Massa, Cody

From: Feliciano, Hector <Hector.Feliciano@molinahealthcare.com>
Sent: Friday, June 3, 2022 2:51 PM
To: solicitation.questions
Cc: Peterson, Anne Marie
Subject: RFI 014-21/22 - SMMC Reprocurement
Attachments: 2022_FL_RFI_Molina_Response.docx

Dear Cody Massa,

Attached, for your review, is our submission response to AHCA's Request for Information. We applaud AHCA's efforts in requesting and gathering information regarding ways to improve key areas for potential inclusion in the Statewide Medicaid Managed Care (SMMC) Program. As requested, Molina is submitting this electronic copy of our RFI response. We provide ideas, information, and recommendations for best practices and innovations in business models as well as service delivery for Medicaid managed care based on our direct experience connecting members to the services they need via managed long-term care (LTC) and managed medical assistance (MMA) services.

We value our partnership with AHCA and look forward to providing additional information should AHCA request it. Should you come across any questions, please reach out to myself or Anne-Marie Peterson. Our contact information is enclosed in our response.

Please acknowledge receipt of this communication.

Attachment: Molina Healthcare of Florida RFI Response to State of Florida Agency for Health Care Administration Request for Information 014-21/22 Re-procurement of the Statewide Medicaid Managed Care Program

Sincerely,

Hector L. Feliciano
VP, Government Contracts
Molina Healthcare of Florida, Inc.
8300 NW 33rd St., Suite 400
Doral, FL 33122
Office: (305) 317-3294
Mobile: (787) 565-4260

June 3, 2022

Cody Massa
Procurement Officer
solicitation.questions@ahca.myflorida.com
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308

RE: State of Florida Agency for Health Care Administration Request for Information 014-21/22 Re-procurement of the Statewide Medicaid Managed Care Program

Molina Healthcare of Florida is pleased to respond to the State of Florida Agency for Health Care Administration (AHCA) Request for Information (RFI). We applaud AHCA's efforts in requesting and gathering information regarding ways to improve key areas for potential inclusion in the Statewide Medicaid Managed Care (SMMC) Program.

As requested, Molina is submitting this electronic copy of our RFI response. We provide ideas, information, and recommendations for best practices and innovations in business models as well as service delivery for Medicaid managed care based on our direct experience connecting members to the services they need via managed long-term care (LTC) and managed medical assistance (MMA) services.

We value our partnership with AHCA and look forward to providing additional information should AHCA request it. If you have questions or require clarification, please contact Hector Feliciano or Anne-Marie Peterson.

Sincerely,

Hector L. Feliciano
VP, Government Contracts
Molina Healthcare of Florida

Respondent Information
Name: Molina Healthcare of Florida, Inc.
Place of Business Address: 8300 NW 33rd St., Suite 400, Doral, FL 33122
Website Address: www.molinahealthcare.com

Representative:
Hector L. Feliciano
VP, Government Contracts
Molina Healthcare of Florida, Inc.
8300 NW 33rd St., Suite 400
Doral, FL 33122
(787) 565-4260
Email: Hector.Feliciano@molinahealthcare.com

Alternate:
Anne-Marie Peterson
Director, Strategy & Proposal Development
Molina Healthcare, Inc.
(203) 982-2003
Email: AnneMarie.Peterson@molinahealthcare.com

Introduction

Molina Healthcare of Florida (Molina) appreciates AHCA's thoughtful approach to soliciting information on a wide range of key topics regarding the SMMC Program. As a managed care organization (MCO) serving members in the SMMC Program since 2009, Molina is proud to serve as a long-term partner to AHCA, using our experience and deep understanding of Florida's managed Medicaid landscape to recommend innovative efforts that will build on the program's success. We draw insight from our more than a decade of experience in Florida and the best practices of our affiliated health plans serving Medicaid members across the nation.

Molina is grateful for the opportunity to provide our ideas and recommendations to support AHCA in taking the SMMC Program to the next level. Our experience, provider and community partnerships, and advancements in technology informed our recommendations in this RFI to support improvements in quality, cost, and the member and provider experience.

Our response focuses on select topics we chose because we believe they provide the most potential for value in the SMMC Program. Molina is ready to share additional insights and information regarding the recommendations we describe in this RFI response.

Promote Sustainable Self-sufficiency

Molina supports sustainable economic self-sufficiency via innovative partnerships and programs. Models designed to improve economic self-sufficiency must be based on a person-centered, whole-person approach that includes behavioral health interventions and strategies to identify social determinants of health (SDOH) along with the use of a closed-loop referral system to ensure that identified needs are met. These models should also include methods for evaluating the effectiveness of strategies that have been implemented and an approach for updating programs based on those analyses. **Molina recommends that AHCA includes evaluation criteria that gives preference to the promotion of sustainable economic self-sufficiency: expanding on the success of the Health Outcomes through Meaningful Engagement (H.O.M.E) program; investing in innovative community partnerships and programs; and supporting flexible approaches to benefits.**

Expanding on the Success of the H.O.M.E Program. Molina encourages AHCA to leverage the success of existing programs, specifically the H.O.M.E program, which works in partnership with MCOs to build opportunities for members to find employment. Through the services offered via the H.O.M.E program, Molina members have experienced better clinical outcomes, such as improved medication management rates, decreased ER utilization, and a decrease in substance use. The program helps families meet basic social needs, such as food and housing stability. Once those basic needs are met, families can better focus on other critical areas of need, such as recovery, positive social interactions, and employment. We've seen SDOH gaps addressed, such as improvements in overall housing status, a higher number of days worked, and decreased loneliness scores. These efforts incorporate a holistic approach to care, addressing physical health, behavioral health, and social needs, which leads to better overall outcomes. For example, we have observed that once members have stable housing, they are more engaged in their own care and can better self-manage their medical conditions. These successes can increase the program's impact, as some members who have achieved success may be ready to take the next steps in their healthcare journey by becoming gainfully employed now that they have a home to call their own and increased life stability.

Moving the Needle on Employment

Research suggests that people experiencing homelessness have difficulty obtaining employment, with typical employment rates between 2-5%. (Daniel Poremski, et al. 2014)

Through the H.O.M.E. program, Molina has seen improvement with a **13.41% employment rate.**

Investing in Innovative Community Partnerships and Programs. Molina's annual Community Engagement Plan describes how we identify and mitigate unique SDOH barriers that contribute to health disparities and prevent economic self-sufficiency at the community level and at individual member cohorts. As part of our plan, we have fostered close partnerships with local high schools, trade schools, community colleges, and larger employers that share our mission to link individuals to mentorships and other programs that provide skills-based education necessary for employment. **Molina recommends that AHCA require MCOs to describe and submit their Community Engagement Plans as part of the next SMMC procurement.** Community Engagement Plans should multifaceted and include efforts to educate in alignment with Florida State Health Improvement Plan (SHIP) goals. Additionally, MCOs should include their

strategies in the Community Engagement Plan, methods they will use to evaluate the effectiveness of those strategies, and how they will share their successes and best practices with AHCA.

We recommend that AHCA focus on working with MCOs that have developed best practices for promoting economic self-sufficiency and are launching innovative programs and partnerships that connect members to community supports. This holistic, person-centered approach should link families and individuals to workforce opportunities through key partnerships. For example, one innovation Molina is exploring involves implementing mechanisms to use a value-based program (VBP) framework that can support placing Molina members into meaningful work/employment opportunities. We are working to launch the first demonstration project in one region. After the outcomes are reviewed, we will consider expanding to other regions based on success and need. **We recommended that AHCA consider specific procurement questions related to MCOs' innovative community partnerships and programs and include evaluation criteria based on demonstrated results.**

Supporting Flexible Approaches to Benefits. Molina supports AHCA exploring mechanisms to allow plans the flexibility to provide alternative benefit packages or bundles to meet the needs of target populations. For example, if given the flexibility, Molina may develop alternate benefit packages for members depending on their physical health and behavioral health needs and/or specific SDOH indicators. Our understanding is that AHCA already has the authority under the 1115 waiver to allow plans this flexibility. In our experience, the current process that only allows plans to provide the established array of expanded benefits may not maximize value for either members or the overall Medicaid program. **We recommend AHCA consider providing MCOs with the flexibility to tailor and bundle offerings for additional non-medical services, such as resources for financial literacy and workforce development, which supports members in achieving economic self-sufficiency and meets new Florida SHIP goals.**

We welcome the opportunity to discuss this concept further with AHCA, particularly as it relates to how benefits may be described and captured for transparency and member choice while maintaining plan flexibility.

