MARYLAND HEALTH CARE COMMISSION
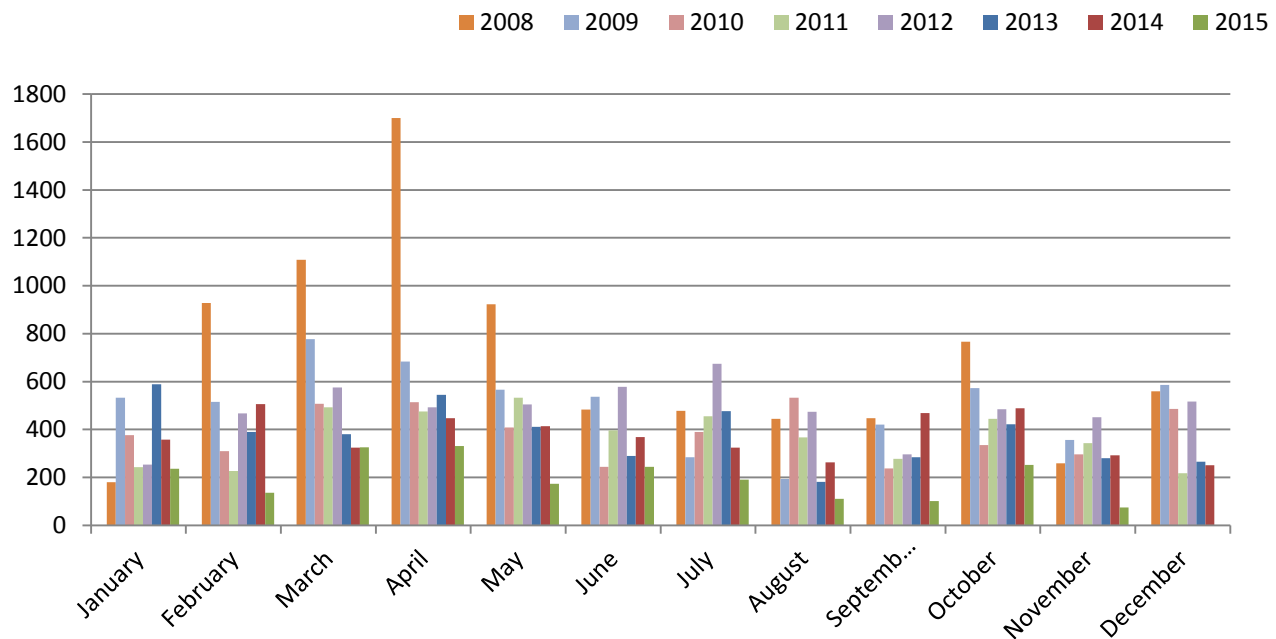
UPDATE OF ACTIVITIES

January 2016

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 **$74,669** for the month of November. The monthly payments for uncompensated care from January 2008 through November 2015 are shown above in Figure 1.

Trauma Equipment Grants
The trauma centers' applications for equipment grant funding will be due to the Commission no later than February 1, 2016. The Level II and Level III trauma centers will be eligible for up to $42,000 each for this grant cycle.

Cost and Quality Analysis

Transparency Tools and Dashboard Development

Public reporting of cost, utilization, and quality data is a central mission for the Maryland Health Care Commission (MHCC). MHCC's Maryland Health Care Quality Reports site reports on hospitals, long-term care facilities, and insurance companies. In a complementary effort, staff have developed a transparency initiative that leverages MHCC's health care data resources to provide direct, interactive access to the public through data displays and dashboards.

MHCC received grant funds from the Center for Consumer Information and Insurance Oversight (CCIIO) to develop MHCC's price transparency initiatives. As part of this effort, MHCC will produce dashboards for specific topics and audiences leveraging private insurance data from the Maryland Medical Care Data Base (MCDB), Maryland's All Payer Claims Database (APCD). At the Commission Meeting on January 21, 2016, staff will discuss the launch of version 1.0 of a new transparency website, the overall goals of this website, future plans, and strategies for dissemination. This website is targeted at health policy and health care industry audiences. Initially, three tabs have been developed and focus on selected topics:

(1) The Cost and Utilization tab provides state-level cost and utilization trends based on three years of data. It provides actuarial measures used by the Maryland Insurance Administration to make decisions on health insurance premiums. The data may be segmented by benefit category, insurance market, and insurance products. Commissioners have seen this dashboard at previous meetings;

(2) The Geographic Variation tab provides zip-code level cost and utilization data based on one year of data. It provides an overview of geographic variation in health care spending. The data may be segmented by types of services and chronic conditions. This dashboard is new to the Commissioners and being presented for the first time.

