



Maryland
DEPARTMENT OF HEALTH

2023 Post-Award Forum & HealthChoice Evaluation (CY 2017 – CY 2021)

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May 25, 2023



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

2023 Evaluation Overview

- Evaluation period: CY 2017 – CY 2021
- 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)

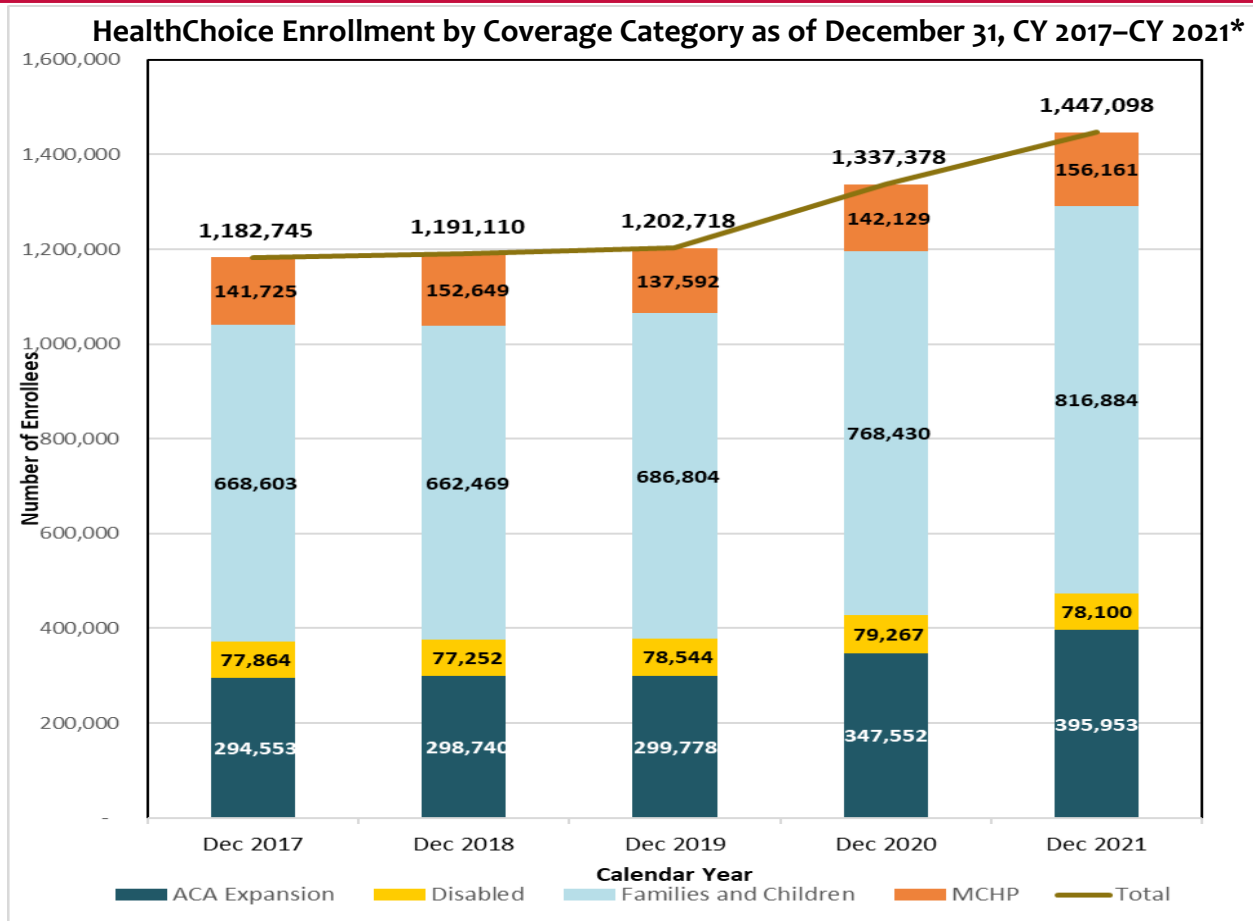
Coverage and Access

Enrollment Growth

Between 2017 and 2021, HealthChoice enrollment increased by 22 percent, from 1,182,745 to 1,447,098.

- Sharp increase in program enrollment of 11.2 percent from CY 2019 to CY 2020 and 8.2 percent from CY 2020 to CY 2021 is seen in part due to Medicaid Maintenance of Eligibility (MOE) requirements.
- The percentage of Maryland Medicaid enrollees in managed care remained high, increasing from 88.8 percent to 89.4 percent.
- The percentage of Maryland's population enrolled in HealthChoice grew from 19.5 percent to 23.4 percent.

Enrollment Growth



*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	
		#	%	#	%	#	%
2017	1,355,225	113,309	8.4%	88,965	78.5%	24,344	21.5%
2018	1,389,716	113,801	8.2%	87,976	77.3%	25,825	22.7%
2019	1,377,493	79,624	5.8%	57,746	72.5%	21,878	27.5%
2020	1,392,876	16,241	1.2%	11,391	70.1%	4,850	29.9%
2021	1,487,449	4,212	0.3%	3,253	77.2%	959	22.8%

