MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Thursday, October 26, 2017
TIME: 1:00 - 3:00 p.m.
LOCATION: Maryland Department of Health
201 W. Preston Street, Lobby Conference Room L-3
Baltimore, Maryland 21201

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AGENDA

I. Departmental Report
II. Provider Network Directory Secret Shopper
III. Enrollment/Mail Returns Update
IV. Health Benefits Exchange Update
V. Waiver, State Plan and Regulations Changes
VI. Behavioral Health System Report
VII. Public Comments
VIII. Adjournment

Date and Location of Next Meeting:
Thursday, November 30, 2017, 1:00 – 3:00 p.m.
Maryland Department of Health
201 W. Preston Street, Lobby Conference Room L-3
Baltimore, Maryland 21201

Staff Contact: Ms. Carrol Barnes - (410) 767-5213
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Committee members are asked to contact staff if unable to attend
MEMBERS PRESENT:
The Hon. Joanne Benson
Ms. Lesley Wallace
Ms. Susan Phelps
Ms. Shannon Hall
Rachel Dodge, M.D.
Winifred Booker, D.D.S
Ms. Grace Williams
Ms. Donna Fortson
Ms. Uma Ahluwalia
Mr. Floyd Hartley
Judy Lapinski, Pharm.D
Ms. Ann Rasenberger
Ms. Kerry Lessard
Ms. Vickie Walters
Ms. Michele Douglas
The Hon. Joseline Peña-Melnyk

MEMBERS ABSENT:
Ms. Carmel Roques
Mr. C. David Ward
Mr. Ben Steffen
The Hon. Pat Young
The Hon. Shirley Nathan-Pulliam
Mr. Norbert Robinson
Adeteju Ogunrinde, M.D.
Ms. Christine Bailey
Ms. Nicolette Smth-Bligen
The Hon. Matthew Morgan
Mr. Vincent DeMarco
Mr. Kevin Lindamood
Call to Order and Approval of Minutes
Ms. Michele Douglas, Interim 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 July 27, 2017 meeting as written. Mr. Sebastien Seydi attended the meeting for Delegate Pat Young, Mr. Evan Johnson attended for Senator Shirley Nathan-Pulliam, Mr. Matt Celentano attended for Mr. Vincent DeMarco, Ms. Aileen Tinney attended for Ms. Carmel Roques, and Ms. Vesta Kimble attended for Ms. Nicholette Smith-Bligen,

Departmental Report
Ms. Tricia Roddy, Director, Maryland Department of Health (MDH) Planning Administration, informed the Committee that Secretary Dennis Schrader is also currently serving as Acting Medicaid Director and will be attending MMAC meetings in the future.

The latest attempt to repeal the Affordable Care Act – The Graham-Cassidy Proposal – did not pass.

The Department is focusing on the federal Children’s Health Insurance Program (CHIP) reauthorization. We are following this very closely. What we are seeing in terms of the compromise that has been worked out seems to be good news for Maryland. The proposal reauthorized CHIP for another five years and includes the enhanced match – 88 percent – through 2019 and begins to phase out in 2020. In the event that this is not passed, the Medicaid program estimates that the program would be okay through February. We have unspent federal CHIP monies that we can use. This means we will still claim the 88 percent federal match through February. After that time, because we are a Medicaid expansion program, we would revert to a 50 percent match if we did not take other actions to change the program.

The Department received funding through Millbank to send a team to look at how other states integrate behavioral health. We are visiting Colorado and Arizona. On October 5th and 6th we will visit Arizona. On October 10th and 11th we will visit Colorado. The team consists of legislators, Simon Powell from the Maryland Department of Legislative Services (MDDLS) and staff from the Behavioral Health Administration and Medicaid Programs

The Finance Administration has worked hard on developing the managed care organizations (MCO) capitation rates for next calendar year – 2018. The process ended in August. The Department held one-on-one meetings with the MCOs. All the MCOs have agreed to participate next year. In addition, we have a new MCO, Aetna, coming on board in the next month or two.

