



**MARYLAND HEALTH CARE COMMISSION**

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**Thursday, September 20, 2012**

**Minutes**

Chairman Tanio called the meeting to order at 1:05 p.m.

Commissioners present: Conway, Falcone, Fleig, Grady, Kan, Lyles, McLean, Montgomery, and Schneider.

**ITEM 1.**

**Approval of the Minutes**

Commissioner Grady made a motion to approve the minutes of the July 19, 2012 public meeting, which was seconded by Commissioner Montgomery and unanimously approved.

**ITEM 2.**

**Update of Activities**

Ben Steffen, Acting Executive Director, pointed out that Commission staff submitted StateStat results to the Department and that, in addition, those results were posted those results on the Commission's website. He also noted that the Census Bureau released the results for insurance coverage in the United States for 2011 and that the results showed a small decline in insurance coverage nationally. Mr. Steffen noted that Maryland's CCIIO grant application was approved, which means that the Commission will receive funds for incorporating new information in the Medical Care Data Base and improving the timeliness of the data. He stated that Commission staff is working with the Department of Health and Mental Hygiene on the development of the State Innovation Models Initiative grant application.

Chairman Tanio announced that Commissioner Schneider was appointed to the Governor's Cost and Quality Council as the representative of the Maryland Health Care Commission. He also said that the Commission has been working with the hospice agencies, consumers, and other groups to revise the State Health Plan for Hospice Services. He noted that MHCC staff had recently testified before the Senate Finance Committee regarding hospice. As a result of the testimony, a letter was received from Senator Middleton, the Chair of the Senate Finance Committee. Chairman Tanio said Commissioners Falcone and McLean will work with the Chair and staff in gathering information before responding to Senator Middleton's letter.

### ITEM 3.

#### **ACTION: COMAR 10.25.17 – Proposed Regulations – Benchmarks for Preauthorization of Health Care Services**

Angela Plunkett, Chief, Health Information Exchange, presented regulations that staff recommended for adoption as proposed permanent regulations. She stated that the regulations clarify the entities that are required to comply with benchmarks for standardizing and automating the preauthorization of health care services. Ms. Plunkett said that the proposed regulations result from House Bill 470, Preauthorization of Health Care Services – Benchmarks, which was signed into law on May 22, 2012. She said the new law requires the Commission to work with payers, pharmacy benefit managers, and providers to attain benchmarks for standardizing and automating the preauthorization of health care services through a phased approach. She also noted that the law gives the Commission the authority to adopt regulations to establish requirements for meeting the benchmarks, penalties for non-compliance, and a waiver process. Ms. Plunkett said that an earlier draft regulation was released to the public in August for informal public comment and that staff received eleven comments during the informal comment period. She provided a summary of those comments, along with staff's recommendation in response to each comment, and recommended that the Commission adopt COMAR 10.12.17 as proposed permanent regulations. Commissioner Petty made a motion to adopt the regulations as recommended by staff, which was seconded by Commissioner Lyles and unanimously approved.

#### **ACTION: COMAR 10.25.17 – Proposed Regulations – Benchmarks for Preauthorization of Health Care Services – are hereby ADOPTED.**

### ITEM 4.

#### **ACTION: COMAR 10.24.14 – Proposed Regulations – State Health Plan – Alcoholism and Drug Abuse Intermediate Care Facility Treatment Services**

Paul Parker, Director of the Center for Hospital Services, and Eileen Fleck, Program Manager for Hospital Policy, presented background information and proposed amendment of the State Health Plan chapter for Intermediate Care Facilities treating alcoholism and other substance abuse disorders. Mr. Parker said the recommended changes respond to a petition filed on June 13, 2012 by Father Martin's Ashley, Inc. (FMA), an intermediate care facility located in Harford County. He said that the petition requested that the Commission amend the Chapter because of two docketing requirements in the current Chapter. Mr. Parker noted that the amendments recommended by staff are not the changes sought by GMA, although the proposed amendment of the occupancy rate docketing rule does address FMA's concern. He also said that staff proposed eliminating the docketing rule that incorporated a charity care (and service to the indigent and gray area population) standard as a requirement for docketing. Staff recommended that the changes to the Chapter be adopted as proposed permanent regulations. Commissioner McLean made a motion to adopt the amendments as recommended by staff, which was seconded by Commissioner Conway and unanimously approved.

#### **ACTION: COMAR 10.24.14 – Proposed Regulations – State Health Plan – Alcoholism and Drug Abuse Intermediate Care Facility Treatment Services are hereby ADOPTED.**

## ITEM 5.

### **ACTION: COMAR 10.24.05 – Continuation of Authority to Provide Non-Primary PCI Through Participating in the Follow-On C-PORT-E Registry**

Christine Daw, Acting Chief of Specialized Services Policy and Planning, provided background information and recommended changes to the Commission's regulations that govern the process under which the Commission allows hospitals without on-site cardiac surgery backup to provide non-primary PCI in the C-PORT E Follow-On Registry. Ms. Daw said the amendments would allow the Commission to continue oversight of non-primary PCI services at Registry hospitals, while the Commission is in the process of revising the State Health Plan Chapter on Cardiac Surgery and Percutaneous Coronary Intervention Services. Staff recommended that the amendments be adopted as proposed permanent regulations. Commissioner Schneider made a motion to adopt the amendments as recommended by staff, which was seconded by Commissioner Kan and unanimously approved.

