Maryland Medicaid Program

Aaron Larrimore

Medicaid
Department of Health and Mental Hygiene
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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 Funding

- Like other states, Maryland receives federal matching funds (although the amount varies from state to state)

  o 50% federal matching for most Medicaid services

  o 65% federal matching for the Maryland Children's Health Program (MCHP)

  o 75% federal matching for some operational/systems initiatives

Medicaid Enrollment

- Provides benefits for an average of more than 1,000,000 people – approximately one in six Marylanders

  - Over 760,000 are enrolled in HealthChoice (managed care)

  - Primary Adult Care (PAC) covers approximately 62,000 people (or close to 6.3% of the total Medicaid 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 generally 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%).
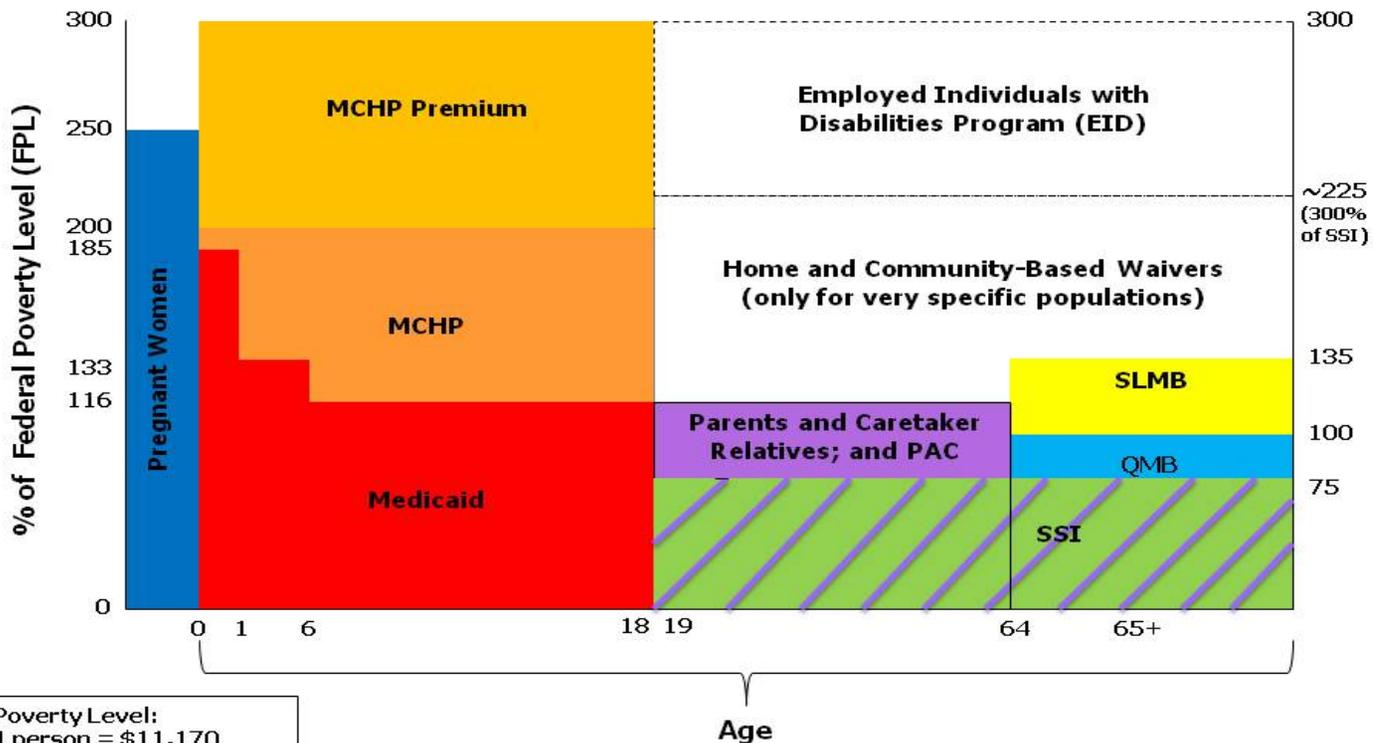
Additional Programs

- **PAC (Primary Adult Care)**
  - o Limited primary care benefit package for low income adults earning up to 116% of the FPL, approximately 62,000 currently enrolled.
- **REM (Rare and Expensive Case Management Program)**
  - o 258 REM pediatric recipients with HIV diagnosis (includes infants with inconclusive HIV result).
- **9 Home and Community Based Services (HCBS) Waivers**
  - o Provide community-based long term care services as alternative to institutional care
  - o Targeted populations
  - o Capped enrollment
- **EID (Employed Individuals with Disabilities)**
  - o Working individuals with disabilities can have more income and resources and be eligible for Medicaid.

