

MARYLAND DEPARTMENT OF HEALTH

**2019 HealthChoice
Post-Award Forum and Proposed
§1115 Waiver Amendment
Public Hearing**

Office of Health Care Financing

May 23, 2019

2019 Post-Award Forum

Overview

- Purpose: Update the public on the HealthChoice demonstration and allow an opportunity to provide meaningful comment
- Agenda
 - HealthChoice Overview
 - Residential Treatment for Individuals with Substance Use Disorders (SUD)
 - Community Health Pilots
 - Dental Coverage for Former Foster Youth and Adult Dental Pilot
 - Family Planning Program
 - HealthChoice Diabetes Prevention Program

History, Enrollment and Key Points

HealthChoice Overview

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.

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.
- In March 2019, CMS approved an amendment to the demonstration waiver that:
 1. Expands the Residential Treatment for Individuals with SUD;
 2. Expands the Assistance in Community Integration Services (ACIS) Community Health Pilot;
 3. Makes changes to the Family Planning program;
 4. Adds a limited-benefit adult dental pilot; and
 5. Adds the HealthChoice Diabetes Prevention Program (DPP).
- MDH is currently preparing a second amendment, to add a Collaborative Care Model Pilot program.

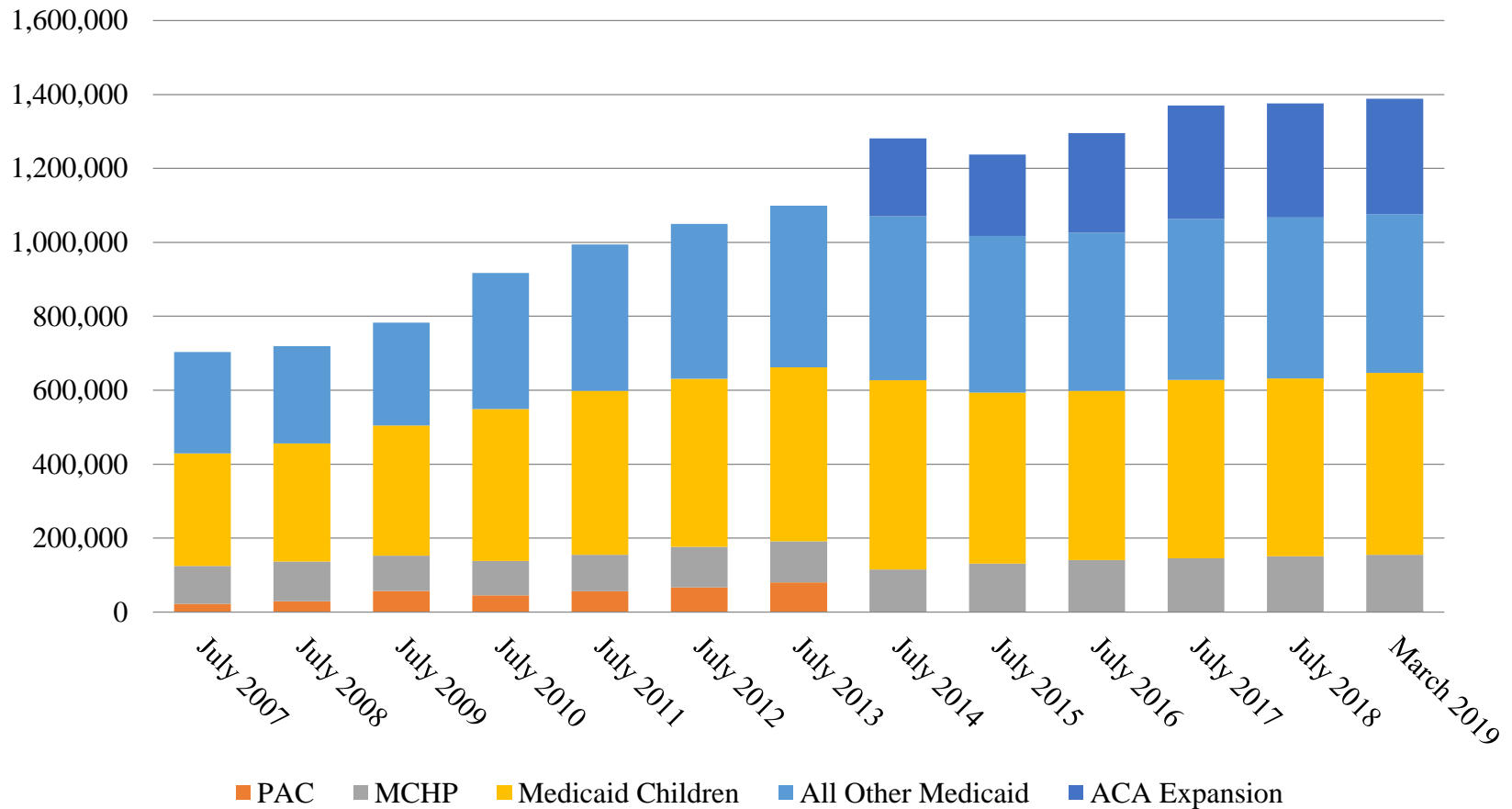
Current Enrollment

As of April 30, 2019...

- There were 1,198,318 individuals enrolled in HealthChoice—representing 86.2 percent of total Maryland Medicaid enrollment and a decrease of fewer than 2,000 in the past year.
- 309,842 adults were enrolled through the ACA Medicaid expansion, a decrease of 2,639 in the past year.

