

Florida's Medicaid 1115 Managed Medical Assistance Waiver

Post Award Forum

Agency for Health Care Administration

November 1, 2017

Public Meeting



1115 Research and Demonstration Waivers

- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects.
- These demonstrations give states additional flexibility to design and improve their programs.
- States can demonstrate and evaluate policy approaches such as:
 - Expanding eligibility to individuals who are not otherwise Florida Medicaid or CHIP eligible.
 - Providing services not typically covered by Florida Medicaid.
 - Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.



Post Award Forum

- Title 42 Code of Federal Regulations, section 431.420(c) Monitoring and Compliance, Post Award Forum.
- Within 6 months after the implementation date of the demonstration and annually thereafter, the State must hold a public forum to solicit comments on the progress of a demonstration project.



Current Waiver Authority

- The waiver was recently approved for an additional 5-years (through June 2022).



Goals and Objectives

- Improving access to coordinated care by enrolling all Medicaid enrollees in managed care except those specifically exempted.
- Improving program performance, particularly improved scores on nationally recognized quality measures (such as Healthcare Effectiveness Data and Information Set [HEDIS] scores) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys.
- Improving outcomes through care coordination, patient engagement in their own health care, and maintaining fiscal responsibility.



Goal #1

- Improving access to coordinated care by enrolling all Medicaid enrollees in managed care except those specifically exempted.
 - The enrollment process allows individuals who are mandatory for enrollment in the MMA program to enroll into an MMA plan immediately upon being determined eligible for Florida Medicaid.
 - This process allows Florida Medicaid recipients the immediate benefit of receiving their health care through an integrated system of care as well as access to the expanded benefits offered by the MMA plan.



Eligibility

- Mandatory Recipients – All Medicaid recipients are enrolled in an MMA plan unless specifically exempted.
- Voluntary Recipients – May choose to enroll in MMA:
 - Individuals who have other creditable health care coverage, excluding Medicare.
 - Individuals eligible for refugee assistance.
 - Individuals age of 65 years and older residing in a mental health treatment facility meeting the Medicare conditions of participation for a hospital or nursing facility.
 - Individuals in an intermediate care facility for individuals with intellectual disabilities.
 - Individuals residing in a group home facility licensed under Chapter 393, F.S.
 - Children receiving services in a Prescribed Pediatric Extended Care facility.



Eligibility

- Excluded from MMA Program Participation –
 - Dual eligibles who are not eligible for full Medicaid benefits (“partial duals” such as QMBs and SLMBs).
 - Individuals who are eligible for emergency Medicaid for aliens.
 - Women who are eligible only for family planning services.
 - Women who are eligible through the breast and cervical cancer services program.
 - Individuals who are residing in residential commitment facilities operated through the Department of Juvenile Justice, as defined in State law.
 - Individuals who are eligible for the Medically Needy program.



MMA Plan Types

Standard Plans

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



Standard and Comprehensive Plans

Standard Plans

- Community Care Plan (formerly SFCCN)
- Better Health, LLC
- Molina Healthcare of Florida
- Prestige Health Choice
- Simply Healthcare Plans, Inc.
- Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida

Comprehensive Plans

- Amerigroup Florida, Inc.
- Aetna (formerly Coventry Health Care of Florida)
- Humana Medical Plan
- Sunshine State Health Plan, Inc.
- UnitedHealthcare of Florida, Inc.



