



Quarterly Statewide Medicaid Managed Care Report

Business Intelligence Unit
Medicaid Data Analytics



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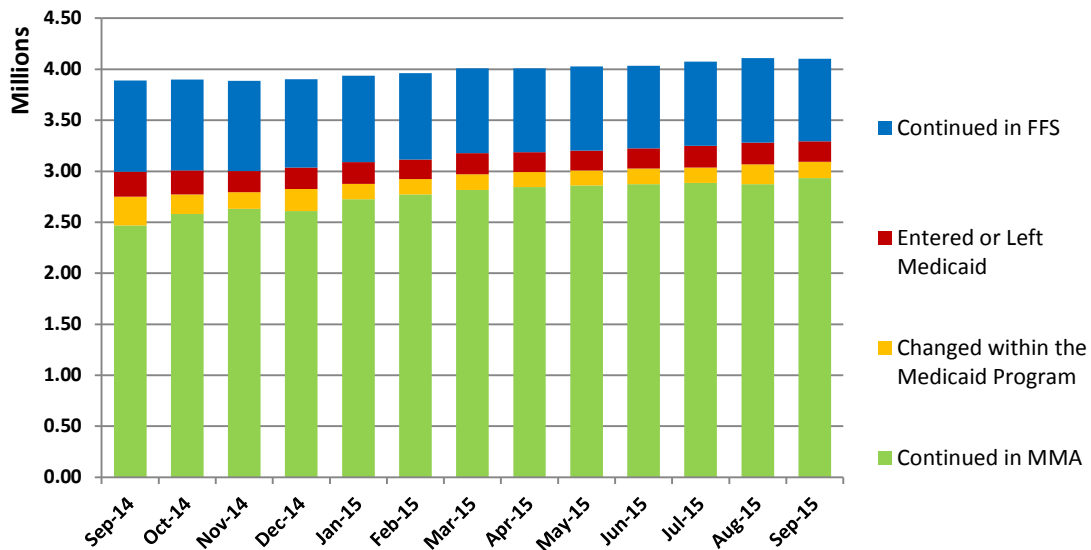
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Executive Summary

The Agency for Health Care Administration administers the Statewide Medicaid Managed Care (SMMC) program which requires most Medicaid recipients in Florida to receive services through managed care. Goals of the SMMC program include improving coordination of care and improving the health of recipients, while allowing recipients to choose their plans. Critical to these goals is the continuity of Medicaid coverage because disrupted coverage has negative effects on coordination and access to care. The movement of recipients into and out of Medicaid due to the loss of Medicaid coverage is known as churning. Churning leads to a loss of coverage that can block needed access to care, present barriers to provider reimbursement, and contribute to administrative burdens for state agencies and health plans.

This report examines the continuity of Medicaid coverage in Florida. Continuity ratios are presented for Medicaid enrollment and for enrollment in each Statewide Medicaid Managed Care (SMMC) health plan. The report covers monthly turnover in Managed Medical Assistance (MMA) and Long-term Care (LTC) enrollment, shifts between fee-for-service (FFS) delivery and SMMC enrollment, changes from one SMMC plan to another, plan mergers and acquisitions, and the percentage of eligible recipients who enrolled in an MMA Specialty plan.

