

Florida Medicaid 1115 Managed Medical Assistance Waiver Post Award Forum

Agency for Health Care Administration

December 11, 2018

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

Federal Requirement: Title 42 Code of Federal Regulations.

“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 Period

July 1, 2017 through June 30, 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.



December 2017 Waiver Amendments

On December 20, 2017, the Agency received approval to:

- Transition the federal authority to serve individuals enrolled in the MEDS-AD section 1115 demonstration to Managed Medicaid Assistance.
- Establish financial and non-financial eligibility criteria for individuals diagnosed with AIDS to obtain and maintain coverage for Medicaid benefits without the need for enrollment in the 1915(c) Project AIDS Care waiver.

The transition of these two populations has allowed the Agency to streamline, simplify, and have greater oversight over the administration of these programs, and hold providers to a higher level of accountability.



June 2018 Waiver Amendments

On June 8, 2018, the Agency received approval to:

- Change the requirements for Federally Qualified Health Centers and Rural Health Clinics to receive payment under the Low Income Pool (LIP).
- Permit hospitals to contract with 50%, rather than 100%, of Medicaid standard plans in their region and still receive LIP payments.

The Agency determined that this amendment was needed to ensure that providers could better access the LIP funds.



November 2018 Waiver Amendments

On November 30, 2018, the Agency received approval to:

- LIP: Add Regional Perinatal Intensive Care Centers as an eligible hospital ownership subgroup for purposes of Low Income Pool funding effective State Fiscal Year (SFY) 2017/18, and certain community behavioral health providers as a participating provider group effective SFY 2018/19.
- Eliminate the three-month Medicaid retroactive eligibility period for non-pregnant adults, effective February 1, 2019.
- Operate a statewide Prepaid Dental Health program that provides Florida Medicaid State Plan dental services to recipients through pre-paid ambulatory health plans.



