MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

June 2017

EXECUTIVE DIRECTION

Rural Health Workgroup – Erin Dorrien

The Workgroup met on May 24th at Washington College, in Chestertown MD. The Workgroup received a presentation from the University of Maryland School of Public Health research team and considered preliminary recommendations regarding expanding the health provider workforce, treating vulnerable populations via mobile health efforts, and stabilizing rural economies as hospitals convert or relocate. The workgroup will break into advisory groups in early July to further develop the recommendations.

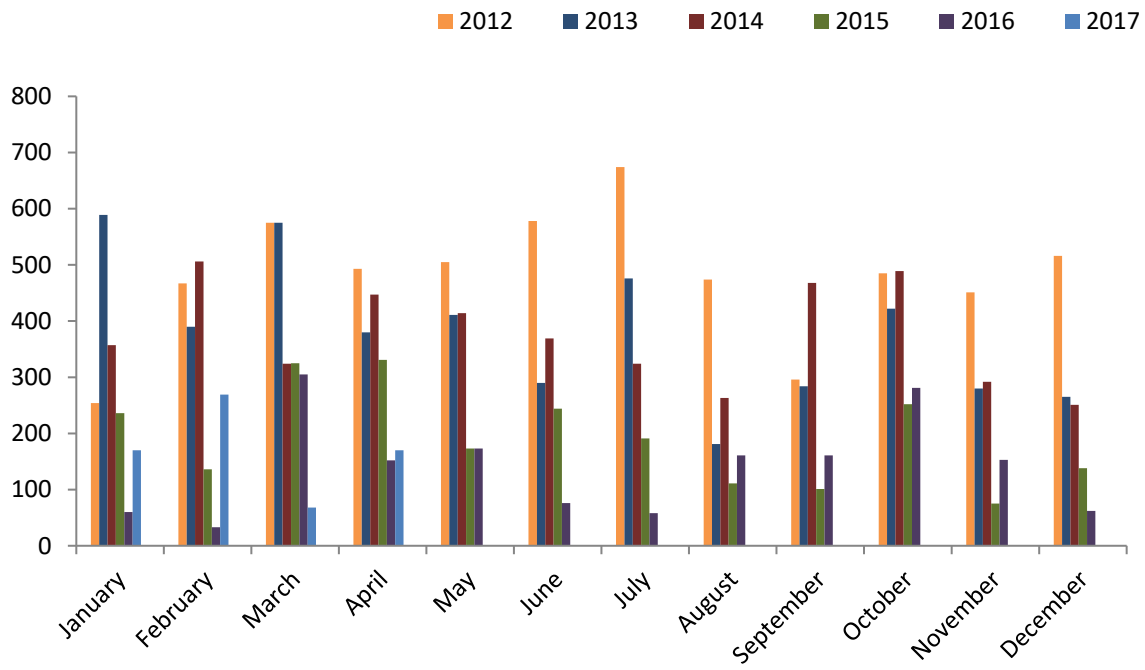
A public hearing attended by approximately 100 people was held in Kent County on May 24th. Many speakers voiced concerns about the future of the hospital in Chestertown and the health care and economic implications of changes in the status of that hospital. A number of EMS personnel in attendance reported significant stress on the EMS transport system and suggested more difficulties if the hospital converted to an FMF. Some speakers linked the decline in access to specialty care services to the reduced scope of services available at the Chestertown hospital. Attendees from Rock Hall and other towns reported on the challenges of accessing primary care services in their communities. One speaker challenged the attendees and the workgroup to not simply save the hospital but to work toward a more integrated health care system for the county. Public hearings were also held in Dorchester and Queen Anne's Counties. The Dorchester County hearing was sparsely attended due to the location of the hearing in northern Dorchester County (Hurlock) and the fact that Shore Health had recently held public information sessions on Shore's plans for Dorchester General in the days prior to the hearing. Several commenters pointed out the lack of coordination between Maryland and Delaware hospitals with special challenges for Medicaid beneficiaries. The hearing in Queen Anne's County drew approximately twenty attendees. Eight individuals spoke on a range of subjects from the cost of health insurance coverage to the stresses on the EMS system and the lack of primary and specialty care. Public hearings are planned for Caroline and Talbot Counties the week of June 11th.

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 **$169,564** for the month of April. The monthly payments for uncompensated care claims from January 2012 through April 2017 are shown below in Figure 1. The level of uncompensated care payments is below the historic trend as a result of expanded insurance coverage, particularly Medicaid coverage. MHCC staff has seen an uptick in uncompensated care payments in January and February compared to the same months for 2016. Payments for uncompensated care claims have increased to 105% percent of the Medicare Fee Schedule for claims dated on or after July 1, 2016.

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



CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis – Kenneth Yeates-Trotman

HSCRC 2015 TCOC Per Capita Cost Estimates Using Privately Insured Commercial Data
Staff have completed TCOC 2015 per capita cost estimates (medical only) and delivered to HSCRC. The cost estimates also included per capita cost estimates for self-insured ERISA health plans which was calculated using a regression model and the fully-insured large employer PMPMs to predict self-insured ERISA PMPMs for 2015. Enrollment for self-insured ERISA was obtained using the Medical Expenditure Panel Survey under the insurance component section (MEPS-IC) for Maryland. This self-insured ERISA estimation is necessary since this data is no longer available in the MCDB due to the Gobeille v. Liberty Mutual SCOTUS ruling. The under age 65 Maryland residents population enrolled in privately fully-insured and self-insured non-ERISA health plans were used in the per capita estimates. Results show that annual per capita costs (medical only) increased by about 6.7% from 2014 to 2015.

Collaboration with Maryland Insurance Administration (MIA) on Rate Review
MIA and MHCC continue to leverage the MCDB to support the MIA's review of rate filings. After several months of collaboration with payors to reconcile MCDB and Actuarial Memoranda (AM) data, results show that the data reconciliation was a big success for one of our large payors. In short, the MCDB now reconciles with the AM data for this payor using 2014 and 2015 data. These results including MCDB data files for 2014 (resubmitted) and 2015 were delivered to the MIA in May. Staff met recently with the MIA to discuss future data releases in terms of the usefulness of the data in the rate review process and sustainable costs to MHCC in providing the data as the CCIIO Cycle III rate review grant ends in September of this year.

