MARYLAND HEALTH CARE COMMISSION

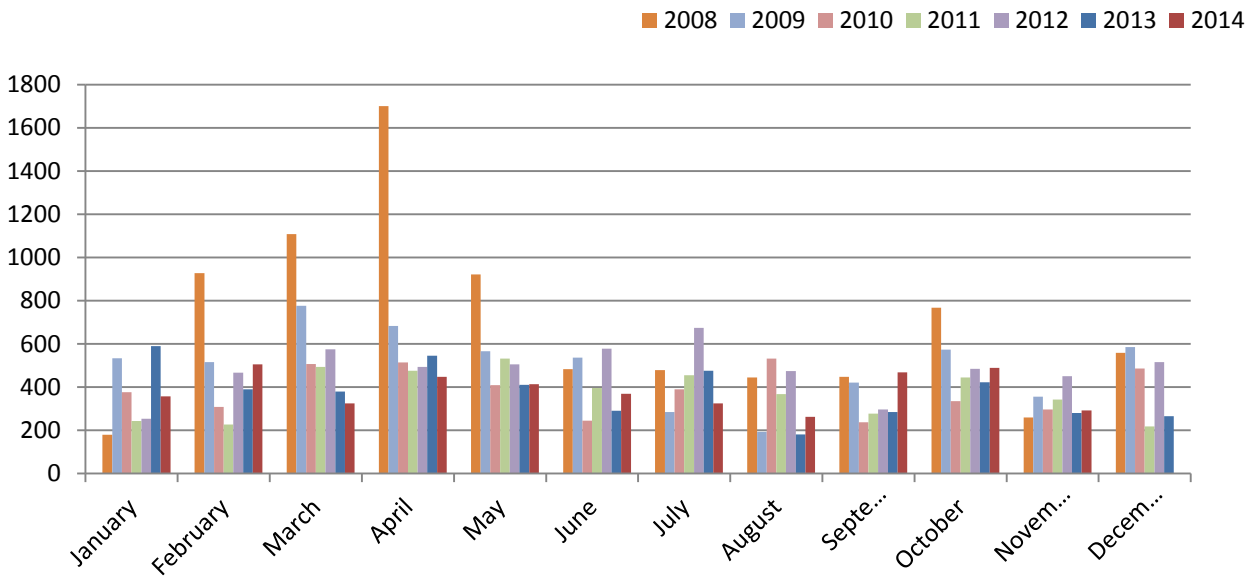
UPDATE OF ACTIVITIES

February 2015

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, has not yet reported on the claims adjudicated for December 2014. The monthly payments for uncompensated care from January 2008 through November 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
Development activities for the third release of the MCDB Web Portal and ETL system are nearing completion. The third release will feature expanded ETL automated processing (e.g. tier 3 cross-field validations), a management report module, and development of the data warehouse and data marts. The release will occur in two phases: (1) The first phase of the release will be timed with fourth quarter submissions, which are due at the end of February 2015, and include the management report module and tier 3 validations; and (2) The second phase of the release will follow in March with the data warehouse and initial data marts going into production. Payors will be provided training material and technical assistance with new features. SSS continues to provide technical support to payors in submitting data on the web portal.

As part of the data warehouse development, SSS has developed a secure data center (SDC) for MHCC to access all MCDB data. MHCC staff, who work with MCDB, are being provided accounts on the SSS SDC. As part of this effort, MHCC will remove MCDB files from local servers, so that those resources may be allocated to other programs.

Development of Master Patient Index for MCDB
Staff has been working with CRISP over the last year to develop a process to add the CRISP Enterprise Identifier (EID), which is a masked version of CRISP's Master Patient Index, to the MCDB. The four largest medical insurance carriers and two largest pharmacy benefit managers were asked to submit demographic information to CRISP for 2014. These reporting entities submitted sample files in the second half of 2014 and are submitting full year (2014) files this month. Once the data is processed, CRISP will assign an EID to each member in a payor's file and then send a cross-walk file between the CRISP EID and the MCDB patient identifier to SSS. This process is expect to happen in March and April 2015. SSS will integrate these files into the MCDB Eligibility files and test the ability to link self-insured medical and pharmacy claim data. Based on this analysis, MHCC will decide whether the EID is useful within the MCDB and whether to modify and continue the process. These stages will occur in the Spring and Summer of 2015.