Florida Medicaid SMMC Program

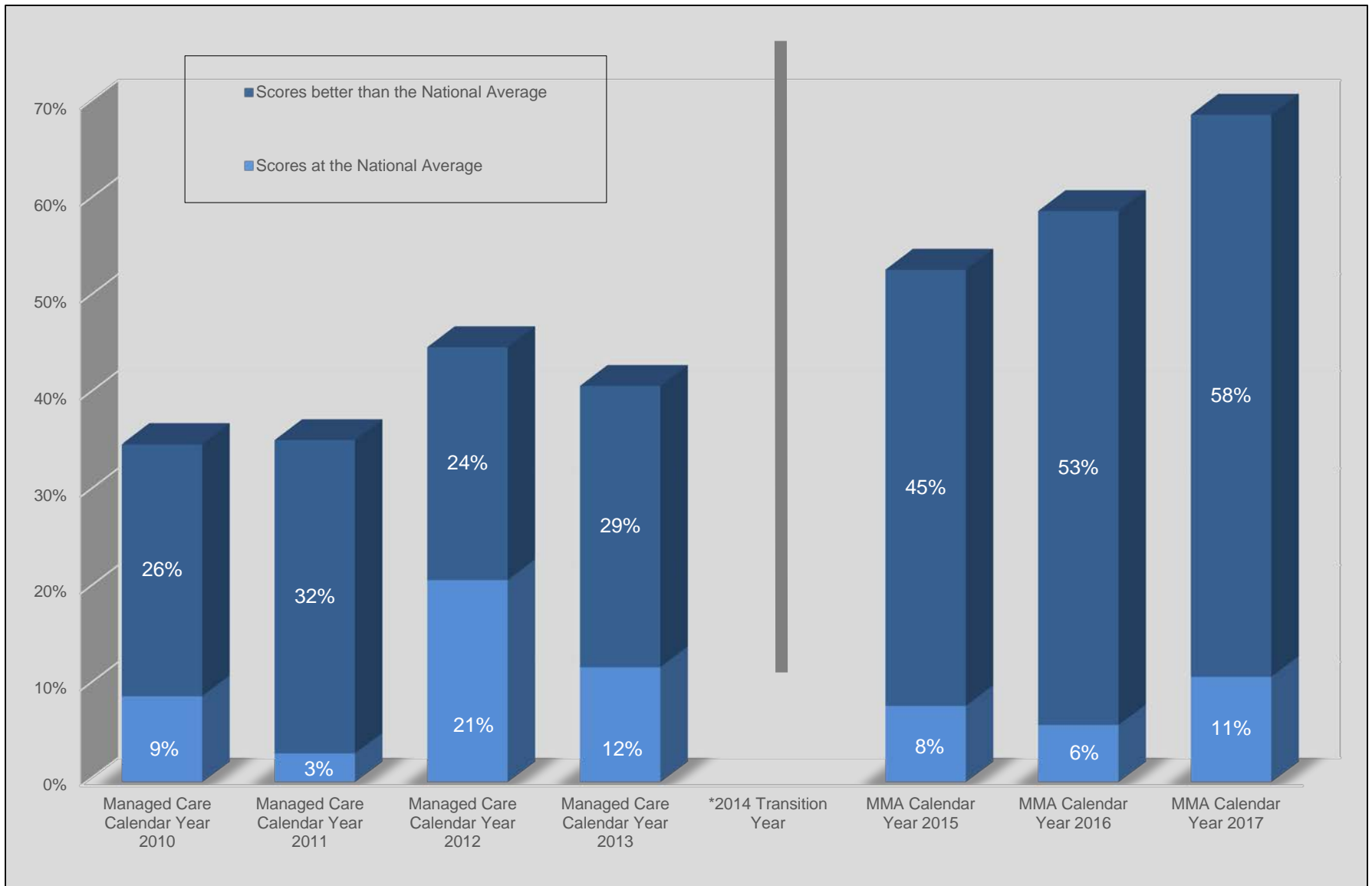
Continued Improvements

Florida continues to see improvement in quality scores and recipient satisfaction under Statewide Medicaid Managed Care.

- 2017 HEDIS Scores: Percentage of HEDIS scores at or above the national average increased by 10 percentage points over calendar year 2016.
- 2018 CAHPS Survey: Higher ratings on enrollee satisfaction survey than prior year.
- Recipient Engagement in Health Care: High percentage of recipients actively chose an MMA plan prior to enrollment rather than being auto-assigned.

