



CHANGING
Maryland
for the Better

Current Medicaid Efforts

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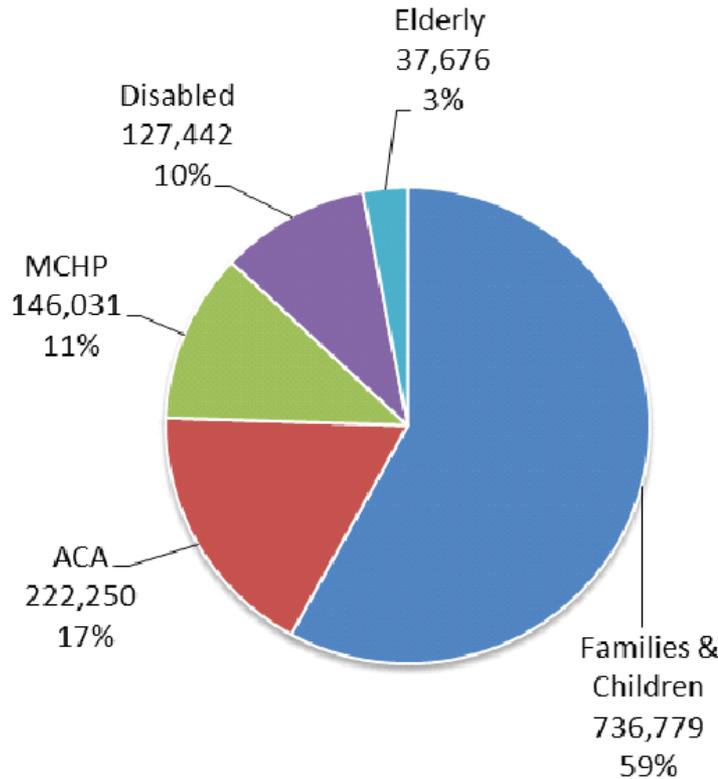


MARYLAND MEDICAID: AN OVERVIEW

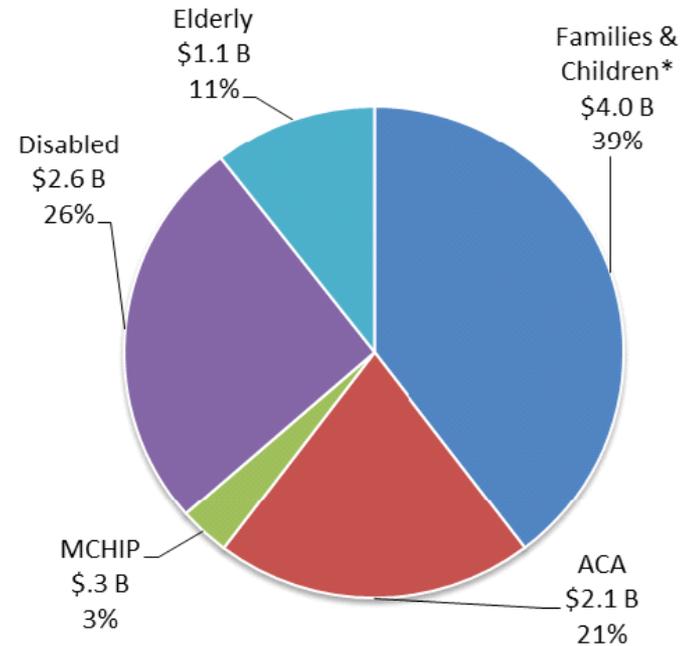
- Maryland's Medicaid Program provides comprehensive healthcare benefits for 1.2 million people, including 628,000 participants younger than 21.
- Total Medicaid enrollment includes both individuals with full and partial benefits, such as those eligible for Medicaid and Medicare.
- Most Medicaid recipients (approximately 80 percent) are required to join a Managed Care Organization (MCO) through HealthChoice.
- Under HealthChoice, MCOs contract with DHMH to provide Medicaid covered services through their provider networks. In return, MCOs receive a risk-adjusted, fixed per-member-per-month payment from DHMH.
- HealthChoice MCOs are responsible for paying the providers in their networks to render services to Medicaid participants.