Legislative Reports
Staff presented two legislative reports to the House Government and Operations (HGO) Committee on January 22, 2015. The reports evaluated laws passed related to: (1) Assignment of Benefits; and (2) divestment of MRI machines from physician practices. The HGO Committee accepted the reports, as presented, and did not stipulate additional requirements.

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. MIA and MHCC have initiated a two-phased approach to engage payors and reconcile data. 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. Phase 1 has been initiated for the first payor, and additional payors will be contacted in February 2015.

Figure 2 - Data from Google Analytics for the month of January 2015

- 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 January 2015 was 4,618 and of these, there were 52.64% new sessions. The average time on the site was 3:06 minutes. Bounce rate of 67.86 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 January 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 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 (LIVE 1/1/2015)
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	LIVE

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 February 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 30th edition of the NOAS News & Notes newsletter. Features:

- Information and directions about archiving and deleting email messages, including those that have been moved to the "Trash" folder
- Reminder for users to periodically check their "Spam" folder. Occasionally, a legitimate email message will accidently get moved by the Spam filter from the Inbox to the Spam folder

Web Server for the Tableau Project
The new server, to be used for the public access of Tableau-created health care information dashboards, was initialized and installed at the MHCC off-site hosting facility.

Special Projects

Health Insurance Rate Review and Health Care Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants
During the Fall of 2013, CMS/CCIIOI 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 30, 2014 as Quarter 3 data submissions continued and Quarter 4 data submissions are being prepared. The portal continues to be built out for expanded automation, including recent development of some new administrative features. In addition, the Data Warehouse design is now underway.

On September 19, 2014, 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. In December 2014, staff procured Business Intelligence (BI) software from Tableau to support the development of dashboards to be displayed on MHCC's Industry portal, as well as data displays to

support MIA's enhanced rate review process. Staff is also drafting a Grant Agreement with CRISP to develop an enrollee MPI file for 2014 and 2015 data submissions to the MCDB.

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. Last month, the Methodologist and Freedman began meeting with Maryland's large insurance carriers to discuss a data validation process with the goal of reconciling APCD data and data received by the MIA in Actuarial Memoranda (AM) as part of carrier rate filings.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.15, Organ Transplant Services
The second Organ Transplant Work Group meeting was held on January 7, 2015. The issues discussed included the need methodology for organ transplants and policies related to access to care and quality of services, as well as policies regarding advocacy for increased donations. Division staff will conduct additional research on these issues to facilitate further discussion by the Work Group at the next meeting. Division staff revised the White Paper on Organ Transplantation based on feedback from the Work Group and has distributed it again to members and posted it on MHCC's web site. The final meeting summary from the first meeting has also been posted on MHCC's web site. Division staff is working on developing material for the third work group meeting, which will likely be held in late April or early May.

Implementation of COMAR 10.24.17, Specialized Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services
A 2019 projection of cardiac surgery case volume was published in the *Maryland Register* on January 9, 2015. (It was subsequently determined that there was an error in this forecast and a corrected forecast was published in the *Register* on February 6, 2015. The updated utilization projection incorporates data for calendar year 2013 and projects utilization through 2019, one year later than the previously published projection. These projections will be used to evaluate Certificate of Need applications from hospitals seeking to adding cardiac surgery services. Staff anticipates that CON applications to add cardiac surgery services will be filed by the University of Maryland Baltimore Washington Medical Center and Anne Arundel Medical Center in early February. Staff has responded to a request for the full details of all calculations and data sources used for the cardiac surgery case projection.

Maryland hospitals submitted their Society of Thoracic Surgeons (STS) composite star ratings to Commission staff in December for the first time, as well as select other measures. Most Maryland hospitals have now made two detailed data submissions of the cardiac surgery component of the STS Data Base used for evaluation of program quality.

A new review schedule was also published in the *Maryland Register* on February 6, 2015, for applicants seeking a Certificate of Need (CON) to add cardiac surgery services. The new schedule provides the CON applicants who filed letters of intent for the current CON review cycle for cardiac surgery an additional two weeks to submit their CON applications.

Acute Care Policy and Planning staff has been working on developing materials for the next Cardiac Services Advisory Committee meeting, which is scheduled for March 4, 2015. Work has also begun on a request for proposals (RFP) for the audit of STS data.

