



MARYLAND HEALTH CARE COMMISSION

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

Thursday, December 19, 2013

Minutes

Chairman Tanio called the meeting to order at 1:05 p.m.

Commissioners present: Barr, Conway, Falcone, Fleig, Fronstin, Kan, McLean, Montgomery, Peralta, Phillips, Schneider, Stollenwerk, and Weinstein.

ITEM 1.

Approval of the Minutes

Commissioner Barr made a motion to approve the minutes of the November 21, 2013 meeting, which was seconded by Commissioner Peralta and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, noted that Commission staff have been working with the Department of Health and Mental Hygiene, the Maryland Insurance Administration, and the Maryland Health Benefit Exchange to help with a variety of efforts regarding implementation of the Affordable Care Act.

David Sharp, Ph.D., Director of the Center for Health Information Technology and Innovative Care Delivery, pointed out that, on December 10, staff from CareFirst BlueCross BlueShield and CVS provided a demonstration of preauthorization procedures with staff. He stated that a DVD of the demonstrated can be provided by request.

ITEM 3.

ACTION: Maryland Health Insurance Partnership

Janet Ennis, Chief of Small Group Market, presented staff's recommendation for a transition plan for the Health Insurance Partnership. Ms. Ennis said that, as a result of the Exchange Board deferring open enrollment in the SHOP exchange until April 1, 2014, with coverage beginning June 1, 2014, Commission staff have taken steps that would permit the Partnership to continue. Following discussions with participating carriers, staff made three recommendations to the Commission. Staff's first recommendation was to allow participating carriers to offer ACA-compliant plans to employer groups currently enrolled through the Partnership with renewal dates between January 1, 2014 through May 31,

2014, as long as those ACA-compliant plans include deductibles and copayments that are equivalent to or better than the deductibles and copayments required in a CSHBP base plan sold without riders. Ms. Ennis noted that this requirement will help ensure that these product offerings remain in conformance with the CSHBP regulations (COMAR 31.11.06) governing the current small group market. Staff's second recommendation was to institute the ACA member-level rating methodology for all health benefit plans offered to renewing groups under the Partnership beginning January 1, 2014. As a result, the 4 tiers of coverage available in the small group market currently (employee; employee plus spouse; employee plus child; family) will no longer be available. Instead, individual coverage or family coverage (individual plus one or more dependents) will be the coverage options beginning January 1, 2014. Staff's final recommendation was to maintain the policy decision that the Health Insurance Partnership will close to new enrollments effective January 1, 2014. Commissioner Fronstin made a motion to approve the recommendations, which was seconded by Commissioner Barr and unanimously approved.

ACTION: Transitional Plan for the Maryland Health Insurance Partnership is hereby APPROVED.

ITEM 4.

ACTIONS: Renewal of Primary PCI Waivers

- **Holy Cross Hospital (Docket No. 13-15-0076WR)**

Eileen Fleck, Chief of Specialized Services Policy and Planning, presented the Commission staff's report and recommendation on the request by Holy Cross Hospital for renewal of its waiver to provide primary PCI services at a hospital without on-site cardiac surgery services. Ms. Fleck stated that Holy Cross Hospital had met the regulatory requirements of COMAR 10.24.17.05D(1) for physician resources, patient groups suitable for pPCI in settings without on-site cardiac surgery, institutional volume, and process and outcome measures for ongoing quality assessment. Ms. Fleck also stated that, in 2011 and 2012, the Hospital did not meet the requirement that all interventionists perform 75 or more PCI cases annually, as required by COMAR 10.24.17, Table A-1, Physician Resources (1). For these reasons, the Executive Director recommended that specific conditions be placed on a two-year waiver to permit Holy Cross Hospital to provide primary percutaneous coronary intervention services without on-site cardiac surgery services. Commissioner Conway made a motion to approve the renewal of the waiver, which was seconded by Commissioner Peralta and unanimously approved.

ACTION: Renewal of Primary PCI Waiver – Holy Cross Hospital (Docket No. 13-15-0076WR) is hereby APPROVED.

- **Howard County General Hospital (Docket No. 13-13-0074WR)**

Ms. Fleck presented the Commission staff's report and recommendation on the request by Howard County General Hospital for renewal of its waiver to provide primary PCI services at a hospital without cardiac surgery services available on site. Ms. Fleck stated that Howard County General Hospital had met the regulatory requirements of COMAR 10.24.17.05D(1) for institutional resources, physician resources, patient groups suitable for pPCI in settings without on-site cardiac surgery, institutional volume, and process and outcome measure for ongoing quality assessment. The Executive Director recommended the issuance of a two-year waiver to permit Howard County General Hospital to provide primary percutaneous coronary intervention services without on-site cardiac surgery services. Commissioner Barr made a motion to approve the renewal of the waiver, which was seconded by Commissioner Falcone, and unanimously approved. Commissioner Schneider recused himself from this action.

ACTION: Renewal of Primary PCI Waiver - Howard County General Hospital (Docket No. 13-13-0074WR) is hereby APPROVED.

