



OPEN MINDS

Maryland Health & Human Services System Market Profile



Health & Human Services System Market Profile Overview

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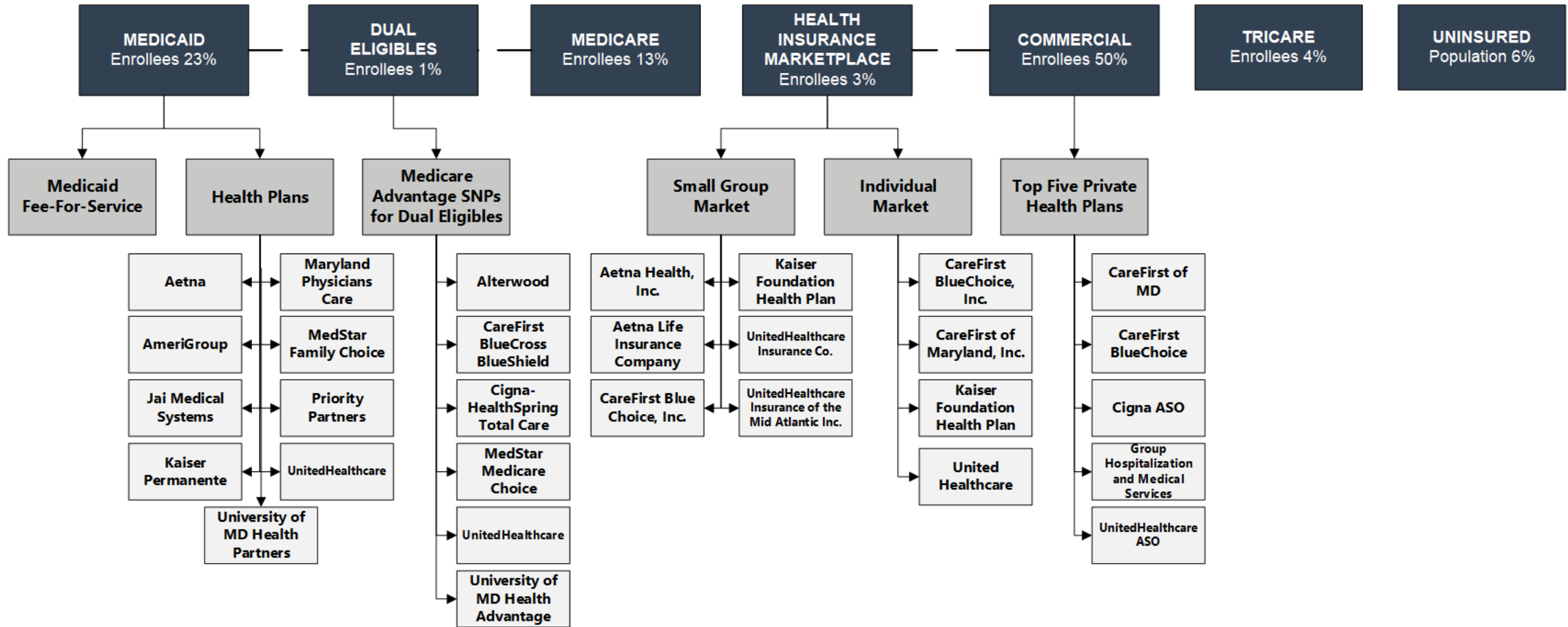
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A. Executive Summary

A.1. Maryland Physical Health Care Coverage by Payer

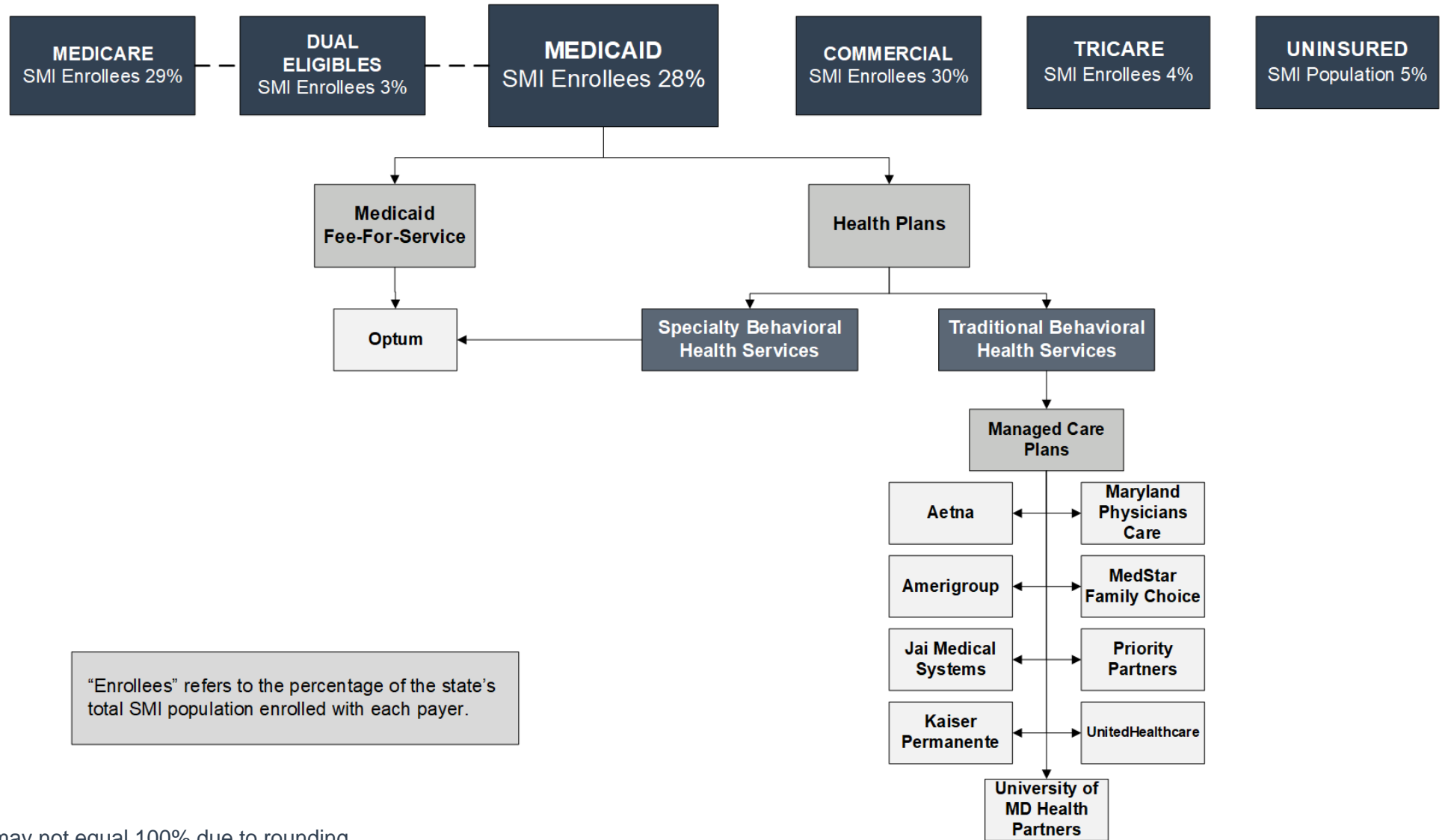
Total Maryland Population- 6,156,129

Estimated SMI Population- 408,150



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Maryland Behavioral Health Care Coverage by Payer



Totals may not equal 100% due to rounding.

A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Optum is responsible for coordination between the health plans and behavioral health provider organizations.
Primary Care Case Management (PCCM)	✓	The state has a program for individuals with rare or expensive diseases called Rare and Expensive Case Management (REM).
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home	✓	The state operates health homes for persons with serious mental illness (SMI), serious emotional disturbance (SED), and/or addiction disorders.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates two CCBHCs.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Primary Care Office within the Maryland Department of Health and Mental Hygiene is responsible for providing physical health services to the safety-net population.

Mental Health Services

- The Behavioral Health Administration within the Maryland Department of Health and Mental Hygiene delivers mental health services to the safety-net population by funding services provided by core service agencies (CSAs) operated at the county or multi-county level.

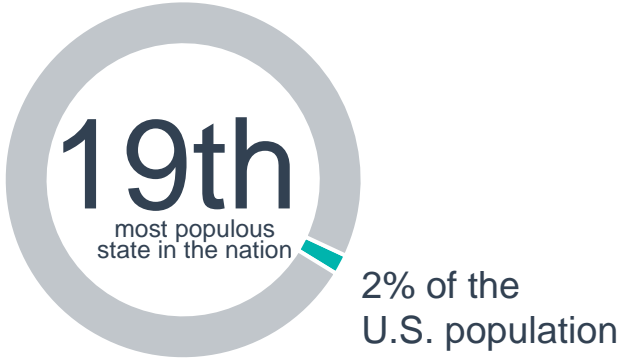
Addiction Treatment Services

- The Behavioral Health Administration within the Maryland Department of Health and Mental Hygiene delivers addiction treatment services to the safety-net population by funding services provided by Local Addictions Authorities (LAAs) operated at the county level.

