MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

September 2016

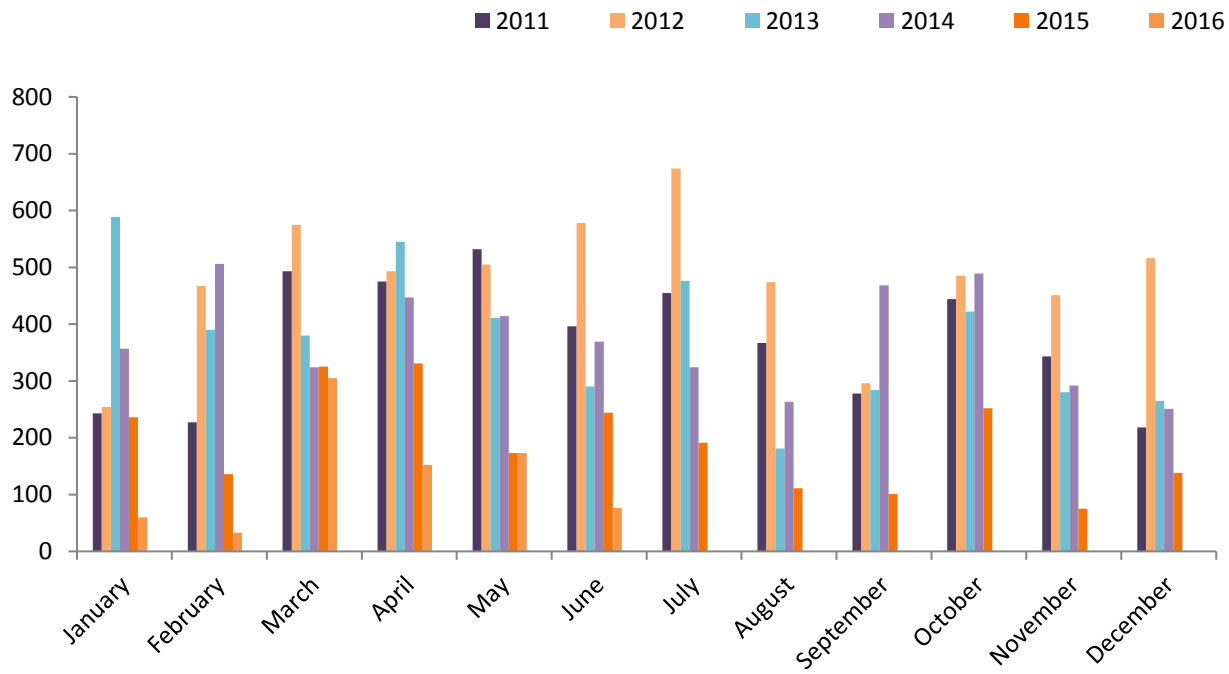
EXECUTIVE DIRECTION

Rural Health Workgroup

The Workgroup met for a Rural Health Summit on August 30, 2016 at Chesapeake College in Wye Mills, Maryland. The session included presentations on the current health and demographic status of the population in the five county region; the current status of the healthcare workforce; the availability of facilities and services; and the Maryland All Payer Model. The Chairs of the workgroup created advisory groups around four issue areas; workforce development, transportation/access to care, vulnerable populations/health disparities, economic development/economic impact of changes to health facilities. These groups will begin meeting in early October.

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2011-2016



Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **$75,730** for the month of June. The monthly payments for uncompensated care from January 2011 through June 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
Payments were requested in early September for the Level II and Level III trauma centers' on call stipends for January through June 2016. These payments will include a 5% increase over trauma centers' costs, for those trauma centers reporting costs below the statutorily-set maximum reimbursement levels.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Payor Compliance and Technical Support
Payors were required to submit 2015 data (all four quarters) to the MCDB by February 28, 2016 and first quarter 2016 data by May 31, 2016 (extended to June 30, 2016). Several payors have missed these timelines due to various reasons from variances in the form of format modifications for specific fields within the reports to extension requests on the date of timelines and after. Social and Scientific Systems (SSS) has processed 2015 data, as it becomes available. Submissions have often had discrepancies that needed to be verified, and some payors have submitted data well beyond the scheduled timelines. Some payors needed additional time to excluded ERISA self-funded plans data due the Supreme Court of the United States (SCOTUS) ruling (*Gobeille v. Liberty Mutual Insurance Company*) in March of this year. Additional data reconciliation with the MIA data has cause the need for some payors to resubmit data to the MCDB. These submission delays have impacted the availability of 2015 data which was due September 30, 2016. However, we anticipate clean 2015 (all 4 quarters) and first quarter 2016 data to be submitted to the MCDB by most payors by September 20, 2016. As a result, we expect the 2015 data to be available by November 4, 2016.

