

Medical Care Advisory Committee Meeting

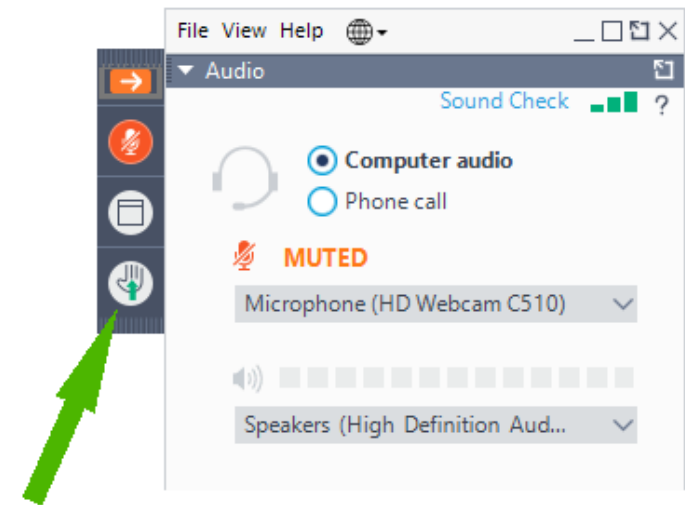
January 25, 2021



Meeting Logistics

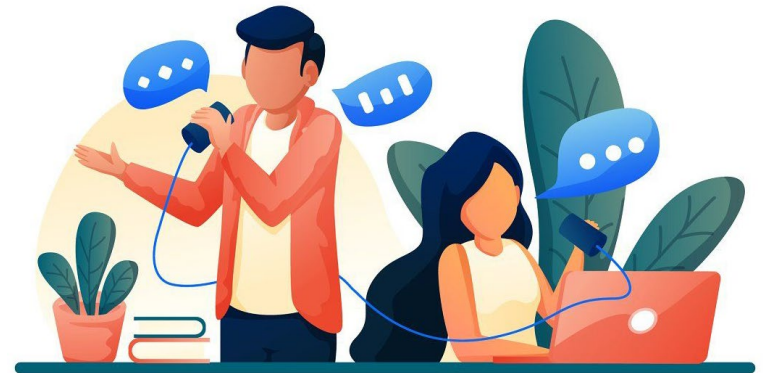


- Attendee lines will be **muted** for the duration of the webinar to minimize disruption.
- All attendees who wish to comment or ask questions should use the “Raise your hand” feature. We will unmute your line and recognize you to speak.
- **MCAC Members** are welcome to comment or ask questions throughout the meeting.
- **All other attendees** who wish to comment or ask questions should do so during the specified public comment periods.



Welcome New Members

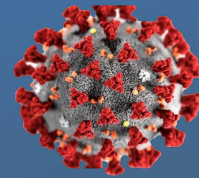
- Department of Elder Affairs
– Ginnifer Barber
- Florida Hospital Association
– David Mica, Jr.



Agency Leadership Changes

- Shevaun Harris appointed Acting Agency Secretary
- Tiffany Vause appointed Deputy Chief of Staff
- Brian Meyer appointed Assistant Deputy Secretary for Medicaid Operations
- Dietra Cole appointed Acting Chief of Medicaid Recipient and Provider Assistance





COVID-19 Updates

Key Medicaid COVID-19 Strategies

Eligibility

- Extended Medicaid recipient eligibility to ensure all Medicaid enrollees remain eligible throughout the duration of the Public Health Emergency
- Extended the timeline to complete the Medicaid application process

Provider Enrollment

- Enacted provisional enrollment to allow the Agency to quickly enroll providers
- Waived the requirement that Florida Medicaid providers be licensed in-state
- Extended the timeline for provider enrollment revalidation

Expansion of Service Limitations/Expanded Coverage

- Authorized service limits expansion in order to maintain the health and safety of recipients diagnosed with COVID-19, or when services beyond the set limits are necessary to maintain a recipient safely in their home
- Permitted early refills of maintenance medication, excluding controlled substances
- Encouraged the use of mail order delivery for maintenance medications
- Allowed recipients to request a 90-day supply of medications, when that quantity is available at the pharmacy and via mail order
- Waived the behavioral health frequency and duration service limits



Key Medicaid COVID-19 Strategies- Telemedicine

- Expanded to behavior analysis, therapy, early intervention, & specific behavioral health services
- Required payment parity
- Allowed for telephone only (no video)
- Utilization highlights (through November)
 - 66% of telehealth visits and 79% of telehealth expenditures were for behavioral health
 - The most common service was Psychosocial Rehab (53% of telehealth expenditures)
 - The most common diagnosis was Major Depressive Disorder (20% of telehealth expenditures)



Key Medicaid COVID-19 Strategies

COVID-19 Testing and Vaccination

- Covered COVID-19 lab tests, including rapid lab test and antibody test
- Covered administration of the vaccine

Co-Payments and Prior Authorizations

- Waived all co-payments
- Waived prior authorization requirements:
 - hospital
 - physician and advanced practice registered nursing services
 - behavioral health
 - home health services
 - nursing facility services
 - durable medical equipment and supplies
- Prohibited the managed care plans from applying and implementing pre-payment and post-payment claim reviews for services in which prior authorization requirements have been waived during the PHE, unless certain criteria are met

Fair Hearings

Allowed enrollees more time to request a fair hearing or health plan appeals



Medicaid Enrollment Growth since mid-March 2020

- Added over 795,000 recipients
 - 21.3% increase
 - Continues to increase weekly
- Now at 4.5+ million recipients
- Mostly children and caretaker adults
- All members are retaining eligibility through the end of the public health emergency (very limited exceptions)
 - Current end date is of PHE is April 21, 2021, but can be extended



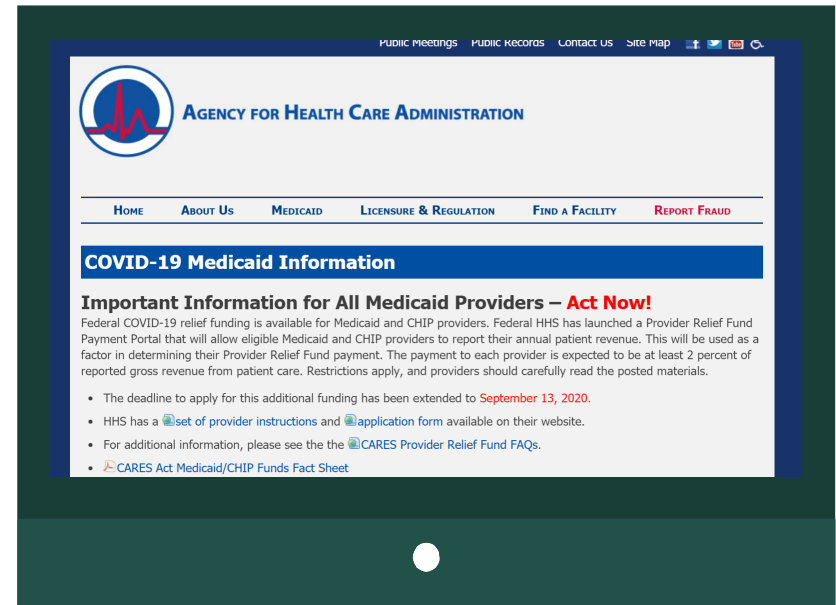
COVID Websites

- Agency COVID Website:

http://ahca.myflorida.com/covid-19_alerts.shtml

- Medicaid COVID Website:

http://ahca.myflorida.com/COVID-19_Medicaid.shtml#alerts



FLORIDA MEDICAID

1115 Family Planning Waiver

Post Award Forum

Agency for Health Care Administration

January 25, 2021

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:
 1. Expanding eligibility to individuals who are not otherwise Florida Medicaid or CHIP eligible.
 2. Providing services not typically covered by Florida Medicaid.
 3. Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.



