

MARYLAND HEALTH CARE COMMISSION

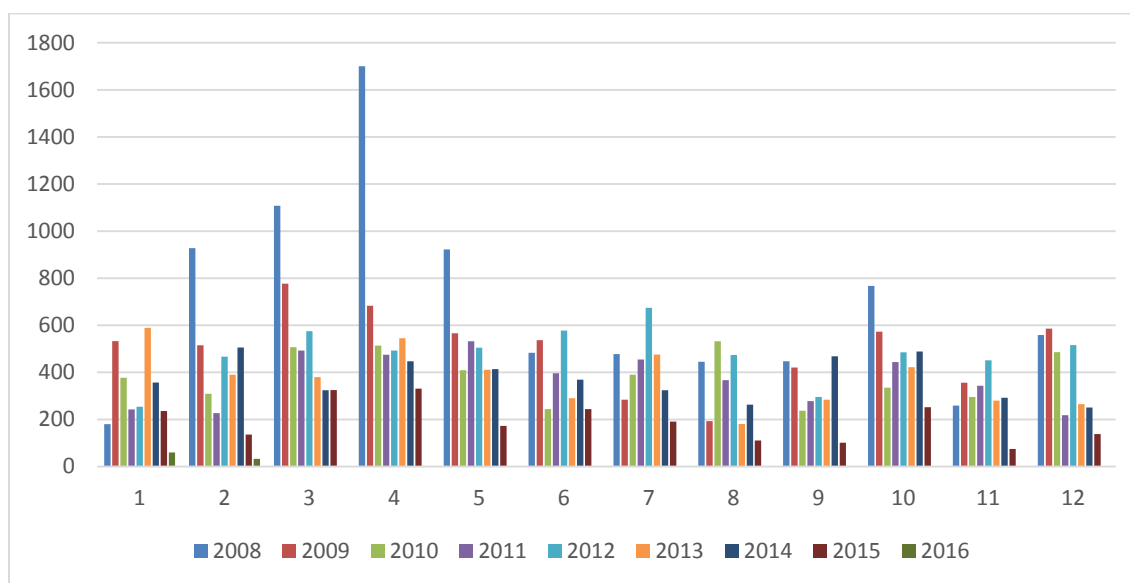
UPDATE OF ACTIVITIES

April 2016

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2016



Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **\$32,534** for the month of February. Adjudicated claims have been uncharacteristically low for January and February due to the illness of a key staff member at CoreSource. Additional CoreSource staff have been assigned to adjudicate claims since early March. The monthly payments for uncompensated care from January 2008 through February 2016 are shown above in Figure 1.

Trauma Equipment Grants

MHCC and HSCRC staff approved payments for the Level II and Level III trauma centers' equipment grants for \$42,000 each for the FY 2016 grant cycle.

Cost and Quality Analysis – Srinivas Sridhara

Total Cost of Care

In July 2015, MHCC was awarded a grant by the Network for Regional Health Information (NRHI) to test the implementation of the HealthPartners Total Cost of Care (TCOC) measure, which has been endorsed by the National Quality Forum. MHCC has contracted with the Hilltop Institute (Hilltop) to do the code implementation and testing of the measure. MHCC and Hilltop staff have been participating in NRHI's multi-site meetings, learning from other sites and sharing our experiences. MHCC and Hilltop submitted required quality control tables to NRHI's technical consultant for review, and the MCDB data was judged to be of good quality and useable for developing the TCOC measure set. With this approval, Hilltop will begin implementing the Johns Hopkins Adjusted Clinical Groups (ACG) software for risk adjustment and the Total Care Relative Resource Value (TCRRV), the resource use measure used in the HealthPartners TCOC measure. Summary data from the ACG and TCRRV implementation will be shared with the NRHI technical consultant for quality review and benchmarking with other site. MHCC and Hilltop will be developing provider-level cost and resource use data in the next two or three months, which will be shared with a select group of pilot sites. MHCC has begun developing a plan to identify and recruit large physician practices to serve as the pilot group to test and provide feedback on practice level reports that will be developed based on the TCOC measure. Staff will continue to update Commissioners on the progress of this effort, as key milestones are reached.

Medicaid MOU

MHCC and Medicaid have been working to develop a data sharing arrangement to advance each agencies missions. MHCC now has a "State Agency" Data Use Agreement (DUA) with Medicare, which permits it to be a central state repository for Medicare claims data and permits it to share this data with other state agencies. The Memorandum of Agreement (MOA) between MHCC and Medicaid includes three DUA's which allow for MHCC to send privately insured and Medicare data to Medicaid and for Medicaid to send its data to MHCC. This will permit MHCC to have a complete All-Payer Claims Database and consistently conduct all-payer analyses. Medicaid will be able to conduct access and payment benchmarking studies compared to private insurance and Medicare, as required by CMS. The agreement has been signed and begins on April 8, 2016 and extends to the end of FY 2019.

