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CHAIR

STATE OF MARYLAND

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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Thursday, November 19, 2015

Minutes

Vice Chair Phillips called the meeting to order at 1:15 p.m.

Commissioners present: Carr, Fleig, Moffit, Montgomery, Phillips, Pollak, Schneider, Stollenwerk, Thomas, and Weinstein. Commissioner Fronstin participated via telephone.

ITEM 1.

Approval of the Minutes

Commissioner Fleig made a motion to approve the minutes of the October 15, 2015 meeting of the Commission, which was seconded by Commissioner Montgomery and unanimously approved.

ITEM 2.

Update of Activities

Ben Steffen, Executive Director, announced that Chairman Tanio appointed Fran Phillips as the Vice Chair of the Commission. Mr. Steffen and members of the Commission congratulated Vice Chair Phillips.

Mr. Steffen also congratulated Srinivas Sridhara, Chief, Cost and Quality Analysis, for being selected to serve on the Board of the Directors, National Association of Health Data Organization (NAHDO). Mr. Steffen also noted that staff recently presented at two national meetings: the National Association of Health Data Organization conference, and the Milbank Memorial Fund Multi-State Collaborative conference.

ITEM 3.

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

Bridget Zombro, Director of Administration, and Karen Rezabek, Program Manager, presented recommendations regarding the surplus funds in the Maryland Trauma Physician Services Fund. Staff met with a subgroup of Commissioners to consider approaches for appropriately reducing the surplus in the Fund. After discussing the considerations, staff recommended that the Commission add 105% of the Medicare rate to Fund payments, which would be implemented in FY 2017, and that the Commission

reevaluate this increase annually to ensure Fund stabilization. Commissioner Fleig made a motion to approve the recommendation, which was seconded by Commissioner Montgomery and unanimously approved.

ACTION: Maryland Trauma Physicians Services Fund Report is hereby Approved for Release.

ITEM 4.

ACTION: Approval for Release – Maryland Hospital Palliative Care Programs: Analysis and Recommendations

Linda Cole, Chief of Long Term Care Policy and Planning, and Rebecca Goldman, consultant, presented the report entitled: "Maryland Hospital Palliative Care Programs: Analysis and Recommendations." Ms. Cole noted that, during the 2013 legislative session, the Maryland General Assembly passed HB 581, which directed the Commission to collaborate with the Department of Health and Mental Hygiene's Office of Health Care Quality and the Maryland Hospital Association on a pilot study of geographically diverse hospital palliative care programs to gather data on costs, savings, access, and patient choice, and to report on best practices to be used in the development of statewide standards. Ms. Cole discussed the pilot study process. She said that the Commission selected eleven established hospital palliative care programs to participate in the pilot project through a request for applications process. A Hospital Palliative Care Advisory Group was convened to work with staff on designing a data collection process, review existing resources and initiatives, and develop recommendations for best practices. Ms. Goldman said there were three patient-level study questions: (1) What was the general use of palliative care at Maryland hospitals?; (2) what were the demographics, characteristics, and experiences of patients who received palliative care and those who did not?; and (3) what was the average length of stay and average hospital charge for patients who received palliative care and those who did not? She discussed the HSCRC's flagging protocols and the 7,000 flagged palliative care consultations by pilot hospital for FY 2015, as well as the demographics and characteristics of the patients that received palliative care. Ms. Goldman discussed utilization across race/ethnicity, noting that African American and Hispanic patients were less likely to accept palliative care recommendations than white patients at the pilot hospitals. The report recommendations identify 37 best practices, of which 30 are also recommended as minimum standards that can be used to inform hospitals and policy makers aiming to establish or expand palliative care programs throughout the state. After discussion, the Commission asked staff to emphasize key points about the scope of the study in the transmittal letter to the General Assembly, suggesting several requirements of palliative care programs for particular emphasis. Staff agreed to circulate a draft transmittal letter to the Commissioners before sending the report to the General Assembly by the December 1 due date. Commissioner Fleig made a motion to approve the release of the report, which was seconded by Commissioner Montgomery and unanimously approved.