Waiver Overview

- The Family Planning Waiver was initially approved in 1998.
- The Centers for Medicare & Medicaid Services (CMS) reauthorized the waiver through June 30, **2023**.
- Post Award Forum
 - ✓ On an annual basis, the State must hold a public forum to solicit comments on the progress of the demonstration project.
 - ✓ This presentation covers Demonstration Year 22, which is July 1, 2019 – June 30, 2020.



Goals and Objectives

Increase Access to
Family Planning
Services

Increase Child
Spacing Intervals
through
Contraception

Reduce the
Number of
Unintended
Pregnancies

Reduce Costs by Reducing
Unintended Pregnancies
by Women who would be
Eligible for Medicaid
Pregnancy Related
Services




Family Planning Waiver Services




Sexually Transmitted Disease Testing and Treatment



Breast Cancer and Colposcopy Screening



Exams and Counseling



Medications*, Supplies, and Pregnancy Tests



Contraception including Birth Control



Education

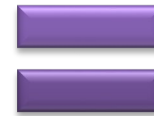


Family Planning Waiver Eligibility

Women ages
14 through 55
years who have
lost Medicaid
Coverage



Income at or
below 191
percent of the
Federal
Poverty Level



24 Month
Family Planning
Waiver Eligibility

In accordance with 409.904(5), Florida Statutes



Enrollment Process

- Women losing Florida Medicaid eligibility who are 60-days postpartum are:
 - Auto-enrolled in the Family Planning Waiver for the first year (they must re-apply for the second year)
- Women who have lost Florida Medicaid coverage, who were not covered under the Sixth Omnibus Budget Reconciliation Act (SOBRA), which is pregnancy Medicaid, must:
 - Apply for the Family Planning Waiver (they are not auto-enrolled)



Enrollment Process Changes

- The Department of Children and Families (DCF) is responsible for most Medicaid eligibility determinations.
 - One exception is eligibility for the Family Planning Waiver, which is done by the Department of Health.
- As condition of waiver renewal, CMS required the Agency to integrate the Family Planning Waiver eligibility process with the process used for other Medicaid eligibility determinations.
- By March 2022, the process for Family Planning eligibility determinations will be transitioned from the Department of Health to DCF.

