

MARYLAND DEPARTMENT OF HEALTH

# 2019 HealthChoice Evaluation: 2013 - 2017

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May 23, 2019 | June 27, 2019

# Overview

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Element	Content
Program Updates	Summarizes changes to the overall Medicaid program, e.g., new initiatives or benefits, grant awards
Coverage and Access	Discusses trends in overall Medicaid and managed care enrollment, provider network adequacy and utilization of services
Quality of Care	Assesses quality of health services provided
Medical Home	Reviews use of assigned medical home and potentially-avoidable utilization
Health Promotion and Disease Prevention	Tracks trends related to preventive care and chronic conditions
Demonstration Programs	Presents results from innovative programs funded using demonstration savings

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# Program Goals and Updates

# Demonstration Goals

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- 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

# Program Updates

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- Evaluation Period – CY 2013 – CY 2017
- Previous waiver periods (*covered in the evaluation*)
  - Affordable Care Act (ACA) Medicaid Expansion (2014)
  - 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)
- Current waiver period (*covered in future evaluations*)
  - HealthChoice Diabetes Prevention Program (DPP) (2019)
  - Adult Dental Pilot Program (2019)

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# Coverage and Access

# Enrollment Growth

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**From 2013 to 2019, Maryland experienced the 10<sup>th</sup>-highest Medicaid and CHIP growth rate of the 48 continental states and the District of Columbia.\***

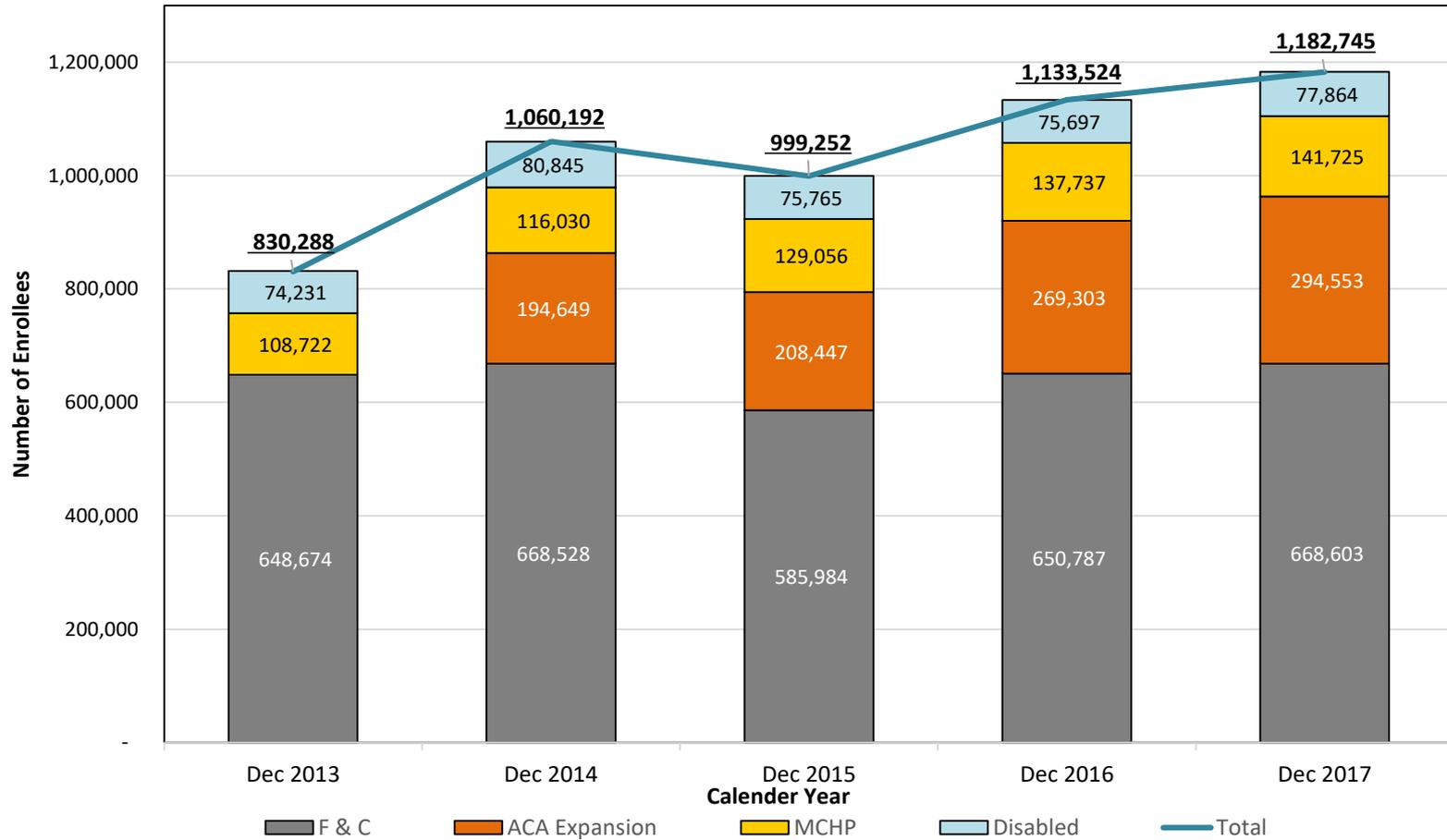
- From CY 2013 to CY 2017, the HealthChoice population grew by 40.9 percent, from 962,285 enrollees to 1,355,443 enrollees.\*\*
- The percentage of Maryland Medicaid enrollees in managed care remained high, increasing from 87.4 percent to 88.8 percent.
- The percentage of Maryland's population enrolled in HealthChoice grew from 16.2 percent to 22.4 percent.\*\*

*\*The Kaiser Family Foundation State Health Facts, n.d.a.*

*\*\*Any period of enrollment.*

Coverage

# Enrollment Growth



# Maryland Health Connection

- Auto-renewal: Approximately 60 percent of participants are automatically-renewed using administrative data
- *Enroll MHC* Mobile application
  - 2017: 144,367 visitors
  - 2018: 287,378
- MCO plan shopping
  - Online and mobile plan shopping added in 2017
  - Auto-assignment period shortened from 28 days to 6:00 the day after enrollment

# Network Adequacy

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- Provider networks in 22 counties and Baltimore City met standard enrollee-to-primary care provider (PCP) ratio of 200:1
- Provider Directory Verification Survey
  - Of 1,319 PCPs, 15 percent had an incorrect telephone number, seven percent had an incorrect address and 16 percent were no longer with the facility or at the location noted in the directory;
  - 94 percent of PCPs surveyed confirmed that they accepted the MCO listed in the provider directory;
  - 87 percent of PCPs surveyed confirmed that they were accepting new patients;
  - 76 percent of PCPs surveyed accepted patients of all ages rather than specific ages; and
  - MCOs met compliance with routine and urgent care appointment requirements 89 and 67 percent of the time, respectively.

# Utilization

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- Participants who used no services increased from 5.4 percent to 8.2 percent, with the highest percentages of non-use in the 19-20 and 21-39 age groups and within the ACA Expansion population.
- Participants with an ambulatory care visit decreased from 79.3 percent to 77.8 percent, with the lowest observed rates among 19-39 year-olds (68.3 percent) and the ACA Expansion population.
- The emergency department (ED) visit rate in CY 2017 was 29.7 percent, a decrease from 33.2 percent in CY 2013.
- Inpatient admissions decreased by 3.5 percentage points, from 13.6 percent to 10.1 percent.
- For both ED visits and inpatient admissions, Baltimore City had the highest rate and the Washington Suburban area the lowest.

# Racial and Ethnic Disparities

- Ambulatory care visit rates increased among children of all racial and ethnic groups from CY 2013 to CY 2017, with the exception of Native Americans (81.1 percent to 80.9 percent).
- African-Americans continued to have the highest ED rate (34.4 percent), while Asians had the lowest (14.7 percent).
- Whites had the highest prevalence of behavioral health conditions across diagnosis types, followed by Native Americans and African-Americans
- Data integrity challenges

# Utilization by MCO

HealthChoice MCO	CY 2013			CY 2017		
	Ambulatory Visits	ED Visits	Inpatient Admissions	Ambulatory Visits	ED Visits	Inpatient Admissions
Amerigroup	81.4%	31.2%	13.4%	81.1%	29.6%	10.1%
Jai	73.0%	39.9%	16.3%	73.6%	37.3%	11.1%
Kaiser	N/A	N/A	N/A	69.3%	15.4%	7.0%
MPC	78.1%	36.4%	12.7%	77.0%	32.7%	10.5%
MSFC	73.6%	32.0%	12.8%	73.2%	29.7%	9.1%
Priority	81.8%	34.0%	14.1%	81.5%	31.3%	11.4%
UMHP	52.2%	24.3%	10.4%	65.4%	28.1%	9.3%
UHC	78.2%	31.5%	14.4%	77.6%	28.5%	9.8%

# Children in Foster Care

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- 77.6 percent of children in foster care received at least one ambulatory care visit in CY 2017, compared with 82.0 percent of other HealthChoice children.
  - This is an overall increase from CY 2013, when 76.1 percent of children in foster care received an ambulatory care visit.
  - As observed across the general HealthChoice population, younger children in foster care were more likely than older children to receive ambulatory services.
- 34.1 percent of children in foster care had at least one ED visit in CY 2017, a decrease from 36.5 percent in CY 2013.
- 9.9 percent of children in foster care had at least one inpatient admission in CY 2017, compared with 2.3 percent of other HealthChoice children.
- 64.4 percent of children in foster care had a dental visit in CY 2017, vs. 62.8 of other HealthChoice children.

