# MARYLAND HEALTH CARE COMMISSION

## *UPDATE OF ACTIVITIES*

### November 2016

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> ## *EXECUTIVE DIRECTION*

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### *Rural Health Workgroup*

The workforce development advisory group met on October 21st and the economic development advisory group met on October 28th. The full workgroup met on November 1st and heard presentations from the University of Maryland School of Public Health, Shore Regional Health, Anne Arundel Medical Center, and Peninsula Regional Medical Center. All four advisory groups reported on their progress. The advisory groups will continue to meet with the goals of producing recommendations to the workgroup prior to or during the legislative session. The next fill workgroup meeting will be on January 9th at Washington College in Chestertown, MD.

### *Maryland Trauma Physician Services Fund*

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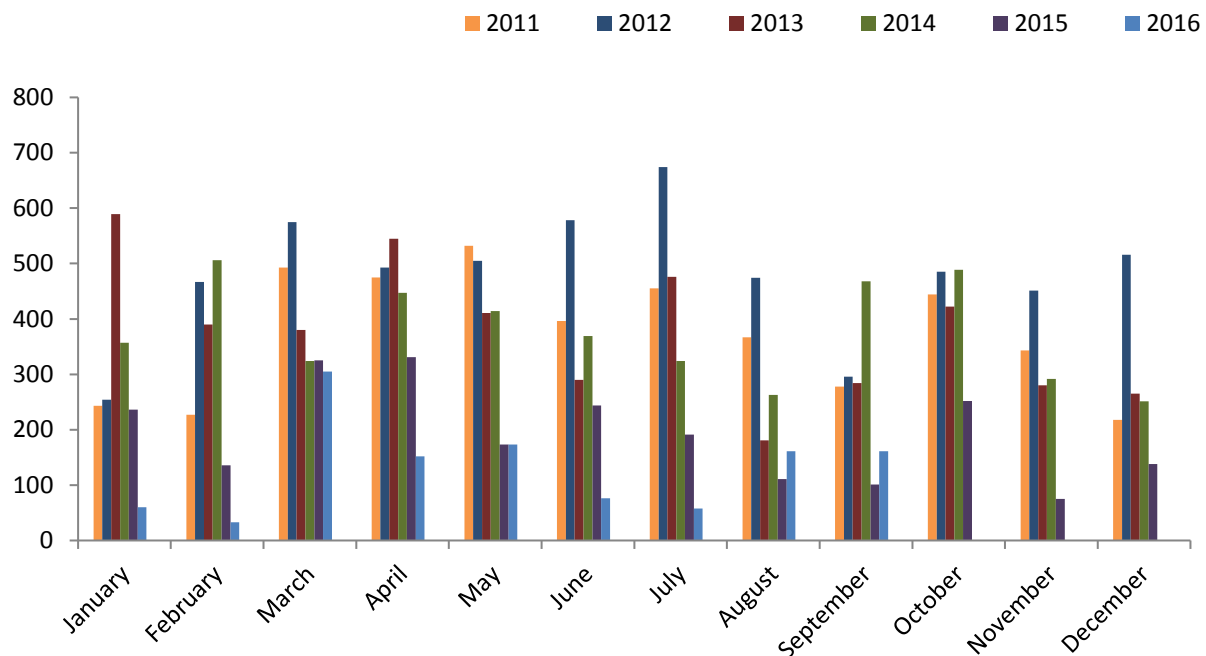


**Uncompensated Care Processing**
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount **$160,994** for the month of September. The monthly payments for uncompensated care from January 2011 through September 2016 are shown above in Figure 1. The 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.

*Cost and Quality Analysis – Kenneth Yeates-Trotman*

**2017 MCDB Submission Manual**

Staff reviews the MCDB submission manual annually to update file specifications, if needed.  Three important changes are being made this year: (1) Update to submission timeline and enforcement of fines;  (2) Added instructions related to payors that participate in the sale of ACA compliant health insurance products on or off the Maryland Health Benefit Exchange, that membership and allowed claims data in the MCDB must be consistent with the membership and allowed claims data submitted by the payor's Actuarial Pricing/Rating department to the Maryland Insurance Administration (MIA) via Actuarial Memorandums and rate filings.  This change will reduce delays due to resubmissions resulting from MCDB data inconsistencies with data from the MIA. Currently, data reconciliation between the MCDB and the MIA is done in addition to the data quality checks done by Social & Scientific Systems (SSS); and (3) Addition of fields "*Allowed Amount*" for Pharmacy and Dental and "*Amount Paid by Other Insurance*" for Professional, Pharmacy, and Dental MCDB data files.  Currently, only the Institutional services file has the "*Amount Paid by Other Insurance*" field.  Staff will present the manual for approval at the Commission Meeting on November 17, 2016.

