



Quarterly Statewide Medicaid Managed Care Report

Business Intelligence Unit
Medicaid Data Analytics

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Agency for Health Care Administration

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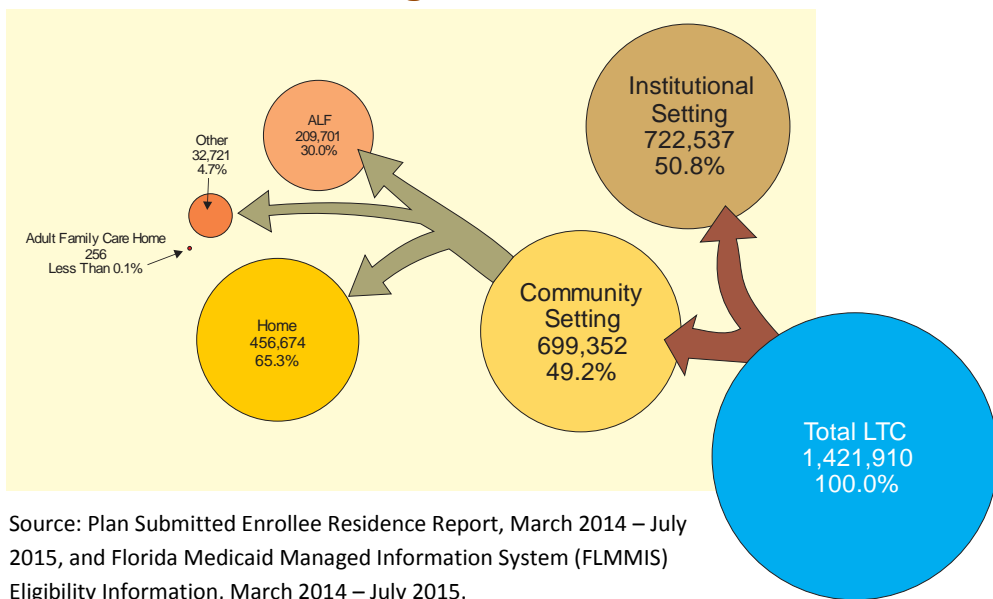
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Executive Summary

Medicaid enrollees in the state of Florida have been receiving Long-term Care (LTC) services as a part of the Statewide Medicaid Managed Care (SMMC) program since August 2013. The LTC program provides nursing facility care and home and community-based services for aged or disabled individuals aged 18 and over who are determined by the Comprehensive Assessment and Review for Long-term Care Services (CARES) to meet nursing facility level of care. This report updates topics covered in the First Quarterly Statewide Medicaid Managed Care Report including residential setting of LTC enrollees, transfers into and out of nursing facilities, and enrollment in comprehensive plans, but also covers new topics including participation in the Participant Directed Option (PDO) program, and LTC services received by enrollees. Residential setting, comprehensive plan status, PDO participation, and nursing facility transfers are examined from March 2014 through July 2015. LTC services are reviewed from March 2014 through February 2015. Some results are reported by enrollee months, which is the total number of months a Medicaid recipient was enrolled in an LTC plan.

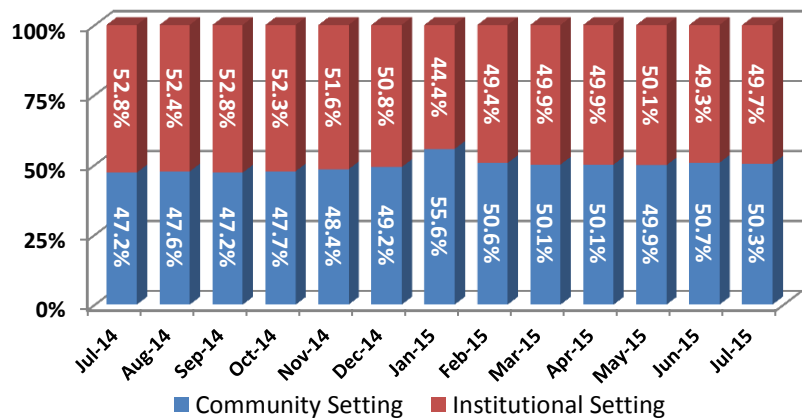
Residential Setting



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

- Half of LTC enrollee months for the review period were in an institutional setting.
- The other half of LTC enrollee months were in a community setting.
- Sixty-five percent of enrollee months in the community were living at home.
- Thirty percent of enrollee months in the community were in an assisted living facility.

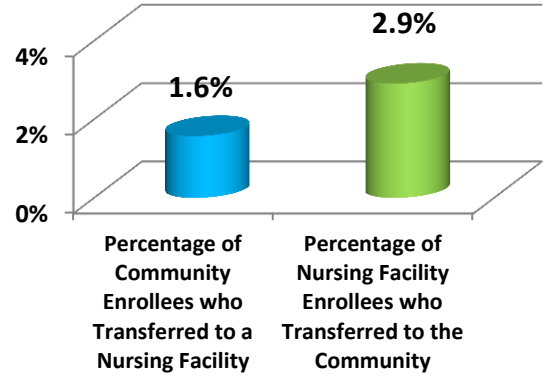
- A shift of LTC enrollees from institutional to community settings occurred over the review period.
- In July 2014, 53 percent of all LTC enrollees resided in an institutional setting. By July 2015, just over half of LTC enrollees lived in a community setting.



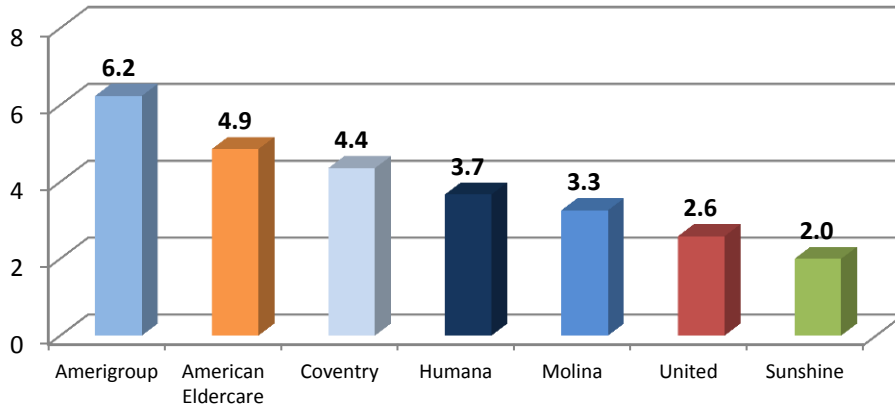
Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Nursing Facility Transfers

- LTC enrollees who meet financial and clinical eligibility requirements for nursing facility level of care choose whether to receive services in a nursing facility or community setting. LTC plans assess enrollees in nursing facilities for appropriateness of transitioning to a community setting. If an enrollee chooses to transition to the community, the LTC plan is required to provide the care coordination and supports necessary to ensure a successful transition.
- LTC plans receive an incentive adjustment in capitation rates to encourage increased utilization of home and community-based services and reduced nursing facility placement.
- During fiscal year 2014 – 2015, 3 percent of enrollees in nursing facilities transferred to community settings.
- During the same period, 1.6 percent of enrollees in community settings transferred to nursing facilities.



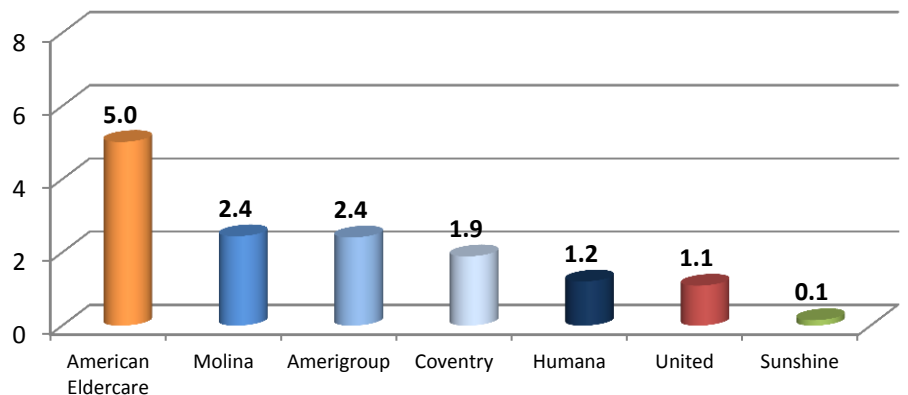
Percent Enrollees in an Institutional Setting Who Returned to the Community in FY 2014-2015



- Rates of transferring LTC enrollees from nursing facilities to community settings ranged from 2 percent for Sunshine to 6 percent for Amerigroup.

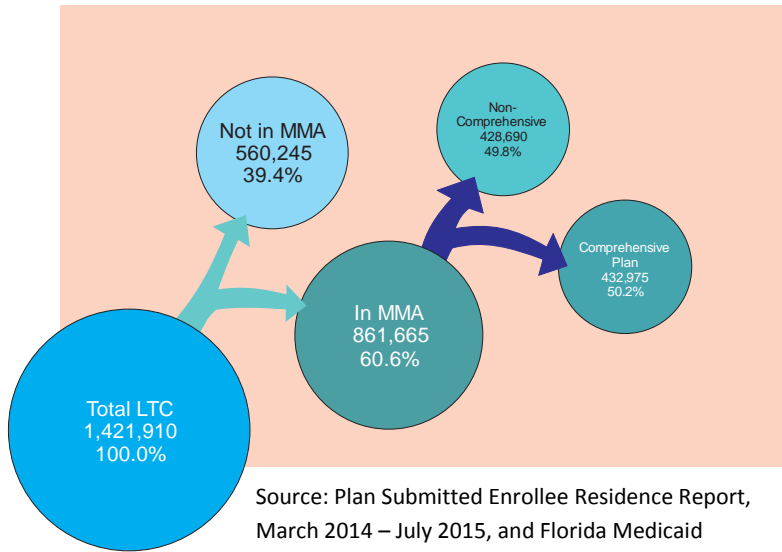
Percent Enrollees in a Community Setting Who Transferred to Nursing Facility in FY 2014-2015

- Four plans transferred at least 2 percent of the respective plan's enrollees from community settings to nursing facilities during fiscal year 2014 – 2015.



Source for Figures on this page: Plan Submitted Enrollee Residence Report, June 2014 – July 2015, Plan Submitted Nursing Home Transfer Report, March 2014 – May 2014, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Comprehensive Plans



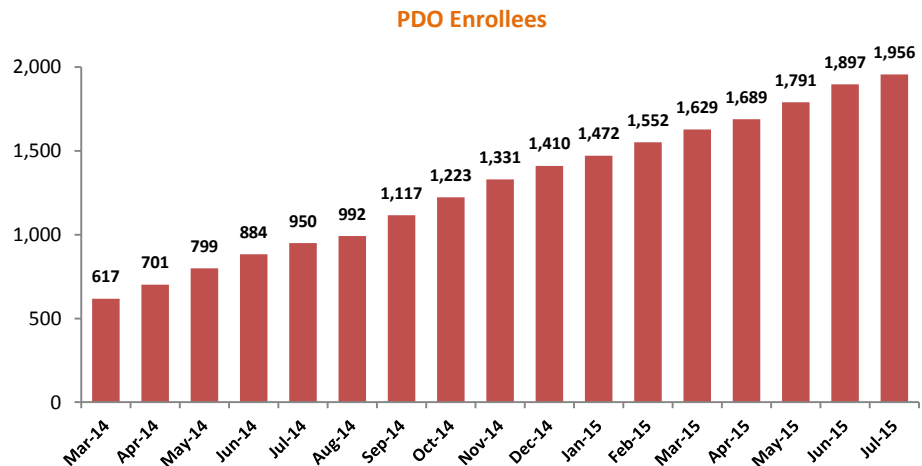
Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

- LTC enrollees began to enroll in the Managed Medical Assistance (MMA) program in May 2014, the month the MMA program began implementing.
- Sixty-one percent of LTC enrollee months were also spent in the MMA program.
- The review period includes two months (March 2014 and April 2014) when the MMA program was not yet operating, and four months when the MMA program was implementing (May 2014 through August 2014).

- A comprehensive plan is a plan that provides both LTC and MMA services to enrollees. An enrollee must be enrolled in the same plan for both LTC and MMA services to be in a comprehensive plan.
- Half of LTC enrollee months spent in the MMA program were in a comprehensive plan.

Participant Directed Option

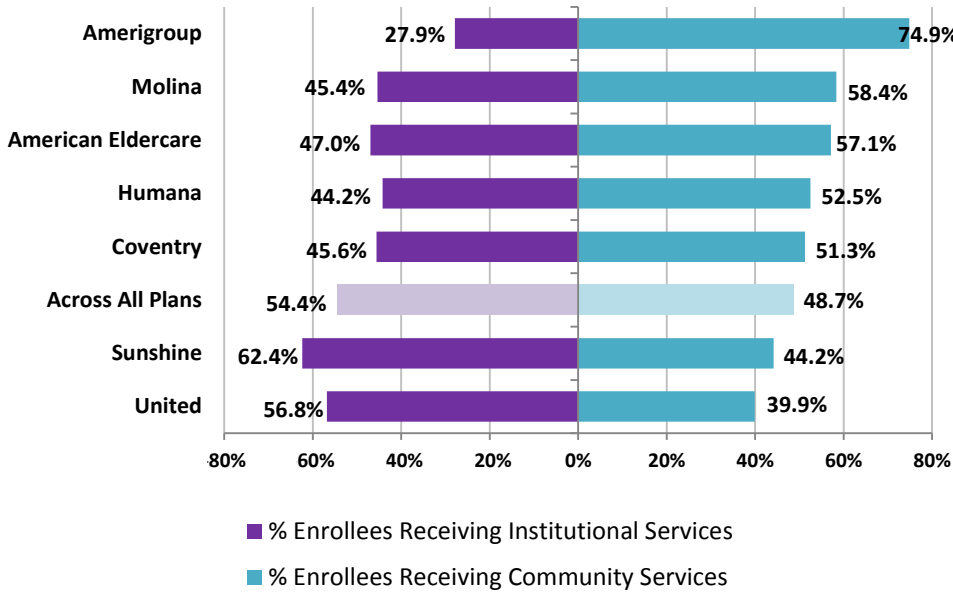
- The Participant Directed Option program allows enrollees to hire, supervise, and dismiss direct service workers.
- PDO is available to LTC enrollees who live at home.
- PDO is a small but growing program encompassing 1.5 percent of enrollee months for the review period.
- As of July 2015, the PDO program had 1,956 participants.



Source: Plan Submitted PDO Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

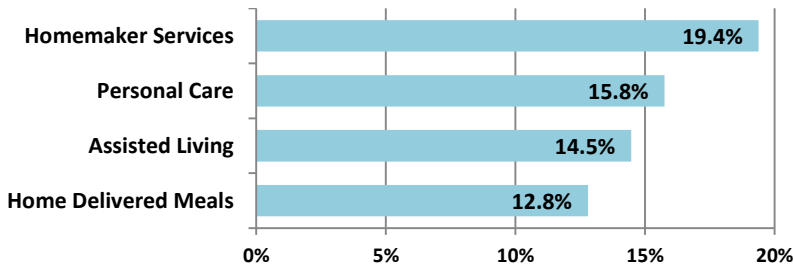
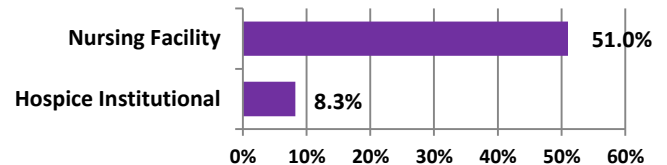
LTC Services

Percentage of LTC Enrollees Receiving Institutional or Community Service by Plan*



*Some services can be received in either an institutional or community setting and are not included in this graph. Therefore, institutional and community percentages will not total to 100 percent of enrollees.

- Fifty-one percent of LTC enrollees received nursing facility services during the review period.
- Eight percent of LTC enrollees received institutional hospice services.



- The most widely used community services among LTC enrollees were homemaker, personal care, assisted living, and home delivered meal services.

- Fifty-four percent of LTC enrollees received an institutional service during the review period.
- Forty-nine percent of LTC enrollees received a community service.
- The percentage of enrollees who received institutional or community services varied greatly by plan.
- Sunshine and United were the only plans with a larger percentage of enrollees receiving institutional as opposed to community services.
- Amerigroup had the largest percentage of enrollees receiving a community service at 75 percent of enrollees.

Source for Figures on this page: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, March 2014 – February 2015, and Florida Medicaid Managed Information System (FLMMIS) FFS Claims Data for American ElderCare, March 2014 – August 2014.

Introduction

For over two years, Medicaid enrollees in the state of Florida have been receiving Long-term Care (LTC) services as a part of the Statewide Medicaid Managed Care (SMMC) program. The SMMC LTC program began operating in August 2013, and was fully implemented by March 2014. The Department of Elder Affairs worked with the Agency to implement the program and partners with the Agency to administer the program. The LTC Program emphasizes care coordination in the delivery of LTC services. The Participant Directed Option (PDO), a program within the LTC program, provides opportunities for LTC plan enrollees living at home to direct their own service delivery for select LTC services.

Medicaid recipients 65 years of age and older, and recipients 18 through 64 years of age with disabilities, may receive LTC services through the Long-term Care program. The LTC program provides nursing facility care and home and community-based services for individuals who require nursing facility level of care.

Seven Long-term Care plans were awarded contracts and are responsible for coordinating the care of LTC enrollees. The seven LTC Plans have opportunities to improve the quality of enrollees' healthcare and enhance the alignment of resources and support services for enrollees.

This report, the Third Quarterly Statewide Medicaid Managed Care Report, covers the LTC program. This report updates topics that were featured in the First Quarterly Statewide Medicaid Managed Care Report by examining where enrollees receive LTC services, transfers into and out of nursing facilities, and comprehensive plan status of enrollees. Additional topics are covered including LTC plan enrollees' use of services and the Participant Directed Option (PDO) program.

Data Sources

The results in this report are based on analyses of data from several different sources. Data sources are detailed in the table below and cited with relevant tables and figures.

Implementation of the LTC program was completed in March 2014. Analyses of residential setting, nursing facility transfers, comprehensive plan status, and the PDO program include data from March 2014 through July 2015. Analyses of enrollee services use data from March 2014 through February 2015 to allow time for encounters to be submitted and processed after the service is rendered.

Information about enrollment in LTC plans comes from the Enrollee Residence report submitted by each LTC plan. Enrollee Residence report data is checked against eligibility information in the Florida Medicaid Managed Information System (FLMMIS), and only enrollee months found to be eligible in FLMMIS are included in analyses in this report.

Some measures are reported by enrollee months, which is the total number of months a Medicaid recipient was enrolled in an LTC plan. Enrollees living in community settings are those for whom LTC plans are responsible for coordinating and assuring access to services designed to support community living in lieu of nursing facility placement.

Effective July 1, 2015, Humana and American ElderCare merged. Humana transferred its LTC enrollees to American ElderCare and began operating its LTC plan as Humana American Eldercare. Results for July 2015 in this report include Humana's LTC enrollees as a part of American ElderCare.

Encounter data are used to examine services received by LTC enrollees. Because encounters may be submitted and processed several months after the service was rendered, only encounters with dates of service through February 2015 are examined for this report. The Agency has been working with health plans to improve the quality of encounters. Encounters must include specific information and meet certain standards in order to be accepted and processed by the Agency's encounter data system. Encounters that are missing required information or do not meet the standard for other reasons are denied by the system. Particular attention has been given to improving the encounter submission process. Because the Agency is still working with plans to improve the quality of encounter data, both paid and denied encounters were used to analyze the number of enrollees who received a service. An enrollee with any encounter, whether paid or denied, was designated as having received a service.

