

**MARYLAND MEDICAID ADVISORY COMMITTEE**

**DATE:** Thursday, May 25, 2017

**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**

- I. Departmental Report
- II. Social Determinants
- III. Minority Health Activities
- IV. Interagency Housing Partnership
- V. Waiver, State Plan and Regulations Changes
- VI. Behavioral Health System Report
- VII. Public Comments
- VIII. Adjournment

**Date and Location of Next Meeting:  
Thursday, June 22, 2017, 1:00 – 3:00 p.m.  
Department of Health and Mental Hygiene  
201 W. Preston Street, Lobby Conference Room L-3  
Baltimore, Maryland 21201**

**Staff Contact: Ms. Carrol Barnes - (410) 767-5213  
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**Committee members are asked to contact staff if unable to attend**

**MARYLAND MEDICAID ADVISORY COMMITTEE  
MINUTES**

**April 27, 2017**

**MEMBERS PRESENT:**

Mr. Kevin Lindamood  
Winifred Booker, D.D.S  
Ms. Susan Phelps  
Ms. Shannon Hall  
Ms. Donna Fortson  
Ms. Ann Rasenberger  
Rachel Dodge, M.D.  
Mr. Vincent DeMarco  
Ms. Ann Flagg  
Judy Lapinski, Pharm.D  
The Hon. Pat Young  
Ms. Carmel Roques  
Ms. Grace Williams  
Mr. Floyd Hartley  
Ms. Kerry Lessard  
Ms. Christine Bailey  
Mr. Norbert Robinson  
Ms. Ann Flagg

**MEMBERS ABSENT:**

The Hon. Matthew Morgan  
The Hon. Delores Kelley  
Mr. Ben Steffen  
Mr. C. David Ward  
Adeteju Ogunrinde, M.D.  
Ms. Vickie Walters  
Ms. Michele Douglas  
Ms. Lesley Wallace  
Ms. Uma Ahluwalia  
The Hon. Shirley Nathan-Pulliam  
The Hon. Joseline Peña-Melnyk

## **Maryland Medicaid Advisory Committee**

**April 27, 2017**

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

Mr. Kevin Lindamood, Chair, called to order the meeting of the Maryland Medicaid Advisory Committee (MMAC) at 1:05 p.m. Ms. Louisa Baucom attended the meeting for Delegate Matthew Morgan, Ms. Linda Forsyth attended for Senator Delores Kelley, Mr. Evan Johnson attended for Senator Shirley Nathan-Pulliam and Ms. Jayne Hunt attended for Ms. Lesley Wallace. Committee members approved the minutes from the March 27, 2017 meeting as written.

### **Summary of Legislative Session**

Mr. Chris Coats, Health Policy Analyst, informed the Committee that this legislative session is the second year in a row that there were a substantial amount of bills to cover. In addition to the traditional bill signing on sine die there was a bill signing on April 18, 2017 and two upcoming on May 2 and 4, 2017. Mr. Coats gave the Committee highlights of legislature that passed this session (see attached legislative chart).

### **Drug Utilization Review Update**

Ms. Susan Shin, Health Policy Analyst, Office of the Deputy Secretary for Health Care Financing and Mr. Dixit Shah, Deputy Director, Medicaid Pharmacy Program, gave the Committee an overview of the opioid overdose epidemic and opioid prescribing guidance and policy (see attached presentation).

### **Residential Treatment Coverage for Individuals with Substance Use Conditions Update**

Ms. Rebecca Frechard, Chief, Division of Behavioral Health, informed the Committee that the Department applied for and received approval from Centers for Medicare and Medicaid Services (CMS) to waive the institutions for mental diseases (IMD) requirements related to bed number and age restrictions and allow Maryland to provide the full continuum of substance use disorder services from outpatient level services in the community up through and including residential substance use disorders (SUD) treatment for adults. All levels of care under SUD are based on American Society of Addiction Medicine (ASAM) criteria.

ASAM was founded in 1954 and developed patient placement criteria which has become a standard in most states of a comprehensive set of guidelines for placement, continued stay, transfer and discharge or patient with addiction or co-occurring conditions.

The Levels of care Maryland is implementing as of July 1, 2017 include:

- 3.7 WM – Withdrawal management service under 24 hour medically supervised services;
- 3.7 – residential program with a planned regimen of 24 hour professionally directed evaluation, care and treatment

3.5 – Residential high intensity program that provides services in a highly structured environment with moderate to high intensity treatment and ancillary services to promote recovery

And 3.3 – Residential medium intensity program, similar to 3.5 but requires a medium intensity or number of hours of treatment and ancillary services to support and promote recovery. Plans are in development to add 3.1 level of care beginning 1/1/2019.

The providers of these services will be required to be licensed by the Office of Health Care Quality (OHCQ) for each level of service they wish to provide. It is hoped that existing providers will expand levels of services available in house to be in line with the continuum of recovery from addiction, but will also be encouraged to have links to services they don't provide in house.

Under the Waiver, Medicaid will reimburse providers for individuals who meet Medically Necessary or ASAM criteria for placement for up to 2 30-day stays within a rolling year. Room and Board for all stays will be reimbursed through state dollars, but the services will be managed under the administrative service organization (ASO), Beacon Health Options.

One question that comes up frequently is what if a person attends Residential treatment for 2 days and then leaves and returns a month later, is that original Medicaid covered stay exhausted? Yes. Regardless of the number of days used within that 30 day period, a stay equals up to 30 days with no discharge. After a 2<sup>nd</sup> – up to 30 day stay is used, then, if the patient continues to meet ASAM, state only dollars, as managed through the ASO will cover the rest of the stay.

