

HealthChoice Evaluation Highlights CY 2008 – CY 2012

Maryland Medicaid Advisory Committee Thursday, June 26, 2014

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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

- Family Planning Program expanded to include all women up to 200% FPL in January 2012
- Behavioral Health Integration moving forward —
 Performance-based carve-out for substance abuse and
 mental health services
- MD Multi-Payer Patient-Centered Medical Home (MMPP)
 - 3 year pilot program began in 2011
 - Services include integrated care plans, chronic disease management, and same-day appointments for urgent matters
 - 52 primary and multispecialty practices and FQHCs now participate

3



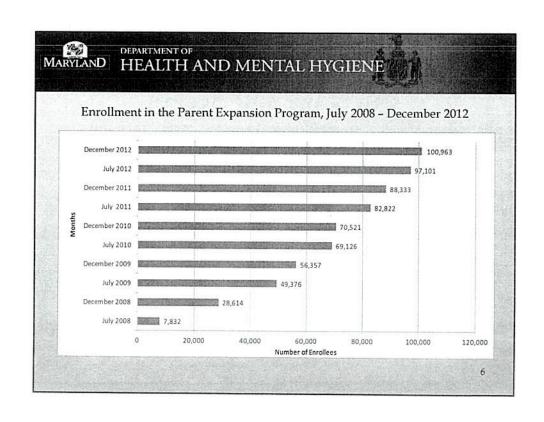
Program Updates

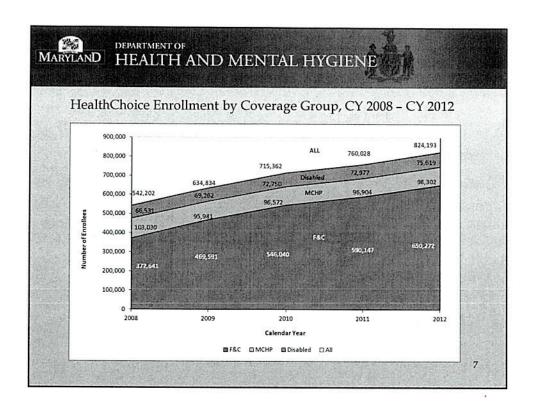
- Chronic Health Home
 - Targets populations with behavioral health needs who are at high risk for additional chronic conditions, including those with serious persistent mental illness, serious emotional disturbance, and opioid substance use disorders
- ACA Expansion
 - More than 189,000 new enrollees as of May 2014
 - Includes nearly 96,000 former PAC enrollees

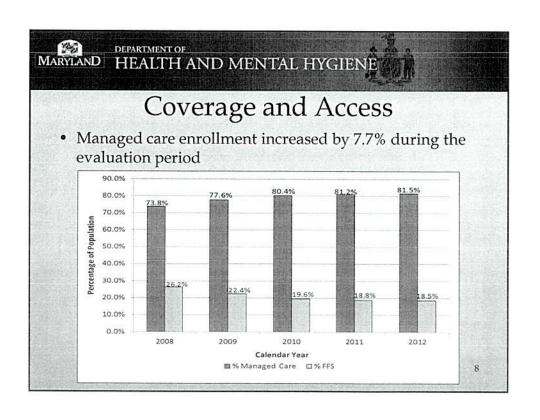


Coverage and Access

- HealthChoice population grew by nearly 52% between 2008 – 2012, from 542,202 to 824,193 enrollees
 - Key factor was parent expansion (from 7,832 parents enrolled in July 2008 to 100,963 in December 2012)
 - Overall enrollment grew 75% in F&C category between 2008-2012
- Highest enrollment growth occurred between 2008 2009 (17% increase; 92,632 new participants)
- Maryland Medicaid experienced the 8th highest Medicaid enrollment growth rate in the nation between June 2011 and June 2012 (Kaiser Commission)









Coverage and Access

- Participants with an ambulatory care visit increased by 3.4 percentage points, from 75.6% to 78.2%
- When viewed by region, the Eastern Shore reported the highest percentages of HealthChoice participants receiving an ambulatory care visit from 2008-2012
- Emergency department (ED) usage increased by 3.9 percentage points, from 27.9% to 31.8%

9



Coverage and Access

- Network Adequacy
 - Provider networks in 39 of 40 local area access areas (LAAs) met standard enrollee-to-PCP ratio of 500:1
 - All MCOs met coverage requirements for medical specialties



Medical Home

- Appropriate Service Utilization
 - In 2012, 51.6% of ED visits were for conditions that are potentially avoidable with proper primary care (almost a 1 percentage point decrease from 2008)
 - Diabetes-related avoidable hospital admissions increased from 21 admissions to 23 admissions per 1,000 adults aged 21 – 64 years between 2008 – 2012
 - Asthma-related avoidable hospital admissions remained at 39 per 1,000 participants aged 5 – 20 years between 2008 – 2012

11



Quality of Care

- HealthChoice well-child visit and immunization rates were consistently higher than National HEDIS Means (NHM) throughout the five-year period
- EPSDT screening compliance rates increased in four of the five EPSDT components.



