Attachment III: Post-Award Forum Documentation

Search...

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HealthChoice

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Section Menu

HealthChoice Monitoring and Evaluation

Find information and reports related to HealthChoice monitoring and evaluation.

- The Centers for Medicare and Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a five-year period effective January 1, 2022 through December 31, 2026.

Post-Award Forums and Annual Evaluation Reports

2025

The 2025 Post-Award Forum took place on Thursday, June 26th, 2025, during the Maryland Medicaid Advisory Committee meeting, from 1:00 to 3:00 PM via GoToWebinar.

Meeting Reference Documents

- 2025 Post-Award Forum Presentation
- FY 2024 Annual Report
- 2025 HealthChoice Annual Evaluation (CY 2019 - CY 2023)

2024

2023

2022

2021

2020

2019

2018

Summary Reports 2017-2021

HealthChoice Quick Links

- Community Liaison and Care Coordination
- HealthChoice for Members
- HealthChoice Independent Review
- HealthChoice Quality Assurance Annual Reports
- HealthChoice Quality Strategy
- MCO Newborn Coordinator
- Medical Loss Ratio and Audited Financial Statements

Maryland Department of Health
201 W. Preston Street, Baltimore, MD 21201
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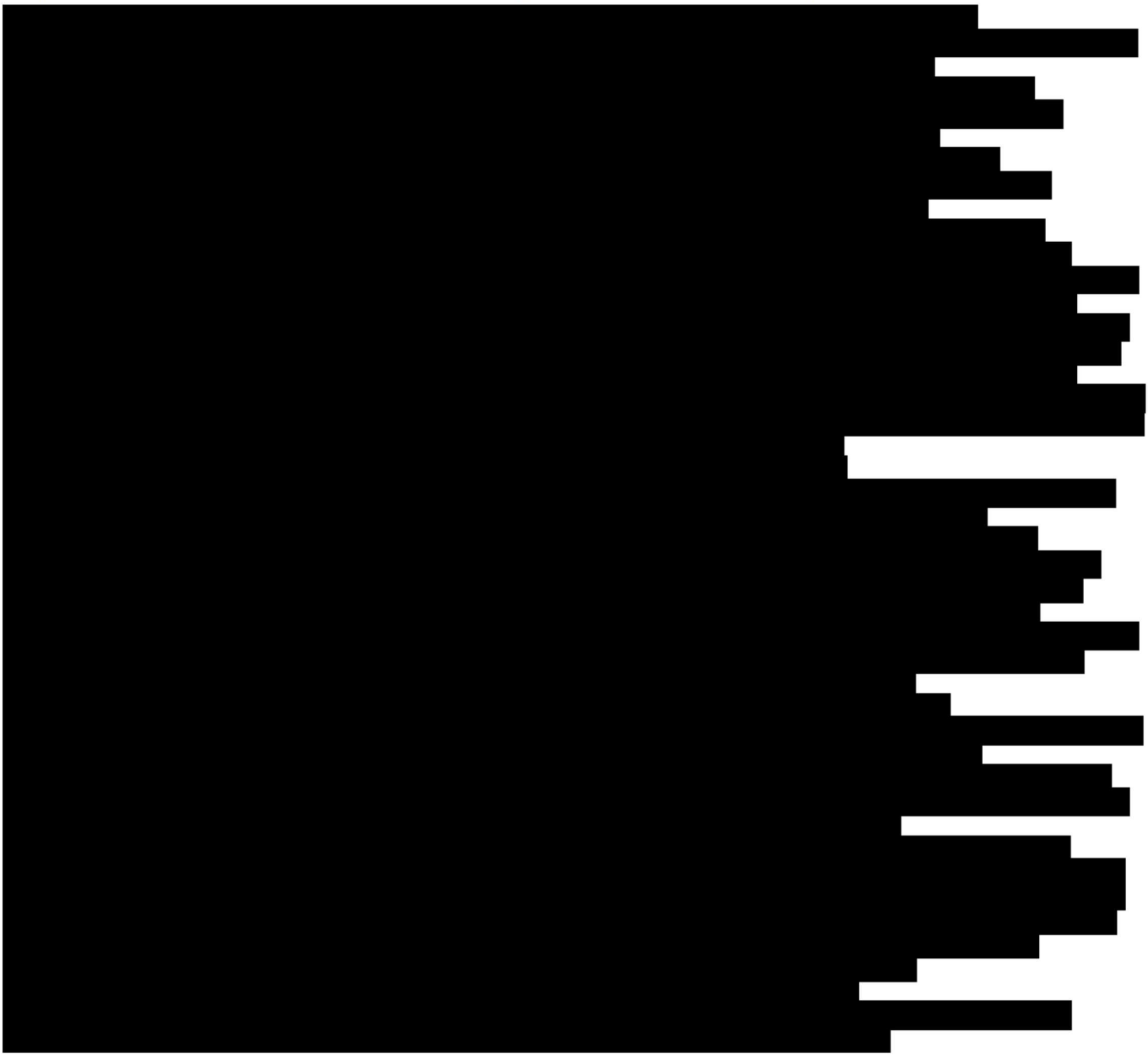
Meredith Lawler -MDH- <meredith.lawler@maryland.gov>

June 2025 MMAC Meeting Announcement

Meredith Lawler -MDH- Fri, Jun 20, 2025 at 8:18 AM
Bcc:



Good morning,

The Thursday, June 26th, MMAC meeting (1:00-3:00pm) will be held via GoToWebinar. All 2025 MMAC Meetings will be held virtually until further notice.

Registration information is at the bottom of this email and also within the attached agenda. Please limit this information to yourself and your direct staff.

This email contains the June agenda with May minutes, and the June Regulation, SPA, and Waiver reports. Please note all MMAC meeting materials are uploaded to the MDH MMAC Webpage within one week after each meeting.

In regards to public comment, interested parties may email me ahead of the meeting or use the question feature in GoToWebinar during the meeting to alert the host to your desire to participate in the public comment portion of the meeting.

Please register for MMAC Meeting on June 26, 2024 1:00 p.m. EST at:

https://attendee.gotowebinar.com/register/6578830412660151382

After registering, you will receive a confirmation email containing information about joining the webinar. Please pay specific attention to the information concerning how to join for audio.

Best,

Meredith

--
Meredith Lawler, MPH
Special Assistant to the Director | Innovation, Research, and Development
Office of Health Care Financing
Maryland Department of Health
201 W Preston Street
Baltimore, MD 21201
[redacted]

We encourage you to check our website and social media often for updates.
For Medicaid-related Coronavirus updates, visit mmcp.health.maryland.gov.
For questions about the Coronavirus, visit coronavirus.maryland.gov.
Follow us @MDHealthDept facebook.com/MDHealthDept and twitter.com/MDHealthDept.

The Maryland Department of Health is committed to customer service. Click here to take the Customer Satisfaction Survey.

4 attachments

MMAC Reg Report June 2025.pdf
96K

MMAC Monthly Waiver Report 2025.06.pdf
119K

MMACMIN25 MAY.doc.pdf
190K

MMAC SPA Report June 2025.pdf
187K

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Thursday, June 26, 2025
TIME: 1:00 - 3:00 p.m.
LOCATION: GoToWebinar

MMAC meetings will continue to be held through GoToWebinar only.

