

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Monday, March 25, 2024

TIME: 1:00 - 3:00 p.m.

LOCATION: GoToWebinar

MMAC meetings will continue to be held through GoToWebinar only.

Please register for MMAC Meeting on March 25, 2024, 1:00 p.m. EST at:

<https://attendee.gotowebinar.com/register/6372087033706843735>

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. Meredith Lawler at, meredith.lawler@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. Prescriber Enrollment Phase I Updates and Phase II Implementation
- IV. Quality Update
- V. Population Health Improvement Program
- VI. Waiver, State Plan and Regulations Changes
- VII. Public Comments
- VIII. Adjournment

Next Meeting: Thursday, April 25, 2024, 1:00 – 3:00 p.m.

Staff Contact: Ms. Meredith Lawler
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**MARYLAND MEDICAID ADVISORY COMMITTEE
MINUTES**

February 26, 2024

MEMBERS PRESENT:

The Hon. Tiffany Alston
The Hon. Heather Bagnall
Ms. Shannon Hall
Rachel Dodge, M.D.
Ms. Nora Hoban
Ms. Stephanie Scharpf
Mr. Kenneth Garove
Ms. Jessica Dickerson
Kathryn Fiddler, DNP
Ms. Vickie Walters
Ms. Diane McComb
Mr. William Webb
Mr. Paul Miller
Ms. Erin Dorrien

MEMBERS ABSENT:

The Hon. Matthew Morgan
Mr. Ben Steffen
Mr. Floyd Hartley
Theodora Balis, M.D.
The Hon. J.B. Jennings
The Hon. Antonio Hayes
Winifred Booker, D.D.S
Adeteju Ogunrinde, M.D.
Ms. Nicole McCann

Maryland Medicaid Advisory Committee

February 26, 2024

Call to Order and Approval of Minutes

Ms. Vickie Walters, Interim 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 January 22, 2024, meeting as written.

Departmental Report

Dr. Ryan Moran, Deputy Secretary, Medicaid Director, Office of Health Care Financing, provided opening remarks on today's meeting agenda.

The Department continues our unwinding process. The Department had an opportunity through the budget hearings to present the fiscal year (FY) 25 budget to both the House and the Senate last week. We talked about the historic process that this has been. Through January 2024, the Medicaid Program has processed 1.25 million renewals with three months left to the unwinding period. Maryland continues to lead the country in coverage extension and coverage retention of approximately 70 percent. This data is posted on our website. The Department is asking for continued diligence of all our community partners over the next three or four months in the final process as we finish out our unwinding period.

Medicaid enrollment as of February 23, 2024, is at 1,682,376 members. Even with the conditions of the economy and other factors that play into this, enrollment is very healthy, and this speaks to the Department's work and the number of flexibilities that are in place to see the outcomes that we are seeing in comparison to other states.

Last month the Department held an open comment period for the Justice involved 1115 Waiver Demonstration. The Department received a robust rich set of responses from several different stakeholders. We are in the process of reviewing that feedback and will submit it to the Centers for Medicare and Medicaid Services (CMS) in the next few weeks. We thank everyone who attended one of our feedback sessions. This is a significant submission for the Department and our commitment to looking at re-entry and health outcomes in the broader scope of population health. When we look at the behavioral crisis and opioid related deaths, this is a key cornerstone part of the Department's strategy to look across the continuum of behavioral health care.

The legislative session is busy with the Medicaid administration tracking over 200 bills. The Department is tracking over 800 bills across all five administrations. You will receive an overview of what was presented at both the House and Senate budget hearings last week. The

budget for FY 25 did include rate increases for behavioral health, developmental disabilities, and long-term support services providers of 3 percent.

We highlighted a significant number of updates from the past eight years on our community and integration services to support individuals into pathways for stable housing, some of the work Hilltop has done evaluating that program for individuals in jurisdictions across the state that was part of that pilot as well as some of the significant outcomes related to that. We look forward to rolling that out statewide.

We have been partnering very closely with the Consortium for Community Supports on the Department's plan for school-based provider reimbursements for school psychologists and school social workers. The Budget Reconciliation and Financing Act (BRFA) bill specifically creates a new allowable use in partnership with the Consortium to allow for funding to reimburse for school-based provider services for psychologists and social workers. The Department is moving forward with the authorities from the federal government for that particular work and, we are in the process of applying for some federal dollars through a grant prioritized by the Biden administration to support local education authorities in partnership with the Maryland State Department of Education (MSDE) to really scale that particular program. This is to ensure we are creating every choice for every child in our investments of early and primary behavioral services across the continuum of care.

Legislative Update

Mr. Chris Coats, Health Policy Analyst, Office of Innovation, Research and Development informed the Committee that we are about halfway through the session. We have a chart with several of the major bills out of the 200 bills the administration is tracking (see attached chart).

