



CHANGING  
*Maryland*  
*for the Better*

# Maryland Medicaid Program & HIV Service Delivery

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Medicaid

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# MEDICAID ENROLLMENT



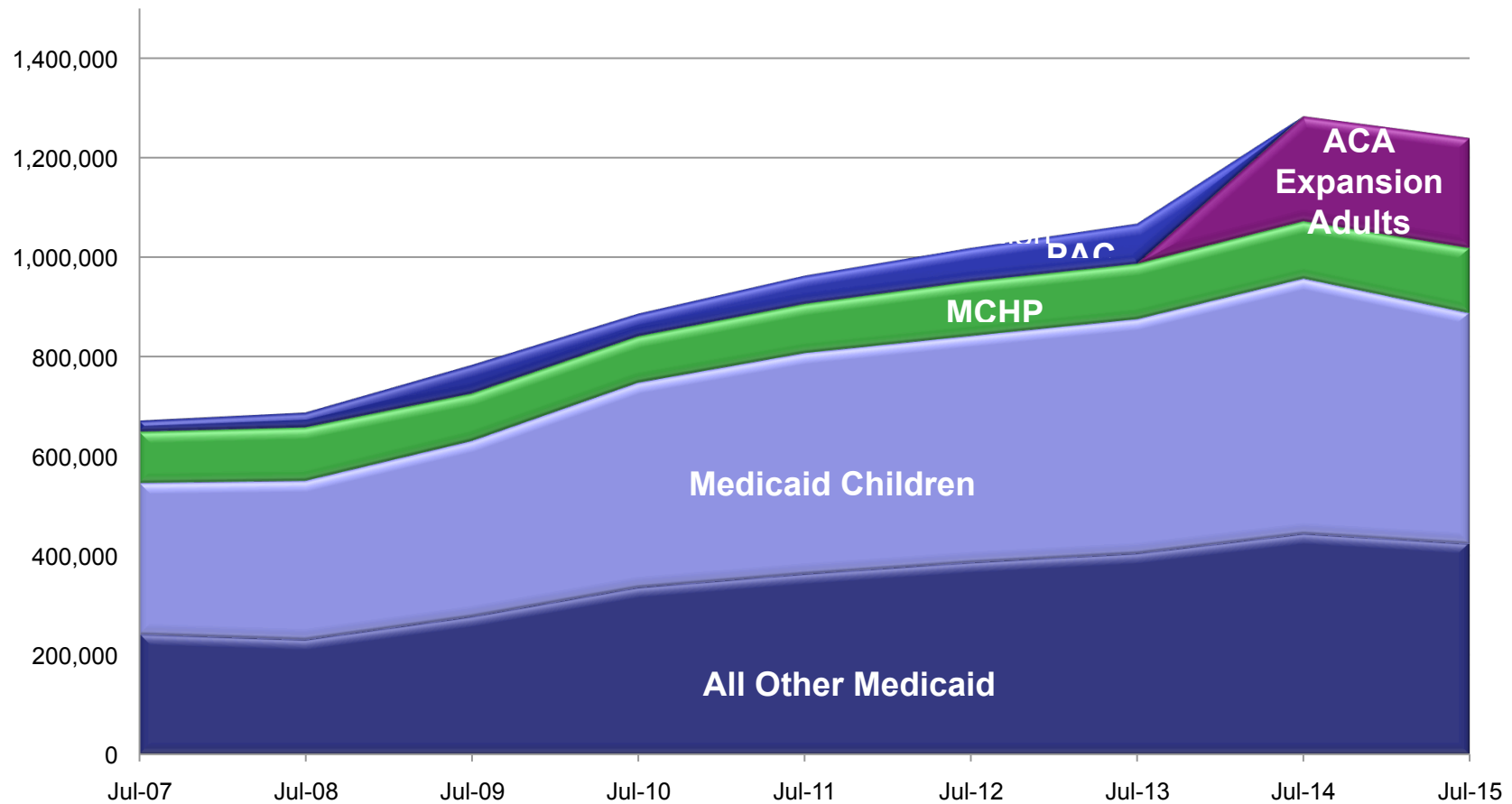
# Maryland Medicaid Basics

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- 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 1.2 million people – approximately one in six Marylanders.
  - Over 1 million are enrolled in HealthChoice (managed care).



