



CHANGING
Maryland
for the Better

HealthChoice Post-Award Forum

June 22, 2017



2017 HealthChoice Post-Award Forum

WELCOME AND MEETING OVERVIEW



Agenda

- Welcome and Introductions
- Meeting Overview
- HealthChoice Demonstration Overview
 - HealthChoice mandatory managed care program
 - Residential Treatment for Individuals with Substance Use Disorders
 - Community Health Pilots
 - Home-Visiting Services
 - Assistance in Community Integration Services
 - Dental Services for Former Foster Care Individuals
- Update on Reporting
 - HealthChoice Evaluation
 - HealthChoice Progress Reports
- Stakeholder Discussion



Annual HealthChoice Post-Award Forum

- **Post Award Forum.** Pursuant to 42 CFR 431.420(c), within six (6) months of the demonstration's implementation, and annually thereafter, the state shall afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least thirty (30) days prior to the date of the planned public forum, the state must publish the date, time and location of the forum in a prominent location on its website. The state must also post the most recent annual report on its website with the public forum announcement. Pursuant to 42 CFR 431.420(c), the state must include a summary of the comments and how they have been addressed in the Quarterly Report associated with the quarter in which the forum was held, as well as in its compiled Annual Report.



Alyssa Brown – alyssa.brown@maryland.gov

HEALTHCHOICE OVERVIEW



History of the HealthChoice Demonstration

- HealthChoice, first implemented in 1997 under the authority of Section 1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees.
- The HealthChoice 1115 Waiver is typically renewed every three years; the current waiver term extends for five years (calendar years (CY) 2017-2021).
- The HealthChoice program is a mature demonstration that has been proven to increase access to quality health care and reduce overall healthcare spending.



History of the HealthChoice Demonstration

- In December 2016, CMS approved Maryland's application for a sixth extension of the HealthChoice demonstration.
- This waiver renewal period is particularly focused on developing cost-effective services that target the significant, complex health needs of individuals enrolled in Medicaid:
 1. Residential Treatment for Individuals with Substance Use Disorders (SUD)
 2. Community Health Pilots: Home Visiting Services (HVS)
 3. Community Health Pilots: Assistance in Community Integration Services (ACIS)
 4. Dental Services for Former Foster Care Individuals
 5. Increased Community Services (ICS)
 6. Family Planning



