

# MARYLAND HEALTH CARE COMMISSION

## *UPDATE OF ACTIVITIES*

February 2020

### *EXECUTIVE DIRECTION*

#### *Government Relations and Special Projects- Megan Renfrew*

##### **Legislative Study update**

*EMS Reimbursement for New Care Delivery Models.* MHCC staff are participating in the MHA-convened Stakeholder Innovation Group's subgroup on EMS models of care and payment reform.

*Assessment of Services at the University of Maryland Shore Medical Center in Chestertown.* MHCC submitted this report to the General Assembly in January 2020.

*Models for Rural Health Care: Options.* MHCC submitted this report to the General Assembly in January 2020. MHCC continues to work the HSCRC and OHCQ on next steps related to policy and payment reform. MHCC is also in contact with Shore Health System, legislators, and local stakeholders.

*Legislative Request: Request for Cost Estimate to Eliminate Cost-Sharing for Prostate Cancer Screening for males ages 40-75.* MHCC submitted an estimate to the Chair of the Subcommittee on Public Health And Minority Health Disparities in HGO. (see page 7 of this update)

##### **Legislative Update**

On January 14, 2020, the Senate Finance Committee held a bill hearing on SB 106, a MHCC-proposed departmental bill to removes CON requirements for State-owned facilities. On January 16<sup>th</sup>, the Senate Finance Committee voted to submit an “unfavorable” report on this bill, meaning that this bill is not moving forward this legislative session. In the spring, MHCC staff will reevaluate the need for this bill for the 2021.

Legislative calls with Commissioners will be held as needed on Friday mornings at 8:00 AM during the legislative session. The January 24<sup>th</sup> call was canceled. Agendas and meeting summaries for these calls, when held, are available on the MHCC website.

On January 30th, MHCC provided a briefing to the House Health and Government Affairs Committee on the “Study of Mandated Health Insurance Services as Required under Insurance Article § 15–1502”, which was approved by the Commission in November 2019.

MHCC's annual budget briefing before the Senate Budget and Tax Committee is February 17 and the budget briefing before the House Appropriations committee is February 12.

Staff will provide an update on the legislative session at the February MHCC meeting.

##### **MHCC-related news coverage: selected articles and commentary**

[DePuyt, Bruce. “Leader of new Prescription Drug Board says relief is on the way”, Maryland Matters, January 7, 2020.](https://www.marylandmatters.org/2020/01/07/leader-of-new-prescription-drug-board-says-relief-is-on-the-way/)

[Detmer, Mike. “Developers make progress in Cambridge”, Dorchester Star, January 17, 2020.](https://www.myeasternshorem.com/dorchester_star/community/news/developers-make-progress-in-cambridge/article_19834c9e-2951-5cfb-9b17-d62d8d393936.html)

[Golshan, Tara, "The answer to America's health care cost problem might be in Maryland, Vox, January 22, 2020, https://www.vox.com/policy-and-politics/2020/1/22/21055118/maryland-health-care-global-hospital-budget](https://www.vox.com/policy-and-politics/2020/1/22/21055118/maryland-health-care-global-hospital-budget)

[McGee, Trish, "School funding, hospital are priorities for 36<sup>th</sup> District", The Star Democrat, January 9, 2020, https://www.stardem.com/news/local\\_news/school-funding-hospital-are-priorities-for-th-district/article\\_0dca2259-ac81-5ae9-9899-d1abb7db678e.html](https://www.stardem.com/news/local_news/school-funding-hospital-are-priorities-for-th-district/article_0dca2259-ac81-5ae9-9899-d1abb7db678e.html)

[Oliver, Eric, "UM Shore Regional Health purchases 9+ acres for campus with surgery center- 4 insights"](#)

[Becker's ASC Review, January 3, 2020, https://www.beckersasc.com/asc-transactions-and-valuation-issues/um-shore-regional-health-purchases-9-acres-for-campus-with-surgery-center-4-insights.html](https://www.beckersasc.com/asc-transactions-and-valuation-issues/um-shore-regional-health-purchases-9-acres-for-campus-with-surgery-center-4-insights.html)

[Owens, Jacob, "Mergers help save smaller hospitals in and near Delaware", Delaware Business Times, January 6, 2020 https://www.delawarebusinesstimes.com/mergers-save-hospitals-in-delaware/](https://www.delawarebusinesstimes.com/mergers-save-hospitals-in-delaware/)

