



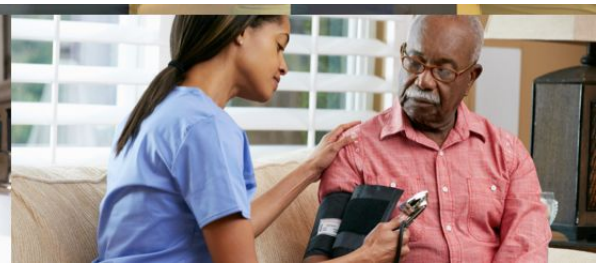
Maryland
DEPARTMENT OF HEALTH

2024 Post-Award Forum & HealthChoice Evaluation (CY 2018 – CY 2022)

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§1115 HealthChoice Waiver Post-Award Forum

- Pursuant to 42 CFR 431.420(c), within six months of HealthChoice's implementation, and annually thereafter, the state must afford the public with an opportunity to provide meaningful comment on the progress of the demonstration.
- Any public comment received regarding the HealthChoice Evaluation during the Post-Award Forum will be included in the Quarterly Report to CMS for the quarter in which the forum was held.

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

2024 Evaluation Overview

- Evaluation period: CY 2018 – CY 2022
- Waiver programs covered in the evaluation
 - Behavioral Health Integration (2015)
 - Residential Treatment Services for Individuals with Substance Use Disorders (SUD) (2017)
 - Community Health Pilots: Home Visiting Services (HVS) and Assistance in Community Integration Services (ACIS) (2017)
 - Dental Expansion for Former Foster Youth (2017)
 - HealthChoice Diabetes Prevention Program (DPP) (2019)
 - Increased Community Service
 - Collaborative Care Model Pilot (2020)
 - Family Planning program (2018)
 - Adult Dental Pilot Program (2019)
- Waiver programs covered in future evaluations
 - Medicaid Alternative Destination Program (2022)
 - Maternal Opioid Misuse Model (2022)
 - Expansion of Institutions of Mental Disease (IMD) Services for Adults to include primary diagnoses of Serious Mental Illness (SMI)
 - Express Lane Eligibility for Adults (Pending CMS approval)
 - Four Walls Requirement Waiver (Pending CMS approval)
 - Medicaid Reentry (Pending CMS approval)

Coverage and Access

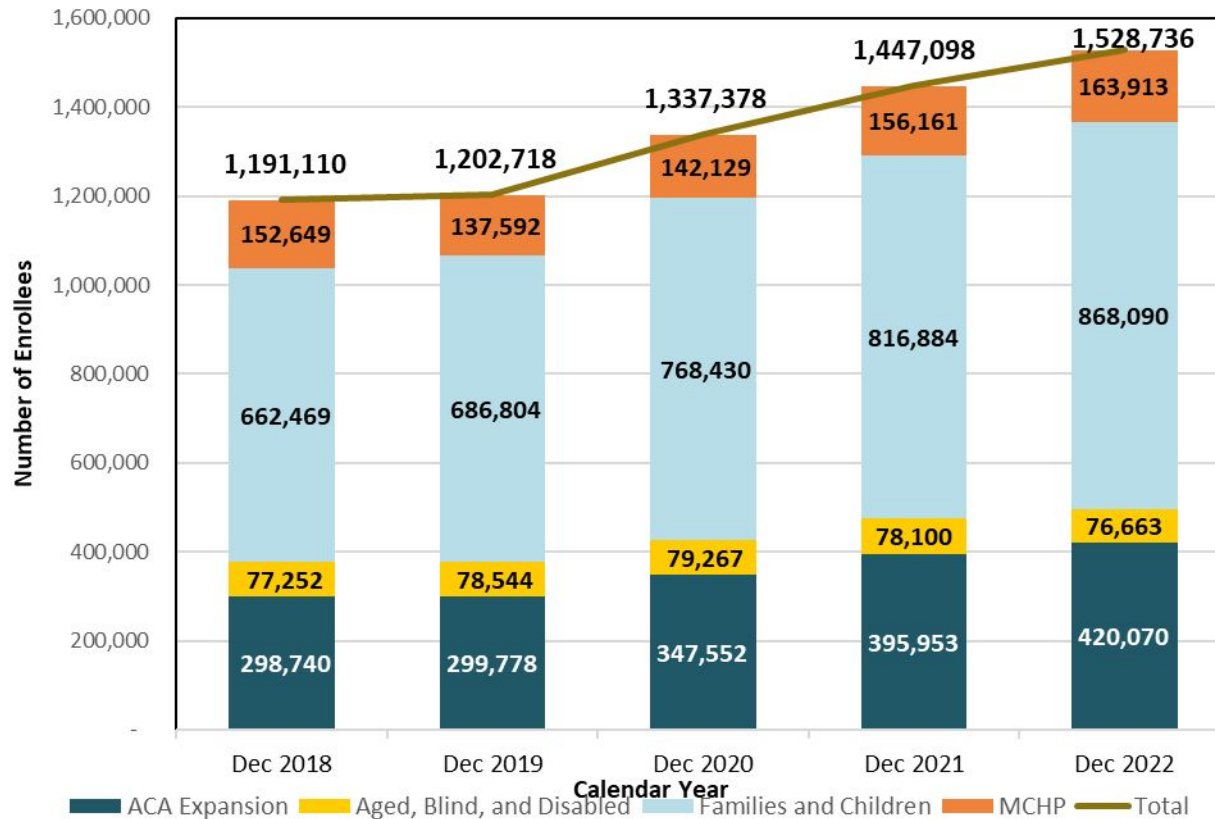
Enrollment Growth

Between 2018 and 2022, HealthChoice enrollment increased by 28.3 percent, from 1,191,110 to 1,528,736.