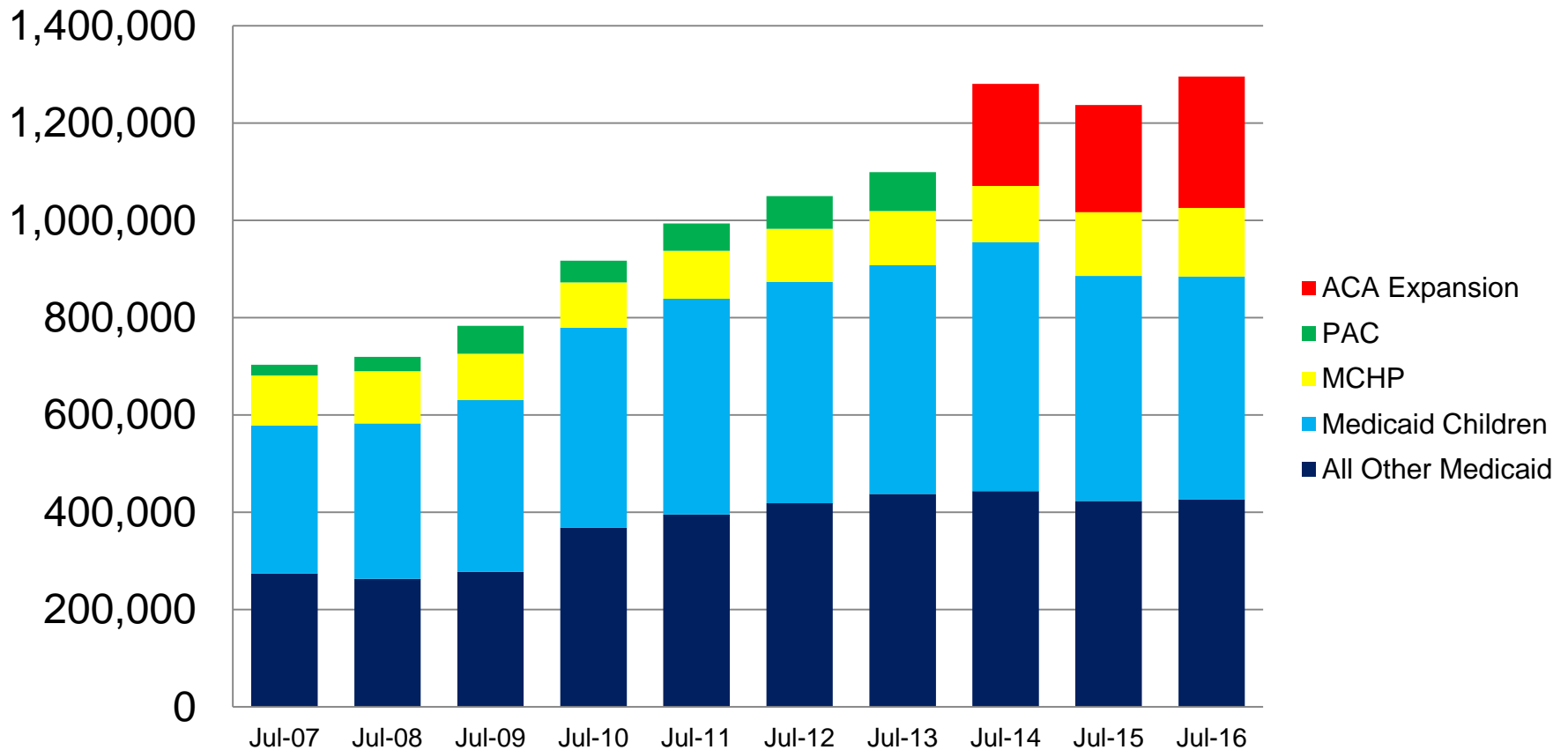
HealthChoice Enrollment

- As of May 31, 2017, there were 1,173,427 individuals enrolled in HealthChoice—85.4 percent of total Maryland Medicaid enrollment.
- Affordable Care Act (ACA) expansion population (as of June 14, 2017)
 - 303,137 adults were enrolled through the ACA Medicaid expansion.
 - Since January 2014, 349,695 Marylanders have received Medicaid coverage as a result of the ACA expansion.

