Quarterly Statewide Medicaid Managed Care Report

- Four Issues Published To Date
- Reports available on Agency's website at:

http://ahca.myflorida.com/medicaid/Finance/data_analytics/BI/reports.shtml

Quarterly Statewide Medicaid Managed Care Report

Business Intelligence Unit
Medicaid Program Analysis

Winter 2014

Rick Scott, Governor
Elizabeth Dudek, Secretary,
Agency for Health Care Administration

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Report Contents

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  - Enrollment Demographics
  - Payments to Plans
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  - Plan Expenditures
  - Issues and Complaints

- MMA Managed Care Program
  - Enrollment Requirements
  - Implementation Schedule
  - Enrollment Demographics
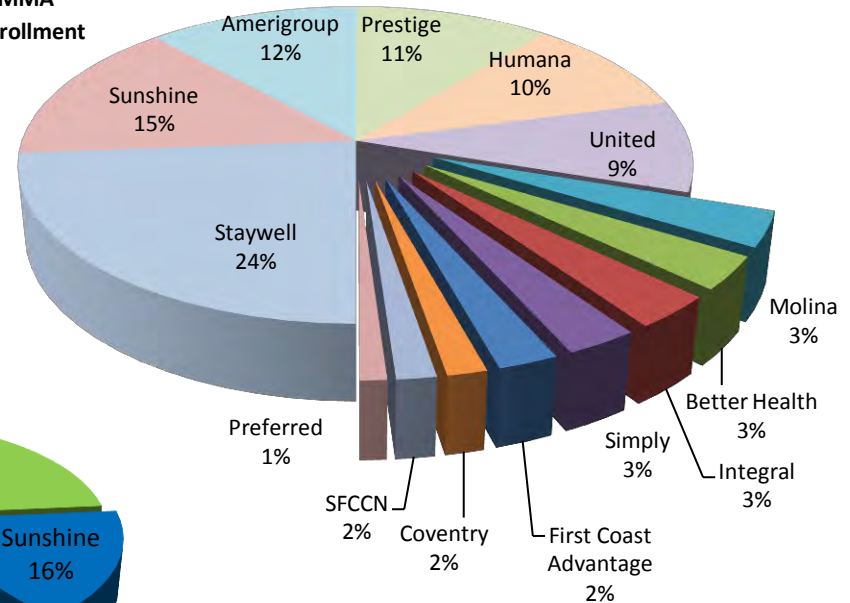 - Payments to Plans
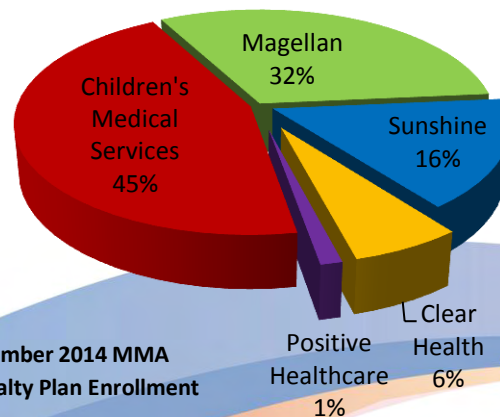
SMMC Plan Enrollment

- By September 2014, the LTC program had over 84,500 enrollees.
- Over 2.5 million enrollees were enrolled in an MMA Standard plan.
- 138,000 enrollees were in an MMA Specialty plan.
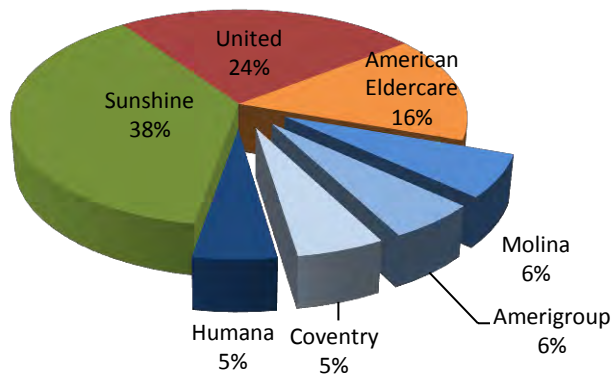
September 2014 MMA Standard Plan Enrollment

September 2014 LTC Plan Enrollment
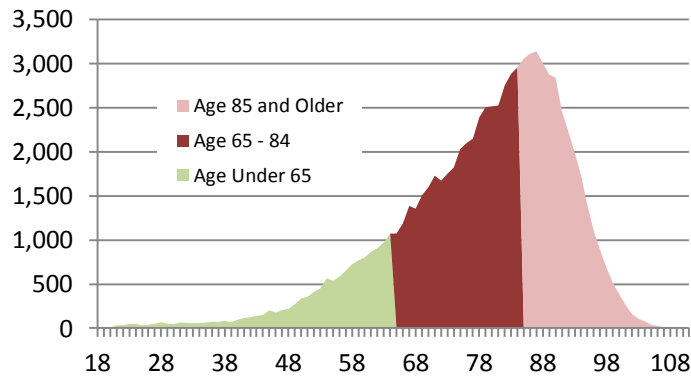
September 2014 MMA Specialty Plan Enrollment

Source: Florida Medicaid Management Information System (FLMMIS) Eligibility Information, Enrollment and demographic information, August 2013 - September 2014.
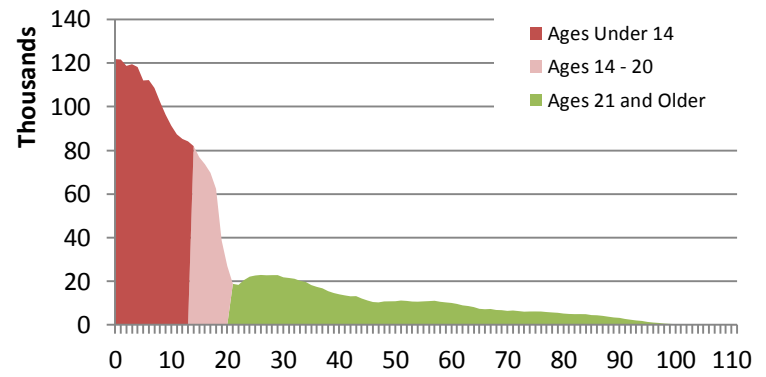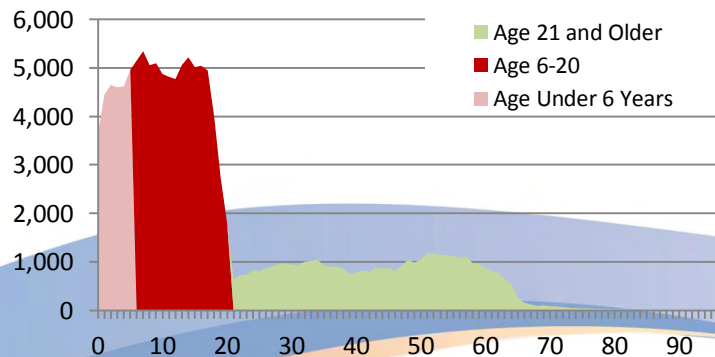
SMMC Demographics

- LTC enrollees are individuals aged 18 and older who require nursing home level of care. Only 20 of the almost 85,000 LTC enrollees were under 21 years of age.

- Over half of MMA Standard plan enrollees are children.

- The majority of Specialty plan enrollees are under age 21.

LTC Enrollees by Age, September 2014

MMA Enrollees by Age, September 2014

Specialty Plan Enrollees by Age, September 2014

Source: Florida Medicaid Management Information System (FLMMIS) Eligibility Information, Enrollment and demographic information, September 2014.

SMMC Payments

- Florida paid a total of approximately $2.08 billion in capitation payments to SMMC plans from August 2013 through June 2014. Although the LTC program serves a smaller number of enrollees than the MMA program, the average cost of providing LTC services is higher per enrollee than the cost of providing standard MMA services.

SMMC Capitation Payments			
	LTC Plans	MMA Standard Plans	MMA Specialty Plans
Payment Date Range	8/2013 – 6/2014	5/2014 – 6/2014	5/2014 – 6/2014
Total Capitation Payments	$1,578,380,771	$482,392,603	$15,070,533
Average Payment Per Member Per Month	$3,284.92*	$267.90	$796.33*

Source: Florida Medicaid Management Information System (FLMMIS), Information about capitation payments to plans, August 2013 - June 2014.

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LTC Issues and Complaints

- The number of complaints per 1,000 enrollees steadily declined over the first 13 months of the LTC program.

- Complaints were most often about difficulties in processing claims to pay providers (30%), errors in system information that prevent plan enrollment (29%), or issues with missed, reduced, and denied services (27%).
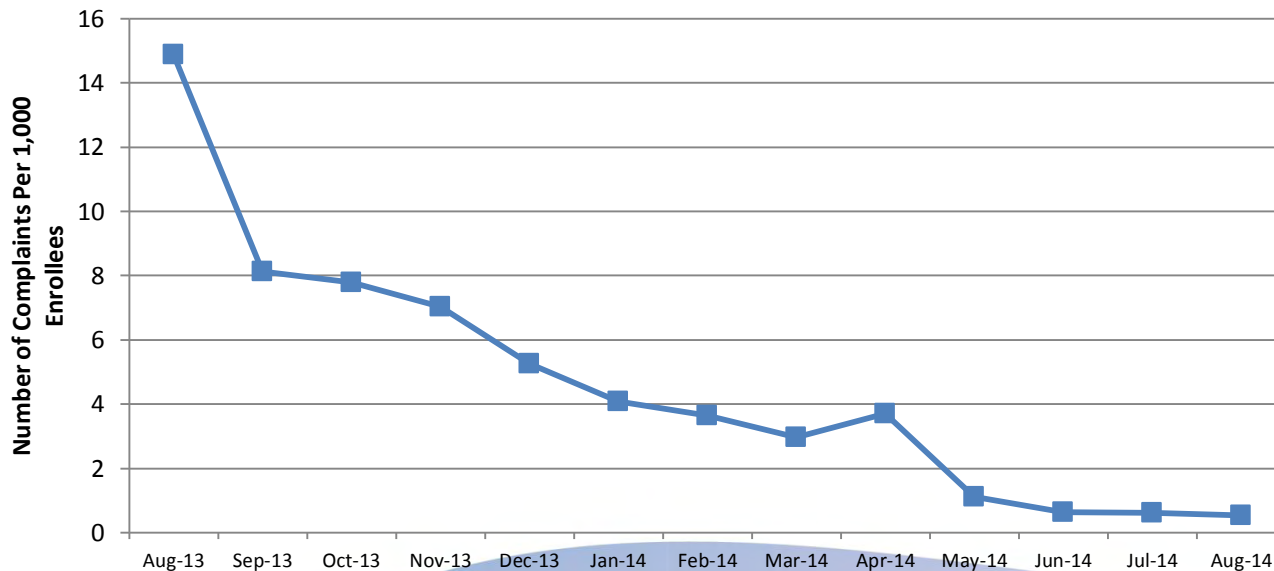
Source: Complaint Issues Reporting and Tracking System (CIRTS), Information about complaints registered with the Agency, August 2013 - August 2014.

