**MARYLAND MEDICAID ADVISORY COMMITTEE**

#####  DATE: October 25, 2012

TIME: 1:00 - 3:00 p.m.

#  LOCATION: Department of Health and Mental Hygiene

#  201 W. Preston Street, Lobby Conference Room L-3

# Baltimore, Maryland 21201

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**AGENDA**

1. Departmental Report
2. Streamlining Eligibility
3. Waiver, State Plan and Regulations Changes
4. Public Mental Health System Report
5. Public Comments
6. Adjournment

**Date and Location of Next Meeting:**

# Thursday, November 29, 2012, 1:00 – 3:00 p.m.

# Department of Health and Mental Hygiene

# 201 W. Preston Street, Lobby Conference Room L-3

**Baltimore, Maryland**

## **Staff Contact: Ms. Carrol Barnes - (410) 767-5213**

**Committee members are asked to call staff if unable to attend**

**MARYLAND MEDICAID ADVISORY COMMITTEE**

**MINUTES**

#### October 25, 2012

**MEMBERS PRESENT:**

Mr. Kevin Lindamood

Ms. Salliann Alborn

Ms. Sue Phelps

The Hon. Delores Kelley

Ms. Lori Doyle

Ulder Tillman, M.D.

Mr. Floyd Hartley

Ms. Rosemary Malone

Ms. Michele Douglas

Ms. Ann Rasenberger

Mr. Norbert Robinson

The Hon. Shirley Nathan-Pulliam

Ms. Lesley Wallace

Winifred Booker, D.D.S.

**MEMBERS ABSENT:**

Charles Shubin, M.D.

Ms. Patricia Arzuaga

Mr. Ben Steffen

The Hon. C. Anthony Muse

Ms. Tyan Williams

The Hon. Robert Costa

Ms. Christine Bailey

The Hon. Heather Mizeur

Ms. Grace Williams

Samuel Ross, M.D.

Mr. C. David Ward

Virginia Keane, M.D.

Mr. Joseph DeMattos

Ms. Kerry Lessard

#### Maryland Medicaid Advisory Committee

#### October 25, 2012

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

Mr. Kevin Lindamood, Chair, called to order the meeting of the Maryland Medicaid Advisory Committee (MMAC) at 1:10 p.m. Committee members approved the minutes from the September 20, 2012 meeting as written. Ms. Donna Fortsom attended the meeting for Samuel Ross, M.D.

**Departmental Report**

Deputy Secretary Chuck Milligan gave the Committee the following Departmental update:

1. The Department is almost seven months into the development of the new Maryland Medicaid Information System (MMIS) and the work is on track.
2. The Department continues to work with the Exchange for Health Reform readiness including the development of the new eligibility system to support that and other shared services like the navigator/enrollment broker, outreach call centers and continuity of care. We are trying to work toward a solution that supports a good consumer and family experience for people in both programs and those that move between the programs. At the Exchange, they are building a budget request that contemplates buying shared services with Medicaid and our contribution for the payment of those services.
3. Behind the scenes the Department is preparing various contingencies when the Presidential election is over to deal with when the real fiscal cliff, budget deficit discussions occur. At that time, at the federal level, there will be a tremendous amount of pressure to deal with federal fiscal issues that will take effect on January 1, 2013. The expiration of some tax cuts, sequestration and cuts to many domestic programs and all of those implications.

The Department is preparing various contingencies related to Medicaid because there are some direct and indirect issues. Between the election and January 1st there will be a lot of discussion among Republicans about block granting Medicaid. There are Medicaid cost-containment ideas in President Obama’s budget that also goes back to blended rates and provider tax issues and some newer ideas. Beyond that, if in fact there are a lot of Medicare cuts that take effect due to sequestration, and if in fact there are a lot of other cuts that hit the State budget like Ryan White programs, public health grants and other pieces to the health agendas where the money flows to the public health side of our Department, there are effects on the State budget that can relate to Medicaid.

1. Deputy Secretary Milligan will be in a debate on Monday. In early August, after the Supreme Court decision that states could decide whether they would participate in the Medicaid expansion, Health Affairs asked one state to do an article on why it is going to do the expansion and another state to do an article on why they are not. Maryland was asked to be the state in favor of the expansion and Anthony Keck, the Medicaid Director of South Carolina was asked to be the state that was not implementing a Medicaid expansion. Both pieces were non-political and demonstrated the rationale from a policy point of view. On Monday, the first day of the annual meeting of the Medicaid Directors Association, both Deputy Secretary Milligan and Anthony Keck will have a debate about Medicaid. It will be moderated by Susan Dentzer, the editor of Health Affairs and it will go beyond the expansion issue into issues like block grants, the role of states vs. the federal government, how states view the role of Medicaid in the delivery system, etc.

1. The Department has received the managed care organizations (MCOs) plans regarding participation in 2013. We now know where the seven MCOs intend to be open and closed to new members for both the Primary Adult Care program (PAC) and HealthChoice. The chart will be distributed when it is finalized. There will be implications in terms of where some plans are electing to close in the future where they are open today.

