

# Update on the Statewide Medicaid Managed Care Program

Beth Kidder

Assistant Deputy Secretary for Medicaid Operations  
Agency for Health Care Administration

Blueprint for Success: The Pediatric Medical Home is  
Here to Stay Conference

February 6, 2015



# Disclosure

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



# The Statewide Medicaid Managed Care Program

- In 2011, the Florida Legislature required the Agency to expand managed care statewide for most Medicaid recipients.
- The Agency successfully implemented the Statewide Medicaid Managed Care (SMMC) program August 1, 2013, through August 1, 2014.
- The program has two components: the Long-Term Care (LTC) program and the Managed Medical Assistance (MMA) program.
  - MMA covers most recipients of any age who are eligible to receive full Medicaid benefits.
  - LTC covers most recipients 18 years of age or older who need nursing facility level of care.



# Goals

The goals of the Statewide Medicaid Managed Care Program are:

- To improve coordination of care
- Improve the health of recipients, not just paying claims when people are sick
- Enhance accountability
- Allow recipients a choice of plans and benefit packages
- Allow plans the flexibility to offer services not otherwise covered
- Enhance prevention of fraud and abuse through contract requirements.



# SMMC Program Elements

- Plan Choice
- HMOs and PSNs (provider service networks)
- Comprehensive Plans in LTC
- Specialty Plans in MMA
- Choice of Benefit Package
- Choice Counseling
- Risk Adjusted Rates
- Low Income Pool



# SMMC Program Enhancements: Expanded Benefits

- The Agency negotiated with health plans to provide extra benefits at no cost to the state. These benefits include:
  - Adult dental
  - Hearing and vision coverage
  - Outpatient hospital coverage
  - Physician coverage, among many others.



# SMMC Program Enhancements: Network Adequacy Standards

- Time and distance standards
- Ratios of patients to providers
- Increasing the number of primary care and specialist providers accepting new Medicaid enrollees
- Increasing the number of primary care providers that offer appointments after normal business hours
- Extremely low level of complaints/issues.



# SMMC Program Enhancements: Network Adequacy Standards (cont.)

Managed Medical Assistance Provider Network Standards Table

Urban County		Rural County		Regional Provider Ratios	
Required Providers	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Providers per Recipient
Primary Care Providers	30	20	30	20	1:1,500 enrollees
<b>Specialists</b>					
Adolescent Medicine	100	75	110	90	1:31,200 enrollees
Cardiology (Pediatrics)	100	75	110	90	1:16,667 enrollees
Endocrinology (Pediatrics)	100	75	110	90	1:20,000 enrollees
Nephrology (Pediatrics)	100	75	110	90	1:39,600 enrollees
Neurology (Pediatrics)	100	75	110	90	1:22,800 enrollees
Pediatrics	50	35	75	60	1:1,500 enrollees
Therapist (Occupational)	50	35	75	60	1:1,500 enrollees
Therapist (Speech)	50	35	75	60	1:1,500 enrollees
Therapist (Physical)	50	35	75	60	1:1,500 enrollees
Therapist (Respiratory)	100	75	110	90	1:8,600 enrollees



# SMMC Program Enhancements: Physician Pay Increase

- Plans must increase physician payment until rates equal or exceed Medicare rates for similar services.
  - The Agency may impose fines or other sanctions including liquidated damages on a plan that fails to meet this performance standard after 2 years of continuous operation.



# SMMC Structure

## Standard Plans

- Only Managed Medical Assistance services, or
- Only Long-term Care services

## Comprehensive Plans

- Cover all Long-term Care and Managed Medical Assistance services.
- Plan care coordinator(s) coordinates with all of the recipient's medical and long-term care providers.

## Specialty Plans

- Cover Managed Medical Assistance services.
- Plans serve Medicaid recipients who meet specified criteria based on:
  - age
  - condition, or
  - diagnosis



# SMMC Program Enhancements: MMA Plan Accreditation

- Each plan must be accredited or have initiated the accreditation process, within 1 year after the contract is executed.
- For any plan not accredited within 18 months after executing the contract, the Agency will suspend automatic assignment.



