



Maryland Medicaid Program

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Maryland Medicaid

- 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/MCHP Funding

- Like other states, Maryland receives federal matching funds (although the amount varies from state to state)
 - 50% federal matching for most Medicaid services
 - 65% federal matching for the Maryland Children's Health Program (MCHP)
 - 75% federal matching for some operational/systems initiatives
 - Federal Stimulus - ARRA enhanced match, expired on July 1, 2011 (62.5% - 56.88%)



Medicaid and MCHP Enrollment

- Provides benefits for an average of more than 952,000 people – almost one in six Marylanders
 - Over 750,000 are enrolled in HealthChoice
 - PAC covers approximately 56,000 people (or close to 5.9% of the total Medicaid/MCHP population)
- Costs over \$7 billion in state and federal funds



Covered Populations

- Medicaid provides medical and long-term care coverage to low income Maryland citizens
- Medicaid covers four main groups
 - Children and pregnant women
 - The elderly
 - Persons with disabilities
 - Cost-sharing for low-income Medicare beneficiaries (e.g., payment of Medicare premiums, deductibles)
- The Maryland Children's Health Program (MCHP) provides health coverage to children up to 19 years in families with incomes below 200% of poverty (a monthly family premium is required for families between 200% and 300%); pregnant women of any age with incomes up to 250% of poverty are covered under Medicaid.

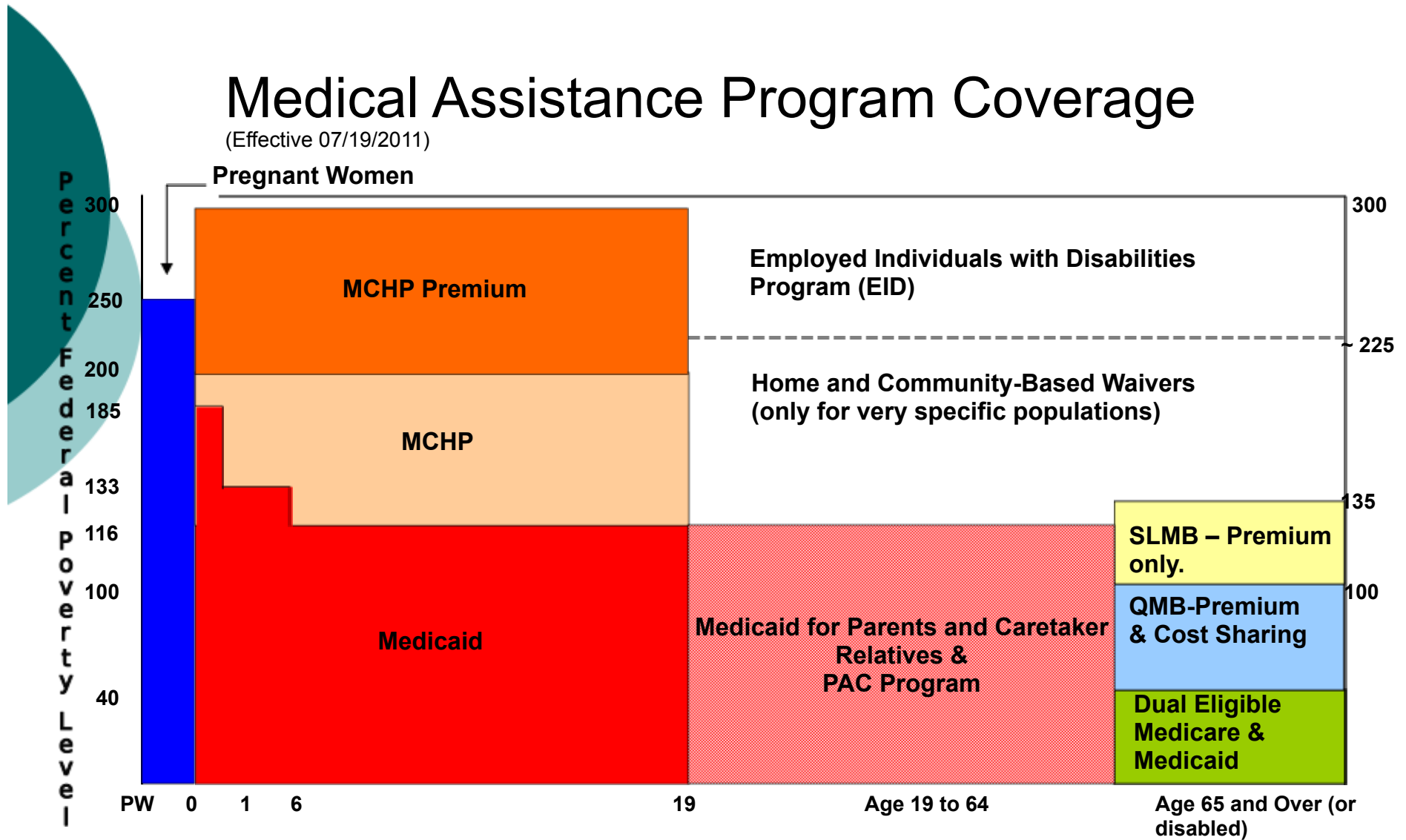


Additional Programs

- **PAC (Primary Adult Care)**
 - Limited primary care benefit package for low income adults earning up to 116% of the FPL, over 56,000 currently enrolled
- **REM (Rare and Expensive Case Management Program)**
 - 270 REM recipients with HIV diagnosis.
- **9 Home and Community Based Services (HCBS) Waivers**
 - Provide community-based long term care services as alternative to institutional care
 - Targeted populations
 - Capped enrollment
- **EID (Employed Individuals with Disabilities)**
 - Working individuals with disabilities can have more income and resources and be eligible for Medicaid

