

## MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Monday, March 28, 2022  
TIME: 1:00 - 3:00 p.m.  
LOCATION: GoToWebinar

Due to COVID-19, this meeting will be held through GoToWebinar only.

Please register for MMAC Meeting on March 28, 2022 1:00 p.m. EST at:

<https://register.gotowebinar.com/register/7471389736780666383>

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. Claire Gregory at, [Claire.Gregory@maryland.gov](mailto:Claire.Gregory@maryland.gov) or use the question feature to submit questions to the host.

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### AGENDA

- I. Departmental Report
- II. Legislative Update
- III. Unwinding of COVID-19 PHE and Redeterminations
- IV. Waiver, State Plan and Regulations Changes
- V. Public Comments
- VI. Adjournment

**Next Meeting: Thursday, April 28, 2022, 1:00 – 3:00 p.m.**

**Staff Contact: Ms. Claire Gregory**  
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**MARYLAND MEDICAID ADVISORY COMMITTEE  
MINUTES**

February 28, 2022

**MEMBERS PRESENT:**

Mr. Kenneth Garove  
Adeteju Ogunrinde, M.D  
Ms. Shannon Hall  
Rachel Dodge, M.D.  
The Hon. Joseline Peña-Melnyk  
Ms. Jessica Dickerson  
Ms. Vickie Walters  
Ms. Nicole McCann  
Ms. Nora Hoban  
Ms. Linda Dietsch  
Ms. Diane McComb  
Kathryn Fiddler, DNP  
Mr. Paul Miller  
Mr. William Webb  
Mr. Ben Steffen  
Winifred Booker, D.D.S  
Mr. Floyd Hartley  
Ms. Marie McLendon

**MEMBERS ABSENT:**

The Hon. Pat Young  
The Hon. Antonio Hayes  
The Hon. J.B. Jennings  
The Hon. Matthew Morgan  
Ms. Erin Dorrien

## **Maryland Medicaid Advisory Committee**

**February 28, 2022**

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

Ms. Nicole McCann, Committee 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 January 24, 2022 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 operate under the federal public health emergency (PHE) and have not disenrolled any enrollees. The numbers continue to increase with current enrollment totaling 1,683,582 (see attached chart). There is a lot of speculation around whether or not the Department of Health and Human Services (HHS) will extend the PHE one more time. The PHE is currently set to expire on April 16, 2022. Many people feel that HHS will extend one more time. We will update the MMAC as we know more.

The Department is having extensive conversations with the Centers for Medicare and Medicaid Services (CMS) regarding what states will need to complete when the PHE ends. CMS is very interested and concerned about redeterminations and making sure the redetermination is as smooth as possible. There have been many great ideas at both the federal and state levels on outreach and how to assist individuals during that process.

A press release in December 2021 announced that the Governor was giving out a number of grants. Specifically, \$30 million went out to hospitals, \$25 million went to nursing homes and \$15 million went to adult medical day centers. Recently, the Governor also announced an additional \$8 million for residential treatment centers. The Department is working diligently to get those funds to providers.

Budget hearings are coming up this Friday and Monday. The Department will report back to the MMAC on those hearings next month.

Spending plans must be submitted every quarter for the monies that are funded through a 10 percent federal match for home and community- based services. The Department submitted its latest spending plan on February 1, 2022. In the February plan, we stated that Medicaid would like to begin covering peer recovery specialists for individuals with a substance use disorder (SUD). The Department is eager for CMS to approve. The projected spending for peer supports consumes the remaining 25 percent of the reinvestment dollars for behavioral health. For the Developmental Disabilities Administration (DDA), we had the remaining 25 percent allocated to grants and the Department is still looking at stakeholder input around the long-term care

remaining monies. We can't use that money for additional home and community-based waiver slots. We can only apply to use reinvestment dollars when we've reached the number of slots that are in our waiver application, which is over 6,000 and we're budgeted for a much lower amount. Stakeholders did, however, give the Department a number of recommendations that need to be reviewed and considered building into the spending plan.

In the Governor's FY 23 budget there is \$20 million dedicated to fee increases for dentists that will go into effect on July 1, 2022.

The Department plans to continue telehealth for Medicaid patients. Legislation passed last year that requires commercial and Medicaid plans to continue telehealth over the next two years until the Maryland Health Care Commission has a chance to evaluate telehealth and how it is impacting services, quality and cost.

