Medical Care Advisory Committee Meeting

March 22, 2022

MCAC - Meeting Agenda

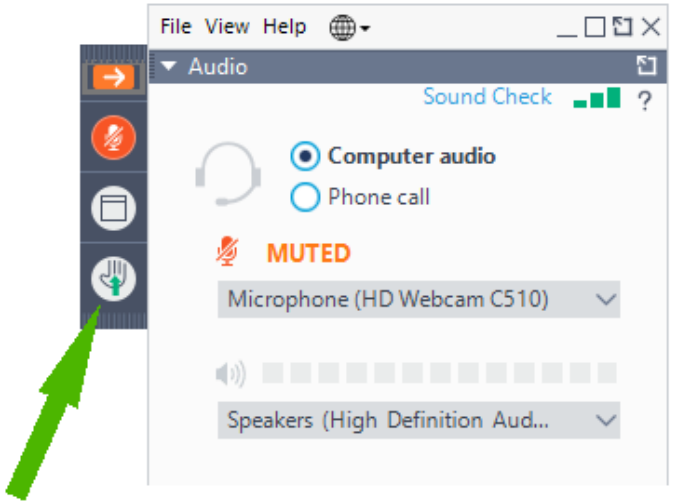
Topic	Facilitator
1. Welcoming Remarks	Brittany Gray
2. Agency Updates	Tom Wallace
3. Legislative Updates	Tom Wallace
4. HCBS Funding Opportunity	Kristin Sokoloski
5. Post Award Forum: **- MMA Waiver DY16** **- Family Planning Waiver DY23**	Ann Dalton, Karen Williams
6. Subcommittee Membership Request: **- Behavioral Health** **- Children Including Safeguards & Performance Measures related to Foster Children** **- Dental Care for Children** **- HIV Aids** **- Managed Long-Term Care**	Tom Wallace
7. Public Comment	
8. Adjourn	

Meeting Logistics

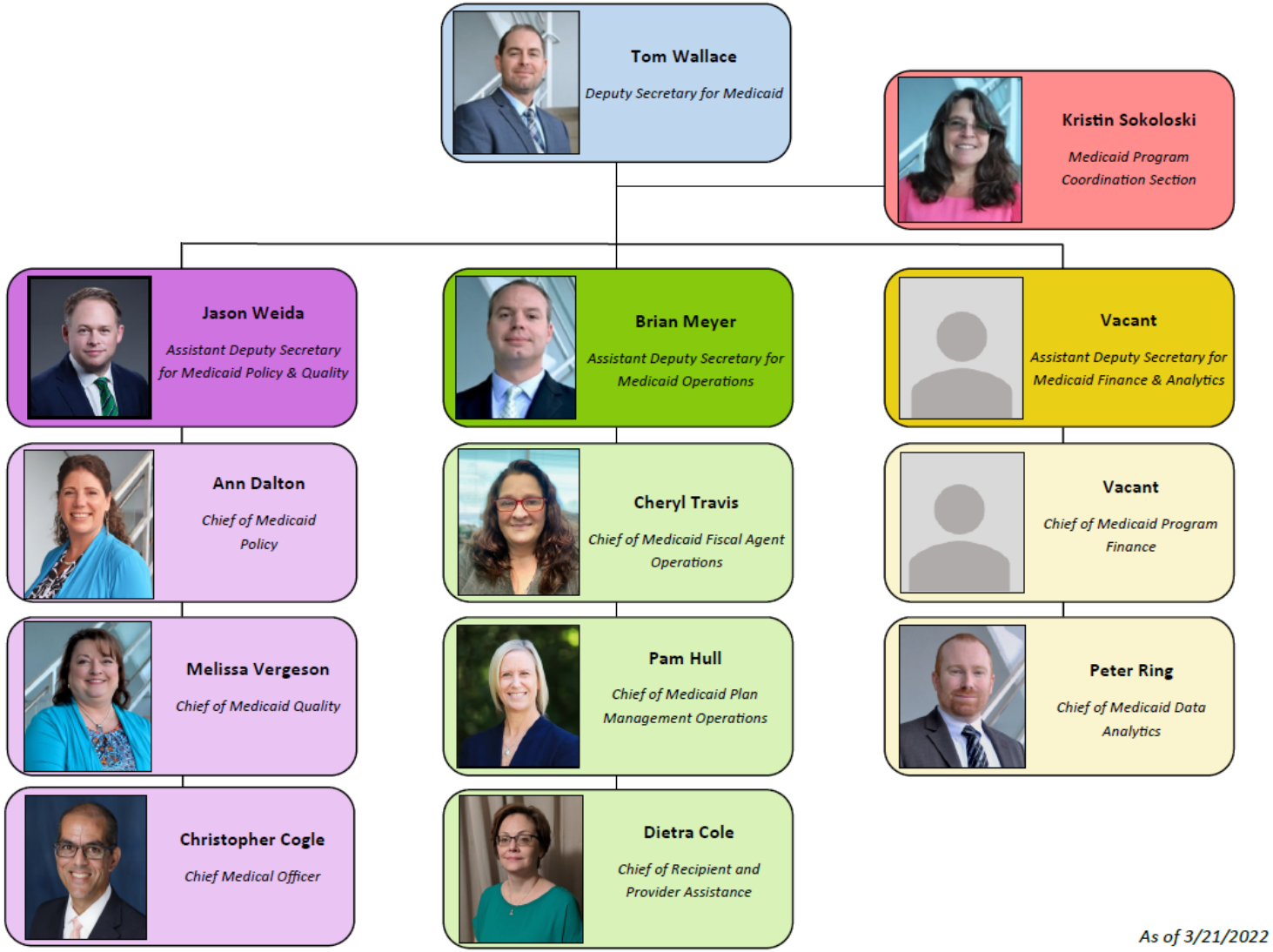
- **MCAC Members** can un-mute themselves and are encouraged to share their webcams. Members are welcome to comment or ask questions throughout the meeting.

- All other attendee lines will be **muted** for the duration of the webinar to minimize disruption.

- **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 during the specified public comment period.



