MARYLAND HEALTH CARE COMMISSION

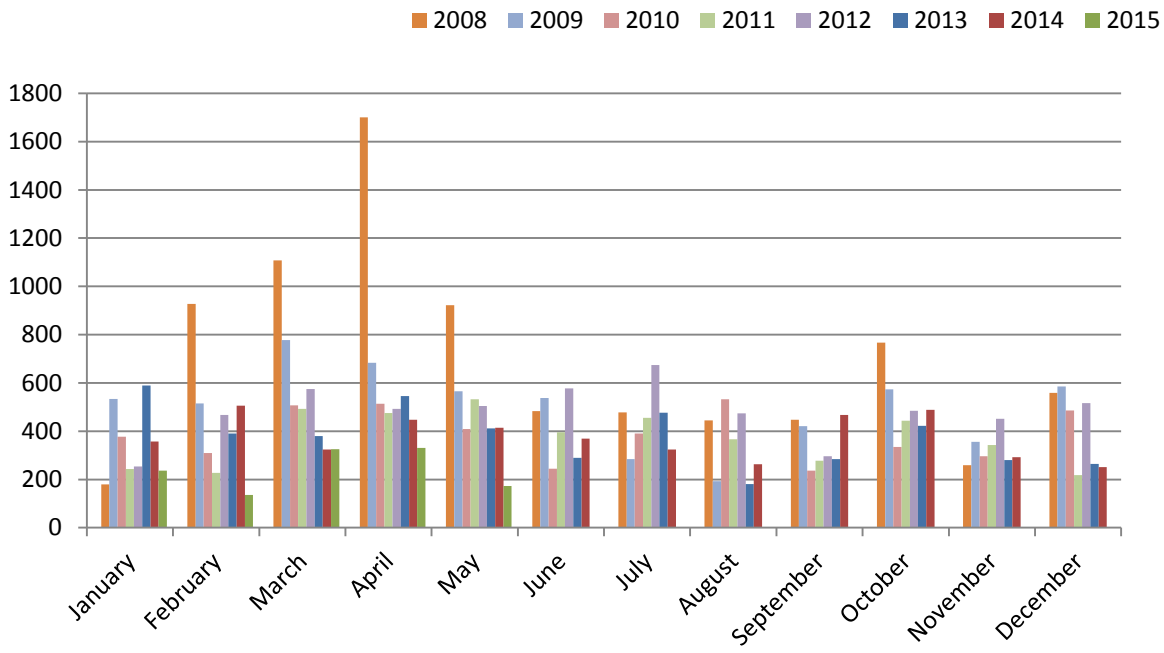
UPDATE OF ACTIVITIES

July 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 $172,818 for the month of May 2015. The monthly payments for uncompensated care from January 2008 through May 2015 are shown above in Figure 1.

Uncompensated Care Compensation
Effective on July 1, 2015, the Trauma Fund will reimburse uncompensated care claims at 100% of the Medicare rate for the Baltimore area.

On Call Stipends
The January through June 2015 on call applications are due to the Commission on July 31, 2015.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

Physician Dashboard

As part of the third phase of the Maryland Health Workforce Study, MHCC has been working with the professional boards to update their license renewal applications to better meet the data demands of workforce analyses. With funding support from the Governor's Workforce Investment Board (GWIB), MHCC has also been developing a public dashboard to display data on physicians, which was the segment with the most comprehensive data. The dashboard provides maps of the distribution of physicians overall and for primary care providers, mental health providers, and OB/Gyn. The dashboard also allows the users to filter and explore the data by age, gender, race, EMR adoption, specialty, setting, and acceptance of Medicare, Medicaid, and private insurance members. Staff presented the dashboard to GWIB and will present it at the Commission meeting on July 16, 2015. The dashboard will be displayed on MHCC website and made public once stakeholder review and any needed updates are completed.

Transparency Tools and Dashboard Development

As part of the CCIIO Cycle III and IV grant deliverables, MHCC will produce dashboards for specific topics and audiences: (1) Industry Portal – this portal will display health care data, such has provider and procedure level prices and geographic distribution of services; (2) Consumer Portal – this portal will display health care prices targeted toward a consumer audience and permit them to review costs and compare provider; (3) Provider Portal – this portal will display health care prices targeted toward providers and will let providers better understand their own spending and compare themselves to other providers; (4) Maryland Insurance Administration (MIA) Dashboard – this dashboard is designed specifically to support MIA rate review and will provide utilization and cost trends in custom and non-public dashboards; (5) Hospital pricing for elective procedures – this dashboard will display surgeon professional prices in conjunction with facility bills that are already displayed on the existing Maryland Health Care Quality Reports site.

