MARYLAND HEALTH CARE COMMISSION
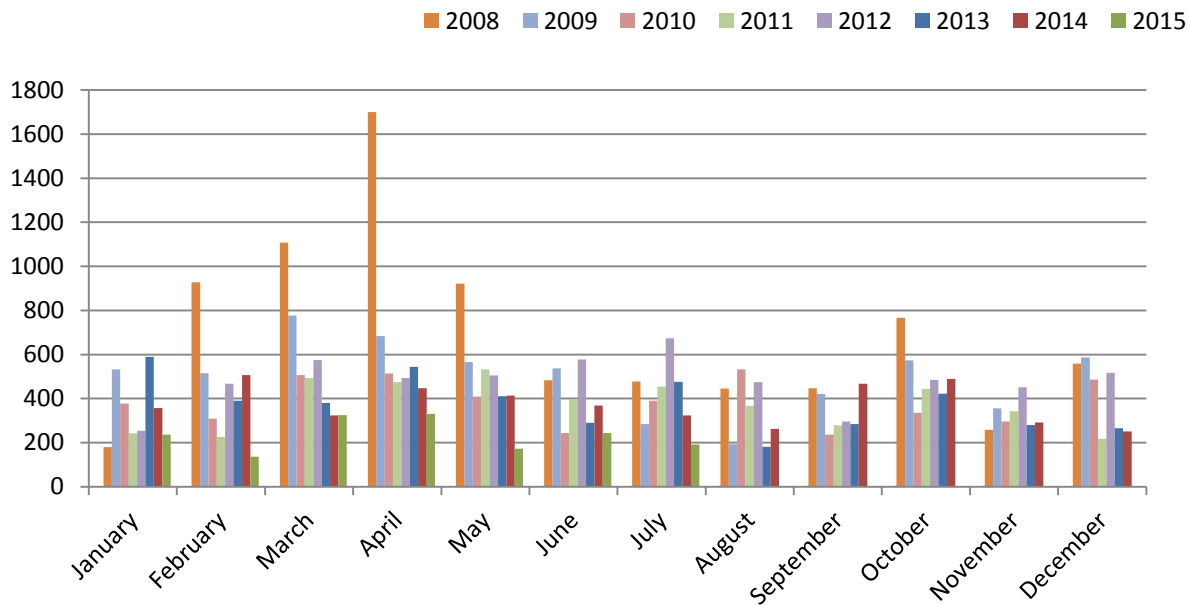
UPDATE OF ACTIVITIES

October 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 $111,343.47 for the month of August. The monthly payments for uncompensated care from January 2008 through August 2015 are shown above in Figure 1.

Annual Report
Staff will present on the *Report to the General Assembly, Operations from July 1, 2014 through June 30, 2015* to the Commission at the October meeting.

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CENTER FOR ANALYSIS AND INFORMATION SYSTEMS
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Cost and Quality Analysis

Data Release – Staff Review Committee
MHCC's Staff Review Committee (SRC) has started to meet and review applications for MCDB and DC Hospital Discharge data. In the last month, MHCC reviewed 1 new application for MCDB data and 1 new application for DC Data. Applicants have been provided feedback. The SRC authorized release of DC data to Dimensions Healthcare System (Dimensions). Dimensions intends to use this data to support its planning and certificate of need activities.

The SRC recommended a release of MCDB data to Berkley Research Group (BRG). BRG has been contracted by Shore Health System to assist with program planning for its service area, resource allocation/service reconfiguration across the region, and population health management. They plan to analyze current utilization patterns, by age cohort, by payor category (e.g. Medicaid vs. Private Insurance), by service setting, and by diagnosis/procedure as well as trend analysis to identify changes in utilization patterns and opportunities to reduce unnecessary utilization. This application will be presented at the Commission Meeting on October 15, 2015 and requires Commission approval prior to release. As previously approved by the Commissioners, MHCC will be charging fees for all MCDB data releases to offset costs of data collection and maintenance.