# Additional SMMC Program Enhancements

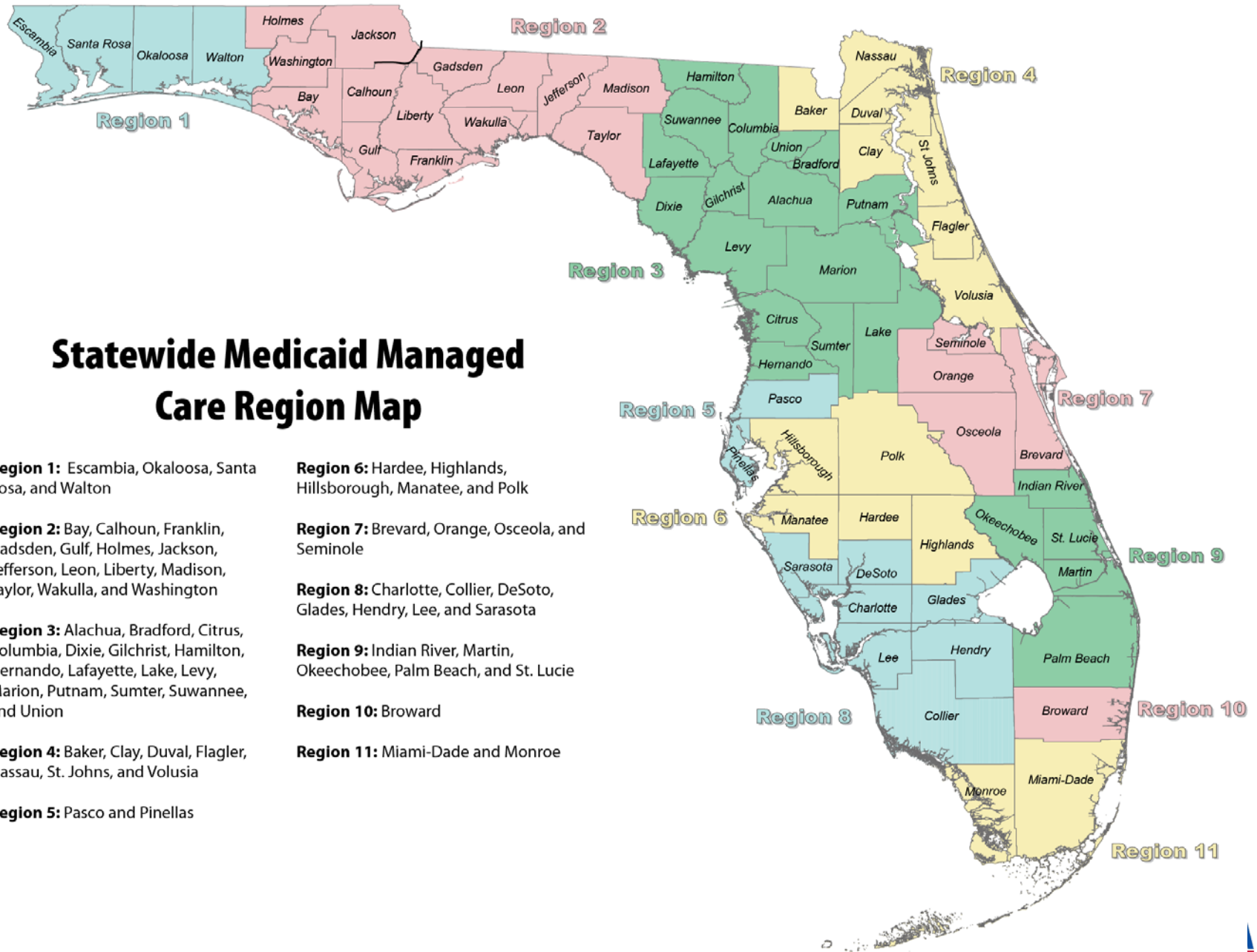
- More timely claims processing timeframes than required in state and federal regulations.
- More timely processing of standard and expedited prior authorization requests.
- Stringent call center performance standards.



# Selecting SMMC Plans

- Health plan contracts were competitively procured in each of 11 regions.
- The Agency received bids and awarded contracts to HMOs and Provider Service Networks (PSNs).
- Contracts are for a five-year contract period.





# Statewide Medicaid Managed Care Region Map

**Region 1:** Escambia, Okaloosa, Santa Rosa, and Walton

**Region 2:** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington

**Region 3:** Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union

**Region 4:** Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia

**Region 5:** Pasco and Pinellas

**Region 6:** Hardee, Highlands, Hillsborough, Manatee, and Polk

**Region 7:** Brevard, Orange, Osceola, and Seminole

**Region 8:** Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota

**Region 9:** Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

**Region 10:** Broward

**Region 11:** Miami-Dade and Monroe

# MMA: Standard and Comprehensive Plans

Region	Amerigroup	Better Health	Coventry	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Sunshine	United Healthcare	Staywell
1				X	X								
2								X					X
3								X			C	C	X
4						X					C	C	X
5	X							X			C		X
6	X	X		X	X			X			C		X
7	X					X		X			C	C	X
8					X			X			C		X
9				X		X		X			C		
10		X		C					X		C		
11	C		C	C		C	X	X		X	C	C	X



