MARYLAND HEALTH CARE COMMISSION

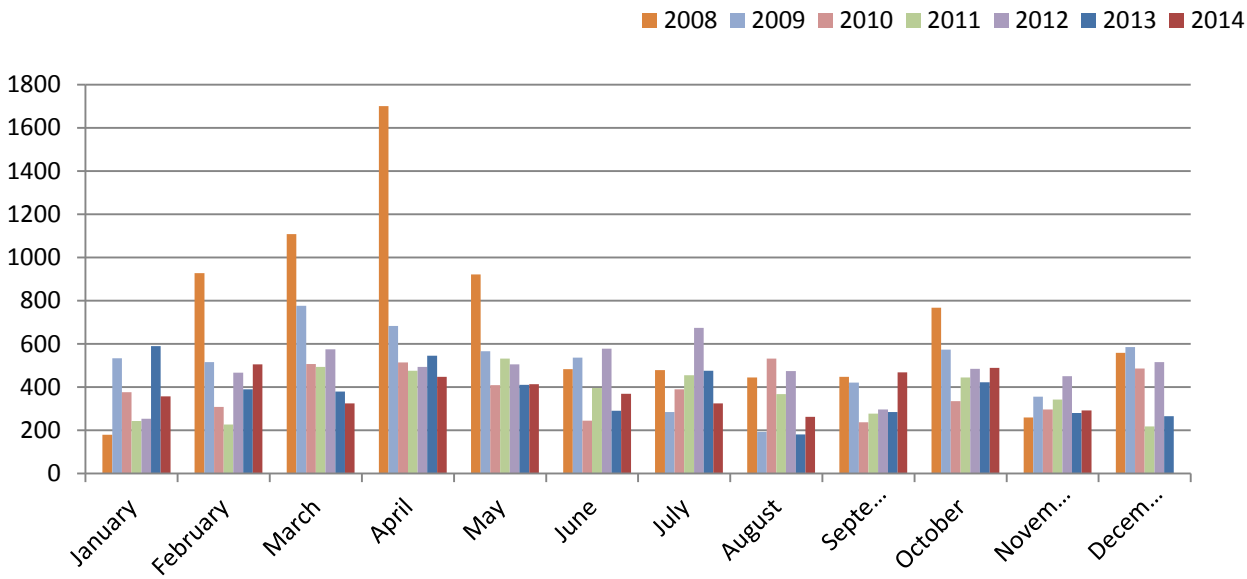
UPDATE OF ACTIVITIES

December 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 $291,396 in November of 2014. The monthly payments for uncompensated care from January 2008 through October 2014 are shown above in Figure 1.

On Call Stipends

Applications from Level II and Level III trauma centers for reimbursement of on call costs are due to the Commission no later than January 31, 2015.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

MCDB Web Portal and ETL Development
The second release of the MCDB Web Portal and ETL Development successfully launched on November 24, 2014 and is receiving data for 2014 Q3. This release features the addition of a messaging and waiver module on the front-end (web portal) and the addition of tier 2 (threshold) validations on the back-end (ETL). Preparations have begun for release three, which will feature expanded ETL automated processing (e.g. tier 3 cross-field validations), a management report module, and enhancements to the data warehouse and data marts. The third release will be timed with fourth quarter submissions, which are due at the end of February 2015.

Legislative Reports
Staff has been working on two legislative reports to evaluate laws passed related to: (1) Assignment of Benefits; and (2) divestment of MRI machines from physician practices. Staff has previously conducted a baseline analysis for the Assignment of Benefits legislation. At the Commission Meeting on November 20, 2014, SSS presented the plan for the final AOB analysis and report. Based on Commission recommendations, SSS has conducted the analyses and will present findings at the Commission Meeting on December 18, 2014. Pending Commission approval, the report will be finalized and submitted to the legislature in January 2015.

Staff contracted with Braid-Forbes Health Research to conduct the MRI study. Mary Jo Braid-Forbes presented results at the Commission Meeting on November 20, 2014. The report draft is being finalized and will be submitted to the legislature in January 2015.

Collaboration with Maryland Insurance Administration on Rate Review
MIA and MHCC plan to leverage the MCDB to support the MIA's review of rate filings. Initial internal efforts to reconcile MCDB and Actuarial Memoranda (AM) data, identified some discrepancies. The MIA and MHCC will meet individually with insurance carriers to understand and resolve these discrepancies. MIA and MHCC have agreed on a two-phased approach for these meetings and reconciliations. The first phase will focus on reconciliation of membership counts, and, once membership counts are in agreement, the second phase will focus on reconciliation of cost and utilization measures. MHCC Staff has produced exhibits of membership counts by carrier, insurance market, and product type with both MCDB and AM data. These data will be shared with carriers prior to meeting with them. Meetings will begin in December 2014 and continue through March 2015.