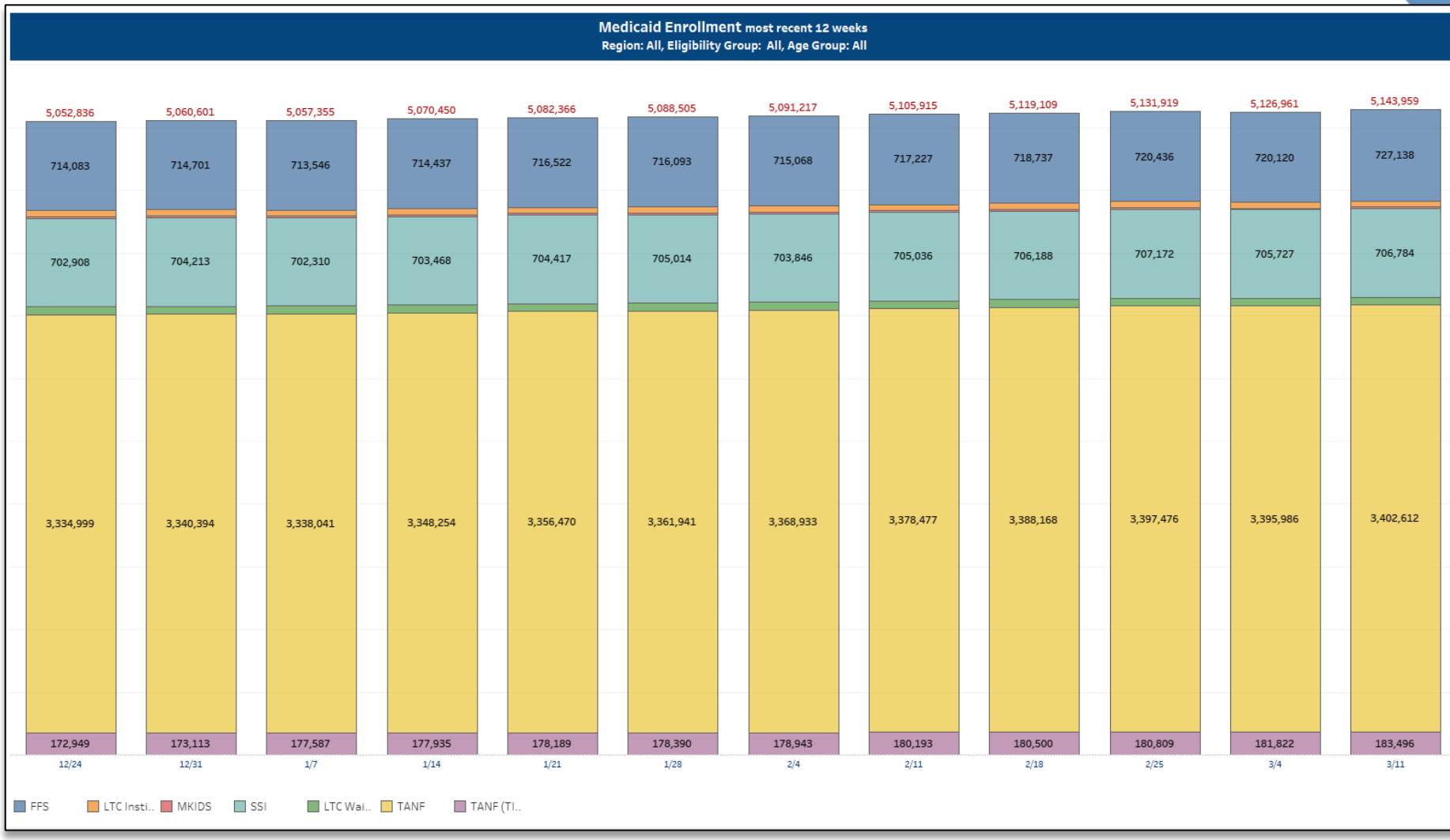
Agency Leadership Changes



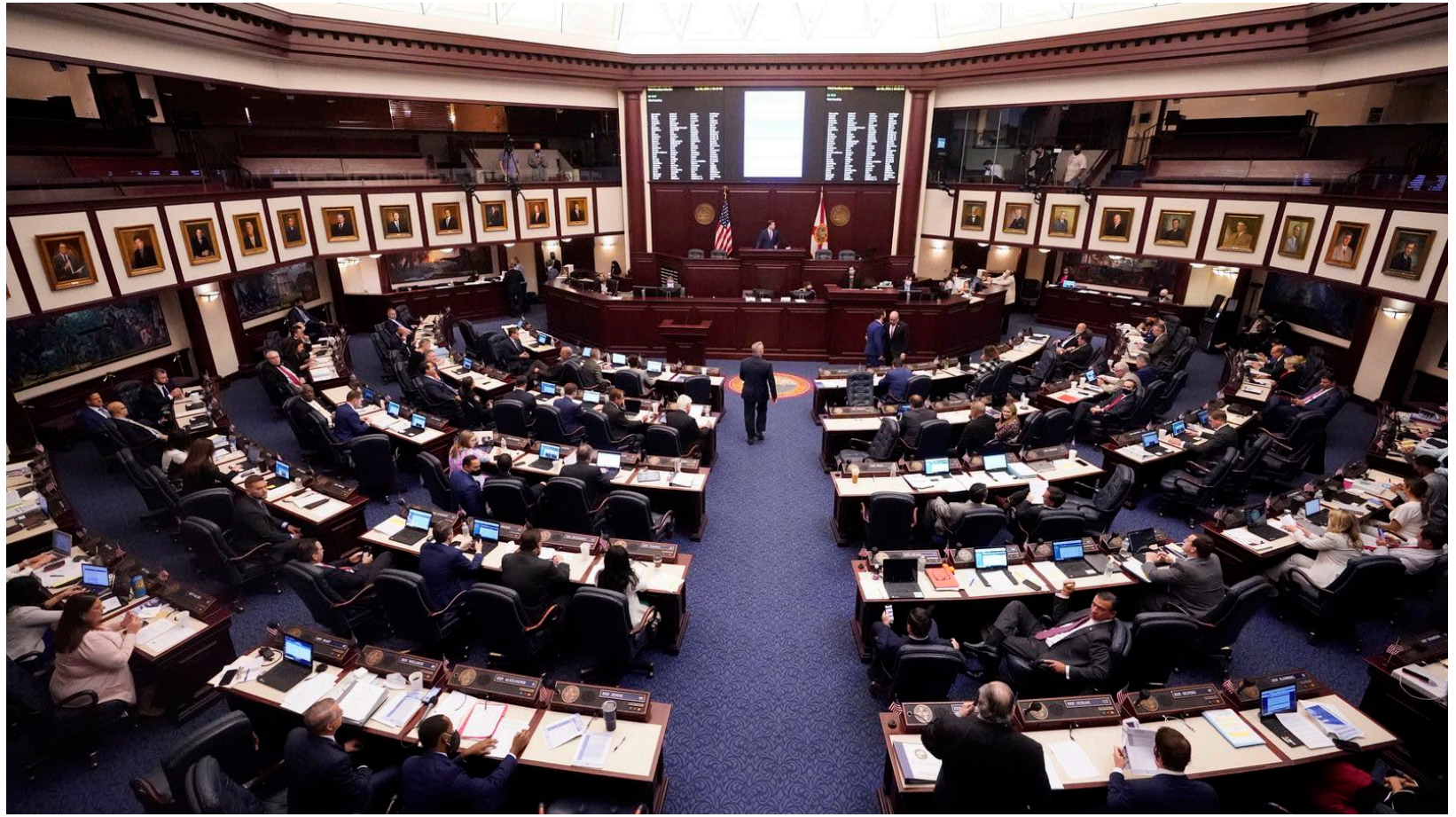
As of 3/21/2022

Medicaid Enrollment

- Total enrollment at the end of February: **5.13 million recipients.**
- A 3-month increase in enrollment is equal to **91,123 recipients** or an **increase of over 1.8%**.
- The largest portion for the enrollment increase has been children and families (TANF), and the managed care population has grown more than the FFS population.



2022 Legislative Update



Legislative Update

- Medicaid Budget: $38.6 Billion
  (Governor may veto certain items)
- $15 per hour minimum wage increase for staff of Medicaid providers
- $85 Million for stand-alone children's hospitals
- $182 Million for Program of All-Inclusive Care for the Elderly (PACE)
- $156 Million for Florida cancer hospitals
- $29 Million for Intermediate Care Facilities/Developmentally Disabled (ICF/DD)
- $6.3 Million for pediatric lung, adult lung, heart, liver, and adult and pediatric intestinal/multi-visceral transplants in Florida at global rates.
- Housing Pilot funding continued at $10 Million
- $250,000 to develop and publish a report on Medicaid enrollees diagnosed with Sickle Cell Disease.
- $4 Million increase in Graduate Medical Education (GME)

Legislative Update

SB 1770: Donor Human Milk Bank Services

- AHCA authorized to cover donor human milk as an optional Medicaid service

SB 534: Prescription Drugs Used in the Treatment of Schizophrenia for Medicaid Recipients

- AHCA to change the authorization requirements of certain medications prescribed for the treatment of schizophrenia or schizotypal or delusional disorders for Medicaid recipients

SB 292: Newborn Screenings

- AHCA to cover testing for congenital cytomegalovirus if a newborn fails the screening for hearing loss

SB 2526: Health

- AHCA to extend the postpartum period to 12-months for CHIP recipients

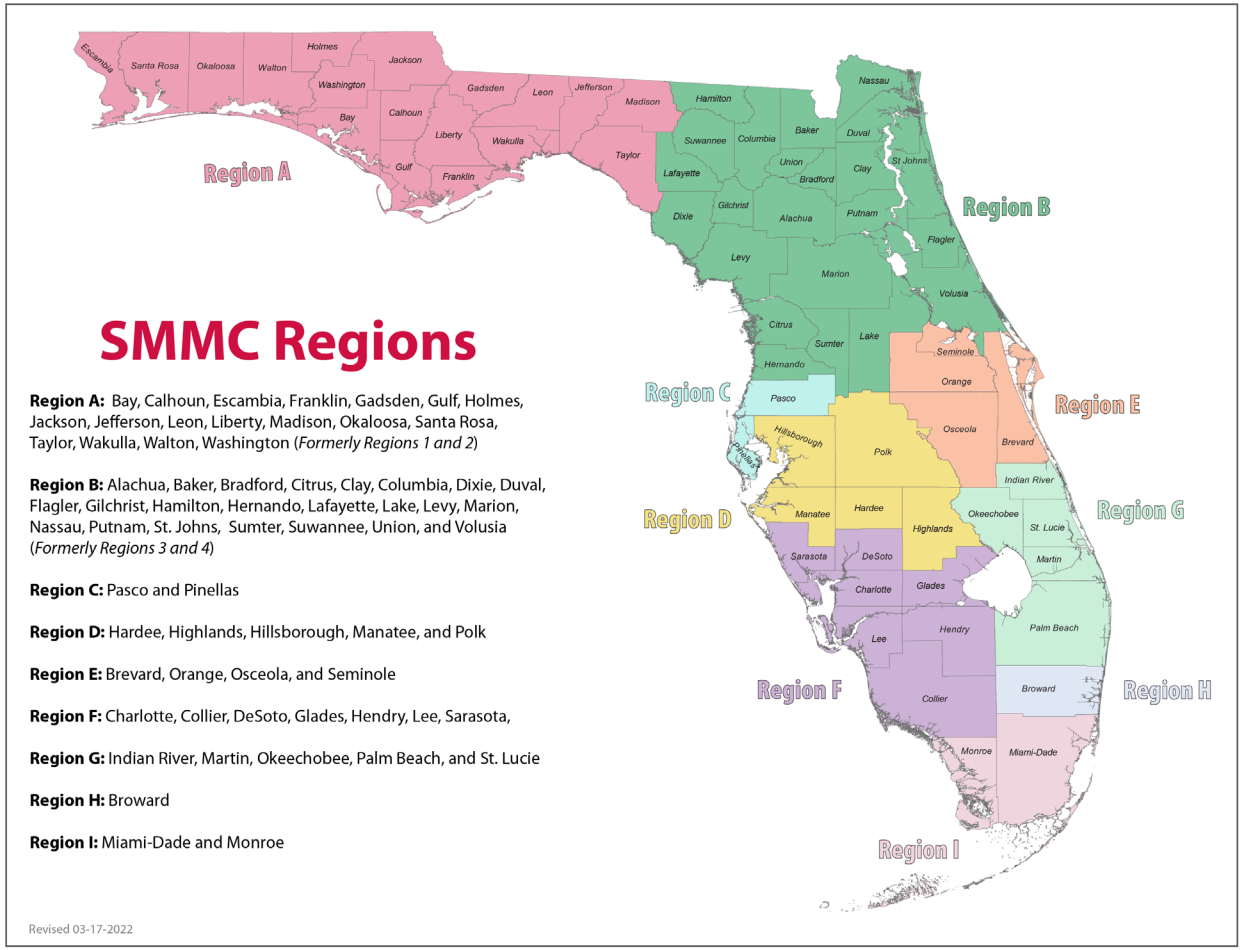
HB 855: Managed Care Plan Performance

- AHCA to collect additional Quality Measures from each managed care plan for Healthcare Effectiveness
- AHCA to use the measures as a tool to monitor plans performance and publish plan's performance on its website

Legislative Update

SB 1950: Statewide Medicaid Managed Care:

- Realigns Medicaid Regions from 11 to 9
- Increases access to coverage of Comprehensive Cancer Care
- Extends child welfare benefits to children in permanent guardianship
- Improves the procurement process and contract terms to align with the current health care delivery system
- Enhances healthy behaviors program to add focuses to reduce tobacco and opioid use



HCBS Enhanced Funding Opportunity

HCBS Funding Opportunity

- The American Rescue Plan Act (ARPA) went into effect April 1, 2021.
- Section 9817 of this Act authorized an increased Federal Medical Assistance Percentage (FMAP) to support Home and Community-Based Services (HCBS). The ten (10) percentage point enhancement to the FMAP will be based on State Medicaid spending on HCBS services during the period between April 1, 2021 and March 31, 2022; the Act also stipulates that these funds must be expended by March 31, 2024.

HCBS Funding Opportunity

- Florida received conditional approval to begin implementing the activities in the proposed spending plan and narrative on September 28, 2021.
- Florida is investing the enhanced funding first in:
  - Provider Stipend
  - Retention
  - Delayed Egress Systems
- The Agency opened the application period to providers on December 17, 2022 and it recently closed on February 14th, 2022.

HCBS Funding Opportunity

Name	One-time provider stipend
Amount	$403,702,090
Description	Offer one-time stipend to HCBS waiver providers to support program activities.

Name	One-time provider retention payments
Amount	$266,604,000
Recipients	Offer one-time direct payments to all HCBS providers for capacity building and workforce development.

