MARYLAND HEALTH CARE COMMISSION

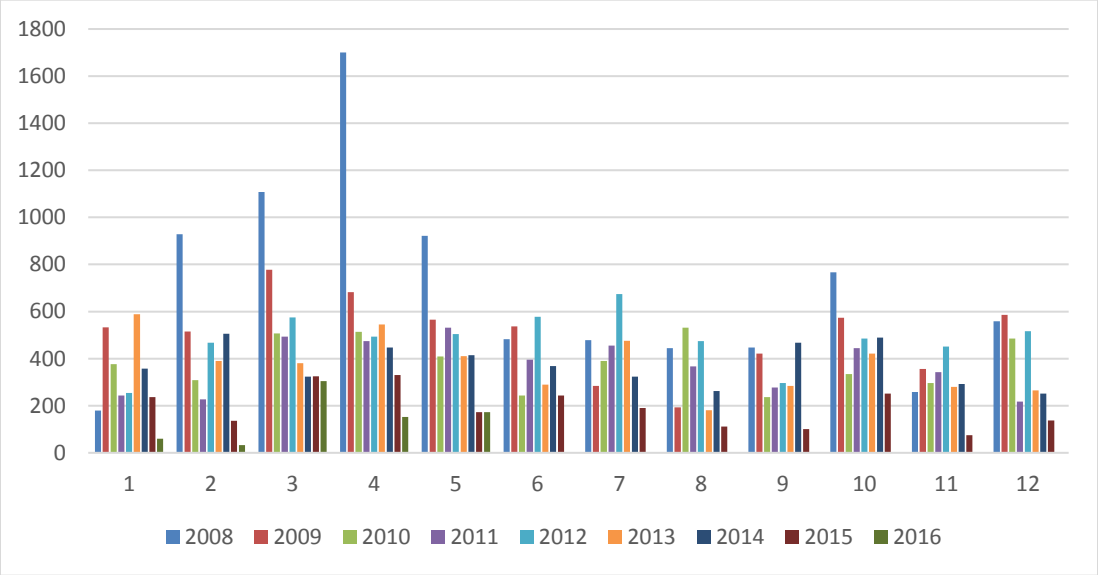
UPDATE OF ACTIVITIES

July 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 **$173,143** for the month of May. The monthly payments for uncompensated care from January 2008 through May 2016 are shown above in Figure 1. The level of uncompensated care payments continue to decline as a result of expanded insurance coverage. Payments for uncompensated claims will increase to 105% percent of the Medicare Fee Schedule for claims dated on or after July 1, 2016.

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 – Kenneth 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.

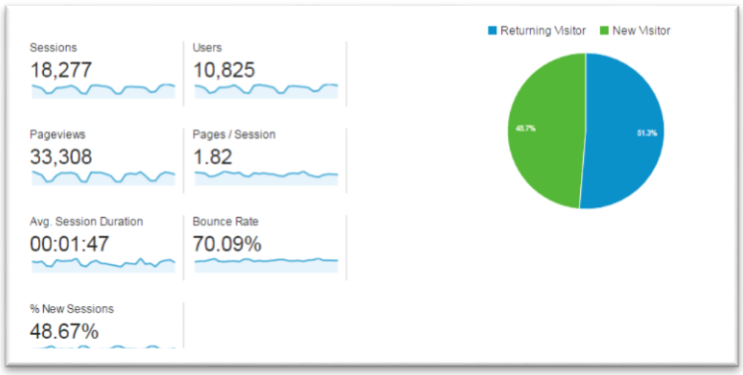
Correction of these discrepancies will result in successful data reconciliation between the MCDB and the MIA for payors.

Database Development and Applications – Leslie LaBrecque

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.

Internet Activities

Data from Google Analytics for the month of June 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 June 2016 was 18,277 and of these, there were 48.67% new sessions. The average time on the site was 1:82 minutes. Bounce rate of 70.09 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 June were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Web Applications - David Mitchell

1. Configured Board of Physicians license renewal for 2016 Renewals – starts July 11.
2. Completed updates to Allied Health web site.
3. Downloaded completed CCRC database
4. Copied all Board web sites to the MHCC internal server as part of transition.

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 a number of 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 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, staff will ask some Commissioners for feedback on the list of episodes selected, after which a variety of stakeholder groups 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); and an advisory group of primary care physicians and orthopedists, 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. A sub-group meeting of the advisory group was held in late June on course content. Staff drafted a bid board to procure a video production company to produce up to four clinician/patient vignettes.

