

Florida Medicaid Managed Care

Beth Kidder, Deputy Secretary for Medicaid
Agency for Health Care Administration

House Health and Human Services Committee
January 8, 2019

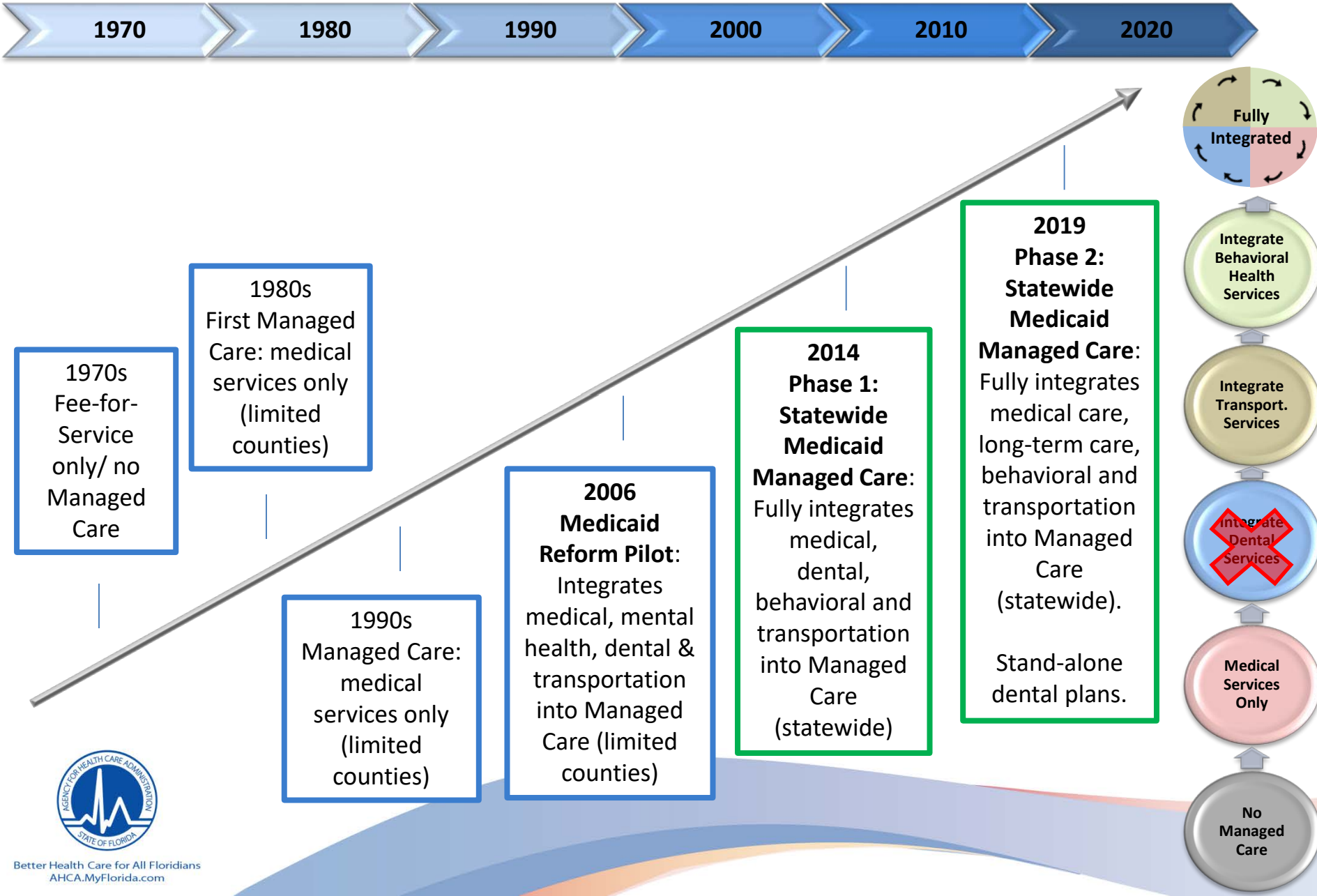


The Florida Medicaid Program

- Florida Medicaid serves about 4 million of the most vulnerable Floridians
 - 1.7 million adults - parents, elderly, and disabled
 - 47% of children in Florida.
 - 63% of birth deliveries in Florida.
 - 61% nursing home days in Florida.
- Florida Medicaid has an effective delivery model that has increased quality and satisfaction program wide
 - Statewide Medicaid Managed Care program implemented in 2013-2014
 - Almost all of Florida's Medicaid population that receives Medicaid services gets them through a managed care delivery system.