Data	Period	Source
LTC Plan Enrollment information	March 2014 – July 2015 as of September 1, 2015	Florida Medicaid Managed Information System (FLMMIS) Eligibility Information
LTC Residence Information	March 2014 – July 2015 as of September 1, 2015	Plan Submitted Enrollee Residence Report
LTC Nursing Residential Transfers	June 2014 – July 2015 as of September 1, 2015	Plan Submitted Enrollee Residence Report
LTC Nursing Residential Transfers	March 2014 – May 2014 as of September 1, 2015	Plan Submitted Nursing Home Transfer Report
PDO Enrollment Information	March 2014 – July 2015 as of September 1, 2015	Plan Submitted PDO Report
LTC Enrollee Services	March 2014 – February 2015 as of August 26, 2015	Florida Medicaid Managed Information System (FLMMIS) Encounter Data
LTC Enrollee Services	March 2014 – August 2014 as of September 17, 2015	Florida Medicaid Managed Information System (FLMMIS) FFS Claims Data for American ElderCare

LTC Managed Care Program

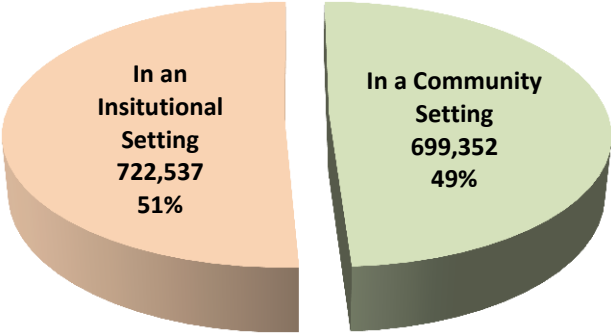
The LTC program is designed to meet the needs of persons eligible for Medicaid who are aged or disabled, who are 18 years of age or older, and who are assessed to require skilled nursing level of care services. Nursing facility level of care services can be provided in a nursing facility or in the community. LTC enrollees access home and community-based services (HCBS) or nursing facility services through their Long-term Care plan. Plans provide access to a complete range of LTC supports and services and have nursing facilities, assisted living facilities, hospice, and home and community-based service providers in their networks.

The Agency has contracts with seven LTC plans for the provision of LTC services. These organizations are: 1) American ElderCare, Inc., 2) Amerigroup, 3) Coventry, 4) Humana, 5) Molina, 6) Sunshine Health Plan, and 7) United Healthcare.

Residential Setting

LTC enrollees receive services either in an institutional setting or a community setting. Home and community-based services (HCBS) are designed to help enrollees remain in a community setting. Enrollee months for the review period are close to evenly split between institutional and community settings.

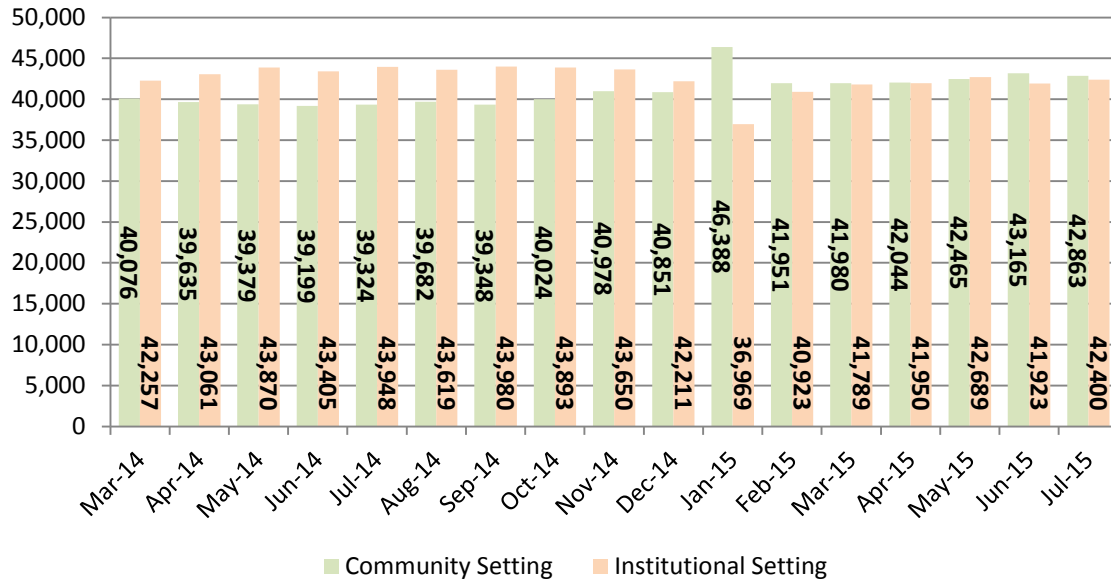
Figure 1: Number and Percentage of LTC Enrollee Months by Residential Setting, March 2013 - July 2015



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

About half of enrollees each month receive services in an institutional or community setting.

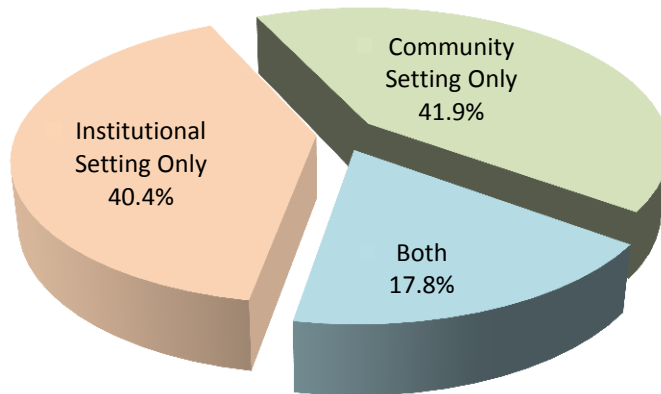
Figure 2: Number and Percentage of LTC Enrollees by Month and Residential Setting, March 2013 - July 2015



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

While about half of all enrollee months are split between institutional and community settings, some enrollees move between the two and spend some time in each type of setting. Other enrollees reside only in institutional settings or only in community settings.

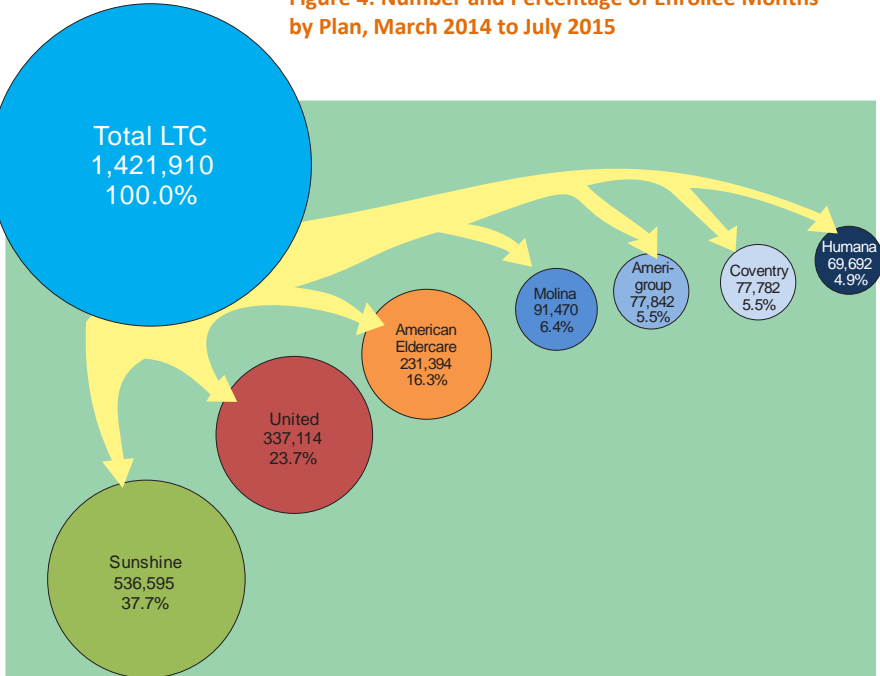
Figure 3: Percentage of LTC Enrollees by Residential Setting, March 2013 - July 2015



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

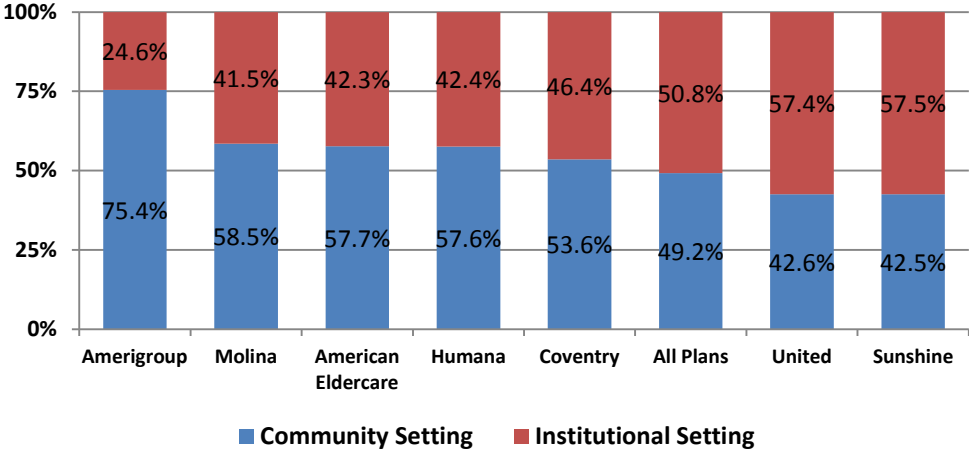
Figure 4: Number and Percentage of Enrollee Months by Plan, March 2014 to July 2015

Over three-quarters (77.7%) of enrollee months were spent in the three largest plans – Sunshine, United, and American ElderCare. The four remaining plans – Molina, Amerigroup, Coventry, and Humana – each had less than 7 percent of enrollee months.



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Figure 5: Percentage of LTC Enrollee Months by Residential Setting and Plan, March 2013 - July 2015*



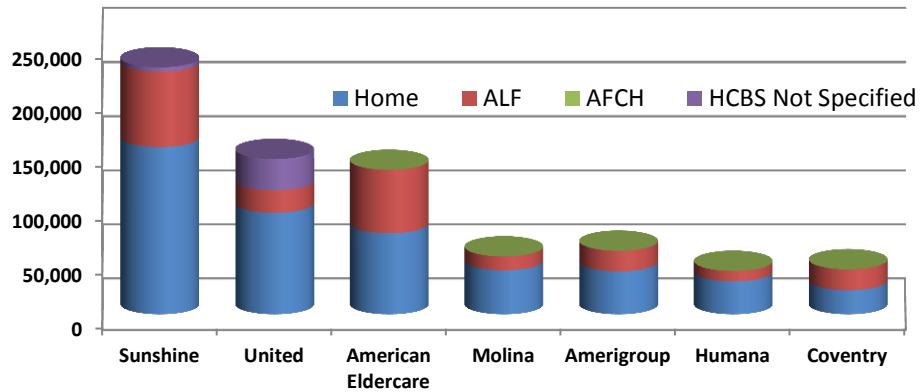
Plans vary in the relative mix, or case mix, of institutional and community enrollees they serve. Sunshine and United serve a larger percentage of enrollees in an institutional than community setting relative to other plans. Over three quarters of Amerigroup’s enrollees receive services in a community setting.

Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

* Humana enrollees are included with American ElderCare from July 2015 forward. Beginning July 2015, Humana began operating its LTC plan as Humana American ElderCare.

Most enrollees who receive services in the community live at home as opposed to an assisted living facility or adult family care home.

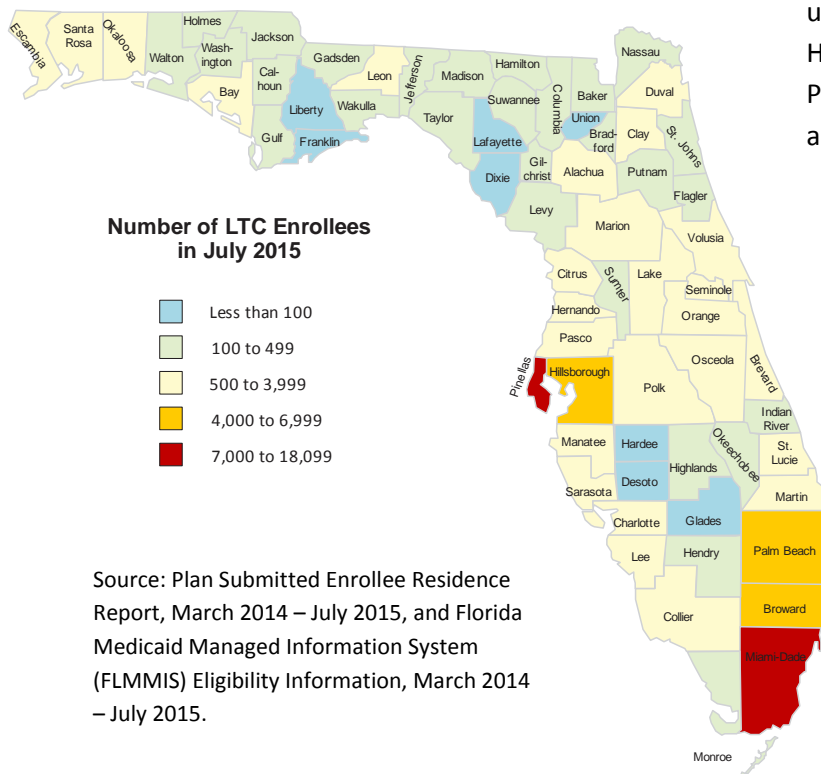
Figure 6: Number of LTC Enrollee Months in the Community by Location Type and Plan, March 2013 - July 2015*



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

*Humana enrollees are included with American ElderCare from July 2015 forward. Beginning July 2015, Humana began operating its LTC plan as Humana American Eldercare.

Figure 7: Number of LTC Enrollees by County, July 2015

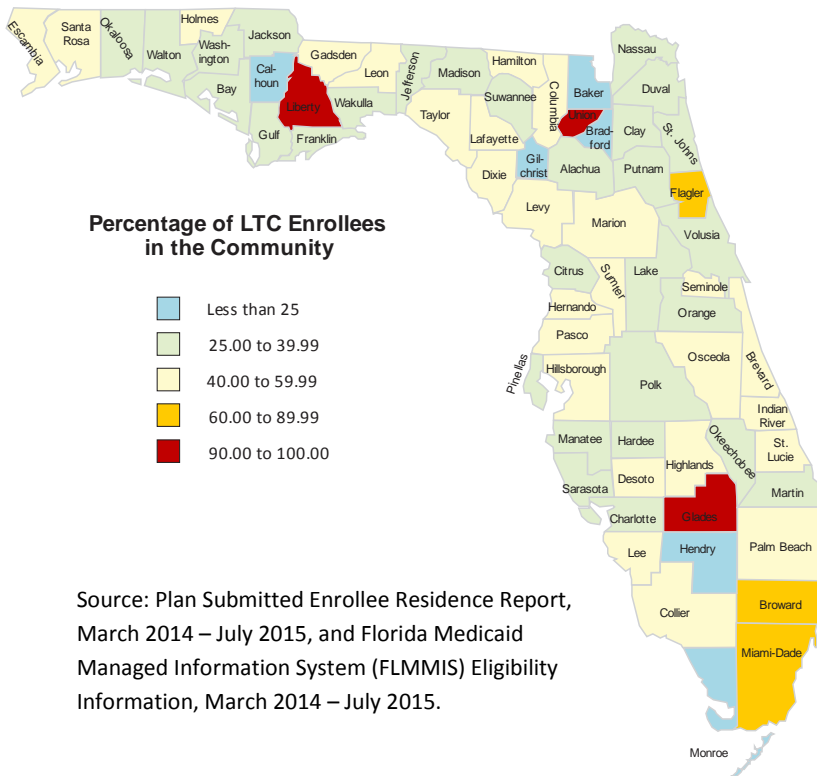


Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

There are enrollees in every county of the state. However, the enrollee population is more concentrated in five urban counties: Pinellas (St. Petersburg), Hillsborough (Tampa), Palm Beach (West Palm Beach), Broward (Ft. Lauderdale), and Miami-Dade (Miami).

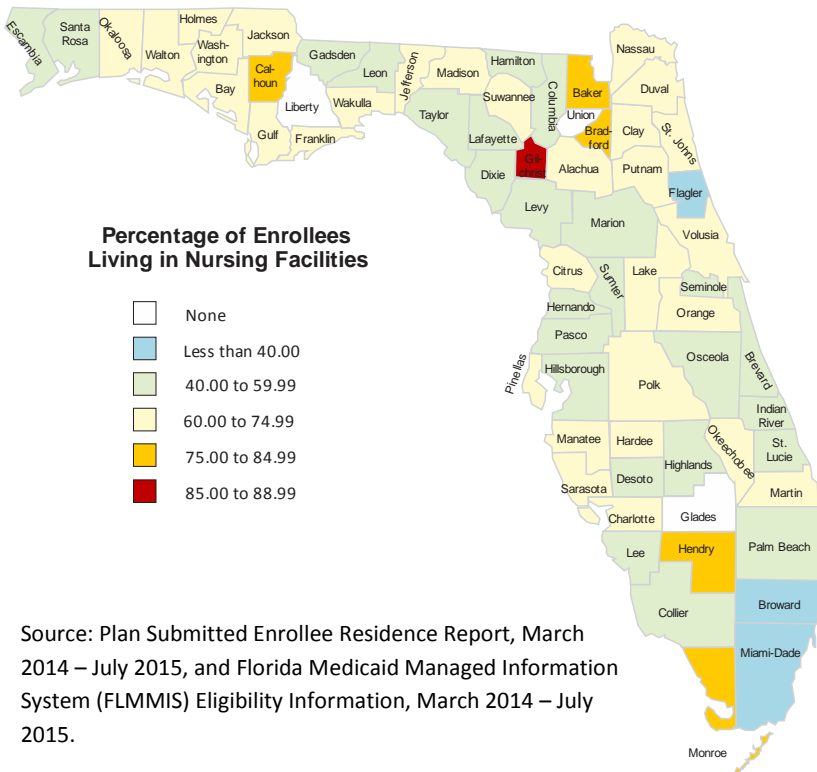
Figure 8: Percentage of LTC Enrollees Residing in the Community, July 2015

Some Florida counties have a larger ratio of LTC enrollees receiving services in a community setting as opposed to an institutional setting. Ninety percent or more of LTC enrollees residing in Liberty, Glades, or Union county reside in the community. Miami-Dade and Broward counties have sixty to ninety percent of LTC enrollees residing in the community.



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Figure 9: Percentage of LTC Enrollees Residing in Nursing Facilities, July 2015



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Some counties have a larger ratio of LTC enrollees receiving services in an institutional as opposed to community setting. In six Florida counties, over three quarters of LTC enrollees reside in an institution. These counties are Gilchrist, Calhoun, Baker, Bradford, Henry, and Monroe (Key West).

LTC Enrollees in the MMA Program

LTC enrollees may also be enrolled in the SMMC Managed Medical Assistance (MMA) program. The MMA program provides medical, dental, and behavioral health services to enrollees. Some LTC enrollees are not enrolled in MMA plans because: 1) they have other health insurance, such as Medicare Advantage plans; 2) they are eligible for waiver programs and have chosen not to enroll in MMA; or 3) they have had recent changes in Medicaid eligibility or residence that made them ineligible to receive MMA services.

