are being drafted.

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



- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

Internet Activities
As shown in the chart above, the number of sessions (formerly visits) to the MHCC website for the month of April 2014 was 7,054 and of these, there were 43.2% of new sessions (formerly unique visits). The average time on the site was 3:33 minutes. Bounce rate of 39.92 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 April 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	Updates	Migrated to Cloud Server
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	On-going Maintenance	QM Completed Case Management Survey Live
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site(13 sites)	Redesign New Credit card Interface	Various
Physician Licensing	On-going Maintenance	
Health Insurance Partnership Public Site		Migrated to Cloud Server
Health Insurance Partnership Registry Site	Monthly Subsidy Processing On-going Maintenance	Auditing payments for several employers (Ongoing)
Hospice Survey 2014	LIVE	(Ongoing)
Long Term Care 2013 Survey	LIVE	
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	Under development	Testing

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The May 2014 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 24th edition of the NOAS News & Notes newsletter. Features:

- How to Save Emails to Different Location: instructions showing users how to save emails, within the @maryland.gov Google email system, as physical files (PDFs) on local or network locations.
- Where is my unzipped folder?: Many of the MHCC users use a file zip utility to manipulate large files for emailing and, or storage. Upon unzipping files, many users loose those files. Provided to the users is the location the MHCC zip program uses to place unzipped files.
- PC Protection: The frequency of transmitting viruses through email attachments is increasing. Provided to the user is a way to utilize the Google cloud service, Google Drive, to store attachments, instead of downloading a potential virus to their local computer or network drive.

Commission Meetings Available on YouTube

The April 2014 recording of the commission meeting is available on the Commission's YouTube site. Go to www.youtube.com and search for "Maryland Health Care Commission" to find the links for the video presentation. All subsequent monthly commission meetings will also be available on the Commission's YouTube site.

Special Projects

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

CMS awarded a Cycle III grant to Maryland for nearly $3 million over a 2-year time period (October 1, 2013 through September 30, 2015) whereby MHCC will assist the MIA in rate review activities and price transparency efforts. The grant money will be used to speed up processing of MCDB data submissions so that the MIA has timely access to the data. The funds also will be used to create software that will automatically generate measures the MIA deems important for rate review. The accelerated processing of MCDB data submissions would be achieved through the use of Extract, Transform and Load (ETL) software that would screen data submissions for quality and completeness at the point of data submission and reject submissions that do not comply with the screening criteria. The ETL software will be obtained through a database/ETL contractor and will include the flexibility to employ payer-specific screening criteria. The payer-specific criteria will reflect waivers granted to payers by the MHCC for deviations from established data completeness thresholds.

On February 28th, staff posted 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. On March 12th, staff held a pre-bid conference. Two proposals were received before the April 4th submission deadline, and Freedman Healthcare was awarded the contract. A kick-off meeting with Freedman Healthcare will be scheduled for early May. In addition, on April 16th, a Methodologist began 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 (PCI) Services
On April 17, 2014, the Commission approved proposed permanent regulations to repeal and replace COMAR 10.24.17. Staff anticipates that notice will be published in the Maryland Register on May 30, 2014 for a 30-day formal comment period.

Society of Thoracic Surgeons' (STS) National Database
The Commission published a notice in the Maryland Register on April 18, 2014, pursuant to Health-General § 19-134(e), Annotated Code of Maryland, COMAR 10.24.17, and COMAR 10.25.04, mandating enrollment of all Maryland hospitals authorized to provide cardiac surgery services in the STS National Database by June 30, 2014, submission of data to the STS Database for the period beginning January 1, 2014, and submission of the same data, on a quarterly basis, and select information from the STS Composite Quality Rating reports, to MHCC.

Standing Advisory Committee for Regulatory Oversight of Cardiac Surgery and PCI Services
Staff began considering the best structure for this standing advisory committee referenced in the proposed permanent regulation. Staff expects to begin the process of forming this group in the next few weeks.