Update on MCDB DW and ETL Development
Data Warehouse (DW) Population: SSS is currently processing data into the DW via Slowly Changing Dimension (SCD) feature. SCD tracks changes to data in the DW over time, allowing for historical reporting against data as it appeared at some earlier point in time. This feature is currently operational. However, production data for 2014 and most of 2015 will not be available until in the DW until September 30, 2016 as backlog files are currently been processed. The SCD feature would be available for use when the production files are available.
Claims Versioning (CV) Implementation is now complete in the DW. This is a significant milestone in the DW. CV is an algorithm used to estimate the final view or net result of a claim at some point in time after a series of adjustments (e.g. partial adjustments which can be positive or negative or full replacements) made on the claim after it was initially adjudicated. The benefit of CV in the DW is that it produces a subset (excluding all adjustments) of the data originally submitted by payors. Standard Data Analysis Queries and DataMart Extracts are next in the DW and full implementation of these are expected by year end 2016.

Network for Regional Healthcare Improvement (NRHI) Total Cost of Care (TCoC)
We are in the final stage of the TCOC project, the provider report on total cost of care. A template of the report was delivered to NRHI for approval. The report will show PMPM, cost, and utilization metrics for attributed patients to provider for Inpatient, Outpatient, Professional and Pharmacy by Physician Practice v. State-wide. The populated report, will be presented to the group of selected physician practices in a meeting scheduled for September 14, 2016. Based on feedback from the practices, revisions will be made to the report and included in the final annual report to NRHI due October 31, 2016.

Gobeille v. Liberty Mutual and Impacts on MCDB

Staff continues its engagement with the National Academy for State Health Policy (NASHP), National Association of Health Data Organizations (NAHDO), APCD Council, and other APCD states to develop a comprehensive plan to collaborate with the Department of Labor (DOL) and support the federal rule making process to revise ERISA self-funded group health plans reporting requirements to include membership and claim-level data consistent with APCD reporting. The workgroup (NASHP, NAHDO, APCD Council, and APCD states) is currently finalizing a *proposed standardized reporting of health care data (claims and membership)*, the Common Data Layout (CDL) with payors. The CDL is due to the DOL by October 4, 2016 as part of an overall response to DOL's issued (July 21) *Notice of Proposed Rulemaking (Docket # EBSA-2016-0010; RIN 1210-AB63)* requesting public comments on its proposed reporting requirements for group health plans, called Schedule J, and sought specific comments in light of the SCOTUS *Gobeille v. Liberty Mutual Ins. Co.* decision on March 1, 2016. MHCC's Costs, Utilization and Resources Transparency Initiative website, http://mhcc.maryland.gov/transparency/Default.html will be used one of the specific examples in the comments to the DOL on how states use the APCD to track cost and utilization.