The Impact of Rate Setting on Freestanding Emergency Centers
The Chief for Acute Care Policy and Planning, Eileen Fleck, and Dennis Phelps of the Health Services Cost Review Commission (HSCRC) staff presented this third report on Maryland's freestanding medical facilities (FMFs), more commonly referred to as freestanding emergency centers, to the Commission at its January 15, 2015 meeting.

Long Term Care Policy and Planning

Minimum Data Set Project
Long-Term Care Policy and Planning staff continue 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. Developmental work on the Nursing Home Occupancy Report is currently underway.

Hospital Palliative Care Study
Division staff has the first quarter of flagged data from the HSCRC hospital discharge data set, and has been following up with hospital staff at pilot sites with regard to flagging issues. In addition, staff is working with the Center to Advance Palliative Care (CAPC) to obtain survey data sets for the pilot hospitals. A meeting has been scheduled for February 23, 2015 with the pilot hospitals to discuss progress and outstanding issues in data collection, as well as other data needs for development of the report. Staff is currently working on a data collection tool to collect information on preferred practices from pilot hospitals.

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

Hospice Survey
Data collection for the FY 2013 Maryland Hospice Survey has been completed. This data has now been updated, and the revised and updated public use data set was posted during December on the Commission's website at: http://mhcc.maryland.gov/public_use_files/index.aspx

Updating the Home Health Agency (HHA) Chapter of the State Health Plan
The HHA Chapter is being revised and updated to reflect more current utilization trend data as well as other changes in the delivery and reimbursement of home health agency services. Issues regarding certain aspects of the Commission's current regulatory approach for development of HHA services in Maryland will be described and addressed. A 2015 HHA Advisory Group has been created to review the issues and a possible new regulatory approach outlined in the *White Paper: a New Approach for Planning and Regulatory Oversight of HHA Services in Maryland*, as well as to discuss other relevant concerns. Participants on the Advisory Group consist of representatives from Maryland HHAs of varying size, geographic location, and type, most of who were nominated by the Maryland National Capital Homecare Association and a representative of a local health department that provides HHA services. Other representatives include a Residential Service Agency provider, a consumer, payers, and State and federal regulatory agencies. The first meeting of the Advisory Group was held February 5, 2015. The agenda, White Paper, and copies of the presentations are available on the Commission's website at
http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx

Home Health Agency Survey Data
The FY 2013 Home Health Agency public use data set, and the FY2013 HHA 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 six special hospitals-chronic.

Division staff continues to work on cleaning and analyzing the data for the creation of reports and public use data sets.

Certificate of Need (CON)

CON Letters of Intent

Northampton Manor – (Frederick County)
Addition of 66 comprehensive care facility (CCF) beds to this 196 bed nursing home.

Pre-Application Conference

Northampton Manor – (Frederick County)
January 22, 2015

First Use Approval

Knollwood Manor – Docket No. 11-02-2316 – (Anne Arundel County)
Relocation of an 87-bed nursing home and the addition of 23 CCF beds previously operated at other Genesis Healthcare facilities in Anne Arundel County: Hammonds Lane Center, 16 beds; Spa Creek Center, 4 beds, and; Severna Park Center, 3 beds. Final cost: $20,403,760

Change in Approved Project (not requiring Commission approval)

Mercy Medical Center – Docket No. 05-24-2174 – (Baltimore City)
Mercy Medical Center will not complete the remaining two phases of the approved CON for the patient tower project (Mary Catherine Bunting Center), leaving 26,090 square feet of space as shell space. The space had originally been programmed for diagnostic imaging and an outpatient clinic

Determinations of Coverage

- **Ambulatory Surgery Centers**

Physicians Now Ambulatory Surgery, LLP - (Montgomery County)
Establish an ambulatory surgery center with one non-sterile procedure room located at 15215 Shady Grove Road, Suite 100, in Rockville

Congressional Women's Surgery Center – (Montgomery County)
Establish an ambulatory surgery center with two non-sterile procedure rooms located at 121 Congressional Lane, Suite 100, in Rockville

White Marsh Healthcare Physical Medicine, LLC d/b/a Baltimore Pain Relief Center – (Baltimore County)
Establish an ambulatory surgery center with one non-sterile procedure room located at 5430 Campbell Boulevard, Suite 110B, in White Marsh

White Marsh Healthcare Physical Medicine, LLC d/b/a Baltimore Pain Relief Center – (Baltimore City)

Establish an ambulatory surgery center with one non-sterile procedure room located at 312 North Martin Luther King Boulevard, Suite 102, in Baltimore

Premier Surgical Pavilion – (Prince George's County)
Establish an ambulatory surgery center with one non-sterile procedure room located at 6178 Oxon Hill Road, in Oxon Hill

Greater Chesapeake Surgery Center, LLC – (Baltimore County)
Change in the ownership structure of this surgery center

- **Acquisitions/Change of Ownership**

Americare, Inc. – (Prince George's County)
Acquisition of Americare, Inc. a home health agency which is authorized to provide services in Montgomery and Prince George's Counties, by HomeRecovery-HomeAid, Inc.

