MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2012

CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Patient Centered Medical Home Program

Maryland Learning Collaborative
On May 3, the Maryland Learning Collaborative (MLC) Steering Committee convened to review program progress.

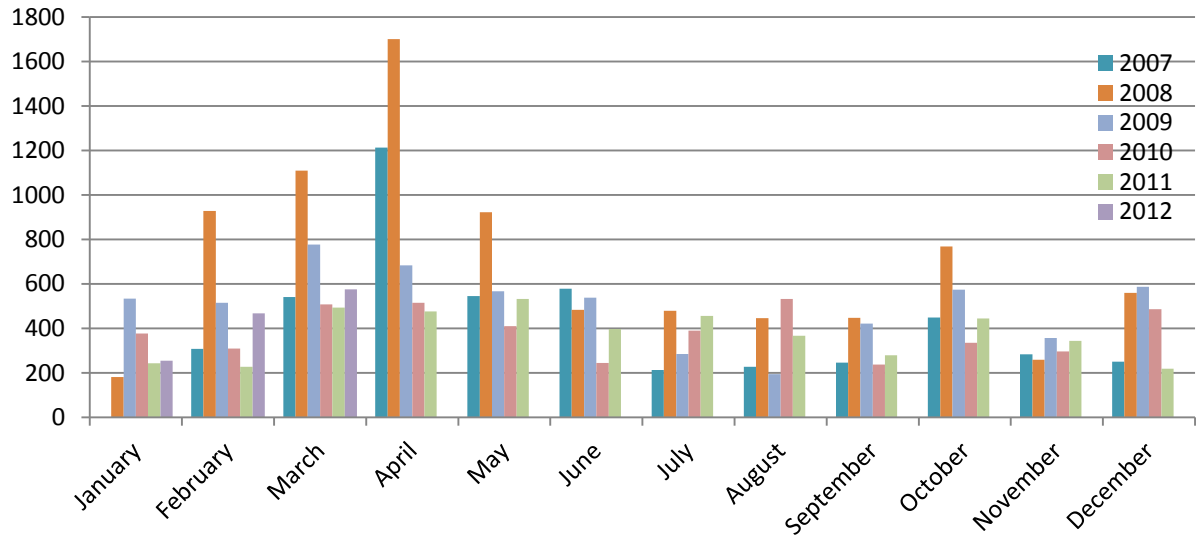
On May 5, the MLC conducted its semi-annual large Collaborative Meeting. It was attended by 110 physicians and included two national speakers, demonstration/orientation sessions for direct messaging and other CRISP services, and featured several discussant panels of participating practices.

MMPP
On May 23, the Medicaid MCOs met with Commission staff and consultants to review potential strategies for calculating and paying shared savings.

Program staff continue to secure funding from pharmaceutical companies for the MLC, engage with carriers and MCOs to ensure timely Cycle 3 payments, and coordinate with NCQA to acquire data to confirm Maryland-specific requirements**.**

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2007-2012



Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $574,567 for March of 2012. The monthly payments for uncompensated care from March 2007 through March 2012 are shown above in Figure 1.

2012 Trauma Equipment Grants
The Trauma Fund Equipment Grants committee composed of representatives from the Maryland Institute of Emergency Medical Services Systems, the Health Services Cost Review Commission, and the Maryland Health Care Commission met in early May and approved allocation of the grant funds to Maryland's Level II and Level III trauma centers. Grants of $42,857 to each of the grant applicants will be made prior to the end of the fiscal year.

Cost and Quality Analysis

Maryland Medical Care Data Base (MCDB) Webinars
The second monthly webinar meeting with MCDB payer representatives and staff of Maryland Health Care Commission (MHCC), Social and Scientific Systems, Inc. (SSS)—our data base contractor—and the Maryland Insurance Administration (MIA) took place on May 16, 2012. The meeting was attended by 21 payer representatives and focused on the 2011 MCDB data submission process and data quality management issues. Larry Monroe of the MHCC reviewed the process for requesting submission exemptions, data element waivers, format waivers, and submission deadline extensions. He explained that MHCC assesses each payer's request based on the payer's particular circumstances and outlined the general rules that MHCC uses in addressing requests for exemptions or waivers. Payers were reminded of the need for them to compare key summary values in their current year's submission to those values in their prior year's submission before sending their data to SSS. This data review by payers prior to submitting the files should reduce the need for data re-submissions by the payers and the time needed to process all the submissions and finalize the 2011 MCDB files. Payers were also alerted to the types of file errors that were found in the 2010 data files so that payers could modify their file creation processes to eliminate or reduce these errors in the 2011 data files.

MCDB 2011 Data Submission
Two payers that have historically submitted data to the MCDB have been granted exemptions for submitting any data for 2011. The reason for these exemptions is that the premium levels for these payers has fallen below the one million dollar threshold. These payers are Great-West Life & Annuity Insurance Company and UniCare Life & Health Insurance Company. UniCare Life & Health Insurance Company stopped selling health benefit insurance plans in Maryland as of July 1, 2011.

