

MARYLAND HEALTH CARE COMMISSION

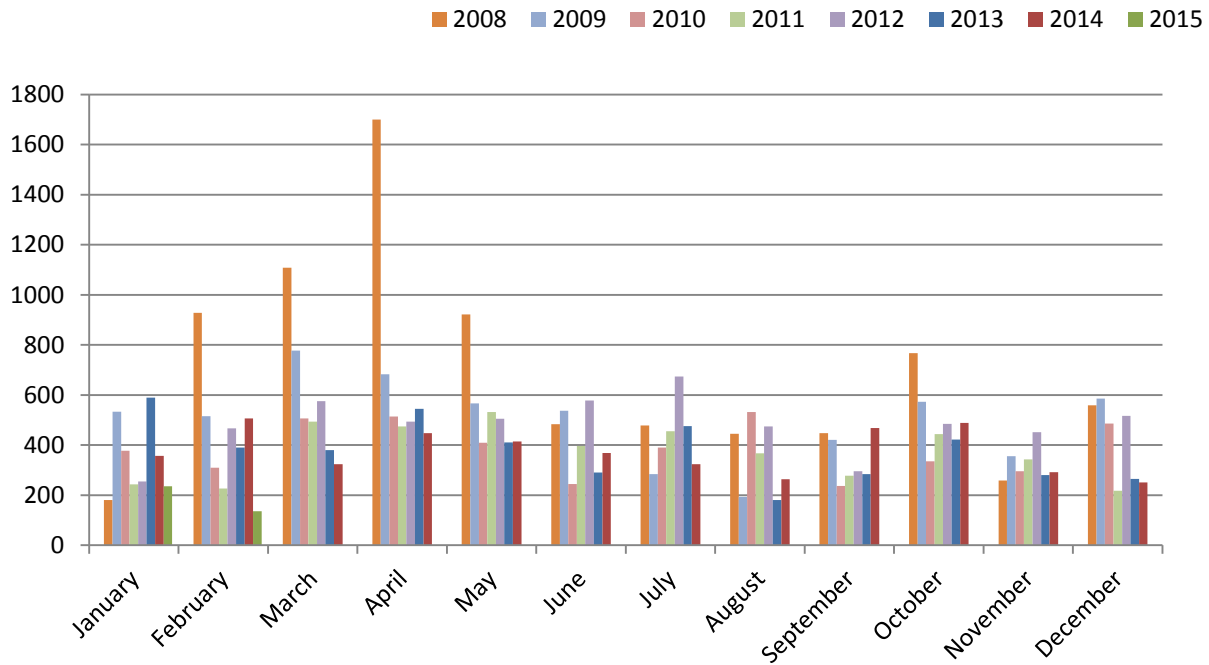
UPDATE OF ACTIVITIES

April 2015

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

**Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2015**



Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of \$136,086 for the month of February 2015. The monthly payments for uncompensated care from January 2008 through February 2015 are shown above in Figure 1.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

Commercially Insured Healthcare Spending

MHCC is required to annually report on statewide healthcare spending. MHCC reports annually on overall spending by major market segments, geographic regions, and age of enrollees. The report restricts analyses to full-insured plans, as there has not been complete data on pharmacy benefits for the self-insured, which is being collected as of 2014. While past reports restricted analyses to full-year enrollees and reported annual per capita spending, this year part-year enrollees are included and annualized per member per month (PMPM) spending is reported. Reporting based on PMPM and including both full and part-year enrollees is consistent with actuarial reports and insurance industry practices. Consistent with previous reports, this report finds variation in spending across the market segments, with spending the Maryland Health Insurance Partnership (MHIP), which is Maryland's high risk group, being the highest spending (\$1,075 PMPM) compared to the Individual Market, which usually has younger and more health members, having the lowest spending (\$207 PMPM). Out-of-pocket spending and spending by service categories followed a similar pattern. There was a 2.3% growth in overall spending between 2012 and 2013, with some variation by market segment. Staff will present the findings from this year's report at the Commission meeting on April 16, 2015.

