

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

December 2017

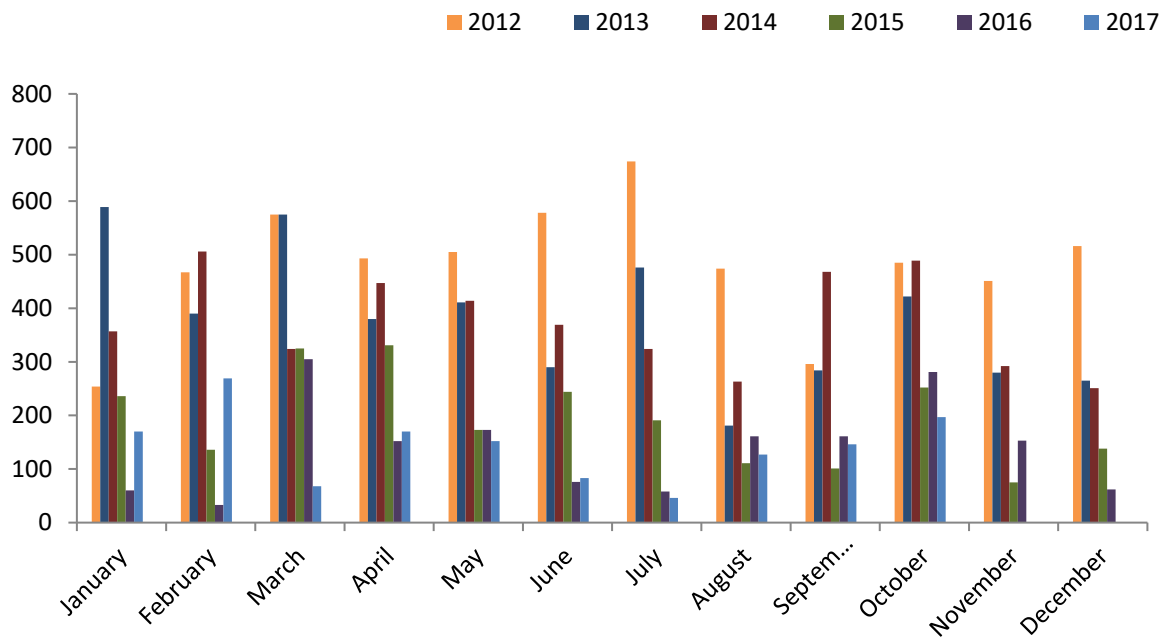
EXECUTIVE DIRECTION

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 of **\$196,604** for the month of October, down from approximately \$281,000 in October of 2016. The monthly payments for uncompensated care claims from January 2012 through October 2017 are shown below in Figure 1.

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



Annual Maryland Trauma Physician Services Fund Report to the Maryland General Assembly

The Commission's *Report to the Maryland General Assembly for FY 2017* was sent to the Governor's Office, Chairman Middleton, Chairwoman Pendergrass, and Secretary Schrader on November 27, 2017.

Cost and Quality Analysis – Kenneth Yeates-Trotman

MCDB Master Patient Index (MPI) v. Universal Unique Identifier (UUID)

The Master Patient Index identifies enrollees with Carve-Out pharmacy benefits at a higher rate than when using the Universal Unique Identifier.

One of the most important uses of both the MPI and UUID is to identify enrollees with carve-out pharmacy benefits. In a recent study conducted by staff and Social Scientific Systems (SSS), results show that the MPI used by CRISP in the Health Information Exchange provides a better alternative than the UUID in identifying carve-out records. For example, using the MPI, we can identify 95% of FEHBP (Federal Employee Health Benefits Program) enrollees with carve-out pharmacy benefits compared to only 4% using the UUID. Although the UUID performs reasonably well for other public employees, the MPI is clearly stronger (Please see exhibit below). MHCC will no longer require submission of the UUID by data submitters beginning in 2018.

