MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

March 2011

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

MHCC released an RFP for the PCMH Program Evaluation services in February. Responses must be received by the Commission no later than March 16, 2011. Commission staff conducted a webinar on March 10th with the invited practices to review the MMPP Participation Agreement.

MHCC will hold breakfast meetings with interested self-funded employers in March and April. This series of outreach meetings is sponsored by Pfizer. The first session, featuring a presentation by Dr. Paul Grundy, will be on March 29th in Bethesda.

Development and planning of the Program's learning collaborative continues, as well as meetings with employers having self-insured health benefits programs for their employees regarding participation in the program. Information regarding the PCMH program is available on the Commission's website at: http://mhcc.maryland.gov/pcmh/.

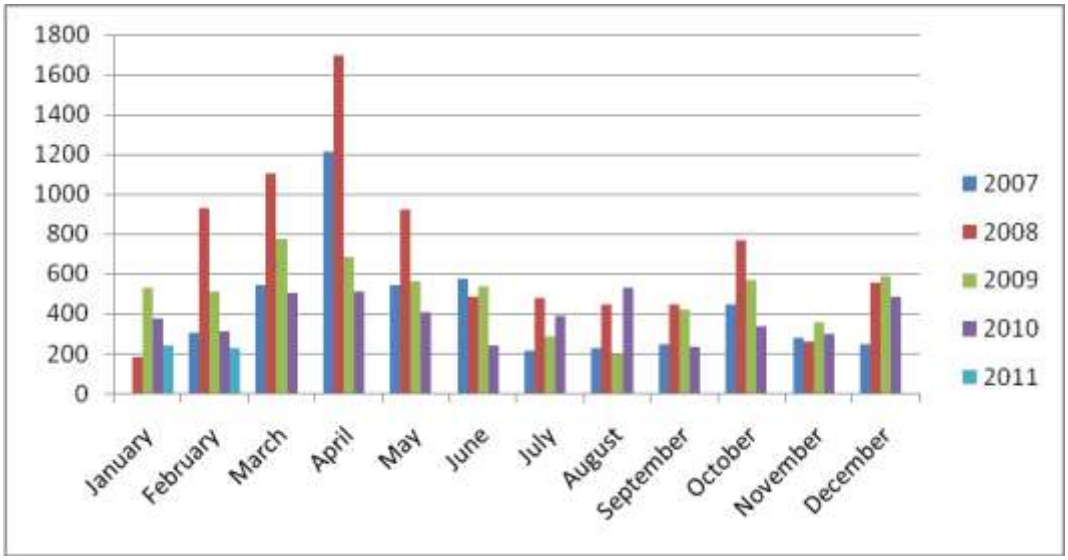
Maryland Trauma Physician Services Fund

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $243,066 in January and $226,546 in February 2011. The monthly payments for uncompensated care since February 2007 are shown below in Figure 1.

Commission staff and Clifton Gunderson LLP staff finalized the selection of Trauma Fund physicians for audit of uncompensated care claims in March.

Figure 1 – Trauma Fund Uncompensated Care Payments 2007-2011



Cost and Quality Analysis

Measures for Assessing the Impact of the Assignment of Benefits (AOB) Law
As discussed in last month's update, the MHCC—in consultation with the Maryland Insurance Administration (MIA) and the Office of the Attorney General— is required to monitor the impact of the *Assignment of Benefits and Reimbursement of Non-preferred Providers* law (Chapter 537 of the 2010 Laws of Maryland) on providers, patients, and carriers. Staff, with input from the database vendor (SSS), developed measures using the MCDB to track the law's financial impact on providers, patients, and carriers. At the end of January 2011, staff reviewed these measures with the MIA and made several modifications as result of that review. Staff also shared the analysis plan with providers and carriers, and on February 14th, held a conference call with these stakeholders to discuss the measures. Following the Commission vote on February 17th to approve this plan for release to the respective Committees in the House and Senate, the proposed analysis plan was sent to Thomas M. Middleton, Chair, Senate Finance Committee, and Peter A. Hammen, Chair, Health and Government Operations Committee.

Submission of 2010 Data to the Maryland Medical Care Data Base (MCDB)
On February 16th, staff held a meeting (webinar) with payers that currently submit data to the MCDB to discuss the new eligibility file that must be included in payers' 2011 data submissions (2010 claims data). The eligibility file will contain information for all Maryland residents with health insurance coverage through the submitting payers. It will include the demographic characteristics of enrollees and insurance contract information such as date of enrollment, source of the contract, and type of coverage. The inclusion of the eligibility file will enable MHCC staff to provide more information from the claims data, such as the utilization rate (percentage of enrollees with the service) for different types of care.