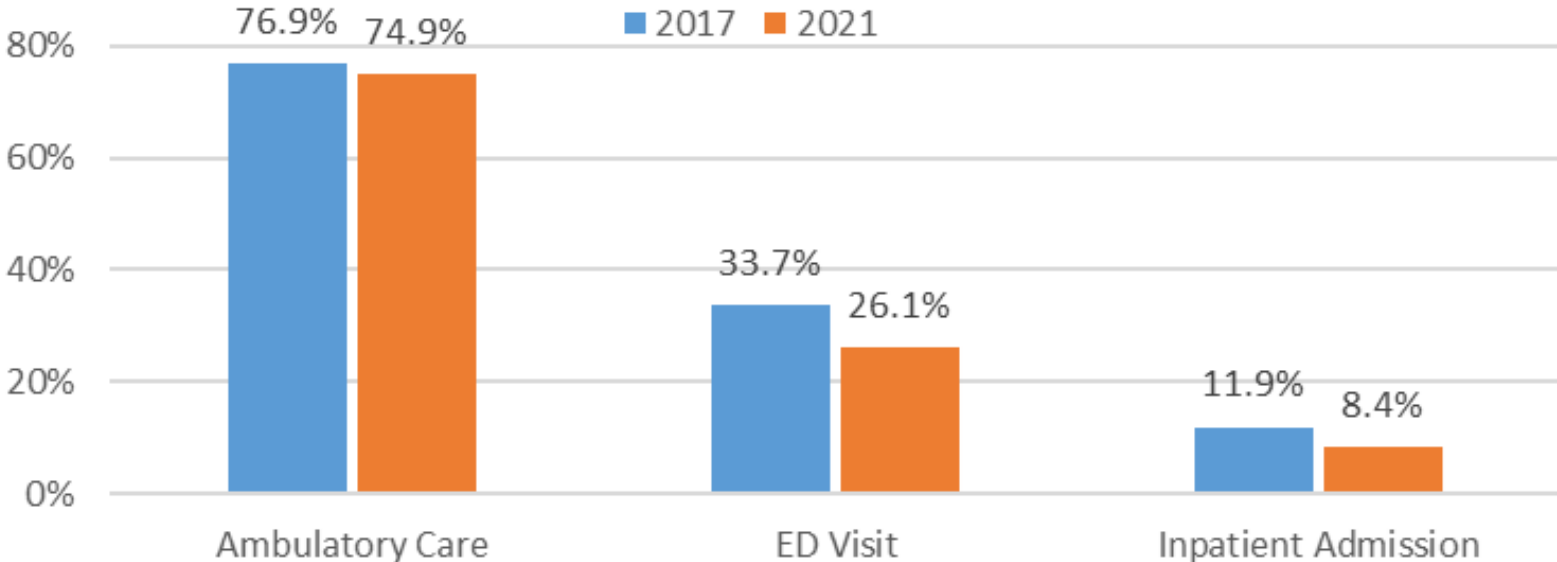
- The percentage of HealthChoice participants with a gap in coverage decreased from 8.4 percent in CY 2017 to 0.3 percent in CY 2021.
- The overall number of those with a gap has significantly decreased.
- CY 2020 and CY 2021 had fewer gaps overall and a greater share of those gaps remained within 180 days.

Utilization

- Between CY 2017 and CY 2021, participants with an ambulatory care visit increased from 77.8 percent to 77.9 percent, with the lowest observed rates among 19-39 year-olds (71.3 percent) and the ACA Expansion population (69.7 percent).
- The emergency department (ED) visit rate in CY 2021 was 23.1 percent, a decrease from 29.7 percent in CY 2017; the average no. of visits per ED user declined from 2.1 to 1.9.
- ED visits that resulted in an inpatient admission decreased from 3.8 percent in CY 2017 to 3.2 percent in CY 2021, with the highest rate in Baltimore City (4.8 percent).
- Inpatient admissions decreased by 1.9 percentage points, from 10.2 percent in CY 2017 to 8.3 percent in CY 2021, with the greatest declines in Baltimore City by 2.1 percentage points.

Children in Foster Care

Health Care Utilization by Children in Foster Care (CY 2017 and CY 2021)



Children in Foster Care

Behavioral Health Diagnosis of HealthChoice Foster Care Children
vs. Non-Foster Care Children Aged 0–21 Years, CY 2017 and CY 2021

	CY 2017		CY 2021	
Foster Care Status	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total
MHD-only				
Foster	3,661	41.7%	3,085	40.5%
Non-Foster	76,488	10.6%	80,730	10.5%
SUD-Only				
Foster	65	0.7%	40	0.5%
Non-Foster	2,990	0.4%	1,332	0.2%
MHD + SUD				
Foster	258	2.9%	140	1.8%
Non-Foster	1,951	0.3%	1,213	0.2%

REM Program

- Utilization
 - The percentage of REM participants receiving dental visits decreased by 6.5 percentage points, from 54.5 percent to 48.0 percent.
 - Ambulatory care visits decreased by 1.2 percentage points over the study period, from 94.7 percent to 93.5 percent.
 - ED utilization rate decreased by 9.9 percentage points, from 44.5 percent to 34.6 percent.
 - Inpatient admissions decreased from 27.8 percent to 21.4 percent.
- Behavioral Health Diagnoses (CY 2021)
 - MHD-only: 19.2 percent
 - SUD-only: 0.7 percent
 - MHD + SUD: 0.5 percent

Racial and Ethnic Disparities

- Ambulatory care visit rates decreased among children of all racial and ethnic groups from 83.7 percent in CY 2017 to 81.9 percent in CY 2021; children rates decreased while adult rates increased across all races.
- African-Americans continued to have the highest ED rate in CY 2021 (27.1 percent)—though a major decrease of 7.3 percentage points compared to CY 2017 —while Asians had the lowest (12.5 percent).
- Whites had the highest inpatient admission rate (8.9 percent), followed by African Americans (8.6 percent), Native Americans (8.5 percent), ‘Other’ race (8.3 percent) and Hispanics (6.2 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

