



MARYLAND HEALTH CARE COMMISSION

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

Thursday, March 21, 2013

Minutes

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

Commissioners present: Conway, Fleig, Fronstin, McLean, Montgomery, Schneider, Stollenwerk, and Weinstein.

Chairman Tanio officially welcomed Diane Stollenwerk to the Commission, noting that her nomination to the Commission had been recently approved by the Maryland Senate.

ITEM 1.

Approval of the Minutes

Commissioner Fronstin made a motion to approve the minutes of the February 24, 2013 public meeting, and the minutes from the March 4, 2013 public meeting via teleconference, which was seconded by Commissioner Fleig and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, noted that today is the three-year anniversary of the passage of federal health care reform. Mr. Steffen said that enrollment in the Maryland Health Benefit Exchange will begin in October with an effective date of January 1, 2014.

Mr. Steffen took a moment to remember Ernie Crofoot, a former Commissioner, who had passed away recently. He noted that Mr. Crofoot was a strong advocate for the uninsured and made significant contributions to the Commission over the years.

Bruce Kozlowski, Director of the Center for Health Care Financing and Long-Term Care and Community Based Services, said that Commission staff worked with the Maryland Health Benefit Exchange to develop a Memorandum of Understanding (MOU) related to quality and performance reporting of health benefit plans. Mr. Kozlowski said that the MOU was finalized effective March 20. He thanked Scharmaine Robinson, Chief, Health Plan Quality and Performance, and Sondra McLemore, Assistant Attorney General, for their diligence and hard work in developing the MOU.

David Sharp, Director of the Center for Health Information Technology, said that staff received sixteen applications from independent long-term care (LTC) facilities for funding to improve care transitions between LTC facilities and hospitals. Staff received approval from the Office of the National Coordinator

for Health Information Technology (ONC) in February to use approximately \$600K from the nearly \$1.6M under the 2011 ONC Challenge Grant award to advance the use of electronic health information in select LTC facilities. Dr. Sharp said that six awards will be granted in April.

ITEM 3.

UPDATE: Health Services Cost Review Commission – Medicare Waiver Application

Patrick Redmon, Executive Director of the Health Care Cost Review Commission (HSCRC), provided an update on the Model Design Application that the HSCRC expects to submit to the Centers for Medicare and Medicaid Services (CMS) later in March. Mr. Redmon said the Model Design Application will serve as the basis for a demonstration project that would change the current per case Medicare waive test to a per capita waiver test. If accepted by CMS, the Model Design Application will serve as an important catalyst for meeting the Triple Aim of improved population health, better patient outcomes, and lower per capita costs. Mr. Redmon said that over the next five years (Phase 1), the State is committed to limiting inpatient and outpatient hospital costs for all payers to growth in Maryland Gross State Product. He said there will be a separate guarantee to also keep inpatient and outpatient hospital cost growth below a Medicare benchmark. In phase 2 of the plan to be submitted in the 4th year of the Phase 1, Maryland will seek to further advance the Triple Aim by improving the patient experience of care including quality and satisfaction, improving the health of populations, and lowering the costs of health care) by constraining the overall cost of care per Maryland resident. Mr. Redmon also discussed the broad range of delivery reform efforts including activities now underway at MHCC that could benefit the Model Design Application. The Commissioners, and Mr. Steffen, thanked Mr. Redmon for briefing the Commission and look forward to working together with the HSCRC on this effort.

ITEM 4.

ACTION: Renewal of Primary PCI Waiver – Upper Chesapeake Medical Center (Docket No. 13-12-0066 WR)

Upper Chesapeake Medical Center requested the renewal of its waiver 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 March 17, 2011 and requested another renewal of its waiver. She said that staff review indicated that Upper Chesapeake Medical Center's performance has fallen short of the door-to-balloon time target; however, the hospital has shown progress in improving its performance in this important process measure over the renewal period being examined and has met the door-to-balloon target over the past 12 months. Based on an analysis and the review detailed in its report, staff concluded that Upper Chesapeake Medical Center met the required standards for providing pPCI services and recommended that the Commission renew the hospital's pPCI waiver. Commissioner Conway made a motion to approve the staff recommendation for Upper Chesapeake Medical Center, which was seconded by Commissioner Montgomery and unanimously approved.

ACTION: Renewal of Primary PCI Waiver for Upper Chesapeake Medical Center (Docket No. 13-12-0066) is hereby APPROVED.

ITEM 5.

PRESENTATION: Draft Regulations Regarding Health Information Exchanges – Privacy and Security of Protected Health Information (COMAR 10.25.18)

David Sharp, Director of the Center for Health Information Technology, provided an overview of the revised draft HIE regulations, COMAR 10.25.18: *Health Information Exchanges – Privacy and Security of Protected Health Information*. The revised draft HIE regulations are the result of informal public

comments received in February 2012 on the initial draft HIE regulations. The informal comment period on the revised draft regulations ends on April 29, 2013. Staff will analyze comments received, and anticipates that it will present HIE regulations to the Commission for adoption as proposed permanent regulations in the fall.

ITEM 6.

PRESENTATION: Annual Health Care Use Among the Privately Insured

Linda Bartnyska, Acting Director of the Center for Information Services and Analysis, presented the key findings from the analysis of 2011 health care expenditures for privately insured Maryland residents. Ms. Bartnyska provided an overview of the fully-insured, full year enrollment, expenditures, and utilization for 2011, including potential enrollees in the Maryland Health Benefit Exchange in 2014, comparing private employers (non-CSHBP), CSHBP, individual, and the high risk markets. She also provided the variation in total spending by coverage type, per enrollee, as well as the variation in composition, per enrollee. Ms. Bartnyska outlined the out-of-pocket share of total spending by coverage type, as well as service type. The presentation was a preview of the issue brief on spending by the privately insured that will be released in April.

ITEM 7.

UPDATE: Legislation

Erin Dorrien, Chief of Government Relations and Special Projects, provided an update on the fiscal year 2014 budget bill and the following bills of interest to the Commission.

HB 581 “Establishment of Palliative Care Programs – Required” - This bill requires hospitals with more than 50 beds to establish palliative care programs. Amendments to the bill would require the Commission to select five pilot sites, identify core data measures for data collection, develop standards for the reporting requirement, and report the findings of the pilot on or before December 1, 2015.

HB 934/SB 776 “Task Force of the Use of Telehealth to Improve Maryland Health Care” – SB 776, as adopted by the Senate, requires the Commission to convene a Task Force to study the use of Telehealth in Maryland, names twenty-nine members to be appointed by the Governor, and establishes General Assembly members as the co-chairs of the Task Force. SB 776 also requires the study of the use of e-visits. HB 934, as amended by the House, requires the Commission to reconvene the Telemedicine Task Force of 2009 in the form of three advisory groups. It also requires the study to identify opportunities to use Telehealth to improve health status.

HB 1015/SB 746 “Health Insurance – Step Therapy or Fail – First Protocol” – This bill establishes requirements for therapy or “fail-first” protocols imposed by insurers. It would require the Commission to study the use of measures similar to step therapy or fail-first protocol by health insurance carriers in their coverage of diagnostic imaging, and medical and surgical procedures and report to the General Assembly by January 1, 2014. The Commission provided a letter of information.

ITEM 8.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:00 p.m., upon motion of Commissioner Fleig, which was seconded by Commissioner Schneider and unanimously approved.