



DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE



# Maryland Medicaid's Partnership in Improving Behavioral Health Services

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# Maryland Medicaid

- Began in 1966
- By FY 14, we provided full Medicaid benefits for over 1.2 million Marylanders
- Cost about \$8.5 billion in FY13 in State and federal funds
- In FY 13 consumed about 24% of State budget (compared to 22% nationwide)



# Maryland Medicaid

- Within federal parameters, Maryland designs its own:
  - Eligibility standards
  - Benefits package
  - Provider requirements
  - Payment rates
- Program administration through a State Plan or through waivers approved by the Centers for Medicare and Medicaid Services (CMS)

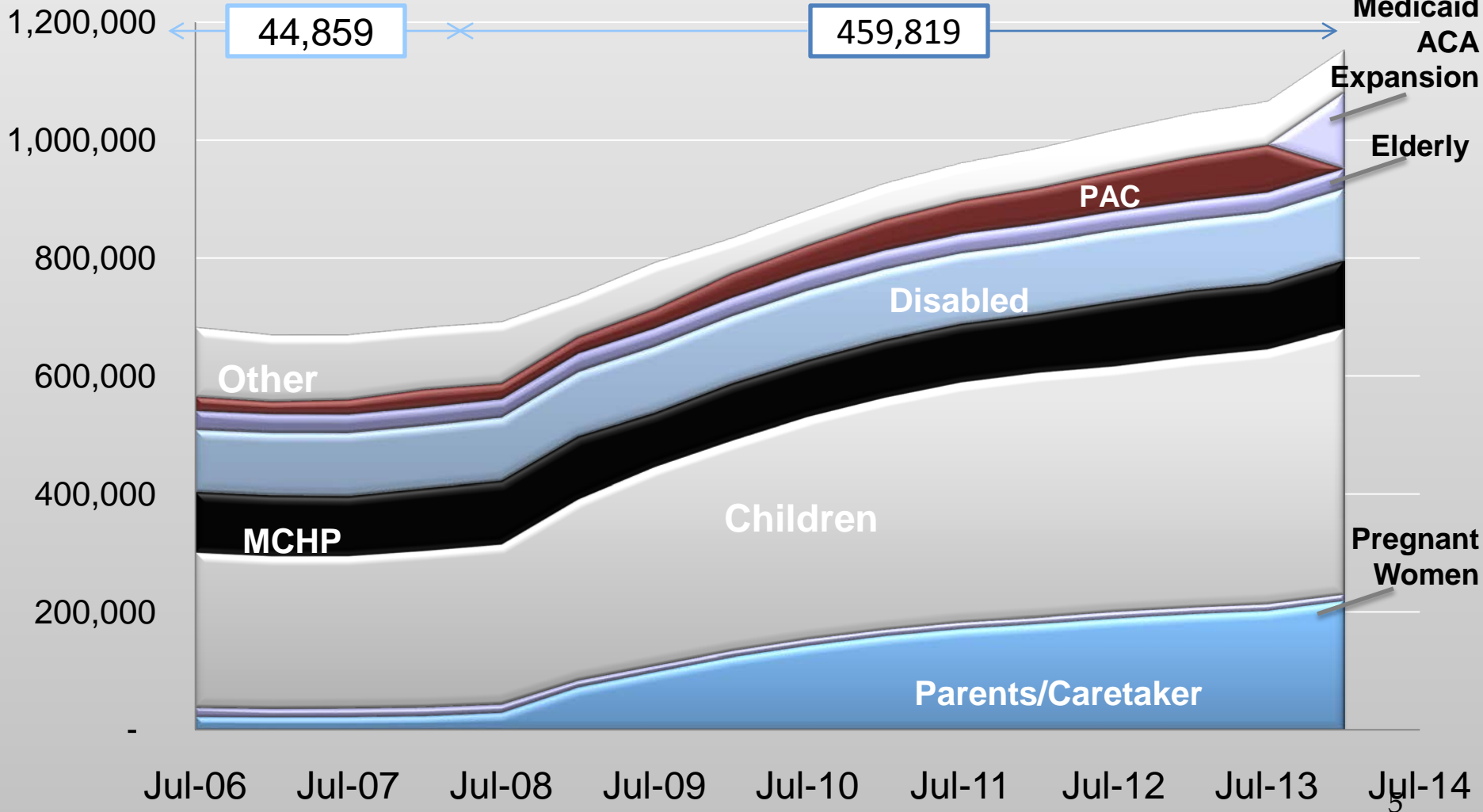


# Health Reform

- Medicaid expansion
  - ACA provides that all adults at or below 138% FPL will be eligible for Medicaid beginning in 2014 (this includes the prior PAC population).
  - 100% federally-funded 2014-2016; tapers down to 90% federally-funded by 2020
  - All new adults are being enrolled in Managed Care Organizations.