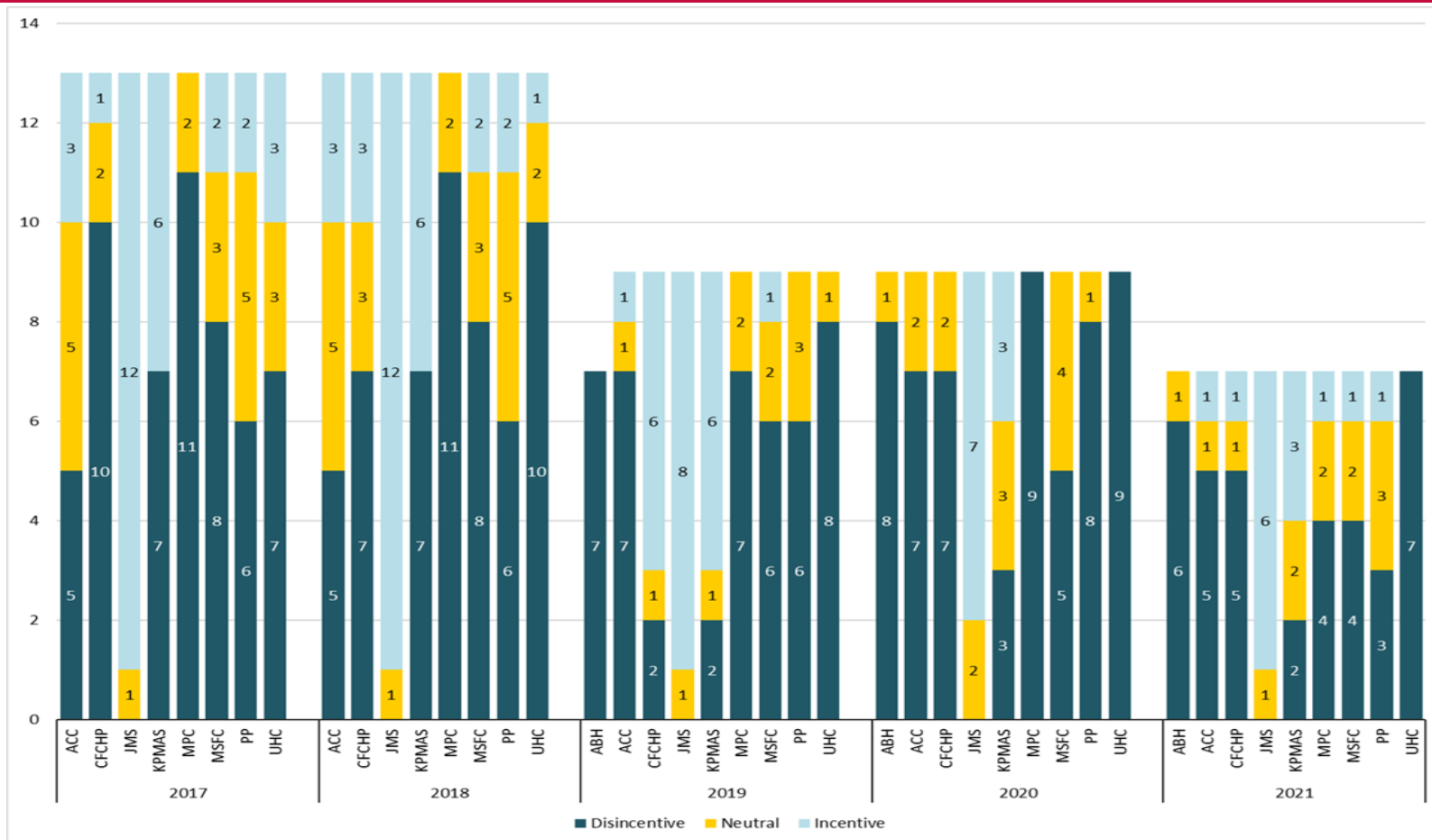
Service type	CY 2017	CY 2021
Ambulatory care	66.3%	68.6%
ED visits	31.0%	26.1%
Inpatient admissions	8.8%	7.3%
MHD-only	10.5%	11.4%
SUD-only	6.8%	5.8%
MHD + SUD	5.1%	4.9%

ACA expansion enrollment increased from 387,998 adults in CY 2017 to 438,293 adults in CY 2021, with participants aged 19-34 comprising the largest portion of the ACA expansion population.*

**Any period of enrollment*

Quality of Care

Value-Based Purchasing (2017-2021)



* ABH: Aetna Better Health; ACC: AMERIGROUP Community Care; CFCHP: CareFirst Community Health Plan; JMS: Jai Medical Systems; KPMA: Kaiser Permanente of the Mid-Atlantic States; MPC: Maryland Physicians Care; MSFC: MedStar Family Choice; PP: Priority Partners; UHC: UnitedHealthcare. Complete data were not available for ABH in 2019.



Healthy Kids Review

EPSDT Component	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Health and Developmental History	92%	94%	88%	94%	94%
Comprehensive Physical Exam	96%	97%	93%	96%	96%
Laboratory Tests/At-Risk Screenings	82%	87%	<u>66%*</u>	<u>77%</u>	81%
Immunizations	90%	93%	<u>71%*</u>	86%	88%
Health Education/Anticipatory Guidance	94%	94%	92%	94%	94%
HealthChoice Aggregate Total	92%	94%	83%	91%	92%

