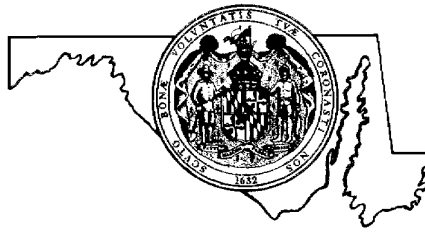


STATE OF MARYLAND

Craig P. Tanio, M.D.
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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Thursday, February 21, 2013

Minutes

Chairman Tanio called the meeting to order at 1:10 p.m.

Commissioners present: Conway, Falcone, Fleig, Fronstin, Kan, Montgomery, Petty, and Schneider.

Chairman Tanio welcomed and introduced Diane Stollenwerk who has been nominated by Governor O'Malley to serve on the Commission. He said Diane will serve once she has been approved by the Executive Nominations Committee and voted on by the Senate. Dr. Tanio said that Diane is an expert in health quality and public reporting having served as Vice President at the National Quality Forum.

ITEM 1.

Approval of the Minutes

Commissioner Fleig made a motion to approve the minutes of the January 17, 2013 public meeting, which was seconded by Commissioner Petty and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, noted that the TRICARE demonstration project was published in the Federal Register on February 14, 2013. Mr. Steffen said the program would become effective in 30 days and would operate for two years. He said that staff and key contractors are providing support to another TRICARE PCMH demo which has agreed to participate on current MMPP TRICARE project planning calls.

ITEM 3.

ACTION: CIGNA Single Carrier PCMH Application

Susan Myers, Program Manager, presented the staff recommendation on Cigna's application for a single carrier Patient Centered Medical Home. Ms. Myers said that, if the Commission approved the application, Cigna would introduce its collaborative accountable care program in a limited number of practices in Maryland. Frank Brown, M.D., Executive Medical Director for Cigna Mid-Atlantic, and Donna Thomas, Director, Contracting, Cigna Mid-Atlantic, presented the plan's collaborative accountable care initiatives and outcomes. Dr. Brown said that the majority of initiatives have successfully improved quality compared to the market or maintained a best in market quality performance. Ms. Thomas shared several testimonials from satisfied providers. Staff recommended approval of Cigna's program with

conditions that were described in the Recommended Decision. Commissioner Petty made a motion to approve the staff recommendation, which was seconded by Commissioner Conway and unanimously approved. Commissioners Fleig and Kan recused themselves from the vote.

ACTION: CIGNA's Single Carrier PCMH application is hereby APPROVED.

ITEM 4.

PRESENTATION: Quarterly Update to the Hospital Performance Guide

Theresa Lee, Chief, Hospital Quality Initiatives (HQI), and Mariam Rahman, Health Policy Analyst provided an overview of the most recent update to the Hospital Performance Evaluations Guide. The overview included new data on patient immunizations and patient time in emergency departments. Ms. Lee said the Guide was updated in January 2013 with FY 2012 core measures and HCAHPS (patient experience) data as well as FY 2012 data for common medical conditions and maternity and newborn utilization data. She noted that the January update to the Guide also includes the first release of two measures, one that addresses the time patients remain in emergency departments (ED), and one that focus on patient immunization for pneumonia and influenza. Overall hospital performance on core measures was identified and hospitals with at least 75% of their patients reporting a positive hospital experience were highlighted. Ms. Lee said that in measuring emergency department arrival time to emergency department departure time, data showed Maryland's average time spend in the ED was greater than the national average. Similarly, Maryland's performance on the measure of admittance decision time to emergency department departure was also greater than the national average. Maryland hospital performance on patient immunization was encouraging. Data showed that 91% of patients were immunized for pneumonia in Maryland, which is better than the national average. Ms. Lee added that for 2013, the HQI Division is preparing for implementation of expanded hospital quality data collection, including outpatient services and healthcare associated infections. The redesign the consumer section of the guide is also a priority. Ms. Rahman provided a demonstration of the Commission's Hospital Performance Guide which is on our website.

ITEM 5.

ACTION: Certificate of Need – Garrett County Memorial Hospital (Docket No. 12-11-2337)

Garrett County Memorial Hospital applied for a Certificate of Need to construct a four-story wing, and renovate existing space. Rebecca Goldman, Health Policy Analyst, presented the staff recommendation. Ms. Goldman said the project will provide eight additional private patient rooms for general medical/surgical patients. She said this will increase the total number of patient rooms at the hospital for acute care patients to 38. Ms. Goldman noted that the project will also expand and renovate the hospitals maternity suite, intensive care unit, and comprehensive care facility unit, which is used as a sub-acute rehabilitation unit. The estimated cost of the project is \$23,539,350, and Garrett County Memorial Hospital anticipates funding the project with \$15,000,000 of bond debt, \$7.5 million in cash, and \$1 million from fundraising. Staff recommended approval of this project with one condition. Commissioner Fleig made a motion to approve the staff recommendation, which was seconded by Commissioner Falcone and unanimously approved.