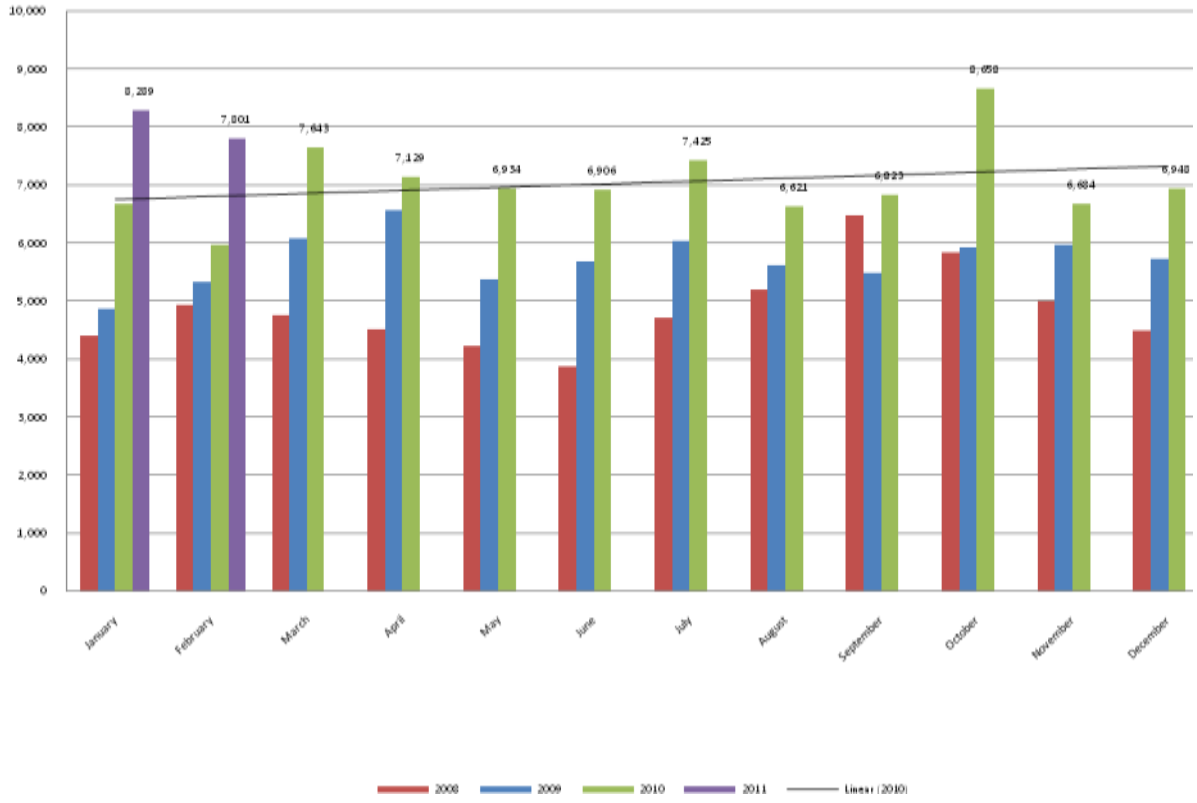
Staff is currently in the process of updating the MCDB Data Submission Manual. The new manual will include the requirements for the eligibility file in addition to the requirements for the professional services, pharmacy services, provider directory, and institutional services files. Staff plans to distribute the updated manual to payers for their review in about two weeks, which will be followed by a second webinar with submitting payers to discuss expectations and minor modifications to the professional services, pharmacy services, provider directory, and institutional services files.

One important modification for all files is the addition of a **Universally Unique Identifier (UUID)**. The UUID was included in the MCDB regulations that were revised last year (COMAR 10.25.06.05): *The MHCC shall provide each payer an encryption algorithm using one-way hashing consistent with the Advanced Encryption Standard (AES) recognized by the National Institute of Standards and Technology*. The encryption software was created by a vendor that specializes in encryption algorithms, VOCAL Technologies, under a sub-contract to SSS. VOCAL developed an encryption algorithm that uses six pieces of personal information to create a unique identifier for each enrollee. The encryption software created by VOCAL will be provided to each submitting payer, who will use the software to create a UUID for each enrollee in their data submission.

Because construction of the UUID requires a person's social security number and some payers do not currently have the social security number readily available on their systems, it will take several years for the UUID to be fully implemented. Once the UUID is fully implemented, it will improve the accuracy of per enrollee health care utilization during the year by enabling the analysis to track a unique individual across insurance products, regardless of any changes in payer.

The HSCRC also plans to develop a unique identifier for their discharge data, and requested a meeting with staff to discuss the UUID that will be used in the MCDB; the meeting was held on March 4th.

Figure 2 -- Unique Visitors to the MHCC Web Site



Internet Activities

The number of unique visitors increased in February 2011 by 4.2 percentage points from January 2011. The increases follow a particularly strong performance in January when utilization increases by 19 percent from December 2010. Compared to February 2010, the 2011 Internet access is about 31 percent higher.

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.