MHCC and the MIA will continue this discussion in a meeting to be held after 2018 rate review process is complete in mid-August of this year. MHCC expects MIA to provide their conclusions on the usefulness of the MCDB for rate review activities at this meeting.

Gobeille v. Liberty Mutual and Impacts on MCDB

Staff concludes its weekly engagement with the National Association of Health Data Organizations (NAHDO), APCD Council, and other APCD states to develop the Common Data Layout (CDL) with payors as the first version of the CDL is completed. NAHDO suggested a fee for APCD states to use the CDL which was quickly opposed by all APCD states including Maryland. We still await the Department of Labor's (DOL) decision on the comments submitted last fall (October 5, 2016) to the DOL.

2015 Privately Fully-Insured Report Update

This report is delayed due to underlying data quality issues. The report's presentation will be presented at the July Commissioners meeting. The report will focus on the individual market as a whole and will examine On v. Off Exchange healthcare spending in Maryland for 2015. The report will also examine healthcare spending in all markets including the individual market and will compare trends (cost & utilization) 2014 v. 2015. Looking ahead, in order to make the results for this report more timely, we will be exploring quarterly rolling 12 months updates of the report starting with 2016 results and going forward.

Looking Ahead:

- Staff is on track to deliver the initial Quality Control (QC) Tables of the Total Cost of Care (TCoC) Phase III project to the Network for Regional Healthcare Improvement (NRHI) later this month (due 6/16/2017). Maryland is one of six regions (CO, UT, St. Louis MO, MN, OR, and MD) participating the TCoC national benchmark reporting for 2015. The TCoC project is managed by NRHI and funded by the Robert Wood Johnson Foundation (RWJF).
- Staff will be sending penalty letters to payors (primarily PBMs) who have not yet reported Q1-2017 data to the MCDB and have not filed for an extension. Timeline for the Q1-2017 data was 5/31/2017. Reminders were sent to all payors prior to the 5/31 timeline. Q1-2017 data includes the run-off claims of 2016. The 2016 MCDB data is still on track to be completed by 9/30/2017.

Database Development and Applications – Leslie LaBrecque

Data Processing/Tech Support

Prepared tracking list of all databases with personally identifiable information at the request of the Department of Information Technology (DoIT). Researched and tested to see if we can get Google mail merge working for the Ambulatory Surgery Survey notifications to facilities. Data Staff participated in all data warehouse, project management, and consumer total cost of care dashboard meetings. Ordered AMA manuals and wrote up a justification to the AMA for acquiring the CPT codes on disk for use with the ambulatory surgery survey. Compared SAS licensing pricing through our current vendor and through DoIT and researching the cost for upgrading the SAS server. Updated the security certificate on our Tableau Server. Downloaded and processed final FY17 quarter 2 inpatient, psych and outpatient hospital discharge files and sent out notifications to users. Prepared the 2016 quarter 4 inpatient and outpatient files for the hospital guide vendor. Assisted staff with Trauma fund processing. Continued work on elective joint (hip and knee) procedures by payer and hospital. Compared CMS, MACRA, CDC, and Dr. Pollack's definitions of hip and knee replacements for outpatient and Dr. Pollack's, CDC and APRDRG definitions for the inpatient files for 2012-2016. Working on CathPCI Quarter 3 data processing and trying to find better way to read in the files as it is requiring an overwhelming amount of manual processing. In trying to match the discharges from the HSCRC hospital discharge abstract to the MEDPAR data ran 2 new scenarios per Ben. Completed

processing the Physician data file combining the 2015 and 2016 data to create a complete file of all physicians. Researched the ability to geocode the Physician database in order to get a more accurate jurisdiction assignment. Attended biweekly data meetings and researched several MDS processing issues for the MDS vendor. Helping the MDS team decide what to do with variables on the MDS that changed names.

Data Release

The Data Release Committee met to discuss working with Medicaid on potential release of Medicaid MCO data to APCD requestors as a result of a request from the DHMH Center for Chronic Disease Prevention and Control for Medicaid, Medicare and private data. The Committee also discussed methods for marketing the APCD using the Colorado use case model as a basis. Discussed with Medicaid if/how they wish to release Medicaid data as part of an APCD request. Prepared the 2013-2015 DC Hospital inpatient data for release to HSCRC. Wrote and executed a Data Use Agreement (DUA) with Hammesco for the DC Inpatient data and documented the DC data release process. Worked with expired DUA holders to request an extension or destroy the data held. Working out details of the University of Massachusetts APCD data release as there are differences between Massachusetts' data security laws and Maryland's. Coordinated between the MCDB vendor and outside approved requestors for the upcoming release of the 2015 APCD. Wrote up an amendment for Healthy Communities Institute to add a new county to the DC data DUA. Worked with the MCDB vendor to get a cost estimate for a custom extract for a George Mason University. Sent out reminders for CMS Medicare quarterly summaries of work performed and gathered them so we can report back to CMS on our State agency agreement. Responded to a DC hospital data request from a consultant Justin Sable working under contract to Howard Medical Center. Assisted HSCRC with getting MCDB access for their subcontractor.

