

MARYLAND DEPARTMENT OF HEALTH

**2018 HealthChoice
Post-Award Forum/Proposed §1115
Waiver Amendment
Public Hearing**

Office of Health Care Financing

May 24, 2018

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2018 HealthChoice Post-Award Forum

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Overview

- Purpose: Update the public on the HealthChoice demonstration and allow an opportunity to provide meaningful comment
- Agenda
 - HealthChoice Overview
 - Residential Treatment for Individuals with Substance Use Disorders
 - Community Health Pilots
 - Home Visiting Services
 - Assistance in Community Integration Services
 - Dental Coverage for Former Foster Youth

History, Enrollment, and Key Points

HealthChoice Overview

HealthChoice

- 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 health care spending.

HealthChoice

- In December 2016, CMS approved Maryland's application for a sixth extension of the HealthChoice demonstration.
- This waiver renewal period is particularly focused on testing cost-effective, innovative programs 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

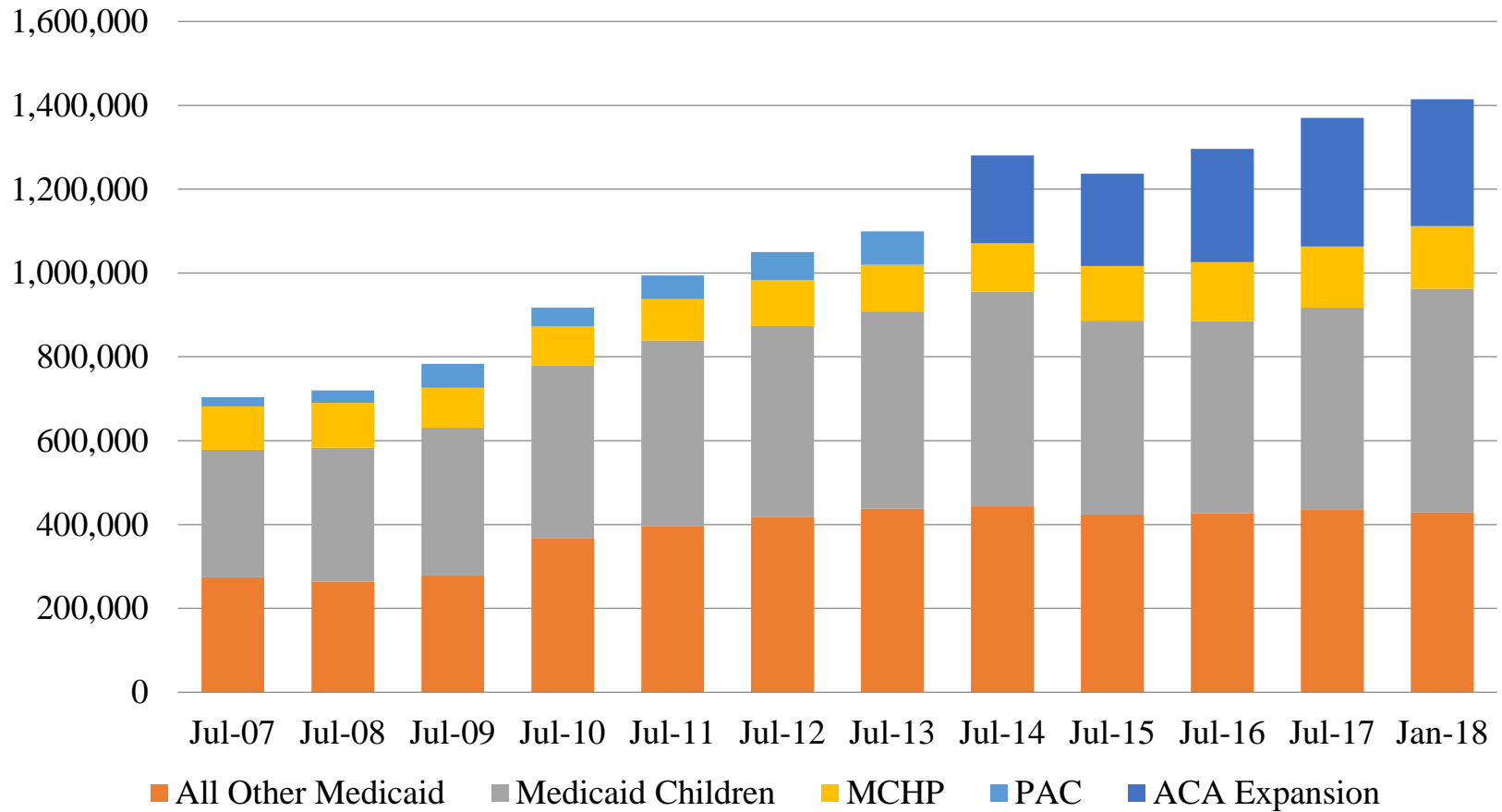
Current Enrollment

As of April 30, 2018...