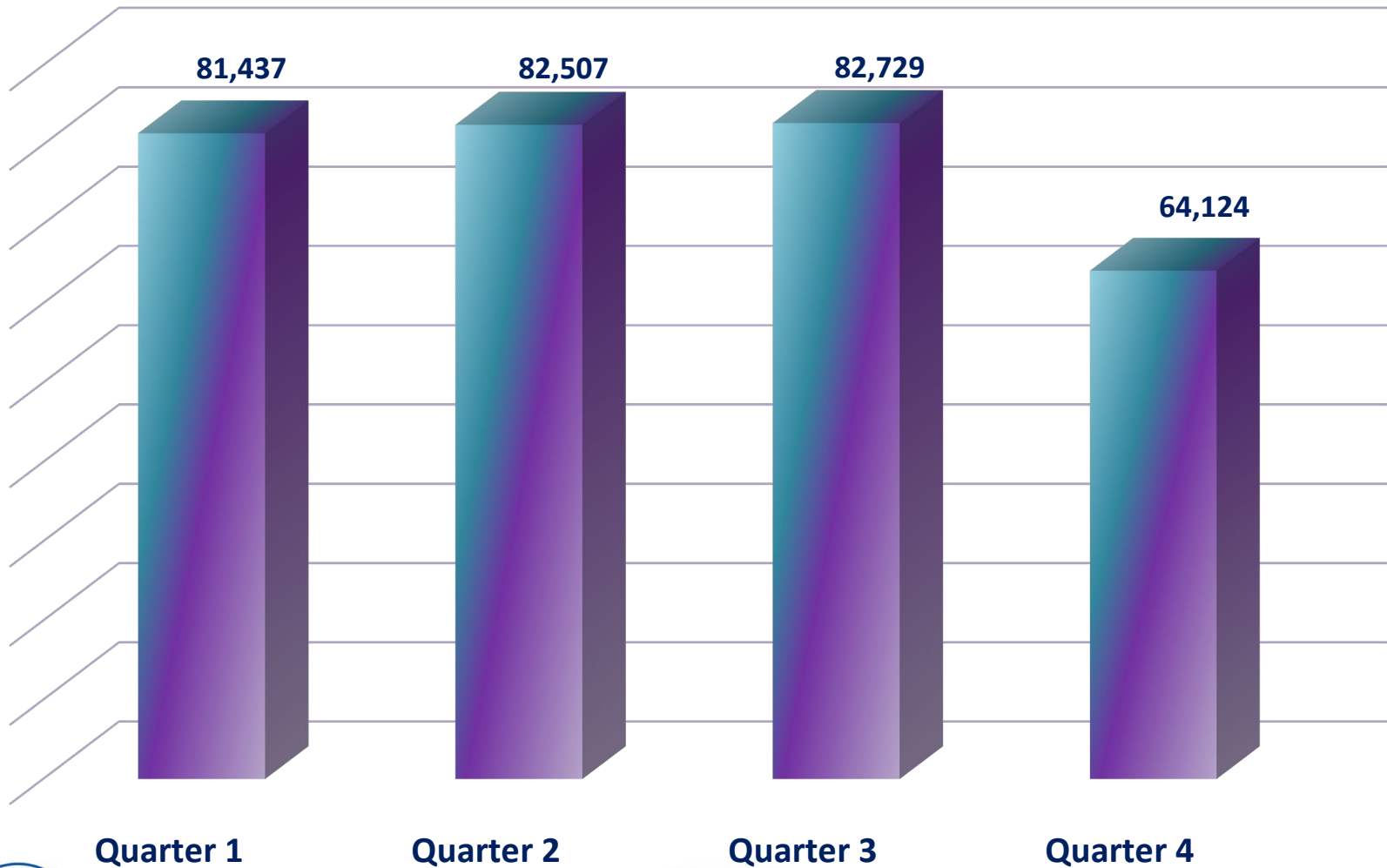


Objectives of the Transition

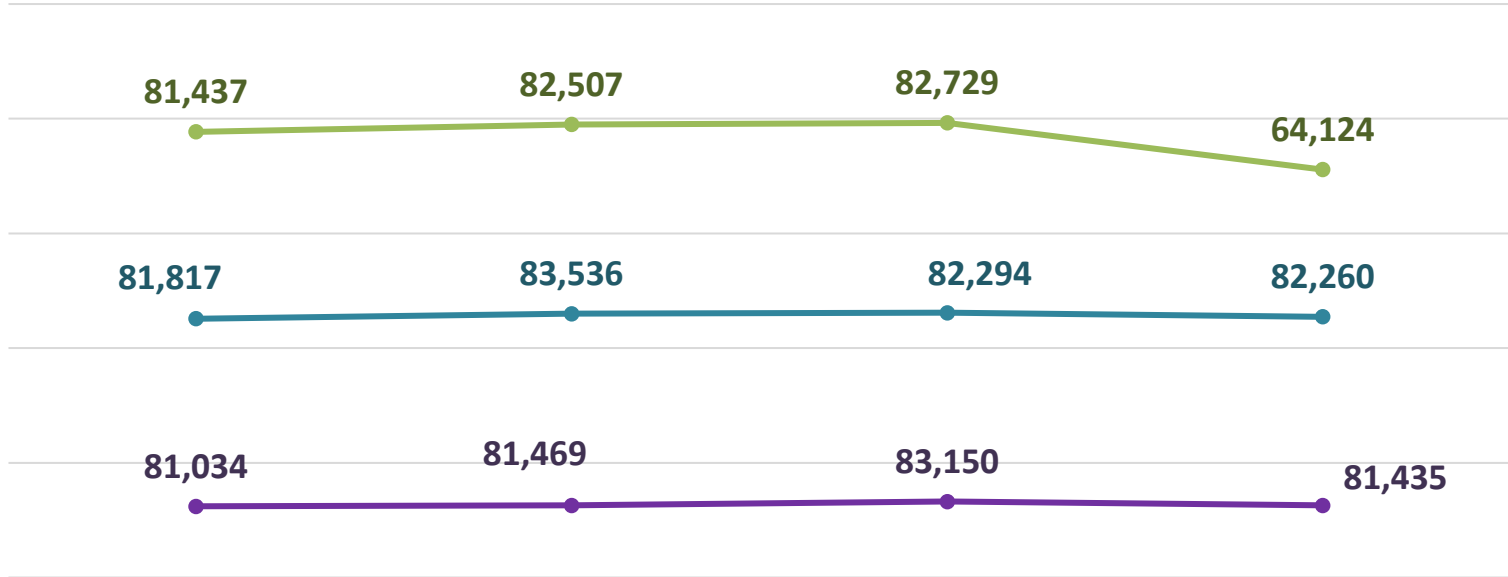
- Automatically enroll eligible individuals who lose Medicaid coverage
 - ✓ Ensures availability/continuity of family planning services
 - ✓ Reduces administrative burdens on eligible recipients as they will only have to engage if additional information is needed by DCF.
- Increase consistency across Medicaid eligibility determination processes



DY22 FP Waiver Enrollment



Enrollment Comparison: DY20, DY21, and DY22



	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
DY22	81,437	82,507	82,729	64,124
DY21	81,817	83,536	82,294	82,260
DY20	81,034	81,469	83,150	81,435



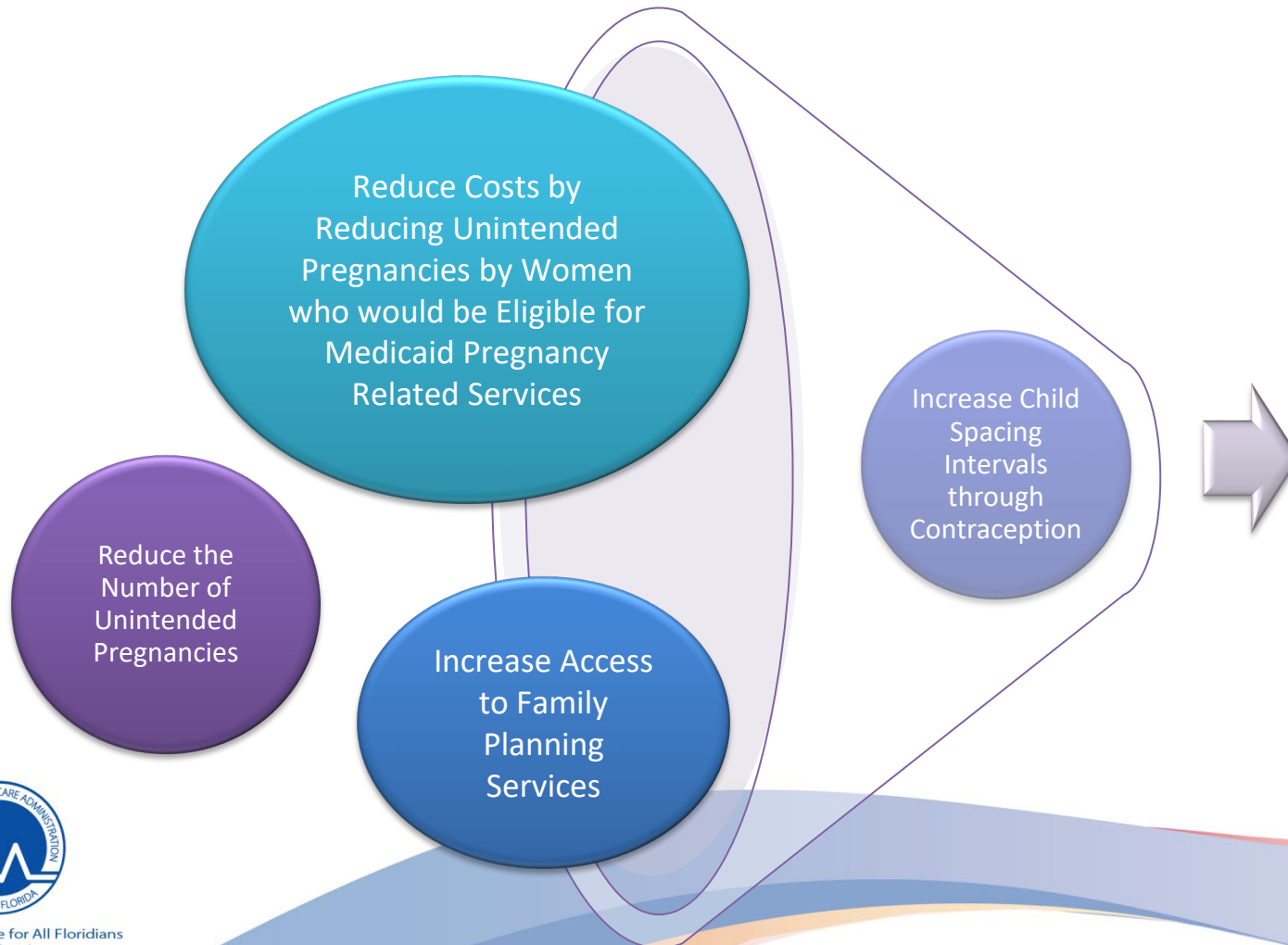
Service Utilization

- In DY 22, approximately 13% of individuals enrolled in the Family Planning Waiver utilized at least one service.
 - Approximately 5% were tested for a sexually transmitted disease.
 - Approximately 2% obtained a cervical cancer screening.



