**CMS Annual Report**
**July 1, 2014 – June 30, 2015**
**Demonstration Year 18**

In June 2013, Maryland applied for the fifth extension of its §1115 HealthChoice demonstration waiver. It was approved for the period beginning November 1, 2013 through December 31, 2016. This extension assures Maryland will continue to implement provisions to meet the requirements of the Affordable Care Act (ACA); in addition, Maryland opted to expand Medicaid coverage to include adults with incomes up to 138 percent of the Federal Poverty Level (FPL).

Also a result of Medicaid expansion, the Department of Health and Mental Hygiene ("the Department") no longer operates the Primary Adult Care program (PAC). As of January 1, 2014, former PAC recipients were transitioned from a partial benefit package to the full benefit Medicaid package under the ACA expansion. The number of childless adults and families now eligible for Medicaid benefits also increased significantly. This Medicaid expansion is complemented by a state-based marketplace that includes an insurance exchange offering qualified health plans. Maryland has prioritized ensuring that the existing HealthChoice program remains stable and actuarially-sound to withstand the program growth that will continue to occur with healthcare reform.

Under the §1115 managed care waiver rules, the HealthChoice program changed the payment structure and delivery of health services for certain populations in Maryland's Medicaid Program. In July 1996, Maryland adopted a prospective capitated monthly payment structure as authorized under §1115, replacing the traditional fee-for-service payment structure while moving the health service delivery model toward a managed care model administered by managed care organizations (MCOs). The goals for the State under HealthChoice are to increase efficiency and improve health outcomes by:

- Providing a patient-focused system with a medical home for all beneficiaries;
- Building on the strengths of the established Maryland health care system;
- Providing comprehensive, prevention-oriented systems of care;
- Holding MCOs accountable for high-quality care; and
- Achieving better value and predictable expenses.

Since the initial approval and implementation, Maryland subsequently requested and received several three-year extensions, in June 2002, June 2005, August 2008 and June 2011. In Demonstration Year 16 Maryland applied for, and CMS granted, its fifth extension.

As of the end of Demonstration Year 18, more than 217,000 Marylanders had enrolled for health coverage as part of the Medicaid expansion. These new enrollments have propelled Maryland to substantial improvement in providing coverage to the uninsured. According to the Kaiser Family

Foundation, the rate of uninsured in Maryland dropped from 13.3 percent in 2013 to 6.5 percent by mid-2014.[1] This decrease of 6.7 percent was found to be statistically-significant.

## ELIGIBILITY AND ENROLLMENT

In the past year, the HealthChoice program saw increases across several eligibility categories, most prominently within the ACA Expansion Adults and MCHP Premium groups but also within Supplemental Security Income-supported (SSI) and blind and disabled (BD) adults, MCHP and Family Planning. More information on changes in enrollment can be found in Tables 1-3 and Chart 1.

**Table 1: Change in Enrollment Count by Eligibility Category**

| Eligibility category | June 2014 | June 2015 | Year 18 increase (decrease) | Year 18 percent increase (decrease) |
|---|---|---|---|---|
| Parents/Caretaker Relatives <116% FPL | 242,474 | 215,211 | (27,263) | (11.2%) |
| ACA Expansion Adults[2] | 204,094 | 217,915 | 13,821 | 6.8% |
| Medicaid Children | 481,495 | 435,370 | (46,125) | (9.6%) |
| SSI/BD Adults | 85,660 | 87,371 | 1,711 | 2.0% |
| Medically-Needy Adults | 29,711 | 27,812 | (1,899) | (6.4%) |
| Medically-Needy Children | 5,293 | 5,143 | (150) | (2.8%) |
| SOBRA Adults | 10,407 | 8,501 | (1,906) | (18.3%) |
| MCHP | 98,941 | 107,483 | 8,542 | 8.6% |
| MCHP Premium | 18,778 | 22,958 | 4,180 | 22.3% |
| Family Planning | 13,147 | 14,935 | 1,788 | 13.6% |
| Increased Community Services | 15 | 20 | 5 | 33.3% |
| WBCCHP[3] | 350 | 234 | (116) | (33.1%) |

[1] Key Facts about the Uninsured Population. (2015). The Kaiser Commission on Medicaid and the Uninsured. Available http://files.kff.org/attachment/fact-sheet-key-facts-about-the-uninsured-population; accessed October 19, 2015.
[2] Includes Childless Adults, Parent/Caretaker Relatives 116-138% and Former Foster Care.
[3] Maryland is phasing out WBCCHP due to increased eligibility opportunities provided by the ACA.

