2021 Medicaid §1115 HealthChoice Waiver Renewal Public Hearing

Office of Innovation, Research and Development

May 11, 2021
Agenda

• Welcome
• HealthChoice Overview
• §1115 Waiver Renewal
• Public Comment
Housekeeping

• Please join the meeting audio via phone and enter your audio PIN, which will enable you to speak during public comment.
• We will keep lines muted during the presentations; please also self-mute.
• Please indicate your name, title, organization, and email in the chat.
  • Please indicate if you will be submitting written comments or present verbal comments or questions during today’s webinar.
• Send any questions you have through the webinar’s question function; you may also utilize this function to sign up for public comment.
• Additional comments, letters, and questions can be submitted via email to mdh.healthchoicerenewal@maryland.gov
HealthChoice Overview
History of 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 2016; 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.
History of 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.
• CMS approved two amendments during the waiver period, in 2019 and 2020.
• The current waiver application will be submitted to CMS in June for approval by and implementation on January 1, 2022.
COVID-19 Impact

• Cannot disenroll members from Medicaid as a result of the Public Health Emergency, creating a significant impact on eligibility numbers compared to last year
• Expansion of services delivered via telehealth, including audio-only telehealth visits
• Waived enforcement of monthly premium payments for the Maryland Children’s Health Program Premium and Employed Individuals with Disabilities, and introduced other flexibilities surrounding the delivery of long-term services and supports.
• Relaxed provider enrollment and registration requirements and collaborated with the MCOs to establish a global risk corridor as a fiscal safeguard
Current Enrollment

As of March 2021…

• There were 1,368,070 individuals enrolled in HealthChoice—representing 85.8 percent of total Maryland Medicaid enrollment and an increase of more than 155,752 in the past year.

• 360,023 adults were enrolled through the ACA Medicaid expansion, an increase of 45,068 in the past year.
Growth (2015-2021)
Age

HealthChoice Beneficiaries by Age Category

Maryland DEPARTMENT OF HEALTH
Race/Ethnicity

HealthChoice Beneficiaries by Race/Ethnicity

- White
- Unknown Race
- Pacific Islander/Alaskan
- Native American
- Hispanic
- Black
- Asian

Dec-15 vs Mar-21
Geographic Region

HealthChoice Beneficiaries by Region

- Baltimore City
- Baltimore Suburban
- Eastern Shore
- Southern Maryland
- Washington Suburban
- Western Maryland

Dec-15 vs Mar-21
HealthChoice Expenditures
Nine managed care organizations (MCOs) participate in the HealthChoice program.

<table>
<thead>
<tr>
<th>MCO market share as of March 2021:</th>
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<tbody>
<tr>
<td>• Aetna Better Health (2.9 percent)</td>
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<tr>
<td>• Amerigroup (19.5 percent)</td>
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<tr>
<td>• CareFirst Community Health Plan Maryland (3.5 percent)</td>
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<td>• Jai Medical Systems (1.9 percent)</td>
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<td>• Kaiser Permanente (6.3 percent)</td>
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<td>• Maryland Physicians Care (14.9 percent)</td>
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<td>• MedStar Family Choice (6.5 percent)</td>
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<tr>
<td>• Priority Partners (21.0 percent)</td>
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<td>• United Healthcare (10.2 percent)</td>
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Performance Highlights

Between CY 2015 and CY 2019…

• The rate of potentially-avoidable emergency department (ED) visits decreased by 4.3 percentage points.
• Rates for well-child visits—as well as immunization—were consistently higher than the national Medicaid average.
• The percentage of pregnant individuals with a timely prenatal care appointment increased from 84.4 percent to 88.2 percent.
• The percentage of adults aged 50-64 who received a colorectal cancer screening increased by 6.5 percentage points.
• Individuals with substance use disorders who received medication-assisted therapy increased by 6.2 percentage points.
§1115 Waiver Renewal
§1115 Waiver Renewal Initiatives

Continuation of Existing Programs without changes:

• Adult Dental Pilot Program
• Breast and Cervical Cancer Program
• Collaborative Care Pilot Program
• HealthChoice Diabetes Prevention Program
• Hospital Presumptive Eligibility Process
• Increased Community Services
§1115 Waiver Renewal Initiatives

Modifications to Existing Programs:

● Assistance in Community Integration Services (ACIS) pilot - expanding from 600 to 900 spaces
● Home Visiting Services for High Risk Pregnant Women and Children (HVS) pilot - expanding the allowable service time frame of eligibility from age two to age three in the HFA model (this aligns now with that model)
● Residential Treatment for Adults with Substance Use Disorder - expanding coverage of ASAM Level 4.0 to include providers based in contiguous states
  ○ More than 12,000 participants expected to receive services annually
  ○ Coverage for up to two non-consecutive 30-day stays (no more than 60 days) annually; state-only dollars used for additional days.
§1115 Waiver Renewal Initiatives

New Programs:

• The proposed changes for the renewal period 1/2022 – 12/2027 include expanding services under the following programs:
  • Expansion of Institution of Mental Diseases Services for Adults with Serious Mental Illness (SMI IMD)
  • Maternal Opioid Misuse model (MOM)
  • Emergency Triage, Treat, and Transport model (ET3)
§1115 Waiver New Initiatives

Serious Mental Illness Institutions of Mental Disease (SMI IMD)

• Requesting expenditure authority to cover Medicaid adults aged 21 to 64 that have a diagnosis of SMI who are residing in a private IMD

• Estimated 3,960 participants served annually

• Up to two non-consecutive 30-day stays (no more than 60 days) annually; state-only dollars used for additional days

• Coverage available when delivered by facilities located in Maryland or a contiguous state
§1115 Waiver New Initiatives

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
- Seeking funding for PMPM payments for MCOs to cover enhanced case management services
- Will be piloted initially in St. Mary’s County, with the aim of scaling to statewide
Emergency Triage, Transport, and Treat (ET3) Model

- A voluntary, five-year payment model that provides greater flexibility to ambulance care teams to address emergency health care needs following a 911 call by allowing for payment for ground transports to alternative destinations such as urgent care providers in addition to the ED
Public Notice

• The following online public hearings will discuss the content of the waiver renewal and solicit feedback and input from stakeholders:
  • First Public Hearing: 5/11/21, 10:00-12:00 pm
  • Second Public Hearing: 5/27/21, 3:00-5:00 pm
    • Combined with HealthChoice Post Award Forum Hearing
  • Full draft of the application was available for public comment on 5/4/21
General Information

• The 1115 Waiver Renewal draft is available here:
  • On the main HealthChoice page
  • Directly in pdf form
  • And with a summary document
• Hard copies may be obtained by calling: (410) 767-5208.
• Interested parties may send written comments concerning the waiver renewal to mdh.healthchoicerenewal@maryland.gov.
• The Department will accept comments from Tuesday, May 4th to Friday, June 4th.
Questions and Public Comments