Continuity and Change in Florida Medicaid – Number of Medicaid Recipients

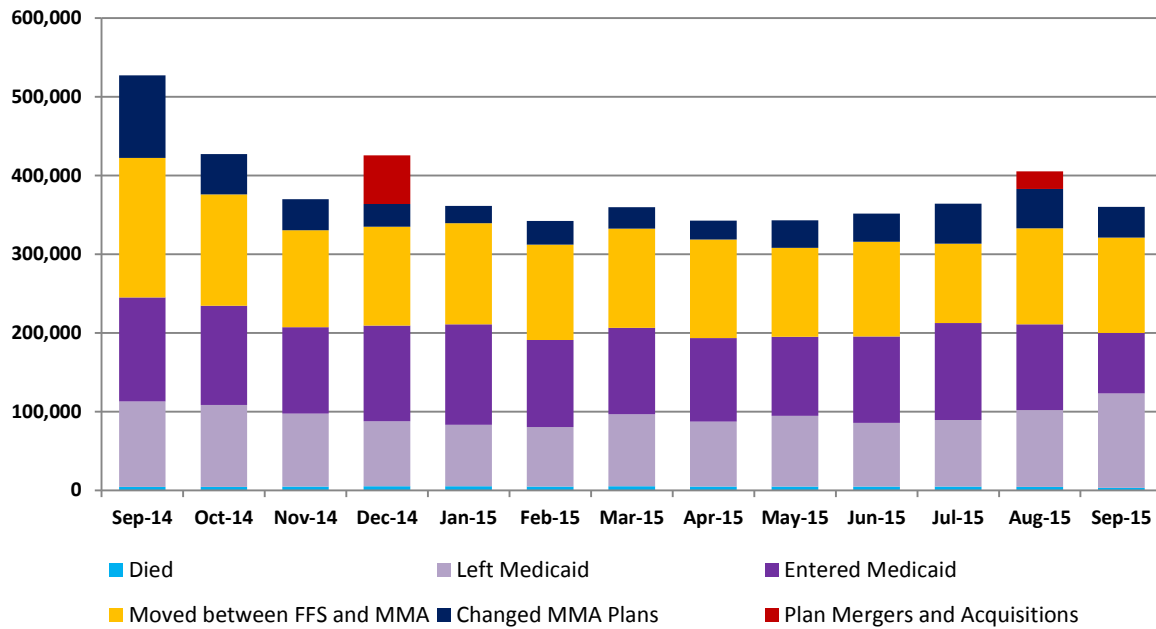


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

- The majority of Medicaid recipients are continuing enrollees in the MMA program or FFS program.
- About 5 percent of Medicaid recipients enter or leave the Medicaid program each month.
- About 5 percent of Medicaid recipients switch between the MMA and FFS program or change MMA plans each month.



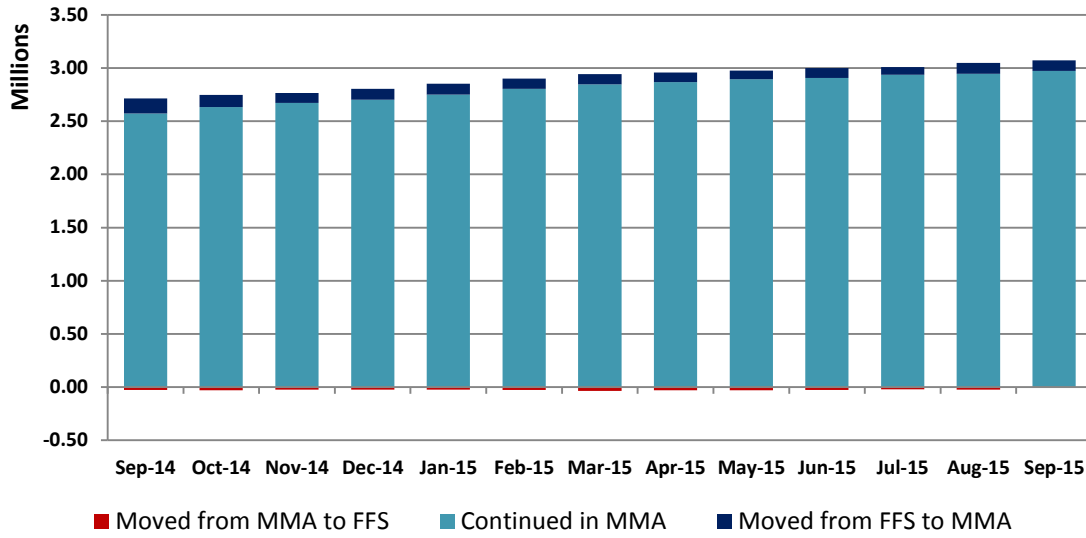
Change in Florida Medicaid – Number of Medicaid Recipients