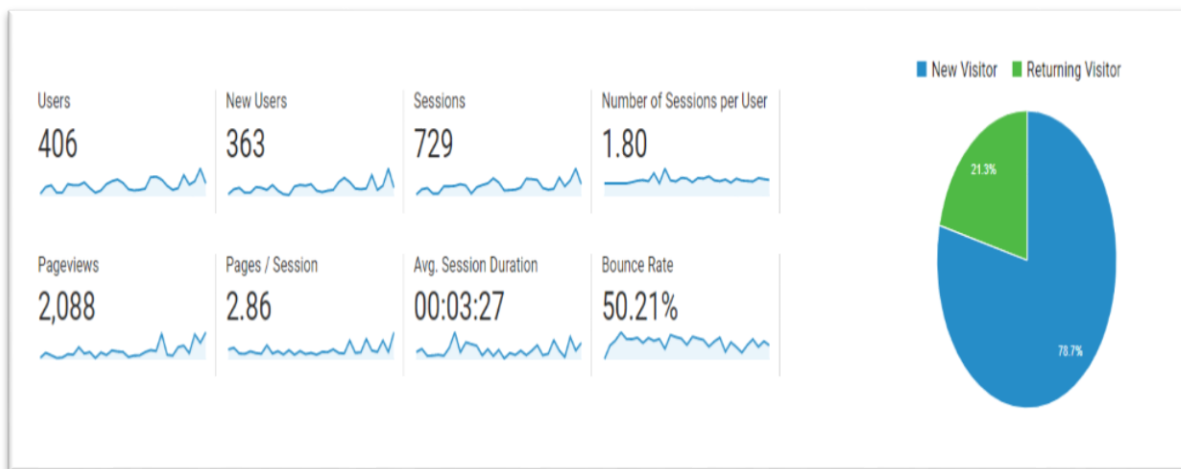
[--, "PRMC group wins approval for McCready takeover", Salisbury Independent, January 22, 2020, https://salisburyindependent.net/business/prmc-group-wins-approval-for-mccready-takeover/](https://salisburyindependent.net/business/prmc-group-wins-approval-for-mccready-takeover/)

**Internet Utilization – Contributors: Valerie Wooding, Julie Deppe, Sametria McCammon and Mahlet Nigatu**

This section of the update describes traffic to the MHCC, the Maryland Health Care Quality Reports, and the Wear the Cost websites.

**MHCC Main Website**

Data from Google Analytics for January 2020



• 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 January 2020 was 729, and of these, there were 363 new users. The average time on the site was 3:30 minutes. The bounce rate of 50% is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.
- Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov and hsrcr.state.md.us. Among the most common search keywords in January

were: “Maryland Health Care Commission,” “assisted living facilities,” “home-based care” and “home health care agencies.”

### Maryland Health Care Quality Reports

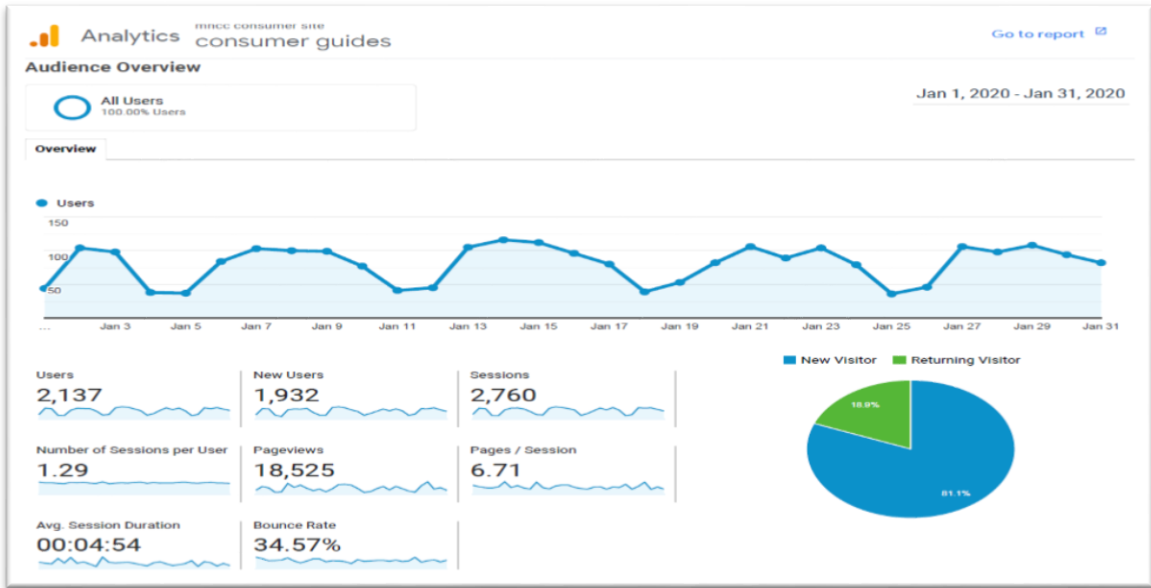
The Maryland Health Care Quality Reports (MHCQR) website activity for the month of January continued to have significant increases in website traffic. There were 1,606 users and 10,620 page views in January, an increase of 56% and 170%, respectively. Recent discussions among the hospitals about using the MHCC site as a common repository for pricing information that will be required by the federal government could be one leading cause of this increase. The average time spent on the site was 5 minutes which is 1.11 minutes longer than the historical average time on the site of 3.49 minutes. This longer time on the site statistic is consistent with greater interest among the hospitals. The percent of returning visitors also increased, but more modestly at about 15%. The bounce rate was 50%, which was stable from previous periods and indicate of continued moderate user interest once they get to the site.

January website activity was the highest activity the website has seen since 2017. More discussion of the website is found in the Center for Quality Measurement and Reporting section.



