



Maryland Health Care Commission

Thursday, April 18, 2019

1:00 p.m.

1. Approval of Minutes
2. Update of Activities
3. ACTION: Certificate of Need – Atlantic General Hospital Corporation Establishment of Ambulatory Surgical Facility (Docket No. 18-23-2431)
4. ACTIONS: Exemptions from Certificate of Need Review – Shore Health System
 - A. ACTION: Conversion of University of Maryland Shore Medical Center at Dorchester to a Freestanding Medical Facility (Docket No. 18-09-EX006)
 - B. ACTION: Consolidation of University of Maryland Shore Medical Center at Easton and University of Maryland Shore Medical Center at Dorchester (Docket No. 18-09-EX007)
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 - A. ACTION: University of Maryland St. Joseph Medical Center (Docket No. 17-03-CP007)
 - B. ACTION: MedStar Union Memorial Hospital (Docket No. 17-24-CP008)
 - C. ACTION: The Johns Hopkins Hospital (Docket No. 17-24-CP009)
6. ACTION: Approval of the Maryland Primary Care Advisory Council Members
7. ACTION: Legislative Wrap-up
8. PRESENTATION: Payment for Professional Services in Maryland
9. PRESENTATION: Experience of Care in Nursing Homes Report: Results from the 2018 Family Satisfaction Survey
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APPROVAL OF MINUTES

(Agenda Item #1)

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UPDATE OF ACTIVITIES

(Agenda Item #2)

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ACTION:

Certificate of Need – Atlantic General Hospital Corporation Establishment of Ambulatory Surgical Facility (Docket No. 18-23-2431)

(Agenda Item #3)

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ACTION:

Approval of the Maryland Primary Care Advisory Council Members

(Agenda Item #6)



Maryland Primary Care Program

Advisory Council

April 18,
2019



Andrew N. Pollak, MD, Chair
Department of Orthopaedics, University of Maryland School of Medicine
Chief of Orthopaedics, University of Maryland Medical System

Marcia Boyle
Founder
Immune Deficiency
Foundation

Jason C. McCarthy
Vice President of Operations,
Baltimore
Kaiser Foundation Health Plan

Candice A. Peters, M.D.
Physical Medicine and
Rehabilitation in
Private Practice

Cassandra Tomarchio
Business Operations Manager
Enterprise Information Systems
Directorate
U.S. Army Communications
Electronics Command

Elizabeth A. Hafey, Esq.
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Miles & Stockbridge P.C.

Jeffrey Metz, MBA, LNHA
President and Administrator
Egle Nursing and Rehab Center

Martha G. Rymer
Rymer & Associates, P.A.

**Margaret Hammersla,
Ph.D.**
Senior Director DNP
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Organizational Systems
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Gerard S. O'Connor, M.D.
General Surgeon in Private
Practice

Randolph S. Sergent, Esq.
Vice President and Deputy
General Counsel
CareFirst BlueCross BlueShield

Marcus L. Wang, Esq.
Co-Founder, President and General
Manager
ZytoGen Global Genetics Institute

Michael J. O'Grady, Ph.D.
Principal, Health Policy LLC, and
Senior Fellow, National Opinion
Research Center, (NORC) at the
University of Chicago

Stephen B. Thomas, Ph.D.
Professor of Health Services
Administration
School of Public Health
Director, Maryland Center for
Health Equity
University of Maryland, College
Park

Overview of the Maryland Primary Care Program (MDPCP)

- Voluntary program open to all qualifying Maryland primary care providers
- Provides funding and support for the delivery of advanced primary care
- Supports the overall health care transformation process and allows primary care providers to play an increased role in prevention, management of chronic disease, and preventing unnecessary hospital utilization
- MDPCP is an advanced alternative payment model, which is a care delivery and payment model that incentivizes high quality care

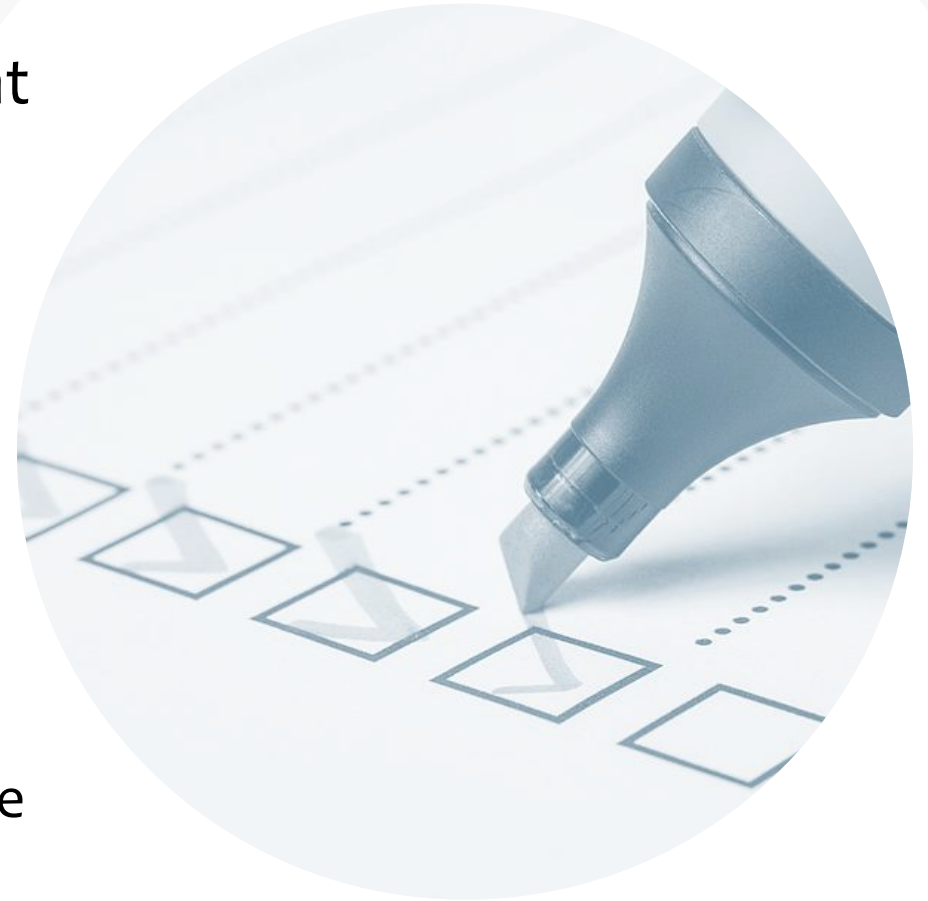


Purpose of the Advisory Council

- Provide input from key stakeholders to the operations of the MDPCP
- Serve a consultative and advisory role to the Secretary of the Maryland Department of Health (MDH) and the MDPCP program office (PMO)

MHCC's Role

- Staff will provide administrative management and support services, such as:
 - Convening the Advisory Council
 - Selecting representatives and making recommendations on reappointments, in collaboration with the PMO and the Health Services Cost Review Commission, and Researching issues under consideration by the Advisory Council
 - Examining a specific issue in the Total Cost of Care Model or the Medicaid Program that affects the MDPCP, as requested by the Advisory Council



