Maryland HealthChoice Demonstration
Section §1115 Quarterly Report
Demonstration Year 26: 7/1/2022 - 6/30/2023
Quarter 2: October - December 2022

Introduction

Now in its twenty-sixth year, Maryland implemented the HealthChoice program and moved its fee-for-service (FFS) enrollees into a managed care payment system following federal approval in 1996. Under the statewide health care reform program, the State enrolls individuals eligible through the demonstration into a managed care organization (MCO) for comprehensive primary and acute care or one of the demonstration's authorized health care programs.

The Maryland Department of Health's (MDH's) goal in implementing and continuing the demonstration is to improve the health status of low-income Marylanders by:

- Improving access to health care for the Medicaid population;
- Improving the quality of health services delivered;
- Providing patient-focused, comprehensive, and coordinated care designed to meet healthcare needs by providing each member a single "medical home" through a primary care provider (PCP);
- Emphasizing health promotion and disease prevention by providing access to immunizations and other wellness services, such as regular prenatal care; and
- Expanding coverage to additional low-income Marylanders with resources generated through managed care efficiencies.

Effective January 1, 2022, the Centers for Medicare & Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a period of five years. The 2021 renewal made the following changes to the demonstration:

- Authorized the Maternal Opioid Misuse (MOM) initiative to reduce the burden of neonatal abstinence syndrome (NAS) and its associated costs, and improve maternal health outcomes, by providing enhanced case management services to pregnant people diagnosed with an opioid use disorder (OUD);
- Created a voluntary, five-year payment model in Annapolis, Baltimore City, and Montgomery counties, that provides greater flexibility to ambulance care teams to address emergency health care needs following a 911 call by allowing for payment for ground transports to alternative destinations such as urgent care providers in addition to the Emergency Department (WD);[1]

[1]Due to legislation introduced in Maryland's 2022 Legislative Session and signed into law, both the Alternative Destination Pilot and the Adult Dental Pilot programs will be sunset as these programs transition from the § 1115 Waiver to the Maryland State Plan. New coverage in both programs, as indicated in HB6/SB150 Maryland Medical Assistance Program – Dental Coverage for Adults and SB295 Maryland Medical Assistance Program - Emergency Service Transporters – Reimbursement, will become effective January 1, 2023.

- Created an expenditure authority to cover Medicaid adults aged 21 to 64 that have a Serious Mental Illness (SMI) diagnosis who are residing in a private Institute of Mental Disease (IMD);
- Modified Maryland's coverage of American Society of Addiction Medicine (ASAM) Level 4.0 to include not only providers located in Maryland, but also those based in contiguous states;
- Raised the participant spaces for the Assistance in Community Integration Services (ACIS) Pilot from 600 to 900; and
- Expanded the allowable timeframe of eligibility in the Healthy Families America (HFA) evidence-based Home Visiting Services (HVS) Pilot from age two to age three.

Adult Dental and Alternative Destination Sunsetting

During the Summer of 2022, MDH began the process of sunsetting both the Adult Dental Pilot Program and the Alternative Destination Pilot Program from the §1115 wavier. Both initiatives are in the process of being expanded statewide beginning January 1, 2023.

For both programs, state plan amendments were submitted during the quarter to CMS.

Enrollment Information

Table 1 below provides a comparison of enrollment counts between the previous and current years. These counts represent individuals enrolled at a point in time, as opposed to total member months.

Table 1. Enrollment Counts[2]

Demonstration Populations	Participants as of September 30, 2022	Participants as of December 31, 2022
SSI/BD Adults	92,367	92,986
SSI/BD Children	24,248	23,039
Medically-Needy Adults	26,730	27,825
Medically-Needy Children	6,625	6,461
Children	546,094	552,681
Parents/caretakers and former foster	300,996	305,651
SOBRA	17,701	19,345
ACA expansion	451,214	458,235
MCHP	129,362	131,594

[2] As of January 1, 2022, the Family Planning program is no longer in the §1115 Waiver. As such, it has been removed from this report.

Demonstration Populations	Participants as of September 30, 2022	Participants as of December 31, 2022
MCHP Premium	33,424	33,020
PEPW	-	*
ICS	21	19
WBCCHP	53	36

Table 2 provides member month counts for each month of the quarter and compares this quarter's totals against the previous quarter.

Table 2. Member Months[3]

Eligibility Group	Total for Quarter Ending Sept. 2022	Current Quarter Month 1 (Oct. 2022)	Current Quarter Month 2 (Nov. 2022)	Current Quarter Month 3 (Dec. 2022)	Total for Quarter Ending Dec. 2022
SSI/BD Adults	278,366	92,369	92,879	92,986	278,234
SSI/BD Children	72,623	23,264	23,158	23,039	69,461
Medically-Needy Adults	80,107	27,138	27,576	27,825	82,539
Medically-Needy Children	19,773	6,362	6,425	6,461	19,248
Children	1,628,982	548,088	550,230	552,681	1,650,999
Parents/caretakers and former foster	898,062	302,579	304,265	305,651	912,495
SOBRA	51,199	18,276	18,841	19,345	56,462
ACA expansion	1,346,678	452,322	455,124	458,235	1,365,681
MCHP	385,875	130,040	131,043	131,594	392,677
MCHP Premium	100,389	33,234	33,103	33,020	99,357
PEPW	-	*	*	*	19
ICS	63	20	19	19	58
WBCCHP	163	51	51	36	138

[3] As of January 1, 2022, the Family Planning program is no longer in the §1115 Waiver. As such, it has been removed from this report.