Database Development and Applications – Leslie LaBrecque

The Programming staff performed the following: worked with the ambulatory surgery survey vendor to install and test the survey on our test and production servers; assisted administrative staff with html training and documentation for updates to the MHCC website; attended the Monahrq 7 release webinar; working with David Mitchell to transition responsibilities for support of the DHMH Board website applications; assisted new staff with SAS software setup and programming; performed Tableau reader testing and upgraded the Tableau production server; held discussions with the University of Maryland on the rural health study to lay out the documents required for MCDB data access and subsequently finalized and executed the DUA for the study; finalized amendments for MHCC Medicaid data access as well as Medicaid access to MCDB data; worked with the MCDB vendor to finalize the MCDB standardized research identifiable file and subsequently processed data releases to approved requestors; working with Medicaid and our MCDB vendor to implement a Medicaid data release to MHCC which closely resembles the MCDB format and naming conventions; created a DUA amendment template; participated in the cost/utilization and geographic spending dashboard reviews and implemented final modifications requested by the Director; worked with the AMA to get approval to use the CPT descriptors for an upcoming dashboard on costs by procedure; converted to purchasing our statistical software licenses through our budget instead of our database vendor's budget to save money; assisted the center director with FY2018 budget line items; testing Python as a potential workaround for reading the CathPCI xml files, processed 2016Q1 as well as replacement Q3 and Q4 CathPCI files; researched problems with one rate center on the hospital inpatient discharge file and discussed it with HSCRC; working with the DC hospital association to get a correctly output inpatient file for 2015; provided programming support to the CON staff for the rural health study; provided image processing support to the quality staff; updated the public use data download site with 2015 hospice data; updated nursing home and assisted living vaccination rates for 2015-2016 on the Long Term Care (LTC) Guide; assisted the new LTC chief with understanding the data flows and scheduling for the LTC Guide; worked with the Office of Health Care Quality to get the Minimum Data Set (MDS) data in a workable format; processed the 2015 MDS to output the nursing home resident profile, and performed data prep and processing to output updated nursing home facility characteristics.

Internet Activities

Data from Google Analytics for the months of July and August 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 months of July and August 2016 was 63,522 and of these, there were 50.38% new sessions. The average time on the site was 3:08 minutes. Bounce rate of 73.48 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 July and August were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Web Applications - David Mitchell

Physicians Renewal (A-L) – As of September 12, 2106 12,094 physicians have completed the online renewal and has processed $6.3M in fees ($6M by credit card). 4579 physicians have not yet renewed. The last day to renew is September 30, 2016.

Credit Card interfaces have been updated for Boards of Diet, Massage, and Social Workers.

Updates have been made to Board of Massage.

The Long-Term Survey has been completed and the database uploaded.

Network Operations & Administrative Systems (NOAS) – Levone Ward

Information Technology Newsletter

The September 2016 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 49th edition of the NOAS News & Notes newsletter. Features:

- "Guest Connectivity in Conference Room"
    - With the upgrades in the large conference room, guests can now bring their own laptops to do presentations. Guest laptops can connect to room 100 through VGA or HDMI connections
- "Remote User Reset"
    - Reminder for all remote users to reset office computers at least twice per week to ensure proper operation during remote control activities

Conference Room 100 Upgrades
The audio/video equipment control equipment in room 100 was upgraded. Improvements include:

- ability to send up to 2 different signals (video or audio) to the output devices (TV monitors and projectors), simultaneously
- ability to connect guest system to room for audio/video input/output
- better audio controls for computer & telephone communications
- smart AV connectivity equipment with Internet capabilities for updates
- updated touch screen for full system controls
- new projectors with higher resolution (High Definition)

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, LLC) 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, with the first of the planned data marts in the warehouse to be completed by the end of the year.

Under the medical pricing transparency initiatives funded by these federal grants, staff is developing a number of web-based interactive displays to assist consumers, clinicians, and other health care professionals in health care decision making. To date, we have completed 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; and (2) a dashboard that provides the geographic location by zip code of health care spending in Maryland – both dashboards are posted on the MHCC website. Staff is also completing a third 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 is developing 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. The portal is expected to be completed and made public by the end of 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. Staff and the CME development team created course content, scenarios for each doctor/patient vignette, and an accompanying slide deck and scripts. Grant funds allowed for the procurement of a video production company to produce up to four clinician/patient vignettes, two of which will be filmed in Maryland and will feature local physicians.

CMS/CCIIO awarded MHCC a 12-month No Cost Extension (NCE) to these grants, which will allow each project under the grants to be successfully completed.

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 convened the organ transplant work group for a meeting on August 31, 2016 to discuss issues raised by the Commission at the July Commission meeting. Staff made a few minor changes to draft COMAR 10.24.15 based on feedback from the work group. Staff plans to request Commission approval of the revised draft COMAR 10.24.15 at the September Commission meeting.

State Health Plan: COMAR 10.24.19, Freestanding Medical Facilities
The Commission approved COMAR 10.24.19 as proposed permanent regulations at the July Commission meeting. Notice of the Commission's action was published in the *Maryland Register* on September 2, 2016 along with a request for public comments within 30 days.

