



Hospice Workgroup  
Meeting Minutes 7/7/25

Jeanne Marie Gawel opened the meeting.

**Opening**

Welcome was done by Wynnee Hawk, Director of Health Planning and Development.

Stacy Howes did a roll call. Two members were added to the roll called Cordt Kassner and Brandan Rose.

Jeanne Marie Gawel discussed the Workgroup Plan

Peggy Shimoda requested that for the fourth meeting we discuss the short length of stay.

**Sole Provider**

Coastal Hospice and Stephen Farrow questioned what would be a different way to handle the Southern-Eastern shore?

Heather Guerieri raised concern about the regional approach because due to size it is not practical to try to cover the entire eastern shore with one provider but better to expand the collaboration that already exists with contiguous counties.

Molly Kirsch agreed and said that the collaboration that exists is excellent and all of the hospices on the eastern shore are 4-5 stars anyway.

Sara McKay stated that the geography of the three Western Maryland counties is too large, and she is more in support of a service exemption.

Becky Miller of Hospice of the Chesapeake requested more explanation on the service exemption. She also expressed concern that this would open the door for a hospice to make an agreement with a nursing home or a nursing home chain which would drive patient choice, as it would be the nursing homes preferred provider, rather than the patient driving patient choice.

Jeanne Marie Gawel stated that sole providers are unique to hospice setting in Maryland and encouraged attendees to review the Antitrust slide that was developed in collaboration with the Office of the Attorney General.

Jeanne Marie Gawel stated that staff will mark up the state health plan with the ideas from the workgroup and distribute them to the group for feedback at the end of the final workgroup.

### **Slide Deck**

Jeanne Marie Gawel reviewed Standards slides and stated we need to fix the No Changes slide and remove P. Inpatient Unit. She also reviewed the Minimal Changes Slides.

Comments on posting a fee schedule, Becky Miller stated that they don't have any private pay patients.

Cathy Hamel stated that Private Pay patients are hard to predict, and Medicaid changes might change their fee structure

Monica Escalante stated the COPs are very vague on minimum Bereavement services, for example some bereavement services are highly specialized and require extra training. She stated that being more specific may elevate services in Maryland. She stated this is the same with pediatric care. It is very expensive; some providers have more expertise.

Tracey DeShields commented there should be price transparency for all.

Heather Guerieri stated there is already collaboration across the state for pediatric patients, especially in rural areas, they only see 2-3 pediatric patients yearly. Most Maryland pediatric cases don't return home for hospice care.

Cathy Hamel stated a concern about the 180 day long stay standard regarding allowing "new" providers to come into the state. She was concerned that an applicant may be able to manipulate their response. Jeanne Marie Gawel stated that providers coming from other states would be required to provide information about their performance in those other states.

Stephen Farrow commented on Patient Volume and asked how would an out-of-state applicant provide the historic performance data? Jeanne Marie Gawel replied that that the Commission would use metrics from other states that a hospice operated in.

### **Next Steps**

Becky Miller asked about the three solutions to the sole provider jurisdictions. She questioned, would the methodology be for the whole state or whether MHCC would consider more than one solution for different areas? Jeanne Marie Gawel replied that multiple solutions could be considered.



Monica Escalante asked if MHCC is open to hearing from participants about the quality metrics and thinking about quality in a broader way in the next meeting. Jeanne Marie Gawel and Stacy Howes replied yes.

