



## MARYLAND HEALTH CARE COMMISSION

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**Thursday, January 17, 2019**

### **Minutes**

Chairman Moffit called the meeting to order at 1:04 P.M.

**Commissioners present:** Boyle, Hafey, Hammersla, Metz, O’Grady, Peters, Pollak, Rymer, Sergent, Thomas, Tomarchio, and Wang. Commissioners McCarthy participated via teleconference.

### **AGENDA ITEM 1.**

#### **Approval of the Minutes**

Commissioner Sergent made a motion to approve the Minutes of the December 20, 2018 public meeting of the Commission, which was seconded by Commissioner O’Grady and unanimously approved.

### **AGENDA ITEM 2.**

#### **Update of Activities**

Chairman Moffit requested that Kenneth Yeates-Trotman, Acting Center Director, Analysis and Information Systems, research the potential impact on MHCC’s price transparency efforts of the provisions in the CMS Inpatient Prospective Payment Final Rule for 2019 requiring hospitals to post their chargemasters on the Internet and to update these data at least semi-annually. Mr. Yeates-Trotman will conduct this research and submit a memo to the Commission before the next Commission meeting.

Ben Steffen, Executive Director, reviewed MHCC legislative presentations before legislative committees and commented on several committee briefings scheduled over the coming weeks. He reported that he provided an overview of the Commission’s plans for this year at a briefing to the House Health and Government Operations (HGO) Committee earlier in the day. He noted that the overview focused on Strategic Priorities and that the Committee’s questions suggested significant interest. He informed the Commission that David Sharp was testifying before the Senate Finance Committee on MHCC’s telehealth initiatives later in the afternoon. Mr. Steffen stated that the MHCC staff would brief the HGO Committee on February 7 on CON reform. The Commission’s budget hearings will be held on February 8<sup>th</sup> in the House Appropriations Health

and Social Services Subcommittee and on February 11<sup>th</sup> in the Senate Budget and Taxation Health and Human Services Subcommittee. He concluded by noting that the Commission had extended the bid submission date to February 15<sup>th</sup> for the RFP that continues the development of the Maryland Health Care Quality Report data collection and website.

### **AGENDA ITEM 3.**

**ACTION: Certificate of Need – Western Maryland Home Health Agency Review  
Adventist Home Health Services, Inc. (Docket No. 17-R2-2397)  
Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health (Docket No. 17-R2-2398)  
Bayada Home Health Care, Inc. (Docket No. 17-R2-2399)**

Commissioner Marcus Wang served as Reviewer in this comparative review of applications proposing the expansion of the authorized service areas of three existing home health agencies. He provided a brief overview of the proposals and the basis for the creation of this review cycle for the four-county Western Maryland region (Allegany, Frederick, Garrett, and Washington). He noted that, while his preference would be for all three applicant agencies to expand their services throughout the region, only the Bayada proposal involved such an expansion. The other two applicants, Adventist and Amedisys, are proposing to limit the expansion of their services to Frederick County. Commissioner Wang noted that each of the three applicants qualified to seek expansion of its home health agency based on their track records as quality providers, under the Home Health Agency Chapter of the State Health Plan.

Commissioner Wang stated that his initial review of the applications identified problems in each application. For this reason, he convened a project status conference at which he provided applicants with guidance on required changes. Each applicant eventually made needed modification to its application that brought the projects into compliance with the requirements of the Home Health Agency Chapter. Commissioner Wang made a motion that the Commission adopt his Recommended Decision and approve each applicant's Certificate of Need application with several conditions for all three applicants and two additional conditions for Bayada. After discussion, the motion was seconded by Commissioner Tomarchio and unanimously approved.

**ACTION: The Applications of Adventist Home Health Services, Amedisys Maryland and Bayada Home Health Care for Certificates of Need, with three conditions for all applicants and two additional conditions for Bayada, are hereby Approved.**

### **AGENDA ITEM 4.**

**PRESENTATION: Increasing Public Awareness of the Healthcare Quality Reports  
Consumer Website: Strategy and Early Results**

Courtney Carta, Chief of Hospital Quality Initiatives, highlighted past and current strategies used to market and increase consumer use of the Maryland Healthcare Quality Reports website. Ms. Carta reviewed a short video used for social media purposes and the movie theater campaign currently taking place. She described the advertising campaign and said that the video, along

with other media (e.g., lobby monitors, signs, digital ads, etc.), are currently being displayed in movie theaters across the State and will continue to run through February. She noted that, although the campaign is still in progress, preliminary results show early success, as the number of total users and new users has increased compared to the same period in the previous year. Staff also received positive feedback from moviegoers. Ms. Carta said Center staff would continue current efforts to promote the website including advertising, networking, and collaboration. Focus groups will be held later on in the year to gather feedback as the site undergoes modifications.

## **AGENDA ITEM 5.**

### **ACTION: Coverage and Reimbursement for Emergency Medical Services New Care Delivery Models: Reports required under Senate Bill 682**

Megan Renfrew, Chief of Government Affairs and Special Projects, gave a presentation on the final report required under SB 682 (2018 Session), “Coverage and Reimbursement of Emergency Medical Services New Care Delivery Models.” The presentation highlighted the recommendations that were made as the result of the EMS Workgroup that met over the past year, including its conclusion that more data and study are needed before decisions can be made about reimbursement policies. Commissioners provided input on issues that they wanted to be highlighted in the cover letter used to transmit the report to the legislature. The Commission approved submittal of the report.