Advisory Council Responsibilities

- Recommendations for inclusion in the State's annual report to CMS on MDPCP
- Assess implementation and recommend improvements
- Gather data from MDPCP program participants and beneficiaries to support issue research
- Request other MDH agencies to examine specific issues



Membership and Nominations

No. of Slots	Membership Category	Nominations
4	Primary Care, three of which are MDPCP Clinicians	Nkem Okeke, MD; Medicalincs Michael Riebman, MD; Maryland Primary Care Joseph Weidner, MD; Stone Run Family Medicine, Carol Alter, MD; Mindoula Health
1	MHA	Bob Atlas; Maryland Health Association
2	Health Systems	Scott Berkowitz, MD; Johns Hopkins Patrick Dooley; University of Maryland Medical System
1	CTO	Gene Ransom; MedChi
3	Advanced Primary Care	Debora Kuchka-Craig, MedStar Health Michael Barr, MD; National Committee for Quality Assurance Robert Berenson, MD; The Urban Institute
2	Private Payers	Stacia Cohen; CareFirst Mai Pham, MD; Anthem

Membership and Nominations (Cont.)

No. of Slots	Membership Category	Nominations
1	Medicaid MCO	Laura Herrera Scott, MD; AmeriGroup
1	Medicaid Advisory Committee	Scott Rose; Way Station, Inc.
2	Medicare Beneficiary	James Campbell; AARP Robyn Elliot; Public Policy Partners
1	Medicaid Director	Dennis Schrader
1	MHCC	Ben Steffen
1	HSCRC	Katie Wunderlich
1	PMO	Howard Haft, MD

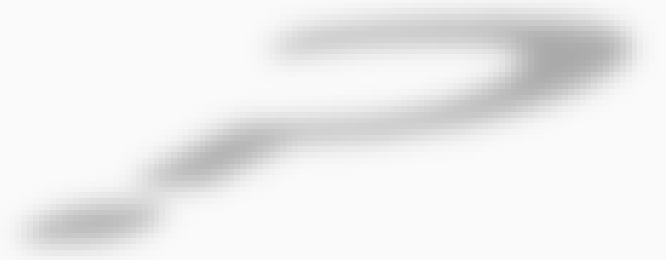
Next Steps

- Notify members
- Organize the kick-off meeting, anticipated in late spring
- Ongoing quarterly meetings after kick-off





Questions



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ACTION:

Legislative Wrap-up

(Agenda Item #7)



Legislative Wrap-up

**Maryland Health Care Commission
April 18, 2019**

Presentation Overview

- Budget Bills
- CON Bills
- Other Bills
- Failed Bills
- Responsibilities for MHCC from the 2019 Session
- Next Steps

Bill Status: Budget Bills

HB 100 /SB 125 Budget Bill (Fiscal Year 2020) & HB 1407/SB 1040 Budget Reconciliation and Financing Act of 2019

Status: Enacted

- \$34,236,004 Special Fund appropriation for MHCC (reflecting \$ 8.1 million reduction in Integrated Care Networks (ICN), which impacts HSCRC, MDPCP), plus \$100,000 additional appropriation for operating grant funds to the R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center.
- \$500,000 of MDH's appropriation is contingent on completion of an assessment of services provided at the University of Maryland Shore Medical Center in Chestertown
- No Change to the Trauma Fund budget
- MIEMSS must submit:
 - a report (with HSCRC) on ER overcrowding solutions by 11/1/19 and
 - a report on progress on EMS new model reimbursement on 12/1/19 (with MHCC and HSCRC)
- HSCRC must identify Total Cost of Care goals and quality measures for Medicaid and report by 12/1/19

Bill Status: CON Bills

- **HB 626** Health Care Facilities- Change in Bed Capacity- Certificate of Need Exemption (Delegate Krebs) / **SB 649** Health Care Facilities- Change in Bed Capacity- Certificate of Need Exemption (Sen. Klausmeier)
 - *House Bill enacted, went into effect on 4/5/2019*
 - Immediate impact on CON application from Carroll Hospice
 - Senate Bill Returned Passed
- **HB 646/ SB 597** Maryland Health Care Commission- State Health Plan and Certificate of Need for Hospital Capital Expenditures (Delegate Pendergrass)
 - Both Bills Returned Passed
 - Effective date October 1, 2019
- **HB 931 / SB 940** Health Care Facilities-Certificate of Need- Modifications (Delegate Kipke)
 - Both Bills Returned Passed
 - Effective date October 1, 2019

Bill Status: Other Bills

- **HB 607 / SB 901:** Maryland Trauma Fund- State Primary Adult Resource Center- Reimbursement of On-Call and Standby Costs
 - Both bills passed
 - Effective date July 1, 2019
- **HB 924 / SB 733:** State Board of Physicians- Registered Cardiovascular Invasive Specialists
 - Both bills return passed
 - Effective date October 1, 2019

Failed Bills

- **HB 409 / SB 469** Drugs and Devices- Electronic Prescriptions-Requirements
 - Commission opposed
 - House and Senate bills had hearings in February but neither came out of committee
- **HB 696 / SB 430** Maryland Health Care Commission- Authorized Prescribers- Reporting of Financial Gratuities or Incentives
 - Unfavorable Report by both House and Senate Committees
- **HB 930** Hospitals – Changes in Status – Notification and Approval
 - Unfavorable Report by Health and Government Operations; no cross file
- **HB 247 / SB 445** - Maryland Health Care Commission - Surgical Birth Rate - Study
 - Unfavorable Report by Health and Government Operations; Senate Hearing Canceled
- **HB1059** Health Care Facilities - Closing or Partial Closing - Public Notice
 - Did not come out of the House Committee
- **HB 1087 / SB 871** Public Health - Healthy Maryland Program – Establishment
 - Neither bill came out of its assigned committees

Responsibilities for MHCC from 2019 Session (1/2)

- Trauma Fund - MHCC will develop a methodology for funding standby costs at PARC as required HB 607 / SB 901 and more examine all reimbursement policies under our authority in the existing statute.
- Psych Services – If an updated State Health Plan Chapter on Psychiatric Hospital Services is not adopted by 12/31/19, MHCC must submit a report under HB 626.
- MDPCP Funding plan- the remaining funds from the Maryland Health Insurance Program a part of which had been reserved for MDPCP were transferred in the BRFA. HSCRC & MHCC will submit a joint report by 9/1/2019.
- Chestertown Assessment –
 - MHCC and OHCQ will assess services at the University of Maryland Shore Medical Center in Chestertown under SB 1010 and submit a report by 1/1/2020.
 - Prior to the Legislative Session, MHCC and HSCRC committed to the Health Secretary an assessment on the reduction in services at University of Maryland Shore Medical Center in Chestertown. Staff plans to use authority under SB 1010 to conduct work.

