



2020 Medicaid §1115 HealthChoice Demonstration Post-Award Forum

Office of Innovation, Research and Development

May 28, 2020



Agenda

- Welcome
- HealthChoice Demonstration Update
 - Program Overview
 - Residential Treatment for Individuals with Substance Use Disorder (SUD)
 - Dental Coverage for Former Foster Youth and Adult Dental Pilot Program
 - Family Planning Program
 - HealthChoice Diabetes Prevention Program
 - Community Health Pilots
- 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.
- Send any questions you have through the webinar's question function; you may also utilize this function to sign up for public comment.



Welcome



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;
 - Makes changes to the Family Planning program;
 - 4. Adds a limited-benefit adult dental pilot; and
 - 5. Adds the HealthChoice Diabetes Prevention Program (DPP).
- In April 2020, CMS approved a second demonstration waiver amendment, to implement a Collaborative Care Model Pilot.



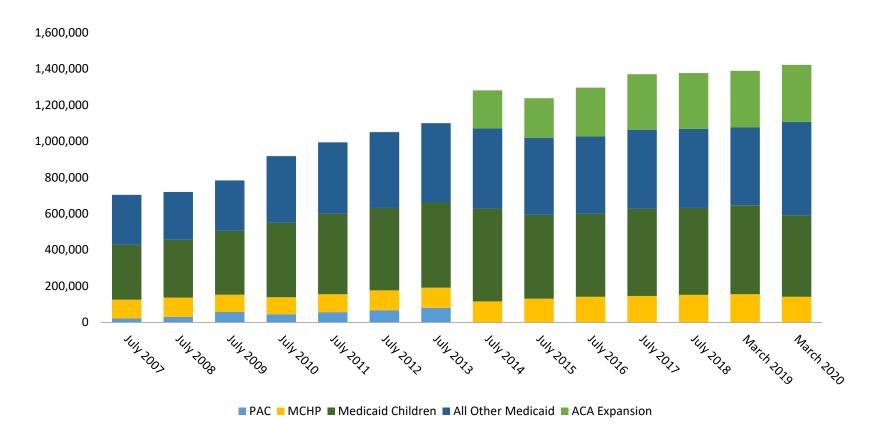
Current Enrollment

As of March 2020...

- There were 1,212,318 individuals enrolled in HealthChoice—representing 85.3 percent of total Maryland Medicaid enrollment and an increase of more than 14,000 in the past year.
- 314,955 adults were enrolled through the ACA Medicaid expansion, an increase of 5,113 in the past year.

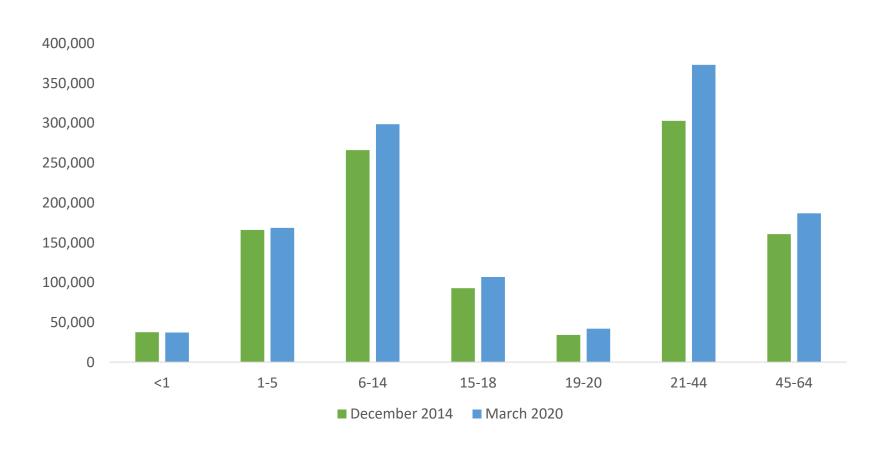


Growth (2007-2020)