Genesis Healthcare
Indirect transfers of interest in the operating entities of:
Ballenger Creek – (Frederick County)
Bradford Oaks Center (Prince George's County)
Caton Manor – (Baltimore City)
Catonsville Commons – (Baltimore County)
Chesapeake Wood Center - (Dorchester County)
College View Center – (Frederick County)
Corsica Hills Center – (Queen Anne's County)
Cromwell Center – (Baltimore County)
Elkton Center – (Cecil County
Fairland Center – (Montgomery County)
Franklin Woods Center – (Baltimore City)
Glade Valley Center – (Frederick County)
Hammonds Lane Center – (Anne Arundel County)
Heritage Center – (Baltimore County)
Homewood Center – (Baltimore County)
Knollwood Manor – (Anne Arundel County)
LaPlata Center – (Charles County)
Larkin Chase – (Prince George's County)
Layhill Center – (Montgomery County)
Loch Raven Center – (Baltimore County)
Long Green Center – (Baltimore County)
Magnolia Center – (Prince George's County)
Multi Medical Center – (Baltimore County)
Patapsco Valley Center – (Baltimore County)
Perring Parkway Center – (Baltimore County)
The Pines – (Talbot County)
Powerback Rehabilitation – (Baltimore County)
Salisbury Nursing & Rehabilitation Center – (Wicomico County)
Shady Grove Center – (Montgomery County)
Severna Park Center – (Anne Arundel County)
Sligo Creek Center – (Montgomery County)
Spa Creek Center – (Anne Arundel County)
Springbook Center – (Montgomery County)
Waldorf Center – (Charles County)
Woodside Center – (Montgomery County

- **Capital Projects**

Mercy Medical Center – Baltimore City)
Use of a portion of the Bunting Center for gastrointestinal procedure rooms and related space
Estimated Cost: $7,785,000

Baltimore Washington Medical Center – (Anne Arundel County)
Fit out of shell space for a thirty-bed general medical surgical unit (no increase in bed capacity)
Conditional Determination
Estimated Cost: $9,277,430

Baltimore Washington Medical Center – (Anne Arundel County)
Fit out of shell space for three additional operating rooms (no increase in operating room inventory)
Estimated Cost: $5,157,915

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. Discussions focused on the role of health IT in addressing nationwide outbreaks for conditions such as influenza and Ebola. The committee emphasized the need for developing public health guidance in electronic formats that can be used to support clinical decision-making. Use cases involving the need for semi-structured and structured data in electronic health records (EHRs) to support screening and potential case identification was also discussed.

The survey tool for the seventh annual Maryland Hospital Health IT Assessment (assessment) was distributed electronically to hospital Chief Information Officers (CIOs) during the month. The assessment includes all 47 general acute care hospitals and captures information on their use of EHRs, computerized physician order entry, clinical decision support, electronic medication administration records, bar code medication administration, infection surveillance software, electronic prescribing, health information exchange (HIE), telehealth, and patient portals during 2014. Hospitals' participation in the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs will also be captured. This year's survey includes a new section inquiring about hospitals use of data analytic tools for purposes of population health management. In February, staff plans to begin reviewing the data for completeness. A report detailing the survey results, which will benchmark Maryland's progress against hospitals' nationally, is anticipated to be released in the summer.

During the month, staff finalized an information brief, *Advancing EHR Adoption and Use in Local Health Departments and State Hospitals*. The information brief presents findings from an environmental scan conducted by staff that assessed EHR adoption, use and challenges in local health departments (LHDs) and State-owned hospitals (SHs). LHDs have made sizable progress in implementing certified EHRs; nearly 63 percent of LHDs have adopted an EHR. EHR adoption among SHs is at roughly 36 percent as compared to 96 percent of acute care hospitals in the State. The Department of Health and Mental Hygiene (DHMH) expects to identify an EHR for SHs later this year; a three-year implementation strategy is being considered by DHMH. In collaboration with LHDs, staff identified several opportunities to further advance the adoption and meaningful use of EHRs among LHDs. Staff anticipates working

with LHDs to implement the recommendations pertaining to a user directory and establishing technical workgroups over the next several months.