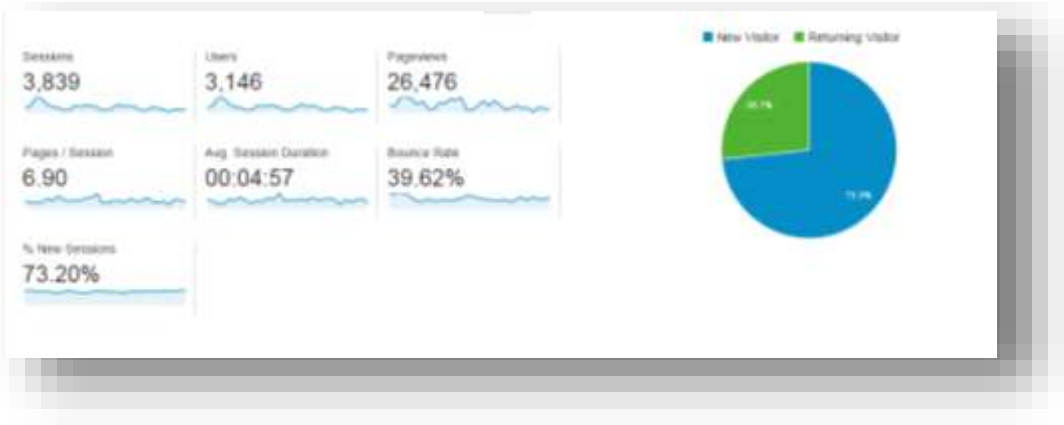
2015 HMO Payments to Non-Participating Providers
Maryland Health-General Article, §19-710.1 specifies a methodology to calculate minimum payment rates that Health Maintenance Organizations (HMOs) must pay to non-contracting (non-trauma) providers that provide a covered evaluation and management (E&M) service to an HMO patient. MHCC is required to annually update these minimum payment rates, which are published by the MIA.

As specified in the law, E&M services as defined by the Centers for Medicare and Medicaid Services (CMS) in the Berenson-Eggers Type of Services (BETOS) terminology are calculated from the CMS Medicare Physician Fee Schedule that applied in August of 2008 adjusted by the cumulative Medicare Economic Index (MEI) prior to the start of each new calendar year. MHCC and MIA have agreed to modify the methodology in the event that there is a new E&M services code included in the BETOS

E&M categories. Fee levels for new codes are based on the current Medicare Physician Fee Schedule for the geographic region and inflated using the MEI in subsequent years.

Staff has updated these payment rates in accordance with the law. These rates will be published on the MIA website and disseminated to Maryland HMO's in December 2014.

Figure 2 - Data from Google Analytics for the month of November 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 November 2014 was 3,839 and of these, there were 73.20% new sessions. The average time on the site was 4:57 minutes. Bounce rate of 39.62 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, hscrc.state.md.us. Among the most common search keywords in November were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Table Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
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	All Live Social Work Live Diet Live Massage Therapy Live Board of Professional

		Counselors and Therapists Board of Examiners of Podiatrist New Board of Psychologists (Under Development)
Physician Licensing	Completed	Completed
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	LIVE	Industry Site Completed Web Editor Completed Splash page and Consumer page under developmnt

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter
The December 2014 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 28th edition of the NOAS News & Notes newsletter. Features:

- Directions how to add a calendar event, sent in iCal or CSV format, to a Google Calendar – included Techie Tutor instruction sheet for directions
- Reminder about the Google Calendar Gadget
- Reminder about the location and usage of technology resource and service request forms

Upgrade to Microsoft Office
63% (34 of 54) of all MHCC users have been converted to Microsoft Office 2013.

Special Projects

Health Insurance Rate Review and Health Care Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants
During the Fall of 2013, CMS awarded a federal grant to MHCC, under its Cycle III rate review/medical pricing transparency grant program, for nearly $3 million over a 2-year time period (October 1, 2013 through September 30, 2015). This grant funding allows MHCC to assist the MIA in rate review activities, and enhance Maryland's medical pricing transparency efforts. The grant money is 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 is being achieved through the use of Extract, Transform and Load (ETL) software that screens data submissions for quality and completeness at the point of data submission and rejects submissions that do not comply with the

screening criteria. The ETL software was obtained through SSS, our current database/ETL contractor, and includes the flexibility to employ payer-specific screening criteria that reflects waivers granted to payers by the MHCC for deviations from established data completeness thresholds. The ETL portal went live for carrier data submission on September 30th, and continues to be built out for expanded automation. Quarter 1 and Quarter 2 2014 data submissions continue to run smoothly and are close to completion, and Quarter 3 data submissions began on November 30th.

