



Maryland

DEPARTMENT OF HEALTH

2025 Post-Award Forum & HealthChoice Evaluation (CY 2019 – CY 2023)

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Overview: Demonstration Goals

- 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

2025 Evaluation Overview

- Evaluation period: CY 2019 – CY 2023
- Waiver programs covered in the evaluation
 - Residential Treatment Services for Individuals with Substance Use Disorders (SUD)
 - Assistance in Community Integration Services (ACIS)
 - National Diabetes Prevention Program (DPP)
 - Increased Community Services (ICS)
 - MOM (Formerly known as the Maternal Opioid Misuse) Model Pilot Program
 - Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)
 - Former Foster Care Dental Services
- Waiver Programs that Sunset:
 - Evidence-Based Home Visiting Services (HVS)
 - Adult Dental Pilot Program
 - Collaborative Care Model Pilot (CoCM)

Coverage and Access

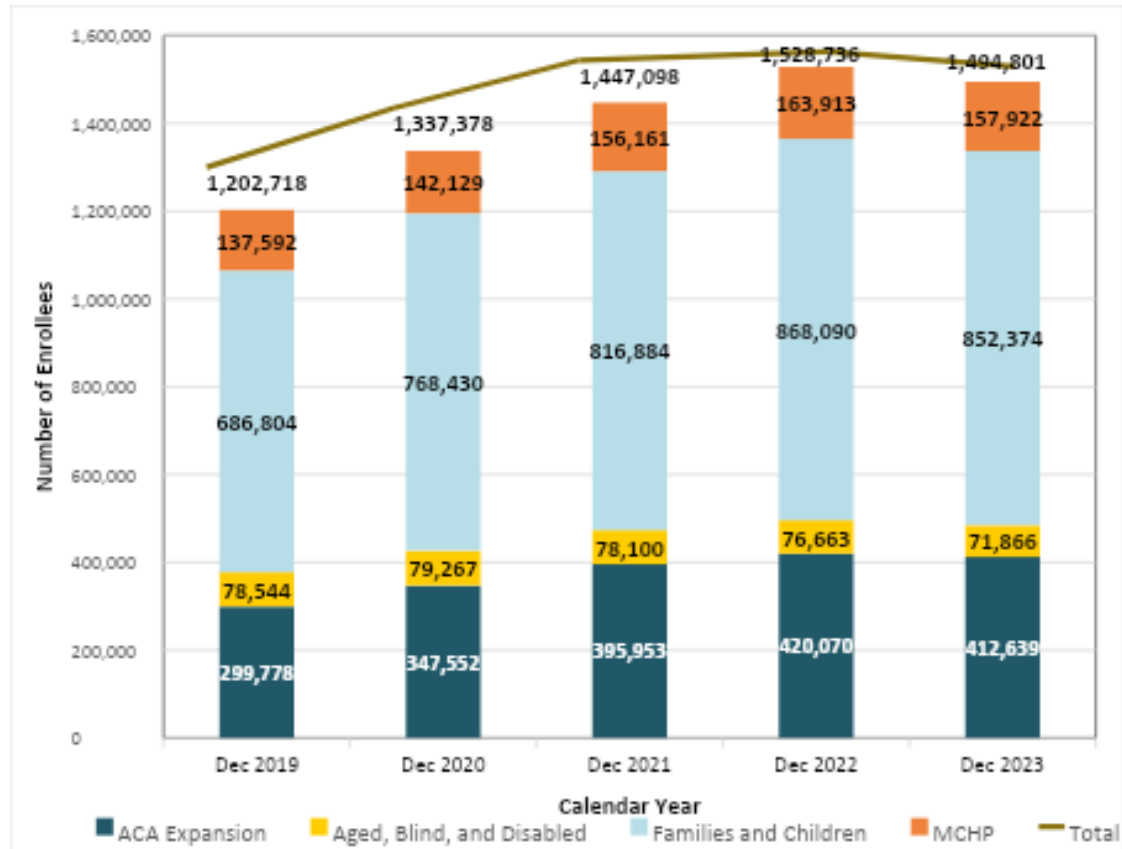
Enrollment Growth

Between 2019 and 2023, HealthChoice enrollment increased by 24.3 percent, from 1,202,718 to 1,494,801.

- Enrollment grew by 27.1% from CY 2019 to CY 2022, before decreasing by 2.2% in CY 2023
- The percentage of Maryland Medicaid enrollees in managed care remained high, decreasing slightly from 89.9 percent to 89.6 percent.
- **The percentage of Maryland's population enrolled in HealthChoice grew from 19.9 percent to 24.2 percent.**
- There was also a sharp increase of 11.2% from CY 2019 to CY 2020 and 5.6% from CY 2021 to CY 2022, in part due to the Medicaid Maintenance of Eligibility (MOE) requirements.
- During CY 2023, the ending of the PHE and resumption of Medicaid redeterminations contributed to reduced enrollment.

Enrollment Growth

HealthChoice Enrollment by Coverage Category as of December 31, CY 2019–CY 2023*



*Enrollment counts include participants aged 0-64 years who are enrolled in a HealthChoice MCO.