Name	Implementing Improvements to Quality Oversight activities
Amount	$12,000,000
Description	Purchase delayed egress systems for group homes and adult day training centers

FLORIDA MEDICAID

1115 Managed Medical Assistance Waiver

Post Award Forum

1115 Research and Demonstration Waivers

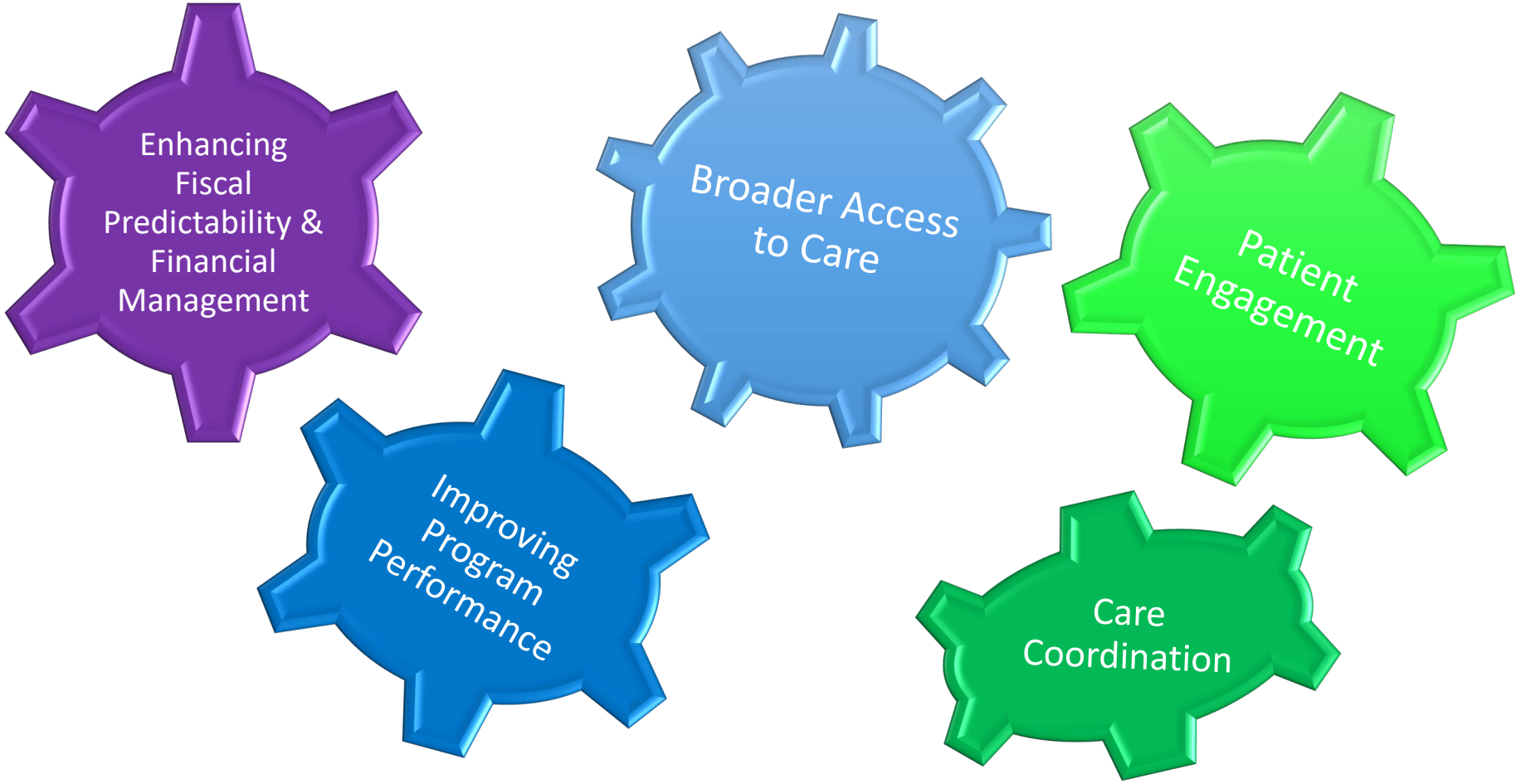
- Section 1115 of the Social Security Act grants the Secretary of Health and Human Services the authority to approve experimental, pilot, or demonstration projects.
- Demonstrations authorized under this authority provide states additional flexibility to design and improve health care delivery systems 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, 2020 through June 30, 2021**
    - Demonstration Year (DY) 15

MMA Goals and Objectives



2018 SMMC Procurements

- The Agency re-procured contracts with SMMC health plans and procured new contracts with dental plans in 2018 at the legislature's direction.
  - The Agency transitioned to the new contracts beginning in December 2018.
- The competitive process demonstrated by the Agency to select health and dental plans resulted in never-before-seen gains, 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
Access to Care When you Need it: Double the primary care providers in each network	✓	
Access to Care When you Need it: Guaranteed access to after hours care and telemedicine where available	✓	✓
Improved Transportation: New level of accountability with benchmarks to ensure recipients arrive and are picked up from appointments in a timely manner.	✓	

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

Gains for Recipients & Providers

	Health Plans	Dental Plans
Prompt Authorization of Services: Health plans will provide authorization decisions: • 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.	✓	✓

Expanded Benefits

- All managed care plans participating in the SMMC program have the opportunity to offer expanded benefits to their enrollees.
- Expanded benefits are services that are offered in addition to those available through the Medicaid program. Plans can:
  - Exceed the limits stated in Medicaid policy for certain services; or
  - Offer additional services not covered under the Medicaid state plan (e.g., art therapy, post discharge meals, etc.).

MMA Expanded Benefits

MMA Expanded Benefits include, but are not limited to:
Additional substance abuse and mental health treatment
Alternative pain management
Doula service
Additional vaccines for adults
Additional over the counter benefit
Waived co-payments

Dental Expanded Benefits

Adult Expanded Benefits	
Preventive	Oral and Maxillofacial Surgery
Diagnostic	Adjunctive General Services
Restorative	Diabetic Testing
Periodontics	Practice Acclimation for Adults with Intellectual Disabilities

MMA Enrollment

The MMA program provides Medical services such as doctor visits, hospital care, prescribed drugs, mental health care, and transportation to these services.

MANDATORY

Most full benefit Medicaid enrollees must enroll in an MMA plan for their services, with the exception of the voluntary and mandatory populations in this table.

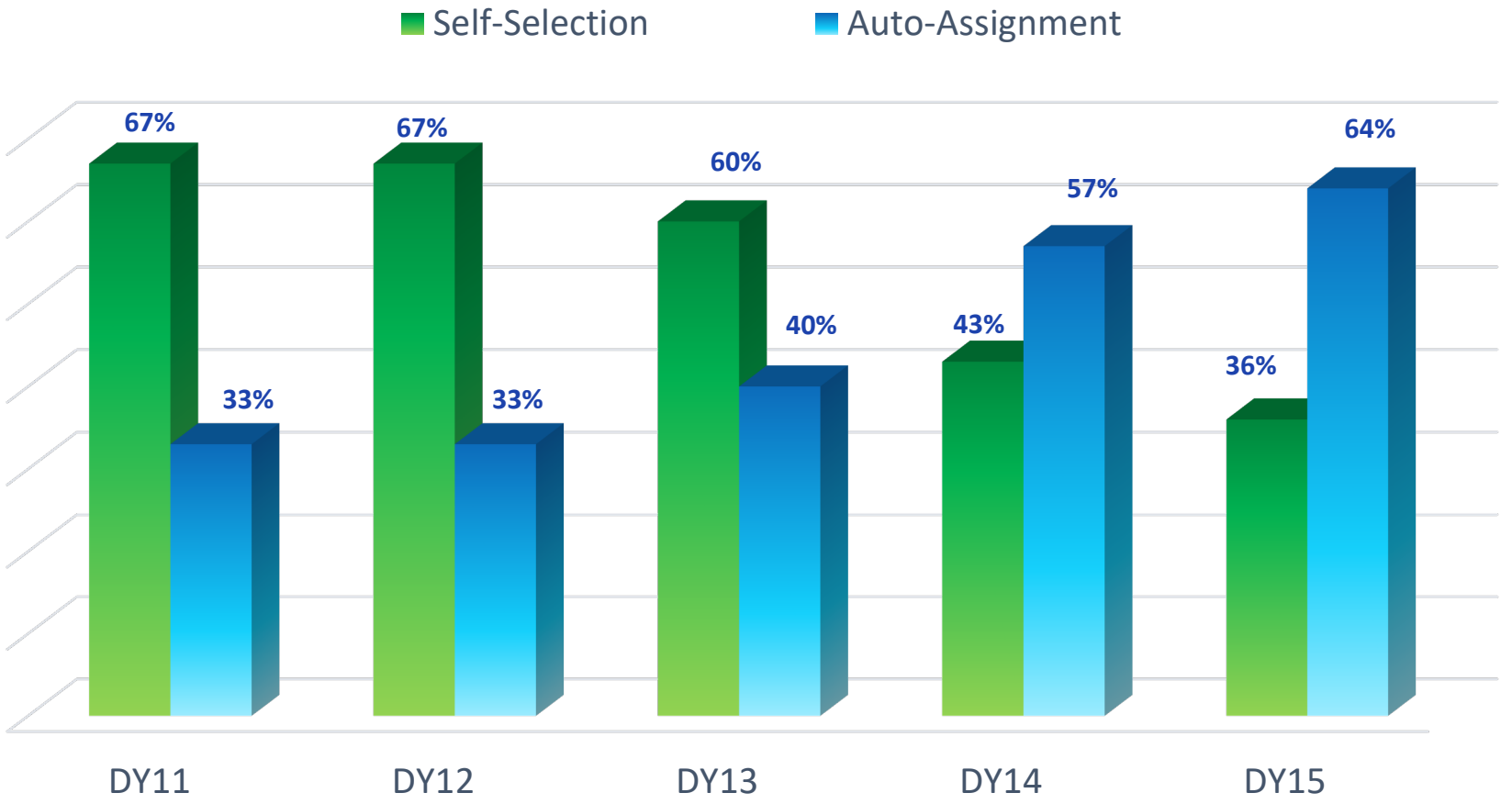
VOLUNTARY

- Recipients enrolled in iBudget HCBS waiver
- Recipients with other creditable coverage excluding Medicare
- Age 65 and older residing in mental health treatment facilities
- Residents of ICF/IID centers
- Refugee Assistance
- Recipients residing in group homes
- Children receiving services in a prescribed pediatric extended care center (PPEC)

EXCLUDED

- Presumptively eligible pregnant women
- Family Planning waiver participants
- Women enrolled through the Breast and Cervical Cancer Program
- Emergency shelter/Department of Juvenile Justice (DJJ) residential
- Emergency Medical Assistance for Noncitizens
- Working Disabled
- Medically Needy
- Limited –Benefit Dual Eligibles
- Full-Benefit Dual Eligibles enrolled in certain Medicare programs

MMA Historical Comparison: Self-Selection and Auto-Assignment Rates



Dental Program and Enrollment

- The dental program provides dental services to eligible recipients and is authorized through the MMA Waiver.
- Services include preventive, diagnostic, therapeutic and restorative services, as well as oral and maxillofacial surgery, periodontics, and diabetic testing.

MANDATORY

- **All** recipients who receive 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 & iBudget enrollees.

