



2021 HealthChoice Evaluation (CY 2015 – CY 2019)

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Overview: Demonstration Goals

- Improve access to health care for the Medicaid population
- Improve the quality of health services delivered
- Provide patient-focused, comprehensive and coordinated care through the provision of a medical home
- Emphasize health promotion and disease prevention
- Expand coverage to additional low-income Marylanders with resources generated through managed care efficiencies

2021 Evaluation Overview

- Evaluation period: CY 2015 – CY 2019
- Waiver programs covered in the evaluation
 - Behavioral Health Integration (2015)
 - Residential Treatment Services for Individuals with Substance Use Disorders (SUD) (2017)
 - Community Health Pilots: Home Visiting Services and Assistance in Community Integration Services (2017)
 - Dental Expansion for Former Foster Youth (2017)
 - HealthChoice Diabetes Prevention Program (DPP) (2019)
 - Adult Dental Pilot Program (2019)
- Waiver programs covered in future evaluations
 - Collaborative Care Model Pilot (2020)
 - *Emergency Triage, Treat and Transport Model (2021 request)*
 - *Expansion of Institutions of Mental Disease for Severe Mental Illness (2021 request)*
 - *Maternal Opioid Misuse Model (2021 request)*

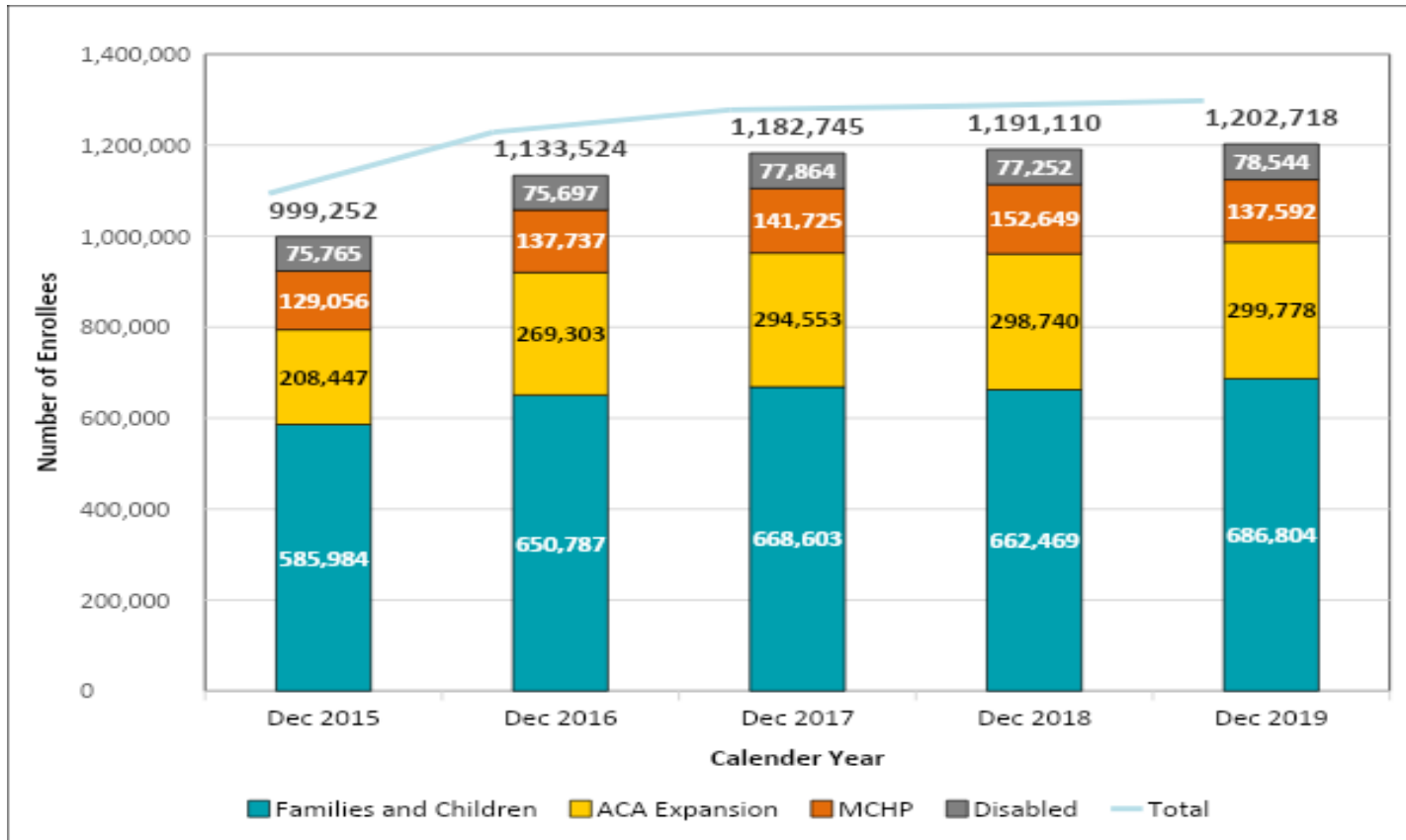
Coverage and Access

Enrollment Growth

Between 2015 and 2019, HealthChoice enrollment increased by 20.4 percent, from 999,252 to 1,202,718.

- The percentage of Maryland Medicaid enrollees in managed care remained high, increasing from 86.7 percent to 89.9 percent.
- The percentage of Maryland's population enrolled in HealthChoice grew from 16.7 percent to 19.9 percent.

