Maryland Health Care Commission

Thursday, November 16, 2017

1:00 p.m.

MARYLAND HEALTH CARE COMMISSION

AGENDA

1. **APPROVAL OF MINUTES**
2. UPDATE OF ACTIVITIES
3. **OVERVIEW:** Overview of Maryland's Hospital Safety Grade – The Leapfrog Group
4. **ACTION:** Certificate of Need – Bethesda Chevy Chase Surgical Center (Docket No. 17-15-2401)
5. **ACTION:** Change in Approved Certificate of Need – Suburban Hospital (Docket No. 15-15-2368)
6. **ACTION:** COMAR 10.24.09 – State Health Plan for Facilities and Services: Specialized Health Care Services – Acute Inpatient Rehabilitation Services – Emergency and Proposed Regulations
7. **ACTION:** MCDB Data Submission Manual
8. **ACTION:** Approval for Release – Maryland Physician Services Trauma Fund Report
9. **ACTION:** Approval for Release – Annual Mandate Report: Coverage of Fertility Preservation Procedures for Iatrogenic Infertility
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11. **ADJOURNMENT**

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OVERVIEW:

Overview of Maryland's Hospital Safety Grade – The Leapfrog Group

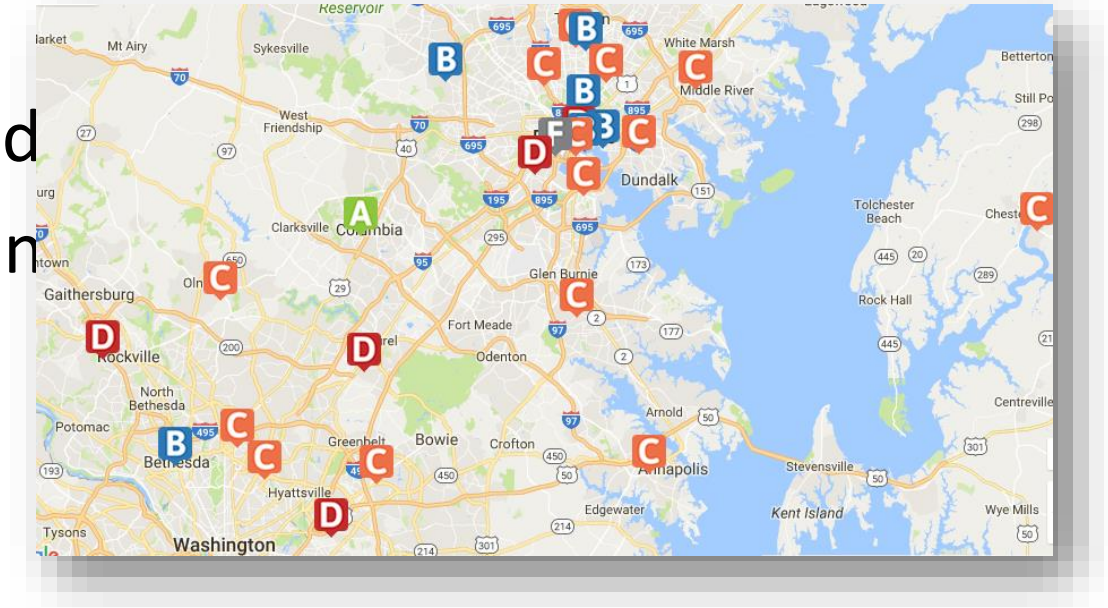
(Agenda Item #3)

MHCC
November 16, 2017

Leah Binder, President & CEO

Today's Overview: Fall 2017 Release of the Leapfrog Hospital Safety Grades

1. How the Grades are calculated
2. How Maryland hospitals did
3. Media coverage & messagin
4. The future



How the Grades are calculated

Leapfrog: The Purchaser-Driven Movement for Quality and Transparency

- Nonprofit publicly reporting by hospital on quality and safety
- Founded by purchasers in 2000 in response to 1999 IOM Report *To Err is Human*
- National and regional influence
- Used by all national health plans, most public reporting sites

Leapfrog's mission is to trigger giant leaps forward in the safety, quality and affordability of U.S. health care by using transparency to support informed health care decisions and promote high-value care.