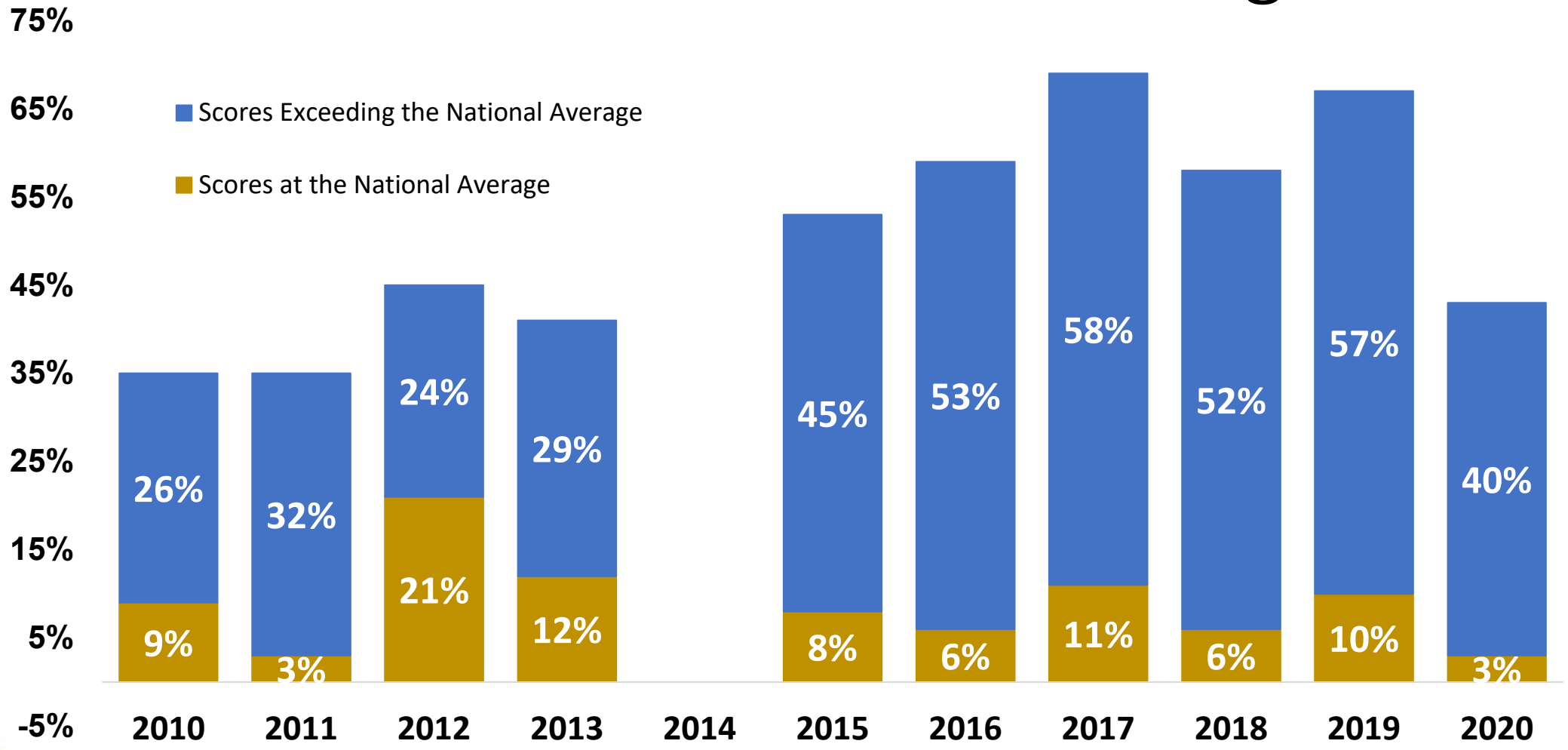
EXCLUDED

- Recipients with a limited Medicaid benefit who do not currently receive any State Plan dental benefits.
- Recipients in institutions or programs where the Agency pays a per diem or all-inclusive rate that includes a component for dental.

Performance Measure Tools

Measure Type	Definition
Healthcare Effectiveness Data and Information Set (HEDIS)	National Committee for Quality Assurance's (NCQA) standardized set of performance measures. Used by over 90% of health plans (all payors) in the U.S.; contains detailed technical specifications to ensure that measures are calculated consistently.
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is a multi-year initiative of the Agency for Healthcare Research and Quality (AHRQ). Its purpose is to assess patient experience.
CMS Adult and Child Core Set	Federally established set of performance measures, with set specifications, that state Medicaid programs report. Reporting these measures to CMS is currently voluntary though some of the measures become mandatory in 2024. Published in CMS Medicaid & CHIP Scorecard, annually. Many of these are HEDIS measures, too, but there are non-HEDIS measures included, as well.

Florida Medicaid Quality Scores at or Above the National Average



CY2020 Performance Measures

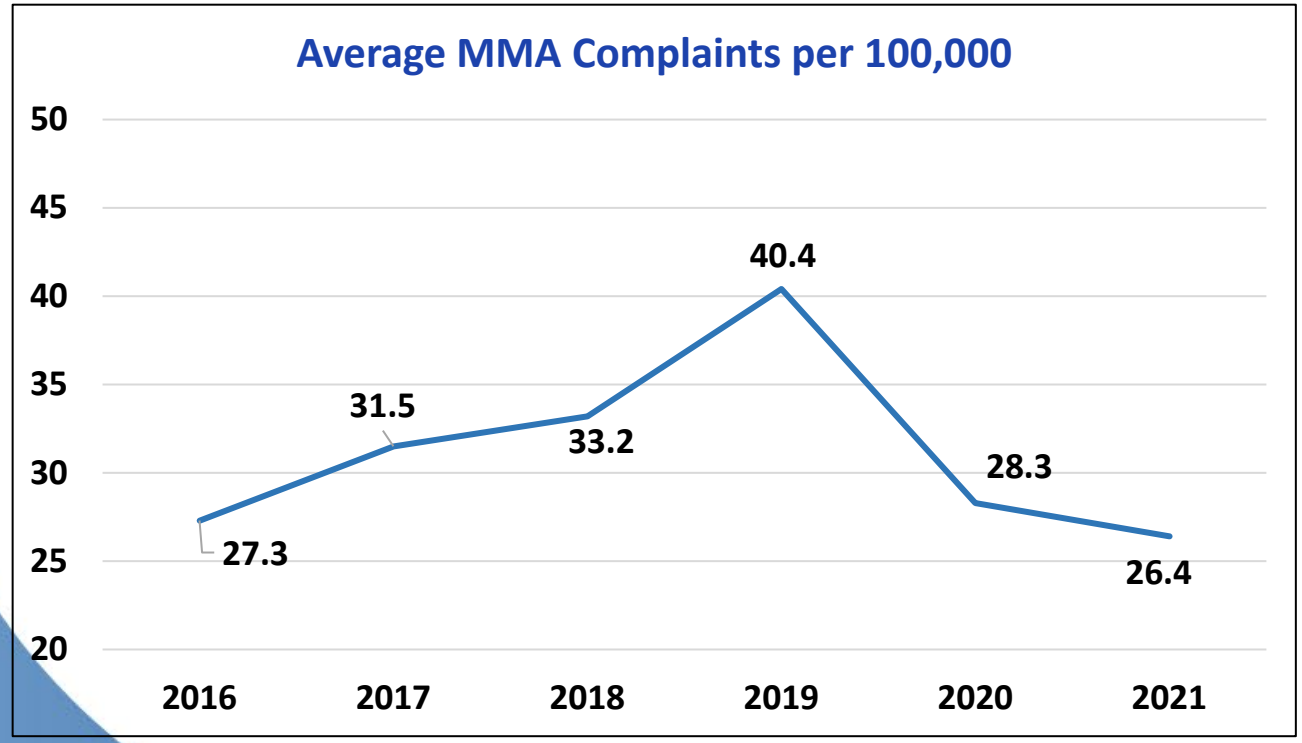
Calendar Year 2020 MMA Statewide Weighted Means

Of the 40 HEDIS measure rates reported in CY2020:

- 45% (18) were better than the national average
- 2.5% (1) was at the national Medicaid mean
- 42.5% (17) were better than or the same as CY2019

MMA Consumer Satisfaction

The Agency tracks complaints received about MMA services



- Plans are required to survey their members on their experiences with care on an annual basis.
- Plans are required to use the health plan Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys.

2021 CAHPS Results:

Survey Item	Adults	Parents
Overall Plan Satisfaction	75%	86%
Quality of Care Received	76%	88%

MMA Consumer Satisfaction

CAHPS Adult Survey Results

CAHPS Item	Rate Description	2016	2017	2018	2019	2020	2021
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%	75%
Getting Needed Care	% of Respondents reporting it is usually or always easy to get needed care	80%	83%	81%	82%	81%	80%
Getting Care Quickly	% of respondents reporting it is usually or always easy to get care quickly	82%	84%	82%	83%	83%	80%
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%	89%
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%	76%

MMA Consumer Satisfaction

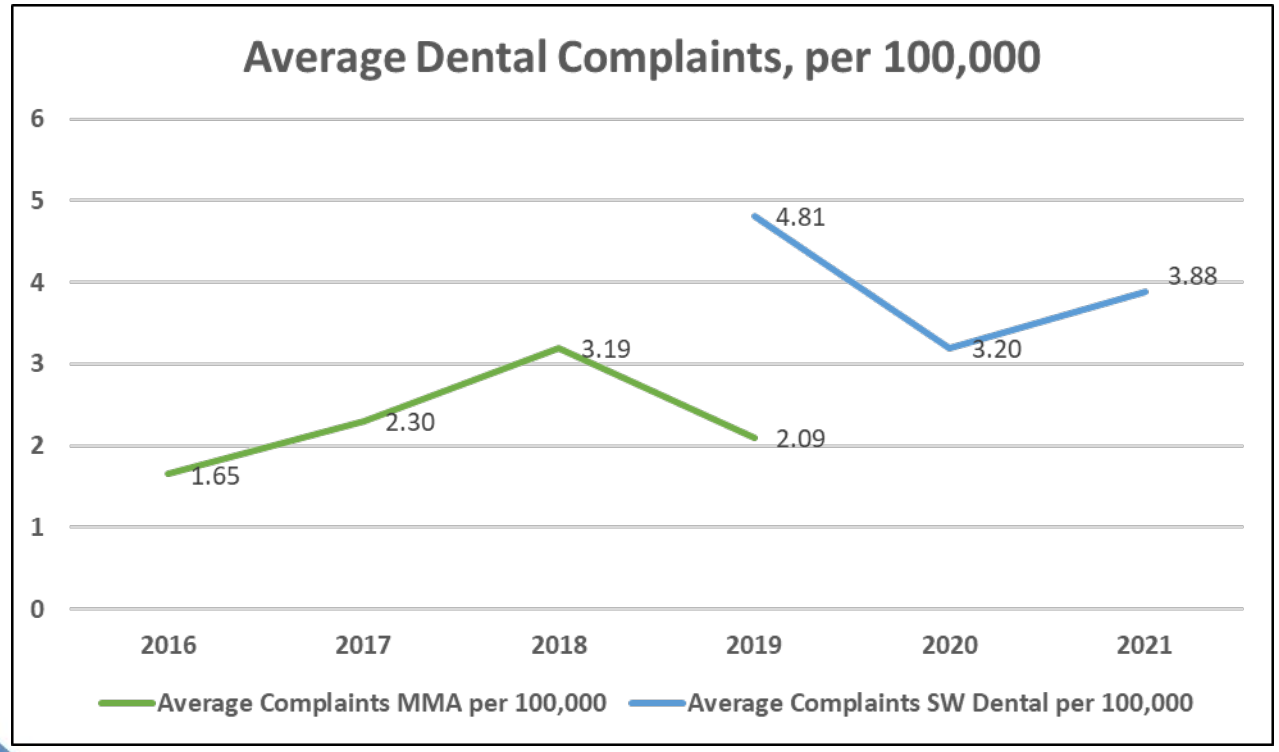
CAHPS Child Survey Results

CAHPS Item	Rate Description	2016	2017	2018	2019	2020	2021
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%	86%
Getting Needed Care	% of Respondents reporting it is usually or always easy to get needed care	83%	83%	84%	*	84%	85%
Getting Care Quickly	% of respondents reporting it is usually or always easy to get care quickly	89%	89%	89%	89%	90%	88%
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%	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%	88%

