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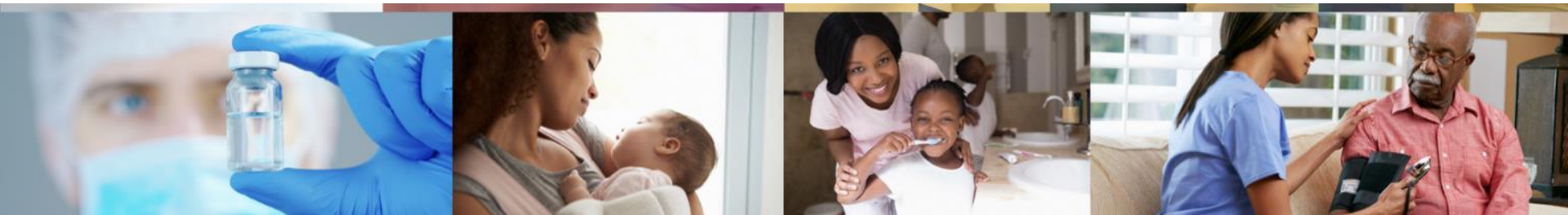
2022 HealthChoice Post Award Forum

Medicaid Office of Innovation, Research and Development

May 26, 2022



Agenda and Housekeeping

- HealthChoice 1115 Waiver Updates
- 2022 HealthChoice Evaluation
- Resources and Contact Information

There will be pauses through the presentation for questions and comments. Please put your comments in the chat and we will answer them at the question breaks.

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HealthChoice 1115 Waiver Updates

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HealthChoice

- HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees.
- The HealthChoice §1115 demonstration waiver was last renewed in 2021; the current waiver term extends for five years (calendar years (CY) 2022-2026).
- The HealthChoice program is a mature demonstration that has been proven to increase access to quality health care and reduce overall health care spending.

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HealthChoice

- In December 2021, CMS approved Maryland's application for a seventh extension of the HealthChoice demonstration.
- The Department's goal through this renewal is to test and evaluate the effect of the demonstration on improving the health status of low-income Marylanders by:
  - Improving access to health care for the Medicaid population;
  - Improving the quality of health services delivered;
  - Providing patient-focused, comprehensive, and coordinated care designed to meet healthcare needs by providing each member a single "medical home" through a primary care provider (PCP);
  - Emphasizing health promotion and disease prevention by providing access to immunizations and other wellness services, such as regular prenatal care; and
  - Expanding coverage to additional low-income Marylanders with resources generated through managed care efficiencies.

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Residential Treatment for Individuals with SUD

- As part of the 2016 HealthChoice § 1115 renewal application, CMS authorized MDH to cover SUD services delivered in Institutions of Mental Disease (IMD) for adults aged 21 to 64
- Maryland began phasing in these services in 2017.
- Effective 1/1/2022:
  - All caps on number of stays for SUD IMD eliminated.
  - Federally required guardrails:
    - If the average length of stay exceeds 30 days for the population, CMS will require a corrective action plan with a hard limit of 45 days.

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Residential Treatment for Individuals with Serious Mental Illness (SMI)

- Approved by CMS to cover SMI IMD services.
- Federally required guardrails:
  - (1) Medicaid cannot pay for stays that extend beyond 60 days (excess days paid with state-only funds); and
  - (2) if the average length of stay exceeds 30 days for the population, CMS will require a corrective action plan with a hard limit of 45 days.
- Prior to receiving federal match, MDH is required to submit an SMI Implementation Plan and Initial Assessment to CMS.
- Both documents have been submitted and are under review by CMS.

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Collaborative Care Model (CoCM) Pilot Program

- Coverage for CoCM began July 2020.
  - Statutory language for CoCM Pilot Program sunsets June 30, 2023
- Integrates primary care and behavioral health services
- Evaluation due to General Assembly by November 1, 2023. Early results:
  - Decreasing scores for both tests indicate improvements in participants' depression and anxiety.
  - For participants who were considered active in CoCM and enrolled for more than 70 days, more than 65 percent have had clinically significant improvement.
    - Baseline score dropped more than 50 percent or their score dropped below the level of eligibility for CoCM.

HealthChoice Diabetes Prevention Program (HealthChoice DPP)

- Evidence-based program established by the CDC
- Expanded coverage to all eligible participants September 1, 2019
- 568 DPP encounters to 104 unique participants (June 3, 2020 – April 20, 2022)
  - 53% were in-person
  - 33% were in-person makeup sessions
  - 14% were conducted virtually

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HealthChoice-DPP: CRISP Care Alerts Initial Results

- Care Alerts went live in June 2021
- Initially identified ~75,000 individuals who were likely eligible for HealthChoice DPP
- During the period from 10/1 - 12/31/2021, Care Alerts were generated for all 9 MCOs as follows:
  - Total active alerts as of 12/31/2021: 86,508
  - Patients who have received a new DPP likely eligible alert: 909
  - Patients who have received a new DPP likely eligible but missing data alert: 1750
- 9 MCOs receiving monthly Smart Alert reports
  - Continuously updated

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Community Health Pilots

- **Evidence-Based Home Visiting Services (HVS) Pilot**
  - Harford County Health Department: 30 families
  - Garrett County Health Department: 13 families
  - *CY2021 Enrollment: 50*
- HVS Pilot ending June 30, 2022
- Maryland began its statewide expansion of the HVS Pilot in January 2022, covered through a State Plan Amendment