**MCDB Data Submission and File Status**

The 2015 MCDB data is further delayed due to data quality issues from one of our largest payors.  Q1-2016 MCDB data is further delayed as well due to data quality issues by one of our largest payors. As a result, 2015 MCDB data expected to be available by December 15, 2016.  These delays affects MCDB data deliverables to the MIA as well.

**2017 HMO Payments to Non-Participating Providers**

Maryland Health-General Article, §19-710.1 specifies a methodology to calculate minimum payment rates that Health Maintenance Organizations (HMOs) must pay to non-contracting (non-trauma) providers that provide a covered evaluation and management (E&M) service to an HMO patient.  MHCC is required to annually update these minimum payment rates, which are published by the MIA.   As specified in the law, E&M services as defined by the Centers for Medicare and Medicaid Services (CMS) in the Berenson-Eggers Type of Services (BETOS) terminology are calculated from the CMS Medicare Physician Fee Schedule that applied in August of 2008 adjusted by the cumulative Medicare Economic Index (MEI) prior to the start of each new calendar year.  MHCC and MIA have agreed to modify the methodology in the event that there is a new E&M services code included in the BETOS E&M categories.  Fee levels for new codes are based on the current Medicare Physician Fee Schedule for the geographic region and inflated using the MEI in subsequent years.  Staff has updated these payment rates in accordance with the law.  These rates will be published on the MIA website and disseminated to Maryland HMO's in November 2016.

**Update on MCDB Data Warehouse (DW) and Extract Transform Load (ETL) Development**

DW loads: SSS has completed 2015 Pre-ERISA data (as it becomes available) loading into the data the DW from the Operational Data Store (ODS) except claims versioning (CV).  Pre-ERISA value added fields are also completed.  In the next two weeks SSS will load 2015 Pre-ERISA computed CV values and Post-ERISA data into the DW. Computation as well as testing of the basic edit variables will take place as well during the same timeframe.

MIA Extract: Once one of our largest payor's 2015 and 1Q-2016 data quality issues has been addressed by the payor, the MIA extract would be available 2 weeks after data re-submission for 2015. We are anticipating a ready date of December 15, 2016.

HSCRC Extract: HSCRC yearly extract for 2015 will be contingent on one of our largest payor's data re-submission.

Provider Directory and Patient Attribution:  SSS has started construction (analysis) on the Provider Directory with an estimated delivery date of 2/28/2017.  Data from the MCDB provider directory file provided by payors, National Plan and Provider Enumeration (NPPES) file, and the Maryland Board of Physicians will be used to construct the directory.  The directory will be used to improve analyses of health care claims data in the MCDB. The directory will also be a reference document that describes the way health care organizations (federal tax-IDs, billing NPIs) are related to each other and to individual clinicians (individual NPIs). It will also include the geographic locations of provider practice locations to help us better determine the location in which a service was rendered by a provider (e.g. physician).  Patient Attribution models (HealthPartners TCoC w/ NRHI, and model used for MHCC's PCMH) showed similar and consistent results compared to Total Cost of Care (TCoC) benchmark results in the number of patients attributed to providers.  Next step is to perform one more test of the models using federal tax-ID, billing provider NPI, and service provider NPI. After that, the model with the best results will be chosen.