Medical Assistance Program Coverage

Effective: 4/1/2012

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 for children, 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
- 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

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 MAPS-MD, 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)

  - Community based SA services 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

HIV/AIDS Medicaid Enrollment in the Baltimore EMA (as of March 2012)

County	HIV – HealthChoice - Families & Children	HIV HealthChoice - Disabled	AIDS - HealthChoice	HIV / AIDS PAC	HIV / AIDS FFS	TOTAL – ALL PROGRAMS
Anne Arundel	28	23	60	64	162	**337**
Baltimore Co.	97	71	183	128	394	**873**
Carroll	X	X	X	X	20	**38**
Harford	X	10	X	X	53	**92**
Howard	11	X	20	14	56	**106**
Baltimore City	401	721	1,579	766	2,302	**5,769**
TOTAL-EMA*	**551**	**834**	**1,863**	**991**	**2,994**	**7,233**
TOTAL – STATEWIDE*	**841**	**964**	**2,249**	**1,329**	**3,951**	**9,334**

*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.
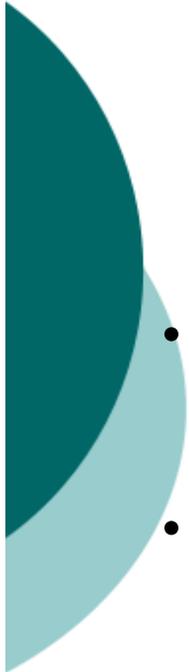
Medicaid HIV/AIDS Expenditures

- As of March 2012, there are approximately **7,233** 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 risk-adjusted 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 **$160.95 to $241.65**, 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, 2012 (all HIV/AIDS drugs are carved out):

	Baltimore City	Rest of State
HIV Families & Children	$651.30	$651.30
HIV Disabled	$1,663.41	$1,663.41
AIDS	$2,693.06	$1,814.67

HIV/AIDS Pharmacy Costs – As of Calendar Year 2011

- 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 **$5.9 million** per month for HealthChoice, FFS, and PAC recipients in the Baltimore EMA

  o PAC recipients pay **$7.50** (brand) and **$2.50** (generic) co-pays for all drugs, which amounts to approximately $9,250 per month across the EMA

  o HealthChoice and FFS recipients pay **$1** co-pays for all HIV/AIDS drugs, totaling approximately $5,750 per month across the EMA

Health Care Reform
Impact of Patient Protection and Affordable Care Act

Health Reform
Expansion of Medicaid Eligibility

- 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) adults under age 65 who are not disabled or a parent;
    - (2) parents up to 133% of the FPL; and
    - (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

Health Reform
What does it mean for PLWHAs?

- How will PLWHAs get insurance coverage?
  - PAC recipients will now receive the services available under Medicaid.
  - Adults up to 133% of the FPL will be in Medicaid.
  - Adults above 133% will be able to receive health insurance in the Exchange.

- What services will PLWHAs receive?
  - PLWHAs in Medicaid and the Exchange must receive the **Essential Health Benefits** mandated in the health care reform law.
  - The Exchange will be working over the next few months to come up with the details of what will be covered in health insurance plans offered through the Exchange.

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Health Reform
Overlap between Ryan White and Medicaid

- There will be overlap between the services covered in Medicaid and the medical services covered in Ryan White.

- This overlap could effect Ryan White financing because of the 75/25 rule and Ryan White rules on being the payer of last resort.

- Looking ahead, the Planning Council should consider how the expansion of health insurance will impact Ryan White services.

Case Management

○ **Under Ryan White, it is:**

● Medical Case Management
  ● [A] range of client-centered services that link clients with health care, psychosocial, and other services.

● Non-Medical Case Management
  ● Assistance in obtaining medical, social, community, legal, financial, and other needed services.

● Referral for health care/ supportive services.

○ **Current Status**

○ Case management services are covered for Medicaid enrollees, but are not available under PAC.