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Community Health Pilots

- **Assistance in Community Integration Services (ACIS) Pilot**
  - Baltimore City Mayor's Office of Homeless Services: 300 participants
  - Montgomery County Department of Health and Human Services: 230 participants
  - Cecil County Health Department: 15 participants
  - Prince George's County Health Department: 75 participants
  - *CY2021 Enrollment: 402*
- ACIS Pilot expansion from 600 to 900 statewide ACIS participant spaces

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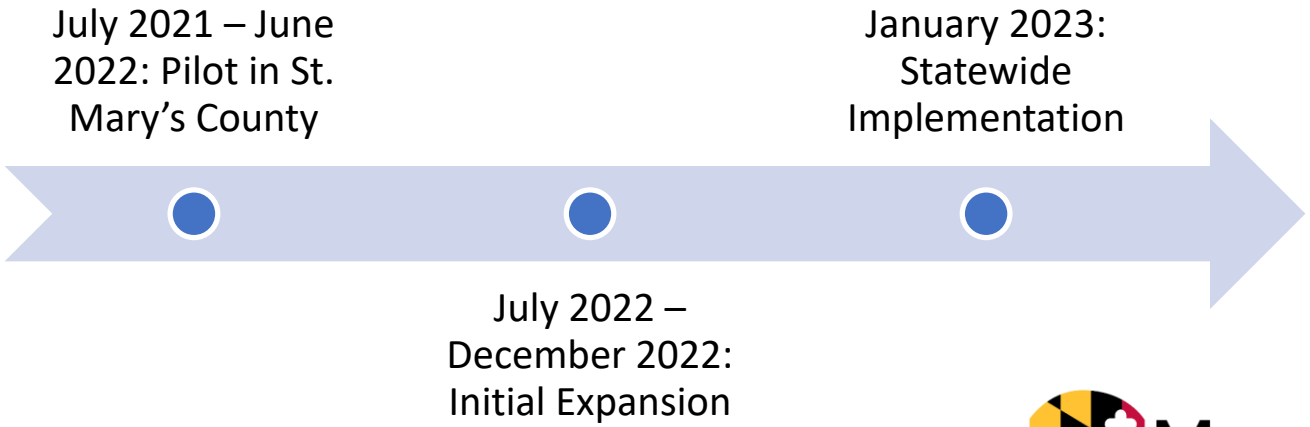
Maternal Opioid Misuse (MOM) Model

- An initiative designed to link pregnant and postpartum Medicaid participants with opioid use disorder with needed health care and health-related social needs
- Funding will be used for PMPM payments for MCOs to cover enhanced case management services



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Alternative Destination Pilot

- 2021 1115 waiver renewal granted approval for Medicaid to implement the Alternative Destination Pilot (ADP) in three jurisdictions.
- Senate Bill 295 (2022) requires statewide coverage of transportation to Alternative Destinations.
- Medicaid is winding down pilot planning and sunsetting the ADP in the 1115 waiver to focus on statewide implementation of coverage through the State Plan.
- Estimated start date for statewide coverage is January 1, 2023.
- For more information, please see 1115 Waiver Page.

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Adult Dental Pilot Program

- HB 6/SB 150 (Chs. 302 & 303 of the Acts of 2022) requires coverage of adult dental services.
- The Adult Dental Pilot Program will be sunset from the 1115 waiver.
  - Individuals receiving coverage under the pilot program will be eligible to receive services through the expansion.
- The benefit package will be the same as the current benefit package for pregnant women and it will not be subjected to a maximum benefit allowance
- For more information, please see 1115 Waiver Page.

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2022 HealthChoice Evaluation

(CY 2016 – CY 2020)

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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

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2022 Evaluation Overview

- Evaluation period: CY 2016 – CY 2020
- 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 (HVS) and Assistance in Community Integration Services (ACIS) (2017)
  - Dental Expansion for Former Foster Youth (2017)
  - HealthChoice Diabetes Prevention Program (DPP) (2019)
  - Collaborative Care Model Pilot (2020)
  - Family Planning program (2018)
  - Adult Dental Pilot Program (2019)

Coverage and Access

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Enrollment Growth

Between 2016 and 2020, HealthChoice enrollment increased by 18 percent, from 1,133,524 to 1,337,378 .

- Sharp increase in program enrollment of 11.2% from CY 2019 to CY 2020 is seen in part due to Medicaid Maintenance of Effort (MOE) requirements.
- The percentage of Maryland Medicaid enrollees in managed care remained high, increasing from 87.7 percent to 89.7 percent.
- The percentage of Maryland's population enrolled in HealthChoice grew from 18.8 percent to 21.7 percent.