Network for Regional Healthcare Improvement Site Visit
MHCC was awarded a grant from the Network for Regional Healthcare Improvement (NRHI) to participate in its multi-site development and testing of best practices to report Total Cost of Care (TCOC). The NRHI initiative uses the HealthPartners TCOC measure, which has been endorsed by the National Quality Forum. One important feature of this measure is that it can be scalable to the population selected (e.g. geographic areas, provider groups, etc.). This effort fits into MHCC's larger efforts to promote cost and price transparency, as a means to encourage more cost effective care. NRHI conducted a pilot study with five sites from around the country and has added two new sites (Maryland and Utah) in this round of expansion. MHCC has partnered with the Hilltop Institute and will develop measures using data from the Medical Care Data Base (MCDB). MHCC plans to engage medical groups and accountable care organizations in testing the value of these measures in improving standards of practice.

MHCC and Hilltop have been meeting and making progress on understanding the specifications and requirements, and an MOU is expected to be signed in October to formalize the agreement to provide Hilltop grant funds for the work. On September 22, 2015, NRHI staff conducted a site visit to meet with the project team. The day kicked-off with a multi-stakeholder meeting, which included several state partners (e.g. DHMH, Medicaid, MIA, MHBE, and HSCRC), provider groups, hospitals, and researchers.   These stakeholders are potential users and targets of these measures. There was considerable enthusiasm for the initiative, and staff are working to keep them engaged throughout the process. Later in the day, staff presented its vision for cost transparency, the role of the TCOC measure in that vision, and discussed technical details of the project. NRHI also presented on stakeholder engagement strategies and has assigned mentors from the pilot states to provide guidance to MHCC on how we may engage providers and employers around the TCOC initiative.

MCDB Portal and ETL Development, Master Patient Index
Development of the claims versioning methodology has begun to address the incremental paid claims files. Staff continues to work with Social and Scientific Systems (SSS) and Freedman Healthcare, the Project Management Officer, to develop a design plan to create a cross-payor methodology to handle the varied claims versioning approaches taken by payors. SSS also continues to process 2015 Q1 and Q2 files and will produce a versioned and reconciled 2014 services year file, which will use 2015 Q1 data, in the next month.

For 2014 data, a pilot group of payors were asked to submit demographic files to CRISP for Master Patient Index (MPI) assignment. SSS validated data provided by CRISP to cross-walk the payor provided ID's with the MPI, which will be used to identify members across carriers and settings. While the majority of ID's were appropriately identified, limitations were found in the submissions of some payors with ID's missing in the submission to CRISP. CRISP is following up with payors to investigate the source of the discrepancies and process any resubmissions needed. In addition, based on the analysis of data from the pilot program, MHCC has decided to roll-out the MPI implementation to all reporting entities for 2015 data. CRISP has started to reach out to new submitters and initiated the onboarding process. Payors are expected to submit demographic information to CRISP for 2015 data by January 15, 2016.

Provider-Carrier Workgroup – Study on Self-Referral
Chapter 614 of 2014 Laws of Maryland established the provider-payer workgroup convened by the Maryland Health Care Commission. The statute establishes membership in the provider-payer workgroup to include carriers, hospitals, physicians, nurse practitioners, pharmacists, and other persons entitled to reimbursement under Health General §15–701(A). The Workgroup has been charged with examining the desirability and feasibility of modifying Maryland self-referral law by permitting practices to receive exceptions to offer certain physician and ancillary in-office services if practices participate in cost control and quality reporting programs. The Workgroup will complete work in time for any recommendations to be considered by the General Assembly in the 2016 Legislative Session. The Workgroup has met four times with final meeting planned on October 26, 2015. In the last meeting on October 7, 2015, the workgroup discussed stakeholder proposals and MHCC's summary of policy options based on workgroup feedback. Staff continues to engage the different stakeholders and policy perspectives to work toward identifying common ground.