Please register for MMAC Meeting on June 26, 2025, 1:00 p.m. EST at:

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After registering, you will receive a confirmation email containing information about joining the webinar.

Those who would like to make public comment should email Ms. Meredith Lawler at, meredith.lawler@maryland.gov or use the question feature to submit questions to the host.

AGENDA

I. Introduction of Secretary Meena Seshamani

II. Departmental Report

III. HealthChoice Evaluation/Post-Award Forum

IV. Waiver, State Plan and Regulations Changes

V. Public Comments

VI. Adjournment

Next Meeting: Thursday, July 24, 2025, 1:00 – 3:00 p.m.

Staff Contact: Ms. Meredith Lawler
meredith.lawler@maryland.gov

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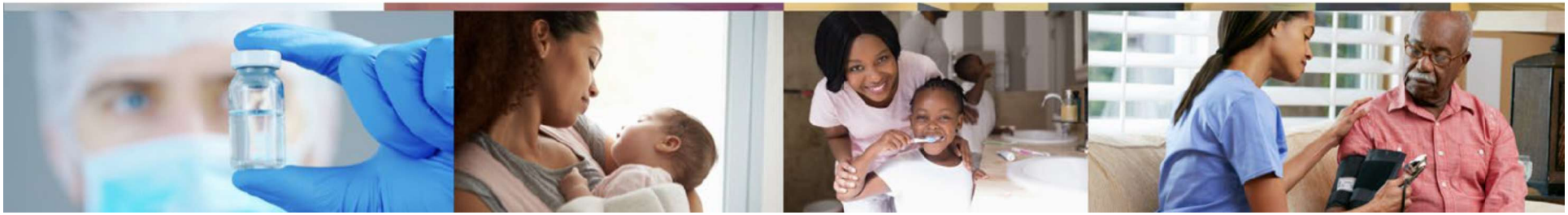
2025 Post-Award Forum & HealthChoice Evaluation (CY 2019 – CY 2023)

Nancy Brown

Medicaid Office of Innovation, Research and Development

June 26, 2025



Overview: Demonstration Goals

- Improve access to health care for the Medicaid population
- Improve the quality of health services delivered
- Provide patient-focused, comprehensive and coordinated care through the provision of a medical home
- Emphasize health promotion and disease prevention
- Expand coverage to additional low-income Marylanders with resources generated through managed care efficiencies

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2025 Evaluation Overview

- Evaluation period: CY 2019 – CY 2023
- Waiver programs covered in the evaluation
  - Residential Treatment Services for Individuals with Substance Use Disorders (SUD)
  - Assistance in Community Integration Services (ACIS)
  - National Diabetes Prevention Program (DPP)
  - Increased Community Services (ICS)
  - MOM (Formerly known as the Maternal Opioid Misuse) Model Pilot Program
  - Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)
  - Former Foster Care Dental Services
- Waiver Programs that Sunset:
  - Evidence-Based Home Visiting Services (HVS)
  - Adult Dental Pilot Program
  - Collaborative Care Model Pilot (CoCM)

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Coverage and Access

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Enrollment Growth

Between 2019 and 2023, HealthChoice enrollment increased by 24.3 percent, from 1,202,718 to 1,494,801.

- Enrollment grew by 27.1% from CY 2019 to CY 2022, before decreasing by 2.2% in CY 2023
- The percentage of Maryland Medicaid enrollees in managed care remained high, decreasing slightly from 89.9 percent to 89.6 percent.
- The **percentage of Maryland's population enrolled in HealthChoice grew from 19.9 percent to 24.2 percent**.

- There was also a sharp increase of 11.2% from CY 2019 to CY 2020 and 5.6% from CY 2021 to CY 2022, in part due to the Medicaid Maintenance of Eligibility (MOE) requirements.
- During CY 2023, the ending of the PHE and resumption of Medicaid redeterminations contributed to reduced enrollment.

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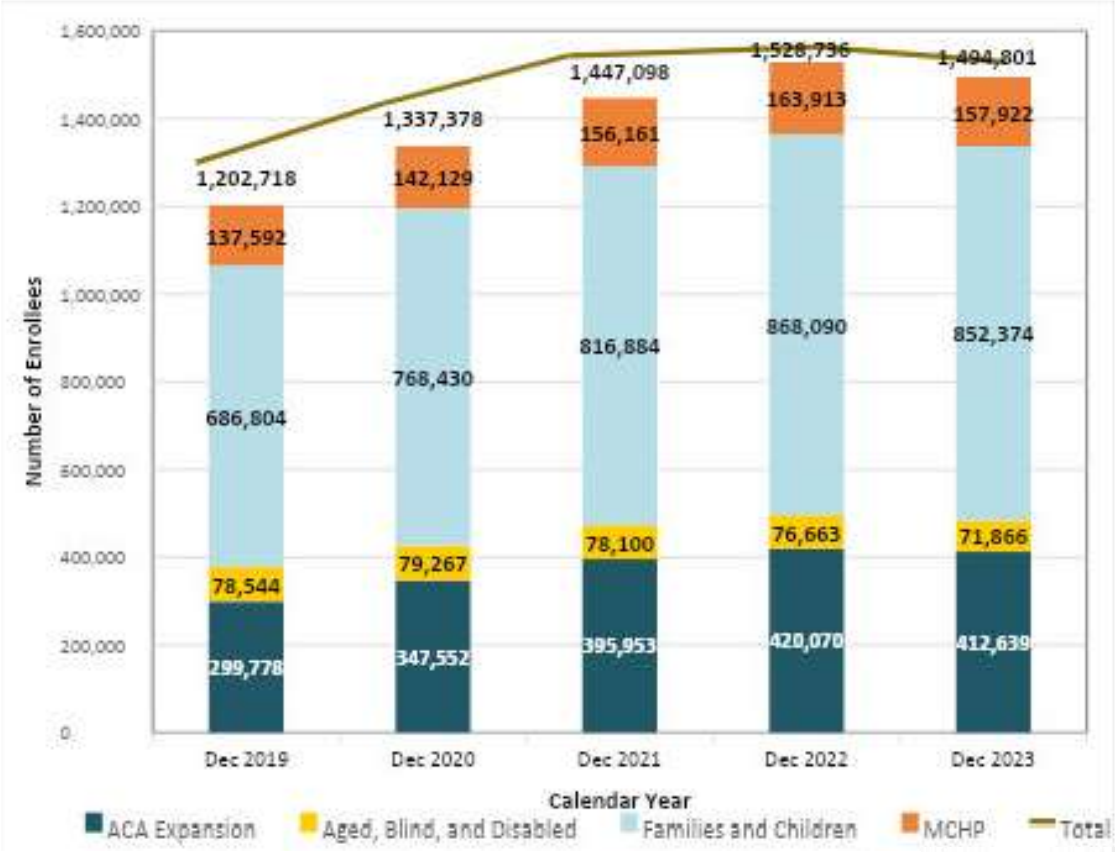
Enrollment Growth

HealthChoice Enrollment by Coverage Category as of December 31, CY 2019–CY 2023*



*Enrollment counts include participants aged 0-64 years who are enrolled in a HealthChoice MCO.