Drafting of the 2013 health IT adoption report on comprehensive care facilities (CCFs) locally and nationally continued during the month. Data used in the report is from the State's Annual Long Term Care (LTC) Survey of approximately 233 CCFs and various staff interviews with CCFs in Maryland. The report will highlight CCFs' adoption of EHRs and needs around HIE with other facilities. Preliminary results indicate that about 72 percent of CCFs reported using an EHR, and facilities where HIE is most desirable include hospitals, pharmacies, and laboratories. The findings will be used to identify opportunities for expanding CCFs' adoption and use of health IT in Maryland, including HIE and telehealth. The report also includes a trending analysis and identification of health IT diffusion challenges and proposed solutions. The targeted timeframe for release is the spring of 2015; Audacious Inquiry was competitively selected to assist in completing the work.

Health Information Exchange

In coordination with the State-Designated HIE, the Chesapeake Regional Information System for Our Patients (CRISP), staff participated in preliminary discussions regarding a proof of concept demonstration (demonstration) that would route electronic administrative transactions from ambulatory practices through CRISP, consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The goal of the demonstration is to provide hospitals' and other ambulatory practices that have established treatment relationships with information on patient encounter notifications that occur in an outpatient setting. The demonstration involves select ambulatory practices and a Maryland-based electronic health network (EHN) where HIPAA transactions will be converted into consumable data through a secure interface to CRISP. The wireframes for the demonstration are expected to be finalized in February. Staff is also working with CRISP and the Commission's independent auditor, CliftonLarsonAllen (CLA), to define the parameters for this year's privacy and security audit of CRISP. CLA expects to provide a preliminary report of the findings in May.

During the month, staff convened a meeting of the Pharmacy HIE Access Workgroup (workgroup). The workgroup is tasked with developing recommendations for implementing a limited use case pilot that will help inform efforts to expand CRISP services to all community pharmacies in the State. The CRISP Query Portal currently provides authorized pharmacists that work in community settings with access to Prescription Drug Monitoring Program (PDMP) data, which includes patients' fill history of controlled dangerous substances. A number of providers believe that greater access to clinical information by community pharmacists will help support care delivery. The recommendations under consideration by the workgroup are aimed at enabling access to medication history, laboratory results, radiology reports, and transcribed reports. In February, the workgroup plans to address items such as: (1) pilot scope and participants; (2) privacy and security policies; (3) sites and number of authorized users; and (4) assessment metrics. Staff will present recommendations from the workgroup to the CRISP Clinical Advisory Committee and CRISP Board for consideration around the end of 2015.

Staff continues to work with grantees on the implementation of three telehealth projects aimed at improving transitions of care between hospitals and CCFs over a nine month period. Staff completed a technology site review at the University of Maryland Upper Chesapeake Health. A combined total of $87,888 was awarded to the following grantees in the fall of 2015: (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. Each grantee is required to provide a dollar for dollar match contribution. The telehealth projects are at various stages, from vendor selection to telehealth technology implementation to having initiated telehealth intervention. All three grantees will present an overview of their projects, including implementation challenges and successes, at a telehealth symposium scheduled in Annapolis on February 25th.

HIE registration was approved for Peninsula Regional Hospital during the month. 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. A total of eight HIEs, identified as needing to comply with the HIE regulations, have registered with MHCC. During the month, staff conducted various outreach activities with stakeholders in an effort to ensure broad stakeholder representation in the HIE Policy Board (Board), a staff advisory workgroup. The Board is tasked with recommending policies governing the electronic exchange of patients' protected health information (PHI) through an HIE. Staff plans to convene the Board in March to continue discussions regarding potential policies in support of research and public health initiatives related to the release of secondary data from HIEs to entities, such as hospitals and academic institutions.