Outreach/Innovative Activities

Residential Treatment for Individuals with Substance Use Disorders (SUD) and SMI

Effective July 1, 2017, MDH began providing reimbursement for up to two nonconsecutive 30-day stays annually for American Society of Addiction Medicine (ASAM) levels 3.7D, 3.7, 3.5 and 3.3. Effective January 1, 2019, MDH extended coverage for up to two nonconsecutive 30-day stays annually for ASAM 3.1 and for up to 15 days per month for ASAM 4.0. Effective January 1, 2020, MDH extended coverage for dual eligibles.

For more information, please refer to the SUD Monitoring Report. MDH submitted the SMI monitoring protocol during this quarter and is awaiting CMS approval.

MOM Program

As part of a suite of innovative maternal and child health services, the MOM program focuses on improving care for pregnant and postpartum Medicaid participants diagnosed with OUD. With over 21,000 individuals of childbearing age diagnosed with OUD in Maryland, substance use is a leading cause of maternal death and has a significant impact on the approximately 1,500 infants born to Medicaid beneficiaries with OUD in Maryland per year. Originally part of a federal demonstration led by the Center for Medicare and Medicaid Innovation, the MOM program addresses fragmentation in care through the provision of enhanced case management services, led by Medicaid's nine managed care organizations.

Under the Maryland MOM program, HealthChoice MCOs provide a set of enhanced case management services, standardized social determinants of health screenings and care coordination. Exact services and screenings were developed over the course of the MOM pre-implementation period (January 2020 - June 2021) and were refined during the MOM transition period (July 2021 - June 2022), which was the first year of model services. During this quarter, MDH continued participant enrollment and prepared for statewide expansion. Cooperative agreement funding from the Center for Medicare and Medicaid Innovation (CMMI) supported per member, per month (PMPM) payments to the MCOs to conduct the model intervention between July 2021 and June 2022. Starting in State Fiscal Year 2023 these PMPM payments started being covered using funds from the §1115 waiver. The §1115 waiver renewal application was submitted June 2021 and approved late 2021. The waiver's broader effective date was January 1, 2022 however the MOM portion was effective starting July 1, 2022.

Collaborative Care Model (CoCM) Pilot Program

MDH's CoCM Pilot Program began enrolling participants on July 1, 2020. The table below provides the member months enrollment for the previous quarter.

Table 3. CoCM Member Months by Pilot Site

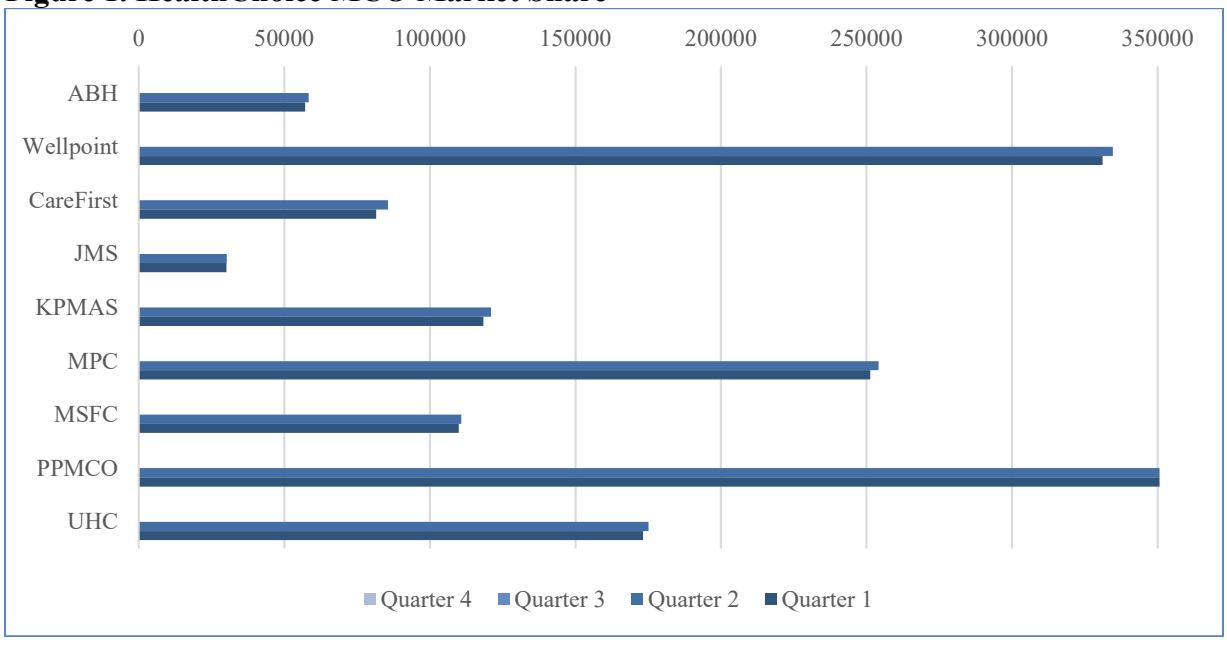
	October 2022	November 2022	December 2022	TOTAL
Urban	67	68	70	205
Rural	14	*	*	38
OB/Gyn	14	*	*	36
TOTAL	**95**	**95**	**89**	**279**

Operational/Policy Developments/Issues

Market Share

As of the end of the last quarter, there were nine MCOs participating in the HealthChoice program. The MCOs' respective market shares are as follows: Aetna (3.8 percent), Wellpoint (21.9 percent)[4]; CareFirst Community Health Plan of Maryland (5.6 percent); Jai Medical Systems (2.0 percent); Kaiser Permanente (7.9 percent); Maryland Physicians Care (16.6 percent); MedStar Family Choice (7.2 percent); Priority Partners (23.5 percent); and UnitedHealthcare (11.5 percent).

Figure 1. HealthChoice MCO Market Share



Maryland Medicaid Advisory Committee (MMAC)

The MMAC met in October and November of 2022. Due to COVID-19, all MMAC meetings were held via teleconference. These meetings covered a wide variety of topics, including general department updates, and waiver, state plan, and regulations changes.

