

MARYLAND DEPARTMENT OF HEALTH

MARYLAND MEDICAID PROGRAM & HIV SERVICE DELIVERY

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Maryland Medicaid Program

Maryland Medicaid Basics

Maryland Medicaid Basics

- In Maryland, Medicaid is also called Medical Assistance or MA
- MA is a joint federal-state program that provides health and long term care coverage to low-income children and parents, pregnant women, the elderly, and people with disabilities
- Medicaid provides benefits for an average of more than 1.3 million people – approximately one in six Marylanders
- Over 1 million are enrolled in HealthChoice (managed care)

Maryland Medicaid Program

Eligibility

Eligibility

Modified Adjusted Gross Income (MAGI) is used to determine eligibility for all of the following eligibility groups:

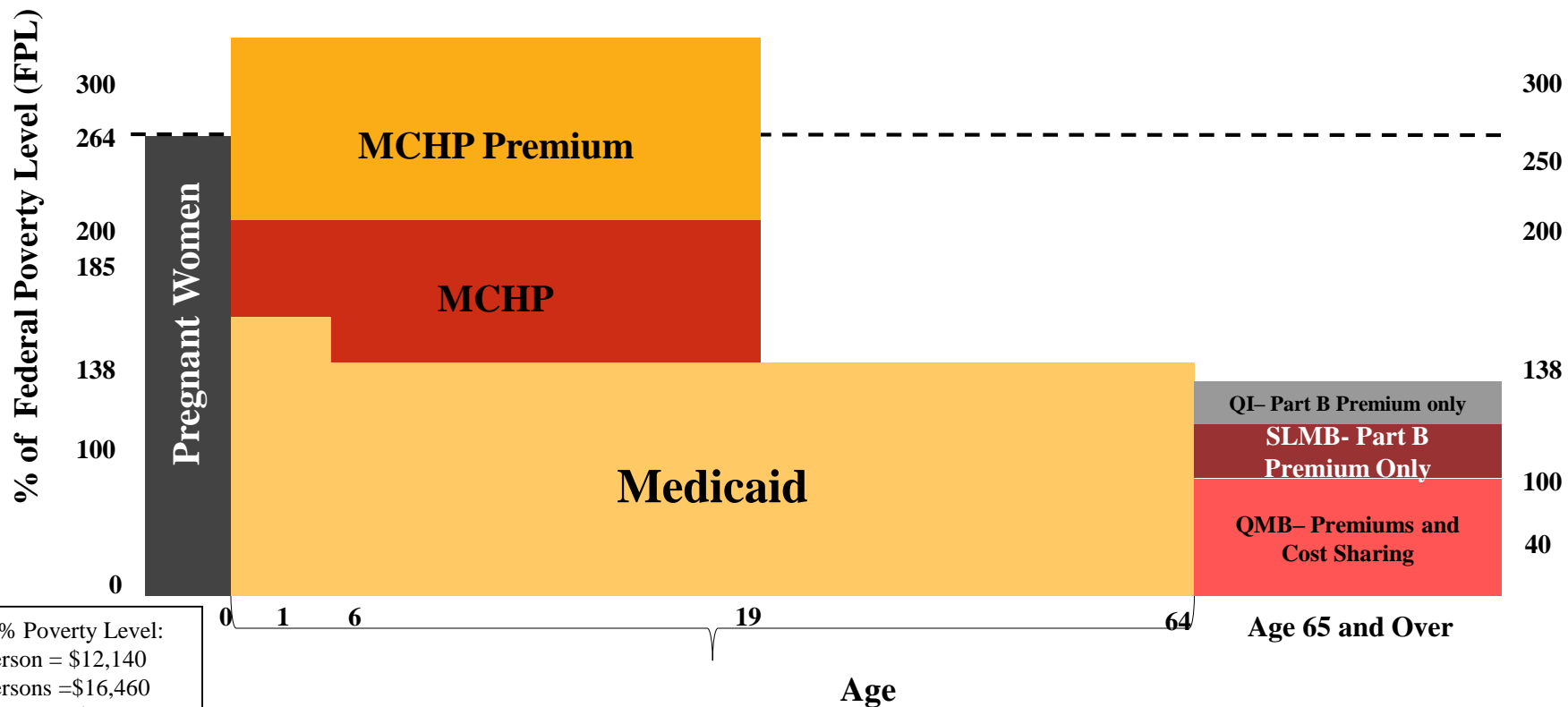
- Children
- Adults under age 65
- Parents and caretaker relatives
- Pregnant women

