



MARYLAND HEALTH CARE COMMISSION

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

Thursday, February 20, 2014

Minutes

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

Commissioners present: Barr, Conway, Falcone, Fleig, Fronstin, Montgomery, Peralta, and Stollenwerk. Commissioner Schneider participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner Barr made a motion to approve the minutes of the January 9th public meeting, via conference call, and the January 16th public meeting of the Commission, which was seconded by Commissioner Montgomery and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, congratulated and thanked staff for their generous and increased contribution to the Maryland Charity Campaign.

ITEM 3.

ACTION: Final Regulations – COMAR 10.25.06 – Maryland Medical Care Data Base and Data Collection

Linda Bartnyska, Director of the Center for Analysis and Information Services, and Srinivas Sridhara, Chief of the Cost and Quality Analysis Division, presented regulations regarding the Medical Care Data Base that were adopted as proposed by the Commission at its October 2013 meeting. Staff recommended that the Commission adopt the regulations as final to replace existing regulations. The regulations set forth the payors required to submit information and change the Medical Care Data Base so that it will contain an All Payer Claims Database. Commissioner Fronstin made a motion to approve the regulations, Commissioner Montgomery seconded the motion and the regulations were adopted as final regulations of the Commission.

ITEM 4.

ACTION: Final Regulations – COMAR 10.25.18 – Health Information Exchanges: Privacy and Security of Protected Health Information

Angela Evatt, Chief of the Health Information Exchange Division, and David Sharp, Director of the Center for Health Information Technology & Innovative Care Delivery, presented the health information exchange privacy and security regulations for consideration as final regulations. Angela reported that the regulations were adopted as proposed in October, and Commission staff received written comments from four organizations. She noted that these regulations establish protections for the privacy and security of electronic health information accessed through a health information exchange operating in Maryland. Staff recommended that the Commission adopt the regulations as final with certain non-substantive changes. Following discussion, Commissioner Barr made a motion to adopt the regulations as final regulations of the Commission, which was seconded by Commissioner Peralta and unanimously approved.

ITEM 5.

ACTION: Certificate of Need: Lorien Health Systems, Bel Air – Expansion (Docket No. 13-12-2345)

Kevin McDonald, Chief of Certificate of Need, addressed the application for Certificate of Need filed by Lorien Health Systems to expand its existing comprehensive care facility located in Bel Air (Harford County). The proposed expansion will add 21 comprehensive care facility beds, increasing the size of the facility to 90 comprehensive care facility beds. He noted that the Commission's need methodology projected the beds as needed in Harford County. The expansion will also add 20 assisted living units, for a total of 76 assisted living units upon project completion. Assisted living units are not regulated by the Commission. Mr. McDonald said the total cost of constructing the three-story addition is estimated at \$6,548,938, \$2,334,063 of which is the cost of the nursing home portion of the project. The source of the funds for this proposed project is \$1,828,938 in cash contributions from the owners, a \$220,000 loan for furniture, fixtures, and equipment, and a mortgage loan of \$4.5 million from a commercial institution. Commission staff recommended that the Commission issue a CON for this project. Commissioner Stollenwerk made a motion to award a Certificate of Need, which was seconded by Commissioner Peralta and unanimously approved.

ITEM 6.

UPDATE: Legislative Overview

Erin Dorrien, Program Manager, Government Relations and Special Projects, provided an overview on the following bills:

- HB 1235 – “Community Integrated Medical Home Programs and Patient Centered Medical Home Program” which establishes a Community Integrated Medical Home Program. The community-based service and support elements would be the primary responsibility of the Department of Health and Mental Hygiene, and the Patient Centered Medical Home Program (PCMH) elements would be the primary responsibility of the Maryland Health Care Commission.
- SB 885/HB 1127 – “Health Insurance Incentives for Health Practitioners” which expands conditions under which a payor can provide an incentive payment to a provider to include actions that reward a practitioner based on performance measurements agreed upon by the payer and provider; currently primary care practices can participate in cost-based programs via various PCMH programs; legislation would allow payers to establish incentive programs for specialists and primary care providers; and primary care incentives could be established with PCMH programs.
- SB 891 – “MHCC – Authority of Acute Care Hospital to Provide Cardiac Surgery Services – Voluntary Relinquishment – Regulations” which requires hospitals, as a condition of a certificate of conformance or a certificate of ongoing performance for cardiac surgery agree to voluntary relinquish authority if the hospital fails to meet standards established by the Commission.

ITEM 7.

OVERVIEW: Strategic Plan for the Expansion of the Medical Care Data Base

Chairman Tanio announced that the MHCC had been asked to expand use of the APCD to support the MIA’s work on carrier rate review, to support Maryland’s new Hospital Payment Model, and to establish a Provider Performance Measurement System as part of the Community Integrated Medical Home initiative. These opportunities require some refocusing of Commission resources toward the development of decision support systems. At the same time, demands for the MCDB to support more conventional use cases continues to grow. MHCC has already made the MCDB available to the Health Benefit Exchange to support development of its reinsurance program. Later this year, the Commission will begin providing organization with utilization data for Qualified Health Plans and Qualified Dental Plans (QDPs).

Meeting the new opportunities will mean reengineering existing processes, developing new and more complex data structures, and expanding business partnerships with data submitters and end users. Each of the opportunities is ambitious and Maryland is at the forefront of states in development.

Linda Bartnyska, Director of the Center for Analysis and Information Systems, and her key team leaders, Janet Ennis, Leslie LaBrecque, and Srinivas Sridhara presented an overview of these opportunities. Processes that must be expanded include accelerated data collection to add more complete data, more submitters, and comprehensive data governance to accommodate broader access. The Commission staff will establish a project management function and hire a methodologist who has actuarial experience. The Commission plans to fund a new Extract, Transform, Load (ETL) system, which will meet the needs of other initiatives.

In addition, staff will be testing practitioner performance measures first using privately insured data, with a goal of building trust within the practitioner community. The Commission will apply for Qualified Entity (QE) certification with CMS in order to add Medicare data files to the MCDB. The team will maintain ongoing stakeholder engagement throughout the project among practitioners, consumers, payers, and others.

Staff will also by providing timely analytic support and technical assistance to HSCRC in support of the hospital waiver such as hospital performance monitoring via on-call, and easy-to-use web-based analytics. In addition, new files will better inform our understanding of total and per-capita spending and utilization of health care services. The Data Release Policy Workgroup will improve access to MDCB data and will standardize the process.

ITEM 8.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:51 p.m. upon motion of Commissioner Fleig, which was seconded by Commissioner Montgomery and unanimously approved.