State Health Plan: COMAR 10.24.17, Cardiac Surgery and PCI Services
Staff updated the schedule of reviews for Certificates of Ongoing Performance for cardiac surgery programs due to delays in obtaining certain calculations from the Society of Thoracic Surgeons. In addition to providing notice in the *Maryland Register*, Staff provided notice to the Maryland Cardiac Surgery Quality Initiative and hospital CEOs. MHCC staff continued to work on finalizing the application for a Certificate of Ongoing Performance for percutaneous coronary intervention services.

State Health Plan: COMAR 10.24.11, General Surgical Services
Staff has almost completed 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. Staff began the process of forming a work group to discuss proposed changes to the State Health Plan for general surgical services.

Rural Health Study

Staff assisted with planning for the Rural Health Summit held on August 30, 2016. Staff also conducted research on healthcare facilities and the healthcare workforce in the Mid-Eastern Shore area and then presented this information at the Rural Health Summit.

Long-Term Care Policy and Planning – Linda Cole

FY 2015 Hospice Data
The data collection and data cleaning process for the FY 2015 hospice survey has been completed. The public use data set was posted on August 15, 2016. Subsequent to posting, staff discovered some inconsistencies with some data in Eastern Shore counties. This is being investigated and when the data is corrected, an updated public use data set will be posted.

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 (CMS) provides a comprehensive assessment of each resident's functional capabilities and needs. Resource Utilization Groups (RUGs) 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. Staff has completed work on a Request for Proposal (RFP) to secure a vendor to do this work. The RFP was issued on July 29, 2016 with a due date for responses by September 6th. A pre-proposal conference was held on August 17th. This conference was attended by 15 organizations.

Bids received will be reviewed and a final selection will be made by the review committee.

Expanding Opportunities for Delivery of Quality HHA Services in Maryland
Commission staff posted draft quality measures and required performance levels for public comment, in accordance with COMAR 10.24.16.07. These draft quality measures and performance levels, when finalized, will be used in the establishment of a review schedule for consideration of CON applications to establish or expand home health agency (HHA) services in Maryland. Christmyer Consulting, Inc., was awarded the contract to assist staff in the selection of quality measures and establishment of performance levels for those quality measures to be achieved by a CON applicant. Written comments are to be submitted by September 22, 2016.

Home Health Agency Survey
The home health agency survey has been revised by staff and specifications have been given to the programmer to create the web-based application for collection of the survey data. Staff have also notified home health agency providers by email, as well as notice on the website, of the redesign and the delay in the data collection period.

Long Term Care Survey
The 2015 Maryland Long Term Care Survey data collection period has been completed. Eight assisted living facilities were fined for non-compliance after numerous notices to the providers. To date, 99% of the surveys have been accepted, which includes chronic hospitals (6), adult day care centers (106), comprehensive care facilities (233), and assisted living facilities (366). Staff will continue to work with facility providers to get all surveys completed and submitted. 100% of the comprehensive care surveys were accepted by the due date. Staff is in the process of auditing and cleaning the data that will be used to produce reports used by the Commission and the public.

Certificate of Need - Kevin McDonald

CONs Approved

Chesapeake Treatment Center – (Baltimore City) – Docket No. 15-24-2371
Authorization to use eight beds at this 29-bed residential treatment center to provide a specialized program for males aged 18 through 20. The facility was previously authorized to be exclusively used for juvenile sex offenders. The new resident population will be persons in the custody of the Maryland Department of Juvenile Services for whom placement in another Maryland RTC facility has not been possible, or for whom clinically suitable services are not available in another Maryland facility
Approved Cost: $80,000

CON Letters of Intent

Amedisys Maryland, LLC – (Prince George's County)
Expand an existing general hospice care program into Prince George's County

BAYADA Home Health Care, Inc. – (Prince George's County)
Establish a general hospice program in Prince George's County

Caring Hospice Services – (Prince George's County)
Establish a general hospice program in Prince George's County

Grane Hospice Care – (Prince George's County)
Establish a general hospice program in Prince George's County

Montgomery Hospice – (Prince George's County)
Expand an existing general hospice program into Prince George's County

P-B Health – (Prince George's County)
Establish a general hospice program in Prince George's County

Umbrella Palliative & Hospice Care, LLC – (Prince George's County)
Establish a general hospice program in Prince George's County

