

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, October 15, 2015**

### Minutes

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

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

### ITEM 1.

#### Approval of the Minutes

Commissioner Moffit made a motion to approve the minutes of the September 17, 2015 meeting of the Commission, which was seconded by Commissioner Kan and unanimously approved.

### ITEM 2.

#### Update of Activities

Erin Dorrien, provided an update on the Self Referral Workgroup. Ms. Dorrien said that, at the request of Delegate Hammen, Chairman of the Health and Government Operations Committee, the Commission studied the effect of financial ownership of MRI equipment on the referral rates for orthopedic practices in 2014. The study found that financial ownership was not related to MRI referral rates for practices that owned MRI equipment during the period of the study. In the transmittal letter that accompanied the report, the Commission suggested that the General Assembly consider relaxing the prohibition on self-referral if certain conditions were met. Ms. Dorrien noted that bills were introduced during the 2015 legislative session that would permit oncology practices to deliver radiation oncology services if certain conditions were met, and allow physician practices to provide advanced imaging services under an exception. She said both bills failed, and Chairman Hammen asked the Commission to use the framework set up by the Provider-Carrier workgroup to convene stakeholders to discuss ways to modernize the Maryland Patient Referral law. As of the date of October Commission meeting, the workgroup had held four meetings, and will hold its fifth and final meeting on October 26. A report to the General Assembly will be prepared, reviewed by workgroup members, and presented to the Commission at its November public meeting.

David Sharp, Director for the Center of Health Information Technology & Innovative Care Delivery, reported that staff is evaluating proposals for round three telehealth grants that were received in response to the Telehealth Technology Pilot – Round Three Grant Announcement released in August. Dr. Sharp said the grants will fund innovative telehealth use cases aimed at improving the patient experience and the overall health of the population being served. Staff will make award announcements at the November public meeting.

### **ITEM 3.**

#### **ACTION: COMAR 10.24.17 – State Health Plan for Facilities and Services: Cardiac Surgery & Percutaneous Coronary Intervention Services – Final Regulations**

Eileen Fleck, Chief of Acute Care Policy and Planning, presented staff recommendations for final regulations for the Cardiac Surgery and Percutaneous Coronary Intervention Services chapter of the State Health Plan for Facilities and Services. Ms. Fleck briefly reviewed the history of the regulation process before presenting the regulations. She noted that the initial draft amendments to the Chapter were posted for informal public comment on April 17, 2015 with comments accepted through May 8, 2015. She said that seven individuals or organizations commented on the draft. Ms. Fleck said that Commission staff discussed the comments received with members of the Commissioner’s Cardiac Services Advisory Committee (CSAC) at a meeting held on May 13, 2015. Staff then revised the draft Chapter based on the informal comments, discussion by the CSAC, and additional internal staff review. As a result of changes to the definition of cardiac surgery and the replacement of many references to cardiac surgery with open heart surgery, Ms. Fleck said that staff decided to again post draft amendments to the Chapter for informal public comment on June 18, 2015 with comments accepted through July 2, 2015. Staff received comments from six individuals or organizations during this comment period. Staff presented a summary of the informal comments received and staff’s response to these comments on at July 2015 Commission meeting. No comments were received during the formal comment period. However, some concerns were raised by a few cardiac surgeons from the CSAC about the categorization of certain ICD-9 codes in the definitions of “open heart surgery” and “cardiac surgery.” After holding additional meetings with the CSAC members concerned about these definitions, it was agreed that MHCC staff should continue with its plan to request adoption of the final permanent regulations, but commit to working with members of the CSAC to re-evaluate how the scope of each cardiac surgery is defined in COMAR 10.24.17. Staff agreed with this approach. After discussion, Chairman Tanio suggested staff provide an update to the Commission in December. Commissioner Thomas made a motion to adopt COMAR 10.24.17 as final regulations, which was seconded by Commissioner Kan, and unanimously approved.

#### **ACTION: COMAR 10.24.17 – State Health Plan for Facilities and Services: Cardiac Surgery & Percutaneous Coronary Intervention Services – Final Regulations are hereby APPROVED.**

### **ITEM 4.**

#### **ACTION: Request for Release of MCDB Data by Berkeley Research Group (BRG)**

Srinivas Sridhara, Chief of Cost and Quality Analysis, presented the staff recommendation regarding Berkeley Research Group’s request for release of MCDB data. Mr. Sridhara described the application review process, the data release and compliance, and the framework for evaluation. He said that the Berkeley Research Group (BRG) requested access to the MCDB Limited Data Set for purposes of analyzing patterns and costs of care, by regional and by service setting and by payor category, to support population health analyses and service planning for its current client, Shore Health System. Mr. Sridhara provided an overview of BRG’s application, and noted that the Chesapeake IRB, an MHCC- designated IRB, has reviewed the application and qualified this application as exempt from IRB review. Mr. Sridhara provided an overview of the IRB exemption rules and process. He said that, if the application is approved by the Commission, MHCC staff will execute a DUA with BRG and release the data. He also

said that staff will continue ongoing reviews for compliance under the DUA. Commissioner Pollak made a motion to approve the application, which was seconded by Commissioner Thomas and unanimously approved.