Enrollment Growth



Gaps in Coverage

Calendar Year	Total	At Least One Gap in Medicaid Coverage		Length of Coverage Gap			
				180 Days or Less		181 Days or More	
		#	%	#	%	#	%
2016	1,285,347	107,214	8.3%	83,997	78.3%	23,217	21.7%
2017	1,355,225	113,309	8.4%	88,965	78.5%	24,344	21.5%
2018	1,389,716	113,801	8.2%	87,976	77.3%	25,825	22.7%
2019	1,377,493	79,624	5.8%	57,746	72.5%	21,878	27.5%

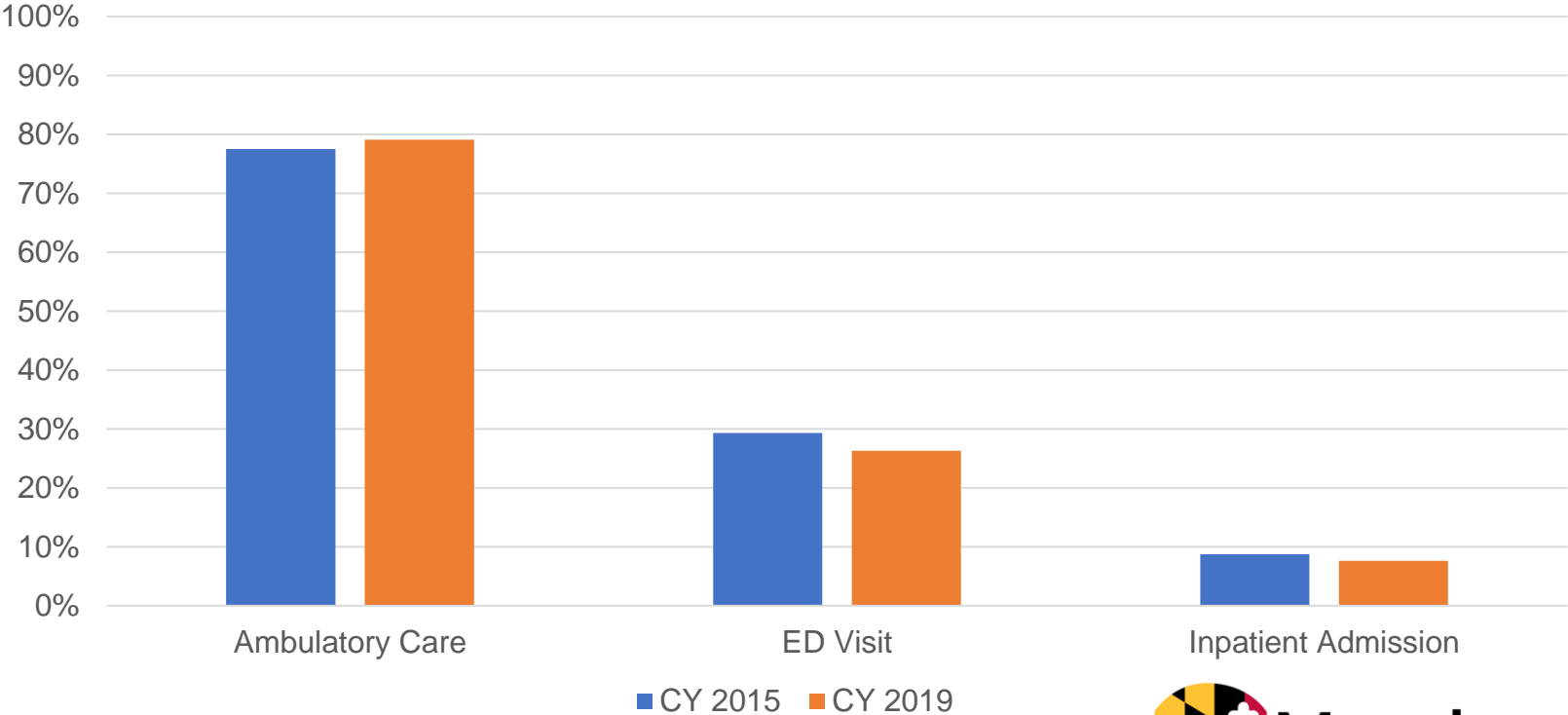
- The percentage of HealthChoice participants with a gap in coverage decreased from 8.3 percent in CY 2016 to 5.8 percent in CY 2019.
- The overall number of those with a gap has decreased; within that smaller figure, there has been an increase in the proportion of those with a gap of 180 days.

Utilization

- Participants with an ambulatory care visit increased from 76.1 percent to 79.0 percent, with the lowest observed rates among 19-39 year-olds (70.3 percent) and the ACA Expansion population (68.9 percent).
- The emergency department (ED) visit rate in CY 2019 was 27.7 percent, a decrease from 30.4 percent in CY 2015; the average no. of visits per ED user remained steady at 1.9.
- ED visits that resulted in an inpatient admission decreased from 3.7 percent to 3.6 percent, with the highest rate in Baltimore City.
- Inpatient admissions decreased by 0.7 percentage points, from 10.2 percent to 9.5 percent, with the greatest declines in Baltimore City.

Children in Foster Care

Health Care Utilization by Children in Foster Care (2014-2018)



Children in Foster Care

	CY 2015		CY 2019	
MHD-only				
Foster Care	5,724	37.9%	5,799	39.1%
Non-Foster Care	66,296	9.5%	83,275	11.4%
SUD-only				
Foster Care	106	0.7%	65	0.4%
Non-Foster Care	3,553	0.5%	2,827	0.4%
MHD + SUD				
Foster Care	334	2.2%	224	1.5%
Non-Foster Care	2,057	0.3%	1,831	0.3%

REM Program

- Utilization
 - The percentage of REM participants receiving dental visits grew by 3.0 percentage points, from 52.1 percent to 55.1 percent.
 - Ambulatory care visits decreased by 0.1 percentage points over the study period, to 93.6 percent.
 - ED utilization rate decreased by 1.9 percentage points, from to 44.2 percent to 42.3 percent.
 - Inpatient admissions decreased from 27.9 percent to 25.5 percent.
- Behavioral Health Diagnoses (CY 2019)
 - MHD-only: 19.4 percent
 - SUD-only: 3.3 percent
 - MHD + SUD: 0.9 percent

Racial and Ethnic Disparities

- Ambulatory care visit rates increased among children of all racial and ethnic groups from CY 2015 to CY 2019, with the exception of Native Americans (82.0 percent to 81.9 percent); adult rates increased across all races.
- African-Americans continued to have the highest ED rate (31.9 percent)—though a decrease of 3.0 percentage points—while Asians had the lowest (15.1 percent).
- Whites had the highest inpatient admission rate (10.3 percent), followed by Native Americans, Other and African-Americans
- Data integrity challenges