FISCAL YEAR 2017 MEDICAID, CHIP AND BEHAVIORAL HEALTH FUND AND ENROLLMENT DISTRIBUTION



Average Enrollees
1,270,178



Budget (TF in billions)
\$10.0 B



OVERVIEW OF THE FY 2017 GOVERNOR'S ALLOWANCE

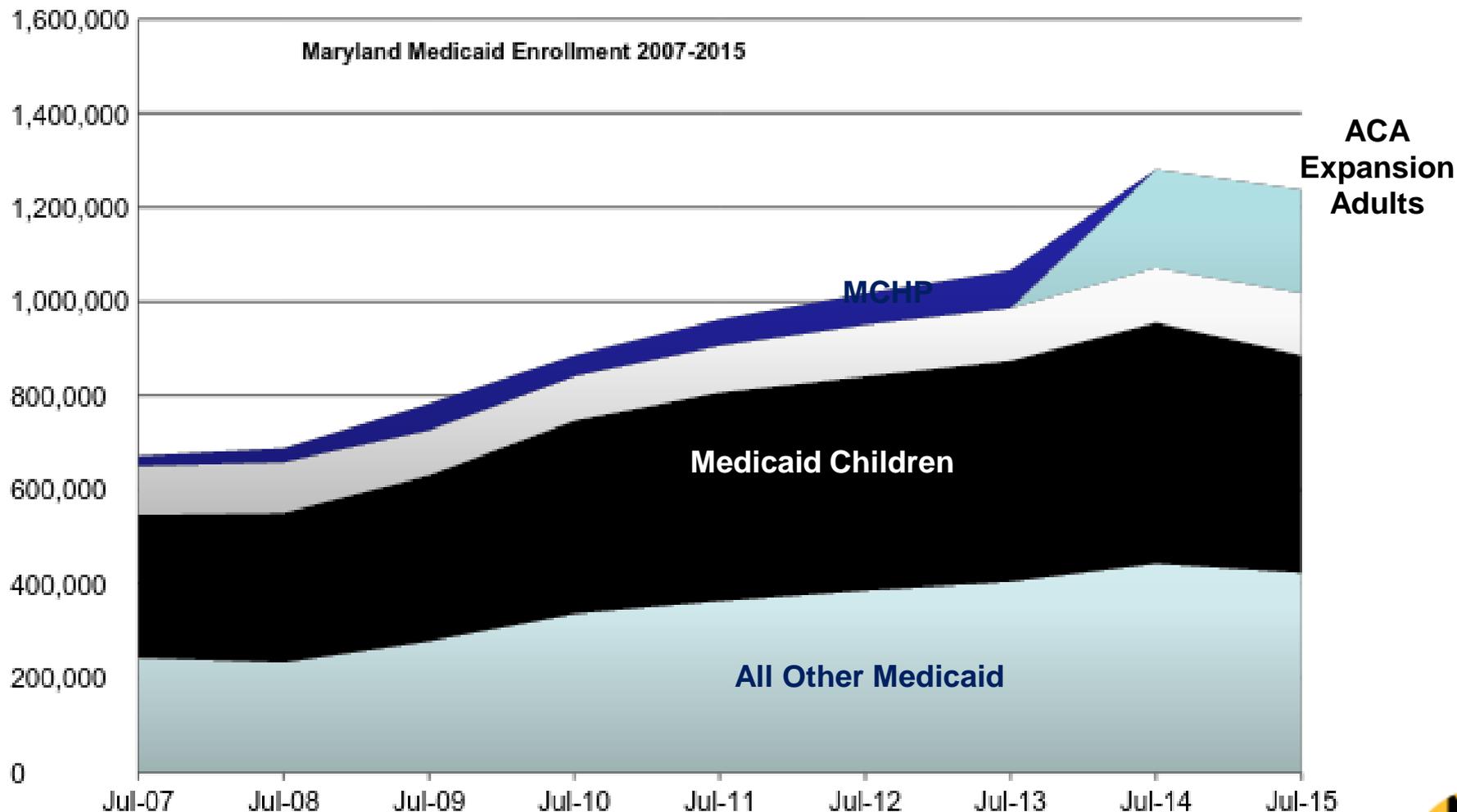
- Funds provider rate increases:
 - 2 percent for nursing homes, medical day care, and private duty nursing
 - 2 percent for mental health and substance use providers
 - 1.1 percent for both personal day care and home and community-based waiver services
- Maintains physician Evaluation and Management rates at 92 percent of Medicare rates
- Fully funds ACA expansion which decreased from 100 percent to 95 percent federal match in January 2017 (\$57M GF impact)
- Initiates funding for coverage of federally-mandated services for those with Autism Syndrome Disorder
- Fully funds increased expenditures for Medicare Part B premium cost sharing for Qualified Medicare Beneficiaries and Specified Low Income Medicare Beneficiaries
- Provides for a 7.3 percent MCO rate increase
- Funds MMIS II improvements as well as assessment of infrastructure