Core Leapfrog Programs

Survey: Hospitals Submit to Us

Composite Scores: Leapfrog Assigns to Hospitals

LEAPFROG HOSPITAL SURVEY

1. **Management practices that promote quality and safety**
2. **Maternity care outcomes**
3. **High risk procedure outcomes**
4. **Hospital Acquired Condition Prevalence**
5. **Medication Safety**

#1 VEHICLE FOR HOSPITAL TRANSPARENCY

NATIONAL Data available nowhere else by hospital

Not in claims

Aligned/endorsed measures

Bricks and mortar reporting

Verified data

- Leapfrog Survey Team, Faculty, Blue Ribbon Expert Panel assembles the composite
- Reviews all publicly available measures of inpatient safety, defined as errors, accidents, injuries, infections
- Sources: CMS (HSCRC), AHA, Leapfrog Survey
- Weights measures based on evidence, impact, and opportunity
- Hospitals graded on a curve

Leapfrog Hospital Safety Grade
Expert Panel of Patient Safety Leaders

- **David Bates**, M.D., Harvard University
- **Andrew Bindman**, M.D., University of California, San Francisco
- **Arnold Milstein**, M.D., M.P.H., Stanford University
- **Peter Pronovost**, M.D., Ph.D., F.C.C.M, Johns Hopkins School of Medicine
- **Patrick Romano**, M.D., M.P.H., University of California, Davis
- **Sara Singer**, Ph.D., Harvard University
- **Arjun Srinivasan**, M.D., CAPT U.S. Public Health Service, Centers for Disease Control and Prevention
- **Tim Vogus**, Ph.D., Vanderbilt University
- **Matthew D McHugh**, Ph.D., J.D., M.P.H., R.N., C.R.N.P., F.A.A.N., University of Pennsylvania School of Nursing
- **Jennifer Daley**, M.D., F.A.C.P.

27 Patient Safety Measures Used in the Fall 2017 Leapfrog Hospital Safety Grade

INFECTIONS

MRSA

C. diff

CLABSI (ICU only)

CAUTI (ICU only)

SSI: Colon

PROBLEMS WITH SURGERY

Foreign Object Retained*

PSI 4: Death Among Surgical Inpatients*

PSI 6: Iatrogenic Pneumothorax*

PSI 11: Postoperative Respiratory Failure*

PSI 12: Postoperative PE/DVT*

PSI 14: Postoperative Wound Dehiscence*

PSI 15: Accidental Puncture or Laceration*

PRACTICES TO PREVENT ERRORS

Computerized Physician Order Entry (CPOE)**

Communication about Medicines

Communication about Discharge

Safe Practice 2: Culture Measurement, Feedback & Intervention**

Safe Practice 19: Hand Hygiene**

SAFETY PROBLEMS

PSI 3: Pressure Ulcers*

Falls and Trauma*

Air Embolism*

Safe Practice 4: Identification and Mitigation of Risks and Hazards**

DOCTORS, NURSES & HOSPITAL STAFF

Safe Practice 1: Leadership Structures and Systems**

Safe Practice 9: Nursing Workforce**

ICU Physician Staffing (IPS)**

Communication with Doctors

Communication with Nurses

Responsiveness of Hospital Staff

- Measure provided by MHCC from HSCRC hospital discharge dataset using the same specifications that are used for non-Maryland hospitals.