Gaps in Coverage

Calendar Year	Total	At Least One Gap in Medicaid Coverage		Length of Coverage Gap			
				180 Days or Less		181 Days or More	
		#	%	#	%	#	%
2019	1,377,257	64,802	4.7%	47,004	72.5%	17,798	27.5%
2020	1,392,625	16,568	1.2%	11,192	67.6%	5,376	32.4%
2021	1,486,991	4,127	0.3%	2,806	68.0%	1,321	32.0%
2022	1,573,811	5,279	0.3%	3,462	65.6%	1,817	34.4%
2023	1,665,232	27,641	1.7%	21,109	76.4%	6,532	23.6%

- The percentage of HealthChoice participants with a gap in coverage decreased from 4.7 percent in CY 2019 to 1.7 percent in CY 2023.
- The overall number of those with a gap has significantly decreased.
- CY 2021 and CY 2022 had fewer enrollment gaps due to Medicaid MOE requirements; Medicaid redeterminations resumed in CY 2023

Ambulatory Care Utilization

- Between CY 2019 and CY 2023, participants with an ambulatory care visit decreased from 79.0 percent to 73.0 percent, with the lowest observed rates among 19-39 year-olds (64.1 percent) and the ACA Expansion population (63.1 percent).
- Ambulatory care visit rates decreased among children of all racial and ethnic groups from 84.4 percent in CY 2019 to 79.3 percent in CY 2023; adult rates also decreased among all racial and ethnic groups, from 74.0% to 68.0%.

Inpatient Utilization

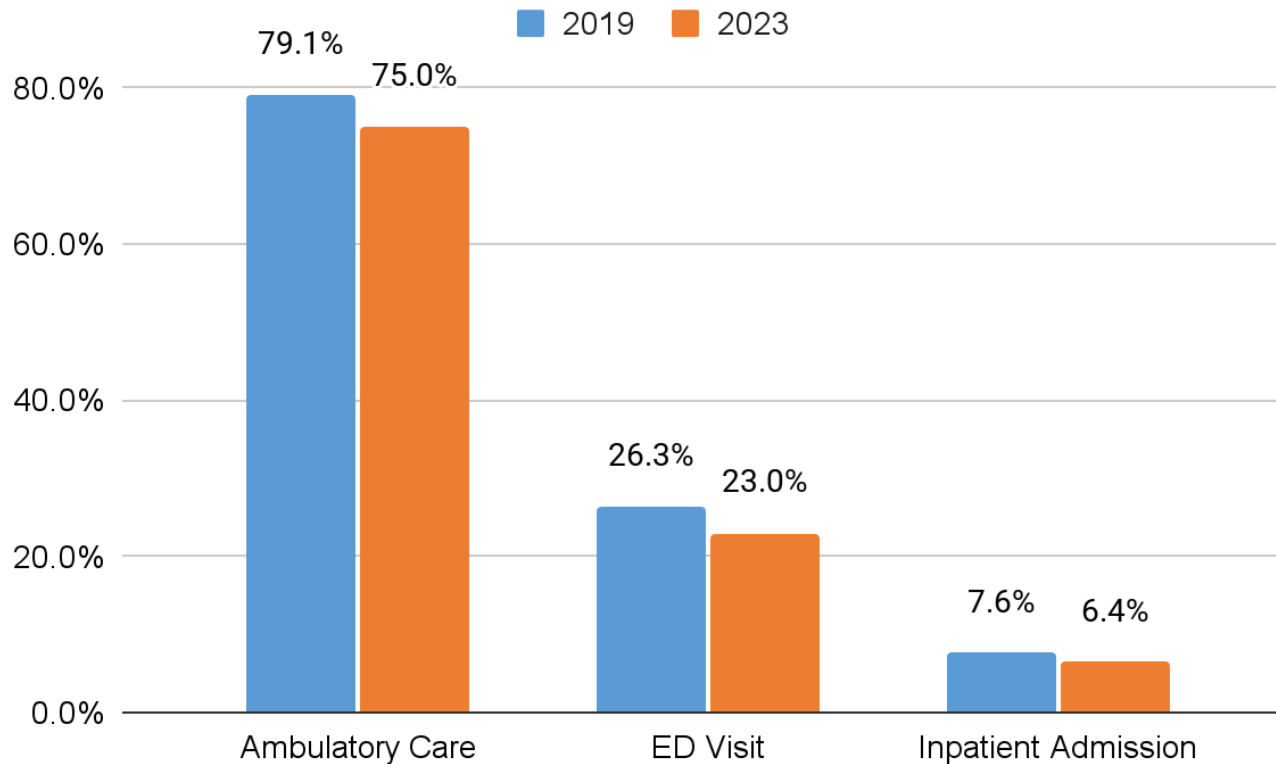
- **Inpatient admissions decreased by 2.4 percentage points**, from 9.6 percent in CY 2019 to 7.2 percent in CY 2023, with the greatest declines in Western Maryland by 3.0 percentage points.
- In CY 2023, Hispanics had the highest inpatient admission rate (8.6 percent), followed by Whites (7.6 percent), Black participants (7.1 percent), and Native Americans (6.5 percent)

Emergency Department Utilization

- The **emergency department (ED) visit rate in CY 2023 was 22.2 percent, a decrease from 27.7 percent in CY 2019**; the average no. of visits per ED user declined from 2.0 to 1.8.
- Black participants continued to have the highest ED rate in CY 2023 (25.1 percent)—though with a major decrease of 6.6 percentage points compared to CY 2019 —while Asians had the lowest (13.6 percent).
- **ED visits that resulted in an inpatient admission decreased from 3.6 percent in CY 2019 to 2.9 percent in CY 2023**, with the highest rate in Baltimore City (4.3 percent).