Recognition of DHMH IRB and MCDB Data Release

At the Commission meeting on March 19, 2015, Commissioners approved additions to the MHCC data release policy, including charging for data releases and formation of a privacy board. Staff have been actively engaged in discussions for the release of data to the Hilltop Institute, which serves as Medicaid's database vendor. The data would be released to Hilltop to support analyses requested by Medicaid. At the Commission meeting on April 16, 2015, staff will request recognition of the DHMH IRB to review the release of data to Hilltop instead of Chesapeake IRB, the only recognized IRB. The Commission may recognize IRB's that may review data releases in lieu of forming its own IRB, as specified in COMAR 10.25.11.

MHCC is also in active discussion with Johns Hopkins School of Public Health and University of Maryland School of Public Health to set up pilot research centers focused on analyses of MCDB data. In addition, staff is discussing MCDB data requests with other interested academic institutions and research organizations. These requests, once they have passed initial review stages, will be brought to a future Commission meeting for approval.

Medicare State Agency

MHCC currently receives Medicare Research Identifiable Files through a research data use agreement (DUA). MHCC is converting this DUA into a State Agency DUA, a new option available from CMS. The State Agency DUA will permit MHCC to release Medicare data to state partners and may share the cost of the files and their maintenance with other agencies. Medicaid is expected to be the first agency to receive Medicare data from MHCC, once the State Agency DUA is approved. MHCC's application is currently being reviewed and expected to be approved in April or May 2015.

Internet Activities

Data from Google Analytics for the month of March 2015



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

As shown in the chart above, the number of sessions to the MHCC website for the month of March 2015 was 10,564 and of these, there were 56.95% new sessions. The average time on the site was 2:01 minutes. Bounce rate of 72.89 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, hsrc.state.md.us. Among the most common search keywords in March 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 Optometry New Board of Physical Therapy Examiners
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		LIVE
Long Term Care 2014 Survey		LIVE
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	LIVE
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 development

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The April 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This is the 32nd edition of the NOAS News & Notes. Features include:

- How does track changes work in Word 2013
 - Word 2013 has altered the way track changes work with a default not so show the changes, but mark where changes are made
 - Instructions provided to show the actual changes
 - Instructions provided to accept changes
 - Picture of the Word ribbon (REVIEW) used for track changes activities
- Tidy up your inbox by creating Labels
 - Within Microsoft Outlook email application, users created folders to keep emails grouped based on common topics
 - Within Google Mail, the folder equivalent is called a Label; emails can be labeled and stored in a Label container to help organize the Google mail inbox

Network Cleanup & Security Improvement Project

Project is underway to cleanup all network file drives and improve security measures. Steps to be taken, but are not limited to:

- Search for and delete all duplicate files
- Create additional storage for sensitive files
- Review user rights and access to all network file storage resources
- Creation of an file archival system
- External device security controls
- Increased training on network usage and security

Special Projects

**Health Insurance Rate Review and Health Care Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants**

During the Fall of 2013, CMS/CCIIO 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. Quarterly data submissions continue; however, some data issues have been discovered, requiring some carriers to resubmit data from earlier quarters. 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 and is in the process of executing a sole source contract with SSS to provide technical and infrastructure support to Tableau. That contract is pending approval from DOIT. In late February, staff executed a Grant Agreement with CRISP to develop an enrollee MPI file for 2014 and 2015 data submissions to the MCDB. In March, staff began drafting an RFP to procure a website development vendor to provide health care decision support for website application.

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. The Methodologist and Freedman continue 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. Freedman is also assisting staff in drafting the Scope of Work section of the website development RFP.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

Implementation of COMAR 10.24.17, Specialized Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services

The Cardiac Services Advisory Committee (CSAC) met for the second time on March 4, 2015. The CSAC discussed issues related to the development of regulations for external review of PCI services. Two guest speakers, Dr. Julie Miller and Dr. Steve Plantholt spoke about two different models for external review. In addition, the CSAC briefly reviewed a proposed schedule for Certificates of Ongoing Performance. Staff plans to use feedback from the CSAC to develop draft regulations and solicit informal feedback from the public.

