MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

March 2017

EXECUTIVE DIRECTION

Rural Health Workgroup – Erin Dorrien

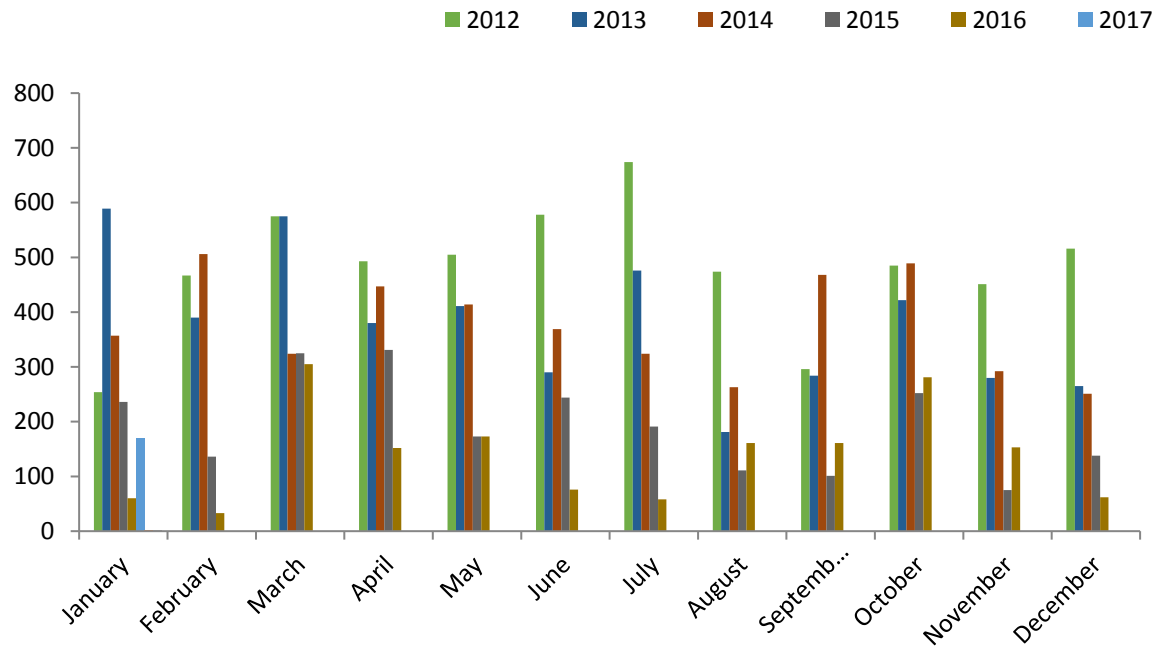
The next meeting of the Workgroup is Monday, March 27th in room 150 of the House Office Building in Annapolis.

The University of Maryland School of Public Health/Walsh Center for Rural Analysis at NORC team are fully engaged in the background research, focus groups, and key informant interviews for the Rural Health Study. The team has been granted access to Medicare, Medicaid, and private APCD claims data. The research team has held focus groups in several jurisdictions to gather local residents' opinions about the current delivery system and options for the future. The research team will present its preliminary findings at the March 27th meeting.

The Economic Development, Transportation, and Vulnerable Populations Advisory Groups met in March and the Workforce Development Advisory Group will meet on Friday, March 24th. The Advisory Groups are developing recommendations that will be brought back to the Workgroup for further study.

Maryland Trauma Physician Services Fund – Karen Rezabek

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2011-2017



Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of **$169,692** for the month of January. The monthly payments for uncompensated care from January 2012 through January 2017 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 have increased to 105% percent of the Medicare Fee Schedule for claims dated on or after July 1, 2016.

On Call Stipends
Requests for payment of the Level II and Level III trauma centers' and specialty trauma centers' On Call stipends have been made by Commission staff.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Data Submission Status, Payor Compliance, and Technical Support
The 2015 MCDB data will be available on March 31, 2017. The March release of the MCDB will not include self-insured non-ERISA data from one of our large payors. This payor is scheduled to provide the data during the week of 3/20/2017 to 3/24/2017. Pending validation checks, the MCDB will be updated with this self-funded non-ERISA data by 4/15/2017. The Maryland Insurance Administration (MIA) is scheduled to have limited access (Individual and Small Group markets only) for selected payors to the MCDB on 3/15/2017. The MIA will have access to the 2015 data for all payors after HSCSC's data access. HSCRC is scheduled to be the first to have full access to the 2015 data on 3/31/2017 in support of the agency's Total Cost of Care reporting and global budget model monitoring. All other use case data accesses will follow after HSCSC's access. Medicaid data for years 2011 to 2014 is now available in the same format (same variable/field names) as the MCDB. We expect the 2015 Medicaid data from the Hilltop Institute by the end of this week (3/17/2017). Medicare 2014 data is now available as well. MHCC is currently awaiting the 2015 data from CMS. Staff also applied for Medicare Part D data for the first time and are awaiting feedback from CMS.