### **ACTION: COMAR 10.24.05 – Continuation of Authority to Provide Non-Primary PCI Through Participating in the Follow-On C-PORT-E Registry is hereby APPROVED.**

Ms. Daw also provided an update on the Clinical Advisory Group (CAG) on Cardiac Surgery and PCI Services. She said the CAG will provide clinical expertise and make recommendations on standards for both cardiac surgery and PCI services. The Commission has appointed twenty-seven members to the group, which will hold its first meeting on September 27, 2012.

## ITEM 6.

### **ACTION: Certificate of Need – Hospice of the Chesapeake, Inc. (Docket No. 12-02-2333)**

Hospice of the Chesapeake, Inc. applied for a Certificate of Need to build a new 14-bed general inpatient facility in Anne Arundel County, and to operate it under its general hospice license. Paul Parker, Director of the Center for Hospital Services, presented the staff recommendation. Mr. Parker said that the 14,000 square foot facility would be built as the second of two phases, with the first phase involving the completion of the renovations to an existing 26,000 square foot office building that will house Hospice of the Chesapeake's Hospice Service Center, Life Center, Conference Center, and administrative offices. He said that all patient rooms will be single-occupancy with private bathrooms. The cost estimate for the project totals \$5,232,072, with the renovations to the offices totaling \$1,642,072, and the cost for constructing the new general inpatient facility estimated at \$3.59 million. Most of the funding will come from philanthropic donations. Staff recommended approval of the proposed project. Commissioner Conway made a motion to approve the staff recommendation, which was seconded by Commissioner Montgomery and unanimously approved.

### **ACTION: Certificate of Need – Hospice of the Chesapeake, Inc. (Docket No. 12-02-2333) is hereby APPROVED.**

## ITEM 7.

### **PRESENTATION: Consumer Health Information Technology Awareness and Education Strategy Report**

David Sharp, Director of the Center for Health Information Technology, and Sarah Orth, Chief, Health Information Technology, briefed the Commission on the Consumer Health Information Technology Awareness and Education Strategy Report. They noted that Consumer adoption and use of health information technology (health IT) has the potential to empower patients to manage their health and health care by increasing their access to their health information. In the fall of 2011, the MHCC staff convened a series of focus groups to engage consumers, providers, and community based organizations in identifying leading challenges to increasing consumer awareness and education regarding health IT. Focus group participants identified the following key challenges: building consumer awareness and trust; increasing consumer outreach and education; and enabling consumer access to electronic health information. Commissioners and staff discussed the unique challenges that they believe engaging consumers will pose and key policy questions to be considered by a consumer advisory workgroup.

## ITEM 8.

### **PRESENTATION: HB 706 – Electronic Health Records – Regulation and Reimbursement**

David Sharp, Director of the Center for Health Information Technology and Angela Plunkett, Chief Health Information Exchange, briefed the Commission on the House Bill 706 Electronic Health Records – Regulation and Reimbursement Report. They noted that the law requires the MHCC to report to the Governor and the General Assembly on the progress achieved toward adoption and meaningful use of electronic health records (EHRs) by health care providers. It also requires the MHCC to provide recommendations for any changes in State laws that may be necessary to achieve optimal adoption and use. Commission staff proposed changes in State laws that: require EHR vendors to sell only nationally certified systems; increase HIE transparency; require HIEs to connect to the State-designated HIE; and increase State-regulated payer reimbursement when ambulatory practices are able to demonstrate certain saving from EHR and HIE use. Commission staff also presented strategies for future consideration around the State-regulated EHR adoption incentive program; increasing awareness of the program; and consumer EHR education. Commissioners and staff discussed the unique challenges presented by some of the recommendations and key policy questions.

## ITEM 9.

### **PRESENTATION: 2012 Family Experience of Care Survey Results**

Carol Christmyer, Chief of Long Term Care Quality Initiative, presented the results of the 2012 family experience of care survey. Ms. Christmyer said that Maryland is one of a few states that publicly report experience of care survey results. The survey is a subjective measurement of nursing home care and quality of life that provides comparative performance information for consumers engaged in a due diligence placement review of nursing homes. The survey results identify those facilities that exhibit good performance and facility-specific opportunities for self-improvement. One of the key findings was that 90% of respondents would recommend the nursing home from which their family member receives care. On an overall care scale of 1-10, 51% scored above 9.0;

23% scored between 8.0 and 8.9; 23% scored between 7.0 and 7.9; and only 3% scored below 7.0. She also briefly discussed the Evidence-Based Technology Report released this summer which supports public report of measures such as the family survey can result in improvements in the quality of health care.

#### **ITEM 10.**

#### **CLOSED SESSION**

Chairman Tanio made a motion that the Commission go into closed session to discuss personnel matters, which was seconded by Vice Chairman Falcone. The vote to go into closed session was unanimous and pursuant to the authority granted by State Government § 10-598(a)(1). The meeting was closed to the public at 3:10 p.m. The Commission returned to open session at 3:24 p.m.

#### **ITEM 11.**

#### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:25 p.m., upon motion of Commissioner Fleig, which was seconded by Commissioner Montgomery and unanimously approved.