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

Dental Program Consumer Satisfaction

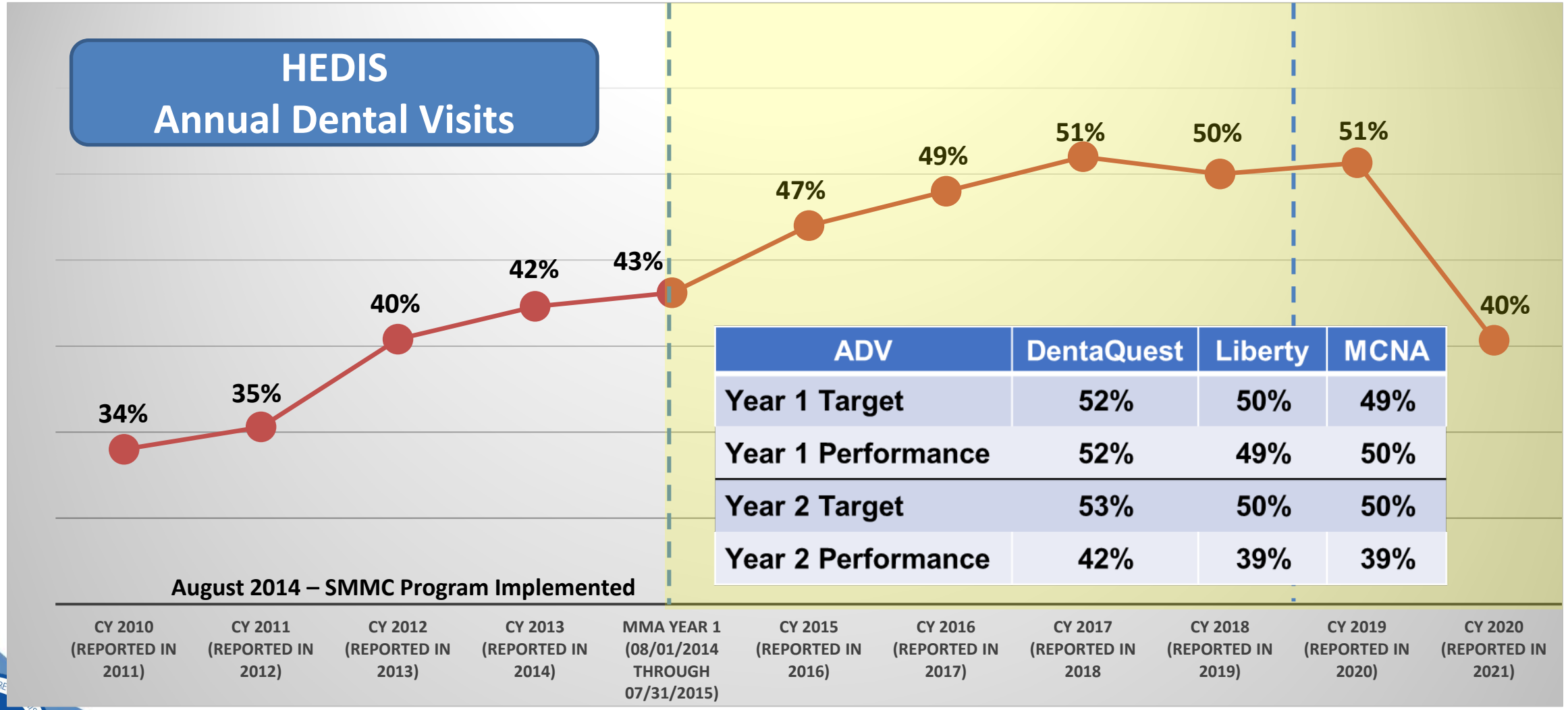
The Agency tracks complaints received about dental services.



- Plans are required to survey their members on their experiences with care on an annual basis.
- Dental plans are required to use the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys.
- In 2021, parents of child enrollees rated the following aspects of care as an 8 or higher (on a scale of 0 to 10).

Survey Item	Respondents
Dentist	88%
Overall Plan Satisfaction	85%
Quality of Care Received	86%

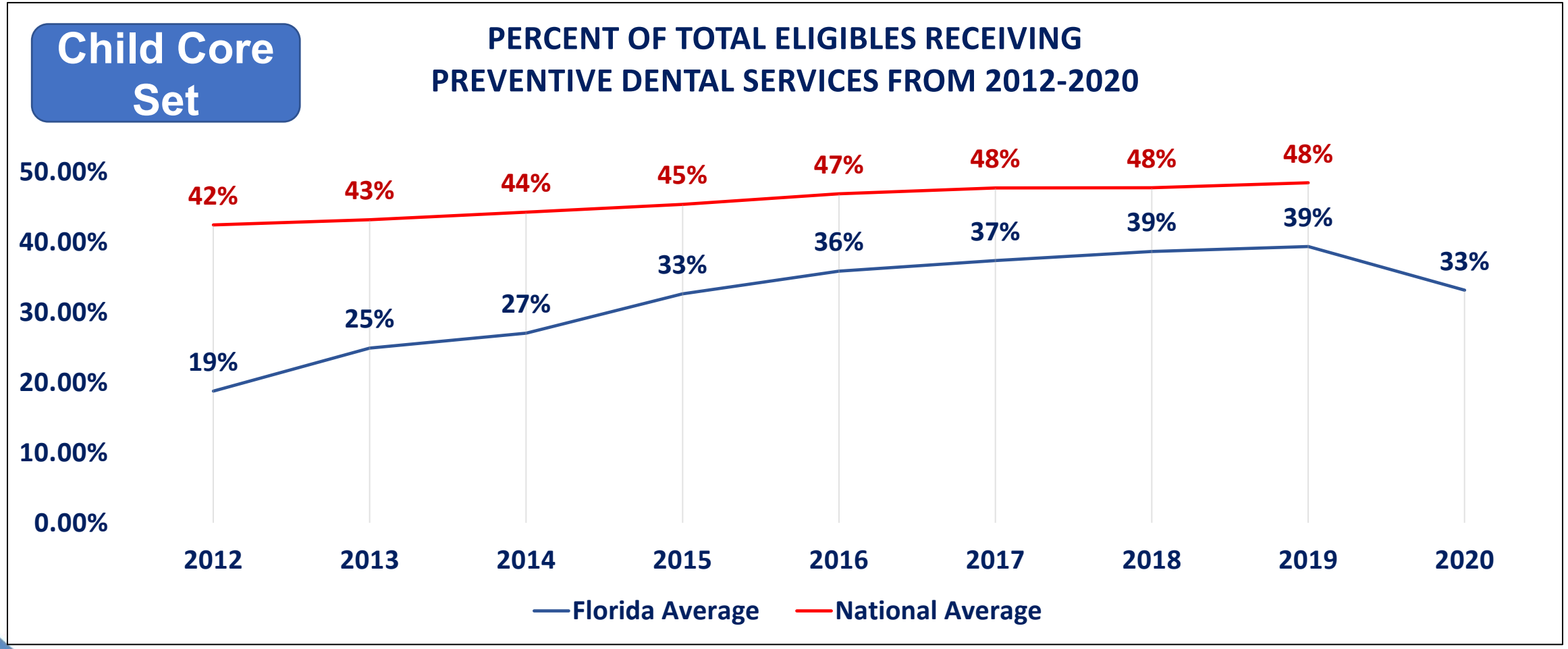
Dental Program Performance Measures



ADV	DentaQuest	Liberty	MCNA
Year 1 Target	52%	50%	49%
Year 1 Performance	52%	49%	50%
Year 2 Target	53%	50%	50%
Year 2 Performance	42%	39%	39%

Dental Program Performance Measures

Child Core Set



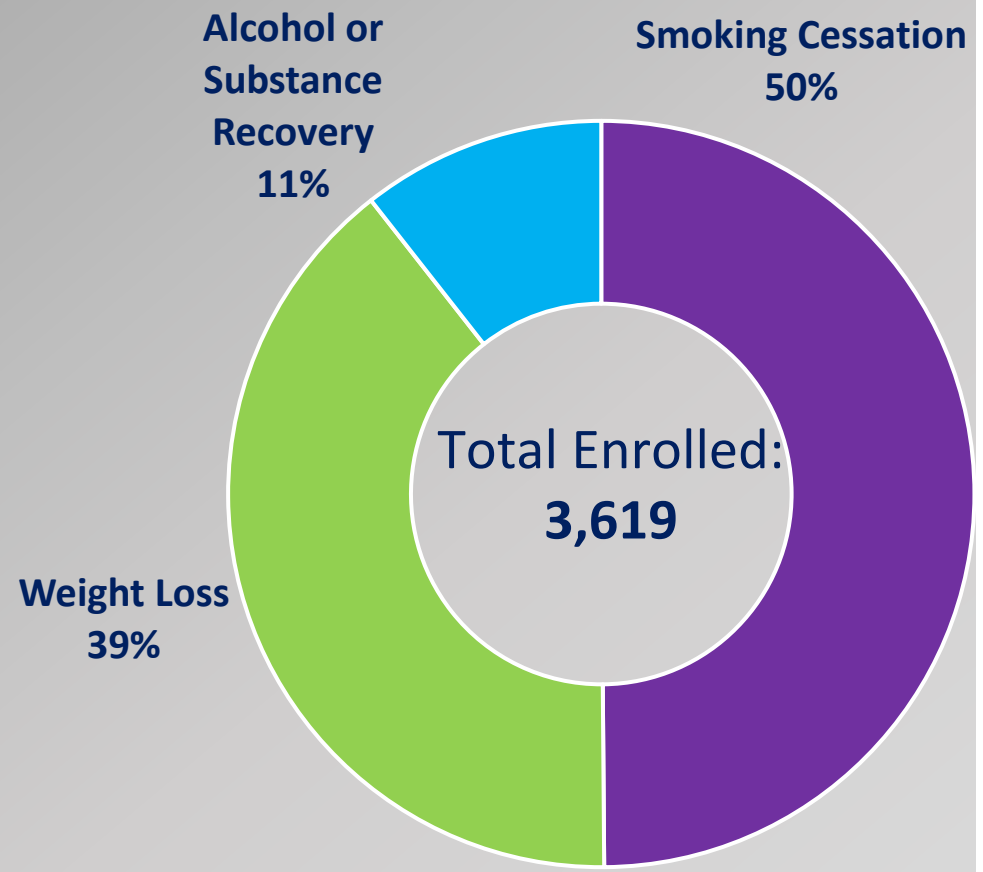
DY15 Healthy Behaviors Program Enrollment

