The Florida Medicaid Program

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Presentation Overview:

1. What is Medicaid?
2. What is Florida Medicaid?
3. The Statewide Medicaid Managed Care Program

The Medicaid Program

- Medicaid provides access to health care for low-income families and individuals and the disabled.

- Medicaid is a federal/ state partnership jointly financed by state and federal funds.

- Florida Medicaid program design:
  – Circumscribed by federal regulation, and
  – Formed at the direction of the Florida Legislature through Chapter 409.

- The Agency for Health Care Administration, Division of Medicaid, administers the Medicaid program for Florida.

Federal Requirements

- Congress and the federal government set basic mandatory requirements for all state Medicaid programs. These include:
  - Administrative requirements for states
  - Minimum coverage populations and services
  - Rules for receipt of federal matching funds
- The US Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs.

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Florida Statutes

- The Florida Medicaid Program is authorized by:
  - Chapter 409, Florida Statutes: Social & Economic Assistance
    - Part I: Social & Economic Assistance (ss. 409.016409.5093)
    - Part II: KidCare (ss. 409.810-409.821)
    - Part III: Medicaid (ss. 409.901-409.9205)
    - Part IV: Medicaid Managed Care (ss. 409.961-409.985)
    - Part V: Community Based Child Welfare (ss. 409.986409.997) – Chapter 59G, Florida Administrative Code, F.A.C.

Federal Mandatory Groups and Services

- What are "Mandatory" groups?
  - States must cover people in these groups up to federally defined income thresholds, but many states have expanded Medicaid beyond these thresholds, mainly for children.
- What are "Mandatory" Services?
  - States' Medicaid programs must offer medical assistance for certain basic services to most eligible populations in order to receive federal matching funds.
- What are "Optional" Groups and Services?
  - States may choose to cover additional groups or add additional services, based on federal approval.

Mandatory and Optional Groups and Services

Mandatory		Optional (. . . Some examples)	
Groups	**Services**	**Groups**	**Services**
Low income: Children	Hospital (IP/OP)	Medically Needy	Adult preventive services
Low Income: Pregnant Women	Nursing facility	Children 19 and 20	Prescribed drugs
Low Income: Parents	Home health	Lawfully residing children during their first 5 years	DME
Low income: Seniors who are Medicare recipients	Physician		Clinic
Foster care/ former foster care to age 26	Rural health clinic		Rehabilitation and physical therapy services
SSI recipients	FQHC		
	Tobacco cessation counseling for pregnant women		
	Lab and X-ray		
	Family planning		
	Nurse midwife		
	Certified pediatric and family nurse practitioner		
	Freestanding birth center		
	Transportation to medical care		
	Early and Periodic Screening, Diagnostic, and Treatment Services for children (EPSDT)		

Florida Medicaid – A Snapshot

Eligibles	• Fourth largest Medicaid population in the nation.
	• Approximately 4 million Floridians enrolled in the Medicaid program:
	    ○ 1.7 million adults - parents, aged and disabled
	    ○ 47% of children in Florida.
	    ○ 63% of birth deliveries in Florida.
	    ○ 61% nursing home days in Florida.

Expenditures	• Fifth largest nationwide in Medicaid expenditures.
	• $26.8 billion estimated expenditures in Fiscal Year 2017-18
	    ○ Federal-state matching program
	        ○ 61.62% federal, 38.38% state.
	    ○ Average spending: $6,619 per eligible.
	• $17.5 billion estimated expenditure for managed care in 2017-2018

Delivery System	• Statewide Medicaid Managed Care program implemented in 2013-2014 ○ Most of Florida's Medicaid population receives their services through a managed care delivery system.

Growth in Medicaid
Average Monthly Caseload

Caseload in Millions (y-axis)