Internet Activities

Data from Google Analytics for the months of September 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 months of September 2015 was 1,172 and of these, there were 49.57% new sessions. The average time on the site was 5:40 minutes. Bounce rate of 35.32 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 September were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Table Web Applications

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Public Site	Updates	Updated
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	On-going Maintenance	Million Hearts Survey Live
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site(13 sites)	Redesign New Credit card Interface	CHIRO Live Podiatry Live
Physician Licensing	**Live**	**Physicians M-Z Completed 12813 license applications completed online - $6.68M collected. (Some late applications will still be accepted.)**
CCRC	*NEW*	LIVE

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	Ongoing Maintenance
MMCC Maryland Medical Cannabis Commission	LIVE	New tab for caregivers New banner

September 2015
Database Development and Applications

Data Processing
- Completed a pericardiology services data request
- Processed the 1st and 2nd quarter 2015 inpatient and outpatient hospital discharge data and provided it to the hospital guide vendor
- Starting with 3rd quarter 2015, converting to receiving HSCRC hospital discharge files including inpatient, outpatient, chronic and psych directly from HSCRC. Developing a crosswalk from the MHCC naming convention to the HSCRC naming convention
- Fulfilled a data request for the assisted living facility profile and other associated tables along with a mapping of the column names to the web page fields on the long term care guide.
- Working with the Tableau vendor to properly structure the pricing data for the desired views
- Provided programming support for the physician data report and developed a list of physician practices with addresses by merging several files for 2013 and 2014

Tech Support
- Resolved errors that were occurring using Tableau dashboards in Chrome
- Provided ftp file download support for the CON staff for chronic health files
- Investigated and resolved chronic data anomalies
- Researching how MonAHRQ can display APCD data and participating in a pilot group working with the MonAHRQ open source framework that will work to develop reports for APCD data.
- Set up new ArcGIS users and requested accounts for staff from ESRI and iMap. Performed troubleshooting to get the software to work on staff machines

- Updated staff network permissions
- Provided SAS and hospital discharge technical support to staff
- Developed new maps to show service areas and market share for the Washington Adventist Hospital CON review.
- Provided troubleshooting to staff for: CathPCI submission data for 2013-2014, the Home Health utilization report, and the Trauma processing
- Provided technical review for staff of programming code developed for analysis of Minimum Data Set Chronic condition criteria and resolved a discrepancy in the chronic care data with a facility that had moved beds into a different facility
- Participated in several meetings with the CON staff to help them figure out data support they need for CON reviews
- Provided technical review and guidance for the Minimum Data Set processing RFP.

Web Development/Updates
- Developed new web portal with embedded dashboards from the physician workforce data; developed new templates in Dreamweaver for this application.
- Updated commissioner's MHCC site with meeting documents/items for September Commissioner's meeting; posted documents to the upcoming recommended decisions; archived previous months meetings and documents;
- On the MHCC site: posted the position for MHCC Program manager for HIT center on the careers page; posted meeting documents for September 2nd to the provider payer workgroup page; updated Advanced Primary Care page, changed landing page language; added two evaluation reports on the PCMH landing page; updated questions for the telehealth grant on the procurement page; worked to restore the cardiac care page after it was deleted; posted the application for certificate of conformance document to the CON page; updated the Trauma web page; added the new Health IT chief to the contacts page; updated FY2016 interim licensed acute care hospital beds on the ambulatory surgery page; posted HIE Regulations notice for informal comment to the public comment page and updated the announcement page to reflect the posting; posted Value-Based care delivery programs' request for comment and the announcement page to reflect the posting; posted the Home Health Agency slides from the commission meeting to the home health workgroup page; removed the request for public comments for Cardiac regulations from the MHCC homepage and archived the regulations under the State Health Plan draft sub heading on the state health plan page; removed past due job postings from the career page; updated the Value-Based Care Delivery Program regulations document on the request for public comments page
- Posted home health regulations to the request for public comments page and updated the announcement page to reflect the regulations

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The October 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 38th edition of the NOAS News & Notes newsletter. Features:

- Reminder: Suspicious Emails
    - With the recent increase in malware activities through electronic mail, users were warned of the following:
        - Be cautions of clicking on pictures or links within an email message

- If the sender is unknown, or known with an alternate email address, take caution before opening
- Reminder to always check the From: address
- When in doubt, contact technology staff prior to opening or forwarding a suspicious email message

- "Reply to All" Button
  - The "Reply to All" button can generate tons of unnecessary emails, thus care should be taken when replying to an email with multiple recipients.
  - Be sure to only use "Reply to All" if you want everyone to receive your response. Otherwise, only use "Reply"

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 initially 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 to 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 were 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, version one of which is on track to be completed by the end of October 2015. On September 1st CCIIO awarded a one-year No Cost Extension (through September 30, 2016) to the Cycle III grant, which will allow staff to continue performing all grant related activities using remaining grant funds, including the development of a data display that will show the variation in costs for all professional services typically associated with an elective hospital admission, summarized by hospital. The information is intended for a general audience that might be interested in understanding the range of prices across hospitals. The anticipated publication date for this information is mid-November 2015.

