



Thursday, June 12, 2025

MINUTES

Chair Boyle called the meeting to order at 1:04 p.m.

Commissioners present via telephone and in person: Bhandari, Blake, Cheatham, Douglas, Dzirasa, Foreman, Gelrud, Spinner, Wang and Wood.

Commissioners Absent: Agbabiaka, Gilmore, Jensen, Stroughton-Duncan

AGENDA ITEM 1

ACTION: CONSENT AGENDA

A. Approval of Minutes: May 15, 2025

Item 1A was adopted without objection.

AGENDA ITEM 2

Update of Activities

David Sharp, Acting Executive Director of the Maryland Health Care Commission (MHCC or Commission), provided the following updates to the Commission.

Discussions are underway between MHCC and Health Services Cost Review Commission (HSCRC) staff on leveraging all-payer claims database (APCD) data to develop and report on all-payer total cost of care under the Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model contract. Initial conversations have focused on defining claims categories to support measurement development and reporting. The next steps include a data evaluation, followed by forming a workgroup in the fall. The workgroup will bring together key stakeholders, including the Maryland Insurance Administration, Maryland Department of Health, and other select State agencies to shape the approach collaboratively.

The Center for Health Information Technology and Innovative Care Delivery has initiated a review of the agreement that designates Chesapeake Regional Information Systems for our Patients (CRISP) as the health information exchange (HIE) for the State. Under Maryland law (2009), MHCC and HSCRC are responsible for designating a statewide HIE. The State-Designated HIE must build and maintain the technical infrastructure and an effective data management strategy to support the secure exchange of electronic health information statewide. CRISP was competitively selected for this role in 2009 and has been chosen at each

subsequent designation cycle based on performance. Staff expects to present a draft of the State Designation Agreement to the Commission for consideration this summer.

The Center for Quality Management and Reporting published the quarterly Quality Corner newsletter to keep stakeholders and consumers informed about MHCC activities and key health care topics. The Spring Issue was released recently. This edition highlights how the Centers for Medicare & Medicaid Services (CMS) designates nursing homes with performance concerns such as Special Focus Facilities, which are identified on our Quality Reporting website to support informed consumer decision-making. It also provides a summary of key legislation from the 2024 legislative session.

The Center for Analysis and Information Systems reported that MedImpact, the new Pharmacy Benefit Manager (PBM), missed the Q1-2025 MCDB data submission deadline. Staff notified MedImpact that they must submit data by June 17th to avoid potential penalties. In addition, six proposals from vendors for the four mandate studies requested by Senate Finance Committee Chair Pamela Beidle were received.

- 1) SB 411 – Health Insurance - Postpartum Depression Screening - Required Coverage and Authorized Cost Sharing;
- 2) SB 508 – Maryland Medical Assistance Program and Health Insurance – Required Coverage for Aesthetic Services and Restorative Care for Victims of Domestic Violence (Healing Our Scars Act);
- 3) SB 518 – Health Insurance - Screening for Ovarian Cancer - Required Coverage and Prohibited Cost Sharing; and
- 4) SB 961 – Maryland Medical Assistance Program and Health Insurance - Pharmacogenomic Testing - Required Coverage.

The Center for Health Care Facilities Planning and Development is finalizing draft projections for psychiatric utilization and a needs determination for historically underserved populations. These projections were shared with key behavioral health stakeholders, with feedback requested by the end of the month. Staff plans to present the projections at the July Commission meeting.

Lastly, Jeanne Marie Gawel, Chief, Long Term Care Policy and Planning, introduced MHCC's newest staff member, Ann Sabiniano, a new Program Manager. Ms. Sabiniano is a certified project management professional with a strong background in project and quality methodologies.

AGENDA ITEM 3

ACTION: Certificate of Need- Foundations Inpatient, LLC Docket No 24-03-2471

Maira Lawson, Ph.D., Program Manager, in the Center for Health Care Facilities Planning and Development, stated that Foundations Inpatient, LLC requested a Certificate of Need (CON) to establish a Track One 40-bed, alcoholism and drug abuse intermediate care facility (ICF) at

7131 Rutherford Road, Windsor Mill in Baltimore County. Dr. Lawson stated that the total estimated project cost is \$753,348, which will be funded with cash. Dr. Lawson stated that the project is consistent with the applicable State Health Plan (SHP) standards and the need for the Track One ICF project has been demonstrated. The project is a cost-effective alternative for providing Track One ICF services, is viable, and the overall impact of the project will be positive. The applicant has committed to serving indigent and gray area patients at the minimum level required by the SHP for Track One ICFs.