Collaboration with Maryland Insurance Administration on Rate Review

MIA and MHCC plan to leverage the MCDB to support the MIA's review of rate filings. Initial internal efforts to reconcile MCDB and Actuarial Memoranda (AM) data, identified some discrepancies. MIA and MHCC have initiated a two-phased approach to engage payors and reconcile data. The first phase was conducted in Spring 2015 and focused on reconciling membership counts. Following internal review, MHCC and MIA met with carriers to understand discrepancies. In some cases there were clear explanations, such as retroactivity and reported vs. recast counts; however, there were some areas where corrections to MCDB data submissions were necessary. Corrections were needed to address some incorrect interpretations of small group market plans under Maryland contracts vs. employer work sites. Following resubmission and review of data in the Summer and Fall of 2015, MHCC and MIA have initiated Phase 2 of the effort in February 2016 with a focus on claims reconciliation. MHCC and MIA have been systematically meeting with payors to understand discrepancies. Some tie back to membership discrepancies, where others have revealed some errors in inclusion of certain types of claims in one report vs. the other (AM vs. MCDB). The

AM and MCDB data are generally consistent with each other, but these efforts will ensure that they are well-aligned with predictable and known deviations. These data reconciliation efforts will not only help the MIA use MCDB data for rate review, but it is a fundamental method of validating the MCDB for other use cases as well.

Special Projects – Janet Ennis

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. 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 SSS and the PMO on the design, development, and implementation of a data warehouse. SSS is implementing a claims versioning approach that will automatically load each carrier's processed claims to the data warehouse. SSS is also working with staff to implement value-added fields and to develop standard data marts for common analytic needs.

On September 1, 2015, 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. In January, staff previewed sample data on joint replacement to select Commissioners who determined that the information could be valuable to physicians as long as 90-day readmission rate and length of stay data are included. This data display will be linked to the Maryland Health Care Quality Reports website. Finally, the RFP to procure a new database contractor by May 2016 was posted on eMaryland Marketplace on December 7, 2015. Two (2) proposals were received; the evaluation committee has agreed on a successful bidder, and the contract will be proposed to the Board of Public Works for approval on April 27, 2016.

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 websites, 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. MHCC's Methodologist has expanded MHCC's decision support to the MIA in evaluating the MCDB for rate review activities with 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. Another dashboard developed by staff provides the geographic location by zip code of health care spending in the state. Last month, staff procured a small procurement with Cyquent, Inc., from Rockville, MD to continue with the development and refinement of these and additional data dashboards using Tableau software.

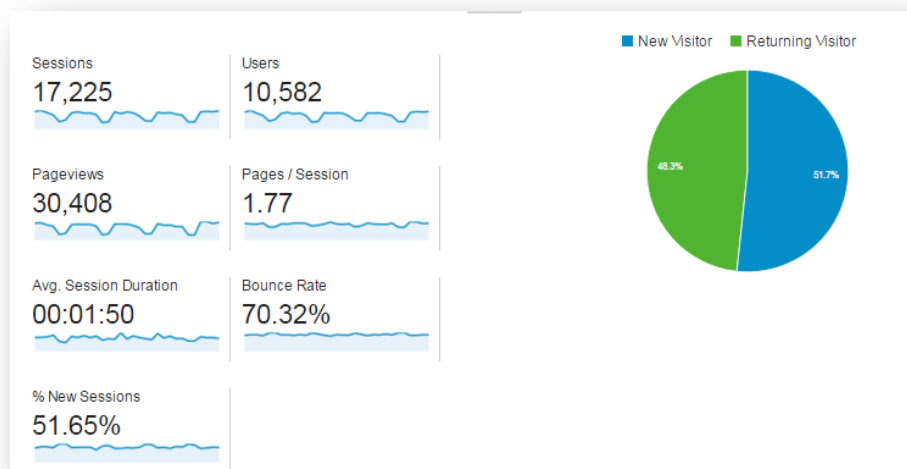
Staff also prepared an RFP to procure a contractor to provide technical support and training for the Prometheus episode of care bundling software, which will be used to generate medical pricing measures that will be displayed on a consumer portal. The contract will be proposed to the Board of Public Works for approval on April 27, 2016. Staff has already recruited several industry stakeholders to provide feedback on the content and display for this consumer portal. Staff has also successfully recruited several clinicians, including primary care physicians and orthopedists, to participate on an advisory group for the development of a CME course directed at primary care clinicians on appropriate use of imaging in patients with low back pain and the costs associated with inappropriate imaging, including patient out-of-pocket costs.

Freedman Healthcare, MHCC's Project Management Office (PMO), continues to assist MHCC in managing the Cycle III and Cycle IV projects to ensure that all milestones established in the Cycle III and Cycle IV grants are met. To date, the PMO has provided technical consulting to the MHCC and the database contractor regarding features of the ETL and the data warehouse. The PMO also assisted MHCC in writing the RFP for the new database contract, which included providing research on practices in other APCD states and consulting on technical issues. Freedman is now involved with coordinating the development of the CME course, including developing a work plan, a timeline, the CME application, etc. Staff also will work with MedChi's director of CME for assistance in the development of this course. Through discussions with our Total Cost of Care mentor, the Midwest Health Initiative (MHI), staff determined that MHI has a similar interest in a CME course; as a result, both groups agreed to jointly produce the course.

