

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

January 2019

EXECUTIVE DIRECTION

Government Relations and Special Projects – Megan Renfrew

Government and External Relations contribution for January 2019 Commissioner Updates

Legislative Workgroups

African American and Rural Community Infant Mortality Study

This study will include data, program information, and recommendations related to infant mortality in African American Infants and Infants in rural communities in Maryland. MHCC established a work group to advise the commission on this study. The study workgroup has met twice, and five additional meetings are scheduled this year. The workgroup has three subgroups: data analytics, innovative programs, and community and consumer engagement. Each subgroup met once this fall and are expected to meet an additional 2-3 times this year. The final report for this study is due in November 2019.

EMS Reimbursement Work Group for New Care Delivery Models

MHCC co-leads this study with MIEMSS. The Steering Committee (state staff) for the workgroup met regularly on Medicaid and Medicare components of the task during the summer and fall of 2018. MHCC and MIEMSS staff also met individually with private insurers and MHA. Finally, MIEMSS and MHCC established a workgroup of stakeholders, which met three times. The report for this study is on the agenda for the January MHCC meeting.

Legislative Session

The 2019 Legislative Session began on January 9, 2019. As in past years, the Commission will schedule conference calls to discuss proposed legislation on which the staff recommends that the MHCC take a position. The Government Affairs team will review this process in the January MHCC meeting. The Session runs through April 8, 2019.

MHCC in the News: News Updates & Commentary related to MHCC

Anderson, David, “New Upper Chesapeake medical center, now planned for Aberdeen, is welcomed by city audience.” The Aegis, December 17, 2019, <https://www.baltimoresun.com/news/maryland/harford/aegis/ph-ag-upper-chesapeake-aberdeen-presentation-1219-story.html>

Cohn, Meredith, et al., “The top stories in Harford County in 2018”, The Aegis, December 21, 2018, <https://www.baltimoresun.com/news/maryland/harford/aegis/bs-md-ha-harford-2018-top-10-stories-20181213-story.html>

Curtis, Tim, “Recommendations to modernize certificate of need headed to Md. Legislature”, Daily Record, December 20, 2018. <https://thedailyrecord.com/2018/12/20/recommendations-to-modernize-certificate-of-need-headed-to-md-legislature/?ep=1>

Eichensehr, Morgan, “Year in Review 2018: Maryland hospitals plan multimillion-dollar facelifts”, Baltimore Business Journal, December 20, 2018.

<https://www.bizjournals.com/baltimore/news/2018/12/20/year-in-review-2018-maryland-hospitals-plan.html>

Witte, Brian, “New Health Insurance laws in Maryland taking Effect” Wichita Eagle (Associated Press), December 31, 2018. <https://www.kansas.com/news/article223762645.html>

Related Industry and Policy News

Owens, Jacob, “Union Hospital, LifeBridge end merger talks”, Cecil Whig, December 18, 2018.

https://www.cecildaily.com/breaking/union-hospital-lifebridge-end-merger-talks/article_5980dbf3-433a-5fbd-b5c5-2de7462adaa1.html

Social Media Activities

MHCC continued regular social media posting on the MHCC Twitter, Facebook and LinkedIn accounts. MHCC also posts on the “Wear the Cost Twitter and Facebook accounts. It’s been a little less frequent due to a gap in contracting support.

