From:	Lawton, Michael S
To:	solicitation.questions
Cc:	Tita, Marybeth A
Subject:	United Healthcare Community Plan - SMMC RFI Response #014-21/22
Date:	Friday, June 3, 2022 9:58:30 AM
Attachments:	FL RFI SMMC 2022_Response-UHC-redacted.docx FL RFI SMMC 2022_Response-UHC.docx

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Dear Mr. Massa,

We appreciate the opportunity to provide feedback on the Statewide Medicaid Managed Care Program RFI #014-21/22 in anticipation of the upcoming procurement. Please find attached two files: the electronic copy of our response and the electronic redacted copy of the response suitable for release to the public. Please note that we have not marked any confidential or trade secret information in our redacted copy so it is identical to our first response.

Please do not hesitate to contact me with any questions.

Sincerely,
Michael Lawton

Michael S. Lawton | Chief Executive Officer | Florida Health Plan
UnitedHealthcare Community & State | 3100 SW 145th Avenue 2nd Floor | Miramar FL 33027
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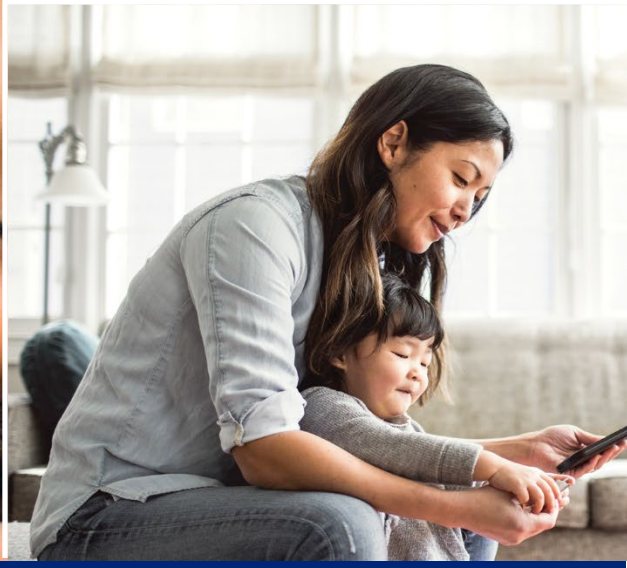

STATE OF FLORIDA

Request for Information

Agency for Health Care Administration Re-procurement of the Statewide Medicaid Managed Care Program

RFI 014-21/22

United Healthcare Community Plan

June 3, 2022

Cody Massa
Procurement Officer
Florida Agency for Health Care Administration
solicitation.questions@ahca.myflorida.com

RE: RFI #014-21/22

UnitedHealthcare Community Plan of Florida (UnitedHealthcare) appreciates the opportunity offered by the Florida Agency for Health Care Administration (AHCA) to provide feedback on the Statewide Medicaid Managed Care Program RFI #014-21/22 in anticipation of the upcoming procurement. We support the state's efforts toward ensuring program sustainability, improving quality and ensuring access to care for Floridians enrolled in Medicaid and look forward to being a continued partner in these efforts. UnitedHealthcare is ready to meet with AHCA to discuss any of the innovations and best practices presented in our response.

UnitedHealthcare authorizes the release of the copy of our response marked "Redacted" in the event AHCA receives a public records request.

We value the state's commitment to stakeholder engagement and look forward to continued collaboration. Should you have any questions or seek further information about the feedback provided, please do not hesitate to contact me at (954) 364-0744 or michael_s_lawton@uhc.com.

Sincerely,

Michael S. Lawton
Chief Executive Officer
UnitedHealthcare Community Plan of Florida

United Healthcare Community Plan

TECHNICAL APPROACH STATEMENTS AND QUESTIONS

Question A

The Respondent's name; place of business address(s); web site address, if applicable; and contact information, including representative name and alternate, with telephone number(s) and e-mail address(es).

Requirement	Response
Respondent's Name	UnitedHealthcare of Florida, Inc.
Place of Business Address	3100 SW 145th Avenue, Second Floor Miramar, FL 33027
Web Site Address	www.uhccommunityplan.com
Contact Information (Primary)	Michael S. Lawton, Chief Executive Officer (954) 364-0744 michael_s_lawton@uhc.com
Contact Information (Alternate)	Marybeth Tita, Chief Financial Officer (904) 296-6925 marybeth_tita@uhc.com

Question B

A description of how the Respondent's approach will offer advantages or improvements over existing processes of the SMMC Program. The description should also identify known or potential concerns with the approach.

UnitedHealthcare has a deep commitment to Florida through our enterprise footprint including commercial, Medicare, and Medicaid coverage for over 1.16 million Floridians. We support over 500,000 Floridians who rely on Medicaid, including almost 350,000 through the Statewide Medicaid Managed Care (SMMC) program and over 137,000 dually eligible individuals enrolled in our Florida Dual Eligible Special Needs Plan (D-SNP).

