

Consumer Subcommittee of the MAAC
March 23, 2022

Consumers present: Sonia Brookins, Lauren Bennett, Lauren Henderson, Liz Healey, Meghann Luczkowski, Marsha White-Mathis, Rochelle Jackson.

Laval Miller-Wilson, Counsel to the Consumer Subcommittee, called the meeting to order at 1:03pm.

The December 2021 and January 2022 minutes were approved.

I. OMAP Report

Sally Kozak, Deputy Secretary for the Office of Medical Assistance Programs (OMAP), provided the updates for OMAP. She began by congratulating the Consumer Subcommittee on the award they received last night at the 2022 PLAN Excellence Awards.

Proposed Medicaid Budget, FY 2022-2023

The total Medicaid budget for Fiscal Year 2022-2023 is \$25.1 billion. This is reflective of both federal and state funds as well as lottery, tobacco settlement funds, and cigarette tax. The state funds component is just over \$5.8 billion. There is a 5% overall decrease in the budget, which is anticipated due to the end of the public health emergency, but this budget represents no reduction in Medicaid services.

The capitation budget for physical health and behavioral health is \$20.2 billion. There is \$2.7 billion allocated for Fee for Service. The CHIP program is \$447 million, or about 2% of the total budget. Medicare Part D is \$1 billion. MATP accounts for 1% of the budget at about \$155 million. The rest of the budget falls into the "Other" category and represents about \$0.6 billion.

The link to the full bluebook was shared in the GoToMeeting chat:

<https://www.dhs.pa.gov/docs/Publications/Documents/Budget%20Information/2022-23-DHS-Blue-Book.pdf>.

State Fund Appropriation

The state fund appropriation is \$3.9 billion. There was a state fund increase of about 14% that went into capitation for this year. These funds support the HealthChoices

Physical Health program, including estimated enrollment of more than 2.9 million recipients, actuarially sound rates, medical and pharmaceutical services, enhanced quality initiatives, Opioid Use Disorder Centers of Excellence, Pay for Performance incentives, integrated care initiatives, and community-based care management. OMAP's ARPA HCBS Spending plan focuses on private duty nursing, and most of this will be paid through capitation.

Significant Changes within the Capitation Appropriation include Medicaid Expansion, increase in state funds to support rate increases for the PH and BH MCOs, increases in state funds because the public health emergency expires in April 2022, lower enrollment due to higher minimum wage, and enhanced FMAP.

Fee for Service

The Fee for Service state fund appropriation is \$664 million. There are significant changes within the FFS appropriation, including changes in caseload and utilization including prescription drugs, increase in annualization of the pediatric shift nursing rates, and increase in costs and clients eligible for payment of Medicare Part A and B premiums.

CHIP Appropriation

For the FY 2022-2023 CHIP Appropriation, DHS executed sole source amendments with the eight existing MCOs through June 30, 2022. The monthly enrollment for March 2022 is 142,792, including 53% Free CHIP, 36% Subsidized CHIP, and 11% Unsubsidized CHIP. CHIP's enrollment has decreased by 23% from March 2020 to March 2022. The decrease began in June 2020 due to the COVID-19 public health emergency. Top reasons for the decrease include CHIP recipients becoming enrolled in Medicaid, reported income below program income limits, the child not meeting the age requirements for CHIP, and the child having private health insurance.

Kyle Fisher, Counsel for the Consumers, asked if there is continued movement to integrate CHIP and Medicaid enrollment. Ms. Kozak said yes, the state is moving to transition eligibility determinations for CHIP into eCIS based on the recent managed care Final Rule. The anticipated effective date is January 1, 2023. Ms. Kozak offered to do a future more in-depth presentation on this topic.

Mr. Miller-Wilson asked about procurement for CHIP. He also asked about leadership changes within the CHIP program office. Ms. Kozak stated the CHIP program will be reprocured sometime between now and July 2024. Internal conversations are happening about how this will happen and OMAP will provide more information and target dates as we move forward. Patricia Allen retired from her position as Executive Director of CHIP a few weeks ago. Nicole Harris has been named interim Executive Director of the CHIP program.

MATP Appropriation

The state Medical Assistance Transportation Program (MATP) Appropriation is \$66.8 million. Part of this budget comes from lottery funds. The same county-based program will be maintained for Fiscal Year 2022-2023.

Sonia Brookins, Chair of the Consumer Subcommittee, asked when the MATP subcommittee will start up again. Ms. Kozak will follow up about this.