Quarterly Statewide Medicaid Managed Care Report

Business Intelligence Unit
Medicaid Data Analytics

Summer 2015

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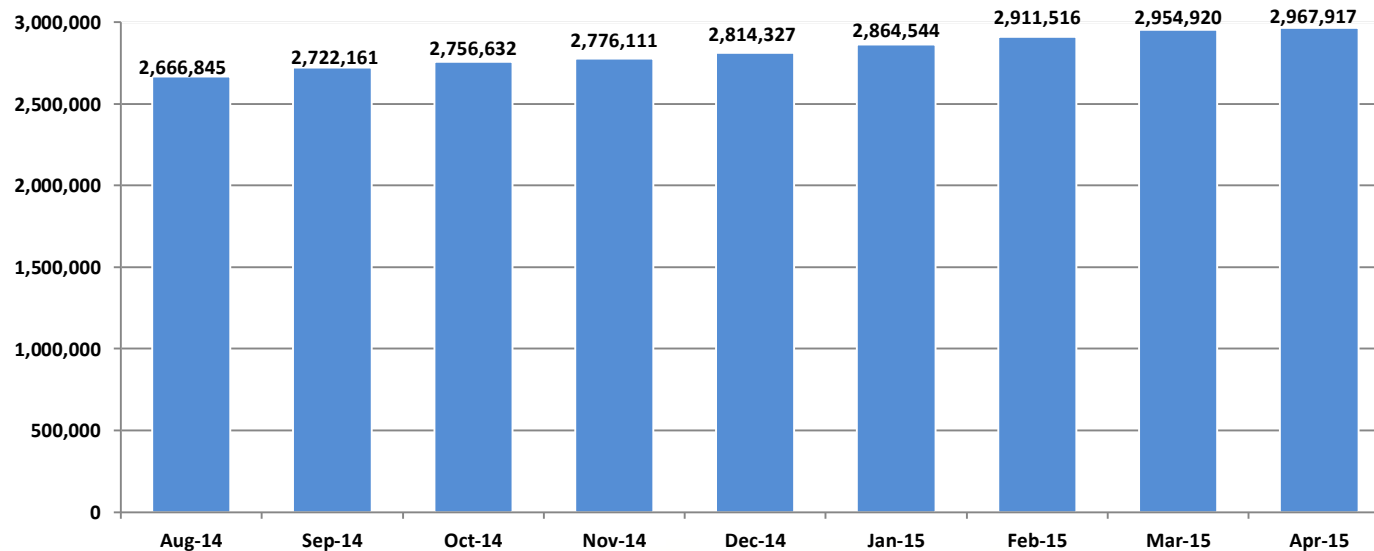Agency for Health Care Administration

Report Contents

- Enrollment of the MMA Population
- MMA Market Share
- MMA Service Provision
- MMA Issues and Complaints
- Enrollment of the LTC Population
- LTC Market Share
- LTC Service Provision

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Enrollment In the MMA Program

- After MMA implementation was complete in August 2014, enrollment in MMA plans increased gradually through April 2015.
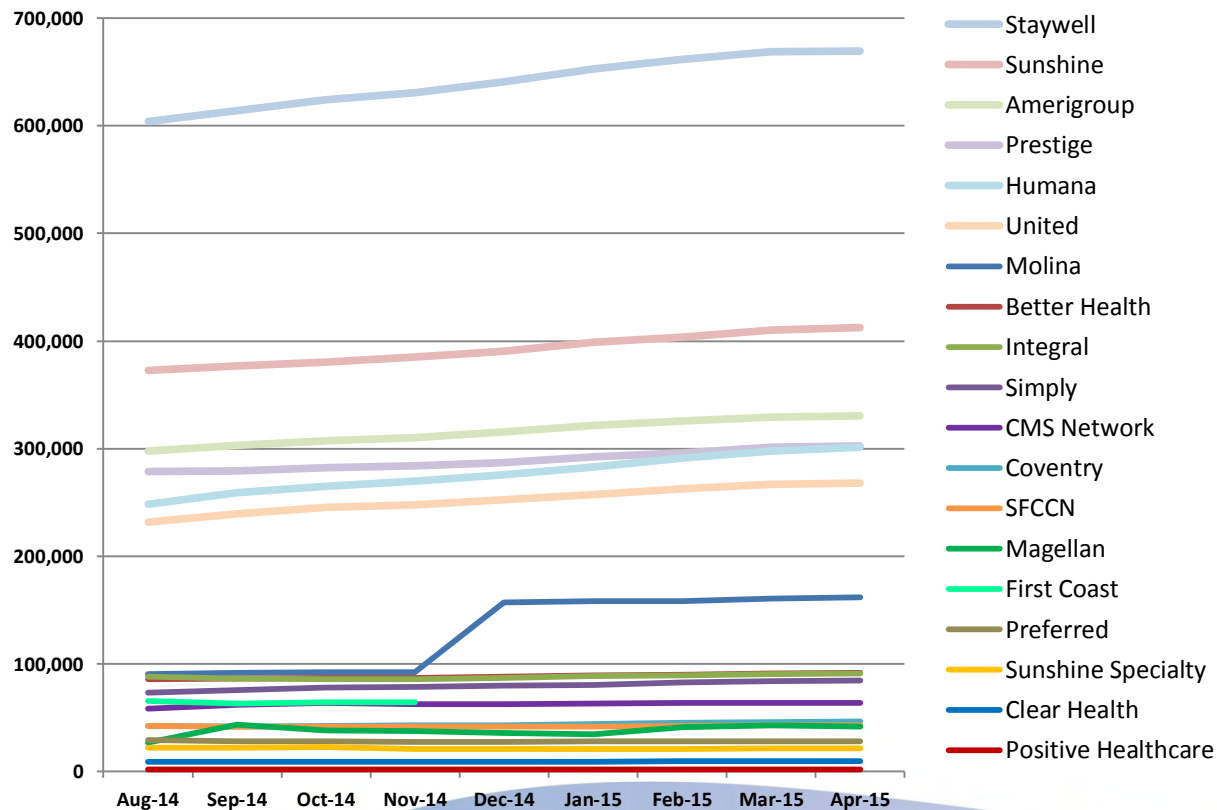
Month	Enrollment
Aug-14	2,666,845
Sep-14	2,722,161
Oct-14	2,756,632
Nov-14	2,776,111
Dec-14	2,814,327
Jan-15	2,864,544
Feb-15	2,911,516
Mar-15	2,954,920
Apr-15	2,967,917

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

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MMA Enrollment by Plan

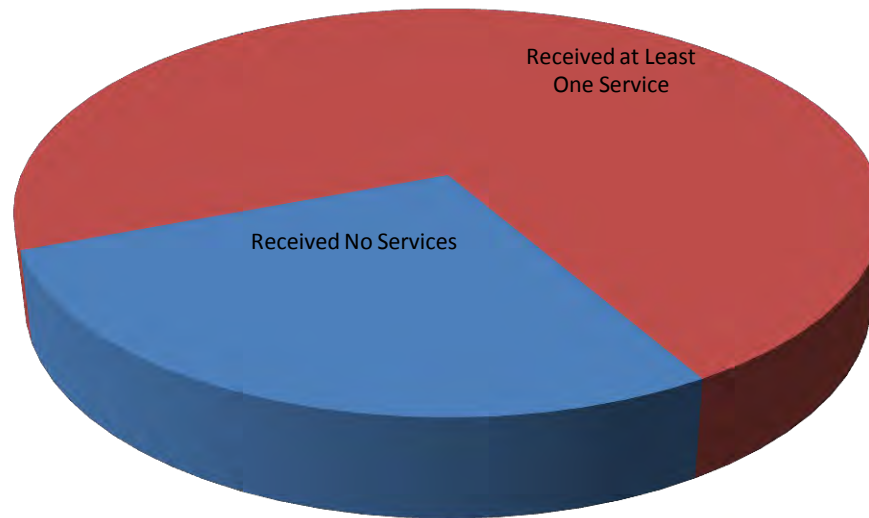- Most Standard plans experienced an increase in enrollment from the beginning to the end of the review period.

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MMA Service Provision

- Over 72 percent of MMA enrollees received at least one service during the review period.

Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

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MMA Issues and Complaints

- From August 2014 through April 2015, the number of complaints per 1,000 MMA enrollees declined.

- Complaints were most often about issues with quality of services, problems obtaining authorization for service, providers unavailable in the provider network, processing claims to pay providers, or customer service.
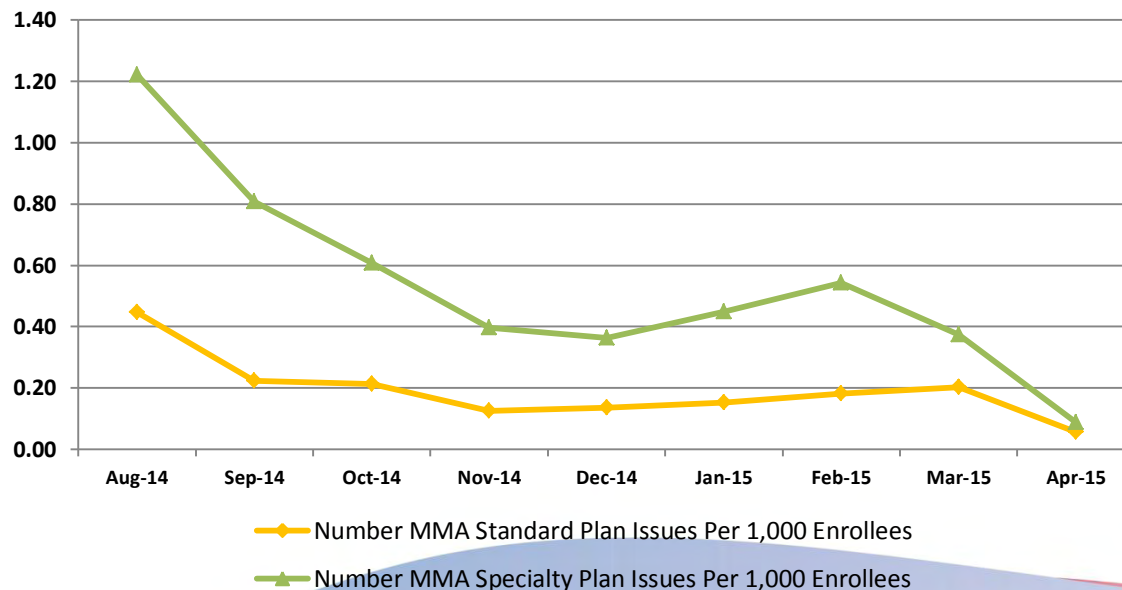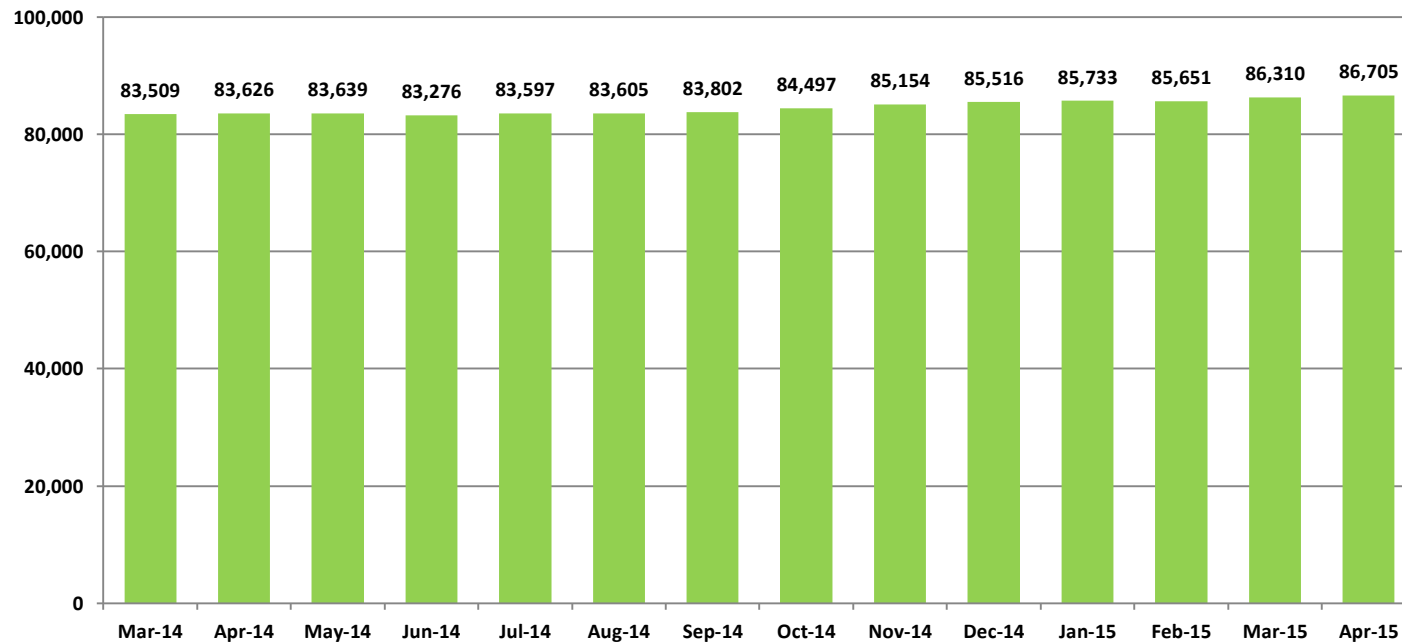