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. To date, staff has procured Business Intelligence (BI) software 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 also procured a sole source contract with SSS to provide technical and infrastructure support to Tableau. To further support that project, staff is collaborating with DoIT to finalize an RFP to procure a website development vendor to provide health care decision support for the website application. Staff is also collaborating with DoIT to procure a contractor for proprietary software and technical support on pricing measures for episodes of care for the consumer and practitioner portals.

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 provides the MIA with cost trends for rate review analyses. The data dashboard also serves as the data reconciliation model that helps facilitate the reconciliation of APCD data and data received by the MIA in Actuarial Memoranda (AM) as part of carrier rate filings.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.17, Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services
Staff received no comments on the proposed permanent regulation, COMAR 10.24.17, during the formal comment period that ended on September 21. However, some members of the Cardiac Services Advisory Committee (CSAC) raised concerns about the definitions of "cardiac surgery" and "open heart surgery" proposed. Concerns still remain with these definitions and long-term resolution of these concerns will require additional work with the CSAC on both the definition of cardiac surgery and consideration of the appropriate case volume targets that should be established consistent with this definition, which is broader than the service definition upon which these standards are currently based. However, MHCC plans to proceed with a request for adoption of permanent regulations at the October Commission meeting in order to finalize detailed requirements for external review of PCI services.

State Health Plan Update: COMAR 10.24.15, Organ Transplantation Services
The draft meeting summary was distributed to members of the work group and no changes were proposed. Staff also continued working on developing draft regulations for informal public comment.

Development of State Health Plan Regulations for Freestanding Medical Facilities
Staff prepared for the second and final work group meeting, scheduled for October 6, 2015. Staff has begun work on a revised draft Plan chapter that will be posted for informal public comment.

Certificate of Conformance Reviews for Establishment of PCI Programs
Two letters of intent were received from the University of Maryland Shore Medical Center at Easton to simultaneously establish a new primary and elective PCI program and Holy Cross Germantown Hospital to establish a primary PCI program. Applications are due October 16, 2015.

Long Term Care Policy and Planning

Long-Term Care Minimum Data Set (MDS) Project
Work continues on a Request for Proposal to continue the MDS Manager work previously performed by Myers and Stauffer over the last several years. MDS is a standardized, primary screening and assessment tool of health status that forms the foundation of the comprehensive assessment for all residents in a Medicare and/or Medicaid-certified long-term care facility. The MDS contains items that measure physical, psychological and psychosocial functioning. The items in the MDS give a multidimensional view of the patient's functional capacities and help in the identification of health problems.

Hospital Palliative Care Study
During September, staff completed most of the work in drafting this report, which is due to the General Assembly by December 1, 2015. Data from both the Center to Advance Palliative Care (CAPC), as well as the HSCRC hospital discharge abstract data, will be used in the report. A meeting of the Hospital Palliative Care Advisory Group is scheduled for October 20, 2015 to review the draft report. Staff is planning to present this report to the Commission at its November meeting. Information on 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 Survey
Data collection for the FY 2014 Maryland Hospice Survey has been completed for 100% of the state's hospices. The data was reviewed and staff worked with programs to provide technical assistance in completion of the surveys. A public use data set has been posted on the Commission's website at: http://mhcc.maryland.gov/public_use_files/index.aspx

Updating the Home Health Agency (HHA) Chapter to the State Health Plan
Commission staff made a presentation to the Commission at its September 17 meeting, reporting on the draft regulations under development for updating the HHA Chapter to the State Health Plan (COMAR 10.24.16). On September 30, 2015, the draft HHA Chapter was posted for a 30-day informal public comment period on the Commission's web site and HHAs and interested parties were notified of its availability for review and comment.   It can be found at:
http://mhcc.maryland.gov/mhcc/pages/home/public_comment/documents/Draft_HHA_Chapter_for_Informal_Public_Comments.pdf.