- The sharp increase in program enrollment of 11.2 percent from CY 2019 to CY 2020 and 5.6 percent from CY 2021 to CY 2022 is seen in part due to Medicaid Maintenance of Eligibility (MOE) requirements from the Public Health Emergency (PHE).
- The percentage of Maryland Medicaid enrollees in managed care remained high, decreasing slightly from 89.8 percent to 89.7 percent.
- The percentage of Maryland's population enrolled in HealthChoice grew from 19.7 percent to 24.8 percent.

Enrollment Growth

HealthChoice Enrollment by Coverage Category as of December 31, CY 2018–CY 2022*



*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	
		#	%	#	%	#	%
2018	365,733	24,808	6.8%	16,844	67.9%	7,964	32.1%
2019	360,983	19,745	5.5%	11,988	60.7%	7,757	39.3%
2020	368,065	4,755	1.3%	3,108	65.4%	1,647	34.6%
2021	412,143	1,415	0.3%	1,133	80.1%	282	19.9%
2022	438,447	1,683	0.4%	1,300	77.2%	383	22.8%

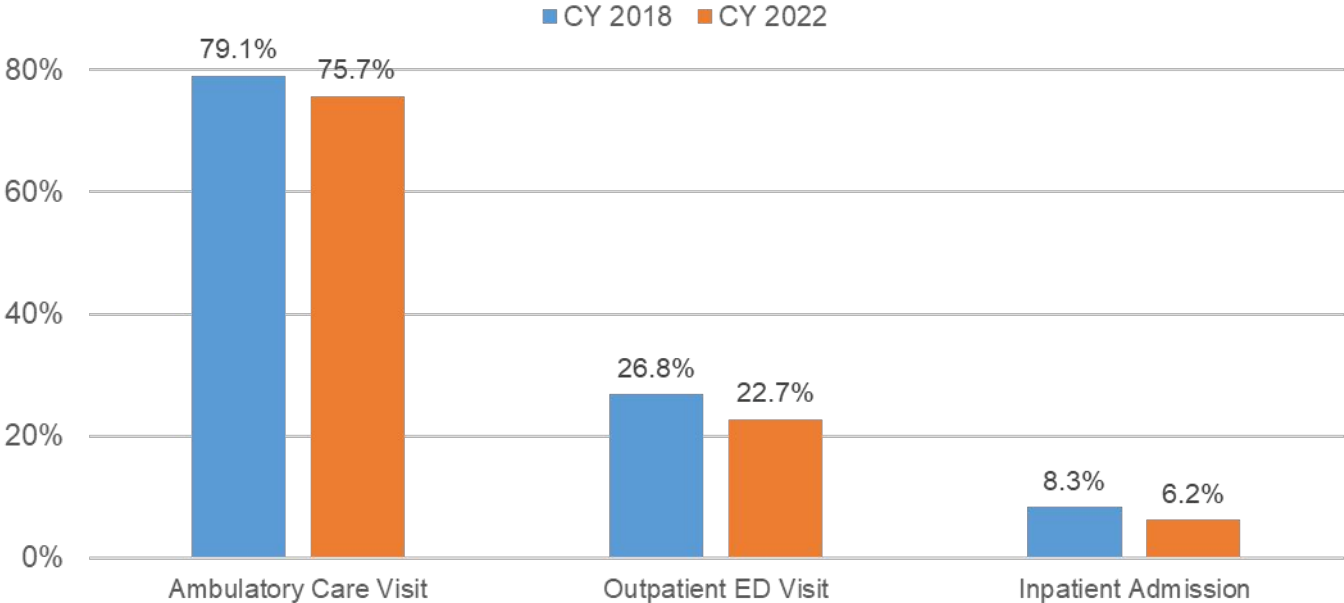
- The percentage of HealthChoice participants with a gap in coverage decreased from 6.8 percent in CY 2018 to 0.4 percent in CY 2022.
- The overall number of those with a gap has significantly decreased.
- CY 2021 and CY 2022 had fewer gaps overall and a greater share of those gaps remained within 180 days.