Source: Complaints Issues Reporting and Tracking System (CIRTS), August 2014 – April 2015

Enrollment in the LTC Program

- After LTC implementation was complete in March 2014, over 86,000 individuals were enrolled in the LTC program.
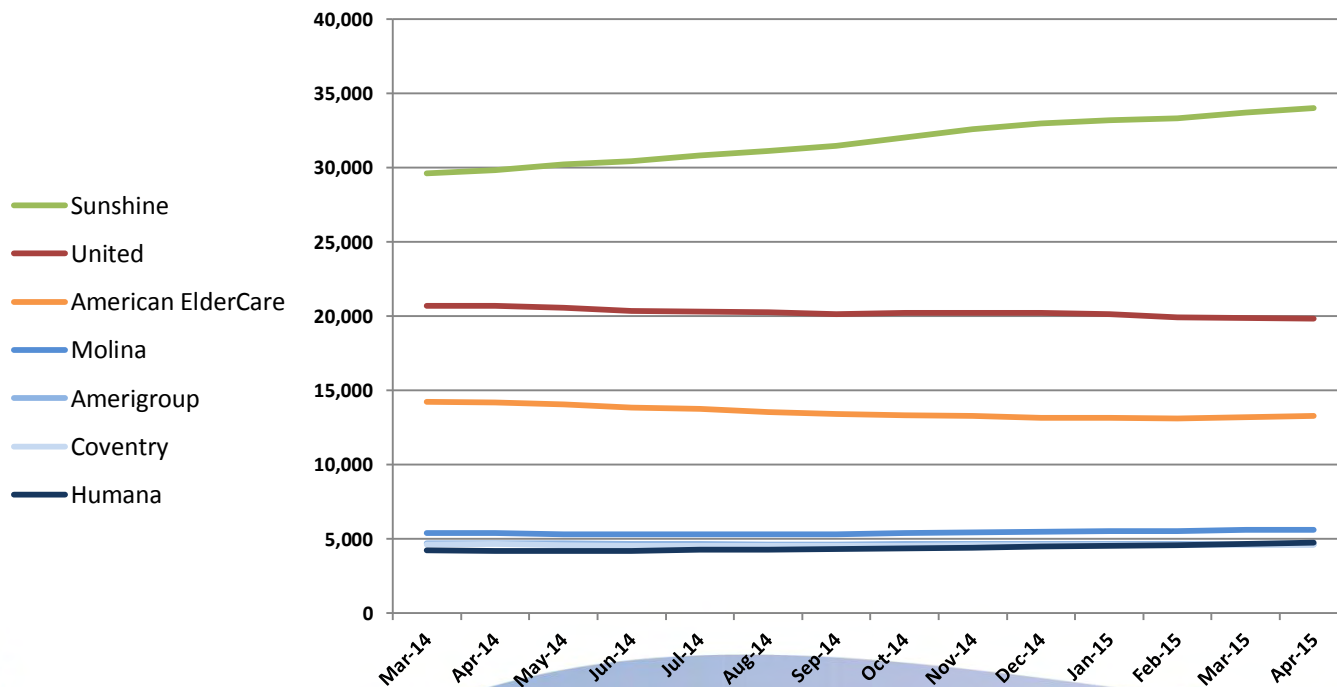

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – April 2015

Enrollment in LTC Plans

- Four LTC plans experienced enrollment growth over the review period – Sunshine, Molina, Humana, and Coventry. Three plans experienced a decline in enrollment over the review period – American ElderCare, United, and Amerigroup.
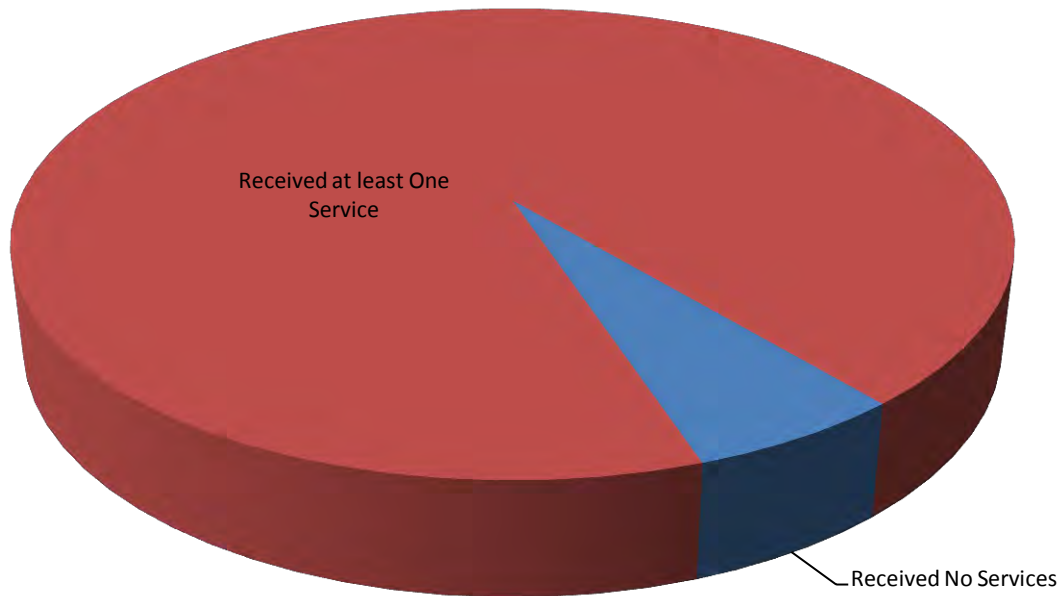
LTC Service Provision

- Ninety-four percent of LTC enrollees received at least one service during the review period.

Received at least One Service

Received No Services

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Managed Care Report

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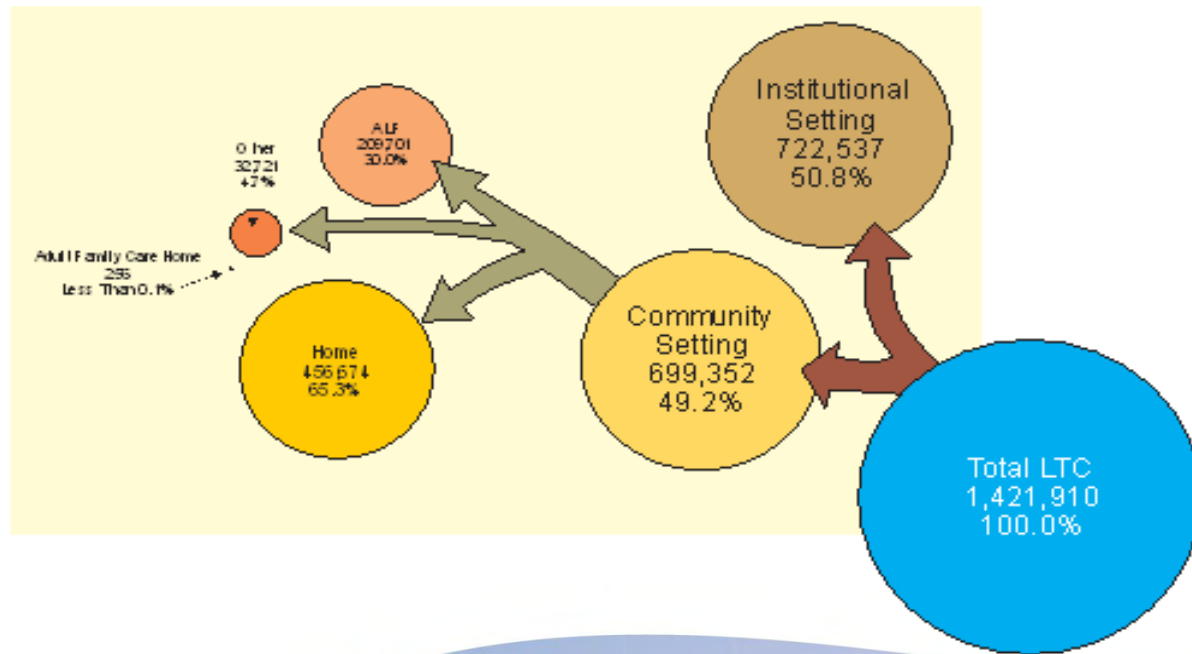AHCA.MyFlorida.com

Report Contents

- LTC Residential Setting
- Nursing Facility Transfers
- Comprehensive Plans
- LTC Services
- Participant Directed Option Program

Residential Setting

- Half of LTC enrollee months for the review period were in an institutional setting.
- Sixty-five percent of enrollee months in the community were living at home.

