

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

June 2018

EXECUTIVE DIRECTION

Government Relations and Special Projects – Megan Renfrew

Legislative Workgroups

The executive office is running three work groups this summer. Additional work groups are being run by the Centers and will be detailed later in this document.

Physician Maintenance of Certification Work Group

This workgroup brings doctors, state agencies, hospitals, and payers together to discuss maintenance of certification requirements for physicians and the interaction of those requirements with payer and hospital privilege, network, and credentialing requirements. Chairperson Pendergrass requested that MHCC convene this group in response to the withdrawal of HB 857 in the 2018 legislative session. MHCC staff has recruited members for the group, meet with many of them individually, and planned and scheduled meetings. The first workgroup meeting is on June 19th. The current goal is to bring a final report or other document to the September or October Commission meeting.

EMS Reimbursement Work Group

In collaboration with the Maryland Institute for Emergency Medical Services Systems (MIEMSS), MHCC is convening a work group about Medicaid, Medicare, and Commercial insurance reimbursement for certain services provided by EMS. These services include Mobile Integrated Health (also known as Community Paramedicine); treat and release with no transport; and transportation to an alternative destination (such as drug treatment or urgent care). The first meeting of this workgroup was on June 14th. The report to the legislature is due on January 1, 2018.

African American and Rural Community Infant Mortality Study

MHCC is convening a group of state agencies and external stakeholders to study infant mortality in two vulnerable populations in Maryland. Membership for this workgroup is continuing and some planning meetings have been held. The first full workgroup meeting will be scheduled soon. The final report for this study is due in November, 2019.

Information on additional legislative work groups is included in specific MHCC Center updates.

MHCC in the News: Selected News Articles & Commentary (chronological order)

Almendrala, Anna, “Cancer Patients Pay Thousands to Save Their Fertility. New Laws Aim to Change that.” Huffington Post, June 7, 2018, https://www.huffingtonpost.com/entry/cancer-fertility-preservation-coverage_us_5b158d4de4b0129b529ce380

Cook, Chase, “UM Capital Region Health appeals decision on AAMC Cardiac Center”, Baltimore Sun, June 6, 2018, <http://www.baltimoresun.com/news/maryland/anne-arundel/ac-cn-cardiac-care-0607-story.html>

Eichensehr, Morgan, “*LifeBridge to invest \$14.8 million to move, upgrade Carroll County nursing center*”, Baltimore Business Journal, June 6, 2018, <https://www.bizjournals.com/baltimore/news/2018/06/06/lifebridge-to-invest-14-8-million-to-move-upgrade.html>

“Freedman, John, “*Every State needs a Database with all Health Insurance Claims, not just some*”, Stat, June 5, 2018, <https://www.statnews.com/2018/06/05/every-state-needs-database-all-health-insurance-claims/>

Setty, Dr. Amar, “*Maryland is Positioning Itself as a Leader in Telehealth*”, Maryland Matters, June 4, 2018, <https://www.marylandmatters.org/single-post/2018/06/04/Maryland-Is-Positioning-Itself-as-a-Leader-in-Telehealth>

Eichensehr, Morgan, “*Maryland Health Care Costs Continue to Rise*”, Baltimore Business Journal, May 31, 2018, <https://www.bizjournals.com/baltimore/news/2018/05/31/maryland-health-care-costs-continue-to-rise.html>

Cook, Chase, “*Judge Rules in favor of Anne Arundel Medical Center Cardiac Surgery*”, Baltimore Sun, May 23, 2018, <http://www.capitalgazette.com/lifestyle/health/ac-cn-cardiac-center-0524-story.html>

Eichensehr, Morgan, “*MedStar’s decision to cut Pediatric Beds highlights shift in Health Care in Maryland, Nationwide*”, Baltimore Business Journal, May 16, 2018, <https://www.bizjournals.com/baltimore/news/2018/05/16/medstars-decision-to-cut-pediatric-beds-highlights.html>

