Medical Care Advisory Committee

Meeting Summary

10/13/2015	Time: 1:00 p.m. – 4:00 p.m.	Location: AHCA Conference Room A

	Committee Members		Resources
✓	Amy Guinan	✓	Beth Kidder
	Catherine Moffitt, MD	✓	David Rogers
	Surgeon General John H. Armstrong, MD	✓	Erica Floyd Thomas
✓	Ellen Anderson	✓	Pam Hull
	Iris Wimbush	✓	Devona Pickle
✓	Jennifer Lange	✓	Eunice Medina
	Justin Senior	✓	Melissa Eddleman
✓	Martha Pierce (phone)		Kimberly Houston
✓	Michael Lockwood (phone)	✓	Heather Allman
✓	Richard R. Thacker, DO	✓	Katie Wetherington
✓	Robert Payne, DDS	✓	Sophia Whaley
	Sarah Sequenzia	✓	Tamara Zanders
✓	Marcy Hajdukiewicz for Secretary Samuel Verghese (phone)	✓	Carla Sims
✓	Stanley Whittaker, MSN	✓	Jessica Turner
	Tracie Inman		

Member Introductions ***Beth Kidder***

Beth Kidder called the meeting to order and introductions were made. A quorum was present.

MMA Post Award Forum ***Beth Kidder***

Beth Kidder gave a brief overview of the Medicaid Managed Medical Assistance (MMA) program followed by facilitation of the Post Award Forum for Florida's 1115 Managed Medical Assistance Waiver. Ms. Kidder then opened the floor for questions, and received suggestions/questions from the following audience members:

- Bryan Andrews with Lake County EMS regarding prior authorization requirements for non-emergency ambulance service.

- Jarrod Fowler with the Florida Medical Association regarding a proposed MMA rate increase for physicians.

- Pamela Johnson, Nurse Practitioner, related to care for dually-enrolled Medicare/Medicaid patients.

- Mark Postma with the Pinellas EMS System regarding medically necessary ambulance transfers.

- Stan Whittaker, MCAC member representing Certified Nurse Practitioners, regarding plans credentialing Nurse Practitioners.

- Amy Guinan, MCAC member representing Florida Legal Services, regarding recipients' rights and their need to more easily navigate the Medicaid website.

- Dr. Robert Payne, MCAC member representing the Florida Dental Association, questioned that the number of participating dentists has increased by 23% as indicated in meeting materials.

- Casey Stoutamire, with the Florida Dental Association, voiced her concern for network adequacy.

- Stan Whittaker added his concern that referrals for network adequacy are often not in close proximity to where the patient resides.

Family Planning Post Award Forum ***Heather Morrison***

Heather Morrison facilitated the Family Planning Post Award Forum, referring participants to the PowerPoint handout materials provided. She then opened the floor for questions and comments. One question was received from the committee:

- Dr. Richard Thacker, MCAC member representing the Florida Osteopathic Medical Association asked if there were universities other than the University of Florida that evaluated this process.

Beth Kidder advised that the University of Florida was the only evaluator for this waiver. However, when there are new evaluation contracts, the process is opened to any interested universities to submit proposals. The Agency has previously worked with other universities on past evaluations including USF, FSU, and FIU.

Statewide Medicaid Managed Care (SMMC) Complaints and Compliance ***David Rogers***

David Rogers referred committee members to the documents located in their meeting materials packet for discussion on the SMMC Complaints and Compliance portion of the meeting. Mr. Rogers explained each chart/graph. He informed members that Healthtrack is the software that's used by the contact center. The contact center is receiving complaints via phone and then will enter each in to the system directly. He stated that the Agency has been encouraging recipients to call the center for complaints as opposed to submitting complaints through the online system. Receiving the complaints via phone, we are often able to resolve and handle the issue with the caller more quickly compared to recipients entering the issue via the online form. Issues that are handled and resolved over the phone are still tracked in the system. Mr. Rogers informed members that the Agency is receiving approximately 1,500 issues per month, and that total is split roughly equally between issues via the phone and online. The issues being tracked are for both MMA and Long-term Care (LTC) within SMMC along with Fee for Service (FFS). He added that 35% of the issues received are for FFS/other, meaning these aren't health plan-specific

issues. The Agency has established a section in our Ft. Lauderdale office that is specifically for handling health plan payment issues. Complaints are categorized on a high, medium, and low scale with a majority of payment issues being categorized as "low" and being sent to the Ft. Lauderdale office.

