MARYLAND HEALTH CARE COMMISSION

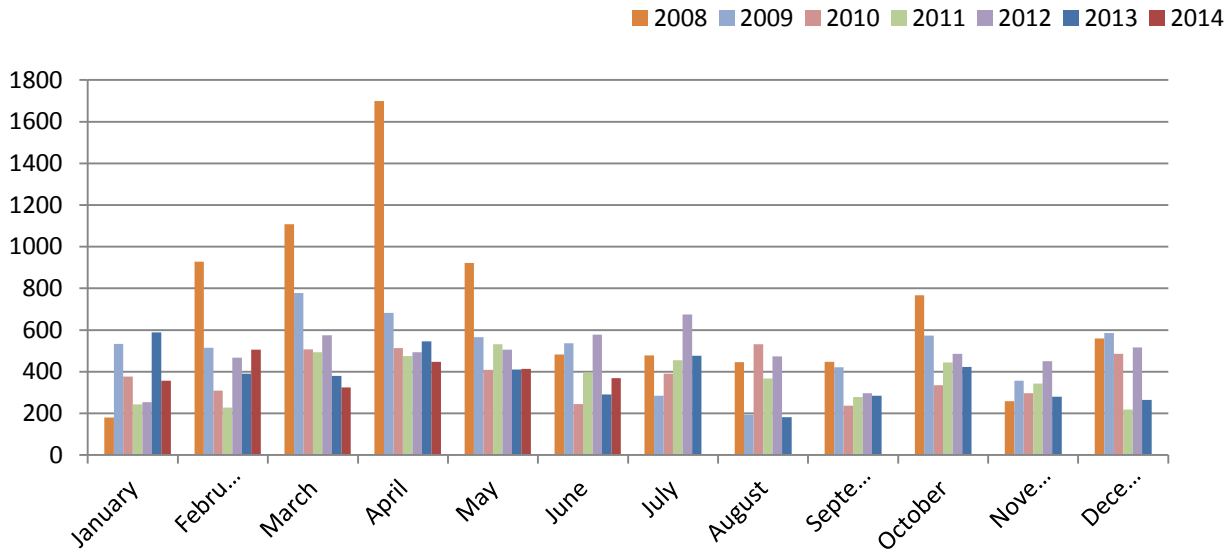
UPDATE OF ACTIVITIES

July 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 $368,863 for June of 2014. The monthly payments for uncompensated care from January 2008 through June 2014 are shown above in Figure 1. Uncompensated care claims for May and June 2014 have not yet been due to the budget cap of $12 million for FY 2014.

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

MCDB Contract Modification
On July 2, 2014, the Board of Public Works approved a contract modification to the existing Social and Scientific Systems (SSS) contract. The new contract will fund the development of an Extract, Transform,

and Load (ETL) system to automate MCDB data capture and ultimately shorten the timeline for making data available for MHCC analyses and for State partners. In addition, SSS will process data for 2013-2015, develop analytic files, support data development and reconciliation activities for the Maryland Insurance Administration, and provide support to payors. The new contract will be funded with a combination of federal grant funds (CCIIO Cycle 3) and MHCC funds and will be extended through June 30, 2016. Staff has begun work with SSS and the Project Management Office (PMO) to review the design specifications for the ETL system and is working with SSS and the PMO to define project timelines and milestones.

MCDB Decision Support
Staff continues to support MIA in evaluating the MCDB for rate review activities. There have been challenges in reconciling information from the MCDB and Actuarial Memoranda submitted to the MIA. The differences are primarily due to different definitions being used by each data collection. Insurance carriers do not provide detailed selection criteria to the MIA in producing their reports. MHCC and MIA are collaborating to develop exhibits to highlight differences in the two data sources with the goal of meeting with selected carriers in the coming months to either reconcile differences or have clear explanations as to why there are differences. These activities will support MIA's understanding and assessment of rate review applications.