Maryland Trauma Physician Services Fund – Bridget Zombro

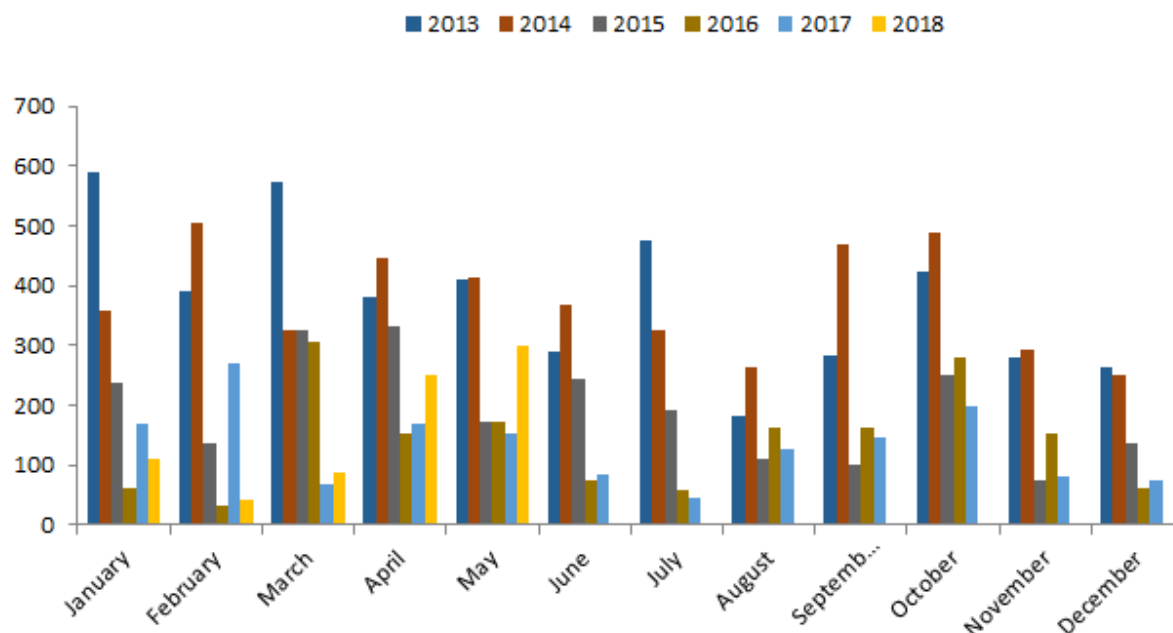
Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of \$297,966 for the month of May, 2018. These payments reflected trauma services delivered in late 2018 or the first several months of 2018. The uncompensated care payments made in May were the highest since March of 2016. This upturn in uncompensated claim volume may signal that many practices cleared their uncompensated care claim backlogs the same month or the higher payments could indicate that trauma uncompensated care is increasing due higher numbers of uninsured. Staff has also initiated some efforts to streamline processing at CoreSource. These efforts will continue and the staff has also started an analysis to determine how Medicaid trauma payments could be reimbursed at the same level that uncompensated care payments are paid. The monthly payments for uncompensated care claims from January 2013 through May, 2018 are shown below in Figure 1.

During the month of May, staff processed requests for payments for Equipment Grant Applications to Level II and Level III Trauma Hospitals, they are: Suburban Hospital, Johns Hopkins Bayview Medical Center, Meritus Medical Center, Dimensions Healthcare System, LifeBridge Health, Western Maryland Health System, and Peninsula Regional Medical Center. Each center received a grant in the amount of \$85,417 to be expended over a 2 year period.

The next round of on-call will be processed at the beginning of fiscal year 2019, for the months of January through June, 2018.

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2018



CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

Benchmarking HSCRC TCOC Commercial Medical Per Capita Costs: MCDB v. National Health Expenditures (CMS), 2013 - 2016

- Medical annual per capita costs in Maryland (MCDB) are about 10% to 16% lower than the national average from the NHE results from 2013 to 2016. See exhibit below.
- “Net cost of private health insurance,” prescription drugs, and dental services were removed from the NHE data to compare to the MCDB results. The net cost of private health insurance represents the difference between premiums and benefits and includes admin expenses, changes in reserves, and contributions to reserves (profit margins).

Benchmarking Annual Per Capita Costs: MCDB v. National Health Expenditures (NHE) for Private Health Insurance from CMS Privately Insured Medical (2013 to 2016)

	MCDB				NHE (CMS)				% Diff (MCDB over NHE)			
	2013	2014	2015	2016	2013	2014	2015	2016	2013	2014	2015	2016
Medical	\$3,132	\$3,240	\$3,444	\$3,504	\$3,489	\$3,638	\$3,920	\$4,163	-10.2%	-10.9%	-12.1%	-15.8%

Notes: (1) MCDB population are Maryland residents who are under age 65. There is no age restriction on the NHE (all 50 states) results.

(2) MCDB means Medical Care Data Base which is part of Maryland's All-Payer Claims Database. The MCDB includes claims and membership data submitted by health insurance carriers, Third Party Administrators, and Pharmacy Benefits Managers

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

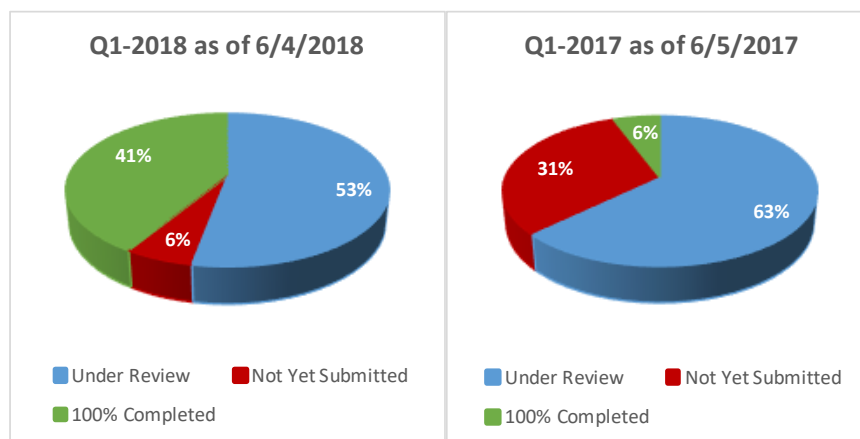
MHCC staff is meeting all NRHI targets and deliverables for the TCOC Phase III project.

- The staff has completed and delivered to NRHI the interim financial report to NRHI on time on 5/15/2018.
- The staff has completed and delivered to NRHI the TCRRV (Total Care Relative Resource Value) results on time (5/18/2018). The TCRRV professional, pharmacy, and inpatient results are approved. Institutional outpatient is currently under review by NRHI's technical advisor.

