Maryland HealthChoice Demonstration
Section §1115 Quarter 1 Report
Demonstration Year 27: 7/1/2023 - 6/30/2024
Quarter 1: July - September 2023

Introduction

Now in its twenty-seventh 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 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 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.

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[1]

Demonstration Populations	Participants as of June 30, 2023	Participants as of September 30, 2023
Supplemental Security Income (SSI)/ Blind or Disabled (BD) Adults	87,138	84,091
SSI/BD Children	22,326	21,798
Medically-Needy Adults	29,163	29,107
Medically-Needy Children	6,743	6,625
Medicaid Children	564,447	565,522
Parents/Caretaker Relatives <116% Federal Poverty Level (FPL) and Former Foster Care	308,660	286,067
Sixth Omnibus Budget Reconciliation Act (SOBRA) Adults	21,593	20,186
Affordable Care Act (ACA) Expansion Adults	466,465	455,948
Maryland Children's Health Program (MCHP)	132,029	121,296
MCHP Premium	33,146	35,045
Presumptively Eligible Pregnant Women (PEPW)	-	*
Increased Community Services (ICS)	18	17
Women's Breast and Cervical Cancer Health Program (WBCCHP)	42	35

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

Eligibility Group	Total for Quarter Ending June 2023	Current Quarter Month 1 (July 2023)	Current Quarter Month 2 (Aug. 2023)	Current Quarter Month 3 (Sept. 2023)	Total for Quarter Ending Sept. 2023
SSI/BD Adults	265,615	85,979	85,019	84,091	255,089
SSI/BD Children	67,538	22,126	21,913	21,798	65,837
Medically-Needy Adults	87,481	29,424	29,029	29,107	87,560
Medically-Needy Children	20,333	6,763	6,577	6,625	19,965
Children	1,696,743	563,535	563,144	565,522	1,692,201
Parents/caretakers and former foster care	930,019	302,098	291,526	286,067	879,691

[1] Small cell sizes (populations smaller than 11) are suppressed due to privacy reasons and are marked with an asterisk.

Eligibility Group	Total for Quarter Ending June 2023	Current Quarter Month 1 (July 2023)	Current Quarter Month 2 (Aug. 2023)	Current Quarter Month 3 (Sept. 2023)	Total for Quarter Ending Sept. 2023
SOBRA	64,606	21,025	20,428	20,186	61,639
ACA expansion	1,401,933	463,274	457,544	455,948	1,376,766
MCHP	399,401	126,198	120,996	121,296	368,490
MCHP Premium	98,882	33,480	34,362	35,045	102,887
PEPW	*	*	*	*	31
ICS	55	19	18	17	54
WBCCHP	124	39	34	35	108

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. Effective June 2023, MDH extended coverage to Certified Peer Recovery Specialists. Consistent with CMS guidance, coverage in the future waiver period will be available for up to two non-consecutive 30-day stays every 12 months.

For more information, please refer to the SUD Monitoring Report.

Maternal Opioid Misuse (MOM) Model

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 opioid use disorder (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 model, 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 statewide. Cooperative agreement funding from CMMI

supported per member, per month payments to the MCOs to conduct the model intervention during Fiscal Year (FY) 2022. To continue the payments in FY 2023 forward, MDH included the MOM model as a new addition to the HealthChoice demonstration in the waiver renewal application, accepted in late June.

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. Beginning October 1, 2023, the CoCM Pilot Program will be sunset as the program transitions into a statewide expansion.

