



## **MARYLAND HEALTH CARE COMMISSION**

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

**Thursday, September 19, 2013**

### **Minutes**

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

Commissioners present: Conway, Falcone, Fleig, McLean, Montgomery, Phillips, Schneider, and Stollenwerk

Commissioners present via telephone: Barr, Fronstin, Kan, and Peralta

### **ITEM 1.**

#### **Approval of the Minutes**

Commissioner Kan made a motion to approve the minutes of the July 18, 2013 meeting, which was seconded by Commissioner Montgomery unanimously approved.

### **ITEM 2.**

#### **Update of Activities**

Ben Steffen, Executive Director, provided an update on the Commission's application for a grant from the Center for Consumer Information & Insurance Oversight (CCIIO) at the Center for Medicare and Medicaid Service (CMS) to fund the Commission's work with the Maryland Insurance Administration in development and use of the All Payer Claims Data Base (APCD).

Theresa Lee, Director of the Center for Quality and Reporting, announced that the Commission has contracted with Advanta Government Services, LLC ("Advanta") to update the Maryland Hospital Performance Evaluation Guide. Commission staff will be working with Advanta to make the online guide more user friendly.

David Sharp, Ph.D., Director of the Center for Health Information Technology and Innovative Care Delivery, introduced a new member of staff, Nikki Majewski, who will be primarily assigned to health information technology projects under Sarah Orth, Chief of Health Information Technology.

Linda Bartnyska, Director of the Center for Analysis and Information Systems, introduced another new member of staff, Jaimini Shah, who is primarily responsible for website development for the long term care portal and hospital performance evaluation guide, reporting to Leslie LaBrecque.

Paul Parker, Director of the Center for Health Care Facilities Planning and Development, announced that Eileen Fleck has been named the Chief of Acute Care Policy and Planning. Ms. Fleck introduced Brenna Raines, a new Health Policy Analyst for special hospital services.

### **ITEM 3.**

#### **ACTION: Certificate of Need – Ashley, Inc. dba Father Martin’s Ashley (Docket No. 13-12-2340)**

Chairman Tanio noted that Father Martin’s Ashley applied for a Certificate of Need to construct a new two-story building to address deficiencies in its existing physical facilities. Joel Riklin, Acting Chief of Certificate of Need, presented the staff recommendation that the MHCC grant the CON with certain conditions. Commissioner Fleig made a motion that the Commission approve the application for a Certificate of Need, which was seconded by Commissioner Montgomery. Following discussion, Commissioner Stollenwerk moved to revise the motion to amend condition 3 to make it clear that the applicant must report on program effectiveness using measures approved by Commission staff. The revised motion was seconded by Commissioner Schneider. After additional discussion of the services provided by the applicant, the methods that Staff will use to enforce the conditions, especially the monitoring of the required charity care, and the need for Commission staff to review and reconsider the definition of indigent care at Commissioner Phillips’ suggestion, the Commissioners unanimously approved the Certificate of Need with instructions to staff to revise the wording of condition 3 to make it clear that Father Martin’s Ashley must report on its program effectiveness using measures approved by MHCC staff.

**ACTION: Certificate of Need – Ashley, Inc. dba Father Martin’s Ashley (Docket No. 13-12-2340) is hereby APPROVED.**

### **ITEM 4.**

#### **ACTION: Final Permanent Regulations - COMAR 10.24.13 – State Health Plan for Facilities and Services: Hospice Services**

Linda Cole, Chief of Long Term Care Policy and Planning, presented an analysis of public comments received and staff recommendations regarding the Hospice Chapter of the State Health Plan (COMAR 10.24.13), which was adopted as proposed permanent regulations at the Commission’s June meeting. At that time, the Commission also voted to repeal those portions of COMAR 10.24.08 that address hospice services, contingent on the adoption of the new Chapter as final regulations.

Ms. Cole noted that the regulations are the result of more than two years of work by other MHCC staff. Over the last year, MHCC staff has worked collaboratively with the Hospice Network and other stakeholders to incorporate a new “aspirational” methodology in the proposed regulations. More recently, staff convened a workgroup composed of representatives from hospices, hospitals, MedChi, and local health departments to identify promising practices for educating the public on the benefits of hospice services. This educational initiative will continue and gather momentum in the industry.

Ms. Cole thanked the members of the Hospice Network for working with the Commission staff on regulation development, their comments on the proposed regulations, and participation in the workgroups. Following presentation of the comments received and staff’s recommendations, Commissioner Kan made a motion to adopt the proposed regulations as final regulations, which was seconded by Commissioner Fronstin. Commissioner Conway noted that Commission staff have undertaken a tremendous amount of work to improve hospice care in Maryland. He acknowledged the great work done by hospice providers, but stated that change is inevitable. Following additional comments from other members of the Commission, Chairman Tanio echoed Commissioner Conway’s view on competition and called for a vote on the motion, which was unanimously approved.

