**Maryland HealthChoice Demonstration**
**Section §1115 Quarterly Report**
**Demonstration Year 26: 7/1/2022 - 6/30/2023**
**Quarter 3: January – March 2023**

## Introduction

Now in its twenty-sixth year, Maryland implemented the HealthChoice program and moved its fee-for-service (FFS) enrollees into a managed care payment system following federal approval in 1996. Under the statewide health care reform program, the State enrolls individuals eligible through the demonstration into a managed care organization (MCO) for comprehensive primary and acute care or one of the demonstration's authorized health care programs.

The Maryland Department of Health's (MDH's) goal in implementing and continuing the demonstration is to improve the health status of low-income Marylanders by:

- Improving access to health care for the Medicaid population;
- Improving the quality of health services delivered;
- Providing patient-focused, comprehensive, and coordinated care designed to meet healthcare needs by providing each member a single "medical home" through a primary care provider (PCP);
- Emphasizing health promotion and disease prevention by providing access to immunizations and other wellness services, such as regular prenatal care; and
- Expanding coverage to additional low-income Marylanders with resources generated through managed care efficiencies.

Effective January 1, 2022, the Centers for Medicare & Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a period of five years. The 2021 renewal made the following changes to the demonstration:

- Authorized the Maternal Opioid Misuse (MOM) initiative to reduce the burden of neonatal abstinence syndrome (NAS) and its associated costs, and improve maternal health outcomes, by providing enhanced case management services to pregnant people diagnosed with an opioid use disorder (OUD);
- Created a voluntary, five-year payment model in Annapolis, Baltimore City, and Montgomery counties, that provides greater flexibility to ambulance care teams to address emergency health care needs following a 911 call by allowing for payment for ground transports to alternative destinations such as urgent care providers in addition to the Emergency Department (WD);[1]
- Created an expenditure authority to cover Medicaid adults aged 21 to 64 that have a Serious Mental Illness(SMI) diagnosis who are residing in a private Institute of Mental Disease (IMD);

[1]Due to legislation introduced in Maryland's 2022 Legislative Session and signed into law, both the Alternative Destination Pilot and the Adult Dental Pilot programs will be sunset as these programs transition from the § 1115 Waiver to the Maryland State Plan. New coverage in both programs, as indicated in HB6/SB150 Maryland Medical Assistance Program – Dental Coverage for Adults and SB295 Maryland Medical Assistance Program - Emergency Service Transporters – Reimbursement, will become effective January 1, 2023.

- Modified Maryland's coverage of ASAM Level 4.0 to include not only providers located in Maryland, but also those based in contiguous states;
- Raised the participant spaces for the Assistance in Community Integration Services (ACIS) Pilot from 600 to 900; and
- Expanded the allowable timeframe of eligibility in the Healthy Families America (HFA) evidence-based Home Visiting Services (HVS) Pilot from age two to age three.

**Adult Dental and Alternative Destination Sunsetting**

During the Summer of 2022, MDH began the process of sunsetting both the Adult Dental Pilot Program and the Alternative Destination Pilot Program from the 1115 wavier. Both initiatives are in the process of being expanded statewide beginning January 1, 2023.

For both programs, state plan amendments were submitted during the previous quarter to CMS.

**Enrollment Information**

Table 1 below provides a comparison of enrollment counts between the previous and current years. These counts represent individuals enrolled at a point in time, as opposed to total member months.

**Table 1. Enrollment Counts[2]**

| Demonstration Populations | Participants as of December 31, 2022[3] | Participants as of March 31, 2023 |
|---|---|---|
| SSI/BD Adults | 92,986 | 91,037 |
| SSI/BD Children | 23,039 | 22,736 |
| Medically-Needy Adults | 27,825 | 28,286 |
| Medically-Needy Children | 6,461 | 6,510 |
| Children | 552,681 | 562,236 |
| Parents/caretakers and former foster | 305,651 | 309,392 |
| SOBRA | 19,345 | 20,958 |
| ACA expansion | 458,235 | 464,935 |
| MCHP | 131,594 | 133,372 |
| MCHP Premium | 33,020 | 32,995 |
| PEPW | * | 12 |
| ICS | 19 | 23 |

[2] As of January 1, 2022, the Family Planning program is no longer in the §1115 Waiver. As such, it has been removed from this report.
[3] Cells that are 10 or smaller are suppressed for privacy

| Demonstration Populations | Participants as of December 31, 2022[3] | Participants as of March 31, 2023 |
|---|---|---|
| WBCCHP | 36 | 39 |

Table 2 provides member month counts for each month of the quarter and compares this quarter's totals against the previous quarter.

**Table 2. Member Months[4]**

| Eligibility Group | Total for Quarter Ending Dec. 2022 | Current Quarter Month 1 | Current Quarter Month 2 | Current Quarter Month 3 | Total for Quarter Ending March 2023c |
|---|---|---|---|---|---|
| SSI/BD Adults | 278,234 | 92,633 | 92,197 | 91,037 | 275,867 |
| SSI/BD Children | 69,461 | 22,943 | 22,896 | 22,736 | 68,575 |
| Medically-Needy Adults | 82,539 | 28,161 | 28,084 | 28,286 | 84,531 |
| Medically-Needy Children | 19,248 | 6,453 | 6,495 | 6,510 | 19,458 |
| Children | 1,650,999 | 556,373 | 558,704 | 562,236 | 1,677,313 |
| Parents/caretakers and former foster | 912,495 | 307,080 | 308,360 | 309,392 | 924,832 |
| SOBRA | 56,462 | 19,947 | 20,432 | 20,958 | 61,337 |
| ACA expansion | 1,365,681 | 461,440 | 462,372 | 464,935 | 1,388,747 |
| MCHP | 392,677 | 132,252 | 132,920 | 133,372 | 398,544 |
| MCHP Premium | 99,357 | 33,098 | 33,036 | 32,995 | 99,129 |
| PEPW | 19 | * | * | 12 | 23 |
| ICS | 58 | 25 | 23 | 23 | 71 |
| WBCCHP | 138 | 37 | 39 | 39 | 115 |

## Outreach/Innovative Activities

### Residential Treatment for Individuals with Substance Use Disorders (SUD) and SMI

Effective July 1, 2017, MDH began providing reimbursement for up to two nonconsecutive 30-day stays annually for American Society of Addiction Medicine (ASAM) levels 3.7D, 3.7, 3.5 and 3.3. Effective January 1, 2019, MDH extended coverage for up to two nonconsecutive 30-day stays annually for ASAM 3.1 and for up to 15 days per month for ASAM 4.0. Effective January 1, 2020, MDH extended coverage for dual eligibles.

For more information, please refer to the SUD Monitoring Report.

[4] As of January 1, 2022, the Family Planning program is no longer in the §1115 Waiver. As such, it has been removed from this report.

For the SMI Monitoring Report, CMS and MDH continue to work together to update the document.

## Maternal Opioid Misuse (MOM) Model

As part of a suite of innovative maternal and child health services, the MOM program focuses on improving care for pregnant and postpartum Medicaid participants diagnosed with opioid use disorder (OUD). With over 21,000 individuals of childbearing age diagnosed with OUD in Maryland, substance use is a leading cause of maternal death and has a significant impact on the approximately 1,500 infants born to Medicaid beneficiaries with OUD in Maryland per year. Originally part of a federal demonstration led by the Center for Medicare and Medicaid Innovation, the MOM program addresses fragmentation in care through the provision of enhanced case management services, led by Medicaid's nine managed care organizations.

