

## Massa, Cody

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**From:** HOLLAND T PHILLIPS <HTPHILLI@sentara.com>  
**Sent:** Friday, June 3, 2022 2:03 PM  
**To:** solicitation.questions  
**Cc:** ASHLEIGH K FIERO; BRIAN D SMITH  
**Subject:** Sentara Healthcare Response to AHCA RFI 014-21/22 - Redacted  
**Attachments:** Sentara-Healthcare-AHCA-RFI-Response\_060322\_Redacted.docx

Good afternoon – I am submitting the attached response to the State of Florida Agency for Health Care Administration Request for Information, RFI 014-21/22, Re-Procurement of the Statewide Medicaid Managed Care Program on behalf of Sentara Healthcare. This is the redacted version of our response and is addressed to Cody Massa, Procurement Officer. The unredacted version of our response has been sent in a separate email.

Brian Smith, Vice President, Government Programs Market Expansion, will be your main point of contact for any questions related to our RFI response and can be reached at [bdsmith2@sentara.com](mailto:bdsmith2@sentara.com) and 757-635-2709.

We would appreciate confirmation that this response has been received and thank you for your consideration.

Thanks so much,

Holland Phillips  
Team Coordinator, Communications  
Sentara Healthcare

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# State of Florida Agency for Health Care Administration

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



## SENTARA®

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June 3, 2022

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973-454-2054

**REDACTED**

June 3, 2022

Cody Massa  
Procurement Officer  
solicitation.questions@ahca.myflorida.com

**Re: Sentara Healthcare Response to the State of Florida Agency for Health Care Administration Request for Information RFI 014-21/22 Re-Procurement of the Statewide Medicaid Managed Care Program**

Dear Cody Massa:

Sentara Healthcare (Sentara) appreciates that the State of Florida Agency for Health Care Administration (AHCA) is seeking feedback and input from stakeholders for the future design of the Statewide Medicaid Managed Care (SMMC) Program. This type of input will ensure that Florida recipients have access to a robust program that will position them for healthy and successful futures.

Sentara is a not-for-profit, provider-led, integrated healthcare system dedicated to serving our communities by providing personalized service and improving population health through enhanced care experiences. Our organization has successfully operated Medicaid health plans in Virginia since the inception of the program three decades ago as well as Medicare and commercial health plan products across all regions of Virginia. We strongly believe Provider Sponsored Networks (PSNs) are essential in delivering high-quality care to recipients.

Sentara is responding to this Request for Information (RFI) to share our successes and best practices as a PSN. We believe our experience is directly relevant as AHCA prepares for the re-procurement of the SMMC program and considers the future value and role of PSNs. We have offered recommendations and insight for topics where our expertise may prove most valuable for AHCA, especially as to the power experienced PSNs can bring to Medicaid programs.

Certain sections of our response contain trade secrets and are exempt from disclosure pursuant to Chapter 119 of the Florida Statutes and as defined in Section 821.081 of the Florida Statutes. These sections have been marked as trade secret and removed for this redacted version of our response. AHCA is authorized to release this redacted version of our response in the event it receives a public records request.

Brian Smith, Vice President, Government Programs Market Expansion, will be your main point of contact for any questions related to our RFI response and can be reached at [bdsmith2@sentara.com](mailto:bdsmith2@sentara.com) and 757-635-2709.

Thank you for your consideration.

Sincerely,

Patricia Darnley  
Senior Vice President, Government Programs  
Sentara Health Plans, Inc.  
[pjdarnle@sentara.com](mailto:pjdarnle@sentara.com)  
973-454-2054

## Executive Summary

### Introduction

Sentara Healthcare is a nonstock, not-for-profit, 501(c)(3) tax-exempt corporation headquartered in Norfolk, VA. Sentara is a provider-led, integrated healthcare delivery system that has seen significant evolution since our humble beginnings as the Norfolk Retreat for the Sick in 1888. Today, Sentara is comprised of a health plan division currently serving 947,000 recipients; 12 acute care hospitals; four medical groups with more than 1,400 providers; Nightingale Regional Air Ambulance and ground medical transport; home care and hospice; ambulatory outpatient campuses; advanced imaging and diagnostic centers; a clinically integrated network; and the Sentara College of Health Sciences.