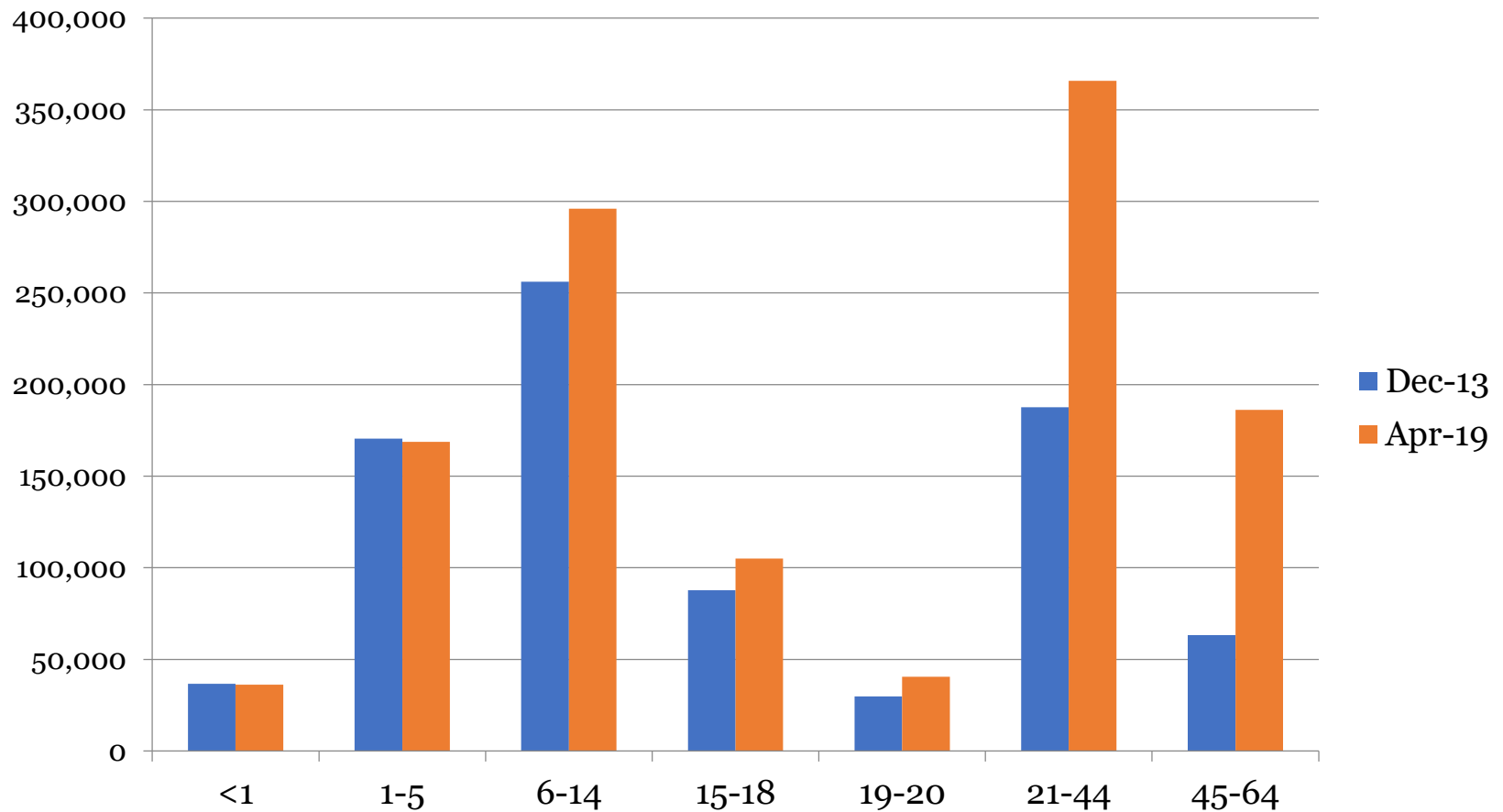
Enrollment

Growth (2007-2019)