MPI v. UUID: Percent of Enrollees with Identified Carve-Out Pharmacy Benefits, 2016

Market Segment	MPI	UUID
Public Employee (Non-FEHBP) ¹	83%	52%
Public Employee (FEHBP)	95%	4%
Self-Insured	42%	10%

Note: (1) includes State of Maryland employees and local government

Background: The UUID included in the MCDB since 2010 is not well reported by Pharmacy Benefit Managers (PBMs) because the ID is social security number (SSN) based and the SSN is not mandatory in many claims databases. The MPI started in 2014 and is produced by CRISP using demographic data submitted by payors. Unlike the UUID, the MPI is not heavily dependent on SSN and uses the various demographic information to match a patient.

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

Maryland continues to be first among all participating regions in the TCoC benchmark reporting for 2015.

Early TCoC benchmark results show that Maryland again has the lowest risk-adjusted total cost index (TCI)* compared to all participating regions in the TCoC project. These results indicate that based on the overall TCI, Maryland offers good value. The NRHI TCoC results provide additional evidence that the State’s All-Payer Model demonstration appears to be working, especially since Maryland has the best TCIs for hospital inpatient and outpatient care. However, the TCI for prescription drugs, unlike all other service category indices in Maryland, was above average due to above average utilization. Maryland’s privately-insured residents have higher disease burden than other regions, as measured by the average risk score. Above average risk-scores may indicate opportunities for significant savings through population health improvement. NRHI will release the TCoC benchmark results in early January 2018. * TCI= Price Index x Resource Use Index

Looking Ahead

- In the next coming weeks, staff will be working on the annual 2016 privately fully-insured report which is scheduled to complete for the February 2018 Commissioners meeting
- Also, SSS has begun developing a quarterly data mart that will consist of early releases of the most recent MCDB data submissions. The data mart will only have about ten value-added fields and will be used to create various early version analyses such as a semi-annual reporting of the privately fully-insured report. The data in mart will be refreshed as further data quality checks are performed by SSS.

Database Development and Applications – Leslie LaBrecque

Data Release

Data Staff worked on getting Medicare file access extended for previous years and ordered the files for upcoming years. Data Staff worked with the Medicaid administration, Hilltop, and the MCDB warehouse vendor and CMS to get our data use agreement with CMS extended. Data Staff worked with Medicaid to get their Medicare file access order defined and submitted to CMS, and calculated their portion of the cost sharing. Data Staff answered questions from parties interested in potentially applying for APCD access. Email reminders were sent to data recipients who have not submitted their 3rd quarter report for the APCD and DC data that were due by October 31, 2017.

Data Processing and Tech Support

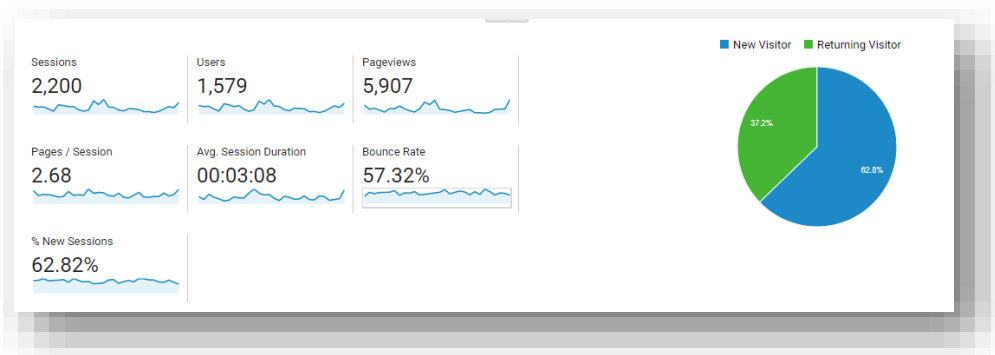
The Data Staff continued to resolve data processing issues, perform programming tasks and assist staff with using software. Support included: testing different methods to import the CathPCI XML files into SAS; creation of labels in Word; mapping software troubleshooting; Trauma Fund programming support; continued to work with the DC Hospital Association to get a corrected 2015 file; ran a 2016 private and hospital psychiatric data request for the CON staff; attended Minimum Data Set meetings with Hilltop and tested converting the Access files into SAS; assisted new hospital quality staff with understanding the HSCRC files and the EIN; continued training of a new programmer in SAS and web programming; continued providing training to staff using Access for creating queries and linking data.