Figure 10: Number and Percentage of LTC Enrollees by MMA Plan Status, July 2015

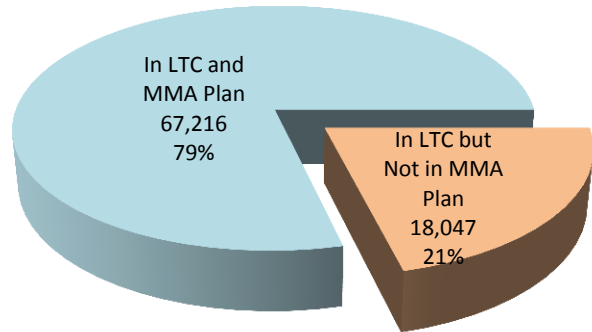
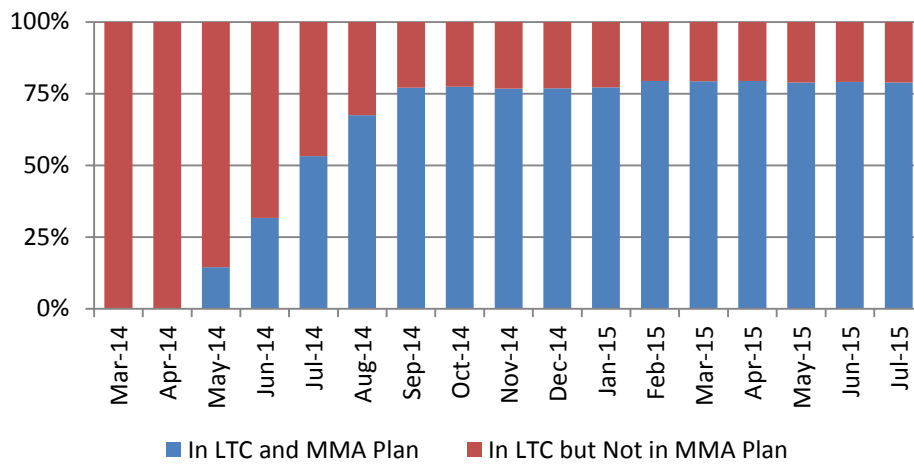
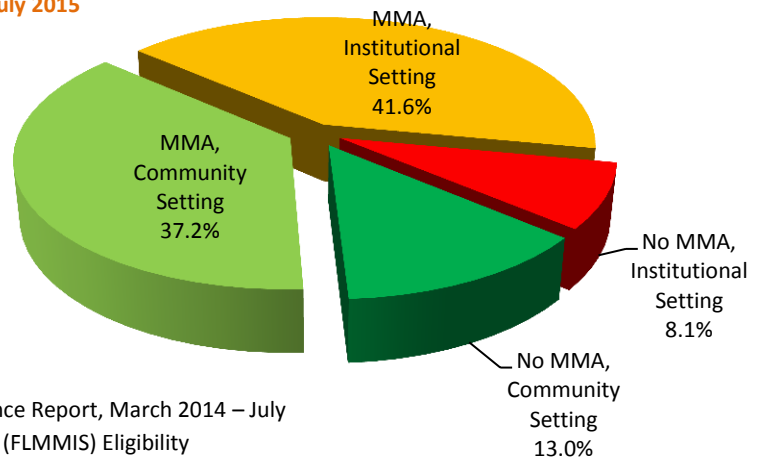


Figure 11: Percentage of LTC Enrollments by Month and MMA Plan Status, March 2014 - July 2015



The MMA program began enrollment in May 2014 and finished implementation in August 2014. By September 2014, 77 percent of LTC enrollees were also enrolled in an MMA plan. By July 2015, 79 percent of LTC enrollees were also in an MMA plan.

Figure 12: Percentage of LTC Enrollees by Residential Setting and MMA Plan Status, July 2015



Among LTC enrollees who are not enrolled in MMA, more reside in community settings than in institutional settings.

Source for Figures 10-12: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Comprehensive Plans

A health plan that has a contract with the Agency and operates as a Long-term Care plan and as a Managed Medical Assistance plan in a region has a Comprehensive Long-term Care Plan contract. An enrollee is enrolled in a comprehensive plan only if the enrollee is enrolled in the same plan for LTC and MMA services. If the enrollee is enrolled in different plans, one for MMA and another for LTC services, the enrollee is not considered part of a comprehensive plan.

Enrollment in a comprehensive plan has the potential to enhance care coordination by bringing monitoring of both LTC and MMA services within a single system of management. Enhanced care coordination may improve the quality of healthcare and result in increased efficiencies in management.

Figure 13: Percentage of LTC Enrollees by Month and Comprehensive Plan Status, March 2014 - July 2015

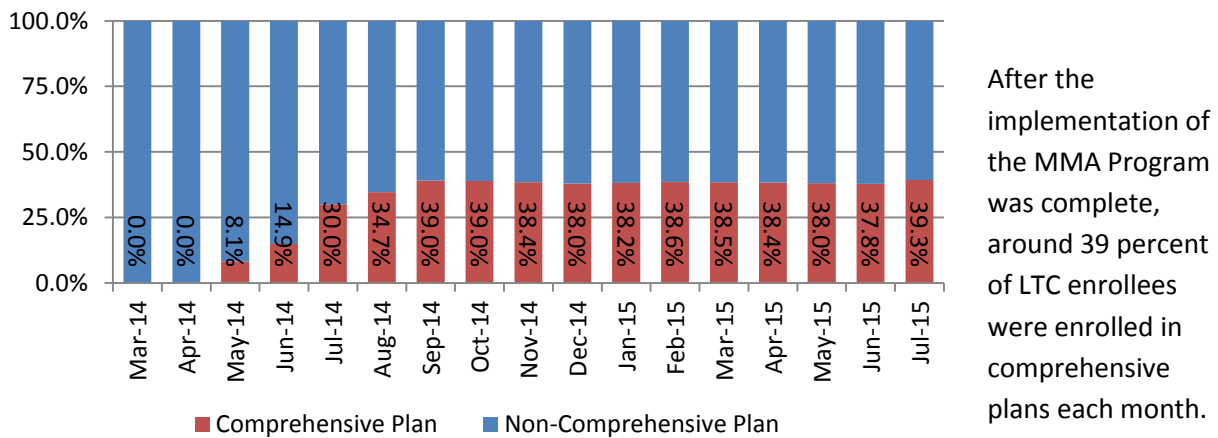
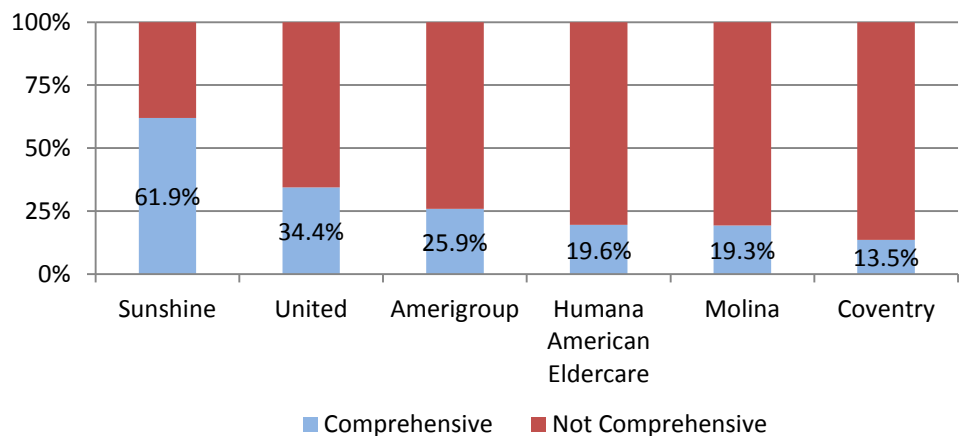


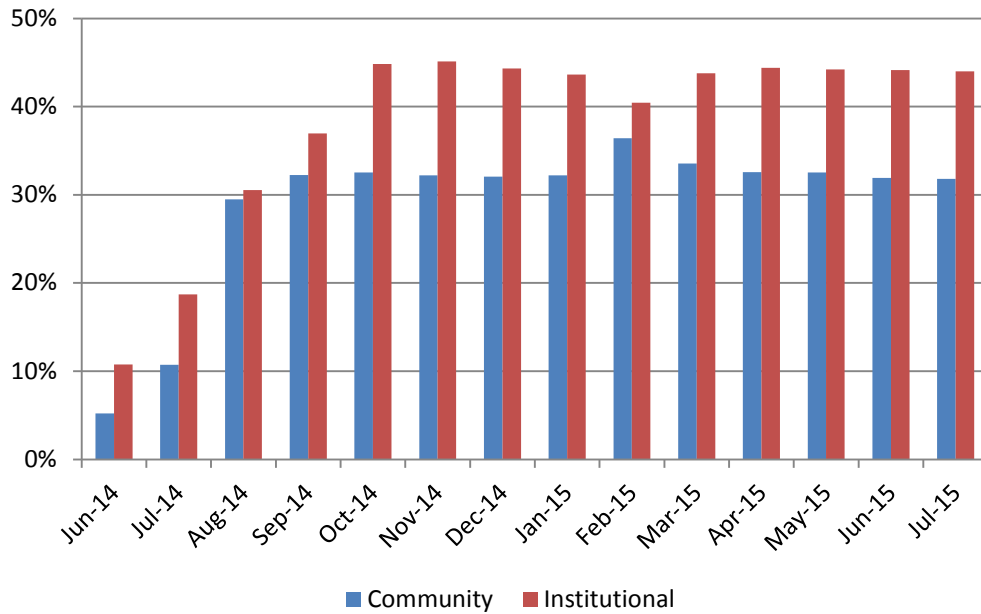
Figure 14: Percentage of LTC Enrollees by Plan and Comprehensive Plan Status, July 2015*

Sunshine is the only plan with over half of its enrollees in a comprehensive plan.



* Humana enrollees are included with American ElderCare from July 2015 forward. Beginning July 2015, Humana began operating its LTC plan as Humana American Eldercare.

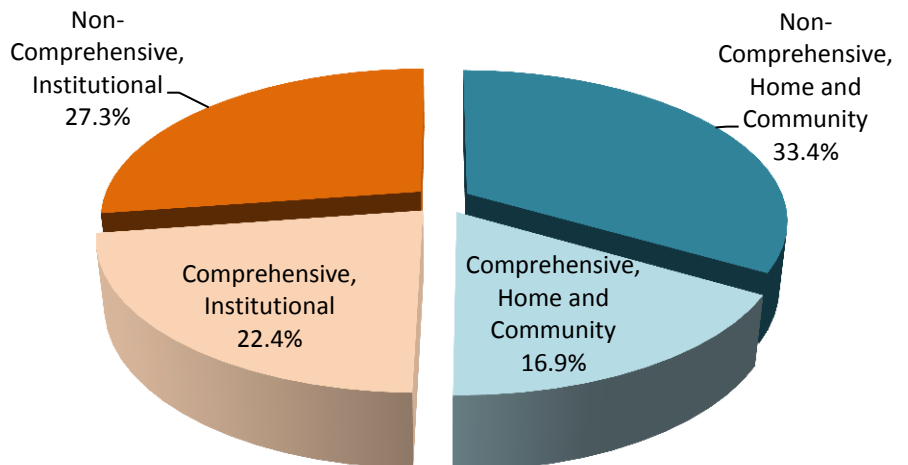
Figure 15: Percentage of Community and Institutional LTC Enrollees Who Were Enrolled in a Comprehensive Plan by Month, June 2014 - July 2015



A greater percentage of enrollees in institutional settings as compared to community settings are enrolled in comprehensive plans.

Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Figure 16: Percentage of LTC Enrollees by Residential Setting and Comprehensive Plan Status, July 2015

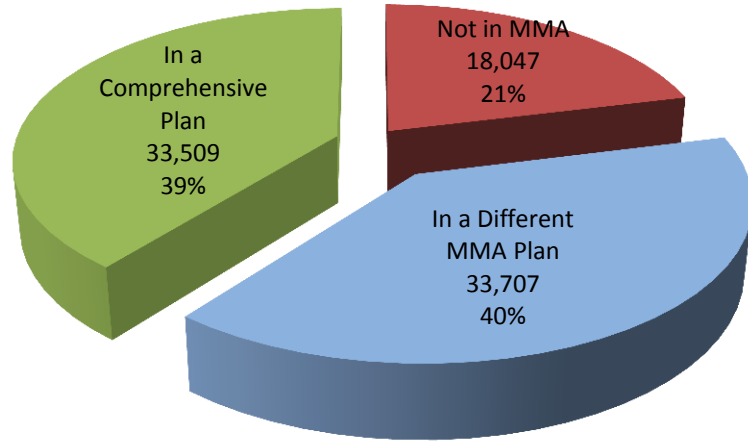


More enrollees in comprehensive plans reside in an institutional setting than community setting. More enrollees in non-comprehensive plans reside in a community than institutional setting.

Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

More LTC enrollees are enrolled in non-comprehensive than comprehensive plans in part due to enrollees who are not enrolled in an MMA plan. Among enrollees who are enrolled in an MMA plan, half are enrolled in comprehensive plans.

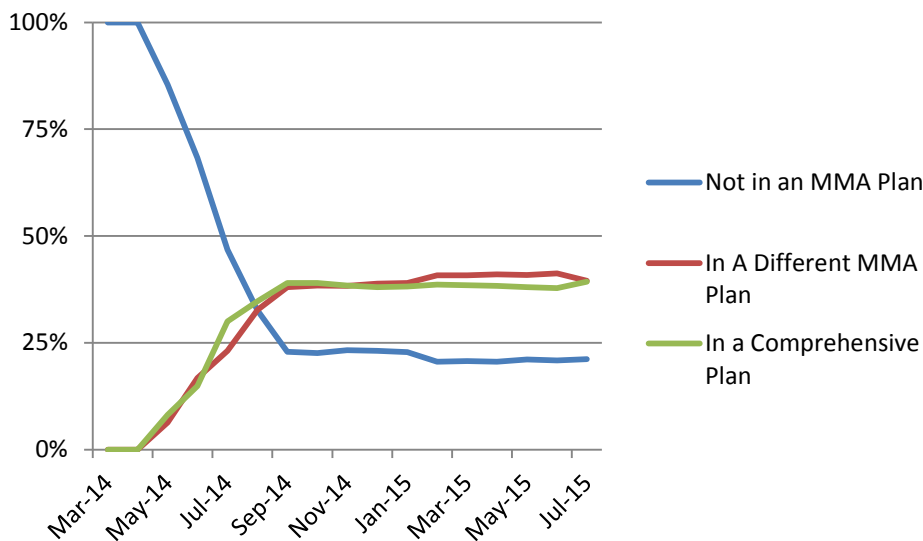
Figure 17: Number and Percentage of LTC Enrollees by MMA Plan and Comprehensive Plan Status, July 2015



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

After implementation of the MMA program was complete, less than 25 percent of LTC enrollees were not enrolled in the MMA program.

Figure 18: Number and Percentage of LTC Enrollees by Month and MMA Plan and Comprehensive Plan Status, March 2014 - July 2015

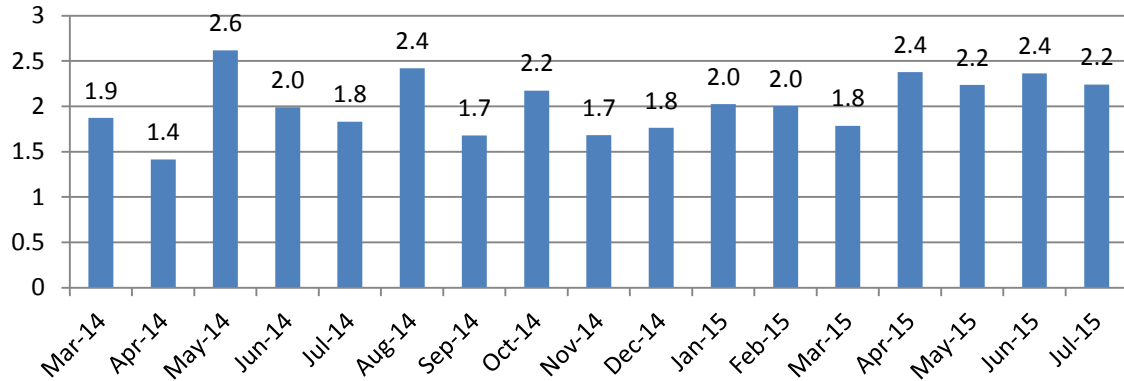


Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Transfers Into Nursing Facilities

The number of LTC enrollees who transferred from the community to nursing facilities each month fluctuated over the review period. The number of enrollees who transferred to nursing facilities each month varied from 1.4 to 2.6 per 1,000 LTC enrollees. On average, two enrollees for every 1,000 enrollees in the community transferred to nursing facilities each month.

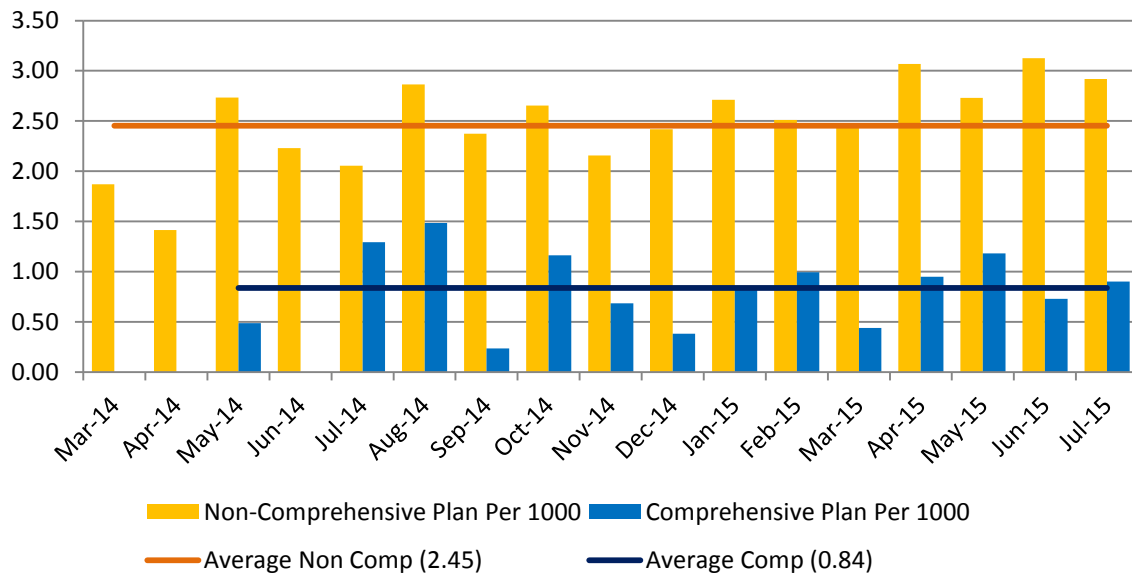
Figure 19: Number of LTC Enrollees Who Transfer to Nursing Facilities per 1,000 LTC Enrollees in the Community, by Month, March 2014 - July 2015



Source: Plan Submitted Enrollee Residence Report, June 2014 – July 2015, Plan Submitted Nursing Home Transfer Report, March 2014 – May 2014, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

On average, more enrollees in non-comprehensive than in comprehensive plans transfer to nursing facilities each month. In fact, enrollees in the community are less than half as likely to transfer to nursing facilities when in comprehensive versus non-comprehensive plans.

Figure 20: Number of LTC Enrollees Who Transfer to Nursing Facilities per 1,000 LTC Enrollees in the Community, by Month, and by Comprehensive Plan Status, March 2014 - July 2015



Source: Plan Submitted Enrollee Residence Report, June 2014 – July 2015, Plan Submitted Nursing Home Transfer Report, March 2014 – May 2014, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

The rate of transfers from the community to nursing facilities for fiscal year 2014 – 2015, ranged from a low of one-tenth of a percent of Sunshine’s enrollees to a high of 5 percent of American ElderCare’s enrollees.

