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527th MEETING OF THE HEALTH SERVICES COST REVIEW COMMISSION
February 10, 2016

EXECUTIVE SESSION
12:00 p.m.

(The Commission will begin in public session at 12:00 p.m. for the purpose of, upon motion and approval, adjourning into closed session. The open session will resume at 1PM.)

1. **Update on Contract and Modeling of the All-payer Model vis-a-vis the All-Payer Model Contract – Administration of Model Moving into Phase II - Authority General Provisions Article, §3-103 and §3-104**
2. **Update on Hospital Rate Issue (JHH) - Authority General Provisions Article, §3-305 (7)**

PUBLIC SESSION
1:00 p.m.

1. **Review of the Minutes from the Public Meeting and Executive Session on January 13, 2016**
2. **Executive Director's Report**
3. **New Model Monitoring**
4. **Docket Status – Cases Closed - None**
5. **Docket Status – Cases Open**

   2317R – Holy Cross Health
   2319R – Sheppard Pratt Health System
   2320N – Sheppard Pratt Health System
   2328A – MedStar Health
   2329A – University of Maryland Medical Center
   2330A – University of Maryland Medical Center
   2331A – Johns Hopkins Health System
   2332A – Johns Hopkins Health System
   2333A – Johns Hopkins Health System
   2334A – University of Maryland Medical Center
   2335A – Johns Hopkins Health System
   2336A – Johns Hopkins Health System

6. **Advancing Telehealth in Maryland – An MHCC Update**
7. **Update from CRISP on Implementation of Infrastructure and Analytics**
8. **Legislative Update**
9. **Hearing and Meeting Schedule**

Minutes to be included into the post-meeting packet

upon approval by the Commissioners

Executive Director’s Report

The Executive Director’s Report will be distributed during the Commission Meeting

New Model Monitoring Report

The Report will be distributed during the Commission Meeting

Cases Closed

The closed cases from last month are listed in the agenda

H.S.C.R.C's CURRENT LEGAL DOCKET STATUS (OPEN)

AS OF JANUARY 29, 2016

A: PENDING LEGAL ACTION : NONE
B: AWAITING FURTHER COMMISSION ACTION: NONE
C: CURRENT CASES:

Docket Number	Hospital Name	Date Docketed	Decision Required by:	Rate Order Must be Issued by:	Purpose	Analyst's Initials	File Status
2317R	Holy Cross Health	11/6/2015	2/10/2016	4/4/2016	CAPITAL	GS	OPEN
2319R	Sheppard Pratt Health System	11/24/2015	2/10/2016	4/22/2015	CAPITAL	GS	OPEN
2320N	Sheppard Pratt Health System	11/24/2015	2/10/2016	4/22/2015	OBV	DNP	OPEN
2328A	MedStar Health	1/7/2016	N/A	N/A	N/A	DNP	OPEN
2329A	University of Maryland Medical Center	1/7/2016	N/A	N/A	N/A	DNP	OPEN
2330A	University of Maryland Medical Center	1/20/2016	N/A	N/A	N/A	DNP	OPEN
2331A	Johns Hopkins Health System	1/27/2016	N/A	N/A	N/A	DNP	OPEN
2332A	Johns Hopkins Health System	1/27/2016	N/A	N/A	N/A	DNP	OPEN
2333A	Johns Hopkins Health System	1/27/2016	N/A	N/A	N/A	DNP	OPEN
2334A	University of Maryland Medical Center	1/27/2016	N/A	N/A	N/A	DNP	OPEN
2335A	Johns Hopkins Health System	1/29/2016	N/A	N/A	N/A	DNP	OPEN
2336A	Johns Hopkins Health System	1/29/2016	N/A	N/A	N/A	DNP	OPEN

IN RE: THE APPLICATION FOR	*	**BEFORE THE MARYLAND HEALTH**	
ALTERNATIVE METHOD OF RATE	*	**SERVICES COST REVIEW**	
DETERMINATION *		**COMMISSION**	
MEDSTAR HEALTH	*	**DOCKET:**	**2016**
	*	**FOLIO:**	**2138**
BALTIMORE, MARYLAND	*	**PROCEEDING:**	**2328A**

Staff Recommendation

February 10, 2016

I. INTRODUCTION

MedStar Health filed an application with the HSCRC on January 20, 2016 on behalf of Union Memorial Hospital (the "Hospital") to participate in an alternative method of rate determination, pursuant to COMAR 10.37.10.06. Medstar Health requests approval from the HSCRC for continued participation in a global rate arrangement for orthopedic and spinal services with the National Orthopedic & Spine Alliance for a one year period beginning February 6, 2016.

II. OVERVIEW OF APPLICATION

The contract will be held and administered by Helix Resources Management, Inc. ("HRMI"). HRMI will manage all financial transactions related to the global price contract including payments to the Hospital and bear all risk relating to services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates was developed by calculating the mean historical charges for patients receiving the procedures for which global rates are to be paid. The remainder of the global rate is comprised of physician service costs. Additional per diem payments were calculated for cases that exceed a specific length of stay outlier threshold.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospital will submit bills to HRMI for all contracted and covered services. HRMI is responsible for billing the payer, collecting payments, disbursing payments to the Hospital at its full HSCRC approved rates, and reimbursing the physicians. The Hospital contends that the arrangement between HRMI and the Hospital holds the Hospital harmless from any shortfalls in payment from the global price contract.

V. STAFF EVALUATION

The staff believes that the Hospital can continue to achieve a favorable experience under this arrangement.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospital's request for participation in the alternative method of rate determination for orthopedic and spine services, for a one year period, commencing February 6, 2016. The Hospital will need to file a renewal application for review to be considered for continued participation.

Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospitals for the approved contract. This document would formalize the understanding between the Commission and the Hospitals, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

IN RE: THE APPLICATION FOR	*	**BEFORE THE MARYLAND HEALTH**
ALTERNATIVE METHOD OF RATE	*	**SERVICES COST REVIEW**
DETERMINATION	*	**COMMISSION**
UNIVERSITY OF MARYLAND	*	**DOCKET: 2016**
MEDICAL CENTER	*	**FOLIO: 2139**
BALTIMORE, MARYLAND	*	**PROCEEDING: 2329A**

Staff Recommendation

February 10, 2016

I. INTRODUCTION

The University of Maryland Medical Center ("Hospital") filed an application with the HSCRC on January 20, 2016 requesting approval to continue its participation in a global rate arrangement with BlueCross and BlueShield Association Blue Distinction Centers for blood and bone marrow transplant services for a period of one year beginning March 1, 2016.

II. OVERVIEW OF APPLICATION

The contract will continue to be held and administered by University Physicians, Inc. (UPI), which is a subsidiary of the University of Maryland Medical System. UPI will continue to manage all financial transactions related to the global price contract including payments to the Hospital and bear all risk relating to services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates was developed by calculating historical charges for patients receiving the procedures for which global rates are to be paid. The remainder of the global rate is comprised of physician service costs. Additional per diem payments were calculated for cases that exceed a specific length of stay outlier threshold.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospital will continue to submit bills to UPI for all contracted and covered services. UPI is responsible for billing the payer, collecting payments, disbursing payments to the Hospital at its full HSCRC approved rates, and reimbursing the physicians. The Hospital contends that the arrangement between UPI and the Hospital holds the Hospital harmless from any shortfalls in payment from the global price contract.

V. STAFF EVALUATION

The staff found that the experience under this arrangement for the prior year has been favorable.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospital's application for an alternative method of rate determination for blood and bone marrow transplant services, for a one year period commencing March 1, 2016. The Hospital will need to file a renewal application for review to be considered for continued participation.

Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospital for the approved contract. This document would formalize the understanding between the Commission and the Hospital, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

IN RE: THE APPLICATION FOR	*	**BEFORE THE MARYLAND HEALTH**	
ALTERNATIVE METHOD OF RATE	*	**SERVICES COST REVIEW**	
DETERMINATION *		**COMMISSION**	
UNIVERSITY OF MARYLAND	*	**DOCKET:**	**2016**
MEDICAL CENTER *		**FOLIO:**	**2140**
BALTIMORE, MARYLAND	*	**PROCEEDING:**	**2330A**

Staff Recommendation

February 10, 2016

I. INTRODUCTION

The University of Maryland Medical Center ("the Hospital") filed an application with the HSCRC on January 20, 2016 for an alternative method of rate determination, pursuant to COMAR 10.37.10.06. The Hospital requests approval from the HSCRC to continue to participate in a global rate arrangement for solid organ and blood and bone marrow transplant services with LifeTrac, Inc. Network for a period of one year, effective April 1, 2016.

II. OVERVIEW OF APPLICATION

The contract will continue to be held and administered by University Physicians, Inc. (UPI). UPI will manage all financial transactions related to the global price contract including payments to the Hospital and bear all risk relating to regulated services associated with the contract.

III. FEE DEVELOPMENT

The hospital component of the global rates was developed by calculating mean historical charges for patients receiving like procedures. The remainder of the global rate is comprised of physician service costs. Additional per diem payments were calculated for cases that exceed a specific length of stay outlier threshold.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospital will continue to submit bills to UPI for all contracted and covered services. UPI is responsible for billing the payer, collecting payments, disbursing payments to the Hospital at its full HSCRC approved rates, and reimbursing the physicians. The Hospital contends that the arrangement among UPI, the Hospital, and the physicians holds the Hospital harmless from any shortfalls in payment from the global price contract. UPI maintains it has been active in similar types of fixed fee contracts for several years, and that UPI is adequately capitalized to the bear the risk of potential losses.

V. STAFF EVALUATION

Staff reviewed the experience under this arrangement for the last year and found it to be favorable. Staff believes that the Hospital can continue to achieve favorable performance under this arrangement.

V I. STAFF RECOMMENDATION

Staff recommends that the Commission approve the Hospital's application to continue to participate in an alternative method of rate determination for solid organ and blood and bone marrow transplant services with LifeTrac, Inc. for a one year period commencing April 1, 2016. Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospital for the approved contract. This document would formalize the understanding between the Commission and the Hospital, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

IN RE: THE APPLICATION FOR	*	**BEFORE THE MARYLAND HEALTH**	
ALTERNATIVE METHOD OF RATE	*	**SERVICES COST REVIEW**	
DETERMINATION *		**COMMISSION**	
JOHNS HOPKINS HEALTH	*	**DOCKET:**	**2016**
SYSTEM	*	**FOLIO:**	**2141**
BALTIMORE, MARYLAND	*	**PROCEEDING:**	**2331A**

Staff Recommendation

February 10, 2016

I. INTRODUCTION

Johns Hopkins Health System ("System") filed a renewal application with the HSCRC on January 27, 2016 on behalf of its member hospitals, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the "Hospitals") requesting approval from the HSCRC for continued participation in a global rate arrangement for solid organ and bone marrow transplants with Preferred Health Care LLC. The Hospitals request that the Commission approve the arrangement for one year beginning March 1, 2016.

II. OVERVIEW OF APPLICATION

The contract will continue to be held and administered by Johns Hopkins HealthCare, LLC ("JHHC"), which is a subsidiary of the System. JHHC will manage all financial transactions related to the global price contract including payments to the Hospitals and bear all risk relating to regulated services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates was developed by calculating mean historical charges for patients receiving the procedures for which global rates are to be paid. The remainder of the global rate is comprised of physician service costs. Additional per diem payments were calculated for cases that exceed a specific length of stay outlier threshold.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospitals will continue to submit bills to JHHC for all contracted and covered services. JHHC is responsible for billing the payer, collecting payments, disbursing payments to the Hospitals at their full HSCRC approved rates, and reimbursing the physicians. The System contends that the arrangement among JHHC, the Hospitals, and the physicians holds the Hospitals harmless from any shortfalls in payment from the global price contract. JHHC maintains that it has been active in similar types of fixed fee contracts for several years, and that

JHHC is adequately capitalized to bear the risk of potential losses.

V. STAFF EVALUATION

Although there was no activity under this arrangement in the last year, staff is satisfied that the hospital component of the global prices, which has been updated with current data, is sufficient for the Hospitals to achieve favorable experience under this arrangement.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for solid organ and bone marrow transplant services, for a one year period commencing March 1, 2016. The Hospitals will need to file a renewal application for review to be considered for continued participation.

Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospitals for the approved contract. This document will formalize the understanding between the Commission and the Hospitals, and will include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

IN RE: THE APPLICATION FOR	*	**BEFORE THE MARYLAND HEALTH**	
ALTERNATIVE METHOD OF RATE	*	**SERVICES COST REVIEW**	
DETERMINATION *		**COMMISSION**	
JOHNS HOPKINS HEALTH	*	**DOCKET:**	**2016**
SYSTEM	*	**FOLIO:**	**2142**
BALTIMORE, MARYLAND	*	**PROCEEDING:**	**2332A**

Staff Recommendation

February 10, 2016

I. INTRODUCTION

Johns Hopkins Health System (the "System") filed an application with the HSCRC on January 27, 2016 on behalf of Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center (the Hospitals) for an alternative method of rate determination, pursuant to COMAR 10.37.10.06. The System requests approval from the HSCRC to continue to participate in a global rate arrangement for solid organ and bone marrow transplant services with MultiPlan, Inc. for a period of one year beginning March 1, 2016.

II. OVE RVIEW OF APPLICATION

The contract will continue to be held and administered by Johns Hopkins HealthCare, LLC ("JHHC"), which is a subsidiary of the System. JHHC will continue to manage all financial transactions related to the global price contract including payments to the Hospitals and bear all risk relating to regulated services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates was developed by calculating mean historical charges for patients receiving solid organ and bone marrow transplant services at the Hospitals. The remainder of the global rate is comprised of physician service costs. Additional per diem payments were calculated for cases that exceed a specific length of stay outlier threshold.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospitals will continue to submit bills to JHHC for all contracted and covered services. JHHC will continue to be responsible for billing the payer, collecting payments, disbursing payments to the Hospitals at their full HSCRC approved rates, and reimbursing the physicians. The System contends that the arrangement among JHHC, the Hospitals, and the physicians holds the Hospitals harmless from any shortfalls in payment from the global price contract. JHHC maintains it has been active in similar types of fixed fee contracts for several years, and that JHHC is adequately capitalized to bear the risk of potential losses.

V. ST AFF EVALUATION

Although there has been no activity under this arrangement, staff believes that the

Hospitals can achieve a favorable experience under this arrangement.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for solid organ and bone marrow transplant services, for a one year period commencing March 1, 2016. The Hospitals will need to file a renewal application for review to be considered for continued participation. Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospitals for the approved contract. This document would formalize the understanding between the Commission and the Hospitals, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

IN RE: THE APPLICATION FOR	*	**BEFORE THE MARYLAND HEALTH**	
ALTERNATIVE METHOD OF RATE	*	**SERVICES COST REVIEW**	
DETERMINATION *		**COMMISSION**	
JOHNS HOPKINS HEALTH	*	**DOCKET:**	**2016**
SYSTEM	*	**FOLIO:**	**2143**
BALTIMORE, MARYLAND	*	**PROCEEDING:**	**2233A**

Staff Recommendation

February 10, 2016

I. INTRODUCTION

On January 27, 2016, Johns Hopkins Health System ("System") filed an alternative rate application on behalf of its member hospitals, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the "Hospitals") requesting approval from the HSCRC to continue to participate in a global rate arrangement with the Corporate Medical Network for cardiovascular procedures, solid organ, stem cell, and to add bariatric surgery, pancreatic cancer surgery, and joint replacement services to the arrangement. The Hospitals request that the Commission approve the arrangement for one year beginning March 1, 2016.

