

Statewide Medicaid Managed Care Program

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January 10, 2017



Statewide Medicaid Managed Care Program (SMMC)

- The SMMC program has two components: Long-Term Care (LTC) and Managed Medical Assistance (MMA).
- Most Medicaid recipients are in one or both components.

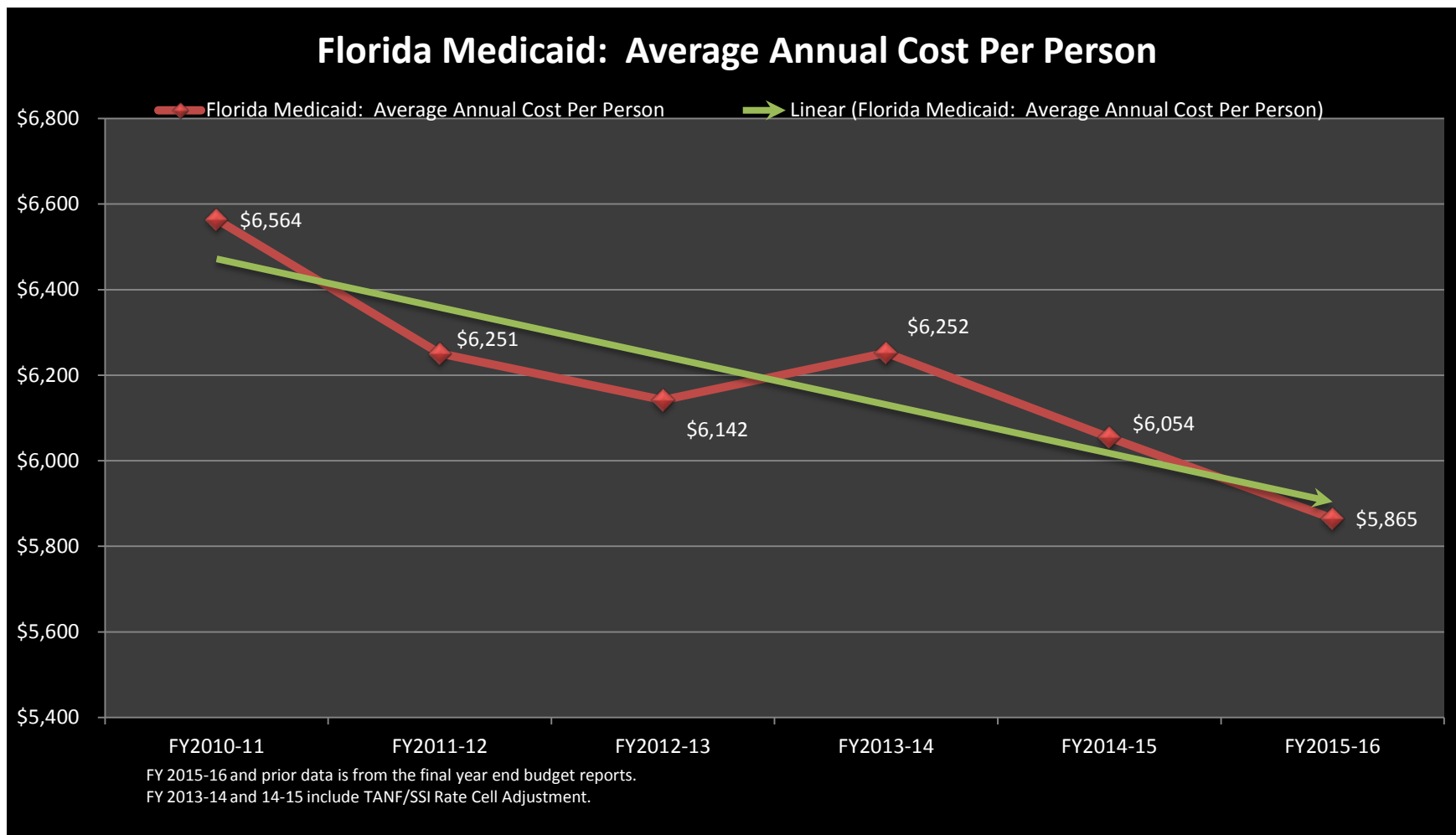
	LTC	MMA
Who is eligible	Medicaid recipients age 18 or older in need of nursing facility level of care	Most full benefit Medicaid recipients.
Enrollment as of 12/2016	94,320	3,225,189
Participating Plans	6 LTC Plans	11 MMA standard plans 6 MMA specialty plans
SFY 2016-2017 Budget	\$3.97 billion	\$14.4 billion
Benefits	Includes nursing facility and home and community-based services	Includes all acute, medical, dental, behavioral, and therapeutic Medicaid state plan services.

SMMC Program Goals

- Enhance fiscal predictability and financial management by converting the purchase of Florida Medicaid services to capitated, risk-adjusted, payment systems.
- Transition LTC individuals who wish to go home from nursing facility care to assisted living or their own homes.
- Improve patient centered care, personal responsibility, and active patient participation.
- Provide recipients with a choice of plans and benefit packages.
- Improve the health of recipients, not just pay claims when people are sick.
- Promote an integrated health care delivery model that incentivizes quality and efficiency.
- Increase accountability and transparency.