Database Development and Applications- Leslie LaBrecque

Internet Activities

Data from Google Analytics for the months of March 2016



Note: 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 March 2016 was 17,225 and of these, almost 52% were new sessions. The average time on the site was 1:50 minutes. 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 March were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Data Processing

- Added validated zipcode, state, county to the npes data; manually looked up unmapped taxonomies in the private data, made medicare location consistent with npes; performed provider name duplication analysis and resolved duplicates, prepared and replaced the data in both the provider and procedure Tableau dashboards
- Downloaded & prepared observation hospital outpatient data for 2010 – 2014
- Downloaded & prepared most recent calendar year inpatient and outpatient hospital data as well as hospital chronic and psych data. Prepared 2015 calendar year inpatient and outpatient files for the hospital guide vendor and assisted them with crosswalking the new field names
- The hospital inpatient and outpatient files did not include rate center fields and these were subsequently requested from HSCRC and are being merged back onto the files
- Worked with the hospital quality staff to resolve data processing issues with the Cath PCI files.
- Processed data request for all deliveries in Maryland by type and hospital
- Processed a DC Inpatient data request for an external requestor

Tech Support

- Read and evaluated pricing dashboard support bid boards, attended meetings to discuss, set up accounts and permissions for the selected vendor to access the MHCC Tableau server, reviewed the vendor Phase 1 work proposal and attended meetings to discuss
- Worked with Optum to re-establish our online procedure coder accounts
- Communicating with OHCQ to work to resolve the deficiency report linking issues
- Worked with our web server vendor to resolve server connection issues
- Provided network support to staff with linking documents, posting and formatting hacks, hardware failure issues
- Assisted CON staff with county code definitions and with SAS server problems
- Attended jQuery and javascript training classes in order to be able to support this functionality in the MHCC web applications
- Resolved data issues in the trauma fund program

Web Updates

- Worked with the CON staff to clean up and format a new data update for the Ambulatory Surgery directory application
- Long Term Care Portal: updated numerous links and text particularly ones to the Maryland Department of Aging; processed data for and updated the guide with Home Health quality measures for FY2015 and Home Health patient satisfaction measures

- Assisted staff with publishing Tableau Maryland Insurance Administration and geographic variation dashboard changes to the Tableau public server.
- MHCC Intranet: created a new page which provides a list of all applications we currently develop in-house with links to each test application to enable staff members test applications before migration to the live server
- Prepared monthly Commissioner's site updates; updated the electronic health networks (EHN) page, resized EHN logos; posted meeting notices; updated the MSO page, the commissioner bio page, the Long Term Care survey page with upcoming survey info, posted requests for proposals, linked reports on the Health IT policy report page and archived old reports, posted the 2014 Health IT survey report, worked with the CON staff to reorganize the CON pages and documents and provided web support for the CON staff while Ruby was out; posted the single carrier report to the PCMH website
- MHCC Assessment Application: participated in meeting to go over the website; created a local copy of the application on the test server; set up permissions to the production application and database; ran queries for the budget staff to pull active insurance companies; updated email and contact information; and copied updated pages to the server
- Nursing Home and Assisted Living Facility health care worker surveys: updated the survey applications with 2016 questions; created 2015-2016 sql tables; sent notifications to staff to review and approve the changes
- Ambulatory Surgery Facility Survey: worked with the previous vendor to get the application and database from last year, installed it locally and began testing it
- Long Term Care Facility Survey: Worked out permissions to the production survey application and testing database functionality and access

Web Applications Development and Operations

Organization	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
Boards		
MHCC Staff Transition Plan for Participating Boards (13 Boards)	Develop Transition Plan for Support	Setting up a transition for web site design and maintenance.
Licensing Sites (13 applications)	On-going Maintenance and Enhancements	Various updates to sites in anticipation of annual renewals. Psychology is now operational
Physician Licensing/Allied Health – MBP	New Physician License Verification app with credit card interface completed for BOP	
Maryland Medical Cannabis Commission	Maintenance only	Live
MHCC		
MHCC Community Web Site	Ongoing Maintenance	Live

PCMH Public Site	On-going Maintenance	Live
PCMH Portal (Learning Center & MMPP)	Ongoing Maintenance	Live
PCMH Practices Site (New)	On-going Maintenance	New Quality Management Survey (8 new questions)
Continuing Care Retirement Community Survey	Report on Limited Direct Admissions	CCRC Report Quarterly
Hospice Survey 2015		2015 Survey now Complete
Long Term Care Survey	Update for 2016	2016 will Launch in July 2016
MHCC Assessment Database	On-going Maintenance	Closed
Ambulatory Surgery Survey	Migrate from Contractor	Launch in 2016
npPCI Waiver	Un-going Maintenance	Quarterly Report processing
IPad/iPhone App for MHCC	Under Development	Ongoing

Network Operations & Administrative Systems (NOAS) – Levone Ward

Information Technology Newsletter

The April 2016 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 44th edition of the NOAS News & Notes newsletter. Features:

- “A Solid Password”
 - Reminder about the importance of having a complex password and the dangers of saving them on “public” computers
 - Reminder about the importance of keeping your password private
- “Mailing List or Me”
 - Guidance on ways to determine if an email message was sent to you as an individual or to you as a member of a larger mailing list
 - Instructions on how to enable “personal level indicators” within the Maryland.gov email system

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan (SHP) Chapter for Cardiac Surgery and PCI Services

Staff received feedback from the Maryland Cardiac Surgery Quality Initiative regarding the ICD-9 codes that it believes should serve to define “cardiac surgery” as well as a list of corresponding ICD-10 codes. Staff sent follow-up questions regarding this information.

State Health Plan: COMAR 10.24.15, Organ Transplant Services

Staff is in the final stages of developing a revised State Health Plan chapter for organ transplant services. Staff anticipates posting a draft for informal comment in the next month.