ELIGIBILITY AND ENROLLMENT

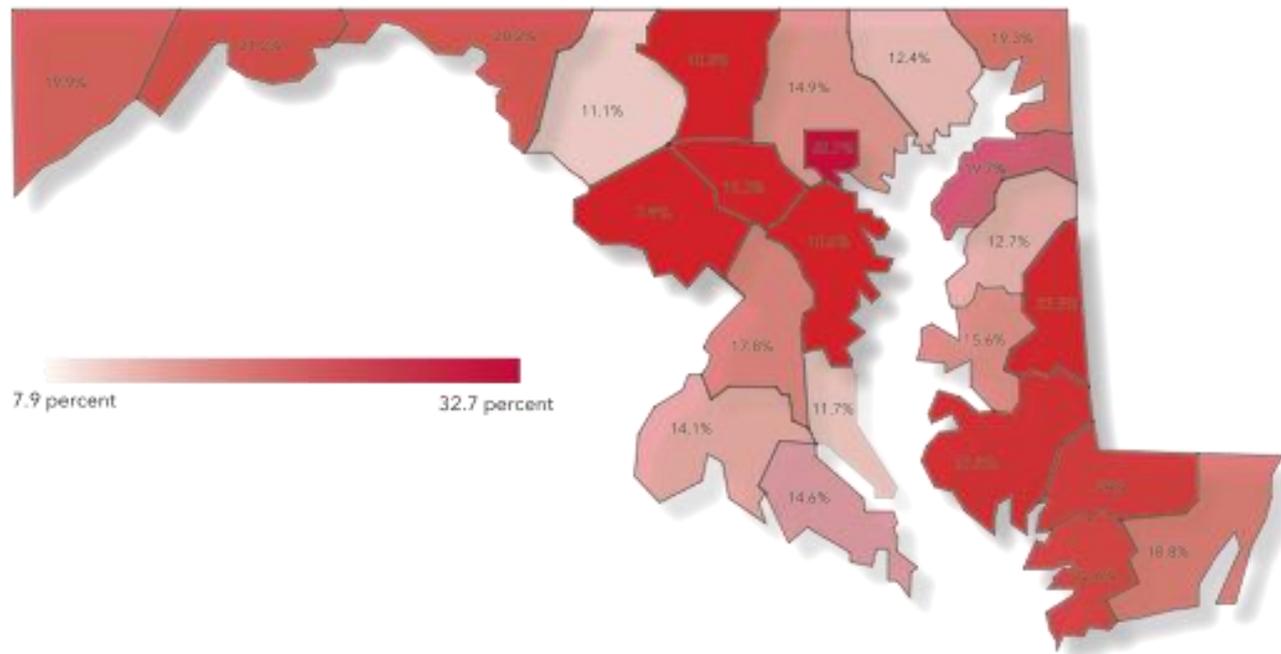


2008 AND 2014 EXPANSIONS ARE MAIN DRIVERS OF ENROLLMENT INCREASES



HEALTHCHOICE PARTICIPATION BY COUNTY POPULATION RANGES FROM 7.9% TO 32.7%

HealthChoice participation
by percent of county population

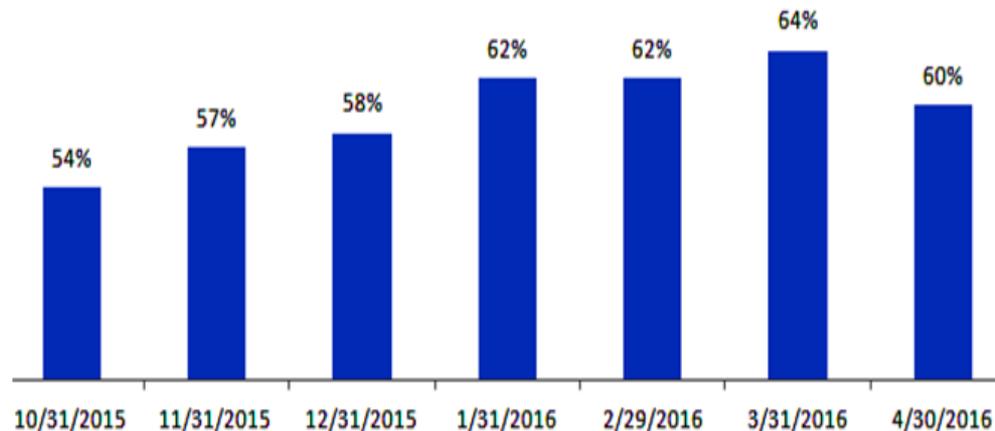


Based on 2014 Census data and Summary of Current HealthChoice Recipients enrolled by MCC/LAA Run 11/10/15 (HMF# 6206-R001)



ACCOMPLISHMENT and GOALS: CONVERSION OF MAGI ENROLLEES TO MARYLAND HEALTH CONNECTION

- Accomplishment: Coordinated outreach effort to renew MAGI enrollees into Maryland Health Connection
 - MCO and provider partnerships
 - Text messaging, social media, stakeholder engagement, new resources for enrollee education
- Fewer than 10,000 MAGI enrollees remain to be converted from the legacy eligibility system (CARES) to the State Based Marketplace (Maryland Health Connection)
- Performed administrative renewals for the first time in September 2015 with an average success rate to date of approximately 60%
- **Goals:** Continued monitoring of call center performance and engage in single-point of entry study recommendations (see next slide)



FUTURE GOALS & PROJECTS: SINGLE POINT OF ENTRY STUDY AND RELATED REFORMS

- In conjunction with DHR, MHBE, and other interested state agencies, an independent review will be solicited by DBM on how to best organize entry points for health and social services.
- The study will focus on:
 - Maximizing access to health and social services;
 - reducing duplication, inefficiency, and costs; and
 - maximizing federal fund participation.



FUTURE GOALS AND PROJECTS: ENHANCING CORRECTIONS-MEDICAID CONNECTIONS

- Medicaid is actively working to strengthen the linkages between the DPSCS and Medicaid to preventing new incarcerations and lower recidivism, saving costs, and reducing the social burdens of crimes in communities
- **Goal - Improve Eligibility and Enrollment Processes/data analytic capabilities between programs:** The current data matching from DPSCS systems is inconsistent or in some cases non-existent.