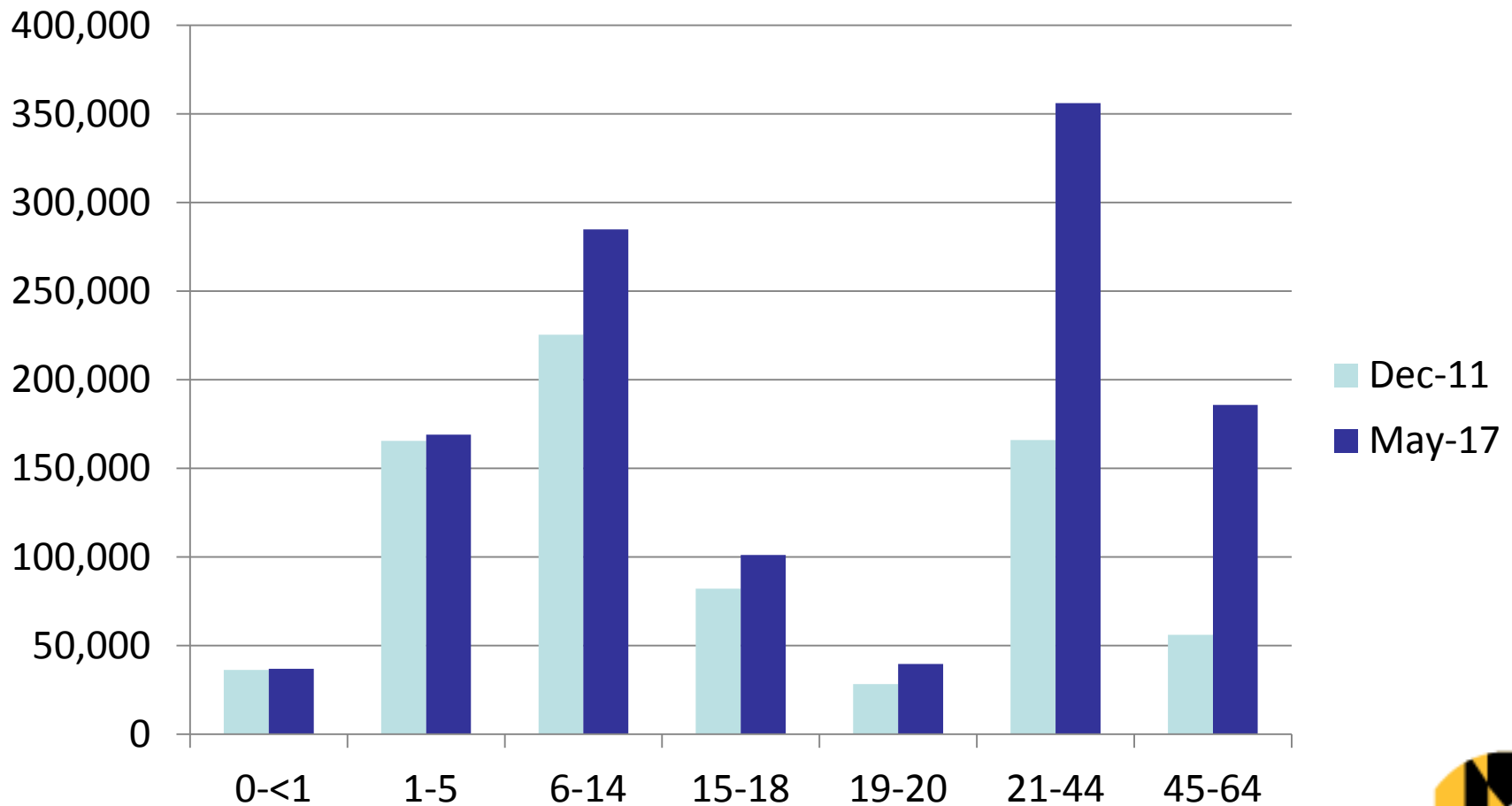


Maryland Medicaid Enrollment

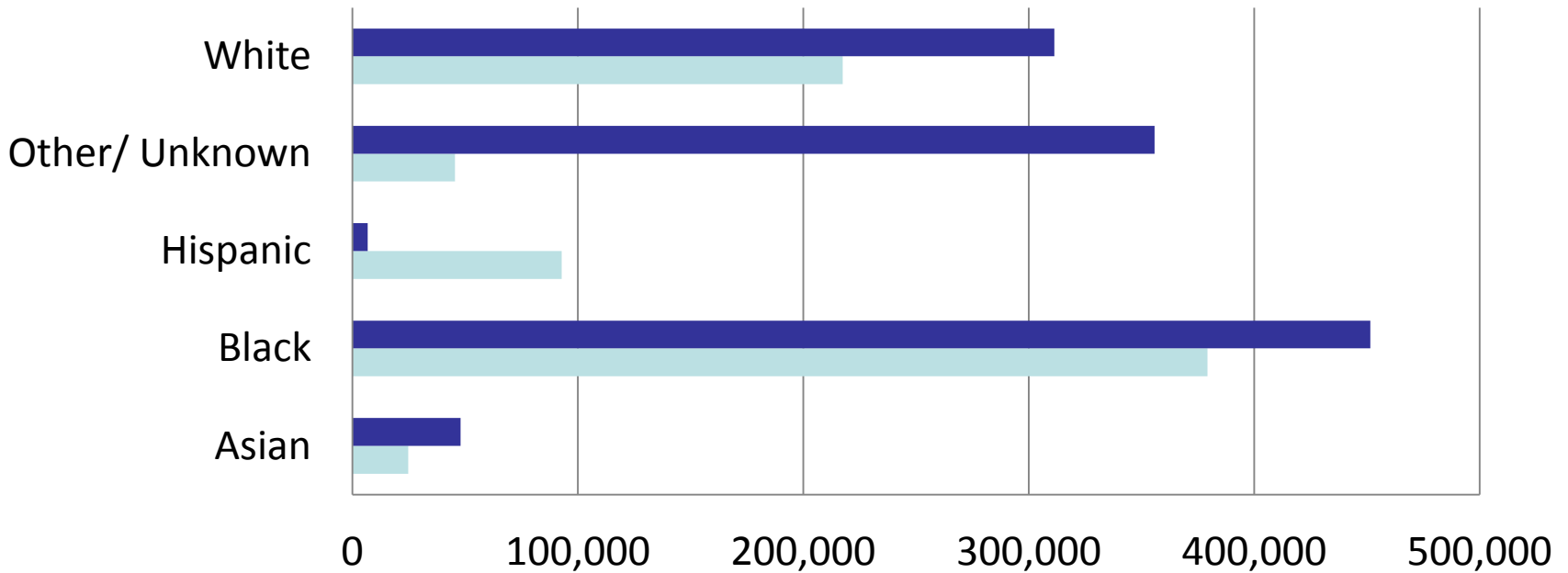
Medicaid Enrollment 2007-2016



HealthChoice Demographics: Age



HealthChoice Demographics: Race/Ethnicity

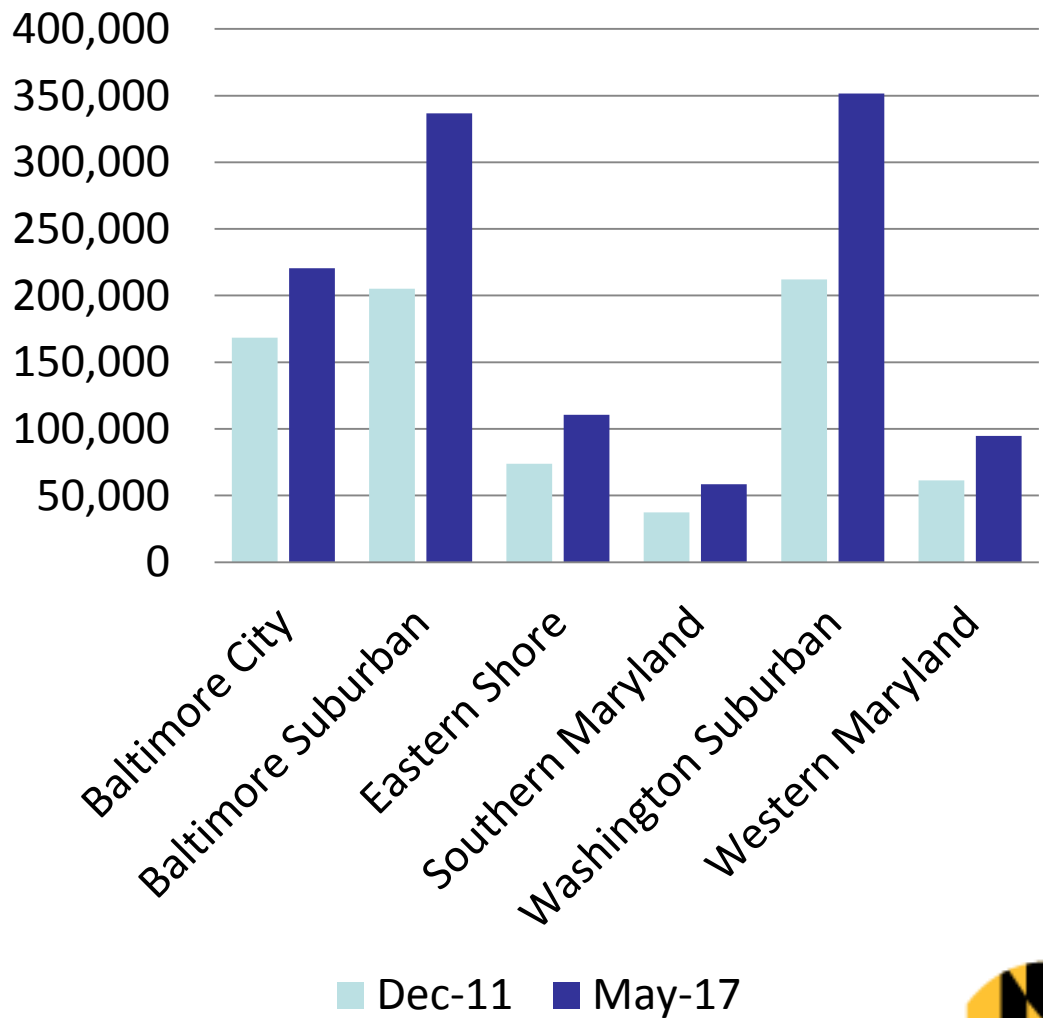


	Asian	Black	Hispanic	Other/ Unknown	White
■ May-17	47,961	451,567	6,755	355,824	311,320
■ Dec-11	24,795	379,344	92,864	45,474	217,481



HealthChoice Demographics: Region

Enrollment by region remained relatively constant over the course of the evaluation period, which included the Medicaid expansion in 2014.



MCO Breakdown

As of May 2017, there were eight managed care organizations (MCOs) participating in the HealthChoice program.