In addition to our strong understanding of and commitment to Florida, UnitedHealthcare brings four decades of experience serving Medicaid programs and partnering with states to deliver Medicaid programs grounded in program sustainability and accountability. Today, UnitedHealthcare serves over 7.1 million Medicaid enrollees nationally and over 1 million dually eligible members enrolled in our D-SNPs, Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) and Medicare-Medicaid Programs (MMPs) across 38 states plus the District of Columbia.

Based on AHCA's established priorities and areas of focus, UnitedHealthcare appreciates the opportunity to share considerations and highlight innovative program design decisions that empower and engage enrollees, expand access to care, enhance home and community-based service capacity, transition the system and support population health priorities. We thank AHCA for its thoughtful consideration of such stakeholder insights as the agency prepares for the next SMMC procurement.

Enrollee Empowerment and Engagement

Through our work delivering quality health care to Medicaid enrollees in the SMMC program, UnitedHealthcare understands the importance of meaningful enrollee empowerment and engagement. We strongly urge AHCA to create an environment where innovative, tech-forward strategies are brought to bear when seeking to address health and societal challenges and enrollees receive support to address social barriers that are limiting their economic self-sufficiency.

Enabling Innovative Tech-Forward Strategies

We recommend that AHCA prioritize approaches in its next SMMC procurement that incorporate technology solutions to improve efficiency, health outcomes and enrollee experience and engagement. By leveraging digital platforms and processes, the state can:

- Realize a streamlined approach for collating required documentations while reducing paper utilization.
- Empower enrollees through education and connection that is available 24 hours a day, seven days a week while helping to achieve greater efficiencies and harness the power of multichannel engagement.
- Align tools and strategies for engagement within the Medicaid program with exchange and commercial coverage options.
- Respond quickly to emergencies or evolving situations.
- Allow for greater ability to accurately measure and monitor consumer engagement.

To harness the promise of a tech-enabled Medicaid program, we recommend that AHCA consider the following program or policy actions:

- Ensure rules and regulations support the use of platforms like telehealth and two-way texting, within HIPAA guidelines.
- Implement digital-first approach to communication with enrollees while continuing to make available, upon request, hard copy written/illustrative materials and verbal communication both in person and virtually.
- Engage with managed care plans (MCPs), providers and community-based organizations to develop a nuanced understanding of enrollee preferences and hurdles preventing widespread adoption of electronic enrollment processes.
- Continue to advance AHCA's commitment to a truly accessible and interoperable health care system for the meaningful exchange of health care data by addressing gaps in data sharing that continue to be a barrier to efficient processing of Medicaid enrollments.

Specifically, AHCA should continue to collaborate with the Department of Children and Families (DCF) and other state agencies to link data sources that can inform eligibility determinations. We encourage AHCA to remove barriers to fully paperless adoption for long-term care enrollees to be on par with the digitization of records and care plans for other enrollees.

In our experience, tech-forward solutions can provide promising improvements to birth outcomes, care coordination and specialty care. By meeting members where they are virtually (e.g., devices, apps, texting, online) and in their communities, AHCA and its partner MCPs can collaborate to support consumers as they act to improve their health and wellbeing.

Economic Self-Sufficiency

UnitedHealthcare has promoted sustainable economic self-sufficiency for enrollees by addressing socioeconomic barriers impacting health and wellness. Floridians with complex needs face an array of challenges — most commonly referred to as social determinants of health (SDOH) or social risk factors — that negatively affect their health outcomes, directly limit their ability to achieve desired health outcomes and self-sufficiency, and increases cost. Managed care plans can help address these factors and provide Medicaid enrollees with opportunities to achieve economic self-sufficiency. To ensure this is a priority for MCPs, AHCA should consider the following programmatic changes:

- **Measure and reward MCPs who consistently screen and connect enrollees with resources that address their SDOH needs.** To meet the unique needs of Floridians across the state, AHCA should implement positive incentives that encourage its MCPs to employ services and supports that are fully aligned with these unique needs.
- **Seek MCPs with experience partnering and building capacity to address SDOH through local community partners.** By partnering with organizations focused on employment supports, financial independence, transportation or housing supports, MCPs can help enrollees achieve greater degrees of economic self-sufficiency. AHCA should seek to partner with MCPs with experience leveraging data and community resources to prioritize key social service and employment needs. By understanding where specific disparities exist, MCPs should have

experience working with providers and communities to develop targeted interventions that are locally relevant and responsive to the needs of enrollees and communities.