State Health Plan Update: COMAR 10.24.17, Cardiac Surgery and PCI Services

Staff continues to work on drafting regulations for the external peer review process. Staff also reviewed requests for clarification on specific standards and anticipates proposing some additional minor changes to COMAR 10.24.17 to clarify some standards. Staff also requested feedback on the ICD-9 procedure codes that define cardiac surgery from members of the Cardiac Services Advisory Committee and will use the feedback received to consider changes to the ICD-9 codes included in the definition of cardiac surgery. Staff anticipates posting a draft amended COMAR 10.24.17 for informal public comment in April. The next Cardiac Services Advisory Committee meeting is scheduled for May 13, 2015.

State Health Plan Update: COMAR 10.24.15, Organ Transplant Services

Staff continues to work on developing material for the third work group meeting, which will be held on April 29, 2015. Staff has also reached out to members of the work group for additional feedback on specific issues and met with staff from The Johns Hopkins Health System to discuss the current need methodology. Staff also requested data from the United Network for Organ Sharing (UNOS) that will be used to explore changes to the need projection methodology.

Development of State Health Plan Regulations for Freestanding Medical Facilities

Staff continues to conduct research regarding the regulation of freestanding medical facilities in other states. Staff also began drafting regulations for freestanding medical facilities.

Other Activities

Staff discussed plans for an audit of the adult cardiac surgery data submitted to the Society of Thoracic Surgeons (STS) by Maryland hospitals with STS staff and Advanta Government Solutions, the contractor who will conduct the audit. Staff plans to solicit additional feedback from representatives for Maryland hospitals with cardiac surgery programs. Staff currently anticipates that data collection will begin in May and the audit will be completed by the end of October.

Long Term Care Policy and Planning

Minimum Data Set Project

CMS requires an annual renewal of the Data Use Agreement (DUA) that enables MHCC and Myers and Stauffer to have access to MDS data for Maryland nursing homes. That DUA has now been extended through March of 2016.

Hospital Palliative Care Study

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

Staff presented an update on the status of this project to the Commission at its March meeting. The results of initial data collection were presented, as well as an outline of the upcoming report, and a proposed timeline for the remainder of the study period.

The survey based on the National Quality Forum (NQF) best practices was sent to all pilot hospitals for completion. The next meeting with the pilot hospitals will focus on the results of this survey.

Hospice Survey

Reminder notices for completion of this annual survey were recently sent out to all hospices to let them know that Part I of this survey is due by April 13, 2015. Staff has been reviewing data as it is submitted, and works with hospice providers to assist in completion of the survey as needed.

Nursing Home Bed Occupancy and Medicaid Reports

Consistent with COMAR 10.24.08.05 A(2) and COMAR 10.24.08.05B(3), the Commission is required to publish in the *Maryland Register* updated data from its Long Term Care Survey to guide Certificate of Need review. These tables, "Nursing Home Licensed Beds Occupancy by Region and Jurisdiction: Maryland, Fiscal Year 2013" and "Required Maryland Medical Assistance Participation Rates for Nursing Home by Region and Jurisdiction: Fiscal Year 2013", were published in the *Maryland Register* on March 20, 2015. The statewide average annual occupancy rate for nursing home beds of 87.8% is the lowest recorded since 2004. Nineteen of Maryland's 24 jurisdictions saw average annual bed occupancy declined between 2012 and 2013.

