

Massa, Cody

From: Borkins, Sherrill Marshall <sherrill.marshall@amerigroup.com>
Sent: Friday, June 3, 2022 1:29 PM
To: solicitation.questions
Cc: Prince, Holly; Davis, Ashley H.; Alison Cardenas; Vu, Khanh
Subject: Simply Healthcare Plans, Inc. (Simply's) Response to the State of Florida Agency for Health Care Administration Request for Information - nophi
Attachments: FL SMMC RFI_SIMPLE_FNL.docx

Dear Cody Massa,

On behalf of Simply Healthcare Plans, Inc. (Simply), I am submitting our response to the State of Florida Agency for Health Care Administration (AHCA) Request for Information released on May 6, 2022. This document is our only submission in response to the RFI; we have not included information considered exempt, confidential, or trade secret, and therefore are not submitting a redacted response. Additionally, we authorize release of our response to this RFI in the event the AHCA receives a public records request.

Should you have any questions regarding this submission, please contact Holly Prince, Simply's Plan President, by phone at (786) 676-1039 or via email at hprince@simplyhealthcareplans.com.

Best Regards,



I'm now using Teams instead of Skype for Instant Messaging. [Learn how you can too.](#)

Anthem, Inc.

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June 3, 2022

State of Florida Agency for Health Care Administration
Attention: Cody Massa, Procurement Officer

Via Electronic Mail to solicitation.questions@ahca.myflorida.com

Reference: Request for Information Process for the Florida Statewide Medicaid Managed Care Program

Respondent's Contact Information:

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Simply Healthcare Plans, Inc. (Simply) is pleased to submit our feedback and recommendations as a managed care plan (Plan) invested in the future of the Florida Statewide Medicaid Managed Care Program (SMMC). We are proud partners within the SMMC Program and appreciate the Agency for Health Care Administration's (AHCA's) approach to obtain information from stakeholders with direct experience in Medicaid managed care. Throughout our response, we have paired our local knowledge, expertise, and best Medicaid practices with those of our parent company, Anthem, Inc., and its affiliate Plans who collectively serve more than 7.5 million members. Simply welcomes the opportunity to describe our best practices and innovations in Medicaid managed care business models and service delivery, as well as our recommendations, through this dynamic and collaborative process.

Simply currently serves more than 760,000 members in Florida through the Statewide Medicaid Managed Care Program (managed medical assistance [MMA], managed long-term care [LTC], and HIV/AIDS Specialty plans) and the Florida Healthy Kids program. Simply and our affiliate health plans, Health Sun and America's First Choice, also provide health care services for more than 240,000 members in our Medicare plans. As a partner to Floridians for nearly 20 years, our employees living and working in Florida have formed deep relationships with providers and the communities we serve. We have demonstrated our commitment to providing high-value, accessible care, improving population health, reducing health disparities, and establishing sustainable programs with predictable costs. As part of our commitment, we continuously

review best practices in the field and pilot innovations to further our common goals of improving the health and well-being of Floridians.

This document is our only submission in response to the RFI; we have not included information considered exempt, confidential, or trade secret, and therefore are not submitting a redacted response. Additionally, we authorize release of our response to this RFI in the event the AHCA receives a public records request. We appreciate the opportunity to provide input on AHCA's Request for Information and we would welcome the opportunity to further discuss our program recommendations with AHCA.

Sincerely,

A handwritten signature in cursive script that reads "Holly Prince".

Holly Prince
Florida Medicaid Plan President

Florida Statewide Medicaid Managed Care Program

Simply Healthcare RFI Response

1. Leverage the managed care delivery system, either through expanded benefits or other mechanisms, to promote sustainable economic self-sufficiency among Medicaid recipients in the short and long term.

