Statewide Medicaid Managed Care
Re-Procurement Update

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## Statewide Medicaid Managed Care

| Eligibles | Fourth largest Medicaid population in the nation.  
|  | Approximately 4 million Floridians enrolled in the Medicaid program:  
|  | 85% of Florida’s Medicaid population receives their services through a managed care delivery system.  
|  | • 3,132,032 in Managed Medical Assistance Component  
|  | • 98,420 in Long-Term Care Component |

| Expenditures | Fifth largest nationwide in Medicaid expenditures.  
|  | $26.8 billion estimated expenditures in Fiscal Year 2017-18  
|  | • Federal-state matching program – 61.62% federal, 38.38% state.  
|  | • Average spending: $6,619 per eligible.  
|  | $17.5 billion estimated expenditure for managed care in 2017-2018 |
Statewide Medicaid Managed Care (SMMC) Program

• The 2011 Florida Legislature directed the Agency for Health Care Administration (Agency) to implement a statewide Medicaid managed care program.

• The Agency awarded contracts for the provision of managed long-term care (LTC) services and managed medical assistance (MMA) services in 2013 and 2014.

• Statute provides that these contracts be for a five-year period and must be competitively re-procured each five-year period.

• The new 5-year contract has an estimated value of $80-90 billion:
  • Estimated state share: $31-$35 billion
  • Estimated federal share: $49-$55 billion
Re-procurement of SMMC Contracts

• July 14, 2017: Invitations to Negotiate (ITN) to re-procure Statewide Medicaid Managed Care health plan contracts released.

• We are in the statutory blackout period where respondents to the ITN or individuals acting on their behalf cannot contact the Agency or any state official about the ITN.
  – Violation of this law could disqualify the bidder.
### Anticipated ITN Dates

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Vendor Responses Due</td>
<td>November 1</td>
</tr>
<tr>
<td>Provider Comments Due</td>
<td>November 20</td>
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<tr>
<td>Posting of Notice of Intent to Award</td>
<td>April 16, 2018</td>
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<tr>
<td>Transition to New Plans</td>
<td>Late 2018/Early 2019</td>
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ITN Structure

11 separate regional procurements - one ITN per region for both Long-Term Care and Managed Medical Assistance services.

Region 1: Escambia, Okaloosa, Santa Rosa, and Walton
Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
Region 5: Pasco and Pinellas
Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk
Region 7: Brevard, Orange, Osceola, and Seminole
Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
Region 10: Broward
Region 11: Miami-Dade and Monroe
Reaching Medicaid Goals

- The ITN was structured to require plans to demonstrate how they can help the Agency reach these Medicaid goals:
  - Reduce potentially preventable hospital admissions, readmissions, and emergency department use and use of unnecessary ancillary services
  - Improve birth outcomes
  - Rebalance long-term services and supports systems by increasing the percentage of enrollees receiving services in the community instead of a nursing facility
Links to Medicaid Goals in ITN

• Evaluation criteria designed around goals

• Performance measure bonuses and liquidated damages tied to measures that relate to these goals

• Required health plan Performance Improvement Projects related to reducing potentially preventable events and improving birth outcomes
Additional Key Areas of Focus

- Comprehensive Provision of Services
- Provider Experience
- Subcontractor Oversight
- Claims Payment Provisions
Additional Key Area of Focus: Comprehensive Provision of Service

Four plan types

- Comprehensive: MMA to all members, plus LTC to anyone who qualifies
- LTC Plus: Serves only LTC members, but provides all MMA services to them
- MMA: MMA only
- Specialty: MMA only; targeted populations

Recipients eligible for MMA and LTC must enroll in a comprehensive plan.
Additional Key Area of Focus: Enhanced Focus on Provider Experience

- Plans Accept Medicaid Enrollment for Credentialing Purposes
- Provider Experience with Plans Counts in Bidders’ Scoring
- Enhanced Requirements for Support to Providers
- Enhanced Provider Dispute Resolution Requirements
Additional Key Area of Focus: Claims Payment

- Included multiple evaluation criteria specific to claims payment and processing
- Enhanced reporting requirements related to suspended and denied claims for nursing facilities
Additional Key Area of Focus: Subcontractor Oversight

- Additional Financial Oversight of Subcontractors by Plans
- New Provisions on Provider Referral/Provision of Services by Subcontractor
- Enhanced Evaluation Criteria
Questions?