

January 31, 2024

Jon Kromm Executive Director Health Services Cost Review Commission 4160 Patterson Avenue Baltimore, MD 21215

Dear Mr. Kromm.

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment on Health Services Cost Review Commission (HSCRC) staff's recommendations on policymaking and work group processes.

We appreciate the Commission engaging stakeholders in the development process for informed decision making, transparency, inclusivity, and continuous evaluation. We look forward to collaborating with Commissioners and staff on the opportunities presented below.

## **Policy & Program Development**

The hospital field is in general agreement with the draft policy and program development workflow with additional recommendations:

- Incorporate opportunities for stakeholder engagement and public feedback in the prioritization process. Commission priorities should be open for public comment, so stakeholders can provide feedback on those that are most impactful, operationally feasible, and contribute to Model success. Related to this suggestion, the priorities from the December Commissioner retreat should be presented for public comment at an upcoming meeting.
- Determine the criteria to develop new policies including an evaluation of ability to impact the stated outcomes and goals.
- Embed appropriate checkpoints throughout the policymaking process to ensure stakeholders can give meaningful feedback on methodological and operational considerations before policies are finalized.
- Leverage current best practices like the quality policy development calendar, shared with the Performance Measurement Work Group at each meeting.
- Participate in conversations with the hospital field and HSCRC with CMMI on Model administration to allow the field to offer insights on operational feasibility and how certain elements may be improved.

## **Promulgating Policies & Regulations (COMAR)**

The hospital generally agrees with the draft workflows for promulgating workgroup vetted policies and regulations, particularly implementing longer time periods between presentation of draft policies to the Commission and final vote. We also put forth the following recommendations:

- Strongly encourage the reinstatement of oral comments on draft recommendations to allow commissioners to hear from all interested parties before final recommendations.
- Post final Commission decisions including commissioner votes, proposed, and adopted amendments, and final policies, as done currently for staff recommendations.
- Develop a process for refinement and evaluation of policies, considering the total impact
  of risk and rewards across policies to ensure incentives are balanced. Sunset unnecessary
  policies as needed to focus on those producing the most meaningful engagement and
  results.

## **Work Group Management**

The hospital field is in general agreement with the draft recommendations, particularly identifying the scope and charge of each group. We also request the incorporation of the following:

- Strongly encourage longer time periods for stakeholders to vet policy and methodological recommendations prior to Commissioner vote to allow for evaluation of key issues and barriers, amendments where appropriate, and thoughtful evaluation and monitoring.
- Limit the number of new regulatory policies and methodologies to allow hospitals to develop and finalize methodologies and operationalize changes sequentially. This will limit competing priorities and allow for more meaningful engagement.
- Encourage more transparency in the workgroup management including posting all work group materials at least one week in advance of meetings, reviewing rosters annually, and distributing meeting summaries with clear and actionable next steps. If materials are not sent out with enough time to process (less than a week), we encourage meetings to be delayed for meaningful feedback.

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Thank you for engaging stakeholders in the process. We believe our recommendation will further enhance the good work put forth in your draft document. If you want to discuss any of our recommendations in more detail, please contact us.

Sincerely,

Melony G. Griffith President & CEO

Maryland Hospital Association

cc: Joshua Sharfstein, M.D., Chairman

Joseph Antos, Vice Chairman

James Elliott, M.D. Ricardo Johnson

Maulik Joshi, DrPH

Adam Kane

Nicki McCann, JD