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Gaps in Coverage

Calendar Year	Total	At Least One Gap in Medicaid Coverage		Length of Coverage Gap			
				180 Days or Less		181 Days or More	
		#	%	#	%	#	%
2019	1,377,257	64,802	4.7%	47,004	72.5%	17,798	27.5%
2020	1,392,625	16,568	1.2%	11,192	67.6%	5,376	32.4%
2021	1,486,991	4,127	0.3%	2,806	68.0%	1,321	32.0%
2022	1,573,811	5,279	0.3%	3,462	65.6%	1,817	34.4%
2023	1,665,232	27,641	1.7%	21,109	76.4%	6,532	23.6%

- The percentage of HealthChoice participants with a gap in coverage decreased from 4.7 percent in CY 2019 to 1.7 percent in CY 2023.
- The overall number of those with a gap has significantly decreased.
- CY 2021 and CY 2022 had fewer enrollment gaps due to Medicaid MOE requirements; Medicaid redeterminations resumed in CY 2023

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Ambulatory Care Utilization

- Between CY 2019 and CY 2023, participants with an ambulatory care visit decreased from 79.0 percent to 73.0 percent, with the lowest observed rates among 19-39 year-olds (64.1 percent) and the ACA Expansion population (63.1 percent).
- Ambulatory care visit rates decreased among children of all racial and ethnic groups from 84.4 percent in CY 2019 to 79.3 percent in CY 2023; adult rates also decreased among all racial and ethnic groups, from 74.0% to 68.0%.

Inpatient Utilization

- **Inpatient admissions decreased by 2.4 percentage points**, from 9.6 percent in CY 2019 to 7.2 percent in CY 2023, with the greatest declines in Western Maryland by 3.0 percentage points.
- In CY 2023, Hispanics had the highest inpatient admission rate (8.6 percent), followed by Whites (7.6 percent), Black participants (7.1 percent), and Native Americans (6.5 percent)

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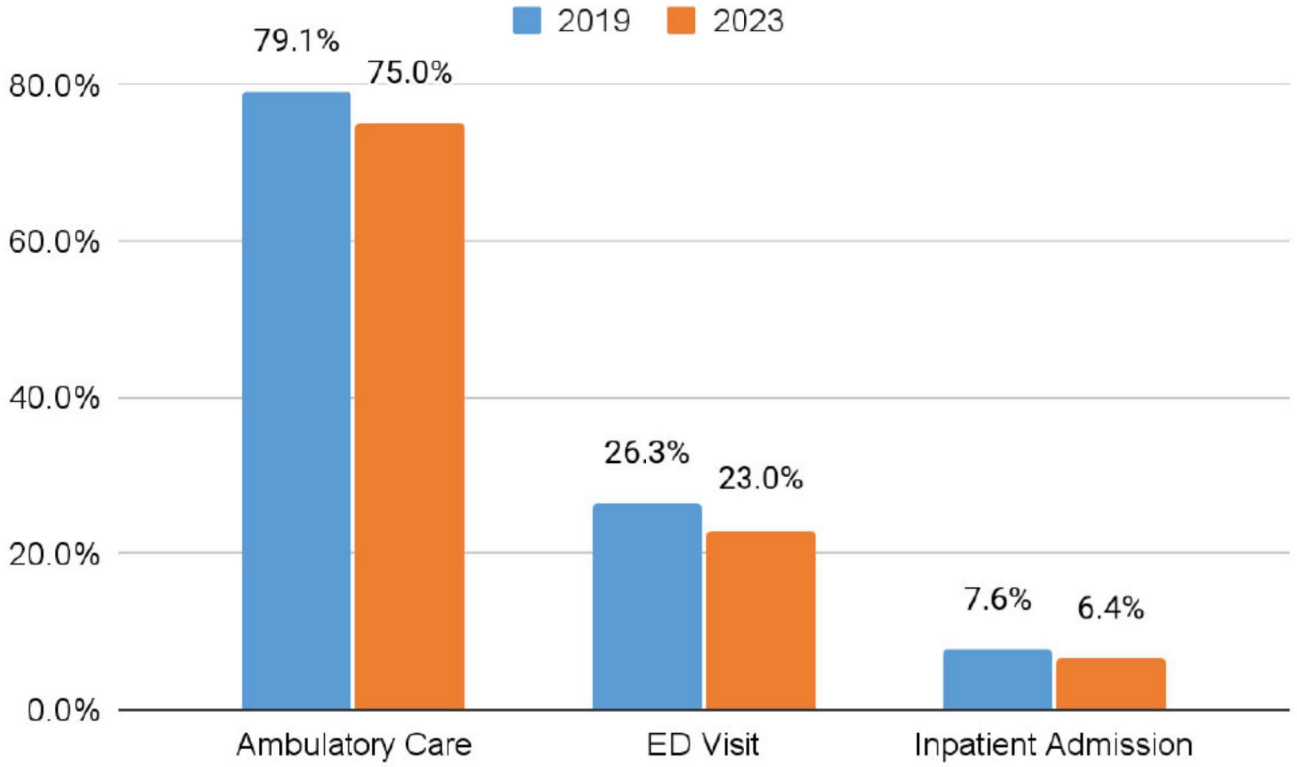
Emergency Department Utilization

- The **emergency department (ED) visit rate in CY 2023 was 22.2 percent, a decrease from 27.7 percent in CY 2019**; the average no. of visits per ED user declined from 2.0 to 1.8.
- Black participants continued to have the highest ED rate in CY 2023 (25.1 percent)—though with a major decrease of 6.6 percentage points compared to CY 2019 —while Asians had the lowest (13.6 percent).
- **ED visits that resulted in an inpatient admission decreased from 3.6 percent in CY 2019 to 2.9 percent in CY 2023**, with the highest rate in Baltimore City (4.3 percent).

Children in Foster Care

Healthcare Utilization by Children in Foster Care (CY 2019 and CY 2023)



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Children in Foster Care

Behavioral Health Diagnosis of HealthChoice Foster Care Children vs. Non-Foster Care Children Aged 0–21 Years, CY 2019 and CY 2023

	CY 2019		CY 2023	
Foster Care Status	**Number of Participants**	**Percentage of Total**	**Number of Participants**	**Percentage of Total**
MHD-only				
Foster	5,799	39.1%	5,347	38.3%
Non-Foster	83,275	11.4%	89,908	10.9%
SUD-Only				
Foster	65	0.4%	52	0.4%
Non-Foster	2,827	0.4%	1,477	0.2%
MHD + SUD				
Foster	224	1.5%	242	1.7%
Non-Foster	1,831	0.3%	2,077	0.3%

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REM Program

Utilization

- The percentage of REM participants receiving dental visits decreased from CY 2019 to CY 2023 by 5.2 percentage points, from 57.2 percent to 52.0 percent.
- Ambulatory care visits decreased by 2.1 percentage points over the study period, from 95.0 percent to 92.9 percent.
- ED utilization rate decreased by 4.7 percentage points, from to 42.3 percent to 37.6 percent.
- Inpatient admissions decreased from 26.1 percent to 23.2 percent.

