



Thursday, November 21, 2024

MINUTES

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

Commissioners present via telephone and in person: Agbabiaka, Bhandari, Blake, Boyle, Buczynski, Cheatham, Douglas, Gelrud, Spinner, Wang and Wood.

AGENDA ITEM 1A

ACTION: CONSENT AGENDA

A. Approval of Minutes: October 17, 2024

Item 1A was adopted without objection.

AGENDA ITEM 2

Update of Activities

Ben Steffen, Executive Director of the Maryland Health Care Commission (MHCC or Commission), gave a brief update on the Executive Director position. He stated that the position announcement has been posted on the State Employment Website and on the State's LinkedIn Site.

Mr. Steffen updated the Commission on the Trauma Fund. MHCC will be using reserves for equipment grants, for which 7 trauma centers are eligible. 2024 legislation gave MHCC additional flexibility to make grants from the Fund and increased the amount of Motor Vehicle Administration fees going to the Fund. Previously, the Fund received \$2.50 from each annual renewal fee, but the Fund's portion of the annual renewal fee has increased to \$6.50. MHCC expects to collect \$2.2-2.3 million in renewal fees per month for the Fund.

Mr. Steffen presented on MHCC studies that are underway. MHCC has contracted with Brown University for a private equity study and MHCC is contracting with the Hilltop Institute at University of Maryland Baltimore County on a health insurance market concentration study.

Mr. Steffen discussed the national election and the potential impact on the Maryland Health Benefit Exchange, of which the executive director of MHCC is a board member. The exchange saw substantial increases in enrollment due to subsidies from the American Rescue

Plan Act and Inflation Reduction Act; however, those subsidies will expire at the end of 2025. The loss of subsidies may also impact the State reinsurance program; more funding for the reinsurance program may be pushed to the State budget.

Mr. Steffen also noted that the AHEAD model agreement was signed before the election and can only be terminated by the federal government if the state fails to meet requirements.

AGENDA ITEM 3

ACTION: Certificate of Need- SurgCenter at National Harbor, LLC d/b/a Harborside Surgery (Docket No. 24-16-2470)

The Surgcenter at National Harbor, LLC, d/b/a Harborside Surgery Center (Harborside) seeks a certificate of need to establish an ambulatory surgical facility (ASF) with three operating rooms and two procedure rooms. Harborside is an existing ambulatory surgery center (ASC-2) that provides outpatient surgery procedures with two operating rooms (OR) and three procedure rooms located at 251 National Harbor Boulevard, Suite 200 in Oxon Hill, Prince George's County. The applicant states that the project will renovate and convert an existing procedure room to an OR. The estimated total cost to construct and equip the ASF is approximately \$247,985, which will be funded with cash on hand.

Eric Baker, Program Manager and CON Analyst, presented the staff recommendation. In reviewing the application against the State Health Plan chapter's standards and review criteria Mr. Baker stated the proposed project documented the need based on its assumption that all surgeons currently practicing at the facility will continue to do so, and that all new cases in the projections are the result of surgeons transferring existing outpatient cases from hospitals they are affiliated with in Northern Virginia, where the majority of surgeons practice medicine, and where most patients are from. The additional OR in the project will have a positive impact on patient access and will reduce the cost of outpatient surgery by facilitating increased utilization of the ASF setting over more expensive hospital outpatient departments. The project will have a minimal impact on the existing outpatient departments due in part to growth in the age 65+ population. Mr. Baker stated that the applicant demonstrated the project's cost effectiveness and viability; and that Harborside is developing its commitment to health equity and plans to coordinate with the local Health Department. Harborside will work to identify health disparities, and plans to offer health screenings as one way to overcome them. Harborside's ownership has been found to be in good standing, and it is in full compliance with its accreditation from the Association for Ambulatory Health Care (AAAHC). Staff recommended approval of the project with five conditions:

1. Prior to first use, Harborside shall provide to the public or patient, upon inquiry or as required by applicable regulations or law, information concerning charges for the full range of surgical services provided.

2. Prior to first use approval, Harborside shall ensure that it provides to the public, upon inquiry or as required by applicable law, the names of the health care carrier networks in which it and its surgeons currently participate.

3. Prior to first use approval, Harborside shall provide its plan to ensure that it provides charity care that is equivalent to or greater than the average amount of charity care provided by ASFs in the most recent year reported, measured as a percentage of total operating expenses, and that it reports charity care and bad debt as defined in the Freestanding Ambulatory Surgery Facility Survey.