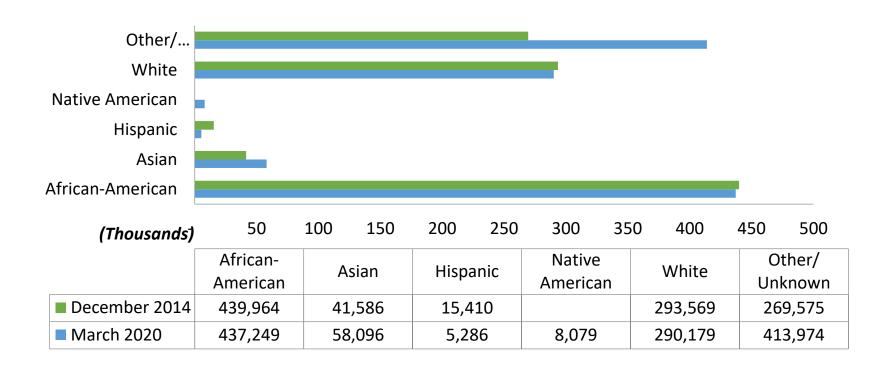


Age



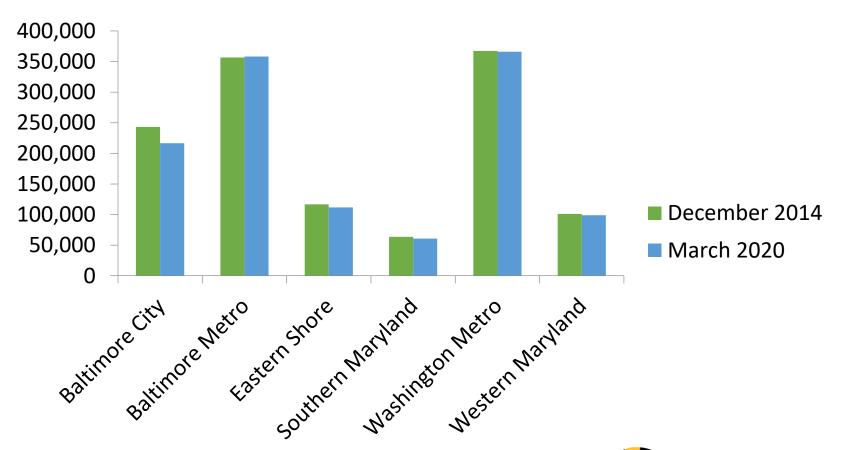


Race/Ethnicity





Geographic Region





MCO Market Share

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

MCO market share as of March 2020:

- Aetna Better Health (2.7 percent)
- Amerigroup (23.1 percent)
- Jai Medical Systems (2.2 percent)
- Kaiser Permanente (6.1 percent)
- Maryland Physicians Care (17.6 percent)
- MedStar Family Choice (7.5 percent)
- Priority Partners (25.0 percent)
- University of Maryland Health Partners (3.8 percent)
- United Healthcare (12.0 percent)



Program Updates

- Maternal Opioid Misuse (MOM) Model: The Department was awarded a federal grant to improve health outcomes for pregnant individuals with opioid use disorder.
- Chronic Health Home Demonstration: As of May 2020, there are 104 approved Health Home sites (70 Psychiatric Rehabilitation Programs, 22 Opioid Treatment Programs, 12 Mobile Treatment Services), with 10,473 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.
- 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 2014 and CY 2018...

- The rate of potentially-avoidable emergency department (ED) visits decreased by 6.3 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 82.8 percent to 86.1 percent.
- The percentage of adults aged 50-64 who received a colorectal cancer screening increased by 8.6 percentage points.
- Individuals with substance use disorders who received medicationassisted therapy increased by 8.7 percentage points.



Residential Treatment for Individuals with Substance Use Disorders



SUD Services in Institutions for Mental Disease

- As part of the 2016 HealthChoice §1115 renewal application, CMS authorized the Department to cover 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.
- Since July 1, 2017, the Department has reimbursed* up to two nonconsecutive 30-day stays of IMD services, according to the following implementation schedule:
 - Effective July 1, 2017: Coverage of American Society of Addiction Medicine (ASAM) levels 3.7WM, 3.7, 3.5 and 3.3;
 - Effective January 1, 2019: Coverage of ASAM 3.1; and
 - Effective January 1, 2020: Coverage for dual eligibles.
- Effective July 1, 2019: Coverage of ASAM 4.0 Medically Managed Intensive Inpatient services for individuals with a primary SUD diagnosis and a secondary mental health diagnosis for up to 15 days per month.

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IMD Service Provision

Number of Unique Participants, Service Counts and Costs by ASAM Level under §1115 Waiver (FY 2020)*

ASAM Level	Unique Participant Count by Level of Care	Days	Payments
3.1	649	15,561	\$1,328,241
3.3	658	12,693	\$2,447,995
3.5	1,821	34,459	\$6,549,296
3.7	2,822	41,540	\$12,313,584
3.7WM	2,556	14,455	\$5,201,396
4.0	(data pending)	(data pending)	(data pending)
TOTAL	5,939	118,708	\$27,840,612

^{*}Table data is based on claims received through December 2019 and should be considered preliminary. Additional data will be released as available.