Web Applications

Data Staff made updates to the MHCC website, prepared the Home Health Agency Survey for launch, and updated sections of the Long Term Care Guide. Web application activities included: assisting the Health IT staff with MSO page, bid board notice and grant updates; posting of the 2018 MCDB Data Submission Manual; assisting CON with large file uploads; performed daily downloads of the ambulatory surgery survey data for the CON staff; provided assistance to users for the CCRC Direct Admission Survey; On the **Home Health Survey** set up accounts for beta testers; continued to make modifications and fixes prior to the launch per the Long Term Care Staff; implemented changes based on feedback from the beta testers; generated the email notice letters to the facilities with their accounts. On the **Long Term Care Guide**, updates were made to the **Assisted Living** and **Adult Day Care** sections. Facility rates and vaccination rates data was cleaned and processed for the Assisted Living facility section. New data from the Long Term Care Survey was cleaned and processed for the Adult Day Care section.

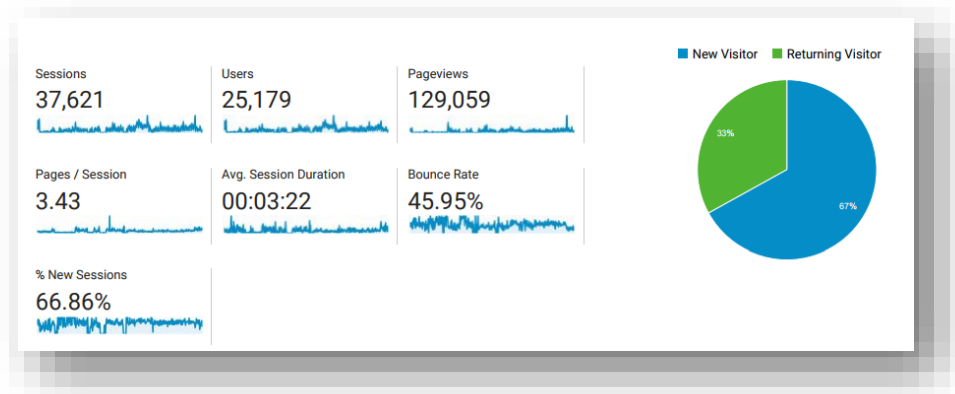
Internet Activities

Data from Google Analytics for the month of November 2017

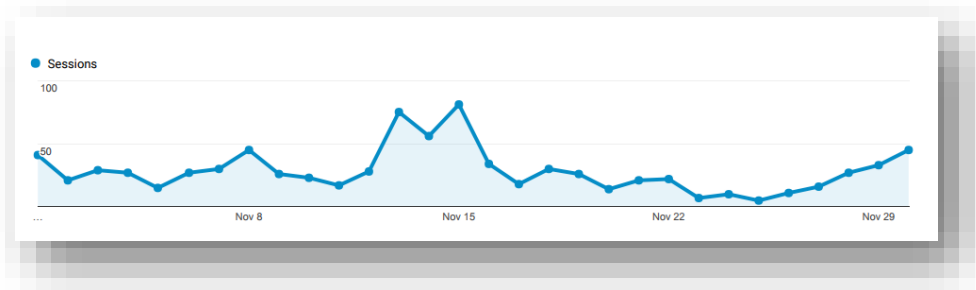


- Bounce rate is the percentage of visitors that see only one page during a visit to the site.
- As shown in the chart above, the number of sessions to the MHCC website for the month of November 2017 was 2,200 and of these, there were 62.82% new sessions. The average time on the site was 3:08 minutes. Bounce rate of 57.32% 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, hsrc.state.md.us. Among the most common search keywords in November were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Since the Maryland Health Care Quality Reports (MHCQR) website was released in December 2014, there have been 25,179 users of the consumer site and 129,059 page views. On average 699 users per month have visited the site. About 67% of users are new visitors. In November 2017, the MHCQR site had 585 users and 4,451 page views. This is a decrease from 1,201 users and page views from 10,885 in October 2017. However, it is important to note that the number of page views in October was unusually high and the data from November is in line with what is typically seen.