Evolution of Florida Medicaid Delivery System



Evolution of Florida Performance Measurement

2006

2014

2018

Future

2006

Phase 1:

Medicaid Reform Pilot

- Phased in process to begin requiring plans to report performance measure data
- Phased in process for collection of encounter data
- Initial identification and analysis of provider networks
- New plan contract 2012

2014

Phase 2:

Statewide Medicaid Managed Care

- New penalties and incentives for performance measures
- Full encounter data
- Automated provider network system for continuous monitoring
- Improved service level agreements & reporting

2018

Phase 3:

Statewide Medicaid Managed Care

- Goal-focused performance measures
- Goal-focused penalties and incentives

Phase 4: Potential

- Long-term care
- Variation for high need
- Specialty plans



Evolution of Florida Health Plan Compliance

2006

2014

2018

2006

Phase 1:

Medicaid Reform Pilot

Intensive iterative engagement with plans

2014

Phase 2:

Statewide Medicaid Managed Care

- Strong contractual compliance levers including sanctions and liquidated damages, routinely applied.
- Distributed compliance model implemented.
- Transparency to public

2018

Phase 3:

Statewide Medicaid Managed Care

- Goal focused penalties and incentives.
- Contractual compliance and distributed model continued.
- Transparency to public



Evolution of Florida Health Plan Provider Networks

2006

2014

2018

2006

Phase 1:

Medicaid Reform Pilot

Limited specific provider ratios; no automated provider network reporting

2014

Phase 2:

Statewide Medicaid Managed Care

- Automated, continuous provider network verification
- Enhanced provider network standards across multiple provider types
- Strengthened standards in response to stakeholder input
- Transparency to public

2018

Phase 3:

Statewide Medicaid Managed Care

- Goal focused enhancements to provider network standards
- Negotiated enhanced standards (after hours, emergency)
- Telemedicine
- Transparency to public



The Statewide Medicaid Managed Care Program

Policy	Old Medicaid Managed Care (pre-2006)	5-County Reform Pilot (2006-2013)	Statewide Managed Care (2014-Present)
Plan Type	<ul style="list-style-type: none"> HMOs 	<ul style="list-style-type: none"> HMOs, Provider Service Networks, specialty plans 	<ul style="list-style-type: none"> HMOs, Provider Service Networks, specialty plans
Contracting Method	<ul style="list-style-type: none"> All qualified plans, by county 	<ul style="list-style-type: none"> All qualified plans, by region 	<ul style="list-style-type: none"> Competitive procurement, by region
Payment	<ul style="list-style-type: none"> Capitation Minor risk adjustment 	<ul style="list-style-type: none"> Capitation Full risk adjustment Temporary fee-for-service with savings reconciliation for PSNs 	<ul style="list-style-type: none"> Capitation Full risk adjustment Temporary fee-for-service with savings reconciliation for PSNs
Benefit Design	<ul style="list-style-type: none"> All plans the same 	<ul style="list-style-type: none"> Varying, including new benefits at no cost to the state 	<ul style="list-style-type: none"> Varying, including new benefits at no cost to the state
Enrollment	<ul style="list-style-type: none"> Recipients choose fee-for-service or managed care (if available). Recipient choice of plans 	<ul style="list-style-type: none"> Recipient choice of plans 	<ul style="list-style-type: none"> Recipient choice of plans
Choice Counseling	<p>Some:</p> <ul style="list-style-type: none"> Limited information Little real choice 	<p>Significant:</p> <ul style="list-style-type: none"> Extensive information Real choice 	<p>Significant:</p> <ul style="list-style-type: none"> Extensive information Real choice
Accountability	<ul style="list-style-type: none"> Network adequacy requirements 	<ul style="list-style-type: none"> Network adequacy requirements Risk-adjusted rates More robust contract management: <ul style="list-style-type: none"> Encounter data Network data Drug data 	<ul style="list-style-type: none"> Network adequacy requirements Risk-adjusted rates More robust contract management: <ul style="list-style-type: none"> Encounter data Network data Drug data Quality standards Financial data Achieved savings rebate Rate incentives for quality Transparency – published encounter data Transparency – published quality data Enforcement by financial penalties Market departure penalties