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

- Close to half of Medicaid recipients making a change each month are entering or leaving Medicaid.
- Half of Medicaid recipients making a change each month are switching between the FFS and MMA programs, or changing MMA plans.
- There are slightly more recipients entering Medicaid than leaving Medicaid in most months.
- Changes within Medicaid primarily involve recipients switching between the MMA and FFS programs.

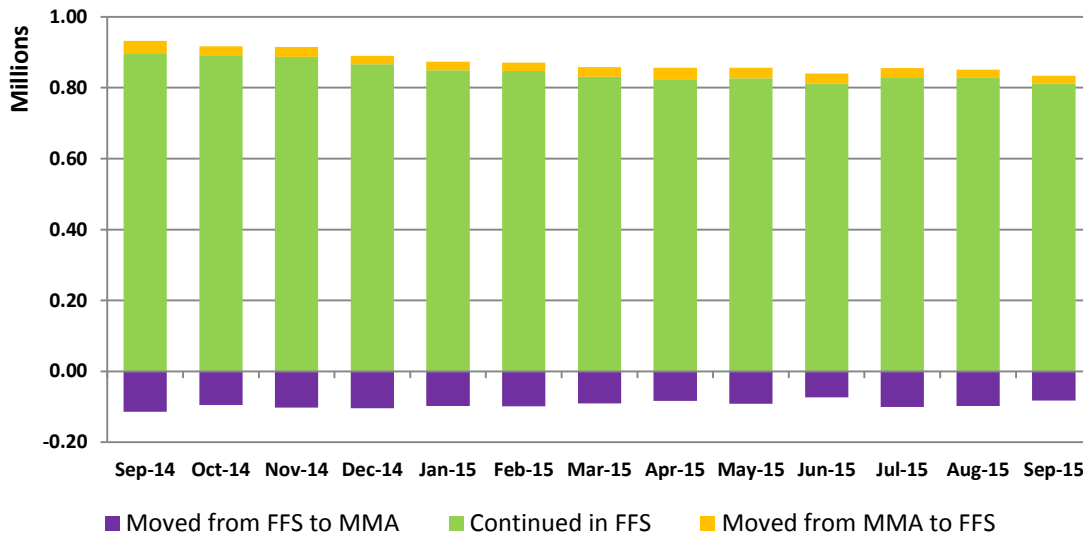
MMA Enrollees Continuing in MMA and Moving Between MMA and FFS



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

- More MMA enrollees move from FFS to MMA than from MMA to FFS.

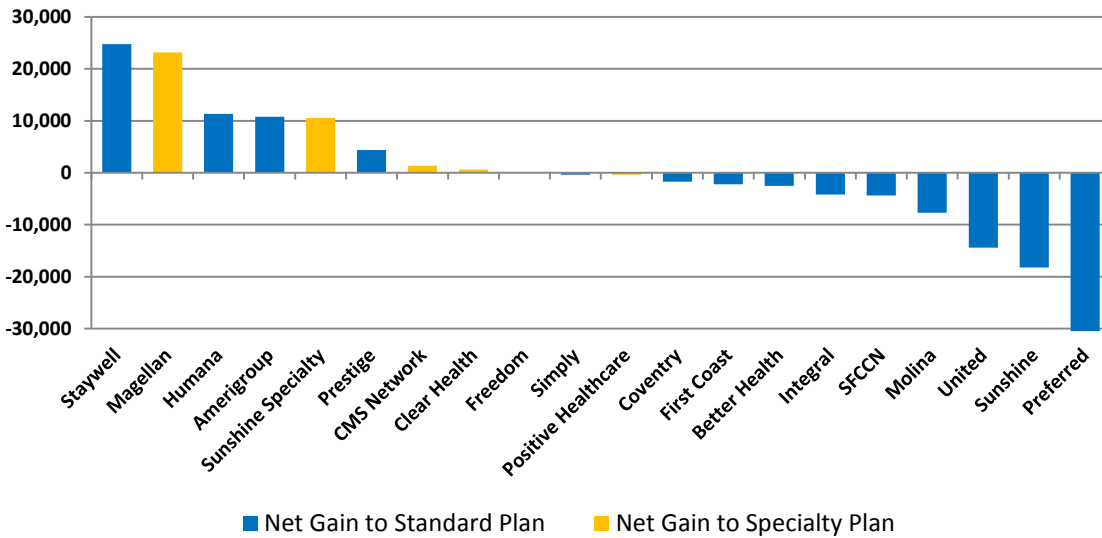
FFS Recipients Continuing in FFS and Moving between FFS and MMA