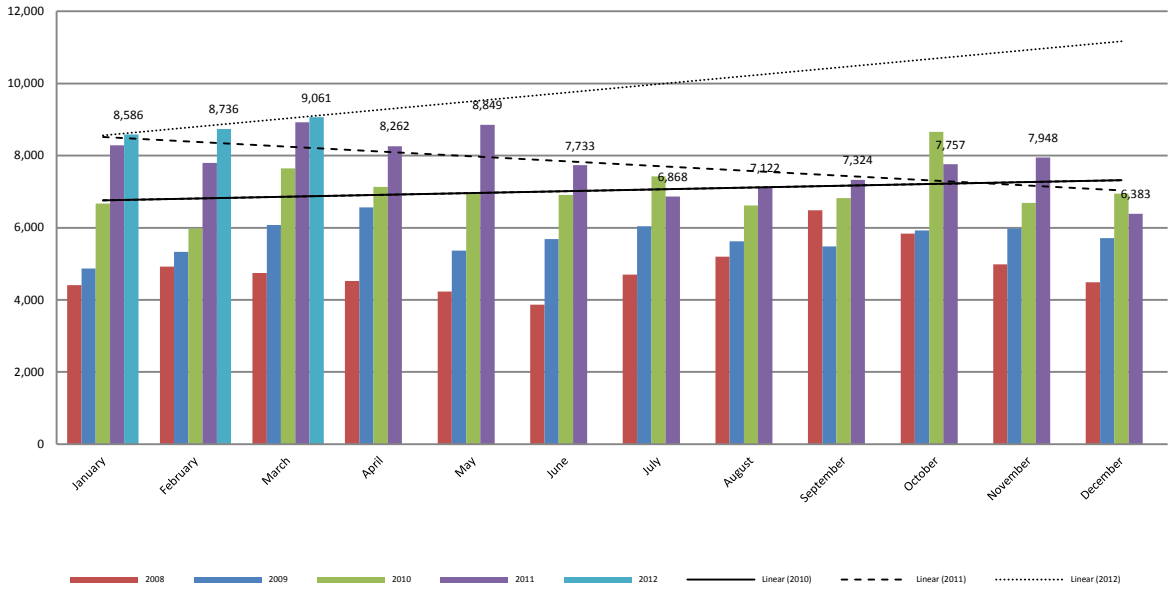
Recently Completed Issue Briefs
The reports, *State Health Care Expenditures* and *A Profile of Maryland's Self-Insured Small Group Health Insurance Market*, have been finalized. *State Health Care Expenditures* is now available on the Commission's website, along with a press release containing quotes by Ben Steffen and Dr. Sharfstein, Secretary of DHMH. The report has been mentioned in several newspaper publications or blogs. *A Profile of Maryland's Self-Insured Small Group Health Insurance Market* will be added to the Commission's website before the May Commission meeting. Staff was unable to add information on self-insured rates among Maryland employers with 50-99 employees to this report because the MEPS-IC data does not currently include information on self-insured rates for this firm size.

Data and Software Development

Internet Activities
The Commission's website was migrated to SharePoint during the month of April; therefore, the results for April are in both SharePoint and Google Analytics, making it difficult to report the website visitor details, though they are reflected in the trend line on Figure 2, below. The most frequent queries were for

certificate of need and the long term care survey. The most common referring sites were the DHMH website, mhcc.dhmh.maryland.gov, the Maryland Web Portal (Maryland.gov), search.maryland.gov, and spdev.dhmh.md.gov, which is the SharePoint development site.

Figure 2 -- Unique Visitors to the MHCC Web Site



Web Development for Internal Applications

Table 1, below, presents the status of development for internal applications and for the health occupation boards. Both internal and contractual resources are used for these efforts.

Table 1– Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Quality Measure website	Underway	Went live Jan 26, 2012
PCMH Registration and Administrative Site	On-going Maintenance	
PCMH Public Site	On-going Maintenance	Project went live at the end of January, 2012
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	
Boards and Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards and Commissions Licensing Sites – Opticians	On-going Maintenance	
Health Insurance Partnership Public Site	On-going Maintenance	
Health Insurance Partnership Registry Site	On-going Maintenance, adjustments, and monthly registration	
Hospice Survey Update	Underway	Went Live February, 2012
Long Term Care 2011 Survey	Underway	Start of Project was January, 2012

Network Operations & Administrative Systems (NOAS)

Social Media Presence
MHCC launched its Facebook site (www.facebook.com/mhcc.md) and its Twitter page (www.twitter.com/mhccmd).

SharePoint Website Migration
MHCC's website, utilizing Microsoft SharePoint, has been officially launched. (mhcc.dhmh.maryland.gov).

MHCC Migration to Gmail for Government
MHCC will migrate in the 3rd quarter of 2012 due to the use of a different email system than DHMH. MHCC technology staff will work directly with the State of Maryland's Department of Information Technology, DoIT, to plan the migration.

Virtualization Project (Redesign of the MHCC Data Center Infrastructure)
The selected vendor's proposal was approved by DoIT. The equipment was ordered and has begun to arrive. Installation is tentatively set to begin June 15, 2012 (pending arrival of back ordered items).

Information Technology Newsletter
Network Operations & Administrative Systems created an informational newsletter for MHCC staff and released volumes 1 (April) and 2 (May). Each newsletter contains technology updates, upcoming events, and useful computer tips.

Open Wireless Internet Access
MHCC now has open WiFi access to the Internet. Connect your WiFi device to MHCC1 or MHCC2 to access the Internet while attending meetings at our location.

External Meetings
Commission staff met with Saleem Sayani, DHMH CIO, and representatives of DoIT to discuss MHCC's pending Gmail for Government migration, and attended a meeting of Health Department Technology Managers to discuss the pending Gmail for Government migration project. Commission staff also attended the Federal Office Systems Exposition (FOSE) in Washington, DC, with a particular focus on secure exchange of sensitive information via electronic processes...

