



HealthChoice Evaluation Highlights CY 2009 – CY 2013

Maryland Medicaid Advisory Committee
Thursday, October 22, 2015



Element	Content
Program Updates	Summarizes changes to the overall Medicaid program; e.g., new initiatives or benefits, grant awards, etc.
Coverage and Access	Discusses trends in overall Medicaid and managed care enrollment, provider network adequacy, and access to services.
Medical Home	Reviews ambulatory care usage, emergency department usage and trends, and continuity of care.
Quality of Care	Tracks trends in quality measures for preventive care and chronic conditions.
Special Topics	Presents info on other HealthChoice topics; e.g., behavioral health, dental care, foster care, racial disparities, etc.
Primary Adult Care (PAC)	Evaluates the PAC program's enrollment, access and usage trends, and quality of care.



Program Updates

- CMS awarded Maryland performance bonuses for its work to identify and enroll eligible children in Medicaid and MHCP
 - FY10: \$11M
 - FY11: \$28M
 - FY12: \$37M
 - FY13: \$43M
- Changes to HealthChoice Program:
 - Riverside Health, joined February 2013
 - Kaiser Permanente, joined June 2014
 - Coventry withdrew



Program Updates

- Chronic Health Home Program
 - Targets populations with behavioral health needs who are at high risk for additional chronic conditions, including those with serious persistent mental illness, serious emotional disturbance, and opioid substance use disorders
- ACA Expansion
 - More than 250,000 new enrollees as of February 2015
 - All former PAC recipients enrolled in full benefits