## Table 2: Enrollment Share as compared to Total Medicaid Enrollment by Eligibility Category

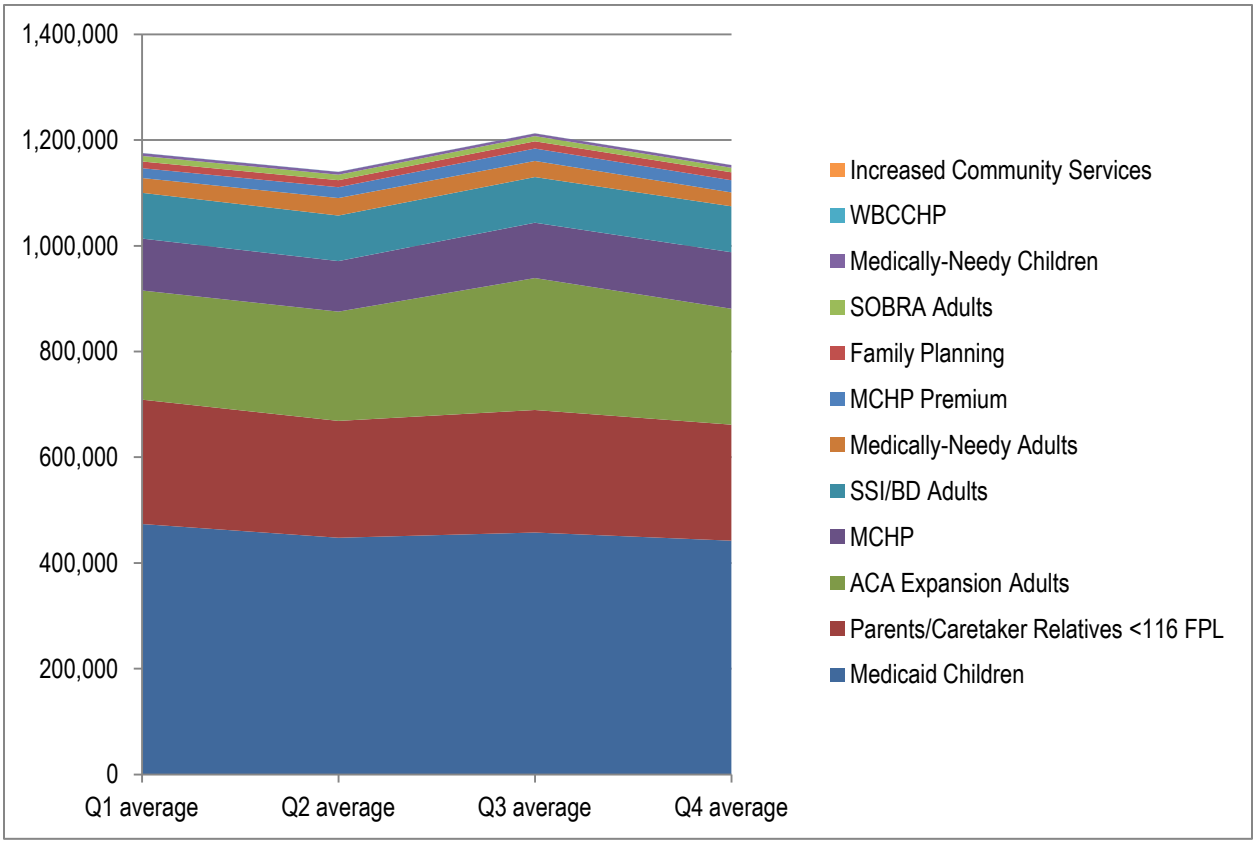
| Eligibility category | Percentage of total program enrollment June 2014 | Percentage of total program enrollment June 2015 | Share increase (decrease) |
|---|---|---|---|
| Parent/Caretaker Relatives <116% FPL | 20.4% | 18.8% | (1.5%) |
| ACA Expansion Adults | 17.1% | 19.1% | 1.9% |
| Medicaid Children | 40.4% | 38.1% | (2.4%) |
| SSI/BD Adults | 7.2% | 7.6% | 0.4% |
| Medically-Needy Adults | 2.5% | 2.4% | (0.1%) |
| Medically-Needy Children | 0.4% | 0.4% | 0.0% |
| SOBRA Adults | 0.9% | 0.7% | (0.1%) |
| MCHP | 8.3% | 9.4% | 1.1% |
| MCHP Premium | 1.6% | 2.0% | 0.4% |
| Family Planning | 1.1% | 1.3% | 0.2% |
| Increased Community Services | 0.0% | 0.0% | 0.0% |
| WBCCHP | 0.0% | 0.0% | 0.0% |