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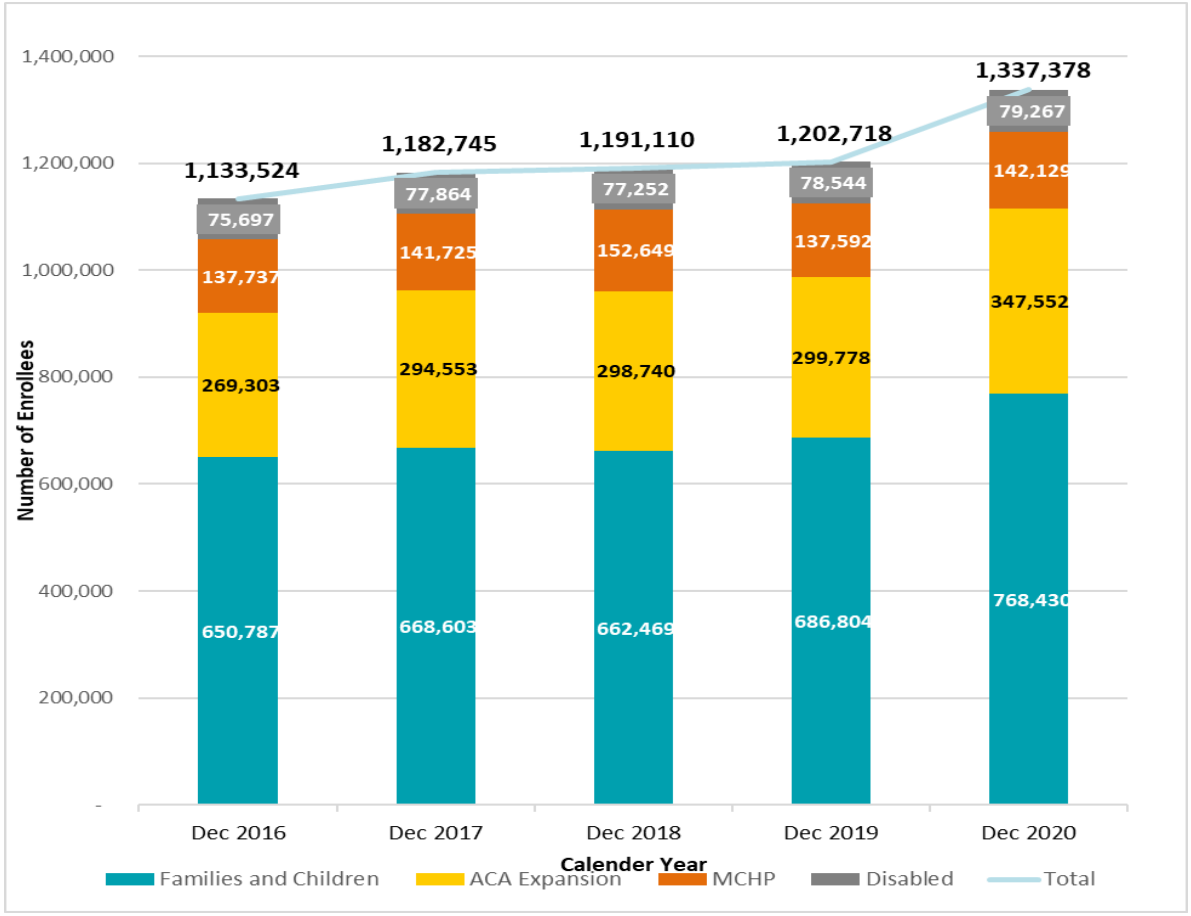
HealthChoice Enrollment by Coverage Category as of December 31, CY 2016–CY 2020*



*Enrollment counts include participants aged 0-64 years who are enrolled in a HealthChoice MCO.

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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%
2020	1,392,876	16,241	1.2%	11,391	70.1%	4,850	29.9%

- The percentage of HealthChoice participants with a gap in coverage decreased from 8.3 percent in CY 2016 to 1.2 percent in CY 2020.
- The overall number of those with a gap has decreased.
- CY 2019 and CY 2020 had fewer gaps overall and a greater share of those gaps remained within 180 days.