On September 19th, MHCC was awarded a Cycle IV federal grant from CMS/CCIIO, totaling more than $1.1 million dollars over a two-year time period (September 19, 2014 through September 18, 2016), to further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland.

Freedman Healthcare, MHCC's Project Management Office (PMO), continues to manage the duties of the database/ETL contractor to ensure that all milestones established in the Cycle III and Cycle IV grants are met. MHCC's Methodologist assists the PMO with specific grant initiatives, specifically with MCDB decision support to the MIA in evaluating the MCDB for rate review activities.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.15, Organ Transplant Services
Staff has been working on developing materials for the second work group meeting, which is scheduled for January 7, 2015.

Implementation of COMAR 10.24.17, Specialized Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services
Staff has scheduled the second meeting of the Cardiac Services Advisory Committee for February 3, 2015. A chair and two vice-chairs were approved by the Commission at the November Commission meeting. Ben Steffen, Executive Director, MHCC will chair the Committee. One vice chair will be John Conte, M.D., a cardiac surgeon from The Johns Hopkins Hospital and the other vice chair will be Stafford Warren, M.D., an interventional cardiologist for Chesapeake Cardiology. Dr. Warren currently serves as the representative for the Maryland Chapter of the American College of Cardiology on the CSAC.

Staff continues to participate in the monthly meetings of the Maryland Cardiac Surgery Quality Initiative.

Certificates of Conformance
Staff completed a review of the applications from Carroll Hospital Center and Upper Chesapeake Medical Center to establish elective PCI services. Staff anticipates final action on these requests at the December Commission meeting.

Study of the Impact of Rate Setting for Freestanding Emergency Departments
Staff completed this study and will be presenting it at the December Commission meeting. The study will be followed by development of a new State Health Plan chapter for freestanding medical facilities, planned for adoption in 2015.

Annual Report on Selected Maryland Acute Care and Special Hospital Services
The FY2015 edition of this report was posted on the MHCC website in late November. It provides information on all hospital bed inventories in Maryland and also provides inventory information on hospital emergency departments, surgical facilities, and selected service categories.

Staff Addition
Kathleen Ruben joined the Center for Health Care Facilities Planning and Development in November as a Health Policy Analyst Advanced. Kathleen's work will be focused within the Division of Acute Care Policy and Planning.

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 incorporates updates as CMS revises versions of MDS 3.0. Work has been completed on programming MDS data to support the Consumer Guide for Long Term Care. Work is underway on programming MDS data to support the Long Term Care Survey and various component reports.

We are also working jointly with Myers and Stauffer and the Office of Health Care Quality (OHCQ) of DHMH 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. Myers and Stauffer completed the data analysis on a facility-specific level. Residents meeting the following criteria were excluded from the data analysis: the resident is comatose, does not have family/significant other and does not have a guardian/legal representative; or, the resident is not comatose, is not able to make his or herself understood, does not have family/significant other and does not have a guardian/legal representative.

Letters were sent to all facilities which achieved less than 90% completion of any Section S item. Staff provided information and follow-up to providers as needed. OHCQ will continue to monitor Section S completion through its survey process.

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

Staff has obtained data from the Center to Advance Palliative Care (CAPC) for nine of the participating Maryland hospitals for 2012. Staff also has received preliminary data from the Maryland Cancer Collaborative Survey. Staff had a conference call with Tamara Dumanovsky, who is the new Vice President for Research and Analytics at CAPC. Staff explained the project and discussed the availability of 2013 CAPC data. This data is expected to be available by January or February.

Hospice Survey
Data submission for the FY 2013 Maryland Hospice Survey has been completed. 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 has reviewed the surveys and conducted follow up where data was inconsistent. Staff also provided technical assistance to hospice providers to assist with surveys as needed. During November, staff noticed anomalies in the total patient days variable. As a result, staff did more follow-up with multiple providers to verify their data. This data has now been updated, and the public use data set has been posted on the Commission's website at: http://mhcc.maryland.gov/public_use_files/index.aspx