During the month, staff continued to analyze data from the HIE environmental scan (scan) that was completed in the fall. The scan assessed existing HIEs, as currently defined in the HIE regulations, and included organizations that are exchanging electronic PHI that do not fit under the existing definition of an HIE. Preliminary recommendations include proposed changes to the statutory definition of an HIE and potential enhancements to the HIE regulations. Staff plans to release a report on the scan findings this spring; STS Consulting Group was competitively selected to assist in completing the work.

Innovative Care Delivery

Staff continues to provide consultative support to Aetna as it completes its single carrier Patient Centered Medical Home (PCMH) Program application. Maryland law enacted in 2010 requires a carrier to obtain MHCC approval of their proposed PCMH program. Carrier programs must conform to the *Guidelines for PCMH Demonstration Programs* established by MHCC. The guidelines include key elements endorsed by the Patient Centered Primary Care Collaborative, a multi-stakeholder national coalition, and contain key standards that a PCMH program must implement such as: practice recognition and support, reimbursement model, and assessment and reporting of results. The MHCC has previously approved proposed PCMH programs from CareFirst and Cigna. Next month, staff plans to meet with UnitedHealthcare to discuss their proposed PCMH program application that is underdevelopment. Staff also continued to develop a transition plan for the 52 practices in the Maryland Multi-Payor PCMH Program (MMPP), which concludes at the end of 2015. The transition plan aims to assist practices in the selection of alternative advanced care delivery programs when the MMPP sunsets.

During the month, staff worked with IMPAQ International to draft four information briefs highlighting findings from the final evaluation of the MMPP. Each brief will cover a specific topic, including: 1) patient satisfaction, 2) provider satisfaction, 3) practice transformation, and 4) quality, utilization and cost. Notable findings include increased patient-provider communication, high patient and provider satisfaction levels, and slower growth of health care costs in Maryland. Participating practices reported the MMPP elevated their practice to the next level, allowing some to consider involvement in accountable care organizations and other CMS programs. The information briefs are expected to be released in the spring.

The CMS Practice Transformation Network (PTN) Cooperative Agreement application was completed last month in partnership with CRISP; the Maryland Learning Collaborative; and the Maryland State Medical Society, MedChi. Awardees of the PTN Cooperative Agreement will lead practices through a lengthy transformation process as defined in the application. CMS plans to make awards in April to applicants who have demonstrated pre-existing relationships with multiple primary care practices and specialists, and have advanced data sharing capabilities. CMS will award up to 35 applicants between $2M to $50M for a four-year period. CRISP is prime in the application; MHCC would facilitate the measures and evaluation activities of the PTN Cooperative Agreement.

Electronic Health Networks & Electronic Data Interchange

During the month, staff assisted NaviNet and Optum with their EHN recertification. 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*. Nearly 35 EHNs operating in Maryland are certified.

Staff is in the final stages of developing an information brief summarizing payors' 2013 Electronic Data Interchange (EDI) activity. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with premium volume of $1M annually, including specialty payors, to provide to MHCC an EDI Progress Report by June 30th each year. In preparation for the 2014 EDI reporting cycle, staff notified select payors about the reporting requirements.

National Networking

Staff attended several webinars during the month. Executive Strategies hosted, *The 10 Year Interoperability Roadmap in a Post Meaningful Use Era,* which highlighted ways to ensure interoperability as health IT continues to evolve. The webinar also discussed the future of testing and certification initiatives to more closely examine the exchange of electronic health care data. The CMS Medicare Learning Network Connects National Provider Call Program presented, *2014 Physician Quality Reporting System Submission Process,* which provided guidance on how eligible professionals and group practices participating in the Physician Quality Reporting System (PQRS) can earn the 2014 PQRS incentive and avoid a negative PQRS payment adjustment in 2016 through various reporting mechanisms. Epstein Becker Green Advisors hosted, *How Health Information Exchanges Are Supporting Population Health Managemen*t, which examined ways that HIEs integrate data exchange models to promote population health management programs, as well as current issues associated with sustainability, privacy and security, and data integrity.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

With several existing contracts are coming to term in 2015, staff is in the process of drafting Requests for Proposals for key support functions. There is also a commitment from the Exchange to continue producing performance reports for the Qualified Health Plans for the 2015 reporting period.

A Focus Group on health plan quality reporting was held on January 30, 2015. Participants were health benefit consultants from local firms including WorkforceTactix, Mercer, Sibson, Discern Health, and Kelly and Associates. The focus group critiqued the existing report and suggested changes in future reports. Providing health plan quality information through a dynamic website format was strongly supported by each of the participants. Several of their recommendations are being addressed through a new a procurement that is a work in progress.