Medical Care Data Base (MCDB) Data Submission Status, Payor Compliance, and Technical Support

Quarter 1 2018 MCDB data submissions at the 5/31/2018 deadline end on a higher note than a year ago

Quarter 1 data submissions are challenging (e.g., new requirements to consider) for all payors from one year to the next. Despite such challenges, results show that payors are submitting first quarter 2018 data at a faster rate with fewer errors than a year ago at the same time. For example, for Q1-2018, 41% of all payors have fully completed the MCDB data submission process compared to only 6% at about the same time last year. See exhibit below.



Looking Ahead: Maryland Insurance Administration (MIA) Rate Review Collaboration

Staff is currently working to provide 2017 MCDB data (allowed claims and membership) to the MIA in support of the 2019 rate review process. The data is due to the MIA by 6/15/2018.

Database Development and Applications – Leslie LaBrecque

Data Release

Data Staff continued efforts to help local and non-local schools of higher education understand the data we have available through a data use agreement and the requirements for application and data use. MHCC Staff met with Luisa Franzini from the University of Maryland and Michael Scott from Salisbury University to discuss details of potential MCDB data sharing for the purposes of reporting healthcare utilization and access on the Eastern shore and has been assisting the University of Pennsylvania with completing a data use agreement for DC hospital data.

Notices were sent out for entities whose APCD and DC Hospital data use agreements have expired.

The Data Release Committee approved to move forward an application for MCDB data from Decision Resources Group Analytics (DRG), a CMS Qualified Entity (QE) Coordinated Program. DRG produces health market reports for consumers to support marketing and operational planning. DRG works with several providers and market research entities who use their products to improve operations efficiency, understand best practices for certain drugs and procedures according to specific cohorts, and identify trends from a population health perspective. DRG wishes to use the MCDB data in order to validate and benchmark their quality control methodologies. The data will be used to evaluate claims patterns in Maryland and help validate the algorithms used to predict expected claim coverage for a given diagnosis and treatment in observed locations.

Data Processing and Tech Support

Data Staff provided technical support to: the wearthecost project; (including graphic design support), inventory tracking support; healthcare workforce; Minimum Data Set; Trauma Fund; geocoding; and hospital discharge data processing support. Coordinated the outreach efforts among the various contractors in the wearthecost project; provided graphic design support for the spending and use report; worked with the inventory tracking vendor to obtain new scan tags and set up training for the new inventory scanner; assisted the administrative division with furniture replacement planning; inventoried new computer equipment; completed equipment disposition and receiving forms for new and surplus equipment to be sent to Central Services; assessed and reported on the workforce data inventory; participated in conference calls with Hilltop on Minimum Data Set processing; working with the DC Hospital Association to get the second half of 2017 data; resolved a data problem with the Trauma fund processing; processed the calendar year 2017 HSCRC inpatient, outpatient, and psychiatric hospital data; helped the HIT staff with geocoding the most current physician data; and updated the data retention period for our google analytics.

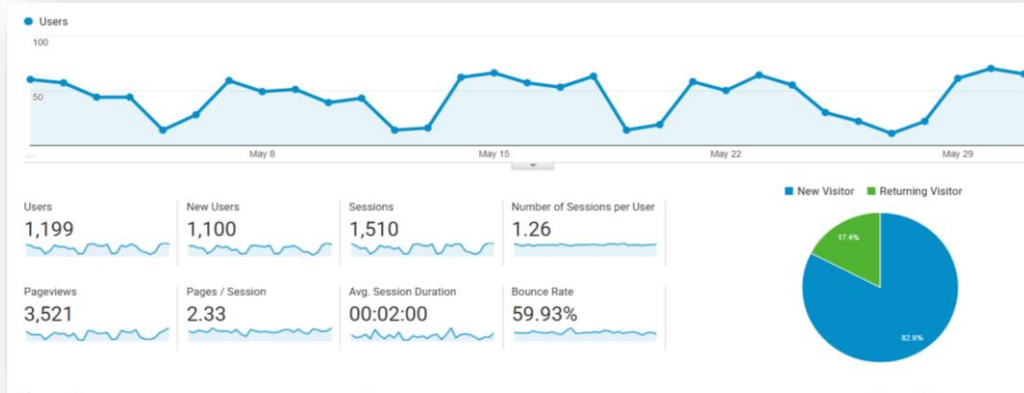
Web Applications

Data Staff continued survey development, assisted staff with new website project areas and performed website data updates as follows:

- **MHCC website:** assisted MHCC Staff with intranet and internet page updates; created new workgroup and press release pages; assisted the HIT staff with the new Health IT Lunch and Learn webinar and telehealth grant pages, and with a new EHN logo; assisted the CON staff with the CON modernization task force;
- **Ambulatory Surgery Guide:** developed database tables and style sheets for a new page reporting influenza vaccinations; developed new styling for the guide so that it looks just like the Hospital guide; added new page holders for upcoming quality measures;
- **Ambulatory Surgery Survey:** continued development for the overhauled survey application;
- **Home Health Survey:** provided technical support to users completing the survey and other changes requested by Staff;
- **Health Facility Influenza Survey:** added a new facility to the nursing home portion of the survey;
- **Long Term Care Guide:** updated patient satisfaction data and redesigned home health patient satisfaction page; downloaded, reviewed and analyzed Home health quality measures data from CMS;
- **Long Term Care Facility Survey:** extended the due date for survey submission and provided login credentials to facilities who were having trouble locating theirs; set up letter notifications;

