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TTY USERS CALL VIA MD RELAY

Meeting Summary  
StateStat website, April 22, 2010

**Agency:** DHMH

**Date of Meeting:** April 20, 2010

Following is a summary of issues discussed at the DHMH Stat on April 20, 2010. Analysis is provided by StateStat and the Governor's Delivery Unit (GDU).

**General Observations**

(Suggested Discussion Length: 0 Minutes)

- Follow Up Items
  - Health Care Reform
  - Developmental Disabilities Administration (DDA) Waiting List Clean Up
- Governor's Delivery Unit (GDU) Items
- Health Insurance Partnership/Small Business Subsidy Issues
- Medicaid Enrollment Issues
- Veterans Behavioral Health Issues

**Follow Up Items**

- **Healthcare Reform.** According to analysis provided by DHMH in its follow up response, of the 400,000 Marylanders now covered as a result health care reform approximately 135,000 will be covered under Medicaid, and the federal government will pay 100% of the health care costs for the new individuals covered under Medicaid for the first three years (CY 2014 to CY 2016). Each year, the federal portion declines slightly. In 2020, the federal portion will be 90 percent. It will remain at this level going forward.

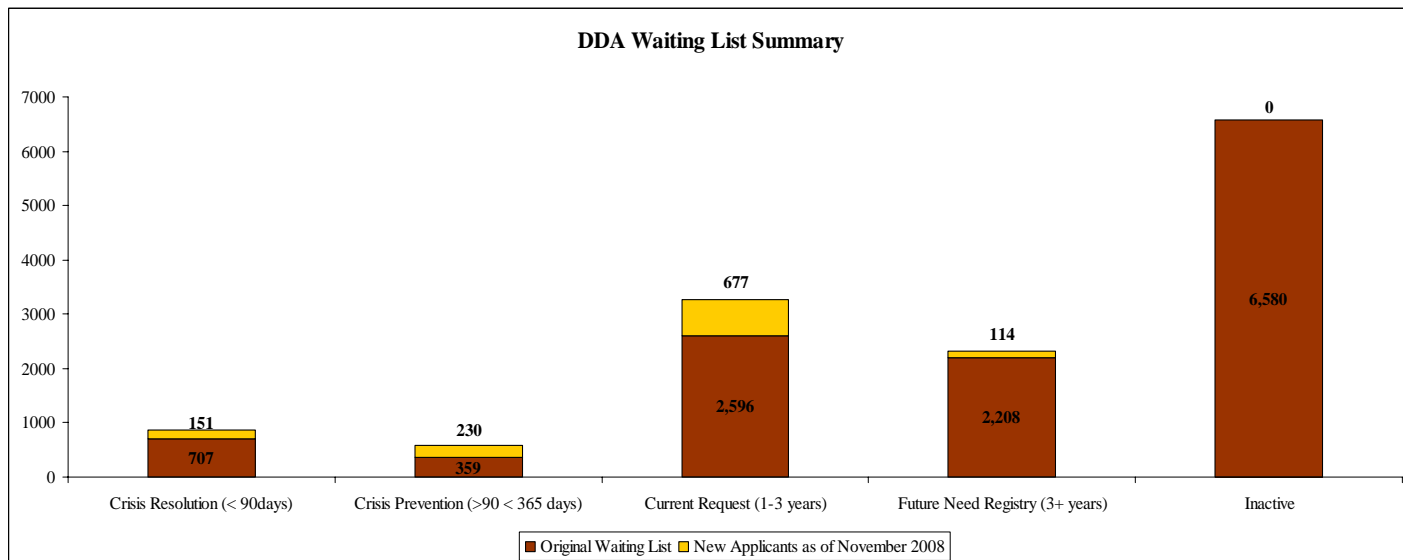
Calendar Year	Federal Portion
CY 2017	95%
CY 2018	94%
CY 2019	93%
CY 2020+	90%

The remaining state share of the new costs will be offset from not having to provide the same level of safety net programs that we do today, since more Marylanders will be covered under traditional insurance plans or



Medicaid rather than the Maryland Health Insurance Plan (MHIP). However, due to an increase of federal funding for State high risk insurance pools, the number of MHIP enrollees is likely to increase until 2014 before it begins decreasing.