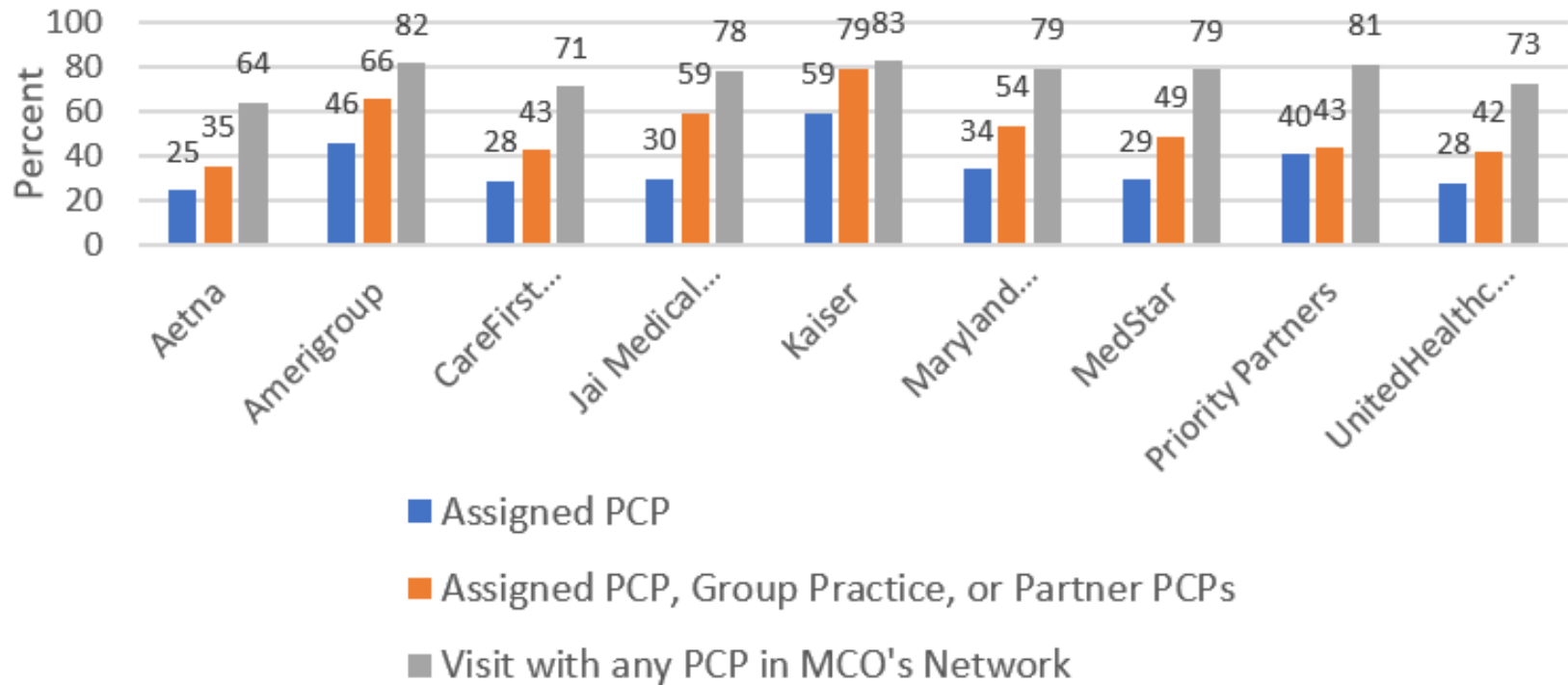
* CY 2019 results for these components are baseline as a result of the change in the MRR process due to the COVID-19 public health emergency. Underlined scores are below the 80% minimum compliance requirement.



Medical Home

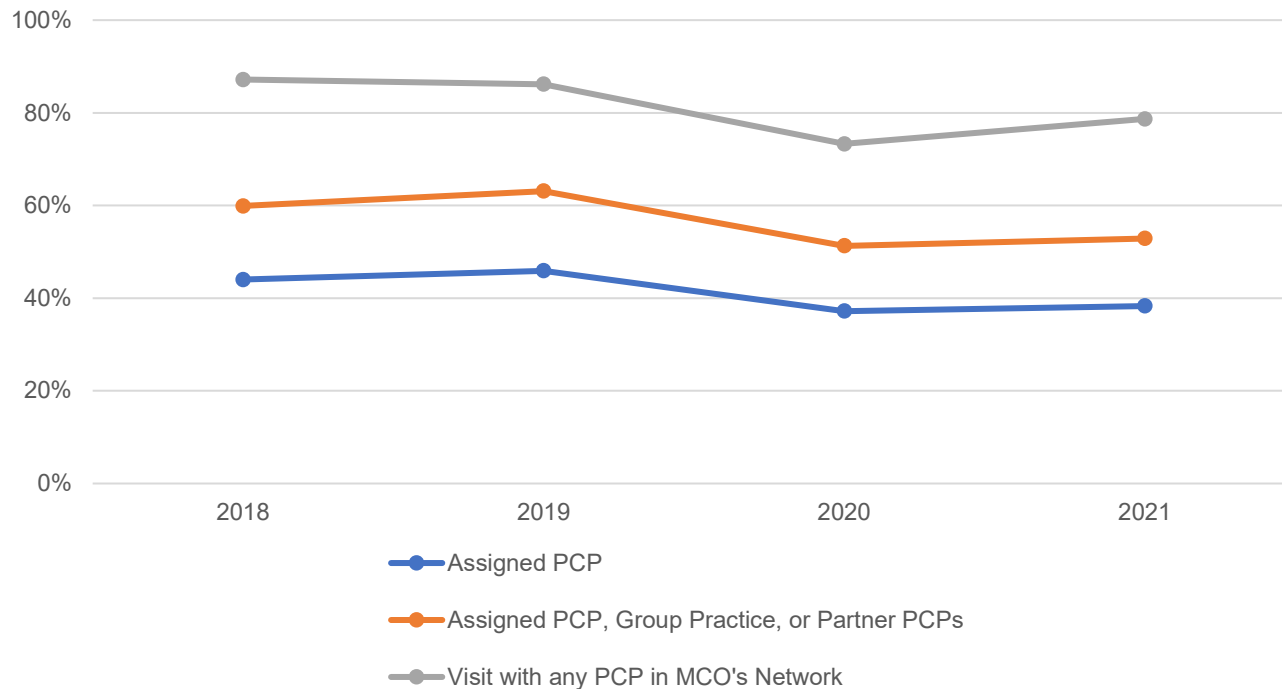
Medical Home Utilization

Percentage of HealthChoice Participants with a PCP visit, by MCO (CY 2021)



