Access Monitoring Review Plan
Public Meeting

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Medical Care Advisory Committee

August 24, 2016

Report Requirements

- Recently enacted Federal regulations require state Medicaid programs to develop and publish a medical assistance access monitoring review plan (AMRP) for the state's Medicaid fee-for-service (FFS) recipients.

- The AMRP applies only to the FFS populations and specifically excludes any managed care populations or any populations covered by a federal waiver program.

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Report Requirements (Continued)

- The report examines provider availability, service use, and costs for seven service categories:
  - Primary Care
  - Dental Care
  - Clinical Care (FQHCs/CHDs)
  - Specialist Care
  - Behavioral Health Care
  - Obstetrical Health Care
  - Home Health Care

Report Requirements (Continued)

- The report must be completed every 3 years, the first report is due October 1, 2016, which will establish baseline data for future reports.

- The report must be made available for public comment at least 30 days prior to submission.

  - Florida's public comment period began August 22, 2016, and ends September 22, 2016.

- The state's access monitoring review plan must be developed in consultation with the state's medical care advisory committee (MCAC)

Concerns with Report Requirements

- Florida's FFS population is small.
- Most Medicaid recipients are required to enroll in a Statewide Medicaid Managed Care (SMMC) health plan.
- Most Medicaid recipients remaining in fee-for-service have either voluntarily chosen not to enroll in a health plan, or primarily receive their services from a third party.

Florida Medicaid Population by Program Group Included, Omitted, and Should be Omitted from the Access Monitoring Plan Report

Medicaid Population[1],[2]	Total Population in Group	Omitted from Report Cohort by Rule	Included by Rule but Should be Omitted from Report Cohort	Included in Report Cohort by Rule[3]	Total Number Included in Report Cohort
Enrolled in MMA	**3,094,569**	X			**0**
Newly Enrolled Mandatory for MMA	**201,987**		X		**201,987**
FFS Excluded from MMA	**465,960**				**14,852**
-Partial Duals	*400,957*	X			*0*
-Family Planning	*50,075*	X			*0*
-Medically Needy	*9,441*		X		*9,441*
-Presumptively Eligible Pregnant Woman	*4,661*			X	*4,661*
-Breast and Cervical Cancer Program	*727*			X	*727*
-Emergency Medical Assistance Aliens/Other	*99*		X		*99*
FFS Voluntary for MMA	**124,038**				**98,276**
-TPL Other Than Medicare	*89,003*		X		*89,003*
-iBudget Waiver	*25,762*	X			*0*
-Refugees	*6,205*		X		*6,205*
-ICF/IID	*2,492*		X		*2,492*
-PPEC	*576*		X		*576*
Total	**3,886,554**	**3,571,363**	**309,803**	**5,388**	**315,115**
Percent of Total Medicaid Population included in report cohort					8.10%
Percent of Total Medicaid Population which should be included in report cohort (i.e., with Omitted by Rule and Should be Omitted excluded from total)					0.14%

1. LTC recipients are covered by a 1915 (b)(c) HCBS waiver program and receive services through managed care plans so population counts are not listed separately for LTC recipients in the above table..
2. Italicized populations are the component groups of the parent population shown above in bold. Enrollee totals are as of December 2015.
3. FFS population actually Impacted by rate changes and provider payments.

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Populations that are Omitted from the AMRP Report

- The following recipients are omitted from the AMRP report by CMS rule. The percentage represents the total percent of the population out of all Florida Medicaid enrollees:

  – Managed Medical Assistance (MMA) enrollees 79.6%

  – Partial Dual-Eligible enrollees 10.3%

  – Family Planning (1115) Waiver and iBudget Home and Community-Based (1915(c)) Waiver enrollees 1.9%

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Populations that are Included but Should be Omitted from the AMRP Report

- The following recipients are included in the AMRP by CMS rule but *should arguably be omitted* :
  - Newly Eligible Mandatory MMA enrollees 5.2%
  - Medically Needy and Emergency Medicaid Assistance for Aliens (EMA) enrollees 0.25%
  - Voluntary for MMA enrollees 2.53%

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Explanation for Why Populations that are Included Should be Omitted from the AMRP Report

- **Newly Eligible Mandatory MMA enrollees**
  - Health plans responsible for all covered services after plan enrollment.
  - Express Enrollment implemented in January 2016
    - Individuals are enrolled in a health plan on the same day or the following day as their Medicaid eligibility activation.