Other Appropriations

Other appropriations for Fiscal Year 2022-2023 include continued funding for hospital payments including Obstetrical and Neonatal services (\$3.6 M), Hospital-Based Burn Centers (\$4.4 M), Critical Access Hospitals (\$13 M), and Trauma Centers (\$8.6 M), the uncompensated care fund, as well as increased funding for Medical Assistance for Workers with Disabilities (MAWD) by about 5%.

Overall Budget Priorities for FY 2022-2023

During Fiscal Year 2022-2023, OMAP plans to prioritize the following budget areas: 1) HealthChoices Procurement targeted for July 1, 2022; 2) Public Health Emergency Unwinding (currently targeted to end on April 16, 2022 yet President Biden notified Congress of his intent to extend beyond that); 3) MATP; 4) Quality/Outcomes in the following areas: Value-Based Purchasing; Social Determinants of Health; Pediatric Complex Care; Maternal-Child Health (including postpartum eligibility expansion effective April 1, 2022 and maternal home visits); and Centers of Excellence, and 5) Medicaid Management Information Systems Modernization (MMIS).

HealthChoices Procurement

The state is still looking at a July 1, 2022 implementation date. The go/no go date is April 1, 2022. The MCOs continue to submit documents to the state for readiness review and the state feels in a good position to make a go/no go decision on April 1. The bulk of the information coming in currently is around network adequacy. Ms. Kozak is not able to say more about the progress toward readiness review at this time.

Mr. Miller-Wilson noted that a communication will be sent to all 2.7 million Medicaid consumers regarding the new HealthChoices plans, and the Consumers are mindful of readiness and choices the consumers have as well as the importance of this transition.

Ms. Brookins suggested revisiting the April 1 go/no go date so that all MCOs are ready at the same time. Ms. Kozak stated there are rules around some of these potential concerns.

Mr. Miller-Wilson clarified that the Consumers are trying to find out how much of a gap currently exists in readiness review and/or network adequacy. Ms. Kozak stated there are procurement rules and contingency plans in place. She shared that all plans knew what it would take to meet readiness review. Beyond that, OMAP will follow the procurement rules that were included in the RFA.

Deb Shoemaker, Chair of the MAAC, noted she is concerned on behalf of consumers as to whether the April 1 go/no go date will mean that certain plans are left out. There is a hope that all plans can start at the same time. Ms. Kozak noted that any communication that will be sent to consumers will be accurate and will reflect the plans that have been given approval to move forward.

Mr. Miller-Wilson asked if Consumers could hear more about this next week when the data is available. Additionally, the Consumers are willing to provide additional input if OMAP is receptive. Ms. Kozak will have her assistant reach out to Mr. Miller-Wilson to schedule a call with him and Ms. Brookins.

Mr. Miller-Wilson noted that the Consumers are concerned about the Collective Bargaining Agreement provision in the new HealthChoices Agreement. Is there any data from MCOs about which providers may be leaving as a result of the new CBA provision? Ms. Kozak said OMAP is still receiving the information to make the go/no go decision by April 1.

Mr. Miller-Wilson asked if the CBA provision applies to hospital-affiliated physician practices. Ms. Kozak said this will depend on what OMAP sees when they do their network adequacy analysis.

Mr. Miller-Wilson asked what happens to children with commercial coverage as primary and Medicaid as secondary if the CBA provision goes into effect for that child's hospital, thus making it excluded. Would the consumer be on the hook for those likely high copays and coinsurance? Ms. Kozak stated that Medicaid is the payor of last resort. OMAP's goal is always to ensure that beneficiaries have access to care. The provisions added to the Agreement over the years are all intended to move forward with this goal. Additionally, OMAP has always been committed to giving consumers a choice of MCOs. As we move through this process, access to care and choice remain OMAP's priorities.

Mr. Miller-Wilson thanked Ms. Kozak for being open to consumer feedback on this point.

Public Health Emergency Unwinding & Eligibility Renewals

At this point, OMAP is aware that the Biden Administration has notified Congress of their intent to extend the PHE. There has been no formal announcement of this. None is expected until closer to April 16. OMAP has heard the new PHE may only be requested for 60 days. OMAP has been doing redeterminations all along, but has not been disenrolling anyone who is not eligible.

There are close to 420,000 individuals that need to be reevaluated when the PHE ends, and there is an expectation that this number will grow to just below 600,000 by the time the PHE ends. OMAP anticipates of those 600,000 people, about 200,000 will no longer be eligible for Medicaid. Some of those will be children who will become eligible for CHIP. Other folks will be eligible for Pennie if they don't have another form of insurance. There is a warm handshake with CHIP, and there is a similar process in place between OIM and Pennie. There have been internal workgroups that have been meeting on the PHE unwinding and they will continue to meet.