- **Establish reimbursement for the provision of targeted social supports designed to enhance health, wellness and economic self-sufficiency.** Several states have leveraged waiver authorities to provide targeted services aligned with social risk and needs. For example, North Carolina used 1115 authority to fund their Healthy Opportunities Pilots (HOP). The North Carolina HOP is targeted to individuals enrolled in managed care with medical, behavioral and social risk factors. In addition, Tennessee used their 1115 waiver authority to implement the Employment and Community First CHOICES program for individuals with intellectual and development disabilities. AHCA could leverage its already strong MCPs to implement a targeted set of social support benefits that seeks to stabilize social, behavioral and physical risk factors and provide connection to or augmentation of employment supports, financial management skills, childcare supports and other necessary services that would position individuals for successful transition to gainful employment and reduced Medicaid dependency.
- **Address the eligibility cliff that creates disincentives for people to move off of Medicaid.** Alongside targeted Medicaid transition services would be connection to exchange plans that offer low-cost coverage options. AHCA could consider the use of Basic Health Plan authority to provide reassurance and coverage of a glide path off of core Medicaid programs.

Access to Care

Access is a critical measure of meaningful improvements in the Medicaid program, and MCPs play a critical role in supporting states to deliver higher quality care, improve health outcomes and manage health care costs. As Florida continues to face the unprecedented care and economic pressures brought by the COVID-19 pandemic, the SMMC model delivers stability to millions and strengthens the state's health safety net through increased access to care. Access transcends multiple domains and influences several aspects of program performance, including how enrollees can access care and preventive services and obtain the health resources they need across their lifespan. We encourage AHCA to provide meaningful access by evaluating their program and procurement process to prioritize support for:

- Statewide Consistency
- Fully Leveraged Telehealth Capacity
- Diversify and Strengthen the Workforce

Statewide Consistency

We believe AHCA should pursue best practices and innovations to ensure all Medicaid enrollees have consistent experiences across Florida, no matter where they live. At the same time, not every Medicaid enrollee will experience health or access care the same way. Cultural, linguistic and other regional and local differences must be recognized and prioritized so that health care can be localized to meet the unique needs of individuals in different regions.

Consistent with the authority provided through Senate Bill 1950, which allows AHCA to contract statewide, we believe statewide contracts ensure all Medicaid enrollees have a consistent experience

across Florida. At the same time, AHCA must balance the statewide footprint and the ability to customize locally.

Our experience has shown that a statewide procurement would enhance enrollee choice and consistency of care delivery while easing administrative and provider burden, and **we believe AHCA should pursue a statewide procurement while retaining regional flexibility** for the following reasons:

- **Population and Enrollee Choice**: Based on our experiences nationally and in Florida, the Medicaid population frequently relocates. In a regional approach, enrollees may need to change MCPs if they move across the state, potentially disrupting care. In a statewide approach, enrollees would not need to change MCPs, making a statewide approach more supportive to enabling continuity of care. Regional structures can limit some enrollees' ability, depending on where in the state they are located, to access high-quality MCPs, PCPs and specialists. For example, high-risk pregnant enrollees with babies born in the NICU and enrollees with transplant needs may be affected by a regional approach, if care is needed outside the MCP service region. In addition, a regional approach could affect enrollee family units and cause enrollee disruption. Supporting families, especially children who may be in a kinship or foster placement, where they are residing is a preferred approach to maintain continuity of care. By administering the program statewide, enrollees have greater choice and flexibility of MCPs and providers, which ultimately improves enrollee care and experience.
- **Consistent Delivery**: Allowing MCPs to choose to participate statewide can create increased consistency for Medicaid enrollees throughout the state. A statewide structure helps eliminate variability that can lead to disparate outcomes by region and may result in particularly underserved parts of the state not having the same level of MCP commitment to more populated or less diverse parts of the state. A statewide approach ensures that Medicaid enrollees, regardless of where they live in the state, have access to similar investments, provider partnerships and innovations. Ultimately, this would result in increased coordination of health care services for enrollees — across populations, programs and providers.
- **Maturity**: Florida is a mature Medicaid market. AHCA has many initiatives that require a solid base of membership to support, which can be assured through a statewide procurement. For example, a statewide structure might propel AHCA's vision for future projects more effectively because it would serve a large base of enrollees and may discourage the entrance of entities that do not have the capacity, capital or capabilities to support value-based payment initiatives.
- **Administrative Ease**: A statewide, comprehensive and balanced MCP approach streamlines the administrative requirements for the state, while driving better outcomes for enrollees. The regional approach requires AHCA to manage MCPs that may participate in a limited number of regions. A statewide approach enhances budget predictability by minimizing market disruptions, whereas a regional structure potentially encourages entities that are not capable of supporting the entirety of Florida's program to enter the market in a limited fashion.
- **Provider Burden**: A regional system will likely increase the administrative burden of providers, especially for providers who participate in multiple regions. There could be challenges around referral patterns when hospital center hubs, primary care and MCP regions do not align. Providers often span different regions, and contracting with multiple MCPs in multiple regions may be challenging for providers.