Staff continues to work in-house on developing the Industry Portal, MIA Dashboards, and Hospital pricing applications with in-house resources. Staff presented the MIA Dashboard to MIA staff, which was met with very positive reviews. Staff will continue to expand the dashboard over time, based on MIA needs. With support from the Project Management Office, staff continues to work through the procurement process for a web development vendor to develop the Consumer and Provider Portals. In addition, staff plans to procure Prometheus Payment software, an episode grouper, and technical support from Health Care Incentives Improvement Institute, developers of the software, to develop the pricing measures to be displayed on the Consumer and Provider Portals. The procurement process for this activity will begin in July.

MCDB Portal and ETL Development

A complete version MCDB Portal and ETL System are in production now. The team has moved to a maintenance phase with planned updates expected over the course of the next year. Payors are currently submitting 2015 Q1 data on the MCDB Portal. One important update will be to address claims versioning, which has become a critical issue with receiving incremental paid claims files. Staff continues to work with Social and Scientific Systems (SSS) to develop a design plan to create a cross-payor methodology to handle the varied claims versioning approaches taken by payors. Data for paid claims in 2014 have been processed and preliminary files have been delivered to the MIA to support their rate review activities.

Internet Activities

Data from Google Analytics for the month of June 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 June 2015 was 2,016 and of these, there were 65.97% new sessions. The average time on the site was 2:37 minutes. Bounce rate of 59.72 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 June 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
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	

Boards & Commissions Licensing Site(13 sites)	Redesign New Credit card Interface	UPDATED CHIRO to go live
Physician Licensing	**Go Live 7/15**	**Updated Physicians Licensing with new HIT and BOP questions.** **New NPI Search and Validation** **Created new Credit Card interface to be PCI compliant.**
CCRC	*NEW*	Completed / Testing
Health Insurance Partnership Registry Site	Taking Down	Auditing payments for several employers (Ongoing)
Hospice Survey 2014		Closed. Uploaded database
Long Term Care 2014 Survey	Completed	Closed out web site and database
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	Closed
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	LIVE	SEARCH ENGINE COMPLETED
MMCC Maryland Medical Cannabis Commission	LIVE	Updated FAQ 's Added New Navigation Tab and Menus.

Database Development & Applications

Data Processing / Other support

- Worked with HSCRC to make Palliative Care discharge data available for CON analysis.
- Working with the Network staff to train programmers to take over routine administrative functions such as setting permissions, resetting the SAS server, setting up new SAS users.

- Provide technical review and feedback on the pricing RFP
- Provide assistance to staff with SecureAuth google mail transition
- Attend Minimum Data Set contractor conference calls and review documentation and programs from the contractor
- Updated psychiatric discharge data processing programs due to changes in field values

Web Development/Updates

- Began development of the Physician Workforce web application with embedded Tableau visualizations
- Updated the Assisted Living inspection reports section of the Long Term Care Guide
- Worked with the Quality reporting unit to make sure that all Long Term Care guide data processing is documented and that updates can continue after the Long Term Care Chief's retirement.
- The Medicare 2013 public use file became available June 1 and will be incorporated into the industry pricing portal development.
- Provided assistance to admin staff to prepare website documents and videos for the Commissioners retreat as well as documents for the June Commission meeting, intranet, Health IT and HIE, telemedicine, palliative care workgroup, CON, Ambulatory Surgery, procurement, contacts, meeting schedule, home health survey, healthcare associated infections, public comments, and PCMH
- Previewed for staff the new archive document application which allows staff to upload and archive older documents that are removed from the main MHCC website

AHRQ - Monarhq

- Researching use of the monahrq open source framework
- Registered and attended Monahrq open source framework webinar on how to develop wings and flutters to incorporate APCD data
- Downloaded and installed the new WinQI software from AHRQ.
- Reviewing to determine data processing updates and improvements from the previous software version.

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The July 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 35th edition of the NOAS News & Notes newsletter. Features:

- Phishing
    - Offered a reminder about the tricks of hackers using phishing techniques:
        - Use of false hyperlinks that lead to scam sites and how to deal with such links
        - Beware of suspicious texts within emails
        - Beware of strange/altered URLs
- Use of Public Computers
    - Reminder to always log out of your email/locked accounts when using public computers located in sites such as the public library or a cyber café
- Use of the C: Drive on Office Workstations
    - Reminder that all important files should be saved on network drive resources
    - Local C: drive resources are not included in the backup schedule

Technology Upgrades

The following upgrades have been done:

- Upgrade of the internal SQL Server & test web server
    - Storage: 500GB upgraded to 12TB
    - RAM: 4GB upgraded to 98GB
- Upgrade router – primary connection to DHMH network and Internet resources
    - Upgrade provides direct fiber connection to DHMH network and the Internet; replaced fiber to copper transceiver

Special Projects

Health Insurance Rate Review and Medical 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 and, if data issues are discovered, carriers are resubmitting data from earlier quarters, with a smooth and timely data reconciliation process. In addition, staff continues working with the database contractor and the PMO on the design, development, and implementation of a data warehouse, which is expected to be completed by the end of summer 2015. Staff will request a one-year No Cost Extension from CCIIO to continue the development of all Cycle III milestones with remaining grant funds.