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

Health Plan Quality and Performance

As follow up from the last collaborative teleconference with Maryland health benefit plan representatives, held in March, a decision was made to establish and report quality improvement goals, including goals related to the National Quality Forum's Million Hearts Campaign and other MHCC quality measures, after health benefit plans operating in Maryland begin reporting Maryland-only quality and performance data. This Maryland-specific reporting is scheduled to begin in 2013 for services provided during measurement year 2012. In order to begin to set realistic and attainable quality improvement goals for cardiac-related measures as well as other measures for Maryland, reporting on Maryland-only performance must begin.

To increase the State of Maryland's awareness and understanding of the current informational needs of Maryland's employers, and to improve upon information-dissemination strategies, staff have conducted site visits with several Maryland-based employers during the month of April. During the site visit, representative(s) of the employer were asked core questions related to general company and employee information, health benefit plan selection, as well as awareness and engagement with the Maryland Health Care Commission.

On April 25th, staff offered a detailed presentation on "Evaluation and Public Reporting" of health benefit plans in Maryland, to Tequila Terry, Director for Plan and Partner Management with the Maryland Health Benefit Exchange. An abbreviated presentation is scheduled for the Maryland Health Benefit Exchange Implementation Advisory Committee on May 31st.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
VIRTUAL COMPARE, the information-only web portal developed for use by small businesses has been operational since last May. Over the past 30 days, the analytics dropped off for the first two weeks but returned later in the month to an average of approximately 6 Maryland visits per day, with the average pages per visit increasing to 7, the average time on the site increasing to more than 8 minutes per visit, and more than one half being new users of VIRTUAL COMPARE.

Each year, carriers participating in the small group market are required to submit to the Commission completed survey forms that include enrollment and premium information in the CSHBP for the preceding calendar year. This year's analysis is based on data for the calendar year ending December 31, 2011. Commission staff is in the process of analyzing these data and will present the findings of these surveys at the June public meeting.

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 May 16, 2012 enrollment in the Partnership was as follows: 395 businesses; 1,100 enrolled employees; 1,815 covered lives. The average annual subsidy per enrolled employee is about $2,300; the average age of all enrolled employees is 41; the group average wage is almost $28,000; the average number of employees per policy is 4.0. The 4th annual report on the implementation of the Partnership was submitted to the General Assembly on January 1st and is posted on the Commission's website.

Mandated Health Insurance Services
Throughout the legislative session, Commission staff tracked the progress of several bills proposing new mandates or modifications to existing mandates. To date, staff has received one request for an actuarial analysis: requiring carriers to cover orthotics for the management of a diabetic's feet. Senator Middleton's letter requesting this fiscal, medical, and social impact report indicated a December 31, 2012 due date.

Long Term Care Policy and Planning

Minimum Data Set Project
Commission staff are working with Myers and Stauffer (contractor) via bi-weekly phone conference calls to make the transition from the federal minimum data set (MDS 2.0) to MDS 3.0 as well as to convert the program from FoxPro to SAS programming language so that it is supported by, and consistent with other programs at the Commission. The initial focus has been on reviewing and updating variables and programs from MDS 2.0 to 3.0. Variables have now been updated into the MDS Manager Program. The

recent focus has been on obtaining a reliable source for zip code information and developing useable measures of diversion from nursing homes.

Hospice Survey (FY 2011)
The Commission collects data annually from all licensed hospice programs in Maryland. Letters regarding the release of the FY 2011 Maryland Hospice Survey were sent out on February 13, 2012. The official launch date for the online survey was February 14th. The survey is completed in two parts. Part I is due 60 days after receipt of the survey notice. This year that is April 16, 2012. Part II (which is based on Medicare cost report data) is due no later than June 7, 2012. All hospice programs have completed Part I and eight have completed Part II. Staff is in the process of cleaning the data and following up with programs where there are data issues.

Draft Hospice Section
The State Health Plan for Facilities and Services addresses health services that are regulated under the Certificate of Need (CON) program. One chapter, COMAR 10.24.08 covers nursing homes, home health agencies, and hospice programs. This chapter is currently undergoing review and update. In lieu of a single chapter covering the three types of health services noted above, there will now be a separate COMAR chapter for each. The first chapter for update will be hospice services.
The Chapter on Hospice Services (COMAR 10.24.13) was released for a 30-day Informal Public Comment on April 13, 2012. Comments were due to the Commission by May 14, 2012. Staff presented an overview of the Chapter at the April 19th Commission meeting. In addition, in response to requests to address questions, staff held in Informal Public Meeting on April 27th. Staff is now in the process of gathering and analyzing the comments received. When this process is complete, staff will post comments, analysis, and staff recommendations for changes to the draft Chapter on the Commission's website.

Hospice Regulations Workgroup
The Office of Health Care Quality within DHMH has convened a work group to develop regulations to address the development of residential hospice programs, or "hospice houses." These currently do not fall under the purview of the licensing regulations. Commission staff is participating in this development process. The first meeting was held on November 29th. The most recent meeting was held on May 17, 2012. A draft of proposed regulations is currently under review. Commission staff had a conference call with OHCQ staff to discuss issues related to coverage of hospice under Certificate of Need. Staff also plans to hold a meeting with OHCQ later in May to discuss a variety of issues related to Long Term Care.

Home Health Survey Data
Commission staff is analyzing home health agency utilization trend data in preparation for updating the Home Health Agency Chapter of the State Health Plan for Facilities and Services. As part of this analysis, staff is reviewing agencies' authorized jurisdictions actually served, based on submission of information reported by every home health agency in Maryland on the Commission's Annual Home Health Agency Surveys.