Annual Hospice Meeting
Staff attended the annual meeting of the Hospice and Palliative Care Network of Maryland on November 19, 2014. The opening session was presented by Dr. Joan Harold who explained how changing CMS requirements and oversight affect coding and patient care for hospices. Following that, breakout sessions were held on administrative, clinical, psycho-social/spiritual, program innovation, and billing. Staff attended sessions on: "Moving Hospice Upstream", which discussed opportunities for hospices to partner with providers such as hospitals and health systems; "Upstreaming Palliative Care: The Experience of a Community Cancer Center" , which described the development of palliative care in an outpatient cancer

center and some issues with physician referral; "Challenging Conversations: Amen and the Hope for a Miracle", which explained different religious perspectives in death and dying; and "New All-Payer Model for Maryland Population-Based and Patient-Centered Payment Systems" which presented the new HSCRC waiver and its impact on hospices. Topics discussed at this conference covered hospice, education and outreach, and hospital palliative care.

Chronic Hospital Occupancy Report
Commission staff has developed the Chronic Hospital Occupancy Report for FY 2013. This report, which is updated annually, is required under COMAR 10.24.08. It reports data on number of licensed beds, patient days, and occupancy for both private and state-operated chronic hospitals. The private chronic hospitals in FY 2013 include: University of Maryland Rehabilitation and Orthopedic Institute (formerly James Lawrence Kernan Hospital); Johns Hopkins Bayview Medical Center; Levindale Hebrew Geriatric Center and Hospital; University of Maryland Medical Center Midtown Campus (formerly Maryland General Hospital); and Laurel Regional Hospital. The state-operated chronic hospitals include Western Maryland Hospital Center and Deer's Head Hospital Center. The Chronic Hospital Occupancy Report for FY 2013 was published in the December 1st issue of the *Maryland Register* and will be posted on the Commission's website.

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 describes 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. Agency-specific quality and performance scores publically reported on CMS' Home Health Compare, based on process and outcome measures as well as experience of care measures, are also reviewed and described. A Home Health Agency Advisory Group will be convened to review the issues and proposed new regulatory approach outlined in the document, as well as to discuss other relevant concerns. Participants on the HHA Advisory Group will consist of representatives from Maryland HHAs of varying size, geographic location, and type, as nominated by the Maryland National Capital Homecare Association (MNCHA). Other representatives will include payers and federal regulatory agencies.

Home Health Agency Survey Data
The FY 2013 Home Health Agency public use data, and the FY2013 Utilization Tables are now available on the Commission website for public access. The data is based on the 2013 Maryland Home Health Agency Survey data collection.

Long Term Care Survey
Seven hundred and twenty-two (722) facility surveys have been submitted and accepted, including 233 comprehensive care facilities, 373 assisted living facilities, 110 adult day care centers, and 6 chronic hospitals.
Staff continues to work on cleaning and analyzing the data for the creation of reports and public use data sets.

Certificate of Need ("CON")

Approval of Changes to Issued CON's

Ashley, Inc. d/b/a Father Martins Ashley – (Harford County) - Docket No. 13-12-2340
Construction of a new two-story building to house two inpatient units, a wellness center, and a centralized admissions office and an increase in beds from 85 to 100 Intermediate Care Facility/Chemical Dependency beds
Request for a $2,149,890 increase in approved cost of the project

New approved project cost: $20,928,056

NMS Healthcare of Hagerstown – (Washington County) - Docket No. 10-21-2307
Construction of a new 78-bed addition to this comprehensive care facility (CCF) to add 43 beds purchased from Homewood at Williamsport and replace 35 beds, eliminating all three and four-person rooms
Request for a $971,728 increase in the approved cost of the project
New approved project cost: $12,426,019

CON Letters of Intent Received

Frederick Memorial Hospital (FMH) – (Frederick County)
Construction of a four-story building addition located on the northwest corner of the campus to accommodate the relocation and expansion of the FMH Regional Cancer Center, two floors to accommodate specialty health clinics, physician offices, hospital administrative functions and a two-story connector
Estimated Cost: $37,750,000

Pre-Application Conference

Frederick Memorial Hospital – (Frederick County)
Capital project described above.
November 19, 2014

Determinations of Coverage

- **Ambulatory Surgery Centers**

Endoscopy Center of North Baltimore – (Baltimore County)
Expansion to accommodate patient waiting area

Advantia Health Indian Creek ASC – (Montgomery County)
Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 12240 Indian Creek Court in Beltsville, Maryland

Innovative Surgery Center, LLC – (Harford County)
Establish an ambulatory surgery center with one non-sterile procedure room to be located at 253 Lewis Lane, Suite 302, Havre de Grace, Maryland

Eye Surgery Center of White March, LLC – (Baltimore County)
Acquisition by Barenburg Optometric Service, Inc. of an existing ambulatory surgery center with one sterile operating room and one non-sterile procedure room located at 9512 Harford Road, Suite 5-6 in Baltimore.