The average time on the site in November was about 6 minutes, which is similar to the amount spent on the site in October. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



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

Episode of Care project

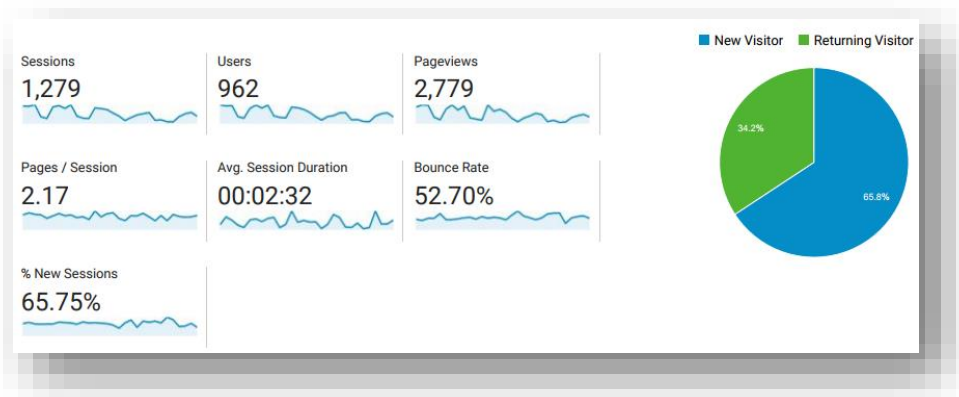
The Consumer website to include 2015/2016 Commercial data followed by Medicare 2015/2016 The Episode of Care project team is planning to release cost and quality measures based on 2015 and 2016 Commercial Fully insured, and Self-funded Non-ERISA claims data. The update is slated for the beginning of the second quarter of 2018, to be followed by Medicare FFS 2015 and 2016 claims data in the third quarter of 2018. This effort is part of the long-term expansion of the consumer-centric, price transparency “Wear the Cost” website that displays healthcare cost and quality of entire episodes of care.

S-3 is developing a statement of work to improve the scalability of the website and for creation of the episode of care cost and quality measures using Commercial 2015/2016. Social & Scientific Systems (S-3) is working together with Wowza (a subcontractor to S-3) and Altarum on a statement of work to redesign the consumer-centric website to enable seamless inclusion of measures based on additional years of commercial payers data and population cohorts like Medicare and Medicaid. The statement of work also includes the development of the cost and quality measures based on 2015 and 2016 Commercial Fully insured, and Self-funded Non-ERISA claims data. The SOW is expected to be completed and sent to MHCC by Dec 8th upon which MHCC will review and approve for the work to begin.

Staff met with MHA and Maryland hospital representatives to discuss future enhancement of the website and ways to improve hospital data vetting process. Based on suggestions offered at the meeting, MHCC will make changes to the existing site to add some clarifying information and remove hospitals that no longer performs a particular episode from the individual episode page. MHCC will also establish a permanent advisory group that will include hospital representatives, in addition to consumer participants that now attend. MHCC requested that MHA provide names of clinical and financial experts to serve on the workgroup and also individual hospital representatives that will be involved in the vetting of the individualized hospital report.

Communication and public engagement

- Altarum developed a statement of work for public education and awareness campaign which is currently being reviewed by MHCC staff.
- **Ben Steffen, executive director of MHCC, did an interview with Healthcare Business Insights which will be published early 2018.**
- During November, there have been 1279 sessions of the site and 2779 page views. About 66% of users are new visitors.



CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning - Eileen Fleck

State Health Plan: COMAR 10.24.11, General Surgical Services

Formal comments on the proposed regulations adopted at the September Commission meeting were received in November. Six comments were filed. Staff has reviewed these comments and developed recommendations for consideration by the Commission at its December meeting.