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

- More FFS enrollees move from FFS to MMA than from MMA to FFS.

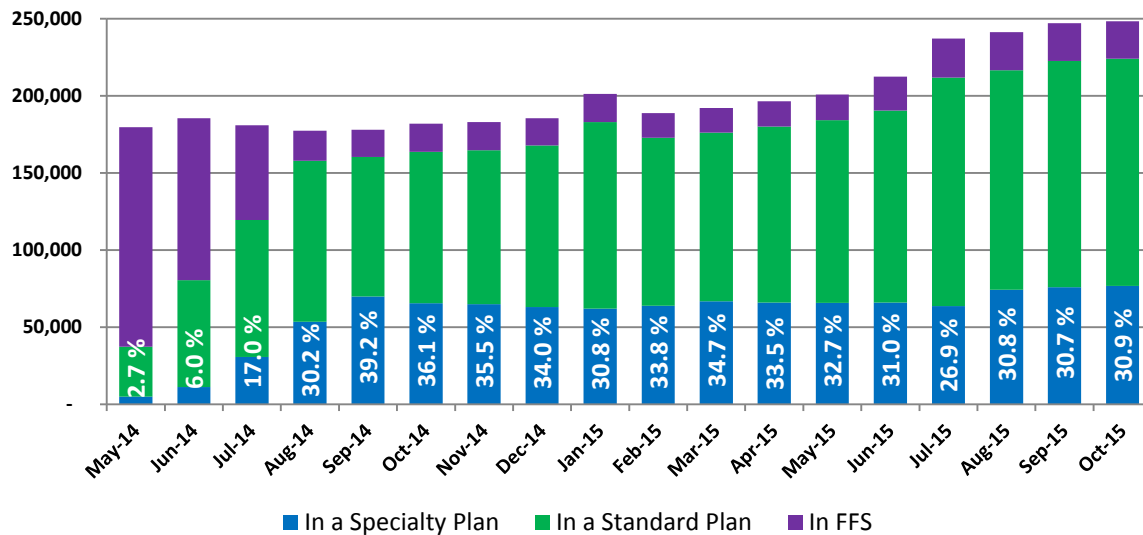
Net Gains from MMA Plan Changes



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

- Nine MMA plans experienced a net gain in enrollees from plan changes.
- Eleven plans experienced a net loss in enrollees from plan changes.