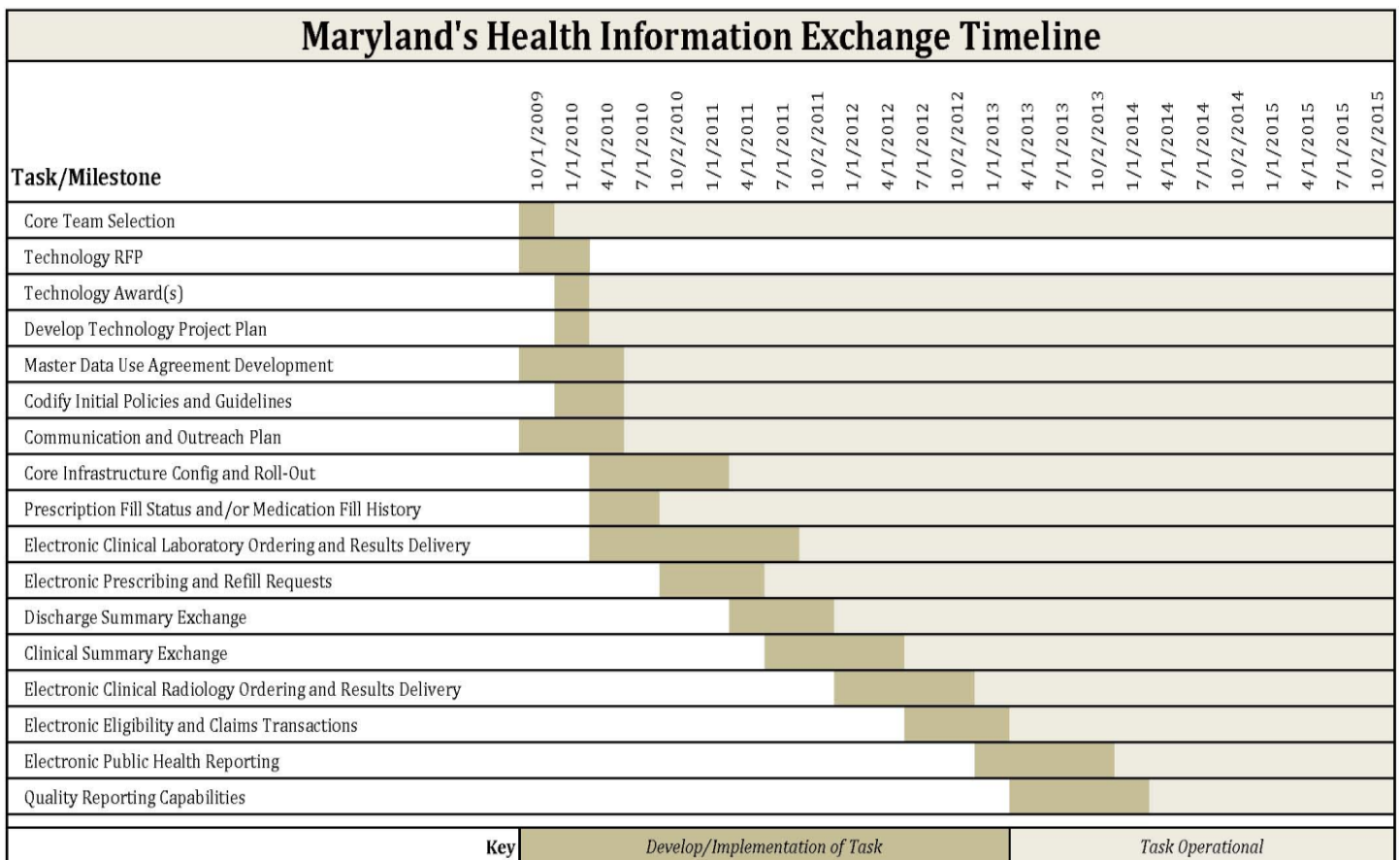
- **Developmental Disabilities Administration (DDA).** The following chart illustrates the number of new applicants as well as individuals from the “original” waiting list in each category.