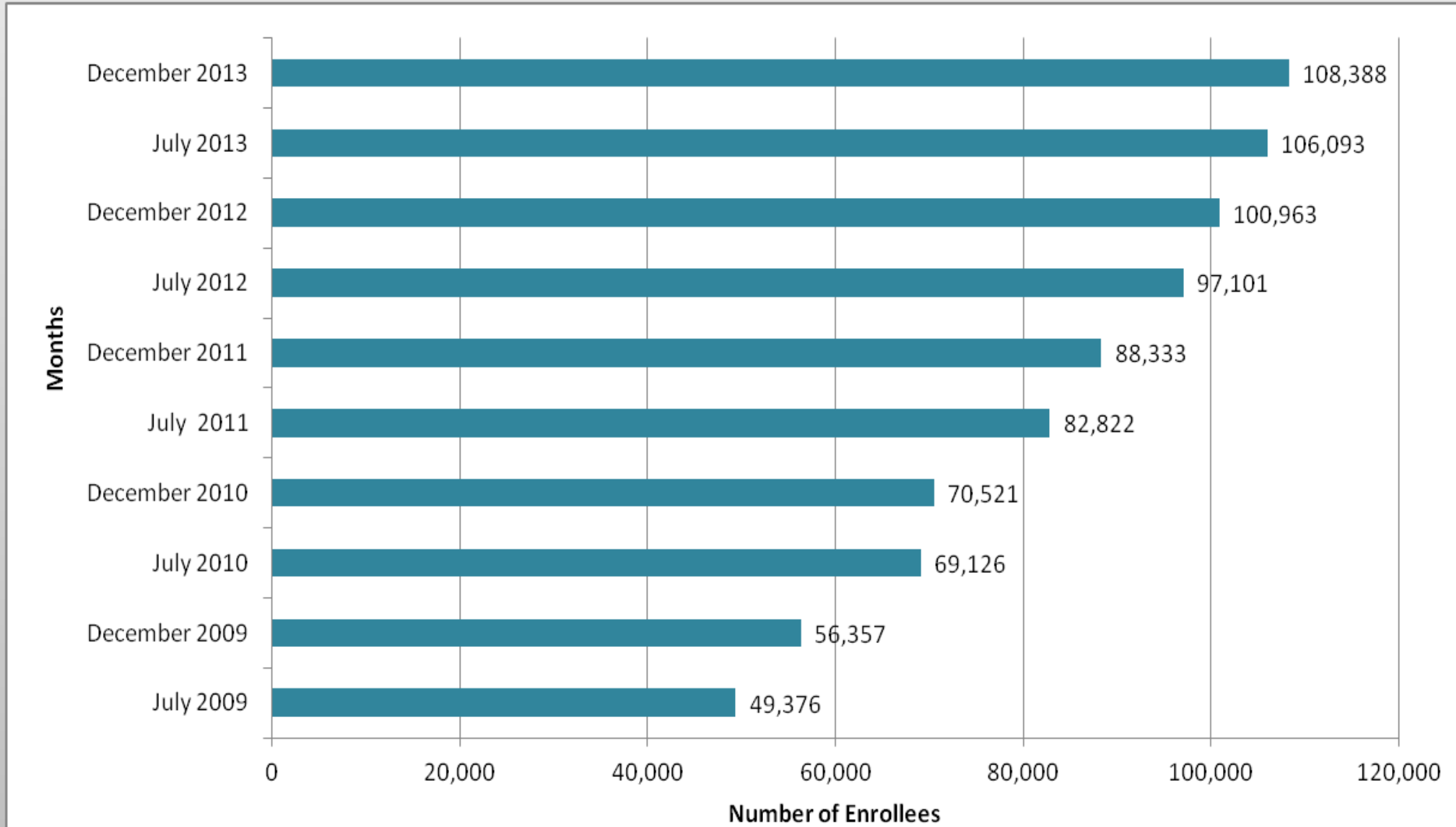


Coverage and Access

- HealthChoice population grew by nearly 31% between 2009 – 2013, from 634,638 to 830,288 enrollees
 - Key factor was parent expansion (from 49,376 parents enrolled in July 2009 to 108,388 in December 2013)
 - Overall enrollment grew 38% in F&C category between 2009-2013
- Highest enrollment growth occurred in 2010 (13% increase; 80,448 new participants)
- Maryland Medicaid experienced the 4th highest Medicaid enrollment growth rate in the nation between June 2012 and June 2013 (Kaiser Commission)