Enrollment of Recipients Eligible for any Specialty Plan

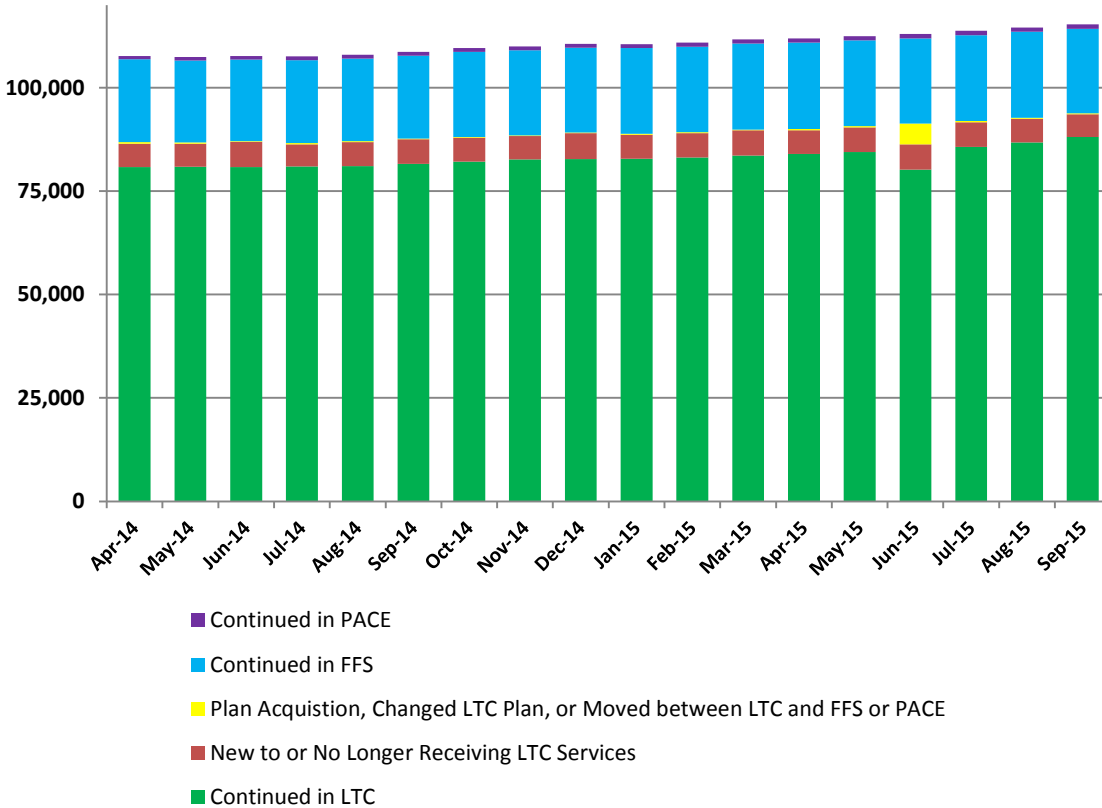


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

- Across all Specialty plans, about a third of eligible recipients enrolled in a Specialty plan in most months.
- The percentage of eligible recipients who enrolled in a Specialty plan varied greatly across the different types of Specialty plans.

- Less than a quarter of recipients eligible for Magellan’s Specialty plan for serious mental illness enrolled in the plan.
- Half to two thirds of recipients eligible for Sunshine’s Child Welfare plan enrolled in the plan.

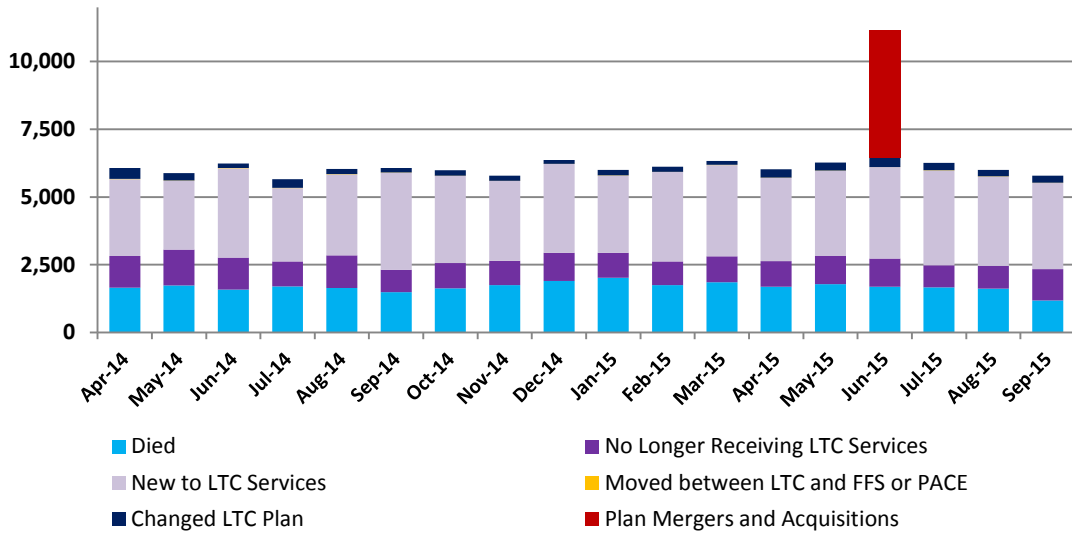
Continuity and Change in Programs for LTC Services – Number of Medicaid Recipients