Children in Foster Care

Healthcare Utilization by Children in Foster Care (CY 2019 and CY 2023)



Children in Foster Care

**Behavioral Health Diagnosis of HealthChoice Foster Care Children
vs. Non-Foster Care Children Aged 0–21 Years, CY 2019 and CY 2023**

	CY 2019		CY 2023	
Foster Care Status	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total
MHD-only				
Foster	5,799	39.1%	5,347	38.3%
Non-Foster	83,275	11.4%	89,908	10.9%
SUD-Only				
Foster	65	0.4%	52	0.4%
Non-Foster	2,827	0.4%	1,477	0.2%
MHD + SUD				
Foster	224	1.5%	242	1.7%
Non-Foster	1,831	0.3%	2,077	0.3%

REM Program

Utilization

- The percentage of REM participants receiving dental visits decreased from CY 2019 to CY 2023 by 5.2 percentage points, from 57.2 percent to 52.0 percent.
- Ambulatory care visits decreased by 2.1 percentage points over the study period, from 95.0 percent to 92.9 percent.
- ED utilization rate decreased by 4.7 percentage points, from 42.3 percent to 37.6 percent.
- Inpatient admissions decreased from 26.1 percent to 23.2 percent.

Behavioral Health Diagnoses (CY 2023)

- MHD-only: 20.7 percent
- SUD-only: 0.5 percent
- MHD + SUD: 0.6 percent

ACA Expansion Population

Service Utilization of ACA Medicaid Expansion Population (aged 19-64 years) by Any Enrollment Period

Service type	CY 2019	CY 2023
Ambulatory care	68.2%	62.4%
ED visits	30.0%	22.9%
Inpatient admissions	8.2%	6.1%
MHD-only	11.7%	12.4%
SUD-only	6.3%	4.2%
MHD + SUD	5.5%	5.0%

ACA expansion enrollment increased from 391,824 adults in CY 2019 to 515,121 adults in CY 2023, with participants aged 19-34 comprising the largest portion of the ACA expansion population.*

**Any period of enrollment*

Quality of Care

Population Health Incentive Program (PHIP)

Population Health Incentive Program Measure CY 2023	Statewide Percentage
Ambulatory Care Visits for SSI Adults	79.0%
Ambulatory Care Visits for SSI Children	78.2%
Asthma Medication Ratio	69.9%
Continued Opioid Use (COU): ≥ 31 days covered	3.1%
Hemoglobin A1c Control for Patients with Diabetes (HBD): Poor HbA1c Control ($>9\%$)	31.9%
Lead Screening in Children (LSC)	74.7%
Prenatal and Postpartum Care (PPC-CH): Timeliness of Prenatal Care	87.9%
Prenatal and Postpartum Care (PPC-AD): Postpartum Care	84.2%

