

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2017

<i>EXECUTIVE DIRECTION</i>

Rural Health Workgroup – Erin Dorrien

The Economic Development and Workforce Development advisory groups held a joint advisory group meeting on April 28th. They discussed strategies for increasing access to quality care, facility models for rural communities and strategies for workforce development including pipeline programs through the school system. The Vulnerable Populations and Transportation advisory groups will meet on Monday May 15th. The workgroup will consider the advisory group discussion at the next full meeting of the workgroup on May 24th at Washington College, in Chestertown MD. Public hearings have been scheduled:

County	Date (2017)	Time	Location
Kent County	Wednesday May 24 th	6:00pm – 8:00pm	Washington College, Norman James Theatre Smith Hall 300 Washington Avenue, Chestertown, MD 21620
Dorchester County	Thursday, June 1 st	6:00pm – 8:00pm	Hurlock Volunteer Fire Department 300 Charles Street Hurlock, MD 21643
Caroline County	TBD	TBD	TBD
Queen Anne’s County	Tuesday, June 6 th	6:00pm – 8:00pm	Queen Anne’s County Complex Planning Commission Room 110 Vincit Street Centreville, MD 21617
Talbot County	Monday, June 12 th	6:30pm - 8:30pm	Talbot County Community Center Wye Oak Room 10028 Ocean Gateway Easton, Maryland

Maryland Trauma Physician Services Fund – Karen Rezabek

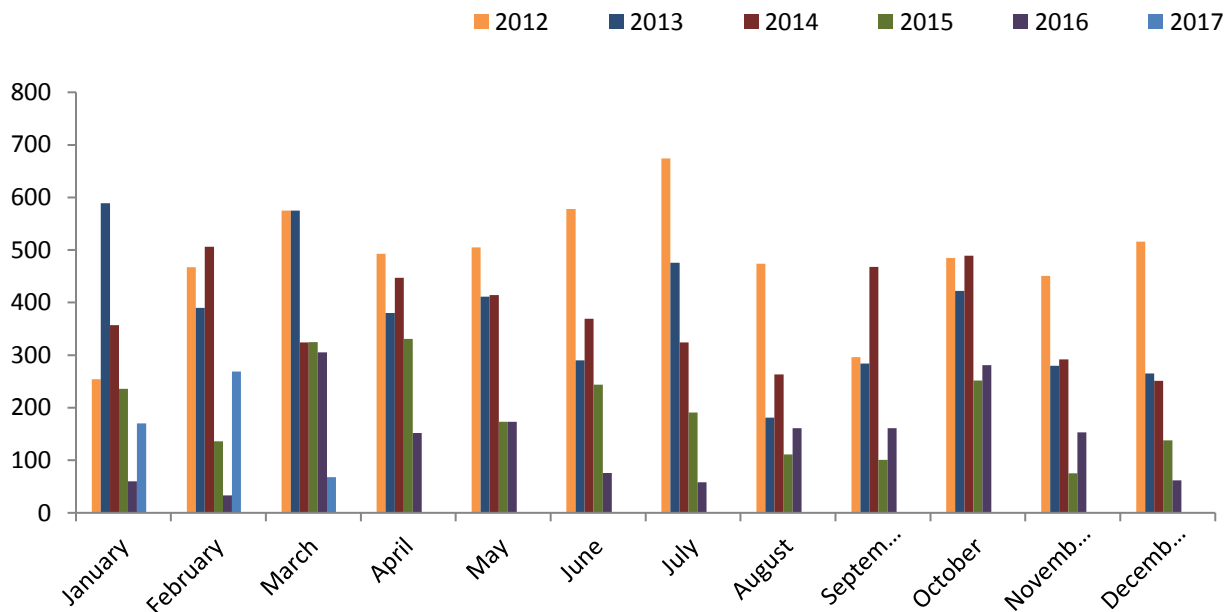
Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount **\$68,349** for the month of March. The monthly payments for uncompensated care claims from January 2012 through March 2017 are shown below in Figure 1. The level of uncompensated care payments is below the historic trend as a result of expanded insurance coverage, particularly Medicaid coverage. MHCC staff has seen an uptick in uncompensated care payments in January and February compared to the same months for 2016. Payments for uncompensated care claims have increased to 105% percent of the Medicare Fee Schedule for claims dated on or after July 1, 2016.

TraumaNet

Commission staff presented on the status of the Trauma Fund to the members of TraumaNet on May 3, 2017. The members discussed the Trauma Equipment Grant program and status of the Fund's surplus and the regulations related to filing uncompensated care claims.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2017



CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

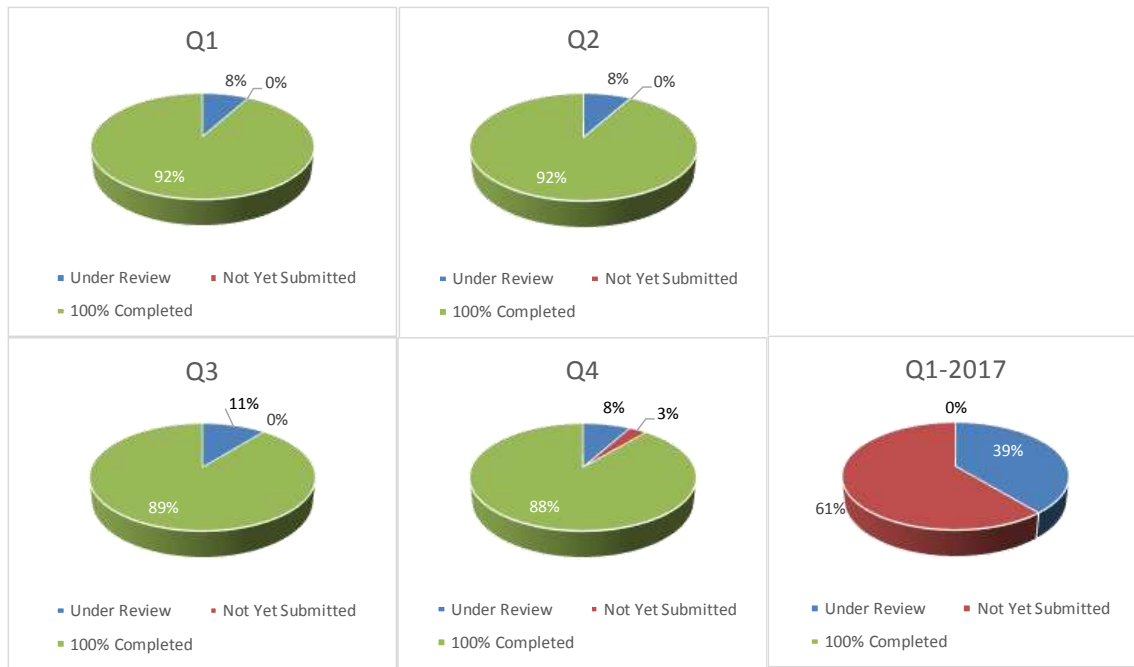
Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Data Submission Status, Payor Compliance, and Technical Support

The 2015 MCDB data (including self-insured non-ERISA) will be available only to HSCRC (SAS extract) on 5/15/2017. Social & Scientific Systems (SSS) will then use the extract to query data for the agency's Total Cost of Care (TCOC) reporting (data due to HSCRC on 5/22/2017). MHCC staff will use the TCOC data to calculate PMPMs and Annual Per Capita expenditures by commercial market segments which will be delivered to HSCRC on 5/22/2017 as well. The Maryland Insurance Administration (MIA) MCDB data extract was delivered to the MIA on 5/10/2017 in the form of SAS files. As per SSS, the final version of the 2015 MCDB data which will include all self-insured non-ERISA data will be available to all users on or before 6/30/2017.

2016 & First Quarter 2017 MCDB Data: The exhibit below depicts data submission status of payors by quarter (Q) for 2016 as of 5/8/2017. There are 37 payors including TPAs and PMBs. For example for quarter1 (Q1), 8% of all payors data submissions are under review by SSS. Please note that the timeline for

all payors Q1-2017 data submissions to the MCDB Portal is 5/31/2017. We anticipate that the 2016 MCDB data including Q1-2017 run-off claims for 2016 incurals, to be available by 9/30/2017.



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 the Common Data Layout (CDL) with payors. The workgroup (NASHP, NAHDO, APCD Council, and APCD states including Maryland) continue to meet weekly with payors to finalized definitions and documentations of fields and variables in the CDL as we await the Department of Labor’s (DOL) decision on the comments submitted last fall (October 5, 2016) to the DOL.

Network for Regional Healthcare Improvement (NRHI) Total Cost of Care (TCoC)

MHCC staff has completed the Interim Financial Report for Period 1 (Jan. 18 2017 to April 30, 2017) of Phase III of the TCoC project and submitted it to NRHI on the report’s due date 5/15/2017. Staff and SSS are currently re-running the 2014 TCoC project and are validating the results with those created by The Hilltop Institute (last year’s data aggregator for the project). SSS will start to run the 2015 TCoC data on 5/15 for the initial QC (Quality Check) Tables of the Phase III project. SSS is schedule to deliver the QC Tables to MHCC on 6/2/2017 for review which is due to NRHI on 6/16/2017. The initial QC Tables are the underlying data for the TCoC project. Prior approval by NRHI is required before moving forward with other parts of the project (e.g. attribution, risk adjustment and risk adjusted utilization).

Looking Ahead: SSS has begun querying data for the 2015 Privately Fully-Insured Report. SSS will provide the data to MHCC by 5/15/2017. Barring any data quality setbacks, the report should be ready for the June Commissioners meeting.

Database Development and Applications – Leslie LaBrecque

Data Processing/Tech Support: preparing for replacement of our desktops; continued to work with DC Hospital Association to try to resolve issues with the 2015 DC data submissions; assisted requestor with getting county, state private and Medicaid insurance enrollment data; processed FY2017 quarter 2 hospital discharge inpatient, psych and outpatient data and sent out notifications; extracted 2016 quarter 4 inpatient and outpatient data for use by the hospital guide contractor; helped trauma staff resolve file naming issues; requested new CMS Minimum Data Set files for the MDS vendor and participated in meetings with and provided technical support to the vendor; continued work on elective hip and knee procedures by payer and hospital comparing CMS, MACRA, CDC, and Dr. Pollack's definitions of hip and knee replacements for 2012-2016; began work on the CathPCI Quarter 3 processing; processed psych files for CY2016; completed processing the Physician licensing data and combined 2015 and 2016 data to create a complete file and investigated the ability to geocode the Physician's 2015-2016 database to get more accurate jurisdiction assignments; worked with the network staff to resolve issues that turned out to be caused by the firewall.