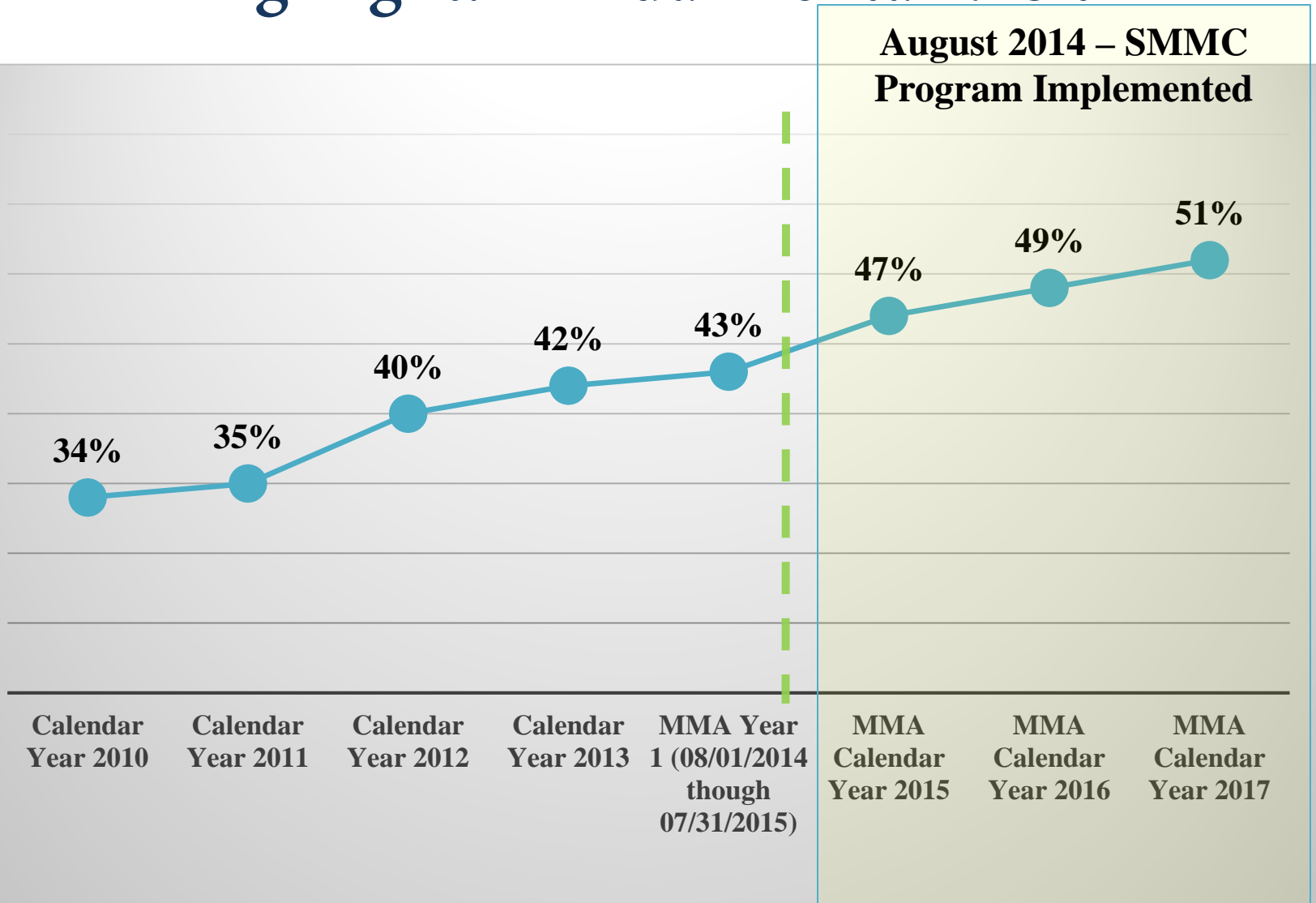


2017 HEDIS National Quality Scores



2017 HEDIS Scores

Highlight: Annual Dental Visit



2018 CAHPS Results

Highlight: Enrollee Satisfaction Survey

Adults:

- 76% of adults are highly satisfied with their health plan.
- 82% of adults are highly satisfied with the MMA Quality of Care.
- 81% of adults say it is usually or always easy to get care quickly.

Parents:

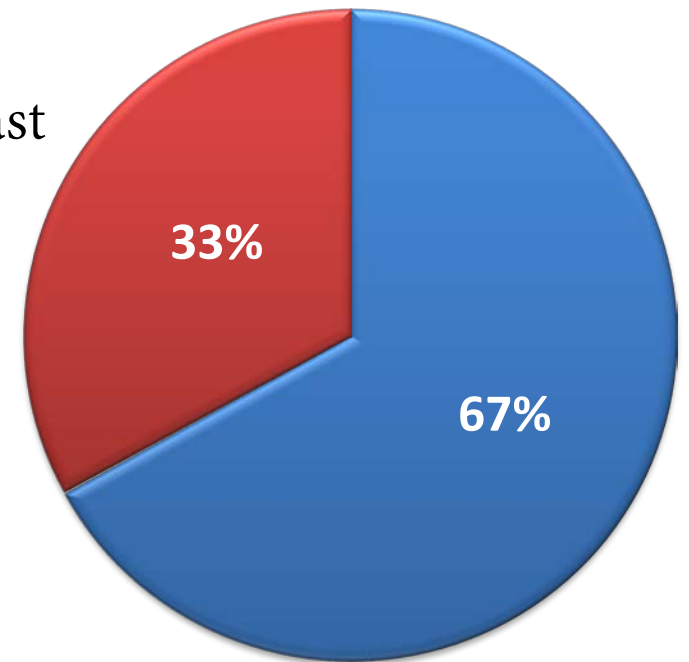
- 85% of parents are highly satisfied with their child's health plan.
- 89% of parents are highly satisfied with the MMA Quality of Care.
- 84% of parents say it is usually or always easy to get care quickly.



Recipient Engagement in Health Care MMA Plan Selection & Enrollment

The State encourages recipient engagement in the plan selection process.

- Self-selection rate among recipients remained consistent when compared to last year.
- 67% of recipients self-selected their plan during 2016/17 and 2017/18.