- There were 1,200,211 individuals enrolled in HealthChoice—representing 86.0 percent of total Maryland Medicaid enrollment and an increase of over 31,000 in the past year.
- 312,481 adults were enrolled through the ACA Medicaid expansion, an increase of 9,344 in the past year.

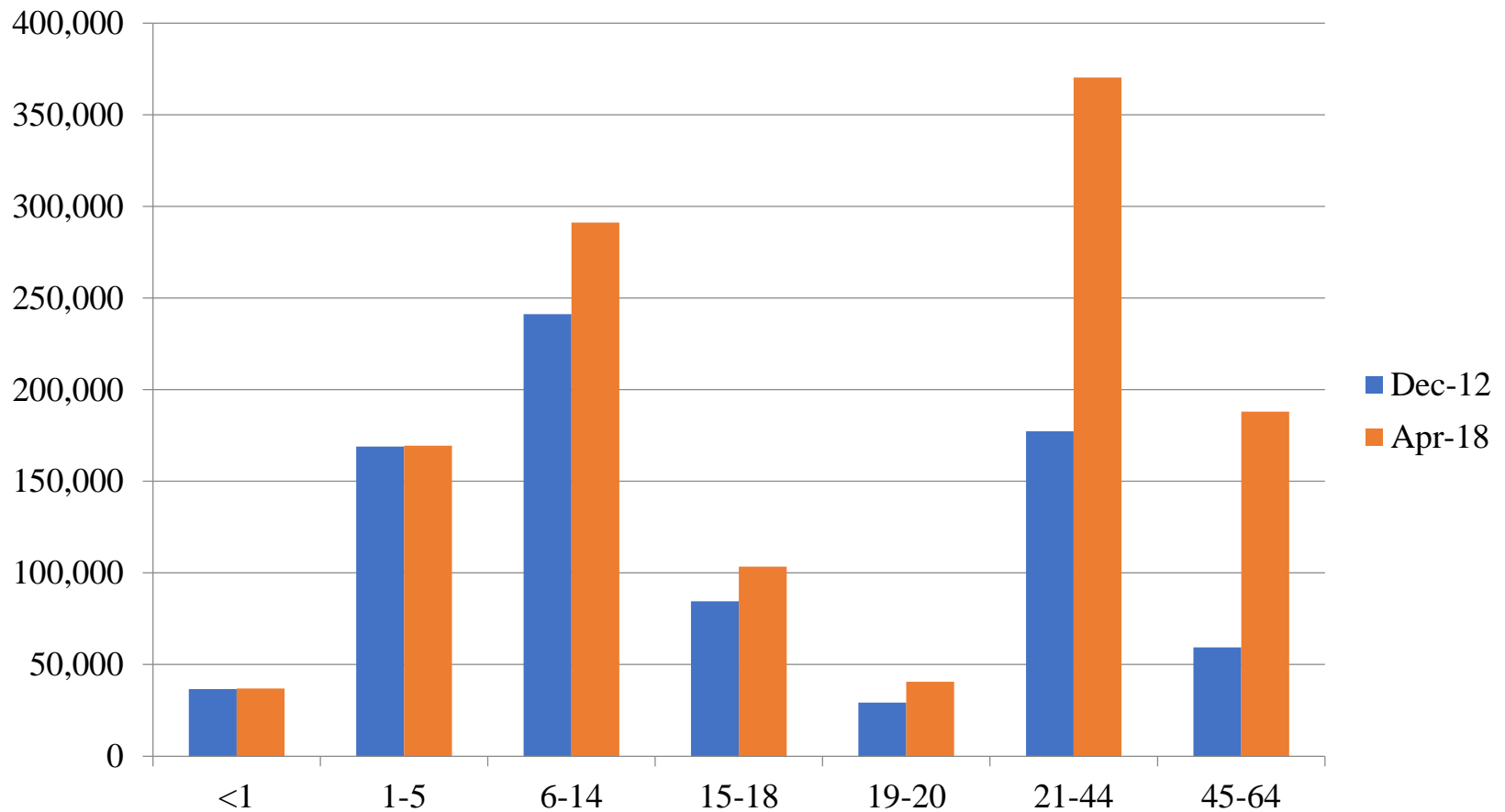
Enrollment

Growth (2007-2018)



