Florida Medicaid Update

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Presented to Medical Care Advisory Committee
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Re-Procurement and MMA 1115 Waiver Update
Re-procurement of SMMC Contracts

• SMMC contracts are for a five-year period and must be re-procured after each five-year period.
• This will be the first re-procurement since the program began in 2013.
Re-procurement of SMMC Contracts: Request for Information and Letter of Intent to Bid

- Agency issued a Request for Information (RFI) in November 2016 to inform development of the Invitation to Negotiate.
- Agency requested non-binding Letters of Intent to Bid from interested parties in February 2017.
  - Submission was completely voluntary and will assist the Agency with planning efforts related to the ITN.
# Re-procurement of SMMC Contracts:
## Letters of Intent to Bid

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Plan Type indicated</th>
<th>Population Indicated</th>
<th>Regions of interest indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>None</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Responses: 41</strong></td>
<td></td>
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</tbody>
</table>

*PSN - Provider Service Network, HMO - Health Maintenance Organization, LTC - Long-Term Care, MMA - Managed Medical Assistance, SPEC - Specialty*

*Florida MHS dba Macelplan reviewing the opportunity and benefit to members of managing LTC services for persons in the Specialty plan with SMI

**PremierMD - Populations and Regions not specified**
Re-procurement of SMMC Contracts: Data Book


• The data book provides background information prospective plans can use to develop their response to the SMMC Invitation to Negotiate.

• The Agency held a public meeting on April 12, 2017, to present the data book.

• Responses to questions received related to the data book will be posted to the SMMC data book website.
Re-procurement of SMMC Contracts: Resources

- The Agency’s goal is to be as transparent as possible by making information publicly available and engaging with stakeholders.
- Information about the re-procurement will be distributed through multiple platforms
  - SMMC Re-Procurement Website: [http://ahca.myflorida.com/medicaid/statewide_mc/SMMC_Re-Procure.shtml](http://ahca.myflorida.com/medicaid/statewide_mc/SMMC_Re-Procure.shtml)
  - Receive SMMC Re-Procurement Updates: [http://ahca.myflorida.com/medicaid/statewide_mc/signupform.html](http://ahca.myflorida.com/medicaid/statewide_mc/signupform.html)
Re-procurement of SMMC Contracts: “Black Out” Period

- When the ITN is released, it will be subject to the “black out” provisions in section 287.057(23), F.S.:

“Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.”
## Status of Managed Medical Assistance Waiver Changes

<table>
<thead>
<tr>
<th>MMA Waiver Amendment: Supportive Housing Pilot Program</th>
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<tbody>
<tr>
<td>Amendment Submitted to Federal CMS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MMA Waiver Extension Request: Five Year Extension (July 1, 2017 – June 30, 2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension Request Submitted to Federal CMS</td>
</tr>
<tr>
<td>Federal Public Notice Period</td>
</tr>
</tbody>
</table>
Managed Medical Assistance Waiver Update

- Currently negotiating special terms and conditions for the housing amendment and the extension request.
- Federal CMS has indicated the housing amendment will be approved with the extension request.
Complaints, Complaint Dispute Resolution Program, and Enforcing Compliance
Medicaid Complaint Operations Center

- Streamline and better track and respond to all complaints and issues received.
- Identify trends related to specific issues or specific plans.
- Report issues online or by toll-free phone.
- Monthly reports online at: [http://ahca.myflorida.com/medicaid/statewide_mc/program_issues.shtml](http://ahca.myflorida.com/medicaid/statewide_mc/program_issues.shtml)

- The following numbers represent ALL issues reported, regardless of whether they were substantiated.
Statewide Medicaid Managed Care Recipient Complaints, Since April 1, 2016 (Includes both MMA and LTC Programs)

### # of SMMC Complaints reported by Recipients to the Florida AHCA Medicaid Complaint Center - April 2016 through March 2017