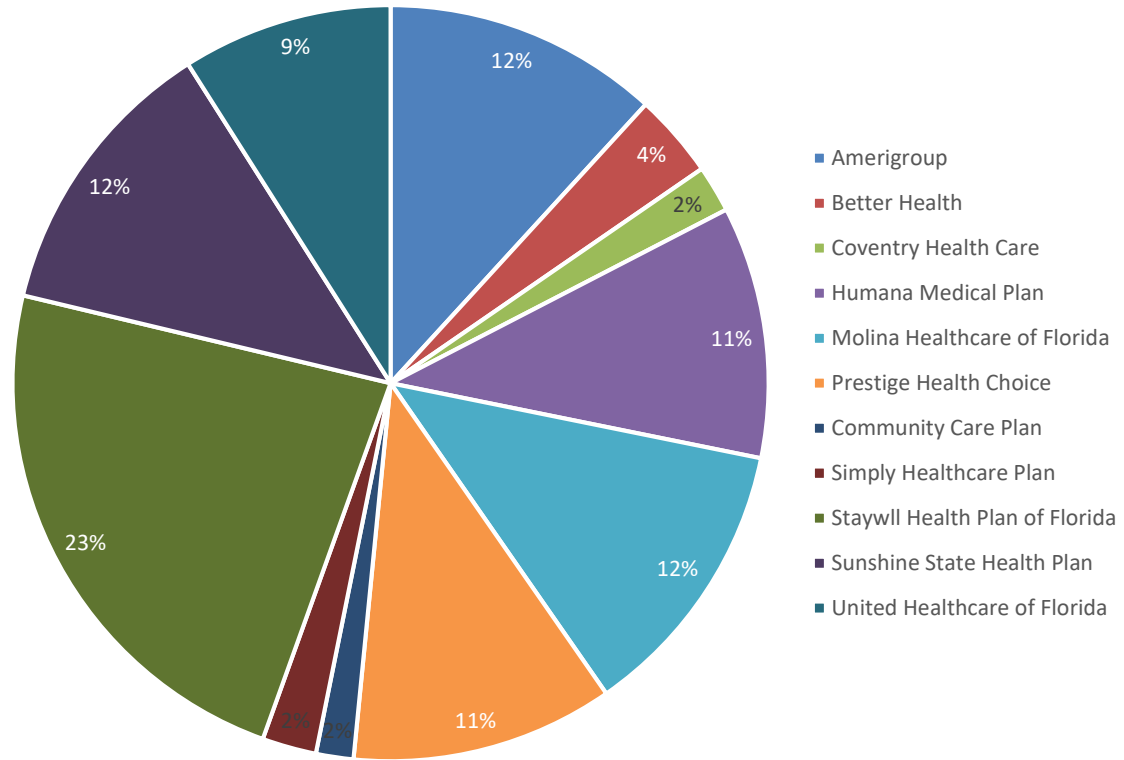
Specialty Plans

- Children with Chronic Conditions
 - Children’s Medical Services
- Children in Child Welfare
 - Sunshine State Health Plan, Inc.
- Dual Eligibles with Chronic Conditions
 - Freedom Health, Inc.
- HIV/AIDS
 - AHF MCO of Florida, Inc. d/b/a Positive Healthcare Florida
 - Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance
- Serious Mental Illness
 - Florida MHS, Inc. d/b/a Magellan Complete Care



MMA Standard and Comprehensive Plan Enrollment

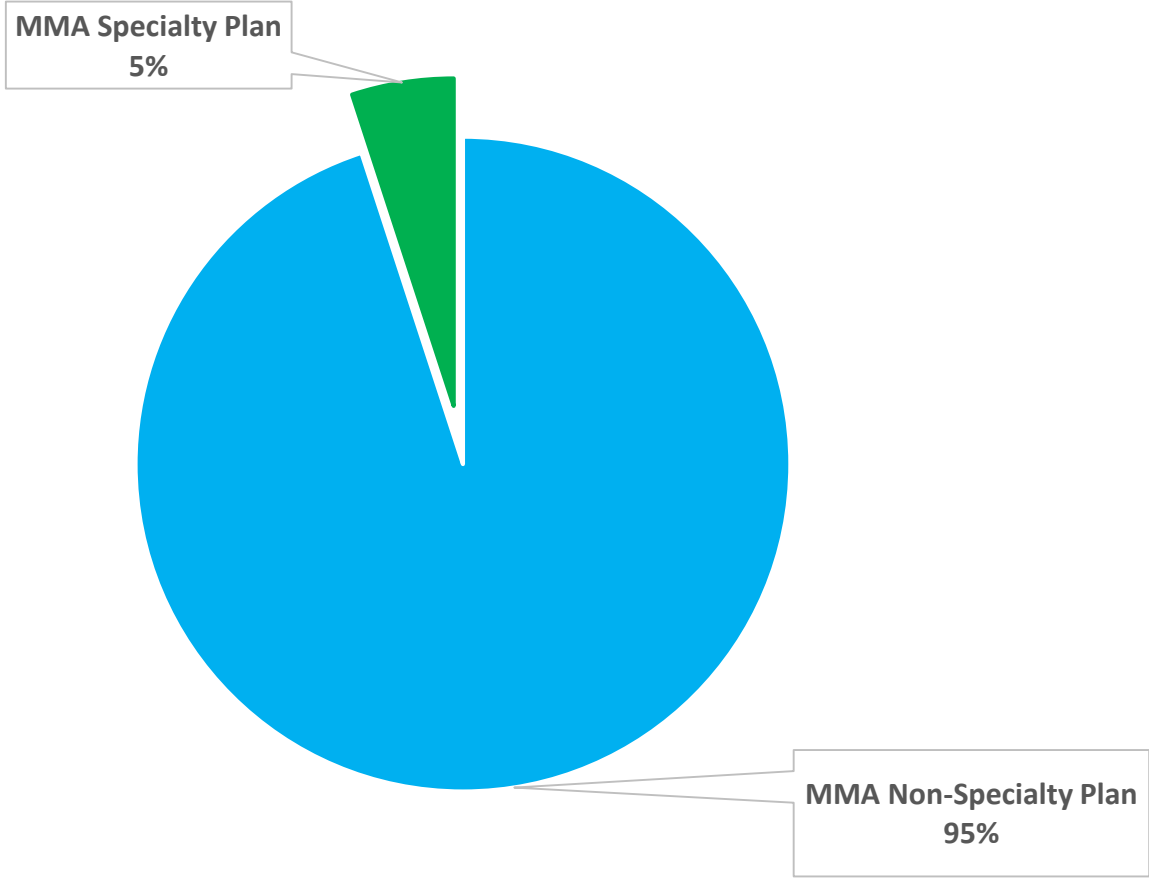
MMA Non-Specialty Plan Enrollment As of July 1, 2017	
Plan Name	Total Enrollment
Amerigroup	288,307
Better	88,002
Coventry	49,047
Humana	263,386
Molina	296,886
Prestige	274,514
Community Care Plan	39,188
Simply	56,646
Staywell	568,027
Sunshine	299,693
United	219,992



