

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: **Monday**, February 27, 2023
TIME: 1:00 - 3:00 p.m.
LOCATION: GoToWebinar

MMAC meetings will continue to be held virtually through GoToWebinar only.

Please register for MMAC Meeting on February 27, 2023, 1:00 p.m. EST at:

<https://attendee.gotowebinar.com/register/2696203049575140364>

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. Quality Update
- IV. Waiver, State Plan and Regulations Changes
- V. Public Comments
- VI. Adjournment

Next Meeting: Monday, March 27, 2023, 1:00 – 3:00 p.m.
PLEASE NOTE MEETINGS WILL BE HELD ON MONDAYS DURING THE LEGISLATIVE SESSION

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

January 23, 2023

MEMBERS PRESENT:

Ms. Shannon Hall
Ms. Nicole McCann
Ms. Erin Dorrien
Mr. William Webb
Ms. Nora Hoban
Ms. Stephanie Scharpf
Ms. Jessica Dickerson
The Hon. Ariana Kelly
Ms. Marie McLendon
Rachel Dodge, M.D.
Mr. Paul Miller
Mr. Ben Steffen
Mr. Floyd Hartley
Theodora Balis, M.D.
Adeteju Ogunrinde, M.D.
Ms. Diane McComb

MEMBERS ABSENT:

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

Maryland Medicaid Advisory Committee

January 23, 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 November 17, 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.

Ms. Roddy informed the Committee that we are now under the new Wes Moore administration. The Department also has a new Secretary of Health, Laura Herrera Scott, M.D. Dr. Herrera Scott was Deputy Secretary for Public Health during the second term of the O'Malley administration, and she spent several years after that at Amerigroup, one of our Medicaid managed care organizations (MCOs). It is a delight to have someone who is already very familiar with the Department and understands Medicaid. She has sat on the CRISP board in the past and is very familiar with our Health Benefits Exchange. We look forward to working with Dr. Herrera Scott.

The federal government passed a bill in December that makes it very clear when the unwinding and redeterminations must start. It has been very confusing and frustrating when that date kept changing at the last minute. We now have a date of certainty. The Centers for Medicare and Medicaid Services (CMS) that requires us to complete the redeterminations within a fourteen-month period.

Today we have several people here from the MCOs and GKV to discuss the public health emergency (PHE) unwinding process. The Department has partnered with the MCOs to develop a comprehensive marketing plan. Our primary focus was to develop a customer-friendly strategy. GKV conducted focus groups to obtain consumer feedback. The Department wants to engage in a comprehensive communications plan.

Enrollment continues to rise, and we are currently at 1,766,508 enrolled. Pre-pandemic we were at approximately 1,400,000 enrollees. It is very important that we get the message out and let folks know how important it is to update their information and complete the redetermination process.

The legislative session has started, and the Department will give the Committee an overview of the session and the most recent legislation that is being proposed.

Legislative Session Overview

Mr. Chris Coats, Health Policy Analyst, Office of Innovation, Research and Development and Ms. Alyssa Brown, Director, Office of Innovation, Research and Development provided the Committee with an overview of the 2023 legislative session.

Mr. Coats gave the Committee a preview of the current 2023 legislative session. The legislature has been in session for approximately 2 weeks and started on January 11, 2023. So far, we have about 20 bills that we are looking at. Some are more impactful than others, but it is still very early in the session. If you will remember, for the last couple of years there were an inordinate amount of pre-filed bills because of COVID and fears the session might be cut short again. It appears that things are starting to return to normal.

Important dates to keep in mind as we move through this year's session include bill introduction deadlines, Monday, February 6, 2023, for the Senate and Friday, February 10, 2023, for the House. As a result, there will be a surge of bills introduced over the next couple of weeks. Monday, March 20, 2023, is crossover, the deadline when bills get passed out of their house of origin and sent over to the opposite house. This year Sine Die is Monday, April 10, 2023.

The Governor's budget bill was introduced Friday, January 20, 2023. Last year the Senate version was utilized. This year they will be utilizing the House version of the budget bill, HB 200.

There is a Budget Reconciliation and Financing Act (BRFA) bill this year, HB 202. Budget hearings on the Medicaid budget will be held by the House Appropriations Committee on Wednesday, March 1, 2023, at 1:00 p.m. And on Thursday, March 2, 2023, by the Senate Budget and Taxation Committee, also at 1:00 p.m.

For the benefit of new members and the new administration, there have been several briefings scheduled.