The Statewide Medicaid Managed Care Program

- Since 2013-2014, most Florida Medicaid recipients have been required to enroll in the Statewide Medicaid Managed Care program (SMMC) to receive services.
- Three components:
 - **Managed Medical Assistance:** Medical services like doctor visits, hospital care, prescribed drugs, mental health care, and transportation to these services.
 - **Long-Term Care:** LTC services like care in a nursing facility, assisted living facility, or at home.
 - **Dental:** All Medicaid recipients who receive a dental benefit enroll in a dental plan.



The Statewide Medicaid Managed Care Program

- During 2017- 2018, the Agency re-procured contracts to provide managed medical assistance (MMA), long-term care (LTC) and dental services in the SMMC program.
 - 11 Regions: Phased roll-out from December 2018 through February 2019
 - 19 health & dental plans
 - Some are specialty plans serving unique populations (i.e., people with serious mental illness or HIV/AIDS, children with serious medical conditions or in child welfare system)



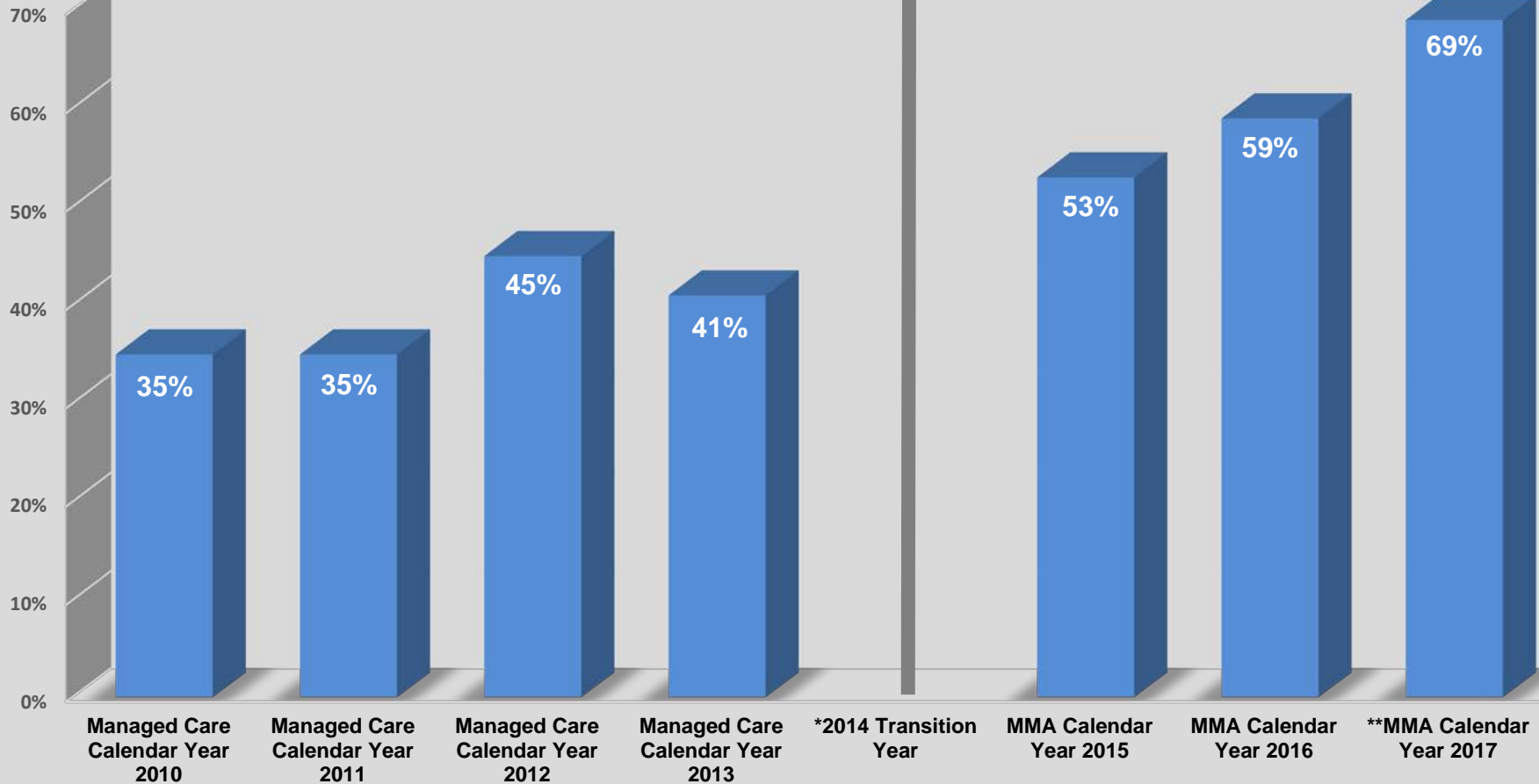
SMMC: The First Five Years

- The SMMC program started operation in 2013-2014.