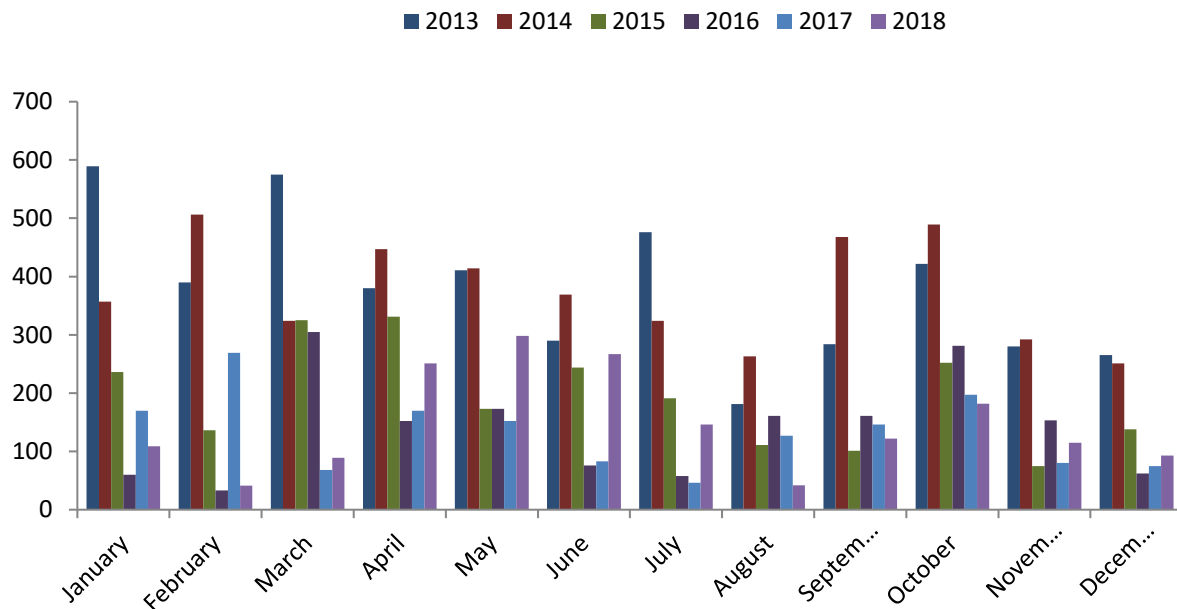
Maryland Trauma Physician Services Fund – Bridget Zombro

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims for \$93,000 for December. The monthly payments for uncompensated care claims from January 2013 through December 2018 are shown below in Figure 1.

Staff continues to work on a program for the MIEMSS registry data, which is scheduled to be concluded by the end of January. Creating a new system to organize the data will assist our contractor to identify patients on the registry easier. Because there is no limitation on when claims can be filed retroactively, this new program will allow our contractor to more easily identify patients on the registry which is a requirement under the statute for the Trauma Fund. Also, concluding at the end of January, is a more user-friendly trauma webpage for our providers and trauma centers. We have also started writing two new RFPs that will have a 5-year contract term. One of the new RFPs will be for auditing the program and the other is for a third party administrator for claims processing. To ensure a smooth transition, both of these contracts will be awarded before the current ones expire.

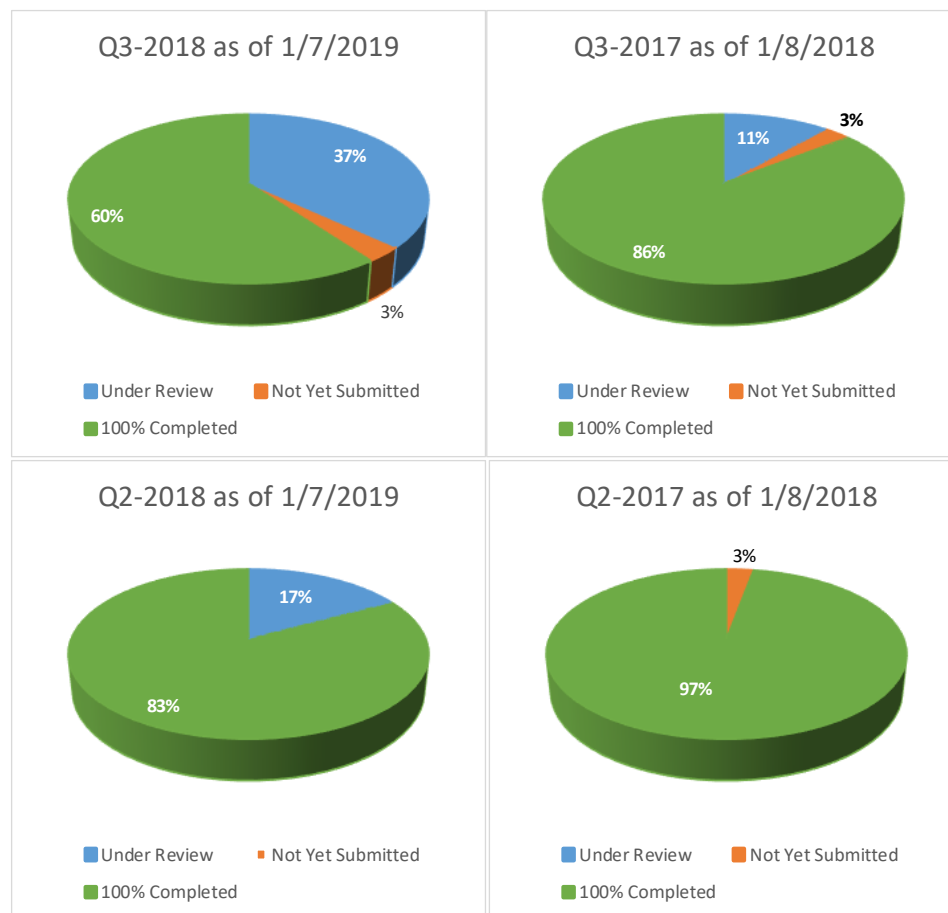
Figure 1
Uncompensated Care Payments to Trauma Physicians, 2012-2018