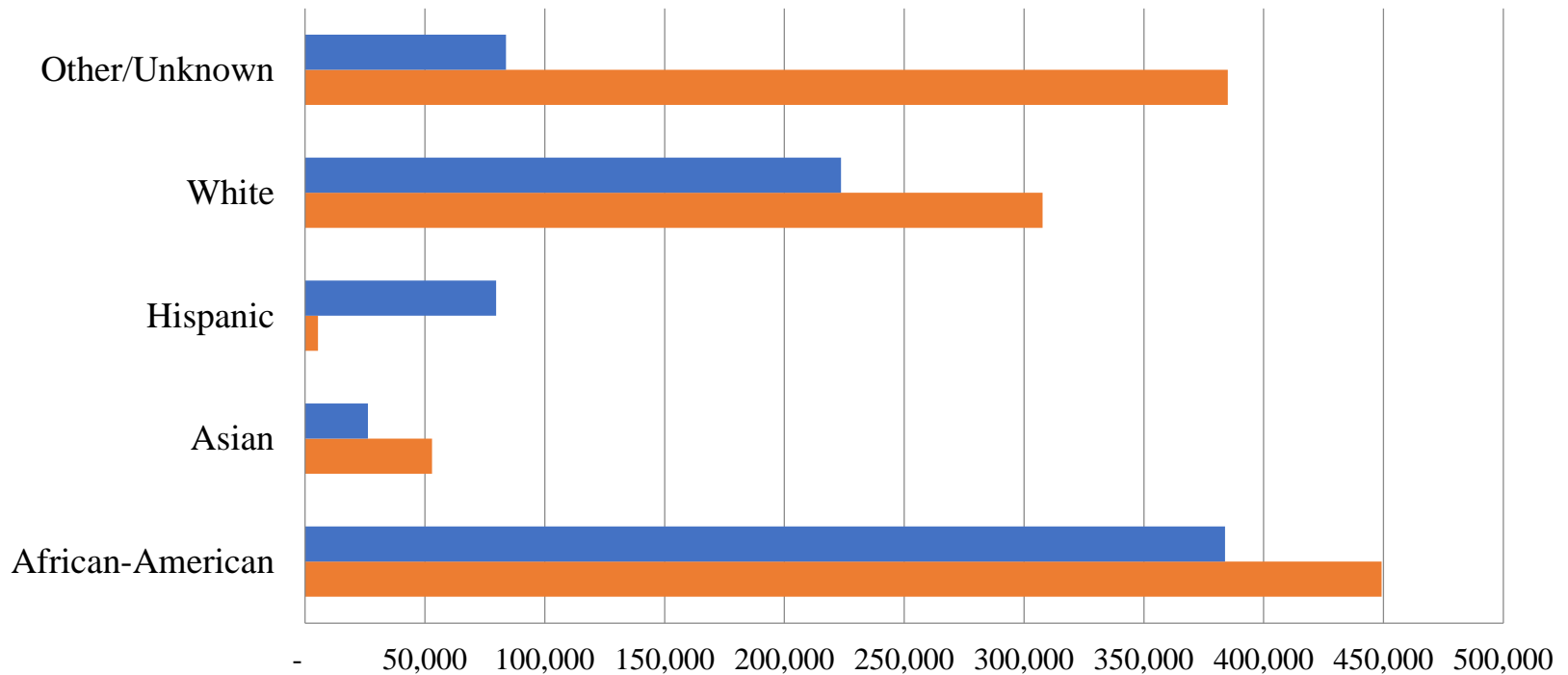
Enrollment

Age



Enrollment

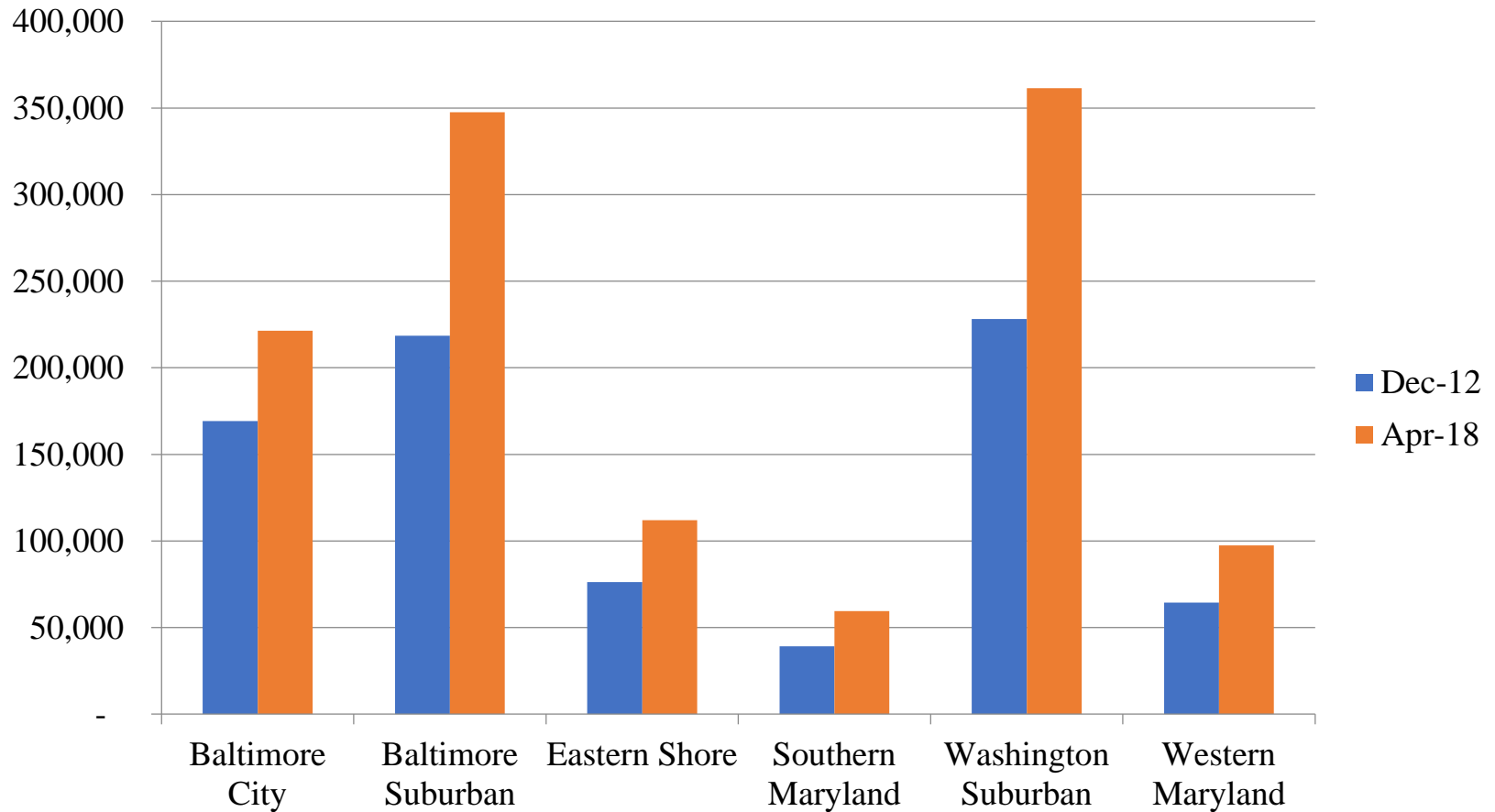
Race/Ethnicity



	African-American	Asian	Hispanic	White	Other/Unknown
■ Dec-12	383,875	26,234	79,713	223,621	83,762
■ Apr-18	449,187	52,971	5,327	307,697	385,029

Enrollment

Geographic Region



MCO Market Share

Nine managed care organizations (MCOs) participate in the HealthChoice program.

MCO market share as of March 2018:

- Aetna Better Health (0.3 percent)
- Amerigroup (23.7 percent)
- Jai Medical Systems (2.2 percent)
- Kaiser Permanente (5.5 percent)
- Maryland Physicians Care (18.5 percent)
- MedStar Family Choice (7.7 percent)
- Priority Partners (25.3 percent)
- University of Maryland Health Partners (3.8 percent)
- United Healthcare (13.0 percent)

Program Updates

- **HealthChoice Demonstration Waiver Amendment**
- **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 January 2018, there are 92 approved Health Home sites (65 PRP, 10 MTS, 17 OTP), with over 6,400 participants.
- **Healthy Homes for Healthy Kids** is an expansion of lead identification and abatement programs for low-income children through programs delivered by the Maryland Department of Housing and Community Development (DHCD).
- **Childhood Lead Poisoning Prevention & Environmental Case Management** is an expansion of county level programs to provide environmental assessment and in-home education programs with the aim of reducing the impact of lead and other environmental toxins on vulnerable low-income children.

Performance Highlights

Between CY 2012 and CY 2016...

- The rate of potentially-avoidable emergency department (ED) visits decreased by 4.6 percentage points.
- Rates for well-child and well-care visits—as well as immunization—were consistently higher than the national Medicaid average.
- The percentage of HealthChoice children receiving a lead test increased, while the percentage of those testing with an elevated blood lead level decreased from 3.6 percent to 2.9 percent.
- The percentage of children in foster care with an ED visit decreased by 2.6 percentage points.
- Individuals with substance use disorders who received medication-assisted therapy increased by 21.9 percentage points.

Residential Treatment for Individuals with Substance Use Disorders

SUD Services in IMDs

As part of the HealthChoice Section 1115 renewal application, CMS authorized Maryland Medicaid to cover Substance Use Disorder (SUD) services delivered in Institutions of Mental Disease (IMD).

- A SUD IMD is defined as a facility with more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with chemical dependency disorders.

Effective July 1, 2017, the Department began providing 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.

