Florida Medicaid Update

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Deputy Secretary for Medicaid

Presented to
Medical Care Advisory Committee
August 2017
Statewide Medicaid Managed Care: 1115 Waiver
1115 MMA Waiver Extension Approved

• MMA program operates under the authority of an 1115 Research and Demonstration waiver.
• December 30, 2016: The Agency submitted a 5-year extension request to federal CMS.
• August 3, 2017: Federal CMS approved the extension.
• Includes parameters for the Low Income Pool program

- LIP is approximately $1.5 billion.
- It will not include uncompensated care for insured individuals, bad debt, or Medicaid or CHIP “shortfall.”
  - This is the same as the terms for 2016-17
- Allows expenditure of LIP funds for hospitals, FQHCs/RHCs, and Medical School Physician practices.
- Allows additional categorization into up to four tiers
- Agency will submit a budget amendment to implement the LIP in October 2017
Statewide Medicaid Managed Care: Procurement for SMMC and Dental Services
Re-procurement of SMMC Contracts

• The ITN to re-procure SMMC health plan contracts was released on July 14, 2017.

• We are in the statutory blackout period:

  “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.” (s.287.057(23), F.S.)

• Anticipated ITN dates:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Responses Due</td>
<td>11/1/2017</td>
</tr>
<tr>
<td>Provider Comments Due</td>
<td>11/20/2017</td>
</tr>
<tr>
<td>Posting of Notice of Intent to Award</td>
<td>4/16/2018</td>
</tr>
</tbody>
</table>
Re-procurement of SMMC Contracts: Overall ITN Structure

• 11 separate regional procurements
• One ITN per region for both Long-term Care (LTC) and Managed Medical Assistance (MMA) services.
• There are four plan types:

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive</td>
<td>MMA to all members, plus LTC to anyone who qualifies</td>
</tr>
<tr>
<td>LTC Plus</td>
<td>Serves only LTC members, but provides all MMA services to them</td>
</tr>
<tr>
<td>MMA</td>
<td>MMA only</td>
</tr>
<tr>
<td>Specialty</td>
<td>MMA only; targeted populations</td>
</tr>
</tbody>
</table>
Re-procurement of SMMC Contracts: Reaching Medicaid Goals

- The ITN was structured to require plans to demonstrate how they can help reach the Agency reach these Medicaid goals:
  - Reduce potentially preventable hospital admissions, readmissions, and emergency department use and use of unnecessary ancillary services
  - Improve birth outcomes
  - Rebalance long-term services and supports systems by increasing the percentage of enrollees receiving services in the community instead of an institution
Re-procurement of SMMC Contracts: Additional Enhancements

- Provider Network Enhancements
- Subcontractor Oversight
- Claims Payment Provisions
Procurement of the Statewide Medicaid Prepaid Dental Program

- Currently preparing the procurement for release in the fall of 2017.
- Program is anticipated to include:
  - all state plan covered dental services.
  - all eligible adults and children enrolled in Medicaid.
- Request for Information released on July 26, 2017.
  - 15 responses received.
- Recipient transition to the prepaid dental program will occur at the same time as recipient transition to the SMMC plans awarded contracts through the SMMC re-procurement.
Additional Program Updates
### Medicaid Managed Care (SMMC): Managed Medical Assistance (MMA): Examples of Improved Florida Medicaid Quality Scores with the Implementation of SMMC

<table>
<thead>
<tr>
<th>Scores Better Than the National Average</th>
<th>Managed Care Prior to SMMC (Calendar Year 2012)</th>
<th>SMMC Scores (Calendar Year 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up After Hospitalization for Mental Illness 7-Day</td>
<td>24%</td>
<td>53%</td>
</tr>
<tr>
<td>Annual Dental Visit</td>
<td>34%</td>
<td>43%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months - 6+ Visits</td>
<td>39%</td>
<td>49%</td>
</tr>
<tr>
<td>Lead Screening in Children</td>
<td>56%</td>
<td>64%</td>
</tr>
<tr>
<td>Immunizations for Adolescents</td>
<td>58%</td>
<td>66%</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>57%</td>
<td>71%</td>
</tr>
<tr>
<td></td>
<td>72%</td>
<td>72%</td>
</tr>
</tbody>
</table>

*Represents all scores better than the national average in 2012 compared to 2016.*
Waiver Consolidation Update

• 2017 Legislature directed the Agency to consolidate certain waivers into the SMMC program effective January 1, 2018:
  – Project AIDS Care Waiver
  – Traumatic Brain Injury and Spinal Cord Injury
  – Adult Cystic Fibrosis

• No adverse impact to recipients:
  – No changes in eligibility
  – No changes to services
  – No one will be forced into a nursing facility
Waiver Consolidation Update