Leveraging Telehealth

The public health emergency significantly accelerated telehealth adoption to maintain access to needed care while reducing exposure to COVID-19. This experience has demonstrated what greater use of telehealth for the Medicaid population looks like and the benefits for enrollees and providers. **UnitedHealthcare encourages AHCA to continue building on telehealth efforts to enhance enrollee access and strengthen the connection between patients and providers to improve quality.** Specifically, we recommend that AHCA:

- Work with MCPs to review evidence-based practices and employ metrics to monitor effects of telehealth and digital platforms on access, quality, health equity and consumer satisfaction, and adapt policies accordingly.
- Encourage MCPs to support consumer digital access by promoting resources such as SafeLink phones and the federal Affordable Connectivity Program.
- Reimburse for remote patient monitoring where clinically proven and appropriate to equip providers with clinical information and tools to effectively deliver services remotely and improve disease management.
- Reimburse for provider-to-provider consultations, including eConsults that leverage telehealth modalities (such as store-and-forward), when a professional medical opinion is sought to increase access to specialty care and better equip PCPs.

In addition, we recommend that AHCA consider aligning with Medicare's methodology by offering MCPs a 10% credit toward meeting the percentage of enrollees who reside within published time and distance standards when the plan's network includes telehealth providers for specific services. This approach incentivizes MCPs to support providers in continuing to build and enhance their telehealth capabilities after the public health emergency while recognizing some enrollees may prefer in-person visits or experience digital barriers (e.g., broadband, technology).

Managed care plans should be eligible to receive credit in the following service areas when they contract with telehealth providers:

- Allergy and Immunology
- Behavioral Health
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Infectious Diseases
- Nephrology
- Neurology
- Obstetrician/Gynecologists
- Ophthalmology
- Orthopedics
- Otolaryngology
- Primary Care
- Psychiatry
- Pulmonology
- Urology
- Habilitative and Rehabilitative Therapies – Physical, Occupational, Speech

Providers who serve adults and children should be accounted for in both the adult and pediatric network standards when applying the credit.

Diversify and Strengthen the Workforce

The success of the Medicaid program is largely dependent upon the strength and quality of the providers, clinicians and workforce participating in the program. To ensure ongoing capacity, we must collectively support those already providing care and expand available provider types such as community health workers (CHWs), doulas and peer support specialists.

By supporting those already providing care such as direct service providers (DSPs) and family caregivers, AHCA and MCPs can mitigate further pressures on the already strained workforce as we seek to improve access to home and community based services (HCBS).

For DSPs, workforce shortages caused by low wages, limited/no benefits, high risk for physical injury and no perceived career opportunity are recognized challenges to growing this critical workforce. Home and community-based services agencies often experience high regulatory burdens that impact their overhead costs, resulting in fewer dollars to offer competitive wages for DSPs. Reduced regulatory barriers and increased rates, taken together, would likely result in increases in wages and opportunity, leading more people to be willing to become a DSP.

The recent wage increases for DSPs this fiscal year is a step toward addressing the crisis in this workforce. However, as wage inflation continues, sustainable solutions must be implemented to help this system maintain a quality workforce. Clear and accessible training opportunities and prospects for career advancement would further incent individuals to take on this critical role. AHCA should focus on reducing barriers and providing sustainable rate increases that allow MCPs to increase payment rates particularly through value-based arrangements and build a path forward.

Equally important when ensuring health and wellbeing of individuals with complex health needs are unpaid family caregivers. Family caregivers help enrollees with long-term care needs remain at home and address their ongoing support needs by supplementing the care that paid supports provide. This unreimbursed care is instrumental in helping enrollees age in place and avoid unnecessary inpatient visits. Caregivers play a key role in arranging care, ensuring enrollees can access care when they need it and communicating with the care team to have urgent and acute needs addressed. When family caregiver support unexpectedly or suddenly erodes, enrollees face increased risk of institutionalization, hospitalization and other avoidable costs. Some state Medicaid programs have invested in family caregivers by developing reimbursable services designed to help family caregivers maintain their role for as long as possible. We recommend that AHCA consider the following recommendations:

- **Reimburse unpaid family caregivers** to supplement and extend the family caregiver.
- **Incentivize caregiver support tools** that offer a continuum of supports from assessments to caregiver coaching and engagement that demonstrates effectiveness in reducing burnout, increased community placement and avoiding hospital utilization.
- **Seek MCPs with experience and tools** to engage and support caregivers.

By encouraging the participation of expanded service providers such as CHWs, doulas and peer support specialists in the care team, AHCA will be able to more quickly achieve a workforce that is inclusive, responsive and accessible while ensuring that other members of the care team have capacity to work to the top of their licensure. AHCA has the opportunity to leverage their program to maximize the potential of these new service providers to close gaps in care and improve health outcomes.