Behavioral Health Diagnoses (CY 2023)

- MHD-only: 20.7 percent
- SUD-only: 0.5 percent
- MHD + SUD: 0.6 percent

ACA Expansion Population

Service Utilization of ACA Medicaid Expansion Population (aged 19-64 years) by Any Enrollment Period

Service type	CY 2019	CY 2023
Ambulatory care	68.2%	62.4%
ED visits	30.0%	22.9%
Inpatient admissions	8.2%	6.1%
MHD-only	11.7%	12.4%
SUD-only	6.3%	4.2%
MHD + SUD	5.5%	5.0%

ACA expansion enrollment increased from 391,824 adults in CY 2019 to 515,121 adults in CY 2023, with participants aged 19-34 comprising the largest portion of the ACA expansion population.*

**Any period of enrollment*

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Quality of Care

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Population Health Incentive Program (PHIP)

Population Health Incentive Program Measure CY 2023	Statewide Percentage
Ambulatory Care Visits for SSI Adults	79.0%
Ambulatory Care Visits for SSI Children	78.2%
Asthma Medication Ratio	69.9%
Continued Opioid Use (COU): >=31 days covered	3.1%
Hemoglobin A1c Control for Patients with Diabetes (HBD): Poor HbA1c Control (>9%)	31.9%
Lead Screening in Children (LSC)	74.7%
Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care	87.9%
Prenatal and Postpartum Care (PPC-AD): Postpartum Care	84.2%

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Healthy Kids Review

EPSDT Component	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
Health and Developmental History	88%	94%	94%	96%	93%
Comprehensive Physical Exam	93%	96%	96%	98%	97%
Laboratory Tests/At-Risk Screenings	66%*	77%	81%	85%	80%
Immunizations	71%*	86%	88%	95%	92%
Health Education/Anticipatory Guidance	92%	94%	94%	97%	96%
HealthChoice Aggregate Total	**83%**	**91%**	**92%**	**95%**	**93%**

* CY 2019 results for these components are baseline as a result of the change in the MRR process due to the COVID-19 public health emergency. Underlined scores are below the 80% minimum compliance requirement.

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Medical Home

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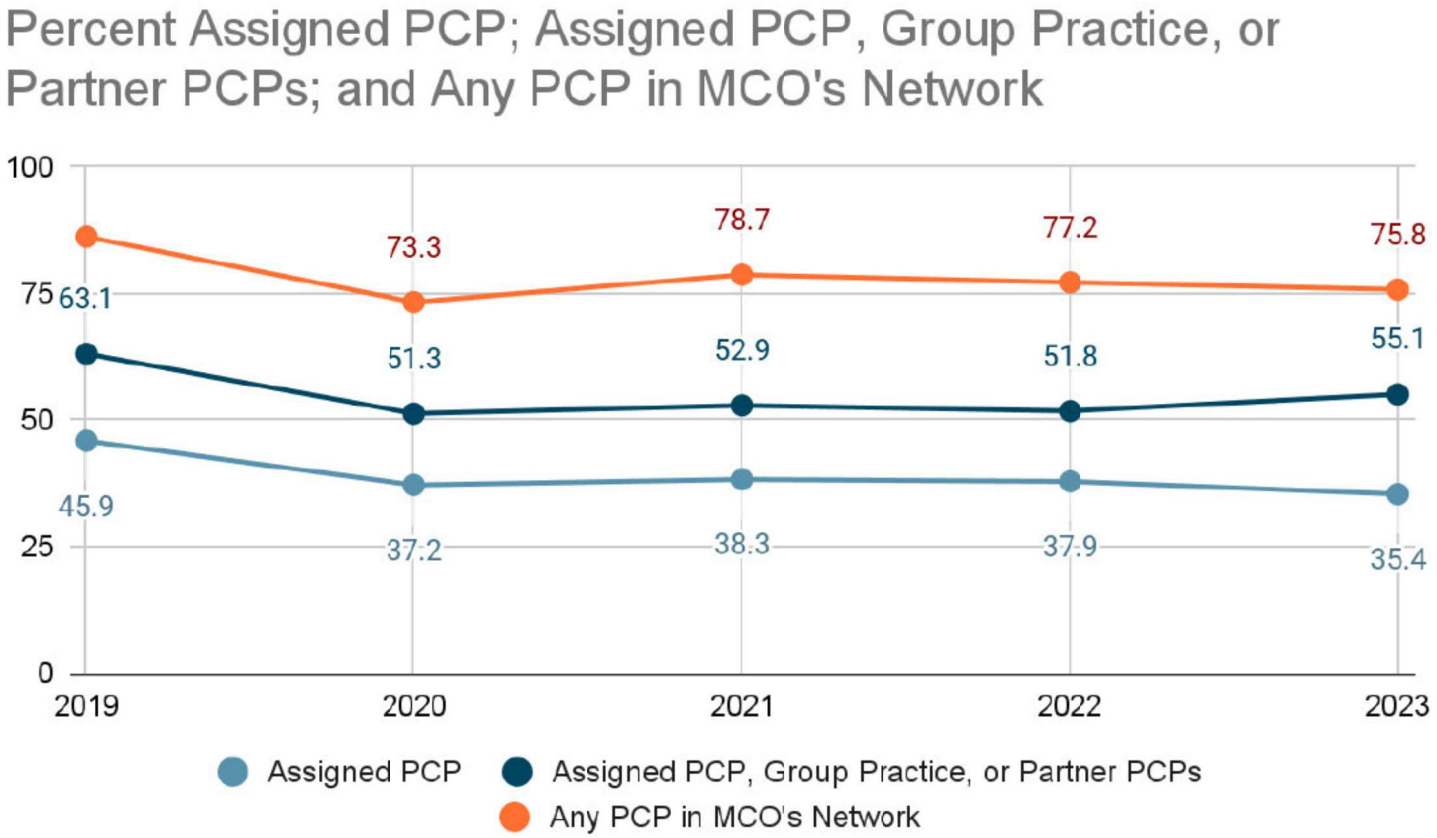
Medical Home Utilization