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. With Business Intelligence (BI) software now procured from Tableau to support the development of dashboards to be displayed on MHCC's consumer and provider portals, as well as data displays to support MIA's enhanced rate review process, staff procured a sole source contract with SSS in June to provide technical and infrastructure support to Tableau. To further support that project, staff is drafting an RFP to procure a website development vendor to provide health care decision support for the website application. The draft RFP was submitted to DoIT in June for preliminary approval, and is expected to be released via eMarylandMarketplace later this summer.

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 and the development of a data

display dashboard that will provide the MIA with cost trends for rate review analyses. 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 also will present an update on the pricing transparency initiatives at a stakeholder workgroup meeting scheduled for July 15th at MHCC.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.17, Cardiac Surgery and PCI Services
Staff posted draft proposed changes to COMAR 10.24.17 for a second round of informal public comments on June 18, 2015 with comments due by July 6, 2015. Staff also met with representatives from several hospitals to discuss their concerns regarding the draft proposed changes. Staff will be presenting proposed changes to COMAR 10.24.17 at the July Commission meeting for consideration as proposed permanent regulations.

State Health Plan Update: COMAR 10.24.15, Organ Transplantation Services
Staff considered feedback received at the May work group meeting and prepared for what is planned as the final meeting of this work group on July 14, 2015.

Development of State Health Plan Regulations for Freestanding Medical Facilities
Staff continued to work on drafting regulations for freestanding medical facilities. Staff has almost finalized membership of the work group. The first work group meeting will likely be in late August and posting of a draft Plan chapter for informal review and comment will take place before the first work group meeting.

Other Activities
Staff worked on creating an application for a Certificate of Conformance to establish primary PCI services.

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 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, as well as programming MDS data to support the Long Term Care Survey and various component reports. Developmental work on the Nursing Home Occupancy Report has also been completed.

During the past month, Myers and Stauffer conducted a training session for Commission staff on programs for the Long Term Care Survey products. They have also developed a transition plan. This contract ended in June, 2015. Staff has begun work on an RFP to obtain vendor support for continuation of the MDS Manager work.

Hospital Palliative Care Study
A meeting of the Hospital Palliative Care Advisory Group was held on June 2, 2015. At the meeting, staff presented an overview of work done since the last full advisory meeting. First, data was presented from the Center to Advance Palliative Care (CAPC) for 2012 and 2013; this was reported by all 11 pilot hospitals. Second, staff presented some selected data from the MHCC Survey of National Quality Forum (NQF) preferred practices to identify the alignment of 38 NQF endorsed preferred practices with the current pilot

hospitals' operations. Finally, information was presented from the first six months of data collected from the HSCRC hospital discharge abstract that included flagged palliative care patients from the 11 pilot hospitals.

During this month, discussion were held with the St. Paul Group, MHCC contractors, for work on case mix adjustment of average length of stay and charge information in the palliative care data set produced through the flagging of discharges by the pilot hospitals in the HSCRC discharge data base.

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

Hospice Education and Outreach
A meeting on Hospice Education and Outreach was held on June 9, 2015 at the Maryland Hospital Association. This meeting was co-sponsored by the Commission and the Hospice & Palliative Care Network of Maryland. Unlike previous meetings which focused on Baltimore City or Prince George's County, this meeting was targeted to all hospices statewide. Representatives from 17 hospices were in attendance. Speakers included Cozzie King and Diane Hill Taylor of the Diversity Council of the National Hospice and Palliative Care Organization speaking on: ***Inclusion and Access: Engagement, Education, Evaluation and Assessment.*** In addition, Dr. Christina Puchalski, a palliative care physician and Director of the George Washington University Institute for Spirituality and Health, presented: ***There is Going to Be a Miracle - Decision Making When Religious Beliefs and Medical Realities Conflict.***

Hospice Survey
Data collection for the FY 2014 Maryland Hospice Survey was completed in June. Staff is reviewing this data and resolving questions through communication with hospice providers.

Updating the Home Health Agency (HHA) Chapter to the State Health Plan
Staff is completing work on a draft update of the HHA Chapter of the State Health Plan. (The current regulations can be found in COMAR 10.24.08. A new plan chapter just for HHA services will be produced as COMAR 10.24.16.) It is anticipated that a draft HHA Chapter will be posted for informal review and comment in August. It will reflect input gathered from an HHA Advisory Group that met between February and April of this year. The agendas, meeting summaries, White Paper, and copies of the presentations as well as the Advisory Group's membership roster are available on the Commission's website at http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx

Home Health Survey
The 2014 Home Health Agency Annual Survey collection started on May 21, 2015 and responses are due on July 20, 2015. Fifty-seven agencies will complete the statewide survey this year. Staff continues to provide technical assistance to the providers during the collection period.