### Consumer Guide to Long Term Care

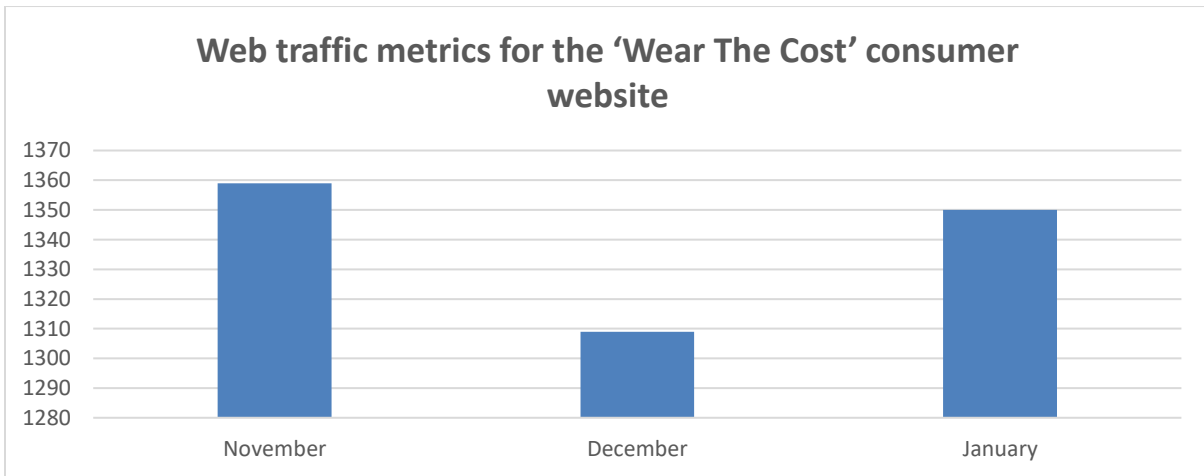
The Consumer Guide to Long Term Care website had 1,932 new users in January, representing a 26% increase in new user traffic compared to December. The percent of returning users decreased slightly to 19%. Of the 1,720 visitors to the website in December, 119 returned to the site in January. The average time spent on the site remained consistent at 4.5 minutes, which is comparable to the historical average time on the site of 5.0 minutes. The page view rate increased significantly in January compared to December, with an average of 6.7 pages per session. The bounce rate shows a slight decline to 35%; this percentage still indicates strong interest once a visitor gets to the website. More discussion of the website is found in the Center for Quality Measurement and Reporting section.



**Wear The Cost**

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

The total number of visitors in January was 1350 which is a slight increase from the month of December which was 1309. We expect this number to go up with the addition of new data. The average time spent on the site was one minute. The bounce rate for the site was 82%, similar to what it was in December.



**Maryland Trauma Physician Services Fund – Richard Proctor**

**Uncompensated Care Processing**

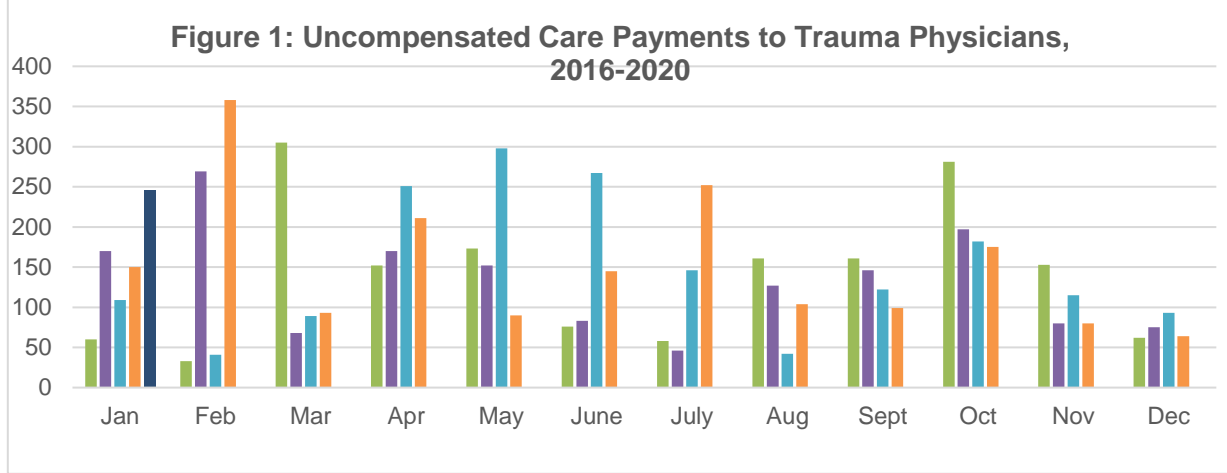
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund processed \$246,251.51 for uncompensated care claims through January, 2020.

**Equipment Grants**

\$300,000 is included in the Fiscal Year 2020 appropriation for disbursement to purchase equipment needed for use in the delivery of trauma care. Recently, staff submitted request for funds to be distributed for equipment grants for FY 2020-2021 cycle to: Meritus Medical Center, UM Prince George’s Hospital Center, LifeBridge Health, Western Maryland Health System, Peninsula Regional Medical Center, Suburban Hospital, and Johns Hopkins Bayview Medical Center. Each trauma center has been issued a grant in the amount of \$42,857.

**On-Call**

Trauma hospitals have begun to submit request for on-call reimbursement for the July through December, 2019 period. Staff will process these request and submit reimbursement payments during February, 2020.



***CENTER FOR ANALYSIS AND INFORMATION SYSTEMS***

***Cost and Quality Analysis– Shankar Mesta***

**MCDB Data Submission Status, Payor Compliance, and Technical Support**

The number of payors in the not yet submitted status (37.1%) is much lesser in the fourth quarter of 2019 compared to the previous year.

The number of payors that are in the data review process improved slightly for quarter4, 2019, to the extent that there was no change in the number of payors whose data were under review compared to a year ago. For example, as of 2/04/2020, about 51% of all payors data submissions were under review for quarter 4, 2019. The deadline for the fourth quarter of 2019 is 02/29/2020. MHCC and SSS staff anticipate modest improvements in data quality and timeliness that are consistent with recent payer performance.