(3) The Physician Profile tab provides state, county, and zip code-level data on the supply of physicians in Maryland. The data may be segmented by specialty, practice setting, types of insurance accepted, and demographic characteristics. Unlike the other tabs, this tab is based on data from the Maryland Board of Physicians License Renewal Database. Commissioners have seen this dashboard at previous meetings.

Data Release – Staff Review Committee

MHCC's Staff Review Committee (SRC) met to review two applications for MCDB data. The SRC recommended release of MCDB data to two groups at Johns Hopkins Bloomberg School of Public Health (JHSPH). The first application is from the Center for Population Health Information Technology (CPHIT). They will create a research program centered on the analysis of MCDB data. The goal is to provide a broader authority to CPHIT to manage access to the data for faculty and students at JHSPH. Each study will be reviewed by the JHSPH IRB, which has been previously recognized by MHCC. CPHIT will submit quarterly reports on any releases, including data recipients and project goals. The data will be centrally secured and managed by CPHIT. The second application is from Jill Marsteller, a faculty member at JHSPH. Dr. Marsteller was part of the Maryland Multi-Payor Patient Centered Medical Home (MMPP) program evaluation team. Following the conclusion of the evaluation study, Dr. Marsteller's team proposed to continue analyses, with the goal of academic publications, using the data from the evaluation. These

applications will be presented at the Commission Meeting on January 21, 2016 and requires Commission approval prior to release.

Internet Activities

Data from Google Analytics for the months of December 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 December 2015 was 13,699 and of these, there were 52.16% new sessions. The average time on the site was 1:41 minutes. Bounce rate of 73.51 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

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

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, hscrc.state.md.us. Among the most common search keywords in December 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	Maintenance
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Maintenance

PCMH Practices Site (New)	On-going Maintenance	Maintenance
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site(13 sites)	Various updates to site	Psych changes made. Psych is Live
Physician Licensing **Allied Health**	**Live**	**Added new License Type - Perfusionists to Allied Health with credit card interface.**
CCRC	*NEW*	New cycle ended – database uploaded
Health Insurance Partnership Registry Site	Taking Down	Preparing for archiving.
Hospice Survey 2014		Maintenance
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	**Major changes to Health Data & Quality Reporting menus, database, and editor.**
MMCC Maryland Medical Cannabis Commission	LIVE	New tab for caregivers New banner

Database Development and Applications

Data Processing

- Fulfilled data request for the HIT staff to create a file from the National Plan and Provider Enumeration System (NPPES) database of records matching the npi, billing npi and fedtaxid from the MCDB professional services file.
- Downloaded and processed the finalized Q3 hospital discharge abstract from HSCRC
- Prepared Q3 inpatient and outpatient data for upload to Advanta for the hospital guide
- Prepared and uploaded Q3 preliminary data for audit of HSCRC data with NHSN for Advanta
- Completed development of a data quality check program for CathPCI data and prepared a sample report for the Hospital Quality staff to review
- Started process of standardizing the DC Inpatient data across 2004 to 2014 to foster easier analysis across time
- Updated 2014 home health utilization public use files

Tech Support

- Renewed Tableau desktop and server licenses
- Set up Commissioner accounts for the MIA dashboard
- Researched methods for set up of the MCDB reading room and tested and wrote instructions for implementation
- Reviewed the data sources and data processing that was prepared for the Washington Adventist CON project with the CON staff
- Provided assistance to the CON staff with issues with ARCMap
- Updated the Long Term Care and Minimum Data Set (MDS) data processing flow charts to assist in writing the MDS RFP
- Provided troubleshooting support for a DC Hospital Inpatient data release

Web Updates

- Commissioners' site: updated with meeting documents/items for the December meeting, archived November meeting items, and updated the recommended decision page
- Helped staff with file access and website updates
- Troubleshooting issues with extra-large file uploads to the website
- Updated Commissioner's private web site training for staff and continued instruction with staff on updating intranet documents and updating the website meeting page
- On the MHCC website: modified the consumer page by deleting the link to the health insurance page and added text to point visitors to the Health Exchange; updated the Commissioner bio page; posted the RFP for data management and analytic support for the MCDB; took down the hospice survey link because the survey is over; posted questions and responses documents and amendments notices to the procurement page; repaired links on the health data and quality page due to navigation changes
- Completed nursing home staffing and health & fire safety deficiencies data update to the Long Term Care Guide

