MARYLAND HEALTH CARE COMMISSION

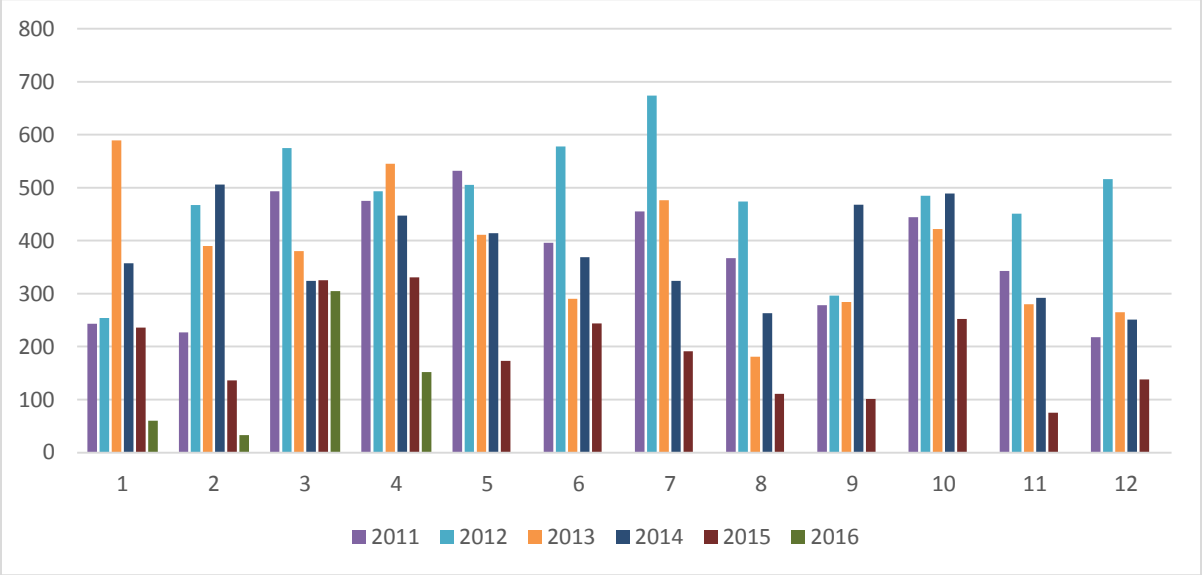
UPDATE OF ACTIVITIES

June 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 **$151,856** for the month of April. The monthly payments for uncompensated care from January 2008 through April 2016 are shown above in Figure 1. Owing to expanded insurance coverage, the level of uncompensated care continues to decline. Beginning in July, payments for uncompensated claims will increase to 105% percent of the Medicare Fee Schedule.

On Call Stipends
The Level II and Level III trauma centers' applications for on call stipends for January through June 2016 will be due to the Commission no later than July 31, 2016.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Ken Yeates-Trotman

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 the Total Cost of Care Phase II Annual and Financial Report to NRHI on May 16, 2016. The report cites accomplishments during the reporting period (July 2015 through April 2016), including stories that capture the impact of the TCOC project, and proposed activities that posed challenges during the project period.

- Hilltop has implemented 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 statistics from the ACG implementation were submitted on May 26, 2016 to NRHI's technical consultant for review. The TCRRV implementation will follow soon and similar summary statistics will be sent to NRHI for review.

- On May 16, 2016, MHCC kicked off its first TCOC initiative meeting under NRHI with four selected physician practices. In that meeting, MHCC learned that the physicians were getting more detailed reports for free than what the TCOC practice level reports will offer. However, these reports were only from one health insurance carrier. Some physicians were very interested in obtaining similar reports from other carriers. As a result, based on the TCOC measures, MHCC will develop practice level reports by carrier similar to the reports the physicians are currently receiving from the one carrier. Staff will continue to update Commissioners on the progress of this effort, as key milestones are reached.

Update on MCDB Data Warehouse development

Social and Scientific Systems (SSS), the MCDB database vendor, continues to develop and evolve the MCDB data warehouse to meet MHCC needs. In the last couple of months, the focus has been on reviewing and implementing the 2015 claims versioning algorithm in the data warehouse. Because of the change to reporting based on paid claims starting in 2014, claims versioning and consolidation must be done in order to have the correct current view of a claim for analyses.