FY 2011 Home Health Agency Survey
Phase 2 Home Health Agency Survey data collection began on March 1, 2012 with a due date of May 29, 2012. Among Phase 2 agencies, 31% have submitted their surveys, and 61% are currently working on their surveys. Courtesy reminder notices (30 Day and 15 Day) referencing the Commission's ability to issue penalties for noncompliance have been sent to providers who have not submitted, but are in progress, and those who have not started the survey. Providers were informed of the option to request an extension to the submission date in case of extenuating circumstances. The final reminder notice will be sent to the agencies on May 23, 2012. Staff continues to provide technical assistance to providers during the survey collection period.

Long Term Care Survey
The Long Term Care Survey data collection period began on March 26, 2012 and will end on May 24,

2012. Over 700 Comprehensive Care Facilities, Chronic Care Facilities, Assisted Living, and Adult Day Care Centers participate in this survey. Of these facilities, 64% have submitted their surveys and have received acceptance notices, and 22% of the facilities are currently working on their surveys.

Courtesy reminder notices (30 Day and 15 Day) referencing the ability to issue penalties for noncompliance have been sent to facilities who have not submitted, but are in progress, and those who have not started the survey. Facilities were informed of the option to request an extension to the submission date in case of extenuating circumstances. Staff continues to provide technical assistance to facilities during the survey collection period.

2010 Long Term Care Survey Data
The public use data set and documentation for the 2010 Long Term Care Survey is available on the on the Commission's website.

Long Term Care Quality Initiative

Nursing Home Experience of Care Surveys – Work in Progress
The data collection period for the surveys has been extended one week through June 4, 2012.

Seasonal Influenza Vaccination Surveys for Staff Working in LTC
The survey submission period from nursing homes and assisted living residences ended May 16, 2012. The results will be analyzed and presented at a future Commission meeting. Preliminary results show higher rates of vaccination in nursing homes compared to previous years.

Consumer Guide to Long Term Care
Nursing home quality measures to be revised based on the transition to MDS 3.0 have not yet been released by CMS. Staff will carefully review the revised measures to determine if modifications are needed to the Consumer Guide.

The first Home Health CAHPS (Consumer Assessment of Healthcare Providers and Systems) Survey results were released in April.

Two overall measures are reported:
- Overall Rating of Care
- Likelihood to Recommend

Three composite measures are reported:
- How often the home health team gave care in a professional way
- How well home health team communicated with patients and family
- How often specific care discussed (medications, pain, and home safety)

Maryland state average ratings are very similar to the national average ratings. The lowest rating both in Maryland and nationally was "Percent of patients reporting they would definitely recommend the HHA to friends and family" at 78% for Maryland and 80% nationally. The highest rating in Maryland was 87% for the composite "Percent of patients reporting their home health team communicated well with them"; the national rating for this item was also 87%.

Use the link that follows to review ratings for all Maryland home health agencies:
http://mhcc.maryland.gov/consumerinfo/longtermcare/NewsPage.aspx

Hospital Quality Initiatives

Hospital Performance Evaluation Guide (HPEG) Update
On April 10, 2012, MHCC updated the web-based Hospital Guide to include the most current data available for the process of care, HCAHPS and HAI measures. The process of care measures (i.e., AMI, PN, HF, SCIP, CAC) were updated using data for the 12-month period ending September, 2011. The patient experience measures (HCAHPS) were also updated using the October 1, 2010 thru September 30, 2011 data period.

Central-line associated bloodstream infections (CLABSIs) information was first released on the Hospital Guide in October 2010 using data for the 12-month period ending June 2010 (FY2010). Now, the updated Guide includes information on CLABSIs experienced in Maryland acute care hospital adult and pediatric ICUs and neonatal ICUs (NICUs) for the 12-month period beginning January 1, 2011 through December 31, 2011. During this period, hospitals reported 224 CLABSIs in Adult and Pediatric ICUs as compared to 424 CLABSIs reported in FY2010. For NICUs, 43 CLABSIs were reported in CY2011 as compared to 29 CLABSIs reported in FY2010. It is important to note that the CY2011 CLABSI data includes all NICU CLABSIs, both umbilical line and non-umbilical line infections). Only non-umbilical line associated bloodstream infections were reported in the FY2010 data release.

Overall, Maryland hospital performance has improved since our first release of the CLABSI data on the Guide in October 2010. We have seen a 43% reduction in CLABSIs between the two reporting periods and a comparison of Maryland hospitals to national data shows that Maryland hospitals have performed better than hospitals nationally after adjusting for ICU type.

Healthcare Associated Infections (HAI) Data
Maryland hospitals are required to use the CDC National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on CLABSIs in any ICU and surgical site infections (SSIs) related to Hip, Knee and CABG procedures. MHCC has established a five year contract with Advanta Government Services, Inc (AGS) to provide HAI data quality review and on-site medical chart audit services. The audit of the FY2011 CLABSI data has been completed and hospitals have been provided a summary of their results. Hospitals have made corrections and updates to their data in response to the audit findings. The MHCC and AGS will host an educational webinar to review audit results and data quality issues. The staff is also working with AGS to develop the protocol for the 2013 CLABSI and SSI data audits.