- **Goal - Improve Post-Release Care and Coverage Connections:** Convene key stakeholders to evaluate various Medicaid enrollment and care coordination strategies at the front and back end of an individuals' involvement in the justice system. Work with national consultants to better understand the scope of current initiatives, current gaps and challenges, and state officials' priorities for the future; and identify and implement best practices for state implementation.



HealthChoice Program



ACCOMPLISHMENTS & GOALS: NETWORK ADEQUACY MONITORING

- **Accomplishment:** Initiated 'secret shopping' program for MCO enrolled providers with a goal of cleaning up network data and identifying gaps
- **Accomplishment:** Implemented new MCO monitoring policies and notification requirements for network changes
- **Goals:** Use data to improve network directories and use information from effort to inform implementation of Medicaid managed care regulations and overall network monitoring



FUTURE PROJECTS: HEALTHCHOICE WAIVER RENEWAL BY DECEMBER 31, 2016

- On April 30, Medicaid will announce the planned submission of a renewal application to CMS for the next three year cycle of the HealthChoice program by July 1, 2016 to include:
 - Continued implementation of ACA provisions;
 - Initiatives to address evaluation results and continue improving quality of care:
 - Provider Data Validation work
 - Value Based Purchasing (13 measures)
 - Colorectal Cancer Screening
 - New Programs or Covering new Populations:
 - Increasing Community Services Program – Increasing available slots from 30 to 100;
 - Modification to ACCU program
 - Coverage of dental care for former foster care adolescents (required by HB511/SB252)
 - Potential housing/care coordination initiative with county funding
- The waiver must be renewed every three years. The current iteration expires December 31, 2016.
- DHMH will submit its renewal application to CMS prior to July 1, 2016.
- Stakeholder engagement will be conducted via two public hearings and a subsequent 30-day comment period to be held in the spring of 2016.