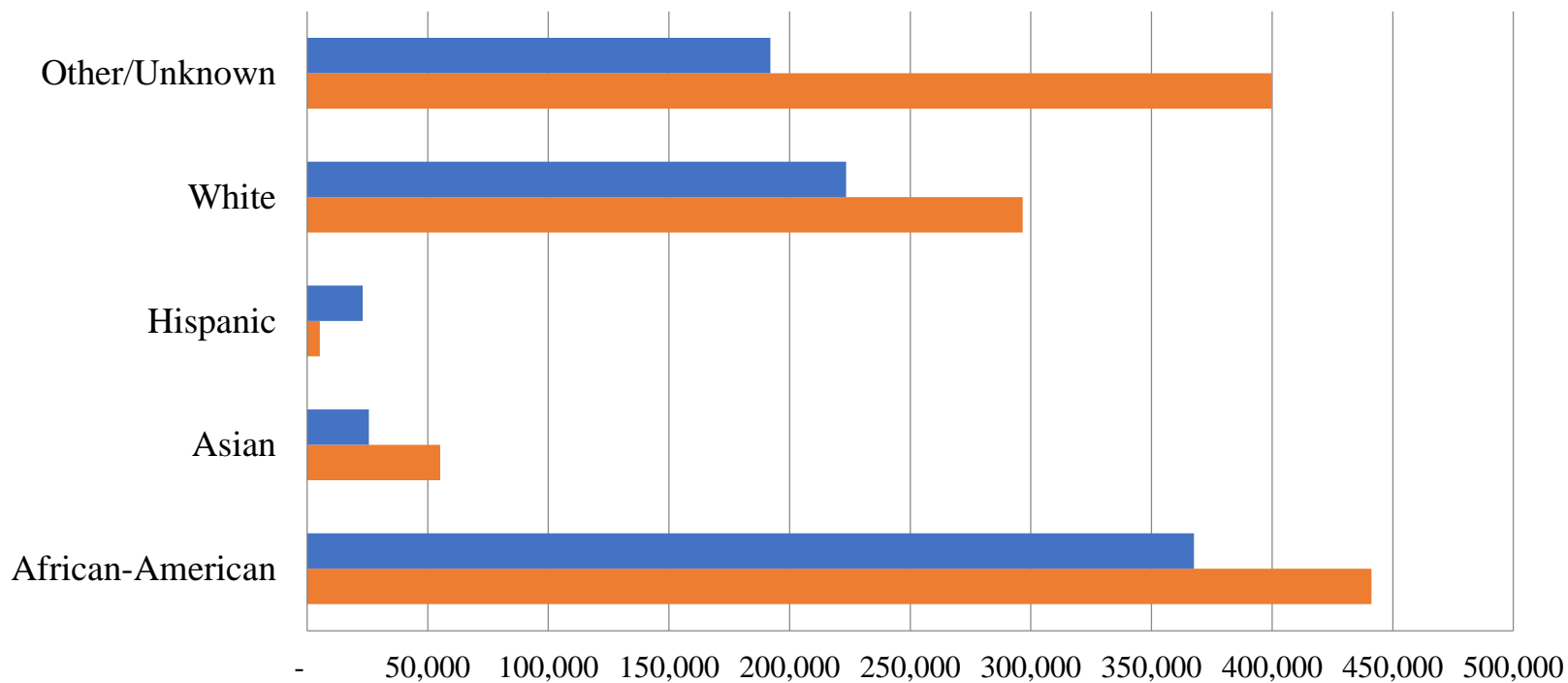
Enrollment

Age



Enrollment

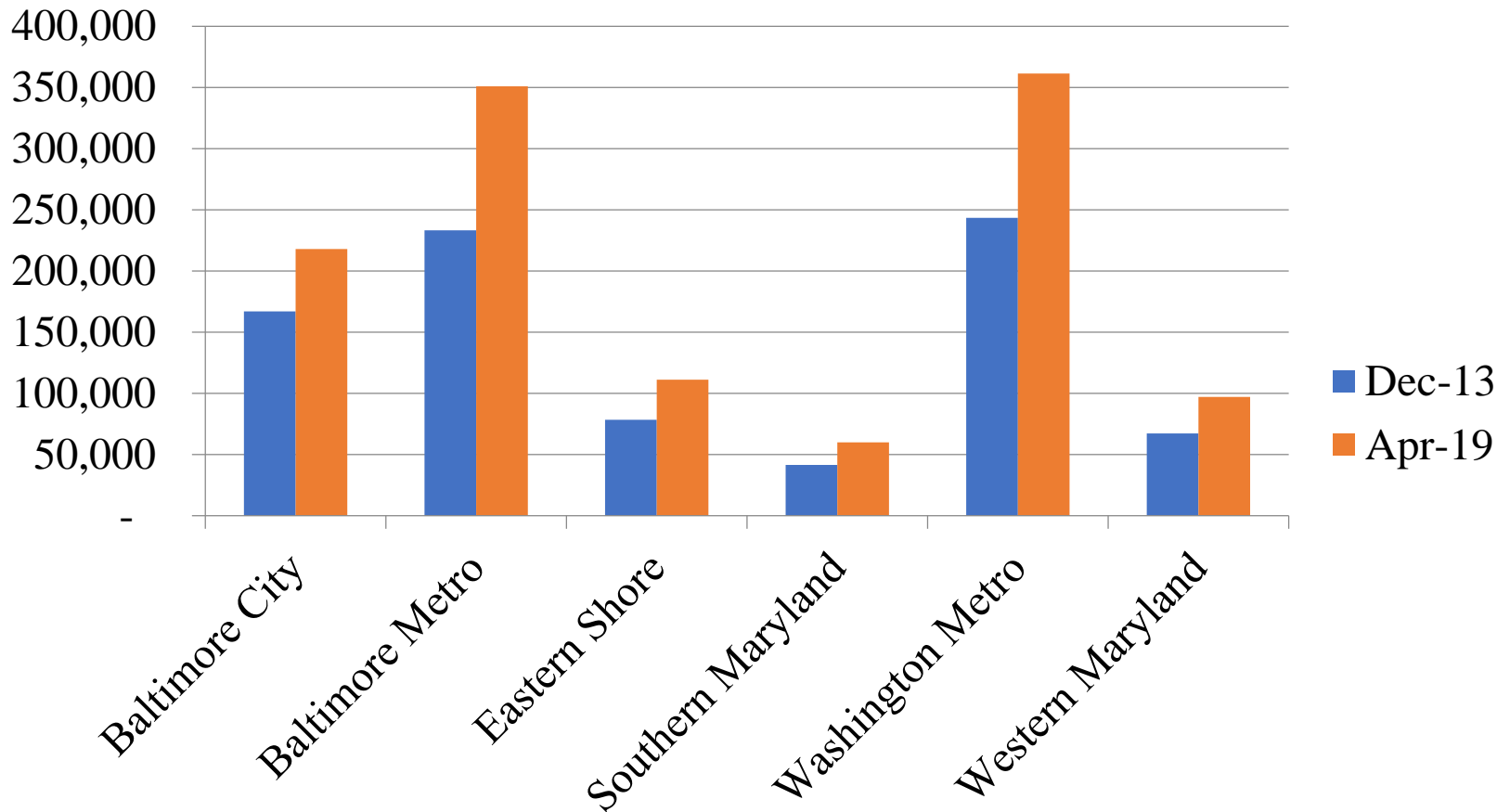
Race/Ethnicity



	African-American	Asian	Hispanic	White	Other/Unknown
■ Dec-13	367,567	25,651	23,040	223,435	192,034
■ Apr-19	441,213	55,210	5,319	296,667	399,909

Enrollment

Geographic Region



MCO Market Share

Nine managed care organizations (MCOs) participate in the HealthChoice program.

MCO market share as of March 2019:

- Aetna Better Health (1.7 percent)
- Amerigroup (23.3 percent)
- Jai Medical Systems (2.3 percent)
- Kaiser Permanente (5.5 percent)
- Maryland Physicians Care (17.9 percent)
- MedStar Family Choice (7.7 percent)
- Priority Partners (25.2 percent)
- University of Maryland Health Partners (4.1 percent)
- United Healthcare (12.4 percent)

Program Updates

- **HealthChoice Demonstration Waiver Amendment**
- **Behavioral Health Integration:** As of January 1, 2015, SUD and mental health services are provided on a fee-for-service basis by an administrative services organization (ASO).
- **Chronic Health Home Demonstration:** As of May 2019, there are 100 approved Health Home sites (67 PRP, 12 MTS, 21 OTP), with over 8,700 participants.
- **Healthy Homes for Healthy Kids** is an expansion of lead identification and abatement programs for low-income children through programs delivered by the Maryland Department of Housing and Community Development (DHCD).
- **Childhood Lead Poisoning Prevention and Environmental Case Management** is an expansion of county level programs to provide environmental assessment and in-home education programs with the aim of reducing the impact of lead and other environmental toxins on vulnerable low-income children.

Performance Highlights

Between CY 2013 and CY 2017...

- The rate of potentially-avoidable emergency department (ED) visits decreased by 7.9 percentage points.
- Rates for well-child and well-care visits—as well as immunization—were consistently higher than the national Medicaid average.
- The percentage of children receiving a lead test increased, while the percentage of those testing with an elevated blood lead level decreased from 3.5 percent to 2.7 percent.
- The percentage of women aged 50-54 who received a breast cancer screening increased by 11.4 percentage points.
- Individuals with substance use disorders who received medication-assisted therapy increased by 13.5 percentage points.

Residential Treatment for Individuals with Substance Use Disorders

SUD Services in IMDs

As part of the 2016 HealthChoice §1115 renewal application, CMS authorized Maryland Medicaid to cover Substance Use Disorder (SUD) services delivered in Institutions of Mental Disease (IMD) for adults aged 21 to 64.

- A SUD IMD is defined as a facility with more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with chemical dependency disorders.

Effective July 1, 2017, MDH began providing reimbursement* for up to two nonconsecutive 30-day stays annually for American Society of Addiction Medicine (ASAM) levels 3.7WM (licensed as 3.7D in Maryland), 3.7, 3.5 and 3.3.

- Effective January 1, 2019: Coverage of ASAM 3.1
- Pending January 1, 2020: Coverage for dual eligibles

For FY 2019, approximately 7,135 participants have received services at a cost of \$34.3 million (Total Funds).

IMD Service Provision

Number of Unique Participants, Service Counts and Costs by ASAM Level under §1115 Waiver (FY 2019)*

ASAM Level	Unique Participant Count by Level of Care	Days	Payments
3.1	127	3,184	\$270,483
3.3	878	17,959	\$3,401,468
3.5	1,572	26,406	\$5,002,352
3.7	4,370	63,474	\$18,510,242
3.7WM	3,500	20,206	\$7,164,334
Total	7,135	131,229	\$34,348,880

Newly-Approved Services

Under the recently-approved waiver amendment, MDH requested expenditure authority for otherwise-covered services provided to Medicaid-eligible participants 21 through 64 years of age who are residing in an IMD and have a primary SUD diagnosis and a secondary mental health diagnosis. MDH has now extended coverage of IMD services at ASAM Level 4.0.

- MDH will provide reimbursement for IMD ASAM level 4.0 Medically Managed Intensive Inpatient services for up to 15 days per month
- IMDs can deliver specialized services for individuals whose active psychiatric symptoms limit their access to many SUD treatment programs
- MDH anticipates ~1,142 participants will access services annually
- **Effective Date:** July 1, 2019

Community Health Pilots

General Overview of Pilots

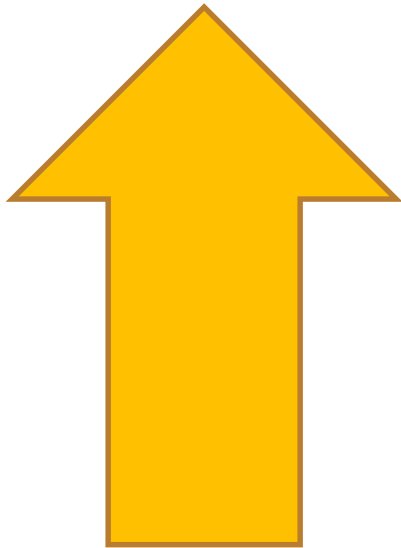
Home Visiting Services (HVS) Pilot:

- Evidence-based home visiting services for high-risk pregnant women and children up to age two
- Models that may be offered: Nurse Family Partnership and Healthy Families America
- Per home visit payment

Assistance in Community Integration Services (ACIS) Pilot:

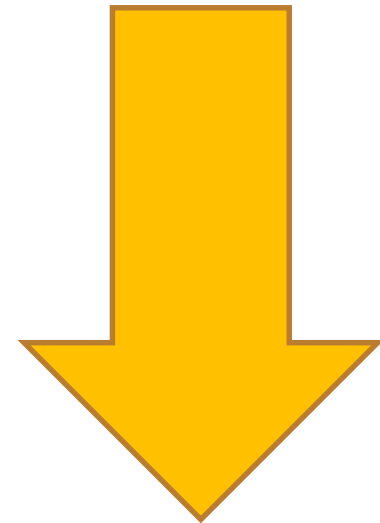
- High-utilizing Medicaid enrollees at high risk of institutional placement or homelessness, post-release from certain settings
- Statewide cap of 600 beneficiaries (effective July 1, 2019)
- Tenancy-based case management services, tenancy support services and housing case management services
- Per member per month payment