- **Acquisitions/Change of Ownership**

Arcola Health & Rehabilitation Center – (Montgomery County)
Replacement of Maryland Holdco, LLC with Maryland Holdco II, LLC as the owner of SSC Silver Spring Operating Company, LLC, operator of this CCF.

Summit Park Health & Rehabilitation Center – (Baltimore County)
Replacement of Maryland Holdco, LLC with Maryland Holdco II, LLC as the owner of SSC Catonsville Operating Company, LLC, operator of this CCF.

Bel Air Health & Rehabilitation Center – (Harford County)

Replacement of Maryland Holdco, LLC with Maryland Holdco II, LLC as the owner of SSC Bel Air Operating Company, LLC, operator of this CCF.

North Arundel Health & Rehabilitation Center – (Anne Arundel County)
Replacement of Maryland Holdco, LLC with Maryland Holdco II, LLC as the owner of SSC Glen Burnie North Arundel Operating Company, LLC, operator of this CCF.

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. As adoption of electronic health records (EHRs) and health information exchange (HIE) increases, ONC is monitoring national perceptions regarding the privacy and security of electronic health information. During the month, the committee discussed key results of a national survey on consumer perceptions about the privacy and security of their electronic health information. While the majority of survey respondents expressed concerns regarding the privacy and security of their medical records, less than 10 percent withheld information from their providers due to those concerns. Additionally, about 76 percent of the survey respondents reported they prefer their providers use an EHR, and about 70 percent prefer their providers to electronically share their medical records with other treating providers, despite any potential privacy and security concerns.

During the month, staff finalized the survey instrument for the 2015 Maryland hospital health IT assessment (assessment). The survey will be distributed electronically to Chief Information Officers (CIOs) of all 47 general acute care hospitals in Maryland. The survey collects information about hospitals' adoption of EHRs, computerized physician order entry, clinical decision support, electronic medication administration records, bar code medication administration, infection surveillance software, electronic prescribing, HIE, telehealth, and patient portals. Hospital participation in the Centers for Medicare and Medicare Services (CMS) EHR Incentive Programs and meaningful use achievements are also included in the survey. The assessment is unique as it compares hospital health IT adoption in Maryland against national benchmarks. This year, the survey has expanded questions pertaining to hospitals' participation in HIE and the availability of patient portal functionality. Staff plans to distribute the survey to hospital CIOs in December; analysis of the data will begin in February.

Staff analyzed data submitted by State-regulated payors (payors) regarding practice participation in the *State-Regulated Payor EHR Incentive Program* (State Incentive Program). Payors reported the number of primary care practices that applied for and received an incentive payment. The regulations, COMAR 10.25.16, *Electronic Health Records Reimbursement,* adopted in April 2011, required participating payors to provide primary care practices a base incentive payment up to $7,500 for adopting an EHR and up to an additional $7,500 for meeting certain requirements in using an EHR. Participating payors include: Aetna, Inc.; CareFirst BlueCross BlueShield; CIGNA Health Care, Mid-Atlantic Region; Coventry Health Care; Kaiser Permanente; and UnitedHealthcare, Mid-Atlantic Region. Effective June 9, 2014, the regulations were revised requiring payors to provide incentive payments up to $15,000 to a primary care practice that attests to meaningful use under the federal EHR adoption incentive program, or participates in any MHCC-approved patient centered medical home (PCMH) program and achieves National Committee for Quality Assurance (NCQA) recognition as a Level 2. Payors will begin to report on the implementation of the revised State Incentive Program in March 2014.

Health Information Exchange

Staff participated in the Chesapeake Regional Information System for our Patients (CRISP) Reporting and Analytics Committee (committee) meeting. This was the first meeting of this committee, which will guide and prioritize the reporting and analytics services of CRISP and provide a mechanism for accountability and oversight to CRISP's Board and its users. The committee meeting focused on building member awareness of the various types of data that are available for reporting. The committee discussed the potential for expanded reporting and the need to balance privacy and security of the information and the role of the consumer in consenting to use of their data. Staff also participated in the CRISP Board of Directors Audit Committee meeting, which reviewed reports from the financial audit completed by CliftonLarsonAllen (CLA). While the audit did not identify any significant deficiencies or material weaknesses, CLA did make several procedural recommendations to CRISP that were discussed during the meeting.