Administrative

- Helped get the web hosting bid board out and bids evaluated
- Completed performance evaluations and updated job descriptions for year-end evaluations
- Converted the AMA online licenses over to Optum360 and set up user accounts

Information Technology Newsletter

The January 2016 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 41th edition of the NOAS News & Notes newsletter. Features:

- How to find out: "Which Files Use the Most Storage Space within Google Drive?"
    - Process to identify file sizes within Google Drive, contributing to the use of allotted storage space
        - Open Google Drive
        - In the bottom left, hover over the storage use
        - Click Drive in the message that appears. You'll see all your files listed by file size
        - Put unwanted files in your trash, then permanently delete
    - Clear space in Google Drive by sorting and deleting large files that you don't need. To sort your files by file size
    - If multiple versions of a file are in your Google Drive, you'll see then sum total of all versions of a file

Network Updates
Annual network hardware maintenance was performed during the month of December 2015
- All network servers, physical and virtual, were successfully updated with the latest Microsoft updates and reset accordingly
- All installed software packages were successfully updated with the latest software updates from the respective manufacturer
- All server storage space was noted and baselined for new year operations

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. 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 has been completed and is now available and accessible by MHCC staff. Next, SSS will work to train MHCC staff on accessing and using the data warehouse.

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. After some data quality issues delayed the production process; SSS cleaned the data, staff will preview sample data to select Commissioners after the January meeting. Finally, staff collaborated with the PMO and a consultant from DoIT in drafting an RFP to procure a new database contractor by May. This RFP was posted on eMaryland Marketplace on December 7th. The due date for bidder proposals is January 15th.

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. Staff is in the process of drafting an RFP to procure a contractor for proprietary payment software, technical support, and training on episode of care bundling to display medical pricing measures on a consumer portal. Staff is also in the process of recruiting clinicians to participate on an advisory group to assess whether a CME course can be an effective tool for educating clinicians about the prices associated with services they might order their patients. Staff has also recruited several industry stakeholders to obtain their feedback on the content and display for a consumer portal on pricing measures.

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. A contract modification to extend the services of the PMO through the life of the grants (currently expiring in September 2016) will go to the Board of Public Works on January 27th.

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CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

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Acute Care Policy and Planning

State Health Plan: COMAR 10.24.17, Cardiac Surgery and PCI Services
Staff drafted a formal response to questions raised by a medical director for a PCI program concerning the requirement in COMAR 10.24.17 for interventionalists to obtain 30 continuing medical education credits in interventional cardiology over each two-year period of practice. Staff also developed a table summarizing the requirements for Certificates of Ongoing Performance that will be distributed to all hospitals with PCI services.

Certificates of Conformance
Staff continued its review of the Certificate of Conformance applications from the University of Maryland Shore Medical Center at Easton and Holy Cross Germantown Hospital.

Certificates of Ongoing Performance
Staff worked on drafting an application for Certificate of Ongoing Performance reviews for cardiac surgery services. In addition, staff is continuing to communicate with the Society of Thoracic Surgeons concerning MHCC's desire to contract for statistical analyses needed to support upcoming Certificate of Ongoing Performance reviews of cardiac surgery programs.

State Health Plan Chapter for Freestanding Medical Facilities
Staff posted draft regulations for informal public comment on December 17, 2016. The comment period will run through January 19, 2016.

State Health Plan: COMAR 10.24.15, Organ Transplant Services
Staff continued to work on developing a revised State Health Plan chapter for organ transplant services. Staff currently anticipates posting a draft for informal comment in early 2016.

State Health Plan: COMAR 10.24.07, Psychiatric Services
Staff received comments from two organizations supporting the petition from Sheppard Pratt Health System to amend Standard AP 10 of COMAR 10.24.07. Staff reviewed these comments and anticipates proposing amendments to COMAR 10.24.07, after also considering alternative approaches to address the concerns raised in the petition from Sheppard Pratt Health System.

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.

Hospice Survey
Data collection for the FY 2014 Maryland Hospice Survey has been completed and a public use data set is posted at: http://mhcc.maryland.gov/public_use_files/index.aspx
Planning is underway for the FY 2015 Maryland Hospice Survey.