Medicaid Data in MCDB
Staff has been working with Maryland Medicaid and the Hilltop Institute to develop cross-walks and programs to convert Medicaid MCO data into MCDB-like data. Hilltop has successfully developed Medicaid professional services, institutional services, pharmacy services, and provider directory files that are analogous to the MCDB file formats. Due to limitations of MMIS 2, these files include shadow pricing for encounter-level costs developed based on the Medicaid fee schedule and capitated payments to MCO's. The MCDB now includes 2011 and 2012 Medicaid data, and Hilltop has committed to providing 2013, 2014, and 2015 data in similar formats. Beyond that time frame, Medicaid expects to have MMIS 3 operational, at which time direct data streams and encounter-level pricing will be possible.

MCDB Compliance and Technical Support
Payors are required to submit 2013 data to the MCDB by July 31, 2014. In advance of this submission due date, payors have requested variances in the form of annual waivers for whole reports or format modifications for specific fields within the reports. Several payors have engaged staff in discussions regarding format modifications and, as needed, staff has met with payor teams to discuss challenges and agree on work plans to improve reporting where current data falls short of required thresholds. Format Modifications are being approved based on a detailed review of the specific circumstances and justifications provided by each payor.

Staff from both MHCC and SSS have been working with new payors required to begin reporting for 2014 data (Q1 and Q2 data due September 30, 2014) to answer questions, clarify requirements, and provide technical support as needed. Payors will be provided an opportunity to submit test files in advance of their full submissions.

Maryland Health Workforce Study
Staff has met with all health occupation boards (Boards) involved in the Study to discuss options for enhancing their license application surveys. MHCC will provide in-kind support to enhance the data collection for the three mental health related Boards – Psychology, Social Work, and Professional Counselors. Staff has developed questions to be added to the applications for these Boards. The Board of Social Work will be the first to update its license renewal application, and this new version will be used in its renewal cycle that begins on July 15, 2014.

Figure 2 - Data from Google Analytics for the month of June 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 to the MHCC website for the month of June 2014 was 5,492 and of these 44.16% were new sessions. The average time on the site was 4:35 minutes. Bounce rate of 86.83 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 June were:

- "Maryland health care commission"
- "MHCC"

Table 1 Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Million Hearts	Completed Live	Converted QM survey to Multi-Survey design to accommodate Million Hearts Survey
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 dates
Board of Physician Licensing	Starts July 17, 2014	Pre-populated database. New HIT questions. New HIT Navigation
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	Completed 2014	(Ongoing)

Long Term Care 2013 Survey	Completed 2014	Exported LTC HIT Survey Questions
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	Completed - Testing	Industry Site Completed Web Editor Completed Splash page and Consumer page under development

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 increase medical pricing transparency efforts in Maryland. 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 SSS, our current 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.

Through the competitive bid process, staff awarded a contract to Freedman Healthcare as the Project Management Officer (PMO) to manage the duties of the database/ETL contractor, as well as a data analytics contractor. if necessary. In addition, a methodologist began working at MHCC in April to assist the PMO with these grant initiatives.

CCIIO recently announced a fourth cycle of rate review/pricing transparency grant money that staff will apply for in July to further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland.

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

A notice was published in the *Maryland Register* on May 30, 2014 announcing a proposed permanent regulation that would replace COMAR 10.24.17, and the comment period closed June 30, 2014. Staff reviewed these comments and developed a response and recommendations for presentation at the July Commission meeting. The Commission will be asked to adopt proposed permanent regulations at the July Commission meeting.

Standing Advisory Committee for Regulatory Oversight of Cardiac Surgery and PCI Services
MHCC staff sent requests for nominations to the Cardiac Services Advisory Committee to those hospitals in Maryland providing specialized cardiac interventional and/or surgical services, the Maryland Institute for Emergency Medical Services and Systems, the Maryland Chapter of the American College of Cardiology, and the Society of Thoracic Surgeons. MHCC plans to convene this Committee in the early Fall of 2014.