The published data can be viewed on the Commission's website:

http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/hcfs_ltc.aspx

Updating the Home Health Agency (HHA) Chapter to the State Health Plan

A HHA Advisory Group's second meeting was convened on March 18, 2015. Discussion focused on new approaches to qualifying jurisdictions for consideration of new HHA providers and qualifying applicants to expand HHA services or establish new HHAs. The agendas, meeting summaries, a White Paper developed to initiate the Plan update process, and copies of the presentations as well as the Advisory Group's membership roster can be viewed at the Commission's website:

http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx

The third meeting of the HHA Advisory Group will be held on April 14, 2015 at 1:30 p.m. The focus of this meeting will be to discuss policy with respect to acquisitions, specialty HHAs, use of sole jurisdictions in structuring CON reviews involving changes in HHA services, and regulating the pace of change.

Long Term Care Survey

Collection of data through the annual Long Term Care Survey began on March 23, 2015. Over 700 facilities will participate in the survey this year. The Comprehensive Care Survey which includes the data for the User fee assessment submission due date is April 21, 2015. Staff sent 15-day reminder notices to the providers concerning completion of this survey component. The Survey response for assisted living, and special hospital-chronic facilities and adult day care programs is due May 21, 2015. Staff will continue to provide technical assistance to facilities during the survey period

Certificate of Need ("CON")

Approved CON's

Hospice of Washington County – Hagerstown (Washington County) – Docket No. 14-21-2356

Establish a 12-bed general inpatient hospice facility in Hagerstown

Approved Cost: \$7,015,000

CON Applications Filed

Recovery Centers of America - Waldorf (Charles County) - Matter No. 15-08-2362

Establish a 166-bed alcohol and drug abuse intermediate care facility located at 11100 Billingsley Road, in Waldorf

Estimated Cost: \$21,193,277

Recovery Centers of America - Earleville (Cecil County) - Matter No. 15-07-2363

Establish a 49-bed alcohol and drug abuse intermediate care facility at 314 Grove Neck Road, in Earleville

Estimated Cost: \$17,370,227

Recovery Centers of America – Upper Marlboro (Prince George's County) – Matter No. 15-16-2364

Establish a 125-bed alcohol and drug abuse intermediate care facility at 4620 Melwood Road, in Upper Marlboro

Estimated Cost: \$21,019,435

Change in Approved CON Filed

College View Center – Frederick (Frederick County) – Docket Number 12-10-2336

Increase in the cost of the replacement and relocation of a 119-bed comprehensive care facility (CCF) and a six-month extension of the third and final performance requirement. The replacement facility will have 130 beds.

Additional Estimated Cost: \$5,841,944

New Project Cost Estimate: \$26,367,755

First Use Approval

NMS Healthcare of Hagerstown – Hagerstown (Washington County) – Docket Number 10-21-2307
Renovation and expansion of the nursing home and an increase of 20 CCF beds
Final Cost: \$12,426,019

Pre-Application Conference

Recovery Centers of America – March 5, 2015

Application Review Conferences

Dimension Health System – March 26, 2015 and

Determinations of Coverage

- **Ambulatory Surgery Centers**

Bel Air Surgical and Vein Center, LLC – Bel Air (Harford County)

Establish an ambulatory surgery center with one sterile operating room and one non-sterile procedure room to be located at 2227 Old Emmorton Road, Suite 122, in Bel Air

Ludwick Laser and Surgery Center – Williamsport (Washington County)

Establish an ambulatory surgery center with one sterile operating room to be located at 10213 Governor Lane Boulevard, Suite 1004, in Williamsport

Lutherville Endoscopy Center – Lutherville (Baltimore County)

Elimination of urology as a surgical specialty offered at this surgery center which is located at 1300 A Bellona Avenue, in Lutherville

- **Acquisitions/Change of Ownership**

MBL Associates, Inc. (Montgomery County)

Acquisition of MBL Associates, a Maryland home health agency authorized to serve Montgomery County, by Asbury Communities which will operate the home health agency from its office at 201 Russell Avenue, in Gaithersburg.
Purchase Price: \$1,250,000

Tri-County Endoscopy-Hollywood – Hollywood (St. Mary's County)

Acquisition of Tri-County Endoscopy-Hollywood by MedStar Medical Group-Southern Maryland, LLC from Shah Associates, MD, LLC