Under the Maryland MOM model, HealthChoice MCOs provide a set of enhanced case management services, standardized social determinants of health screenings and care coordination. Exact services and screenings were developed over the course of the MOM pre-implementation period (January 2020 - June 2021) and were refined during the MOM transition period (July 2021 - June 2022), which was the first year of model services. During this quarter, MDH continued participant enrollment statewide. Cooperative agreement funding from CMMI supported per member, per month payments to the MCOs to conduct the model intervention during Fiscal Year (FY) 2022. To continue the payments in FY 2023 forward, MDH included the MOM model as a new addition to the HealthChoice demonstration in the waiver renewal application, accepted in late June.

## Collaborative Care Model (CoCM) Pilot Program

MDH's CoCM Pilot Program began enrolling participants on July 1, 2020. During the quarter, MDH began conversations with CMS about expanding CoCM statewide beginning October 1, 2023. The table below provides the member months enrollment for the previous quarter.

**Table 3. CoCM Member Months by Pilot Site**

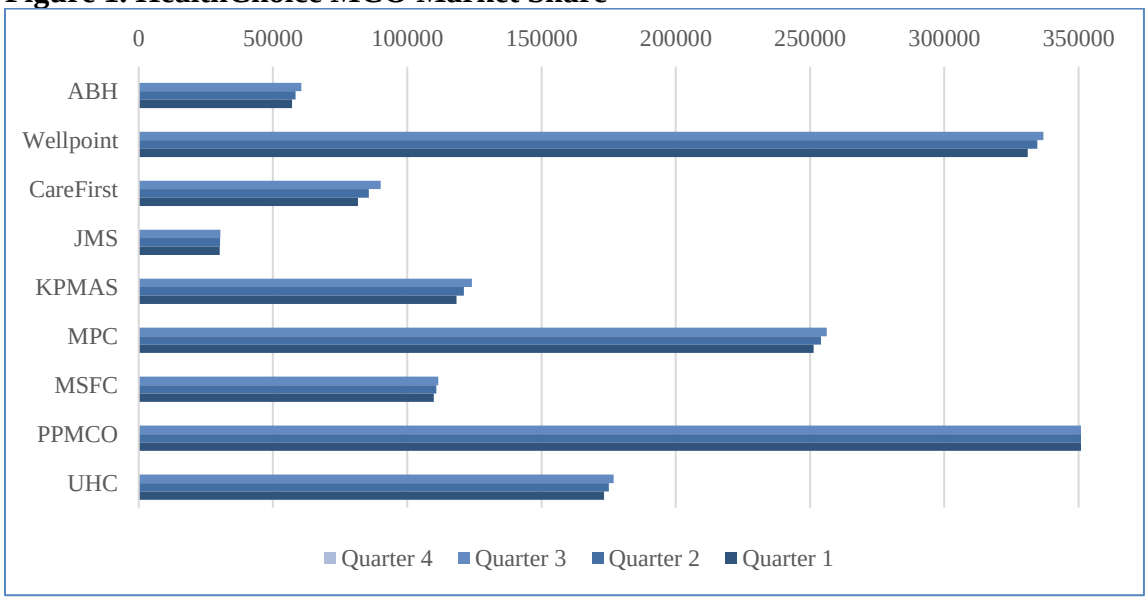
| | October 2022 | November 2022 | December 2022 | TOTAL |
|---|---|---|---|---|
| Urban | 67 | 68 | 70 | 205 |
| Ob/Gyn | 14 | 13 | 9 | 36 |
| Rural | 14 | 14 | 10 | 38 |
| **TOTAL** | 95 | 95 | 89 | 279 |

## Operational/Policy Developments/Issues

### Market Share

As of the end of the last quarter of FY 2022, there were nine MCOs participating in the HealthChoice program. The MCOs' respective market shares are as follows: Aetna (3.9 percent), Wellpoint (formerly known as Amerigroup; 21.7 percent); CareFirst Community Health Plan of Maryland (5.8 percent); Jai Medical Systems (2.0 percent); Kaiser Permanente (8.0 percent); Maryland Physicians Care (16.5 percent); MedStar Family Choice (7.2 percent); Priority Partners (23.4 percent); and United Healthcare (11.4 percent).

**Figure 1. HealthChoice MCO Market Share**




### Maryland Medicaid Advisory Committee (MMAC)

The MMAC met in January, February, and March 2023; all MMAC meetings were held virtually. These meetings covered a wide variety of topics, including general department updates, and waiver, state plan, and regulations changes.

During the January meeting, the MMAC received an overview of the legislative session. They were also briefed on the Public Health Emergency (PHE) unwinding efforts. During the February meeting, the MMAC received an update on quality of care, including external quality review organization (EQRO) activities and EPSDT reviews. During the March meeting, the MMAC received an update on dental services in Medicaid. In addition, they were briefed on the Total Cost of Care Model.

## Rare and Expensive Case Management (REM) Program

The table below shows the status of REM program enrollment. Reasons for disenrollment or discharge from REM include aging out of the REM qualifying diagnosis, loss of HealthChoice eligibility, loss of Medicaid eligibility, death, or a request to return to managed care coverage.

**Table 4. Current REM Program Enrollment**

| FY 2023 | Referrals Received | Referrals Approved | Referrals Denied | REM Disenrollments | Currently Enrolled in REM |
|---|---|---|---|---|---|
| Quarter 1 | 236 | 191 | 47 | 93 | 4,579 |
| Quarter 2 | 214 | 175 | 39 | 70 | 4,591 |
| Quarter 3 | 242 | 196 | 44 | 102 | 4,677 |
| Quarter 4 | | | | | |

**Table 5. REM Complaints**

| FY 23 Q3 Complaints | REM Case Management Agencies | REM Hotline | Total |
|---|---|---|---|
| Transportation | 2 | 0 | 2 |
| Dental | 0 | 0 | 0 |
| DMS/DME | 6 | 0 | 6 |
| EPSDT | 0 | 0 | 0 |
| Clinical | 2 | 0 | 2 |
| Pharmacy | 1 | 0 | 1 |
| Case Mgt. | 4 | 1 | 5 |
| REM Intake | 0 | 0 | 0 |
| Access to MA Providers | 9 | 0 | 9 |
| Nursing | 9 | 1 | 10 |
| Other | 27 | 0 | 27 |
| Total | 60 | 2 | 62 |

Table 6 displays the types and total of significant events reported by the case management agencies during this quarter. Agencies report this information on a monthly basis.

**Table 6. REM Incidents Reported by Case Managers**

| FY 23 Incidents | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| Abandonment | 0 | 0 | 1 | |

| FY 23 Incidents | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| **Abuse** | 2 | 3 | 2 | |
| **Complaint** | 18 | 8 | 62 | |
| **Death** | 20 | 25 | 19 | |
| **Elopement** | 3 | 0 | 0 | |
| **ER** | 2 | 1 | 0 | |
| **Exploitation** | 0 | 0 | 0 | |
| **Failure to Follow Plan (Non-Compliance)** | 0 | 0 | 0 | |
| **Fall** | 1 | 2 | 3 | |
| **Hospitalization** | 8 | 16 | 16 | |
| **Medication Error** | 2 | 0 | 2 | |
| **Neglect** | 9 | 10 | 11 | |
| **Suicidal Ideation** | 1 | 1 | 0 | |
| **Theft** | 1 | 1 | 0 | |
| **Wound** | 0 | 0 | 2 | |
| **Other** | 10 | 18 | 15 | |
| **Total** | **77** | **85** | **133** | |

## Increased Community Services (ICS) Program

Through the ICS Program, Maryland continued providing Medicaid State Plan benefits and home- and community-based services to residents aged 18 and over, enabling qualifying individuals to live at home with appropriate supports, as opposed to residing in a nursing facility. Under the terms of the 2016 waiver renewal, Maryland raised the cap to a maximum of 100 participants. The ICS Program does not currently have a registry. All new applicants begin receiving services upon approval of their application.