The MMA plans are required to offer three Healthy Behaviors Programs:

1) Smoking Cessation
2) Weight Loss
3) Substance or Alcohol Abuse

DY15 Healthy Behaviors Program Enrollment:

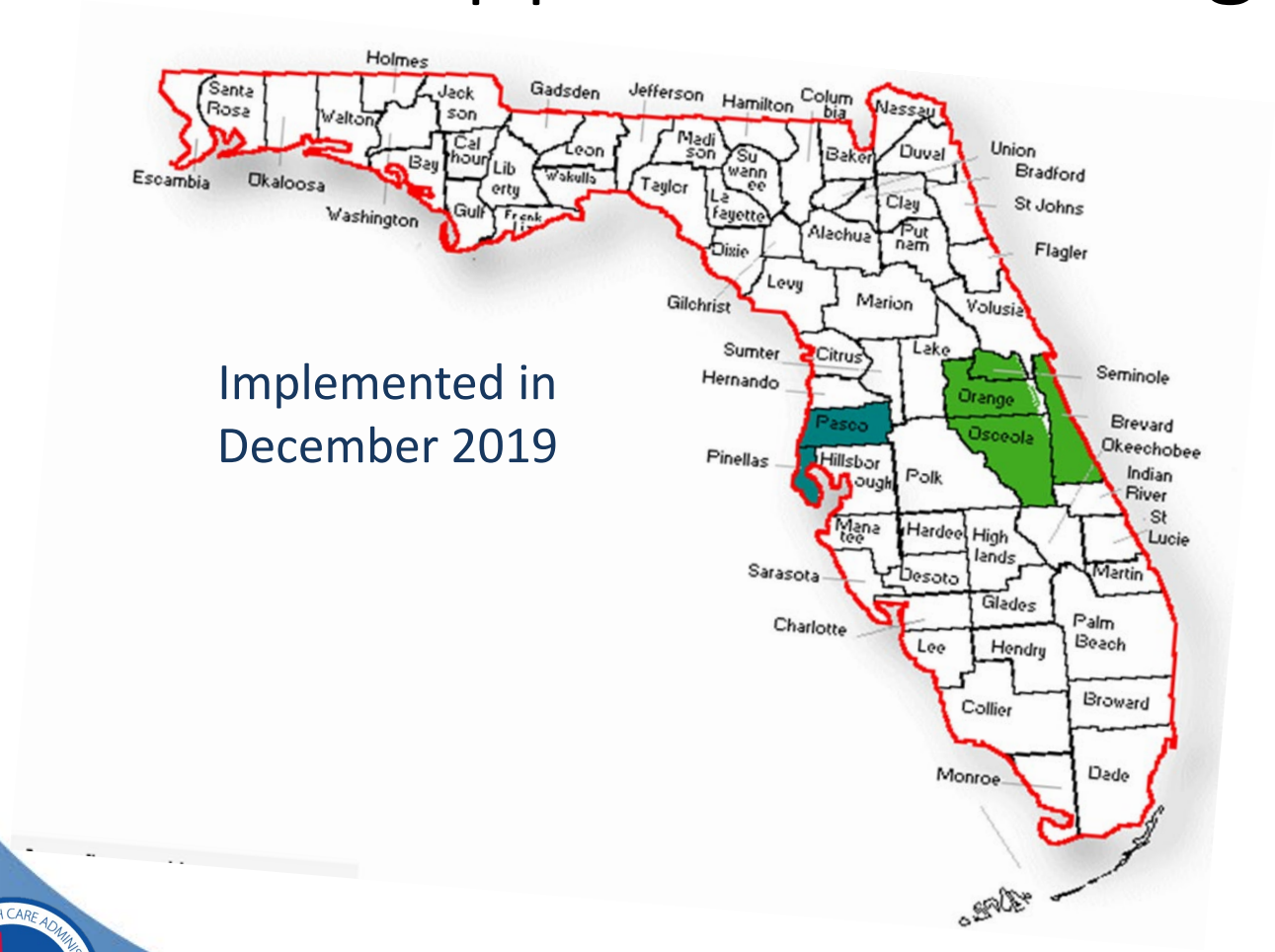
Smoking Cessation	1,805
Weight Loss	1,431
Substance or Alcohol Abuse	383



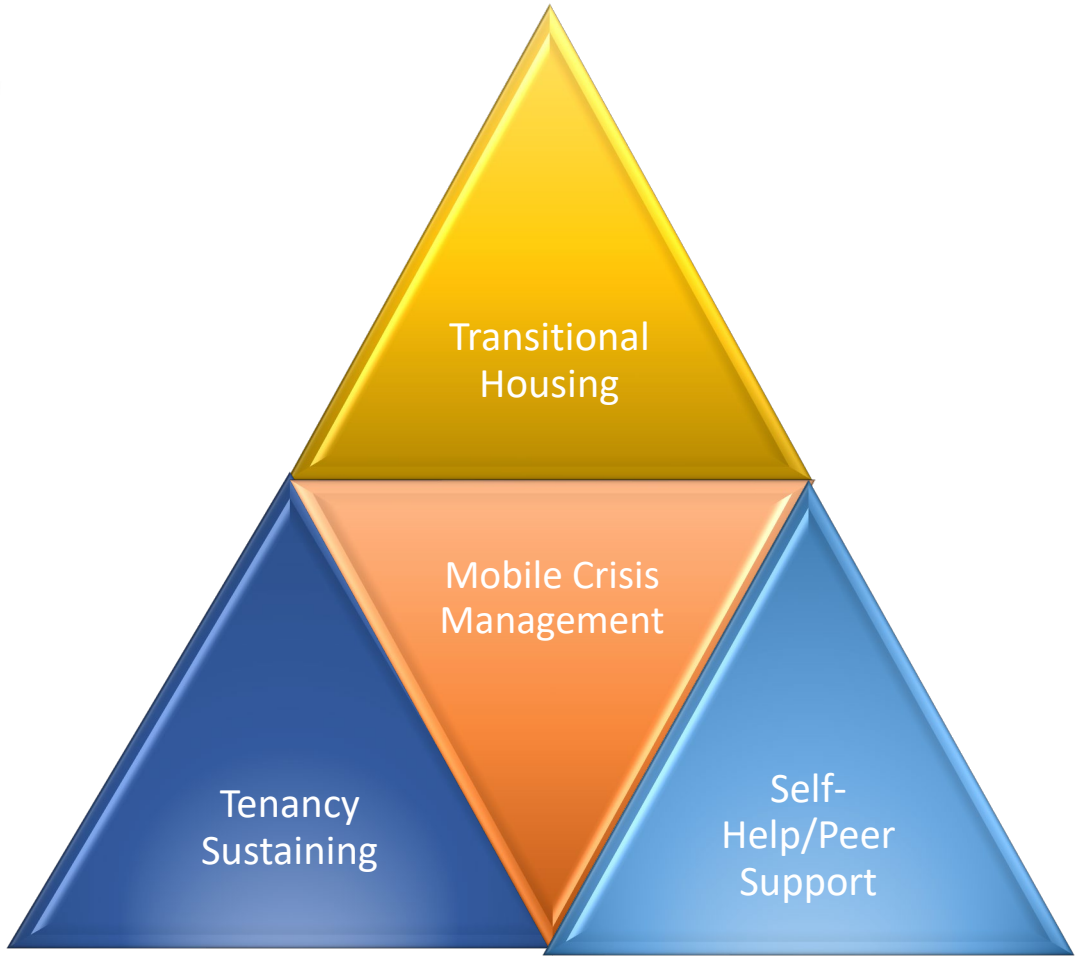
DY15 Healthy Behaviors Program

Healthy Behaviors Programs	Program Enrollment	Program Completion	DY15 Percentage Completed	DY14 Percentage Completed
Medically Approved Smoking Cessation	1,805	908	50%	43%
Medically Directed Weight Loss	1,431	642	45%	42%
Medically Approved Alcohol or Substance Abuse Recovery	383	161	42%	27%
Healthy Behaviors Program Total	**3,619**	**1,711**	**41%**	**41%**

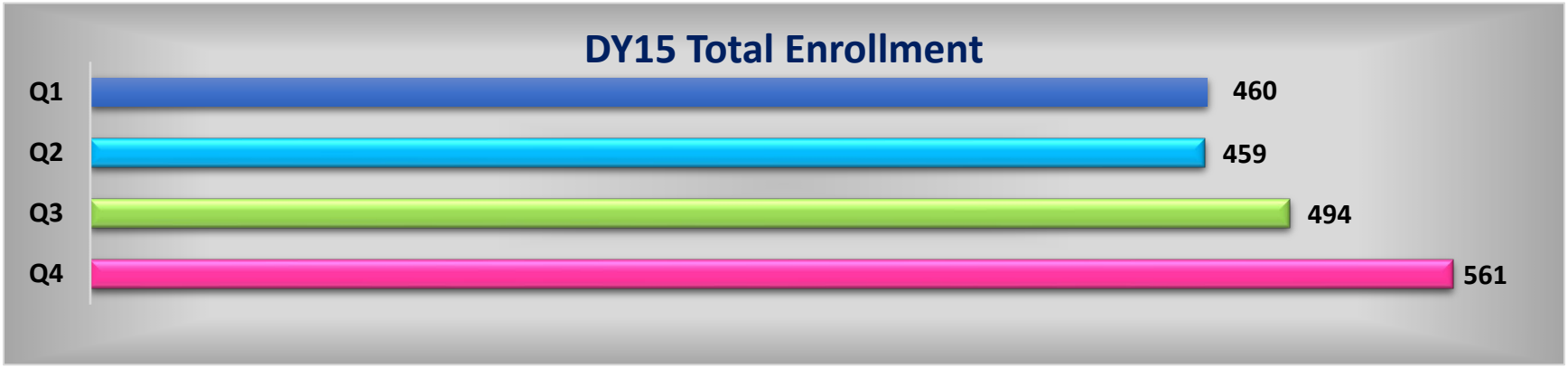
Behavioral Health and Supportive Housing Assistance Pilot



Implemented in December 2019



Behavioral Health and Supportive Housing Assistance Pilot



DY15 Enrollment by Age Group				
	Q1	Q2	Q3	Q4*
Age 21-40	157	158	171	193
Age 41-60	242	241	262	300
Over 60	61	60	61	65

*The figures included in this column do not match the number in the graph above as some participants had birthdays during the quarter.

Quarters	Time Period Represented
Q1	July – September 2020
Q2	October – December 2020
Q3	January –March 2021
Q4	April – June 2021

Budget Neutrality

- The MMA Waiver continued to be Budget Neutral throughout DY15.
- Federal Medicaid expenditures with the waiver were less than federal spending without the waiver.

