

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: **Thursday**, April 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 April 25, 2024, 1:00 p.m. EST at:

<https://attendee.gotowebinar.com/register/1814869721807873118>

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.

AGENDA

- I. Departmental Report
- II. Post-Session Legislative Wrap Up
- III. AHEAD Model Overview and Application
- IV. Primary Care Alignment
- V. Waiver, State Plan and Regulations Changes
- VI. Public Comments
- VII. Adjournment

Next Meeting: Thursday, May 23, 2024, 1:00 – 3:00 p.m.

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

March 25, 2024

MEMBERS PRESENT:

The Hon. Tiffany Alston
The Hon. Heather Bagnall
Winifred Booker, D.D.S
Adeteju Ogunrinde, M.D.
Ms. Nicole McCann
Rachel Dodge, M.D.
Ms. Nora Hoban
Ms. Stephanie Scharpf
Mr. Kenneth Garove
Kathryn Fiddler, DNP
Ms. Vickie Walters
Ms. Diane McComb
Mr. William Webb
Mr. Paul Miller
Ms. Erin Dorrien
Mr. Ben Steffen

MEMBERS ABSENT:

The Hon. Matthew Morgan
Ms. Shannon Hall
Ms. Jessica Dickerson
Mr. Floyd Hartley
Theodora Balis, M.D.
The Hon. J.B. Jennings
The Hon. Antonio Hayes

Maryland Medicaid Advisory Committee

March 25, 2024

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 February 26, 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.

Today the Committee will be receiving a report on the legislative session and the work the Department has been doing in partnership with the legislature. Medicaid is following 175 bills and over 800 pieces of legislation are being monitored by the Department. We are closely monitoring what has passed and it will be a pretty busy interim for the Medicaid program in advance of the 2025 session. As we look ahead, there are several studies and reports that were passed or are on their way to passage ranging from expansion of dental services, looking at anesthesiology, reimbursement rates, and looking at federal access rules.

We are in our final push for redeterminations and our unwinding. We are in the final 60 days of our unwinding period. Enrollment as of March 22, 2024, is 1,683,891. With vigilance and due diligence, we will finish the unwinding strong and continue the success of the Medicaid Check-In program moving forward.

On February 21, 2024, the country experienced a pretty large disruption related to Change Healthcare. Other states likely had a higher impact to these items for their Medicaid programs. States like Maine and Utah use Change Healthcare as their primary claims process for their point-of-sale pharmacy claims for example. Maryland was not implicated to that degree but certainly we recognize that providers across the state as well as our managed care organizations (MCOs) use Change Healthcare to receive information to varying degrees.

Over the past 35 days, we have been focused in on a collaborative effort with the Department, the Maryland Hospital Association, the Maryland Insurance Administration, the Health Services Cost Review Commission, and other stakeholders to stand up a response for providers who may be impacted by this situation. We have sent out comprehensive updates on our website where we are posting real-time updates on what we get from the Centers for Medicare and Medicaid Services (CMS), Change Healthcare and other national partners in this space. You can access those updates at: <https://health.maryland.gov/mmcp/Pages/updates-change-healthcare.aspx>

We have also stood up a process and a survey by which we could reach out to providers who may have been impacted by using Change Healthcare as one of their switch vendors if they are using clearinghouses to get information and assist them at the Department in moving to another electronic data interchange (EDI) to support them on the fee-for-service side. We've also worked closely with our MCOs for providers that may have been impacted to ensure they had a process in place to advance payments if that was necessary for providers that needed relief in that regard. All of them now have a process and all of them are providing some degree of support to providers in their networks that need support.

Ms. Tricia Roddy added that while the work of the legislative session is going on, the state and several stakeholders came together and submitted an application to the Center for Medicare and Medicaid Innovation (CMMI) on the Advancing All-Payer Health Equity Approaches and Development (AHEAD) model on March 18, 2024. We will provide the Committee with a copy of the application and will give the Committee an update at the April meeting on the process and how the work groups and discussions will continue moving forward.

Legislative Update

Mr. Chris Coats, Health Policy Analyst, Office of Innovation, Research and Development informed the Committee that we are about two weeks away from the end of session. Sine Die is Monday, April 8, 2024.

Medicaid has been tracking 186 bills total for this year's session. Now that bills have crossed over to the other house, many bills on the chart are moving. For today's meeting we will highlight those bills that may make it to final passage (see attached bill chart).