Chronic Hospital Occupancy Report
Commission staff has developed the Chronic Hospital Occupancy Report for FY 2014. This report, which is updated annually, is required under COMAR 10.24.08. It reports data on the number of licensed beds, patient days, and bed occupancy for both private and state-operated chronic hospitals. The five private chronic hospitals in FY 2014 include University of Maryland Rehabilitation and Orthopedic Institute, Johns Hopkins Bayview Medical Center, Levindale Hebrew Geriatric Center and Hospital, and University of Maryland Medical Center Midtown Campus, all in Baltimore City, and Laurel Regional Hospital, located in Prince George's County. The two state-operated chronic hospitals include Western Maryland Hospital Center, in Washington County, and Deer's Head Hospital Center, in Wicomico County. The Chronic Hospital Occupancy Report for FY 2014 was published in the December 11, 2015 issue of the *Maryland Register* and posted on the Commission's website at:
http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_hospital/documents/acute_care/CHCF_LTC_Chronic_Hospital_Occupancy_fy15_20151216.pdf

Updating the Home Health Agency (HHA) Chapter to the State Health Plan
At its November 19, 2015 meeting, the Commission approved the adoption of the new HHA Chapter to the State Health Plan, COMAR 10.24.16, as proposed permanent regulations. Commission staff submitted the new regulations to the Department of Fiscal Services and the Administration Executive and Legislative Review (AELR) Committee for approval on December 7, 2015. Following AELR's release, it was then submitted to the Division of State Documents on December 28, 2015. COMAR 10.24.16 is anticipated to be published in the January 22, 2016 issue of the *Maryland Register*, at which time the formal comment period will begin.

Home Health Survey

The 2014 Home Health Agency Survey utilization tables and public use data sets have been posted on the Commission website. http://mhcc.maryland.gov/public_use_files/index.aspx

Long Term Care Survey

Staff has completed the data analysis and is in the final stages of creating the various reports, including the public use data files, occupancy report, and other reports, derived from this survey of nursing homes, assisted living facilities, and adult day care programs. Staff expects to have the public use data posted to the Commission website in January.

Certificate of Need

CON's Approved Projects

Washington Adventist Hospital – (Montgomery County) – Docket No. 13-15-2349
Relocation of Washington Adventist Hospital (WAH) from Takoma Park to a site at 12100 Plum Orchard Drive in the White Oak area of Silver Spring and establishment of a special hospital for psychiatric services in renovated space at the existing WAH facilities following relocation of the general hospital. The project was approved with conditions.
Approved Cost: $336,053,030

CON Letters of Intent

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – (Baltimore County)
Addition of a third operating room to the existing ambulatory surgery center located at 1701 Twin Spring Road, in Halethorpe

MedStar Health – (Baltimore County)
Establish a free-standing ambulatory surgery center with four operating rooms at 2118 Greenspring Drive, in Timonium.

Anne Arundel Medical Center. – (Anne Arundel County)
Establish a new medical service, psychiatry, at the hospital with 16 to20 beds.

Pre-Application Conference

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – (Baltimore County)
Addition of a third operating room to the existing ambulatory surgery center located at 1701 Twin Spring Road, in Halethorpe
December 16, 2015

MedStar Health – (Baltimore County)
Establish a free-standing ambulatory surgery center with four operating rooms at 2118 Greenspring Drive, in Timonium.
December 16, 2015

CON Applications Filed

Chesapeake Treatment Center d/b/a New Directions and The Right Moves – (Baltimore City) - Matter No. 15-24-2371
Conversion of eight existing beds at this residential treatment center from beds dedicated to juvenile sex offenders to beds dedicated to treatment of males aged 18 through 20 referred by the Maryland Department of Juvenile Services.
Estimated Cost: $80,000

Requests for Changes in Approved CONs Filed

Prince George's Post Acute Care, LLC – (Prince George's County) – Docket No. 13-16-2347
Change in the design and an increase in the approved cost of this new 150-bed comprehensive care facility (CCF) to be located at Lots 4 and 9, Brightseat Road, in Landover. The approved cost is $19,070,505. The CON holder is requesting authorization for an additional expenditure of $7,767,066.