Improve Birth Outcomes for Mothers and Infants

The right partners and tools are essential for MCOs to identify pregnant women early and support them through their pregnancy, the postpartum period, and when caring for their infant. As a Medicaid-focused health plan with success in developing and launching focused interventions to connect pregnant women, new mothers, and their babies to the care and supports they need, Molina understands the key to improving birth outcomes is a focus on prevention through a health equity approach. We accomplish this objective through a collaborative and innovative effort that brings together state agencies, providers, community-based organizations (CBOs), vendors, and other stakeholders with a shared vision to move the needle. This focus is at the front and center of decisions we make, including the selection of vendors, use of technology, and partnerships with community agencies.

Based on best practices and our deep experience, Molina's recommendations for improving outcomes for mothers and infants beyond the 12-month postpartum period include strategies for: understanding community-level trends, early identification and engagement, caring for mothers and babies after delivery, and planning for the reproductive years.

Understanding Community-level Trends. In the next procurement, MCOs should describe how they use internal and external data streams to identify community-level trends. Identifying health disparities using data from various sources should be part of MCOs' quantitative and qualitative analysis. The analysis should provide MCOs with the ability to understand long-standing and emerging trends by population and subpopulation, in addition to identifying hotspots in communities that are experiencing health disparities. This information should be used to develop strategies to address health inequities that contribute to poor birth outcomes and promote use of technology, provider programs such as VBP, and community partnerships. Strategies should also include standardized screenings to identify pregnant members who have a substance use disorder followed by interventions and referrals for opioid withdrawal treatment to improve maternal and infant health outcomes. **Molina recommends that AHCA include evaluation criteria in the procurement related to MCOs' holistic and integrated approach to improving outcomes for mothers and infants. These strategies should begin before pregnancy, as we know that maternal and infant morbidity and mortality is affected by the health of the mother at the time of conception, through pregnancy, and after birth.**

Early Identification and Engagement. Molina recognizes that the key to impacting birth outcomes is prompt identification and engagement of pregnant women. We facilitate early notification of potential high-risk pregnancy using a sophisticated, innovative algorithm that is based on data from multiple sources. We prioritize outreach to pregnant members using qualified and trained staff who assess the overall needs of the member and identify those women who may be at high risk for poor birth outcomes. We deploy our innovative partners' community resources to locate pregnant women who have not been reached using traditional methods. In addition to providing basic education and care coordination for all pregnant women, we enroll high-risk women in our high-risk OB case management program. We use doulas to engage women in prenatal care, work with our providers to get women necessary prenatal and other specialty care, and deploy our technology aids and other proprietary programs designed to help with pregnancy monitoring and education. During the pregnancy, Molina encourages the woman to select a primary care provider for her infant and begins discussing the importance of well-child care once the baby is born.

To support early identification, **Molina recommends that AHCA convene a work group with participation from AHCA, the Department of Children and Families (DCF), MCOs, and other stakeholders to review and provide recommendations to enhance the Medicaid application process to ensure it captures essential data, including making contact information a required field.** The work group should review and consider methods for facilitating more complete data collection for cell phone numbers and email addresses from Medicaid applicants. Additional considerations for the work group include adding a new field to the application form to document applicants' preferred method of communication and documenting applicants' consent to allow their plan to email or text them. Having a more robust method for collecting this data and passing it onto the member's MCO as part of the enrollment file may greatly improve the MCO's ability to successfully outreach to and engage members. This approach should be for all members, not only those who may be pregnant, and therefore is also recommended in the "Improve Recipients' Experience with the SMMC Program" section.

Caring for Mothers and Babies After Delivery. Molina agrees with the American College of Obstetricians and Gynecologists (ACOG) that the weeks after birth are a critical period for mothers and infants that sets the stage for long-term health and well-being. MCOs should implement an integrated, high-touch, culturally sensitive model that places emphasis on the individual's needs. Below, we describe a comprehensive approach that considers the holistic needs of mothers and infants, which is critical for good outcomes post-delivery:

- **Newborn care.** The positive health impact for infants when mothers choose to breastfeed is well documented. We encourage breastfeeding and provide lactation support to mothers through our innovative technology. This technology also provides information to mothers on the developmental stages of their infant by age, so they can be aware of any potential issues that should be brought to the attention of their child's physician. We ensure all newborns have a primary care physician. We provide education to the mom on the well-baby visit and immunization schedule. We support our pediatricians and family practitioners in a collaborative effort to close gaps in care and help monitor infants and children who may be behind. We also offer pay-for-quality programs to support well-child care and immunizations.
- **Mothers' care.** To optimize the health of mothers post-delivery, we support postpartum visits that include screening for postpartum depression, contraceptive counseling about the importance of birth spacing on future birth outcomes, assistance with lactation, and childcare education. With the expanded 12-month eligibility period for women after delivery, MCOs must support mothers in continuing to seek care for physical health or behavioral health needs along with gynecological care to achieve optimal health. Once the 12-month eligibility period is nearing completion, MCOs should continue to promote the Family Planning Waiver program through partnerships with community agencies, providers, case management, and member services, so women can continue to access family planning services.

Planning for the Reproductive Years. A woman's health prior to and when getting pregnant is important for a good birth outcome. To assist women in reaching their optimal health, Molina's outreach, clinical programs, and use of technology are structured to wrap services around the women to allow them to reach their goals. Molina promotes wellness and prevention from the beginning of a new member's journey. We help women understand their benefits and link them to needed services, including the following:

- **Selecting providers.** We encourage members to choose a provider that best meets their needs. Staff encourage a well visit with their PCP at the time of enrollment and explain the importance of preventive health services. For women of childbearing age, we encourage them to get annual gynecological exams and discuss their family planning goals. The

gynecologist can support those goals through discussion of options for types of contraceptives and how to have a healthy pregnancy. Strong relationships with their gynecologist often provide the opportunity for women to feel comfortable addressing their concerns around potential pregnancy.

- **Accessing clinical programs**. We have designed our clinical programs to help members be successful in managing their physical health, behavioral health, and social needs. Women who routinely visit their provider will be better able to manage a chronic physical health or behavioral health condition, such as hypertension, diabetes, or substance use, which can contribute to being high risk should they become pregnant. Evidence shows that good nutrition and supplements such as folic acid can also help a woman's body be ready for pregnancy.

Molina recommends that AHCA consider innovations that promote strong relationships with gynecologists or family planning providers, provide home delivery of supplements, and use technology to provide women with resources on proper nutrition, including nutrition counseling and tips on how to shop for healthier food. These services can be provided through enhanced benefits, in lieu of services, or community partnerships. **We recommend that AHCA include questions in the procurement related to innovations and establish evaluation criteria that consider how MCOs' innovative solutions help women attain optimal health prior to pregnancy.**

Other recommendations include considering:

- Health equity-driven approaches to address birth outcomes.
- Including doula services as a covered benefit and requiring MCOs to have methods to promote doula services.
- Member and Provider engagement strategies that include education and training using a multimodal approach, such as telephonic, face-to-face, virtual, and technology-assisted engagement.
- Providing additional resources and programs based on individual needs, such as telehealth, lactation consultants, and home nursing visits.
- Innovative efforts to aid new mothers, including the State of Florida's effort to gain CMS approval to cover human donor milk bank services.
- Providing technology tools that offer education and support for new moms regarding key milestones in care and development for their babies.
- Innovative value-based agreements that include maternity and behavioral health providers and support improved screenings and birth outcomes, as noted in the "Utilize Value-based Payment Designs" section. A maternity VBP may include use of the new standardized pregnancy notification form.

