



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

**Minutes of the  
Medical Care Advisory Committee Meeting  
Tuesday, September 17, 2013  
1:00 PM – 4:00 PM  
AHCA Conference Room C**

**Participants/Invitees**

**Members Present**

Martha Pierce  
Amy Guinan  
Ellen Anderson  
Catherine Moffitt, MD  
Robert Payne, DDS  
Stan Whittaker  
Marcy Hajdukiewicz for Secretary Chuck Corley  
Richard R. Thacker, DO  
Michael Lockwood

**Members Not Present**

DOH Representative  
Jennifer Lange

**AHCA Staff Present**

Justin Senior  
Beth Kidder  
Rachel LaCroix  
Wendy Smith  
Linda MacDonald  
Melissa Eddleman  
Carla Sims

**Welcoming Remarks/Introductions**

The Medical Care Advisory Committee (MCAC) meeting began with a roll call and introduction of new members, followed by welcoming remarks by Deputy Secretary for Medicaid, Justin Senior.

**Old Business**

• **Review of May Meeting Minutes**

Carla Sims explained that the minutes of the May 28, 2013, MCAC meeting had been previously sent to Committee members for review, and asked if there were any questions or comments.

Amy Guinan requested that the minutes be amended to clarify her comments on the bottom of Page 3. She provided the following statement for insertion in the minutes, “Amy Guinan requested information on whether Redirection could be a better option for some at-risk delinquent youth who are currently applying for SIPP services as an alternative residential detention.”

With no further questions or comments by Committee members, a motion was made and seconded for approval of the minutes.

- **Update on Department of Juvenile Justice (DJJ)**

Melissa Eddleman, with the Bureau of Medicaid Services advised that staff from DJJ was unable to attend the meeting. However, she works closely with DJJ and will try to answer any questions the committee might have.

She noted that Behavioral Health Overlay Services (BHOS) would no longer be funded under Medicaid. However, she advised that DJJ is looking for resources within the community that will address the needs of these youth, and create a seamless transition.

Amy Guinan asked if there is a discharge plan in place for these youth. Ms. Eddleman advised that upon notice of discharge, DJJ works with the youth’s family in preparing a new application, if necessary. However, in most cases a new application should not be necessary.

Melissa further noted that work is currently underway on an automated reinstatement system that will ensure when youth are discharged from DJJ custody their Medicaid will be reinstated, automatically instead of manually.

Dr. Moffitt stated that at a past meeting, DJJ staff advised that while 90% of youth in DJJ custody complete the residential program, about 41% of these youth reoffend and return to DJJ. She asked if their re-offenses were substance abuse related. Melissa explained that she had been advised by DJJ that their system does not track this information.

Stan Whittaker then asked if there was a correlation between reoffenders and learning disabilities. He added that if we could do something to help these kids with their learning disabilities, perhaps we could reduce the rate of re-offense. Melissa advised that DJJ does not track this information, but added that in residential settings the youth do attend school, so she would ask DJJ what they are doing to address the educational deficiencies of youth in residential setting.

## **New Business**

- **Legislative Update**

Mr. Senior shared that there has been no legislative activity since the last meeting. However, legislators will soon begin holding committee meetings, and Mr. Senior will be meeting with legislators to provide updates on the Statewide Medicaid Managed Care (SMMC) program.

- **Long-term Care Waiver Update**

Mr. Senior noted that the Agency is in the process of rolling out the Managed Long-term Care (LTC) program. Roll out has already occurred in the Orlando, Ft. Myers, Palm Beach and Treasure Coast areas. Additional roll outs are scheduled on November 1<sup>st</sup> in Tallahassee and Ft. Lauderdale, and in Miami on December 1<sup>st</sup>, followed by Tampa, St. Petersburg, the Panhandle and Jacksonville in February and March. There are currently 90,000 to 100,000 people in the state receiving care through the Long-term Care program.

Outreach efforts have increased during the roll out process to ensure a consistent level of service for all recipients. In addition, the Agency will continue to make payments to existing providers for care provided during the transition period in order to ensure continuity of care. Mr. Senior also noted that Assisted Living Facilities (ALFs) and Adult family Care Homes do not have to participate in the program. However, only one ALF with roughly 10 residents has decided not to participate in the program. The Agency was able to move these residents to a new facility without a problem before the roll out.