Community health workers are a vital part of the care team and are uniquely positioned to help meet enrollees where they are and supplement clinician capacity with appropriate training and supports. In the future procurement, AHCA should consider plan capacity to help scale training and certification of CHWs to fill in specific care gaps for enrollees. AHCA should review its requirements around health risk assessments and other processes to determine which activities lower-level CHWs would be permitted to complete. In addition, we recommend that AHCA add CHWs as covered services and establish sufficient reimbursement at reasonable rates.

There is growing evidence that doula care, which includes nonclinical emotional, physical and informational support before, during and after birth, is an effective strategy to improve maternal and infant outcomes, enhance individual engagement and satisfaction with maternity care, and reduce spending. Studies have shown that support from nontraditional providers such as doulas is associated with lower cesarean rates, fewer obstetric interventions, fewer complications, less pain medication, shorter labor, higher rates of breastfeeding and higher scores on the APGAR test. In three states (Minnesota, Oregon and Wisconsin), studies have concluded that Medicaid reimbursement of doula care holds the potential to achieve cost savings. Since 2021, Florida Medicaid has covered doula care strictly as a narrow value-added benefit without supporting state funding.

Medicaid reimbursement for doula care would increase the availability and accessibility of this type of support and would improve access, improve outcomes and reduce spending. As a result, we encourage AHCA to enable access to doula care through new coverage and reimbursement policies. Specifically, we recommend that AHCA:

- Classify doula care as a preventive service to enable doulas to function without the need for the supervision of a clinician.
- Reimburse doula care visits during all stages of pregnancy — prenatal, at labor and delivery, and postpartum.
- Expand access to doula care services to all pregnant enrollees — not just those who are high risk.
- Establish certification, training and enrollment requirements that sufficiently prepare doulas but do not prohibit or discourage doula engagement in Medicaid.
- Establish a reimbursement structure using defined CPT codes associated with each phase of pregnancy (prenatal, labor and delivery, and postpartum) and rates that adequately support the doula model of care.

Peer support specialists help improve outcomes for enrollees with complex behavioral health care needs. Research has shown that providing peer support to enrollees with differing health care needs, including substance use disorder (SUD), behavioral health needs and other complex conditions, helps reduce costs and improve care. We recommend that AHCA develop reimbursement mechanisms for peer support specialists and expand this service beyond family peer support to include enrollees with a range of complex conditions and ages.

Home and Community-Based Services Enhancements

UnitedHealthcare believes AHCA can enhance HCBS by capitalizing on innovations that will enable more SMMC enrollees to successfully age in place. At UnitedHealthcare, we recognize that most people wish to remain at home and in the community of their choosing as they age.

Florida has a history of advocating for communities that help create a better life for Florida's older adults. As one of the first and few of AARP's "Age-Friendly" states, Florida and AHCA can partner with MCPs to enhance HCBS by prioritizing models that focus on early interventions, encourage prevention and wellness for as long as possible and include an individual's natural supports throughout the care journey. This should include innovative strategies that employ frequent assessments to gauge health status and progression of diagnoses and offer connections to community resources that promote physical and behavioral health and wellbeing. The HCBS enhancements must be designed to incentivize MCPs offering education and tools to enrollees and their caregivers that support aging in place as health status changes or function declines.

UnitedHealthcare encourages AHCA to adopt a philosophy that focuses on leveraging high-quality MCPs with experience managing long-term services and supports (LTSS), Medicaid and Medicare benefits and then implementing outcomes-focused monitoring to ensure programmatic success.

Robust Care Coordination & Early Identification

First, we recommend that AHCA prioritize enhanced care coordination to improve HCBS. Care coordination should be comprehensive (physical, behavioral, social, functional), and service planning and management needs to be considered within the broader context of the individual's care plan. Enhanced care coordination strategies and tools that rely on outcomes-driven experience are innovations that high-performing MCPs must be capable of implementing. These innovations highlight early, regular engagement to use tools and resources that promote aging in place while ensuring early identification of need.

Early identification of need allows activation of in-home, light supports before needs escalate and, further, avoids premature institutional placement. In addition, this early engagement allows for education of available community-based supports that may be available to meet needs, thereby delaying inpatient utilization. We further recommend that AHCA adopt incentives for MCPs that can achieve fewer out-of-home residential placements among similar risk profiles.

Enhanced care coordination for LTSS enrollees allows MCPs to engage the enrollee to create supports that best suit an enrollee's individual goals and interests once a need for intervention is established. Working through this person-centered approach is critical to assisting the individual to achieve personally defined outcomes and improved care experience. A person-centered model improves care coordination, improves enrollee and provider experience and drives administrative savings.

Adopt Integrated Approaches

Home and community-based services can be further enhanced by using integrated approaches that incorporate person-centered care management for physical health, behavioral health, social services and LTSS under a single model. Integrating the physical, behavioral, social determinants and LTSS networks to leverage value-based, pay-for-performance contracts and drive greater coordination at the provider level is a leading innovation that UnitedHealthcare recommends AHCA incorporate into its SMMC. This integrated approach can be achieved only with an underlying technology infrastructure that supports comprehensive data exchange, and clinical and social care planning and execution that we recommend AHCA explore further.

