



MARYLAND HEALTH CARE COMMISSION

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Thursday, September 19, 2019

Minutes

Chairman Pollak called the meeting to order at 1:07 p.m.

Commissioners present: Boyle, Doordan, Hafey, Hammersla, Metz, O'Connor, O'Grady, Rymer, Sergent, Thomas, Tomarchio, and Wang.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Boyle made a motion to approve the minutes of the July 18, 2019 public meeting of the Commission. The motion was seconded by Commissioner Wang and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director, reported on MHCC's assistance with the Administration in establishing the Drug Affordability Board (Board).

The Board is charged with monitoring drugs that cause affordability issues, and if needed conduct cost reviews on those drugs. The Board is also charged with developing an action plan in setting payment limits on prescription drugs that trigger affordability issues. The Governor's Office has requested that MHCC fund the establishment of the Board in FY 2020 and assist with the hiring of staff, and if possible provide MHCC staff expertise when needed. MHCC is working with the Board Chair Van Mitchell, the Department of Budget Management, and the Governor's Office to define the scope of our role in FY 2020.

MHCC and HSCRC have submitted a plan for providing ongoing funding to the Maryland Primary Care Program (MDPCP) as required by The Joint Chairpersons' Report. The Health Secretary requested that the MHCC, HSCRC, and the Department of Health fund the MDPCP's Project Management Office (PMO) on an equal share basis in FY 2020. Chairman Pollak and

Mr. Steffen have expressed MHCC’s reluctance to make a commitment until the reporting and oversight responsibilities are clarified. The Health Secretary strongly supports a mutual oversight arrangement for the short-term but is open to other long-term arrangements. MHCC and HSCRC will meet with the Health Secretary in early October to resolve these issues. MHCC and HSCRC sent a letter (report) outlining the preliminary plan calling for equal share funding in FY 2020 and making a commitment to update the General Assembly after the October meeting.

Mr. Steffen reported that the federal Office of Personnel Management, Federal Employee Health Benefits Program (OPM/FEHB) informed health plans and pharmacy benefit managers (PBMs) that OPM/FEHB would no longer authorize the submission of federal employee health claims to state All-Payer Claims Databases (APCDs). This action by OPM/FEHB is significant. Mr. Steffen stated that the impact on the Maryland and Virginia APCDs will be significant because federal employees and retirees represent about 22% of the privately insured in Maryland. He recommended that MHCC make a direct request to OPM to continue the data submission. The Commissioners voiced their agreement.

Mr. Steffen announced that MHCC had awarded a contract to LD Associates to support the work under SB 1010, which requires MHCC in collaboration with OHCQ to assess changes in the quality, and volume of inpatient and outpatient services provided at the University of Maryland Shore Medical Center in Chestertown and compare current services with services provided in fiscal year 2015.

Mr. Steffen also noted that on September 10th, the U.S. Census released its report on 2018 Health Insurance Coverage in the United States. The report shows that Maryland’s uninsured rate decreased from 6.1% to 6%, which represents about 360,000 people. Although the reduction is not statistically significant from 2017, the result is important because Maryland’s trend runs counter to the national trend, which showed that the uninsured rate grew to 8.5 percent of people, or 27.5 million up from 7.9 percent or 25.6 million people in 2017. Mr. Steffen noted that Maryland expects even more favorable results in 2019 because the State launched a reinsurance program, funded through an ACA 1332 waiver. Premiums in the individual market fell on average about 13% in 2019.

AGENDA ITEM 3.

ACTION: Certificate of Need – Recommended Decision – Baltimore City General Hospice Review:

BAYADA Home Health Care, Inc., d/b/a BAYADA Hospice (Docket No. 16-24-2387)

Carroll Hospice, Inc. (Docket No. 16-24-2388)

P-B Health Home Care Agency, Inc. (Docket No. 16-24-2389)

Commissioner Stephen Thomas, the Reviewer in this comparative review of three Certificate of Need (CON) applications to provide hospice services in Baltimore City, discussed his Recommended Decision regarding the applications. He recommended that the MHCC approve each of the three applications. He noted that the Center for Medicare and Medicaid Services rated each of the applicants as a high-quality providers in their respective service lines (hospice

care in the cases of Bayada and Carroll and home health agency services in the case of P-B Health). Dr. Thomas stated that Baltimore City, a large jurisdiction, has one of the lowest hospice use rates in Maryland, which was the basis for scheduling this review, and that approval of new providers for Baltimore City is intended to provide more access to hospice care and increase the choices for quality general hospice services for Baltimore City residents.