Dental Coverage for Former Foster Youth and Adult Dental



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).
- All 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, the Department began reimbursing dental services for former foster care children up to age 26.
- On June 1, 2019, the Department began the Adult Dental Pilot Program.



Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for 320 Days who had Dental Services in CY 2019, by Region

Region*	Number of Enrollees	Percent with Dental Visits
Baltimore City	414	23.9%
Baltimore Suburban	310	27.1%
Eastern Shore	75	26.7%
Southern Maryland	32	21.9%
Washington Suburban	154	31.8%
Western Maryland	92	22.8%
Total	1,079	25.9%

^{*}Baltimore Suburban: Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties.

Southern Maryland: Calvert, Charles, and St. Mary's Counties.

Western Maryland: Allegany, Frederick, Garrett, and Washington Counties.

Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot,

Wicomico, and Worcester Counties.

Washington Suburban: Prince's George and Montgomery Counties.



Percentage of Former Foster Care Participants by Region Enrolled in Medicaid for Any Period who Received a Preventive/Diagnostic Visit Followed by a Restorative Visit, CY 2019

Region	Total Number of Enrollees	Percent with Preventive/ Diagnostic Visit	Percent with Preventive/ Diagnostic Visit Followed by a Restorative Visit
Baltimore City	561	20%	28%
Baltimore Suburban	430	22%	24%
Eastern Shore	90	27%	33%
Southern Maryland	47	17%	38%
Washington Suburban	217	23%	26%
Western Maryland	123	19%	22%
Total	1,468	21%	26%



Number and Percentage of Former Foster Care Participants Enrolled in Medicaid for Any Period with Emergency Department (ED) Visit with a Dental Diagnosis or Dental Procedure Code in CY 2019, by Region

Region	Total Participants	Percent with at least One ED Visit		
Baltimore City	561	4.5%		
Baltimore Suburban	430	2.6%		
Eastern Shore	90	4.4%		
Southern Maryland	47	4.3%		
Washington Suburban	217	1.8%		
Western Maryland	123	4.9%		
Total	1,468	3.5%		



Adult Dental Pilot Program

- In 2018, the Maryland State Legislature passed Senate Bill 284, requiring the Department to apply for a waiver amendment to CMS to implement an adult dental pilot program.
- The Department submitted an amendment to its §1115 waiver to CMS on July 2, 2018 and received CMS approval in March 2019.
- Statewide pilot will:
 - Serve dually-eligible adults ages 21-64; and
 - Include coverage for a limited dental benefit package (including diagnostic, preventative, and limited restorative services, as well as extractions).
- Maryland's Dental Benefit Administrator, SKYGEN USA, 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.

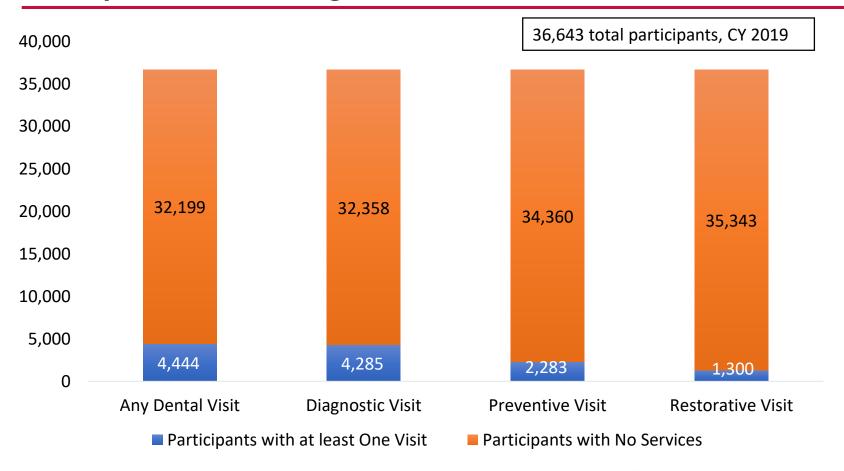


Adult Dental Pilot Program Process

- Prior to each visit, the 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 are 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.

