Community Behavioral Health Association of Maryland

Public Policy Committee

June 4, 2020
Agenda

• Maryland Budget Briefing Summary
• Provider Relief Fund Summary & Next Steps
• Telehealth
• Rutherford Commission
• ASO
Revenue impact. Fiscal 2020 general fund revenues expected to fall $900 million to $1.1 billion short of estimate. This equates to about a 5% reduction in general fund revenues. Fiscal 2021 revenues expected to fall $2.1 to $2.6 billion short of estimate.

- Casino closure through June would cost the Education Trust Fund $165 million.
- Transportation Trust Fund expected to see substantial revenue losses.
- University System of Maryland estimates revenue losses through June of about $235 million.

Increased State spending on direct response to COVID-19. All aspects of public health response, small business assistance, pay increases for essential workers, overtime, etc.

Expected uptick in entitlement caseloads. March was the first time the Temporary Cash Assistance caseload increased over the same month in the prior year since the Great Recession. The April caseload grew more than 30% over the same month in 2019. No disenrollment is currently allowed from Medicaid or Temporary Cash Assistance which, combined with the recession, will push caseloads higher.
DLS Briefing | Medicaid Enrollment Trends


- Maryland Easy Enrollment; COVID-19
- IT Automation Changes
General Fund Budget Outlook with Revised COVID-19 Revenue and Entitlement Assumptions

($ in Millions)

FY 2020  FY 2021  FY 2022  FY 2023  FY 2024  FY 2025

End of 2020 Session  Reflecting Vetoes  Revenue Impact S2  Revenue Impact S4
## General Fund Budget Outlook

<table>
<thead>
<tr>
<th></th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>FY 2022</th>
</tr>
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<tbody>
<tr>
<td><strong>Closing General Fund Balance – End of Session Estimate</strong></td>
<td>$346</td>
<td>$324</td>
<td>-$626</td>
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<tr>
<td>Impact of Vetoes</td>
<td>-100</td>
<td>38</td>
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<tr>
<td>COVID-19 Revenue Impact (mid-point of BRE range)</td>
<td>-1,025</td>
<td>-2,350</td>
<td>-3,257</td>
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<tr>
<td>COVID-19 Entitlement Impact</td>
<td>-14</td>
<td>-253</td>
<td>-378</td>
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<tr>
<td><strong>Budget Savings</strong></td>
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<td></td>
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<tr>
<td>Board of Public Works Reductions (5/20/20)</td>
<td>121</td>
<td></td>
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<tr>
<td>Enhanced Federal Medicaid Match</td>
<td>275</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td><strong>Balancing Options</strong></td>
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<tr>
<td>Use Full Rainy Day Fund Balance</td>
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<td>1,152</td>
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<tr>
<td>Budget Reductions (savings from hiring freeze, reduced operating costs, charging policing and other expenses to federal Coronavirus Relief Fund, etc.)</td>
<td>100</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>Pay Fiscal 2020 Bills with Fiscal 2021 Dollars</td>
<td>250</td>
<td>-250</td>
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<tr>
<td>Additional Federal Aid</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>Smaller Fiscal 2020 Closing Balance</td>
<td>-293</td>
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<tr>
<td><strong>Revised Fund Balance</strong></td>
<td><strong>$53</strong></td>
<td>-$1,770</td>
<td>-$4,223</td>
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</tbody>
</table>
CARES Act Provider Relief Fund

Overview and advocacy actions need
CARES Act set aside $100 billion in relief for health care providers, including:

• $450M to SAMHSA for state emergency grants and CCBHC supplemental funding.
• $20B straight to hospitals.
• $50B in Provider Relief Fund.
Disbursements To Date
• April 10: $26B to Medicare providers
• April 17: $4B to Medicare providers
• April 24: Portal open to Medicare providers with Medicaid revenue
• May 21: $5B to nursing homes via national association

Disbursements to Medicaid-Only Providers
• Discussions with NAMD
• Discussions with national associations, including National Council for Behavioral Health (including survey responses)
• Possible portal opening on June 8th
CARES Act | $50B Provider Relief Fund

What We Know

• If you don’t need the money right now, it is likely you will in near future

• PRF monies can’t be spent on same expenses that PPP is applied to

What We Don’t Know

• Amount of funding, if any, that Medicaid-only providers will get

• Whether Medicare-Medicaid providers who didn’t submit in portal are excluded from further funding

• Whether Medicare-Medicaid providers who received funds are excluded from further funding

• Specific terms and conditions of any funding that may be received
Hill Day @ Home | Overview

- June 23: four hour virtual briefing on federal issues and advocacy
- June 24: online advocacy events
- Rep. David Trone (MD06) is a Legislator of the Year
- Anticipated Senate negotiations for next spending bill
ASO Transition
1. No Payment Reductions Due to Eligibility or Authorization Denials on Backlogged Claims

2. Core Functionality Needed for Claims Processing:
   a. Immediate Front-Door Claims Batch Acknowledgement.
   b. Claim Feedback with Sufficient Information to Appeal or Rework.
   c. Timeliness Ties to Receipt of Adequate, Accurate Notice.

3. Modification of Deadlines
   a. Timely Filing Waiver (12 months).
   b. Appeal Clock on Optum’s Payment of Beacon Claims.
   c. Extension of Claim Resubmit (60 days) & Payment Appeal (90 days).
   d. Impartial Appeal of Optum Decisions.

4. Invoke RFP’s FMAP Penalty
Telehealth

• National Council for Behavioral Health will be developing Telehealth Standards of Care to support continuation of telehealth post-COVID.

• CBH is working with Greenspace early-adopters to build telehealth cohort in their outcome monitoring design.
  • 5 organizations committed for 500+ clinicians
  • 4 organizations in decision-making process

• Relaunching Clinical Practice Learning Community in June 24 > anticipate using that forum to engage with members’ leadership on clinical aspects of telehealth.
Rutherford Commission | Narrative Themes

• Talking points to frame comments forthcoming
• Not looking for copy & paste – but customized messaging on same themes
• Comments due June 11th