## Table 3: Average Quarterly Member Months

| Eligibility category | First Quarter | Second Quarter | Third Quarter | Fourth Quarter | Percent Change |
|---|---|---|---|---|---|
| Parent/Caretaker Relatives <116% FPL | 235,258 | 221,014 | 231,751 | 219,442 | (6.7%) |
| ACA Expansion Adults | 206,485 | 206,672 | 249,570 | 219,229 | 6.2% |
| Medicaid Children | 473,694 | 447,747 | 457,642 | 442,197 | (6.6%) |
| SSI/BD Adults | 86,504 | 86,152 | 86,342 | 86,891 | 0.4% |
| Medically-Needy Adults | 28,024 | 33,054 | 30,499 | 26,237 | (6.4%) |
| Medically-Needy Children | 5,268 | 5,321 | 5,044 | 5,094 | (3.3%) |
| SOBRA Adults | 10,522 | 10,320 | 9,878 | 8,539 | (18.8%) |
| MCHP | 98,211 | 95,598 | 104,625 | 106,899 | 8.8% |

| | | | | | |
|---|---|---|---|---|---|
| MCHP Premium | 18,563 | 20,467 | 23,496 | 23,033 | 24.1% |
| Family Planning | 12,736 | 13,344 | 13,669 | 15,017 | 17.9% |
| Increased Community Services | 14 | 15 | 18 | 20 | 40.5% |
| WBCCHP | 322 | 283 | 263 | 238 | (26.1%) |

**Chart 1: Trend in Member Months by Enrollment Type**




## HEALTHCHOICE MONITORING

### Enrollment Rates and Enrollment Broker Activities

The Enrollment Broker, Maximus, has been successful with its Call Center enrollment activities during the year. The Enrollment Broker averaged an overall daily service level of 91.2 percent for the HealthChoice Program, answering at least 95 percent of all incoming calls in three rings or less. The average percent of abandoned calls was 8.8 percent, which is slightly higher than the contract standard of seven percent.

Because of the Medicaid expansion implemented January 1, 2014, the HealthChoice program has seen approximately 18,000 newly eligible recipients each month. As a result of the increased number of new enrollments each month, the voluntary enrollment rate (VER) for the Enrollment Broker contract has been 67.5 percent, which is lower than the required 80 percent contract standard. Subsequently, the Department has issued a service level/performance waiver to the Enrollment Broker for the reporting period.

Additionally, in June 2014, Kaiser Permanente joined the family of MCOs participating in the HealthChoice Program, bringing the total number of MCOs to eight. As of June 30, 2015, there were 1,001,595 recipients participating in the HealthChoice Program, with 21,322 enrolled in the new Kaiser Permanente MCO.

### Maryland Children's Health Program

Effective June 1, 2008, Maryland moved MCHP—its separate CHIP program—and MCHP Premium into the Medicaid expansion CHIP waiver, allowing Maryland's entire CHIP program to be operated as a Medicaid expansion. As of the June 30, 2015, the Premium program had 22,958 enrollees, with MCHP at 107,483 enrollees.

### Medicaid Eligibility Quality Control

During state fiscal year (SFY) 2015, MEQC assisted with the testing of 18 Round 1 PERM Test Cases for SFY 2014 – 2016. The test cases were conducted in the User Acceptance Testing environment. The team used an analysis tool supplied by CMS to compare the determinations completed by the Maryland Health Connection with the expected results. Reporting for Round 1 had not concluded as of SFY 2015.

## MCO QUALITY ASSURANCE AUDITS

### Systems Performance Review

As required by Federal regulations, the State contracts with Delmarva Foundation to serve as Maryland's External Quality Review Organization (EQRO) to conduct a Systems Performance Review (SPR), an annual assessment of the structure, process and outcome of each MCO's internal quality assurance (QA) programs. Through the SPR, the team is able to identify, validate, quantify and monitor problem areas.