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

- The majority of Medicaid recipients who receive LTC services do so through the LTC program each month.
- About one quarter of recipients receiving LTC services are in FFS.
- About 1,000 Medicaid recipients receive LTC services in the PACE program.
- Over 4,600 LTC enrollees changed from Humana’s LTC plan to Humana American Eldercare in June 2015 when Humana purchased American ElderCare. Humana enrollees joined the 13,095 enrollees who were in American ElderCare in June. Humana American Eldercare continues to operate under the American ElderCare contract.

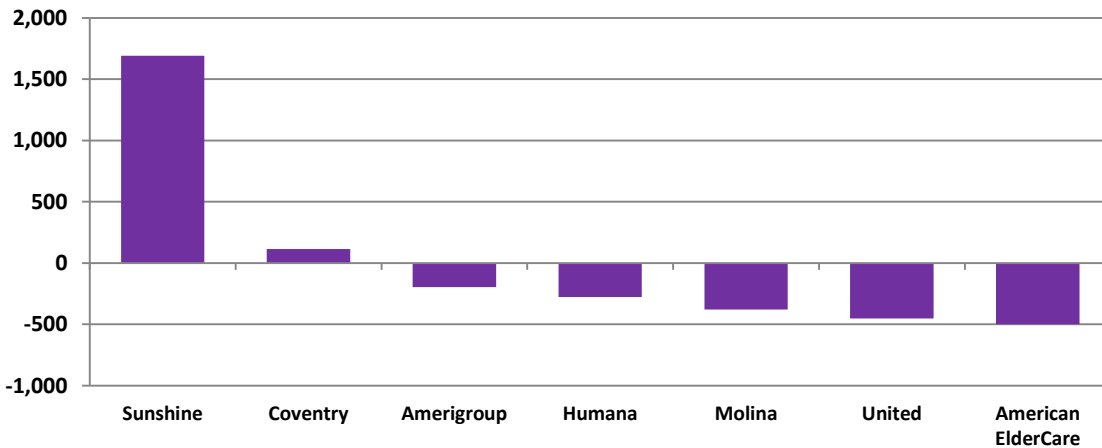
Change in Programs for LTC Services – Number of Medicaid Recipients



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

- Once enrolled, very few enrollees switch between the LTC, FFS, and PACE programs.
- A small number of LTC enrollees switch plans each month.
- Most recipients stop receiving LTC services because they die.
- Recipients may stop receiving LTC services because they lose Medicaid eligibility, they no longer meet the nursing home level of care criteria, or because other coverage becomes available.

Net Gains from LTC Plan Changes



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

- Sunshine and Coventry are the only LTC plans to experience a net gain in enrollees from plan changes.
- Sunshine gained more enrollees from plan changes than any other LTC plan.