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
Staff completed a review of the informal comments received on the draft State Health Plan (SHP) chapter for organ transplant services that was posted for informal review and comment in early May. Staff discussed changes to the draft SHP chapter for organ transplant services at the Commission meeting held in May 2016. Staff subsequently completed additional revisions to the draft SHP chapter. Staff will be requesting Commission approval of a draft SHP chapter as proposed regulations at the July Commission meeting.

State Health Plan: COMAR 10.24.19, Freestanding Medical Facilities
Staff completed reviewing the second round of informal comments received on the draft SHP chapter for freestanding medical facilities (FMFs), posted in late June of 2016. The FMF Work Group convened on June 22, 2016 and discussed the section of the draft SHP chapter pertaining to requests for exemptions from CON to establish an FMF.

State Health Plan: COMAR 10.24.11, General Surgical Services
Staff continued to work on draft 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.

Regulatory Scope and Procedure Regulations: COMAR 10.24.01
A presentation on this work was made at the June Commission meeting. Staff plans to finish a complete draft of changes in these procedural regulations this Summer and convene a work group.

Long Term Care Policy and Planning – Linda Cole

Hospice Survey
All hospice surveys for CY 2015 have been submitted. Staff is now working to clean the data and, when this process is complete, will post the public use data set.

MDS RFP
The Minimum Data Set (MDS) is a federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. The data, required by the Centers for Medicare and Medicaid Services, provides a comprehensive assessment of each resident's functional capabilities and needs.

Resource Utilization Groups are part of this process and provide the foundation for the resident's care plan.

Since this patient-level data set is so complex and voluminous, MHCC has worked in the past with a vendor to create and maintain an MDS Manager program to run the data necessary for long term care policy and planning work. Work is underway on a Request for Proposal to continue the MDS Manager work.

Selection of HHA Quality Measures and Establishment of Performance Levels
Commission staff has awarded Christmyer Consulting, Inc., the contract to assist in an analysis of Home Health Compare and HHCAHPS® data in order to select quality measures and establish performance levels for those quality measures to qualify CON applicants, consistent with HHA Chapter regulations (COMAR 10.24.16.07). The term of the contract is for the period of June 6, 2016, through December 31, 2016.

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 due date for the Chronic Hospitals, Adult Day Care Centers and Assisted Living Facilities section of the 2015 Maryland Long Term Care Survey was June 2, 2016. Staff sent notices to non-responsive facilities about the imposition of fines for non-compliance on survey reporting. Staff is working to assure full compliance. In total, 376 Assisted Living, 106 Adult Day Care, and six Chronic Hospitals participated in the survey data collection. To date 99% of the surveys have been accepted. Staff will continue to work with facility providers to get all surveys completed and submitted.

Certificate of Need – Kevin McDonald

CONs Approved
Kaiser Permanente South Baltimore County Medical Center – (Baltimore County) – Docket No. 16-03-2372
Addition of one operating room to an existing ambulatory surgery center located at 1701 Twin Spring Road, in Halethorpe
Approved Cost: $1,600,405

CON Letters of Intent

Plastic Surgery Specialist, PC – (Anne Arundel County)
Establish a multi-specialty ambulatory surgery center with three operating rooms and one non-sterile procedure room to be located at 2448 Holly Avenue, Suite 400, in Annapolis

Howard County Nursing & Rehabilitation Center – (Howard County)
Establishment of a new comprehensive care facility (CCF) with 105 beds to be located at The Park at Locust Thicket, at Route 100 and Meadowbridge Road, in Elkridge

Lorien Nursing & Rehabilitation Center – Elkridge – (Howard County)
Addition of 50 beds to an existing CCF located at 7615 Washington Boulevard, in Elkridge

MedStar Franklin Square Hospital – (Baltimore County)
Upgrade, consolidation and relocation of the hospital's peri-operative facilities

Pre-Application Conferences

Howard County Nursing & Rehabilitation Center – (Howard County)
Establishment of a new comprehensive care facility (CCF) with 105 beds to be located at The Park at Locust Thicket, at Route 100 and Meadowbridge Road, in Elkridge
June 15, 2016

Lorien Nursing & Rehabilitation Center – Elkridge – (Howard County)
Addition of 50 beds to an existing CCF located at 7615 Washington Boulevard, in Elkridge
June 15, 2016

MedStar Franklin Square Hospital – (Baltimore City)
Upgrade, consolidation and relocation of the hospital's peri-operative facilities
June 20, 2016