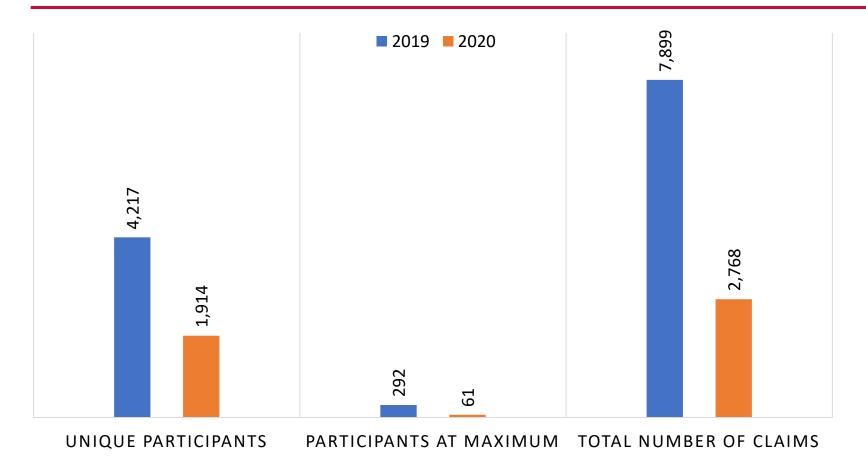


Number of Adult Dental Pilot Program Participants Enrolled for Any Period Receiving Dental Services, CY 2019





Adult Dental Pilot Program Data, CY 2019 and CY 2020





Family Planning Program



Family Planning Program Expansion

- In 2018, the General Assembly passed HB 994/SB 774, requiring the Department to apply for a State Plan Amendment (SPA) 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.

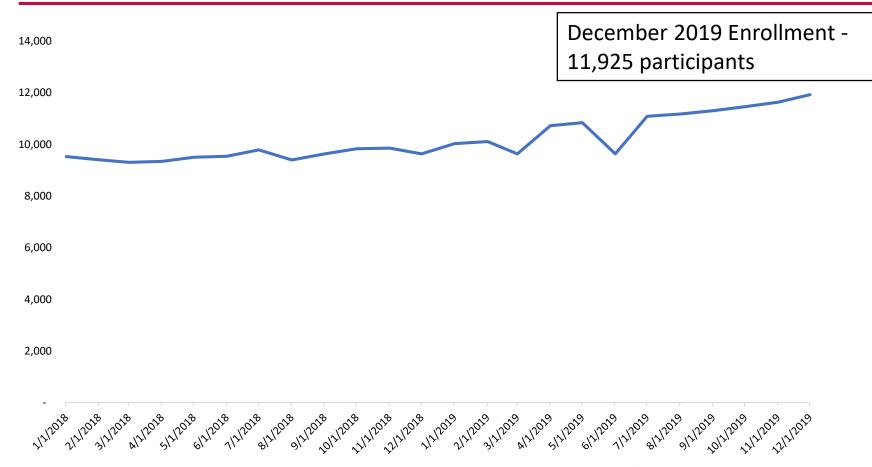


Family Planning Program Expansion

- Due to systems limitations, postpartum women have to remain in the §1115 demonstration waiver (and not in the SPA) until the Department integrates the Family Planning Program into MHBE
- CMS approved the SPA in March 2019 with an effective date of July 1, 2018.
- Family Planning has now been integrated into the Maryland Health Benefits Exchange.
 - Participants can now apply online as of February 1, 2020
- The Department is currently working toward approval of the second SPA.



Monthly Family Planning Enrollment, CY 2018 and CY 2019





HealthChoice Diabetes Prevention Program (HealthChoice DPP)



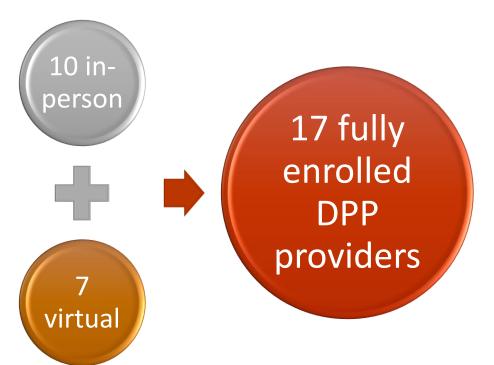
HealthChoice DPP

- 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
- HealthChoice DPP eligibility criteria:
 - 18 years or older; AND have a BMI of ≥ 25kg/m2 (≥ 23kg/m2, 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.
- Serves HealthChoice beneficiaries statewide
- Aligns certain components with the Medicare DPP (MDPP) Expanded Model
- Includes all CDC-approved modes of deliver (in-person, online, distance learning, combination)
- Effective Date: September 1, 2019