Promoting Short- and Long-Term Self-Sufficiency

Simply believes the managed care delivery system has a substantial role in promoting health and well-being and sustainable economic self-sufficiency among Medicaid recipients. Health Plan (Plan) community outreach and engagement programs are key to promoting short and long-term self-sufficiency by addressing social determinants of health (SDOH) in addition to health status and functional abilities. AHCA and Plans have worked to improve stability and self-sufficiency for Medicaid recipients through supports for transportation, housing, food security, education, and training sponsorships. While continuing these efforts, we recommend a **collaborative approach among all stakeholders, with State leadership, on workforce development**. Successful workforce development will promote and help address workforce shortages, support providers and other employers in recruiting, training, and retaining workers, and enhance financial sustainability among Medicaid recipients, potentially enabling them to transition to another form of insurance. We recommend that AHCA **ask Plans in the RFP process to define how they will expand existing workforce initiatives or offer additional workforce development opportunities to promote economic self-sufficiency among Medicaid recipients**.

Our affiliate plans have had success in other markets with employment support. For example, our Nevada affiliate has an Employment Navigator to help assess members' goals and address barriers such as lack of laptop, broadband, certification, training, career counseling, childcare, stable housing, or transportation. Often, these barriers are addressed through referrals to existing community resources. If a resource is not available in a timely way, the Employment Navigator can address the barrier using Flex Funds, so the individuals stay engaged in their path to employment and self-sufficiency. During the upcoming procurement cycle, we urge AHCA to allow Plans the ability to offer **Flex Funds** that can be used by members, not only for housing assistance, but also for supports such as vocational training programs, tutoring services, GED Prep Course fees, money management classes, application fees, and related essentials. We also recommend that Plans have **flexibility to modify and add new offerings**, as members' lives evolve, and our programs and community relationships continue to mature.

Similarly, we recommend Plans be given **flexibility to expand Member Incentives** to include incentives for achieving milestones towards self-sufficiency, such as enrolling in training or completing courses. Flexibility in provision of Member Incentives could be leveraged by Plans when implementing or supporting community employment programs and working with businesses to create a pipeline for program graduates.

Plans play a valuable role in reaching out to members and helping to remove barriers to self-sufficiency. We therefore encourage AHCA to **include Plans in ongoing collaborative discussions between AHCA and the Florida Department of Children and Families (DCF) to provide a comprehensive approach to addressing community concerns**. For example, cross-

collaboration within joint committees and forums such as the Affordable Housing Committee and Child and Family Well-being Initiatives may help to reduce fragmentation in addressing SDOH and strengthen families and youth to build a foundation for economic self-sufficiency. By embedding the Plans in these forums, a variety of solutions could be offered, including enhanced data and demographic sharing capabilities.

2. Improve birth outcomes for mothers and infants through and beyond 12-month postpartum coverage period.

Improving Birth Outcomes for Mothers and Infants

Simply continuously strives to incorporate best practices and innovations to promote positive pregnancy experiences and birth outcomes, including beyond 12 months postpartum. We know that how we interact with and assist families during these important life transitions affect a child's future. We applaud AHCA in supporting Plans' efforts to improve maternal and child outcomes by allowing flexibility to innovate. We also appreciate the State's allowing continuation of coverage to 12 months postpartum.

Simply and our affiliates have found that Doula services (provided in Florida as an expanded benefit) are essential for many mothers at high risk during both the prenatal and postpartum periods, especially when lacking familial supports. Doula services have been key to narrowing the gap in birth outcomes for minority women. We therefore ***recommend that Doula services be considered as a fully covered, core benefit*** to ensure all plans provide Doula care coverage.

Simply shares AHCA's commitment to ensuring optimal health outcomes for all pregnancies. Florida lawmakers previously approved a bill (HB 1381) that would establish pilot programs in Duval and Orange counties aimed at improving maternal health outcomes for minority women. The programs would use telehealth to coordinate with prenatal home visiting programs. Simply commends these efforts and ***recommends similar telehealth approaches in additional counties throughout the State that would address racial and ethnic health care disparities while providing much needed services and education to pregnant people.***

We also recommend ***AHCA and Plans work together to share information to help identify newly enrolled pregnant members with high-risk conditions.*** AHCA could look to Plans to develop targeted interventions for conditions such as Substance Use Disorder (SUD), prior preterm births, and prior births involving neonatal abstinence syndrome. We also support proactive approaches towards addressing the needs of people of child-bearing age prior to a potential pregnancy.