<table>
<thead>
<tr>
<th>Month</th>
<th># of Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-16</td>
<td>523</td>
</tr>
<tr>
<td>May-16</td>
<td>506</td>
</tr>
<tr>
<td>Jun-16</td>
<td>561</td>
</tr>
<tr>
<td>Jul-16</td>
<td>516</td>
</tr>
<tr>
<td>Aug-16</td>
<td>787</td>
</tr>
<tr>
<td>Sep-16</td>
<td>651</td>
</tr>
<tr>
<td>Oct-16</td>
<td>580</td>
</tr>
<tr>
<td>Nov-16</td>
<td>582</td>
</tr>
<tr>
<td>Dec-16</td>
<td>598</td>
</tr>
<tr>
<td>Jan-17</td>
<td>655</td>
</tr>
<tr>
<td>Feb-17</td>
<td>691</td>
</tr>
<tr>
<td>Mar-17</td>
<td>1019</td>
</tr>
</tbody>
</table>

### SMMC Enrollment:
<table>
<thead>
<tr>
<th>Month</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-16</td>
<td>3,267,611</td>
</tr>
<tr>
<td>May-16</td>
<td>3,281,932</td>
</tr>
<tr>
<td>Jun-16</td>
<td>3,286,307</td>
</tr>
<tr>
<td>Jul-16</td>
<td>3,370,195</td>
</tr>
<tr>
<td>Aug-16</td>
<td>3,324,051</td>
</tr>
<tr>
<td>Sep-16</td>
<td>3,312,464</td>
</tr>
<tr>
<td>Oct-16</td>
<td>3,308,176</td>
</tr>
<tr>
<td>Nov-16</td>
<td>3,328,931</td>
</tr>
<tr>
<td>Dec-16</td>
<td>3,384,390</td>
</tr>
<tr>
<td>Jan-17</td>
<td>3,329,457</td>
</tr>
<tr>
<td>Feb-17</td>
<td>3,325,787</td>
</tr>
<tr>
<td>Mar-17</td>
<td>3,340,443</td>
</tr>
</tbody>
</table>

### # Issues per 1,000 Enrollees:
<table>
<thead>
<tr>
<th>Month</th>
<th>Issues per 1,000 Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-16</td>
<td>0.16</td>
</tr>
<tr>
<td>May-16</td>
<td>0.15</td>
</tr>
<tr>
<td>Jun-16</td>
<td>0.17</td>
</tr>
<tr>
<td>Jul-16</td>
<td>0.15</td>
</tr>
<tr>
<td>Aug-16</td>
<td>0.24</td>
</tr>
<tr>
<td>Sep-16</td>
<td>0.20</td>
</tr>
<tr>
<td>Oct-16</td>
<td>0.18</td>
</tr>
<tr>
<td>Nov-16</td>
<td>0.17</td>
</tr>
<tr>
<td>Dec-16</td>
<td>0.18</td>
</tr>
<tr>
<td>Jan-17</td>
<td>0.20</td>
</tr>
<tr>
<td>Feb-17</td>
<td>0.21</td>
</tr>
<tr>
<td>Mar-17</td>
<td>0.31</td>
</tr>
</tbody>
</table>

**Note** - The Agency has actively encouraged all stakeholders to surface any potential issue, concern, or complaint regarding the SMMC Program to the SMMC Complaint Operations Center. All allegations and issues have been recorded, regardless of whether they were found to be accurate or substantiated.

Complaints can be reported by phone at 1-877-254-1055, or online at [https://apps.ahca.myflorida.com/smmc_cirts/](https://apps.ahca.myflorida.com/smmc_cirts/)
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Claim Dispute Resolution Program

• Assists health care providers and health insurance plans resolve health care claims disputes.
• MAXIMUS is the Agency’s contracted independent dispute resolution organization.
  – Provides a lower cost dispute resolution option to formal litigation.
• Available to Medicaid managed care providers and health plans.
Claim Dispute Resolution Program