Table 3. CoCM Member Months by Pilot Site

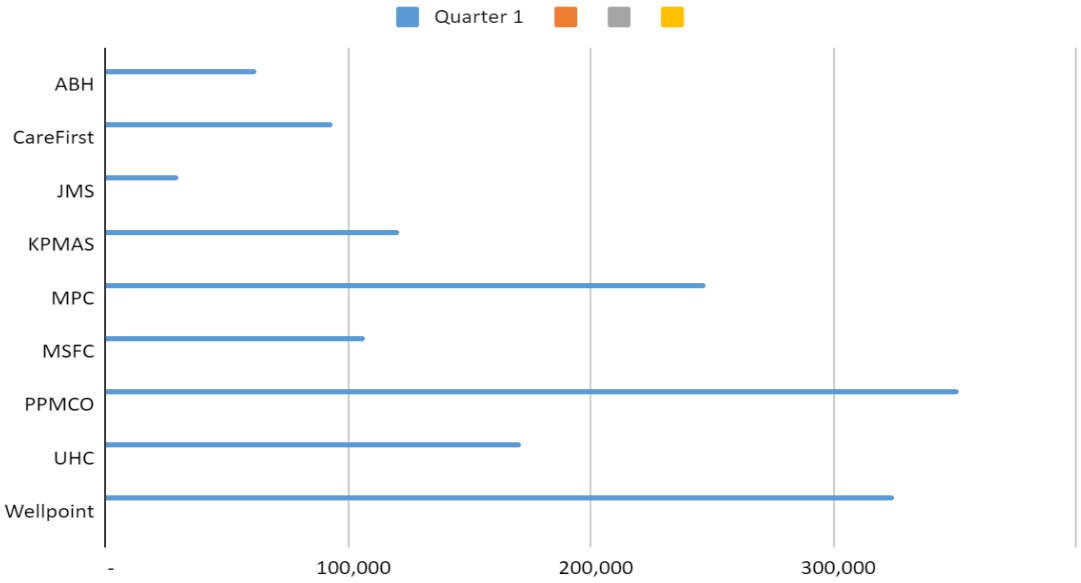
	April 2023	May 2023	June 2023	TOTAL
Urban	77	79	83	239
Rural	11	13	13	37
Ob/Gyn	13	*	*	34
TOTAL	**101**	**102**	**107**	**310**

Operational/Policy Developments/Issues

Market Share

As of the end of the first quarter of FY 2024, there were nine MCOs participating in the HealthChoice program. The MCOs' respective market shares are as follows: Aetna (4.1 percent); CareFirst Community Health Plan of Maryland (6.2 percent); Jai Medical Systems (2.0 percent); Kaiser Permanente (8.0 percent); Maryland Physicians Care (16.4 percent); MedStar Family Choice (7.1 percent); Priority Partners (23.3 percent); United Healthcare (11.3 percent); and Wellpoint Maryland (21.5 percent).

Figure 1. HealthChoice MCO Market Share



Maryland Medicaid Advisory Committee (MMAC)

The MMAC met in July and September. All MMAC meetings were held via teleconference. These meetings covered a wide variety of topics, including general department updates, enrollment data, and waiver, state plan, and regulations changes.

During the July meeting, the MMAC was briefed on the Public Health Emergency (PHE) unwinding, coverage for biomarkers for cancer-related diagnoses and treatment, and updated guidance on providing Medicaid services in schools, in addition to enrollment updates.

During the September meeting, the MMAC was briefed on updates to the 1115 Waiver in addition to enrollment updates. The updates to the 1115 Waiver included two new initiatives: Express Lane Eligibility for adults and the Four Walls Requirement Waiver. These initiatives would allow Maryland to efficiently enroll or renew eligible adults in Medicaid if they are eligible for the Supplemental Nutrition Assistance Program (SNAP), and to permit services provided via telehealth from clinic practitioners' homes (or another location) to be provided at their clinic of practice, respectively.

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	242	196	44	102	4,677
Quarter 4	224	163	53	113	4,712

Table 5. REM Complaints

FY 24 Q1 Complaints	REM Case Management Agencies	REM Hotline	Total
Transportation	1	0	1
Dental	0	0	2
DMS/DME	2	0	2
EPSDT	0	0	0
Clinical	0	0	0
Pharmacy	0	0	0
Case Mgt.	0	0	0
REM Intake	0	0	0
Access to MA Providers	5	0	5
Nursing	3	0	3
Other	6	0	6
Total	17	0	17

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			
Abuse	5			
Complaint	17			
Death	24			

FY 23 Incidents	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Elopement	0			
ER	0			
Exploitation	0			
Failure to Follow Plan (Non-Compliance)	0			
Fall	0			
Hospitalization	9			
Medication Error	0			
Neglect	7			
Suicidal Ideation	0			
Theft	0			
Wound	0			
Other	20			
Total	83			

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. The ICS Program does not currently have a registry. 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 September 30, 2023, the Premium program had 35,045 participants with MCHP at 121,296 participants.