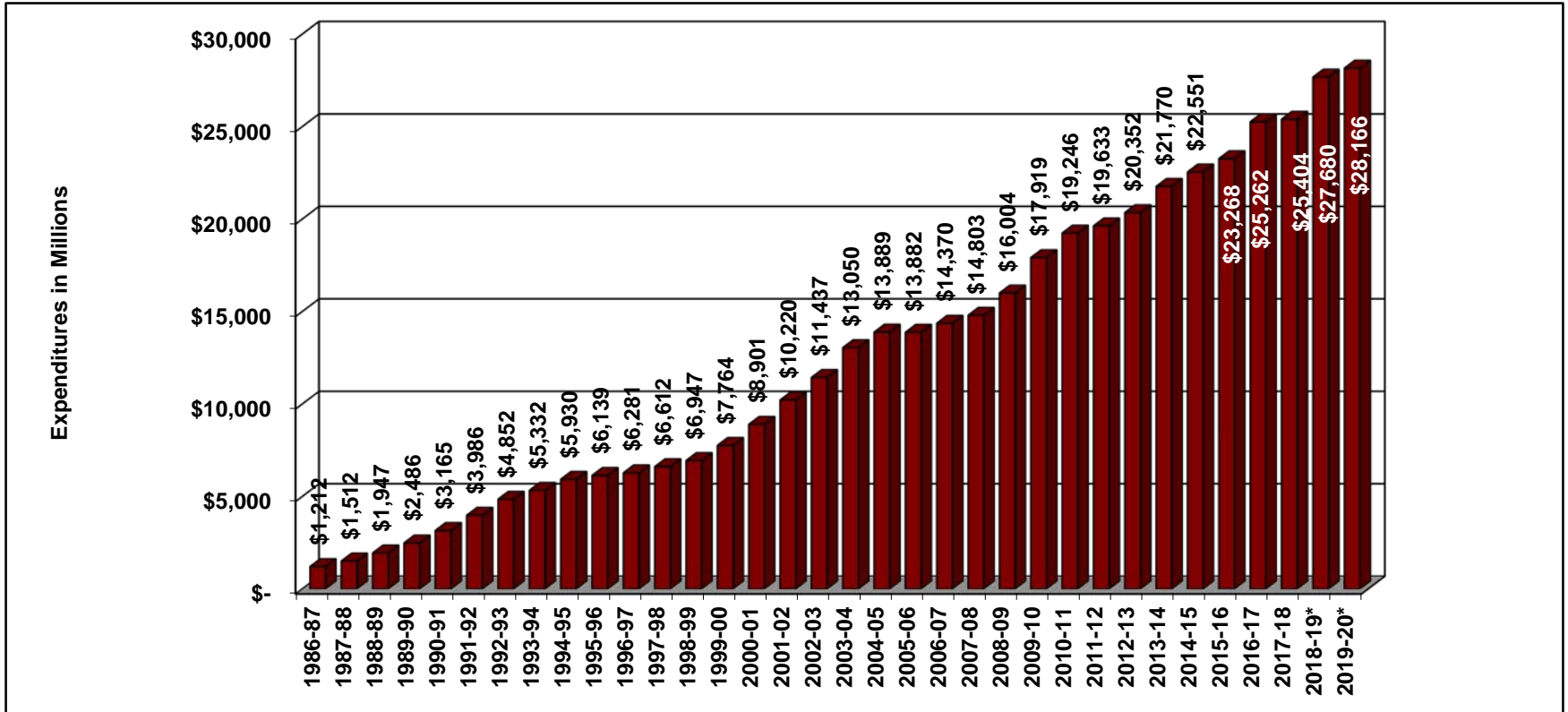| Fiscal Year	Caseload
1985-86	0.513
1986-87	0.547
1987-88	0.593
1988-89	0.656
1989-90	0.762
1990-91	0.922
1991-92	1.176
1992-93	1.490
1993-94	1.597
1994-95	1.582
1995-96	1.561
1996-97	1.518
1997-98	1.452
1998-99	1.471
1999-00	1.608
2000-01	1.813
2001-02	1.941
2002-03	2.071
2003-04	2.086
2004-05	2.155
2005-06	2.204
2006-07	2.112
2007-08	2.149
2008-09	2.399
2009-10	2.719
2010-11	2.932
2011-12	3.141
2012-13	3.314
2013-14	3.457
2014-15	3.753
2015-16	3.967
2016-17	4.018
2017-18	3.932
2018-19*	3.874
2019-20*	3.918