Source: AHCA-Comprehensive Medicaid Managed Care Enrollment Report July 2017



Most Medicaid Recipients are Enrolled in MMA Standard and Comprehensive Plans

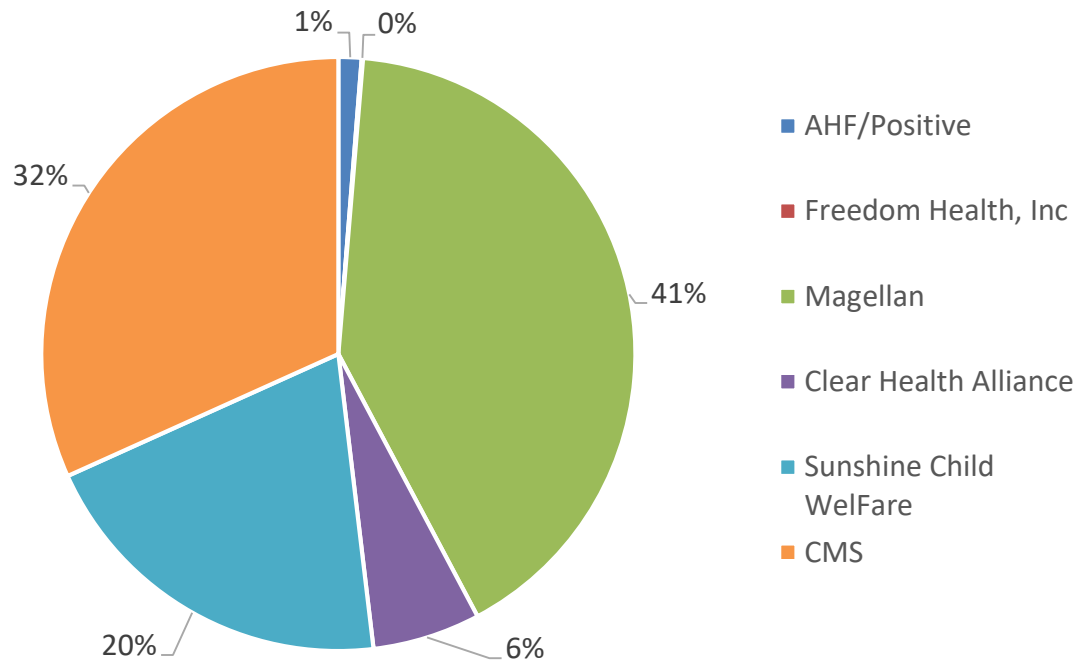


Source: AHCA-Comprehensive Medicaid Managed Care Enrollment Reports, July 1, 2017



MMA Specialty Plan Enrollment

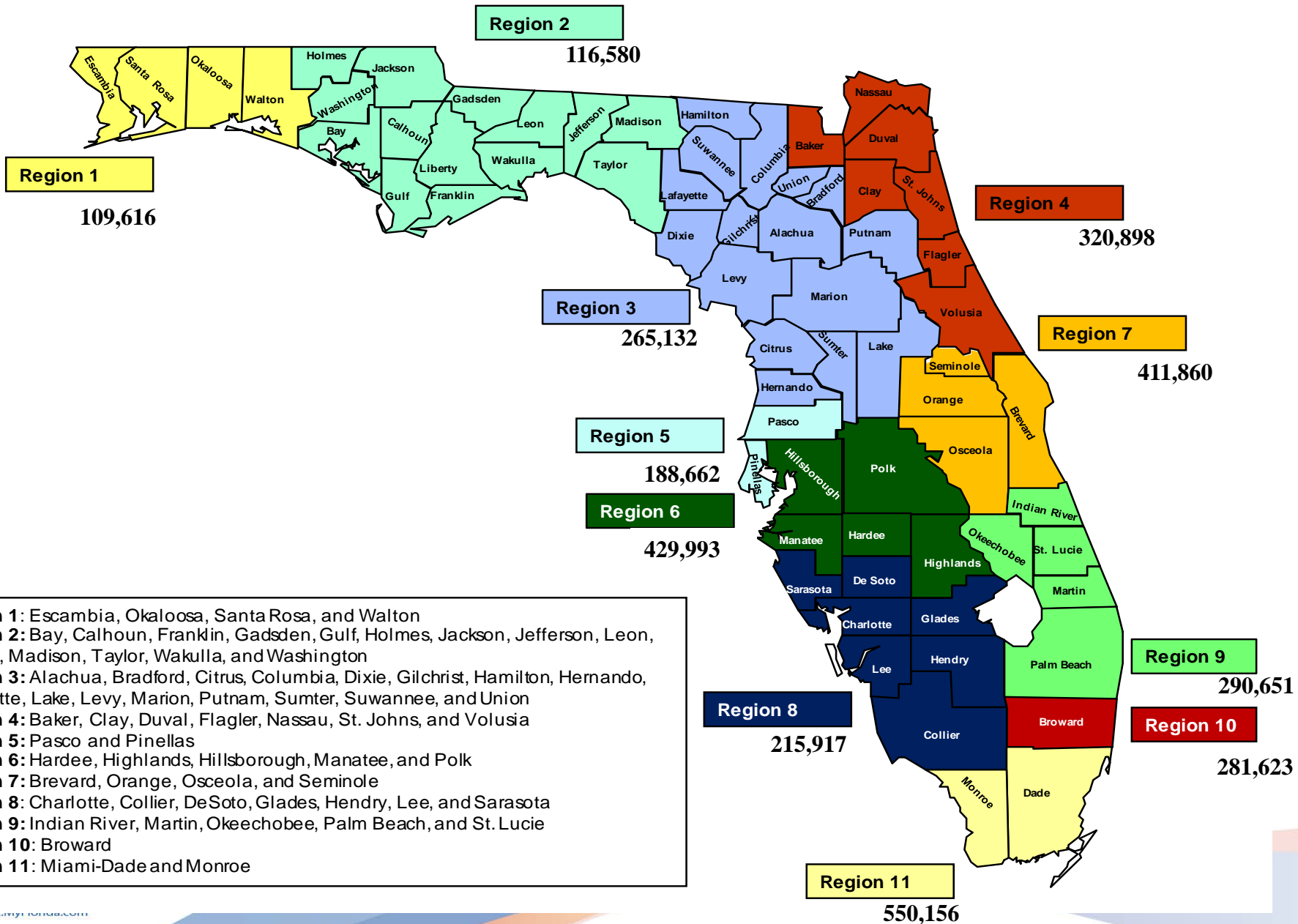
Specialty Plan Enrollment As of July 1, 2017	
Plan Name	Total Enrollment
AHF/Positive	2,006
Freedom Health, Inc.	117
Sunshine Child Welfare	32,186
Magellan	65,329
Clear Health Alliance	9,378
CMS	50,685