### *Database Development and Applications – Leslie LaBrecque*

The Programming staff performed the following: Coordinated with the health licensing Boards to get sample databases for each of their web applications, installed the databases locally, and worked with the Boards to get login credentials for our programming staff;  setting up and testing the Board of Acupuncture, the Long Term Care Survey, Hospice Survey and Continuing Care Retirement Community (CCRC) web applications locally; provided technical support with hospital outpatient data and the primary service area program for the CON staff; worked with the DC hospital Association to get a replacement 2015 DC inpatient file because of missing procedure codes in the last quarter; created a modified data dictionary for the DC inpatient file to reflect the columns we actually release; contacted DC inpatient requestors to inform them of the replacement data; assisted the Health IT staff with map creation and address geocoding for Primary Care Physician (PCP) Offices; assisted CON staff with ARC Map tables; downloaded finalized hospital inpatient and outpatient FY16 files and documentation from HSCRC and created a de-sensitized version for the hospital guide contractor; assisted the Health IT staff with changes to the telehealth, EHN, HIE, and mHealth pages; assisted the Cost and Quality staff with changes to the APCD and DC Hospital data release pages; assisted CON staff with new web pages and large document uploads; attended an AHRQ quality indicators update webinar; moved the PCMH website info over to the MHCC website; fixed an issue with some web pages not displaying properly in IE; bringing the Long Term Care Guide up to date with an adult day care profile update, Medicaid LTC & Waiver text changes, and nursing home staffing measures and health & fire safety data updates; assisted the HSCRC with getting the 2013/2014 MCDB standard extract;  answered questions from several potential external requestors of the APCD release; submitted a 2nd draft of the umbrella DUA to Hopkins; assisted the University of Maryland School of Pharmacy with completion of the DUA needed for PCMH calculations; finalized all DUA amendments with Medicaid for APCD and Medicare file access; finalized the first version of the provider pricing compare dashboard; worked with Tableau engineering support and with our web hoster to resolve Tableau publishing errors caused by the proxy header; provided technical language support for the Minimum Data Set RFP.

*Internet Activities*

Data from Google Analytics for the month of October 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 October 2016 was 18,036 and of these, there were 54.95% new sessions.  The average time on the site was 1:41 minutes.  Bounce rate of 72.83 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 October were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

*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 in the data warehouse 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 health care spending in Maryland by geographic location (zip code) – both dashboards are posted on the MHCC website. Based on comments received, staff will develop a refined version of each dashboard. 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. Currently, this web application is being reviewed by several sister agencies, given the sensitivity of reporting the average price a physician receives for a service, volume of services, and total reimbursement. 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 the use of their Prometheus episode of care bundling software. MHCC is developing a public portal to display health care prices for entire episodes of care, such as hip replacement, that will permit anyone to review costs and compare providers by cost and quality measures. HCI3, SSS, and Wowza, (a subcontractor to SSS) are working together on the development of this public portal. Version 2 of a prototype of the website was presented to a number of Commissioners and patient advocates to get reaction to and feedback on the content, design, and display of the prototype. Staff will continue working with HCI3 and Commissioners to finalize the list of episodes that will appear on the website. Finally, grant funds will allow for the procurement of a photographer as part of this website development project. 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 and scenarios for each doctor/patient vignette, and an accompanying slide deck with scripts to assist the physicians who agreed to do the voice-over narration for these slides. Grant funds allowed for the procurement of a video production company to produce up to four doctor/patient vignettes, two of which will be filmed in Maryland and will feature local physicians. This project is expected to be completed by February 2017, and the CME course will be available online for physicians for one year.

CMS/CCIIO awarded MHCC a 12-month No Cost Extension (NCE) to these grants, (through September 2017), which will allow each project under the grants to be successfully completed.

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***CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT***

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### *Acute Care Policy and Planning - Eileen Fleck*

**State Health Plan: COMAR 10.24.19, Freestanding Medical Facilities**
MHCC staff developed a revised draft State Health Plan (SHP) chapter for freestanding medical facilities (FMFs) to address feedback from the Department of Legislative Services and the formal comments received on the SHP chapter for FMFs that the Commission adopted as proposed permanent regulations in July 2016. Staff provided an update on the development of the SHP chapter for FMFs to the Senate Finance Committee on October 26, 2016. Staff also met with representatives of the Maryland Hospital Association,

the University of Maryland Medical System, the Health Services Cost Review Commission, the Office of Health Care Quality, and the Maryland Institute for Emergency Medical Services and Systems to discuss concerns raised about the proposed SHP chapter for FMFs.   Staff plans to return to the Commission with this revised draft and seek approval of this revised draft as proposed permanent regulations in November.

**State Health Plan: COMAR 10.24.17, Cardiac Surgery and PCI Services**
MHCC staff continued to work on finalizing the application for a Certificate of Ongoing Performance for percutaneous coronary intervention (PCI) services.  MHCC staff also discussed the application submission process for cardiac surgery programs with members of the Maryland Cardiac Surgery Quality Initiative.