Long Term Care Survey
Data collection associated with the Maryland Long Term Care Survey for comprehensive care facilities, which included the User Fee Assessment and questions on use of information technology is completed. Two hundred thirty comprehensive care providers participated in this year's survey with a 100% submission rate.

Data collection associated with the Maryland Long Term Care Survey for Assisted Living, Chronic Care facilities and Adult Day Care Programs is 99% complete. On June 23, 2015, eight facilities were fined for non-compliance. Staff will continue to provide technical assistance to the providers until all the surveys are submitted.

Certificate of Need

CON's Approved

Lorien Harford Nursing & Rehabilitation Center – (Harford County) – Docket No. 15-12-2359

Establishment of a 70-bed comprehensive care facility (CCF) to be located at 2000 Rock Spring Road, in Forest Hill.
Approved Cost: $12,215,376

CON Exemptions Approved

Seasons Hospice and Palliative Care of Maryland and Optum Palliative and Hospice Care
Merger of these two general hospices with Seasons as the surviving entity. Both facilities operate in Baltimore and Prince George's County and their operations in these counties will be merged. Seasons will replace Optum as a general hospice care provider in Montgomery County.

CON Letters of Intent

Johns Hopkins Surgery Center Series – (Baltimore County)
Establish an ambulatory surgery center with five operating rooms and four non-sterile procedure rooms to be located at 10803 Falls Road in Lutherville.

Pre-Application Conference

Johns Hopkins Surgery Center Series – (Baltimore County)
Establish an ambulatory surgery center with five operating rooms and four non-sterile procedure rooms to be located at 10803 Falls Road in Lutherville (Baltimore County).
June 17, 2015

Chesapeake Treatment Center – (Baltimore County)
Convert eight residential treatment center (RTC) beds that are limited to serving adjudicated violent juvenile sex offenders (VJSO) referred by the Maryland Department of Juvenile Services (DJS) to non-VJSO RTC beds, with admission limited to juveniles or transitional youth in DJS custody for whom placement in another Maryland RTC has not been possible or for whom DJS determines that clinically suitable services are not available in another Maryland RTC
June 22, 2015

Determinations of Coverage

- **Ambulatory Surgery Centers**

SurgiCenter of Baltimore, LLP – (Baltimore County)
Acquisition of a minority ownership interest by Tenet Healthcare Corporation in the surgery center located at 23 Crossroads Drive, Suite 100, in Owings Mills

Shady Grove Fertility Center – (Montgomery County)
Relocation and replacement of the ambulatory surgery center which has two operating rooms and four non-sterile procedure rooms, from 15001 Shady Grove Road, in Rockville to an adjacent site, 9601 Blackwell Road, in Rockville

Frederick UroSurgical Center – (Frederick County)
Establish an ambulatory surgery center with one non-sterile procedure room to be located at 110 Baughmans Lane, Suite 201, in Frederick

SMART Pain Surgery Center at Germantown – (Montgomery County)
Establish an ambulatory surgery center with one non-sterile procedure room to be located at 19851 Observation Drive, Suite 350, in Germantown

- **Acquisitions/Change of Ownership**

NMS Healthcare of Silver Spring – (Montgomery County)
Acquisition of NMS Healthcare of Silver Spring by Sabra Health Care Northeast, LLC
Purchase Price: $57,160,000

NMS Healthcare of Hyattsville d/b/a St. Thomas More Medical Complex – (Prince George's County)
Acquisition of NMS Healthcare of Hyattsville d/b/a St. Thomas More Medical Complex by Sabra Health Care Northeast, LLC
Purchase Price: $74,530,000

NMS Healthcare of Hagerstown – (Washington County)
Acquisition of NMS Healthcare of Hagerstown by Sabra Hagerstown, LLC
Purchase Price: $58,850,000

New Annapolis Nursing, LLC d/b/a Bay Ridge Health Care Center – (Anne Arundel County)
Acquisition of New Annapolis Nursing, LLC d/b/a Bay Ridge Health Care Center by Sabra of New Annapolis Nursing, LLC
Purchase Price: $43,460.000

- **Capital Projects**

University of Maryland St. Joseph Medical Center – (Baltimore County)
Capital expenditure for the upgrade and renovation of the Central and West Wing of the hospital's third floor. which serves obstetrics and gynecological patients
2015 MHA Bond Review Request
Estimated Cost: $2,000,000 MHA Requested Amount: $1,000,000

University of Maryland Rehabilitation and Orthopaedic Institute – (Baltimore City)
Capital expenditure for the renovation and upgrade of the Kernan Dental Services facilities located on the Terrace Level within the hospital
2015 MHA Bond Review Request
Estimated Cost: $300,000 MHA Requested Amount: $150,000

MedStar Franklin Square Medical Center – (Baltimore County)
Capital expenditure for the renovation of a currently vacated inpatient unit to serve oncology patients.
2015 MHA Bond Review Request
Estimated Cost: $1,752,750 MHA Requested Amount: $876,375

