

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Thursday, September 27, 2018

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

LOCATION: Department of Health and Mental Hygiene
201 W. Preston Street, Lobby Conference Room L-3
Baltimore, Maryland 21201

AGENDA

- I. Departmental Report
- II. Managing Provider Partnerships Quality Project
- III. Maryland Primary Care Program
- IV. Waiver, State Plan and Regulations Changes
- V. Public Comments
- VI. Adjournment

**Date and Location of Next Meeting:
Thursday, October 25, 2018, 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

**MARYLAND MEDICAID ADVISORY COMMITTEE
MINUTES**

July 26, 2018

MEMBERS PRESENT:

Ms. Susan Phelps
Ms. Shannon Hall
Adeteju Ogunrinde, M.D
Ms. Donna Fortson
Mr. Floyd Hartley
Mr. Vincent DeMarco
Ms. Vickie Walters
The Hon. Shirley Nathan-Pulliam
Winifred Booker, D.D.S
Ms. Grace Williams
Ms. Linda Dietsch
Ms. Isabella Firth

MEMBERS ABSENT:

The Hon. Matthew Morgan
Judy Lapinski, Pharm.D
Mr. Ben Steffen
Ms. Michele Douglas
Travis Gayles, M.D.
Ms. Carmel Roques
Mr. Norbert Robinson
The Hon. Pat Young
Rachel Dodge, M.D.
The Hon. Joanne C. Benson
The Hon. Joseline Peña-Melnyk
Ms. Christine Bailey
Ms. Kerry Lessard
Ms. Netsanet Kibret
Mr. C. David Ward

Maryland Medicaid Advisory Committee

July 26, 2018

Call to Order and Approval of Minutes

Ms. Vickie Walters, 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 June 28, 2018 meeting as written. Ms. Megan Renford attended the meeting for Mr. Ben Steffen and Ms. Cesiha Fuentes attended for Delegate Joseline Peña-Melnyk. The Committee welcomed new members Ms. Isabella Firth and Ms. Linda Dietsch.

Departmental Report

Mr. Dennis Schrader, COO and Medicaid Director, informed the Committee that the Department will hold off on filling Ms. Susan Tucker's vacancy until after the Organizational and Improvement Diagnostic is completed and all recommendations have been reviewed. In the meantime, Mr. Schrader will be standing in Ms. Tucker's shoes until that time.

Proposed 1332 Waiver

Ms. Michele Eberle, Executive Director, Maryland Health Benefit Exchange, gave the Committee an overview of the proposed 1332 State Innovation Waiver for Reinsurance Program (see attached presentation).

Public Consulting Group

Mr. Richard Albertoni, Mr. Sean Huse and Ms. Lisa Lee of Public Consulting Group (PCG), introduced themselves to the Committee and gave an overview of their backgrounds. PCG has been brought on for a four month engagement to help the Maryland Department of Health (MDH) focus on a diagnostic of the Medicaid Program and to look at organization, major processes and to give the Department recommendations on things that they can do to improve. In the month of July we have done an organizational 360, in August the Department will start prioritizing based on the interviews in areas where we want to do some more work and in September the Department will have an opportunity matrix to determine where the highest payback opportunities to focus on are and in October a report will be generated.

Mr. Albertoni informed the Committee that PCG will conduct a program review of Medicaid but not an audit. It looks at the program from the ground up and meet program staff and individuals outside of the program to gather information from all sides in a 360 approach to learn about what Medicaid is currently doing, what some of its bigger challenges and based on PCG's experience how it compares to best practices in other states as PCG is involved in approximately 35 Medicaid Programs nationwide in a wide variety of different areas. The study asks what are the business functions of the Medicaid Program, what is Medicaid intended to do and how does it do those things? Across the country there are a lot of commonalities to how states approach that. We will also be looking at individual programs in Medicaid and how they are delivered, what is the status of those and how we can further improve those to align with best practices nationwide.

Maryland's Crisis Service System

Ms. Marian Bland, Director, Clinical Services, Behavioral Health Administration gave the Committee and overview of Maryland's Crisis Service System (see attached presentation).

MCO Auto-Assignment Policy

Ms. Patricia Rutley-Johnson, Director, Office of Eligibility, informed the Committee of a policy revision that will be implemented regarding the managed care organization (MCO) auto-assignment process. Currently, consumers applying for modified adjusted gross income (MAGI) Medicaid coverage through the Maryland Health Connection (MHC) who are eligible for HealthChoice enrollment have 28 days to select a managed care plan before they are auto-assigned by our Medicaid Management Information System (MMIS).