Audit processes for the 2015 public reporting period on health benefit plan quality remain on track. Preparation for pre-onsite conference calls during February and March as well as onsite audits of health benefit plans during March and April are being finalized. MHCC and its audit partners continue to work closely to address carrier questions and concerns related to the annual audit. MHCC anticipates a successful 2015 audit.

Staff continues working with MHCC's AAG to execute a trademark for MHCC's newest quality measurement instrument, the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment (RELICC)™. Full and formal Registered Trademark "®" status remains pending a supplemental submission.

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. 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. We are also developing webpages for display of Health Plan member experience data for release in April.

Quality data continues to be collected through the QMDC for both inpatient and outpatient measures. 3Q2014 outpatient data was collected late January through early February; hospitals are currently in the process of submitting their 3Q2014 inpatient clinical and HCAHPS data to MHCC.

MHCC has released a contract solicitation to support additional consumer focus groups related to the Maryland Health Care Quality Reports website. Staff is currently fielding questions from potential bidders.

Healthcare Associated Infections (HAI) Data

The HAI Advisory Committee was held on January 28th. The agenda included an update on the QMDC website, discussion on the newly released CDC's National and State HAI Progress Report, an update on the upcoming display of CDI data on the QMDC, a discussion on the expansion of the HAI reporting requirements and a review of the draft Annual Survey of Infection Prevention and Control programs in Maryland.

MHCC staff is working on drafting the 2015 Annual Survey of Infection Prevention and Control Programs. Based on feedback from the HAI Advisory Committee, the survey is being updated and will be sent out to hospitals in February.

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. Conference calls are held bi-weekly.

Maryland hospitals continue to report *Clostridium difficile* infections data (CDI Lab ID events) through CDC's NHSN surveillance system. This data is slated to be publicly reported on the QMDC in April 2015. The staff is also working with hospitals on the new HAI data requirements that became effective January 1, 2015 including the expansion of CDI and MRSA bacteremia Lab ID event reporting into outpatient emergency departments and 24-hour observation units, as well as the expansion of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infections (CLABSI) into adult and pediatric medical, surgical, and medical/surgical wards. Preparations have begun for the next audit of NHSN data. MHCC staff is working with the contractor in pulling data from the NHSN database.

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.

Specialized Cardiac Services Data

The staff has completed the collection and processing of the 3Q2014 NCDR CathPCI and ACTION registry data. The first phase of the cardiac data validation process has been completed and the audit findings were shared with facilities in an educational webinar held on Dec. 4th at the MHCC offices. The staff and AGS (audit contractor) submitted a poster abstract for the ACC NCDR annual conference to be

held in March 2015. The abstract, which summarizes our cardiac data audit activities, was accepted and will be showcased during the national conference.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care
Assisted living survey reports have been updated. However, the issues with data quality sent from OHCQ remain. Additional correspondence has taken place and a meeting between the two agencies is scheduled for late February.

Quarterly updates to nursing home quality measures, staffing and survey results are under way.

Nursing Home Experience of Care Surveys
Lists of responsible parties of current residents and recently discharged residents are due to the contractor. Surveys and accompanying materials have been approved for printing and mailing. 2015 is the last year of the current contract so a new Request for Proposals must be prepared.

Home Health Agency (HHA) Quality Initiative
As reported in October LTC staff is working with Long-Term Care Policy and Planning and Certificate of Need (CON) staff to incorporate quality scores of home health agencies for use in CON decisions. Staff contributed to production of a white paper describing the current landscape, rationale for using a performance-driven process, and a proposed model for implementation. An initial meeting was held February 5, 2015 of an advisory group convened to provide feedback on the proposal. Staff will follow up with a more detailed proposal for discussion at a future meeting.

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 February 10, 2015 enrollment in the Partnership was as follows: 61 businesses; 152 enrolled employees; 256 covered lives. The average annual subsidy per enrolled employee is $2,570; the average age of all enrolled employees is 42; the group average wage is about $28,500; 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 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 expired between June 1, 2014 through December 31, 2014 they were 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), or by shopping directly on Maryland Health Connection, 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 in September 2014, the Partnership was closed to new groups effective January 1, 2014. Coverage and state subsidies under this Program will cease entirely by May 1, 2015.