Fiscal Year

Source: Medicaid Services Eligibility Subsystem Reports.
*FY 2018-19, 2019-20 November 2018 Caseload Social Services Estimating Conference
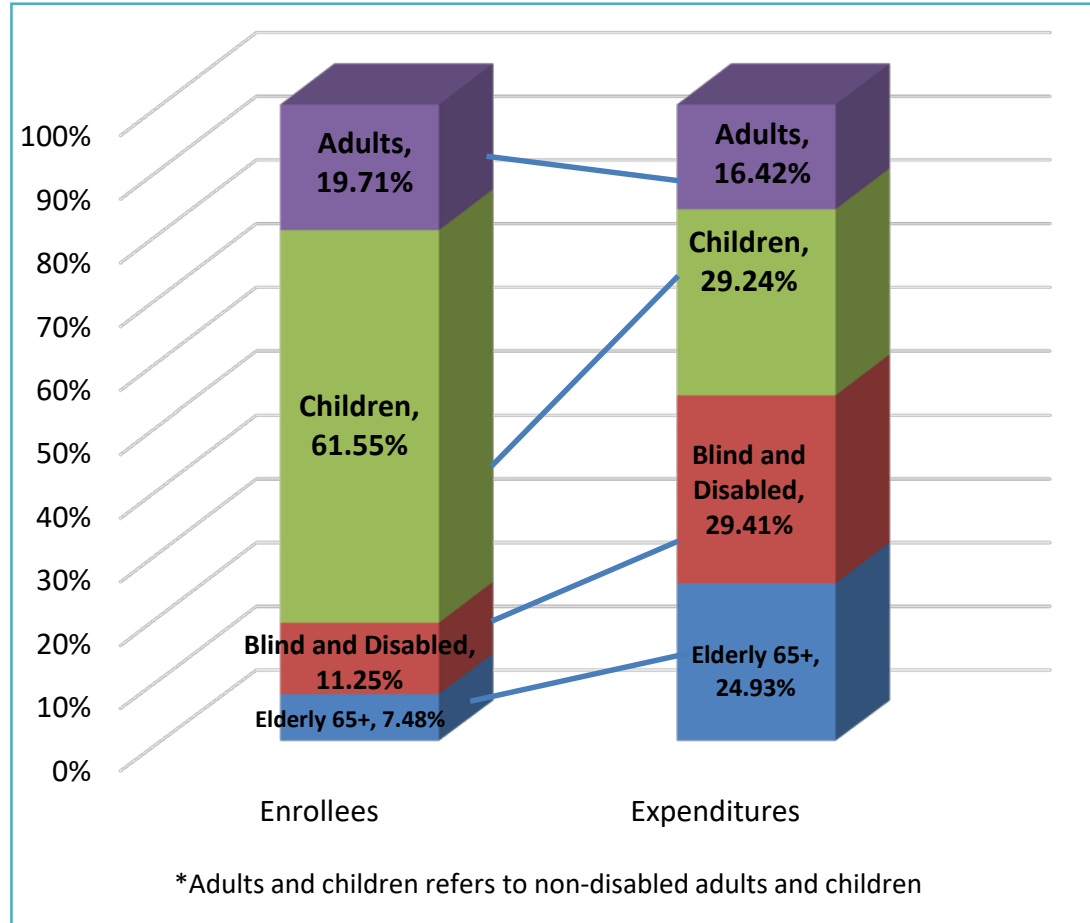
Growth In Medicaid Service Expenditures

Year	Expenditures (Millions)
1986-87	$1,212
1987-88	$1,512
1988-89	$1,947
1989-90	$2,486
1990-91	$3,165
1991-92	$3,986
1992-93	$4,852
1993-94	$5,332
1994-95	$5,930
1995-96	$6,139
1996-97	$6,281
1997-98	$6,612
1998-99	$6,947
1999-00	$7,764
2000-01	$8,901
2001-02	$10,220
2002-03	$11,437
2003-04	$13,050
2004-05	$13,889
2005-06	$13,882
2006-07	$14,370
2007-08	$14,803
2008-09	$16,004
2009-10	$17,919
2010-11	$19,246
2011-12	$19,633
2012-13	$20,352
2013-14	$21,770
2014-15	$22,551
2015-16	$23,268
2016-17	$25,262
2017-18	$25,404
2018-19*	$27,680
2019-20*	$28,166

Source: Medicaid Services Budget Forecasting System Reports.
*FY 2018-19, 2019-20 December 2018 Social Services Estimating Conference.