Pilot Goals



- To improve health outcomes for targeted populations
- To improve community integration for at-risk Medicaid beneficiaries

- To reduce unnecessary/inappropriate utilization of emergency health services



Implementation Timeline

Community Health Pilot Activities	Status	Date
Received pilot protocol approval from CMS	Complete	Spring 2017
HVS Application and Selection Process - Round 1	Complete	Summer 2017
ACIS Application and Selection Process - Round 1	Complete	Fall 2017
ACIS Application and Selection Process - Round 2	Complete	Spring 2018
HVS Application and Selection Process - Round 2	Complete	Spring 2018
ACIS and HVS Implementation and Beneficiary Enrollment – Round 1	Complete	Spring/Summer 2018
ACIS and HVS Implementation and Beneficiary Enrollment – Round 2	Complete	Summer 2018
ACIS Application and Selection Process - Round 3	On-going	Spring 2019
ACIS Implementation and Beneficiary Enrollment – Round 3	On-going	Summer 2019 (expected)

HVS Pilot Awardees

Harford County Health Department

- Round 1 awardee
- 30 beneficiaries
- Up to \$267,766 combined local and federal matching Medicaid funds
- Use of Health Families America, an evidence-based home visiting model

Garrett County Health Department

- Round 2 awardee
- 13 beneficiaries
- Up to \$74,210 combined local and federal matching Medicaid funds
- Use of Health Families America, an evidence-based home visiting model

Round 1

ACIS Pilot Awardees

Baltimore City Mayor's Office of Human Services

- 100 beneficiaries
- Up to \$689,474 combined local and federal matching Medicaid funds
- Partnering with Healthcare for the Homeless

Montgomery County Department of Health and Human Services

- 75 beneficiaries
- Up to \$629,831 combined local and federal matching Medicaid funds
- Partnering with The Coordinating Center, EveryMind, and Family Services, Inc.

Cecil County Health Department

- 15 beneficiaries
- Up to \$50,000 combined local and federal matching Medicaid funds
- Operating in-house

Round 2

ACIS Pilot Awardees

Prince George's County Health Department

- 75 beneficiaries
- Up to \$634,500 combined local and federal matching Medicaid funds
- Partnering with People Encouraging People, Vesta Inc., Volunteers of America of Chesapeake, Prince George's Healthcare Alliance Inc., Prince George's County Fire/EMS Department, and Prince George's County Department of Social Services.

Montgomery County Department of Health and Human Services

- Awarded 35 additional ACIS beneficiaries for total of 110 ACIS beneficiaries
- Partnering with The Coordinating Center, EveryMind, and Family Services, Inc., Montgomery County Coalition for the Homeless Inc., and Bethesda Cares

Round 3

ACIS Pilot Opportunity

Round 3 is now open for new local government entities and current Lead Entities.

- Request for Applications released on May 1, 2019 (link: [ACIS Application Package Round 3](#))
- ACIS Pilot Application Process and FAQs Webinar
- Up to \$2.4 million in federal matching funds available annually
- 300 new statewide spaces
- Applications due to MDH by June 12, 2019

Highlights

- ACIS Pilot funding opportunity Round 3 is now open
 - *New statewide limit (600) on ACIS beneficiaries*
- HVS Pilot funding opportunity is now closed
- ACIS Pilot Learning Collaborative established
- Slow and steady beneficiary enrollment—expected to pick up during Summer 2019
- Initial annual evaluation results will become available Summer/Fall 2019

Resources and Contact

Community Health Pilots Website:

<https://mmcp.health.maryland.gov/Pages/HealthChoice-Community-Health-Pilots.aspx>

Contact for additional information or questions:

mdh.healthchoicerenewal@maryland.gov

Dental Coverage for Former Foster Youth and Adult Dental Pilot Program

Dental Overview

Maryland Medicaid's Dental Program is called *Maryland Healthy Smiles (MHSDP)*, and participants are assigned a Dental Home upon enrollment in MHSDP.

MHSDP serves pregnant women and children enrolled in Medicaid, as well as adults in the Rare and Expensive Case Management Program (REM).

Eight out of nine MCOs voluntarily cover limited adult dental services to their members as a part of their benefit package using their own profits.

In January 2017, Maryland Medicaid began reimbursing dental services for former foster care children up to age 26.

On June 1, 2019, Maryland Medicaid will begin the Adult Dental Pilot Program.

320-Day Enrollment

Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for 320 Days with Dental Services in CY 2018, by Region

Region	Number of Enrollees	Number with at least One Visit	Percent with Dental Visits
Baltimore City	538	101	18.8%
Baltimore Suburban	331	83	25.1%
Eastern Shore	71	16	22.5%
Out of State	*	*	0.0%
Southern Maryland	*	*	26.3%
Washington Suburban	162	36	22.2%
Western Maryland	93	24	25.8%
Total	1,234	270	21.9%

90-Day Enrollment

Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for 90 Days with Dental Services in CY 2018, by Region

Region	Number of Enrollees	Number with at least One Visit	Percent with Dental Visits
Baltimore City	645	113	17.5%
Baltimore Suburban	403	92	22.8%
Eastern Shore	89	17	19.1%
Out of State	*	*	0.0%
Southern Maryland	*	*	25.6%
Washington Suburban	197	42	21.3%
Western Maryland	125	26	20.8%
Total	1,503	301	20.0%