Utilization

- Between CY 2018 and CY 2022, participants with an ambulatory care visit decreased from 77.5 percent to 75.4 percent, with the lowest observed rates among 19-39-year-olds (67.3 percent) and the ACA Expansion population (65.9 percent).
- The emergency department (ED) visit rate in CY 2022 was 22.9 percent, a decrease from 27.1 percent in CY 2018; the average no. of visits per ED user declined from 2.0 to 1.8.
- ED visits that resulted in an inpatient admission decreased from 3.7 percent in CY 2018 to 2.9 percent in CY 2022, with the highest rate in Baltimore City (4.4 percent).
- Inpatient admissions decreased by 2.4 percentage points, from 9.7 percent in CY 2018 to 7.3 percent in CY 2022, with the greatest declines in Baltimore City by 2.9 percentage points.

Children in Foster Care

Health Care Utilization by Children in Foster Care (CY 2018 and CY 2022)



Children in Foster Care

Behavioral Health Diagnosis of HealthChoice Foster Care Children
vs. Non-Foster Care Children Aged 0–21 Years, CY 2018 and CY 2022

	CY 2018		CY 2022	
Foster Care Status	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total
MHD-only				
Foster	5,987	39.3%	5,112	37.3%
Non-Foster	79,056	10.9%	84,002	10.6%
SUD-Only				
Foster	83	0.5%	49	0.4%
Non-Foster	2,982	0.4%	1,613	0.2%
MHD + SUD				
Foster	271	1.8%	200	1.5%
Non-Foster	1,858	0.3%	1,431	0.2%

REM Program

Utilization

The percentage of REM participants receiving dental visits decreased by 3.9 percentage points, from 55.1 percent to 51.2 percent.

- Ambulatory care visits decreased by 1.8 percentage points over the study period, from 94.8 percent to 93.0 percent.
- ED utilization rate decreased by 6.8 percentage points, from 42.4 percent to 35.6 percent.
- Inpatient admissions decreased from 26.8 percent to 22.8 percent.

Behavioral Health Diagnoses (CY 2022)

- MHD-only: 19.6 percent
- SUD-only: 0.7 percent
- MHD + SUD: 0.4 percent

Racial and Ethnic Disparities

- Ambulatory care visit rates decreased among children of all racial and ethnic groups from 83.5 percent in CY 2018 to 80.7 percent in CY 2022; child and adult rates decreased across all races.
- African-Americans continued to have the highest ED rate in CY 2022 (26.2 percent)—though with a major decrease of 5.0 percentage points compared to CY 2018 —while Asians had the lowest (14.5 percent).
- Whites had the highest inpatient admission rate (7.9 percent), followed by African Americans (7.5 percent), ‘Other’ race (7.5 percent), Native Americans (6.8 percent) and Hispanics (6.6 percent).

Note: “Other” race/ethnicity category includes Pacific Islanders, Alaskan Natives, and unknown.

ACA Expansion Population

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

Service type	CY 2018	CY 2022
Ambulatory care	66.6%	65.0%
ED visits	29.3%	23.8%
Inpatient admissions	8.4%	6.4%
MHD-only	10.7%	11.8%
SUD-only	6.9%	5.2%
MHD + SUD	5.2%	4.8%

ACA expansion enrollment increased from 397,403 adults in CY 2018 to 469,556 adults in CY 2022, 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 2022	Statewide Percentage
Ambulatory Care Visits for SSI Adults	79.7%
Ambulatory Care Visits for SSI Children	79.0%
Asthma Medication Ratio	69.6%
Breast Cancer Screening	63.1%
Comprehensive Diabetes Care - HbA1c Control (<8.0%)	57.3%
Lead Screenings for Children - Ages 12-23 Months	60.5%
Prenatal and Postpartum Care - Postpartum Care	82.6%