Home Health and Long-Term Care Survey
Staff is in the process of auditing this survey data in preparation for the creation of public use data files and other reports.

Certificate of Need

CON's Approved

Lorien- Howard, Inc. d/b/a Encore at Turf Valley. – (Howard County) – Docket No. 15-13-2365
Addition of 28 new comprehensive care facility (CCF) beds through a building addition to this existing 63-bed CCF. Some building renovation is also included in the project. This facility also includes assisted living facilities.
Approved Cost: $3,639,000

CON Exemptions Approved

HomeCare Maryland, LLC and Carroll Home Care
Acquisition of the assets of Carroll Home Care, a home health agency (HHA) which is authorized to provide home health services in Baltimore, Carroll and Frederick Counties, by HomeCare Maryland, LLC, an HHA authorized to provide home health services in Baltimore City and Baltimore, Cecil and Harford Counties. HomeCare Maryland, LLC will subsume the operations of Carroll Home Care and serve the combined six jurisdictions following the acquisition and merger.

Withdrawal of CON Applications

St. Mary's Long Term Care, LLC d/b/a Blue Heron Nursing & Rehabilitation Center – (St. Mary's County) – Docket No. 13-18-2348
Establishment of a 90 bed CCF with 30 assisted living units to be located at 20877 Point Lookout Road, in Callaway
Proposed Cost: $13,012,500 (CCF only)

First Use Approval

College View Center – (Frederick County) – Docket No. 122-10-2336
Relocation of a CCF located at 700 Toll House Avenue in Frederick and replacement of the 119- bed facility with a 130-bed CCF at a site on Ballenger Center Drive in Frederick. The additional 11 beds were acquired from Frederick Memorial Hospital.
Final Cost: $19,115,200

Determinations of Coverage

- **Ambulatory Surgery Centers**

Summit Ambulatory Surgery Center – (Charles and Prince George's County)
Relocation of the ambulatory surgery center known as Fairview Urocenter, LLC from 4225 Altamont Place, Suite 101, in White Plains (Charles County) to 7704 Mattapeake Business Drive, Suite 200, in Brandywine (Prince George's County). The facility was acquired by Summit Ambulatory Surgery in 2014 and has a single operating room and two non-sterile procedure rooms.

Harbor Heights Surgery Center, LLC – (Prince George's County)
Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 6710 Oxon Hill Road, Suite 500, in Oxon Hill

- **Acquisition/Change of Ownership**

Long View Nursing Home – (Carroll County)
Acquisition of Long View Nursing Home by Long View Healthcare Center, LLC, a newly formed affiliate of Aurora Health Management, LLC
Purchase Price: $12,000,000

Fox Chase Rehabilitation and Nursing Center – (Montgomery County)
Acquisition of Fox Chase Nursing Center by 2015 East West Highway Operations, LLC, a subsidiary of Genesis HealthCare, Inc.
Purchase Price: $7,490,996

- **Capital Projects**

Calvert Memorial Hospital – (Calvert County)
Capital expenditure for the acquisition and installation of an information technology system ($14,400,000) and acquisition and installation of major medical equipment and installation-related construction and renovations for the medical equipment ($11,522,121).
Determination: CON approval not required.

- **Other**

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

Laurel Regional Hospital – (Prince George's County)
Temporary delicensure of 11 medical/surgical/gynecological/addictions beds and five obstetric beds (the entire obstetric bed complement), eliminating the provision of obstetric services at the hospital

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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 plans to release a report on clinical, technical, and organizational barriers to interoperability by November 2015. The report aims to accelerate interoperability to support delivery system reform. The committee also discussed the Federal Health IT Strategic Plan (plan)

initiatives that focus partnerships among individuals and their providers. The plan lays out the vision, goals, and collective efforts that nearly 35 federal partners will pursue to advance health IT.

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. The report includes hospitals' use of the following technologies: 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 report also includes information on hospitals' participation in the federal incentive programs. In addition, this year the report will include information on the use of data analytic tools, electronic care plans and use of population health management. 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. The report focuses on technologies that have seen significant growth over the last few years. A final report is expected to be released later this year.