# Children in Foster Care

	CY 2013		CY 2017	
<b>Mental Health Disorder (MHD)-only</b>				
Foster Care	3,748	39.4%	3,706	42.2%
Non-Foster Care	57,533	8.8%	76,500	10.6%
<b>Substance Use Disorder (SUD)-only</b>				
Foster Care	128	1.3%	65	0.7%
Non-Foster Care	6,544	1.0%	2,868	0.4%
<b>MHD + SUD</b>				
Foster Care	312	3.3%	257	2.9%
Non-Foster Care	2,142	0.3%	1,934	0.3%

# REM Program

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- Utilization
  - The percentage of REM participants receiving dental visits grew by 3.4 percentage points, from 51.0 percent to 54.4 percent.
  - Ambulatory care visits increased by 0.9 percentage points over the study period, to 94.6 percent.
  - ED utilization rate decreased by 2.1 percentage points, from 46.7 percent to 44.6 percent.
  - Inpatient admissions decreased from 31.0 percent to 27.9 percent.
- Behavioral Health Diagnoses (CY 2017)
  - MHD-only: 19.6 percent
  - SUD-only: 3.2 percent
  - Dual diagnosis: 1.0 percent

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# Quality of Care

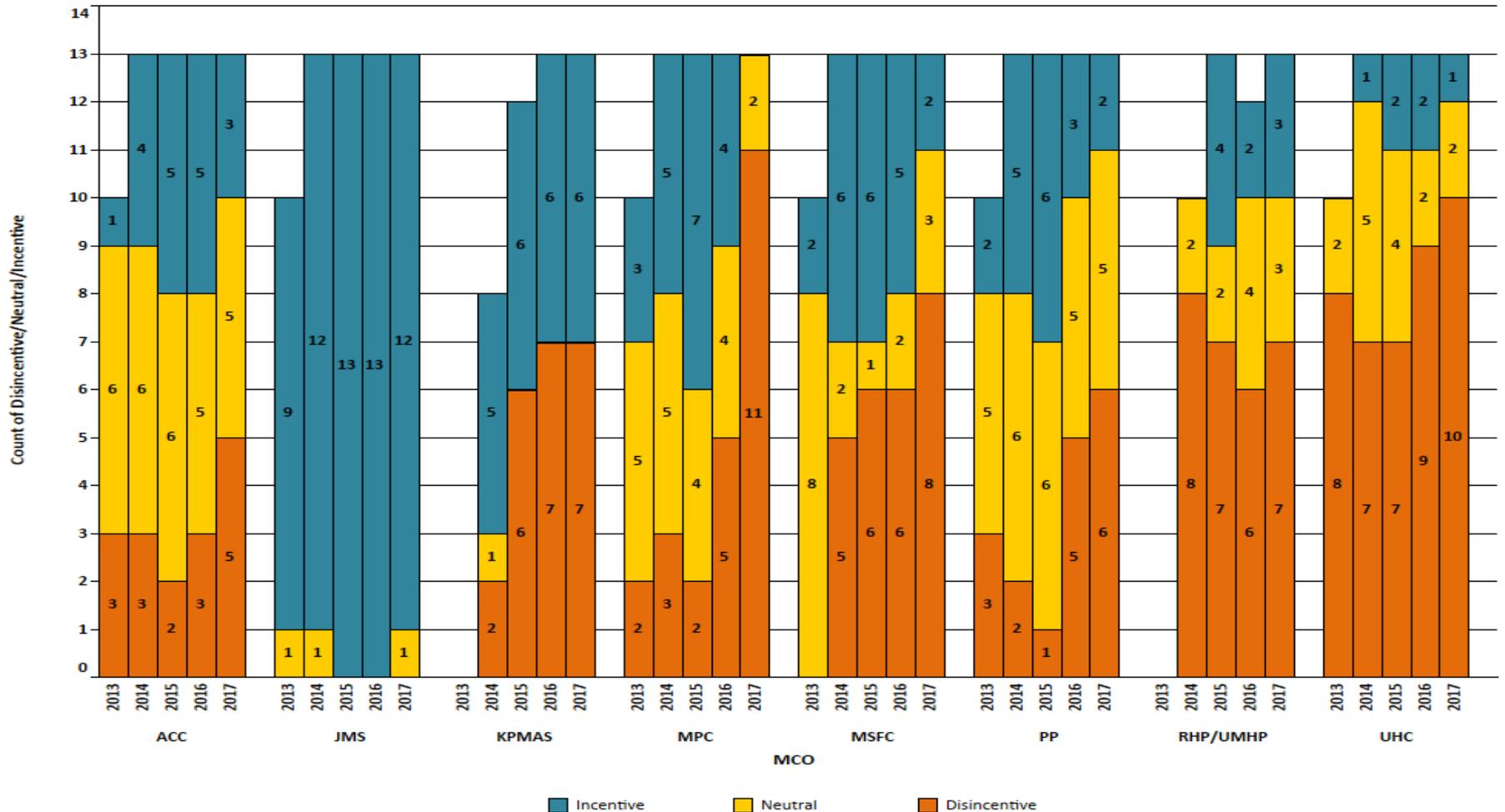
# Value-Based Purchasing

Value-Based Purchasing (VBP) measures and averages across all plans, CY 2017

Value-Based Purchasing Measures	Average Percentage Goal Achieved
Adolescent Well-Care Visits	64%
Ambulatory Care Visits for SSI Adults	84%
Ambulatory Care Visits for SSI Children	83%
Adult BMI Assessment	94%
Breast Cancer Screening	70%
Childhood Immunization Status - Combination 3	76%
Comprehensive Diabetes Care - Hba1c testing	88%
Immunization for Adolescents - Combination 1	87%
Lead Screenings for Children - Ages 12-23 months	63%
Controlling High Blood Pressure	63%
Postpartum Care	74%
Asthma Medication Ratio	65%
Well-Child Visits for Children - Ages 3-6	81%