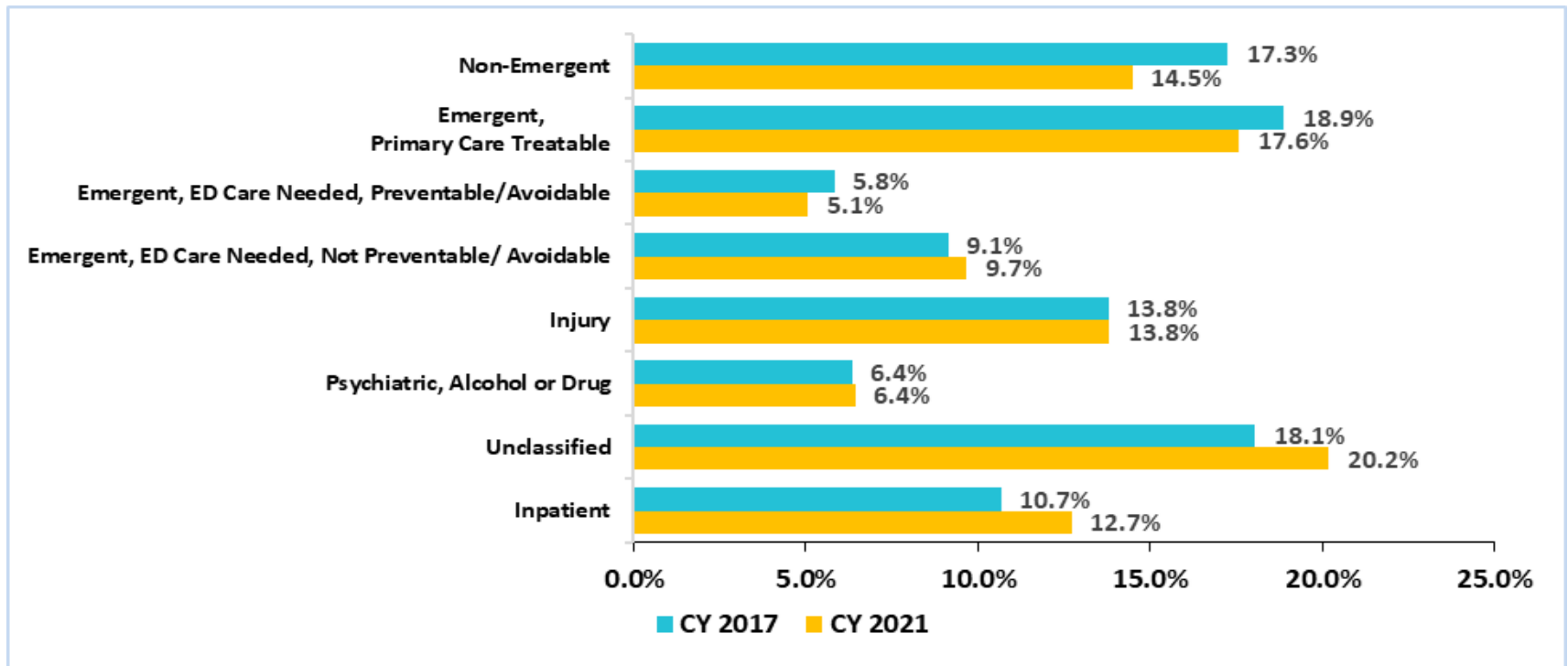
Medical Home Utilization

Percentage of HealthChoice Participants with a PCP Visit (CY 2018 - CY 2021)



ED Utilization

Between CY 2017 and CY 2021, potentially-avoidable ED utilization decreased from 42.0 percent to 37.2 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 8.2 percent in CY 2017 to 7.8 percent in CY 2018 and then slightly increased to 7.9 percent in CY 2019 and decreased again to 7.3 percent in CY 2020 and to 7.1 percent in CY 2021.
- PQI-designated discharges with the highest rates:
 - Congestive Heart Failure (PQI #8)
 - Diabetes Short-Term Complications Admissions (PQI #1)

Health Promotion and Disease Prevention

Lead Test Screening

- Lead test screening rates between CY 2020 and CY 2021:
 - Increased for children aged 12-23 months: 58.6 percent to 59.1 percent
 - Declined for children aged 24-35 months: 80.3 percent to 76.4 percent
- Blood lead levels: The percentage of children aged zero to six with an elevated blood lead level decreased from 2.7 percent in CY 2017 to 2.1 percent in CY 2021.
- 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 Prevention

HPV Vaccination Rates, 13-Year-Old HealthChoice Participants, CY 2017–CY 2021

Calendar Year	Medicaid Enrollees who Turned 13 Years Old	Two HPV Vaccine Doses between Their 9th and 13th Birthdays	
	Number	Number	Percentage
2017	29,683	9,288	31.3%
2018	31,194	10,504	33.7%
2019	34,030	11,850	34.8%
2020	35,197	12,173	34.6%
2021	37,441	12,300	32.9%