Responsibilities for MHCC from 2019 Session (2/2)

New EMS Models – Payment methodology and costs-

- MIEMSS and MHCC will develop a plan for reimbursement for three EMS new models of care and submit a report by 12/1/19 under HB 100
- MHCC will conduct an actuarial impact analysis on mandating carriers to reimburse for these services -- Letter from Chairs of HGO and Senate Finance is forthcoming. Chairs may request additional mandate studies.

Other longer term responsibilities

- Prescription Drug Affordability – The new Prescription Drug Affordability Board, in consultation with a stakeholder council, HSCRC, and MHCC must monitor and assess the impact of policy actions taken by the Board and report findings and recommendations by 1/1/2023 under HB 786.
- Cardiac Catheterization Lab and Cardiovascular Invasive Specialist Report- HB 924 / SB 733 directs MHCC to collect information from the Department of the Environment, the State Board of Physicians, and MHA on hospital cardiac catheterization laboratories in the State and report that information by October 1, 2023.

Next Steps, Recommendations, and Studies Required in 2020

Begin discussion on 2020 legislative priorities

- Further CON reforms
- Rural health initiatives

Recommendations from...

- Infant Mortality Workgroup
- School-Based Telehealth Workgroup
- Health Record and Payment Integration Program Advisory Committee
- Electronic Prescription Records System Workgroup
- Study
 - Cumulative impact of Maryland insurance mandates that MHCC must conduct every 4 years. Staff will confirm that General Assembly wants this study.

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PRESENTATION:

Payment for Professional Services in Maryland

(Agenda Item #8)

Payment for Professional Services in Maryland (2015 - 2017)

Commission Meeting
April 18, 2019



Background

- ❑ MHCC is required to report annually on expenditures for privately insured services using the Maryland Medical Care Data Base (MCDB).
 - This study that meets one statutory requirement.
 - Another study on spending for the privately insured will be released later this spring.

- ❑ Study purpose: examine variation in payment rates for professional services in Maryland between large and other payers and compare those payment rates to Medicare and Medicaid.
 - Analysis compares payment levels between large and other payers, between private payers and Medicare and Medicaid.

- ❑ Data Source: Subset of MCDB claims for professional services provided by health care practitioners including physicians and other health care professionals such as podiatrists, nurse practitioners, psychologists.
 - These claims are further restricted data to include only private payers' in-network claims.

Methodology

- ❑ Assigned Medicare RVUs to the MCDB professional claims.
 - A relative value units measures the number of resources needed to produce a given procedure code. Allows one to compare resource use across procedure codes.

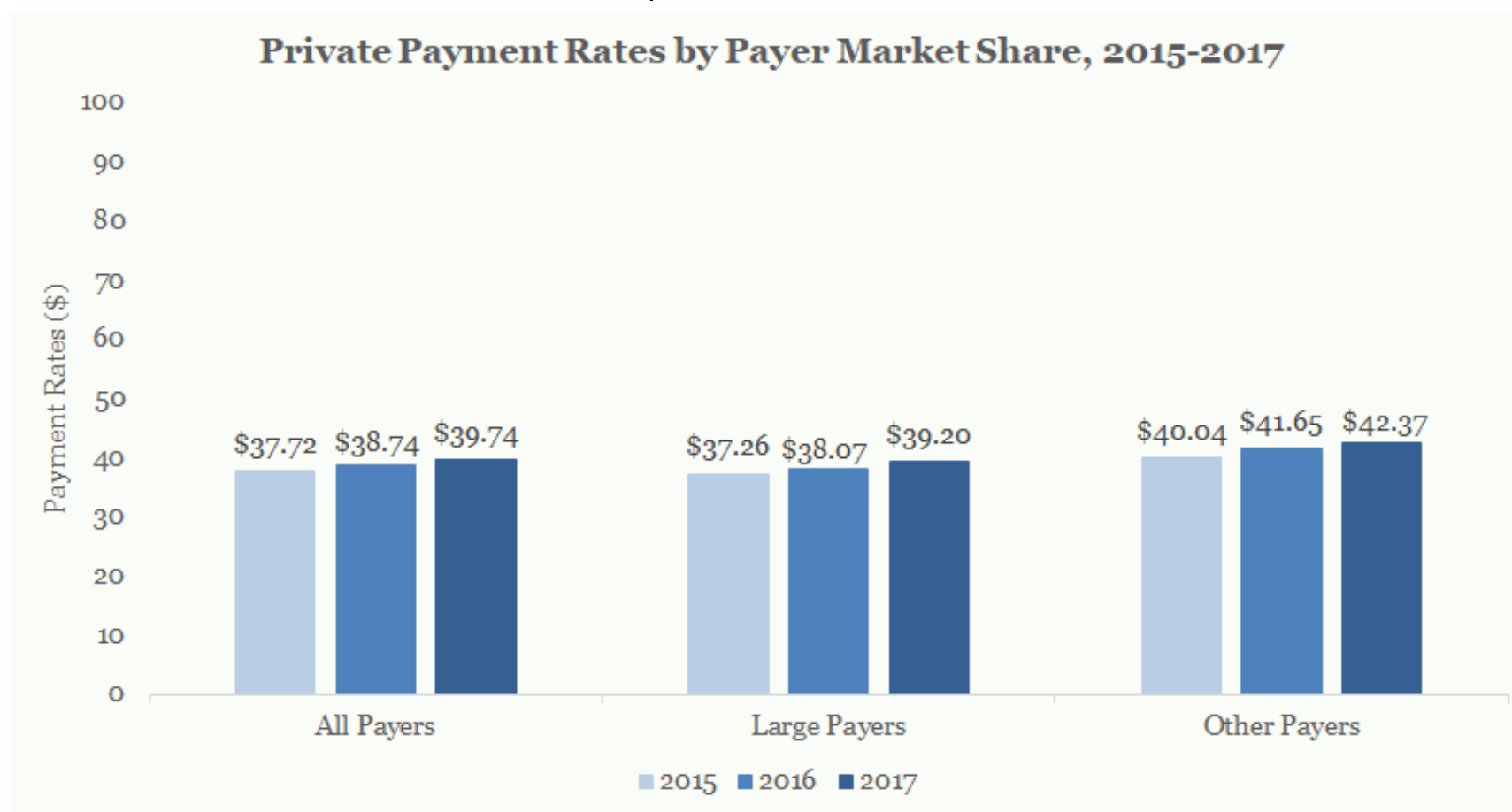
- ❑ Assigned payments to the MCDB professional services using private payer, Medicare, and Medicaid fee levels.
 - A synthetic fee schedule was developed for private payers representing a composite of allowed amounts from different payers.
 - Medicare and Medicaid fee schedules were obtained from CMS and Maryland Medicaid.

- ❑ MHCC constructed a payment per RVU by dividing summed payments for private payer, Medicare, and Medicaid fee schedules by the total RVUs.