# VBP Performance by MCO

Count of VBP Incentives and Disincentives by MCO, CY 2013 to CY 2017



# Healthy Kids Review

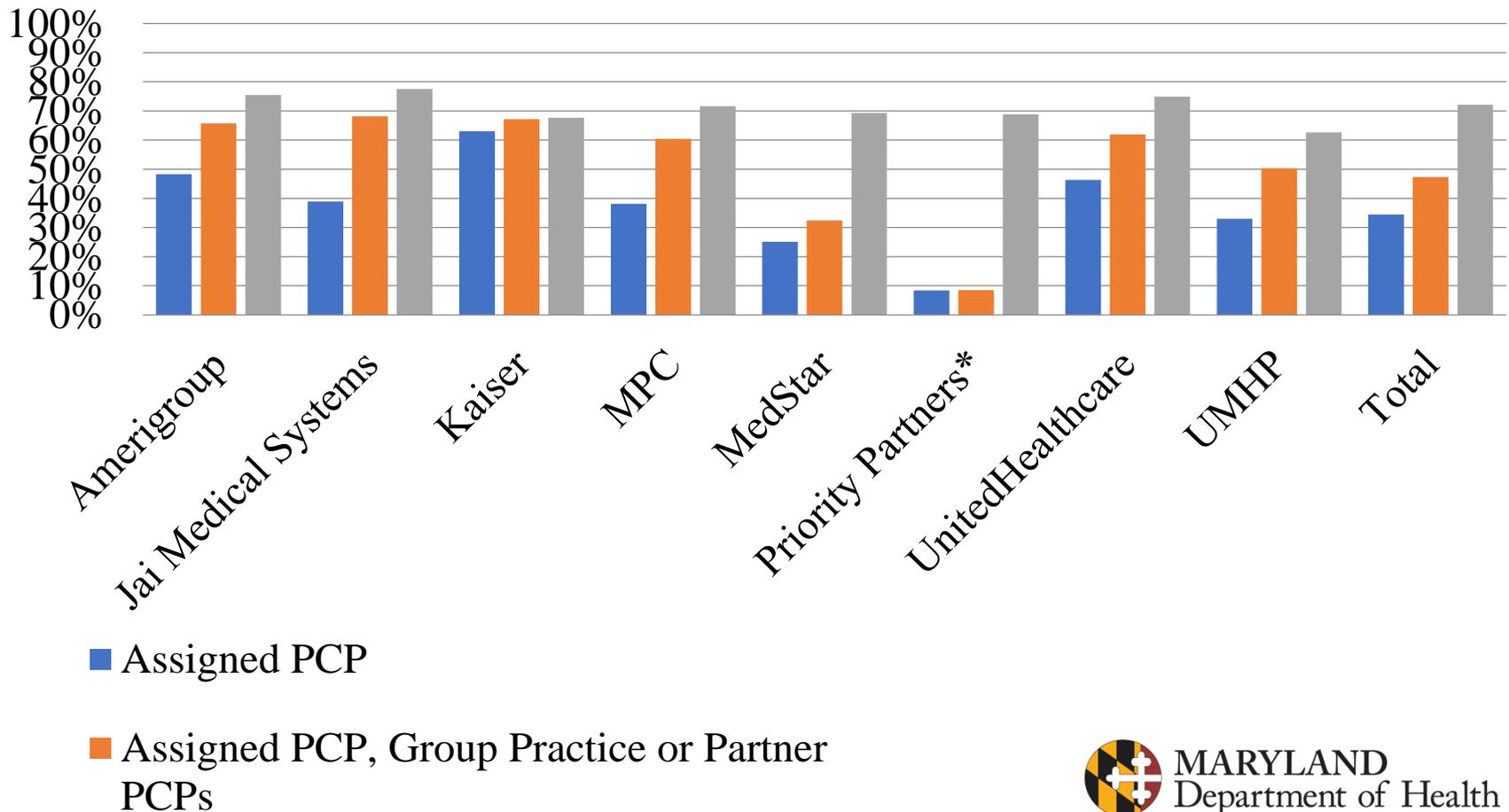
EPSDT Component	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
Health and Developmental History	89%	88%	92%	92%	92%
Comprehensive Physical Exam	91%	93%	93%	96%	96%
Laboratory Tests/At-Risk Screenings	77%	76%	78%	85%	82%
Immunizations	84%	83%	84%	85%	90%
Health Education/Anticipatory Guidance	89%	91%	92%	95%	94%
HealthChoice Aggregate Total	87%	88%	89%	91%	92%

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# Medical Home

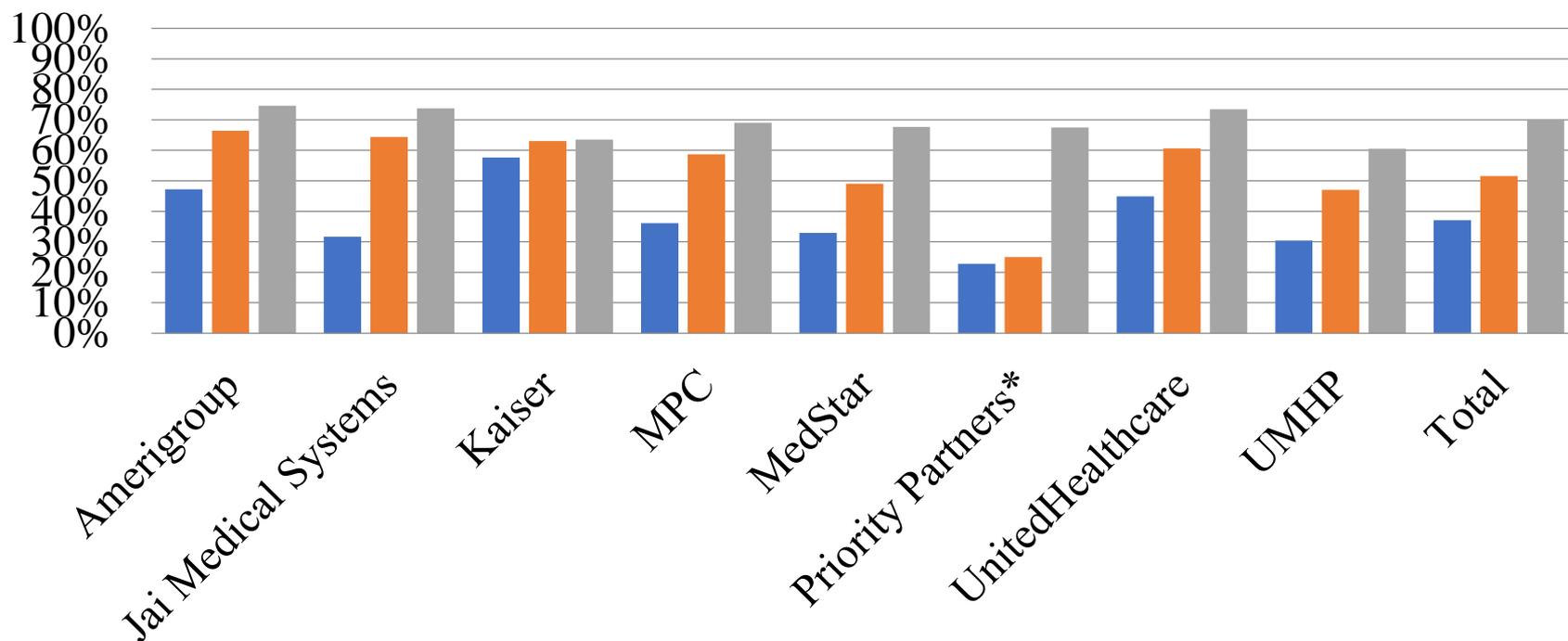
# Medical Home Utilization

Percentage of HealthChoice Participants with a PCP Visit, by MCO, CY 2016



# Medical Home Utilization

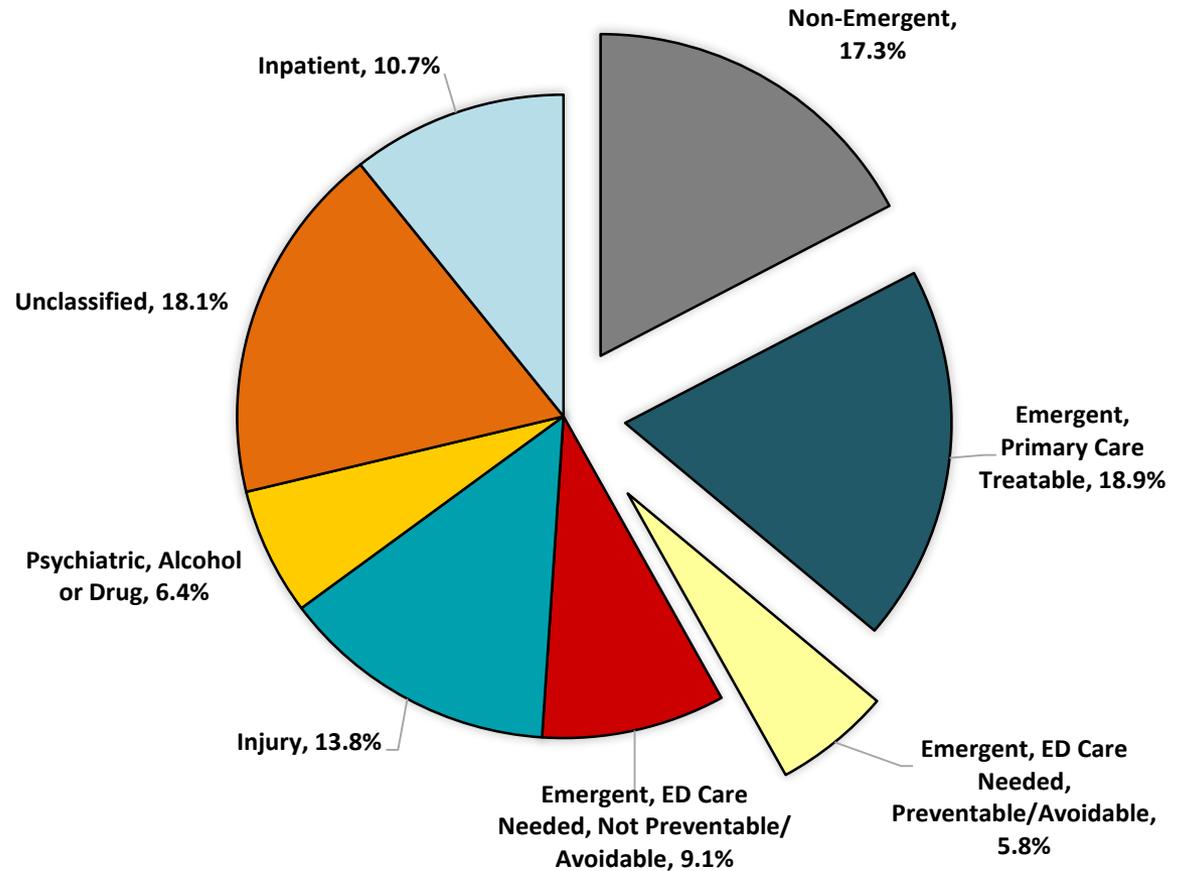
## Percentage of HealthChoice Participants with a PCP Visit, by MCO, CY 2017



