

Florida Medicaid: Statewide Medicaid Managed Care

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Statewide Medicaid Managed Care Program

- Most Florida Medicaid recipients are enrolled in one or both components of the Statewide Medicaid Managed Care (SMMC) program, Long-term Care program and Managed Medical Assistance program
- Now that the SMMC program is operational, program performance data is coming in:
 - Initial evidence shows
 - Florida’s Medicaid program is currently operating at the highest level of quality in its history, and that it is doing so at a substantial per person savings to Florida’s taxpayers.
 - Consumer satisfaction is high.



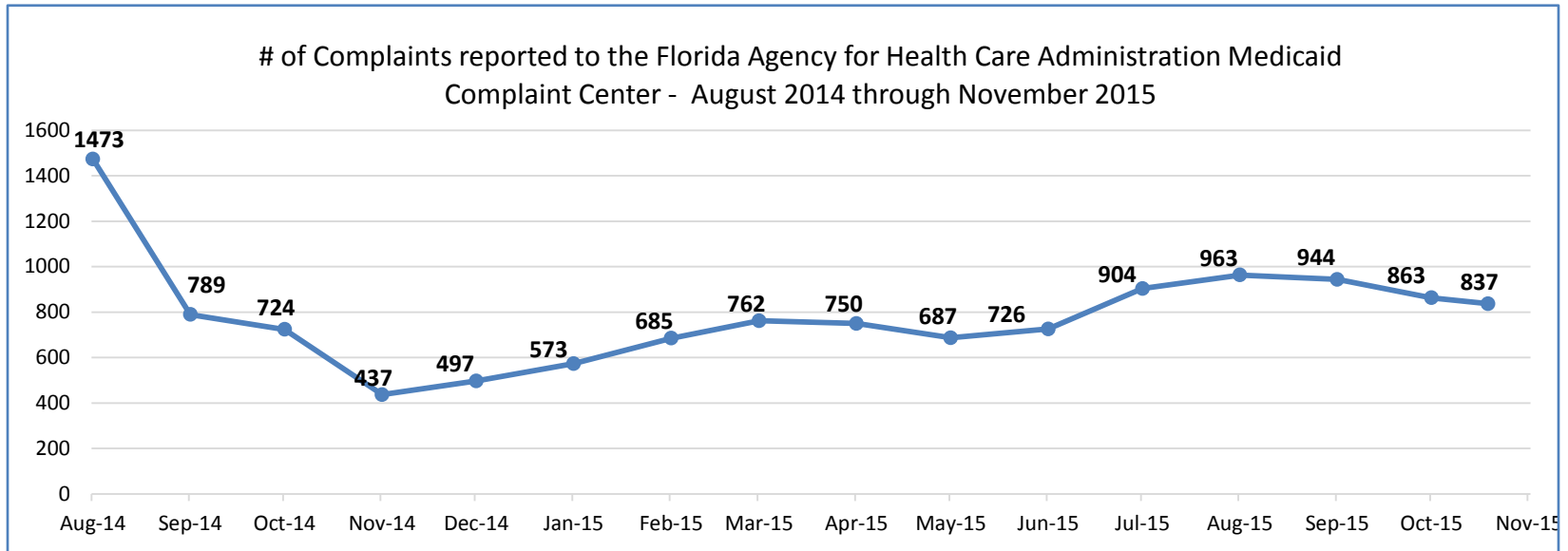
MMA Program Quality

- Medicaid recipients enrolled in Managed Medical Assistance plans now have access to the highest quality of care in the history of the Florida Medicaid program
 - HEDIS Scores
 - Health Plan Report Cards
 - Consumer Satisfaction Survey



Complaints reported since August 1, 2014

Statewide Medicaid Managed Care (both MMA & LTC)



SMMC Enrollment:	2,843,379	2,808,135	2,832,433	2,858,539	2,937,619	2,953,484	2,999,096	3,038,586	3,056,535	3,089,246	3,094,423	3,137,972	3,165,257	3,172,113	3,180,800	3,197,781
# Issues per 1,000 Enrollees:	0.518	0.281	0.256	0.153	0.169	0.194	0.228	0.251	0.245	0.222	0.235	0.288	0.304	0.298	0.271	0.262

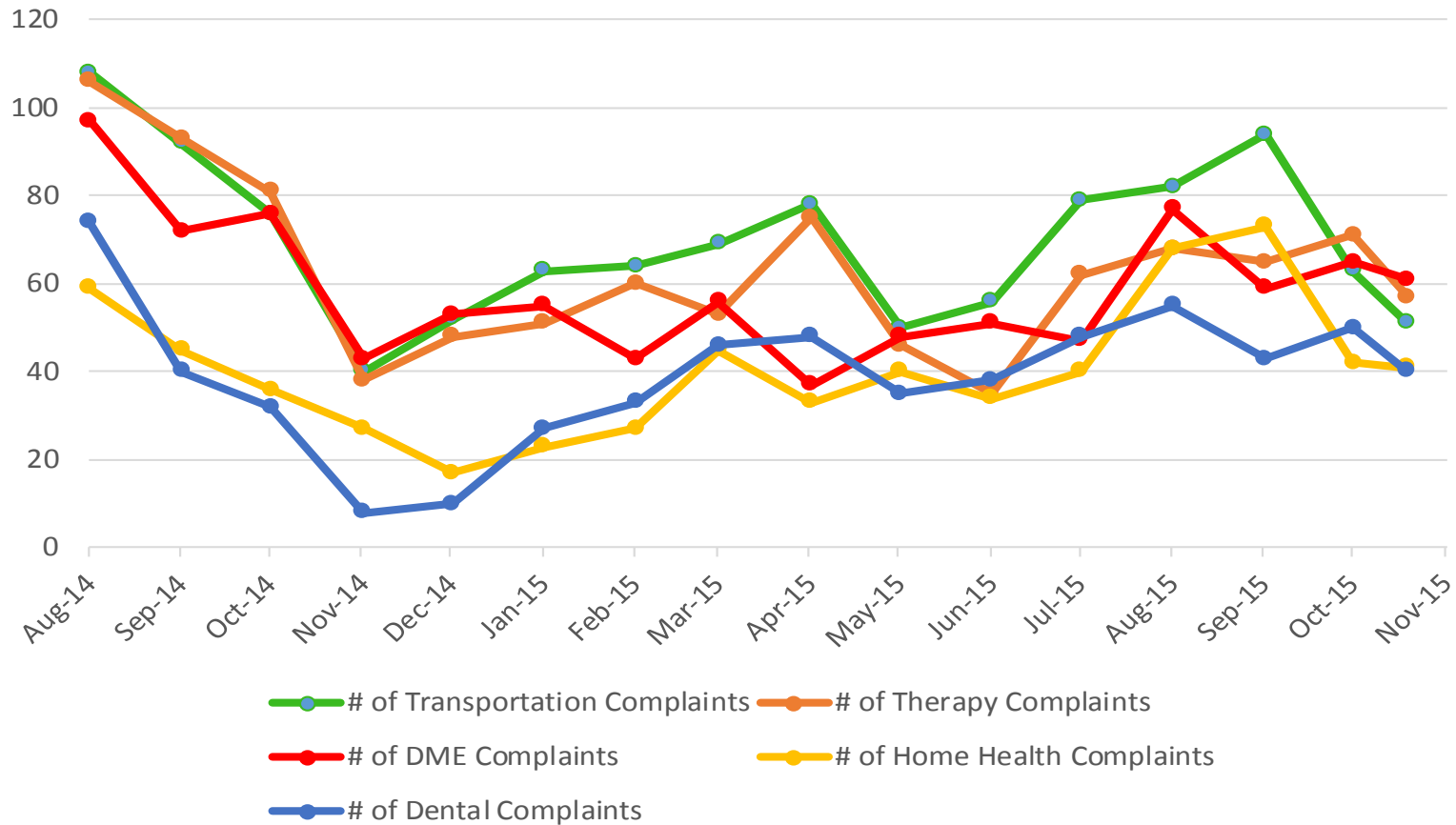
Note - The Agency actively encourages all stakeholders to surface any potential issue, concern, or complaint regarding the SMMC Program to the SMMC Complaint Operations Center. All allegations and issues have been recorded, regardless of whether they were found to be accurate or substantiated.

