

## MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: **Thursday**, April 27, 2023  
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 April 27, 2023, 1:00 p.m. EST at:

<https://attendee.gotowebinar.com/register/6088216212473425423>

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. Sharon Neely at, [sharon.neely@maryland.gov](mailto:sharon.neely@maryland.gov) or use the question feature to submit questions to the host.

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### AGENDA

- I. Departmental Report
- II. Medicaid Check-in Campaign Update
- III. Legislative Wrap Up
- IV. Advanced Directives
- V. Waiver, State Plan and Regulations Changes
- VI. Public Comments
- VII. Adjournment

**Next Meeting: **Thursday**, May 25, 2023, 1:00 – 3:00 p.m.**

**Staff Contact: Ms. Sharon Neely**  
[sharon.neely@maryland.gov](mailto:sharon.neely@maryland.gov)

**MARYLAND MEDICAID ADVISORY COMMITTEE  
MINUTES**

March 27, 2023

**MEMBERS PRESENT:**

Ms. Shannon Hall  
Ms. Nicole McCann  
Ms. Erin Dorrien  
Mr. William Webb  
Ms. Nora Hoban  
Ms. Stephanie Scharpf  
Mr. Kenneth Garove  
Rachel Dodge, M.D.  
Winifred Booker, D.D.S  
Mr. Ben Steffen  
Theodora Balis, M.D.  
Mr. Paul Miller  
Ms. Marie McLendon  
Ms. Jessica Dickerson

**MEMBERS ABSENT:**

Ms. Vickie Walters  
Adeteju Ogunrinde, M.D.  
The Hon. Matthew Morgan  
The Hon. J.B. Jennings  
Kathryn Fiddler, DNP  
Ms. Diane McComb  
Mr. Floyd Hartley  
The Hon. Antonio Hayes

## Maryland Medicaid Advisory Committee

March 27, 2023

### **Call to Order and Approval of Minutes**

Ms. Nicole McCann, Chair, called to order the meeting of the Maryland Medicaid Advisory Committee (MMAC) at 1:05 p.m. Committee members approved the minutes from the February 23, 2023, meeting as written.

### **Departmental Report and Public Health Emergency Unwinding Updates**

Ms. Tricia Roddy, Deputy Medicaid Director, provided the Committee with a combined Departmental report and Public Health Emergency (PHE) unwinding update.

April kicks off the start of our redetermination process with the decoupling of the Medicaid unwinding with the Public Health Emergency ending. We have already presented to the MMAC on the Department's work on unwinding. But it would be good to highlight the following activities:

- (1) The Department is working with CRISP, our health information exchange (HIE), to ensure that individuals' Medicaid redetermination dates are available to providers when providers access the HIE. We are test piloting this functionality with our Federally Qualified Health Centers (FQHCs) in April and then anticipate going live in June for all providers. Based on the provider patient panels, providers will be able to see the Medicaid patient's redetermination dates. This will allow the provider to be able to actively engage with their patients and let them know how important it is for them to complete their redetermination package. The District of Columbia (DC) is a part of our relationship with CRISP, so DC provider panels will also be included.
- (2) When providers see a Medicaid patient, they are required to check the electronic verification system (EVS) to make sure the patient is eligible for Medicaid at the time of service. Within that verification system, we will also alert providers of the individual's Medicaid redetermination date. So, again, when a Medicaid recipient is seen in the office, providers can communicate how important it is to get their redetermination packages completed and submitted.
- (3) To ensure providers have the knowledge and education to engage in these conversations, the Department has an educational recording on our website for providers. This will allow providers to view the recording before talking with their patients. The recording will include key messages to be delivered to the recipient and walk them through how to complete the redetermination package.

The Department applied to the Centers for Medicare and Medicaid Services (CMS) to be able to use Supplemental Nutritional Assistance Program (SNAP) enrollee data. If in fact an individual is enrolled on SNAP, we would use that information to NOT disenroll individuals from the Medicaid program upon the renewal process. We are working with DHS and the Exchange to

ensure that that information is digested into the Exchange and will be used as another check point to make sure we don't disenroll people who are enrolled in Medicaid.

Last month GKV, the organization that is spearheading our outreach campaign, presented to the MMAC. They are also working with the Department to develop TV ads and other announcements. The TV and bus ads go live on April 12, 2023. GKV will return to the MMAC next month to provide an update.

I want to thank the Medicaid team, the Exchange and DHS for all their hard work and effort. We had to submit a plan to CMS. Forty-four states had their plans approved with corrective action plans from CMS. Maryland's plan was approved outright. Again, kudos to the team!

We will continue to pay very close attention to enrollment. We are currently at 1,782,543 enrollees.

### **Legislative Update**

Mr. Chris Coats, Health Policy Analyst, Office of Innovation, Research and Development, informed the Committee that we are on the other side of crossover, which was last Monday, March 20, 2023. Any bill that the legislature intended to pass favorably before the end of session needed to be moved by that date and crossover to the opposite house. They can still pass bills after the crossover date, but they will go into the Rules Committee of the opposite house and may get stuck there and not make it through before the end of session. Sine Die is Monday, April 10, 2023. The total scope of bills we are tracking this year is 158 in total. That is a little above the historic average but not as much as the last two or three sessions.

As you look at the chart, you will see many bills have passed before crossover and are moving. Of the 158 bills we are tracking, over half of those bills moved before crossover. Many of the bills on the chart have passed and have a hearing scheduled in the opposite house for this week. Some of the bills heard last week after crossover have already moved forward with a third reader hearing and then the committee passed the bill at the end of the hearing.