Cost and Quality Analysis – Kenneth Yeates-Trotman

Medical Care Data Base (MCDB) Data Submission Status, Payor Compliance, and Technical Support
Payor submissions are spending more time on average in the data review process for 2018.

These results are updates to last months. The 2018 year has been challenging for some payors as they balance upgraded claims processing systems coupled with staff turnovers and reporting timely clean data to the MCDB. These events caused some payors multiple data re-submissions and deadline extensions resulting in longer times through the data review process compared to 2017. For example, as of 1/7/2019 for all third quarter 2018 MCDB data submissions, 37% of all payors submissions are still under review by Social & Scientific Systems (SSS, MCDB contractor) compared to only 11% for quarter 3, 2017 at about the same time last year. The large payors contributing to this increase in data submission review times are CareFirst (slower response time to address data issues), Aetna (new claims system for a source company) and United Healthcare (upgraded claims system). For the second quarter submissions, 83% of all payors submitted clean for 2018 compared to 97% for Q2-2017 at about the same time last year. See exhibit below.



Looking Ahead

- All payor meeting/training for the 2019 MCDB Data Submission scheduled on January 10, 2019.
- Work has begun the 2017 Privately Insured report which will be available for the March 2019 Commissioners meeting

- Work on the 2017 Per Capital cost calculation for HSCRC is halted due to data availability and task priorities (recreate HSCRC SAFs for 2016 and 2017 to include three missing fields needed to identify a unique claim). The results will be available to HSCRC later in January.
- Staff and SSS will deliver to HSCRC quarterly standard analytical files (SAFs) for 2017 during January and early February. HSCRC will be using the quarterly SAFs to perform quarterly monitoring analysis on the All-Payer model. HSCRC will use results from these analyses for a proxy to what to expect on monitoring the new TCOC Model using 2018 MCDB data.

Database Development and Applications

Data Release

Data Staff prepared and executed data use agreement amendments and requests for Certificates of Destruction for recipients of Maryland claims data and the DC Hospital data.

Programmer worked with Data release group members on data use agreement, modifications and amendments. Stakeholder database was updated. Staff composed modification letters for Advanta, HIS Global, and the Maryland Board of Physicians to extend their current DUAs. MHCC staff also composed letters for the data destruction of DC Association data. Sent out letters of terminations to iVantage, University of Pennsylvania, Healthgrades and Hammes terminating their DC Hospital Association DUA as the commission is no longer releasing the data and are requesting all entities destroy the data.

Data Processing and Tech Support

The data staff provided support for Trauma Fund processing, mapping, technical support to Hilltop programmer, CathPCI and DC data processing. Continued to work on a solution for a SAS program to read in the XML CathPCI files on the new SAS Server. Attended MDS conference call and continue to review changes concerning addition/deletion. Provided a list of staff members who have access to the Trauma Registry, NCDR, MPI, and CRISP to the commission's Chief Operating Officer to allow her to come up with a sensitive security training due to the passage of Bill 553 by the State Legislature.

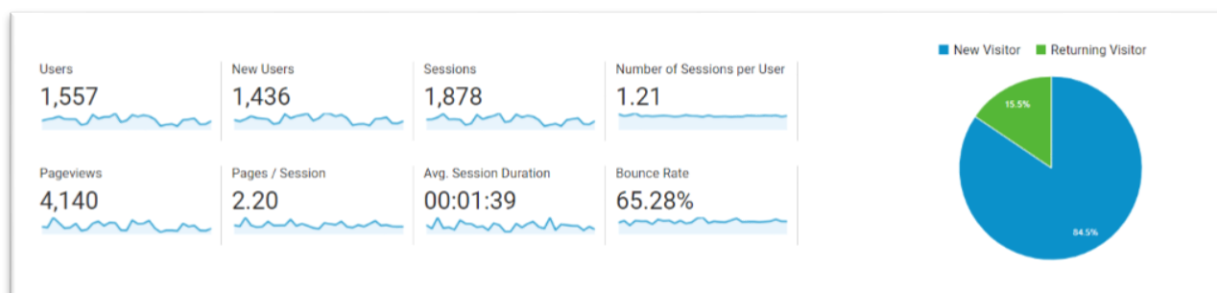
Web Applications

Data Staff assisted Centers with various website needs such as updates to the Long Term Care (LTC) consumer guide, MHCC website support and provided health facility survey assistance:

- **CCRC (Continuing Care Retirement Communities) Survey:** Staff supported survey operations.
- **LTC Consumer Guide:** Staff updated the LTC guide by updating home health quality measures and star ratings for results through 2017.
- **MHCC Website:** Staff continued to provide web support to MHCC staff members in areas of creation of new pages and upload large documents to the server. Web staff provided guidance on posting information to the website
- **Ambulatory Surgery Survey:** Staff provided technical assistance to users in areas of password resolutions and survey completion.
- **Home Health Survey:** Staff provided technical assistance to users having problems accessing the site such as password assistance and link to access the survey.

Internet Activities

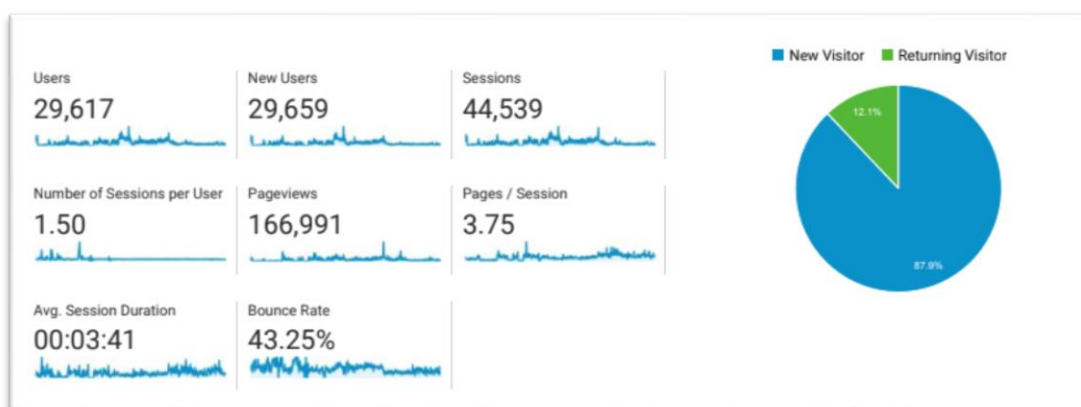
Data from Google Analytics for December 2018



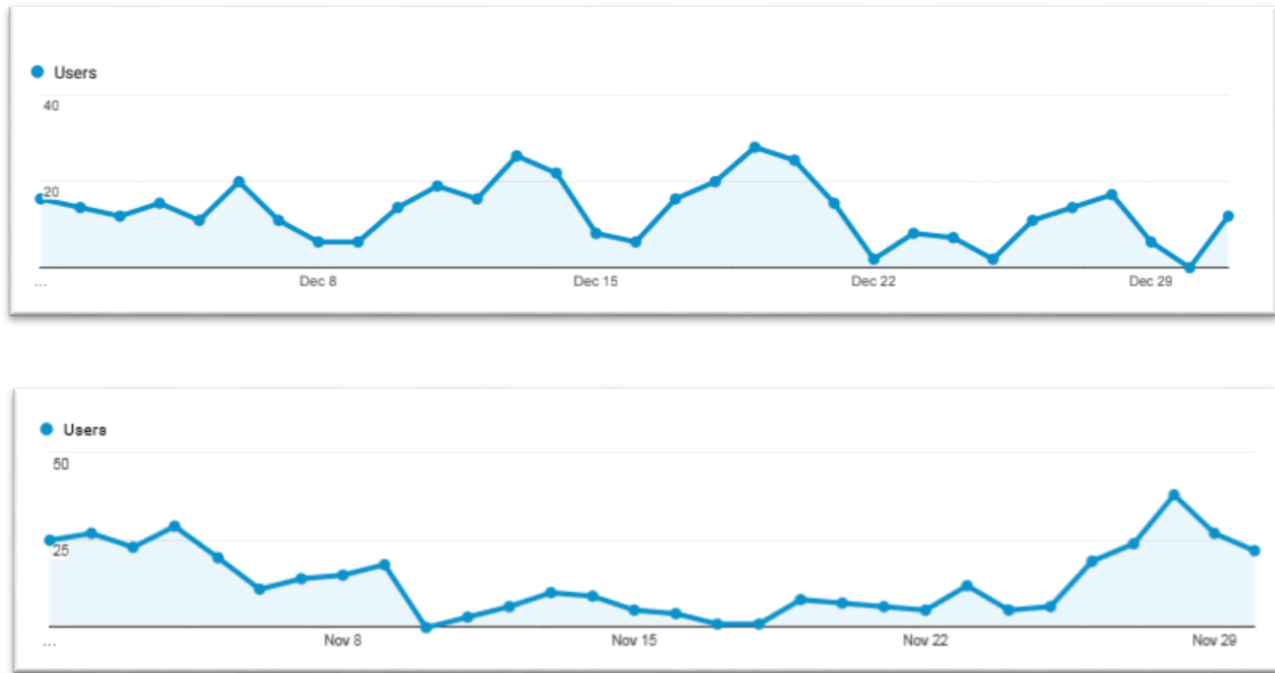
• Bounce rate is the percentage of visitors that see only one page during a visit to the site.