Evaluation

The Family Planning Waiver's evaluation assesses how well the waiver programs are meeting their assigned objectives:



Evaluation Findings

- The most recent final evaluation was for 2015/16 and 2016/17.
- The interbirth interval, or time between the birth of one child and the next, among Family Planning Waiver participants increased from 18.5 to 19.5 months from 2014/15 to 2015/16.
 - Shorter interbirth intervals are associated with increased pregnancy risks.
- The estimated cost savings from averted births was:
 - \$25 million for 2014/15
 - \$37 million for 2015/16
- Compared to 2015/16, the number and proportion of new enrollee participants* declined in 2016/17.
- The number and proportion of continuing enrollee participants* in 2016/17 increased over 2015/16.
- SOBRA enrollees continued to use more Family Planning Waiver services than non-SOBRA enrolled women.

http://ahca.myflorida.com/Medicaid/Family_Planning/index.shtml



*Participants are considered to be women that utilize at least one service through the Family Planning Waiver.

Future Evaluation

- The Agency executed a 3-year evaluation contract with Florida State University in early 2020.
- The Family Planning Waiver is evaluated using Medicaid eligibility and claim files, Florida birth certificate and Healthy Start Pre-Natal Risk Screening data, and a qualitative survey completed by DOH staff.
- The Agency submitted a revised evaluation design to CMS in June 2020 to focus on how enrollees are utilizing covered health services.



Performance Improvement Monitoring

- The Department of Health conducts performance improvement monitoring to ensure the local county health departments maintain compliance with waiver requirements.
- All county health departments were found to be in compliance during the DY22 waiver year.



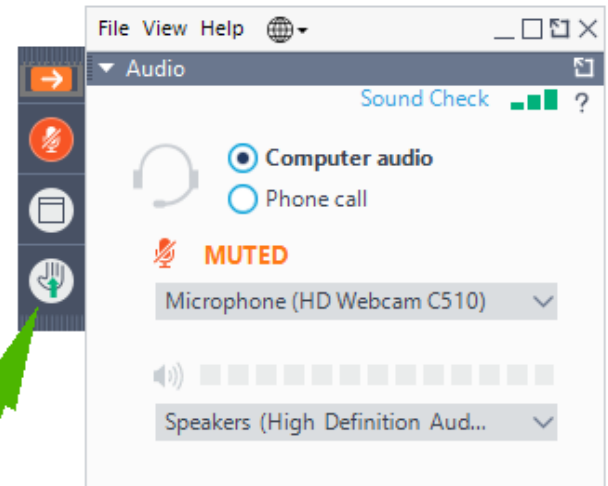
Budget Neutrality

- The Family Planning Waiver continued to be budget neutral through DY22.
- This means that federal Medicaid expenditures with the waiver were less than federal spending without the waiver.



Public Comment

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FLORIDA MEDICAID

1115 Managed Medical Assistance Waiver

Post Award Forum
Agency for Health Care Administration
January 25, 2021
Public Meeting



1115 Research and Demonstration Waivers

- Section 1115 of the Social Security Act grants the Secretary of Health and Human Services the authority to approve experimental, pilot, or demonstration projects.
- Demonstrations authorized under this authority provide states additional flexibility to design and improve health care delivery systems and programs.
- Policy approaches that may be demonstrated and evaluated include:
 1. Expanding eligibility to individuals who are not otherwise eligible for Florida Medicaid or CHIP
 2. Providing services not typically covered by Florida Medicaid
 3. Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

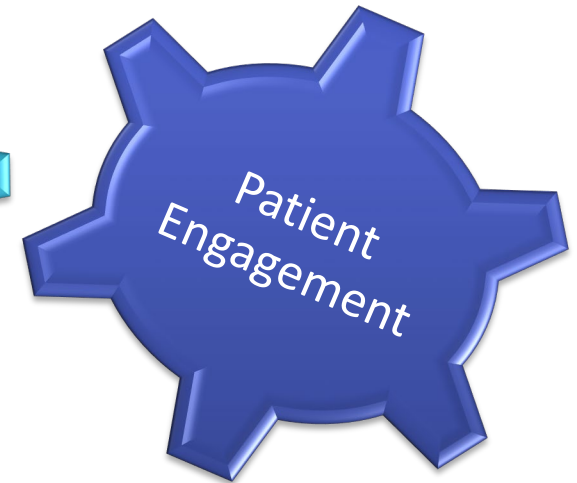


1115 Managed Medical Assistance Waiver

- Waiver Approval Period:
 - July 1, 2017 through June 30, 2030
- Post Award Forum Requirement
 - Annually, the Agency must hold a public forum to solicit comments on the progress of the demonstration project.
 - This post award forum covers the period from **July 1, 2019 through June 30, 2020** (Demonstration Year 14)



MMA Goals and Objectives



SMMC Procurements

- The Agency re-procured contracts with SMMC health plans and issued new contracts with dental plans in 2018.
- The competitive process followed by the Agency to select health plans and dental plans resulted in gains that we have never had before, such as:
 - ✓ financial savings
 - ✓ higher performance standards
 - ✓ higher service level agreements
 - ✓ better expanded benefits
 - ✓ better access to services and providers
- Six year* contracting period for health and dental plans.
 - Current Contracts: 2018-2024

**The legislature amended statute to extend the contract period to six years beginning with the 2023 procurement cycle and extended existing contracts to December 31, 2024.*



Gains for Recipients

	Health Plans	Dental Plans
<p>Access to Care When you Need it: Double the primary care providers in each network</p>	✓	
<p>Access to Care When you Need it: Guaranteed access to after hours care and telemedicine where available</p>	✓	✓
<p>Improved Transportation: New level of accountability with benchmarks to ensure recipients arrive and are picked up from appointments in a timely manner.</p>	✓	



Gains for Recipients

	Health Plans	Dental Plans
Best Benefit Package Ever: Additional benefits at no extra cost to the state. More than 55 benefits offered by health plans and extensive adult dental benefits offered by dental plans.	✓	✓
Model Enrollee Handbook: Information and content has been standardized across all health plans' enrollee handbooks for greater ease of use.	✓	✓



Gains for Providers

	Health Plans	Dental Plans
<p>Better Pay: More pediatric physicians will be eligible to receive Medicare level of reimbursement through the Medicaid Physician Incentive Program</p>	✓	
<p>Less Administrative Burden: High performing providers can bypass prior authorization</p>	✓	✓
<p>Less Administrative Burden: Plans will complete credentialing for network contracts in 60 days</p>	✓	✓



Gains for Recipients & Providers

	Health Plans	Dental Plans
Prompt Authorization of Services: Health plans will provide authorization decisions: <ul style="list-style-type: none">• Within 7 days of receipt of standard request.• Within 2 days of an expedited request.	✓	✓
Smoother Process for Complaints, Grievances, and Appeals: Health plans agreed not to delegate any aspect of the grievance system to subcontractors.	✓	✓



Dental Program

- The dental program provides dental services to eligible recipients.
 - **All** recipients who receive Managed Medical Assistance (MMA) services must also choose a dental plan.
 - **All** recipients who receive their medical services through the fee-for-service system must choose a dental plan, with very limited exceptions.
 - **This includes Medically Needy and iBudget waiver enrollees**
- Services include preventive, diagnostic, therapeutic and restorative services, as well as oral and maxillofacial surgery, periodontics, and diabetic testing.