Determinations of Coverage

- **Ambulatory Surgery Centers**

Olney Endoscopy Center, LLC – (Montgomery County)
Establish a physician outpatient surgery center (POSC) with one non-sterile procedure room to be located at 3407 Olandwood Court, Unit 103, in Olney

Annapolis Surgery Pavilion – (Anne Arundel County)
Establish a POSC one non-sterile procedure room to be located at 166 Defense Highway, Suite 101, in Annapolis

- **Acquisition/Change of Ownership**

Rehabilitation Hospital Corporation of America d/b/a HealthSouth Chesapeake Rehab Home Health Agency
Acquisition by Encompass Home Health of the Mid Atlantic, LLC of Rehabilitation Hospital Corporation of America d/b/a HealthSouth Chesapeake Rehab Home Health Agency, with offices located at 220 Tilghman Road, in Salisbury. This home health agency is authorized to serve Somerset, Wicomico and Worcester Counties.

Leonardtown Surgery Center – (St. Mary's County)
Change in composition of physician ownership of this ambulatory surgery center (less than 25% change)

MedStar Good Samaritan Nursing Center – (Baltimore City)
Acquisition of MedStar Good Samaritan Nursing Center, a 146-bed CCF located at 1601 E. Belvedere Avenue, in Baltimore, by 1601 East Belvedere, LLC.
Purchase Price: $10,190.000

NMS Healthcare of Springbrook – (Montgomery County)
Acquisition of NMS Healthcare of Springbrook, a 93-bed CCF located at 12325 New Hampshire Avenue, in Silver Spring by Sabra Health Care Northeast, LLC

- **Capital Projects**

AAMC - Pathways Treatment Center – (Anne Arundel County)
Capital expenditure for renovation of the dining area and addition of exterior privacy features
Estimated Cost: $500,000 ($250,000 from 2016 MHA Bond Project Review Program)

Atlantic General Hospital - (Worcester County)
Capital expenditure for the construction of a Regional Cancer Center
Estimated Cost: $9,511,790 ($4,660,737 from 2016 MHA Bond Project Review Program)

University of Maryland Baltimore Washington Medical Center - (Anne Arundel County)
Capital expenditure to add ten acute psychiatric beds
Estimated Cost: $3,500,000
[Determined to require CON authorization]

Doctor's Community Hospital – (Prince George's County)
Capital expenditure for the establishment of a Community Healthcare and Urgent Care Center at 13900 Baltimore Avenue, in Laurel
Estimated Cost: $570,000 ($285,000 from 2016 MHA Bond Project Review Program)

MedStar Montgomery Medical Center – (Montgomery County)
Capital expenditure for the renovation of the MMMC Mental Health Center
Estimated Cost: $404,000 ($200,000 from 2016 MHA Bond Project Review Program)

Suburban Hospital – (Montgomery County)
Capital expenditure to renovate and convert administrative space adjacent to the Emergency Department to create a segregated 6-bay area for behavioral health patients in crisis and expansion of the ED treatment capacity of the hospital
Estimated Cost: $1,250,000 ($600,000 from 2016 MHA Bond Project Review Program)

University of Maryland St. Joseph Medical Center – (Baltimore County)
Capital expenditure for the renovation of existing space in the hospital's Surgery Department to create new operating room designed for "hybrid" cardiac procedures. This project will eliminate an existing operating room
Estimated Cost: $4,276,000 ($1,000,000 from 2016 MHA Bond Project Review Program)

Adventist HealthCare Physical Health & Rehabilitation – (Montgomery County)
Capital expenditure to remodel the kitchen and repair the roof at the Rockville facility
Estimated Cost: $1,500,000 ($735,000 from 2016 MHA Bond Project Review Program)

Anne Arundel Medical Center – (Anne Arundel County)
Capital expenditure for the renovation of the first floor Women's Surgical Unit and the third floor Mother/Baby rooms and Transitional Neonatal Intensive Care Unit
Estimated Cost: $2,300,000 ($1,000,000 from 2016 MHA Bond Project Review Program)

Union Hospital of Cecil County – (Cecil County)
Capital expenditure for establishment of a community-based Behavioral Health Crisis Assessment and Stabilization Center on the hospital campus
Estimated Cost: $4,500,000 ($2,250,000 from 2016 MHA Bond Project Review Program)

University of Maryland Medical Center - Midtown Campus - (Baltimore City)
Capital expenditure to add nine acute psychiatric beds
Estimated Cost: $4,000,000.
[Determined to require CON authorization]