[4] On January 1, 2023, Amerigroup Community Care changed its name to Wellpoint Maryland Inc..

During the October meeting, the MMAC was briefed on the Public Health Emergency (PHE) extension, enrollment, and MCO marketing activities regarding enrollment. The MMAC was also briefed on Calendar Year (CY) 2022 Quality Assurance and Value Based Purchasing and Performance monitoring Policy results.

During the November meeting, the MMAC was briefed on the HSCRC Total Cost of Care Model and other waiver, state plan, and regulation changes.

Rare and Expensive Case Management (REM) Program

The table below shows the status of REM program enrollment. Reasons for disenrollment or discharge from REM include aging out of the REM qualifying diagnosis, loss of HealthChoice eligibility, loss of Medicaid eligibility, death, or a request to return to managed care coverage.

Table 4. Current REM Program Enrollment

FY 2023	Referrals Received	Referrals Approved	Referrals Denied	REM Disenrollments	Currently Enrolled in REM
Quarter 1	236	191	47	93	4,579
Quarter 2	214	175	39	70	4,591
Quarter 3					
Quarter 4					

Table 5. REM Complaints

FY 23 (Quarter 2) Q2 Complaints	REM Case Management Agencies	REM Hotline	Total
Transportation	1	0	1
Dental	0	0	0
DMS/DME	0	0	0
EPSDT	0	0	0
Clinical	0	0	0
Pharmacy	0	0	0
Case Mgt.	3	0	3
REM Intake	0	0	0
Access to MA Providers	0	0	0
Nursing	3	0	3
Other	1	0	1

FY 23 (Quarter 2) Q2 Complaints	REM Case Management Agencies	REM Hotline	Total
Total	8	0	8

Table 6 displays the types and total of significant events reported by the case management agencies during this quarter. Agencies report this information on a monthly basis.

Table 6. REM Incidents Reported by Case Managers

FY 23 Incidents	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Abandonment	0	0		
Abuse	2	3		
Complaint	18	8		
Death	20	25		
Elopement	3	0		
ER	2	1		
Exploitation	0	0		
Failure to Follow Plan (Non-Compliance)	0	0		
Fall	1	2		
Hospitalization	8	16		
Medication Error	2	0		
Neglect	9	10		
Suicidal Ideation	1	1		
Theft	1	1		
Wound	0	0		
Other	10	18		
Total	**77**	**85**		

Increased Community Services (ICS) Program

Through the ICS Program, Maryland continued providing Medicaid State Plan benefits and home- and community-based services to residents aged 18 and over, enabling qualifying individuals to live at home with appropriate supports, as opposed to residing in a nursing facility. Under the terms of the 2016 waiver renewal, Maryland raised the cap to a maximum of 100 participants. All new applicants begin receiving services upon approval of their application.

Maryland Children's Health Program (MCHP) and MCHP Premium Status/Update/Projections

Maryland moved its separate CHIP program, MCHP, and MCHP Premium, into the Medicaid expansion CHIP waiver in 2008, so that Maryland's entire CHIP program is operated as a Medicaid expansion. As of December 31, 2022, the Premium program had 33,020 participants, with MCHP at 131,594 participants.

HealthChoice Diabetes Prevention Program (HealthChoice DPP)

As per the most recent report (December 2, 2022), there were 1,078 encounters with DPP procedure codes provided by licensed Medicaid-enrolled DPP providers to 186 unique participants between September 1, 2019 and October 31, 2022. Among the 186 unique Medicaid beneficiaries with a DPP encounter, most were women (82 percent), Black/African American (67 percent), and resided in Prince George's County (35 percent). Most (92 percent) beneficiaries were in the Families and Children Medicaid coverage group. Services were provided by eight unique DPP providers: Amani Nicol Wellness, St Agnes Healthcare, Garrett Regional Medical Center, Mid-Atlantic Permanente Medical Group, associated with the MCO Kaiser Permanente; the Continuum Wellness Center; Omada Health, Taylored 4 Life; and Welldoc, Inc.. The number of encounters per participant ranged from one to 26. The majority of beneficiaries had four or fewer encounters.

Centers for Disease Control and Prevention (CDC)-recognized lifestyle change programs with pending, preliminary or full recognition status continued to apply to become Maryland Medicaid DPP providers through the online provider portal known as ePREP. As of the end of December 2022, 39 unique DPP providers were fully enrolled and 16 of these are contracted with MCOs. MCOs continued efforts to contract with eligible DPP providers, expand their DPP provider network capacity, and prepare member and provider materials.

The Chesapeake Regional Information System for our Patients (CRISP) continues to produce monthly reports to MCOs containing the panels of their members who received a prediabetes flag, enabling further follow-up with members. In addition, the MCOs continue to utilize the CRISP eReferral tool, to streamline the referral process for DPP members.

Community Health Pilots

Four local government entities participate in the Community Health Pilots (CHP), each as a Lead Entity (LEs) participating in the Assistance in Community Integration Services (ACIS) Pilot. During this reporting period, CHP LEs continued a hybrid of in-person and telephonic service delivery to remain agile throughout the ongoing COVID-19 Public Health Emergency.

Quarter 1 (Q1), 432 participants were enrolled in the pilot. For Quarter 2 (Q2), 455 participants were enrolled in the pilot. LEs continue to improve processes related to pilot enrollment, partnering with local community organizations, and implementing best practices for working with ACIS-enrolled participants.

ACIS LEs have expressed concern at increasing rental prices and continue searching for more local housing partners to meet their participants' needs. This concern has remained problematic for several quarters. An additional concern was raised by MDH partners regarding the need for housing deposit assistance for enrollees. This is a notable barrier for many individuals.

MDH continues to accept any new ACIS pilot applications or expansions from current ACIS sites on a rolling basis. Lead local government entities are encouraged to apply for the remaining statewide ACIS beneficiary spaces.