Data Release

Responded to DHMH-Aids requests for info on APCD release and held a conference call with them; presented the University of Massachusetts Amherst APCD data request to the Commissioners for their approval and upon approval prepared the data use agreement; created a quarterly reporting form for data holders; held meeting with the Eastern Shore Regional GIS Cooperative to discuss how they could get access to the APCD to help the University of Maryland with the Rural Health project; completed execution of final data use agreements for all DC data releases; working with the APCD vendor to get pricing for a previously approved custom extract for George Mason University; worked with Medicaid to get their quarterly reports done as well as our reporting to them on our data use;

APCD Support

Attended data warehouse, ETL, project management and total cost of care (TCOC) meetings in support of the APCD; managing feedback on the TCOC web application.

Provider Pricing Dashboard

Worked out some kinks to get the provider pricing dashboard working in the development area of the pricing transparency dashboard application; performed additional runs on the raw data to vet data anomalies we found; verified that google tracking is implemented on all the pages of the transparency application; inserted meta and keyword tags for search engine optimization.

MHCC Website

Reviewed the whole site to identify meaningful areas to link to the pricing transparency dashboards; training admin staff on managing the website archive and with logo development and modifications; created a new section directed at health care practitioners; updated the long term care section with information for the 2016 long term care survey launch; assisted CON and CAIS staff with large document uploads; assisted EHN and HIE staff with pdf issues and EHN updates; posted informal comments for COMAR 10.24.11 on the state health plan page; uploaded new nursing home experience of care data and data dictionary to the public use data download application;

Health Facility and Licensing Board Web Survey Applications

Ambulatory Surgery Facility Survey – working with the ambulatory surgery staff to review all changes for this year's survey; worked through some technical glitches to get the survey prepared for testing and updated the documentation; prepared the new hospital table and updated scripts.

Health Care Worker Flu Survey for Nursing Homes and Assisted Living– made all preparations and performed testing to launch the survey on April 3.

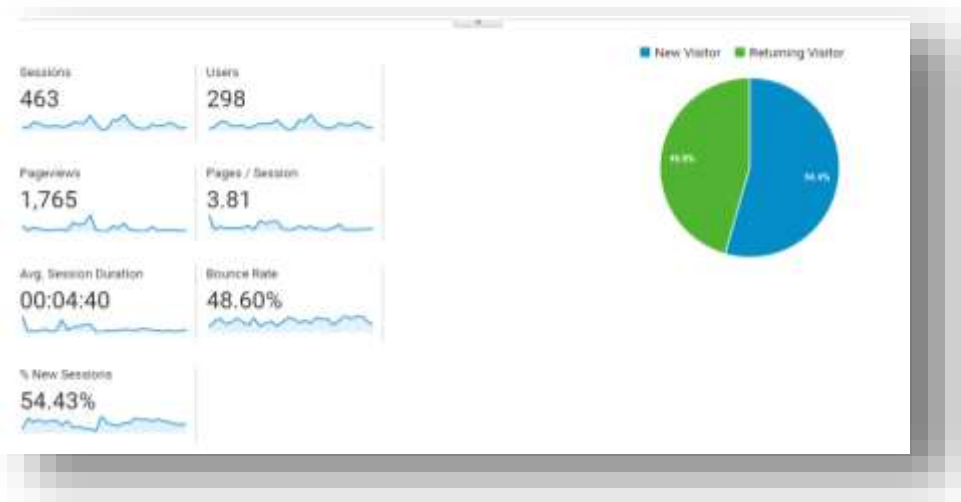
Home Health – implemented new functionality to display note about home health facility name changes and other minor changes to the profile page display and to the database; developed scripts to update home health facility latitude/longitude data on the facility location map; resolved the issue with home health map not displaying on certain filters; applied home health data updates and added new home health facility ownership type and home health facility contact information columns in the database tables and stored procedures.

Hospice Survey – worked with a hospice user to resolve one section with totals were not calculating properly; resolved the error and the user was able to validate and save the page successfully; continuing to provide technical support to hospice users; found some missing hospice facility Medicare and Medicaid license numbers as well as latitude/longitude data which caused problems for the map display; did a lot of data cleanup to get all tables normalized;

Long Term Care Survey – continued to work with LTC staff to test updates to the long term care survey; updated the survey notice letter for comprehensive care and adult day care; sent out a test email to the test accounts to ensure that the survey letters are sent out correctly and the activation links are working; the survey launched April 10.

Internet Activities

Data from Google Analytics for the month of April 2017



- 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 April 2017 was 463 and of these, there were 54.43 % new sessions. The average time on the site was 4:40 minutes. Bounce rate of 48.60% 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, hsrcr.state.md.us. Among the most common search keywords in March were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Maryland Health Care Quality Reports (MHCQR) Web Site

Since the new site was released in December 2014, there have been 19,400 users of the consumer site and 92,059 page views. On average 670 users per month have visited the site. About 68% of users are new visitors. In April 2017 the MHCQR site had 797 users and 3,669 page views, a reduction from 937 users and 4,782 page views in March 2017.



