

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Thursday, May 26, 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 May 26, 2022 1:00 p.m. EST at:

<https://attendee.gotowebinar.com/register/164012368837214991>

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

AGENDA

- I. Departmental Report
- II. Eligibility Enrollment Update
- III. HealthChoice Evaluation
- IV. Waiver, State Plan and Regulations Changes
- V. Public Comments
- VI. Adjournment

Next Meeting: Thursday, June 23, 2022, 1:00 – 3:00 p.m.

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

April 28, 2022

MEMBERS PRESENT:

Adeteju Ogunrinde, M.D
Ms. Shannon Hall
Rachel Dodge, M.D.
Ms. Jessica Dickerson
Mr. William Webb
Ms. Nicole McCann
Ms. Nora Hoban
Ms. Linda Dietsch
Ms. Diane McComb
Mr. Paul Miller
Ms. Erin Dorrien
Mr. Floyd Hartley
The Hon. Joseline Peña-Melnyk

MEMBERS ABSENT:

The Hon. Pat Young
The Hon. Antonio Hayes
The Hon. J.B. Jennings
The Hon. Matthew Morgan
Winifred Booker, D.D.S
Mr. Kenneth Garove
Mr. Ben Steffen
Ms. Marie McLendon
Ms. Vickie Walters
Kathryn Fiddler, DNP

Maryland Medicaid Advisory Committee

April 28, 2022

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 March 28, 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.

It was a very active legislative session this year with numerous bills impacting Medicaid being passed. The Committee will be hearing a summary of the legislative bills that passed and how they affect Medicaid later in the meeting. The bills that passed include expansions of populations covered under Medicaid as well as significant benefit expansions.

The federal Public Health Emergency (PHE) has been extended through July 15, 2022. The sentiment nationally was that this would be the last extension. There are, however, murmurings that the PHE could be extended yet again in July. Maryland will continue operating like the PHE will be ending in July, so the Department will be prepared if it does end. The Department will keep the Committee posted on what we are hearing from the Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS).

Later in the meeting we will be presenting on the American Rescue Plan. Even though the Department has provided the Committee with updates each month, we thought it would be helpful to give a more formal presentation how we are reinvesting the federal matching dollars.

Medicaid enrollment continues to go up with a current total of 1,702,480 (see attached chart). Again, the large increase is mostly tied to not disenrolling individuals throughout the PHE.

Legislative Wrap-Up

Mr. Chris Coats, Health Policy Analyst, Office of Innovation, Research and Development, gave the Committee an overview of the final outcome of the 2022 legislative session.

This was a very active year with a total of 181 bills. There was a higher number of bills that required the Department to conduct a fiscal estimate than in past years. The Department was asked to do a fiscal impact statement on approximately 50 percent of the bills this session that is reflective of the number of bills that directly impacted the Medicaid program. Final version of budget language for this year's budget bill, SB 290, has been posted on the legislature's website. There was no Budget Reconciliation and Financing Act (BRFA) bill this year. Frequently the Governor's office will introduce a companion to the budget.

When reading the chart, the bills that achieved final passage will say returned passed or passed enrolled. If it says anything else, it did not make it to final passage. There were a number of bills the Department assumed were going to pass that didn't and others we assumed wouldn't pass that did pass. There typically is a lot of movement at the end of the session.

Some of the bills on the chart have a designation of either signed into law or became law. Those bills reflect of the two bill signing dates that the Governor and legislative leadership had earlier this month. There is the traditional day after session signing ceremony for some bills and a signing date on April 21, 2022. The next two signing dates are Thursday, May 12, 2022 at 2 p.m. and Monday, May 16, 2022 at 1 p.m.

Ms. Alyssa Brown, Director, Office of Innovation, Research and Development, highlighted some of the final bills that passed affecting the Department (see attached chart):

- 1) **SB19/HB 229** – This bill requires the Medicaid program to cover the administration of injectable medications for treatment of sexually transmitted infections (STIs) by pharmacists. Medicaid does not anticipate a substantial fiscal impact from this bill because it is an existing covered service.
- 2) **SB 323/HB 578** – This bill regarding opioid use disorder (OUD) medications has a couple of different components to it. It includes a requirement for the Department to adopt a reporting system to monitor prescribing of OUD drugs as well as performing an annual assessment of potential barriers to treatment and prescribing of those medications and will include a new reporting requirement for the Department on an annual basis to be due to the General Assembly October 1st. The Department is further required to conduct outreach to providers to explain the benefits of prescribing preferred OUD drugs.
- 3) **HB 544/SB 600** – This bill deals with new reporting requirements for residential services agencies (RSA). They will be required to submit certain information to the Department regarding home care provided by personal care aides including whether or not they are considered an employee or a contractor of the RSA. It also includes a reporting requirement for the Department to assess its rates, determine the cost of delivery of services through RSAs as well as the employment classification information that the RSAs are submitting.

We are reviewing SB/636/HB1403 and SB 28/HB 80 together because both of these pieces of legislation have an impact on the Department and their waiver lists.

