Florida Medicaid: Performance Measures (HEDIS)

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Statewide Medicaid Managed Care (SMMC) Program

- Most Florida Medicaid recipients are enrolled in one or both of the components of the Statewide Medicaid Managed Care (SMMC) program:
  - Long-term Care program
  - Managed Medical Assistance program.
- Implemented during 2013 and 2014.
- Designed to incentivize higher quality without causing inflation.
SMMC Plan Performance
MMA vs. LTC

• The Agency monitors plan performance differently for the two program components:
  – MMA: Primary focus on Healthcare Effectiveness Data and Information Set (HEDIS) data and information set.
  – LTC: Primary focus on plan ability to maintain people safely in their home or the community and to transition recipients who wish to go home from an institutional setting to a community setting.
MMA: Enhanced Quality ~ HEDIS

- National Committee for Quality Assurance’s (NCQA) standardized set of performance measures.
- Used by over 90% of health plans in the U.S.
- Detailed technical specifications ensure that measures are calculated consistently.
- Allows “apples-to-apples” comparison of health plans.
- Performed in conjunction with certified independent auditors.
MMA: Enhanced Quality ~ HEDIS

• Challenges:
  – SMMC program roll-out timing and market transition effects denominator for several measures.
  – Prior program design effects ability to collect program wide scores.
MMA Performance Measures

• Living With Illness
  – Controlling High Blood Pressure
  – Diabetes Care (6 measures)
  – Use of Appropriate Medications for People with Asthma

• Pregnancy related care:
  – Frequency of Ongoing Prenatal Care
  – Postpartum Care
  – Prenatal Care
MMA Performance Measures

• Keeping Kids Healthy
  – Adolescent Well-Care Visits
  – Childhood Immunization Status
  – Children & Adolescents’ Access to PCPs (multiple age groups)
  – Chlamydia Screening in Women
  – Immunizations for Adolescents
  – Lead Screening in Children
  – Well-Child Visits, First Fifteen Months of Life, Six or More Visits
  – Well-Child Visits, Ages 3-6 Years

• Keeping Adults Healthy
  – Adult BMI Assessment
  – Adults’ Access to Preventive Health Services
  – Breast Cancer Screening
  – Cervical Cancer Screening
  – Chlamydia Screening in Women
  – Chlamydia Screening in Women (combined age groups)
MMA Performance Measures

- Mental Health Care
  - ADHD Medications Follow-Up – Initiation
  - Antidepressant Medication Management – Acute
  - Follow-Up after Mental Illness Hospitalization – 7 Day
  - Follow-Up after Mental Illness Hospitalization – 30 Day

- Children's Dental Care
  - Annual Dental Visit
MMA Quality Successes: HEDIS Compared to the National Mean

<table>
<thead>
<tr>
<th></th>
<th>Managed Care Calendar Year 2013</th>
<th>MMA Calendar Year 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scores better than the National Mean</td>
<td>29%</td>
<td>55%</td>
</tr>
<tr>
<td>Scores at the National Mean</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Scores below National Mean in calendar year 2014, but higher than managed care scores in calendar year 2013</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
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Note: If non-reform and Reform are separated when calculating the percentage of “the scores below the National Mean in calendar year 2014, but higher than managed care scores in calendar year 2013”, the overall percentage would be 14%.
Long-term Care (LTC) Program Performance

• The LTC program was designed to provide incentives to plans to create an environment where enrollees have the services and supports that they need to remain in the community and to transition individuals who wish to go home from institutional care such as nursing facility care to the community.
LTC Program Performance: Community Transition

- Percent of LTC Enrollees Who Transferred from One Residential Setting to Another, July 2014 - June 2015

1.6%

2.9%

Percent of Community Enrollees who Transferred to an Institution

Percent of Institution Enrollees who Transferred to a Community
LTC Program Performance: Community Transition

- Number of enrollees, for July 2014, and July 2015, by Residential Setting:

<table>
<thead>
<tr>
<th>Residential Setting</th>
<th>Jan-14</th>
<th>Jan-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Location</td>
<td>39,324</td>
<td>42,400</td>
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<tr>
<td>Institutional Location</td>
<td>43,948</td>
<td>42,863</td>
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Program Savings

• Comparing the Medicaid program’s overall final expenditures and projected expenditures, the yearly cost per person (PMPY) of the program has dropped steadily and consistently over the last several years.
Florida Medicaid: Average Annual Cost Per Person

FY 2013-14 and prior data is from the final year end budgets.
FY 2014-15 Medicaid Expenditures data are from the March 4, 2015 Medicaid Expenditure SSEC and Caseload is from July 21, 2015 Medicaid Caseload SSEC
FY 2015-16 Medicaid Expenditures data are from the August 28, 2015 Medicaid Expenditure SSEC and Caseload is from July 21, 2015 Medicaid Caseload SSEC
Questions?