II. OVERVIEW OF APPLICATION

The contract will continue to be held and administered by Johns Hopkins HealthCare, LLC ("JHHC"), which is a subsidiary of the System. JHHC will continue to manage all financial transactions related to the global price contract including payments to the Hospitals and bear all risk relating to regulated services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates was developed by calculating mean historical charges for patients receiving the procedures for which global rates are to be paid. The remainder of the global rate is comprised of physician service costs. Additional per diem payments were calculated for cases that exceed a specific length of stay outlier threshold.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospitals will continue to submit bills to JHHC for all contracted and covered services. JHHC is responsible for billing the payer, collecting payments, disbursing payments to the Hospitals at their full HSCRC approved rates, and reimbursing the physicians. The System contends that the arrangement among JHHC, the Hospitals, and the physicians holds the

Hospitals harmless from any shortfalls in payment from the global price contract. JHHC maintains it has been active in similar types of fixed fee contracts for several years, and that JHHC is adequately capitalized to bear the risk of potential losses.

V. STAFF EVALUATION

Staff finds that the actual experience for cardiovascular services, solid organ transplants, and stem cell transplants under the arrangement for the last year has been favorable. After a review of the fee development data, staff believes that the Hospitals can achieve a favorable experience under the bariatric surgery, pancreatic cancer surgery, and joint replacement services case rates.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for cardiovascular procedures, solid organ transplants, stem cell transplant, bariatric surgery, pancreatic cancer surgery, and joint replacement services for one year beginning March 1, 2016. The Hospitals must file a renewal application annually for continued participation. Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospitals for the approved contract. This document will formalize the understanding between the Commission and the Hospitals, and will include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

IN RE: THE APPLICATION FOR	*	**BEFORE THE MARYLAND HEALTH**	
ALTERNATIVE METHOD OF RATE	*	**SERVICES COST REVIEW**	
DETERMINATION *		**COMMISSION**	
UNIVERSITY OF MARYLAND	*	**DOCKET:**	**2016**
MEDICAL CENTER *		**FOLIO:**	**2144**
BALTIMORE, MARYLAND	*	**PROCEEDING:**	**2334A**

Staff Recommendation

February 10, 2016

I. INTRODUCTION

The University of Maryland Medical Center ("the Hospital") filed an application with the HSCRC on January 27, 2016 for an alternative method of rate determination, pursuant to COMAR 10.37.10.06. The Hospital requests approval from the HSCRC to continue to participate in a global rate arrangement for solid organ and blood and bone marrow transplant services with LifeTrac, Inc. Network for a period of one year, effective March 1, 2016.

II. OVERVIEW OF APPLICATION

The contract will continue to be held and administered by University Physicians, Inc. (UPI). UPI will manage all financial transactions related to the global price contract including payments to the Hospital and bear all risk relating to regulated services associated with the contract.

III. FEE DEVELOPMENT

The hospital component of the global rates was developed by calculating mean historical charges for patients receiving like procedures. The remainder of the global rate is comprised of physician service costs. Additional per diem payments were calculated for cases that exceed a specific length of stay outlier threshold.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospital will continue to submit bills to UPI for all contracted and covered services. UPI is responsible for billing the payer, collecting payments, disbursing payments to the Hospital at its full HSCRC approved rates, and reimbursing the physicians. The Hospital contends that the arrangement among UPI, the Hospital, and the physicians holds the Hospital harmless from any shortfalls in payment from the global price contract. UPI maintains it has been active in similar types of fixed fee contracts for several years, and that UPI is adequately capitalized to the bear the risk of potential losses.

V. STAFF EVALUATION

Staff reviewed the experience under this arrangement for the last year and found it to be favorable. After review of the application and additional information provided by the Hospital, staff believes that the Hospital can continue to achieve favorable performance under this arrangement.

V I. STAFF RECOMMENDATION

Staff recommends that the Commission approve the Hospital's application to continue to participate in an alternative method of rate determination for solid organ and blood and bone marrow transplant services with LifeTrac, Inc. for a one year period commencing March 1, 2016. Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospital for the approved contract. This document would formalize the understanding between the Commission and the Hospital, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

IN RE: THE APPLICATION FOR	*	**BEFORE THE MARYLAND HEALTH**	
ALTERNATIVE METHOD OF RATE	*	**SERVICES COST REVIEW**	
DETERMINATION *		**COMMISSION**	
JOHNS HOPKINS HEALTH	*	**DOCKET:**	**2016**
SYSTEM	*	**FOLIO:**	**2145**
BALTIMORE, MARYLAND	*	**PROCEEDING:**	**2335A**

Staff Recommendation

February 10, 2016

I. INTRODUCTION

Johns Hopkins Health System ("System") filed an application with the HSCRC on January 29, 2016 on behalf of Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center ("the Hospitals") for renewal of a renegotiated alternative method of rate determination, pursuant to COMAR 10.37.10.06. The System requests approval from the HSCRC to continue to participate in a revised global rate arrangement for solid organ and bone marrow transplant services with Blue Cross Blue Shield Blue Distinction Centers for Transplants for a period of one year beginning March 1, 2016.

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II. OVE RVIEW OF APPLICATION

The contract will be continue to be held and administered by Johns Hopkins HealthCare, LLC ("JHHC"), which is a subsidiary of the System. JHHC will manage all financial transactions related to the global price contract including payments to the Hospitals and bear all risk relating to regulated services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates was developed utilizing historical charges for patients receiving solid organ and bone marrow transplants at the Hospitals. The remainder of the global rate is comprised of physician service costs. Additional per diem payments were calculated for cases that exceed a specific length of stay outlier threshold.

IV. IDENTIFICATION AND ASSESSMENT OF RISK

The Hospitals will continue to submit bills to JHHC for all contracted and covered services. JHHC is responsible for billing the payer, collecting payments, disbursing payments to the Hospitals at their full HSCRC approved rates, and reimbursing the physicians. The System contends that the arrangement among JHHC, the Hospitals, and the physicians holds the Hospitals harmless from any shortfalls in payment from the global price contract. JHHC maintains it has been active in similar types of fixed fee contracts for several years, and that JHHC is adequately capitalized to bear the risk of potential losses.

V. STAFF EVALUATION

Staff found that the experience under this arrangement was favorable for the last year. Staff believes that the Hospitals can continue to achieve favorable performance under this arrangement.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for solid organ and bone marrow transplant services for a one year period commencing March 1, 2016. The Hospitals will need to file a renewal application for review to be considered for continued participation. Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospitals for the approved contract. This document would formalize the understanding between the Commission and the Hospitals, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

IN RE: THE APPLICATION FOR	*	**BEFORE THE MARYLAND HEALTH**	
ALTERNATIVE METHOD OF RATE	*	**SERVICES COST REVIEW**	
DETERMINATION *		**COMMISSION**	
JOHNS HOPKINS HEALTH	*	**DOCKET:**	**2016**
SYSTEM	*	**FOLIO:**	**2146**
BALTIMORE, MARYLAND	*	**PROCEEDING:**	**2336A**

Staff Recommendation

February 10, 2016

I. INTRODUCTION

On January 29, 2016, Johns Hopkins Health System ("System") filed a renewal application on behalf of its member hospitals, Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Howard County General Hospital (the "Hospitals") requesting approval to continue to participate in a revised global price arrangement with Life Trac (a subsidiary of Allianz Insurance Company of North America) for solid organ and bone marrow transplants and cardiovascular services. The Hospitals request that the Commission approve the arrangement for one year beginning April 1, 2016.

II. OVERVIEW OF APPLICATION

The contract will continue to be held and administered by Johns Hopkins HealthCare, LLC ("JHHC"), which is a subsidiary of the System. JHHC will continue to manage all financial transactions related to the global price contract including payments to the System hospitals and to bear all risk relating to regulated services associated with the contract.

III. FEE DEVELOPMENT

The hospital portion of the global rates, which was originally developed by calculating mean historical charges for patients receiving the procedures for which global rates are to be paid, has been adjusted to reflect recent hospital rate increases. The remainder of the global rate is comprised of physician service costs. Additional per diem payments, calculated for cases that exceeded a specific length of stay outlier threshold, were similarly adjusted.