Enhance Fiscal Predictability and Financial Management: Per Member Per Year Cost Declines with SMMC Implementation

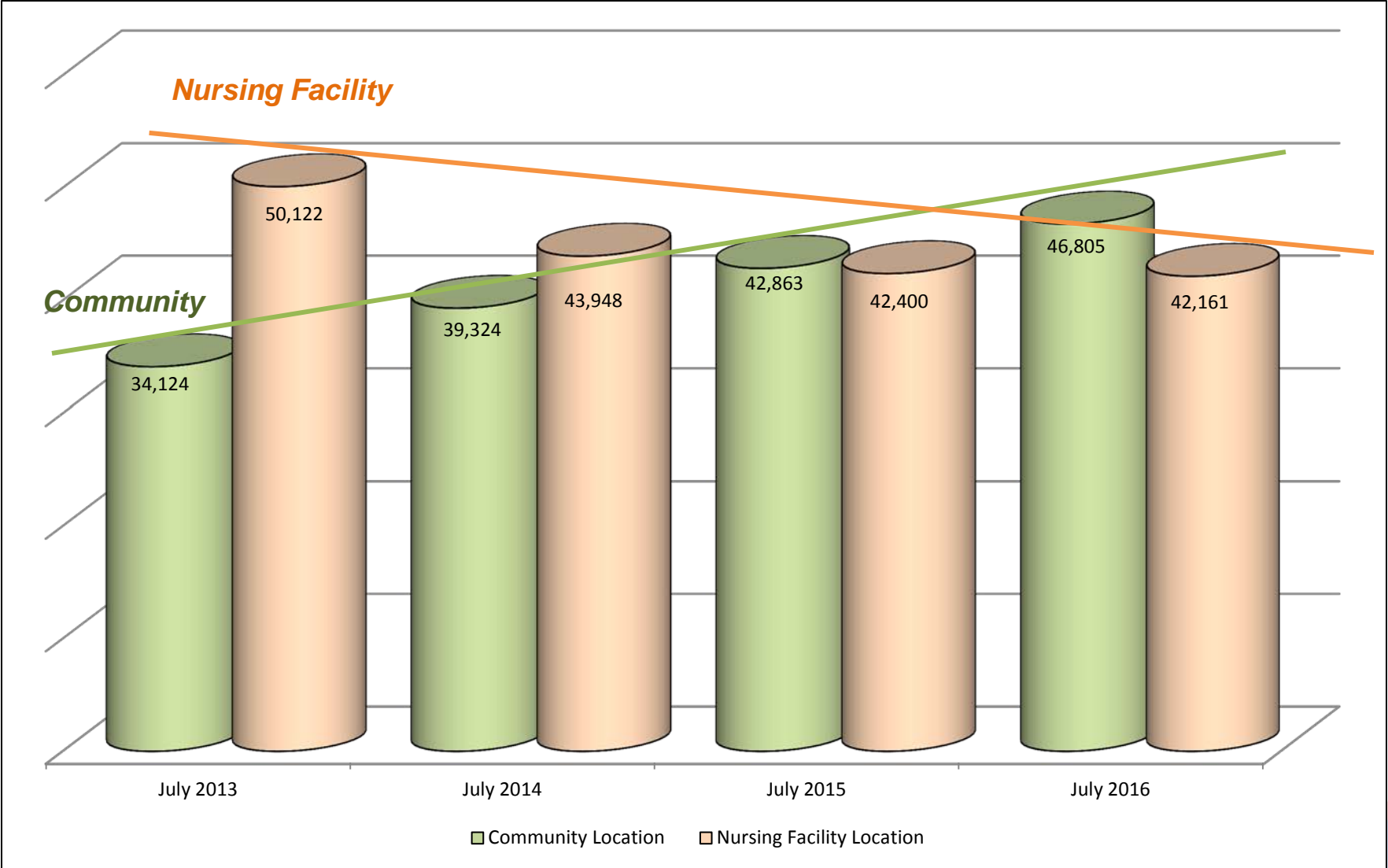


SMMC LTC HCBS Transition Incentive is a Success

- Goal Set in Statute: No more than 35% of the state's Medicaid long-term care recipients are in nursing facilities.
- This is in line with the federal mandate to provide services in the least restrictive service setting.
- Rates are adjusted to provide an incentive to shift services from nursing facilities to community-based care.
 - Currently a three percentage point shift in each rate-setting period.
- Plans “win” financially if they beat the transition target, “lose” if they do not meet the target.