- ❑ Payment per RVU allows MHCC to compare adequacy of private payer payments:
 - Between large and other payers, and to Medicare and Medicaid

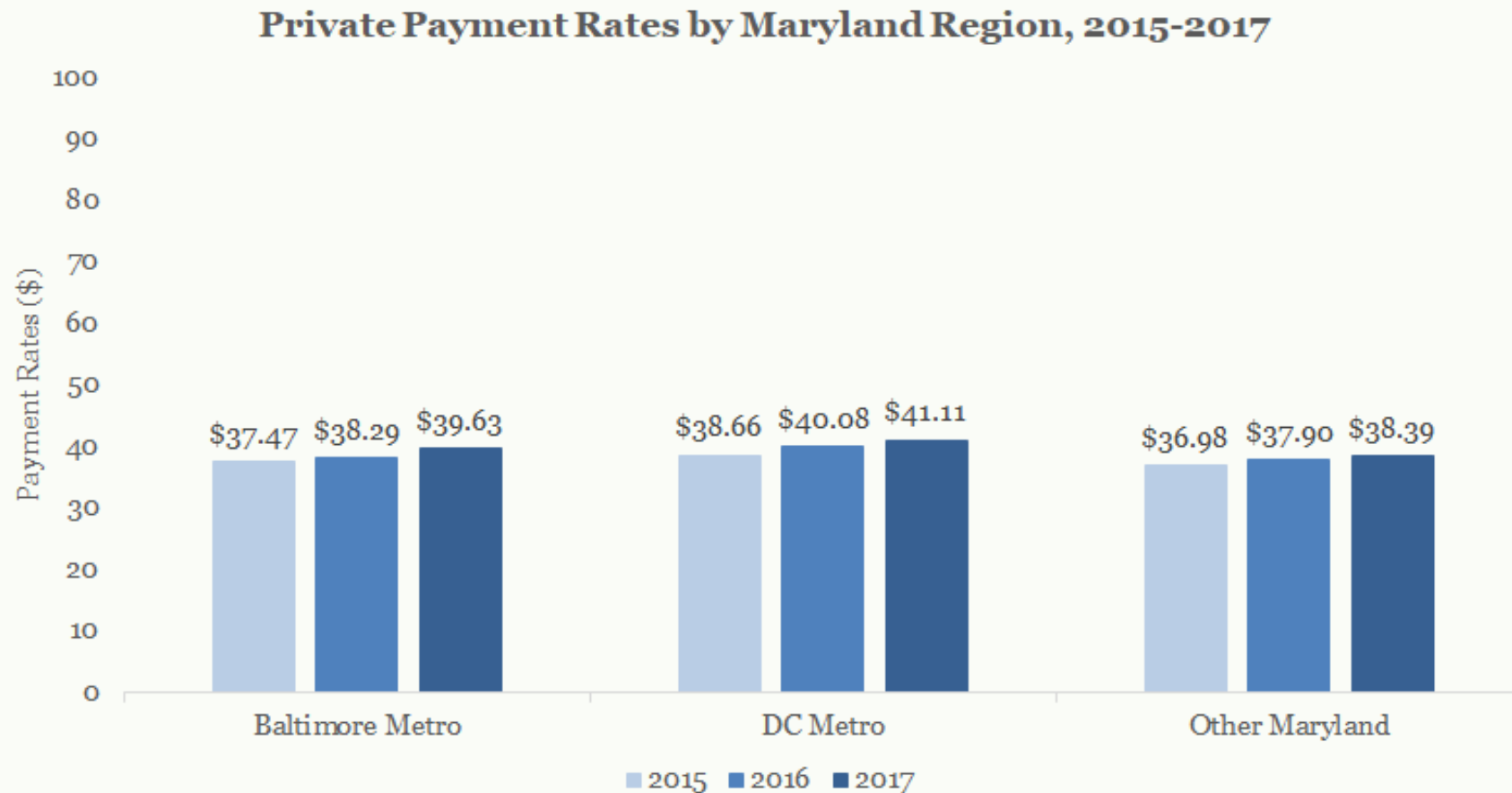
Impact of Private Payer Market Share on Payment Rates

- Payment rates increased by about 2.7% from 2015 to 2016 and by about 2.6% from 2016 to 2017



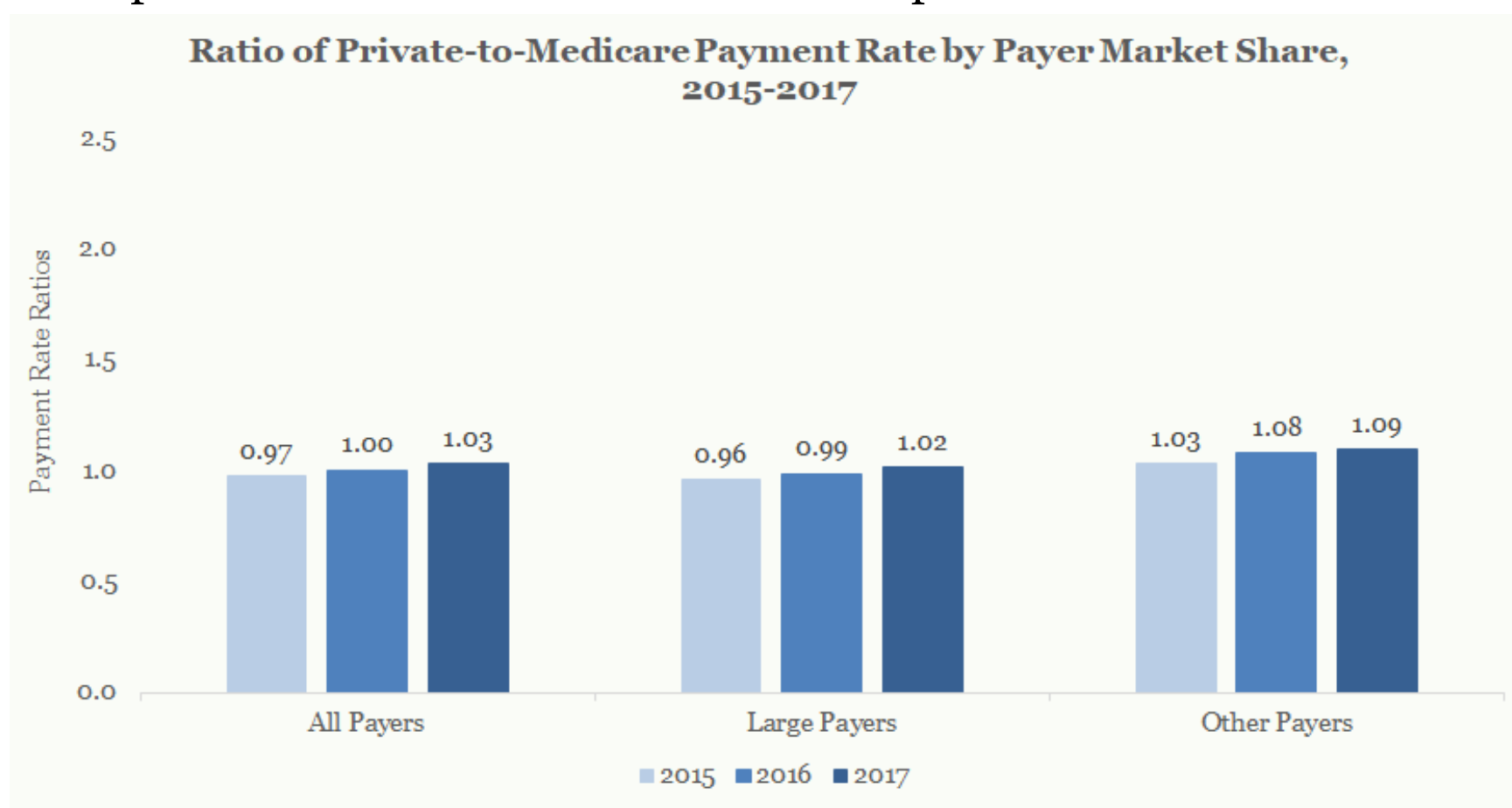
Impact of Maryland Regions on Payment Rates