** Measure from Leapfrog Hospital Survey, not used without survey submission or approved secondary data source

How Maryland hospitals did

Fall 2017 State Rankings

LEAPFROG HOSPITAL SAFETY GRADE

Rank	State	Total # Hospitals Scored	Total # A Hospitals	% A Hospitals	*Spring 2012 State Ranking*
1	Rhode Island	7	5	71.43%	*50*
2	Maine	16	11	68.75%	*2*
3	Hawaii	12	8	66.67%	*36*
4	Idaho	11	7	63.64%	*19*
5	Virginia	68	41	60.29%	*7*
6	Wisconsin	56	33	58.93%	*44*
7	Massachusetts	60	34	56.67%	*1*
8	Oregon	32	16	50.00%	*48*
9	Ohio	110	51	46.36%	*15*
10	Colorado	39	18	46.15%	*27*
11	New Jersey	68	30	44.12%	*14*
12	North Carolina	78	34	43.59%	*29*
13	South Carolina	46	19	41.30%	*11*
14	Utah	22	9	40.91%	*32*
15	Kansas	31	12	38.71%	*39*
16	New Hampshire	13	5	38.46%	*19*
17	Montana	8	3	37.50%	*16*
17	South Dakota	8	3	37.50%	*29*
19	Texas	210	77	36.67%	*24*
20	New Mexico	15	5	33.33%	*32*
20	Mississippi	33	11	33.33%	*34*
22	Missouri	58	18	31.03%	*47*
23	Indiana	59	18	31.03%	*18*
24	Florida	174	53	30.46%	*12*
25	Pennsylvania	126	38	30.16%	*22*
26	Illinois	111	33	29.73%	*4*
27	Minnesota	34	10	29.41%	*9*
27	Louisiana	51	15	29.41%	*25*
29	Tennessee	63	18	28.57%	*5*
30	Connecticut	25	7	28.00%	*43*
31	California	265	74	27.92%	*10*
32	Oklahoma	40	11	27.50%	*46*
33	Iowa	33	9	27.27%	*23*
34	Kentucky	50	13	26.00%	*28*
35	Washington	44	11	25.00%	*13*
36	Michigan	77	19	24.68%	*6*
37	Arizona	47	10	21.28%	*31*
38	Vermont	5	1	20.00%	*3*
38	Alaska	5	1	20.00%	*17*
40	Georgia	74	14	18.92%	*35*
41	Arkansas	28	5	17.86%	*48*
42	Alabama	49	7	14.29%	*41*
42	Wyoming	7	1	14.29%	*19*
44	Nebraska	16	2	12.50%	*35*
44	West Virginia	24	3	12.50%	*45*
46	Nevada	19	1	5.26%	*26*
47	New York	142	7	4.93%	*40*
48	Maryland	44	1	2.27%	*Not graded*
49	Delaware	6	0	0.00%	*8*
49	District of Columbia	7	0	0.00%	*42*
49	North Dakota	6	0	0.00%	*35*

Fall 2017 Hospital Safety Grades

LEAPFROG HOSPITAL SAFETY GRADE

	Maryland Hospitals	U.S. Hospitals
A	**1 (2%)**	832 (31.5%)
B	**7 (16%)**	662 (25%)
C	**27 (61%)**	964 (37%)
D	**8 (19%)**	159 (6%)
F	**1 (2%)**	12 (.5%)

Fall 2017 Hospital Safety Grades

LEAPFROG HOSPITAL SAFETY GRADE

	Maryland Hospitals	DC Hospitals	Virginia Hospitals
A	**1 (2%)**	0 (0%)	41 (60%)
B	**7 (16%)**	1 (14%)	15 (22%)
C	**27 (61%)**	1 (14%)	12 (18%)
D	**8 (19%)**	3 (43%)	0 (0%)
F	**1 (2%)**	2 (29%)	0 (0%)

Do you have to participate in the Leapfrog Hospital Survey to get an A?

Rankings Change 2012-2017

Rhode Island: 50-**1**

Oregon 48-**8**

Wisconsin 44-**6**

Hawaii 36-**3**

Idaho 19-**4**

Survey Participation 2017

- RI: 64%
- OR: 35%
- WI: 6%
- HI: 62%
- ID: 57%
- MD: 18%

Maryland Hospitals

Grade	With Survey	Without Survey
A	1	0
B	2	5
C	3	24
D	2	6
F	0	1

Ineligible for a grade because not a general hospital:

- 1 Rehab Hospital
- 1 Pediatric Hospital

Insufficient data (small counts)

- Edward McCready Memorial
- Holy Cross Germantown

“A” Hospital in Maryland

Howard County General Hospital

5755 Cedar Lane
Columbia, MD 21044-2999
Map and Directions

This Hospital's Grade

A

FALL 2017

Learn how to use the Leapfrog Hospital Safety Grade

► Show Recent Past Grades

Detailed table view

Infections | Problems with Surgery | Practices to Prevent Errors | Safety Problems | Doctors, Nurses & Hospital Staff

Click Each Measure to Learn More

Hospital Performs Below Average — Above Average

MRSA Infection	C. diff Infection	Infection in the blood during ICU stay	Infection in the urinary tract during ICU stay	Surgical site infection after colon surgery
				