Figure 21: Percentage of Community Enrollees Who Transferred to Nursing Facilities, Fiscal Year 2014 - 2015

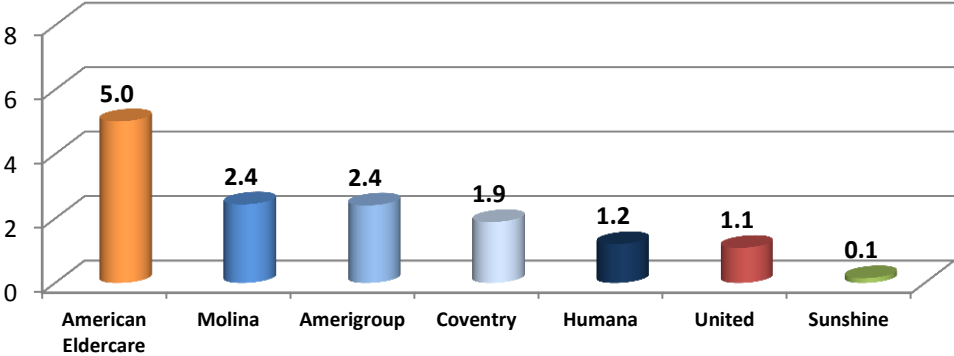
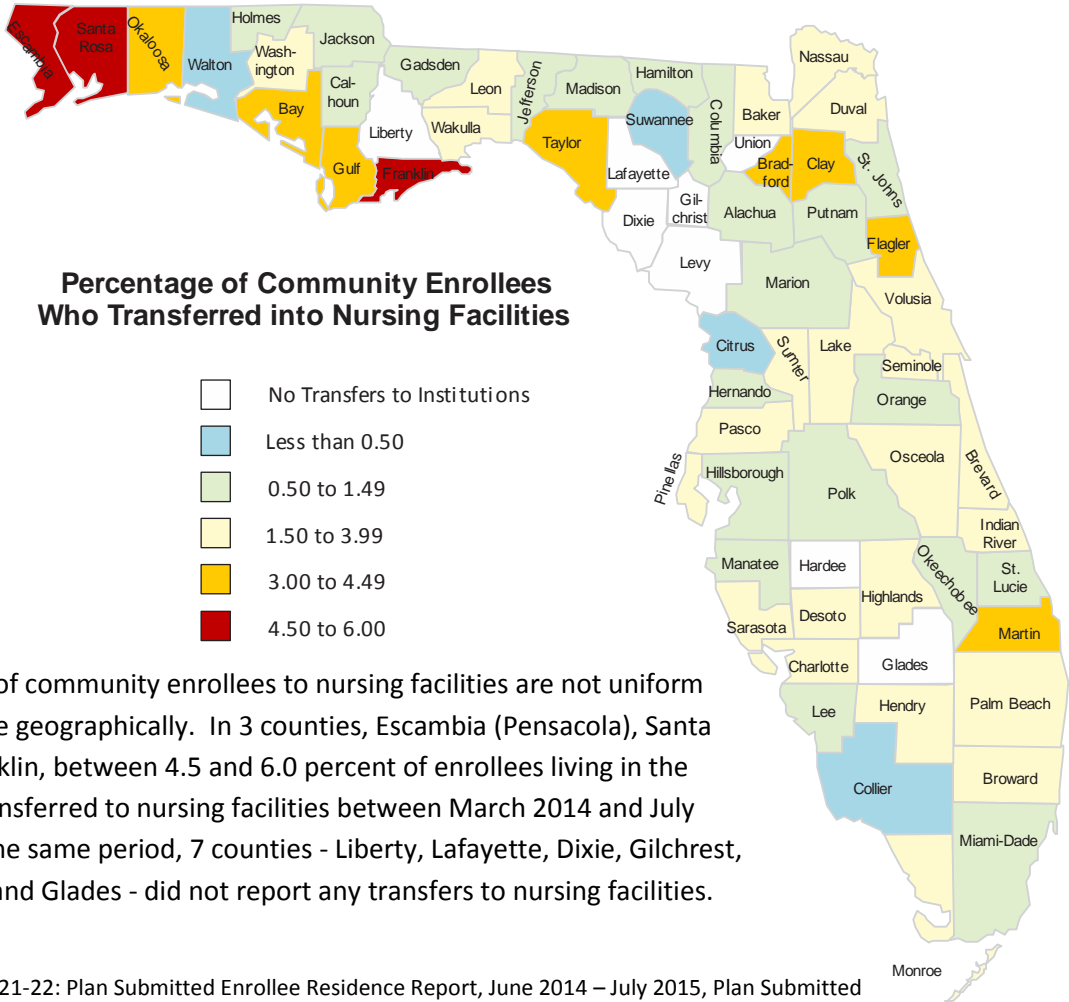


Figure 22: Percentage of Community Enrollees Who Transferred to Nursing Facilities, by County, March 2014 - July 2015



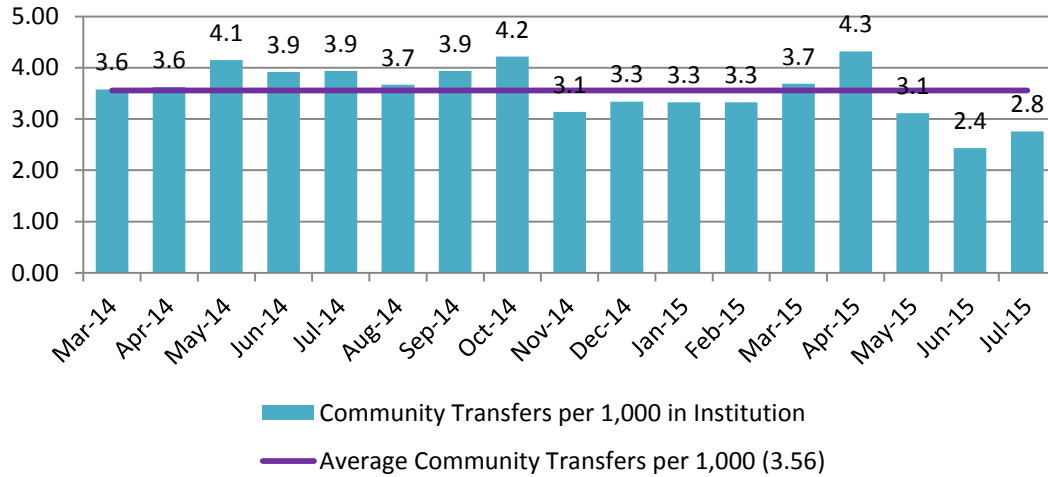
Transfer rates of community enrollees to nursing facilities are not uniform across the state geographically. In 3 counties, Escambia (Pensacola), Santa Rosa, and Franklin, between 4.5 and 6.0 percent of enrollees living in the community transferred to nursing facilities between March 2014 and July 2015. During the same period, 7 counties - Liberty, Lafayette, Dixie, Gilchrest, Levy, Hardee, and Glades - did not report any transfers to nursing facilities.

Source for Figures 21-22: Plan Submitted Enrollee Residence Report, June 2014 – July 2015, Plan Submitted Nursing Home Transfer Report, March 2014 – May 2014, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Transfers Out of Nursing Facilities

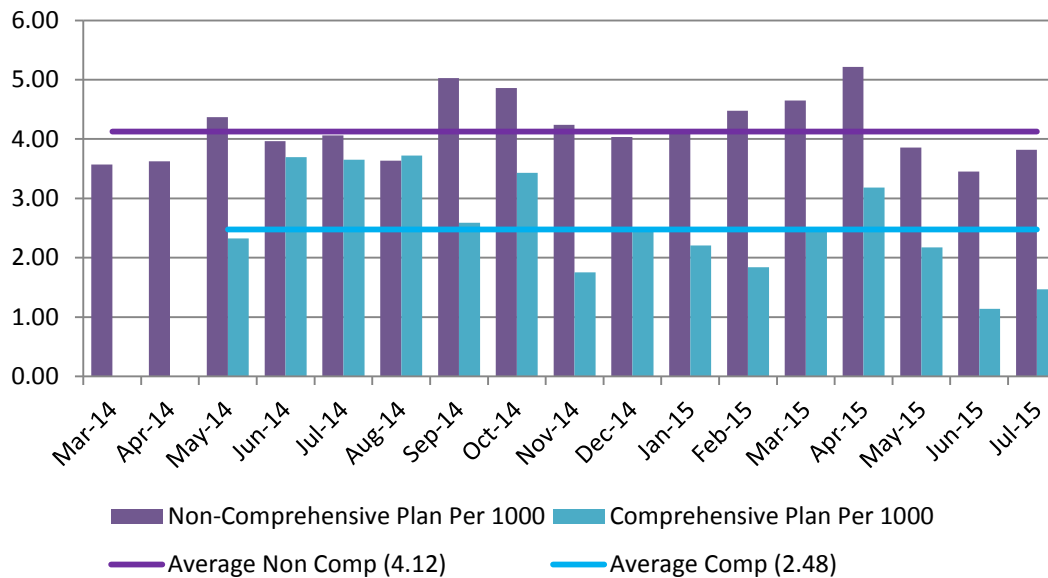
On average, 3.6 of every 1,000 enrollees in nursing facilities transfer to the community each month.

Figure 23: Number of LTC Enrollees Who Return to the Community per 1,000 LTC Enrollees in Nursing Facilities, by Month, March 2014 - July 2015



More enrollees in non-comprehensive than comprehensive plans transfer from a nursing facility to the community each month. In fact, enrollees in a comprehensive plan were about 60 percent as likely as enrollees in a non-comprehensive plan to return to the community between May 2014 and July 2015.

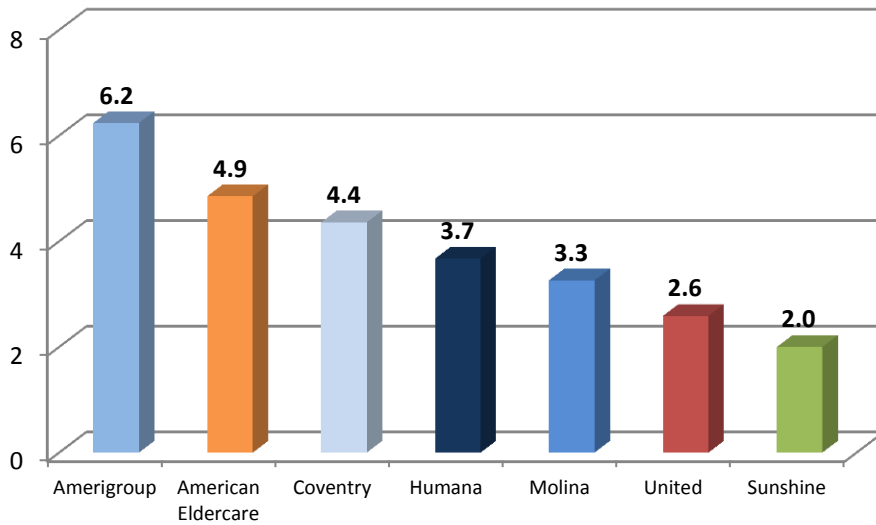
Figure 24: Number of LTC Enrollees Who Return to the Community per 1,000 LTC Enrollees in Nursing Facilities, by Month, and by Comprehensive Plan Status, March 2014 - July 2015



Source for Figures 23-24: Plan Submitted Enrollee Residence Report, June 2014 – July 2015, Plan Submitted Nursing Home Transfer Report, March 2014 – May 2014, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

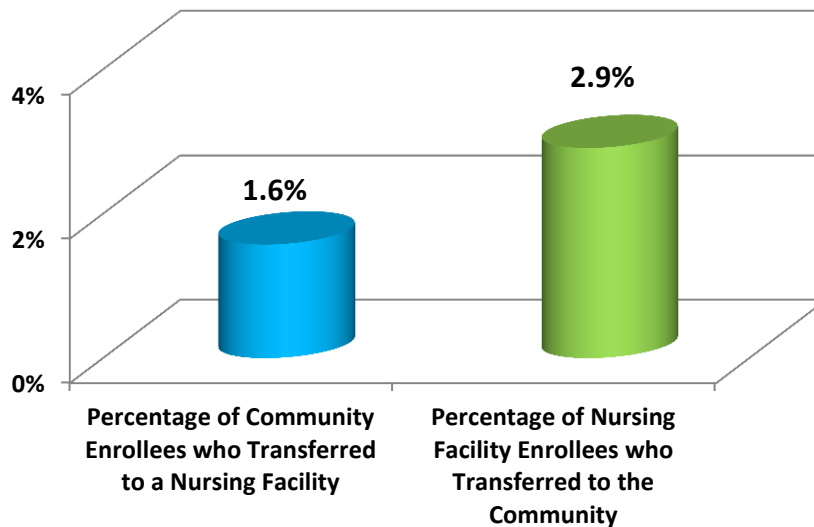
The rate of transfers from nursing facilities to the community for fiscal year 2014 – 2015 ranged from a low of 2 percent of Sunshine’s nursing facility enrollees to a high of 6 percent of Amerigroup’s nursing facility enrollees.

Figure 25: Percentage of Nursing Facility Enrollees Who Transferred to the Community, by Plan, Fiscal Year 2014 - 2015



On average, plans transferred 2.9 percent of enrollees from nursing facilities to the community during fiscal year 2014 – 2015. Only 1.6 percent of community enrollees transferred into nursing facilities during the fiscal year.

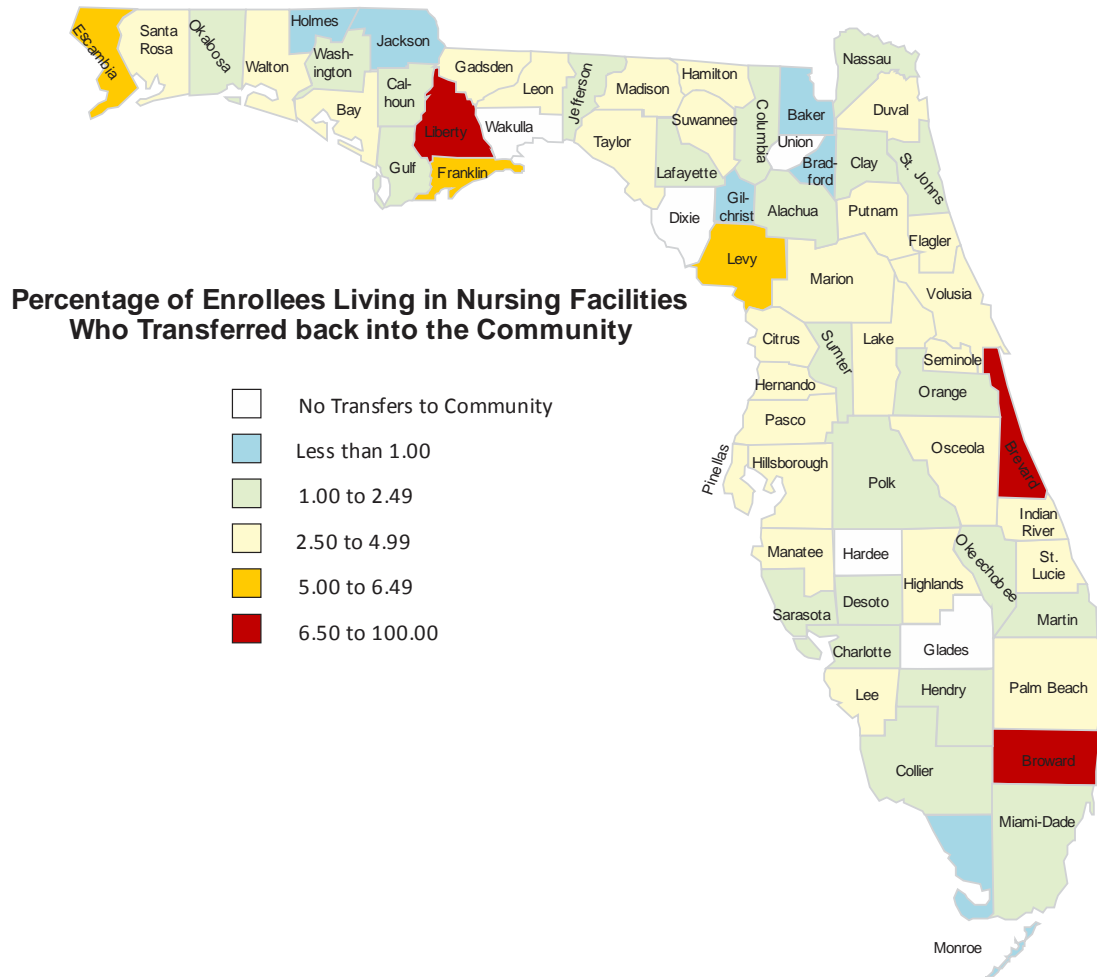
Figure 26: Percentage of LTC Enrollees Who Transferred into and out of a Nursing Facility, July 2014 - June 2015



Source for Figures 25 and 26: Plan Submitted Enrollee Residence Report, June 2014 – July 2015, Plan Submitted Nursing Home Transfer Report, March 2014 – May 2014, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Rates of enrollees in nursing facilities returning to the community are not uniform across the state geographically. In three counties, Liberty, Brevard (Melbourne), and Broward (Ft. Lauderdale), over 6.5 percent of enrollees in nursing facilities returned to the community between March 2014 and July 2015. At the same time, five counties - Wakulla, Dixie, Union, Hardee, and Glades - did not report any returns to community.

Figure 27: Percentage of LTC Enrollees in Nursing Facilities Who Returned to the Community, March 2014 - July 2015



Source: Plan Submitted Enrollee Residence Report, June 2014 – July 2015, Plan Submitted Nursing Home Transfer Report, March 2014 – May 2014, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

LTC Services

Long-term Care services are services provided to enrollees who require skilled nursing level of care. They may be provided in an institutional or community setting.

Long-term Care plans are required to ensure the provision of the covered services listed below to the plan’s enrollees:

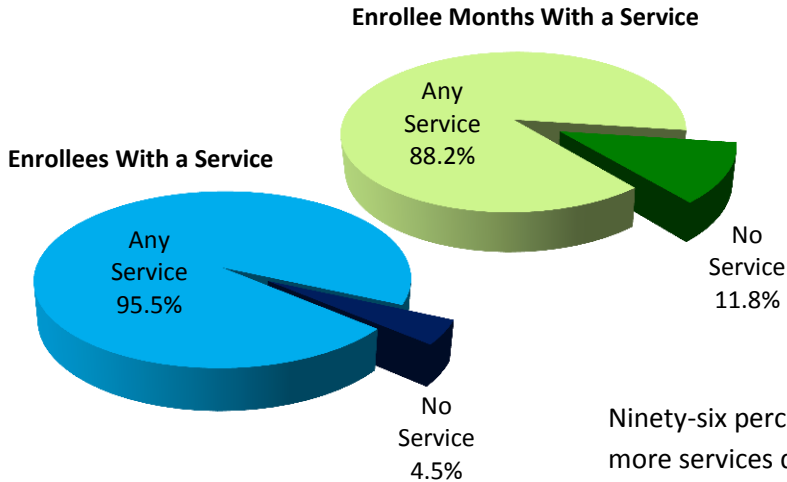
- Adult Companion Care
- Adult Day Health Care
- Assistive Care Services
- Assisted Living
- Attendant Care
- Behavioral Management
- Caregiver Training
- Care Coordination/Case Management
- Home Accessibility Adaptation Services
- Home Delivered Meals
- Homemaker Services
- Hospice
- Intermittent and Skilled Nursing
- Medical Equipment and Supplies
- Medication Administration
- Medication Management
- Nutritional Assessment/Risk Reduction Services
- Nursing Facility Services
- Personal Care
- Personal Emergency Response Systems (PERS)
- Respite Care
- Occupational Therapy
- Physical Therapy
- Respiratory Therapy
- Transportation Services

Additionally, the LTC plans all offer Expanded Benefits (Extra Benefits). Listed below are Approved LTC Expanded Benefits:

- ALF/AFCH Bed Hold
- Box Fan
- Caregiver Information/Support
- Cellular Phone Services
- Dental Services
- Document Keeper
- Emergency Financial Assistance
- Hearing Evaluation
- Household Set-Up Kit
- Mobile Personal Emergency Response System
- Non-Medical Transportation
- Nurse Helpline Services
- Over-The-Counter (OTC) Medication/Supplies
- Pill Organizer
- Support to Transition Out of a Nursing Facility
- Vision Services
- Welcome Home Basket
- Wellness Grocery Discount

Source: Statewide Medicaid Managed Care (SMMC) Contract, Attachment I, Scope of Services

Figure 28: LTC Enrollees and Enrollee Months by Service Utilization, March 2014 - February 2015



Ninety-six percent of LTC enrollees received one or more services during the review period. In 88 percent of enrollee months, enrollees received one or more services.

Figure 29: LTC Enrollees with at Least One Service by Plan, March 2014 to February 2015

Over 90 percent of the enrollees in each LTC plan received at least one service between March 2014 and February 2015. However, this percentage varied by plan. Amerigroup had the highest percentage at 98.8 percent, and United had the lowest at 90.8 percent.