Authorization rules and practices are in development but the ultimate goal is to be as least burdensome to the provider as possible. Frequently asked questions (FAQs) are being drafted and will be disseminated through provider alerts over the next few weeks and opportunities for training will be provided by Beacon throughout the month of June.

For now, we have a few updates to share, which will be coming out publicly soon:  
Under this expansion to the adult population, several changes are in process and/or completed:

- 1) Medicaid will be enrolling residential SUD providers for adults using a new provider type, Provider Type 54. Because this is a different methodology and reimbursement system, providers do need to obtain a separate Medicaid/National Provider Identifier (MA/NPI) and provider type to deliver this service.
- 2) Providers who enroll as a PT 54 with multiple levels of residential care will only need one PT 54 application, but if they have multiple locations, they still would have to have a separate MA/NPI.
- 3) The ASO is developing a system of reimbursement that accounts for the Medicaid covered stays versus the State funded stays and will closely monitor state only expenditures.

4) Rates are developed and will also be shared in the FAQ that is almost complete – all documents will be posted on a web page, also in development which will house FAQs, rates and alerts, but also will be disseminated in provider alerts:

- a. 3.7WM: \$ 354.67
- b. 3.7: \$291.65
- c. 3.5: \$189.44
- d. 3.3: \$189.44

Room and Board is \$ 45.84

These rates were based on information obtained from Delaware that had a cost analysis performed for their providers. Staffing requirements for Maryland specific services were considered in the development of these rates. More information will be forthcoming.

Regulations are in the final sign off process and should be posted soon. Once posted, we can release additional FAQs and alerts to help providers transition to embracing this additional level of addiction service care.

With this expansion, in addition to the State's robust services for SUD, we are on the forefront of combating addiction in Maryland.

In addition, the Department is rolling out the Opioid Maintenance Therapy Rebundling Program on May 15, 2017. This proposal will improve quality of services by separately reimbursing for individual and group counseling and medication management of visits by clinicians.

### **MCO Shopping Update**

Ms. Debbie Ruppert, Executive Director, Office of Eligibility Services, reminded the Committee that one year ago we discussed adding an online shopping functionality within the enrollment broker and including the managed care organization (MCO) selection within the Maryland Health Connection (MHC). Last year we implemented a process with the Enrollment Broker that when someone became eligible, they would receive a packet that said they could apply online through a weblink that was developed by the enrollment broker. Since that was implemented we have approximately 30% of our recipients utilizing that service. The next phase will be to implement online shopping within the MHC. We anticipate that this functionality will be available starting September 2017 prior to open enrollment.

After someone is deemed eligible for Medicaid, this will alert the individual that it is time to shop just like it does for the Qualified Health Plans. The individual will be able to look up their primary care provider (PCP) and specialists and find out which MCOs they participate with which will help them with their selection. They will be able to see the documents that are currently available from the enrollment broker that will further aid them in the selection process. In addition to being able to select the MCO providers, they will also be able to purchase dental

coverage for those that don't have dental benefits provided by their MCO or coverage group. That would be the process for the modified adjusted gross income (MAGI) population.

The old process is still in place and they will still be able to call the MHC call center if they don't chose to select online. They will have an opportunity to request an enrollment packet in the mail and call to make their selection. If the individual fails to access any of the enrollment opportunities made available to them, they would be auto-enrolled into their MCO provider within 28 days to ensure continuity of coverage.

For the non-MAGI population that is currently still determined in the Client Automated Resource and Eligibility System (CARES) and eligibility is determined by the Department of Human Resources, the current process will remain the same and they will receive an enrollment packet and call the MHC for selection after the system goes live.

We are starting the file transfer process with the MCOs. The enrollment broker was sending the files to our MCOs based on enrollment and now, since we are utilizing the MHC who has the functionality to do the 834 files because they are sending it to the commercial plans, we will be utilizing them so all of the MCOs have engaged in the testing to help us through that process.

We are finalizing the layout of the website and we will inform the Committee of the go-live date.

### **Budget Update**

Ms. Audrey Parham-Stewart, Director, Office of Finance, gave the Committee an overview of the Report on the Fiscal 2018 State Operating Budget (B 150) and the State Capital Budget (HB 151) and Related Recommendations. There were not a lot of reductions to the budget from the last report to the Committee, however, there are several reports the Department must complete (see attached report).

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

Ms. Susan Tucker, Executive Director, Office of Health Services, informed the Committee that we did get approved for the state plan amendment (SPA) for methadone rebundling as mentioned above.

The Department is working on regulations for residential SUD services. In addition, with telehealth services we are changing regulations to allow SUD providers to become distant sites. Regulations have also been written for presumptive eligibility for individuals leaving correctional facilities. These regulations will be going to AELR shortly.

### **Behavioral Health System Report**

Ms. Jenny Howes of the Behavioral Health Administration (BHA) gave the Committee an update on problem gambling treatment services rolling out on May 1, 2017.

BHA has partnered with Behavioral Health System Baltimore (BHSB) to reimburse for SUD providers who provide treatment for problem gambling Funds are available from revenue collected by Maryland casinos. This is a state-only program and BHBS is reimbursing SUD

providers only as mental health providers are already reimbursed. This initiative is not coming out of Beacon Health Options. A provider alert went out April 18, 2017 informing providers how to enroll with BHSB. The rates are the same as for provider type 50 (SUD program) and type 32 (opioid treatment program). More information can be found at:

<http://www.bhsbaltimore.org/site/wp-content/uploads/2012/06/Provider-Alert-BHA-BHSB-Problem-Gambling.pdf>

**Public Comments**

There were no public comments.

**Adjournment**

Mr. Lindamood adjourned the meeting at 2:30 p.m.