Staff collaborated with representatives from several local health departments (LHDs), as well as the Maryland Association of County Health Officers, to develop the program for the October Lunch & Learn virtual education session (session). This will be the second of three staff sessions aimed at providing peer-to-peer learning opportunities regarding selection, adoption, and use of health IT. This session will focus on services offered by the State-designated HIE, the Chesapeake Regional Information System for our Patients (CRISP), as well as a presentation from the Howard County LHD on their use of HIE. Staff plans to hold the third session with LHDs before the end of the year. In collaboration with several LHDs, staff continued development of an EHR pricing and functionality template (template) that, once finalized, will be completed by LHDs and become part of a *LHD EHR User Resource Guide* (guide). The Lunch & Learn webinars and guide aim to provide peer-to-peer learning opportunities regarding the selection, adoption, and use of health IT. Release of the guide is targeted for the end of the year.

Staff continued drafting the information brief *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland,* which provides an overview of comprehensive care facilities (CCF) EHR and HIE adoption. Information for the report was collected through the State's Annual Long Term Care Survey. Preliminary results indicate that just under three quarters of CCFs have purchased an EHR system. Only about 30 percent of these CCFs are using their EHR system at a basic level. For the most part, a basic level CCF EHR includes use of the following functionalities: 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. Similarly, around one third of CCFs are using the CRISP Query Portal to access resident data. Staff anticipates releasing the full brief in November.

Staff is in the planning stages of updating the MHCC web-based EHR Product Portfolio (portfolio), which currently consists of about 14 EHR vendors. The portfolio serves as a resource for health care providers to compare and evaluate pricing and functionality of EHR systems. All products showcased in the portfolio are nationally certified; vendors must meet the 2014 certification criteria to participate in the portfolio. The portfolio, which was first released in September 2008, is revised annually. Staff plans to engage ambulatory practices that have not implemented an EHR to identify additional information to include in the portfolio. Staff expects to complete revisions to the portfolio in the first quarter of 2016.

Health Information Exchange

During the month, staff participated in a meeting with the CRISP Board of Directors (Board). The Board discussed CRISP's accomplishments over the last year in relation to Board approved goals and plans to implement new tools and services, as well as expand use of existing core services, particularly as it relates to supporting the Integrated Care Network. The Board also discussed CRISP efforts to implement additional

technical and administrative controls and procedures to ensure the privacy and security of electronic health information. During the month, CliftonLarsonAllen LLP (CLA) was competitively selected to conduct a financial audit that will assess the accounting practices of CRISP, including their management of certain programs funded by federal grants that require an annual audit. The results of the audit are expected to be finalized by the end of this year. CLA began the fieldwork of the financial audit of CRISP.

Staff continues working with CRISP and three electronic health networks (EHN) doing business in Maryland to develop use case pilots where information from ambulatory provider administrative systems is used in event notifications. The intent of the pilots is to test how data from administrative systems can be included in electronic alerts to care managers when a patient has an encounter with a provider. Cyfluent, a Maryland-based EHN, is currently sending to CRISP select electronic claim data elements from providers that use Cyfluent's practice management solution. Discussions with Emdeon and RelayHealth, the two largest EHNs operating in Maryland, are underway to explore opportunities to collaborate in developing additional pilots using administrative data. The use case pilots will inform future initiatives where information from ambulatory provider administrative systems are used in care coordination. Staff anticipates implementing a use case with RelayHealth in October; testing timeframe for each use cases is approximately nine months.

Staff released draft amendments to the existing HIE privacy and security regulations, COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (HIE regulations) for informal public comment. The amendments address provisions related to the release of data by HIEs for: 1) research, 2) population care management, and 3) use during emergency situations. Staff plans to seek informal comments to guide the development of proposed amendments to the HIE regulations; comments are due by October 16th. Staff also convened a meeting of the HIE Policy Board (Board). During the meeting, members discussed the need for additional privacy and security policies. Staff continued to support the eight registered HIEs in completing their renewal application. As part of the annual renewal process, HIEs must provide updated information regarding the implementation of certain privacy and security policies and recent privacy and security audit findings. Information provided as part of the renewal was used by staff to develop an informational brief*; Registered Maryland Health Information Exchanges: Demographic and Service Characteristics* (brief) that catalogues service capabilities of HIEs operating in Maryland. Staff anticipates releasing the brief in November.