Enrollment in Maryland Medicaid, by Coverage Category, 2006-2014



Source: DHMH, Office of Health Care Financing



# Managed Care in Maryland Medicaid



# Maryland Medicaid Managed Care History

- Voluntary HMO program in the 1970s
- Mandatory enrollment in HealthChoice MCOs began in 1997
- Over one million Marylanders - 83% of individuals on Medicaid are enrolled in an MCO
- Managed care is a way of financing and delivering health care aimed at improving quality and controlling cost



# HealthChoice

- In managed care, Medicaid pays for some or all services at a prepaid rate – “capitation payment”
- Medicaid contracts with managed care organizations (MCOs), which contract with a network of providers
- MCOs must meet a variety of quality and other standards, such as network adequacy





# Managed Care Plans 5/10/14\*

MCO	Membership
Amerigroup	282,209
JAI Medical Systems	27,600
Maryland Physician's Care	198,388
MedStar Family Choice	62,684
Priority Partners	246,657
Riverside (New in 2013)	21,864
United HealthCare	236,231

\* Kaiser to begin on June 2014



# Managed Care Challenges

- States are trying to create more incentives for better quality of care
  - Moving toward pay for performance
- Providing integrated care despite carve outs
  - Pharmacy (specialty mental health and HIV/ AIDs)
  - Mental health (SUD in Calendar Year 2015)
  - Dental (DentaQuest is our dental ASO)
  - LTC services



# Behavioral Health Initiatives Medicaid, MHA, ADAA Working Together



## Medicaid & Behavioral Health Administration Partnerships

- Development of 1915(i) SPA for Children with severe emotional disturbance (SED); also Tiered Targeted Case Management (TCM) Program for Children (both planned for October 1, 2014)
- Health Homes for Individuals in psychiatric rehabilitation programs (PRPs) or opioid treatment programs (OTPs) (program implemented on October 1, 2013)
- Maryland in process of procuring a new administrative service organization (ASO) to administer behavioral health benefit for Medicaid



## 1915(i) Community Options for Children, Youth, & Families

- Wraparound services for children with serious emotional disturbance at <150% FPL
  - Replaces RTC demonstration waiver
  - Offers community-based services option for families
- Joint workgroup with Mental Hygiene Administration
  - Regulations and SPA submitted
- Ongoing efforts
  - Implementation planning: systems, billing, reporting
  - Provider outreach & enrollment
  - Launch October 1, 2014



# Mental Health Case Management: Care Coordination for Children and Youth

- Three levels of care coordination for children and youth with serious emotional disturbance
  - Formerly part of adult TCM program
  - Levels ensure continuity of care for children with varying levels of SED
- Joint workgroup with MHA
  - Regulations and SPA submitted
  - Launch October 1, 2014



# Health Homes

- Current Status
  - **Implemented:** October 1, 2013
  - **State Plan Amendment:** CMS approved in October 2013 after months of consultation
  - **Regulations:** Effective October 1, 2013
  - **eMedicaid:** Health Home tool developed by Medicaid, used by providers



# Target Population for Health Homes

- Serious Mental Illness & Substance Use Disorders
- Complexity of needs, providers & access
- Increased risk for chronic conditions
- Poor health outcomes
- Lower life expectancy





# Health Home

- Funding is 90% Federal - 10% State for health home services for 8 quarters from October 2013 to 2015 - then 50% match
- Psychiatric Rehabilitation Programs (PRP), Mobile Treatment Programs (MTP), and Opioid Treatment Programs (OTP) are able to establish health homes



# Health Home

- Federally Mandated Core Services
  - Comprehensive care management
  - Care coordination
  - Health promotion
  - Comprehensive transitional care
  - Client and family support
  - Referral to community and social services