- SSS has implemented the 2015 claims versioning algorithm. However, results show discrepancies (10% - 19%) in financial fields when using 2014 claims versioning algorithm vs 2015 claims versioning logic. SSS is currently exploring the reasons for the differences.
- SSS has completed implementation of valued added fields which will be used to ease querying and analysis and to develop standard data marts and views for common analytic needs.
- 2014 Data warehouse load is not yet closed as some of our largest payors will need to resubmit data due to significant discrepancies found during recent MIA/MCDB data reconciliation processes as depicted in the "**Collaboration with Maryland Insurance Administration on Rate Review"** update next.

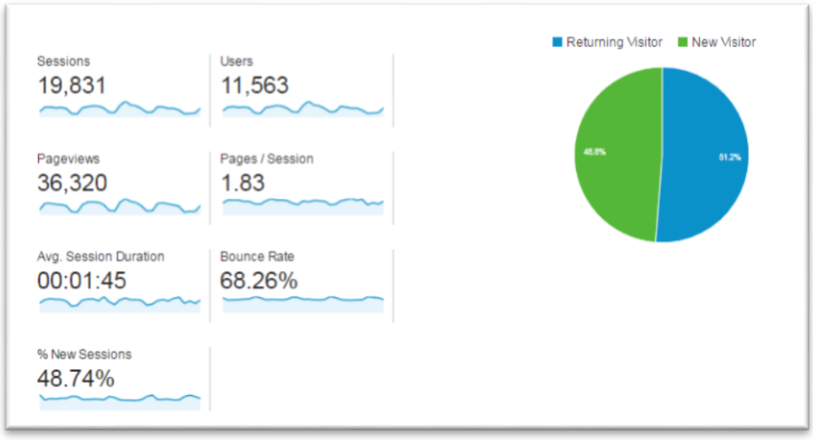
Collaboration with Maryland Insurance Administration on Rate Review
MIA and MHCC plan to leverage the MCDB to support the MIA's review of rate filings. Initial internal efforts to reconcile MCDB and Actuarial Memoranda (AM) data identified some discrepancies. MIA and MHCC have initiated a two-phased approach to engage payors and reconcile data. The first phase was conducted in Spring 2015 and focused on reconciling membership counts. Phase 2 of the effort in February 2016 with a focus on claims and membership reconciliation. MHCC and MIA have been systematically meeting with payors to understand discrepancies. The causes of the discrepancies for some of our largest payors are significant for the MIA and require resubmissions of 2014 and 2015 data to the MCDB. Payors have identified the causes for the discrepancies. MHCC has steps in place for these payors to correct the discrepancies via weekly updates.

Correction of these discrepancies will result in successful data reconciliation between the MCDB and the MIA for payors.

Database Development and Applications – Leslie LaBrecque

Internet Activities

Data from Google Analytics for the month of May 2016



- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

As shown in the chart above, the number of sessions to the MHCC website for the month of May 2016 was 19,831 and of these, there were 48.7% new sessions. The average time on the site was 1:45 minutes. Bounce rate of 48.6 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 May were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

The Programming staff performed the following: provided hospital discharge data processing guidance to new CON staff; transitioned Commissioner and MHCC website update responsibilities to new staff; worked

with hospital staff to overhaul the hospital acquired infections page; created a new page for the Rural Health Care delivery workgroup; assisted HIT staff with reorganizing the electronic health record portfolio and telehealth pages; participated in the AHRQ Monarhq 7 software beta kick-off; identified and added new facilities required to complete the nursing home and assisted living health care worker flu surveys; began redesign of the Long Term Care Survey; transitioning web application development to new programmers; attended digital accessibility and Section 508 best practices training; resolved location search issues and working with the Office of Health Care Quality to resolve assisted living inspection report linking on the Long Term Care Portal; updated the cost and utilization tableau dashboard; provided network support for permission groups, new users, file protection, user mappings; processed into analysis format the 2014 Medicare Provider Utilization file; arranged to get 3M diagnosis grouper licensing and better prices on statistical software for our MCDB contract; processed 2015 quarters 1 and 2 DC inpatient data; processed 2015 Cath/PCI quarters 3 and 4 files; provided all staff SAS support, CMS Minimum Data Set support, and mapping support.

Special Projects – Janet Ennis

Health Insurance Rate Review and Medical Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants

The accelerated processing of MCDB quarterly data submissions by carriers using Extract, Transform and Load (ETL) software continues to run smoothly and, if data issues are discovered, carriers are resubmitting data from earlier quarters, with a smooth and timely data reconciliation process. Staff also holds periodic meetings with carriers when necessary to resolve any data issues and/or discrepancies. Staff continues working with the database contractor, Social and Scientific Systems (SSS) and the PMO (Freedman Healthcare, Inc.) 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. Development of phase one of the data warehouse is on track for completion in the Fall. The first of the planned data marts in the warehouse will be completed in the late fall.