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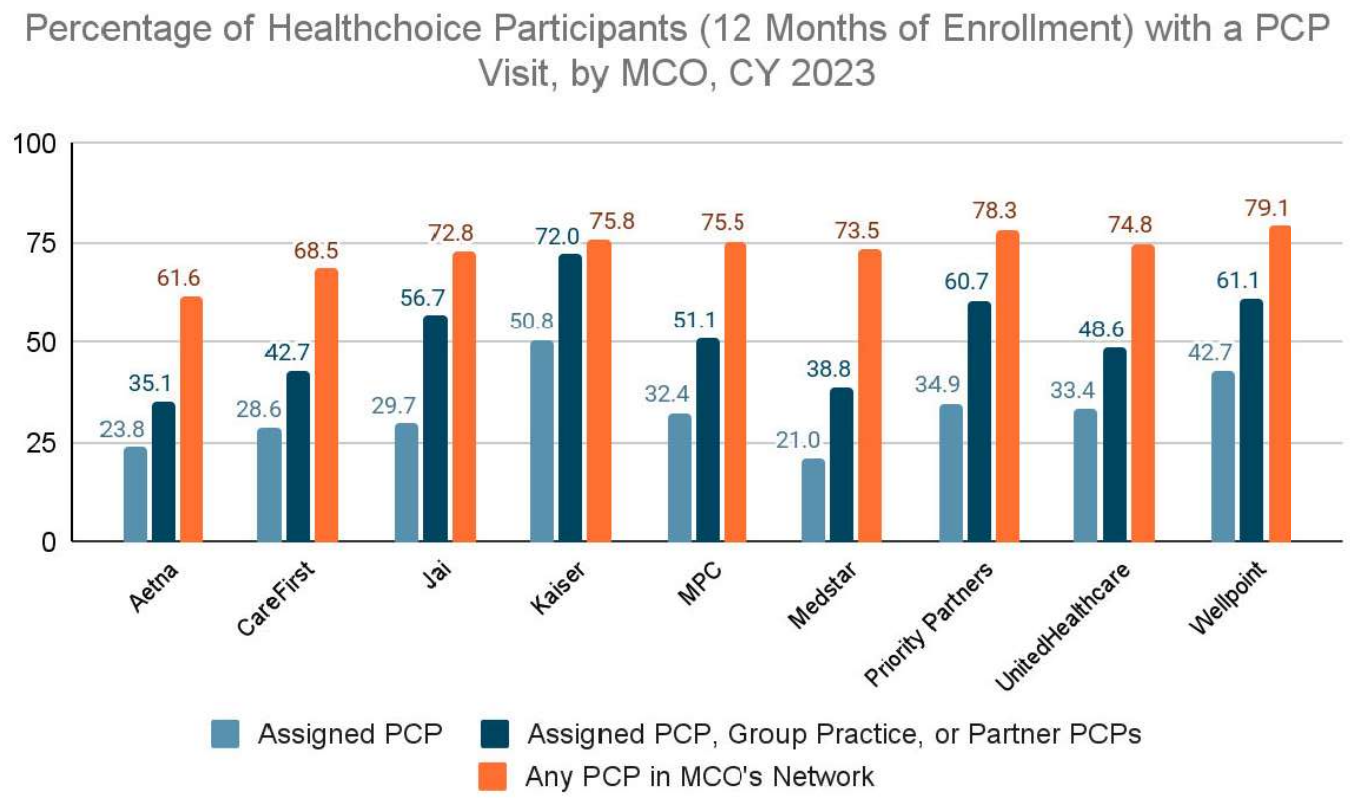
Medical Home Utilization



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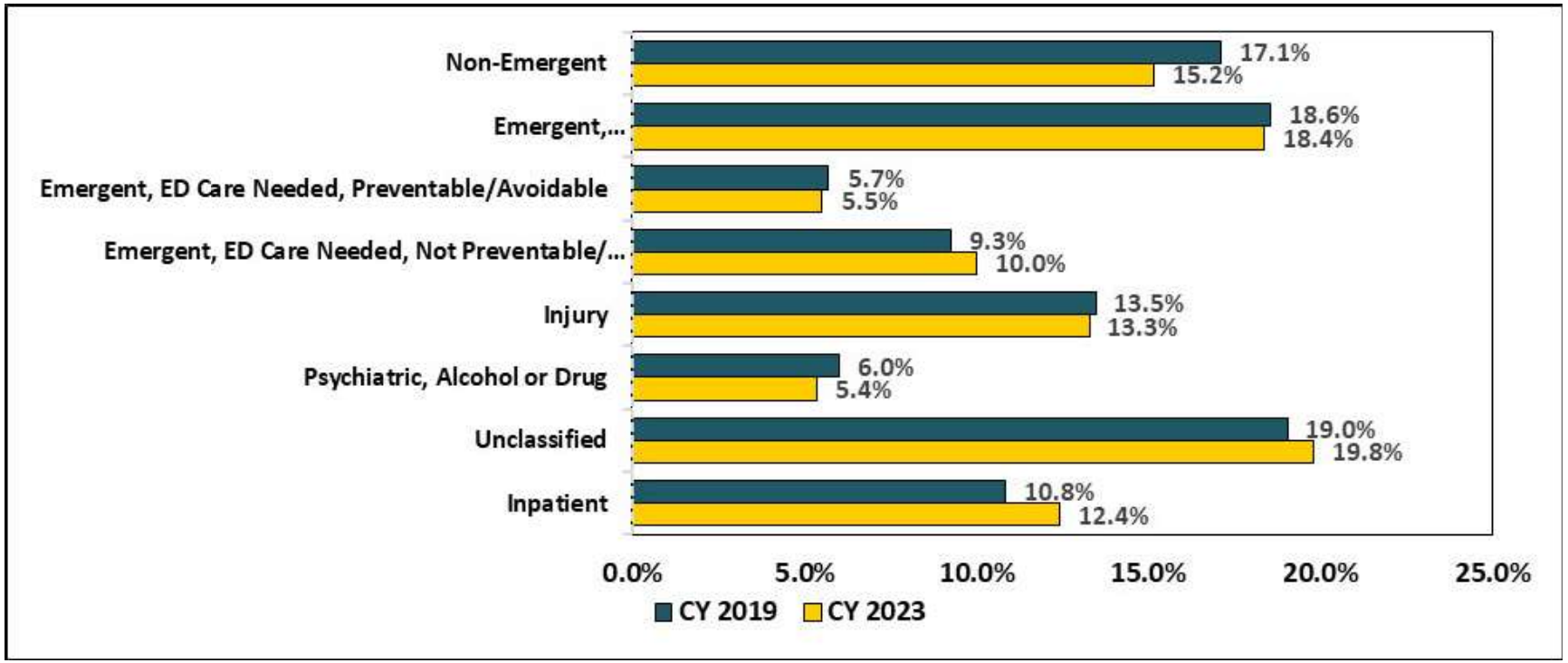
ED Utilization

Between CY 2019 and CY 2023, potentially-avoidable ED utilization decreased from 41.4 percent to 39.1 percent.



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Inpatient Admissions

- The Department uses the Agency for Healthcare Research and Quality's Prevention Quality Indicators (PQI) methodology, which looks for specific primary diagnoses in hospital admission records.
- The percentage of participants with at least one inpatient admission initially decreased from 7.8 percent in CY 2019 to 5.9 percent in CY 2023.
- PQI-designated discharges with the highest rates:
    - COPD or Asthma in Older Adults Admissions (Ages 40-64) (PQI #5)
    - Congestive Heart Failure (PQI #8)

Health Promotion and Disease Prevention

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Immunizations and Well-Child Visits

HEDIS Measure	CY 2020	CY 2023	National HEDIS Mean CY 2023
Childhood Immunization Status: Combination 3	70.2%	68.8%	+
Well-Child Visits: 15 Months of Life	61.1%	58.4%	-
Child and Adolescent Well-Care Visits (WCV), 3-11 years	57.4%	62.9%	+
Child and Adolescent WCV, 12-17 years	53.7%	55.4%	+
Child and Adolescent WCV, 18-21 years	38.0%	36.1%	+