**Complaints can be reported by phone at 1-877-254-1055, or
online at https://apps.ahca.myflorida.com/smmc_cirts/**

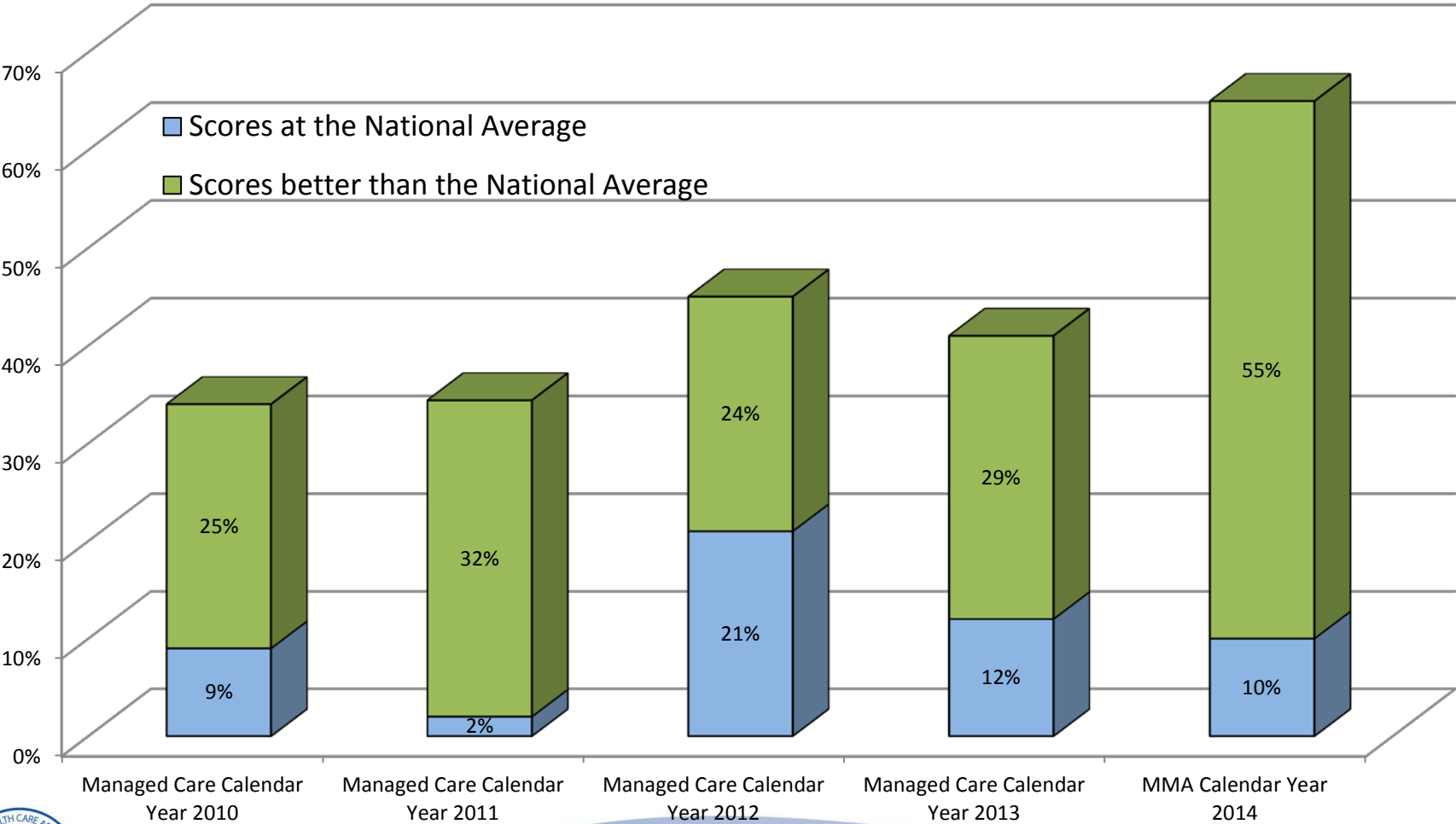


Focused Complaints reported since August 1, 2014 Statewide Medicaid Managed Care (Includes both MMA & LTC)

of Transportation, Durable Medical Equipment, Dental, Therapy and Home Health Complaints reported to the Florida Agency for Health Care Administration Medicaid Complaint Center - Aug. 2014 through Nov. 2015



MMA Program Quality: Overall HEDIS Scores Trend Upward



Note: If non-reform and Reform are separated when calculating the percentage of “the scores below the National Mean in calendar year 2014, but higher than managed care scores in calendar year 2013”, the overall percentage would be 14%.