ACA Expansion Population

Service type	CY 2015	CY 2019
Ambulatory care	82.2%	75.7%
ED visits	38.9%	33.5%
Inpatient admissions	11.3%	8.5%
MHD-only	13.4%	12.5%
SUD-only	7.4%	7.7%
MHD + SUD	6.7%	6.8%

ACA expansion enrollment increased from 365,992 in CY 2015 to 391,784 in CY 2019, with participants aged 19-34 comprising the largest portion.*

**Any period of enrollment*

Quality of Care

Value-Based Purchasing (2015-2019)

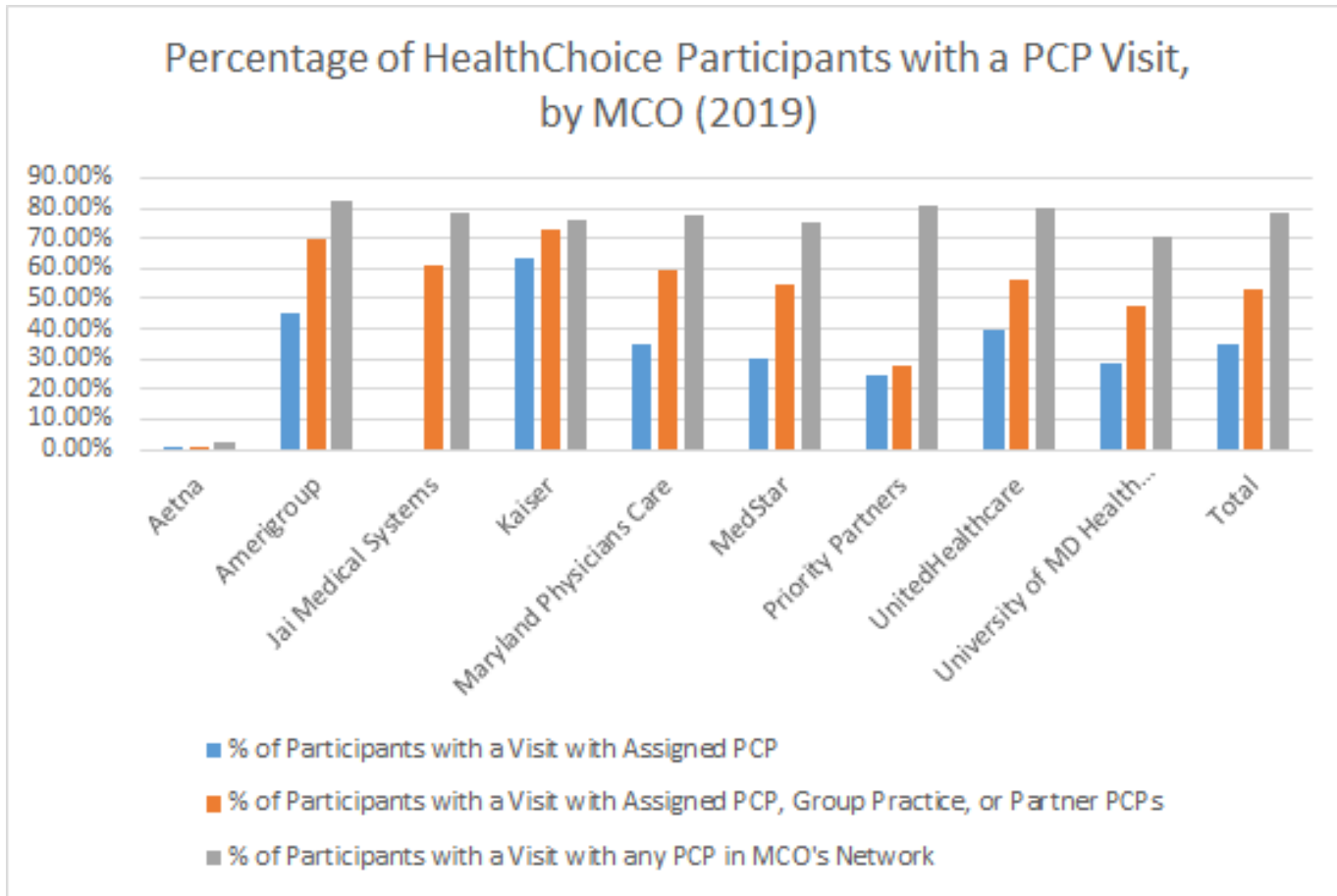


Healthy Kids Review

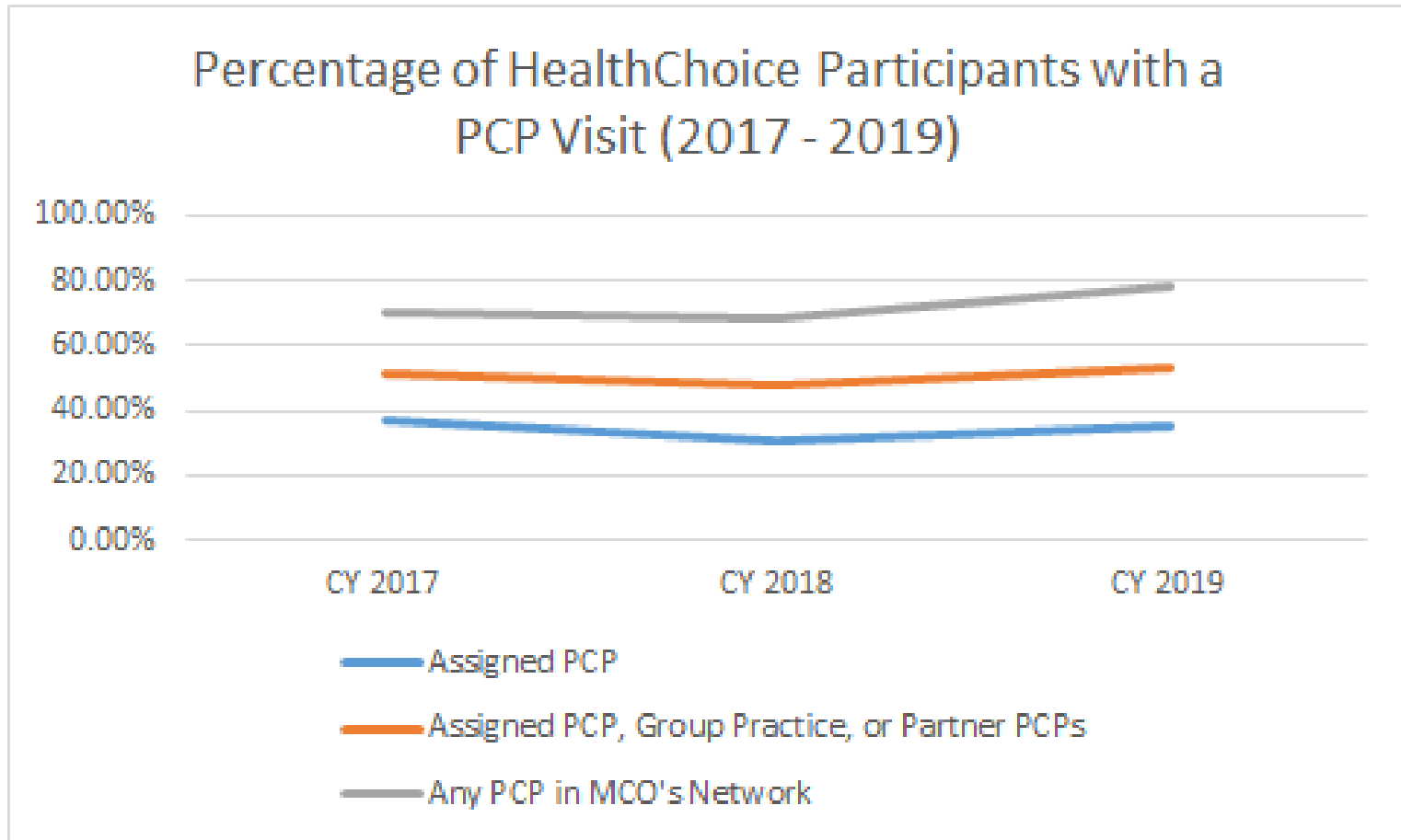
EPSDT Component	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Health and Developmental History	92%	92%	92%	94%	88%
Comprehensive Physical Exam	93%	96%	96%	97%	93%
Laboratory Tests/At-Risk Screenings	78%	85%	82%	87%	66%
Immunizations	84%	85%	90%	93%	71%
Health Education/Anticipatory Guidance	92%	95%	94%	94%	92%
HealthChoice Aggregate Total	89%	91%	92%	94%	83%