Data Collection Initiative for Specialized Cardiac Care
All Maryland acute general hospitals with a waiver from MHCC to provide primary percutaneous coronary intervention (PCI) services or with a Certificate of Need for a cardiac surgery and PCI program are required to report quarterly data to the Commission through use of the American College of Cardiology Foundation's (ACCF) National Cardiovascular Data Registry (NCDR®) ACTION Registry®-GWTG™ and ACCF's NCDR CathPCI Registry®. These reporting requirements apply to eligible patients discharged on or after July 1, 2010. A copy of the Register notices and related information is available on the Commission's Cardiac Data webpage located at http://mhcc.maryland.gov/cardiac_advisory/index.html.

In addition, as a condition of designation as a Cardiac Interventional Center, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) requires hospital participation in the NCDR ACTION Registry to fulfill its data reporting requirements under COMAR 30.08.16.02 D (9). These reporting requirements also apply to three out of state hospitals operating under Memoranda of Understanding with MIEMSS as Cardiac Interventional Centers.

The staff has developed a process for the transfer of the ACTION and CathPCI registry data to the MHCC. We continue to work collaboratively with MIEMSS to maintain a single data transfer process to accommodate the requirements of both agencies and to minimize the burden on hospitals. The HQI and MIEMSS staffs have met with hospitals to discuss data submission issues and concerns. A small procurement effort is underway to obtain data processing and analytic services to support this data quality initiative.

Specialized Services Policy and Planning

Implementation of House Bill 1141 (MHCC – Cardiac Surgery and PCI Services)
Governor O'Malley signed HB 1141, which will take effect July 1, 2012. The legislation definitively establishes PCI as a service regulated by MHCC and directs MHCC to revise the State Health Plan chapter that provides regulatory oversight of cardiac surgery and PCI. To assist with these revisions, the legislation requires MHCC to form a Clinical Advisory Group (CAG) to provide expertise and recommendations on standards for emergency (also known as primary) PCI and elective (also known as non-primary) PCI and cardiac surgery services. The group will be composed of experts in cardiac surgery services and PCI services, from both inside and outside of Maryland. Staff has begun implementation through initial development of the Clinical Advisory Group. Letters have been sent to key clinical professional and hospital organizations requesting nominations to the Clinical Advisory Group. The goal is to have the first CAG meeting in July. Staff anticipates that the CAG will hold six to eight public meetings between July 2012 and June 2013. Staff will begin drafting interim regulations for primary PCI and non-primary PC, to address oversight during the period that the State Health Plan chapter for cardiac services is under revision.

Hospital Services Policy and Planning/Certificate of Need

Certificate of Need ("CON")

CON's Approved

Magnolia Gardens, LLC - (Prince George's County) – Docket No. 11-16-2315
Construction of a replacement comprehensive care facility (CCF) on a site near the existing facility, operated as Magnolia Center, a 104 bed CCF, on the campus of Doctors Community Hospital, in Lanham. The replacement facility will have 130 beds. The additional beds included in the replacement facility were formerly operated at Gladys Spellman Hospital in Cheverly until 2011.
Approved Cost: $20,743,511

Mid-Atlantic of Waldorf, LLC - (Charles County) - Docket No. 11-08-2325
Establishment of a new 67-bed CCF at Lot 1, Part of Parcel AA, Fairway Village in St. Charles Communities, located off Demarr Road, near the intersection with St. Charles Parkway, in Waldorf. This facility was previously approved (Certificate of Need 10-08-2309) for development at 3735 Leonardtown Road in Waldorf but was unable to implement the project at that site. As with the earlier CON approval, the project campus will also include 80 assisted living beds.
Approved Cost: $26,062,330

Frederick Memorial Hospital – (Frederick County) – Docket No. 12-10-2326
Renovation of the existing south wing of the 4th floor of the "A" building and the addition of 10 private patient rooms for general medical/surgical patients.
Approved Cost: $2,348,587

CON Applications Filed

Fort Washington Medical Center – (Prince George's County – Matter No. 12-16-2334

Construction of a new two-story addition to the hospital to expand the emergency department and the addition of patient rooms.
Estimated Cost: $19,820,000

Harford Memorial Hospital – (Harford County) – Matter No. 12-12-2335
Relocation of 33 temporarily delicensed inpatient rehabilitation beds from Maryland General Hospital to Harford Memorial Hospital
Cost: $7,557,170

First Use Approval

John Hopkins Hospital – (Baltimore City) – Docket No. 03-24-2123 (Partial First Use)
New Construction: Construct two 10-story "clinical towers", which will house inpatient nursing units totaling 515 beds, replacement of the adult and pediatric emergency departments with expansion of service capacity to 104 treatment spaces, including observation beds; replacement and expansion of surgical facilities with 30 operating rooms in new construction and a net increase of six operating rooms, replacement and expansion of diagnostic imaging and invasive procedure facilities. Renovation: Space in eight existing buildings (Blalock, Children's Center, Marburg, Meyer, Nelson/Harvey, Halsted/Osler (basement only), Park (basement only) and Phipps) will be renovated for hospital use. Demolition: demolition of all or part of 10 existing buildings. This partial First Use Approval is for the Clinical Tower Buildings
Approved Total Project Cost: $1,054,234,941

Levindale Hebrew Geriatric Center & Hospital, Inc. – (Baltimore City) – Docket No. 08-24-2247
Renovations to the current building, construction of a new three-story patient tower adjacent to the existing facility and relocation of 38 CCF beds purchased from other facilities
Cost: $32,149,178