Expenditure Containment Initiatives

MDH, in collaboration with Hilltop, has worked on several different fronts to contain expenditures. The culmination of MDH and Hilltop's efforts are detailed below. Hilltop works with MDH's contracted actuarial firm, Optumas, and MDH's contracted accounting firm, Myers & Stauffer (M&S).

HealthChoice Financial Monitoring Report (HFMR)

The MCOs provided their final 2021 HFMRs on November 22, 2022. Hilltop sent feedback and edits to all nine MCOs during the week of Decmber 12, 2022 to enable (M&S) to begin their audit. The completion date of the M&S audit is May 1, 2023. The aggregated HFMRs indicate an underwriting gain/loss of +1.1 percent of revenue (+1.7 percent excluding Kaiser).

In October 2022, the 2020 Medical Loss Ratio (MLR) reports were reissued by M&S to reflect incorporation of the audited 2020 HFMRs' impact on the 2020 risk corridor. The result was that one MCO breached the 85 percent minimum MLR and owed the state approximately $500,000. The 2021 MLR reports were reported by the MCOs on November 15, 2022.

On October 24, 2022, Hilltop provided revised instructions to the MCOs for submitting the 2021 HFMR and supplemental exhibits. Changes included itemization of COVID costs for pediatric counseling and gift cards for vaccinations.

In preparation for the legislative session in the new year under a new governor and administration, meetings with MDH were held regarding a bill, House Bill 1080, to enhance benefits for undocumented pregnant women and data gathering of uninsured individuals for potential further benefit enhancements.

The 2021 risk corridor was preliminarily estimated to fall into corridor "A," where no payments are made. The combined ratio was 98.3 percent, which is almost exactly at the midpoint of corridor "A" of 98.4 percent.

Hilltop met with MDH and M&S and determined that M&S will include the Hepatitis C reconciliation in their 2021 HFMR audit. In 2021, the MCOs paid $59.5 million back to the state.

MCO Rates

CY 2023 Rate Setting

The final provisional CY 2023 rates were provided to MDH on November 4, 2022 and to the MCOs on November 18, 2022. The filing was submitted to CMS on November 10, 2022. These rates included changes to safety net billing related to third-party liabilities (TPLs). Initial rates were provided to MCOs on September 2, 2022. Work began on nine questions from CMS related to the CY 2023 rate filing.

For context, financial results for year-to-date (YTD) in the third quarter of 2022 were gathered by Hilltop from quarterly financial statements and shared with MDH and MCOs. The YTD gain/loss, excluding Kaiser, was the same as YTD in the 2nd quarter of 2022: +4.3 percent.

A second debrief meeting for CY 2023 rate setting was held with MDH. Key future issues included estimating the risk profile and customer impacts of the end of the public health emergency (PHE) and the sunset of the continuous coverage requirement on April 1, 2023, and the new requirement that children enrolled in Medicaid and CHIP have 12 months of continuous coverage.

CY 2022 HealthChoice Rates (and Prior)

Quarterly mid-year 2022 rates were filed with CMS in October. The changes versus initial provisional rates resulted in net supplemental payments back to the state of $25 million. The transitional +/- 2 percent risk corridor for Hepatitis C was estimated to result in the MCOs owing the state approximately $4 million as of YTD in the third quarter of 2022.

For the last year of the value-based purchasing (VBP) incentive plan 2021, an estimated potential payment to the MCOs of $10 million was estimated per the request of MDH. The second and final installments of rural access incentives totaling $8 million were allocated to certain MCOs. Two of the nine MCOs represented $6.1 million of the $8.0 million, or 77 percent.

Other Rate Setting Team Activities

Hilltop provided MDH with quarterly trauma payments for 2022 for each MCO, analyzed denied hospital claims reports by MCO from the HSCRC, and fielded individual MCO inquiries most often related to risk corridors, eligibility redeterminations, and specialty drugs.

Financial/Budget Neutrality Development/Issues

MDH is in compliance with all reporting requirements for monitoring budget neutrality set forth in the General Financial Requirements sections of the Special Terms and Conditions (STCs).

MDH is currently updating internal reports in order to be able to update its budget neutrality reports. Per an email sent to CMS on February 28, 2022, MDH would like to continue its extension request for budget neutrality reports.

Consumer Issues

The HealthChoice Help Line serves as the front line of the State's mandated central complaint program. The Help Line received 34,543 calls in Q2 of FY 2023. The Help Line assists waiver-eligible consumers with eligibility and enrollment questions and provides general education about managed care. Help Line staff explain to consumers how to work with their MCOs, how to access carved-out services, or services covered by Medicaid on a FFS basis.

When a consumer experiences a medically-related issue, such as difficulty getting appointments with a specialist, getting a prescription filled, or getting a service pre-authorized, the call is classified as a complaint. Complaints are referred to the State's Complaint Resolution Unit (CRU), which is staffed with registered nurses. If necessary, the CRU engages a local Ombudsman, who is stationed at the county-level health departments and has the ability to meet with the member face-to-face. If the MCO has issued a denial letter to a member and the member wishes to appeal the decision through the MCO, or if a member disagrees with the MCO's appeal decision and wishes to request a State Fair Hearing, the CRU will assist the member with these processes.

MCOs receive a complaint report each quarter so that they can monitor their performance in terms of the member complaint case handled by the HealthChoice Help Line. This report breaks down the complaints by type and by region. When needed, MDH meets with an MCO to discuss the report findings.