Molina participated in the AHCA Birth Outcomes Work Group with providers, key community partners, and other MCOs. We gained knowledge from this experience and will continue to work on areas discussed, such as the use of doulas, a common maternity assessment form, and VBP programs to support improved birth outcomes. **Molina encourages AHCA to include evaluation criteria in the procurement that considers demonstrated outcomes from early identification and engagement of pregnant women, especially those who may be at high risk for a poor birth outcome, and proven success in keeping new mothers engaged in their care, addressing their holistic needs, and closing gaps in care for moms and infants.**

Utilize Value-based Payment Designs to Simultaneously Increase Quality and Reduce Costs

There may be a variety of methods MCOs use to identify the different levels and complexity of VBP programs, how they are reported, and how success is measured. To support a uniform method of evaluating MCOs' VBP programs, **Molina recommends that AHCA standardize the alternative payment model (APM) framework, tracking and reporting participation, and methods for measuring success.** This approach will provide AHCA with standard VBP classification parameters for evaluating VBP performance and outcomes across a variety of domains, such as APM level, provider types, and regions. Defining VBP classifications and providing clear criteria for demonstrating VBP program success will allow for consistent evaluation of the impact VBPs make.

Standardizing the APM Framework. To effectively track MCO adoption and performance of VBP contracting, **Molina recommends that AHCA use a common method for defining and standardizing classification efforts**. Specifically, **Molina recommends that AHCA adopt the Health Care Payment Learning & Action Network (HCPLAN) APM Framework,** which has been adopted by at least 12 other Medicaid agencies. The four HCPLAN levels allow for movement across the VBP continuum from a quality-based focus to full risk. By using the HCPLAN framework, AHCA will

have standard VBP classification parameters in place to evaluate how MCOs are moving their network to more complex APM levels.

Tracking and Reporting Participation. AHCA has used the number and percent of members associated with a practice that is in a VBP as the mechanism for tracking VBP participation. We recommend that AHCA mirror the approach of other states, including Texas, that track participation based on the percentage of claims paid to providers in a VBP arrangement. The metric would consider the numerator/denominator, as larger plans will have more members and a higher volume of claims. Percentage of claims paid may be a more impactful metric to monitor as it directly tracks AHCA dollars spent on VBPs that can be fairly compared across MCOs. This calculation has the advantage of being easily applied to specific provider types as well as all providers who are engaged in a VBP. **Further, we recommend all MCOs use a standardized reporting format and associated attribution logic used to associate claims for each provider type.**

We also recommend that AHCA encourage the inclusion of other high-volume provider types outside of primary care physicians, such as LTC, behavioral health, or maternity providers, into VBP arrangements. Each provider type should be tracked separately. This will allow AHCA to determine the impact in different care settings and specific healthcare conditions. MCOs may determine which provider types to include in VBP arrangements through assessing high-volume provider types and related opportunities to improve outcomes. To further AHCA's goal to increase quality and reduce costs, tracking provider participation by provider type, region, and HCPLAN-level complexity would show their progress in moving to higher level programs and include details on participation in each of the four HCPLAN categories and by each subcategory.

Measuring Success. **We recommend that MCOs design VBP programs to successfully impact AHCA's goals, including specific quality and other SHIP goals; pain points, such as reducing health inequities, potentially preventable events (PPE), and Baker Acts; improving birth outcomes; and transitioning members from a skilled nursing facility to a community setting.** Ideally, AHCA's outcomes goals should be aligned with individual provider specialty types, so there is a common understanding across MCOs and providers that VBP arrangements will address certain minimum measures and metrics. MCOs should use the standard VBP outcomes measure definition for demonstrating success when evaluating and reporting on their program's outcomes. Through defining and standardizing VBP classification and establishing success metrics, AHCA will be able to clearly track overall program performance in improving health outcomes through VBP, as well as relative performance across MCOs, in a fair and transparent manner.

To support VBP programs and help our providers be successful with a VBP, Molina's approach considers two key factors: strong data to identify and track performance and dedicated provider engagement support for the practices. The data we gather helps us to understand each practice's ability to manage different HCPLAN levels and identify practices that may be ready for an initial or increased level of VBP complexity. Our Provider Engagement team works alongside the practice to help them understand the data, their opportunities, and which systems or supports they may need to successfully manage a VBP. Detailed reports are routinely reviewed with the practice, and with the Provider Engagement Representative's support, areas are identified where actions can be taken to improve quality, utilization, and cost. This support is essential to ensure our providers have the best outcomes possible.

We recommend that AHCA include evaluation criteria in the procurement that considers VBP programs which reflect various levels of the HCPLAN framework and include additional provider types, such as maternity, behavioral health, and LTC providers. We also recommend that AHCA encourage MCOs to develop programs to help providers that need additional support to participate in VBP programs.

Maximize Home- and Community-based Placement and Services

Based on Molina's experience and expertise gained from successful LTC program implementations in Florida and leveraging the experience of our affiliate health plans across the country, **we recommend AHCA consider requiring MCOs to demonstrate significant experience in LTC program implementations in their procurement responses. We further suggest that evaluation criteria consider the following best practices**, which affect a member's ability to transition from a nursing facility to a home- and community-based setting or continue to reside safely and meaningfully in the community with appropriate services and supports:

- Comprehensive understanding of evolving member needs throughout the LTC program continuum of care, especially as they relate to specific SMMC Program requirements

- Productive and collaborative relationships with CBOs and other support stakeholder networks that help improve a member's overall quality of life by furthering their connectedness to the community
- Program and management processes, tools, and techniques that are specifically tailored to state regulatory, contractual, and quality goals pertaining to members' aging in place safely within home- and community-based settings

Molina recommends AHCA consider including the following contractual components to facilitate the successful transition of individuals out of nursing facility placement to home- and community-based settings:

- **Incentivize plans for community transitions through capitation rates and transition quality bonus incentives.**
- Continue to **allow and encourage the use of in lieu of services and value-added services** to support members in the community of their choice.
- **Require MCOs to develop innovative strategies to build capacity for step-down services through partnerships** with providers and social services supports. MCOs should demonstrate the ability to identify and address gaps in the service continuum that create barriers to community living.
- **Facilitate timelier LTC enrollment for MMA members receiving care under the 120-day short-term nursing facility benefit**, presuming that current contract provisions continue to require managed care plans to provide coverage for nursing facility services prior to LTC enrollment. Implementing an approach that focuses all parties involved in the process (CARES, DCF, MCOs, and nursing facilities) on expediting LTC enrollment of members nearing 120 days is a proactive strategy to identify members who can be transitioned more quickly out of an institutional placement safely into a community setting.
- **Facilitate data sharing between Medicare D-SNP plans and Medicaid plans requiring not only coordination but timely and meaningful data exchange**, such as rehabilitation stays under the Medicare skilled nursing benefit.
- **Nursing home diversion programs that support reintegrating individuals back into a home- and community-based setting that use defined protocols and pathways,** including:
  - Strong, meaningful relationships between health plans and providers, including nursing facilities, assisted living facilities, home health agencies, durable medical equipment (DME) providers, and non-emergent transportation providers
  - Community-based partnerships to facilitate successful transitions
  - Use of health information data and exchanges to identify and intervene early when changes in condition occur

Transitions from Nursing Homes. When implemented appropriately, capitation and transition quality bonus incentives can play a vital role in accelerating rebalancing in key geographies while preserving rebalancing achieved to date in others.

AHCA has achieved meaningful rebalancing within the LTC program by facilitating transitions of 62% of LTC recipients to a home- and community-based setting as of May 2022. Prior to the SMMC Program's inception, more than 60% of Florida's LTC members resided in a nursing facility.

The following chart demonstrates the opportunities still available in regions across Florida to continue the positive trajectory of transition to HCBS.

Region	NF Enrolled	HCBS Enrolled	Total Enrolled	NF %	HCBS %
1	2,008	1,408	3,416	59%	41%
2	2,027	1,564	3,591	56%	44%
3	4,651	4,135	8,786	53%	47%
4	5,466	4,185	9,651	57%	43%
5	5,697	5,022	10,719	53%	47%
6	5,104	9,161	14,265	36%	64%
7	5,564	4,913	10,477	53%	47%
8	3,640	3,625	7,265	50%	50%
9	4,299	7,205	11,504	37%	63%
10	2,492	7,771	10,263	24%	76%
11	5,471	27,515	32,986	17%	83%
Statewide	46,419	76,504	122,923	38%	62%

What the data tells us:

- Approximately 21% of LTC recipients reside in regions where nurising facility placement is between 30-40%
- There are 7 regions with a total of 54,000 recipients, or 44% of statewide LTC enrollment, where nursing facility placements are greater than 50% of total LTC enrollees.
- Regions 10 and 11 combined represent the most rebalanced geographies with less than 25% of recipients receiving care in a nursing facility.