**ACTION: Request for Release of MCDB Data by Berkeley Research Group (BRG) is hereby APPROVED.**

#### ITEM 5.

**ACTION: Approval for Release – Maryland Trauma Physicians Services Fund**

The MHCC is required to report to the Governor and the General Assembly on the status of the Maryland Trauma Physicians Services Fund each November. This Fund provides uncompensated care payments to physicians who treat trauma patients and on-call stipends to Level II, Level III, and specialty trauma centers. Bridget Zombro, Director of Administration, and Karen Rezabek, Program Manager, presented the report on the Fund. Commissioner Pollak raised questions about the size and use of the surplus funds, which led to a discussion among the Commissioners. Chairman Tanio suggested that a workgroup be formed to consider options regarding the surplus and report back to the Commission at the November meeting, which was agreed upon by members of the Commission.

**ACTION: Postponed to the November meeting of the Commission**

#### ITEM 6.

**ACTION: Approval for Release – 2015 Preauthorization Benchmark Attainment Report**

Angela Evatt, Chief of the Health Information Exchange Division, presented the 2015 Preauthorization Benchmark Attainment Report that will be submitted to the Governor and General Assembly. In 2012, Maryland adopted a law that requires payors and PBMs to implement electronic preauthorization processes in a series of three benchmarks. In 2014, amendments were enacted that added a fourth benchmark requiring an electronic process to override step therapy or fail-first protocol for pharmaceutical preauthorization requests. Ms. Evatt discussed the key findings of the report noting that all payors and PBMs are in compliance with the requirements and have met the first three benchmark requirements of the law. Payors and PBMs required to implement the fourth benchmark did so by the required July 1, 2015 timeframe. The report highlights the increased utilization of electronic preauthorization at about 52 percent from 2012-2014; pharmaceutical requests for the same time period experienced smaller growth at around 2 percent. The Commission approved release of the report.

#### ITEM 7.

**PRESENTATION: 2015 Health Benefit Quality Report Series**

Scharmaine Robinson, Chief, Health Benefit Plan Quality and Performance, presented the 2015 Comprehensive Quality Report: Comparing the Performance of Maryland's Commercial Health Benefit Plans and Consumer Edition. Ms. Robinson said that the Comprehensive Quality Report enables human resource managers and consumers to compare plans before and during open enrollment periods. She said that the quality measures within the Consumer Edition focus on plan member experience and satisfaction with health care on topics such as: getting needed care; getting care quickly; how well doctors communicate; plan information on costs; ratings of doctors and their specialists; and ratings of the health

benefit plans overall. Ms. Robinson said that most Maryland Commercial PPOs improved performance on quality measures and patient satisfaction this year, however, Maryland Commercial HMOs' quality performance and consumer satisfaction levels in 2015 have declined. The reports show that five of the eight PPOs, but only two of the seven HMOs, scored among the top 10% of plans nationally on the percentage of patients who rated their health benefit plans as good or better. She said that the Commission continues to improve the Health Benefit Guide based on advice from consumers and employers. She noted that the Comprehensive Report incorporates important information on the clinical performance of the health benefit plans plus information from a new quality measurement instrument, the Maryland RELICC Assessment™, that measures health benefit plan activities designed to address health care disparities.

#### **ITEM 8.**

##### **DEMONSTRATION: Maryland Health Care Quality Reports Website**

Evanson Mukira, Program Manager, provided the Commission with new information regarding hospital healthcare associated infections. Mr. Mukira provided the 2014-2015 Maryland Health Care Worker (HCW) Influenza Vaccination Survey, noting that 96.9% of the hospital health care personnel were vaccinated, which exceeds the CDC national estimated rate for HCWs in hospital settings of 90.4%. He said that 85.5% of nursing home health care workers were vaccinated, which also exceeds the CDC national estimated rate for HCWs in long term care settings of 63.9%. Mr. Mukira noted that 57.9% of the assisted living facility staff were vaccinated, which is an increase of the staff vaccination rate of 4.7% over 2013-14. Mr. Mukira also discussed the vaccination rate trends over the past 5 years. Mariam Rahman, Program Manager, highlighted the recent enhancements to the Commission's consumer website including the integration of performance measures for Health Benefit Plans into interactive web-based displays.

#### **ITEM 9.**

##### **Overview of Upcoming Initiatives**

Ben Steffen, Executive Director, reported the upcoming matters before the Commission in November will include: MCDB Data Submission Manual; Hospital Palliative Care Report; Provider Carrier Workgroup Study on Self Referral; MMPP Evaluation/Medicaid Program Impact; and announcement of the Telehealth Grant Awards.

#### **ITEM 10.**

##### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 4:08 p.m. upon motion of Commissioner Schneider, which was seconded by Commissioner Pollak and unanimously approved.