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Residential Setting

- A shift of LTC enrollees from institutional to community settings occurred over the review period.
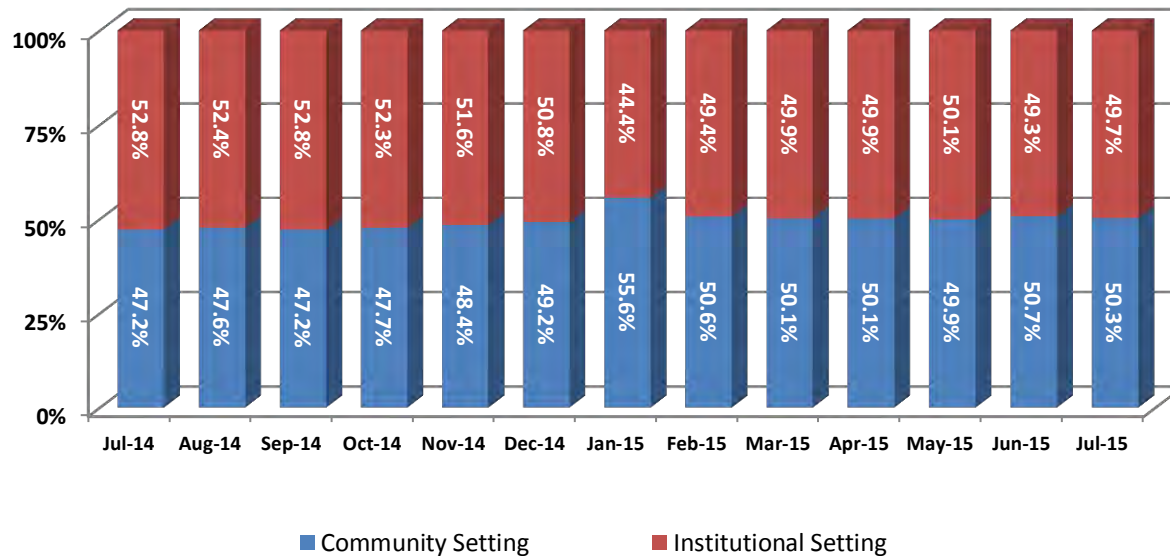
Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

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Case Mix

- Plans vary in the relative mix, or case mix, of institutional and community enrollees they serve.
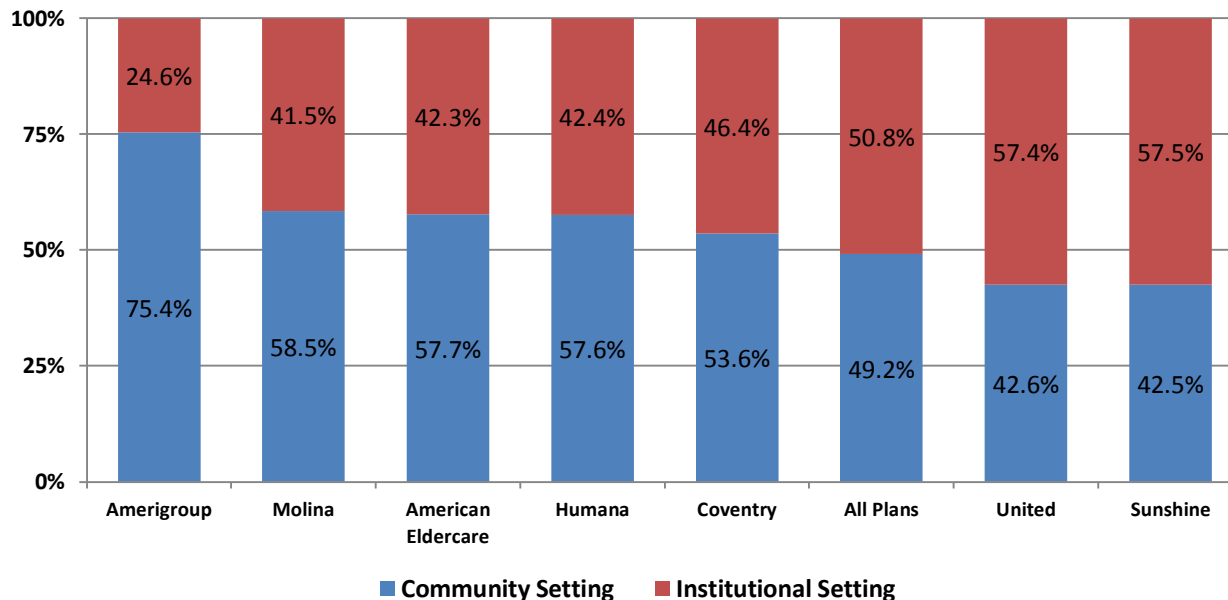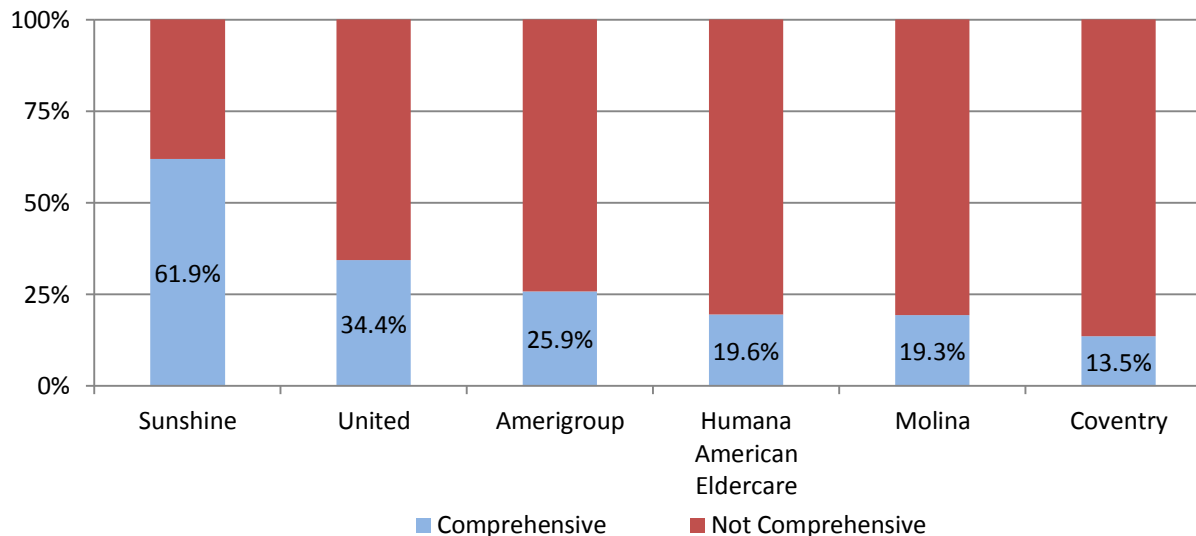

Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

*Humana enrollees are included with American ElderCare from July 2015 forward. Beginning July 2015, Humana began operating its LTC plan as Humana American Eldercare.

Comprehensive Plans

- An enrollee is in a comprehensive plan only if the enrollee is enrolled in the same plan for LTC and MMA services.

- Sunshine is the only plan with over half of its enrollees in a comprehensive plan.

*Humana enrollees are included with American ElderCare from July 2015 forward. Beginning July 2015, Humana began operating its LTC plan as Humana American Eldercare.

Nursing Facility Transfers

- On average, plans transferred 2.9 percent of enrollees from nursing facilities to the community during fiscal year 2014 – 2015. Only 1.6 percent of community enrollees transferred into nursing facilities during the fiscal year.
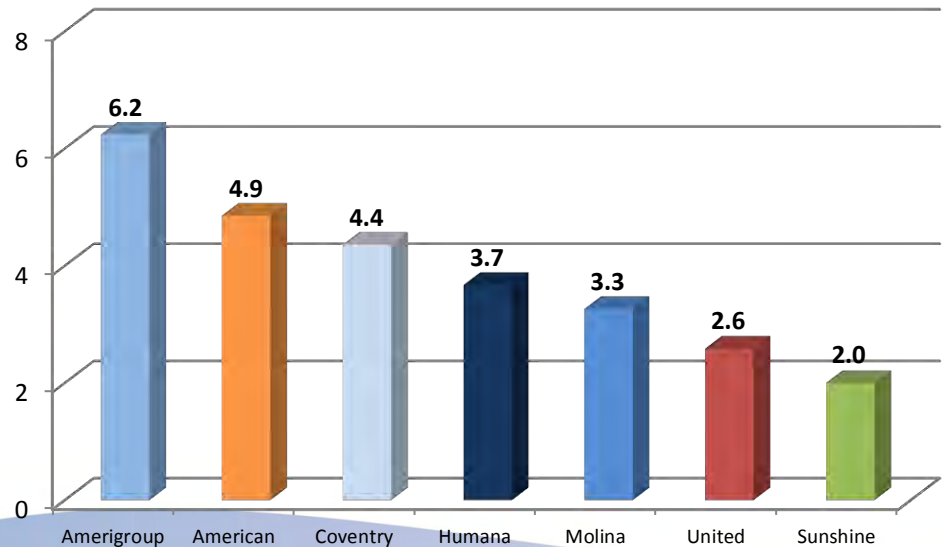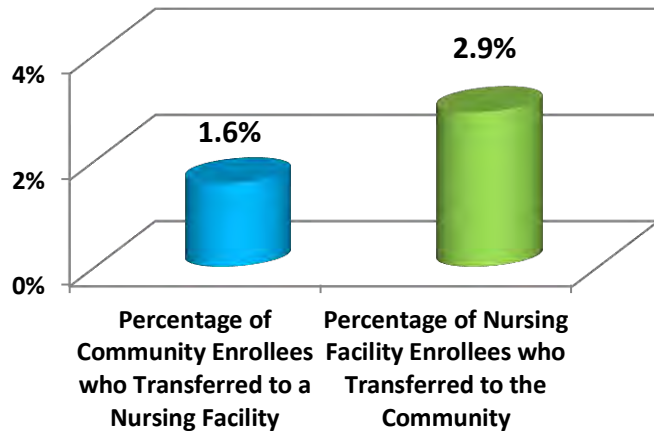
Source: Plan Submitted Enrollee Residence Report, June 2014 – July 2015, Plan Submitted Nursing Home Transfer Report, March 2014 – May 2014, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Percentage of Nursing Facility Enrollees Who Transferred to the Community

Participant Directed Option

- The Participant Directed Option program allows enrollees to hire, supervise, and dismiss direct service workers.
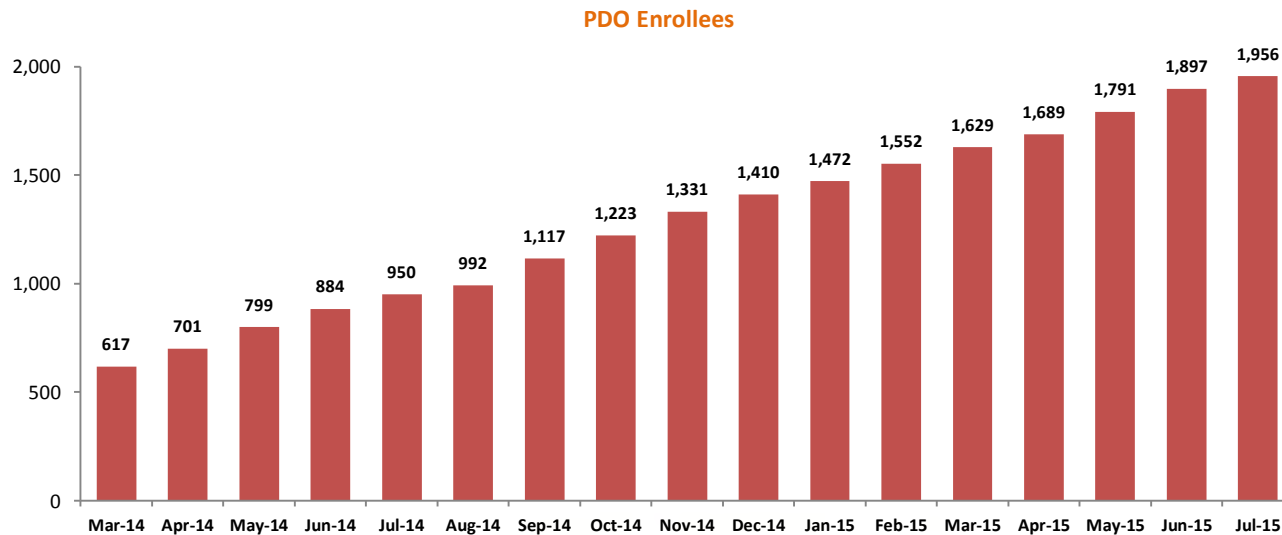
- PDO is available to LTC enrollees who live at home.