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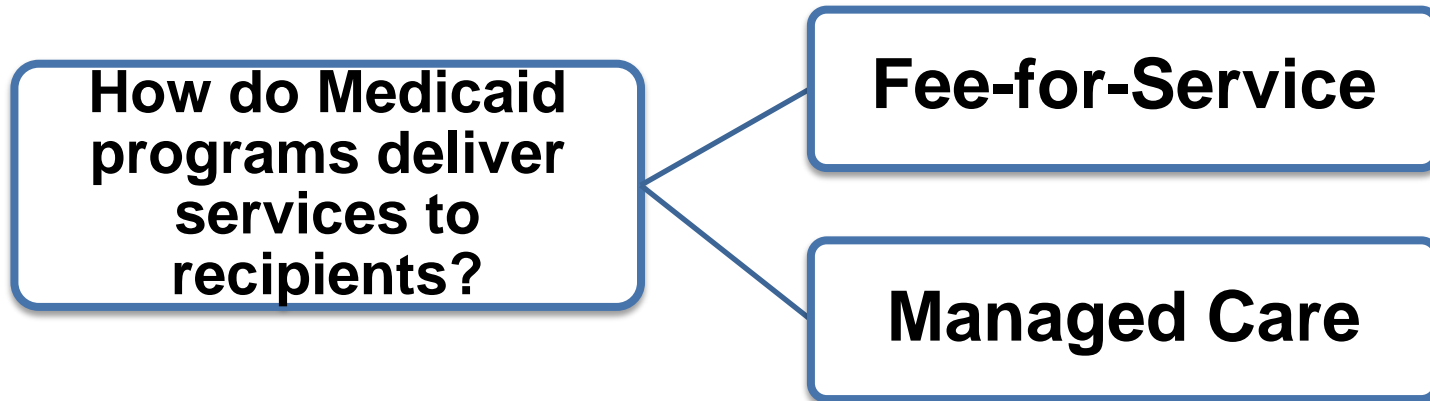AHCA.MyFlorida.com

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Florida Medicaid Program Expenditures

- Different populations have different impacts on program expenditures.

- In general, services provided to the elderly and people with disabilities cost more per person per month than services provided to children or healthy adults.

Enrollees:
- Adults, 19.71%
- Children, 61.55%
- Blind and Disabled, 11.25%
- Elderly 65+, 7.48%

Expenditures:
- Adults, 16.42%
- Children, 29.24%
- Blind and Disabled, 29.41%
- Elderly 65+, 24.93%

*Adults and children refers to non-disabled adults and children

Medicaid Service Delivery Systems

How do Medicaid programs deliver services to recipients?

Fee-for-Service
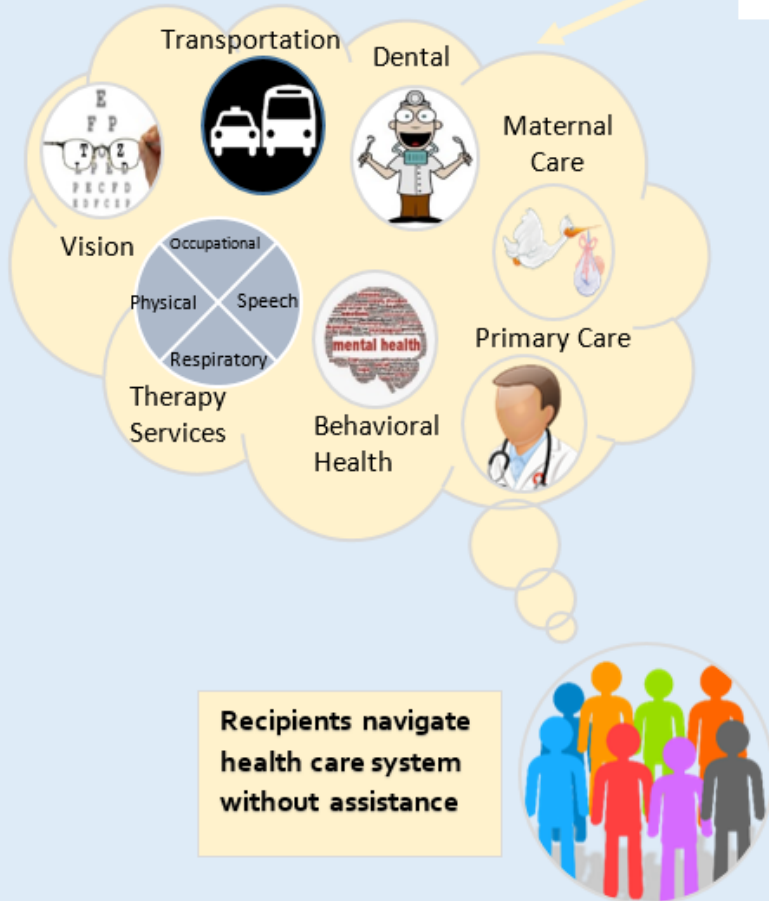
Managed Care

- States may choose from a number of different systems through which to deliver Medicaid services.

