



Medical Care Advisory Committee

09/23/2014	Time: 1:00 p.m. – 4:00 p.m.	Location: AHCA Conference Room A
Attendees:		
<u>Committee Members</u>		
	Ute Gazioch	Sean McIntosh
Secretary Elizabeth Dudek	✓ Karen Koch	Michael Ruppal
✓ Beth Kidder for Justin Senior	✓ Kimberly Houston - Staff	✓ Melanie Brown-Woofter
Dr. John H. Armstrong	✓ Tysha Washington - Staff	✓ Sophia Whaley - Staff
Mike Carroll – Interim Secretary	<u>Children / Foster Care</u>	✓ Tamara Zanders - Staff
Jennifer Lange	✓ Iris Wimbush	<u>Managed Long-term Care</u>
Secretary Charles Corley	Veree Jenkins	✓ Anne Swerlick
✓ Ellen Anderson	Sherry Castleberry-Rowe	Bobby Bernal
✓ Amy Guinan	✓ Lakera Reddick - Staff	Cheryl Young
✓ Catherine Moffitt, MD	✓ Katie Wetherington - Staff	Dana McHugh
✓ Richard R. Thacker, DO	<u>Dental Care for Children</u>	✓ Holly Hohmeister
✓ Robert Payne, DDS	✓ Tami Miller	✓ DD Pickle - Staff
✓ Stanley Whittaker, MSN	✓ Dr. Edward Zapert	<u>Resources</u>
✓ Martha Pierce (phone)	Dr. Frank Catalanotto	✓ Nathan Lewis - DCF
Michael Lockwood	Dr. Terry Buckenheimer	✓ David Rogers
Tracie Inman	✓ Erica Floyd-Thomas - Staff	✓ Shevaun Harris
✓ Iris Wimbush	✓ Pam Hull - Staff	✓ Marie Donnelly
Sarah Sequenzia	<u>HIV / AIDS</u>	✓ Linda Macdonald
<u>Behavioral Health/ Substance Use</u>	✓ Jesse Fry	✓ Kym Holcomb
Albert Meeren	Cynthia Alceus	✓ Jessica Williams
Celeste Putnam	Jeff Beal	Carla Sims

Meeting Summary

Member Introductions

Beth Kidder

Beth Kidder, Assistant Deputy Secretary for Medicaid Operations, called the meeting to order and a roll call of Medical Care Advisory Committee (MCAC) members was conducted. Ms. Kidder went over agenda topics, and informed members of what to expect during the meeting. She explained that the meeting would include three separate and distinct public meetings to discuss the: *Post Award of the Managed Medical Assistance (MMA) Waiver; Proposed Amendment to the 1115 MMA Waiver; and Comprehensive Quality Strategy*. She also gave individuals participating by phone the Medicaid Waiver email address and advised that if they were interested in making a comment at the end of any of the



public meetings, they needed to email their name to the email address given and they would be called to speak in the order their email was received.

Ms. Kidder then asked if there were any questions about the way the meeting would be conducted. With no questions or comments from participants, she introduced David Rogers, Assistant Deputy Secretary for Health Systems.

Post Award Forum for MMA Waiver

David Rogers

David Rogers informed members that he would be presenting on the Post Award of Florida's 1115 Managed Medical Assistance Waiver and directed participants to the handout materials provided.

He noted that the Statewide Medicaid Managed Care (SMMC) program has changed how a majority of individuals receive most health care services from Florida Medicaid. He also identified the two components of SMMC and noted that they operate under different federal authority:

- Long-term Care program which operates under the Section 1915(c)/(b) Waiver was implemented Aug. 2013 – March 2014.
- Managed Medical Assistance program which operates under the Section 1115 Waiver was implemented May 2014 – August 2014.

Mr. Rogers then provided an overview of the history of the 1115 Waiver, as well as the current waiver program. He noted that the waiver implemented the MMA program, as authorized in Florida law and in accordance with the Special Terms and Conditions of the waiver. The waiver also authorized the continuation of the Low Income Pool program until June 30, 2015, and the continuation of three additional programs: Healthy Start program; Program for All Inclusive Care for Children (a component of the Children's Medical Services Network); Comprehensive Hemophilia program. Authority for the waiver will expire June 30, 2017.

He also noted that several types of managed care plans offer services through the MMA program: Standard Plans including Health Maintenance Organizations (HMOs) and Provider Service Networks (PSNs); Specialty Plans; Comprehensive Plans; and Children's Medical Services Network.

He added that plans were selected through a competitive bid for each of 11 regions of the state, and that during the phased regional roll-out, eligible recipients required to enroll had a minimum of 30 days from the date they received their welcome letter to choose from the plans available in their region.