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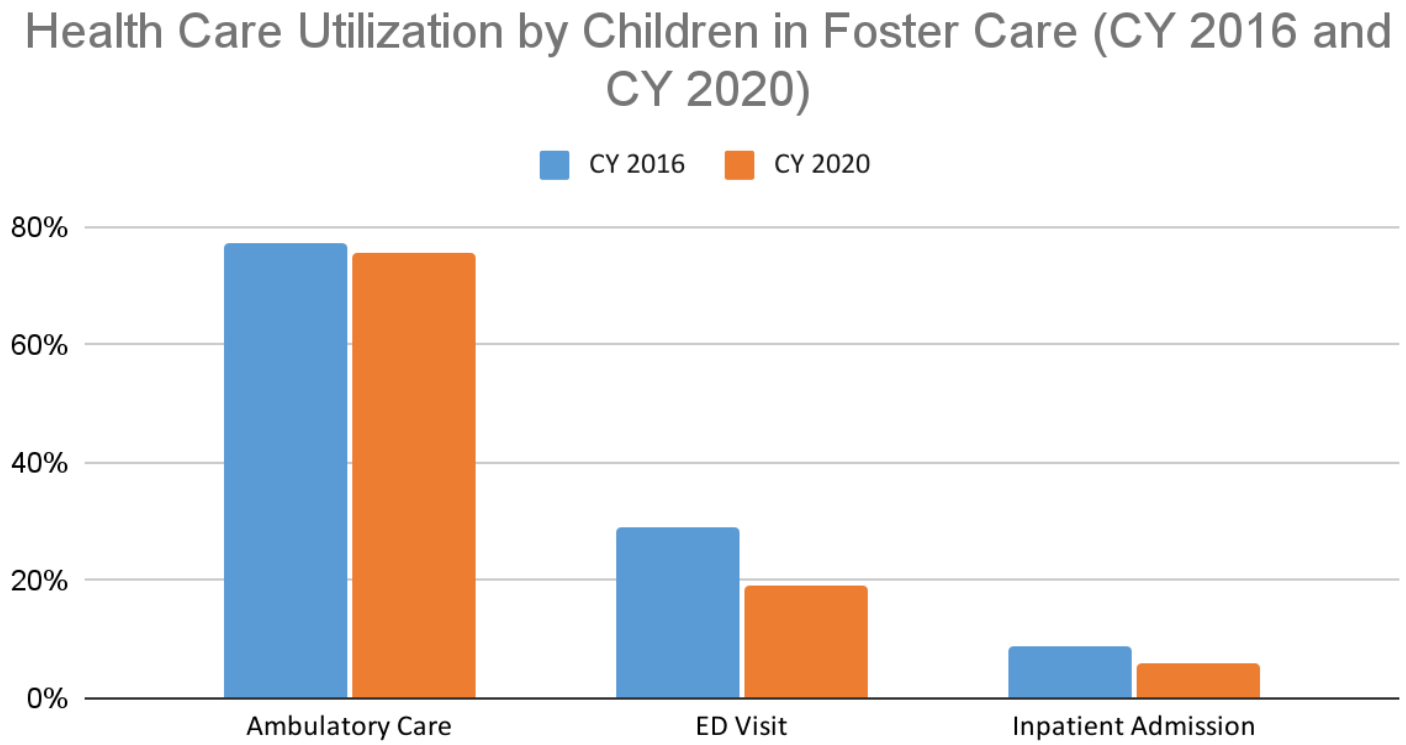
Utilization

- Between CY 2016 and CY 2020, participants with an ambulatory care visit decreased from 78.6 percent to 74.4 percent, with the lowest observed rates among 19-39 year-olds (68.3 percent) and the ACA Expansion population (66.4 percent).
- The emergency department (ED) visit rate in CY 2020 was 21.0 percent, a decrease from 31.1 percent in CY 2016; the average no. of visits per ED user declined from 1.9 to 1.6.
- ED visits that resulted in an inpatient admission decreased from 3.9 percent in CY 2016 to 3.1 percent in CY 2020, with the highest rate in Baltimore City (4.9 percent).
- Inpatient admissions decreased by 2.1 percentage points, from 10.6 percent in CY 2016 to 8.5 percent in CY 2020, with the greatest declines in Baltimore City by 2.5 percentage points.

Children in Foster Care



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REM Program

- Utilization
  - The percentage of REM participants receiving dental visits decreased by 13.1 percentage points, from 53.8 percent to 40.7 percent.
  - Ambulatory care visits decreased by 1.8 percentage points over the study period, to 92.1 percent.
  - ED utilization rate decreased by 12.7 percentage points, from to 44.3 percent to 31.6 percent.
  - Inpatient admissions decreased from 28.6 percent to 22.1 percent.
- Behavioral Health Diagnoses (CY 2020)
  - MHD-only: 19.0 percent
  - SUD-only: 2.2 percent
  - MHD + SUD: 0.8 percent

Racial and Ethnic Disparities

- Ambulatory care visit rates decreased among children of all racial and ethnic groups from 83.8 percent in CY 2016 to 77.4 percent in CY 2020; children and adult rates decreased across all races.
- African-Americans continued to have the highest ED rate in CY 2020 (24.7 percent)—though a major decrease of 11.2 percentage points compared to CY 2016 —while Asians had the lowest (11.3 percent).
- 'Other' race had the highest inpatient admission rate (9.2 percent), followed by Whites (9.1 percent), African Americans (8.6 percent) Native Americans (8.5 percent) and Hispanics (6.7 percent).

Note: "Other" race/ethnicity category includes Pacific Islanders, Alaskan Natives, and unknown.