SMMC LTC HCBS Transition Incentive is a Success

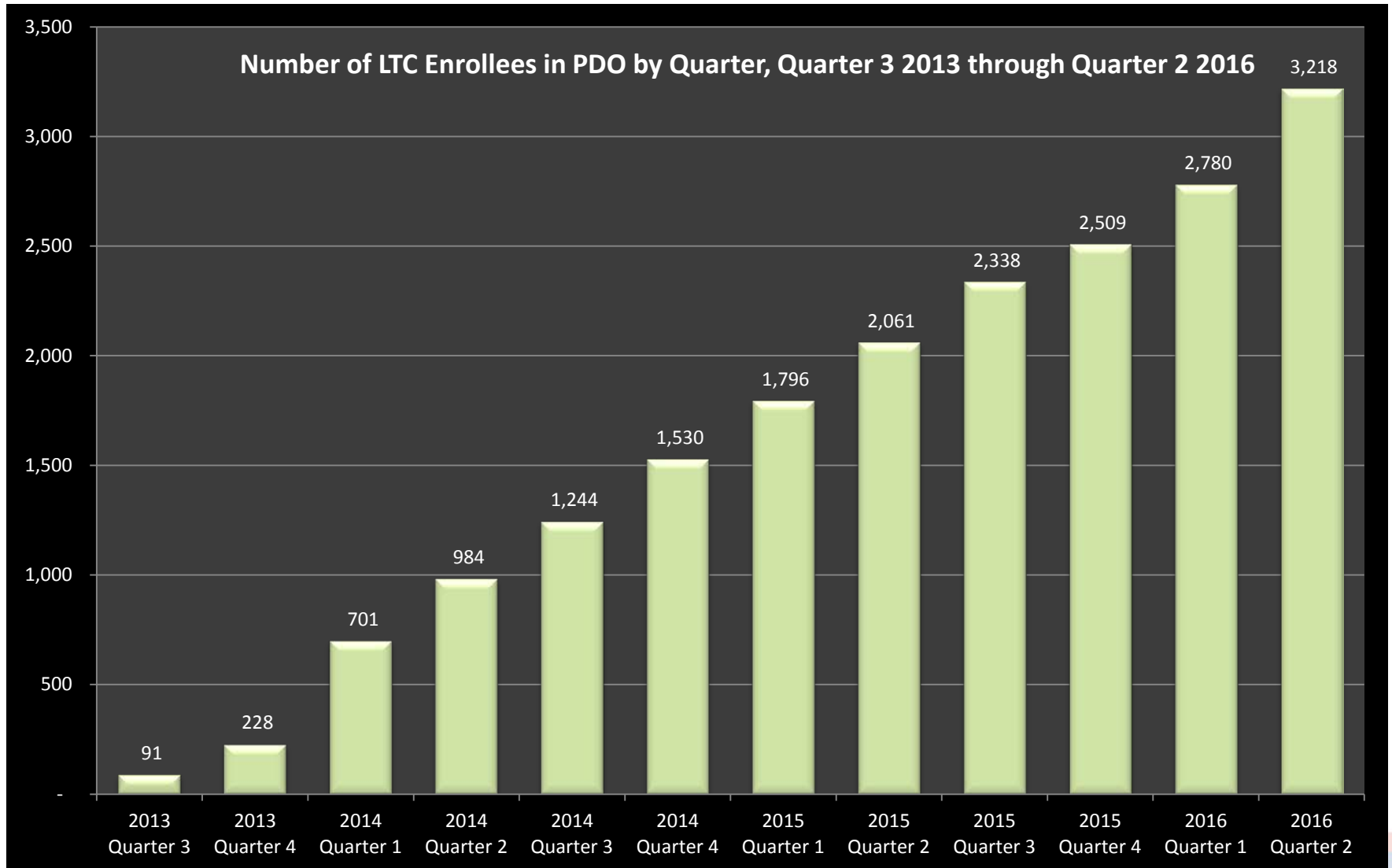


Improve Patient Centered Care, Personal Responsibility, and Active Patient Participation -- Number of LTC Enrollees Using the Participant Directed Option Continues to Grow

- A program that allows enrollees to hire, train, supervise, and dismiss their direct service workers, including family members, friends, neighbors.
- Available to enrollees who live at home or in a family home and receive certain home-based services.



Number of Enrollees Using the Participant Directed Option Continues to Grow



Note: LTC program was not fully implemented statewide until March 1, 2014.

Source: Numbers include enrollees reported in the PDO Report submitted by plans.