Provider Pricing Dashboard

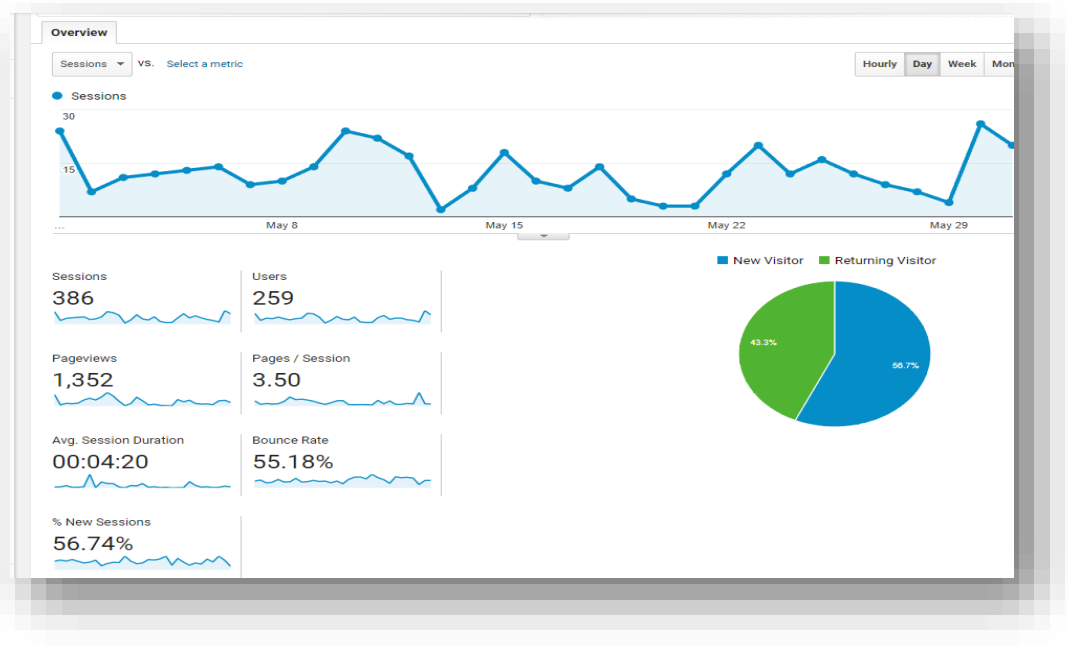
Staff composed narratives for the provider pricing dashboard to explain data limitations of the application. Staff updated the pricing transparency intro page with the provider pricing information and the links on the MHCC site pointing to the dashboard. The provider payments dashboard is now embedded in the pricing transparency web application. Verified that google tracking is implemented on all the pages of transparency web application and implemented meta description tag and keywords.

Health Facility and Licensing Board Web Survey Applications

Staff supported th**e Ambulatory Surgery Facility Survey**, he **Health Care Worker Flu Survey for Nursing Homes, Assisted Living Centers, and Home Health Agencies** during the month. The summary of accomplishments are including under the Center for Health Care Facility Planning and Development in this report. The **Long Term Care (LTC) Survey**, which supports quality reporting and bed need estimates, went live on April 17, 2017 and closed June 7, 2017.

Internet Activities

Data from Google Analytics for the month of May 2017



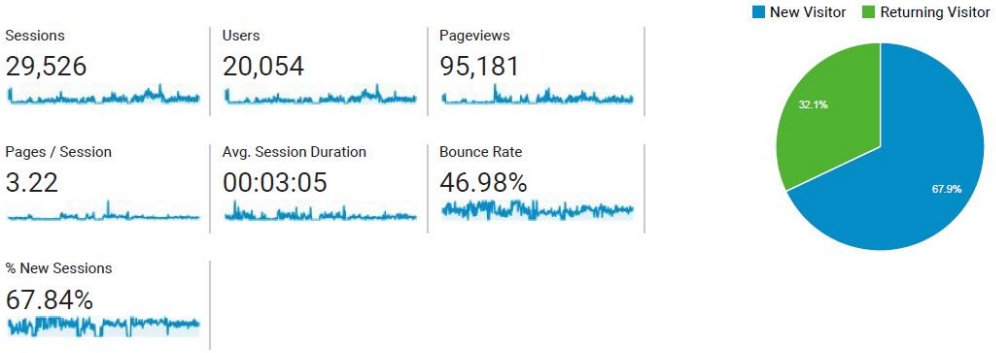
● Bounce rate is the percentage of visitors that see only one page during a visit to the site.

- As shown in the chart above, the number of sessions to the MHCC website for the month of May 2017 was 386 and of these, there were 56.74% new sessions. The average time on the site was 4:20 minutes. Bounce rate of 55.18% 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.

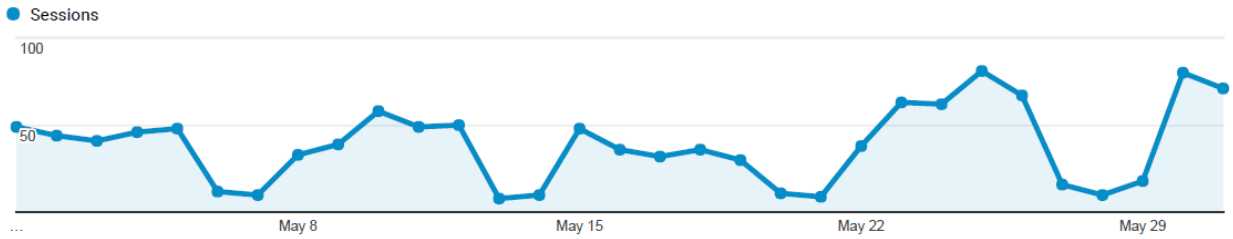
- Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

- The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, 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 new site was released in December 2014, there have been 20,054 users of the consumer site and 95,181 page views. On average 668 users per month have visited the site. About 68% of users are new visitors. In May 2017 the MHCQR site had 861 users and 3,465 page views, an increase from 797 users in April but a slight reduction in page views from 3,669.



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



Special Projects – Janet Ennis

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

Staff completed Phase 1 of a pricing transparency dashboard that displays procedure-level health care prices paid by commercial insurance and Medicare (including the average patient payment), searchable by procedure, clinician, specialty, and geographic location. The dashboard includes the average price a physician receives for a service, and the volume of services for private insurance and Medicare. The dashboard also includes an FAQ section. Phase 1 was deployed on the MHCC website in late May. Future modifications and updated versions of the dashboard will be completed by internal staff.

