

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: **Monday**, March 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 March 27, 2023, 1:00 p.m. EST at:

<https://attendee.gotowebinar.com/register/698504771115449103>

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 or use the question feature to submit questions to the host.

AGENDA

- I. Departmental Report
- II. Legislative Update
- III. Overview Total Cost of Care Model
- IV. Dental Update
- V. Waiver, State Plan and Regulations Changes
- VI. Public Comments
- VII. Adjournment

Next Meeting: **Thursday, April 27, 2023, 1:00 – 3:00 p.m.**

Staff Contact: Ms. Sharon Neely
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**MARYLAND MEDICAID ADVISORY COMMITTEE
MINUTES**

February 27, 2023

MEMBERS PRESENT:

Ms. Shannon Hall
Ms. Nicole McCann
Ms. Erin Dorrien
Mr. William Webb
Ms. Nora Hoban
Ms. Stephanie Scharpf
Ms. Vickie Walters
Adeteju Ogunrinde, M.D.
Mr. Kenneth Garove
Rachel Dodge, M.D.
Winifred Booker, D.D.S
Mr. Ben Steffen
Mr. Floyd Hartley
The Hon. Antonio Hayes

MEMBERS ABSENT:

Ms. Marie McLendon
Ms. Jessica Dickerson
The Hon. Ariana Kelly
The Hon. Matthew Morgan
Theodora Balis, M.D.
The Hon. J.B. Jennings
Kathryn Fiddler, DNP
Ms. Diane McComb
Mr. Paul Miller

Maryland Medicaid Advisory Committee

February 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 1:00 p.m. Committee members approved the minutes from the January 23, 2023, meeting as written.

Departmental Report and COVID-19 Updates

Ms. Tricia Roddy, Deputy Medicaid Director, provided the Committee with a combined Departmental report and COVID-19 update.

The Department continues to work on the redetermination campaign that is correlating with the end of the enhanced federal match around the public health emergency (PHE). Federal legislation was passed last December that decoupled the maintenance of effort requirement with the enhanced federal match requiring states to begin conducting redeterminations for the Medicaid population.

Since the PHE was enacted back in March 2020, we have not disenrolled Medicaid enrollees. We have conducted the redetermination process, but if someone was found ineligible, we have maintained their coverage throughout the PHE. Enrollment is currently at 1,777,478 and at the start of the PHE our enrollment was approximately 1,400,000.

We have engaged with a marketing consultant, GKB, and we are starting a two-phase marketing campaign. The prelaunch starts tomorrow, February 28, 2023, that essentially gets the word out to encourage folks to check in and make sure their contact information is updated and correct. The launch phase, which will start in April, will be a more targeted campaign encouraging folks to complete their redetermination packages. It will target individuals who are coming up for redetermination. Maryland Medicaid is spreading the redetermination process over a fourteen-month period. This is the maximum time allowed by the Centers for Medicare and Medicaid Services (CMS) to complete redeterminations.

As part of the federal legislation that passed in December, there is a requirement for states to implement what is called twelve months continuous eligibility for children. States must implement this by January 1, 2024. However, Maryland Medicaid is targeting to implement this requirement by August 2023. We wanted to include this option as we undergo the upcoming PHE redetermination process.

A pediatric dental services workgroup was convened by Chair Joseline Peña-Melnyk. Currently a number of Medicaid children need to have restorative dental services completed in some type

of surgery center, either in a hospital surgery center or in an ambulatory services center. Dentists are reporting that there are a large number of children who need this type of service. The Department is hearing that because of the pandemic, children didn't see their dentists and were not following proper oral hygiene even more so than before the pandemic. As a result, some children have developed severe tooth decay and need services that require operating room time or time in an ambulatory surgical center. This workgroup meets every Friday.

As a result of these discussions, Medicaid is implementing a new benefit, silver diamine fluoride (SDF). A topical fluoride that will arrest the decay. This benefit will go into effect on March 1, 2023. In addition, we are increasing our ambulatory surgery center rates. There is also \$20 million to increase dental fees in FY 2024.

Lastly, we are working with the Department of Budget and Management to allocate \$500,000 in the supplemental budget to work on a social / marketing outreach campaign on dental health.

The Medicaid program kicked off the Payer Alignment discussions that the Health Cost Services Cost Review Commission asked us to lead. We have held our first of many meetings. The Department will report back to the Committee on these discussions and recommendations.

Legislative Update

Mr. Chris Coats, Health Policy Analyst, Office of Innovation, Research and Development, informed the Committee that right now we are about half way through the session and have several bill hearings coming up. We are currently tracking 145 bills and that's a little less than what we've seen in the last few sessions but more in line with our historic average. In three weeks, we're coming up on cross over date which is March 20, 2023. Once we get past the next two weeks, we will be through most of the bill hearings. The week before crossover we'll see bills going to work sessions and subcommittees to try and decide how to move forward for the rest of the session. Sine Die is Monday, April 10, 2023.