Edward W. McCready Memorial Hospital – (Somerset County)
Addition of acute psychiatric inpatient and outpatient services in collaboration with Adventist Healthcare, Inc.
2015 MHA Bond Review Request
Estimated Cost: $1,400,000 MHA Requested Amount: $686,000
DETERMINED TO REQUIRE CON REVIEW AND APPROVAL AS A CHANGE IN THE TYPE OF SCOPE OF SERVICES PROVIDED AND A CHANGE IN BED CAPACITY

Atlantic General Hospital - (Worcester County)
Capital expenditure for development of a regional cancer center
2015 MHA Bond Review Request
Estimated Cost: $9,234,669 MHA Requested Amount: $4,524,988

Anne Arundel Medical Center – (Anne Arundel County)
Capital expenditure for renovations to the Pathway Drug and Alcohol Substance Use and Co-occurring Treatment Center

2015 MHA Bond Review Request
Estimated Cost: $1,000,000 MHA Requested Amount $500,000

Union Hospital – (Cecil County)
Capital expenditure for the development of a community-based Behavioral Health crisis Assessment and Stabilization Center close to the hospital campus
2015 MHA Bond Review Request
Estimated Cost: $2,500,000 MHA Requested Amount: $1,250,000

MedStar Montgomery Medical Center – (Montgomery County)
Capital expenditure for expansion and renovation of the hospital's Maternal Newborn Center and Nursery
2015 MHA Bond Review Request
Estimated Cost: $1,000,000 MHA Requested Amount: $300,000

St. Agnes Hospital – (Baltimore City)
Capital expenditure for the renovation of Unit 2100 in the North Tower to construct a combined pediatric Emergency Department and inpatient unit
2015 MHA Bond Review Request
Estimated Cost: $3,000,000 MHA Requested Amount: Not provided.

Adventist Healthcare Behavioral Health and Wellness Services – Rockville – (Montgomery County)
Capital project for the renovation of space in the administrative building to support programming of the Behavioral Health Outpatient Program
2015 MHA Bond Review Request
Estimated Cost: $800,000 MHA Requested Amount: $392,000

Adventist HealthCare Shady Grove Medical Center – (Montgomery County)
Capital expenditure for a family lounge to support families with children being treated in the neonatal intensive care unit and outpatient pediatric rehabilitation program
2015 MHA Bond Review Request
Estimated Cost: $570,000 MHA Requested Amount: $279,300

Doctor's Community Hospital – (Prince George's County)
Capital expenditure for the creation of a Community Health Care Center to be located at 6400 Marlboro Pike, in District Heights
2015 MHA Bond Review Request
Estimated Cost: $1,000,000 MHA Requested Amount: $500,000

- **Waiver Beds**

Villa Rosa Nursing Home – (Prince George's County)
Relinquish eight previously approved waiver beds authorized in February, 2012. The facility's bed capacity will remain at 101 CCF beds

Villa Rosa Nursing Home – (Prince George's County)
Addition of six CCF waiver beds at the facility for a total of 107 CCF beds

- **Other**

Seasons Hospice d/b/a Serenity House at Paradise Farms – (Anne Arundel County)
Establish a hospice house to be located at 250 West Pasadena Road, in Millersville

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology

Staff provided support to the Maryland Institute for Emergency Medical Services Systems (MIEMSS) in completing a grant application for the *Community Interoperability and Health Information Exchange Cooperative Agreement Program.* The grant announcement was released by the Office of the National Coordinator for Health Information Technology (ONC) on April 14th and provides funding to non-profit institutions with providers not eligible for the federal meaningful use incentives (e.g., long-term and post-acute care or behavioral health) to support and extend the use of secure, interoperable health information technology (health IT) tools including health information exchange (HIE) services. The MIEMSS application requests funding to connect the statewide first responder system, the electronic Maryland Emergency Medical Services (EMS) Data System, or eMEDS, to the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP). The funding period is one year. ONC plans to make up to ten awards of approximately $100K by August 14th.

Over the last month, staff provided support to the Health Services Cost Review Commission (HSCRC) and CRISP in preparing three-month planning activities for identifying a State-level health IT infrastructure to support care coordination. The CRISP Board of Directors empaneled a steering committee consisting of about 12 stakeholders to provide direction and oversight regarding activities associated with: identifying risk adjustment methods; selecting technology and consulting partners; developing data sharing policies; and generally supporting State-level tools and infrastructure for care management and care coordination. Over the next 90 days, staff will collaborate with the steering committee to finalize the project plans. During the month, staff worked with the HSCRC and CRISP to develop a memorandum of understanding regarding future work to be performed by CRISP as it pertains to health IT care coordination infrastructure development.