Under the medical pricing transparency initiatives funded by these federal grants, staff is developing web-based interactive displays to assist consumers, practitioners, and other health care professionals in health care decision making. Currently, we are completing public versions of: (1) a data dashboard displaying cost and utilization trends by insurance market, rating area, and product, which was developed to support MIA's enhanced rate review process; (2) a dashboard that provides the geographic location by zip code of health care spending in Maryland; and (3) a display of procedure-level health care prices paid by commercial insurance and Medicare (including the average patient payment), searchable by procedure, clinician, specialty and geographic location. A small procurement with Cyquent, Inc., from Rockville, MD supports the development and refinement of these data dashboards using Tableau software.

Through this grant funding, staff have secured a contract with Health Care Incentives Improvement Institute (HCI3) for their technical support and training in their Prometheus episode of care bundling software. MHCC will develop a consumer portal to display health care prices for entire episodes of care, such as hip replacement, that will permit consumers to review costs and compare providers by cost and quality measures. HCI3 and SSS are working together on the development of this consumer portal. Once developed, a variety of industry stakeholders will provide feedback on the content and display of the portal. These dashboards are expected to be completed by the end of CY 2016, or the first quarter of 2017.

In collaboration with our PMO; our Total Cost of Care (TCoC) Mentor (the Midwest Health Initiative); an advisory group of primary care physicians and orthopedists; and MedChi's CME director, staff is also developing a Continuing Medical Education (CME) course directed at primary care clinicians on the appropriate use of imaging in patients with low back pain and the costs associated with inappropriate imaging, including patient out-of-pocket costs. Staff is in the process of drafting a bid board to procure a video production company to produce up to four clinician/patient vignettes. A sub-group meeting of the advisory group will be held in late June on course content, with video production to follow.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.15, Organ Transplant Services
A draft of a revised State Health Plan (SHP) chapter for organ transplant services was posted for informal review and comment in early May, and comments were accepted through June 1, 2016. Staff began reviewing the comments and anticipates bringing the chapter to the July Commission meeting for consideration as a proposed regulation.

State Health Plan: COMAR 10.24.19, Freestanding Medical Facilities
Staff continued work on revising the draft SHP chapter for freestanding medical facilities (FMFs) based on comments received and 2016 statutory changes affecting FMF development. The work group convened in 2015 is scheduled to meet on June 22, 2016 to discuss these changes.

State Health Plan: COMAR 10.24.11, General Surgical Services
Staff began drafting regulations that would allow for the establishment of ambulatory surgical facilities with two operating rooms to be considered through an exemption from Certificate of Need (CON) review process, rather than a full CON review. Staff plans to form a work group to discuss the proposed approach this summer.

Regulatory Scope and Procedure Regulations: COMAR 10.24.01
Staff has been working on changes to the procedural regulations, which primarily address the scope of CON regulation and the process for reviewing CON applications. This work is aimed at identifying opportunities for regulatory process streamlining and incorporating updates needed to reflect statutory changes that have occurred in recent years, in the regulation of cardiac services and FMFs. A presentation on this work is planned for the June Commission meeting.

Other
Staff continued to work on an update of the need projections for acute rehabilitation beds.

Long Term Care Policy and Planning – Linda Cole

Hospice Survey
Data for Part I of this annual survey has now been submitted by all hospice providers and reviewed by staff. Data for Part II of the survey is due by June 6, 2016. Staff has sent out reminder notices to all hospices. The Hospice Network of Maryland has also assisted by sending out reminder notices to their members.

Hospice Plan Update
At the March and April Commission meetings, staff presented information to Commissioners about the State Health Plan for Facilities and Services Chapter on Hospice Services (COMAR 10.24.13). The presentations made at the March and April meetings may be found on the Commission's website at:
http://mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/documents/presentations/MHCC_Prst_20160317.pdf
http://mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/documents/presentations/MHCC_Prst_20160421.pdf

After the April presentation, Commissioners directed staff to publish a CON review schedule for the review of hospice projects in Baltimore City and Prince George's County. This schedule was published in the May 27th issue of the *Maryland Register* and is also posted on the Commission's website at:
http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/con_app_review_schedule_20160527.pdf

Hospital Palliative Care Regulation
In response to the passage of HB 581 (2013 legislative session), the Commission developed a report titled *Maryland Hospital Palliative Care Programs: Analysis and Recommendations*. This report was presented to the Commission for approval and then submitted to the legislature in December, 2015. It can be viewed at http://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/LGSRPT_MD_Hosp_Palliative_Care_Programs_rpt_20151201.pdf