As reported in the May 2022 LTC Rates Outfile. Reflagging for Year 9 pending.

Improve Integration of Dental and Primary Care Services for Children and Adolescents

Molina appreciates the importance of dental care to member health, especially for children, and recognizes that care coordination and integration of physical health and dental services has become more challenging since dental services were carved out of physical health plan benefits. Molina continues to support AHCA's efforts to carve dental services back into MMA, Specialty, and Comprehensive Plan offerings.

If dental services are to remain separate, we **recommend that AHCA consider enhancements to the dental MCO procurement and contract to further facilitate coordination of these services.** These enhancements include information sharing and coordination of services among physical health and dental providers.

Molina agrees with both the American Academy of Pediatrics and the American Academy of Pediatric Dentistry and recommends that all children see a pediatric dentist and establish a dental home by their first birthday. Patients with poor oral health are more likely to have respiratory and cardiovascular disease, adverse pregnancy outcomes, and diabetes, according to research from American Family Physician.

Information Sharing. To facilitate the identification of children's and adolescents' primary dentist and improve care coordination, **Molina recommends that dental MCOs send monthly files to physical health MCOs with the name of the primary dentist assigned to each child and adolescent, their phone number, and the member's dental gaps in care**. This information-sharing would provide better coordination of care for members and result in better health outcomes because both physical health MCOs and dental MCOs will work to bridge any dental services gaps. This information can be used by MCOs' Member Services and Care Management teams as well as added to the PCP roster to assist members in getting needed services as part of the Child Health Check Up program. If patient privacy is a concern, AHCA can serve as a clearinghouse to support data sharing between the dental and physical health MCOs.

Coordination of Services. Supporting the natural referral patterns between community pediatricians, family practitioners, and dentists can be enhanced through better sharing of dental network information and referrals to the child's or adolescent's dentist. Examples include:

- Physical health MCOs should collaborate with dental MCOs to identify key participating dental groups that are located near the MCO's high-volume pediatric or family medicine providers. The dental MCO should provide education on the dental providers in their area and implement simplified referral processes between these primary care providers and dentists.
- Dental networks should be aligned with FQHCs and county health departments that have both primary care and dental care, specifically those that have these services located in the same building.

Align Quality Metrics and Outcomes with the Florida SHIP

Molina supports AHCA and all other state agencies in implementing and achieving the state's SHIP initiative and goals. **Molina recommends that AHCA consider the following recommendations: invite MCO participation in SHIP Priority Area Workgroups (PAWs), align and standardize VBP efforts, prioritize innovations and data sharing, and align program goals with MCO quality payments.**

MCO Participation in SHIP PAWS. MCOs should be invited to participate in applicable SHIP PAWs to provide insight and recommendations on the ways in which MCOs may support SHIP focus areas. With MCO input, once a PAW identifies specific program measures, definitions such as ICD-10 codes, or places of service, the MCO can create reports, track, and trend progress toward the goal. MCOs may use this information to develop or enhance programs to address the population and associated services. Once programs are in place and solid baseline data is available, we recommend AHCA work to establish thresholds for improvements. Based on overall performance against established thresholds, new state-specific outcomes measures can be selected. AHCA may substitute some of the CMS Adult and Child Core Set measures for HEDIS measures that are performing well. Many of the CMS Adult and Child Core Set measures align with the state's SHIP goals.

Align and Standardize VBP. The addition of more provider types that are participating in a VBP can support quality improvement and further SHIP goals, particularly those related to maternal and child health, and mental well-being and substance abuse prevention. As previously addressed above in our response, "Use VBP Designs to Simultaneously Increase Quality and Reduce Costs," Molina recommends that AHCA require MCOs to use the HCPLAN framework. MCOs would report on the HCPLAN level and provider type. The success of VBPs should be measured by improved quality and meeting SHIP goals. See the "Utilize Value-based Payment Designs" section for more information.

Prioritize Innovations and Data Sharing. Molina already has clinical programs for many of the conditions that are the focus of SHIP goals, including chronic diseases, maternal and child health, mental well-being and substance abuse prevention, and social and economic conditions impacting health. Molina will continue to assess our clinical programs and align innovations to support SHIP outcomes as they are further defined. **We recommend AHCA include evaluation criteria in the procurement that encourages MCOs to implement innovative programs designed to impact quality and outcomes associated with SHIP measures**. Recommendations for innovations or best practices include:

- MCOs should implement medication therapy management programs. A key strategy to avoid PPEs for chronic conditions is medication adherence. Medication therapy management programs are structured to support member outcomes through pharmacy point-of-sale touch points. Outcomes should be shared with providers, so they have more robust information and data to help them better manage members' care.
- MCO and provider efforts to engage members in needed care is more effective with better contact information and when the communication method used is based on the member's preference. In our response earlier in the "Improve Birth Outcomes for Mothers and Infants," section we have recommended some enhancements to the enrollment file and process to capture additional information to support more effective member outreach.
- Access to appropriate care in an environment and from a provider with whom a member is comfortable are increasingly important factors to the member experience and supports members receiving the appropriate service at the right level of care. Ensuring appropriate access supports members in getting evidence-based services that can help promote wellness and effective management of chronic conditions that are included in SHIP goals. Molina has provided further recommendations below in our recommendations in the "Improve Recipients' Experience with the SMMC Program" section.
- Providers need timely and actionable data to assist them in managing their membership. Use of electronic health records (EHRs); admission, discharge and transfer data; results of assessments; and other information can support better identification of risks, trends in services provided, and compliance with recommended treatments. Molina has

provided recommendations in the next section, "Improve Providers' Experience with the SMMC Program," that further support the value of additional data that can be used to improve quality outcomes and meet SHIP goals.

Align Program Goals to MCO Quality Payments. We also **recommend AHCA take this opportunity to review how MCO performance may be better aligned with program goals and enhance overall value to the Medicaid system. For example, we propose that AHCA create a quality pool from liquidated damages associated with quality measures to be reinvested in furthering quality and SHIP goals.** The MCOs should submit a request, including specifics on the actions planned and which measures they will impact. If AHCA approves, the MCO should submit progress reports on improvements. To promote systemic alignment with SHIP goals, **Molina recommends AHCA condition DPP payments to providers meeting minimum standards related to SHIP goals**. See further recommendations in the "Achieve Cost Savings Throughout the SMMC Program" section.

Enhancing Specialty Plan Services to Improve Outcomes and Increasing the Number of Plans

Molina has experience managing a serious mental illness (SMI) specialty plan. This experience has given us valuable insight into the needs of this population and how our network, structure, programs, and processes must be different from the MMA product to successfully improve quality, cost, and utilization of services. Based on our experience, **Molina recommends that AHCA consider the following recommendations: expanding the specialty pilot program, limiting the number of plans per region, and considering innovative contracts and programs.**

Molina's H.O.M.E Program Success

- 45.88% Reduction in ER Visits
- 56.25% Reduction in Hospitalizations
- 87.1% Medication Compliance
- 64.67% Diagnosed with SUD, but No Substance Use

Expanding the Specialty Pilot Program. Molina recommends expansion of the H.O.M.E program to all qualified members enrolled in the SMI specialty plan. We know that many members with SMI are also enrolled in the MMA plan and experience housing insecurity and other SDOH barriers. The impressive clinical outcomes achieved by Molina members in the H.O.M.E program demonstrates the improvements in care that can be achieved if the program is expanded. Through our community meetings held across the state, we have heard from stakeholder groups that there is interest for program expansion. **Molina recommends an expansion of the program not only to additional regions, but to other members with SMI in the SMI plan and general MMA plans who may be at risk for homelessness or are homeless.**

Limiting the Number of Plans Per Region. Due to the limited numbers of members who may qualify for a specialty plan, **Molina recommends that AHCA limit the total number of specialty plans to one specialty plan type per region. Molina also recommends that specialty plan awards be granted only to MCOs that hold a contract for Medicaid MMA comprehensive services in that same region.** This approach will ensure families and individuals in the programs receive full services and continuity of care under the same MCO, avoiding fragmentation of care. It will also help MCOs achieve minimum membership levels needed to sustain financial viability in the region.