HealthChoice Diabetes Prevention Program (HealthChoice DPP)

Per the most recent report published on August 8, 2023, there were 1,661 encounters with DPP procedure codes provided by licensed Medicaid-enrolled DPP providers to 265 unique participants between September 1, 2019 and July 31, 2023. Among the 265 unique Medicaid beneficiaries with a DPP encounter, most were women (84 percent), Black/African American (71

percent), and resided in Prince George's County (34 percent). Most beneficiaries (93 percent) were in the Families and Children Medicaid coverage group. Services were provided by nine unique DPP providers: Amani Nicol Wellness, St Agnes Healthcare, Garrett Regional Medical Center, Johns Hopkins Brancati 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 30. The majority of beneficiaries had four or fewer encounters.

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 September 2023, 42 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.

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 Lead Entities (LEs) participating in the Assistance in Community Integration Services (ACIS) Pilot.

As of FY 2024 Quarter 1, the ACIS pilot had 554 enrollees. Programmatically, LEs are committed to working with providers and improving processes to increase intake and referrals for pilot enrollment, partnering with local community partners, landlords, and management companies, as well as continuing to implement best practices for working with ACIS-enrolled participants. ACIS LEs continue to work towards improving data quality and reporting by implementing improved training and communication processes.

ACIS LEs maintain their concern about an insufficient supply of affordable local housing as well as lack of timely response from landlords. They have also indicated inadequate availability of vouchers, unavailability of housing inspectors at State level to provide inspections for people with existing vouchers, as well as consumer's behavioral health concerns and refusal to accept offered services as some of the concerns that have decreased efficiencies by program staff to house ACIS participants.

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 280 statewide ACIS beneficiary spaces.

Expenditure Containment Initiatives

MDH, in collaboration with the Hilltop Institute (Hilltop), have worked on several different fronts to contain expenditures. The culmination of MDH and Hilltop's efforts is 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)

During September 2023, Hilltop participated in 1-on-1 meetings with MDH and each MCO to discuss the CY 2024 rates. Key topics discussed included the capping of non-claims costs at 12.1 percent of claims, setting of rates at the "lower bound," "ex parte" children's redeterminations, geographic rating, and rejected encounter measurement and reduction.

Hilltop calculated the impact on 2024 rates of programmatic changes, both legislative and non-legislative. Included were adjustments for COVID and the ending of the continuous enrollment provision, reductions in the cost of insulin, coverage of biomarker testing for cancer, prenatal and postpartum coverage for the undocumented, and continuous coverage for children up to 12 months. The CY 2024 MCO contracts specified two risk corridors: one for the state's DPP and another for five maternal and child health initiatives.

The 2021 aggregate risk corridor resulted in $17.5 million being returned to the state by the MCOs. The 2022 aggregate risk corridor is estimated to return $15.1 million to the state. Hilltop allocated $32 million of funding for the "Maryland Quality Innovation Program" (MQIP), for CY 2024, outside of rates.

Hilltop worked with MDH to reevaluate the list of carved out, "high-cost, low-utilization" drugs. The result was a raising of the annual threshold cost from $400,000 to $500,000.

Hilltop delivered final CY 2022 HFMR instructions to the MCOs with emphases on consistently defining PCP care to align Medicaid with the Total Cost of Care Waiver, tracking prenatal and postpartum care for the newly eligible group, the exclusion of improper, denied encounters, and redefining "in lieu of services or settings" (ILOS) per recent CMS guidance.