- As of March 2018, more than 5,700 participants have received services at a cost of \$29.5M (Total Funds).
- Phase in coverage of ASAM level 3.1: January 1, 2019
- Coverage of benefits for dual eligibles: No later than January 1, 2020

SUD Services in IMDs

Number of Unique Participants, Service Counts and Costs by ASAM Level under Section 1115 Waiver (FY 2018 YTD)*

ASAM Level	Unique Participant Count by Level of Care	Days	Payments
3.3	618	14,185	\$2,683,184
3.5	1,180	20,537	\$3,886,097
3.7	3,885	56,147	\$16,360,963
3.7WM	3,043	18,572	\$6,584,568
Total	5,719	109,441	\$29,514,812

Community Health Pilots

General Overview of Pilots

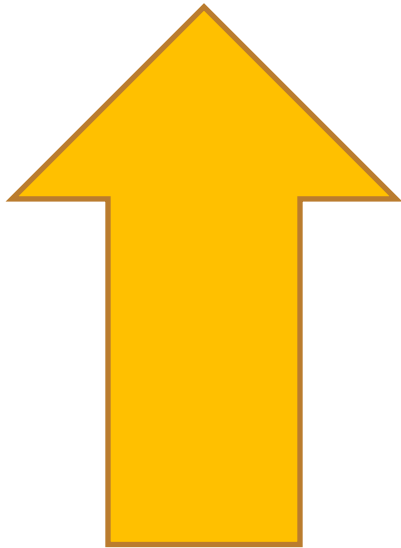
Home Visiting Services (HVS) Pilot:

- Evidence-based home visiting services for high-risk pregnant women and children up to age two
- Models that may be offered: Nurse Family Partnership and Healthy Families America
- Per home visit payment

Assistance in Community Integration Services (ACIS) Pilot:

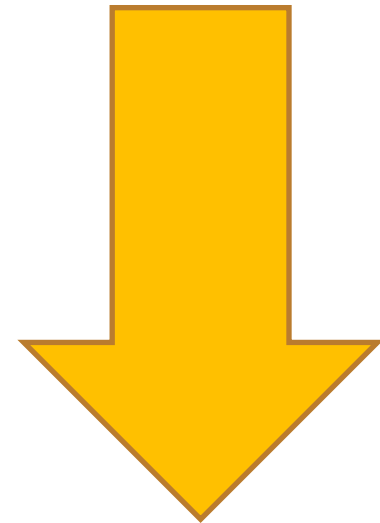
- High-utilizing Medicaid enrollees at high risk of institutional placement or homelessness, post-release from certain settings
- Statewide cap of 300 beneficiaries
- Tenancy-based case management services, tenancy support services and housing case management services
- Per member per month payment

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



Implementation Timeline

Community Health Pilot Activities	Status	Date
Received post-approval protocol from CMS	Complete	Spring 2017
HVS Application and Selection Process - Round 1	Complete	Summer 2017
ACIS Application and Selection Process - Round 1	Complete	Fall 2017
ACIS Application and Selection Process - Round 2	Complete	Spring 2018
HVS Application and Selection Process - Round 2	On-going	Expected Spring 2018
ACIS and HVS Implementation and Beneficiary Enrollment – Round 1	On-going	Spring/Summer 2018
ACIS and HVS Implementation and Beneficiary Enrollment – Round 2	On-going	Expected Summer 2018

HVS Pilot Awardees

Harford County Health Department

- Round 1 awardee
- 30 beneficiaries
- Up to \$535,532 combined local and federal matching Medicaid funds
- Operating in-house

Garrett County Health Department

- Round 2 awardee
- 13 beneficiaries
- Up to \$74,210 combined local and federal matching Medicaid funds
- Operating in-house

Round 1

ACIS Pilot Awardees

Baltimore City Mayor's Office of Human Services

- 100 beneficiaries
- Up to \$689,474 combined local and federal matching Medicaid funds
- Partnering with Healthcare for the Homeless

Montgomery County Department of Health and Human Services

- 75 beneficiaries
- Up to \$629,831 combined local and federal matching Medicaid funds
- Partnering with The Coordinating Center, EveryMind, and Family Services, Inc.