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Explanation for Why Populations that are Included Should be Omitted from the AMRP Report (Continued)

- **Medically Needy**
  - A person must have already accessed services and incurred a to establish eligibility for the Medically Needy program
  - Strictly time-limited, month-to-month safety net program
  - Are generally only eligible for a few days or weeks in a month which does not lend itself to care coordination or preventive services.

Explanation for Why Populations that are Included Should be Omitted from the AMRP Report (Continued)

- **Emergency Medicaid Assistance for Aliens (EMA) enrollees**
  - Undocumented aliens and resident aliens in the country for less than 5 years are only eligible for emergency services, typically at a hospital emergency department.
  - Not eligible for non-emergent physician visits, pharmacy services, or hospital services,
  - Have clear access to emergency services under federal law (EMTALA) regardless of Medicaid's provider payment rates.

Explanation for Why Populations that are Included Should be Omitted from the AMRP Report (Continued)

- **Voluntary for MMA enrollees**
  - This population includes:
    - Third Party Liability Other Than Medicare (TPL)
    - Refugees
    - Individuals with Intellectual Disabilities in Intermediate Care Facilities (ICF/IID)
    - Individuals receiving care in a Prescribed Pediatric Care Center (PPEC).

Explanation for Why Populations that are Included Should be Omitted from the AMRP Report (Continued)

- **The TPL population:**
  - Has private health coverage
    - Receives their health care goods and services via the TPL coverage.
    - Medicaid is the payer of last resort under federal law.
- **Refugees, ICF/IID, and PPEC individuals:**
  - Can access the comprehensive managed care networks in Florida if they so choose.

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Populations that Should be Included in the AMRP report

- Taken together, those omitted by the CMS Rule and those that should be omitted from the reporting requirements, leaves less than 5,500 FFS recipients (or less than 0.14 percent) for whom the AMRP report is potentially applicable.

- The following recipients are included in the AMRP report by CMS rule:
  - Presumptively Eligible Pregnant Woman 0.12%
  - Breast and Cervical Cancer Program 0.02%

Measuring Beneficiary Perceptions of Access to Care

- While Florida Medicaid does not administer surveys to its FFS population to track patient satisfaction, consumers are offered a toll-free hotline or web-based complaint form to get assistance with any aspect of their healthcare.

- All complaints or requests for assistance to the Medicaid program are logged in a complaint tracking system called HealthTrack.

- Florida reviewed HealthTrack information to identify any issues related to access to care in the FFS population.

  - Between April 1, 2015 and March 31, 2016, a total of 7,124 fee-for-service complaints were logged in HealthTrack

  - Of these 7,124, only 46 were found to specifically include a complaint where the complainant requested assistance in locating a doctor or specialist.

Access Review Findings

- The following slides show the utilization and cost data for Medicaid FFS services during calendar year 2015.

- These data will represent the baseline for future analyses of access and utilization of services within the Medicaid FFS population.

- The provider counts shown in the following tables include only those Medicaid providers who had at least one paid claim for a covered service to a recipient in the Report Cohort during calendar year 2015.

- Recipient and user counts in all of the following sections include anyone in the Report Cohort who received at least one of the appropriate services (as described within each subsection) that was paid on a FFS basis at any time during calendar year 2015.

Total Unique Recipients , 2015

Number of Unique FFS Recipients in the Report Cohort by Region Enrolled at Any Time During 2015

Region	Recipient Count
01	15,073
02	14,266
03	34,640
04	41,486
05	26,563
06	57,739
07	57,678
08	24,419
09	34,374
10	36,906
11	106,403
Total	449,547

Primary Health Care Services

Active Primary Care Providers by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	473	1,777	3.76	31.87
02	402	1,654	4.11	35.49
03	1,034	3,696	3.57	33.50
04	1,324	4,810	3.63	31.33
05	940	2,966	3.16	28.26
06	1,543	6,021	3.90	37.42
07	1,519	5,686	3.74	37.97
08	888	2,660	3.00	27.50
09	964	3,878	4.02	35.66
10	981	3,930	4.01	37.62
11	2,021	8,023	3.97	52.65
Total	12,089	45,101	3.73	37.19

Total Paid for Primary Care Claims, Total Number of Primary Care Claims, and Average Paid per Primary Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/ Month
01	$1,838,767	30,327	$60.63	$86.23
02	$1,720,261	29,464	$58.39	$86.67
03	$4,598,699	64,412	$71.40	$103.69
04	$5,801,164	85,337	$67.98	$100.51
05	$4,046,337	60,004	$67.43	$113.69
06	$7,974,873	117,335	$67.97	$110.38
07	$8,210,221	124,592	$65.90	$120.33
08	$4,137,410	53,186	$77.79	$129.62
09	$6,457,742	84,696	$76.25	$138.77
10	$6,491,663	80,950	$80.19	$137.65
11	$11,669,992	162,217	$71.94	$121.21
Statewide	$61,108,362	862,193	$70.88	$112.91