**Rural Health Study**
Staff provided support for a work group meeting held on November 1, 2016.  Staff also drafted and revised the meeting summary for the work group meeting held on October 18, 2016.

**Other**
Staff has been working on a White Paper regarding psychiatric services in preparation for an update to the State Health Plan chapter for psychiatric services.  Staff also completed draft MSGA and pediatric bed need projections that will be reviewed further internally before publishing.

An Ambulatory Surgery Work Group has been formed to assist in consideration of amendments to COMAR 10.24.11, the State Health Plan chapter for General Surgical Services.  It is anticipated that this group will convene for the first time in early December.

### *Long Term Care Policy and Planning – Linda Cole*

**Hospice Data Collection**
In planning for the FY 2016 Maryland Hospice Survey, the Hospice Network expressed an interest in reviewing and modifying some questions.  A survey monkey has been sent out to schedule a meeting between MHCC staff and selected hospice providers to review survey questions.

**MDS RFP**
The Minimum Data Set (MDS) is a federally mandated data instrument 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.  Staff issued a Request for Proposal (RFP) to secure a vendor to do this work earlier this year. Responses were received in September from three organizations: Hilltop (UMBC), Myers and Stauffer, and Telligen. A review committee was established to evaluate the proposals, follow-up questions were sent to bidders, and references were checked for both organizations and individual staff. Bidders were also asked to present a Best and Final Offer after financial proposals were reviewed. Since one bidder recommended a different approach for storing and accessing data, all bidders were given an opportunity to respond to that approach in a second follow-up. Staff is in the process of reviewing responses to the questions posed to bidders.

**Expanding Opportunities for Delivery of Quality Home Health Agency (HHA) Services in Maryland**
Draft quality measures and required performance levels for the 2017 CON review of HHA projects were presented to the Commission at its October 20, 2016 meeting.  Following discussion on issues related to hospital CAHPS summary star rating, innovative delivery models, and obtaining comments from the public, the Commission approved the draft measures and performance levels.  The regional configuration of the 15 qualifying jurisdictions to be used for the upcoming review cycle of HHA CONs was also presented.  Staff is

working on drafting a document as a guideline for those interested in expanding or establishing HHA services in Maryland, which will describe the types of applicants which may apply as well as qualifications for accepting a CON application. This guideline will be posted on the Commission's CON webpage. Staff will also provide a brief update on HCAHPS summary star ratings for Maryland in comparison to that of the nation at the November Commission meeting.

**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.

**Long Term Care Survey**
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*

**CON's Approved**

Prince George's Hospital Center and Mt. Washington Pediatric Hospital (Prince George's County) – Docket No. 13-16-2351
Relocation of a general hospital and a specialty hospital-pediatric from Cheverly to a site in Largo. The 205-bed replacement general hospital will be called the Prince George's Regional Medical Center and will lease space for operation of a 15-bed specialty hospital for pediatric services.
Approved Cost: $543,000,000

Northampton Manor – (Frederick County) – Docket No. 16-10-2377
Addition of 66 comprehensive care facility (CCF) beds and modernization of the existing 196-bed CCF through a combination of new construction and renovation.
Approved Cost: $10,195,736

**CON Letters of Intent**

Bayada Home Health Care, Inc. – (Baltimore City)
Establish a general hospice care program in Baltimore City

Caring Hospice Services – (Baltimore City)
Establish a general hospice care program in Baltimore City

Carroll Hospice – (Baltimore City)
Expansion of a general hospice care program into Baltimore City

P-B Health – (Baltimore City)
Establish a general hospice care program in Baltimore City

**Pre-Application Conference**

Baltimore City Hospice Review
- Bayada Home Health Care, Inc. – (Baltimore City)
- Caring Hospice Services – (Baltimore City)
- Carroll Hospice – (Baltimore City)
- P-B Health – (Baltimore City)

**CON Applications Filed**

Amedisys Hospice of Greater Chesapeake – (Prince George's County) – Matter No. 16-16-2382

Establish a general hospice program in Prince George's County

Bayada Hospice – (Prince George's County) – Matter No. 16-16-2383
Establish a general hospice program in Prince George's County

Montgomery Hospice – (Prince George's County) – Matter No. 16-16-2384
Expand an existing general hospice program into Prince George's County

P-B Health – (Prince George's County) – Matter No. 16-16-2385
Establish a general hospice program in Prince George's County