Broadmead – (Baltimore County)
Expansion and renovation of the comprehensive care facility (CCF) located at 13801 York Road, in Cockeysville
Estimated Cost: $7,820,000

Pre-Application Conference

Prince George's County Hospice (Multiple LOI filers- see above)
August 17, 2016

Broadmead – (Baltimore County)
August 25, 2016

CON Applications Filed

Massachusetts Avenue Surgery Center – (Montgomery County) Matter No. 16-15-2378
Addition of a fourth operating room at this existing ambulatory surgical facility, located at 6400 Goldsboro Road in Bethesda, through renovation.
Estimated Cost: $266,397

Lorien Nursing & Rehabilitation - Elkridge – (Howard County) Matter No. 16-13-2379
Add 25 CCF beds through construction of a three-story building addition.
Estimated Cost: $5,457,500

MedStar Franklin Square Medical Center – (Baltimore County) Matter No. 16-03-2380
Replacement of the current surgical services facilities through construction of a two-story building addition
Estimated Cost: $70,000,000

Change in Approved CON
Kaiser Permanente South Baltimore County Medical Center – (Baltimore County)- CON Docket No. 16-03-2372
Increase in the capital cost of the project beyond the allowable increase.

First Use Approval
Mercy Medical Center – (Baltimore City) – Docket No. 12-24-2332
Fit-out of shell space to relocate four existing operating rooms and add four operating rooms
Project Cost: $25,381,424

Determinations of Coverage

- **Ambulatory Surgery Centers**

SMART Pain Surgery Center at White Marsh – (Baltimore County)
Establish a physician office surgery center (POSC) with one non-sterile procedure room to be located at 8100 Sandpiper Circle, Suite 210, in Nottingham.

- **Acquisition/Change of Ownership**

NMS Healthcare of Springbrook – (Montgomery County)
Acquisition of NMS Healthcare of Springbrook by Sabra Health Care Northeast, LLC
Purchase Price: $50,000,000

Kirurgs, LLC d/b/a Surgeon's Surgical Center – (Allegany County)
Acquisition of Surgeon's Surgical Center by ASC Development Company, LLC

Surgery Center of Chevy Chase – (Montgomery County)
Acquisition of controlling interest in Surgery Center of Chevy Chase by SCA-Chevy Chase, LLC

Eastern Shore Endoscopy, LLC – (Talbot County)
Acquisition of 55% ownership interest in Eastern Shore Endoscopy, LLC by AmSurg Holdings, Inc.

Advantia Health Indian Creek ASC – (Prince George's County)
Change in medical staff of this ambulatory surgery center

Endoscopy Center of North Baltimore, LLC – (Baltimore County)
Change in physician ownership structure that did not constitute a change in the principal owner or a majority of other owners.

Citizens Care and Rehabilitation Center of Frederick – (Frederick County)
Acquisition of Citizens Care & Rehabilitation Center, a CCF, by Frederick County
Purchase Price: $7,850,000 for the nursing home and assisted living facility

- **Capital Projects**

UM-Baltimore Washington Medical Center – (Anne Arundel County)
Addition of ten acute psychiatric beds and elimination of ten general medical/surgical beds.
Estimated Cost: $3,538,344

UM-St. Joseph Medical Center – (Baltimore County)
Renovation and replacement of six operating rooms damaged by flooding.
Estimated Cost: $10,750,000

- **Other**

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

Adventist Behavioral Health & Wellness-Rockville – (Montgomery County)
Temporary delicensure of 18 residential treatment center beds

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

Northwest Hospital Center – (Baltimore County)
Relicensure of ten CCF beds.

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

Adventist Behavioral Health & Wellness-Rockville – (Montgomery County)
Relinquishment of 19 previously authorized temporarily delicensed residential treatment center beds.

The Villa – (Baltimore County)
Relinquishment of 30 temporarily delicensed CCF beds and closure of the facility

- **Other**

Adventist Behavioral Health & Wellness-Rockville – (Montgomery County)
Reconfiguration of special hospital bed capacity without changing the bed capacity of the hospital.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Division Chief Position Vacant

Staff attended the joint meeting of the Office of the National Coordinator for Health Information Technology's (Health IT) Policy and Standards Committees. The meeting focused on the recommendations of the 2017 Interoperability Standards Advisory Task Force (task force). The task force recommendations included: defining scenarios for data automation to improve the reconciliation of clinical information; standardizing non-clinical data (e.g., behavioral and social); opportunities and best practices for including patient-generated data in provider decision-making; and standardizing patient matching.