“F” Hospital in Maryland

Bon Secours Baltimore Health System

2000 W. Baltimore Street
Baltimore, MD 21223-1597
Map and Directions

This Hospital's Grade

F

FALL 2017

Learn how to use the Leapfrog Hospital Safety Grade

► Show Recent Past Grades

Detailed table view

Infections | Problems with Surgery | Practices to Prevent Errors | Safety Problems | Doctors, Nurses & Hospital Staff

Click Each Measure to Learn More

Hospital Performs Below Average — Above Average

MRSA Infection	C. diff Infection	Infection in the blood during ICU stay	Infection in the urinary tract during ICU stay	Surgical site infection after colon surgery
				Not Available[2]

Media coverage & messaging

DMV and Maryland Coverage

35 Total Stories in the Maryland, DC, Virginia Area

11 Broadcast (TV and Radio)

- **Bon Secours:** “[We review] each and every quality ranking assessment with a strong commitment to improving our care.“

- **Maryland Hospital Association** "Each and every hospital in Maryland has programs and initiatives in place to make sure the care their patients receive is safe and compassionate.”

- **Adventist Shady Grove:** "We don’t believe our grade is a reflection of the care we give at Shady Grove. The information in the report was not complete quality of information.”

- **University of Maryland Medical System**, said hospital administrators will study the report and try to learn from it.

- **Johns Hopkins Medicine:** “We strive every day to provide the highest quality and safest care to all of our patients. As such, we review and analyze hospital ratings with interest, such as those recently released by Leapfrog.”

- **Howard County General Hospital:** "This rating is an affirmation of the work we are doing to deliver quality outcomes, patient safety and the best overall experience.“

The future

Next Steps

- Grade updates
- Galvanizing and recognizing improvement
- Joint advocacy for Maryland transparency & The Leapfrog Hospital Survey
- Push for Statewide transformation

"Five States Make Dramatic Strides in Patient Safety"—
Leapfrog National Release

- **From 2012 to 2017:**
  - **Rhode Island** WAS 50th TODAY: **1st**
  - **Oregon** WAS 48th TODAY: **8th**
  - **Wisconsin** WAS 44th TODAY: **6th**
  - **Hawaii** WAS 36th TODAY: **3rd**
  - **Idaho** WAS 19th TODAY: **4th**

- **From 2017 to 2022:**
  - **Maryland** WAS 46th TODAY **1st**

Thank you

The Leapfrog Group: www.LeapfrogGroup.org

Facebook: Facebook.com/TheLeapfrogGroup

Twitter: @LeapfrogGroup

Hospital Safety Grade: www.HospitalSafetyGrade.org

Leah Binder (@LeahBinder)

- Lbinder@LeapfrogGroup.org
- 202-292-6713

www.forbes.com/sites/leahbinder/

www.huffingtonpost.com/leah-binder/

http://blogs.wsj.com/experts/tag/leah-binder/

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Certificate of Need – Bethesda Chevy Chase Surgical Center (Docket No. 17-15-2401)

(Agenda Item #4)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Change in Approved Certificate of Need – Suburban Hospital (Docket No. 15-15-2368)

(Agenda Item #5)

MARYLAND HEALTH CARE COMMISSION

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MARYLAND HEALTH CARE COMMISSION

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COMAR 10.24.09 – State Health Plan for Facilities and Services: Specialized Health Care Services – Acute Inpatient Rehabilitation Services – Emergency and Proposed Regulations

(Agenda Item #6)

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MARYLAND HEALTH CARE COMMISSION

ACTION:

MCDB Data Submission Manual

(Agenda Item #7)

MARYLAND HEALTH CARE COMMISSION

MCDB Data Submission Manual

COMMISSION MEETING

NOVEMBER 16, 2017

Overview

- Refresher on MCDB Reporting Requirements
- Review changes of the 2018 Data Submission Manual
- Seek approval of the 2018 Data Submission Manual

What's included in the MCDB

- Commercial Reporting Entities:
  - Life and Health Insurance Carriers and HMOs
  - TPAs, PBMs, Behavioral Health Administrators
  - Qualified Health Plans and Qualified Dental Plans
- Data reported:
  - Membership / Eligibility
  - Claims files: Professional, Institutional, Pharmacy, and Dental
  - Provider Directory
  - Non-Fee-for-Service Spending (Future)
- Medicaid MCO Data:
  - Provided by Medicaid via The Hilltop Institute
- Medicare Data:
  - Acquired through State Agency DUA with CMS

What's changing?