In an effort to enroll MAGI consumers into an MCO sooner, effective on July 30, 2018, the Department will implement a new policy which is going to require eligible consumers to select their managed care plan in the online system by 6 p.m. the next calendar day or they will be auto-assigned by the system. This change reduces the time a consumer has to select an MCO from twenty eight days to one day.

The policy revision will allow consumers to be enrolled in an MCO 60% sooner than they are today. Traditionally, consumers who are auto-assigned to an MCO don't get enrolled in an MCO for up to 38 days. This new policy will allow consumers to be enrolled in an MCO within 10-12 days. The benefits of the new process include consumers being able to access MCO benefits and services sooner and it will be a more cost effective approach for the Department since providing care in the managed care program is more cost effective than rendering services via the fee for service model

The policy is only applicable for MAGI consumers and does not include anyone in the aged, blind, disabled category whose eligibility is determined through the Client Automated Resource and Eligibility System (CARES) or through the Department of Human Services. This group, which is approximately 25% of the total population enrolled in the HealthChoice Program will still have 28 days to enroll.

Today we have about 25-30% of the MAGI population that fail to self-select a plan so the target population for the new policy will be consumers in this group. This population is not coming back to select an MCO after 7 or 14 days even though the Department sends them a 10 day reminder notice that says you have until X date to enroll in the current process.

Consumers that are auto-assigned will be permitted to change MCOs within 90 days as long as they are not hospitalized. Consumers who are initially enrolled in MCOs and voluntarily select a plan will be allowed to change MCOs within 90 days unless hospitalized. If the consumer who is eligible to change elects not to within the 90 days, they must remain with their MCO for 12 months before they can change again. To accommodate the policy change, the Department has made revisions to the MCO shopping module messaging to inform consumers. Today when a consumer clicks the "Skip my MCO selection" radio button, a pop-up message appears that tells

them have 28 days to select an MCO. The message actually calculates and displays the date the consumer must select by. The new pop-up message will advise the consumer they have until 6:00 p.m. the next calendar day to choose an MCO or they will be auto-assigned by the State. We have also made the appropriate revisions to any external materials, for example, information that resides on MHC or the MDH websites. All of our MCOs and external stakeholders have been engaged in the process and they are informing their customers as necessary. Additionally, the Maryland Health Connection Call Center staff have been properly trained on the new policy that becomes effective on July 30, 2018.

The Department will be closely monitoring the process and will perform analyses in the upcoming months to assess the impact and calculate the cost savings.

Waiver, State Plan and Regulation Changes

Mr. Mark Leed, Director, Long Term Support Services, Office of Health Services, informed the Committee that the Department has a number of regulations that are in process many of which are going through technical and rate changes as a result of legislation that passed during the recent session. We also have five chapters that are in comment period on pharmacy, MCOs physician services, dental services and audiology services.

All of the state plan amendments that were previously discussed have been approved and we have three new state plan amendments (SPAs) that have been submitted to the Center for Medicare and Medicaid Services (CMS) this month on family planning, targeted case management for the Developmental Disabilities Administration (DDA) and special psychiatric hospital rates.

Medicaid Behavioral Health Update

Ms. Rebecca Frechard, Office of Health Services, Medicaid Behavioral Health Division, informed the Committee of the following:

- 1) Crisis Services: Under the Behavioral Health Administration's (BHA) leadership addressing the need for points of access to crisis services. The workgroups have been productive and recommendations from the workgroup are in progress. The Department has heard the concerns from providers around access in some shortage areas of the state and BHA is working on ways to address gaps in services and conducting an analysis to improve access to care for behavioral health services.
- 2) Adult Residential Substance Use Disorder (SUD) Services Update: The Department met with the adult residential 3.1 level providers to share the proposed services and regulations to be implemented 1/1/2019. Adding this level of care will complete the continuum of care for substance use disorder for adults as permitted under the 1115 Waiver. The regulations should post in about 60 days in the Maryland Register. While the Department anticipates receiving comments we believe that overall the response will be positive and that adding this service level will be meaningful to the continuum of care in Maryland. The BHA is working towards addressing the needs of those individuals who do not meet residential level of care but still have that need of supported housing.

Public Comments

Ms. Pattie Achellete made comments on the crisis service system.

Adjournment

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