Certificates of Conformance for Percutaneous Coronary Intervention (PCI) Services

A Certificate of Conformance to establish primary (emergency) and non-primary (elective) PCI services was authorized on March 17, 2016 for the University of Maryland Shore Medical Center at Easton, with conditions. A staff report recommending denial of a Certificate of Conformance for the establishment of primary PCI services by Holy Cross Germantown Hospital (HCGH) was issued in March and the hospital was provided with a schedule for the filing of exceptions, based on anticipated final action by the Commission at its April meeting. (In April, this application was withdrawn by HCGH.)

Certificates of Ongoing Performance for PCI Services

Staff distributed the application for a Certificate of Ongoing Performance for cardiac surgery services to hospitals with these services and posted the application on MHCC’s web site. Staff also provided notice to hospital administrators and other staff that revised schedules for Certificates of Ongoing Performance for PCI services and cardiac surgery services will be published in the *Maryland Register* April 15, 2016. A copy of the notice submitted was also provided.

Long Term Care Policy and Planning –Linda Cole

Hospice Survey

Online data entry for this annual survey is currently underway. The survey can be viewed at:

<http://mhcc.maryland.gov/Surveys/hospice2015/>

All parts of the survey will be completed by June 6, 2016. Staff are reviewing data submissions and assisting with data entry as needed. The Hospice Network of Maryland has also assisted by sending out reminder notices to their members.

Hospice Plan Chapter Implementation

The Hospice Chapter of the State Health Plan (COMAR 10.24.13) includes a methodology as part of the regulations. The hospice need projections were recently updated using data from the FY 2014 Maryland Hospice Survey, updated population death data from the Maryland Vital Statistics Administration, and population data from the Maryland Department of Planning. A status report, including a history of plan development, updated use rate trends, and updated hospice need projections were presented at the March Commission meeting. This report is posted at:

http://mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/documents/presentations/MHCC_Prst_20160317.pdf

Staff described the delays in implementation of this Chapter, as well as efforts to assist the hospices with education and outreach. The updated projections identified Baltimore City and Prince George's County as jurisdictions qualifying for consideration of new or expanded hospice programs. Staff recommended that the next steps include the publication of the updated projections and scheduling Certificate of Need review cycles for these two jurisdictions. Based on discussion at the March meeting, staff will provide further information at the April Commission meeting.

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

The Commission adopted as final regulations the new HHA Chapter (COMAR 10.24.16) of the SHP at its March 17, 2016 meeting, following staff's presentation on its analysis of comments received during the formal comment period, which ended February 22, 2016. In summary, eight comments were received from four organizations. Staff recommended no changes be made in response to six of the eight comments, and that non-substantive changes be made to Regulations .06C(3) and .06C(9). Following adoption of COMAR 10.24.16, the Commission amended COMAR 10.24.08 to delete portions of that Chapter pertaining to HHA services. That chapter will now address nursing home and special hospital-chronic care services only.

Home Health Value-Based Purchasing (HHVBP)

Maryland is one of nine states selected by CMS to participate in the seven-year demonstration study of CMS' HHVBP model that began January 1, 2016. All Medicare-certified HHAs in Maryland are required to participate in the HHVBP model. Center staff attended a conference on March 8, 2016 titled "How to Be a Winner in Home Health Value-Based Purchasing" co-sponsored by MNCHA and the National Association for Home Care & Hospice (NAHC). A variety of topics were presented at the conference including: a broad overview of the design and composition of HHVBP; designing and implementing an HHVBP strategic plan; establishing essential data dashboards; best practices strategies; assignment of resources; and return on investment (ROI) prioritization.

Home Health Agency Survey

Commission staff are in the initial phase of refining the Home Health Agency (HHA) Survey for FY 2015. Staff is collaborating with the Maryland National Capital Homecare Association (MNCHA) and individual HHA representatives to discuss ways for improving the data collection instrument.

Long Term Care Survey

The 2015 Maryland Long Term Care Survey Notice letter was transmitted (email) on March 25, 2016 with data collection beginning on April 4, 2016 for all facilities. All data should be collected from comprehensive care facilities chronic hospitals, adult day care centers and assisted living facilities by June 2, 2016. This year we added a new feature, *ACTIVATE YOUR SURVEY*, within the Notice letter that the provider must click on before getting access to start the survey. This feature replaced the certified mail receipt confirmation.

Certificate of Need – Kevin McDonald

CON Letters of Intent

Northampton Manor Nursing & Rehabilitation Center – (Frederick County)

Addition of 66 comprehensive care facility (CCF) beds to the existing facility located at 200 East 16th Street in Frederick

Ginger Cove – (Anne Arundel County)

Establish a specialty home health agency to serve the residents of the Ginger Cove Retirement Community

Pre-Application Conference

Northampton Manor Nursing & Rehabilitation Center – (Frederick County)

Addition of 66 comprehensive care facility beds to the existing facility.

