FLORIDA COMMUNITY CARE

Florida Community Care's Response to:

014-21/22 Re-procurement of the Statewide Medicaid Managed Care Program

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FLORIDA COMMUNITY CARE

Nestor Plana

A Message from our Founder, Chairman, and CEO:

It is my pleasure to present the enclosed response to the Agency for Health Care Administration's Request for Information (RFI) 014-21/22 on behalf of Independent Living Systems (ILS) and Florida Community Care (FCC). As the only statewide long-term care (LTC) provider service network, FCC's direct experience in the Statewide Medicaid Managed Care (SMMC) program since 2018 is distinct among those serving the LTC population. It is this unique and provider-based perspective that underpins our response. Please allow me to highlight a few critical points:

- ILS has been dedicated to proactive aging in place strategies for more than 20 years. We participated in the nursing home diversion project that preceded the SMMC Program and actively contributed to the public dialog about policies that enable Florida's seniors to remain in the community. As this history illustrates, empowering elders to maintain independence is this company's primary mission. To achieve this mission, ILS relies on extensive support services and high-quality care management. This approach works. We deploy highly skilled care managers with a robust menu of supports and empower them to authorize services and ensure those services are delivered in a timely manner.

- ILS is working to demonstrate the most effective ways to coordinate Medicare and Medicaid program services. Experience with a variety of collaborative procedures, such as coordination arrangements and shared service agreements, led ILS to develop its own Medicare plan and to use that combination to implement a fully integrated model of care. Florida Complete Care (FC2) is a sister plan to FCC and is operating as a Special Needs Plan for persons needing an institutional level of care. Enrollees experience full integration when they are enrolled in FCC and FC2. The level of integration we have achieved is best-in-class and laser-focused on the member.

- FCC specializes in providing coverage and care for Medicaid enrollees who qualify for long-term care. This singular focus pushes us to find targeted ways to enhance members' experience and improve outcomes. One such success is found in rebalancing; since its launch, FCC significantly increased the proportion of members served in Home and Community Based Settings (HCBS) thereby improving outcomes for a specific target population while saving the State money.

- FCC uses operational strategies to produce greater cost savings that can be reinvested in additional care or returned to the State through the Achieved Savings Rebate (ASR). ███████████████████ ██ ██.

Consistently high performance in delivering quality care and coverage to Florida's LTC enrollees has driven increased membership and made FCC the fastest growing LTC plan in Florida. Most significantly, recipients exercising a personal choice, choose FCC. To illustrate, during the 2021-2022 Open Enrollment Period, 47% of all choices made by LTC recipients were for FCC. We believe this record of achievement demonstrates our success with both providers and recipients and reinforces our credentials to offer the recommendations and observations included in this response.

Thank you again for the opportunity to participate in this RFI process. We look forward to discussing our response with you soon.

Sincerely,

Nestor Plana

RFI Response Structure:

In response to the RFI, FCC chose to include tangible programmatic and policy recommendations for the Agency's consideration while designing and implementing the SMMC Re-procurement. As the Agency moves to modernize its approach to achieve integration of technology and operational processes through the Florida Health Care Connections (FX) modules, FCC believes the timing of the FX implementation and the SMMC Re-procurement offer a rare opportunity for greater alignment between the administrative and clinical systems and processes utilized by SMMC Plans. Therefore, our response also includes several suggestions for integration between the two procurement initiatives, which would far exceed any other states' efforts to integrate managed care procurements with their modular FMMIS solutions.

The order in which FCC structured the response to the RFI follows the order in which the Agency listed the Best Practices and Innovative Ideas for the items that are applicable to the scope and associated work FCC deploys today under its Long-term Care Plus contract with the Agency.