## **Privately Insured Update**

### **Data Completeness Issues Delay Release of the 2018 Privately Insured Report**

Staff and SSS are working to address the data issues identified in the draft report. The problems primarily relate to inconsistencies in the prescription drug spending data. Staff also found that the risk scores increased significantly for the small and large group markets relative to 2017. These markets are relatively stable compared to the individual market where in and out migration lead to greater year-to-year fluctuations. As a result, the report would be ready for the March Commission meeting. Some of the new items in the 2018 report are as follows:

- Primary Care Spending by insurance market and overall.
- Prescription drug categories that contribute most to increases in spending
- Early look at 2019 results in healthcare spending for the individual market only.

The report will be ready for release in March 2020

## **APCD Public Reporting and Data Release – Mahlet ‘Mahi’ Nigatu**

### **Episode of Care – Consumer-Centric Price Transparency Initiative**

**Commercial 2016/2017 Episode data to be delivered second week of February.** Remedy completed the data normalization and the episode construction step of the episode grouper software end of January. The post episode construction will start beginning of February with a completion target date of third week of February. Upon completion the data set will be transfer to MHCC for validation. The plan is to update the ‘Wear The Cost’ site with new episodes by Spring 2020.

### **Data Release**

#### **University of Maryland School of Public Health**

Staff finalized reviewing MCDB data application from University of Maryland School of Public Health (. The application also requests for Medicaid data at part of the MCDB Standard Analytic File. Once a signed application is received from UMSPH ,the request will be sent to Medicaid for review as required by COMAR 10.25.06 and 10.25.11. If Medicaid finds the application to be sufficient, it will be presented to MHCC Commissioners for approval.

#### **New Application and Pre-application posted on the Commission’s website**

Staff developed new application and pre-application that replaces the old application forms. The new application package consist of a more comprehensive list of questions both for the project detail and the data management plan. The new application package will minimize the back and forth with applicants reducing the turnaround time.

## **Center for Analysis and Information Systems (Other Center-wide Updates)**

### **MOA Between Medicaid and MHCC Extended for the next five years**

The 2016 Memorandum of Agreement (MOA) was signed by all parties (MHCC and Medicaid). A collaborative effort between Medicaid and MHCC, including the Executive Director, Medicaid leadership, and AAGs, made for a successful signing of the agreement. Under this new agreement, Medicaid is sending Medicaid Fee-For-Service (FFS) data for the first time to MHCC. MHCC and HSCRC will only be permitted to use FFS Medicaid data. In other words, MHCC is not authorized to release the Medicaid FFS data to third-party researchers or any other third party unless agreed by Medicaid, MHCC, and other parties in writing in a separate agreement. MHCC currently receives Medicaid MCO data from Medicaid. A new Data Use

Agreement (DUA) between Medicaid, HSCRC, and MHCC, allowing HSCRC to use all Medicaid data (FFS and MCO), is currently under review by MHCC staff and AAG.

**Update on Federal Employees Health Benefits (FEHB) Data and the MCDB**

**OPM states that they will continue to bar carriers from submitting FEHB plan data to the Maryland MCDB.**

**Background:** Starting in August last year, all payers who report FEHB plans health care data to the MCDB informed MHCC that OPM instructed them to stop reporting all FEHB plans data to the MCDB effective immediately. MHCC, in turn, asked the carriers if OPM had explained the action. All carriers did not have any further explanation from OPM. MHCC (Executive Director) then send a letter on October 23, 2019, to OPM seeking an explanation of OPM’s rationale for preempting State law in this instance since OPM had supported this reporting the past until now.

**OPM’s Decision:** MHCC received OPM’s response to a letter from the MHCC requesting that OPM rescind a directive to local and national carriers that participate in the FEHB not to submit claims to Maryland’s MCDB (Maryland’s APCD). The Acting Director of Health Benefits for OPM wrote that they would continue to bar the claim submission under their authority in the Federal Employees Health Benefits Act of 1959 (FEHBA), which preempts state laws in a manner similar to the way ERISA preempts state laws for self-insured health plans. The Acting Director did leave the door open for further discussion and we are pursuing a meeting to see if there are other options.

**MCDB Impact:** The FEHB and ERISA combined data loss attributable to the *Gobeille* SCOTUS ruling and OPM administrative policy change has reduced the privately insured component of the MCDB by roughly 34%. The Medicare and Medicaid components are not affected, but reductions in the privately insured covered lives share means that MHCC has to develop a reweighting strategy to account for the underrepresentation of privately insured market when MHCC generates estimates for the entire population. The large data leakages for the privately insured compromise the credibility of Maryland’s MCDB in measuring the impact of Maryland Total Cost of Care Model agreement the State. The data loss reduces the usefulness of the other transparency efforts including the Wear the Cost and reporting on healthcare spending among Maryland’s privately insured residents. MHCC staff is exploring other avenues for acquiring privately insured claim and benefit information.

**Legislative Request: Request for Cost Estimate to Eliminate Cost-Sharing for Prostate Cancer Screening for males ages 40-75.**

This small study was to estimate the cost impact of eliminating the cost-sharing requirements for the prostate specific antigen (PSA) screening test and digital rectal examination (DRE). MHCC estimates that the cost impact on eliminating the out-of-pocket cost on insured members will add about \$0.03 per member per month or about \$0.35 per year to privately insured health care premiums. The exhibit below depicts the results.