Source: AHCA-Comprehensive Medicaid Managed Care Enrollment Report July 1, 2017



MMA Enrollment by Region (as of July 2017)



Goal #2

- Improving program performance, particularly improved scores on nationally recognized quality measures, such as Healthcare Effectiveness Data and Information Set (HEDIS) scores and Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys.



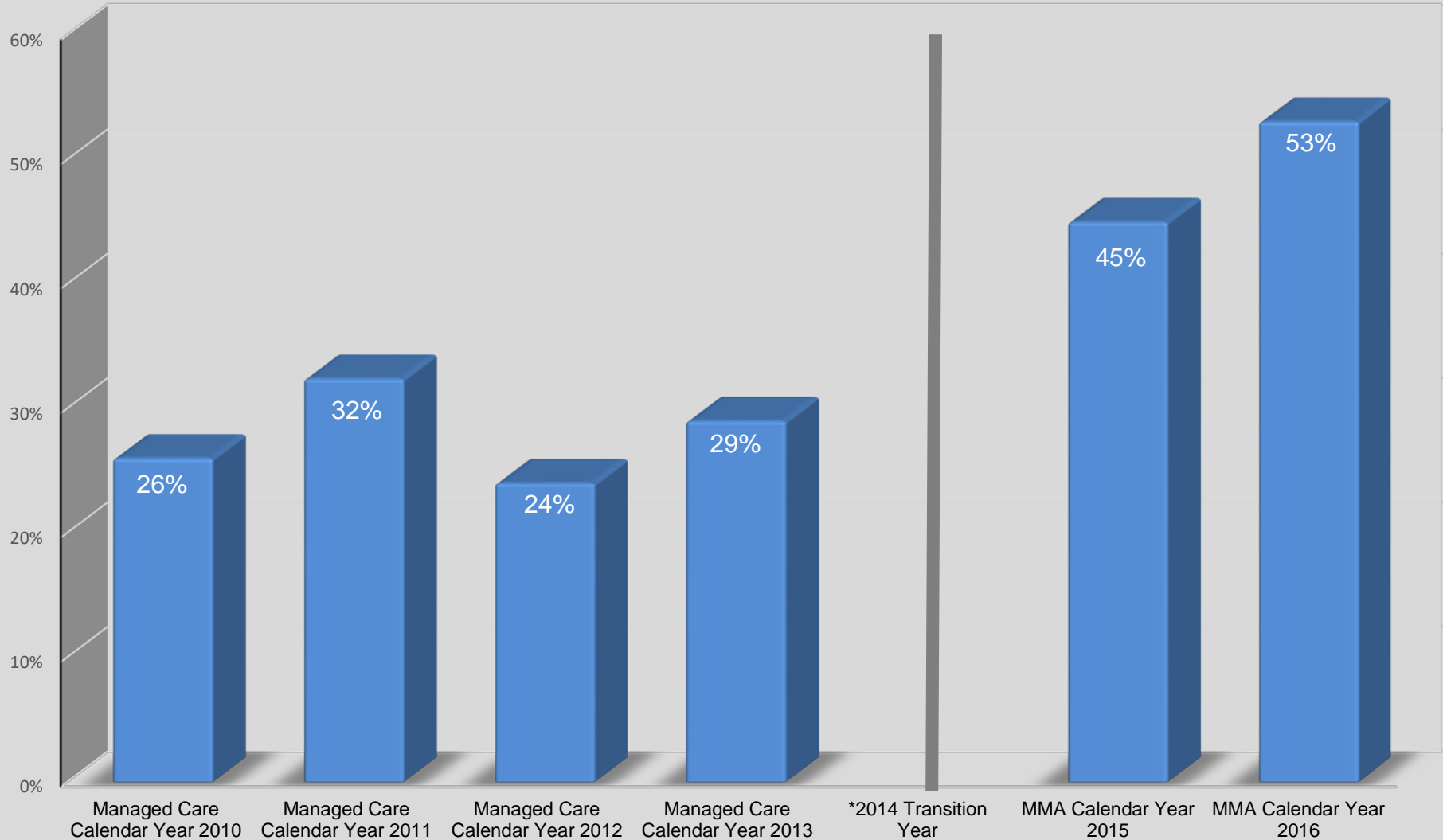
Enhanced Quality: HEDIS

HEDIS: Healthcare Effectiveness Data and Information Set

- National Committee for Quality Assurance’s standardized set of performance measures.
- Used by over 90% of health plans in the U.S.
- Detailed technical specifications ensure that measures are calculated consistently.
- Calculated by a certified auditor.
- Allows “apples-to-apples” comparison of health plans.



Florida Medicaid Quality Scores Above the National Average Continue to Improve