Staff continues development activities of the annual report, *Health Information Technology, An Assessment of Maryland Hospitals* (report). The report evaluates health IT adoption and planning among all 47 acute care hospitals in the State in comparison with hospitals nationally. Hospitals' use of the following technologies is highlighted in the report: electronic health records (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. The report also includes information on hospitals' participation in the Medicare and Medicaid EHR Incentive Programs. To assess technology diffusion within the hospitals, Chief Information Officers (CIOs) reported how many departments use each technology. In instances where a hospital has not adopted a technology, CIOs provided information pertaining to future implementation plans. A final report is expected to be released later this year.

During the month, staff sought feedback from local health departments (LHDs) regarding potential topics of interest that could be presented during virtual learning sessions over the summer. In addition, staff finalized initial planning activities for enhancing the *LHD EHR User Resource Guide* (guide). The virtual learning sessions and guide aim to facilitate peer-to-peer learning across LHDs on matters of health IT. These initiatives were implemented following an environmental scan (scan) conducted by staff in the fall of 2014. During the scan, LHDs identified the following challenges related to EHR adoption: cost to acquire, update and maintain an EHR; ability for the EHR to meet program needs; and limited availability of technical resources. In collaboration with LHDs, staff is expanding the guide to include more detailed information on EHR use among LHDs pertaining to somatic care, behavioral health, and billing. Updates to the guide are expected to be finalized this fall. Staff's goal is to convene the first virtual learning session at the end of July.

Staff continues drafting the report, *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland* (report). The report details EHR adoption and use as well as HIE needs among all of Maryland's 233 comprehensive care facilities (CCFs). Information for the report was collected through the State's Annual Long Term Care Survey. Preliminary findings suggested that about 72 percent of CCFs have adopted an EHR; however, staff found that use of EHR features varies considerably across CCFs. Survey findings indicate that only one-third of the CCFs that have an EHR are using it at a basic level. In general, a basic level CCF EHR includes use of the following features: activities of daily living; allergy list; assessments other than the minimum data set; care plans; demographic characteristics of residents; diagnosis or condition list; discharge summaries; vital signs and laboratory data. CCFs reported their top HIE needs for exchanging data are with hospitals, pharmacies, and laboratories. A final report is anticipated for release in September.

Health Information Exchange

A meeting of the CRISP Privacy and Security Committee convened during the month. Staff and other participating members reviewed findings from an audit of 463 organizations participating with CRISP that evaluated compliance with CRISP's participation agreement; 37 participating organizations were suspended for non-compliance. During the meeting, discussions also centered on CRISP's plans to retain a Chief Information Security Officer to lead its information security risk management program. Staff participated in a meeting of the CRISP Board of Directors (Board). The Board discussed CRISP's roadmap for supporting its regional partners in meeting care coordination goals under the new Medicare waiver, including plans for building upon current CRISP infrastructure and services.

Staff continues working with CRISP and three electronic health networks (EHN) doing business in Maryland to develop and implement pilots that use information from provider billing systems to issue electronic alerts to care managers when a patient has an encounter with another provider. Cyfluent, a Maryland-based EHN, is in the implementation phase of a pilot with CRISP using select electronic claim data elements from providers that use Cyfluent's practice management system. Last month, staff had several meetings with representatives from Emdeon to frame a pilot using similar data from providers in Harford County. Additional conversations aimed at finalizing the pilot approach are planned with Emdeon over the next month. Staff also held several meetings with RelayHealth to discuss a similar pilot. RelayHealth anticipates providing staff with a data use authorization agreement over the next month. Emdeon and RelayHealth are considered to be the largest EHNs in Maryland and nationally.

Three HIE staff advisory workgroups were convened by staff during the month. The HIE Registration and Renewal workgroup discussed opportunities to streamline the HIE registration and renewal process. COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (regulations), requires an HIE operating in the State to register with MHCC and renew its registration annually. Under the current process, an HIE must complete an application and submit required supporting documentation to MHCC for approval. The HIE Registration and Renewal workgroup is tasked with developing recommendations for meeting select requirements through existing third party validation and/or self-attestation. The HIE Regulations workgroup discussed provisions of the regulations that: 1) need more clarification and/or strengthening to ensure the privacy and security of protected health information exchanged by HIEs, and/or 2) should be revised to ensure that requirements are technically and financially viable for HIEs to implement. The HIE Policy Board continued to deliberate on an emergency access policy that allows, in an emergency situation, authorized users of an HIE to access patient information in the event that consumer consent cannot be obtained.

The Pharmacy HIE Access Workgroup (workgroup) met 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 discussed an approach to assessing the pilot, including assessment questions and methods for collecting the information. Following completion of the pilot, MHCC aims to expand CRISP services to nearly 1,600 community pharmacies in the State. Currently, certain authorized pharmacists that work in community settings can use the CRISP Query Portal to access data from the Prescription Drug Monitoring Program, which includes information on patients' fill history of controlled dangerous substances. Enabling community pharmacists to have greater access to additional

clinical information available through CRISP (e.g., medication history, laboratory results, radiology reports, and transcribed reports) will support efforts to improve care delivery. Over the next month, the workgroup is expected to finalize the assessment process.