March 16, 2016

Ginger Cove – (Anne Arundel County)

Establish a specialty home health agency to serve the residents of the Ginger Cove Retirement Community

March, 23, 2016

CON Applications Filed

Maryland House Detox – (Anne Arundel County) – Matter No. 16-02-2374

Establishment of a new Track 1 Intermediate Care Facility with 16 detoxification beds at level III.7D to be located at 817 South Camp Meade Road in Linthicum

Estimated Cost: \$1,936,275

Anne Arundel Medical Center (Anne Arundel County) – Matter No. 16-02-2374

Construction of a 16-bed acute psychiatric hospital serving adults to be located at Riva Road and Harry S. Truman Parkway in Annapolis

Estimated Cost: \$16,998,237

Determinations of Coverage

• **Ambulatory Surgery Centers**

Mohs and Skin Surgery Center, LLC - (Baltimore County)

Establish a physician outpatient surgery center with three non-sterile procedure rooms to be located at 1447 York Road, Suite 301 in Lutherville

Summit Ambulatory Surgical Center, LLC – (Anne Arundel County)

Establish a physician outpatient surgery center with one sterile operating room and three non-sterile procedure rooms to be located at 7580 Buckingham Boulevard, Suite 100, Hanover

Eagle Eye Surgery Center, LLC – (Montgomery County)

Establish a physician outpatient surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 15001 Dufief Mill Road in North Potomac

Bel Air Endoscopy ASC, LLC – (Harford County)

Relocation and replacement of an existing physician outpatient surgery center with three non-sterile procedure rooms (Harford Endoscopy Center) located at 2 North Avenue, Suite 102, in Bel Air to a new site at 2214 Old Emmorton Road in Bel Air. The new facility will be known as Bel Air Endoscopy ASC, LLC

Baltimore Columbia Surgery Center, LLC – (Howard County)

Establish a physician outpatient surgery center with one sterile operating room and one non-sterile procedure room to be located at 5300 Dorsey Hall Drive, Suite 102, in Ellicott City

Annapolis ENT Surgical Center – (Anne Arundel County)

Addition of medical staff (James Chappell, M.D.) and addition of plastic surgery as a specialty provided at this facility

Eastern Shore Endoscopy, LLC – (Talbot County)

Addition of an additional pre-operative bay at this facility

Gastrointestinal Diagnostic Center – (Baltimore County)

Addition of a non-sterile procedure room to the existing facility located at 700 Geipe Road, Suite 220, in Catonsville. The physician outpatient surgery center will operate three non-sterile procedure rooms with this addition.

- **Other**

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

Allegany Nursing Home – (Allegany County)

Relicensure of eight CCF beds for a total of 153 licensed beds

Berlin Nursing & Rehabilitation Center - (Worcester County)

Relicensure of 20 CCF beds for a total of 165 licensed beds

Robinwood Surgery Center – (Washington County)

Approval of a plan for the relicensure of this temporarily delicensed ambulatory surgical facility. The facility will be renovated to create four operating room and four non-sterile procedure rooms. It is anticipated to go back into operation in 2017.

<i>CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY</i>
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Health Information Technology – Matt McBride

Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Joint 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 provided an update on the Application Programming Interface (API) Task Force (Task Force). The Task Force developed recommendations that will help consumers leverage API technology to access patient data, while ensuring privacy and security. The committee discussed the 2015 ONC Health IT Certification Criteria, which requires electronic health record (EHR) vendors to enable consumer access to select data through an API. The committee reviewed the proposed rule that would expand ONC's oversight of the Health IT Certification Program.

Staff released the report, *Health Information Technology, An Assessment of Maryland Acute Care Hospitals*. Chief Information Officers from all 47 acute care hospitals in Maryland contribute to the assessment annually. The report details hospitals' use of EHRs, computerized physician order entry, clinical decision support, electronic medication administration records, bar code medication administration, infection surveillance software, electronic prescribing (e-prescribing), patient portals, health information exchange (HIE), telehealth, and population health management tools. Each year, staff enhances the survey tool; new questions were added inquiring about hospital cybersecurity efforts, deployment of mobile health applications, and use of health IT to support value-based care models. Staff is collecting survey responses from hospitals and conducting a quality review of the data. All hospital responses are expected to be received by the end of April. A report on the survey findings is targeted for release in the fall of 2016.

Staff continued preparations for the release of the *Local Health Department (LHD) EHR Resource Guide* (guide). The guide was developed following an EHR environmental scan (scan) conducted by staff in the fall of 2014. Scan findings identified challenges for LHDs around their ability to find a single EHR solution that meets all of their facility's needs, as well as the limited availability of technical resources. Staff collaborated with LHDs in developing the guide, which aims to increase awareness among LHDs regarding their adoption of health IT and use of certain EHR functionalities. The guide also includes presentation materials from the lunch and learn webinar series (series) hosted by MHCC in late 2015 and early 2016. The series included three webinars that focused on EHR workflow redesign, utilization of HIE services, and value-based care delivery. Staff anticipates releasing the guide in April.

Health Information Exchange -- Angela Evatt

CRISP Oversight

Staff continues to provide support to the independent third party auditors, Myers and Stauffer, in completing the annual privacy and security audit of the Chesapeake Regional Information System for our Patients (CRISP). A draft report on the audit findings is expected in early May.

A draft State-Designated HIE Designation Agreement (Agreement) has been finalized and agreed to by CRISP. The Agreement will be presented to the Commission in April. The Agreement outlines basic principles and guidelines for how MHCC and CRISP will work in collaboration to accomplish goals for advancing the diffusion of HIE across the State. The Agreement is anticipated to be in place by the end of April should the Commission approve.

Staff continues working on a use case with CRISP for the integration of electronic transactions from ambulatory provider administrative systems for event notifications. Nearly 191 ambulatory providers are either live or in testing to send administrative transactions to CRISP. Data from administrative systems is included in electronic alerts to care managers when a patient has an encounter with a provider. Two Electronic Health Networks (EHNs) participating in the use case include Cyfluent, a Maryland-based company, and RelayHealth.