Considering Innovative Contracts and Programs. We recommend that AHCA include questions and evaluation criteria in the procurement that consider the unique needs of the specialty populations that differ from those in the MMA plan, including unique processes, innovative network strategies, and focused VBP programs that specifically support providers to better address the needs of specialty populations. These considerations may be contracting agreements with providers, incentive models for unique provider types or community agencies, or other collaborative provider approaches that include services that go beyond covered benefits.

For members in specialty plans, SDOH barriers may be more prevalent and have more impact on members' ability to access appropriate care or manage their health conditions. Strong community partnerships and established CBOs are critical to addressing these SDOH needs. MCOs should have established community partnerships that are uniquely positioned to support the needs of the specialty plan.

Developing and leveraging expanded benefits and in lieu of services that are designed to support the unique needs of the specialty population can be a very effective tool to impact appropriate use of services in the right setting and provide an additional easily accessible entry to other non-medical or behavioral health services, such as employment or gaining socialization skills. MCOs will have lessons learned around the impact of the current expanded benefits and in lieu of services and are positioned to recommend substitutions or new services that may be more impactful for specialty plan members.

For the SMI specialty plan, better coordination with Managing Entities will help better support the member in reaching their goals and responding to urgent needs or mental health crises. Molina recommends that AHCA consider how to facilitate that communication and coordination, which is detailed in the following section, "Improve Mental Health Outcomes for Children and Adolescent."

Improve Mental Health Outcomes for Children and Adolescents

Molina recognizes that barriers exist in sharing information and ensuring cohesive care coordination among MCOs and other agencies that serve members. DCF has many programs that provide behavioral health services to vulnerable children and adolescents; however, there is limited exchange of information and data sharing between the MCOs and DCF. Better collaboration and a mutual exchange of information can improve care and outcomes for children and adolescents. Molina would like to work with AHCA, DCF, other agencies, including the Department of Juvenile Justice (DJJ), the Department of Education, and other stakeholders, to ensure better alignment that will lead to improved mental health outcomes.

Molina recommends that AHCA consider adding questions in the procurement that focus on programs and services to improve mental health outcomes for children and adolescents. Evaluation criteria should reward innovative programs, including strategies to reduce inappropriate Baker Act admissions. We recommend that strategies include collaborative efforts with non-behavioral health clinicians, such as schools and local law enforcement, in the following key areas: cross-program collaboration, access to services in unique settings, community partnerships, and mental health ally training.

Cross-program Collaboration. MCOs should work in partnership with AHCA, DCF, DJJ, the Department of Education, and other agencies to develop methods for sharing data. Often, children and youth are involved in more than one system or receive services that cross over funding sources, such as Medicaid and DCF. To improve coordination of care, support early identification and prevention, and use the most appropriate funding sources, data sharing between AHCA, MCOs, DCF, and the Managing Entities is critical. While local coordination is a standard practice, more systemic, robust, and closer-to-real-time data sharing can help all organizations more effectively serve the behavioral health needs of children and adolescents. With that level of improved data sharing, MCOs and other system stakeholders are better positioned to support children experiencing a mental health crisis, avoid deeper end interventions, and maximize prevention services, allowing more children to maintain their health and safety in the community. As a best practice, **MCOs should dedicate an individual to act as a point of contact to support communications and collaborations with all agencies who support the children's mental health system of care.**

Access to Services in Unique Settings. The following are examples of programs that AHCA should encourage MCOs to implement:

- **Bringing mental health programs directly to members**. Molina recommends that AHCA encourage innovative ideas to bring services to communities where members live, learn, and play. School systems and home environments need to be at the core of the solution as we address children's mental health. There is incredible value in promoting and partnering with behavioral health agencies that provide in-home services to address access challenges for children and families and allowing clinicians and other providers to render care in the context of the child's home environment.
- **School-based interventions.** MCOs can engage local school systems to identify and provide additional support staff for at-risk children/youth. For example, Molina participates in a program with Pasco/Pinellas County School System in which a school counselor and social workers refer identified youth for interventions and engage stakeholders including the MCO, the child's behavioral health providers, and DCF.
- **Local law enforcement.** MCOs can partner with local law enforcement agencies who are willing to collaborate in unique ways to address mental health crises with the support of trained individuals.
- **Children's behavioral health providers.** MCOs should encourage their behavioral health providers to increase the use of peer mentors or Certified Recovery Peer Specialists trained in providing education, support, and assistance to youth.

Community Partnerships. There is an opportunity to build awareness and support for youth empowerment through help from non-clinical community members, such as schoolteachers, who can use education and tools to identify children who might be struggling with mental health needs and refer them to the right resources. Providing best practices like Mental Health First Aid, ACEs education, and other similar trainings can give people engaging with children more

resources to address mental health needs more effectively. Additionally, communities across Florida have programs and services that focus on children and youth mental health. Locally supported youth empowerment groups, anti-bullying programs, and other youth-focused services should be viewed as partners and extensions of the care delivery system. CBOs, faith-based organizations, and other agencies offer supplemental support and community-based connections that promote inclusion, anti-stigma education, self-determination, and recovery for youth and children. Aligning with these local movements and elevating their efforts keeps the programming local and grows MCOs' capacity in underserved communities to provide meaningful services where members live.

Mental Health Ally Training. **Molina recommends that AHCA encourage plans to implement various methods for providing training to providers on topics ranging from basic behavioral health signs and symptoms to recognized CEU curricula for advanced training topics.** At Molina, this training platform is used to enhance our existing behavioral health providers' skills and knowledge and helps provide foundational behavioral health learning opportunities for our primary care providers. In addition, training can be offered for evidence-based programs such as Mental Health First Aid and ACEs education, along with screenings such as SBIRT, depression screenings (PHQ-2), CAGE-AID, and others.

Improve Providers' Experience with the SMMC Program

Provider experience with the SMMC Program and health plan can be positively impacted by key areas of data sharing and financial incentives, use of technology to support providers, and reducing administrative burden. Molina is supportive of any program changes AHCA implements to improve the provider experience. **Molina recommends that AHCA consider including questions in the procurement about the areas described below and include evaluation criteria that considers innovative strategies and/or processes MCOs have in place.**

Data Sharing and Financial Incentives. No MCO or provider can tackle the challenges of improving the health of individuals with limited data sources. A key aspect to impacting care is the ability to reach members. Our team at Molina and our providers have noted that when attempting to reach members, there are often gaps in existing member contact information, which is a significant barrier to reaching members. Please refer to our recommendations in the "Improve Birth Outcomes for Mothers and Infants" and "Improve Recipients' Experience with the SMMC Program" sections.

Details on Molina's recommendations to improve providers' experience are below:

- **Timely data.** Receiving timely, comprehensive, and actionable data is essential to a provider's ability to effectively manage their patients' care. Data sources other than MCO claims data, including admission, discharge, and transfer data, laboratory results, and provider EHRs must be included in information shared with providers. Members may receive services and treatments that are not provided by their PCP and are not noted in the PCP's EHR. The same issue affects specialists, including behavioral health providers, who may have limited knowledge of the member's pattern of care, current diagnoses, and treatments. Timely follow-up care after an ER visit or as part of a discharge plan is essential for the PCP to help address the member's conditions, potentially adjust treatments, refer the member for appropriate care, and impact PPEs.
- **Integrating EHRs.** Integrating EHR information may add significant value to improving quality outcomes, as information may not be included in claims data and can contribute to a member profile. Having this EHR information can assist with interventions such as care after discharge from a hospital, management of chronic and other conditions, and reducing inappropriate care. **Molina recommends that AHCA consider ways to encourage hospitals and outpatient providers to work with MCOs to establish safe mechanisms to share EHR information.** Additional recommendations on how AHCA may further support plans in obtaining more robust data, including for new members, is included in the section titled "Achieve Cost Savings Throughout the SMMC Program."
- **Financial incentives.** Additional financial incentives can provide funds to providers to support their efforts in caring for their patients, such as outreach staff or technology to support appointment reminders. The various levels of VBPs can be designed with flexibility to support providers with a program that matches their level of comfort and ability to manage the program. VBPs are designed to reward providers for high quality and improved utilization and cost of care through additional financial payments. The incentives may be as simple as a quality payment for reaching a targeted rate for specific measures or more complex at higher level HCPLAN levels, such as shared savings or full-risk models. Providers require a clear path to move to a higher level HCPLAN category with MCO support. For practices to be successful with any VBP program, timely and actionable member-level data is critical, so providers and the MCO can

track performance against established thresholds. Molina provided further details regarding VBP in the section titled "Utilize Value-based Payment Designs."