Gobeille v. Liberty Mutual and Impacts on MCDB – Common Data Layout (CDL) Update
Staff in collaboration with the National Association of Health Data Organizations (NAHDO), APCD Council, and other APCD states (workshop) is currently reviewing the near-Final draft of the CDL for clerical and/or technical errors. No changes to the CDL's content (e.g. adding or deleting data elements) will be made to this first version of the CDL. Any suggestions for changes in content will be considered in the future for version 2.0 of the layout. Staff and the workshop are also reviewing an early version of the CDL's front matter which consists of seven sections. (i) Definitions (e.g. subscriber, member, provider, etc.), (ii) APCD Registration (e.g. filing responsibility), (iii) When Should Data Suppliers Submit Data (e.g. filing periods, insurer termination period, file testing recommendations, etc.), (iv) What Data Needs to be Submitted (e.g. general data submission requirements, claims data required, codes, pharmacy claims file exclusions, etc.), (v) Specific Data Submission Requirements (e.g. header and trailer records, and files eligibility, medical claims, pharmacy claims , dental claims, provider, etc.), (vi) Rejection of Files and

Resubmissions (e.g. notification / data submission status, rejection of files, resubmissions, replacement of historical data files), (vii) File Format (e.g. required fields, subscriber and member identification data elements). After reviewing, the workshop including MHCC staff will provide the CDL and its front matter to payors for their feedback.

The Department of Labor (DOL) has not responded to comments on the Department's Notice of Proposed (Docket # EBSA-2016-0010; RIN 1210-AB63) Rulemaking Affecting APCDs submitted to the DOL last fall by MHCC and the National Academy for State Health Policy (NASHP) on behalf of APCD states.

Database Development and Applications – Leslie LaBrecque

Data Processing/Tech Support: worked on data request for inpatient and outpatient elective joint procedures by payer and hospital; assisted the HIT staff with the Board of Physician's database processing; assisted MHCC staff with Trauma data processing, SAS training, and mapping; developing process to streamline CathPCI data processing; provided network support with user logins and SAS installation; assisted long term care staff with Minimum Data Set (MDS) contractor meetings and processing of the MDS; processed the hospital discharge 2017 quarter 4 inpatient data; assisted network staff with testing VPN setup for a contractor and with SAS desktop installations; upgraded the tableau server, configured new user accounts, and assisted staff with tableau desktop installation;
Data Release – resolved all items needed from the University of Maryland, Rural Health project for them to complete all items for the Data Use Agreement (DUA) for Medicare access; went through a couple more iterations with Johns Hopkins University on the umbrella DUA before we were able to finally execute it; worked on updates to the District of Columbia hospital release DUA template and sent it out to current requestors to update; documented the process for review and approval of DC DUAs and went over it with internal staff who will help with processing these DUAs; the data release committee met and discussed potential changes to regulations in order to ease the restrictions on use of external institutional review boards, and also reviewed and provided feedback on the University of Massachusetts APCD data request application; corresponded with George Mason University on issues pertaining to their APCD request;
MHCC Website - continuing to train administrative staff on page archival and Commissioner meeting and biography updates; assisted HIT staff with telemedicine, MSO, and Health IT legislative reports updates and formatting; assisted staff with updating announcements, presentations, contacts and meetings; transferred the 2010-2012 Commission meeting archive to the website.

Health Facility and Licensing Board Web Survey Applications

Ambulatory Surgery Facility Survey – worked with the Health Facility staff to decide what to release for the survey this year and in the future; programming staff installed and configured this year's survey in preparation for staff testing;
Assisted Living Facility Survey –examined discrepancies between the Office of Health Care Quality's facility survey report database and the Long Term Care Guide;
Home Health Survey – working with Long Term Care staff to implement design changes and new functionality for quality measures and patient satisfaction; completed a home health agency profile update after resolving facility ID mapping issues caused by a mismatch between CMS and the Long Term Care Survey data collection;
Board of Psychologists – resolved date issues on the licensing application;
Board of Chiropractors – completed development updates for the license renewal application.
Hospice Survey – completed development updates for the 2016 Hospice facility survey and began testing and getting feedback from internal staff.

MHCC Main Web Site Activities

Data from Google Analytics for the month of February 2017

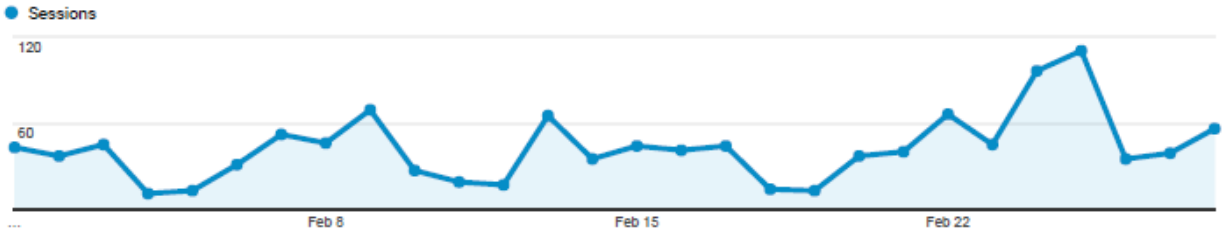
- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

There were about 18,003 session on the MHCC website for the month of February 2017 was 18,003 and of these, there were 52.9 % new sessions. The average time on the site was 1:76 minutes. Bounce rate of 72.37 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.