Hilltop highlighted the improved financial performance of one MCO, Kaiser Permanente, informing the examination of possibly beginning to include this MCO in base experience for rate setting for the first time.

MCO Rates

Activities in Support of the CY 2024 HealthChoice Rates

MDH and Hilltop held three meetings with the MCOs on July 21st, August 4th, and August 24th. Topics covered included year-to-date actual financial results including risk-based capital (RBC), final claims trend assumptions, redeterminations, rejected encounters, the MCO outlier adjustment (i.e., -$11.5 million), and federally qualified health center (FQHC) adjustments to the market rate per visit.

The year-over-year (YoY) rate increase from CY 2023 provisional rates to CY 2024 was +2.4 percent. Hilltop provided several breakdowns of this increase by MCO, region, and category of aid. Prior to finalization, the rates were presented to and discussed with the Secretary and Deputy Secretary at the Department of Budget and Management (DBM).

For context, financial results for YTD 2Q23 were gathered by Hilltop from quarterly financial statements and shared with the MDH and MCOs. The YTD gain/loss, including Kaiser Permanente, was +$127 million (+3.3 percent of revenue).

Hilltop continued to develop a health equity incentive (HEI), designed to incentivize MCOs to provide coverage in underserved and underinsured areas of Maryland. The top six most disadvantaged counties were identified, and $8 million was allocated for CY 2024 to those MCOs serving those counties the most.

Hilltop coordinated responses to issues raised by the Maryland Managed Care Organization Association (MMCOA) related to rate adjustments for the flu, leap year, and the "lower bound" claims trend selection. Hilltop coordinated a survey of the MCOs related to coordination of benefit (COB) data, pre- and post-COVID, in response to an MCO inquiry.

Activities in Support of the CY 2023 HealthChoice Rates (and Prior)

Other Rate Setting Activities

Hilltop provided MDH with quarterly trauma payments for CY 2023 for each MCO, analyzed denied hospital claims reports by MCO from the HSCRC, and fielded individual MCO inquiries most often related to risk corridors, redeterminations, and PCP care defining. Hilltop modeled the expansion of Medicaid coverage to 200 percent of the federal poverty level (FPL) pursuant to HB 413 / SB 395, "Health Insurance – Individual Market Stabilization – Extension of the Provider Fee."

Together with the Maryland Insurance Administration (MIA) and Maryland Health Benefit Exchange (MHBE), Hilltop modeled several scenarios (e.g., by ages and benefit level) for a joint chairman's report (JCR) estimating the cost of expanding Medicaid coverage to the undocumented.

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 17,899 calls in Quarter 1 of FY 2024. 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, and how to access carved-out services or services covered by Medicaid on an 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 – Quarter 1 FY 2024

CMS Quarterly Report
Total Recipient Complaints - excluding Billing
1st Quarter, FY 2024

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	
4th Q FY 23 vs. 1st Q FY 24		4	1	4	1	4	1	4	1	4	1	4	1	4	1	4	1	4	1	4	1
Pharmacy	#	20	21	53	36	7	2	21	15	60	60	2	25	81	38	113	91	64	53	421	341
	%	5%	6%	13%	11%	2%	1%	5%	4%	14%	18%	0%	7%	19%	11%	27%	27%	15%	16%	39%	38%
Prenatal	#	11	5	7	8	1	4	29	15	18	12	6	21	35	12	12	24	22	32	141	133
	%	8%	4%	5%	6%	1%	3%	21%	11%	13%	9%	4%	16%	25%	9%	9%	18%	16%	24%	13%	15%
PCP	#	18	9	16	12	7	2	10	7	21	22	5	4	27	24	20	14	16	10	140	104
	%	13%	9%	11%	12%	5%	2%	7%	7%	15%	21%	4%	4%	19%	23%	14%	13%	11%	10%	13%	12%
Specialist	#	13	6	15	19	2	2	13	6	13	16	5	6	11	12	12	24	12	7	96	98
	%	14%	6%	16%	19%	2%	2%	14%	6%	14%	16%	5%	6%	11%	12%	13%	24%	13%	7%	9%	11%
Sub Totals	#	62	41	91	75	17	10	73	43	112	110	60	56	154	86	157	153	114	102	798	676
	%	8%	6%	11%	11%	2%	1%	9%	6%	14%	16%	8%	8%	19%	13%	20%	23%	14%	15%	73%	75%
All Complaint Totals	#	66	45	104	83	17	11	78	49	216	189	74	66	217	140	178	173	142	141	1092	897
	%	6%	5%	10%	9%	2%	1%	7%	5%	20%	21%	7%	7%	20%	16%	16%	19%	13%	16%	100%	100%
Other Categories		4	4	13	8	0	1	5	6	104	79	14	10	63	54	21	20	28	39	294	221