Approximately 43.50 percent of unique visitors arrived via a search engine, a decrease from January of 3 percentage points. The share of unique visitors who arrived directly accounted for 36.37 percent of unique visitors, a slight increase of less than 2 percentage points. These shares fluctuate up and down 3 to 4 percent from month to month. Google remains the dominant search engine directing 29 percent of all visitors to the MHCC site, essentially stable from December. Among the most common search keywords in February:

- "Maryland Health Care Commission"
- "mhcc"
- "mental health task force"

- "assisted living facilities in Maryland"
- "nursing homes in maryland"

The remaining visitors were again referred from sites such as other state agencies. This share also shifts 3 to 4 percent month-to-month with no consistent upward or downward trend. Among top referrers were the DHMH website, the Maryland Web Portal (Maryland.gov), crisphealth.org, dhmh.maryland.gov, and hscrc.state.md.us.

Web Development for Internal Applications
Table 1 presents the status of development for internal applications and for the health occupation boards. The Physician License renewal site will be modified prior to the July 2011 release. Planning is underway for several new projects, including a PCMH Quality Reporting effort.

Table 1– Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
Board of Physicians – Physician Renewal	Complete	July 2011
MHCC Assessment Survey	Underway	March 2011
Physician Portal/PCMH	Complete	Start of Project: April 2010
PCMH Quality Reporting	Planning	July 2011

CENTERS FOR HEALTH CARE FINANCING AND LONG-TERM CARE AND COMMUNITY BASED SERVICES

Health Plan Quality and Performance

Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys were mailed to potential respondents for all participating plans the first week in March. This year there are three new participating PPO's and one new participating HMO. The audit contractor is in the process of conducting audit site visits to all plans; this activity will continue through April 2011.

Staff is finalizing two Request for Proposals (RFP) to solicit contractors for the Healthcare Effectiveness Data and Information Set (HEDIS) Audit of Commercial Health Plans for 2011- 2015.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
Benefitfocus continues to work on the development of the web portal (VIRTUAL COMPARE) with an April 4 as the target launch date. To date, several hundred brokers have pre-registered on VIRTUAL COMPARE. Staff prepared an article on VIRTUAL COMPARE which appeared in the March print issue of the Insurance & Financial Advisor and will be posted on their website once the web portal is launched.

Health Insurance Partnership
The "Partnership" premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of March 4, 2011 enrollment in the Partnership was as follows: 328 businesses; 956 enrolled employees; 1,562 covered lives. The average annual subsidy per enrolled employee is almost $2,400; the average age of all enrolled employees is 39; the group average wage is about $28,000; the average number of employees per policy is 4.1. The 3rd annual report on the implementation of the Partnership was submitted to the Governor and the General Assembly in late December for the January 1, 2011 due date and is posted on the Commission's website.

Mandated Health Insurance Services
Insurance Article § 15-1501, Annotated Code of Maryland, requires the Commission to submit an annual report to the General Assembly on: (1) any proposed mandated health insurance service that failed during the preceding legislative session; and (2) any request for analysis on a proposed mandated benefit that was submitted by a Legislator to the Commission by July 1st of that year. Each evaluation must include an assessment on the medical, financial, and social impact of the proposed mandate. The 2010 annual mandated benefits report was approved by the Commission at the January public meeting and subsequently submitted to the General Assembly. The report also is posted on the Commission's website.

Commission staff is tracking a number of proposed mandate bills throughout the 2011 legislative session.

Long Term Care Policy and Planning

Hospice Data
The data for the FY 2009 Maryland Hospice Survey has been posted on the Commission's website. Staff is currently working on the internal development of the FY 2010 hospice survey.

Home Health Agency Data
Statistical tables summarizing fiscal year 2009 home health agency (HHA) survey data have been posted to the Commission's website; similar HHA utilization tables are available on line for fiscal years 2004 through 2008. The tables summarize agency and jurisdiction-specific data on the utilization and financing of home health agency services. Data on HHAs in Maryland include: volume of admissions; referral sources; primary diagnosis on admission; length of care; average visits per Medicare client; dispositions; average cost per visit; revenues by payer type; and home health agency personnel. Data provided on Maryland resident use of home health agency care include: age group; unduplicated clients by payer type; and visits by payer type. Public use data sets are also available for fiscal years 2007 – 2009.
The HHA inventory has also been updated to reflect both newly established and acquired home health agencies licensed and operating in Maryland.

Home Health Agency Survey
The Home Health Agency Survey due date is May 26, 2011. Staff continues to provide technical assistance as well as user support on survey content during the survey collection period.

Long Term Care Survey
The 2010 Long Term Care Survey will be released by the end of March. Additional functions have been added to assist providers in completing the Survey. Staff held a conference call with Lifespan Midatlantic and Health Facilities Association of Maryland to brief them on Survey updates and to enlist their members' support and cooperation in completing the survey timely. There are financial penalties for late submission.