During the month, staff continued to analyze health IT data collected through Maryland's Annual Long Term Care Survey (survey). The survey assessed EHR adoption and HIE needs among all 233 comprehensive care facilities (CCFs) in the State. Preliminary results indicate that about 72 percent of CCFs adopted an EHR in 2014, an increase from 58 percent in 2013. The results also suggest that EHR adoption is consistent across chain and non-chain CCFs, as well as urban and rural areas. Similar to last year's survey findings, CCFs reported their greatest needs for electronically exchanging health information are with hospitals, pharmacies, and laboratories. Staff is planning to expand next year's survey to further assess CCFs' adoption of HIE services, as well as telehealth technology. During the month, staff reviewed health IT adoption among long term care settings more broadly at the national level where federal programs are exploring ways to ensure long term care facilities are included in the data exchange process when residents transition between care settings. A final report detailing health IT adoption among CCFs in Maryland, as well as the national context is planned for release in the summer of 2015. Audacious Inquiry was competitively selected to assist in completing the work.

The telehealth demonstration projects commenced during the month; staff convened project launch meetings with all three grantees. The three grantees include: (1) Atlantic General Hospital Corporation in partnership with Berlin Nursing and Rehabilitation Center; (2) Dimensions Healthcare System in partnership with Sanctuary of Holy Cross; and (3) University of Maryland Upper Chesapeake Health in partnership with the Bel Air facility of Lorien Health. Collectively, grantees were awarded a total of $87,888 to implement telehealth technology with the goal of improving coordination of care between a CCF and a general acute care hospital; a dollar for dollar match was required of each grantee. The telehealth demonstration projects will assess how the use of telehealth technology impacts care coordination for CCF residents' hospital emergency room visits, admissions, and readmissions. The grantees are also required to use an EHR system and CRISP HIE services to assist in coordinating care delivery. The telehealth demonstration projects will span a nine-month period; preliminary results are anticipated to become available in the fall of 2015.

HIE registration was approved during the month for three HIEs: Adventist HealthCare, Fredrick Memorial, and Zane Networks. HIEs operating in the State are required to register with MHCC annually in accordance with COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (HIE regulations). Registration requires an HIE to demonstrate its financial viability and adoption of certain privacy and security policies and procedures. Seven HIEs have registered with MHCC thus far out of a total of eight HIEs that were identified as needing to comply with the HIE regulations. Staff continues to provide guidance to Peninsula Regional Hospital regarding the HIE registration process to ensure their compliance with the HIE regulations. During the month, staff continued to draft the public health and research secondary data use case. Staff obtained feedback from representatives of the HIE Policy Board (Board), a staff advisory group; feedback will be used to help frame discussions during the December meeting of the Board.

During the month, staff collaborated with various stakeholders to draft preliminary recommendations as part of the HIE environmental scan, which assesses current and evolving HIE activities in Maryland. The environmental scan was conducted in an effort to identify potential changes to current State laws and/or

regulations to ensure the privacy and security of electronic health information exchanged by an HIE. Preliminary findings from the environmental scan indicate some variation in the protection of electronic health information that exists among organizations exchanging protected health information (PHI). HIEs are viewed as a business associate of covered entities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The MHCC adopted regulations in February 2014 that increase the protection of PHI exchanged by HIEs. Staff plans to release a report on the findings from the environmental scan in early 2015. STS Consulting Group was competitively selected to assist in completing the work.

Innovative Care Delivery

During the month, staff distributed individual quality measure performance reports (reports) for the 2013 calendar year to participating practices in the Maryland Multi-Payor PCMH Program (MMPP or pilot). The reports detail MMPP practices' achievement of MMPP quality measures in comparison with national averages. The reports also identify specific areas of focus for future quality improvement efforts, which generally require MMPP practices to implement processes to meet targeted performance goals. Based on MMPP practices' achievement of the quality benchmarks, the 51 participating practices can earn shared savings payments. Shared savings payments are calculated on a percentage of a MMPP practice's savings generated through improving care delivery and patient outcomes. Staff provided guidance to payors in calculating and distributing MMPP practices' 2013 shared savings incentive payments. Staff also reviewed MMPP aggregate quality measure performance results for 2013 during an MMPP learning collaborative meeting.