Medical Home

Medical Home Utilization

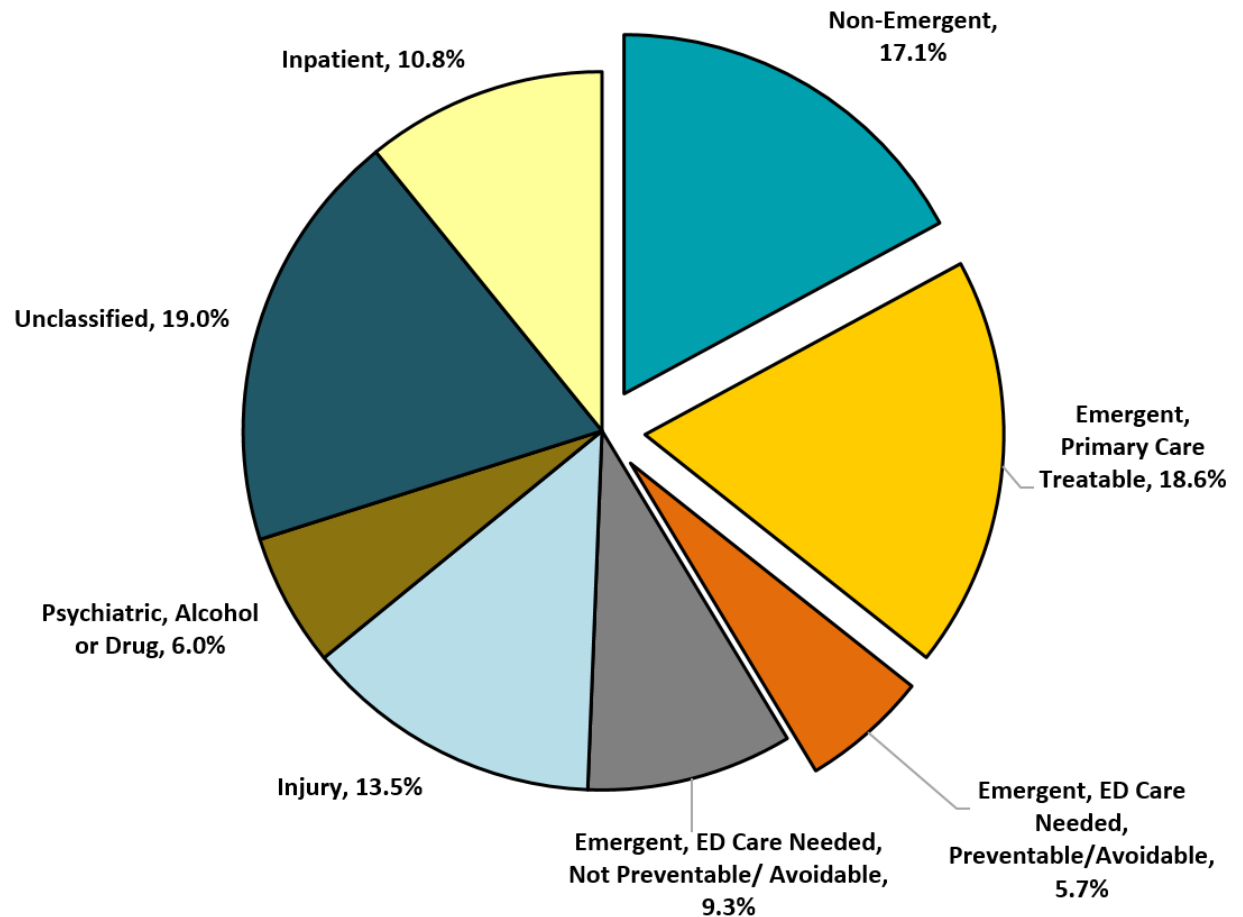


Medical Home Utilization



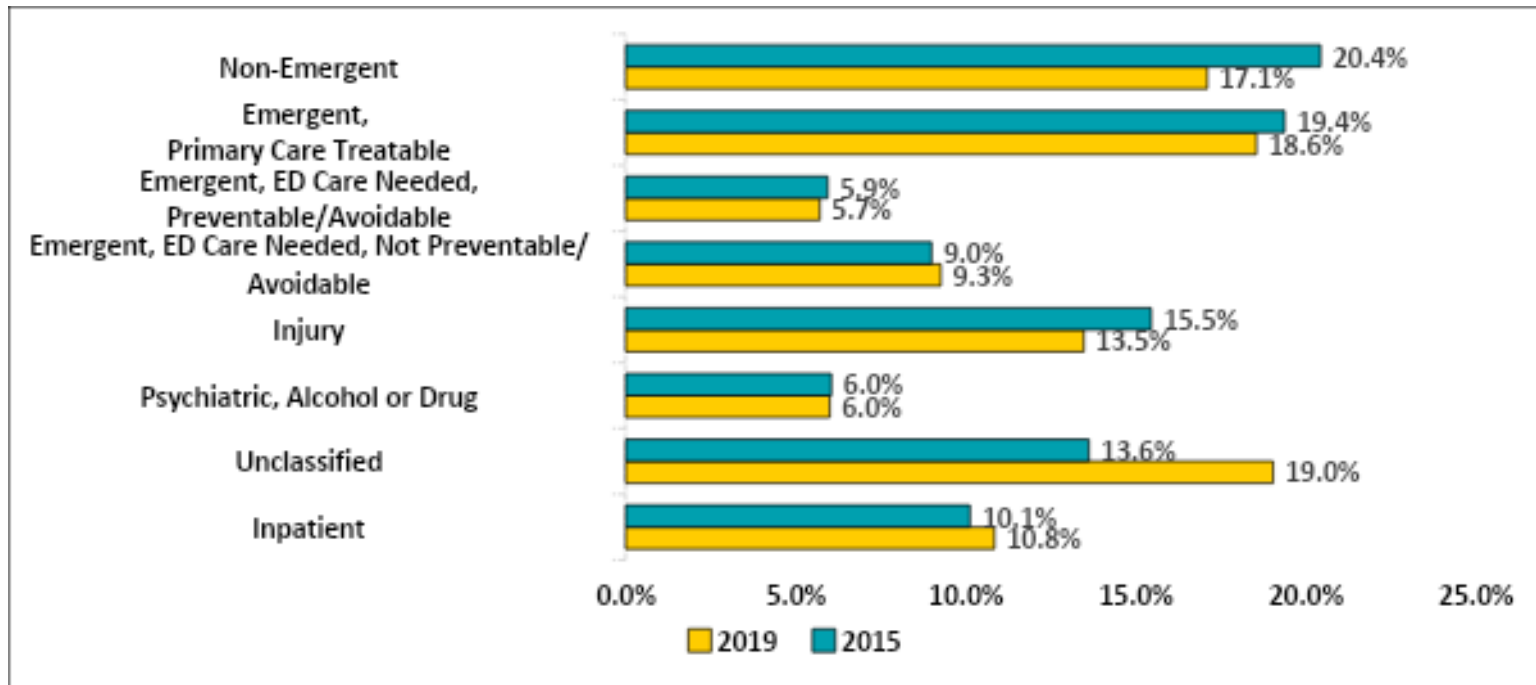
ED Utilization

ED Visits by HealthChoice Participants Classified According to NYU Avoidable ED Algorithm, CY 2019



ED Utilization

Between CY 2015 and CY 2019, potentially-avoidable ED utilization decreased from 45.7 percent to 41.4 percent.



Inpatient Admissions

- The Department uses the Agency for Healthcare Research and Quality's Prevention Quality Indicators (PQI) methodology, which looks for specific primary diagnoses in hospital admission records.
- The percentage of participants with at least one admission due to one of the 16 PQI designations decreased from 11.7 percent in CY 2015 to 10.2 percent in CY 2019.
- PQI-designated discharges with the highest rates:
 - COPD or Asthma in Older Adults (PQI #5)
 - Congestive Heart Failure (PQI #8)

Health Promotion and Disease Prevention

HEDIS Childhood Measures

HealthChoice performance remains above the National HEDIS Mean (NHM).

- **Immunization Combination Two:** Decreased from 83.8 percent in CY 2015 to 77.9 percent in CY 2019
- **Immunization Combination Three:** Decreased from 82.1 percent in CY 2015 to 75.4 percent in CY 2019
- **15-month-old infants who received at least five well-child visits:** Increased from a low of 81.8 percent in CY 2015 to 84.9 percent in CY 2019
- **Children aged three to six years who received at least one well-child visit:** Decreased from 82.7 percent in CY 2015 to 81.8 percent in CY 2019
- **Adolescent Well-Care:** Decreased from 65.6 percent in CY 2015 to 64.4 percent in CY 2019

Lead Test Screening

- Lead test screening rates between CY 2015 and CY 2019:
 - Improved for children aged 12-23 months: 60.7 percent to 62.4 percent
 - Improved for children aged 24-35 months: 77.6 percent to 81.5 percent
- Blood lead levels: The percentage of children aged zero to six with an elevated blood lead level decreased from 3.3 percent in CY 2014 to 2.4 percent in CY 2018 (*pending data for CY 2029*).
- Health Services Initiative (HSI)
 - Program 1: Healthy Homes for Healthy Kids (lead identification and abatement); and
 - Program 2: Childhood Lead Poisoning Prevention & Environmental Case Management (identify asthma triggers and conditions that contribute to lead poisoning)