Quality of Care

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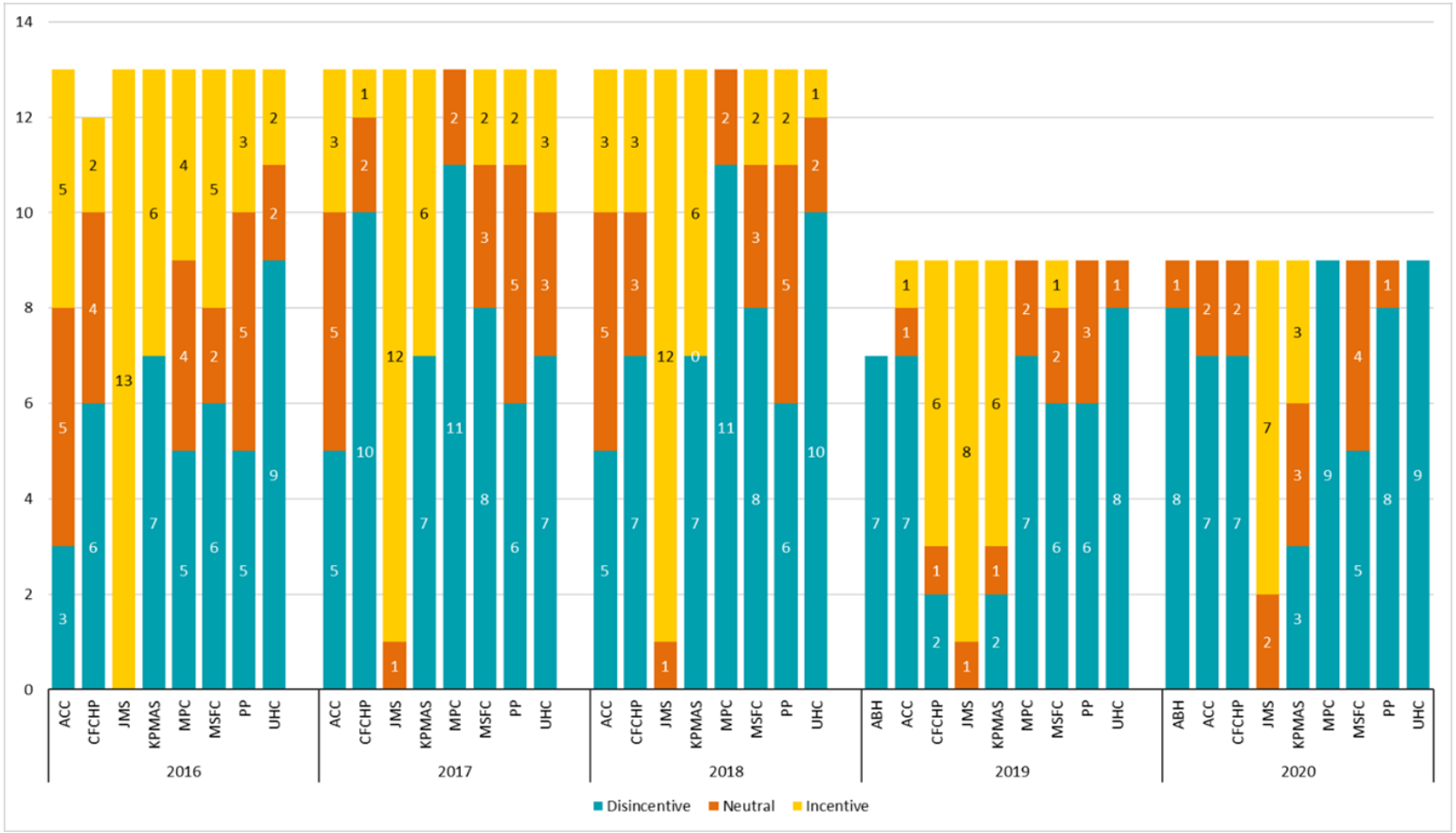
Value-Based Purchasing (2016-2020)



* ABH: Aetna Better Health; ACC: AMERIGROUP Community Care; CFCHP: CareFirst Community Health Plan; JMS: Jai Medical Systems; KPMAS: Kaiser Permanente of the Mid-Atlantic States; MPC: Maryland Physicians Care; MSFC: MedStar Family Choice; PP: Priority Partners; UHC: UnitedHealthcare. Complete data were not available for CFCHP in 2016 and ABH in 2019.

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Healthy Kids Review

EPSDT Component	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Health and Developmental History	92%	92%	94%	88%	94%
Comprehensive Physical Exam	96%	96%	97%	93%	96%
Laboratory Tests/At-Risk Screenings	85%	82%	87%	66%*	77%
Immunizations	85%	90%	93%	71%*	86%
Health Education/Anticipatory Guidance	95%	94%	94%	92%	94%
HealthChoice Aggregate Total	**91%**	**92%**	**94%**	**83%**	**91%**

* CY 2019 results for these components are baseline as a result of the change in the MRR process due to the COVID-19 public health emergency. Underlined scores are below the 80% minimum compliance requirement.