Healthy Kids Review

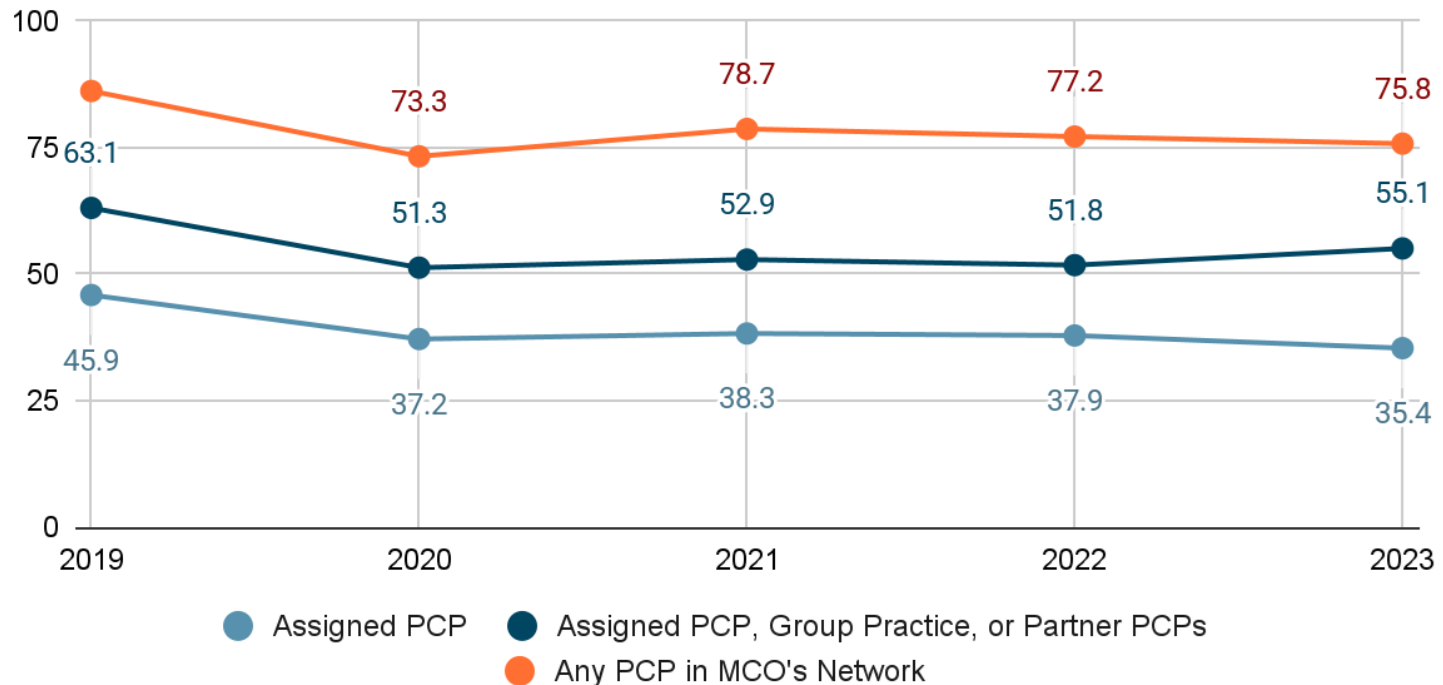
EPSDT Component	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
Health and Developmental History	88%	94%	94%	96%	93%
Comprehensive Physical Exam	93%	96%	96%	98%	97%
Laboratory Tests/At-Risk Screenings	<u>66%*</u>	<u>77%</u>	81%	85%	80%
Immunizations	<u>71%*</u>	86%	88%	95%	92%
Health Education/Anticipatory Guidance	92%	94%	94%	97%	96%
HealthChoice Aggregate Total	83%	91%	92%	95%	93%

* CY 2019 results for these components are baseline as a result of the change in the MRR process due to the COVID-19 public health emergency. Underlined scores are below the 80% minimum compliance requirement.

Medical Home

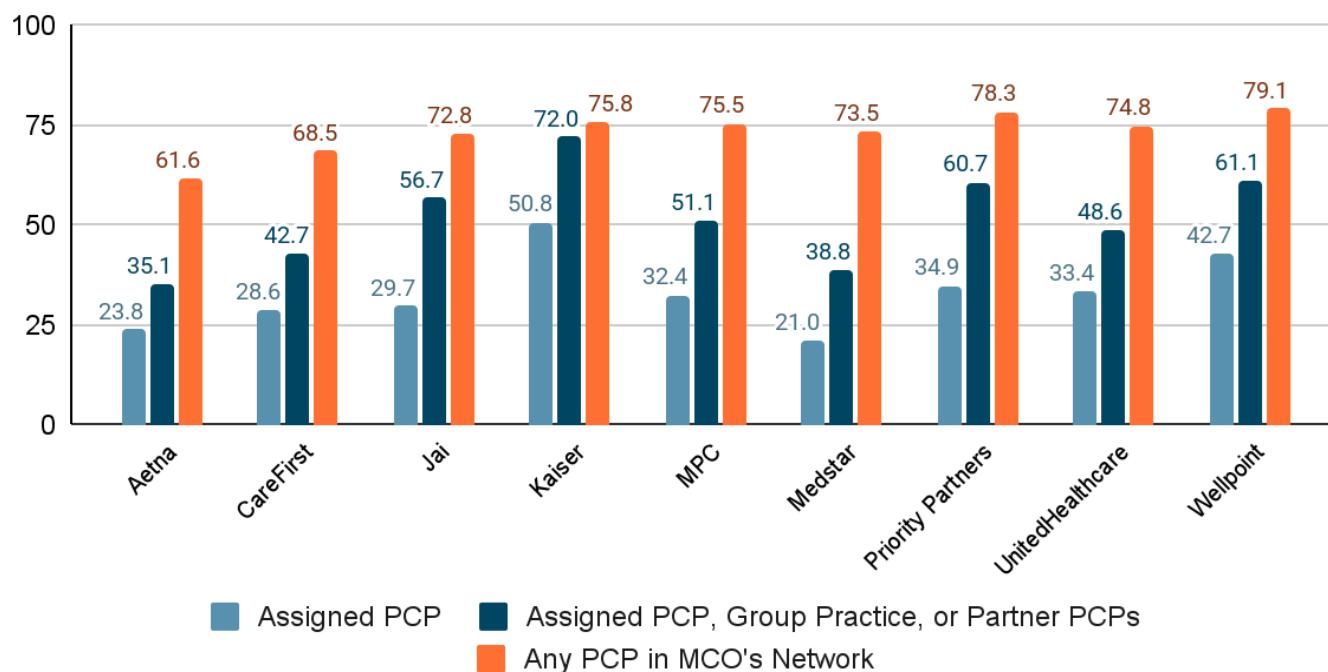
Medical Home Utilization

Percent Assigned PCP; Assigned PCP, Group Practice, or Partner PCPs; and Any PCP in MCO's Network