Nicole Silks from the Office of Income Maintenance (OIM) spoke to Consumer questions about the MCOs syncing data with OIM to help with address updates, outreach generally, and renewals. OIM is still working through how to utilize these processes. They have watched a few CMS webinars that discuss new guidance and temporary authorities, including accepting addresses from MCOs. OIM is determining what they need to do on their end to use MCO addresses if the Department decides to pursue that avenue, and if so, how to do so in a timely

manner. Carl Feldman in the DHS policy office added that currently the CAO is always the authority of setting the address of record in eCIS, and new address information does not get fed directly from MCOs to eCIS. Right now, the MCOs identify return mail and add a flag for eCIS which alerts the CAO worker to outreach to the client and send a mailing to confirm the address within 30 days. If the CAO does not receive a new address, the MCO can then share a new address with the CAO. But the CAO is the ultimate decider of whether the address gets changed.

Mr. Miller-Wilson asked if the consumer talks to MCO to change their address, is that enough? Mr. Feldman said no, the MCO will send returned mail notices to the CAO; they cannot say immediately what the new address is via eCIS. The way the system is set up means it cannot absorb the new address right away. It can only absorb the address and send it to OIM through an alternate mode outside of eCIS, and then that information can be used so long as it can be confirmed with the consumer.

Mr. Fisher asked if there is time to fix this prior to July 1, 2022? Mr. Feldman said eCIS is set up so that the MCO cannot feed a new address into it eCIS directly; the CAO worker has to do that and in order to do that, they must first verify it with the consumer. Mr. Feldman can't say if they will be able to make systems changes by July 1, but they may be able to make use of the information they are getting about updated addresses as this process moves forward.

Mr. Fisher asked if an automated notice could be generated trying to confirm an address once a piece of returned mail is received. Mr. Feldman said when there is a new address, they are able to receive it but just not directly into the eCIS system.

Mr. Miller-Wilson suggested this conversation continue at next week's IMAC meeting.

II. OLTL Report

Jamie Buchenauer, Deputy Secretary of the Office of Long-Term Living (OLTL), provided COVID-19 and CHC updates on behalf of OLTL.

Proposed Medicaid Budget, FY 2022-2023

In the interest of time, OLTL's full budget briefing will be done at the MAAC tomorrow.

Agency with Choice

OLTL released a RFI to gather input on the implementation of Agency with Choice (AWC) on 3/11/2022. Responses are due 3/25/2022. OLTL is interested in expanding the opportunity for participant choice and self-direction by procuring a vendor to implement the AWC model of FMS.

Under AWC, the participant is supported by an agency that provides administrative functions to DCWs recruited by the participant. The AWC provider conducts all the necessary payroll functions and is responsible for employment-related functions. The AWC model expands the options for self-direction and offers more support to the participant than the fiscal and employment agent model of FMS currently in the waiver.

OLTL is working on developing an RFA to implement AWC. The goal is to have something in place for January 1, 2023.

FMS Transition

The CHC Financial Management Services (FMS) Transition from PPL to Tempus was extended to a new effective of July 1, 2022. Tempus and the CHC MCOs' priority is getting paperwork back from common law employers (participants) and their DCWs. 67% Common Law Employers and 57% of DCW have returned information (packets). Tempus is working on improving communication and trainings. There was an FMS Transition Stakeholder Meeting on March 4th and the next Stakeholder meeting is April 1st.

For those in Fee for Service (including OBRA and Act 150), OLTL is joining ODP in their Request for Proposals for a new vendor of FMS services. An RFA was released on March 10, 2022, with proposals due April 25, 2022. There will be an extension of PPL while OLTL works to transition to a yet-to-be-determined FMS vendor.

Service Coordination Entities

The Consumers were interested in learning about contract changes and terminations involving SCEs. Here are the contract changes and terminations that OLTL is aware of now:

- PHW: On February 18, 2022, Service Coord. Unlimited submitted notice that they were terminating their agreement effective March 19, 2022. All participants were transferred to another SCE No new SCE contracts were added.

- UPMC: No SCE contracts were added nor terminated.
- AmeriHealth Caritas: On December 14, 2021, A Bridge to Independence (ABI) submitted notice that they were terminating their agreement effective April 30, 2022. All participants will be transferred to another SCE No new SCE contracts were added.

There is a resource account that Ms. Buchenauer will obtain for people who are having trouble reaching Tempus or obtaining transition packets.

The meeting was adjourned at 3:00 PM.