Determinations of Coverage

- **Ambulatory Surgery Centers**

West Annapolis Surgery Center, LLC – (Anne Arundel County)
Establish an ambulatory surgery center with one sterile operating room and one non-sterile procedure room to be located 104 Ridgley Avenue, Suite 301, in Annapolis

- **Acquisition/Change of Ownership**

Julia Manor Health Care Center – (Washington County)
Acquisition by Julia Manor Realty, LLC of the real assets of and the bed rights for this CCF from Julia Manor, LLC. The facility will be operated by Julia Manor Nursing & Rehabilitation Center, Inc. The purchasing entity in this acquisition and the purchasing entities in the following three additional CCF acquisition are owned by Mid-Atlantic Health Care, LLC (90%) and Alaris USA, Inc. (10%).
Purchase price: $70,400,000 (package price for four facilities)

Moran Manor Health Care Center – (Allegany County)
Acquisition by Moran Manor Realty, LLC of the real assets of and the bed rights for this CCF from Moran Manor Limited Partnership. The facility will be operated by Moran Manor Nursing & Rehabilitation Center, Inc.
Purchase price: $70,400,000 (package price for four facilities)

Devlin Manor Health Care Center – (Allegany County)
Acquisition by Devlin Manor Realty, LLC of the real assets of and the bed rights for this CCH from Perini Services/Devlin Manor Limited Partnership. The facility will be operated by Devlin Manor Nursing & Rehabilitation Center, Inc.
Purchase price: $70,400,000 (package price for four facilities)
Northampton Manor Health Care Center – (Frederick County)
Acquisition by Northampton Manor Realty, LLC of the real assets of the bed rights for this CCF from Northampton Manor, Inc. The facility will be operated by Northampton Manor Nursing & Rehabilitation Center, Inc.
Purchase price: $70,400,000 (package price for four facilities)

- **Miscellaneous**
FutureCare-Courtland – (Baltimore County)
Acquisition by Practice Dynamics, Inc. a LifeBridge Health affiliate wholly owned by LifeBridge Investments, Inc. of a 49% ownership interest in Courtland, LLC d/b/a FutureCare-Courtland, the operator of this CCF, located at 7920 Scotts Level Road, in Baltimore (Baltimore County). The real assets of the facility are owned by 7920 Scotts Level Road, LLC. Determined that this transaction does not fall within the regulatory definition of an acquisition.

Health Information Technology

During the month, staff continued drafting the annual report, *Health Information Technology, An Assessment of Maryland Hospitals* (report). The report provides information on health information technology (health IT) adoption trends among all 47 acute care hospitals in the State including: 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. The report also highlights hospitals' participation in the Medicare and Medicaid EHR Incentive Programs. New to the report this year is information on hospitals' participation with a community-based HIE. Eighteen hospitals report participating with a community-based HIE, with approximately 83 percent exchanging data with practices owned by the hospital or health system. Staff anticipates releasing a final report in February.

Staff continues to work with stakeholders to develop an agenda for the third virtual learning session with local health departments (LHDs) in January. The learning session will focus on information regarding the benefits of value-based care delivery and Management Service Organizations. Staff began hosting learning sessions in July to provide LHDs opportunities for peer-to-peer learning on matters related to health IT. During the month, staff disseminated the draft revised EHR pricing and functionality template (template) to all LHDs for review. The template captures information on LHDs use of EHRs as it relates to somatic care, behavioral health, and billing. The template will be included in the *LHD EHR User Resource Guide* (guide), which is intended to help LHDs navigate the process of acquiring EHR systems and becoming meaningful users. In January, staff will ask all LHDs to complete the template. Staff anticipates releasing the guide by March.

The information brief (brief), *Comprehensive Care Facilities, Adoption of Electronic Health Records,* was finalized during the month. This brief details the progress of 233 comprehensive care facilities (CCFs) in Maryland pertaining to adoption and use of EHRs and HIE. Data for the brief was collected through the State's 2015 Annual Long Term Care Survey (survey). The survey found that approximately 72 percent of CCFs in Maryland have adopted an EHR system, which is in alignment with the national average of about 75 percent. Roughly 93 percent of CCFs in Maryland with an EHR system use one of five EHR vendors with PointClickCare accounting for almost 69 percent of the market. Nearly nine percent of Maryland CCFs with and EHR system report using HealthMEDX, and approximately 7 percent of CCFs with an EHR system use American Data. Additionally, about 100 CCFs have signed participation agreements with CRISP, an increase of about 43 percent since 2014. Staff anticipates releasing the brief in January.