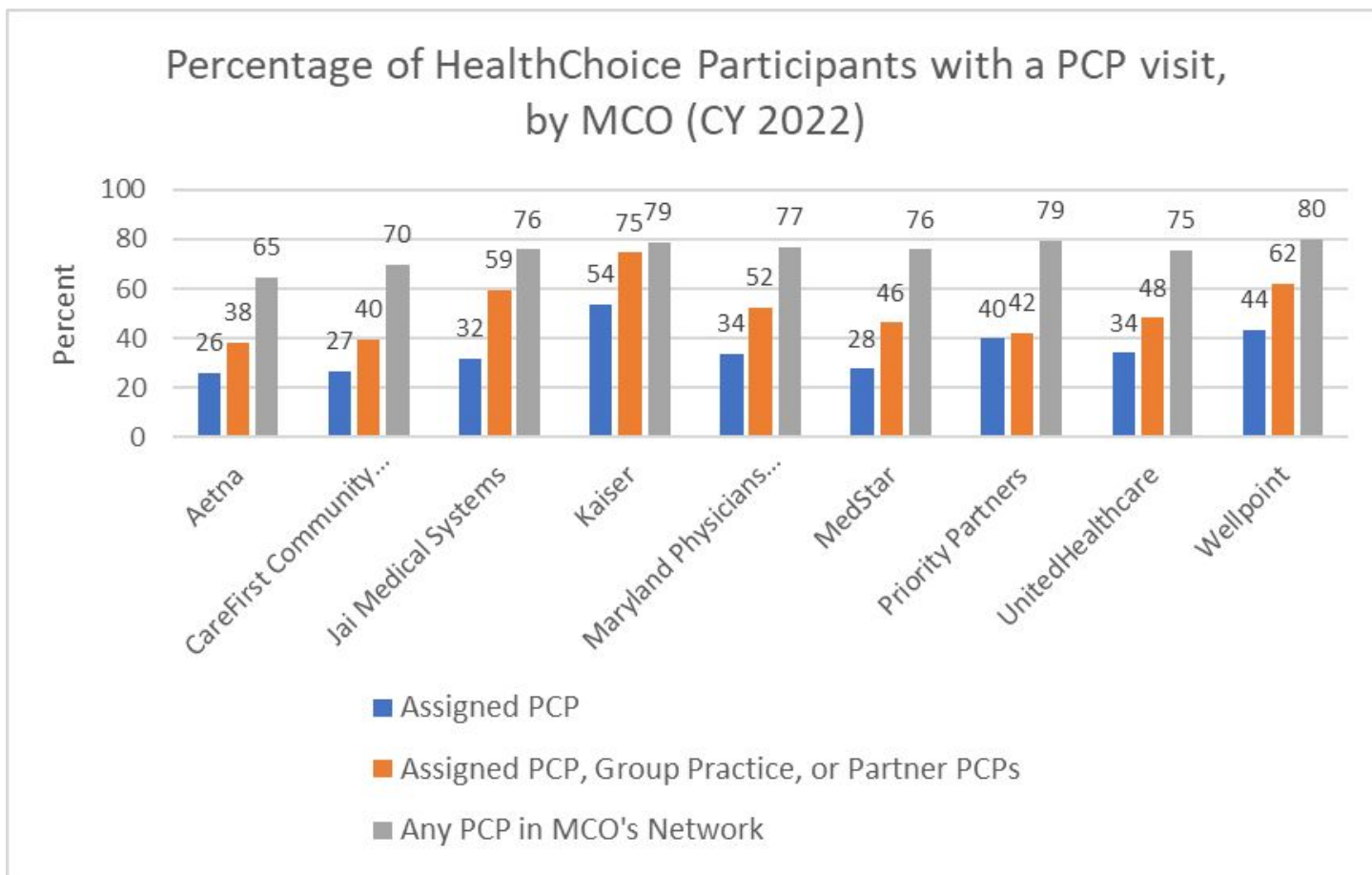
Healthy Kids Review

EPSDT Component	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Health and Developmental History	94%	88%	94%	94%	96%
Comprehensive Physical Exam	97%	93%	96%	96%	98%
Laboratory Tests/At-Risk Screenings	87%	<u>66%*</u>	<u>77%</u>	81%	85%
Immunizations	93%	<u>71%*</u>	86%	88%	95%
Health Education/Anticipatory Guidance	94%	92%	94%	94%	97%
HealthChoice Aggregate Total	94%	83%	91%	92%	95%

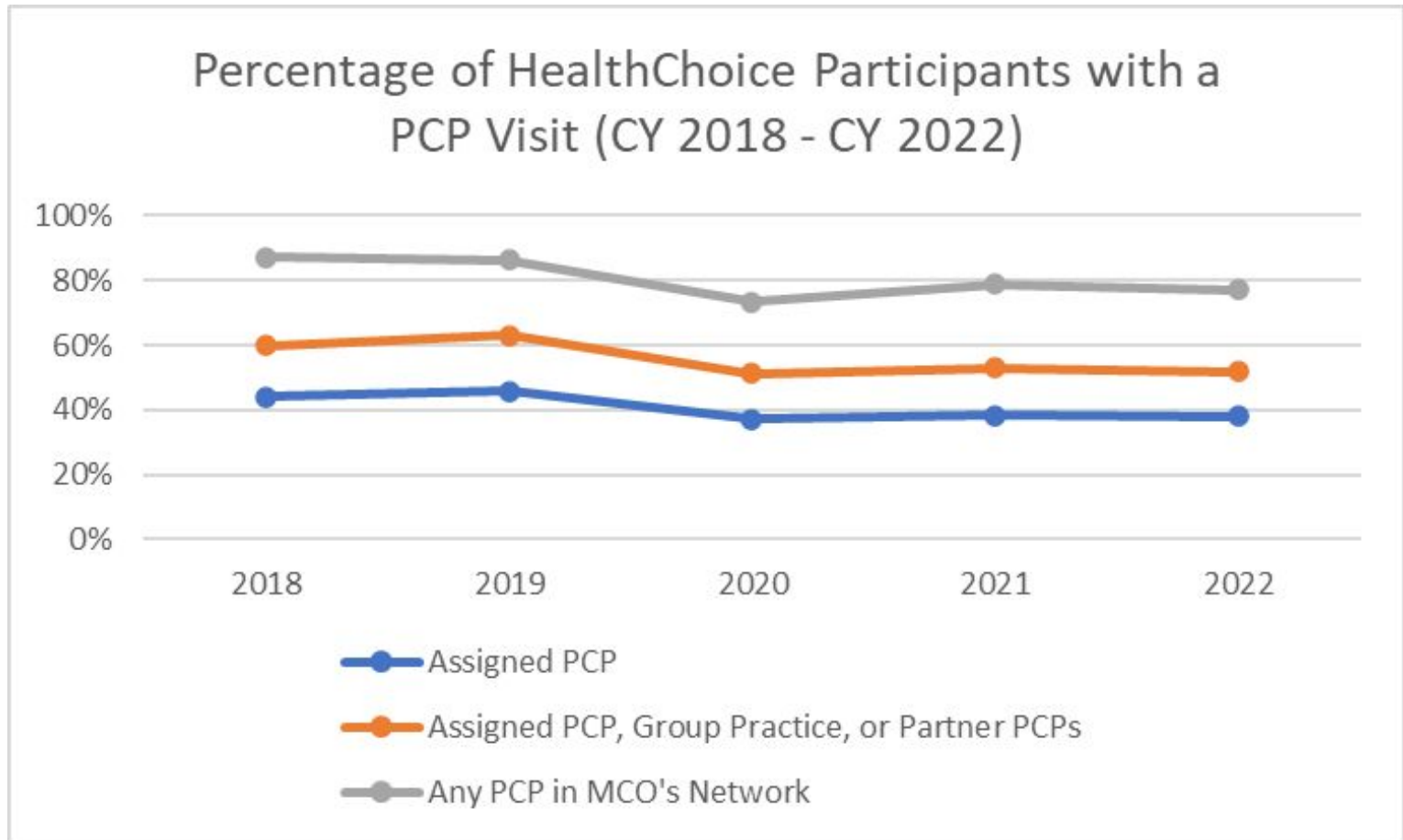
* CY 2019 results for these components are baseline as a result of the change in the MRR process due to the COVID-19 public health emergency. Underlined scores are below the 80% minimum compliance requirement.

