

MINUTES

BOARD OF DIRECTORS MEETING
151 CAPITOL STREET
AUGUSTA, MAINE
THURSDAY, DECEMBER 3, 2015

The meeting of the Maine Health Data Organization (MHDO) Board of Directors began at 9:20 a.m. immediately following Public Hearings on Chapter 120: *Release of Data to the Public* and Chapter 270: *Uniform Reporting System for Quality Data Sets*. The following Board members were present: Lisa Harvey-McPherson, (Chair), Anne Head (Vice-Chair), Poppy Arford, Andy Ellis, Peter Gore, Anita Knopp, Jim Leonard, Katherine Pelletreau, and Dave Winslow. Neil Korsen joined by phone. Maryagnes Gillman was absent. Also in attendance were Karynlee Harrington, Acting Executive Director and Deanna White, Agency Assistant Attorney General.

Chair Report

Vote to approve Board minutes - A motion was made and seconded to accept the November 5, 2015 MHDO Board minutes as written. Motion carried.

Legislative Update - Lisa Harvey-McPherson stated that Karynlee was asked by the Insurance and Financial Services (IFS) Committee to present CompareMaine at one of the last committee meetings. There was another meeting of the IFS Committee where interested parties were invited to share their thoughts on L.D.1305: *An Act to Encourage Health Insurance Consumers to Comparison Shop for Health Care Procedures and Treatment*. Karynlee summarized the comments during this meeting that were made specifically those that had to do with CompareMaine. The chair of the IFS Committee stated at the end of the meeting that the bill will be taken up early in the next legislative session. The Board discussed how the Agency should begin to think about whether there are any fiscal implications with how LD 1305 is currently drafted and if so to begin to prepare a fiscal note and inform the sponsor of the bill.

Status of Board Appointments - The Chair informed the Board that Andy Ellis and Peter Gore were recently reappointed to the Board. Joel Allumbaugh was appointed to the Board by the Governor as a consumer representative and Patrick Denning, Harvard Pilgrim Health Care, (was present and introduced himself) as a third-party payer representative.

Board Chair Transition Planning - In January the Board will elect a Chair-elect to help with transitioning as Lisa will be stepping down as Chair when her term expires in May.

The Chair reported that the transcript for the *Gobeille v. Liberty Mutual Insurance Company* case was just released. Karynlee and Deanna gave the Board a brief overview of the oral arguments presented to the Supreme Court. The Supreme Court transcript and all related documents are available online at the Supreme Court of the United States (scotus.gov).

Acting Executive Director Report

Priorities for CompareMaine 2.0 Release - Karynlee reviewed with the Board a list of priorities, based on discussions at the last Board meeting, which will be addressed in the next CompareMaine release; scheduled for early in the second quarter 2016.

Karynlee provided some metrics regarding the total percentage of payments in the aggregate and broken down by facility and professional components that are represented on CompareMaine (based on our methodology-meaning only commercial population, over 65 removed etc.) There were some questions with the numbers. Karynlee will follow up with team and report back to the board in February.

Karynlee went on to discuss one of the key policy issues she will need some guidance on which is whether or not to include individual physicians to CompareMaine. At the last Board meeting Gordon Smith made a comment about the possibility of including all physicians on the website. Currently on CompareMaine there are approximately 162 facility groups comprising around 230 facilities which include hospitals, surgical centers, diagnostic imaging centers, labs & clinics. Reporting at the individual physician level is a daunting task given the number of individual physicians. The example given was Chiropractors. There are over 401 chiropractors practicing in Maine (both individual and in groups). The MHDO does not have the resources needed to maintain a website of this magnitude. Karynlee suggested an alternative approach-she referred the board to Section 8712(4) in Title 22, Chapter 1683 which states the following:

Physician services. The organization shall provide an annual report of the 10 services and procedures most often provided by osteopathic and allopathic physicians in the private office setting in this State. The organization shall distribute this report to all physician practices in the State.....

The approach would be to report the average paid amount for the 10 services and procedures as described above by geographic area, perhaps at the county level by provider type. Using the example of chiropractors Karynlee reported that half of what was paid to chiropractors for the same 15 month period we are using on CompareMaine was billed using the same one code. Team will work on a formal proposal for February/March meetings.

Follow Up Re: Complexity of Cases – Karynlee distributed and reviewed a discussion document titled Patient Complexity and Disease Severity. Karynlee explained that the median payment information that appears on the CompareMaine is calculated by considering all episodes, regardless of severity. However, we are using the median to calculate the average cost (we use the median vs the mean because the median is less likely influenced by extreme values). The median episode will typically have no complications or problems and minimal severity because these tend to be the most common type of episode. We have confirmed that for the surgical procedures on CompareMaine the median cost represent Stage 1 severity episodes with the exception of gallbladder procedures which include Stage 2 severity episodes. (Refer to document)

Follow Up Re: EMMC, St. Mary's and Aetna –We are working with these entities to address concerns with the average cost for one procedure with St. Mary's and Aetna and two procedures with EMMC and Aetna. In both cases the costs for these three procedures are higher than the hospitals believe it should be. We have provided Aetna with the data needed to drill into. On the surface it looks like part of the issue has to do with how Aetna reports reprocessed claims to the MHDO. Karynlee will keep the board updated.

There was some discussion amongst several board members in regard to the Truven MEG grouper (which is proprietary) representing the information in relation to DRG's and whether that is the best way versus an open source CMS grouper. Karynlee reminded the board that there are different groupers for different purposes and different ways to use a grouper. She stated that the payments will never be exact but that they should be as one provider put it "in the ball park." In the next release as discussed the costs presented to the providers and on CompareMaine will be broken down by facility and professional which should make it a little easier for facilities to determine if the payment is "in the ball park".

Follow Up Re: Spectrum Medical Group and Specialty Solutions – We are working with this provider to address several questions regarding CompareMaine. Karynlee will keep the board updated.

Chapter 243 Section 2A, sub-section 9 - The Board was provided with a vote for consideration regarding Chapter 243 Section (2)(A)(9)(a). After some discussion there was a motion and a second to suspend enforcement against those health care claims processors having less than the \$2 million threshold, until the Board engages in formal rulemaking in 2016. A Board member requested that the notification to the affected parties be clear that it is within the purview of the Board that the suspension may be revoked at some point in the future. The motion passed unanimously.

Status of Data Availability and Releases - The Board was provided with a handout showing data requests posted on our web site, which the Chair encouraged the Board to review.

Maine Quality Forum (MQF)

Summary of MQF-DHA Board Meeting - At their November 18th meeting the Dirigo Health Agency Board approved how they would spend their \$1.3 million appropriation. They also approved a sole source contract with HSRI to help support the quality work that is part of CompareME, which will need to go through the State approval process. The board agreed to meet on an annual basis and Karynlee will send the board written monthly updates as well as post on the website and send to interested parties.

Lisa presented Certificates of Appreciation to Poppy Arford and Katherine Pelletreau, departing board members, for their contributions to the Board.

Public Comment

Kristine Ossenfort, Anthem BC/BS urged the Agency to look closely at the language in L.D.1305 that will impact the MHDO.

The meeting adjourned at 11:07 a.m.