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

There were 1,130 total MCO recipient complaints in Quarter 1 of FY 2024 (all ages). Seventy-nine percent of the complaints (897) were related to access to care. The remaining twenty-one percent (233) were billing complaints. The top three member complaint categories were accessing pharmacy, prenatal, and primary care providers (PCPs), 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 Durable Medical Equipment/Durable Medical Supplies (DME/DMS). Overall, Maryland Physicians Care, Priority Partners, UnitedHealthcare, and Wellpoint Maryland had the highest percentage of complaints in this quarter. Pharmacy complaints comprised thirty-eight percent of total complaints during the first quarter.

Table 8. Recipient Complaints Under Age 21 – Quarter 1 FY 2024

CMS Quarterly Report
Total Recipient Complaints - excluding Billing: Under age 21 only
1st Quarter, FY 2024

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	
4th Q FY 23 vs. 1st Q FY 24		4	1	4	1	4	1	4	1	4	1	4	1	4	1	4	1	4	1	4	1
Pharmacy	#	4	4	5	4	1	0	4	0	8	11	10	1	24	13	20	24	19	14	95	71
	%	4%	6%	5%	6%	1%	0%	4%	0%	8%	15%	11%	1%	25%	18%	21%	34%	20%	20%	41%	36%
PCP	#	3	3	5	2	2	2	5	5	9	8	1	3	11	12	10	8	4	4	50	47
	%	6%	6%	10%	4%	4%	4%	10%	11%	18%	17%	2%	6%	22%	26%	20%	17%	8%	9%	22%	24%
Specialist	#	6	1	2	4	0	0	3	1	1	1	2	0	4	7	4	8	2	1	24	23
	%	25%	4%	8%	17%	0%	0%	13%	4%	4%	4%	8%	0%	17%	30%	17%	35%	8%	4%	10%	12%
Prenatal	#	0	0	0	0	0	0	4	1	4	3	0	6	6	4	1	3	5	8	20	25
	%	0%	0%	0%	0%	0%	0%	20%	4%	5%	12%	10%	24%	30%	16%	5%	12%	25%	32%	9%	13%
Sub Totals	#	13	8	12	10	3	2	16	7	22	23	13	10	45	36	35	43	30	27	189	166
	%	7%	5%	6%	6%	2%	1%	8%	4%	12%	14%	7%	6%	24%	22%	19%	26%	16%	16%	82%	83%
All EPSDT Complaint Totals	#	13	9	13	12	3	2	19	8	38	30	16	12	58	47	37	46	34	34	231	200
	%	6%	5%	6%	6%	1%	1%	8%	4%	16%	15%	7%	6%	25%	24%	16%	23%	15%	17%	100%	100%
Other Categories		0	1	1	2	0	0	3	1	16	7	3	2	13	11	2	3	4	7	42	34

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

There were 200 member complaints (non-billing) for recipients under age 21 in Quarter 4 of FY 2024, or eighteen percent of the total complaints. The top complaint category was access to pharmacy services. Maryland Physicians Care, Priority Partners, UnitedHealthcare, and Wellpoint Maryland 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 most often report difficulty accessing pharmacy

services followed by difficulty accessing prenatal services. Children (under 21) most often report difficulty accessing pharmacy services followed by primary care services; prenatal services have been reported to be a close third access concern.