In collaboration with our PMO (Freedman Health Care, LLC); our Total Cost of Care (TCoC) Mentor (the St. Louis Business Health Coalition); and an advisory group of primary care physicians and orthopedists, staff developed a Continuing Medical Education (CME) course directed at primary care clinicians on the appropriate use of imaging in patients with low back pain and the costs associated with inappropriate imaging, including patient out-of-pocket costs. Staff and the CME development teams in Maryland and St. Louis created course content and scenarios for each doctor/patient vignette, and an accompanying slide deck with scripts to assist the physicians who agreed to do the voice-over narration for these slides and appear in the CME video. Grant funds allowed for the procurement of a video production company (Cine-Med) to produce up to four doctor/patient vignettes, two of which were filmed in Maryland and feature local physicians. This project is now complete and the CME course will be available online for two years, and at no cost to physicians. Staff continues to reach out to various organizations to solicit their help in publicizing the availability of this course. To date, several, including the Maryland Academy of Family Physicians; Johns Hopkins Community Physicians; and Health Care for the Homeless have agreed to post the link to the course on their websites, advertise its availability in newsletters, etc. Staff will also continue working on other outreach/promotional options through social media, etc. Cine-Med can now provide metrics on visits to the CME website. To date, 12 Maryland physicians have completed the course. An additional six non-physicians have also taken the course.

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

Episode of Care Project

The Episode of Care project team has continued making progress in the development of the public facing consumer website that displays healthcare prices for entire episodes of care and various other supplemental information. The website is titled "Wear the Cost" and will enable anyone to review costs and compare hospitals by cost and quality measures using Altarum's (in the past known as HCI3) PROMETHEUS episode of care grouping software. Altarum, Social & Scientific Systems (SSS), Wowza, (a subcontractor to SSS) and Freedman Healthcare LLC, (our PMO contractor), continued working together on developing content for this consumer website. MHCC staff, including the consultant team, agreed that the first public version of the site would include four procedural episodes: total hip replacement, total knee replacement, hysterectomy, and vaginal delivery using 2014 commercial data. MHCC is also exploring ways to add a patient liability range estimator for each episode.

Wowza and SSS performed a consumer usability test on the website using the User Acceptance Testing (UAT) candidate version of the site released on May 31, 2017. The test was performed by recruiting real users who are residents of Maryland. The solutions for the feedback obtained from the testing will be incorporated into the next UAT site release. The "Coming Soon" page, which was released earlier, enables visitors to sign up to get a notification when the site becomes interactive. The anticipated go-live date to display the total price for the selected procedural episodes is mid-July.

The hospitals' data review period has been completed. The review was initiated as a result of participants' expressed interest during MHA's Joint Quality Finance Workgroup meeting held in January, where MHCC presented an overview of this Episode of Care project. To accommodate this request and provide hospitals the opportunity to vet their data before public release, each hospital that will have episode prices displayed on the site received a report with both episode event-level detail and calculation of their overall episode group level measures that will be shown on the site. The report included Risk Adjusted Typical and Complication Costs by Episode by NPI, the Risk Adjusted potentially avoidable complications (PAC) rate by episode, and all other relevant information to facilitate the optimal vetting process for each hospital. The data review period ran from May 19th to June 2nd.

Freedman Healthcare continued working with Altarum to produce supplemental content for the consumer website such as information on technical details, consumer resources, and enlightening, useful content for visitors to the consumer website. Altarum is implementing the agreed upon communication strategy proposal. The core objective of the plan will be to increase awareness among Maryland residents about health care costs to strategically position and promote MHCC's Wear the Cost campaign, as well as encourage constructive and relevant public discussion on the topic.

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

At the May 18 Commission meeting, staff responded to some of the questions raised at the April Commission meeting and outlined the direction it would take in further development of a draft update to the SHP chapter for general surgical services based on the guidance provided by the Commission in April. A meeting of the Surgical Services Work Group was scheduled for June 1 to obtain feedback on potential changes. Staff also made plans for acquiring data sets from several states to assist in assessing the ways in which regulatory policy with respect to ambulatory surgical facilities shape that sector of the health care system.

State Health Plan: COMAR 10.24.17, Cardiac Surgery and PCI Services
The Cardiac Services Advisory Committee met on June 1, 2017. The objective for the June meeting was to finalize a revised definition of "cardiac surgery" for use in the SHP and SHP policy with respect to what cardiac surgery procedures should be counted in evaluating the compliance of CON applicants with minimum case volume targets for new programs and appropriate case volume for ongoing performance review.

Other
Staff continued working on a White Paper for use in updating the SHP for psychiatric hospital services. Staff also began work on updating bed need projections for acute rehabilitation services.

Long Term Care Policy and Planning – Linda Cole

Hospice Survey
All hospices have now completed Part I of the survey. Part II of the survey is due by June 6, 2017. Staff is providing support for providers during the data collection period to address any issues with data entry.

Hilltop Contract
Staff is working with The Hilltop Institute at UMBC as its Minimum Data Set (MDS) and Long Term Care Planning consultant. The MDS Manager Programs are running well in production mode. Preliminary work is also underway on the Consumer Guide Tables. Work has been completed on a document describing updates to MDS variables by CMS, and the impact of the variable changes on the MDS Manager Programs. Biweekly phone conference calls continue.

2017 Hospital and Post-Acute Care Leadership Summit
Staff attended this year's Summit on May 16, 2017. It was sponsored by LifeSpan, The Beacon Institute, the Chesapeake Regional Information System for our Patients, the Maryland Hospital Association, the Maryland State Medical Society, and the Maryland National Capital Homecare Association. This year's focus was on how data can be used to transform Maryland's health care system. Presentations included "Creating Competitive Advantage: the Increasing Importance of Data Analytics" by Scott Townsley, Trilogy Consulting, LLC, "Advantages of Cross-Organizational Use of Secure Texting" by Cindy Gingrich, BATP Consultants, "Learning to Optimize Care Along the Continuum with Data and Technology" by Colin Ward, UMD Upper Chesapeake Health, "An Envisioned Future for Health Care Delivery" by Susan Kennedy, Johns Hopkins University Applied Physics Laboratory, "Home Health Data: Tracking, Trends and Truth" by Kelly Arthur, Health Quality Innovators, and, "Factors Accelerating the Development of Preferred Post-Acute Provider Networks" by Susan Westgate, LifeBridge Skilled Nursing Facility and Bernie Galla, LifeBridge Health.

