

Maryland Medicaid Program & HIV Service Delivery

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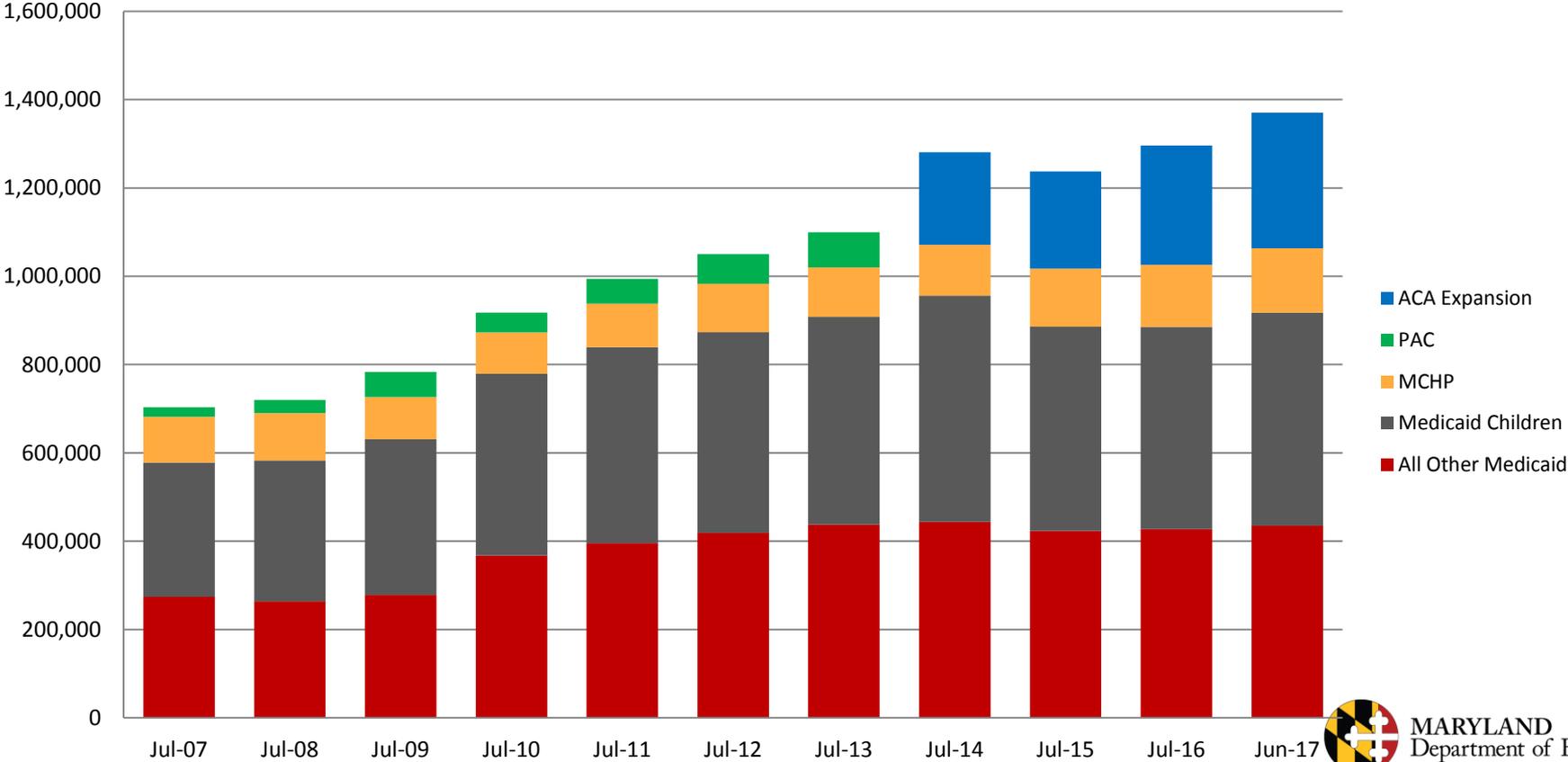
MARYLAND
Department of Health

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).