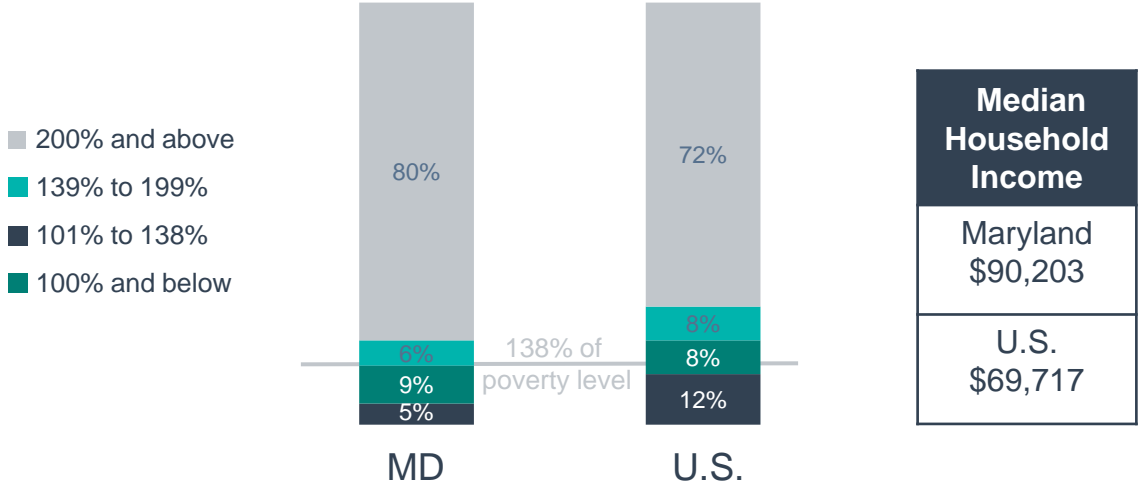
B. Maryland Health Financing System Overview

B.1. Population Demographics

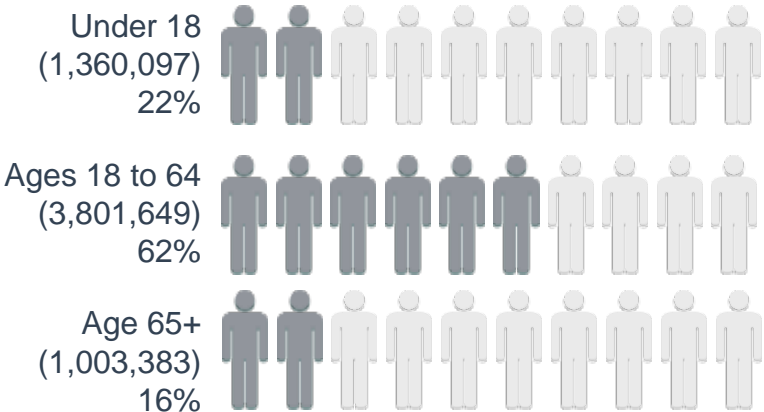
Total Maryland Population- 6,156,129
 Estimated SMI Population- 408,150



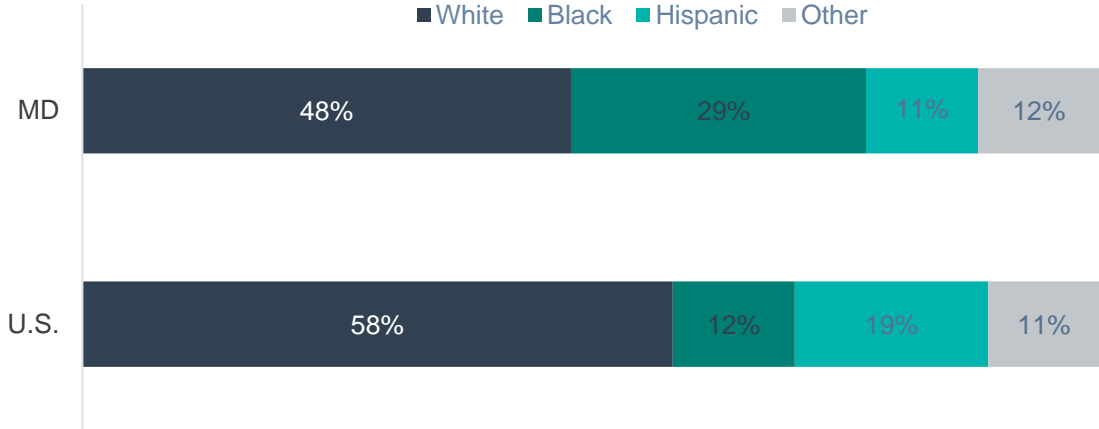
Population Distribution By Income To Poverty Threshold Ratio