State Health Plan Update: COMAR 10.24.15, Organ Transplant Services
Staff is finalizing a White Paper on issues that should be addressed in an update of the State Health Plan chapter for organ transplant services. Staff plans to begin the process of forming a work group in the next month and anticipates a first meeting of this group in September of 2014.

Other Activities
The fiscal year 2015 bed allocation for licensed acute care hospital beds was completed in June, and the final bed designation documents were forwarded to the Office of Health Care Quality. New licensed acute care bed totals and allocations of licensed beds for acute care bed categories (medical/surgical, gynecological/addictions, obstetric, pediatric, and acute psychiatric) became effective July 1.

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 develop and further refine 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 almost complete on programming MDS data to support the Long Term Care Survey.

We are also working jointly with Myers and Stauffer and the Office of Health Care Quality (OHCQ) to review Section S (the state-specific portion of the MDS) in order to assess the level of completeness and to ensure that facilities provide complete Section S data. Staff is drafting a letter to be sent jointly with OHCQ to indicate to facilities their level of completeness for Section S, and the need to furnish complete data.

Hospital Palliative Care Study
The status of this project, as well as updates are posted on the Commission's website at:
http://mhcc.dhmh.maryland.gov/Pages/HPCP_Project.aspx

At the June Commission meeting, staff updated the Commission on the pilot hospitals which, including the program managed by Gilchrist Hospice staff at Howard County General Hospital, now total eleven hospitals. On June 25th, HSCRC published on its website regulations for FY 2015 Inpatient Data Submission Requirements, which include the flagging and data collection for the Hospital Palliative Care Project. Staff has been responding to questions regarding the coding of data. Data collection began July 1.

During this month, staff has also obtained a data set from the Center to Advance Palliative Care (CAPC) covering surveyed information for nine of the participating pilot hospitals for 2012. It is expected that 2013 data will be available soon.

Hospice Survey
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 was due by May 12, 2014. All Part I surveys have been completed. Part II of the survey was due by June 11, 2014. All Part II surveys have now been submitted. Staff is reviewing surveys and conducting follow up where data is inconsistent, as well as providing technical assistance to hospice providers to assist with surveys as needed.

Hospice Education and Outreach
During the 2014 legislative session, Senate Bill 646 State Health Plan- Licensed Hospice Programs-Certificate of Need Review, was introduced, but did not pass. As a result of discussions among the Commission, staff of the Hospice and Palliative Care Network of Maryland, and members of the General Assembly, it was agreed that the Commission would convene workgroups on hospice education and outreach. Since the initial hospice need projections indicate need in Baltimore City and Prince George's County, the initial workgroup focus would be in those jurisdictions. In preparation for convening the workgroup, Commission staff met with providers serving those counties. On June 18th, staff met with representatives of the nine providers authorized to serve Prince George's County. Similarly, on July 7th, staff met with representatives of the eight hospices authorized to serve Baltimore City. Ideas and suggestions made by the hospice representatives at these meetings will be used to develop the charge, membership, and format of the workgroups that will be established.

Updating the Home Health Agency Chapter to the State Health Plan
Commission staff is drafting a paper proposing a conceptual framework for regulating home health agency (HHA) services in Maryland in preparation for updating the HHA Chapter of the State Health Plan. This background paper will describe the current landscape of Maryland's HHA industry, including the supply and geographic distribution of HHAs, as well as utilization trends and underlying factors contributing to changes in utilization.

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. 100% of the surveys have been submitted and accepted by the Commission. On June 20, 2014, staff sent a notice of assessment of fine letter via certified mail and email to two agencies for non compliance by the due date. These agencies were notified of their right to contest the fine within ten business days of receipt of the notice. To date, staff has not received a waiver of fine request from these providers. Staff will work on processing the data for the creation of public use data sets and other reports.

Long Term Care Survey
Two hundred and thirty-three comprehensive care facility providers participated in the 2013 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 is used by the Commission's Administrative staff for calculation of user fees and assessments, and the Health Information Technology, electronic health records (EHR) data is used by the Center for Health Information Technology and Innovative Care Delivery. Staff is now processing these survey responses.