### Governor’s Delivery Unit (GDU) Items

- **State Health Information Exchange (HIE) Cooperative Agreement Program.** MHCC is the lead applicant for funding under this grant. The purpose of this grant is to continuously improve and expand HIE services over time to reach all providers in an effort to improve the quality and efficiency of health care. Funding under this grant is focused on preparing states to support their provider in achieving goals, objectives, and measures related to HIE. This grant will build off of existing efforts to advance regional and state level HIE while moving towards nationwide interoperability. The grant is formula funded, but to receive the full allotment of funds, states must demonstrate that they are in the “implementation phase” of health information exchange planning. *The maximum funding amount available to Maryland is approximately \$9.3 million.* **ON MARCH 15, MARYLAND WAS AWARDED THE FULL \$9.3 MILLION FOR THIS GRANT.**
- **Health Information Technology Extension Programs: Regional Centers Cooperative Agreement Program.** CRISP is the lead applicant for funding under this grant. The purpose of this grant is to furnish assistance, defined as education, outreach, and technical assistance, to help providers in their geographic service areas select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care. The grant will also help providers achieve, through appropriate available infrastructure, the exchange of health information. *The maximum funding amount available is approximately \$8.5 million.* **ON APRIL 6, MARYLAND WAS AWARDED \$5.5 MILLION FOR THIS GRANT.**

- Beacon Community Cooperative Agreement.** Johns Hopkins Health System is the lead applicant for funding under this grant, in partnership with the Howard County Health Department; MHCC is a participant in the application and provided support in developing the response. This grant will provide funding to approximately 15 communities nationally that already have an HIT infrastructure in place to build and strengthen their HIT infrastructure; demonstrate where providers and patients are meaningful users of HIT; and to achieve measurable improvements in health care quality, safety, efficiency, and population health. *The funding amount available is approximately \$15 million; an award announcement is anticipated in April.*
- Statewide Health Information Exchange.** The panel may recall that in August 2009 the Maryland Health Services Cost Review Commission approved the funding of the Chesapeake Regional Information System for our Patients (CRISP) to receive \$10 million in start-up funding from Maryland's all-payer system to implement a statewide health information exchange. CRISP serves as the designated non-profit entity responsible for the construction of the exchange, and in conjunction with the Maryland Health Care Commission (MHCC) has developed a comprehensive implementation plan for its completion. The panel may recall the following chart submitted by MHCC detailing the timetable for construction of a statewide health information exchange in Maryland:



- HIE Core Technology RFP.** DHMH reports that CRISP/MHCC have narrowed down to two finalists for an RFP for the construction of the core technology architecture of the Statewide Health Information Exchange, with one of particularly interest to CRISP. CRISP has also identified a Master Patient Index

vendor that will support the clinical exchange of information through the core infrastructure. CRISP plans to present their final recommendations to their Board of Directors and the MHCC in April. The HIE Policy Board invited the CEO of the lead core infrastructure vendor to the April 13<sup>th</sup> Policy Board meeting to discuss outstanding questions regarding the construction of the Health Information Exchange. The next phase following approval from CRISP’s Board of Directors and the MHCC is the contract negotiation phase, with technology implementation scheduled to begin in early May.