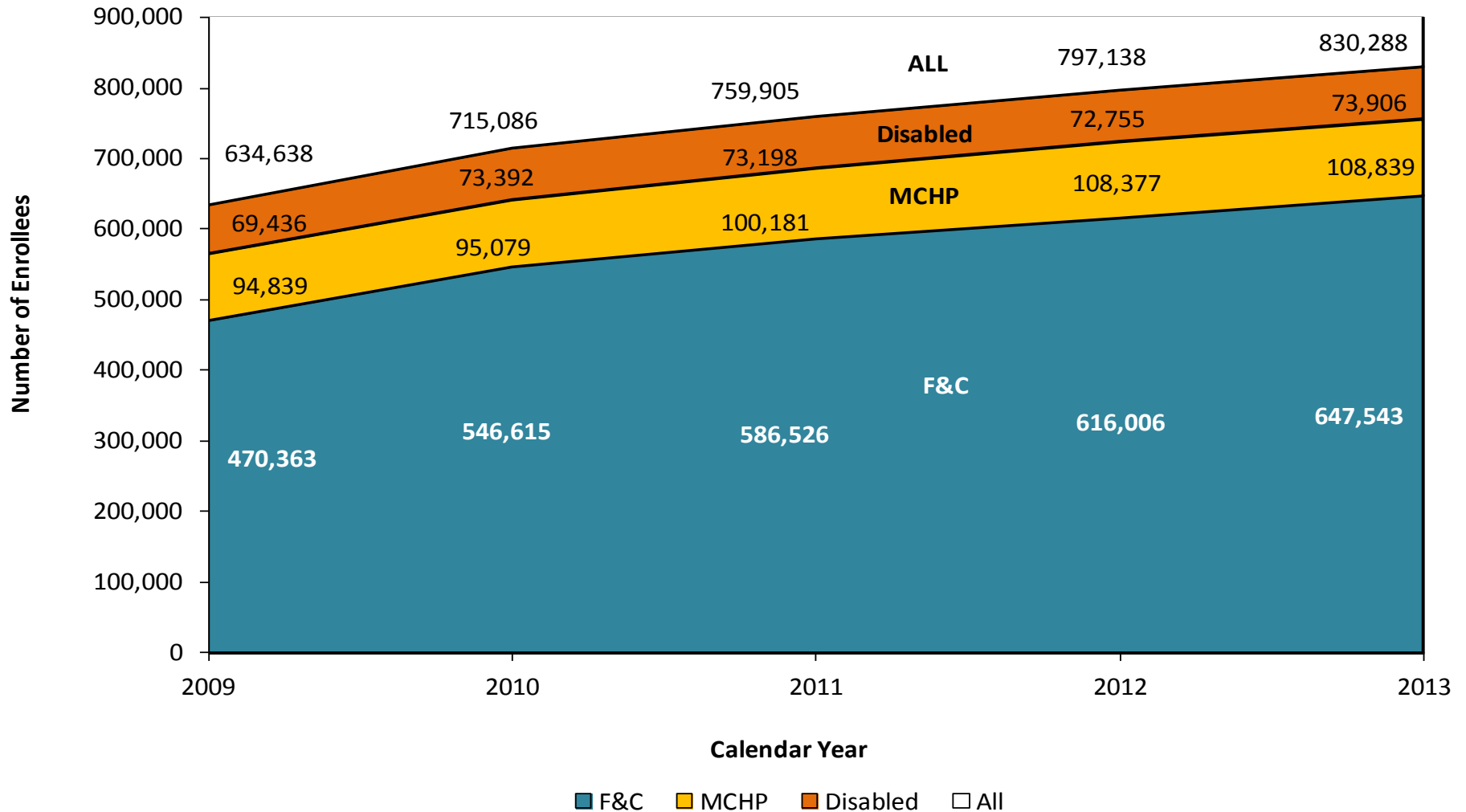


Enrollment in the Parent Expansion Program, July 2009 - December 2013