Staff finalized the agenda for the Hospital Cybersecurity Symposium (symposium). The symposium will take place on September 7th at the Westin Baltimore Washington Airport hotel, and is being hosted in collaboration with the Healthcare Information Management System Society Maryland Chapter, the Health Services Cost Review Commission, and the Maryland Hospital Association. Preparation of the annual hospital health IT report is underway, which will detail health IT adoption trends among all 48 acute care hospitals in the State. The report is targeted for release this fall.

Staff is providing support to the State-designated health information exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP) in evaluating an expanded image exchange use case. Staff is conducting an environmental scan to identify the benefits, challenges, and financing opportunities of a statewide image exchange repository. Information gathering activities are expected to be completed in September. Staff anticipates releasing the results of the environmental scan in November.

Planning activities are underway with the Department of Health and Mental Hygiene to implement the requirements of House Bill 1385, *Procedures, Information Sheet, and Use of Electronic Advance Directives*. Among other things, the law alters witness requirements for an electronic advance directive, expands the scope of education and outreach, and requires MHCC to establish criterion and develop a process to allow vendors offering electronic advance directive services to connect with CRISP.

Drafting of the 2016 information brief: *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland* continues. The information brief reports on health IT adoption in roughly 230 comprehensive care facilities (CCFs) statewide. CCFs answer questions related to health IT adoption as part of their Annual Long Term Care Survey. Staff aims to release the brief in December.

The *Announcement for Grant Application: Improving Patient Outcomes using mHealth Technology Project* was released during the month. The MHCC will competitively award grants for use cases that implement mHealth to promote patient engagement and improve patient outcomes. The funding announcement is for a total of $100,000 for one or more grants over an 18-month period. Applicants are required to submit a Letter of Intent; select applicants will be invited to submit a full application. Awards will be announced in November.

Health Information Exchange Division – Angela Evatt Division Chief

Staff participated in three CRISP Advisory Board meetings: Privacy and Security, Clinical, and Reporting and Analytics. The Privacy and Security Advisory Board discussed testing of CRISP's Incident Response Plan. The Clinical Advisory Board evaluated proposed uses cases that would allow emergency medical personnel and public health agencies access to CRISP information. The Reporting and Analytics Advisory Board discussed opportunities to use Medicare and casemix data.

Staff continues to provide guidance to CRISP in developing a Cybersecurity and Disaster Recovery Plan and a Business Continuity Plan, as required by the 2016 State-Designated HIE Designation Agreement. Staff is also assisting CRISP as they complete an evaluation of the EHNAC and HITRUST technology accreditation criteria, CRISP is considering accreditation.

Drafting of the *2016 State-regulated Payor and Pharmacy Benefits Managers Electronic Preauthorization Report* (report) is underway. Md. Code Ann., Health-Gen. § 19-108.2. (2012) requires MHCC to work with State-regulated payors and pharmacy benefits managers to implement, in a phased approach, electronic preauthorization in a series of four benchmarks. The MHCC is required by law to report on compliance with the four benchmarks to the Governor and General Assembly through 2016. A report is targeted for release in November.

The HIE Policy Board (Board), a staff advisory group, convened three meetings during the month to advance the development of draft HIE consumer access policies. Key issues include: the role of an HIE in facilitating a consumer's right to request an amendment to their EHR available through an HIE; and, possible fees to health care consumers for viewing, downloading, and transmitting their health information, among other things. The Board anticipates finalizing draft consumer access policies in November.

Round four telehealth grantees, MedPeds and Gilchrist Greater Living (Gilchrist), began the implementation planning phase for their projects. The projects aim to assess the impact of telehealth in primary care settings in support of value-based care delivery. MedPeds, a family medicine practice, is providing 24/7 access to physicians with chronically-ill patients through a mobile application. Gilchrist, a geriatric primary care

practice, is providing care management to homebound patients using remote patient monitoring (RPM). Staff is providing guidance to grantees on project milestones and key deliverables.