The Green House Residence at Stadium Place – Baltimore City) – Docket No. 07-24-2224
Establishment of a 49-bed CCF at 1100 East 33rd Street in Baltimore.
Cost: $12,729,674

Harford Memorial Hospital – (Harford County) – Docket No. 09-12-2290
Renovation of existing space at the hospital to add 16 MSGA beds
Cost: $2,443,754

Kaiser Permanente Gaithersburg Surgical Center – (Montgomery County) – Docket No. 09-15-2303
Establishment of a new free-standing ambulatory surgery facility, relocating two operating rooms from the Kaiser Kensington facility to a new location at 665 Watkins Mill Road, in Gaithersburg
Cost: $9,549,000

Lorien LifeCenter-Howard County II – (Howard County) – Docket No. 06-13-2185 and 08-13-2246
Establishment of a 64-bed CCF at 7615 Washington Boulevard in Elkridge using 60 beds formerly operated at Lorien-Columbia and four beds identified as needed in Howard County in the last update of CCF bed need in the State Health Plan.
Cost: $9,735,958

Determinations of Coverage

- **Ambulatory Surgery Centers**

Ambulatory Surgery Center Development Company, LLC – Center for Pain Management ASC – (Baltimore County)

Establish an ambulatory surgery center with two non-sterile procedure rooms to be located at 6820 Hospital Drive, Suite 302, Baltimore

- **Acquisition/Change of Ownership**

The following six facilities are CCFs.

Bradford Oaks Center – (Prince George's County)
Acquisition of Bradford Oaks which is currently licensed and operated by 7520 Surratts Road Operations, LLC which operates the facility under a lease with the owner of the real assets of the facility, RE AHC Maryland, LLC by FC-GEN Real Estate, LLC
Cost: $20,446,000

Fairland Center – (Montgomery County)
Acquisition of Fairland Center which is currently licensed and operated by 2101 Fairland Road Operations, LLC which operates the facility under a lease with the owner of the real assets of the facility, RE AHC Maryland 2, LLC by FC-GEN Real Estate, LLC
Cost: $10,450,500

Sligo Creek Center – (Montgomery County)
Acquisition of Sligo Creek which is currently licensed and operated by 7525 Carroll Avenue Operations, LLC which operates the facility under a lease with the owner of the real assets of the facility, RE AHC Maryland 3, LLC by FC-GEN Real Estate, LLC
Cost: $11,586,000

Springbrook Center – (Montgomery County)
Acquisition of Springbrook Center which is currently licensed and operated by 12325 New Hampshire Avenue Operations, LLC which operates the facility under a lease with the owner of the real assets of the facility, RE AHC Maryland 4, LLC by FC-GEN Real Estate, LLC
Cost: $11,246,000

Shady Grove Center – (Montgomery County)
Acquisition of Shady Grove which is currently licensed and operated by 9701 Medical Center Drive Operations, LLC which operates the facility under a lease with the owner of the real assets of the facility, RE AHC Maryland 5, LLC by FC-GEN Real Estate, LLC
Cost: $17,493,000

Glade Valley Center – (Montgomery County)
Acquisition of Glade Valley which is currently licensed and operated by 56 West Frederick Street Operations, LLC which operates the facility under a lease with the owner of the real assets of the facility, RE AHC Maryland 6, LLC by FC-GEN Real Estate, LLC
Cost: $14,085,000

- **Other**

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

Devlin Manor Health Care Center – (Allegany County)
Temporary delicensure of 10 CCF beds

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

Charlotte Hall Veterans Home (St. Mary's County)

Permanent relinquishment of two licensed CCF beds for an authorized capacity of 286 CCF beds

- **Miscellaneous**

Amedisys, Maryland, LLC – (Carroll County)
Change in address of home health agency to 511 Jermor Lane, Suite 200, Westminster

Planning and Policy

On April 11, 2012, CHS staff and other MHCC staff convened a conference call meeting with staff of the Duke University Economics and Quality of Life Center engaged in economic analyses related to the C PORT-E research trial. The specific analyses being undertaken by the Center and the timeline for completion of the research was discussed. MHCC will be following up on this work as it develops regulatory policies for PCI.

On April 17, 2012, CHS staff and other MHCC staff were briefed by Dr. Tom Aversano on the recently published results of the C PORT E research trial.

On April 23, 2012, CHS staff and other MHCC staff were briefed by representatives of the University of Maryland Medical System on its plans for closing the specialty hospital services of University Specialty Hospital in Baltimore City and relocating some of the chronic hospital capacity of that facility to Maryland General Hospital, in 2012. Formal notification concerning this plan was to follow.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology
Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (HIT) Policy Committee (committee) meeting. The HIT Policy Committee is tasked with developing recommendations on a policy framework for a national health information infrastructure, which includes transmission standards for the exchange of electronic health information. During the meeting, the Information Exchange Workgroup and the Privacy and Security Tiger Team reviewed areas of concern as it relates to the notice of proposed rulemaking for meaningful use Stage 2. In general, the committee noted that the proposed rule is extremely complex and contains substantial new requirements. Eligible providers are required to meet about 17 core objectives and eligible hospitals must meet about 16 core objectives to receive incentives for the adoption and meaningful use of electronic health records (EHRs). The committee encouraged members to provide commit letters to the Centers for Medicare &Medicaid Services by the May 7th due date.