We had budget hearings last week with both the House and Senate. The BRFA bills are going to be heard this week on Wednesday, February 28, 2024, in the House and Thursday, February 29, 2024, in the Senate. This year the budget bill is Senate bill 360 and BRFA bill is SB 362. Last year the House budget bill passed so this year the budget bill is in the Senate. There isn't much in the BRFA bill for Medicaid, however, they do get marked up extensively so there may be additional in the BRFA bill as we move through the legislative process.

Ms. Alyssa Brown, Director, Office of Innovation, Research and Development, reviewed the list of bills that Medicaid is tracking and highlighted several bills the Department sees year after year that look at Health Care Reform and at the potential to create some type of universal coverage in the state. These bills are both reintroductions of bills from last year. We also see a few different bills that are focused on pharmacy, dental and wage issues.

HB 127/SB 246 – Public Health – Non-Occupational Post-Exposure Prophylaxis (nPEP) Standing Order Program – Establishment – This is a departmental bill. We've seen legislation over the last couple of years on post- and pre-exposure prophylaxis in the Medicaid program. We currently do not have any type of preauthorization requirements in place for these. The

Department is supportive of this legislation, and it is in alignment with our existing Medicaid policies.

HB 340/SB 388 – Prescription Drug Affordability Board – Authority for Upper Payment Limits & Funding (The Lowering Prescription Drug Costs for All Marylander Now Act) –

This bill makes changes to the Prescription Drug Affordability Board including its membership. The Department has had a good active conversation with the Board. Medicaid has some flexibility with respect to how we negotiate drug prices, and we are generally supportive of anything that can help deal with the affordability challenges that payers across the state including Medicaid may face when it comes to prescription drug coverage.

HB 880/SB 1021 – Pharmacy Benefits Administration – Md. Medical Assistance Program & PBMs – This is a reintroduction of a bill we saw last year and a couple of years prior. There is a substantial fiscal impact. The Department did do a Joint Chairmen’s Report this last fall outlining the potential cost for this. The report is available in the reports and publications section of our website. The estimated fiscal impact is upwards of \$80 million per year.

SB 219 – Senior Prescription Drug Assistance Program – Sunset Extension – This is a departmental bill that will extend the reauthorization for this program by six years until 2030.

SB 990/HB 1423 – Md. Medical Assistance Program & Health Insurance – Step Therapy, Fail-First Protocols & Prior Authorization – Prescription Drugs to Treat Serious Mental Illness –

This bill will eliminate the ability of the Department to have any type of utilization management processes in place for these drugs. This would be a substantial change and most of these drugs are carved out from our managed care organization (MCO) benefit package except for medication induced movement disorder medications.

The Department has seen several pieces of legislation tied to long-term care which we saw introduced last year as well.

HB 39/SB 197 – RSAs – Reimbursement – Personal Assistance Services – A couple of years ago HB 544 required RSAs to begin reporting to the Office of Health Care Quality (OHCQ) on their number of employees and contractors. This is a continuation of a trend started by that legislation. This legislation is originally introduced on the House side and would take effect on October 1, 2025. There have been amendments to the Senate side with an effective date of January 1, 2026.

HB 189/SB 371 – Md. Medical Assistance Program – Personal Care Aides – Wage Reports –

This legislation has several different requirements for the Department and the Department of Labor. There have been some amendments to this legislation specifically moving certain reporting requirements to six months after the release of the finalized Ensuring Access to Services rule. This federal rule will have requirements that focus on reimbursement rates and setting minimum standards for payment for these types of services. The Department is very interested in seeing the final rule as we think it will have a big impact in terms of how we set rates for this particular provider type. We are watching this bill closely with that amended language.

SB 328/HB 462 – Funding for Wages & Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024) – There are certain provider increases on the way in FY 25.

This is a reintroduction of a bill from last year that focuses on wages and how funding is being spent on our long-term care services and support side.

SB 1057/HB 1176 – Home- & Community-Based Services Waiver – Eligibility – We would anticipate making changes not only on the waiver side but also for nursing homes in implementing this. Medicaid can't establish different standards for the community and institutional settings. We will be reviewing legislation closely. There are also provisions included in the bill requiring us to establish a certain timeline within which the Department must approve or deny waiver applications in addition to requiring our submission of a waiver amendment by October 31, 2024.

The next set of bills are classified as Other Medicaid Related bills.

HB 96/SB 117 – Health – Newborn Screening Program – Krabbe Leukodystrophy – This is a relatively rare condition that requires three different tiers of testing to establish a confirmatory diagnosis. It is typically not screened for at birth but a little later. This would be a change in our process.

HB103/SB 600 – Md. Medical Assistance Program – Dental Services – Coverage & Rate Study – This legislation is fully on in terms of study requirements.

HB 119/SB 211 – Public Health – Giving Infants a Future without Transmission (GIFT) Act – This is a departmental bill.

HB 767 – Md. Medical Assistance Program – Adult & Pediatric Dental Services – Reimbursement Rates – There is similar language in this bill in terms of establishing a rate no lower than 60% of the commercial rate. The Department is looking at the ADA standard.