Cancer Prevention

HPV Vaccination Rates, 13-Year-Old Medicaid Participants, CY 2015–CY 2019

Calendar Year	Medicaid Enrollees who Turned 13 Years Old	Two HPV Vaccine Doses between Their 9th and 13th Birthdays	
	Number	Number	Percentage
2015	28,329	6,443	22.7%
2016	27,579	7,763	28.1%
2017	29,683	9,288	31.3%
2018	31,194	10,504	33.7%
2019	34,030	11,850	34.8%

Cancer Screening

Breast Cancer

- 70.0 percent in CY 2015 to 70.6 percent in CY 2019
- *Improved by 0.6 percentage points*

Cervical Cancer

- 65.1 percent in CY 2015 to 63.8 percent in CY 2019
- *Decreased by 1.3 percentage points*

Colorectal Cancer

- 35.0 percent in CY 2015 to 41.5 percent in CY 2019
- *Improved by 6.5 percentage points*

Dental Services

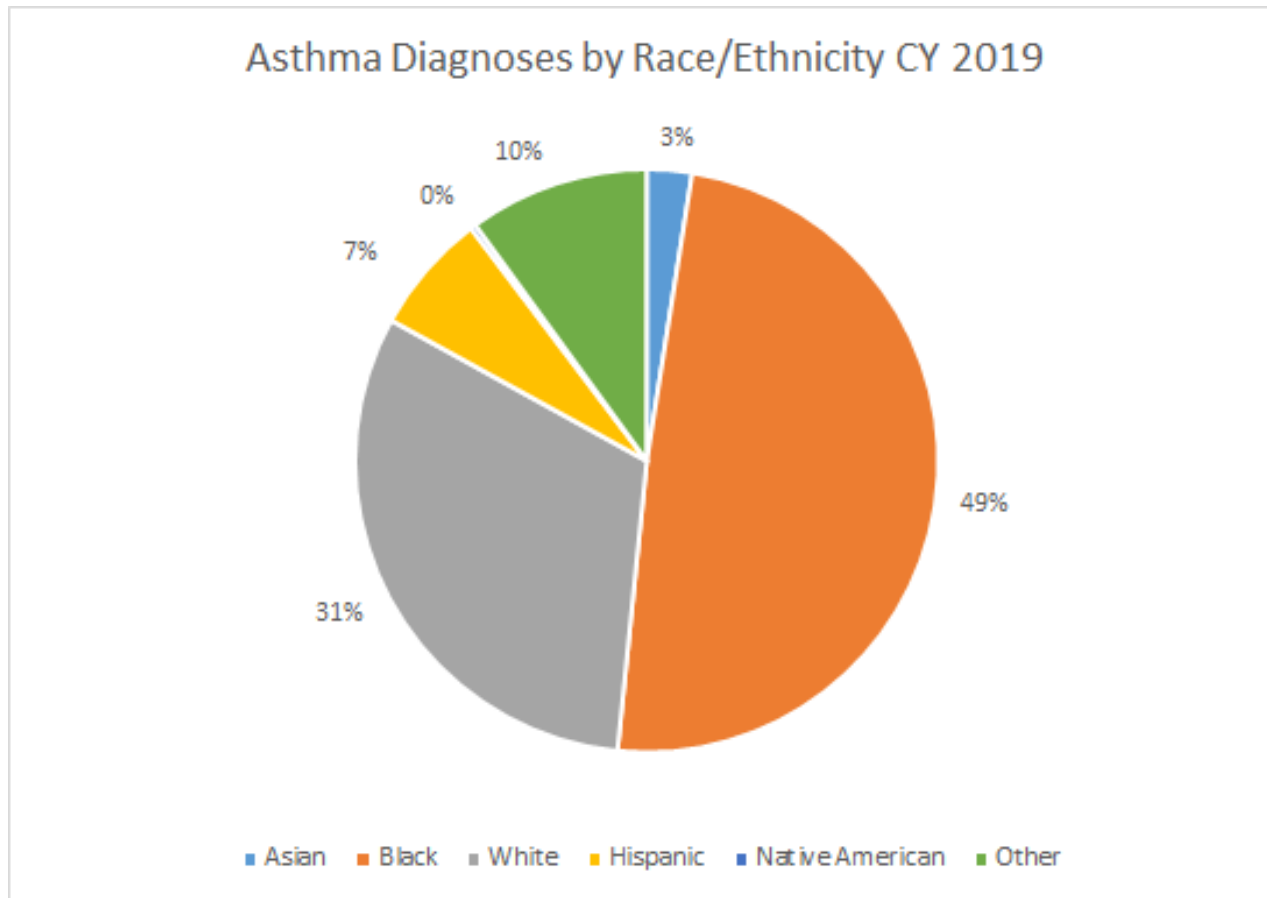
- 69.4 percent of children aged 4-20 years received dental services in CY 2019—greater than the national HEDIS mean.
- 28.5 percent of pregnant women aged 14 years and older received dental services in CY 2019—a slight increase from CY 2018.

Participating Dentists – CY 2019	
Baltimore Metro	628
Washington Metro	630
Southern Maryland	66
Western Maryland	164
Eastern Shore	98
Other	215
Total	1,801
Unique Total	1,694

Reproductive Health

- Receiving timely prenatal care: 88.2 percent in CY 2019
 - Increase of 3.8 percentage points over CY 2015
 - 28 percent lower odds of a low-birthweight baby; 70 percent lower odds of a very-low-birthweight baby
- Contraceptive Care (CY 2019)
 - Most-effective methods: 6.9 percent
 - Moderately-effective methods: 22.5 percent
 - At risk of unintended pregnancy: 271,262

Asthma



Asthma

Percentage of HealthChoice Members Aged 5-64 Years with Persistent Asthma Who Remained on a Prescribed Controller Medication for at Least 50% and 75% of Their Treatment Period (CY 2015–CY 2019)