- The two main "delivery systems" are:
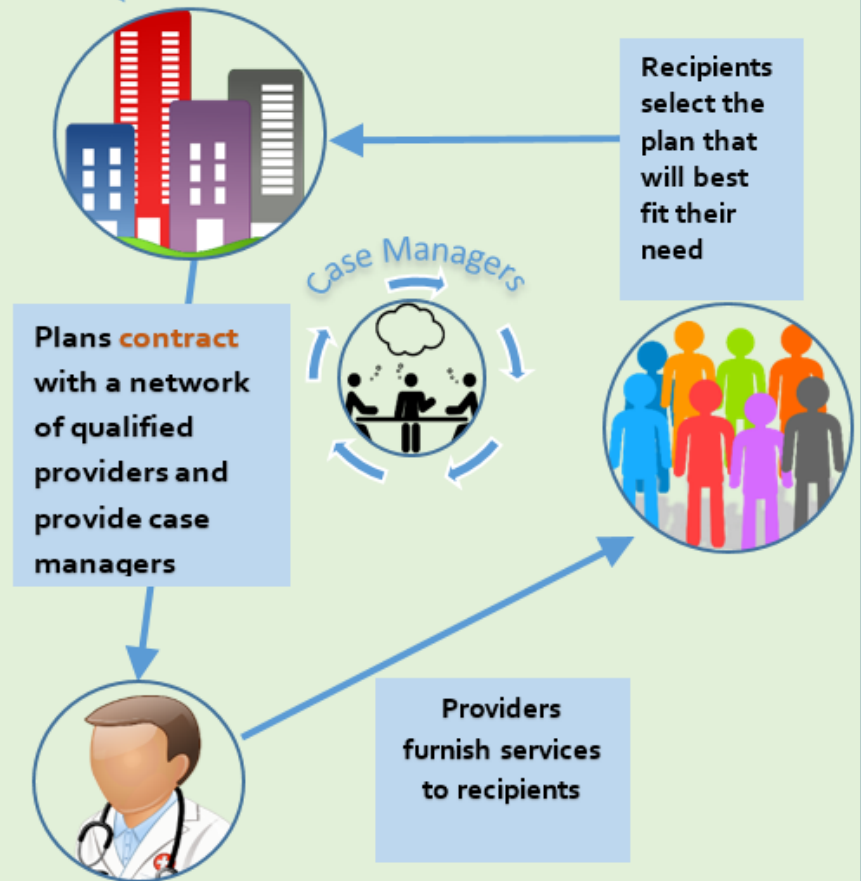 - Fee-for-Service
  - Managed Care

What is Fee-for-Service?
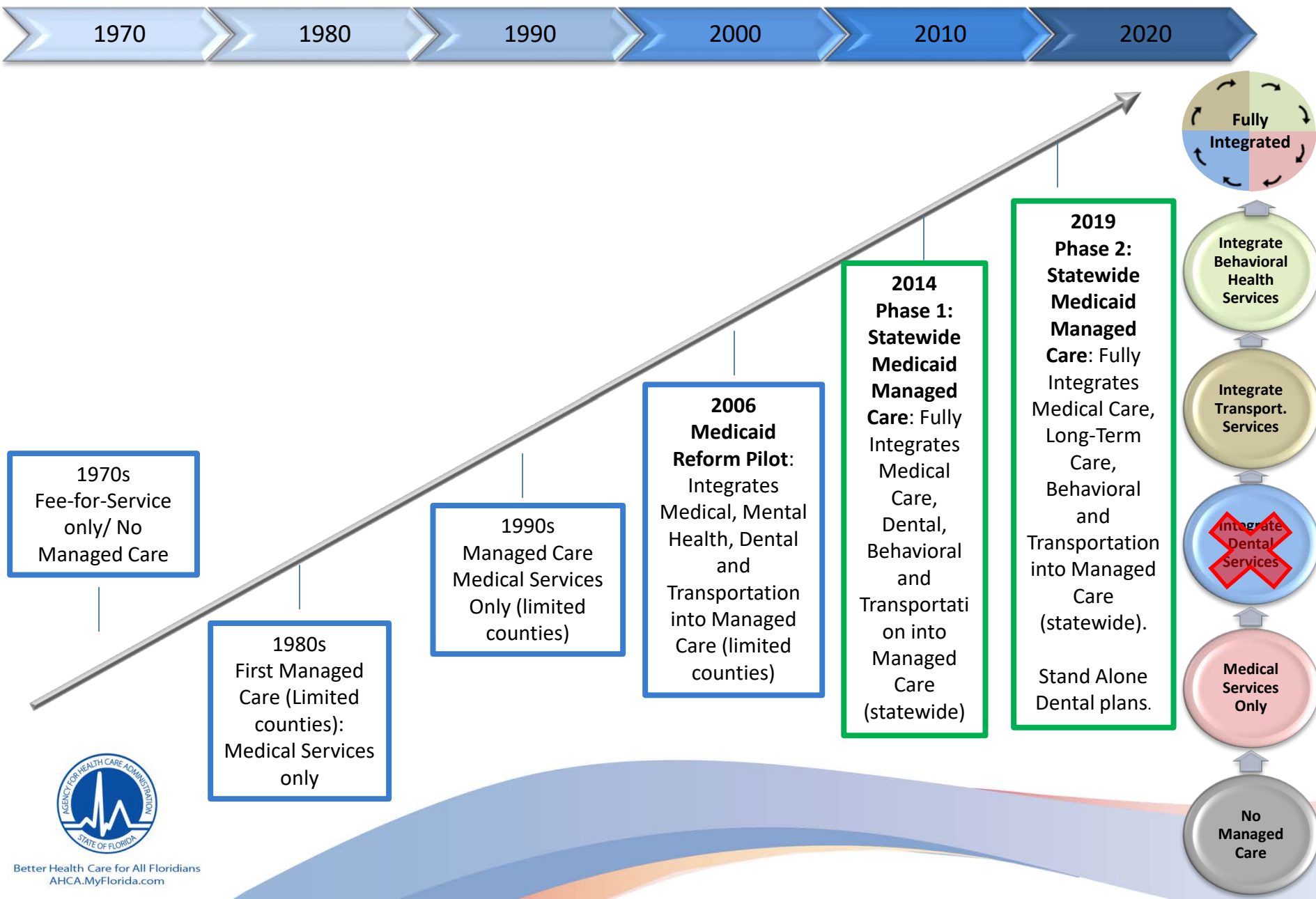Agency pays providers directly for services rendered to recipients.