- **Master Patient Index.** CRISP has also identified a Master Patient Index vendor that will support the clinical exchange of information through the core infrastructure. The Master Patient Index will contain identifying information for all patients listed on the information exchange. In order to proceed with the construction of the Master Patient Index, MHCC reports that data is needed from MVA to populate the patient identifying information. MHCC is in discussions with MVA to obtain this data.
- **HIE “Use Cases”.** The panel may recall discussion from the previous meeting about the model for rolling out the various “use cases,” or functionalities to be included in the health information exchange. MHCC stated that a decision was pending to determine whether multiple use cases would be rolled in a single jurisdiction or a single use case would be rolled out to all jurisdictions as the first step in constructing the HIE. MHCC also indicated that in advance of a Subject Matter Stat meeting on Health IT, scheduled for May 13, the timeline for the construction of the health information exchange would be updated based on the use case rollout decision and on the availability of additional funding to speed up implementation.

### Substance Abuse

- **Buprenorphine.** As part of efforts to expand substance abuse services in Maryland by 25% by 2012, the Alcohol and Drug Abuse Administration (ADAA) is undertaking measures to expand buprenorphine use in the State; increase efficiencies in the existing system of substance abuse care in Maryland; repurpose funding to qualify for a federal match of substance abuse funds; and implement a Recovery Oriented Systems of Care Model in Maryland. Updates on these areas of focus may be found in the attached GDU Dashboard for Substance Abuse.
- The following chart highlights buprenorphine treatment in Maryland through most recent reported data in January.

Buprenorphine	REPORTING PERIOD			
	Oct-09	Nov-09	Dec-09	Jan-10
Facilities providing treatment	62	58	59	67
Patients receiving treatment	1285	1316	1289	1293

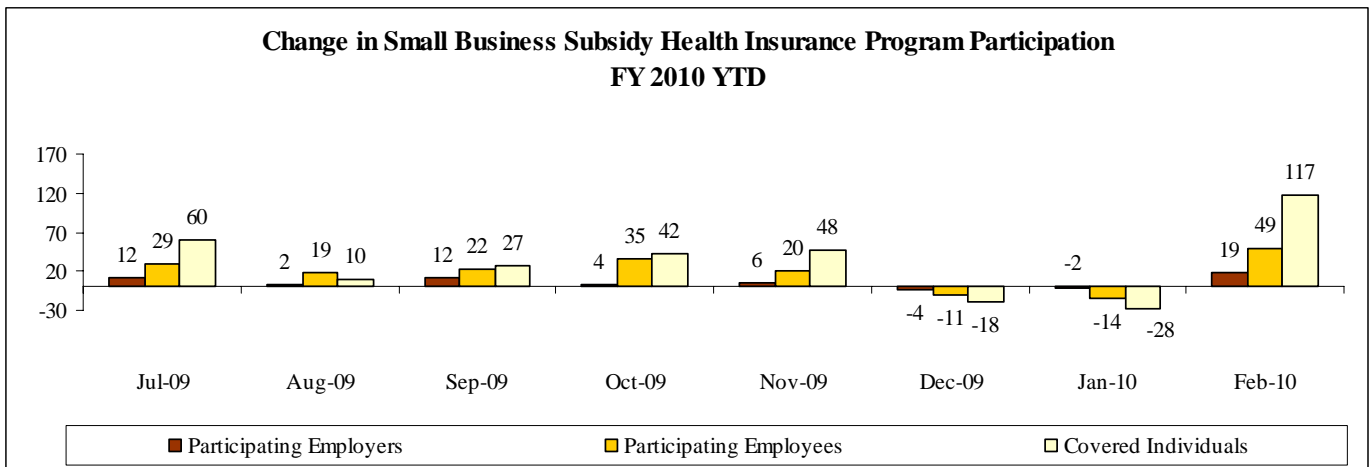
- In the past year, the State has trained **128** physicians to prescribe buprenorphine, including **93** through face-to-face training (ahead of benchmark of 75 by 6/10), and **35** through online training (slightly behind benchmark of 50 by 6/10).
- **Repurposing funds to Medicaid.** In January, DHMH transferred \$3,343,418 in FY 2010 general and special funds to the Medical Care Programs Administration to fund the substance abuse treatment benefit

through the Primary Adult Care Program and the Maryland Medical Assistance Program. Through this funds transfer, the State now receives a 0.61:1 federal match on these substance abuse services funds.