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1. We have two Developmental Disabilities (DD) waivers. The Department has to submit renewal requests to the federal government for both waivers at the end of March. In the next couple of months we will be engaged in a process to make sure Maryland will be ready to submit the renewals. Where the federal government may have some concerns we need to address them and make sure we have the right infrastructure, processes, outcomes and measures in place. This will be done collaboratively with Developmental Disabilities Administration (DDA) and Medicaid to ensure we have a good analysis on where we stand and what the federal concerns may be going into that renewal process. We are aware of a few concerns they have right now that we are working on.

In the context related to waiver renewals, we did promulgate some proposed regulations a while back and we have received comments either asking the Department to withdraw the proposed regulations or modify them in fundamental ways. In all likelihood we will pull back those proposed regulations, however, the Department has to get regulations developed because one of our waivers is operating without regulations. In the course of getting ready for the DD waiver renewals, we do need to complete and have in place regulations that demonstrate to the federal government that there are systems in place about plan of care, fiscal accountability, etc. so when we do get to the point of developing regulations, we cannot continue to have non-existent regulations or regulations that are not totally lined up with waiver terms and conditions. The Department will be working through that and Frank Kirkland, the head of DDA will be leading the effort regarding stakeholder communication,

At the end of October, Diane Herr, Director, HealthChoice and Acute Care Administration will be retiring and in mid-December, Fran Phillips, Deputy Secretary, Public Health, will be retiring. Ms. Phillips will be replaced by Laura Hererra, M.D. There is also a new Deputy Secretary for Behavioral Health, Gayle Jordan-Randolph, M.D.

**Behavioral Health Integration Update**

The Behavioral Health Report went out on October 1, 2012 and it recommends a carve-out that would include specialty mental health services and specialty substance use disorder services, not capitated and performance risk based at both the Administrative Service Organization (ASO) and provider level. The report notes that this is not a perfect solution because it fails to integrate the somatic system of primary care and specialty medical care. The report notes different mechanisms to try and line-up that integration and incorporate primary care into behavioral health delivery. The report also notes that moving to an outcome/performance based shared savings model is the over arching principle. The report lists the rationale, some of the weaknesses of the model. It is a recommendation from the Steering Committee to Secretary Sharfstein.

Secretary Sharfstein is currently taking comments on whether he should accept that recommendation. Comments were originally due 30 days after the report was completed which would be Halloween, but the comment period has been extended for a week. There will be a call on October 31, 2012 from 8:30 a.m. – 9:30 a.m. hosted by Secretary Scharfstein for the public to clarify questions about the report and to make sure that when people submit comments they understand the recommendation. The comment period is extended to November 7, 2012 and after that time Secretary Sharfstein will make a decision about whether or not he accepts the recommendation.

If the Secretary accepts the recommendation a new procurement will be required because it would be a sufficient change in scope under the current Value Options contract. The Department would have to prepare amendments to waivers, MCO rates and interrelated issues and there would be implications on the regulatory and state plan side, etc. Implementing the recommendation has plenty of work even though it does not require legislative authority. There will be stakeholder input during this process. The earliest we could get a new program implemented would be sometime in 2014. If the Secretary rejects the recommendation the Department must get ready for legislation to implement the chosen option.

If the recommendation in the report is accepted by the Secretary and we move forward, the goal is to figure out how to make the carve-out improve coordination with primary care and specialty care including things to be evaluated in the next step. Things like credentialing as primary care providers (PCP) those PCPs who practice out of behavioral health medical homes and having care coordinators in the MCOs for everyone who is in the specialty behavioral health system (SBHS) that are linked to the care coordinator in the SBHS. We will have failed if we don’t improve that in the structure of the carve-out itself in terms of how that linkage is advanced compared to the current situation.

The Department will measure outcomes and performance and if this doesn’t drive improvements then we need to figure out a better approach. The measures and outcomes do include improvements on the somatic side.

A motion was made for the Committee to go on record and say to the Secretary that this is the direction to take at this point in time. The motion was seconded and discussion ensued. Several members expressed disappointment that integration with somatic health was not achieved and having a protected carve-out still does not address the issue of coordinated care. Some felt that Committee members should send letters individually from their respective organizations stating their support for or against the recommendation and that a group letter of support for the recommendation would not accurately express their opposition or views. Others felt that it has taken years to move this far and a step in the right direction was better than no progress or moving backwards.

The Deputy Secretary informed the Committee that it is helpful to get advice from the Committee. Part of the Department’s expectation is that this group is not representative government. People come here to advance the interests of the Department and its programs. For some people it puts them in a weird position. The Committee can choose not to vote on the motion and give individual comments, choose to have a vote that has dissenting votes or choose to vote to have abstaining votes. However, the Advisory Committee is diminished if people come into it with a view that it is representative government.

