From: Kyle Simon

To: <u>solicitation.questions</u>

Subject: RFI

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Attachments: image001.png

image002.png image003.png image004.png image005.png image006.png AHCA Comments.docx

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June 3, 2022

Cody Massa Procurement Officer Agency for Health Care Administration

Submitted electronically to solicitation.questions@ahca.myflorida.com

Dear Mr. Massa:

The Home Care Association of Florida (HCAF) is the statewide trade association for Florida's more than 2,000 licensed home health agencies that are dedicated to providing high-quality and cost-effective care to Floridians at home. The home health provider community provides home health, personal care, and private duty nursing services to Medicaid recipients through the Fee-for-Service (FFS) and Statewide Medicaid Managed Care (SMMC) programs. HCAF appreciates the opportunity to provide the following input in response to the Agency for Health Care Administration's (AHCA) Request for Information (RFI) 014-21/22 regarding the re-procurement of the SMMC program.

A series of in-person meetings and an online survey were conducted by HCAF to gather feedback from providers on the SMMC program. The most common feedback received was the following.

- Although the State of Florida has outsourced its management to Medicaid managed care plans, providers are still generally paid according to outdated fee-for-service fee schedules.
- Despite Florida law, which requires plans to reimburse providers for services rendered within 120 days of filing a claim, MCOs still fail to pay claims in a timely manner.
- There is no standardization or consistency in the service authorization process, which leads to inconsistent communication and differing processes for obtaining authorizations and reauthorizations.
- Providers reported poor communication with health plan representatives when they tried to resolve or follow up on an issue. MCOs may not have the resources to handle the recent growth in Medicaid and the accompanying increase in prior authorization requests, but it is common for providers to wait on hold for more than an hour (sometimes even multiple hours) when contacting a plan by phone.
- Private Duty Nursing (PDN) services are usually only authorized by MCOs if the provider is a licensed practical nurse (LPN). PDN consists of extensive, complex, and continuous nursing care provided to medically fragile Medicaid recipients. A registered nurse (RN) should have priority

- over a licensed practical nurse (LPN) in providing PDN services in order to ensure the highest quality care.
- Some MCOs delegate the financial risk and responsibility of utilization management to a third-party administrator (TPA). TPAs often have limited experience in managing care in home- and community-based settings and insufficient knowledge of medically necessary guidelines for these services, leading to additional delays and denials. To avoid a repeat of the Univita collapse in 2014, safeguards must be in place.
- A number of providers expressed concerns about filing a complaint with AHCA for fear of
 retribution, such as a reduction in referrals or reimbursement rates. As a result, HCAF developed
 a provider complaint process so it could advocate for and troubleshoot provider issues
 confidentially. In order to shield providers from potential retribution, we recommend that AHCA
 establish a similar provider complaint channel.

AHCA can remedy many of these issues with enhanced monitoring and oversight over the health plans. Specifically, AHCA should require that the MCOs report data for claim submissions, denials, reasons for denials, and real-time information of claims that are being paid. AHCA should analyze the plans' payment processes and have more oversight to make sure that providers are receiving payments in a timely manner.

Thank you for the opportunity to comment and offer recommendations as the re-procurement process gets underway. If we can be of any assistance or if you have any questions, please contact me at (850) 222-8967 or blolley@homecarefla.org.

Sincerely,

Bobby Lolley, RN Executive Director

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