## Maryland Children's Health Program (MCHP) and MCHP Premium Status/Update/Projections

Maryland moved its separate CHIP program, MCHP, and MCHP Premium, into the Medicaid expansion CHIP waiver in 2008, so that Maryland's entire CHIP program is operated as a Medicaid expansion. As of March 31, 2023, the Premium program had 32,995 participants, with MCHP at 133,372 participants.

## HealthChoice Diabetes Prevention Program (HealthChoice DPP)

As per the most recent report (February 8, 2023), there were 1,261 encounters with DPP procedure codes provided by licensed Medicaid-enrolled DPP providers to 200 unique participants between September 1, 2019 and January 31, 2023. Among the 200 unique Medicaid beneficiaries with a DPP encounter, most were women (83 percent), Black/African American (67 percent), and resided in Prince George's County (39 percent). Most (93 percent) beneficiaries were in the Families and Children Medicaid coverage group. Services were provided by eight unique DPP providers: Amani Nicol Wellness, St Agnes Healthcare, Garrett Regional Medical Center, Mid-Atlantic Permanente Medical Group, associated with the MCO Kaiser Permanente; the Continuum Wellness Center; Omada Health, Taylored 4 Life; and Welldoc, Inc.. The number of encounters per participant ranged from one to 29. The majority of beneficiaries had four or fewer encounters.

CDC-recognized lifestyle change programs with pending, preliminary or full recognition status continued to apply to become Maryland Medicaid DPP providers through the online provider portal known as ePREP. As of the end of March 2023, 42 unique DPP providers were fully enrolled and 16 of these are contracted with MCOs. MCOs continued efforts to contract with eligible DPP providers, expand their DPP provider network capacity, and prepare member and provider materials.

CRISP continues to produce monthly reports to MCOs containing the panels of their members who received a prediabetes flag, enabling further follow-up with members. In addition, the MCOs continue to utilize the CRISP eReferral tool, to streamline the referral process for DPP members.

## Community Health Pilots

Four local government entities participate in the Community Health Pilots (CHP), each as a Lead Entity (LEs) participating in the Assistance in Community Integration Services (ACIS) Pilot. During this reporting period, CHP LEs continued a hybrid of in-person and telephonic service delivery to remain agile throughout the ongoing COVID-19 Public Health Emergency.

Enrollment updates for Q3 indicate 1031 services completed during this quarter, an increase from prior quarters. Programmatically, LEs continue to improve processes related to pilot enrollment, partnering with local community organizations, and implementing best practices for working with ACIS-enrolled participants.

ACIS LEs maintain their concern at increasing rental prices and continue searching for more local housing partners to meet their participants' needs. They have also indicated a rise in landlord behaviors that create obstacles to individuals securing long-term housing. The culmination of these concerns has decreased efficiencies by program staff for multiple quarters.

The Department continues to accept any new ACIS pilot applications or expansions from current ACIS sites on a rolling basis. Lead local government entities are encouraged to apply for the remaining statewide ACIS beneficiary spaces.

## Expenditure Containment Initiatives

MDH, in collaboration with Hilltop, has worked on several different fronts to contain expenditures. The culmination of MDH and Hilltop's efforts are detailed below. Hilltop works with MDH's contracted actuarial firm, Optumas, and MDH's contracted accounting firm, Myers & Stauffer (M&S).

## HealthChoice Financial Monitoring Report (HFMR)

The MCOs provided their final 2021 HFMRs on 11/22/22. Hilltop sent feedback and edits to all nine MCOs during the week of 12/12/22 to enable (M&S) to begin their audit. The completion date of the M&S audit is 5/1/23. The aggregated HFMRs indicate an underwriting gain/loss of +1.1 percent of revenue (+1.7 percent excluding Kaiser).

In October 2022, the 2020 Medical Loss Ratio (MLR) reports were reissued by M&S to reflect incorporation of the audited 2020 HFMRs' impact on the 2020 risk corridor. The result was that one MCO breached the 85 percent minimum MLR and owed the state approximately $500,000. The 2021 MLR reports were reported by the MCOs on 11/15/22.

On 10/24/22, Hilltop provided revised instructions to the MCOs for submitting the 2021 HFMR and supplemental exhibits. Changes included itemization of COVID costs for pediatric counseling and gift cards for vaccinations.

In preparation for the legislative session in the new year under a new governor and administration, meetings with MDH were held regarding 1) a bill (HB 1080) to enhance benefits for undocumented pregnant women and 2) data gathering of uninsured individuals for potential further benefit enhancements.

The 2021 risk corridor was preliminarily estimated to fall into corridor "A," where no payments are made. The combined ratio was 98.3 percent, which is almost exactly at the midpoint of corridor "A" of 98.4 percent.

Hilltop met with MDH and M&S and determined that M&S will include the Hepatitis C reconciliation in their 2021 HFMR audit. In 2021, the MCOs paid $59.5 million back to the state.

## MCO Rates

## CY 2023 Rate Setting

The final provisional CY 2023 rates were provided to MDH on November 4, 2022 and to the MCOs on November 18, 2022. The filing was submitted to CMS on November 10, 2022. These rates included changes to safety net billing related to third-party liabilities (TPLs). Initial rates were provided to MCOs on September 2, 2022. Work began on nine questions from CMS related to the CY 2023 rate filing.

For context, financial results for YTD 3Q22 were gathered by Hilltop from quarterly financial statements and shared with MDH and MCOs. The YTD gain/loss, excluding Kaiser, was the same as YTD 2Q22: +4.3 percent.

A second debrief meeting for CY 2023 rate setting was held with MDH. Key future issues included 1) estimating the risk profile and customer impacts of the end of the public health emergency (PHE) and the sunset of the continuous coverage requirement on April 1, 2023 and 2) the new requirement that children enrolled in Medicaid and CHIP have 12 months of continuous coverage.

**CY 2022 HealthChoice Rates (and Prior)**

Quarterly mid-year 2022 rates were filed with CMS in October. The changes versus initial provisional rates resulted in net supplemental payments back to the state of $25 million. The transitional +/- 2% risk corridor for Hepatitis C was estimated to result in the MCOs owing the state approximately $4 million as of YTD in the third quarter of 2022.

For the last year of the value-based purchasing (VBP) incentive plan 2021, an estimated potential payment to the MCOs of $10 million was estimated per the request of MDH. The second and final installments of rural access incentives totaling $8 million were allocated to certain MCOs. Two of the nine MCOs represented $6.1 million of the $8.0 million, or 77 percent.

**Other Rate Setting Team Activities**

Hilltop provided MDH with quarterly trauma payments for 2022 for each MCO, analyzed denied hospital claims reports by MCO from the HSCRC, and fielded individual MCO inquiries most often related to risk corridors, eligibility redeterminations, and specialty drugs.

**Financial/Budget Neutrality Development/Issues**

MDH is in compliance with all reporting requirements for monitoring budget neutrality set forth in the General Financial Requirements sections of the Special Terms and Conditions (STCs).

MDH is currently updating internal reports in order to be able to update its budget neutrality reports. Per an email sent to CMS on February 28, 2022, MDH would like to continue its extension request for budget neutrality reports.

**Consumer Issues**

The HealthChoice Help Line serves as the front line of the State's mandated central complaint program. The Help Line received 38,888 calls in Q3 of FY 2023. The Help Line assists waiver-eligible consumers with eligibility and enrollment questions and provides general education about managed care. Help Line staff explain to consumers how to work with their MCOs, how to access carved-out services, or services covered by Medicaid on a FFS basis.