* Cells with 10 or fewer enrollees are suppressed

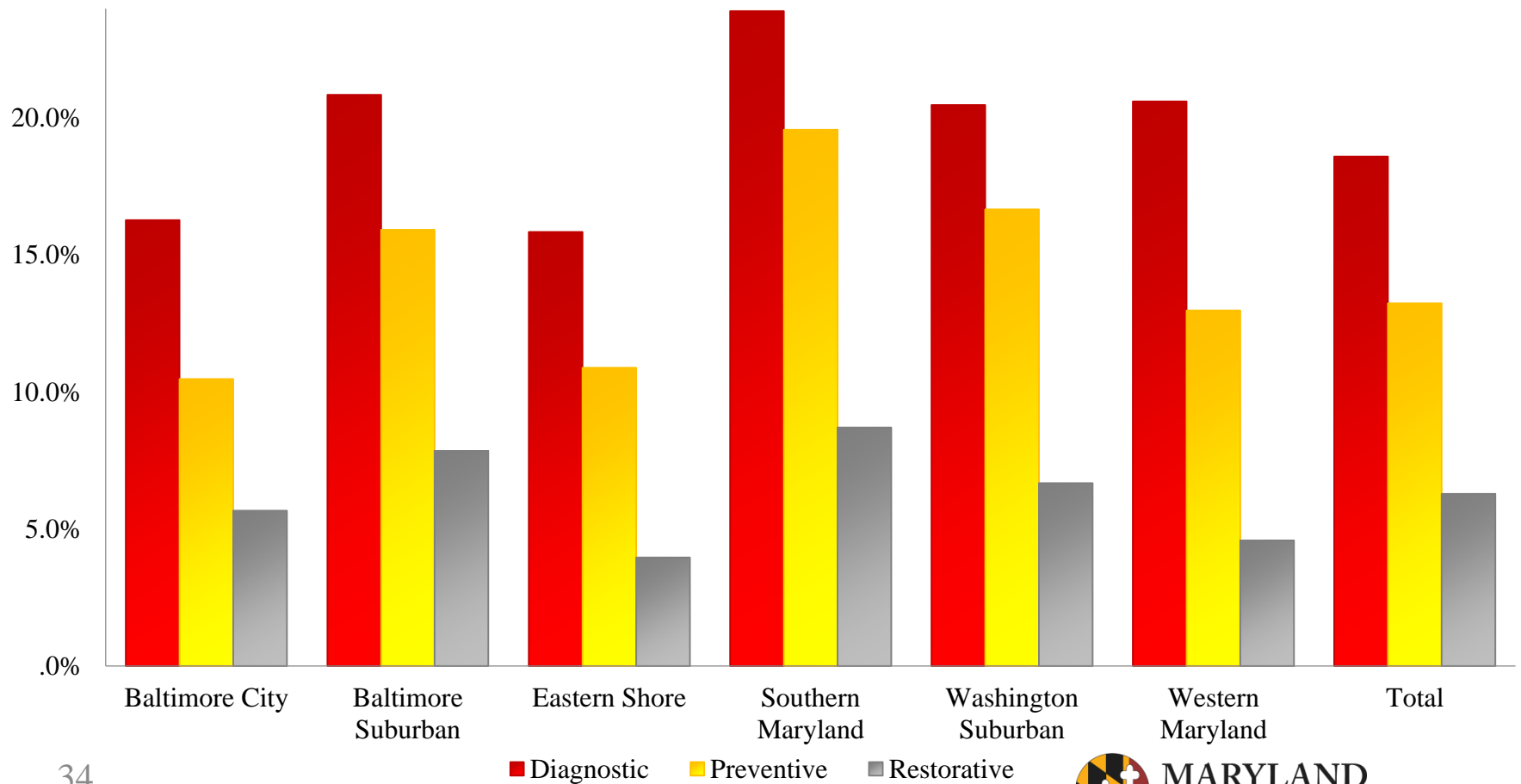
Any Enrollment

Number and Percentage of Former Foster Care Participants Enrolled for Any Period in Medicaid with Any Dental Service, by Region, CY 2018

Region	Number of Enrollees	Number of Enrollees with Any Dental Service	Percent with Dental Visit
Baltimore City	688	116	16.9%
Baltimore Suburban	446	95	21.3%
Eastern Shore	101	18	17.8%
Out of State	*	*	0.0%
Southern Maryland	*	*	23.9%
Washington Suburban	210	44	21.0%
Western Maryland	131	27	20.6%
Total	1,624	311	19.2%

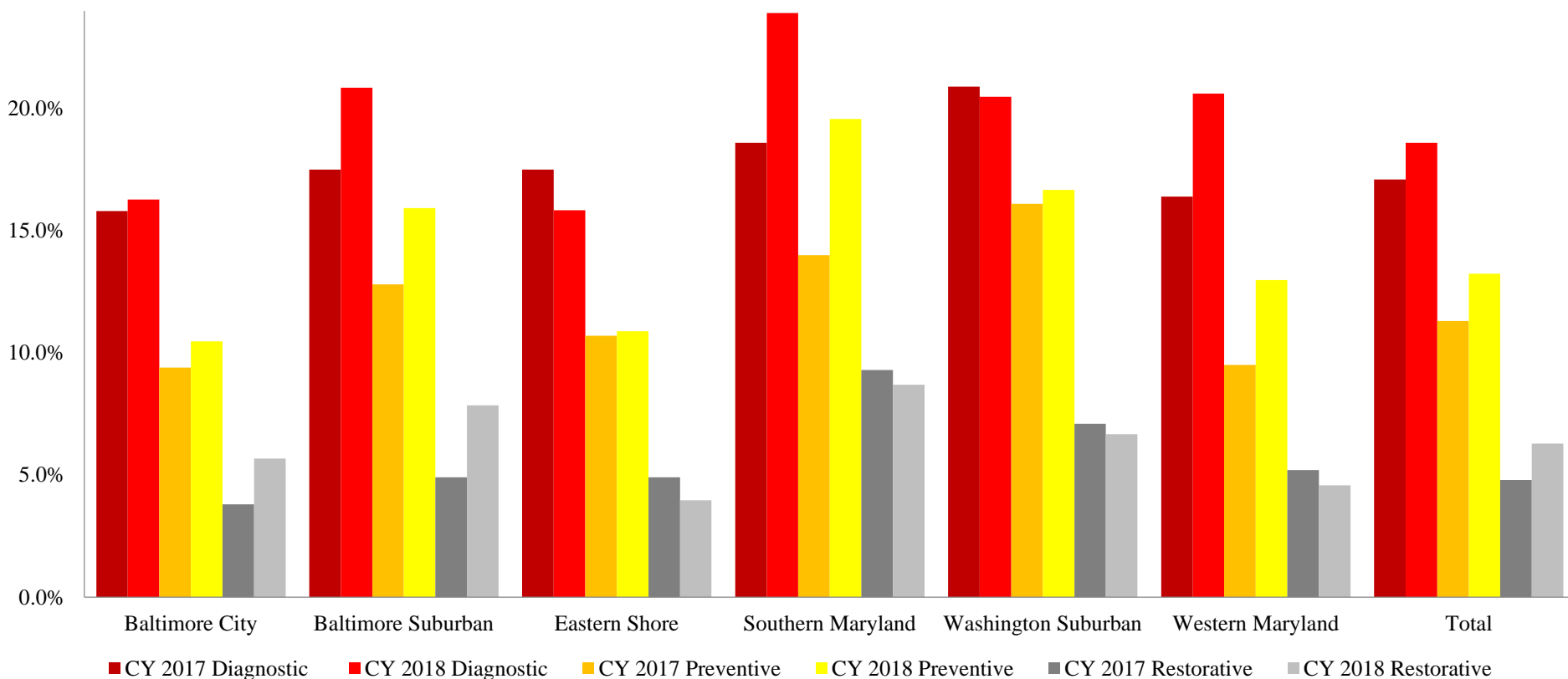
Type of Service by Region

Percentage of Former Foster Care Participants by Region Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service, CY 2018