Quality of Care

- Breast cancer screening rate improved by 2.0
 percentage points over the study period (51.0% of
 women aged 40-64 years in 2012), but remains low
 and under the 2012 NHM of 51.9%
- Cervical cancer screening rate increased by 6.5
 percentage points over the study period (73.7% of
 women aged 21-64 years in 2012) and is higher than
 the 2012 NHM of 64.5%

13



Quality of Care

- Rate of participants receiving appropriate asthma medications remained consistent from 2008 – 2012
 - Approximately 90% of individuals aged 5 through 50 years in 2012
- Diabetes
 - Retinal eye exam rates were well above the NHM over the five-year period (16.4 percentage point difference in 2012)
 - Diabetes HbA1c testing rate was slightly below NHM for 2012 (1.8 percentage points)
 - LDL-C screening rates were higher than the NHM four out of five years



- Dental Services
 - 67.8% of children aged 4 20 years received dental services in 2012 (enrolled for at least 320 days) – a 13.2% increase since from CY 2008.
 - 30.1% of pregnant women aged 21 years and older received dental services in 2012 (enrolled for at least 90 days) — a 2.4% decrease from CY 2011.

15



Special Topics

- Participants with a Mental Health Disorder (MHD)
 - Percentage of participants diagnosed with/treated for an MHD increased by 2.0 percentage points, from 20.7% in CY 2008 to 22.7% in CY 2012
 - Between CY 2008 and CY 2012
 - Participants with an MHD and a physician visit for somatic care increased by 4.3 percentage points (87.0% in CY 2012)
 - Participants with an MHD and an ED visit for somatic care increased by 7.1 percentage points (43.4% in CY 2012)



- Participants with a Substance Use Disorder (SUD)
 - Percentage of participants aged 19-64 years diagnosed with/treated for an SUD decreased by 0.8 percentage points, from 11.6% in CY 2008 to 10.8% in CY 2012
 - Between CY 2008 and CY 2012,
 - Participants aged 0-64 years with an SUD and a physician visit for somatic care or an ED visit for somatic care both increased. (80.9% in CY 2012 for physician visits and 61.2% for ED visits)
 - Participants aged 0-64 years with an SUD and Methadone replacement therapy increased by 2.6 percentage points (22.6% in CY 2012)

17



Special Topics

- · Children in Foster Care
 - 72.8% of children in foster care received at least one ambulatory care visit in 2012, compared with 79.6% of other HealthChoice children
 - Among children in the youngest age groups, children in foster care accessed ambulatory care services at higher rates than other HealthChoice children



- Reproductive Health
 - HealthChoice consistently performed above the NHM for participants receiving timely prenatal care and receiving expected number of prenatal visits
 - Utilization of prenatal care decreased by 3 percentage points during the evaluation period, from 88.8 percent in CY 2008 to 85.8 percent in CY 2012.
 - Frequency of ongoing prenatal care also declined. The
 percentage of women who received more than 80 percent of
 expected visits declined by 5.2 percentage points from 76.7
 percent in CY 2008 to 71.5 percent in CY 2012. The percentage
 of women who received less than 21 percent of visits increased
 by 2.5 percentage points from 3.8 percent in CY 2008 to 6.3 19
 percent in CY 2012.



Special Topics

- Family Planning
 - 24,894 participants with any period of enrollment in 2012
 - 7,932 received at least one service in 2012 (31.9%)



- HIV/AIDS
 - Overall percentage of participants with HIV/AIDS with an ambulatory care visit increased 5.3 percentage points, from 85.3% in 2008 to 90.6% in 2012
 - CD4 testing increased 5.1 percentage points, from 67.4% in 2008 to 72.5% in 2012
 - Viral load testing increased from 61.8% in 2008 to 62.9% in 2012

21



Special Topics

- REM Program
 - Percentage of REM participants receiving dental visits grew 20.7 percentage points, from 28.3% in 2008 to 49.0% in 2012
 - Ambulatory care visits increased by 5.3 percentage points over the study period
 - ED rate increased 10.1 percentage points between 2010 2012, from 33.8% to 43.9%



- · Racial/Ethnic Disparities
 - Asian enrollment increased by 99.6% between 2008 and 2012
 - "Other" racial/ethnic categories and Hispanic had the next highest enrollment growths at 82.5% and 52.5%, respectively
 - Black children have lower rates of ambulatory care visits compared to other racial/ethnic categories
 - Black and White participants have highest and second highest ED utilization compared to other racial/ethnic categories

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Special Topics

- Primary Adult Care (PAC)
 - Enrollment increased from 42,891 in 2008 to 95,802 in 2012 (123% increase)
 - In 2012, 36.7% of PAC participants resided in Baltimore City; Southern Maryland had the lowest enrollment with 4.4%
 - Overall ambulatory care visit rate increased 4.5 percentage points, from 69.7% in 2008 to 74.2% in 2012



- · PAC Participants with an MHD
 - Percentage of PAC participants diagnosed with /treated for an MHD increased by 3.1 percentage points, from 26.8% in FY 2008 to 30.9% in FY 2012
 - Between FY 2008 and FY 2012,
 - Participants with an MHD and a physician visit for somatic care increased by 2.9 percentage points (69.1% in CY 2012)
 - Participants with an MHD and an ED visit for somatic care increased by 7.4 percentage points from 2010 to 2012 (42.8% in CY 2011)



Special Topics

- · PAC Participants with an SUD
 - Percentage of PAC participants diagnosed with/treated for an SUD increased by 14.1 percentage points, from 10.2% in CY 2008 to 24.3% in CY 2012
 - Between CY 2008 and CY 2012
 - Participants with an SUD and a physician visit for somatic care decreased by 17.2 percentage points (57.0% in CY 2012)
 - Participants with an SUD and an ED visit for somatic care grew 7.8 percentage points (47.2% in CY 2012)
 - Participants with an SUD and Methadone replacement therapy grew 27.1 percentage points (32.8% in CY 2012)
 - 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 2010