Planning activities are underway to assess utilization of electronic preauthorization in the State. Health-General Article § 19-108.2 requires MHCC to work with State-regulated payors (payors) and pharmacy benefits managers (PBMs) to implement, in a series of four benchmarks, online processes for electronic preauthorization and report to the Governor and General Assembly annually through 2016. The largest payors and PBMs in the State have met the benchmark requirements. Staff is developing an electronic survey to be completed by payors and PBMs that will collect information on the number of electronic

preauthorization requests submitted in 2015, and outreach and education efforts to inform providers about the availability and benefits of electronic preauthorization. Staff will distribute the survey in April. A final report to the Governor and General Assembly will be released in the fall.

The ***Announcement for Grant Applications: Telehealth Technology Pilot – Round Four*** was released. The MHCC intends to issue one or more grants to demonstrate the impact of telehealth in supporting value-based care delivery in primary care. Grants will be competitively awarded to the qualified applicant(s) who utilize telehealth technology to expand patient access to health services. A total of \$90,000 will be awarded to the selected grantee(s) for an 18-month period; a 2:1 financial match is required, among other things. Applications are due to MHCC on April 12th. A review panel consisting of representatives from the Department of Health and Mental Hygiene, physicians, and individuals with expertise in telehealth will evaluate the applications. Finalists may be asked to provide demonstrations of the telehealth technology included in their proposals. Grant(s) are expected to be awarded in late May.

Staff continues to develop an information brief (brief) for the round one telehealth grantees. The round one projects demonstrated the impact of using telehealth to improve transitions of care between a hospital and long-term care (LTC) facility. The brief will provide an overview of the telehealth implementation efforts and lessons learned from Atlantic General Hospital, Dimensions Healthcare System (Dimensions), and University of Maryland Upper Chesapeake Health (grantees). The information will help inform future telehealth initiatives. Ensuring adequate and ongoing training and appropriate professional liability coverage were among the key lesson learned by grantees. All of the grantees reported a reduction in hospital encounters for patients whose non-emergency conditions were being monitored remotely from a LTC facility, which contributed to cost savings. The round one grantees continue to explore opportunities to expand their telehealth projects. Staff anticipates releasing the brief in May.

Telehealth Grants: Staff continues to provide support to the round two telehealth grantees: Crisfield Clinic in Somerset County, Union Hospital in Cecil County (UHCC), and Lorien Health Systems in Baltimore and Harford Counties. The grantees are using remote patient monitoring (RPM) devices to assist with their case management efforts. The RPM devices are collecting information on certain health indicators and measuring hospital readmissions and emergency room visits to assess the impact of RPM on improving the health of patients with chronic conditions. The grants were awarded by MHCC in June 2015 and will end in November 2016. Staff also continues to assist the round three telehealth grantees that are implementing telehealth to support improvements in population health. Associated Black Charities, Dorchester County Chapter is seeking to increase access to care for patients in rural areas by providing mobile tablets to community health workers to facilitate video consultations between patients and nurses at Choptank Community Health System. Gerald Family Care is preparing to conduct telehealth consultations with specialists at Dimensions to reduce waiting times and improve access to specialists. UHCC will be using RPM devices to manage patients with chronic conditions discharged from the hospital and provide on-demand patient education and support. The round three grant period concludes in May 2017.

The Patient-Centered Outcomes Research Institute (PCORI) has accepted a Letter of Intent (LOI) and invited a team composed of MHCC staff, Lorien Health Systems, the University of Maryland, and CRISP (collaborative) to submit a proposal to a funding opportunity, *Improving Health Systems – Cycle 1 2016*. The PCORI solicitation will fund research projects to study the comparative effectiveness of alternative features of health care systems with the intent to optimize quality, outcomes, and efficiency of patient care. The Maryland team proposes to develop a collaborative to study the effectiveness of telehealth used for care coordination purposes for patients transitioning from a LTC facility to home as compared to traditional care coordination absent telehealth. The team expects to request approximately \$5M for the four-year study

period. PCORI all LOIs submitted before extending invitations to potential participants to submit a full application. The grant application is due June 6th.

HIE Policy Board (Board). During the month, staff convened a meeting of the Board, a staff advisory group, to begin developing a draft consumer access policy for information available through an HIE. During the meeting, several potential subcomponents of the draft policy were discussed, including consumer verification, consent management, education, and suspension or termination of access. Discussions also centered on opportunities for consumers to control their information available through an HIE by identifying circumstances to permit access or to request amendments to their information. The Board also deliberated on how to appropriately manage consumer expectations regarding the type and scope of their health information that is available through an HIE.

Amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (HIE regulations), were formatted for publication in the Maryland Register April 1st edition. Amendments to the HIE regulations aim to ensure privacy and security of protected health information that is accessed, used, or disclosed through an HIE; improve access to clinical records by providers; and support public health goals. The proposed amendments detail requirements for the release of data by an HIE for various purposes including: 1) research; 2) population care management; and 3) emergency situations. Draft amendments were released in September for informal comment. Approximately five organizations submitted informal comments that were used by staff to guide the development of the proposed amendments.

Electronic Health Networks & Electronic Data Interchange

Three EHNs were recertified by staff during the month: 1) ACS EDI Gateway, 2) Passport Health Communications, Inc., and 3) ZirMed, Inc. Approximately 40 EHNs operating in Maryland are certified in accordance with COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. As part of the certification process, EHNs must receive national accreditation every two years demonstrating compliance with over 100 criteria related to privacy, security, and business practices. Staff also distributed to 51 payors for completion the 2016 Electronic Data Interchange (EDI) Progress Report (report); reports are due by June 30th. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with annual premiums of \$1M or more, including select specialty payors, to report census level data on administrative health care transactions to MHCC annually.