State Health Plan Update: COMAR 10.24.15, Organ Transplant Services
Staff continued development of a White Paper on issues that should be addressed in an update of the SHP chapter for organ transplant services and anticipates completion of this paper in May. Staff plans to begin the process of forming a work group at that time. Two Center staff members attended separate one-day sessions of the United Network for Organ Sharing Transplant Management Forum in Baltimore on April 28 and 29. This event provided staff with useful insight into the issues faced by organ transplant programs. Staff obtained updated information from the United Network for Organ Sharing for the full calendar year 2013 that will allow staff to update the solid organ transplant projection for a target year of 2016. Staff continues to work on gathering the information required to update the projection for hematopoietic stem cells.

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
A presentation on this project was made to the Commission at its April 17, 2014 meeting. This presentation was also posted on the Commission's website at:

http://mhcc.dhmh.maryland.gov/Pages/HPCP_Project.aspx

Meetings will be scheduled in May with clinical and data entry staff at all ten pilot hospitals to discuss how to operationalize the process of flagging palliative care patient discharges in the HSCRC discharge data base at each pilot hospital. Data collection is scheduled to begin July 1, 2014. In addition, staff convened a Subcommittee of the full Advisory Committee on this project to explore the feasibility of conducting physician, patient, and/or family satisfaction surveys. Materials from the National Quality Forum, as well as a survey instrument used by GBMC were reviewed by the group. The participants did not think that they had the resources to conduct satisfaction surveys with the specified data collection instruments. They were, however, willing to share the results of their surveys, conducted with patients, physicians, and community partners. Survey results will be collected from subcommittee members, as well as all of the ten pilot hospitals. The results could be part of a meta-analysis done by staff and incorporated into the final report.

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

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

Home Health Agency IT Summit

Commission staff attended the Home Health Information Technology (IT) Summit "Crossing the Quality Chasm" organized by the Health IT Lab at University of Maryland – Baltimore County (UMBC) on May 1, 2014. Initial findings of UMBC's research on "Effective and Efficient Health IT Adoption in Home Care" were shared with the attendees. Unique characteristics of home care and some of the challenges in adoption of IT were presented and discussed. Attendees were assigned to one of four groups to allow for small group discussions, with the focus on patient care and services of a home health organization rather than on Health IT itself. The discussions were divided into three sessions: (1) quality definition: identifying the quality attributes to guide improvement initiatives; (2) workflows and processes: improving clinical workflows and processes to achieve quality; and (3) clinical decision making: improving clinical decision making to achieve quality. Smaller groups shared their opinions with each other, and discussed the common themes and issues related to quality of care in the context of home care.

Home Health Agency Survey Data

The FY 2013 Maryland Home Health Agency Survey data collection period began on April 14, 2014 with a due date of June 11, 2014. Sixty agencies will be participating in this year's survey. Staff provides technical assistance to providers throughout the data collection period.

Long Term Care Survey

For fiscal year 2013, 233 comprehensive care facility providers are being surveyed as part of the Maryland Long Term Care Survey (survey) which included the assessment data needed for the calculation of user fees. The survey was available for data entry on March 31, 2014, with a due date of April 29, 2014. 100% of the providers submitted their completed surveys by the due date of April 29, 2014. The assessment data from the survey will be given to the Center for Executive Direction for calculation of user fees and assessments and the Health Information technology, electronic health records (EHR) data will be given to the Center for Health Information Technology and Innovate Care Delivery. Staff will process and clean the long term care data during data cleaning.

The survey for Assisted Living, Chronic Hospitals and Adult Day Care Facilities was also available for data entry on March 31, 2014 and will be due on May 29, 2014. On April 29, 2014 staff sent an email

reminder to the providers who had not yet submitted their surveys, notifying them that they had thirty days left to complete the survey. Staff provides technical assistance to providers throughout the data collection period.

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 (CON)

CON's Approved
Prince George's Post Acute, LLC (Prince George's County) -Docket No. 13-16-2347
Establishment of a 150-bed comprehensive care facility (CCF) on Brightseat Road in Landover.
Approved Cost: $19,070,505.