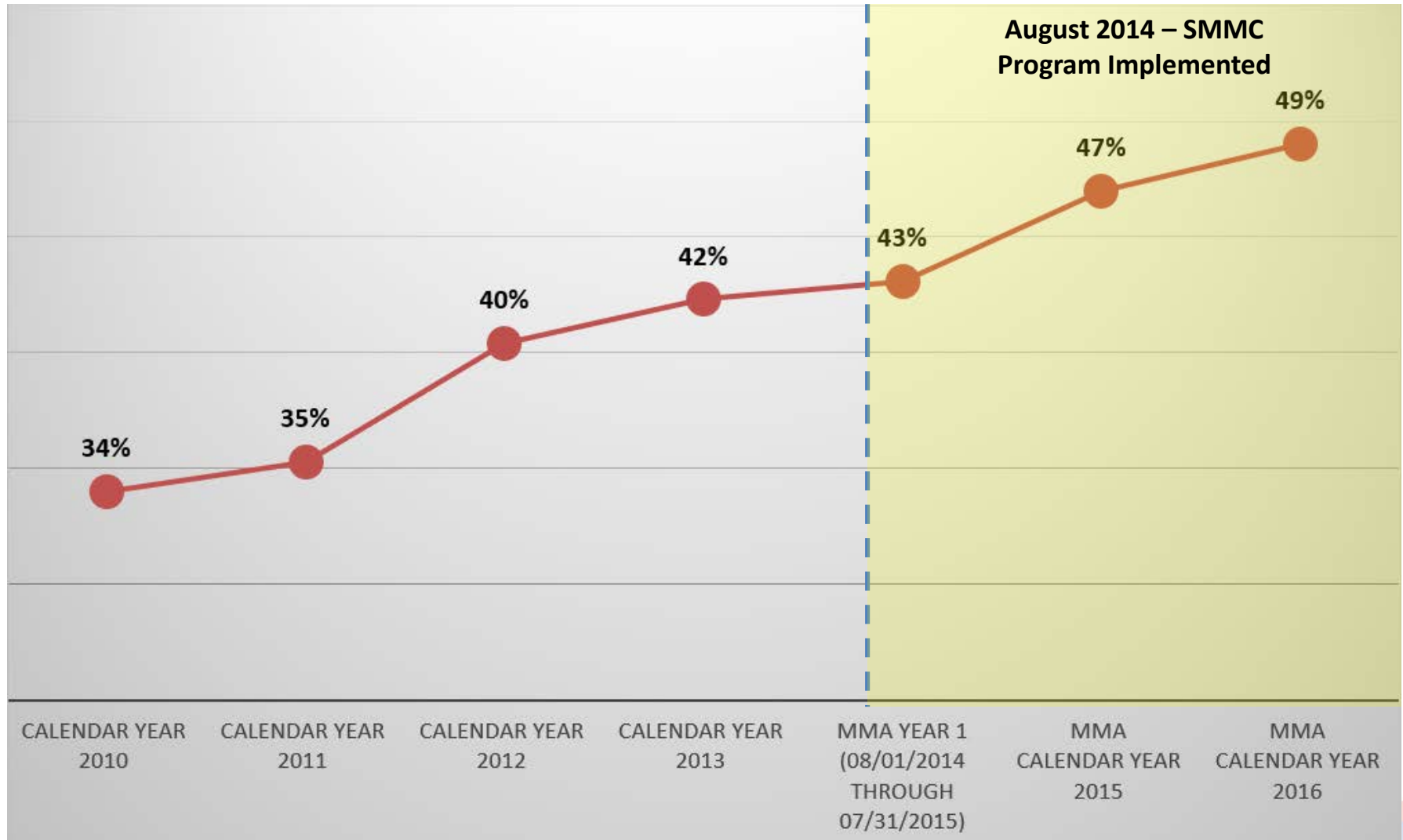
***Note:** Calendar Year 2014 was a transition year between Florida's prior managed care delivery system and the SMMC program implementation. Scores were high, but were based on a small number of recipients who had remained in the same health plan during the entire transition year. For Calendar Year 2014, 55% of measures were better than the National Average.

Medicaid Program Progress on Provision of Dental Services

- Health plans required to perform Performance Improvement Project to improve children's receipt of preventive dental services.
- Oral health social media campaign with community stakeholders to raise awareness of dental benefits and their importance.
- Consumer-friendly web page about benefits and how to find a provider.
- Participation in intensive technical assistance from federal CMS with other competitively selected states.