The average time on the site was just over 3 minutes. A discussion of the Maryland Health Care Quality Reports is found on page.



Special Projects – Janet Ennis

Health Insurance Rate Review and Medical Pricing Transparency:

CCIIO Cycle III and Cycle IV Grants

Staff is completing Phase 1 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 the average price a physician receives for a service, and the volume of services for private insurance and Medicare. After the

addition of an FAQ section to this dashboard, Phase 1 will be deployed on the MHCC website. Future modifications and updated versions of the dashboard will be completed by internal staff.

In collaboration with our PMO (Freedman Health Care, LLC); 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 (Cine-Med) to produce up to four doctor/patient vignettes, two of which were filmed in Maryland and feature local physicians. This project is now complete and the CME course will be available online for two years, and at no cost to physicians. Staff continues to reach out to various organizations to solicit their help in publicizing the availability of this course. To date, several, including the Maryland Academy of Family Physicians; Johns Hopkins Community Physicians; and Health Care for the Homeless have agreed to post the link to the course on their websites, advertise its availability in newsletters, etc. Staff will also continue working on other outreach/promotional options through social media, etc. In addition, staff will collaborate with Cine-Med on their ability to report various metrics back to us such as the number of monthly visits to the CME website, where the clinicians who are taking the course are from (Maryland or Missouri), etc.

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

Episode of Care project: Progress has been made in the development of the public facing consumer website to display health care prices for entire episodes of care. The website will be titled “Wear the Cost” and will enable anyone to review costs and compare hospitals by cost and quality measures using Altarum’s (in the past known as HCI3) PROMETHEUS episode of care grouping software. Altarum, SSS, and Wowza, (a subcontractor to SSS) continued working together on the development of this consumer website. MHCC staff, including the consultant team, agreed that the first public version of the site would include four procedural episodes: total hip replacement, total knee replacement, hysterectomy, and vaginal delivery using 2014 commercial data. Colonoscopy and Upper GI Endoscopy were selected but will not be included in the first phase of the public release due to the volume of complete episodes being low and not representative enough for public reporting.

Wowza and SSS have completed both the launch of the “Coming Soon” page on the consumer website and the third iteration of the User Acceptance Testing (UAT) site release. The “Coming Soon” page enables visitors to sign up to get notification when the site becomes interactive. It also enables users to submit feedback. Feedback for the final UAT will be provided, and the candidate version of the website will be released by May 31, 2017 for usability testing with recruited consumers. The anticipated go live date to display the total price for the selected procedural episodes is mid-July.

During MHA’s Joint Quality Finance Workgroup meeting held in January, MHCC presented an overview of this Episode of Care project. Participants in the meeting expressed interest in receiving the episode event-level detail that went into the calculation of their overall episode group level measures. To accommodate this request and provide hospitals the opportunity to vet their data before public release, MHCC initiated a data review period before the public release and is in the process of distributing individualized Episode of Care Groups Event-level detail reports to each hospital that will have episode prices displayed on the site. The report will consist of the Risk Adjusted Typical and Complication Cost by Episode by NPI; and Risk

Adjusted potentially avoidable complications (PAC) rate by episode; and all other relevant information to facilitate the optimal vetting process for each hospital.

Freedman Healthcare LLC, our PMO contractor, continued working with Altarum to produce supplemental content for the consumer website such as information on methodology, the data used, and enlightening useful content for visitors to the consumer website. MHCC has reviewed and approved the framework for organizing the supplemental content which Freedman developed. Altarum has completed the communication strategy proposal. The core objective of the plan will be to increase awareness among Maryland residents about health care costs to strategically position and promote MHCC's Wear the Cost campaign, as well as encourage constructive and relevant public discussion on the topic. MHCC staff will be reviewing this plan internally.

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

MHCC analyzed the informal comments received and considered whether to revise the proposed regulations. Staff plans to request approval of final permanent regulations at the May 18, 2017 Commission meeting.

State Health Plan: COMAR 10.24.11, General Surgical Services

No action was taken on a draft chapter of these regulations recommended as proposed regulations at the April 21, 2017 Commission meeting. Staff conducted additional research to address some of the concerns raised by Commissioners at that meeting. Staff also scheduled a work group meeting to obtain additional feedback. The work group meeting will be held on June 1, 2017.

State Health Plan: COMAR 10.24.17, Cardiac Surgery and PCI Services

Staff scheduled the next meeting of the Cardiac Services Advisory Committee for June 1, 2017. MHCC staff conducted research on the impact of public reporting on both PCI services and cardiac surgery services.

Rural Health Study

MHCC staff participated in planning future meetings of the rural health care delivery work group and public hearings. MHCC staff also developed a survey and answered queries about the rural health study.

Certificates of Conformance and Certificates of Ongoing Performance

MHCC staff updated the schedule for Certificates of Ongoing Performance for cardiac surgery and PCI programs. The revised schedule will be published in the *Maryland Register* on May 12, 2017.