Change in Authorized CON's Approved
Seasons Hospice & Palliative Care of Maryland (Baltimore County) -Docket No. 11-03-2318
Increase in the approved expenditure for the addition of beds by Seasons Hospice & Palliative Care through the development of a 16-bed inpatient hospice unit in leased space on the campus of MedStar Franklin Square Medical Center in the Rosedale area of Baltimore County.
Change in Cost: $454,014
New Approved Cost: $1,075,211

CON Letters of Intent
Talbot Hospice Foundation, Inc.
Establishment of a general hospice
Action: Accepted

National Lutheran Home and Village (Montgomery County)
Movement of 30 temporarily delicensed CCF beds to the National Lutheran Communities and Services project anticipated to be developed in Annapolis and 19 temporarily delicensed CCF beds to a developing project in Germantown or sale of the 19 beds to another provider in Montgomery County.
Action: Not accepted as a valid letter of intent.

Pre-Application Conference
Talbot Hospice Foundation, Inc.
Establishment of a general hospice.
April 22, 2014

CON Applications Docketed
Rockville Eye Surgery, LLC d/b/a Palisades Eye Surgery Center (Docket No. 14-13-2352)
April 4, 2014

Determinations of Coverage

- **Ambulatory Surgery Centers**

Frederick Foot & Ankle Ambulatory Surgery Center (Frederick County)
Establish an ambulatory surgery center with one non-sterile procedure room to be located at 140 Thomas Johnson Drive, Suite 170, in Frederick
Determination: Authorized. No CON required.

White Marsh Foot & Ankle Surgery Center (Baltimore County)
Relocation and replacement of the single non-sterile procedure room ambulatory surgery center from 8114 Sandpiper Circle, Suite 206, White Marsh, to 8100 Sandpiper Circle, Suite 104, in White Marsh.
Determination: Authorized. No CON required.

Piccard Surgery Center, LLC (Montgomery County)
Change in authorized anesthetic agents for use in non-sterile procedure room.
Determination: Authorization for use of local anesthesia or conscious sedation in conjunction with minor surgical procedures in the Class A non-sterile procedure room so long as the conscious sedation deployed is consistent with the definition of minimal intravenous sedation for in the State Health Plan, COMAR 10.24.11. This does not include monitored anesthesia care.

- **Acquisitions/Change of Ownership**

Citizens Care & Rehabilitation Center (Frederick County)
Acquisition from the government of Frederick County of the real property by Aurora Holdings VII, LLC and acquisition of the bed and operating rights by Citizens Care and Rehabilitation Center of Frederick, LLC, a newly-formed affiliate of Aurora Health Management, LLC and Aurora Holdings VII, LLC.
Determination: Acknowledged. No CON required.

Frederick Villa Nursing & Rehabilitation Center (Frederick County)
Acquisition from Crown Academy Road, LLC of the real property by Eclipse Grace Academy Road, LLC.
Determination: Acknowledged. No CON required.

- **Capital Projects**

Charlestown Community, Inc. (Baltimore County)
Reconfiguration of the long-term care facilities of a continuing care retirement community resulting in the elimination of 110 CCF beds. No estimated cost provided.
Determination: Deferred pending action on the proposed change by the Maryland Department of Aging.

Other

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

Marley Neck Nursing & Rehabilitation Center – (Anne Arundel County)
Temporary delicensure of four CCF beds
Determination: Authorized

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

Devlin Manor Health Care Center (Allegany County)
Relicensure of 10 temporarily delicensed CCF beds
Determination: Authorized

Moran Manor Health Care Center (Allegany County)
Relicensure of 20 temporarily delicensed CCF beds
Determination: Authorized

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

Ravenwood Health Care, Inc. d/b/a Harborside Nursing & Rehabilitation Center (Baltimore City)

Execution of a binding contract to transfer ownership of a temporarily delicensed CCF from 501 West Jefferson, LLC to Maryland Health & Rehab, LLC.
Determination: Acknowledged as maintaining temporarily delicensed status of the facility pending the filing of a letter of intent and CON application for the relocation of the facility.