National Networking

Staff attended several webinars during the month. Healthcare IT News hosted two webinars. *Beyond Monitoring: Leveraging Unified IT Performance Management for Patient Care and Satisfaction* featured ways to empower the helpdesk to provide excellent service to caregivers and other enterprise users. *Enterprise-Wide Strategies for Optimizing Population Health Outcomes* summarized key population health management (PHM) strategies, including technologies, processes and tools that can be used to build a strong foundation and infrastructure for effective PHM. The National Academy for State Health Policy presented *Proposed Changes to the Substance Use Privacy Rules: Overview and Discussion with State Policymakers*, which provided a summary of the revisions to 42 CFR Part 2 proposed rule with the goal of facilitating information exchange while addressing privacy concerns of individuals that seek treatment for substance use disorders.

Innovative Care Delivery – Melanie Cavaliere

Staff continued to provide support to the Primary Care Council (Council). Staff convened the Council to assist MHCC in the development of policies that will help align primary care delivery with the requirements of Maryland's new All-Payer Model. A Bid Board was released in March to identify a vendor that can develop up to five position briefs that will be constructed based on Council deliberations. Staff alerted six organizations about the Bid Board notice; responses are due by April 8th. Over the next nine months, the Council is expected to develop recommendations that are essential if Maryland is to reach its goal of an all-payer, population-based, hospital payment model that can reduce hospital expenditures while maintaining or improving quality of care. The Council includes representatives from physician groups and the Executive Director of the Health Services Cost Review Commission.

Staff, in partnership with MedChi, The State Medical Society, and the Department of Family and Community Medicine at the University of Maryland School of Medicine, is continuing to explore the possibility of being a sub-contractor with the New Jersey Innovation Institute (NJII) for implementing practice transformation activities in Maryland. NJII is an awardee of the Centers for Medicare & Medicaid Services (CMS) Medicare Practice Transformation Network (PTN) Cooperative Agreement, and tasked with collaboratively leading practices through a transformation process developed by CMS. The goal of practice transformation is to shift the focus from quantity of care delivered to improved health outcomes and coordinated care delivery. Meetings of the partnership are expected to continue in April; discussions are underway to finalize an agreement between the partnership and NJII. Practice transformation activities of the PTN are anticipated to begin in May.

Staff completed the calculation for the shared savings incentive payments for practices participating in the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) for calendar year 2014. Shared savings incentive payments are based on practice performance for select quality, utilization and cost measures. A practice may qualify for 30, 40, or 50 percent of shared savings. A total of 21 practices qualified for incentive payments for the 2014 performance year. Commercial carriers indicated plans to distribute 2014 incentive payments in April. Staff continues to work with the Maryland Medical Assistance Program (Medicaid) and Medicaid Managed Care Organizations to gather data needed to calculate incentive payments earned by participating practices for the Medicaid portion of the MMPP for calendar year 2014. As in past year, gathering the claim data from MCOs involves a multi-step process.

<i>CENTER FOR QUALITY MEASUREMENT AND REPORTING</i>
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Hospital Quality Initiatives – Eileen Witherspoon

The Maryland Health Care Quality Reports Website

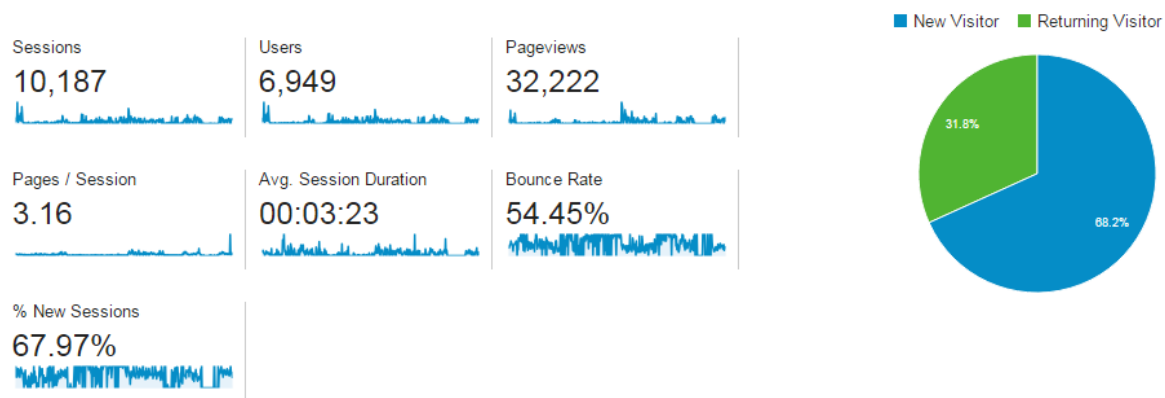
The Maryland Quality Measures Data Center (QMDC) website and secure portal support direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to modernize the Medicare Waiver. 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. In April 2016, the Provider Login section of the site was enhanced to include technical

documents and references for provider and health plan representatives. This new feature is designed to support communication between the MHCC and the industry as well as drive traffic to the site.