# MMA: Specialty Plans

Region	Children's Medical Services Network	Clear Health Alliance	Freedom Health, Inc.	Magellan Complete Care	Positive Healthcare Florida	Sunshine Health Plan, Inc.
	Children with Special Health Care needs	HIV/AIDS	Chronic Duals	Serious Mental Illness	HIV/AIDS	Child Welfare
1	X	X				X
2	X	X		X		X
3	X	X	X			X
4	X			X		X
5	X	X	X	X		X
6	X	X	X	X		X
7	X	X	X	X		X
8	X	X	X			X
9	X	X	X	X		X
10	X	X	X	X	X	X
11	X	X	X	X	X	X





# LTC: Plans

Region	LTC Plans						
	American Eldercare, Inc.	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine Health Plan	United Healthcare of Florida, Inc.
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X



# SMMC Rollout: Transition Goals

- Long-term Care:
  1. No missed services
  2. No enrollee forced to move from their residence
  3. Providers get paid
  4. Plans get paid
- Managed Medical Assistance:
  1. Preserve Continuity of Care
  2. Plans have sufficient provider networks
  3. Providers get paid
  4. Choice Counseling have sufficient capacity to handle the transition volume



# SMMC Rollout: Achieving Transition Goals

- The Agency put into place several provisions to ensure goals were achieved and pitfalls avoided:
  - Regional rollout (LTC and MMA)
  - Choice counseling (LTC and MMA)
  - Continuity of care provisions (LTC and MMA)
    - Pharmacy Services (MMA)
    - Data Transfer (LTC and MMA)
  - Outbound calls to HCBS recipients (LTC)
  - Special efforts with assisted living facilities (LTC)
  - Centralized issues hub (LTC and MMA)
  - Comprehensive outreach approach (LTC and MMA)



# SMMC Rollout: Regional Rollout Schedule

- The Agency used a regional rollout schedule to ensure adequate bandwidth for Choice Counseling.
- Provided the Agency an opportunity to make adjustments based on “lessons learned” if needed.



# SMMC Rollout: Choice Counseling

- Assists recipients to select plans that best meets their needs based on:
  - Provider network
  - Additional benefits available under each plan
- Assists recipients by phone, internet, and in person:
  - Interactive phone voice response system 24 hours a day.
  - Direct phone access to a choice counselor.
  - Choice counseling website.
  - Recipients with special needs can request a face-to-face meeting.
  - During the LTC rollout, choice counselors performed extensive face-to-face counseling both with individual residents and at LTC facilities.



# SMMC Rollout: Choice Levels are High

- Nearly 70% of the people chose the plan they joined.
  - 34% of Medicaid recipients actively chose their plan in the MMA choice period, either by phone, or on the web.
  - 31% remained in a plan they had previously chosen.
  - 3% called and were choice counseled, but then made no selection and stayed in plan in which they were auto assigned.
  - Many recipients also visited the Choice Counseling website, but did not change the plan to which the Agency auto-assigned them.



# SMMC Enrollment

- LTC Program:
  - Over 85,000 recipients enrolled as of January 1, 2015.
- MMA Program:
  - Over 3 million recipients enrolled, or pending enrollment as of December 31, 2014



# SMMC Rollout: Continuity of Care

- Plans were required to continue payments to existing providers – including non-participating providers - at the prior rate during this period or until the provider entered into contract with the health plan.
- Ensured that recipients did not experience a break in services or care coordination while transitioning:
  - From one service delivery system to another;
  - From one managed care plan to another; or
  - From one service provider to another.





# SMMC Rollout: Continuity of Care (cont.)

- **Pharmacy Services:** Ensure recipients receive their prescriptions on day one of enrollment.
  - Allowed open pharmacy networks (rather than contract-only limited networks) for the first 60 days of operation in each region.
  - Communicated to plans that existing approved prescriptions must be allowed without prior authorization during the transition period.
  - Gave pharmacies recipient plan enrollment information at point of sale
- Virtually eliminated problems accessing pharmacy services during the transition to the MMA program.



# SMMC Rollout: Continuity of Care (cont.)

- **Data Transfer:** Provided health plans with specific data about each new enrollee.

MMA

- Data assisted plans with continuing ongoing treatments.

LTC

- Data assisted plans in completing assessments of transitioning recipients.



