

Statewide Medicaid Managed Care Update

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Statewide Medicaid Managed Care Program

- The Agency is in the process of implementing the Statewide Medicaid Managed Care (SMMC) program
 - Part IV of Chapter 409, F.S., created during the 2011 Legislative Session.
- The SMMC program has two key components:
 - the Long-term Care (LTC) Managed Care program
 - the Managed Medical Assistance (MMA) program

Statewide Medicaid Managed Care Goals

The goals of the Statewide Medicaid Managed Care Program are:

- improved coordination of care
- a system that focuses on improving the health of recipients, not just paying claims when people are sick
- enhanced accountability
- recipient choice of plans and benefit packages
- flexibility to offer services not otherwise covered
- enhanced fraud and abuse prevention through contract requirements.

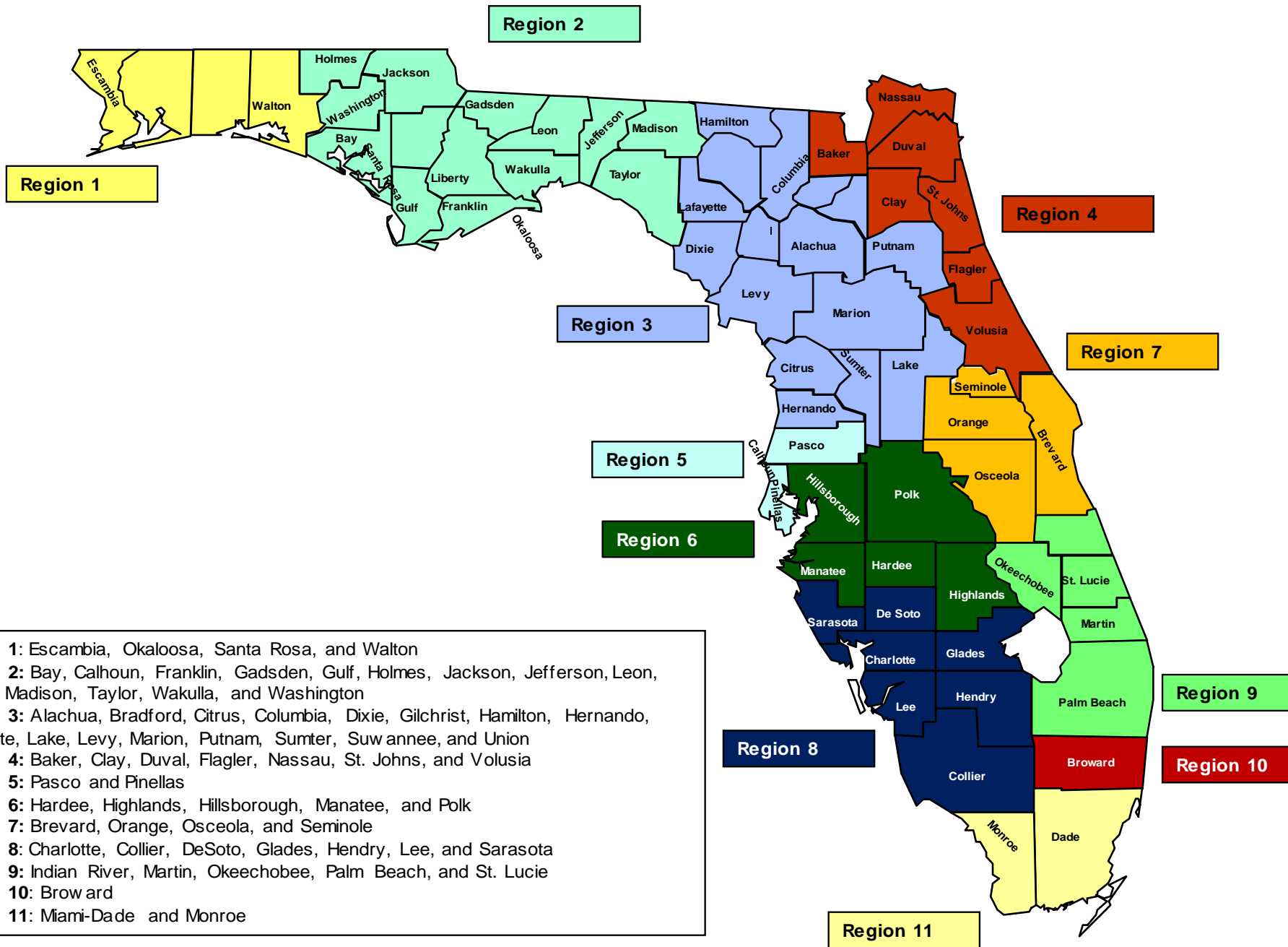
Long-term Care Program



Long-term Care Program Implementation

- On February 1, 2013, the Agency received federal approval of the waiver it needed to implement the LTC component of the SMMC program.
- The Agency completed its competitive procurement in early 2013 and has already navigated the bid protest process. The Agency selected seven plans to participate in the LTC program – six HMOs and one PSN.
- LTC program began on August 1, 2013, in the Orlando area and is being rolled out on a regional basis.

Statewide Medicaid Managed Care Region Map



- 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

Goals of the Long-term Care Program Rollout

- No services missed
- No recipients required to move

Long-term Care Program Roll Out Schedule

Region	Date Enrolled in LTC Plans
1	March 1, 2014
2	November 1, 2013
3	March 1, 2014
4	March 1, 2014
5	February 1, 2014
6	February 1, 2014
*7	August 1, 2013
*8	September 1, 2013
*9	September 1, 2013
10	November 1, 2013
11	December 1, 2013

****LTC recipients in Regions 7, 8, and 9 are now enrolled in LTC managed care plans.***



Plans Selected for Long-term Care Program Participation

Region	LTC Plans						
