Medical Care Advisory Committee

01/13/2015	Time: 1:00 p.m. – 4:00 p.m.	Location: AHCA Conference Room A

Attendees:

	Committee Members		Resources
✓	Amy Guinan	✓	Beth Kidder
	Catherine Moffitt, MD	✓	Carla Sims
	Dr. John H. Armstrong	✓	David Rogers
✓	Ellen Anderson	✓	Jessica Turner
	Iris Wimbush	✓	Lauren Pigott
✓	Mike Carroll/Jennifer Lange		
✓	Justin Senior		
✓	Martha Pierce		
	Michael Lockwood		
✓	Richard R. Thacker, DO		
✓	Robert Payne, DDS		
	Sarah Sequenzia		
	Secretary Samuel Verghese		
	Secretary Elizabeth Dudek		
✓	Stanley Whittaker, MSN		
	Tracie Inman		

Meeting Summary

Member Introductions ***Justin Senior***

Justin Senior called the meeting to order and introductions were made. There were eight committee members present. Since there were not enough members present for a quorum, the committee was informed they would not be able vote on any decisions during this committee meeting, however, there were no decisions on the agenda that required a vote.

New Business / Brief Program Update ***Justin Senior / Beth Kidder***

Justin Senior informed committee members that on January 1, 2015, the last specialty plan in the SMMC program, Freedom Health, successfully went live in major areas of the state. He noted the last component, Medicare Advantage plans, will occur on February 1, 2015, with about 98,000 participants moving into Managed Medical Assistance (MMA) plans. These recipients will go into the MMA program for their wrap around services. Mr. Senior then opened the floor for any questions or comments, and there were none.

Justin Senior informed committee members that on December 1, 2014, Molina Health Care purchased First Coast Advantage, and this transition of recipients went smoothly. He stated Anthem, which is with the parent company of AmeriGroup is purchasing Simply Health, Better Health, and Clear Health Alliance plans. The Agency will be working with members regarding the change that is to take place around May 2015. He then stated these mergers have to go through AHCA for approval.

Justin Senior stated that our MMIS – Medicaid Management Information System, is currently contracted with Hewlet Packard, and will be expiring in 2018. He informed members that we are in the process of procuring a new MMIS. The Agency has done a competitive procurement to contract with a vendor to help research vendors in the area, and has acquired a project manager to manage this project. He then informed members that this procurement will occur sometime around July 1st of this year. He also stated that our current vendor, HP, runs our decision support system, our claims, and pays our bills. The goal is to decide if we want one vendor to continue doing all these things, or find a vendor for each; this is why we have a research vendor to look into these possibilities.

Mr. Senior also informed committee members that Secretary Dudek has been asked by Governor Scott to stay on with the Agency and will continue to serve as AHCA Secretary.

Beth Kidder then informed committee members about the Health Plan Report Card, stating it's a consumer friendly way to report HEDIS measures. She advised that the report card will be posted on the Florida Health Finder website along with links from our Agency and choice counseling websites. She then thanked everyone for their feedback in creating this report card and informed members that there will be an announcement when the report card is released.

Ms. Kidder also informed committee members that the comprehensive quality strategy document has been submitted to the Centers for Medicare and Medicaid Services (CMS), and the Agency is currently waiting to hear back on any comments or changes that are needed. She stated once this is finalized the version on the website will be replaced by the final version.

She noted that all Medicaid coverage handbooks are currently undergoing review, and will have a new format. She also noted that public comments and feedback are welcomed. The goal is to have all Medicaid handbooks completed and through the review process within the next 2 years.

Beth also gave an update on non-emergency transportation, stating that the NET contract the Agency has had for the past 10 years is coming to an end in February, and the current vendor has exercised their option to not continue their contract. The Agency is negotiating with 3 different vendors to provide services to the fee-for-service group of recipients.

Beth Kidder informed committee members that a new report will be coming out soon. It will contain reporting on what we can learn from our data on statistics from our health plans. She then stated these reports will be put out on a regular basis. This first report will focus on the LTC program because it has been operating across the state for a full year. Beth asked members to give the Agency feedback on whether this is the type of information that is of interest to them.

Open Enrollment Experience – Federally Facilitated Marketplace ***Jennifer Lange***

Jennifer Lange informed committee members this is the second year of open enrollment in the Federal Health Care Marketplace. She stated that last year's open enrollment took six months, and this year only took three. Jennifer then stated there is no open enrollment for Medicaid, only for the tax subsidies. She then advised members that 56,000 applications have been processed so far during the second open enrollment, and the Federal Marketplace will continue taking applications through February 15, 2015. As of now, a total of 67,000 inidividual recipients have been enrolled in Medicaid through this system. Jennifer Lange further informed members that the current Medicaid enrollment in Florida is 3.3 million who are fully eligible, and this number is continuously growing.

Complaint Hub Update ***David Rogers***

David Rogers referred committee members to the complaint report located in their material packets. He then gave a detailed overview of the report, and how the report is created. He informed committee members that the Agency developed a data system to capture complaints in 2006, and began looking into using this system in 2013 for SMMC. David stated we wanted to have consistent data entry and access to information in real time. He advised members that on the report these instances are referred to as "issues" as opposed to "complaints" because any expression of dissatisfaction or need for clarification is recorded. It does not have to be a formal complain in the sense of a complaint against a health care facility. The Agency has built a system to help recipients and providers through this process. Mr. Rogers informed committee members that on a daily basis during the implementation the Agency management team overseeing the implementation looked at each issue and reviewed for trends and early identification of systemic problems. A total of 200 issues were coming in per week, and are currently down to around 100 issues per week. Call volume has also dropped during the first part of this fiscal year.

He noted that the first page of the handout is plan specific, the second page shows issues reported by type, and the third page lists definitions of all categories. He then went over each page in detail giving explanations of each to members. He informed members that the numbers of issues are measured per 1,000 enrollees. He also noted that provider issues generally take longer than beneficiary issues to resolve. Recipients issues are usually straight forward, and we can resolve them quickly. However, provider issues are typically more complex and take much longer to resolve.

Mr. Rogers then opened the floor for any questions or comments, and answered all as received.

Next Meeting ***Beth Kidder***

The next Medical Care Advisory Committee meeting is tentatively scheduled for April 14, 2015.

Adjourn ***Justin Senior***

MCAC Meeting adjourned at 2:45 pm.