- Payment rates varied across regions with the highest rates in the DC Metro Area



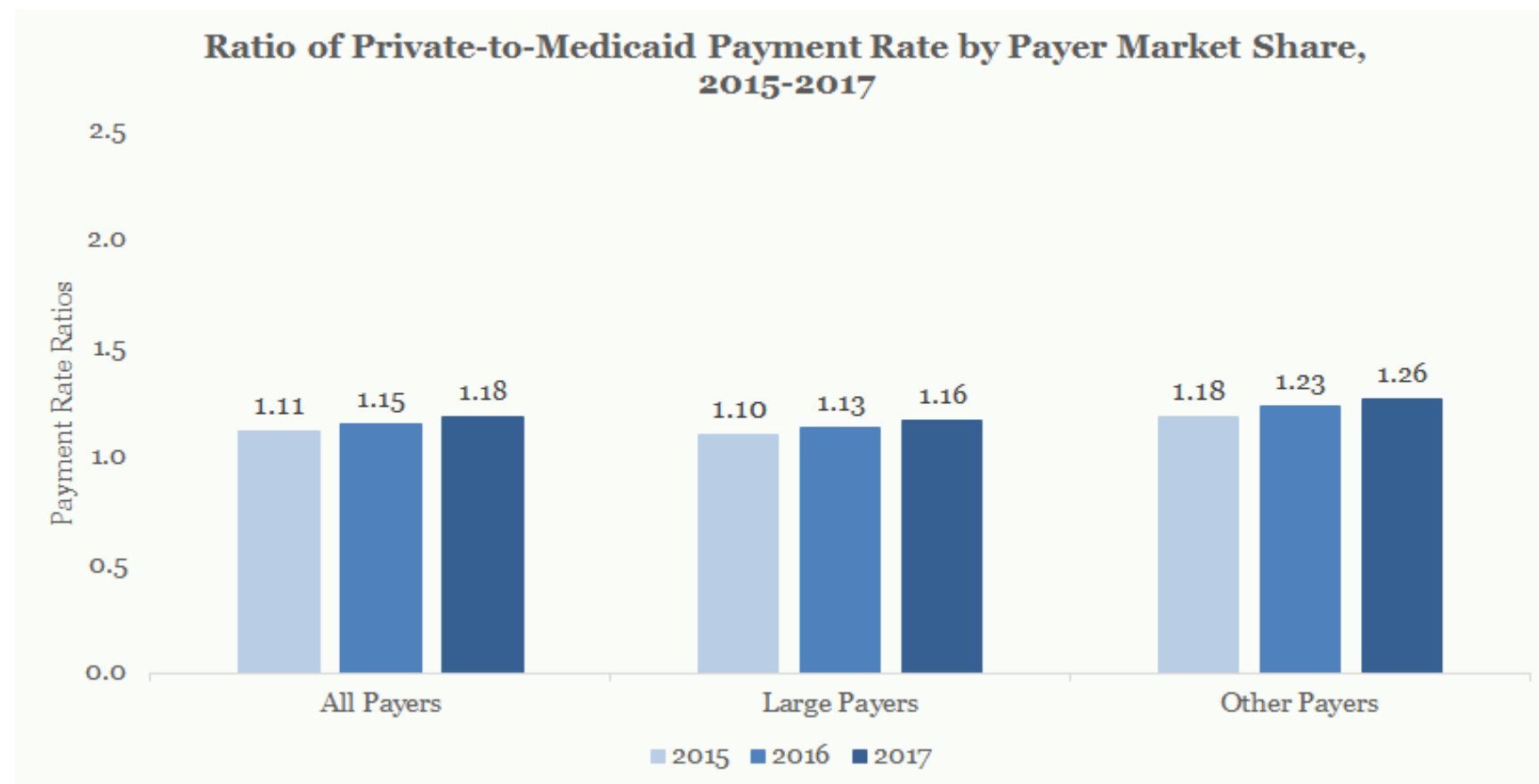
How Private Payment Rates Compare with Medicare Payments

- Payment rate for services reimbursed by all private payers was comparable to what Medicare would have paid



How Private Payment Rates Compare with Medicaid Payments

- Payment rate for services reimbursed by all private payers was 11%, 15%, and 18% higher than if the services were reimbursed under the Medicaid fee schedule



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PRESENTATION:

Experience of Care in Nursing Homes Report: Results from the 2018 Family Satisfaction Survey

(Agenda Item #9)