Study Year	No. of Services per 1,000 Members	Utilization Trend	Cost per Service (age 40 – 75)	PMPM	
				Allowed Charges	Member Cost Share
2018	79	5.2%	\$17.7	\$0.12	<b>\$0.03</b>
2017	75	8.7%	\$18.4	\$0.12	<b>\$0.03</b>
2016	69		\$17.6	\$0.10	<b>\$0.03</b>

About 23% (283,036 members per month on average) of the entire 2018 private fully-insured population is between ages 40 and 75 (inclusive). Of that 23%, about 31.8% (or 89,983 males) had a prostate cancer screening during 2018. These 89,983 males are about 7.3% of the fully-insured population.

***CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT***

***Acute Care Policy and Planning – Eileen Fleck***

**State Health Plan: COMAR 10.24.07**

Staff has synthesized input gathered from two meetings of a Psychiatric Services Clinical Work Group that was convened in November 2019 and worked on developing proposed regulations for consideration by the Psychiatric Services Work Group.

**Certificate of Conformance**

Staff received and reviewed a response from Howard County General Hospital to a second round of questions on its application for a Certificate of Conformance to establish an elective percutaneous coronary intervention program.

***Long Term Care Policy and Planning – Linda Cole***

**Minimum Data Set (MDS)**

During the past month, MHCC staff reviewed draft work produced by the Hilltop Institute at University of Maryland Baltimore County, MHCC's consultant for MDS and the Long-Term Care Survey, including Contract Year 3 MDS Quality Review Process and Outcomes and Changes in Federal Medicare and Medicaid Reimbursement Policy. Long Term Care Survey data was also updated on the Controller File. Year 4 of the Hilltop contract starts on February 1, 2020.

**Hospice Planning**

MHCC staff is preparing issue briefs for use in updating State Health Plan regulations for general hospice services. MHCC will convene a Hospice Work Group to consider an update to Hospice Services Chapter of the State Health Plan for Facilities and Services.

Staff learned that the Hospice & Palliative Care Network of Maryland is using data collected from the Maryland Hospice Survey to provide information on their website at:

<https://www.hnmd.org/page/MarylandHospiceFactsFigures>

Staff participated in two webinars related to hospice services. On January 21, the Centers to Advance Palliative Care presented a webinar on messaging. This focused on how to promote palliative care and distinguish it from hospice. On January 30, CMS presented a webinar on Value Based Insurance Design Models (VBID) and incorporation of the Medicare hospice benefit into Medicare Advantage.

**Home Health Agency Updates**

Staff participated in the CMS Open Door Forum on January 8, which provided updated information on the status of implementation of the Home Health Patient Driven Group Model which took effect January 1. Updates on CMS' HH CAHPS, Star Ratings, and public reporting were also reviewed.

### **Home Health Survey**

The FY 2017 Home Health Agency (HHA) Utilization Tables have been posted on the Commission's website at: [https://mhcc.maryland.gov/public\\_use\\_files/index.aspx](https://mhcc.maryland.gov/public_use_files/index.aspx). Staff is in the process of auditing the FY 2018 Home Health Agency Survey data. The draft Utilization Tables were created and are being reviewed for consistency. Staff will follow up with agencies, if needed, for data verification.

### **Long Term Care Survey**

Staff continues to participate in bi-weekly meetings with Hilltop. The 2018 LTC survey data review is in progress.

### ***Certificate of Need (CON) – Kevin McDonald***

#### **Request for Exemption from CON Approved**

Edward W. McCready Memorial Hospital – (Somerset County) and Peninsula Regional Medical Center (Wicomico County) – Docket No. 19-19-EX010

Conversion of Edward W. McCready Memorial Hospital (McCready) to a freestanding medical facility (FMF) was authorized. Peninsula Regional Medical Center will serve as the parent hospital of the FMF pursuant to the planned acquisition of McCready. The FMF campus will be developed at 4660 Crisfield Highway in Crisfield.

Approved Cost: \$25,589,254

#### **CON Applications Withdrawn**

Gaudenzia Baltimore – (Baltimore City) – Matter No. 18-24-2420

Conversion of 30 existing residential beds at the facility located at 2643 Woodland Avenue, in Baltimore City, to an alcoholism and drug abuse treatment intermediate care facility, providing medically-monitored intensive inpatient withdrawal management and treatment.

Estimated Cost: \$475,000

Baltimore Nursing & Rehabilitation Center- (Baltimore City) – Docket No. 15-25-2366

Establishment of an 80-bed comprehensive care facility (CCF) at 300 Armory Place and Linden Avenue in Baltimore City. The beds were acquired from Johns Hopkins Bayview Medical Center.

Estimated Cost: \$31,361,315

#### **Pre-Application Conference**

Pyramid Healthcare, Inc. (Harford County)

Establish a Track 2 ICF-Alcohol and Drug with 50 inpatient ASAM Level III.7WM and III.7 beds among a total of 72 in Joppa, Maryland.

#### **First Use Approvals**

Bayada Home Health Care – (Upper Eastern Shore) – Docket No. 18-R1-2425

Addition of Cecil County to the authorized service area of an existing home health agency (HHA).

