From:	Fabano, Alex <AFabano@ccpcares.org>
Sent:	Friday, June 3, 2022 4:52 PM
To:	solicitation.questions
Cc:	Rivero, Lupe; Fabano, Alex
Subject:	RFI 014-2122 SMMC Program - Community Care Plan (CCP) - override
Attachments:	Community Care Plan RFI 014-2122.docx; Community Care Plan RFI 014-2122 - Redacted.docx; Community Care Plan RFI 014-2122 - Transmittal Letter.docx

Attention:
Cody Massa
Procurement Officer
Solicitation.questions@ahca.myflorida.com

Respondent's name: Community Care Plan
Place of business address: 1643 Harrison Parkway, Bldg. H, Suite 200, Sunrise, FL 33323
Web site address: www.ccpcares.org
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Lupe Rivero
(954) 295-2615
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Alternate Contact information:
Alexander Fabano
(786) 277-8770
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Attached please find Community Care Plan's response to RFI 014-2122 SMMC Program.

Please note that our response does not require redaction, but a redacted version and transmittal letter was provided per the RFI instructions.

Please review and let us know if you have any questions or need any additional information.

Please confirm receipt of this email.

Thank you,

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1. Improve Recipient's Experience with the SMMC Program:
As the national trend in health care continues towards improving access to care and outcomes, many state Medicaid programs are linking quality and performance measures to financial and non-financial incentives for their managed care partners. One such incentive is a Quality based auto-assignment algorithm. Community Care Plan suggests enhancing the current AHCA auto-assignment algorithm whereby Plans with higher HEDIS quality scores receive preferential auto-assignment. This process of rewarding high-performing Plans has been implemented in other states, such as:

- California: The California Department of Health Care Services (DHCS) implemented a performance-based auto-assignment incentive program. The program rewards higher performing Plans with a greater percentage of assigned mandatory Enrollees based on an assessment of comparative plan performance on eight (8) performance measures, including six HEDIS measures related to the quality, access, and timeliness of care provided.

  Auto-Assignment percentages may be adjusted up to 6% per region for Plans who achieve or maintain a high-performing encounter data quality grade.

- Texas: Based on Government Code 533.00511 Direct HHSC, Texas created a value-based enrollment initiative. This incentive program automatically enrolls a greater percentage of recipients who did not actively choose a managed care plan into a plan based on the:
  - Quality of care provided through the Plan
  - Organization's ability to provide services efficiently and effectively, taking into consideration the acuity of populations primarily served by the Plan
  - Organization's performance with respect to exceeding, or failing to achieve, appropriate outcome and process measures developed by the Texas Medicaid Administrator, including measures based on potentially preventable events

In the state's 2021 fiscal year, Texas began incorporating measures of quality and efficiency into the new auto-assignment process for those individuals that do not select a Plan.

- Michigan: Michigan Department of Health and Human Services (MDHHS) developed an auto-assignment algorithm that includes Quality for their CHCP and Michigan Health Link Dual programs.
    - The intent of the algorithm is to assign enrollees to plans using performance-based criteria.
    - The criteria include NCQA and CAHPS percentile rankings as well HEDIS and HEDIS like performance measures

- Ohio: The Ohio Department of Medicaid instituted a Quality-based auto-assignment process in 2018.
    - The focus is five measures from the Woman's Health Index: CHIPRA Low Birth Weight; Screening for Breast Cancer; Screening for Cervical Cancer; Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care; and Prenatal and Postpartum Care (PPC): Postpartum Visits.
    - Plans are ranked based on their level of performance in each weighted measure and auto-assignment percentages are assigned.

- New York: New York's Medicaid Managed Care Quality Incentive Program includes an auto-assignment preference. New York's Quality incentive program includes measures from the following sources:
    - Quality Assurance Reporting Requirements (QARR), which is comprised of National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) • State-specific performance measures • Consumer Assessment of Healthcare Providers and Systems (CAHPS®) • Prevention Quality Indicators using the Agency for Healthcare Research and Quality (AHRQ)
    - Based on the plan's performance, they are assigned to a Tier 1-5. Plans achieving Tiers 1-4 receive auto-assignment preference.

The differentiating factors of a quality-driven Auto-Assignment algorithm to new Enrollees, include:
- A greater portion of the population will be managed by Plans with higher quality scores
- A greater portion of the population will be managed by Plans with higher Provider Satisfaction scores
- A greater portion of the population will be managed by Plans with higher Member Satisfaction scores

By enhancing the current AHCA auto-assignment algorithm to include a quality-based auto-assignment preference, AHCA can align incentives to reduce disparities, improve access, quality and outcomes while improving overall member and provider satisfaction with the SMMC program.
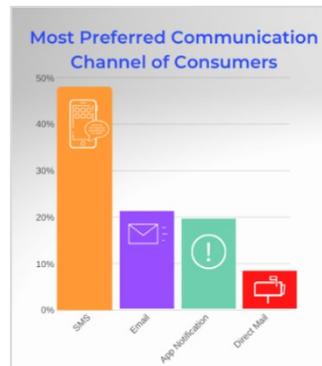
2. Improve Recipients experience with the SMMC Program:
Data shows that 97% of Americans with an income of $30,000 or less own a cell phone and 76% of those are smartphones[1]. Sixty-six percent (66%) of Americans also check their phones an average of 160 times

each day[2]. Consumers prefer SMS, email, and apps notifications as their communication channels[3] as noted in the following chart.