	American ElderCare, Inc.	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan	United Healthcare of Florida, Inc.
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X



Current Long-term Care Program Enrollment by Plan

August 1, 2013 and September 1, 2013		
	August 1, 2013	September 1, 2013
American Eldercare, Inc.	2,974	5,942
United Healthcare of Florida, Inc.	2,227	5,331
Coventry Health Plan	1,040	2,243
Sunshine State Health Plan	2,524	7,023
Total	8,765	20,539

Managed Medical Assistance Program



Managed Medical Assistance Program Implementation

- Florida Medicaid will implement the Managed Medical Assistance program beginning in 2014.
- The Managed Medical Assistance procurement may be the largest procurement in Florida government.
 - The MMA ITN was released on December 28, 2012.
 - The Agency posted awards on September 23, 2013.

Managed Medical Assistance Program Implementation

- The Agency selected 10 companies to serve as general, non-specialty MMA plans.
- Five different companies were selected to provide specialty plans that will serve populations with a distinct diagnosis or chronic condition; these plans are tailored to meet the specific needs of the specialty population.
- The Agency selected eight Florida-based plans: Better Health, LLC; First Coast Advantage, LLC; Integral Health Plan, Inc. d/b/a Integral Quality Care; Preferred Medical Plan, Inc.; Prestige Health Choice; Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida; Freedom Health, Inc.; and Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance HIV/AIDS Specialty Plan.
- Comprehensive plans will be available in all regions except Region 2.

Goals of the Managed Medical Assistance Program Rollout

- Ensure continuity of care
- Ensure networks are strong
- Ensure all providers are paid timely

Managed Medical Assistance Program Roll Out Schedule

- Due to pending protests the Agency does not currently have a roll out schedule.
- Florida Statute requires the roll out to be completed by October 2014.
- Roll out schedule will be submitted to federal CMS by October 31, 2013.