In addition, this integrated HCBS approach must be comprehensive and expansive. To help enrollees remain at home for as long as possible, AHCA should prioritize MCPs that can encourage health and wellness and offer multiple options when help becomes necessary. AHCA should consider developing incentives that reward the development of comprehensive, integrated products that address a wide array of needs, such as minor home modifications, personal emergency response, personal care services, meal delivery, nonmedical transportation, adult day facilities and chore assistance. This full suite of tools should be the standard AHCA uses to measure enhancements to the HCBS system.

UnitedHealthcare is dedicated to identifying and exploring innovations, particularly those that benefit complex and underserved populations. Because of our extensive experience in complex care, LTSS and HCBS, we have a specialized understanding of our enrollees' shifting needs and challenges. We recommend that AHCA invest in innovations that accelerate and amplify person-centered care, aging in place and culturally relevant and holistic care, while providing flexibility to tier interventions that will support greater program sustainability and align with enrollee needs and preferences.

Maximize Targeted Programs

Florida currently does not participate in the Money Follows the Person (MFP) grant program. UnitedHealthcare serves long-term care enrollees in several states that participate in the MFP program. Other states have used federal funding to pursue innovations such as developing housing resources, institutional risk avoidance and unique services that have demonstrated clear cost savings. The MFP program is designed to be flexible and allows the state to develop several different services that can be used to both support aging in place and transitioning from higher acuity inpatient settings to lower cost settings. We believe Florida would benefit from the enhanced federal dollars, and we recommend that AHCA pursue MFP grant opportunities.

The Person Directed Option (PDO) is another unique program design with additional opportunities. Many long-term care enrollees who receive personal care attendant services struggle to find appropriate staff and are empowered under the PDO to have more control and direction of their long-term services and supports. This option supports aging in place as consumers have access to more reliable quality staff. The PDO is a great value to enrollees, but more can be done to make the option more accessible and available to all enrollees. We recommend that AHCA develop strategies to increase enrollee education about this option and explore tools and resources that would enable more enrollees to participate in and enhance this valuable service delivery model.

Transitioning the System

During the next procurement, AHCA can set new expectations to drive high-quality care while achieving the greatest cost efficiencies. By prioritizing strategies that enhance the provider experience and enable and reward continuous quality improvement, AHCA can develop the health care system of the future.

Managed care offers states tools to expand access, improve outcomes and better control cost trends. While competition and flexibility can foster innovation, targeted alignment across MCPs can benefit the relationship between MCPs and providers and create value for the Medicaid program and the people it serves. UnitedHealthcare would like to make the following recommendations for AHCA's consideration.

Centralized Provider Credentialing

We applaud AHCA's plans to centralize provider credentialing to reduce administrative burdens for providers while maintaining patient safety and quality standards. Based on our experience with other states that have used a similar approach, we encourage AHCA to contract with a credentialing entity and partner with provider associations and MCPs to establish a single, centralized credentialing structure by:

- Using a nationally recognized credentialing entity for gathering centralized credentialing data (e.g., Council for Affordable Quality Healthcare).
- Contracting with an NCQA-certified credentials verification organization (CVO) to perform the primary source verification function.
- Requiring the contracted CVO to work collaboratively and establish workgroups with all MCPs (and encouraging provider organizations to partner as well) on building a centralized credentialing process.
- Ensuring the credentialing and recredentialing process meets NCQA guideline standards, applies standards consistently across MCPs and captures information on a provider's hospital admitting privileges.
- Working with the MCPs to define parameters on the history of malpractice settlements.
- Continuing to allow MCPs to have delegation of credentialing arrangements in place with entities performing credentialing activities.
- Taking into consideration MCPs credential providers simultaneously for multiple lines of business (i.e., employer-sponsored, Medicare and Medicaid) when defining the scope of the centralized CVO process.
- Aligning the process with the American Society of Addiction Medicine (ASAM) criteria to make sure enrollees with SUD/OUD have access to quality care across all types and intensities of services.

Standard Obstetric Risk Assessment Form and Submission Process

Providers are a critical and influential part of an enrollee's pregnancy journey. Obstetric risk assessment forms (OBRAF) completed during obstetric visits are often the first and earliest source of enrollee identification for MCPs. Ensuring assessments are standardized, comprehensive (including medical, behavioral health and social needs) and promptly shared with MCPs will facilitate earlier identification of pregnancy risks and better care coordination. UnitedHealthcare appreciates AHCA's leadership and partnership in developing a standardized OBRAF to be used by Medicaid providers across the state. Based on our experience in other states, we encourage AHCA to partner with MCPs to establish a central repository where providers can submit OBRAFs and a consistent reimbursement structure to encourage providers to share a completed OBRAF with the enrollee's MCP.