Staff is providing support to the round two and three telehealth grantees as they continue to implement their telehealth technology projects. Round two projects aim to reduce hospital readmissions and emergency department visits for patients with chronic conditions though the use of RPM. Round two grantees will submit a report of their projects' lessons learned and outcomes in November. Round three projects aim to increase access to care through the use of two-way video technology to connect patients with specialty providers, and improve patient self-care by integrating RPM with an EHR to support care management. Round three will continue through May 2017.

The *Announcement for Grant Application: Telehealth Technology Project – Round Five* was released during the month. Round five project awardees are required to demonstrate the impact of using telehealth to increase access to primary care and behavioral health care in the eastern shore counties. The funding announcement is for a total of $100,000 for one or more grants over an 18-month period. Applicants are required to submit a Letter of Intent; select applicants will be invited to submit a full application. Awards will be announced in November.

Staff completed MHCC-recertification of GE Healthcare and MedAssets, two Electronic Health Networks (EHNs). EHNs seeking MHCC certification are required to obtain national accreditation, which evaluates compliance with over 100 criteria related to privacy, security, and business practices. Approximately 36 certified EHNs operate in Maryland. Data analysis of payor Electronic Data Interchange (EDI) Progress Reports is underway. EDI Progress Reports include administrative transaction census level data by provider type. An information brief is targeted for release in January.

Staff finalized the draft report entitled, *Ensuring the Privacy and Security of Electronic Health Information: Keeping Pace with an Evolving HIE Landscape*. The report was developed in collaboration with stakeholders and highlights the need to amend the current definition of an HIE, which is established in law, due to the increase of HIE services being offered by health IT vendors. Only select HIEs are subject to the existing regulations, COMAR 10.25.18: *Health Information Exchanges: Privacy and Security of Protected Health Information*.

Innovative Care Delivery Division – Melanie Cavaliere Division Chief

Staff continues to develop strategies to help primary care practices transition to value-based care consistent with the Centers for Medicare & Medicaid Services (CMS) quality alignment initiatives under the practice transformation network (PTN). Earlier in the year, staff formed a collaborative with MedChi, The Maryland State Medical Society, and the Department of Family and Community Medicine at the University of Maryland School of Medicine to sub-contract with the New Jersey Innovations Institute who received a nearly $50M PTN award in 2015 from CMS.

The Primary Care Council (Council) was convened in July. CareFirst presented their Comprehensive Primary Care Plus initiative and CRISP reviewed their ambulatory connectivity strategy. The Council also discussed the impact of MACRA legislation on primary care. Participants on the Council include physicians, and representatives from the HSCRC and Department of Health and Mental Hygiene. The Council makes recommendations to MHCC on strategies focused on advancing primary care.

Managed Care Organizations issued fixed transformation payments for the final cycle to practices participating in the Maryland Multi-Payor Patient Centered Medical Home program (MMPP). Staff continues to collect data for the shared saving payments from Medicaid and commercial payors in the MMPP for performance year 2015. Quality and cost metrics are used to calculate shared saving payments for the practices. Staff is reviewing 2015 quality measure and care management data submitted by the practices.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