The survey for Assisted Living Facilities (*375 providers*), Chronic Hospitals (*6 providers*), and Adult Day Care Centers (*110 providers*) was available for data entry on March 31, 2014 and was due on May 29, 2014. To date, 99% of the surveys have been completed and accepted. Six facilities have not completed their survey.

On June 18, 2014, staff sent a notice of assessment of fine letter via certified mail to 17 Assisted Living Facilities and two Adult Day Care Centers that had neither completed their surveys by the due date, nor contacted the survey staff to request an extension. These facilities were notified of their right to contest the fine within ten business of receipt of the notice. Staff also sent the notice by email and did follow up reminders by telephone. Of the 19 delinquent facilities, 13 facility providers have submitted their surveys, two are in process, and four facilities have not indicated their status in survey completion. Staff received letters appealing fines from seven facilities. Staff will review the letters and issue a waiver of fine letter to the facilities that have requested the waiver and have met the conditions acceptable by the Commission staff for the waiver. Staff will issue invoices to the facilities that have a history of non-compliance and did not request a waiver. Staff will continue to follow up with the delinquent facilities and provide technical assistance to the providers until their surveys are submitted.

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

CONs Approved

Capital Caring - (Prince George's County) – Docket No. 13-16-2343
Creation of a seven-bed inpatient hospice unit at the Residence on Greenbelt, an assisted living facility, in Lanham
Approved Cost: $458,343

CONs Voided

Solomons Nursing Center – (Calvert County) – Docket No. 11-04-2317
Addition of 12 comprehensive care facility (CCF) beds to an existing CCF
Approved Cost: $1,353,064
Voided for failure to meet performance requirements.

CON Letters of Intent

Seasons Residential Treatment Program. LLC – (Prince George's County)
Establish an 80-bed co-ed psychiatric residential treatment facility to be located at 13400 Edgemeade Road in Upper Marlboro

Hospice of Washington County – (Washington County)
Establish a 12-16 bed general inpatient hospice facility in new construction to be located west of the intersection of Yale Drive and Medical Campus Loop in Hagerstown

CON Applications Filed

Talbot Hospice Foundation – (Talbot County) – Matter No. 14-20-2353
Establish a general hospice serving Talbot County
Estimated Cost: $225,100

Change to Approved Project Filed

College View Center – (Frederick County) – Docket No. 12-10-2336
Relocation and replacement of a CCF to contain 130 beds.
Approved Cost: $19,205,000
Change requested is an increase in the approved cost of $1,351,589 or 7.1%.

First Use Approval

Cosmetic Surgical Center of Maryland d/b/a Bellona Surgery Center – (Baltimore County) – Docket No. 13-03-2344
Relocation of the existing ambulatory surgery center from 8322 Bellona Avenue, Towson to a new site at 1427 Clarkview Road, in Baltimore, and the addition of one sterile operating room (OR) and one non-sterile procedure room
Approved Cost: $891,000

Seasons Hospice & Palliative Care of Maryland, Inc. (Baltimore County) –
Docket No. 11-03-2318
Establishment of a 16-bed inpatient hospice unit in leased space on the campus of MedStar Franklin Square Medical Center
Approved Costs: $1,075,211

Determinations of Coverage

- **Acquisitions/Change of Ownership**

Ellicott City Ambulatory Surgery Center – (Howard County)

Acquisition of a freestanding ambulatory surgical center with four ORs and one non-sterile procedure room by Orthopaedic Associates of Central Maryland Ambulatory Surgical Center, LLC

Chestertown Nursing & Rehabilitation Center – (Kent County)
Acquisition of the facility by Chestertown Operator, LLC and 415 Morgnec Road, LLC
Purchase Price: $5,400,000