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What is Managed Care?
Agency **contracts** with health plans and pays capitated payment

Transportation

Dental

Maternal Care

Vision

Occupational

Physical

Speech

Respiratory

Therapy Services

mental health

Behavioral Health

Primary Care

Recipients navigate health care system without assistance

Case Managers

Recipients select the plan that will best fit their need

Plans contract with a network of qualified providers and provide case managers

Providers furnish services to recipients

Evolution of Florida Medicaid Delivery System

1970	1980	1990	2000	2010	2020

1970s
Fee-for-Service only/ No Managed Care

1980s
First Managed Care (Limited counties): Medical Services only

1990s
Managed Care Medical Services Only (limited counties)

2006
Medicaid Reform Pilot: Integrates Medical, Mental Health, Dental and Transportation into Managed Care (limited counties)

2014
Phase 1: Statewide Medicaid Managed Care: Fully Integrates Medical Care, Dental, Behavioral and Transportation into Managed Care (statewide)

2019
Phase 2: Statewide Medicaid Managed Care: Fully Integrates Medical Care, Long-Term Care, Behavioral and Transportation into Managed Care (statewide).

Stand Alone Dental plans.

Fully Integrated

Integrate Behavioral Health Services

Integrate Transport. Services

Integrate Dental Services

Medical Services Only

No Managed Care

Florida Medicaid and The Statewide Medicaid Managed Care Program

- Since 2013-2014, most Florida Medicaid recipients have been required to enroll in the Statewide Medicaid Managed Care program (SMMC) to receive their services.

- The program has the following components:

  - **Managed Medical Assistance**: Medical services like doctor visits, hospital care, prescribed drugs, mental health care, and transportation to these services.

  - **Long-Term Care**: LTC services like care in a nursing facility, assisted living, or at home.

  - **Dental**: All Medicaid recipients who receive a dental benefit enroll in a dental plan.

What is Changing?

2013
SMMC Program Begins
(5 year contracts with plans)

2017-2018
First Re-procurement of Health Plans; Procurement of Dental Plans

December 2018
New Contracts (MMA, LTC & Dental) Begin

Two *Program Components*:

- Managed Medical Assistance (MMA) Program
- Long-term Care (LTC) Program

Two *Program Components*:

- Integrated MMA and LTC
- Dental

SMMC Plan Roll Out Schedule

	Transition Date	Regions Included	Counties
	SMMC Health and Dental Plan Roll-out Schedule		
Phase 1	December 1, 2018	9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
		10	Broward
		11	Miami-Dade, Monroe
Phase 2	January 1, 2019	5	Pasco, Pinellas
		6	Hardee, Highlands, Hillsborough, Manatee, Polk
		7	Brevard, Orange, Osceola, Seminole
		8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota
Phase 3	February 1, 2019	1	Escambia, Okaloosa, Santa Rosa, Walton
		2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington
		3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union
		4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia

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SMMC: The First Five Years

- The SMMC program started operation in 2013-2014.
- The first 5 years of the program have been very successful.