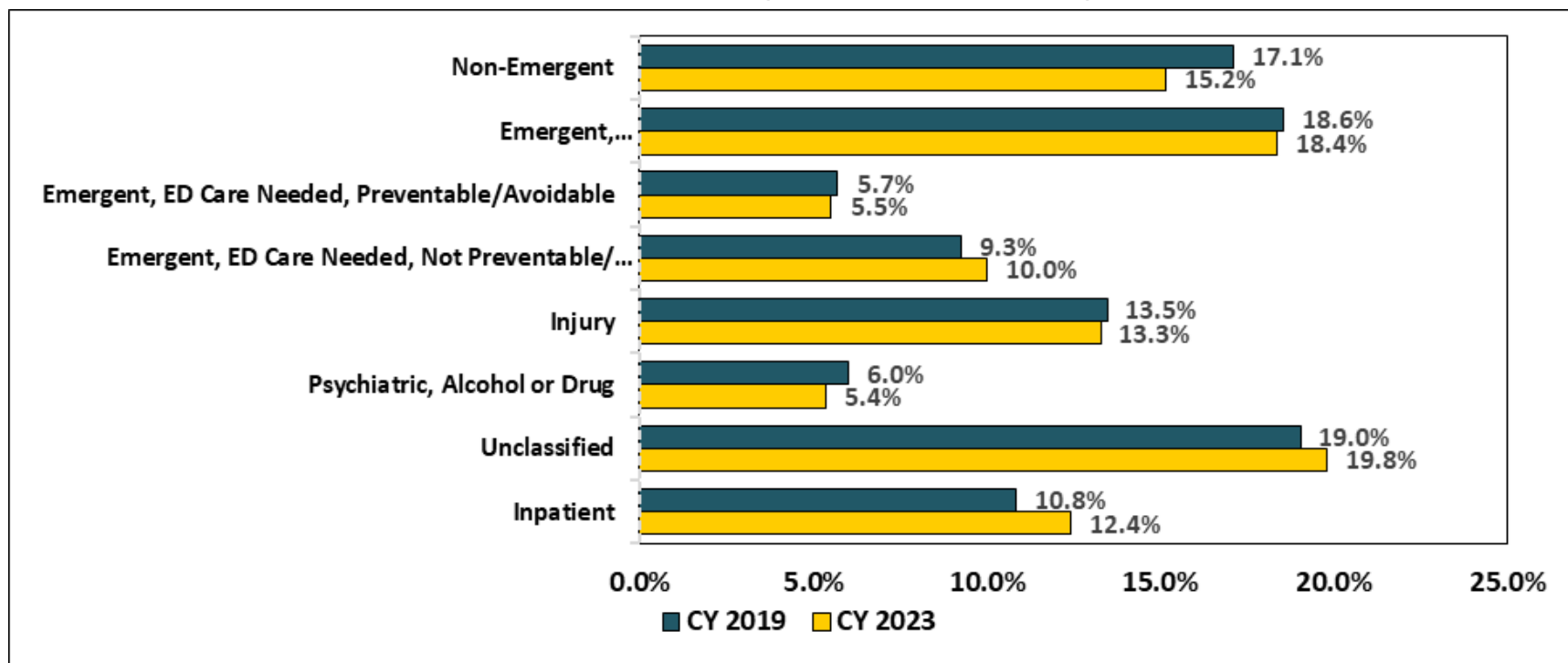
Medical Home Utilization

Percentage of Healthchoice Participants (12 Months of Enrollment) with a PCP Visit, by MCO, CY 2023



ED Utilization

Between CY 2019 and CY 2023, potentially-avoidable ED utilization decreased from 41.4 percent to 39.1 percent.



Inpatient Admissions

- The Department 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 inpatient admission initially decreased from 7.8 percent in CY 2019 to 5.9 percent in CY 2023.
- PQI-designated discharges with the highest rates:
 - COPD or Asthma in Older Adults Admissions (Ages 40-64) (PQI #5)
 - Congestive Heart Failure (PQI #8)

Health Promotion and Disease Prevention

Immunizations and Well-Child Visits

HEDIS Measure	CY 2020	CY 2023	National HEDIS Mean CY 2023
Childhood Immunization Status: Combination 3	70.2%	68.8%	+
Well-Child Visits: 15 Months of Life	61.1%	58.4%	-
Child and Adolescent Well-Care Visits (WCV), 3-11 years	57.4%	62.9%	+
Child and Adolescent WCV, 12-17 years	53.7%	55.4%	+
Child and Adolescent WCV, 18-21 years	38.0%	36.1%	+