Staff finalized the draft of the fourth annual Hospital Health Information Technology Survey report (report), which assesses the level of health IT adoption in all 46 acute care hospitals. Since 2008 hospitals have reported on the adoption of several key health information technologies that include: EHRs, electronic prescribing (e-prescribing), computerized physician order entry (CPOE), electronic medication administration records (eMAR), barcode medication administration (BCMA), infection surveillance software (ISS), and connectivity to the statewide health information exchange (HIE). This year the report asked hospitals to report on the use of telemedicine. In general, Maryland hospitals reported technology adoption rates that exceed national adoption trends in EHRs, e-prescribing, CPOE, eMARs, BCMA, ISS, and connectivity to the statewide health information exchange (HIE). This is the first year that all hospitals reported publishing select data to the statewide HIE. The report is scheduled for release in early summer.

Staff invited the Maryland Ambulatory Surgical Association (MASA) to review the findings and provide comments on the final draft of the annual *Freestanding Ambulatory Surgical Center Health Information Technology Survey* report (report). All 335 freestanding ambulatory surgical centers' (Centers) in the state responded to the survey. The report assesses Center adoption of HIT. The report includes an analysis of Centers within specific geographic regions and between single specialty and multi-specialty Centers. Survey questions focused on the adoption and planning efforts of HIT technologies including: CPOE, EHRs, eMARs, BCMA, ISS, and e-prescribing. Survey findings indicate that the level of HIT adoption continues to increase with the greatest rate in the adoption of EHRs. Next month, staff plans to evaluate MASA's comments on the report; which is scheduled for release in June.

Staff awarded management service organization (MSO) *State Designation Candidacy Status* to HealthPro International and reviewed one application for candidacy status from Adventist Healthcare. MSOs offer providers centralized administration and technology services for EHRs and have established safeguards for privacy and security of electronic health information. Currently, 11 MSOs have received *State Designated* MSOs and six are in *Candidacy Status*. Staff is drafting an information brief that details the progress of the MSO program over the past two years. The update summarizes the findings of the MSO provider satisfaction survey (survey), which was developed by the MSO Advisory Panel in collaboration with the MHCC and the Maryland Regional Extension Center (REC). The survey assessed provider satisfaction with MSOs regarding services, communication, and value. Staff plans to convene the MSO Advisory Panel in May to consider program enhancements and discuss connectivity to the statewide health information exchange.

Staff is in the preliminary stages of developing recommendations around proposed changes in state law to achieve optimal EHR adoption and use among Maryland providers. Over the last month, staff sought input from providers, payers, and other organizations that may be impacted by any proposed changes in state law. This initiative is a requirement under House Bill 706 (HB 706) *Electronic Health Records – Regulation and Reimbursement*, signed into law in May 2009. In general, the proposed recommendations focus on transparency in pricing of EHRs and HIE services and promote education and awareness on the benefits of HIT within primary and secondary schools and businesses. Through a competitive process, staff awarded a contract to Audacious Inquiry, LLC (AI) to assist in completing this work. The MHCC will release the report to the Governor and the General Assembly in October 2012, which is consistent with the requirements in HB 706.

Staff is in the planning stage for reconvening the Telemedicine Technology Solutions and Standards Advisory Group (advisory group), tentatively in June. The advisory group is expected to discuss ways to implement the technology recommendations included in the Telemedicine Recommendations Report approved by the Maryland Quality and Cost Council last December. During the 2012 legislative session, the Maryland General Assembly approved Senate Bill 781 (SB 781), *Health Insurance – Coverage for Services Delivered through Telemedicine*. SB 781 requires, among other things, that certain payers, nonprofit health service plans, and health maintenance organizations provide coverage for health care services delivered through telemedicine, and prohibits certain payers, nonprofit health services plans, and health maintenance organizations from excluding a health care service from coverage solely because it is delivered by telemedicine. Staff plans to work with the advisory group to explore a shared telemedicine technology infrastructure that will support provider connectivity and access to EHRs through the statewide HIE.

Health Information Exchange

Staff worked with CliftonLarsonAllen, LLP (CLA) to finalize the results of the technology security audit of the statewide HIE. CLA is providing support with the audit; nearly 150 information security controls were reviewed as part of the audit. Each year the MHCC conducts an information technology audit to evaluate the privacy and security controls of the statewide HIE infrastructure developed by the Chesapeake Regional Information System for our Patients (CRISP). Staff continues to provide guidance

on outreach and education programs to the CRISP Regional Extension Center (REC). In 2009, CRISP received around $6.4M from the ONC to develop and implement a strategy that expands EHR adoption in the state and qualifies priority primary care practices (PPCPs) for federal EHR adoption incentive payments. Approximately 15 MSOs have contracted with the REC to provide education, outreach, and technical assistance to nearly 1,000 PPCPs, a goal set by the ONC. MSOs receive incentives from the REC for helping providers achieve certain milestones. All combined, approximately 1,581 PPCPs have signed a participation agreement with an MSO. The ONC recently announced extending the REC program from two to four years.

Staff continues to provide guidance to CRISP in implementing the statewide HIE and to its Advisory Board that consists of four committees: Finance, Technology, Clinical Excellence, and Small Practice Advisory Committee. During the month, staff participated in the Finance and Small Practice Advisory Committee meetings. The Finance Committee is responsible for formulating recommendations around activities with a fiscal impact. During the month, the members agreed upon HIE service pricing models for ambulatory providers, evaluated the draft budget for the upcoming fiscal year, and revised the current hospital pricing structure. The Small Practice Advisory Committee is responsible for providing `policy and strategic recommendations to the REC. At the April meeting, members discussed the progress the REC is making in meeting milestones and the positive feedback received from the ONC on the biannual review of the REC program. The members also discussed CRISP's initiative to implement secure messaging for the electronic exchange of patient information.