As has been noted in the past, the highest referral source was from the mhcc.maryland.gov, meaning visitors land on the home page first. Other government agencies include dhmh.maryland.gov, hscrc.state.md.us. Among the most common search keywords in February were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Maryland Health Care Quality Reports (MHCQR) Web Site

In February 2017, the MHCQR site had 884 users and 3,570 page views. This is an increase from February 2016 (575 users and 2,289 page views.)



Special Projects – Janet Ennis

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

Staff completed the first draft of a pricing transparency dashboard that will display procedure-level health care prices paid by commercial insurance and Medicare (including the average patient payment), searchable by procedure, clinician, specialty, and geographic location. The dashboard will include reporting on the average price a physician receives for a service, volume of services, and total reimbursement. Measures on the dashboard will be evaluated to determine the relevancy and appropriateness in reference to the requirement of the dashboard. Once this review is complete, the dashboard will be deployed on the MHCC website. A small procurement with Cyquent, Inc., from Rockville, MD supports the development and refinement of this and other dashboards using Tableau software, which was also procured using grant funds.

In collaboration with our PMO; our Total Cost of Care (TCoC) Mentor (the St. Louis Business Health Coalition); and an advisory group of primary care physicians and orthopedists, staff developed 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 teams in Maryland and St. Louis 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 and appear in the CME video. Grant funds allowed for the procurement of a video production company to produce up to four doctor/patient vignettes, two of which were filmed in Maryland and feature local physicians. This project is near completion and the CME course will be available online and at no cost to physicians for two years. A work plan to publicize and promote the availability of this course is under development.

Policy, Cross-Payer & Workforce Analyses– Mahlet 'Mahi' Nigatu

Episode of Care project

Through federal grant funding, staff secured a contract with Health Care Incentives Improvement Institute (HCI3), (now a division of Altarum Institute), for their technical support and training in the use of their Prometheus episode of care bundling software. MHCC is developing a public website 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. Altarum, SSS, and Wowza, (a subcontractor to SSS) are working together on the development of this public website. The team, including MHCC staff, agreed that Phase 1 of the website will include six potentially shoppable procedural episodes. The procedural episodes will be: total hip replacement, total knee replacement, colonoscopy, upper GI endoscopy, hysterectomy, and vaginal delivery using 2014 commercial data, followed by the same six procedural costs for 2014 Medicare

data. Data testing began last year using service years 2013-2014, so Phase I will report information for these years for the privately insured under 65 population as well as Medicare enrollees prior to the end of this grant in September.

Wowza has completed the design of the public website. A photographer under contract to MHCC through a small procurement using grant funds produced photos for the website. Wowza shared the website design specifications with SSS staff to begin building the site. Once the website is built, SSS will link the data files for each procedural episode to the website for display. In the months prior to launching the website with data, the site will have a "Coming Soon" page that will enable visitors to sign up to be notified when the site becomes interactive. MHCC staff and team are also working on supplemental content for this public website.

In March, Altarum provided the second iteration of the output file using 2014 commercial data. The file now includes population averages per episode and population episodes for Maryland residents only. Hospitals and ambulatory surgical centers that are going to be displayed on the public website will be given the opportunity to vet their data prior to public release. For this purpose, a report containing all the measures to be shown on the website, along with the underlying episode detail, has been created using Tableau software and is currently being tested. The report will consist of four views: View 1: Risk Adjusted Typical and Complication Cost by Episode by NPI; and Risk Adjusted potentially avoidable complications (PAC) rate by Episode by NPI. View 2: Risk Adjusted Average Cost by type of service; Average Cost by type of service; and population averages per episode. View 3: Episode detail for each procedure with the episode start date and end date, physician name, and NPI with Total Cost, % of type of service, typical average cost, and complication average cost. View 4: A scatter plot per episode showing provider distribution by risk adjusted PAC rate and risk adjusted episode cost.

Staff has developed a project timeline to track all related tasks. SSS is in the process of generating cost/risk charts to be displayed on the website. The target date for 2014 commercial data public release is mid-June; the 2014 Medicare data public release is scheduled for mid-August.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.19, Freestanding Medical Facilities

At the February Commission meeting, the Commission approved, as proposed permanent regulations, a new chapter of the State Health Plan (SHP) addressing Certificate of Need (CON) and exemption from CON standards for the establishment of freestanding medical facilities, more commonly known as freestanding emergency centers. MHCC staff anticipates that the formal public comment period will coincide, approximately, with the month of April, and the Commission will have an opportunity to adopt final regulations in May.