Medical Assistance Program Coverage

(Effective 07/19/2011)



Poverty Level:
 1 person = \$10,890
 2 persons = \$14,710
 4 persons = \$22,350

As of 7/19/2011

Note: This chart is for illustrative purposes only. Each coverage group has specific eligibility and some asset requirements, which are not shown.



Services 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, including:

- 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
- Early and periodic screening, diagnostic, & treatment (EPSDT) services for children under 21
- Family planning services
- FQHCs and rural health clinic 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



Service Delivery

- Most people in Medicaid and MCHP are in *HealthChoice*, Maryland's managed care program.
- Under *HealthChoice* managed care, enrollees choose 1 of 7 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 FFS.
- All PAC enrollees choose 1 of 5 PAC MCOs.



Service Delivery (cont.)

- 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 will be paid through Medicaid fee-for-service (FFS), not the MCOs.
- Specialty mental health services are “carved out.” These services are covered by Medicaid FFS and are accessed through ValueOptions, the public mental health system’s contractor.



PAC Expansion of Services

- In January 2010, PAC added substance abuse services and some emergency services:
 - Physician management of buprenorphine and naloxone (covered by PAC since inception)
 - In January additional community based SA services were added including:
 - Comprehensive substance abuse assessment
 - Individual, family, or group counseling
 - Methadone maintenance
 - Intensive outpatient treatment
- Services delivered in hospitals and HSCRC- controlled clinics are not covered

Codes and Rates for Self-Referred Community-Based Substance Abuse Services

Service	Code	HCPD Description	Unit of Service	New Rate
Comprehensive Substance Abuse Assessment (CSAA)	H0001	Alcohol and/or drug assessment	Per assessment	\$142
Individual Outpatient Therapy	H0004	Behavioral health counseling and therapy	Per 15 minutes	\$20
Group Outpatient Therapy	H0005	Alcohol and/or drug services; group counseling by a clinician	Per 60-90 minute session	\$39
Intensive Outpatient	H0015	Alcohol and/or drug services; intensive outpatients (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education.	Per diem (minimum two hours of service per session) Maximum four days per week	\$125
Methadone Maintenance	H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Per week	\$80

HIV/AIDS Medicaid Enrollment (as of April 2011)

County	HIV – HealthChoice - Families & Children	HIV HealthChoice - Disabled	AIDS - HealthChoice	HIV / AIDS PAC	HIV / AIDS FFS	TOTAL – ALL PROGRAMS
Anne Arundel	31	24	54	54	155	318
Baltimore Co.	77	75	171	109	359	791
Carroll	4	6	7	6	16	39
Harford	9	11	8	8	54	90
Howard	10	6	18	10	52	96
Baltimore City	385	738	1,666	719	2,171	5,679
TOTAL-EMA	516	860	1,924	906	2,807	7,031*
TOTAL – STATEWIDE	789	1,001	2,328	1,220	3,747	9,085*

*Due to the small number of enrollees in Queen Anne’s County, the numbers are not included for each coverage group. A total of 18 PLWH/As are enrolled in all programs in Queen Anne’s County and these 18 are included in the Statewide total as well as the EMA total.



Medicaid HIV/AIDS Expenditures

As of April 2011, there are approximately **7,031** Medicaid/PAC recipients with HIV or AIDS in the Baltimore EMA

- FFS recipients receive medically necessary services and the Department directly reimburses providers
- MCOs (for HealthChoice and PAC enrollees) are paid different capitation rates for each enrollee based on category and location of enrollee
 - Capitation rate covers most medical care, but not HIV drugs or mental health services which are “carved-out” and covered fee-for-service



HIV/AIDS MCO Capitation Rates

- PAC capitation rates are based on age and gender, and range from about **\$139.83 to \$231.97**, Per Member Per Month (all HIV/AIDS drugs are carved out)
- For HealthChoice enrollees, Maryland has always used a risk-adjusted methodology to set capitation rates
- HealthChoice HIV/AIDS Capitation Rates for medical costs, Per Member Per Month, effective Jan. 1, 2011 (all HIV/AIDS drugs are carved out):

	Baltimore City	Rest of State
HIV Families & Children	\$612.79	\$612.79
HIV Disabled	\$1,609.69	\$1,609.69
AIDS	\$3,030.41	\$2,135.18