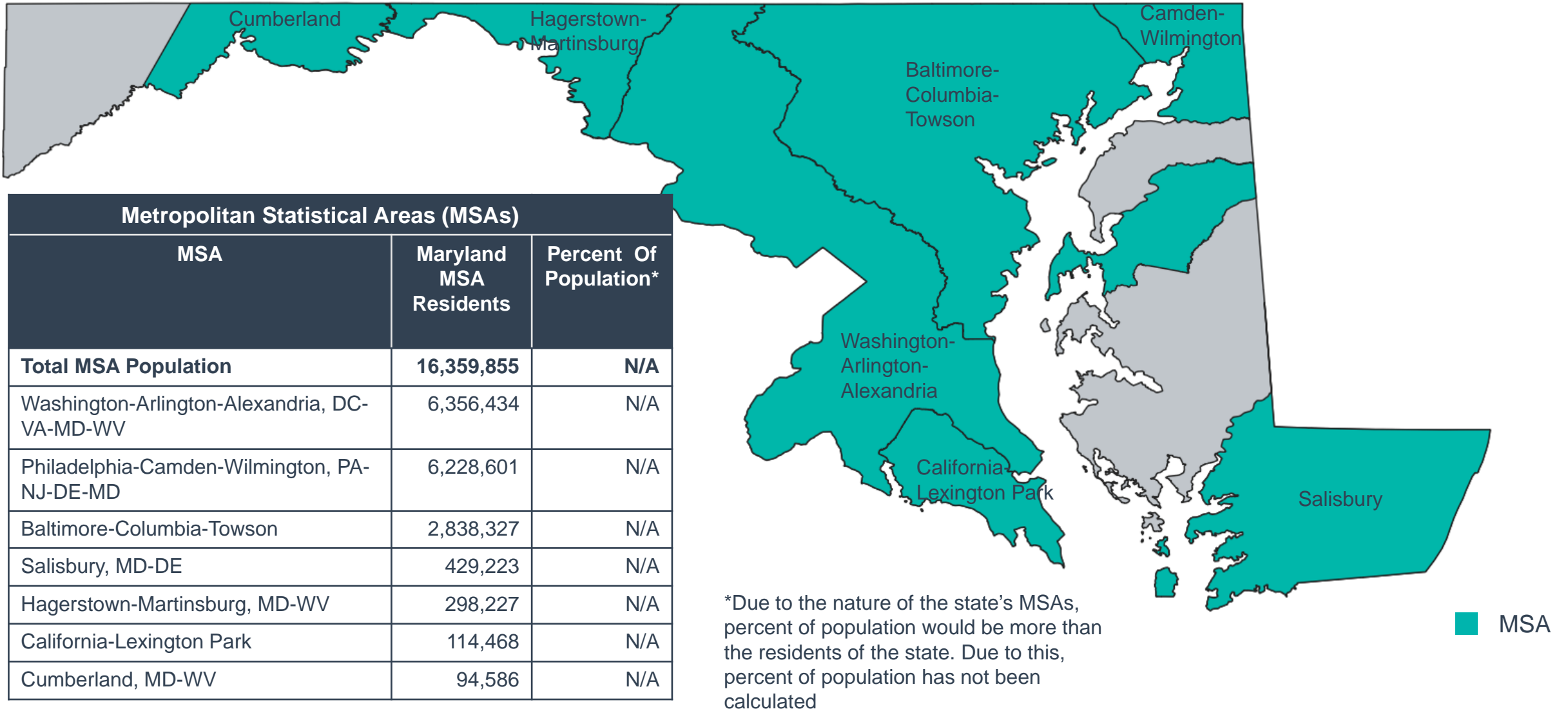
Population Distribution By Age



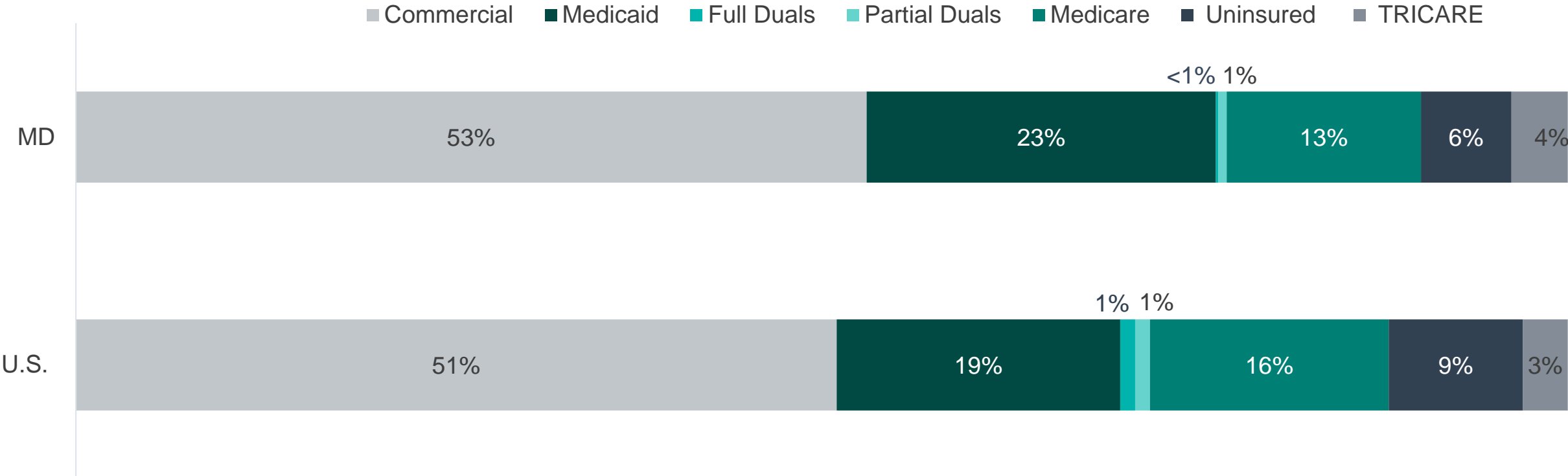
Maryland & U.S. Racial Composition



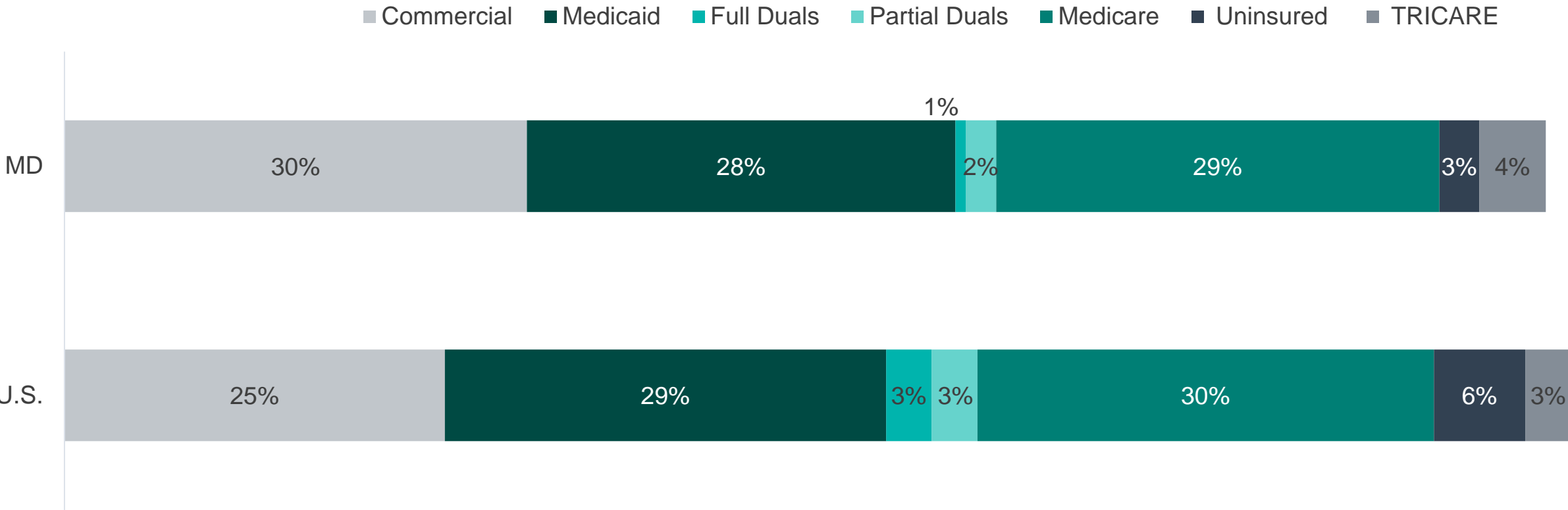
B.2. Population Centers



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Maryland Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Maryland Medicare Fee-For-Service (FFS)	Medicare	885,125
CareFirst of Maryland	Commercial	794,990
CareFirst BlueChoice	Commercial	485,689
Cigna ASO	Commercial Administration Services Only (ASO)	459,119
UnitedHealthcare ASO	Commercial ASO	427,685
Group Hospitalization and Medica Services	Commercial	410,129
CareFirst ASO	Commercial ASO	334,715
Priority Partners	Medicaid managed care	334,608
Kaiser Foundation Health Plan of the Mid-Atlantic States	Commercial	319,055
Amerigroup Community Care	Medicaid managed care	310,288

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare as of March 2023

B.4. Largest Maryland Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Maryland Medicare Fee-For-Service (FFS)	Medicare	885,125	141,620
CareFirst of Maryland	Commercial	794,990	32,595
Priority Partners	Medicaid managed care	334,608	28,776
Amerigroup Community Care	Medicaid managed care	310,288	26,685
Maryland Physicians Care	Medicare managed care	235,071	20,216
CareFirst BlueChoice	Commercial	485,689	19,913
Cigna ASO	Commercial ASO	459,119	18,824
UnitedHealthcare ASO	Commercial ASO	427,685	17,535
Group Hospitalization and Medical Services	Commercial	410,129	16,815
UnitedHealthcare HealthChoice	Medicaid managed care	163,029	14,020

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare as of March 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	3%
Type of Marketplace	State-based
Individual Enrollment Contact	https://www.marylandhealthconnection.gov
	1-855-642-8572
Small Business Enrollment Contact	https://www.marylandhealthconnection.gov/small-business/
	1-855-642-8572

2023 Individual Market Health Plans
<ol style="list-style-type: none"> CareFirst BlueChoice HMO CareFirst of Maryland PPO Kaiser Permanente UnitedHealthcare

2023 Small Group Market Health Plans
<ol style="list-style-type: none"> Aetna Health, Inc. Aetna Life Insurance Company CareFirst BlueChoice Group Hospitalization and Medical Services Kaiser Permanente MAMSI Life and Health Insurance Company Optimum Choice, Inc. UnitedHealthcare Insurance Company UnitedHealthcare of the Mid-Atlantic, Inc.

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs

1. AAMC Collaborative Care Network
2. Accountable Care Coalition of Northeast Partners, LLC
3. ACO West Virginia
4. Aledade Accountable Care 12, LLC
5. Aledade Accountable Care 80, LLC
6. Aledade Delaware ACO
7. Carroll ACO
8. Chesapeake IPA
9. Delaware Care Collaboration DCC LLC
10. Greater Baltimore Health Alliance
11. GW Health Network
12. LTS ACO, LLC
13. Maryland Collaborative Care Transformation Organization, Inc
14. Mid-Atlantic Collaborative Care
15. Netrin Primary Care ACO, LLC
16. Peninsula Regional Clinically Integrated Network
17. Privia Quality Network, LLC
18. Signature Partners in Health, LLC
19. The Premier HealthCare Network, LLC
20. United Medical, LLC
21. University of Maryland Quality Care Network
22. Wellspan Population Health Services

Commercial ACOs

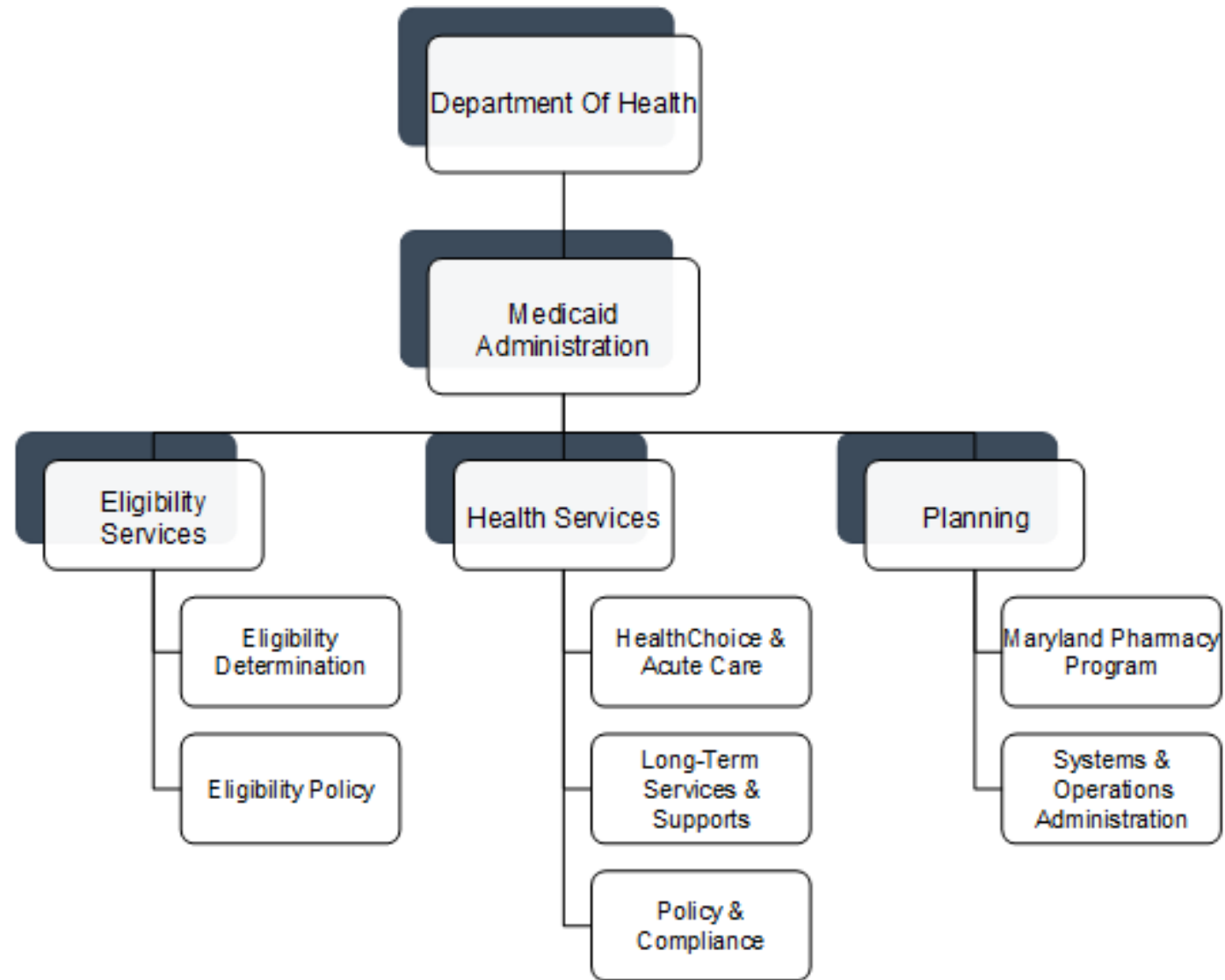
ACO	Commercial Insurer
Greater Baltimore Health Alliance	Cigna
University of Maryland Quality Care Network, LLC	UnitedHealthcare