4. Prior to first use approval, Harborside shall amend its brochure and website to include a link to the medical financial assistance and charity care policies.

5. Harborside will adopt a policy stating that annually, as part of the budgeting process, Harborside will include a discussion with its Board to discuss and identify necessary resources needed to address its commitment to Health Equity. Before first use, Harborside will identify the specific social determinants of health of their service area and submit a plan as to how this project plans to address it, including updated plans for the outreach clinic, and their discussions with Prince George's county department of health.

Commissioner Buczynski moved to APPROVE the Certificate of Need- SurgCenter at National Harbor, LLC d/b/a Harborside Surgery, which was seconded by Commissioner Boyle and, after discussion, unanimously approved.

ACTION: Certificate of Need- SurgCenter at National Harbor, LLC d/b/a Harborside Surgery is hereby APPROVED.

AGENDA ITEM 4

ACTION: Certificate of Ongoing Performance Application for MedStar Franklin Square Medical Center for Primary and Elective Percutaneous Coronary Intervention Services (Docket No. 24-03-CP051)

Eliot Burkom, Program Manager, presented the staff report and recommendation for the Certificate of Ongoing Performance application submitted by Medstar Franklin Square Medical Center (MFSMC) for primary and elective percutaneous coronary intervention (PCI) services. He provided an overview of the staff's analysis of MFSMC's Certificate of Ongoing Performance application. Staff recommended approval of MFSMC's application to allow the hospital to continue providing primary and elective PCI services for four years with the following conditions:

1. MFSMC shall hold interventional case review meetings at least every other month that include physicians, nurses and technicians, as required in COMAR 10.24.17.07D(5)(a). MFSMC shall submit to Commission staff attendance lists 23 for each of these

meetings held between May and October by December 1 of each year and attendance lists for meetings held between November and April by June 1 of each year beginning with meetings held after November 30, 2024, until at least December 31, 2026, to document compliance with this condition. After this date, the Executive Director may release MFSMC from the reporting requirement if the Executive Director determines that the hospital has achieved substantial compliance with this condition.

2. MFSMC shall convene its multiple care area group monthly. These meetings shall be attended by the physician and nursing leadership of each care area and include a review of all issues related to the primary PCI system, identify problem areas, and develop solutions, as required in COMAR 10.24.17.07D(5)(b). MFSMC shall submit to Commission staff meeting minutes and attendance lists for each meeting held between May and October by December 1 of each year and meeting minutes and attendance lists for each meeting held between November and April by June 1 of each year, for meetings held after November 30, 2024, and continuing until at least December 31, 2026. After this date, the Executive Director may release MFSMC from the reporting requirement if the Executive Director determines that the hospital has achieved substantial compliance with this condition.

Commissioner Boyle moved to APPROVE the Certificate of Ongoing Performance Application for MedStar Franklin Square Medical Center for Primary and Elective Percutaneous Coronary Intervention Services, which was seconded by Commissioner Gelrud, and after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance Application for MedStar Franklin Square Medical Center for Primary and Elective Percutaneous Coronary Intervention Services is hereby APPROVED.

AGENDA ITEM 5

ACTION: Certificate of Ongoing Performance Application for MedStar Union Memorial Hospital for Primary and Elective Percutaneous Coronary Intervention Services (Docket No. 24-24-CP054)

Eliot Burkom, Program Manager, presented the staff report and recommendation for the Certificate of Ongoing Performance application submitted by Medstar Union Memorial Hospital (MUMH) for primary and elective percutaneous coronary intervention (PCI) services. He provided an overview of the staff's analysis of MUMH's Certificate of Ongoing Performance application. Staff recommended approval of MUMH's application to allow the hospital to continue providing primary and elective PCI services for four years with the following conditions:

1. MUMH shall hold interventional case review meetings at least every other month that include physicians, nurses and technicians, as required in COMAR 10.24.17.07D(5)(a). MUMH shall submit to Commission staff attendance lists for each of these meetings

held between May and October by December 1 of each year and attendance lists for meetings held between November and April by June 1 of each year beginning with meetings held after November 30, 2024, until at least December 31, 2026, to document compliance with this condition. After this date, the Executive Director may release MUMH from the reporting requirement if the Executive Director determines that the hospital has achieved substantial compliance with this condition.