Doctor's Community Hospital – (Prince George's County) – Matter No. 16-16-2386
Introduce adult acute psychiatric hospital services by creating a 16-bed unit in renovated building space at a former CCF located on the hospital campus

**Determinations of Coverage**

- **Ambulatory Surgery Centers**

Ambulatory Surgery Center for Pelvic Neuro Sciences, LLC – (Baltimore County)
Establish a physician outpatient surgery center (POSC) with one non-sterile procedure room to be located at 1447 York Road, Suite 406, in Lutherville

Lakeview Surgery Center, LLC – (Prince George's County)
Establish a POSC with one sterile operating room to be located at 17001 Science Drive, Suite 114, in Bowie

Dialysis Access Services, LLC – (Baltimore County)
Establish a POSC with two non-sterile procedure rooms to be located at 1589 Sulphur Spring Road, in Baltimore

Dialysis Access Services, LLC – (Baltimore County)
Establish a POSC with two non-sterile procedure rooms to be located at 2405 York Road, Suite 100, in Timonium

Abingdon Surgical Center – (Harford County)
Establish a POSC with one non-sterile procedure room to be located at 3401 Box Hill Corporate Center Drive, Suite 204, in Abingdon

Choice Pain Surgery Center, LLC – (Montgomery County)
Establish a POSC with one non-sterile procedure room to be located at 18540 Office Park Drive, in Montgomery Village

- **Acquisition/Change of Ownership**

Summit Ambulatory Surgical Centers
Acquisition of a 30% ownership interest by CUA Opco, L.L.C. in 14 POSCs as follows

| | |
|---|---|
| 1838 Greene Tree Road, Suite 450<br>Baltimore, Maryland 21208 | 7625 Maple Lawn Boulevard, Suite 205<br>Fulton, Maryland 20759 |
| 3333 North Calvert Street, Suite 600<br>Baltimore, Maryland 21218 | 251 Lewis Lane, Suite 203<br>Havre de Grace, Maryland 21078 |
| 3407 Wilkens Avenue, Suite 200<br>Baltimore, Maryland 21229 | 21 Crossroads Drive, Suite 220<br>Owings Mills, Maryland 21117 |

5601 Loch Raven Boulevard, Suite 307
Baltimore, Maryland 21239

3801 International Drive, Suite 300
Silver Spring, Maryland 20906

6820 Hospital Drive, Suite 200
Baltimore, Maryland 21237

6535 North Charles Street, Suite 625
Towson, Maryland 21204

201 Plumtree Road, Suite 200
Bel Air, Maryland 21015

8322 Bellona Avenue, Suite 390
Towson, Maryland 21204

7704 Matapeake Business Drive
Brandywine, Maryland 20613

410 Malcolm Drive, Suite A
Westminster, Maryland 21157

CCF Acquisitions
Acquisition by a joint venture between Omega Healthcare Investors, Inc. and Lindsay Goldberg of the following 17 CCFs.

Bradford Oaks Center – (Prince George's County)
Purchase Price: $23,109,728

Catonsville Commons – (Baltimore County)
Purchase Price: $16,591,599

Chesapeake Woods Center – (Anne Arundel County)
Purchase Price: $14,517,650

Fairland Center – (Montgomery County)
Purchase Price: $11,653,623

Cromwell Center – (Baltimore County)
Purchase Price: $16,097,802

Hammonds Lane Center – (Anne Arundel County)

Purchase Price: $13,431,295

Homewood Center – (Baltimore City)
Purchase Price: $11,258,585

Loch Raven Center – (Baltimore County)
Purchase Price: $13,036,257

Glade Valley Center – (Frederick County)
Purchase Price: $17,579,195

Long Green Center – (Baltimore City)
Purchase Price: $15,702,764

Perring Parkway Center – (Baltimore County)
Purchase Price: $13,727,573

The Pines Center – (Talbot County)
Purchase Price: $22,912,209

Sligo Creek Center – (Montgomery County)

Purchase Price:  $12,147,421

Spa Creek Center – (Anne Arundel County)
Purchase Price:  $19,356,866

Ballenger Creek Center – (Frederick County)
Purchase Price:  $21,924,614

Waldorf Center – (Charles County)
Purchase Price:  $20,443,221

Waugh Chapel Center – (Anne Arundel County)
Purchase Price:  $22,319,652

- **Capital Projects**

ASC Development Company, LLC – (Harford County)
Expansion of the existing POSC located at 510 Upper Chesapeake Drive, Suite 415, in Bel Air.  No expansion of operating room or non-sterile procedure room capacity.
Estimated Cost:  $300,000

| CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY |
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### *Health Information Technology Division – Nikki Majewski, Division Chief*

