

MARYLAND HEALTH CARE COMMISSION

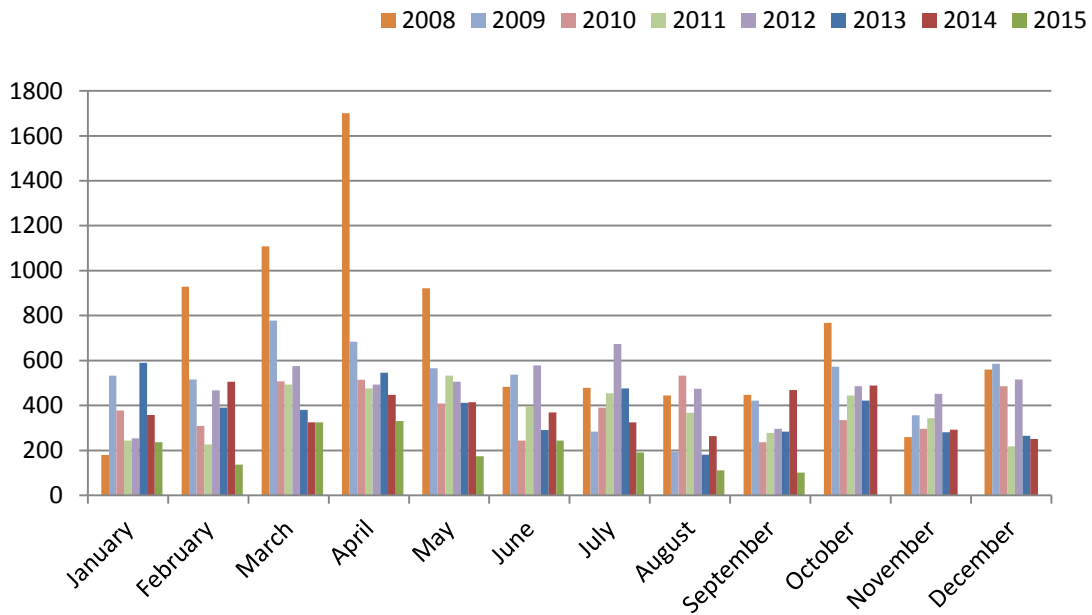
UPDATE OF ACTIVITIES

November 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 **\$100,798.22** \$111,343.47 for the month of September. The monthly payments for uncompensated care from January 2008 through September 2015 are shown above in Figure 1.

Trauma Fund Surplus

Following the October meeting, a Workgroup composed of members of the Commission and staff met to consider options for managing the surplus funds. Staff will present the Workgroup and Staff Recommendation on Surplus in the Fund to the Commission at the November meeting.

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 2 revised applications for MCDB data and 2 revised application for DC Data. The SRC authorized release of DC data to Berkley Research Group and Dixon Hughes Goodman. Both intend to use this data to support planning and certificate of need activities for their clients.

The SRC recommended a release of MCDB data to Research Triangle Institute (RTI) and George Mason University (GMU). RTI has been contracted by the CMS Innovation Center to conduct an evaluation of the Maryland hospital payment model. RTI plans to qualitatively evaluate hospital responses to the new payment model, such as changes to organizational structure, clinical coordination, etc. and then quantitative evaluate the impact of changes using the MCDB data to evaluate cost, utilization, revenue, service mix, market share, etc.. GMU has been contracted by CareFirst to evaluate its PCMH program. GMU will evaluate whether the program reduced costs of care for professional services, institutional services, and pharmacy services, and utilization as visits to emergency rooms, inpatient stays, and specialty care visits. They will compare performance within CareFirst to all other payors, as a single control group. These applications will be presented at the Commission Meeting on November 19, 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.

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 has met five times with a final meeting on November 3, 2015. With many deeply-entrenched and conflicting viewpoints among stakeholders, the workgroups focus shifted over time to identifying foundational principles where there could be consensus among the workgroup members. Staff worked to engage the different stakeholders and policy perspectives to work toward identifying common ground. Lead by two of the stakeholders, Maryland Hospital Association and the Maryland Patient Care Access Coalition, the workgroup endorsed a set of consensus principles, which cite the need to modernize the law to permit continued innovation in payment and delivery models, while preserving patient protections and alignment with the hospital payment model demonstration program. Staff will present the draft report of the workgroup at the Commission Meeting on November 19, 2015. Pending approval from the Commission, staff will send the workgroup report to the House Government and Operations Committee on December 1, 2015.