- As shown in the chart above, the number of sessions to the **MHCC website** for the December 2018 was 1,878, and of these, there were 1,436 new users. The average time on the site was 1:39 minutes. The bounce rate of 65.28% 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 hsrc.state.md.us. Among the most common search keywords in December 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 29,617 users of the consumer site and 166,991 page views. Since inception, an average of 617 users visits the site each month. About 88% of users are new visitors.



In December 2018, the MHCQR site had 361 users compared to 355 users in November (see graph below). The number of page views was slightly lower than the previous month; there were 1,954 page views in December compared to 2,074 in November. The average time spent on the site in December was approximately three minutes. 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 – Consumer-Centric Price Transparency Initiative

The MHCC staff and contractor continued work to generate episodes from Medicare 2015/2016 claims data. Later this month, MHCC staff will determine the episodes that are ready for review by the WearTheCost workgroup. The workgroup will assist in the determination of which episode groups and result will be displayed. The plan is to display possibly up to 9 episodes.

Staff conducted interviews with selected contractors for WTC communication work. MHCC sought a contractor to support the development and implementation of a comprehensive public-facing communications strategy for the Wear The Cost initiative. Staff selected two contractors and requested for their best and final financial proposal and conducted an interview with both vendors.

Web traffic metrics for the ‘Wear The Cost’ consumer website

Based on website usage from re-launch (July 2018) until December, traffic from all geographic categories dropped as a result of the absence of ads from October onwards. With the absence of ads, vaginal delivery continues to lead the most viewed pages, and the majority of visitors are from Maryland and surrounding states.

Metric	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
US users	2,717	2,576	3,181	865	393	281
Surrounding states users	614	530	525	172	109	61
MD users	1,661	1,686	850	192	121	102

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning – Eileen Fleck

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

The Commission approved amendments to this State Health Plan (SHP) chapter of regulation as final regulations on December 20, 2018. A notice was published in the *Maryland Register* on January 4, 2019 announcing the adoption of final regulations, COMAR 10.24.17, by the Commission at the December Commission meeting. The effective date of these regulations will be January 14, 2019.

State Health Plan for Facilities and Services: Overview, Psychiatric Services, and Emergency Medical Services, COMAR 10.24.07

Staff continued work on a White Paper in preparation for initiating an update of this State Health Plan (SHP) chapter of regulations as standards for review of psychiatric hospital services capital projects. Staff also continued to work on a second White Paper for development of SHP regulations for residential treatment center services.

Changes in Approved CONs Establishing Cardiac Surgery Programs

The cardiac surgery programs at Western Maryland Regional Medical Center (WMRMC) and Suburban Hospital (Suburban) were authorized in 1999 and 2005, respectively, with conditions that have been superseded by statutory and regulatory (COMAR 10.24.17) changes put in place since 2012. On December 20, 2018, the Commission authorized elimination of one condition from the WMRMC CON and two conditions from the Suburban CON.