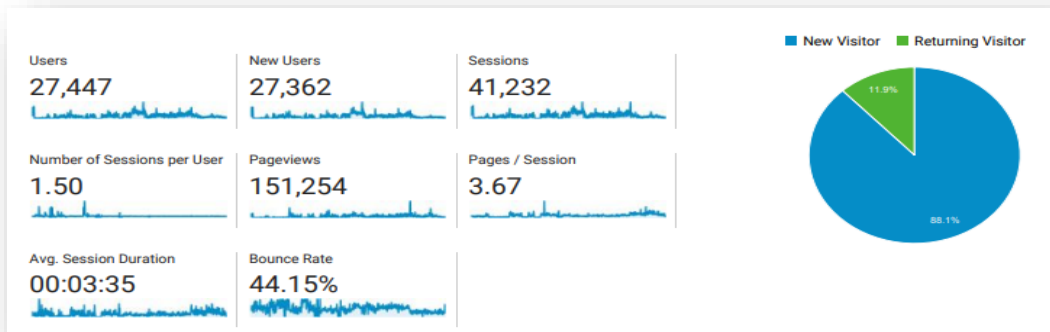
Internet Activities

Data from Google Analytics for the month of May 2018

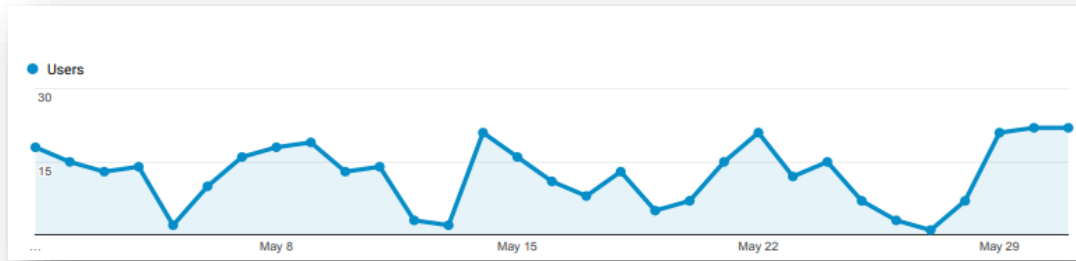


- Bounce rate is the percentage of visitors that see only one page during a visit to the site.
- As shown in the chart above, the number of sessions to the **MHCC website** for the month of May 2018 was 1,510 and of these, there were 1,100 new users. The average time on the site was 2:00 minutes. Bounce rate of 59.93% 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 and hscrc.state.md.us. Among the most common search keywords in May 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 27,447 users of the consumer site and 151,254 page views. On average, 654 users per month have visited the site. About 88% of users are new visitors. In May 2018, the MHCQR site had 350 users and 1,765 page views. The number of users and page views declined from the previous month.



The average time spent on the site in May was about 3 minutes. More discussion of the website can be found in the Center for Quality Measurement and Reporting section.



Special Projects – Janet Ennis

Population Health Benchmark Feasibility Study on Cost of Diabetes Care

MHCC Staff and Contractor team up with JHHC on diabetes study:

MHCC’s contractor, Judy Loren, is analyzing population health measures focusing on the examination of the costs to treat Maryland’s nonelderly privately insured diabetics. Most recently, MHCC staff, Judy, and staff from Johns Hopkins Health Care, the health insurance administrative branch of Johns Hopkins Medicine with extensive experience in diabetes analysis, began collaborating on this project. The results of this evaluation will be used for internal MHCC analysis to determine whether the MCDB is an appropriate data source to monitor the cost of care for populations of varying health status. Specifically, the contractor will produce benchmark costs from the data using actual costs and quality measurement criteria (from CMS or other sources) and assess the strength of the underlying data and the resultant benchmarks. The Contractor will also make recommendations on how to best characterize the costs of care in the diabetic population for purposes of cost projections, which require estimates of future population demographics and adherence to standard protocols in the treatment of diabetes.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

State Health Plan: COMAR 10.24.17, State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services

A formal 30-day public comment period for the proposed permanent regulations adopted by the Commission in April began on May 25, 2018.

On-Going Performance of Cardiac Surgery Programs

Staff continued to review applications from cardiac surgery programs for Certificates of Ongoing Performance. Staff plans to present the first four reviews with recommendations at the June 2018 Commission meeting. MHCC staff solicited feedback on a general template for these reports, which are the first of their kind, from stakeholders.

State Health Plan: COMAR 10.24.09

Amendments to this State Health Plan chapter for acute rehabilitation services became effective on May 21, 2018. The Commission adopted amendments to this Chapter as emergency regulations in 2017 that would have remained in effect only through June 22, 2018. The amendments allow MHCC more flexibility in

determining what hospital discharge records should be classified as acute rehabilitation, a change necessitated by changes in the information is being reported to the relevant discharge data set and the need for MHCC to better understand demand for this service and periodically update its forecast of bed need.