Other

Staff continued working on a White Paper addressing acute psychiatric services in preparation for an update to the State Health Plan.

Long Term Care Policy and Planning – Linda Cole

Hospice Survey

The FY 2016 Maryland Hospice Survey was available for online data entry beginning on Monday, March 13, 2017. Notice was sent to all hospice providers in March, and was also reinforced by notice sent out by the Hospice & Palliative Care Network of Maryland. Reminder notices were also sent to all hospices on April 18, 2017. Part I of the survey will be due no later than May 15, 2017. Staff is providing support for providers during the data collection period to address any issues with data entry.

Hilltop Contract

Staff is working with The Hilltop Institute at UMBC as its Minimum Data Set (MDS) and Long Term Care Planning consultant. The work plan was finalized as of March 23, 2017. Updated MDS data has been obtained from CMS, and Hilltop has run the Facility Importer and the MDS Manager programs. A memo on updates to MDS variables and the impact on the MDS Manager Program is due at the beginning of May. Biweekly phone conference calls continue.

Conference Call with DC Department of Health (DOH)

JSI Consultants, working with DC DOH staff, reached out to MHCC staff to discuss development of Maryland's HHA Chapter to the State Health Plan (COMAR 10.24.16) including need determination and CON review standards. During the 90-minute conference call, MHCC staff provided insight on the Commission's overall approach to regulating HHA services including the process for developing the HHA Chapter and guidelines for the 2017 HHA CON review currently underway.

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 sent out the 2016 Long Term Care Survey Notice Letter, informing facilities of the survey data collection period from April 10 to June 8, 2017. The survey, which includes the 2018 user fee assessment, will collect data from 229 comprehensive care facilities. This survey response is due on May 9, 2017. Staff sent the 15-day and 7-day reminder notices to the providers, as well as other follow up emails, calls and faxes. The survey response for assisted living, chronic hospital and adult day care facilities is due by June 8, 2017. Staff have been providing technical assistance and other Help Desk functions to the providers during the data collection period.

Certificate of Need – Kevin McDonald

CON's Approved

Kaiser Permanente Gaithersburg Medical Center – (Montgomery County) – Docket No. 15-02-2360

Addition of a third operating room by an existing ambulatory surgical facility through renovation of shelled space.

Approved Cost: \$1,998,352

CON's Withdrawn by Applicant

Seasons Residential Treatment Program – (Prince George's County) – Docket No. 14-16-2357

Establishment of an 80-bed residential treatment center for male and females aged 13 to 21 to be located at 13400 Edgemoade Road, in Upper Marlboro.

Estimated Cost: \$3,693,760

Withdrawn: April 7, 2017

CON Letters of Intent

Suburban Hospital – (Montgomery County)

Introduction of liver transplant services.

CON Applications Filed

Broadmead – (Baltimore County) - Matter No. 17-03-2394

New Construction and renovation of an existing comprehensive care facility (CCF).

Estimated Cost: \$14,723,000

Glen Meadows Retirement Community - ((Baltimore County) – Matter No. 17-03-2395

Conversion of 22 existing CCF from beds restricted in use to residents of this continuing care retirement community to beds available to the general public. This conversion would be accomplished through the purchase of 22 temporarily delicensed beds acquired from the Presbyterian Home. The total number of CCF beds at the facility will not change as a result of this project.

Estimated Cost: \$138,000

FutureCare - Homewood – (Baltimore City) - Matter No. 17-24-2396

Addition of 30 temporarily delicensed CCF beds acquired from MedStar Good Samaritan Hospital through construction of new building space and renovation.

Estimated Cost: \$6,799,182

Determinations of Coverage

- **Acquisition/Change of Ownership**

Envoy of Denton – (Caroline County)

Acquisition of the real estate, building, and the bed rights associated with the facility currently operating as Envoy of Denton, by Brinton Woods Senior Living V, LLC.

Purchase Price: \$9,887,962

Envoy of Pikesville – (Baltimore County)

Acquisition of the real estate, building, and the bed rights associated with the facility currently operating as Envoy of Pikesville, by Brinton Woods Senior Living VI, LLC.

Purchase Price: \$12,519,274

Frostburg Village Nursing Home – (Allegany County)

Acquisition of the real estate, building, and the bed rights associated with the facility currently operating as Frostburg Village Nursing Home (“FVNH”) by Brinton Woods Senior Living VII, LLC.

Purchase Price: \$17,080,000

Reeder’s Memorial Home – (Washington County)

Acquisition of the real estate, building, and the bed rights associated with the facility currently operating as Reeder’s Memorial Home by Brinton Woods Senior Living IX, LLC.

Purchase Price: \$16,317,818

Golden Living Center-Westminster – (Carroll County)

Westminster Leasing Co., LLC will acquire certain operating assets from CCP Westminster 3775 LLC and will become the CCF licensee, Medicaid and Medicare provider, and operate this CCF through a lease arrangement with the owner, CCP Westminster 3775 LLC..

Operations Transfer Agreement Price: \$50,000

Golden Living Center-Cumberland – (Allegany County)

Winifred Leasing Co., LLC will acquire certain operating assets from CCP Golden/7470 LLC and will become the CCF licensee, Medicaid and Medicare provider, and operate this CCF through a lease arrangement with the owner, CCP Golden/7470 LLC.