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Medical Home

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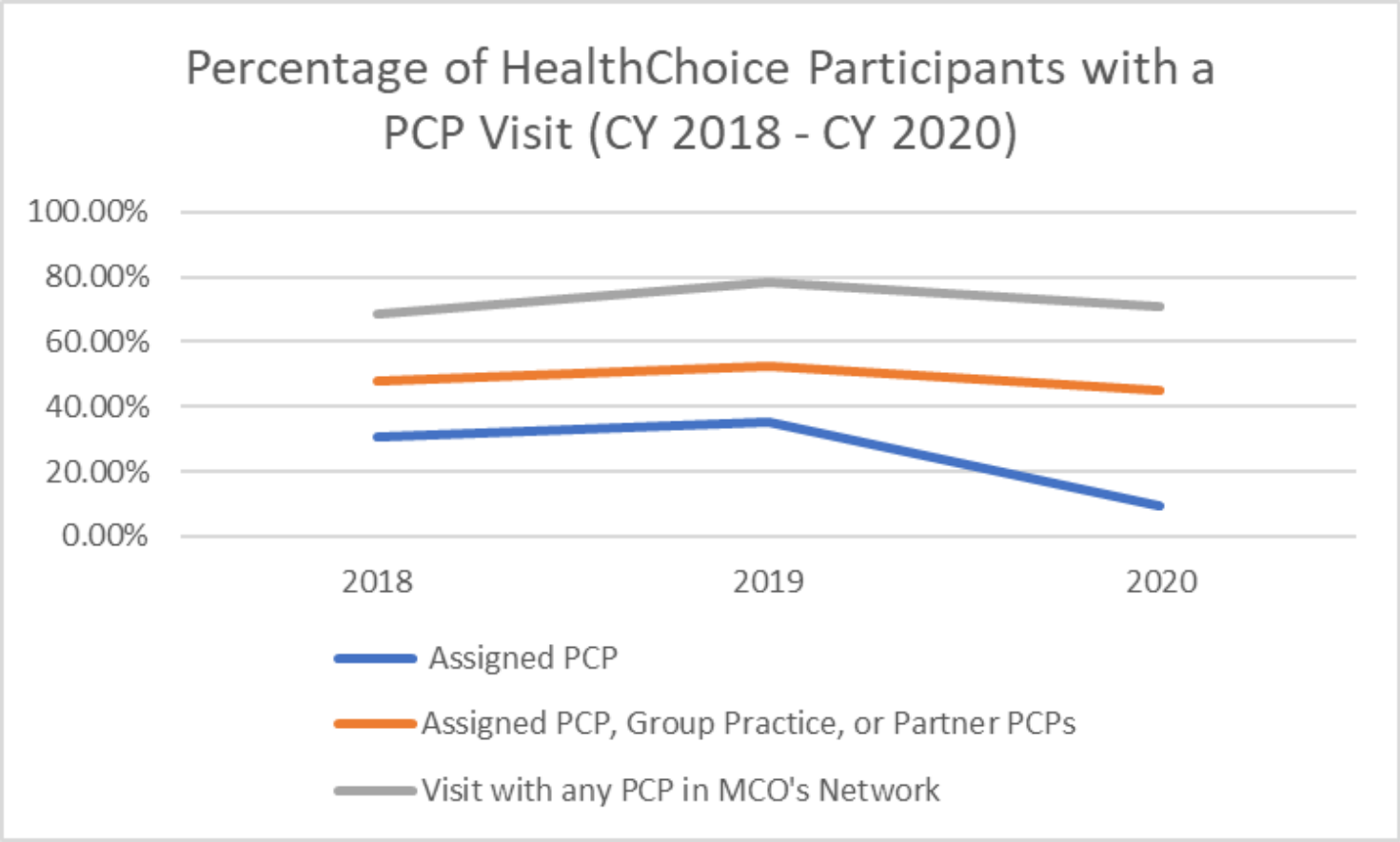
Medical Home Utilization



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ED Utilization

Between CY 2016 and CY 2020, potentially-avoidable ED utilization decreased from 43.2 percent to 37.9 percent.