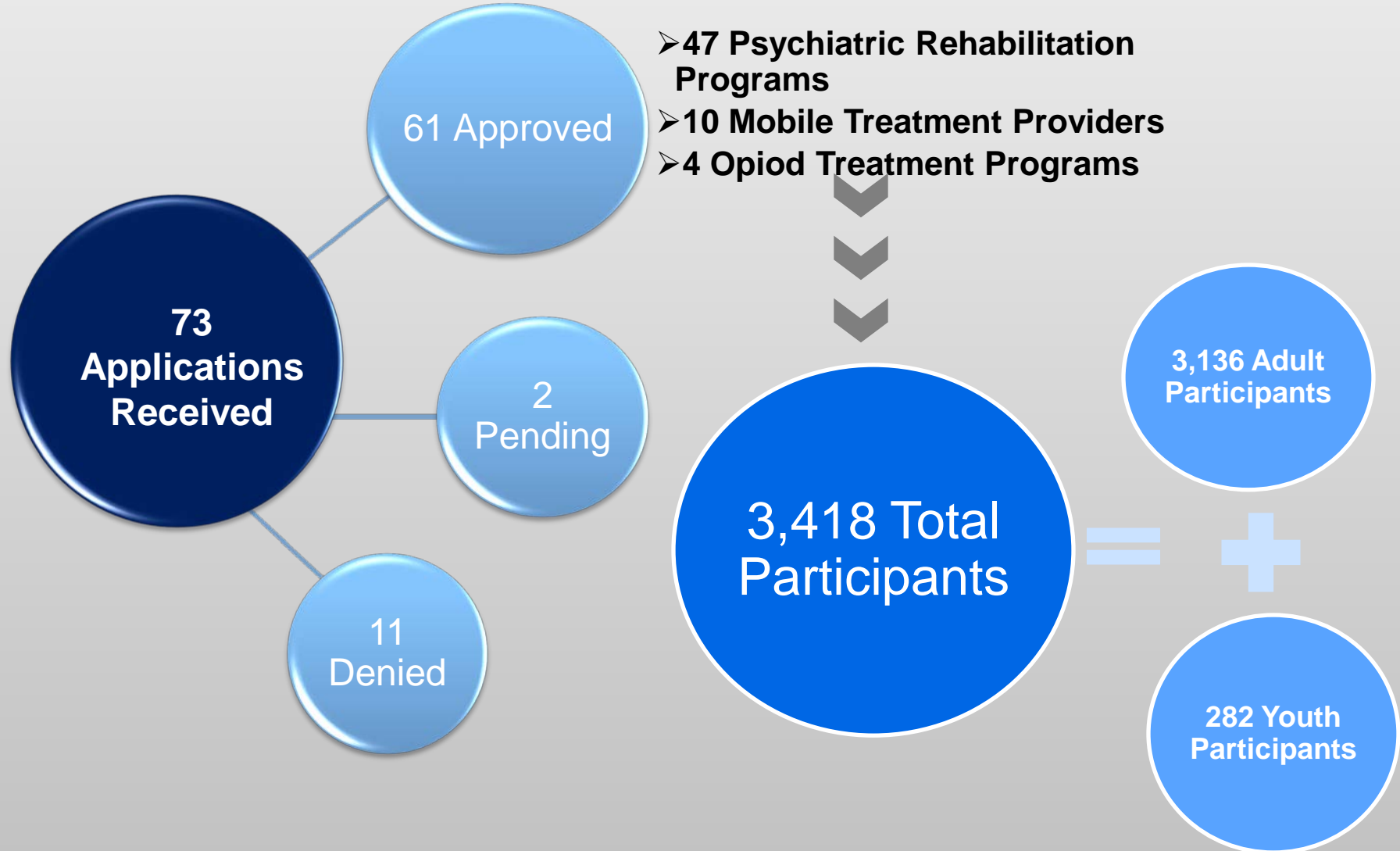
# Health Homes

- Add nurses and physician/nurse practitioner consultants to PRP, MTP, and OTP teams to:
  - Further the integration of behavioral and somatic care through improved care coordination
  - Improve participant outcomes and experience of care
  - Decrease health care costs among individuals with chronic conditions



## Health Homes

- There are currently 61 approved Health Home sites throughout 19 counties in Maryland. Nearly 3,500 participants have been enrolled in the Health Homes program. With 18 approved sites as of April 30, Baltimore City has the most participating Health Homes.