Operations Transfer Agreement Price: \$50,000

Golden Living Center-Hagerstown – (Washington County)

Dual Leasing Co., LLC will acquire certain operating assets from CCP Golden/7470 LLC and will become the CCF licensee, Medicaid and Medicare provider, and operate this CCF through a lease arrangement with the owner, CCP Golden/7470 LLC.

Operations Transfer Agreement Price: \$50,000

- **Capital Projects**

Sheppard Pratt Health System – (Howard County)

Based on Sheppard Pratt’s pledge not to request a rate increase of more than \$1.5 million for the capital costs associated with this project, a determination was issued that a CON is not required for construction of a 76,775 square foot, three-story office building on the campus of Sheppard Pratt-Elkridge, a special hospital-psychiatric authorized in 2016 as a replacement and relocation of Sheppard Pratt-Ellicott City (Docket No. 15-13-2367).

Estimated Cost: \$24,998,026

- **Licensure**

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

Laurel Regional Hospital – (Prince George’s County)

Relicensure of 10 of 18 temporarily delicensed acute psychiatric beds.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Staff completed additional changes to the ambulatory provider Cybersecurity Self-Assessment Tool (tool). Staff continues to obtain provider feedback through stakeholder testing of the tool, which is intended to assist practices in identifying cybersecurity gaps in processes. Additional stakeholder testing is planned for May; staff anticipates releasing the tool in June.

Responses to the hospital health information technology (health IT) survey have been received from all acute care hospitals. Staff reviewed responses for data completeness and has begun to analyze findings related to hospitals implementation of health IT, controls to detect and manage cyber risks, and strategic investments in health IT in support of the All-Payor Model. A report on the survey findings is targeted for release by the end of the year.

Staff continues to develop the framework for a State Health IT Roadmap that aims to address the growing needs of a transformative health IT ecosystem in Maryland. During the month, staff prepared a template to support the development of objectives that are specific, measurable, and achievable, among other things. In addition, staff released an information brief on ambulatory surgical centers use of electronic health records.

The round one mobile health (mHealth) grantee, Johns Hopkins Pediatrics at Home (PAH), went live in April with their mHealth technology; patient recruitment activities are underway. The project will support pediatric patients in managing their asthma by enabling virtual weekly check-ins and secure messaging with

a PAH nurse. The project goals focus on reducing high-cost, high-risk clinical utilization among project participants. The grant period continues through June 2018.

A Request for Applications (RFA) for a round two mHealth grant was finalized during the month. The RFA seeks proposals from health care organizations that can diffuse use of mHealth technology to address treatment and recovery for opioid misuse, abuse, and addiction. Approximately \$100K is available for one or more organizations, which requires a 1:1 financial match. Staff anticipates making an award announcement in June.

Staff continues developing draft regulations for a State Recognition program of electronic advance directives services. The criteria includes national standards for privacy and security that an electronic advance directive service must meet in order to connect to the State-Designated Health Information Exchange (HIE). Staff anticipates releasing the draft regulations for informal comment in May. Staff provided support to the Department of Health and Mental Hygiene (DHMH) in identifying a vendor for the design and development of education materials for advance care planning and electronic advance directives; DHMH issued a small procurement contract during the month.

Staff is finalizing an assessment of breaches of unsecured protected health information. Data used in the assessment was obtained from the Office of Civil Rights and includes breaches affecting 500 or more individuals from 2010 through 2016. Findings from the assessment will inform future security education and awareness initiatives. An information brief on the findings is targeted for release in June.

Fieldwork for the annual privacy and security audit of the Chesapeake Regional Information System for our Patients (CRISP) concluded during the month. Staff continues to work closely with independent auditors, Myers and Stauffer, to assess the preliminary audit findings. A final audit report is targeted for the end of May. Staff continues to support Mosaica Partners, the consultants conducting an impartial and ongoing review of the CRISP Integrated Care Network.

Staff is working with the long term care associations in Maryland and CRISP to address the ongoing challenge of getting institutional pharmacies to make patient information available to CRISP. Planning activities are underway for a meeting with leadership from the two long-term care associations to develop a collaborative strategy that encourages institutional pharmacies to connect to CRISP. In addition, staff is collaborating with DHMH and CRISP in completing a return on investment study to assess the value of using CRISP for image exchange.

Health Information Exchange Division – Angela Evatt, Division Chief

Activities are underway to identify key reporting areas that highlights outcomes and lessons learned from the round three telehealth grants, which conclude at the end of May. Grantees include Gerald Family Care; Associated Black Charities in Dorchester County; and Union Hospital of Cecil County. Grantees implemented telehealth to increase access to care and assist in care management for patients with chronic diseases. Staff is also providing guidance to the round four telehealth grantee, Gilchrist Greater Living, as they explore sustainability options for their project that concludes on November 30, 2017.

Staff worked with the round five telehealth grantee, University of Maryland Shore Regional Health (Shore Health), as their telehealth project went live in April. Shore Health is implementing telehealth to increase access to palliative care through expansion of its Shore Regional Palliative Care Program to patients in Kent County. The project will also expand access to behavioral health by implementing telehealth for psychiatric consultations in the emergency department and inpatient settings for patients in Kent and Queen Anne's County. The project continues through July 2018.