End-State Renal Disease ACOS

1. Fresenius Seamless Care of Maryland

C. Medicaid Administration, Governance & Operations

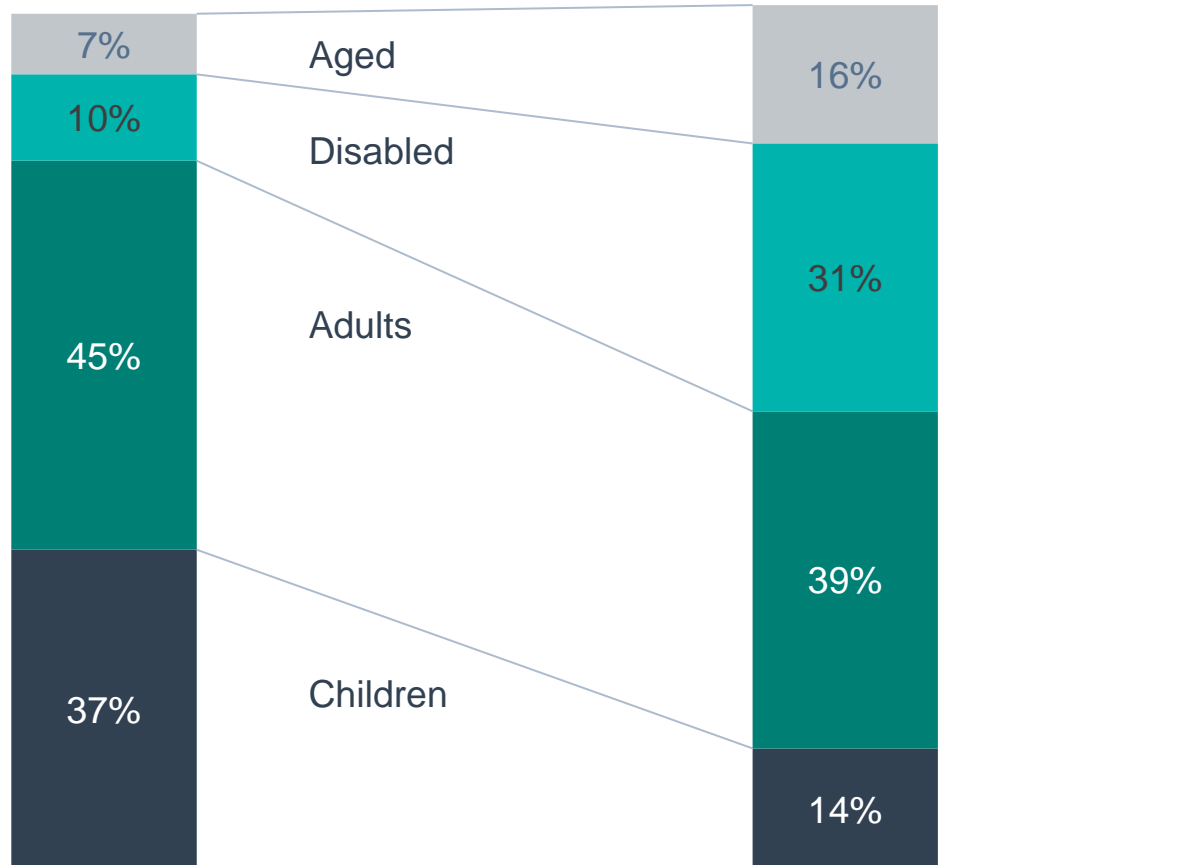
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Laura Herrera Scott, MD,MPH	Secretary	Department of Health	laura.herrerascott@maryland.gov
Vacant	Deputy Secretary, Health Care Financing & Medicaid Director	Department of Health	N/A
Webster Ye	Assistant Secretary, Health Policy	Department of Health	webster.ye@maryland.gov
Sharon Baucom	Assistant Secretary & Chief Medical Officer	Department of Health	sharon.baucom@maryland.gov
Thomas Andrews	Chief of Staff	Department of Health	thomas.andrews@maryland.gov
Tricia Roddy	Acting Medicaid Director	Department of Health	tricia.roddey@maryland.gov

C.2. Medicaid Program Spending By Eligibility Group



*Percent of Total Medicaid Population

*Based on FY 2020 data

Percent of Total Medicaid Spending

Totals may not equal 100% due to rounding.

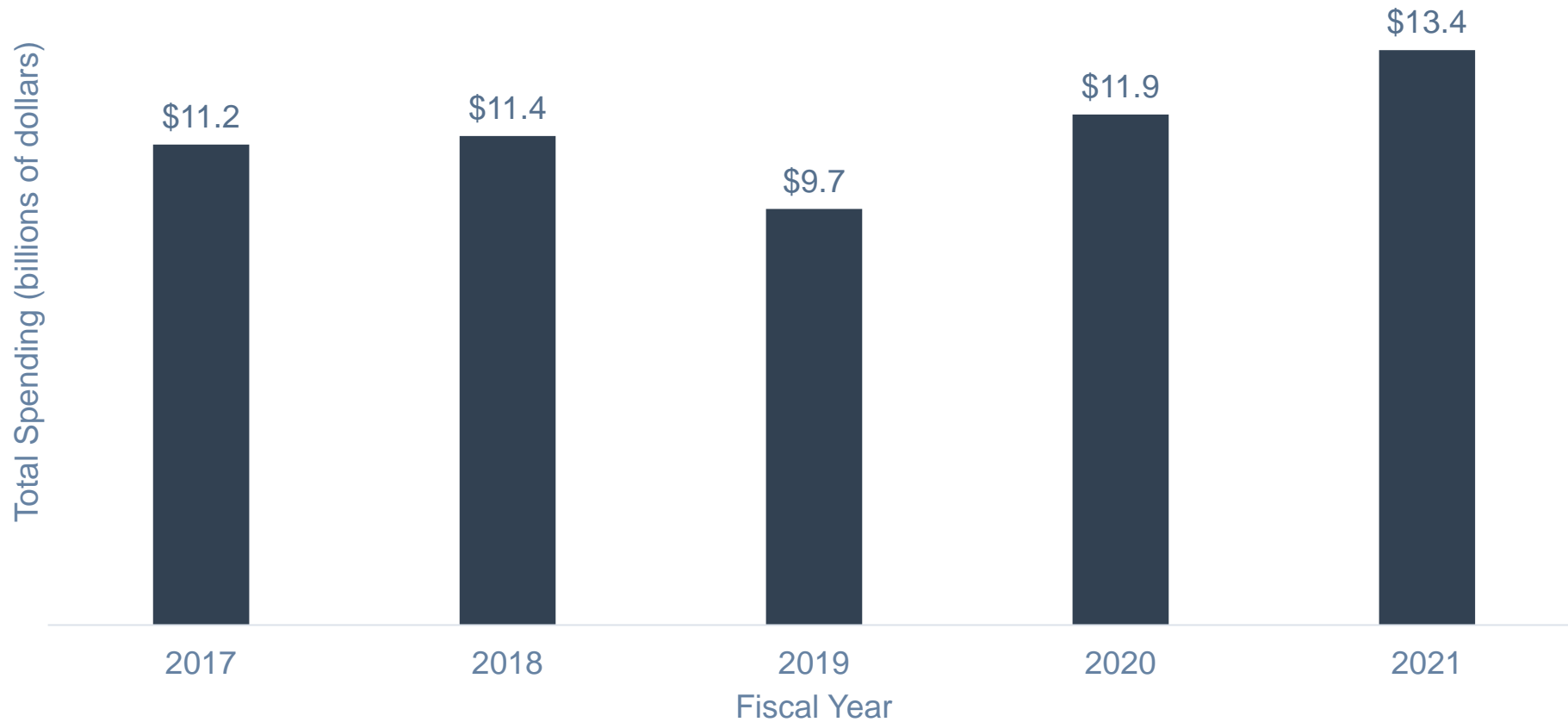
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	MD
All populations	\$8,718	\$9,014
Children	\$3,495	\$3,211
Adults	\$5,461	\$7,225
Expansion adults	\$7,227	\$8,496
Blind and disabled	\$23,123	\$25,909
Aged	\$18,552	\$20,571

C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget
Managed care and premium assistance	\$6,174,000,000	46%
Home-and community-based LTSS	\$1,930,000,000	14%
Institutional LTSS	\$1,422,000,000	11%
Other acute services	\$1,356,000,000	10%
Hospital	\$1,105,000,000	8%
Medicare premiums and coinsurance	\$423,000,000	3%
Clinic and health center	\$359,000,000	3%
Drugs	\$259,000,000	2%
Other practitioner	\$162,000,000	1%
Dental	\$142,000,000	1%
Physician	\$132,000,000	1%
Budget Total: \$13,464,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	56.2%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	House Bill 228, 2013 Regular Session
Number Of Individuals Enrolled In The Expansion Group (September 2022)	446,105
Number Of Enrollees Newly Eligible Due To Expansion	446,105
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies for individuals of child-bearing age
9. Physician services
10. Medical and surgical services of a dentist
11. Home health services
12. Nurse midwife services
13. Nurse practitioner services
14. Pregnancy services, including tobacco cessation programs
15. Free standing birth centers
16. Non-emergency transportation to medical care

Maryland's Optional Services

1. Pharmacy services
2. Clinic services
3. Physical therapy
4. Ambulatory surgical center services
5. Diabetes care services
6. Home- and community-based waiver services
7. Hospice care
8. Kidney dialysis services
9. Mental health services
10. Long-term care services
11. Respiratory equipment services
12. Personal care services
13. Podiatry services
14. Substance abuse treatment services
15. Targeted case management
16. Vision care services
17. Dental coverage for pregnant women

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (March 2023)	201,406	1,471,773
SMI Enrollment	<ul style="list-style-type: none"> Maryland does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. Estimated 88% of SMI population is enrolled in managed care, 12% is in FFS. 	
Management	<ul style="list-style-type: none"> Physical health: Department of Health and Mental Hygiene (DHMH) Specialty behavioral health: Administrative services organization (ASO), Optum 	<ul style="list-style-type: none"> Physical health: Nine health plans Specialty behavioral health: ASO, Optum
Payment Model	<ul style="list-style-type: none"> Physical health: FFS Specialty behavioral health: FFS and per member per month (PMPM) administrative fee 	<ul style="list-style-type: none"> Physical health: Capitated rate Specialty behavioral health: FFS and PMPM administrative fee paid by state
Geographic Service Area	Statewide	Statewide with plans available by county

Total Medicaid: 1,673,179 | Total Medicaid With SMI: 16,503

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	As of March 2023: 12% in fee-for-service (FFS), 88% in managed care	
SMI population inclusion in managed care	<ul style="list-style-type: none"> • Maryland does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. • Estimated 88% of SMI population is enrolled in managed care, 12% in FFS 	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> • FFS is mandatory for dual eligibles • Estimated 100% of dual eligible enrolled in FFS 	
Long-term services and support service (LTSS) population inclusion in managed care	<ul style="list-style-type: none"> • The LTSS population is excluded from managed care and enrolled in FFS. 	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state and administered by Optum	Excluded from the health plan's capitation rate and covered FFS by the state; Optum is responsible for administering services.
Pharmaceuticals	Covered FFS by the state	Mental health and addiction treatment drugs are covered FFS by the state. All other pharmacy services are included in the health plan's capitation rate.
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Optum is responsible for coordination between the health plans and behavioral health provider organizations.
Primary Care Case Management (PCCM)	✓	The state has a program for individuals with rare or expensive diseases called Rare and Expensive Case Management (REM).
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home	✓	The state operates health homes for persons with serious mental illness (SMI), serious emotional disturbance (SED), and/or addiction disorders.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates two CCBHCs.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals	X		
Dual eligibles	X		
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care	X		
Other populations	<ul style="list-style-type: none"> • New enrollees until enrolled in a health plan • Enrollees in Rare and Expensive Case Management • Enrollees in the Maryland Family Planning Program 		

D.2. Medicaid FFS Program: Overview

- As of March 2023, FFS enrollment was 201,406.
- The state calls its Medicaid program Medical Assistance.
- The Rare and Expensive Case Management (REM) Program is a FFS primary care case management (PCCM) program.
 - The program serves approximately 4,700 individuals with non-behavioral, rare, and expensive conditions such as HIV, spina bifida, and cystic fibrosis. Care coordination fees for the REM's are listed below.
 - Additional services available to REM enrollees beyond what is offered in the state plan include shift home health aides, private duty nursing, and adult dental services.