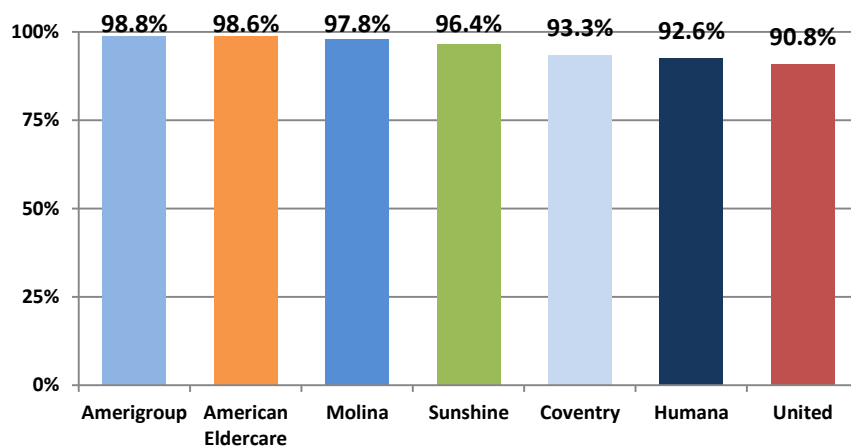
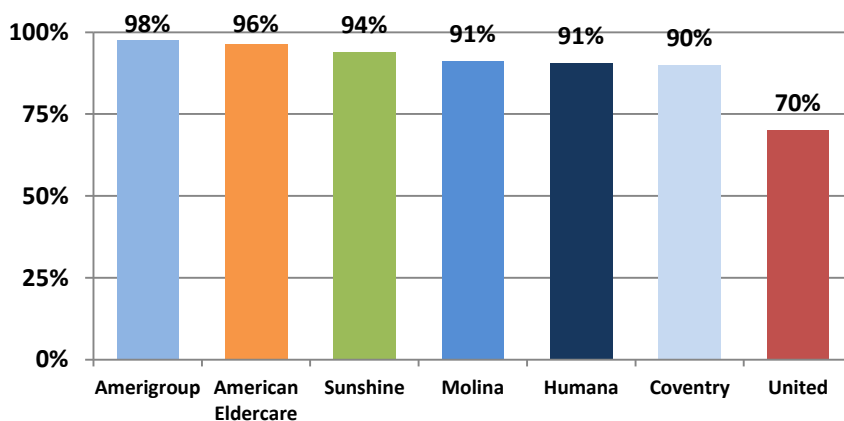


Figure 30: LTC Enrollee Months with at Least One Service by Plan, March 2014 to February 2015



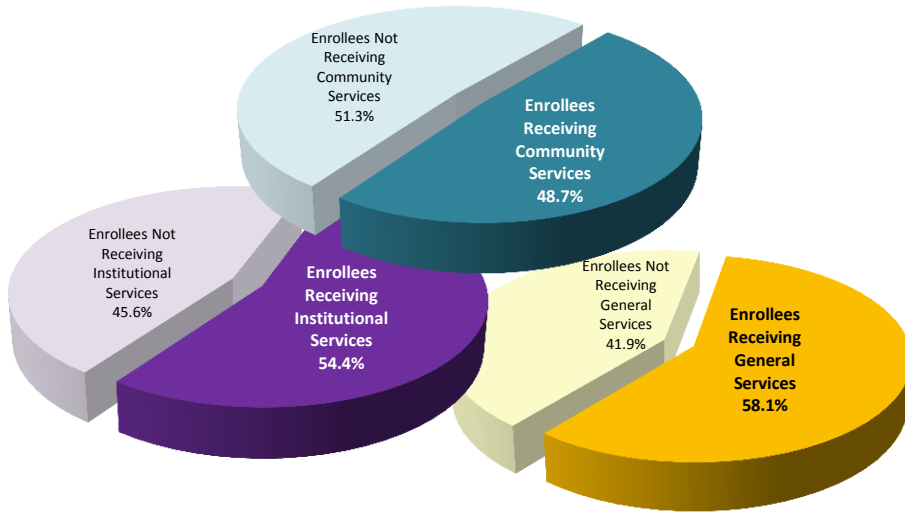
The percentage of enrollee months in which enrollees received a service ranged from 98 percent of Amerigroup’s enrollee months to 70 percent of United’s enrollee months.

Source for Figures 28-30: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Enrollees Receiving Community and Institutional Services

Enrollees may reside in institutional or community settings. Institutional services are used by enrollees in institutional settings. Community services are used by enrollees in community settings, and are designed to help enrollees remain in the community. Enrollees may move between the two settings and receive each type of service at different points in time. General services, such as transportation and medical services and equipment, may be received by enrollees residing in either setting.

Figure 31: Percentage of LTC Enrollees Receiving at Least One Institutional, Community, and General Service, March 2014 - February 2015



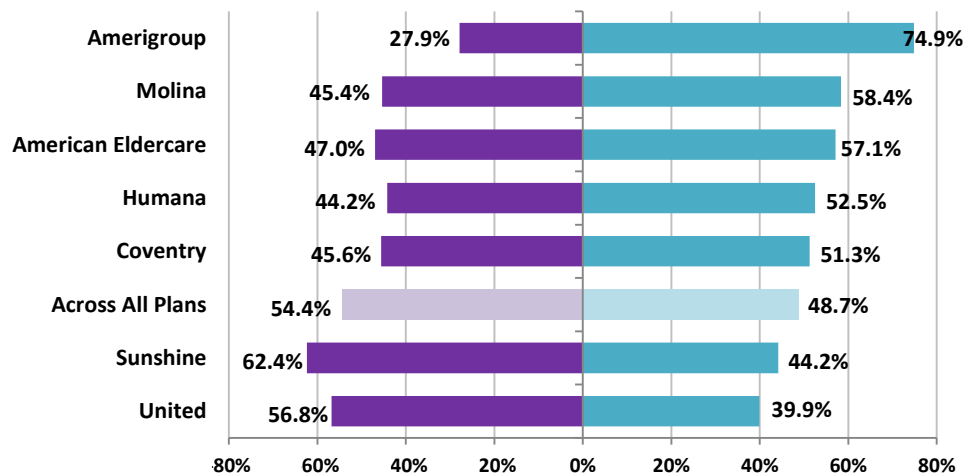
Fifty-four percent of LTC enrollees received institutional services over the review period. Forty-nine percent of LTC enrollees also received one or more community service. Fifty-eight percent of LTC enrollees received general services.

The percentage of LTC enrollees receiving institutional and community services differs by plan. Only Sunshine and United had larger percentages of enrollees receiving institutional services than community services. Close to 60 percent of Sunshine’s and United’s enrollees live in an institutional setting.

Figure 32: Percentage of LTC Enrollees Receiving at Least One Institutional Service or Community Service by Plan, March 2014 - February 2015*

Three-quarters of Amerigroup’s enrollees received community services. Over three-quarters of Amerigroup’s enrollees live in a community setting.

*Some services such as medical equipment and supplies can be received in either an institutional or community setting. Therefore, institutional and community percentages will not total to 100 percent of enrollees.



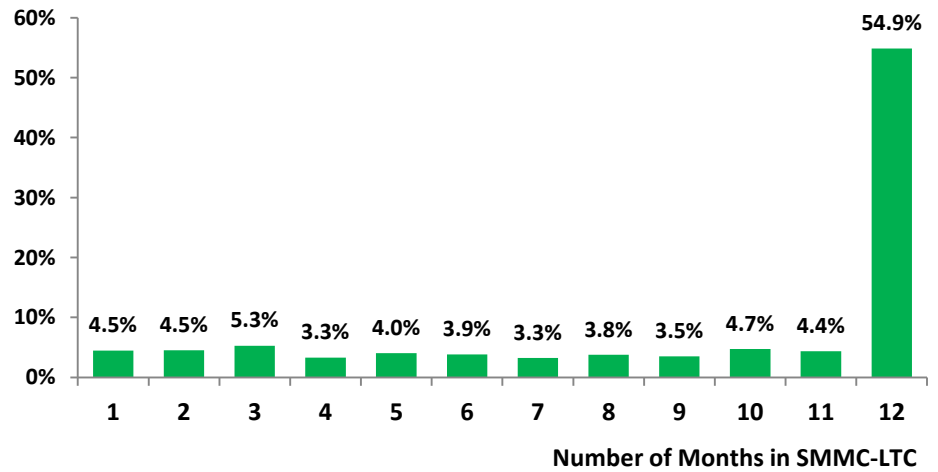
Source: For Figures 31 and 32, Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

■ % Enrollees Receiving Institutional Services
 ■ % Enrollees Receiving Community Services

Months in the LTC Program and Months Receiving Services

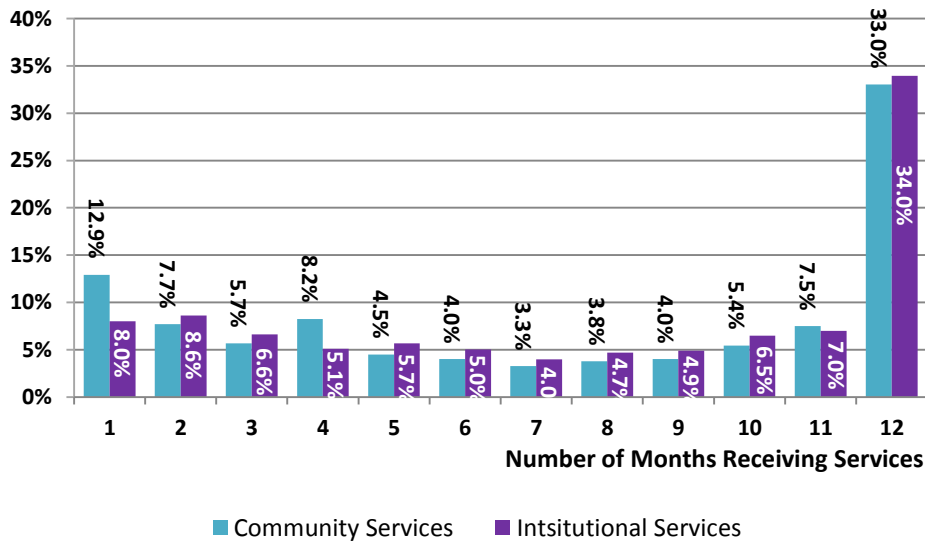
Over half (54.9%) of LTC enrollees were enrolled in the LTC program all twelve months of the review period. A quarter (25.5%) of enrollees were enrolled for six months of the review period or less.

Figure 33: Percentage of LTC Enrollees by the Number of Months in the LTC Program, March 2014 - February 2015



Source: Plan Submitted Enrollee Residence Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Figure 34: Percentage of LTC Enrollees by the Number of Months Receiving Community or Institutional Services, March 2014 - February 2015



Among LTC enrollees who received community services, a third (33%) received community services in all twelve months of the period. A little more than a quarter (26.3%) of enrollees who received community services during the period received these services for three months or less.

Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

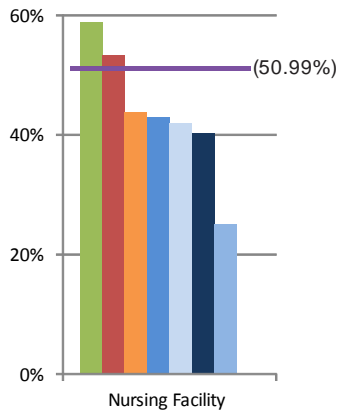
Similarly, a third (34%) of enrollees who received an institutional service during the period received institutional services for all twelve months, and about a quarter (23.2%) of enrollees who received an institutional service during the period received these services for three months or less.

Institutional Care Services

Institutional services consist of nursing facility services and hospice services delivered in an institutional setting.

Fifty-one percent of LTC enrollees received nursing facility services during the review period.

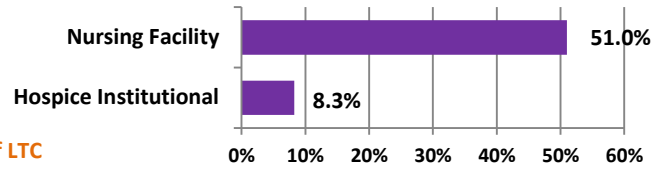
Figure 36: Percentage of LTC Enrollees Receiving a Nursing Facility Service by Plan, March 2014 - February 2015



- American ElderCare
- Coventry
- Molina
- United
- Amerigroup
- Humana
- Sunshine
- All Plans

Sunshine, which has the largest percentage of LTC enrollees in an institutional setting, had the largest percentage of LTC enrollees who received Nursing facility services at 59 percent.

Figure 35: Percentage of LTC Enrollees Receiving at Least One Institutional Service by Service, March 2014 - February 2015



Nursing Facility services are services provided by a licensed skilled nursing facility as part of the standard per diem charges. These services include room and board, nursing care, and other standard services.

Hospice services are designed to meet the physical, social, psychological, emotional and spiritual needs of terminally ill enrollees and their families. Hospice care focuses on palliative care rather than curative care, and can be provided in an institution or community setting. **Institutional Hospice services** are hospice services provided in an institutional setting.

Figure 37: Percentage of LTC Enrollees Receiving Institutional Hospice Services by Plan, March 2014 - February 2015

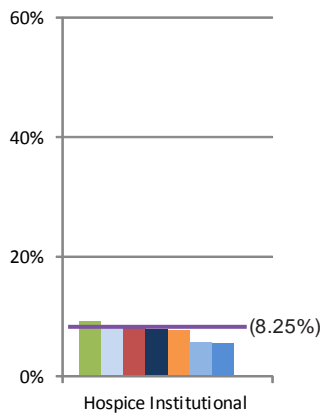
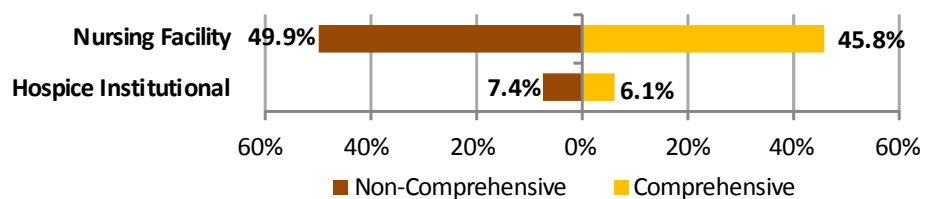


Figure 38: Percentage of LTC Enrollees Receiving at Least One Institutional Service by Service and Comprehensive Status, March 2014 - February 2015



Half of all enrollees in non-comprehensive plans received nursing facility services while 46 percent of enrollees in comprehensive plans received nursing facility services.

Source for Figures 35-38: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

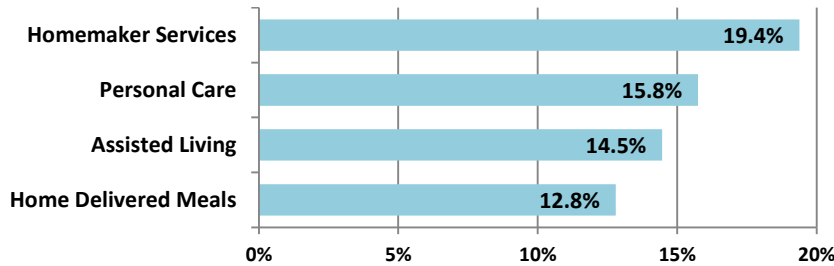
Source: Descriptions of specific services on pages 21-32 are taken from the Statewide Medicaid Managed Care Contract, Attachment II, Exhibit II-B, Long-term Care (LTC) Managed Care Program.

Community Care Services

Community services consist of 18 different services that are provided in the community or the enrollee’s home. Five of these services may be received as PDO services for participants in the Participant Directed Option (PDO). These services are covered in the PDO section of this report.

The Most Widely Used Community Services

Figure 39: Percentage of LTC Enrollees Receiving at Least One of the Most Widely Used Community Services by Service, March 2014 - February 2015



Four community services were used by more than ten percent of all LTC enrollees. These services include homemaker services, personal care, assisted living services, and home delivered meals.

Homemaker services are general household activities such as meal preparation and routine household care provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities. Chore services, including heavy chore services and pest control may be included in this service.

Personal Care services provide assistance with eating, bathing, dressing, personal hygiene, and other activities of daily living. It includes assistance with preparation of meals, and may include housekeeping chores such as bed making, dusting and vacuuming.

Figure 40: Percentage of LTC Enrollees Receiving Homemaker Services by Plan, March 2014 - February 2015

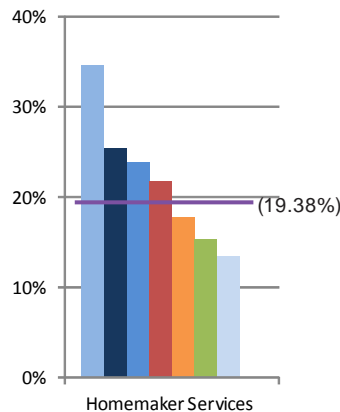
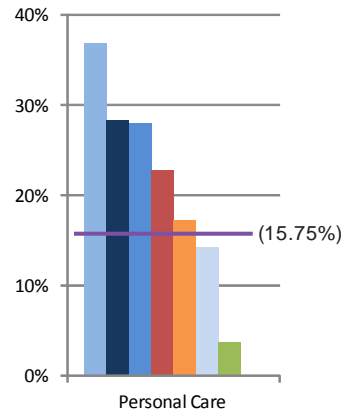


Figure 41: Percentage of LTC Enrollees Receiving Personal Care by Plan, March 2014 - February 2015



American ElderCare Coventry Molina United Amerigroup Humana Sunshine All Plans

A larger percentage of Amerigroup’s than other plans’ enrollees used homemaker services.

Amerigroup also had the largest percentage of LTC Enrollees receiving personal care services at 36.9 percent.

Source for Figures 39-41: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

A larger percentage of non-comprehensive enrollees used these four services than comprehensive enrollees. Assisted living services were the most widely used community service among comprehensive plan enrollees.

Homemaker services were the most widely used community service among non-comprehensive plan enrollees.

Figure 42: Percentage of LTC Enrollees Receiving at Least One of the Most Widely Used Community Services by Service and Comprehensive Status, March 2014 - February 2015

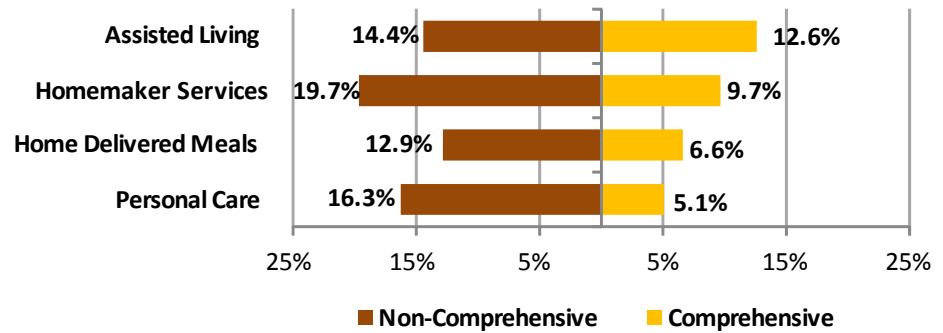


Figure 43: Percentage of LTC Enrollees Receiving Assisted Living Services by Plan, March 2014 - February 2015

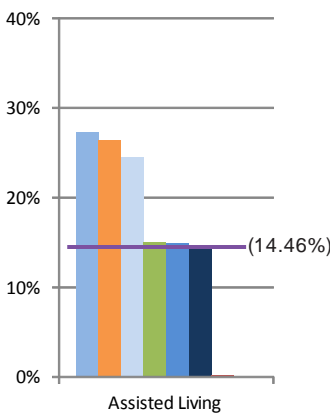
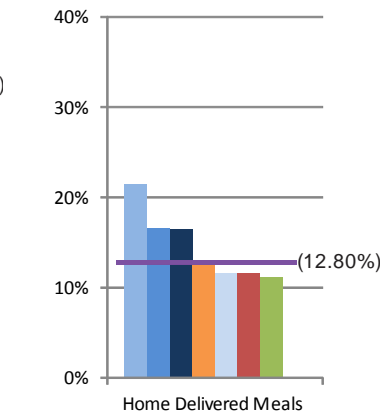


Figure 44: Percentage of LTC Enrollees Receiving Home Delivered Meals by Plan, March 2014 - February 2015



American ElderCare Coventry Molina United
 Amerigroup Humana Sunshine All Plans

Assisted Living services provide personal care, homemaker, chore, attendant care, companion care, medication oversight, and therapeutic social and recreational programming in an assisted living facility that provides a home-like environment. This service includes twenty-four hour onsite staff to meet scheduled or unpredictable needs and ensure the safety and security of enrollees.