State Health Plan: COMAR 10.24.17

A meeting of the Cardiac Services Advisory Committee (CSAC) was convened on November 30, 2017 to discuss potential changes to COMAR 10.24.17.

Ongoing Performance Review-Cardiac Surgery

Staff is continuing to reviewing applications from cardiac surgery program for Certificates of Ongoing Performance.

Long Term Care Policy and Planning – Linda Cole

Minimum Data Set (MDS)

During the past month, staff has reviewed a draft Long Term Care Design Plan developed by the Hilltop Institute, MHCC’s MDS and long-term care data consultant. Work continued on reviewing and updating the programs for the Long Term Care survey, including audit reports and occupancy reports. Staff continues to hold bi-weekly conference calls with Hilltop.

Hospice Survey

The FY 2016 Maryland Hospice Survey has now been completed. Staff is updating the hospice documentation and database with the new variables incorporated during the 2016 Hospice Survey.

Nursing Home Plan Chapter Update

In preparation for an update of the Nursing Home Chapter of the State Health Plan, staff has been working with staff of the Center for Quality Measurement and Reporting to assess data on CMS star ratings for nursing homes in order to develop policies and standards that incorporate these quality ratings. Staff also reached out to the nursing home trade associations for recommendations for membership for a SHP work group to be convened in January.

Chronic Hospital Occupancy Report

Commission worked on development of the Chronic Hospital Occupancy Report for FY 2016 in November. This report, which is updated annually, is required under COMAR 10.24.08. It reports data on the number of chronic hospital beds, patient days, and average annual bed occupancy for both private and state-operated chronic hospitals. The Chronic Hospital Occupancy Report for FY 2016 was submitted as a public notice to be published in the December 22, 2017 issue of the *Maryland Register* and will be posted on the Commission's website.

Home Health Survey

The Notice Letter for the annual Home Health Survey collection for fiscal year 2015 was sent via the Survey Application on November 14. The survey data collection period started on November 27, 2017 and will end on January 25, 2018. 56 agencies are participating in the 2015 data collection. Agencies were given the option of early access to the FY 2016 Home Health Survey after they submit their FY 2015 Survey. We received positive feedback from the beta testing of the survey application.

Certificate of Need – Kevin McDonald

CONs Approved

Bethesda Chevy Chase Surgical Center – (Montgomery County) – Docket No. 17-15-2401

Establishment of an ambulatory surgical facility through addition of a second operating room.

Approved Cost: \$1,759,618

Change in Approved CONs

Suburban Hospital – (Montgomery County) – Docket No. 15-15-2368

Change in an approved CON consisting of finishing shell space for replacement of nursing units and related design and construction changes.

Additional approved cost: \$10,141,154

Total new approved project cost: \$210,691,985

CON Letters of Intent

National Children's Medical Center – (Prince George's County)

Establish an ambulatory surgery center with two operating rooms for pediatric patients to be located at 2900 North Campus Way in Lanham.

Gaudenzia, Inc. – (Baltimore City) – Central Maryland Region

Addition of 20 adult alcoholism and drug abuse intermediate care facility (ICF) beds at the ICF located in the Weinberg Building, 3643 Woodland Avenue in Baltimore.

Request Additional Letters of Intent – Closing Date: 1/22/18

Addiction Recovery, Inc. d/b/a Hope House Treatment Centers – (Prince George's County) – Southern Maryland Region

Establish a Track Two alcoholism and drug abuse ICF with 22 detoxification beds to be located at 429 Main Street in Laurel.

Request Additional Letters of Intent – Closing Date: 1/8/18

Pre-Application Conference

Children's National Medical Center – (Prince George's County)

Establish an ambulatory surgery center with two operating rooms for pediatric patients.

November 15, 2017

CON Applications Filed

Sacred Heart Home – (Prince George’s County) – Matter No. 17-16-2411

Capital expenditure to replace a 102-bed comprehensive care facility (CCF).