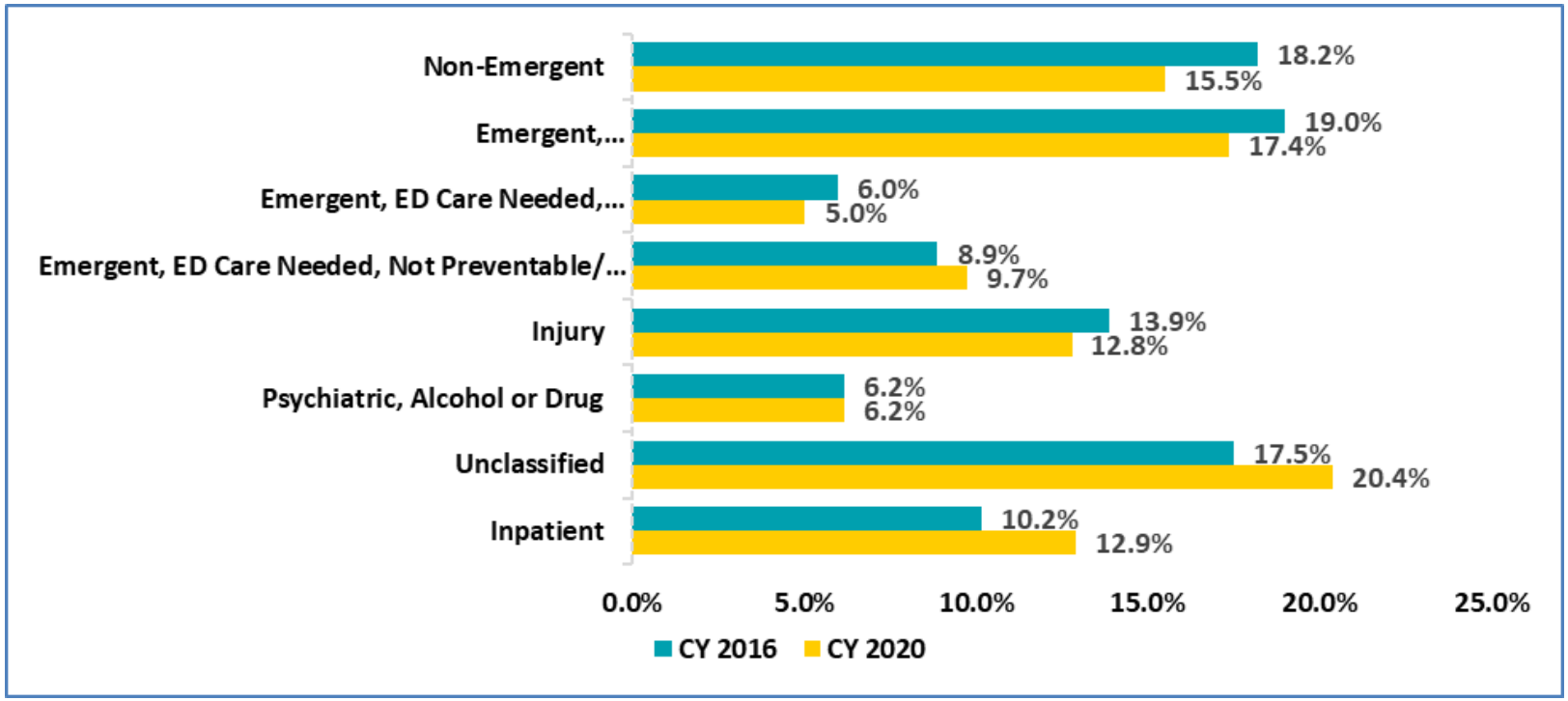

Table: Classification of ED Visits, by HealthChoice Participants, CY 2016 and CY 2020

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Inpatient Admissions

- MDH 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 inpatient admission initially decreased from 8.3% in CY 2016 to 7.8% in CY 2018 and then slightly increased to 7.9% in CY 2019 and decreased again to 7.3% in CY 2020.
- PQI-designated discharges with the highest rates:
    - Diabetes Short-Term Complications Admissions (PQI #1)
    - Congestive Heart Failure (PQI #8)

Health Promotion and Disease Prevention

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Lead Test Screening

- Lead test screening rates between CY 2019 and CY 2020:
  - Declined for children aged 12-23 months: 62.4 percent to 58.6 percent
  - Declined for children aged 24-35 months: 81.5 percent to 80.3 percent
- Blood lead levels: The percentage of children aged zero to six with an elevated blood lead level decreased from 2.9 percent in CY 2016 to 2.1 percent in CY 2020.
- CHIP Health Services Initiative (HSI) State Plan Amendment (SPA)
  - Program 1: Healthy Homes for Healthy Kids (lead identification and abatement); and
  - Program 2: Childhood Lead Poisoning Prevention & Environmental Case Management (identify environmental asthma triggers and conditions that contribute to lead poisoning)

Cancer Prevention

HPV Vaccination Rates, 13-Year-Old HealthChoice Participants, CY 2016–CY 2020

Calendar Year	Medicaid Enrollees who Turned 13 Years Old	Two HPV Vaccine Doses between Their 9th and 13th Birthdays	
	Number	Number	Percentage
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%
2020	35,197	12,173	34.6%

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Cancer Screening

Breast Cancer	• 69.8 percent in CY 2016 to 65.2 percent in CY 2020 • *Decreased by 4.6 percentage points*
Cervical Cancer	• 64.9 percent in CY 2016 to 57.9 percent in CY 2020 • *Decreased by 7.0 percentage points*
Colorectal Cancer	• 37.2 percent in CY 2016 to 39.3 percent in CY 2020 • *Increased by 2.1 percentage points*

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Reproductive Health

Receiving timely prenatal care: 87.0 percent in CY 2020

- Decrease of 0.6 percentage points over CY 2016
- HealthChoice participants who received 1st trimester prenatal care experienced 24% of the odds of a low birth weight (LBW) baby (between 1500 and 2500 grams) and 64% of the odds of a very low birth weight (VLBW) baby (less than 1500 grams).

Contraceptive Care (CY 2020)

- Most-effective methods: 5.8 percent
- Moderately-effective methods: 21.2 percent
- At risk of unintended pregnancy: 309,753

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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
- 25.6 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

Percentage of HealthChoice Members Aged 19–64 Years with Diabetes Who Received Comprehensive Diabetes Care, Compared with the National HEDIS® Average (CY 2016 – CY 2020)

	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Eye Exam (Retinal)					
HealthChoice	57.0%	57.8%	54.1%	54.7%	51.7%
National HEDIS® Mean	+	+	-	-	-
HbA1c Test					
HealthChoice	88.9%	87.9%	88.8%	88.3%	82.9%
National HEDIS® Mean	+	+	+	+	-

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Diabetes

- Participants who had an HbA1c test or retinal exam in the previous year:
  - Reduced the likelihood of having a diabetes related ED visit the next year by 17.6% and 5.5%, respectively
  - Reduced the likelihood of experiencing a diabetes related inpatient stay the following year by 18.1% and 7.3%, respectively

HIV/AIDS

Screening and Prevention

- HIV screening (15-64) decreased by 1.1 percentage points, to 15.1% percent.
- HIV pre-exposure prophylaxis (PrEP) use decreased by 0.1 percentage points, to 0.1%.

Chronic Condition Management

- CD4 testing decreased by 9.4 percentage points, from 75.6 percent to 66.2 percent.
- Viral load testing decreased by 6.1 percentage points, from 69.4 percent to 63.3 percent.
- Antiretroviral therapy utilization increased by 2.2 percentage points, from 84.7 percent to 86.6 percent.

*all measures compared to 2016

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Behavioral Health

The percentage of HealthChoice participants with:

- A mental health disorder (MHD) diagnosis increased by 0.5 percentage points, from 11.5 percent in CY 2016 to 12.0 percent in CY 2020.
- A substance use disorder (SUD) diagnosis decreased by 0.2 percentage points, from 3.0 percent in CY 2016 to 2.8 percent in CY 2020.
- Co-occurring behavioral health diagnoses (MHD and SUD) increased by 0.1 percentage point, from 2.4 percent in CY 2016 to 2.5 percent in CY 2020.