State Health Plan: COMAR 10.24.11, General Surgical Services
The Surgical Service Work Group had its second meeting in February and a final meeting was convened on March 2, 2017. Staff is completing work on a draft update of these regulations, which will be posted on the MHCC web site on March 20, 2017 for informal public comment.

State Health Plan: COMAR 10.24.17, Cardiac Surgery and PCI Services
MHCC staff requested feedback from all Maryland hospitals on the definition of "cardiac surgery" and the subgroup of cardiac surgery procedures that should be used in assessing compliance with the Minimum Volume and Need standards of the SHP, as well as utilization projections for cardiac surgery used to evaluate CON applications. Staff plans to discuss the feedback received at the next meeting of the Cardiac Services Advisory Committee on March 22, 2017.

Other
Staff continued working on a White Paper regarding acute psychiatric services in preparation for an update to the SHP.

Long-Term Care Policy and Planning – Linda Cole

Hospice Survey
Staff worked with a group of hospice providers to update the Maryland Hospice Survey. Changes were made to make the survey consistent with national data collection, and with updates to the Medicare cost report. Emails were sent to all hospices to alert them of the availability of the survey for online data entry beginning on Monday, March 13, 2017. Notice was also sent out by the Hospice & Palliative Care Network of Maryland. Part I of the survey will be due no later than May 15, 2017. Staff will work with hospices during the data collection period to address any issues with data entry.

Minimum Data Set
Staff is working with The Hilltop Institute at UMBC as its new Minimum Data Set (MDS) and Long Term Care Panning consultant. The kickoff meeting was held on February 13, 2017. A second meeting was held on February 28, 2017 to review the SAS programs that comprise the MDS Manager. A draft work plan was submitted to the Commission on March 3, 2017 for review. Bi-weekly phone calls are planned to discuss issues and assess ongoing progress.

Guidelines for 2017 Home Health Agency (HHA) Certificate of Need (CON) Review
MHCC staff developed guidelines for those interested in submitting a CON application to establish a new HHA in Maryland, or to expand an existing HHA into a jurisdiction which it is not currently authorized to serve. These guidelines include: a description of the multi-jurisdictional regions; types of applicants able to apply; qualifications for accepting a CON application; and qualifying Maryland applicants. These guidelines are posted on the Commission's website at:
http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/chcf_con_hha_guidelines_20161114.pdf

For the 2017 CON review of HHA projects, the Commission will use the following regional configuration of the 15 jurisdictions, as published in the Maryland Register on November 14, 2016: Western Maryland (Allegany, Frederick, Garrett, and Washington Counties); Upper Eastern Shore (Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties); Lower Eastern Shore (Dorchester, Somerset, Wicomico, and Worcester Counties); and Southern Maryland (Calvert and St. Mary's Counties). The CON review schedule for HHA projects, also published in the November 14, 2016 issue of the Maryland Register, includes specific timeframes for submission of letters of intent, pre-application conference dates, and application submission

dates for each of the four multi-jurisdictional regions, and can be found on the Commission's website at http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/chcf_con_schedule_20161114.pdf

A pre-application conference was held on January 24, 2017 for the first regional CON review of HHA projects in the Upper Eastern Shore, with a second one for the Western Maryland region to be scheduled. Long term care planning staff worked together with Certificate of Need (CON) staff in updating the CON application form for 2017 HHA CON review to be consistent with the HHA Chapter of the State Health Plan (COMAR 10.24.16). In addition, work continues on preparing materials for use to assist applicants in obtaining home health data from the public use data set.

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 is performing the initial testing and providing feedback to the programmer to make updates and revisions as needed.

Long Term Care Survey
Staff is in the final stages of 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
Lorien LifeCenter Howard II, Inc. d/b/a Lorien Nursing & Rehabilitation Center-Elkridge – (Howard County) – Docket No. 16-13-2379
Addition of 25 comprehensive care facility (CCF) beds to an existing 70-bed CCF located at 7615 Washington Boulevard in Elkridge
Approved Cost: $5,457,500

CON Letters of Intent
Broadmead – (Baltimore County)
Capital project to renovate and expand the CCF component of a continuing care retirement community campus (CCRC).

Presbyterian Senior Living Services d/b/a Glen Meadows Retirement Community – (Baltimore County)
Conversion of 22 CCF beds located at an existing CCRC (Glen Meadows Retirement Community) from beds with admission restrictions (i.e., CCF beds operated by a CCRC without CON approval) to beds available for use by the general public. This change is status of the CCF beds would be accomplished through CON approval of the "addition" of 22 beds acquired from Presbyterian Home of Maryland d/b/a Carsins Run at Eva Mar.

Maryland Baptist Aged Home – (Baltimore City)
Capital project to replace 29 CCF beds at an existing CCF.

FutureCare_Irvington – (Baltimore City)
Addition of 30 CCF beds to an existing CCF. (Beds acquired from MedStar Good Samaritan Hospital.)