In the 1115 HealthChoice application, we received approval to operate two pilot programs. These two pilots leverage local funds -- one pilot centers around housing support services and the other pilot program centers on high-risk pregnant women. The Department asked the locals
to apply for the pilots and no selections have been made and no money has been allocated yet. However, for the pilot for pregnant women, we received applications from Baltimore City, and Harford County. For the housing support pilot, we received applications from Montgomery and Cecil Counties and Baltimore City.

Last year the Department conducted an evaluation of the MCO provider network directories. We have the results from that evaluation and those results will be reviewed at the next MMAC meeting as well.

The Maryland Health Insurance Coverage Protection Commission is a three year commission the General Assembly established to look at the potential impact of the repeal of the Affordable Care Act (ACA). The next meeting is on December 5, 2017 from 1-3 in Annapolis. You can see the agenda and the archived footage of meetings on the General Assembly website.

Mr. Travis Gayle, the new Montgomery County Health Officer was introduced to the Committee.

A motion was made to send a thank you letter to the Governor for not supporting the Graham-Cassidy bill. The motion was seconded and after discussion, the motion carried unanimously.

**Budget Update**
Ms. Audrey Parham-Stewart, Director, MDH Office of Finance, introduced Mr. Jordan Butler, the new CFO for the Maryland Department of Health (MDH). Ms. Parham-Stewart gave the Committee an update on the progress of the Medicaid budget (see attached presentation).

**ePREP/Provider Enrollment Update**
Ms. Molly Marra, MDH Office of Health Services, gave the Committee a brief update on the scope of the Medicaid provider enrollment system project (see attached presentation).

**MCO Shopping Demo**
Mr. Pavan Raela and Ms. Dawn Fairburn of the Maryland Health Benefits Exchange gave the Committee a demonstration of the MCO shopping feature that has recently been implemented in the Maryland Health Connection (MHC) portal. With the implementation of this project consumers that are enrolling in Medicaid thru MHC portal are able to shop and choose an MCO and provider right at the time of enrollment. Before, enrollees had to wait up to 5 days to receive an enrollment tool kit from the enrollment broker and choose one of the options, then send back or call the enrollment broker website or log onto the enrollment broker website to enroll in an MCO.

Committee members recommended that a feature be added that lets the enrollee know it is not required, but prompts the enrollee to select a primary care provider (PCP) if they choose.

**Waiver, State Plan and Regulation Changes**
Ms. Jill Spector, Director, HealthChoice and Acute Care, gave the Committee the highlights of several regulation and state plan amendment packages that have just been adopted.
Regulations

10.09.27 and 10.09.47 – These regulations changed many of our hospital regulations and put them all together. These regulations were approved three days ago.

Community-based SUD 10.09.80 – The purpose of this proposal is to add references to COMAR 10.63 as set of regulations from the Behavioral Health Administration (BHA) that outlines requirements for behavioral health providers. These regulations will require Medicaid providers to be in compliance with the BHA regulations. These were also adopted this Monday.

Pharmacy 10.09.03 – The purpose of this proposal is to update the Departments reimbursement methodology to pharmacy providers as required by the Centers for Medicare and Medicaid Services (CMS) covered outpatient drug final rule. That mandates the transition from an estimated acquisition cost to an actual acquisition cost as the basis for the state Medicaid pharmacy ingredient cost reimbursement. This was also adopted this Monday.

State Plan Amendments

There have been a number of state plan amendments (SPAs) that have been adopted or approved over the last couple of months. The most recent ones include:

1. Pharmacy reimbursement for covered outpatient drugs. This SPA goes with the above mentioned regulations
2. Adding remote patient monitoring (telemedicine) as a covered service to reduce hospital readmission and emergency visits. This is effective January 1, 2018
3. Developmental Disabilities Administration (DDA) targeted case management rates were updated for FY 2018
4. Changes were made under advanced practice nursing to combine nurse practitioners, nurse anesthetists and nurse mid-wives to align with the regulations

Behavioral Health System Report

No report given.

Public Comments

Ms. Pattie Archuleta, Parents Place of Maryland expressed appreciation for the Department expanding coverage for adaptive car seats.

Ms. Kathleen Loughran, Amerigroup, provided comments on the enrollment process.

Adjournment

Ms. Douglas adjourned the meeting at 3:00 p.m.