When a consumer experiences a medically-related issue, such as difficulty getting appointments with a specialist, getting a prescription filled, or getting a service pre-authorized, the call is classified as a complaint. Complaints are referred to the State's Complaint Resolution Unit (CRU), which is staffed with registered nurses. If necessary, the CRU engages a local Ombudsman, who is stationed at the county-level health departments and has the ability to meet with the member face-to-face. If the MCO has issued a denial letter to a member and the member wishes to appeal the decision through the MCO, or if a member disagrees with the MCO's appeal decision and wishes to request a State Fair Hearing, the CRU will assist the member with these processes.

MCOs receive a complaint report each quarter so that they can monitor their performance in terms of the member complaint case handled by the HealthChoice Help Line. This report breaks down the complaints by type and by region. When needed, MDH meets with an MCO to discuss the report findings.

**Table 7. Total Recipient Complaints[5] - Q3 FY 2023**

CMS Quarterly Report
Total Recipient Complaints - excluding Billing
3rd Quarter, FY 2023

| MCO / Type of Service | | Aetna Better Health (ABH) | | CareFirst (CHPMD) | | JAI Medical Systems (JAI) | | Kaiser Permanente (KP) | | Maryland Physicians Care (MPC) | | MedStar Family Choice (MSFC) | | Priority Partners (PP) | | United Healthcare (UHC) | | Wellpoint Maryland (WPMD)* | | Sub Totals | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st Q FY 23 vs. 2nd Q FY 23 | | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 |
| Pharmacy | # | 28 | 22 | 48 | 66 | 8 | 4 | 27 | 33 | 70 | 78 | 36 | 55 | 89 | 87 | 128 | 148 | 58 | 67 | 492 | 560 |
| | % | 6% | 4% | 10% | 12% | 2% | 1% | 5% | 6% | 14% | 14% | 7% | 10% | 18% | 16% | 26% | 26% | 12% | 12% | 49% | 44% |
| Prenatal | # | 10 | 4 | 8 | 11 | 1 | 0 | 29 | 29 | 17 | 22 | 7 | 16 | 23 | 29 | 17 | 29 | 31 | 26 | 143 | 166 |
| | % | 7% | 2% | 6% | 7% | 1% | 0% | 20% | 17% | 12% | 13% | 5% | 10% | 16% | 17% | 12% | 17% | 22% | 16% | 14% | 13% |
| PCP | # | 12 | 8 | 33 | 28 | 2 | 7 | 8 | 15 | 18 | 34 | 9 | 15 | 22 | 14 | 22 | 21 | 18 | 19 | 144 | 161 |
| | % | 8% | 5% | 23% | 17% | 1% | 4% | 6% | 9% | 13% | 21% | 6% | 9% | 15% | 9% | 15% | 13% | 13% | 12% | 14% | 13% |
| Specialist | # | 3 | 14 | 27 | 23 | 0 | 1 | 8 | 11 | 36 | 20 | 9 | 4 | 21 | 17 | 14 | 29 | 4 | 9 | 122 | 128 |
| | % | 2% | 11% | 22% | 18% | 0% | 1% | 7% | 9% | 30% | 16% | 7% | 3% | 17% | 13% | 11% | 23% | 3% | 7% | 12% | 10% |
| Sub Totals | # | 53 | 48 | 68 | 128 | 11 | 12 | 72 | 88 | 141 | 154 | 61 | 90 | 155 | 147 | 181 | 227 | 111 | 121 | 901 | 1015 |
| | % | 6% | 5% | 8% | 13% | 1% | 1% | 8% | 9% | 16% | 15% | 7% | 9% | 17% | 14% | 20% | 22% | 12% | 12% | 91% | 80% |
| All Complaint Totals | # | 61 | 57 | 127 | 142 | 11 | 13 | 78 | 93 | 195 | 254 | 67 | 108 | 205 | 217 | 201 | 247 | 132 | 143 | 994 | 1274 |
| | % | 6% | 4% | 13% | 11% | 1% | 1% | 8% | 7% | 20% | 20% | 7% | 8% | 21% | 17% | 20% | 19% | 13% | 11% | 108% | 100% |
| Other Categories | | 8 | 9 | 59 | 14 | 0 | 1 | 6 | 5 | 54 | 100 | 6 | 18 | 50 | 70 | 20 | 20 | 21 | 22 | 171 | 259 |

*Name Change as of 1/1/2023: Amerigroup (ACC) into Wellpoint Maryland (WPMD)
Source: CRM

There were 1,588 total MCO recipient complaints in Quarter 3 of FY 2023 (all ages). Eighty percent of the complaints (1,274) were related to access to care. The remaining twenty percent (314) were billing complaints. The top three member complaint categories were accessing

[5] Billing not included.

pharmacy, prenatal, and primary care providers (PCPs) respectively. Pharmacy complaints made up the majority of complaints. The categories not specified (Other Categories) for the non-billing complaints include appeals and grievances, access to therapies (occupational therapy-OT, physical therapy-PT, and speech therapy-ST), adult dental and vision services, and obtaining DME/DMS (Durable Medical Equipment/Durable Medical Supplies). Overall, Maryland Physcians Care, UnitedHealthcare, and Priority Partners had the highest percentage of complaints in this quarter.

Prenatal complaints comprised 13 percent of total complaints during the third quarter. All pregnant women were connected with an MCO network prenatal care provider and referred to Administrative Care Coordination Units (ACCUs) at the local health department for follow-up and education. In addition, pregnant women called the Help Line for general information. These women were also referred for follow-up and education.

**Table 8. Recipient Complaints Under Age 21[6] - Q3 FY 2023**

**CMS Quarterly Report**
**Total Recipient Complaints - excluding Billing: Under age 21 only**
**3rd Quarter, FY 2023**

| MCO / Type of Service | | Aetna Better Health (ABH) | | CareFirst (CHPMD) | | JAI Medical Systems (JAI) | | Kaiser Permanente (KP) | | Maryland Physicians Care (MPC) | | MedStar Family Choice (MSFC) | | Priority Partners (PP) | | United Healthcare (UHC) | | Wellpoint Maryland (WPMD) | | Sub Totals | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st Q FY 23 vs. 2nd Q FY 23 | | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 |
| Pharmacy | # | 4 | 5 | 9 | 4 | 0 | 1 | 7 | 6 | 14 | 14 | 3 | 5 | 20 | 24 | 19 | 22 | 9 | 20 | 85 | 101 |
| | % | 5% | 5% | 11% | 4% | 0% | 1% | 8% | 6% | 16% | 14% | 4% | 5% | 24% | 24% | 22% | 22% | 11% | 20% | 39% | 41% |
| PCP | # | 4 | 4 | 6 | 7 | 0 | 4 | 5 | 5 | 5 | 11 | 4 | 3 | 9 | 4 | 9 | 8 | 9 | 11 | 51 | 57 |
| | % | 8% | 7% | 12% | 12% | 0% | 7% | 10% | 9% | 10% | 19% | 8% | 5% | 18% | 7% | 18% | 14% | 18% | 19% | 24% | 23% |
| Specialist | # | 1 | 5 | 3 | 3 | 0 | 0 | 4 | 4 | 8 | 2 | 2 | 0 | 5 | 6 | 6 | 3 | 1 | 3 | 30 | 26 |
| | % | 3% | 19% | 10% | 12% | 0% | 0% | 13% | 15% | 27% | 8% | 7% | 0% | 17% | 23% | 20% | 12% | 3% | 12% | 14% | 11% |
| Prenatal | # | 2 | 0 | 3 | 3 | 0 | 0 | 3 | 3 | 3 | 1 | 0 | 1 | 5 | 6 | 1 | 5 | 4 | 3 | 21 | 22 |
| | % | 10% | 0% | 0% | 14% | 0% | 0% | 14% | 14% | 5% | 5% | 10% | 5% | 24% | 27% | 5% | 23% | 19% | 14% | 10% | 9% |
| Sub Totals | # | 11 | 14 | 21 | 17 | 0 | 5 | 19 | 18 | 30 | 28 | 9 | 9 | 39 | 40 | 35 | 38 | 23 | 37 | 187 | 206 |
| | % | 6% | 7% | 11% | 8% | 0% | 2% | 10% | 9% | 16% | 14% | 5% | 4% | 21% | 19% | 19% | 18% | 12% | 18% | 87% | 84% |
| All EPSDT Complaint Totals | # | 11 | 16 | 26 | 20 | 0 | 5 | 19 | 19 | 38 | 38 | 10 | 12 | 51 | 54 | 37 | 41 | 24 | 40 | 216 | 245 |
| | % | 5% | 7% | 12% | 8% | 0% | 2% | 9% | 8% | 18% | 16% | 5% | 5% | 24% | 22% | 17% | 17% | 11% | 16% | 100% | 100% |
| Other Categories | | 0 | 2 | 5 | 3 | 0 | 0 | 0 | 1 | 8 | 10 | 1 | 3 | 12 | 14 | 2 | 3 | 1 | 3 | 29 | 39 |