MEDICAID ENROLLMENT

Medicaid Enrollment 2007-2017



Baltimore EMA (as of February 2018)

(MCO Rates illustrated reflect HealthChoice revised rates effective January 1, 2017)

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	37	\$652.47	18	\$1,973.79	74	\$591.40	133	\$1,422.67	117	379
Baltimore Co.	125	\$652.47	67	\$1,973.79	199	\$591.40	293	\$1,422.67	318	1,002
Carroll	*	\$652.47	*	\$1,973.79	*	\$591.40	*	\$1,422.67	*	40
Harford	*	\$652.47	*	\$1,973.79	30	\$591.40	41	\$1,422.67	44	129
Howard	23	\$652.47	*	\$1,973.79	*	\$591.40	47	\$1,422.67	49	142
Queen Anne's	*	\$652.47	*	\$1,973.79	*	\$591.40	*	\$1,422.67	*	22
Baltimore City	377	\$652.47	592	\$1,973.79	798	\$591.40	2,022	\$2,081.63	1,761	5,550
TOTAL-Baltimore	578	\$652.47	691	\$1,973.79	1,132	\$591.40	2,551	\$1,944.98	2,312	7,264
TOTAL – STATEWIDE	966	\$652.47	819	\$1,973.79	1,716	\$591.40	3,534	\$1,586.74	3,058	10,093

*Cells with less than 11 enrollees are not reportable.

**Effective January 1, 2015, a Childless Adult HIV only rate cell was established. Those Childless Adult who are flagged as AIDS are now paid the AIDS rate.

***Effective January 1, 2015, MCO cap rates were developed to exclude substance use disorder services.

Monthly Pharmacy costs for HIV/AIDS medication is approximately \$17.3 million (before rebates, includes childless adults)



HealthChoice (including childless adults) and FFS recipients pay \$1 co-pays for all HIV/AIDS drugs, which amounts to approximately \$9,000 / month total

HIV SERVICE DELIVERY

Current Service Delivery

- Most people in Medicaid and 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.

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 2017 (all HIV/AIDS drugs are carved out):
 - HIV Families & Children: **\$652.47**
 - HIV Disabled: **\$1,973.79**
 - HIV Childless Adults: **\$591.40**
- AIDS:
 - Baltimore City: **\$2,081.63**
 - Rest of State: **\$1,586.74**

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 recipients pay:
 - **\$1** co-pays for all HIV/AIDS drugs and generic drugs
 - **\$3** for brand-name 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.

Hepatitis C Virus

- Medicaid covers new therapies for people who have moderate or severe liver damage.
- Patients must meet clinical criteria and be prescribed treatment by a Doctor with experience in treating Hepatitis C.
- Maryland AIDS Drug Assistance Plan may cover treatment for those who are not eligible under Medicaid.

Clinical Criteria for HCV Therapy

- Pre-Treatment Evaluation
 - Must have diagnosed HCV genotype and sub-genotype, and liver fibrosis score.
 - HCV RNA quantitative test within 90 days of application.
 - Documentation of previous treatment and HIV status, if applicable.
 - Adherence evaluation and patient treatment plan from provider.
- Patient Treatment Plan
 - If patient or partner is of child-bearing age, at least two forms of contraception may be required to be used by patient or patient's partner.
 - Treatment options are available in accordance with genotype and sub-genotype.