Long Term Care Quality Initiative

LTC Website - Consumer Guide to Long Term Care
The contractor that designed the Consumer Guide is working with staff to enhance several functional aspects of the guide.

Long Term Care Surveys

Nursing Home Experience of Care
MHCC staff completed a site visit to audit the survey contractor. Electronic records were found to be well organized. Audit revealed solid procedures for validating data, appropriate and consistently applied procedures for handling data. A random review of paper and phone surveys with the responses recorded for analysis showed accurate.

Family survey reports were distributed to nursing homes for a brief review period. Statewide results are stable over the four years of the survey with ratings of 3.4 or above on a scale of 1.0 to 4.0 (four represents the best rating). The overall rating for 2010 is 8.4 and very slight increase from the previous year. 90% of respondents indicated they would recommend the nursing home; no change from the previous year. Facility level results will be placed in the Consumer Guide to Long Term Care by the end of March.

CENTER FOR HOSPITAL SERVICES

Hospital Services Planning and Policy

Certificate of Need ("CON")

CON Letters of Intent
Magnolia Center (Prince George's County)
Construct a 104-bed replacement comprehensive care facility ("CCF") on the existing campus at 8200 Good Luck Road in Lanham. The replacement CCF will incorporate 40 additional CCF beds relocated from another facility or facilities in Prince George's County.
February 4, 2011

Chesapeake Eye Center, LLC d/b/a Chesapeake Eye Center (Anne Arundel County)
Relocation of an existing two-operating room ("OR") outpatient surgery center from its current site at 202 Medical Parkway, Suite 330, in Annapolis to 1906 Town Center Boulevard, 3rd Floor, in Annapolis.
February 11, 2011

Pre-Application Conference
Magnolia Center (Prince George's County)
Construct a 104-bed replacement CCF.
February 16, 2011

Application Review Conference
Bethesda Eye Surgery Center (Montgomery County)
Establish a freestanding ambulatory surgical facility with two ORs.
February 25, 2011

Determinations of Coverage

- **Ambulatory Surgery Centers**

American Spine Surgery Center, LLC (Frederick County)
Establish an outpatient surgical facility with one sterile OR and one non-sterile procedure room to be located at 1050 Key Parkway, Suite 104, in Frederick

Bergman Eye Surgery Center, LLC, d/b/a Physicians Surgery Center (Washington County)
Establish an outpatient surgical facility with one sterile OR and two non-sterile procedure rooms to be located at 220 Champion Drive in Hagerstown. The facility will replace the Bergman Eye Surgery Center at 10212 Governor Lane Boulevard, #1004, in Williamsport, which will close upon opening of the new facility.

Maryland Surgeons Center of Columbia LLC (Howard County)
Issuance of a new determination of coverage due to a change in ownership of an outpatient surgical facility with one sterile OR and one non-sterile procedure room located at 1044 Little Patuxent Parkway, Suite L-6, in Columbia. The existing facility is being acquired by St. Agnes Hospital.

- **Acquisitions/Change of Ownership**

The Villa (Baltimore County)
Change in the ownership of a __-bed CCF used exclusively by members of religious orders. The former owner is Villa Joint Retirement Convent with two members, the Sisters of Mercy Order and the Mission Helpers of the Sacred Heart Order. The new owner is The Sisters of Mercy of the Americas, South Central Community

Sibley-Suburban Home Health d/b/a Potomac Home Health Care
Acquisition of the remaining ownership shares of a home health agency by Johns Hopkins Health System, with an authorized service area of Montgomery and Prince George's Counties.

Glade Valley Nursing & Rehabilitation Center (Frederick County)
Acquisition of a 124-bed CCF by RE AHC Maryland 6, LLC (real estate) and 56 West Frederick Street Operating, LLC (operator)

Bradford Oaks Nursing & Rehabilitation Center (Prince George's County)
Acquisition of a 180-bed CCF by RE AHC Maryland, LLC (real estate) and 7520 Surrats Road Operations, LLC (operator)

Fairland Nursing & Rehabilitation Center (Montgomery County)
Acquisition of a 92-bed CCF by RE AHC Maryland 2, LLC (real estate) and 2101 Fairland Road Operations, LLC (operator)

Springbrook Nursing & Rehabilitation Center (Montgomery County)
Acquisition of an 87-bed CCF by RE AHC Maryland 4, LLC (real estate) and 12325 New Hampshire Avenue Operations, LLC (operator)

Sligo Creek Nursing & Rehabilitation Center (Montgomery County)
Acquisition of a 102-bed CCF by RE AHC Maryland 3, LLC (real estate) and 7525 Carroll Avenue Operations, LLC (operator)

Shady Grove Nursing & Rehabilitation Center (Montgomery County)
Acquisition of a 134-bed CCF by RE AHC Maryland 5, LLC (real estate) and 9701 Medical Center Drive Operations, LLC (operator)

Piney Orchard Surgery Center, LLC (Anne Arundel County)
Change in the ownership structure (less than 25%) of a freestanding ambulatory surgical facility with two ORs.

