













## Who is covered in Maryland's Medicaid Program?

### ELIGIBILITY GROUPS

**MCO**<sup>1, 2</sup>    **FFS**<sup>1, 3, 4</sup>

Children (0-18 years)			Dual Eligibles
Current & Former Foster Care Children			Undocumented Immigrants**
Parents and other Caretaker Relatives			Incarcerated <sup>+</sup>
Pregnant Women			
Aged, Blind, and Disabled Adults			
Disabled Children			
Newly Eligible Adults			
Qualified Non-Citizens*			
Intellectual and Developmental Disabilities			

\*Qualified Non-Citizens are subject to a 5-year waiting requirement, except for children up to 19 years of age and pregnant women

\*\* Emergency services only

<sup>+</sup> Limited services only (such as inpatient hospitalization)

## Important News

**June 2016** - A new program passed in the General Assembly session allows persons with disabilities to save up to \$14,000 per year without services, such as Medicaid, being rescinded. To be eligible, members can be any age, but they must have been diagnosed with a mental, developmental, or physical disability before they were 26 years of age.<sup>5</sup>

**January 2017** - Maryland receives permission from the federal government to give all previously incarcerated individuals "presumptive eligibility" who are enrolled in Medicaid prior to their release.<sup>6</sup>

**May 2017** - Maryland receives permission from the federal government to give all previously incarcerated individuals "presumptive eligibility" who are enrolled in Medicaid prior to their release.<sup>7</sup>



## Medicaid Medical Director's Network

The state of Maryland implemented an opioid utilization policy in order to support the implementation of CDC guidelines to require prior authorization (PA) for long-acting opioids, high-quantity, or high-dose morphine milligram equivalents.

## Do Medicaid health plans provide coverage?<sup>8</sup>

YES     NO

- Amerigroup Community Care
- Jai Medical Systems
- Kaiser Permanente
- Maryland Physicians Care
- Medstar Family Choice
- Priority Partners
- Riverside Health of Maryland
- UnitedHealthcare Community Plan of Maryland

## How has Maryland's Medicaid program engaged in Managed Care?

### SECTION 1115 WAIVERS<sup>9</sup>

**Maryland HealthChoice** was created to cover Maryland's Medicaid population through managed care, with mandatory enrollment into managed care organizations (MCOs) for the newly eligible adults, parents and caretakers, pregnant women, children up to 21 years of age, and non-dual blind and disabled. This waiver provides integration of previous programs into this system.

APPROVAL:  
10/30/1996

EFFECTIVE:  
7/1/1997

EXPIRATION:  
12/31/2021



## How is Maryland meeting the needs of Medicaid enrollees?

### Value-Based Healthcare Initiatives

Maryland Multi-Payer Patient-Centered Medical Home Program is a Patient-Centered Medical Home (PCMH) that offers:<sup>10</sup>

- Integrated care plans for ongoing medical care partnering with patients and their families
- Chronic disease management with the assistance of specialized care coordinators
- Medication reconciliation for every visit
- Increased access to a primary care provider via telephone and available 24 hours daily
- Same-day appointments for urgent care
- Enhanced modes of care communication (e.g., e-mail)

Maryland Chronic Health Homes are for individuals with behavioral health needs who are at high risk for additional chronic conditions, including those with serious persistent mental illness, serious emotional disturbance, and opioid substance use disorders. Health Homes offer care coordination services from their regular providers. Services include:<sup>11</sup>

- Psychiatric rehabilitation programs
- Mobile treatment service providers
- Opioid treatment programs

Maryland's MedChi Network Services (MNS) ACO model focuses on the delivery of high-quality and cost-effective health care to enrollees participating in the Medicare shared savings program. This program strives to promote evidence-based care, promoting engagement and coordination of care, and internal reporting on cost and quality.<sup>12</sup>



### Mental Health & Substance Use Disorder

As part of Maryland's HealthChoice 1115 waiver, specialty mental health services are, carved out of the managed care as a fee-for-service arrangement. Services include:<sup>17</sup>