Long Term Care Policy and Planning – Linda Cole

Minimum Data Set (MDS)

During the past month, Hilltop Institute, MHCC's MDS consultant, completed work on the Long Term Care survey programs and developed tables on Nursing Home Occupancy and Medicaid Participation Rates. They also submitted a draft report on SAS Programming Quality Control Processes.

COMAR 10.24.20 (formerly COMAR 10.24.08)

Staff worked to complete internal development work on this draft chapter of State Health Plan regulations for comprehensive care facility, or nursing home, services. A draft has been posted on the MHCC web site for informal public comment at:

https://mhcc.maryland.gov/mhcc/pages/home/public_comment/public_comment.aspx

A background and status report on the development of this Chapter is planned for presentation at the June Commission meeting.

Home Health Agency: Pre-Application Conference for Upper Eastern Shore

MHCC is extending the cycle of Home Health Agency (HHA) CON reviews initiated in 2017 by scheduling a second review cycle for the Upper Eastern Shore region, which consists of Caroline, Cecil, Kent, Queen Anne's, and Talbot Counties. Letters of intent were received from seven potential applicants: two Maryland Medicare-certified HHAs; one Medicare-certified HHA from Delaware; and four Maryland licensed residential service agencies. A pre-application conference was held on May 22, 2018 to review the qualifying criteria, consistent with the HHA Chapter of the State Health Plan (COMAR 10.24.16), as well as the CON review standards and CON application form. Staff made a presentation on navigating the HHA public use data set. Guidance on addressing the charity care standard, including information on the amount of charity care provided by jurisdiction in the Upper Eastern Shore region, was distributed.

Home Health Survey

The FY 2016 Home Health Agency Survey data collection period ended on May 3, 2018. Staff is working on the documentation to process the data.

Long Term Care Survey

The 2017 Long Term Care Survey data collection began on April 16, 2018. 100% of the comprehensive care facility (CCF) survey responses, which include the user fee assessment, have been accepted. Four CCFs submitted responses after the due date of May 15, 2018, and after the grace period of May 25, 2018. Notice of assessment of fines were issued, but the fines will be waived due to change in management. The due date for responses by chronic hospitals, assisted living, and adult day care facilities is June 14, 2018. To date, 72% of these survey responses have been accepted. Staff continues to provide technical support to providers during the data collection period.

Staff has worked with Hilltop and the 2016 Long Term Care Survey reports are complete. The data will be downloaded from the development area to the staff working area on in-house drives. Bed occupancy reports, the public use data set, profiles of CCFs, assisted living facilities, and adult day care programs for the MHCC consumer guides will be developed. The public use data sets will be posted on the Commission's website.

Certificate of Need – Kevin McDonald

Exemptions from CON Approved

Adventist HealthCare Shady Grove Medical Center and Adventist HealthCare Behavioral Health & Wellness – (Montgomery County)

Consolidation of Adventist Behavioral Health and Wellness, a special psychiatric hospital, and Adventist Healthcare Shady Grove Medical Center, a general hospital. These two facilities are located on adjoining premises in Rockville and will be operated, post-consolidation, as a general hospital, Adventist Healthcare Shady Grove Medical Center.

CON Letters of Intent

Adventist HealthCare, Inc. d/b/a Adventist HealthCare Rehabilitation - (Montgomery County)

Relocation of a special rehabilitation hospital from the campus of Adventist HealthCare Washington Adventist Hospital (WAH) in Takoma Park to the Silver Spring campus of the replacement WAH, currently under construction.

Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health – (Upper Eastern Shore)

Addition of Caroline, Cecil, Kent, Queen Anne's and Talbot Counties to the authorized service area of an existing home health agency (HHA).

Bayada Home Health Care – (Upper Eastern Shore)

Addition of Cecil County to the authorized service area of an existing HHA.

Christiana Care Health Systems – (Upper Eastern Shore)

Establishment of an HHA serving Caroline, Cecil, Kent, Queen Anne's and Talbot Counties.

DB Home Healthcare Solutions, L.L.C. – (Upper Eastern Shore)

Establishment of an HHA serving Caroline, Cecil, Kent, Queen Anne's and Talbot Counties.

Optimal Health Care, Inc. – (Upper Eastern Shore)

Establishment of an HHA serving Caroline, Cecil, Kent, Queen Anne's and Talbot Counties.

Quality One Care – (Upper Eastern Shore)

Establishment of an HHA serving Caroline, Cecil, Kent, Queen Anne's and Talbot Counties.

Susan's Heart, L.L.C. – (Upper Eastern Shore)

Establishment of an HHA serving Caroline, Cecil, Kent, Queen Anne's and Talbot Counties.

Pre-Application Conference

HHA Review Cycle for the Upper Eastern Shore

Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health

Bayada Home Health Care

Christiana Care Health Systems

DB Home Healthcare Solutions, L.L.C.

Optimal Health Care, Inc.

Quality One Care

Susan's Heart, L.L.C.

May 22, 2018

Adventist HealthCare, Inc. d/b/a Adventist HealthCare Rehabilitation - (Montgomery County)

May 23, 2018

First Use Approvals

Maryland House Detox, L.L.C. – (Anne Arundel County) – Docket No. 16-02-2374

Establish an alcohol and drug abuse treatment intermediate care facility with 16 ASAM Level 3.7 WM (or detoxification) beds at 817 South Camp Meade Road in Linthicum.