Non-MAGI Populations

Income and household composition rules have **not** changed for other eligibility groups not mentioned above, including eligibility on the basis of being:

- Aged, Blind, Disabled
- Medically Needy
- Populations for whom income is not an eligibility factor, such as foster children

Medical Assistance Coverage Based on MAGI and APTC/CSR Through the Exchange



100% Poverty Level:
 1 person = \$12,140
 2 persons = \$16,460
 4 persons = \$25,100
 As of February 2019

*Cost-sharing subsidy ends at 250% FPL

MAGI Eligibility

- Adults under age 65: Up to 138% of the Federal Poverty Level (FPL)
- Children: Up to 322% FPL
- Pregnant Women: Up to 264% FPL
- Children enrolled in foster care in Maryland at 18 are covered on Medicaid up to age 26, regardless of income
- Individuals from 138-400% FPL are eligible for Qualified Health Plan (QHP) coverage and subsidies through Maryland Health Connection.

MAGI Income Eligibility for Adults

You may be eligible for Medicaid if your annual income is up to approximately:

If your household size is this	Adults	Children (MCHP)	Children (MCHP Premium*)		Pregnant Women
1	\$ 17,244	\$ 26,364	\$ 32,976	\$ 40,224	
2	\$ 23,352	\$ 35,700	\$ 44,664	\$ 54,480	\$ 44,664
3	\$ 29,448	\$ 45,024	\$ 56,328	\$ 68,700	\$ 56,328
4	\$ 35,532	\$ 54,336	\$ 67,980	\$ 82,920	\$ 67,980
5	\$ 41,652	\$ 63,684	\$ 79,680	\$ 98,176	\$ 79,680
6	\$ 47,748	\$ 72,996	\$ 91,332	\$ 111,396	\$ 91,332
Each person add	\$ 6,108	\$ 9,336	\$ 11,688	\$ 14,256	\$ 11,405
You Pay	0	0	\$ 56	\$ 70	0

The Affordable Care Act (ACA) and Older Adults

- The ACA was designed to expand health care coverage for individuals under 65
- Medicare choices and benefits have not changed
- The ACA has not changed how Medicaid eligibility is determined for adults aged 65 and older

Dual Eligibles

- Medicaid expansion does **not** change the rules for individuals who are eligible for both Medicaid and Medicare
- "Dual eligibles" continue to be eligible for the same premium and cost-sharing benefits for which they are currently eligible
- Eligibility for these benefits will continue to be based on the income and asset rules

Dual Eligibles Cont.

- Certain individuals qualify for Medicare and full benefit Medicaid coverage
- Individuals who are disabled or over age 65 and who receive SSI as well as Medicare
- Individuals who are disabled or over age 65 and whose income is 40% or less of the FPL
- Medicaid pays Medicare premiums and cost-sharing charges and “wraps” Medicaid to provide Medicaid services not picked up by Medicare
- If an individual over age 65 is in this medically needy group and not entitled to free Medicare Part "A," the individual is required to apply for “buy-in” Medicare, for which Medicaid will pay the premium

QMB/SLMB

Qualified Medicare Beneficiary Program (QMB)

- Income limits: 100% or less of the FPL
- Asset limits: \$7,730/individual or \$11,600/couple (adjusted annually for inflation)
- Individuals are eligible to have their Medicare co-pays, coinsurance, deductibles and monthly Medicare Part "B" premiums paid by the Medical Assistance Program
- If an individual is enrolled in Medicare Part "B," but is not entitled to free Medicare Part "A," Medicaid will pay the Part "A" premium as a buy-in benefit

QMB/SLMB Cont.

Specified Low Income Medicare Beneficiary Program (SLMB)

- Income limits: 100% - 120% of the FPL
- Asset limits: \$7,730/individual or \$11,600/couple (adjusted annually for inflation)
- Individuals are eligible to have Medicaid pay their Medicare Part "B" premiums only
- Individuals with slightly higher incomes (120% - 135% FPL) can also qualify for SLMB benefits through the QI program; QI beneficiaries must meet asset limitations of \$7,730/individual or \$11,600/couple (adjusted annually for inflation)

The Five-Year Bar

Medicaid Coverage:

- Qualified aliens, such as legal permanent residents, must have resided in the United States as a qualified alien for **five years** in order to qualify for full Medicaid
- Certain immigrants, including refugees, do **not** need to meet this five-year bar
- Pregnant women and children also do **not** need to meet this five-year bar

Qualified Health Plan (QHP) coverage:

- Recent lawfully-present immigrants who have not met the five-year bar can apply for health coverage through a QHP
- Lawfully-present immigrants at any income level up to 400% FPL who are ineligible for Medicaid *are* eligible for assistance to reduce the cost of coverage through a QHP
- To qualify, such individuals must be lawfully-present *and* meet all of the other APTC eligibility criteria

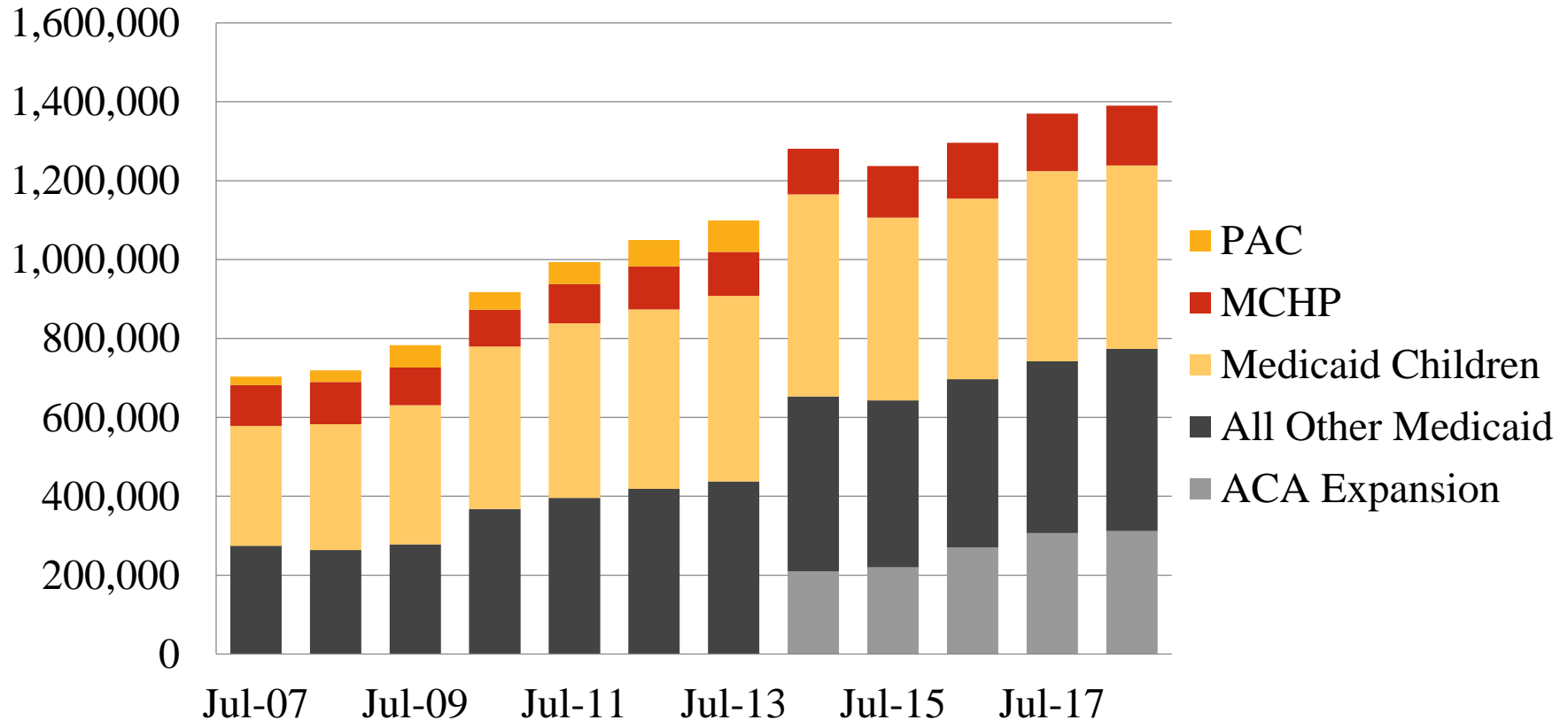
Undocumented and Nonqualified Aliens

- Individuals who are not legally in the United States (undocumented and nonqualified aliens) are not eligible for Medicaid, APTC or CSR
- They cannot purchase unsubsidized health insurance coverage through a QHP
- They will continue to be eligible for emergency medical services through the Medicaid program