Staff finalized the annual assessment report of State-regulated payors' (payors) and pharmacy benefits managers' (PBMs) implementation of electronic preauthorization. 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 an electronic override process for step therapy/fail-first protocols by July 1, 2015. Findings indicate that 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.

Staff addressed questions from approximately six potential telehealth applicants during the month; this information was used in crafting a guidance document that was placed on MHCC's website. In August, staff released a grant announcement for a third round of telehealth technology projects, which will fund innovative telehealth use cases aimed at improving the patient experience and the overall health of the population being served. Applicants may choose from a list of four use cases developed by the Telemedicine Task Force in 2014 including: incorporating telehealth in hospital innovative care delivery models, as well as in public health screening and monitoring; and using telehealth in hospital emergency departments and for remote mentoring. Round three applicants may also propose an alternative use case for funding consideration. Applications are due on September 25, 2015. An evaluation panel consisting of staff and external stakeholders will be used to competitively select up to three awardees with a maximum grant award of $30,000 each. Grant applicants must provide a 2:1 funding match in their application.

Staff continues to provide support to the telehealth pilots. During the month staff visited Atlantic General Hospital (AGH), a round one grant recipient, and Union Hospital of Cecil County (UHCC), a round two grant recipient. As part of the site visit, staff reviewed the performance of the pilot and supporting technology. Staff provide AGH and UHCC hospital leadership with various recommendations for enhancing their programs. Round one awardees received funding for pilots that improve transitions of care between hospitals and comprehensive care facilities in October 2014 and include: 1) AGH 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. Round two awardees received funding for remote patient monitoring in May 2015 and include: 1) Crisfield Clinic, LLC; 2) Lorien Health Systems; and 3) UHCC. All combined, grantees have received $177,888 to implement select telehealth use cases.

Innovative Care Delivery

Staff released for informal public comment draft regulations, COMAR 10.25.19, *Value-Based Care Delivery Programs*. The draft regulations provide oversight of value-based care delivery (VBCD) programs that seek State-Designation. The regulations also provide oversight for managed care organizations that are required to be in a patient centered medical home program by Maryland Medical Assistance (Medicaid). The draft details the establishment of a VBCD advisory group consisting of carriers, providers, consumers and other stakeholders that would recommend the criteria for State-Designation of a VBCD program. Informal public comments are due to staff by October 20th. In November, staff plans to review comments and make adjustments to the draft regulation.

Activities to complete the issue brief on evaluation findings applicable to the Maryland Medicaid program and their patients in the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) pilot continued during the month. The evaluation consists of information gathered during site visits and interviews with participating practices, patient and provider surveys, and administrative data analyses. Notable findings from MMPP practices pertaining to practice transformation were improved care coordination, increased communication, advancement of monitoring and reporting systems and better standardization of policies and procedures. The data suggests that the MMPP may have contributed to the slowed growth of some inpatient and outpatient payments among Medicaid patients. Staff anticipates releasing the issue brief by the end of the year.

Staff continues to provide support to the Maryland Learning Collaborative (MLC) as part of their participation in a six- month intervention study with the Centers for Disease Control and Prevention (CDC). During the month, staff met with representatives from CDC and ICF International to review the work of the MLC. The Million Hearts program is a national initiative launched by the Department of Health and Human Services to prevent one million heart attacks and strokes by 2017. Staff has served as a technical resource to the MLC and has collected and analyzed data from about 17 practices participating in the study. ICF International and CDC will develop a number of products to describe the results of this study, including a program description, a final evaluation report, and a manuscript that will be submitted to a peer reviewed journal. ICF International and CDC plan to present the study findings at various conferences.

Electronic Health Networks & Electronic Data Interchange

Approximately 40 EHNs operating in Maryland are certified by MHCC in accordance with COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. Staff recertified two EHNs during the month: QS1 and Health Fusion. As part of the certification process, EHNs must receive national accreditation every two years demonstrating their compliance with over 100 criteria related to privacy, security, and business practices. During the month, staff began analyzing data obtained from payors' Electronic Data Interchange (EDI) Progress Reports for calendar year 2014. Payors whose premium volume exceeds $1M annually, and select specialty payors must submit an annual EDI Progress Report for the prior calendar year to MHCC by June 30th as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks.* Staff anticipates releasing an information brief on 2014 EDI at the end of the year.