Simply and our affiliates have had successful, targeted Obstetrician Quality Improvement Programs (OBQIPs) that promote timely prenatal care and postpartum visits. We recommend that Plans have ***flexibility to customize programs based on members' needs in different parts of the State.***

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

Value-Based Payment to Increase Quality and Reduce Costs

To effectively drive quality and reduce cost across the Medicaid system, Simply knows the most effective value-based payment (VBP) models must be designed to meet providers where they are. Our VBP initiatives pay providers for improving health outcomes, creating efficient service delivery, and reducing the cost of care. We appreciate that AHCA ***continues to allow Plans the flexibility to determine requirements for their VBPs to best meet providers' situations and the needs of communities.*** For example, we know that customized VBP strategies and approaches are important to support providers and their differing needs, such as providers in rural areas versus those in urban areas.

Simply suggests that in the SMMC procurement, ***AHCA ask Plans to develop and describe their VBP programs that advance the goals of AHCA and the Florida State Health Improvement Plan (SHIP)*** such as addressing Alzheimer's disease and related dementias; chronic diseases and conditions; maternal and child health; mental well-being and substance abuse prevention; social and economic conditions impacting health; and transmissible and emerging diseases. AHCA should look to Plans to review and adjust (if needed) measures and targets to assure continual alignment with AHCA's priorities, and to obtain and be responsive to provider, member, and stakeholder feedback.

We recognize that to improve health and health equity for Floridians, ***VBP models must address members' physical and preventive health, behavioral health, and social needs*** such as housing, education, and food security. We urge AHCA to select Plans that focus on whole-person care and improved outcomes and that also understand the importance of ***aligning VBP incentive programs with population health.***

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

Maximizing Home and Community-based Services Through Aging-in-place Strategies

Simply is committed to providing person-centered care planning and we assist members who choose to age in place with home and community-based services (HCBS). We recognize that when members in a Specialty plan transition to LTC, as they age or experience increased frailty and cognitive impairment, they may lose some continuity of network providers, relationships, and other natural supports. Continuity of care would be improved if Specialty plans were allowed to function as Comprehensive plans for members — particularly those with targeted conditions who will require enhanced HCBS as they age. In this upcoming procurement cycle, ***we urge AHCA to expand the scope of services for Specialty plans so these plans can offer MMA and LTC benefits similar to a Comprehensive plan. This would enable a member in such a plan to have all their needs met by one plan including LTC services.***

For LTC members, we have found that the 701B Comprehensive Assessment that helps determine appropriate level of care overlaps with and is more comprehensive than the Health Risk Assessment (HRA). Further, members experience assessment fatigue completing both tools. We recommend

that **AHCA use the 701B to replace the HRA, thereby reducing duplicative efforts for members and Plans**. Based on assessment findings, we develop care plans that guide our care management process. While it is important for the State to require core content for care plans to assure quality and offer a sample care plan that Plans can use, we suggest allowing **flexibility for Plans to develop, use, and update their own care plan templates**.

Planning to assure HCBS service capacity meets anticipated need is a continual challenge. In the upcoming procurement, we recommend AHCA consider **modifying the LTC's network bed count requirements to include members residing in home settings only**, since LTC members in facilities already have a bed under the Assisted Living Facility, Adult Family Care Home, or Nursing Facility setting. This would allow the Plans to reduce administrative burden of contracting and credentialing solely to meet the requirement, and to achieve counts based on a better estimate of potential need. We also encourage AHCA to **partner with Plans who demonstrate commitment to addressing capacity within the HCBS networks as more individuals age in place, to preempt adequacy concerns**.

5. Improve integration of dental and primary care services for children and adolescents.

Dental and Primary Care Integration for Children and Adolescents

Simply recognizes the importance of integrating dental and primary care services for children and adolescents such as identifying and ensuring gaps in preventive dental care are met and expanding the role of primary care providers in oral health care, both of which are strengthened by data sharing.