Baltimore Spine Center, LLC (Baltimore County)
Change in the ownership structure (no change in principal owner or majority of ownership) of an outpatient surgical facility with one OR and one non-sterile procedure room.

- **Other**

  - **Closure of Part of an Acute General Hospital**

Frederick Memorial Hospital (Frederick County)
Closure of a 20-bed CCF unit.

  - **Miscellaneous**

HomeCall, Inc. d/b/a HomeCall (Carroll County)
Relocation of the home office from 15 East Main Street, Suite 114, in Westminster to 844 Washington Road, Suite 301, in Westminster

Frederick Memorial Hospital (Frederick County)
Permanent use of vacated space (formerly a 20-bed CCF unit) as acute care beds (determined to require CON review and approval).

Frederick Memorial Hospital (Frederick County)
Temporary increase in licensed bed capacity, using vacated space (determined to be unobjectionable so long as the Office of Health Care Quality of the Department of Health and Mental Hygiene has no objections

- **Waiver Beds**

Lorien Mays Chapel (Baltimore County)
Addition of eight CCF beds for a total of 93 CCF beds

Planning and Policy

On February 3 2011, Center for Hospital Services staff attended a meeting of an interagency work group sponsored by the Maryland Department of Planning ("MDP") The meeting is one in a series being used by MDP to assist it in development of a comprehensive state plan for sustainable growth and development, PlanMaryland.

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Advisory Committee

The HPEG Advisory Committee provides guidance and expertise on the various activities associated with the maintenance and expansion of the Hospital Performance Evaluation System and continues to meet on a monthly basis. Most recent accomplishments are highlighted below:

- ***Public Reporting of Central Line-Associated Bloodstream Infections (CLABSI) on the Hospital Guide***

In October 2010, the MHCC released information on central-line associated bloodstream infections (CLABSIs) on the Hospital Guide. The release of the data occurred after lengthy review and discussion with hospital representatives, focus groups and other stakeholders on the best practices for publicly

reporting this important outcome data. This new hospital data includes CLABSIs experienced in Maryland acute care hospital adult and pediatric ICUs and neonatal ICUs (NICUs) for the 12-month period, July 1, 2009 through June 30, 2010. During this period, hospitals reported 424 CLABSIs in ICUs and 29 CLABSIs in NICUs. Unfortunately, a comparison of Maryland hospitals to national data shows that our hospitals as a whole experienced more CLABSIs than would be predicted after adjusting for ICU type.

The staff is the process of preparing for the next update to the Hospital Guide, which is scheduled for April 2011. Calendar year 2010 CLABSI data that will be reported on the updated Guide and hospitals have been provided individual preview reports of their CY2010 CLABSI data for review. Hospital data corrections to the NHSN CLABSI database were accepted through March 9th. The staff will generate an updated database that will be used for the Hospital Guide and will distribute final individual preview reports to hospitals on March 23rd.

- ***Health Care Worker Seasonal Influenza Vaccination Survey***

Data on the number of hospital health care workers who received seasonal influenza vaccinations during last year's seasonal flu season is publicly reported on the Hospital Guide. The Centers for Disease Control and Prevention have long recommended annual influenza vaccinations for all health care workers. The National Quality Forum includes influenza vaccination of health care workers as one of its 34 safe practices that should be utilized universally to reduce risk to patients. For the 2009-2010 flu season, 78% of Maryland hospital health care workers received the seasonal influenza vaccination. The staff continues to identify ways to improve the survey and has release a revised 2010-2011 flu season survey to hospitals that will change the method for defining the denominator – health care workers. We will be using an average of the monthly count of employees during the survey period to address fluctuations in staffing that may artificially increase or decrease the employee count on a specific date. The 2009-2010 survey defined the denominator as the number of employees paid by the hospital on April 16th. In addition, the staff is working with interns from the Johns Hopkins University, School of Public Health to survey hospitals on their vaccination policies, practices and employee documentation requirements to gain a better understanding of factors that may influence hospital employee vaccination rates. To facilitate consistency among hospital data submissions, the staff developed a Frequently Asked Questions (FAQ) document on HCW Influenza Vaccination Survey requirements. The FAQ document is updated periodically with the review and guidance of the HAI Advisory Committee.

- ***Surgical Site Infection Data Reporting***

Effective July 1, 2010, hospitals are required to collect data on Surgical Site Infections (SSI) for surgeries involving hip replacements, knee replacements, and CABG, using the CDCs National Healthcare Safety Network System (NHSN). To facilitate communication regarding this new initiative, the staff is working with the HAI Advisory Committee to develop supporting materials, including a Frequently Asked Questions (FAQ) document for posting to the Commission's HAI webpage. The SSI workgroup was established to focus on this issue and met on January 26th and February 23rd to review questions and responses. The first release of the FAQ document is planned for next week. The workgroup agreed to meet on an as needed basis to review new issues and questions for inclusion in this new resource for sharing information with hospitals.