# SMMC Rollout: Calls to Home and Community Based Recipients

- Following each regional rollout, the Agency and DOEA staff contacted HCBS recipients (living in the community) via phone calls.
  - Contacted most recipients in small regions
  - Contacted a large sample of recipients in large regions
- Recipients were asked if they were having any issues receiving services.
  - Any issues were submitted to the SMMC centralized hub for further handling.
- Approximately 9,800 calls were made.



# SMMC Rollout: Special Efforts with Assisted Living Facilities

- Gave plans lists of ALFs with number of Medicaid LTC enrollees in residence.
- Six weeks prior to rollout in a region, began weekly calls with plans on their progress towards contracting with ALFs.
- Master tracking sheet reviewed weekly by management team.
- Medicaid staff called or visited ALFs that were not contracted.



# SMMC Rollout: Centralized Issues Hub

- Allows the Agency to streamline and better track and respond to all complaints and issues received.
- Provides a mechanism to review trends in related to specific issues, or complaints against specific plans.



# SMMC Rollout: Additional Challenges

- Some services are being provided across the state by managed care plans for the first time.
  - Includes dental, non-emergency transportation, behavioral health.
- Some populations who were not required to enroll in managed care previously must enroll.
  - Includes dual-eligibles, those who are eligible for Medicaid because of pregnancy, and those formerly enrolled in the MediPass program.



# Next Steps: Report Cards

- Enrollees will soon be able to choose plans based upon quality.
- In the early part of 2015, Medicaid will begin publishing a consumer-focused Medicaid health plan report card.
- The report card will include ratings on how Florida's managed care plans are doing on getting children into well-child visits and to dental care.



# Next Steps: Achieved Savings Rebate

- A percentage of savings achieved by health plans is retained by the plan and a percentage of savings achieved is returned to the state.
- The Agency is responsible for verifying achieved savings through compliance audits on plan financial reports conducted by an independent certified public accountant. Plans are responsible for the costs of the audits.





# Next Steps: Encounter Data

- Encounter data are electronic records of services provided to Medicaid enrollees by a capitated health plan.
- Encounter data are submitted in a federally-mandated HIPAA-compliant format from health plans to the Florida Medicaid Management Information System.
- The Agency has collected encounter data since 2008, but the data will be used more prominently in the SMMC program.



# Next Steps: Encounter Data (cont.)

- The Agency will use encounter data for three primary purposes:
  - **Transparency:** Information from encounter data will be available to external stakeholders.
  - **Performance and Quality:** Monitoring plans on a variety of metrics to ensure performance and quality measures are being met.
  - **Rate Setting:** Encounter data will be critical in setting appropriate plan reimbursement levels.



# Next Steps: Encounter Data (cont.)

- Possible performance measures:
  - Diabetes Short-Term Complications Admission Rate
  - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
  - Heart Failure Admission Rate
  - Asthma in Younger Adults Admission Rate



[http://apps.ahca.myflorida.com/smmc\\_cirts/](http://apps.ahca.myflorida.com/smmc_cirts/)

### Florida Statewide Medicaid Managed Care Program Complaint Form

If you have a complaint about Medicaid Managed Care services, please complete the information below.

\* Required fields

For each complaint/issue, please provide:

Your name

Your email

Your phone number

I am a

Who is the complaint/issue about?

Name (If different from above)

Gold Card, SSN, or Medicaid ID or NPI

County

What type of Managed Care Plan is this complaint/issue about?

What is the name of the Managed Care Plan?

Which choice best describes the (complaint/issue)?

Please describe in 2000 characters or less

Do you want to be contacted about this complaint/issue?

Your name, email and phone number are requested in case more information is needed to resolve your issue. If you wish to remain anonymous, you may omit this information. If you choose to send an issue anonymously, please provide as much detail as possible. Without enough detail, we may not be able to resolve your issue; however, your input is important and will be used to improve the program.

Thank you for completing this form. After you click the 'Submit' button above, a copy of your complaint will be sent to the email address that you provided.

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the local Area Office by phone (click on link below) or in writing.

If you need assistance completing this form or wish to verbally report your issue, please contact your local Area Office.

Phone numbers of local [Area Offices](#)

## Report a Complaint



- If you have a complaint or issue about Medicaid Managed Care services, please complete the online form found at:  
<http://ahca.myflorida.com/smmc>
- Click on the “Report a Complaint” blue button.
- If you need assistance completing this form or wish to verbally report your issue, please call 1-800-226-6735



# Stay Connected



[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)



[Twitter.com/AHCA\\_FL](https://twitter.com/AHCA_FL)



[SlideShare.net/AHCAFlorida](https://www.slideshare.net/AHCAFlorida)



# Questions?