ACTION: Maryland Hospital Palliative Care Programs: Analysis and Recommendations is hereby Approved for Release

ITEM 5.

ACTION: COMAR 10.24.16 – State Health Plan for Facilities and Services: Home Health Agency Services – Proposed Permanent Regulations

Paul Parker, Director of the Center for Health Care Facilities Planning and Development, said the key issues that were identified in the Home Health Agency (HHA) White Paper were: forecasting need; measuring quality; and acquisition of a home health agency. Mr. Parker noted the following features of the draft HHA Chapter that would be considered for adoption: (1) rewarding quality providers; (2) qualifying applicants based on past performance; (3) creating opportunities for new or expanded HHAs to

enhance consumer choice, market competitiveness, and/or quality performance; (4) recognizing the dynamic nature of quality measurements by selecting measures and performance thresholds before each review cycle; and (5) specifying requirements for acquisitions. Staff noted that it had sought informal public comments for a 30-day period that ended on October 30, 2015. Informal comments were received from three organizations: Erickson Living; Maryland National Capital Homecare Association (MNCHA); and Maxim Healthcare Services. Cathy Weiss, Program Manager, provided an overview of the informal comments received and staff recommendations for changes to the HHA Chapter before adoption. In response to the issue of averaging the performance scores for those applicants with multiple Medicare-certified HHAs, Commissioner Stollenwerk opined that for a Maryland agency with multiple Medicare-certified HHAs in other states that seeks to expand its Maryland service area, the agency's performance scores in Maryland should not be averaged with performance scores from other states. She stated that, for an existing Maryland HHA. only Maryland performance scores should be used. Following Commission discussion and direction to staff to revise the regulation accordingly, staff recommended that the Commission adopt this new Chapter as proposed permanent regulations with changes needed to address the concern raised by Commissioner Stollenwerk. Commissioner Schneider made a motion to adopt the regulations as recommended by staff, which was seconded by Commissioner Pollak and unanimously approved.

ACTION: COMAR 10.24.16 – State Health Plan for Facilities and Services: Home Health Agency Services – Proposed Permanent Regulations are hereby ADOPTED.

ITEM 6.

ACTION: COMAR 10.24.08 – State Health Plan for Facilities and Services: Nursing Home Services – Proposed Permanent Regulations

In a matter related to the adoption of COMAR 10.24.16, Ms. Weiss stated that the current COMAR 10.24.08 includes HHA services (in addition to nursing home and chronic hospital services). Staff recommended that the Commission amend COMAR 10.24.08 to repeal sections on Home Health Agency services, contingent upon COMAR 10.24.16 being adopted as final regulations of the Commission Commissioner Moffit moved to amend COMAR 10.24.08 as recommended by staff, which was seconded by Commissioner Montgomery and unanimously approved.

ACTION: COMAR 10.24.08 – Repeal sections on HHA services – State Health Plan for Facilities and Services: Nursing Home Services – Proposed Amendments of COMAR 10.24.08 are hereby ADOPTED, contingent upon the adoption of COMAR 10.24.16 as final regulations of the Commission.

Item 7.

ACTION: Approval for Release – Report of Maryland Self-Referral Provider-Carrier Workgroup

Erin Dorrien, Chief of Government and Public Affairs, presented the Report of Maryland Self-Referral Provider-Carrier Workgroup. Ms. Dorrien provided an overview of Maryland's Patient Referral Law, noting that the law prohibits a health care practitioner from referring a patient to a health care entity in which the health care practitioners has a beneficial interest or compensation arrangement. She noted that the law has been controversial since its passage in 1993 and it became even more controversial after the Board of Physicians issued a declaratory ruling in 2007 ordering orthopedic practices to divest advanced imaging equipment. She said that, in 2013, legislation was introduced to reform or add new exemptions under the law, but did not pass. Chairman Hammen then requested that the Commission conduct a study using Medicare claims data to compare utilization of MRI services by non-radiology group practices between CY 2010 and CY 2012. Ms. Dorrien said that the study was completed and found no evidence that financial interest increased MRI studies in 2010 compared to 2012 and practices, but that practitioners with financial interest in MRI equipment had higher rates of MRI use in both 2010 and