We recommend AHCA **share with Plans the dental home assignment for every enrolled child**. The Plans can then share the assignments with medical homes so that PCPs can refer the member back to the assigned dental provider when reinforcing and following up on bi-annual preventive dental care at well visits. This is also particularly important for monitoring dental treatment for children with specialized health care needs who, as a population, have a high prevalence of untreated tooth decay as called out in the SHIP. The State's leadership is pivotal in supporting effective and efficient collaboration between Plans and Dental Plans. AHCA should **continue to facilitate this collaboration and convene a data sharing workgroup of all Plans and Dental Plans** to develop a standard approach to data sharing including priority data elements and a defined process for data sharing to support improvements in oral health of children.

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

Aligning Quality Metrics and Outcomes with the Florida State Health Improvement Plan

The Florida State Health Improvement Plan (SHIP), which sets out goals and objectives for Florida's public health system along multiple domains, was developed by a range of stakeholders such as State and local government agencies, health care providers, employers, community groups, universities and schools, non-profit organizations, and advocacy groups. We recognize AHCA will leverage Plan contracts to help achieve these goals and objectives.

Many of the Florida SHIP objectives are related to Plan operations and influence, and we recommend **AHCA evaluate Plans for alignment of quality metrics, outcomes, and innovative**

approaches to achievement of SHIP objectives. For example, the SHIP includes an objective to double the number of newly certified Community Health Workers (CHWs). Recognizing the cost barrier for CHW certification, Simply provided the FL CHW Coalition with \$30,000 to sponsor CHW certification, mitigating the financial barrier to achieving the target outcome. There are, however, SHIP objectives that are beyond the influence of the Plans. **We recommend AHCA form an ad hoc workgroup to identify objectives that are beyond the influence of Plans and set expectations consistently across Plans as they work to align quality metrics and outcomes with the SHIP.**

7. 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.

Enhance and Increase Specialty Health Plans

Simply supports Specialty plans that enable the organization to focus on best practices especially for a target population. Simply began as a minority-owned HMO and was the first to offer a Medicaid Specialty plan for people living with HIV/AIDS. Members of our Clear Health Alliance (CHA) plan can receive health care from providers specially trained in caring for individuals living with HIV/AIDS. We also emphasize services that are non-medical and address SDOH to promote good health outcomes and improved quality of life and can help avoid secondary health problems. This requires **strong collaboration and integration of care planning among the member, Plan, community-based organizations, and care providers.**

Based on our and our affiliates' experience, Simply again recommends that **AHCA expand the scope of services for Specialty plans to include both MMA and LTC benefits like Comprehensive plans.** As noted earlier, members in a Specialty plan lose continuity of network providers, relationships, and other natural supports when they must transition to LTC as they age or experience frailty and cognitive impairment. By functioning as a Comprehensive plan, continuity of care would be improved, especially for members with targeted conditions who will require enhanced HCBS as they age.

8. Increase access to community-based pharmacists within prescription benefit manager networks.

Promoting Community-based Pharmacists in PBM Networks

Simply supports community-based pharmacists within our prescription benefit manager (PBM) network as the most accessible health care providers. We recommend AHCA contract with **Plans that demonstrate supporting local network pharmacists by engaging with pharmacists and prescribers in clinical pharmacy programs such as medication therapy management, medication reconciliation, preventive care, and medication counseling services.** Our affiliates have implemented an enhanced program that leverages local, independent pharmacists for conducting additional services beyond just filling prescriptions. The Plans reimburse community pharmacists for practicing at the top of their license to conduct medication counseling and immunizations, as well as for providing hand-delivered medications and compliance packaging.

Simply also recommends that AHCA allow Plans to explore and implement value-based payments for pharmacists, which could provide additional financial support for pharmacies within the PBM network who contribute to improving clinical outcomes and lowering pharmacy costs.

9. Improve mental health outcomes for children and adolescents.

Improve Child and Adolescent Mental Health Outcomes

In December 2021, US Surgeon General Dr. Vivek Murthy issued a new Surgeon General’s Advisory to highlight the urgent need to address the nation’s youth mental health crisis, pointing out the COVID-19 “pandemic’s unprecedented impacts on the mental health of America’s youth and families, as well as the mental health challenges that existed long before the pandemic.”¹ In Florida’s 2022-2026 State Health Improvement Plan, mental well-being and substance abuse prevention is a priority area, with a key goal to reduce the impact of pediatric mental, emotional, and behavioral health disorders.