Home Delivered Meal services deliver nutritionally sound meals to the residence of an enrollee who has difficulty shopping for or preparing food without assistance.

Assisted Living Services were used by 24.5 to 27.3 percent of enrollees in Amerigroup, American ElderCare, and Coventry.

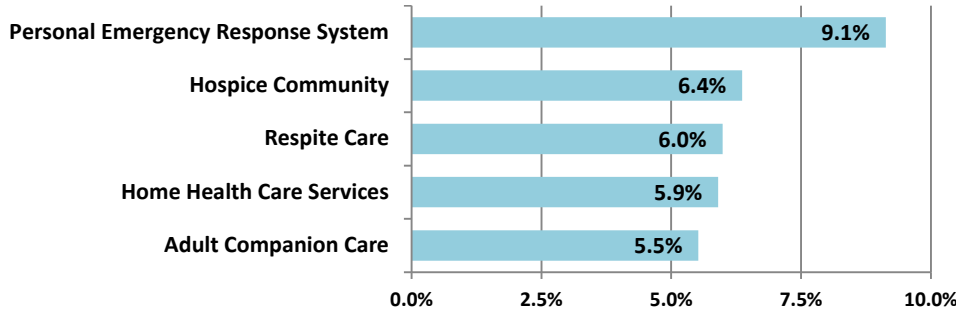
On average, 13 percent of LTC enrollees received at least one home delivered meal.

Over 21 percent of Amerigroup’s LTC enrollees had at least one home delivered meal.

Source for Figures 42-44: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Other Widely Used Community Services

Figure 45: Percentage of LTC Enrollees Receiving at Least One of the Other Widely Used Community Services by Service, March 2014 - February 2015



Five community services were used by 5 to 10 percent of all LTC enrollees. These services include personal emergency response systems, hospice in the community, respite care, home health care services, and adult companion care.

Personal Emergency Response Systems

services provide for the installation and service of an electronic device that enables enrollees at high risk of institutionalization to secure help in an emergency. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The enrollee may also wear a portable "help" button to allow for mobility. These services are generally limited to those enrollees who live alone or who are alone for significant parts of the day and who would otherwise require extensive supervision.

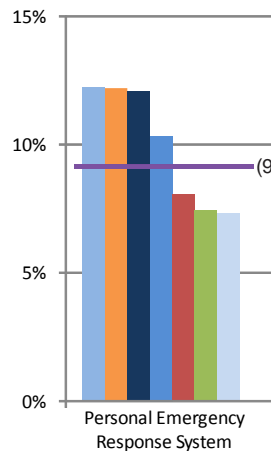
Hospice services are designed to meet the physical, social, psychological, emotional and spiritual needs of terminally ill enrollees and their families. Hospice care focuses on palliative care rather than curative care, and can be provided in an institution or community setting. **Community Hospice services** are hospice services provided in the community setting.

Respite Care services provide short-term relief for enrollees' caretakers when enrollees are unable to care for themselves.

Amerigroup had the largest percentage of LTC enrollees receiving respite services during the review period at 15 percent.

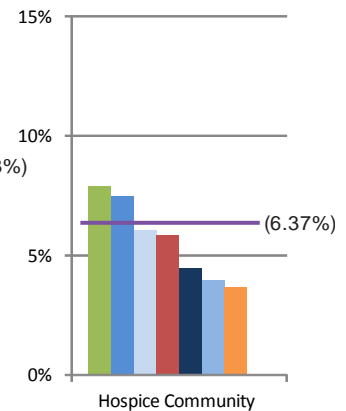
Source for Figures 45-48: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Figure 46: Percentage of LTC Enrollees Receiving Personal Emergency Response Systems services by Plan, March 2014 - February 2015



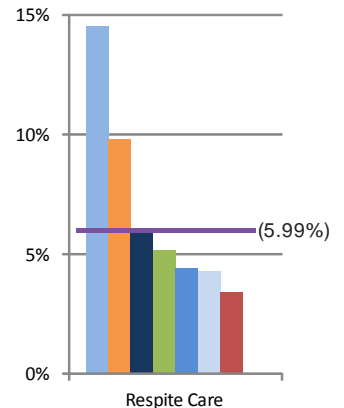
The percentage of LTC enrollees who used a personal emergency response system ranged from 12 percent for Amerigroup and American ElderCare to 7 percent for Coventry.

Figure 47: Percentage of LTC Enrollees Receiving Hospice Services in the Community by Plan, March 2014 - February 2015



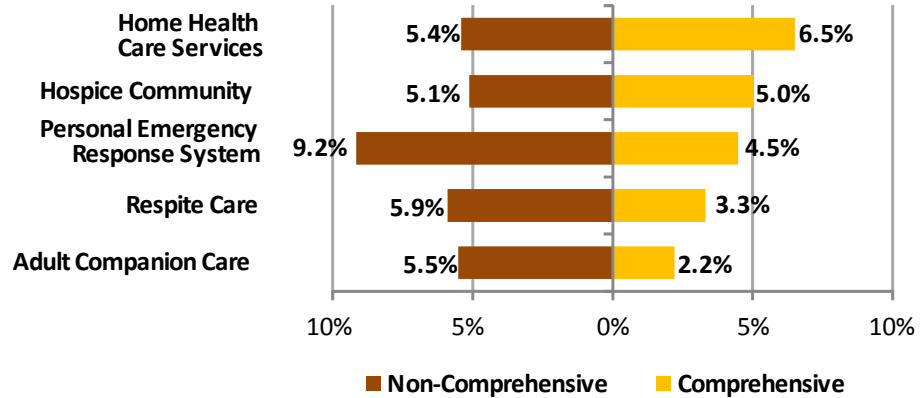
Sunshine had the largest percentage of LTC enrollees receiving hospice services in the community at 8 percent.

Figure 48: Percentage of LTC Enrollees Receiving Respite Care by Plan, March 2014 - February 2015



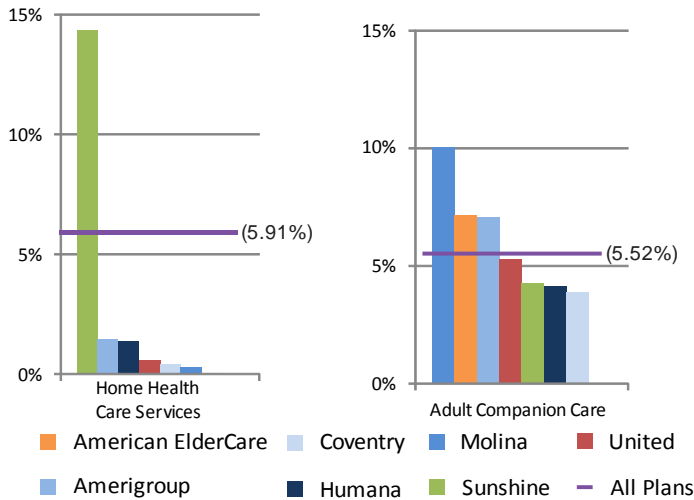
A larger percentage of comprehensive enrollees used home health care services than non-comprehensive enrollees. A larger percentage of non-comprehensive than comprehensive enrollees used the other four services.

Figure 49: Percentage of LTC Enrollees Receiving at Least One of the Other Widely Used Community Services by Service and Comprehensive Status, March 2014 - February 2015



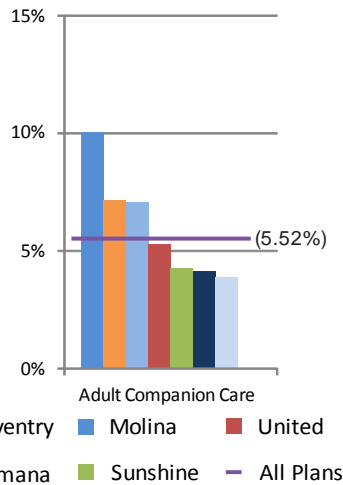
Non-comprehensive enrollees were more than twice as likely to receive personal emergency response and adult companion care as enrollees in comprehensive plans.

Figure 50: Percentage of LTC Enrollees Receiving Home Health Services by Plan, March 2014 - February 2015



At 14 percent, Sunshine had the largest percentage of enrollees who received home health care services.

Figure 51: Percentage of LTC Enrollees Receiving Adult Companion Care by Plan, March 2014 - February 2015



The percentage of LTC enrollees who were provided with adult companion care services ranged from 10.5 percent for Molina to 3.9 percent for Coventry.

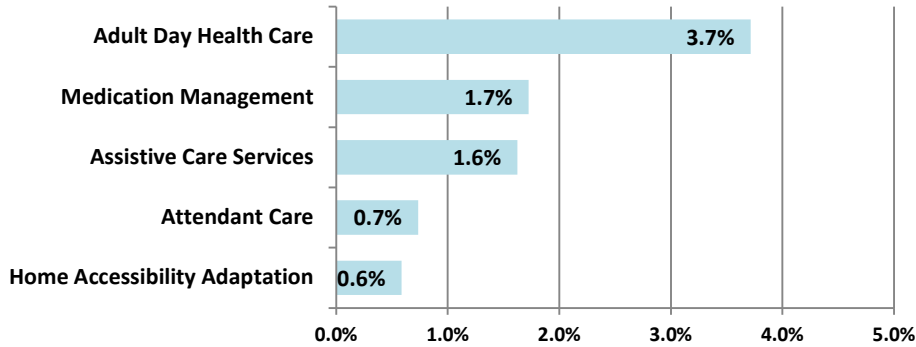
Home Health Care services are medically necessary services, which can be effectively and efficiently provided in the place of residence of an enrollee. Services include home health visits (nurse and home health aide), private duty nursing and personal care services for children, therapy services, medical supplies, and durable medical equipment.

Adult Companion Care services provide assistance or supervision for functionally impaired enrollees with tasks such as meal preparation, laundry, or shopping. This service may include light housekeeping tasks incidental to the care and supervision of enrollees but does not include hands-on nursing care.

Source for Figures 49-51: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Less Widely Used Community Services

Figure 52: Percentage of LTC Enrollees Receiving at Least One of the Less Widely Used Community Services by Service, March 2014 - February 2015



Adult Day Health Care services are health and social services needed to ensure optimal functioning of an enrollee, including social services to help with personal and family problems as well as planned group therapeutic activities. These services are provided only in a Community setting.

Medication Management services are provided by a licensed nurse or pharmacist who reviews all prescriptions and over-the-counter medications taken by an enrollee, in conjunction with the enrollee’s physician on at least an annual basis or upon a significant change in the enrollee’s condition. The purpose of the review is to assess whether the enrollee’s medication is accurate, valid, non-duplicative and correct for the diagnosis; that doses are at an optimum level; that there is appropriate laboratory monitoring and follow-up taking place; and that drug interactions, allergies and contraindications are being assessed and prevented.

Five community services were used by half-of-a-percent to five percent of all LTC enrollees. These services include adult day care, medication management, assistive care services, attendant care, and home accessibility adaptation.

Figure 53: Percentage of LTC Enrollees Receiving Medication Management by Plan, March 2014 - February 2015

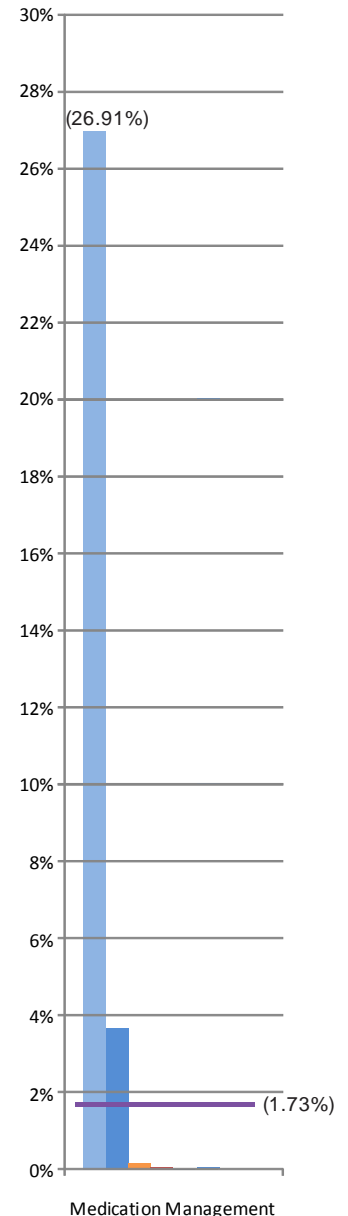
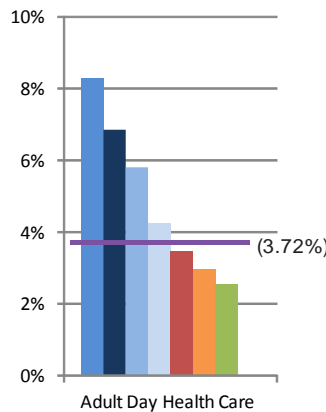


Figure 54: Percentage of LTC Enrollees Receiving Adult Day Health Care by Plan, March 2014 - February 2015



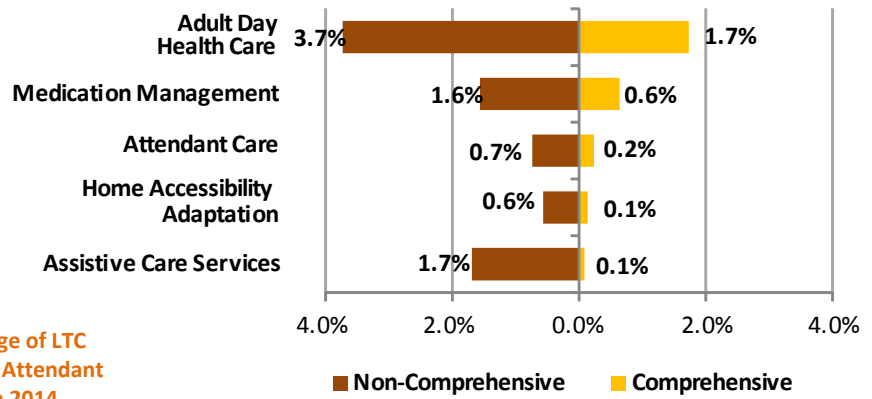
The percentage of LTC enrollees who were provided with adult day health care services ranged from 8 percent for Molina to 3 percent for Sunshine.

- American ElderCare
- Coventry
- Molina
- United
- Amerigroup
- Humana
- Sunshine
- All Plans

Although 2 percent of all LTC enrollees received medication management, over a quarter (26.9%) of Amerigroup’s enrollees received this service.

Source for Figures 52-54: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Figure 55: Percentage of LTC Enrollees Receiving at Least One of the Less Widely Used Community Services by Service and Comprehensive Status, March 2014 - February 2015



Non-comprehensive enrollees were more than twice as likely to receive each of these 5 services as enrollees in comprehensive plans.

Assistive Care services provide assistance with daily living tasks for enrollees. These services are available only to individuals who are assessed to need at least two components of supports for daily living. These include grooming, mobility, bathing, reporting health related changes to health care providers, and self-administration of medication.

Attendant Care services provide hands-on care in the form of skilled nursing care and housekeeping activities for medically stable, disabled enrollees. These services substitute for the absence, loss, diminution, or impairment of a physical or cognitive function.

Home Accessibility Adaptation services include physical adaptations to the home which are necessary to ensure the health, welfare, and safety of the enrollee or which enable an enrollee to live at home as opposed to an institutional setting. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies.

Figure 56: Percentage of LTC Enrollees Receiving Assistive Care Services by Plan, March 2014 - February 2015

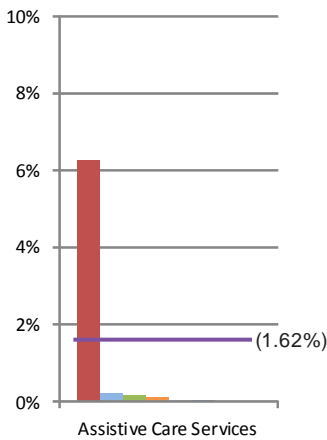
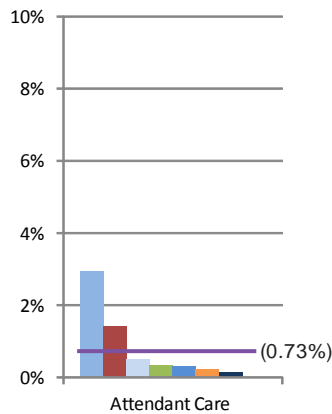
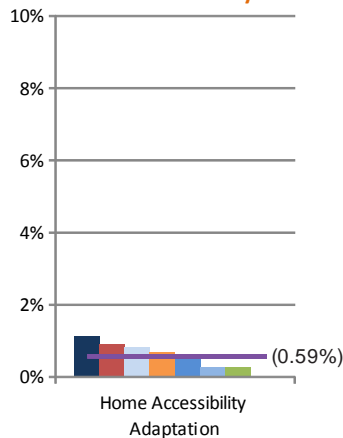


Figure 57: Percentage of LTC Enrollees Receiving Attendant Care by Plan, March 2014 - February 2015



- American ElderCare
- Coventry
- Molina
- United
- Amerigroup
- Humana
- Sunshine
- All Plans

Figure 58: Percentage of LTC Enrollees Receiving Home Accessibility Adaptation by Plan, March 2014 - February 2015

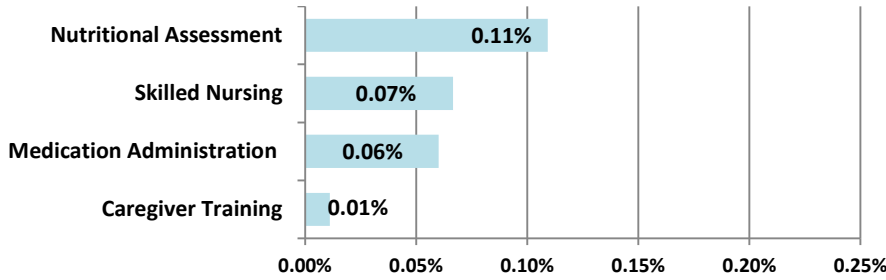


As with medication management, one plan provided a much larger percentage of its enrollees with assistive care services than other plans.

Source for Figures 55-58: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Least Widely Used Community Services

Figure 59: Percentage of LTC Enrollees Receiving at Least One of the Least Widely Used Community Services by Service, March 2014 - February 2015



Four community services were used by less than a quarter-of-a-percent of all LTC enrollees. These services include nutritional assessment, skilled nursing, medication administration, and caregiver training.

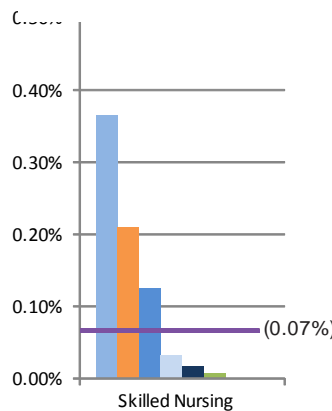
Nutritional Assessment services teach caregivers and enrollees to follow dietary specifications that are essential to enrollees' health and physical functioning and to prepare and eat nutritionally appropriate meals.

Intermittent and Skilled Nursing services include home health services as well as skilled nursing services. Home health services are provided by a registered professional nurse, or a licensed practical or vocational nurse under the supervision of a registered nurse. Skilled nursing services require the direct care skills of a licensed nurse. In this report, intermittent and skilled nursing services are reported separately as home health services and skilled nursing services. The services categorized as skilled nursing services are those that home health aides must not perform.

United did not provide skilled nursing services to its enrollees during the review period.