FutureCare-Homewood – (Baltimore City)
Addition of 30 CCF beds to an existing CCF. (Beds acquired from MedStar Good Samaritan Hospital.)

Pre-Application Conference

February 15, 2017 for CCF Project Applicants in Baltimore County (proposals described above under "CON Letters of Intent")

- Broadmead – (Baltimore County)
- Presbyterian Senior Living Services d/b/a Glen Meadows Retirement Community – (Baltimore County)

February 15, 2017 for CCF Project Applicants in Baltimore City (proposals described above under "CON Letters of Intent")

- FutureCare - Irvington – (Baltimore City)
- FutureCare -Homewood – (Baltimore City)
- Maryland Baptist Aged Home – (Baltimore City)

CON Applications Filed

Columbia Surgical Institute – (Howard County) – Matter No. 17-13-2391
Establishment of an ambulatory surgical facility (ASF) through conversion of an existing procedure room (PR) at a physician outpatient surgery center (POSC) to a second operating room (OR).
Estimated Cost: $192,192

Riva Road Surgical Center – (Anne Arundel Co.) – Matter No. 17-02-2392
Establishment of an ASF through conversion of an existing PR at a POSC to a second OR.
Estimated Cost: $741,499

Determinations of Coverage

- **Acquisition/Change of Ownership**

Asbury Solomons, Inc. – (Calvert County)
Merger of Asbury Solomons, Inc. into Asbury Atlantic, Inc. Asbury Communities, Inc. is the sole member of both Asbury Solomons and Asbury Atlantic, and Asbury Communities will continue to be the sole member of Asbury Atlantic after the merger
Purchase Price: N/A

GGNSC Frederick, LLC d/b/a Golden Living Center – Frederick – (Frederick County)
Acquisition of Golden Living Center, a CCF, by North Place Operating Company, LLC d/b/a Frederick Health & Rehabilitation Center, which will operate the facility through a lease. GPH Frederick, LLC, will continue to own the real assets of and the bed rights to the CCF.

University Center for Ambulatory Surgery, LLC – (Montgomery County)
Determination that a new determination of coverage is required for a proposed change in the principal owner or a majority of other owners.

- **Capital Projects**

Roland Park Place – (Baltimore City)
Capital expenditure for reconfiguration and renovation of an existing CCF (including elimination of 27 CCF beds). The estimated cost is $4.95 million. Determined not to require CON review and approval.

- **Other**

Brinton Woods Post-Acute Care Center – (Baltimore City)
Revision of the Memorandum of Understanding with the Medical Assistance Program to reduce the minimum required level of Medicaid participation from 68.4% of census to 47.3%.

Crofton Convalescent Center – (Anne Arundel County)
Revision of the Memorandum of Understanding with the Medical Assistance Program to reduce the minimum required level of Medicaid participation from 60.1% of census to 47.3%.

HomeCare Maryland, LLC
Relocation of existing office, conversion of main office location to branch office, and opening of a new branch office. Determined not to require CON review and approval.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Raising awareness about Cybersecurity threats is a growing priority of the Center. The efforts to date include informational seminars, assessment guides, and industry roundtable discussions. Staff are modifying the draft Cybersecurity Self-Assessment Tool (tool) based on feedback received from industry stakeholders. Changes focus on simplifying select questions and the scoring methodology. The tool utilizes key components of the National Institute for Standards and Technology Cybersecurity Framework to support health care providers in identifying select gaps in cybersecurity and implementing best practices to protect against cyber threats. The tool is targeted for release in March.

Staff distributed the annual hospital health IT survey (survey) to hospital Chief Information Officers. The survey assesses diffusion of health IT among Maryland acute care hospitals, including electronic health records (EHRs), electronic prescribing, patient portals, health information exchange (HIE), telehealth, mobile applications, and data analytics. New to this year's survey are questions inquiring about hospital strategic initiatives using health IT in support of the All-Payor Model, as well as techniques implemented to detect and investigate cyber incidents. Survey responses are due at the end of May.

During the month, staff identified key principles that will be used as the framework for developing a State health IT roadmap (roadmap). The roadmap will detail strategies for increasing diffusion of health IT to support health care reform efforts statewide with a focus on improving quality, efficiency, safety, and patient-centered health care. Staff plans to collaborate with stakeholders in developing the roadmap.
The round one mobile health (mHealth) grantee, Johns Hopkins Pediatrics at Home (PAH), is in the final stages of technology development for their mHealth project. The technology will facilitate customization and utilization of patients Asthma Action Plans and provide a virtual platform to enable weekly check-ins with their providers. Staff is providing support to PAH as they finalize their project goals, define project measures, and identify data collection methods. The project is scheduled to go-live in April and continue through June 2018.

Development of an information brief (brief) based on findings from the Ambulatory Surgical Center (ASC) EHR Survey (survey) is underway. The survey inquired about ASCs status of EHR adoption and use of the State-Designated HIE, the Chesapeake Regional Information System for our Patients (CRISP). The brief is targeted for release April.