SMMC Plans can improve mental health for children and adolescents by effectively coordinating and integrating physical, mental health, substance use, and SDOH services. Simply recognizes that **screening, early intervention, continuity of care, and whole-person care management** are key components of effective mental health care management. We believe that with an even greater emphasis on **integrating physical and behavioral health services**, Plans can promote collaborative network engagement, expand network capacity for addressing mental health needs, enhance value-based programs, and improve overall mental health outcomes.

Working together, AHCA and the Plans can accomplish our common goal of much needed improvement in mental health outcomes for children and youth in the SMMC Program. We recommend that AHCA, in collaboration with the Plans, establish a **standard, evidence-based screening instrument** for children and adolescents with behavioral health concerns across all Plans. A standardized assessment tool would:

- Provide structured support to decision making and determining the appropriate level of service intensity needed by a child or adolescent and their family
- Provide fidelity of practices, ensure consistency in identification of needs, and promote continuity of care during transitions across providers, levels of care, and Plans
- Reduce member assessment fatigue and providers’ administrative burden
- Reduce duplication and both under and over-utilization of services

According to America’s Health Rankings, children and adolescents in Florida between the ages of 0-17 experience higher prevalence of Adverse Childhood Experiences (ACEs) (15.5%) compared to the United States as a whole (14.8%).² Recognizing that early intervention and ACEs screening is increasingly recommended to prevent and address physical and mental health conditions associated with ACEs, we suggest that AHCA **work with Plans to encourage and equip providers to use evidence-based tools to screen children and youth for and address adverse experiences and trauma. We recommend that AHCA allow billing for ACEs screening.** Screening tools, such as the Pediatric Symptoms Checklist, used for early detection of health

¹ U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic. HHS Press Office, December 7, 2021. <https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>

² America’s Health Rankings
https://www.americashealthrankings.org/explore/annual/measure/ACEs_8/state/Florida

care needs, are part of national quality improvement guidelines in line with American Academy of Pediatrics recommendations.

Simply recommends that AHCA ***select Plans offering a comprehensive crisis continuum*** that includes screenings and assessment, mobile crisis response, crisis stabilization services, short-term residential crisis services, psychiatric consultation, referrals and warm hand-offs to home and community-based services, and ongoing care coordination. A common barrier to leveraging the full continuum is lack of communication across providers and Plans. We recommend that AHCA ***develop a forum that brings Plans and behavioral health providers together to improve information sharing***. We and our affiliates have had success with mobile crisis units and supporting an enhanced mobile crisis system that fosters coordination between the treating providers, Plans, and community supports. Through this type of engagement, Plans can provide coordination of care support and alternatives that may reduce Emergency Department (ED) visits, acute care, or continued escalation of the crisis.

Simply recommends that ***telehealth for addressing mental health needs of children and youth be an option, especially in rural and underserved communities***. To meet or improve access to pediatric mental health services, we recommend ***flexibility to allow Plans to use telehealth providers to satisfy adequacy standards*** (detailed further in the section discussing timely access to providers and services), based on demonstrated history of service to Medicaid members who are seen by child psychiatrists.

We also recommend ***that AHCA continue to expand and innovate data sharing capabilities among Plans, AHCA, and other State agencies to facilitate access to data such as real-time mental health crisis data, SDOH indicators, and historic claims data***. This would enhance Plans' and providers' ability to proactively address and respond to mental health issues as well as other health care needs.

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

Improve Coordination for Individuals Enrolled in Medicare and Medicaid

Coordination of care is critical for individuals enrolled in both the Medicare and Medicaid programs to avoid care gaps and duplication of services, make sure Medicaid is the payor of last resort, and ensure seamless delivery of needed services and supports. Approximately 90% of Simply's LTC members are also enrolled in Medicare. We have more than 1,600 members with both our LTC and Dual Eligible Special Needs Program (DSNP) products, and many more with LTC or MMA and other Medicare coverage under the organization.