HEDIS Annual Dental Visit: Major Gains Under Statewide Medicaid Managed Care

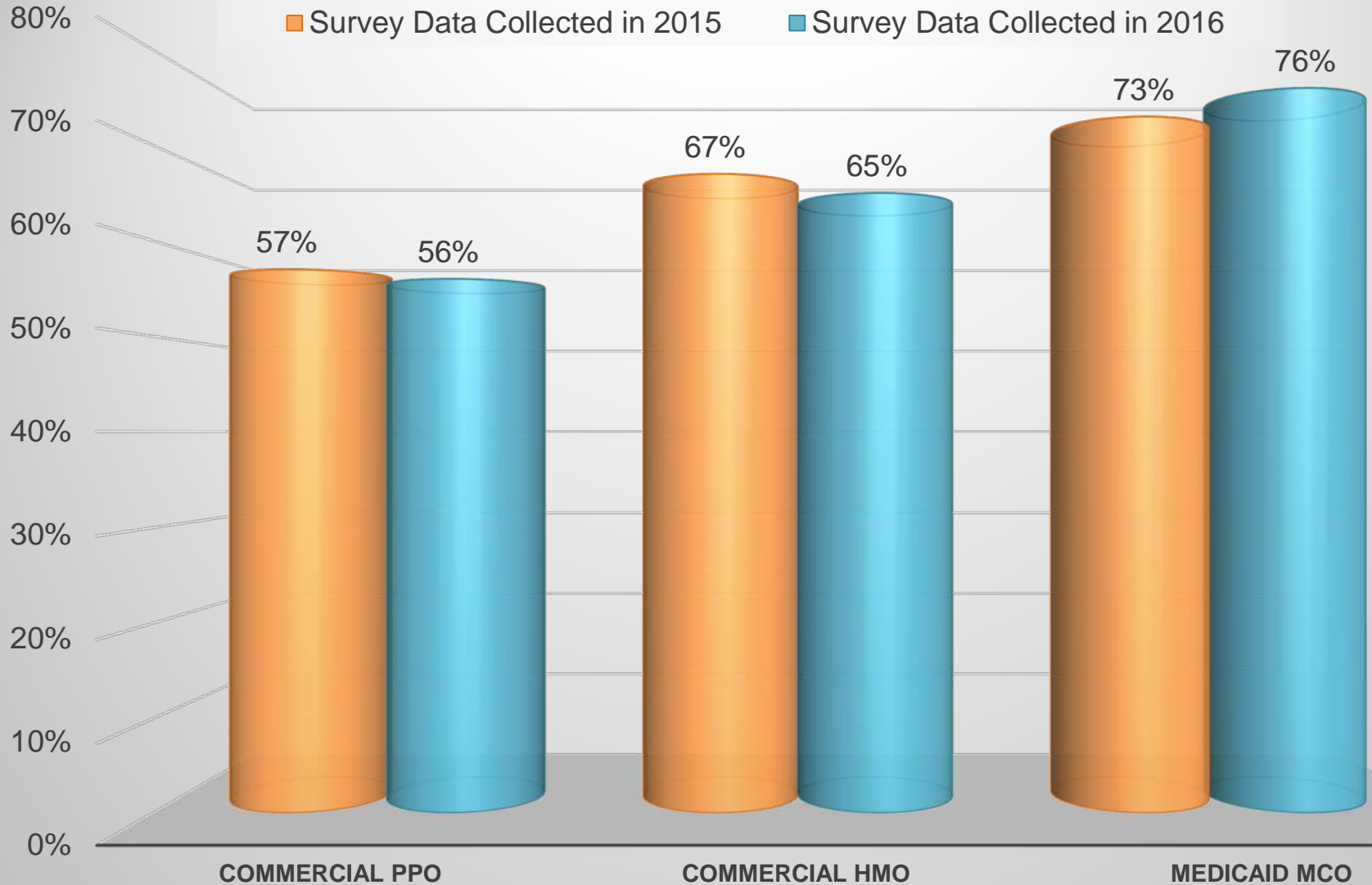


Enrollee Satisfaction with Medicaid Managed Care Remains Strong

- 2017 enrollee satisfaction highlights:
 - 76% of adults and 86% of parents are highly satisfied with their health plan.
 - 77% of adults and 89% of parents are highly satisfied with the MMA Quality of Care.
 - 84% of adults and 89% of parents say it is usually or always easy to get care quickly.
 - 80% of LTC enrollees are highly satisfied with their LTC plan.
 - These results are the same or greater than last year's ratings.



Medicaid Recipients are More Satisfied with their Plans than Individuals in Commercial Plans



Notes: Member satisfaction for adults ratings.
Based on statewide averages.