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Lead Test Screening

- Lead test screening rates between CY 2019 and CY 2023:
  - Decreased for children aged 12-23 months: 62.4 percent to 61.3 percent
  - Declined for children aged 24-35 months: 81.5 percent to 76.4 percent
- Blood lead levels: The percentage of children aged zero to six with an elevated blood lead level decreased from 2.1 percent in CY 2019 to 1.8 percent in CY 2023.
- CHIP Health Services Initiative (HSI) State Plan Amendment (SPA)
  - Program 1: Healthy Homes for Healthy Kids (lead identification and abatement); and
  - Program 2: Childhood Lead Poisoning Prevention & Environmental Case Management (identify environmental asthma triggers and conditions that contribute to lead poisoning)

Cancer Screening

Breast Cancer	• 59.2% in CY 2023
Cervical Cancer	• 63.8 percent in CY 2019 to 57.6 percent in CY 2023 • *Decreased by 6.2 percentage points*
Colorectal Cancer	• 41.5 percent in CY 2019 to 40.7 percent in CY 2023 • *Decreased by 0.8 percentage points*

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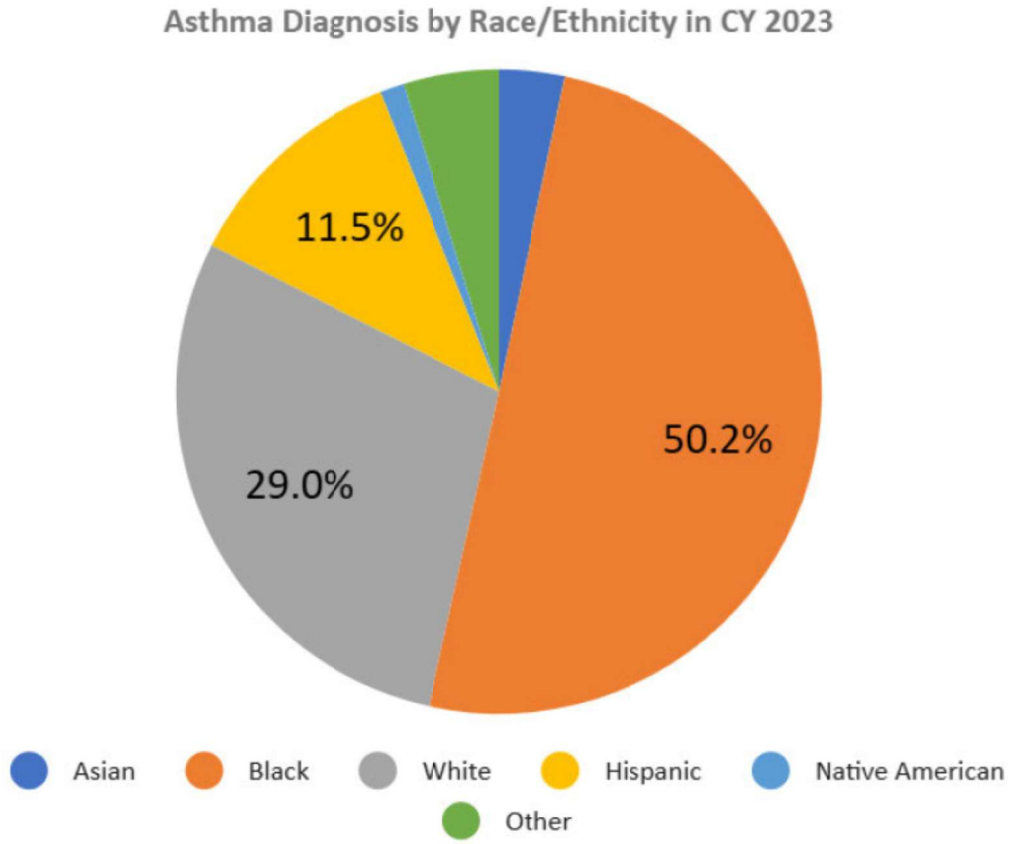
Maternal and Reproductive Health

- From CY 2019 to CY 2023, the percentage of deliveries in which the mother received a prenatal care visit in the first trimester or within 42 days of HealthChoice enrollment decreased from 88.2 percent to 87.9 percent.
- From CY 2019 to CY 2023, the percentage of women enrolled in HealthChoice
  - with at least one type of contraception classified as most effective decreased from 4.7% to 3.0%.
  - with at least one moderately effective type of contraception decreased from 22.1% to 16.5%.
- The number of HealthChoice women at risk of unintended pregnancy increased from 271,321 to 379,700 from CY 2019 to CY 2023.

Asthma



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Diabetes

Percentage of HealthChoice Members Aged 18–64 Years with Diabetes Who Received Comprehensive Diabetes Care, Compared with the National HEDIS® Average (CY 2019 – CY 2023)

HEDIS® Measure	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
Eye (Retinal) Exam					
HealthChoice	54.7%	51.7%	50.3%	53.1%	55.6%
National HEDIS® Average	-	-	-	-	-
HbA1c Test*					
HealthChoice	88.3%	82.9%	87.1%		
National HEDIS® Average	+	-	+		
HbA1c Control**					
HealthChoice	55.6%	51.0%	56.3%	57.3%	59.0%
National HEDIS® Average	+	+	+	+	+
Blood Pressure Control***					
HealthChoice		55.9%	57.5%	63.6%	66.7%
National HEDIS® Average		-	-	+	-

*This measure was retired in CY 2022

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Regression Analysis

- Participants with a positive asthma medication ratio (AMR) the previous year were 36.3% less likely to have an asthma-related inpatient stay in the current measurement year (OR 0.637 $p<0.001$)
- Participants receiving either an HbA1c test or an eye exam the previous year reduced the likelihood of having a diabetes-related ED visit the next year by 20.4% and 11.1%, respectively ($p<0.001$)
- Participants who had an HbA1c test were 24.3% less likely to have a diabetes-related inpatient stay that year. Participants who had an HbA1c test the previous year were 13.2% less likely to have a diabetes-related inpatient stay.

HIV/AIDS

Screening and Prevention

- HIV screening (15-64) decreased from 18.0 percent in 2019 to 15.1 percent in 2023.
- HIV pre-exposure prophylaxis (PrEP) use remains at 0.1 percent.

Chronic Condition Management

- CD4 testing decreased by 4.8 percentage points, from 70.3 percent to 65.5 percent.
- Viral load testing decreased by 5.5 percentage points, from 70.9 percent to 67.2 percent.
- Antiretroviral therapy utilization decreased by 2.9 percentage points, from 85.5 percent to 82.6 percent.