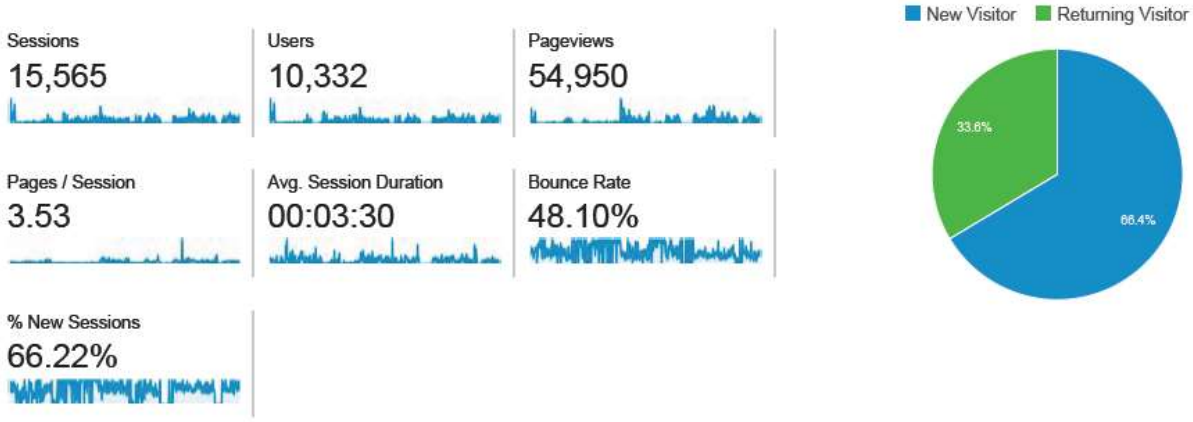
The Center staff have been working with The Leapfrog Group representatives to facilitate sharing of Patient Safety Indicator (PSI) data in support of their efforts to include Maryland hospitals in their Hospital Safety Scoring system. CMS has agreed to provide the PSI software to enable the calculation of PSI scores for Maryland Medicare patients only, which is comparable to the manner in which the scores are calculated by CMS nationwide. The staff is also working with CMS to obtain access to the most recent (10/1/14 – 9/30/15) HCAHPS and clinical measures data that was suppressed for Maryland hospitals in the July 2016 CMS data release. The Maryland hospital measures data was suppressed by CMS in light of data quality concerns related to their new 5-Star Hospital Rating initiative.

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. Pinnacle Communications is serving as the contractor for developing promotional materials, including print materials, a radio ad, and web-based advertisements. A YouTube video has been developed and posted to the MHCC Facebook page. The video can accessed using the following link: https://youtu.be/Hi4KBBuhpHQ

The next MHCQR update is scheduled for October 2016. Health plan data and measures will be the focus of this update.

The Hospital Performance Evaluation Guide (HPEG) Advisory Committee meeting was held on July 27, 2016. Staff provided a review of the July update to the committee and also discussed the promotional plan for the website.

The staff continues to monitor the traffic to the site using Google Analytics software. Since the new site was released 20 months ago, there have been over 10,000 users of the consumer site.



There were 1,330 sessions among 954 users for the month of August, which is a 55% increase in the number of users since June (615 users). While this appears to be a large increase, as a reminder we did lose one week of data in June due to a technical problem that occurred during the transition from test site to live site. However, the number of users in August is higher than seen in May with 758 users.

Hospital Quality Initiatives – Eileen Witherspoon

Health-care Acquired Infections (HAI) Data
The quarterly HAI Advisory Committee was held on July 27, 2016. Staff reviewed the July updates to the MHCQR website and updates to the promotion strategy. MHA led a discussion on ideas for improving the Hand Hygiene Initiative. DHMH discussed proposed antimicrobial stewardship programs requirement for CMS Conditions of Participation.

In response to a request from HSCRC, staff sent documentation to HSCRC staff explaining the decrease in CAUTIs and slight increase in CLABSIs seen in 2015 in acute care hospitals as well as highlighting the impact NHSN definition changes had on these infection categories.

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 and outcome report 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.

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 MHCQR consumer website in October 2015. In January, the conversion of remaining health plan quality measures was 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 and CAHPS surveys have been completed and the results are being processed for release next month in advance of the 2016 open enrollment period. 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 – Sherma Charlemagne-Badal

The annual Long Term Care employee vaccination survey for the 2015/2016 flu season has been completed for nursing homes and assisted living facilities. The survey results have been tabulated, and the new data has been added to the Consumer Guide to Long term Care.

The 2014 Long Term Care Survey (LTCS) data is in the final stages of being added to the Consumer Guide to Long term Care. The LTCS data will update facility profile, contact information, facility characteristics, and private pay daily rates for nursing homes.

The Minimum Data Set (MDS) data has been added to the Consumer Guide to Long term Care and updated information on resident characteristics in nursing homes.

Family Experience of Care facility and statewide reports are in the process of being added to the Consumer Guide to Long term Care.

Consumer Guide to Long Term Care feature story on health care worker (HCW) vaccination has been developed for posting to the website in October. The purpose of the feature is to emphasize the importance of the health care worker vaccination to the health of long-term care residents, to highlight the successes and challenges of the HCW vaccination initiative in Maryland, to appeal to consumers to get vaccinated, and to empower consumers to ask providers about HCW vaccination programs at their facilities.