Staff attended the joint meeting of the Office of the National Coordinator (ONC) for Health Information Technology's (Health IT) Policy and Standards Committees.  Participants discussed ONC's efforts to update the Model Privacy Notice (MPN) due to industry changes and growth in mobile devices that collect digital health information.  The MPN provides a snapshot of a company's existing privacy practices.

Section one, Identify, of the Cybersecurity Self-Assessment Tool (tool) is nearing completion and targeted for release in November.  The tool is aimed at helping small health care organizations identify potential risks and address gaps in their cybersecurity policies.  The tool is scheduled to be released in sections over the next five months.  Each section addresses one of the five functions of the National Institute for Standards and Technology Cybersecurity Framework:  Identify, Protect, Detect, Respond, and Recover.

Drafting of the annual acute care hospital health IT report continued during the month.  The report provides an update on hospitals diffusion of health IT.  The 2016 report will include information on hospital implementation of mobile applications.  A notable finding is that all hospitals have implemented a patient portal, and approximately 73 percent of make the portal available to patients via a mobile application.  The report is targeted for release in December.

Staff released an information brief from an environmental scan (scan) that identified benefits, challenges, and financing opportunities for an image sharing repository managed by the State-Designated health information exchange (HIE), CRISP.  CRISP launched an image exchange pilot with several hospitals during the spring of 2015, in collaboration with MHCC.  In general, stakeholders would like more information on the long-term benefits and investment costs before committing to support a CRISP image sharing repository.

In collaboration with the Department of Health and Mental Hygiene (DHMH), staff convened an advance directives workgroup kick-off meeting to discuss implementing House Bill 1385, *Procedures, Information Sheet, and Use of Electronic Advance Directives*.  Sub-groups will meet over the next 120 days to identify criteria for vendors seeking MHCC recognition to connect to the State-Designated HIE, and identify policies concerning witness requirements, among other things.

An evaluation panel is assessing the responses to the *Announcement for Grant Applications:  Improving Patient Outcomes using mHealth Technology*.  The evaluation panel consists of DHMH, stakeholders, and staff.  Over the next month, leading applicants will be invited to present on their use case.  One or more applicants will be awarded up to $100,000 over an 18-month period to assess how mHealth can promote consumer engagement and improve health outcomes.  An award announcement is anticipated in December.

### *Health Information Exchange Division – Angela Evatt, Division Chief*

The annual financial audit of CRISP concluded during the month.  Independent third party auditors, CliftonLarsonAllen LLP, audited the CRISP financial statements, which included a review of their compliance with certain provisions in law, regulations, contracts, and federal grant agreements.  Staff is currently reviewing CRISP draft cybersecurity, disaster recovery, and business continuity plans.  Staff continues to assist CRISP in the evaluation of vendor responses for a Medicare data system and provider analytics platform.

Staff convened a virtual meeting of the HIE Policy Board (Board), a staff advisory group, to finalize the draft HIE consumer access policies.  The policies broaden consumer access to their electronic health information exchanged through an HIE.  Staff is taking into consideration the draft policies for amending COMAR

10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information.* Proposed amendments are expected to be released in November for informal public comment.

Staff continues to provide support to round two grantees as they assess the findings from their 18-month projects, which conclude on November 30, 2016. The grantees (Crisfield Clinic in Somerset County, Union Hospital in Cecil County (UHCC), and Lorien Health Systems in Baltimore and Harford Counties) used remote patient monitoring (RPM) technology with patients that have chronic health conditions to reduce hospital readmissions and emergency room visits. A combined report from the grantees use case is targeted for release during the first quarter of 2017.

Staff provided support to round three telehealth grantees in advancing their use case, which is aimed at increasing access to care, reducing wait times, and improving patient self-care through RPM. Staff completed field work with the Associated Black Charities that is using mobile tablets to facilitate video consultations between community health workers and patients with nurses at Choptank Community Health. Gerald Family Care is offering patients video consultations with specialists at Dimensions. UHCC is providing patient education using mobile tablets as they manage patients with chronic conditions that are discharged from the hospital. Round three will continue through May 2017.