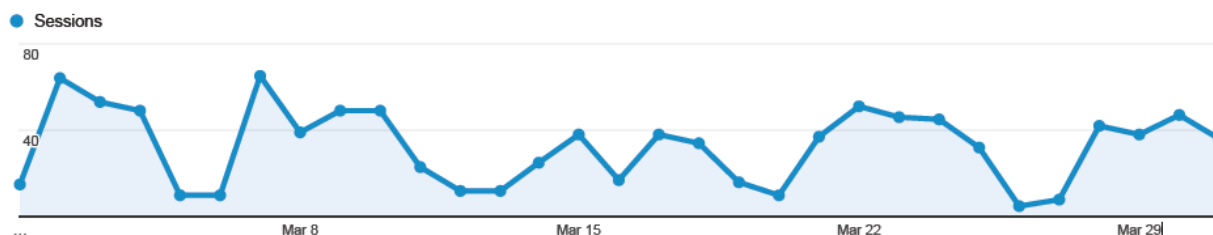
In addition to this enhancement, the Maryland Health Care Quality Reports (MHCQR) website was updated to include bloodstream infection (CLABSI), *Clostridium difficile* infection (CDI), and methicillin-resistant *Staphylococcus aureus* infection (MRSA) data through CY2015. Medical condition and charge data were also updated for the CY2015 time period.

Staff is continuing to focus on the promotion of the website. A Request for Information (RFI) was released in February to obtain expertise and guidance in promoting and marketing healthcare information to consumer audiences. In March and April staff met with over twenty interested vendors individually to discuss strategies to promote public awareness and use of the website. The information gathered from these meetings will inform the development of a procurement for marketing and outreach services.

Maryland Health Care Quality Reports: Since the new site was released 15 months ago, there have been about 7,000 users of the consumer site.



There were 1,015 sessions among 710 users for the month of March.



Health-care Acquired Infections (HAI) Data

Staff have completed the update to the Hospital Guide HAI tables that streamlines public reporting of both catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infections (CLABSI) data with the expansion of reporting to the adult and pediatric medical, surgical, and medical/surgical wards. Staff created and distributed preview reports to the hospitals in March. As mentioned earlier calendar year 2015 CLABSI data was updated on the April release of the Hospital Guide along with calendar year 2015 CDI and MRSA bacteremia LabID data.

Staff continue to collaborate with the hospitals and the MHCC audit contractor on the current HAI data review and validation project. Audits are currently being completed for 12 facilities. Audits will run through early May. The next HAI Advisory Committee meeting is scheduled for April 27th.

In response to HSCRC requests for support of the Quality Based Reimbursement (QBR) Initiative, the staff generated CY2014 and CY2015 data analysis files and reports for CLABSI in ICUs, CAUTI in ICUs, and surgical site infection (SSI) for colon and abdominal hysterectomy procedures. The HAI data are extracted and processed by staff using the CDC NHSN surveillance system.

MHCC staff held conference calls with multiple stakeholders including CDC and VHQC, the state's QIN-QIO, to collaborate and identify opportunities to improve hospital performance on HAI measures. Our collaborative efforts are focused on the hospital problem areas recently identified in the CDC Healthcare Associated Infections Progress Report released last month (<http://www.cdc.gov/hai/pdfs/progress-report/hai-progress-report.pdf>). Many of the poor performing facilities are currently part of the VHQC Collaborative that is focusing on improving performance in CLABSI, CAUTI, and CDI. MHCC staff are determining the feasibility of providing quarterly NHSN Targeted Assessment for Prevention (TAP) Reports to facilities to help identify poor performing units for targeted improvement efforts. The Center is in the process of recruiting to fill critical positions that will support prevention and monitoring activities.

Specialized Cardiac Services Data

All Maryland hospitals that provide PCI services are required to participate in the ACC 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 QMDC secure portal beginning with 1st quarter 2015 submissions to centralize our data collection activities. The QMDC data submission, processing and editing system continues to be refined to improve functionality.

The deadline to submit 4Q2015 ACTION Outcome Reports as well as 4Q2015 CathPCI data to the QMDC is April 22, 2016. The original Outcome Report deadline was extended due to the delay in NCDR releasing these reports to hospitals.

Health Plan Quality & Performance – Theresa Lee (acting)

As a part of the transition of the Health Benefits Plan reports from a static pdf report to an interactive consumer guide, the HEDIS and CAHPS measures were incorporated into the new Maryland Healthcare Quality Reports (Quality Reports) consumer website in October 2015. In January, the conversion of remaining health plan quality measures were completed. The Quality Reports website now includes information on plan performance related to efforts to address health disparities (RELICC) and well as information on provider networks available by health plan. Behavioral health providers are identified by professional type. The 2016 HEDIS audits have begun and the CAHPS member surveys have been distributed to health plan members for completion. The staff continues to work with its contractors to coordinate activities that will support the first full transition of the Health Plan Report to the interactive web-based Health Plan Guide in 2016.

Long Term Care Initiative – Theresa Lee (acting)

The nursing home experience of care survey contract has been modified to enable the performance of the long stay family survey in 2016. The survey cycle is underway, surveys have been sent to resident family

members and staff are responding to consumer questions and concerns. The annual Long Term Care employee vaccination survey is also underway.

The Long Term Care Guide has been updated with more current information on general consumer resources, nursing home health & fire safety inspections and home health agency quality measures and patient satisfaction. Data to populate the Guide with updated facility characteristics for Nursing Homes, Assisted Living and Adult Medical Day has been formatted and is in the process of being uploaded to the portal.