Lead Test Screening

- Lead test screening rates between CY 2019 and CY 2023:
 - Decreased for children aged 12-23 months: 62.4 percent to 61.3 percent
 - Declined for children aged 24-35 months: 81.5 percent to 76.4 percent
- Blood lead levels: The percentage of children aged zero to six with an elevated blood lead level decreased from 2.1 percent in CY 2019 to 1.8 percent in CY 2023.
- CHIP Health Services Initiative (HSI) State Plan Amendment (SPA)
 - Program 1: Healthy Homes for Healthy Kids (lead identification and abatement); and
 - Program 2: Childhood Lead Poisoning Prevention & Environmental Case Management (identify environmental asthma triggers and conditions that contribute to lead poisoning)

Cancer Screening

Breast Cancer

- 59.2% in CY 2023

Cervical Cancer

- 63.8 percent in CY 2019 to 57.6 percent in CY 2023
- *Decreased by 6.2 percentage points*

Colorectal Cancer

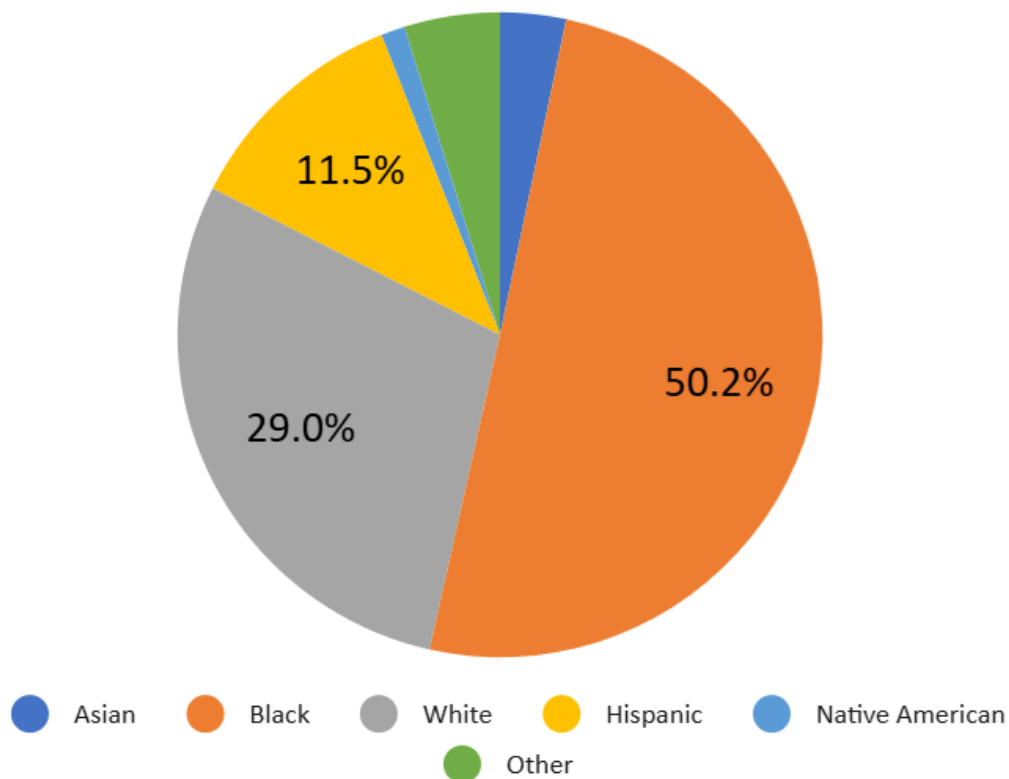
- 41.5 percent in CY 2019 to 40.7 percent in CY 2023
- *Decreased by 0.8 percentage points*

Maternal and Reproductive Health

- From CY 2019 to CY 2023, the percentage of deliveries in which the mother received a prenatal care visit in the first trimester or within 42 days of HealthChoice enrollment decreased from 88.2 percent to 87.9 percent.
- From CY 2019 to CY 2023, the percentage of women enrolled in HealthChoice
 - with at least one type of contraception classified as most effective decreased from 4.7% to 3.0%.
 - with at least one moderately effective type of contraception decreased from 22.1% to 16.5%.
- The number of HealthChoice women at risk of unintended pregnancy increased from 271,321 to 379,700 from CY 2019 to CY 2023.

Asthma

Asthma Diagnosis by Race/Ethnicity in CY 2023



Diabetes

Percentage of HealthChoice Members Aged 18–64 Years with Diabetes Who Received Comprehensive Diabetes Care, Compared with the National HEDIS® Average (CY 2019 – CY 2023)

HEDIS® Measure	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023
Eye (Retinal) Exam					
HealthChoice	54.7%	51.7%	50.3%	53.1%	55.6%
National HEDIS® Average	-	-	-	-	-
HbA1c Test*					
HealthChoice	88.3%	82.9%	87.1%		
National HEDIS® Average	+	-	+		
HbA1c Control**					
HealthChoice	55.6%	51.0%	56.3%	57.3%	59.0%
National HEDIS® Average	+	+	+	+	+
Blood Pressure Control***					
HealthChoice		55.9%	57.5%	63.6%	66.7%
National HEDIS® Average		-	-	+	-

*This measure was retired in CY 2022

Regression Analysis

- Participants with a positive asthma medication ratio (AMR) the previous year were 36.3% less likely to have an asthma-related inpatient stay in the current measurement year (OR 0.637 $p < 0.001$)
- Participants receiving either an HbA1c test or an eye exam the previous year reduced the likelihood of having a diabetes-related ED visit the next year by 20.4% and 11.1%, respectively ($p < 0.001$)
- Participants who had an HbA1c test were 24.3% less likely to have a diabetes-related inpatient stay that year. Participants who had an HbA1c test the previous year were 13.2% less likely to have a diabetes-related inpatient stay.