All seven MCOs have demonstrated the ability to implement effective QA systems; this excludes Kaiser Permanente, who was not yet participating in HealthChoice. The calendar year (CY) 2013 annual SPR consists of 8 to 11 standards, depending on the MCO, with a compliance threshold of 100 percent across the standards for all MCOs with the exception of Riverside Health of Maryland (RHMD), for whom the compliance threshold was 80 percent for its first year. The CY

2013 SPR assessment determined that all seven MCOs demonstrated the ability to implement effective QA systems. Table 4 shows the CY 2013 MCO Compliance Rates.

**Table 4: CY 2013 MCO SPR Compliance Rates**

| Standard | Description | Elements Reviewed | MD MCO Compliance Rate | ACC | JMS | MPC | MSFC | PPMCO | RHMD** | UHC |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Systematic Process | 33 | 100% | Exempt | Exempt | Exempt | Exempt | Exempt | 100% | Exempt |
| 2 | Governing Body | 10 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 3 | Oversight of Delegated Entities | 7 | 83%* | 100% | 100% | 100% | 100% | 100% | 36%* | 71%* |
| 4 | Credentialing | 38 | 98%* | 100% | 100% | 100% | 100% | 100% | 98%* | 100% |
| 5 | Enrollee Rights | 21 | 96%* | 100% | 100% | 100% | 100% | 90%* | 94%* | 90%* |
| 6 | Availability and Access | 10 | 96%* | 100% | 100% | 100% | 100% | 95%* | 80%* | 100% |
| 7 | Utilization Review | 24 | 90%* | 100% | 100% | 100% | 100% | 80%* | 67%* | 85%* |
| 8 | Continuity of Care | 4 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 9 | Health Education Plan | 12 | 88%* | Exempt | Exempt | Exempt | Exempt | Exempt | 88%* | Exempt |
| 10 | Outreach Plan | 14 | 93%* | Exempt | Exempt | Exempt | Exempt | Exempt | 93%* | Exempt |
| 11 | Fraud and Abuse | 19 | 98%* | 100% | 100% | 100% | 100% | 100% | 89%* | 100% |

**Denotes that the minimum compliance rate of 100% was unmet.*
***RHMD's minimum compliance threshold is set at 80%, as this was the MCO's first SPR.*

## Early and Periodic Screening, Diagnosis and Treatment Review

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is the federally-mandated program for screening, prevention, diagnosis and treatment for children and adolescents through 20 years of age. For CY 2013, Delmarva's Review Nurses used criteria developed by the Department's EPSDT Certification Nurses, reviewing a total of 2,366 medical records randomly selected from CY 2013 encounter data.

MCOs were required to meet a minimum compliance rate of 75 percent for each of the five components. Five of the seven MCOs met the minimum compliance rate in the five components. RHMD's EPSDT Review was considered baseline, as the MCO was in its first year of implementation. One MCO was required to submit a CAP for non-achievement of the standard.

**Table 5: CY 2013 EPSDT Component Results by MCO**

| Component | Number of Elements Reviewed | ACC | JMS | MPC | MSFC | PPMCO | RHMD | UHC | HealthChoice Aggregate CY 2013 |
|---|---|---|---|---|---|---|---|---|---|
| Health & Developmental History | 9 | 86% | 97% | 87% | 91% | 87% | 92% | 84% | 89% |
| Comprehensive Physical Examination | 14 | 90% | 95% | 89% | 92% | 91% | 95% | 89% | 91% |
| Laboratory Tests/At-Risk Screenings | 10 | 76% | 94% | 76% | 78% | 75% | 58%* | 66%* | 77% |
| Immunizations | 13 | 84% | 84% | 81% | 87% | 85% | 95% | 79% | 84% |
| Health Education/ Anticipatory Guidance | 4 | 89% | 94% | 88% | 87% | 90% | 96% | 86% | 89% |

**Denotes that the minimum compliance score of 75 percent was unmet and a CAP was required*

## Value-Based Purchasing

DHMH uses a value-based purchasing (VBP) strategy to provide incentives for performance and drive improvement, with ten measures collected for CY 2013. Delmarva Foundation validates three of the VBP measure results, and the Department's Healthcare Effectiveness Data vendor validates the remaining seven measures. RHMD and Kaiser Permanente did not participate in this round of VBP measurement, as they were inactive during the comparison period.

