

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Thursday, July 22, 2021
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 July 22, 2021 1:00 p.m. EST at:

<https://attendee.gotowebinar.com/rt/8081023846813750800>

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.

NOTICE: THERE WILL BE NO AUGUST MEETING

AGENDA

- I. Departmental Report
- II. HSCRC Presentation: Mathematica Evaluation-Total Cost of Care Model
- III. Waiver, State Plan and Regulations Changes
- IV. Public Comments
- V. Adjournment

Next Meeting: Thursday, September 23, 2021, 1:00 – 3:00 p.m.

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

June 24, 2021

MEMBERS PRESENT:

Ms. Shannon Hall
Rachel Dodge, M.D.
Winifred Booker, D.D.S
Ms. Marie McLendon
Ms. Nora Hoban
Mr. Ben Steffen
Ms. Jessica Dickerson
Ms. Maansi Raswant
Mr. William Webb
Ms. Nicole McCann
Mr. Paul Miller
Kathryn Fiddler, DNP
Mr. Floyd Hartley
The Hon. Joseline Peña-Melnyk
The Hon. Pat Young
Adeteju Ogunrinde, M.D
Ms. Vickie Walters
Mr. Vincent DeMarco

MEMBERS ABSENT:

The Hon. Antonio Hayes
Ms. Anna Sierra
Ms. Linda Dietsch
Mr. Kenneth Garove
Ms. Robin Moore
The Hon. Matthew Morgan
Ms. Diane McComb

Maryland Medicaid Advisory Committee

June 24, 2021

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 May 27, 2021 meeting as written. Ms. McCann informed the Committee she would have to leave early and Ms. Vickie Walters would serve as interim chair in her absence.

CRISP Immunization Data Use Cases

Mr. Craig Behm, Maryland Executive Director of CRISP, a state designated Health Information Exchange (HIE), gave the Committee an update on their work during COVID with Immunet, the state immunization registry, and how they are looking at ways to leverage the data in Immunet with some of the tools specifically dubbed for COVID (see attached presentation).

Program of All-Inclusive Care for the Elderly (PACE) Data Book Review

Ms. Laura Goodman, Division Chief, MDH Office of Innovation, Research and Development, Ms. Christian Diehl, Director of Aging and Disabilities Studies and Ms. Alice Middleton, Chief of Staff, both of the Hilltop Institute gave the Committee an overview of the planned expansion of the Maryland PACE Program (see attached presentation).

Departmental Report and COVID-19 Updates

Ms. Tricia Roddy, Deputy Medicaid Director, provided the Committee with a combined Departmental report and COVID-19 update.

Enrollment continues to increase (see attached chart). We are currently serving a total of 1,600,970 Maryland residents, the majority of which are in the managed care organizations (MCOs) under the HealthChoice Program (see attached chart).

The American Rescue Plan included additional funds for home and community-based services. We will be receiving a 10 percent increase in the federal matching assistance percentage for those services from April 1, 2021 to March 31, 2022. It has been an incredibly confusing process with the Center for Medicare and Medicaid Services (CMS) in terms of getting technical assistance and guidance. CMS did release a state Medicaid Director's letter on how to calculate and begin reporting on the reinvestment of those dollars and also included what you can do with those monies.

The goal of the 10 percent increase in federal dollars is not for the state to save money. The requirement is that the 10 percent additional matching funds need to be reinvested into the program. The Maryland Legislature passed budget language that gave us direction on how to spend 75% of those reinvestment dollars. Those dollars are to be used for a one-time rate increase for providers. The Legislature directed the Department to keep those rate increases

within the various program areas. For instance, long-term care services will be reinvested back into long-term care.

The Department did share with CMS our state plan pages under the rehabilitation option and wanted to verify that in fact, all of those services will qualify. The Department has reached out to CMS multiple times requesting some guidance and clarification on this but have not heard back from them. Since we have not gotten a response, the Department is moving forward with the assumption that all of those services will qualify and our spending plan will reflect those services. Each quarter we have to update our reinvestment plan and after it ends we have two years to complete the reinvestment spending.

We are asking everyone to be patient. It has been a very complicated process with CMS. The majority of states, including Maryland, have asked for a 30 day extension to submit the spending plan due to incomplete guidance from CMS.

The Governor is sunsetting a number of executive orders and we are working with the Governor and Departmental leadership to get communications out to providers on how this might impact the various Secretary's orders we have in place. The one question we are getting from many people involves telehealth. The Department will continue delivering services via audio only. We will be following the statutory language in SB 3 and HB 123 and continue to cover audio only services.

The Department has received comments on the 1115 waiver application. The majority of the comments came in around our amendment to amend the Institutions for Mental Diseases (IMD) exclusion provisions in the federal statutory language. On the substance use disorder (SUD) side for residential treatment, Maryland has coverage now that allows us to pay for two non-consecutive 30 day stays. There were some comments about us receiving what other states have when they have these types of IMD waivers. Other states are covering an average of 30-day stays. In other states you can have unlimited stays but you cannot exceed an average of a 30-day stay (for the program as a whole). The Department has run the data and what other states use seems to be more advantageous on the psychiatric side. There does seem to be a bit of a problem on the SUD residential side, we are covering a higher length of stay than 30 days. The average length of stay is closer to 42 days. We do understand the stakeholders would prefer us moving forward with an average of 30 days so we will be changing our application, however, we do know that we may have some issues on the SUD side and we will have to manage that appropriately. CMS may initiate a penalty and only allow us to cover up to 45 days for everyone.

Redetermination – The Impact of the Public Health Emergency on Medicaid

Ms. Debbie Ruppert, Executive Director, Office of Eligibility Services, gave the Committee highlights of the Department's planned redetermination process for when the federal public health emergency ends (see attached presentation).

President Biden sent Governors a letter informing them that they anticipate the federal public health emergency ending on December 31, 2021 after which, states have six months to catchup

on redeterminations that have not occurred since the pandemic. The Department has been conducting auto-redeterminations throughout the pandemic but even if an individual did not qualify for auto-redetermination, they were not disenrolled from the Medicaid Program. This was one of the requirements for Maryland receiving the 6.2 percent additional federal match from CMS during the pandemic.

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.

Waivers – No major updates.

State Plan Amendments (SPAs) – the family planning SPA was approved on May 21, 2021. We are still working with CMS for the coverage of the administration of COVID-19 vaccinations. We received approval on June 4, 2021 for both the nursing facility rate increases and the DDA TCM rate increases. On June 9, 2021 we received approval from CMS for the 1915i rate increase SPA and on May 21 we received approval to align with what we've started covering under the federal public health emergency with updating categories of providers allowed to order home health services. On June 2, 2021 we received approval for enteral supplies and products from CMS.

Regulations – MCO access regulations are scheduled to print July 16, 2021. We are sunsetting the Value Base Purchasing Program and effective January 1 2022, the population health incentive programs for the MCOs will be implemented and printed on July 15, 2021. We are clarifying definitions and preauthorization requirements, adding coverage for medically necessary dental services for post-partum women and updating the dental fee schedule scheduled to print on July 16, 2021 as well. The final print date for the rest of the regulations on the tracker was on June 4, 2021 and they were effective as of June 14, 2021.

Public Comments

There were no public comments.

Adjournment

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