Based on experience and lessons we and our affiliates have learned about coordinating services for dually eligible members, Simply recommends that AHCA contract with Plans that ***demonstrate strong processes and protocols for coordinating systems, communication channels, and care management between Medicaid and Medicare Plans***. Specific competencies Plans should demonstrate include:

- Seamless coordination for members enrolled in an organization's Medicaid and Medicare offerings, including ability of Case Managers to confer and view all case management notes and care plans

- Effective utilization and claims management processes that minimize provider administrative burden and ensure Medicaid is the payor of last resort
- Robust training to support Case Manager understanding of both Medicare and Medicaid benefits

Because information sharing across non-affiliated Medicaid and Medicare plans can be challenging, we encourage AHCA to consider providing Medicare enrollment information on Medicaid enrollment files and ***working with Plans to develop a central health information hub*** that would allow Medicaid and Medicare Plans to better coordinate care for dually eligible members. Medicaid Plans, for example, can better coordinate and ensure seamless discharges and transitions if they know the member's Medicare benefit status — such as how many Medicare-covered bed days they have left, their last covered rehab day, or when they last received a walker or other durable medical equipment. This information exchange could be considered for a future phase of the Florida Connections.

11. Decrease mortality rates for recipients with complex chronic diseases and address payment strategies for high-cost therapies and prescription drugs in development.

Decreasing Complex Chronic Disease Mortality Rates and Addressing Payment Strategies for High-Cost Therapies and Prescription Drugs

Decreasing Complex Chronic Disease Mortality Rates

Members with Comorbidities

Plans can play a pivotal role in improving the health of members with complex chronic disease including members with physical and behavioral comorbidities who are among those at greatest risk of mortality. To address this population, ***we urge AHCA to require Plans to demonstrate their experience in care management addressing members with comorbidities (such as diabetes and chronic behavioral health conditions) using an Integrated Care Model that extends to the provider network.*** Plans should be able to describe protocols for standard risk screenings, workflows, assessments, and care plans. These should be comprehensive and include SDOH, self-management capabilities, barriers to care, and behavioral risk factors.

A key intervention for decreasing mortality among individuals with serious mental illness (SMI) is providing access to safe and stable housing for those who are homeless or at risk of homelessness. Housing costs have more than tripled in many urban areas of Florida in the last two years, and those living on disability income have little to no means of affording housing. Federal Medicaid policy prohibits the use of Medicaid dollars for rental assistance, unless approved through 1115 waivers or as part of a Value-Added Benefit (VAB). ***AHCA should consider allowing Plans to use Flex Funds to contribute to the rental assistance needed to help stabilize these members and thereby contribute to lower mortality.***

In addition, the current algorithm to validate a Medicaid member living with SMI does not include persistent and pervasive conditions, such as posttraumatic stress disorder, panic disorder, or generalized anxiety disorder. We recommend that AHCA ***review and expand inclusion criteria to include those living with these conditions for eligibility for the 1115***

waiver, as they are common diagnoses in those at risk of homelessness or experiencing homelessness.

Telehealth Support Beyond the Public Health Epidemic

The COVID-19 pandemic escalated the use of telehealth as a primary means through which patients interact with their providers. Many barriers will continue to keep patients from getting the care they need post-pandemic including transportation costs, missed time from work which can result in reduced pay, child and elder care issues, distance from a provider, wait times, and inconvenience. For members with complex, chronic conditions, particularly those who need specialty care and live in one of the 31 rural counties in Florida, telehealth can lead to improved clinical outcomes by removing these hurdles. With appropriate HIPAA safeguards in place, we highly ***recommend that AHCA continue support for telehealth beyond the Public Health Emergency as an accepted alternative to in-person health care visits and health care monitoring as appropriate.*** We support telehealth and suggest AHCA work with Plans on parameters for telehealth, such as payment, place of service, and appropriateness of providers treating members via telehealth by monitoring chronic conditions and Emergency Department utilization rates.

Outreach and Engagement of Members at High Risk of Mortality

Preventable mortality for members with complex, chronic conditions in our care management program is due, in part, to being “lost to follow-up.” For example, mortality rates are high for oncology patients, dialysis patients, and members with SMI and HIV/AIDS who become non-adherent to treatment plans and fall out of care. Outreach specialists, including Community Health Workers, are critical in bolstering Plan outreach at the earliest signs of high-risk member disengagement. ***We recommend AHCA secure Medicaid funding for Community Health Worker services and provide reimbursement codes*** as in other unlicensed provider types such as Doulas.