MMA Program Quality: Dental Visit Scores Trend Upward

Time Period	MMA	Reform Pilot Plans	Prepaid Dental Carve Out
CY 2007 (Reported in 2008)	N/A	15.2%	N/A
CY 2008 (Reported in 2009)	N/A	28.5%	N/A
CY 2009 (Reported in 2010)	N/A	33.4%	N/A
CY 2010 (Reported in 2011)	N/A	34.0%	N/A
CY 2011 (Reported in 2012)	N/A	35.3%	N/A
CY 2012 (Reported in 2013)	N/A	40.40%	40.92%
CY 2013 (Reported in 2014)	N/A	42.3%	37.04%
MMA Year 1	43.1%	N/A	N/A

Reform Pilot Plan Notes: Data above is the weighted mean across all plans.

Prepaid Dental Carve Out Notes: 2012 is the first year the PDHPs submitted data audited by an NCQA-certified HEDIS auditor. Data is weighted across all plans.

MMA Year 1 Notes: AHCA used the same parameters required to calculate the HEDIS children's dental care annual dental visit measure with two variations: 1) HEDIS requires that a calendar year be used; AHCA used an August through July; 2) HEDIS requires that individuals be enrolled in the plan on December 31 of the measurement year; the Agency's analysis required that they be enrolled on July 31 of the measurement year.



MMA Program Quality: Dental Visit Scores

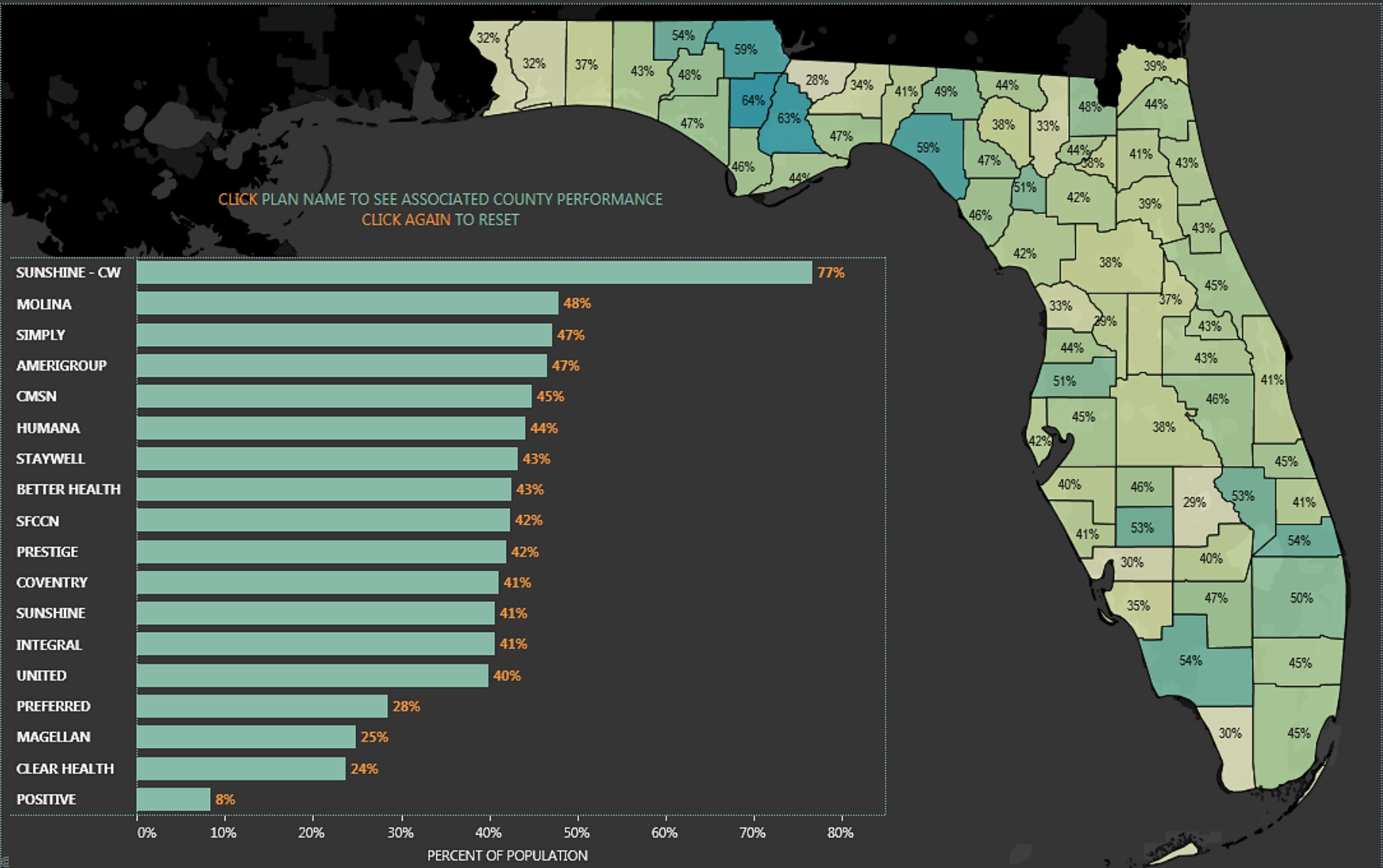
- The Agency conducted an analysis to determine the percent of MMA enrollees ages 2-21 who received at least one dental service in the first year of MMA implementation (08/01/2014 through 07/31/2015).
 - The Agency used the same parameters required to calculate the HEDIS children's dental care annual dental visit measure, but changed the enrollment period measured to accommodate the 2014 transition year (from old Medicaid to MMA).
- Result: 43% of the children who qualified to be counted in this measure received dental services during this time period. This is slightly higher than the HEDIS scores achieved in 2013 by Medicaid Reform plans (42%).