Staff continues to evaluate options to expand advanced primary care models in the State. Currently, a proposed framework for an Innovative Care Delivery Program (program) in Maryland includes four key components: *practice transformation program* designed to assist primary care practices in obtaining and retaining PCMH national recognition/accreditation; *innovative care delivery monitoring program* to identify, survey, and assess innovative care delivery initiatives that combine clinical innovations with novel financing strategies to achieve the goals of the triple aim (i.e., better quality of care, improved patient experience, and lower cost); s*ingle carrier innovative care delivery alignment program* to develop common standards for single carrier PCMH programs, accountable care organizations, and other innovative care delivery models, and; *data and analytics program* in which practices, or carriers on behalf of practices, would report on a select subset of quality measures that reflect infrastructure, care delivery process, and patient outcomes. Next month, staff will continue to develop the framework for the program in collaboration with stakeholders. Staff also participated in the Multi-State Collaborative (MC) workgroup, a voluntary group composed of representatives of 17 state-based health care delivery reform initiatives pertaining to primary care.

Two information briefs developed by staff were released during the month. The first information brief, *Maryland Patient Centered Medical Home: An Assessment of Practices that Achieved Pilot Goals*, highlights best practices identified among nine MMPP practices that achieved program performance goals and received financial incentive payments during the first two years of the pilot. The assessment included the identification of best practices pertaining to clinical, technical, and business aspects of each practice. Three notable characteristics were identified in each practice: care managers were very involved in care delivery, advanced reporting on patient outcomes, and increased access to the practice by patients outside of normal office hours. The second information brief, *Evaluation of the Maryland Multi-Payor Patient Centered Medical Home: An Overview of the First Annual Report,* is a summary of the *Evaluation of the MMPP First Annual Report* that was released in December 2013. The first year evaluation of the MMPP found an increase in patient and provider satisfaction, better health outcomes for patients with chronic conditions and lower cost in certain categories of care. Staff intends to utilize the findings from the information briefs to assist other MMPP practices in adopting changes that will help them maximize their ability to achieve MMPP goals.

Electronic Health Networks & Electronic Data Interchange

During the month, staff provided consultative support to Cyfluent in completing the electronic heath network (EHN) recertification process. Payors that accept electronic health care transactions originating

in Maryland must only accept transactions from an EHN certified by MHCC, as required by COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*; today, nearly 30 EHNs operate in Maryland. Certification requires EHNs to receive accreditation by a national accrediting organization, which includes 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 premium volume exceeding $1M annually, including select specialty payors, to provide to MHCC an annual Electronic Data Interchange (EDI) Progress Report (report) by June 30th each year. Reports identify the volume of payors' practitioner, hospital, and dental claims submitted electronically, as well as their compliance with federal requirements regarding web-based and batch administrative transactions. During the month, staff identified payors that must submit to MHCC a 2015 EDI Progress Report (report). Next month, staff plans to notify those payors required to report by June 30, 2015. An information brief summarizing the 2014 EDI reports is being drafted and is scheduled for release in January 2015.

National Networking

Staff attended several webinars during the month. The Southwest Telehealth Resource Center hosted, *Choosing a Telehealth Service Provider*, which provided useful tips and strategies for choosing a telehealth service vendor to align with the needs of a facility and its patients. CMS presented, *Transforming Clinical Practice Initiative: Practice Transformation Networks (PTN)*, a unique initiative aimed at transforming 150,000 clinical practices over the next four years by sharing, adapting, and further developing comprehensive quality improvement strategies. The initiative aligns with criteria for innovative models set forth in the Affordable Care Act, which includes: promoting broad payment and practice reform in primary care and specialty care; promoting care coordination between providers of services and suppliers; establishing community-based health teams to support chronic care management; and promoting improved quality and reduced cost by developing a collaborative of institutions that support practice transformation. Healthcare Informatics presented, *Clinician Workflow in the new Healthcare Environment* that related how access to all medical images can improve clinician workflow in the new health care environment (i.e. recognizing all sources of medical images in the enterprise and problems associated with capturing and managing those images, and understanding workflow associated with adding and integrating medical images into the EHR).

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

The annual production and release of the health benefit plan quality and performance reports has come to a successful close. The three quality reports in the 2014 quality report series includes the Consumer Edition, Quality Report 2014, released in September, the Comprehensive Quality Report 2014, released in October, and the Maryland Health Connection Quality Report 2014, all of which enjoyed timely public release prior to the start of Open Enrollment for business and the Exchange in November. In addition, the award for health benefit plan achievement as Top Performer in the PPO category was presented to Cigna on December 5th and the award for achievement as Top Performer in the HMO category was presented to Kaiser Permanente on December 8th.

