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CHAIR

STATE OF MARYLAND

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MARYLAND HEALTH CARE COMMISSION

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Thursday, November 21, 2013

Minutes

Chairman Tanio called the meeting to order at 1:03 p.m.

Commissioners present: Barr, Conway, Fleig, Fronstin, Kan, Montgomery, Phillips, Schneider, and Stollenwerk

Commissioners present via telephone: McLean and Peralta

ITEM 1.

Approval of the Minutes

Commissioner Fleig made a motion to approve the minutes of the October 21, 2013 meeting, which was seconded by Commissioner Kan and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, noted that the migration to the Health Benefit Exchange would be delayed to June 1, 2014 for the 2,000 individuals who have insurance coverage through the Maryland Health Insurance Partnership program.

Suellen Wideman, Assistant Attorney General, introduced Siobhan Madison, the Commission's new Assistant Attorney General, to the Commission members.

David Sharp, Ph.D., Director of the Center for Health Information Technology and Innovative Care Delivery, announced that Commission staff would provide a demonstration of the preauthorization procedure with staff from CareFirst Blue Cross Blue Shield and CVS on December 10, 2013 at 5:30 p.m.

ITEM 3.

BRIEFING: Updating COMAR 10.24.17, State Health Plan for Facilities and Services: Cardiac Surgery & Percutaneous Coronary Intervention Services

Paul Parker, Director of the Center for Health Care Facilities Planning and Development, and Eileen Fleck, Chief of Acute Care Planning, presented on draft regulations that were submitted to the Senate

Finance and House Health and Government Operations Committees. The draft Cardiac Surgery and Percutaneous Coronary Intervention Services chapter ("Chapter") of the State Health Plan contains changes made after consideration of comments on an earlier draft Chapter that was released for informal public comment in September. The two committees have sixty days to review the draft before the Commission can adopt proposed regulations. Ms. Fleck said that this draft Chapter contains revisions that require an applicant seeking to establish cardiac surgery services to have a budget agreement with the Health Services Cost Review Commission. She noted that the draft Chapter does not contain a need projection, but contains a utilization projection includes redefined health planning regions to reflect patient migration patterns. Mr. Parker said that staff will develop a revised version of the draft regulations based upon comments received by the Commission.

ITEM 4.

ACTION: Final Regulations - COMAR 10.24.09, State Health Plan for Facilities and Services: Acute Inpatient Rehabilitation Services

Ms. Fleck summarized comments received on the proposed Acute Inpatient Rehabilitation Services regulations from MedStar. She outlined certain non-substantive changes recommended by Commission staff. Commissioner Barr made a motion to adopt the proposed regulations as final regulations with the non-substantive changes, which was seconded by Commissioner Kan and unanimously approved.

ACTION: Final Regulations - COMAR 10.24.09, State Health Plan for Facilities and Services: Acute Inpatient Rehabilitation Services is hereby ADOPTED as final regulations.

ITEM 5.

ACTION: Certificate of Need: Cosmetic SurgiCenter of Maryland, Inc. d/b/a Bellona Surgery Center (Docket No. 13-03-2344)

Kevin McDonald, Chief of Certificate of Need, addressed the application for Certificate of Need filed by Cosmetic Surgery Center of Maryland d/b/a Bellona Surgery Center to relocate a previously approved but unbuilt freestanding ambulatory surgery facility. Mr. McDonald noted that the Cosmetic Surgery Center was originally issued a CON to add a second operating room to its licensed physician's office surgery center on July 19, 2012. The proposed relocation will involve the renovation of 4,025 square feet, including two approved operating rooms and two procedure rooms, for a total estimated cost of $890,500. The source of the funds for this proposed project is $86,000 in cash and a small business loan of $804,500. Commission staff recommended approval of this project. Commissioner Conway made a motion to approve the Certificate of Need, which was seconded by Commissioner Kan and unanimously approved.

ACTION: Certificate of Need: Cosmetic SurgiCenter of Maryland, Inc. d/b/a Bellona Surgery Center (Docket No. 13-03-2344) is hereby APPROVED.

ITEM 6.