A requirement of the legislation was that "the report…shall be used by the Department of Health and Mental Hygiene, in consultation with experts in hospital palliative care and other interested stakeholders, to assist in the development of regulations related to standards for palliative care programs." The Office of Health Care Quality (OHCQ) has now developed draft regulations and has posted them for comment. Staff sent comments to OHCQ about these regulations. Commission staff also distributed the notice to members of its Hospital Palliative Care Advisory Group to make them aware of the draft regulations. All general and special hospitals with 50 or more beds will be required to establish a palliative care program consistent with these hospital licensure regulations.

Selection of HHA Quality Measures and Establishment of Performance Levels
Staff began the process of seeking a consultant for analysis of Home Health Compare and HHCAHPS® data in selection of quality measures and establishment of performance levels for those quality measures to be achieved by a CON applicant, consistent with HHA Chapter regulations (COMAR 10.24.16.07). A bid board notice for this small procurement project was issued May 2, 2016 with a submission deadline of May 16, 2016. Nine proposals were submitted, and the evaluation committee analyzed the qualifications of each proposal using the criteria contained in the bid board notice. Commission staff anticipate awarding the contract to begin on or about June 1, 2016 with an end date of December 1, 2016.

2016 Leadership Summit
Staff was invited to attend a 2016 Leadership Summit, *Transforming Healthcare and Partnering for Success*, co-sponsored by the Maryland National Capital Homecare Association, the Maryland Hospital Association, the LifeSpan Network, and the Beacon Institute on May 24. Topics included: "An Evolving Policy Landscape" which highlighted current efforts within the policy and regulatory health care landscape including global budgets, pay-for-performance, transparency and value-driven health care across the continuum; "Person-Centered Care: The Catalyst for Change" which addressed the perspective of patients and their caregivers as key players with the rise in consumerism and incorporating the patient experience within a value-based world; "In Pursuit of Value: Challenges in a Changing Health Care Environment" which focused on changes in incentives from rewarding based on volume to one that rewards value which are driving transformation of care delivery systems and implications of preferred networks and provider alignment; and "Using the Health Information Exchange to Promote Care Coordination" which addressed how the Chesapeake Regional Information System for our Patients (CRISP) has diversified its network beyond hospitals and inpatient care providers by extending connectivity to ambulatory care providers in physician practices and skilled nursing facilities to further improve care coordination in Maryland. The Leadership Summit included a panel discussion. The panel was composed of representatives for Maryland

hospitals who shared their strategies for developing partnerships across the continuum with post-acute providers for collaboration and resource investment. The main objective of the panel discussion was to focus on improved outcomes and cost containment, regardless of the type or location of care. The meeting concluded with IGNITE presentations by Maryland providers who shared examples of the type of community-based collaboration and innovation that will be necessary to thrive in a value-based delivery system.

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

Long Term Care Survey
The comprehensive care component of the 2015 Maryland Long Term Care Survey has been completed, with 233 facilities responding. The due date for Chronic Hospitals, Adult Day Care Centers and Assisted Living Facilities was June 2, 2016. Reminder Notices were sent by email, mail, and fax. Staff also followed up with telephone calls. Ninety percent of the Surveys had been accepted by the end of May.

Certificate of Need – Kevin McDonald

CON Applications Approved
Suburban Hospital – (Montgomery County) – Docket No. 15-15-2368
Construction of a 300,000 square foot building addition, renovations to the existing hospital building, the addition of a parking garage, and associated site work. The project will create private patient rooms and modernize the hospital's surgical facilities.
Approved Cost: $200,550,831

CON Letters of Intent
Massachusetts Avenue Surgery Center, LLC – (Montgomery County)
Renovation at the existing surgery center, located at 6400 Goldsboro Road in Bethesda, to create a fourth operating room through conversion of a non-sterile procedure room.

CON Applications Filed
Northampton Manor – (Frederick County) – Matter No. 16-10-2377
Addition of 66 comprehensive care facility (CCF) beds through a combination of new construction and renovation. The proposed addition would enlarge this facility to 262 CCF beds
Estimated Cost: $10,195,736

Determinations of Coverage

- **Ambulatory Surgery Centers**

Lutherville Endoscopy Center – (Baltimore County)
Addition of specialty (urology) and physicians to the ambulatory surgery center located at 1300A Bellona Avenue in Lutherville

Advantia Health Indian Creek ASC – (Montgomery County)
Change in medical staff at the ambulatory surgery center

- **Capital Projects**

Carroll Hospital Center – (Carroll County)
Capital project to finish shell space which was approved under CON Docket No. 12-06-2330
Estimated Cost: $3,000,000

Other

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

South River Health & Rehabilitation Center – Anne Arundel County
Relicensure of four temporarily delicensed CCF beds, resulting in a return to 111 CCF beds for the facility.

