Managed Care in Maryland

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, about three-quarters of Medicaid beneficiaries in the state were enrolled in managed care plans. Maryland began operating managed care in 1991 when it transferred most of its beneficiaries into a mandatory PCCM, Maryland's Access to Care (MAC). MAC was terminated with the inception of its current MCO program, the **HealthChoice** program, in 1997. Enrollment in HealthChoice MCOs is mandatory for most Medicaid recipients in the state. The MCOs cover the full range of Medicaid services, except for some specialty therapy services and long-term-care services, which are carved out. Substance use disorder services are included under the contract, but mental health is also carved out and offered through the state mental health system and reimbursed via FFS. In 2002, the state introduced a **Program of All-Inclusive Care for the Elderly (PACE)** program to enhance the range of services provided to elderly beneficiaries and certain individuals with disabilities living in certain regions of the state. The State expanded managed care further in July, 2007 with its **Primary Adult Care (PAC)** program, which covered limited primary care to childless adults with incomes up to 116% FPL . With the implementation of health care reform, Maryland no longer operates the PAC program. Rather, childless adults under the age of 65 and with incomes up to 138 percent of the FPL receive full Medicaid benefits. This population remains covered under the HealthChoice 1115 waiver, as services are provided through HealthChoice MCOs. In 2009, the state contracted with one organization to provide case management services to individuals with disabilities, through an amendment to its **Living at Home Waiver**.

Maryland is currently in the process of integrating mental health and substance use disorder services in one state agency to reduce fragmentation of behavioral health care, and considering how best to coordinate these services with those offered by Medicaid MCOs. Current plans are to implement a performance-based “carve out” of Medicaid mental health services.

Participating Plans, Plan Selection, and Rate Setting

Maryland contracts with 8 MCOs to manage services under its HealthChoice program. United Healthcare Community Plan and AmeriGroup Community Care (HealthChoice and PAC) are **national, for-profit plans**. Diamond Plan, which just offers a HealthChoice plan, is also **a national, for-profit plan**. Jai Medical Systems and Priority Partners are **local, for-profit plans**. MedStar Family Choice, Maryland Physicians Care, and Riverside Health, all of which are HealthChoice plans, are **local, for-profit plans**. The Coordinating Center, a **local, non-profit organization**, coordinates care for the Living at Home Waiver. Maryland contracts with all MCOs that can fulfill the state’s requirements (“any-willing-provider”) and sets rates through an administrative process using actuarial analyses.

Quality and Performance Incentives

Like most other states, Maryland requires MCOs to report data on HEDIS, CAHPS and other quality measures. The state also reviews a sample of medical records to ensure that MCOs are compliant with other Medicaid performance standards, such as EPSDT standards. The state’s external quality review organization, Delmarva Foundation, creates an easy-to-understand “report card” which ranks health plans according to their scores on various performance measures, and is included with enrollment materials to help participants choose their plans. The state also offers MCOs performance incentives and disincentives to encourage quality care. The state’s value-based purchasing initiative for the HealthChoice program establishes measure targets to determine whether a plan qualifies for (1) an incentive payment of up to 1/10 of 1 percent of the total capitation amount paid to the MCO during the year, for meeting or exceeding a measure target, or (2) a disincentive, which assesses or collects from MCOs up to 1/10 of 1 percent of the total capitation for failing to meet the minimum target.

Table: Managed Care Program Features, as of August 2014

Program Name	HealthChoice	Program for the All-Inclusive Care for the Elderly (PACE)	Living at Home Case Management Waiver
Program Type	MCO	PACE	Selective Contracting
Program Start Date	June 1997	November 2002	November 2009
Statutory Authorities	1115(a)	PACE	1915(b)/1915(c)
Geographic Reach of Program	Statewide	Select Region	Statewide
Populations Enrolled *(Exceptions may apply for certain individuals in each group)*			
Aged		X	
Disabled Children & Adults	X	X (age 55+)	X
Children	X		
Low-Income Adults	X (adults with dependent children only)		
Medicare-Medicaid Eligibles ("duals")			X
Foster Care Children	X		
American Indians/ Alaska Natives			
Mandatory or Voluntary enrollment?	Mandatory	Voluntary	Voluntary
Medicaid Services Covered in Capitation *(Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" from the managed care benefit package.)*			
Inpatient hospital	X	X	
Primary Care and Outpatient Services	X	X	

Program Name	**HealthChoice**	**Program for the All-Inclusive Care for the Elderly (PACE)**	**Living at Home Case Management Waiver**
Pharmacy	X	X	
Institutional LTC		X	
Personal Care/HCBS		X	X (case management only)
Inpatient Behavioral Health Services		X	
Outpatient Behavioral Health Services	X	X	
Dental	X (preventive for adults)	X	
Transportation		X	
Participating Plans or Organizations	1. AmeriGroup Community Care 2. JAI Medical System 3. Kaiser Permanente 4. Maryland Physicians Care 5. Medstar Family Choice 6. Priority Partners MCO 7. Riverside Health of Maryland 8. United Health Care Community Plan	1. Hopkins Elder Plus	1. The Coordinating Center
Uses HEDIS Measures or Similar	X	NA	
Uses CAHPS Measures or Similar		NA	
State requires MCOs to submit HEDIS or CAHPS data to NCQA	X	NA	NA

Program Name	HealthChoice	Program for the All-Inclusive Care for the Elderly (PACE)	Living at Home Case Management Waiver
State Requires MCO Accreditation	Yes	NA	NA
External Quality Review Organization	Delmarva		
State Publicly Releases Quality Reports	Yes		

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of
February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* The 2011 National Summary of Medicaid Managed Care Programs reports program features for Health Choice and the no-longer-active Primary Adult Care under a single 1115 waiver, and as such, the data cannot be differentiated. We used state Medicaid website information to identify the populations and services covered under each program, including (1) https://mmcp.dhmh.maryland.gov/healthchoice/SitePages/Home.aspx and (2) https://mmcp.dhmh.maryland.gov/mpac/SitePages/Home.aspx