Envoy of Denton – (Caroline County)
Acquisition of the facility operator, Envoy of Denton, LLC by LaVie Care Centers, LLC.
Purchase Price: $471,523 (does not include real assets and bed rights addressed in a previous acquisition determination with a purchase price allocation of $8.9 million)

Envoy of Pikesville – (Baltimore County)
Acquisition of the facility operator, Envoy of Pikesville, LLC by LaVie Care Centers, LLC
Purchase Price: $704,636 (does not include real assets and bed rights addressed in a previous acquisition determination with a purchase price allocation of $13.3 million)

- **Capital Projects**

Doctor's Community Hospital – (Prince George's County)
Capital expenditure for renovation of existing building space to create a community health care center at 4409 East West Highway in Riverdale.
Estimated Cost: $760,000
The hospital is seeking funding for this project from the Maryland Hospital Association Bond program.

- **Miscellaneous**

Southern Maryland Home Health
Suspension of operations and voluntary surrender of a home health agency license (HH7077)

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 considered ways to enhance the voluntary national health IT certification process to improve interoperability across care settings for health care providers ineligible for federal electronic health record (EHR) incentive payments. The committee focused on health IT used in long term and post acute care (LTPAC) and behavioral health settings. The following certification principles were considered: leverage the existing ONC health IT certification program; consider limited funding; develop health IT features for setting-specific needs; and ensure privacy and security. Current EHR capabilities and potential developments in technology to enable data segmentation for privacy in behavioral health, which would enable patients to protect specific elements of their health information from being disclosed or exchanged, were also discussed.

During the month, staff continued drafting the sixth annual *Health Information Technology Assessment of Maryland Hospitals* (report). Adoption of health information technologies among all 46 acute care hospitals in Maryland will be highlighted in the report, including computerized physician order entry, EHRs, medication administration systems, infection surveillance software, electronic prescribing (e-

prescribing), health information exchange (HIE), telemedicine, patient portals, and hospitals' participation in the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs and meaningful use achievements. Hospitals identified how many departments used a specified technology; hospitals that indicated they have not yet adopted a technology identified their plans to implement the technology. The report benchmarks Maryland hospitals' health IT adoption against national adoption rates. Preliminary results indicate about 91 percent of acute care hospitals in Maryland participating in the CMS EHR Incentive Programs attested to meaningful use in 2013, an increase of roughly 17 acute care hospitals since 2012. In comparison, approximately 85 percent of acute care hospitals nationally have attested to meaningful use. The final report is planned for release this summer.

Two letters were received during the month regarding State-regulated payors (payors) compliance with COMAR 10.25.16, *Electronic Health Records Reimbursement.* Per the regulations, payors must provide incentive payments to primary care practices that meet certain requirements in their adoption and use of an EHR system. Eligible primary care practices can receive up to $15,000 in incentive payments from the following payors: Aetna, Inc.; CareFirst BlueCross BlueShield; CIGNA Health Care, Mid-Atlantic Region; Coventry Health Care; Kaiser Permanente; and UnitedHealthcare, Mid-Atlantic Region. Since October 2011, when the program was first launched, staff has received approximately 50 letters from primary care practices, mostly pertaining to payors' methodology to calculate incentive payments. All inquiries have been evaluated, and staff has determined that generally, payors have calculated incentive payments consistent with the regulations.

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	18	1	2	15	**36**
Additional Incentive Calculation	0	0	4	0	0	3	**7**
Timing of Payment Received	5	1	0	1	0	0	**7**
Total	**5**	**1**	**22**	**2**	**2**	**18**	**50**

Staff convened two meetings with hospital liaisons to announce the availability of new meaningful use resources. This work is part of strategies being implemented to increase participation in the CMS EHR Incentive Programs. The strategies were developed in the fall of 2013 and aim to assist providers in meeting requirements of the CMS EHR Incentive Programs; 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 launched the online meaningful use resource center that serves as the statewide meaningful use inquiry single point of contact, hosted by the Chesapeake Regional Information System for our Patients (CRISP). Next month, staff plans to work in coordination with CRISP, MedChi, the Department of Health and Mental Hygiene (DHMH), hospital liaisons, the American College of Physicians, and the Medical Group Management Association to inform providers about the meaningful use resource center and the availability of the single point of contact though newsletters, faxes, and emails. Over the next couple of months, staff plans to work with DHMH to identify and educate practices that have registered for the CMS EHR Incentive Programs but have not yet achieved meaningful use.