Choice counselors were also available to assist recipients in selecting a plan that best met their needs. Recipient could also use Web application or Interactive Voice Recognition (IVR) to select plans. He then provided the following statistics:

- 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.
- A total of 68% of the people got the plan they wanted, and this number continues to rise.

Mr. Rogers noted the Agency engaged in extensive outreach efforts. He also advised that a Centralized Complaint Process was created, through which 6,563 issues were logged: 2,568 LTC and 3,995 MMA.

He then opened the floor for any questions or comments.

Proposed Amendment to the 1115 MMA Waiver

Shevaun Harris

Referring to the handout materials provide to participants, Shevaun Harris, Chief of the Bureau of Medicaid Services provided an overview of the Federal Waiver Authorization, identifying:

- **Initial 5-Year Period (2006-2011):** “Medicaid Reform.” The program was implemented in Broward and Duval Counties July 1, 2006 and expanded to Baker, Clay and Nassau Counties July 1, 2007.
- **Three-Year Extension Period (2011-2014):** An extension of the waiver was granted by Federal CMS to maintain and continued operation for for the period December 16, 2011 to June 30, 2014.
- **Managed Medical Assistance Amendment (2013):** The amendment to implement the Managed Medical Assistance program as authorized Florida Statutes, was granted by Federal CMS on June 14, 2013.
- **Three-Year Waiver Extension (2014-2017):** On July 31, 2014, the State received federal approval to extend the waiver for the period July 31, 2014 until June 30, 2017.

Ms. Harris then explained the 1115 Waiver Amendment process. She stated that changes to the waiver requiring CMS approval include; eligibility, enrollment, benefits, enrollee rights, delivery systems, cost sharing, evaluation design, Low Income Pool, sources of non-federal share of funding, budget neutrality, as well as other comparable program and budget elements.

She advised that the State is seeking federal authority to amend Florida’s 1115 Managed Medical Assistance (MMA) Waiver to allow certain populations who were previously excluded from the MMA program to voluntarily enroll. The proposed amendment will allow Medicaid-eligible recipients residing in group home facilities licensed under Section (s.) 393.067, Florida Statutes (F.S.), as well as Medicaid-eligible children receiving Prescribed Pediatric Extended Care (PPEC) services to voluntarily enroll in Florida’s MMA program, a component of the Statewide Medicaid Managed Care (SMMC) program. This amendment is being submitted to implement Florida law that was amended during the 2014 Legislative session (HB 5201), that allows recipients residing in a group home facility and children receiving PPEC services to voluntarily enroll in Florida’s MMA program upon federal approval.

Residents of group home facilities licensed under s. 393.067, F.S., receive residential services in family living environments including supervision and care necessary to meet their physical, emotional, and social needs. The proposed amendment will allow these residents to select an MMA plan and take advantage of the higher standards required of the plans while allowing these individuals access to care coordination and expanded benefits offered by the plans.



The purpose of the Florida Medicaid PPEC services is to enable recipients under the age of 21 years with medically-complex conditions to receive medical and therapeutic care at a non-residential pediatric center. Under Florida's previous law, children receiving PPEC services were excluded from participating in the MMA program and therefore, were unable to receive services from an MMA plan such as the Children's Medical Services Network. The proposed amendment will allow those children receiving PPEC services and currently enrolled in the Children's Medical Services Network or another managed care plan to remain in that plan without disruption of services, ensuring their continuity of care and participation in the MMA program. It would also allow children not currently enrolled in a Medicaid managed care plan to select an MMA plan to take advantage of the higher standards required of the plans and the expanded benefits offered by the plans. Florida law specifies that reimbursement will be on a fee-for-service basis to providers of PPEC services for children enrolled in an MMA and will not be included in the MMA plan's capitated payment.

She also advised that Florida is required to publish on the Agency's website a "Public Notice" document for public input 30 days prior to submitting the waiver amendment request. The document must include a comprehensive description of the program. She added that the public notice document is available at the following link for review and comment from September 17, 2014 to October 17, 2014:

http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml#FCA

She further noted that written comments may be e-mailed to:

FLMedicaidWaivers@ahca.myflorida.com or mailed to:

1115 MMA Waiver Amendment Request
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

Ms. Harris then opened the floor for any questions or comments.