Nursing Home Family Experience of Care 2018 Survey Results

Stacy Howes, PhD

Chief, Long Term Care Quality Initiatives

Julie Deppe

Program Manager, Long Term Care Quality Initiatives

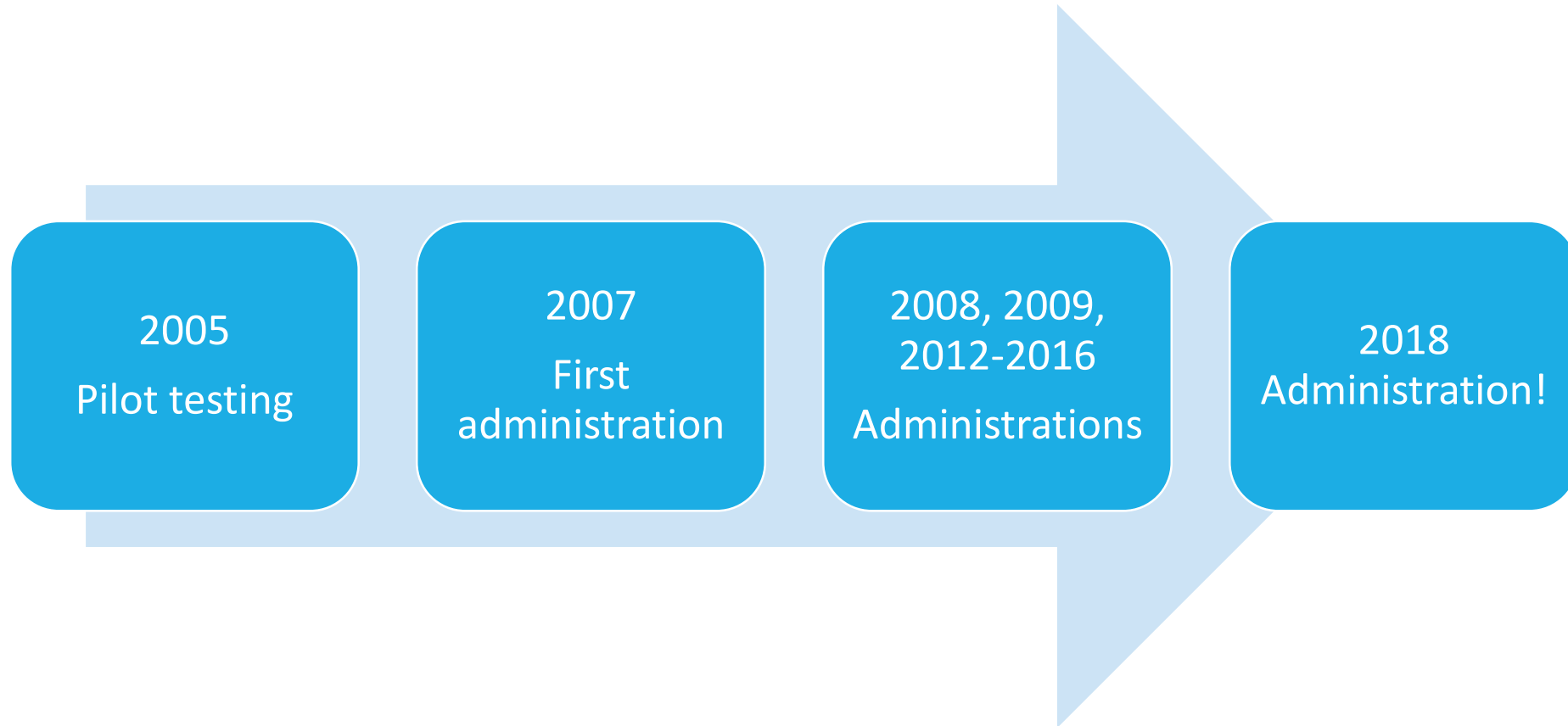
Center for Quality Measurement and Reporting

April 18, 2019

Nursing Home Family Experience of Care Survey

- Designed to elicit levels of satisfaction with a loved ones care in a Maryland nursing home
- Responsible parties (emergency contact) are surveyed
 - Often is a loved one/family member
 - Other times it is a friend or neighbor
- Results are used to evaluate quality of care and performance of Maryland nursing homes
 - Scores are used in Maryland Medicaid (Pay for Performance Program; 40% of score)

History of Family Experience of Care Survey



Changes Implemented for 2018

- Added a Spanish-language version
- 13 questions were added
 - During the 2016 administration, the contractor did an analysis and determined that there were information gaps in our survey
 - Questions were added based on other states and the Nursing Home CAHPS
- 2018 Survey
 - Total of 37 core questions
 - 31 are used to calculate the domains
 - 2 are individual items measured (overall satisfaction and % recommendation)
 - 4 are screening questions
 - 11 demographic/background questions

Procedures

- Nursing homes were contacted in July 2018 and asked for a list of all residents with ≥ 100 day stay
- Nursing homes provided a list with each resident's loved one and contact information
- Nursing home lists were examined and cleaned using the following exclusion criteria:
 - Residents with a < 100 day stay
 - Resident and the responsible party are the same
 - No responsible party is listed
 - Address for responsible party was incomplete or insufficient for mailing
 - The contact address for the responsible party was a nursing home
 - The responsible party's address was outside the United States

2018 Sample

Total Participating Facilities	Total Surveys Mailed	Total Surveys Returned	Response Rate
221	17,465*	7,611	49%

*Subtract packets returned as undeliverable by the post office (1,814).
 $7,611/15,651=.4863$

Data Analysis

7 domains

Staff and Administration of the Nursing Home

Care Provided to Residents

Food and Meals

Autonomy and Resident Rights

Physical Aspects of the Nursing Home

Activities

Security and Resident's Personal Rights

Bold items are new to the 2018 administration

Data Analysis

2 Overall
Measures

Overall rating of care received at the nursing home

Percentage that said “Definitely Yes” or “Probably Yes” to “Would you recommend the nursing home?”

Data Analysis: Peer Groups

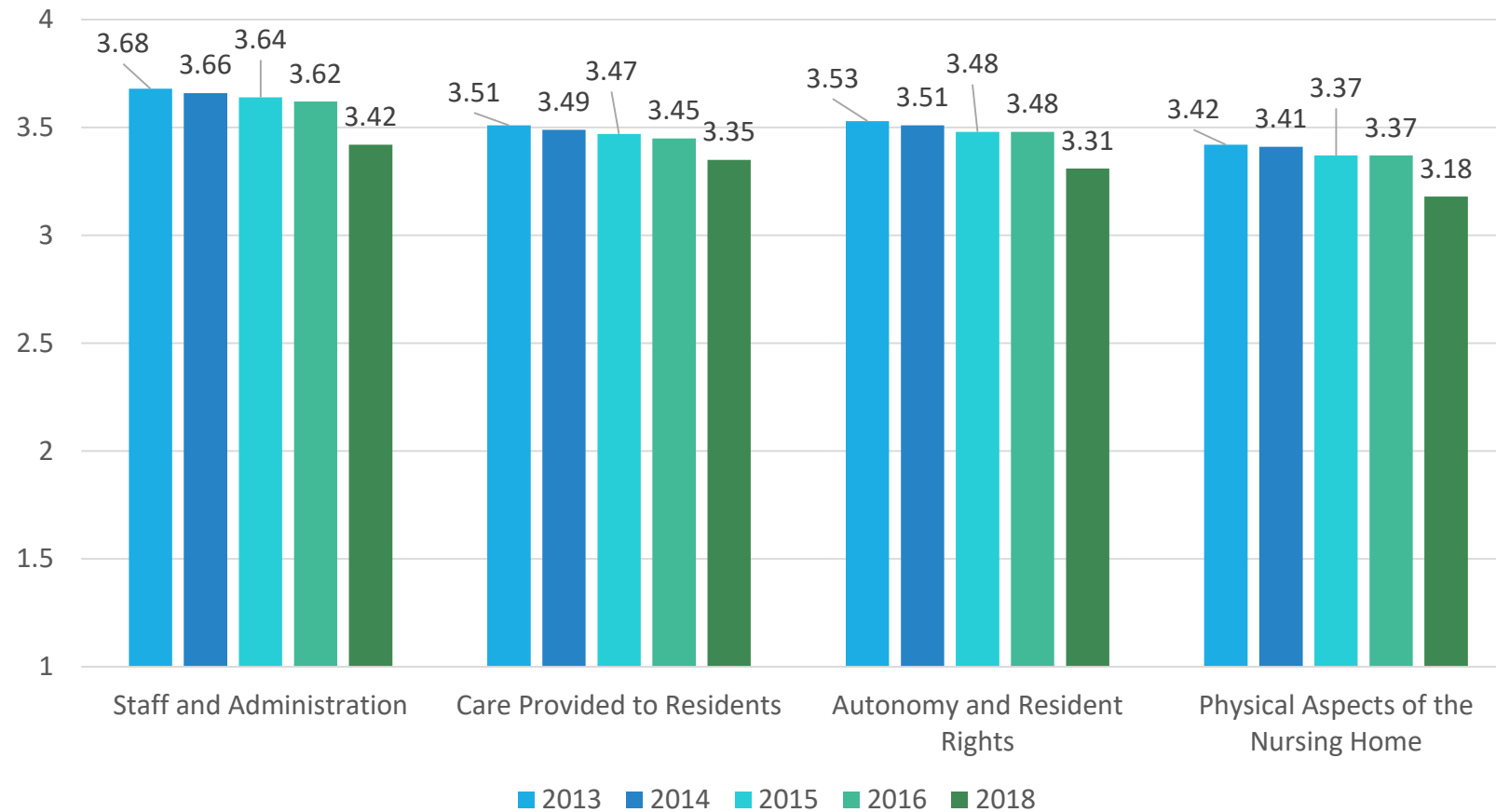
Region of the State	Licensed Bed Size Counts	Ownership Type	Payment Source
Western Maryland (n=1,582)	80 or fewer beds (n=829)	Non-Profit (n=2,491)	Medicaid (n=5,658)
Montgomery County (n=1,117)	81 - 120 beds (n=1,936)	For Profit (n=5,120)	Other (n=1,953)
Southern Maryland (n=1,032)	121 - 160 beds (n=2,461)		
Central Maryland (n=3,107)	161+ beds (n=2,385)		
Eastern Shore (n=773)			