2. MUMH shall hold monthly multiple care area group meetings. These meetings shall be attended by the physician and nursing leadership of each care area and include a review of all issues related to the primary PCI system, identify problem areas, and develop solutions, as required in COMAR 10.24.17.07D(5)(b). MUMH shall submit to Commission staff meeting minutes and attendance lists for each meeting held between May and October by December 1 of each year and meeting minutes and attendance lists for each meeting held between November and April by June 1 of each year, for meetings held after November 30, 2024, and continuing until at least December 31, 2026. After this date, the Executive Director may release MUMH from the reporting requirement if the Executive Director determines that the hospital has achieved substantial compliance with this condition.

Commissioner Buczynski moved to APPROVE the Certificate of Ongoing Performance Application for MedStar Union Memorial Hospital for Primary and Elective Percutaneous Coronary Intervention Services, which was seconded by Commissioner Douglas, and after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance Application for MedStar Union Memorial Hospital for Primary and Elective Percutaneous Coronary Intervention Services is hereby APPROVED.

AGENDA ITEM 6

ACTION: Certificate of Ongoing Performance Application for University of Maryland Capital Regional Medical Center for Cardiac Surgery Services (Docket No. 24-16-CP052)

Eileen Fleck, Chief of Acute Care Policy and Planning, presented the staff report and recommendation for the Certificate of Ongoing Performance application submitted by University of Maryland Capital Regional Medical Center (UM CRMC) for cardiac surgery services. She provided an overview of a few key standards addressed in UM CRMC's application for a Certificate of Ongoing Performance. Staff recommended that the hospital be allowed to continue providing cardiac surgery services for three years. There was a question about why 200 cardiac surgery cases were the required volume for a cardiac surgery program. Ms. Fleck explained that the standard was based on a literature review back in 2013 regarding the relationship between volume and outcomes.

Commissioner Boyle moved to APPROVE the Certificate of Ongoing Performance Application for University of Maryland Capital Regional Medical Center for Cardiac Surgery Services, which was seconded by Commissioner Buczynski, and after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance Application for University of Maryland Capital Regional Medical Center for Cardiac Surgery Services is hereby APPROVED.

AGENDA ITEM 7

ACTION: Certificate of Ongoing Performance Application for Carroll Hospital Center for Primary and Elective Percutaneous Coronary Intervention Services (Docket No. 24-06-CP053)

Program Manager, Katie Neral, presented the staff report and recommendation for the Certificate of Ongoing Performance application submitted by Carroll Hospital Center (CHC) for the continuation of primary and elective percutaneous coronary intervention (PCI) services. She provided an overview of select standards used to evaluate CHC's Certificate of Ongoing Performance, noting the hospital's compliance. Staff recommended that the Commission approve CHC's application to allow the hospital to continue providing primary and elective PCI services for four years, with one condition:

1. CHC shall hold interventional case review meetings at least every other month that include physicians, nurses, and technicians, as required in COMAR 10.24.17.07D(5)(a). CHC shall track the attendance of physicians, nurses, and technicians at each of these meetings. CHC shall submit to Commission staff attendance lists for each of these meetings held between May and October by December 1 of each year and attendance lists for meetings held between November and April by June 1 of each year, beginning with meetings held after November 30, 2024, until at least December 31, 2026, to document compliance with this condition. After this date, the Executive Director may release CHC from the reporting requirement if the Executive Director determines that the hospital has achieved substantial compliance with this condition.

Commissioner Buczynski moved to APPROVE the Certificate of Ongoing Performance Application for Carroll Hospital Center for Primary and Elective Percutaneous Coronary Intervention Services, which was seconded by Commissioner Boyle, and after discussion, unanimously approved.

ACTION: Certificate of Ongoing Performance Application for Carroll Hospital Center for Primary and Elective Percutaneous Coronary Intervention Services is hereby APPROVED.

AGENDA ITEM 8

ACTION: Prior Authorization Report as required by SB 791 and HB 932 (2024)

Kelly Scott, Program Manager in the Health Information Technology Division, presented findings from an environmental scan of the prior authorization process and recommendations for legislative consideration. Chapter 848/Senate Bill 791 and Chapter 847/House Bill 932, Health Insurance – Utilization Review – Revisions tasked MHCC and the Maryland Insurance Administration (MIA) to jointly study the development of standards for modifying prior authorization requirements, including state-level initiatives. Louis Butler, Director of the Appeals & Grievance Unit at the MIA, overviewed the appeals and grievance process and new requirements for payors that take effect in January 2025.

Commissioner Gelrud moved to APPROVE the Prior Authorization Report as required by SB 791 and HB 932 (2024), which was seconded by Commissioner Buczynski, and after discussion, unanimously approved.