- 4) **SB 28/HB 80** – Includes a requirement for the Department to expand the Home and Community-based Services Options waiver to include 7500 participants. We currently have authority with CMS to cover 6,348 slots, of which approximately 4,286 are filled. Related to this there is also a requirement for the Department to enhance the number of mailings it conducts to waitlist individuals from 300 per month to 600 per month effectively doubling outreach. There is a requirement in seeking these additional waiver slots that we submit that request to CMS no later than October 31, 2022

- 5) **SB 636/HB 1403** – This bill has a couple of different components including a requirement for the Department to develop plans to reduce its waitlists for all the different waivers and begin providing services specifically to individuals on the Autism waiver waitlist in fiscal year (FY) 2024. This language also requires the Department to be officering services to at least 50 percent of those on the Autism waiver waitlist in particular in 2024 as well as plans to reduce the waitlist for the other waivers by 50 percent in FY 2024 as well. The Department also has a reporting requirement tied to the bill. We are required to submit our plans to the General Assembly on or before January 1, 2023 and there is language requiring inclusion of funding in the Governor’s budget to help support implementation of those plans.

These bills are being highlighted for general awareness:

- 6) **SB 207** – Implementing cyber security requirements not only for managed care organizations (MCOs) but also for commercial payers.
- 7) **SB 395/HB 413** – Extending the market stabilization fee that exists today for MCOs. This requirement was set to sunset in 2023 and now has been extended to 2028
- 8) **SB 787/HB 970** – This bill would require both MCOs and commercial insurers to remove all prior authorization requirements as they relate to post-exposure prophylaxis drugs.
- 9) **HB 6/SB 150** – This is one of the big hitters we saw pass this year. This bill requires Medicaid to cover dental services for all adults. That coverage will go into effect on January 1, 2023. The Department has started the planning process for implementation of this coverage. We anticipate rolling this out through our Healthy Smiles program so it will run through our existing dental benefits administrator, Skygen. This will continue to be a fee-for-service benefit and not offered by the MCOs. We will also be working with CMS to sunset our existing adult dental pilot that is available for full dual beneficiaries from age 21 up to age 64 because we anticipate that those individuals will be covered as part of this new expanded dental benefit.
- 10) **HB 44/SB 295** – This bill deals with reimbursement and coverage of certain services by emergency medical services transporters. This bill includes a requirement that the Department increase its reimbursement rates for emergency medical services (EMS) transports by \$50 in FY 2023. This is a one-time increase that the Department is required to maintain in subsequent fiscal years. It also includes requirements for the Department to begin to cover services where EMS treats an individual but does not transport them to a facility. That is approximately 13-15 percent of the EMS calls that are taken for Medicaid participants today so the Department will begin coverage for those services. There is language for mobile integrated health services, services delivered by EMS to individuals in their home or in other community-based settings. There is also an obligation to cover transport to alternative destination urgent care clinics. There is a requirement for MDH to work in partnership with the Maryland Institute for Emergency Medical Services System (MIEMMS) to submit a study in November 2024 on the adequacy of reimbursement rates for EMS transport as well as a reporting obligation for MIEMMS on emergency and non-emergency interfacility transports.
- 11) **SB 350** – Requires the Department to cover community violence prevention services. These types of interventions can encompass a number of different types of benefits like

screening for potential domestic violence in the home as well as more comprehensive benefits including different types of services and interventions available in a hospital setting. As drafted, the bill doesn't specifically mandate coverage of a specific benefit so the Department is in the process of doing a deep dive on the types of services that could be included in this coverage.

- 12) **HB 669** – This bill provides coverage of benefits for Doulas. The language in this bill is consistent with the benefits the Department has been covering since the beginning of this year. Not a new benefit but the bill has passed.
- 13) **SB 779/HB 1080** – This bill requires the Department to cover individuals during their pregnancy period on a prenatal basis to post-partum who do not qualify for coverage through Medicaid today because they are not lawfully present and don't meet the typical requirement for being eligible for Medicaid. This bill will have some complexities in terms of how we go about implementing it. We do have an option called the Unborn Child Option to cover individuals in this classification through a separate Children's Health Insurance Program (CHIP) program during the prenatal period and different options for covering the post-partum period as well. The Department has commenced discussions with CMS on how to go about implementing this benefit. This will be a significant expansion in terms of the types of individuals who will be able to access care.
- 14) **SB 863** – This bill relates to self-directed services through the Developmental Disabilities Administration (DDA) has also passed.

There were lots of different bills passing this year with a lot of fine print in many of these pieces of legislation. This overview will give a sense of many of the things the Department will be working on in the months to come.

American Rescue Plan Act (ARPA) Spending Plan Update

Ms. Tricia Roddy, gave the Committee a brief summary of the American Rescue Plan Act and how the Department will be reinvesting those additional federal matching dollars (see attached presentation).

Annual Dental Update

Ms. Nancy Brown, Administrator, Office of Innovation, Research and Development, gave the Committee an update on dental benefits (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

Public comments were given by Ms. Catherine Rinehart Mello on Brain Injury Waiver eligibility and Ms. Ann Ciekot of Policy Partners congratulated the Medicaid staff for legislation passed this legislative session.

Adjournment

Ms. McCann adjourned the meeting at 2:15 p.m.