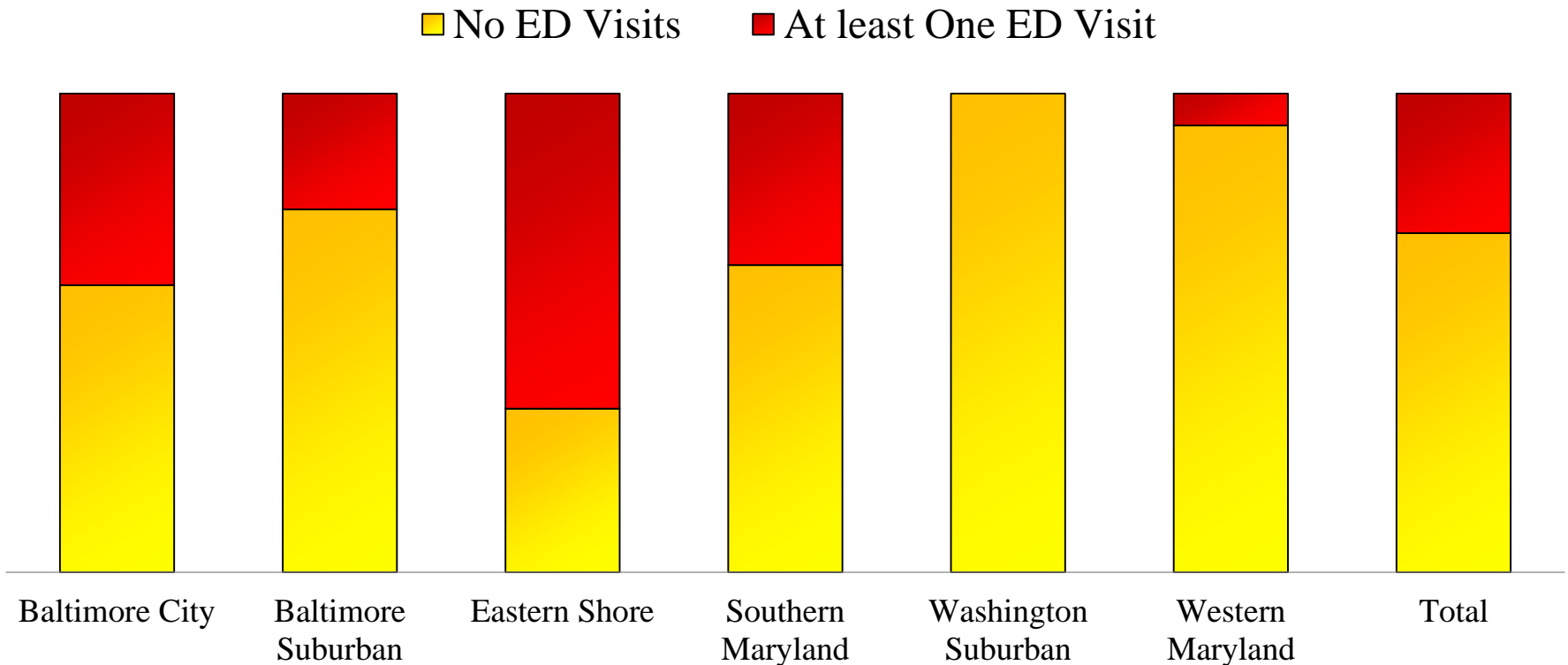
Type of Service by Region

Percentage of Former Foster Care Participants by Region Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service, CY 2017 and CY 2018



Emergency Department

Percentage of Former Foster Care Participants Enrolled in Medicaid for Any Period with an ED Visit with a Dental Diagnosis or Dental Procedure Code in CY 2018, by Region



Program Overview

- In 2018, the Maryland State Legislature passed Senate Bill 284 requiring MDH to apply for a waiver amendment to CMS to implement an adult dental pilot program.
- MDH submitted an amendment to its §1115 waiver to CMS on July 2, 2018 and received CMS approval in March 2019
- MDH submitted regulations to AELR on January 4, 2019.
- Statewide Pilot will:
 - Serve dually-eligible adults ages 21-64
 - Approximately 33,254 participants
 - Include coverage for a limited dental benefit package (including diagnostic, preventative, and limited restorative services, as well as extractions)
- Maryland's Dental Benefit Administrator (DBA), SKYGEN USA (formerly called Scion), will administer the benefit.
 - SKYGEN USA also administers the dental benefit to REM adults, pregnant women, former foster care youth, and children
- Benefits will be subject to an \$800 per person maximum benefit allowance per calendar year for the first year of the pilot

Consumer Engagement

Participant welcome packets mailed to eligible members the week of May 13, 2019

- Welcome letter and member identification card
- Flyer
- FAQ
- Member Handbook

All eligible participants will be assigned a dental home

SKYGEN USA has member outreach representatives and a dedicated call center to assist participants

Effective Date: June 1, 2019

Provider Engagement

MDH has conducted a provider network survey with SKYGEN USA in order to identify interested providers

Provider transmittal sent out in May 2019

Provider trainings will be conducted by SKYGEN USA in May and June 2019

Working with stakeholders, such as MDAC, to provide additional training opportunities

Program Process

- **Prior to each visit, provider must verify participant's eligibility and amount remaining in member's maximum benefit allowance by phone or web portal**
- **At each dental visit, providers and participants must sign a global treatment plan**
 - Provider must review recommended services and costs
 - Participant will make informed decision about services they wish to receive
 - Copy to be given to member and filed in chart
- **Provider should submit claims immediately after rendering services**
- **Claims will be reimbursed in the order they are received**
 - SKYGEN USA will pay amount remaining in benefit allowance up to \$800 per participant each calendar year
 - Requests beyond \$800 will be denied
 - FQHCs will be reimbursed cost-based rate for dental services
- **Providers can charge members with a signed non-covered services agreement**
 - Must be signed prior to rendering services
 - Similar to the global treatment plan, it must outline the specific services to be provided and costs
 - Member must sign if agreeing to pay for services out of pocket

Family Planning Program

Program Overview

In 2018, the General Assembly passed HB 994/SB 774, requiring MDH to apply for a State Plan Amendment to CMS to make changes to the Family Planning Program by July 1, 2018.

This amendment would remove the Family Planning Program from the auspices of the waiver in preparation for SPA submission.

Other changes to Family Planning Program:

- Expanding services to all individuals (both genders),
- Increasing income limit to 250 percent of the federal poverty level (FPL), and
- Lifting current age restriction limiting women up to age 51.

Recent Changes

Due to systems limitations, postpartum women have to remain in the §1115 demonstration waiver (and not in the SPA) until MDH integrates the Family Planning Program into MHBE.

- MDH amended the §1115 demonstration waiver to account for this change.

MDH amended the SPA to include language around the transition to MHBE.

- Integration completed by September 1, 2019

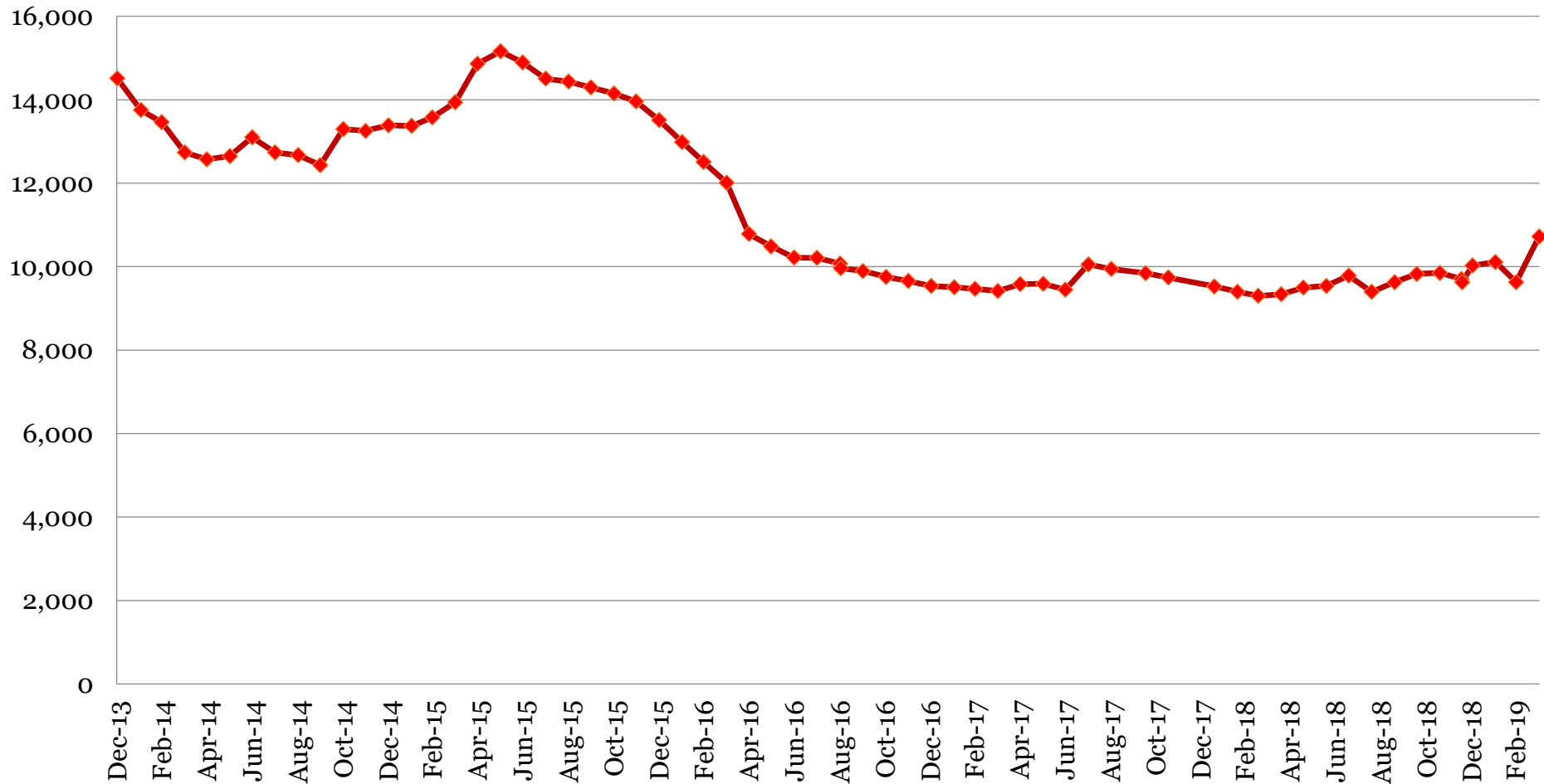
CMS approved the SPA in March 2019 with an effective date of July 1, 2018.