Approved Cost: \$0

Suburban Hospital – (Montgomery County) – Docket No. 15-15-2368

New construction of a building addition and associated renovation of existing building space to modernize general hospital facilities, including nursing units and surgical facilities. The project added physical bed capacity by increasing patient rooms but was conditioned to not increase operational bed capacity.

Approved Cost: \$210,691,985

Adventist HealthCare (AHC) White Oak Medical Center – (Montgomery County) – Docket No. 13-13-2349

FINAL FIRST USE

Relocation of Adventist HealthCare Washington Adventist Hospital to 12100 Plum Orchard Drive in the White Oak area of Silver Spring.

Approved Cost: \$400,198,988

Amedysis Home Health – (Upper Easter Shore) – Docket No. 18-R1-2424

Addition of Caroline, Kent, and Queen Anne’s Counties to the authorized service area of an existing HHA.  
Approved Cost: \$40,000

**Determinations of Coverage**

- **Ambulatory Surgery Centers**

SurgCenter of Western Maryland, L.L.C. – (Allegany County)

Change in ownership of an existing physician outpatient surgical center (POSC) located at 12552 Williams Road, S.E., in Cumberland.

Baltimore Eye Surgical Center – (Baltimore County)

Change in ownership of an existing POSC located at 6231 North Charles Street, in Baltimore and conversion of a procedure room to an operating room.

Rockville Surgical Suites, L.L.C. – (Montgomery County)

Change in ownership of an existing POSC located located at 3200 Tower Oaks Boulevard, Suite 100, in Rockville

- **Acquisition/Change of Ownership**

Western Maryland Regional Medical Center – (Allegany County)

Frostburg Nursing & Rehabilitation Center – (Allegany County)

Western Maryland Health System Home Care – (authorized to serve Allegany and Garrett Counties)

Western Maryland Health System Hospice Services – (Allegany County)

Acquisition of Western Maryland Health System by University of Pittsburgh Medical Center.

Patapsco Valley Center – (Baltimore County)

Acquisition of 9109 Liberty Road Operations L.L.C., a CCF, d/b/a Patapsco Valley Center by Liberty Road Randallstown MD Opco L.L.C.

Purchase Price: \$27,200,000

- **Bed Capacity**

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

Northwest Hospital SubAcute Unit – (Baltimore County)

Temporary delicensure of 22 CCF beds in the subacute unit

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

AHC Washington Adventist Hospital – (Montgomery County)

Relicensure of 10 temporarily delicensed psychiatric beds formerly operated at AHC Washington Adventist Hospital in Takoma Park. The beds were relicensed for operation at AHC White Oak Medical Center, in Silver Spring, which replaced AHC Washington Adventist Hospital and opened in 2019.

***CENTER FOR HEALTH INFORMATION & INNOVATIVE CARE DELIVERY***

***Health Information Technology Division – Nikki Majewski, Division Chief***

**NCDS Prescription Record System Program - Legislation**

A stakeholder webinar was convened to review a draft bill for a Non-Controlled Dangerous Substance (NCDS) Prescription Record System Program (program). The bill is based on recommendations included in the July 2019 report, *House Bill 115 Electronic Prescription Records System*, submitted to the Governor and General Assembly as required in law (Chapter 435, 2018). Provisions in the bill allow for consumers to opt-out of the program and the exclusion of certain providers and medications from the program. If passed, the program will improve patient safety by making information on dispensed NCDS available to treating providers.

### **Blockchain**

Blockchain is a decentralized technology that is used to record individual transactions across a network where information stored in a blockchain is nearly tamper proof. The technology has great promise as a more secure approach for protecting identifiable health care data held by providers and payers, implementation has been slow because block changes adoption will require the significant reengineering many information systems. Chairman Pollak and Commissioner Wang have discussed with staff the need for MHCC to assess the challenges the industry faces in adoption and to identify any role that MHCC could play to encourage adoption. A literature review is underway to assess new and emerging blockchain technology and use case opportunities. Findings and recommendations will be detailed in an information brief targeted for completion in the spring.

### **Social Determinants of Health**

CDC's Healthy People 2020 defines social determinants of health (SDoH) as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."<sup>1</sup> MHCC supports the Department of Health in raising awareness on these broad factors that are critical to health. A better understanding of how information on SDoHs is gathered and used is important as MHCC promotes the adoption of health information technology. Staff has received informal feedback that more can be done to encourage the vendor community to take SDoH more seriously. Staff is developing a questionnaire to determine health care practitioners use electronic health record systems (EHRs) to gather data on SDoH. The questionnaire will focus on practitioners assessments on the usability of EHRs to record information on housing status, economic stability, neighborhood and physical environment safety, and healthy food availability. The information obtained will be used to develop an EHR SDoH practice guidance document. The questionnaire is scheduled for release in late February.

### **Home Health and Hospice Care Health IT Initiatives**

Stakeholder feedback was obtained on draft health information technology (health IT) questions for home health and hospice care. The questions were distributed as part of an environmental scan assessing use of EHRs, health information exchange (HIE), and telehealth. The Maryland-National Capital Homecare Association and the Hospice & Palliative Care Network of Maryland have agreed to conduct membership outreach activities over the next six weeks.

### **Health IT Value Assessment Scan**

An environmental scan is underway in collaboration with MedChi to obtain feedback from ambulatory providers on the value of health IT. Provider questions were developed with a focus group, and aim to assess how technology enhances quality of care and increases efficiency in care delivery. The scan will be conducted for approximately six weeks. Findings will be included in an information brief targeted for release this summer.