Cecil County Health Department

- 15 beneficiaries
- Up to \$50,000 combined local and federal matching Medicaid funds
- Operating in-house

Round 2

ACIS Pilot Awardees

Prince George's County Health Department

- 75 beneficiaries
- Up to \$634,500 combined local and federal matching Medicaid funds
- Partnering with People Encouraging People, Vesta Inc., and Volunteers of America of Chesapeake

Montgomery County Department of Health and Human Services

- Awarded 35 additional ACIS beneficiaries for total of 110 ACIS beneficiaries

Highlights

- ACIS Pilot funding opportunity is closed
 - *Reached the statewide limit (300) on ACIS beneficiaries*
- Continued opportunity for HVS Pilot funding
- Slow and steady beneficiary enrollment—expected to pick up during Summer 2018
- Initial annual evaluation results will become available Spring/Summer 2019

Resources and Contact

Community Health Pilots Website:

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

Contact for additional information or questions:

mdh.healthchoicerenewal@maryland.gov

Dental Coverage for Former Foster Youth

Dental Overview

Maryland Medicaid's Dental Program is called *Maryland Healthy Smiles (MHSDP)*, and participants are assigned a Dental Home upon enrollment in MHSDP.

MHSDP serves pregnant women and children enrolled in Medicaid, as well as adults in the Rare and Expensive Case Management Program (REM).

All nine MCOs voluntarily cover limited adult dental services to their members as a part of their benefit package using their own profits.

In January 2017, Maryland Medicaid began reimbursing dental services for former foster care children up to age 26 under HB0511/ SB0252.

320-Day Enrollment

Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for 320 Days with Dental Services in CY 2017, by Region

Region	Number of Enrollees	Number with at least One Visit	Percent with Dental Visits
Baltimore City	574	107	18.6%
Baltimore Suburban	364	77	21.2%
Eastern Shore	87	21	24.1%
Out of State	*	*	33.3%
Southern Maryland	*	*	17.1%
Washington Suburban	172	41	23.8%
Western Maryland	89	18	20.2%
Total	1,324	271	20.5%

90-Day Enrollment

Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for 90 Days with Dental Services in CY 2017, by Region

Region	Number of Enrollees	Number with at least One Visit	Percent with Dental Visits
Baltimore City	701	125	17.8%
Baltimore Suburban	408	81	19.9%
Eastern Shore	97	20	20.6%
Out of State	*	*	50.0%
Southern Maryland	*	*	17.1%
Washington Suburban	195	44	22.6%
Western Maryland	112	20	17.9%
Total	1,556	298	19.2%