Waiver Actions During DY15

September 2021: Comprehensive Amendment Request

- Low-Income Pool
  - Modify the Low-Income Pool (LIP) Special Terms and Conditions (STC) to include non-profit licensed behavioral health providers that participate in the coordinated system of care in counties that have implemented indigent care programs as qualifying community behavioral health providers.
- Language Revision to align with Legislative Changes
  - Remove STC language requiring the State to submit a continuance letter to CMS each year to continue the operation of the waiver of retroactive eligibility and the essential provider contracting requirement. This is to align the MMA Waiver with State Statute, as passed during the 2021 legislative session, which extended these provisions without expiration.
- Postpartum Coverage Extension
  - Extend the postpartum coverage period from 60-days to 12-months following the last day of pregnancy.

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1115 Family Planning Waiver

Post Award Forum

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 and 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 (DY) 23, which is July 1, 2020 – June 30, 2021

Goals and Objectives

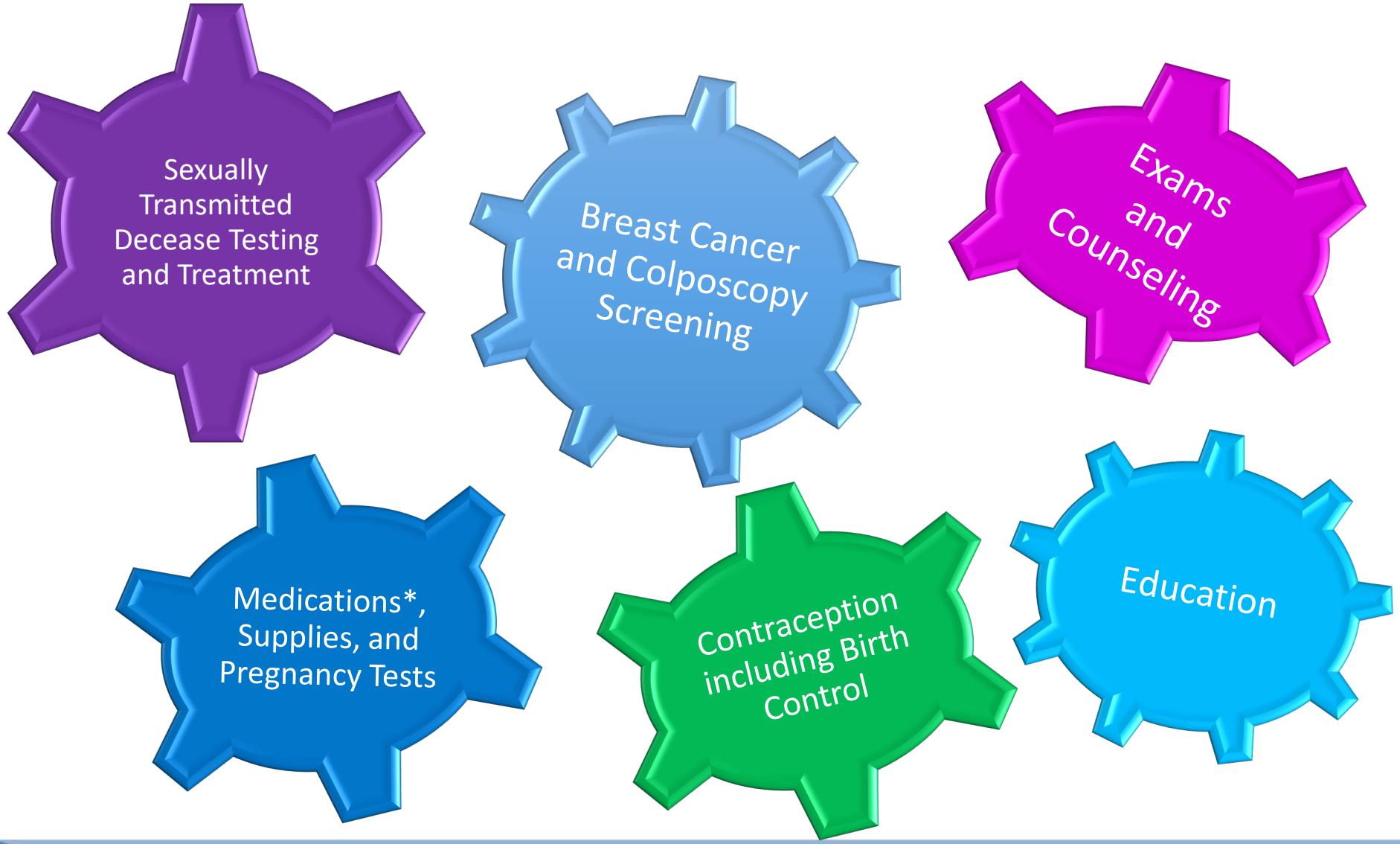
Increase Access to Family Planning Services

Increase Child Spacing Intervals through Contraception

Reduce the Number of Unintended Pregnancies

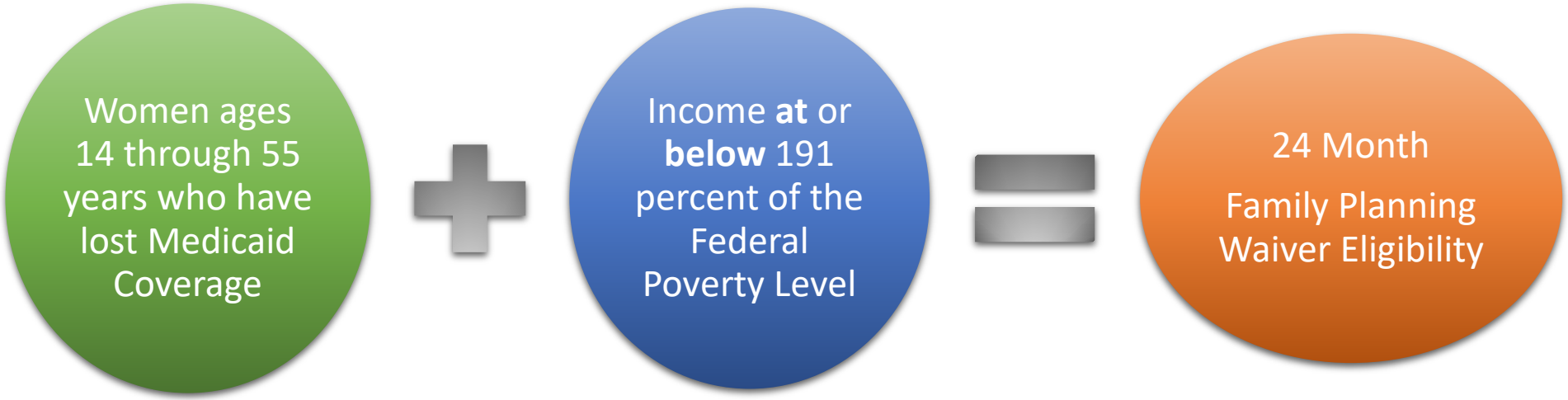
Reduce Costs by Reducing Unintended Pregnancies by Women who would be Eligible for Medicaid Pregnancy Related Services

Family Planning Services



*Certain antibiotics are covered through the Family Planning Waiver

FP Waiver Eligibility



In accordance with 409.904(5), Florida Statutes

Enrollment Process

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

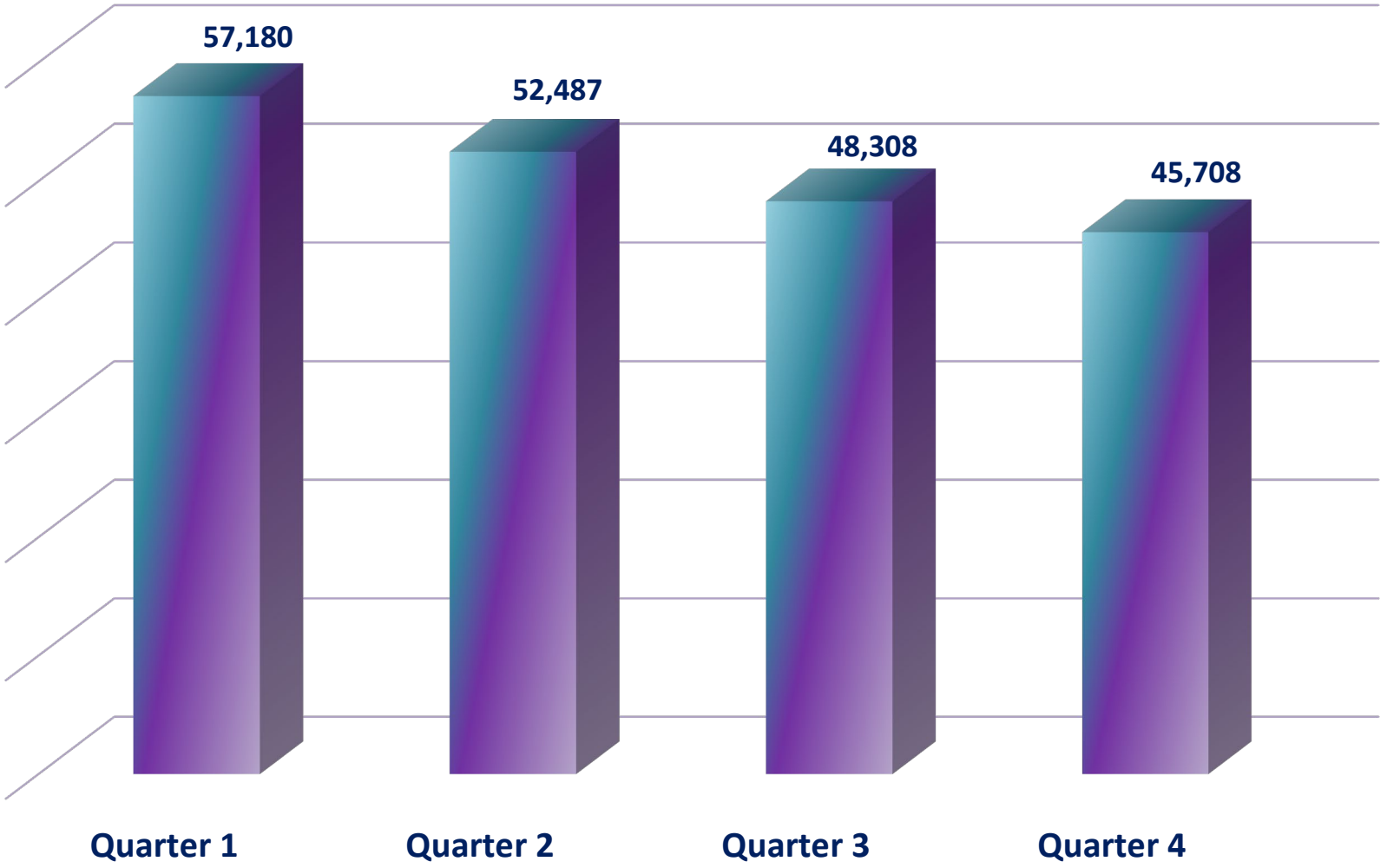
Eligibility/Enrollment Process Changes

- The Department of Children and Families (DCF) is responsible for all Medicaid eligibility determinations
  - One exception is the eligibility for the Family Planning Waiver, which is done by the Department of Health (DOH).
- As a condition of waiver renewal in 2019, the Centers for Medicare and Medicaid Services (CMS) required the State to integrate the Family Planning Waiver eligibility process with the process used for all other Medicaid eligibility determinations.
- By March 2022, the process for eligibility determinations under the waiver will be transitioned from DOH to DCF.