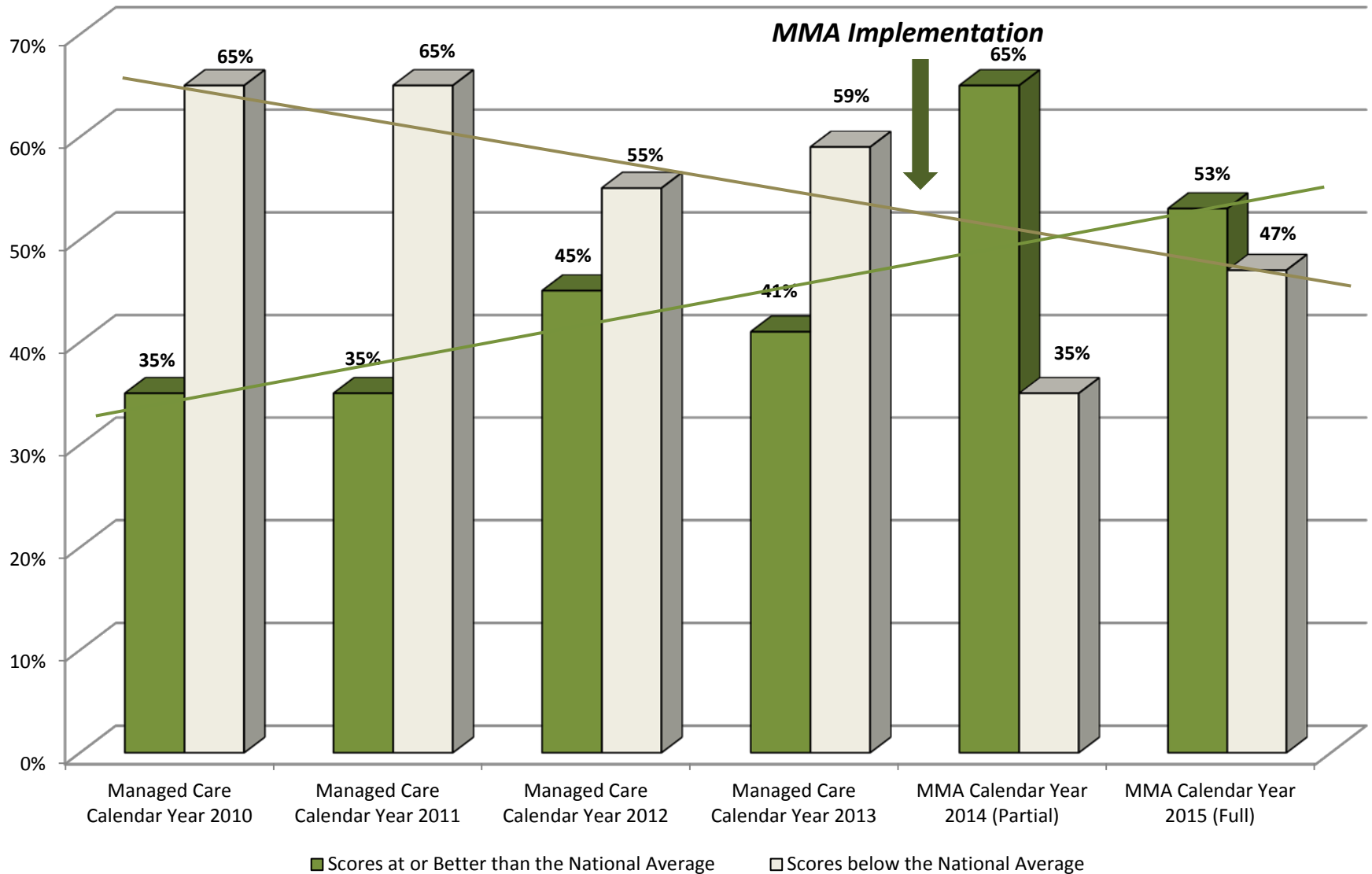
Based on calendar year quarters.

Choice of Plans and Benefit Packages -- LTC & MMA Plans Provide Expanded Benefits At No Cost to the State

- LTC and MMA plans offer unique expanded benefits, above the Medicaid state plan benefit level.
- MMA Examples:
 - Preventive adult dental services
 - Over-the-counter medication and supplies
 - Flu vaccines for adults
 - Lodging and food when traveling to receive medical services
- LTC Examples:
 - Support for transition out of a nursing facility (e.g., rent deposit)
 - Preventive adult dental
 - Over-the-counter medications and supplies
 - Non-medical transportation