Use of Technology. MCOs should describe the technology tools they will use to support practice performance through information provided in their secure provider portal, through a multi-payer portal, or other tools, such as those used by Care Managers to help engage members in needed care. An example of a useful tool is technology to support provider decision-making and PDL compliance with real-time, actionable, and member-specific data, including prescription benefit information. This information will facilitate more meaningful healthcare conversations, fewer follow-ups for prior authorization/step therapy, and decreased prescription abandonment/walk-away at the pharmacy counter. The result is greater visibility into member-specific benefit information to assist in more informed treatment decisions.

Reducing Administrative Burden. Providers can benefit from high-touch support to help them be as successful as possible. Molina employs Provider Relations Representatives who live in the communities in which providers practice. Living in the community provides significant understanding of local patterns of care, needs of the population, and community resources. These Provider Relations Representatives are the providers' "windows into the MCO." They are well trained on Molina policies and procedures and can help providers navigate topics from credentialing, contract terms, VBPs, claims, or utilization management authorization guidelines. If a provider has questions, and additional research is needed, the Provider Relations Representative is accountable to connect with the correct Molina staff member to get responses. **Molina recommends that AHCA consider encouraging MCOs to hire Provider Relations Representatives who live in the communities in which their providers practice.** Additional methods to reduce provider administrative burden are:

- **Contracting flexibility.** We recommend AHCA allow flexibility with the required time frame for providers to contract with MCOs prior to the SMMC Program go-live date. While Molina recognizes the importance of a strong provider network with finalized agreements prior to the plan readiness period, we also understand that at times, the SMMC contract may change, and providers may be pushed to enter into formal agreements with multiple plans before having full insight into the state's final contract requirements. To reduce this administrative burden on providers, **Molina recommends that AHCA take letters of agreement and other non-finalized network agreements into consideration when assessing a plan's network through the procurement process.**
- **Provider feedback.** Obtaining ongoing provider feedback regarding MCO policies, procedures, and operational processes is essential to understanding opportunities to improve the provider's experience and impact care for members. MCOs should have formalized methods in which they routinely obtain provider feedback, monitor trends across the organization, focus on identifying opportunities for improvements, and implement interventions using standardized quality principles. Key areas include utilization management and pharmacy processes, care management support, and claims-related issues. This formalized process will provide MCOs with additional insight into how to improve internal processes, inform policy decisions, provide support to practices, and formulate communication strategies that can reduce provider administrative burden.

Improve Recipients' Experience with the SMMC Program

Molina understands that there is a direct correlation between a provider's experience with an MCO and the member experience. So much of the member experience is based on their ability to easily access timely care, if they feel they are heard and respected by the provider and their office staff, and if the provider treats them in a culturally competent manner. We use our member satisfaction survey results, complaints, grievances, and appeals to provide additional insight into network opportunities that may be impacting members' overall experience. MCOs should closely monitor member satisfaction results and act on that insight. The recommendations that Molina has made in "Improve Providers' Experience with the SMMC Program" can also impact the member experience.

To successfully engage recipients in care and provide appropriate education and support requires consideration of and focus on various factors, including racial and ethnic background, culture, preferred languages, spiritual beliefs, literacy levels, and how easily families can access available information. Molina's experience and feedback from members, providers, the community, and our staff has helped us identify the following four key areas that MCOs can focus on to help improve members' overall experience: data, health equity, education, and quality transparency. **Molina recommends that AHCA include questions in the procurement that address the following areas and use evaluation criteria that consider whether the solutions MCOs present are both comprehensive and innovative:**

Data. An MCO's ability to engage members has a direct correlation to first reaching those members. There are gaps in existing member contact information that are significant barriers to reaching members. These gaps provide challenges for MCOs and providers to implement effective outreach efforts. **Molina recommends that AHCA facilitate more complete data collection of cell phone numbers and email addresses by making those required fields in the application process.** This approach would result in more robust member information in the enrollment file for new members and when members report changes in their contact information. To facilitate MCO outreach, an indicator should also be included in the enrollment file with the member's consent to be contacted by their MCO via their preferred method of contact, such as by text, email, or phone call. MCOs may use that information to drive communication strategies. AHCA's consideration of permitting an opt-out versus opt-in approach to texting or emailing members may also improve member engagement. For reference, Molina provided recommendations for these changes in the section titled "Improve Birth Outcomes for Mothers and Infants."

Molina recommends that AHCA consider integrating into its FX strategy a process and mechanism to receive coordination of benefit (COB) and third-party liability information from MCOs to maintain the most current recipient information in its system and to pass that information to MCOs upon plan changes. Members can experience challenges, most notably when attempting to fill prescriptions, if incorrect COB information is on file. Although it is quickly remediated, it does create a delay for members and dissatisfaction. Additionally, providing the most accurate and updated information will improve MCOs' ability to coordinate care and maximize cost savings to the SMMC Program.

Health Equity. We know that Medicaid recipients, whose racial, ethnic, and linguistic backgrounds vary greatly throughout Florida, are more likely to experience health disparities and often struggle with meeting basic needs, such as having access to healthy food, stable housing and shelter, education, and economic stability. Molina's system identifies health disparities via quality analyses and outcomes data. From our experience, we know that to achieve meaningful improvements in health equity, it is essential to address the unique racial and ethnic, cultural, and linguistic needs of members, which can vary among communities and regions. Because healthcare is local, MCO networks must serve members in a culturally and linguistically appropriate manner.

We recommend that AHCA require MCOs to create a Health Equity, Diversity, and Inclusion Plan to reflect efforts that will assist in addressing health equity and SDOH, including the development of community partnerships. The Health Equity Plan should include details for ensuring cultural diversity and identifying valued and trusted partners, such as members, providers, and educational and community leaders. The plan should identify methods for gathering information, reviewing data, formulating an overall strategy, and setting goals that will further AHCA's objectives to improve quality and meet new SHIP goals, along with reducing inappropriate utilization and cost of care. More information on what should be included in the Health Equity Plan is described below:

- **SDOH barriers.** A factor that must be considered is the impact SDOH barriers have on appropriate access to care, managing health conditions, and managing aspects of daily life. These all can impact a member's experience with the MCO and the SMMC Program. SDOH factors, such as housing, access to healthy food, and economic stability, play a critical role in healthcare, as these factors can influence as much as 80% of health outcomes, according to Robert Wood Johnson Foundation (Manatt and Phelps & Phillips 2019). Connecting members to community resources to meet those SDOH needs is an essential step in improving outcomes and a member's overall satisfaction. Those efforts may also help reduce medical expenditures, such as ER visits and inpatient care. We know that formal CBO partnerships can further support addressing SDOH barriers.
- **Access to care.** Key factors impacting the member's experience include access to appropriate care in an environment, and from a provider, with whom a member is comfortable. The importance of these factors became increasingly evident during the COVID-19 pandemic, which also has led to systemic workforce fluctuations and shortages. These challenges have provided impetus for MCOs and providers to identify and implement innovative solutions for expanding access to care. For example, the use of telemedicine helped support expanded access to critical services, such as behavioral health. As we move forward, we know that ongoing workforce shortages may continue. To address these, **Molina recommends that AHCA consider allowing MCOs to expand the participant-directed options (PDO) to include selected services for MMA members, like the process used successfully for LTC.** MCOs should submit recommendations to AHCA for their review and approval for applicable MMA services to be considered for PDO. The structure is in place for LTC and can easily support the addition of PDO services for MMA. This flexibility has the

potential to contribute to improving access to care in specific impacted areas and foster improved member and family control and satisfaction through self-direction.