- The first 5 years of the program have been very successful.

- **Robust Expanded Benefits, Enhanced Provider Networks, and Care Management gave us:**
 - Improved health quality outcomes
 - High patient satisfaction
 - Increased opportunity for individuals needing long-term care to transition from nursing facilities to their own homes or other community living
- **Managed Care Controlled Costs**



Quality Scores At or Above the National Average



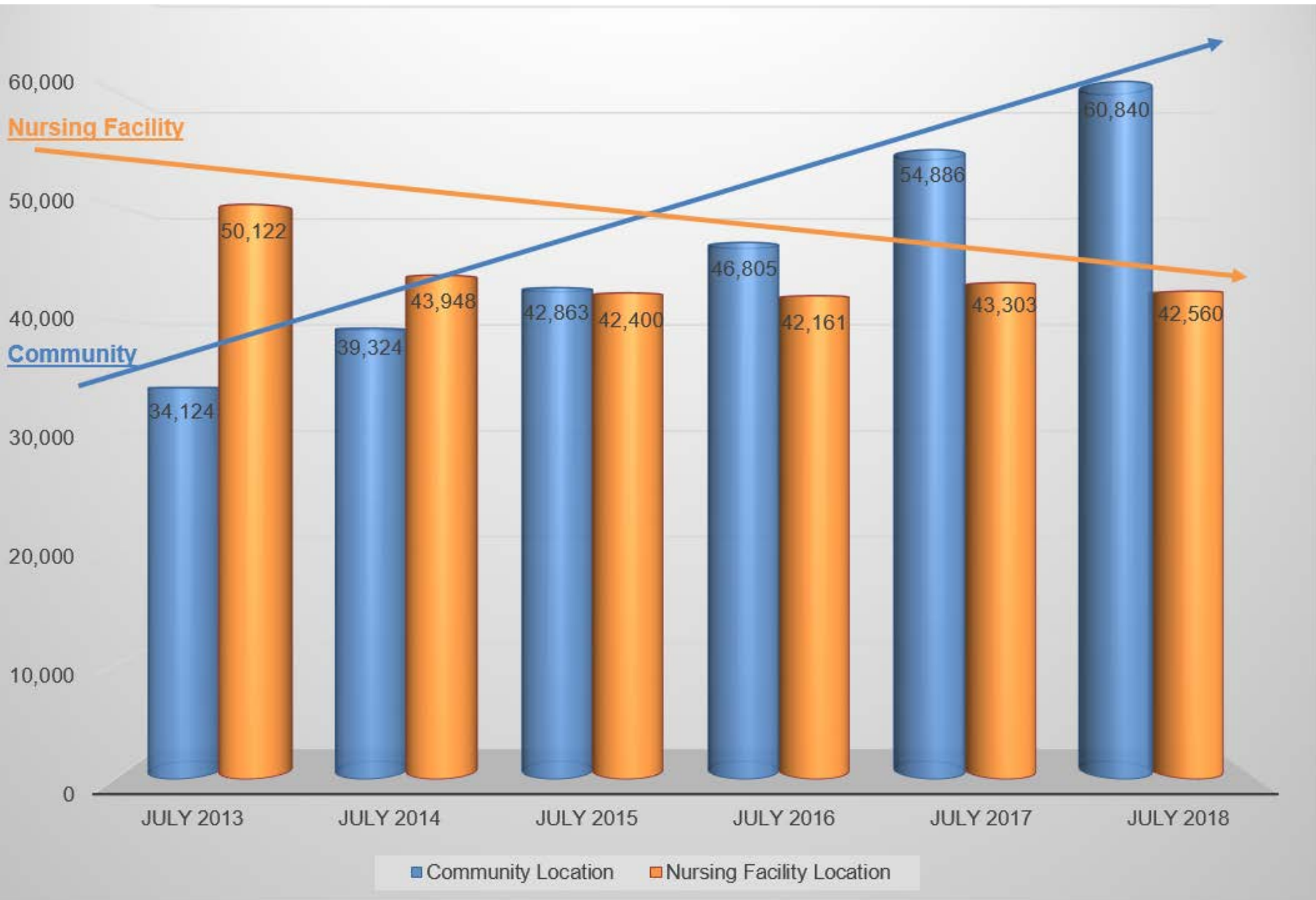
*Calendar Year 2014 was a transition year between Florida's prior managed care delivery system and the SMMC program implementation. **The HEDIS specifications for the Follow-up After Hospitalization for Mental Illness measure changed for the CY 2017 measurement period. Follow-up visits with a mental health practitioner that occur on the date of discharge are no longer included in the numerator as previously required in the CY 2016 specifications. Florida Medicaid plan rates and statewide weighted means are compared to national means that are calculated using the previous year's service data. Since the CY 2016 and CY 2017 measure specifications do not align, results are not comparable and the measure was excluded.