SB 362/HB 352 – **Budget Reconciliation & Financing Act of 2024 (BRFA)** – The Senate passed their version that largely tracked with the Governor's budget submission. The House took a different approach and passed their version over the weekend. They are going to conference this week to try and work out the differences. The deadline for the final passage of the budget is next Monday, April 8, 2024. There isn't much in the BRFA bill for Medicaid this year. We will see if they add any new Medicaid provisions upon final passage.

HB 127/SB 246 – **Public Health – Non-Occupational Post-Exposure Prophylaxis (nPEP) Standing Order Program – Establishment** – This is a Departmental bill that passed favorable in the Finance Committee with no amendments before crossover.

SB 18/HB 76 – **Health Occupations – Pharmacists – Administration of Vaccines** – This bill passed before crossover without amendments.

SB 219 – **Senior Prescription Drug Assistance Program – Sunset Extension** – This is a Departmental bill that passed well in advance of crossover and continues to move forward.

HB 39/SB 197 – **RSAs – Reimbursement – Personal Assistance Services** – The House version passed without amendments. The Senate version passed with a different effective date of January 1, 2026 that cleared HGO without changes.

HB 189/SB 371 – **Md. Medical Assistance Program – Personal Care Aides – Wage Reports** – This bill would require agencies to report to the Department of Labor by September and the Department of Health would have to report to the legislature on actions implementing a federal rule related to that.

HB 96/SB 117 – Health – Newborn Screening Program – Implementation of Testing – The Senate version of this passed with the removal of references of Krabbe leukodystrophy and amended it to require the Department to implement testing for a core condition within 18 months after it is added to the Recommended Uniform Screening Panel.

HB 103/SB 600 – Md. Medical Assistance Program – Dental Services – Coverage & Rate Study – Both of these bills passed without amendments.

HB 767 – Md. Medical Assistance Program – Adult & Pediatric Dental Services – Reimbursement Rates – Instead of passing this bill they passed the above bills HB103/SB 600.

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

HB 822/SB 790 – Md. Medical Assistance Program – Employed Individuals with Disabilities – This bill passed with amendments that basically make it track with what we implemented in January. This makes it match what we are currently doing. Both passed before crossover.

HB 1051/SB 1059 – Maternal Health – Assessments, Referrals & Reporting (Md. Maternal Health Act of 2024) – Both of these bills passed before crossover.

HB 1078 – Md. Medical Assistance Program – Remote Ultrasound Procedures & Remote Fetal Non-Stress Tests – This bill passed without amendments before crossover. The Department supported this bill.

HB 1521 – MCHP – Eligibility & Administration – This is a Departmental bill that updates the MCHP statute so that it conforms with what is currently being implemented. This bill passed before crossover and will be heard in the Finance Committee tomorrow.

SB 212/HB 1048 – Behavioral Health Advisory Council & Commission on Behavioral Health Care Treatment & Access – Alterations – Both of these bills passed before crossover.

SB 594/HB 986 – Md. Medical Assistance Program – Coverage for the Treatment of Obesity – Required Study – This bill was converted to a study with a report due at the end of this year.

SB 614/HB 865 – Md. Medical Assistance Program & Health Insurance – Coverage for Prostheses (So Every Body Can Move Act) – The Senate bill that passed was amended to require coverage of prostheses only by January 1, 2025. There would be a reporting requirement as well.

SB 741/HB 771 – Public Senior Higher Education Institution – Pregnant & Parenting Students – Plan Requirements (Pregnant & Parenting Support Act) – This bill passed out of the House before crossover.

We will see what finally makes it to final passage. Every year there are some bills that make it to crossover and end up not passing and others that don't like they are going to move and end up passing both houses very late in the session on the last day. At the next MMAC meeting we will review what has passed and what the Department will be implementing after session.

Prescribing Practitioner Enrollment Phase I Updates and Phase II Implementation

Mr. Ben Wolff, Division Chief for Provider Compliance, Medicaid Provider Services, and his team work on the federal ordering, referring and prescribing provider enrollment requirement. Mr. Wolff gave the Committee a brief update on prescriber enrollment and policy changes (see attached handout).

Quality Update and Population Health Improvement Program

Ms. Monchel Pridget, Deputy Director, Managed Care, Medical Benefits Management, gave the Committee an update on Quality and the Population Health Improvement Programs (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

Ms. Jeneva Stone gave public comment on the proposed regulation changes to the Rare and Expensive Case Management program (REM).

Adjournment

Ms. McCann adjourned the meeting at 2:20 p.m.