PACE expansion update: The expansion covers Baltimore City and County, Prince George's County, Montgomery County and a possible rural area. The first step in the process was a request for proposals and the selection committee is currently reviewing those proposals. We anticipate that those selected to move on in the process will be notified within the next two weeks. In the next step of the process, those selected will provide additional information that rolls into applying to CMS to become a PACE site on the Medicare side.

### **Legislative Update**

Mr. Chris Coats, Health Policy Analyst, Office of Innovation, Research and Development, gave the Committee an update on the current 2022 legislative session. The session is at the half way point since its start on January 12, 2022. The Department is tracking 177 bills so far which is about where we were last year at this time. We are down from pre-pandemic level where the Department was tracking over 200 bills.

Budget hearings are coming up with the Senate hearing being held at 1 p.m., on Friday, March 4, 2022 and the House hearing at 1 p.m. on Monday March 7, 2022. Currently, legislators are grinding through first reader bill hearings and as we get closer to crossover, which is Monday, March 21, 2022, the legislature will pivot towards voting on bills. Most bills have either had a hearing this month or will have a hearing in the next two weeks.

Ms. Alyssa Brown, Director, Office of Innovation, Research and Development, highlighted some key bills the Department is monitoring (see attached chart):

- 1) **HB 1007** – This is the reintroduction of a bill we have seen in the last few sessions. This bill would require the MCOs to pay a NADAC based reimbursement cost for pharmacy prescriptions as well as the equivalent of our fee-for-service dispensing fee which is currently set at \$10.67. This bill will cost in excess of \$100 million a year to implement.
  
- 2) **SB 28/HB 80** – Requires the Department to include at least 7500 waiver slots as a floor. We have just over 6300 slots approved by CMS. It also includes requirements around a

mandatory minimum number of mailings from the Department essentially doubling the number of mailings each month from 300 currently to 600 in the future until the wait list is either reduced to a certain point or we reach our mandatory minimum number.

- 3) **SB 636** – Requires the Department to develop a plan to reduce the wait list of the different waiver programs by 50 percent with that plan beginning in FY24. The model waiver currently has all of its slots full so to meet the requirements we anticipate we would have to establish a new waiver to cover additional slots.
- 4) **HB 6/SB 150** – A reintroduced bill requiring coverage of comprehensive dental for adults. The Department reads this as requiring a more comprehensive set of benefits than were considered in prior drafts. We expanded dental coverage for post-partum women to a period of 12 months, however, this bill would extend coverage to all adults who currently don't have access to dental benefits.
- 5) **HB 44/SB 295** – A reintroduced bill that requires Medicaid to increase the reimbursement rate for EMS transporters at a rate of \$25 per year until it reaches \$300 per transport. Our current transportation rate for EMS providers is \$100. The bill also requires the Department to cover mobile integrated health services as well as expanding the definition of an EMS transporter to be inclusive of commercial ambulance services. The Department currently has a supplemental payment program for EMS providers that enables us to draw down additional funds to offset costs that are not covered by our standard fee-for-service rate. Enough EMS providers in the state are participating in that program that covers approximately 82 percent of the transports that are underway today. The Department is working on an alternative destination pilot in three counties in the state to cover transports to urgent care clinics and emergency departments.
- 6) **SB 637/HB 935** – This bill contains a number of different initiatives for the Department including coverage for certified peer recovery supports, measurement-based care, behavioral health crisis services, statewide expansion of the collaborative care model which is currently operated on a piloted basis, expansions to the 1915i waiver, as well as coverage for CCBHC services. There is a substantial fiscal impact with this bill given the broad variety of initiatives covered with an anticipated cost of \$88 million per year. Crisis services are included as part of the Governor's budget. We are looking to CMS to cover certified peer recovery supports for SUD as part of our enhanced FMAP that we are drawing down through the American Rescue Plan Act.

### **Doula and Home Visiting Services Benefits Overview**

Ms. Sandra Kick, Senior Manager, Office of Innovation, Research and Development, gave the Committee a brief summary of how the Department is implementing the Doula and Home Visiting Services programs (see attached presentation).

### **OTC Counter COVID-19 Test Kit Coverage**

Mr. Athos Alexandrou, Director, Office of Pharmacy Services, gave the Committee an overview of the Department's over the counter COVID-19 test kit coverage (see attached presentation).

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

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

**Public Comments**

There were no public comments.

**Adjournment**

Ms. McCann adjourned the meeting at 2:40 p.m.