Staff is in the process of updating the EHR Product Portfolio (portfolio), a web-based resource for ambulatory providers to compare nationally certified EHR systems. The portfolio has been updated every year since its initial release in September 2008. The portfolio contains information pertaining to EHR functionalities and features for patients. Staff is in the process of contacting EHR vendors with the greatest market share in Maryland to encourage their participation in the portfolio. Ten EHR systems are used by roughly 54 percent of practices in Maryland. EHR vendors who participate in the portfolio must agree to provide at least five local user references that would be willing to provide staff with feedback on various aspects of the EHR system, such as the ability to e-prescribe, review treatment plans, and document visits. Staff anticipates that the updated version of the portfolio will be released in early 2016.

Health Information Exchange

Staff continues working with two electronic health networks (EHNs) operating in Maryland to implement use case pilots that utilize information from ambulatory provider administrative systems. Cyfluent and RelayHealth are currently participating in a use case pilot with the State-Designated HIE, the Chesapeake Regional Information Systems for our Patients (CRISP) to develop specifications for transaction types and data elements to be used in encounter notifications, and in testing secure data transport technology between EHNs and CRISP. The pilots are aimed at determining whether administrative transactions can be used

effectively in HIE to support risk stratification capabilities, care coordination workflows, and patient engagement activities. Several preliminary challenges have been identified that will need to be addressed: the location of care delivery information on the electronic claim is not always sufficient to identify location; identifying the provider type as primary care or specialist; and the several day transmission lag between care delivery and receipt by an EHN. In addition, staff continues working with CRISP and two institutional pharmacies operating in Maryland to develop an electronic medication use case where institutional pharmacy data is available to treating providers through CRISP.

Project implementation activities continued during the month with the round three telehealth grantees. In November, staff awarded three $30,000 telehealth grants to the following organizations: Association of Black Charities, Dorchester County Chapter (ABC); Gerald Family Care, PC (GFC); and Union Hospital of Cecil County (UHCC). ABC is a community association that assists minority and rural communities with navigating the health care system. ABC will use community health workers to communicate with Choptank Community Health System using mobile tablets to facilitate primary care and behavioral health video consultations. GFC will use video communications and image capturing services to share information and provide consultations with specialists at Dimensions Health System. The technology will be deployed in three GFC primary care offices and will include consultations in gastroenterology, orthopedics, neurology, and behavioral health services. UHCC will provide mobile tablets and peripheral devices to patients discharged from the hospital to capture blood pressure, pulse, and weight and provide on-demand patient education; information will be shared with the hospital care management team to support patient monitoring and care delivery. Staff held project kick-off calls with each grantee and reviewed performance deliverables for each project. Initial site visits are scheduled for January and February.

Round one telehealth grantees, Atlantic General Hospital, Dimensions Healthcare System, and University of Maryland Upper Chesapeake Health, have each completed their final grant reports. The reports identify outcomes of the round one telehealth grants that sought to improve transitions between hospitals and long term care facilities and reduce emergency room visits and hospital admissions. Staff is developing an information brief to highlight findings from the reports, which will be released in February along with the individual grantee reports. Staff also continues to provide support to the round two grantees, which include Crisfield Clinic, LLC; Lorien Health Systems; and UHCC. Grantees are implementing projects to test the effectiveness of remote patient monitoring on reducing hospital readmissions and improving the health of patients with chronic conditions. During the month, staff conducted a site visit at Crisfield Clinic. Staff is in the early stages of planning a telehealth symposium that will be held in February to showcase the round two grantees progress as well as present on the early work of the round three grantees.

Staff is currently working in collaboration with the University of Maryland, Lorien Health Systems, and CRISP to develop a proposal in response to a Patient Centered Outcomes Research Institute (PCORI) funding announcement for improving health care systems. Available funding ranges from $1.5 - $5M. PCORI aims to fund projects that study the comparative effectiveness of alternative features of health care systems that are intended to optimize the quality, outcomes, and/or efficiency of care for patients. The application will utilize the telehealth technology that was deployed by the round one and round two telehealth grantees. As required by PCORI, the proposal will include the input of patients, family members, and others key stakeholders. Efforts are underway to design the study proposal and are expected to continue through January. A letter of intent is due February 1st and applications are due for submission in March.