2016 MCDB Submission Manual

Staff reviews the MCDB submission manual annually to update file specifications, if needed. Two important changes are being made this year: (1) Update to the Institutional Services file specification; and (2) Update to

submission timeline and enforcement of fines. Currently, the institutional services file requires that claims are rolled up to the header-record level, similar to the Medicare Provider Analysis and Review (MedPAR) file. Given the change in 2014 to collecting incremental files based on paid claim date, the rolled-up file format created problems for conducting claims reconciliation and versioning. The 2016 manual moves to a line-level file, which should also simplify reporting for payors. The manual also updates the submission timeline to clarify that the submission deadline (two months after the end of the quarter) is the final date of submission, not the first date of submission. We hope this will help get files submitted, reviewed, and finalized in a more efficiently. In concert with this requirement, MHCC has alerted submitters that it will begin enforcing its fining authority for the file submission. Staff will present the manual for approval at the Commission Meeting on November 19, 2015.

Total Cost of Care Initiative

MHCC and Hilltop have been meeting and continuing to make progress on understanding the Total Cost of Care measure specifications and requirements; a formal MOU is expected to be signed in November, after which work will begin in earnest. Staff from MHCC was invited to attend a meeting on stakeholder engagement meeting in St. Louis at the Midwest Health Initiative, with travel funded by Network for Regional Health Improvement. In addition, staff from MHCC and Hilltop attended a technical meeting in Minneapolis at the Minnesota Community Measurement office, which included a site visit to HealthPartners, which focused on the expansion of the measure beyond the private insurance population to Medicaid.

National Association of Health Data Organizations

Several MHCC staff members have been actively engaged and held leadership positions with the National Association of Health Data Organizations (NAHDO), which plays a leading role in convening states with All Payer Claims Databases. Staff continued its leadership at the national meeting in Washington, DC, with presentations on consumer oriented applications of APCD’s, identifying consensus approaches to measuring total cost of care, and planning for the future of APCD’s.

Internet Activities

Data from Google Analytics for the months of October 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 October 2015 was 29,011 and of these, there were 45.59% new sessions. The average time on the site was 1:42 minutes. Bounce rate of 76.36 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, hsrc.state.md.us. Among the most common search keywords in October 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 Allied Health	Live	Physicians M-Z Completed 12813 license applications completed online - \$6.68M collected. (Some late applications will still be accepted.) Updating Allied Health to PCI compliant Credit Card Interface.
CCRC	<i>NEW</i>	COMPLETED
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

October 2015

Database Development and Applications

Data Processing

- Provided support for trauma fund processing
- Produced days and stays data for the Maryland Acute Care Specialty Hospital Services for fiscal year 2016
- converted the DC Inpatient data payer source into Medicare and non-Medicare
- Medicare physician Supplier duplicate name analysis
- out of state analysis in pricing application
- Chronic and psych hospital fiscal year 2015 files processed
- Worked with HSCRC to get the palliative care dataset prepared
- Prepared a DC inpatient data release

Tech Support

- Updated flowcharts in the Minimum Data Set RFP; attended meetings to determine technical support needs for the MDS RFP.
- Attended meetings to help determine data needs for the CON Washington Adventist reviews
- Created 5 maps showing hospital service areas and radius around hospitals including all zip codes; created different scenarios using actual and proposed service areas; included obstetrics, emergency room, MSGA, and psych areas of service, along with a composite service area analysis of Prince Georges' and Montgomery General hospitals
- Continued data analysis in support of Washington Adventist Hospital CON
- Discussing possible use case scenarios for APCD based reporting that might be included in Monahrq reporting

Web Development/Updates

- Nursing home facility update and statewide long and short stay 2015 survey reports updated on the long term care portal.