Garrett Regional Medical Center – (Garrett County)
Capital expenditure to renovate three operating rooms
Estimated Cost: $3,396,137 ($1,500,000 from 2016 MHA Bond Project Review Program)

Kennedy Krieger Institute – (Baltimore City)
Capital expenditure for the construction of an eight-story building in the 800 block of North Broadway, in Baltimore to be known as the Harry and Jeanette Weinberg Autism and Rehabilitation Center
Estimated Cost: $46,290,000 ($1,000,000 from 2016 MHA Bond Project Review Program)

Sinai Hospital of Baltimore – (Baltimore City)
Capital expenditure to establish the Primary and Chronic Care Center with the renovation of the Sharp Building on the corner of Lanier and Cylburn Avenue, in Baltimore
Estimated Cost: $11,000,000

Sinai Hospital of Baltimore – (Baltimore City)
Capital expenditure to construct the Cardiovascular Institute to be located between the Schapiro Research Building and the Medical Staff Parking on the campus of Sinai Hospital
Estimated Cost: $24,100,000

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Division Chief Position Vacant

Staff attended the Office of the National Coordinator for Health Information Technology combined health information technology (health IT) Health IT Policy and Standards Committees meeting. Discussions focused on the Quality Payment Program Task Force (Task Force) review of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) proposed rule, specifically how use of certified health IT by eligible clinicians can support value-based, quality-focused care under the Quality Payment Program (QPP). Task Force recommendations include supporting private payers to construct value-based programs that align with the QPP and offering incentives to encourage the submission of electronic clinical data to promote interoperability among health care providers.

During the month, staff developed key messages to guide drafting of the annual report, *Health Information Technology, An Assessment of Maryland Acute Care Hospitals*. The report is scheduled to be released in the fall and will highlight diffusion of health IT among all 48 acute care hospitals in Maryland in comparison with hospitals nationally. This year's report will include new information on hospitals' efforts around cybersecurity. Staff is also in the planning phase of convening a Hospital Cybersecurity Symposium that will bring industry leaders together to discuss the changing landscape of cybersecurity in health care. The event is tentatively scheduled to take place in September and will focus on incident preparedness and response handling.

The Electronic Health Record (EHR) Product Portfolio (portfolio), a web-based resource for ambulatory care providers to compare nationally certified EHR systems, went live in June. The portfolio includes information on EHR procurement and training costs; user reviews are also showcased. Ambulatory EHR vendors are invited annually to participate in the portfolio.

Staff is reviewing data from the 2016 Annual Long Term Care Survey (survey), which collects information from over 200 comprehensive care facilities (CCF) in Maryland. During the month, staff collected additional information from about 14 CCFs. Findings will be presented in an information brief, *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland*. The brief is targeted to be released at the end of the year.

Use case evaluation is underway to identify opportunities where mobile health technology can make health care better and more efficient. Under consideration are use cases that would enable the use of smartphones, tablets, and other mobile devices to deliver health care and preventive health services. Use cases will focus on using the technology to access clinical information, collaborate with care teams, communicate with patients, and offer real-time monitoring of patients. Staff is considering the unique challenges that pertain to the privacy of patient information shared on mobile devices, and ensuring the interoperability of mobile health technology with other health IT applications. A grant announcement is targeted for release in the fall.

Health Information Exchange Division – Angela Evatt Division Chief

The annual privacy and security audit of CRISP concluded during the month. Independent auditors, Myers and Stauffer, determined that CRISP made improvements to strengthen its information security controls related to issues identified in the prior year audit. The auditors also identified areas for improvement and provided guidance to CRISP. Staff is working with CRISP as they implement their corrective action plan for remediation of the audit findings.

Staff provided feedback to CRISP on their development of a Cybersecurity Plan and Disaster Recovery and Business Continuity (DRBC) Plan. These plans will assist CRISP in evaluating their current operational environment as it pertains to cybersecurity and DRBC. Staff developed a cross-walk tool using national standards from the Health Information Trust Alliance, the National Institute of Standards and Technology (NIST), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The cross-walk tool comprises key categories within the five domains of the NIST framework: identify, protect, detect, respond, and recover. CRISP anticipates completing draft plans in the fall.

Staff is formulating key messages for the *2016 State-regulated Payor and Pharmacy Benefits Managers Electronic Preauthorization Report* (report). The report assesses provider adoption of electronic preauthorization versus use of traditional methods, such as fax, phone or mail, for medical services and pharmaceuticals. Additionally, the report details activities by State-regulated payors and pharmacy benefits managers designed to increase awareness and utilization of electronic preauthorization. Health-General Article § 19-108.2 requires MHCC to report to the Governor and General Assembly through 2016. A final report is targeted for release in November.