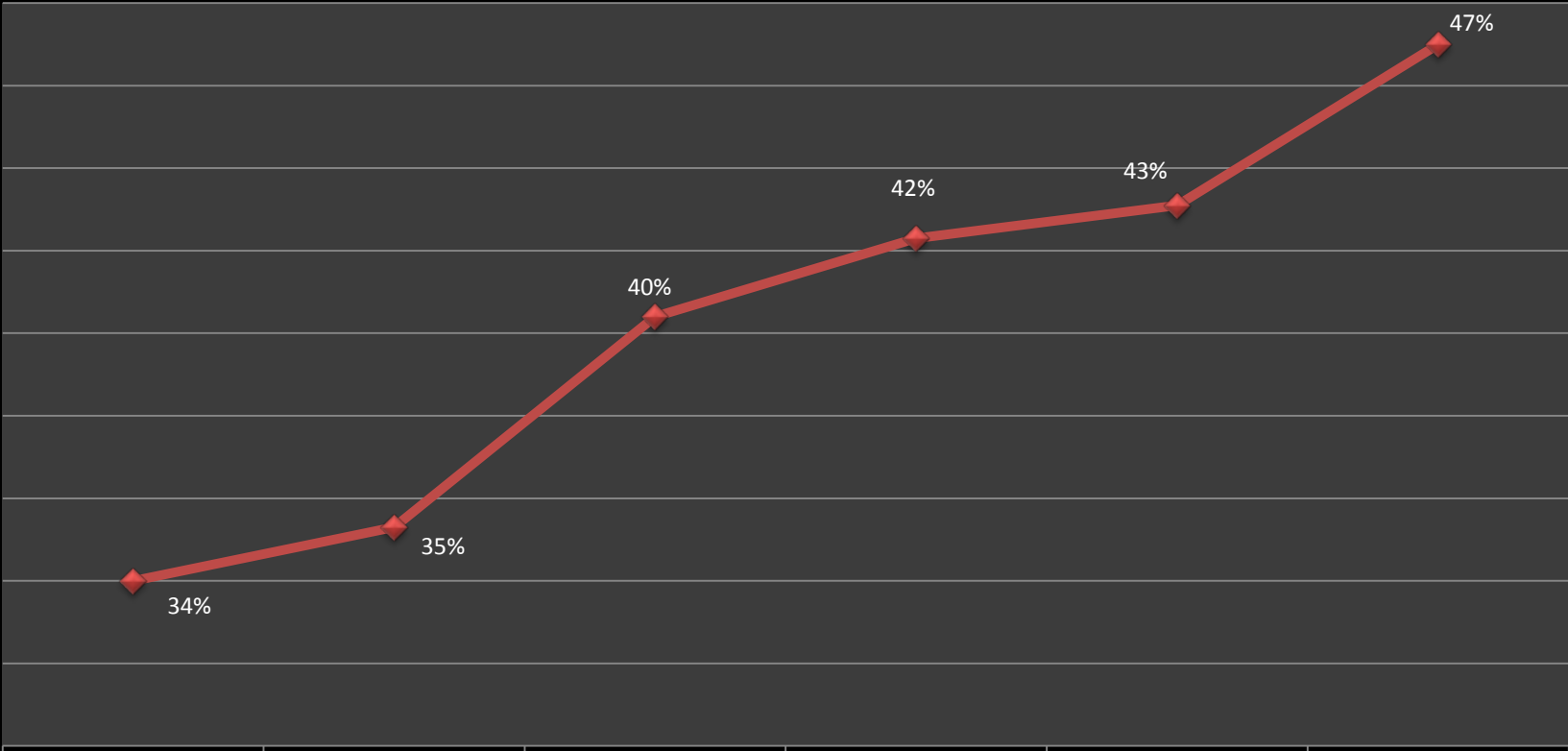


MMA HEDIS Scores Show that Quality of Care is Better than Pre-SMMC



MMA HEDIS Dental Score Better than Pre-SMMC

HEDIS Dental Visit Score Calendar Year 2010 - Calendar Year 2015

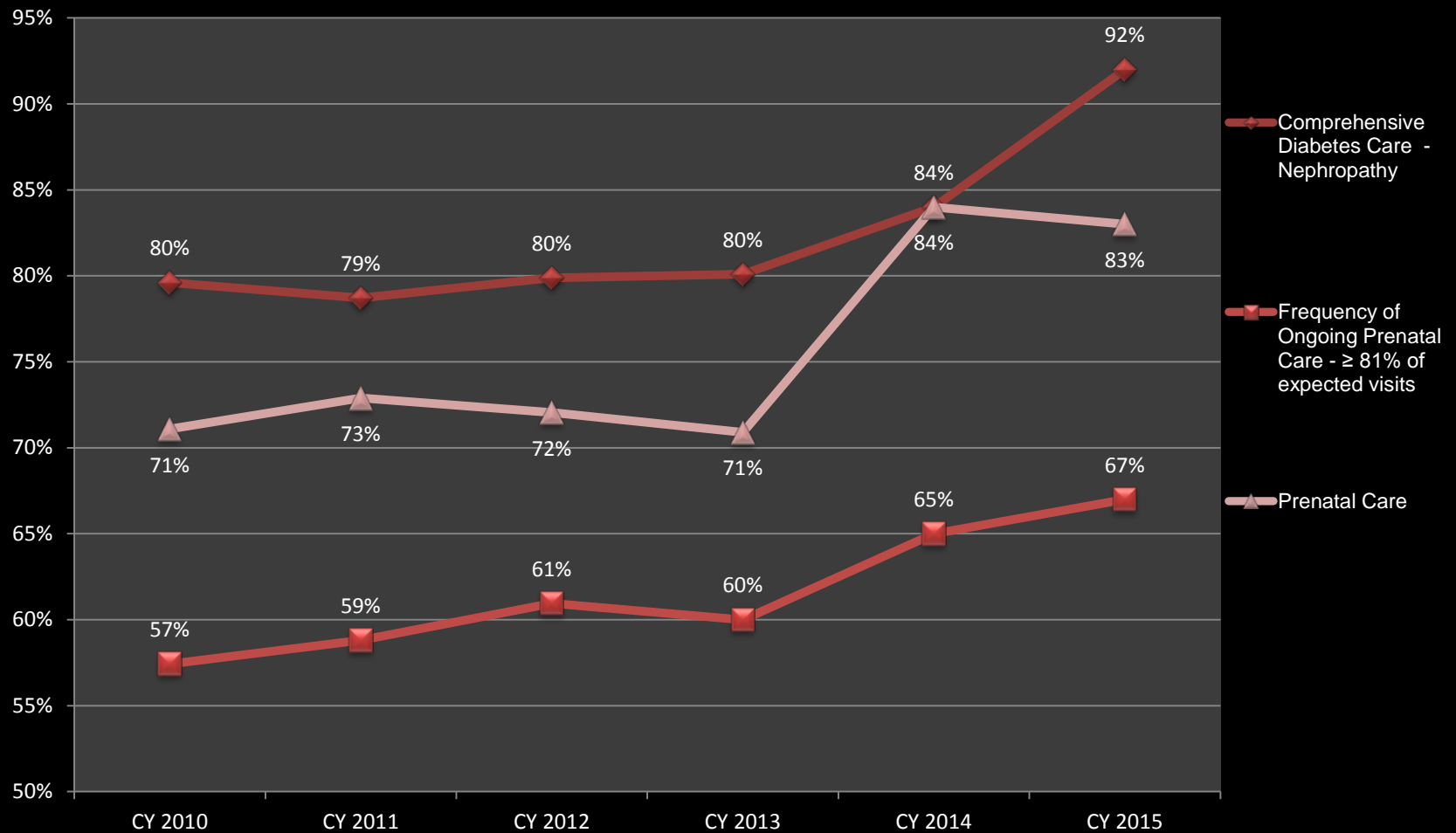


CY 2010 (reported in 2011) CY 2011 (reported in 2012) CY 2012 (reported in 2013) CY 2013 (reported in 2014) MMA Year 1 (08/01/2014 through 07/31/2015) CY 2015 (reported in 2016)

Note: MMA Year 1 (08/01/2014 - 07/31/2015) calculated by the Agency using the same parameters required to calculate the HEDIS

MMA HEDIS Scores Continue to Rise

MMA HEDIS Scores - Calendar Year 2012 - Calendar Year 2015



Enhanced Transparency – Health Plan Report Cards

- Enrollees can now choose plans based on quality.
- Includes measures related to important topics such as:
 - Children’s Dental Care
 - Pregnancy Related Care
 - Keeping Adults Healthy
- 2015 Report Card: Contains information on all MMA plans participating during the year.
- Online at: www.FloridaHealthFinder.gov



LTC & MMA Enrollee Satisfaction is High

2016 LTC Enrollee Satisfaction

Respondents who rated their LTC case manager an 8, 9, or 10 out of 10.	80%
Respondents who rated their LTC services an 8, 9, or 10 out of 10.	80%
Respondents who rated their LTC plan an 8, 9, or 10 out of 10.	78%