ACTION: Certificate of Need – Garrett County Memorial Hospital (Docket No. 12-11-2337) – is hereby APPROVED.

ITEM 6.

ACTION: Renewal of Primary PCI Waivers

- **Frederick Memorial Hospital**

Frederick Memorial Hospital requested a waiver renewal to provide primary percutaneous coronary intervention (pPCI) without on-site cardiac surgery. Eileen Fleck, Acting Chief, Specialized Services Policy and Planning, presented the staff report and recommendation. Ms. Fleck said that the hospital received a two-year waiver to provide these services on February 17, 2011 and requested another renewal of its waiver. She said that, in addition to pPCI services, the hospital also provides non-primary PCI (npPCI) and recently received approval to continue providing npPCI services without obtaining a Certificate of Conformance. Based on an analysis and the review of the report, staff stated that Frederick Memorial Hospital met the required standards for providing pPCI services and recommended that the Commission approved its waiver renewal request. Commissioner Schneider made a motion to approve the staff recommendation for Frederick Memorial Hospital, which was seconded by Commissioner Fronstin and unanimously approved.

ACTION: Renewal of Primary PCI Waiver for Frederick Memorial Hospital (Docket No. 13-10-0064 WR) is hereby APPROVED.

- **Meritus Medical Center**

Meritus Medical Center requested a waiver renewal to provide primary percutaneous coronary intervention (pPCI) without on-site cardiac surgery. Ms. Fleck presented the staff report and recommendation. Ms. Fleck said that the hospital received a two-year waiver to provide these services on February 17, 2011 and requested another renewal of its waiver. She said that, in addition to pPCI services, the hospital also provides non-primary PCI (npPCI) and recently received approval to continue providing npPCI services without obtaining a Certificate of Conformance. Based on an analysis and the review of the report, staff stated that Meritus Medical Center met the required standards for providing pPCI services and recommended that the Commission approved its waiver renewal request. Commissioner Kan made a motion to approve the staff recommendation for Meritus Medical Center, which was seconded by Commissioner Montgomery and unanimously approved.

ACTION: Renewal of Primary PCI Waiver for Meritus Medical Center (Docket No. 13-21-0064 WR) is hereby APPROVED.

ITEM 7.

PRESENTATION: Prior Authorization Benchmark Report

Sarah Orth, Chief, Health Information Technology, presented the State-Regulated Payer and Pharmacy Benefit Manager Preauthorization Benchmark Attainment Report. Maryland law outlines a three-phased implementation approach for State-regulated payors (payors) and pharmacy benefit managers (PBMs) for standardizing and automating the process for preauthorization of medical and pharmaceutical service requests. The law requires the MHCC to report to the Governor and General Assembly on or before March 31, 2013 on progress made by payors and PBMs in attaining the benchmarks and to identify any changes needed to the timeframes for the Phase 2 or Phase 3 benchmark dates. Staff recommended no changes to the existing benchmark timeframes and will continue to monitor the impact of the benchmarks on the electronic preauthorization process.

ITEM 8.

UPDATE: Legislation

Erin Dorrien, Program Manager, Government Relations and Special Projects, discussed legislation that has been introduced. Ms. Dorrien briefly described the following bills that staff is monitoring:

- HB 59 – Dedicated State Funds Protection Act
- HB 228/SB 274 – Maryland Health Progress Act of 2013
- HB 287/SB 386 – Study of Paratransit Services for Dialysis Patients
- HB 536/SB 738 – Magnetic Resonance Imaging Services – Study
- HB 581 – Hospitals – Establishment of Palliative Care Programs
- HB 915/SB 790 – DHMH Advanced Directive Registry – Fee and Date of Operation
- HB 1062/SB 195 – Hospitals – Notice to Patients – Outpatient Status and Billing Implications
- HB 1116/SB 509 – Cosmetic Surgery – Regulation
- HB 1120/SB 972 - Upper Shore Community Mental Health Center – Reopening and Maintenance
- SB 769 – Health Benefit Plans – Proposed Rate Increases – Notice to Insured
- SB 975 – MHCC – Certificate of Need Review – Interested Party
- SB 977 – Task Force to Evaluate Regional Health Delivery and Health Planning in Rural Areas

David Sharp, Director of the Center for Health Information Technology, described staff's overall approach and framework for the following telemedicine and telehealth bills:

- HB 931/SB 496 – MD Medical Assistance Program – Telemedicine
- HB 934/SB 776 - Task Force on the Use of Telehealth to Improve MD Health Care
- HB 937/SB 494 - Commission on MD Cybersecurity Innovation and Excellence – Telemedicine Disparities Study
- HB 942/SB 624 – Identity Fraud – Medical Records
- HB 1042/SB 798 – Hospitals – Credentialing and Privileging Process – Telemedicine

ITEM 9.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:25 p.m., upon motion of Commissioner Kan, which was seconded by Commissioner Montgomery and unanimously approved.