Table 7. Total Recipient Complaints[5] - Q2 FY 2023

CMS Quarterly Report
Total Recipient Complaints - excluding Billing
2nd Quarter, FY 2023

MCO / Type of Service		Aetna Better Health (ABH)		CareFirst (CHPMD)		JAI Medical Systems (JAI)		Kaiser Permanente (KP)		Maryland Physicians Care (MPC)		MedStar Family Choice (MSFC)		Priority Partners (PP)		United Healthcare (UHC)		Wellpoint Maryland (WPMD)*		Sub Totals	
1st Q FY 23 vs. 2nd Q FY 23		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Pharmacy	#	26	28	24	48	6	8	16	27	74	70	22	36	69	89	98	128	53	58	388	492
	%	7%	6%	6%	10%	2%	2%	4%	5%	19%	14%	6%	7%	18%	18%	25%	26%	14%	12%	39%	46%
Prenatal	#	7	10	15	8	2	1	25	29	13	17	9	7	32	23	13	17	37	31	153	143
	%	5%	7%	10%	6%	1%	1%	16%	20%	8%	12%	6%	5%	21%	16%	8%	12%	24%	22%	15%	13%
PCP	#	13	12	27	33	4	2	11	8	19	18	12	9	18	22	30	22	23	18	157	144
	%	8%	8%	17%	23%	3%	1%	7%	6%	12%	13%	8%	6%	11%	15%	19%	15%	15%	13%	16%	13%
Specialist	#	9	3	24	27	2	0	15	8	26	36	5	9	15	21	14	14	15	4	125	122
	%	7%	2%	19%	22%	2%	0%	12%	7%	21%	30%	4%	7%	12%	17%	11%	11%	12%	3%	13%	11%
Sub Totals	#	55	53	90	116	14	11	67	72	132	141	48	61	134	155	155	181	128	111	823	901
	%	7%	6%	11%	13%	2%	1%	8%	8%	16%	16%	6%	7%	16%	17%	19%	20%	16%	12%	83%	84%
All Complaint Totals	#	68	61	97	127	14	11	71	78	188	195	54	67	171	205	169	201	162	132	994	1077
	%	7%	6%	10%	12%	1%	1%	7%	7%	19%	18%	5%	6%	17%	19%	17%	19%	16%	12%	100%	100%
Other Categories		13	8	7	11	0	0	4	6	56	54	6	6	37	50	14	20	34	21	171	176

*Name Change as of 1/1/2023: Amerigroup (ACC) into Wellpoint Maryland (WPMD)
Source: CRM

There were 1,293 total MCO recipient complaints in Q2 of FY 2023 (all ages). Eighty-three percent of the complaints (1,077) were related to access to care. The remaining 17 percent (216) were billing complaints. The top three member complaint categories were accessing pharmacy, primary care providers (PCPs), and prenatal respectively. Pharmacy complaints made up the majority of complaints. The categories not specified (Other Categories) for the non-billing complaints include appeals and grievances, access to therapies (occupational therapy-OT, physical therapy-PT, and speech therapy-ST), adult dental and vision services, and obtaining DME/DMS (Durable Medical Equipment/Durable Medical Supplies). Overall, Priority Partners, UnitedHealthcare, and Maryland Physicians Care had the highest percentage of complaints in this quarter.

Prenatal complaints comprised 13 percent of total complaints during the second quarter. All pregnant women were connected with an MCO network prenatal care provider and referred to Administrative Care Coordination Units (ACCUs) at the local health department for follow-up and education. In addition, pregnant women called the Help Line for general information. These women were also referred for follow-up and education.

Table 8. Recipient Complaints Under Age 21[6] - Q2 FY 2023

[5] Billing not included.
[6] Billing not included.

CMS Quarterly Report
Total Recipient Complaints - excluding Billing: Under age 21 only
2nd Quarter, FY 2023

MCO / Type of Service		Aetna Better Health (ABH)		CareFirst (CHPMD)		JAI Medical Systems (JAI)		Kaiser Permanente (KP)		Maryland Physicians Care (MPC)		MedStar Family Choice (MSFC)		Priority Partners (PP)		United Healthcare (UHC)		Wellpoint Maryland (WPMD)		Sub Totals	
1st Q FY 23 vs. 2nd Q FY 23		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Pharmacy	#	3	4	2	9	0	0	3	7	11	14	2	3	16	20	17	19	19	9	73	85
	%	4%	5%	3%	11%	0%	0%	4%	8%	15%	16%	3%	4%	22%	24%	23%	22%	26%	11%	37%	39%
PCP	#	3	4	10	6	2	0	3	5	4	5	2	4	3	9	14	9	10	9	51	51
	%	6%	8%	20%	12%	4%	0%	6%	10%	8%	10%	4%	8%	6%	18%	27%	18%	20%	18%	26%	24%
Specialist	#	5	1	6	3	1	0	6	4	2	8	0	2	3	5	5	6	4	1	32	30
	%	16%	3%	19%	10%	3%	0%	19%	13%	6%	27%	0%	7%	9%	17%	16%	20%	13%	3%	16%	14%
Prenatal	#	0	2	0	3	0	0	2	3	1	3	2	0	3	5	1	1	6	4	15	21
	%	0%	10%	0%	14%	0%	0%	13%	14%	7%	14%	13%	0%	20%	24%	7%	5%	40%	19%	8%	10%
Sub Totals	#	11	11	18	21	3	0	14	19	18	30	6	9	25	39	37	35	39	23	171	187
	%	6%	6%	11%	11%	2%	0%	8%	10%	11%	16%	4%	5%	15%	21%	22%	19%	23%	12%	86%	87%
All EPSDT Complaint Totals	#	11	11	18	26	3	0	15	19	24	38	7	10	34	51	39	37	47	24	198	216
	%	6%	5%	9%	12%	2%	0%	8%	9%	12%	18%	4%	5%	17%	24%	20%	17%	24%	11%	100%	100%
Other Categories		0	0	0	5	0	0	1	0	6	8	1	1	9	12	2	2	8	1	27	29

*Name Change as of 1/1/2023: Amerigroup (ACC) into Wellpoint Maryland (WPMD)
Source:CRM

There were 216 member complaints (non-billing) for recipients under age 21 in Q2 of FY 2023, or twenty percent of the total complaints. The top complaint category was access to pharmacy services. Priority Partners, Maryland Physicians Care, and UnitedHealthcare were major contributors to the complaints for recipients under age 21.