The annual assessment of State-regulated payors' (payors) and pharmacy benefits managers' (PBMs) implementation of electronic preauthorization continued during the month. A survey distributed to payors and PBMs in April collected information on their attainment of the fourth benchmark and activities aimed at increasing awareness and education about their online preauthorization system. Health-General Article § 19-108.2 (2012) required payors and PBMs to work with MHCC to implement online electronic preauthorization processes in a series of three benchmarks. In 2014, the law was amended to include a fourth benchmark that requires certain payors and PBMs to establish, by July 1, 2015, an electronic override process for step therapy/fail-first protocols. The largest payors and PBMs in the State have met the requirements of the first three benchmarks; preliminary findings from the survey indicate that the majority of payors and PBMs have implemented the fourth benchmark. The law requires MHCC to report to the Governor and General Assembly on payors' and PBMs' progress in meeting the requirements of the benchmarks through December 31, 2016.

During the month, staff convened several meetings with three telehealth projects that were recently awarded grants by MHCC in May: Crisfield Clinic, LLC; Lorien Health Systems; and Union Hospital of Cecil County. The grantees are tasked with using telehealth technology to demonstrate the impact of telehealth on care delivery in school-based health clinics, residential care settings, and hospitals. A combined total of $90,000 in funding was awarded to all three grantees; a 2:1 financial match is required from each grantee. Crisfield Clinic is a family practice clinic in Somerset County that is using remote patient monitoring to address asthma, diabetes, childhood obesity, and behavioral health issues among students in two county schools. Lorien Health Systems has a skilled nursing facility and residential service agency in Howard County that are using remote patient monitoring and videoconferencing to address certain hospital prevention quality indicator (PQI) conditions among discharged residents, including uncontrolled diabetes, congestive heart failure, and hypertension. Union Hospital of Cecil County is also using remote patient monitoring to address PQI conditions among discharged patients, including angina, asthma, chronic obstructive pulmonary disease, diabetes, heart failure, and hypertension. The telehealth projects will continue through June 2016.

Staff continues to provide support to the three additional telehealth projects awarded grants by MHCC in October 2014. The use case for these projects involves using telehealth technology to improve care coordination between hospitals and CCFs. The 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 Patuxent River Health and Rehabilitation Center; and 3) University of Maryland Upper Chesapeake Health in partnership with Bel Air facility of Lorien Health Systems. The grantees received a combined total of $87,888 in funding and are required to provide a 1:1 financial match. During the month, staff convened a collaborative telehealth learning session (session) with all three grantees to discuss challenges related to incorporating telehealth technologies into care delivery. During the session, grantees shared lessons learned to date as well as strategies to optimize the use of telehealth in the coming months. Staff also held a stakeholder webinar update for interested parties on the grantees' work. The telehealth projects are scheduled for completion in October 2015.

Innovative Care Delivery

During the month, staff distributed quality measures reports to each practice participating in the Maryland Multi-Payor Patient Centered Medical Home (PCMH) Program (MMPP). The practice specific reports highlight their attainment of quality measures during the 2014 reporting period, which is used to determine practices' eligibility for shared savings incentive payments. Staff also distributed to payors and Medicaid Managed Care Organizations (MCOs) patient attribution files, which are used to calculate fixed transformation payments. In addition, staff assessed the number of providers in Maryland that maintained PCMH recognition from the National Committee for Quality Assurance (NCQA) from 2012 through 2015. NCQA recognition emphasizes systematic use of patient centered, coordinated care management processes. Staff continues to address questions from MMPP practices pertaining to their migration to a commercial

carrier's advanced care delivery program; the MMPP sunsets at the end of this year. Staff is working closely with all 52 MMPP practices to ensure a smooth transition.

Over the last month, staff engaged in several conversations with the Maryland Medical Assistance Program (Medicaid) to explore the potential of a PCMH program for Medicaid MCOs. The MCO PCMH program would build upon the successes of the MMPP and begin in 2016. MMPP participating practices would be eligible to participate in the MCO PCMH program. MCOs working together could support a more viable program that provides a common framework to sustain an advanced primary care model in the State. A collaborative effort is a practical approach for aligning Medicaid with other PCMH and accountable care organization efforts in Maryland. During the month, staff provided Medicaid with a model for the MCO PCMH program. Medicaid plans to meet with MCOs later this summer to discuss their willingness to participate in the proposed MCO PCMH program.

During the month, staff developed a summary on key findings of CareFirst's single carrier PCMH program annual report. Each year, staff compiles a year-over-year comparison of the results for MHCC approved single carrier PCMH programs. In this year' report, staff identified several areas where the program appears to be meeting two of the tipple aim goals of better quality and cost. The CareFirst PCMH program was first launched in Maryland in 2011 and is designed to keep high-risk patients with multiple health conditions healthier while financially incentivizing providers. CareFirst reported that costs for approximately 1.1M members in its PCMH program during the period 2011 through 2013 were $130M less than projected in 2013; this equates to approximately 3.2 percent less than the expected cost of care for this population of patients. In addition, CareFirst members under the care of providers participating in its PCMH program had about 6.4 percent fewer hospital admissions and roughly 8.1 percent fewer readmissions than CareFirst members not under the care of participating PCMH providers. Members also experienced 11.1 percent fewer days in the hospital and 11.3 percent fewer outpatient health facility visits. Staff plans to release the summary of key findings in August. Staff is also working with Cigna to obtain similar information on their single carrier PCMH program.