Health Information Exchange

During the month, staff participated in meetings with the CRISP clinical and technology advisory boards. During the meetings, members discussed a new pilot that gives CRISP the opportunity to provide additional value to hospitals through the CRISP encounter notification service (ENS). ENS allows providers to receive a notification regarding a patient's hospital encounter. Typically, a provider's current

patient panel must be submitted to CRISP monthly to allow CRISP to route the ENS alert to the appropriate provider. Members discussed the opportunity for CRISP to use hospital admission, discharge, and transfer information that it already receives to generate ENS alerts for hospitals, eliminating the need for hospitals to submit patient panels to CRISP. In this pilot, the discharging hospital would receive an alert if the patient was admitted to another hospital within 60 days. The clinical advisory board approved a pilot of the new service for two hospitals: Bon Secours Hospital and University of Maryland Medical Center Midtown Campus. The technology advisory board also discussed opportunities to make electronic radiology images available through the HIE. Currently, the CRISP query portal makes radiology reports available to providers, but does not include associated images. CRISP plans to evaluate potential vendors this summer.

Staff continued drafting an information brief on the evaluation results from the Independent Nursing Home Health IT Grant Program (INH grant program). The evaluation indicates that nursing homes participating in the INH grant program used CRISP services, such as ENS, to better manage transitions of care. ENS alerts served as a tool to inform nursing home clinical staff that a resident had a transition of care, and to search for any other available clinical information in the CRISP query portal to prepare for the resident's return to their facility. The INH grant program was initiated as part of the $1.6M ONC Challenge Grant awarded to MHCC in 2011. In the spring of 2013, approximately $440K was awarded to three nursing homes to facilitate adoption and use of health IT, including HIE, for improved transitions of care between nursing homes and hospitals. The funds awarded were distributed to 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. As part of the INH grant program, nursing homes worked with MHCC State-Designated Management Service Organizations to adopt and implement health IT into their workflows. The information brief is planned for release this summer.

Two Telemedicine Task Force (task force) advisory group meetings were convened by staff in May; a total of 13 meetings with the task force have occurred this year. The task force is charged with identifying plans to increase telehealth adoption in Maryland and includes three Advisory Groups: Clinical, Technology Solutions and Standards, and Finance and Business Model. Virtual workgroup meetings were held with the Technology Solutions and Standards Advisory Group and the Clinical Advisory Group during the month. The Clinical Advisory Group identified future innovative telehealth use cases related to emergency medical services, public health screenings, school-based health, obstetrics and gynecology, and medical kiosks connected to health care professionals. The Technology Solutions and Standards Advisory Group finalized the key components for a telehealth provider directory that could be made available through CRISP. Staff also continued to work virtually with the Finance and Business Model Advisory Group to identify challenges and potential solutions regarding the telehealth use cases. A final report on recommendations by the task force for enhancing telehealth in Maryland is due to the Governor and General Assembly by December 1, 2014.

Staff received one HIE registration application out of approximately nine organizations identified as needing to comply with COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (regulation), which became effective in March 2014. The regulations require HIEs operating in Maryland to register with MHCC, among other things. Staff continued discussions with roughly three other organizations to identify their data sharing models to determine if they must comply with the regulations. Staff also convened a workgroup meeting in May with the HIE Policy Board (Board), a staff advisory group. During the meeting, members discussed potential requirements for hospitals and accountable care organizations that may plan to request data from an HIE in support of health care reform initiatives. Board members discussed the importance of establishing policies to safeguard the privacy and security of patients' electronic health information from organizations participating in health care reform that may request data from HIEs.