MCO market shares:

- Amerigroup (24.2 percent)
- Jai Medical Systems (2.2 percent)
- Kaiser Permanente (5.1 percent)
- Maryland Physicians Care (18.7 percent)
- MedStar Family Choice (7.4 percent)
- Priority Partners (25.1 percent)
- University of Maryland Health Partners (3.5 percent)
- United Healthcare (13.8 percent)



Program Updates

- **HealthChoice Demonstration Renewal**
- **Behavioral Health Integration:** As of January 1, 2015, SUD and mental health services are provided on a fee-for-service basis by an administrative services organization (ASO).
- **Chronic Health Home Demonstration:** As of June 2017, there are 81 approved Health Home sites (63 PRP, 10 MTS, 8 OTP), with nearly 6,000 participants.
- **Health Services Initiative: Lead**



Performance Highlights: 2017 HealthChoice Evaluation

- The rate of potentially-avoidable emergency department (ED) visits decreased by 1.7 percentage points between CY 2011 and CY 2015.
- Rates for well-child and well-care visits—as well as immunization—were consistently higher than the national Medicaid average.
- Breast cancer screening rates improved by nearly 20 percentage points from CY 2011 to CY 2015.
- Children in foster care had a dental visit rate 2.5 percentage points higher than other HealthChoice children—whose overall dental utilization increased by 2.4 percentage points from CY 2011 to CY 2015.



Amy Woodrum – amy.woodrum@maryland.gov

RESIDENTIAL TREATMENT FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS



Institute of Mental Disease (IMD) Exclusion

An IMD is defined as a facility with more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases and chemical dependency disorders.

The IMD exclusion –

- Limits the number of beds a treatment facility may operate in order to receive reimbursement from Medicaid to less than 16
- Excludes states from receiving federal matching dollars for services provided by IMDs for individuals between 21 and 64 years old
- Incentivizes hospitalization in a general acute care hospital rather than in an SUD residential treatment program



Background on SUD IMD

As part of the HealthChoice § 1115 renewal application, the Department sought authorization to allow for Medicaid payments for SUD services in IMDs, which was granted by CMS.

This will –

- 1) Target private IMDs treating individuals with SUD treatment needs; and
- 2) Allow Medicaid to pay for SUD services for adults aged 21 to 64 in IMDs, rather than in general acute care hospitals.



Reimbursement

Effective July 1, 2017, the Department will provide reimbursement* for up to two nonconsecutive 30-day stays annually for American Society of Addiction Medicine (ASAM) levels 3.7-WM,** 3.7, 3.5, and 3.3. The Department intends to phase in coverage of ASAM level 3.1 beginning on January 1, 2019.

Medicaid reimbursement rates will be as follows for the different ASAM levels of care:

- ASAM Level 3.3 will receive a per diem of \$189.44
- ASAM Level 3.5 will receive a per diem of \$189.44
- ASAM level 3.7 will receive a per diem of \$291.65
- ASAM level 3.7-WM will receive a per diem of \$354.67