Our health plan division includes:

- **Optima Health** – Optima Health was founded in 1984 as a partnership between Sentara Health System and Bon Secours, Inc. Optima Health is now fully owned by Sentara Healthcare. Optima Health is a full-service health plan with products for commercial group, individuals and families, Medicare, and Medicaid including Dual Special Needs (D-SNP) plans. Optima Health serves approximately 583,000 recipients in Virginia.
- **Virginia Premier** – Virginia Premier was founded in 1995 as a full partnership between PHP Healthcare Corporation and the Medical College of Virginia. Virginia Premier is jointly owned by Sentara Healthcare (80%) and Virginia Commonwealth University Health System (20%) and operates Medicaid and D-SNP plans in Virginia. Virginia Premier serves approximately 364,000 recipients in Virginia.

Through our two PSNs, Optima Health and Virginia Premier, Sentara has the largest Medicaid market share in Virginia, serving 708,000 recipients.

### Our Operating Model

Sentara is a PSN with a wealth of experience, a track record of successful partnerships, innovative solutions, and best-in-class technologies and processes through our health plan division. We offer a full suite of products including commercial, Medicaid, and Medicare plans, giving us diversified experience and allowing us to serve recipients across their lifetime.

Over our nearly 40-year health plan history, Sentara has achieved operational efficiencies and a reputation for excellence, enabling us to grow from a regional health plan to a statewide health plan—and a formidable competitor to national carriers in our market. Our organization is community driven, fundamentally based in the community, and built to stay. A high degree of provider engagement between Sentara and other community providers aligns the goals of our state Medicaid agency more effectively. In this way, we can also strategically advance health improvement through the integration of care delivery and care management and capture meaningful and actionable data.

We leverage a strong community presence to lead locally and lean, scalable operations to achieve service and financial performance results. Our proven shared services operating model relies on best-in-industry capabilities, technologies, and processes that allow us to reach scalable, stable, and industry-leading outcomes. Our leaders are all experts in their fields who are highly involved and invested in the success of the organization and the success of recipients, providers, and communities at large. Through the shared services model, we execute our model across multiple regions, while adapting to the specific market needs in each region.

## The Value of PSNs

PSNs bring immense value to the regions and stakeholders they serve. They can stabilize their regions by reinforcing the local focus, quality, reliability, accessibility, and compassion that successful population management requires.

PSNs ensure other health plans operate in a competitive manner and take into consideration the values of the local provider community. By giving providers a seat at the table, PSNs keep key decisions local, so provider reimbursement, clinical policies, pre-authorization protocols, and provider participation can be developed in a way that is meaningful to the location and population.

PSNs can offer equity participation and/or value-based agreements over a large geographic area and across multiple products. This maintains provider participation in Medicaid managed care for the foreseeable future. The alternative is a Medicaid program dominated by national for-profit, publicly traded companies, substantially eliminating provider control and engagement.

## Our Recommendations for AHCA

Based on our 30-year Medicaid health plan experience, Sentara offers AHCA the following recommendations for consideration in the development of the Invitation to Negotiate (ITN) for the SMMC program:

- Consider requiring SMMC plans to provide coordinated expanded benefits addressing specific goals such as sustainable economic self-sufficiency.
- Consider requiring SMMC plans to offer individual and family plans on the Exchange to support Medicaid recipients as they graduate off Medicaid and ensure continuity of care.
- Consider incentivizing the continuum of care for mothers and infants as a whole, rather than by individual service.
- Consider requiring SMMC plans to meet minimum levels of advanced payments models with their network contracts.
- Consider requiring SMMC plans to utilize predictive modeling to develop patient-centered, community-based, individual care plans and enable aging in place.
- Consider requiring SMMC plans to incorporate the importance of dental services into provider education for PCPs and pediatricians.
- Consider requiring SMMC plans to develop population health plans that clearly address SHIP priorities and can be individualized in a meaningful way.
- Consider creating a new specialty plan for children in foster care, including medical foster care and juvenile populations released from detention centers.
- Consider requiring SMMC plans to develop community-focused initiatives within their regions.
- Consider requiring SMMC plans to expand access points for behavioral health, to include virtual access and community clinics.
- Consider requiring SMMC plans serving dual eligible recipients to develop FIDE-SNPs that only serve this population. AHCA should also consider assigning dual eligible recipients to the aligned FIDE-SNP.
- Consider requiring SMMC plans to meet minimum levels of alternative payment methodology in provider contracts to align physical and mental healthcare with pharmaceutical therapies for complex populations.
- Consider requiring SMMC plans to implement specific programs focused on increasing provider experience and reducing abrasion beyond traditional payer functions.
- Consider defining clear and measurable goals at the population level and incentivizing SMMC plans to reach them.