■ Self-Selection Rate ■ Auto-Assignment Rate



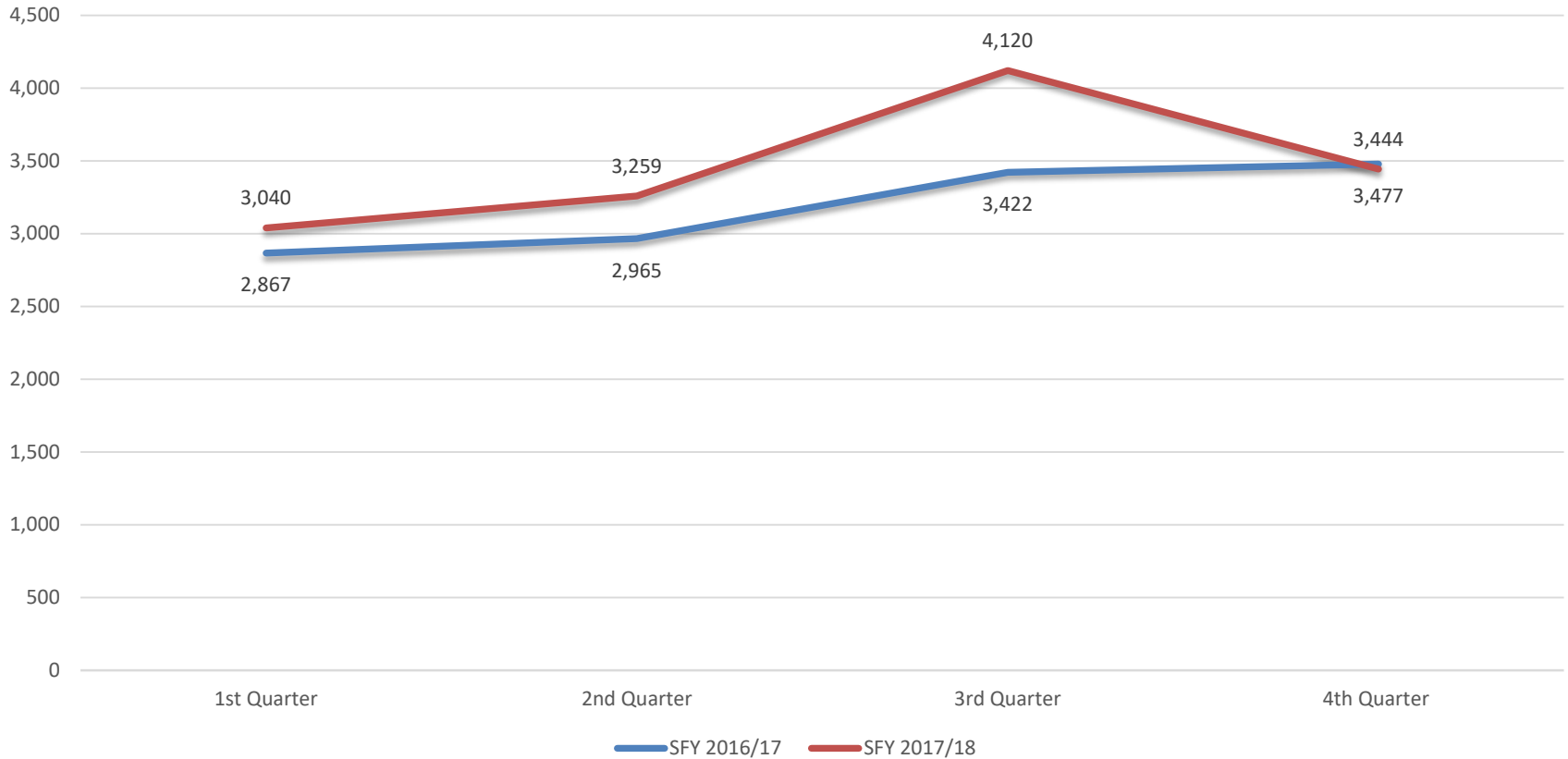
Complaints and Grievances

- The Agency operates a centralized complaint operations center to resolve Medicaid complaints timely and to determine if plans are complying with the terms of their contract.
- The Agency collects, aggregates, and trends the data for quality improvement initiatives.
- The following chart details the complaints received by the Agency during SFY 2016/17 and SFY 2017/18, and includes complaints received for the Managed Medicaid Assistance and Long-Term Care programs.
- The number of complaints for SFY 2017/18 increased over SFY 2016/17, but remained extremely low.
- The rate of complaints per enrollee was about 1 per 1,000 enrollees.



Complaints and Grievances

Complaints Received by Agency Complaint Center,
SFY 2016/17 and SFY 2017/18



Budget Neutrality

- The MMA Waiver continued to be budget neutral throughout the 2017/18 waiver period
- Federal Medicaid expenditures with the waiver were less than federal spending without the waiver.



Questions and Comments

Thank you!