MMA Program Quality: Dental Visit Scores

Florida Medicaid Data Visualization Series

Program Profiles: *Managed Care - Dental Services (Children Ages 2 - 21) for MMA Year 1 Aug 2014 - July 2015*

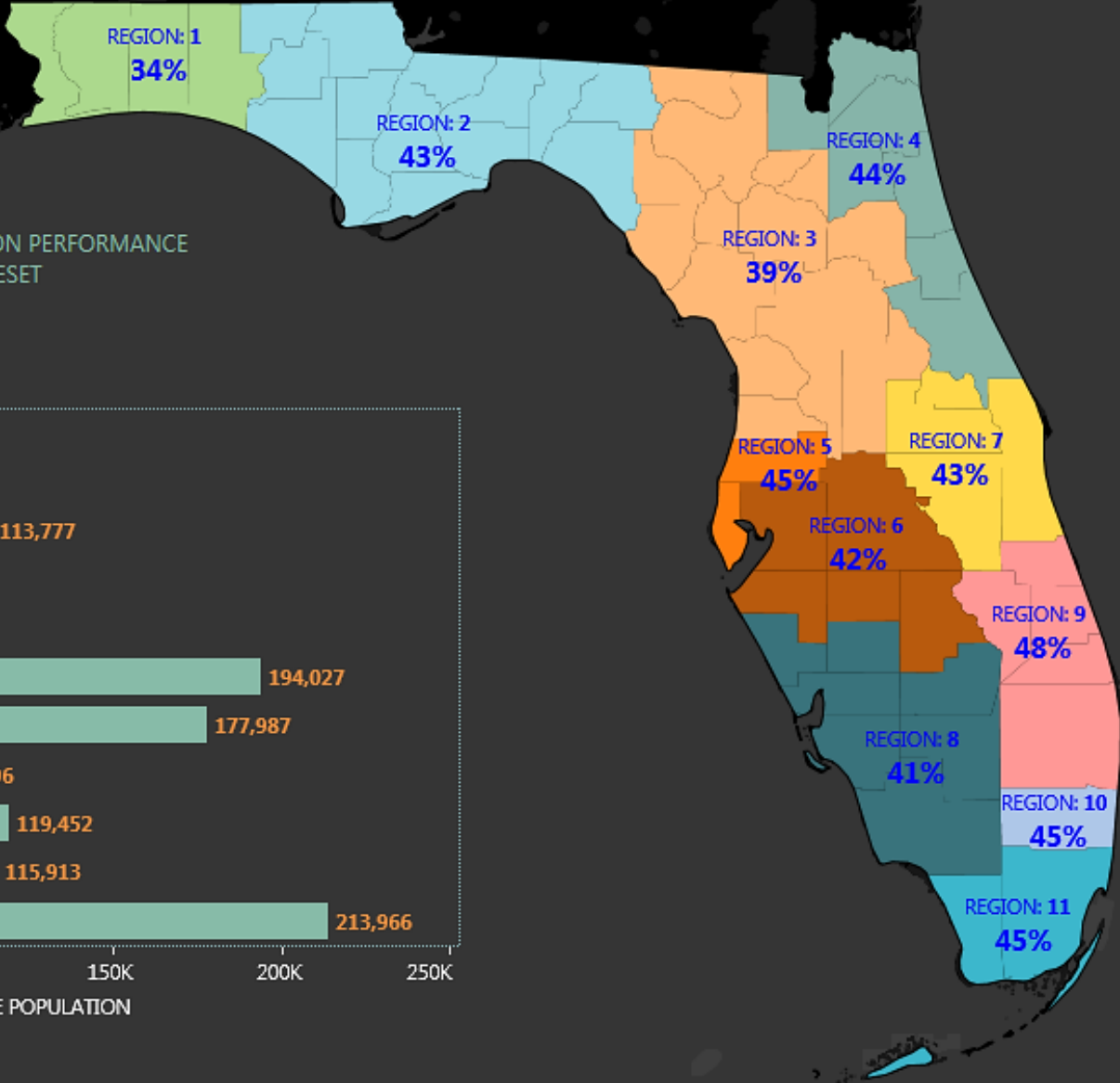
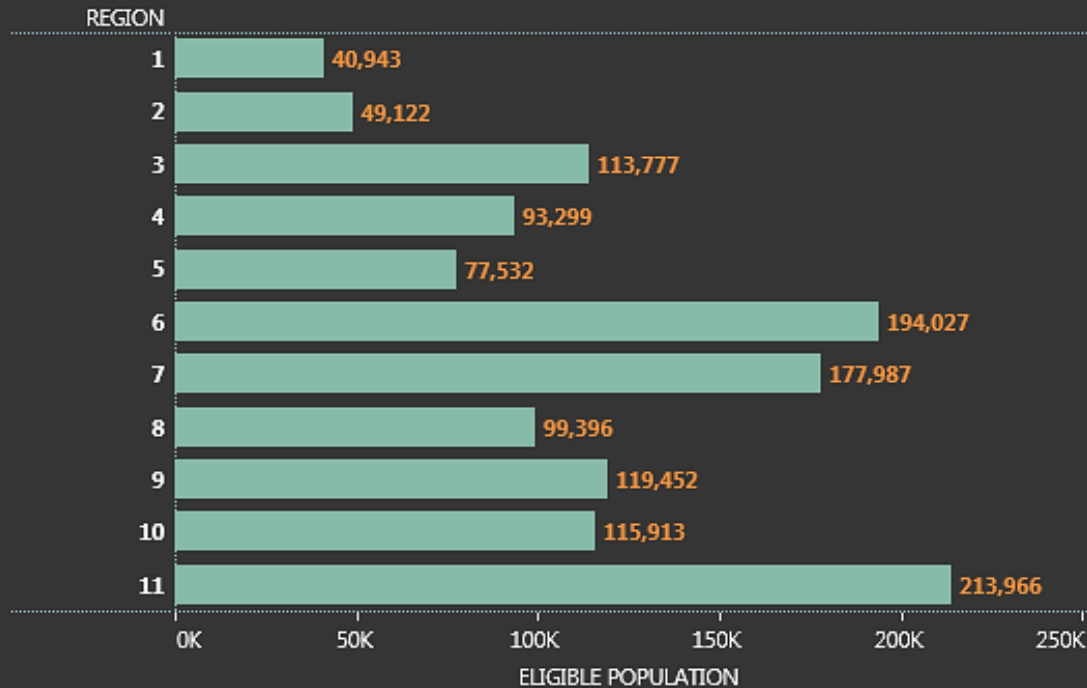


MMA Program Quality: Dental Visit Scores

Source: https://bi.ahca.myflorida.com/t/FLMedicaid/views/DentalProfileMMAYear1/DENTALSERVICES-MMA?embed=y&toolbar=no&:display_count=no

CLICK TO SEE ASSOCIATED REGION PERFORMANCE
CLICK AGAIN TO RESET

ELIGIBLE POPULATION



MMA Program Quality: Health Plan Report Cards

- Health Plan Report Cards: Enrollees can now choose plans based on quality.
- Measures include important topics such as Pregnancy Related Care, Children's Dental Care, Keeping Kids Healthy, etc.
- 2014 Report Card: Contains information all plans participating during the entire 12 month period (SMMC plans)



MMA Program Quality: Health Plan Report Cards

FloridaHealthFinder.gov

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How do I use this website?