Respondents who stated their quality of life has improved since enrolling in their LTC plan.	76%

2016 MMA Enrollee Satisfaction (CAHPS) ADULTS ABOUT THEIR OWN EXPERIENCE

Respondents who responded that their plan satisfaction rates 8, 9 or 10 out of 10	73%
Respondents who rated the MMA Quality of Care an 8, 9, or 10 out of 10	75%
Respondents who reported it is usually or always easy to get needed care (vs. sometimes or never)	80%
Respondents who reported it is usually or always easy to get care quickly (vs. sometimes or never)	82%
Respondents who reported that they are usually or always able to get help from customer services (vs. sometimes or never)	88%

2016 MMA Enrollee Satisfaction (CAHPS) PARENTS ABOUT THEIR CHILD'S EXPERIENCE

Respondents who responded that their plan satisfaction rates 8, 9 or 10 out of 10	84%
Respondents who rated the MMA Quality of Care an 8, 9, or 10 out of 10	86%
Respondents who reported it is usually or always easy to get needed care (vs. sometimes or never)	82%
Respondents who reported it is usually or always easy to get care quickly (vs. sometimes or never)	89%
Respondents who reported that they are usually or always able to get help from customer services (vs. sometimes or never)	86%

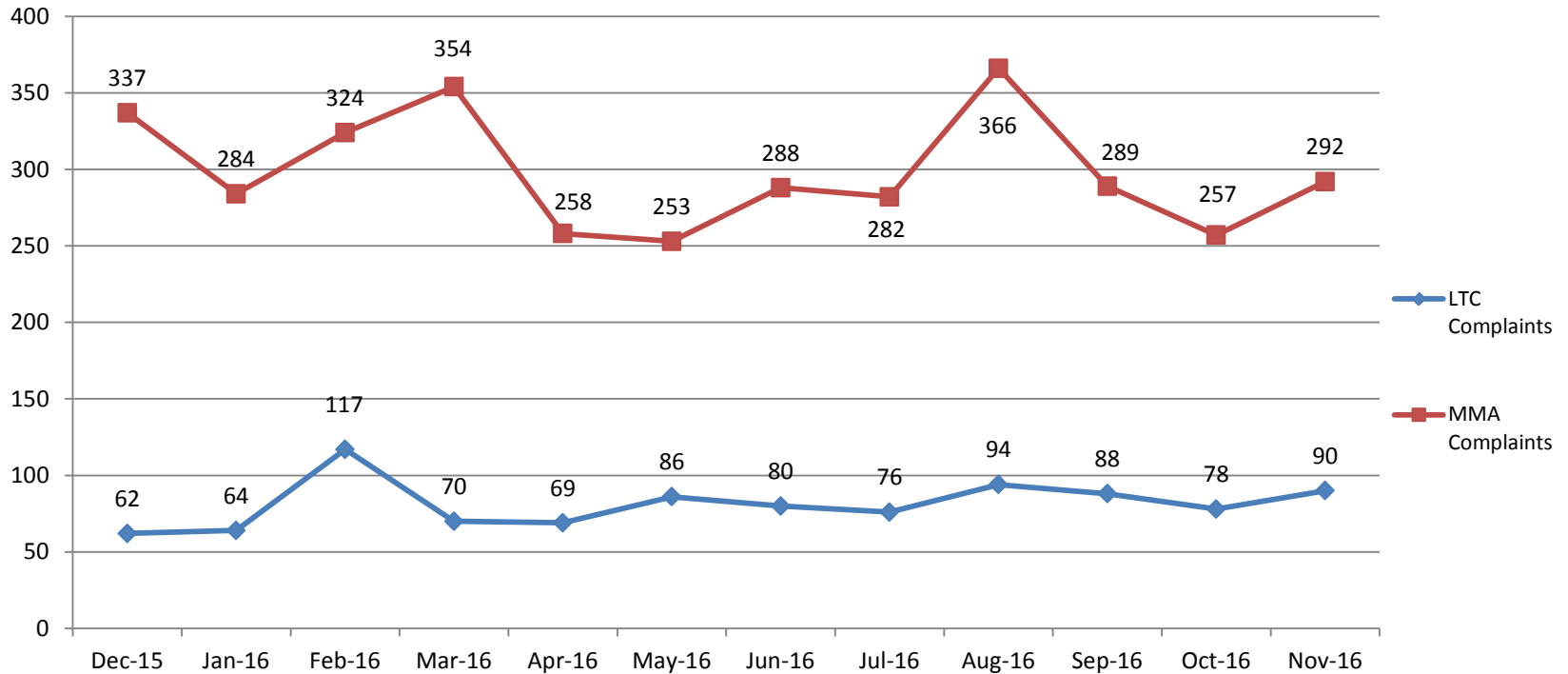
Enhanced Transparency -- Centralized Complaint Hub