IV. IDENTIFICATION AND ASSESSMENT RISK

The Hospitals will continue to submit bills to JHHC for all contracted and covered services. JHHC is responsible for billing the payers, collecting payments, disbursing payments to the Hospitals at their full HSCRC approved rates, and reimbursing the physicians. The System contends that the arrangement among JHHC, the Hospitals, and the physicians holds the

Hospitals harmless from any shortfalls in payment from the global price contract. JHHC maintains that it has been active in similar types of fixed fee contracts for several years, and that JHHC is adequately capitalized to bear the risk of potential losses.

V. STAFF EVALUATION

The staff found that the experience under the arrangement has been favorable for the last year. Staff believes that the Hospitals can continue to achieve a favorable performance under the arrangement.

VI. STAFF RECOMMENDATION

The staff recommends that the Commission approve the Hospitals' application for an alternative method of rate determination for solid organ and bone marrow transplant services for the period beginning April 1, 2016. The Hospitals must file a renewal application annually for continued participation.

Consistent with its policy paper regarding applications for alternative methods of rate determination, the staff recommends that this approval be contingent upon the execution of the standard Memorandum of Understanding ("MOU") with the Hospitals for the approved contract. This document would formalize the understanding between the Commission and the Hospitals, and would include provisions for such things as payments of HSCRC-approved rates, treatment of losses that may be attributed to the contract, quarterly and annual reporting, confidentiality of data submitted, penalties for noncompliance, project termination and/or alteration, on-going monitoring, and other issues specific to the proposed contract. The MOU will also stipulate that operating losses under the contract cannot be used to justify future requests for rate increases.

Advancing Telehealth in Maryland

An MHCC Update

February 10, 2016

Our Role

The MHCC is responsible to advance a strong, flexible health IT ecosystem that can appropriately support clinical decision-making, reduce redundancy, enable payment reform, and help to transform care into a model that leads to a continuously improving health system. In addition, foster innovation in a way that balances the need for information sharing with the need for strong privacy and security policies.

Challenges

- Reimbursement is available from commercial payors, Medicare and Medicaid, but little incentive exists for providers to move away from traditional models of care delivery
  - Only one-half of acute care hospitals and less than 10 percent of physicians participate in telehealth
- Lack of widespread awareness about how to incorporate the effective use of telehealth into existing practice workflows
- Use cases that demonstrate the value of telehealth on hospital encounters and in improving access to care
- Medical liability insurance for services delivered through telehealth is not always offered

MHCC Grants

- Maryland law, established in 2014, authorizes MHCC to directly award grants to non-profit organizations and qualified businesses
- Diverse use cases provide an opportunity to test the effectiveness of telehealth with various technology, patients, providers, clinical protocols, and settings
- Total telehealth grants: $257,888
- Total matching funds: $610,180

October 2014 Grants – Round One

Name	*Use Case*	*Grant Award*	*Grantee Match*
Atlantic General Hospital (Worcester County)	Video consultations between the Emergency Department (ED) and Berlin Nursing and Rehabilitation Center (BNRC) to reduce ED visits and hospital admissions of patients residing in a long term care facility (LTC).	$30,000	$87,922
Dimensions Healthcare System (Prince Georges County)	Laurel Regional Hospital and Prince Georges Hospital use mobile tablets to conduct video consultations with patients residing at two LTCs, Sanctuary of Holy Cross and Patuxent River Health and Rehabilitation Center to reduce unnecessary hospital transfers.	$30,000	$42,316
University of Maryland Upper Chesapeake Health (Harford County)	Remote telemedicine examinations and consultations between hospital and a fully equipped exam room and lab located at Lorien, Bel Air facility. Technology provides EKG monitoring, sonogram and multiple cameras.	$27,888	$45,633
	Total	**$87,888**	**$175,871**

June 2015 Grants – Round Two

Name	*Use Case*	*Grant Award*	*Grantee Match*
Crisfield Clinic, LLC (Somerset County)	Rural health clinic provides mobile devises for middle school and high school aged patients to assist children in managing chronic conditions including asthma, diabetes, childhood obesity, and behavioral health issues.	$20,000	$93,983
Lorien Health Systems (Baltimore & Harford Counties)	Skilled nursing facility and residential service agency use devices installed in patients' home to monitor chronic conditions including uncontrolled diabetes, congestive heart failure, and hypertension and providing clinical support to improve care and avoid hospital admissions.	$30,000	$63,600
Union Hospital of Cecil County (Cecil County)	Hospital provides chronic care patients with mobile tablets and peripheral devices to capture blood pressure, pulse, and weight, and provide patient education to facilitate patient monitoring.	$30,000	$60,000
	Total	**$80,000**	**$217,583**

December 2015 Grants – Round Three

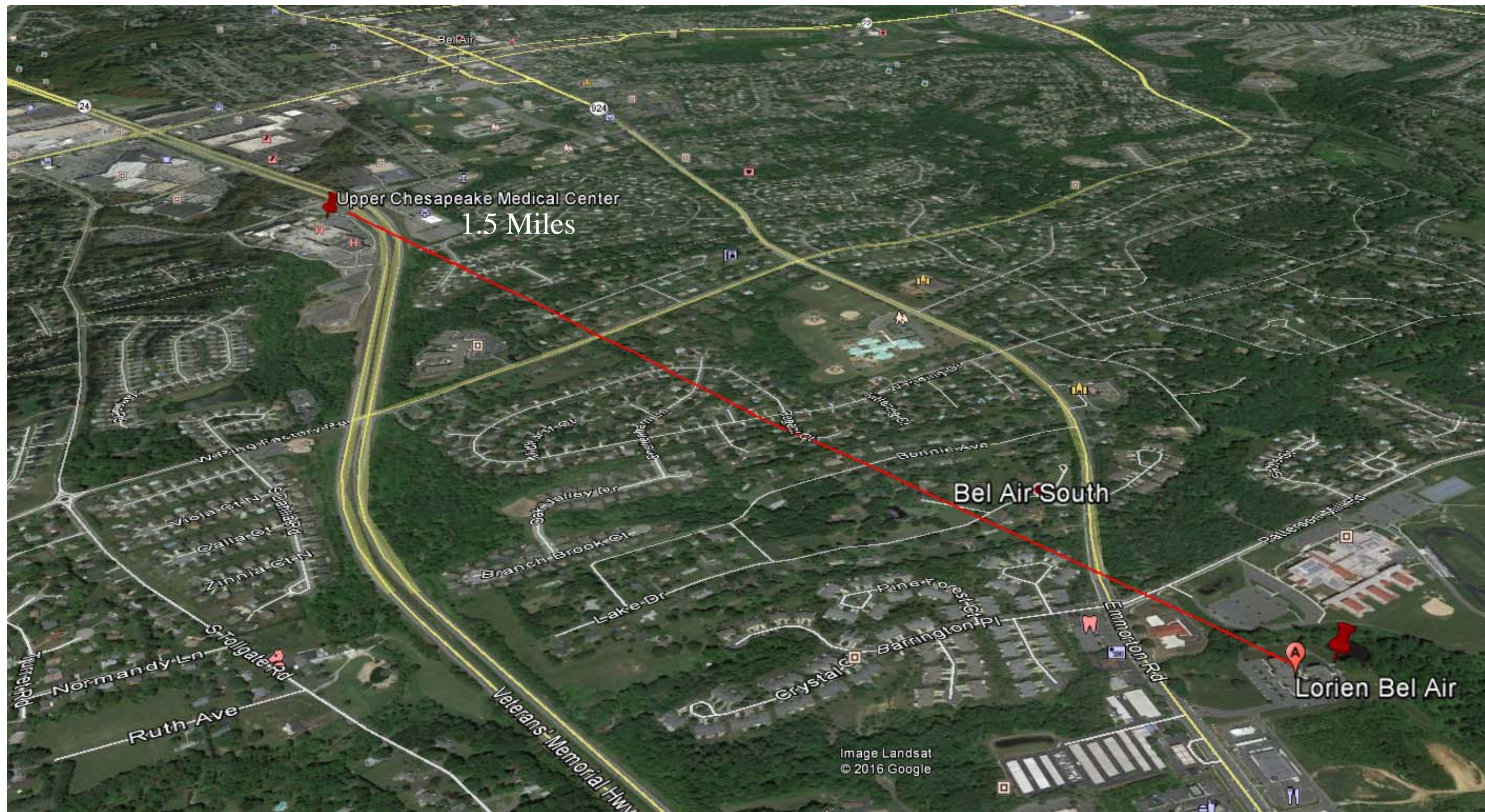
Name	*Use Case*	*Grant Award*	*Grantee Match*
Associated Black Charities (Dorchester & Caroline Counties)	Community association that assists minority and rural communities with navigating the health care system will utilize mobile tablets to facilitate primary care and behavioral health video consultations with a licensed nurse care coordinator from Choptank Community Health System.	$30,000	$90,000
Gerald Family Care, LLC (Prince George's County)	Patient Centered Medical Home practice will implement telehealth video consultations and image sharing services between patients at three family practice locations, and Dimensions Health System specialists providing gastroenterology, orthopedics, neurology, and behavioral health services.	$30,000	$66,726
Union Hospital of Cecil County (Cecil County)	Builds upon the original grant providing chronic care patients with mobile tablets and peripheral devices to capture blood pressure, pulse, weight and glucose levels to facilitate patient monitoring, which will support data sharing with primary care and Emergency Department providers.	$30,000	$60,000
	Total	**$90,000**	**$216,726**