Long Term Care Policy and Planning – Linda Cole

State Health Plan for Facilities and Services: Nursing Home Services, COMAR 10.24.08

MHCC published proposed final regulations in the December 7, 2018 issue of the *Maryland Register*. The comment period for the proposed updated regulations ran from December 7, 2018 through January 7, 2019. Information about this posting was sent to members of the Nursing Home Work Group, members of the Commission Consultation Group, and those who submitted comments during the Informal Public Comment Period. The notice has been posted on the Commission's website at:

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

FY 2018 Hospice Survey

Public use data from the FY 2017 Maryland Hospice Survey has been posted at:

http://mhcc.maryland.gov/public_use_files/hospicedownload.html. Work is now underway for the FY 2018 Maryland Hospice Survey. As an initial step, emails have been sent to all hospices to update their contact information in preparation for survey notices being sent out next month.

Home Health Survey

The FY 2017 Home Health Agency Survey is underway and responses are due by January 11, 2019. Staff is providing technical assistance to providers completing the survey. The FY 2015 and FY 2016 survey data is being reviewed internally and verified and corrected as necessary.

Long Term Care Survey:

Staff is reviewing the Medicaid Cost Report data files received from the Hilltop Institute, MHCC's contract consultant for the Minimum Data Set and the long-term care survey in December. Work continued with the contractor on finalizing a work plan and project documentation for the FY 2016 long term care survey data.

Certificate of Need – Kevin McDonald

Exemption from CON Review

Summit Ambulatory Surgery Center, L.L.C. – (Anne Arundel County) - Docket No. 18-02-EX009

Establishment of an ambulatory surgical facility through addition of a second operating room by a physician outpatient surgery center (POSC).

Approved Cost: \$25,000

Change to Approved CON

Western Maryland Regional Medical Center (Formerly Sacred Heart Hospital) - (Allegany County) – Docket No. 97-01-2012

Removal of condition concerning maintenance of a minimum case volume. (NOTE: Uniform case volume requirements applicable to all cardiac surgery programs were established in the SHP in 2014.)

Suburban Hospital – (Montgomery County) – Docket No. 04-14-2134

Removal of condition concerning maintenance of a minimum case volume and a condition requiring annual reporting on certain types of outreach activity.

CON Letters of Intent

Johns Hopkins Surgery Center - White Marsh – (Baltimore County)

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

University of Maryland Medical Center – (Baltimore City)

A capital expenditure to construct a building addition to house all cancer-related treatment facilities and services.

Pre-Application Conference

Powell Recovery Center, Inc. – (Baltimore City)

Establishment of two alcoholism and substance abuse treatment intermediate care facilities. December 17, 2018

Johns Hopkins Surgery Center - White Marsh – (Baltimore County)

Establishment of an ambulatory surgical facility through addition of a second operating room by a POSC. December 18, 2018

Request for Change in an Approved CON

Anne Arundel Medical Center, Inc. – (Anne Arundel County) – Docket No. 16-02-2375

Increase in the estimated cost (\$3,300,763) of a special psychiatric hospital and a change in the legal name of the entity which will be the licensee of the hospital.

Determinations of Coverage

- **Ambulatory Surgery Centers**

SurgiCenter of Northern Baltimore – (Baltimore County)

Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 215 Schilling Circle, Suite 110 in Hunt Valley.

Anne Arundel-SCA Surgicenter, L.L.C. d/b/a AAMC Surgery Center-Annapolis – (Anne Arundel County)

Establish an ambulatory surgery center with one sterile operating room and one non-sterile procedure room to be located at 904 Commerce Road in Annapolis.

- **Acquisition/Change of Ownership**

Crescent Cities Center – (Prince George’s County)

Acquisition of the real assets of Crescent Cities Charities, Inc., including real estate, improvements, and bed rights by 4409 East West Highway, L.L.C., an affiliated party. Crescent Cities SNF L.L.C. will lease the real property and operate the comprehensive care facility (CCF) post-transaction.

Purchase Price: \$20,050,000

Bayada Home Health Care, Inc.

Acquisition of Bayada Home Health Care, Inc. by Bayada Health, L.L.C. from Joseph Mark Baiada. Bayada Home Health Care, Inc. operates two home health agencies in Maryland.

Advanced Pain Management, L.L.C., d/b/a Orthopedic and Wellness – (Charles County)

Change in ownership of a POSC.

American Spine Surgery Center, LLC – (Frederick County)

Change in ownership of a POSC.