- PDO is a small but growing program.

PDO Enrollees

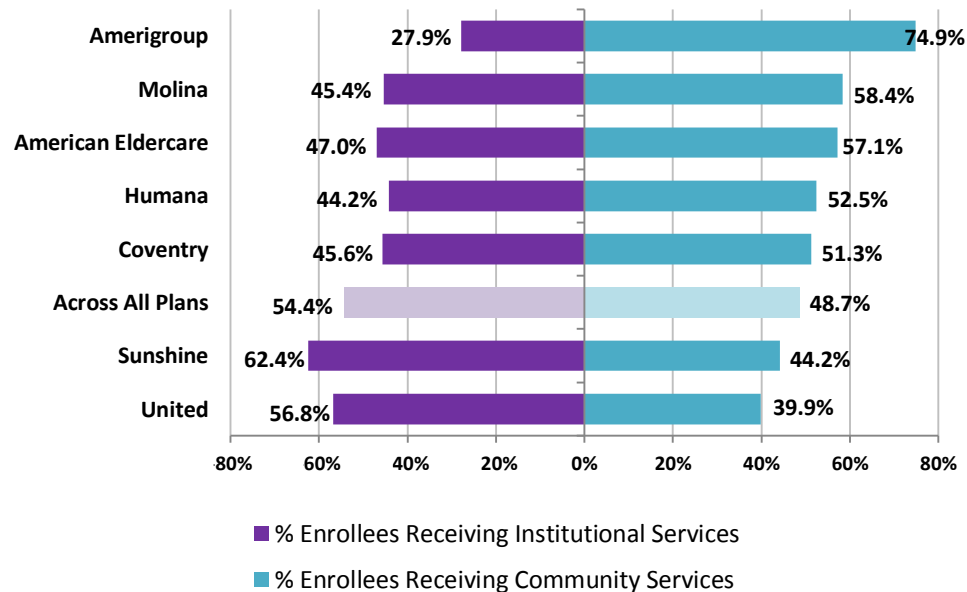| Month	Enrollees
Mar-14	617
Apr-14	701
May-14	799
Jun-14	884
Jul-14	950
Aug-14	992
Sep-14	1,117
Oct-14	1,223
Nov-14	1,331
Dec-14	1,410
Jan-15	1,472
Feb-15	1,552
Mar-15	1,629
Apr-15	1,689
May-15	1,791
Jun-15	1,897
Jul-15	1,956

Source: Plan Submitted PDO Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

LTC Services

- Sunshine and United were the only plans with a larger percentage of enrollees receiving institutional as opposed to community services.

- Amerigroup had the largest percentage of enrollees receiving a community service at 75 percent of enrollees.

Plan	% Enrollees Receiving Institutional Services	% Enrollees Receiving Community Services
Amerigroup	27.9%	74.9%
Molina	45.4%	58.4%
American Eldercare	47.0%	57.1%
Humana	44.2%	52.5%
Coventry	45.6%	51.3%
Across All Plans	54.4%	48.7%
Sunshine	62.4%	44.2%
United	56.8%	39.9%

■ % Enrollees Receiving Institutional Services
■ % Enrollees Receiving Community Services

*Some services can be received in either an institutional or community setting and are not included in this graph. Therefore, institutional and community percentages will not total to 100 percent of enrollees.

Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

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Medicaid Data Analytics

Winter 2015

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Report Contents

- Continuity of Medicaid Coverage
- Churning of the Medicaid Population
- Change Internal to Medicaid
- Selection of Specialty Plans
- Continuity of Coverage for LTC Services

Continuity and Change in Florida Medicaid

- The majority of Medicaid recipients are continuing enrollees in the MMA program or FFS program.

- About 5 percent of Medicaid recipients enter or leave the Medicaid program each month.

- About 5 percent of Medicaid recipients switch between the MMA and FFS program or change MMA plans each month.
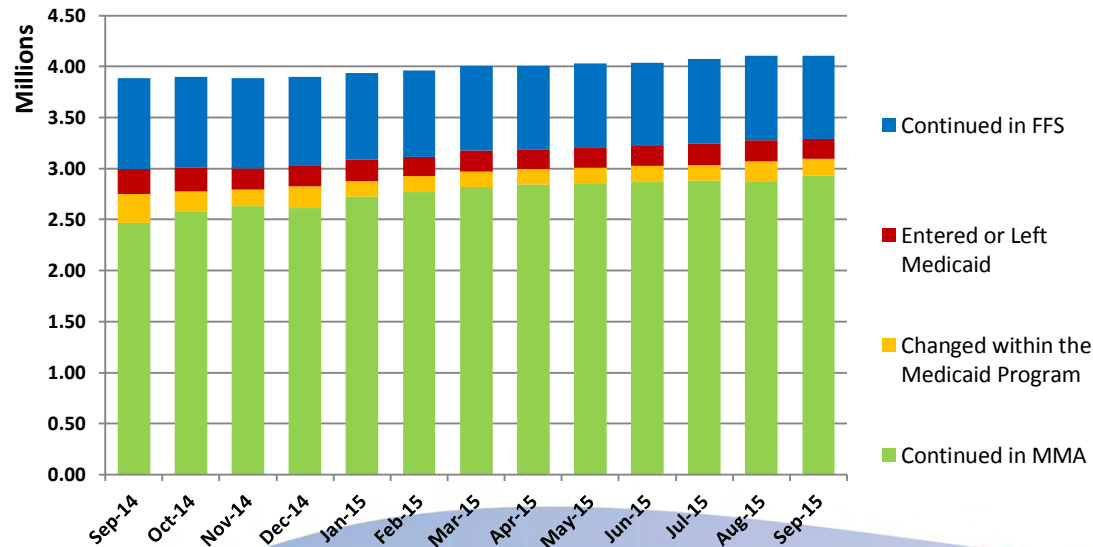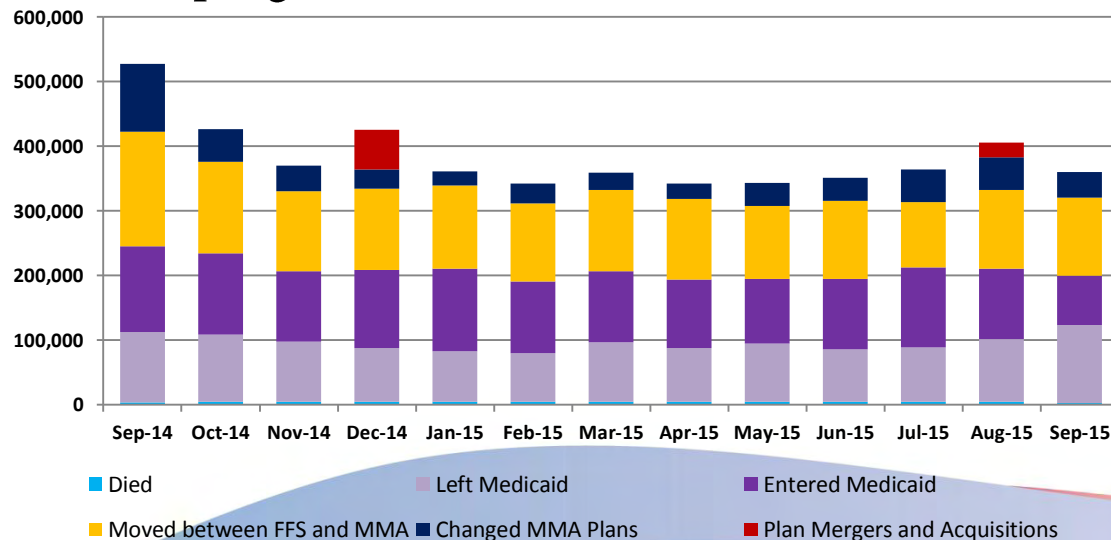

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

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Change in Medicaid

- Close to half of Medicaid recipients making a change each month are entering or leaving Medicaid.

- Half of Medicaid recipients making a change each month are switching between the FFS and MMA programs, or changing MMA plans.

- There are slightly more recipients entering Medicaid than leaving Medicaid in most months.

- Changes within Medicaid primarily involve recipients switching between the MMA and FFS programs.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

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MMA Plan Changes

- Nine MMA plans experienced a net gain in enrollees from plan changes.