Tri-County Endoscopy-Prince Frederick – Prince Frederick (Calvert County)

Acquisition of Tri-County Endoscopy-Prince Frederick by MedStar Medical Group-Southern Maryland, LLC from Shah Associates, MD, LLC

Maryland Healthcare Associates Endoscopy – Waldorf (Charles County)

Acquisition of Maryland Healthcare Associates Endoscopy by MedStar Medical Group-Southern Maryland, LLC from Shah Associates, MD, LLC

Carroll County Health Systems Corporation - (Carroll County)

Acquisition of Carroll County Health Systems Corporation by LifeBridge Health, Inc. to include Carroll Hospital Center, Carroll Hospice and Carroll Home Care.

- **Other**

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

Allegany Nursing Home/Mid Atlantic Cumberland – (Allegany County)

Temporary delicensure of eight CCF beds

Berlin Nursing & Rehabilitation Center – (Worcester County)

Temporary delicensure of 20 CCF beds

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

Ravenwood Nursing Care Center – (Washington County)

Permanent delicensure of four temporarily delicensed CCF beds

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology

Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. The committee discussed recommendations for improving the Federal Health IT Strategic Plan 2015-2020 (strategic plan). Recommendations focused on ensuring widespread, effective use of electronic health information to improve health care delivery. The committee explored reframing the strategic plan so that it: emphasizes the importance of person-centered health and wellness; aligns with other national health planning activities; and leverages health IT so consumers, payors, providers, and community-based organizations can partner to identify and achieve patient goals.

During the month, staff collected responses to the annual Hospital Health IT Survey (survey) and completed a quality review of the data. Chief Information Officers from all 47 acute care hospitals in Maryland participated in the survey, which assesses hospitals' adoption of Electronic Health Records (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. The survey also captures hospitals' participation in the Centers for Medicare & Medicaid Services (CMS) EHR Incentive Programs. Findings from last year's survey revealed that approximately 21 hospitals had plans to implement a patient portal by the end of 2014. Preliminary findings in this year's survey suggest that nearly all of those hospitals have implemented a patient portal, which is likely attributed to the meaningful use objective that requires hospitals to provide patients the ability to view, download, and transmit information about a hospital admission. A report detailing the survey findings is expected to be released in the summer.

Staff is in the preliminary stages of developing a strategy aimed at increasing EHR adoption and meaningful use among local health departments (LHDs). In the fall of 2014, staff conducted an environmental scan (scan) to assess EHR adoption, use and challenges in LHDs. Findings from the scan determined that while nearly 63 percent of LHDs have implemented an EHR, LHDs reported challenges pertaining to the ability to find a single solution that meets the facility's needs and limited availability of

technical resources exists among LHDs. Staff is collaborating with LHDs to develop a LHD EHR User Resource Guide (guide), as well as establishing select LHD technical workgroups. Staff also continued drafting, *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland* (report). This report highlights EHR adoption and use among the 233 comprehensive care facilities (CCFs) in Maryland. Data used for the report was gathered through the State's Annual Long Term Care Survey. Audacious Inquiry was competitively selected to assist in completing the work. A final report is scheduled to be released in June.

Informal draft amendments to COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services*, were released during the month for public comment. Health-General Article § 19-108.2 (2012) required the Commission to work with State-regulated payors (payors) and pharmacy benefits managers (PBMs) to implement electronic preauthorization processes in a series of three benchmarks. The law was amended in 2014 adding a fourth benchmark, which requires certain payors and PBMs to establish an electronic process by July 1, 2015 that allows a prescriber to override a step therapy or fail-first protocol for pharmaceutical preauthorization requests. The informal draft amendments add the fourth benchmark and a corresponding reporting requirement. The informal draft amendments also remove expired payor and PBM reporting requirements pertaining to the first three benchmarks and add language requiring payors and PBMs to maintain their electronic preauthorization processes and demonstrate continued compliance with all four benchmarks. Public comments to the informal draft amendments are due to MHCC by May 8th.