Cancer Screening

Breast Cancer

- 69.7 percent in CY 2017 to 63.8 percent in CY 2021
- *Decreased by 5.9 percentage points*

Cervical Cancer

- 62.5 percent in CY 2017 to 58.1 percent in CY 2021
- *Decreased by 4.4 percentage points*

Colorectal Cancer

- 39.0 percent in CY 2017 to 39.1 percent in CY 2021
- *Increased by 0.1 percentage points*

Reproductive Health

Receiving timely prenatal care: 88.9 percent in CY 2021

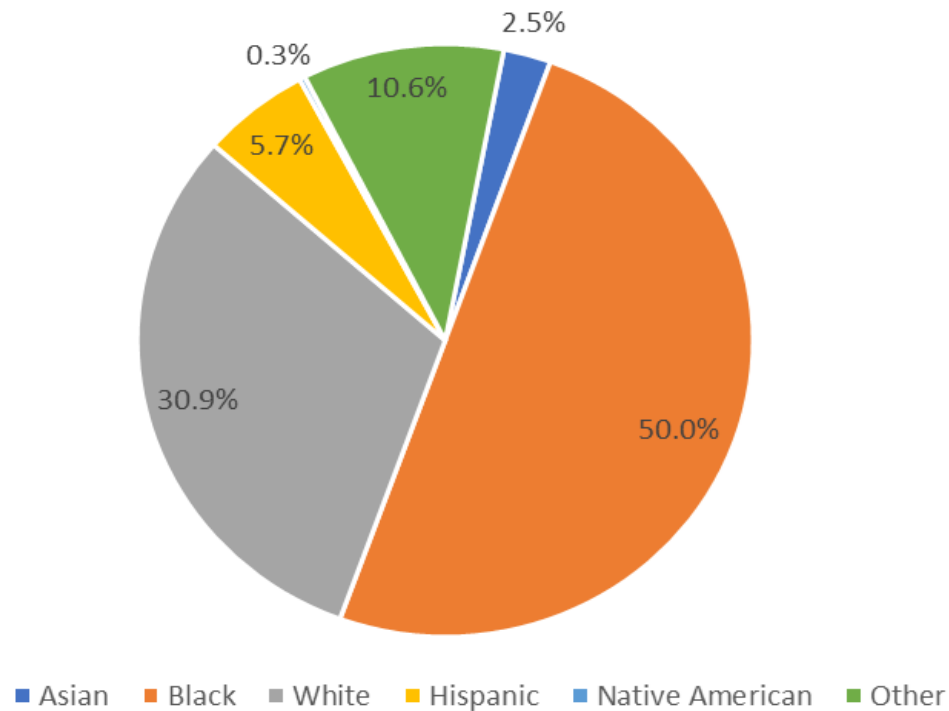
- increase of 1.9 percentage points over CY 2020
- HealthChoice participants who received 1st trimester prenatal care experienced 24 percent of the odds of a low birth weight (LBW) baby (between 1500 and 2500 grams) and 64 percent of the odds of a very low birth weight (VLBW) baby (less than 1500 grams).

Contraceptive Care (CY 2021)

- Most-effective methods: 3.5 percent
- Moderately-effective methods: 19.0 percent
- At risk of unintended pregnancy: 359,165

Asthma

Asthma Diagnosis by Race/Ethnicity in CY 2021



Diabetes

Percentage of HealthChoice Members Aged 19–64 Years with Diabetes Who Received Comprehensive Diabetes Care, Compared with the National HEDIS® Average (CY 2017 – CY 2021)

	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Eye (Retinal) Exam					
HealthChoice	57.8%	54.1%	54.7%	51.7%	50.3%
National HEDIS® Average	+	-	-	-	-
HbA1c Test					
HealthChoice	87.9%	88.8%	88.3%	82.9%	87.1%
National HEDIS® Average	+	+	+	-	+

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 20.5 percent and 6.6 percent, respectively
 - Reduced the likelihood of experiencing a diabetes related inpatient stay the following year by 17.4 percent and 7.2 percent, respectively

HIV/AIDS

Screening and Prevention

- HIV screening (15-64) remained at 16.0 percent.
- HIV pre-exposure prophylaxis (PrEP) use decreased by 0.2 percentage points, to 0.0 percent.