SMMC Focus on Families: LTC Patient-Centered Care in the Community

- Most people would prefer to receive care in their own home rather than in a nursing home.
- The Long-Term Care program is helping people who want to live in their homes/the community instead of nursing homes.
- The LTC program caused a major reduction in the percent of Medicaid recipients in nursing homes and an increase in those living in their own homes/the community:
 - Prior to the SMMC program, **40%** were in the community. As of July 2018, **58%** are in the community.



LTC Transition Incentive Success



SMMC Consumer Satisfaction is High

- MMA: In 2018 adult enrollees and parents of child enrollees rated the following aspects of care as an 8 or higher (on a scale of 0 to 10).

Survey Item	Adults	Parents
Overall Plan Satisfaction	76%	85%
Quality of Care Received	74%	89%

- LTC: In 2018 patients or their family/caregivers rated their long-term care as excellent, a 9 or 10 (on a scale of 1-10).

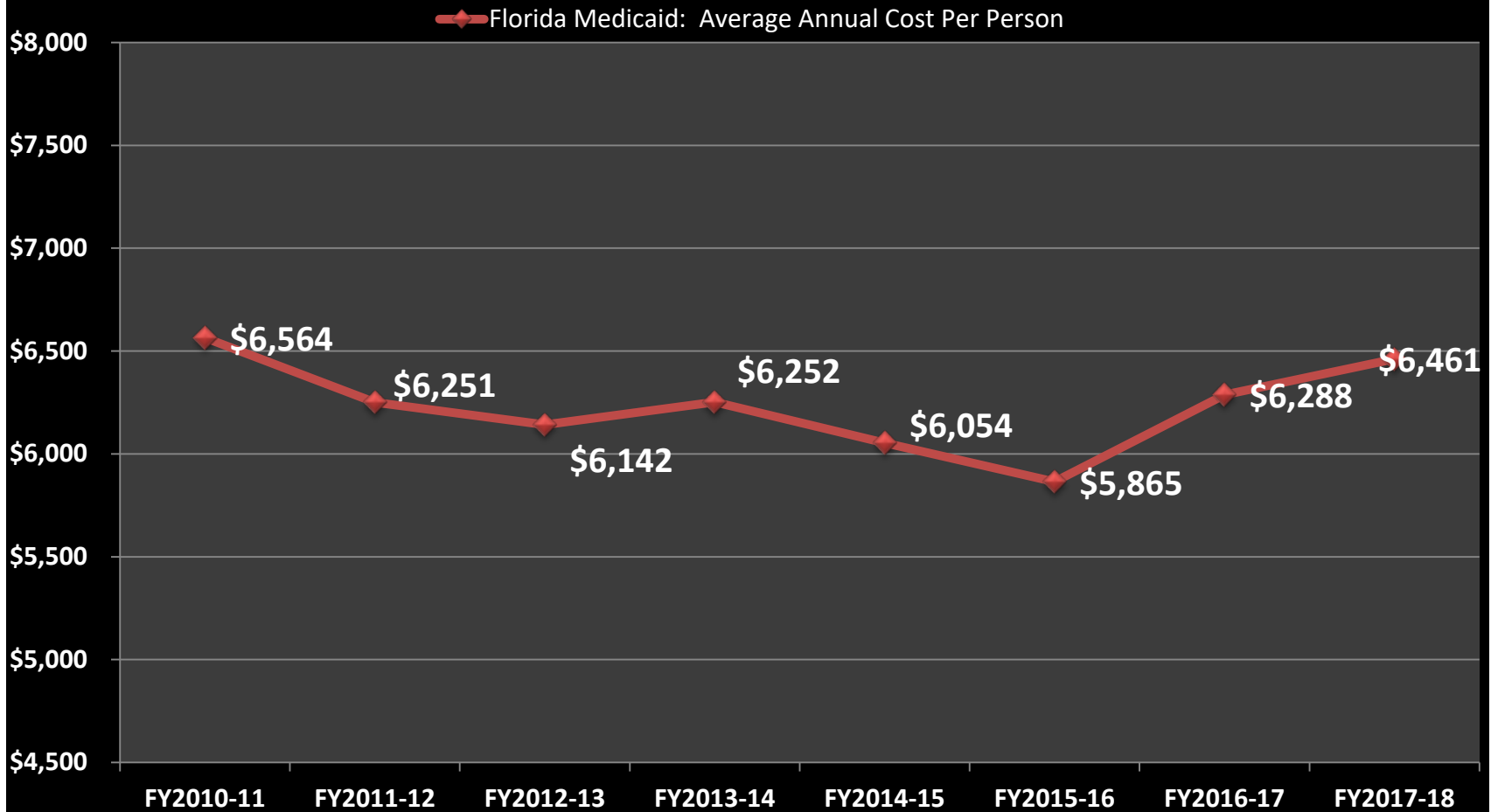
Survey Item	Respondents
Staff are reliable, helpful	82%
Rating of case manager	88%



Medicaid Average Annual Cost Per Person

FY 2017-18 and prior data is from the final year end budgets.