Changes to Medicaid Eligibility Redetermination

Nathan Lewis

Nathan Lewis with the Department of Children and Families (DCF) reported on the changes taking place in the way annual Medicaid eligibility renewals are handled. Referring to the handout materials provided, Mr. Lewis advised that the Affordable Care Act requires DCF to attempt to renew benefits for Family-Related Medicaid automatically by using information available through existing electronic data sources. Only when this automated redetermination cannot be completed will the current renewal process be used.

He noted that during the 10th month of eligibility, the system will automatically start the renewal process by attempting to perform an electronic data match. If a recipient who receives an online renewal notice does not submit the renewal within the eligibility period, benefits will be automatically closed and a notice will be sent advising the recipient that they have 90 days to submit the renewal without having to complete a new application.



Mr. Lewis also added that if the recipient receives other benefits, like food or cash assistance, a renewal for those programs still needs to be completed, even if the renewal for Family-Related Medicaid is successful.

Mr. Lewis said that DCF wants to make sure information is getting out to all recipients. He appreciates the opportunity to share the changes taking place and to get others to spread the word through their newsletters and other forums. He asked everyone interested in receiving additional information to let him know and he would get it to them.

He then opened the floor for any questions or comments.

Comprehensive Quality Strategy

Marie Donnelly

Marie Donnelly, Chief of the Bureau of Quality referred participants to the handout materials provided. She explained that the Agency recently created a Bureau of Quality to focus more broadly on value, looking at things like: Are Medicaid recipients experiencing better outcomes? If value equals positive health outcomes, is Florida getting value for its capitated payments?

The bureau will be divided into units including: the Clinical Quality, Review and Initiatives Unit; the Clinical and Care Coordination Unit; and the Fee-for-Service Utilization Management Unit.

Ms. Donnelly explained that the Comprehensive Quality Strategy is AHCA's Report on Quality and Outcomes. It covers State Fiscal Year (SFY) 2013-2014. The report is required by federal CMS as part of Florida's waiver for Medicaid Managed Medical Assistance, and reflects the state's goal of:

- Continuous quality improvement through planning, designing, assessing, measuring, and monitoring the health care delivery system for all Medicaid managed care organizations, prepaid inpatient health plans, long-term care services and supports, and fee-for-service populations.

The purpose of the Comprehensive Quality Strategy is to demonstrate that AHCA:

- Ensures access, quality and continuity of care;
- Utilizes partnerships with other state agencies;
- Documents improved outcomes;
- Coordinates with the External Quality Review Organization

The Comprehensive Quality Strategy is submitted annually to CMS, following a 30-day review period for MCAC and other stakeholders. The Report is organized as follows:

- Introduction
- Assessment
- Improvement
- Review of Quality Strategy
- Achievements and Opportunities

Ms. Donnelly advised that there are new items in the 2014 Report, including: Execution of contracts with 20 MCOs, including specialty plans for HIV/AIDS patients and people with Serious Mental Illness;



**Agency for Health Care Administration
Statewide Medicaid Managed Care Implementation
Meeting Summary**

Statewide consolidation of Long-term Care (LTC) home and community-based services; and implementation of Managed Medical Assistance.

The report also includes updated Healthcare Effectiveness Data and Information Set (HEDIS) measures including 22 broad spectrum measures that cover: Transportation; Screenings and Immunizations; Dental, Prenatal, Well-Child, Mental Health; Diabetes, HIV, Chlamydia, and ADHD.

Ms. Donnelly then asked participants to consider the following questions:

- Is the Agency focused on the right quality areas?
- Are there quality areas where we should increase our focus?
- Should we be measuring quality differently?
- Is the report useful and understandable?

She also advised that the Comprehensive Quality Strategy document can be found on the AHCA website:

[http://ahca.myflorida.com/Medicaid/quality_mc/pdfs/Florida Medicaid Draft Comprehensive Quality Strategy 2014 Update.pdf](http://ahca.myflorida.com/Medicaid/quality_mc/pdfs/Florida_Medicaid_Draft_Comprehensive_Quality_Strategy_2014_Update.pdf)

She added that comments are due by October 15, 2014 and asked that they be sent to:

Wendy Smith
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #38
Tallahassee, FL 32308
qualityinmc@ahca.myflorida.com

Ms. Donnelly then opened the floor for any questions and comments.

Next Meeting

Beth Kidder

Beth Kidder informed committee members that the next meeting is scheduled for January 13th, 2015 and also let members know there will be a sub-committee conference call on November 14, 2013.

She also informed everyone that the subpopulation team meetings will begin following the MCAC meeting. She then identified the Agency lead and location for each subcommittee meeting and asked everyone to take a 10 minute break before beginning the subcommittee meetings.

Adjourn

Beth Kidder

The MCAC Meeting adjourned at 3:30 pm.