Medical Home

Medical Home Utilization

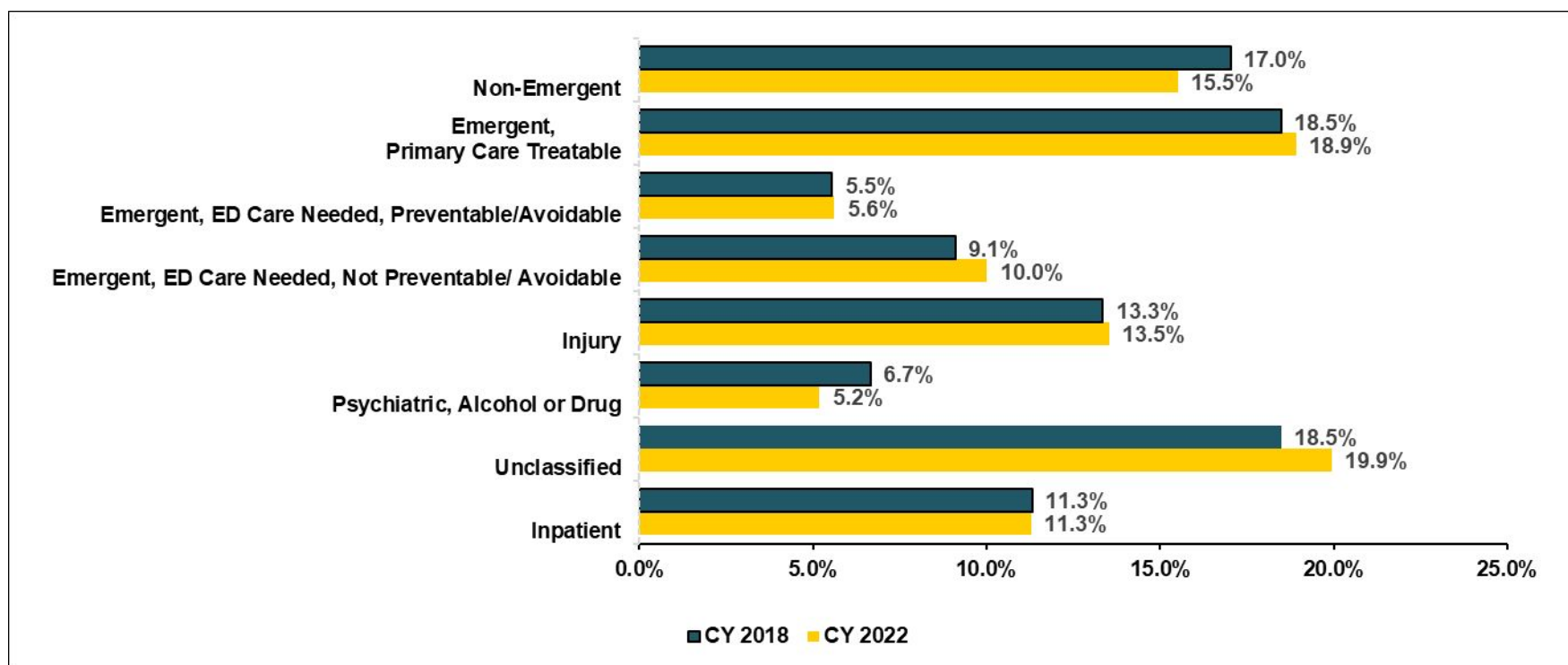


Medical Home Utilization



ED Utilization

Between CY 2018 and CY 2022, potentially-avoidable ED utilization decreased from 41.0 percent to 40.0 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 2018 to 6.2 percent in CY 2022.
- 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