- Special acute psychiatric facilities
- Inpatient and outpatient services
- Special chronic psychiatric facilities
- Residential treatment centers
- Federally Qualified Health Centers (FQHCs)
- Mental health case management programs
- Mobile treatment services
- Psychiatric rehabilitation programs
- Appointments with certified nurse psychiatric specialists, clinical social workers, and licensed professional counselors
- Drug therapies covered:<sup>18</sup> methadone, naloxone, naltrexone, acamprosate, and disulfiram

### Family Planning

The family planning program is a limited benefit program that provides certain family planning services to eligible women under age 51 who lost their Medicaid coverage after they were covered for a pregnancy. Services include:<sup>13</sup>

- Advice about birth control methods
- Physical exams, including pelvic and breast exams
- Screenings, such as pap smears and for sexually transmitted infections
- Birth-control pills and devices
- Emergency contraception
- Permanent sterilization (must be at least 21)



### Women's Health

Women's health services include:

- Substance use treatment for pregnant and postpartum substance users, nutrition counseling, smoking-cessation education, and voluntary HIV counseling and testing<sup>14</sup>
- Appropriate emergency transfer of pregnant women, newborns, and infants to tertiary care centers<sup>14</sup>
- Case management services and intensive outpatient programs capable of addressing comprehensive needs, including day treatment that allows for children to be with their mothers<sup>14</sup>
- MCOs are required to provide information about the Healthy Start Case Management program<sup>14</sup> to the local health department, which provides support to pregnant and postpartum, low-income women<sup>15</sup>
- Maryland Breast and Cervical Cancer Program provides free breast and cervical cancer screening, diagnosis, and assistance with referral to treatment options for low-income women under a fee-for-service arrangement<sup>4, 16</sup>



### Oral Health

Maryland's Healthy Smiles Dental Program covers children under 21 years of age, former foster care children under age 26, pregnant women, and adults in the Rare and Expensive Case Management (REM) program. Services covered include:<sup>19</sup>

- Regular checkups
- Fluoride treatments to prevent cavities
- X-rays
- Root canals
- Extractions
- Teeth cleanings
- Some tooth sealants to prevent cavities
- Fillings
- Crowns

In addition, children and former foster care children are covered for orthodontics, while pregnant women and adults in the REM program qualify for dentures.





MD

# Timeline

## Federal

## Maryland

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1966

Maryland adopts the Medicaid program.<sup>20</sup>



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



1991

Maryland begins operating managed care by transferring enrollees into mandatory patient care case management called Maryland's Access to Care (MAC).<sup>21</sup>

Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1997

MAC is abolished because of a new Managed Care Organization (MCO) program, HealthChoice. The program carves out specialty therapy services and long-term care services. Moreover, mental health is also carved out and offered through the state mental health system and reimbursed via fee-for-service (FFS).<sup>21</sup>

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999

2002



Maryland establishes "Program of All-Inclusive Care for the Elderly (PACE)" to enhance the range of services provided to elderly enrollees and certain individuals with disabilities.<sup>21</sup>

Maryland expands managed care through the Primary Adult Care (PAC) program, which covered limited primary care to childless adults with incomes up to 116% of the federal poverty level (FPL).<sup>21</sup>

2007

Maryland contracts with one organization to provide case management services to individuals with disabilities, through an amendment to its Living-at-Home Waiver.<sup>21</sup>

2009

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2013

Maryland authorizes Medicaid expansion to cover eligible adults up to 138% of the FPL.<sup>22</sup>

ACA implementation begins.

2014

2015

Maryland reports carving substance use services out of managed care contracts.<sup>23</sup>

2016

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

Maryland receives approval from the Centers for Medicare and Medicaid Services (CMS) to expand its reimbursement of residential drug treatment provided by Institutions for Mental Diseases; starting in January 2018. This allows additional services such as residential substance-use disorder services for pregnant women with children, drug-exposed newborns, individuals involved with the child welfare system, and 8-507 treatment services.<sup>24</sup>