# 2008 and 2014 Expansions are Main Drivers of Enrollment Increases



# Baltimore EMA

(as of April 2016)

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
<b>Anne Arundel</b>	31	\$557.31	18	\$1,519.06	47	\$897.43	99	\$1,299.72	116	<b>311</b>
<b>Baltimore Co.</b>	111	\$557.31	71	\$1,519.06	116	\$897.43	267	\$1,299.72	305	<b>870</b>
<b>Carroll</b>	*	\$557.31	*	\$1,519.06	*	\$897.43	*	\$1,299.72	*	<b>38</b>
<b>Harford</b>	*	\$557.31	*	\$1,519.06	20	\$897.43	40	\$1,299.72	45	<b>120</b>
<b>Howard</b>	*	\$557.31	*	\$1,519.06	16	\$897.43	49	\$1,299.72	48	<b>130</b>
<b>Queen Anne's</b>	*	\$557.31	*	\$1,519.06	*	\$897.43	*	\$1,299.72	*	<b>23</b>
<b>Baltimore City</b>	340	\$557.31	609	\$1,519.06	560	\$897.43	1,961	\$2,281.15	1,800	<b>5,270</b>
<b>TOTAL-Baltimore EMA</b>	<b>512</b>	<b>\$557.31</b>	<b>710</b>	<b>\$1,519.06</b>	<b>772</b>	<b>\$897.43</b>	<b>2,440</b>	<b>\$2,088.48</b>	<b>2,328</b>	<b>6,762</b>
<b>TOTAL – STATEWIDE</b>	<b>831</b>	<b>\$557.31</b>	<b>835</b>	<b>\$1,519.06</b>	<b>1,101</b>	<b>\$897.43</b>	<b>3,206</b>	<b>\$1,705.84</b>	<b>3,068</b>	<b>9,041</b>

\*Cells with less than 15 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 \$15.2 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 \$10,300 / month total





Maryland Medicaid's

# HIV SERVICE DELIVERY



# Current Service Delivery

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- Most people in Medicaid and MCHP are in *HealthChoice*, Maryland's managed care program.
- Under *HealthChoice*, enrollees choose 1 of 8 Managed Care Organizations (MCOs) to provide their care.
- MCOs contract with DHMH to provide Medicaid covered services through their provider networks in return for monthly payments from DHMH. 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

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- AMERIGROUP Community Care
- Jai Medical Systems
- Kaiser Permanente
- Maryland Physicians Care
- MedStar Family Choice
- Priority Partners
- Riverside Health of Maryland
- UnitedHealthcare





# Services Currently Covered under Medicaid

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- 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

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- 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 abuse treatment are “carved out” of the MCO benefit package and administered by an ASO.



# HIV/AIDS MCO Capitation Rates

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- 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 2016 (all HIV/AIDS drugs are carved out):
  - HIV Families & Children: **\$557.31**
  - HIV Disabled: **\$1,519.06**
  - HIV Childless Adults: **\$897.43**
  - AIDS:
    - Baltimore City: **\$2,281.15**
    - Rest of State: **\$1,299.72**



# HIV/AIDS Pharmacy Costs

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- 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.



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Maryland Medicaid

# ELIGIBILITY



# Eligibility

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**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:

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



# MAGI Eligibility

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- Adults under age 65: Up to 138% of the Federal Poverty Level (FPL).
- Children: Up to 300% FPL
- Pregnant Women: Up to 250% 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.
- Individuals >400% FPL can purchase a QHP without assistance.



# What is MAGI?

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- Modified Adjusted Gross Income
- A new way to determine household size and calculate income for eligibility purposes, based on IRS rules
- Changes the way Medicaid and MCHP eligibility are determined for children and most adults
- Eliminates current disregards and deductions
- Requires basic non-financial criteria plus simple income comparison
- The general rule is that a household includes the people who file federal income taxes together.