*Name Change as of 1/1/2023: Amerigroup (ACC) into Wellpoint Maryland (WPMD)
Source:CRM

There were 245 member complaints (non-billing) for recipients under age 21 in Q3 of FY 2023, or fifteen percent of the total complaints. The top complaint category was access to pharmacy

[6] Billing not included.

services. Priority Partners, UnitedHealthcare, Wellpoint Maryland, and Maryland Physicians Care were major contributors to the complaints for recipients under age 21.

The analysis of complaints by adults versus children (under 21) revealed that access to care is the main issue for both adults and children. Adults and children (under 21) most often report difficulty accessing pharmacy services followed by difficulty accessing a primary care provider.

**Table 9. Total Recipient Billing Complaints - Q3 FY 2023**

CMS Quarterly Report
Total Recipient Complaints - Billing only
3rd Quarter, FY 2023

| MCO / Type of Service | | Aetna Better Health (ABH) | | CareFirst (CHPMD) | | JAI Medical Systems (JAI) | | Kaiser Permanente (KP) | | Maryland Physicians Care (MPC) | | MedStar Family Choice (MSFC) | | Priority Partners (PP) | | United Healthcare (UHC) | | Wellpoint Maryland (WPMD) | | Sub Totals | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st Q FY 23 vs. 2nd Q FY 23 | | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 |
| Emergency | # | 2 | 9 | 4 | 5 | 0 | 0 | 7 | 14 | 8 | 11 | 2 | 5 | 11 | 15 | 8 | 5 | 8 | 15 | 50 | 79 |
| | % | 4% | 11% | 8% | 6% | 0% | 0% | 14% | 18% | 16% | 14% | 4% | 6% | 22% | 19% | 16% | 6% | 16% | 19% | 23% | 25% |
| PCP | # | 0 | 5 | 4 | 5 | 0 | 1 | 5 | 9 | 8 | 12 | 7 | 4 | 6 | 9 | 4 | 14 | 8 | 12 | 42 | 71 |
| | % | 0% | 5% | 10% | 7% | 0% | 1% | 12% | 13% | 19% | 17% | 17% | 6% | 14% | 13% | 10% | 20% | 19% | 17% | 19% | 23% |
| Laboratory/ Test | # | 0 | 5 | 2 | 8 | 0 | 1 | 0 | 4 | 9 | 12 | 7 | 1 | 4 | 6 | 6 | 7 | 3 | 3 | 31 | 47 |
| | % | 0% | 9% | 6% | 17% | 0% | 2% | 0% | 9% | 29% | 26% | 23% | 2% | 13% | 13% | 19% | 15% | 10% | 6% | 14% | 15% |
| Specialist | # | 3 | 1 | 6 | 2 | 1 | 0 | 6 | 2 | 2 | 9 | 5 | 5 | 6 | 4 | 2 | 3 | 2 | 6 | 33 | 32 |
| | % | 9% | 4% | 18% | 6% | 3% | 0% | 18% | 6% | 6% | 28% | 15% | 16% | 18% | 13% | 6% | 9% | 6% | 19% | 15% | 10% |
| Sub Totals | # | 5 | 20 | 16 | 20 | 1 | 2 | 18 | 29 | 27 | 44 | 21 | 15 | 27 | 34 | 20 | 29 | 21 | 36 | 156 | 229 |
| | % | 3% | 14% | 10% | 9% | 1% | 1% | 12% | 13% | 17% | 19% | 13% | 7% | 17% | 15% | 13% | 13% | 13% | 16% | 72% | 73% |
| All Billing Complaint Totals | # | 9 | 25 | 24 | 30 | 3 | 2 | 26 | 40 | 38 | 57 | 27 | 19 | 30 | 52 | 31 | 43 | 28 | 46 | 216 | 314 |
| | % | 3% | 8% | 11% | 10% | 1% | 1% | 12% | 13% | 18% | 18% | 13% | 6% | 14% | 17% | 14% | 14% | 13% | 15% | 100% | 100% |
| Other Categories | | 4 | 5 | 8 | 10 | 2 | 0 | 8 | 11 | 11 | 13 | 6 | 4 | 3 | 18 | 11 | 14 | 7 | 10 | 60 | 85 |

*Name Change as of 1/1/2023: Amerigroup (ACC) into Wellpoint Maryland (WPMD)
Source: CRM

Enrollee billing complaints comprised seventeen percent of total MCO complaints in Q3 of FY 2023. Overall, the top bill type was emergency related billing issues followed by primary care providers, which comprised twenty-five percent and twenty-three percent, respectively, of all MCO billing complaints. Other categories are the billing complaints related to inpatient services, urgent care centers, DME/DMS, therapies, pharmacy, and optional services such as adult dental and vision. Maryland Physicians Care had the highest percentage of billing complaints followed by Priority Partners and Wellpoint Maryland.

MCOs are required to respond to all recipient grievances and complaints. The CRU works with MCOs on behalf of the consumer to resolve the complaint. Once a plan is in place, the CRU refers the case to the ACCUs at the local health departments for follow-up to ensure the complaint has been resolved. When trends are identified, the HealthChoice Medical Advisor

makes an inquiry to the MCO. If potential policy issues, systems issues, or barriers are identified, the MCO may be directed to take corrective action.