Commissioner Thomas stated that his initial review revealed that the applicants were not fully in compliance with the Charity Care and other standards of the Hospice Services Chapter of State Health Plan and that each needed to modify their responses to certain standards and to CON review criteria. He noted that each applicant modified its application appropriately in response to his recommendations at a Project Status Conference.

A Commissioner asked if MHCC had an evaluation methodology for charity care and if so, how is it verified. Assistant Attorney General Suellen Wideman responded that home health and hospice agencies complete annual surveys, which include questions on the level of charity care provided. If a hospice or home health agency does not meet the charity care commitments approved in its CON, they are notified and instructed to come into compliance. Failure to meet charity care commitments could be a consideration in future CON applications. The Commission could also require an agency to appear before the Commission to explain why it failed to meet its charity care commitments.

Several Commissioners noted that Prince George's and Baltimore City were the two largest jurisdictions with low hospice utilization, but that jurisdictions in Western Maryland, Southern Maryland, and the Eastern Shore had as low or even lower use rates. These Commissioners suggested that these jurisdictions could also benefit from greater choice.

Commissioner Thomas moved that the Commission approve these applications with two conditions: (1) prior to first use approval, each CON awardee must provide documentation of links it has established with hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services, Senior Information and Assistance Programs, adult day care programs, the Baltimore City Department of Social Services, and home-delivered meal programs located within Baltimore City; and (2) prior to first use approval, each must provide documentation of the arrangements it has made for providing respite care for family members and other caregivers of patients. The motion was seconded by Commissioner O'Grady and unanimously approved.

ACTION: Certificate of Need Applications– Bayada Home Health Care, Inc. (Docket No. 16-24-2387); Carroll Hospice, Inc. (Docket No. 16-24-2388); and P-B Health Home Care Agency, Inc. (Docket No. 16-24-2389) – are hereby APPROVED, with conditions.

AGENDA ITEM 4.

ACTION: School-Based Telehealth Workgroup Recommendations

Nikki Majewski, Chief of Health Information Technology, presented recommendations from the School-Based Telehealth Workgroup. Ms. Majewski that the Senate Finance Committee requested that MHCC convene a School-Based Telehealth Workgroup to identify policies that advance diffusion of telehealth in schools. During the presentation, Ms. Majewski explained how telehealth in schools has the potential to improve health and academic outcomes and she mentioned several local and national initiatives. Ms. Majewski stated that the recommendations center on increasing awareness; privacy and security; policy development – oversight and innovation; and funding. Several of the Commissioners suggested that the report recommend specific actions the State could take to further the use of school-based telehealth. Ms. Majewski explained that the MHCC staff had been able to achieve consensus in the Workgroup by focusing on more general recommendations. Commissioners discussed the recommendations and instructed staff to include their perspectives in the final report. Final action on the report was deferred until the October meeting.

AGENDA ITEM 5.

ACTION: Appointments to MHCC Cardiac Services Advisory Committee

Eileen Fleck, Chief of Acute Care Policy & Planning, discussed the background of Heather Green and Anna Aycock, two nominees for MHCC’s standing Cardiac Services Advisory Committee. She briefly described the current roles of each and noted whom each would be replacing. Hannah Green, Director of Cardiac Services, was nominated by Carrol Hospital Center (CHC), to replace James Ridge who no longer works at CHC. Anna Aycock, Chief for Health Facilities and Special Programs, was nominated by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), to replace Lisa Myers who has retired from MIEMSS. Ms. Fleck noted that she had provided biographical information for each, in the form of a resume or biographical sketch. Commissioner Boyle made a motion to approve Ms. Green and Ms. Aycock as members of the Cardiac Services Advisory Committee. The motion was seconded by Commissioner Rymer and unanimously approved.

ACTION: Appointments of Heather Green and Anna Aycock to MHCC Cardiac Services Advisory Committee are approved.

AGENDA ITEM 6.