- **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**

Fayette Health & Rehabilitation Center – (Baltimore City)
Notification that 18 CCF beds temporarily delicensed by this facility are deemed abandoned by MHCC and permanently delicensed. The facility is left with authorization to operate 156 CCF beds

FutureCare-Pineview – (Prince George's County)
Notification that nine CCF beds temporarily delicensed by this facility are deemed abandoned by MHCC and permanently delicensed. The facility is left with authorization to operate 180 CCF beds.

Fahrney Keedy Home & Village – (Washington County)
Notification that five CCF beds temporarily delicensed by this facility are deemed abandoned by MHCC and permanently delicensed. The facility is left with authorization to operate 101 CCF beds.

- **Waiver Beds**

Bay Ridge Health Care Center – (Anne Arundel County)
Addition of one CCF bed to the facility for a total of 97 CCF beds

Johns Hopkins Bayview Medical Center – (Baltimore City)
Addition of three acute rehabilitation beds for a total of 12 beds

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – 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 discussed widespread adoption of application programming interfaces (APIs) to facilitate consumer access to their health care data electronically. The committee also discussed key components of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) with a focus on participation in quality payment programs including advanced alternative payment models and the Merit-based Incentive Payment System. These program provides new approaches to paying for medical care through incentivizing quality and value as well as provide flexibility in choosing the most meaningful activities and measures for a practice to demonstrate performance.

Staff began preparations to draft the annual report, *Health Information Technology, An Assessment of Maryland Acute Care Hospitals*. Implementation of health IT among all 48 acute care hospitals in the State is detailed within the report including use of 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), patient portals, health information exchange (HIE), telehealth, and population health management tools. Hospitals' participation in

the Medicare and Medicaid EHR Incentive Programs and an overview of their cybersecurity readiness will also be highlighted in the report. A final report is planned for release in the fall. Staff continues planning efforts to convene a hospital Chief Information Officer Cybersecurity Symposium in the fall.

Staff continues to make enhancements to the 2016 EHR Product Portfolio (portfolio). The portfolio has been updated annually since 2008 and serves as a web-based resource for comparing nationally certified EHR systems. Vendor participation is voluntary. Updates to the portfolio include information on EHR costs for acquisition, training, fees, and upgrades, as well as user reviews. The portfolio is anticipated to be finalized in June. During the month, staff also analyzed responses received from the annual Long-Term Care Survey (survey). Among other things, the survey collects information on the use of health IT, including EHR adoption, among Comprehensive Care Facilities (CCFs) operating in Maryland. Staff plans to release an information brief on the survey findings this fall.

Health Information Exchange Division – Angela Evatt

Staff participated in five Advisory Board meetings of the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP): Technology, Financial, Clinical, Privacy and Security, and Reporting and Analytics. The Technology Advisory Board discussed CRISP efforts to improve patient record matching in its Master Patient Index. The Finance Advisory Board reviewed the FY 2017 budget. The Clinical Advisory Board discussed establishing a Research Sub-Committee. The Privacy and Security Advisory Board discussed the development of an incident management response plan. The Reporting and Analytics Committee considered use of dynamic dashboards to support high-risk patient identification, care coordination, and performance monitoring.

During the month, staff assessed progress with CRISP on the implementation of a use case that integrates information on administrative transactions from ambulatory providers in electronic encounter notifications. Approximately 49 practices using RelayHealth, an MHCC-certified Electronic Health Network (EHN), have signed a participation agreement with CRISP. Staff is supporting CRISP in analyzing the lag time between when patient encounters occur and when the relevant data is submitted by RelayHealth and received by CRISP. Over the next six months, CRISP anticipates that an additional 60 practices using RelayHealth will begin participating in the use case. Staff and CRISP are also exploring a long term strategy for integrating data from RelayHealth and other clearinghouses with CRISP services. During the month, preliminary activities for the annual financial audit of CRISP were initiated. Independent auditors, CliftonLarsonAllen, will assess CRISP internal controls, which includes management of programs funded by federal grants.