Home Health Agency (HHA) Certificate of Need (CON) Applicants
Commission staff held a pre-application conference on May 17, 2017 for the six applicants which submitted letters of intent to either establish an HHA or expand their authorized service area into the Southern Maryland region, which consists of Calvert and St. Mary's Counties. Policy/planning staff and CON staff clarified the CON application acceptance rules and CON review standards in the HHA Chapter (COMAR 10.24.16). Planning staff distributed information on the HHA public use data files and provided guidance on how to navigate the Commission's website to access the HHA utilization tables and raw data from the Commission's HHA Annual Surveys.

Home Health Agency Survey
The home health agency survey has been revised by staff, and specifications have been given to the programmer to create the web-based application for collection of the survey data. Staff is performing the initial testing and providing feedback to the programmer to make updates and revisions as needed.

Long Term Care Survey
229 facilities participated in the Comprehensive Care Survey which included the 2018 user fee assessment. All of the surveys were submitted by the due date of May 9, 2017. The survey for assisted living, chronic hospital, and adult day care facilities is due by June 8, 2017. Staff sent the 30-day and 15- day reminder notices to the providers, as well as other follow up emails, calls and faxes. Staff continues to provide technical assistance and other Help Desk functions to the providers during the data collection period.

Certificate of Need – Kevin McDonald

CON's Approved

Stella Maris, Inc. – (Baltimore County) – Docket No. 16-03-2375
Construction of a new four-level addition and renovations to the existing comprehensive care facility (CCF). Approved Cost: $29,691,826

CON Letters of Intent

Coastal Hospice & Palliative Care - (Worcester County)
Capital expenditure in excess of the review threshold for establishment of a 12-bed hospice house in Ocean Pines.

Bethesda Chevy Chase Surgery Center, LLC – (Montgomery County)
Establishment of an ambulatory surgical facility through the addition of an operating room.

Amedisys Home Health – (Southern Maryland Region)
Expansion of the authorized service area of an existing home health agency (HHA) to include Calvert and St. Mary's Counties.

Kadie Pro Health Assisted Living – (Southern Maryland Region)
Establishment of an HHA to serve Calvert and St. Mary's Counties.

Linac Services, Inc. – (Southern Maryland Region)
Establishment of an HHA to serve Calvert and St. Mary's Counties.

Maryland Healthcare Services, Inc. – (Southern Maryland Region)
Expansion of the authorized service area of an existing home health agency (HHA) to include Calvert and St. Mary's Counties.

Minerva Home Healthcare – (Southern Maryland Region)
Establishment of an HHA to serve Calvert and St. Mary's Counties.

Muna's Nursing Services – (Southern Maryland Region)
Establishment of an HHA to serve Calvert and St. Mary's Counties.

MedStar-Franklin Square Medical Center – (Baltimore County)
Establish a kidney transplant program.

MedStar-Franklin Square Medical Center – (Baltimore County
Establish a liver transplant program.

University of Maryland-Upper Chesapeake Health System – (Harford County)
Establish a 40-bed adult special psychiatric hospital to be located at 210 Baker Lane, Havre de Grace. The hospital would replace acute psychiatric hospital programs operated by University of Maryland Harford Memorial Hospital and Union Hospital (Cecil County).

Pre-Application Conference

Bethesda Chevy Chase Surgery Center, LLC – (Montgomery County)5
Establishment of an ambulatory surgical facility through the addition of an operating room.

Southern Maryland Region Home Health Agency Review Cycle – (Calvert and St. Mary's Counties)
Amedisys Home Health
Kadie Pro Health Assisted Living
Linac Services, Inc.
Maryland Healthcare Services, Inc.
Minerva Home Healthcare
Muna's Nursing Services
Applications proposing establishment of HHAs or expansion of existing HHAs.
May 28, 2017

CON Applications Filed

Adventist Home Health Care Services, (Western Maryland Region) – Matter No. 17-R2-2397
Expansion of the authorized service area of an existing HHA to include Frederick County.
Estimated Cost: $75,000

Amedisys Home Health and Hospice – (Western Maryland Region) - Matter No. 17-R2-2398
Expansion of the authorized service area of an existing HHA to include Frederick County.
Estimated Cost: $40,000.

Bayada Home Health – (Western Maryland Region) – Matter No. 17-R2-2399
Expansion of the authorized service area of an existing HHA to include Allegany, Frederick, Garrett, and Washington Counties.
Estimated Cost: $0

Withdrawal of Pending CON Application

Greater Chesapeake Surgery Center – (Baltimore County) – Docket No. 16-03-2373
Relocation of the existing two-operating room (OR) ambulatory surgical facility, currently located at 1212 York Road in Lutherville to a new site at 2118 Green Spring Drive, in Timonium and the addition of two ORs.
Estimated Cost: $1,938,633

Determinations of Coverage

- **Outpatient Surgery**

Greater Chesapeake Surgery Center – (Baltimore County)
Relocation of the ambulatory surgery center (with two ORs and one non-sterile procedure room) currently located at 1212 York Road, in Lutherville to 2118 Greenspring Drive, in Timonium.

Johns Hopkins Surgery Centers Series d/b/a Knoll North Surgery Center – (Howard County)
Establish a physician outpatient surgery center (POSC) with two non-sterile procedure rooms to be located at 5450 Knoll North Drive, Suite 365, in Columbia.

The Glen Burnie Endoscopy ASC, LLC d/b/a EndoCenter at Quarterfield Station – (Anne Arundel County)
Relocation of an existing POSC with three non-sterile procedure rooms from the current location of 7704 Quarterfield Road, Suite 1 to 7704 Quarterfield Road, Suite A, in Glen Burnie.

Conception Center – (Montgomery County)

Establish a POSC with one non-sterile procedure room to be located at 3202 Tower Oaks Boulevard, Suite 370, in Rockville.