Tuesday, January 24, 2023, at 1:00 p.m. in HGO on the Total Cost of Care Model

Wednesday, January 25, 2023, at 1:00 p.m. in HGO on Behavioral Health Issues

Thursday, February 2, 2023, at 1:00 p.m. in HGO on Long-Term Care Issues

Tuesday, February 7, 2023, at 1:00 p.m. in HGO, an overview of the Medicaid Program for new members.

The biggest issue this session will probably be the surplus and how it will be used. The Governor has already said that they will not be able to accommodate all the requests received.

Ms. Alyssa Brown informed the Committee that so far, the Department is currently monitoring twenty bills. With so many hearings coming up we expect the volume of bills that we see

introduced to increase over the next few weeks and despite the trend over the last few years, we've seen a decrease in pre-file. We will share a list of bills with the Committee starting in February.

There are a few bills the Department wants to highlight that we are monitoring:

HB 82 – This bill would require the Department to begin reimbursing for school-based behavioral health services to the extent allowed by state and federal law. It also includes a component that would require the Department to begin doing administrative claiming for school-based services as well. There are a couple of issues with this that need highlighting. There are issues around CMS requirements as it relates to Medicaid in terms of providers in schools needing to meet the same licensing and credential standards as those based in the community.

In August 2022, CMS did indicate that they were planning to issue new guidance on how states can do administrative claiming for school-based services but as of today that guidance is still forthcoming. This has been a historic audit issue and the Health and Human Services Office of the Inspector General unit has asked CMS to issue new guidance in this area for states because it is a rather complicated area. The Department is waiting on that guidance.

SB26/HB 111 – This bill would require the state to begin using Supplemental Nutrition Assistance Program (SNAP) data to enroll individuals on Medicaid. Maryland has been talking to other states about how they use SNAP data for enrollment or renewal purposes including Massachusetts that has a comprehensive program and the weedier issues around citizenship documentation.

The Department has a new requirement that will be coming into play on January 1, 2024, that is part of the omnibus spending bill that Congress passed at the end of last year. This would require the Department to implement a continuous enrollment policy for children up to age nineteen whether they are enrolled in Medicaid or SNAP. We are still reviewing what those requirements and implementation could look like from a state perspective. We are tentatively scheduling a go-live for that new requirement in August 2023. We are raising this because with some of these issues around eligibility and enrollment there is some intersection and opportunities for us to continue enrollment for some of our enrollees that way.

SB 64 – is a reintroduction from a piece of legislation we saw last year (SB355) which is about HIV prevention drugs. This bill contains a couple of different components. The first part of the bill addresses certain requirements that would allow pharmacists to prescribe and dispense postexposure prophylaxis drugs to patients under certain circumstances. There are several training and documentation requirements. The bill also contains language requiring the MCOs and other insurers to lift certain requirements around prior authorization and step therapy for preexposure prophylaxis drugs. Last year HB 970 was passed restricting the MCOs ability to prior authorize postexposure prophylaxis drugs. This bill is a little different in that it deals with preexposure prophylaxis drugs rather than post prophylaxis drugs.

SB 75 – addresses certain treatment requirements for alopecia areata including requiring Medicaid to cover all U.S. Food and Drug Administration (FDA) approved drugs and treatments. This includes a requirement to cover a \$350 benefit for hair prostheses. Currently there is only one FDA approved medication for this form of alopecia which the Department covers already. The component for coverage of hair prostheses is new and Medicaid in general is restricted from the ability to cover treatments that are considered cosmetic in nature. We have some concerns about our ability to leverage state match for hair for that reason. The FDA approved medication is different because of the autoimmune implications of alopecia and the drug can treat other side effects of the disease in addition to hair loss.

SB 101/HB 48 – This is the first of what we expect to be a handful of bills related to behavioral health issues which would require the Department to implement coverage for collaborative care services. Back in 2017 a bill was passed that required the Department to establish a collaborative care pilot program which has been under way for several years now. The Department continues to evaluate that intervention. If this bill passes, we expect it would be implemented as part of the MCO benefits package as it is a primary behavioral health intervention.

Public Health Emergency Unwinding

Ms. Alyssa Brown highlighted some of the key components passed in the omnibus bill and what that means for the Department as well as the anticipated schedule for redeterminations, Mr. Andrew Robinson, Senior Vice President, GKV provided an overview of the statewide comprehensive marketing campaign related to the redetermination effort, and Ms. Kathlyn Wee, President, Board of Directors, Maryland Managed Care Association spoke on the MCOs support in the statewide redetermination campaign (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.

Public Comments

There were no public comments.

Adjournment

Ms. McCann adjourned the meeting at 2:30 p.m.