Region	Claims/ Month	Users/ Month	Claims Per User/ Month
01	2,527	1,777	1.43
02	2,455	1,654	1.50
03	5,368	3,696	1.46
04	7,111	4,810	1.49
05	5,000	2,966	1.70
06	9,778	6,021	1.64
07	10,383	5,686	1.84
08	4,432	2,660	1.68
09	7,058	3,878	1.83
10	6,746	3,930	1.73
11	13,518	8,023	1.70
Statewide	74,376	45,101	1.65

Average Number of Primary Care Claims, Recipients Receiving Primary Care Services (Users), and Average Primary Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Dental Health Care Services

Active Dental Care Providers by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	30	153	4.75	502.43
02	44	343	7.21	324.23
03	85	369	3.77	407.53
04	144	603	3.38	288.10
05	55	292	4.73	482.96
06	117	530	3.95	493.50
07	166	530	2.94	347.46
08	63	275	4.22	387.60
09	101	345	3.12	340.34
10	114	317	2.50	323.74
11	183	494	1.75	581.44
Total	1,102	4,251	3.6	407.94

Total Paid for Dental Care Claims, Total Number of Dental Care Claims, and Average Paid per Dental Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/ Month
01	$341,021	2,193	$155.50	$185.42
02	$684,907	4,831	$141.77	$167.08
03	$896,907	5,380	$166.71	$201.80
04	$2,179,412	8,987	$242.51	$301.54
05	$644,249	4,197	$153.50	$180.38
06	$1,351,073	7,564	$178.62	$211.18
07	$1,200,362	7,801	$153.87	$188.30
08	$535,598	4,244	$126.20	$161.90
09	$785,033	5,121	$153.30	$187.81
10	$546,068	4,623	$118.12	$143.37
11	$1,256,214	7,962	$157.78	$213.46
Statewide	$10,420,844	62,903	$165.67	$204.28

Region	Claims/ Month	Users/ Month	Claims Per User/ Month
01	171	153	1.19
02	371	343	1.17
03	388	369	1.21
04	608	603	1.24
05	312	292	1.20
06	546	530	1.19
07	601	530	1.23
08	340	275	1.29
09	388	345	1.24
10	345	317	1.21
11	426	494	1.34
Statewide	4,495	4,251	1.06

Average Number of Dental Care Claims, Recipients Receiving Dental Care Services (Users), and Average Dental Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

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Clinical Health Care Services

Active Clinical Care Providers
by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	22	365	16.59	685
02	38	428	11.26	375
03	94	1,559	16.59	369
04	17	248	14.59	2,440
05	16	507	31.69	1,660
06	74	2,276	30.76	780
07	35	1,264	36.11	1,648
08	46	1,667	36.24	531
09	22	967	43.95	1,562
10	5	20	4.00	7,381
11	47	1,176	25.02	2,264
Statewide	**414**	**10,476**	**25.18**	**1,081**

Total Paid for Clinical Care Claims, Total Number of Clinical Care Claims, and Average Paid per Clinical Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/ Month
01	$514,539	5,333	$98.19	$117.47
02	$570,861	6,080	$94.17	$111.15
03	$2,246,074	24,441	$91.43	$120.06
04	$400,380	3,770	$106.40	$134.54
05	$936,856	7,748	$120.98	$153.99
06	$4,410,282	36,656	$120.51	$161.48
07	$2,488,063	19,193	$129.78	$164.03
08	$3,396,672	27,192	$125.00	$169.80
09	$1,974,958	15,802	$124.98	$170.20
10	$39,082	274	$142.79	$162.84
11	$2,618,849	19,305	$135.59	$185.58
Statewide	**$19,596,614**	**165,794**	**$118.14**	**$155.88**

Region	Claims	Users	Claims Per User/ Month
01	444	365	1.22
02	507	428	1.18
03	2,037	1,559	1.31
04	314	248	1.27
05	646	507	1.27
06	3,055	2,276	1.34
07	1,599	1,264	1.27
08	2,266	1,667	1.36
09	1,317	967	1.36
10	23	20	1.15
11	1,609	1,176	1.37
Statewide	**13,817**	**10,476**	**1.32**