- Robust Expanded Benefits, Enhanced Provider Networks, and Care Management have led to:
  - Improved health quality outcomes
  - High patient satisfaction
  - Increased opportunity for individuals needing long-term care to transition from a nursing facility to their own home or other community living

Florida Medicaid Quality Scores At or Above the National Average
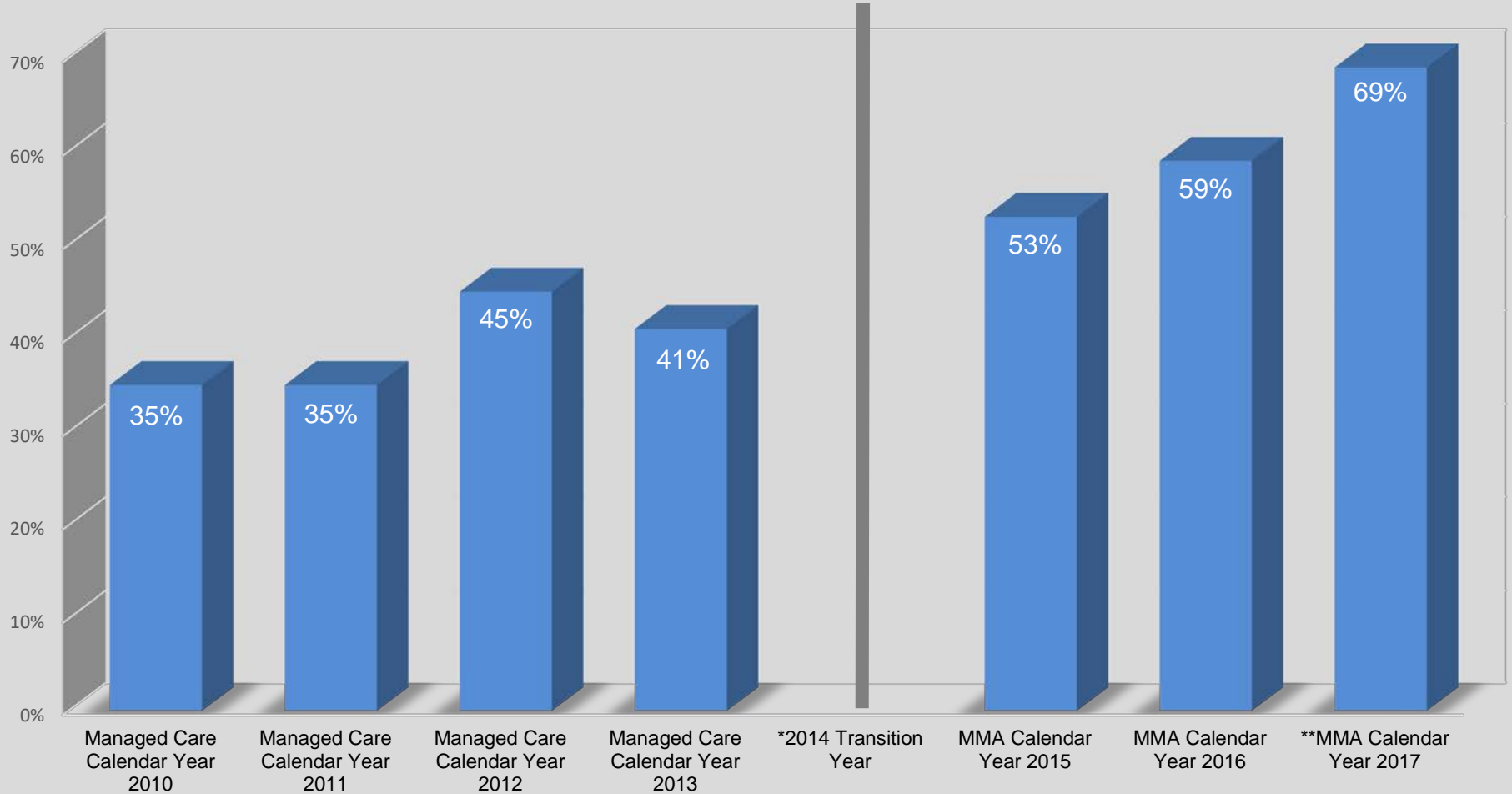
*Calendar Year 2014 was a transition year between Florida's prior managed care delivery system and the SMMC program implementation. **The HEDIS specifications for the Follow-up After Hospitalization for Mental Illness measure changed for the CY 2017 measurement period. Follow-up visits with a mental health practitioner that occur on the date of discharge are no longer included in the numerator as previously required in the CY 2016 specifications. Florida Medicaid plan rates and statewide weighted means are compared to national means that are calculated using the previous year's service data. Since the CY 2016 and CY 2017 measure specifications do not align, results are not comparable and the measure was excluded.