Chronic Condition Management

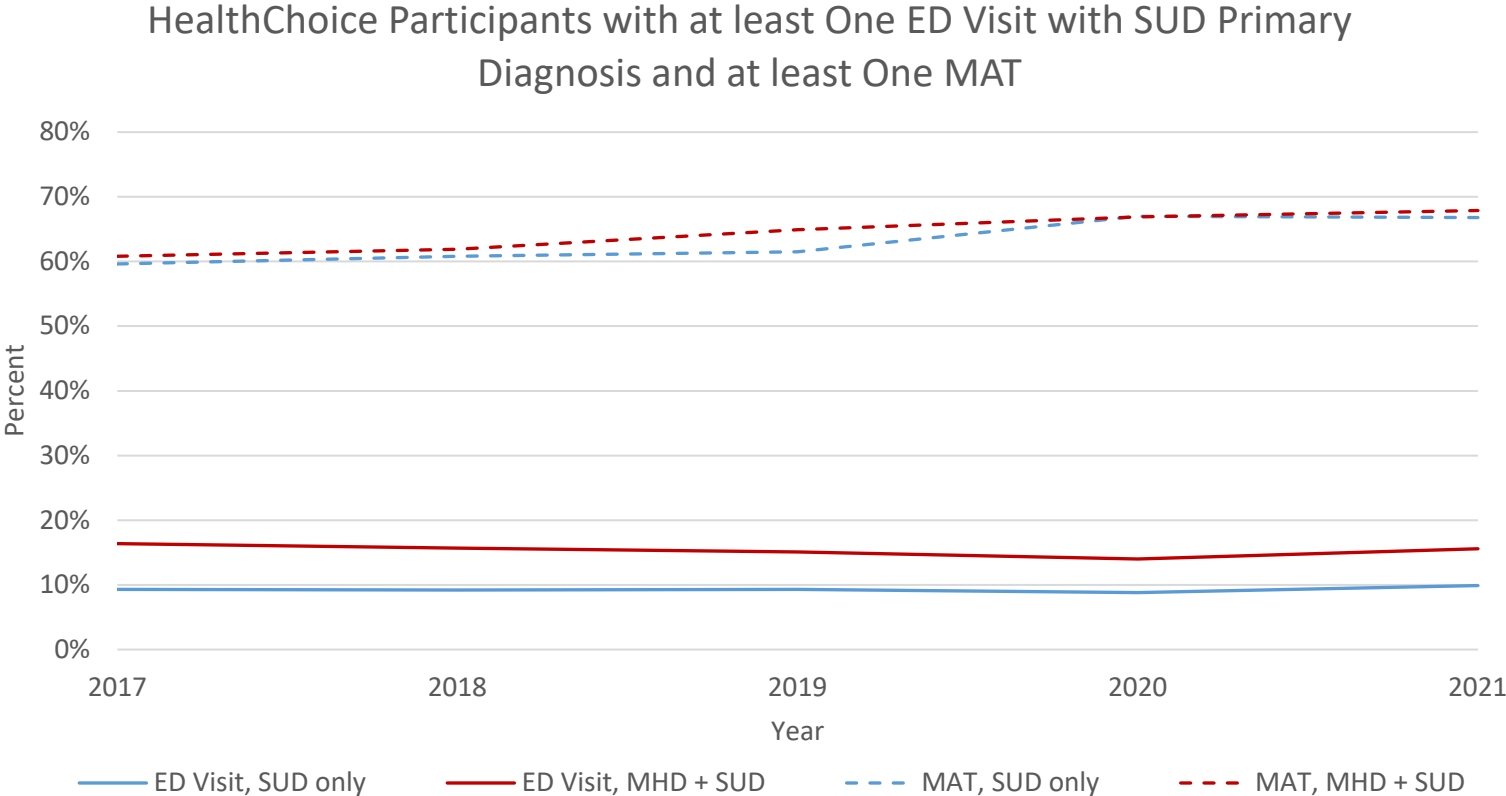
- CD4 testing decreased by 5.6 percentage points, from 74.1 percent to 68.5 percent.
- Viral load testing decreased by 5.8 percentage points, from 74.6 percent to 68.8 percent.
- Antiretroviral therapy utilization increased by 1.9 percentage points, from 85.2 percent to 87.1 percent.

Behavioral Health

The percentage of HealthChoice participants with:

- A mental health disorder (MHD) diagnosis increased by 0.3 percentage points, from 11.6 percent in CY 2017 to 11.9 percent in CY 2021.
- A substance use disorder (SUD) diagnosis decreased by 0.5 percentage points, from 3.1 percent in CY 2017 to 2.6 percent in CY 2021.
- Co-occurring behavioral health diagnoses (MHD and SUD) decreased by 0.1 percentage point, from 2.4 percent in CY 2017 to 2.3 percent in CY 2021.

Substance Use



Substance Use

- Screening, Brief Intervention and Referral to Treatment (SBIRT): The rate per 1,000 receiving an SBIRT service increased from 4.3 in CY 2017 to 16.3 in CY 2021.
- Outpatient follow-up after SUD-related ED visits (CY 2017 to CY 2021):
 - Within seven days: Increased from 12.3 percent to 14.6 percent for SUD-only and 20.8 percent to 26.9 percent for dual diagnosis
 - Within 30 days: Increased from 20.2 percent to 22.6 percent for SUD-only and 35.1 percent to 41.9 percent for dual diagnosis

Demonstration Programs

Residential Treatment for Individuals with SUD

- Effective July 1, 2017
- ASAM Levels 3.1, 3.3, 3.5, 3.7 and 3.7WM
- Up to two 30-day non-consecutive stays
- Starting January 1, 2020: coverage for dually eligible beneficiaries
- Effective January 1, 2022: ASAM Level 4.0 for individuals with a primary SUD and secondary MHD

Level of Service	FY 2019	FY 2020	FY 2021
	Unique Recipient Count		
Level 3.7-WM	5,186	5,652	1,982
Level 3.7	5,874	5,821	2,237
Level 3.5	3,787	5,834	2,292
Level 3.3	1,619	2,901	1,124
Level 3.1	1,279	2,460	1,175
All Unique Users	17,745	22,668	8,810