For example, in Ohio, the Medicaid agency and MCPs developed a single submission mechanism for providers to submit completed OBRAFs regardless of an enrollee's MCP and a tiered reimbursement model that pays providers a higher rate for submitting an OBRAF electronically compared to submitting it via fax. This has increased the MCPs' ability to quickly address enrollees' needs and risk and has been well received by providers.

Shared Provider Readiness Assessments

In addition to enrollee-level assessments, MCPs use assessments to better understand the capacity and capabilities of providers. This enables MCPs to strategically deploy resources and develop targeted incentives. While these assessments are helpful, responding to assessments from multiple MCPs creates additional work for providers. Agreeing on common provider assessments and establishing a forum for sharing assessment results across MCPs would reduce the administrative burden on providers while helping MCPs to maximize resources and partner on targeted training and supports based on provider trends (e.g., provider type, geography). **We recommend that AHCA consider encouraging the MCPs to collaborate on provider assessments in the following areas:**

- **Level of Physical and Behavioral Health Integration:** Many physical and behavioral health providers are interested in offering integrated care but are often unclear on how best to proceed or lack the necessary resources. As the need for behavioral health services has increased during the pandemic, leveraging a proven assessment to collectively determine the level of integrated care at clinical practices would enable MCPs to help providers integrate care faster and more effectively. We appreciate AHCA's leadership in initiating the selection and implementation of a common assessment and welcome the opportunity to further collaborate and share our learnings. For example, we have found it beneficial to begin with Medicaid providers who have a demonstrated interest in integration (e.g., federally qualified health centers, community mental health centers) and to leverage the Integrated Practice Assessment Tool, which helps providers determine their level of integration and actionable steps to move along the integration continuum.
- **Alternative Payment Model (APM) Readiness:** Our provider partners are in different stages of their value-based care journey. Managed care plans want providers to succeed in APMs that facilitate practice transformation and often use an assessment to understand whether a provider is ready to be more financially accountable for their quality performance. A common assessment would provide MCPs with information about provider readiness and enable them to strategically develop and deploy resources and supports to best equip providers in meeting enrollees' health care needs.

Enable and Reward Continuous Quality Improvement

There is significant opportunity to continue to foster continuous quality improvement by focusing on desired outcomes. However, we recommend implementing a few targeted best practices to accelerate movement in this direction.

Quality and Performance Measures

We encourage AHCA to partner with MCPs, providers (both physical and behavioral health), enrollees and other stakeholders to narrow and adapt the SMMC performance measures to best align MCP and provider efforts with the State Health Improvement Plan. While AHCA holds the MCPs accountable for specific measures, there are variations in which measures providers can or are willing to focus on. A limited set of actionable performance indicators would allow and enable MCPs and providers to maximize resources and more effectively and efficiently work toward their shared quality goals. When selecting performance measures, we recommend using those that reflect national standards (e.g., NCQA or National Quality Forum) wherever possible. The design of performance measures should

encourage acceptance by and participation of the provider community and center on enrollee preferences and priorities.

In addition, we support AHCA's work to incorporate look-back measures into its overall health population strategy and recommend the Comprehensive Diabetes Care measure for Retinal Eye Exam be included in that set.

Bidirectional Data Sharing

A comprehensive view of an enrollee's health history in one place can reduce the administrative burden required by tracking down data from a variety of sources, resulting in improved quality and patient safety. The COVID-19 pandemic has emphasized the need for improved and comprehensive data. **To strengthen bidirectional data sharing, we encourage AHCA to consider the following:**

- Partner with stakeholders to expand the scope of data included in the Florida Health Information Exchange (FHIE) to provide a comprehensive view of a patient's health history in one place.
- Make sure certain key stakeholders are connected, including payers, Medicaid providers and the state's immunization registry to FHIE.
- Integrate community health information into FHIE to share critical care coordination data related to an enrollee's social care needs (e.g., screenings, referrals to community-based organizations).
- Ensure all hospitals are consistently submitting timely data to the Encounter Notification System (ENS).
- Evaluate the opportunity to incorporate custodial nursing facility admission/discharge notifications in the ENS.

Alternative Payment Models

Alternative payment models (APMs) can enable meaningful changes in clinical practice with clear goals, engaged provider partners and the proper infrastructure. A shared readiness assessment, aligned measures and bidirectional data sharing, as discussed earlier, will help equip MCPs and providers to truly transition the system to deliver value to enrollees and the state.

Alternative payment model adoption has increased in recent years with providers primarily participating in incentive programs in the earlier stages of the payment continuum that pay a bonus or fee for quality or reporting on top of a fee-for-service rate (**LAN Category 2**) and a growing number participating in shared savings arrangements (**LAN Category 3**). Many payers have developed APMs in these categories that use similar approaches, such as incenting PCPs to close gaps in care.