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LTC Transition Incentive Success
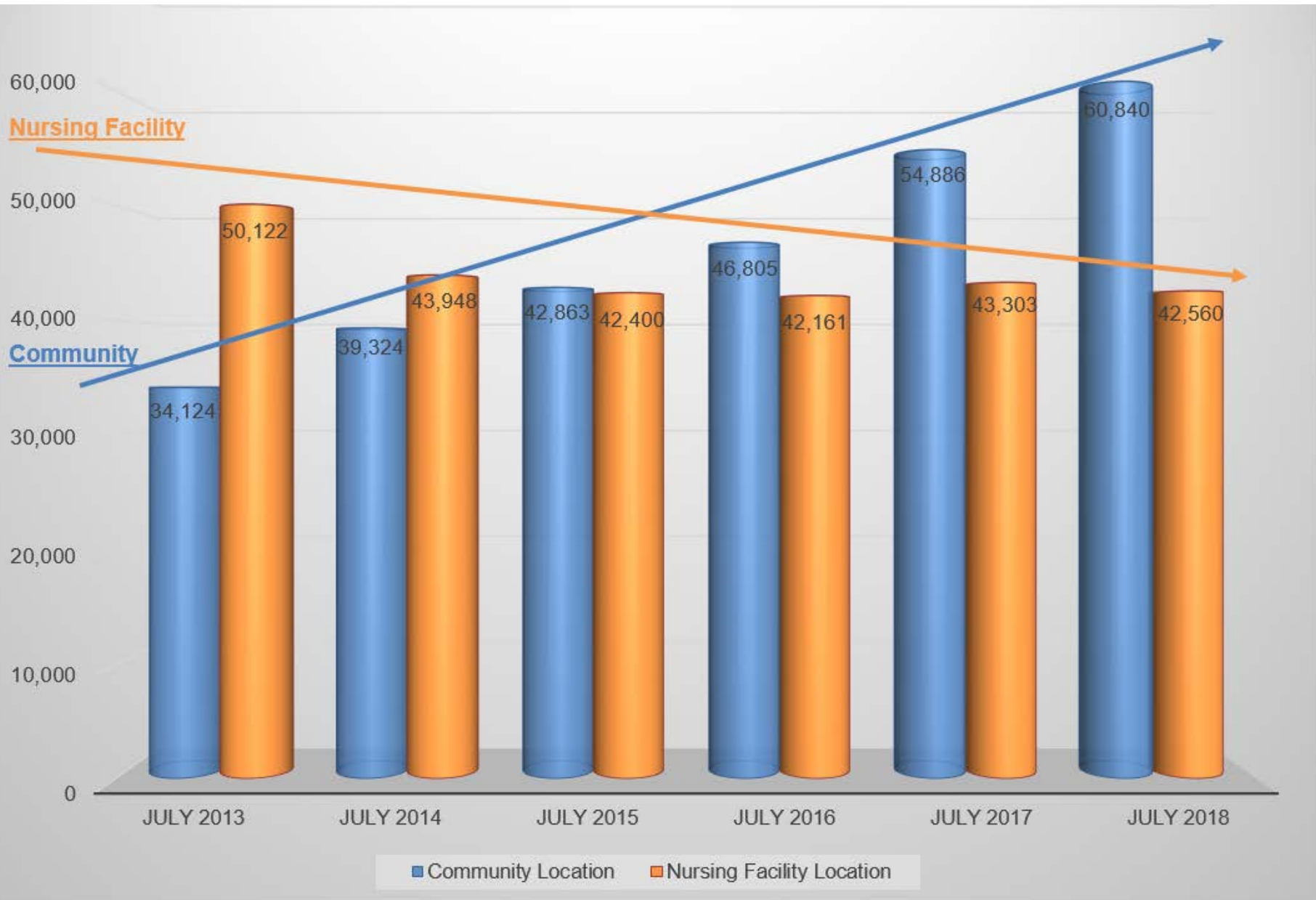
SMMC Negotiation Successes

Major Program Improvements!

- Gains for Recipients
- Gains for Providers
- Improved Quality
- More & Richer Expanded Benefits

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Questions?

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