Ellen Anderson with the Florida Hospital Association suggested that AHCA work with the Aging and Disability Resource Centers. Beth Kidder advised that the Agency currently works closely with the Aging and Disability Resource Centers to ensure continuity of care. She also explained that these centers are the front door to long-term care, and are helping roll individuals into the LTC program.

- **1115 (a) Managed Medical Assistance Waiver Renewal Update – Statewide Managed Care Waiver**

Changes were made to the current 1115 waiver, which operates in the Ft. Lauderdale and Jacksonville areas with approval granted to take this program statewide, beginning January 2014. While the Agency has not set a date for statewide expansion, the roll out will take place region by region.

The Agency is currently in negotiations with plans. There will be a notice of intent to award the second half September, and staff will begin working to develop a roll out schedule, and will address any bid protests that might be made. At the end of October, AHCA will provide the roll out schedule to CMS.

The current waiver is up for renewal in July 2014. Agency staff will work with CMS on continuation of this waiver, along with a number of other details including, Low Income Pool (LIP).

Martha Pierce asked how dual eligible recipients will be affected. Mr. Senior advised that dual eligible recipients will still receive the majority of their services through Medicare. Ms. Pierce then asked if the Agency is reaching out to Developmentally Disabled (DD) individuals in group homes, to move them into managed care. Mr. Senior advised that Developmentally Disabled individuals are not required to go into managed care plans.

Stan Whittaker asked what the differences are between the current 1115 waiver and the new waiver. Mr. Senior advised that unlike the current waiver, the new 1115 waiver was competitively procured, it is statewide, and there are a limited number of plans in each region. In addition, the plans will have a network to serve the entire region. Plans will be severely penalized if they leave the region before 5 years. In addition, plans will have to be financially stable and nationally accredited.

• **Special Terms and Conditions – MCAC Bylaws – Subpopulation Committees**

Referring to the Special Terms and Conditions (STCs) for the Florida Managed Medical Assistance Program section 1115(a) demonstration handout, Carla Sims advised that this document requires changes in the structure and function of the Medical Care Advisory Committee. She noted that in order to comply with these STCs, revisions were made to the Committee bylaws. Ms. Sims then identified the specific changes made to the bylaws including, but not limited to, increasing the number of beneficiary representatives on the Committee to four, and establishing subpopulation committees to address the following:

- Managed Long-term Care
- HIV/AIDS
- Children, Including Safeguards and Performance Measures Related to Foster Children
- Dental Care for Children
- Behavioral Health/Substance Use Disorder Services

She further noted that revisions to the bylaws were previously sent to Committee members for review, and posted to the website. She then asked if the Committee was prepared to vote on the amended bylaws or needed more time to review them. She stated that if more time was needed a vote could be taken at the next meeting on October 15, 2013.

Amy Guinan stated that while she serves as an advocate and representative for beneficiaries, she felt a fourth beneficiary member needed to be added to the Committee. She further explained that it was difficult to find recipients who were willing to participate on the committee, as it is somewhat intimidating for them to come to committee meetings and

speak up. She noted more needed to be done to encourage participation by beneficiaries. She also suggested the development of marketing materials, and use of an application process.

Mr. Senior agreed that adding a fourth beneficiary member would be a good idea. He also added that we might want to increase the number of beneficiaries to 5 or 6 to ensure adequate membership at all times. He added that we will also need to identify individuals and advocacy groups, to participate on the subpopulation committees. However, he suggested that the Committee complete the discussion of the bylaws at this meeting and begin moving forward with the subpopulation committees during the next meeting.

Dr. Payne noted that while the Department of Health is a required member of the Committee, that agency is rarely represented at meetings. He noted that he would like to see other stakeholders like the Pharmacy Association, the Florida Health Care Association, the Florida Assisted Living Facilities Association, etc. added to the Committee. Stan Whitaker added that it would also be good to add a Geriatric Nurse Practitioner to the Committee.

Mr. Senior advised that we are always in favor of including more people, especially as we begin to build membership of the subpopulation committees. He advised that the Agency would get another letter out to applicable organizations asking for their participation.

Dr. Cathy Moffitt advised that the Florida Association of Health Plans would be glad to assist in identifying additional members for the subpopulation committees. Ellen Anderson also noted that she had contacts with beneficiaries with HIV/AIDS who would love to participate. She will send this list to Carla Sims.

Dr. Payne noted that he was in favor of voting on the changes to the bylaws, and made a motion for adoption. Justin Senior seconded the motion. With no objections from the Committee, the bylaws were approved.