○ Will it be covered by Medicaid under Health Care Reform?
  ○ **Yes**

Outpatient/Ambulatory Medical Care, Early Intervention Services & Health Education/Risk Reduction

- **Under Ryan White, it is:**

- Medical services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Includes primary and specialty care services.

- Counseling, testing, referrals clinical and diagnostic services, periodic medical evaluations for individuals with HIV/AIDS, and providing therapeutic measures.

- Educating clients with HIV about HIV transmission and how to reduce the risk of HIV transmission.

- **Current Status**

- Currently medical services like primary and specialty care are covered under Medicaid, but only primary care and emergency services are covered in PAC. When health reform goes into effect, PAC recipients will receive coverage for visits to specialists.

- Will they be covered by Medicaid under Health Care Reform?
  - **Yes**

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Pharmaceuticals

○ **Under Ryan White, it is:**

- AIDS Drug Assistance Program
  - ADAP Treatments fall in this category.

- AIDS Pharmaceutical Assistance
  - Local pharmacy assistance programs to provide HIV/ AIDS medications to clients.

○ **Current Status**

○ Prescription drugs are currently covered in Medicaid and PAC.

○ Will it be covered by Medicaid under Health Care Reform?
  - **Yes**

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Oral Health Care

- **Under Ryan White, it is:**

- Diagnostic, preventive, and therapeutic dental services.

- **Current Status**

- Oral health care is only covered for children, pregnant women and adults in REM. It is not covered for adults in Medicaid or in PAC.

- Will it be covered by Medicaid under Health Care Reform?
  - **No**

Health Insurance Premium & Cost Sharing Assistance

Under Ryan White, it is:

- Financial assistance PLWHAs to maintain health insurance or to receive medical benefits under a health insurance program.

- Includes premium payments, risk pools, copayments, and deductibles.

Current Status

- Medicaid offers coverage without premium payments for most enrollees, but with co-pays for drugs. In PAC, co-pays are higher for drugs, but PAC recipients will receive a full Medicaid benefit in 2014.

- Will it be covered by Medicaid under Health Care Reform?
    - **Yes**

Home Health Care & Home and Community Based Health Services

- **Under Ryan White, it is:**

- Home Health Care
  - Includes medical services in the home by licensed health care workers and administration of IV and aerosolized treatment, parenteral feeding, and diagnostic testing.

- Home and Community Based Health Services
  - Durable medical equipment; home health aide services and personal care services in the home; day treatment, Home Health Care services, and mental health, developmental and rehab services.

- **Current Status**

- Personal care and home & community based services are available under Medicaid. Many of these services are covered through the Department's waiver programs. These services are not available under PAC.

- Will they be covered by Medicaid under Health Care Reform?
  - **Yes (However, they will still be covered under waiver programs)**

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Hospice

- **Under Ryan White, it is:**

- End-of-life care provided to clients in the terminal stages of illness.

- Includes room, board, nursing care, counseling, physician services, and palliative therapeutics. Services may be provided in a residential setting.

- **Current Status**

- Hospice services are currently covered under Medicaid but not in PAC.

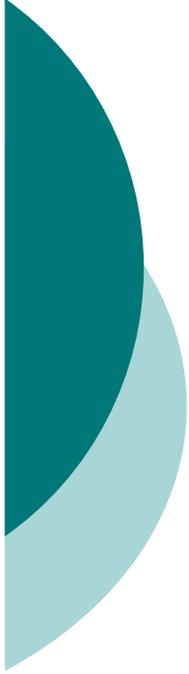- Will it be covered by Medicaid under Health Care Reform?
  - **Yes**

Mental Health Services

- **Under Ryan White, it is:**

- [P]sychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness.

- **Current Status**

- Outpatient mental health services are currently covered under Medicaid and PAC. Residential services are not covered.

- Will it be covered by Medicaid under Health Care Reform?
  - **Yes (Only outpatient services)**

Medical Nutrition Therapy

- **Under Ryan White, it is:**

- Provision of nutritional supplements.

- **Current Status**

- Nutritional supplements are covered for children and for enrollees unable to swallow and in need of a feeding tube.