We have our budget hearings coming up this week. Wednesday, March 1, 2023, the hearing in the House Appropriations Committee will be at 1 p.m. and on Thursday, March 2, 2023, the hearing will be in the Senate Budget and Taxation Committee, also at 1 p.m. The Budget Reconciliation and Financing Act (BRFA) bills (HB 202/SB 183) will also be heard Tuesday, February 28, 2023, in Appropriations and Wednesday, March 1, 2023, in Budget and Taxation. The only thing in the BRFA bill for the Department so far is the reduction of the amount Medicaid deficit assessment by \$50 million for FY 2024.

Ms. Alyssa Brown, Director, Office of Innovation, Research and Development, highlighted several bills, several are health reform bills that have returned from prior years although these don't have a direct impact on Medicaid, they would impact the delivery of services across the state (see attached bill chart).

HB 1108 – This potentially shifts managed care organizations (MCOs) to an “any willing provider” model which is very different from the approach typically adopted for managed care and the discretion MCOs have today with respect to managing their networks.

SB 474/HB 716 – In this line of payers, Medicaid is the payer of last resort so we should be the last payer of any claims. The Department is generally supportive of this bill as it brings the statute into alignment with how we are operating.

HB 279/SB 202 – Makes some changes for the Prescription Drug Affordability Board to study potential upper payment limits for certain drugs.

HB 382/SB 895 – This is a reintroduction of a bill we've seen a few times. This is an expensive bill for the Department to implement. That is not our current process for how MCOs set prices for those drugs.

SB 441/HB 813 – These types of interventions can span several different technologies. The list of the ones the Federal Drug Administration (FDA) has approved is vast. Everything from phone applications to assist with cognitive behavioral health therapy to virtual reality applications to help mitigate pain. In general, these types of therapeutics tend to supplement rather than supplant existing interventions. This would be a new area for the Medicaid program.

SB 678/HB 1151 – We've had a few bills requiring coverage for certain services delivered by pharmacists in the past including administration of sexually transmitted infection (STI) related drugs and certain other medications. This would expand that coverage mandate to include anything within the pharmacist's scope of practice. Medicaid does not read this as requiring or mandating coverage for new services that Medicaid isn't paying for today but rather requiring us to pay for services when rendered by the pharmacists themselves in addition to other provider types that may be reimbursed today.

HB 318/SB 604 – Medicaid is not in the business of setting provider reimbursement rates. We set the rates for services. The Department will review the fiscal impact of this bill. There are also some requirements for the Office of Health Care Quality (OHCQ) in terms of annual reporting.

SB 180/HB 489 – Residential Services Agencies (RSAs) today use a combination of both employees and contractors. This would be a shift in practice that could have an impact on provider networks. We are looking for opportunities for amendments to allow for a ramp up period so the RSAs can make that shift to mitigate the potential impact on different networks.

SB 230/HB 490 – This bill falls to OHCQ and is similar to a bill we saw last year.

SB 255/HB 322 – Medicaid is interpreting this bill as requiring us to make changes and expansions to our medical necessity criteria to allow a broader scope of individuals to access care. Our existing medical necessity criteria are really designed to ensure that families with children with the most acute mental health needs have the ability to access those higher level services such as respite care. Making changes to those criteria would have a substantial fiscal impact for the Department. There are some other components to this bill including funding for a behavioral health value-based purchasing program pilot in addition to funding additional slots for the Behavioral Health Administration (BHA) program above and beyond the 50 they have in place today increasing that to 100 slots as well as providing funding for certain wrap around services. The last component of the bill is to establish a workgroup to consider additional possible expansions for the 1915(i) waiver.

SB 622/HB 1149 – We had a bill passed last year, SB 636, that required the Department to develop a plan on how it will reduce its different waiver wait-lists by fifty percent. We submitted a Joint Chairman's Report (JCR) to the general assembly late last year looking at what the possible cost would be to do that over a five-year period. Our assumption is that SB 622 is about ensuring those plans are funded. If you look at the JCR, the estimated cost over a five-year

period is just above \$1 billion or \$500 million in general funds. This is a big hitter on what it would cost to reduce the waitlist by fifty percent.

HB 283/SB 460 – This is a reintroduction of a bill from last year requiring expanded coverage by the Medicaid program for certain gender affirming treatment services.