**Table 6: MCO CY 2013 VBP Performance Summary**

| Performance Measure | CY 2013 Target | ACC | JMS | MPC | MSFC | PPMCO | UHC |
|---|---|---|---|---|---|---|---|
| | | Incentive (I); Neutral (N); Disincentive (D) | | | | | |
| Adolescent Well Care | Incentive: ≥ 77%<br>Neutral: 68%–76%<br>Disincentive: ≤ 67% | 68% (N) | 77% (I) | 69% (N) | 68% (N) | 62% (D) | 61% (D) |
| Ambulatory Care Services for SSI Adults | Incentive: ≥ 86%<br>Neutral: 82%–85%<br>Disincentive: ≤ 81% | 81% (D) | 85% (N) | 84% (N) | 83% (N) | 84% (N) | 82% (N) |
| Ambulatory Care Services for SSI Children | Incentive: ≥ 83%<br>Neutral: 78%–82%<br>Disincentive: ≤ 77% | 80% (N) | 86% (I) | 84% (I) | 81% (N) | 83% (I) | 77% (D) |
| Cervical Cancer Screening for Women Ages 21–64 | Incentive: ≥ 80%<br>Neutral: 74%–79%<br>Disincentive: ≤ 73% | 80% (I) | 80% (I) | 80% (I) | 74% (N) | 76% (N) | 63% (D) |
| Childhood Immunization Status—Combo 3 | Incentive: ≥ 86%<br>Neutral: 82%–85%<br>Disincentive: ≤81% | 78% (D) | 86% (I) | 72% (D) | 86% (I) | 81% (D) | 71% (D) |
| Eye Exams for Diabetics Ages 18-75 | Incentive: ≥ 80%<br>Neutral: 71%–79%<br>Disincentive: ≤ 70% | 65% (D) | 80% (I) | 72% (N) | 71% (N) | 71% (N) | 57% (D) |
| Lead Screenings for Children Ages 12–23 Months | Incentive: ≥ 72%<br>Neutral: 63%–71%<br>Disincentive: ≤ 62% | 63% (N) | 79% (I) | 58% (D) | 63% (N) | 57% (D) | 53% (D) |
| Postpartum Care | Incentive: ≥ 78%<br>Neutral: 72%–77%<br>Disincentive: ≤ 71% | 72% (N) | 79% (I) | 72% (N) | 72% (N) | 76% (N) | 64% (D) |
| Immunizations for Adolescents | Incentive: ≥ 71%<br>Neutral: 61%–70%<br>Disincentive: ≤ 60% | 69% (N) | 76% (I) | 63% (N) | 71% (I) | 75% (I) | 63% (N) |
| Well-Child Visits for Children Ages 3–6 | Incentive: ≥ 89%<br>Neutral: 84%–88%<br>Disincentive: ≤ 83% | 84% (N) | 89% (I) | 89% (I) | 84% (N) | 84% (N) | 75% (D) |

## Performance Improvement Project

Each MCO is required to conduct two Performance Improvement Projects (PIPs) annually. The Department announced the Adolescent Well Care PIP in 2012 and the Controlling High Blood

Pressure PIP in 2013. The annual submission for the Adolescent Well Care PIP took place in September 2013. The baseline year for the Controlling High Blood Pressure PIP was 2013, and the next annual submission will include results to up September 2014. RHMD and Kaiser Permanente will be included in the PIPs as data become available. PIPs are validated by Delmarva.

**Table 7: Adolescent Well Care PIP Indicator Rates**

| Measurement Year | Indicator 1: Adolescent Well Care | | | | | |
|---|---|---|---|---|---|---|
| | ACC | JMS | MPC | MSFC | PPMCO | UHC |
| Baseline Year 1/1/12 -12/31/12 | 68.1% | 76.9% | 60.2% | 69.4% | 67.6% | 59.7% |
| Measurement Year 1 1/1/13 -12/31/13 | 67.9% | 76.7% | 68.8% | 67.8% | 61.6% | 60.8% |
| Remeasurement Year 2 1/1/14 -12/31/14 | N/A | N/A | N/A | N/A | N/A | N/A |
| Remeasurement Year 3 1/1/15 -12/31/15 | N/A | N/A | N/A | N/A | N/A | N/A |