Table 9. Total Recipient Billing Complaints – Quarter 1 FY 2024

CMS Quarterly Report
Total Recipient Complaints - Billing only
1st Quarter, FY 2024

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	
4th Q FY 23 vs. 1st Q FY 24		4	1	4	1	4	1	4	1	4	1	4	1	4	1	4	1	4	1	4	1
Emergency	#	2	3	5	3	0	1	5	4	6	7	7	4	12	10	7	5	6	5	50	42
	%	4%	7%	10%	7%	0%	2%	10%	10%	12%	17%	14%	10%	24%	24%	14%	12%	12%	12%	18%	18%
PCP	#	7	3	11	9	1	0	7	23	19	12	12	5	20	9	5	8	14	11	96	80
	%	7%	5%	11%	11%	1%	0%	7%	29%	20%	15%	13%	6%	21%	11%	5%	10%	15%	14%	35%	34%
Laboratory/ Test	#	2	1	2	3	0	0	3	3	10	6	3	2	6	8	6	7	9	9	41	39
	%	5%	9%	5%	8%	0%	0%	7%	8%	24%	15%	7%	5%	15%	21%	15%	18%	22%	23%	15%	17%
Specialist	#	3	1	1	2	1	0	6	6	5	11	7	4	5	5	4	3	2	0	34	32
	%	9%	4%	3%	6%	3%	0%	18%	19%	15%	34%	21%	13%	15%	16%	12%	9%	6%	0%	12%	14%
Sub Totals	#	14	8	19	17	2	1	21	36	40	36	29	15	43	32	22	23	31	25	221	193
	%	6%	14%	9%	9%	1%	1%	10%	19%	18%	19%	13%	8%	19%	17%	10%	12%	14%	13%	79%	83%
All Billing Complaint Totals	#	16	12	21	24	4	2	32	44	47	46	33	15	61	37	27	27	37	26	278	233
	%	7%	5%	8%	10%	1%	1%	12%	19%	17%	20%	12%	6%	22%	16%	10%	12%	13%	11%	101%	100%
Other Categories		2	4	2	7	2	1	11	8	7	10	4	0	18	5	5	4	6	1	57	40

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

Enrollee billing complaints comprised seventeen percent of total MCO complaints in Quarter 1 of FY 2024. Overall, the top bill type was primary care providers followed by emergency-related billing issues, which comprised thirty-four percent and eighteen percent, respectively, followed by Laboratory/Test service access 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 vision. Maryland Physicians Care had the highest percentage of billing complaints followed by Kaiser Permanente and Priority Partners.

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

Maryland's 2024 legislative session will begin on January 10, 2023, and end on April 9, 2023.

Quality Assurance/Monitoring Activity

The Office of Medical Benefits Management (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. Quality monitoring, evaluation, and education through enrollee and provider feedback are integral parts of the managed care process and help to ensure that health care is not compromised.

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.

An update on quality assurance activity progress appears in the chart below.