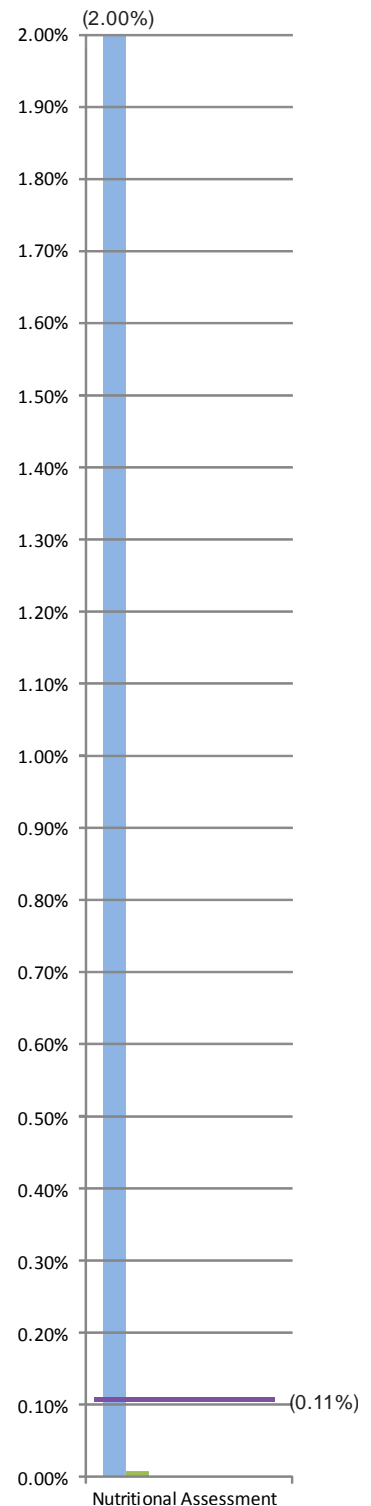
Only two plans provided any nutritional assessments, Amerigroup and Sunshine.

Figure 61: Percentage of LTC Enrollees Receiving Skilled Nursing Services by Plan, March 2014 - February 2015



- American ElderCare
- Coventry
- Molina
- United
- Amerigroup
- Humana
- Sunshine
- All Plans

Figure 60: Percentage of LTC Enrollees Receiving Nutritional Assessment by Plan, March 2014 - February 2015



Source for Figures 59-61: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Figure 62: Percentage of LTC Enrollees Receiving at Least One of the Least Widely Used Community Services by Service and Comprehensive Status, March 2014 - February 2015

A larger percentage of non-comprehensive than comprehensive enrollees used each service with the exception of nutritional assessment.

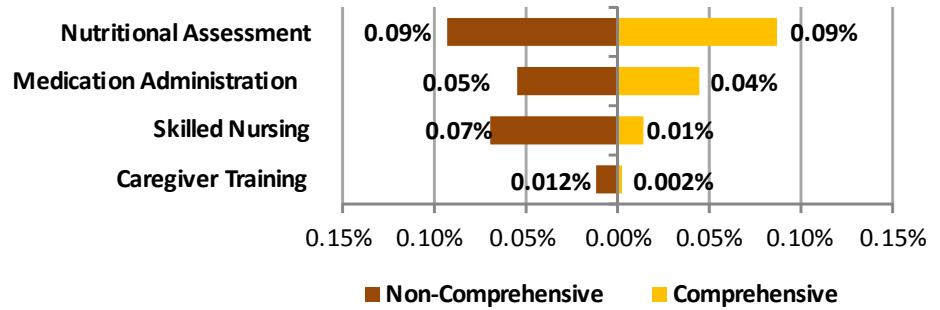


Figure 63: Percentage of LTC Enrollees Receiving Medication Administration by Plan, March 2014 - February 2015

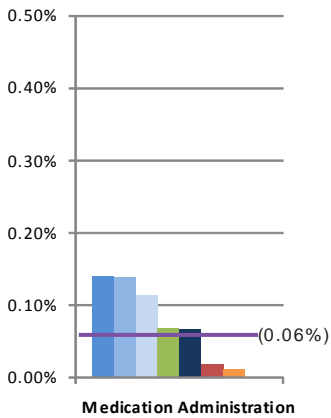
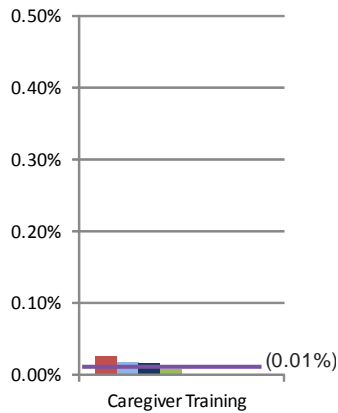


Figure 64: Percentage of LTC Enrollees Receiving Caregiver Training by Plan, March 2014 - February 2015



American ElderCare Coventry and Molina did not report any caregiver training.

Caregiver training was the least widely used service among community services offered to LTC Enrollees. American ElderCare, Coventry, and Molina did not report any caregiver training.

Medication Administration offers assistance with self-administration of medications in the home or a facility. The service includes taking the medication from where it is stored and delivering it to the enrollee; removing a prescribed amount of medication from the container and placing it in the enrollee’s hand or another container; helping the enrollee by lifting the container to their mouth; applying topical medications; and keeping a record of when an enrollee receives assistance with self-administration of their medications.

Caregiver Training provides training and counseling services for individuals who provide unpaid care to enrollees. This service is not available to paid caregivers. Training services include instruction about treatment regimens and use of equipment. Counseling services assist the unpaid caregiver in meeting the needs of the enrollee.

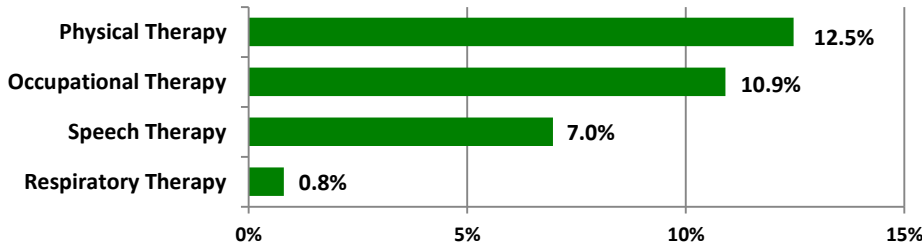
Source for Figures 62-64: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

General Services

General services, those available in an institutional or community setting, were used by 58 percent of LTC enrollees during the review period. General Services are divided into Therapy and Other General Services

Therapy Services

Figure 65: Percentage of LTC Enrollees Receiving at Least One Therapy Service by Service, March 2014 - February 2015



Therapy services include physical, occupational, speech and respiratory therapies.

Physical Therapy services treat impaired physical functions through physical activity, massage, exercise, or chemical properties of heat, light, electricity, or sound when an assessment indicates the services will improve an enrollee’s capacity to live safely at home.

Occupational Therapy services treat impaired functions to increase or maintain enrollees’ ability to perform tasks required for independent functioning when an assessment indicates the services will improve an enrollee’s capacity to live safely at home.

Figure 66: Percentage of LTC Enrollees Receiving Physical Therapy by Plan, March 2014 - February 2015

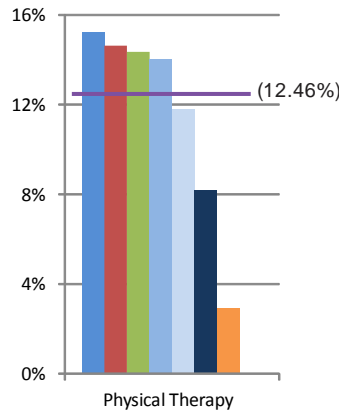
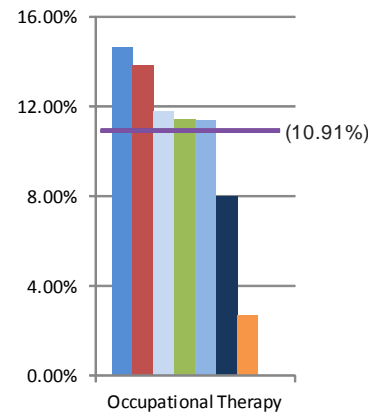


Figure 67: Percentage of LTC Enrollees Receiving Occupational Therapy by Plan, March 2014 - February 2015



- American ElderCare
- Coventry
- Molina
- United
- Amerigroup
- Humana
- Sunshine
- All Plans

Source for Figures 65-67: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Figure 68: Percentage of LTC Enrollees Receiving at Least One Therapy Service by Service and Comprehensive Status, March 2014 - February 2015

A larger percentage of non-comprehensive than comprehensive enrollees used each therapy service with the exception of respiratory therapy.

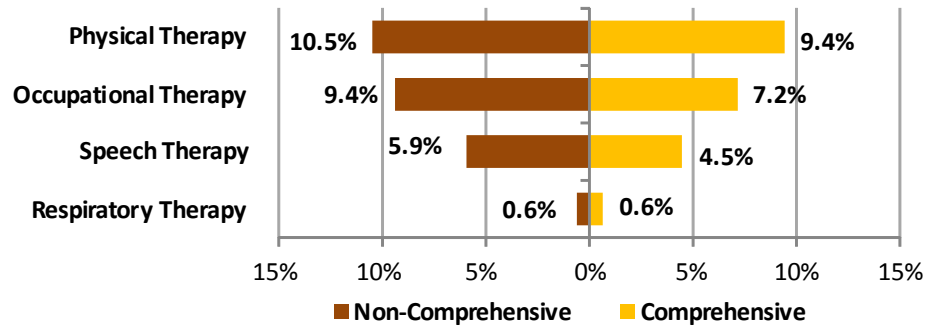
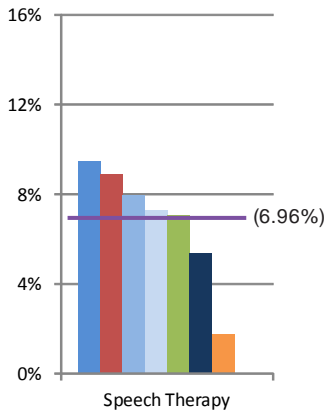
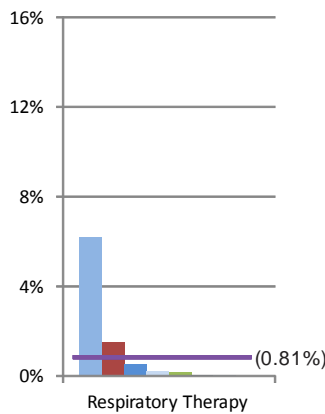


Figure 69: Percentage of LTC Enrollees Receiving Speech Therapy by Plan, March 2014 - February 2015



Speech Therapy services evaluate and treat problems related to an oral motor dysfunction when an assessment determines the services will improve an enrollee’s capacity to live safely at home.

Figure 70: Percentage of LTC Enrollees Receiving Respiratory Therapy by Plan, March 2014 - February 2015



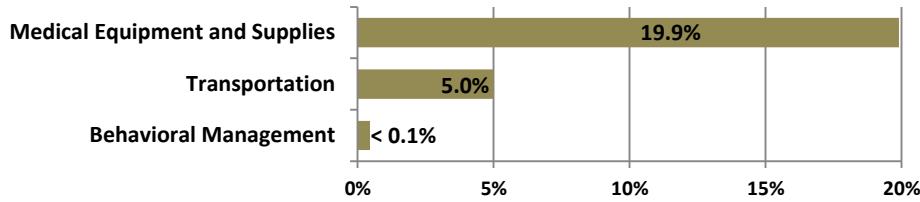
Respiratory Therapy services treat conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system. Services include evaluation and treatment of pulmonary dysfunction.

- American ElderCare
- Coventry
- Molina
- United
- Amerigroup
- Humana
- Sunshine
- All Plans

Source for Figures 68-70: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Other General Services

Figure 71: Percentage of LTC Enrollees Receiving at Least One Other General Service by Service, March 2014 - February 2015

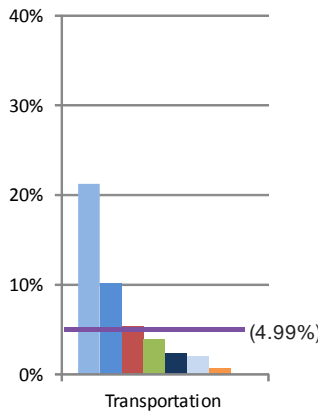


Medical Equipment and Supplies include devices, controls, appliances, ancillary supplies, and equipment that increase enrollees' ability to perform activities of daily living, manage their environment, or address physical conditions.

Transportation services include non-emergency transportation to and from sites to receive services offered by the LTC Plan, including expanded benefits.

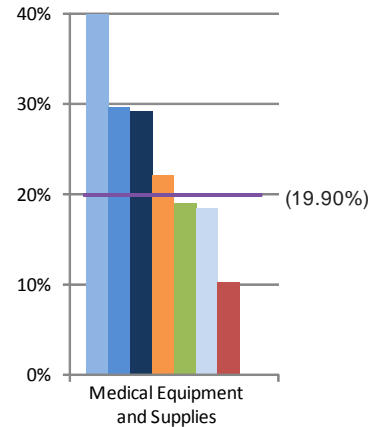
Behavioral Management services reduce behaviors attributed to mental health or substance abuse problems of enrollees. The services include an evaluation of the origin and trigger of the presenting behavior; development of strategies to address the behavior; implementation of an intervention by the provider; and assistance for the caregiver in being able to intervene and maintain the improved behavior.

Figure 73: Percentage of LTC Enrollees Receiving Transportation by Plan, March 2014 - February 2015



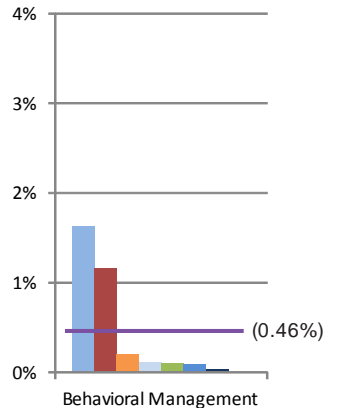
Amerigroup provided transportation services to twenty-one percent of their LTC enrollees.

Figure 72: Percentage of LTC Enrollees Receiving Medical Equipment and Supplies by Plan, March 2014 - February 2015



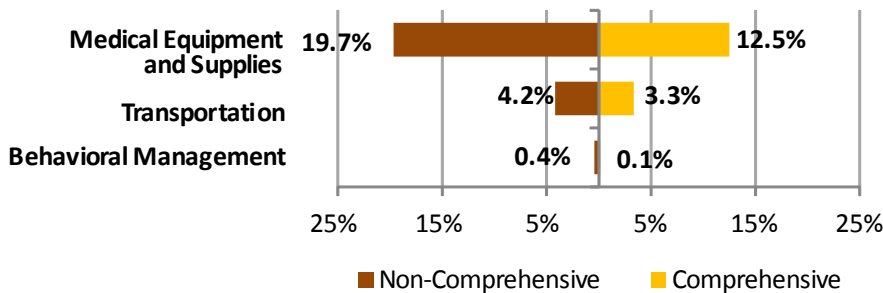
Overall, 20 percent of LTC enrollees received some medical equipment and supplies during the review period. Forty percent of Amerigroup's enrollees received medical equipment and supplies.

Figure 74: Percentage of LTC Enrollees Receiving Behavioral Management Services by Plan, March 2014 - February 2015



Less than 1 percent of all LTC enrollees received behavioral management services. Nearly two percent of Amerigroup's enrollees received the service.

Figure 75: Percentage of LTC Enrollees Receiving at Least One Therapy Service by Service and Comprehensive Status, March 2014 - February 2015



Source for Figures 71-75: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Participant Directed Option

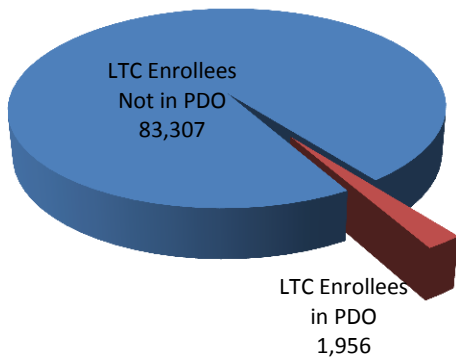
The Participant Directed Option (PDO) is a delivery system available to an enrollee who lives at home or in a family home and who has a plan of care that includes one or more of the following services: adult companion care, attendant care, homemaker, intermittent and skilled nursing, and personal care. LTC Plans are required to offer the PDO to eligible enrollees, but the enrollee chooses whether or not to participate in each of the eligible PDO services.

LTC Plan enrollees who choose the Participant Directed Option can hire, train, supervise, and dismiss their direct service workers. A direct service worker is a person eighteen years of age or older who has direct, face-to-face contact with an LTC enrollee while providing services to the enrollee and has access to the enrollee’s living areas, funds, personal property, or personal identification information as defined in Florida Statutes. Direct service workers include any qualified individual chosen by the participant, including a neighbor, family member, or friend, and are paid by the Managed Care Plan based on a set rate. (See s. 817.568, F.S. and s. 430.0402(1)(b), F.S.)

The LTC Plan must assign enrollees who choose the PDO (participants) to case managers with specialized training. The case managers, extensively trained in PDO, are responsible for providing training and documents to enrollees and their direct service workers. The LTC Plan enrollee and provider call centers must include PDO-trained staff to assist participants and direct service workers.

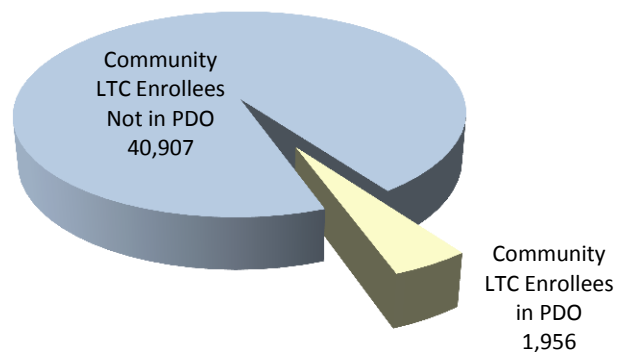
A Participant Directed Option Roster Report must be submitted to the Agency on a monthly basis by each LTC plan. The report provides a list of enrollees participating in PDO and identifies which of the five available services the participant has elected as a PDO service. A small but growing number of LTC enrollees participate in the PDO program.

Figure 76: Number and Percentage of LTC Enrollees by PDO Status, July 2015



PDO participants represent five percent of LTC enrollees who live in community settings in February 2015.