**Table 8: Controlling High Blood Pressure PIP Indicator Rates**

| Measurement Year | Indicator 1: Controlling High Blood Pressure | | | | | |
|---|---|---|---|---|---|---|
| | ACC | JMS | MPC | MSFC | PPMCO | UHC |
| Baseline Year 1/1/13 - 12/31/13 | 49.0% | 56.2% | 46.8% | 65.5% | 57.0% | 42.3% |
| Measurement Year 1 1/1/14 - 12/31/14 | N/A | N/A | N/A | N/A | N/A | N/A |
| Remeasurement Year 2 1/1/15 - 12/31/15 | N/A | N/A | N/A | N/A | N/A | N/A |
| Remeasurement Year 3 1/1/16 - 12/31/16 | N/A | N/A | N/A | N/A | N/A | N/A |

## Annual Technical Report

The Annual Technical Report describes the external quality review activities conducted by Delmarva, the methods used to aggregate and analyze information from the review activities, and

draws conclusions as to the quality, timeliness, and access to healthcare services furnished by HealthChoice Program in CY 2013. The report is available via the following link: https://mmcp.dhmh.maryland.gov/healthchoice/Documents/2013%20Maryland%20Annual%20Technical%20Report.pdf

## Health Risk Assessments

The Department continues to perform reviews of the timely provision of MCO services in response to a positive health risk assessment of newly enrolled HealthChoice recipients who are pregnant and/or in need of prescription medicines.

## Consumer Report Card

Delmarva, in conjunction with the National Committee for Quality Assurance (NCQA), produces a consumer report card that compares MCOs against each other. The consumer report card provides Medicaid recipients with the information necessary to make informed choices regarding MCO selection. An updated consumer report card is produced each year in December and included in enrollment packets throughout the following calendar year and posted on the HealthChoice website in English and Spanish.

## HealthChoice Enrollee Satisfaction Survey

The Department uses a National Committee for Quality Assurance (NCQA)-certified survey vendor, WBA, to conduct annual enrollee surveys to assess satisfaction with the HealthChoice Program. Separate surveys are conducted for adults and children and include a Spanish option. The child survey includes a measurement set to assess the experience of care for special needs children with chronic conditions (CCC).

In SFY 2014, the Department's contracted NCQA-certified survey vendor administered the Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H Medicaid Adult and Child Member with Chronic Conditions Satisfaction Surveys to eligible enrollees for CY 2013 data. A total of 11,421 Adult Member Satisfaction Surveys were mailed to enrollees; 3,600 responses were received, yielding a response rate of 32 percent. The vendor mailed 13,179 Child Member Satisfaction Surveys to enrollees and received 4,489 responses, a response rate of 34 percent. This reflects an increase for the adult (one percentage point) and child (two percentage points) surveys when compared with the CY 2012 data results.

**Table 9: CY 2013 Data - Overall Satisfaction Ratings**

| CAHPS Population | Personal Doctor | Specialist Seen Most Often | Health Care | Health Plan |
|---|---|---|---|---|
| Adult | 77% | 77% | 70% | 72% |
| Child (General) | 89% | 80% | 86% | 85% |
| Children with Chronic Conditions | 87% | 82% | 83% | 83% |

For the next reporting year, which will include CY 2014 data, the survey administration began in February. The mail and telephone follow-up phase has been completed, and the vendor is currently processing and conducting final analysis of the survey data. The Department anticipates receiving the final data reports regarding the HealthChoice enrollee satisfaction ratings in October 2015.

## Provider Satisfaction Survey

WBA also administered the Provider Satisfaction Survey for CY 2013 data to a random sample of Primary Care Providers (PCPs) from each of the seven eligible HealthChoice MCOs (excluding Kaiser Permanente). PCPs were asked to rate the HealthChoice MCO listed on the survey received, as well as all other MCOs in which they participate. A total of 5,793 surveys were mailed to PCPs, with a total of 1,346 valid surveys being returned and a response rate of 24 percent. The CY 2013 data survey overall results demonstrated that 78 percent of PCPs surveyed were satisfied with their specified HealthChoice MCO.

The 2015 Provider Satisfaction Survey was mailed to PCPs for CY 2014 data in mid-March. Distribution of the final data reports to the Department and MCOs is anticipated for October.

## Healthcare Effectiveness Data and Information Set®

For the Healthcare Effectiveness Data and Information Set® (HEDIS) RY 2015, the Department's HEDIS vendor, HDC, has completed the auditing process and completed the data submission tool validation for NCQA submission in June 2015. This year, the Department required each HealthChoice plan to undergo a complete HEDIS compliance audit. The Department also required HealthChoice MCOs to report all measures applicable to Medicaid, except measures that are identified carved out or specifically exempted by the Department.