Final Cost: \$1,936,275

Riva Road Surgical Center – (Anne Arundel County) – Docket No. 17-02-2392

Establish an ambulatory surgical facility by the addition of a second operating room to a physician outpatient surgery center.

Final Cost: \$741,499

Determinations of Coverage

- **Acquisition/Change of Ownership**

Gentiva Certified HealthCare Corporation d/b/a Kindred at Home

Acquisition of Gentiva Certified HealthCare Corporation d/b/a Kindred at Home, an HHA, by Kentucky Homecare Parent, Inc. with an authorized service area that includes Anne Arundel, Baltimore, Calvert, Carroll, Charles, Frederick, Harford, Howard, Montgomery, Prince George's and Queen Anne's Counties and Baltimore City.

Cherry Lane Nursing Center – (Prince George's County)

Acquisition of Cherry Lane Nursing Center, a CCF, by Cherry Lane Realty Group, L.L.C.

Purchase Price: \$19,500,000

Resorts at Chester River Manor Corporation (Currently Chester River Manor) – (Kent County)

Acquisition of Chester River Manor, a CCF, by 200 Morgnec Road, L.L.C.

Purchase Price: \$9,158,000

Layhill Center – (Montgomery County)

Acquisition of Layhill Center, a CCF. 3227 Bel Pre Road, L.L.C. will acquire the real property and improvements. Layhill SNF, L.L.C. will acquire the beds rights and operate the CCF.

Purchase Price: \$14,000,000

Elkton Transitional Care Center – (Cecil County)

Acquisition of Elkton Transitional Care Center, a CCF, by Elkton SNF, L.L.C. d/b/a Elkton Nursing & Rehabilitation Center.

Purchase Price: \$4,000,000

Shady Grove Center – (Montgomery County)

Acquisition of Shady Grove Center, a CCF. 9701 Medical Center Drive Operations, L.L.C. will acquire the real property and improvements. Shady Grove SNF, L.L.C. will acquire the beds rights and operate the CCF.

Purchase Price: \$20,100,000

- **Capital Projects**

Holy Cross Hospital of Silver Spring– (Montgomery County)

Capital expenditure to renovate the labor and delivery unit

Estimated expenditure: \$4,500,000 (Seeking \$2,000,000 from the 2018 Maryland Hospital Association [MHA] Hospital Bond Program.)

UM-St. Joseph Medical Center – (Baltimore County)

Capital expenditure to renovate the emergency department

Estimated expenditure: \$2,130,000. (Seeking \$1,000,000 from the 2018 MHA Hospital Bond Program.)

Mercy Medical Center – (Baltimore City)

Capital expenditure for renovation of an existing building for outpatient services, including primary and obstetrics care and population health.

Estimated expenditure: \$5,000,000 (Seeking \$2,500,000 from the 2018 MHA Hospital Bond Program.)

MedStar Union Memorial Hospital – (Baltimore City)

Capital expenditure for renovation of existing building space to establish a Flex/Primary Care Center.

Estimated expenditure: \$1,250,000. (Seeking \$425,000 from the 2018 MHA Hospital Bond Program.)

Doctor’s Community Hospital – (Prince George’s County)

Capital expenditure for renovation of the emergency department and an upgrade of the campus security camera system.

Estimated expenditure: \$237,113 (Seeking \$118,556 from the 2018 MHA Hospital Bond Program.)

Howard County General Hospital – (Howard County)

Capital expenditure renovation of the Berman Pavilion Health Care and Surgery Center.

Estimated expenditure: \$1,700,000 (Seeking \$500,000 from the 2018 MHA Hospital Bond Program.)

Anne Arundel Medical Center – (Anne Arundel County)

Capital expenditure for renovation of the South Pavilion and the emergency department to create a suite for pediatric behavioral health patients and adult and pediatric domestic violence/sexual assault victims.

Estimated expenditure: \$1,043,000 (Seeking \$484,000 from the 2018 MHA Hospital Bond Program.)

Peninsula Regional Medical Center – (Wicomico County)

Capital expenditure for renovation of the Special Care Nursery and the 4th Floor East Wing. Estimated expenditure: \$2,800,000 (Seeking \$1,372,000 from the 2018 MHA Hospital Bond Program.)

Carroll Hospital Center – (Carroll County)

Capital expenditure for new construction and renovation. A three-story infill project will enclose approximately 12,500 square feet on each of the hospital's basement, ground, first and second floors, and a 10,000 square foot building addition will be constructed on the hospital's first floor. The project will also include renovation of existing space. The hospital has “pledged” that, over the life of the project, no more than \$1.5 million will be required, as a total cumulative increase in patient charges or hospital rates for the capital costs associated with the project.

Estimated expenditure: \$ 52,250,000

- **Licensure**

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

Oak Crest Village – (Baltimore County)

Delicensure of 40 CCF beds

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

Lorien-Columbia – (Howard County)

Relinquishment of 10 previously approved but unimplemented CCF “waiver” beds.

- **Other**

Chesapeake Treatment Center – (Baltimore City)

Change in the resident population mix to serve additional males aged 18 to 20 with complex mental health, substance abuse and behavioral programs who are in the custody of the Department of Juvenile Services.