Activities continued during the month to finalize the application for a funding opportunity from the Patient-Centered Outcomes Research Institute (PCORI). Staff is completing the application in collaboration with the University of Maryland, Lorien Health Systems, Howard County Health Department, and CRISP. The application proposes to test the effectiveness of telehealth in supporting transitions of care for patients

discharged from a skilled nursing facility. The application must be submitted by May 17th; PCORI will award approximately \$5M over a four-year period.

During the month, staff worked with the electronic data interchange workgroup (workgroup) to identify elements from claim-based administrative transactions that could be valuable to HIE users. Staff plans to reconvene the workgroup in May to finalize the HIE use case. The workgroup includes representatives from CRISP, Availity, eClinicalWorks, Columbia Medical Practice, and University of Maryland Faculty Physicians, among others.

During the month, staff released a Cybersecurity Readiness Assessment Tool (assessment tool) to help electronic health networks (EHNs) evaluate cybersecurity best practices within their organization. The assessment tool aims to assist EHNs in enhancing their cybersecurity policies. Last month, staff recertified three EHNs: SSI Group; Surescripts; and Tesia Clearinghouse, LLC.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice transformation efforts continue in partnership with the Maryland State Medical Society—MedChi, and the Maryland Learning Collaborative (MLC). In May 2016, staff partnered with MedChi and the MLC for the purpose of leading statewide practice transformation activities established by the Centers for Medicare & Medicaid Services (CMS) under the Practice Transformation Network (PTN) grant program. Staff is a subcontractor to the New Jersey Innovation Institute Practice Transformation Network, a recipient of the CMS grant. Over 750 providers in Maryland have enrolled in the program.

Staff created a new webpage on MHCC’s website to help practices in preparing to meet requirements under the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA). The webpage contains links to online curriculums, webinars, and forums, among other things. The goal is to educate practices about MACRA, specifically, the Merritt-based Incentive Payment System and different types of Advanced Payment Models.

Staff is planning a provider education session that will focus on how to avoid the risk of MACRA penalties slated to begin in 2019. The session will highlight five steps providers can take to potentially avoid a penalty. Information about practice transformation activities taking place in Maryland will also be shared. Attendees will have the opportunity to meet with practice transformation coaches.

Staff reviewed several vendor applications for State Designation as a Management Service Organization (MSO). Criteria for State Designation was revised earlier this year to align with the changing needs of practices. As part of State Designation, MSOs support practices in connecting to CRISP and exchanging information for those practices participating in the Data Exchange Support Program.

Planning activities for the Maryland Comprehensive Primary Care model (model) continue. Staff, in collaboration with the Center for Medicare & Medicaid Innovation (CMMI) at CMS, the Health Services Cost Review Commission, and DHMH are designing a model to provide an alternative option for ambulatory providers to earn value-based incentive payments as part of the next phase of the All-Payer Model. CMMI has indicated the model is expected to enter the formal approval process in June.

Staff continues to analyze the 2015 incentive payment data from Medicaid and commercial carriers for practices that participated in the Maryland Multi-Payer Patient Centered Medical Home Program. The analysis is expected to be completed by the end of June. Incentive payments are based on practices achievement of certain quality, cost, and utilization goals.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Staff has obtained access to the AHRQ MONAHRQ software source code and our contractor, AGS, LLC has begun to review the code for continued application within our consumer website. As a reminder, AHRQ will no longer support the MONAHRQ application after this federal fiscal year, but we are confident that AGS will be able to adopt and maintain the application going forward. To facilitate a smooth transition among users of the MONAHRQ software, AHRQ has scheduled a final webinar to review the code and address technical issues. The AHRQ webinar is scheduled for next month.

Staff continues to focus on the promotion of the MHCQR website. There have been 23 social media posts either made or planned for future release in April. Topic posts in May 2017 include National Stroke Awareness Month, National Women's Health Week, and Arthritis Awareness Month. 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 and conferences.

The staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been 19,400 users of the consumer site and 92,059 page views. In April 2017 the MHCQR site had 797 users and 3,669 page views, a reduction from 937 users and 4,782 page views in March 2017. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

The staff works with stakeholders to identify website enhancements and to facilitate greater transparency. To that end, we have been working with the Leapfrog Group to facilitate inclusion of Maryland hospitals in their Hospital Safety Grading System.

Hospital Quality Initiatives – Courtney Carta

Hospital Initiatives

Maryland has the longest emergency department wait times in the country. Staff are developing a survey that will be sent to hospitals to identify potential challenges that contribute to the long emergency department wait times. Staff are working with some hospitals to ensure the questions are appropriate prior to sending out the survey. The survey will be administered and results analyzed later this summer.

Health-care Acquired Infections (HAI) Data

Staff are preparing for the second round of data pulls that will be posted on the MHCQR website in July. Infections that will be included are CAUTI, SSI (COLO, HYST, CABG, HPRO, KPRO), and Health Care Personnel Influenza Vaccination. Staff will send preview reports to hospitals and work with them to ensure their data are accurate prior to public reporting. Staff are also staying abreast of ongoing issues with the rollout of the new NHSN baselines.