**Excluding room and board, which will be covered by Behavioral Health Administration funds*

***Withdrawal management*



Population Impacted

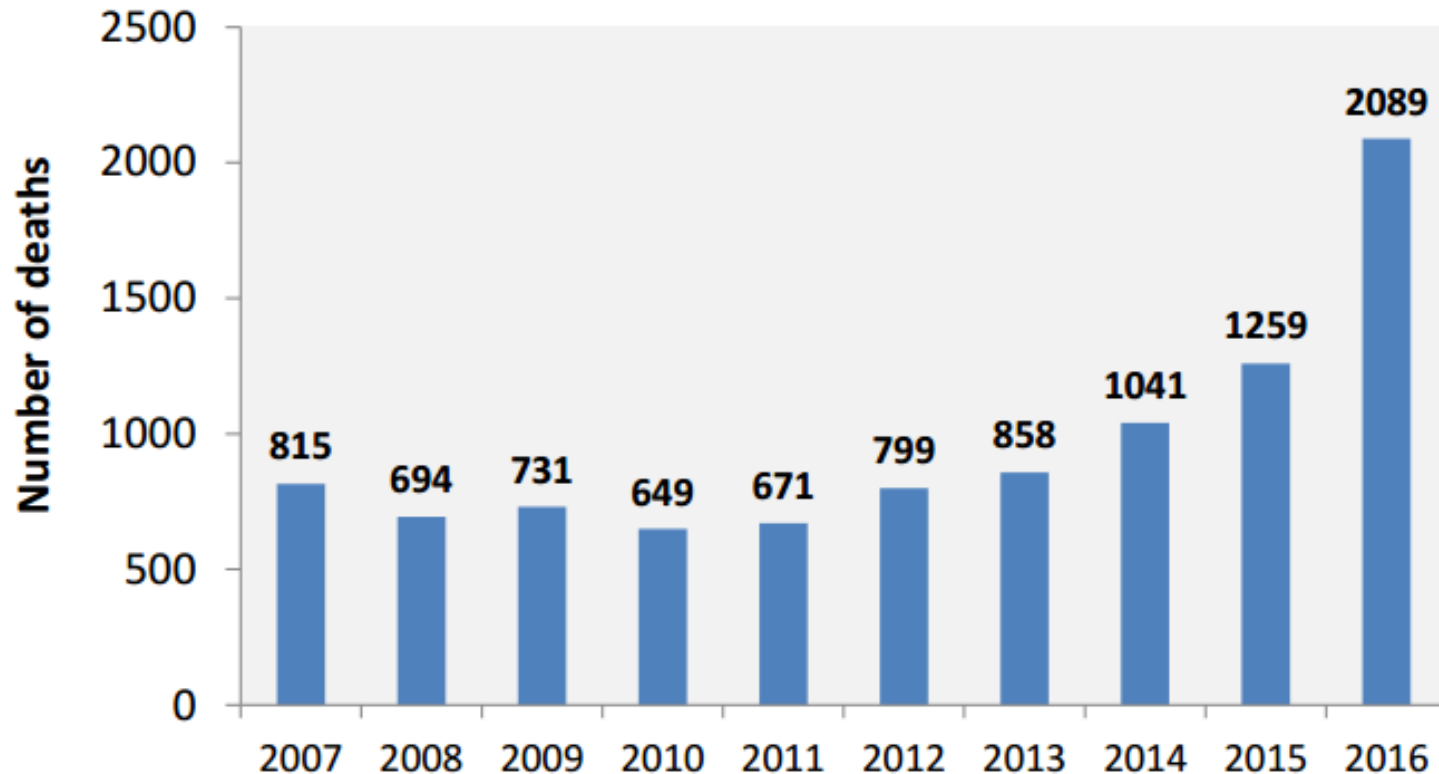
Number of individuals with a behavioral health diagnosis in HealthChoice

- 33,886 (2.6 percent) participants have been diagnosed with a SUD.
- 26,246 (2.0 percent) participants have been diagnosed with a co-occurring SUD and mental health disorder (MHD).



Increased Need

Total Number of Drug-and Alcohol-Related Intoxication Deaths Occurring in Maryland, 2007-2016



Anticipated Outcomes

Increase access to clinically-appropriate care

Reduce total cost of care

- The average charge per day in an acute care hospital in Maryland in CY 2014 was \$2,965.

Reduce substance-use related deaths

- In 2016, 2,089 Marylanders died from an overdose-related cause—a 66 percent increase from 2015.

Reduce ED visits

- Between 2010 and 2013, the number of heroin-related ED visits more than tripled, from 392 to 1,200.



Alex Loizias – alexandra.loizias@maryland.gov

Sandy Kick – sandra.kick@maryland.gov

COMMUNITY HEALTH PILOTS



Community Health Pilots Overview

- Developed in response to local jurisdiction requests for a funding path.
- Local health departments or other local government entities, such as a local management board, are eligible to apply and serve as Lead Entities.
- There is no funding contribution from the Department.
- To access federal funds, Lead Entities must be able to:
 - Fund non-federal share with local dollars; and
 - Process an intergovernmental transfer (IGT) of funds.



Community Health Pilots: Current Status

(Effective July 1, 2017)

Evidence-Based Home Visiting for High Risk Pregnant Women and Children up to Age Two (HVS Pilot)

- Application process open and on-going
- Nine Letters of Intent received from local health departments

Assistance in Community Integration Services (ACIS Pilot)

- Final post-approval protocol received from CMS on June 16, 2017
- More information about the application process forthcoming



Assistance in Community Integration Services

- Housing-related support services* for high-risk, high utilizers who are either transitioning to the community from institutionalization or at high-risk of institutional placement
- Must be Medicaid beneficiaries to participate
- Waiver authority allows for housing support services that are not currently covered by Medicaid: Tenancy-Based Care Management Services and Housing Case Management Services

**Medicaid federal financial assistance cannot be used for room and board in home- and community-based services.*



Home Visiting Services

- Evidence-based home visiting services for high-risk pregnant women and children up to age 2
- Must be Medicaid beneficiaries to participate
- Programs that may be offered: Nurse Family Partnership (NFP) and Healthy Families America (HFA)
- HVS Pilots are funded separately and distinctly from Maternal, Infant, and Early Childhood Home Visiting (MIECHV)-funded programs.