Most Preferred Communication Channel of Consumers

To assist the Agency in improving recipients' experience with the SMMC program, CCP recommends enhancing the collection and sharing of recipients' contact information. The recommended enhancements will increase the accuracy of enrollee contact information, their receipt of enrollee materials, the Plan's ability to contact the enrollee to close care gaps, help maintain coverage, and the efficiency of Plan resources, as well as reduce environmental waste. By obtaining and maintaining more accurate contact information, we will address the enrollees' medical and service needs in a more timely and efficient manner.

Given that communication channels have evolved, and continue to do so, we recommend requiring enrollees to provide their preferred communication method (by phone, text, email, or postal mail) at the time of application. This request should also include the expressed consent to opt-in to these contact methods, including by the managed care organizations, and providing the information to the Plans via the 834. It should be noted that the Secretary of Health and Human Services has formally requested an opinion from the Federal Communications Commission to clarify how the Telephone Consumer Protection Act (TCPA) applies to Medicaid and CHIP contactors and whether specific text messages and automated calls are permitted[4] (*refer to FCC TCPA letter dated April 28,2022*).

The expansion would provide enrollees with information via their preferred communication channel and make resources available to the enrollee sooner. Enrollees could access more information and resources faster and easier through links and QR codes sent to them electronically. Furthermore, it could improve the timeliness and reduce costs associated with development, printing, and mailing of enrollee communications, as well as management of returned materials. Most importantly, these enhancements could improve the enrollee's experience significantly.

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[2] Small Biz Trends, "66% of Americans Check Phone 160 Times a Day, Here's How Your Business Can Benefit"
https://smallbiztrends.com/2020/03/2020-mobile-phone-usage-statistics.html
[3] Mobile Monkey, "60 SMS Marketing Statistics That Will Change Your Mind About Text Message Marketing",
https://mobilemonkey.com/blog/sms-marketing-statistics#7

[4]George Washington University Health Policy Institute, HHS and CMS Request FCC Opinion on Text Messaging by Contractors and MCOs
 https://ccf.georgetown.edu/2022/05/05/hhs-and-cms-request-fcc-opinion-on-text-messaging-by-contractors-and-mcos/

"Some states have already implemented text messaging as a supplementary mechanism for communicating with their enrollees" and it is suggested that "the easiest way to obtain such consent would be to add a clause to the state's application as part of the enrollment process[5]."

Additionally, to help update DCF's central database where enrollee's demographic information originates, we recommend improving the process by allowing the Plans to contact DCF directly on behalf of the enrollee to update the contact information that they have provided to the Plan, including:

- Phone Number
- Mobile phone number
- Email address
- Home Address

With the ability to share information with DCF, the process for managing enrollee contact information will be more streamlined, redundancies will be reduced, and the Agency and Plans will have more accurate information.

3. Align quality Metrics and Outcomes with the Florida State Health Improvement Plan

As research shows, "more than 60% of health outcomes are the result of social determinants of health such as economic strain, food insecurity and housing instability" [6]. In support of Florida's State Health Improvement Plan and the priority area of social and economic conditions impacting health or social determinants of health (SDoH), we recommend that the Agency collect SDoH data during each enrollee's eligibility application process and share the SDoH information with the Plans. This information could be included in the 834 and follows the recipients as they move from Plan to Plan. According to the National Committee for Quality Assurance's Social Determinants of Health Resource Guide[7]:

In an ideal world, health information flows freely between care providers (e.g., government and private-sector health care, social and human service organizations) and practitioners understand individuals' full medical and social history, needs and preferences. Toward that end, data sharing and data integration allow the most comprehensive understanding of an individual and their medical and social circumstances and needs.

By creating and sharing robust clinical and social enrollee profiles via the 834 files, the Agency and Plans can enhance enrollees' quality of care, reduce care gaps, and improve overall health outcomes and wellness. Onboarding new enrollees will be faster and more efficient for the Agency, the Plans and Providers. This can strengthen the relationship with the enrollee and affect their future health and wellness, as well as that of their family and community.

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[5] State Health and Value Strategies, Text Messaging: An Important Communication and Outreach Strategy as States Unwind the Federal Medicaid Continuous Coverage Requirement, www.shvs.org/text-messaging-an-important-communication-and-outreach-strategy-as-states-unwind-the-federal-medicaid-continuous-coverage-requirement/#_ftn2

[6] 3M Health Information Systems, Case Study: Community Care Plan, https://www.3m.com/3M/en_US/health-information-systems-us/resources/library/community-care-plan/

[7] National Committee for Quality Assurance, Social Determinants of Health Resource Guide, www.ncqa.org/wp-content/uploads/2020/10/20201009_SDOH-Resource_Guide.pdf