

Craig P. Tanio, M.D.
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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Thursday, March 20, 2014

Minutes

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

Commissioners present: Barr, Conway, Falcone, Fleig, Fronstin, McLean, Montgomery, Peralta, Phillips, Schneider, and Stollenwerk. Chairman Tanio participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner Montgomery made a motion to approve the minutes of the February 20th public meeting of the Commission, which was seconded by Commissioner Conway and unanimously approved.

ITEM 2.

Update of Activities

Bruce Kozlowski, Director of the Center for Quality Measurement and Reporting, announced the new and improved Consumer Guide to Long Term Care website and provided examples/screenshots of the changes. Mr. Kozlowski thanked Carol Christmyer for her continued creativity in making the website more inviting and easier to navigate. He also mentioned that staff are engaged in the HEIDS Audits and that carriers reporting for 2014 on all five quality measurement instruments (HEDIS, CAHPs, RELICC, BHA, and QP) are on track.

ITEM 3.

UPDATE: Legislation

Ben Steffen, Executive Director, said that Erin Dorrien, the Commission's Legislative Liaison, was in Annapolis covering legislation. He provided an update on the status of the following legislation:

SB 89 "MHCC – Requirement for Certificate of Need – Exceptions" which establishes an exception to the requirement that a person have a certificate of need issued by the Commission before specified actions are taken relating to a health care facility by altering the definition of a "health care facility" to exclude a comprehensive care facility that is owned and operated by the Maryland Department of Veterans Affairs and that restricts admissions to specified individuals. Mr. Steffen noted that the Commission supported this legislation, which had passed in the Senate, and was being heard in the house that day.

SB 335/HB 298 “HSCRC – Powers and Duties, Regulations of Facilities, and Maryland All-Payer Model Contract” which authorizes the HSCRC, consistent with Maryland’s all-payer model,,to establish hospital rate levels and rate increases in a specified manner and promote and approve specified alternative methods of rate determination and payment; increases the total amount of user fees that the HSCRC may assess on specified facilities; alters the contents of a specified annual report the HSCRC is required to submit to specified individuals and the General Assembly. The Commission did not take a position on this bill, but did track this legislation. SB 335 passed in both the Senate and the House.

SB 368/HB 801 “Commission on Maryland Cybersecurity Innovation and Excellence – Membership and Duties” which alters the membership of the Commission on Maryland Cybersecurity Innovation and Excellence; requires the Cybersecurity Commission to submit a specified report to the Governor and General Assembly on or before January 1 of each year; and repeals the termination date of the Cybersecurity Commission. The MHCC supported this legislation with an amendment to add the Chair of the Maryland Health Care Commission or the Chair’s designee to the membership. This legislation passed in Finance, passed with an amendment in the House, and returned to the chamber of origin (Finance).

SB 416/HB437 “HMOs – Payments to Nonparticipating Providers – Repeal of Termination Date” which repeals the termination date of specified provisions of law requiring health maintenance organizations to pay nonparticipating providers for specified services at specified rates. The Commission did not take a position on this legislation, which passed in both chambers.

SB 622/HB 709 “Health Insurance – Step Therapy or Fail-First Protocol” requires the MHCC to work with payors and providers to attain benchmarks for overriding a payor’s step therapy or fail-first protocol; requires the benchmarks to include, on or before January 1, 2015, the establishment of a process for a provider to override the step therapy or fail-first protocol of the payor; limits the duration of a step therapy or fail-first protocol imposed by an insurer, nonprofit health service plan, or health maintenance organization. The Commission supported this legislation with an amendment that conforms the legislation to the recommendations in its report that identified areas for compromise on step therapy. This legislation passed in both chambers.

SB 642/HB 709 “Health Insurance – Assignment of Benefits and Reimbursement of Nonpreferred Providers – Repeal of Reporting Requirements and Termination Date” would repeal the requirement that the MHCC, in consultation with the Maryland Insurance Administration and the Office of the Attorney General, conduct a specified study and submit specified reports to the General Assembly on or before specified dates; and repeals the termination date of specified provisions of law relating to assignment of benefits and reimbursement of nonpreferred providers. The Commission did not take a position on this legislation. The bill was withdrawn; therefore, the Commission will continue to have reporting responsibilities under the current law.

SB 646/HB1253 “State Health Plan – Licensed Hospice Programs – CON Review” requires that, beginning December 31, 2014, for licensed hospice programs, the State health plan methodologies, standards, and criteria for certificate of need review for a jurisdiction demonstrating need first take into consideration the capability of current licensed hospice providers in that jurisdiction that have the infrastructure, capacity, and scale to meet the demonstrated need. The Commission opposed this legislation, which passed in the Senate with an amendment to include race and ethnicity, and was scheduled to be heard in the House on March 27, 2014.

SB 874/HB761 “Health Insurance – Specialty Drugs” prohibits specified insurers, nonprofit health services plans, and health maintenance organizations from imposing a copayment or coinsurance requirement on a covered specialty drug that exceeds a specified dollar amount; provides for an annual increase to the copayment or coinsurance requirement limit; authorizes specified insurers, nonprofit health services plans, and health maintenance organizations to provide coverage for specialty drugs

through a manager care system. The Commission did not take a position on this legislation. The bill was passed with an amendment in the House and will be heard in the Senate on March 27, 2014.