Lead Test Screening

- Lead test screening rates between CY 2021 and CY 2022:
 - Increased for children aged 12-23 months: 59.1 percent to 60.4 percent
 - Declined for children aged 24-35 months: 76.4 percent to 76.0 percent
- Blood lead levels: The percentage of children aged zero to six with an elevated blood lead level decreased from 2.4 percent in CY 2018 to 1.9 percent in CY 2022.
- 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

- 69.3 percent in CY 2018 to 63.1 percent in CY 2022
- *Decreased by 6.2 percentage points*

Cervical Cancer

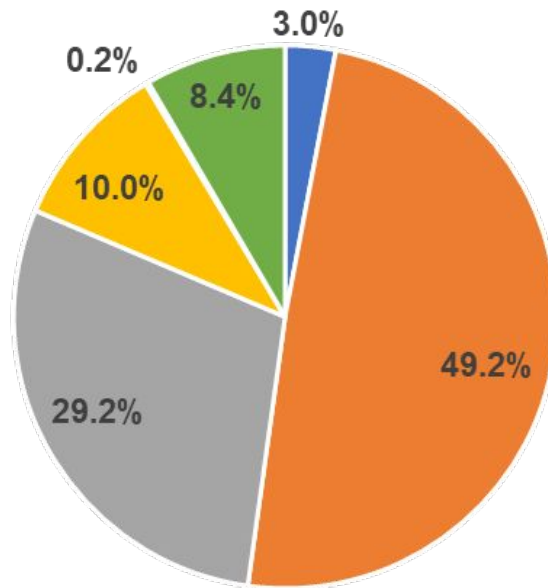
- 62.2 percent in CY 2018 to 59.4 percent in CY 2022
- *Decreased by 2.8 percentage points*

Colorectal Cancer

- 40.7 percent in CY 2018 to 39.4 percent in CY 2022
- *Decreased by 1.3 percentage points*

Asthma

Asthma Diagnosis by Race/Ethnicity in CY 2022



■ Asian ■ Black ■ White ■ Hispanic ■ Native American ■ Other

Diabetes

Percentage of HealthChoice Members Aged 18–64 Years with Diabetes Who Received Comprehensive Diabetes Care, Compared with the National HEDIS® Average (CY 2018 – CY 2022)

HEDIS® Measure	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Eye (Retinal) Exam					
HealthChoice	54.1%	54.7%	51.7%	50.3%	53.1%
National HEDIS® Average	-	-	-	-	-
HbA1c Test*					
HealthChoice	88.8%	88.3%	82.9%	87.1%	*
National HEDIS® Average	+	+	-	+	*
HbA1c Control**					
HealthChoice	53.6%	55.6%	51.0%	56.3%	57.3%
National HEDIS® Average	**	+	+	+	+
Blood Pressure Control***					
HealthChoice	***	***	55.9%	57.5%	63.6%
National HEDIS® Average	***	***	-	-	+

*This measure was retired in CY 2022

**NHM not available.

27 ***National HEDIS® means were unavailable in measurement year (MYs) 2018 and 2019. Due to significant changes made to measure in MY 2020, NCQA determined a trending break, so the data for CY 2018 to CY 2019 are not available.

Diabetes

- Participants who had an HbA1c test or retinal exam in the previous year:
 - Reduced the likelihood of having a diabetes-related ED visit the next year by 23 percent and 9.4 percent, respectively
 - Reduced the likelihood of experiencing a diabetes-related inpatient stay the following year by 18.7 percent and 6.9 percent, respectively

HIV/AIDS

Screening and Prevention

- HIV screening (15-64) decreased from 17.1 percent in 2018 to 15.1 percent in 2022.
- HIV pre-exposure prophylaxis (PrEP) use remains at 0.1 percent.