# MAGI Income Eligibility for Adults

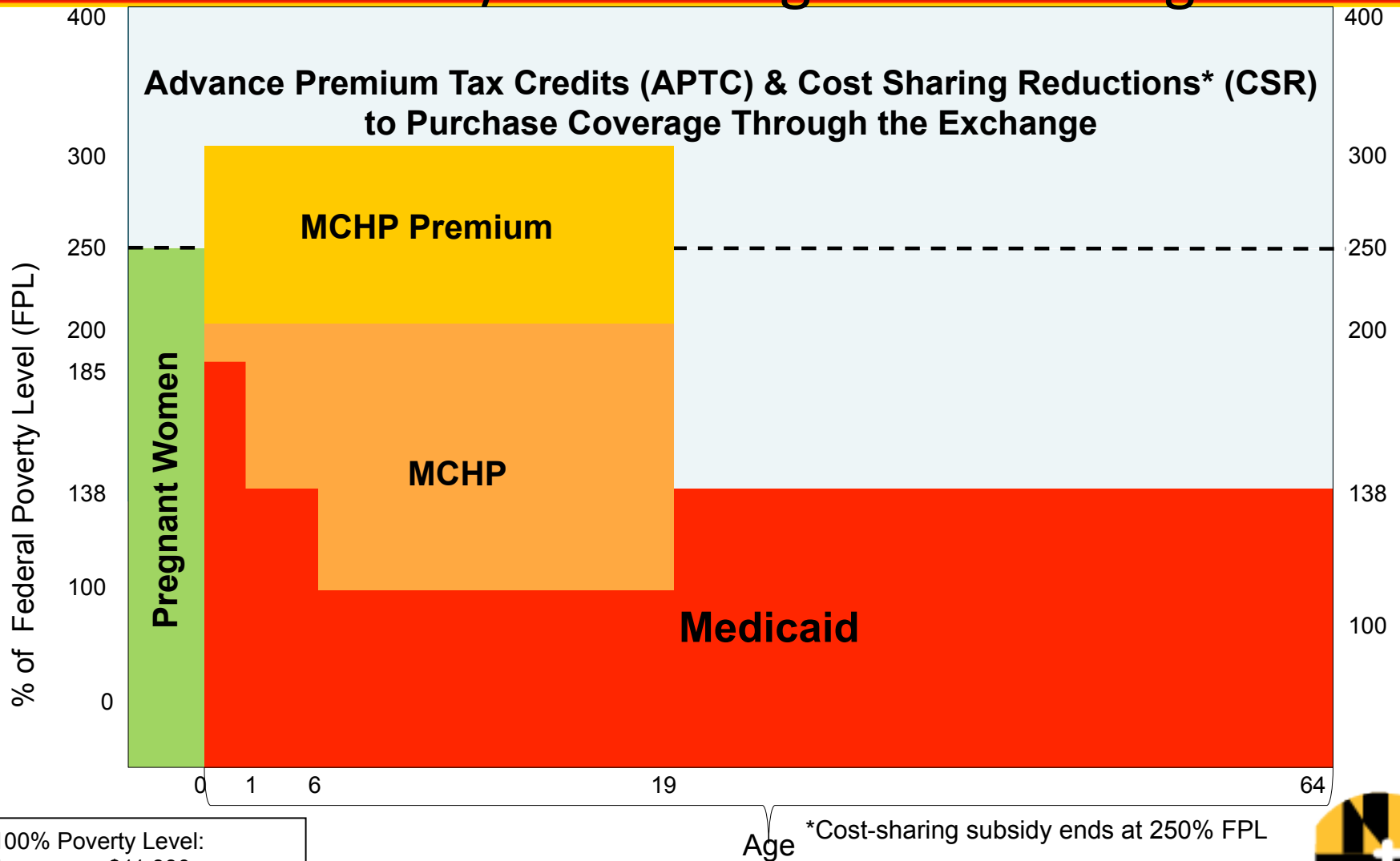
If your household size is this:	You may be eligible for Medicaid if your income* is less than approximately:	You may be eligible for reduced premiums and/or lower insurance costs if your income is less than approximately:
		For Plans in 2016
1	\$16,394	\$47,080
2	\$22,108	\$63,720
3	\$27,821	\$80,360
4	\$33,534	\$97,000
5	\$39,247	\$113,640
6	\$44,960	\$130,280
7	\$50,687	\$146,920
8	\$56,428	\$163,560

Source: Maryland State Dept. of Health and Mental Hygiene, Medicaid Planning Administration

\*Income eligibility levels for pregnant women and families with children are higher.



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



100% Poverty Level:  
 1 person = \$11,880  
 2 persons = \$16,020  
 4 persons = \$24,300  
 As of April 2016

# The Affordable Care Act (ACA) and Older Adults

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- 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

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- 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.