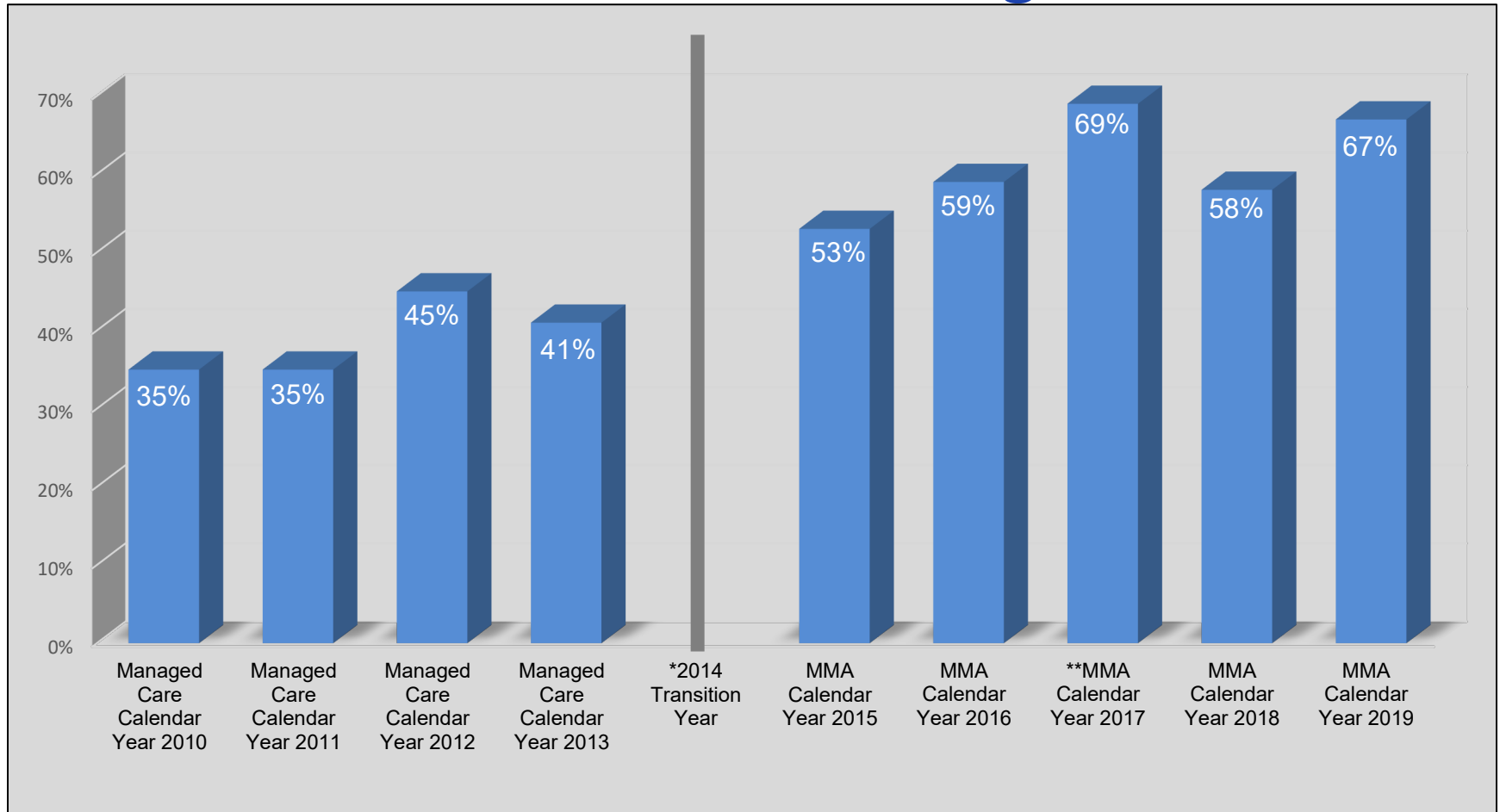
Dental Plan

Expanded Benefits for Adults

Benefit	DentaQuest	Liberty	MCNA
Preventive	✓	✓	✓
Diagnostic	✓	✓	✓
Restorative	✓	✓	✓
Periodontics	✓	✓	✓
Oral and Maxillofacial Surgery	✓	✓	✓
Adjunctive General Services	✓	✓	✓
Diabetic Testing	✓	✓	✓
Practice Acclimation for Individuals with Intellectual Disabilities	✓	✓	✓



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.

CY 2019 Performance Measures

Calendar Year 2019 MMA Statewide Weighted Means

Of 51 HEDIS measure rates reported in CY 2018 and CY 2019:

- 57% (29) were better than the national Medicaid mean
- 10% (5) were at the national Medicaid mean
- 76% (39) were better than or the same as CY 2018



CY 2019 Performance Measures

Continued

- Measures with ≥ 3 percentage point increase:
 - Adolescent Well Care
 - Adult BMI Assessment
 - Antidepressant Medication Management (Continuation)
 - Asthma Medication Ratio
 - Follow-up for Children Prescribed ADHD Medication (Continuation)
 - Initiation of Alcohol and Other Drug Dependence Treatment
 - Lead Screening in Children
 - Prenatal Care and Postpartum Care
 - Well-Child Visits in the First 15 Months – 6 or more visits



MMA Enrollee Satisfaction

CAHPS Adult Survey Results

CAHPS Item	Rate Description	2016	2017	2018	2019	2020
Rating of Health Plan	% of Respondents rating their Health Plan an 8, 9, or 10 on a scale of 0-10'	73%	76%	76%	77%	75%
Getting Needed Care	% of Respondents reporting it is usually or always easy to get needed care	80%	83%	81%	82%	81%
Getting Care Quickly	% of respondents reporting it is usually or always easy to get care quickly	82%	84%	82%	83%	83%
Customer Service	% of respondents reporting they usually or always get the help/info needed from their plan's customer service	88%	88%	88%	88%	91%
Rating of Health Care	% of respondents rating their health care an 8, 9, or 10 on a scale of 0-10'	75%	77%	74%	76%	77%