Estimated Cost: \$15,549,702

Joseph Richey House t/a Gilchrist Center Baltimore – (Baltimore City) – Matter No. 17-24-2412

Relocate 30 inpatient and residential hospice beds from Joseph Richey House at 828 East Eutaw Street to a new site at Stadium Place on 33rd Street in Baltimore.

Estimated Cost: \$10,398,950

Change in Approved CON Filed

Prince George’s Post-Acute Care – (Prince George’s County) – Docket No. 13-16-2347

Change in approved cost for establishment of a 150-bed CCF located at Lots 4 and 9 on Brightseat Road in Landover.

Approved Cost Increase Requested: \$2,415,113.

Determinations of Coverage

- **Ambulatory Surgery Centers**

Ambulatory Endoscopy Center of Maryland – (Prince George’s County)

\$800,000 renovation of an existing physician outpatient surgery center (POSC) and a change of ownership not requiring a new determination of coverage.

Capital Children’s Healthcare, LLC – (Prince George’s County)

Establish a one-operating room POSC to be located at 1220 Caraway Court, Suite 1050, in Upper Marlboro.

- **Licensure**

- **Other**

HomeCall, Inc. – (Baltimore County)

Establish a branch office in Rosedale. This home health agency is authorized to provide home health services in Baltimore, Carroll, Harford and Howard Counties.

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Advance Directives Services State Recognition Program – Regulations

Staff is awaiting a determination to an exemption request submitted on October 16th to remove the hold on proposed regulations, COMAR 10.25.19: *State Recognition of an Electronic Advance Directives Service*. In July, the promulgation of regulations was halted pending a review by the Maryland Regulatory Review Commission. COMAR 10.25.19 outlines program procedures for State Recognition of an electronic advance directives service allowing connectivity to the State-Designated Health Information Exchange (HIE).

Hospital Health Information Technology Assessment

Staff is preparing a report on key findings from the hospital health information technology (health IT) annual assessment. Data collected includes information on hospitals' implementation of health IT in support of evolving care redesign programs. All acute care hospitals in the State participated in the assessment. A final report is targeted for release in January.

Health Care Data Breach Assessment

Staff completed an all-state analysis of health care breaches from 2013 to 2016. Findings will be included in an information brief (brief) that illustrates breach trends in Maryland and the nation, along with Maryland's ranking relative to comparable states. The brief serves as a supplement to the June 2017 brief, *Health Care Data Breaches: A Changing Landscape*, and is targeted for release in December.

State Health IT Policy Compendium

Development activities continue on the draft framework for a compendium of health IT policy considerations to support planning and increased diffusion of health IT in Maryland. The compendium will include challenges and propose ways stakeholders can work collaboratively to achieve desired outcomes over the next three years.

Mobile Health Grant

Staff is supporting mobile health (mHealth) grantee, Johns Hopkins Pediatrics at Home, as they evaluate the role of mHealth in reducing clinical utilization and cost among pediatric patients with asthma in Baltimore City. The grantee is collecting pre/post measures on hospitalizations and emergency department visits; patient engagement with mHealth technology will also be assessed. The grant continues through March 2018.

Ambulatory Connectivity – CRISP

Staff finalized a brief on ambulatory connectivity to the Chesapeake Regional Information System for our Patients (CRISP). The brief details findings from an analysis of electronic health record (EHR) integration status by practices across jurisdictions and regions throughout Maryland. Findings will be used to inform planning efforts for increasing diffusion of health IT statewide.

Technology Independent Audit – CRISP

In collaboration with independent auditors Myers and Stauffer, LLC, staff is planning for a Service and Organization Controls 2, Type 2 audit to evaluate privacy and security controls of CRISP and its

subcontractors. Follow-up work continues to assess and test CRISP's implementation of corrective actions to remediate findings identified in last year's audit.