- **Johns Hopkins Bayview Medical Center (Docket No. 13-24-0075WR)**

Ms. Fleck presented the Commission staff's report and recommendation on the request by Johns Hopkins Bayview Medical Center for renewal of its waiver to provide primary PCI services at a hospital without on-site cardiac surgery services. Ms. Fleck stated that Johns Hopkins Bayview Medical Center had met the regulatory requirements of COMAR 10.24.17.05D(1) for institutional resources, physician resources, patient groups suitable for pPCI in settings without on-site cardiac surgery, institutional volume, and process and outcome measure for ongoing quality assessment. The Executive Director recommended the issuance of a two-year waiver to permit Johns Hopkins Bayview Medical Center to provide primary percutaneous coronary intervention services without on-site cardiac surgery services. Commissioner Peralta made a motion to approve the renewal of the waiver, which was seconded by Commissioner Barr and unanimously approved. Commissioner Stollenwerk recused herself from this action.

ACTION: Renewal of Primary PCI Waiver – Johns Hopkins Bayview Medical Center (Docket No. 13-24-0075WR) is hereby APPROVED.

- **Saint Agnes Hospital (Docket No. 13-24-0073WR)**

Ms. Fleck presented the Commission staff's report and recommendation on the request by Saint Agnes Hospital for renewal of its waiver to provide primary PCI services at a hospital without cardiac surgery services available on site. Ms. Fleck stated that Saint Agnes Hospital had met the regulatory requirements of COMAR 10.24.17.05D(1) for institutional resources, physician resources, patient groups suitable for pPCI in settings without on-site cardiac surgery, institutional volume, and process and outcome measure for ongoing quality assessment. The Executive Director recommended the issuance of a two-year waiver to permit Saint Agnes Hospital to provide primary percutaneous coronary intervention services without on-site cardiac surgery services. Commissioner Barr made a motion to approve the renewal of the waiver, which was seconded by Commissioner Falcone, and unanimously approved. Commissioner Barr received himself from this action.

ACTION: Renewal of Primary PCI Waiver – Saint Agnes Hospital (Docket No. 13-24-0073WR) is hereby APPROVED.

ITEM 5.

ACTION: Rural Area Health Delivery and Planning Report

Rebecca Goldman, Health Policy Analyst in the Center for Health Care Facilities Planning and Development, presented recommendations for the report on Rural Area Health Delivery and Planning. This report 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 the Committees requested that the Commission convene a group of interested stakeholders to evaluate regional health delivery and health planning in rural areas. The report provides analysis and recommendations on: the appropriateness of current health planning regions; the impact of recent consolidations in rural areas; existing and improved workforce development programs; barriers to health care caused by distance; and existing and improved medical transportation services. Commissioner Montgomery made a motion to approve the release of the report, which was seconded by Commissioner Kan, and unanimously approved.

ACTION: Release of the Report and Recommendations - Rural Area Health Delivery and Planning Report is hereby APPROVED

ITEM 6.

ACTION: Mercer Step Therapy Analysis Report/MHCC Step Therapy Perspective and Recommendations

Bruce Kozlowski, Co-Director of the Center for Quality Measurement and Reporting, presented an overview of a Step Therapy Analysis report prepared by Mercer, and provided staff recommendations. The Commission asked staff to reexamine the Maryland All Payer Claim Database to assess information on the number of patients subject to step therapy rules and, if possible, the number of those patients denied the recommended drug. The Commission agreed to revisit the recommendations in early January to consider the release the Mercer report and Commission recommendations.

ITEM 7.

ACTION: Telemedicine – An Interim Report on Activities to the Legislature

David Sharp, Director of the Center for Health Information Technology and Innovative Care Delivery, and Sarah Orth, Chief of Health Information Technology, presented the Maryland Telemedicine Task Force Interim Report. State law required staff to reconvene the Telemedicine Task Force and submit an interim report to the Governor and General Assembly by January 1, 2014. This interim report does not include recommendations. Dr. Sharp said that the task force will continue its work over the next year and develop recommendations to advance the adoption and diffusion of telemedicine. Commissioner Kan made a motion to approve the release of the report, which was seconded by Commissioner Stollenwerk and unanimously approved.

ACTION: Telemedicine Task Force Interim Report – Release of the Report is hereby APPROVED.

ITEM 8.

PRESENTATION: Baseline and Year 1 Results from the Independent Evaluation of the Maryland Multipayer PCMH Program

Dr. Jill Marsteller, Senior Evaluator with IMPAQ International, presented IMPAQ's findings to date on quality measures, utilization, provider attitudes, patient experience and implementation progress in the MMPP practices relative to control practices in Maryland. Dr. Marsteller said that patients are generally pleased with the care they are receiving from MMPP participating providers. She said there are few statistic differences among subgroups and in general the more vulnerable population rates their providers or practices more highly. Dr. Marsteller noted that provider surveys suggest that MMPP sites may be inclusive of a larger array of roles/professions than comparison practices and that MMPP practices/patients experienced some improvements in quality and reductions in utilization relative to comparison practices.

ITEM 9.

UPDATE: Maryland Health Workforce Study

At the November meeting, results from the first phase of the Maryland Health Workforce Study were presented, highlighting the strengths and weaknesses of the existing data systems. Tim Dall, Managing Director of Healthcare and Pharma at IHS, presented the results of IHS' analysis for the second phase of the study, which focuses on the current supply of the health workforce and estimating demand for services. He discussed IHS' approach to modeling demand, noting that while past efforts have used the

HRSA supply standards as a proxy for demand, IHS has developed a novel approach to modeling demand for health services and workforce. This is a first step in Maryland's efforts to better understand the demand for health services and the resulting workforce needs.

ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:25 p.m. upon motion of Commissioner Kan, which was seconded by Commissioner Montgomery and unanimously approved.