Innovative Care Delivery

During the month, staff distributed to care managers in the Maryland Multi-Payor Patient Centered Medical Home (PCMH) Program (MMPP) a web-based survey on teamwork and care transitions to ascertain best practices within the MMPP. The survey includes questions related to team structure,

leadership, situation monitoring, mutual support and communications shared throughout an MMPP practice. The survey also assesses patients' timely access to care; planning for post-discharge follow-up visits; and a post-discharge patient assessment and updated care plan. Preliminary results from the survey were presented by staff and the Maryland Learning Collaborative leadership at the quarterly MMPP practice meeting convened during the month. Key presentations addressed the 2014 *National Committee for Quality Assurance* PCMH recognition standards, pediatric health issues, and the delivery of culturally and linguistically appropriate services. Staff also participated in a demonstration with CareFirst BlueCross BlueShield on prior authorizations.

Evaluation of best practices continued during the month for the nine MMPP practices that achieved program performance goals in the first two years and received financial incentive payments. Key evaluation areas included clinical, technical, and business aspects of each MMPP practice. Staff intends to utilize the findings from the evaluation to assist other MMPP practices in adopting changes that will help them maximize their ability to achieve PCMH goals. Planning activities are also underway for the June 3rd PCMH Program Transformation Workgroup (workgroup) meeting. The workgroup is planning to meet about three times over the summer to identify opportunities for advancing integrated models of care delivery after the MMPP legislation abrogates at the end of 2015.

Electronic Health Networks & Electronic Data Interchange

During the month, staff recertified three electronic health networks (EHNs): Eyefinity, TransUnion, and Secure EDI. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*, requires EHNs operating in the State to be certified by MHCC. EHNs must receive national accreditation and demonstrate compliance with over 100 criteria related to privacy, security, and business practices. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with premiums of $1M or more annually and select specialty payors to submit to MHCC each year census level data of paper and electronic administrative health care transactions. Staff continues to collect and evaluate payors' 2014 Electronic Data Interchange (EDI) Progress Report Forms (forms), which must be submitted to MHCC by June 30th. More than half of the 39 payors required to report have submitted their completed forms. An information brief is scheduled for release at the end of the year detailing EDI progress.

National Networking

Staff attended several webinars during the month. The eHealth Initiative (eHI) hosted, *Exploring CIO Perspectives: Findings from 2014 Survey on Data & Analytics*, which discussed how hospital Chief Information Officers and executives are utilizing data and analytics to initiate improvements across health care organizations. eHI also presented, *Enterprise Risk Management: Successfully Achieving Privacy and Security Objectives with Third Party Relationships*, which provided an overview of the challenges and best practices of proactively preparing for security risks. Healthcare Informatics hosted *Leveraging Managed Infrastructure to Implement New Technology and Care Delivery Models*, which discussed the underlying tenets of implementing health IT and patient care delivery models, common risks in change and how to mitigate them, and benchmarks by which technology performance and compliance should be measured to ensure successful outcomes.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

2014 quality reports are on track for timely public release prior to open enrollment in October. As previously noted, the Maryland Health Benefit Exchange (MHBE) intends to continue using MHCC's Quality and Performance Evaluation System for public reporting of qualified health plan performance. In addition, MHBE has confirmed that all the quality reporting related to the Centers for Medicare & Medicaid Services' (CMS) proposed Quality Rating System (QRS) for Qualified Health Plans will not only be developed by CMS but will also be fully implemented and paid for through federal processes.

Staff is in the midst of conducting carrier-specific RELICC Webinars with the MidAtlantic Business Group on Health/National Business Coalition on Health. This series of webinars is an opportunity to provide each carrier with a review of their 2014 RELICC performance results prior to the public release of the results in the *2014 Maryland Health Care Commission Quality Report: Comparing the Performance of Maryland's Commercial Health Benefit Plans*.