Average Number of Clinical Care Claims, Recipients Receiving Clinical Care Services (Users), and Average Clinical Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Specialist Health Care Services

**Active Specialist Care Providers
by Region, Florida Medicaid FFS 2015**

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	543	1,236	2.28	27.76
02	430	1,377	3.20	33.18
03	1,369	2,516	1.84	25.30
04	1,601	2,754	1.72	25.91
05	1,052	2,086	1.98	25.25
06	1,754	4,059	2.31	32.92
07	1,593	3,624	2.27	36.21
08	948	1,936	2.04	25.76
09	1,059	2,397	2.26	32.46
10	1,306	2,871	2.20	28.26
11	2,305	7,074	3.07	46.16
Statewide	14,065	31,988	2.27	32.09

**Total Paid for Specialist Care Claims, Total Number of Specialist Care
Claims, and Average Paid per Specialist Care Claim and per User
by Region, Florida Medicaid FFS 2015**

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/ Month
01	$2,678,572	29,484	$90.85	$180.59
02	$2,208,531	26,703	$82.71	$133.66
03	$6,334,437	62,384	$101.54	$209.81
04	$5,391,003	66,324	$81.28	$163.13
05	$5,162,241	55,283	$93.38	$206.23
06	$8,506,805	90,749	$93.74	$174.65
07	$9,084,042	95,789	$94.83	$208.89
08	$4,815,149	48,129	$100.05	$207.26
09	$5,983,204	59,285	$100.92	$208.01
10	$6,305,805	65,270	$96.61	$183.03
11	$16,878,300	157,695	$107.03	$198.83
Statewide	$73,348,089	757,095	$96.88	$191.43

Region	Claims	Users	Claims Per User/ Month
01	2,457	1,236	1.99
02	2,225	1,377	1.62
03	5,199	2,516	2.07
04	5,527	2,754	2.01
05	4,607	2,086	2.21
06	7,562	4,059	1.86
07	7,982	3,624	2.20
08	4,011	1,936	2.07
09	4,940	2,397	2.06
10	5,439	2,871	1.89
11	13,141	7,074	1.86
Statewide	63,090	31,930	1.98

**Average Number of Specialist Care Claims, Recipients
Receiving Specialist Care Services (Users), and
Average Specialist Care Claims per User Per Month by
Region, Florida Medicaid FFS 2015**

Behavioral Health Care Services

Active Behavioral Health Care Providers by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	108	336	3.11	139.56
02	131	292	2.23	108.90
03	202	412	2.04	171.49
04	246	629	2.56	168.64
05	196	561	2.86	135.53
06	237	863	3.64	243.62
07	293	1,128	3.85	196.85
08	157	379	2.41	155.54
09	171	438	2.56	201.02
10	152	635	4.17	242.80
11	349	2,686	7.70	304.88
Statewide	2,242	8,359	3.73	200.51

Total Paid for Behavioral Health Care Claims, Total Number of Behavioral Health Care Claims, and Average Paid per Behavioral Health Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/ Month
01	$530,019	7,440	$71.24	$131.45
02	$610,351	5,593	$109.13	$174.19
03	$626,626	8,732	$71.76	$126.74
04	$2,075,804	20,825	$99.68	$275.01
05	$1,300,240	13,569	$95.82	$193.14
06	$1,827,348	18,824	$97.08	$176.45
07	$3,532,377	35,426	$99.71	$260.96
08	$1,287,995	8,642	$149.04	$283.20
09	$1,336,889	9,882	$135.29	$254.35
10	$2,106,138	20,780	$101.35	$276.40
11	$13,896,541	114,833	$121.02	$431.14
Statewide	$29,130,328	264,546	$110.11	$290.41

Region	Claims	Users	Claims Per User/ Month
01	620	336	1.85
02	466	292	1.60
03	728	412	1.77
04	1,735	629	2.76
05	1,131	561	2.02
06	1,569	863	1.82
07	2,952	1,128	2.62
08	720	379	1.90
09	824	438	1.88
10	1,732	635	2.73
11	9,569	2,686	3.56
Statewide	22,046	8,359	2.64

Average Number of Behavioral Health Care Claims, Recipients Receiving Behavioral Health Care Services (Users), and Average Behavioral Health Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

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Obstetrical Health Care Services

Active Obstetrical Health Care Providers by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	59	517	8.76	255.47
02	46	375	8.15	310.13
03	104	655	6.30	333.08
04	145	746	5.14	286.11
05	93	414	4.45	285.62
06	187	1,206	6.45	308.76
07	185	1,193	6.45	311.77
08	103	887	8.61	237.08
09	150	1,433	9.55	229.16
10	159	926	5.82	232.11
11	190	2,022	10.64	560.02
Statewide	1,421	10,374	7.30	316.36