* Cells with 10 or fewer enrollees are suppressed

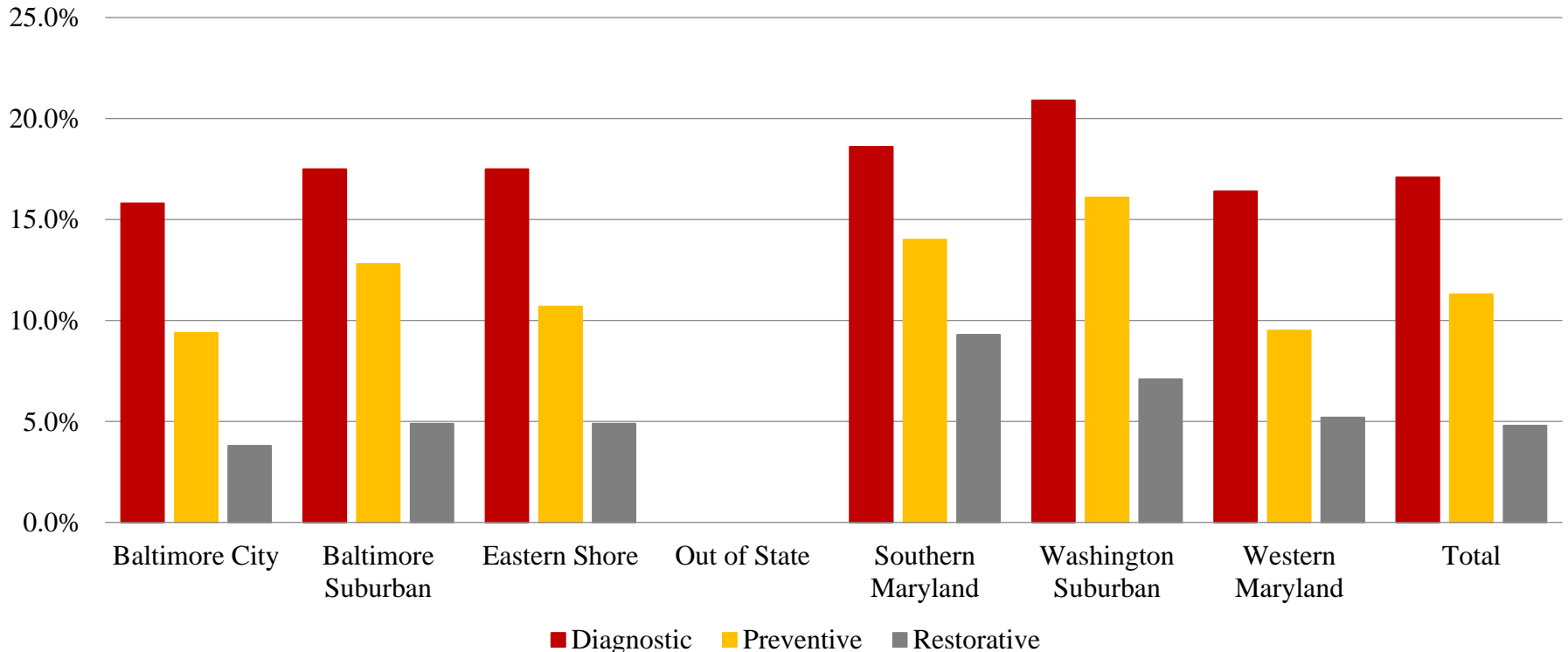
Any Enrollment

Number and Percentage of Former Foster Care Participants Enrolled for Any Period in Medicaid with Any Dental Service, by Region, CY 2017

Region	Number of Enrollees	Number of Enrollees with Any Dental Service	Percent with Dental Visit
Baltimore City	766	127	16.6%
Baltimore Suburban	446	83	18.6%
Eastern Shore	103	21	20.4%
Out of State	*	*	33.3%
Southern Maryland	*	*	18.6%
Washington Suburban	211	45	21.3%
Western Maryland	116	20	17.2%
Total	1,688	305	18.1%

Service Type

Percentage of Former Foster Care Participants by Region Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service, CY 2017



Restorative Services

Percentage of Former Foster Care Participants by Region Enrolled in Medicaid for Any Period who Received a Preventive/Diagnostic Visit Followed by a Restorative Visit, CY 2017

Region	Total Number of Enrollees	Number with Preventive/Diagnostic Visit	Percent with Preventive/Diagnostic Visit	Number with Preventive/Diagnostic Visit Followed by a Restorative Visit	Percent with Preventive/Diagnostic Visit Followed by a Restorative Visit
Baltimore City	766	121	15.8%	25	20.7%
Baltimore Suburban	446	79	17.7%	19	24.1%
Eastern Shore	*	*	18.4%	*	21.1%
Out of State	*	*	*	*	*
Southern Maryland	*	*	18.6%	*	50.0%
Washington Suburban	211	44	20.9%	15	34.1%
Western Maryland	*	*	16.4%	*	21.1%
Total	1,688	290	17.2%	71	24.5%

Dental ED Utilization

Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for Any Period with Emergency Department (ED) Visit with a Dental Diagnosis or Dental Procedure Code in CY 2017, by Region

Region	Total Participants	No ED Visits		At least One ED Visit	
		#	%	#	%
Baltimore City	766	729	95.2%	37	4.8%
Baltimore Suburban	446	435	97.5%	11	2.5%
Eastern Shore	*	*	94.2%	*	5.8%
Out of State	*	*	100.0%	*	0.0%
Southern Maryland	*	*	97.7%	*	2.3%
Washington Suburban	*	*	96.2%	*	3.8%
Western Maryland	*	*	97.4%	*	2.6%
Total	1,688	1,622	96.1%	66	3.9%

Questions and Discussion

MARYLAND DEPARTMENT OF HEALTH

Proposed §1115 Waiver Amendment Public Hearing

Office of Health Care Financing

May 24, 2018

Background

- Maryland Department of Health (MDH) submitted its §1115 waiver renewal to continue the HealthChoice managed care program in 2016.
- In December 2016, the Centers for Medicare and Medicaid Services (CMS) approved and renewed the §1115 waiver for five years through December 31, 2021.
- In July 2018, MDH will submit the following amendments to the waiver:
 - National Diabetes Prevention Program Pilot (NDPP) Continuation (effective 2/1/19),
 - Expansion of Treatment for Substance Use Disorder (SUD) in Institutes of Mental Disease (IMDs) (effective 1/1/19),
 - Adult Dental Pilot (effective 1/1/19), and
 - Family Planning Program Changes (effective 7/1/18).

National Diabetes Prevention Program (NDPP) Pilot

- Continuation of NDPP services at the conclusion of the National Association of Chronic Disease Directors (NACDD) funded demonstration.
- CDC Diabetes Prevention Recognition Program (DPRP) eligibility criteria:
 - 18 years or older; AND have a BMI of $\geq 25\text{kg/m}^2$ ($\geq 23\text{kg/m}^2$, if Asian);
 - AND EITHER Elevated blood glucose level OR History of gestational diabetes;
 - AND NEITHER Diagnosed with type I or type II diabetes, NOR Pregnant.
- Will serve a limited number of HealthChoice participants.
- Will align components with the Medicare DPP (MDPP) Expanded Model.
- Will include both in-person and online DPP suppliers.
- Final MDH-approval contingent upon the demonstration evaluation (expected September 2018).
- **Effective Date:** February 1, 2019.