**Legislative Update**

Maryland's 2023 legislative session began on January 11, 2023 and will end on April 10, 2023. The General Assembly is considering the following bills that affect Maryland's Medicaid program:

- **HB 202** (Budget Reconciliation & Financing Act) - reduces the amount of the Medicaid deficit assessment by $50 million in FY24
- **HB 25** (Public Health - Healthy Maryland Program - Establishment) - establishes program to provide single-payer health care coverage for all state residents
- **HB 716/SB 474** (MCOs - Retroactive Denial of Reimbursement - Information in Written Statement) - provides that if a retroactive denial of reimbursement is the result of coordination of benefits, a written statement by an MCO to a provider shall include the name & address of the entity identified by the MCO as responsible for payment
- **HB 1108** - (Health Insurance Carriers & MCOs - Participation on Provider Panels) - changes process by which MCOs & commercial insurers determine participation on provider panels
- **HB 279/SB 202** (Prescription Drug Affordability Board - Upper Payment Limits) - authorizes the Board to set upper payment limits for drugs purchased by the Medicaid program
- **HB 374/SB 565** (Health Insurance - Audits of Pharmacies & Pharmacists) - requires MDH to adopt regs for PBMs that contract w/ MCOs that establish requirements for conducting audits of pharmacies or pharmacists that are substantively similar to the audit provisions of Insurance Article §15-1629 and consistent w/ federal law
- **HB 382** (MDH & Prescription Drug Affordability Board - MCOs & Prescription Drug Claims - Study) - requires MDH & the Prescription Drug Affordability Board jointly to study the total amount that MCO paid pharmacies for prescription drug claims in 2021-22 and what the total amount would have been if they had been reimbursed at FFS rates, and how best to address the inconsistency in the amounts paid
- **SB 64** (HIV Prevention Drugs - Prescribing & Dispensing by Pharmacists & Insurance Requirements) - Requires Medicaid coverage of FDA-approved drugs for HIV prevention, incl. pre-exposure & post-exposure prophylaxis; commercial insurers & MCOs are prohibited from requiring prior authorization for HIV prevention drugs
- **SB 441/HB 813** (Md. Medical Assistance Program - Prescription Digital Therapeutics) - requires Medicaid coverage for "prescription digital therapeutics" (defined as a product, device, Internet application or other technology that is FDA-approved and has an approved or clear application for the prevention, management or treatment of a disease, condition or disorder, uses software to achieve its intended result and can be dispensed only w/ a prescription)
- **SB 678/HB 1151** (Health Insurance - Reimbursement for Services Rendered by a Pharmacist) - requires Medicaid, MCHP & commercial insurers to provide coverage for all services rendered to an enrollee by a licensed pharmacist within their lawful scope of practice, to the same extent as services rendered by any other health care practitioner

- **HB 318/SB 604** (Md. Medical Assistance Program - Provider Agencies & Personal Care Aides - Reimbursement & Wage Reports) - requires provider agencies to provide annual cost reports to DoL and MDH required to update 2018 report on reimbursement rate vs. actual cost to provide personal assistance services to enrollees under HCBS waiver programs, and develop a plan to close any identified differential gap in reimbursement rates
- **SB 180/HB 489** (RSAs - Reimbursement - Personal Assistance Services) - authorizes MDH to reimburse an RSA for personal assistance services only if they are provided by someone classified as an employee
- **SB 230/HB 490** (RSAs - Employee Registry) - requires MDH to establish & maintain a registry for each RSA employee who provides home health care
- **SB 255/HB 322** (Public Health - Home- & Community-Based Services for Children & Youth) - requires the Dept. to expand access to and provide reimbursement for wrap-around services delivered under a high-fidelity wrap-around model under the 1915(i) model or a mental health case management program, as well as intensive in-home services delivered by providers using family-centered treatment, functional family therapy and other evidence-based practices under the 1915(i) model, and at least one pilot program using value-based purchasing for case management services
- **SB 622/HB 1149** (Medicaid Waiver Programs - Wait-List & Registry Reduction) - requires Medicaid funds to be used to provide community services to individuals waiting for services through waiver programs; a portion of the funds may be used for expanding provider capacity, incl. for hiring & retaining staff & providers, increasing rates & addressing other issues that limit provider capacity
- **HB 48/HB 101** (Md. Medical Assistance Program - Collaborative Care Model Services - Implementation & Reimbursement Expansion) - repeals Collaborative Care Pilot Program and requires Dept. to implement and provide reimbursement for services provided in accordance w/ the Collaborative Care Model under the Medicaid program
- **HB 82/SB 201** (Md. Medical Assistance Program & Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement) - requires MDH to apply to CMS for a SPA that authorizes reimbursement for medically-necessary behavioral health services provided in a school setting to all individuals enrolled in Medicaid or MCHP, as well as Medicaid & MCHP administrative claiming, as permitted by federal law
- **HB 283/SB 460** (Md. Medical Assistance Program - Gender-Affirming Treatment) - requires Medicaid coverage for gender-affirming treatment by Jan. 1, 2024
- **HB 970** (Md. Medical Assistance Program - Hospitals - Dental Services) - requires MDH to require acute care hospitals that participate in the Medical Assistance program to develop a plan that demonstrates a commitment by the hospital to provide operating room time for dental services
- **HB 1146** (MDH & Md. Health Care Commission - Dental Services Survey & Regional Needs Assessment) - requires MDH, in consultation w/ the Md. Hospital Association, to conduct a survey of hospitals to identify the availability of hospital operating room resources for dentist use; requires MDH & the Health Care Commission, in consultation w/ MHA & the Md. Ambulatory Surgery Association, to conduct a regional needs assessment for dental procedures that anesthesia or moderate sedation; requires MDH & the Health Care Commission, in consultation w/ MHA, to develop regional plans to

ensure the availability of appropriate operating room space for dental procedures for Medicaid enrollees

- **HB 1278** (Pharmacists - Status as Health Care Providers & Reimbursement) - includes pharmacists in the definition of 'health care provider' for purposes of provisions of law relating to health care malpractice claims & HIV testing, and requires Medicaid, MCHP & commercial insurers to provide coverage for services within the scope of practice of a licensed pharmacist
- **SB 26/HB 111** (Md. Medical Assistance Program, MCHP & Workgroup on Low-Income Utility Assistance) - requires MDH to adopt express lane eligibility program for enrollment of individuals in Medicaid & MCHP based on eligibility findings for SNAP, and MDH may not consider any other income or eligibility requirements
- **SB 75** (Insurance & Md. Medical Assistance Program - Treatment of Alopecia Areata - Coverage Requirements) - requires Medicaid coverage for treatment of alopecia areata, incl. one hair prosthesis and FDA-approved prescription drugs & medical devices
- **SB 231/HB 726** (Md. Medical Assistance Program - Autism Waiver - Military Families) - Requires that a child on the Autism Waiver registry remain on the registry if their family relocates out of the state for military service
- **HB 290** (Public Health - Dental Services - Access) - requires MDH to annually evaluate reimbursement rates for dental services
- **SB 362** (Certified Behavioral Health Clinics - Planning Grant Funds & Demonstration Application) - requires MDH to apply to the federal Substance Abuse & Mental Health Services Administration for federal planning, development & implementation grant funds related to CCBHCs for FY25, and for inclusion in the State CCHBC demonstration program for FY26
- **SB 468/HB 725** (Funding for Wage Increases for Medical Provider Workers) - increases from 4% to 10% the reimbursement rate increase required for the FY24 budget for providers under Medicaid, MCHP & Community First Choice; requires 90% of funding to be used for wage increases
- **SB 534** (Preserve Telehealth Access Act of 2023) - Extends to June 30, 2025 the inclusion of audio-only phone conversations under definition of "telehealth"
- **SB 572/HB 657** (Md. Medical Assistance Program - Employed Persons w/ Disabilities) - requires MDH to provide Medicaid services to individuals enrolled in EID who are at least 16 years-old; eligibility may not be limited based on the enrollee's earned or unearned income, or any assets or resources
- **SB 581** (Behavioral Health Care Coordination Value-Based Purchasing Pilot Program) - establishes pilot program in MDH to establish & implement an intensive care coordination model using VBP in the specialty behavioral health system
- **SB 582/HB 1148** (Behavioral Health Care - Treatment & Access) - establishes Commission on Behavioral Health Care Treatment & Access to make recommendations to provide appropriate, accessible & comprehensive behavioral health services; establishes Behavioral Health Care Coordination Value-Based Purchasing Pilot Program in MDH
- **SB 625** (Md. Medical Assistance Program & MCHP - Continuous Eligibility) - requires MDH to adopt 12-month continuous eligibility for children in Medicaid & MCHP, and requires MDH to adopt 24-month continuous eligibility for both adults & children in Medicaid & MCHP