MMA Enrollee Satisfaction

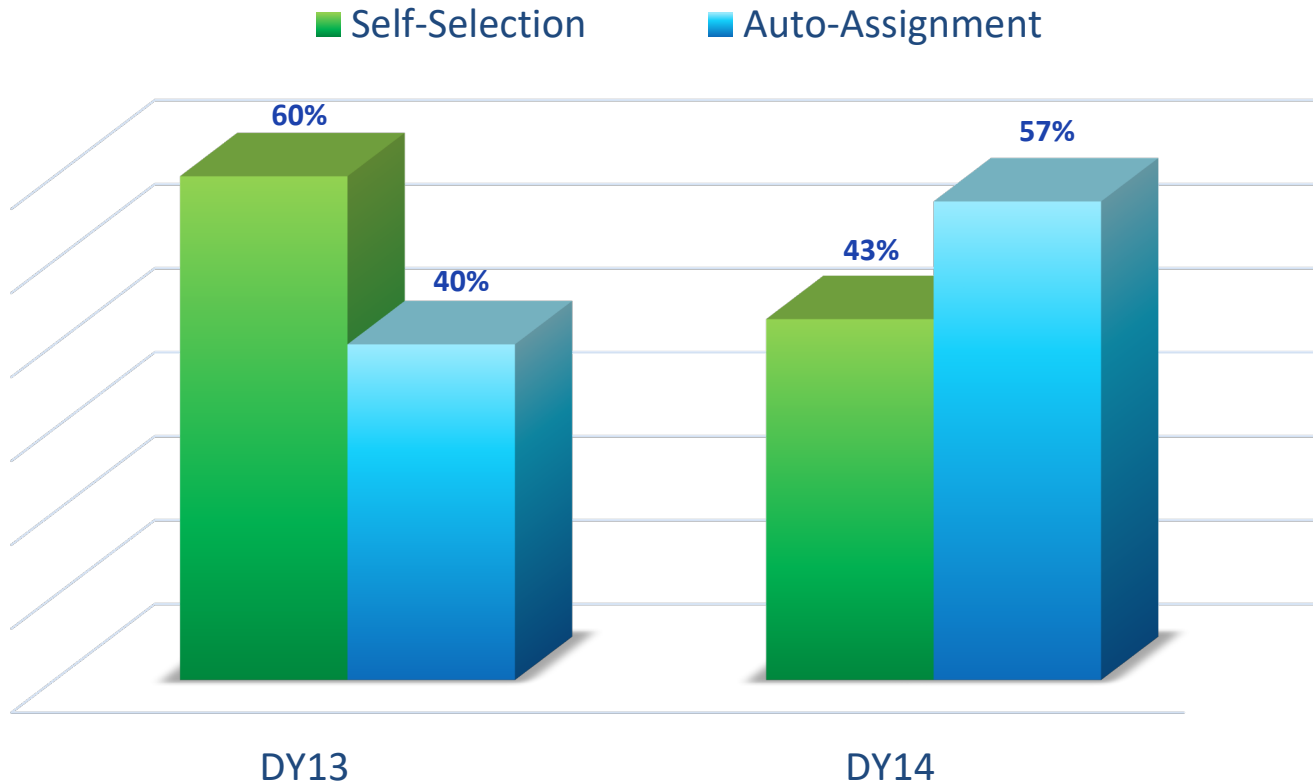
CAHPS Child Survey Results

CAHPS Item	Rate Description	2016	2017	2018	2019	2020
Rating of Health Plan	% of Respondents rating their Health Plan an 8, 9, or 10 on a scale of 0-10	84%	86%	85%	85%	84%
Getting Needed Care	% of Respondents reporting it is usually or always easy to get needed care	83%	83%	84%	*	84%
Getting Care Quickly	% of respondents reporting it is usually or always easy to get care quickly	89%	89%	89%	89%	90%
Customer Service	% of respondents reporting they usually or always get the help/info needed from their plan's customer service	88%	88%	90%	90%	89%
Rating of Health Care	% of respondents rating their health care an 8, 9, or 10 on a scale of 0-10	86%	89%	87%	88%	89%

*Excluded item due to only one Health Plan having sufficient survey responses to produce a reportable rate



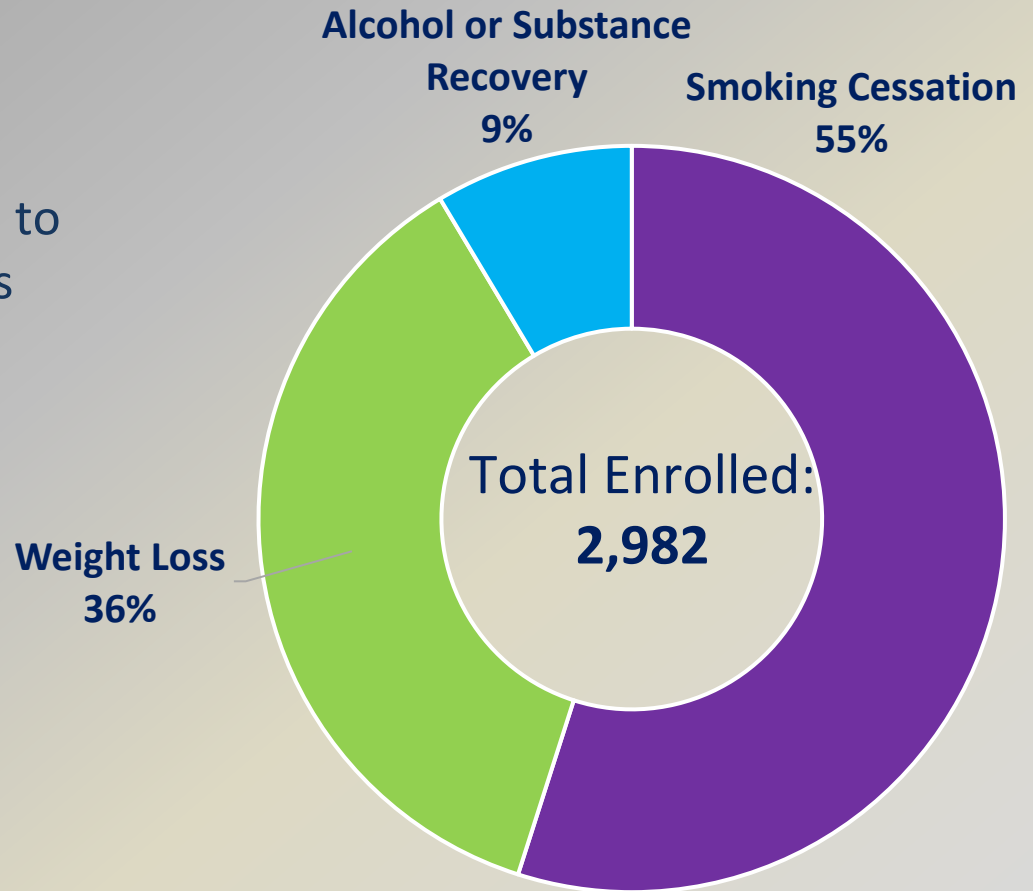
Historical Comparison: Self-Selection and Auto-Assignment Rates



Healthy Behaviors Programs

The MMA plans are required to offer three healthy behaviors programs:

<u>Smoking Cessation</u>	<u>1,638</u>
<u>Weight Loss</u>	<u>1,088</u>
<u>Substance or Alcohol Abuse</u>	<u>256</u>