- **Change in Bed Capacity**

Charlotte Hall Veterans Home – (St. Mary’s County)

Addition of 40 CCF beds. By law, this state facility is not a “health care facility” subject to CON requirements.

- **Waiver Beds**

Adventist HealthCare Rehabilitation – (Montgomery County)

Addition of 10 acute rehabilitation beds.

HealthSouth Chesapeake Rehabilitation Hospital – (Wicomico County)

Addition of five acute rehabilitation beds.

<i>CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY</i>
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Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Prescription Records Study

Staff engaged stakeholders regarding participation on a workgroup to assess the benefits and feasibility of developing an electronic system to allow health care providers to access a patient’s prescription medication history, consistent with Senate Bill 13, *Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report*. Discussions are underway with the Hilltop Institute to provide the workgroup with support to complete the assessment and to develop the final report. The workgroup is tentatively scheduled to convene in July. A report to the Governor and General Assembly is due by January 2020.

Health Record and Payment Integration Program Advisory Committee

Stakeholders were invited to participate on an Advisory Committee (committee) consistent with Senate Bill 896, *Maryland Health Care Commission – Health Record and Payment Integration Program Advisory Committee*. Among other things, the law requires the committee to evaluate the feasibility of incorporating electronic health care claims into the State-Designated Health Information Exchange. Staff is in conversation with the Hilltop Institute to provide support to the committee and develop the final report. The committee is targeted to convene in July. A report is due to the Governor and General Assembly in November 2019.

Health Care Data Breach Analysis

Staff is preparing a summary of health care data breaches that occurred in 2017 at Maryland HIPAA covered entities including health care providers, payers, and clearinghouses. Data was obtained from the U.S. Department of Health and Human Services, Office for Civil Rights website, which includes breaches investigated and closed of unsecured protected health information affecting 500 or more individuals. The document includes breach trends in Maryland and the nation, and Maryland’s ranking compared to other states. The summary is scheduled for release in July.

Electronic Advance Directives

Staff received one application from an electronic advance directives service for State-Recognition. A preliminary review of the application submitted by ADVault, Inc. (dba MyDirectives) was completed during the month and additional information was requested by staff. Staff anticipates presenting the application to the Commission in July. Staff presented at an advance care planning forum organized by the Maryland Hospital Association and Maryland-National Capital Homecare Association.

Hospital Health Information Technology Assessment

Staff finalized the 2018 hospital health information technology (health IT) assessment survey; the survey was pre-tested with several hospital Chief Information Officers. This year's survey includes questions that assess hospitals' perceived value of health IT to improve quality of care. Staff plans to release the survey in June, which includes a 60-day response time frame. Findings from the survey will be released in early 2019.

CRISP Independent Reviews

The independent auditors, Myers and Stauffer, LC (MSLC), completed field work for the annual privacy and security audit of CRISP. MSLC's draft report will include information on corrective actions to address audit findings implemented by CRISP from the prior year. Staff and MSLC are collaborating to identify key components for the earned value assessment of the Integrated Care Network.

Cybersecurity Self-Assessment Tool Update

Staff made revisions to the Cybersecurity Self-Assessment Readiness Tool (tool) to align it with recent updates to the National Institute of Standards and Technology Cybersecurity Framework (Version 1.1). Updates include changes to authentication and identity, self-assessing cybersecurity risk, managing cybersecurity within the supply chain, and vulnerability disclosure. The revised tool will be released in July.

Health Information Exchange Division – Angela Evatt, Division Chief

Telehealth Grant Projects

Staff continues to provide support to the University of Maryland Shore Regional Health (UMSR) and Johns Hopkins Pediatrics at Home (JHPH) in developing their final project deliverable. UMSR is developing a telehealth implementation tool kit, and JHPH is developing a mHealth implementation roadmap. Staff convened a kick-off meeting with the latest telehealth grantees, the University of Maryland Quality Care Network and Mosaic Community Services, Inc.

School-Based Telehealth Workgroup

Staff worked with stakeholders to identify participants for the school-based telehealth workgroup (workgroup), which will work to identify opportunities to expand school-based telehealth services in primary and secondary schools. Staff convened the workgroup virtually during the month to discuss two potential new telehealth grant opportunities for school-based telehealth. A final report is due to the Committee in November 2019.

Telehealth Readiness Assessment Tool

Staff reviewed the draft telehealth readiness assessment (TRA) tool questions and scoring methodology with various stakeholders. Field testing of the TRA tool with small practices and development of guidance/resource content is underway in collaboration with RTI. In January, RTI was selected for development of the TRA tool, which is targeted for release in the fall.

Telehealth Lunch and Learn Session

Staff hosted a telehealth webinar titled, *Remote Patient Monitoring: Medicaid New Rules & Pediatric Asthma Project*. The webinar focused on remote patient monitoring requirements and eligibility and included presenters from Maryland Medicaid and Johns Hopkins Pediatrics at Home.

EHR and EDI Activity

Staff is exploring opportunities to expand EHR adoption and meaningful use among select specialists. Statewide, EHR adoption is reported at about 71 percent (primary care 79 percent / specialist 63 percent). Staff is providing consultative support to payers that are required to submit an EDI Progress Report by June 30th, consistent with COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. Approximately 38 payers meet the reporting requirement.