Telehealth Program

Presenter: Colin Ward, VP Population Health & Clinical Integration
University of Maryland – Upper Chesapeake Health

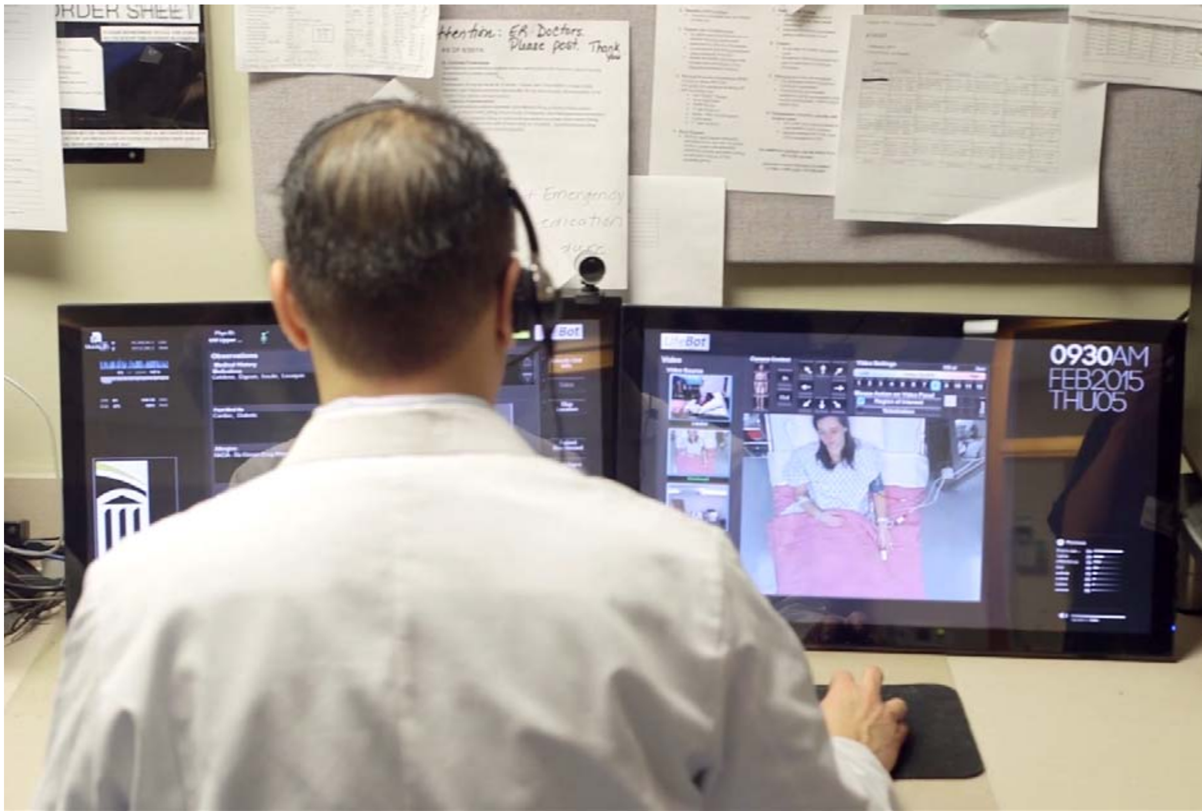
Telehealth Participants

- University of Maryland Upper Chesapeake Health (UMUCH)
- Lorien Bel Air
- Maryland Emergency Medicine Network (MEMN)
- LifeBot/ Citrano Labs



General Description

A Remote Patient Evaluation process for Skilled Nursing Patients at Lorien Bel Air



- ICU Level Monitoring
- Basic Point of Care Testing
- Medications matched to UMUCH ED inventory
- On-demand ED physician consultation using two-way video

Goal: Maintain treatment in the most appropriate location and reduce avoidable utilization

Impact on Quality

Measure	Numerator/Denominator	Baseline Data 10/1/2013-9/30/2014	Goal	11 Months	Final Rate	
30-day Readmissions	Number of patients that were admitted from an ACH to Lorien Bel Air and were re-admitted to an ACH within 30 days of hospital discharge date	83		48		
	Number of patients that were admitted to Lorien Bel Air from an ACH	610		536	**9.0%**	34%
	Percent	13.6%	10.2%			
Hospital Admissions	Number of patients that were admitted to an ACH from Lorien Bel Air	105		83		
	Total number of resident days for the month at Lorien Bel Air	24,743		23,034	3.6	15%
	Rate	4.2	3.2			
ED Transfers	Number of residents that were transferred via ambulance to an ACH	168		126		
	Total number of resident days for the month at Lorien Bel Air	24,743		23,034	5.5	19%
	Rate	6.8	5.1			

- Program resulted in 42 avoided trips to the UMUCH ED
- Patient and Provider satisfaction measured

Impact on Cost

UMUCH finance team estimates hospital expense savings of:

- $128 for each ED visit avoided
- $445 for each patient day avoided

(incremental reductions in imaging, labs, patient care staff hours)

- Projected Expense Avoidance of $70,000

Pilot team estimates payer cost savings of ALS Transport of:

- $650-$750 per Ambulance Trip avoided
- Approximate payer savings of $25,000

Plan for Sustainability

- Partnership is expanding to two remaining Harford County Lorien locations – Riverside and Havre de Grace
- UMUCH & Lorien sharing the capital cost
- MEMN – UMUCH agreed to payment process that allows providers to prioritize "virtual patients" as equals to patients physically in the ED

Video- Telehealth Program

UMUCH and Lorien Lifebot Telehealth

Presenter: Colin Ward, VP Population Health & Clinical Integration
University of Maryland – Upper Chesapeake Health

Atlantic General Hospital Telehealth Project

A collaborative effort between Atlantic General Hospital and Berlin Nursing & Rehabilitation Center with the focus of implementing telehealth services to prevent avoidable transfers, admissions and readmissions.

Atlantic General Hospital

Vision

ATLANTIC GENERAL 2020 VISION

care.coordination

VISION

To be the leader in caring for people and advancing health for the residents of and visitors to our community.

MISSION

To create a coordinated care delivery system that will provide access to quality care, personalized service and education to improve individual and community health.

Implementation

- Administrative Commitment
- Physician champions
- Comprehensive assessment of transfer and admission patterns
- Substantial wireless infrastructure
- Collaborative efforts among all stakeholders
- Clearly defined goals, protocols and guidelines

Project Goals/ Metrics

- Reduce admissions from BNRC to AGH.
- Reduce readmissions from BNRC to AGH.
- Reduce transfers from BNRC to AGH

for skilled patients with COPD, CHF, DM, and HTN.