ACTION: Prior Authorization Report as required by SB 791 and HB 932 (2024) is hereby APPROVED.

AGENDA ITEM 9

ACTION: 2025 MCDB Data Submission Manual

Mr. Shankar Mesta, Chief of Cost and Quality of the Center for Analysis and Information Systems, presented the latest 2024 Medical Care Data Base (MCDB) Data Submission Manual updates. The presentation briefly covered the changes that will be part of the new Manual. Mr. Mesta stated that the new manual added the infant birth weight column in the institutional files. This modification was based on the feedback from the Health Services Cost Review Commission, which identified some discrepancies in the calculated APR DRG codes for newborns in the MCDB compared to the APR DRG codes from the case-mix data. These discrepancies were due to missing birth weight data in the MCDB. This birth weight data would help correct these inaccuracies and enhance the data quality for APR DRG calculations.

Mr. Mesta mentioned that based on the payers' response to the 2024 data collection efforts for alternate payment method (APM) collection, MHCC has developed an updated APM data collection template for 2025. He added that it streamlines and simplifies the data collection efforts by creating consistency among data submission worksheets and adopting a common APM classification template. Mr. Mesta noted that the key changes in the 2025 template include consolidating the three tabs, which are Financial – Episodes, and Contract Information tabs, into a single “Financial” tab. He added that the columns across the tabs were updated to create consistency. Some unnecessary fields were removed, and new fields were added based on the response MHCC received.

Mr. Mesta mentioned that Freedman HealthCare (FHC) collaborated with the California Department of Health Care Access and Information (HCAI) to develop the Expanded Non-Claims Payment (NCP) Framework. He added that this framework was designed to capture non-claims healthcare spending, the purpose of these payments, and the level of risk assumed by providers. He noted that the framework incorporated and refined elements from two existing models: the Health Care Payment Learning and Action Network (HCP-LAN) and the Milbank Memorial Fund-Bailit (Milbank) models.

Mr. Mesta also stated that starting in 2025, MHCC will collect non-claim spending related to primary care for individual reporting entities. He added that this separate data submission template and manual for primary care non-claims data supported the broader reporting requirements for non-claims spending. He noted that this submission would inform MHCC's annual reports to the Senate Finance Committee and House Health and Government Operations Committee through 2032. Mr. Mesta concluded that these new changes will be implemented beginning May 2025 for the first quarter of 2025 collection

Commissioner Boyle moved to APPROVE the 2025 MCDB Data Submission Manual, which was seconded by Commissioner Wood, and after discussion, unanimously approved.

ACTION: 2025 MCDB Data Submission Manual is hereby APPROVED.

AGENDA ITEM 10

ACTION: Mandated Benefits Study for Genetic Testing - Cost-Sharing Coverage

Insurance Article §15-1501, Annotated Code of Maryland, requires that MHCC annually assess the medical, social, and financial impact of proposed mandated health insurance services that failed to pass during the preceding legislative session or as requested by a Legislator or Legislative Committee by July 1 of each year. On November 23, 2023, MHCC staff received a formal letter of request from the Senate Finance Committee and House Health and Governmental Operations Committee to evaluate the cost of eliminating cost sharing for cancer genetic testing. Insurance Article §15-1501 requires the MHCC to assess a proposed mandate before the General Assembly considers the adoption of this new health insurance mandate in the subsequent legislative session.

MHCC staff contracted with Lewis and Ellis to conduct the study. Traci Hughes, a principal consulting actuary with Lewis and Ellis, presented the findings of this study before asking the Commission to approve the report.

Commissioner Bhandari moved to APPROVE the Mandated Benefits Study for Genetic Testing - Cost-Sharing Coverage, which was seconded by Commissioner Gelrud, and after discussion, unanimously approved.

ACTION: Mandated Benefits Study for Genetic Testing - Cost-Sharing Coverage is hereby APPROVED.

AGENDA ITEM 11

OVERVIEW OF UPCOMING ACTIVITIES

Mr. Steffen previewed December's Commission meeting. He stated that there would be action items for MHCC's annual report on the Maryland Trauma Physician Services Fund, a mandated study on calcium score testing, and reports on adopting two-sided risk programs and HMO payments to non-par providers.

ACTION REQUESTED: NONE

AGENDA ITEM 12

ADJOURNMENT

Chairman Sergent asked for a motion to adjourn the meeting. There being no further business, the meeting was adjourned at 3:37 p.m. upon the motion of Commissioner Buczynski and second by Commissioner Boyle.