Cherry Lane Nursing and Rehabilitation Center – (Prince George’s County)

Acquisition of the real assets of a CCF by Cherry Lane Realty Group, L.L.C. and acquisition of the bed rights by Cherry Lane Operating Group, L.L.C. d/b/a Cherry Lane Nursing and Rehabilitation Center, which will become the operator of the CCF.

Purchase Price: \$8,400,000

Potomac Valley Nursing and Wellness Center – (Montgomery County)

Acquisition of the real assets of a CCF by Potomac Valley Property L.L.C., which will lease the CCF to Potomac Valley Operator, L.L.C. d/b/a Potomac Valley Rehabilitation and Healthcare Center.

Purchase Price: \$23,434,300

Collingswood Nursing and Rehabilitation Center – (Montgomery County)

Acquisition of the real assets of a CCF by Collingswood Property L.L.C., which will lease the CCF to Collingswood Operator, L.L.C. d/b/a Collingswood Nursing and Rehabilitation Center. Purchase Price: \$21,765,700

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

Chesapeake Shores – (St. Mary’s County)

Relicensure of eight temporarily delicensed CCF beds.

Signature Healthcare at Mallard Bay – (Dorchester County)

Relicensure of 25 temporarily delicensed CCF beds.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Electronic Prescription Records System Workgroup (Chapter 435)

The Electronic Prescription Records System Workgroup (workgroup) discussed key themes based on workgroup deliberations about benefits, barriers/challenges, and potential solutions for a statewide repository of non-controlled dangerous substances. Key themes will guide development of informal draft

recommendations. An interim report is being drafted; a final report is due to the Governor and General Assembly by January 2020.

Health Record and Payment Integration Program Advisory Committee (Chapter 452)

The Health Record and Payment Integration Program Advisory Committee (advisory committee) convened a Draft Recommendations Subcommittee to frame potential recommendations based on key themes that have emerged from advisory committee deliberations. Drafting of an interim report is underway; a final report is due to the Governor and General Assembly by November 2019.

Electronic Advance Directives

Supplementary information provided by U.S. Living Will Registry (vendor) for their State Recognition application was reviewed for completeness. In November, the vendor was asked to provide additional information describing the privacy and security of their technical infrastructure. COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service*, requires applicants to meet established national standards for privacy and security.

Hospital Health Information Technology Assessment

Key themes were identified from a review of hospital responses to the annual health information technology (health IT) survey. All 48 acute care hospitals completed the survey. The report will detail hospitals' perceived value of health IT to support quality-based care initiatives, and it is planned for release in the first quarter of 2019.

Dental Health IT

Presentations on health IT were provided to Anne Arundel County Dental Society and Howard County Dental Society. The health IT education curriculum was finalized for the Southern Maryland Dental Society winter symposium. A preliminary data analysis was completed on a health IT adoption environmental scan of about 140 dental practices.

Podiatry and ASC Health IT Assessment

Analysis is underway from a health IT environmental scan of podiatry practices and ambulatory surgical centers. The Maryland Podiatric Medical Association and the Maryland Ambulatory Surgery Association provided support in obtaining information from their members. Information briefs are targeted for release in February.

Health Information Exchange Division – Division Chief (Vacant)

HIE Privacy and Security Policy Development

The HIE Policy Board (board), a staff advisory workgroup, discussed draft policies to support the exchange of protected health information during a Governor declared state of emergency. Planning activities were completed for convening a board subcommittee to review select provisions in COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*. Senate Bill 17, *Health Information Exchanges – Definitions and Regulations* changed the definition of an HIE and became effective on October 1st.

Telehealth Grant Projects

Staff provided support to the University of Maryland Quality Care Network (UMQC) in developing telehealth process, outcomes, and patient satisfaction measures. Mosaic Community Services, Inc. and UMQC are in the patient recruitment phase of their projects. Project implementation discussions are underway with Charles County Public Schools regarding the use of telehealth to provide therapy to children and youths with special needs.

School-Based Telehealth Workgroup (Senate Finance Request)

The School-Based Telehealth Workgroup (workgroup) reviewed key themes regarding expanded use of school-based telehealth. Key themes provide the foundation for developing draft recommendations. An interim report was developed and vetted with the workgroup. A final report is due to the Senate Finance Committee in November of this year.