Specialized Cardiac Services Data

All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR ACTION/GWTG (Get With The Guidelines) 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. Collection of NCDR 4Q2016 registry data and outcome report submissions through the QMDC is currently underway.

In April 2017 an announcement was made regarding the dissolved relationship between the American College of Cardiology and the American Heart Association in terms of maintaining the joint (ACTION/GWTG) registry. This new development has implications for our cardiac data collection activities because our current regulations require hospital participation in the joint registry. In light of this news, the staff is working with MIEMSS and the affected hospitals to determine how to move forward. A presentation of the GWTG registry was given by the AHA at the May 9th Cardiac Data Coordinators meeting.

Health Plan Quality & Performance – Sherma Charlemagne-Badal

Health Plan accreditation provided through the National Committee for Quality Assurance (NCQA) assesses plans on clinical performance and consumer experience using the Healthcare Effectiveness Data Information Set (HEDIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) respectively. MHCC requires use of the above-mentioned tools as part of the Health Benefit Plan Quality and Performance Evaluation System. Each year, NCQA identifies measures to be removed and/or added to the accreditation requirements. For the 2018 reporting year, NCQA has retired two of the CAHPS measures: Aspirin Discussion - The percentage of adults in the target population who discussed the risks and benefits of using aspirin with a doctor or other health provider; and Call Answer Timelines - The percentage of calls received by the organization's Member Services call centers during operating hours in 2015 that were answered by a live voice within 30 seconds. We have adjusted our Health Plan Quality and Performance Reporting Requirements (QPRR) accordingly and the changes will therefore be reflected in reports posted to the Health Plan Guide.

In addition to the data collected through HEDIS and CAHPS, MHCC requires that plans write and submit the Quality Profile (QP), which is a summary of plan quality initiatives undertaken during the reporting year. After careful review, the requirement was deemed to be insufficiently conceptualized, leading to significant variation in its operationalization. Of particular concern was the use of the QP to derive a quality star rating for health plans. The decision was therefore made to retire the QP and the associated quality star rating for the 2018 reporting year and beyond.

Another health plan quality reporting requirement that will be eliminated beginning with the 2018 reporting period is the Automated Source Code Review (ASCR). The ASCR is a process by which a review is conducted of the source code used to calculate two measures for each health plan not using NCQA approved vendors to calculate measure scores. Staff review found that the ASCR methodology used to validate the source code was not appropriate or necessary. Specifically, out of tens of measures, the review of source code for only two measures for each plan was not a sufficiently large enough sample of measures on which to make a determination of source code standards. Additionally, the vendors responsible for the source code used to calculate the measures employ extensive code review and verification measures before the code is used in official capacities. Staff continues to make the associated modifications to the contracts supporting this initiative and the Quality and Performance Reporting Requirements for 2018.

Recognizing the importance of plan efforts to address health inequities, and the benefit of such work to consumers, staff will continue the process of reviewing disparities related reporting requirements. The review is to ensure that these measurement instruments continue to solicit the most useful data on health disparities work among health plans and that plan health equity efforts are quantifiable and allow for tracking of change. To allow staff sufficient review time, solicitation of proposals for a contract to measure health disparities is delayed for one year.

On May 2, 2017 the Baltimore Sun reported that Evergreen Health may be acquired by an investor group which includes LifeBridge and Anne Arundel Health System. At the time of the report, the deal was not yet approved by the Maryland Insurance Administration. MHCC will receive official notification about Evergreen in July via the annual statements submitted to MHCC by health insurance carriers on premium volume and enrollment percentages. Once this statement is received by MHCC, staff will be better positioned to make a determination as to whether Evergreen will be included in future public reporting efforts.

Long Term Care Initiative – Sherma Charlemagne-Badal

Health Care Worker Influenza Vaccination surveys continue to be collected. Reminder emails, follow-up phone calls, and weekly downloads of collected data will continue until the close of the data collection period on May 20, 2017. Staff expects to make survey results available to consumers and commissioners in July.

The Center for Medicare and Medicaid Services (CMS) has announced a timeframe for public release of the Hospice Quality data. Hospice Information Set (HIS) Quality Measures will be made publicly available in the late summer of 2017 and Hospice Consumer Assessment of Health Providers and Systems (CAHPS) data, a measure of the experience of patients who died while receiving hospice care, will be released to the public in the winter of 2018. No exact dates have been provided. The measures will be made available on the Long Term Care Guide (LTCG) once released.

Staff continues to work on updates to the LTCG. Home Health profile data has been added to the guide and hospice data is in the process of being updated. We continue to experience significant delays in data updates given our resources and are therefore exploring avenues to improve efficiency to our guide maintenance processes.

In an effort to remain responsive to the needs of consumers, we are continuing in our efforts to write features that highlight issues and provide resources to those visiting the LTCG. Based on a review of consumer inquiries, a feature on family caregivers, has been developed. The feature will acknowledge the value of the contribution of family caregivers, highlight some of the challenges faced by family caregivers, and present resources that can be accessed to address the noted challenges.

Consumer inquiries continue to be handled by division staff.