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Best Practices and Innovative Ideas to Achieve Agency Outcomes:

1. **Utilize value-based payment designs to simultaneously increase quality and reduce costs.**

    i. *FCC recommends that they Agency consider evaluating SMMC plans' abilities and successes with incentivizing and rewarding providers through non-traditional payment arrangements. This evaluation should be based on plan type and applicable Agency goals.*

        a. For FCC, value-base payments for Managed Medical Assistance (MMA) are not as relevant to our work in the LTC provider space. Our experience shows that to contract with providers in a value-based model, there needs to be associated enrollee volume. Ninety-five percent (95%) of the enrollees in FCC are dual-eligibles and receive their primary and acute care services through Medicare.

        b. FCC has been a market leader in initiating value-based contracting arrangements through our relationships with Home and Community Based Providers, specifically, Assisted Living Facilities, Home Health Agencies, Nurse Registries, Lead Agencies and Adult Day Providers.

2. **Maximize home and community-based placement and services through proactive aging-in-place strategies.**

    i. *FCC recommends that the Agency consider evaluating LTC plans' abilities and successes with serving LTC enrollees who reside in a private residence during a crisis, such as the COVID pandemic.*

        a. Florida's disaster response depends on coordinated operations among many partner organizations. Emergency Support Function (ESF) #8 needs to be able to count on SMMC plans to reach some of the most vulnerable Floridians during various types of disasters. In the recent pandemic, the elderly faced the greatest risk for contracting COVID and experiencing its worst effects. ILS and FCC stepped up in a variety of ways to help Florida put *Seniors First*.

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        d. ILS/FCC also conducted a campaign to educate members on the importance of receiving the vaccinations, and sponsored numerous outreach efforts to overcome barriers to vaccination such as transportation and scheduling complications.

    e. Most recently, ILS/FCC also worked with Miami-Dade County to provide PCR tests to homebound seniors, enabling early identification of new cases that needed immediate medical attention.

  ii. FCC recommends that the Agency continue to evolve expectations for LTC plans to support the needs of Caregivers in the Long-term Care Program. FCC recommends that the Agency require Respondents to the SMMC Re-procurement submit innovative solutions to address this national crisis.

    a. Recent *data[1] suggests Caregivers:*

- *Are aging alongside the population FCC serves -- one in five Caregivers across the country are over 65 years of age.*

- *Have disabilities- one in three Caregivers has a disability of their own.*

- *Provide services for their loved ones that equates to over $470 billion unpaid annually.*

- *Provide 18.5 billion hours of unpaid care for people with Alzheimer's and related dementias annually.*

  iii. FCC recommends the Agency consider applying for the Association of Community Living's (ACL) $5 million grant focused on Dementia-Specific Respite Programs and Services[2] (due June 27). The grant recipient will be expected to further the development and testing of innovations in community-based, dementia- specific respite models, as well as the delivery of training and technical assistance to advance the national capacity to provide such services to people living with dementia (of any age) and their caregivers.

    a. If the Agency was awarded this grant, FCC suggests using the SMMC plans to deploy the testing, training, and technical assistance to the caregivers that support the SMMC LTC population.

    b. FCC volunteers its expertise and resources to assist the Agency with the approach to responding to the application, designing the models and implementing the program.

3. Align quality metrics and outcomes with the Florida State Health Improvement Plan.

  i. FCC recommends that the Agency require SMMC plans to assist the Department of Health and the Agency to achieve the goals outlined in the 2022- 2026 Florida State Health Improvement Plan (SHIP) Goals and Objectives. A subset of the goals and objectives in the State Health Improvement Plan (SHIP) relate to the Aging/Aged population directly correlate to the Agency's SMMC Goal of supporting the LTC population's choice to age-in-place.