Compare

Assisted Living Facilities

Hospitals / Ambulatory Surgery
Centers / Physicians

Health Plans

Medicaid Health Plan Report Card

Nursing Homes

Prescription Drug Prices

Deliveries and Newborns

compare ho

Help finding a hospital that

1. Navigate to FloridaHealthFinder.gov

2. Select "Medicaid Health Plan Report Card"

3. Select a county, or view all counties

4. View Results

FloridaHealthFinder.gov

Connecting Florida with Health Care Information

Home

Researchers and Professionals

Compare

Health Plan Location

Directions:

To view the Medicaid Health Plan Report Card with information about plans in your area, click the county in which you live. To view information about a Commercial or Medicare plan in your area, click the county in which you live. Use the buttons at the bottom of the page to continue.

Select a county for the Health Plan

All Florida Counties

Health Plans by County

Start Over

Change Health Plan Type

View Results



MMA Program Quality: Health Plan Report Cards

Quality of Care Indicators - Ratings

All Florida Counties

Plan Type: Medicaid Health Plans

Data are for services received in 2014

Medicaid Health Plan Report Card

To view individual measures in a category, click one of the following:

- Pregnancy-related Care
- Keeping Kids Healthy
- Keeping Adults Healthy
- Living with Illness
- Mental Health Care

Sorting Options:

Sort By Column Ascending (A-Z, 0-9) Descending (Z-A, 9-0)

[View Results](#)

Statewide Information for Plans Currently Operating in Florida Counties

Plan Name	Pregnancy-related Care	Keeping Kids Healthy	Keeping Adults Healthy	Living with Illness	Mental Health Care
Amerigroup Florida, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Better Health, LLC	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Children's Medical Services	N/A	★★★★☆	N/A	★★★★☆	★★★★☆
Clear Health Alliance	N/A	N/A	★★★★☆	★★★★☆	★★★☆☆
Coventry Health Care of Florida	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★☆☆
Florida MHS (Magellan)	★★★☆☆	N/A	N/A	N/A	★★★☆☆
Humana Medical Plan, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★☆☆
Molina Healthcare of Florida, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Positive Healthcare Florida	N/A	N/A	★★★★☆	★★★★☆	★★★☆☆
Prestige Health Choice	★★★★☆	★★★☆☆	★★★★☆	★★★★☆	★★★☆☆
Simply Healthcare Plans, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★☆☆
South Florida Community Care Network	★★★☆☆	★★★★☆	★★★☆☆	★★★★☆	★★★☆☆
Staywell	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★☆☆
Sunshine State Health Plan, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Sunshine State Health Plan, Inc. - Child Welfare	N/A	★★★★☆	N/A	N/A	★★★★☆
United Healthcare of Florida, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆

Ratings Key:

- ★★★★ Best
 - ★★★★☆ Good
 - ★★★☆☆ Fair
 - ★★☆☆☆ Poor
 - ★☆☆☆☆ Very Poor
 - N/A Not Measurable/Small Population
- at or above 50% of all Medicaid health plans' scores
better than at least 40% of all Medicaid health plans' scores
better than at least 25% of all Medicaid health plans' scores
better than at least 10% of all Medicaid health plans' scores
worse than 90% of all Medicaid health plans' scores

[Change Health Plan Type](#)

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MMA Program Quality: CAHPS Survey

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care.
 - Survey results were due to the Agency July 1, 2015.
 - Plans must use NCQA standards for conducting the survey and use NCQA CAHPS survey vendors.



MMA Program Quality: CAHPS Survey

- Parents reported the following regarding their experience with their children in the Medicaid program:
 - 81 % of enrollees have high overall plan satisfaction (rating 8, 9, 10)
 - 90 % of enrollees rate their personal doctor highly (rating 8, 9, 10)
 - 83% of enrollees rate their specialists highly (rating 8, 9, 10)
 - 82% of enrollees say that they usually or always find it easy to get care
 - 89 % of enrollees say that they usually or always find it easy to get care quickly
 - 93 % of enrollees say that their doctor usually or always explains things to them well, listened carefully, showed respect and spent enough time in communications



LTC Program Quality

- The LTC program was designed with incentives to ensure patients are able to reside in the least restrictive setting possible and have access to home and community based providers and services that meet their needs.
- Three measures apply to the LTC Program:
 - Transition of individuals who wish to go home from institutional care such as nursing facility care to the community.
 - Patient Satisfaction survey results.
 - LTC Evaluation Report.