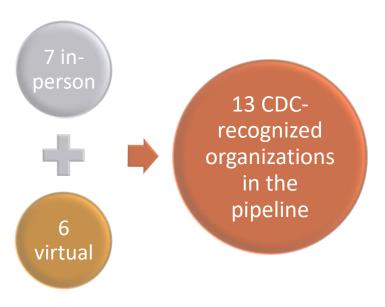


DPP Provider Enrollment

Enrolled DPP Providers



Applications in Process





MCO Contracted DPP Providers



Maryland Medicaid's HealthChoice DPP Providers By MCO Updated 5.18.20



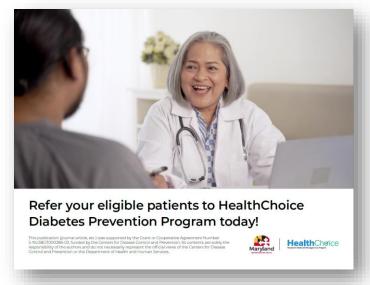
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HealthChoice DPP Provider	Delivery Mode	Ageira Beats	Arne isonit	Aurity Care	systems taker perf	Maryland P	Medsars	Priority Par	Jrive stay	A Markand A Patriets United Healt	gede
Canary Health	Online	x					x				
Continuum Wellness Center	In-person	x		x			x		x	x	
Johns Hopkins Brancati Center	In-person							x			
Vibrant Health & Wellness											
Foundation/Taylored 4 Life	In-person	x				X	X			Х	
Welldoc	Online					x					
Wicomico County Health											
Department	In-person									x	



Member Engagement

Two HealthChoice DPP promotional videos and print ads—member-focused and health care provider-focused—were developed for the Department/MCO marketing campaign in summer-fall 2020.







Community Health Pilots



General Overview of Pilots

Home Visiting Services (HVS) Pilot:

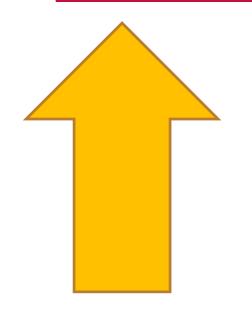
- Evidence-based home visiting services for high-risk pregnant women and children up to age two
- Models offered: Nurse Family Partnership and Healthy Families
 America
- Per home visit payment

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	Complete	Spring 2019
ACIS Implementation and Beneficiary Enrollment – Round 3	On-going	Summer 2019



HVS Pilot Awardees

Harford County Health Department

- Round 1 awardee
- 30 beneficiaries
- Up to \$284,371 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 \$119,098 combined local and federal matching Medicaid funds
- Use of Healthy Families America, an evidence-based home visiting model

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ACIS Pilot Awardees

Baltimore City Mayor's Office of Homeless Services

- 200 beneficiaries
- Up to \$1,278,551 combined local and federal matching Medicaid funds
- Partnering with Healthcare for the Homeless

Cecil County Health Department

- 15 beneficiaries
- Up to \$84,613 combined local and federal matching Medicaid funds
- Operating in-house

Montgomery County Department of Health and Human Services

- 110 beneficiaries
- Up to \$723,750 combined local and federal matching Medicaid funds
- Partnering with Bethesda Cares, Catholic Charities, The City of Gaithersburg, The Coordinating Center, EveryMind, Family Services, Inc., and InterFaith Works

Prince George's County Health Department

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

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ACIS Pilot Opportunity

The ACIS Pilot is now accepting applications for the remaining 200 spaces on a rolling basis.

- ACIS Pilot Website and Application
- The Department invites local lead government agencies to apply.
- Lead Entities are required to provide leadership and coordinate with Participating Entities to deliver the ACIS Pilot program.
- Up to \$2.4 million in matching federal funds are available annually.



Highlights

- After two rounds of applications, the HVS Pilot funding opportunity is now closed.
- HVS Awardees have worked with MCOs to put on community events such as baby showers and trainings and have recently held graduation parties for participants.
- Quarterly ACIS Pilot Learning Collaboratives established in spring 2019
- Slow and steady ACIS Pilot enrollment—expected to pick up during summer 2020
- Current year evaluation results for both Pilots will become available summer/fall 2020



Resources and Contact

- HealthChoice Demonstration Website:
 - https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx
- To submit written public comment: mdh.healthchoicerenewal@maryland.gov
- Contact for additional information or questions: <u>mdh.healthchoicerenewal@maryland.gov</u>



Questions and Comments