The analysis of complaints by adults versus children (under 21) revealed that access to care is the main issue for both adults and children. Adults and children (under 21) most often report difficulty accessing pharmacy services followed by difficulty accessing a primary care provider.

Table 9. Total Recipient Billing Complaints - Q2 FY 2023

CMS Quarterly Report
Total Recipient Complaints - Billing only
2nd Quarter, FY 2023

MCO / Type of Service		Aetna Better Health (ABH)		CareFirst (CHPMD)		JAI Medical Systems (JAI)		Kaiser Permanente (KP)		Maryland Physicians Care (MPC)		MedStar Family Choice (MSFC)		Priority Partners (PP)		United Healthcare (UHC)		Wellpoint Maryland (WPMD)		Sub Totals	
1st Q FY 23 vs. 2nd Q FY 23		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Emergency	#	4	2	8	4	3	0	2	7	13	8	10	2	7	11	16	8	6	8	69	50
	%	6%	4%	12%	8%	4%	0%	3%	14%	19%	16%	14%	4%	10%	22%	23%	16%	9%	16%	30%	23%
PCP	#	3	0	6	4	2	0	0	5	10	8	10	7	7	6	8	4	7	8	53	42
	%	6%	0%	11%	10%	4%	0%	0%	12%	19%	19%	19%	17%	13%	14%	15%	10%	13%	19%	23%	19%
Laboratory/ Test	#	1	0	6	2	0	0	0	0	1	9	6	7	2	4	4	6	3	3	23	31
	%	4%	0%	26%	6%	0%	0%	0%	0%	4%	29%	26%	23%	9%	13%	17%	19%	13%	10%	10%	14%
Specialist	#	1	3	6	6	3	1	0	6	6	2	6	5	1	6	3	2	3	2	29	33
	%	3%	9%	21%	18%	10%	3%	0%	18%	21%	6%	21%	15%	3%	18%	10%	6%	10%	6%	13%	15%
Sub Totals	#	9	5	26	16	8	1	2	18	30	27	32	21	17	27	31	20	19	21	174	156
	%	5%	3%	15%	10%	5%	1%	1%	12%	17%	17%	18%	13%	10%	17%	18%	13%	11%	13%	76%	72%
All Billing Complaint Totals	#	9	9	34	24	15	3	2	26	42	38	36	27	25	30	38	31	27	28	228	216
	%	4%	4%	15%	11%	7%	1%	1%	12%	18%	18%	16%	13%	11%	14%	17%	14%	12%	13%	100%	100%
Other Categories		0	4	8	8	7	2	0	8	12	11	4	6	8	3	7	11	8	7	54	60

*Name Change as of 1/1/2023: Amerigroup (ACC) into Wellpoint Maryland (WPMD)
Source: CRM

Enrollee billing complaints comprised 17 percent of total MCO complaints in Q2 of FY 2023. Overall, the top bill type was emergency related billing issues followed by primary care providers, which comprised 23 percent and 19 percent, respectively, of all MCO billing complaints. Other categories are the billing complaints related to inpatient services, urgent care centers, DME/DMS, therapies, pharmacy, and optional services such as adult dental and vision. Maryland Physicians Care had the highest percentage of billing complaints followed by Priority Partners and UnitedHealthcare.

MCOs are required to respond to all recipient grievances and complaints. The CRU works with MCOs on behalf of the consumer to resolve the complaint. Once a plan is in place, the CRU refers the case to the ACCUs at the local health departments for follow-up to ensure the complaint has been resolved. When trends are identified, the HealthChoice Medical Advisor makes an inquiry to the MCO. If potential policy issues, systems issues, or barriers are identified, the MCO may be directed to take corrective action.

Legislative Update

The 2022 legislative session ended on April 11, 2022. The 2023 session will begin January 11, 2023.

Quality Assurance/Monitoring Activity

The Office of Medical Benefits Management (OMBM) is responsible for contracting and oversight of the HealthChoice program within MDH. OMBM ensures compliance with the initiatives established in 42 CFR 438, Subpart D, and that all MCOs that participate in the HealthChoice program apply these principles universally and appropriately. The Division of HealthChoice Quality Assurance (DHQA) within OMBM is primarily responsible for coordinating quality activities and monitoring CMS quality improvement requirements for the HealthChoice program. Consistent with updates in earlier reports, MDH is actively adjusting reporting and record collecting due to COVID-19. An update on quality assurance activity progress appears in the chart below.

MDH contracts with three vendors to support its quality assurance activities:

- Qlarant Quality Solutions, Inc. (Qlarant) is the external quality review organization (EQRO).
- MetaStar, Inc. (MetaStar) is the HEDIS Compliance Auditor.
- Center for the Study of Services, Inc. (CSS) is the survey administration vendor.