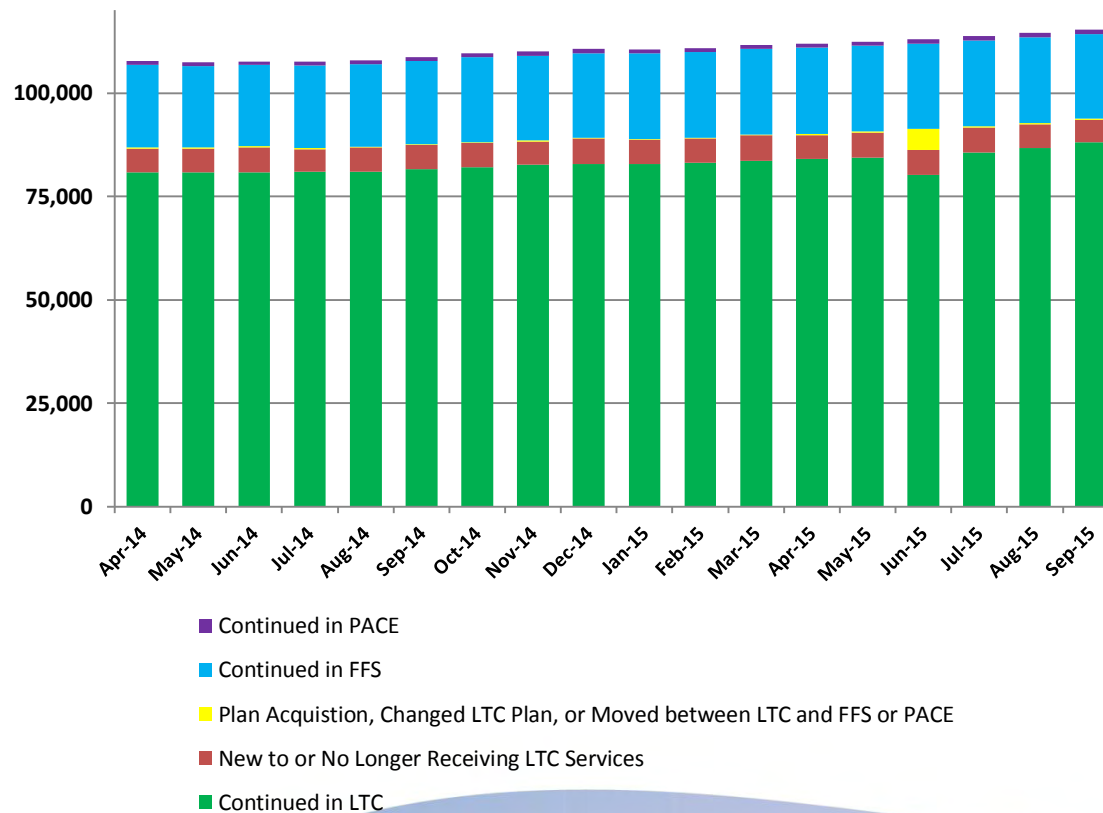- Eleven plans experienced a net loss in enrollees from plan changes.
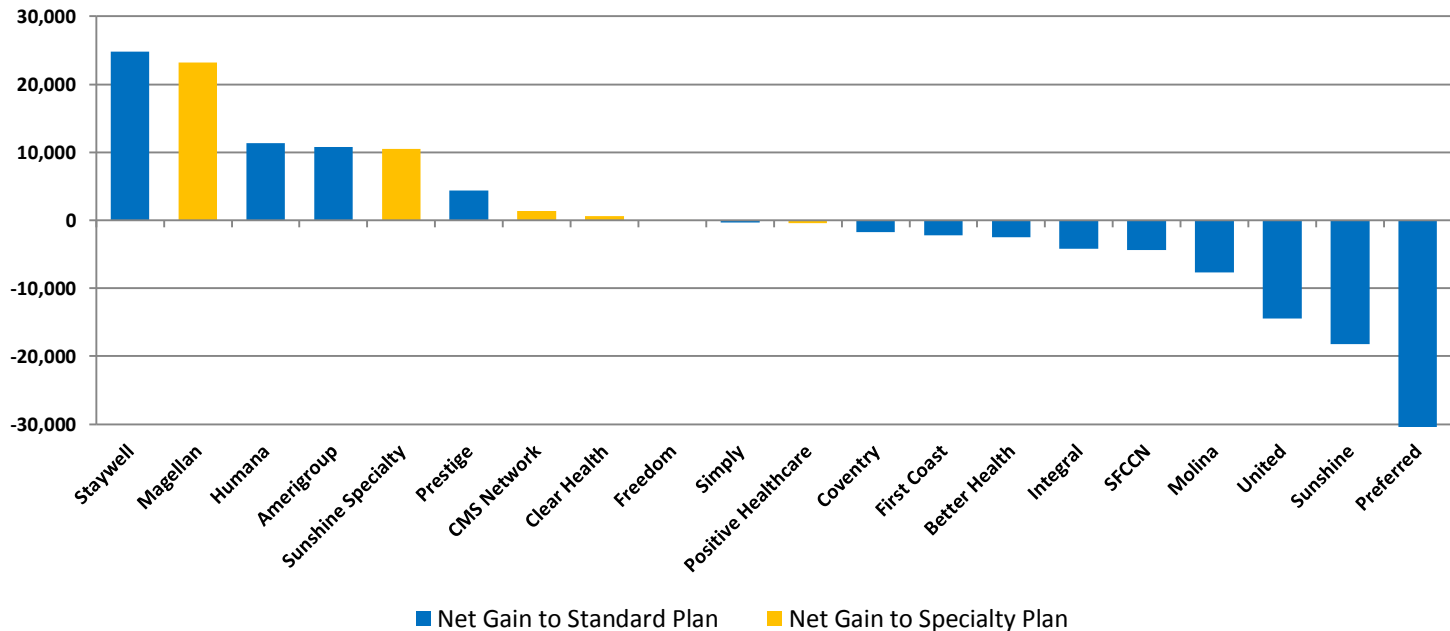
Legend: ■ Net Gain to Standard Plan   ■ Net Gain to Specialty Plan

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

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Continuity and Change in Coverage for LTC Services

- The majority of Medicaid recipients who receive LTC services do so through the LTC program each month.
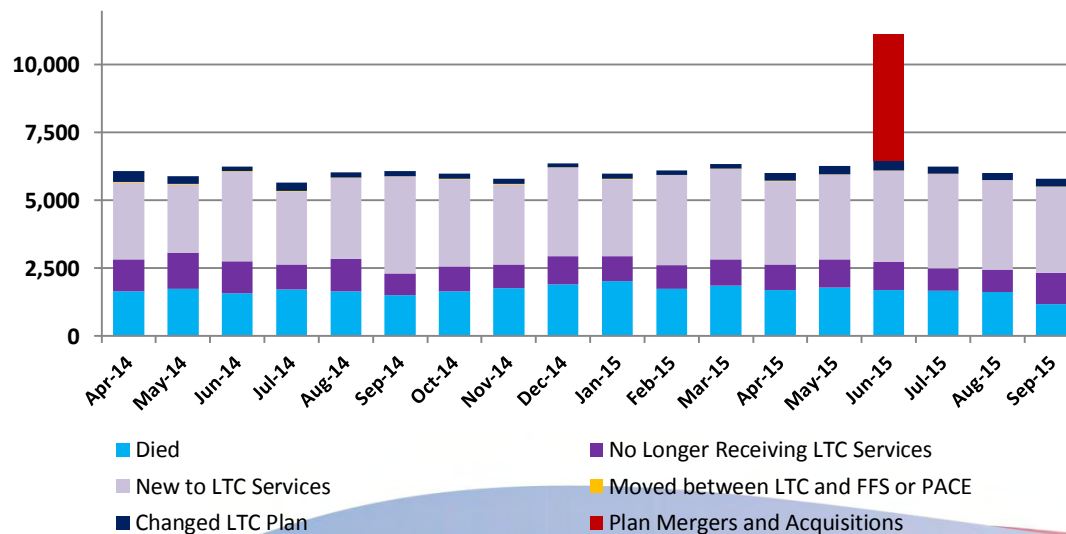

Legend:
- Continued in PACE
- Continued in FFS
- Plan Acquistion, Changed LTC Plan, or Moved between LTC and FFS or PACE
- New to or No Longer Receiving LTC Services
- Continued in LTC

Change in Coverage for LTC Services

- Once enrolled, very few enrollees switch between the LTC, FFS, and PACE programs.

- A small number of LTC enrollees switch plans each month.

- Most recipients stop receiving LTC services because they die.

- Recipients may stop receiving LTC services because they lose Medicaid eligibility, they no longer meet the nursing home level of care criteria, or because other coverage becomes available.


Legend:
- Died (light blue)
- New to LTC Services (light purple)
- Changed LTC Plan (dark navy)
- No Longer Receiving LTC Services (purple)
- Moved between LTC and FFS or PACE (yellow)
- Plan Mergers and Acquisitions (red)

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LTC Plan Changes

- Sunshine and Coventry are the only LTC plans to experience a net gain in enrollees from plan changes.

- Sunshine gained more enrollees from plan changes than any other LTC plan.
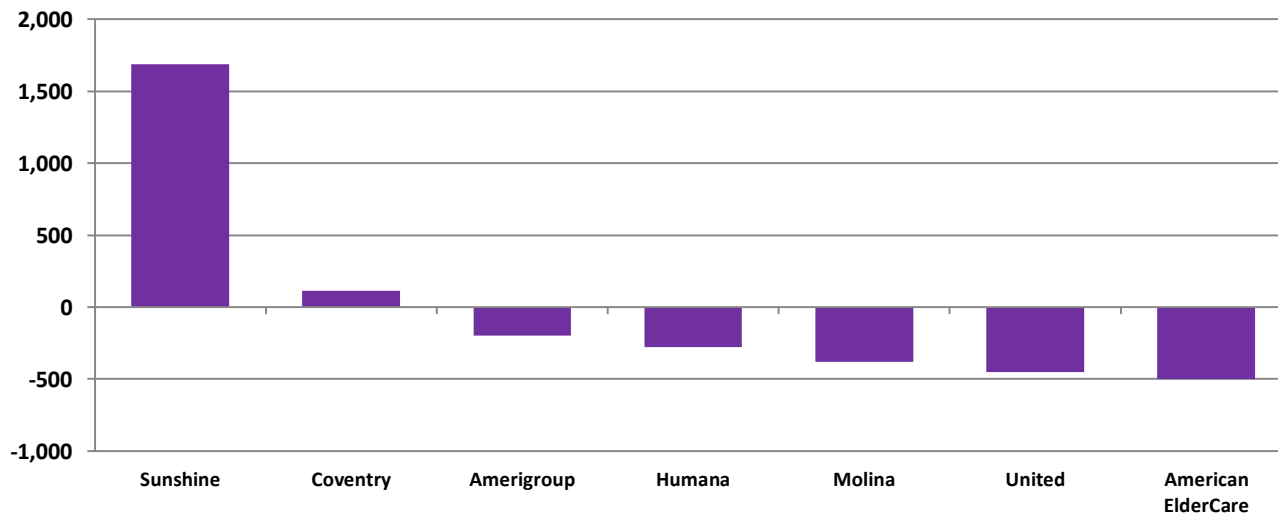
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Future Reports

- Next report due out April 2016.
- Will cover potentially preventable hospital readmissions and audited financial information for plans.
- Upcoming reports will cover provider networks, prenatal and postnatal care and birth outcomes, and MMA service utilization.
- Reports will be available on Agency's website at:
- http://ahca.myflorida.com/medicaid/Finance/data_analytics/BI/reports.shtml

MMA Financial Expenditures

- MMA plans reported almost 5 billion dollars ($4,927,702,176) in total revenue from May 1, 2014 through December 31, 2014 .
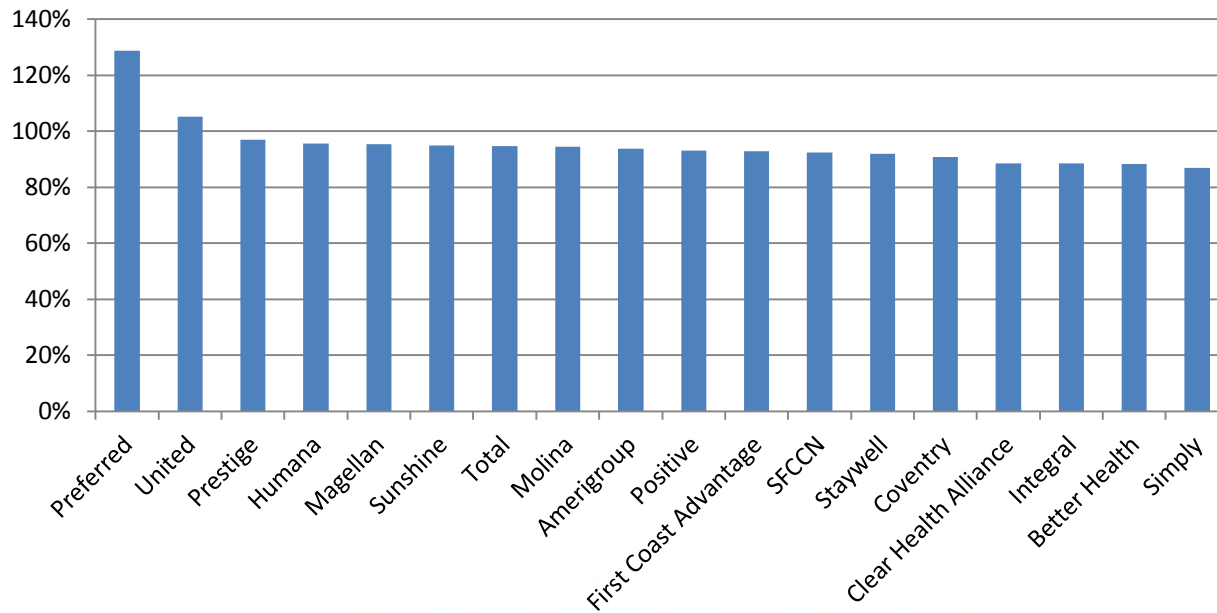
Total Revenue
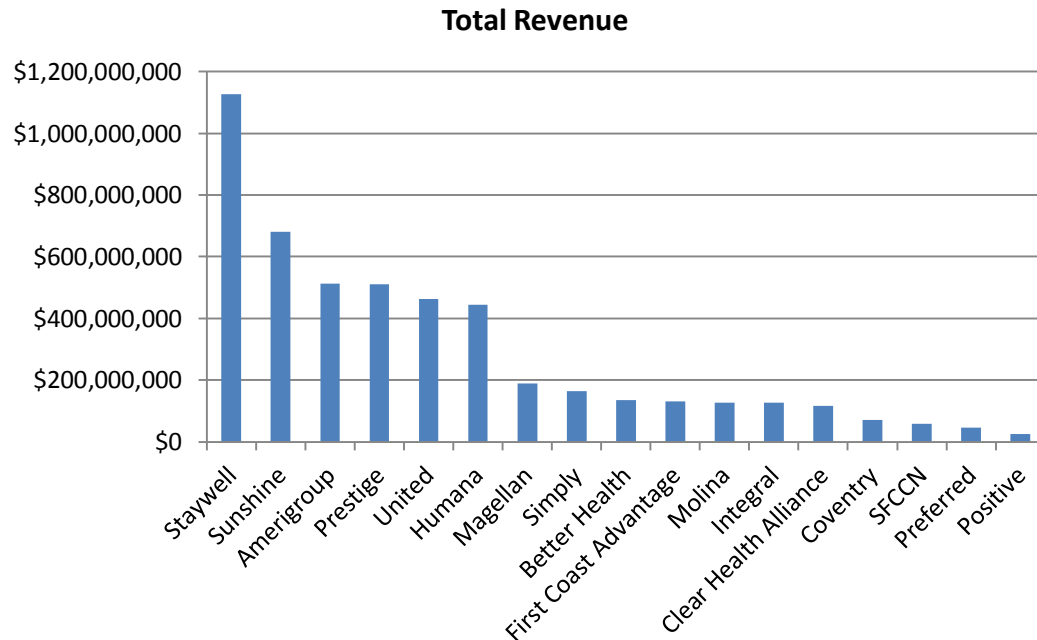
Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014 – December 31, 2014