Total Paid for Obstetrical Health Care Claims, Total Number of Obstetrical Health Care Claims, and Average Paid per Obstetrical Health Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/ Month
01	$1,115,645	9,435	$118.25	$179.83
02	$778,510	6,229	$124.98	$173.00
03	$1,653,398	11,070	$149.36	$210.36
04	$1,923,891	13,049	$147.44	$214.91
05	$964,686	6,861	$140.60	$194.18
06	$3,662,052	20,274	$180.63	$253.04
07	$3,568,094	20,691	$172.45	$249.24
08	$2,578,299	15,041	$171.42	$242.23
09	$4,836,246	28,184	$171.60	$281.24
10	$2,386,866	15,420	$154.79	$214.80
11	$6,409,038	37,929	$168.97	$264.14
Statewide	$29,876,725	184,183	$162.21	$240.00

Region	Claims	Users	Claims Per User/ Month
01	786	517	1.52
02	519	375	1.38
03	923	655	1.41
04	1,087	746	1.46
05	572	414	1.38
06	1,690	1,206	1.40
07	1,724	1,193	1.45
08	1,253	887	1.41
09	2,349	1,433	1.64
10	1,285	926	1.39
11	3,161	2,022	1.56
Statewide	15,349	10,374	1.48

Average Number of Obstetrical Health Care Claims, Recipients Receiving Obstetrical Health Care Services (Users), and Average Obstetrical Health Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Home Health Care Services

Active Home Health Care Providers by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	4	18	4.50	3,768.25
02	4	9	2.25	3,566.50
03	8	10	1.25	4,330.00
04	20	25	1.25	2,074.30
05	4	7	1.75	6,640.75
06	8	14	1.75	7,217.38
07	31	60	1.94	1,860.58
08	24	15	0.63	1,017.46
09	8	30	3.75	4,296.75
10	33	46	1.39	1,118.36
11	278	984	3.54	382.74
Statewide	422	1,218	2.89	1,065.28

Total Paid for Home Health Care Claims, Total Number of Home Health Care Claims, and Average Paid per Home Health Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/ Month
01	$600,135	684	$877.39	$2,778.40
02	$509,978	409	$1,246.89	$4,722.02
03	$347,044	360	$964.01	$2,892.04
04	$1,115,294	1,351	$825.53	$3,717.65
05	$356,294	286	$1,245.78	$4,241.59
06	$723,722	563	$1,285.47	$4,307.87
07	$3,596,416	2,257	$1,593.45	$4,995.02
08	$318,096	581	$547.50	$1,767.20
09	$1,230,599	1,030	$1,194.76	$3,418.33
10	$1,858,337	1,715	$1,083.58	$3,366.55
11	$10,922,376	27,659	$394.89	$925.00
Statewide	$21,578,291	36,895	$584.86	$1,476.35

Region	Claims	Users	Claims Per User/ Month
01	57	18	3.17
02	34	9	3.79
03	30	10	3.00
04	113	25	4.50
05	24	7	3.40
06	47	14	3.35
07	188	60	3.13
08	48	15	3.23
09	86	30	2.86
10	143	46	3.11
11	2,305	984	2.34
Statewide	3,075	1,218	2.52

Average Number of Home Health Care Claims, Recipients Receiving Home Health Care Services (Users), and Average Home Health Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Public Comment Period

- *The 30-day public notice and public comment* period began August 22, 2016 and ends September 22, 2016.

- The complete report was posted on August 22, 2016 and is available on the Medicaid Federal Authorities web page:

  http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/AMRP_2016-08.shtml

- To submit comments by postal service or internal email, please follow the directions outlined below.

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AHCA.MyFlorida.com

Submitting Public Comments

- When providing comments regarding the AMRP report, please have 'AMRP Report Comments' referenced in the subject line.

  – **Mail comments and suggestions to:**

  AMRP Report Comments
  Office of the Deputy Secretary for Medicaid
  Agency for Health Care Administration
  2727 Mahan Drive, MS #8
  Tallahassee, Florida 32308

  – **Comments and suggestions may also be e-mailed to :**
  FLMedicaidWaivers@ahca.myflorida.com

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AHCA.MyFlorida.com

Conclusion

- Florida has prepared the AMRP report for submission to CMS on October 1, 2016.

- The report establishes baseline utilization and cost data for future analyses.

Questions?