Health Information Exchange Division – Angela Evatt, Division Chief

Telehealth Grants

Staff is supporting the round three and four telehealth grantees in developing their project reports. Round three focused on increasing access to care and care management; grantees include Gerald Family Care, Associated Black Charities, and Union Hospital of Cecil County. The round four grantee, Gilchrist Greater Living, monitored homebound geriatric patients with complex needs. The reports are targeted for release in early 2018. Staff continues to work with the round five grantee, University of Maryland Shore Regional Health, and CRISP to leverage HIE services. The project aims to increase access to palliative care services and expand access to emergency behavioral health. A round six telehealth grant announcement was released during the month to test a medication management and reconciliation use case. Staff anticipates making an award in March 2018.

Telemedicine Regulations

Staff provided feedback to the Maryland Board of Physicians on draft amendments to its telemedicine regulations. The amendments are in response to the passage of Senate Bill 1106, which requires the Maryland State Board of Nursing, Physicians, Professional Counselors and Therapists, Psychologists, and Social Work Examiners to adopt teletherapy regulations by April 1, 2018. Feedback provided aims to ensure changes in the regulations support continued advancement of telemedicine among physicians in the State.

Telehealth Readiness Assessment Tool

A Bid Board notice (under \$50K contract announcement) was released during the month seeking a vendor to develop questions and a scoring methodology for a telehealth readiness assessment tool (tool). The tool would allow small practices in Maryland to determine their readiness for implementing telehealth. Vendors with expertise in telehealth and survey development were encouraged to respond. Staff anticipates making an award in January 2018; work would conclude in the spring of 2018.

EHR Adoption and EDI Activity

Staff is analyzing results of an environmental scan pertaining to challenges with EHR adoption. Results will be used to identify strategies aimed at increasing adoption. Staff is also preparing a report on health IT adoption among comprehensive care facilities (CCFs) in Maryland. Data used in the report was obtained through MHCC's annual long-term care survey of CCFs in Maryland. The report will detail CCFs progress in EHR adoption, connecting to the State Designated HIE, and use of telehealth. The report is targeted for release in January.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Network

An educational meeting for practices participating in the Practice Transformation Network (PTN) was convened by staff. The PTN was awarded to the New Jersey Innovation Institute (NJII) by the Centers for Medicare & Medicaid Services (CMS), and is in its third year of operations. NJII partnered with MHCC, MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative to complete practice transformation activities required by CMS. Over 800 providers and 90 practices in Maryland participate in the PTN. In addition, staff presented at the North American Primary Care Research Group conference in Montreal, Canada.

Maryland Primary Care Program

Staff collaborated with the Maryland Department of Health in convening several stakeholder meetings aimed at awareness building for the Maryland Primary Care Program (MDPCP). The MDPCP is a primary care delivery and reimbursement model in support of the Total Cost of Care Model (model). The model is currently under review by CMS; a decision to approve the model is anticipated in December. The model is expected to go-live in July 2018.

Montgomery County Medical Society Presentation

Staff presented on value based care delivery efforts in Maryland, including the proposed MDPCP program, at the annual payor conference for the Montgomery County Medical Society. The purpose of the conference was to provide practices with updates from State regulated payors and overview select information that can impact practices in 2018.

Maryland Multipayor Patient Centered Medical Home Program Shared Savings

Staff is working with the University of Maryland School of Pharmacy to update the 2015 Medicaid shared savings calculations using revised Medicaid Managed Care Organization claims files. Staff anticipates completing the 2015 Medicaid shared savings calculations in December. About half of eligible practices qualified for Medicaid shared savings payments.

<p><i>CENTER FOR QUALITY MEASUREMENT AND REPORTING</i></p>

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Twenty-five social media posts initiated in December

Staff continues to focus on the promotion of the MHCQR website. There were 25 social media posts made or planned in November. Topic posts for December include National Influenza Vaccination Week, National Handwashing Awareness Week, and Maryland Health Connection Open Enrollment period. These topics coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events, and are also designed to link readers back to the MHCQR website.