Mental Health

Association between Medication Adherence and Any ED or Inpatient Visit with a Primary Diagnosis of MHD , HealthChoice Participants Aged 18–64 Years CY 2017–CY 2020

Study	Odds Ratio: ED Visit	Odds Ratio: Inpatient Stay
Antipsychotic Treatment Adherence (80%)	0.70	0.61
Antidepressant Treatment Adherence (12-week)	1.04	1.13
Antidepressant Treatment Adherence (6-month)	1.04	1.16

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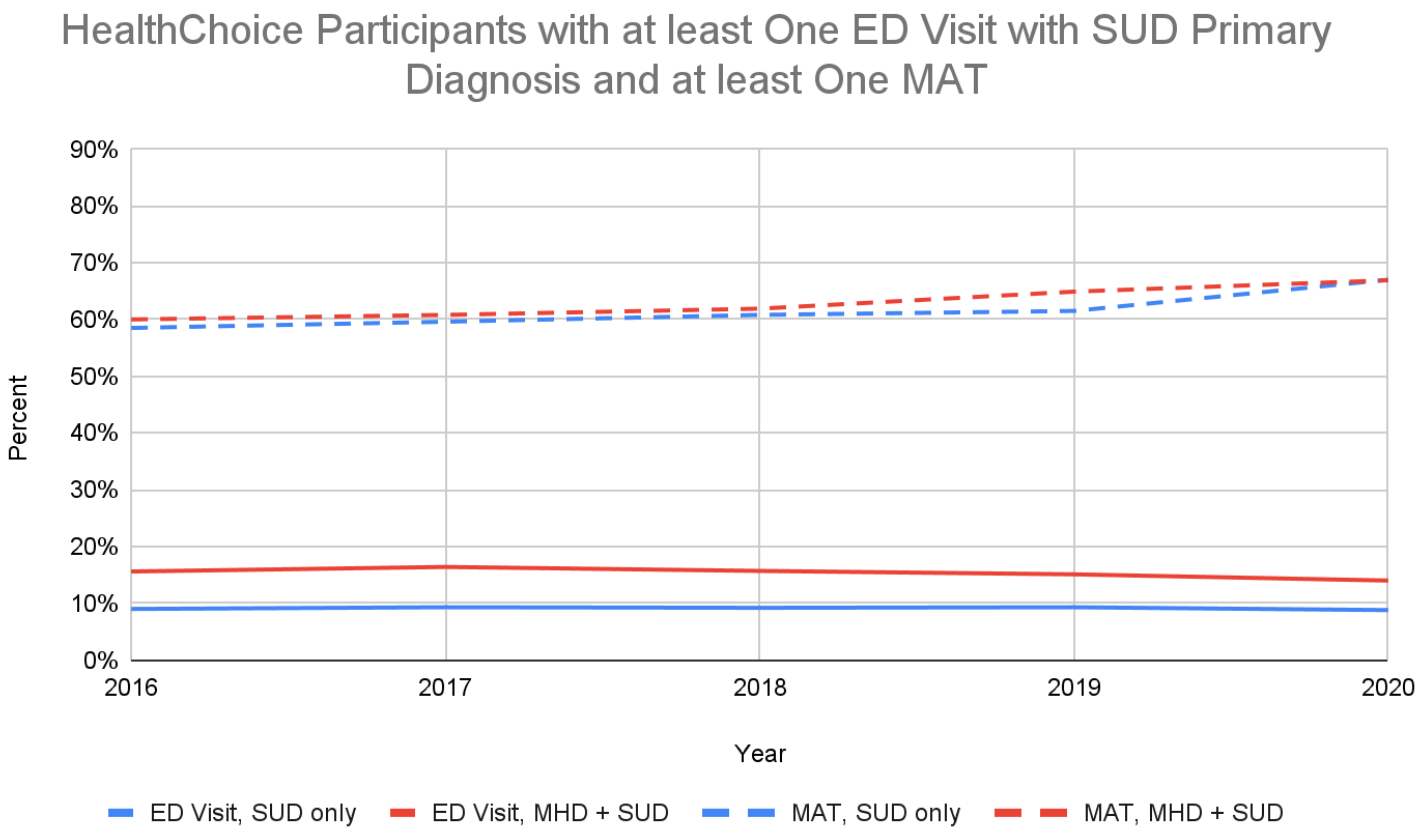
Substance Use



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Substance Use

- Screening, Brief Intervention and Referral to Treatment (SBIRT): The rate per 1,000 receiving an SBIRT service increased from 2.6 in CY 2016 to 12.5 in CY 2020.
- Outpatient follow-up after SUD-related ED visits (CY 2017 to CY 2020):
  - Within seven days: Increased from 12.3 percent to 13.0 percent for SUD-only and 20.8 percent to 24.0 percent for dual diagnosis
  - Within 30 days: Increased from 20.2 percent to 20.5 percent for SUD-only and 35.1 percent to 37.8 percent for dual diagnosis

Contact Information and Resources

HealthChoice Evaluation Webpage
HealthChoice Monitoring and Evaluation Activities Webpage

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