Staff is advising CRISP in their development of plans for Cybersecurity (CS) and Disaster Recovery and Business Continuity (DRBC). The CS plan will utilize core components of the National Institute of Standards and Technology (NIST) Cybersecurity Framework. This framework outlines principles and best practices of risk management for improving the security of critical infrastructure. The CS plan will encompass five domains: identify, protect, detect, respond, and recover. The DRBC plan will incorporate elements from the NIST Cybersecurity Framework and criteria from the Electronic Healthcare Network Accreditation Commission. Preliminary drafts of the CS and DRBC plans are scheduled to be ready by fall.

Staff began analyzing State-regulated payors (payors) and pharmacy benefits managers (PBMs) responses to the preauthorization survey. The survey collected information on the number of electronic preauthorization requests received in 2015 in comparison to the number of preauthorization requests received via traditional methods, such as fax, phone, or mail. Payors and PBMs also reported on their activities designed to inform and educate providers about the availability and benefits of electronic preauthorization. Health-General Article § 19-108.2 required MHCC to work with payors and PBMs to implement four benchmarks for electronic preauthorization; the largest payors and PBMs operating in the State have implemented all four benchmarks. The law requires MHCC to report to the Governor and General Assembly through 2016. A final report is targeted for release in November.

The HIE Policy Board (Board), a staff advisory group, met to continue developing a draft consumer access policy for health information available through an HIE. The policy details HIEs responsibility as it relates to

facilitating and enabling consumer access to their health information. The Board discussed potential adverse impacts of an HIE releasing certain information, such as laboratory and radiology reports, before the information has been reviewed by a provider. Discussions also focused on consumers' ability to request an amendment to their health information and download information to a personal health record. The Board anticipates completing a draft consumer access policy by the end of the year.

The final stage is underway for evaluating six applications received in response to the *Announcement for Grant Applications: Telehealth Technology Pilot – Round Four*. The goal of the pilot is to assess the impact of telehealth in primary care settings in support of value-based care delivery. Applications have been reviewed by staff, along with representatives from the Department of Health and Mental Hygiene and other stakeholders. Staff anticipates awarding one or more grants in June. The grant period is for 18-months and a 2:1 financial match is required by all grantees.

Staff conducted site visits for two round one telehealth grantees: Dimensions Health System (Dimensions) and University of Maryland Upper Chesapeake Health (UMUCH). Grantees telehealth projects aim at reduce unnecessary emergency department visits and hospitalizations. During the visits, staff discussed grantees telehealth implementation and expansion activities. Dimensions is expanding use of telehealth in one additional CCF and providing specialty care consults for diabetes and prenatal patients. UMUCH is enhancing its use of telehealth technology to include additional peripheral devices. A site visit is scheduled with Atlantic General Hospital in July.

Staff continues to provide guidance 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 assessing the impact of remote patient monitoring (RPM) technology in reducing hospital readmissions and emergency department visits for patients with chronic conditions. Grantees are required to submit a report of their telehealth project findings once the grant period concludes in November. Staff plans to release a combined report on all of the findings in 2017.

The round three telehealth grantees are finalizing their telehealth project plans with the anticipation to go-live using telehealth technology in care delivery by mid-July. Associated Black Charities, Dorchester County Chapter, will use mobile tablets to facilitate video consultations between community health workers and patients with nurses at Choptank Community Health. Gerald Family Care, a primary care practice, will use telehealth to reduce waiting times and improve patient access to specialty care for behavioral health, cardiology, dermatology, gastroenterology, neurology and pulmonology by engaging specialists at Dimensions. UHCC will use telehealth to support care management and improve patient self-care and health awareness using RPM technology. The telehealth projects will continue through May 2017.

An application was submitted for a funding opportunity, *Improving Health Systems – Cycle 1 2016*, offered by the Patient-Centered Outcomes Research Institute (PCORI). Staff completed the application in collaboration with Lorien Health Systems, the University of Maryland School of Medicine, and CRISP (collaborative). If awarded a grant by PCORI, the collaborative will embark on a five year project that compares two transitional care models for seniors discharged to home from Lorien facilities in Harford and Howard counties. The Harford County model will deploy telehealth using RPM technology 24/7 in coordination with a care management team. Howard County will use a traditional model through an existing community-based care management resource, the Healthy Howard Community Care Team. The aim of the project is to assess the effectiveness of telehealth on improving care coordination and patient outcomes as compared to community care teams. PCORI plans to announce awards in November. The project budget is $4.7 million budget. MHCC will provide analytic and statistical support to the project team should PCORI approve the application.

