



Medical Care Advisory Committee Meeting Summary

08/24/2016	Time: 2:00 p.m. – 4:00 p.m.	Location: AHCA Conference Room A
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Attendees:

	<u>Committee Members</u>		<u>Resources</u>
✓	Amy Guinan Liem	✓	Beth Kidder
✓	Catherine Moffitt, MD	✓	David Rogers
✓	Cheryl Young		
✓	Crystal Stickle	✓	Monique Johnson
	Iris Wimbush	✓	Devona Pickle
✓	Jeri Flora Cully (via phone)	✓	Eunice Medina
✓	Justin Senior	✓	Heather Allman
✓	Martha Pierce (via phone)	✓	Charles McGillen
✓	Michael Lockwood (via phone)	✓	Shevaun Harris
✓		✓	Lakera Reddick
✓	Casey Stoutamire for Robert Payne, DDS	✓	Sophia Whaley
	Sarah Sequenzia	✓	
✓	Madeleine Nobles	✓	Marlon Storey
✓	Stanley Whittaker, MSN	✓	Jessica Turner
	Tracie Inman	✓	Carla Sims
✓	Anne Swerlick (via phone)		

Member Introductions

Justin Senior

Justin Senior called the meeting to order and introductions were made.

New Business

Justin Senior

LTC Waiver Renewal Submission

Justin Senior stated that the 1915(b)/(c) Combination Waiver, which provides the authority for Managed Long-term Care was due to expire June 30, 2016. However a waiver renewal request has been submitted and the waiver has been temporarily extended to September 30, 2016, while negotiations with CMS are underway. He added that the plans have been successful in shifting their populations from a nursing facility setting to a home and community based setting and the Agency is pleased with the high consumer satisfaction that has been achieved.

Pending Amendments to the 1115 Waiver

Mr. Senior informed committee members that the 1115 Waiver, which provides authority for the Statewide Medicaid Managed Care (SMMC) program is set to expire June 30, 2017. The Agency will be submitting a request for renewal of the waiver in December 2016. In addition, a number of amendments to this waiver will also be submitted. One amendment will add housing assistance for people with significant mental illnesses, with a pilot project initiated in Regions 5 and 7. At least 3 public meetings will be held prior to the renewal; one in Miami, one in Tampa, and at least one in Tallahassee. The public comment period will take place October 11, 2016 – November 10, 2016.



Access Monitoring Report

Justin Senior presented information on the federally mandated Access Monitoring Review Plan, which looks at the adequacy of access to services for Medicaid Fee-for-Service (FFS) recipients. Mr. Senior explained that input from the Medical Care Advisory Committee on this information is federally required. He then directed meeting participants to the handout materials provided. Mr. Senior shared report requirements and looked at Florida's Medicaid population by program group, explaining why some are included, while others are omitted from the Access Monitoring Plan Report. He noted that the Access Rule only applies to Fee-for-Service (FFS), and since Florida's Medicaid program is primarily managed care, over 90% of the population is omitted. Mr. Senior advised that the data used for this report was pulled from claims data and other tools, and must be completed every 3 years. The first report is due October 1, 2016, which will establish baseline data for future reports. He added that 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 report is posted to the Agency's Federal Authorities page, and comments can be sent by mail, email, or during today's meeting. The floor was then opened for public questions and comments.

Public Question/Comment Period

The following comments were made:

- Dr. Cathy Moffitt thanked Justin Senior for his presentation and noted that she would be interested in longitude comparisons pre and post MMA.
- Amy Guinan stated she agreed with Mr. Senior's recommendations on what should be omitted.
- Cheryl Young advised that the Department of Health supports the Agency's strategy.
- There were no questions from the audience or those attending by phone.

Subcommittee Updates

Subcommittee Chairs

Behavioral Health and Substance Use Subcommittee: Chuck McGillen

Subcommittee members discussed updated Behavioral Health Coverage Policy format and standardized policy language, Housing Services Waiver pilot program, and Senate Bill 12 in regards to collaborating with DCF to address gaps and overlaps in services. Proposed projects include specialty provider types for Residential and Freestanding Psychiatric Providers and collaboration with the Children Subpopulation Committee regarding the role of managing entities in the authorization/coordination of care for behavioral health services for children.

Children, Including Safeguard and Performance Measures Related to Foster Children: Lakera Reddick

Subcommittee members discussed helping to produce the language on the Child Health Check-Up letters being sent to recipients, Medicaid coverage policies updates, and increasing membership and participation on this subcommittee, including representation from DJJ.

HIV/AIDS: Sophia Whaley

Subcommittee members discussed improving health outcomes for individuals living with HIV/AIDS, including review of health plan performance, review of approved algorithm for HIV/AIDS, and discussing opportunities for improvement. Current project is the Project AIDS Care Redesign.

Managed Long-term Care: Eunice Medina

Subcommittee members discussed building on performance in Long-term Care, outcome measures, performance improvement projects, and how to continue finding ways to improve the LTC program and advise the Agency.



Dental Care for Children: Monique Johnson

Subcommittee members discussed effectively communicating key information regarding the delivery of dental services, and fostering ongoing dialogue to receive insight and recommendations from stakeholder groups.

MCAC Bylaws Update

Carla Sims

Carla Sims informed the committee that all members have reviewed the bylaws and have given their input. She asked if anyone had any questions regarding the changes noted, and there were none. No one opposed the changes to the bylaws, and all committee members were in favor of making the changes. The bylaw updates were passed unanimously.

SMMC Complaints and Compliance

David Rogers

Directing participants to the handout materials provided, David Rogers stated that complaints are received by mail and email, and half are received from Medicaid providers and beneficiaries; 27% are classified as enrollment support, 41% classified as MMA program, 24% registered as FFS, and 8% specific to LTC. He added that non-plan specific issues are driving the complaints, noting that many of the complaints are focused around system issues. Mr. Rogers advised that the complaints are looked at on a weekly basis. He also noted that the Agency should have an analysis by the October 18th meeting to receive feedback and will begin reporting on compliance actions. He opened the floor for questions on complaints and compliance, and there were no questions from the committee members, audience, or those on the telephone.

Next Meeting

Carla Sims

The next Medical Care Advisory Committee meeting is tentatively scheduled for October 18, 2016.

Adjourn

Carla Sims

The MCAC meeting adjourned at 3:40 p.m.

An audio tape of the meeting and all meeting materials are posted on the MCAC webpage located at <http://ahca.myflorida.com/medicaid/mcac/meetings.shtml>.