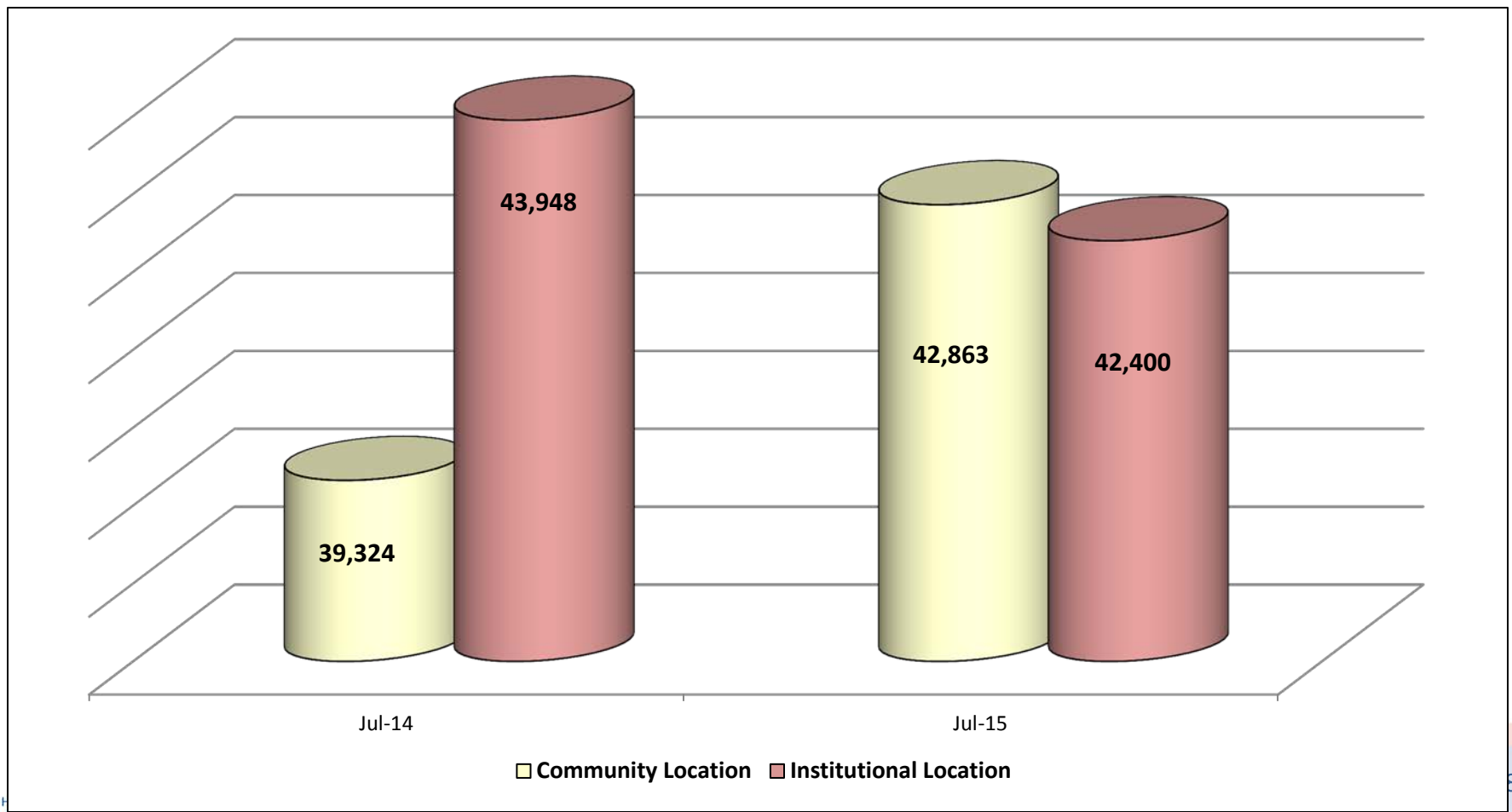
LTC Program Quality: HCBS Incentives

- The LTC program was designed with incentives to ensure patients are able to reside in the least restrictive setting possible and have access to home and community based providers and services that meet their needs.
 - The law requires AHCA to adjust managed care plan rates to provide an incentive to shift services from nursing facilities to community based care.
 - Transition percentages apply until no more than 35% of the plan's enrollees are in nursing facilities.
- An enrollee who starts the year in a nursing home is treated as being in a nursing home for rate purposes for the entire year, even after transition.
- Plans “win” financially if they beat the target, “lose” if they do not meet the target.



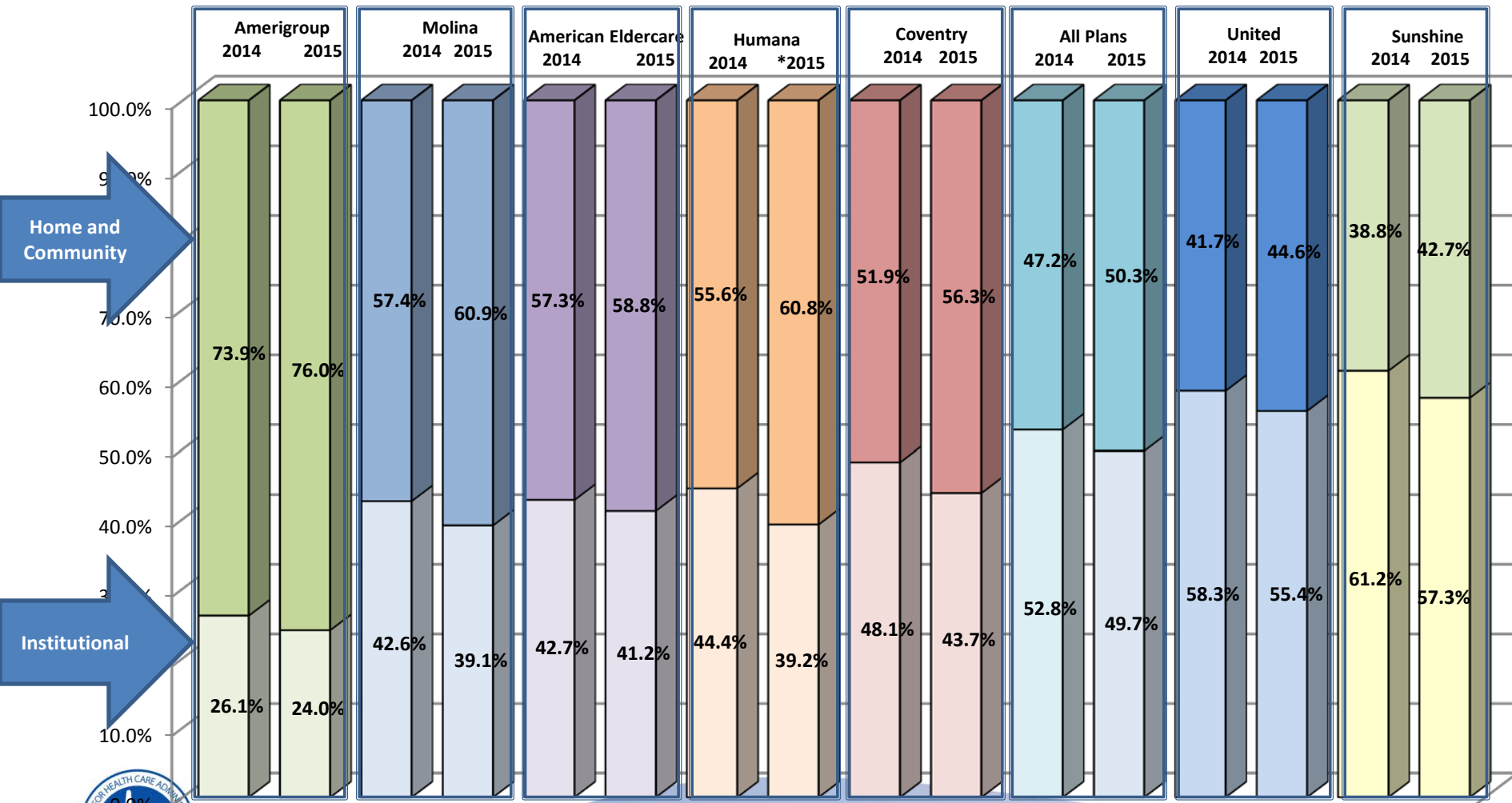
LTC Program Quality: HCBS Incentives

Number of enrollees, July 2014 and July 2015, by Residential Setting



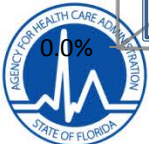
LTC Program Quality: HCBS Incentives

Percentage of LTC Enrollees by Residential Setting and Plan



Note: Data is as of July 2014 and July 2015.

