

**From:** [Anne Swerlick](#)  
**To:** [solicitation.questions](#)  
**Cc:** [Marsteller, Simone](#); [Wallace, Thomas J.](#); [Norin Dollard](#)  
**Subject:** Florida Policy Institute Response to SMMC RFI  
**Date:** Friday, June 3, 2022 1:37:46 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
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[image005.png](#)  
[FPISMMC-reprocurement-ltr\\_FINAL \(1\).pdf](#)

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Dear Mr. Massa:

Please find attached Florida Policy Institute's response to the RFI.

Thank you,

Anne Swerlick

**Anne Swerlick**

Senior Policy Analyst & Attorney

she/her/hers

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June 1, 2022

**SENT VIA EMAIL**

Simone Marstiller, Secretary  
Tom Wallace, Deputy Secretary for Medicaid  
Agency for Health Care Administration  
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Re: 2022 SMMC Re-Procurement

Dear Secretary Marstiller and Deputy Secretary Wallace:

The undersigned groups are writing about the Agency for Health Care Administration's (AHCA's) Request for Information on May 6, 2022, relating to the re-procurement of the Statewide Medicaid Managed Care (SMMC) program. This [request](#) appears to be targeted towards vendors or potential vendors.

Our organizations represent and advocate on behalf of Florida Medicaid beneficiaries. We have direct experience and knowledge about the SMMC and challenges for beneficiaries. We are eager to be a resource for the agency as it develops the Request for Proposal and new language for its contracts with the successful bidders. Please note that none of us have a financial interest in the outcome of the re-procurement.

We are pleased that AHCA's stated [goal](#) in this process "is to be as transparent as possible by making information publicly available and engaging with stakeholders." Federal law is also clear that the views of beneficiaries must be solicited and addressed in the design, implementation, and oversight of a state's long term managed care program. (42 C.F.R. § 438.70).

However, we need guidance from the agency on specifically how and when beneficiaries and advocates can share concerns and make recommendations to the agency as this process is rolled out.

At a minimum, we respectfully request that you hold a stakeholder's meeting targeted to beneficiaries and advocates which explains the re-procurement process, advises beneficiaries/advocates on opportunities to engage with the agency on this matter, and provides an initial opportunity for public comment.

The stakes of this process cannot be overstated. Millions of Medicaid beneficiaries' lives will be affected and billions of state and federal dollars will be paid to the successful bidders. Public input and buy-in to the agency's re-procurement goals and strategies are critical given the lengthy terms of the SMMC contracts and their profound impact on the lives of beneficiaries.

Thank you for your consideration of this request and we look forward to hearing from you.

Sincerely,

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**Sadaf Knight, CEO**  
Florida Policy Institute

**Scott Darius, Executive Director**  
Florida Voices for Health

**Miriam Harmatz, Advocacy Director & Founder**  
Florida Health Justice Project

**Peter Sleasman, Executive Director**  
Disability Rights Florida

**Chelsea Dunn, Esq.**  
Southern Legal Counsel

**Nancy Wright, Esq.**  
Academy of Florida Elder Law Attorneys and  
Elder Law Section of the Florida Bar  
(The views expressed herein are solely the views of the  
Elder Law Section of the Florida Bar, which is funded with  
voluntary fees from its members. The views herein are  
not the views of the Florida Bar itself.)

cc: Cody Massa, Procurement Officer  
solicitation.question@ahca.myflorida.com

June 3, 2022

***Sent via e-mail***

Cody Massa  
Procurement Officer  
Agency for Health Care Administration  
[solicitation.questions@ahca.myflorida.com](mailto:solicitation.questions@ahca.myflorida.com)

Dear Mr. Massa:

Florida Policy Institute (FPI) is writing this letter in response to the Agency for Health Care Administration's (AHCA's) Request for Information (RFI) on May 6, 2022, concerning the Statewide Medicaid Managed Care (SMMC) Program.

FPI is an independent, nonpartisan, and nonprofit organization dedicated to advancing policies and budgets that improve the economic mobility and quality of life for all Floridians. We are deeply committed to public policies that ensure all people can obtain quality affordable health care.

The RFI solicits information on best practices and innovations on many components of the SMMC delivery system and critical health services. We are submitting this response as a brief "placeholder" in the hopes that AHCA will initiate more targeted and meaningful opportunities for consumers and advocates to share their recommendations for the SMMC. (As requested in the June 1 letter submitted to AHCA on behalf of FPI and several other organizations.)

The remainder of our comments will focus on substantive program recommendations related to the upcoming Request for Proposal (RFP).

**The SMMC provides a unique opportunity to advance health equity for all Floridians.**

Millions of people of color, people with disabilities, and other historically underserved groups are enrolled in the SMMC. It is indisputable that significant health disparities impede these Floridians from quality of life and being able to thrive in their communities.

Moreover, the long-lasting effects of COVID-19 will likely worsen health and health care disparities in the coming years unless government and the health care industry take major steps to prioritize initiatives to reduce disparities. Notably, there is no mention of health equity or health disparities in the RFI.

