

Craig P. Tanio, M.D.
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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

Thursday, May 21, 2015

Minutes

Chairman Tanio called the meeting to order at 1:10 p.m.

Commissioners present: Carr, Fleig, Metz, Moffit, Montgomery, Phillips, Pollak, and Schneider.
Commissioners Kan, Peralta, and Stollenwerk participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner Moffit made a motion to approve the minutes of the April 16, 2015 public meeting of the Commission, which was seconded by Commissioner Fleig and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, said that the Cardiac Services Workgroup met and received several comments regarding cardiac and open heart surgeries. Draft regulations will be proposed in July.

The Commission will release for informal comment a draft of the revised State Health Plan for Home Health Services in late June.

MHCC has begun working on draft regulations for freestanding medical facilities. Commission staff will work closely with the Health Services Cost Review Commission in developing a draft. Once a draft is complete MHCC will convene a stakeholder workgroup to consider the draft proposed regulations.

ITEM 3.

3. PRESENTATION: Care Coordination Report

Carmela Coyle, CEO of the Maryland Hospital Association, Laura Herrera Scott, Deputy Secretary, Public Health Services at DHMH, and Jack Meyer, senior consultant with Health Management Associates, presented on the Care Coordination Work Group, which was formed to provide the Health Services Cost Review Commission (HSCRC) and the Department of Health and Mental Hygiene (DHMH) with advice on how hospitals, physicians, and other providers can work together to develop effective care coordination program to support the goals of Maryland's All-Payer model. The Commission members reached consensus regarding the challenge to create a balanced program with the

hospital community and the overall community, for example, the health departments and physician practices. Development of infrastructure is needed beyond the hospitals, which are connected, to include community health workers and most ambulatory providers. Investment in information technology will be done incrementally and progress will be monitored.

ITEM 4.

ACTION: Institutional Review Board – Johns Hopkins University

Srinivas Sridhara, Chief of Cost and Quality, presented a request to approve the Johns Hopkins Bloomberg School of Public Health IRB as the designated IRB for the review of data requests from the Johns Hopkins Bloomberg School of Public Health. This arrangement is similar to one approved in April that designated the DHMH IRB as an authorized IRB for review of requests from the Hilltop Institute at UMBC. Academic institutions have well-established IRBs and review processes. Commission approval of a release will still be required after any IRB approval. Commissioner Pollak made a motion that the Commission approve recognition of the Johns Hopkins Bloomberg School of Public Health IRB, which was seconded by Commissioner Montgomery and unanimously approved.

ACTION: Institutional Review Board – Johns Hopkins Bloomberg School of Public Health IRB is hereby APPROVED.

ITEM 5.

ACTION: Proposed Amendments to COMAR 10.25.17 – Benchmarks for Preauthorization of Health Care Services

These proposed regulations were developed this spring and have been informally shared with consumers, providers, and payers. Nikki Majewski, Health Policy Analyst, presented the proposed amendments to the benchmarks for Preauthorization of health care services in COMAR 10.25.17. The proposed permanent regulations will be published in the Maryland Register and a 30 day comment period will follow. The staff will review any comments with the Commission at the July meeting, before final action is requested. Commissioner Pollak made a motion that the Commission approve COMAR 10.25.17 as proposed permanent regulation, which was seconded by Commissioner Montgomery and unanimously approved, with the exception of Commissioner Fleig, who abstained.

ACTION: Proposed Amendments to COMAR 10.25.17 – Benchmarks for Preauthorization of Health Care Services are hereby APPROVED.

ITEM 6.

UPDATE: Telehealth Grant Awards

In 2014, MHCC awarded three telehealth grants. All three projects are now underway and many providers have expressed an interest in participating in another grant cycle. In April, MHCC released a solicitation to award three more grants. Angela Evatt, Chief of Health Information Exchange, and Marya Khan, Health Policy Analyst, presented an update on grant awards for Telehealth services. New grants have been awarded to Crisfield Clinic, a family practice clinic in Somerset County, which will provide a matching contribution of \$92,983 to the \$30,000 in grant funding; Lorian Health Systems, a skilled nursing facility and residential service agency in Howard County, which will provide a matching contribution of \$63,220 to the \$30,000 grant; and Union Hospital of Cecil County, an acute care hospital in Cecil County, which will provide a matching contribution of \$60,000 to the \$30,000 grant.

ITEM 7.

PRESENTATION: Legislative Wrap-Up and Budget Overview

Bridget Zombro, Director of Administration, and Erin Dorrien, Chief of Government & Public Affairs, presented an overview of the Commission's budget and a wrap-up of the Commission's activities during the 2015 session of the Maryland General Assembly.

ITEM 8.

Overview of Upcoming Initiatives

Mr. Steffen stated that Certificate of Need projects will be presented for action, as well as a presentation on the State Payor Incentive Program for adoption of Health Information Technology and a presentation on the most recent MCDB cost analyses.

ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:07 p.m. upon motion of Commissioner Schneider, which was seconded by Commissioner Pollak and unanimously approved.