- 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
- **The following numbers represent ALL issues reported, regardless of whether they were substantiated.**



Enhanced Transparency -- Provider Complaints reported since December 1, 2015

of Managed Medical Assistance and Long-term Care Provider Complaints reported to the Agency for Health Care Administration Medicaid Complaint Center - December 2015 through November 2016

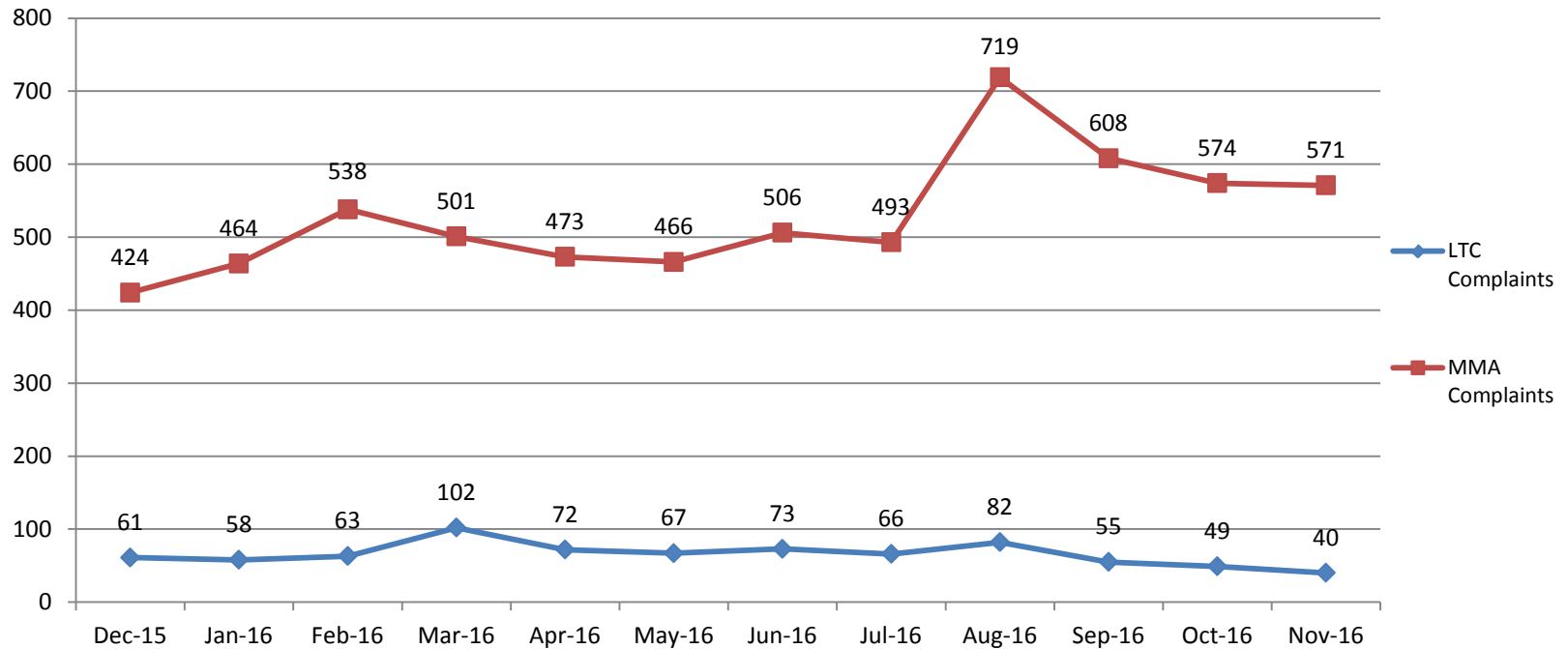


Average Number of MMA Complaints per 1,000 Enrollees	.1 Per Month
Average Number of LTC Complaints per 1,000 Enrollees	.9 Per Month