Members with complex, chronic conditions at risk of mortality often have unmet SDOH needs, and it is important that Plans and providers are encouraged and supported in helping to meet these needs. We urge ***AHCA to consider allowing Plans to use Flex Funds to address SDOH needs and establishing Z-Codes to compensate providers identifying and addressing SDOH needs.***

Payment Strategies for High-Cost Drugs and Prescription Therapies

There are several strategies AHCA can use to lower the overall cost of high-cost drugs and prescription therapies. ***We believe a foundational strategy is maintaining the pharmacy carve-in*** whereby Plans provide pharmacy services for their enrolled members, allowing the Plans to provide whole-person, integrated care to their members.

We also recommend AHCA ***develop a category of high-cost specialty drugs with clinical criteria, along with lower-cost, generic or bio-similar alternatives; and promote appropriate utilization management strategies for specialty drugs.*** We believe specialty disease management is also critical in improving cost-effectiveness of using high-cost drugs and prescription therapies. Examples include dedicated pharmacy representatives with condition-specific expertise; expanded integration of high touch, rare disease support for specialty

pharmacy users; and actionable alerts delivered to members with clinical or adherence gaps in care. **AHCA should contract with Plans that have this type of specialty disease management capacity to assure adherence to and cost-effective use of these therapies.**

12. Consider innovative delivery methods, including care bundling, that empower recipients in making more informed health care decisions.

Innovative Delivery Methods

Simply strongly advocates and implements innovative approaches to care delivery based on established clinical guidelines and evidence-based methods and technologies. Plans can use an array of face-to-face, telephonic, and texting outreach; incentives; technology and decision support tools; health education strategies; and innovative interventions to engage and empower members to make informed health care decisions. Simply supports **flexibility for Plans to pilot and evaluate additional innovative delivery methods** such as health homes, episodes of care, and care bundles, which provide more options for members to make informed choices to maximize their health care. We welcome the opportunity to work with AHCA to determine the best method to implement these innovations.

13. Improve providers' experience with the SMMC Program.

Improving Providers' Experience with the SMMC Program

Our Provider Pledge is to simplify health care so providers can focus on health. Our local Provider Experience team works with providers to facilitate activities such as enrollment, contracting, credentialing, sharing data and implementing innovative payment strategies, provider call center services, provider communication and education, and delivering a seamless experience.

A robust provider relations and communications strategy that results in rapid resolution of provider issues is critical to achieving a high level of provider satisfaction. **We urge AHCA to partner with Plans that can demonstrate how their strategies have resulted in rapid issue resolution for providers.**

One way we strive to improve our providers' experience is through increased focus on data, engagement, accountability, and collaboration. At its highest form, this includes value-based agreements with providers able and willing to assume financial risk, after having demonstrated exceptional clinical and operational performance as compared to their peers. **We recommend AHCA partner with Plans that engage providers in merit-based programs that incentivize excellence**, as these tend to be most well received by providers.

14. Improve recipients' experience with the SMMC Program.

Improving SMMC Recipients' Experience

Member experience is based on a wide range of factors. Based on our and our affiliates' experience, Simply believes that member experience as well as health outcomes improve when Plans take a holistic, integrated approach to person-centered care — addressing SDOH in addition to physical and behavioral health needs.

To improve member experience with the SMMC Program, we recommend that AHCA select Plans with **enhanced assessments and member feedback, performance improvement projects**

based on member feedback, and VBP/incentive programs with goals to improve member experience. Given that timely access to care is tied to member experience, Plans should demonstrate that they can reduce wait times and provide timely access to care including **providing home-based services** such as therapies, provider visits, paramedicine, and home delivery of prescriptions. This is especially important for members living in rural areas.