We urge AHCA to include in the RFP a statement of its commitment to advancing health equity and using SMMC as a tool for reducing health disparities in this state. Further, we ask that the RFP specifically solicit from bidders their proposed strategies to advancing these priorities. Many of the potential bidders are already undertaking innovative health equity initiatives in other states. This is an opportunity for Florida's SMMC to build upon and benefit from that experience.

We also urge the agency to include the following minimum requirements in the RFP to provide a solid base for all plans' health equity strategies:

### **Cultural Competency Plans**

Until August 2018, AHCA contracts required plans (MCOs) to develop and implement cultural competency plans (CCPs) to “ensure that services are provided in a culturally competent manner to all enrollees, including all services and settings...”<sup>1</sup> Contract terms further specified details of what was to be included in these CCPs and a requirement for an annual evaluation, including analysis of successes and challenges in meeting previous year goals and objectives. In prior years, AHCA's External Quality Review Organization (EQRO) also provided specific recommendations on how MCOs could strengthen their CCPs and how AHCA could strengthen the MCO contract terms to address disparities.<sup>2</sup>

However, for unknown reasons, these requirements were eliminated from the MCO contracts effective August 1, 2018. Restoration of CCPs as prescribed in the earlier MCO contracts are an essential step to reduce health disparities and ensure transparency and accountability in the program. This requirement should be included in the RFP, as well as a request that the bidder describe the operational strategies to be used by the MCOs for the development and implementation of these plans.

### **Consumer Engagement**

[Research](#) shows that Medicaid managed care enrollees who are people of color report worse care experiences than white enrollees. A key strategy for addressing this and other health care disparities is having mechanisms in place to provide ongoing real-time feedback on challenges faced by managed care enrollees, particularly individuals most effected by disparities. The MCOs can and should be partners in this effort.

We recommend that at minimum, every MCO be required to have a consumer advisory council (CAC) tasked with helping plans identify barriers and potential solutions for reducing health disparities among their enrollees. Information from these CAC “feedback loops” should also be routinely shared with state Medicaid staff to help identify and address systemic issues.

### **Social Determinants of Health**

There are no references in the RFI to the social determinants of health (SDOH), including but not limited to access to nutritious food and affordable housing. Research documents significant links between these social factors and health disparities. This includes conditions like [asthma](#), [obesity](#), [HIV](#), and [childhood behavioral disorders](#).

MCOs around the country are already implementing multiple [innovative SDOH initiatives](#). We urge AHCA to expressly include in the RFP requirements for MCOs to develop, implement, evaluate, and report on SDOH strategies targeted towards reducing health disparities.

### **Use of Data to Promote Health Equity**

Best practices for data collection to monitor health equity suggest that contract language be consistent with the [Culturally and Linguistically Appropriate Standards](#) (CLAS) for health and health care promulgated by the federal Department of Health and Human Services' Office of Minority Health. Standard 11 specifies that data be collected that show the impact of services on health equity, service outcomes, and access to timely,

appropriate health care. An especially good example of implementation of these standards comes from [Michigan](#), which has been evaluating its Medicaid-funded services in this manner for more than nine years.

### **Implementation of Chapter No. 2022-54, Laws of Florida (HB 855)**

This [recently passed law](#) will require the MCOs to implement new performance measure reporting including additional adult and child core set measures and data stratified by race/ethnicity and other demographic factors. The RFP should ask the bidders to describe their plans for operationalizing the new law and any support and guidance they will need from AHCA for implementation.

We also recommend that both the state and MCOs' operational plans build in capability to analyze Medicaid data across multiple demographic groups:

“To really understand the effects of health inequity, researchers need to understand the compounding effect of marginalization. That is, rather than looking at race or disability, researchers and analysts should be able to disaggregate the data to look at race disparities among people with disabilities.”<sup>3</sup>

### **Conclusion**

The re-procurement provides exciting opportunities to build more health equity into the SMMC. Through this process, we urge the agency to articulate clear health equity goals and to work in partnership with community-based stakeholders to design strategic and thoughtful interventions for reducing health disparities.

Thank you for your consideration of these comments. In follow-up to this letter, we would appreciate the opportunity to meet with agency staff to provide additional information and respond to any questions.

Sincerely,

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cc: Simone Marsteller, Secretary, AHCA  
Tom Wallace, Deputy Secretary, AHCA

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<sup>1</sup> AHCA Model Contract, Core Contract Provisions, Attachment II, p. 82, February 2018, [http://ahca.myflorida.com/medicaid/statewide\\_mc/plans.shtml](http://ahca.myflorida.com/medicaid/statewide_mc/plans.shtml).

<sup>2</sup> AHCA, SFY 2014-2015, External Quality Review Technical Report, April 2016, pp. 88-95, [https://ahca.myflorida.com/medicaid/quality\\_mc/pdfs/FL2014-15\\_EQR-TR\\_F1.pdf](https://ahca.myflorida.com/medicaid/quality_mc/pdfs/FL2014-15_EQR-TR_F1.pdf); AHCA, SFY 2015-2016, External Quality Review Technical Report, April 2017, p. 34, <https://bit.ly/3PSUD3X>.

<sup>3</sup> David Machledt, “Addressing Health Equity in Medicaid Managed Care,” p. 6. National Health Law Program, May 2021, <https://healthlaw.org/resource/addressing-health-equity-in-medicaid-managed-care/>.