Staff reviewed renewal applications received during the month from the following four State-Designated Management Service Organizations (MSOs): Children's IQ Network; MedChi Network Services, LLC; MedTech Enginuity Corporation; and Syndicus, Inc. In addition, staff approved an initial application for MSO State-Designation received from Cyfluent, Inc. MSOs provide technical assistance to providers with health IT, particularly EHR adoption, implementation, and achievement of meaningful use. As part of the application process, MSOs are required to demonstrate compliance with new criteria that became effective in April 2014. The new criteria ensures that MSOs are well-positioned to assist providers in achieving practice transformation under health care reform and allows for flexibility in demonstrating compliance with federal and State privacy and security requirements.

Health Information Exchange

During the month, staff participated in a meeting with the Chesapeake Regional Information System for our Patients (CRISP) Board of Directors (Board). The Board discussed CRISP's financial report, planned changes for managing accounts receivable, and opportunities to ensure CRISP has sufficient cash reserves. Staff is developing a proof of concept framework for a pilot with CRISP that will enable them to receive electronic administrative transactions from ambulatory practices. CRISP would like to use administrative data to bolster ambulatory practice alerts. The pilot will involve select ambulatory practices, a Maryland-based electronic health network (EHN) and CRISP. The technical specifications of the pilot are expected to be finalized over the next month, with the launch of the pilot planned for this summer. During the month, staff continued to provide support to the independent auditor, CliftonLarsonAllen (CLA), for the annual privacy and security audit of CRISP. CLA concluded its field work during the month and expects to issue a preliminary draft report of the audit findings in April.

The Pharmacy HIE Access Workgroup (workgroup) met virtually to continue discussions on a limited use case pilot that would allow five community pharmacy sites to have access to clinical information available through the CRISP Query Portal. During the meeting, the workgroup drafted a project plan for implementing the pilot, assessment approach, and methodology. The pilot will help inform efforts to expand CRISP services to nearly 1,600 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. Enabling greater access to clinical information, such as medication history, laboratory results, radiology reports, and transcribed reports, by community pharmacists will help support care delivery.

Over the next month, the workgroup is expected to finalize the project plan, assessment approach, and methodology.

Implementation of the telehealth pilot projects (projects) continued during the month. The three project participants include: (1) Atlantic General Hospital Corporation (Atlantic General) 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 in partnership with the Bel Air facility of Lorien Health. The projects aim to assess how use of telehealth can improve transitions of care between hospitals and CCFs, with the goal of reducing utilization of hospital services. Participants are required to use an EHR and HIE services available through CRISP to assist with care coordination. All project participants have implemented their telehealth intervention. During the month, staff conducted a site visit at Atlantic General. Staff continues to provide support to the projects as they seek to optimize the impact of telehealth interventions on hospital admissions, readmissions, and emergency department visits. Staff plans to release preliminary results from the projects in the fall of 2015.

Staff continues drafting the HIE environmental scan (scan) report, which evaluates the current and future landscape of HIEs in Maryland. The report includes recommendations on proposed changes to the definition of an HIE in statute and simplifying the HIE registration process. A summary of the scan findings is planned for release this summer. STS Consulting Group was competitively selected to assist in completing the work. The HIE Policy Board, a staff advisory workgroup tasked with recommending policies governing the electronic exchange of protected health information (PHI), met in March. Participants discussed potential policies related to the release of secondary data from HIEs to certain entities for research and public health purposes. Staff anticipates the workgroup finalizing the research and public health use case over the next month. Staff plans to provide background information in April to participants that have recently joined the workgroup.

Innovative Care Delivery

Staff continues to assist the 51 practices participating in the Maryland Multi-Payor Patient Centered Medical Home (PCMH) Program (MMPP) with the annual reporting of their quality measures for the 2014 performance year. MMPP practices can earn shared savings payments based on their achievement of the quality measures; shared savings payments are calculated on a percentage of a practice's savings generated through improving care delivery and patient outcomes. Staff completed a preliminary assessment of the quality assurance data submitted over the last month; all performance data is expected to be collected and reviewed in April. Staff plans to issue reports later this summer that detail MMPP practices' achievement of certain quality measures in comparison with national averages. The reports will also identify specific areas of focus for future quality improvement efforts.