*Humana 2015 data is as of June 2015 due to Humana purchasing American Eldercare.



LTC Program Quality: LTC Enrollee Satisfaction Survey

- Developed by the Agency/Used by all plans.
- Satisfaction regarding:
 - LTC plan
 - Case manager
 - Services
 - Overall health
- Agency-approved independent survey vendor must be used.
- Results must be used by the plans to develop and implement activities to improve member satisfaction.
- The survey was completed in 2015.



LTC Program Quality: LTC Enrollee Satisfaction Survey

- Survey respondents reported the following regarding their experience with the LTC Program:
 - 79.7% of respondents rated their Long-term Care plan an 8, 9, or 10.
 - 83.4% of respondents reported it usually or always being easy to get in contact with their case manager.
 - 84.4% of respondents rated their case manager an 8, 9, or 10.
 - 90% of respondents reported their long-term care services are usually or always on time.
 - 83.3% of respondents rated their LTC services an 8, 9, or 10.
 - 59.5% reported that their overall health had improved since enrolling in their LTC plan
 - **77.4% reported that their quality of life had improved since enrolling in their LTC plan**



LTC Program Quality: LTC Evaluation Report

- Required by the federal government as part of waiver approval
- Evaluation covers the period from August 1, 2013 through August 31, 2014.
- Conducted by the FSU College of Medicine, College of Social Work and FSU's Claude Pepper Data Center.



LTC Program Quality: LTC Evaluation Report

- Access to Care Findings:
 - Diligent outreach conducted
 - Complex effort was coordinated successfully with no large scale access to care failures
 - Complaints related to access to care were fairly uncommon
 - Network of willing LTC providers appears to be robust.
- Quality of Care Findings:
 - Overall, quality levels remained the same or improved
 - 75 % of satisfaction survey respondents indicated that their quality of life had improved since enrolling in the LTC program



Other SMMC Program Enhancements

- Enhanced Access/ Provider Networks
 - Historically robust provider network requirements
 - Enhanced provider network transparency
- Added Benefits
 - Expanded Benefits
 - Benefit Package Flexibility



SMMC Program Enhancements: MMA Provider Networks

- Network requirements are the most comprehensive ever required by the Florida Medicaid program.
 - 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
- The Agency has the highest accountability measures in place to ensure plan provider network information is up to date and accurate.
 - Provider Network File submitted weekly
 - Online provider directories
 - Secret Shopper program, and compliance actions for failure to meet requirements



SMMC Program Enhancements: MMA Provider Networks

MMA increased the number of providers participating in Medicaid

MDs & DOs, Dentists, PAs, ARNPs

Provider Type	Nov-13	Oct-15	Total % Change from Nov-2013 to Oct-2015
Total Participating MDs and DOs	39,699	43,350	9.20%
Total Participating Dentists	1,884	2,378	26.22%
Total Participating PAs	2,497	2,964	18.70%
Total Participating ARNPs	7,021	8,673	23.53%

Physician Specialty

Provider Type	Nov-13	Oct-15	Total % Change from Nov-2013 to Oct-2015
Total Participating CARDIOVASCULAR MEDICINE	1,989	2,163	8.7%
Total Participating DERMATOLOGY	405	472	16.5%
Total Participating ENDOCRINOLOGY	398	429	7.8%
Total Participating NEPHROLOGY	598	640	7.0%
Total Participating NEUROLOGY	849	939	10.6%
Total Participating NEUROLOGY/CHILDREN	134	146	9.0%
Total Participating PEDIATRICS, CARDIOLOGY	188	203	8.0%
Total Participating PEDIATRICS, NEPHROLOGY	46	53	15.2%
Total Participating SURGERY, NEUROLOGICAL	330	352	6.7%
Total Participating UROLOGY	3	25	733.3%
Total Participating OB-GYN	1,803	1,851	2.7%
Total Participating PEDIATRICS	3,941	4,213	6.9%
Total Participating PSYCHIATRY, CHILD	233	239	2.6%
Total Participating SURGERY, PEDIATRIC	119	121	1.7%

Source: Monthly DSS provider enrollment reports.

SMMC Program Enhancements: Added Benefits/ Benefit Package Flexibility

- Plans have added flexibility in services provision
 - Expanded benefits
 - Substitution services
 - Increased availability of Telemedicine



SMMC Program Enhancements: Added Benefits/ 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: MMA Added Benefits/ Expanded Benefits

List of Expanded Benefits	Standard Plans											Specialty Plans					
	Amerigroup	Better Health	Coventry	Humana	Molina	Florida True Health/ DBA Prestige	SFCCN	Simply	Staywell	Sunshine	United	CMSN	Magellan (Serious Mental Illness)	Freedom (Chronic/ Duals)	Sunshine (Child Welfare)	Clear Health (HIV/AIDS)	PositiveHealth (HIV/AIDS)
Adult dental services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Adult hearing services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Adult vision services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Art therapy	Y			Y	Y				Y	Y					Y		
Equine therapy									Y								
Home health care for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y			Y	Y
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Medically related lodging & food		Y		Y	Y	Y		Y	Y	Y			Y		Y	Y	Y
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Nutritional counseling	Y	Y	Y	Y	Y	Y		Y	Y	Y			Y		Y	Y	Y
Outpatient hospital services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Over the counter medication and supplies	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		Y		Y	Y	Y
Pet therapy				Y	Y				Y								
Physician home visits	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y				Y	Y	
Pneumonia vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Post-discharge meals	Y	Y	Y	Y	Y			Y	Y	Y	Y		Y		Y	Y	Y
Prenatal/Perinatal visits (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Primary care visits-non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Waived co-payments	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Home health care-non-pregnant adults (Expanded)													Y		Y	Y	
Intensive Outpatient Therapy													Y			Y	

NOTE: Details regarding scope of covered benefit may vary by managed care plan.

SMMC Program Enhancements: LTC Added Benefits/ Expanded Benefits

Standard Plans						
List of Expanded Benefits	Amerigroup	Coventry	Humana	Molina	Sunshine	United
ALF/AFCH Bed Hold	Y	Y		Y	Y	
Cellular Phone Services	Y	Y			Y	
Dental Services	Y	Y		Y	Y	Y
Emergency Financial Assistance		Y				
Hearing Evaluation		Y			Y	
Mobile Personal Emergency Response System					Y	
Non-Medical Transportation					Y	Y
Over-The-Counter (OTC) Medications/Supplies	Y	Y		Y	Y	Y
Support to Transition Out of a Nursing Facility	Y	Y		Y	Y	Y
Vision Services	Y	Y		Y	Y	
Wellness Grocery Discount						
Emergency Meal Supply		Y				
NOTE: Details regarding scope of covered benefit may vary by managed care plan.						