Centralized Complaint Hub

- Enables the Agency to:
 - Streamline and better track and respond to all complaints and issues received.
 - Identify trends related to specific issues or specific plans.
 - Receive reports of issues online at <http://ahca.myflorida.com/Medicaid> or by phone at 1-877-254-1055.
 - Monthly reports online at: http://ahca.myflorida.com/medicaid/statewide_mc/program_issues.shtml



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
- 2015 Report Card: Contains information on all MMA plans participating during the 12 month period



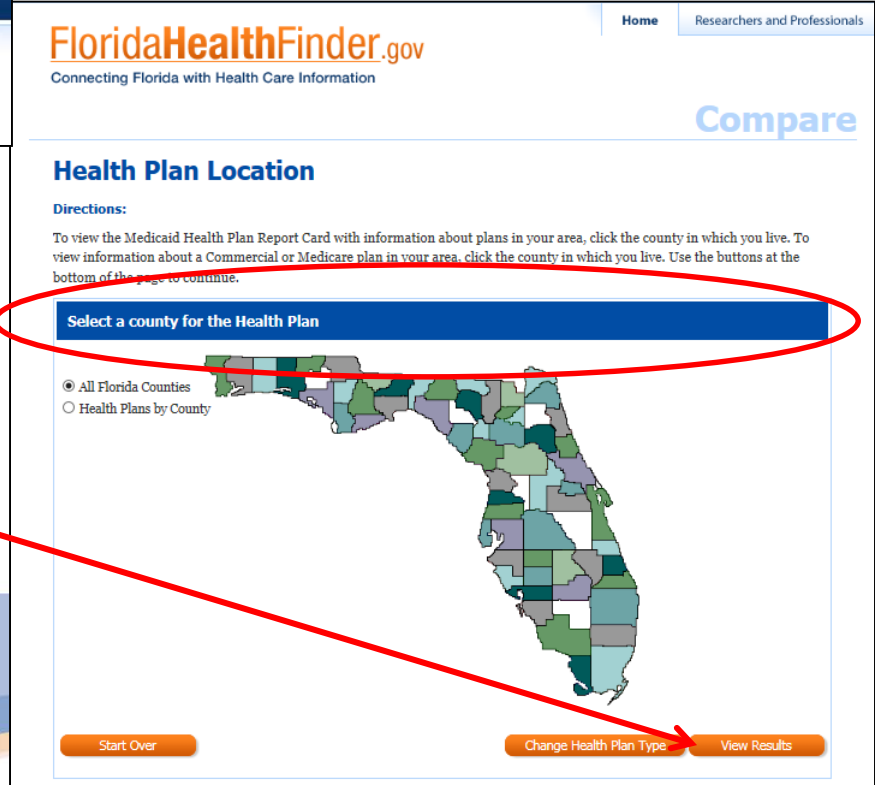
MMA Program Quality: Health Plan Report Cards



1. Navigate to FloridaHealthFinder.gov

2. Select "Medicaid Health Plan Report Card"

3. Select a county, or view all counties



4. View Results



MMA Program Quality: Health Plan Report Cards

Statewide Information for Plans Currently Operating in Florida Counties

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

Ratings Key:

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



Goal #3

- Improving outcomes through care coordination, patient engagement in their own health care, and maintaining fiscal responsibility.
 - The demonstration seeks to improve care for Medicaid beneficiaries by providing care through nationally accredited managed care plans with broad networks, expansive benefits packages, top quality scores, and high rates of customer satisfaction.



Care Coordination/Case Management

- A process to **assess, plan, implement, coordinate, monitor** and **evaluates** the options and services required to meet an enrollee's health needs.
- Promotes quality outcomes.
- MMA plans are responsible for the management and continuity of medical and behavioral health care for all enrollees.



Managed Medical Assistance Plans

- Plans are responsible for identifying, assessing and implementing interventions for enrollees with:
 - Complex medical issues
 - High service utilization
 - Intensive health care needs
 - A pattern of consistently accessing services at the highest level of care
- Plans must coordinate with other insurance sources, including Medicare



MMA Provider Networks: Network Adequacy Requirements

- Network adequacy for health plan providers is based on:
 - Time and distance standards
 - Regional provider ratios
- Time and distance standards/ provider ratios established for more than 40 provider types
- Generally used Medicare standards.
- Full list is in MMA contract:
 - http://ahca.myflorida.com/medicaid/statewide_mc/pdf/Contracts/2015-11-01/Exhibit_II-A-Managed_Medical_Assistance_MMA_Program_2015-11-01.pdf#page=76
 - (Attachment II, Exhibit II-A, Section VI.A.1.b. (Page 76))



Example of MMA Network Requirements

Required Providers	Urban County		Rural County		Regional Provider Ratios
	Max Time (minutes)	Max Distance (miles)	Max Time (minutes)	Max Distance (miles)	
Primary Care Providers	30	20	30	20	1:1,500 enrollees
Specialists					
Allergy	80	60	90	75	1:20,000 enrollees
Cardiology	50	35	75	60	1:3,700 enrollees
Cardiology (PEDS)	100	75	110	90	1:16,667 enrollees
Gastroenterology	60	45	75	60	1:8,333 enrollees



MMA Provider Networks: Redundancy

- Provider network requirements were built to ensure all plans in a region can serve a maximum recipient enrollment level.
- Contract requires:
 - Plans in Regions 3 through 11 have a network sufficient to meet 120% of actual monthly enrollment.
 - Plans in Regions 1 and 2 to have a network sufficient to meet 200% of actual monthly enrollment.



Provider Network Information: Provider Network Verification (PNV)

- PNV is an automated system designed to assure that network providers have valid licensure, have completed background screening, and are known to Medicaid.
 - Provides network-related reports and queries.
 - Recipients can also access PNV data through a secure web portal.
 - Plans update their networks to PNV weekly.