- **SB 627** (Md. Medical Assistance Program - Emergency Dialysis Services) - requires Medicaid coverage for dialysis services to non-citizens beginning Jan. 1, 2025
- **SB 628** (School-Based Health Centers - Services, Infrastructure & Funding) - requires Medicaid coverage for sports physicals performed by school-based health centers; requires MDH to include infrastructure needs in guidelines on the expansion of school-based health centers; and requires MDH to develop a school-based health center funding allocation formula by Jan. 1, 2024
- **SB 688/HB 1157** (Md. Medical Assistance Program - Employed Persons w/ Disabilities Program - Eligibility) - prohibits MDH from limiting eligibility for services under EID program based on the earned or unearned income of the applicant or the applicant's spouse, or their assets or resources
- **SB 805/HB 1217** (Md. Medical Assistance Program & Health Insurance - Required Coverage for Biomaker Testing) - requires Medicaid (incl. MCOs) and commercial insurers to provide coverage for biomarker testing that is supported by medical & scientific evidence by July 1, 2025

**Quality Assurance/Monitoring Activity**

The Office of Medical Benefits Management (OMBM) ensures compliance with the initiatives established in 42 CFR 438, Subpart D, and that all MCOs that participate in the HealthChoice program apply these principles universally and appropriately. Quality monitoring, evaluation, and education through enrollee and provider feedback are integral parts of the managed care process and help to ensure that health care is not compromised.

MDH contracts with three vendors to support its quality assurance activities:
- Qlarant Quality Solutions, Inc. (Qlarant) is the external quality review organization (EQRO).
- MetaStar, Inc. (MetaStar) is the HEDIS Compliance Auditor.
- Center for the Study of Services, Inc. (CSS) is the survey administration vendor.

Consistent with updates in earlier reports, MDH is actively adjusting reporting and record collecting due to COVID-19. An update on quality assurance activity progress appears in the chart below.

| Activity | Vendor | Status | Comments |
|---|---|---|---|
| Systems Performance Review (SPR) | Qlarant | In progress | The Final MCO calendar year (CY) 2022 Interim draft reports were submitted to MDH for review and approval in March 2023 and will be disseminated in the next quarter. The Statewide Aggregate SPR draft report is in development. |
| EPSDT Medical Record Review | Qlarant | In progress | The CY 2022 Revised Orientation Manual was submitted to MDH for review and approval and posted to the MCO Resource site in March 2023. The CY 2023 Orientation Manual was submitted for review in February 2023, and is undergoing validation as of March 2023. CY 2021 Results are under review and a reconciliation project to close the activity is underway. |
| Consumer Report Card (CRC) | Qlarant | Complete | Qlarant submitted the MDH CRC Results Summary in January 2023. After undergoing validation, MCO reports of blinded results were posted to the MCO Resource portal, and notification was sent via email to all MCOs in mid-February 2023.The final CY 2023 Report Card was posted in March 2023. |
| Performance Improvement Projects (PIPs) | Qlarant | In progress | MDH introduced and presented two new prenatal and postpartum PIP Topics for maternal/child health during the PIP Training Meeting for MCOs in February 2023. EQRO quarterly feedback for the new Jan-Mar 2023 PIP submissions is underway.<br><br>MDH provided finalized PIP Intervention Evaluations for the two prior PIP topics to each MCO March 13, 2023. The PIP Evaluation Cumulative Annual 2022 Report was disseminated in March 2023. |
| Encounter Data Validation (EDV) | Qlarant | Complete | The finalized EDV Report was submitted to MDH for review and approval in March 2023. |
| Network Adequacy Validation (NAV) | Qlarant | In progress | Revised CAPs were reviewed and approved January 2023. CY 2022 Project goals and NAV survey were verified in February 2023. Data samples for the Provider Directory validations were received March 2023. Center for Medicaid and CHIP Services (CMCS) held a webinar on "Updated Protocols for the External Quality Review of Medicaid and CHIP Managed Care, including Validation of Network Adequacy" March 2023 to review updated NAV protocols, and provided documentation tools that will take effect for CY 2024. |
| Quarterly Review of Appeals, Grievances, and Pre-Service Denials (GAD) | Qlarant | In progress | Quarterly reporting (Jan - March 2023) was received by Qlarant from the MCOs, and results are being reviewed for MDH and MCO feedback. |

| Activity | Vendor | Status | Comments |
|---|---|---|---|
| HEDIS Audits and Reporting (HEDIS) | MetaStar | In progress | In January, MetaStar completed sample frame validation and approved the CAHPS sample file that will be used with the 2023 CAHPS Survey Administration. All HealthChoice MCOs submitted HEDIS Roadmaps for MY 2022 by the end of January as required by NCQA. The HealthChoice MCO audit visits were completed by MetaStar, virtually for HEDIS Measurement Year (MY) 2022 in February and March.<br><br>After discussions between MetaStar and MDH, MetaStar provided an updated MY 2022 Project Timeline in March to adjust the reporting of deliverables for Quality Compass benchmarks released in the fall of the year to be used in MDH's analysis of MCO performance regarding the MCO Performance Monitoring Policy and the PHIP (Population Health Incentive Program). |
| Value Based Purchasing Initiative (VBP) | Qlarant | Complete | The final VBP report was submitted to MDH February 2023, and approved February 2023. |
| CAHPS Survey Administration (CAHPS) | CSS | In progress | In January, MDH uploaded approved sample frame files to the Center for the Study of Service's (CSS) secure file exchange portal for use with the 2023 survey administration. MDH reviewed and approved questionnaires and all collateral materials, which were subsequently submitted by CSS to NCQA and approved by the end of January.<br>CSS provided sample frame demographics reports to MDH with no issues identified. In February, CSS provided MDH with the survey sample size for each HealthChoice MCO. The survey fielding period began in February with CSS mailing the survey questionnaires to HealthChoice recipients, requesting their participation in the survey. The CAHPS Response Rate Report was made available in March showing early survey response rates for each MCO. Interim CAHPS reports were available in late March showing early survey results.Ongoing processing of surveys continued through March followed by the telephone outreach phase of the survey. |
| Primary Care Provider (PCP) Satisfaction Survey Administration | CSS | In progress | CSS received test data files from all HealthChoice MCOs to ensure that the layout of the files provided for the PCP survey administration were correct. The only change to the survey and mailing materials was to update the logo, survey questionnaire, letters, and postcards to reflect the name change of AMERIGROUP Community Care to Wellpoint. Survey mailings began in March with the fax and email phase of the survey, followed by the mailing phase and first reminder postcards. CSS provided early survey response rates for each MCO in late March to MDH. Ongoing processing and mailing of surveys continued throughout March. |
| Annual Technical Report (ATR) | Qlarant | In progress | The Annual Technical Reporting template draft was submitted by Qlarant in February 2023 and feedback was provided March 2023. |

**Completed Activity Highlights:**

**CRC:** The below chart provides results of the MY 2022 Consumer Report Card. Jai and Kaiser scored Above the HealthChoice average in three out of six performance areas, the highest average of all MCOs.