Residential Treatment for Individuals with Substance Use Disorders (SUD)

- **Current Waiver:** CMS authorized MDH to cover SUD services delivered in Institutes of Mental Disease (IMD) for up to two nonconsecutive 30-day stays annually.
 - A SUD IMD is defined as a facility with more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with chemical dependency disorders.
 - Effective July 1, 2017: Coverage of American Society of Addiction Medicine (ASAM) levels 3.3, 3.5, 3.7, and 3.7D.
 - Effective January 1, 2019: Coverage of ASAM level 3.1.
- **Proposed Amendment:** Coverage of IMD services at ASAM Level 4.0 for Medicaid adults who have a primary SUD diagnosis and a secondary mental health diagnosis.
 - MDH will provide reimbursement for IMD ASAM level 4.0 Medically Managed Intensive Inpatient services for up to 15 days per month.
 - Private IMDs can deliver specialized services for individuals whose active psychiatric symptoms limit their access to many SUD treatment programs.
 - **Effective Date:** January 1, 2019.

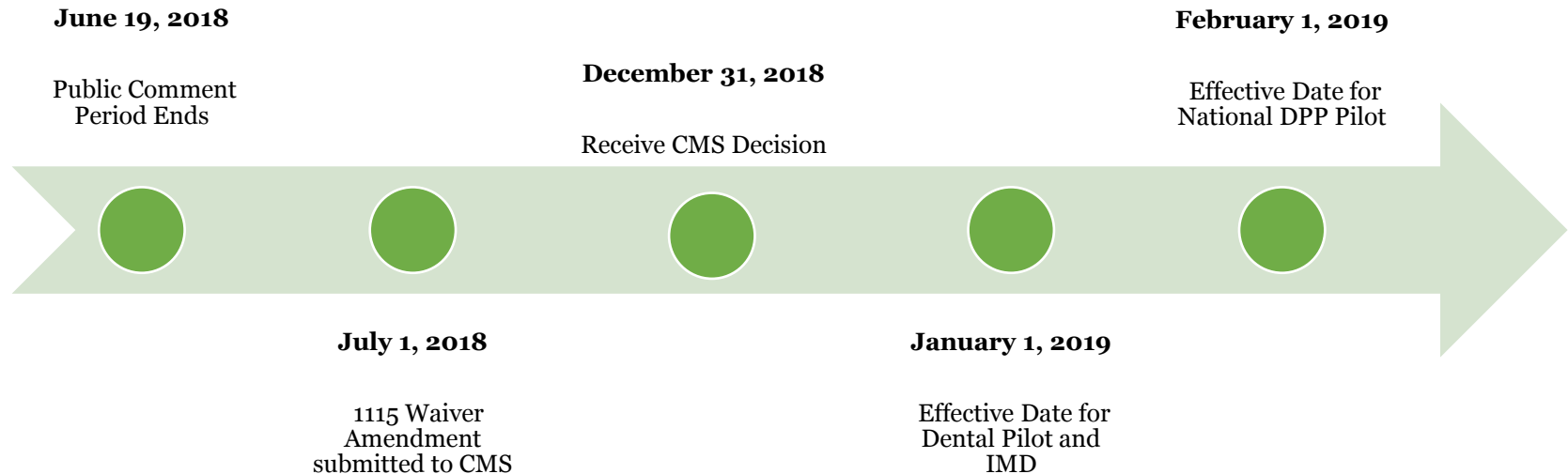
Adult Dental Pilot Study

- In 2018, the Maryland Legislature passed Senate Bill 0284, requiring MDH to apply for a waiver amendment to CMS to implement an adult dental pilot program.
- MDH must apply by September 1, 2018, to implement a pilot program to provide limited dental coverage to adults.
- Statewide pilot will:
 - Serve Dual Eligible Adults—Ages 21-64 (approximately 38,510 participants)
 - Include coverage for basic dental benefits (including diagnostic, preventative, limited restorative and extraction). The Department may set an overall cap on expenditures per person.
- Dental ASO will administer the benefit.
- **Effective Date:** January 1, 2019.

Family Planning Program

- In 2018, the General Assembly passed HB0994/SB0774, requiring MDH to apply for a State Plan Amendment to CMS to make changes to the Family Planning Program by July 1, 2018.
- The Family Planning Program currently operates under the §1115 Waiver.
- This amendment would remove the Family Planning Program from the auspices of the waiver in preparation for SPA submission.
- Other changes to Family Planning Program required under HB0994/SB0774:
 - Expanding services to all individuals (both genders),
 - Increasing income limit to 250% of the federal poverty level (FPL), and
 - Lifting current age restriction limiting women up to age 51.

1115 Waiver Amendment Timeline



Additional Information

- For more information, visit:
<https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>
- Comments may be submitted to
mdh.healthchoicerenewal@maryland.gov

Questions and Comments