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CHAIR

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MARYLAND HEALTH CARE COMMISSION

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Thursday, March 19, 2015

Minutes

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

Commissioners present: Carr, Fleig, Montgomery, Phillips, Schneider, and Stollenwerk. Commissioner Kan participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner Kan made a motion to approve the minutes of the February 19, 2015 public meeting of the Commission, which was seconded by Commissioner Fleig and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, announced that Commissioner Barbara McLean was not reappointed to the Commission. Mr. Steffen thanked Commissioner McLean on behalf of the Commission and staff for her contributions over the past 7 years.

David Sharp, Director of the Center for Health Information Technology and Innovative Care Delivery, noted that the Office of the National Coordinator for Health Information Technology (ONC) released a grant titled "American Recovery and Reinvestment Act of 2009: Advance Interoperable Health Information Technology Services to Support Health Information Exchange." The grant is intended to leverage the investments and lessons learned from the original 2010 State Health Information Exchange Program that Maryland and a number of states received. Dr. Sharp noted that MHCC and CRISP will partner in developing the new grant application, with CRISP serving as prime. The application is due on April 6 and the estimated award date is June 12. ONC will make up to 12 awards of $1M to $3M, with a two-year funding commitment.

ITEM 3.

ACTION: Certificate of Need – Hospice of Washington County (Docket No. 14-21-2356)

Hospice of Washington County applied for a Certificate of Need to construct a 12-bed inpatient hospice facility, to be located in Hagerstown in Washington County. Kevin McDonald, Chief of Certificate of Need, presented the staff report and recommendation. Mr. McDonald said that the estimated project cost is $7,015,000, with a construction cost of $5,851,000 and $1.0 million allocated for movable equipment. He said the facility expects to finance the total estimated project cost with $1,564,000 in available cash on hand, and $2.7 million in pledges, gifts, and bequests. Approximately $250,000 will come from two State grants. The remaining $2,501,000 will be financed with debt. Staff recommended that the project be approved. Commissioner Montgomery made a motion to approve the staff recommendation, which was seconded by Commissioner Kan and unanimously approved.

ACTION: Certificate of Need – Hospice of Washington County (Docket No. 14-21-2356) is hereby approved

ITEM 4.

PRESENTATION: COMAR 10.25.17 – Benchmarks for Preauthorization of Health Care Services – Proposed Regulations for Informal Public Comment

Angela Evatt, Chief of Health Information Exchange, and Nikki Majewski, Health Policy Analyst Advanced, provided an overview of staff's draft amendments to COMAR 10.25.17: Benchmarks for Preauthorization of Health Care Services. Ms. Evatt said State law that was enacted in 2012 required State-regulated insurers, nonprofit health services plan, health maintenance organizations and pharmacy benefits managers to implement electronic preauthorization processes in a series of three benchmarks. She said that the amendments to the law in 2014 added a fourth benchmark that will require a step therapy or fail-first protocol to establish an electronic process to override the step therapy or fail-first protocol for pharmaceutical preauthorization requests. Ms. Majewski discussed the draft amendments, noting that the draft language would require payors to implement the fourth benchmark, provide notification to the providers and their members regarding the fourth benchmark, report to the Commission on their attainment of the fourth benchmark, maintain their electronic preauthorization processes, and demonstrate continued compliance with all of the benchmarks upon request from the Commission. She said that the proposed amendments would remove the expired payor reporting requirement dates pertaining to their attainment of the first three preauthorization benchmarks and modify the timeframe for the preauthorization benchmark waiver process. Staff will release the regulations for informal public comment.

ITEM 5.

ACTION: Recommended Additions to the MHCC's Data Release Policy

Linda Bartnyska, Director for the Center for Analysis and Information Systems, presented recommended additions to the Commission's Data Release Policy. Ms. Bartnyska said that the Commission is a data-driven organization responsible for collecting, maintaining, releasing, and

reporting on a wide range of health care data that are used to inform decisions made by legislators, payors, providers, and consumers. She said that there is growing interest in the various MHCC data, particularly data containing protected health information and/or personally identifiable information, which necessitates formalization of MHCC data release practices and the development of a formal data release policy. Ms. Bartnyska requested that the Commission approve the following changes to its data release practices and policy: (1) charge requestors seeking Medical Care Data Base (MCDB) or DC Hospital Association (DCHA) discharge data files; (2) initiate a Privacy Board through the adoption of regulations; and (3) include notice of requests and approvals for MCDB and DCHA data on the MHCC website. She said that the MHCC Data Release Policy document summarizes existing data release guidelines and practices, along with the three additions being discussed today. She also noted that the content of the policy was discussed in series of multi-stakeholder meetings on data release policies. Ms. Bartnyska noted that the Commission has the authority to set reasonable fees covering the costs of accessing and retrieving the stored data for requestors, and that charging for data is a common practice among states that compile databases of privately insured claims. She noted that an applicant's fees will be based on the types and number of files, as well as the complexity of the data request, and the costs that the Commission incurs to maintain access to the data. Following discussion, Commissioner Phillips made a motion to approve the Policy, which was seconded by Commissioner Schneider, and unanimously approved.