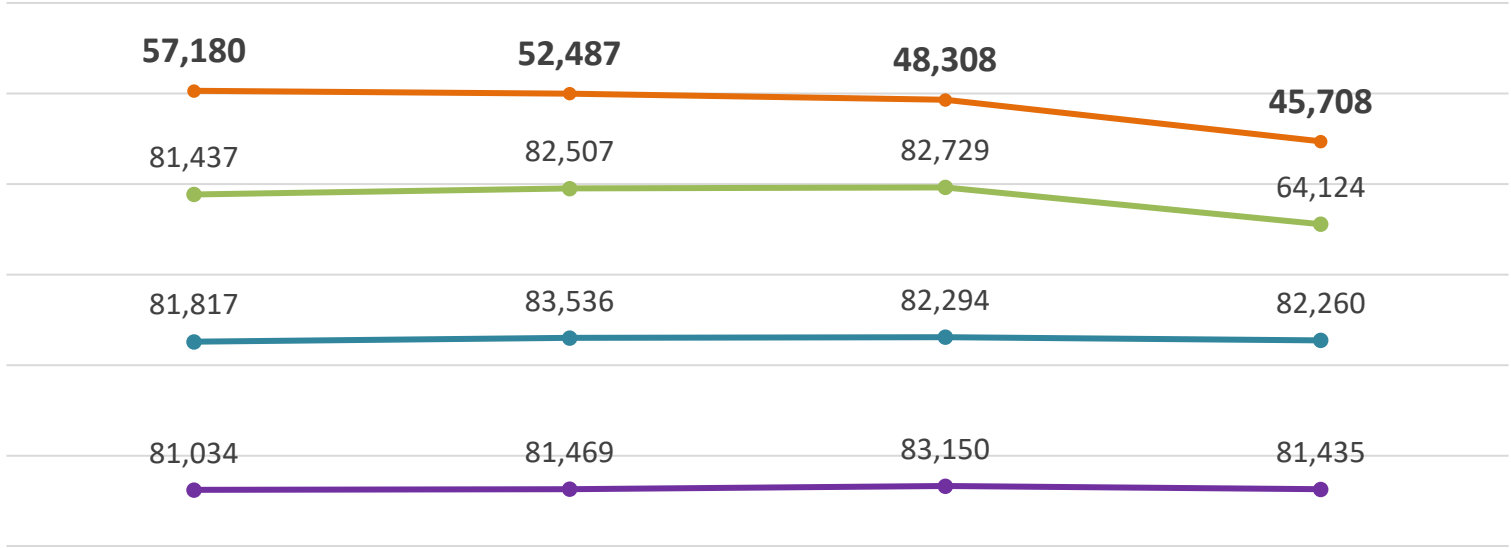
Objectives of the Transition

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

DY23 FP Waiver Enrollment



Enrollment Comparison: DY20, DY21, DY22, and DY23



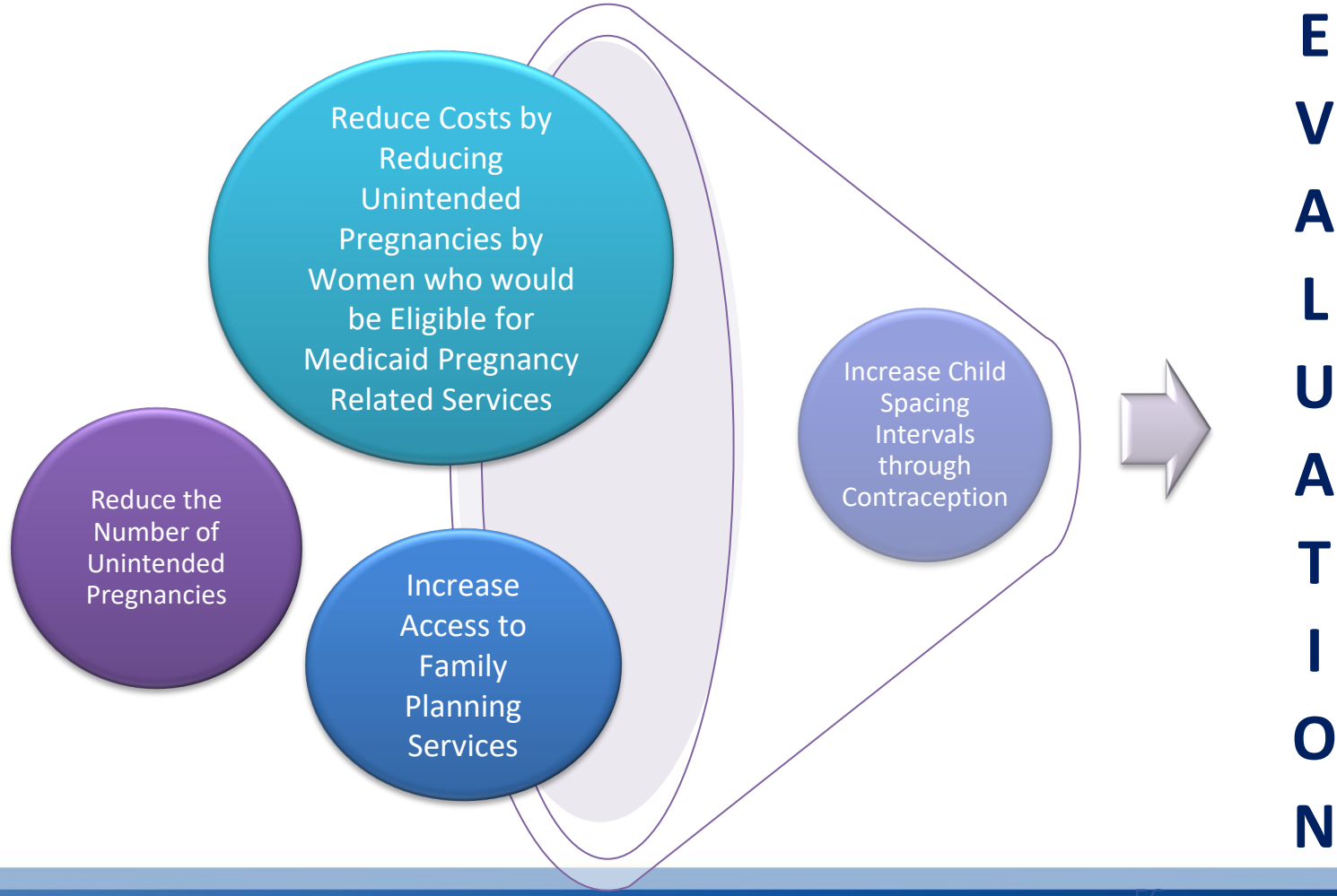
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
DY23	57,180	52,487	48,308	45,708
DY22	81,437	82,507	82,729	64,124
DY21	81,817	83,536	82,294	82,260
DY20	81,034	81,469	83,150	81,435

Service Utilization

- In DY23, approximately 5.5% of individuals enrolled in the Family Planning Waiver utilized at least one service.
  - 2.91% were tested for a sexually transmitted disease.
  - 1.7% obtained a cervical cancer screening.

Evaluation

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



Evaluation

- Florida State University (FSU) is contracted with the Agency to conduct the evaluation for the Family Planning Waiver on an annual basis.
- The most recent evaluations completed were for:
  - DY20 (State Fiscal Year [SFY] 17/18)
  - DY21 (SFY 18/19)
  - DY22 (SFY 19/20)
  - These evaluations are available on the Agency's website: http://ahca.myflorida.com/Medicaid/Family_Planning/index.shtml
- 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 Department of Health Staff.

Evaluation Findings: DY20 and DY21

- The Interbirth Interval among Family Planning Waiver participants decreased from 18.0 to 17.2 months from DY20 to DY21.
  - The cost savings to Medicaid as a result of averted births was estimated at $34 million for DY20. Cost savings were not observed for DY21.
- Compared to DY20, the number and proportion of new enrollee participants decreased in DY21.
- The number and proportion of continuing enrollee participants in DY21 increased over DY20.
- SOBRA enrollees continue to use more Family Planning Waiver services than non-SOBRA enrolled women.

Evaluation Findings: DY21 and DY22

- The Interbirth Interval among Family Planning Waiver participants decreased from 17.2 to 16.8 months from DY21 to DY22.
  - The cost savings to Medicaid as a result of averted births was estimated at $90 million for DY22. Cost savings were not observed for DY21.
- Compared to DY21, the number and proportion of new enrollee participants decreased in DY22.
- The number and proportion of continuing enrollee participants in DY21 decreased over DY22.
- SOBRA enrollees continue to use more Family Planning Waiver services than non-SOBRA enrolled women.

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 DY23 Waiver year.

Budget Neutrality

- The Family Planning Waiver continued to be budget neutral throughout DY23, demonstrating that federal Medicaid expenditures with the waiver were less than federal spending without the waiver. 438.56(d)(2)

Subcommittee Membership Request

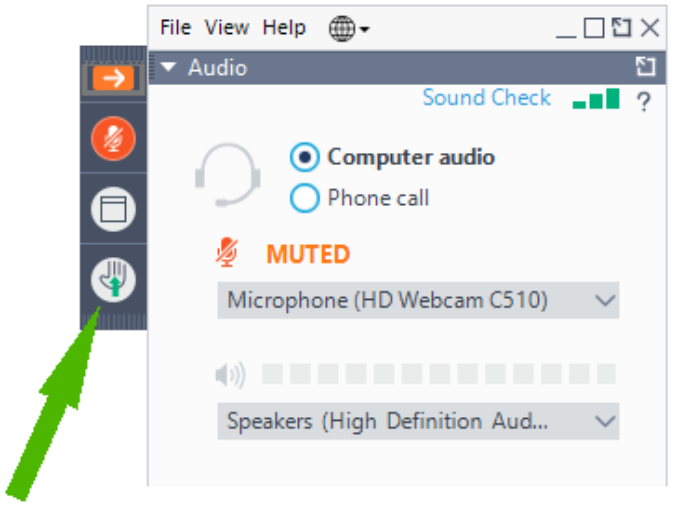
1. Behavioral Health
2. Children Including Safeguards & Performance Measures related to Foster Children
3. Dental Care for Children
4. HIV Aids
5. Managed Long-Term Care

- Please email our MCAC liaison Brittany Gray at Brittany.Gray@ahca.myflorida.com if you would like to join one of these subcommittees.

Public Comment

- **MCAC Members and all other attendees** who wish to comment or ask questions should use the “Raise your hand” feature now to be recognized.

- Please lower your hand once your question has been addressed.



NEXT

- Future meetings will be:
  - Held in person
  - Scheduled quarterly

- Please send your questions or suggested meeting topics to our MCAC liaison Brittany Gray at Brittany.Gray@ahca.myflorida.com

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