### **ACTION: The Commission approved submittal of its Final Report on the Coverage and Reimbursement for Emergency Medical Services New Care Delivery Models, required under Senate Bill 682.**

## **AGENDA ITEM 6.**

### **PRESENTATION: Legislative Health IT Workgroups Update**

Eva Lenoir, Program Manager, and Nicole Majewski, Chief of Health Information Technology, presented an update on three legislative studies: the School-Based Telehealth Workgroup, Electronic Prescription Records System Workgroup, and the Health Record and Payment Integration Program Advisory Committee. Ms. Lenoir stated that the School-Based Telehealth (SBT) Workgroup was convened at the request of the Senate Finance Committee in 2018, and is charged with identifying policy gaps to improve SBT programs. Ms. Lenoir provided an update of the SBT Workgroup activities and gave an overview of the interim report. Ben Steffen, Executive Director, mentioned that the SBT Workgroup incorporates perspectives from different constituencies statewide.

Ms. Majewski provided information about the Electronic Prescription Records System Workgroup that is assessing the feasibility of developing a repository for non-controlled substances as required by House Bill 115 (2018 session). Mr. Steffen noted that an earlier version of the bill intended to utilize the prescription drug monitoring program technical infrastructure; however, stakeholder concerns resulted in the bill becoming a study. Ms. Majewski also described the Health Record and Payment Integration Program Advisory

Committee that is examining the feasibility of creating a HRPI program as required by Senate Bill 896 (2018 session). She noted that final recommendations for all three studies will be shared with the Commission later this year.

#### **AGENDA ITEM 7.**

##### **PRESENTATION: Legislative Process for Calendar Year 2019**

Ms. Renfrew provided the Commission with an overview of the legislative process. The presentation highlighted changes that have taken place in the House and Senate Committees since the fall 2018 election and noted that MHCC primarily interacts with House Health and Government Operations Committee and Senate Finance Committee. She stated that, during the legislative session, a weekly conference call will be held when needed to discuss proposed legislation and whether the Commission should take a position.

#### **AGENDA ITEM 8.**

##### **PRESENTATION: MHCC Strategic Priorities**

Mr. Steffen stated that every four years MHCC undertakes an assessment of the Commission's accomplishments and considers reaffirming existing priorities or identifying new ones. In 2018 the Commission examined its strategic directions in the context of Hogan Administration's health care priorities which include launching the Total Cost of Care Demonstration Program, preserving the health insurance expansion through policies tools such as the reinsurance program, and reducing the impact of the opioid epidemic on Maryland communities. He reviewed the process that MHCC staff took in 2018 in preparation for the Commission's strategic priorities retreat in November. Mr. Steffen reminded the Commissioners that Maryland had made progress, but there was much to be done. He noted that state rankings conducted by the Commonwealth Foundation and the United Health Foundation showed that Maryland ranked only about average in health system performance among the fifty states. Of even greater concern, Maryland ranking had declined in both reporting systems from results in 2017. Mr. Steffen reviewed the five strategic priorities from the retreat which are: educate, inform, and engage the health care community; make MHCC the trusted source of quality and cost information; modernize health planning and the Certificate of Need program; enable providers to participate in value-based payment models; and elevate telehealth. Specific tactical goals were also flagged within each priority. Mr. Steffen stated as that as the Commissioners considered the priorities during the retreat, the importance of reducing disparities in social determinants of health was a reoccurring theme. Dr. O'Grady commented that he agreed, but argued that a focus on one or two social determinants would enable the Commission to have a measurable impact. Several other Commissioners agreed with Commissioner O'Grady's suggestion. Mr. Steffen promised that staff would consider how the Commission might direct its focus as it implemented the five priorities.

## **AGENDA ITEM 9.**

### **PRESENTATION: State Health Plan Priorities**

As a follow-up to the report on *Modernization of the Maryland Certificate of Need Program*, adopted by the Commission in December 2018, Paul Parker, Director of Health Care Facilities Planning and Development, provided an overview of the current status of State Health Plan (SHP) regulations, touching on their age, frequency of use by the Commission in Certificate of Need project reviews, and his view of their currency. Based on this overview, he then provided his recommendations on the prioritization of the SHP chapters for updating. He identified six chapters as high priority and recommended that MHCC target updating of four chapters (psychiatric hospital services, general hospital services, alcohol and drug abuse intermediate care facility services, and neonatal intensive care services for completion of updates in FY 2020. He projected that the SHP chapter for comprehensive care facility services, which have an update adopted as proposed regulations in October 2018 will be completed in the current fiscal year. He also noted that work will begin on updating the procedural regulations for CON project review and post-approval project monitoring in the current fiscal year and that this work should be targeted for completion in FY 2020. Finally, he indicated that the priorities for work on the SHP might be revisited depending on statutory changes implemented pursuant to the Commission's recommendations in 2019 or 2020.

## **AGENDA ITEM 10.**

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 3:30 p.m. upon motion of Commissioner Pollak, which was seconded by Commissioner O'Grady and unanimously approved.