Staff continues to provide support to CRISP in developing strategies for expanding the use of HIE services, particularly the provider use of the Virtual Health Record Portal (portal) and participating in a Direct pilot. The portal allows users to view patient hospital information such as lab, radiology, transcription, and medication histories using an Internet browser. The Direct pilot allows for a secure method to exchange encrypted health information directly to known, trusted recipients over the Internet. In collaboration with CRISP and the Maryland Learning Collaborative, staff distributed educational materials to providers in the Maryland Multi-Payer Patient Centered Medical Home Program pilot in the use of the portal and to participate in the Direct pilot. Staff also had preliminary discussion with the Maryland State Dental Association about the possibility of dentists having Direct access.

Approximately 40 applications were received for the Innovative Ideas Contest (contest), a program conceived by the Secretary of the Department of Health and Mental Hygiene (DHMH). Staff worked closely with CRISP and DHMH to develop the contest. The contest encouraged applicants to propose solutions using data from more than 16 existing health-related databases in combination with various other publically available state and Federal databases. Applicants were encouraged to propose ideas that would leverage Maryland's statewide HIE infrastructure and lead to significant health gains. A total of $5,000 in prize money, provided by the Abell Foundation, will be awarded to the winner of the contest. Individuals who were interested in participating submitted their ideas online using a social media tool. Applications were collected from March 20th through April 30th. The three finalists based on their social media voting score will be invited to present their ideas to a panel of judges on May 21st, a winner and two second place candidates will be selected at the event.

Staff is in the preliminary stages of developing an implementation plan to establish an Advance Directives and Medical Orders for Life Sustaining Treatment (MOLST) registry in Maryland. Over the past several months, staff facilitated an Advance Directives and MOLST focus group which developed recommendations regarding electronic Advance Directives and MOLST forms in Maryland. Work regarding Advance Directives and MOLST forms is funded through an award of approximately $1.6M from the ONC as part of the *State Health Information Exchange Cooperative Agreement Program* to address challenges and share innovative solutions nationwide specific to HIE in nursing homes. The project pilots the electronic exchange of clinical documents between pairs of nursing homes and proximate hospital emergency departments; six nursing homes and four hospitals have committed to the project. The project will also ensure that advance directives are a component of the electronic summary

of care by developing the required framework for storing and exchanging advance directives electronically in Maryland.

During the month, staff developed a preliminary set of recommendations working with stakeholders to accelerate ambulatory practice use of the statewide HIE. Preliminary recommendations include: requiring ambulatory providers using an EHR to, at a minimum, use an HIE to both contribute and consume clinical information electronically, from an evolving menu set of services, by January 1, 2015; requiring MSOs to submit a plan to the MHCC for connecting ambulatory practices to the statewide HIE as part of their State Designation; and educating primary and secondary schools, health insurance brokers, employers, and human resource associations on the benefits of HIT. AI was competitively selected by staff to assist in developing the recommendations. The final report is scheduled for release early this summer.

Staff convened the HIE Policy Board (board) during the month. The board voted in favor of recommending to staff two policies: *Primary Data Use and Disclosure* and *Consumer Access to Audit*. Board members represent a broad range of stakeholders with strong consumer orientation. Roughly 28 policies have been identified by the board for development; the board has recommended 13 of these policies to staff. These policies aim to ensure the privacy and security of protected health information exchanged through HIEs operating in Maryland. House Bill 784, *Medical Records – Health Information Exchange* from the 2011 legislative session requires the MHCC to develop regulations for privacy and security of protected health information obtained or released through an HIE. Policies recommended by the board are used by staff to guide the development of HIE privacy and security regulations. Staff continues to review the roughly 33 comments received from an informal comment period and plans to convene three board workgroup meetings over the next few months to discuss key policy issues identified in the comment letters.

Staff continued drafting an HIE consumer engagement, awareness, and access report. Several consumer focus groups were convened in the fall of 2011 to assess consumer awareness of electronic health information, trust in the electronic exchange of their information, and challenges related to consumer access and control in an environment where multiple HIEs exist. Preliminary recommendations include establishing a Consumer Advisory Council to facilitate the development of HIT engagement strategies aimed at building consumer awareness of EHRs and HIEs. Koss on Care was competitively selected to provide assistance in facilitating the focus groups and in drafting the final report. Koss on Care evaluated HIEs and considered the impact of an HIE engagement on providers as part of the work. The report is targeted for release in late spring.

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, and select specialty payers, to complete an annual electronic data interchange progress report (form) by June 30th of each year. This year, staff streamlined the reporting requirements for the 2012 collection cycle. Nearly 55 payers will submit a form; this includes approximately 46 private payers, Medicare, Medicaid, and seven Managed Care Organizations. Private payers reported about $5.3B in premiums, which is an increase in premium amounts of around nine percent from the previous year. Staff plans to distribute the forms in early May and release the findings in the fall.

National Networking

Staff participated in several webinars during the month. The Centers for Medicare and Medicaid Services, *Medicaid EHR Incentive Program: Community of Practice* presented information on connecting Medicaid to the statewide HIE. *The Colorado Beacon Consortium – Quality in a Multi-Stakeholder Healthcare Community* discussed how the Quality Health Network, a collaborative HIE, has aligned the health care community with commitment from hospitals, payers, and practices, as well as engaged pediatric, family and internal medicine providers in practice transformation.