Maryland Medicaid Program

Medicaid Enrollment

Medicaid Enrollment 2007-2018



Baltimore EMA

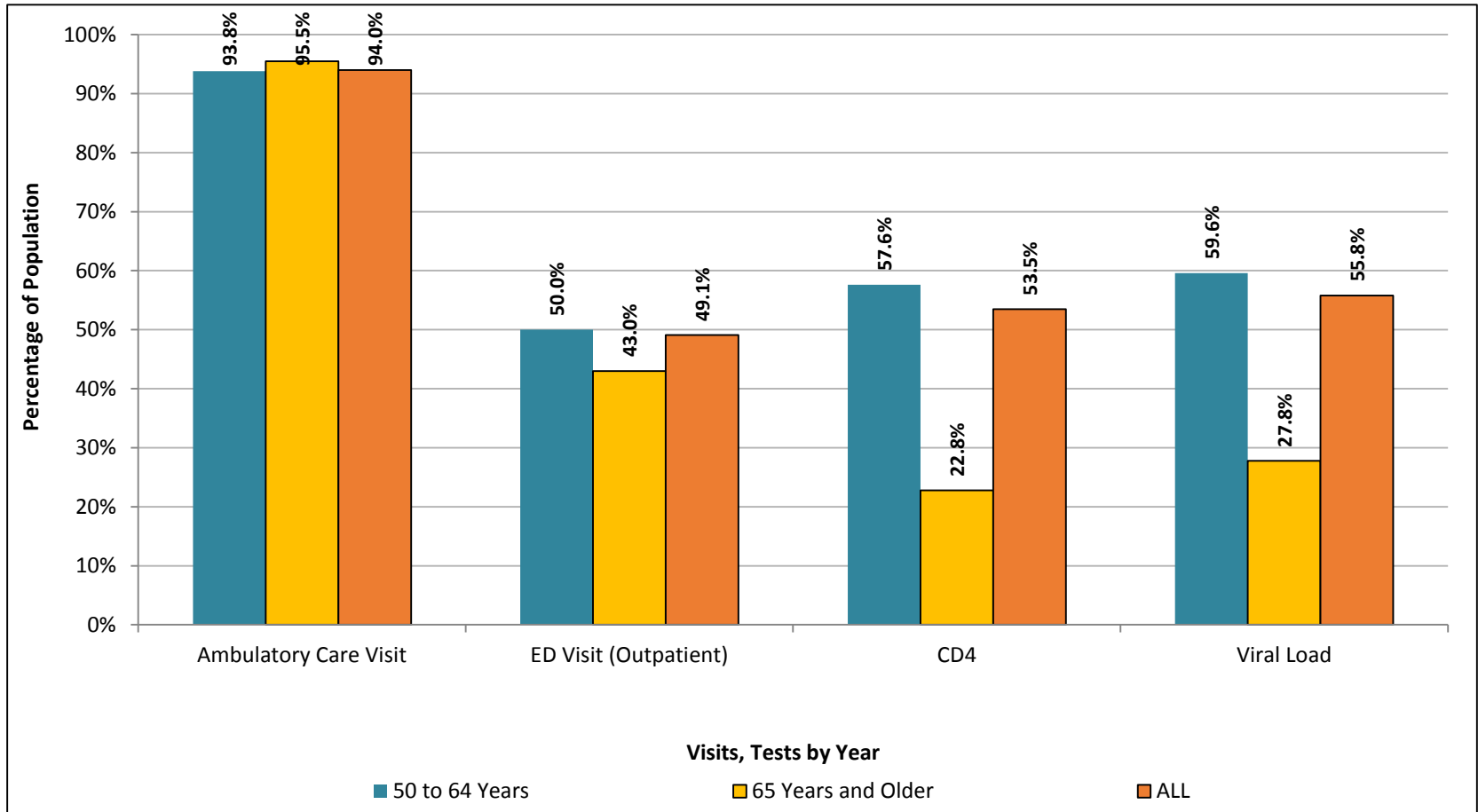
(MCO Rates illustrated reflect HealthChoice revised rates effective July 1, 2019)