- Decrease E.D. utilization by directly admitting BNRC patients requiring hire level of care.

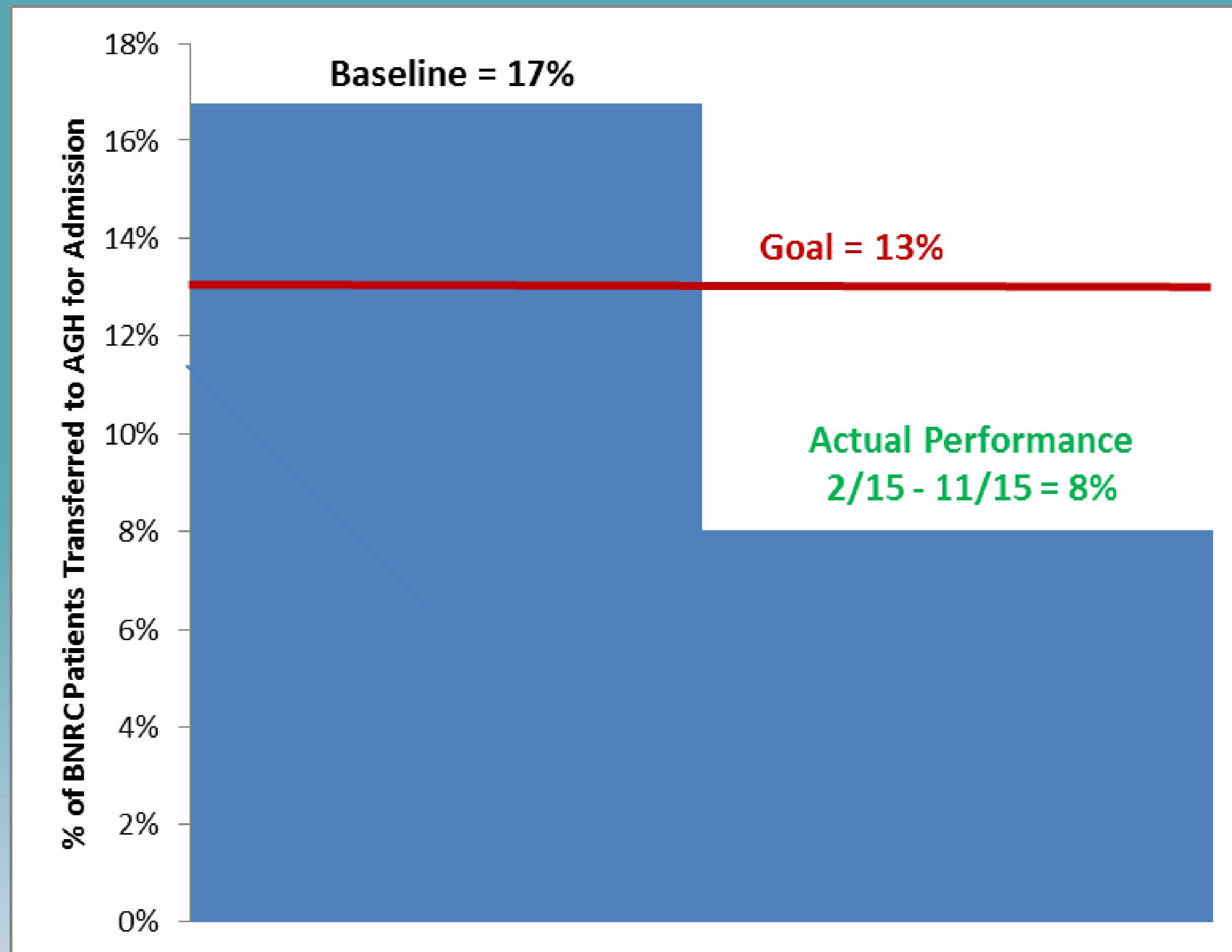
Approach

Strategies

- Community partnerships
- Information technology
- Selection of equipment
- Legal , credentialing, malpractice, consents, bi-directional policies
- Interact pathways
- Medical / clinical staff education
- Interact pathways