2018 Results by Domain and Two Overall Measures

	Statewide
Staff and Administration of the Nursing Home	3.42
Care Provided to Residents	3.35
Food and Meals	3.09
Autonomy and Resident Rights	3.31
Physical Aspects of the Nursing Home	3.18
Activities	3.01
Security and Resident's Personal Rights	3.30
Overall rating of care received at the nursing home	7.73
Percentage that said "Definitely Yes" or "Probably Yes" to "Would you recommend the nursing home?"	81%

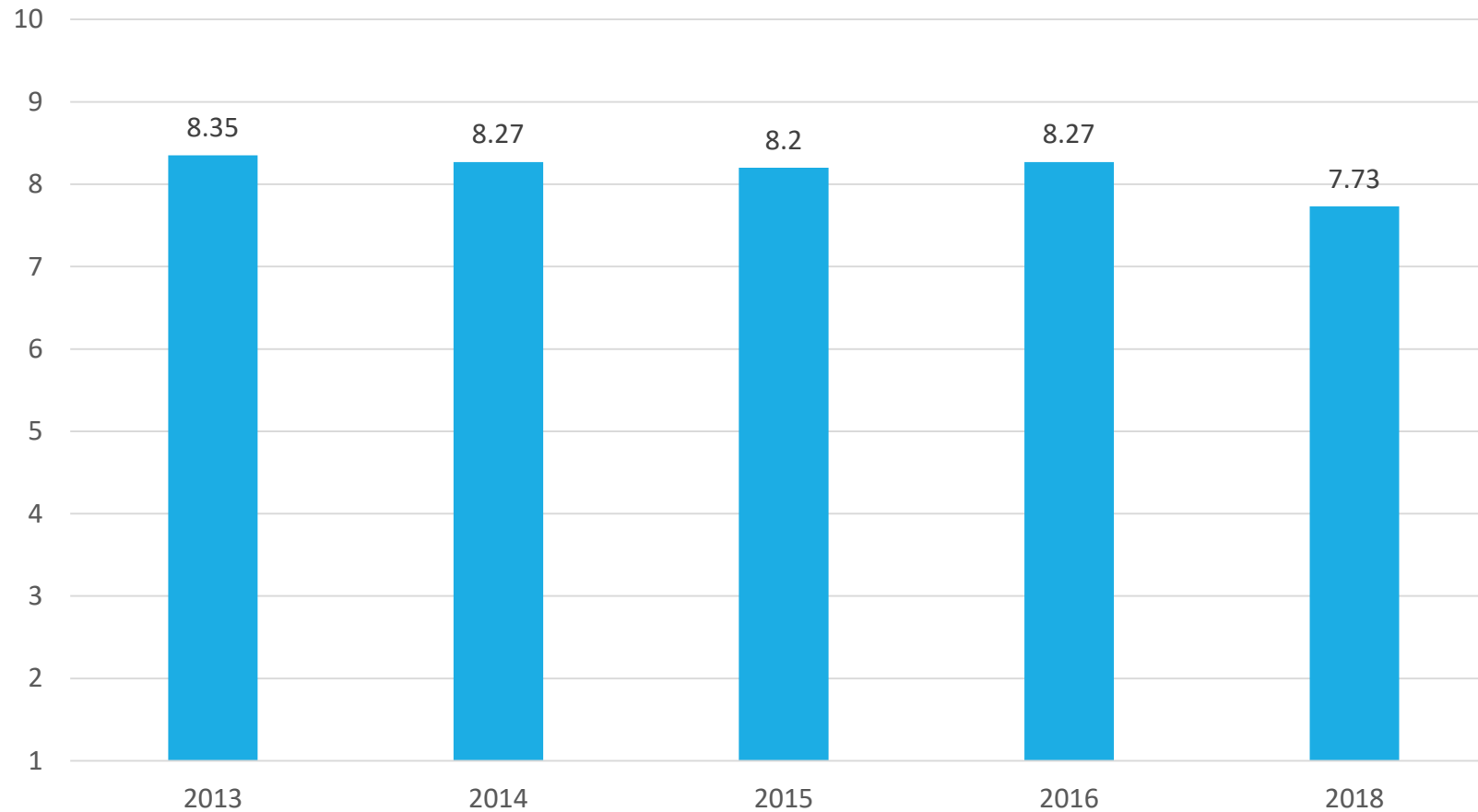
For the 7 domains, the scale is 1-4. For the overall rating, the scale is 1-10. Higher scores are optimal.
Bold domains are new domains for 2018.