County	HIV HealthChoice FAC Enrollment	Cap Rate for HIV FAC	HIV HealthChoice Disabled Enrollment	Cap Rate for HIV Disabled	HIV Childless Adult Enrollment	Cap Rate for Childless Adults HIV	AIDS – HealthChoice Enrollment	Cap Rate for AIDS HealthChoice	HIV / AIDS FFS Enrollment	TOTAL ENROLLMENT – ALL PROGRAMS
Anne Arundel	40	\$678.39	21	\$1,997.41	74	\$577.22	127	\$1,269.36	137	399
Baltimore Co.	129	\$678.39	62	\$1,997.41	218	\$577.22	309	\$1,269.36	357	1,075
Carroll	*	\$678.39	*	\$1,997.41	*	\$577.22	*	\$1,269.36	*	39
Harford	*	\$678.39	*	\$1,997.41	33	\$577.22	43	\$1,269.36	52	145
Howard	21	\$678.39	*	\$1,997.41	*	\$577.22	48	\$1,269.36	57	150
Queen Anne's	*	\$678.39	*	\$1,997.41	*	\$577.22	*	\$1,269.36	*	23
Baltimore City	336	\$678.39	564	\$1,997.41	749	\$577.22	1,888	\$1,982.61	1,810	5,347
TOTAL-Baltimore EMA	544	\$678.39	661	\$1,997.41	1,106	\$577.22	2,430	\$1,823.52	2,437	7,178
TOTAL – STATEWIDE	891	\$678.39	786	\$1,997.41	1,744	\$577.22	3,386	\$1,463.87	3,261	10,068

HIV Enrollment by Age Group, CY 2017

	Aged 0 to 49		Aged 50 to 64		Aged 65 and Older		Total	
Medicare and Medicaid Eligibility	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total
Not Dually Eligible	6,522	89.7%	4,107	74.4%	86	11.5%	10,715	79.1%
Dually Eligible	749	10.3%	1,416	25.6%	663	88.5%	2,828	20.9%
Total	7,271	100%	5,523	100%	749	100%	13,543	100%
Race/Ethnicity	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total
Asian	68	0.9%	*	*	*	*	*	*
Black	5,638	77.5%	4,482	81.2%	629	84.0%	10,749	79.4%
White	920	12.7%	603	10.9%	49	6.5%	1,572	11.6%
Hispanic	101	1.4%	55	1.0%	*	*	*	*
Native American	17	0.2%	*	*	*	*	*	*
Other	527	7.2%	348	6.3%	48	6.4%	923	6.8%
Total	7,271	100%	5,523	100%	749	100%	13,543	100%
Sex	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total
Female	3,247	44.7%	2,330	42.2%	311	41.5%	5,888	43.5%
Male	4,024	55.3%	3,193	57.8%	438	58.5%	7,655	56.5%
Total	7,271	100%	5,523	100%	749	100%	13,543	100%

HIV Utilization of Care, CY 2017



Medicaid HIV/AIDS Population Receiving Care, CY 2017

Percentage of Medicaid Participants HIV/AIDS Who Received an Ambulatory Care Visit, ED Visit, CD4 Testing, and Viral Load Testing, by Age Group, CY 2017

Totals	Ambulatory Care Visit	ED Visit (Outpatient)	CD4	Viral Load
0 to 49 Years	90.5%	50.0%	60.8%	63.2%
50 to 64 Years	93.8%	50.0%	57.6%	59.6%
65 Years and Older	95.5%	43.0%	22.8%	27.8%
ALL	92.1%	49.6%	57.4%	59.8%

PrEP in Medicaid Population, CY 2017

PrEP in Medicaid Population, CY 2017								
PrEP Status	Aged 0 to 49		Aged 50 to 64		Aged 65 and Older		Total	
	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total	Number of Participants	Percentage of Total
Received at Least One PrEP Treatment	1,587	0.1%	651	0.3%	18	0.0%	2,256	0.1%
Total	1,285,249		207,648		105,125		1,598,022	

Behavioral Health Diagnoses

Table 2. Number and Percentage of Medicaid Participants with HIV/AIDS and a Behavioral Health Diagnosis, CY 2013 - CY 2017

Year	Total Number of Participants with an HIV Diagnosis	Behavioral Health Diagnosis	
		Number of Participants	Percentage of Total Participants
Mental Health Diagnosis (MHD)			
CY 2013	10,607	2,901	27.3%
CY 2014	12,812	3,269	25.5%
CY 2015	13,300	3,607	27.1%
CY 2016	13,486	3,900	28.9%
CY 2017	13,543	3,919	28.9%
Substance Use Disorder (SUD)			
CY 2013	10,607	2,363	22.3%
CY 2014	12,812	2,593	20.2%
CY 2015	13,300	2,567	19.3%
CY 2016	13,486	2,725	20.2%
CY 2017	13,543	2,730	20.2%