Staff is assessing breaches of unsecured protected health information (PHI) from 2010 through 2016 locally and nationally. Data made available from the U.S. Department of Health & Human Services is included in the analysis. The findings will be used to guide cyber-related education and awareness initiatives. Staff plans to develop a brief based on its findings. The brief is targeted for release in June.

In collaboration with CRISP and independent auditors, Myers and Stauffer, staff commenced the annual audit of the State-Designated HIE. The audit will evaluate if data is processed, transmitted, and stored securely by CRISP. A preliminary draft report of the findings is expected to be available in May. Staff continues to support CRISP in finalizing their cybersecurity, disaster recovery, and business continuity plans. Staff is also evaluating proposals received by CRISP for a Medicare data provider analytics platform. Staff participated in a meeting of the CRISP Integrated Care Network (ICN) Steering Committee (committee). During the meeting, staff and its selected consultant organization, Mosaica Partners (Mosaica), presented an overview of plans to complete an ongoing independent verification and validation (IV&V) review of the ICN project development activities. Mosaica is a health IT strategy and HIE consulting firm that will complete reviews during 2017.

Staff is collaborating with CRISP on a strategy to engage institutional pharmacies in providing electronic medication fill histories to the State-Designated HIE. Institutional pharmacies have been reluctant in the past to connect with CRISP. During the month, staff and CRISP met with LifeSpan's executive director to explore opportunities for building association support to encourage participation by the institutional pharmacies.

Health Information Exchange Division – Angela Evatt, Division Chief

During the month, staff participated in three CRISP Advisory Board meetings: Privacy and Security; Clinical; and Finance. The Privacy and Security Advisory Board discussed plans for hospitals to implement single sign-on as an additional layer of security. The Clinical Advisory Board evaluated a use case for delivering public health alerts to providers using information reported to the Department of Health and Mental Hygiene (DHMH) (e.g., patient treatment history for certain conditions such as drug-resistant infections). The Finance Advisory Board discussed maintaining user fees at their current level for 2017. Staff continues drafting a brief on outcomes and lessons learned from the round two telehealth grantees. The brief will highlight how Crisfield Clinic in Somerset County, Union Hospital of Cecil County (UHCC), and Lorien Health Systems in Baltimore and Harford Counties used remote patient monitoring to reduce hospital readmissions and emergency room visits among patients with chronic health conditions. The brief is targeted for release in April.

The round three telehealth grantees are consulting with staff on finalizing plans for sustaining their projects at the conclusion of the May 2017 grant period. The grantees include Gerald Family Care, a patient centered medical home; Associated Black Charities in Dorchester County; and UHCC. The grantees are using telehealth to increase access to care and assist in care management for patients with chronic diseases. Staff developed a guidance document for Gilchrist Greater Living, a round four telehealth grantee, based on field work conducted in early February. The guidance document is aimed at helping them address specific items related to the implementation of their project. Staff is providing support to the other round four

grantee, MedPeds, as they document their outcomes and lessons learned during the project. Round four continues through November 2017.

An on-site kick-off meeting in Chestertown with staff and the round five telehealth grantee, University of Maryland Shore Regional Health (Shore Health), occurred during the month. Shore Health is implementing telehealth to increase access to palliative care services from its Shore Regional Palliative Care Program. The project will allow patients in Kent County to receive virtual palliative care consults while in a nursing home or Chestertown hospital. Shore Health will also use telehealth to increase access to behavioral health services among patients in Kent and Queen Anne's counties. The project will allow patients who present in the emergency department to receive remote psychiatric consultations. The grant continues through July 2018.

Staff, in collaboration with the University of Maryland, Lorien Health Systems, Howard County Health Department, and CRISP, submitted a revised letter of intent (LOI) for a funding opportunity from the Patient-Centered Outcomes Research Institute (PCORI). The LOI detailed plans for a resubmission of an original proposal to test the effectiveness of telehealth in transitions of care. Modifications to the LOI were in response to feedback received from PCORI on the original proposal. The funding opportunity will provide about $5M over a four-year period. PCORI will invite select applicants to submit a proposal for consideration in March.

During the month, staff recertified two electronic health networks (EHN): Cyfluent, Inc. and Optum. Staff continues to develop a cybersecurity preparedness assessment guide (guide) for EHNs to complete that will be assessed with EHN audit reports during the EHN certification process. The guide will also help facilitate cybersecurity awareness and provide guidance to EHNs in developing cybersecurity plans. Approximately 35 EHNs have achieved MHCC certification.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

The MHCC, Maryland State Medical Society—MedChi (MedChi), and the Maryland Learning Collaborative have partnered as a subcontractor with New Jersey to provide practice transformation activities in Maryland. New Jersey was awarded a Practice Transformation Network (PTN) contract in 2015 by the Centers for Medicare & Medicaid Services (CMS). Over 500 providers are enrolled and nearly 200 have committed to participate. The goal of the PTN is to assist practices in transitioning to advanced payment models under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Staff collaborated with MedChi in convening a MACRA support and awareness training program. The session included information about MACRA requirements and benefits to practices for participating in Accountable Care Organizations. The next session is planned for March and will focus on how providers are implementing the essential elements of practice transformation. Physician attendees qualify for continuing medical education credits.