- ***Active Surveillance Testing (AST) for MRSA in All ICUs Survey***

The results of the 4th quarter 2010 survey for collecting data on Active Surveillance Testing (AST) for MRSA in All ICUs have been submitted by hospitals. It is important to note that this is a process measure that evaluates the rate of hospital screening (AST) for MRSA in all ICUs. It is not an outcome measure that evaluates the rate of MRSA colonization or infection in the hospital. The results of the survey have been reviewed for completeness and distributed to hospitals for review prior to public

reporting. The deadline for hospital submission of corrections to the survey data is March 17, 2011. Hospitals rates for calendar year 2010 AST for MRSA in ICUs will be publicly reported on the Hospital Guide in April.

- ***Collection of Data on Specialized Cardiac Care Services***

All Maryland acute general hospitals with a waiver from the Commission to provide primary percutaneous coronary intervention (PCI) services or with a Certificate of Need issued by the Commission for a cardiac surgery and PCI program are required to enroll in and report quarterly data to the Commission from the: American College of Cardiology (ACC) Foundation's National Cardiovascular Data Registry (NCDR) ACTION Registry-GWTG; and, ACC Foundation's NCDR CathPCI Registry. These reporting requirements apply to eligible patients discharged on or after July 1, 2010. For the ACTION Registry-GWTG, hospitals may submit either ACTION Registry-GWTG Limited or Premier.

The Commission has established the Maryland State Cardiac Data Advisory Committee to support the implementation of these new data reporting requirements and to formulate recommendations for public reporting of the data. The committee met on December 14th and March 9th to discuss the scope of the committee's responsibilities and to begin the process of reviewing other state activities and specific NCDR data collection, management and validation issues. All meetings of the Advisory Committee are open to the public. A webpage has been added to the Commission's website to post materials related to the Maryland State Cardiac Data Advisory Committee and may be accessed at: http://mhcc.maryland.gov/cardiac_advisory/index.html

Specialized Services Policy and Planning

Upper Chesapeake Medical Center (Docket No. 11-12-0053 WR) filed an application requesting renewal of the hospital's two-year waiver to provide primary percutaneous coronary intervention (pPCI) services without on-site cardiac surgery services. On March 17, 2011, the Commission will consider the staff recommendation on this application.

Notice of the docketing of the following pPCI waiver renewal applications will be published in the *Maryland Register* on March 11, 2011: Anne Arundel Medical Center (Docket No. 11-02-0056 WR), Baltimore Washington Medical Center (Docket No. 11-02-0055 WR), and Franklin Square Hospital Center (Docket No. 11-03-0054 WR). The staff has requested that each hospital provide additional information needed to determine whether the hospital meets the requirements in the State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention Services (COMAR 10.24.17, Table A-1).

At its public meeting on February 17, 2011, the Commission adopted emergency and proposed amendments to COMAR 10.24.05 that would establish an application process by which the Commission can extend the research waivers of certain hospitals that are participating in the C-PORT E research study of non-primary percutaneous coronary intervention (npPCI) in hospitals without on-site cardiac surgery services, and can require such hospitals to participate in the follow-on C-PORT E Registry of Non-Primary PCI. The changes to the text of the existing regulations will be published in the *Maryland Register* on March 25, 2011. The Johns Hopkins Institutional Review Board (IRB) has approved the Principal Investigator's request to extend patient recruitment for the CPORT E randomized trial for an additional 600 patients. Patient accrual or enrollment in the randomized study is expected to end by mid-April 2011; however, data on each randomized npPCI patient must be collected for a 9-month period post-procedure. The follow-on Registry requires approval by the Johns Hopkins IRB as well as the IRB at each individual participating site, and will be overseen by a Data and Safety Monitoring Board. The following hospitals are currently participating in the C-PORT E study: Anne Arundel Medical Center (Docket No. 08-02-0032 NPRW), Saint Agnes Hospital (Docket No. 08-24-0028 NPRW), Shady Grove Adventist Hospital (08-15-0027 NPRW), Southern Maryland Hospital Center (08-16-0031 NPRW), Frederick Memorial Hospital (08-10-0034 NPRW), Meritus Medical Center (08-21-0035 NPRW),

Baltimore Washington Medical Center (08-02-0029 NPRW), and Johns Hopkins Bayview Medical Center (08-24-0030 NPRW).