Standard Benefits

- Managed Medical Assistance plans must:
 - Provide all Florida Medicaid State Plan covered services.
 - Ensure the provision of services in the sufficient amount, duration, and scope to be reasonably expected to achieve the purpose for which the services are furnished.
 - Use the Agency’s definition of medical necessity when authorizing covered services (see Rule 59G-1.010, Florida Administrative Code).
 - Comply with federal Early and Periodic Screening, Diagnosis, and Treatment requirements (see 42 U.S.C. section 1396d(r)(5)).



Standard Benefit Package

- Advanced Registered Nurse Practitioner Services
- Ambulatory Surgical Center Services
- Assistive Care Services
- Behavioral Health Services
- Birth Center and Licensed Midwife Services
- Clinic Services
- Chiropractic Services
- Dental Services
- Child Health Check-Up
- Immunizations
- Emergency Services
- Emergency Behavioral Health Services
- Family Planning Services and Supplies
- Healthy Start Services
- Hearing Services
- Home Health Services and Nursing Care
- Hospice Services
- Hospital Services
- Laboratory and Imaging Services
- Medical Supplies, Equipment, Prosthesis and Orthoses
- Optometric and Vision Services
- Physician Assistant Services
- Podiatric Services
- Practitioner Services
- Prescribed Drug Services
- Renal Dialysis Services
- Therapy Services
- Transportation Services



Added Benefits & Benefit Package Flexibility

- Plans have added flexibility in services provision
 - Substitution services (“in lieu of services”)
 - Expanded benefits



Expanded Benefits

- The Agency negotiated with health plans to provide extra benefits at no cost to the state.
- Examples include:
 - Adult dental services
 - Expanded hearing and vision coverage
 - Expanded outpatient hospital coverage
 - Waived copayments



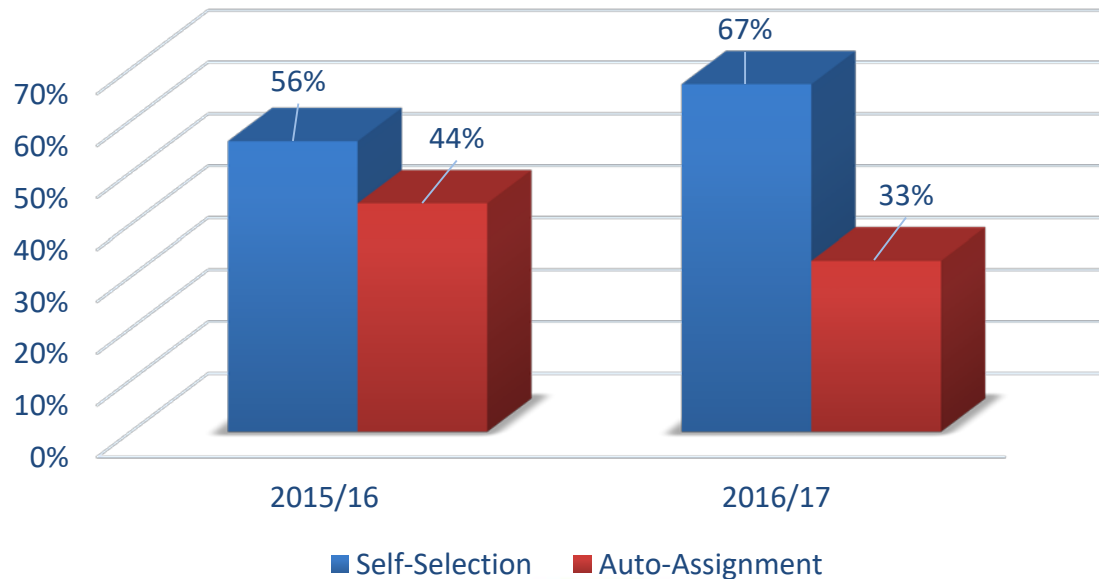
MMA Expanded Benefits

Expanded Benefits	Standard Plans											Specialty Plans					
	Amerigroup	Better Health	Aetna	Humana	Molina	Prestige	Community Care Plan	Simply	Staywell	Sunshine	United	CMS	Magellan	Freedom	Sunshine	Clear Health Alliance	Positive Health
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 pregnant adults (Expanded)	Y	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	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	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	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	Y
Prenatal/perinatal visits (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Primary care visits for 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 and community-based services															Y	Y	
Intensive outpatient therapy													Y				

Self-Selection & Auto-Assignment Rates

The State encourages recipient engagement in the plan selection process. The self-selection rate among recipients increased from 56% of recipients self-selecting their MMA plan during 2015/16, to 67% of recipients self-selecting their plan during 2016/17.

Self-Selection & Auto-Assignment Rates



Independent Evaluation

- The University of Florida is conducting an independent evaluation of the MMA program.
- Evaluation design includes the goals, objectives, and specific testable hypotheses, including those that focus specifically on target population, and more generally on enrollees, providers, plans, market areas, and public expenditures.



Budget Neutrality

- The MMA Waiver continued to be budget neutral throughout the 2016/17 waiver period, demonstrating that federal Medicaid expenditures with the waiver were less than federal spending without the waiver.



Thank you!