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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: \$7,280/individual or \$10,930/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

## Specified Low Income Medicare Beneficiary Program (SLMB)

- Income limits: 100% - 120% of the FPL
- Asset limits: \$7,280/individual or \$10,930/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 \$7,280/individual or \$10,930/couple (adjusted annually for inflation)



# The Five-Year Bar

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## 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 advance premium tax credits (APTC) and cost sharing reductions (CSR) 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

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- 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.





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# ENROLLMENT PERIODS



# Enrollment Periods

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- 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, 2016**
- If a consumer experiences a life event, they may qualify for a Special Enrollment Period.



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# REDETERMINATIONS



# Redeterminations

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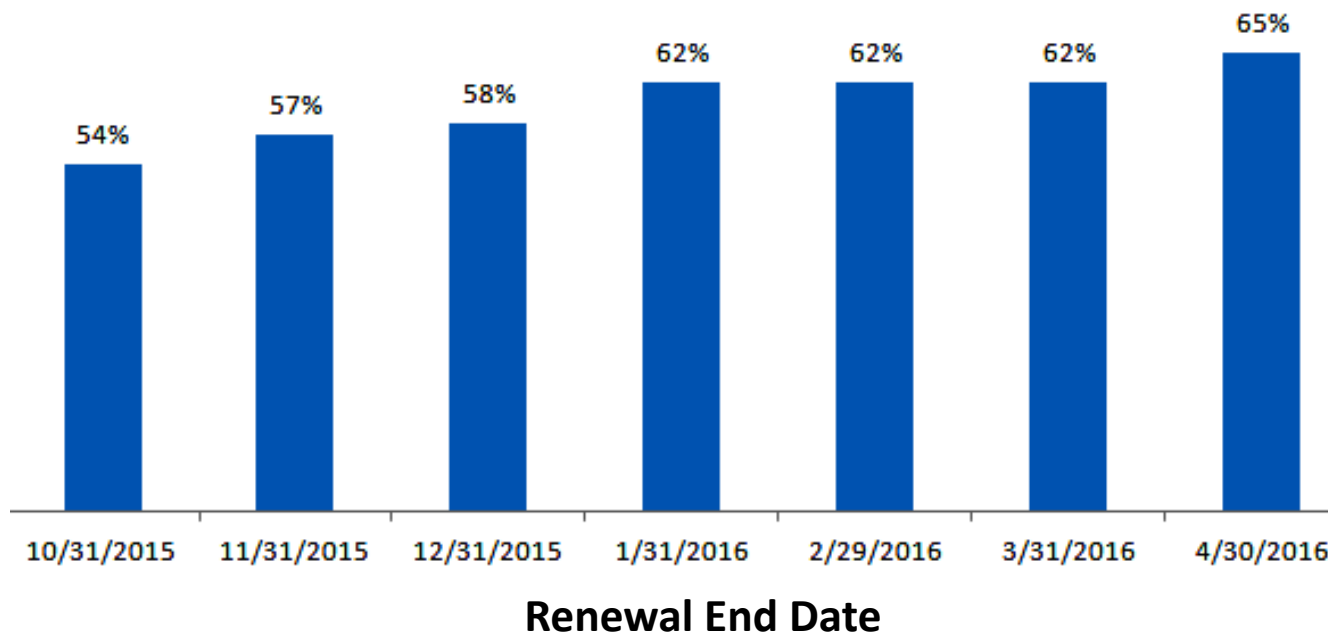
- Medicaid recipients must renew their benefits annually, this is also known as getting a redetermination.
- Timeline:
  - Initial notification: 60-75 days before benefits close
  - Recipients enrolled in the HealthChoice Program may also be contacted separately by their managed care organization (MCO).
- Eligibility Verification System (EVS) Update



# Auto-Renewals in Maryland Health Connection (MHC)

- During the first seven months of Medicaid renewals in MHC, an average of 60.2% of recipients have been “auto-renewed” using administrative data.

## Percent Auto-Renewed



# How to Reapply

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- **HealthChoice recipients** must reapply using Maryland Health Connection--
  - Create an account and apply online using [www.marylandhealthconnection.gov](http://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.



# Helpful Resources

**General Information:** <http://mmcp.dhmf.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 [dhmf.medicaidmarge@maryland.gov](mailto:dhmf.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/>



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# QUESTIONS?







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