Staff recommended approval of CON with the following conditions:

1. Foundations Inpatient, LLC shall document the provision of a minimum of 15 percent of patient days to indigent and gray area patients, as defined at COMAR 10.24.14.08B(9) and (11), by submitting annual reports auditing its total days and the provision of days to indigent and gray area patients as a percentage of total days. Such audit reports shall be submitted to the Commission each July 1st following the issuance of First Use Approval and continuing for five years thereafter. [COMAR 10.24.14.05D(1)(c)];
2. Foundations Inpatient, LLC shall provide to the Commission a final document outlining the estimated costs for services and the range and types of services that will be posted at registration areas and available upon request to prospective patients prior to First Use Approval. [COMAR 10.24.14.05E];
3. Foundations Inpatient, LLC must receive preliminary accreditation for the Level 3.7 services and will be provided by an accrediting body approved by the Maryland Department of Health prior to First Use Approval by the Commission. [COMAR 10.24.14.05H];
4. Foundations Inpatient, LLC shall notify the Commission and the Behavioral Health Administration, in writing, within 15 days after it receives notice that its accreditation has been revoked or suspended for reasons related to health or safety or should it lose its State license. If its accreditation has been revoked or suspended, or it loses its State license, Foundations Inpatient, LLC shall cease operation until the Behavioral Health Administration notifies the Commission that the deficiencies have been corrected. [COMAR 10.24.14.05H];
5. Foundations Inpatient, LLC shall document referral agreements, prior to First Use Approval by the Commission, in the form of letters of agreement or acknowledgement from acute care hospitals, local community mental health centers, Baltimore County's mental health and alcohol and drug abuse authorities, Behavioral Health Administration, and Baltimore County agencies that provide prevention, education, driving-while-intoxicated programs, and family counseling. [COMAR 10.24.14.05J]. The referral agreements must indicate referral of indigent or gray area populations to Foundations Inpatient, LLC. [COMAR 10.24.14.05K];

6. If Foundations Inpatient, LLC seeks to add additional intermediate care beds to its facility, it shall provide the Commission with evidence that it has appropriate staffing levels and bed and bathroom configurations that afford patient privacy and safety; and
7. Foundations Inpatient, LLC shall provide an annual report that includes patient demographics for all patients, program completion rates, and the percentage of patients that: (1) were underhoused upon admission and connected to housing resources; (2) were underinsured upon admission and assisted with applying for insurance; and (3) received a warm hand-off to lower levels of care. The reports shall be submitted to the Commission each July 1st following the issuance of First Use Approval and continuing for five years thereafter.

Commissioner Foreman moved to conditionally APPROVE the Certificate of Need- Foundations Inpatient, LLC which was seconded by Commissioner Dzirasa and, after discussion, unanimously approved.

ACTION: Certificate of Need- Foundations Inpatient, LLC is hereby APPROVED with conditions.

AGENDA ITEM 4

ACTION: COMAR 10.25.07, Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses – Proposed Amendments

Nikki Majewski, Chief of Health Information Technology, presented proposed amendments that support the implementation of legislation passed by the General Assembly in 2021 and 2025. The legislation aims to advance public health in the State by requiring MHCC-certified electronic health networks (EHN) to provide electronic health care transaction information to CRISP. COMAR 10.25.07 is the existing EHN regulatory framework. The Commission proposed amended regulations at the October 2024 Commission meeting; however, following public comment, staff recommended that the amendments be proposed again due to substantive changes. Ms. Majewski overviewed new amendments that incorporate stakeholder feedback from public comments received from December 2, 2024, through January 2, 2025.

Commissioner Dzirasa moved to PROPOSE amendments to COMAR 10.25.07, which was seconded by Commissioner Foreman and, after discussion, unanimously approved.

ACTION: COMAR 10.25.07, Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses – Proposed Amendments are hereby APPROVED.

AGENDA ITEM 5

ACTION: Final Draft Non-Controlled Prescription Drugs Dispenser Data Submission Manual

Anna Gribble, Assistant Chief, Health Information Technology, presented the final draft Non-controlled Prescription Drugs Dispenser Data Submission Manual (dispenser manual) developed in collaboration with stakeholders. The dispenser manual provides technical guidance, as required by COMAR 10.25.18.13, Non-controlled Prescription Drugs Dispenser Reporting. State law (2022) requires dispensers to report non-controlled prescription drug dispense information to the State-designated health information exchange, CRISP. Ms. Gribble highlighted stakeholder awareness-building activities to prepare for reporting by Q4 2025.

Commissioner Foreman made a motion to APPROVE the Final Draft Non-Controlled Prescription Drugs Dispenser Data Submission Manual to be posted in the Maryland Register, which was seconded by Commissioner Wood and, after discussion, unanimously approved.