- **Waiver Beds**

Lorien Nursing & Rehabilitation Center - Elkridge (Howard County)
Addition of six CCF beds
Determination: Authorized. No CON required.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology
Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. The committee discussed recommendations for advancing the use of health IT in accountable care organizations, including: improving access to administrative and encounter data; encouraging data exchange across the health care community; improving data portability; and streamlining the administration of value-based programs. As ONC priorities are evolving beyond the responsibilities under the American Recovery and Reinvestment Act of 2009, reorganization of the committee was also discussed. The committee workgroups will be restructured according to the following focus areas: health IT strategic planning; advanced health models and meaningful use; health IT implementation, usability, and safety; interoperability and health information exchange (HIE); privacy and security; and consumer engagement.

Staff continues to evaluate data collected from the sixth annual *Health Information Technology Assessment of Maryland Hospitals* (survey). The survey assesses health IT adoption among all 46 acute care hospitals in Maryland, including their adoption of computerized physician order entry, electronic health records (EHRs), medication administration systems, infection management systems, electronic prescribing (e-prescribing), HIE, telemedicine, patient portals, as well as their participation in the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs. Preliminary results indicate that only two of the 46 hospitals have not adopted an EHR; both hospitals indicated they plan to implement an EHR system by the end of this year. A notable finding is that hospital adoption of e-prescribing to community pharmacies increased from roughly 22 percent in 2012 to approximately 48 percent in 2013. In addition, the hospital health IT adoption rate increased roughly nine percent from the previous year. This increase is largely attributed to hospitals participating in the CMS EHR Incentive Programs. A report detailing survey results is anticipated to be released this summer.

Data analysis is underway using data from six State-regulated payors (payors) regarding their implementation of the State EHR incentive program (program), which is outlined in COMAR 10.25.16, *Electronic Health Records Reimbursement.* The regulation require participating payors to provide primary care practices a base incentive payment up to $7,500 for EHR adoption and up to an additional $7,500 for meeting certain requirements in using the EHR. Participating payors are required to report annually to MHCC on the number of primary care practices that have applied for and received an incentive payment. Payors participating in the program include: Aetna, Inc.; CareFirst BlueCross BlueShield; CIGNA Health Care, Mid-Atlantic Region; Coventry Health Care; Kaiser Permanente; and UnitedHealthcare, Mid-Atlantic Region. Preliminary results indicate that roughly 200 primary care

practices have received an incentive payment since the program was launched in October 2011, an increase of about 100 practices since the last reporting period in April 2013. Staff did not receive any letters of concern from primary care practices during the month regarding payors' compliance with the regulation. Since October 2011, staff has received 47 letters of concern from 25 primary care practices; staff has evaluated all inquiries and determined payors are in compliance.

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 continues to implement strategies to increase participation in the CMS EHR Incentive Program in coordination with the Maryland Department of Health and Mental Hygiene (DHMH); the Chesapeake Regional Information System for our Patients (CRISP); The Maryland Medical Society, MedChi; and hospitals. The strategies include: 1) conducting four webinars for providers about meaningful use registration and attestation; 2) engaging hospitals in meaningful use outreach with community providers; 3) developing a web-based resource center for meaningful use; and 4) establishing a Maryland single point of contact to triage and address meaningful use inquiries. During the month, staff hosted a second webinar in a series of four webinars on eligibility requirements, payment timeframes, and the program registration process. Staff also finalized protocols to track and triage inquires received to the single point of contact, CRISP, which was competitively selected to assist in completing the work. Next month, staff plans to finalize an education and outreach strategy to inform providers about the single point of contact and meaningful use resource center.

Health Information Exchange

Staff participated in a CRISP privacy and security subcommittee advisory board (advisory board) meeting during the month. Subcommittee members considered implementing additional initiatives to ensure that patient information made available through the HIE remains private. The advisory board discussed implementing technology that will use existing data to automate audits of user access to the HIE, and hiring a third party consultant to assess CRISP's current policies and procedures and provide recommendations to improve privacy and security. Staff continued to work with CliftonLarsonAllen (CLA) during the month on the annual information technology audit of CRISP. CLA submitted preliminary draft reports of its findings regarding CRISP's vendor controls for securely processing, transmitting, and storing patient data. Staff anticipates the report will be finalized this summer and will include specific recommendations to enhance privacy and security controls.