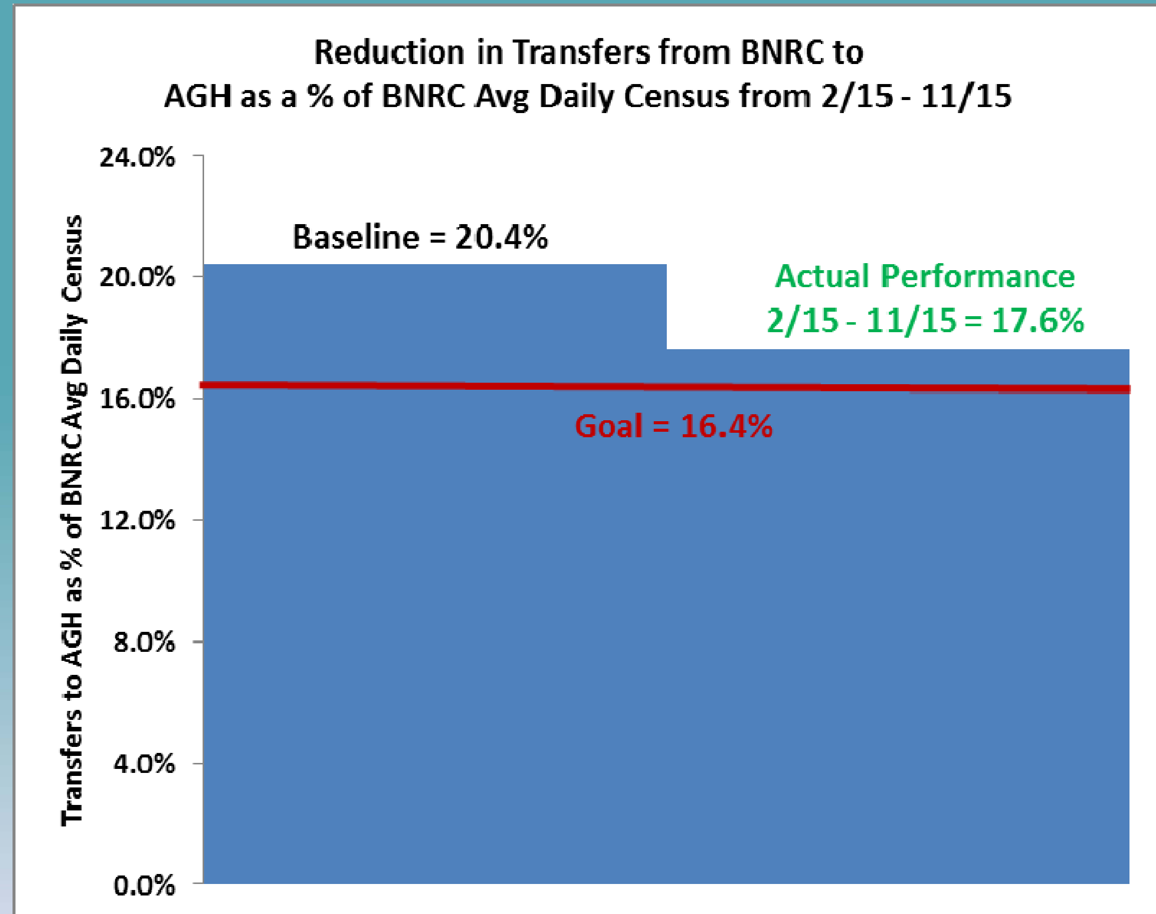
Results/ Outcomes

%BRNC Patients Admitted to AGH



Results/ Outcomes

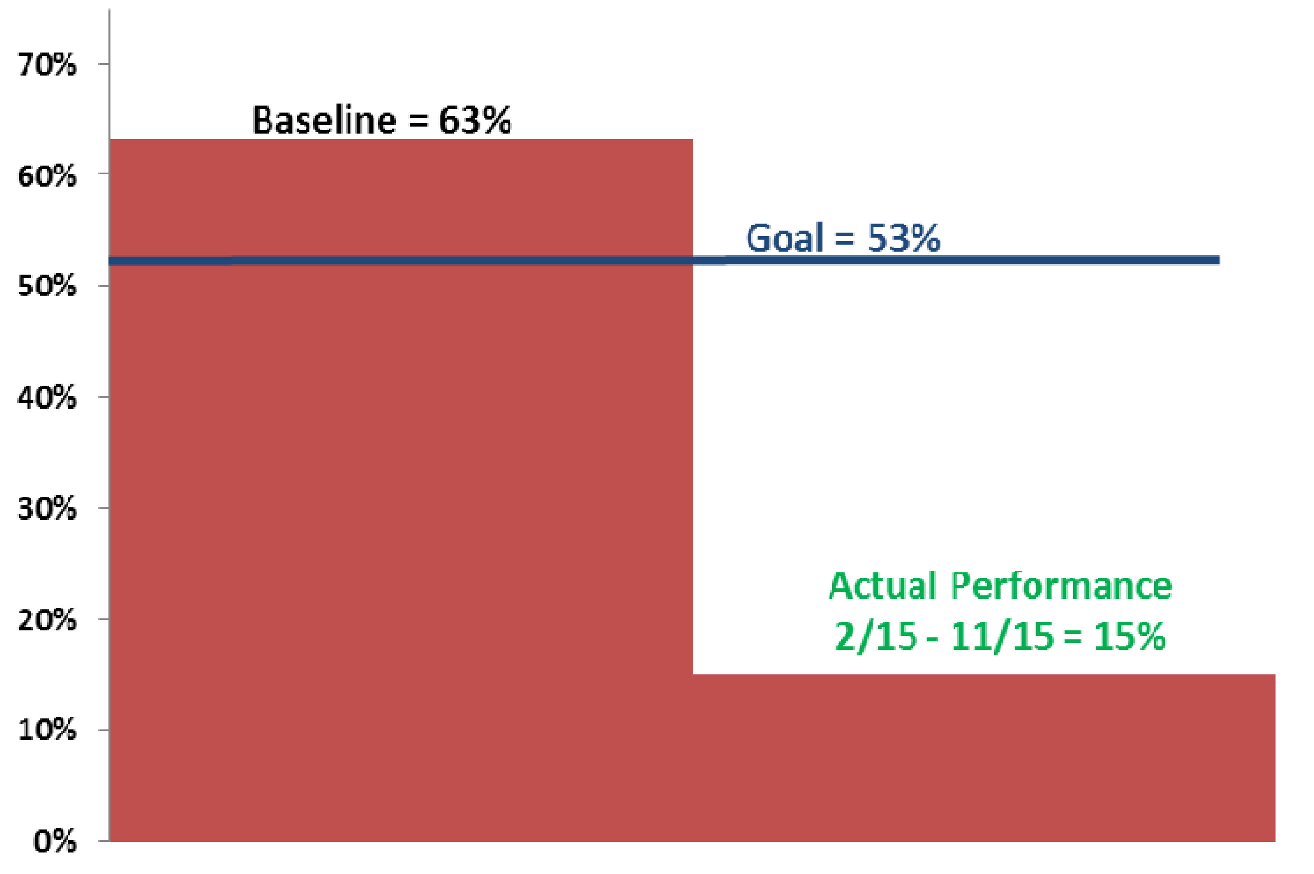
Reduction in Total Transfers from BNRC to AGH



Reasons for Transfers include: ER Visits, Hospital Observation, Acute Care Admission, etc…

Results/ Outcomes

Re-Admissions to the Acute Care Hospital



Cost Reduction

Hospital Costs / Savings

- The reduction in admissions resulted in a decrease of 11 admissions per month. An estimated cost of $14,313 per admission results in a savings $157,400 per month savings or 1.9 million over the 12 month period.
- The 42% reduction in re-admissions translates to a decrease of 4 re-admissions per / month at a a savings of $57,300 or $687,000 over the 12 month period.
- The 9% reduction translates into a reduction of 30 transfers over the 12 month period.

Sustainability

The Maryland "Waiver" Program for Acute Care Hospital Payment

- **The new "Global Budget Revenue" system with the HSCRC in Maryland creates the incentives for hospitals to create programs like this telehealth initiative.**

<u>Additional Means to Sustain Telehealth Services:</u>

- **Reimbursement / billable services for physicians in Maryland.**
- **Further extension of services into primary care, long-term care and assisted living facilities.**
- **Grant funding.**

Thank You!

Open Forum / Discussion

INTEGRATING VIRTUAL VISITS AND REMOTE MONITORING TO IMPROVE TRANSITIONS OF CARE BETWEEN DIMENSIONS HEALTHCARE SYSTEM FACILITIES AND COMPREHENSIVE CARE FACILITIES

Carnell Cooper, M.D., FACS

Chief Medical Officer

Dimensions Healthcare System

Dimensions Healthcare System

Participating Partners

Dimensions Healthcare System

- Integrated, not-for-profit healthcare system in Prince George's County, Maryland, serving approximately 180,000 patients annually

Maryland Emergency Medicine Network

- National leader in academic and community-based emergency medicine Affiliated with the University of Maryland Medical System

DEPARTMENT OF EMERGENCY MEDICINE

Participating Partners

Comprehensive Care Facilities

Hillhaven

Assisted Living, Nursing and Rehabilitation Center

SavaSeniorCare

Patuxent River Health and Rehabilitation Center

Crescent Cities Center

Participating Partners

- **Certified 8(a) Company and Small and Woman-Owned Disadvantaged Business (SDB); Maryland MBE Certified woman owned SBD registered in the District of Columbia**
- **Accreditation by the Maryland Health Care Commission to serve as a Management Service Organization (MSO)**
- **Certified Professionals in Health Information Technology (CPHIT)**

Clients:

The DHS project

The DHS project involved two telehealth interventions.

- Post-discharge e-visit between the CCF and a DHS hospital to track a patient's status during the first 30 days of discharge.
- Pre-transfer e-visit between the CCF and a DHS hospital emergency department to determine if emergency transfer is necessary or provide support to the CCF to avoid emergency transfer.

Purpose

The Long Term Care/Hospital Telehealth Project Pilot was designed to reduce hospital admission and 30 day readmissions for patients at comprehensive care facilities (CCF) by:

- (1) improving improve care transitions for Medicare, Medicaid and dually eligible patients who were admitted to hospital and transferred to the CCFs or who are at risk for readmission to the hospital from the CCFs
- 2) reducing unnecessary emergency department visits for Medicare, Medicaid and dually eligible residents of the CCFs.

Implementation

- The pilot integrated virtual visits to improve transitions of care between two DHS acute care facilities (PGHC and) and two CCFs, Sanctuary and Patuxent. Additional CCFs were added during the pilot.

- Patient data were exchanged among DHS and CCF providers via the HouseCall e-vist platform which permitted virtual consultations and virtual encounters and image capture

- The pilot served patients who are Medicaid, Medicare or dually eligible beneficiary residents of the CCFs and who are at risk for admission or readmission within 30 days or at risk of transfer to a hospital emergency room.

Workflow Integration

- The committee developed Telehealth Workflows for the post-discharge intervention and the ED Intervention
- A group of DHS (at PGHC) physician advisors was trained on the telemedicine tool and to manage the post-discharge intervention process.
- Zane Networks took the lead in training the hospitals' staff and providers as well as CCF staff and providers on the use of the telemedicine equipment and software.
- Hospital case managers and/or CCF staff explained the pilot to patients and families and obtained informed consent from interested patients prior to their being discharged from hospital or upon their (re)admission to the CCF.

Expected outcomes

- Reduction in the hospitalization rate for Medicare, Medicaid and dually eligible CCF residents
- Reduction in the 30 day readmission rate for CCFs
- Reduction in the emergency department transfer rate for Medicare, Medicaid and dually eligible patients who are CCF residents
- Improvements in patient experience.