DY14 Healthy Behaviors Program

Healthy Behaviors Programs	Program Enrollment	Program Completion	Percentage Completed
Medically Approved Smoking Cessation	1,638	703	43%
Medically Directed Weight Loss	1,088	458	42%
Medically Approved Alcohol or Substance Abuse Recovery	256	70	27%
Healthy Behaviors Program Total	2,982	1,231	41%



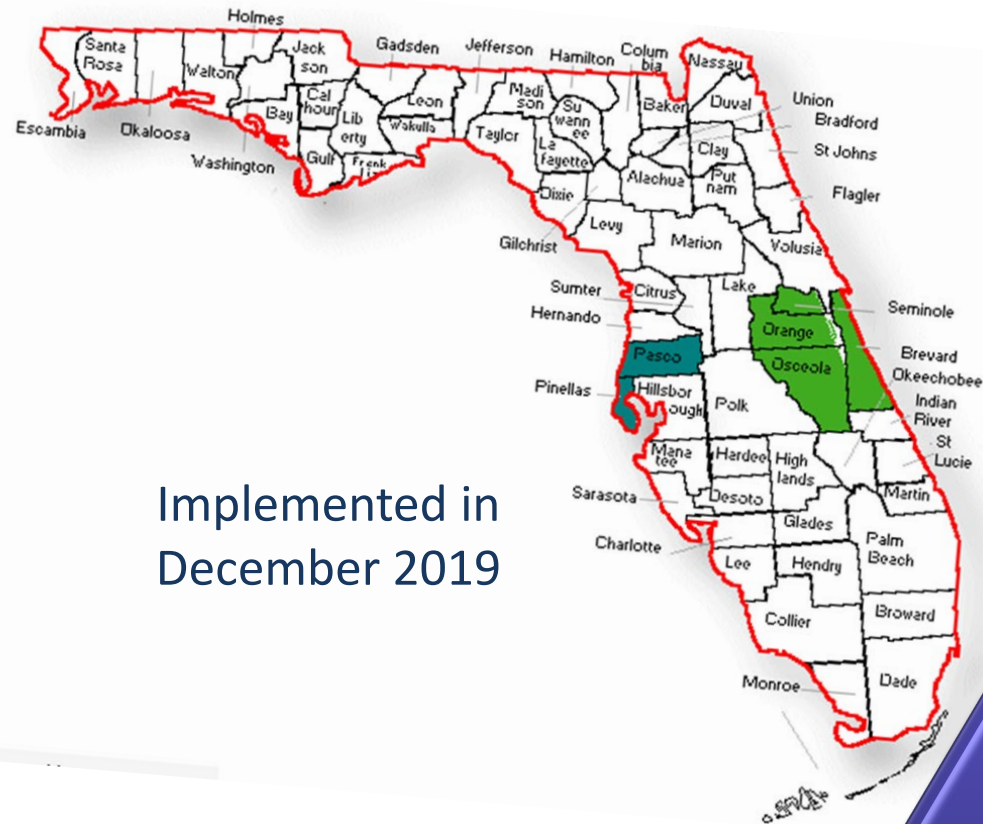
Waiver Actions During DY 14

April 2020 – Amendment

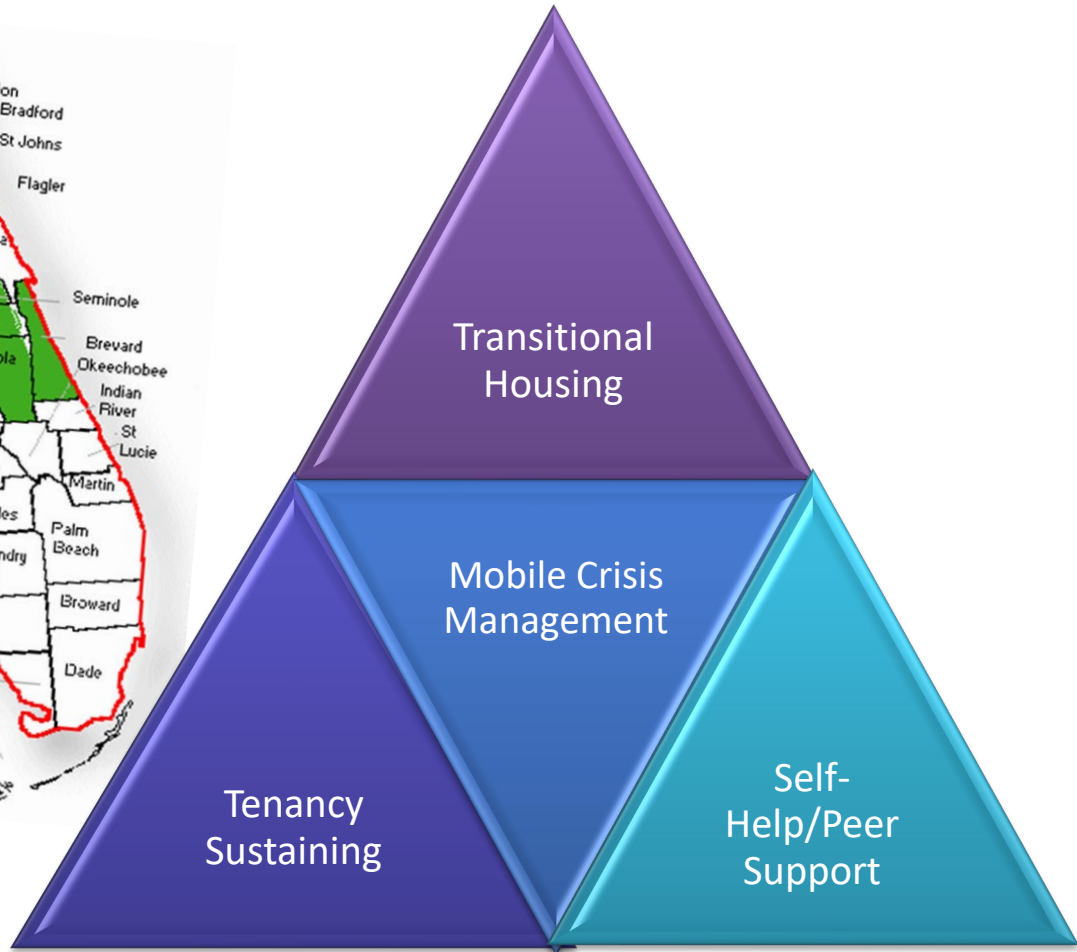
- The Behavioral Health and Supportive Housing Assistance Pilot provides flexible services for persons 21 and older, with severe mental illness, substance use disorders, or both, who are at risk of homelessness.
 - Raised the annual enrollment limit from 42,500 to 50,000 member months per demonstration year.
- Low Income Pool for Federally Qualified Health Centers and Rural Health Centers
 - Increased the capped annual allotment to \$75 million, a \$25 million increase.