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. Staff continues to work on the redesign of the QMDC, which will include major changes to the format and functionality of the site for both consumers and hospital representatives. As a part of the redesign, MHCC has engaged consumers in a series of focus groups to gather feedback on the current Hospital Guide as well as the proposed redesign of healthcare-associated infections (HAI) data displays. The next series of focus groups are planned for late July.

Healthcare Associated Infections (HAI) Data

An HAI Advisory Committee meeting was held June 25, 2014. The main topics discussed were the preliminary findings of the 2013-2014 Healthcare Personnel Influenza Vaccination data, the display of HAI data on the new hospital guide, and an update on the statewide Antimicrobial Stewardship Project. Staff also updated the committee on the SSI audit webinar that took place in May and the acceptance of a committee member's letter to the editor at the American Journal of Health-System Pharmacy on Maryland hospitals' antimicrobial stewardship programs based on findings from the MHCC Hospital Infection Prevention and Control Program Annual Survey.

MHCC staff continues to participate on a multi-state workgroup of the Council of State and Territorial Epidemiologists (CSTE). The workgroup is tasked with standardizing the display of HAI data for both consumer and health professional reporting.

Staff is finalizing the 2013-2014 Healthcare Personnel Influenza Vaccination survey data that was due on May 15, 2014. All hospitals have reported their data to MHCC and preview reports were sent to the hospitals in late June. The results of the hospital survey will be presented during the July public meeting. The 2013-2014 flu season represents our first use of the CDC National Healthcare Safety Network (NHSN) surveillance system for capturing this data. In previous years, MHCC captured this information from hospitals through a survey we developed with the guidance of our HAI Advisory Committee. Maryland hospitals have demonstrated significant progress on the metric over the past several years. The Maryland statewide hospital vaccination rate increased from 78% during the 2009-2010 flu season to about 97% during the 2013-2014 season. It is also important to note the number of Maryland hospitals with mandatory employee vaccination policies increased from 15 hospitals in 2010-2011 to 45 hospitals in 2013-2014.

The MHCC Hospital Infection Prevention and Control Program Annual Survey results have been analyzed and the staff is finalizing the report.

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 staff is in the process of collecting the 1Q2014 NCDR CathPCI registry data and the staff continues to cross reference the HSCRC administrative data with the CathPCI data to check for reporting discrepancies. The cardiac data validation process is underway and hospitals will receive feedback upon completion of the validation process.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care
Staff is researching solutions to the focus group comments. This work includes reviewing similar sites, contacting website administrators, producing new text, and designing and testing navigation solutions. Prioritizing short and long range changes for implementation is in progress.

Staff is updating the assisted living survey reports which are provided by the Office of Health Care Quality (OHCQ). OHCQ and MHCC staff met in late May to discuss ways of improving the survey reports. Several changes are on the table; however, follow-up by OHCQ staff has been slow due to the resignation of key staff and reorganization/reassignment of duties of existing staff. MHCC staff will continue to post survey reports as they are made available and remain ready to work with OHCQ staff to implement changes.

LTC Staff Influenza Survey
Because the performance of large nursing home chains can make a significant difference in the immunization results, staff has calculated corporate rates and is preparing letters to corporate officers to make them aware of their facilities' collective performance. Facilities with low rates will again receive targeted communications encouraging them to take action(s) that improve their rates. Facilities with outstanding performance will receive a recognition certificate, as was done last year.

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 July 7, 2014, enrollment in the Partnership was as follows: 267 businesses; 772 enrolled employees; 1,250 covered lives. The average annual subsidy per enrolled employee is $2,425; the average age of all enrolled employees is 41; the group average wage is almost $29,400; 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. The phase-out of this Program since June 1st is now reflected in these data.

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 beginning January 1, 2014 through May 31, 2014. For those subsidy groups whose policies expire from 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. Staff sent correspondence to each employer impacted by these changes about their coverage options. As stated in the Transition Notice issued last September, the Partnership was closed to new groups effective January 1, 2014.