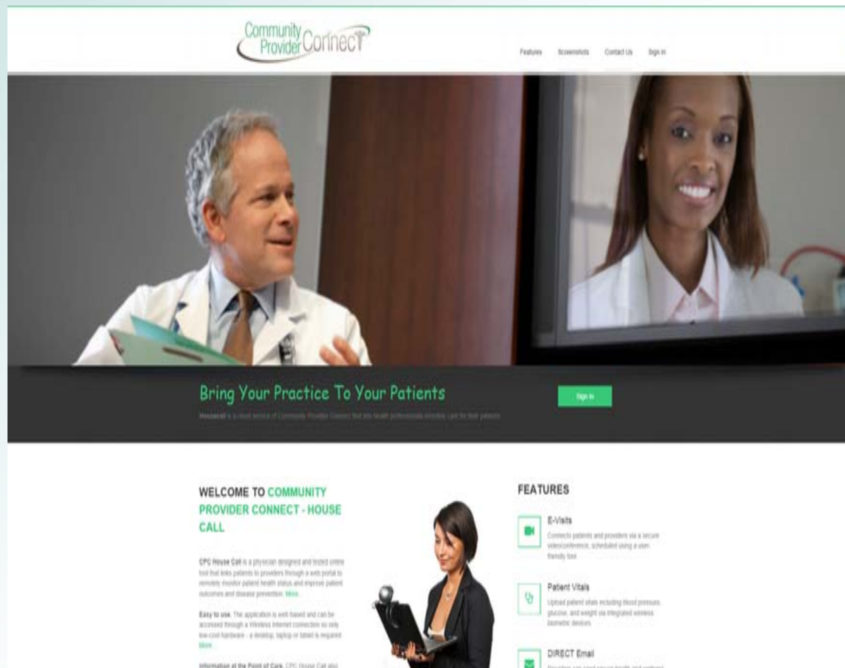
Hardware: Surface Pro Tablets

- Surface Pro 3 Tablets and IPADs were considered as hardware options
- Surface Pro 3 Tablet was selected because it provides full widows desktop capabilities along with the versatility of a tablet.
- Surface Pro 3 USB port can support future integration of devices (Stethoscope, examination camera, BP cuff, etc.).

Hardware: JACO Carts

- The JACO Cart was chosen for mobility and ease of use for end users.
- The Surface Pro 3 tablets can be mounted to the JACO carts, providing greater security for the hardware.
- With the JACO Cart clinicians can easily navigate between patients rooms to conduct Tele-Health visits.

Software: HouseCall



- HouseCall created by ZaneNetworks, a Maryland State Designated Management Service Organization
- HouseCall is a cloud-based software service, hosted in a HIPAA certified Data center
- TeleHealth Calls are encrypted and sent through the internet, securely.
- HouseCall is provider-centered and supports provider-to-provider Video conferencing
- ZaneNetworks currently developing direct integration to allow providers to send Direct Messages with documents using HouseCall.

CRISP ENS and Direct Messaging

- CRISP ENS delivered to participating providers secure emails with real-time alerts of their patients' hospitalization status during the hospital stay and at the time of discharge.

- Providers could retrieve more detailed patient information such as discharge summary, labs, medications prescribed if documented and available from the hospital information system.

- The pilot leveraged EHRs, HIE and Telehealth to allow hospital-based and CCF telehealth practitioners to schedule, manage and conduct video consults with patients; collect clinical data such as images and provider notes; exchange health information with other providers via DIRECT or through the portal; and import data into their EHR.

- The integration of telehealth and ENS increased coordination between the hospital and CCFs and enhanced the quality and accessibility of clinical information need to inform quality care.

Results

Table 1: DHS Long Term Care Hospital Telehealth Project Evaluation Findings						
Measures	**Patuxent CCF**			**Sanctuary CCF**		
	Baseline Rate (Jan-March, 2015)	Goal	Endpoint Rate (April – Oct, 2015)	Baseline Rate (Jan – June 2014)	Goal	Endpoint Rate (Jan– Sept 2015)
Hospital Admissions Numerator =Number of patients that were admitted to an ACH from the CCFP Denominator= Total number of resident days for the month at the CCF	.44%	.36%	.41%	1%	0.70%	.38%
30 day Readmissions Numerator= Number of patients that were admitted from the CCF to an ACH and were re-admitted to an ACH within 30 days of hospital discharge date Denominator Number of patients that were admitted to the CCF from an ACH	66.6%	50%	18%	15.3%	12.5%	11.38%
ED visit rate Numerator=Number of residents that where transferred via ambulance to any ACH from the CCF Denominator= Total number of resident days for the month at the CCF	.52%	.42%	.29%	.24%	.19%	.42%

Lessons Learned

- Consistent communication between the acute care hospital and the CCF results in a more in depth assessment of the resident's condition and facilitates on site interventions that eliminate transfers.
- Telehealth champions are critical to maximize the utility of telehealth among the physician and nursing staff
- There must be ongoing training and engagement of physician and facility staff to sustain provider and staff enthusiasm for the project and to integrate telehealth interventions and protocols as a natural part of the clinical workflow.
- Telehealth programs must include education for patients and their families regarding the benefits of telehealth intervention
- Clinical support and staffing resources must be available to ensure that the effective and efficient clinical management of patients

Sustainability

- To sustain a telehealth program, investment of additional resources for hardware, capital improvements and dedicated personnel to implement a more comprehensive telehealth program is required.

- To be viewed as cost effective, to the hospitals and CCFs, there must be a quantifiable return on investments (ROI). Specifically, there must be appropriate reimbursement for telemedicine services as one element of the ROI. An effective program would also like result in definitive hospital savings and better healthcare outcomes for participants.

- Telemedicine programs must be integrated into the daily work processes of the acute care hospitals and CCFs to ensure broad utilization. Staff must be trained on the benefits of the programs and utilization of the tools.

- Internal resources in the form of dedicated staff and IT support must be part of the program. Additionally, to expand CCFs' capacity to care for sick patients through collaboration with acute care hospitals, there must be a nurse champion at each CCF and strong commitment by the CCF administration to provide the training and support needed by staff to expertly care for patients.

Questions

On the Horizon

- Disseminate telehealth grant findings to inform broader telehealth projects
- Award a fourth round of telehealth grant(s) that advance practice transformation and continue to align with value base care models
- Telehealth Symposium: Remote Monitoring and Chronic Care Management of High Risk Patients on February 22, 2016 at Anne Arundel Hospital Center
- Explore opportunities with the HSCRC to diffuse telehealth under the new waiver

Thank You!

The MARYLAND
HEALTH CARE COMMISSION

Update from CRISP on Implementation of Infrastructure and Analytics

Representatives from CRISP will present slides and materials during the Commission meeting

Legislative Update

The Legislative Update will be presented at the Commission Meeting

State of Maryland
Department of Health and Mental Hygiene

John M. Colmers
Chairman

Herbert S. Wong, Ph.D.
Vice-Chairman

George H. Bone,
M.D.

Stephen F. Jencks,
M.D., M.P.H.

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Policy and Operations

Vacant
Director
Payment Reform
and Innovation

Gerard J. Schmith
Deputy Director
Hospital Rate Setting

Sule Calikoglu, Ph.D.
Deputy Director
Research and Methodology

TO: Commissioners

FROM: HSCRC Staff

DATE: February 10, 2016

RE: Hearing and Meeting Schedule

March 9, 2016	To be determined - 4160 Patterson Avenue HSCRC/MHCC Conference Room
April 13, 2016	To be determined - 4160 Patterson Avenue HSCRC/MHCC Conference Room

Please note that Commissioner's binders will be available in the Commission's office at 11:45 a.m..

The Agenda for the Executive and Public Sessions will be available for your review on the Thursday before the Commission meeting on the Commission's website at http://www.hscrc.maryland.gov/commission-meetings-2016.cfm

Post-meeting documents will be available on the Commission's website following the Commission meeting.