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Last month staff provided support to the Statewide HIE Coalition (Coalition) in developing comments to the Office of the National Coordinator for Health Information Technology's (ONC) Health IT Policy Committee Meaningful Use Workgroup's preliminary Stage 2 Meaningful Use requirements. The Coalition consists of about 14 states and provides a forum to share experience with advancing health information technology (HIT), and serves as an advocate for federal policies that will support successful statewide HIE. Over the last six months, the Coalition provided feedback to the ONC on Stage 1 Meaningful Use requirements, barriers to expanding HIE related to policy and technology, and building a national HIE infrastructure. States in the Coalition are implementing the technology to support the exchange of electronic health information.

Staff continues evaluating the responses from the 46 acute care hospitals who responded to the *2010 Hospital Health Information Technology Survey* (survey). This is the third year the MHCC collected health IT data from acute care hospitals. The report includes an analysis of health IT adoption trends and a comparison by hospital size, affiliation, and geographic location. While similar to surveys administered nationally, this survey is unique in that it asks questions related to health IT planning and inquires on the number of primary care units that have implemented different health IT functionalities. Over the next month, staff will begin reviewing key findings from the survey with hospital chief information officers (CIOs). Staff will use the feedback from hospital CIOs in crafting the report, which is scheduled for release in May. Staff continues to evaluate opportunities to enhance the 2011 survey.

Activities to expand the number of EHR vendors participating in the Nursing Home EHR Product Portfolio (portfolio) continued during the month. The web-based portfolio lists EHR products specifically designed for nursing homes that can be used in the evaluation of EHRs. Currently, around eight vendors have agreed to participate in the portfolio; staff invited approximately 20 vendors. The portfolio consists of a vendor product comparison table, vendor contact list, product overview presentations, pricing, privacy and security policies of application service providers, and user reference reports. Last month, staff convened a focus group with nursing home administrators to discuss the challenges, other than financial, that hinder EHR adoption. Focus group participants proposed exploring options for EHR adoption incentives through the Medicaid Cost Sharing Report; working with LifeSpan Network and the Health Facilities Association of Maryland to evaluate group purchasing options; developing a list of long term care providers that have adopted EHRs that would serve as a source of information on EHRs; and connecting a long term care facility as a pilot to the HIE.

During the month, staff updated the *2011 Ambulatory Health Information Technology Survey*, which is part of the annual *Maryland Freestanding Ambulatory Surgical Center (Centers) Survey*. The draft *2010 Health Information Technology: An Assessment of Freestanding Ambulatory Surgical Centers in Maryland* report is currently under review. The report assesses the adoption of health IT among Centers in seven core areas that include: computerized physician order entry; EHR adoption; electronic medication administration records; barcode medication administration; infection surveillance software; electronic prescribing; and electronic health information exchange. Preliminary results for the 2010 report indicate that EHR adoption among ambulatory surgical centers is approximately 23 percent. Roughly 13 percent of Centers reported using electronic prescribing technology and about one percent reported exchanging some electronic clinical information with community providers. The report is targeted for release in March.

Staff is in the preliminary stage of modifying the web-based Physician EHR Product Portfolio (portfolio). The web-based application lists vendors certified under the ONC EHR certification requirements who have agreed to offer product discounts to physicians. Vendor information includes line item pricing, five-year pricing projections, consumer reports based upon feedback from five references, case studies, and policies related to privacy and security. New to the portfolio this year will be information from participating vendors about how the EHR manages sensitive health information and the estimated costs for providers to connect with the HIE. The portfolio is used by the state designated HIE and by MedChi, The State Medical Society in promoting EHR adoption. The portfolio was first released in September of 2008; staff will release the updates in March.

Staff developed a *Management Services Organization (MSO) Information for Providers* webpage that includes an overview of MSOs, MHCC State Designation, information for MSO product and service comparison, and additional resource information. During the month, staff granted MSO Candidacy Status to McFarland and Associates, Inc. Approximately 13 of the roughly 21 MSOs in Candidacy Status have partnered with the state designated HIE, the Chesapeake Regional Information System for our Patients (CRISP), Regional Extension Center (REC) to provide technical assistance to providers related to EHR adoption and implementation. The ONC established a goal for the REC to assist 1,000 priority primary care providers (PPCPs) in adopting and becoming meaningful users of EHRs. The REC is funded through a $6.3M grant from the ONC and provides subsidies to the MSOs for helping providers achieve three milestones: signing up a provider to the MSO; implementing select functionalities of the EHR; and meeting Stage 1 Meaningful Use requirements. At the end of February, approximately 400 PPCPs have signed a participation agreement with an MSO.

Staff continues to work with practices participating in the Centers for Medicare and Medicaid Services (CMS) EHR Demonstration Project (project). Practices are divided into a treatment group and a control group. Practices in the treatment group can receive up to $290,000 over the five-year project as incentives for adopting an EHR and meeting established quality reporting requirements. During the month, practices in the treatment group received information on program participation requirements; practices in the control group received information regarding developing an EHR vendor Request for Information. Practices in the control group receive a modest payment in years two and five for completing the CMS Office System Survey. Maryland is one of four states participating in the project along with Louisiana, South Dakota and Pennsylvania.