ACTION: Recommended Additions to the MHCC's Data Release Policy are hereby APPROVED.

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ITEM 6.

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UPDATE: Legislation

Erin Dorrien, Chief of Government and Public Affairs, provided an update on legislation to date. Ms. Dorrien said that SB 92/HB 230 "Health Insurance – Assignment of Benefits and Reimbursement of Nonpreferred Providers – Repeal of Termination Date" repeals the sunset date for the Assignment of Benefits law. She said that the League of Life and Health Insurers offered an amendment to eliminate the two-pronged payment approach. SB 92 passed in the Senate, and HB 230 passed in the House with amendments to add additional sponsors but without amendments requested by some of the payors. Ms. Dorrien said that the MHCC Uterine Fibroids – Study (SB 320/HB 602), which would require the Commission to conduct a study on the incidence of uterine fibroids by race, ethnicity, age, and county of residence is being amended to require the University of Maryland, School of Medicine to staff the study. Ms. Dorrien said that HB 1256 "MHCC- Certificate of Need – Application for Bed Need Projections" would require the Commission to use the nursing home bed need projection that was in effect at the time a nursing home Certificate of Need application is complete and docketed. She said that under current law, the nursing home bed need projection in effect is the most recent bed need project published in the Maryland Register. Ms. Dorrien said, HB 1256 is in Rules and Executive Nominations, and staff will track this bill to see if it gets assigned to a Committee. She said the crossover date is Monday, March 23.

ITEM 7.

UPDATE: Hospital Palliative Care Pilot Project

Linda Cole, Chief of Long Term Care Policy and Planning, and Rebecca Goldman, Program Manager, presented an update on the Hospital Palliative Care Pilot Project. Ms. Cole provided an overview and background information, noting that 2013 legislation required the Commission, in consultation with the Office of Health Care Quality and the Maryland Hospital Association, to establish a hospital palliative care pilot program and report the findings from the pilot to the General Assembly by December, 2015.   She said that staff received fourteen applications for participation in the pilot and that the Commission selected eleven hospitals that met the requirements: Carroll Hospital Center; Doctors Community Hospital; Greater Baltimore Medical Center; Holy Cross Hospital; Johns Hopkins Hospital; Howard County General Hospital; MedStar Union Memorial Hospital; Meritus Health, Peninsula Regional Medical Center; Suburban Hospital; and Upper Chesapeake Medical Center. Ms. Cole said that advisory group had established four subcommittees: Definitions; Standards; Out-of-Hospital Experience; and Satisfaction Surveys. She said that the group developed an agreement with Center to Advance Palliative Care (CAPC) for descriptive hospital program data and an agreement with the HSCRC for flagging inpatient discharge data. Ms. Cole noted that staff obtained survey data from CAPC for 2012-2013 and reviewed the first quarter of flagged data from HSCRC. Ms. Goldman outlined the flagging protocols for FY 2015, and provided the flagged discharge data for July 1 through September 30, 2014 and total discharges. She said that the final report will include a review of research literature on palliative care, a profile of Maryland hospital palliative care programs, the project scope, best practices, the use of hospital services by palliative care patients, and recommendations.   She also outlined a timeframe for the remainder of this project.

ITEM 8.

UPDATE: Plans for Enhancing the Health Plan Performance Guide

Mariam Rahman, Program Manager, Scharmaine Robinson, Chief of Health Benefit Plan Quality and Performance, and Eileen Witherspoon, Senior Policy Analyst, provided an update on improvements to the Maryland Health Care Quality Reports website, including plans for converting the Commission's health plan performance report to an online consumer tool. Ms. Rahman said the mission of the website is to establish a comprehensive, integrated online resource that enables consumers to access meaningful, timely, and accurate healthcare information on healthcare providers and health plans in Maryland. She noted that the Maryland Health Care Quality Reports website was released in November 2014 and included consumer input throughout the development process. Ms. Rahman said that Commission staff have worked collaboratively with the Agency for Healthcare Research and Quality to integrate MONAHRQ software into the quality reporting initiative. The staff continues to work with the Health Services Cost Review Commission and its Consumer Engagement Taskforce to facilitate ongoing consumer engagement throughout the website development process. Next month, new healthcare associated infections data will be added to the Hospital Guide, including Clostridium Difficile and CLABSI in ICUs. Ms. Robinson said that the Health Benefits Plan PDF Reports will be will be converted to a web-based Guide, beginning with the member experience data (i.e., CAHPS survey results). Ms. Robinson added that the transition to the web-based display will be more consumer-friendly and more cost effective.

<center>**ITEM 9.**</center>

Overview of Upcoming Initiative

Mr. Steffen stated that, at the April Commission meeting, staff will present the Privately Insured Health Care Spending report for 2013, the Maryland Multi-Payer Program Evaluation report, and provide an update on the Maryland Health Care Quality Report.

<center>**ITEM 10.**</center>

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:50 p.m. upon motion of Commissioner Schneider, which was seconded by Commissioner Fleig and unanimously approved.