Current Evidence-based Home Visiting Programs (HFA and NFP*) in Maryland by Jurisdiction

Jurisdiction	Agency	Current Status
Allegany	Health Department	Affiliated
Baltimore County	Health Department	Accredited
Baltimore City*	Family League	Accredited
Calvert County	Public Schools	Accredited
Charles County	Center for Children	Accredited
Dorchester	Health Department	Accredited
Frederick	Mental Health Association	Accredited
Garrett	Health Department	Accredited
Harford	Health Department	Affiliated
Howard	Howard General Hospital	Accredited
Lower Shore (Somerset)	Eastern Psych Association	Accredited
Mid Shore	Health Department	Accredited
Montgomery	Family Services	Accredited
Prince George's	Dept. Family Services	2 Sites Accredited; 1 site Affiliated
Washington	Health Department	Accredited
Wicomico	Health Department	Accredited



Community Health Pilots By The Numbers

**Assistance in Community
Integration Services
(annual funds)**

\$2.4 M Total

\$1.2 M Matching Federal
Dollars Available

**Home Visiting Services
(annual funds)**

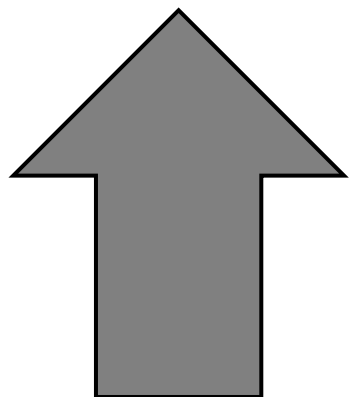
\$5.4 M Total

\$2.7 M Matching Federal
Available

Timeline of 4.5 Years

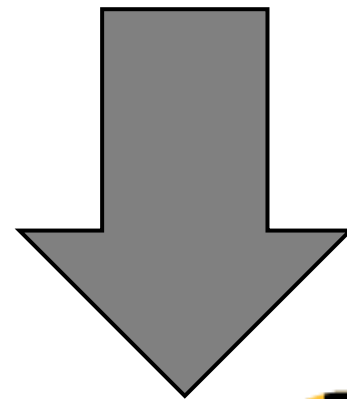


Community Health Pilot Goals



- To improve health outcomes for targeted populations.
- To improve community integration for at-risk Medicaid beneficiaries.

- To reduce unnecessary/inappropriate utilization of emergency health services.



Pilot award payments will support...

- Services not otherwise covered or directly reimbursed by Maryland Medicaid to improve care for the target population;
- Expanded service delivery opportunities;
- Direct provisions of services delivery only; and
- Will require Medicaid recipient personally-identifiable information and personal health information (PII/PHI)-level reporting to receive funding.



Key Project Activities

- Pilot must identify and define its target population
- Pilot should prioritize its highest risk population to engage
- Pilot must coordinate with beneficiaries' MCOs
- Beneficiary participation in pilot is voluntary
- Pilot must report performance and outcome measures
- Requires local oversight and funding commitment



HVS Implementation Timeline

Release Letter of Intent request for Community Health Pilots	May 10, 2017	✓
Overview and Introduction to HVS Pilot Webinar	May 23, 2017	✓
Letters of Intent due from Lead Entities to DHMH	May 24, 2017 at 5pm	✓
HVS Pilot Application Published by DHMH	June 7, 2017	✓
HVS Pilot Application Process Webinar	June 21, 2017, 1:30-3pm	✓
HVS Pilot Applications due to DHMH	July 21, 2017 at 5pm	
Calls with applicants (Clarification & modification discussions)	July 24-27, 2017	
HVS Pilot Award notifications (expected, pending final CMS approval)	August 28, 2017	
HVS Pilots Begin (Based upon approved Pilot implementation plans)	Sept/Oct. 2017	



General Information

For more information about the Community Health Pilots, visit:

<https://mmcp.health.maryland.gov/Pages/HealthChoice-Community-Health-Pilots.aspx>

For additional information or questions, email:

dhmh.healthchoicerenewal@maryland.gov



Nancy Brown – nancyc.brown@maryland.gov

DENTAL COVERAGE FOR FORMER FOSTER YOUTH



Background

- Maryland Medicaid's Dental Program is called Maryland Healthy Smiles (MHSDP).
- MHSDP serves pregnant women and children enrolled in Medicaid, as well as adults in the Rare and Expensive Case Management (REM) program.
- Program Dental coverage for adults not a mandated state benefit.
- Former foster youth ages 20 and under already receive full dental benefits under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.