Practice Transformation Network

Staff collaborated with MedChi and the Maryland Learning Collaborative on an educational event for practices participating in the Practice Transformation Network (PTN). The PTN was awarded to the New Jersey Innovation Institute (NJII) by the Centers for Medicare & Medicaid Services (CMS) in 2016. The MHCC, partnered with MedChi and the Maryland Learning Collaborative to transform nearly 90 participating practices in Maryland. CMS funding for the PTN concludes in September 2019.

Maryland Primary Care Program

Staff is developing a task order Request for Proposal (RFP) to identify contractors that can assist practices to meet the complex care requirements that will enable practices not already participating in the Maryland Primary Care Program (MDPCP) to meet the minimum participation requirements, and practices in the MDPCP that are struggling to navigate the changing landscape to deliver high-quality coordinated care. Staff anticipates releasing the RFP in late summer.

Patient Family Advisory Council Guidance Document

A contract was awarded to the Institute for Patient and Family Centered Care to develop and field test a Maryland specific Patient Family Advisory Council (PFAC) guidance document. The PFAC guidance document will help practices work collaboratively with patients and families to improve the patient experience at the practice. PFACs are a supportive strategy of alternative care delivery models where patients and families partner with the care team to provide guidance on how to improve the patient and family experience.

Maryland Multi-Payer Patient Centered Medical Home Program

Staff continues to work with the Hilltop Institute and the University of Maryland School of Pharmacy on the analysis of the 2016 performance data from participating Medicaid Managed Care Organizations (MCOs) and the 51 participating practices. Qualifying practices will receive shared savings payments from MCOs in the summer.

***CENTER FOR QUALITY MEASUREMENT AND
REPORTING***

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Twenty social media posts initiated in June

Staff continues to focus on the promotion of the MHCQR website. There were 20 social media posts made or planned in June. Topic posts for May include National Men's Health Month, Arthritis Awareness Month, national Asthma and Allergy Awareness Month, and National Stroke Awareness Month. These topics coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events, and are designed to link readers back to the MHCQR website.

More than 150,000 page views 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 27,447 users of the consumer site and 151,254 page views. In May 2018, the site had 350 users which is a decrease from 432 users the previous month. The site also saw a decrease in page views from 2,642 in April compared to 1,765 page views in May. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

MHCQR Website Update

Staff are preparing for the next quarterly update to the MHCQR consumer website in July. This update will include healthcare associated infection (HAI) data for catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), and healthcare personnel influenza vaccination rates.

Hospital Quality Initiatives – Courtney Carta

Leapfrog Work Continues

MHCC continues to support the Leapfrog initiative by providing patient safety indicator (PSI) and hospital acquired condition (HAC) data. Staff are working with Leapfrog to prepare data for the next release in the Fall 2018. To view current Maryland hospital performance, visit the Leapfrog website, <http://www.hospitalsafetygrade.org/>. Staff continue to provide support to hospitals with questions about the data and methodology.

Healthcare Associated Infections (HAI) Data

Second round of annual HAI performance measures

The MHCC updates HAI performance measures annually on the Hospital Guide. Staff have sent preview reports to hospitals with CY2017 CAUTI, SSI, and HCP influenza rates. Hospitals are currently validating the data. Final results will be compiled later on this month and reported to the MHCQR website in the July update. This is the first year public reporting is based on the 2015 NHSN updated baselines so results are not directly comparable to CY2016. The remaining HAI data (central-line associated blood stream infections, clostridium difficile, and methicillin resistant staphylococcus aureus) will be updated in July.

In an effort to promote greater collaboration among hospitals, the MHCC staff expanded the purpose of the quarterly HAI Advisory Committee meeting to include more interactive learning sessions. Given the overwhelmingly positive feedback for these sessions, staff will continue this format and are planning for the next meeting in July.

Specialized Cardiac Services Data

All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR CathPCI data registries and report quarterly data to the Commission in accordance with established timelines. Data collection for 4Q2017 Outcome Reports is underway.

Outpatient Quality Initiative – Sebastiana Gianci

Maryland Ambulatory Surgical Association (MASA) Infection Control Meeting

OQI staff attended the Maryland Ambulatory Surgical Association (MASA) infection control meeting. Clinicians from MedStar presented detailed information on *Infection Prevention and Instrument Reprocessing* and a productive discussion followed the presentation.

OQI Website Development

The OQI staff is working with the Center for Analysis and Information Systems web development staff to build the framework pages for the new OQI website.

Long Term Care Quality Initiative

Procurement for survey administrator completed and ready for BPW approval

In December 2017, the MHCC issued a Request for Proposals (RFP) to obtain a contractor with health care survey administration experience to conduct the Nursing Home Experience of Care Survey. Proposals have been submitted in response to the RFP and reviewed by an evaluation committee. The recommendation for award will be considered at the June 20th meeting of the Board of Public Works. Staff will attend the meeting to respond to any questions or concerns.

Healthcare Worker Influenza Vaccination Survey data collection complete

The Nursing Home Healthcare Worker Influenza Vaccination and Infection Prevention survey and the Assisted Living Staff Influenza Vaccination survey data collection period is complete. Staff is in the process of analyzing data. Facility healthcare worker vaccination rates are posted on the Consumer Guide to Long Term Care. In addition, the results for the nursing homes helps support the Medicaid Pay for Performance Program.