### **Telehealth Grants**

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<sup>1</sup> Office of Disease Prevention and Health Promotion. Healthy People 2020. Social determinants of health. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Grant applications were received from 12 organizations in response to the *Announcement for Grant Applications: Advancing Telehealth in Nursing Homes*. An evaluation panel including external stakeholders will convene to review the proposals. An award is anticipated this spring. Support was provided to Charles County Public Schools in analyzing data related to their speech language teletherapy grant that concludes this July. Collaboration continues with CRISP and the University of Maryland Quality Care Network (UMQCN) to assess the impact of telehealth on admission, discharge, or transfer alerts for patients with chronic obstructive pulmonary disease. The UMQCN grant period concluded at the end of 2019.

### **Electronic Preauthorization**

A review of COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services* (regulations) is underway. State regulated payors and pharmacy benefit managers are required to implement electronic preauthorization processes through four benchmarks (Chapter 534, 2012). Enhancements to the reporting threshold and exemption process are being considered. These changes will require revisions to the regulations. All proposed changes to the regulations will be reviewed with stakeholders prior to any regulatory actions.

### **Electronic Data Interchange**

Planning is underway to notify payors required to submit an Electronic Data Interchange (EDI) Progress Report (report) by June 30, 2020. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*, requires payors with a premium amount that exceeds \$1 million to report census level data on select EDI transactions. This information is used to identify challenges and opportunities to increase EDI statewide.

## **Innovative Care Delivery Division – Melanie Cavaliere, Division Chief**

### **Dental Health IT**

An online health IT adoption questionnaire (questionnaire) was distributed to select dental practices with assistance from the Maryland State Dental Association (MSDA), the Maryland Academy of General Dentistry, and the University of Maryland School of Dentistry Alumni Board. Findings from the questionnaire will inform strategies aimed at increasing health IT in dental practices. Planning for a February Patuxent Dental Society health IT education symposium continues. A dental health IT and cybersecurity webinar is in development for the Pennsylvania Academy of General Dentistry (PAGD) and MSDA. Participants will receive one continuing dental education credit from PAGD and MSDA.

### **Privacy and Security Regulations**

Request for Proposal responses are under review to identify a contractor to assist in modernizing COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* regulations (regulations). The selected contractor will propose amendments that aligns the regulations with the change in law of the definition of an HIE (Chapter 657, 2018) and federal policies.

### **Telehealth Readiness Assessment Tool**

User testing of the web-based Telehealth Readiness Assessment Tool (tool) is underway with ambulatory practices. The tool was developed in collaboration with Research Triangle International. Results from user testing will inform final revisions to the online tool. The tool provides guidelines, best practices, and resource information to help practices assess their readiness for telehealth.

### **Care Management Focus Group**

Development continues on practice assessment guides (guides) relating to establishing a care management program, identifying care manager responsibilities, and determining minimum qualifications for a care manager. A Care Management Focus Group (Focus Group) is providing evidence-based best practices information to include in the guides. The Focus Group is anticipated to review draft guides in the spring.

### **Learning Symposiums**

Planning for a February webinar is proceeding that will focus on optimizing health IT in long term care (LTC). Preparations continue for a March podiatry webinar on maximizing practice performance and reimbursement under the Merit-based Incentive Payment System (MIPS). An in-person ambulatory practice educational event is in development, which will include local and national presentations focused on innovative models for patient populations and care management. The event is targeted to occur in the spring.

### **Advisory Council**

The Maryland Primacy Care Program Advisory Council (Council) convened two subgroups: 1) practice reporting, and 2) practice opportunities. The subgroups will propose recommendations for deliberation by the Council for inclusion in the draft annual report to the Centers for Medicare & Medicaid Services. The Council was established by request from the Secretary to provide input on MDPCP operations, and to serve an advisory role to the Secretary and MDPCP Program Management Office.

### **Management Service Organizations**

Planning is underway to engage State Designated Management Service Organizations (MSOs) around the value of designation and identify opportunities to enhance the program. A 2009 law (Chapter 689, 2009) requires MHCC to designate one or more MSOs. State designation has been awarded to four organizations that provide practices with support in EHR adoption and implementation, optimizing health IT, and achieving practice transformation.

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

### **One Response to MHCC's Request for Expressions of Interest (RFI) in MPSC Designation**

A Request for Expressions of Interest (RFI) document was released to the public last December that solicited responses from entities interested in exploring MHCC designation as the Patient Safety Center for Maryland. The RFI also requested comments on the performance of the current designee, the Maryland Patient Safety Center, Inc. The Commission received one response of interest in the designation from MPSC, Inc, the current designee. MHCC received 39 letters of support (39) for MPSC, Inc. including letters of support from CRISP and IPRO, the new QIN/QIO in Maryland. A presentation from the MPSC, Inc. is planned for the February public meeting to highlight programs and priorities. A decision on re-designation is scheduled for the April meeting.

### **The Maryland Health Care Quality Reports (MHCQR) website**

#### *MHCQR Website Update*

The next web refresh will occur in early February with updated measures for both hospitals and long term care facilities. Hospice information will be added as a drop down on the Long Term Care Guide menu for ease of access. We expect this to be the last data refresh using the current MONARHQ platform.