Support activities continue for round four telehealth grantees as they implement their use case aimed at using telehealth technology to support value-based care delivery in primary care settings. Staff completed field work with MedPeds, a family medicine practice that is enhancing consumer engagement with chronically-ill patients through use of a mobile applications. Gilchrist Greater Living, a geriatric primary care practice, is providing care management to homebound patients using RPM. Round four grants continue through November 2017.

An evaluation panel is reviewing applications received in response to the *Announcement for Grant Applications: Telehealth Technology Pilot – Round Five.* The evaluation panel consists of DHMH, stakeholders, and staff. Over the next month, leading applicants will be invited to present on their use case. One or more applicants will be awarded up to $100,000 over 18-months to use telehealth to increase access to primary and behavioral health care services in eastern shore counties. Award(s) are anticipated to be announced in December.

During the month, staff recertified two electronic health networks (EHN): Allscripts and Instamed. Staff continued developing a cybersecurity preparedness assessment guide that will be used when reviewing MHCC-certified EHN audit reports. Approximately 35 EHNs have achieved MHCC certification.

### *Innovative Care Delivery Division – Melanie Cavaliere, Division Chief*

Staff continues to advance Practice Transformation Network (PTN) activities aimed at helping practices meet the requirements included in the Centers for Medicare & Medicaid Services (CMS) new Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule. The PTN is a collaborative formed by staff, MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative. The work is funded by the New Jersey Innovations Institute who received a $50M PTN award from CMS in 2015 to implement select practice transformation activities.

Development activities are underway for an initiative aimed at advancing MACRA awareness for providers statewide. The initiative will foster provider awareness about the CMS Merit-Based Incentive Payment System and Alternative Payment Models. Several activities are anticipated to begin during the first quarter of 2017. Support to the Health Care Cost Review Commission (HSCRC) and DHMH continues as it pertains to developing a statewide approach for a primary care model, which will be included in HSCRC's amendment to CMS due on December 31, 2016.

### *Center for Quality Measurement and Reporting*

Claims-based data for Maryland hospitals were suppressed as part of the October Hospital Compare update (1/1/2015 through 12/31/2015). This data had also been suppressed for the July update in light of data quality concerns related to the 5-star Hospital Ratings initiative. Staff will be working with CMS to access this data.

**The Maryland Health Care Quality Reports website**
The staff continues to focus 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 and health related content designed to engage consumers are posted on an ongoing basis. The video and posts can be accessed using the following link: https://youtu.be/Hi4KBBuhpHQ.  Pinnacle is also refining text, keywords, and visuals for Facebook and Google ads.

The staff continues to monitor the traffic to the site using Google Analytics software.  Since the new site was released in December 2014, there have been nearly 14,000 users of the consumer site.
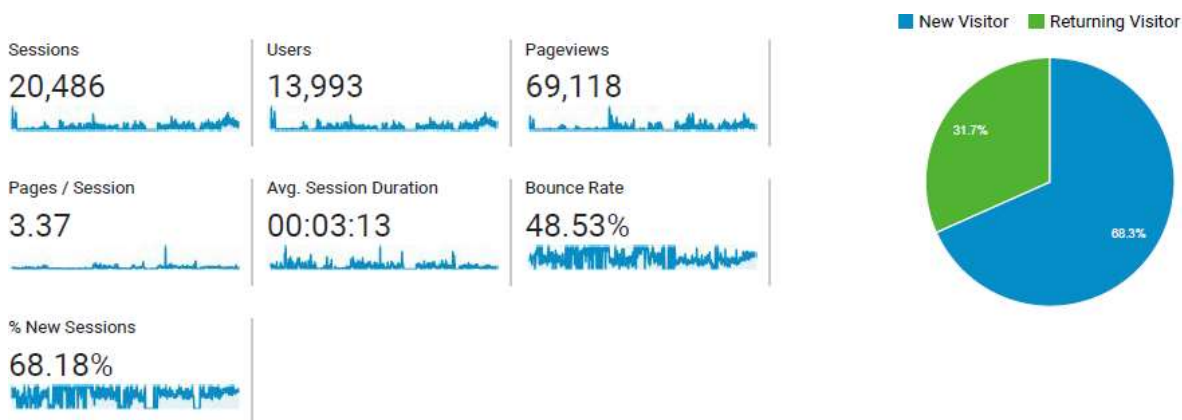


In October 2016 there were almost 2,500 sessions among 1,971 users, an increase from 2,000 sessions and 1,492 users in August 2016.