Maryland Medicaid Program

HIV Service Delivery

Current Service Delivery

- Most people in Medicaid and the Maryland Children's Health Program (MCHP) are in *HealthChoice*, Maryland's managed care program
- Under *HealthChoice*, enrollees choose 1 of 9 Managed Care Organizations (MCOs) to provide their care
- MCOs contract with MDH to provide Medicaid covered services through their provider networks in return for monthly payments from MDH. MCOs may offer additional benefits
- If an individual does not qualify for *HealthChoice* (e.g., because they are Medicare eligible or in a long-term care facility), they will still receive Medicaid services, but through fee-for-service (FFS)

HealthChoice MCOs

- Aetna Better Care
- Amerigroup Community Care
- Jai Medical Systems
- Kaiser Permanente
- Maryland Physicians Care
- MedStar Family Choice
- Priority Partners
- UnitedHealthcare
- University of Maryland Health Partners (formerly Riverside Health of Maryland)

Services Currently Covered Under Medicaid

- Medicaid and MCHP cover a broad range of health care services, including services mandated by the federal government, as well as optional services that a state may choose to cover
- MCHP and Medicaid have the same benefit package, which includes:
 - Hospital care (inpatient and outpatient)
 - Nursing home and home health care
 - Physician services
 - Low-cost or free prescriptions drugs
 - Laboratory and x-ray services
 - Outpatient substance abuse treatment
 - Mental health services
 - Early and periodic screening, diagnostic, & treatment (EPSDT) services for children under 21
 - Family planning services
 - FQHC services
 - Nurse midwife and nurse practitioner services
 - Dental care for children and pregnant women
 - Vision care for children
 - Transportation to medical care (provided through Local Health Dept.)
 - **Case Management for HIV/AIDS patients through MCOs**

HIV Services

- Currently, for HIV/AIDS enrollees, MCOs must offer case management, linking the enrollee with the full range of available benefits, as well as any needed support services
- Some Medicaid services are “carved out” of the MCO benefit package (such as HIV drugs)
- HIV drugs and other services are paid through Medicaid fee-for-service (FFS), not by the MCOs
- Behavioral health services and substance use disorder treatment are “carved out” of the MCO benefit package and administered by an ASO

Hepatitis C Drug Therapy

- Drug Therapy
 - Currently, only Metavir Scores of F2, F3, or F4 may be prescribed direct acting antivirals DAAs
 - Beginning October 1, 2019 **all** Metavir scores will be covered
 - Must be in accordance with FDA approved indications
 - Currently have therapies to address each Genotype
 - 1a, 1b, 2, 3, 4, 5 & 6

Metavir Score	Fibrosis Description	Prevalence at Diagnosis
F0	Chronic hepatitis, no fibrosis	11%
F1	Portal fibrosis without septae	36%
F2	Portal fibrosis with a few septae	23%
F3	Septal fibrosis without cirrhosis	14%
F4	Complete cirrhosis	16%

Hepatitis C Therapy Requirements

- Pre-Treatment Evaluation
 - Currently, Patients must have chronic hepatitis C of a Metavir Score F2
 - HIV status, and if positive, current antiretroviral regimen and degree of viral suppression within 6 months of application for therapy. HBV status must also be documented
 - Adherence evaluation: Providers must assess and document the patient's ability to adhere to therapy
 - Drug Resistance testing as indicated
- Patient Treatment Plan
 - Required that the patient have treatment plan developed by a provider with expertise in Hepatitis C management

Long Term Care

- Home and Community-Based Options Waiver
 - Provides services for older adults and individuals with physical disabilities in order for them to live at home or assisted living facility instead of a nursing facility
 - Includes: Assisted Living Services, Medical Day Care, Senior Center Plus
- Medical Day Care Services Waiver
 - Offers MA participants services in a community-based day care center
 - Services offered include: skilled nursing, medication monitoring, social work services, and therapy
- Maryland Chronic Health Homes
 - Targets populations with behavioral health needs who are at high risk for additional chronic conditions, including those with persistent mental illness, serious emotional disturbance, and opioid substance use disorder

Long Term Care

- The Program of All-Inclusive Care for the Elderly (PACE)
 - Provide comprehensive medical and social services to older adults. Jointly administered through CMS and MDH
 - Designed to provide and coordinate all needed preventive, primary, acute and long-term care services so older individuals can continue living in the community
 - Offered through Hopkins ElderPlus, located on the Bayview Campus
- Increased Community Services
 - Allows eligible individuals in nursing facilities to return to their homes and communities and received specific waiver and Medicaid Services
 - Includes: Assisted Living, Home-Delivered Meals, Supports Planning
- The Community First Choice Program
 - Provides home and community based services to older adults and individuals with disabilities
 - Includes: Personal Assistance, Personal emergency response system, supports planning services