While APMs have had some success in improving quality, the variation in model design across MCPs has limited the adoption and impact of models as providers are reluctant to invest in operational changes when the associated incentive would only apply to a small portion of their patient population. To enable continued improvement, we recommend that AHCA partner with the MCPs to adopt a common primary care APM across MCPs, aligning core elements (i.e., measures, attribution and risk adjustment). This would create a strong foundation from which MCPs would be able to build and innovate upon.

Population Health

AHCA can continue to innovate in its approach to addressing population health to achieve the highest health outcomes for Medicaid enrollees by aligning and deploying complementary strategies from the previous sections against key population health priorities.

Addressing Behavioral Health Needs

Many enrollees do not experience physical and behavioral health issues separately, and PCPs are often the first point of contact for enrollees who would benefit from behavioral health services. Engaging with PCPs (who typically already have an established relationship with the enrollee) results in better enrollee care. Engagement can help to change the attitude about behavioral conditions, reduce stigma and increase the likelihood an individual suffering from a mental health or substance use condition will receive timely and appropriate intervention and treatment.

Recognizing the COVID-19 pandemic has had a serious impact on the behavioral health and wellness for many, a focus on building capacity in the primary care setting and supporting coordination between PCPs and mental health and SUD providers will help Florida respond to the lasting behavioral health effects of the public health emergency. In addition to the adoption of a standard provider assessment mentioned earlier, UnitedHealthcare encourages AHCA to consider the following to support improvements in behavioral health access and quality:

- **Reimburse for the Collaborative Care Model (CoCM) codes**: The CoCM is an evidence-based care model that integrates providers with behavioral health expertise (e.g., psychologist, clinical social worker) into the primary care team to provide treatment to patients with common, less complex care needs alongside the PCP. The model includes practice components designed to standardize care and follow-up such as a patient registry and validated screening tools. To enable providers to adopt and sustain the model, the codes for services that facilitate CoCM must be reimbursable by all payers. We recommend that AHCA align with Medicare and most commercial payers to reimburse for the CoCM codes.
- **Adopt a standard consent form for the release of behavioral health information**: Health care providers may share many kinds of health information with payers and other providers for the purposes of payment, treatment and health care operations. However, federal law requires providers to receive consent to share information such as mental health records (for purposes other than treatment, payment and coordination of care) or information on treatment or referrals for alcohol and substance use disorder. Each provider has developed their own form to comply with the law, but differences between forms have made sharing information across the health care system difficult for individuals and providers. To support whole person care and meaningful coordination, AHCA should consider creating a standard consent form for the sharing of health information specific to behavioral health and substance use treatment.

Maternal and Infant Health

As AHCA knows all too well, Florida's infant mortality rate, preterm birth rate and low-risk cesarean birth rate are all above the national average. There is significant opportunity for MCPs to develop innovations that bring a broader focus on maternal and infant health to improve outcomes.

Building on AHCA's recent expansion of coverage for enrollees to 12 months postpartum, we encourage AHCA to:

- Enable access to doula care through the coverage and reimbursement of doula services.
- Increase patient screening by establishing a common OBRAF, central repository and consistent reimbursement structure to encourage providers to conduct and share OBRAFs with the enrollee's MCP.
- Reimburse for the CoCM codes and provider-to-provider consultations to incentivize maternal health providers and behavioral health providers to coordinate care for pregnant individuals with behavioral health needs.
- Incentivize MCPs and providers to leverage digital engagement tools.
- Encourage MCPs to explore ways healthy behavior programs can be adapted and used to target improvements in maternal health, particularly with existing programs (smoking cessation, substance use disorder treatment).

Health and Wellness

AHCA currently requires MCPs to establish and maintain programs to encourage and reward healthy behaviors targeting enrollees who smoke, are obese or are diagnosed with alcohol or substance use disorders. As enrollees play a vital role in managing their health and improving their health outcomes, we recommend that MCPs adopt the following best practices to deepen wellness initiatives in Florida through the following actions:

- Emphasize education and awareness of initiatives by promoting motivational interviewing, activation tools, peer supports and support groups and other touchpoints.
- Design and adapt programs to account for the factors that affect the ability of enrollees to engage with and benefit from wellness programs, including access, education, immediate/past life circumstances and socioeconomic barriers.
- Develop a wraparound culture with providers and community partners to improve awareness of programs and connect with enrollees in need of health care interventions.
- Establish streamlined and easily attainable programs that emphasize long-term solutions rather than complex or multistep programs.
- Use data analytics to identify and proactively outreach to individuals due for routine and specialty medical care.

Conclusion

UnitedHealthcare's participation in the Florida SMMC has yielded valuable lessons on which best practices and innovations are worth duplicating. Our team welcomes the opportunity to discuss our recommended approaches and suggestions with AHCA. We believe that, by adopting these recommendations, AHCA will be positioned to positively impact the health and wellbeing of all Medicaid enrollees. We look forward to continuing our support of AHCA's goals for the Medicaid program.