Service	New Payment Rate as of 2022
Coordinated Care Fee, Initial Rate	\$463.69
Coordinated Care Fee, Risk Adjusted High Initial	\$342.39
Coordinated Care Fee, Risk Adjusted Low	\$204.07
Coordinated Care Fee, Risk Adjusted Maintenance Level 3	\$107.70

D.2. Medicaid FFS Program: Behavioral Health Benefits

- As of January 2020, Optum serves as the behavioral health ASO and administers specialty mental health and addiction treatment services for the Medicaid FFS and managed care populations.
 - Behavioral health services are reimbursed FFS, and Optum receives a PMPM fee from the state.
- Under the new contract, the ASO will manage the provider network and service utilization for the Applied Behavioral Analyst (ABA) program for children and youth with autism.
- The contract includes performance measures related to the ASO system performance. These measures affect the timeliness of call center responses, turnaround of inpatient authorization requests, non-Medicaid application processing, grievances and appeals, and claims processing. The measures also address ASO staffing levels. These measures began in fiscal year 2021.
 - If the ASO fails to meet the system performance benchmarks, the ASO will pay liquidated damages at a fixed percentage of invoices. In October 2022 the state found that MDH had not developed a formal policy on assessing of liquidated damaged and did not assess the damaged that were permitted by the terms of the ASO contract.
 - The state recommended that MDH develop a formal policy on the assessment of liquidated damages, including criteria for conditions warranting damages and the determination of the amount to be assessed. Further, MDH should assess liquidated damages as provided for in the ASO contract in accordance with that policy for long-standing periods of non-compliant performance, including those identified above.
- Core Service Agencies (CSAs) are entities that coordinate publicly funded mental health services—including Medicaid services—at the county or multi-county level.
- Local Addiction Authorities (LAAs) are county authorities that plan, coordinate, and monitor publicly funded addiction disorder services, including Medicaid services.

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits

1. Inpatient treatment
2. Residential treatment for children and adolescents
3. Individual therapy
4. Group therapy
5. Mental health targeted case management
6. Supported employment
7. Family psychotherapy and psychoeducation
8. Psychiatric rehabilitation
9. Assertive community treatment (ACT)
10. Mobile treatment
11. Partial hospitalization
12. Intensive outpatient program services
13. Community support services
14. Crisis intervention

FFS Addiction Treatment Benefits

1. Alcohol and/or drug assessment
2. Early intervention services
3. Individual outpatient therapy
4. Group outpatient therapy
5. Partial hospitalization
6. Ambulatory detoxification
7. Opioid maintenance therapy for individuals 18 and over
8. Medically monitored intensive inpatient treatment
9. Medically monitored inpatient detoxification
10. Residential treatment services

D.2. Medicaid FFS Program: SMI Population

- Maryland does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.
- As of March 2023, *OPEN MINDS* estimates that 12% of the SMI population is enrolled in FFS.
- There are 19 Core Service Agencies (CSAs) that manage, develop, and plan treatment and rehabilitation services for individuals with SMI in their catchment areas.
- Health homes for individuals with SMI and addiction disorders began in October 2013.

D.2. Medicaid FFS Program: Pharmacy Benefit

Maryland FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, and antipsychotics are included on the general PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, addiction treatment drugs are included on the general PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, injectable antipsychotics are included on the general PDL. Provider organizations may bill for the actual cost of the drug as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Non-preferred drugs require prior authorization. Both preferred and non-preferred drugs may be subject to quantity limits and clinical criteria.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Maryland operates the Unified Corrective Managed Care (CMC) program. Individuals are enrolled in the CMC program if they have filled six or more controlled prescriptions at three different pharmacies, or if prescriptions are from three different prescribers. The program operates across the FFS and managed care program, such that individuals who move between programs remain locked-in.

D.3. Medicaid Managed Care Program: Overview

- As of March 2023, managed care enrollment was 1,471,773.
- The Medicaid managed care program is called HealthChoice.
- There are nine full-risk capitated health plans that are responsible for physical health services for most populations.
- The health plans are available by county. Enrollees choose the health plan that best fits their needs and select a primary care provider.
- While the health plans are not required to contract with provider organizations using value-based arrangements, 1% of the health plan's capitation rate is tied to performance on nine measures.
 - These performance measures include adolescent well-care visits, ambulatory care for Supplemental Security Income (SSI) adults, ambulatory care for SSI children, asthma medication ratio, breast cancer screening, comprehensive diabetes care, controlling high blood pressure, lead screening for children, and well child visits in the first 15 months of life.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health Of Maryland

1. Profit status: For-profit
2. Parent company: Aetna/ CVS
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: CVS Caremark
5. Enrollment share: 4%
6. Operating area: Statewide

Amerigroup

1. Profit status: For-profit
2. Parent company: Anthem, Inc.
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: IngenioRx
5. Enrollment share: 20%
6. Operating area: Statewide

Jai Medical Systems

1. Profit status: For-profit
2. Parent company: None
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: ProCare Rx
5. Enrollment share: 2%
6. Operating area: Baltimore County and Baltimore City

Kaiser Permanente

1. Profit status: Non-profit
2. Parent company: Kaiser Permanente
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: MedImpact
5. Enrollment share: 8%
6. Operating area: Anne Arundel, Baltimore, Calvert, Charles, Harford, Howard, Montgomery, Prince George's, and St. Mary's counties

Maryland Physicians Care

1. Profit status: For-profit
2. Parent company: Meritus Health, Western Maryland Health System, Holy Cross Health
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: Express Scripts
5. Enrollment share: 17%
6. Operating area: Statewide

MedStar Family Choice

1. Profit status: For-profit
2. Parent company: MedStar Health
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: None
5. Enrollment share: 7%
6. Operating area: Anne Arundel, Baltimore, Charles, Harford, Montgomery, Prince George's, and St. Mary's counties and Baltimore City

*Maryland delivers specialty behavioral health services through an ASO-administered fee-for-service carve-out.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Priority Partners

1. Profit status: For-profit
2. Parent company: Johns Hopkins HealthCare, LLC and the Maryland Community Health System
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: None
5. Enrollment share: 24%
6. Operating area: Statewide

UnitedHealthcare

1. Profit status: For-profit
2. Parent company: UnitedHealthcare
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: OptumRx
5. Enrollment share: 12%
6. Operating area: Statewide

University Of MD Health Partners

1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: None
5. Enrollment share: 6%
6. Operating area: All areas except Allegany, Garrett, and Washington counties

*Maryland delivers specialty behavioral health services through an ASO-administered fee-for-service carve-out.

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Mental health and addiction treatment services are excluded from the health plan's capitation rate and covered FFS by the state. Optum acts as the administrative services organization (ASO), for the five year period from January 1, 2020, to December 31, 2024, with one additional two-year option.
- Under the Optum contract, the ASO manages the provider network and service utilization for the Applied Behavioral Analyst (ABA) program for children and youth with autism.
- The contract includes performance measures related to the ASO system performance. These measures affect the timeliness of call center responses, turnaround of inpatient authorization requests, non-Medicaid application processing, grievances and appeals, and claims processing. The measures also address ASO staffing levels. These measures began in fiscal year 2021.
 - If the ASO fails to meet the system performance benchmarks, the ASO will pay liquidated damages at a fixed percentage of invoices. In October 2022 the state found that MDH had not developed a formal policy on assessing of liquidated damaged and did not assess the damaged that were permitted by the terms of the ASO contract.
 - The state recommended that MDH develop a formal policy on the assessment of liquidated damages, including criteria for conditions warranting damages and the determination of the amount to be assessed. Further, MDH should assess liquidated damages as provided for in the ASO contract in accordance with that policy for long-standing periods of non-compliant performance, including those identified above Mental health services are defined as those services provided by a mental health professional or a mental health service agency, which are not performed as part of a primary care office visit.
- Core Service Agencies are entities that coordinate publicly funded mental health services—including Medicaid services—at the county or multi-county level.
- LAAs are county authorities that plan, coordinate, and monitor publicly funded addiction disorder services, including Medicaid services.
- Mental health and addiction treatment medications are covered FFS by the state. All other pharmacy services are included in the health plan's capitation rate.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Managed Care Mental Health Benefits (Covered FFS)

1. Inpatient treatment
2. Residential treatment for children and adolescents
3. Individual therapy
4. Group therapy
5. Mental health targeted case management
6. Supported employment
7. Family psychotherapy and psychoeducation
8. Psychiatric rehabilitation
9. Assertive community treatment (ACT)
10. Mobile treatment
11. Partial hospitalization
12. Intensive outpatient program services
13. Community support services
14. Crisis intervention

Managed Care Addiction Treatment Benefits (Covered FFS)

1. Alcohol and/or drug assessment
2. Early intervention services
3. Individual outpatient therapy
4. Group outpatient therapy
5. Partial hospitalization
6. Ambulatory detoxification
7. Opioid maintenance therapy for individuals 18 and over
8. Medically monitored intensive inpatient treatment
9. Medically monitored inpatient detoxification
10. Residential treatment services