ACTION: Hospital Palliative Care Pilot Project

Linda Cole, Chief of Long Term Care Policy and Planning, presented a brief overview of actions taken by staff regarding the Hospital Palliative Pilot Project legislation from the 2013 session. That legislation requires the MHCC to establish a Palliative Care Pilot Program with selected hospitals. Staff seeks the Commission's approval of the criteria used to select participating hospital programs, the preliminary selection of hospital programs, and the process for implementing the legislation. Fourteen hospitals applied to participate in the pilot project, eleven of which meet the requirements for inclusion and three of which did not. The following hospitals met the basic requirements: Carroll Hospital Center; Doctor's Community Hospital; Greater Baltimore Medical Center; Holy Cross Hospital; Johns Hopkins Hospital;

MedStar Union Memorial Hospital; Meritus Medical Center; Peninsula Regional Medical Center; Suburban Hospital; Union Hospital of Cecil County; and Upper Chesapeake Medical Center. Representatives from those hospitals will meet with Commission staff and with staff from the Office of Health Care Quality, the Maryland Hospital Association, CMS, and other persons with expertise in palliative care. Staff requested that the Commission approve the criteria for participation in the pilot project, which were developed based upon House Bill 581 that was enacted by the Maryland General Assembly in 2013. Commissioner Montgomery made a motion to approve the participation criteria, which was seconded by Commissioner Schneider. Following discussion, the motion was unanimously approved.

ACTION: Hospital Palliative Care Pilot Project Participation Criteria are hereby APPROVED.

ITEM 7.

APPROVAL FOR POSTING: Medical Care Data Base Submission Manual

At its October meeting, the Commission adopted emergency and proposed replacement regulations regarding the Medical Care Data Base, which, when implemented, will contain an All-Payer Claims Data Base. Linda Bartnyska presented Commission staff's request to approve posting on the Commission's website the 2013 and 2014 MCDB Manuals, which detail information that payors submit under the regulations. Commissioner Montgomery moved that the Commission approve the posting, which was seconded by Commissioner Fronstin, and unanimously approved. Commissioner Kan abstained from voting on this matter.

ACTION: POSTING of the Medical Care Data Base Submission Manuals in hereby APPROVED.

ITEM 8.

PRESENTATION: Step Therapy or Fail-First Protocol

Chairman Tanio noted that reform of Step Therapy protocols was one of the most contentious health issues during Maryland's 2013 legislative session. After the end of the session, the President of the Senate, Speaker of the House, and Chairs of the Senate Finance and House Health and Government Committees requested that the MHCC continue to work with the interested parties to identify areas of compromise. Bruce Kozlowski, Co-Director of the Center for Quality Measurement and Reporting, presented a status update regarding Commission staff's process that seeks to resolve issues related management of step protocols for pharmaceutical therapies and medical services. Mr. Kozlowski noted that the workgroup is studying the actual issues versus anecdotes in order to determine how frequently step therapy issues occur. Chairman Tanio requested that the workgroup study data regarding the number of prescriptions written, the number of times step therapy is prescribed, and the number of problems reported regarding step therapy.

ITEM 9.

UPDATE: Maryland Health Workforce Study

Over the past three months, MHCC staff have been working with consultants at IMS/Global Inc, to develop stronger health workforce models. In the first phase, IMS/Global has accessed the suitability of health occupation licensure data for use in workforce studies. In the second stage of the work, the consultants use their demand model and our supply data to estimate the adequacy of primary care, behavior health, and dental work forces. Srinivas Sridhara, Acting Chief of Cost and Quality Analysis, presented an update on the status of the first and second phases of the Health Workforce Study. Mr. Sridhara said that geographic imbalances in adequacy of provider supply exist throughout the State. A

number of both large and small counties currently lack the primary care, and to some extent, mental health provider capacity to meet estimated population service demands. Between 2014 and 2016, the medical insurance coverage provisions of the ACA are projected to create a one-time approximately 1.9% increase in demand for adult primary care physicians in Maryland.

ITEM 10.

UPDATE: Rural Area Health Delivery and Planning

Rebecca Goldman, Health Policy Analyst in the Center for Health Care Facilities Planning and Development, presented preliminary recommendations for the report by the Rural Area Health Planning and Delivery Stakeholder Group. This report, due in December, is in response to a request in the FY 2014 Joint Chairmen's report that the Commission evaluate a number of issues related to rural health delivery and planning, and offer recommendations for improvement. Ms. Goldman said that the stakeholder group met four times between July and November of 2013. The stakeholders include representatives from State agencies, rural health leaders and advocates, representatives from professional associations, health care providers, and legislators. Stakeholders reported experiencing recruitment and retention challenges for providers in rural areas. Other challenges include transportation to health care services. The group recommended that health care providers and state funders promote increased collaboration with existing transportation options; promoting innovative models of care and reimbursement models for health care services; providing greater support for local recruitment programs; deploying telemedicine services for specialty consultations; and promoting visiting physician programs.

ITEM 11.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:03 p.m. upon motion of Commissioner Schneider, which was seconded by Commissioner Montgomery and unanimously approved.