HIV/AIDS

Screening and Prevention

- HIV screening (15-64) decreased from 18.0 percent in 2019 to 15.1 percent in 2023.
- HIV pre-exposure prophylaxis (PrEP) use remains at 0.1 percent.

Chronic Condition Management

- CD4 testing decreased by 4.8 percentage points, from 70.3 percent to 65.5 percent.
- Viral load testing decreased by 5.5 percentage points, from 70.9 percent to 67.2 percent.
- Antiretroviral therapy utilization decreased by 2.9 percentage points, from 85.5 percent to 82.6 percent.

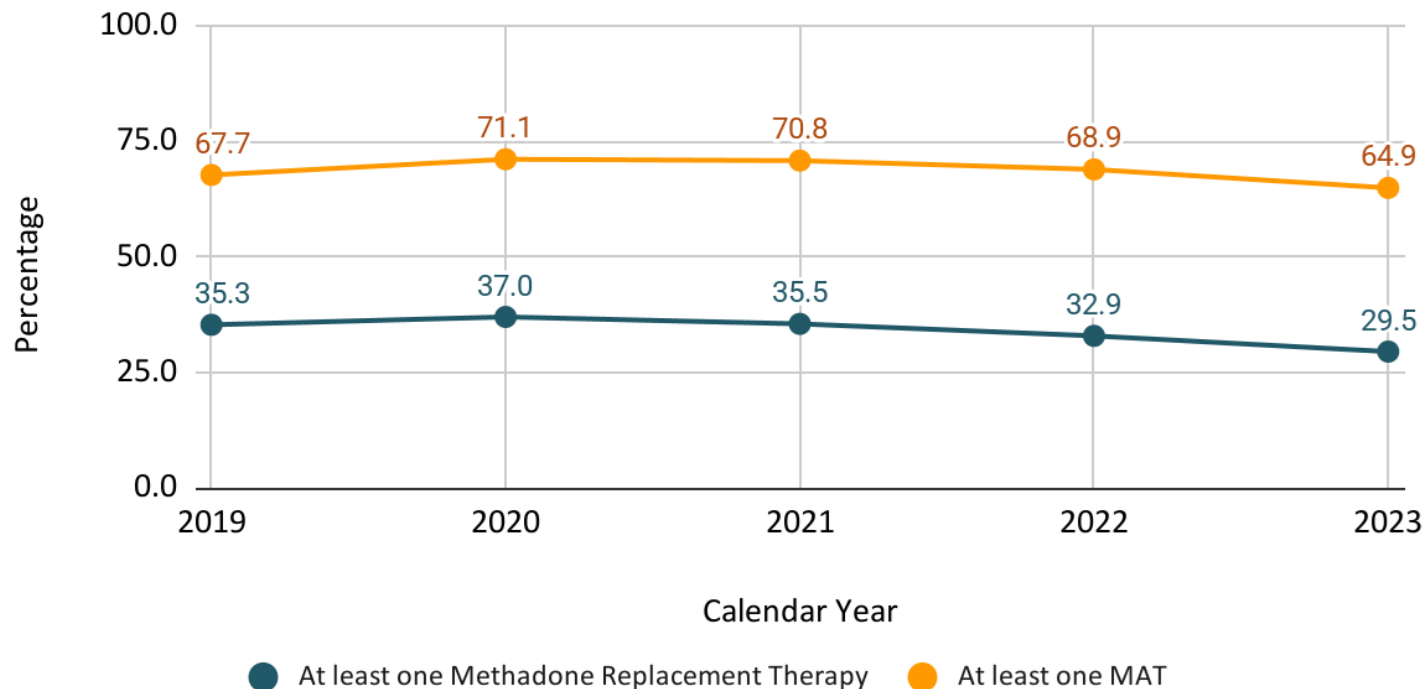
Behavioral Health

The percentage of HealthChoice participants with:

- A mental health disorder (MHD) diagnosis decreased by 0.2 percentage points, from 12.8 percent in CY 2019 to 12.6 percent in CY 2023.
- A substance use disorder (SUD) diagnosis decreased by 0.7 percentage points, from 2.7 percent in CY 2019 to 2.0 percent in CY 2023.
- Co-occurring behavioral health diagnoses (MHD and SUD) decreased by 0.2 percentage point, from 2.6 percent in CY 2019 to 2.4 percent in CY 2023.