Planning activities are underway between staff, the Health Services Cost Review Commission, and DHMH for the Maryland Comprehensive Primary Care model (model). The model is the next phase of the State's All-Payer Model Agreement and provides an alternative option for ambulatory providers to earn value-based incentive payments. A proposal was submitted to CMS in December 2016; a response is expected from CMS by this summer.

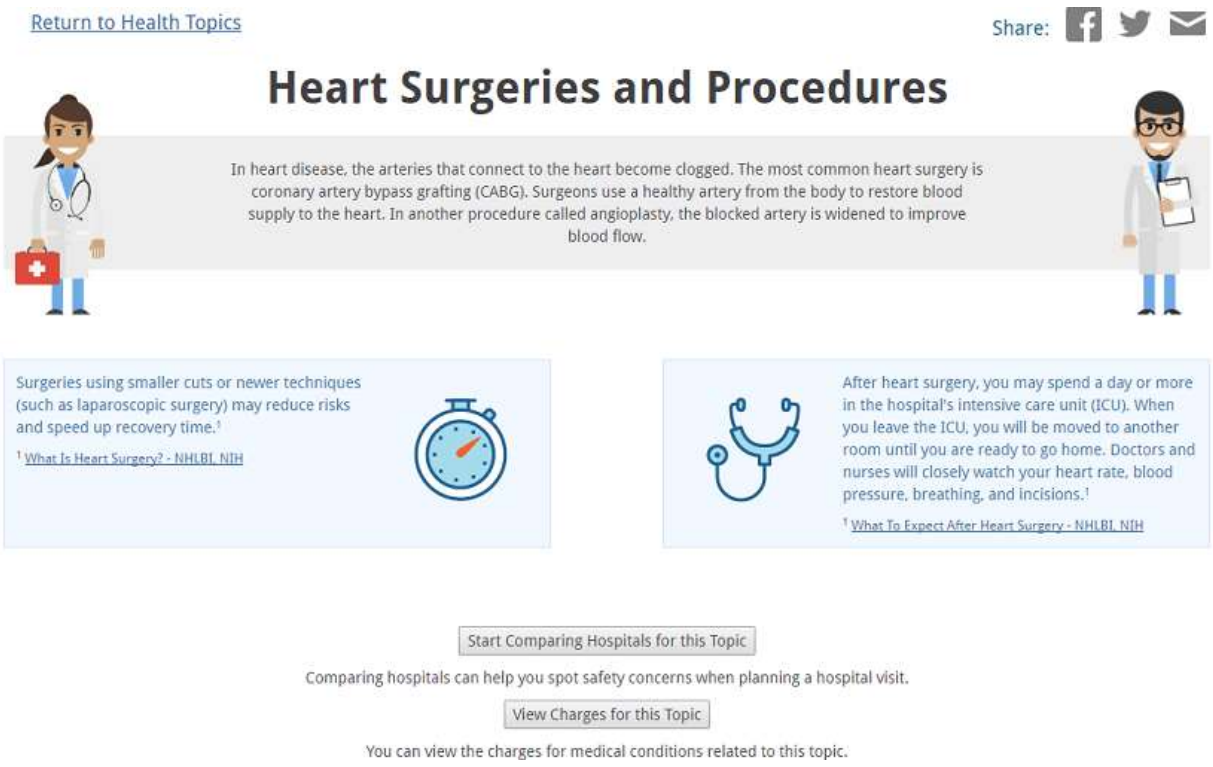
Medicaid shared savings incentive payment calculations were distributed to eligible practices that

participated in the Maryland Multi-Payer Patient Centered Medical Home Program. Practices earn incentive payments based on achieving quality, cost, and utilization goals. Activities are underway to analyze the 2015 incentive payment data for Medicaid and commercial carriers.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports website

The Maryland Health Care Quality Reports (MHCQR) website was updated this month using MONAHRQ 7.3 software. The new version of the software includes a "Browse Health Topics" feature, which highlights major medical condition and procedure categories and related quality measures. Each topic page includes a short overview of the condition or procedure, tips and checklists for patients, as well as a link to the data page. Advanta Government Services, the contractor for the development and technical maintenance of the website, has modified the MONAHRQ code to include a link to a list of related hospital price information.



Staff continues to work with AHRQ to access the MONAHRQ software source code, which will allow for greater customization of the MHCQR website for future releases. The March 2017 update also includes a refresh of core measures and patient experience data using the most current Hospital Compare database. The homepage also features two new feature stories: "Overcoming Barriers to Hospice Care" and "Emergency vs. Urgent Care." Staff hopes to update these feature stories with greater frequency and has compiled topics of interest for future stories. The updated website can be viewed at https://healthcarequality.mhcc.maryland.gov/.