- Nursing home and Assisted living flu vaccination rates for 2014–2015 data updated on the long term care portal.
- MHCC website support: remove Telehealth Pilot Procurement announcement; updated the Trauma Fund page; worked with HIT staff to archive Health IT documents; posted preauthorization benchmark report; reorganized the Commissioners bio page; added and updated Commissioners’ bios; updated MHCC contacts; posted October presentations; posted 2015 comprehensive and consumer edition health plan quality report and the health connection quality report; posted provider carrier workgroup meeting materials; posted hospital palliative care workgroup materials; assisted CON staff with upload of very large documents

Training

- All programmers attended data security and data leak prevention training

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The November 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 39th edition of the NOAS News & Notes newsletter. Features:

- How To: “Muting or Ignoring Conversations
 - Gmail has a function that allows users to “mute” email threads that are not relevant, but you were included on the original email by doing the following:
 - Open Gmail
 - Open or select the email conversation
 - Click the “More” button above the message(s)
 - Click “Mute”
 - Once muted, conversations will only pop back into your inbox if a new message in the conversation is addressed to you.
 - To “Unmute” a Thread
 - Select the email thread
 - Click the more button
 - Select “Unmute”
 - To find a muted email conversation
 - Type “is”muted” into the Gmail search box and search
 - This will show all muted conversations

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. The data warehouse prototype is completed, and staff are currently reviewing it, with production mode anticipated in December. 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. Some data quality issues are delaying the production process; however, SSS is cleaning the data and a sample site is anticipated for December.

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. 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 and utilization 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

The Commission approved permanent regulations to replace COMAR10.24.17 on October 15, 2015. Notice was published in the *Maryland Register* on October 31st announcing that the effective date of these regulations would be November 9, 2015.

The next meeting of the Cardiac Services Advisory Committee will be on November 18, 2015. The purpose of this meeting is to discuss strategies for re-evaluating the scope of cardiac surgery, as defined in COMAR 10.24.17.

Certificates of Conformance to Establish PCI Services

On October 15, 2015, the University of Maryland Shore Medical Center at Easton submitted an application to establish a new primary and elective PCI program, and Holy Cross Germantown Hospital submitted an application to establish a primary PCI program.

Audit of the Society for Thoracic Surgery Data Base

Staff anticipates that the results of the audit will be available by the end of November. Some preliminary results were shared with staff in October.

Other

Staff participated in the Maryland Cardiac Surgery Quality Initiative meeting on October 28th held at Washington Adventist Hospital. Staff provided a brief update on the STS audit and the amendments to COMAR 10.24.17.

Long Term Care Policy and Planning

Minimum Data Set 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.

Hospital Palliative Care Study

During October, staff finalized work on this report, which is due to the General Assembly by December 1, 2015. A meeting of the Hospital Palliative Care Advisory Group was held on October 20th to review the draft report. Following discussion and input by the Advisory Group, staff conducted some additional analysis, and circulated the report one more time for final input by the Advisory Group. Staff will be presenting this report to the Commission at its November meeting, for approval and release to the General Assembly. 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

Based on input from providers and consultants, an error in the public use file of hospice survey data was resolved. A revised public use data set was posted on November 3rd 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

The draft HHA Chapter (COMAR 10.24.16) was posted for a 30-day informal public comment period that ended on October 30, 2015 on the Commission's webpage. During that time period, comments were received from a total of three organizations: Erickson Living (Adam Kane); Maryland National Capital Healthcare Association (MNCHA) (Ann Horton); and Maxim Healthcare Services (Andy Friedell). Staff will present an analysis of the public comments and staff recommendations at the November 19, 2015 Commission meeting.

Home Health Survey

The 2014 Home Health Agency Survey data set has been desk audited to detect errors and discrepancies. Staff is now working on finalizing utilization tables and public use data sets.

Long Term Care Survey

Staff is in the process of cleaning the FY 2014 data collected in this annual survey in order to create public use data files and other reports.

Certificate of Need

CON Letters of Intent

Maryland House Detox – (Anne Arundel County)

Establishment of a 16-bed Track One alcoholism and drug abuse intermediate facility dedicated to detoxification to be located at 817 South Camp Meade Road in Linthicum.

Pre-Application Conference

Maryland House Detox – (Anne Arundel County)

Establishment of a 16-bed Track One alcoholism and drug abuse intermediate facility dedicated to detoxification to be located at 817 South Camp Meade Road in Linthicum.

October 13, 2015

CON Applications Filed

Calvert Memorial Hospital – (Calvert County) – Matter No. 15-04-2370

Construct a three-story building addition, expanding the number of private rooms from 61 to 101, and creating an 18-bed observation unit.

Estimated Cost: \$51,654,138

First Use Approval

Holy Cross Hospital of Silver Spring – (Montgomery County) – Docket No. 08-15-2287

Construction of a 10-story bed tower on the south side of the Hospital (“South Tower”), primarily to replace bed capacity, and construction of an addition to an existing parking garage. Existing space on three floors of the hospital was also renovated.