Currently in the planning stages of implementing presumptive eligibility in Family Planning

- Implemented by October 1, 2020

Enrollment

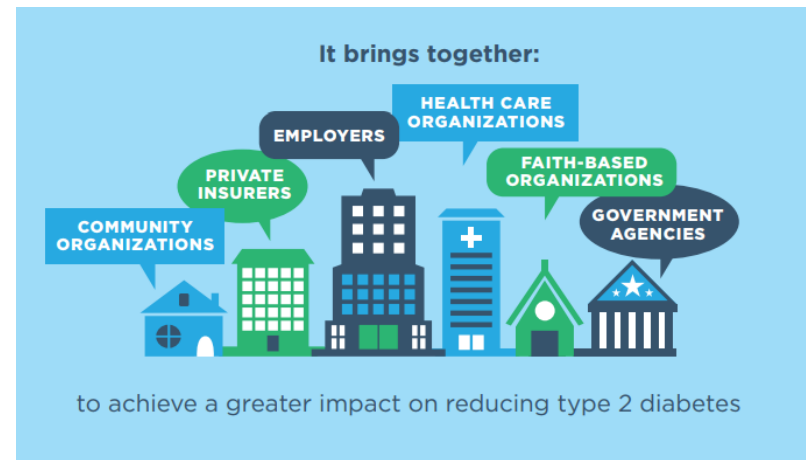
Number of Participants Enrolled in the Family Planning Program by Month, December 2013 through April 2019



HealthChoice Diabetes Prevention Program

What is the National Diabetes Prevention Program (National DPP)?

- Evidence-based intervention designed to prevent or delay onset of type 2 diabetes for people with prediabetes or at high risk of type 2 diabetes
- Partnership of public and private organizations
- Lifestyle change program offered using a CDC-approved curriculum focused on:
 - Healthy eating
 - Physical activity
 - Improved coping skills



Medicaid and National DPP Demonstration Results

Maryland Enrollment: 637 Medicaid Beneficiaries (*85 percent in a virtual program*)

Maryland and Oregon results:

- Participants attended an average of 19 sessions in the first six months and eight in the second six months
- Weight loss was 4.5 percent for demonstration participants
- 69.6 percent of participants across both states reported that they expected to exercise or currently do exercise 30 minutes at least five days a week, compared with 42.8 percent at baseline
- 93 percent of participants across both states and delivery models were satisfied or very satisfied with the program overall

HealthChoice DPP

- Continuation of National DPP lifestyle change program services at the conclusion of the Centers for Disease Control and Prevention (CDC) and National Association of Chronic Disease Directors (NACDD) funded demonstration.
- CDC Diabetes Prevention Recognition Program (DPRP) eligibility criteria:
 - 18 years or older; AND have a BMI of $\geq 25\text{kg/m}^2$ ($\geq 23\text{kg/m}^2$, if Asian);
 - AND EITHER Elevated blood glucose level OR History of gestational diabetes;
 - AND NEITHER Diagnosed with type I or type II diabetes, NOR Pregnant.
- Will serve HealthChoice beneficiaries statewide
- Aligns certain components with the Medicare DPP (MDPP) Expanded Model
- Will include both in-person and virtual CDC-Recognized Lifestyle Change Organizations
- **Effective Date:** September 1, 2019

Questions and Discussion

Waiver Amendment Hearing

Collaborative Care Model Pilot Program

Background

HB 1682/SB 835—*Maryland Medical Assistance Program – Collaborative Care Pilot Program* (Chapters 683 and 684 of the Acts of 2018) establishes a Collaborative Care Pilot Program. Specifically, the bill requires the Maryland Department of Health (MDH) to:

- Establish and implement the Collaborative Care Model (CoCM) in primary care settings in which health care services are provided to Medical Assistance Program participants
- Administer the CoCM Pilot Program and to select up to three CoCM Pilot Sites with certain characteristics to participate
- Report to the Governor and the General Assembly the findings and recommendations from the CoCM Pilot Program by November 1, 2023

The bill also requires the Governor to include in the annual budget \$550,000 for fiscal years (FY) 2020, 2021, 2022, and 2023 for the CoCM Pilot Program.

The bill stipulates that MDH shall apply to the Centers for Medicare and Medicaid Services (CMS) for an amendment to the State’s §1115 HealthChoice Demonstration Waiver if necessary to implement the CoCM Pilot Program.