- Assigned PCP
- Assigned PCP, Group Practice or Partner PCPs
- Any PCP in MCO's Network

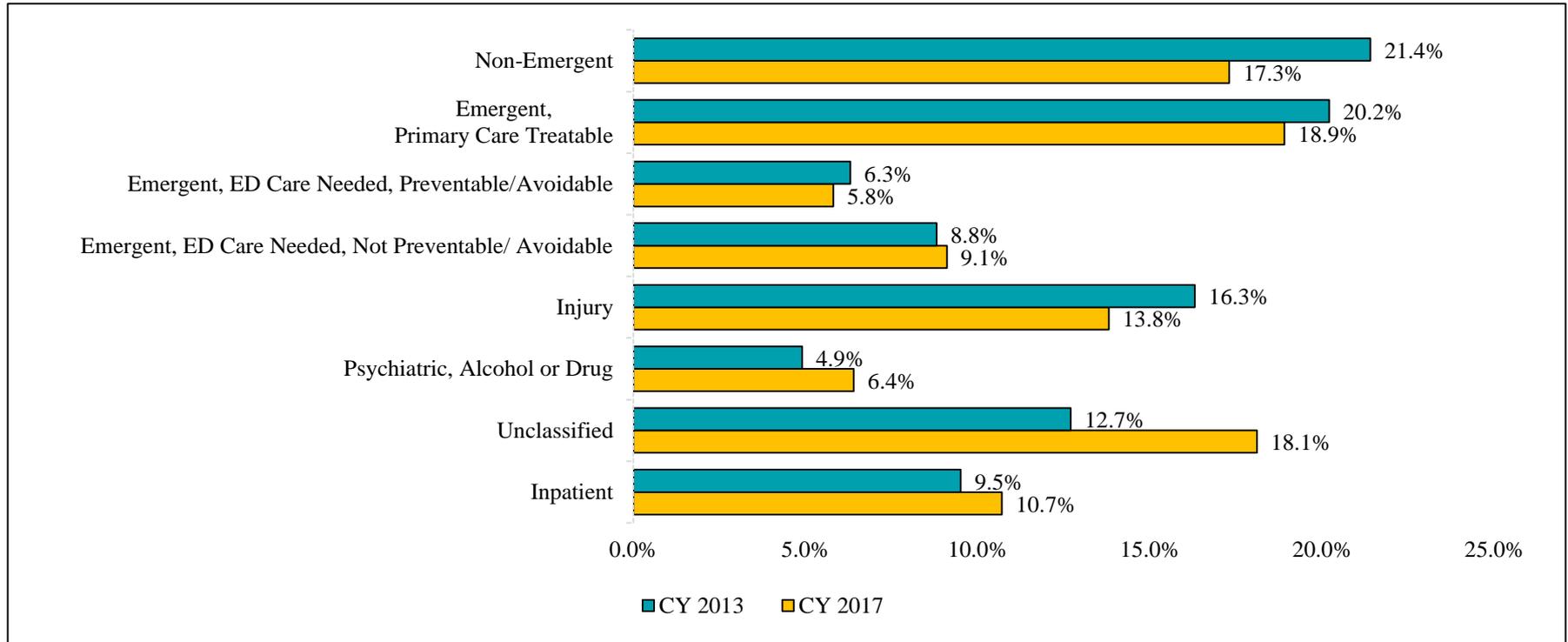
# ED Utilization

ED Visits by HealthChoice Participants Classified According to NYU Avoidable ED Algorithm, CY 2017



# ED Utilization

Between CY 2013 and CY 2017, potentially-avoidable ED utilization decreased from 47.9 percent to 42.0 percent.



# Admissions

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- 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 admission due to one of the 16 PQI designations increased from 9.1 percent in CY 2013 to 11.4 percent in CY 2017.
- PQI-designated discharges with the highest rates:
  - COPD or Asthma in Older Adults (PQI #5)
  - Congestive Heart Failure (PQI #8)

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# Health Promotion and Disease Prevention

# HEDIS Childhood Measures

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

- **Immunization Combination Two:** Increased from 76.5 percent in CY 2014 to 78.0 percent in CY 2017—an overall decrease from CY 2013 of 2.9 percentage points
- **Immunization Combination Three:** Increased from 73.5 percent in CY 2014 to 75.9 percent in CY 2017—an overall decrease from CY 2013 of 3.2 percentage points
- **15-month-old infants who received at least five well-child visits:** Increased from a low of 79.5 percent in CY 2014 to 84.7 percent in CY 2017—an overall decrease from CY 2013 of 1.0 percentage point
- **Children aged three to six years who received at least one well-child visit:** Decreased by 0.7 percentage points from 82.0 percent in CY 2014 to 81.1 percent in CY 2017—an overall decrease from CY 2013 of 2.9 percentage points
- **Adolescent Well-Care:** Increased by 2.1 percentage points from 62.1 percent in CY 2014 to 64.2 percent in CY 2017—an overall decrease from CY 2013 of 3.1 percentage points

# Lead Test Screening

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- Lead test screening rates between CY 2013 and CY 2017:
  - Improved for children aged 12-23 months: 58.7 percent to 62.7 percent
  - Improved for children aged 24-35 months: 76.6 percent to 80.4 percent
- Blood lead levels: The percentage of children aged zero to six with an elevated blood lead level decreased from 3.5 percent in CY 2013 to 2.7 percent in CY 2017.
- 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)

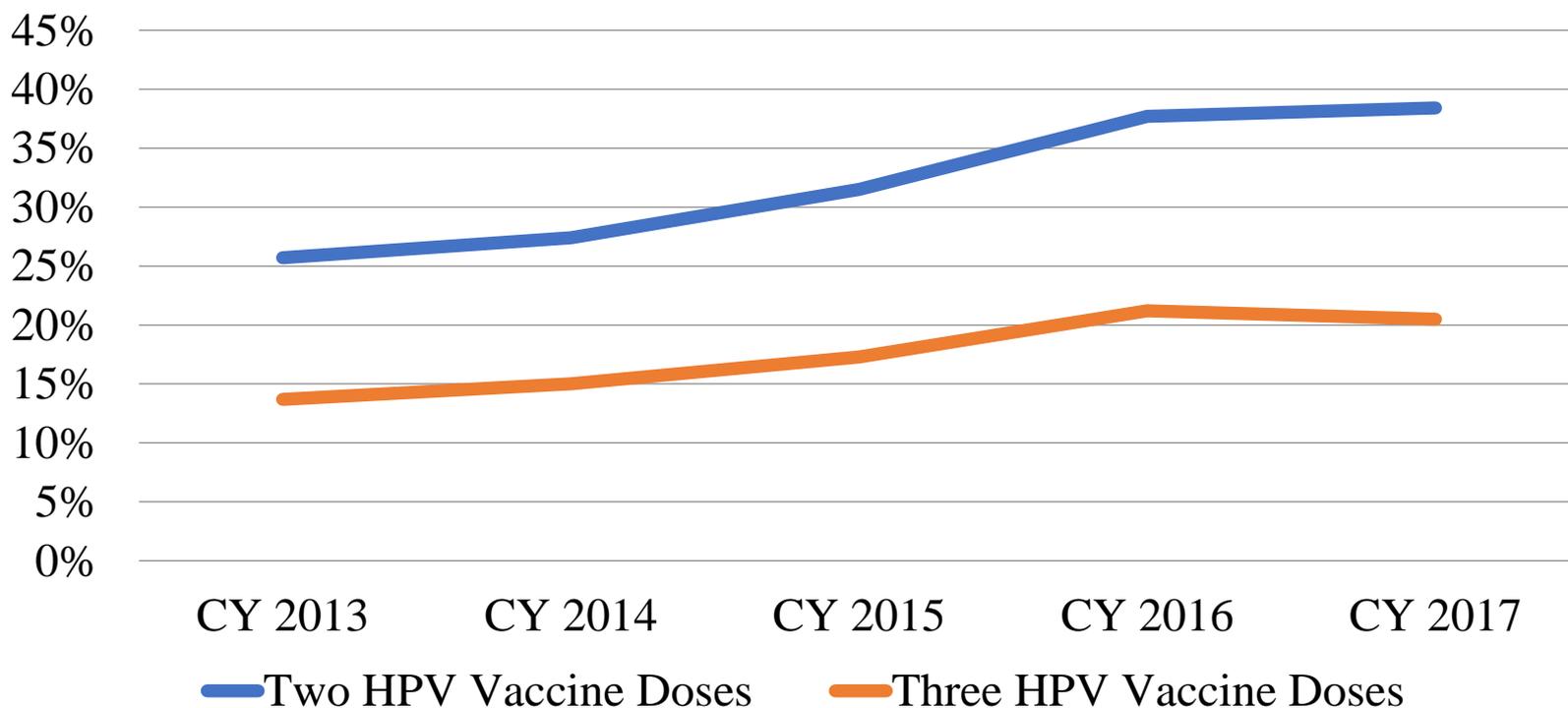
# Cancer Screening

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- **Breast cancer screening rate:** Improved by 11.4 percentage points, from 58.3 percent in CY 2013 to 69.7 percent in CY 2017
- **Cervical cancer screening rate:** Decreased by 12.8 percentage points from 75.2 percent in CY 2013 to 62.4 percent in CY 2017
- **Colorectal cancer screening rate:** Improved from 38.7 percent in CY 2013 (from a low of 32.1 percent in CY 2014) to 39.0 percent in CY 2017

# Cancer Prevention

## HPV Vaccination Rates, Female 13-Year-Old Medicaid Participants



# Dental Services

- 68.1 percent of children aged 4-20 years received dental services in CY 2017—a decrease of 0.2 percentage points since CY 2013.
- 27.4 percent of pregnant women aged 21 years and older received dental services in CY 2017—an increase of 0.2 percentage points since CY 2013.