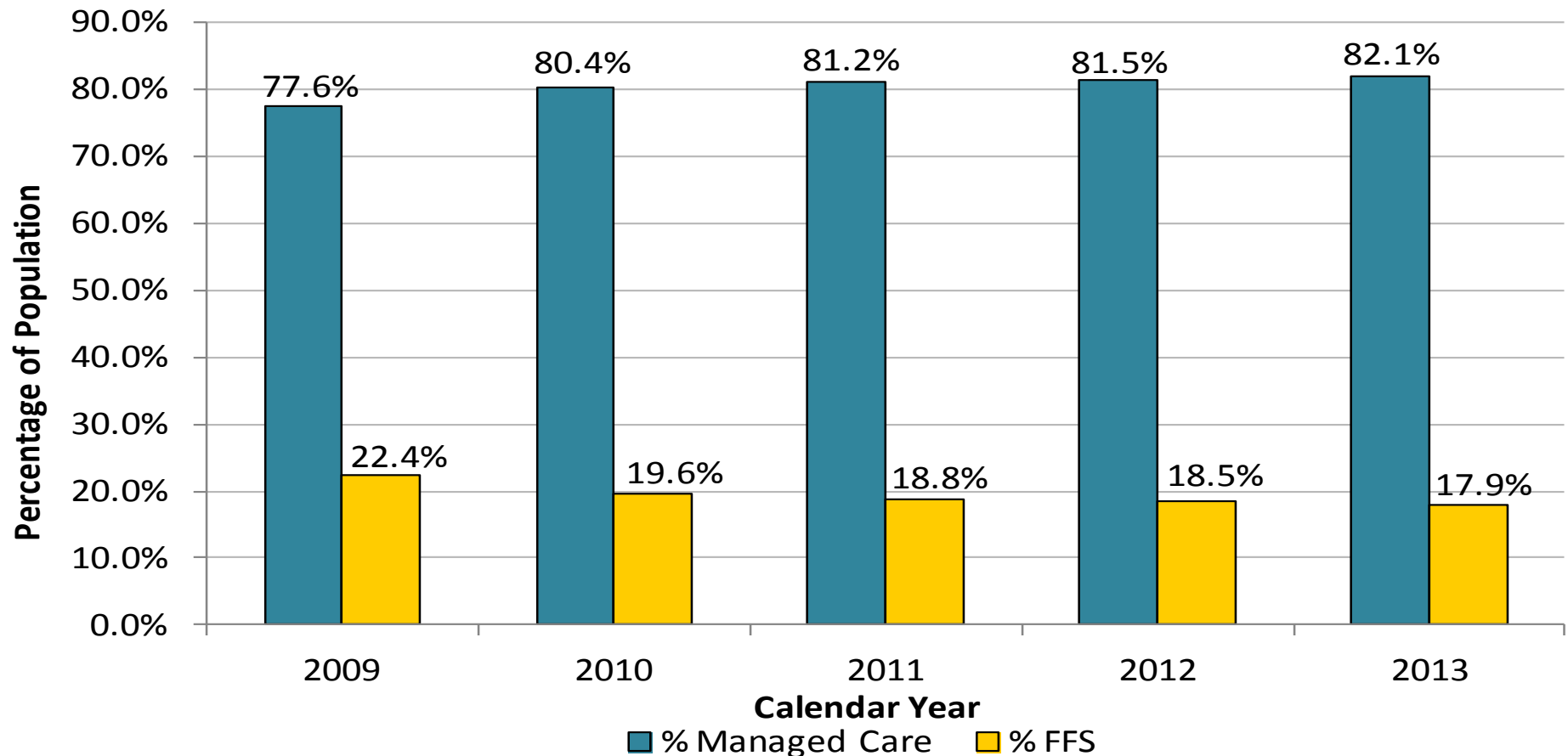
HealthChoice Enrollment by Coverage Group, CY 2009 – CY 2013