HB 970 – This has been an issue as of late with children trying to get access to care so the Department is excited to see this bill introduced and is generally supportive. The Department is also making some other changes with respect to dental with SDF coverage in addition to some potential plan changes to our anesthesia rates. The Governor’s proposed budget does include an additional \$20 million to increase rates for dental providers in FY 24. That is in addition to funding that has already been put into place for this current fiscal year.

HB 1146/SB 948 – This bill would require Medicaid to set its reimbursement rates for dental services at 60% of the average commercial reimbursement rate in the state. It also includes other language requiring standing dental rate studies by the Department.

SB 75 – In addition to coverage for hair prosthesis, which would be a new benefit for us, CMS considers hair prosthesis to be cosmetic and likely not eligible for federal match.

SB 231/HB 716 – A similar bill passed several years ago around our Developmental Disabilities Administration (DDA) wait-list.

SB 237/HB 290 – This bill would require the Department to provide dental services to those that may be undocumented or those that do not meet the Medicaid five-year bar. That would be a big expansion for us. It also requires coverage for certain services related to dental access when provided by a community health worker. That’s a new provider type for Medicaid. We currently do not reimburse community health workers as a stand-alone provider type.

SB 362/HB 1249 – This bill as drafted would require Medicaid to begin covering Certified Community Behavioral Health Clinics (CCBHCs) in 2024. It includes some provisions as to what that coverage would look like with respect to prospective payment limits. We’ve seen requirements for CCBHC coverage in years past and was part of last year’s Behavioral Health Modernization Act. This same type of language is included in the Behavioral Health Omnibus bill as well.

SB 468/HB 725 – Funding for wage increases for medical provider workers. Medicaid sets rates for services rather than wages. That is typically in the purview of the Department of Labor.

SB 534 – This bill would change the sunset date from the end of this fiscal year to June 30, 2025, and would make changes to the statute as well.

SB 572/HB 657 – The Department is in the process of making changes to its Employed Individuals with Disabilities (EID) program and is in negotiations with CMS around that state plan amendment language. The Department already intends to drop the federal poverty level limits related to that program, making certain changes to the asset test if they are applicable to the applicant and not their spouse, making changes to the type of retirement accounts that can be disregarded from assets to now include IRAs, which historically has not been a part of that list, as well as establishment of independence accounts, a procedure used in other states to allow EID enrollees to save their earned income and not have it count towards the asset test in future years. The Department is planning to implement many changes that don’t fully align with the requirements of this bill. We do have some concern with some of the language in both this and its counterpart bill (SB 688/HB1157) with respect to eliminating the asset test entirely for those enrollees.

SB 581 – This is another bill in which the language in the Omnibus bill is included.

SB 582/HB 1148 – A slight change to the Behavioral Health Modernization Act we saw introduced last year. It includes a number of components that impact behavioral health services for the Medicaid program including establishing a value-based purchasing pilot program as well as requiring coverage for CCBHCs. The language in this bill is identical to the two stand alone bills. There is also language in this bill requiring the establishment of a Commission on Behavioral Health Care Treatment and Access to make recommendations on behavioral health services and delivery.

SB 625 – The Department does have a requirement to establish twelve months of continuous eligibility for children because of the Consolidated Appropriations Act that Congress passed in December 2022. We are looking for an implementation date of August 2023 although the federal statutory requirement is January 1, 2024.

SB 627 – The Department in fact does cover these services already today. We are in the process of issuing clarifying guidance with respect to our coverage of dialysis services on an outpatient basis for a period of up to twelve months which is subject to renewal, and we will also be making changes to our website to make that clear.

SB 628 – This is school-based health center (SBHC) related bill.

SB 678/HB 1151 – Another bill related to coverage for services provided by pharmacists within their scope of practice.

SB 688/HB 1157 – This is another EID bill. The language in this bill is more limited than what is in the previously reviewed bill (SB 572).

SB 805/HB 1217 – These types of tests can be used to guide a host of different treatments from selection of cancer related chemotherapy or other options to selection of other drugs depending on a person’s genetic background. The Department is in the process of evaluating this bill.

Quality Update

Ms. Sandra Kick, Director, Medical Benefits Management, and Ms. Monchel Pridget, Deputy Director, Managed Care Administration, gave the Committee an update on health care quality (see attached presentation). EPSDT activity and External Quality Review Organization (EQRO) results will be reviewed with the Committee when completed.

Waiver, State Plan and Regulation Changes

Ms. Alison Donley, Medicaid Provider Services, gave the Committee a status update on waivers, regulations, and state plan amendment changes (see attached handouts).

Public Comments

Public comments were given by Ms. Helen Hughes, Johns Hopkins, Ms. Jasmine Bishop, Medstar Health and Mr. Anthony Roggio, University of Maryland Medical System on inter-professional consultation codes.

Adjournment

Ms. McCann adjourned the meeting at 2:45 p.m.