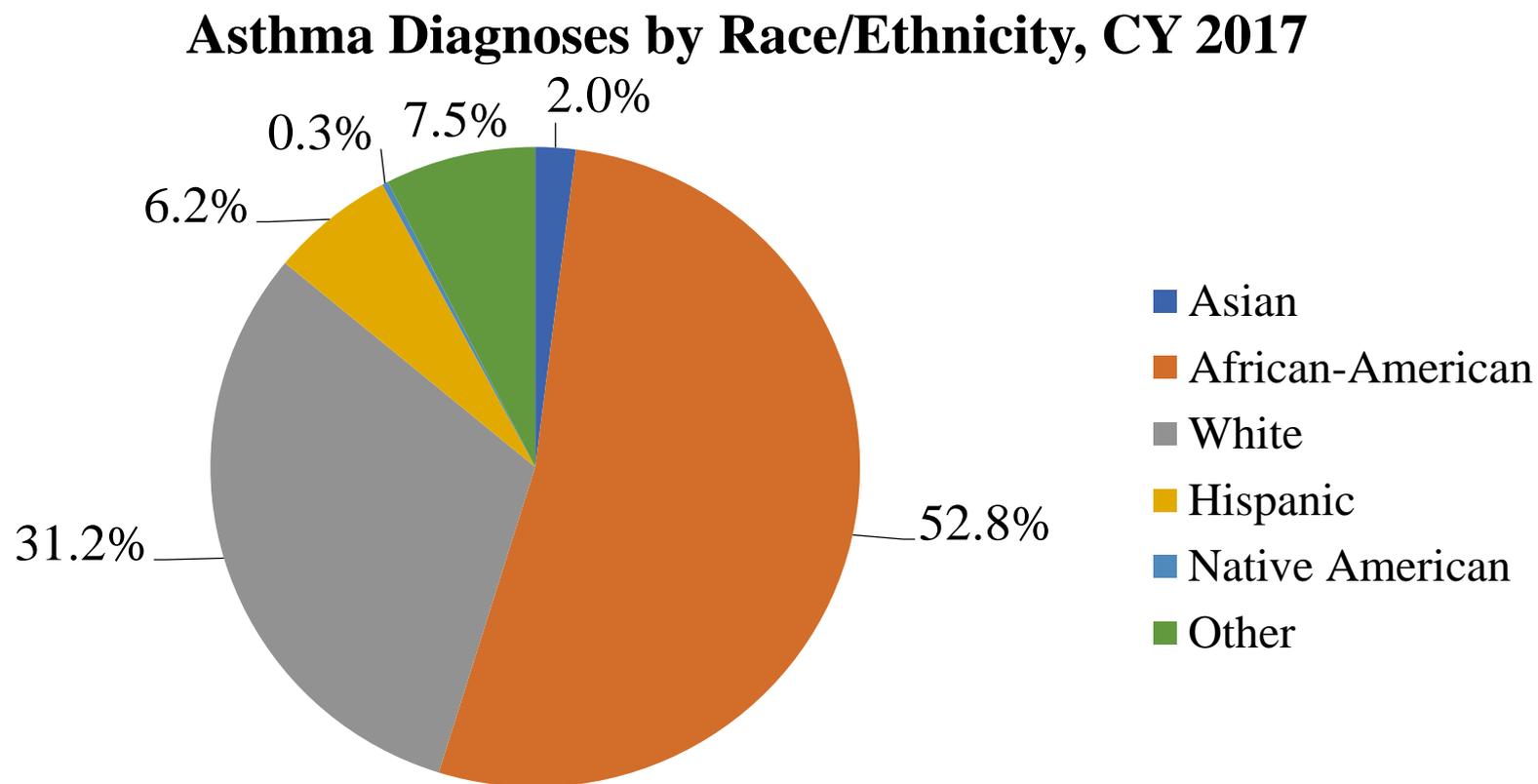
Participating Dentists – CY 2017	
Baltimore Metro	560
Washington Metro	563
Southern Maryland	63
Western Maryland	145
Eastern Shore	97
Other	197
<b>Total</b>	<b>1,625</b>
<b>Unique Total</b>	<b>1,600</b>

# Reproductive Health

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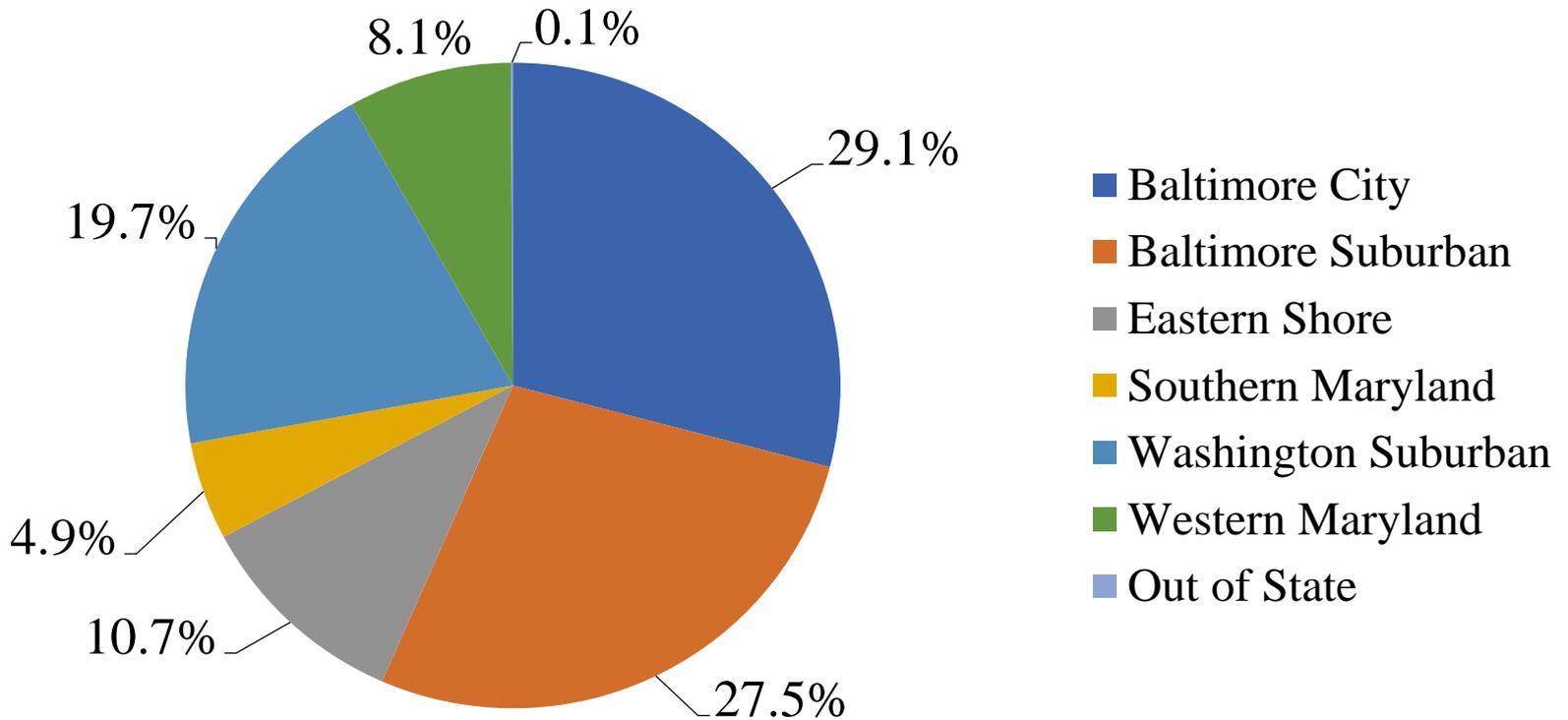
- Receiving timely prenatal care: 84.9 percent in CY 2017
  - Increase of 3.4 percentage points over CY 2013
  - Decrease of 2.7 percentage points since CY 2016
- Contraceptive Care (CY 2017)
  - Most-effective methods: 7.3 percent
  - Moderately-effective methods: 24.4 percent
  - At risk of unintended pregnancy: 261,029