2013-2018 Scoring Trends by Domain



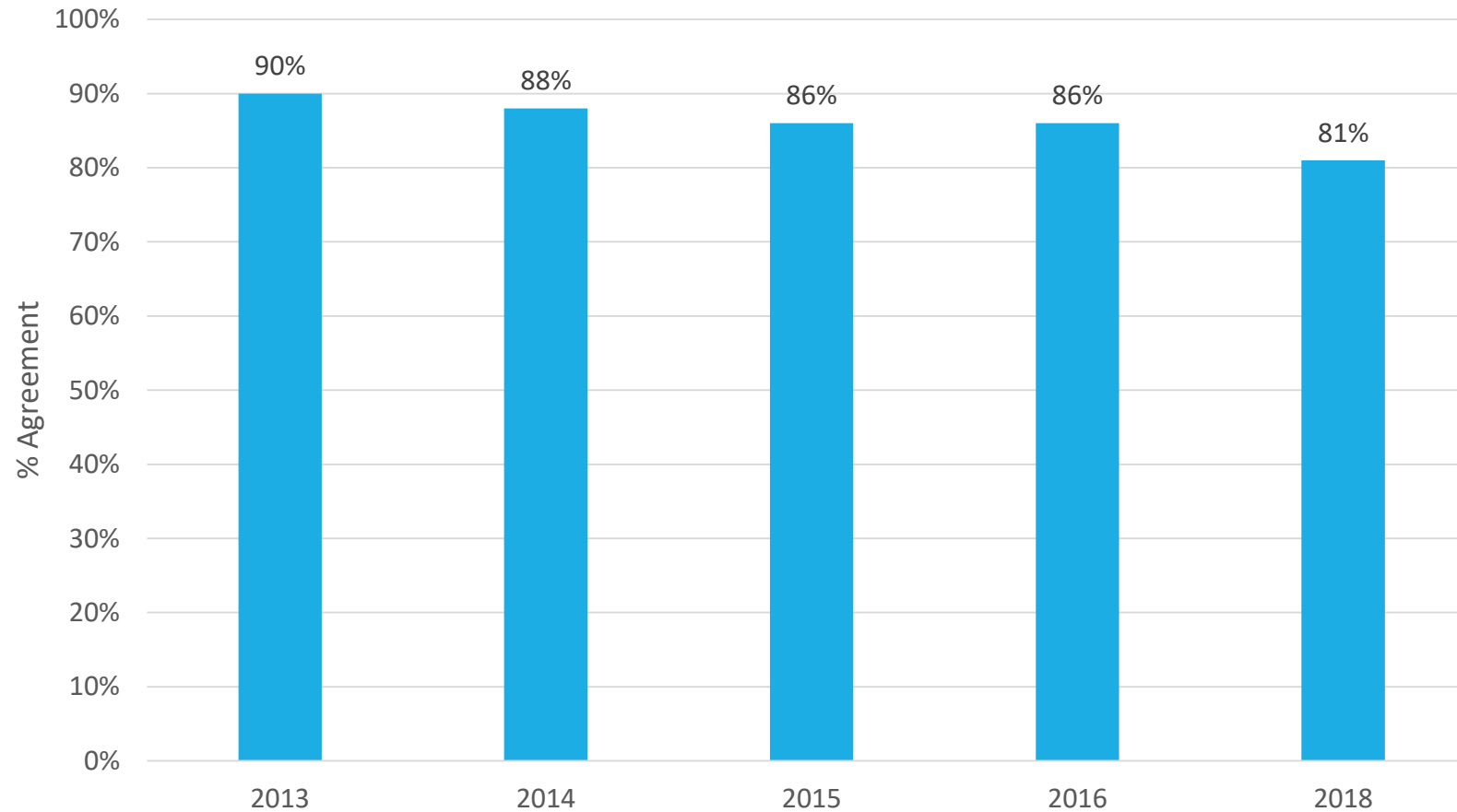
For each domain, 2018 is statistically, significantly lower than each prior year.

2013-2018 Scoring Trends by Overall Rating



2018 is statistically, significantly lower than each prior year.

2013-2018 Scoring Trends by Recommendation



% who said they “definitely” or “probably” would recommend the nursing home.
2018 is statistically, significantly lower than each prior year.

Additional Analyses

- Re-conducted the analyses based on 2016 criteria, results remained the same
- Completed a seasonality analysis, 75% completed before Thanksgiving
- Completed an item analysis, patterns of responses were consistent with a decrease
 - Responses shifted from “always” to “usually” or from “usually” to “sometimes”. Item response shifts were not drastic (“always” to “never”).
 - Pattern is present with virtually every item, consistent with small but significant decline.

2018 Peer Group Comparisons

For all 7 domains, Overall Rating, and % Recommendation:

State score was significantly LOWER than

- Western Maryland
- Homes with ≤ 80 beds
- Not-for-profit homes

State score was significantly HIGHER than

- For-profit homes

Thoughts from the Nursing Home Community (n=18)

- Patients and families
 - More educated (5 star rating systems, recite regulations)
 - New federal regulations (specifically phases I and II) have gone into effect—harder surveys and patients/families notice
 - Expectations have changed
 - Baby boomers have demanding expectations
 - Baby boomers' children have demanding expectations
 - Younger patients with mental illness is becoming more prevalent
 - May extend to family members and NHs are not equipped to handle it
 - Less of a chance to “bond” with patients and families
 - Patients more likely to be sent home than to a NH—NH admits are sicker
 - Patients are discharged faster than in the past
- Staffing
 - LTC is not as appealing as hospitals/doctors' offices (pay, type of care, weekends)
 - GNAs were mentioned multiple times as being difficult to find, retain, and train
 - Medicare/Medicaid cuts—staffing cuts or not filling positions as they open
 - Significant time addressing regulations instead of patient needs
- 1 NH: their resident satisfaction survey also decreased

Conclusions

- We need more awareness about the survey and our website in general
 - We are engaging in plans to enhance awareness through simple campaigns
- Even though there was a decline, the results still indicate a “good” level of satisfaction in all categories, statewide
- We need to pay attention to additional changes in 2019



Thank You

- Thank you to Julie Deppe for her tireless work on every aspect of this project since its inception.
- Thank you to Market Decisions for all their work as contractors on this survey.

1. Approval of Minutes
2. Update of Activities
3. ACTION: Certificate of Need – Atlantic General Hospital Corporation Establishment of Ambulatory Surgical Facility (Docket No. 18-23-2431)
4. ACTIONS: Exemptions from Certificate of Need Review – Shore Health System
 - A. ACTION: Conversion of University of Maryland Shore Medical Center at Dorchester to a Freestanding Medical Facility (Docket No. 18-09-EX006)
 - B. ACTION: Consolidation of University of Maryland Shore Medical Center at Easton and University of Maryland Shore Medical Center at Dorchester (Docket No. 18-09-EX007)
5. ACTIONS: Certificate of Ongoing Performance for Cardiac Surgery Services
 - A. ACTION: University of Maryland St. Joseph Medical Center (Docket No. 17-03-CP007)
 - B. ACTION: MedStar Union Memorial Hospital (Docket No. 17-24-CP008)
 - C. ACTION: The Johns Hopkins Hospital (Docket No. 17-24-CP009)
6. ACTION: Approval of the Maryland Primary Care Advisory Council Members
7. ACTION: Legislative Wrap-up
8. PRESENTATION: Payment for Professional Services in Maryland
9. PRESENTATION: Experience of Care in Nursing Homes Report: Results from the 2018 Family Satisfaction Survey
10. OVERVIEW OF UPCOMING ACTIVITIES
11. ADJOURNMENT



OVERVIEW OF UPCOMING ACTIVITIES

(Agenda Item #10)



ENJOY THE REST OF
YOUR DAY