- No changes in Maryland's reporting requirements except for the following reminders:
  - Facility claims (received on UB-04 forms only) for freestanding ambulatory surgical and radiology centers shall be reported in the institutional services file
  - MHCC shall assess both the quality and completeness of data regarding services provided at these facilities
  - Payors shall perform data quality checks before reporting data to the MCDB portal

- Added Fields:
  - "*Mail-order Pharmacy Indicator*" field added to Pharmacy Services file
  - "*Units of Service*" field added to Institutional Services file
  - "*Service Unit Indicator*" field added to Institutional Services file
  - "*Place of Service*" field added to Institutional Services file

- Carrier Feedback: no negative responses on changes

- Promoting timely data submissions by:
  - Clarifying reporting final date requirements and validation checks
  - Enforcing fining authority

Next Steps

- Commission questions and vote on posting submission manual to Commission website
- Disseminate Manual and follow up with Payor Meetings
- Implement changes for submission starting in May 2018 for Q1 2018 Data Reports

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ACTION:

Approval for Release – Maryland Physician Services Trauma Fund Report

(Agenda Item #8)

Maryland Health Care Commission

Maryland Trauma Physician Services Fund

Bridget Zombro, Director of Administration

Karen Rezabek, Program Manager

November 16, 2017

Purpose

The Maryland Trauma Physician Services Fund

- Reimburses trauma physicians for care rendered to patients that are uninsured;
- Offsets trauma centers' costs for physicians serving on-call at the centers; and
- Provides grants to trauma centers for trauma-related equipment

FY 2017 Collections and Expenditures

- The Fund received $12.4 million from the $5 registration fee collected by the Maryland Motor Vehicle Administration in FY 2017

- The Fund expended:
  - $1.8 million in uncompensated care claims
  - $7.5 million in on call and stand-by stipends
  - $141,650 to Medicaid
  - $133,994 in Administrative Expenses

Causes for the lower expenditures

- **Uncompensated care payments and refunds to the Fund fell substantially in both FY 2016 and FY 2017.**
- **Medicaid reimbursement for undercompensated care has been below expectations.**
- **Commission staff expects similar results for FY 2018 in these categories of reimbursement.**
- **Steps taken to date:**
  - **For FY 2017, uncompensated care payments and on-call stipends were increased by 5% above the Medicare rate.**

Changes for FY 2018 that can be made under the Commission's existing authority.

- **Continue the reimbursement for uncompensated care and on-call stipends at 105% of Medicare fee level.**
  - **Increase in reimbursement largely benefits on-call, less so for uncompensated care because of declining claims.**
  - **Medicaid reimbursement remains at 100 percent of Medicare.**

- **Increase the trauma equipment grant program by making grants annually to the Level II and Level III trauma centers and increasing the total amount to be granted from $300,000 to $600,000**
  - **Under the current statute, MHCC can allocate up to 10% of the existing fund balance to trauma equipment grants.**
  - **In future years, MHCC could raise equipment grants further and make awards competitive.**

Statutory changes that could be considered for FY 2019

- **Lower the registration fee surcharge on Maryland motor vehicle registrations and renewals from $5 to $4 beginning in FY 2019. Requires statutory change to Maryland Annotated Code, Transportation, Section 13-954. Surcharge for motor vehicle registration.**
  - **Cutting the fee surcharge would reduce revenue by 20%.**
  - **Reduced revenue would meet current obligations and slowly reduce the fund balance.**
  - **Assumes Medicaid expansion continues.**
- **Modify Maryland Annotated Code, Health-General, Section 19-130 to include the following language: up to $500,000 of the Trauma Fund balance remaining at the end of any fiscal year may be used by MHCC to fund telehealth grants that can reduce the use of EMS services.**
  - **Greater use of telehealth would enable EMS providers to focus on acute and trauma patients in all areas of the State.**
  - **Benefits patients that use EMS for primary care.**
  - **Well-aligned with objectives of the Total Cost of Care Demonstration slated to start in 2019.**

Statutory changes that could be considered for FY 2019 (continued)