Approved Cost: \$228,764,000

Determinations of Coverage

- **Ambulatory Surgery Centers**

Parkway Surgery Center – (Washington County)

Addition of second non-sterile procedure room to this existing physician outpatient surgery center

University of Maryland Medicine, ASC, LLC – (Howard County)

Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 5900 Waterloo Road, Suite 120, in Columbia.

- **Changes in Bed Capacity Not Subject to CON Approval**

HealthSouth Chesapeake Rehabilitation Hospital – (Wicomico County)

Construction of a building addition to house 14 beds in private patient rooms. (Special hospital beds for medical rehabilitation are a category of beds that can be expanded by health care facilities operating such beds on a periodic basis without CON approval. Ten beds or 40 percent of the current bed capacity, whichever is less, may be added in this medical service, subject to certain conditions.)

Estimated Cost: \$3,000,000

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

Lorien-Columbia – (Howard County)

Relinquishment of 4 licensed CCF beds

Lorien-Riverside – (Harford County)

Relinquishment of 2 temporarily delicensed CCF beds

- **Waiver Beds**

HealthSouth Chesapeake Rehabilitation Hospital – (Wicomico County)

Addition of 5 waiver beds for a total of 59 rehabilitation beds

- **Other**

HomeCall, Inc. – (Talbot County)

Relocation of the branch office from 101 Marlboro Avenue, Suite 47, Easton to a new location at 29509 Canvasback Drive, Suite 204, Easton

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology

Staff participated in the Office of the National Coordinator for Health Information Technology’s (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. The committee discussed the Medicare Access and the Children’s Health Insurance Program (CHIP) Reauthorization Act (MACRA). MACRA reforms Medicare payment policy for physician services by replacing the Sustainable Growth Rate (SGR) methodology. The Centers for Medicare & Medicaid Services is in the process of developing proposals that will implement key elements of MACRA.

Staff began drafting the annual report *Health Information Technology, An Assessment of Maryland Hospitals* (report). The report evaluates hospital health IT adoption among all 47 acute care hospitals in the State. The following technologies are included 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 (e-prescribing); health information exchange (HIE); telehealth; and patient portals. Hospital participation in the federal incentive programs is also included in the report. This year’s report includes information on the use of data analytic tools, electronic care plans, and population health management. The report assesses hospitals that are using data analytics, and identifies factors that influence hospitals’ decision to implement analytics tools. Included in the report is information on the impact of the transition to Stage 2 meaningful use criteria on hospitals’ implementation of patient portals and e-prescribing.

Staff convened a virtual learning session (session) with the local health departments (LHDs) and various accountable care organizations across the State. This was the second of a series of three Lunch & Learn webinars intended to provide peer-to-peer learning opportunities regarding the selection, adoption, and use of health IT. During this session guest speakers from the Chesapeake Regional Information System for our Patients (CRISP), Howard County LHD, and Healthy Howard discussed CRISP services and how these services are being utilized by the LHD. Development efforts are underway for the third Lunch & Learn session of the series. Staff continues to collaborate with several LHDs, in the development of an EHR pricing and functionality template. Once finalized, it will be completed by LHDs and the information compiled in a *LHD EHR User Resource Guide* (guide). The guide includes information about how LHDs are using their EHR in regards to somatic care, behavioral health, and billing. Staff plans to release the guide in January.

Development activities are underway for the information brief entitled, *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland*. The brief provides an overview of EHR and HIE adoption among comprehensive care facilities (CCFs). Information for the brief was collected through the State’s Annual Long Term Care Survey. According to the data, approximately 72 percent of CCFs have purchased an EHR system, while only 33 percent of these CCFs reported using their EHR system at a basic level. A basic level includes the following system capabilities: 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; and vital signs and laboratory data. Staff anticipates releasing the information brief in December.

Staff continued planning activities to revise MHCC's web-based EHR Product Portfolio (portfolio), which consists of 14 EHR vendors. The portfolio is a resource that provides pricing and select functionality information to compare nationally certified EHR systems. Each year, staff updates the portfolio with information deemed important to ambulatory practices in selecting an EHR. Staff plans to conduct an environmental scan of ambulatory practices with EHRs to determine additional content to include in the portfolio. Staff plans to complete revisions to the portfolio by the end of February 2016.

