



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

November 1, 2019

The Honorable Nancy J. King
Chair
Senate Budget and Taxation Committee
3 West Miller Senate Office Building
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh
Chair
House Appropriations Committee
121 House Office Building
Annapolis, MD 21401-1991

Re: 2019 Joint Chairmen's Report (pg. 116) – Implementation of a Duals ACO

Dear Chairs King and McIntosh:

Pursuant to the requirements of the 2019 Joint Chairmen's Report (pg. 116), the Maryland Department of Health (Department) submits this report related to the implementation of a Duals Accountable Care Organization by July 1, 2020.

In 2016, as part of a Center for Medicare and Medicaid Innovation (CMMI)-funded State Innovation Model grant, the Department designed a model to integrate care for individuals dually-eligible for Medicare and Medicaid (dual eligibles), called the Duals Accountable Care Organization (Duals ACO). At this time, the Department does not intend to actively pursue the Duals ACO model as presented in its 2016 concept paper. However, given the complex health and social status of the dually-eligible population—in addition to the ensuing high cost of care—the Department is actively pursuing several approaches to improving care for Maryland's dual eligibles. The following avenues will be leveraged to advance an integrated care approach for the dually-eligible population.

Limited Adult Dental Pilot

The provision of proactive dental care has the potential to improve quality of life and decrease health care expenditures, particularly in the area of emergency department utilization. In 2018, Senate Bill 284 required the Department to implement an adult dental pilot program. Effective June 1, 2019, a limited dental benefit package—covering diagnostic, preventive, limited restorative and extraction services—with a maximum benefit allowance of \$800 per year—is available to dual eligibles between the ages of 21 and 64.

Program for All-Inclusive Care of the Elderly (PACE)

Maryland currently operates one Program for All-Inclusive Care of the Elderly (PACE), called Hopkins ElderPlus, which is approved to serve up to 200 individuals. The Department is favorable to expanding the program to new PACE providers and in the beginning of 2018, updated Maryland regulations to remove limits on the number of PACE programs able to operate within the state. The Department has since received several preliminary inquiries and one formal proposal.

Maryland Primary Care Program (MDPCP) Alignment

Chronic Health Homes

The Maryland Medicaid Chronic Health Home program builds on statewide efforts to integrate somatic and behavioral health services, targeting populations with behavioral health needs who are at high risk for additional chronic conditions. To avoid inciting confusion among the vulnerable individuals already receiving care coordination and support services through the Chronic Health Homes, MDPCP excludes the approximately 2,200 dually-eligible beneficiaries currently enrolled in the Medicaid Chronic Health Homes. The Medicaid program is engaged in discussions with the Centers for Medicare and Medicaid Services (CMS) and the MDPCP's Program Management Office to establish the Chronic Health Homes as practices within the MDPCP, eligible to receive the care management and quality investments for their enrolled duals.

MDPCP Participation

All other duals who are not enrolled in a Medicaid Chronic Health Home and can be attributed to a participating MDPCP provider are receiving enhanced primary care services through the MDPCP. There are approximately 31,000 duals currently-attributed to the MDPCP program. Another estimated 27,000 duals receive primary care services at federally-qualified health centers, which could become eligible to apply for MDPCP in 2021.

Single Case Manager

The Department is currently exploring an approach in which a single case manager would be assigned to coordinate all services and supports to an individual participating in multiple Medicaid home- and community-based long-term services (LTSS) and supports programs. The first phase would implement a single case manager for the following programs: waivers administered by the Developmental Disabilities Administration, the Community Options waiver, Community First Choice and Community Personal Assistance Services. A second phase would bring in additional programs and continue to streamline the provision of case management services across all LTSS programs.

Total Cost of Care Agreement: Post-Acute and LTSS Requirement

The Total Cost of Care Agreement includes language requiring the State to submit a proposal for payment and delivery transformation involving post-acute care and LTSS by January 1, 2021. Under this requirement, Maryland must provide a plan to progressively increase accountability for its Medicaid participants, in addition to the existing Medicare accountability under the Total Cost of Care Model. The dual eligibles constitute a major proportion of the Medicaid enrollees who utilize care across the post-acute and LTSS continuum; therefore, the State envisions the ensuing proposal to target the duals as a population of focus.

Global Budget Revenue: Rate Mandates

As part of a 2018 rate review and subsequent global budget increase for Johns Hopkins Hospital, the HSCRC included contractual language requiring the hospital to collaborate with Medicaid and the HSCRC to address the Medicaid population residing within its primary service area. The Department views this mandate as an opportunity to work with Johns Hopkins Hospital to develop an intervention or set of interventions to pilot for dual eligibles.

Thank you for your consideration of this information. If you have questions about this report, or would like additional information, please contact me or my Chief of Staff Tom Andrews at (410) 767-0136 or thomas.andrews@maryland.gov.

Sincerely,



Robert R. Neall
Secretary