# Asthma



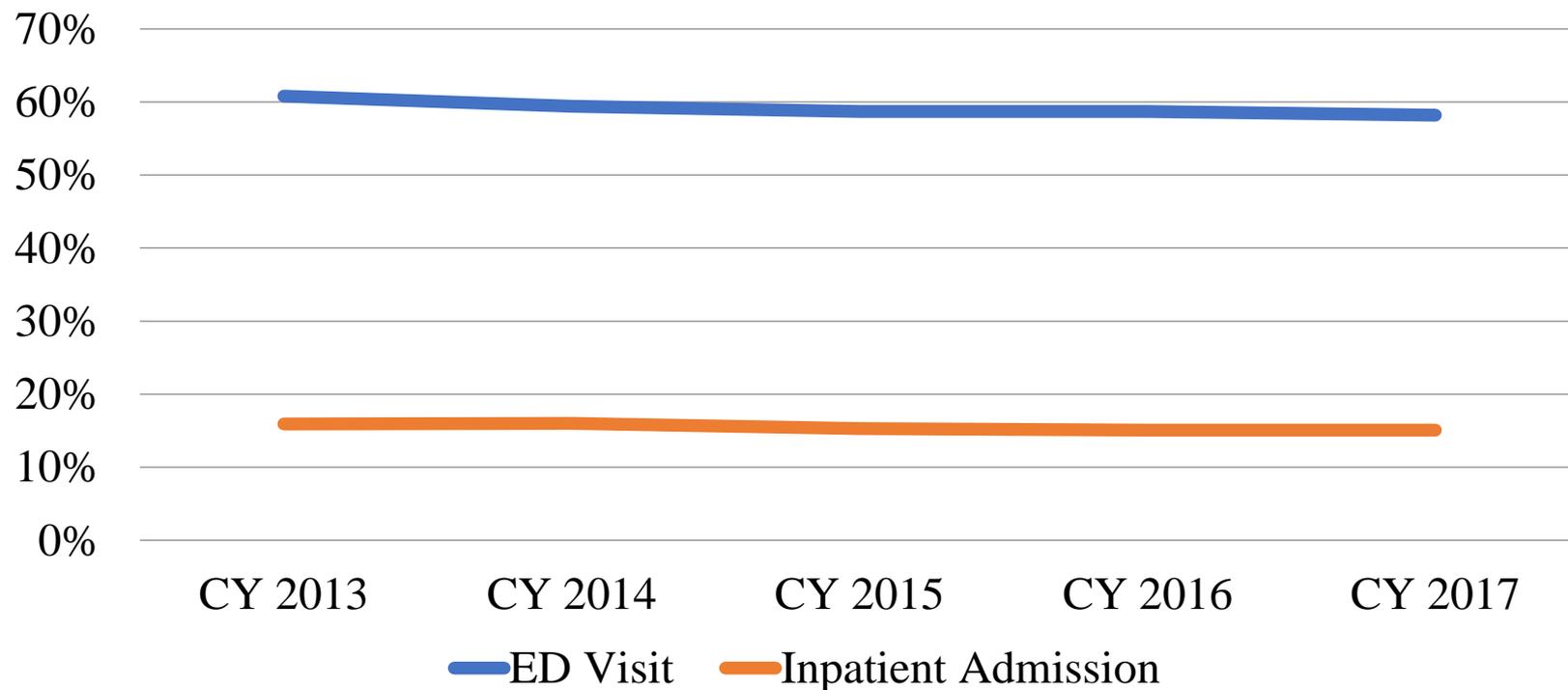
# Asthma

### Asthma Diagnoses by Region, CY 2017



# Asthma

## ED and Inpatient Utilization by HealthChoice Participants with Asthma



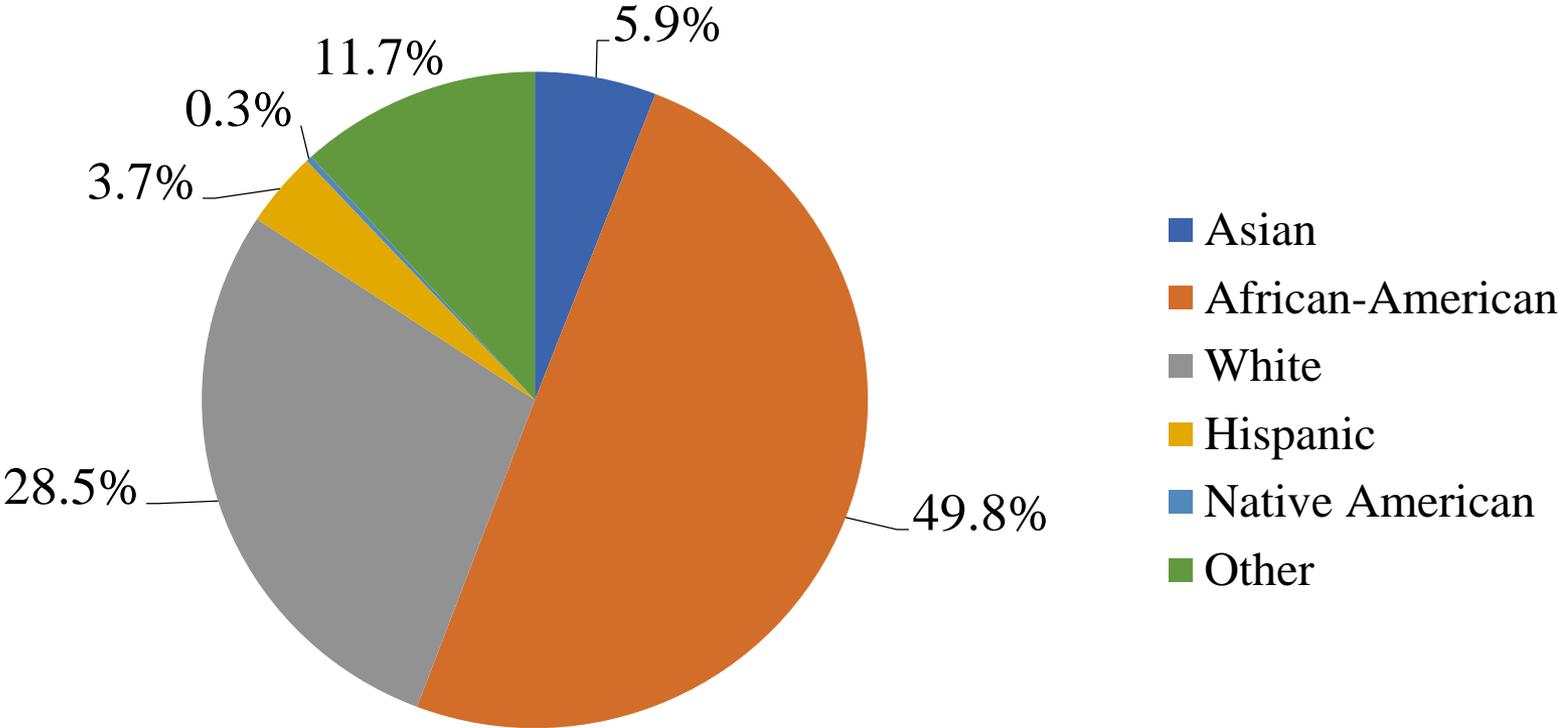
# Asthma

**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 2013–CY 2017**

	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
<b>Remained on Prescribed Controller Medication for at Least 50% of Treatment Period</b>					
<b>HealthChoice</b>	49.7%	51.5%	56.9%	55.8%	58.2%
<b>National HEDIS® Mean</b>	-	-	+	-	-
<b>Remained on Prescribed Controller Medication for at Least 75% of Treatment Period</b>					
<b>HealthChoice</b>	25.8%	27.0%	34.1%	31.1%	32.9%
<b>National HEDIS® Mean</b>	-	-	+	-	-