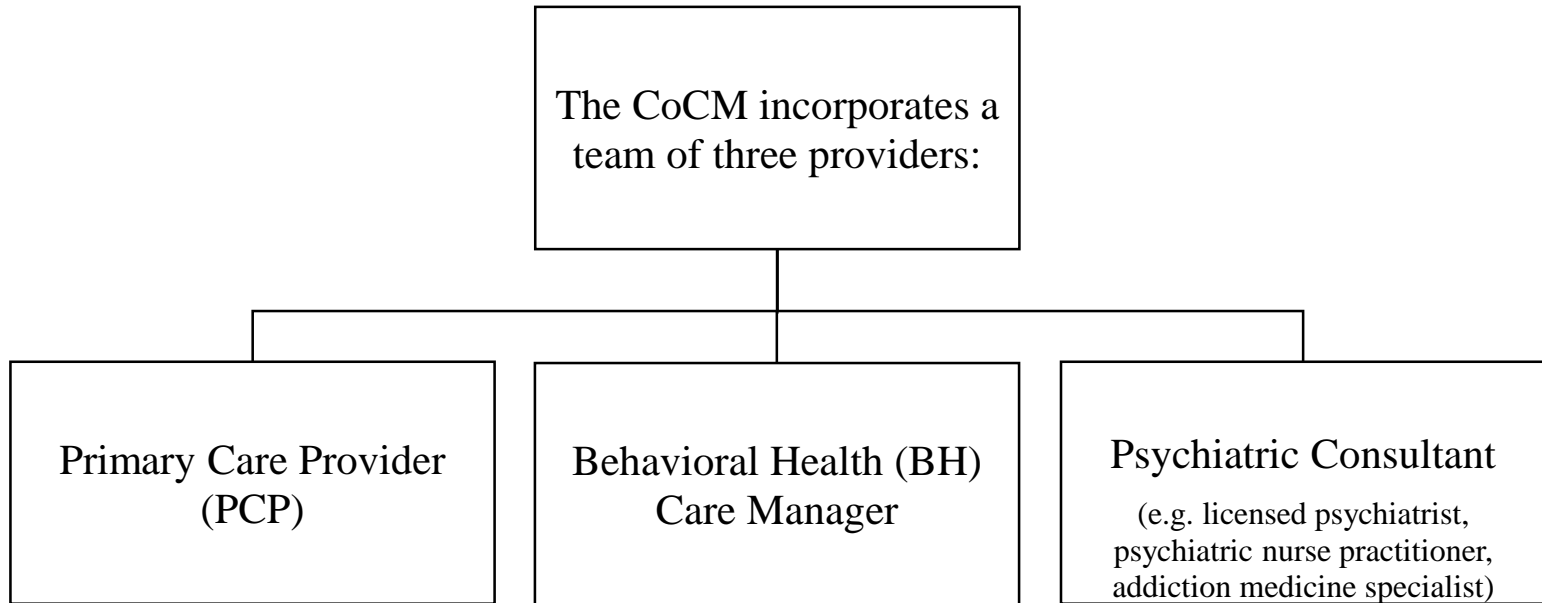
General Overview

CoCM is a patient-centered, evidence-based approach for integrating physical and behavioral health services in primary care settings that includes:

- Care coordination and management;
- Regular, systematic monitoring and treatment using a validated clinical rating scale; and
- Regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement.

Outcomes are tracked by utilizing a combination of patient reported outcome measures and scientifically proven methods.

General Overview



The BH care manager and the PCP form the primary care team. The primary care team in consultation with the psychiatric consultant determines the course of treatment. Once the treatment plan is implemented, the patient's progress is tracked at regular intervals using validated clinical rating scales (e.g., PHQ-9).

Pilot Goals

- CoCM has four essential elements:
 - Patient-centered and team-driven,
 - Population-focused,
 - Measurement guided, and
 - Evidence-based.
- Joint effort of medical professionals led by a PCP that collaborate to use shared care plans to achieve concrete treatment goals for a defined population of patients.
- CoCM Pilot Program Goal:
 - Improve health outcomes for Maryland Medicaid participants who have experienced mental illness or a substance use disorder, but have not received effective treatment, and to further integration of somatic and behavioral health care.

CoCM Funding

CoCM Pilot Program funding awards will consist of two parts:

- **Infrastructure Funding:** Up to \$225,000 across all CoCM Pilot Sites to be used during FY 2020 (July 1, 2019-June 30, 2020); and
- **Service Delivery Funding:** Funding available to support delivery of Collaborative Care services from January 1, 2020, through June 30, 2023.
 - FY 2020: Up to \$225,000 in FY20
 - FY 2021, FY 2022, and FY 2023: \$550,000 annually

Infrastructure Funding

MDH will award up to \$225,000 effective July 1, 2019, across all CoCM Pilot Sites to support infrastructure development by the selected CoCM Pilot Sites during FY 2020. Available funds will be allocated between the selected CoCM Pilot Sites based on demonstrated need.

Types of expenditures for which infrastructure funding may be used include:

- Development of a patient registry and/or integration of a patient registry into an electronic health record (EHR) system that includes the delivery of services, patient responses through routine use of the relevant screening tool, and ongoing performance improvement;
- Development of other monitoring, reporting, and billing tools required to implement CoCM;
- Training staff in order to implement; and
- Other infrastructure investments as defined by the CoCM Pilot Site.

Infrastructure funding is only available during the first year of the CoCM Pilot Program, FY 2020 (July 1, 2019 - June 30, 2020).

Infrastructure funding will not be available in FY 2021, FY 2022, or FY 2023.

Service Delivery

MDH will award up to \$225,000 in FY 2020, and up to \$550,000 annually in FY 2021, FY 2022, and FY 2023 to support the cost of service delivery.

Available funds will be allocated between the selected CoCM Pilot Sites based on demonstrated need.

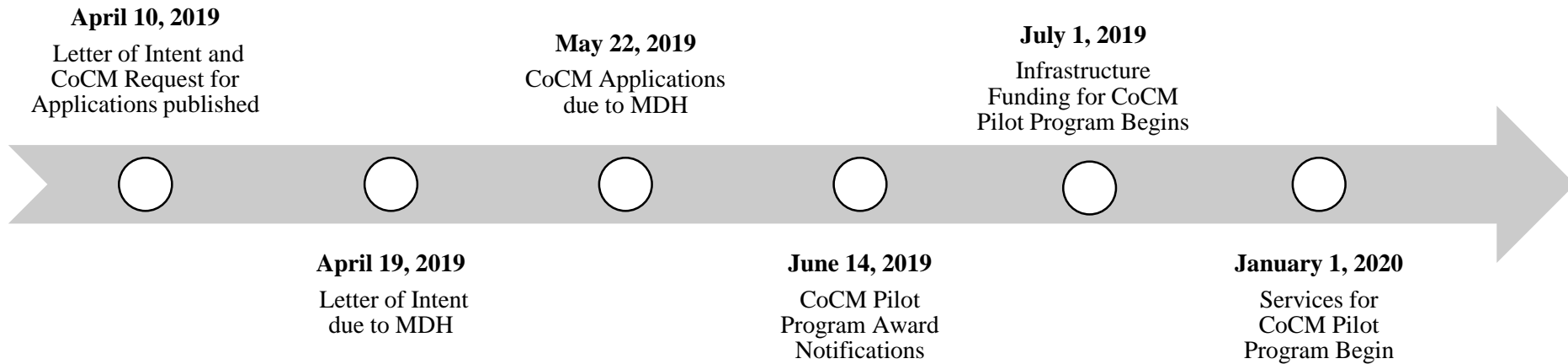
CoCM Pilot Sites will be required to submit invoices to MDH for services delivered. Invoices must use the billing codes referenced below. Reimbursement will be limited to services delivered to Medicaid participants enrolled in HealthChoice.

Codes	Description	Primary Care Setting Rate
99492	First 70 minutes in the first calendar month or behavioral health care manager activities	\$161.28
99493	First 60 minutes in a subsequent month for behavioral health care manager activities	\$128.88
99494	Each additional 30 minutes in a calendar month of behavioral health care manager activities	\$66.60

Collaborative Care Model Pilot Program

Timeline

CoCM Pilot Site Selection Timeline



Collaborative Care Model Pilot Program

Timeline

§1115 Waiver Amendment Timeline

May 17, 2019
§1115 Waiver Amendment State Public Comment Period Begins

June 7, 2019
Second §1115 Waiver Amendment Public Hearing, 10:00 AM, First Floor Conference Room Side A, 100 Community Place, Crownsville, MD

June 24, 2019
Submit §1115 Demonstration Waiver Amendment to CMS

January 1, 2020
Services for CoCM Pilot Program Begin

May 23, 2019
First §1115 Waiver Amendment Public Hearing, 3:00 PM, Room L1, 201 W. Preston St., Baltimore, MD

June 16, 2019
§1115 Waiver Amendment Public Comment Period Ends

December 2019
Receive response from CMS on §1115 Waiver Amendment

Contact & Information

§1115 Waiver
Email mdh.healthchoicerenewal@maryland.gov
Address:

Collaborative
Care Website: <https://mmcp.health.maryland.gov/Pages/Collaborative-Care.aspx>

§1115 Waiver
Website <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>

Public Comment