During the month, staff completed an environmental scan (scan) among allied health care providers that assessed their awareness of the Medicare and Medicaid EHR adoption and Meaningful Use incentives under the *American Recovery and Reinvestment Act of 2009* (ARRA). The scan surveyed chiropractors, dentists, optometrists, and podiatrists to determine their progress in adopting an EHR. In general, the scan indicated that allied health care providers have minimal knowledge of the EHR adoption and meaningful use incentives available under Medicare and Medicaid. Staff plans to work with the allied health care associations to develop programs aimed at increasing awareness of the ARRA.

Health Information Exchange

Maryland is one of ten states awarded an HIE Challenge Grant from the ONC. Maryland was awarded approximately $1.6M over a three-year period to develop innovative and scalable solutions to improve long term care and post acute care transitions by leveraging the HIE. CRISP, the state designated HIE will exchange select clinical summaries and medication histories among six long term care facilities and acute care hospitals. The electronic exchange of clinical information is expected to result in a reduction of hospital readmission rates for the pilot population. The state designated HIE will also develop the required framework for storing and exchanging advance directives in Maryland and include advance directives as a component of the electronic summary of care record. The ONC has requested recipients of the award to submit a revised scope of work and budget to align with the grant award.

A workgroup of the Policy Board convened in February to discuss developing *Sensitive Health Information and Emergency Access for Participating Organization*. Last month, staff provided assistance to the workgroup in developing a resolution to allow participating organizations to query the state designated HIE; the Policy Board will consider the resolution at the March meeting. Over the last year, the Policy Board has recommended four policies to the MHCC for approval. In general, the pace of policy development has been extremely thoughtful with each policy requiring a great deal of deliberation by the Policy Board.

Staff continues to provide support to the Medical Assistance Program in developing the *Health Information Technology Implementation Advanced Planning Document* (HIT I-APD), which is required by CMS for states to receive funding to administer the ARRA Medicaid EHR adoption incentives. Staff participated in a preliminary evaluation meeting with CMS on the *State Medicaid Health Information Technology Plan* (SMPH) that was sent to CMS for review in early January. Staff anticipates receiving written comments from CMS on the SMHP in March. During the month, staff continued to develop a Request for Proposal (RFP) to identify a vendor to administer the ARRA Medicaid EHR adoption incentives. Staff is also working with the Medical Assistance Program to develop a contingency plan to administer the EHR adoption incentives to eligible physicians, beginning in October if a vendor has not been selected through the RFP process. Staff continues to oversee the work of two projects that will inform the work of the vendor implementing the EHR adoption incentive program: an EHR provider adoption assessment that evaluates Medicaid providers' level of EHR adoption, barriers to adoption, and readiness to meet the Meaningful Use requirements; and a technical feasibility assessment that identifies the Medicaid challenges to implement the EHR adoption incentive program.

Staff continues to provide guidance to CRISP's Advisory Board that consists of four committees: Finance, Technology, Clinical Excellence, and Small Practice Advisory Committee. The Technology Committee convened in February to review hospital progress in connecting to the HIE. Nearly 33 out of 46 acute care hospitals are in the preliminary stages of connecting to the HIE. CRISP is working with about 30 ambulatory practices to connect them to the HIE. In February, staff met with CRISP to discuss the preliminary financial audit findings from Clifton Gunderson, LLP. The auditors proposed that CRISP adopt additional controls over the identification of funding received through the grant, implement procedures to further the separation of financial responsibilities across the leadership team within the HIE, and improve time and effort reporting on work attributed to grant funding. Clifton Gunderson, LLP expects to finalize the information technology security audit in March.

Electronic Health Networks & Electronic Data Interchange

COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks* requires payers with premiums of $1M or more to complete an annual electronic data interchange (EDI) progress report by June 30th of each year. Payers submit their reporting through a web based application (application). Staff completed modifications and testing to the application for the upcoming reporting period. During the month, staff conducted EDI site visits with three payers. Staff also completed the recertification of three networks: Health Fusion, ClaimsNet and The SSI Group. COMAR 10.25.07 – *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses* requires electronic health networks (networks) to receive MHCC certification.

National Networking

Staff participated in two eHealth Initiative HIE webinars in February: *The Current State of the HIE Market* highlighted the Thomson Reuters and eHealth Initiative white paper, *Governance Models for Health Information Exchange* that discussed the various governance models states are choosing under the ONC State HIE Cooperative Agreement program; and *Case Study in Health Information Exchange – Montana* presented an in-depth look at how HealthShare Montana, the state designated HIE for Montana, and the Mountain-Pacific REC are working together to ensure that all providers in the state have access to reliable, accurate patient information.