Figure 77: Number of LTC Enrollees in the Community by PDO Status, July 2015



Source for Figures 76-77: Plan Submitted PDO Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Figure 78: Number of LTC Enrollees in PDO by Month, March 2014 July 2015

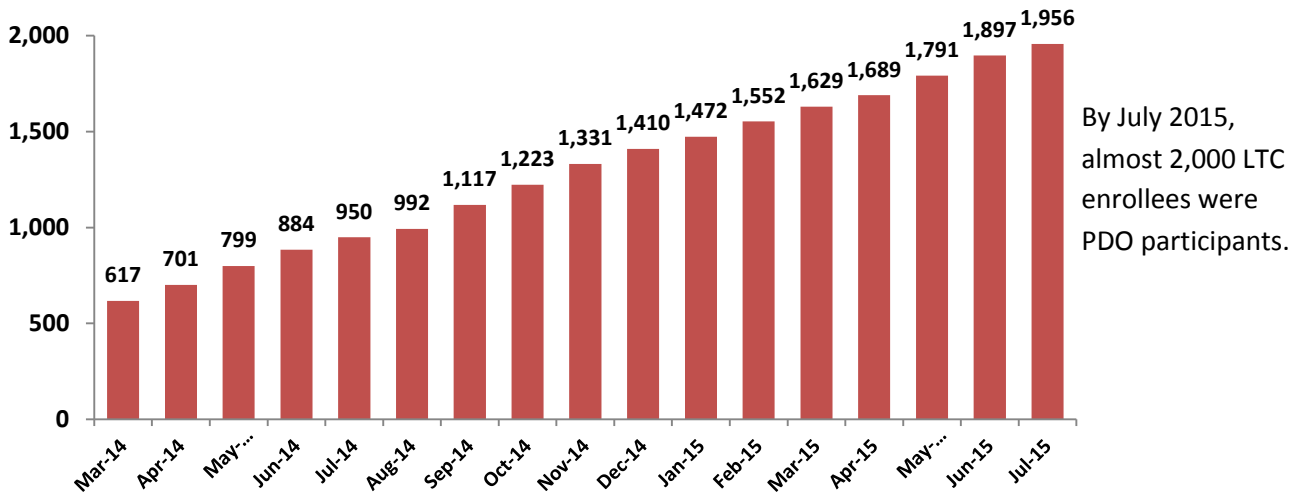


Figure 79: Number of LTC Enrollees in PDO by Month and Plan, March 2014 - July 2015

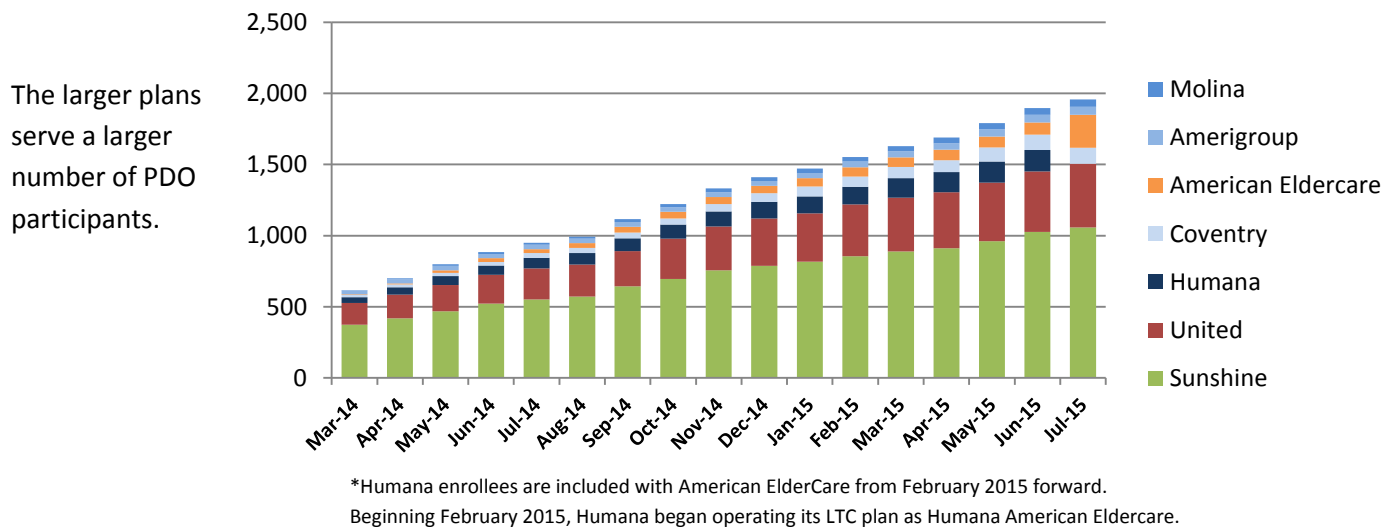
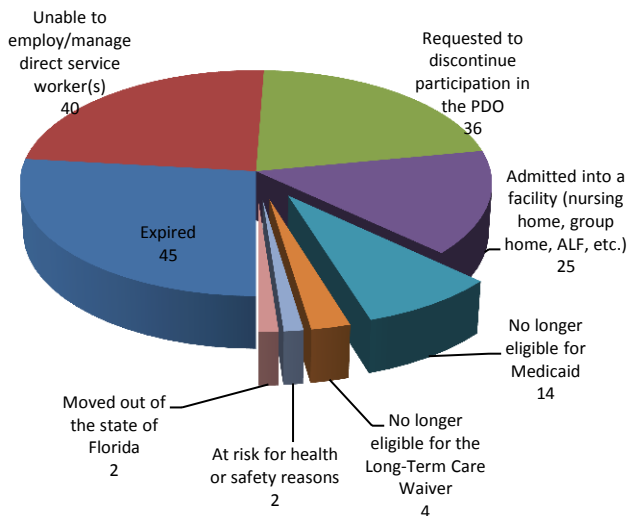


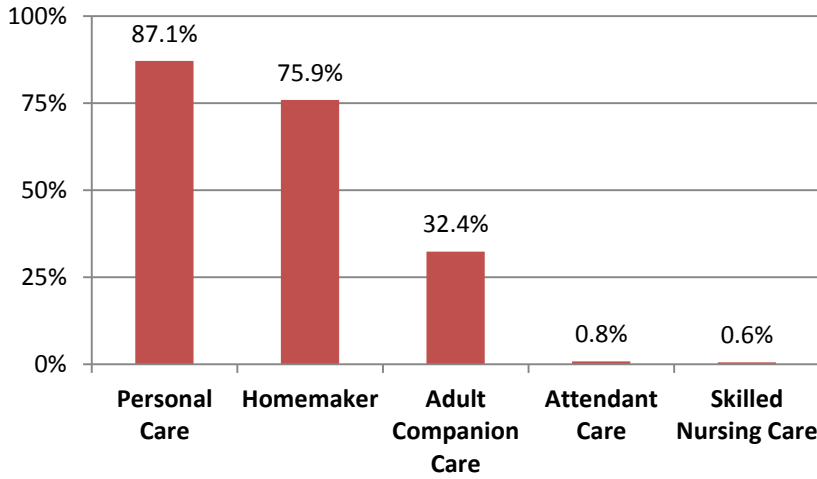
Figure 80: Number of Disenrollments from PDO by Reason for Disenrollment, March 2014 - July 2015



A small number of PDO participants disenrolled from the PDO program during the review period. Participant lack of ability to employ or manage direct service workers is a barrier to the participant's continuing to successfully use the program.

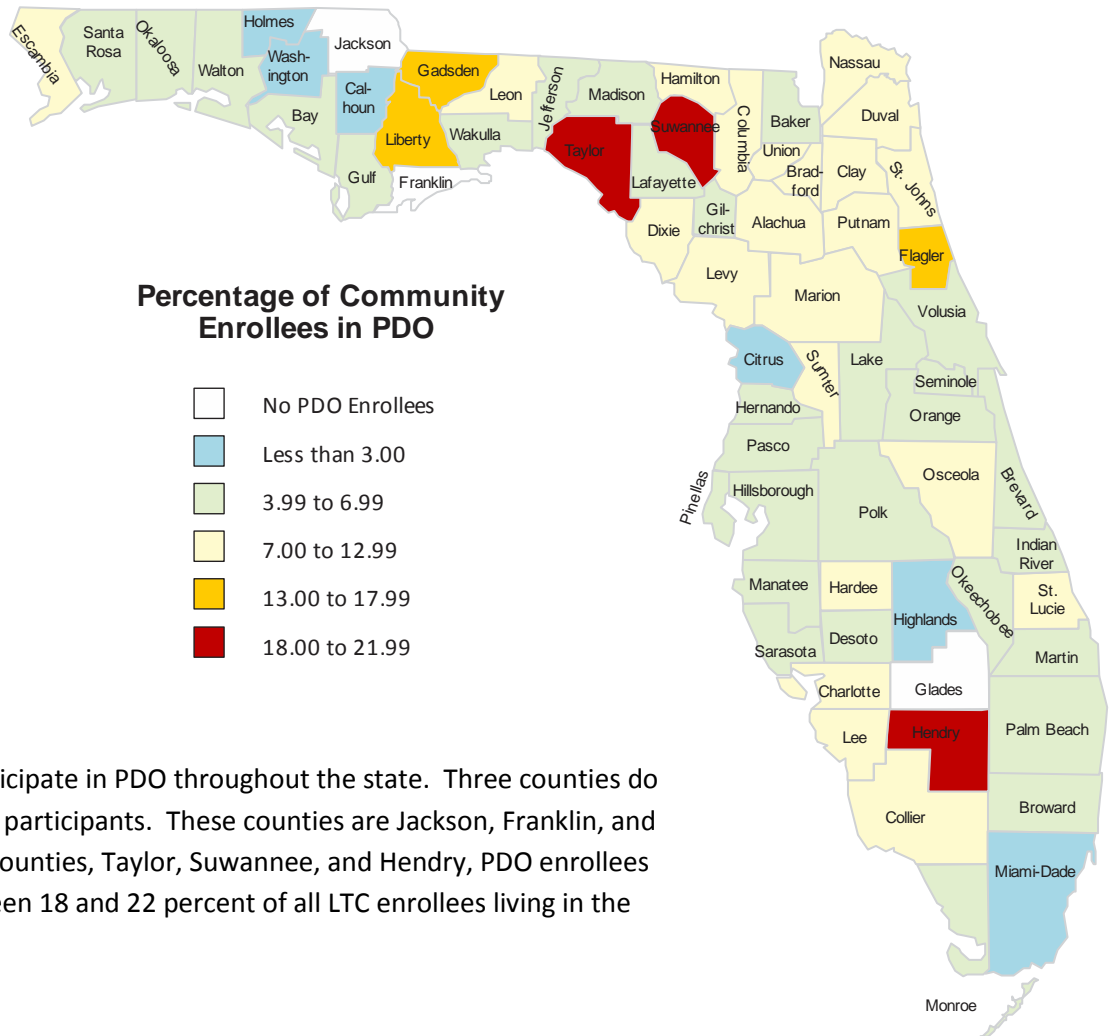
Source for Figures 78-80: Plan Submitted PDO Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Figure 81: Percentage of PDO Enrollees Who Elected Specific Services by Service Category, July 2015



A larger percentage of PDO participants chose to direct their personal care and homemaker services than other services.

Figure 82: Percentage of LTC Enrollees in the Community Who Are in PDO by County, July 2015

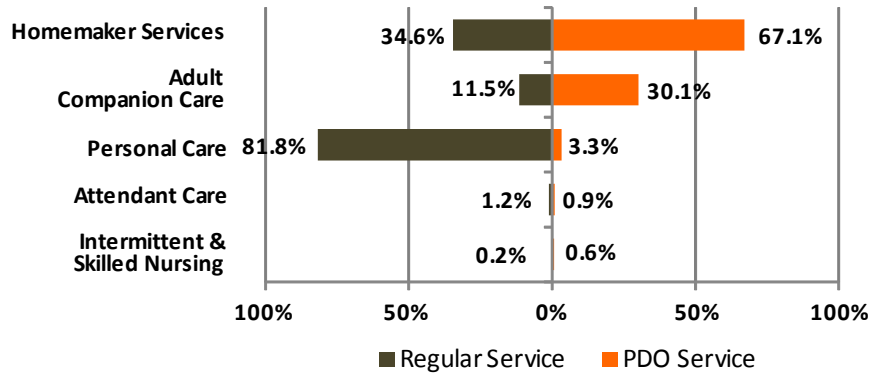


LTC enrollees participate in PDO throughout the state. Three counties do not have any PDO participants. These counties are Jackson, Franklin, and Glades. In three counties, Taylor, Suwannee, and Hendry, PDO enrollees account for between 18 and 22 percent of all LTC enrollees living in the community.

Source for Figures 81-82: Plan Submitted PDO Report, March 2014 – July 2015, and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – July 2015.

Services Received by PDO Participants

Figure 83: Percentage of LTC Enrollees Receiving at Least One PDO Service by Service and Type, March 2014 February 2015



Over 80 percent of PDO participants receive personal care as a regular service rather than a PDO service. Two-thirds of PDO participants receive homemaker services as a PDO service.

Figure 84: Percentage of LTC PDO Enrollees Receiving at Least One non-PDO Community Service by Service, March 2014 - February 2015

Thirty percent of PDO participants receive Home Delivered Meals, and over 20 percent use a Personal Emergency Response System.

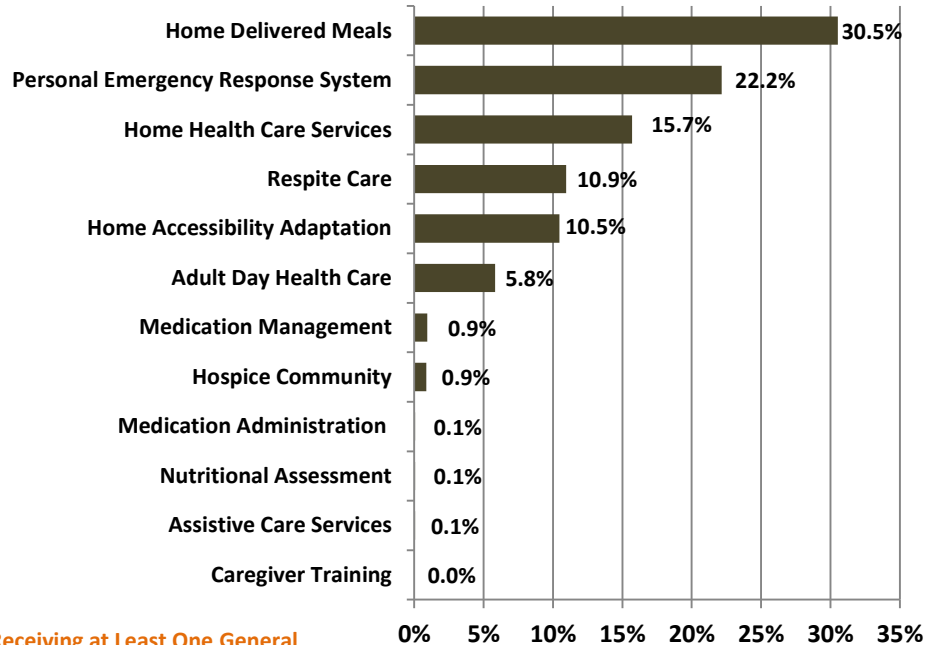
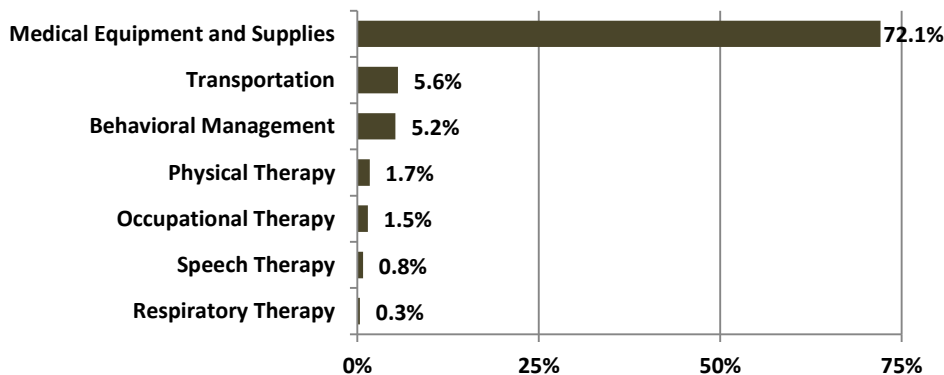


Figure 85: Percentage of LTC PDO Enrollees Receiving at Least One General Service by Service, March 2014 - February 2015



Over 70 percent of PDO participants use medical equipment and supplies, and 6 percent receive transportation services.

PDO services are only available to PDO participants. Each service is the same as the corresponding non-PDO service, except the enrollee directs the PDO service by hiring people to perform the service.

Figure 86: Percentage of PDO Participants Receiving PDO Homemaker Services by Plan, March 2014 - February 2015

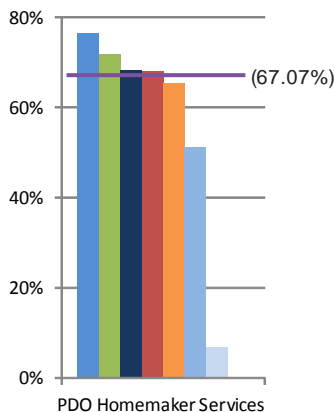


Figure 87: Percentage of PDO Participants Receiving PDO Adult Companion Care by Plan, March 2014 - February 2015

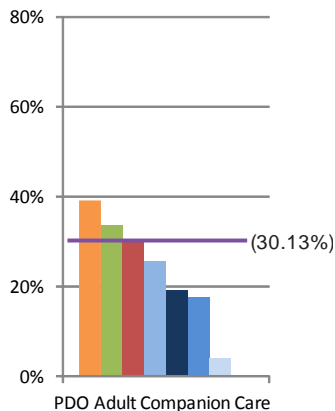
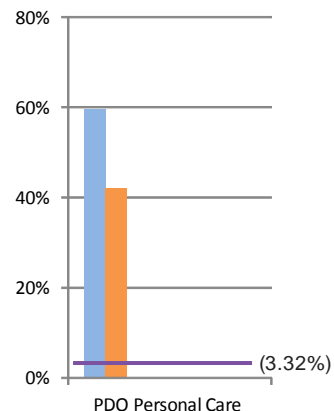


Figure 88: Percentage of PDO Participants Receiving PDO Personal Care by Plan, March 2014 - February 2015



Homemaker services are the most widely used PDO service among PDO participants in six of the seven LTC plans. Personal care is the most widely used PDO service by Amerigroup's PDO participants.

Figure 89: Percentage of PDO Participants Receiving PDO Intermittent and Skilled Nursing by Plan, March 2014 - February 2015

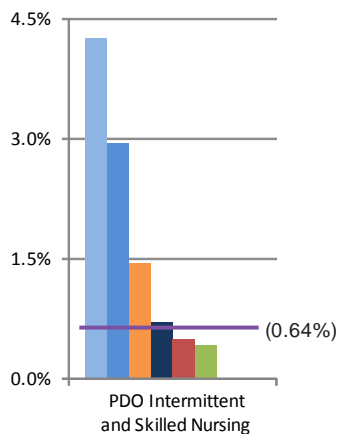
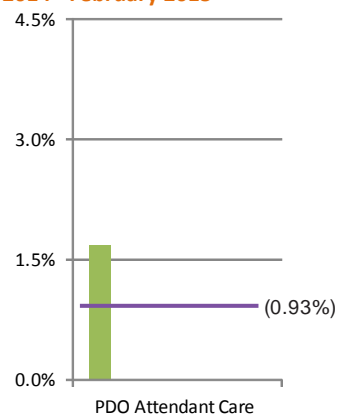


Figure 90: Percentage of PDO Participants Receiving PDO Attendant Care by Plan, March 2014 - February 2015



- American ElderCare
- Coventry
- Molina
- United
- Amerigroup
- Humana
- Sunshine
- All Plans

Source for Figures 86-90: Florida Medicaid Managed Information System (FLMMIS) Encounter Data, March 2014 – February 2015, and FLMMIS FFS Claims Data for American ElderCare, March 2014 – August 2014.

Conclusion

A shift of LTC enrollees from institutional to community settings occurred from March 2014 through July 2015. At the beginning of the review period, the three largest plans – Sunshine, United, and American ElderCare – each had a higher ratio of enrollees in institutional settings as compared to community settings. The percentage of each plan’s enrollees living in an institutional setting was lower at the end of the review period than at the beginning. In March 2014, more than half of LTC enrollees lived in an institutional setting. By July 2015, less than half of enrollees were in an institutional setting. In July 2015, 42,400 LTC enrollees were living in an institutional setting and 42,863 enrollees were living in a community setting.

Nursing facility transfers demonstrated that a larger percentage of LTC enrollees transferred out of nursing facilities to the community than into nursing facilities from the community. Six of the seven LTC plans transferred more enrollees from nursing facilities to the community than into nursing facilities from the community during the review period.

LTC plans began the review period with different case mixes of enrollees. Sunshine and United had the largest ratio of enrollees residing in nursing facilities at close to 60 percent for each plan. Less than half of each of the other five plans’ enrollees lived in nursing facilities, although 44 percent of enrollees in American ElderCare and Coventry lived in nursing facilities. Less than a quarter of Amerigroup’s enrollees resided in a nursing facility, the lowest ratio for all plans. Due to the different case mix of enrollees in each plan, plans vary in whether more of their enrollees receive institutional or community services. Three quarters of Amerigroup’s enrollees received community services during the review period. Over 60 percent of Sunshine’s enrollees received institutional services.

Over half of LTC enrollees received institutional services during the review period while forty-nine percent of LTC enrollees received community services. The most widely received institutional service is nursing facility services. Among community services, homemaker services, personal care services, assisted living services, and home delivered meal services are the most widely received services. Medical equipment and supply services are also widely used by LTC enrollees.

The Participant Directed Option (PDO) is a small but growing program that allows LTC enrollees who live at home to direct their own service workers for select services. By July 2015, the PDO program had grown to 1,956 participants. Homemaker services are the most widely received PDO service among PDO participants.