	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Remained on Prescribed Controller Medication for at Least 50% of Treatment Period					
HealthChoice	56.9%	55.8%	58.2%	59.6%	61.6%
National HEDIS® Mean	+	-	-	-	+
Remained on Prescribed Controller Medication for at Least 75% of Treatment Period					
HealthChoice	34.1%	31.1%	32.9%	33.7%	35.3%
National HEDIS® Mean	+	-	-	-	-

Asthma

Participants who remained on their asthma medication for at least 50 percent of the year had:

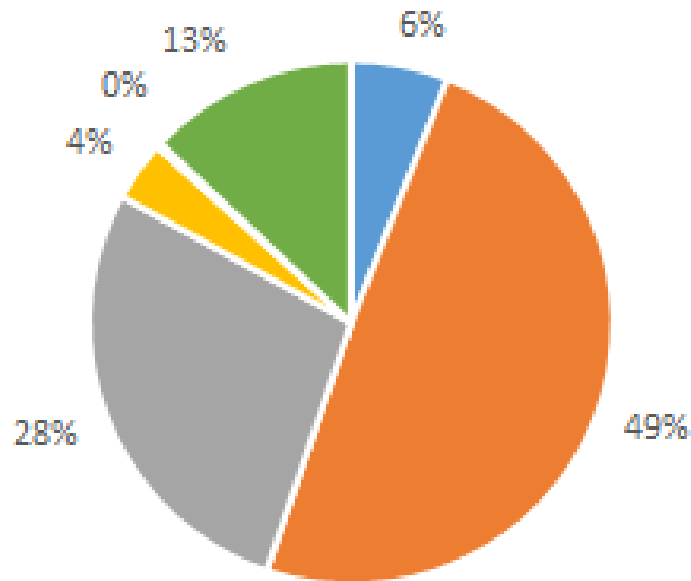
- 14.1 percent lower odds of having an asthma-related ED visit; and
- 26 percent lower odds of an asthma-related inpatient stay *the following year*.

Participants who remained on their asthma medication for at least 75 percent of the year had:

- 22.6 percent lower odds of having an asthma-related ED visit.

Diabetes

Diabetes Diagnoses by Race/Ethnicity CY 2019



■ Asian ■ Black ■ White ■ Hispanic ■ Native American ■ Other

Diabetes

**Percentage of HealthChoice Members Aged 19–64 Years
with Diabetes Who Received Comprehensive Diabetes Care
(CY 2015 – CY 2019)**

	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Eye Exam (Retinal)					
HealthChoice	60.2%	57.0%	57.8%	54.1%	54.7%
National HEDIS® Mean	+	+	+	-	-
HbA1c Test					
HealthChoice	88.8%	88.9%	87.9%	88.8%	88.3%
National HEDIS® Mean	+	+	+	+	+

Diabetes

Participants who had an HbA1c test and retinal exam were:

- 65 percent less likely to have a diabetes-related ED visit; and
- 37.1 percent less likely to have a diabetes-related inpatient stay.

HIV/AIDS

Screening and Prevention

- HIV screening (15-64) increased by 3.8 percentage points, to 18.0 percent.
- HIV pre-exposure prophylaxis (PrEP) use decreased by 0.1 percentage points, to 0.1.

Chronic Condition Management

- CD4 testing decreased by 2.7 percentage points, from 75.0 percent to 72.3 percent.
- Viral load testing increased by 3.6 percentage points, from 69.3 percent to 72.9 percent.
- Antiretroviral therapy utilization increased by 4.0 percentage points, from 82.8 percent to 86.8 percent.

Behavioral Health

The percentage of HealthChoice participants with:

- A mental health disorder (MHD) diagnosis increased by 1.6 percentage points, from 10.9 percent in CY 2015 to 12.5 percent in CY 2019
- A substance use disorder (SUD) diagnosis increased by 0.4 percentage point, from 2.7 percent in CY 2015 to 3.1 percent in CY 2019
- Co-occurring behavioral health diagnoses (MHD and SUD) increased by 0.6 percentage point, from 2.1 percent in CY 2015 to 2.7 percent in CY 2019

Behavioral Health

Year	Ambulatory Visit	ED Visit	Inpatient Admission
MHD-Only			
CY 2015	92.7%	44.5%	12.9%
CY 2016	92.9%	44.3%	12.5%
CY 2017	92.8%	43.1%	12.3%
CY 2018	92.7%	39.7%	11.6%
CY 2019	92.8%	39.2%	10.7%
SUD-Only			
CY 2015	71.2%	50.6%	14.6%
CY 2016	71.6%	50.7%	14.3%
CY 2017	77.4%	50.4%	14.8%
CY 2018	81.2%	47.2%	14.2%
CY 2019	82.8%	47.5%	13.7%
MHD + SUD			
CY 2015	91.5%	67.7%	32.5%
CY 2016	91.3%	68.2%	31.8%
CY 2017	92.7%	68.1%	31.3%
CY 2018	93.9%	65.5%	29.4%
CY 2019	94.7%	63.6%	26.8%

Mental Health

Study	Odds Ratio: ED Visit	Odds Ratio: Inpatient Stay
Antipsychotic Treatment Adherence (80%)	0.71	0.61
Antidepressant Treatment Adherence (12-week)	1.06	1.13
Antidepressant Treatment Adherence (6-month)	1.06	1.14

Substance Use

ED use *due to the SUD* by this population have decreased, while the percentage utilizing medication for opioid use disorder (OUD) increased.