Three EHNs were recertified during the month: Eyefinity, Passport Health, and TransUnion Healthcare. EHNs seeking MHCC certification must obtain national accreditation by meeting established requirements on criteria related to privacy, security, and business practices in accordance with COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. Staff continues to collect and evaluate data received by payors regarding their 2015 EDI activity, including the

volume of practitioner, hospital, and dental claims submitted electronically and acceptance of certain electronic health care transactions. Approximately 33 percent of payors required to report have submitted an EDI Progress Report (report). All reports are due by June 30th as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. An information brief is scheduled for release at the end of this year.

Innovative Care Delivery Division – Melanie Cavaliere

A meeting of the Primary Care Council (Council) was convened during the month. Council participants consists of representatives from physician groups, several MHCC Commissioners, and the Health Services Cost Review Commission (HSCRC). During the meeting, the Council discussed HSCRC's proposed Pay for Outcomes (P4O) program. P4O is designed to be a voluntary program under Maryland's new All-Payer Model that incentivizes hospitals for collaborating with community providers to implement care redesign interventions with the goal of reducing potentially avoidable hospitalizations. The Council was established in the beginning of 2016 to assist in the development of policies that help align primary care delivery with the requirements of Maryland's new All-Payer Model, enable integration of primary care and community health, expand access to primary care, and improve the supply and distribution of Maryland's primary care workforce. The Council is tentatively scheduled to meet again in July.

Staff is working with MedChi, The Maryland State Medical Society, and the Department of Family and Community Medicine at the University of Maryland School of Medicine (collaborative) to finalize plans for the implementation of practice transformation activities. These activities will be funded through a Practice Transformation Network (PTN) cooperative agreement between the New Jersey Innovation Institute (NJII) and the Centers for Medicare & Medicaid Services (CMS). Under the cooperative agreement, NJII is tasked with leading practices through a transformation process developed by CMS. The MHCC was invited by NJII to participate in its PTN initiative; an agreement between the collaborative and NJII is expected to be in place by the end of June. During the month, staff participated in several provider awareness building sessions with the collaborative.

Staff provided practices participating in the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) with support as they finalize their quality measure and care manager reporting for 2015. Quality measures are aligned with the Physician Quality Reporting System, a CMS quality reporting program for providers to submit information on quality measures to Medicare. Staff continues to finalize the data that is used in calculating payment amounts for the final cycle of fixed transformation payments (FTPs) for Medicaid Managed Care Organizations. FTPs are designed to support MMPP practices in their practice transformation efforts, including enhanced care management and use of health IT.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

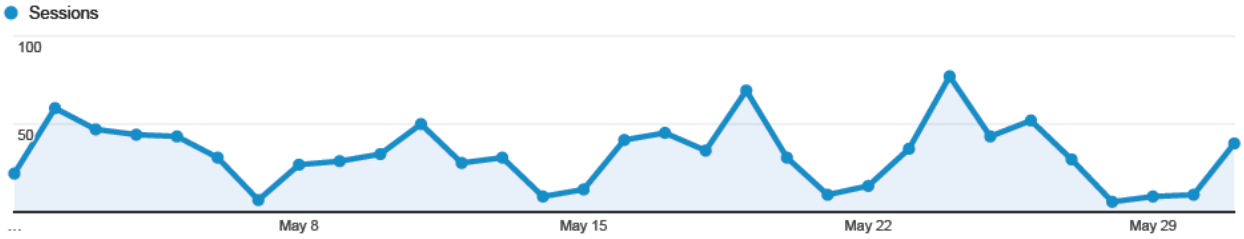
On Tuesday, May 31st, the Center hosted a meeting with representatives from Seoul, Korea to discuss our long term care quality and performance evaluation activities. The meeting was arranged by the National Health Insurance Service and included a representative from the Maryland Office on Health Care Quality (OHCQ).