Coverage and Access

- Proportion of the Medicaid population enrolled in managed care increased by 4.5%





Coverage and Access

- Participants with an ambulatory care visit **increased** by 0.5 percentage points, from 77.8% to 78.3%
 - When viewed by region, the Eastern Shore and Western Maryland reported the highest percentages of HealthChoice participants receiving an ambulatory care visit from 2009-2013
- Emergency department (ED) usage **decreased** by 0.5 percentage points, from 31.9% to 31.4%

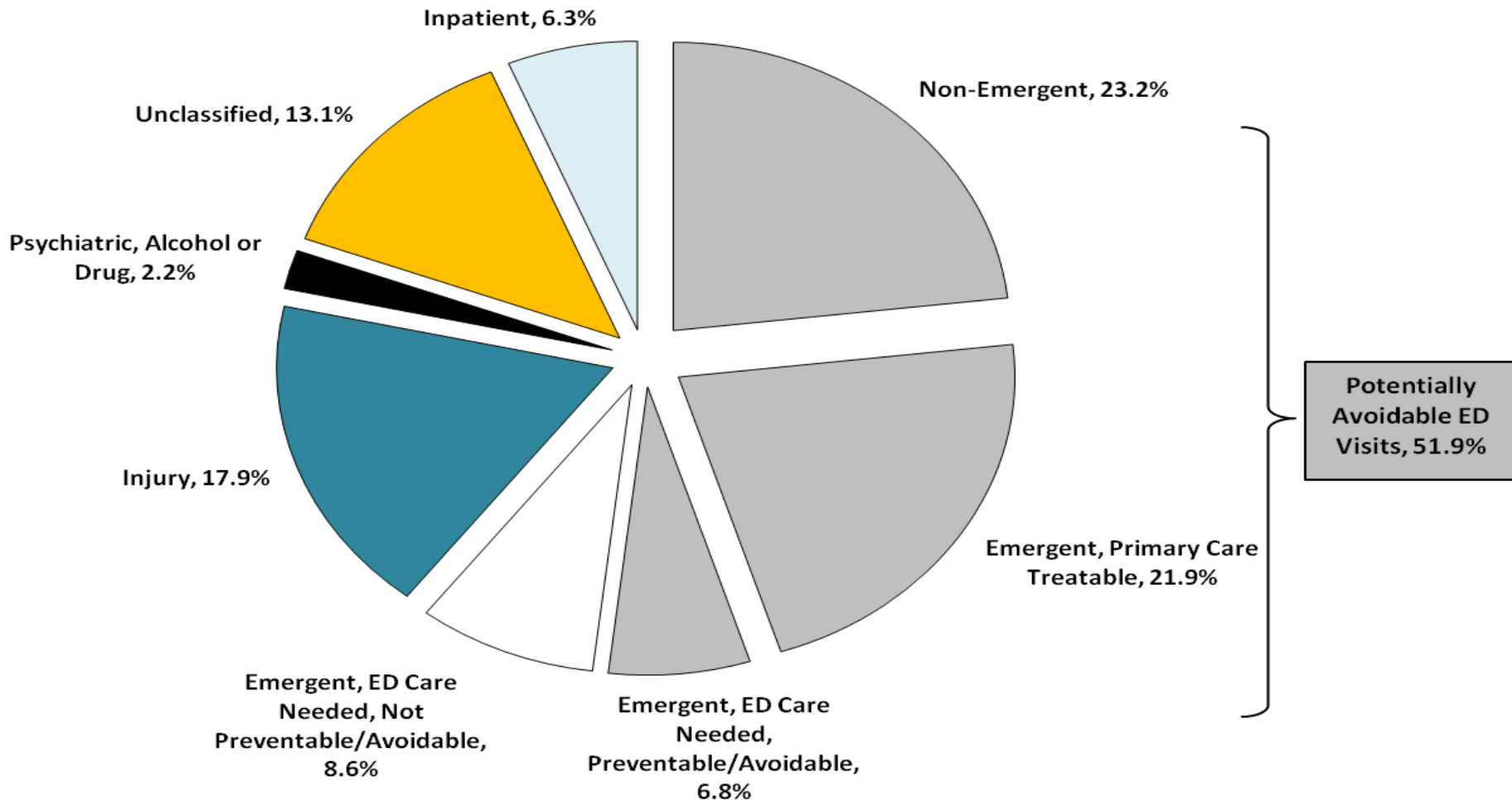


Coverage and Access

- Network Adequacy
 - Provider networks in all 40 local area access areas (LAAs) met standard enrollee-to-PCP ratio of 500:1
 - Four LAAs do not meet 200:1 ratio
 - Baltimore City Northeast
 - Caroline
 - Dorchester
 - Prince George's Southwest*
 - All MCOs met coverage requirements for medical specialties



Medical Home: Classification of ED Visits by HC Participants, CY13





Medical Home: Potentially Avoidable Admissions

- DHMH uses AHRQ's Prevention Quality Indicators (PQIs) methodology, which looks for specific primary diagnoses in hospital admission records
- Percentage of participants with at least one admission due to one of 16 PQI designations increased from 8.7% in CY09 to 14.3% in CY13.
- PQI-designated discharges with the highest rates:
 - COPD or Asthma in Older Adults (PQI #5)
 - Asthma in Younger Adults (PQI #15)



Quality of Care

- HealthChoice well-child visit and immunization rates were consistently higher than National HEDIS Means (NHM) throughout the five-year period
 - Increases across all 5 measures incl. 3 in VBP Program
 - Childhood-Immunizations-Combination 3 (3.1% increase)
 - Well-Child Visits for 3 to 6 year olds (2.2% increase)
 - Well-Care visits for adolescents (4.7% increase)
- EPSDT screening compliance rates increased in two of the five EPSDT components.
- Lead test screening rates between CY11 and CY13:
 - Improved for children aged 12-23 months from 57.4% to 58.7%
 - Remained level for children aged 24-35 months at 76.6%



Quality of Care

- Breast cancer screening rate improved by 9 percentage points over the study period (58.3% of women aged 40-64 years in 2013), and exceeded the National HEDIS Mean (NHM) for the first time in 2013
 - *VBP measure introduced in CY14*
- Cervical cancer screening rate increased by 7 percentage points over the study period (75.2% of women aged 21-64 years in 2013) and exceeded the NHM for all years of the evaluation



Quality of Care

- Rate of participants receiving appropriate asthma medications decreased slightly from 2011 – 2013, but continue to exceed the national average
 - Approximately 86.7% of individuals aged 5 through 64 years in 2013
- Diabetes
 - Retinal eye exam rates exceeded the NHM across the five-year period (2.7% increase) (*VBP measure*)
 - Diabetes HbA1c testing rate exceeded NHM for 2013
 - LDL-C screening rates were higher than the NHM four out of five years



Special Topics

- Dental Services
 - 68.3% of children aged 4 – 20 years received dental services in 2013 (enrolled for at least 320 days) – a 7.4% **increase** since from CY 2009.
 - 27.4% of pregnant women aged 21 years and older received dental services in 2013 (enrolled for at least 90 days) – a 0.9% decrease from CY 2009.