Activity	Vendor	Status	Comments (July - September 2023)
Systems Performance Review (SPR)	Qlarant	In progress	The Measurement Year (MY) 2023 Interim SPR Orientation Manual and MY 2023 SPR Standards and Guidelines were finalized per MDH approval and disseminated to MCOs September 2023 per by MDH The MY 2022 Statewide Executive Summary was approved and made available to all MCOs in July 2023. All appropriate MCO Corrective Action Plans were received and reviewed.
EPSDT Medical Record Review	Qlarant	In progress	MCO Patient Listings were finalized and onsite reviews have been scheduled as of early June 2023. Nurse training occurred June - July 2023 On-site reviews began in July 2023 and were extended to September 2023. Revised CY 2021 EPSDT Reconciliation Project reports were finalized in August 2023.
Consumer Report Card (CRC)	Qlarant	In progress	The 2024 CRC IRS and Methodology Draft was approved and made available to MCOs in September 2023.
Performance Improvement Projects (PIPs)	Qlarant	In progress	MY 2023 Q2 MCO PIP submissions were received and reviewed by MDH July - August 2023. All PIP assessments were disseminated to MCOs in late August 2023. MCO Technical Assistance Training was held in August in addition to the supplementary documentation provided to MCOs to facilitate clarity regarding Enrollee Outreach as an intervention strategy.
Encounter Data Validation (EDV)	Qlarant	In progress	The MY 2022 MCO ISCA submissions and MY 2022 EDV Report Template were received and reviewed by MDH in September 2023.
Network Adequacy Validation (NAV)	Qlarant	In progress	The MY 2023 NAV Report Template was reviewed and approved in July 2023. The MY 2023 NAV Report Draft has been submitted for review and approval by MDH.
Quarterly Review of Appeals, Grievances, and Pre-Service Denials (GAD)	Qlarant	In progress	The Annual GAD Reporting Template was reviewed and approved by MDH in July 2023. Quarter 2 GAD Findings were disseminated to MCOs in September 2023. Discussions have commenced regarding the implementation of Quarterly GAD CAPs.

Activity	Vendor	Status	Comments (July - September 2023)
HEDIS Audits and Reporting (HEDIS)	MetaStar	In progress	The HEDIS vendor provided Final Audit Reports to HealthChoice organizations and the MDH in July. MDH provided the MY 2023 HEDIS Performance Measures List and official announcement letters to the HEDIS vendor and all HealthChoice organizations in early September. This list detailed the reporting requirements regarding HEDIS measures for MY 2023. The HEDIS vendor presented at the September QALC meeting reporting on new and retired HEDIS measures for the upcoming MY 2023 audit season, the race/ethnicity stratification reporting requirements for specific HEDIS measures for MY 2023, review of key deadlines for the submission of data for MY 2023, and a timeline review of the upcoming availability of the final MY 2022 data analysis reports. The HEDIS vendor received the MY 2022 Medicaid Quality Compass data extract on 9/29/2023. This data will be included in the upcoming final My 2022 HEDIS reports for MDH.
Population Health Incentive Program (PHIP)	Qlarant	In progress	Value-Based Purchasing (VBP) was sunset after MY 2021 reporting, and the Population Health Incentive Program (PHIP) launched for MY 2022. The EQRO validated MY 2022 preliminary encounter-based performance measures for Lead and Ambulatory measures.
CAHPS Survey Administration (CAHPS)	CSS	In progress	MDH began reviewing and editing reports including Adult and Child Aggregate CAHPS reports, and the Individual HealthChoice organizations' Adult and Child CAHPS reports from early August and ongoing through September. The CAHPS Executive Summary Report was pending review and editing by the MDH at the end of September. The CAHPS survey vendor presented at the September QALC Meeting highlighting the 2023 CAHPS Adult and Child survey results. NCQA published HEDIS MY 2022, Volume 3: Specifications for Survey Measures on September 15, 2023.
Primary Care Provider (PCP) Satisfaction Survey Administration	CSS	In progress	Highlight reports were available in July showing preliminary key survey results and a respondent profile. MDH reviewed, edited, and approved reports including the Primary Care Provider Aggregate and the Individual HealthChoice organizations reports in August and September. The PCP Executive Summary Report was pending final edits and review at the end of September. The survey vendor presented at the September QALC Meeting highlighting the survey response rate and results of the 2023 Primary Care Provider survey.
Annual Technical Report (ATR)	Qlarant	In progress	MDH provided a response to CMS's EQR Compliance Preliminary ATR Findings in August 2023. The MY 2022 ATR Report Template was approved and finalized in August 2023 and incorporates CMS' suggested changes pertaining to organization, quality strategy connection, and recommendations.