SMMC Program Enhancements: Added Benefits/ Benefit Package Flexibility

- Telemedicine services are available to recipients in both MMA and fee-for-service programs for:
 - Behavioral health
 - Dental
 - Physician
 - Interpretation of diagnostic testing results by Florida licensed physicians.
- MMA plans are allowed to offer telemedicine for most covered services with Agency approval.
- Two plans have indicated interest in expanding their telemedicine programs; 1 plan has submitted a proposal.



SFY 2016-17 Low Income Pool

- The total amount of LIP funding for SFY 2016-2017 is approximately \$608 million (\$607,825,452).
- Funds may be used for health care costs that would be within the definition of medical assistance in the Social Security Act.
- For SFY 2016-2017 these health care costs may be incurred by the state or by providers to furnish uncompensated medical care as charity care for low-income individuals that are uninsured. The costs must be incurred pursuant to a charity care program that adheres to the principles of the Healthcare Financial Management Association.



SFY 2016-17 Low Income Pool

- Distribution **can** include both hospital providers and medical school faculty plan providers.
- For each provider type included, the LIP distribution model:
 - Must rank providers by their amount of uncompensated charity care costs or charges as a percentage of their privately insured patient care costs or charges (commercial pay).
 - Can include up to four tiers for distribution.
 - Must pay providers for the same percentage of their charity care cost within each tier.

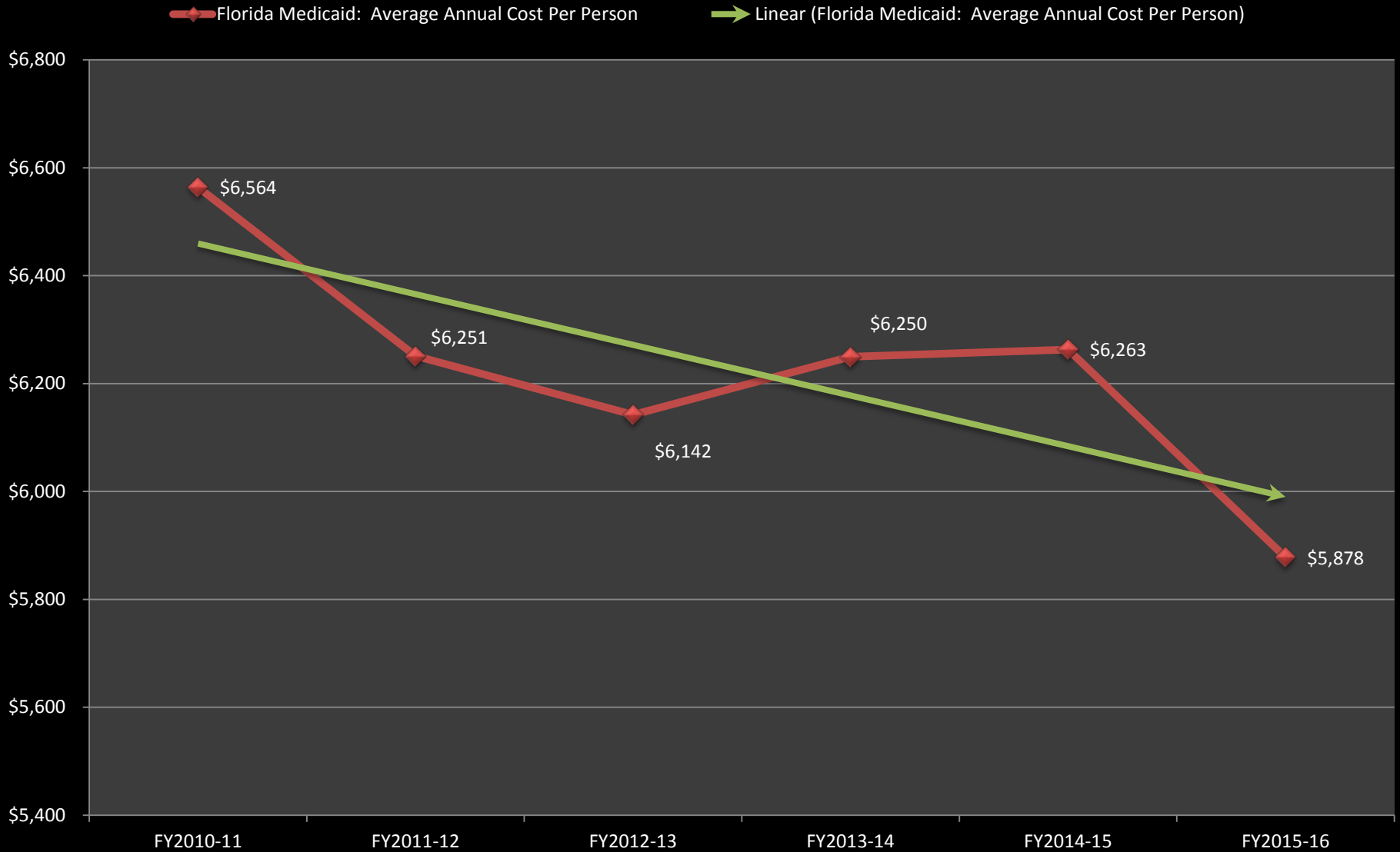


SFY 2016-17 Low Income Pool

- Florida has a few areas of flexibility in creating the distribution model for SFY 2016-2017. Questions that will need to be answered are:
 - Which providers to include?
 - What portion of the \$608 million should be allocated to each provider type included?
 - How many tiers should the model include?
 - What should the thresholds be for each tier?
 - How much funding should be allocated to each individual tier?
 - Which dataset should be used for the charity care/ commercial care ratio?



Florida Medicaid: Average Annual Cost Per Person



FY 2013-14 and prior data is from the final year end budgets.

FY 2014-15 Medicaid Expenditures data are from the March 4, 2015 Medicaid Expenditure SSEC and Caseload is from July 21, 2015 Medicaid Caseload SSEC

FY 2015-16 Medicaid Expenditures data are from the August 28, 2015 Medicaid Expenditure SSEC and Caseload is from July 21, 2015 Medicaid Caseload SSEC

Questions?