- **Provide higher reimbursement to Level II and Level III trauma centers to cover greater share of actual on-call costs.**
  - **Current law provides reimbursement for on call at 30% of the reasonable compensation equivalent's hourly rate for the specialty adjusted by growth in the MEI.**
  - **Number of on-call hours that can be claims is capped at 24,500 for Level II centers and 35,050 for Level III centers**
- **Increase the number of providers that are eligible for uncompensated care payment and Medicaid under-payment to include physicians outside of the trauma center and non-physician practitioners, such as physical, speech, and occupational therapists.**
  - **Proposal has been considered in the past and rejected.**
  - **Impact would be modest relative to probable administrative burden**
- **Commission recommends that any use of the Trauma Fund balance be restricted to Trauma and EMS first and the other health care system needs second.**

- **Questions?**

- **Contact us:**

  - **Bridget Zombro, Director of Administration, Bridget.Zombro@maryland.gov**

  - **Karen Rezabek, Program Manager, Karen.Rezabek@maryland.gov**

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MARYLAND HEALTH CARE COMMISSION

ACTION:

Approval for Release – Annual Mandate Report: Coverage of Fertility Preservation Procedures for Iatrogenic Infertility

(Agenda Item #9)

PROPOSED MANDATED HEALTH INSURANCE SERVICES
FERTILITY PRESERVATION FOR IATROGENIC INFERTILITY

MARYLAND HEALTH CARE COMMISSION (MHCC)

Presented by:

Donna Novak FCA, ASA, MAAA, MBA
NovaRest, Inc.
Donna.Novak@NovaRest.com

Karen Bender FCA, ASA, MAAA
Snowway Actuarial and Healthcare Consulting, LLC
Karen.Bender@saahc.com

Our Qualifications

NovaRest is a leading actuarial firm that specializes in aiding state insurance regulators to meet their regulatory responsibility. We have extensive knowledge of the needs of insurance regulators, and routinely demonstrate our expertise and resources to undertake the responsibility required under the proposed contract. As a sampling of this work:

- Over forty mandated benefit evaluations in Illinois, Maine, Maryland, New Jersey, New York, and South Carolina.
- We have a powerful combination of industry and regulatory experience.
- We have recognized experts in the area of rate development and rate review and the estimation of what impacts premium rates.
- We have a clear understanding of the Patient Protection and Affordable Care Act (ACA), and have advised the Department of Health and Human Services (HHS) as it developed the pertinent ACA regulations.

Report Content

- We relied upon several cited sources with the intention of providing an unbiased report.
- As a result, there may be some conflicting information within the contents.
- We only used sources and citation that we considered credible
- We do not offer any opinions regarding whether one source is more credible than another

Mandated Coverage for Fertility Preservation for Iatrogenic Infertility

Senate Bill 918 would require carriers that provide specified benefits under specified policies or contracts to provide coverage for specified fertility preservation procedures associated with iatrogenic infertility.

Mandated Coverage for Fertility Preservation for Iatrogenic Infertility

Applicable to:

- **Insurers** and **nonprofit health service plans** that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis under health insurance policies that are issued or delivered in the state.
- **Health maintenance organizations** that provide hospital, medical, or surgical benefits to individuals or groups under health contracts that are issued or delivered in the state.

Coverage

ACA Benchmark Plan

- The current Maryland benchmark plan for ACA compliant plans is the small group CareFirst BlueChoice HMO HSA-HRA $1,500 plan.
  - Does not include fertility preservation for iatrogenic infertility

Background

- Iatrogenic infertility
  - Medical treatment with a likely side effect of infertility
  - Established by ASRM, ACOG, and ASCO.

- Standard fertility preservation
  - Procedures to preserve fertility that are consistent with established medical practices and professional guidelines.
  - Guidelines published by ASRM, ACOG, and ASCO.
  - Storage and In-Vitro Fertilization (IVF) **not included in the bill**

ASRM: American Society for Reproductive Medicine
ACOG: American College of Obstetricians and Gynecologists
ASCO: American Society of Clinical Oncology

Background

- Established procedures include:
  - Sperm Cryopreservation
  - Embryo Cryopreservation
  - Mature Oocyte (egg) Cryopreservation

- Other procedures are available but may be considered investigational at this time or may not work in all circumstances. Includes among others:
  - Immature Egg and Ovarian tissue cryopreservation are considered investigational
  - Gonadal and Ovarian shielding and transposition are at risk of scatter radiation and may be impacted by chemotherapy

Coverage

- Infertility benefits often available after a diagnosis of infertility.