We applaud AHCA in facilitating collaboration between the Plans and DCF to share updated member contact information in Public Health Emergency communications. We encourage AHCA **to continue a member data sharing process between Plans and DCF** in the next contract cycle. Plans often capture the most up to date member contact information but must still rely on DCF's information of record in the enrollment files. Allowing the Plans to transmit updated contact information via an enrollment file to AHCA to pass through to DCF would remove the burden on the member to update information with DCF and would make members easier to reach. This technology solution would create a more seamless experience for members in accessing their care.

Simply recommends that AHCA partner with Plans that **demonstrate greater commitment to health equity and reducing disparities**, including strong community engagement, cross-sector partnerships, and emphasis on SDOH. Plans should assure their member engagement staff reflect the communities they serve, and network providers receive cultural sensitivity training for the population served.

15. Increase timely access to providers and services.

Increasing Timely Access to Providers and Services

Simply has refined an array of approaches to improve timely access to providers and services. For example, we use value-based approaches like provider incentive programs that prioritize access to care; innovations to reduce turnaround time on service authorization requests; and telehealth to improve access, including telehealth kits to allow for more comprehensive visits for asthma, behavioral health, blood pressure, diabetes, and preventive health.

We believe telehealth is critical to increasing timely access to providers and services. Current time and distance standards, however, do not integrate telehealth providers into the Plans' provider networks. We recommend that **AHCA modify network access requirements to allow Plans to use telehealth providers to satisfy adequacy standards for both time and distance, as well as provider-to-enrollee ratios.** Based on our experience over the past two years during the Public Health Emergency, we know that when practitioners can deliver care virtually, timely access and member experience are improved. Access to providers through telehealth has also been shown to reduce expensive and unnecessary trips to the ED.³

In addition, in the upcoming procurement, we recommend AHCA partner with Plans that **have the capacity to implement Alternative Payment Models for telehealth strategies and measure**

³ Robert Pearl and Brian Wayling. *The Telehealth Era Is Just Beginning*. Harvard Business Review, May-June 2022. https://hbr.org/2022/05/the-telehealth-era-is-just-beginning?utm_source=STAT+Newsletters&utm_campaign=00310e22aa-health_tech_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-00310e22aa-153905550

changes in provider capacity, efficiency, and administrative burden, all of which affect timely access to care.

16. Achieve cost savings throughout the SMMC Program.

Achieving Cost Savings Throughout SMMC Program

Simply implements numerous strategies to achieve cost savings including Cost-of-Care initiatives that demonstrate cost savings and improved member outcomes; entering into high quality and high performing value-based capitated arrangements to share risk and provide best possible health outcomes for members; conducting a frequent and rigorous evaluation of the unit cost position of all networks to ensure the highest quality service at the most favorable unit cost; and leveraging our parent brand and its sister companies, to negotiate the best volume at discounted prices. ***We suggest AHCA consider partnering with Plans with demonstrated ability to implement such varied and effective strategies to achieve cost savings for the State of Florida.***

Another cost savings measure for consideration is Plan coordination of benefits for veterans with the Veteran's Administration. This could improve access to care, reduce duplication of services, and yield a cost savings for the SMMC Program. To facilitate this, we recommend that ***AHCA provide veteran identifiers to the Plans to enable coordination of benefits***, as is done in the State of Washington and other states.

We recognize that LTC facility pricing and changes in pricing, especially prior to open enrollment, can affect providers' influencing members to switch Plans. ***To improve predictability of costs for Plans and to help contain costs for the State, we suggest AHCA consider capping maximum allowable reimbursement for LTC facilities.***

According to the NCQA Taskforce on Telehealth Policy, early evidence suggests expansion of telehealth during the pandemic has helped drive a reduction in the rates at which patients miss appointments (no shows), which has been demonstrated to increase care plan adherence, improve chronic disease management, and yield cost savings. Once again, ***we recommend AHCA continue support for telehealth as an important and ongoing part of the modern health care system.***

Conclusion

Simply appreciates the opportunity to share our best practices and recommendations with AHCA. We value and appreciate AHCA's support of our flexibility to innovate and customize our interventions to improve provider experiences, enhance member outcomes, and increase quality overall.

We would be happy to present our ideas in person to AHCA leadership. Simply looks forward to continuing to partner with AHCA and explore opportunities to further improve the SMMC Program.