ELIGIBILITY

Eligibility

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

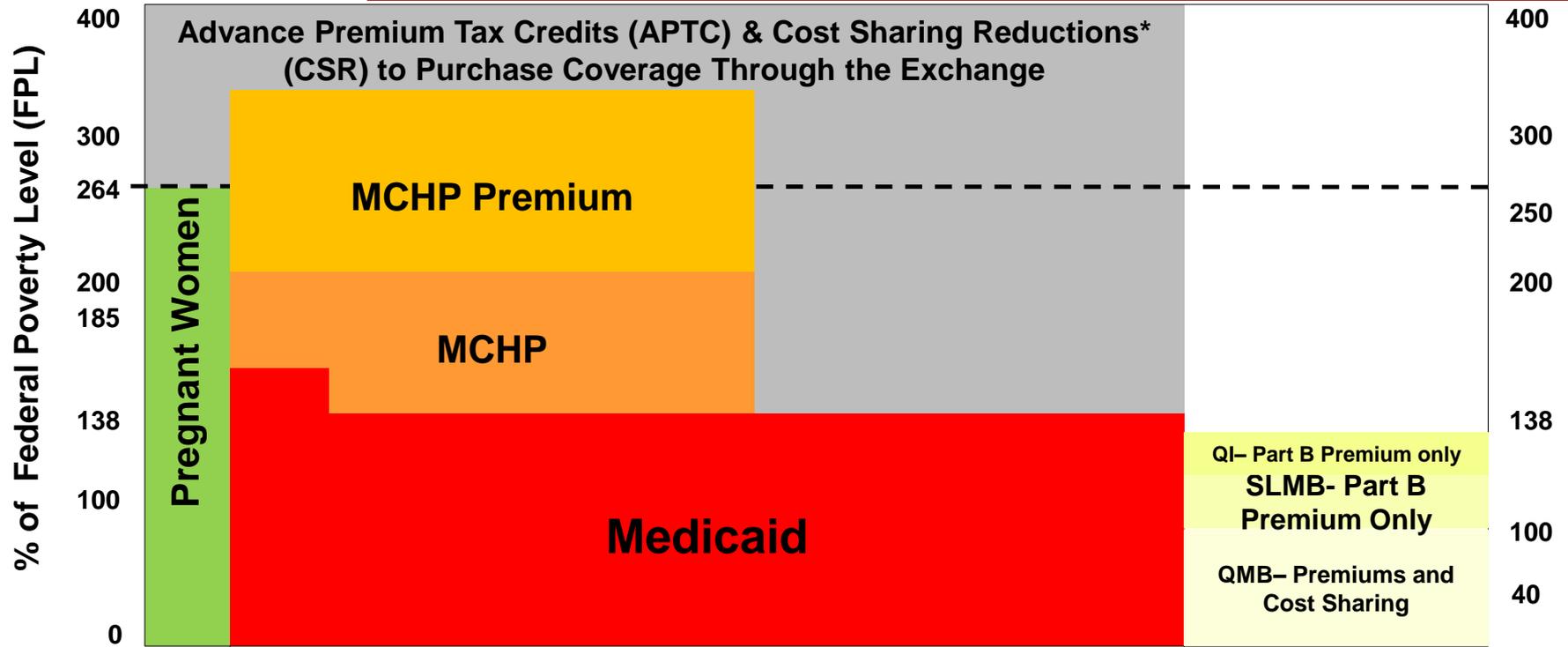
- 1) Children
- 2) Adults under age 65
- 3) Parents and caretaker relatives
- 4) Pregnant women

- **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:

- 1) Aged, Blind, Disabled;
- 2) Medically Needy;
- 3) 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 January 2018

*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:
 - Advanced premium tax credits (APTC) so that no one pays more than 9.5% of their income on their health insurance premium. (The tax credits provide the rest.)
 - Cost-sharing reductions (CSR) on a sliding scale up to 250% FPL.

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	\$16,753	\$25,616	\$32,050	\$39,091	N/A
2	\$22,715	\$34,731	\$43,455	\$53,002	\$43,455
3	\$28,676	\$43,846	\$54,860	\$66,912	\$54,860
4	\$34,638	\$52,961	\$66,264	\$80,822	\$66,264
5	\$40,600	\$62,077	\$77,669	\$94,733	\$77,669
6	\$45,561	\$71,192	\$89,074	\$108,643	\$89,074
Each person add	\$5,962	\$9,116	\$11,405	\$13,911	\$11,405
You Pay	\$0	\$0	\$54	\$68	\$0

Effective March 1, 2018

*Premium cost is per family/household each month.

