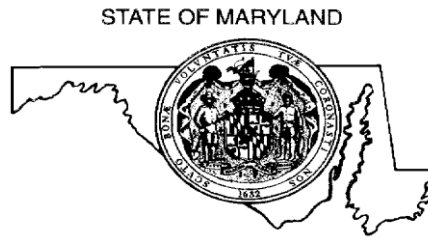


Robert E. Moffit
CHAIR



Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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Thursday, July 20, 2017

Minutes

Chairman Moffit called the meeting to order at 1:20 p.m.

Commissioners present: Carr-York, Fleig, Hafey, O'Connor, Phillips, Pollak, Sergent, and Tomarchio.

ITEM 1.

Approval of the Minutes

Commissioner Hafey made a motion to approve the minutes of the June 15, 2017 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 Rural Health Care Delivery Workgroup continues to make progress and that he anticipates that the recommendations will be presented to the Commission in October. He also said that Commission staff continues to collaborate with the Department of Health and the Health Services Cost Review Commission in the development of Maryland's Primary Care Program (MDPCP).

Courtney Carta, Chief of Hospital Quality Initiatives, provided a brief update on information regarding Healthcare Acquired Infections that has been added to the MHCC Hospital Performance Guide website.

Eileen Fleck, Chief of Acute Care Policy and Planning, provided an update on the release for informal public comment of the draft General Surgical Services chapter of the State Health Plan. Ms. Fleck said that staff will address comments received at the September public meeting of the Commission.

ITEM 3.

PRESENTATION: Maryland's All Payer Model

Donna Kinzer, Executive Director of the Health Services Cost Review Commission, along with Chris Peterson and Katie Wunderlich, Principal Deputy Directors, provided an update of the performance of Maryland hospitals under the All Payer Model Agreement and described the goals and the major requirements in the Enhanced Total Cost of Care All-Payer Model that will begin on January 1, 2019. Ms. Kinzer stated that, under the new Total Cost of Care All-Payer Model, the State will foster greater accountability for care and health outcomes, align measures and incentives for all providers to work together, encourage delivery system innovation, and engage consumers in their health care in more meaningful ways. She anticipated that the 2019 Agreement will continue for ten years, provided the State meets the requirements under the Agreement.

ITEM 4.

ACTION: Certificate of Need – Riva Road Surgical Center, L.L.C. (Docket No. 17-02-2392)

Riva Road Surgical Center applied for a Certificate of Need to convert a procedure room to a second operating room. Bill Chan, Health Policy Analyst, presented the staff recommendation. Mr. Chan said that the applicant is a physician office surgery center located in Annapolis, Maryland. He noted that, because the applicant is seeking to add a second operating room, thereby becoming an ambulatory surgical facility under Maryland law, a Certificate of Need is required. He stated that the total estimated cost of the project is \$741,499 and that the applicant will fund the project with cash. Staff recommended that the Commission approve the project. Commissioner Carr-York made a motion to approve the staff recommendation, which was seconded by Commissioner Fleig, and unanimously approved. Vice Chair Phillip recused herself from this action.

ACTION: Certificate of Need – Riva Road Surgical Center, L.L.C. (Docket No. 17-02-2392) is hereby APPROVED.

ACTION: Certificate of Need – Visiting Nurse Association of Maryland, L.L.C. d/b/a VNA of Maryland (Docket No. 17-R1-2393)

VNA of Maryland applied for a Certificate of Need to expand its service area through the entire Upper Eastern Shore Region, adding four of this region's jurisdictions to its authorized service area. Angela Clark, Health Policy Analyst, presented the staff recommendation. Ms. Clark said that VNA of Maryland would add Caroline, Kent, Queen Anne's, and Talbot Counties to its authorized services area if the application is approved. She said that the total estimated cost of the expansion is \$34,000, and the applicant expects to begin operations within three months. Staff recommended that the Commission approve the project with conditions. Commissioner Hafey made a motion to approve the staff recommendation, which was seconded by Commissioner Pollak and unanimously approved.

ACTION: Certificate of Need – Visiting Nurse Association of Maryland, L.L.C. d/b/a VNA of Maryland (Docket No. 17-R1-2393) is hereby APPROVED.

ITEM 5.

PRESENTATION: Surescripts Overview – A Maryland Registered HIE

Chairman Moffit noted that organizations that meet the definition of a Health Information Exchange (HIE) in Maryland law are required to be register with MHCC if they do business in the State. Angela Evatt, Chief, Health Information Exchange, provided an overview of the statute; she noted that nine organizations have registered. Ms. Evatt introduced Kelly Bundy, Senior Product Analyst, and India Brim, Senior Counsel from Surescripts, who discussed the Surescripts HIE operations in Maryland. Ms. Brim described how Surescripts evolved from an organization that exchanged administrative transactions between payors and providers to an organization that connects electronic health records (EHRs) systems. Ms. Bundy gave an overview of Surescripts’ national record locator service that is used to facilitate interoperability among EHR systems. Ms. Bundy and Ms. Brim also discussed the organization’s approach to privacy and security.

ITEM 6.

PRESENTATION: Spending and Use among Maryland’s Privately Fully Insured

Ken Yeates-Trotman, Chief of Cost and Quality Analysis, presented the highlights of MHCC staff’s report on spending and utilization patterns for Maryland residents insured through the individual, small employer, and large employer markets in 2015. In highlighting the spending and use in Maryland for the individual market (ACA-compliant and non-compliant plans), Mr. Yeates-Trotman said that, as of December 31, 2015, the total members in these plans increased by approximately 8% over the previous year, and that the per-member-per-month (PMPM) spending for all services increased by about 33% from 2014 to 2015, mainly due to increased use of services. He noted that utilization increased for all service categories, ranging from 11% for labs/imaging services to 30% for prescription drugs, which also had a high unit cost increase of about 34%. Mr. Yeates-Trotman said that, with all services combined, the overall PMPM spending in 2015 is the highest across all markets. The PMPM portion for insurers increased by about 41%, while out-of-pocket PMPM for members increased more modestly by 14%. He noted that the median expenditure risk score increased from 0.19 to 0.37 between 2014 and 2015. Mr. Yeates-Trotman said that the PMPM spending for all services combined increased by about the same amount for large and small employers from 2014 to 2015. He noted that the Federal Employees Health Benefits Program data is now included for the first time in the large employer market for both 2014 and 2015.

ITEM 7.

Overview of Upcoming Initiatives

Mr. Steffen announced that, due to Rosh Hashanah, the public meeting previously scheduled for Thursday, September 21 has been moved to Tuesday, September 19, 2017. He said that, at the September meeting, staff will present recommendations on a couple of Certificate of Need

applications, and recommend proposed changes to the General Surgical Services chapter of the State Health Plan.

ITEM 9.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:15 p.m. following a motion by Commissioner Fleig, which was seconded by Commissioner Carr-York and unanimously approved.