Staff presented to State-Designated MSOs information on Maryland's CMS Practice Transformation Network (PTN) Cooperative Agreement application (application). The application consists of a partnership with CRISP (as prime), the Maryland Learning Collaborative, and MedChi, The Maryland State Medical Society. The focus of the application centers on providing clinicians with quality improvement guidance that will lead to practice transformation. If awarded funding, staff will be responsible for coordinating program metrics; evaluation and reporting; recognizing practice training organizations; and expanding practice HIE connectivity. CMS anticipates making up to 35 awards in April, which will range from \$2-50M over a four-year period.

During the month, staff initiated planning activities to reconvene the PCMH Program Transformation Workgroup (PTW). The PTW consists of payors and providers; previously the PTW developed recommendations for expanding advanced primary care models in the State. Over the next six months, the PTW is expected to consider developing recommendations on: measuring quality performance; attributing patients to a practice; ensuring payment transparency to practices; supporting care coordination; and qualifying a primary care practice as a participant in a single carrier PCMH program.

Electronic Health Networks & Electronic Data Interchange

Two EHNs were recertified by staff during the month: CareStream Dental, LLC and Tesia Clearinghouse, LLC. EHNs operating in Maryland are required to be certified by MHCC in accordance with COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. As part of the certification process, EHNs must receive national accreditation and demonstrate compliance with over 100 criteria related to privacy, security, and business practices. During the month, staff distributed to 38 payors their 2015 Electronic Data Interchange (EDI) Progress Report (report) for completion. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with annual premiums of \$1M or more, including select specialty payors, to report census level administrative health care transactions data to MHCC annually. Next month, staff will begin to analyze the EDI data submitted by payors; all reports are anticipated to be received by the end of June.

National Networking

Staff attended several webinars during the month. The Workgroup for Electronic Data Interchange hosted, *Carequality for a Common HIE Framework*, which provided viewpoints on how to build on existing electronic exchange capabilities and leverage existing standards to enable electronic exchange across multiple networks, vendors, and geographic boundaries. The Southwest Telehealth Resource Center presented, *Improving Care Coordination and Quality through Statewide HIE*, which discussed the benefits of securely sharing patients' PHI through the Arizona statewide HIE, Arizona Health-e Connection. The webinar also highlighted several new services that Arizona's statewide HIE will begin offering to providers, hospitals and health plans. The (Joe) Kanter Family Foundation hosted, *Leadership Conference: Unifying Accomplishments in the Learning Health System and Accelerating Progress*, which provided an overview of the key components needed to enable learning, such as, implementing learning initiatives and networks, enhancing methods for learning, and working with stakeholders across every sector to promote the use of health IT.

<i>CENTER FOR QUALITY MEASUREMENT AND REPORTING</i>
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Health Plan Quality & Performance

Staff is continuing to move the procurement process forward. One contract Modification has been drafted and is pending anticipated approval by the Board of Public Works in mid-April. Two Requests for Proposals for key support functions are being drafted. Staff continues its commitment to support the Exchange for the 2015 reporting period.

The onsite carrier audits for the 2015 public reporting period on health benefit plan quality remain on track. On-site visits began taking place in early March and are scheduled to conclude in mid-April. MHCC and its audit partners continue to work closely with carriers to address carrier questions and concerns related to the annual audit. MHCC anticipates a successful 2015 audit.

Staff continues to work on the development of the 2015 Health Benefit Plan Quality Report series while concurrently providing input into development of a navigable website to go live prior to the start of the State's open enrollment period anticipated before November 1, 2015.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care

Long standing issues with the integrity of the resident characteristics section of the nursing home profile were resolved through several months of testing by the contractor, Myers & Stauffer, and review by MHCC staff. The data for ambulatory status, dementia, and tube feeding will continue to be monitored for

trends over time; however, we are now confident aberrations are not due to data abstraction/processing errors.