Maryland Surgery Center for Women – (Montgomery County)
Renovations to the existing POSC located at 11400 Rockville Pike, Suite C-25, in Rockville and the addition of two non-sterile procedure rooms.

- **Acquisition/Change of Ownership**

Frederick Surgical Center – (Frederick County)
Change in ownership of the facility. HealthCrest Surgical Partners, LLC purchased the 20% membership interests of Foundation Surgery Holdings, Inc.

ASC Development Company, LLC – (Montgomery County)
New determination of coverage related to a change in ownership of a POSC. The POSC was not established within two years of initial determination. Therefore, a determination of coverage for a change of ownership cannot be issued.

Each of the following transactions involved issuance of a new determination of coverage for a POSC specializing in "pain management" related to a change in ownership. The entity at the top of the ownership "chain" is National Spine and Pain Center Holdings, L.L.C., which was owned by three entities referenced as the "Sentinel Investment" (fully diluted ownership share of 47.159%), 12 entities and persons referenced as the "Management Investment" (fully diluted ownership share of 23.083%), 53 persons referenced as "Physician Investment" (fully diluted ownership share of 28.325%), and five entities and persons referenced as "Other Investment" (fully diluted ownership share of 1.433%) Post transaction, National Spine and Pain Center Holdings, L.L.C. will be owned by ACP Cure Acquisition, L.L.C. (basic ownership share of 67.94%), ACP Cure Blocker Corp. (basic ownership share of 8.72%), six persons referenced as "Board and Management" (basic ownership share of 2.84%), and 55 persons referenced as "Physicians" (basic ownership share of 20.5%).

Kirurgs, LLC d/b/a Surgeons Surgical Center – (Allegany County)
One sterile operating room and one non-sterile procedure room located at 940 Seton Drive, in Cumberland.

ASC Development Company, LLC – (Montgomery County)
Two non-sterile procedure rooms located at 11921 Rockville Pike, Suite 505, in Rockville.

ASC Development Company, LLC – (Prince George's County)
Two non-sterile procedure rooms located at 8824 Cunningham, Drive, Suite D, in Berwyn Heights.

ASC Development Company, LLC – (Prince George's County)
Two non-sterile procedure rooms located at 16900 Science Drive, Suite 100, in Bowie.

ASC Development Company, LLC – (Montgomery County)
Two non-sterile procedure rooms located at 8455 Colesville Road in Silver Spring.

ASC Development Company, LLC – (Baltimore County)
Two non-sterile procedure rooms located at 6820 Hospital Drive, Suite 302, in Baltimore.

ASC Development Company, LLC – (Washington County)
Two non-sterile procedure rooms located at 1150 Professional Court, Suite P, in Hagerstown.

ASC Development Company, LLC – (Anne Arundel County)
Two non-sterile procedure rooms located at 1600 Crain Highway, Suite 301, in Glen Burnie.

ASC Development Company, LLC – (Howard County)
Two non-sterile procedure rooms located at 7120 Minstrel Way, Suite 106, in Columbia.

ASC Development Company, LLC – (Frederick County)
One non-sterile procedure room located at 75 Thomas Johnson Drive, Suite C, in Frederick.

ASC Development Company, LLC – (Baltimore County)
Two non-sterile procedure rooms located at 1838 Green Tree Road, Suite 150, in Pikesville

ASC Development Company, LLC – (Harford County)
Two non-sterile procedure rooms located at 510 Upper Chesapeake Drive, Suite 415, in Bel Air

ASC Development Company, LLC – (Charles County)
One non-sterile procedure room located at 3460 Old Washington Road, Suite 300, in Waldorf

- **Capital Projects**

Calvert Memorial Hospital – (Calvert County)
Renovation of the acute psychiatric unit.
Estimated Cost: $5,428,130 with $2,659,783 being requested from the MHA Bond Review Program

Mt. Washington Pediatric Hospital – (Baltimore City)
Capital project for the expansion of the Rosenberg Outpatient Center
Estimated Cost: $4,850,000

- **Licensure**
  - **Other**

Chesapeake Woods Center – (Dorchester County)
Revision of its current Memorandum of Understanding with the Maryland Medical Assistance Program reducing its minimum required Medicaid participation rate to 59% of total patient days from 60.1% of total patient days.

Corsica Hills Center – (Queen Anne's County)
Revision of its current Memorandum of Understanding with the Maryland Medical Assistance Program reducing its minimum required Medicaid participation rate to 59.3% of total patient days from 66% of total patient days.

Franklin Woods Center – (Baltimore County)
Revision of its current Memorandum of Understanding with the Maryland Medical Assistance Program reducing its minimum required Medicaid participation rate to 42.6% of total patient days from 58.8% of total patient days.

Larkin Chase Center – (Prince George's County)
Revision of its current Memorandum of Understanding with the Maryland Medical Assistance Program reducing its minimum required Medicaid participation rate to 39.9% of total patient days from 61.6% of total patient days.

Waldorf Center – (Charles County)

Revision of its current Memorandum of Understanding with the Maryland Medical Assistance Program reducing its minimum required Medicaid participation rate to 54.6% of total patient days from 63.8% of total patient days.

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology Division – Nikki Majewski, Division Chief

Staff released the Cybersecurity Self-Assessment Readiness Tool (tool), which aims to assist health care organizations in identifying gaps in cybersecurity policies and procedures. Staff notified various provider associations regarding the availability of the tool and posted it on MHCC's website. The tool was developed in collaboration with stakeholders using the National Institute of Standards and Technology Cybersecurity Framework.

During the month, staff analyzed data received from acute care hospitals in response to the hospital health information technology (health IT) survey distributed earlier this year. Staff is developing key messages for the annual report as it relates to hospitals' diffusion of health IT, controls to detect and mitigate cyber risks, and strategic initiatives using health IT in support of the All-Payer Model. Staff intends to release a report on the survey findings in the fourth quarter.

