



MARYLAND HEALTH CARE COMMISSION

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Thursday, November 21, 2019

Minutes

Chairman Pollak called the meeting to order at 1:03 p.m.

Commissioners present: Boyer, Boyle, Doordan, Hafey, Hammersla, McCarthy, O'Connor, O'Grady, Rymer and Wang.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Boyer made a motion to approve the minutes of the October 17, 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, announced that Bridget Zombro, Chief Operating Officer was retiring from public service after 34 years as a State employee. Mr. Steffen stated that Ms. Zombro has provided critical support to many of MHCC's initiatives during the past two decades. Mr. Steffen stated that Ms. Zombro has been a trusted advisor to him throughout his time as Executive Director and thanked her for her contributions to MHCC over the past 23 years.

Mr. Steffen reported that the Secretary of the Maryland Department of Health has asked MHCC to develop a metric to measure primary care spending among the privately insured, Medicare, and Medicaid. Mr. Steffen mentioned that MHCC is evaluating various methodologies for measuring primary care. He noted that several states including Rhode Island, Oregon and Colorado have established in statute spending requirements for primary care. Mr. Steffen said that Kenneth Yeates-Trotman and David Sharp's teams will be working together on this initiative.

Mr. Steffen reported that MHCC will host the second meeting of the MDPCP Advisory Council on December 4th. In addition, he stated that MHCC has been asked to appear with HSCRC on December 10th before the Senate Finance Committee to talk about CON modernization and integration of the CON processes with the Total Cost of Care Model.

Mr. Steffen said that MHCC's legislatively mandated report on the reduction of services at Chestertown Hospital and the follow-up study on potential models of care will be presented at the December Commission meeting. In addition, he noted that the MHCC is working with Theodore Delbridge, M.D., Executive Director of MIEMMS to explore the impact of mandating various EMS programs, such as the Treat and Release program where EMS teams are reimbursed for treating patients at the scene without transporting to hospitals. Mr. Steffen said that the findings will be detailed in a report, along with cost estimates of mandating insurance reimbursement by private payers.

Mr. Steffen also reported that the Maryland Trauma Physicians Services Fund Annual Report was removed from the November Commission meeting agenda, and will be presented at the December Commission meeting. He said that additional time was needed to review the methodology for estimating standby costs at the State Primary Adult Resource Center.

Theresa Lee, Director for the Center for Quality Measurement and Reporting provided an update on the Diabetes Action Plan. She said that under the Total Cost of Care Model agreement with CMS, Maryland is required to address three population health issues; MDH has chosen diabetes as the first population health issue. Mr. Steffen added that on October 30th he sent the draft Diabetes Action Plan to Commissioners. Mr. Steffen noted a collaborative effort among State agencies, including MHCC, over the next several months to better determine the impact of diabetes in the State.

Eileen Fleck, Chief of Acute Care Policy and Planning, provided an update on two work groups that are assisting MHCC in revising the regulations for Acute Psychiatric Hospital Services. Ms. Fleck stated that MHCC is required by the Maryland General Assembly to adopt updated regulations for acute inpatient psychiatric services by the end of 2019, or submit a report on the progress of updating regulations. Ms. Fleck explained that MHCC will submit a status update report in December. Ms. Fleck stated that staff will continue to keep the Commission updated as work on the regulations progresses.

AGENDA ITEM 3.

ACTION: Exemption from Certificate of Need Review – LifeBridge Health, Inc. - Change in the Acute Psychiatric Bed Capacity of Two General Hospitals Pursuant to the Consolidation of Two or More General Hospitals (Docket No. 19-24-EX011)

Moira Lawson, Program Manager, stated that LifeBridge Health, Inc., Sinai Hospital of Baltimore, Inc., and Northwest Hospital Center, Inc. requested an exemption from CON review for their plan to consolidate the acute psychiatric bed capacity and psychiatric inpatient services currently provided at Bon Secours Hospital into Sinai Hospital; and Northwest Hospital to increase overall psychiatric bed capacity. Ms. Lawson stated that upon relocation of the behavioral health beds from Bon Secours Hospital, medical/surgical capacity at the hospital will be transitioned to Sinai Hospital and other LifeBridge Health facilities with the exception of 14 beds currently contracted by the Department of Corrections. Ms. Lawson stated that staff

recommends the Commission issue an Exemption from CON as the projects will create a more stable basis for the ongoing provision of behavioral health services to the residents of West Baltimore and the region served by Sinai and Northwest Hospitals. The project will require \$6 million in renovations at Sinai Hospital and \$2 million in renovations at Northwest Hospital.

Commissioner Doordan made a motion to approve the CON Review, which was seconded by Commissioner O'Grady and unanimously approved.

ACTION: Exemption from CON Review – LifeBridge Health, Inc. - Change in the Acute Psychiatric Bed Capacity of Two General Hospitals Pursuant to the Consolidation of Two or More General Hospitals (Docket No. 19-24-EX011) is hereby APPROVED.

AGENDA ITEM 4.

ACTION: Approval of the 2020 MCDB Data Submission Manual

Mr. Kenneth Yeates-Trotman, Director of Center for Analysis and Information Systems, presented the latest updates and changes that will be a part of the new 2020 MCDB Data Submission Manual. Commissioner Boyer inquired if any payers have ever been fined for a late data submission. Mr. Yeates-Trotman said that MHCC had issued a warning to one payer in the past outlining a potential penalty of about \$20,000 for non-compliance. Commissioner Boyer asked what MHCC does with the fines. Mr. Steffen said that fines are put into MHCC's revenue account.