Chronic Condition Management

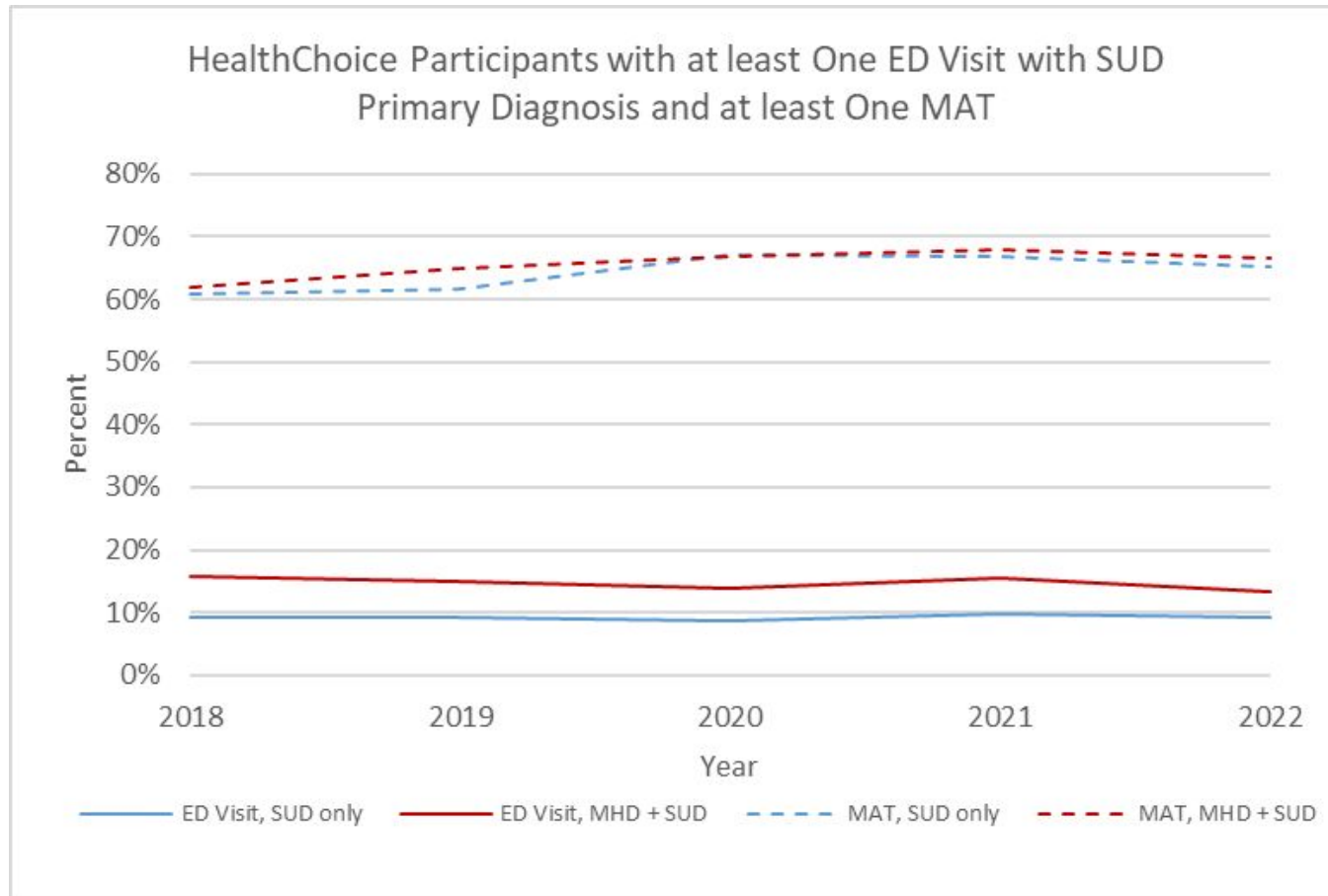
- CD4 testing decreased by 6.2 percentage points, from 72.4 percent to 66.2 percent.
- Viral load testing decreased by 5.5 percentage points, from 74.0 percent to 68.5 percent.
- Antiretroviral therapy utilization increased by 0.6 percentage points, from 83.9 percent to 84.5 percent.

Behavioral Health

The percentage of HealthChoice participants with:

- A mental health disorder (MHD) diagnosis increased by 0.3 percentage points, from 11.9 percent in CY 2018 to 12.2 percent in CY 2022.
- A substance use disorder (SUD) diagnosis decreased by 0.7 percentage points, from 3.1 percent in CY 2018 to 2.4 percent in CY 2022.
- Co-occurring behavioral health diagnoses (MHD and SUD) decreased by 0.2 percentage point, from 2.5 percent in CY 2018 to 2.3 percent in CY 2022.