FUTURE PROJECTS: HEALTHCHOICE PERFORMANCE IMPROVEMENTS – VALUE BASED PURCHASING, HEPATITIS C PAYMENT POLICY AND RURAL ACCESS BONUS

- 2017 MCO rate setting began in February 2016
- CY 2014 Results – 10 HEDIS and 3 encounter-based measures
 - For the first time, funding received from disincentive payments was insufficient to cover total incentives earned by top performers
 - The majority of MCOs performed in the incentive range of 5 out of 13 measures.
- Goals:
 - Streamline Hep C payment policy/adapt to new clinical realities and improve administrative processes; potential carve in with risk mitigation strategy under development;
 - Working with Bailit Consulting to develop new measures and new distribution methodology that may be selected for CY17 in light of high overall MCO performance on some measures;
 - Reviewing Rural Access Incentive Program to limit anti-competitive behavior and grow the number of statewide MCOs.



Behavioral Health



TELEHEALTH

- The Department combined the telemedicine and telemental health program in 2015 to streamline administrative oversight under Maryland Medicaid's renamed "Telehealth Program."
- The program is a "hub-and-spoke" model.
 - The Telehealth program will include methadone clinics and community-based substance use providers as originating sites as early as Spring 2016.

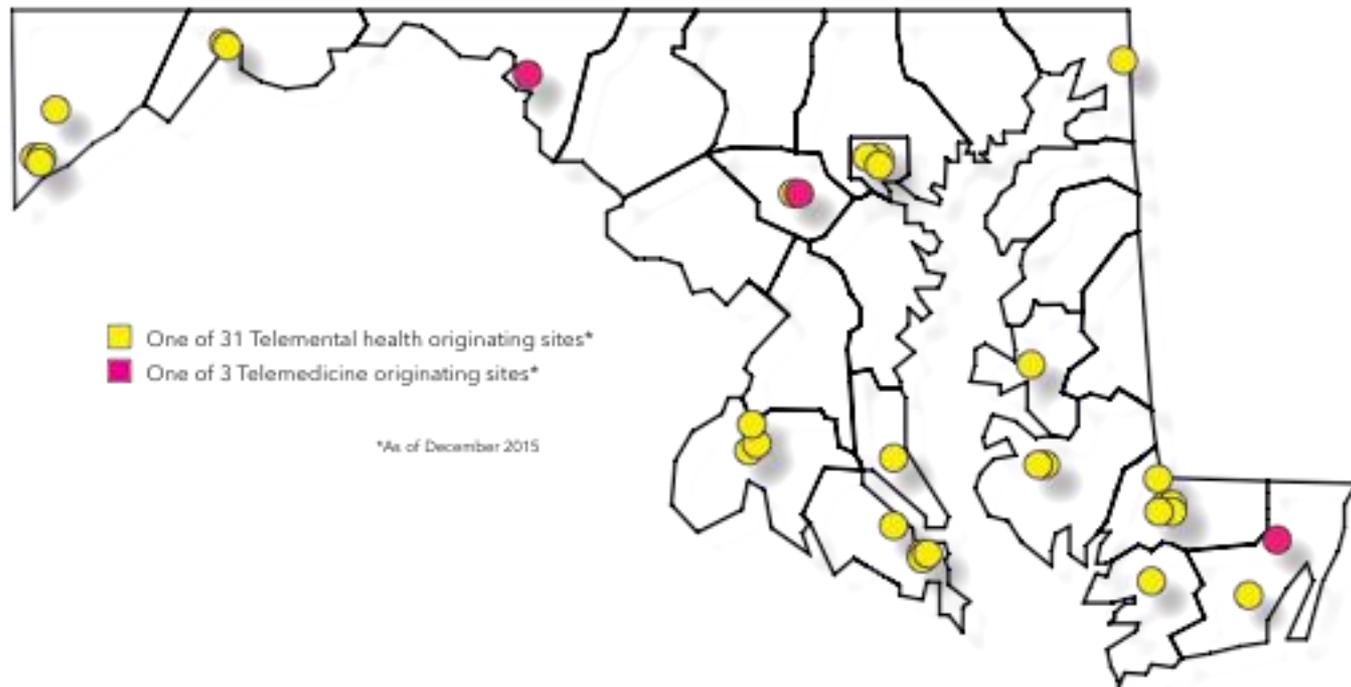


ACCOMPLISHMENTS AND GOALS: TELEHEALTH PROGRAM IMPROVEMENTS

- **Accomplishment:** Reduced Administrative Burden for Providers - Medicaid has simplified the administrative burden for providers by simplifying the telehealth application process and have added additional provider types, and services, most recently SUD/Buprenorphine counseling
- **Goals:** During the 2016 legislative interim, in consultation with MHCC and with the advice of PHS, Medicaid will be assessing the telehealth policies of select Medicaid programs in other states, including reimbursement for telehealth services provided in a home setting; and planning enhancements to our current program.



Maryland Medicaid Telehealth participation distribution



The Maryland Medicaid Telehealth Program is statewide, covering both somatic and behavioral health services.

As the majority of services provided via telehealth are behavioral health services, 91percent of providers enrolled in the Maryland Medicaid Telehealth Program are behavioral health providers.



ACCOMPLISHMENTS AND GOALS: MEDICAID OVERDOSE ACTIVITIES

- **Accomplishments:** MCO Lock in program; Naloxone Access

Goals:

- **DUR Activities:** Early stage development of minimum standards for Drug Utilization Review activities
- **SUD waiver:** Aims to allow Medicaid to pay for substance use treatment services in an IMD; Medicaid is working with CMS and technical assistance providers with goal of amendment approved in July-December 2016