Substance Use

Percentage of HealthChoice Participants with an SUD Who Received at least one Methadone Replacement Therapy and At least one MAT



Substance Use

- Screening, Brief Intervention and Referral to Treatment (SBIRT): The rate per 1,000 receiving an SBIRT service decreased from 16.4 in CY 2019 to 14.5 in CY 2023.
- Outpatient follow-up after SUD-related ED visits (CY 2019 to CY 2023):
 - Within seven days: Increased from 15.1 percent to 30.4 percent for SUD-only and 26.8 percent to 56.4 percent for dual diagnosis
 - Within 30 days: Increased from 23.0 percent to 44.3 percent for SUD-only and 41.1 percent to 75.8 percent for dual diagnosis

Demonstration Programs

Residential Treatment for SUD

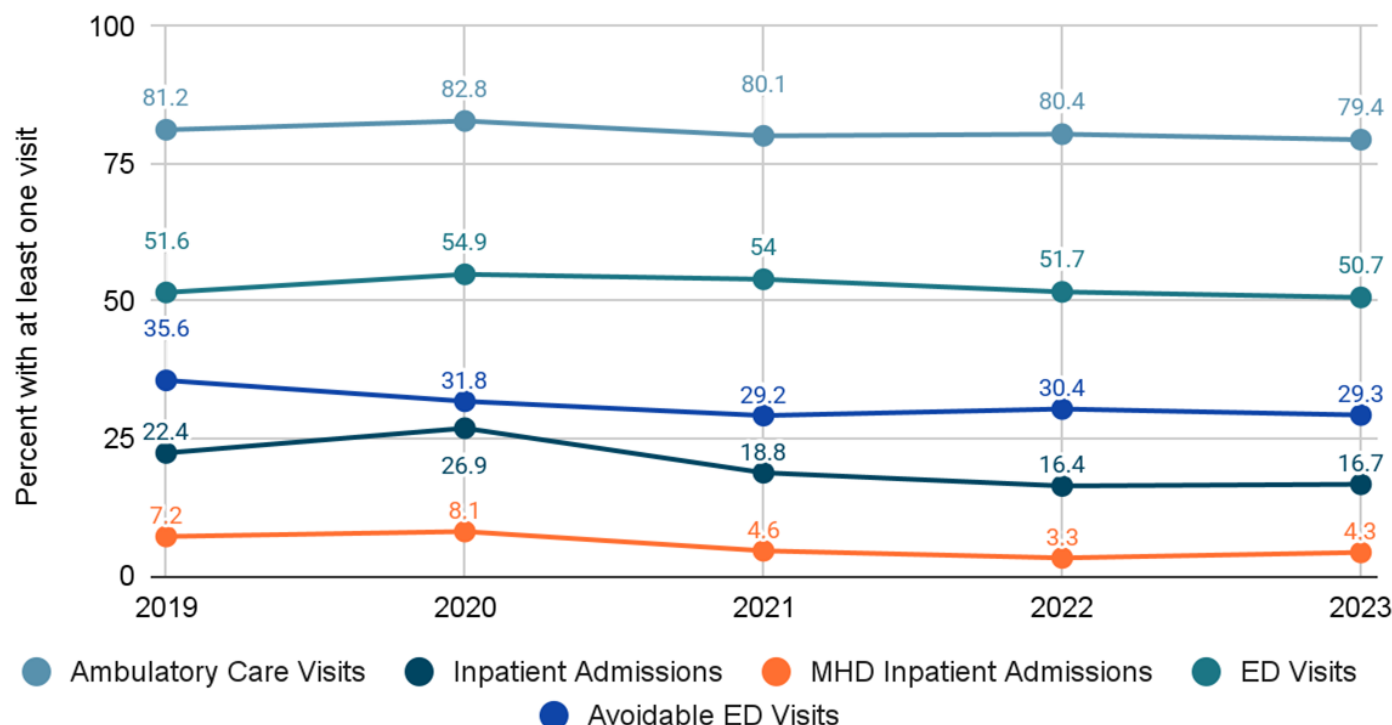
- Among enrollees with an IMD placement, medication-assisted treatment decreased by 7.8 percent from CY 2019 to CY 2023, from 75.3% to 67.5%
- Healthchoice enrollees with an AOD dependence diagnosis who received IMD treatment were 12% more likely to initiate treatment post diagnosis

Residential and Inpatient Treatment for Serious Mental Illness (SMI)

- In 2021, Maryland received approval to expand coverage of institution of mental disease services for beneficiaries with serious mental illness (SMI)
- Effective January 1, 2022, the state began to cover short term stays for Medicaid adults 21-64 who reside in a private IMD with an SMI diagnosis
- With this expansion, beneficiaries now have access to the full range of SMI services, ranging in intensity from short-term acute care in inpatient settings for SMI, to ongoing chronic care for such conditions in cost-effective community-based settings

Assistance in Community Integration Services

Health Service Utilization of ACIS Participants, CY 2019-2023



National Diabetes Prevention Program (DPP)

- The National DPP is an evidence-based program established by the CDC to prevent or delay the onset of type 2 diabetes through healthy eating and physical activity.
 - Expanded to all eligible HealthChoice participants as of September 1, 2019
- From September 2019 through December 2025, there have been 2,558 DPP encounters:
 - 56.3% were in-person visits (as opposed to virtual)
 - 84.5% of those served were women
 - 64.6% self-identified as Black/African American

Questions?

HealthChoice evaluations can be found here:

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

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