Activity	Vendor	Status	Comments
Systems Performance Review (SPR)	Qlarant	In progress	The CY 2022 SPR activities have started and MCOs have uploaded their pre-audit documentation to the Qlarant portal in November 2022.
EPSDT Medical Record Review	Qlarant	Complete	The CY 2022 EPSDT medical record review was completed in November 2022. Individual report development and the Statewide Executive Summary reports were approved by MDH in December 2022. For the CY 2021 HealthChoice Aggregate, all components of the review are now performing above the minimum compliance score of 80%, with the most significant increases in Laboratory Tests/At-Risk Screenings and Immunizations. Four MCOs (Aetna: 77 percent, MPC: 78 percent, Medstar: 77 percent, and UHC: 70 percent) did not meet the minimum compliance score of 80 percent for Laboratory Tests/At-Risk Screenings and are required to submit a corrective action plan (CAP) to the EQRO. Findings are being reviewed with the MCOs with the opportunity to provide comment.
Consumer Report Card (CRC)	Qlarant	In progress	Qlarant submitted the 2023 the final Information Reporting Strategy (IRS) and Methodology for the MDH's review and approval in November 2022 and MCOs were notified. Qlarant began data analysis for the 2023 Consumer Report Card in December 2022.
Performance Improvement Projects (PIPs)	Qlarant	In progress	Qlarant reviewed annual Lead PIP submissions and annual AMR PIP submissions from the MCOs and completed the PIP validation process in December 2022. Annual validations for both the AMR and Lead PIPs were submitted to MDH for review in December 2022. Qlarant began drafting the annual PIP report in December 2022. Discussions for launching two new PIPs for maternal/child health continued throughout the quarter are expected to begin in 2023. Training and reporting materials were drafted for the MCOs in November and December 2022 for the new PIP topics.
Encounter Data Validation (EDV)	Qlarant	Complete	Qlarant completed the Information Systems Capabilities Assessments (ISCAs) review in November 2022. Medical record reviews for the EDV activity were completed in November 2022. The final EDV report was submitted to MDH and approved in December 2022. Kaiser did not meet the 90 percent minimum compliance score for one component within the CY 2021 EDV (83 percent). Therefore, Kaiser is required to submit a CAP to the EQRO. All other MCOs met minimum compliance.

Activity	Vendor	Status	Comments
Network Adequacy Validation (NAV)	Qlarant	Complete	The CY 2022 NAV report was approved in October 2022. MCOs were notified of the final report availability in November 2022. Results for compliance with routine care appointment availability within 30 days averaged 88 percent and ranged from 78.4 percent (Medstar) to 95.5 percent (Kaiser). All but one MCO (Medstar) met the MDH-required minimum compliance score (80 percent) for the routine care appointment timeframe. Medstar will be required to submit a CAP for this component. Results for compliance with urgent care appointments within 48 hours averaged 85 percent and ranged from 54.5 percent (Kaiser) to 93.6 percent (Jai). Most MCOs demonstrated a greater percentage of appointments with the requested PCP (77.7 percent). Kaiser was more likely than other MCOs to offer an appointment with an alternate PCP (23.2 percent). All but one MCO (Kaiser) met the MDH-required minimum compliance score (80 percent) for compliance with the urgent care appointment timeframe. Kaiser will be required to submit a CAP for this component. The average match rate indicating MCOs were accepting new Medicaid patients was below 80 percent, the minimum compliance score for the online provider directory. Six MCOs (Wellpoint, Jai, Kaiser, MPC, Priority Partners, and UHC) are required to submit CAPs to improve the accuracy of the PCP details noted in the online provider directory.
Quarterly Review of Appeals, Grievances, and Pre-Service Denials (GAD)	Qlarant	Complete	Qlarant completed the Annual 2022 GAD report in November 2022. **Grievances Highlights** ● ***Enrollee Grievances:*** Seven MCOs (Aetna, Wellpoint, CareFirst, Jai, MPC, Medstar, and UHC) met resolution timeframes for enrollee grievances in all four quarters. One MCO (Kaiser) demonstrated full compliance for three of the four quarters. Priority Partners met the required timeframes in two of the four quarters. ● ***Provider Grievances:*** **Five** MCOs (Aetna, Jai, MPC, Medstar, Priority Parnters, UHC) demonstrated full compliance with regulatory timeframes in all quarters within the reporting period. Two MCOs (Aetna and CareFirst) demonstrated full compliance in all but one quarter. MCOs that did not receive any provider grievances are reported as NA for compliance. **Appeals Highlights:** Three MCOs (CareFirst, Jai, and Priority Partners) consistently met appeal resolution timeframes for all associated quarters (when applicable). Two MCOs (Aetna and Medstar) demonstrated compliance for three quarters. Three MCOs (Kaiser, MPC, and UHC) demonstrated compliance for two quarters. Wellpoint received a Partially Met for all four quarters. **Denial Highlights:** Six of the MCOs (Jai, Kaiser, MPC, Medstar, Priority Partners, and UHC) met or exceeded the compliance threshold for all applicable categories in each of the four quarters. All MCOs met or exceeded the compliance threshold for outpatient pharmacy determinations for all four quarters.

Activity	Vendor	Status	Comments
HEDIS Audits and Reporting (HEDIS)	MetaStar	In progress	The HEDIS® Measurement Year (MY) 2022 Public Reporting memo was released in October by NCQA outlining all measures, product lines and indicators that have been approved for public reporting starting in MY 2022 and MY 2023, as well as all measures, stratifications, and product lines that will not be publicly reported for MY 2022. The 2022 HEDIS Statewide Executive Summary Report was posted on the MDH Website. The HEDIS® MY 2022 Measure Trending Determinations Memo was released in November by NCQA. This memo communicates trending determinations for measures in the HEDIS MY 2022 Volume 2 Technical Specifications that will be reported publicly. The HEDIS vendor provided an audit timeline, along with key dates and scheduled onsite visits for the HealthChoice MCOs for the upcoming HEDIS 2023 audit season.
Value Based Purchasing Initiative (VBP)	Qlarant	In progress	MDH finalized VBP results that will be sent to Qlarant for draft report development in the next quarter.
CAHPS Survey Administration (CAHPS)	CSS	In progress	MDH completed review and editing of all CAHPS reports, including MCO, Aggregate, and Executive Summary reports. All approved final reports for 2022 were distributed electronically to the HealthChoice organizations and MDH by the survey vendor. The Executive Summary report was posted on the MDH Website. The survey vendor provided a survey administration timeline for CAHPS 2023 to MDH. Pre-Survey fielding activities underway, which include reviewing and updating the survey questionnaires and collateral materials and obtaining the survey recipient data file and providing it to the survey vendor.
PCP Satisfaction Survey Administration	CSS	In progress	All 2022 PCP survey reports were finalized, approved, and provided to MDH and all HealthChoice organizations by the survey vendor. The 2023 PCP Data File request memo was sent to all HealthChoice organizations by MDH with instructions and requirements for providing the data file to the survey vendor for use for the 2023 Survey Administration. Pre-survey fielding activities are underway including any updates to the survey questionnaire design and other survey collateral materials.
Annual Technical Report (ATR)	Qlarant	In progress	Ongoing Draft Annual Technical Report reporting development continues for the upcoming measurement year. MDH approved the Annual Technical Reporting template in December 2022.