- Infertility benefits often not available before a diagnosis of infertility.
  - Therefore, fertility preservation not generally available
  - One carrier provides coverage

Coverage with diagnosis of infertility

Essential Health Benefits (Individual and Small Group Market)

The EHBs in the individual and small group market provide for "coverage for services obtained after diagnosis of infertility."

- IVF excluded for small group plans, but is covered for individual plans

Maryland Mandated Benefits (Large Group Market)

Large group market carriers that provide pregnancy-related benefits may not exclude benefits for all outpatient expenses arising from IVF procedures

Maryland Medicaid Managed Care

The Maryland Department of Health (MDH) indicated that fertility preservation services are not currently covered under the Medicaid program.

Commercial Carrier Coverage for Fertility Preservation for Iatrogenic Infertility

Coverage results:

Carrier 1

1. **Covered under all group plans (individual not offered)**
2. Requires a planned course of treatment that will result in infertility.

Carrier 2

1. **Standard benefit plan language specifically excludes cryopreservation** for eggs and donor sperm
2. Infertility benefits are highly plan dependent. For **some clients that offer infertility coverage**, the carrier covers cryopreservation, storage and thawing of either embryos or mature oocytes under active infertility treatment

Commercial Carrier Coverage

Carrier 3

Not a covered service for fully-insured individual, small group, and large group markets

Carrier 4

No benefits for fully insured business in any market

Carrier 5

1. **Does not provide coverage** for fertility preservation procedures for iatrogenic infertility in the individual, small and large group markets.
2. Covers services or supplies for the diagnosis and treatment of involuntary infertility for females and males

State Mandate Analysis of Fertility Preservation for Iatrogenic Infertility

- California
  - **Proposed SB172** requires individual and group health care plans or policies to include coverage for standard fertility preservation services when a necessary medical treatment may cause iatrogenic infertility.
- Connecticut
  - **Passed H.B. 5644** which provides health insurance coverage for fertility preservation services for insureds who face likely infertility as a result of a necessary medical procedure for the treatment of cancer or other medical conditions.

State Mandate Analysis of Fertility Preservation for Iatrogenic Infertility

- New York
  - **Pending bill** that adds coverage for standard fertility preservation treatments for those facing iatrogenic infertility.

- Rhode Island
  - **Passed legislation** requiring any health insurance contract, plan, or policy which includes pregnancy related benefits, provides coverage for standard fertility preservation services when a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a covered person.

Financial Impact on Premiums

Analyses in Other States

- The California Health Benefits Review Program
  - Estimates utilization to increase by 30%
  - Premiums would increase by **0.041%**
  - No dollar PMPM was provided in this study.

- Connecticut
  - Estimated a 10 - 15 percent increase in use of procedures per year
  - Premium increase
    - **$0.062 PMPM** for individual policies
    - **$0.059 PMPM** for fully insured group plans.
    - NovaRest estimate these PMPM translate into about **0.01%** for individual policies and for fully insured group plans.*

*Based upon 2016 (most recent available) Supplemental Health Care Exhibit member months and health premiums

Financial Impact on Premiums

Carrier Estimates

Four out of the five Maryland carriers provided cost estimates

- $0.00 PMPM, (0% of premium) since the carrier already provided coverage,
- $0.03 PMPM, (0.01% of premium)
- $0.23 PMPM, (0.05% of premium) and
- $1.50 PMPM, (0.4% of premium)

Financial Impact on Premiums

NovaRest Estimate

- The total cost is equal to the marginal cost as only one carrier (with 4% market share in group market) covers the benefit
- Per-member-per-month (PMPM) Impact

Total PMPM	Individual	Small Group	Large Group
Scenario #1: 25%	$0.14	$0.18	$0.18
Scenario #2: 33%	$0.18	$0.24	$0.24

- Percent of Premium Impact

Total % of Premium	Individual	Small Group	Large Group
Scenario #1: 25%	0.05%	0.05%	0.04%
Scenario #2: 33%	0.06%	0.06%	0.05%

- Credible Maryland-specific information was not available from the carriers. However, the research we completed for Maryland-specific providers resulted in those charges falling within the national averages.

