



Thursday, July 21, 2022

MINUTES

Chairman Sergent called the meeting to order at 1:06 p.m.

Commissioners present via telephone and in person: Bhandari, Boyer, Boyle, Buczynski, Cheatham, Doordan, Jensen, O'Connor, Ojikutu, Wang, and Wood.

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Jensen made a motion to approve the minutes of the June 16, 2022, public meeting of the Maryland Health Care Commission (Commission or MHCC), which was held by teleconference hybrid. The motion was seconded by Commissioner Bhandari and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Ben Steffen, Executive Director of the Commission, provided an update on the Commission staff and stated that staff has returned to hybrid work schedule for all employees. This schedule requires all employees to be in the office at least two days each week.

Next, Mr. Steffen updated the Commission on COMAR 10.24.01 draft procedural regulations that will be posted for public review and comment on July 25, 2022. Mr. Steffen thanked Paul Parker, Wynee Hawk, Tracey DeShields, Eileen Fleck, and Julie Deppe for their work on the regulations. Additionally, Suellen Wideman and Joel Tornari made significant contributions to earlier drafts and our AAGs, Alexa Bertinelli and Caitlin Tepe, have been instrumental in making final changes.

Mr. Steffen stated that COMAR 10.24.10 draft Acute hospital regulations will be posted for comments later in July.

Next, Mr. Steffen briefed the Commission that Signify Health, the MHCC's Wear the Cost developer, informed MHCC, that they are disbanding their Episodes of Care Services, and will be cancelling their contract with MHCC. MHCC plans to start negotiations with a second

vender, Change Healthcare, to establish a contract that would enable MHCC to continue to use the Prometheus Episode Grouper.

Finally, Mr. Steffen talked about the Joint Chairman's Report and Financial Restrictions on Access to Organ Transplant Lists. Mr. Steffen stated that the committees are concerned that transplant hospitals have implemented policies that place financial restrictions on individuals eligible for receiving organ donations. Specifically, the committees are concerned about hospitals who consider an individual's financial means to cover aftercare and how that may impact an individual's ability to receive an organ donation and/or undergo a transplant procedure.

The committees requested MHCC submit a report that reviews the existing policies governing the eligibility for receiving an organ donation, identifies reasons for denial of organ transplantation, and the number of individuals who had organ transplant needs denied or deferred under each reason since calendar year 2018. This report should specifically consider the financial requirements that may be a cause of the denial or deferral of care in the State. (Joint Chairmen's Report (JCR) Information Requests: Report on hospital policies limiting organ transplant eligibility).

AGENDA ITEM 3.

ACTION: Change in Approved Certificate of Need - Dimensions Health Corporation d/b/a University of Maryland Capital Region Health - Conversion of a General Hospital (University of Maryland Laurel Regional Hospital) to a Freestanding Medical Facility (Docket No.18-16-EX002)

Jeanne Marie Gawel, CON Analyst, briefed the Commissioners on the request for a project change to a previously approved Certificate of Need (CON). She stated that Dimensions Health Corporation (Dimensions) is a not-for-profit health system owned by the University of Maryland Medical System (UMMS). On September 20, 2018, MHCC approved an exemption from CON review to convert the University of Maryland Laurel Regional Hospital (LRH) to a freestanding medical facility (FMF). That FMF initiated operations in January 2019 as University of Maryland Laurel Medical Center (LMC) with UM Prince George's Hospital Center (PGHC) in Cheverly as the parent hospital. The PGHC was replaced in 2021 by UM Capital Region Medical Center (CRMC) in Largo, which now serves as the FMF's parent hospital.

Ms. Gawel informed the Commission that the Laurel FMF was approved to provide, on a rate-regulated basis, outpatient services beyond the standard FMF services including ambulatory services, diagnostic services, outpatient behavioral health and wound care. Maryland law gives HSCRC discretion in determining whether outpatient services beyond the standard should be subject to rate regulation. The HSCRC exercised its discretion in approving rate-regulation of these additional outpatient services at LMC when this project was approved in 2018.

She continued by describing that currently Phase Two construction is underway. The approved plan for Phase Two was a new building with two floors totaling 75,855 square feet (SF). The authorized capital expenditure for the project is \$53,225,855. Project funding was to be sourced from debt (\$38.1 million in tax exempt bonds), \$500,000 in interest earnings on the bonds, and \$14.5 million in grant funding from the State of Maryland.

Ms. Gawel stated that the current request from Dimensions is that the Commission approve additional spending of \$18,354,366 for this project (+34.5%), bringing the total expenditure from \$53,225,855 to \$71,580,221. Dimensions is also requesting approval of changes in its physical plant design. The FMF building has been redesigned to include 7,888 additional SF of space. The expansion is designed for more space for a community room, wound center, physician clinics and shell space.

Lastly, Ms. Gawel informed the Commission that HSCRC's memo commenting on financial tables in the application was received after the staff report was mailed. The HSCRC memo was then sent out separately to the Commissioners once it was received. Ms. Gawel stated that staff recommends that the Commission approve the project.

Commission Boyle moved to approve the Change in Approved Certificate of Need - Dimensions Health Corporation d/b/a University of Maryland Capital Region Health - Conversion of a General Hospital (University of Maryland Laurel Regional Hospital) to a Freestanding Medical Facility, which was seconded by Commissioner Boyer and after discussion, unanimously approved.

