



MARYLAND HEALTH CARE COMMISSION
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Monday, February 26, 2018
via teleconference

Minutes

Chairman Moffit called the meeting to order at 8:00 a.m.

Commissioners present: Moffit, Fleig, Hafey, Metz, O’Grady, Peters, Sergeant, Thomas, and Wang

Legislation Affecting MHCC

Ben Steffen, Executive Director, provided an overview of HB 1540 “Health Care Facilities – Closing or Partial Closing – Public Notice.” Mr. Steffen said that HB 1540 would require the Commission to publish a notice of the proposed closing or partial closing of a health care facility within ten days after receiving notice of such closing or partial closing from the health care facility. He noted that a notice is already required by Maryland statute. Mr. Steffen suggested sending a letter of information recommending placing the notification requirements directly on the health care facilities themselves that than the MHCC. The Commissioners agreed by consensus.

David Sharp, Director of the Center for Health Information Technology and Innovative Care Delivery, provided an overview of HB 1574 “Medical Assistance Program – Health Record and Payment Clearinghouse Pilot.” Mr. Sharp said that HB 1574 would require the MHCC to collaborate with the Maryland Department of health to establish and implement a health record and payment clearinghouse within the Maryland Medical Assistance program. He said that the program would: (1) build on the work of CRISP; (2) allow authorized users to access and enter patient medical records remotely; (3) allow the exchange of data between systems used by providers and carriers for the payment of health care claims; (4) interact with the prescription drug monitoring program so that prescription drug data can be retrieved and entered through the health record and payment clearinghouse; (5) meet federal and State requirements regarding the confidentiality of medical records; (6) be available securely online; (7) include standards for collection, storage, and sharing of health records; (8) health care reimbursement request for services delivered under the pilot program to be filed and remitted through the clearinghouse; and (9) include requirements for maintaining data about each patient that the Commission determines necessary. Staff recommended submitting a letter of information; however, after discussion, the Commission suggested submitting a letter of concern noting that much of the work is currently underway by the State-Designated HIE, and the proposed pilot may have unintended consequences on the ICN activities.

Sarah Pendley, Assistant Attorney General, provided an overview of SB 682 “Medical Assistance Program and health Insurance – Emergency Medical Services Providers – Coverage and Reimbursement of Services.” Ms. Pendley said that SB 682 would require the Maryland Department of Health to reimburse emergency medical services providers for mobile integrated health services provided to the Maryland Medical Assistance Program recipients. She said that while the

Commission has been a firm supporter of expanding health care access to rural communities and strongly supports the concept of mobile integrated health, staff questions the requirements of payers, scope of practice for EMS providers, and viability of transporting patients to urgent care facilities. Staff recommended submission of a letter of information noting that these questions could be clarified through a workgroup process during the interim period after the 2018 legislative session. The Commission agreed by consensus.

Paul Parker, Director of the Center for Health Care Facilities Planning and Development, provided an overview of SB 619 “Health Maintenance Organizations – Certificate of Need – Requirements – Modifications.” Mr. Parker said that currently, health maintenance organizations do not need CON approval that health care providers obtain to establish certain health care facilities or undertake certain capital projects that are for the exclusive use of the HMO’s subscribers. He said that HMOs are subject to CON requirements with respect to the building development, operation, or establishment of hospitals and ambulatory surgical facilities regardless of the mix of subscribers and non-subscribers that would use such facilities. Mr. Parker said that SB 619 would amend the law so that HMOs are not required to obtain CONs for health care facilities, other than a hospital, if “at least 90% of the patients who can reasonably be expected to receive health care services from the project” are individuals enrolled in the HMO. He noted that HMOs would continue to be required to obtain a CON to establish a hospital project regardless of the subscriber/nonsubscriber mix of patients and for certain other actions. Staff recommended supporting SB 619. The Commission agreed by consensus.

Mr. Steffen provided an overview of SB 1056 “Rural Health Collaborative Pilot.” He said that SB 1056 would establish a Rural Health Collaborative in the five-county Mid-Shore region. He said that the Collaborative must develop standards and criteria for a rural health care complex, and would be responsible for making certain assessments regarding the establishment of community-based ambulatory care centers, referred to as health care complexes. Mr. Steffen said that the Collaborative is charged with assessing the health care needs of communities to determine the scope of the complex and building consensus among stakeholders for a complex of a certain scale. He said that SB 1056 is the result of recommendations from the Rural Health Care Delivery Workgroup, which was established under SB 707 during the 2016 legislative session. Staff believes that SB 1056 could be a model for other programs in rural Maryland and part of the solution to improve rural health, and therefore, recommended supporting the legislation. The Commission agreed by consensus.

The meeting adjourned at 8:50 a.m. by consensus.