Select stakeholder representatives were asked to provide feedback on the draft framework for a State Health IT Roadmap (roadmap). The framework identifies guiding principles and goals for advancing health IT statewide, as well as potential gaps and barriers that should be considered as part of the planning process. Staff plans to incorporate stakeholder feedback in July and vet the draft roadmap more broadly in late summer.

Staff continues to provide guidance to the round one mobile health (mHealth) grantee, Johns Hopkins Pediatrics at Home (PAH), as they begin the participant recruitment phase. The project aims to deploy mHealth with 75 pediatric asthma patients in Baltimore. Staff is also providing feedback to PAH as they develop their measures reporting process. The grant period continues through June 2018.

An evaluation panel consisting of internal State representatives and external stakeholders was convened to score responses received to a Request for Applications (RFA) for a round two mHealth grant. The RFA will identify one or more health care organizations that can diffuse use of mHealth technology to address treatment and recovery for opioid misuse, abuse, and addiction. The MHCC has made available $100K for the grant and requires a 1:1 financial match from recipients. Project implementation activities are planned for July.

Electronic advance directives services and other health care stakeholders were invited to comment on the informal draft regulations, COMAR 10.25.19: *State Recognition of an Electronic Advance Directives Service*. The draft regulations outline procedures for a State Recognition program of electronic advance directives services enabling connectivity to the Chesapeake Regional Information System for our Patients (CRISP), the State Designated Health Information Exchange (HIE). Final regulations are anticipated by the end of October. Staff is also providing support to the Department of Health and Mental Hygiene (DHMH) in developing education and outreach initiatives about electronic advance directives.

An information brief highlighting findings from an assessment of health care breaches from 2010 through 2016 was finalized during the month. Staff obtained data from the Office of Civil Rights online portal containing information on breaches of unsecured protected health information affecting 500 or more individuals. Findings will be used to inform future cybersecurity education and awareness initiatives.

Preliminary audit activities are underway for the CRISP year-end financial audit and interim review of Integrated Care Network (ICN) expenditures. Staff is collaborating with CliftonLarsonAllen who will assess CRISP internal controls, which includes management of programs funded by federal grants. Staff continues to provide support to Myers and Stauffer for the annual privacy and security audit of CRISP. Staff is also providing guidance to Mosaica Partners as they conduct an ongoing independent review of the ICN.

Health Information Exchange Division – Angela Evatt, Division Chief

Staff worked with the round three telehealth grantees to develop a project performance assessment matrix. The matrix will be used for reporting on final outcomes as the projects concluded during the month. The grantees included Gerald Family Care who offered patients video consultations with specialists at Dimensions; Associated Black Charities who used mobile tablets to facilitate video consultations between community health workers and patients with nurses at Choptank Community Health; and UHCC who used mobile tablets to provide patient education to individuals with chronic conditions. Staff is exploring project sustainability options with the round four grantee, Gilchrist Greater Living; the project concludes this November.

The round five telehealth grantee, the University of Maryland Shore Regional Health (Shore Health), the awardee of the round five telehealth project, is using telehealth to increase access to palliative care among patients in Kent County. The project also expands behavioral health services to patients in Kent and Queen Anne's County by implementing telehealth for emergency department psychiatric services and inpatient psychiatric consultations. Staff continues to support Shore Health's project implementation; the grant period is through July 2018.

Staff convened the Electronic Data Interchange Workgroup (workgroup) to review the technical specifications document for electronic ambulatory provider claims. The workgroup is identifying segments and elements from outpatient claims that could inform care delivery when integrated with an HIE. Workgroup participants expect to finalize the selection process in July; testing is anticipated to occur in late summer. The workgroup includes representatives from CRISP, Availity, eClinicalWorks, Columbia Medical Practice, and University of Maryland Faculty Physicians.

Planning activities are underway to reconvene the HIE Policy Board (board), a staff advisory workgroup. The board provides input on privacy and security policies that influences amendments to COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*. Over the next several months, the board will consider policies that enhance security protections of HIEs and promote HIE connectivity to regional data sharing networks. Draft policies are targeted for completion around the end of the year.

During the month, staff presented at HealthCon, the American Academy of Professional Coders 25th national health care conference. The presentation focused on operationalizing telehealth within a health care organization, and included discussions around policy considerations such as: reimbursement, licensure and liability.

Innovative Care Delivery Division – Melanie Cavaliere, Division Chief

Staff continues to collaborate with MedChi, The Maryland State Medical Society and the Maryland Learning Collaborative in helping providers transform their practices to meet performance requirements in value-based care delivery models. The partnership is working with nearly 800 providers statewide to complete the practice transformation activities outlined by the Centers for Medicare & Medicaid Services (CMS) under the Practice Transformation Network grant program. In May 2016, staff became a subcontractor to the New Jersey Innovation Institute Practice Transformation Network, a recipient of the CMS grant.

Two educational sessions were convened by staff during the month that focused on the Medicare Access and CHIP Reauthorization Act (MACRA). The session topics included five steps that practices could take now to avoid MACRA penalties in 2019, and how information to be submitted in 2017 differs from future

reporting years. An update on practice transformation activities and value-based care delivery models in Maryland was also reviewed.

Staff provided input in finalizing the learning system term sheet and in identifying and weighting practice selection questions for the Maryland Comprehensive Primary Care (MCPC) model. Staff is working with DHMH and the Health Services Cost Review Commission to develop a model that strengthens primary care delivery transformation through practice tracks with advanced care delivery requirements and payment options. The MCPC model development activities have been in partnership with the Center for Medicare & Medicaid Innovation (CMMI) at CMS. Program requirements for the MCPC model will be submitted to CMS by CMMI in June. The MCPC model is anticipated to be in place by July 2018.