**ACTION: COMAR 10.24.13 – State Health Plan for Facilities and Services: Hospice Services is hereby APPROVED as Permanent Regulation.**

**ITEM 5.**

**ACTION: Renewal of Primary PCI Waiver – Carroll Hospital Center (Docket No. 13-06-0072WR)**

Eileen Fleck, Chief of Specialized Services Policy and Planning, presented the Commission staff's report and recommendation on the request by Carroll Hospital Center for renewal of its waiver to provide primary PCI services at hospitals without cardiac surgery services available on site. Ms. Fleck stated that Carroll Hospital Center had met the regulatory requirements of COMAR 10.24.17.05D(1) for institutional resources, patient groups suitable for pPCI in settings without on-site cardiac surgery, institutional volume, and process and outcome measures for ongoing quality assessment. In addition, Carroll Hospital Center substantially met the requirements for physician resources, with the exception of one physician performing fewer than 75 PCI cases over the first four quarters of data reviewed as part of the Hospital's waiver renewal request. Ms. Fleck stated that, for these reasons, the Executive Director recommended the issuance of a two-year waiver to permit Carroll Hospital Center to continue to provide primary percutaneous coronary intervention services without on-site cardiac surgery services. Commissioner Fleig made a motion to approve the renewal of the waiver, which was seconded by Commissioner Barr and unanimously approved.

**ACTION: Renewal of Primary PCI Waiver – Carroll Hospital Center (Docket No. 13-06-0072WR) is hereby APPROVED.**

**ITEM 6.**

**PRESENTATION: Hospital Health IT Report and Meaningful Use Acceleration Report**

Chairman Tanio stated that David Sharp, Director of the Center for Health Information Technology and Innovative Care Delivery, Sarah Orth, Chief of Health Information Technology, and Angela Evatt, Chief of Health Information Exchange, and noted that they would present a brief overview of the purposes for the two reports, outline the major findings, and describe the implications. Dr. Tanio noted that this was the first time that the Commission would try a more focused presentation approach, and thanked David, Sarah, and Angela for volunteering. He noted that this new approach would benefit the Commissioners in examining initiatives in the wider context of the Commission's broad priorities. Dr. Sharp noted that health information technology (health IT) creates opportunities for value by diffusing solutions through mapping, hot spotting, and more productive analyses. He added that by working with stakeholders, the Commission is able to develop greater use and solutions. Sarah Orth, in response to a question from Commissioner Schneider, replied that Maryland may not be doing well in adopting E-prescribing with clinical decision support compared with other states due to the way that we ask questions of stakeholders about use. She added that clinical decision support is a requirement for Meaningful Use in 2014 so that we will expect to see higher use by Maryland providers due to that requirement next year. In response to a request from Commissioner Montgomery, Angela Evatt said that staff has a breakdown of the number of primary care versus specialty care providers meeting meaningful use and that she would provide that information to the members of the Commission.

**ITEM 7.**

**OVERVIEW: 2013 Health Benefit Plan Quality and Performance Report**

Chairman Tanio recognized Scharmaine Robinson, Chief of Health Plan Quality and Performance, for having this year's Health Benefit Plan Quality and Performance Report ready for release two months earlier than usual so that results are available to Marylanders who purchase insurance coverage through the Maryland Health Connection beginning on October 1. Ms. Robinson provided an overview of the report, which presents quality and performance information on individual and authorized combinations of

health benefit plans operating in Maryland, including health maintenance organization plans, point of service plans, preferred provider organization plans, and exclusive provider organization plans. Executive Director Ben Steffen noted that DHMH planned to release an announcement regarding the report on September 20, 2013.

#### **ITEM 8.**

##### **UPDATE: Health Insurance Partnership – Migration Plan**

Janet Ennis, Chief of Small Group Market, presented an update on the migration plan for the 400-500 employers that purchase insurance through the Health Insurance Partnership. Commission staff and DHMH leadership finalized a transition plan for the phase out of the Partnership, once the state health insurance exchange (Maryland Health Connection) becomes available to individuals and small employers in 2014. Staff posted the notice on the Partnership website. This notice also was mailed to all small businesses currently enrolled in the subsidy program.

#### **ITEM 9.**

##### **PRESENTATION: Release for Informal Comment -- Medical Care Data Base Regulations**

Linda Bartnyska, Director of the Center for Analysis and Information Systems, previewed draft regulations for the Medical Care Data Base, which will include an All Payer Claims Data Base. The draft regulations were released on September 13, 2013 for informal public comment. The new regulations are needed to support data development for the Commission's rate review initiative being undertaken in collaboration with the Maryland Insurance Administration, the State Innovation Model effort, and the practitioner performance system. After considering public comment, staff plans to bring the draft regulations to the Commission in October for consideration as proposed permanent regulation.

#### **ITEM 10.**

##### **PRESENTATION: Update on Telemedicine Task Force Activities**

Chairman Tanio announced that the Update on Telemedicine Task Force Activities would be deferred to the October meeting of the Commission.

#### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:47 p.m. upon motion of Commissioner Kan, which was seconded by Commissioner Schneider and unanimously approved.