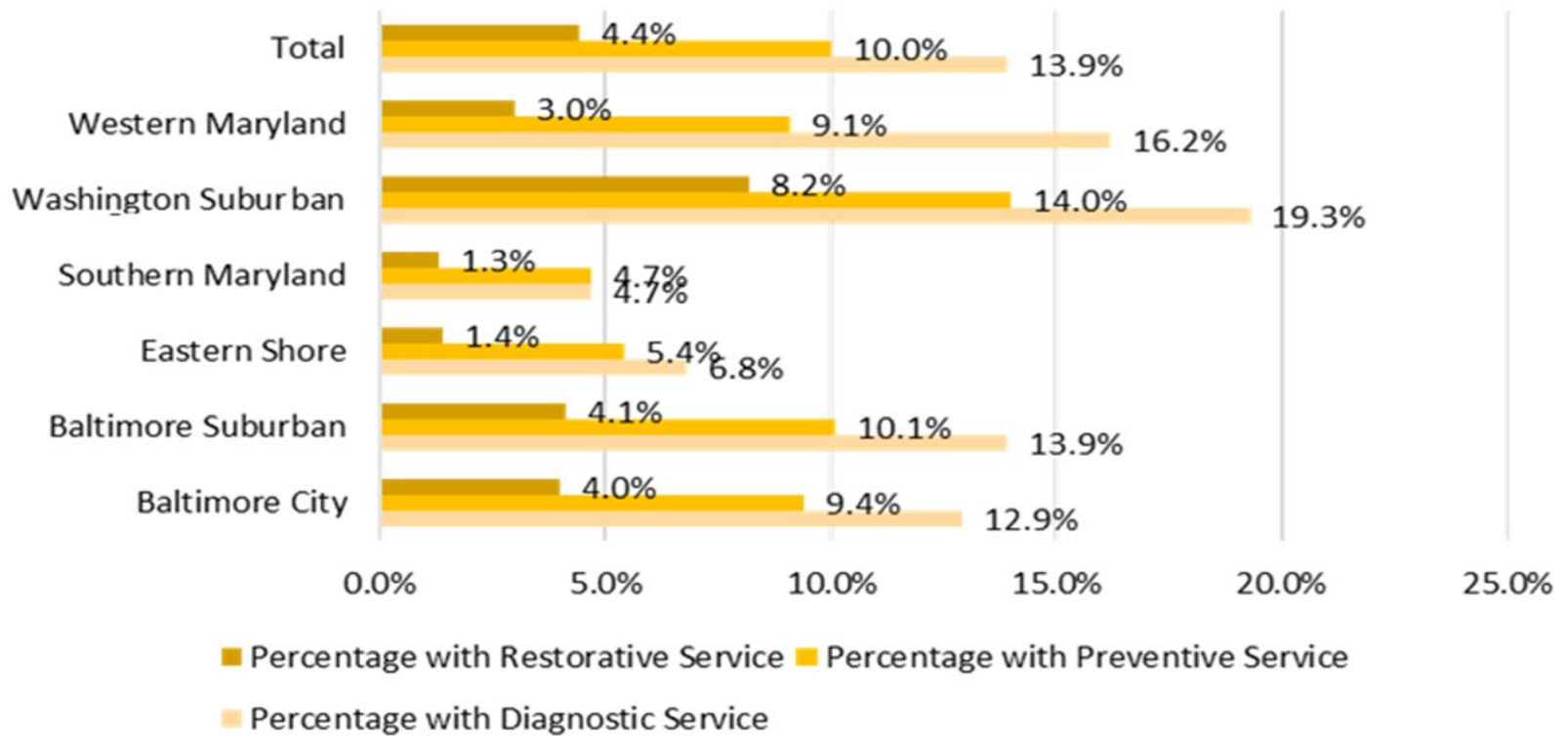
ASAM Level 3.1 services phased in on January 1, 2019; coverage extended to dually-eligible by January 1, 2020

Community Health Pilots

- Evidence-Based Home Visiting Services
 - Harford County Health Department: 30 families
 - Garrett County Health Department: 13 families
 - *CY 2018 – CY 2021 enrollment: 65 participants*
- Assistance in Community Integration Services
 - Baltimore City Mayor’s Office of Human Services: 200 individuals
 - Montgomery County Department of Health and Human Services: 130 individuals
 - Cecil County Health Department: 15 individuals
 - Prince George’s County Health Department: 75 individuals
 - *CY 2021 enrollment: 387 participants*

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 2021



Adult Dental Pilot

In the first full year of the adult dental pilot (CY 2021):

- At least one dental visit: 5,040 participants (10.9 percent)
- Diagnostic visit: 4,797 participants (10.4 percent)
- Preventive visit: 2,856 participants (6.2 percent)
- Restorative visit: 1,338 participants (2.9 percent)

Diabetes Prevention Program

- Evidence-based program established by the CDC
- Expanded coverage to all eligible participants September 1, 2019
- 418 DPP encounters (September 2019 – December 31, 2021)
 - 57 percent were in-person
 - 26 percent were in-person makeup sessions
 - 17 percent were conducted virtually

Increased Community Services

- Number of participant slots increased from 30 to 100 with 2016 waiver renewal.
- 2021 waiver renewal allows up to 100 participants — 28 enrolled as of December 2021.
- 100-percent compliance with:
 - Plans of service addressing health and safety factors;
 - Signed Freedom of Choice form, including waiver services over institutional care, choice of services and choice of providers;
 - Supports Planning Supervisors completing annual training on identifying, addressing and preventing abuse, neglect and exploitation;
 - Supports Planning Supervisors completing annual training on falls prevention.

Family Planning Program

Enrollment and Service Utilization (CY 2017 - CY 2021)

		CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
No. of Participants	Any enrollment period	13,154	13,680	16,375	14,748	13,838
	12-month enrollment	6,314	5,965	5,962	10,331	11,171
No. with at least one service	Any enrollment period	2,271	1,901	2,034	1,634	1,156
	12-month enrollment	862	654	507	1,083	897
Percentage with at least one service	Any enrollment period	17.3%	13.9%	12.4%	11.1%	8.4%
	12-month enrollment	13.7%	11.0%	8.5%	10.5%	8.0%

Collaborative Care Model

- Coverage for collaborative care services began July 2020
- Integrates primary care and behavioral health services
- Expanding Statewide on 10/1/23
- From July 2020 through December 2022:
 - 897 unique participants
 - 445 have completed treatment
 - The average enrollment time for all 445 participants who have completed was approximately 146 days

Questions?

HealthChoice evaluations can be found here:

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

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