The budget bill, HB 202/SB 183, has passed both the House and the Senate. They are in different forms so a Conference Committee will be appointed to work out those differences. The budget needs to be passed by next Monday, April 3, 2023. It doesn't appear that there will be any difficulty meeting that deadline.

Ms. Alyssa Brown, Director, Office of Innovation, Research and Development, informed the Committee that she will focus on bills with amended language. The theme of her comments on the bills she is highlighting is how many have been shifted to some type of reporting requirement or study. In reference to the budget bill, we have public reporting requirements in addition to those for CMS with respect to some of our unwinding activities as well as their impact on enrollment. You'll see that same language in the budget bill. If you are looking at House Bill 202 it starts around page 95. Many of those metrics mirror what we will be reporting to CMS. We will have reports to CMS monthly with all of those data metrics being run on the tenth and quarterly reporting requirements to the legislature (see attached bill chart).

**SB 474/HB 416** – There have been amendments to the bill language. The Department raised some concerns with this bill as originally drafted regarding federal requirements, but those issues have been resolved with the amendments.

**HB 279/SB 202** – This bill appears to be moving forward.

**HB 382/SB 95** – The original language of the bill is being converted to a study requirement to be completed by October 2023 to assess what the difference in cost would be if the bill were enacted.

**SB 678/ HB 1151** – As originally amended, the Department assumed this would require coverage for pharmacist services in their scope of practice by the Medicaid program to the extent those services would be covered by Medicaid if rendered by any other health care practitioner.

The third reader of this bill has some amendments that clarify that intent.

**HB 318/SB 604** – This is another bill that includes study language for the Department. As amended, this bill has been changed where providers will need to submit a report on the wages they are paying to the Department of Labor who has oversight of those requirements. The Department is being required to update a report from 2018 on reimbursement rates versus actual cost for personal assistance services.

**SB 180/HB 489** – Another personal assistance services bill. This bill has been amended to move the effective date to October 1, 2024 to give providers additional time to come into compliance with bill requirements.

**SB 255/HB 322** – A LTSS bill with original language that the Department has some concerns about. The bill as written had intended to expand these services under the 1915(i) to all individuals in Medicaid. We already cover individuals up to the top of the federal poverty limits through the 1915(i) today. That language has been removed and clarified with the amendments. The language in the bill impacting the Behavioral Health Administration remains. There is a reporting requirement for the Department to report each year in December on services delivered to the 1915(i) model as well as child and adolescent case management services. The bill continues to move forward.

**SB 622/HB 1149** – The Department submitted a report last December indicating the cost to reduce the waitlist for the waiver programs. We assessed that on a five-year period. This year's bill makes some changes in terms of how funding allocated can be used for the purpose of expanding provider capacity. The Department has shared the potential cost impact of the process of reducing the waivers through fiscal year (FY) 29 and that information is under review by DBM. This bill as drafted looks at funding for a single year which does create some structural funding issues in the long term as the Department envisions needing funding over multiple years to fund staff and enhance service costs for benefits to more individuals.

**HB 48/SB 101** – This bill is still in play.

**HB 283/SB 460** – Amendments from the third reader are minor.

**HB 1146/SB 948** – This bill requires the completion of a report due in December 2023.

**SB 26/HB 111** – There were some amendments to this bill that the Department is supportive of. This allows the Department to propose or implement the use of express lane eligibility for renewal purposes prior to seeking the authority to use SNAP data for new Medicaid applications. There are some issues here in terms of our ability to rely on immigration determinations made by the SNAP program. The Department needs to have more discussions on this with CMS.

**SB 231/HB 726** – This bill continues to move forward.

**SB 237/HB 290** – The bill as written are changes from a previous iteration of the bill which would have required, among other things, reimbursement for community health worker (CHW) delivered services as well as some broad language requiring coverage for dental services for individuals who are undocumented or don't meet the immigration requirement for Medicaid.

**SB 362/HB 1249** – This bill had some changes that would require the Department to apply for funding through the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Certified Community Behavioral Health (CCBH) demonstration program in FY 25.

**SB 534** – This is consistent with recommendations from the Maryland Health Care Commission (MHCC) report at the end of last year.

**SB 581** – This bill continues to move forward.

**SB 582/1148** – This bill continues to move forward.

**SB 678/HB 1151** – This bill continues to move forward.

**SB 805/HB 1217** – There have been some changes and amendments in the third reader. Some of the previous language had been prescriptive with respect to prior authorization requirements for both commercial plans and Medicaid. This does push out the start date for the Medicaid program for this coverage to July 1, 2025, with the Department being required to report on the fiscal impact of potential coverage of biomarker testing and screening due on December 1, 2024. The Departments estimate for this bill from a fiscal perspective is extremely high.

### **Total Cost of Care Model**

Ms. Nikki McCann, Maryland Medicaid Advisory Committee Chair, and Ms. Tricia Roddy gave the Committee an overview of the Payer Alignment Workgroup. The Payer Alignment Workgroup was formed because the Health Service Cost Review Commission (HSCRC) is required to put together a new progression plan to CMS within the next few years to project what the future of the Maryland Total Cost of Care Model would look like. There were many workgroups developed to form the progression plan and the Payer Alignment Workgroup is one of them (see attached presentation).

### **Dental Update**

Ms. Nancy Brown, Division Chief, Office of Innovation, Research and Development, gave the Committee the annual update on the dental program (see attached presentation).

### **Waiver, State Plan and Regulation Changes**

Ms. Molly Marra, Director, Medicaid Provider Services, gave the Committee a status update on waivers, regulations, and state plan amendment changes (see attached charts).

### **Public Comments**

No public comments were given.

### **Adjournment**

Ms. McCann adjourned the meeting at 2:20 p.m.