More than 25,000 users of the MHCQR website since inception

Staff continues to monitor traffic to the site using Google Analytics software. Since the new site was released in December 2014, there have been 25,179 users of the consumer site and 129,059 page views. In November 2017 the site had 585 users, a decrease from October, with 1,201 users. The site had 4,451 page views, which is similar to the monthly average. This does represent a decrease from 10,885 in October 2017 when the number of page views was unusually high. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

Maryland hospitals assigned Hospital Safety Scores

Hospital safety scores for Maryland hospitals were posted in late October. MHCC continues to provide support to hospitals with questions about the data and this new initiative. To view hospital safety grades, visit <http://www.hospitalsafetygrade.org/>. Staff are preparing for the next release of hospital safety grades in the spring of 2018.

First Website Update of 2018

MHCC staff is preparing for the next update to the MHCC consumer website. This release will include updated hospital quality measures as well as updated data (Jan thru Sept 2017) on inpatient hospital charges for diagnosis related groupings (APR-DRGs). The Center is also working toward the inclusion of the CMS star ratings for Home Health Agencies and Hospice service providers in the upcoming release in February 2018.

Outpatient Quality Initiative – Sebastiana Gianci

The Outpatient Quality Initiative (OQI) staff continues to move forward on the activities identified in the annual work plan. The OQI plan consists of four work streams:

- Landscape Analysis on Outpatient Quality and Performance Measurement
- Outpatient Quality Consumer Guide Development (release planned 12/2018)
- Strategic Engagement & Relationship Building
- Data Analytics & Methodology

Collaboration with Provider Industry & Other State Agencies

In collaboration with the Maryland Ambulatory Surgery Association (MASA), a short feedback exercise was developed to improve upon our understanding of hospital outpatient surgical services and freestanding ambulatory surgery centers (ASC). The ten question survey was distributed to over 100 facilities that are MASA members. Responses to the feedback exercise are due January 5, 2018.

To further our learning, OQI staff conducted on-site visits to outpatient providers including a hospital outpatient surgical services provider (Anne Arundel Medical Center's Edwards Surgical Pavilion), a multispecialty ASC (SurgCenter of Glen Burnie) and a single specialty ASC (Lutherville Surgicenter). The staff also met with the Office of Health Care Quality (OHCQ) to identify opportunities for data sharing and collaboration.

Hospital Quality Initiatives – Courtney Carta

Hospital Initiatives

Healthcare Associated Infections (HAI) Data

HAI Advisory Committee planning for 2018

MHCC analyzed HAI trends and developed proposed presentation topics for meetings in 2018. MHCC staff has planned an interactive quarterly meeting for January. Breaking tradition with only the regular Advisory Committee attending, MHCC will also invite infection preventionists from hospitals to participate and learn from other hospitals about best practices and overcoming obstacles.

Specialized Cardiac Services Data

Maryland requirements for cardiac registry use will change in 2018

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, staff worked with MIEMSS, AHA, and ACC to update registry requirements. MHCC has opted to remove ACC NCDR ACTION registry requirements from the regulations. MHCC continues to offer support to hospitals, ACC, AHA, and MIEMSS during this transition period. MHCC will present the proposed change in requirements during the January 2018 Commission meeting.

Health Plan Quality & Performance – Sherma Charlemagne-Badal

Implementation of new Streamlined Data Collection Process

The 2018 Kick-off webinar for Health Plans was held on November 30, 2017. Plan representatives received an overview of the Commission's new streamlined approach to commercial health plan performance measures data collection. The streamlined approach eliminates the requirement that plans conduct a separate HEDIS audit and CAHPS survey of Maryland members only. The Commission will rely on the CAHPS and HEDIS results derived from NCQA accreditation requirements.

Long Term Care Initiative – Sherma Charlemagne-Badal

Health Care Worker Influenza Vaccination fact sheets will be distributed electronically during December to nursing home and assisted living facility administrators and infection control preventionists as a tool to increase employee awareness of the important of vaccination.

The Consumer Guide to Long Term Care has been updated with Adult Medical Day facility profile information. Nursing Home MDS data is next in queue to be updated. Consumer inquiries continue to be handled by staff.