Staff finalized the ONC HIE evaluation report (report); ONC requires all states that received funding under the *State Health Information Exchange Cooperative Agreement Program* to implement an evaluation plan to assess the HIE. The final evaluation reports will enable ONC to share HIE performance results with other HIEs and the public to improve future efforts aimed at enhancing the exchange of electronic health information. The report describes performance in a number of key areas, including: electronic 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. Among other things, the report highlighted successful strategies employed by the State-Designated HIE and MHCC to advance HIE in areas pertaining to governance, stakeholder collaboration, and leveraging legislation. The report was submitted to ONC during the month; staff plans to make the report available on MHCC's website in May.

Staff completed the ONC Challenge Grant evaluation report (report). In 2011, MHCC received roughly $1.6M under the Challenge Grant to improve coordination of care among long term and post acute care facilities over a three-year funding period. The Challenge Grant report included an assessment of the following work: facilitating health IT adoption among a selection of long term care (LTC) facilities to improve transitions of care between the LTC facilities and hospitals; implementing a registry of advance directives that is made available through CRISP; and working with institutional pharmacies to make medication data available to CRISP. Overall, the report indicates the Challenge Grant funding enabled LTC facilities to improve care coordination through the adoption and use of health IT. By the end of the Challenge Grant, the LTC facilities were able to ensure all care transitions were accompanied by an electronic summary of care document, and that average time to receive care summary information from an external entity was decreased. The report was submitted to ONC during the month; staff plans to make the report available on MHCC's website next month.

During the month, staff continued to develop an information brief detailing the results of the Independent Nursing Home Health IT Grant Program (INH grant program). The INH grant program was launched under the ONC Challenge Grant to support HIE adoption among independent LTC facilities to enhance care coordination with hospitals. The MHCC awarded approximately $440K to three grantees in the spring of 2013: Berlin Nursing Home and Rehabilitation Center, Ingleside at King Farm, and Lions Center for Rehabilitation and Extended Care in partnership with Egle Nursing and Rehab Center. The grantees worked with State-Designated Management Service Organizations (MSOs) to adopt and use HIE services; State-Designated MSOs provide technical assistance to health care providers in implementing health IT. The results of the evaluation indicate that HIE services, such as use of the CRISP query portal and encounter notification service (ENS), have been beneficial to the LTC facilities in improving access to patient health information, increasing efficiencies in staff workflows, and enhancing care coordination for their residents. Beacon Partners was competitively selected to assist in conducting the evaluation. The information brief is planned for release this summer.

During the month, testing was completed for integration of a web-based advance directive registry (registry) with the State-Designated HIE. The registry allows consumers to create and maintain their advance directive through a secure website; health care providers will soon be able to search the CRISP query portal to retrieve patients' advance directives. An environmental scan reveals that Maryland is the first State to implement an advance directive registry through a statewide HIE. The registry interfaced with CRISP enables providers to engage their patients in advance care planning and facilitates timely electronic access to patients' advance directives in the event they become incapacitated. The ONC Challenge Grant and DHMH provided funding through June 2014 for the initial implementation of the registry; staff is working to secure future funding for the registry's continued maintenance and use. An information brief on advance care planning, including an environmental scan of other statewide registries, is planned for release this summer.

During the month, staff convened eight meetings of the 2014 Telemedicine Task Force (task force) advisory groups, which included three in-person and five virtual meetings. The three task force advisory groups — Clinical, Finance and Business Model, and Technology Solutions and Standards — are exploring strategies for diffusing telehealth in Maryland. The MHCC is required to submit to the Governor and General Assembly by December 1, 2014 a report that includes recommendations for increasing telehealth adoption in the State. The advisory groups finalized a recommendation for a new, broader definition for telemedicine that would encompass a range of telehealth applications and health care professionals. The Clinical Advisory Group finalized telehealth use cases that could be included in innovative care delivery models. The Finance and Business Model Advisory Group reviewed the use cases and considered potential financial challenges and solutions to advancing the use cases. The Technology Solutions and Standards Advisory Group explored the development of an online directory of telehealth providers that could be integrated with the State-Designated HIE. Staff also released a bid

board notice to implement a telehealth pilot aimed at improving transitions of care between a comprehensive care facility and acute care hospitals in Maryland.