Activity Highlights:

Quarterly Review of Appeals, Grievances, and Pre-Service Denials (GAD): Below is a summary of the Quarter 2 (Q2) 2023 findings from the GAD activity:

Member Grievances: CareFirst's range of grievances totaled at the low end at 0.23/1000 members; whereas Kaiser's range of grievances totaled at 5.11/1000 members. The most prevalent category outlined was Administrative. All MCOs met grievance turnaround time (TAT) requirements for the Administrative category. UnitedHealthcare (UHC) did not meet the TAT for Category 2: "Non-emergency medically related" with a rate of 57 percent against the performance threshold of 95 percent.

Provider Grievances: CareFirst, Jai, and Kaiser recorded no provider grievances; Maryland Physicians Care (MPC), MedStar, and UHC's range of grievances totaled at the low end at less than 10 percent per 1000 members; whereas Wellpoint's range of grievances totaled 1.10/1000 members, a slight decrease from the previous quarter's range. All provider grievances fell into the "Administrative" Category with the top two reason codes of Billing/Financial and Attitude/Service - MCO Customer Service. MPC recorded a small uptick in the "Non-emergency medically related" provider grievance category at .02/1000 members.

Appeals: CareFirst, MPC, and Priority Partners cited a higher rate of member appeals. Five MCOs indicated that 100 percent of appeals come from denials from provider submissions, with the exception of Priority Partners, in which members submitted close to 80 percent of appeals. Wellpoint, Jai, Kaiser, and MedStar received the lowest number of appeals/1000 members, with rates of 0.49, 0.40, 0.11, and 0.40 respectively. The MCOs with the highest appeals/1000 members were CareFirst (1.12), MPC (2.23), and Priority Partners (2.37). All MCOs met the standard (non-emergency) appeals resolution TAT requirements. Seven MCOs met the standard for expedited appeals resolution TAT with the outliers being Wellpoint (88 percent) and UHC (91 percent).

Denials: Pre-service denials varied across MCOs with UHC rating the highest at 34.010/1000 denials and Kaiser the lowest at 2.13/1000 denials. Wellpoint and Kaiser maintained the highest number of prior authorization (PA) requests submitted with complete information at 96 percent, and Priority Partners had the lowest at 73 percent, a one percentage point increase from last quarter. The MCO with the highest percentage of PA requests approved was Kaiser (93 percent) followed by MedStar (85 percent). UHC had the lowest PA request approvals (64 percent) followed by Aetna (69 percent).

The MCOs with the highest percentage of Standard Pre-Service Medical denials were Aetna, MPC, Priority Partners, UHC, and Wellpoint; CareFirst, Jai, Kaiser, and MedStar recorded the lowest percentages. The MCOs with the highest and lowest Pre-Service Outpatient Pharmacy denials were Priority and Jai. Kaiser had no outpatient pharmacy denials. All MCOs met the pre-service denial determination TAT performance threshold of 95 percent for standard, expedited, and pre-service outpatient pharmacy.

Jai and Kaiser reported having no expedited or pre-service medical denials. All MCOs met or exceeded the Pre-Service Denial Notification TAT for pre-service outpatient pharmacy. Wellpoint did not meet the compliance threshold of 95 percent for the expedited pre-service medical denials, with a TAT of 83 percent; Priority Partners did not meet the compliance threshold of 95 percent for the standard pre-service medical denials, with a TAT of 86 percent.

Demonstration Evaluation

During the quarter, MDH sought approval for an 1115 Waiver Amendment; the 30-day public comment period opened on September 1, 2023. The Waiver Amendment requested waiver authority to adopt the Four Walls Requirement temporary 1135 waiver authority on a permanent basis, as well as approval to implement Express Lane Eligibility for members of an eligible child's SNAP household up to age 65 if they are already enrolled in Medicaid and/or CHIP. MDH held a public hearing to discuss the content of the waiver amendment and solicit feedback from public stakeholders on September 12, 2023, via webinar.

MDH continues to collaborate with CMS and the Hilltop Institute regarding SUD Monitoring Report implementation and technical specifications, as well as batch submission of historical reports. MDH and CMS continue to collaborate on the SMI Monitoring Protocol.

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Date Submitted to CMS: November 30, 2023