Nursing Home Experience of Care Surveys

Data collection is a work in progress through mid-May, with a second survey to be mailed at the end of April to non-respondents. In late May the contractor will begin phone calls to non-respondents, which will complete the data collection protocol. Analysis of data is scheduled for June; upon completion of analysis reports are sent to facilities in late June or early July.

LTC HCW Influenza Surveys

The surveys opened for data submission on April 1, 2015; the data submission period continues through May 15, 2015. All nursing homes and assisted living residences with 10 beds or larger participate in this survey.

Home Health Quality Initiative

Centers for Medicare & Medicaid Services (CMS) announced rollout of a star rating system for home health agencies on *Home Health Compare* in 2015. This is part of a larger plan to adopt star ratings across all Medicare.gov Compare websites. Medicare-certified HHAs that have at least 20 complete quality episodes for a measure will receive a star rating reported on CMS *Home Health Compare*. Center staff continue working collaboratively with CMS in the testing of the HHA measures and will mirror the CMS implementation of the Home Health Compare Star Rating System for inclusion in the Maryland Consumer Guide to Long Term Care. The Star Ratings will also be evaluated for their suitability as a quality indicator in the CON approval process.

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 continues to evolve and expand. Over the past month, new webpages have been developed for display of Health Plan member experience data and new healthcare-associated infections data have been previewed by hospitals, updated and formatted for public release this month. Hospital performance on CLABSI in ICUs has also been updated to include CY2014 data. Since the initiation of this quality reporting initiative, CLABSI's in ICUs have been reduced by over 50%. The website includes the top 25 inpatient medical conditions and average charges for each Maryland hospital and statewide is displayed on the site. The staff is considering alternative options for providing meaningful price comparison information for consumers, such as focusing on common elective procedures and costs. We will continue to develop new approaches for providing cost information and will rely on our consumer focus group sessions to inform our work. The staff also works closely with the HSCRC and their Consumer Engagement Taskforce (established to support the new all payer model program) to identify consumer interests and information needs.

Healthcare Associated Infections (HAI) Data

Maryland hospitals continue to report *Clostridium difficile* infections data (CDI Lab ID events) through CDC's NHSN surveillance system. Calendar year 2014 data has been added to the Maryland Health Care Quality Reports website for CDI and CLABSI in ICUs.

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.

MHCC staff requested CDI and MRSA data from hospitals in early March in preparation for the upcoming audit of NHSN data. The staff in collaboration with the audit contractor, work closely with hospital Infection Preventionists to provide guidance on audit requirements and procedures. Additional data for CLABSI and CAUTI will be requested from the hospitals in the near future.

The staff is also preparing for the 2015 Annual Survey of Hospital Infection Prevention and Control Programs. We are soliciting feedback from our HAI Advisory Committee and plan to send the survey to hospitals in the near future.

The 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.

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 cardiac data validation process has been completed and the audit findings were shared with facilities through an educational webinar. 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. A poster presentation was showcased during the national conference in San Diego and we received positive feedback on the data validation initiative.

The staff has initiated discussions for an audit of the Society for Thoracic Surgery (STS) cardiac data base to support the CON program and health planning activities of the Center for Health Facilities Planning and Development

Small Group Market

Health Insurance Partnership

The “Partnership” premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of April 6, 2015 enrollment in the Partnership was as follows: 18 businesses; 42 enrolled employees; 74 covered lives. The average annual subsidy per enrolled employee is \$3,036; the average age of all enrolled employees is 40; the group average wage is about \$23,775; the average number of employees per policy is 3.3. The declines in coverage over the past several months is mainly attributable to the phase-out of this state subsidy program, which began on June 1, 2014. 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. As a result, HB 759 was introduced this Legislative Session to repeal this state subsidy program, and the Commission testified in support of the bill.