For RY 2014—measuring CY 2013 HEDIS data—the following observations were noted:

- The Controlling Blood Pressure measure Maryland Average Reportable Rate (MARR) is still 3.5 percentage points, which is below the National HEDIS® Mean (NHM);
- Customer Service, as reflected in the Call Answer Timeliness (CAT) measure, is still above the NHM; however, there was a slight decrease in the MARR;
- For the Use of Appropriate Medications for People with Asthma (ASM) measure the overall performance score for the age group 5-50 is 87.5 percent, a decrease of 2.5 percentage points;
- The HealthChoice plans had a substantial increase in the performance score for the Adult BMI Assessment (ABA) measure, which increased 11 percentage points; the increase was attributed to increased emphasis on supplemental data and a good medical record hybrid review program;
- The specifications for the Cervical Cancer Screening (CCS) measure changed this year; however, the NHM is based on prior specifications—the MARR still increased 1.5 percentage points and remains above the NHM; and
- A new measure this year was Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC); while no trend in the MARR is available, the MARR is above the NHM in all three indicators.

**HealthChoice MARR Highlights**

Significant changes for the MARR from HEDIS® RY 2013 to HEDIS® RY 2014 include:

- Childhood Immunization Status (CIS) Combo 10 (all immunizations): Increase of 3.5 percentage points;
- Adult BMI Assessment: Increase of 11 percentage points;
- ASM (5-50): Decrease of 2.5 percentage points;
- Breast Cancer Screening (BCS): Increase of 7.3 percentage points;
- Timeliness of Prenatal Care (TPC): Decrease of 11.8 percentage points;
- Post-Partum Care (PPC): Decrease of 8.9 percentage points; and
- Immunizations for Adolescents (IMA), Combo 1: Increase of 3.5 percentage points.

**HealthChoice MARR Comparison to NHM**

Maryland scored above the NHM in the following measures:

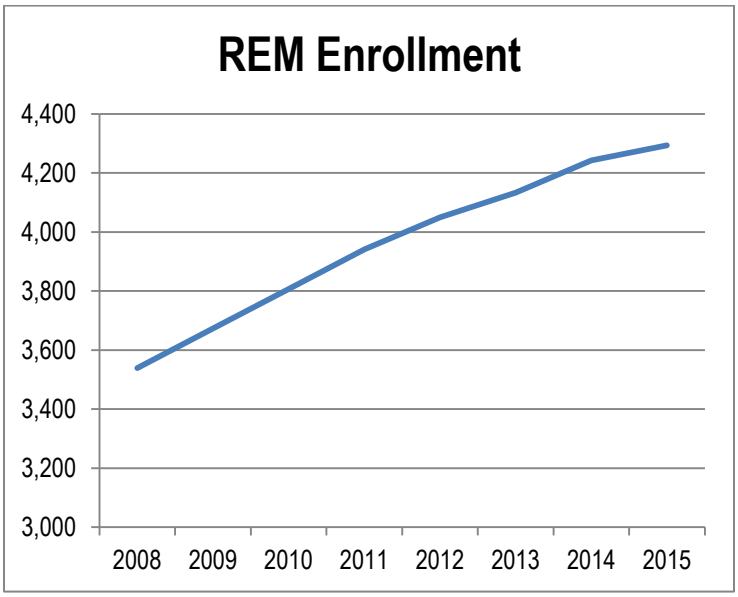
- Call Answer Timeliness (CAT);
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH);
- Breast Cancer Screening (BCS);
- Appropriate Testing for Children with Pharyngitis (CWP);
- Adolescent Well-Care Visits (AWC);
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34); and
- Well-Child Visits in the First 15 Months of Life (W15) (6+ visits).

## Rare and Expensive Case Management

Table 10 details enrollment in the Rare and Expensive Case Management (REM) program since 2008; the accompanying chart demonstrates an increasing year-over-year trend.