Financial Impact on Premiums

NovaRest Assumptions

- National cancer incidence rates were used.
- Member months by age were provided by carriers.
- For men who pursue fertility preservation, we assume 100% will opt for sperm cryopreservation.
- For women who pursue fertility preservation. we assume 50% will for embryo cryopreservation and 50% will opt for oocyte cryopreservation
- Allowed costs for fertility preservation was based on nationwide data. Storage and fertilization costs not included. We assume $500 for sperm cryopreservation, $13,000 for embryo cryopreservation, and $12,500 for oocyte cryopreservation.
- We used two scenarios for the number of people who will pursue fertility preservation, 25% (consistent with the California analysis) and 33% (consistent with a study by the National Center for Biotechnology Information)

Specific Questions

- ***The extent to which the coverage will increase or decrease the cost of the service.***
  - Potential increases in cost are not expected to have a significant impact on per member per month (PMPM) costs or percentage of premium estimates.

- ***The extent to which the coverage will increase the appropriate use of the service.***
  - This mandate would increase the appropriate use of fertility preservation for iatrogenic infertility to the extent that it is currently not covered and people are not willing or able to pay the additional cost.
  - One carrier did express concern that the definition of iatrogenic infertility was too broad
    - Includes impairment of fertility caused directly or indirectly by "surgery"
    - Could include voluntary male or female sterilization.
    - Reversal of voluntary sterilization is inconsistent with intent of proposed mandate

- ***The extent to which the mandated service will be a substitute for a more expensive service.***
  - For patients that experience iatrogenic infertility, there is no substitute service.

Specific Questions

- ***The extent to which the coverage will increase or decrease the administrative expenses of carriers, including health maintenance organizations, or other organizations authorized to provide health benefit plans in the State, and the premium and administrative expenses of policyholders and contract holders.***
  - Carriers expressed concern about additional administrative expenses, but did not quantify these costs
  - Carriers indicated there could be difficulties in coding claims [which would impact their ability to appropriately and timely adjudicate for payment]
    - Diagnosis of "infertility" required for these types of services
    - At time of services, patients are not yet "infertile", therefore no "infertility" diagnosis
  - Total administrative costs will not be materially impacted by the addition of this benefit
    - Total administrative costs are 25% or less of claims (20% of premiums)
    - Many of these costs are not directly associated with claim adjudication and will not change as a result of this benefit [e.g. overhead expenses, billing, enrollment, etc.]

Specific Questions

- ***The impact of this coverage on the total cost of health care.***
  - The utilization of the service would increase which could put upward pressure on the total cost of health care.
  - The estimated cost of this benefit is minimal, so the upward pressure on total cost of health care would be minimal.

- ***The impact of all mandated health insurance services on employers' ability to purchase health benefits policies meeting their employees' needs.***
  - Given the low-cost impact of the proposed mandate, it is unlikely that its passage alone would cause a major shift to self-insurance or for employers to drop insurance altogether.

Questions?

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MARYLAND HEALTH CARE COMMISSION

AGENDA

1. APPROVAL OF MINUTES

2. UPDATE OF ACTIVITIES

3. **OVERVIEW:** Overview of Maryland's Hospital Safety Grade – The Leapfrog Group

4. **ACTION:** Certificate of Need – Bethesda Chevy Chase Surgical Center (Docket No. 17-15-2401)

5. **ACTION:** Change in Approved Certificate of Need – Suburban Hospital (Docket No. 15-15-2368)

6. **ACTION:** COMAR 10.24.09 – State Health Plan for Facilities and Services: Specialized Health Care Services – Acute Inpatient Rehabilitation Services – Emergency and Proposed Regulations

7. **ACTION:** MCDB Data Submission Manual

8. **ACTION:** Approval for Release – Maryland Physician Services Trauma Fund Report

9. **ACTION:** Approval for Release – Annual Mandate Report: Coverage of Fertility Preservation Procedures for Iatrogenic Infertility

10. **OVERVIEW OF UPCOMING EVENTS**

11. **ADJOURNMENT**

MARYLAND HEALTH CARE COMMISSION

Overview of Upcoming Initiatives

(Agenda Item #10)


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