- Consider requiring SMMC plans to make a minimum level of community investments per region to increase timely access to providers.
- Consider requiring SMMC plans to develop a specific cost of care reduction plan, implement it, and achieve its goals.

## Innovative Ideas and Best Practices

- *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.*

**Recommendation:** AHCA should consider requiring SMMC plans to provide coordinated expanded benefits addressing specific goals such as sustainable economic self-sufficiency.

**Trade secret as defined in Section 812.081, Florida Statutes.**

**Recommendation:** AHCA should consider requiring SMMC plans to offer individual and family plans on the Exchange to support Medicaid recipients as they graduate off Medicaid and ensure continuity of care.

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

**Recommendation:** AHCA should consider incentivizing the continuum of care for mothers and infants as a whole rather than by individual service.

**Trade secret as defined in Section 812.081, Florida Statutes.**

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

**Recommendation:** AHCA should consider requiring SMMC plans to meet minimum levels of advanced payments models with their network contracts.

**Trade secret as defined in Section 812.081, Florida Statutes.**

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

**Recommendation:** AHCA should consider requiring SMMC plans to utilize predictive modeling to develop patient-centered, community-based, individual care plans and enable aging in place.

**Trade secret as defined in Section 812.081, Florida Statutes.**

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

**Recommendation:** AHCA should consider requiring SMMC plans to incorporate the importance of dental services into provider education for PCPs and pediatricians.

**Trade secret as defined in Section 812.081, Florida Statutes.**

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

**Recommendation:** AHCA should consider requiring SMMC plans to develop population health plans that clearly address SHIP priorities and can be individualized in a meaningful way.

**Trade secret as defined in Section 812.081, Florida Statutes.**

- *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.*

**Recommendation:** AHCA should consider creating a new specialty plan for children in foster care, including medical foster care and juvenile populations released from detention centers.

**Trade secret as defined in Section 812.081, Florida Statutes.**

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

**Recommendation:** AHCA should consider requiring SMMC plans to develop community-focused initiatives within their regions.

**Trade secret as defined in Section 812.081, Florida Statutes.**

- *Improve mental health outcomes for children and adolescents.*

**Recommendation:** AHCA should consider requiring SMMC plans to expand access points for behavioral health to include virtual access and community clinics.

**Trade secret as defined in Section 812.081, Florida Statutes.**

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

**Recommendation:** AHCA should consider requiring SMMC plans serving dual eligible recipients to develop FIDE-SNPs that only serve this population. AHCA should also consider assigning dual eligible recipients to the aligned FIDE-SNP.

**Trade secret as defined in Section 812.081, Florida Statutes.**

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

**Recommendation:** AHCA should consider requiring SMMC plans to meet minimum levels of alternative payment methodology in provider contract to align physical and mental health care with pharmaceutical therapies for complex populations.

**Trade secret as defined in Section 812.081, Florida Statutes.**

- *Improve providers' experience with the SMMC Program.*

**Recommendation:** AHCA should consider requiring SMMC plans to implement specific programs focused on increasing provider experience and reducing abrasion beyond traditional payer functions.

**Trade secret as defined in Section 812.081, Florida Statutes.**

- *Improve recipients' experience with the SMMC Program.*

**Recommendation:** AHCA should consider defining clear and measurable goals at the population level and incentivizing SMMC plans to reach them.

**Trade secret as defined in Section 812.081, Florida Statutes.**

- *Increase timely access to providers and services.*

**Recommendation:** AHCA should consider requiring SMMC plans to make a minimum level of community investments per region to increase timely access to providers.

**Trade secret as defined in Section 812.081, Florida Statutes.**

- *Achieve cost savings throughout the SMMC Program.*

**Recommendation:** AHCA should consider requiring SMMC plans to develop a specific cost of care reduction plan, implement it, and achieve its goals.

**Trade secret as defined in Section 812.081, Florida Statutes.**