Commissioner O'Grady asked how payers will report rebate amounts. Mr. Yeates-Trotman said that he does not anticipate payers having rebates because prescription drug claims are quickly reimbursed. Commissioner O'Grady asked if any survey were done regarding rebates, Mr. Yeates-Trotman said that they had not completed a survey. Mr. Yeates-Trotman also mentioned that over the next several months, MHCC would be surveying payers on how to collect non-claims based payments.

Commissioner O'Grady made a motion to approve the 2020 MCDB Data Submission Manual, which was seconded by Commissioner Boyle and unanimously approved.

ACTION: Approval of the 2020 MCDB Data Submission Manual is hereby APPROVED.

AGENDA ITEM 5.

PRESENTATION: ED Overcrowding and the Impact on EMS Operations -- Theodore Delbridge, MD Executive Director, MIEMSS

Chairman Pollak introduced Theodore Delbridge, M.D., Executive Director of the Maryland Institute for Emergency Medical Services Systems. Dr. Delbridge was appointed in February 2019. Dr. Delbridge provided an overview of MIEMMS perspective on the long-standing, persistent issues faced by the Maryland health care system relating to excessive Emergency Department (ED) wait times and patient diversion from one hospital to another. Dr. Delbridge

said ED overcrowding raises significant concerns about hospitals' ability to routinely accommodate patients needing urgent medical care, as well as critically ill patients, and to respond effectively during a mass casualty incident or epidemic. Dr. Delbridge stated that ED overcrowding also has a cascading impact on EMS by requiring transport to more distant hospitals, which adds to turnaround and increasing ambulance off-load times that negatively impact the overextended EMS system and crews that staff the system.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 6.

PRESENTATION: Study of Mandated Health Insurance Services, required under Insurance Article §15-1502, Annotated Code of Maryland

Donna Novak of NovaRest, Inc., presented the findings from their in-depth evaluation of all health insurance services currently mandated in Maryland. Ms. Novak explained that the report includes a calculation of the full and marginal mandate costs as a percent of premiums and as a percent of wages; identified those mandates that overlap with the Essential Health Benefits that are required by the Affordable Care Act to be offered in the individual and small group insurance markets; and provided a comparison of Maryland's mandates to those required in our neighboring states. Ms. Novak indicated the relatively low cost of the eleven benefits currently mandated in neighboring states that are not currently required in Maryland. Several Commissioners noted the value in considering coverage for these services in Maryland. Other Commissioners urged caution as existing health insurance premiums are already unaffordable for many Maryland families. Chairman Pollak stated that this comprehensive analysis of Maryland's mandated benefits is required every four years and is due to the General Assembly by January 1, 2020.

Commissioner Boyer made a motion to approve the Study of Mandated Health Insurance Services, required under Insurance Article §15-1502, which was seconded by Commissioner Boyle and unanimously approved.

ACTION: Study of Mandated Health Insurance Services, required under Insurance Article §15-1502, Annotated Code of Maryland will include a cover letter and is hereby adopted and APPROVED.

AGENDA ITEM 7.

PRESENTATION: Staff and Industry Discussion of Hospice Services

Regina Bodnar, Executive Director of Carroll Hospice, provided an overview of hospice services in Maryland. Ms. Bodnar explained the basics of hospice services and presented data on how offering hospice services affects hospital discharges, hospital readmissions, and average length of stay. Linda Cole, Chief, Long Term Care Policy and Planning, presented background on the implementation of the Hospice Chapter of the State Health Plan in 2016-2019 and data on statewide and national hospice utilization. She also presented information on the most recent

update of the Hospice Chapter of the State Health Plan, as well as its implementation via two CON review cycles completed for Prince George's and Baltimore City.

Paul Parker, Director, Center for Health Care Facilities Planning and Development discussed updating the hospice State Health Plan regulations. Mr. Parker said that reforming the State Health Plan will allow for consideration of new market entry to regions of Maryland where most jurisdictions are served by a single hospice. He also discussed possible changes in the regulations to allow for consideration of proposals in rural regions.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 8.

PRESENTATION: Announcement of the Grant Application for Advancing Telehealth in Nursing Homes

Ms. Nikki Majewski, Chief, Health Information Technology, presented on a telehealth funding opportunity that aims to advance the use of telehealth in nursing homes. Ms. Majewski reported that the Announcement of the Grant Application for Advancing Telehealth in Nursing Homes seeks applicants to propose an innovative model for diffusing telehealth in nursing homes and after discharge from the nursing home. Ms. Majewski stated that applicants will need to integrate telehealth into the standard of care to support care transitions and curb avoidable hospital utilization. Mr. Ben Steffen, Executive Director, explained that funding is made possible through MHCC's grant authority. Ms. Majewski noted that interested applicants must submit a letter of intent by December 20, 2019, and that applications are due by January 31, 2020.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 9.

Overview of Upcoming Activities

Mr. Steffen said that the December Commission meeting agenda will include one hospital and one rehabilitation CON application; the trauma fund report presentation; a report on mandating advanced EMS services; a report on the services provided by Chestertown Hospital, and a presentation by a NORC on self-sustaining models for rural health.

Mr. Steffen reported that CMS will likely be announcing new rural health models for the nation in December. He also noted that Maryland is not a part of the Inpatient Prospective Payment System (IPPS) as Maryland has its own rate setting system and that these models will not apply in Maryland. Mr. Steffen mentioned that there may be elements of the CMS programs that can be used in Maryland rural health models.

AGENDA ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 4:27 p.m. upon motion of Commissioner Boyer, which was seconded by Commissioner Hammersla and unanimously approved.