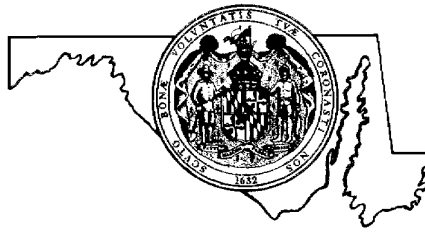


STATE OF MARYLAND

Craig P. Tanio, M.D.
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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Thursday, January 17, 2013

Minutes

Chairman Tanio called the meeting to order at 1:00 p.m.

Commissioners present: Fleig, Fronstin, McLean, Montgomery, Petty, Schneider, and Weinstein.
Commissioner Conway participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner Fleig made a motion to approve the minutes of the December 20, 2012 public meeting, which was seconded by Commissioner Fronstin and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, provided an update of new staff assignments to reflect the Commission's priorities in health care reform, particularly related to delivery system reform, quality and cost measures, information technology adoption, and streamlining of our regulatory processes. He said that David Sharp was designated as the Principal Center Director to assist in managing the organization. He also said that Janet Ennis will assist the Center for Analysis and Information Services in expanding the APCD and in launching the workgroup that will advise staff in developing the physician measurement system. Mr. Steffen noted that the responsibility for the Maryland Physician Trauma Fund will be transferred to the Administrative Division. He also noted that Karen Rezabek will be appointed as Special Assistant to the Executive Director, and will also assist with special projects on an as needed basis across the five Centers. Mr. Steffen noted that Eileen Fleck serve as acting Chief for Specialized Hospital Services to replace Christina Daw, who is leaving the Commission. One of Ms. Fleck's primary responsibilities will be to lead staff support for the Clinical Advisory Group. Mr. Steffen recognized and thanked Christina Daw for her work and efforts at restructuring regulatory oversight of specialized cardiovascular facilities and services. He also noted that Joel Riklin, who is currently a CON program manager, will serve as Acting Chief of CON.

Bruce Kozlowski, Director of the Center for Health Care Financing, said that the 2012 Health Benefit Plan Quality and Performance Report is complete and will be released this year in an electronic format.

Theresa Lee, Chief of Hospital Quality Initiatives, introduced and welcomed Eileen Witherspoon back to the Commission.

ITEM 3.

ACTION: COMAR 10.25.17 – Final Regulations – Benchmarks for Preauthorization of Health Care Services

Angela Plunkett, Chief, Health Information Exchange, presented for final action, regulations that clarify the entities that are required to comply with benchmarks for standardizing and automating the preauthorization of health care services. The regulations result from House Bill 470, Preauthorization of Health Care Services – Benchmarks that was signed into law on May 22, 2012. 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. Commissioner Montgomery made a motion to adopt the regulations, which was seconded by Commission McLean and unanimously approved.

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

ITEM 4.

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

Paul Parker, Director of the Center for Hospital Services, presented for final action, regulations that govern the review of Certificate of Need applications by Intermediate Care Facilities treating alcoholism and other substance abuse disorders. Mr. Parker said the recommended changes respond to a petition filed by Father Martin's Ashley, Inc., an intermediate care facility located in Harford County. He said that the amendment of the occupancy rate docketing rules addresses Father Martin's Ashley's concern with respect to how bed occupancy will be considered. Mr. Parker said, additionally, that the docketing rule that incorporated a charity care and service to the indigent and gray area population standards as a requirement for docketing has been eliminated. He noted that the regulations were adopted as proposed permanent regulations at the September 20, 2012 public meeting of the Commission. Staff recommended that the proposed amendments be adopted as final regulations. Commissioner Petty made a motion to adopt the regulations, which was seconded by Commissioner Fleig and unanimously approved.

ACTION: COMAR 10.24.14 – Final Regulations – State Health Plan – Alcoholism and Drug Abuse Intermediate Care Facility Treatment Services – is hereby ADOPTED.

ITEM 5.

ACTION: COMAR 10.25.05 – Final Regulations – Continuation of Authority to Provide Non-Primary PCI Through Participation in the Follow-On C-PORT E Registry

Paul Parker presented final regulations that govern the process under which the Commission renews authorization for hospitals to provide non-primary PCI without on-site cardiac surgery backup as participants in the C-PORT E Follow-On Registry. Mr. Parker said that the amendments are technical in nature rather than substantive because they maintain the same programmatic and practitioner requirements that have been used in the "waiver" renewal process but bring the regulations into conformance with the 2012 legislation that replaced the waiver process used by the Commission since 2006 to allow provision of PCI at hospitals that do not provide cardiac surgery. Staff recommended that the proposed amendments be adopted as final regulations. Commissioner Schneider made a motion to adopt the regulations, which was seconded by Commissioner Weinstein and unanimously approved.

ACTION: COMAR 10.25.05 – Final Regulations – Continuation of Authority to Provide Non-Primary PCI Through Participation in the Follow-On C-PORT E Registry – is hereby ADOPTED.

ITEM 6.

ADJOURNMENT

Before motioning to adjourn, Commissioner Schneider provided an update on discussions among the members of the Maryland Health Quality and Cost Council concerning a Value-Based Insurance Design. Commissioner Schneider said that various presentations had been made to the Council over the past year regarding components of Value-Based plans. Commissioner Schneider noted that members of the Council requested the Commission to study value-based insurance benefits plans in the marketplace and provide recommendations to the Council.

There being no further business, the meeting was adjourned at 1:45 p.m., upon motion of Commissioner Schneider, which was seconded by Commissioner Montgomery and unanimously approved.