- Will it be covered by Medicaid under Health Care Reform?
    - **No (only for the groups above)**
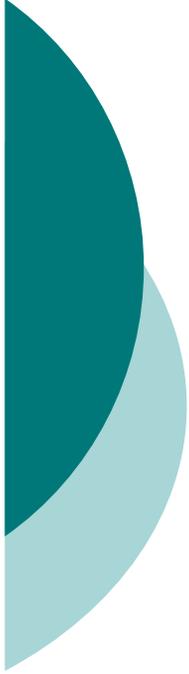
Substance Abuse Services

- **Under Ryan White, it is:**

- Substance Abuse Treatment - Outpatient
  - Medical or other treatment and/or counseling to address substance abuse problems in an outpatient setting.

- Substance Abuse Treatment – Residential
  - Treatment to address substance abuse problems in a residential health service setting.

- **Current Status**

- Outpatient services are covered in Medicaid and PAC.

- Will it be covered by Medicaid under Health Care Reform?
  - **Yes**

- **Current Status**

- Residential services are not covered for adults.

- Will it be covered by Medicaid under Health Care Reform?
  - **No**

Support Services Covered in Medicaid

- **Under Ryan White, they are:**

- Transportation
  - Conveyance services provided, directly or through voucher, to a client so that he or she may access health care services

- Rehabilitation -
  - Physical Therapy

- **Current Status:**

- These services are currently covered under Medicaid.

- Will they be covered by Medicaid under Health Care Reform?
  - **Yes**

Support Services Not Covered in Medicaid

- **Under Ryan White, they are:**

- Psychosocial Supports
- Child Care
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Housing
- Legal Services
- Outreach
- Linguistics
- Respite Care
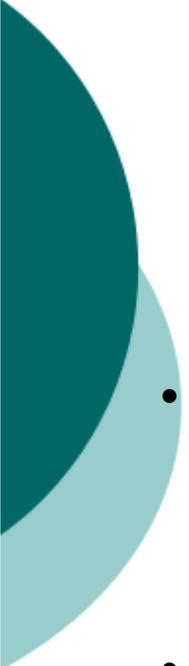- Rehabilitation –
  - Occupational Therapy Speech Therapy

- **Current Status**

- These services are not currently covered under Medicaid.

- Will it be covered by Medicaid under Health Care Reform?
  - **No**

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PLWHA Committee Questions & Answers

- Will consumers get to pick the insurance that will cover them in Medicare, Medicaid and the Exchange?
  - In Medicare, consumers can pick from Medicare Advantage plans or remain in FFS.
  - In Medicaid, consumers can pick from MCOs. Certain populations will remain in FFS.
  - In the Exchange, consumers can pick from Qualified Health Plans.

- How many patients are in a case manager's caseload in Medicare, Medicaid and the Exchange?
  - There is no set number of caseloads as they vary by case manager.

- My doctor is based in a hospital – will I be able to see them more than 6 to 7 times a year?
  - Medicaid does not have a rule limiting visits.

PLWHA Committee Questions & Answers

- How am I going to access my case manager (other than by phone) if I need him or her to sign off on things?
  - Check with your MCO to see how their case management process works. Medical emergencies are covered.

- Will there be education given to consumers to navigate the new system?
  - Enrolling in Medicaid can still be done at local health departments, DSS offices, and other places where there will be assistance. The Exchange will also have the patient navigator program.

- Who pays in an emergency situation?
  - Medicaid pays for emergency services.

PLWHA Committee Questions & Answers

- Will I be able to access my case manager who is in a CBO?
  - If a PLWHA receives case management services through a MCO, then their case manager would have to be part of the enrollee's MCO network.

- I want to access all my healthcare in one place. Will I get insurance that allows me to do so?
  - Access to particular doctor's offices and other health facilities depend on whether they are part of an MCO network. Talk to your MCO about what doctors are available in their plan.

- Will Medicare Part D fold into Medicaid and the Exchange?
  - Part D will still be a part of Medicare and people with Medicare will still access Part D like they do right now.

- Will the formularies be the same across insurance carriers?
  - The formularies may not be exactly the same, but plans must cover HIV/AIDS medications.

Additional Information

Aaron Larrimore
Health Policy Analyst
Office of Planning
Medical Care Programs
Maryland Department of Health and Mental Hygiene
410.767.5814
alarrimore@dhmh.state.md.us

General Information: http://mmcp.dhmh.maryland.gov/
Medical Assistance Hotline: 1.800.456.8900
PAC Enrollee Action Line: 1.888.754.0095
PAC Eligibility: 1.800.226.2142 or http://mmcp.dhmh.maryland.gov/mpac/