David Rogers opened the floor for questions. He received questions/comments from the following committee members:

- Dr. Richard Thacker asked how multiple patient issues are accounted for in the numbers provided.

David Rogers advised that multiple issues are counted as individual issues. The system is currently set up to track multiple issues from a single individual if the complaint involves multiple issues.

- Dr. Thacker noted that provider resolution time is longer than beneficiary time. Why would one health plan stand out more than the others? How does United have the most issues per 1000 members?

David Rogers advised that some issues are more difficult to resolve than others particularly where potential compliance issues must be investigated. A compliance action was taken against that specific health plan last week regarding provider payment.

- Stan Whittaker noted that members have called into the complaint line, and the issue couldn't be resolved by the initial person. When the complaint went to the mediator, they didn't receive a follow up, how do we get a call back on these issues?

David Rogers advised that escalated issues will go to the health plan's contract manager, and the contract manager will engage the health plan and complaint hub staff will get back in contact with the complainant to follow through.

- Ellen Anderson stated that hospitals throughout the state are being told to take two different approaches to submit their issues. Some of these issues aren't getting resolved. Recipients aren't getting the best care, as their care is getting delayed while waiting to hear back. There is a need for consistency in getting the information out.

David Rogers noted that it can help to contact the call center as opposed to going online to fill out the complaint form. There should not be inconsistencies in how issues are resolved, as the Agency has consolidated complaints administration rather than having individual issues handled by multiple offices distributed throughout the state. The follow-up interactions and information requested from a complainant may vary depending on whether the Agency is investigating a potential compliance issue where the health plan may not be meeting its contractual obligations. Issues related to recipients not receiving appropriate care, including delays in care, are always handled as high priority issues.

- Dr. Payne asked if the Agency had actually done the "secret shopper" for network adequacy.

David Rogers advised that yes, the Agency does the "secret shopper" activities. This includes calls to providers to ask questions. We also review weekly reporting from health plans. David Rogers also acknowledged Florida Legal Services for completing an extensive secret shopper effort.

- Jennifer Lange asked what the difference is between enrolled and registered.

David Rogers replied that enrolled means they can bill Medicaid directly, registered means they aren't able to bill Medicaid for services and may only provide services which are billed to and paid for by health plans.

MCAC Bylaws Update ***Carla Sims***

Carla Sims informed MCAC members that the Committee's bylaws were last amended in September of 2013. Proposed revisions were previously provided to members, and most respondents didn't express concerns with these proposed changes. In addition, she advised that minor changes were proposed late last Friday afternoon. Ms. Sims referred members to the MCAC bylaws document in their meeting materials, and advised them to reference the red highlighting for the proposed changes. She then reviewed each change with the committee members.

Dr. Payne motioned to accept the proposed changes to the bylaws, and Dr. Thacker seconded the motion. Committee members then voted to accept the changes. Dr. Payne stated that according to Roberts Rules of Order, changes to the bylaws require 2/3 majority (which we had) and asked that this be clarified in the bylaws. Carla advised members that the additional changes requested will be sent out to all members for review and will be placed on the agenda for consideration at a future meeting.

Next Meeting ***Beth Kidder***

The next Medical Care Advisory Committee meeting is tentatively scheduled for January 12, 2016.

Adjourn ***Beth Kidder***

The MCAC meeting adjourned at 3:18 p.m.