Staff completed analyzing the 2015 incentive payment data from commercial carriers for practices that participated in the Maryland Multi-Payer Patient Centered Medical Home Program (MMPP). The Medicaid analysis is expected to be completed by the end of June. Incentive payments are determined based on practices achievement of certain quality, cost, and utilization goals. Practices that meet the MMPP shared savings requirements will receive a payment in the third quarter of this year.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

The Maryland Health Care Quality Reports (MHCQR) website

Staff has obtained access to the AHRQ MONAHRQ software source code and our contractor, AGS, LLS has begun to review the code for continued application within our consumer website. As a reminder, AHRQ will no longer support the MONAHRQ application after this federal fiscal year, but we are confident that AGS will be able to adopt and maintain the application going forward. To facilitate a smooth transition among users of the MONAHRQ software, AHRQ will be hosting a webinar focusing on maintaining MONAHRQ websites on June 7, 2017. The final MONAHRQ webinar will be held on July 11, 2017; this will have the same focus as the June 7th webinar but will be tailored for technical audiences.

Staff continues to focus on the promotion of the MHCQR website. There have been 28 social media posts either made or planned for future release in June. Topic posts in June 2017 include National Safety Month and Alzheimer's and Brain Awareness Month. These topics coincide with the U.S. Department of Health and Human Services National Health Observances and are also designed to link readers back to the MHCQR website. Staff has also continued to disseminate promotional rack cards at off-site meetings and conferences.

The staff works with stakeholders to identity website enhancements and to facilitate greater transparency. To that end, we have been working with the Leapfrog Group to facilitate inclusion of Maryland hospitals in their Hospital Safety Grading System. MHCC will generate certain Hospital Acquired Conditions (HAC) and Patient Safety Indicator (PSI) measures from the HSCRC Inpatient Discharge Data Set to support the Leapfrog transparency initiative. Staff will hold a webinar for hospital representatives on June 23rd to inform them of the new developments.

Hospital Quality Initiatives – Courtney Carta

Hospital Initiatives

Maryland has the longest emergency department wait times in the country. Staff are developing a survey that will be sent to hospitals to identify potential challenges that contribute to the long emergency department wait times. Staff have reached out to individual hospitals to identify potential contributing factors. Based on these conversations, staff solicited information from quality administrators at each hospital to ask for feedback and additional information about topics that should be included in the survey. We are also working

with the Maryland Hospital Association to complement efforts. The survey will be administered and results analyzed later this summer.

Health-care Acquired Infections (HAI) Data
Staff are in the midst of a second round of data pulls that will be posted on the MHCQR website in July. Infections that will be included are CAUTI, Surgical Site Infections (SSI) (Colon, Hysterectomy, CABG, Hip, and Knee procedures), and Health Care Personnel Influenza Vaccination rates. Staff sent preview reports to hospitals and are working with them to ensure their data are accurate prior to public reporting. We are eagerly awaiting the release of the HAI CDC Annual Report for national comparisons. Staff continue to stay abreast of ongoing issues with the rollout of the new NHSN baselines.

Specialized Cardiac Services Data
All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR ACTION/GWTG (Get With The Guidelines) and CathPCI data registries and report the quarterly data to the Commission in accordance with established timelines. The staff has transitioned the cardiac data submission and management process to the QMDC secure portal beginning with 1st quarter 2015 submissions to centralize our data collection activities. Collection of NCDR 1Q2017 registry data and outcome report submissions through the QMDC is currently underway.

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

Health Plan Quality & Performance – Sherma Charlemagne-Badal

The staff is in the process of streamlining the Health Plan Quality Reporting initiative by eliminating Maryland member specific HEDIS audits and CAHPS surveys and transitioning to use of NCQA data based on all plan member results. To that end, we are terminating or have modified certain contracts that support this initiative. All relevant contractors have been notified of the change and new contract terms have been established.

Long Term Care Initiative – Sherma Charlemagne-Badal

Health Care Worker Influenza Vaccination survey data collection period officially ended on May 20, 2017. Nursing homes and assisted living facilities that failed to complete the survey by May 20th were allowed to submit surveys up to June 2, 2017. To date, 32 facilities have received letters of MHCC's intent to levy fines for non-completion of the survey within the allotted timeframe. Currently one nursing home survey and five assisted living facility surveys are outstanding. Staff continues to follow-up with facility administrators to attain 100% response rate.

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

Staff continues to work on updates to the LTCG. Hospice data from the 2015 Long Term Care Survey has been added to the long term care guide. CMS released nursing home quality measures data in May, one month after the scheduled release in April. Nursing home fire safety inspection data remain unavailable. The delays in availability of CMS data will result in delays to the Long Term Care Guide (LTCG) updates.

In an effort to address ongoing challenges with the quality of Access database files received from the Office of Health Care Quality (OHCQ), a change to the LTCG has been made. Access database files are used to generate links to health and fire safety deficiency reports for assisted living facilities on the LTCG. From 2008, OHCQ, division, and center staff have worked to resolve challenges associated with how OHCQ assigns facility identification numbers to assisted living facilities. Frequent changes to facility identification numbers makes it difficult and sometimes impossible for MHCC staff to match facilities to their deficiency report links. Also, frequent changes to facility identification numbers results in lost history of health and fire safety reports for facilities, which creates a real challenge when attempting to track the safety history of a facility. Consumers rely heavily on access to these health and fire safety reports to make decisions about care, and incomplete or missing information is unfavorable. After numerous unsuccessful attempts to resolve this issue with OHCQ, staff has added to the consumer guide, notation that redirects all inquiries regarding inaccessible or missing report links to OHCQ. Consumers now have contact information for OHCQ staff responsible for assisting them in accessing OHCQ held reports. It should be noted that challenges with tracking safety history of facilities remain, given OHCQ facility identification assignment practices.

In May 2017, CMS released the state-level cut points for nursing home health inspection reports star rating methodology. The health inspection report star rating is one of three star rated domains used by CMS to calculate the overall star rating for nursing homes listed on the nursing home compare website. Cut points for the health inspection domain change over time based on state-level performance scores. The stratification criteria used to assign star ratings (i.e. top 10% performers in each state receive a five star rating etc.) remains consistent across states. The strategy is aimed at controlling for between state variations in inspection results performance scores. This information is useful when interpreting star ratings for health inspection domain and for understanding how the health inspection domain is calculated and factors into the overall five star quality rating.

Consumer inquires continue to be handled by division staff.