*all measures compared to 2018

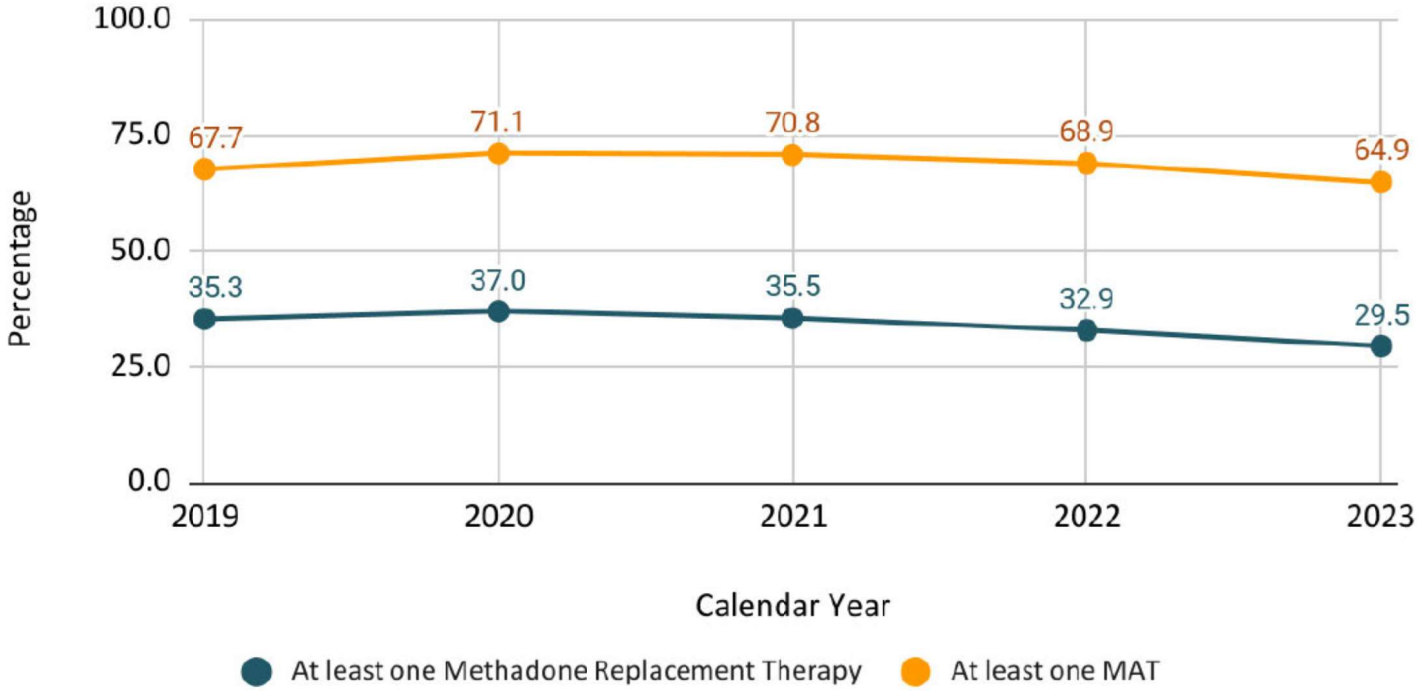
Behavioral Health

The percentage of HealthChoice participants with:

- A mental health disorder (MHD) diagnosis decreased by 0.2 percentage points, from 12.8 percent in CY 2019 to 12.6 percent in CY 2023.
- A substance use disorder (SUD) diagnosis decreased by 0.7 percentage points, from 2.7 percent in CY 2019 to 2.0 percent in CY 2023.
- Co-occurring behavioral health diagnoses (MHD and SUD) decreased by 0.2 percentage point, from 2.6 percent in CY 2019 to 2.4 percent in CY 2023.

Substance Use

Percentage of HealthChoice Participants with an SUD Who Received at least one Methadone Replacement Therapy and At least one MAT



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Substance Use

- Screening, Brief Intervention and Referral to Treatment (SBIRT): The rate per 1,000 receiving an SBIRT service decreased from 16.4 in CY 2019 to 14.5 in CY 2023.
- Outpatient follow-up after SUD-related ED visits (CY 2019 to CY 2023):
  - Within seven days: Increased from 15.1 percent to 30.4 percent for SUD-only and 26.8 percent to 56.4 percent for dual diagnosis
  - Within 30 days: Increased from 23.0 percent to 44.3 percent for SUD-only and 41.1 percent to 75.8 percent for dual diagnosis

Demonstration Programs

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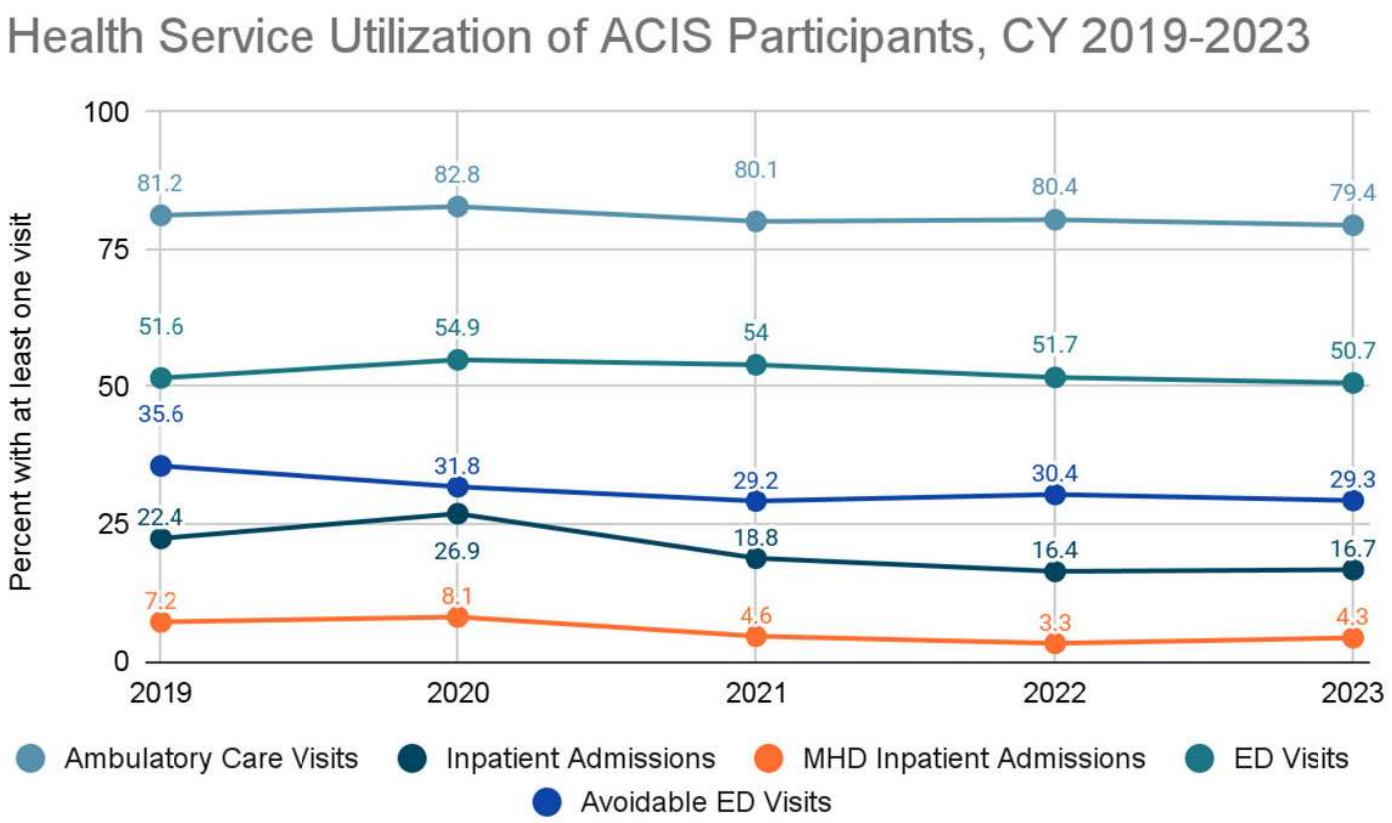
Residential Treatment for SUD