Staff conducted a successful Kickoff meeting and webinar on 2015 quality reporting with representatives from all carriers that participate in quality and performance reporting in Maryland. MHCC's team of audit partners presented updates, and answered carrier questions to various reporting processes and requirements concerning 2015 quality reporting. Reporting requirements for commercial health benefit plans are currently posted on the MHCC website link: http://mhcc.maryland.gov/mhcc/pages/apcd/apcd_quality/documents/hbp/CQM_HPQ_2015_QPRR_DOC_20141107.pdf

Staff received confirmation from MHBE regarding 2015 reporting requirements for qualified health, dental and vision plans. MHBE confirmed its intent to issue a memorandum to carriers later this month indicating that MHBE once again requires qualified plans to participate in MHCC's Quality and Performance Evaluation System and that it authorizes the use of proxy data for qualified plans in the coming 2015 reporting period. In addition, MHBE intends to address 2015 reporting on quality measures outlined by the Centers for Medicare and Medicaid Services (CMS). According to MHBE, CMS' proposed Quality Rating System (QRS) measure set has been developed by CMS and will also be fully implemented and paid for through federal processes. Staff must now focus on developing several RFPs for multi-year procurements that support MHCC's quality reporting and the needs of the MHBE from 2015 through 2020.

Hospital Quality Initiatives

The Maryland Health Care Quality Reports

Over the past five years, the Quality Measures Data Center (QMDC) website and secure portal has supported 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 QMDC, a major component of the Hospital Guide infrastructure, is being transformed into a single point of consumer access to quality and performance information on hospitals, other health care providers and health plans in Maryland. The new Maryland Health Care Quality Reports website was released to the public on November 20th and announced through a press release on December 2, 2014. Staff is currently reviewing comments and questions from hospitals and consumers in a continued effort to refine content and presentation and reviewing options for promoting the new consumer tool.

Healthcare Associated Infections (HAI) Data

The HAI Advisory Committee meeting was held on November 19th. The new Health Care Quality Reports website was reviewed with positive feedback from the committee members. Staff discussed the display of HAI data in general and also specifically for hospitals with zero infections, but which are not statistically different from the national baseline.

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.

Two interns from Johns Hopkins School of Public Health are working with staff on a project focusing on health care worker influenza vaccination across health care settings. The two students will be with the center through Mid-May of 2015.

Staff has finalized FY2014 CLABSI data and CY2013 SSI data which was publicly reported on the new Hospital Guide when the new Maryland Health Care Quality Reports website was released on November 20th.

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. Preparations have begun for the next audit of NHSN data.

Specialized Cardiac Services Data

The staff has completed the collection and processing of the 2Q2014 NCDR ACTION & CathPCI registry data. The first phase of the cardiac data validation process has been completed and work is

underway to share audit findings with facilities. An educational webinar will be scheduled to provide overall results to hospitals and to address data quality concerns.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care
Staff has updated the survey report format for nursing homes to be more user friendly.

Staff analyzed Minimum Data Set data prepared by Myers and Stauffer. This is needed to update the nursing home resident characteristics. Some discrepancies were identified that are being corrected.

Nursing Home Experience of Care Surveys
The 2015 cycle begins in January; staff is preparing notification to nursing homes of the upcoming survey with a review of needed preparation. In 2015 additional nursing homes will participate in the short stay resident survey. Several short stay survey questions on transitioning from the nursing homes are used by HSCRC to evaluate the "All-Payer Hospital System Modernization Initiative", which despite its name affects all parts of the healthcare system.

LTC HCW Influenza Survey
National Influenza Vaccination Week (NIVW) was December 7-13, 2014. This is an opportunity for nursing homes and assisted living to remind staff about the importance of influenza vaccination for themselves to protect vulnerable residents. All assisted living and nursing homes were sent a communication announcing NIVW and materials available on the CDC web site. Two fact sheets were attached to the email: the first describing benefits of influenza vaccine; the second presenting facts to dispel common myths about influenza vaccination. Unfortunately the December 3rd announcement by CDC that the 2014-2015 vaccine is not a good match for the circulating virus could be a deterrent to increasing the vaccine rate of staff employed in these settings.

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 December 10, 2014 enrollment in the Partnership was as follows: 80 businesses; 205 enrolled employees; 358 covered lives. The average annual subsidy per enrolled employee is $2,550; the average age of all enrolled employees is 41; the group average wage is almost $29,500; the average number of employees per policy is 4.2. The declines in coverage over the past several months can be attributed to the phase-out of this state subsidy program, which began on June 1, 2014. Other causes can be attributed to higher small employer premiums for ACA-compliant plans that now must be offered, as well as several small employers not renewing their 2013 group policies but instead 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/recoding 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. For those subsidy groups whose policies expire between June 1, 2014 through December 31, 2014 they are 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), where they might qualify 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.