SB 884/HB1127 “Health Insurance – Incentives for Health Care Practitioners” alters the circumstances under which a health insurance carrier is not prohibited from providing bonuses or other incentive-based compensation to a health care practitioner. The Commission did not take a position on this legislation. The bill passed with amendments in the House and will be heard in the Senate on April 1, 2014.

SB891 “MHCC – Authority of Acute Care Hospitals to Provide PCI – Voluntary Relinquishment” requires that regulations adopted by the MHCC provide for the voluntary relinquishment of the authority of specified acute care hospitals to provide cardiac surgery services under specified circumstances. The Commission supported this legislation. The bill passed in Senate and will be heard in the House on March 27, 2014.

HB 105 “MHCC – Powers – Authority to Award Funds and Make Agreements with Grantees and Payees” authorizes the MHCC to award funds received from any person or government agency; and authorizes the Commission to make agreements with a grantee or payee of funds, property, or services. The Commission supported this legislation. This bill passed with an amendment in the House and will be heard in the Senate on March 26, 2014.

HB 779 “MHCC –Health Care Provider – Carrier Workgroup” requires the MHCC to establish a Health Care Provider-Carrier Workgroup; establishes the purpose, composition, staffing, and frequency of meetings of the Workgroup; prohibits a Workgroup member from receiving compensation or reimbursement; requires Commission staff to solicit and select issues for consideration by the Workgroup; requires Commission staff to provide specified assistance to the Workgroup and to submit reports to the Commission and specified legislative committees. The Commission supported this legislation. The bill passed with amendments in the House and will be heard in the Senate on March 27, 2014.

HB 806 “Health Information Exchanges – Protected Health Information – Regulations” requires specified regulations for protected health information obtained or released through a specified health information exchange to govern the access, use, maintenance, disclosure, and redisclosure of protected health information as required by specified State or federal law. The Commission submitted a letter of information referencing existing law that requires MHCC to adopt regulations for the privacy and security of PHI obtained or released through an HIE. This bill passed in the House and will be heard in the Senate on March 26, 2014.

HB 1235 “Community Integrated Medical Home Program and Patient Centered Medical Home Program” establishes the Community Integrated Medical Home Program (CIMHP); establishes the mission of the CIMHP; requires the CIMHP to take specified actions to carry out its mission; requires the CIMHP to be administered jointly by the MHCC and the DHMH. The Commissioner submitted a letter of information. The bill passed in the House with amendment, and was scheduled to be heard in the Senate on April 1, 2014.

ITEM 4.

UPDATE: Revision of the State Health Plan for Facilities and Services: Cardiac Surgery and Percutaneous Coronary Intervention Services – COMAR 10.24.17

Paul Parker, Director of the Center for Hospital Services, provided background information and an overview of the development of draft regulations. Eileen Fleck, Chief of Acute Care Policy and Planning provided an update on comments received and discussions that have taken place since November, when a revised draft replacement Cardiac Surgery and PCI Services Chapter of the State Health Plan was submitted to the Senate Finance Committee and the House Health and Government Operations

Committee. Staff will continue to work on revising the regulations, and will continue to meet with stakeholders as needed. Ms. Fleck said that the Chapter, which will govern cardiac surgery and PCI services, will be considered by the Commission for adoption as proposed permanent regulation in April.

ITEM 5.

PRESENTATION: State Health Expenditure Account (SHEA) Report

The Commission monitors and reports annually on trends in personal health care expenditures in Maryland, based on data from CMS's National Health Expenditure Accounts. Srinivas Sridhara, Chief of the Division of Cost and Quality Analysis, presented a brief overview of recent trends. He noted that personal health care expenditures continue to grow both nationally and in Maryland; however, the rate of growth is slowing over time. He stated that, as Maryland pursues costs containment strategies, monitoring personal health care spending is of increasing importance. Mr. Sridhara said that trends in Maryland estimated \$49.4 billion in personal health care spending in 2012. He said the overall trend in rate of growth in personal health care spending in Maryland continues to decline, but the growth rate remains higher than the national average.

ITEM 6.

PRESENTATION: Strategic Plan for Telemedicine

David Sharp, Director of the Center for Health Information Technology and Innovative Care Delivery, and Sarah Orth, Chief of Health Information Technology, presented the Strategic Plan for Telehealth. Joining them at the table were representatives from organizations that are working with staff to develop and implement a telehealth adoption strategy for Maryland. Staff presented the following issues regarding telehealth for Commissioners' consideration: (1) How will telehealth impact existing standards of care delivery?; (2) Should users of the telehealth provider directory be required to establish a relationship prior to delivering or receiving services via telehealth?; (3) What key policies pertaining to privacy and security are needed to enhance consumer protections in telehealth?; and (4) What are the best ways to establish and maintain the accuracy of provider technology information in the self-reported telehealth provider directory? Staff will continue to work on the report through August, and expects to complete the drafting of the report in September 2014. The draft report will be presented to the Commission in October 2014 and submitted to the Governor, Senate Finance Committee, and House Health and Government Operations Committee by December 1, 2014.

ITEM 7.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:00 p.m. upon motion of Commissioner Barr, which was seconded by Commissioner Montgomery and unanimously approved.