PRESENTATION: Privately Insured Spending in Maryland’s Individual Market, Early Update 2018

Kenneth Yeates-Trotman, Director of the Center for Analysis and Information Systems, gave an update on spending by the privately insured in the individual market using the 2018 MCDB. Mr. Yeates-Trotman emphasized that although the 2018 MCDB was not complete, the MHCC was accelerating efforts to use these data to provide more timely information to the Maryland Insurance Administration and the Maryland Health Benefit Exchange.

Mr. Yeates-Trotman provided a comprehensive review of utilization and spending in the individual market. He noted that in 2018 the number of member months of coverage in the individual market continued to decline, a trend first observed in the 2017 enrollment year. He speculated that the exodus from the market was concentrated among younger and healthier groups since the median expenditure score in 2017 and 2018 was nearly double the median score in 2014 level, the first year of the ACA. Although the exit of healthier populations is worrisome, it may have slowed in 2018 with median expenditure risk scores essentially stable from 2017.

Mr. Yeates-Trotman pointed to increased spending per member per month (PMPM) as another unfavorable trend. PMPM spending overall by service category increased by about 8% from 2017 to 2018. However, this increase had slowed compared to a year ago where the rise in spending was about 16%. Increased spending for professional service and prescription drugs drove the overall increase. While prescription drug spending grew rapidly the rate of increase was slower than in 2017 (21% vs 33%), although still at an unsustainable rate. The overall increase was tempered by an eight percent decline in PMPM spending for inpatient hospital services, showing that Maryland TCoC model may be having the desired impact.

Mr. Yeates-Trotman reminded Commissioners that 2019 will see a turnaround in the individual market with the launch of the reinsurance program via an ACA 1332 waiver. The reinsurance program triggered reductions in monthly health insurance premiums (a win for insureds in this market) with further premium reductions recently announced by the MIA for coverage year 2020.

Several Commissioners expressed concerns about continued declines in the individual market, noting that the declines appeared particularly dramatic in the off-Exchange market, where subscribers do not qualify for premium subsidies. Mr. Steffen noted that staff would need to look at the group market because recent strong economic growth and low unemployment may mean that some reductions in the individual market may be due to changes in employment. He also noted the 2018 uninsured estimates released by the Census showed that the uninsured percent for Maryland was unchanged from 2017. Several Commissioners questioned whether declines in the covered lives could be attributed to migration to Medicaid. Commissioner O'Grady suggested that the staff examine in and out migration across the range of public and private insurance products in Maryland to determine if "churn" in coverage explains part of the changes observed in the individual market. Mr. Yeates-Trotman stated that staff would incorporate results from this analysis in the comprehensive privately insured report to be released in the spring of 2020.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 7.

PRESENTATION: Quality Report for Consumer Website

Theresa Lee, Director for the Center for Quality Measurement and Reporting summarized recent activities related to the Commission's *Healthcare Quality Reports* consumer website. She stated that plans are underway to redesign and modernize the website and supporting infrastructure. Ms. Lee noted that a high priority of the redesign effort is the development of a performance evaluation and reporting system for outpatient services including hospital and non-hospital providers. Finally, Ms. Lee added that the redesign project will include consumer and stakeholder input.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 8.

PRESENTATION: Study of Mortality Rates of African American Infants and Infants in Rural Areas

Ms. Renfrew provided the Commission with an overview of the Study of Mortality Rates of African American Infants and Infants in Rural Communities, including a description of the process for completing the study. She summarized key findings and draft recommendations. Commissioners provided feedback on the data analytics methodology and the geographic level of analysis. Commissioners discussed the recommendation related to the creation of a permanent council, including which duties would be the most impactful. Commissioners also asked questions about the telehealth recommendation.

Commissioners encouraged staff to think more broadly and specifically about the recommendations and also focus on how to reach appropriate audiences with the study's findings.

AGENDA ITEM 9.

Overview of Upcoming Activities

Mr. Steffen stated that the Commission would consider action on several CON applications at the October meeting. He reminded Commissioners that they would take final action on the Infant Mortality Study and on the School-Based Telehealth Report recommendations, which would include more specific recommendations from the staff.

He stated that the Trauma Report would be delayed to the November meeting at which time Dr. Theodore Delbridge would discuss MIEMSS' priorities with the Commissioners. Lastly, he reminded the Commission that in October staff expected to brief them on the proposed FY 2021 MHCC Budget.

AGENDA ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:14 p.m. upon motion of Commissioner Hammersla, which was seconded by Commissioner Boyle and unanimously approved.