The Committee agreed on the motion with a friendly amendment to the motion that the Committee would send a letter to the Secretary offering support for the recommendation that has been presented with the understanding that it is an imperfect solution and does not achieve the goal of full integration and is a step towards continued work to integrate all services. In addition the Committee recommends the convening of a workgroup within a year of the implementation date to look at how this model is working. The Committee voted on this motion as amended and the motion carried with 12 members voting for the motion, no members voting against and 3 members abstaining. Mr. Lindamood and Ms. Douglas will draft the letter of recommendation, distribute to the full group for comment and send the final letter to the Secretary.

The Committee asked for a status update on the Affordable Care Act Health Home Option for Behavioral Health, section 2703 Missouri Model. The Department has an internal draft state plan amendment and is working on the evaluation section of it. Before the Department presents the state plan to the federal government in draft, the Department will review it with the stakeholder group that was involved during the Behavioral Health Integration process.

Committee members stated they heard that the federal government is going to require new CPT codes that effect behavioral health that must be in effect January 1, 2013. This is correct. The CPT book came out with brand new codes for behavioral health. The Department has convened a workgroup to discuss this and come up with a solution.

**Other Committee Business**

In the public comments last month the issue of restorative dental care for children performed under general anesthesia in hospitals was presented. The issue as presented is children’s dental care is carved-out. When the carve-out was implemented it was premised on the site of service for care. If care was done in a hospital under general anesthesia, the hospital portion remained in HealthChoice. We are seeing a very large increase in the number of children with severe dental issues that need major restorative care. In many cases it requires care under many hours of general anesthesia. Many dentists do not feel comfortable doing this in their offices. Performing the service in hospitals is the best way of ensuring access to the care. The MCOs are concerned that services they are not authorizing, they are expected to pay because Dentaquest is authorizing the medical necessity for restorative care and the MCOs get the bill from the hospital. The Department is working to carve-out of HealthChoice the dental care related to that scenario so the hospital, anesthesiologist and dentist pieces of that service performed in the hospital are also paid fee-for-service authorized by Dentaquest.

One of the concerns raised last month regarding safety of general anesthesia in the hospital is whether or not the child had gone through a workup with the Pediatrician to make sure it was safe. The Department reviewed the records of specific children to see if there had been a pediatric workup prior to surgery and in all cases that workup had been completed. The Department does feel confident that the medical side, prevention and safety issues are being addressed prior to putting that child under general anesthesia.

Committee members feel that Maryland has a nice framework, with the money that was available through the Oral Health Literacy Program and the Task Force, for advocacy and public education. A lot of the educational materials were focused on getting to the pregnant woman so we can avoid doing rehabilitative surgery on these children. A dental review will be on a future agenda.

**Streamlining Eligibility**

Ms. Debbie Ruppert, Executive Director, Office of Eligibility gave the Committee an update on expediting the long term care/Home and Community Services waiver eligibility process for SSI recipients and community-eligible individuals. Over a year ago the Office of Eligibility Services recognized there was an opportunity to look at internal processes to see what could be done to streamline eligibility and look at policies and procedures.

These changes were broken down into several phases. Phase I was the opportunity to improve the long term care application. From May to October last year the Department worked with the Department of Human Resources (DHR) and community partners where we changed the application for initial redetermination and examined the look-back policies. We have seen improvements in the processing of both the initial and redetermination LTC applications to ensure once someone is found eligible they maintain their eligibility.

The second Phase looks at expediting long term care applications and other waiver programs. We recognize there are other opportunities because the financial eligibility has already been determined for those on SSI or community Medicaid. There may be an opportunity to look at redesigning those applications (see attached handout).

In Phase III a budget initiative, submitted it for approval and are waiting for budget approval where currently applications are processed for long term care in one direction and waivers in another and the information isn’t always shared. A proposal was presented to create a unit that if someone is applying for the waiver that we can make the long term care application and the waiver decision spontaneous which would take away some of the delays. This would require additional staffing and budget support.

Committee members asked where are and how many cases have been expedited and identified for community long term care. The Department stated it could run a report on how many individuals had community Medicaid that transitioned to long term care. By the next Medicaid Advisory Committee meeting the Department will have a timeline with specific dates for when we will be executing all of this.

**Waiver, State Plan and Regulation Changes**

Ms. Susan Tucker informed the Committee that the Department is working on targeted case management regulations for individuals with developmental disabilities. We have been working with stakeholders and have received thoughtful comments. The Department is also working on the chronic health home state plan. On the waiver side, we are working on the Developmental Disabilities waiver renewals. We are also in the early stages of updating the hospital chapter. We plan to divide it into three chapters, one for acute hospital, one for chronic hospitals and one for special hospitals.

**Public Mental Health System Report**

No report given this month.

**Public Comments**

Ms. Gayle Hafner of the Maryland Disabilities Law Center gave public comments on long term care eligibility.

**Adjournment**

Mr. Lindamood adjourned the meeting at 3:00 p.m.