HB 822/SB 790 – Md. Medical Assistance Program – Employed Individuals w/ Disabilities – These two pieces of legislation look a little different in the cross file but fundamentally both would require changes to the EID program. We made changes to the EID program effective January 1, 2024, lowering the eligibility age already from 18 to 16 years old, eliminating income requirements and disregarding all retirement accounts for participants, creating a flexibility for an independence account for participants, disregarding spousal income and assets as part of determining eligibility for applicants and setting new premium levels. This would go further past what we did in January 2024 in terms of expansions to the program.

HB 1051/SB 1059 – Maternal Health – Assessments, Referrals & Reporting (Md. Maternal Health Act of 2024) – Currently on the Medicaid side, the prenatal risk assessment form is submitted during a pregnant woman's first prenatal appointment. This legislation would change that requiring it to be submitted not only at the first appointment but also in the third trimester as well as language requiring submission of a postpartum form that is currently not in place specifically the Postpartum Infant Maternal Referral (PIMR) form. That form is not a requirement for Medicaid today. Additionally, it would make submission of the PIMR form payment for high-risk deliveries by Medicaid, contingent on submission of that form.

HB 1078 – Md. Medical Assistance Program – Remote Ultrasound Procedures & Remote Fetal Non-Stress Tests – The Department reads this bill as being in alignment with our existing telehealth policy.

HB 1137 – Md. Medical Assistance Program & Health Insurance – Required Coverage for Calcium Score Testing – This is an existing covered service for the Medicaid program today.

HB 1376 – Md. Medical Assistance Program, MCHP & Health Insurance – Special Pediatric Hospitals – This would be a change for the Department.

SB 124/HB 400 – Md. Medical Assistance Program & Health Insurance – Annual Behavioral Health Wellness Visits – Coverage & Reimbursement – The Department interprets this legislation as being consistent with our existing coverage requiring both Medicaid and commercial plans to cover annual behavioral health and wellness visits. Our MCOs are responsible for primary behavioral health care. Specialty behavioral health care is carved out of that benefit package.

SB 212/HB 1048 – Behavioral Health Advisory Council & Commission on Behavioral Health Care Treatment & Access – Alterations – This is a departmental bill requiring a review of the carve out structure we have in place today and looks at other opportunities for integration of somatic and behavioral health services.

SB 594/HB 986 – Md. Medical Assistance Program – Coverage for the Treatment of Obesity – This legislation would have a substantial fiscal impact. There is a new class of obesity drugs with an associated cost that would cause substantial fiscal impact for the Medicaid program.

SB 614/HB 865 – Md. Medical Assistance Program & Health Insurance – Coverage for Orthoses & Prostheses – While the Department does cover orthotics and prosthetics in many circumstances today, there is a portion of this bill specifically requiring coverage for well body types of orthoses and prostheses. That could be the type of adaptive equipment to enable a person with limb loss to run, swim, bike, weightlift, etc. There is also a lot of fine print in this bill in terms of prior authorizations, limitations, and restrictions on the utilization management side.

SB 716/HB 1036 – Md. Medical Assistance Program – Maternal Fetal Medicine Services – Reimbursement – This legislation is very prescriptive and includes several CPT codes where this change would be mandated. Please note that these codes are different than the standard evaluation and management codes, so they are outside of that code set. The Department expects there will be a fiscal impact to implement this.

SB 876/HB 1040 – Md. Medical Assistance Program – Limited Behavioral Health Services – This is something a couple of other states have implemented. It poses some operational challenges in a state like Maryland where we have a carve out and our system is largely driven specifically by diagnosis code. The Department is watching this legislation closely.

SB 988 – Md. Medical Assistance Program – Self-Directed Mental Health Services – Pilot Program – This bill would require an identical set of services to what is available through our self-directed DDA waiver but for individuals with certain mental health diagnoses. There are some additional services permitted as well as part of that pilot including rental assistance and other things we just don't cover through the DDA waiver. None of the services proposed in this legislation are covered through Medicaid today so there is a substantial operational cost to implementing something that looks like this.

Mr. Coats added that the legislation listed on this chart has either had a hearing or is going to have a hearing and some bills have been voted on. We have about three more weeks before we reach crossover which is the next big hurdle in the session. Once we get through all the first reader hearings in the middle of March, we'll start to see a lot of these bills voted on and when we get to and through crossover, we'll be able to see what we're working on moving forward.

Medicaid Budget

Ms. Jennifer McIlvane, Director of Finance – Medicaid, gave the Committee a brief update on the FY 25 Medicaid budget (see attached handout).

Waiver, State Plan and Regulation Changes

Mr. Lucas Rodriguez, Medicaid Provider Services, gave the Committee a status update on waivers, regulations, and state plan amendment changes (see attached handouts).

Public Comments

There were no public comments.

Adjournment

Ms. Walters adjourned the meeting at 1:50 p.m.