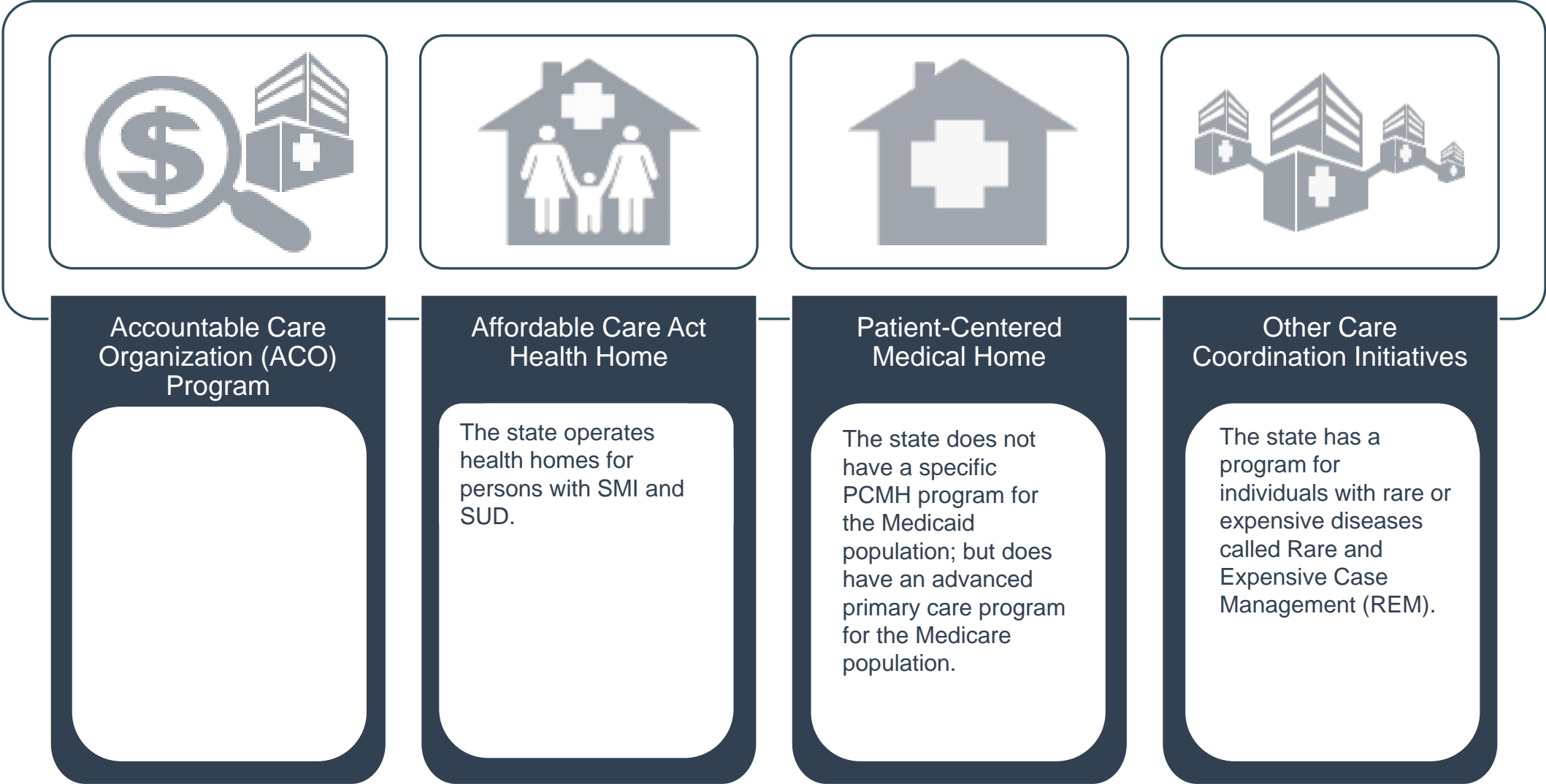
D.3. Medicaid Managed Care Program: SMI Population

- Maryland does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.
- As of March 2023, *OPEN MINDS* estimates that 88% of the SMI population is enrolled in managed care.
- There are 19 Core Service Agencies (CSAs) that manage, develop, and plan treatment and rehabilitation services for individuals with SMI in their catchment areas.
- Health homes for individuals with SMI and addiction disorders began in October 2013.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Maryland Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health & Addiction Treatment Pharmacy Benefit	Medicaid FFS
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	The health plan is responsible for setting the PDL for non-behavioral health drugs.
Health Plan Uses A PDL For Mental Health Drugs	Mental health and addiction treatment drugs are excluded from the health plan's capitation rate. Mental health and addiction treatment drugs for the managed care population are included on the state's general PDL for the FFS population.
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	Utilization restrictions for mental health and addiction treatment drugs are the same as those for the FFS population. Non-preferred drugs require prior authorization. Both preferred and non-preferred drugs may be subject to quantity limits and clinical criteria.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, the state requires the health plans to implement a Corrective Managed Care Plan that, at a minimum, restricts individuals who abuse pharmacy benefits. Health plans may also choose to include individuals who abuse non-pharmacy benefits. The enrollee will be limited to one pharmacy, and participation in the program must last at least 24 months. As of November 2019, 644 members were locked into the program.

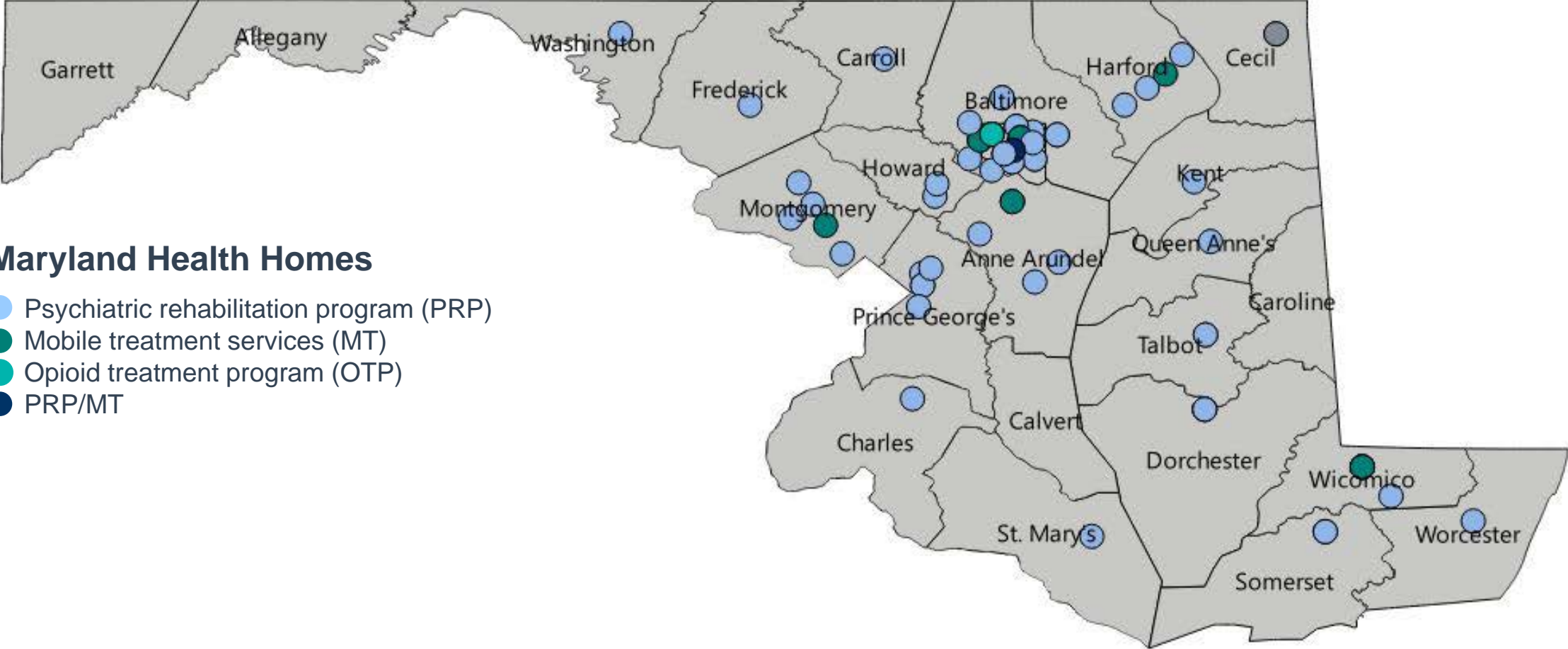
D.4. Medicaid Program: Care Coordination Initiatives



D.4. State Medicaid Health Home Characteristics

Maryland Health Homes Overview	
Target Population	<ul style="list-style-type: none"> • Individuals with SMI or serious emotional disturbance • Individuals with addiction disorders and at-risk for another chronic condition due to non-opioid substance dependence
Enrollment Model	<ul style="list-style-type: none"> • Opt-in enrollment through the health home • The state, with the assistance of the health plans and the behavioral health ASO, may identify and refer individuals to health homes.
Geographic Service Area	Statewide
Care Delivery Model	<ul style="list-style-type: none"> • Organizations eligible to act as health homes include psychiatric rehabilitation programs, mobile treatment services provider organizations, and opioid treatment programs. • A dedicated care manager is accountable for ensuring access to medical services, behavioral health services, and community social supports. • Delivery of six core health home services • Consumer tracking and care coordination through eMedicaid, an online portal • Real-time alerts of hospital encounters provided to health homes by Chesapeake Regional Information System for our Patients (CRISP)
Payment Model	<ul style="list-style-type: none"> • One-time reimbursement rate of \$127.21 for initial intake and assessment • Flat rate of \$127.21 PMPM for provision of at least two health home services
Practice Performance & Improvement	<ul style="list-style-type: none"> • Monitoring of HEDIS measures • Accreditation as a health home from an approved accrediting body

D.4. State Medicaid Health Home Map



D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Maryland Health Choice	<p>Authorizes Maryland’s managed care program, HealthChoice; allows for coverage of residential treatment in IMDs; and tests several pilot programs related to chronic disease and complex populations. The state recently received approval to begin their collaborative care program and is currently developing three pilot programs, with one specifically being rural.</p> <p>On May 4, 2021, the state announced an intention to renew this waiver.</p>	1115	None	07/01/1997	12/31/2026
Home- and Community-Based Options Waiver (MD-02)	Allows case management providers to be limited to Area Agencies on Aging (AAAs) and competitively selected regional providers. Operates concurrently with MD Older Adults waiver.	1915 (b)	6,348	01/01/2023	12/31/2027
MD Community First Choice (MD-03)	Allows supports planning, nurse monitoring, and transition services providers to be limited to AAAs and provider organizations selected by the state.	1915 (b)	None	01/01/2019	12/31/2023
MD-MH Targeted Case Management (MD-05)	Case Management Services for Individuals with Serious Mental Illness, and Mental Health Case Management: Care Coordination for Children and Youth.	1915 (b)	None	10/01/2020	09/30/2025

D.5. Medicaid Program Waivers: HealthChoice Waiver – Residential Treatment In IMDs

- As part of the state’s 2016 HealthChoice renewal application, CMS approved the state’s 1115 addiction treatment demonstration. The amendment expands the addiction treatment benefit package to cover residential stays for individuals with addiction disorders ages 21 through 64 in facilities of any size in IMDs.
 - As of July 1, 2017, up to two 30-day non-consecutive stays are covered per year.
 - As described in the American Society of Addiction Medicine (ASAM) treatment guidelines, the following services are covered: Clinically-managed population-specific high intensity residential services, clinically-managed high intensity residential services, medically-monitored intensive inpatient services, and medically-monitored inpatient withdrawal management.
- Effective January 1, 2019, the state began reimbursing clinically managed low-intensity residential services.
- On July 1, 2019, the state began reimbursing medically managed intensive inpatient services for up to 15 days a month.
 - Individuals must be diagnosed with an addiction disorder and a secondary mental health diagnosis.
 - The amendment authorizes up to 15 days per month of inpatient. The state will be responsible for any treatment that exceeds the 15-day limit and will use state funds for cost.
- The state began to offer the new benefits to dual eligibles starting January 1, 2020.
- The services are delivered FFS, with Optum acting as the ASO.