Mr. Senior advised that as the subpopulation committees begin to develop, additional changes to the bylaws may be needed. Decisions will also need to be made regarding the organizations that will be asked to participate on each subpopulation committee and if there will be a participant limit.

Dr. Moffitt suggested that each subcommittee be chaired by a member of the MCAC who would be responsible for reporting the subcommittees' activities to the Committee. She noted that by having such a structure, the size of the MCAC would stay at a manageable number.

Carla Sims asked Committee members to review the list of subpopulation committees, decide if they would like to serve on one of those committees, and come back to the next meeting with a list of potential members for each of the subpopulation groups.

Beth Kidder advised that there are other changes in the Special Terms and Conditions that are not specific to the MCAC, including two mandatory performance improvement projects: 1) Children's dental care, and 2) prenatal/post-partum care through the first year of life. She also noted that there would be more plans offerings expanded dental benefits for adults.

Ellen Anderson noted that a large number of children are seen in the ER setting that should be eligible for Medicaid. She asked whether there are any measures/scoring to show how many kids are getting care in this way. Beth replied that we do measure this information. She then introduced Dr. Rachel LaCroix, noting that she is a HEDIS measure expert, and is responsible for the Comprehensive Quality Strategy (CQS) Document we will be discussing next.

- **Comprehensive Quality Strategy**

Mr. Senior noted that the Centers for Medicare and Medicaid Services (CMS) Special Terms and Conditions for approval of the Florida Managed Medical Assistance Program 1115 demonstration waiver requires that the Agency adopt and implement a Comprehensive Quality Strategy (CQS) that focuses on all aspects of quality improvement for its Medicaid programs.

Additionally, CMS requires that the Agency solicit input from the Medical Care Advisory Committee and other stakeholders on the development and updates to the Comprehensive Quality Strategy. The draft CQS document we will review today is an enhanced and updated version of the state's previous Quality Assessment and Improvement Strategy (QAIS) submitted to CMS in September 2012. The draft CQS has been expanded to include quality improvement initiatives for long-term care and fee-for-service programs, as well as the quality strategy for the Managed Medical Assistance program.

Mr. Senior noted that Florida's shift from its existing service delivery structures to the Statewide Medicaid Managed Care (SMMC) Program is accompanied by a greater emphasis on quality improvement and quality measurement. In addition, moving from multiple delivery systems to SMMC will allow the state to consolidate programs and resources, and better focus its quality efforts. The implementation of SMMC is aimed at ensuring better coordination of services for enrollees, including dental, medical, behavioral health, and long-term care.

Dr. Payne suggested it would be more beneficial to keep track of procedure codes used, rather than the number of visits to the dentist's office. Rachel LaCroix noted that the Agency looks at both performance and quality measures, but that Dr. Payne's suggestions are appreciated.

Dr. Moffitt asked if birth outcome measures could be added to the existing measures for pre-natal and post-partum care. Justin Senior said he thought that was a good idea, adding that we are still determining what to measure. Beth Kidder added that the Agency will be looking at evidence-based practices and has great interest in getting women appropriate prenatal care.

Amy Guinan noted she would like to be more involved in the process and asked the due date for providing input. She added that she appreciates the information, but would like to see more “strategy” in the Strategy Section. Rachel LaCroix advised that input is needed by October 11, 2013. She further noted that she and her staff will be looking to further develop the Strategy Section of the CQS.

Rachel added that she welcomed any comments participants had concerning the Agency’s strategies to assess and improve Florida’s Medicaid programs. She also advised that the draft Comprehensive Quality Strategy document is posted on the Florida Medicaid Quality in Managed Care website, which can be found at:

[http://ahca.myflorida.com/Medicaid/quality\\_mc/index.shtml](http://ahca.myflorida.com/Medicaid/quality_mc/index.shtml)

She asked that written comments regarding the draft Comprehensive Quality Strategy be sent to:

Wendy Smith  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop #8  
Tallahassee, FL 32308  
[quality\\_in\\_mc@ahca.myflorida.com](mailto:quality_in_mc@ahca.myflorida.com)

### **Next Meeting**

The next meeting has been scheduled for Tuesday, October 15, 2013. The following topics will be discussed:

- Subpopulation committees
- 1115 Waiver Extension Request
- 1932 SPA Update
- Post Award Forum – 1115 MMA Amendment (June 14, 2013)

### **Adjourn**

At 3:55 p.m. the meeting was adjourned.