- Among enrollees with an IMD placement, medication-assisted treatment decreased by 7.8 percent from CY 2019 to CY 2023, from 75.3% to 67.5%
- Healthchoice enrollees with an AOD dependence diagnosis who received IMD treatment were 12% more likely to initiate treatment post diagnosis

Residential and Inpatient Treatment for Serious Mental Illness (SMI)

- In 2021, Maryland received approval to expand coverage of institution of mental disease services for beneficiaries with serious mental illness (SMI)
- Effective January 1, 2022, the state began to cover short term stays for Medicaid adults 21-64 who reside in a private IMD with an SMI diagnosis
- With this expansion, beneficiaries now have access to the full range of SMI services, ranging in intensity from short-term acute care in inpatient settings for SMI, to ongoing chronic care for such conditions in cost-effective community-based settings

Assistance in Community Integration Services



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National Diabetes Prevention Program (DPP)

- The National DPP is an evidence-based program established by the CDC to prevent or delay the onset of type 2 diabetes through healthy eating and physical activity.
  - Expanded to all eligible HealthChoice participants as of September 1, 2019
- From September 2019 through December 2025, there have been 2,558 DPP encounters:
  - 56.3% were in-person visits (as opposed to virtual)
  - 84.5% of those served were women
  - 64.6% self-identified as Black/African American

Questions?

HealthChoice evaluations can be found here: https://mmcp.health.maryland.gov/healthchoice/pages/HealthChoice-Evaluation.aspx

Contacts for follow-up:

- Alyssa Brown
  - Director, Office of Innovation, Research and Development
  - alyssa.brown@maryland.gov
- Laura Goodman
  - Deputy Director, Office of Innovation, Research and Development
  - laura.goodman@Maryland.gov
- Nancy Brown
  - Division Chief for Evaluation, Research, and Data Analytics, Office of Innovation, Research and Development
  - nancyc.brown@maryland.gov

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MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Thursday, July 24, 2025
TIME: 1:00–3:00 pm
LOCATION: GoToWebinar (Virtual) AND
Maryland Department of Health
201 West Preston Street, Level L-Room L1
Baltimore, Maryland 21201

MMAC meetings will continue to be held through GoToWebinar.

Please register for MMAC Meeting on July 24, 2025, 1:00 p.m. EST at:
https://attendee.gotowebinar.com/register/1992114303299564896

After registering, you will receive a confirmation email containing information about joining the webinar.

Those who would like to make public comment should email Ms. Meredith Lawler at meredith.lawler@maryland.gov or use the question feature to submit questions to the host.

AGENDA

I. Departmental Report

II. Interested Parties Advisory Group (IPAG) Announcement

III. Federal Updates: One Big Beautiful Bill Act Summary

IV. Waiver, State Plan and Regulations Changes

V. MMAC Public Comments

VI. Public Hearing #2: 2025 §1115 Demonstration Extension

VII. Adjournment

NO AUGUST MEETING
Next Meeting: Thursday, September 25, 2025, 1:00 – 3:00 p.m.

Staff Contact: Ms. Meredith Lawler
meredith.lawler@maryland.gov

MARYLAND MEDICAID ADVISORY COMMITTEE
MINUTES

June 26, 2025

Members Present
Rachel Dodge, MD
Ms. Shannon Hall
Ms. Nicole McCann
Mr. Paul Miller
Mr. Augustin Ntabaganyimana
Ms. Stephanie Scharpf
Mr. David Sharp
Mr. William Webb

Members Absent
The Hon. Tiffany Alston
The Hon. Heather Bagnall
Winifred Booker, D.D.S
Ms. Jessica Dickerson
Mr. Floyd Hartley
The Hon. Antonio Hayes
Ms. Nora Hoban
The Hon. J.B. Jennings
The Hon. Matthew Morgan
Adeteju Ogunrinde, MD
Ms. Vickie Walters

Maryland Medicaid Advisory Committee
June 26, 2025

Call to Order

Ms. Nicole McCann, Chair, called to order the meeting of the Maryland Medicaid Advisory Committee (MMAC) at 1:05 p.m. May 22, 2025 meeting minutes could not be approved as there was not a quorum present for the vote.

Introduction of Secretary Meena Seshamani

Secretary Meena Seshamani introduced herself to the Committee. As a long-time Maryland resident, Secretary Seshamani is dedicated to serving the state. Secretary Seshamani discussed her prior experiences across the health care sector including practicing as a head and neck surgeon, leading population health initiatives as a vice president at MedStar Health, and serving the Obama Administration as director of the Office of Health Reform. Most recently, Secretary Seshamani led the Medicare program for the Biden Administration.

Secretary Seshamani expressed that given current conversations on the federal level, Medicaid is a top priority for her. She encouraged a collaborative approach to navigate changes moving forward and highlighted the importance of partnerships. The Department continues to converse with CMS regarding the AHEAD model. In addition, the §1115 Demonstration Extension presents an excellent opportunity for stakeholder feedback. Secretary Seshamani also announced the departure of Deputy Secretary Ryan Moran.

Departmental Report

Ms. Tricia Roddy, Deputy Medicaid Director, informed the Committee that the Department will be renewing the §1115 HealthChoice Demonstration with the Centers for Medicare and Medicaid Services (CMS). The current terms and conditions expire at the end of December 2026. The public comment period was announced in the General Register on May 30, 2026 and is from June 30, 2025 to July 30, 2025. The Department is holding two public hearings, both may be attended virtually and in-person. The Department appreciates your support, suggestions, and recommendations. Information on the public hearings is below:

Public Hearing #1
Wednesday, July 9, 2025; 1:00PM–2:00PM
Michael E. Busch Annapolis Library
1410 West Street
Annapolis, MD 21401
To participate in the public hearing remotely, please visit:
https://register.gotowebinar.com/register/5515649565467456696

Public Hearing #2
Thursday, July 24, 2025; 1:00PM–3:00PM
Maryland Department of Health

201 West Preston Street, Level L-Room L1
Baltimore, Maryland 21201
To participate in the public hearing remotely, please visit:
https://attendee.gotowebinar.com/register/1992114303299564896

HealthChoice Evaluation/Post-Award Forum

Ms. Nancy Brown, Division Chief, Office of Innovation, Research and Development, provided the Committee with the 2025 post award forum as required by the §1115 Demonstration and the goals of the program (see presentation here).

Waiver, State Plan and Regulation Changes

Mr. Lucas Rodriguez, Medicaid Provider Services, gave the Committee a status update on waivers, regulations, and state plan amendment changes (see posted handouts here).

Public Comments

There were no public comments.

Adjournment

Ms. McCann adjourned the meeting at 2:06 p.m.