

MDH - Medical Care Programs Administration

MISSION

The mission of the Medical Care Programs Administration is to improve the health and well-being of low-income Marylanders by assuring access to medically necessary and appropriate health care services. In striving to meet this mission, we serve both customers and taxpayers by ensuring quality services are provided in a cost-effective and timely manner.

VISION

The Medical Care Programs Administration will provide leadership to promote equal access and high quality health care services for all Marylanders.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. Improve the health of Maryland's children.

- Obj. 1.1** By calendar year (CY) 2019, 82 percent of HealthChoice children will receive necessary immunizations at age two.
- Obj. 1.2** By CY 2019, the percentage of HealthChoice children aged 12 through 23 months who received a lead test during the year will reach 63 percent.
- Obj. 1.3** By CY 2019, the percentage of HealthChoice children aged 12 through 23 months in Baltimore City who received a lead test during the year will reach 67 percent.
- Obj. 1.4** By CY 2019, the percentage of HealthChoice children aged 0-20 years who received at least one ambulatory care service during the year will increase by 1.3 percentage points.
- Obj. 1.5** By CY 2019, the number of avoidable hospital admissions among HealthChoice children ages 6-17 years will be 157 per 100,000 enrollees.
- Obj. 1.6** By CY 2019, no more than 1.3 percent of newborns in HealthChoice will have very low birth weight during the year.
- Obj. 1.7** By CY 2019, the percentage of Medicaid children aged 4-20 years who receive dental services during the year will increase by 2 percentage points.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
Percent of HealthChoice children age two in sample who had received necessary immunizations	80%	80%	84%	82%	78%	80%	82%
Percent of HealthChoice children ages 12-23 months receiving a lead test	59%	61%	61%	61%	63%	63%	64%
Percent of HealthChoice children ages 12-23 months in Baltimore City receiving a lead test	67%	67%	65%	64%	63%	63%	64%
Percent of HealthChoice children aged 0-20 receiving at least one ambulatory service	80.4%	80.3%	80.9%	81.2%	82.4%	82.9%	83.4%
Number of avoidable hospital admissions per 100,000	111.69	200.61	172.02	172.72	166.30	163.44	160.58
Very low birth weight births in the HealthChoice program as a proportion of total Medicaid births	1.6%	1.4%	1.3%	1.6%	1.7%	1.8%	1.8%
Percent of Medicaid children ages 4-20 years receiving dental services	68%	68%	69%	68%	68%	69%	69%

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<https://mmcp.health.maryland.gov/>

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Goal 2. Improve the health of Maryland's adults.

- Obj. 2.1** By fiscal year 2019, the percentage of elderly and individuals with disabilities receiving state-funded services in community alternatives versus nursing facilities will increase by 2.0 percentage points.
- Obj. 2.2** By CY 2019, 73 percent of HealthChoice adults aged 21-64 years will receive at least one ambulatory care service during the year.
- Obj. 2.3** By CY 2019, the number of avoidable hospital admissions among HealthChoice adults aged 18-64 years will be 647 per 100,000 enrollees.
- Obj. 2.4** By CY 2019, the gap in access to ambulatory care services between Caucasians and African-American HealthChoice participants will decrease by 0.5 percentage points, from 3.9 percent to 3.4 percent.

Performance Measures	2013 Act.	2014 Act.	2015 Act.	2016 Act.	2017 Act.	2018 Est.	2019 Est.
¹ Percentage of elderly and individuals with disabilities receiving state-funded services in community alternatives versus nursing facilities	45%	46%	51%	45%	54%	57%	57%
Percent of HealthChoice adults aged 21-64 receiving at least one ambulatory care service	74.1%	72.6%	70.5%	71.5%	72.8%	73.7%	74.8%
² Number of avoidable hospital admissions per 100,000	1,447.70	1,359.81	1,197.00	943.08	1,516.12	1,467.75	1,419.39
Percentage gap between access rate for Caucasians and the access rate for African-Americans to ambulatory care services	3.7%	4.0%	4.4%	3.9%	3.7%	3.6%	3.6%

NOTES

¹ 2018 is actual data.

² The increase in 2017 is due in part to changes in measure specifications made by the entity that generates this data, the Agency for Healthcare Research and Quality.