Staff continued communications with roughly 17 organizations that were preliminarily considered to be operating as an HIE in Maryland and were provided notice last month regarding COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (regulations); the regulations became effective in March 2014. Most of these organizations have complex data sharing models; staff continues to gather information from these organizations to determine if they will need to comply with the regulations. Thus far, staff has determined that seven of the organizations will need to comply. Staff also launched an HIE registration and renewal website to provide instructions to those organizations that must register as an HIE. During the month, staff convened the HIE Policy Board (Board) workgroup, a staff advisory group, to discuss policies regarding data requests to HIEs for secondary use purposes. Board members considered several use cases, including one related to health care reform initiatives, such as the CMS waiver, to better define potential secondary data use requests, and establish requirements to ensure the privacy and security of electronic health information. In May, the Board plans to continue exploring secondary data use requests, and safeguards that must be in place to protect consumer information.

Innovative Care Delivery

During the month, staff reconvened the Maryland Multi-Payor Patient Centered Medical Home (PCMH) Program (MMPP) Care Manager Workgroup (workgroup) with the goal of developing a compendium of best care management practices. The workgroup discussed the redesign of the current care management plan developed by the Maryland Leaning Collaborative, including care manager best practices, optimizing the use of EHRs for improved care delivery, and care management workflow design. During the meeting, staff also presented a care management reporting database application. The workgroup plans to meet again in June to continue discussing best practices and the care management reporting database application. Staff is in the development stage for two webinars it plans to host in May for MMPP practices: one to educate MMPP practices on State regulations regarding completing and distributing the Medical Orders for Life-Sustaining Treatment form; and another to demonstrate an electronic version of the new care plan form and required reporting. Staff plans to convene the workgroup several times throughout the summer to help MMPP practices optimize the use of EHRs and reporting as it pertains to care management.

Staff finalized a new website format for the MMPP practice portal (portal) that is used to report quality measures, care management metrics, and practice demographics. Practice-specific quality and care management reports and outgoing practice communications are also posted to the portal. Staff worked with commercial payors and Medicaid Managed Care Organizations on submitting to MHCC their MMPP eligibility files, which will be used to calculate patient attribution for fixed transformation payments due July 1, 2014. Fixed transformation payments provide financial support for MMPP practices' transformation efforts. Staff is in thepreliminary stage of drafting an evaluation report on the assessment of MMPP practices that have achieved savings over two or more measurement periods. JLS Advisory Group was competitively selected to assist in assessing approximately nine MMPP practices that received shared savings to identify strategies that can be diffused among all MMPP practices; the evaluation report will be released this summer.

Electronic Health Networks & Electronic Data Interchange

Staff certified two electronic health networks (EHNs) during the month: Passport and Zirmed. In addition, staff provided consultative support to multiple networks regarding their upcoming MHCC re-certification. As required by COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse,* EHNs that operate in Maryland are required to be certified by MHCC. To receive MHCC certification, EHNs have to be accredited by a national accrediting organization and meet over 100 criteria regarding their privacy, security, and business practices. During the month, staff also began collecting payors' 2014 Electronic Data Interchange (EDI) Progress Report

Forms (forms). COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with premiums exceeding $1M annually, and select specialty payors, to report to MHCC census level administrative health care transactions data each year. Payors are required to submit their forms no later than June 30th; an EDI information brief is scheduled for release at the end of the year.

National Networking
Staff attended several webinars during the month. The eHealth Initiative (eHI) hosted, *FDASIA Health IT Report – an Overview: Defining the Future of Health IT* that presented the Food and Drug Administration Safety and Innovation Act (FDASIA) Health IT report, which presents a risk-based regulatory framework to define categories of health IT that include mobile medical applications, and the level of regulatory oversight needed based on a product's function and potential safety risk. eHI also presented, *Telemedicine – Improving Healthcare with Innovative Technology* that discussed opportunities and challenges of telemedicine technology, which has become increasingly integrated in the health care system, and highlighted current regulations, State innovations, and market competition. The Southwest Telehealth Resource Center presented, *Teledentistry: Building Enhanced Dental Teams for Underserved Communities and Families* that explained how dental services are delivered to underserved communities through improved workforce capacity that links teledentistry with medical settings and brings preventative services and improved treatment to children and seniors in their community (e.g. schools, child-care centers, and senior centers).