HIV/AIDS MCO Capitation Rates

- For HealthChoice enrollees, Maryland uses a risk-adjusted methodology to set capitation rates
- HealthChoice HIV/AIDS Capitation Rates for medical costs, per member per month, mid year rates for 2018 (all HIV/AIDS drugs are carved out):
 - HIV Families & Children: **\$678.39**
 - HIV Disabled: **\$1,997.41**
 - HIV Childless Adults: **\$577.22**
- AIDS:
 - Baltimore City: **\$1,982.61**
 - Rest of State: **\$1,463.87**

HIV/AIDS Pharmacy Costs

- Medical costs, non-HIV/AIDS drug costs, and case management are included in capitation rates
- All HIV/AIDS drugs are carved-out of *HealthChoice* and are covered under FFS
- HealthChoice and FFS participants pay:
 - **\$1** co-pays for all HIV/AIDS drugs and generic/preferred drugs
 - **\$3** for brand-name/non-preferred drugs
- Medicare Part D provides complete pharmacy services to individuals who are “dual eligibles” except certain drugs that are excluded from Medicare
 - Drugs not covered by Medicare that are provided through Medicaid have a copayment of \$1 for generic medications and \$3 for brand-name drugs

Maryland Medicaid Program

Enrollment Periods

Enrollment Periods

- Consumers can apply for Medicaid at **any time** during the year
- Generally, consumers can only enroll in a Qualified Health Plan (QHP) and qualify for subsidies during open enrollment

Next open enrollment period begins between Nov. 1, 2019 and December 15, 2019

- If a consumer experiences a life event, they may qualify for a Special Enrollment Period

Reporting Changes

Medical Assistance participants must report changes in circumstances **within 10 days**. For example:

- Change in address
- Change in income
- Pregnancy

Participants who qualify on basis of MAGI must report changes using Maryland Health Connection system. Self-report change by logging into individual account. Assistance can be obtained at local health department, local department of social services, MHC call center, or Connector Entity

- For participants who qualify on basis of being aged, blind, or disabled, changes can be reported to participant's local health department or local department of social services

Life Events: Maryland Health Connection (MHC)

- A special enrollment period allows an individual to apply for benefits using Maryland Health Connection *outside* the open enrollment period
- **If a consumer thinks s/he may qualify for a special enrollment period, the consumer should contact the Call Center at (855) 642-8572 (TTY (855) 642-8573)**
- In most cases, applicants have **60 days** from the date of a triggering event to apply for benefits and select a QHP
- *Remember:* Consumers can apply for Medicaid at any time during the year!

Maryland Medicaid Program

Redeterminations

Redeterminations

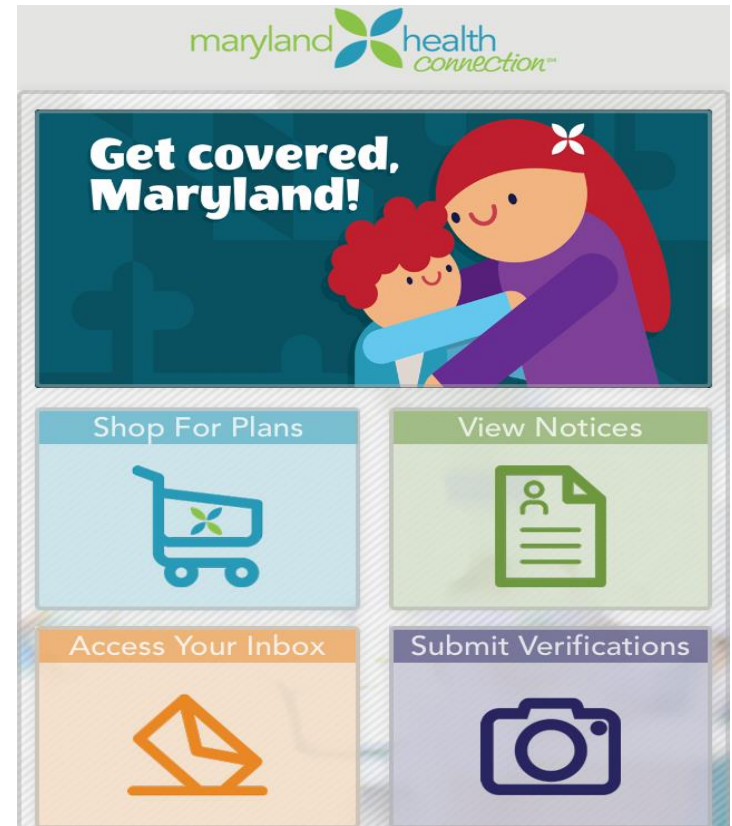
- Medicaid participants must renew their coverage annually
- MAGI applicants may be auto-renewed through MHC (~60%)
- Timeline:
 - Initial notification: 60-75 days before benefits close
 - Participants enrolled in the HealthChoice Program may also be contacted separately by their managed care organization (MCO)