MY 2021 HEDIS Audits and Reporting: Maryland MCOs had high overall performance in their HEDIS rates prior to the COVID-19 pandemic.

Utilization measure rates rebounded somewhat but remained low. For example, Ambulatory Care (AMBA) outpatient and emergency department visits per 1000 Member Months (MM) rates were higher than last year for all MCOs, but most were still lower than pre-pandemic rates.

There were several measures/indicators where eight of nine MCO rates were above/better than the NHM: Weight Assessment and Counseling (WCC)-Physical Activity, WCC – Nutrition, Pharmacotherapy Management of COPD Exacerbation (PCE) – Bronchodilator, Comprehensive Diabetes Care (CDC) –HbA1c testing, Use of Imaging Studies for Low Back Pain (LBP), Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS), Prenatal and Postpartum Care (PPC) – Prenatal, and Child and Adolescent Well-Care Visits (WCV) – total rate.

All nine MCOs scored at or above/better than the NHM for Chlamydia Screening in Women (CHL), CDC – HbA1c Poor Control, CDC – HbA1c control <8, Kidney Health Evaluation for Patients with Diabetes (KED), and PPC – Postpartum.

MY 2021 CAHPS Survey Administration

Adult Survey: Overall, the HealthChoice Aggregate performed on par with the 2021 levels across the measure spectrum, with no statistically significant improvements or declines in scores. "Rating of Health Plan" for one HealthChoice MCO was the only measure that saw statistically significant performance gain among the participating plans compared to the prior year across the measure spectrum.

For a majority of the measures, HealthChoice MCOs scored in the middle third of the 2021 NCQA Quality Compass Adult Medicaid percentile distribution. HealthChoice MCOs only scored in the bottom third on "Rating of Personal Doctor," "Rating of All Health Care," and "Rating of Health Plan" and scored in the bottom decile for "Rating of Specialist Seen Most Often." Survey results continue to show that "Rating of Specialist Seen Most Often" shows room for most improvement, while "Rating of Personal Doctor" has the best overall improvement opportunity for HealthChoice MCOs.

Child Survey: While some plans performed better than others, the HealthChoice Aggregate performed poorly overall, scoring in the bottom third of the 2021 NCQA Quality Compass Child Medicaid National distribution on most survey measures. The only exception in the non-Children with Chronic Conditions (CCC) measures was Customer Service, which still scored in the middle third of the Quality Compass distribution. The HealthChoice Aggregate scored particularly poorly on "Rating of Specialist Seen Most Often," scoring in the bottom decile of the Quality Compass distribution and showing a three-year decline. "Rating of All Health Care" experienced a statistically significant decline from the prior year.

For the CCC measures set, HealthChoice MCOs scored in the bottom third of the NCQA Quality Compass Child Medicaid National Distribution on all measures. In addition, the score for

"Access to Prescription Medicines" and "Access to Specialized Services" showed a three-year decline, with the former being a statistically significant decrease from the previous years. Survey results continue to show that "Rating of Specialist Seen Most Often" shows room for most improvement, while "Rating of Personal Doctor" has the best overall improvement opportunity for HealthChoice MCOs.

MY 2021 Primary Care Provider Survey Administration: In the "Overall Satisfaction with Specified MCO" question, 76.92 percent of PCPs reported being "Very satisfied" or "Somewhat satisfied" with the specified MCO. This rate is not significantly different from the percentage of PCPs reporting being "Very satisfied" or "Somewhat satisfied" with the specified MCO in 2021. In the "Would You Recommend the MCO to Patients" question, 88.56 percent of PCPs would recommend specified MCOs to patients and in the "Would You Recommend the MCO to Other Physicians" question, 88.35 percent of PCPs would recommend specified MCOs to other physicians (answered "Definitely yes" or "Probably yes" to the recommendation questions). Both these rates are higher than 2021 rates, but not significantly different compared to 2021 rates. The loyalty analysis of the survey showed that loyalty to their MCO among providers showed an increase when compared to the prior two years, while the number of providers indicating indifference or not loyal reflected a decrease when compared to the prior two years.

Demonstration Evaluation

During the quarter, MDH collaborated with its independent evaluator, the Hilltop Institute, to start work on the CY 2023 Summative Evaluation, which covers from CY 2017 through CY 2021. MDH has been in ongoing conversations with CMS about the 2017-2021 §1115 summative evaluation. MDH and CMS have collaborated on updating the materials, as well as discussed the evaluation design for the 2022-2026 waiver period.

MDH submitted an updated SMI Monitoring Protocol in December 2022. MDH received approval for the SUD Monitoring Report in April 2022. MDH continues to collaborate with CMS and the Hilltop Institute regarding Monitoring Report implementation and technical specifications.

State Contact(s)

Ms. Tricia Roddy, Deputy Medicaid Director
Office of Health Care Financing
Maryland Department of Health
201 W. Preston Street, Rm. 224
Baltimore, Maryland 21201
(410) 767-5809

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