2012. During the 2014 legislative session, Chapter 614 established the Health Care Provider-Carrier Workgroup, with MHCC as the convener. It was agreed that this Workgroup, which included payors, providers, and consumer representatives, would "review and recommend changes to the State's prohibition on self-referral." Ms. Dorrien noted that the Workgroup met five times and reached a consensus on eight general principles that could provide the framework for specific changes to the Patient Referral Law. The eight general principles reflect the Workgroup's agreement that greater clarity is needed to promote innovation and experimentation around the new payment models. She also said that Maryland may wish to incorporate exemptions in the Maryland law that have been implemented as waivers to the federal "Stark" law. Following discussion, Commissioner Montgomery made a motion to approve the release of the report, which was seconded by Commissioner Pollak, and unanimously approved. Commissioner Fleig abstained.

ACTION: Approval for Release – Report of Maryland Self-Referral Provider-Carrier Workgroup

ITEM 8.

PRESENTATION: MMPP Evaluation: Medicaid Program Impacts

Jill Marsteller, Ph.D. from Johns Hopkins School of Public Health and Guy D'Andrea of Discern, Inc. joined Melanie Cavalier, Program Chief for the Multi-Payor Patient Centered Medical Home (PCMH) program, in presenting evaluation findings regarding the program. The presentation began with Melanie Cavalier providing an overview of the three-year pilot Multi-Payor PCMH program's statutory authority and its goals. She said that the pilot evaluation period ended June 30, 2015; however, the program continues through 2015 for the commercial carriers and June 30, 2016 for Medicaid. Dr. Marsteller and Guy D'Andrea presented the evaluation results. The presenters noted that the Multi-Payor PCMH program led to improvements in health care, ranging from breadth of positive findings from high job satisfaction, and satisfaction with the care provided to their patients, to improving relationships between patients and providers. A significant finding was in the reduction of health care disparities.

ITEM 9.

ACTION: Approval for Release of MCDB Data Submission Manual

Srinivas Sridhara, Chief of Cost and Quality Analysis, presented staff's recommendations for updates to the MCDB Data Submission Manual. Mr. Sridhara said that the 2016 Medical Care Data Base Data Submission Manual is designed to provide designated reporting entities with guidelines of technical specifications, layouts, and definitions necessary for filing reports required under COMAR 10.25.06. He said that life and health insurance carriers, HMOs, third party administrators, pharmacy benefit managers, behavioral health administrators, and qualified health plans, and qualified dental plans are included in the Medical Care Data Base. He also noted that the data reported includes: membership/eligibility; medical and pharmacy claim files; provider directory; and plan benefit design; and non-fee-for service spending. Mr. Sridhara said that the Medicaid MCO data is provided by Medicaid via the Hilltop Institute and that Medicare data is acquired through data request from ResDAC. He said that there are no changes in the overall reporting requirements, but that two important changes are being recommended: (1) update to the institutional services file specification; and, (2) update to submission timeline and enforcement of fines, in an effort to incentivize payors to submit, review, and finalize their submissions more efficiently. Commissioner Montgomery made a motion to approve the release of the MCDB Data Submission Manual, which was seconded by Commissioner Carr York and unanimously approved. Commissioner Fleig abstained.

ACTION: Request to Release MCDB Data Submission Manual is hereby APPROVED

ITEM 10.