### *Hospital Quality Initiatives – Vacant*

**Health-care Acquired Infections (HAI) Data**
Starting soon, CDC will be using data reported to National Healthcare Safety Network (NHSN) for calendar year 2015 as a new baseline for the standardized infection ratios (SIRs), which includes updating the risk

models for HAIs. The new baselines will become available in December 2016. Staff continue to research and prepare for the change, as well as identify potential implications this may have on public reporting.

The next quarterly HAI Advisory Committee is scheduled for January 25, 2017 and will cover updates to the CDC NHSN rebaseline.

**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 are underway for 2Q2016.

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 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. The staff continues to work with hospital representatives to facilitate full representation of Maryland hospitals on the ACC website.

## *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, CAHPS and RELICC measures have been fully integrated into the new MHCQR consumer website. The kick-off meeting for the 2017 Health Plan audit and survey requirements is scheduled for November 30, 2016.

The staff is developing more cost effective strategies for fulfilling our state mandate to report on the performance and quality of commercial health benefit plans operating in Maryland. These strategies will be discussed with the industry during our November 30th kick-off meeting. .

## *The Long Term Care Initiative – Sherma Charlemagne-Badal*

**Nursing Home Updates**
The Consumer Guide to Long Term Care (LTC guide) continues to be updated. Specifically, the *nursing home staffing data* which makes use of CMS' nursing home compare data and OHCQ's pay for performance data. The data has been sourced, formatted, and associated descriptions updated before posting to the LTC guide. Of note are updates to data descriptions on the LTC guide which were in need of updates to match changes to CMS' staffing calculations which as of August 1, 2016, makes use of case-mix adjusted values where reported values were once used. Updates to measure names and descriptions were also conducted.

Cycle three Nursing Home *health and fire safety/deficiency reports* have been added to the LTC guide. The health and fire safety/deficiency reports on the guide now reflect nursing home deficiency data for 5 years instead of 4. Consumers now have more data with which to make informed health care choices.

2016 Nursing Home Family Experience of Care Survey methodological and analytic reports were reviewed to identify survey gaps and determine administration frequency. The staff intends to move to a biennial administration of the survey, therefore, plans are underway to suspend 2017 administration.

A review of Nursing Home Consumer Assessment of Healthcare Providers and Systems (NHCAHPS) survey is underway as a potential replacement to the MHCC Family Experience of Care Survey. A move toward the use of NHCAHPS would allow access to important quality data not currently collected by MHCC (e.g. resident sense of security), and would coincide with CMS' aims under the IMPACT Act to standardize patient assessment to allow for improved quality comparison.

We continue to inform consumers of available resources and policy changes through the MHCC Facebook page and twitter account. This month, consumers received abbreviated information and links to four new AHRQ toolkits which are part of the Nursing Home Antimicrobial Stewardship Guide, intended to assist nursing homes with improved use of antibiotics aimed at reducing antibiotic resistant bacteria. Consumers were also pointed to new conversations in the field on elder care leave and family-centered approaches to care as a means of supporting caregivers who make valuable contributions to our healthcare system.

**Home Health Updates**
Updates to home health facility *profile data (facility contact information, ownership type, Medicare participation, services provided, jurisdictions served, languages supported) and branch offices* data has commenced. Updates to CMS' *quality measures* (OASIS) and *patient satisfaction measures* (HHCAHPS) are fairly recent and will be updated once more outdated measures have been attended to.

**Assisted Living Updates**
A request for access database files has been sent to and acknowledged by OHCQ. The files are needed to provide updated links on the LTC guide to *deficiency reports* housed on OHCQ servers for each assisted living facility. While this request is being processed, we continue to liaise with OHCQ staff to resolve challenges with consumer access to existing reports.

**Adult Day Care Updates**
Long Term Care Survey (LTCS) data has been formatted and will be used to update *facility profile information, contact information*, and *other information* for adult day care facilities.

**General Long Term Care Guide Updates**
A plan is being developed to guide the updating of descriptive information contained on the LTC Guide. The process will involve reviewing, fact-checking, adding or removing content as necessary, and linking to external sources as appropriate.