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 PAC and are covered under FFS
- HIV/AIDS drug costs average approximately **\$6 million** per month for HealthChoice, FFS, and PAC EMA recipients
 - PAC recipients pay **\$7.50** (brand) and **\$2.50** (generic) co-pays for all drugs, which amounts to approximately \$10,000/month total
 - HealthChoice and FFS recipients pay **\$1** co-pays for all HIV/AIDS drugs, totaling approximately \$11,000/month



FY 2012 Medicaid Transportation Budget Allotment

County	Budget
Anne Arundel	\$1,328,068
Baltimore County	\$3,364,541
Carroll	\$728,406
Harford	\$1,192,132
Howard	\$574,976
Queen Anne	\$338,002
Baltimore City	\$10,267,052
Statewide Total	\$34.7 million

HRSA Continuum of Care

HRSA'S CONTINUUM OF CARE MODEL					
1: Unaware of HIV Status	2: Aware of HIV status but not in care	3: May be in care but not HIV care	4: Entered HIV PMC but lost to follow-up	5: In and out of HIV care	6: Fully engaged in HIV PMC
PREVENTION					
EIIHA	CARE				
Goal 1: Prevention	Goal 2: Engage clients in HIV care	Goal 3: Stabilize clients in HIV care		Goal 4: Maintain clients in HIV care	
Maryland Medicaid is an entitlement program and provides health benefits to enrollees based on their health care needs. The funds to care for PLWH/As are variable dependent upon an enrollee's utilization of services.					
Covers HIV tests, HIV counseling, and preventive counseling.	Covers HIV tests, case management, substance abuse services, and counseling.	Covers CD4/viral load tests, ART medication, transportation to doctors' visits, substance abuse services, counseling, long term care services and supports, case management, and the full array of services in Medicaid and PAC.		Covers CD4/viral load tests, ART medication, transportation to doctors' visits, substance abuse services, long term care services and supports, case management, and the full array of services in Medicaid and PAC.	



Health Reform

Impact of Patient Protection and Affordable Care Act

- Eligibility – changes effective January 1, 2014
 - Establishes minimum income eligibility level of 133% of federal poverty level (FPL)
 - Adds three new mandatory eligibility categories:
 - (1) single, childless adults, under age 65 who are not disabled (states could begin implementing this option in 2010)
 - (2) parents
 - (3) former foster care children under 26
- All newly eligible non-pregnant adults are guaranteed a benchmark benefit package
- States will receive additional federal assistance to defray costs of covering newly eligible beneficiaries

(Section 2001)



New Medicaid Opportunities for PLWH/A Care

- June 6, 2011 Center for Medicare and Medicaid Services (CMS) letter details new initiatives to cover PLWH/As through provisions in the Affordable Care Act (ACA) and highlights existing opportunities.
- The initiatives allow states to continue/ amend innovative Home and Community Based Service (HCBS) programs and to design new programs using six different Medicaid options.



Initiatives for PLWH/A Care

- The six options for Medicaid expansion are:

1. **Community First Choice:**

- New ACA option to enhance self-directed home and community-based services and supports. Funds can be used to assist PLWH/A in activities of daily living and for health-related tasks.

2. **Health Homes:**

- New ACA option allows states to design a program to coordinate care to patients with **multiple** chronic conditions. For PLWH/As that suffer from substance abuse and/or mental health issues, this option provides opportunities to coordinate care for physical and behavioral health, as well as helping to establish linkages to long-term supports.



Initiatives (cont.)

3. Section 1915(c) HCBS Waiver:

- CMS already allows states to design innovative HCBS programs through section 1915(c) waivers. These waivers allow states to avoid certain federal requirements so they can develop long-term services and supports in the community rather than a hospital or nursing home.

4. Section 1915(i) State Plan HCBS Waiver:

- New ACA option allows states to go beyond what is available in a section 1915(c) waiver. States can expand eligibility for more individuals and can provide more services, including personal care, nutritional counseling, grief and bereavement counseling, nursing and other options.



Initiatives (cont.)

5. Money Follows the Person (MFP):

- Existing program in Maryland and ACA has renewed MFP until 2019. This program allows states to specifically tailor services and supports for individuals as they transition from an institutional setting to a community-based setting.

6. Section 1115 Demonstration:

- Existing option allows states to design experimental programs to meet the objectives of Medicaid. Maryland uses the 1115 option to operate HealthChoice and PAC.
 - Washington DC – full Medicaid coverage to PLWH/As >100% FPL
 - Maine – full Medicaid coverage to PLWH/A >250% FPL, and rigorous protocols to PLWH/As >100% FPL



Next Steps

- Medicaid has invited an IDEHA representative to join the Long Term Care Reform Workgroup.
- The 1115 expansion option would require additional general funds.
 - Financial estimates are being developed.



Additional Information

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General Information: www.dhmh.state.md.us/mma
Medical Assistance Hotline: 1.800.456.8900
PAC Enrollee Action Line: 1.888.754.0095
PAC Eligibility: 1.800.226.2142 or
www.dhmh.state.md.us/mma/pac/index.htm