Staff participated on CareFirst's telehealth grant application, *Expanding Access to Medical Care through Telemedicine*, review panel. In October, CareFirst released a grant application under its CareFirst Commitment Initiative, which aims to expand access to health care and catalyze change through systemic efficiencies in the health care delivery system. CareFirst received approximately 31 applications; the application requirements included a number of items consistent with MHCC's telehealth grant applications and recommendations from the *2014 Maryland Telemedicine Task Force Report*. CareFirst anticipates announcing recipients of the award in January.

During the month, staff convened a meeting of the HIE Policy Board (Board), a staff advisory group, to continue their review of the informal comments received in September to the 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). Five organizations submitted approximately 21 informal comments over the 30-day comment period. The Board has advised staff on the recommended changes to the draft amendments in consideration of the proposed requirements regarding the release of data by HIEs for: 1) research; 2) population care management; and 3) use during emergency situations. Staff plans to recommend amendments to the Commission in February for consideration as proposed permanent amendments to the HIE regulations.

Staff participated in two events as speakers for (1) the Rural Maryland Council (RMC) and (2) the Maryland Health Informatics Management Association (MDHIMA). At the RMC annual summit, staff participated on a panel entitled *Improving Access to Care in Maryland through Innovative Telehealth Initiatives*. The panel was comprised of two other local telehealth experts and discussed current telehealth projects operating throughout the State. Staff highlighted the work of the MHCC telehealth grantees. During the MDHIMA's Educational Session/Quarterly Business Meeting, staff discussed the value of telehealth, the national and State-level telehealth landscape, and successes and challenges of the innovative telehealth projects.

Innovative Care Delivery
During the month, staff presented at the Maryland Learning Collaborative (MLC) event on the results from the *Evaluation of the Maryland Multi-Payor Patient Centered Medical Home Program: Medicaid Program Impacts*. The brief highlights findings from the evaluation of the Maryland Multi-Payor Patient Centered Medical Home (PCMH) Program (MMPP) evaluation specific to the Maryland Medicaid program. Findings indicate that the MMPP had a positive impact on many areas of care delivery. The current Medicaid MMPP practices will continue to participate in the PCMH program through June 2016. Staff collaborated with Medicaid in communicating the extension of the program to MMPP practices.

Staff is working with Managed Care Organizations (MCOs) to obtain updated eligibility listings for Medicaid MMPP practices used to calculate fixed transformation payments for the period January to June 2016. Staff is also working with Medicaid to collect cost data to analyze the change in total cost and utilization. This data for Medicaid patients attributed to MMPP practices that are enrolled in MCOs will be used to determine if practices qualify for a shared savings incentive. MMPP practices may qualify for 30, 40, or 50 percent of saving incentive payments based on the practice's performance on select quality and utilization measures. Staff continues to work with commercial payors to calculate the shared savings incentive payments for the 2014 performance year.

Staff continues to work with the Practice Transformation Workgroup (PTW) subgroup participants to develop a framework for establishing a statewide practice transformation education program (education program). The PTW includes physicians, nurses, and quality improvement representatives from academia, accountable care organizations (ACOs), and Federally Qualified Health Centers. Last month, staff consulted with several ACOs and hospital-owned clinically integrated organizations to better understand the education process underlying practice transformation. Staff aims to identify existing touch points for organizations currently involved in these efforts to build a framework for a broader statewide education program. The subgroup will continue to develop the framework over the next several months.

Electronic Health Networks & Electronic Data Interchange
During the month, staff completed the recertification of two EHNs: PNC and ACS EDI Gateway. COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*, requires that payors accepting electronic health care transactions originating in Maryland only accept transactions from an EHN certified by MHCC. Approximately 40 EHNs operating in Maryland are certified by MHCC. Certification requires EHNs to receive accreditation by a national accrediting organization, which includes compliance with over 100 criteria related to privacy, security, and business practices. Staff is finalizing the annual Electronic Data Interchange (EDI) brief. Payors with premium volume exceeding $1M annually, including select specialty payors, are required by COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, to provide MHCC with an annual EDI Progress Report (report) by June 30th of each year. This report identifies the volume of payors' practitioner, hospital, and dental claims

submitted electronically. In January, staff will begin to notify payors that must submit a report on their 2015 data.