Telehealth Readiness Assessment Tool

The Telehealth Readiness Assessment (TRA) tool, designed to assist practices in determining their level of readiness for offering telehealth services, was finalized. The TRA tool is intended to help inform practices about provider, patient, caregiver, and organizational readiness for telehealth. Discussions are underway with RTI International to web enable the TRA tool.

Electronic Data Interchange Activity

Key themes identified from the six largest private payers Electronic Data Interchange (EDI) report were used to draft medical and dental EDI information briefs. Approximately 32 payers submitted an EDI Progress Report (report) by June 30th, as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. The reports are used to develop strategies aimed at increasing EDI. Information briefs are targeted for release in February.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Practice Transformation Activities

The Maryland Practice Transformation Network (PTN) is planning a January 24th Medicare Access and CHIP Reauthorization Act of 2015 education symposium. The PTN was awarded to the New Jersey Innovation Institute (NJII) by the Centers for Medicare & Medicaid Services in 2015. In 2016, MHCC partnered with MedChi, The Maryland State Medical Society, and the Maryland Learning Collaborative on a three-year initiative to transform select Maryland practices. Stakeholders also provided additional guidance on the specialty practice transformation network initiative program design.

Patient and Family Advisory Council Guidance Document

The MHCC staff completed an internal review of the draft Patient and Family Advisory Council (PFAC) guidance document section and simplified the document to accommodate use by practices. PFACs are aimed at helping practices work collaboratively with patients and families to improve the patient experience. MHCC will field test the PFAC in February through March. Staff plans to release the PFAC guidance document for first use in June, if the earlier testing generates no significant issues.

Care Coordination Roundtable

MHCC is planning a care coordination roundtable to discuss approaches for delivering the service across the health care landscape. The roundtable discussion will focus on ways to promote a deliberate, longitudinal, multidimensional process of care delivery for patients as they journey through the care continuum. The roundtable discussion is targeted to occur towards the end of the first quarter.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Website Promotion: Forty social media posts initiated in December

Staff continue to focus on the promotion of the MHCQR website. There were approximately 40 social media posts made in December. Topic posts for December included National Influenza Vaccination Month, open enrollment for the Maryland Healthcare Connection, and general information for long term care resources. 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 165,000 page views of the MHCQR website since inception

Staff continues to monitor traffic to the site using Google Analytics software. Since the site was released in December 2014, there have been 29,617 users of the consumer site and 166,991 page views. In December 2018, the site saw 361 users compared to 355 users in November. Also, there were 1,954 page views in November compared to 2,074 in November. Traffic to the site is presented graphically under the Center for Analysis and Information section of this update.

MHCQR Website Marketing and Outreach

The animated video created for marketing purposes has been showing in movie theaters around the state. Initial feedback has been positive, with moviegoers relaying statements to managers such as “We weren’t aware this type of service was available. Now we are!” and “The message is clear and concise.” The advertisement will continue to run in theaters through February.

Hospital Quality Initiatives – Courtney Carta

Leapfrog Work Continues

In 2017, Maryland hospitals were included in the Leapfrog Group’s national hospital grading system for the first time. MHCC continues to support this initiative. Staff are preparing to provide Leapfrog with hospital acquired condition (HAC) and patient safety indicator (PSI) data for Spring 2019 public reporting.

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 and outcome reports to the Commission in accordance with established timelines. Data collection for Q3 2018 data is due January 10, 2019 but may be delayed. The first Cardiac Data Coordinator quarterly meeting of 2019 is scheduled for February 12, 2019.

Healthcare Associated Infections (HAIs)

Staff are preparing for the next round of public reporting and continue to plan for upcoming HAI-related activities for the year. Staff plan to host a webinar for infection preventionists on the 2019 schedule and methods to validate their preview reports.

Long Term Care Quality Initiative—Stacy Howes

Nursing Home Experience of Care Survey

The 2018 Maryland Family Experience of Care Survey commenced in July. This year, the survey includes a Spanish-language option in order to allow more families to participate. Questionnaires were mailed to families in mid-October, followed by reminder postcards two weeks later. We have begun calling families at facilities with a <50% response rate and offering support to complete the survey over the phone. Two hundred twenty-eight families have completed the survey over the phone, representing a 46% response rate.

Health Benefit Plans

Performance information on Maryland Health Benefit Plans has been updated on the consumer website for the 2018 Open Enrollment period. The site now includes 2017 HEDIS measures and CAHPS survey results. For the 2019 performance year, Health Plans will begin completing the NCQA Health Organization Questionnaire the week of January 14.