| Performance Areas | ABH | ACC | CFCHP | JMS | KPMAS | MPC | MSFC | PPMCO | UHC |
|---|---|---|---|---|---|---|---|---|---|
| Access to Care | ★★ | ★★ | ★★ | ★★ | ★★ | ★★ | ★★ | ★★ | ★★ |
| Doctor Communication and Service | ★ | ★★ | ★★ | ★★★ | ★★ | ★★ | ★★ | ★★★ | ★★ |
| Keeping Kids Healthy | ★ | ★★★ | ★★ | ★★★ | ★★★ | ★ | ★★★ | ★ | ★★★ |
| Care for Kids with Chronic Illness | ★★ | ★★ | ★ | NA | ★★ | ★★★ | ★★ | ★★★ | ★ |
| Taking Care of Women | ★ | ★★★ | ★★ | ★★★ | ★★★ | ★ | ★ | ★ | ★ |
| Care for Adults with Chronic Illness | ★★ | ★ | ★ | ★★★ | ★★★ | ★ | ★★ | ★ | ★ |

= Above HealthChoice Average; = HealthChoice Average; = Below HealthChoice Average; NA = Not Applicable

**PIP:** Annual 2022 PIP Evaluation Scoring categories included *Report Quality, Intervention Planning and Design, and Intervention Evaluation*. The grades below represent the overall score for each MCO.

| AMR PIP EVALUATION GRADES BY MCO | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Evaluation Intervals** | **ABH** | **CFCHP** | **JMS** | **KPMAS** | **MPC** | **MSFC** | **PPMCO** | **UHC** | **WPM** |
| **Annual 2022** | NA | B | A | C | D | B | B | D | C |

**A**=Total Evaluation Score 9-11; **B**=Total Evaluation Score 6-8; **C**=Total Evaluation Score 3-5; **D**=Total Evaluation Score 0-2

| LEAD PIP EVALUATION GRADES BY MCO | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Evaluation Intervals** | **ABH** | **CFCHP** | **JMS** | **KPMAS** | **MPC** | **MSFC** | **PPMCO** | **UHC** | **WPM** |
| **Annual 2022** | NA | D | B | B | B | B | C | C | D |

The average MCO scores in the *Report Quality* category increased above 1 out of 2 possible points. Jai's AMR and Lead scores were the highest in the *Intervention Planning & Design* category. Kaiser's and Priority Partners' Lead scores were the highest of all the MCOs in the *Intervention Evaluation* category. Jai's AMR score was the highest in the *Intervention Evaluation* category.

**EDV:** Kaiser requested a review of their findings since the prior quarterly report, and as a result of the review, their finding was revised to 'Met'. No CAPs were required for this activity.

**HEDIS Audits and Reporting:** The benchmarks and HEDIS means used to gauge performance for MY 2021 were derived from reported rates during the first year of the COVID pandemic. With a few exceptions, the national HEDIS mean (NHM) decreased for most measures due to the COVID-19 pandemic. Also, since the pandemic has persisted, it is likely that benchmark data will be impacted for at least another measurement year. However, the Maryland Average Reportable Rate (MARR) increased for many measures compared to MY 2020 performance. Utilization measure rates rebounded somewhat but remained low. For example, Ambulatory Care (AMBA) outpatient and emergency department visits per 1000 Member Months (MM) rates were higher than last year for all MCOs, but most were still lower than pre-pandemic rates. There were several measures/indicators where eight of nine MCO rates were above/better than the NHM: Weight Assessment and Counseling (WCC)-Physical Activity, WCC – Nutrition, Pharmacotherapy Management of COPD Exacerbation (PCE) – Bronchodilator, Comprehensive Diabetes Care (CDC) –HbA1c testing, Use of Imaging Studies for Low Back Pain (LBP), Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS), Prenatal and Postpartum Care (PPC) – Prenatal, and Child and Adolescent Well-Care Visits (WCV) – total rate.

All nine MCOs scored at or above/better than the NHM for Chlamydia Screening in Women (CHL), CDC – HbA1c Poor Control, CDC – HbA1c control <8, Kidney Health Evaluation for Patients with Diabetes (KED), and PPC – Postpartum.

**CAHPS Survey Administration, Adult Survey:** Overall, the HealthChoice Aggregate performed on par with the 2021 levels across the measure spectrum, with no statistically significant improvements or declines in scores. *Rating of Health Plan* for Kaiser was the only measure that saw statistically significant performance gain among the participating plans compared to the prior year across the measure spectrum. HealthChoice MCOs exhibited a consistent positive directional trend on *Rating of All Health Care,* and a consistent negative directional trend on *Getting Care Quickly* and *Rating of Specialist Seen Most Often*. For a majority of the measures, HealthChoice MCOs scored in the middle third of the 2021 NCQA Quality Compass Adult Medicaid percentile distribution. HealthChoice MCOs scored in the bottom third on *Rating of Personal Doctor*, *Rating of All Health Care,* and *Rating of Health Plan,* and scored in the bottom decile for *Rating of Specialist Seen Most Often*. Survey results continue to show that "Rating of Specialist Seen Most Often" shows room for most improvement, while "Rating of Personal Doctor" has the best overall improvement opportunity for HealthChoice MCOs.

**CAHPS Survey Administration**, **Child Survey:** While some plans performed better than others, the HealthChoice Aggregate performed poorly overall, scoring in the bottom third of the 2021 NCQA Quality Compass Child Medicaid National distribution on most survey measures. The only exception in the non-CCC measures was *Customer Service*, which still scored in the middle third of the Quality Compass distribution. The HealthChoice Aggregate scored particularly poorly on *Rating of Specialist Seen Most Often*, scoring in the bottom decile of the Quality Compass distribution and showing a three-year decline. *Rating of All Health Care* experienced a statistically significant decline from the prior year. For the CCC measures set, HealthChoice MCOs scored in the bottom third of the NCQA Quality Compass Child Medicaid National Distribution on all measures. In addition, the score for *Access to Prescription Medicines*

and *Access to Specialized Services* showed a three-year decline, with the former being a statistically significant decrease from the previous years. Survey results continue to show that *Rating of Specialist Seen Most Often* shows room for most improvement, while *Rating of Personal Doctor* has the best overall improvement opportunity for HealthChoice MCOs.

**Primary Care Provider Survey Administration:** In the *Overall Satisfaction with Specified MCO* question, 76.92 percent of PCPs reported being *Very satisfied* or *Somewhat satisfied* with the specified MCO. This rate is not significantly different from the percentage of PCPs reporting being *Very satisfied* or *Somewhat satisfied* with the specified MCO in 2021. In the W*ould You Recommend the MCO to Patients* question, 88.56 percent of PCPs would recommend specified MCOs to patients, and in the W*ould You Recommend the MCO to Other Physicians* question, 88.35 percent of PCPs would recommend specified MCOs to other physicians. Both these rates are higher than 2021 rates but not statistically significant compared to 2021 rates. The loyalty analysis of the survey showed that loyalty to their MCO among PCPs increased when compared to the prior two years, while the number of PCPs indicating indifference or not loyal decreased when compared to the prior two years.

**Demonstration Evaluation**

During the quarter, MDH collaborated with its independent evaluator, the Hilltop Institute, to start work on the CY 2023 Summative Evaluation, which covers from CY 2017 through CY 2021. MDH has been in ongoing conversations with CMS about the 2017-2021 §1115 summative evaluation. MDH and CMS have collaborated on updating the materials, as well as discussed the evaluation design for the 2022-2026 waiver period.

MDH received approval for the SUD Monitoring Report in April 2022. MDH continues to collaborate with CMS and the Hilltop Institute regarding Monitoring Report implementation and technical specifications, as well as batch submission of historical reports. MDH and CMS continue to collaborate on the SMI Monitoring Protocol.

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