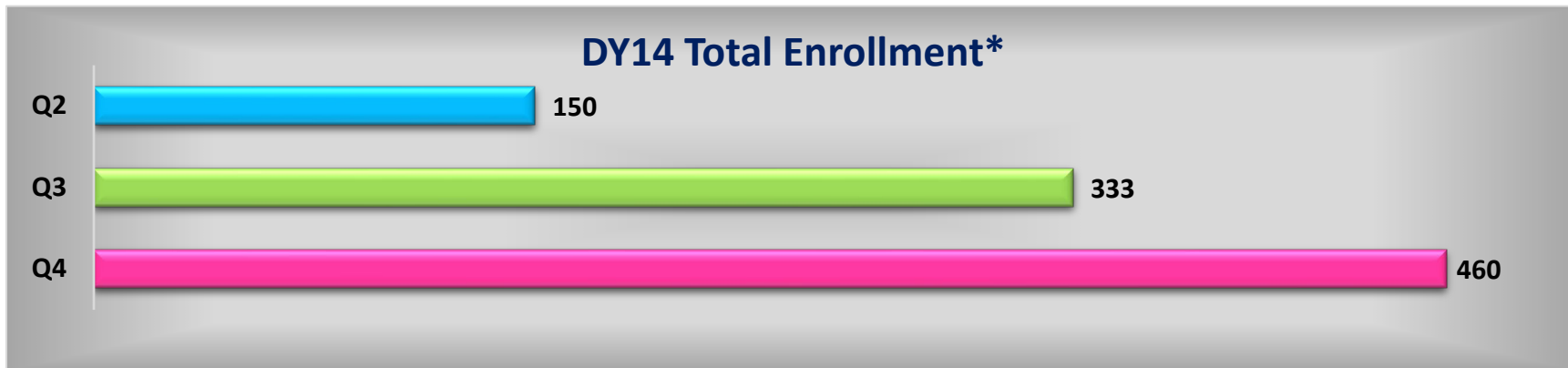
Behavioral Health and Supportive Housing Assistance Pilot



Implemented in
December 2019



Behavioral Health and Supportive Housing Assistance Pilot



DY14 Enrollment by Age Group*
Numbers may not equal the totals above due to birthdays during the quarter

	Q2	Q3	Q4
Age 21-40	48	100	150
Age 41-60	88	195	263
Over 60	14	40	50

Quarters	Time Period Represented
Q2	October – December 2019
Q3	January – March 2020
Q4	April – June 2020



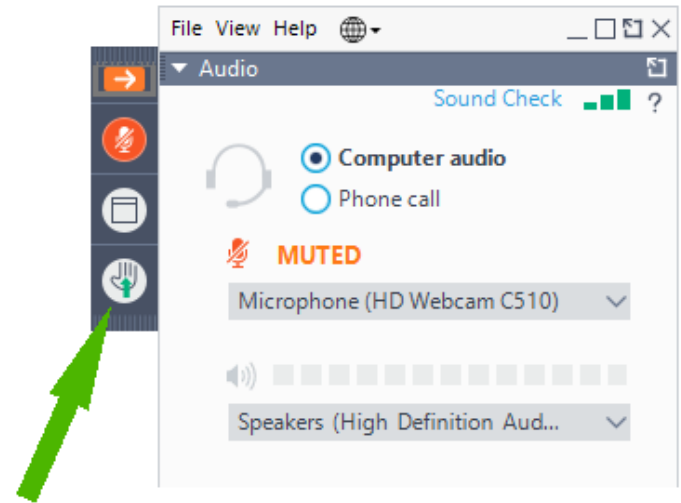
Budget Neutrality

- The MMA Waiver continued to be Budget Neutral throughout DY14.
- Federal Medicaid expenditures with the waiver were less than federal spending without the waiver.



Public Comment

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2020 Comprehensive Quality Strategy

- The Comprehensive Quality Strategy (CQS) is a federally required submission of specifications for quality assessment and performance improvement strategies that states must implement to ensure the delivery of quality health care offered by managed care organizations.
- As federally required, the CQS was sent to the MCAC for review and feedback and was posted for public comment from October 30, 2020 – November 30, 2020.
- The 2020 CQS was submitted to CMS in December 2020.
- The 2020 CQS focuses on the 2018-2023 SMMC contracts and the Agency's Medicaid goals.



CQS - continued

- The priorities and goals presented in the following matrix are specific quality assurance and improvement initiatives in which Florida Medicaid is engaged.
- Many of these initiatives are inter-related and support and/or impact more than one priority and set of goals.
- Related to each Agency goal are specific, measurable goals for the program's quality initiatives.
- The initiatives are designed to drive improvements in health outcomes that are efficient, innovative and cost-effective.



Florida Medicaid

2020 Comprehensive Quality Strategy

Agency for Health Care Administration
Division of Medicaid
Bureau of Medicaid Quality

PRIORITIES:

Improve the recipient's experience of care

Improve the overall health of the Medicaid population

Continue to bend the Medicaid cost curve

GOALS:

Reduce Potentially Preventable Events (PPEs):

- Admissions
- Readmissions
- Emergency Department (ED) Visits

Improve Birth Outcomes:

- Reduce Primary C-Section Rate
- Reduce Pre-term Birth Rate
- Reduce the Rate of Neonatal Abstinence Syndrome (NAS)

Improve Access to Dental Care:

- Increase the percentage of children receiving preventive dental services
- Reduce potentially preventable dental-related emergency department visits

Increase the percentage of enrollees receiving long-term care services in their own home or the community instead of a nursing facility

CURRENT INITIATIVES:

- PPEs Stakeholder Workgroup
- Discharge Planning Pilot
- ED Diversion Pilot
- Super-utilizer Pilot
- Housing Assistance Pilot
- Health Plan Performance Dashboard
- Managed Medical Assistance Physician Incentive Program (MPIP)
- Value-based purchasing initiatives
- Enhanced data sharing
- Improving follow-up after mental illness or substance abuse hospitalization

- Birth Outcomes Stakeholder Workgroup
- Florida Award Program for Safely Reducing Cesarean Sections
- Long-Acting Reversible Contraceptives (LARC) Initiatives
- Increase participation in Healthy Behavior programs
- My Birth Matters campaign
- Family Planning Waiver campaign
- Maternity home-visiting program
- SBIRT Screening
- Mothers in Recovery Hospital Pilot
- Maternity Bundled Payment
- ASTHO OMNI participation

- Reduce potentially preventable dental-related ED visits
- Increase member access to preventive dental services
- Reduce transportation barriers to dental services
- Increase outreach and follow-up with enrollees after dental-related ED visits
- Improve dental access for adults and children in Medicaid

- Ensure person-centered care planning for long-term care enrollees and their caregivers
- Quarterly case file reviews
- Home and Community-Based Settings Reviews
- Increase response rate for Medicaid Home and Community-Based Services CAHPS by 10% per plan each year
- Increase performance on MLTSS performance measures by two percentage points each year.
- Independent consumer support program
- Caregiver assessments



NEXT

- Future meetings will be:
 - Held virtually for the foreseeable future.
 - Scheduled quarterly.
- Please send your questions or suggested meeting topics to our MCAC liaison Carla Sims at Carla.Sims@ahca.myflorida.com.



Thank
you!