ACTION: Approval for Release of MCDB Data to Research Triangle Institute (RTI) for use in the evaluation of Maryland's new Hospital Payment Model Waiver

Srinivas Sridhara, Chief of Cost and Quality Analysis, presented the staff recommendation regarding Research Triangle Institute's (RTI) request for release of MCDB data. He said that RTI has been awarded a 5-year contract by the Centers for Medicare and Medicaid Services (CMS), and the Center for Medicare & Medicaid Innovation (CMMI) to conduct an evaluation of the Maryland All-Payer Model. Mr. Sridhara said that the quantitative component of the evaluation will use multiple data sources, including: Medicare, Medicaid, and commercial claims and encounter data; hospital discharge data; national survey data; and hospital costs reports. RTI has requested access to the Maryland Medical Care Data Base for use in the quantitative component of the evaluation. Mr. Sridhara provided an overview of RTI's application, noting that the RTI IRB is registered with the US Department of Health and Human Services and has an approved Federalwide Assurance, which is a commitment to comply with the FWA Terms of Assurance. He stated that RTI's IRB has reviewed and qualified this application as exempt from IRB review. He pointed out that staff will continue ongoing reviews for compliance under the data use agreement that requires oversight and protection of released data. Commissioner Montgomery made a motion to recognize RTI's IRB, which was seconded by Commissioner Schneider and unanimously approved. Commissioner Fleig made another motion to approve the release of the data to RTI, which was seconded by Commissioner Schneider and unanimously approved.

ACTION: Request to Recognize the IRB of Research Triangle Institute is hereby APPROVED

ACTION: Request by Research Triangle Institute (RTI) for Release of MCDB Data is hereby APPROVED

ITEM 11.

ACTION: Approval for Release of MCDB Data to George Mason University for use in the evaluation of the CareFirst PCMH Program

Mr. Sridhara presented the staff recommendation regarding George Mason University's (GMU) request for release of MCDB data. He said that the GMU has been contracted by CareFirst to evaluate its single payor Patient Centered Medical Home (PCMH) program and is requesting access to the MCDB to compare outcomes for CareFirst members to outcomes for comparable members who were insured by other payors. Mr. Sridhara said that GMU will evaluate whether the program reduced costs of care for professional services, institutional services, and pharmacy services, and whether it reduced utilization, such as visits to emergency rooms, inpatient stays, and specialty care visits. He said that the GMU IRB is registered with the US Department of Health and Human Services and has an approved Federalwide Assurance, which is a commitment to comply with the FWA Terms of Assurance. GMU's IRB has review and qualified this application as exempt from IRB review. He said that staff will continue ongoing reviews for compliance under the data use agreement that requires oversight and protection of released data. Commissioner Montgomery made a motion to recognize GMU's IRB, which was seconded by Commissioner Fleig and unanimously approved. Commissioner Moffit recused himself. Commissioner Fleig made a motion to approve the release of the data to GMU, which was seconded by Commissioner Montgomery and unanimously approved.

ACTION: Request to Recognize the IRB of George Mason University is hereby APPROVED

ACTION: Request by George Mason University for MCDB Data for use in the evaluation of the CareFirst PCMH Program is hereby APPROVED

ITEM 12.

UPDATE: Telehealth Grant Awards

In 2014, Maryland law authorized the Commission to award grants to non-profit organizations and qualified businesses. The MHCC has used this authority to advance telehealth in the State. Angela Evatt, Chief of the Health Information Exchange Division, announced three telehealth grant awards: (1) Associated Black Charities, a community association that assists minority and rural communities with navigating the health care system through health literacy and outreach within Dorchester and Caroline Counties; (2) Gerald Family Care, three family practice locations within a patient centered medical home model that provides services to residents of Prince George's County in coordination with Dimensions Health System specialists; and (3) Union Hospital of Cecil County, a care management team with an acute hospital in Elkton, Maryland. Further information on the use cases are available at http://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/hit_telemedicine.aspx Angela Evatt also mentioned that the telehealth use cases included in the grant announcement were based on the 2014 Telemedicine Task Force Report.

ITEM 9.

Overview of Upcoming Initiatives

Ben Steffen, Executive Director, reported that the Commission's December agenda will include consideration of the Reviewer's Recommended Decision on the application of Adventist HealthCare, Inc. for the Relocation of Washington Adventist Hospital to the White Oak area of Silver Spring and the establishment of a special hospital for psychiatric services in Takoma Park.

ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:40 p.m. upon motion of Commissioner Schneider, which was seconded by Commissioner Carr York and unanimously approved.