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Staff continues to monitor carrier reporting for 2014. Ongoing, follow up off-site audit work is expected to wrap up in June.

Staff continues to be actively engaged in the development phase of the Health Benefit Plan Focus Group to obtain feedback on the annual Health Benefit Plan Quality and Performance Report. To improve future public reporting, staff intends to incorporate selected improvement(s) identified through three feedback initiatives: individual feedback gained from conducting targeted employer visits, primarily small businesses; individual feedback gained from interaction with various employers through participation in the Baltimore Business Journal's 2014 Spring Business Growth Expo to be held on May 16th; group feedback gained from conducting a formal focus group.

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

Hospital Quality Initiatives

Hospital Performance Evaluation System
The Quality Measures Data Center (QMDC) website and portal supports direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to modernize the Medicare Waiver. 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. In April MHCC conducted two focus groups to gain understanding of the consumer perception of the QMDC re-design, as well as their perspective on how to best display healthcare-associated infections (HAI) data on the new site. The feedback received

from these focus groups will be taken into consideration as data is posted to the new QMDC web site. Over the next several months MHCC will engage consumers in four more focus groups regarding site design and data displays.

On April 24, 2014 MHCC hosted a webinar to review the new outpatient clinical measures data, to provide an update on QMDC activities and guidelines, and to allow time for hospitals to share any questions or comments. Submission of outpatient measures data to the QMDC will begin with the 1Q2014 submission period.

The next QMDC inpatient clinical and HCAHPS data submission period begins May 6, 2014.and ends on May 16, 2014.

Healthcare Associated Infections (HAI) Data

The staff has begun drafting a work plan for an initiative designed to promote and enhance Antimicrobial Stewardship (AS) in acute care hospitals. An HAI Advisory Committee meeting is scheduled for May 22, 2014. As mentioned above, two consumer focus groups were held in April to obtain consumer feedback on HAI data display options for the new QMDC website.

The Hospital Quality Initiatives staff has completed 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 have been shared with hospitals and corrections have been made to NHSN based on the audit findings. An educational webinar for hospitals was held on May 6th to review the results of the audit and lessons learned.

Staff is working with hospitals on submission of the Healthcare Personnel Influenza Vaccination summary data that is due on May 15, 2014. This is the first year that the NHSN influenza vaccination module will be used.

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.

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 CathPCI data and the staff continues to cross reference the HSCRC administrative data with the CathPCI data to check for reporting discrepancies.. Staff hosted the quarterly Cardiac Data Coordinators meeting on May 8th. Finally, we are also working with our audit contractor in preparation for an independent audit of the NCDR registry data, planned for next month.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care

A contractor to conduct the focus group session was selected and the scope of work is proceeding quickly. Staff and contractor met to confirm details of the work plan. A screening questionnaire was developed for recruitment of participants, the pre-meeting assignment has been completed, the focus group session site is secured, and the date of the focus group is set for May 20, 2014. The next deliverable is a moderator's guide.

Home Health quality measures and patient satisfaction measures were obtained from CMS *Home Health Compare*. These are currently being formatted for updating the Consumer Guide to LTC.

Nursing Home Surveys

Data collection continues through May 2014. Second surveys were mailed the first week in May. Telephone follow-up will commence after the due date to ensure a high return of the mail surveys.

LTC Staff Influenza Survey

Data collection ends 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 May 6, 2014 enrollment in the Partnership was as follows: 319 businesses; 931 enrolled employees; 1,497 covered lives. The average annual subsidy per enrolled employee is about $2,400; the average age of all enrolled employees is 41; the group average wage is about $29,500; the average number of employees per policy is 4.4. 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.