D.5. Medicaid Program Waivers: HealthChoice Waiver – Behavioral Health Integration

- On August 1, 2018, Maryland submitted its plan for behavioral and physical health integration to CMS. In this document, the state elected not to integrate behavioral health financing in the health plan's contracts. Instead, the state is focusing on service level integration.
- As a part of behavioral and physical health integration, the state is looking at several initiatives including:
 - Updating the behavioral health ASO performance measures;
 - Implementing the Collaborative Care Model (CoCM) pilot program that focuses on improving the health outcomes of individuals with mental illness or addiction disorder;
 - Exploration of expanding the health home program and aligning it with other programs in the state;
 - Expansion of residential treatment for addiction treatment;
 - Continued development of Consent2Share software by the state health information exchange; and
 - Value-based reimbursement for physical and behavioral health integration.

D.5. Medicaid Program Waivers: HealthChoice Waiver – New Performance Measures For Behavioral Health ASO

- Previously, the state included six HEDIS measures in the behavioral health ASO's contract. However, due to issues with data sharing, these measures were not being assessed accurately.
 - Measures included: Antidepressant medication management; follow-up care for children prescribed ADHD medication; adherence to antipsychotic medications for individuals with schizophrenia; mental health utilization; initiation and engagement of alcohol and other drug dependence treatment; and plan all-cause readmissions.
- Five new performance measures were developed that can be accurately assessed:
 - Follow-up after behavioral health hospitalization within seven and 30 days
 - Annual mental health readmission rate
 - Initiation and engagement of newly diagnosed consumers with substance use disorder
 - Consumers diagnosed with schizophrenia and antipsychotic medication adherence
 - Adherence of antidepressant medication use for consumers diagnosed with major Depression from inpatient hospitalization
- If targets are not met, the ASO is at risk for liquidated damages of up to .1% for each measure, not to exceed .5%.

D.5. Medicaid Program Waivers: CoCM Pilot Program

- On June 24, 2019, the state submitted an amendment to the State's 1115 HealthChoice Demonstration Waiver to authorize the Collaborative Care Model (CoCM) Pilot program. The waiver amendment was accepted on April 16, 2020.
- The goal of the CoCM pilot program is to improve the health outcomes of Medicaid individuals who have experienced mental illness or addiction disorder. These individuals receive integrated physical and behavioral health services through a primary care setting that includes:
 - Care coordination and management; regular, systematic monitoring and treatment using a clinical rating scale; and regular, systematic psychiatric caseload reviews and consultation for individuals who do not show clinical improvement.
- To demonstrate the effectiveness of the CoCM pilot sites, the state is required to collect data on enrollment, average duration of treatment, monthly clinical contact, clinical contacts by phone, improvement rate, remission rate, psychiatric consultation or change in treatment rate, depression screening rate, and depression screening yield.
 - The state estimates the CoCM program will serve approximately 483 individuals across the three pilot sites annually. The estimated cost for an individual receiving six months of care is \$190 PMPM.
- The pilot program allowed three sites to participate, which included an annual budget of \$550,000 each year until FY 2023.
- The findings and recommendations from the pilot program are going to be reported to the Governor and the General Assembly by November 1st, 2023. However, preliminary findings from 2021 indicate that a majority of patients that have been enrolled in the program for more than 70 days have shown clinically significant improvement.
- Because there was limited enrollment, which was impacted by COVID-19, the preliminary report recommends continuing the pilot program to monitor the outcomes. Consequently, the preliminary report states that there will be a more thorough completed report after the completion of the pilot program, which will assess whether this pilot program achieved its goal.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
MD Community Pathways (0023.R08.00)	Individuals with a developmental disability of any age	16,365	Developmental Disabilities Administration (DDA)	No
MD Waivers for Children w/Autism Spectrum Disorder (0339.R04.00)	Individuals with autism ages 1 to 21	1,600	Maryland State Department of Education-Division of Special Education/Early Intervention Services - Interagency Collaboration Branch	No
MD Community Supports Waiver (MD.1506.R02.00)	Individuals with a developmental disability of any age	3,640	Developmental Disabilities Administration (DDA)	No
MD Family Supports Waiver (MD.1466.R02.00)	Individuals with a developmental disability ages 0 to 21	525	Developmental Disabilities Administration (DDA)	No
MD Model Waiver for Fragile Children (40118.R07.00)	Individuals who are medically fragile of any age	222	Office of Health Services	No
MD Brain Injury Waiver (40198.R04.00)	Individuals with Brain Injury ages 22 and older	155	Behavioral Health Administration (BHA)	No
MD Home and Community Based Options Waiver (0265.R06.00)	Individuals with physical disabilities and older adults.	6,348	Maryland Department of Health	State Medicaid Agency

D.6. Medicaid Program: New Initiatives

- Maryland has renewed their Health Choices waiver through 2026.

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	PACE
Enrollment (June 2022)	106,448	130
Estimated SMI Enrollment	34,063	41
Management	<ul style="list-style-type: none"> Physical health: Department of Health and Mental Hygiene (DHMH) Specialty behavioral health: Administrative services organization (ASO), Beacon Health Options 	One non-profit organization
Payment Model	<ul style="list-style-type: none"> Physical health: FFS Specialty behavioral health: FFS and PMPM administrative fee 	Blended capitated rate
Geographic Service Area	Statewide	Certain ZIP codes

Total Dual Eligible Enrollment: 106,578 | Total Dual Eligible Enrollment With SMI: 34,063

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete 1	UnitedHealthcare	Medicare Advantage D-SNP	13,602	4,352
CareFirst BlueCross BlueShield Advantage DualPrime	CareFirst Advantage	Medicare Advantage D-SNP	6,525	2,088
Alterwood Advantage Dual Secure	Alterwood Advantage, Inc	Medicare Advantage D-SNP	4,611	1,475
Cigna-HealthSpring Total Care	Cigna	Medicare Advantage D-SNP	1,975	632
Hopkins ElderPlus	Johns Hopkins Bayview Medical Center	PACE	128	40
Johns Hopkins Advantage MD	Hopkins Health Advantage, Inc	Medicare Advantage D-SNP	128	40
Mercy Life	Mercy Life	PACE	14	4

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of June 2022, dual eligible enrollment was 106,578.
- D-SNP enrollment as of March 2023 was 26,841, SMI enrollment for D-SNP was 8,589.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- For Medicaid-covered services, dual eligibles are mandatorily enrolled in the Medicaid FFS program.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Maryland does not have a dual eligible demonstration.
- The state released a 1115 demonstration waiver amendment to allow the state to pilot dental benefits for the dual eligible population between the ages of 21 through 64.
 - The state's demonstration waiver was approved on July 1, 2019. This program provides limited dental benefits with a per person spending cap. The goal of the program is to determine whether providing dental benefits to the dual eligible population will improve overall health.
- The state's waiver of IMD exclusion was approved in 2017. Expanded addiction treatment benefits were made available to the dual eligible population in January 2020. See [section D.5.](#) for more information.

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

Maryland does not operate a MLTSS program.

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals	X		
Dual eligibles	X		
Individuals with I/DD	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	X		
Other populations	N/A	N/A	N/A

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Maryland does not offer MLTSS services. Rather, all individuals receive care through the FFS and managed care system.

F.3. Medicaid LTSS Program: Health Benefits

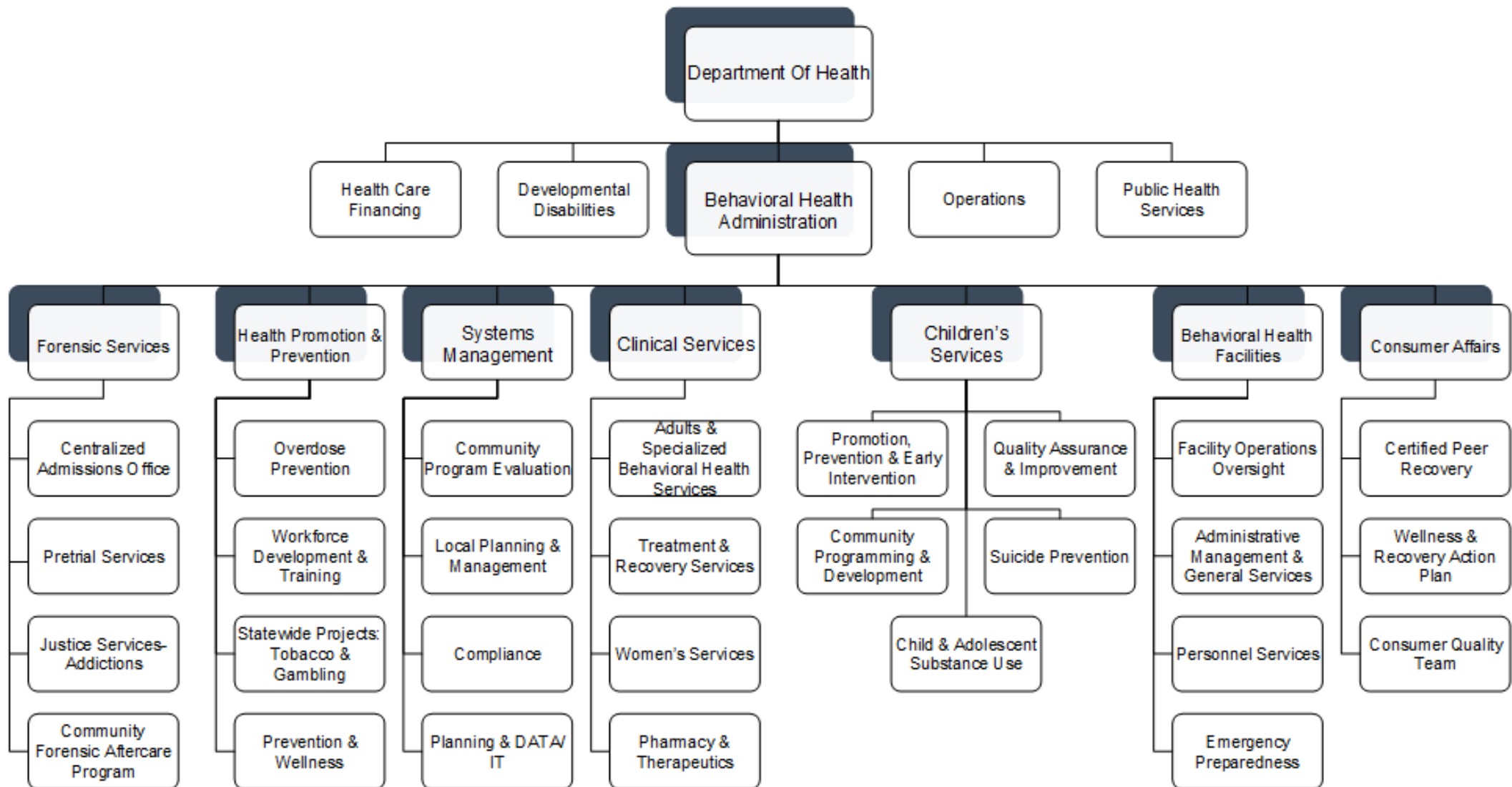
- Maryland does not offer MLTSS services. Rather, all services are the same as the managed care and FFS programs.