Education. Based on Molina's experience serving Medicaid members, we value member and caregiver input through formal activities, such as member advisory committees, and informal opportunities, such as member forums and feedback shared with our Care Coordination and Case Management teams. Feedback we've received from members and caregivers confirms that education is a critical component to improving the member experience. Molina views helping to educate members as the responsibility of all our staff. Any contact is an opportunity to provide additional information on topics ranging from covered benefits to navigating the delivery system. For members to fully benefit from all that the SMMC Program offers, we know that it is critical to implement practices and initiatives to support the member experience that are delivered in a culturally appropriate manner. Education should be easily accessible and offered in multiple locations, including in the provider's office, in the community, and through MCO member services and care management teams. Multiple efforts for providing education to members should be offered, including in prevalent languages and alternate formats, such as large print or braille, and should be offered via multiple technology avenues, such as text messaging, emails, regular mail, and mobile phone applications. Other areas in which MCOs can support members through education include:

- **Redetermination support.** Molina believes the role of an MCO extends beyond the traditional role of coordinating services. As a partner to the state through the SMMC Program, we see our role as supporting AHCA, members, and other state agencies in facilitating an overall streamlined and efficient system. **We recommend that AHCA amend the contract to empower MCOs to perform a navigator-like role.** For example, we recommend allowing MCOs to help with redetermination education and assistance for MMA members without prior approval. Further, we recommend AHCA allow MCOs to update member information directly with DCF, for example, when a member moves to a new residence.
- **Realign marketing limitations to address education.** MCOs have varied pathways to enhance member education on the intricacies of navigating the delivery system, including eligibility and access to care. **We recommend that AHCA consider revising contract language regarding marketing limitations, which as written, includes activities many other states consider to be member education.** We understand and agree with AHCA's intent to ensure appropriate marketing guardrails, and we see a path for maintaining those marketing limitations with clarifying contract language to allow MCOs to more fully optimize our opportunity to educate members on eligibility and access-to-care fundamentals. We welcome an opportunity to further explore these refinements with AHCA.

Quality Transparency. Molina supports transparency in the SMMC system, including providing information so that Medicaid recipients have access to information to make the best plan choice for themselves and their families. AHCA has done much work to publish MCO outcomes for quality measures through reports provided via the Florida Health Finder site. This information can be used by Medicaid recipients to help inform their selection of an MCO. We know that public reporting of provider performance is a key element to promoting enhanced patient care and consumer choice. To further that work, Molina recommends the following additional steps for AHCA's consideration:

- **Health plan scorecards. Molina recommends that AHCA provide information on an MCO's overall quality score to recipients during the choice counseling process.** This information would be similar to the Medicare 5-star plan rating system. Sharing this information with recipients as part of the MCO enrollment process can support AHCA's efforts for transparency and recipient-informed decision-making.
- **Assignments based on quality scores.** As a means for accelerating the achievement of AHCA's objective to improve overall quality and meet SHIP goals, **Molina encourages AHCA to explore the idea of leveraging the auto-assignment rules to disproportionally assign recipients to an MCO in their service area with higher overall quality scores.**

Increase Timely Access to Providers and Services

Molina recognizes that there are multiple methods MCOs can use to support increased timely access to providers and services. One of those methods is bringing services to the member. Along with standard network contracting efforts to ensure network adequacy, having timely and adequate information regarding members can assist with identifying those members who may need wellness services or care to manage current conditions. The available data regarding new members is often very limited, which makes it a challenge to prioritize outreach and engagement for members with specific needs or complex health conditions. Molina also provided recommendations related to this topic in the section titled "Improve Mental Health Outcomes for Children and Adolescents."

- The increase in providers who offer telemedicine has led to improvements in access to key services. Molina is aware that AHCA received notable recommendations during the Strategic Monitoring feedback to continue to increase access to telehealth services. **Molina supports and encourages telemedicine availability for all members and has engaged with vendors, large specialty groups, and telehealth vendors to increase capacity**. We also understand that telehealth has limitations and may not be ideal for at-risk populations and know in-person visits remains the most effective at managing members. Based on our observations and experience, **Molina recommends that AHCA consider the following areas to improve timely access to providers and services: recognition of telemedicine and network adequacy, telehealth services, data to support access, and VBP. We recommend that AHCA consider including these areas in the procurement with evaluation criteria based on the level of detail in the responses.**

Recognition of Telemedicine and Network Adequacy. To fully expand and maintain a functional telemedicine system in Florida, it is essential to treat and account for services in the same way as traditional brick-and-mortar providers. This method will also help MCOs achieve payment parity with post COVID-19 flexibilities. **We propose that AHCA formally adopt the flexibilities extended during COVID-19.** MCOs should describe how they will continue to work with their network providers to have continued use of telemedicine and how those can be expanded.

- **Recognition of telemedicine.** To support identification of those providers who offer telemedicine services, **Molina recommends a modification be made to the PNV file to indicate whether the provider offers telemedicine services.** This modification may be added to information in provider directories to assist members in locating and choosing a telemedicine provider.
- **Network adequacy.** **We recommend that AHCA consider the designation of telemedicine services as an additional measure to meet network adequacy in certain areas with limited providers in specific specialties.** This also will help improve the member experience by providing additional access and availability to members who reside in rural areas where there are a limited number of providers or for those members who have barriers and concerns in leaving their homes. If a primary care physician provides telemedicine, **we recommend the PCP's maximum caseload ratio be increased from the current contract requirements to allow for this additional flexibility in improving access.** Given the current available number of pediatric specialty or subspecialty types in some areas, it is **recommended that AHCA reconsider a modification to the adequacy standards for those geographical areas with very limited pediatric specialties or subspecialities. We also recommend that AHCA consider locations where adult and child specialties exist and use separate numbers for adults and children as the denominators for calculating geographic access.**

Telehealth Services. **Molina recommends that AHCA permanently adopt telemedicine flexibilities implemented during the COVID-19 emergency**, including the provision of voice-only as a telemedicine modality covered under the State Plan and payment parity. Molina experienced an increase in access and quality of care because of these flexibilities, particularly an increase of access to voice-only behavioral health services. **We also recommend that AHCA consider including additional telehealth services such as health education services.** This flexibility can support broader doctor-patient consultations, including those provided through telemedicine. Having this ability may allow providers the flexibility to provide education quickly when a member has concerns regarding their condition or treatment.

Data to Support Access. Using available information to support identification of members who may need services is critical for providers and MCOs for outreach and engagement of members. This can include wellness services, chronic conditions that may require ongoing care, or those with patterns of high use of acute care services. Accessing appropriate care can be a challenge for new members because Molina has little information regarding their past care and services. To improve information for new members, **Molina recommends that AHCA consider sending available encounter information for new members to the new MCO to facilitate better identification of those at-risk members and to better facilitate care coordination.** Key data for consideration includes the last three-to-six months for diagnoses, PCP and specialist visits, medications filled, ER visits, and admissions. Having more complete contact information for members will assist providers and the MCO in their outreach efforts to help members get needed care. For reference, Molina has provided recommendations in sections titled "Achieve Cost Savings Throughout the SMMC Program" and "Improve Birth Outcomes for Mothers and Infants."

VBP. Some providers who do not participate in Medicaid often cite the fee schedule as a primary reason. MCO VBP programs can provide additional funds to a practice, over and above the Medicaid fee schedule, particularly those in higher HCPLAN levels, such as shared savings or full risk. As MCOs have more outcomes related to these higher HCPLAN

VBPs, that information may be used in discussions with non-Medicaid-participating providers to help them understand the potential overall financial compensation as part of their network development strategy. For reference, Molina provided further details in the section titled "Utilize Value-based Payment Designs."

Achieve Cost Savings Throughout the SMMC Program

Molina understands and supports AHCA's efforts to achieve cost savings throughout the SMMC Program. Our approach to impacting cost considers strategies with providers, members, the community, our internal teams, and AHCA. To be effective, strategies must be in place and aligned with all program partners.