Staff continues to focus on the promotion of the MHCQR website. To date, there have been 24 social media posts either made or planned for future release. Topic posts in March 2017 include National Kidney Month, National Patient Safety Awareness Week, and National Nutrition Month; in April a post is planned coinciding with National Public Health Week. These topics coincide with the U.S. Department of Health and Human Services National Health Observances and are also designed to link readers back to the MHCQR website. Staff has also continued to disseminate promotional rack cards at off-site meetings.

The next Hospital Performance Evaluation Guide Advisory Committee meeting conference call is scheduled for March 27, 2017.

Hospital Quality Initiatives – Courtney Carta

Health-care Acquired Infections (HAI) Data

Staff are working to update the Hospital Guide HAI tables with CY2016 data. The April release of the Hospital Guide will include updates to CLABSI, as well as CY2016 CDI (*Clostridium difficile*) and MRSA bacteremia Lab ID data. The remaining HAI data (CAUTI, SSI, and HCP Influenza Vaccination) will be updated in July. Mid-March, hospitals will receive a preview report of preliminary data pulls, allowing them time to make corrections or changes to their data before the data are frozen for public reporting.

Staff created and disseminated an HAI Data Schedule for calendar year 2016 to hospitals that outlined data requirements for both MHCC and HSCRC along with dates the data will be pulled from NHSN. Center staff met with HSCRC staff to discuss upcoming NHSN data requirements. Staff will be creating data tables for HSCRC for HAI data in support of the QBR Initiative.

This year, CDC released updated baselines for the National Healthcare Safety Network. Originally, staff planned to run NHSN reports using the updated baselines. Due to a number of unresolved technical glitches in the NHSN software, staff have opted to use the original baselines for the final year that they are available and will use the new baselines for CY2017 reporting. Preliminary findings show statewide progress in CDI and MRSA.

The annual CDC Healthcare Associated Infections Progress Report has been delayed but CDC expects to release the results soon. Center staff will monitor the results closely.

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 currently underway for 4Q2016.

The Cardiac Data Coordinators Committee held their quarterly meeting on February 14, 2017 at the MHCC offices. Topics of discussion included updates to the ACTION and CathPCI registries, plans for prospective speakers at future meetings, and a review of the Certificate of Ongoing Performance process. The committee welcomed two new chairs: Filiz Constantini and Jeanne Dailey, both from the University of Maryland Medical Center.

Health Plan Quality & Performance – Sherma Charlemagne-Badal

To increase efficiency of the annual audit of commercial health plans operating in Maryland, a revised strategy for Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) data collection is underway. The final Maryland-specific CAHPS survey was mailed to eligible consumers in late February 2017.

The revised approach eliminates the requirement for health plans to provide Maryland-specific HEDIS and CAHPS data in addition to the plan-wide HEDIS and CAHPS data submitted under the provisions of their annual audit for ongoing National Committee for Quality Assurance (NCQA) accreditation. Instead, plans will submit to MHCC, plan-wide HEDIS and CAHPS data already collected to fulfill NCQA requirements. Plans will continue to collect and submit to MHCC Maryland-specific data from the Quality Profile (QP) summary, Behavioral Health Assessment (BHA), and Race, Ethnicity, Language Interpreters, and Cultural Competency (RELICC) Assessment. Notably, plans can expect to see significant reductions in reporting workload and associated costs. The revised strategy also allows the state to fulfill the mandate to report on commercial health plans in a more cost effective manner.

Beginning with the 2017 plan year, Marylanders will no longer have Maryland-specific data on the effectiveness of care offered by their plans or on consumer assessment of health plans. Instead, Marylanders will use national data relevant to these two areas to make decisions about their health plans. Marylanders will however continue to have Maryland-specific data from the QP summary, BHA, and RELICC.

Staff will produce a draft of the proposed changes to the reporting process and to the Quality and Performance Reporting Requirements (QPRR) (as it relates to measures to be reported and member level data files to be retained or deleted) and release for plan comments. The comment period will allow plans the opportunity to provide input on the reporting process, revised reporting requirements, and 5-star rating process and weighting methodology. A timeline related to these activities will be communicated to the Commission upon finalization.

Long Term Care Initiative – Sherma Charlemagne-Badal

We continue in our efforts to provide Marylanders with updated and relevant information that will enable them to make informed health care decisions. Toward this goal, staff continues to acquire and prepare home health, adult day care, assisted living, and hospice data for Long Term Care Guide updates. CMS has made available home health star ratings which will soon be displayed on the guide website.

Staff has initiated work on developing a Request for Proposals (RFP) to retain a contractor responsible for the biennial administration and publication of findings of the MHCC Nursing Home Family Experience of Care Survey. As part of this process, staff engaged in a search for a nationally used survey of nursing home family experience of care. Conversations with Agency for Healthcare Research and Quality (AHRQ) and Center for Medicare and Medicaid Services (CMS) representatives point to the absence of such a survey instrument. Staff will therefore continue to work toward administration and public reporting of the MHCC Nursing Home Family Experience of Care Survey.