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[1] Source: *http://www.advancingstates.org/sites/nasuad/files/Caregivers%20in%20America%20Infographic_0.pdf)*
[2] Dementia-Specific Respite Programs and Services Grant: *https://www.grants.gov/web/grants/view-opportunity.html?oppId=339599*

ii. *FCC recommends that the Agency consider using the SMMC Re-procurement to secure tangible commitments from SMMC plans that will directly impact the goals outlined in the State Health Improvement Plan. The Agency should outline expectations for participation in the SHIP, set performance expectations for each SHIP goal applicable to each SMMC Plan Type, include performance measurement methodology, and establish consequences for not meeting Agency expectations.*

    a. For example, FCC recognizes the need for outreach and support for people living with Alzheimer's and dementia. Today FCC trains 100% of our direct service workers on Alzheimer's and related dementias as part of the employee onboarding process. FCC provides respite to Caregivers as a covered benefit under the LTC Program. FCC also supports the Florida Alzheimer's Association through participation in events and charitable donations. However, these types of activities were not noted as part of the baseline assessment during the Priority Area Workgroup discussions. FCC recommends SMMC plans become "identified partners" so the efforts by the SMMC plans count toward the specified Objectives in the SHIP.

iii. *FCC recommends that the Agency utilize the Florida Health Care Connections (FX) modules currently being procured to collect, report and trend data related to SHIP objectives across all relevant state agencies and the contracts they oversee, including the SMMC plans.*

4. Enhance specialty health plans services to improve outcomes for recipients. Increase the number of plans to address target populations with specific health conditions or needs.

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5. Improve coordination of care for individuals enrolled in both the Medicare and Medicaid programs.

    i. *FCC recommends that the Agency consider the intensive and unique needs of the LTC population compared to all other dual eligibles when designing Florida's path forward for dual integration. The LTC population is successfully being served by LTC plans through strict administrative and outcome-based measures that align with the Agency's goals. Due to variation in coverage and delivery systems for the dual-eligible population illustrated below, the LTC population is at risk for being impacted by a duals integration strategy that meets the needs of most of the dual population but does not meet the needs of the LTC population.*

Dual-eligible beneficiaries as a share of Medicaid enrollment and spending, CY 2019[1]

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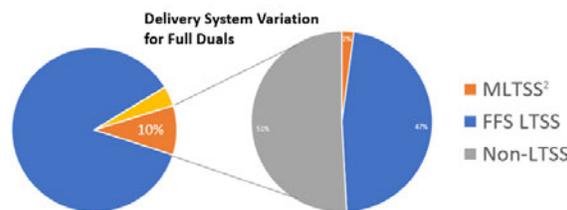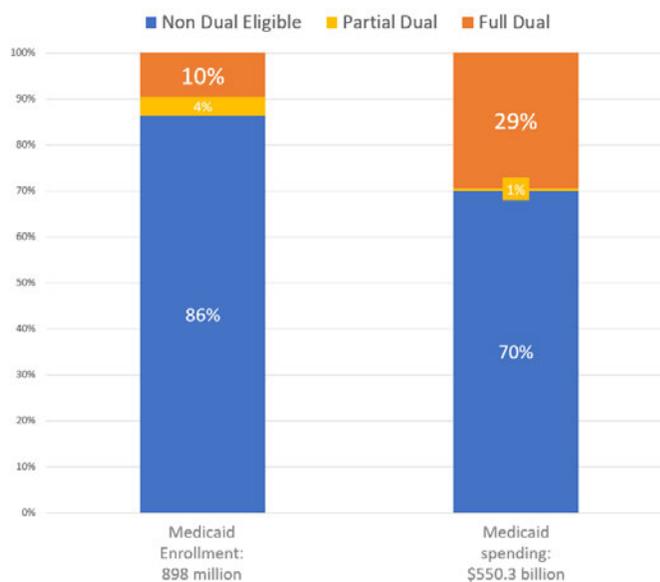
[3] Medicare Payment Advisory Commission. *Beneficiaries Dually Eligible for Medicare and Medicaid; A data book jointly produced by the Medicare Payment Advisory Commission and the Medicaid and CHIP Payment and Access Commission* (Data Book). Retrieved 05/20/2022 from https //www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/.