ACTION: Change in Approved Certificate of Need - Dimensions Health Corporation d/b/a University of Maryland Capital Region Health - Conversion of a General Hospital (University of Maryland Laurel Regional Hospital) to a Freestanding Medical Facility – is hereby APPROVED.

AGENDA ITEM 4.

ACTION: Modifications to COMAR 10.25.17, Benchmarks for Preauthorization of Health Care Services

Justine Springer, Program Manager, Health Information Technology, presented proposed amendments to COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services*. State law requires payors to implement electronic preauthorization processes in a series of four benchmarks. The amendments include extending the duration of a benchmark waiver from two to five years; adds language requiring payors granted a waiver to notify MHCC when circumstances justifying the waiver have changed; permits MHCC to withdraw a waiver for cause; and other miscellaneous changes. The Commission approved the proposed amendments to be posted in the Maryland Register.

Commission Jensen moved to approve Modifications to COMAR 10.25.17, Benchmarks for Preauthorization of Health Care Services, which was seconded by Commissioner Boyle and unanimously approved.

ACTION: Modifications to COMAR 10.25.17, Benchmarks for Preauthorization of Health Care Services is hereby APPROVED.

AGENDA ITEM 5.

ACTION: Modifications to COMAR 10.25.19, State Recognition of an Electronic Advance Directives Service, and release for public comment the Criteria for State Recognition

Justine Springer, Program Manager, Health Information Technology, presented on proposed amendments to COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service*, and criteria for State Recognition of an electronic advance directives services (vendors). State law requires MHCC to develop a State Recognition Program for vendors seeking to make their online advance directives repository accessible through the State-Designated Health Information Exchange. Ms. Springer stated that the amendments align with Chapter 312 (Senate Bill 824), *Health – Accessibility of Electronic Advance Care Planning Documents* (2022) repealing use of a specific digital identity proofing guideline published by the National Institute of Standards and Technology (NIST). The Commission approved the proposed amendments and criteria for State Recognition to be posted in the Maryland Register.

Commission Buczynski moved to approve Modifications to COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service*, and release for public comment the Criteria for State Recognition, which was seconded by Commissioner Bhandari and unanimously approved.

ACTION: Modifications to COMAR 10.25.19, State Recognition of an Electronic Advance Directives Service, and release for public comment the Criteria for State Recognition is hereby APPROVED.

AGENDA ITEM 6.

ACTION: CRISP State Designation Agreement

Nikki Majewski, Chief, Health Information Technology, presented on the proposed CRISP State Designation Agreement (SDA). Ms. Majewski noted that this is the fifth renewal of the SDA, which requires Commission approval. Craig Behm, Executive Director of CRISP Maryland, highlighted core CRISP services. State law requires MHCC and HSCRC to designate a statewide health information exchange. The Commission approved execution of the State Designation Agreement with CRISP.

Commission Jensen moved to approve the CRISP State Designation Agreement, which was seconded by Commissioner Bhandari and unanimously approved.

ACTION: CRISP State Designation Agreement is hereby APPROVED.

AGENDA ITEM 7.

PRESENTATION: Collection of Advanced Payment Model Information: Experience from Other States

Mary Jo Condon, Senior Consultant for Freedman HealthCare, gave an update on Collection of Advanced Payment Model Information: Experience from Other States. Ms. Condon talked about alternative payment models such as:

- Insurer's payments to providers that do not appear on claims (not fee-for-service)
- Quality and Financial Performance Incentives
 - Payer for Performance/Payment Penalties
 - Shared Savings/Share Risk
- Fixed Payments
 - Population- Based Payments/Capitation
 - Bundled/Episode-Based

What makes APM Data different is that it is collected and reported on by financial or contracting departments; is not reported at person-level; payments are finalized on a different timeline with longer run out periods than claims data; is often reported as contract-based (SITUS) instead of resident based; and there is little standardization in reporting templates and definitions.

In Maryland, the Advanced Payment Model would be beneficial because the primary goal is to evaluate the implementation of Bill 1148, monitor the movement from FFS to value-based care in the commercial market, and support or evaluate innovative care transformation initiatives. Additional ways APM data collection can support Maryland is by evaluating primary care spending and understanding total cost of care.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 8.

PRESENTATION: MDPCP Update and Overview of Track 3

Chad Perman, Executive Director of the Maryland Primary Care Program (MDPCP), presented an update on the MDPCP program and Track 3. Mr. Perman mentioned that the Maryland Department of Health has worked closely with the Centers for Medicare and Medicaid Services to establish the MDPCP. The MDPCP is a voluntary program open to all qualifying Maryland primary care providers throughout the State. The MDPCP launched in 2019 and is designed to span at least eight years and makes strategic investments in primary care practices to prevent and manage chronic disease. Mr. Perman noted that MHCC convenes the MDPCP Advisory Council.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 9.

Overview of Upcoming Activities

Mr. Steffen stated that September's Commission meeting agenda will likely include a proposed procedural regulations COMAR 10.24.01, a proposed Acute Care Hospital Service COMAR 10.24.10, Designation agreement for the Maryland Patient Safety Center, Workgroup nominations, One Data Release Application, and several CON's.

AGENDA ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:54 p.m. upon motion of Commissioner Bhandari, which was seconded by Commissioner Jensen and unanimously approved.