**Table 10: REM Enrollment Year Eleven through Year Eighteen**

| Date | Enrollment |
|---|---|
| 6/30/08 | 3,539 |
| 6/30/09 | 3,673 |
| 6/30/10 | 3,807 |
| 6/30/11 | 3,941 |
| 6/30/12 | 4,050 |
| 6/30/13 | 4,113 |
| 6/30/14 | 4,243 |
| 6/30/15 | 4,294 |




## Public Behavioral Health System (PBHS)

The Mental Hygiene Administration (MHA) merged with the Alcohol and Drug Abuse Administration (ADAA), effective July 1, 2014. The Behavioral Health Administration (BHA), in conjunction with the Core Service Agencies (CSAs), Local Addiction Authorities (LAAs) and the Administrative Service Organization (ASO), continues to review and address programmatic and budgetary issues in the management of the Public Behavioral Health System (PBHS). The PBHS has seen an increase of almost 68 percent in Medicaid consumers served in FY 2014 as compared to FY 2008, and an increase of about eight percent between FY 2013 and FY 2014.

The PBHS continued to work with Medicaid on:

- The Section 1915(i) state plan amendment entitled *"Intensive Behavioral Health Services for Children, Youth and Families"* was approved by CMS effective October 1, 2014. Activities during the past year have included a series of monitoring site visits of Care Coordination Organizations which play a central role in this program. In addition, the 1915(i) implementation team has finalized protocols for both participant and provider enrollment into the program.

- *Implementation of telemental health services in designated jurisdictions.* The BHA submitted a state plan amendment submitted to CMS to reimburse psychiatrists and originating sites in designated rural counties for certain telemental health services. CMS has reviewed and approved Maryland's state plan amendment. In the 2014 Maryland legislative session, the General Assembly passed legislation to permit telehealth services state-wide, including mental health services. Addiction services are not yet included. The Department will be drafting regulations on this issue.

- In collaboration with the Office of Long Term Care and Waiver Services, *the identification of non-institutional long-term support services which may be eligible for enhanced matching payments under the Balancing Incentives Program (BIP).* The BHA is continuing to review its assessment instruments to see which meet the BIP criteria.

- *Participation in a statewide multi-agency process to improve the integration of care across the behavioral and somatic domains.* The process reforms the way the State finances operate, in an effort to support reimbursement based on prevention and value while strengthening clinical outcomes for Maryland consumers and their families. The Department selected ValueOptions as the ASO to administer mental health and substance use disorder services—ValueOptions also held the previous ASO contract, for specialty mental health services. The new integrated system began January 1, 2015.

The BHA continues to collaborate with Maryland Medicaid on the implementation of a Health Home SPA to serve those with serious and persistent mental illness, serious emotional disturbances, and/or an opioid substance use disorder. The state began enrolling Health Home providers in August 2013 and initiated service delivery during the last quarter of 2013. As of June 2015, DHMH had approved 75 Health Home site applications. The Health Home sites include 60 psychiatric rehabilitation programs, ten mobile treatment providers and five opioid treatment programs. Current enrollment in the program exceeds 5,000 people. Ongoing analysis of the program has identified possible positive trends in inpatient admissions and Emergency Department visits among Health Homes participants. After six quarters of operation, rates for both types of hospital encounters were lower among participants that had been in the Health Homes continuously compared to those who had joined more recently. While the data remain preliminary at this point, these findings suggest the program may be beginning to produce the desired positive outcomes.

In mid-September 2008, the MHA launched the initial phase of its Outcomes Measurement System (OMS) Datamart. The OMS was developed to collect information on individuals, ages 6 – 64, who are receiving outpatient mental health services from Maryland's Public Mental Health System. The Mental Hygiene Administration worked with ValueOptions, representatives from the provider community and the University of Maryland, Systems Evaluation Center (SEC) to implement an enhanced OMS Datamart, which became available in June 2012. The enhanced Datamart includes outcome information at the provider, county and statewide levels. The data

that are currently available through the publically-accessible Datamart are aggregated responses from consumers' most recent OMS interviews, as well as change-over-time outcomes information. In addition, an interface to allow provider access to OMS data for their own programs is accessible to providers through a secure log-in process. Starting in January 2015, several revisions were made to the OMS questionnaires, and Level 1 outpatient services for Substance Related Disorders were included in the OMS workflow.

The BHA's Office of Managed Care Operations and Compliance continues to review provider billings and refers providers of concern to Maryland Medicaid Fraud Control Unit and Maryland Office of the Inspector General.

The BHA continues to monitor the admission of consumers aged 21 – 64 with emergency psychiatric conditions for inclusion in the Medicaid Emergency Psychiatric Demonstration (MEPD). Maryland was one of 11 states selected to participate in the MEPD, which provides reimbursement for certain services delivered by private psychiatric hospitals, for which Medicaid reimbursement has historically been unavailable.

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