Managed Long-Term Services and Supports (MLTSS) estimated from Medicaid and CH P Payment and Access Commission. Medicaid and Medicare Plan Enrollment for dually Eligible Beneficiaries. Retrieved 05/20/2022 from https //www.macpac.gov/publication/medicaid-and-medicare-plan-enrollment-for-dually-eligible-beneficiaries/. 2011 MLTSS data used as 2019 data in Data Book only available for Fee-for Service (FFC) dual eligible.

ii. *FCC recommends that the Agency consider defining what components of care coordination and member experience must be truly integrated or "payor-neutral" to achieve an improved care coordination experience across Medicare and Medicaid.*

  a. Today, the Agency notifies dual-eligible recipients who are enrolled in a Medicare Advantage plan that also offer a SMMC plan under the same legal entity in their service area. FCC recommends that prior to sending notices to Medicaid enrollees in this situation. The Agency should consider requesting and reviewing how relevant Medicaid and Medicare plans integrate member experiences. Most health plans completely separate their Medicare and Medicaid products and rarely do the systems they use connect one product to the other.

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  ▪ By assessing each plan for an integrated member experience across both Medicare and Medicaid, the Agency could evaluate the potential value of sending the sister plan letters.

iii. *FCC recommends that the Agency consider developing a Comprehensive Duals Strategy that addresses the diversity of coverage and service delivery options for dual-eligibles, with particular emphasis on dual-eligibles who need LTC services. Recognizing the complexity and costs of caring for this population who receive services through two distinct programs, the National Governors Association Center for Best Practices set forth considerations for states to improve the quality and efficiency of programs for dual eligbiles[4]. FCC recommends the Agency follow these insights, which suggest sustained engagement with all impacted stakeholders, including the federal government, Florida legislature, health plans, providers, and recipients when designing Florida's path forward for dual integration.*

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[4] Source: Johnson, K., Becker, M., Tewarson, H., & Mosey, A. (2020, February). *Improving Care and Managing Costs for Dual Eligibles: Highlights from an NGA Roundtable.* Washington, DC: National Governors Association Center for Best Practices.

6. Improve providers' experience with the SMMC Program.

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    iii. *FCC recommends that the Agency utilize the Florida Health Care Connections (FX) modules and services currently being procured to consolidate duplicative Agency and SMMC Plan functionality and resolve issues with conflicting data sets related to Provider Services.*

        a. Although SMMC plans must present prospective contract providers to their Credentialing Committees as a part of the Accreditation process, the Agency could exponentially improve the Provider Experience by combining the Florida Medicaid Provider Enrollment process with health plan duties traditionally tied to a Credentialing Verification Organization. The outcome of those processes could produce an "Eligible for Medicaid

Participation Roster," which the SMMC Plans could use as the universe from which providers are selected for contract negotiation.

    b. As rosters are updated by adding new providers, removing terminated providers, or updating provider demographics/ ownership changes, the Agency could have one roster that is transparent to all stakeholders on the status of each provider's eligibility to participate in the Medicaid program, including with any SMMC plan.

    c. Adding this transparency for the provider community would remove the administrative burden of filling out tedious credentialing paperwork with each SMMC plan.

    d. This approach also allows the SMMC plans to retain control of which providers they pursue for inclusion in their networks.

    e. The Agency could use the IS/IP Master Person Index/Organization functionality to ensure the roster is a single source of truth for all providers, yielding improvement in accuracy for the downstream uses of provider data across the Agency and SMMC Plans.

7. Improve recipients' experience with the SMMC Program

    i. FCC recommends that the Agency consider using member retention and self- selection rates as a metric when evaluating a respondents' approach to member management and care coordination. These measures track actions by enrollees and provide a credible proxy for member satisfaction.

    ii. FCC recommends that the Agency continue to support the LTC population during SMMC Implementation by defining goals focused on the unique needs of the LTC population. FCC's recommended goals are:

        a. As a result of the SMMC Re-procurement, LTC enrollees:

            ▪ Will not have to move from their permanent residence

            ▪ Will not have to change their Care Manager*

            ▪ Will not have their recurring HCBS services disrupted

[REDACTED]

    iii. FCC recommends that the Agency consider keeping the original Implementation Schedule for a regional rollout (October 2024- January 2025) to keep existing eligibility and Open Enrollment periods aligned with where they are today.

iv. *FCC recommends that the Agency utilize the Florida Health Care Connections (FX) modules and services currently being procured to reduce confusion and streamline processes across State Agencies for initial and ongoing Medicaid Long-term Care eligibility by implementing a single portal for all communications to and from each Applicant/ Recipient, which could allow for an improved experience across DOEA, DCF, and the Agency.*

a. Post enrollment into the LTC Program, the Agency could continue to communicate with LTC Program enrollees through the portal.

v. *FCC recommends that the Agency utilize the Florida Health Care Connections (FX) modules and services currently being procured to further promote greater data sharing across the SMMC Program by creating by a hub / integration pathway for shared statewide Population Health data through Enterprise Case Management and Integration Services. This could include social, behavioral, medical and functional needs data on enrollees collected, submitted and shared between stakeholders, including SMMC plans. Support for this population health integration approach aligns closely with the FX goals to enable high-quality and accessible data, improve healthcare outcomes, and improve integration with partners.*

vi. *FCC recommends that the Agency utilize the Florida Health Care Connections (FX) modules and services currently being procured by using the evaluation criteria similar to Unified Operations Center to assess SMMC plans' abilities to improve the recipient experience. Specifically, SMMC plans could be evaluated on their approach to:*

a. Incorporating recipient preferred method of communication

b. Providing a "no wrong door" approach to IVR and call center operations

c. Providing contact center simplified access to recipient-related pending actions to support single call resolution of multiple recipient tasks when possible

d. Support designated caregiver communications based on recipient consents

e. Support quality improvement processes that use innovative technologies to measure call quality and performance.

8. Increase timely access to providers and services.

i. *FCC recommends that the Agency utilize the Florida Health Care Connections (FX) modules and services currently being procured to evolve its measurement of timely access to care for LTC enrollees. In the LTC Program, the Agency is in the process of implementing measurement of HCBS service initiation timeliness for recipients that live in a private residence. Future automations or enhancements to this measurement could include the use of Electronic Visit Verification (EVV) data compared to LTC plan members' Care Plans.*

a. If the Agency could exchange, ingest and possibly store SMMC plans' EVV and Care Plan data, there could be a consistent methodology controlled by the Agency for measurement of timely access to HCBS services across different time intervals, such as 3 months post enrollment, 6 months post enrollment and one year post enrollment. Gaps in service provision could indicate an access issue while consistency in service provision

could indicate appropriate access. HCBS services that have not been provided in the amount or duration specified in the Care Plan could indicate an access issue.

b. If the Agency adopted and required LTC plans submit Care Plans in a standardized resource specification using FIHR standards, the Agency could send and receive the Care Plan critical data elements without having to use PDFs sent through an SFTP. FHIR has a "Resource" specification related to care plans called "Resource CarePlan – Content"[5]. The intent of the CarePlan resource is to "describe how one or more practitioners intend to deliver care for a particular patient, group or community for a period of time, possibly limited to care for a specific condition or set of conditions". While this doesn't track with LTC service delivery exactly, the content submitted in the layout could be modified to meet the needs of the Agency.

9. Achieve cost savings throughout the SMMC Program.

    i.   FCC recommends the Agency maintain an explicit goal in the SMMC Re-procurement for rebalancing long-term services and supports systems by increasing the percentage of enrollees receiving services in the community instead of an institution. A key goal for the Agency in the previous SMMC Procurement was rebalancing Medicaid long-term services and supports and spending toward home- and community-based settings and providing more options for people to live and receive services in the community.

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[5] Additional information about the CarePlan Resource specs can be located at the following link: https://www.hl7.org/fhir/careplan.html

6 These months were selected because they comprise cohorts that have received final flags and July 2021 is the most recent monthly cohort with 12 months of data.

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