Enhanced Transparency -- Recipient Complaints reported since December 1, 2015

of Managed Medical Assistance and Long-term Care Recipient Complaints reported to the Agency for Health Care Administration Medicaid Complaint Center - December 2015 through November 2016



Average Number of MMA Complaints per 1,000 Enrollees

.2 Per Month

Average Number of LTC Complaints per 1,000 Enrollees

.7 Per Month



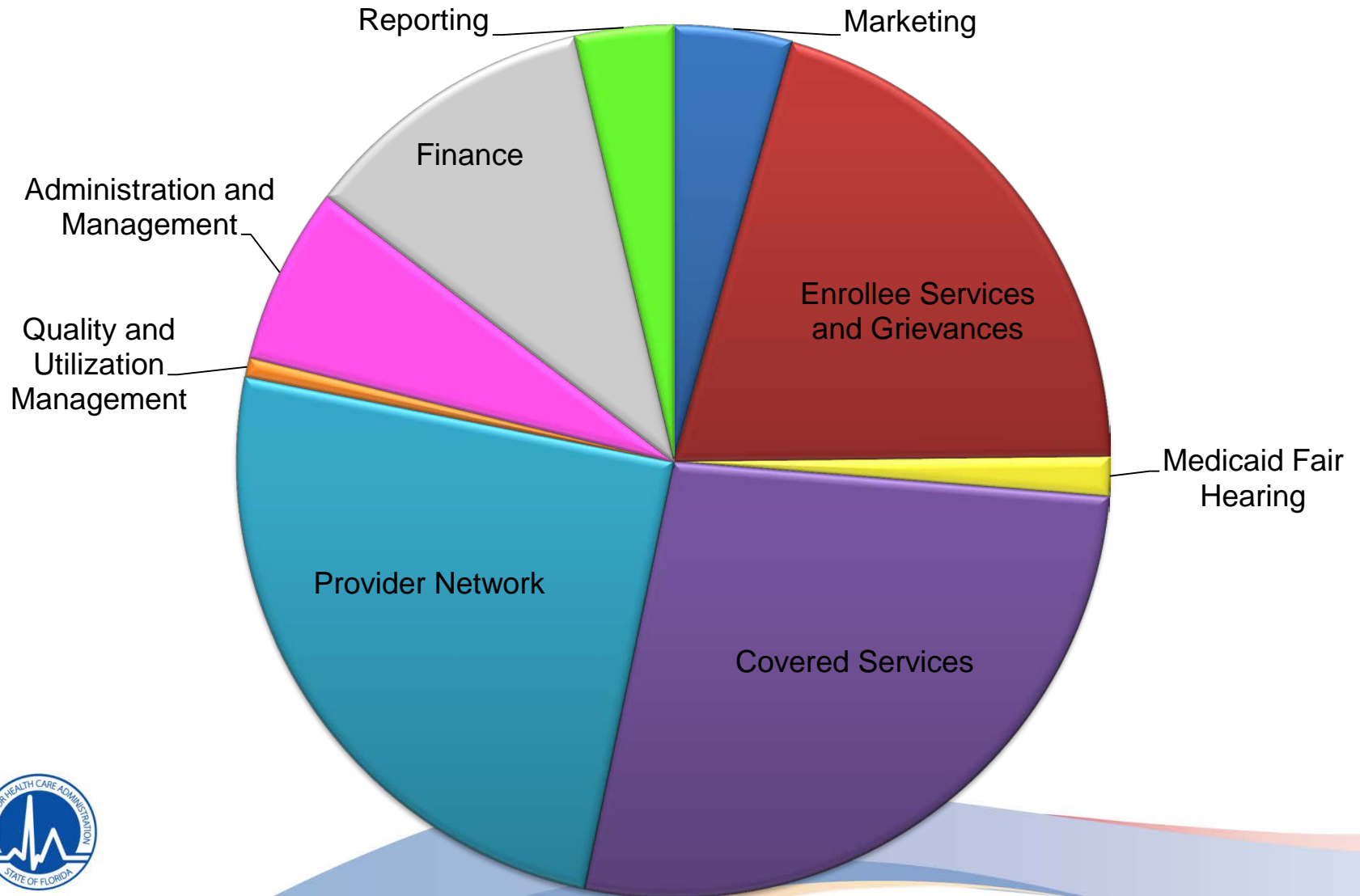
Enhanced Transparency -- Enforcing Compliance

- 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)



Compliance Actions (MMA and LTC) by Category

SFY 2015-2016



Looking Forward: Re-procurement of SMMC Contracts

- SMMC contracts are for a five-year period and must be re-procured after each five-year period.
- Agency anticipates release of an Invitation to Negotiate in Summer 2017.



Questions?