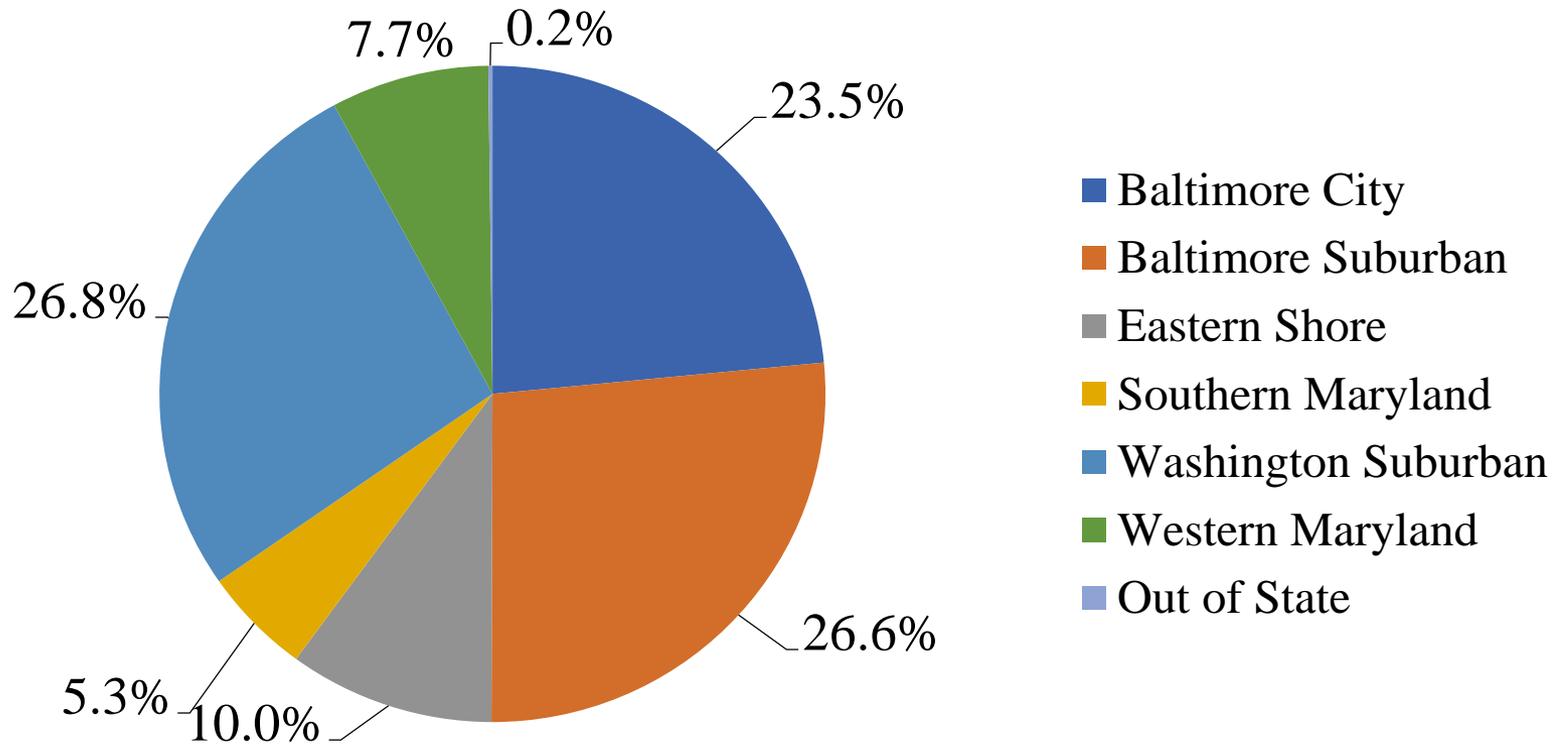
# Diabetes

### Diabetes Diagnoses by Race/Ethnicity, CY 2017



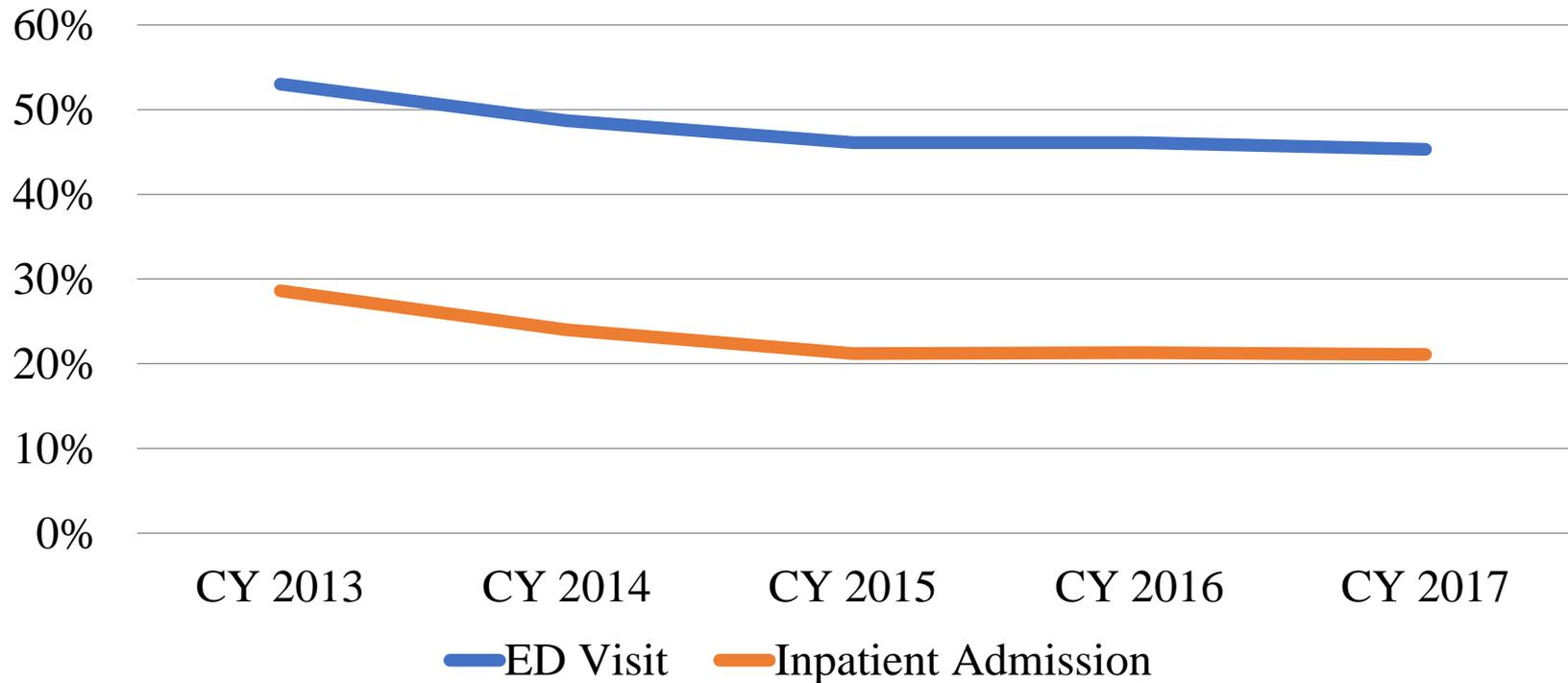
# Diabetes

### Diabetes Diagnoses by Region, CY 2017



# Diabetes

## ED and Inpatient Utilization by HealthChoice Participants with Diabetes



# Diabetes

**Percentage of HealthChoice Members Aged 19–64 Years  
with Diabetes Who Received Comprehensive Diabetes Care,  
CY 2013–CY 2017**

	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
<b>Eye Exam (Retinal)</b>					
HealthChoice	69.3%	61.5%	60.2%	57.0%	57.8%
National HEDIS® Mean	+	+	+	+	+
<b>HbA1c Test</b>					
HealthChoice	85.5%	89.0%	88.8%	88.9%	87.9%
National HEDIS® Mean	+	+	+	+	+

# Diabetes

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## Effect of Diabetes Follow-Up Care

- Participants with at least one HbA1c test were 23 percent less likely to have high ED use\* than those without the screening
- Participants who had a retinal exam were 19 percent less likely to have high ED use\* than those without the screening

# **HIV/AIDS**

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- The overall percentage of participants with HIV/AIDS with an ambulatory care visit decreased by 0.4 percentage points, from 91.8 percent to 91.4 percent.
- ED utilization decreased by 5.9 percentage points, from 55.9 percent to 50.0 percent.
- CD4 testing increased by 1.9 percentage points, from 72.2 percent to 74.1 percent.
- Viral load testing increased by 5.6 percentage points, from 69.0 percent to 74.6 percent.
- Antiretroviral therapy utilization increased by 8.4 percentage points, from 76.8 percent to 85.2 percent.

# **HIV/AIDS**

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- HIV Screening: From CY 2013 to CY 2017, the percentage of HealthChoice participants screened for HIV increased from 15.5 percent to 16.0 percent.
- HIV Pre-Exposure Prophylaxis (PrEP) Use: From CY 2012 to CY 2016, the percentage of HealthChoice participants taking PrEP remained constant at 0.2 percent.