- **Rebundling:** The Department has solicited stakeholder input to rebundle the weekly rate for methadone services to improve access to counseling services. Next iteration of proposal due mid-April.
- **P&T Committee:** Use P&T Committee as a forum for overdose education and drug access/contraction



Other Initiatives



DUALS CARE DELIVERY STRATEGY

- **Accomplishment:** Implemented 'agency only model' for personal assistance services to meet DOL requirements; continue to streamline administrative processes and enhance access to waiver services.
- **Goal:** Developing an improved care delivery strategy for individuals dually-eligible for Medicare and Medicaid is a top priority
 - Alignment: Promote value-based payment
 - Care delivery: Increase integration and coordination
 - Health information technology: Support providers
- A diverse, representative workgroup has been formed; meeting from February to June 2016
- The duals strategy will be aligned with broader statewide transformation efforts
- Medicaid selected to be in Commonwealth Fund Medicaid ACO learning collaborative; two year project that includes peer-to-peer and technical assistance learning – WA, MA, RI and NC also participating



DUALS CARE DELIVERY STRATEGY

- To sign up for the SIM listserv to receive additional information about the planning process for the Duals Care Delivery Strategy and upcoming meetings, please e-mail: dhmh.sim@maryland.gov.
- Questions and comments may also be directed to this e-mail address.



GOALS: MMIS ENHANCEMENTS/MERP

The Governor's 2017 Budget funds several Medicaid-lead initiatives to advance the data analytic capabilities of the program and improve existing systems with "quick wins" that require little or no software development/improvements to the existing legacy system; Medicaid has verbal commitment from CMS for 90/10 funding for these projects:

- MITA 3.0 State Self Assessment
 - A national framework intended to assist state Medicaid programs in assessing current business capabilities "as-is" and mapping to a desired "to be" state.
- Customer Relationship Management (CRM)
 - Tool designed to manage customer interactions
- Decision Support System/Data Warehouse- (DSS)
 - Allows the business to perform data analytics
 - Allows staff to run reports without interfering with production system
- National Correct Coding Initiative (NCCI)
 - Federally mandated
 - Designed to detect improperly coded medical claims and keep from being paid
- Related to these organizational and functional improvements, Finance and OSOP are continuing organizational improvements to premium collection and lockbox activities



Questions?