Electronic Health Networks & Electronic Data Interchange

During the month, staff recertified Carestream Dental, LLC. Payors that accept electronic health care transactions originating in Maryland can 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*. Certification requires EHNs to receive accreditation from a national accrediting organization by meeting over 100 criteria related to privacy, security, and business practices. Staff has collected Electronic Data Interchange (EDI) Progress Reports from all of the payors required to report in 2015. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payors with premiums of $1M or more, including select specialty payors, to submit an EDI Progress Report to MHCC by June 30th. The EDI data collected will be used to prepare an information brief detailing payors' EDI progress in 2014, which is expected to be released by the end of this year. During the month, staff also distributed a survey to assess payor readiness for ICD-10, which is a system that health care providers' use to code diagnoses, symptoms, and procedures. ICD-10 becomes effective on October 1, 2015.

National Networking

Staff attended several webinars during the month. The Southwest Telehealth Resource Center presented, *Technology and Transitions of Care*, which explained how social determinants of health care are as equally important as medical conditions in hospital readmissions. The webinar also highlighted how improving workflows can be just as impactful as predictive analytic tools in managing transitions of care. Health Data Management hosted, *Health IG Program Maturity Insights – Improving Health System Performance*, which discussed strategies for effectively managing the life cycle of electronic health information, including how to apply measures to routinely evaluate and address key organizational goals. An EHR vendor, Patagonia Health, presented, *EHRs for Local Health Departments*, which discussed how use of a certified EHR can help LHDs take advantage of federal EHR incentives as well as streamline workflows, such as reducing duplicate data entry and automating State/federal reporting. Patagonia Health also presented, *ICD-10*

Readiness for Local Health Departments, which explained the impact of ICD-10 and provided a transition task list that can be used by staff responsible for preparing LHDs' electronic systems for ICD-10.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Two Requests for Proposals (RFP) for key support functions that include the CAHPS® Survey Administration and the HEDIS® Audit and Performance Evaluation of Commercial Health Benefit Plans were previously posted and pre-bid conferences held at MHCC were well attended by multiple potential prime and sub-contractors. Pending proposal evaluations and final recommendations for the two procurements, staff anticipates going before the Board of Public Works during early Fall.

Carrier audits for the 2015 public reporting period on health benefit plan quality have successfully concluded. MHCC continues to work with its audit partners to evaluate and finalize health benefit plan performance results and to begin drafting the annual quality report series for public use. Public reporting on the 2015 Health Benefit Plan Quality Report series is anticipated to be rolled out prior to the start of the State's open enrollment period anticipated before October 1, 2015 for the MHCC's Consumer Edition Quality Report and the Comprehensive Quality Report, and before November 1, 2015 for the MHBE's Maryland Health Connection Quality Report. Note that proxy quality reporting for plans offered on the Maryland Health Connection has been approved for use in 2015 reporting.

Hospital Quality Initiatives

The Maryland Health Care Quality Reports

Over the past five years, the Quality Measures Data Center (QMDC) website and secure portal have 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, has been 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 as we work towards implementation of AHRQ's new and improved MONAHRQ 6.0 software. Our next update to the website is scheduled to occur in July and will incorporate the new software, new physician profile data, updated healthcare-associated infections data, CMS clinical measures and HCAHPS scores. The staff will utilize consumer focus groups to inform our activities and to ensure we address the interests and information needs of consumers. Three focus groups were held in June and three additional focus groups are scheduled for mid-July.

The staff continues to work closely with the HSCRC and their Consumer Engagement Taskforce (established to support the new all payer model program). A demonstration of our new website before the consumer group was given in late June. Staff also presented the website with an emphasis on the Long Term Care Guide to the Montgomery County Commission on Aging in early July.

Healthcare Associated Infections (HAI) Data

Staff continues to work 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. Calendar year 2014 MRSA bacteremia and CAUTI data is scheduled to be released on the QMDC in the next release in October.

Staff sent calendar year 2014 SSI data as well as 2014-15 Healthcare Worker Influenza Vaccination rates to hospitals to preview the data before public reporting in July. The data was finalized and will be reported on the July release of the QMDC.

Specialized Cardiac Services Data

The Commission also requires all hospitals with cardiac surgery programs to participate in the Society for Thoracic Surgery (STS) cardiac data base. This database supports the CON program and the health planning activities of the Center for Health Facilities Planning and Development. An audit of the STS data is now underway.