National Networking
Staff attended several webinars during the month. The Substance Abuse and Mental Health Services Administration presented, *Integrating Behavioral Health into Health Information Exchanges*, which showcased the work being done at the federal and State levels to integrate behavioral health data into primary care systems and ensure the privacy and confidentiality of electronic data exchange. Medicity hosted, *The Health Care Payment Evolution: Maximizing Value through Technology*, which discussed the evolution of payment models to accountability and value, the role of data in value-based health care, building virtual care systems, next generation value-based contracts, and Medicare revenue growth opportunities. The eHealth Initiative presented, *Considering the Cloud – Inside the Mind of the Healthcare Chief Information Officer*, which explored the role of the cloud in transforming health care processes, why organizations chose to implement cloud technologies, and how developed governance and security policies protect data in the cloud.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

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 staff is preparing for the next update in January 2016. Activities include,

- Continued interface with the AHRQ MONAHRQ contractor to resolve technical issues with the 6.2 software version and implementation of system workarounds to address software limitations
- Development of web displays for RELICC and Behavioral Health Assessment data and supporting narrative for Health Plans
- Collection of updated quality measures data to supplement missing data from CMS downloads
- Expanding reporting of emergency room throughput measures data for patients not admitted to the hospital (Hospital Outpatient Quality Reporting measures).
- Streamlining the hospital data collection process for HCAHPS and process measures data to eliminate parallel processing.

Health-care Acquired Infections (HAI) Data
Staff continue to work through issues regarding new HAI data requirements that became effective last year, specifically 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. Several hospitals continue to encounter problems with mapping their units according to CDC definitions. Staff collaborate with the hospitals as well as with NHSN personnel for clarification and understanding of the issues. The expansion to the wards represents a huge increase in reporting for many facilities and staff continue to work with the hospitals to ensure the data is reported completely and correctly. Staff is also working to create a new data template to ensure all new units included in this expansion are captured for upcoming public reporting. Activities include reviewing all hospitals' NHSN Monthly Reporting Plans, downloading and reviewing NHSN mapping location information for each hospital, and contacting hospitals if discrepancies are found.

Staff continue to collaborate with the hospitals and the MHCC audit contractor on the next HAI data review and validation project. A conference call was held on December 16, 2015 for the 12 hospitals identified for an onsite CAUTI audit. This call provided information on the data that hospitals will need to submit as well as provided a forum for hospitals to ask questions. Staff also held additional conference calls for hospitals that could not participate on the December 16th call.

Staff participated on a CDC call that discussed the upcoming *National and State Healthcare-Associated Infections Progress Report*. The report is scheduled to be released in March. Maryland continues to do well in reducing central-line associated bloodstream infections (CLABSI); however, the state continues to have increased numbers of catheter associated urinary tract infections (CAUTI) as well as the proxy measures of laboratory identified *Clostridium difficile* infection (CDI) and MRSA bacteremia.

The next HAI Advisory Committee meeting is scheduled for January 27th. Staff are preparing the agenda and other documents for the meeting including a discussion on the display of the new ward data which will impact the April update to CLABSI and CAUTI data reporting on the Hospital Guide.

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 staff has completed the transition of the 1st and 2nd quarter data submission and 3rd quarter submission is underway. The QMDC data submission, processing and editing system continues to be refined to improve functionality. MHCC has collected ACTION data through 3Q2015, and collection of 3Q2015 CathPCI data is underway.

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 have been forwarded to the individual hospitals for review. A statewide webinar will be scheduled for January to review statewide findings with data submitters and physicians.

<center>*Health Plan Quality & Performance*</center>

The 2015 health benefit plan quality and performance reports were released last month. The three quality reports include a condensed Consumer Edition, the Comprehensive Quality Report, and the Maryland Health Connection Quality Report 2015. These reports represent the last release of a pdf version of the report series as the Commission is transitioning to a web based interactive display of health plan quality and performance information. The HEDIS and CAHPS measures have been incorporated into the new consumer site. As mentioned previously, the staff is working with our contractor to convert the RELICC and BHA information into interactive web based displays for the January release. The staff also works with the HEDIS contractor to prepare for two additional HMOs that will be included in the 2016 release of the web-based Health Plan Report.

<center>*The Long Term Care Initiative*</center>

The nursing home experience of care survey contract has been modified to enable the performance of the long stay family survey in 2016. The modification request was reviewed and approved by the Board of Public Works at the January 6, 2016 public meeting. The survey cycle begins in January and staff is preparing communication to nursing homes to inform them of upcoming survey requirements. The staff will review alternative survey instruments before initiating the next procurement for a survey contractor and will collaborate with the Maryland Medicaid Office and the HSCRC throughout the review process. Both agencies have been users of MHCC survey results in the past.