# Behavioral Health

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The percentage of HealthChoice participants with:

- A mental health disorder (MHD) diagnosis increased by 1.2 percentage points, from 10.4 percent in CY 2013 to 11.6 percent in CY 2017
- A substance use disorder (SUD) diagnosis increased by 1.0 percentage point, from 2.1 percent in CY 2013 to 3.1 percent in CY 2017
- Co-occurring behavioral health diagnoses (MHD and SUD) increased by 1.0 percentage point, from 1.4 percent in CY 2013 to 2.4 percent in CY 2017

# Behavioral Health

Year	Ambulatory Visit	ED Visit	Inpatient Admission
<b>MHD-Only</b>			
<b>CY 2013</b>	93.5%	46.7%	13.6%
<b>CY 2014</b>	93.3%	46.7%	14.1%
<b>CY 2015</b>	92.7%	44.5%	12.9%
<b>CY 2016</b>	92.9%	44.3%	12.5%
<b>CY 2017</b>	92.8%	43.1%	12.3%
<b>SUD-Only</b>			
<b>CY 2013</b>	81.3%	61.0%	17.3%
<b>CY 2014</b>	72.2%	52.5%	15.5%
<b>CY 2015</b>	71.2%	50.6%	14.6%
<b>CY 2016</b>	71.6%	50.7%	14.3%
<b>CY 2017</b>	77.4%	50.4%	14.8%
<b>MHD + SUD</b>			
<b>CY 2013</b>	94.2%	71.0%	36.5%
<b>CY 2014</b>	92.0%	69.2%	34.1%
<b>CY 2015</b>	91.5%	67.7%	32.5%
<b>CY 2016</b>	91.3%	68.2%	31.8%
<b>CY 2017</b>	92.7%	68.1%	31.3%

# Behavioral Health

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Despite overall decreases in ED utilization by participants with SUD, the percent of ED utilization *due to the SUD* among this population has crept up incrementally.

Year	ED Visit	ED Visit with Primary SUD Diagnosis
<b>SUD-Only</b>		
2013	61.0%	7.9%
2014	52.5%	9.4%
2015	50.6%	9.6%
2016	50.7%	9.0%
2017	50.4%	9.3%
<b>MHD + SUD</b>		
2013	71.0%	15.4%
2014	69.2%	17.2%
2015	67.7%	17.5%
2016	68.2%	15.6%
2017	68.1%	16.4%

# Behavioral Health

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- 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 4.3 in CY 2017.
- Medication-Assisted Therapy (MAT)
  - SUD-only: From CY 2013 to CY 2017, MAT use increased by 16.7 percentage points, from 42.9 percent to 59.6 percent.
  - MHD + SUD: From CY 2013 to CY 2017, MAT use increased from 52.4 percent to 60.8 percent.

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# 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 non-consecutive stays
- *Starting July 1, 2019: ASAM Level 4.0 for beneficiaries with a primary SUD and secondary MHD*

Level of Service	Recipient Count	Service Count
Level 3.7-WM	2,350	14,123
Level 3.7	2,975	40,423
Level 3.5	885	15,632
Level 3.3	392	8,773
<b>All Unique Users</b>	<b>4,392</b>	<b>78,951</b>

*July-December 2017*

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

# Community Health Pilots

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- Evidence-Based Home Visiting Services
  - Harford County Health Department: 30 families
  - Garrett County Health Department: 13 families
- Assistance in Community Integration Services
  - Baltimore City Mayor's Office of Human Services: 100 individuals
  - Montgomery County Department of Health and Human Services: 110 individuals
  - Cecil County Health Department: 15 individuals
  - Prince George's County Health Department: 75 individuals

# Former Foster Care Dental

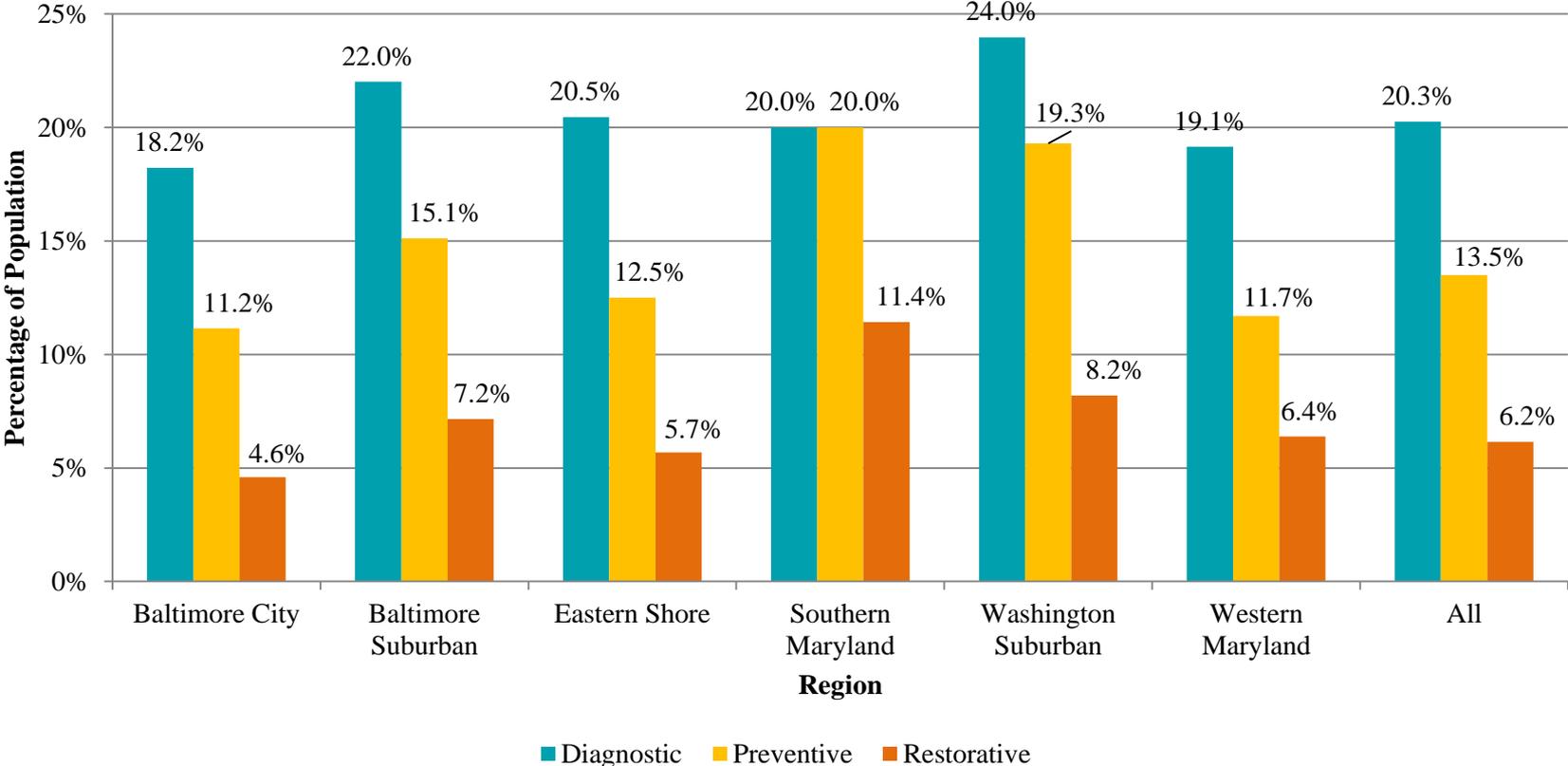
- Authorized by Chapters 57 and 58 of the Maryland Acts of 2016
- Approved in 2016 and effective since January 1, 2017

**Number and Percentage of Former Foster Care Participants with Dental Services, by Region (CY 2017)**

Region	No. of Enrollees	No. with at Least One Visit	Percentage with Dental Visits
Baltimore City	565	108	19.1%
Baltimore Suburban	377	90	23.9%
Eastern Shore	88	21	23.9%
Southern Maryland	*	*	20.0%
Washington Suburban	171	42	24.6%
Western Maryland	*	*	20.2%
Total	1,333	288	21.6%

# Former Foster Care Dental

Percentage of Former Foster Care Participants by Region Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service, CY 2017



# Increased Community Services

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- Number of slots increased from 30 to 100 with 2016 waiver renewal—30 enrolled as of December 2017
- 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 (Any Enrollment)

	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
Number of Participants	26,105	22,042	19,754	15,447	13,154
Number with at Least 1 Service	8,954	6,305	4,671	2,925	2,271
Percentage with at Least 1 Service	34.3%	28.6%	23.6%	18.9%	17.3%

## Enrollment and Service Utilization (12m Enrollment)

	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017
Number of Participants	4,147	6,032	7,488	6,758	6,314
Number with at Least 1 Service	2,252	2,061	1,672	1,198	862
Percentage with at Least 1 Service	54.3%	34.2%	22.3%	17.7%	13.7%

# Questions?

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HealthChoice evaluations can be found here:

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

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