The Health Information Exchange (HIE) Policy Board (Board), a staff advisory group, convened to continue development of a draft policy in regards to HIE access by consumers. The draft policies focus on consumer rights to view and/or amend their personal health information available through an HIE. The Board also deliberated on policy needs to ensure HIEs can support consumer access. The Board anticipates completing the draft consumer access policy by the end of the year.

Two applicants, MedPeds and Gilchrist Greater Living (Gilchrist), have been notified about receiving funds under MHCC's *Telehealth Technology Project – Round Four* grant announcement. The goal of the projects is to assess the impact of telehealth in primary care settings in support of value-based care delivery. MedPeds, a family medicine practice, will be utilizing a mobile application to engage with chronically-ill patients. Gilchrist, a geriatric primary care practice, will utilize remote patient monitoring (RPM) devices to connect with home-bound patients for care management purposes. Staff plans to meet with grant recipients in July to review project milestones and key deliverables. The grant period is for 18-months; a 2:1 financial match is required by all grantees.

Project guidance continues with the round two telehealth grantees as they implement telehealth aimed at reducing hospital readmissions and emergency department visits for patients with chronic conditions though the use of RPM. The grantees, Lorien Health Systems, Crisfield Clinic, and Union Hospital of Cecil County, plan to submit a report of their project findings in November. Staff will develop a synopsis report, which is planned for release in early 2017.

The round three telehealth grantees have begun preparations for implementing their telehealth technologies. This month, Gerald Family Care began implementing two-way video technology to connect patients with outside specialty care providers. Associated Black Charities, Dorchester County Chapter, aims to go-live with utilizing tablets to connect community members with Choptank Community Health in mid-July. Union Hospital plans to go-live with RPM integration to support care management and improve patient self-care with the hospital's EHR in mid-July. The telehealth projects will continue through May 2017.

Staff participated in reviewing technical proposals for one or more vendors to implement an enhanced user interface for the CRISP Prescription Drug Monitoring Program (PDMP) application, as well as a unified landing page (ULP). Five vendors provided virtual demonstrations of their technology as part of the

evaluation process. The PDMP application will enable users to access records of controlled dangerous substances dispensed to patients. The ULP will allow users a single platform to launch various CRISP services. An award is anticipated in July.

Staff recertified two Electronic Health Networks (EHNs) during the month: Smartdata Solutions and Dorado Systems. Approximately 36 certified EHNs operate in Maryland. 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 participates on the criteria development committee of EHNAC, which accredits EHNs. Electronic Data Interchange (EDI) Progress Reports were obtained from all payors required to report in 2016. The EDI Progress Report data is used to develop an information brief that reports on payors' use of technology and to develop programs that ensures maximum use by providers. The information brief is targeted for release at the beginning of 2017.

Innovative Care Delivery Division – Melanie Cavalier Division Chief

Staff continues to develop programs and policy that support practice transformation network (PTN) activities in collaboration with MedChi, The Maryland State Medical Society, and the Department of Family and Community Medicine at the University of Maryland School of Medicine. The PTN work is funded by the New Jersey Innovation Institute who received a grant in September 2015 by the Centers for Medicare and Medicaid Services (CMS) to help practices transition from fee-for-service to value-based care. Nearly 1,500 providers statewide have expressed an interest in the PTN.

Staff convened several meetings with commercial carriers and Medicaid Managed Care Organizations (MCOs) to explore statewide collaboration in the CMS Comprehensive Primary Care Plus (CPC+) initiative. CPC+ is a national advanced primary care medical home model that utilizes regionally-based multi-payor payment reform and care delivery transformation to strengthen primary care. CareFirst BlueCross BlueShield (CareFirst) and Amerigroup have submitted applications to participate. Region and payor selections are expected to be announced by CMS around July 29h.

Payment amount calculations were completed for the final cycle of fixed transformation payments for MCOs participating in the Maryland Multi-Payor Patient Centered Medical Home (PCMH) program (MMPP). The majority of MMPP practices continue to participate in advanced primary care programs such as the CareFirst PCMH program. Staff is evaluating data for the shared saving payments from Medicaid and commercial payors in the MMPP. Shared savings payments reward practices for providing higher quality care and better outcomes while controlling cost of care delivery.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Center for Quality Measurement and Reporting

The Center staff have been working with The Leapfrog Group representatives to facilitate sharing of Patient Safety Indicator (PSI) data in support of their efforts to include Maryland hospitals in their hospital rating system. CMS recently announced plans to include Maryland hospitals in their calculation and public reporting of Healthcare Acquired Conditions (HACs). Together, the HAC and PSI measures represent a major component of the Leapfrog Hospital Safety Score.