Year	ED Visit with Primary SUD Diagnosis	Using Medication for OUD
SUD-Only		
2015	9.6%	56.6%
2016	9.0%	58.5%
2017	9.3%	59.6%
2018	9.2%	60.8%
2019	9.3%	61.5%
MHD + SUD		
2015	17.5%	57.2%
2016	15.6%	60.0%
2017	16.4%	60.8%
2018	15.7%	61.9%
2019	15.1%	64.9%

Substance Use

- Screening, Brief Intervention and Referral to Treatment (SBIRT): The rate per 1,000 receiving an SBIRT service increased from 1.3 in CY 2015 to 16.4 in CY 2019.
- Outpatient follow-up after SUD-related ED visits (CY 2017 to CY 2019):
 - Within seven days: Increased from 12.3 percent to 14.5 percent for SUD-only and 20.8 percent to 26.5 percent for dual diagnosis
 - Within 30 days: Increased from 20.2 percent to 22.3 percent for SUD-only and 35.1 percent to 40.5 percent for dual diagnosis

Demonstration Programs

Residential Treatment for Individuals with SUD

- Effective July 1, 2017
- ASAM Levels 3.1, 3.3, 3.5, 3.7 and 3.7WM
- Up to two 30-day non-consecutive stays
- *Starting July 1, 2019: ASAM Level 4.0 for individuals with a primary SUD and secondary MHD*

Level of Service	FY 2018	FY 2019	FY 2020
	Recipient Count		
Level 3.7-WM	4,650	5,125	3,705
Level 3.7	5,689	6,126	4,159
Level 3.5	1,873	2,926	3,491
Level 3.3	1,243	1,566	1,760
Level 3.1	N/A	453	1,821
All Unique Users	8,747	10,792	9,819

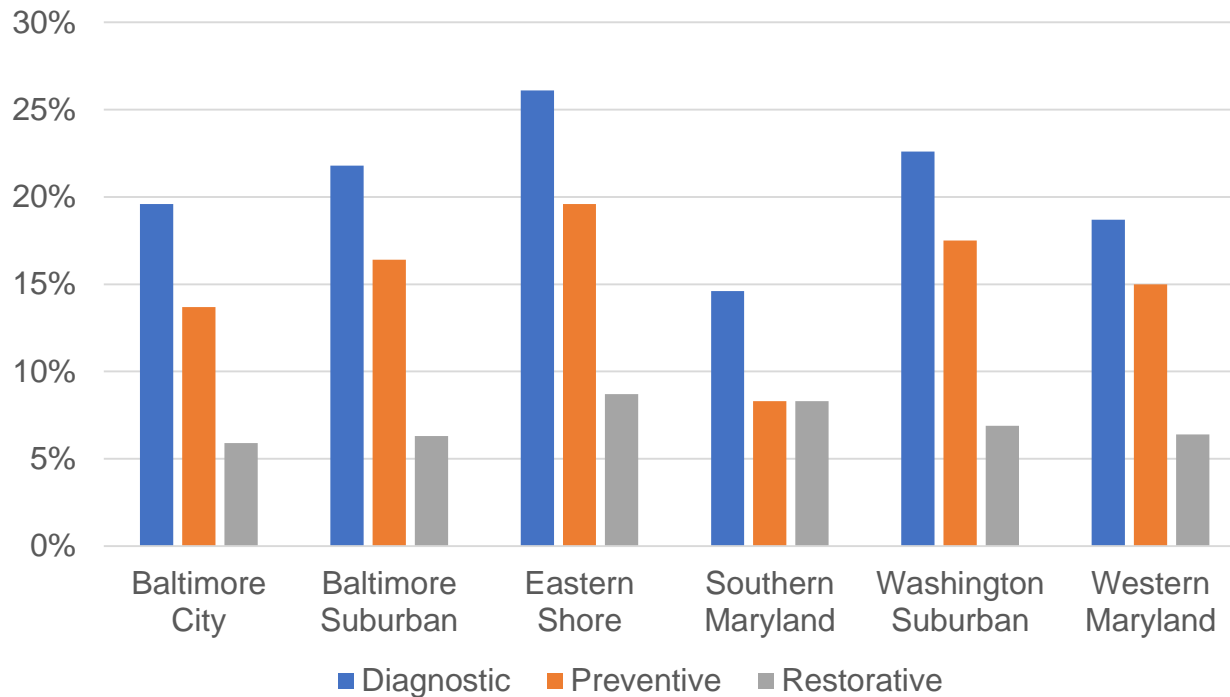
ASAM Level 3.1 services phased in on January 1, 2019; coverage extended to dually-eligible by January 1, 2020

Community Health Pilots

- Evidence-Based Home Visiting Services
 - Harford County Health Department: 30 families
 - Garrett County Health Department: 13 families
 - *CY 2019 enrollment: 32 participants*
- Assistance in Community Integration Services
 - Baltimore City Mayor's Office of Homeless Services: 200 individuals
 - Montgomery County Department of Health and Human Services: 130 individuals
 - Cecil County Health Department: 15 individuals
 - Prince George's County Health Department: 75 individuals
 - *CY 2019 enrollment: 253 participants*

Former Foster Care Dental

Percentage of Former Foster Youth with a Dental Visit, by Region and Service Type (CY 2019)



Adult Dental Pilot

In the first seven months (June 1, 2019, through December 31, 2019) of the adult dental pilot:

- At least one dental visit: 4,508 participants (12.2 percent)
- Diagnostic visit: 4,354 participants (11.8 percent)
- Preventive visit: 2,325 participants (6.3 percent)
- Restorative visit: 1,321 participants (3.6 percent)

Increased Community Services

- Number of slots increased from 30 to 100 with 2016 waiver renewal—35 enrolled as of December 2019
- 100-percent compliance with:
 - Plans of service addressing health and safety factors
 - Signed Freedom of Choice form, including waiver services over institutional care, choice of services and choice of providers
 - Supports Planning Supervisors completing annual training on identifying, addressing and preventing abuse, neglect and exploitation
 - Supports Planning Supervisors completing annual training on falls prevention

Family Planning Program

Enrollment and Service Utilization (CY 2015 - CY 2019)

		CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
No. of Participants	Any enrollment	19,754	15,447	13,154	13,680	16,375
	12-month enrollment	7,488	6,758	6,314	5,965	5,962
No. with at least one service	Any enrollment	4,671	2,925	2,271	1,901	2,034
	12-month enrollment	1,672	1,198	862	654	507
Percentage with at least one service	Any enrollment	23.6%	18.9%	17.3%	13.9%	12.4%
	12-month enrollment	22.3%	17.7%	13.7%	11.0%	8.5%

Questions?

HealthChoice evaluations can be found here:

<https://mmcp.health.maryland.gov/healthchoice/pages/HealthChoice-Evaluation.aspx>

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