Plans Selected for Managed Medical Assistance Program Participation (General, Non-specialty Plans)

Region	MMA Plans									
	Amerigroup Florida, Inc.	Better Health, LLC	First Coast Advantage, LLC	Humana Medical Plan, Inc.	Integral Health Plan, Inc. d/b/a Integral Quality Care	Preferred Medical Plan, Inc.	Prestige Health Choice	Sunshine State Health Plan, Inc.	United Healthcare of Florida, Inc.	Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida
1		X		X						
2							X			X
3							X	X		X
4			X					X	X	
5	X						X	X		X
6	X	X		X	X		X	X		X
7							X	X		X
8					X			X		X
9				X			X	X		
10		X		X				X		
11				X		X	X	X	X	X

Added Value/ Benefits

- The Agency negotiated added value/benefits with selected managed care plans in the Managed Medical Assistance portion of the Statewide Medicaid Managed Care program.
- Areas where added value/benefits were achieved include:
 - Expanded benefits
 - Enhanced network adequacy standards
 - Establishing minimum thresholds for electronic health records (meaningful use) adoption
 - Enhanced standards related to claims processing, prior authorization, and enrollee/provider help line (call center operations).

Expanded Benefits

List of Expanded Benefits	# of Plans Offering
Expanded adult dental services	9
Expanded primary care visits for non-pregnant adults	10
Expanded home health care for non-pregnant adults	8
Expanded physician home visits	7
Expanded prenatal/perinatal visits	9
Expanded outpatient hospital services	8
Over the counter medication and supplies	9
Waived co-payments	9
Expanded vision services	10
Expanded hearing services	8
Newborn circumcisions	9
Pneumonia vaccine	9
Influenza vaccine	10
Shingles vaccine	8
Post-discharge meals	8
Nutritional counseling	8
Pet therapy	2
Art therapy	4
Equine therapy	1
Medically related lodging & food	5

Network Adequacy Standards

- The managed care plans agreed to enhanced network adequacy standards, which include:
 - Increasing the number of primary care and specialist providers in a region that are accepting new Medicaid enrollees;
 - Increasing the number of primary care providers that offer after hour appointment availability; and
 - Establishing utilization rates for out-of-network specialty care and hospital admissions.

Electronic Health Records

- The Agency selected plans that were committed to assisting the Agency in our efforts to increase electronic health record adoption.
 - Managed Care Plans agreed to establish thresholds for the number of physicians and hospitals that would adopt meaningful use standards by the end of the second contract year.
 - Managed Care Plans agreed to establish thresholds for the number of enrollees who are assigned to primary care providers meeting meaningful use requirements.

Additional Enhanced Standards

- **Claims processing:** The Agency negotiated more timely claims processing timeframes than are required in state and federal regulations.
 - Examples:
 - Selected managed care plans will pay, deny, or contest electronic claims within 15 calendar days.
 - Selected managed care plans will pay, deny, or contest paper claims within 20 calendar days.
 - Selected managed care plans agree to pay 50% all clean claims within 7 calendar days of receipt.

Additional Enhanced Standards

- **Prior Authorization:** Selected managed care plans agreed to process standard and expedited prior authorization requests more timely. For many of the standards, the timeframes for processing the authorization request have been reduced by almost half.
- **Enrollee/Provider Help Line:** Selected managed care plans agreed to adhere to more stringent call center performance standards. Areas where we achieved added value include: reduced time for the average speed to answer, reduced call blockage rates, reduced call abandonment rates, and reduced wait times for calls placed in the queue.

New Contracting Requirement

- Managed care plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services. Plans achieve this performance standard when physician payment rates equal or exceed Medicare rates for similar services. (Section 409.967 (2)(a), F.S.)
 - The Agency may impose fines or other sanctions including liquidated damages on a plan that fails to meet this performance standard after 2 years of continuous operation.

Resources

- Questions can be emailed to:
FLMedicaidManagedCare@ahca.myflorida.com
- Updates about the Statewide Medicaid Managed Care program are posted at: <http://ahca.myflorida.com/SMMC>
- Upcoming events and news can be found on the “News and Events” tab on the SMMC website.
 - Keep up to date on information by signing up to receive program updates through our interested parties list by clicking the red “Sign Up for Program Updates” box on the right hand side of the page.
- For information about the enrollment process and enhanced benefits of each plan, recipients and enrollees may visit <http://wwwFLMedicaidManagedCare.com>.

You can find more information on the SMMC program at:



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Questions?