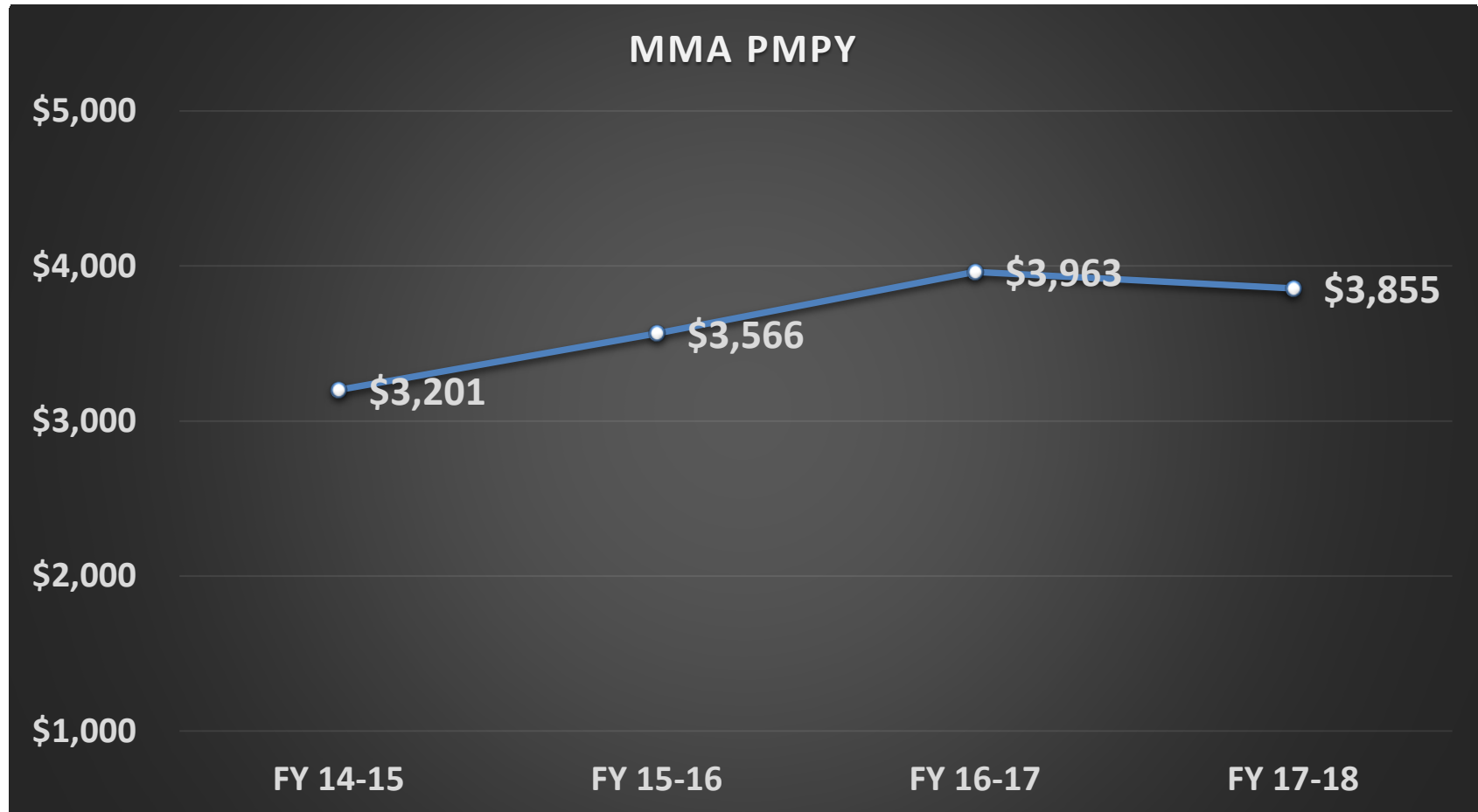
Florida Medicaid: Average Annual Cost Per Person



FY 2017-18 and prior data is from the final year end budgets.