Special Topics

- Participants with a Mental Health Disorder (MHD)
 - Percentage of participants diagnosed with/treated for an MHD increased by 1.7 percentage points, from 21.3% in CY 2009 to 23.0% in CY 2013
 - Between CY 2009 and CY 2013
 - Participants with an MHD and a physician visit for somatic care increased by 1.9 percentage points (87.2% in CY 2013)
 - Participants with an MHD and an ED visit for somatic care increased by 1.9 percentage points (42.8% in CY 2013)



Special Topics

- Participants with a Substance Use Disorder (SUD)
 - Percentage of participants aged 19-64 years diagnosed with/treated for an SUD decreased by 0.1 percentage points, from 11.2% in CY 2009 to 11.1% in CY 2013
 - Between CY 2009 and CY 2013,
 - Participants aged 0-64 years with an SUD and a physician visit for somatic care or an ED visit for somatic care both increased. (80.5% in CY 2012 for physician visits and 61.7% for ED visits)
 - Participants aged 0-64 years with an SUD and Methadone replacement therapy increased by 3.8 percentage points (23.5% in CY 2013)



Special Topics

- Children in Foster Care
 - 73.6% of children in foster care received at least one ambulatory care visit in 2013, compared with 80.0% of other HealthChoice children
 - Among children in the youngest age groups (0-2), children in foster care accessed ambulatory care services at higher rates than other HealthChoice children



Special Topics: Reproductive Health

- Performance exceeded NHM with the exception of CY13
- Receiving timely prenatal care (81.5% overall)
 - Most MCOs performed between 84.2%-90%, while new MCO had a lower rate with a score of 52.2%
- Receiving expected number of prenatal visits
 - Percentage of women who received more than 80 percent of expected visits declined to 66%
 - Most MCOs performed between 70.6%-78.8%, while new MCO had a lower rate with a score of 21.7%
 - Percentage of women who received less than 21 percent of visits increased to 9.7%
 - Most MCOs performed between 2.2% to 8.2%, while new MCO scored 37%



Special Topics

- Family Planning
 - Program expanded to cover women under age 51 below 200% FPL in 2012
 - Enrollment decreased by 31.5% between CY09 to CY13 to 26,114 participants with any period of enrollment in 2013
 - 12,874 received at least one service in 2013 (49.3%)



Special Topics

- HIV/AIDS
 - Overall percentage of participants with HIV/AIDS with an ambulatory care visit increased 3.5 percentage points, from 86.1% in 2009 to 89.6% in 2013
 - CD4 testing increased 3.6 percentage points, from 74.4% in 2009 to 78.0% in 2013
 - Viral load testing decreased by 1.6 percentage points, from 74.0% in 2009 to 72.4% in 2013



Special Topics

- REM Program
 - Percentage of REM participants receiving dental visits grew 16.2 percentage points, from 35.6% in 2009 to 51.8% in 2013
 - Ambulatory care visits increased by 0.2 percentage points over the study period
 - ED rate increased 9.5 percentage points between 2009 - 2013, from 35.6% to 45.1%



Special Topics

- Racial/Ethnic Disparities
 - Enrollment of Asian and Black participants increased by 68.8% and 22%, respectively, between 2009 and 2013
 - “Other” racial/ethnic categories had the next highest enrollment growths at 75.6%
 - Ambulatory care visits rates increased for Hispanic (2.8% increase), Asian (1.5% increase) and Black participants (0.8% increase)
 - Black and White participants have highest and second highest ED utilization compared to other racial/ethnic categories



Special Topics

- Primary Adult Care (PAC)
 - Enrollment increased from 48,636 in 2008 to 111,519 in 2013 (129% increase)
 - In 2013, 33.8% of PAC participants resided in Baltimore City; Southern Maryland had the lowest enrollment with 5.1%
 - Overall ambulatory care visit rate increased 0.5 percentage points, from 72.4% in 2009 to 72.9% in 2013



Special Topics

- PAC Participants with an MHD
 - Percentage of PAC participants diagnosed with & treated for an MHD increased by from 13,775 in CY09 to 34,437 in CY13
 - Participants with an MHD and a physician visit for somatic care increased by 3.5 percentage points (70.8% in CY 2013)
 - Participants with an MHD and an ED visit for somatic care increased by 9 percentage points from 2010 to 2013 (44.4% in CY 2013)



Special Topics

- PAC Participants with an SUD
 - Participants with an SUD and a physician visit for somatic care decreased by 15.9 percentage points (57.7% in CY 2013)
 - Participants with an SUD and an ED visit for somatic care grew 9.6 percentage points (49.0% in CY 2013)
 - Participants with an SUD and Methadone replacement therapy grew 28.4 percentage points (33.2% in CY 2013)
 - These changes can be attributed to the addition of outpatient substance abuse services and coverage for ED facility charges to the PAC benefit in January 2010₂₇



Questions?