A key piece to developing and implementing the strategies is using timely data to help identify and manage opportunities to improve care being delivered at the right time, in the right setting. Data should also be used when evaluating outcomes to determine if the expected change was realized. To further support the work that AHCA has already done to recognize cost savings in the SMMC Program, **Molina is recommending that AHCA consider enhancements in these key areas: data sharing, administrative costs, promotion of VBPs, and other program opportunities, which will impact cost while also improving the member and provider experience.** Molina affiliates have successfully championed multi-stakeholder groups, facilitating the launch of data-sharing systems, and we are ready to apply this knowledge to Florida in collaboration and partnership with AHCA. These recommendations are provided to assist AHCA in identifying and implementing additional processes and programs to further improve SMMC cost savings.

Data Sharing. Molina recognizes the SMMC Program, AHCA, and all MCOs benefit from the timely transference, accuracy, and availability of data. Quality data can improve MCOs' ability to better manage provider and member relationships and reduce provider and SMMC administrative burden. Use of comprehensive data can also improve providers' and MCOs' abilities to meet member needs, reduce care gaps, coordinate care, effectively manage care costs, and meet AHCA quality and SHIP goals. An effective, centralized data collection and analysis process drives development of targeted interventions, which ultimately improves health outcomes and reduces medical costs. Being acutely aware of the health disparities experienced in Florida and the SDOHs that impact those disparities, the ability for MCOs to focus on those areas are clearly top priorities for Florida. Having a standardized data aggregation and data-sharing system to facilitate bidirectional data exchange between MCOs, providers, and AHCA would deliver comprehensive member data throughout the member's experience with the SMMC Program. This process would begin with member eligibility and continue through enrollment in an MCO until the time the member disenrolls. Other data-sharing recommendations are listed below:

- **Member demographics.** Molina recommends that AHCA facilitate improved collection of mobile phone numbers and email addresses by making these fields required during the application process. We also recommend that AHCA consider methods for collecting pregnancy status from applicants and consider efforts to document consent from applicants to be contacted by the MCO via text message or email. This information should be included in the member enrollment file provided to MCOs to facilitate better communication between new members and their MCO. **Molina recommends that AHCA consider using an opt-out member consent system for texting and emailing members.** Additional information related to these recommendations can be found in sections titled "Improve Birth Outcomes" and "Improve Recipients' Experience with the SMMC Program."
- **Health information exchange.** Molina understands the importance of exchanging meaningful clinical data across the continuum of care, including ensuring access to the right information at the right time for providers and care teams. A health information exchange system can facilitate the exchange of information by improving efficiency and reliability while reducing administrative costs. Currently, we use the admission, discharge, and transfer data available through contract with the AHCA's event notification system vendor. That data has helped identify ER and hospital admissions as real-time events and is used by clinical teams and shared with providers. To expand on that successful exchange of data, **Molina recommends that AHCA consider expanding the current capacity of real-time data-sharing technology beyond sharing hospital admission, discharge, and transfer data. An alternative for AHCA to consider is a data clearinghouse approach, such as Gainwell Technologies, which performs this role in Kentucky.** The expansion of the data set can include the services a member has received through a previous MCO and shared with the new receiving MCO. Information obtained from a provider's EHR would supplement the data set with information that is not traditionally included in claims data. This will provide the MCO and providers with a holistic view of the member's pattern of care and physical health and behavioral health needs. **Molina recommends that AHCA consider expanding**

data capture and sharing through multiple steps. The first phase may focus on expanded member demographics and claims-based data that is submitted through encounters. Essential member information can include the following:

- Diagnoses
- Providers seen
- Medications filled
- ER visits with primary diagnoses
- Inpatient admissions with diagnoses
- Services such as home health
- DME and therapies
- Services received that closed HEDIS gaps in care

The second phase may include additional MCO data, such as open authorizations, including medications, if a member is enrolled in a care management program, SDOH information, and current care plans and assessments for LTC members. Lastly, the third phase may include additional information obtained from other MCO data sources, such as ancillary tests, laboratory values for specific tests, and most importantly, additional information obtained from providers' EHRs. **Molina recommends that AHCA work with the MCOs to establish this process and ensure that they are ready to receive and use this valuable information.**

- **Implementing benefit limitations.** When members switch to a new MCO during their benefit period, the new MCO does not have historical data to determine if applicable benefit limitations have been met or what quantity has been provided to track when those limits have been met. MCOs can better manage these benefit limits if this information is provided, such as inpatient days for the 45-day benefit and DME data for those with time and quantity limitations per fiscal year. **Molina recommends that AHCA consider sharing this information with MCOs to support benefit administration and management, reducing administrative burdens and costs while also decreasing waste and/or abuse.**
- **Collaborations with other state agencies.** Collaborations among other state agencies such as DCF, Managing Entities, DJJ, and the Department of Education will allow MCOs to better coordinate care for those members at high risk, particularly children and adolescents with behavioral health needs. Molina provided recommendations for collaboration in "Improve Mental Health Outcomes for Children and Adolescents."

Administrative Costs. Molina recommends that the administrative load should include a provision for underwriting gain to provide for the cost of capital and risk or contingency. The underwriting gain provision provides compensation for investment, inflation, and regulatory risks assumed by the MCO. The effects of risk-sharing arrangements should be considered in the underwriting gain provision as they relate to the level of risk assumed by the MCO. Administrative burden upon the MCOs drives direct costs to the Medicaid program. **Molina recommends that AHCA review its administrative MCO requirements such as reporting, required agreements, or processes, to ensure all MCO requirements are aligned with AHCA's and the SMMC Program's needs, and to reduce administrative burden where possible.**

Molina supports the intention to have the Medicaid actuary vendor establish MCO administrative loads. Molina believes MCOs must be good stewards of taxpayer funds. The MCO administrative load should strike a balance between encouraging MCOs to be efficient and providing adequate funds to administer the program, invest in innovation, and accomplish AHCA's goals. The administrative load should consider economies of scale. Larger populations enrolled in managed care require less administrative costs compared to smaller populations, with the exception of specialty plan populations, which may present a higher administrative burden to an MCO due to certain requirements unique to these specialty plan populations.

Promotion of VBPs. MCOs engage with providers on a VBP strategy to engage and incentivize them to improve population health measures while simultaneously controlling cost. **Molina recommends that MCOs should provide their proposed plans to AHCA describing the strategies they will use to implement the following goals: improving practice participation in higher HCPLAN-level VBP programs, the inclusion of additional provider types in VBP arrangements, and the accelerated adoption of technology and bidirectional data exchange as essential tools used to support and enhance provider performance monitoring.** Molina provides additional details in "Utilize Value-based Payment Designs."

Additional Populations. Molina agrees with AHCA's long-held position that members, and the Medicaid program overall, benefit from improved health outcomes and prudent cost containment when recipients' healthcare services are managed. As AHCA prepares for the third SMMC procurement, there are populations of Medicaid recipients who remain excluded from the SMMC Program, and therefore are at risk of having their care be uncoordinated and unmanaged, which in turn increases the cost burden to the Medicaid program. One example of such a population is iBudget recipients who are deemed to be voluntary participants. Other populations include medically needy and ABA. **Molina recommends that AHCA assess the appropriateness and financial viability of including the approximately 1.1 million remaining Medicaid recipients within the SMMC Program**.

As a partner to AHCA, Molina's commitment lies in creating innovative solutions that will help achieve better health outcomes for diverse populations throughout Florida, while also generating operational cost savings and program efficiencies. Our approach is built upon a whole-person, high-touch, and community-driven philosophy of tailoring support to meet the individual needs of each member and launching opportunities that also lift communities. We launch grassroots, locally based, and partnership-driven efforts with the goal of helping families achieve better overall health and a higher quality of life. Our efforts are dedicated to removing barriers to healthcare, addressing social needs, and helping members close gaps in care. These practices are long-held traditions. Since our parent company's inception nearly four decades ago, we have been rooted in health equity and established around the singular belief that everyone should be able to access healthcare, no matter who they are and where they live.