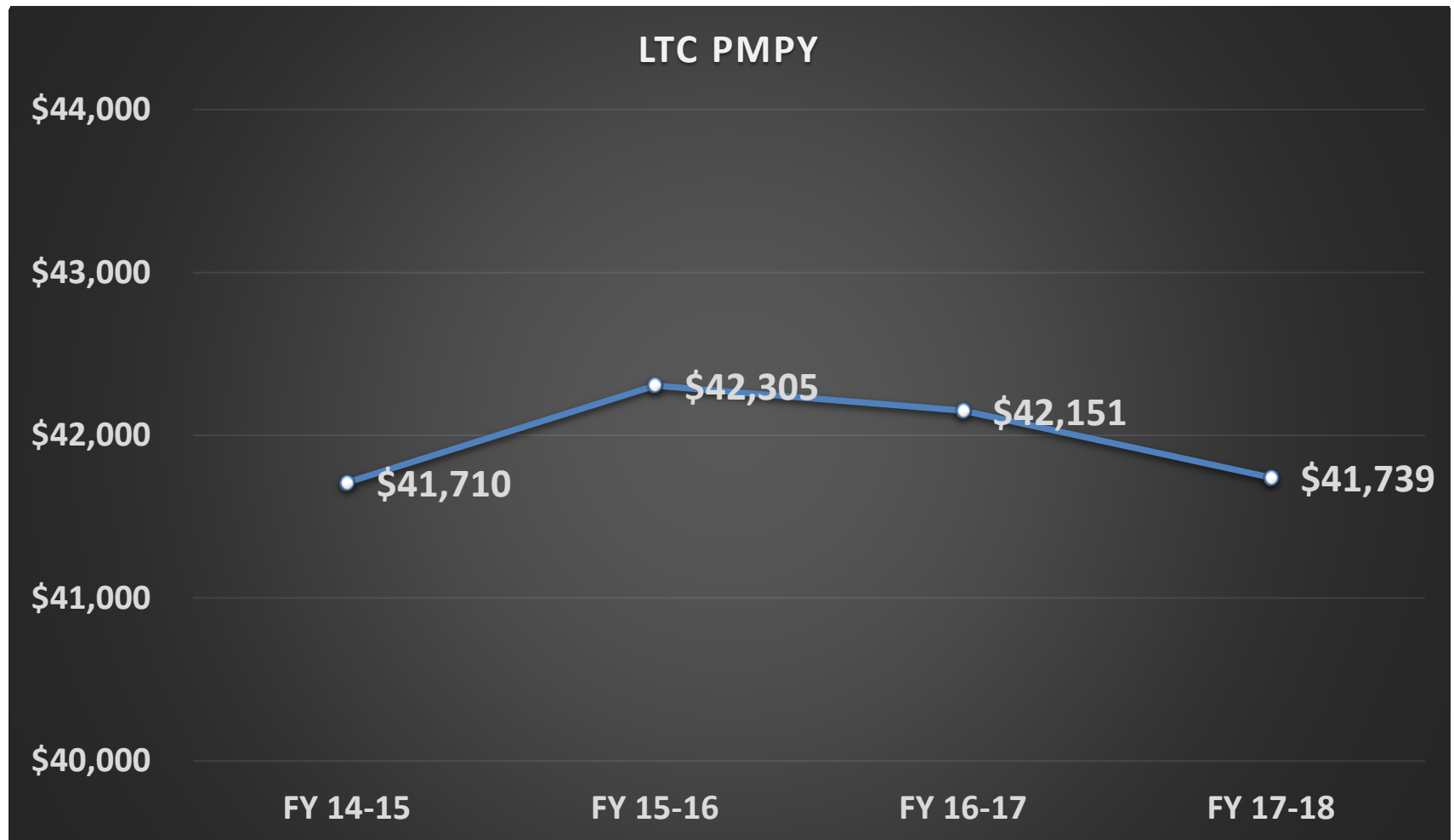


MMA Average Annual Cost Per Person



FY 2017-18 and prior data is from the final year end budgets.

LTC Average Annual Cost Per Person



FY 2017-18 and prior data is from the final year end budgets.

SMMC Plan Re-procurement: Negotiation Success

Major Program Improvements!

- Gains for Recipients
- Gains for Providers
- Improved Quality
- More & Richer Expanded Benefits



SMMC Plan Negotiation Success: Continued Quality Improvement

Even Higher Quality Performance Benchmarks Agreed to in New SMMC Contracts

Potentially Preventable Events: Health and Dental Plans

Health Plans:

- **22%** average reduction in potentially preventable Admissions
- **21%** average reduction in potentially preventable Readmissions
- **14%** average reduction in potentially preventable Emergency Dept. Visits

Dental Plans: 5% average reduction in Potentially Preventable Dental Related Emergency Department Visits (Year 1)

- **9% average reduction** (Year 5)

Improve Child Access to Dental Care: Dental Plans

Annual Dental Visit: An average 3% increase year-over-year above the annual target in the ITN

Preventive Dental: An average 1% increase year-over-year above the annual target in the ITN

Improved Birth Outcomes: Health Plans

- **12%** average reduction in Primary C-Section Rate
- **10%** average reduction in Pre-Term Deliveries
- **15%** average reduction in babies born with Neonatal Abstinence Syndrome



SMMC Plan Negotiation Success: Recipient and Provider Gains

- Gains for Recipients Enrolled in an MMA or Dental Plan:
 - ✓ Access to care when you need it
 - ✓ Additional network providers
 - ✓ Best benefit package ever (adult dental expanded benefits)
 - ✓ Model enrollee handbook
- Gains for Providers:
 - ✓ Less administrative burden
- Gains for *both* Recipients and Providers:
 - ✓ Prompt authorization of services
 - ✓ Smoother process for complaints, grievances and appeals



SMMC Plan Negotiation Success: Richest Benefit Package

- Newly contracted SMMC plans are offering a large number of extra benefits (“expanded benefits”) to their enrollees at NO COST to the state. Examples:
 - MMA plans offer extra adult preventive services, substance abuse and mental health services, pain management services.
 - LTC plans offer support for caregivers and extra help transitioning from nursing homes to the community.
 - Dental plans offer adult preventive and restorative dental services and extra assistance for enrollees with special needs.



QUESTIONS?



THANK YOU!