The Maryland Health Care Quality Reports website

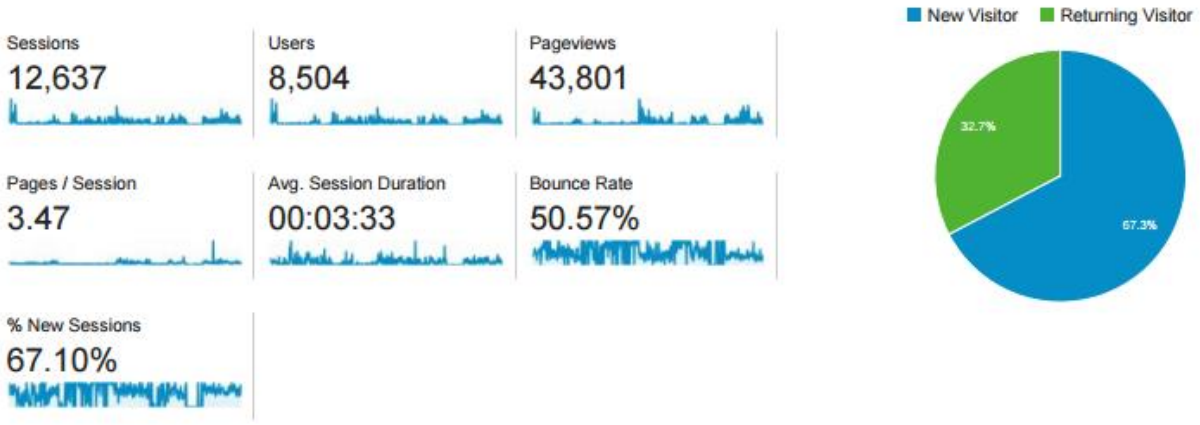
Staff is currently focusing its efforts on the promotion of the Maryland Health Care Quality Reports (MHCQR) website. A Request for Proposal seeking consultant services to implement and support a Promotion Campaign for the MHCQR was distributed in April; MHCC has reviewed all applications and has selected a contract recipient. A kick off meeting is currently being planned.

Staff is working on an update to the MHCQR website, which is slated for June 24, 2016. The update will include a refresh of core measures, HCAHPS, nursing home, and physician data. Surgical site infection, catheter-associated infections, and health care worker flu vaccination data will also be updated through CY2015.

Visits to the Maryland Health Care Quality Reports site declined in May from the previous month. There were 1,021 sessions among 758 users for the month of May, which is a 19% decrease in the number of users since April (940 users) but still higher than March with 710 users.



Since the new site was released 17 months ago, there have been over 8,504 users of the consumer site.



Hospital Quality Initiatives – Eileen Witherspoon

Health-care Acquired Infections (HAI) Data

Staff created and distributed preview reports to the hospitals for 2015 catheter-associated urinary tract infection (CAUTI), surgical site infection (SSI), and healthcare personnel influenza vaccination data. This data will be frozen in early June for final release on the Hospital Guide in June.

Staff continue to collaborate with the hospitals and the MHCC audit contractor on the current HAI data review and validation project. MHCC staff sent final reports on the findings of the audit to the hospitals and have been answering questions concerning the results. A webinar is planned for June 21st to review the results at a statewide level and provide a forum for discussion.

VHQC (the Maryland/Virginia QIN) requested MHCC participation in onsite visits to several Maryland hospitals as part of their HAI data quality review initiative. MHCC staff attended several onsite visits with VHQC during the second week in May to reinforce the collaborative relationship between the two organizations. VHQC reviewed hospital compliance with NHSN protocols, definitions and other factors that affect reporting accuracy.

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 has transitioned the cardiac data submission and management process to the QMDC secure portal beginning with 1st quarter 2015 submissions to centralize our data collection activities.

A submission schedule for 2016 was developed by the Cardiac Data Coordinators Committee and has been distributed to hospital staff submitting cardiac data to the QMDC. The deadline to submit 1Q2016 ACTION data was June 6, 2016. Staff is currently following up with hospitals regarding errors and missing data.

Health Plan Quality & Performance – Theressa Lee (acting)

The Maryland Healthcare Quality Reports (Quality Reports) consumer website has been updated to include 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 for health plans are identified by provider type – psychiatrist and non-physician behavioral health specialist.

The 2016 HEDIS on-site audits of commercial health plans have been completed. Behavioral Health Reports have been submitted by the plans and forwarded to our web development contractor. The CAHPS survey project is in the final stages of the process. 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 October 2016.

The Long Term Care Initiative – Theressa 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 nearing completion. The survey response rate is at 50% and the contractor is conducting follow up calls to improve the rate. The staff continues to respond to consumer questions and concerns regarding the survey. The annual Long Term Care employee vaccination survey has been completed (May 20th deadline). The staff will begin the analysis phase of the project as we prepare for the release of the 2015/2016 flu season results.

The staff are working with the Office of Health Care Quality (OHCQ) to address technical issues that prevent consumer access to the OHCQ Assisted Living Facility deficiency reports from the Long Term Care Guide. The OHCQ has identified corrective action steps and the MHCC Information & Analysis staff have developed an executable program to facilitate appropriate formatting of the reports by OHCQ.