#### *Website Promotion: Approximately 50 social media posts initiated December*

Staff continue to focus on the promotion of the MHCQR website. There were approximately 50 social media posts made in January. Topics included handwashing, Medicare Advantage Open Enrollment, and general MHCQR website marketing posts. These topics coincide with the U.S. Department of Health and Human Services National Health Observances or other important health related events, and are designed to link readers back to the MHCQR website.

#### *Website Promotion: Hospice marketing materials*

The CQMR team continues to create marketing materials for use at promotional events. Nationally and locally, only about 20% of hospice users are African American. Staff worked with a graphic designer to develop a hospice brochure geared towards African-Americans. The brochure highlights the racial disparities of hospice use, cultural barriers, and the benefits of hospice care. The team also developed an infographic with similar information for use on social media platforms. Materials are being finalized and will be distributed at the next meeting.

*MHCQR website sees increase in website traffic*

Staff continue to monitor traffic to the site using Google Analytics software. There has been a large increase in traffic for the second consecutive month. For the month of January, the site had 1,606 users and 10,620 views. This represents a 55% increase in users and 169% increase in page views compared to the previous month. Traffic to the site is presented graphically under the Executive Direction section of this update.

**Hospital Quality Initiatives – Courtney Carta**

**CMS Hospital Compare Star Ratings**

CMS recently released the latest quarterly update of Medicare Hospital Compare, a consumer-based website that provides information about how well hospitals provide care to patients. The site publicly reports consumer ratings, quality measures, and an overall star rating. The star rating is a metric that summarizes performance across seven domains of performance in CMS Hospital Compare.

Eight hospitals, or about 18% of acute care hospitals in Maryland rated under the Star rating system received a 5-star rating. The 5-Star hospitals are Adventist Healthcare Shady Grove Medical Center, Anne Arundel Medical Center, Garrett County Memorial Hospital, Greater Baltimore Medical Center, MedStar Union Memorial Hospital, Mercy Medical Center, Peninsula Regional Medical Center, and University of Maryland St. Joseph Medical Center. Compared to the last release in February 2019, there are more 5 star hospitals. However, there is a decrease in 3 stars hospitals and a large increase in 2 star hospitals.

Overall Rating	February 2019 (N=45)	January 2020 (N=44)
5 stars	5 (11%)	8 (18%)
4 stars	9 (20%)	8 (18%)
3 stars	19 (42%)	11 (24%)
2 stars	6 (13%)	14 (32%)
1 stars	6 (13%)	3 (7%)

Note: Hospitals without enough data do not receive a star rating.

**Healthcare Associated Infections**

Staff are preparing for the upcoming annual HAI public reporting cycle for data period CY2019. Staff will host a webinar for hospital infection preventionists on February 14, 2019 to discuss reporting requirements and data validation. Staff will also contribute an article to the Maryland Department of Health Infection Prevention Monthly Newsletter highlighting the requirements and deadlines for public reporting. The public reporting process will occur in early March.

**Specialized Cardiac Services Data**

All Maryland hospitals that provide PCI services are required to participate in the ACC NCDR CathPCI data registries and report quarterly data and outcome reports to the Commission in accordance with established timelines. Data collection for Q3 2019 is complete. The Specialized Cardiac Services workgroup discussed issues arising from the latest submissions at the February 11, 2020 meeting.

**Long Term Care Quality Initiative—Stacy Howes**

### **Nursing Home Family Experience of Care Survey**

Data collection for the 2019 survey was completed in mid-December. The Spanish-language option was offered again this year, and two participants completed the survey in Spanish. We received 7,498 completed surveys with a response rate of 42.6%. The state and individual facility reports were distributed to facilities at the end of January, and the results will be posted on our Consumer Guide in March.

### **Health Plan Quality Initiative**

AGS (the website contractor) received health plan quality data for 2019, and the results were posted on our website in November. We held the kick off meeting for the Health Plan Quality Initiative for 2020 on December 3. Health Plans began data reporting in early January.

### **Consumer Guide to Long Term Care**

The Long Term Care web portal experienced some technical issues that the MHCC webmaster corrected, specifically the site-wide search functionality and the home health facility county search functionality. In addition, an issue related to the edit function in the hospice portal was corrected. The most current public use data files for Home Health facilities have been uploaded to the Consumer Guide, including facility profiles, certifications, authorized jurisdictions, services provided and branch locations. Staff continue to provide information and resources directly to consumers who contact the office with questions about long term care facilities and services.

### **18,525 page views of the Consumer Guide to Long Term Care website in January**

Staff continue to monitor traffic to the Consumer Guide website using Google Analytics software. For the month of January there have been 1,932 new users of the long term care site, which represents a 26% increase in new users compared to December. Return users account for 19% of the website traffic. The Services Search Engine continues to be the most frequently accessed section of the Consumer Guide. Assisted living facility searches have the highest volume of page views (5,623); followed by nursing home search page views (2,128), adult medical day care search page views (1,189) and hospice search page views (1,006). Traffic to the site is presented graphically under the Executive Direction section of this update.

### **Outpatient Quality Initiative—Mariama Gondo**

### **Transitioning Ambulatory Surgical Facility (ASF) Annual Survey Administration**

Staff is continuing the administrative work needed to complete the rollout of the CY2018 and CY2019 ASF Annual Survey. Staff has developed and circulated for feedback a newly established instructional guide to accompany survey logon information. The MHCC staff has completed enhancements to the survey software. Staff is collaborating with industry members on how best to facilitate a smooth rollout of the new survey. Staff hopes to release the survey in April and the industry will have 45 days to provide the information.