How to Reapply

- **Most HealthChoice participants** must reapply using Maryland Health Connection
- Create an account and apply online using www.marylandhealthconnection.gov,
- Visit a local Connector Entity, Health Department or Department of Social Services, or
- Call Maryland Health Connection Call Center 1-855-642-8572 (TTY:1-855-642-8573)
- **Aged, blind, or disabled participants** can apply for benefits online using <https://mydhrbenefits.dhr.state.md.us/dashboardClient/#/home> or visit a local Department of Social Services

MHC App

- The Maryland Health Benefit Exchange mobile app allows Marylanders to enroll in coverage through the Maryland Health Connection (MHC) directly from a smartphone or tablet
- Compare plans, view preliminary eligibility, view notices, and upload verification documents
- “Enroll MHC” is available from the App Store (iOS) and Google Play Store (Android)



Maryland Medicaid Program

System Updates

System Updates

- MCO Shopping through Maryland Health Connection newly available
- After Verification Checklist (VCL) items completed, consumer may immediately compare MCOs and enroll via online portal. If no MCO selected, previous policies still in effect
- Eligibility Verification System (EVS) updated to reflect coverage end date

Maryland Medicaid Program

**New §1115 Waiver
Initiatives**

Family Planning

- In 2018, the General Assembly passed HB0994/SB0774, requiring MDH to apply for a State Plan Amendment to CMS to make changes to the Family Planning Program by July 1, 2018
- The Family Planning Program currently operates under the §1115 Waiver
- This amendment has removed the Family Planning Program from the auspices of the waiver in preparation for SPA submission
- Other changes to Family Planning Program required under HB0994/SB0774:
 - Expanding services to all individuals (both genders)
 - Increasing income limit to 250% of the federal poverty level (FPL)
 - Raising current age restriction limiting women up to age 51

IMD

As part of the HealthChoice § 1115 renewal application, CMS authorized Maryland Medicaid to cover Substance Use Disorder (SUD) services delivered in IMDs

- A SUD IMD is defined as a facility with more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with chemical dependency disorders

Effective July 1, 2017, the Department began providing reimbursement* for up to two nonconsecutive 30-day stays annually for American Society of Addiction Medicine (ASAM) levels 3.7-WM, 3.7, 3.5, and 3.3

- Phase in coverage of ASAM level 3.1: January 1, 2019
- Coverage of benefits for Dual Eligibles: No later than January 1, 2020

CHP

Home Visiting Services (HVS) Pilot :

- Evidence based home visiting services (HVS) for high-risk pregnant women and children up to age 2
- Models that may be offered: Nurse Family Partnership and Healthy Families America
- Per home visit payment

Assistance in Community Integration Services (ACIS) Pilot:

- High-utilizing Medicaid enrollees who are at high risk of institutional placement or homelessness, post-release from certain settings
- Statewide cap of 300 beneficiaries
- Tenancy-based case management services, tenancy support services, and housing case management services
- Per member per month payment

Helpful Resources

- **General Information:** <http://mmcp.MDH.maryland.gov>
 - Medical Assistance Hotline: 1.800.456.8900
 - HealthChoice Helpline: 1.800.484.4510
 - myDHR online application:
<https://mydhrbenefits.dhr.state.md.us/dashboardClient/#/applyingForBenefits>
 - Local Health Departments:
<https://mydhrbenefits.dhr.state.md.us/dashboardClient/files/LocalHealthDepartment.pdf>
 - Departments of Social Services: <https://mydhrbenefits.dhr.state.md.us/dashboardClient/#/dssMap>
 - Provider Directory Search: <https://encrypt.emdhealthchoice.org/searchable/main.action>
 - Medicaid Marge Sign-Up: Send an e-mail to MDH.medicaidmarge@maryland.gov
- **Additional Resources:**
 - Maryland Health Connection: <http://www.marylandhealthconnection.gov/>
 - Consumer Support Center 1-855-642-8572 (TTY 1-855-642-8573)
 - Maryland Health Benefit Exchange: <http://marylandhbe.com/>

Questions?



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