Medical Care Advisory Committee

07/14/2015	Time: 1:00 p.m. – 4:00 p.m.	Location: AHCA Conference Room A

Attendees:

	Committee Members		Resources
✓	Amy Guinan (phone)	✓	Beth Kidder
✓	Catherine Moffitt, MD (phone)	✓	David Rogers
	Surgeon General John H. Armstrong, MD	✓	Erica Floyd Thomas
✓	Ellen Anderson (phone)		Pam Hull
	Iris Wimbush	✓	Devona Pickle
✓	Dorothy Baker for Jennifer Lange (phone)	✓	Eunice Medina
✓	Justin Senior	✓	Melissa Eddleman
	Martha Pierce		Kimberly Houston
✓	Michael Lockwood (phone)		Heather Allman
	Richard R. Thacker, DO		Katie Wetherington
	Robert Payne, DDS	✓	Sophia Whaley
	Sarah Sequenzia		Tamara Zanders
✓	Marcy Hajdukiewicz for Secretary Samuel Verghese (phone)	✓	Carla Sims
	Stanley Whittaker, MSN	✓	Lauren Pigott
	Tracie Inman		

Meeting Summary

Member Introductions ***Justin Senior***

Justin Senior called the meeting to order and introductions were made. There were seven committee members represented at the meeting. Since there were not enough members present for a quorum, the committee was informed they would not be able vote on any decisions during this committee meeting. However, there were no decisions on the agenda that required a vote.

General Program Updates ***Justin Senior***

Justin Senior provided a brief update on the 1115 waiver. He explained that the waiver is a partnership with the federal government, and noted that the 1115 waiver is constantly being amended and refined and that a couple updates have recently occurred. A waiver amendment is currently underway for express enrollment, which assigns/allows recipients to choose a health plan on the day of or day after they are determined eligible. Mr. Senior noted that currently, recipients have to wait until the first of the following month to get into a health plan. However, with express enrollment the process will be expedited to make the health plan available to the recipient on the day of or day after the determination. He added that while the logistics of express enrollment are still being worked out, the waiver amendment

is complete and the federal government is currently routing it through the approval process. Express Enrollment could possibly be approved and operationalized sometime in the fall.

The Agency has also submitted a separate waiver for the extension of MEDS AD waiver. The federal government has until July 15th to notify the Agency that the renewal application is complete.

In regards to the Low Income Pool (LIP), an agreement was reached for a two year extension with the first fiscal year receiving one billion dollars and the following around 608 million. The Agency anticipates receiving the draft and special terms and conditions within the next few weeks and will finalize the amendment in the early fall.

Mr. Senior then provided a brief health plan and acquisition update, he advised that Aetna is currently purchasing Humana. In addition, the Agency has been notified that Prestige is going to be acquired by AmeriHealth Caritas and Florida Blue, which is organized as Florida True Health. The Agency will continue to keep enrollees informed of health plan changes and will make sure recipients' needs are protected during the merger process.

Mr. Senior then advised that the federal government has published new draft managed care regulations that pertain to Medicaid Managed Care Plans and that the proposed rule making process began in May of this year. The federal government is accepting comments on the proposed rules from the public, and the deadline to submit is on July 27, 2015. He also encouraged everyone to submit comments and take advantage of this opportunity for input.

Legislative Session Update ***Justin Senior***

Justin Senior provided an update on the 2015 legislative session and advised that we now have an approved budget in the State of Florida. The committee was notified that 80 million dollars in funding was received for the Statewide Medicaid residency program, along with 57 million dollars to fund graduate medical education for a startup bonus program, which encourages the creation of new graduate medical education slots for certain specialties in shortage or high demand. In addition, 42 million for the program that funds the two hospitals with the largest number of graduate medical residents that are in statewide demand deficits. There is also a new grant program for community care providers which received 28 million dollars and will be housed within the Agency. More details on applying for funding will come in the near future.

Mr. Senior also advised that there have been some changes in the reimbursement rates for providers, which will directly affect the FFS rates and may have an indirect impact on managed care payment rates to providers. There was also an increase for support coordinators, along with a rate increase for personal support providers and increase in supportive employment services in the Developmental Disabilities Individual Budgeting (iBudget) waiver program. In addition, certified public expenditure language was added to the budget that should allow the Agency to increase rates for certain providers of emergency medical services and behavioral health care providers. There was also a significant increase of 40 million dollars for Home and Community Based Services for the iBudget waiver and over 3 million dollars in additional funding to add additional people to the Long-term Care waiver program. Lastly, just under 1 million dollars was received to serve additional people on the Traumatic Brain Injury and Spinal Cord Injury waiver.

Questions ***Audience***

Q: John Morrow: Does the Agency have any role in approval or review of plans merging?

A: Justin Senior: Ultimately we would do a review of the merger and acquisition. However, the key for us is to make sure that if someone is taking over for another that the provider network is substantially similar to what was in place before and if it is not and it is significantly different, we may auto-assign the members to other plans. However, usually the target entity is going to roughly have the same provider network as the acquiring entity or the acquired entity makes it so. We generally do allow the recipients a 90 day choice period, so they are notified about the merger and acquisition. The people in Humana will be given a 90 day period to choose another plan if they are uncomfortable with Aetna's acquisition.