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" will 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: \$7,390/individual or \$11,090/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

Specified Low Income Medicare Beneficiary Program (SLMB)

- Income limits: 100% - 120% of the FPL
- Asset limits: \$7,390/individual or \$11,090/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 \$7,390/individual or \$11,090/couple (adjusted annually for inflation)

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 advance premium tax credits (APTC) and cost-sharing reductions (CSR) during open enrollment.

Next open enrollment period begins Nov. 1, 2018

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

Reporting Changes

- Medical Assistance recipients must report changes in circumstances **within 10 days**. For example,
 - Change in address
 - Change in income
 - Pregnancy
- Recipients 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 recipients who qualify on basis of being aged, blind, or disabled, changes can be reported to recipient's local health department or local department of social services.

Life Events: Maryland Health Connection

- 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!

Life Events, cont.

- Getting married
- Birth, adoption, adoption placement or foster care placement of a child
- Permanently moving to a new area that offers different health plan options
- For people already enrolled in Marketplace coverage, having a change in income or household status that makes enrollee newly eligible or newly ineligible for APTC/CSR
- A qualified individual or dependent loses minimum essential coverage (MEC), e.g.,
 - Loss of Medicaid/MCHP/MCHP Premium
 - Legal separation or divorce resulting in loss of MEC
 - End of dependent status (e.g., turning 26 and losing parental plan coverage)
 - Loss of job-based coverage
 - Release from incarceration
- Does *not* include loss of coverage due to:
 - Termination for failure to pay premium or rescission of coverage due to consumer fraud
 - Consumer early termination of COBRA before end of COBRA coverage period

Life Events, cont.

- Individual newly gains status for US citizenship, US naturalization or US lawful presence
- Current employer plan no longer considered qualifying coverage
- Survivor of domestic violence, abuse, or spousal abandonment
- Newly released from incarceration
- Resolving data-matching issue if error resulted in termination of Marketplace coverage
- American Indians may enroll in a QHP or change from one to another once per month
- Qualified individual or enrollee demonstrates to the Maryland Health Connection that they have experienced exceptional circumstances
E.g., due to natural disaster or unexpected hospitalization
- Qualified individual's enrollment or non-enrollment in a QHP is unintentional, inadvertent or erroneous and is the result of the error, misrepresentation or inaction of the Exchange or HHS
- Individual experienced an error related to benefits, service area, or premium displayed on Marketplace at time of enrollment which influenced plan selection
- Enrollee adequately demonstrates to the Exchange that the QHP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee
- QHP is decertified
- Misconduct on the part of a non-Exchange entity providing enrollment assistance or conducting enrollment entities



REDETERMINATIONS

Redeterminations

- Medicaid recipients must renew their coverage annually.
- MAGI applicants may be auto-renewed through MHC (~60%)
- MDH is taking an “All-Hands on Deck” approach to point individuals having redetermination difficulties to sources of additional help:
 - Local health department offices
 - Local departments of social services
 - Maryland Health Connection navigators and call center
 - MCOs
 - Text Messages
 - Outbound calls
 - Making simple website changes
- Timeline:
 - Initial notification: 60-75 days before benefits close
 - Recipients enrolled in the HealthChoice Program may also be contacted separately by their managed care organization (MCO).

How to Reapply

- **HealthChoice recipients** 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 recipients** can apply for benefits online using <https://mydhrbenefits.dhr.state.md.us/dashboardClient/#/home> or visit a local Department of Social Services.

Using Maryland Health Connection: Video for Consumers



<https://www.youtube.com/watch?t=95&v=rd7KuhK4Z30>

Maryland Health Connection App

- The Maryland Health Benefit Exchange mobile app allows Marylanders to enroll in coverage 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).



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.

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?



CHANGING
Maryland
for the Better

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