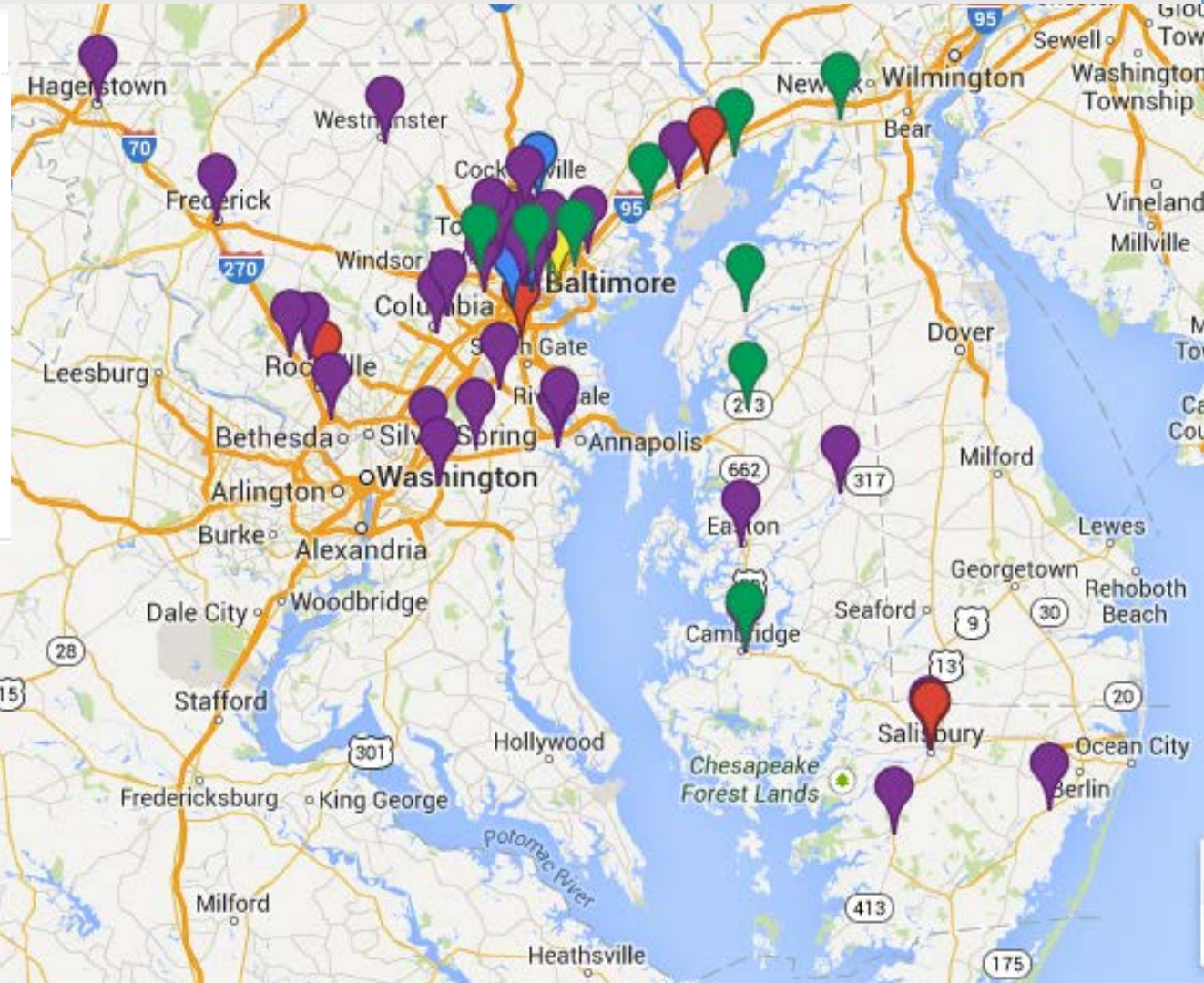




**Approved Health Home Sites**

Styled by Provider Type

-  PRP (adult) (33)
-  MT (10)
-  PRP (adult & child) (10)
-  OTP (4)
-  PRP (child) (4)





# RFP for Behavioral Health

- Worked with stakeholders to develop requirements for Integrated Behavioral Health ASO
- Goal was to take a good system and make it better by integrating and coordinating mental health and substance use services
- Challenge is to build in care coordination for physical health care



# Good and Modern System

- We have a good behavioral health system but we can all strive for improvements in patient care and outcomes
- The challenge is to move to a system that includes better integration of care and coordination for mental health, substance use and physical health care without losing the current strengths of the PMHS





# What should Medicaid leadership be doing going forward?

- Maintain strong and open relationship with stakeholders
- Build on a collaborative, productive partnership with BHA
- Work toward a system that provides high quality, cost effective, and coordinated care for individuals with Medicaid
- Encourage coordination between behavioral health and somatic providers – more attention to risk factors for individuals with chronic behavioral health problems like smoking, obesity, and hypertension
- Expand access to coordinated care through health homes, telemedicine, comprehensive and interoperable electronic health records and other technological advances



Questions?