Health Information Exchange

During the month, CliftonLarsonAllen LLP (CLA) finalized the annual CRISP financial audit. CLA was competitively selected to conduct the audit, which assessed CRISP's accounting practices, including their internal controls over financial reporting and compliance under federally funded grant agreements. Staff also participated in the CRISP Audit Committee meeting, which reviewed reports from the financial audit completed by CLA. While the audit did not identify any material weaknesses, CLA did propose several revisions to CRISP's procurement policies for federal expenditures.

Staff continues working with CRISP, Cyfluent, and RelayHealth to implement use case pilots that utilize information from ambulatory provider administrative systems for 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. RelayHealth is in the testing phase of exchanging select claim data elements with CRISP. Discussions with Emdeon are underway to explore opportunities to collaborate in the development of additional use case pilots. Findings from the use case pilots will inform future care coordination initiatives. In addition, staff is working with consultant pharmacists from the Post-Acute/Long Term Care HIE Access Workgroup (workgroup) to develop a CRISP access use case pilot. The pilot is intended to assess the impact of transitions of care between hospitals and long term care facilities based on expanding CRISP user access to include long term care consultant pharmacists.

Staff received informal comments to 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) released in September. The draft amendments detail requirements regarding the release of data by HIEs for: 1) research; 2) population care management; and 3) use during emergency situations. Approximately five organizations submitted informal comments, which will be used by staff to guide the development of proposed amendments to the HIE regulations. The HIE Policy Board (Board), a staff advisory group, met during the month to advise staff on recommended changes to the draft amendments in consideration of the informal comments received. In addition, staff continued to develop an informational brief, *Registered Maryland Health Information Exchanges: Demographic and Service Characteristics* (brief), which catalogues service capabilities of HIEs operating in Maryland. Staff anticipates releasing the brief in January.

Staff is currently evaluating proposals for round three telehealth grants that were received during the month in response to the *Telehealth Technology Pilot – Round Three* grant announcement released in August. The grants will fund innovative telehealth use cases aimed at improving the patient experience and the overall health of the population being served. Grants will be awarded for up to three applicants who propose an innovative implementation of a use case. A telehealth evaluation panel (panel), consisting of staff and external stakeholders, will competitively identify awardees with a maximum grant award of \$30,000 each. The panel has requested additional information from several applicants. Grant applicants must provide a 2:1 funding match. Staff anticipates making award announcements in November.

Staff continues to provide support to round one and round two telehealth pilots. Staff provided Atlantic General Hospital (AGH), a round one grant recipient, and Union Hospital of Cecil County (UHCC), a round two grant recipient, with written feedback from site visits conducted in September. Staff completed site visits at University of Maryland Upper Chesapeake Health and Dimensions Healthcare System, both round one awardees. Round one awardees 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 the Bel Air facility of Lorien Health Systems. Round two awardees include: 1) Crisfield Clinic, LLC; 2) Lorien Health Systems; and 3) UHCC. All combined, grantees have received over \$175,000 to implement select telehealth use cases.

During the month staff participated in two events as a speaker for (1) the Maryland Board of Pharmacy's (Board's) Annual Continuing Education Breakfast and (2) the Maryland Chapter of American College of Healthcare Executives (MACHE) event entitled, *Telehealth and Telemedicine: The New Frontier in Health Care Delivery*. During the Board's event, staff discussed the national and State-level telehealth landscape and tele-pharmacy utilization benefits and challenges. Staff also highlighted efforts of MHCC around the diffusion of telehealth and HIE among pharmacists. During the MACHE event, staff participated on a panel with three local telehealth experts and discussed telehealth matters including technical and operational applications, legal and regulatory implications, and financial and reimbursement considerations.

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 and align with other system reform initiatives in the State, including system changes associated with the Medicare Waiver for hospitals. 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). Staff is currently evaluating comments it received to the informal draft regulations. In general, commenters asked questions and requested additional clarification on the VBCD program. Over the next month, staff plans to discuss the informal draft regulations with various stakeholders and assess the impact of potential changes to the draft regulations.