• The Agency is launching an outreach campaign to raise awareness about the program.
• Information about the program is currently available via:
  – Florida Medicaid Complaint Helpline - (877) 254-1055
  – Application forms and instructions on how to file claims can be obtained directly from MAXIMUS by calling 1-866-763-6395 (select 1 for English or 2 for Spanish), and then select Option 2 - Ask for Florida Provider Appeals Process.
Enforcing Compliance

• The Agency monitors health plans to ensure they comply with their contract, e.g.:
  – Weekly reviews of recipient and provider complaints
  – Analysis of dozens of regular reports from plans
  – “Secret Shopper” calls and visits related to marketing and verifying the plans’ provider networks

• If plans are out of compliance with their contract the Agency can impose:
  – Corrective action plans
  – Monetary liquidated damages, and/or
  – Sanctions (monetary or non-monetary)
Enforcing Compliance

SMMC FINAL ACTIONS BY CATEGORY
Q1-Q3 FY 16/17

- Covered Services, 29
- Enrollee Services and Grievances, 24
- Medicaid Fair Hearing, 10
- Quality and Utilization Management, 18
- Provider Network, 7
- Finance, 6
- Reporting, 3
- Marketing, 5
- Administration and Management, 25
Enforcing Compliance

SMMC FINAL ACTIONS BY SUB-CATEGORY
Q1-Q3 FY 16/17

- REPORTING
- FINANCE
- ADMINISTRATION AND MANAGEMENT
- QUALITY AND UTILIZATION MANAGEMENT
- PROVIDER NETWORK
- COVERED SERVICES
- MEDICAID FAIR HEARING
- ENROLLEE SERVICES AND GRIEVANCES
- MARKETING

1. INACCURATE REPORTING
   - 1
2. HIPPA
   - 2
3. FAILURE TO TIMELY SUBMIT REQUIRED REPORTS
   - 2
4. FAILURE TO FILE ACCURATE REPORT
   - 1
5. FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS
   - 3
6. FAILURE TO COMPLY WITH ENCOUNTER REQUIREMENTS
   - 20
7. FAILURE TO OBTAIN APPROVAL
   - 1
8. CLAIMS PROCESSING
   - 4
9. PERFORMANCE MEASURES
   - 18
10. FAILURE TO UPDATE ONLINE DIRECTORIES
    - 4
11. FAILURE TO MEET PROVIDER NETWORK STANDARDS
    - 3
12. FAILURE TO PROVIDE COVERED SERVICES
    - 9
13. FAILURE TO TIMELY SUBMIT REQUIRED REPORTS
    - 8
14. TRANSPORTATION
    - 5
15. FAILURE TO COMPLY WITH CARE COORDINATION REQ.
    - 6
16. FAILURE TO PROVIDE COC
    - 1
17. FAILURE TO ATTEND MFH
    - 3
18. FAILURE TO SUBMIT EVIDENCE PACKET
    - 5
19. FAILURE TO PROVIDE WITNESS
    - 2
20. FAILURE TO FILE ACCURATE REPORT
    - 1
21. FAILURE TO COMPLY WITH ENROLLEE NOTICE...
    - 23
22. FAILURE TO COMPLY WITH MARKETING REQUIREMENTS
    - 1
23. FAILURE TO OBTAIN APPROVAL
    - 1
24. FAILURE TO TIMELY SUBMIT REQUIRED REPORTS
    - 1
25. UNAPPROVED MATERIALS
    - 2

Better Health Care for All Floridians
AHCA.MyFlorida.com
Enforcing Compliance

**SMMC FINAL ACTIONS BY DATA SOURCE**

- Report Guide, 31, 24%
- Ad Hoc, 7, 6%
- Secret Shopper, 9, 7%
- Encounter Submission Report, 20, 16%
- MFH, 10, 8%
- Complaints, 22, 17%
- Desk Review, 4, 3%
- Disclosure Form, 2, 2%
- Health Plan, 1, 1%
- Performance Measures, 18, 14%
- PNV, 3, 2%

Q1-Q3 FY 16/17
Questions?