F.4. LTSS Medicaid Financing & Delivery System: New Initiatives

- Maryland has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

G. State Behavioral Health Administration & Finance System

G.1. Maryland Behavioral Health Administration: Organization Chart



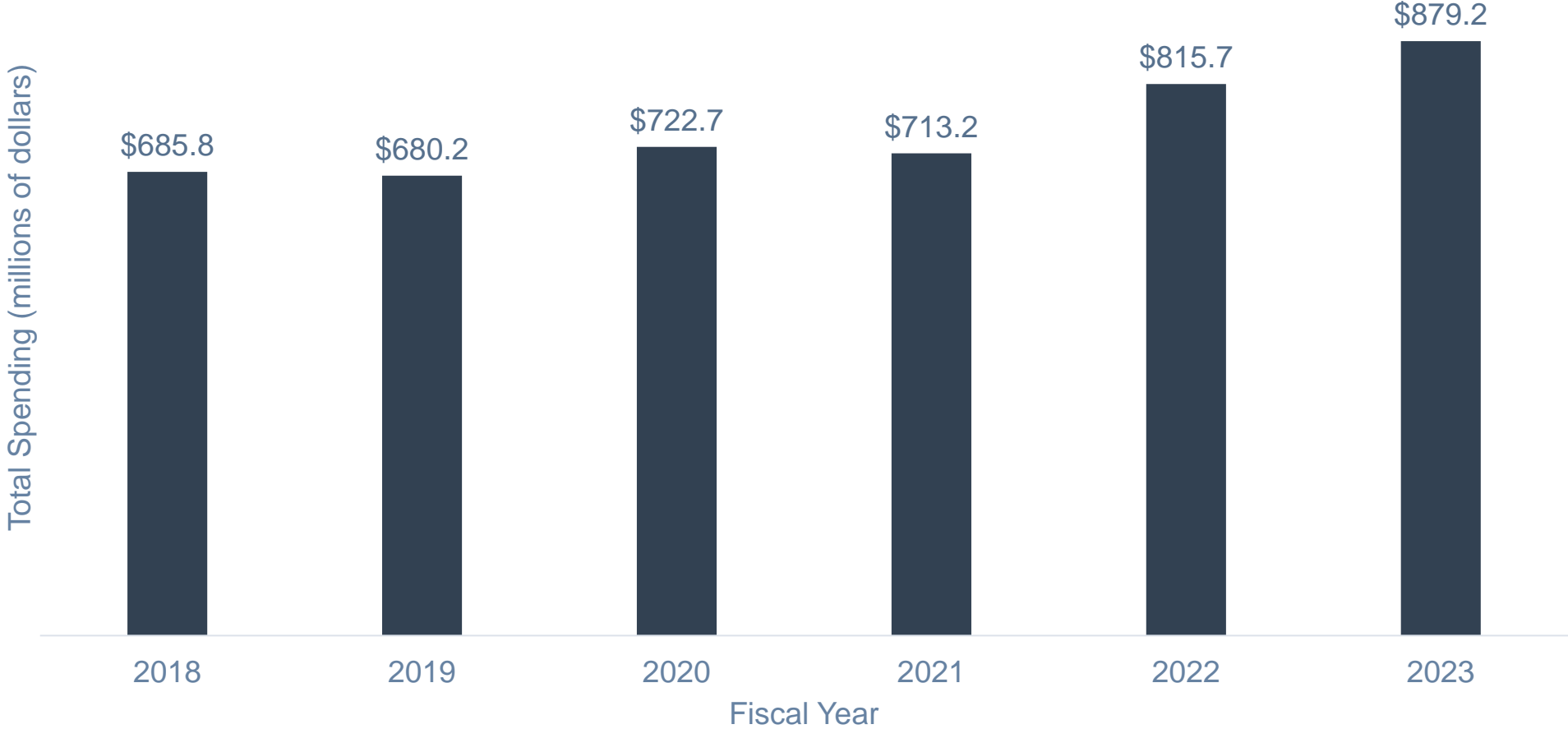
G.1. Maryland Behavioral Health Administration: Key Leadership

Name	Position	Department	Email
Laura Herrera Scott, MD, MPH	Secretary	Department of Health	laura.herrerascott@maryland.gov
Lisa Burgess	Acting Deputy Secretary of Behavioral Health	Department of Health, Behavioral Health Administration	lisa.burgess@maryland.gov
Vacant	Chief of Staff & Governmental Affairs	Behavioral Health Administration	N/A
Steven Whitefield, MD	Medical Director	Behavioral Health Administration	steven.whitefield@maryland.gov
Bernard Simons	Deputy Secretary, Developmental Disabilities	Behavioral Health Administration	bernard.simons@maryland.gov

G.2. Maryland Behavioral Health Administration: Budget

Budget Item	SFY 2023 Requested Budget	Percent Of Budget
Community Services	\$395,454,194	45%
State Psychiatric Hospital Centers	\$368,659,320	42%
Community Services for Medicaid State Fund Recipients	\$97,517,003	11%
Program Direction	\$16,151,202	2%
Facility Maintenance	\$1,454,931	<1%
Budget Total: \$879,236,650		

G.2. Maryland Behavioral Health Administration: Spending Over Time



G.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Beds	FY 2022 Average Patient Population
Clifton T. Perkins Hospital Center (Forensic)	Jessup	288	282
Eastern Shore Hospital Center	Cambridge	84	81
John L. Gildner – Regional Institutes for Children and Adolescents (RICA)	Rockville	22	10
RICA – Baltimore	Baltimore	32	29
Spring Grove Hospital Center	Catonsville	403	392
Springfield Hospital Center	Sykesville	228	226
Thomas B. Finan Center	Cumberland	69	65
Total		1,126	1,085

G.4. Behavioral Health Safety-Net Delivery System

- The Behavioral Health Administration (BHA) within the Department of Health and Mental Hygiene is responsible for providing mental health and addiction treatment services to the safety-net population.
- Each of the 23 counties and Baltimore City has a designated county or multi-county core service agency (CSA) to provide mental health services and a designated county Local Addictions Authority (LAA) to provide addiction treatment services.
- BHA funds CSA and LAA services through a FFS system administered by Optum.
 - Acting as the ASO, Optum authorizes services, provides utilization management, processes claims, and provides management information and evaluation services.
- The CSAs and LAAs also serve the Medicaid population.

G.4. Behavioral Health Safety-Net Delivery System: CSAs Map



G.4. Behavioral Health Safety-Net Delivery System: CSAs & LAAs

County	Core Service Agency (CSA)	Local Addictions Authority (LAA)
Allegany	Allegany County Mental Health System	Allegany County Behavioral Health System
Anne Arundel	Anne Arundel County Mental Health Agency	Anne Arundel County Health Department Behavioral Health
Baltimore	Baltimore County Department of Health, Bureau of Behavioral Health	Baltimore County Bureau of Behavioral Health
Baltimore City	Behavioral Health System Baltimore	Behavioral Health System Baltimore, Inc.
Calvert	Calvert County Core Service Agency	Calvert County Health Department
Caroline	Mid Shore Mental Health Systems, Inc.	Caroline County Behavioral Health Services
Carroll	Carroll County Local Behavioral Health Authority	Carroll County Health Department
Cecil	Cecil County Core Service Agency	Cecil County Health Department
Charles	Charles County Department of Health Core Service Agency	Charles County Local Behavioral Health Authority
Dorchester	Mid Shore Mental Health Systems, Inc.	Dorchester County Addictions Program
Frederick	Mental Health Management Agency	Frederick County Health Services, Behavioral Health Services
Garrett	Garrett County Core Service Agency	Garrett County Behavioral Health Authority

G.4. Behavioral Health Safety-Net Delivery System: CSAs & LAAs

County	Core Service Agency (CSA)	Local Addictions Authority (LAA)
Harford	Office on Mental Health of Harford County	Harford County Health Department
Howard	Howard County Mental Health Authority	Howard County Health Department
Kent	Mid Shore Mental Health Systems, Inc.	Kent County Health Department
Montgomery	Montgomery County Department of Health and Human Services	Montgomery County Department of Health and Human Services
Prince George's	Prince George's County Core Service Agency	Prince George's County Health Department
Queen Anne's	Mid Shore Mental Health Systems, Inc.	Queen Anne's County Health Department
Somerset	Wicomico Somerset Behavioral Health Authority	Somerset County Health Department
St. Mary's	St. Mary's Department of Aging and Human Services	St. Mary's County Health Department
Talbot	Mid Shore Mental Health Systems, Inc.	Talbot County Health Department
Washington	Washington County Mental Health Authority	Washington County Health Department
Wicomico	Wicomico Somerset Behavioral Health Authority	Wicomico Behavioral Health Authority
Worcester	Worcester County Core Service Agency	Worcester County Local Health Authority

H. Appendices

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicaid	8.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2019). Medicare-Medicaid Coordination Office Report to Congress. Retrieved December 2022 from https://www.cms.gov/files/document/mmco-report-congress.pdf

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2019, November 4). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a per unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment; and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participant; but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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