During the month, staff finalized an 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. The evaluation of the MMPP assessed the impact of the PCMH model on the Medicaid patients. The findings indicate that: 1) the MMPP maintained providers' high satisfaction with their job, patient care, and positive perceptions of several team-functioning measures; 2) growth for patient-provider communication among adult Medicaid patients and their providers; 3) chronic disease management of some ambulatory care sensitive conditions improved, along with a reduction in emergency department visits and inpatient stays among Medicaid patients with these condition; and 4) there was evidence to suggest that the MMPP may have slowed growth of some inpatient and outpatient payments among Medicaid patients.

Staff convened a PCMH Transformation Workgroup (PTW) subgroup meeting to discuss a framework for establishing a statewide practice transformation education program (education program). The framework builds on the successes of the MMPP's Maryland Learning Collaborative; the education program would be available to any practices that participates in advanced care delivery models. Key framework discussion items include elements for technical assistance, care coordination training, peer-to-peer learning, and participation in a multimodal learning network with the goal of enhancing practice knowledge and information sharing. The subgroup discussed plans to build out the framework over the next couple of months.

During the month, staff distributed final quality measures reports to the MMPP practices. 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 completed development of the fixed transformation payment amounts; Medicaid requires Managed Care Organizations to distribute funds to qualifying MMPP practices. Incentive payments are expected to be disbursed to qualifying practices by the end of the year. Staff conducted an assessment of MMPP practices to identify practices that would like to participate in the MMPP Medicaid continuation program. The MMPP participation requirements are not expected to change for practices that participate in the Medicaid continuation program. Medicaid has agreed to fund the program through the remainder of FY16.

Electronic Health Networks & Electronic Data Interchange

During the month, staff completed the recertification process for Post-N-Track. 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. 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*. During the month, staff analyzed data obtained from payors' Electronic Data Interchange (EDI) Progress Reports for calendar year 2014. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payors whose premium volume exceeds \$1M annually, and other select specialty payors, submit an annual EDI Progress Report for the prior calendar year by June 30th to MHCC. Staff anticipates releasing an information brief on 2014 EDI highlights in December.

National Networking

Staff attended several webinars during the month. MobiHealthNews hosted *Mobile Healthcare Coordination: HIPAA Compliant Texting and Telemedicine*, which provided an overview of Health Insurance Portability and Accountability Act (HIPAA) of 1996, compliant telecommunications via smartphone technologies and outlined the benefits of utilizing these types of telecommunications to improve patient outcomes, increase efficiencies, and reduce readmission rates. The eHealth Initiative presented, *Population Health Survey Results*, which surveyed provider organizations in 2015 on how health information technology supports patient engagement, analytics, and care management. The Medical Group Management Association hosted, *The Future of Maryland Care – The Medicare Waiver Changes Everything*, which clarified the difference between the historical waiver goals and the new objectives of the 2014 waiver, reflected upon the goals and the role of physicians and their practices in meeting the State's objectives.

<p><i>CENTER FOR QUALITY MEASUREMENT AND REPORTING</i></p>

Hospital Quality Initiatives

The Maryland Health Care Quality Reports

The Maryland Quality Measures Data Center (QMDC) website and secure portal support 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 latest update to the QMDC incorporates an enhanced version of the AHRQ MONAHRQ software (6.0), as well as new physician profile data, updated healthcare-associated infections data, charge data, CMS clinical measures and HCAHPS scores. This update includes the new HCAHPS care transitions module, which captures how well patients understand the type of care they need after leaving the hospital. The Health Plan Quality Report has been incorporated into the website as of the October 2015 release; the Health Plan section of the website includes results of the CAHPS consumer ratings survey and HEDIS clinical measures ratings. Consumers also have the option to search for and compare health plans. Staff is currently preparing for updates to the home health and nursing home data displayed in the MHCC Long Term Care Guide.

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 was released for the first time on the Health Care Quality Report website in October.

The HAI Advisory Committee met on October 28th. The main focus of the meeting was to review the results of the data review and validation of the first and second quarter 2014 HAI data with the Committee. Hospitals will receive facility-specific reports in early November and a webinar for the hospitals is planned for November 18th. Staff also plans to attend a CDC HAI meeting in Atlanta in mid-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. The staff is transitioning the cardiac data submission and management process to the Quality Measures Data Center secure portal beginning with 1st quarter 2015 submissions to centralize our data collection activities. The staff has completed the transition of the 1st quarter and is preparing for 2nd quarter submissions. Staff continues to work with hospitals as they make the transition to submitting data through the QMDC.

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 has been completed and results will be forwarded to the individual hospitals