- ADAA reports that it is now providing trainings in MA/PAC billing, system selection, and financial management based on the new billing requirements in 5 regions in Maryland in April, 2010. Performance management trainings will be held in 3 regions in May, 2010. These trainings were designed based on feedback from the jurisdictions about the needs of treatment program staff.
- **Efficiencies in Existing System of Care.** Two such measures previously at DHMH Stat were the initiation of the ADAA “Juris-Stat” process for performance measurement by ADAA of local counterparts, and the introduction of treatment requirements as conditions of funding in ADAA contracts with jurisdictions.
- **Recovery Oriented Systems of Care Grant Application.** At the beginning of March, ADAA applied for a federal Substance Abuse and Mental Health Services Administration (SAMSA) grant of \$4 million per year for 4 years to implement a Recovery Oriented Systems of Care Model (ROSC) for substance abuse treatment in Maryland.

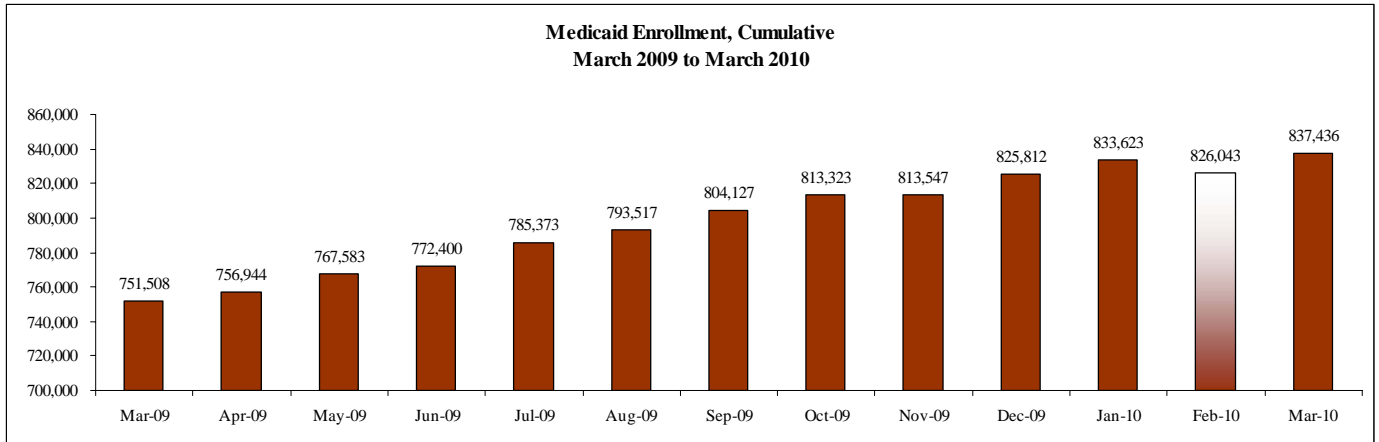
**Health Insurance Partnership/Small Business Subsidy Issues**

- As shown in the chart below, the number of participating employers in the Health Insurance Partnership increased by 19 while employee participation increased by 49 from January to February 2010. This led to an increase of 117 individuals covered by the program, the largest increase in individuals covered since December 2008.



**Medicaid Enrollment Issues**

- February 2010 is the only time since September 2008 that cumulative Medicaid enrollment has decreased from the previous month.



- Enrollment was 11,393 in March, up from a decrease of 7,580 enrollees in February as shown in the chart below. This decrease was likely due to the snowstorms in February.

**Veterans Behavioral Health Issues**

- *Maryland’s Commitment to Veterans* is an outreach and referral initiative that connects veterans to behavioral health services.
- As shown in the chart below, the number of services as a result of the behavioral health program increased substantially from January to February 2010.