ACTION: Final Draft Non-Controlled Prescription Drugs Dispenser Data Submission Manual is hereby APPROVED.

AGENDA ITEM 6

ACTION: Budget Language - Policies and procedures for including ambulatory surgical facilities in private payer plans - Final Report

Under the 2024 Joint Chairmen's Report (JCR) the Commission was required to conduct a comprehensive study on the policies and procedures for including ambulatory surgical centers (ASCs) in private health insurance plans, a detailed analysis of the cost differential between procedures performed in hospitals [outpatient departments] and procedures performed in ASCs; and an assessment of the impact of integrating ambulatory surgical centers with the Total Cost of Care Model or its successor model under the CMS AHEAD Model. Staff in partnership with its contractor, Advanta Government Services LLC (AGS), completed the study and Final Report on the Private Payer Coverage of Ambulatory Surgical facilities as required by the JCR.

Mark Moffett, PhD, Senior Health Economist with AGS, provided an overview of the study process, methods, findings, and recommendations. Kenneth Yeates-Trotman and Mariama Simmons (staff) were also available to answer questions.

Commissioner Dzirasa moved to approve the report, which was seconded by Commissioner Foreman. After extensive discussion on the study approach and findings, Commissioner Foreman moved to include a letter to the JCR Committee along with the report suggesting a secondary study be completed on the same issue, to include employers, payers, and consumers, and consider incorporating risk-adjusted quality measures through the lens of equity. Commissioner Foreman's motion was seconded by Commissioner Dzirasa. After discussion, the motions were unanimously approved.

ACTION: The Final Report on policies and procedures for including ambulatory surgical facilities in private payer plans is hereby APPROVED for submission to the General Assembly with a letter recommending a secondary study.

AGENDA ITEM 7

ACTION: Follow-Up to Proposed Quality Measures for the upcoming Home Health Review

As a follow-up from the May Commission meeting, Stacy Howes, Ph.D., Chief of Long-Term Care and Health Plan Quality Initiative, and Jeanne Marie Gawel, Chief of Long-Term Care Policy and Planning, co-presented to the Commissioners a recommendation for quality metrics to use in an upcoming CON review for home health agencies. As requested by Commissioners in May, Dr. Howes and Ms. Gawel presented alternatives to using State averages as the quality threshold for CON reviews. Dr. Howes shared the quality metric options, including using State average, national average, or State above average thresholds. Staff recommended that the Commission approve national averages as the quality threshold because it yielded a broader and more diverse applicant pool. Commissioner Gelrud commented that the national quality metrics were not strict enough.

Commissioner Dzirasa moved to APPROVE the staff's Proposed Quality Measures for the upcoming Home Health Review, which was seconded by Commissioner Foreman and, after discussion, approved with Commissioner Gelrud voting in opposition.

ACTION: Proposed Quality Measures for the upcoming Home Health Review are hereby APPROVED.

AGENDA ITEM 8

PRESENTATION: The Leapfrog Hospital Safety Grades: A Review of Spring 2025 Results

Courtney Carta, Chief of Hospital Quality Performance, presented the results for the most recent Leapfrog Hospital Safety Grades. The Leapfrog Group assigns letter grades (A-F) to hospitals based on performance of approximately 22 patient safety measures. Grades are assigned twice annually. The Spring 2025 grades were released last month; 12 hospitals received an A, 15 received a B, and 13 received a C. Nationally, Maryland ranks 21st based on percentage of A hospitals. Maryland hospitals have demonstrated significant improvement since the initial release of grades in 2017.

ACTION REQUESTED: NONE

AGENDA ITEM 9

PRESENTATION: Federal Update, Maryland Medicaid

Alyssa Brown, Director of the Office of Innovation, Research, and Development for the Medical Assistance Program, provided an update on the proposed federal Medicaid changes and the impact on Maryland.

ACTION REQUESTED: NONE

AGENDA ITEM 10

OVERVIEW OF UPCOMING ACTIVITIES

David Sharp provided a preview of July's Commission meeting, noting several key action items: A report for the Joint Chairmen Information Request - M00R01.01, Maryland Health Care Commission, Access to Electronic Health Data for Skilled Nursing Facilities; CRISP State Designation Agreement Renewal; 2025 Psychiatric Bed Utilization Projections, Updated Need Determinations for Historically Underserved Populations; and a presentation on Revisions to the Annual Freestanding Ambulatory Surgery Facility Survey.

ACTION REQUESTED: NONE

AGENDA ITEM 11

ADJOURNMENT

Chair Boyle asked for a motion to adjourn the meeting. There being no further business, the meeting was adjourned at 3:35 p.m. upon the motion of Commissioner Foreman, which was seconded by Commissioner Dzirasa, after discussion, unanimously approved.