Q: Mike Hansen: In regards to CPE's for behavioral health rate increases, I was wondering how the Agency plans to proceed with that and how we can help you.
A: Justin Senior: We will be reaching out to have a dialogue with you; we've already had some other folks talk to us about some examples and how it's been done in Texas and we do intend to look at how that has been done in other states so we can do it smoothly.

Q: Celeste Putnam: I would also like to echo what Mike said and be a part of the communications with the Agency.
A: Justin Senior: Okay

Q: Lori: In regards to the behavioral health rates that were previously mentioned, can you clarify if the increase is related to the APR DRG calculation or is it through the community behavioral health scheduled for outpatient services?
A: Justin Senior: My understanding is that it would be through the community behavioral health.

Q: Michael Lockwood: In regards to the disabilities act bill that was signed yesterday by the Governor in Miami, can you update us on that?
A: Justin Senior: That is what I was referring to with the 40 million dollars that is in the budget to increase the number of people that can be served in our intellectual disabilities home and community based waiver program. That is was the Governor has signed into the budget, to draw attention to it for the public to take advantage of it and understand that it is there.

Q: Michael Lockwood: Also, about the increase in savings in the SSI, are you familiar with that?
A: Justin Senior: I am not familiar, I do apologize.

Q: Ellen Anderson: In regards to the complaint line, in general what we've been hearing from our members is there isn't consistency from one hospital to the next on how to report the complaints and some are being kicked back saying they need to have a spreadsheet with their complaints and turn that in. Also, others are getting theirs resolved without a spreadsheet so moving forward how is this going to go?
A: David Rogers: It's all handled out of one office and has been consolidated in to one place to have it handled consistently across the board. What you're seeing with the spreadsheet and the process, is a lot of the complaints that we find are providers that are working with plans and trying to figure out how to bill and the Agency's job there is really to connect the plans and the providers together appropriately and get that done. We've been asking the providers for additional detail to be able to look at what the plans are doing to make sure that the claims that are being submitted are being appropriately paid. I think what your folks are seeing is the different types of complaints and how they are being presented and where it is in our review process.

Q: Ellen Anderson: On durable medical equipment, some of our patients are being told in our hospitals that they cannot deliver the equipment to the hospital on discharge, whereas it has to go their home. We wanted some clarification on this? Is it the hospital or is it the home?
A: Justin Senior: We will have to look into that and get back with you.

Subcommittee Updates

Melissa Eddleman gave a brief update on the Behavioral Health Subcommittee and advised that they are continuing to identify new quality strategies for behavioral health related services. In addition, they plan to look at identifying gaps in substance abuse and mental health services, as well as explore cost neutral ways to utilize funding with an emphasis on adults diagnosed with intellectual disorders and substance abuse and mental health conditions.

Beth Kidder provided an update on the Subcommittee on Children, Including Safeguards and Performance Measures Related to Foster Children. Ms. Kidder noted that the last meeting was used to regroup and refocus the activities of the subcommittee. She added that the group decided to focus on the Child Welfare specialty plan, the Children's Medical Services Network and child related performance measures. The subcommittee is also going to look into some of the communications that go out to the families of the children, in particular the informing letters. It was discussed they would like to update the letters and make them more meaningful to the families with what services are available to the children. It was determined they will need to add additional people to the committee and have brainstormed a list of folks to invite to the next meeting. Ms. Kidder also advised that the law changed in 2015 to clarify that children who are adopted out of foster care are now eligible to be in the child welfare specialty plan. That change was implemented on July 1, 2015. She added that a series of trainings and webinars have been prepared with the providers, health plans and advocacy plans for children in the child welfare system to help everyone navigate the system on how to get child placed into a behavioral health residential placement. The presentation is located online and is there to help everyone.

Erica Floyd Thomas gave an update on the Dental Care for Children Subcommittee and informed participants that the subcommittee is focusing on updates on the state oral health action plan. In addition, the group has also been talking about the handbook revisions that are underway. In addition, the subcommittee hopes in the future to start discussing fee schedules and procedure codes along with addressing the two new dental codes that have been put forth for the health access settings.

Sophia Whaley provided an update on the HIV/AIDS Subcommittee and advised that they have focused on understanding the service delivery of the program for specialty plans. The subcommittee has also expressed interest in the quality measures that the plans are reporting on and also on pharmacy services. Ms. Whaley noted that at the last MCAC meeting, Clear Health Alliance and Positive Health Care presented to the subcommittee on information regarding demographics and any member challenges that they focused on. Their next steps will be looking at the quality measures reported by all plans.

Devona Pickle explained that the Managed Long-term Care Subcommittee was focused on determining how to capture quality outcomes in long term-care which could then lead the team to develop an agenda for potential improvement. At the previous meeting, the subcommittee talked about the Statewide Managed Care quarterly report that was newly developed, particularly because it was very heavy on long-term care performance and its progress. In the coming meetings, the subcommittee will focus on outcome measures, along with looking at the long-term care performance measures and the waiver performance measures. Ms. Pickle advised that at the next meeting they will discuss the enrollee survey

for long-term care plans, ultimately building up to discussing the linking of the performance of the reports and projects to the consumer report card.

Next Meeting ***Justin Senior***

The next Medical Care Advisory Committee meeting is tentatively scheduled for October 13, 2015.

Adjourn ***Justin Senior***

The MCAC Meeting adjourned at 1:50 p.m.