Substance Use



Substance Use

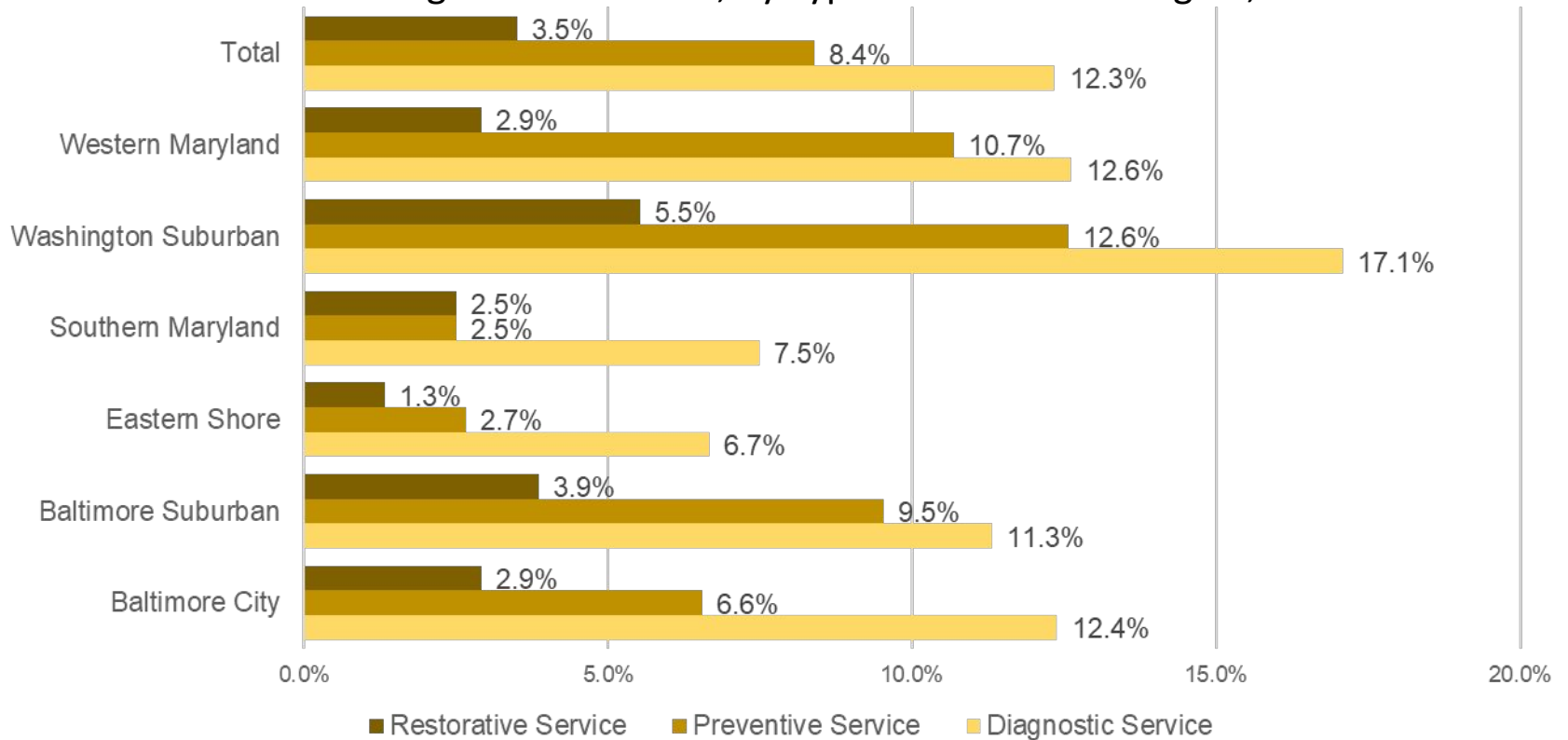
- Screening, Brief Intervention and Referral to Treatment (SBIRT):
The rate per 1,000 receiving an SBIRT service increased from 10.8 in CY 2018 to 13.9 in CY 2022.
- Outpatient follow-up after SUD-related ED visits (CY 2018 to CY 2022):
 - Within seven days: Increased from 14.2 percent to 30.1* percent for SUD-only and 23.8 percent to 56.6* percent for dual diagnosis
 - Within 30 days: Increased from 22.9 percent to 45.4* percent for SUD-only and 38.2 percent to 77.1* percent for dual diagnosis

*The large CY 2022 increase in these rates is due in part to a change to the HEDIS definition for this measure in CY 2022.

Demonstration Programs

Former Foster Care Dental

Percentage of Former Foster Care Participants Enrolled for Any Period in Medicaid Receiving Dental Services, by Type of Service and Region, CY 2022



Adult Dental Pilot

In the second full year of the adult dental pilot (CY 2022):

- At least one dental visit: 5,138 participants (10.4 percent)
- Diagnostic visit: 4,882 participants (9.9 percent)
- Preventive visit: 2,908 participants (5.9 percent)
- Restorative visit: 1,272 participants (2.6 percent)

Increased Community Services

- Number of participant slots increased from 30 to 100 with 2016 waiver renewal.
- 2021 waiver renewal allows up to 100 participants
- There were no new participants in CY 2022.
- Between CY 2018 and CY 2022, 103 long-stay NF residents were eligible to transition from a nursing facility to a community setting under the ICS program.
 - During this time, 14 people (14% of those eligible) successfully transitioned under the ICS program

Family Planning Program

Enrollment and Service Utilization (CY 2018 - CY 2022)

		CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
No. of Participants	Any enrollment period	13,680	16,375	14,748	13,838	13,486
	12-month enrollment	5,965	5,962	10,331	11,171	8,268
No. with at least one service	Any enrollment period	1,901	2,034	1,634	1,156	914
	12-month enrollment	654	507	1,083	897	455
Percentage with at least one service	Any enrollment period	13.9%	12.4%	11.1%	8.4%	6.8%
	12-month enrollment	11.0%	8.5%	10.5%	8.0%	5.5%

Questions?

HealthChoice evaluations can be found here:

<https://health.maryland.gov/mmcp/healthchoice/Pages/HealthChoice-Monitoring-and-Evaluation.aspx>

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