National Networking

Staff attended several webinars during the month. The Medical Group Management Association (MGMA) presented a webinar entitled, *Meaningful Use in 2015 and What Stage 3 Means for Your Practice,* which provided an overview of the new requirements for Stage 3 EHR meaningful use (MU) requirements. The webinar noted that the federal incentive programs will simplify reporting requirements and reduce program complexity by aligning the federal incentive programs with other CMS quality reporting programs, such as the Hospital Inpatient Quality Reporting and Physician Quality Reporting System programs. The eHealth Initiative's webinar, *2015 ACO Survey Results* presented key findings from the survey of public and commercial accountable care organizations to better understand how accountable care organizations are leveraging health information technology to achieve cost savings and quality improvement; this year's survey focused on interoperability and data use. The Southwest Telehealth Resource Center hosted, *2015 Mid-Year Rural Health Policy Roundup,* which presented current information on Congressional initiatives that impact rural health care.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Staff has worked with its audit partners to evaluate and finalize health benefit plan performance results. Currently, staff is in the final stage of producing the 2015 Quality Report series, with a public release of the 2015 quality report series anticipated following the October Commission meeting and prior to the start of open enrollment for the State beginning on November 1, 2015. The 2015 quality report series includes MHCC's Consumer Edition Quality Report and the Comprehensive Quality Report, as well as MHBE's Maryland Health Connection Quality Report. In addition, an expansion of the health benefit plan website, to include various clinical quality measures, is also anticipated for mid-October, with further developments to the website planned for the remaining 2015 calendar year.

Staff continues to maintain its collaboration with the MHBE and the qualified health plans that participate in quality reporting through the use of proxy data.

Hospital Quality Initiatives

The Maryland Health Care Quality Reports
The Maryland 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 October update of the QMDC includes new healthcare-associated infections data on MRSA bacteremia and catheter-associated urinary tract infections (CAUTIs), as well as an expansion of the health benefit plan consumer and clinical ratings. The update will also include a refresh of core measures and HCAHPS data. The October update marks the first that MHCC will be reporting on the HCAHPS care transitions module.

Patient satisfaction in Maryland hospitals remained consistent between the July 2015 and October 2015 updates. Four out of five hospitals—Johns Hopkins Hospital, Mercy Medical Center, Anne Arundel Medical Center, and Greater Baltimore Medical Center—maintained their position as hospitals that patients would definitely recommend. These four hospitals also received a patient rating of 9 or 10 for both reporting periods. Five hospitals—Laurel Regional Hospital, Fort Washington Medical Center, Bon Secours Hospital, MedStar Southern Maryland Hospital Center, and Prince George's Hospital Center—have the lowest

percentage of patients rating them 9 or 10, as well as the lowest percentage of patients who would recommend their hospital, across both the current and previous updates.

The staff continues to work closely with the HSCRC and their Consumer Engagement Taskforce (CETF) (established to promote and support the new all payer model program).

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 has been previewed by the hospitals and will be released for the first time on the consumer website this month.

The HAI Advisory Committee will meet at the end of October to review the findings of the most recent audit of the HAI data submitted through CDC's NHSN surveillance system. The staff collaborates with other organizations that are focused on infection surveillance and prevention activities. On October 13th, the MHCC staff will participate in the VHQC HAI Network conference call by providing an overview of the progress made by Maryland hospitals in preventing Central Line Associated Bloodstream Infections (CLABSIs) in ICUs.

Staff continues to work with our contractor, AGS, to review and finalize findings from the latest HAI data audit which will be shared with hospitals and presented in a webinar in early November.

Specialized Cardiac Services Data
All Maryland hospitals that provide PCI services are required to participate in the ACC's NCDR ACTION and CathPCI data registries and report the quarterly data to the Commission in accordance with established timelines. Hospitals are now submitting their cardiac data and reports through the Quality Measures Data Center (QMDC) portal.

The Commission also requires all hospitals with cardiac surgery programs to participate in the Society for Thoracic Surgery (STS) cardiac data registry. 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.