MMA Service Expenditures

- MMA services provided to enrollees include hospital, professional, transplant, mental health and substance abuse, dental, transportation, pharmacy, and other state plan services.

Amount Paid for MMA Services as a Percentage of Revenue

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Operating Margin

- Operating margin is the profit (or loss) realized from a plan's operations after subtracting operating expenses. Operating margin is measured as the proportion of a plan's revenue that is left over after paying for operating costs.

- All but four plans report a negative operating margin suggesting that plans struggled to provide services for the capitated amount during the first 8 months of operation.
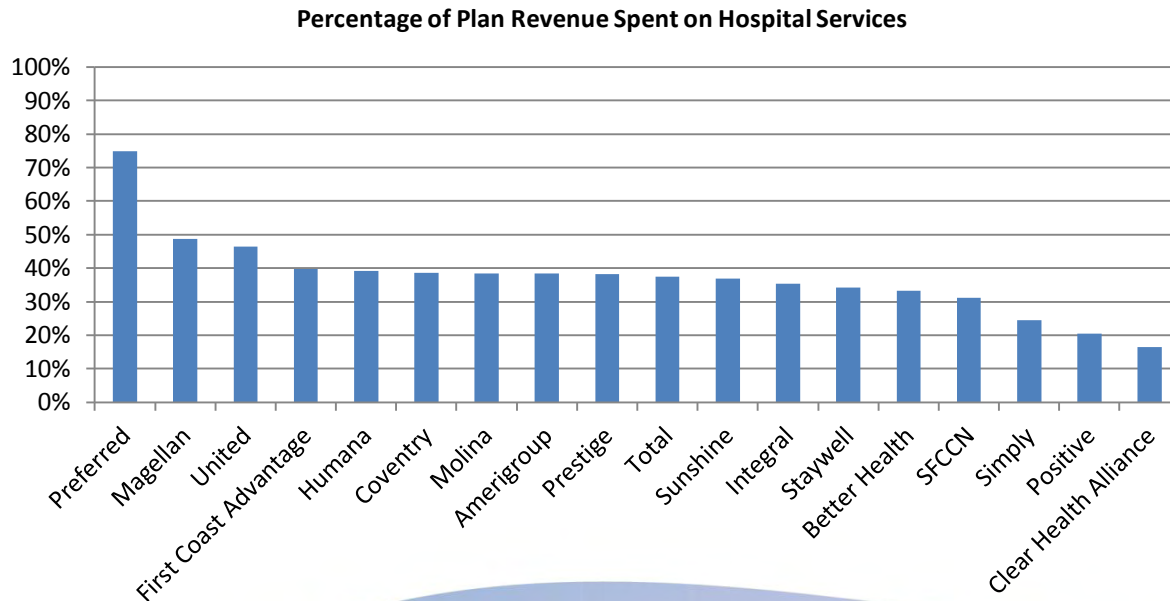
Operating Margin
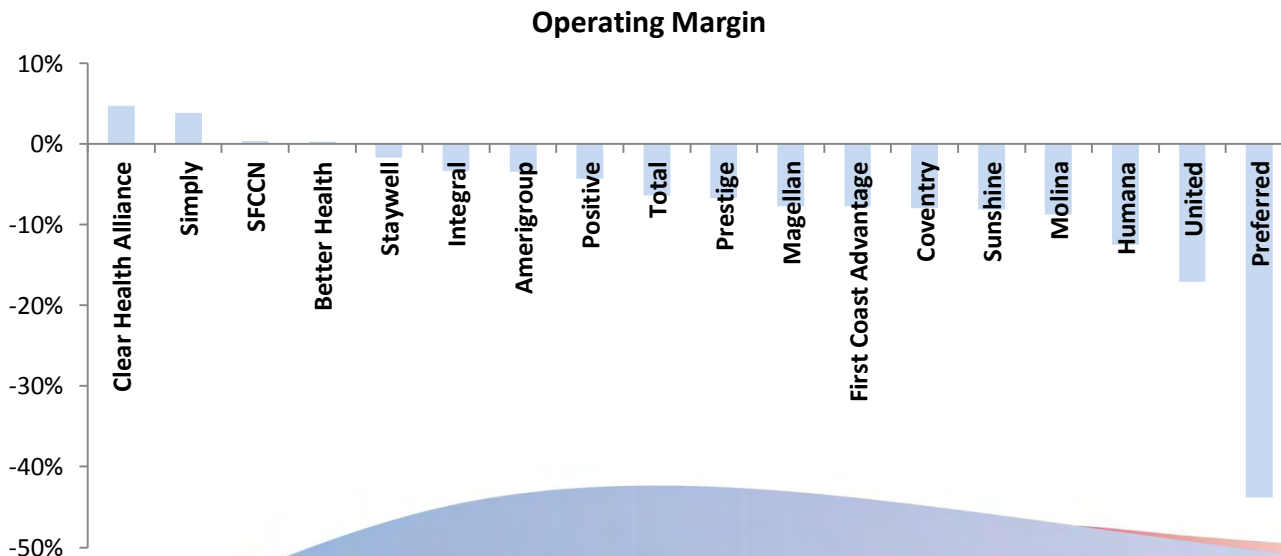
Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014 – December 31, 2014

Expenditures on Hospital Services

- An important factor in plans' ability to provide services for the capitated amount was the inability of plans to negotiate anticipated hospital contracting levels. During contract bidding, plans reported expected hospital contracting levels of 105 percent of the Medicaid fee schedule. Actual hospital contracting levels averaged 142 percent of the Medicaid fee schedule.
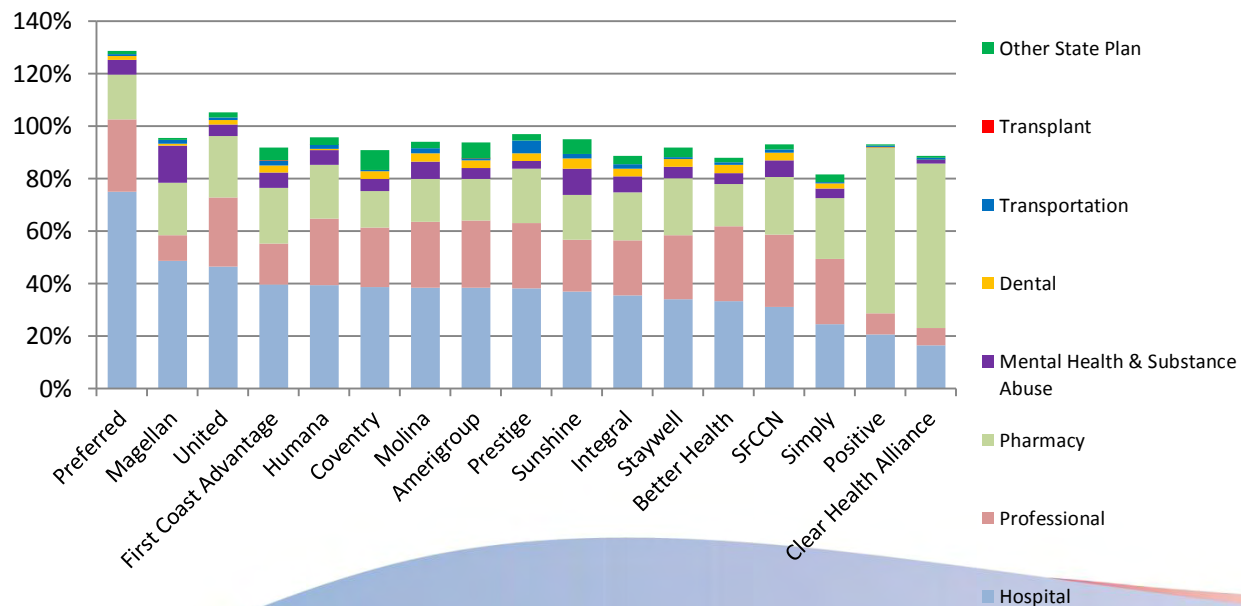
Percentage of Plan Revenue Spent on Hospital Services

Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014 – December 31, 2014

Service Expenditures as a Percentage of Revenue

- Hospital services were the largest service expenditure for all but 3 of the 17 MMA plans. Two of the 3 plans are the HIV/AIDS Specialty plans and pharmacy services were the only service expenditure larger than hospital services for these 2 plans. Simply is the third plan for which hospital services are not the largest service expenditure. Professional services were the largest service expenditure for Simply, but they were less than 1 percentage point larger than hospital services.
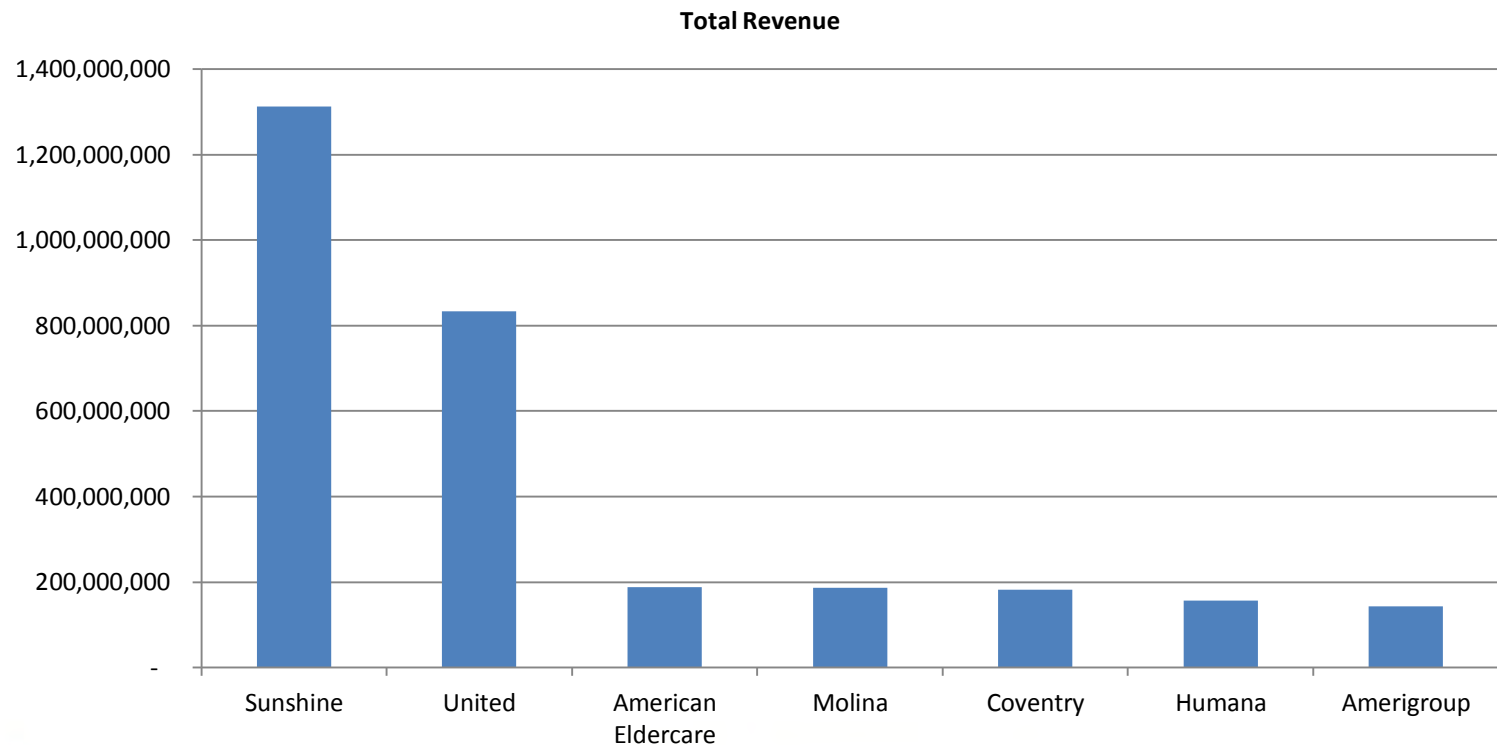

Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014 – December 31, 2014

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LTC Financial Expenditures

- LTC plans reported 3 billion dollars ($3,002,994,794) in total revenue from January 1, 2014 to December 31, 2014.
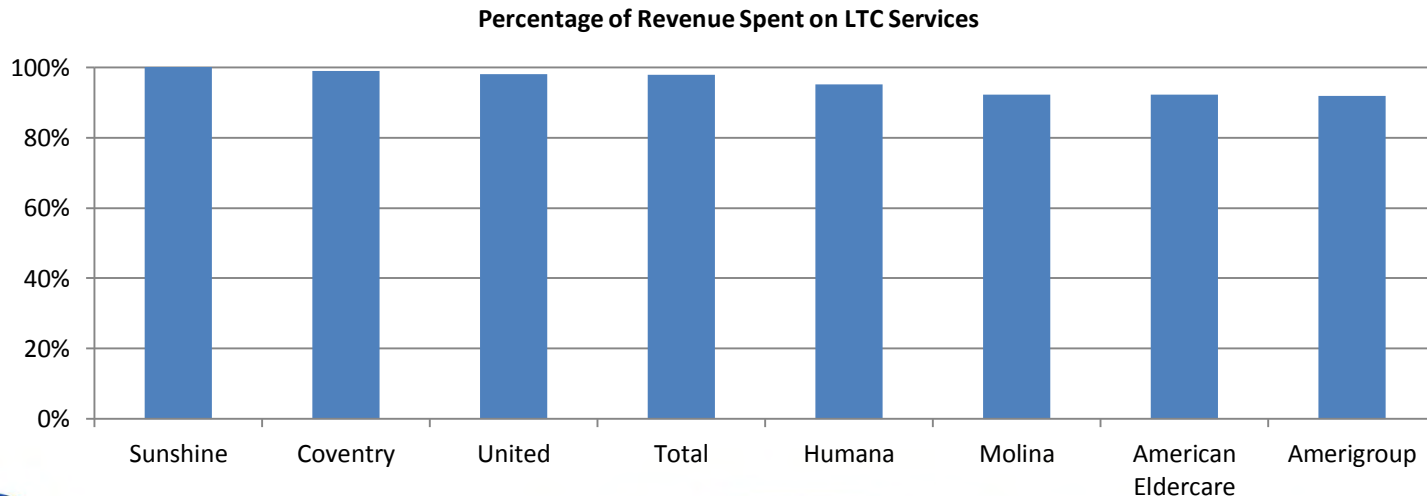
Total Revenue

Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014 – December 31, 2014

LTC Service Expenditures

- LTC services provided to enrollees include nursing facility, hospice, assisted living, home health, medical equipment and supplies, therapy, transportation, and home and community based services. The total amount spent on LTC services also includes sub-capitated services, ending incurred but not paid services, and LTC services settlements.
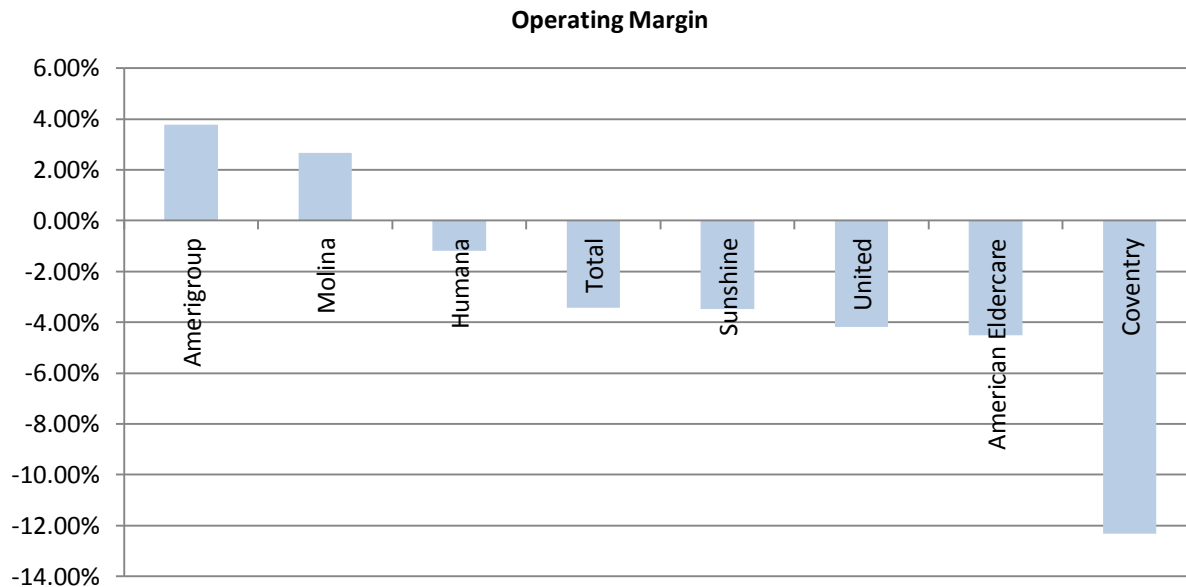
Percentage of Revenue Spent on LTC Services

Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014 – December 31, 2014

Operating Margin

- Five plans reported a negative operating margin or proportion of the plan's revenue left over after paying for operating costs.
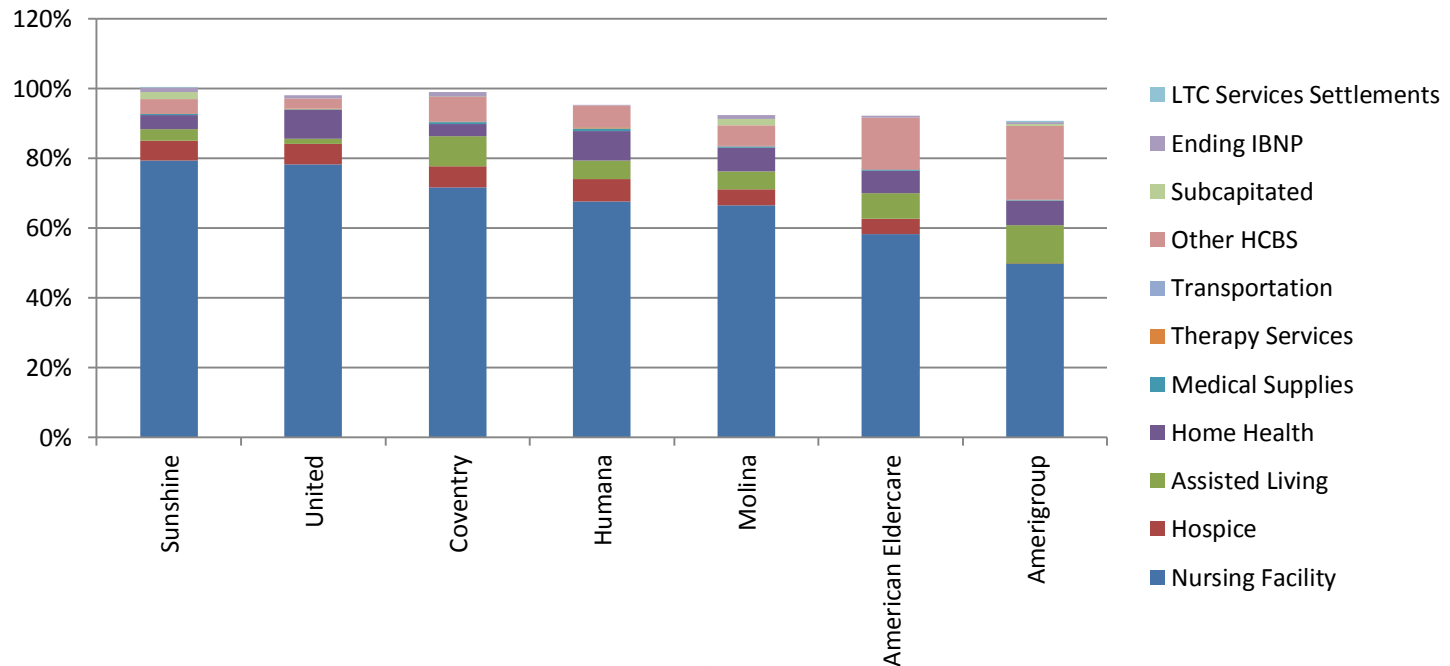
Operating Margin

Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014 – December 31, 2014

Service Expenditures as a Percentage of Revenue

- Nursing facility services were the largest service expenditure for all 7 plans.

Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014 – December 31, 2014