History

- Senate Bill 252/ House Bill 511, passed during the 2016 session, committed Medicaid to cover dental care for former foster youth.
 - The bill required Medicaid to apply for the necessary waiver from CMS.
 - Medicaid applied for and obtained approval to offer dental services to this population.
- Available as an EPSDT benefit to former foster youth up to the age of 26
- Effective coverage date of January 1, 2017



Former Foster Youth in Maryland Medicaid

- Children enrolled in foster care in Maryland at age 18 are covered by Medicaid up to age 26, regardless of income.
- As of May 31, 2017...
 - 1,260 former foster care individuals were enrolled in Maryland Medicaid and are eligible for the new dental benefit
 - 15,581 current foster care children were enrolled in Maryland Medicaid and would receive the new dental benefit should they remain in foster care until age 18



Laura Goodman – laura.goodman@maryland.gov

EVALUATION AND REPORTING



HealthChoice Summative Evaluation Overview

- **STC 82: Summative Evaluation Report**

The state must submit a draft Summative Evaluation Report for the demonstration's current approval period represented in these STCs within eighteen (18) [months] following the end of the approval period represented by these STCs. The summative evaluation must include the information in the approved evaluation design.

- Draft evaluation design submitted to CMS on April 21, 2017



HealthChoice Evaluation – New Measures

Goal 1: Improve Access to Health Care for the Medicaid Population

- Enrollment: Enrollment Broker statistics
- Utilization: Percentage of enrollees who filled a prescription
- Network adequacy: Results of provider verification survey



HealthChoice Evaluation – New Measures

Goal 2: Improve the Quality of Health Services Delivered

- Quality improvement activities: Year-over-year results from Performance Improvement Projects; number of EPSDT-certified providers
- Enrollee satisfaction: Satisfaction with personal doctor/specialists, provider communication and care coordination; Consumer Report Card performance



HealthChoice Evaluation – New Measures

Goal 3: Provide Patient-Focused, Comprehensive and Coordinated Care Designed to Meet Health Care Needs by Providing Each Member with a Single Medical Home through a Primary Care Provider

Focus on potentially-avoidable utilization (ED visits and inpatient admissions)



HealthChoice Evaluation – New Measures

Goal 4: Emphasize Health Promotion and Disease Prevention

- Preventive services: Percentage of women who receive a contraceptive method after delivery; outreach to female enrollees of childbearing age; percentage of female enrollees who filled a prescription for a contraceptive method
- Chronic disease management: Number of enrollees who received HIV pre-exposure prophylaxis
- Behavioral health: Percentage of enrollees who received Screening, Brief Intervention and Referral to Treatment (SBIRT); percentage with a positive SBIRT screening who received behavioral health services



HealthChoice Evaluation – New Measures

Goal 5: Expand Coverage to Additional Low-Income Marylanders with Resources Generated through Managed Care Efficiencies

- IMD: Number of participants who died of a drug overdose; comparative annual expenditures for individuals with an SUD diagnosis
- Community Health Pilots
- Former Foster Youth Dental Utilization: Preventive, restorative and dental-related ED visits
- Increased Community Services (ICS): Annual level of care determinations and service plans conducted; participant satisfaction



HealthChoice Quarterly and Annual Reports

STC 37: Quarterly and Annual Progress Reports

- a. *The state must submit three (3) Quarterly Reports and one (1) compiled Annual Report each [demonstration year] DY. The Quarterly Reports are due no later than sixty (60) days following the end of each demonstration quarter. The compiled Annual Report is due no later than ninety (90) days following the end of the DY.*
- b. *The Quarterly and Annual Reports shall provide sufficient information for CMS to understand implementation progress of the demonstration[...]*



HealthChoice Quarterly and Annual Reports

- Enrollment (by demonstration population and member months)
- Outreach/Innovative Activities
- Operational/Policy Development/Issues
- Program-specific updates: Family Planning, ICS, Maryland Children's Health Program (MCHP)
- REM Program
- Expenditure Containment Initiatives
- Budget Neutrality and Financial Issues
- Consumer Issues
- Legislative Update
- Quality Assurance/Monitoring Activities
- Update on the Demonstration Evaluation



STAKEHOLDER DISCUSSION