• The Agency has conducted extensive and aggressive outreach to stakeholders and recipients.
• Monthly webinars will continue to be held until December:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Waiver(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 15, 2017</td>
<td>2:00 – 3:00 pm</td>
<td>PAC</td>
</tr>
<tr>
<td>August 15, 2017</td>
<td>3:30 - 4:30 pm</td>
<td>TBI/SCI, ACF</td>
</tr>
<tr>
<td>September 19, 2017</td>
<td>2:00 – 3:00 pm</td>
<td>PAC</td>
</tr>
<tr>
<td>September 19, 2017</td>
<td>3:30 - 4:30 pm</td>
<td>TBI/SCI, ACF</td>
</tr>
<tr>
<td>October 17, 2017</td>
<td>2:00 – 3:00 pm</td>
<td>PAC</td>
</tr>
<tr>
<td>October 17, 2017</td>
<td>3:30 - 4:30 pm</td>
<td>TBI/SCI, ACF</td>
</tr>
<tr>
<td>November 14, 2017</td>
<td>2:00 – 3:00 pm</td>
<td>PAC</td>
</tr>
<tr>
<td>November 14, 2017</td>
<td>3:30 - 4:30 pm</td>
<td>TBI/SCI, ACF</td>
</tr>
<tr>
<td>December 12, 2017</td>
<td>2:00 – 3:00 pm</td>
<td>PAC</td>
</tr>
<tr>
<td>December 12, 2017</td>
<td>3:30 - 4:30 pm</td>
<td>TBI/SCI, ACF</td>
</tr>
</tbody>
</table>

PAC Webinar Series Link: [https://register.gotowebinar.com/register/5247044693779038210](https://register.gotowebinar.com/register/5247044693779038210)
TBI/SCI ACF Webinar Series Link: [https://register.gotowebinar.com/register/1419777758398125057](https://register.gotowebinar.com/register/1419777758398125057)
MMA Physician Incentive Program

- Florida Statute requires Medicaid health plans to increase compensation for physicians, using funds achieved through savings from effective care management.
  - Qualified physicians earn the Medicare rate for providing Medicaid services.
- The Agency implemented this provision through the MMA Physician Incentive Program.
- Year 1 of the program began October 1, 2016.
  - Board Certified Pediatricians and Board Certified OB/GYNs that met specified criteria and/or access and quality measures were eligible for enhanced payments.
MMA Physician Incentive Program

- Year 2 (which begins October 1, 2017) is expanded to also include the following, regardless of board certification:
  - pediatricians
  - family practitioners who serve children (under age 21)
  - general practice physicians who serve children (under age 21)
- Year two is also being expanded to include board certified:
  - pediatric cardiologists
  - pediatric endocrinologists
  - pediatric nephrologists
  - pediatric neurologists
  - pediatric psychiatrists
Statewide Medicaid Managed Care (SMMC) **Recipient** Complaints, since June 1, 2016 (Includes both MMA and LTC Programs)

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/)

**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 reported by Recipients to the Florida AHCA Medicaid Complaint Center - June 2016 through June 2017

<table>
<thead>
<tr>
<th>Month</th>
<th># of SMMC Complaints</th>
</tr>
</thead>
<tbody>
<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>
<tr>
<td>Apr-17</td>
<td>1030</td>
</tr>
<tr>
<td>May-17</td>
<td>800</td>
</tr>
<tr>
<td>Jun-17</td>
<td>629</td>
</tr>
</tbody>
</table>

**SMMC Enrollment:**

<table>
<thead>
<tr>
<th>Month</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<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>
<tr>
<td>Apr-17</td>
<td>3,298,979</td>
</tr>
<tr>
<td>May-17</td>
<td>3,296,942</td>
</tr>
<tr>
<td>Jun-17</td>
<td>3,294,573</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>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>
<tr>
<td>Apr-17</td>
<td>0.31</td>
</tr>
<tr>
<td>May-17</td>
<td>0.24</td>
</tr>
<tr>
<td>Jun-17</td>
<td>0.19</td>
</tr>
</tbody>
</table>
Statewide Medicaid Managed Care (SMMC) Provider Complaints, since June 1, 2016 (Includes both MMA and LTC Programs)

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.

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## Prospective Payment Systems Update

<table>
<thead>
<tr>
<th>Service</th>
<th>Prospective Payment System Name</th>
<th>Legislative Due Dates</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Outpatient</td>
<td>Enhanced Ambulatory Patient Grouping (EAPG)</td>
<td>July 1, 2017</td>
<td>Implemented July 1, 2017</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>Nursing Home Prospective Payment System (NPPS)</td>
<td>Summer 2017: Convene workgroup</td>
<td>Applications for workgroup membership are under review.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>December 1, 2017: Submit workgroup report</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>October 1, 2018: Implementation Date</td>
<td></td>
</tr>
</tbody>
</table>
Report on Potentially Preventable Healthcare Events

Potentially Preventable Emergency Department Visits (PPV)

Reasons PPVs were Considered Potentially Preventable, August 2014 to July 2015

- Manageable With Outpatient Care: 34.3%
- Treatable in Primary Care Setting: 57.7%
- Trauma in Facility Setting: 8.0%

More considered they were E than Anoth

Figure 5: Top 10 Conditions Leading to PPAs Statewide, August 2014 to July 2015

- COPD (1): 16.2%
- Other Pneumonia (2): 13.9%
- Congest. Heart Failure (3): 12.7%
- Septicemia (4): 10.0%
- Cellulitis (5)
- Seizure (6)
- Sickle Cell Anemia (7)
- Kidney & UTI (8)
- Diabetes (9)
- Dorsal/Lumbar Fusion (10)

Potentially Preventable Hospital Admissions (PPAs)

Reasons PPAs were Considered Potentially Preventable, August 2014 to July 2015

- Treatable in Primary Care Setting: 39.4%
- Manageable Via Outpatient Care: 42.0%

Questions?