The Maryland Health Care Quality Reports website
Staff is currently focusing its efforts on the promotion of the Maryland Health Care Quality Reports (MHQR) website. After reviewing bid submissions, MHCC has selected Pinnacle Communications to work

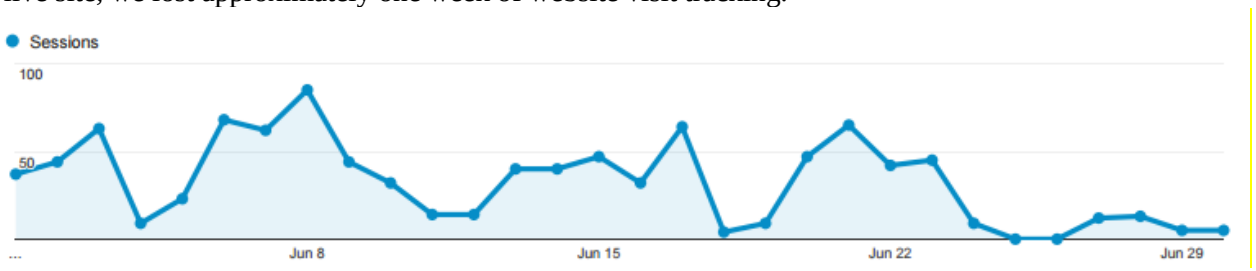
on initial promotional efforts. Staff held a kick-off meeting with Pinnacle representatives and reviewed preliminary print and social media marketing strategies and work plan.

The MHQR quarterly site was completed on June 24, 2016. The update included a refresh of core measures and patient experience data through 3Q2015, as well as nursing home and physician data. Surgical site infection, catheter-associated infections, and health care worker flu vaccination data was also updated through CY2015.

The quarterly Hospital Performance Evaluation Guide Advisory Committee will meet on July 25, 2016.

The staff continues to monitor the traffic to the site using Google Analytics software. Since the new site was released 18 months ago, there have been over 9,000 users of the consumer site.

There were 975 sessions among 615 users for the month of June, which is a 19% decrease in the number of users since May (758 users). Due to a technical problem that occurred during the transition from test site to live site, we lost approximately one week of website visit tracking.



Hospital Quality Initiatives – Eileen Witherspoon

Health-care Acquired Infections (HAI) Data

Staff fielded questions from hospitals regarding the HAI preview reports to the hospitals for 2015 catheter-associated urinary tract infection (CAUTI), surgical site infection (SSI), and healthcare personnel influenza vaccination data. Several hospitals made changes to the data and staff pulled the final data in mid-June for release on the Hospital Guide in late June.

Staff held a webinar on June 21st to review the results of the current HAI data review and validation project. MHCC's audit contractor reviewed the results and was available to answer questions from participants. Sixty people registered to attend and over 40 people attended the live webinar.

The quarterly HAI Advisory Committee is scheduled to meet July 27, 2016.

VHQC (the Maryland/Virginia QIN) requested MHCC participation in an additional conference call with one Maryland hospital as part of their HAI data quality review initiative. MHCC staff called in to the meeting

with VHQC on June 22nd 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. NCDR registry data submissions in the QMDC have been completed through 1Q2016.

Staff is considering linking to the American College of Cardiology (ACC) CardioSmart site, which reports hospital-specific metrics drawn from the CathPCI and ICD registries. The site, which also includes resources and tools for cardiac patients and their families, would be a supplement to cardiac core measures data currently reported on MHCQR. Data reported on CardioSmart is currently used by US News and World Report for calculation of cardiac care scores, and starting this year they are also crediting hospitals who participate in the NCDR registry. If MHCC moves forward with linking to CardioSmart hospitals may be required to opt in with the ACC for public reporting of their data.

The quarterly Cardiac Data Coordinators meeting will be held on August 9, 2016.

Health Plan Quality & Performance – Theressa 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 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 annual Long Term Care employee vaccination survey for the 2015/2016 flu season has been completed and the results have been tabulated for nursing homes and assisted living facilities. Posting of the survey results to the consumer website is underway and will be discussed during the public meeting.