Introduction

Medicaid pays for healthcare for millions of Floridians each year. Medicaid covers primary, preventive, acute, and long-term care services for children, adults, the elderly, and people with disabilities who meet income and asset criteria. Medicaid provides affordable health coverage to individuals who would otherwise have difficulty affording insurance. Gaps in coverage caused by fluctuations in factors that affect eligibility can cause disruptions in health care. A loss of coverage may mean that individuals cannot afford, and do not get, needed care during the coverage gap. Disruptions in coverage also result in challenges for providers seeking reimbursement and additional administrative burdens for agencies and health plans. Some factors that affect eligibility are changes in income, change of address, change in family size, and timely submission of renewal forms. The movement of individuals into and out of Medicaid due to disruptions in eligibility is referred to as churning. Churning can create challenges to providing consistent health care coverage.

This report is the fourth in a series that provides information about the Statewide Medicaid Managed Care (SMMC) plans and the enrollees in SMMC. This report focuses on continuity of care in Florida Medicaid. Features of this report include continuity ratios that show the length of time the average recipient is enrolled, movement into and out of Medicaid each month, movement between the FFS and SMMC programs, enrollee changes from one SMMC plan to another, enrollee changes due to plan mergers and acquisitions, and the percentage of recipients eligible for a Specialty plan who enrolled in a Specialty plan.

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.

Analyses of the movement of Medicaid recipients within Medicaid, and into and out of Medicaid, begin with the first month after implementation was complete for each SMMC program – April 2014 for the LTC program and September 2014 for the MMA program. Implementation months are omitted from these analyses since all SMMC enrollees were moving into new SMMC plans during these months.

Analyses of plan changes begin with the first month of implementation for each SMMC program – August 2013 for the LTC program and May 2014 for the MMA program. Implementation months are included in the plan change analyses since the 90 days immediately following enrollment is the only window in which plan changes are available to most enrollees.

Continuity ratios are used to assess the continuity of coverage for enrollees. Continuity ratios are calculated by dividing the average number of enrollees each month by the total number of unduplicated enrollees for the time period.

Continuity ratios for the Medicaid program use data beginning with the first month of implementation for the SMMC program – August 2013 – and include all Medicaid recipients, not just those participating

in the SMMC program. Continuity ratios for each plan use data beginning with the final month of implementation given that plan enrollment numbers fluctuated as a result of the implementation process during the early months of each program. Implementation of the LTC program was completed in March 2014. Implementation of the MMA program was completed in August 2014.

Analyses include data through October 2015. However, some charts show results only through September 2015 since it is not possible to know if a change occurred in the final month without examining the data for the following month.

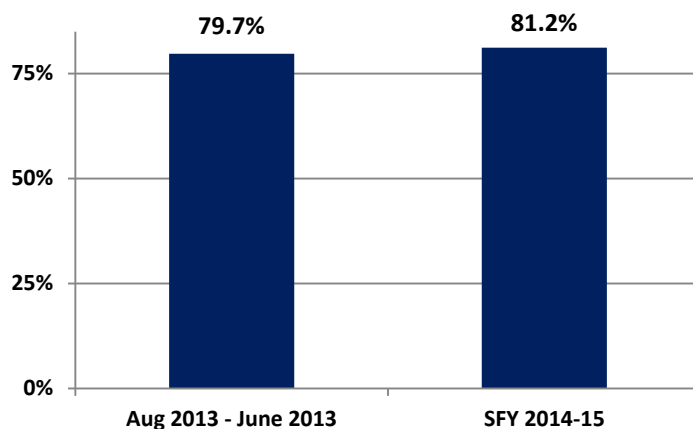
Recipients were identified as receiving LTC services in the FFS program if they had a claim for Nursing Facility, Adult Companion Care, Adult Day Care, Assisted Living, Attendant Care, Home Accessibility Adaptation, Home Delivered Meals, or Homemaker Services each month from August 2013 to October 2015.

Data	Period	Source
LTC Plan Enrollment information	August 2013 – October 2015 as of October 29, 2015	Florida Medicaid Managed Information System (FLMMIS) Eligibility Information
MMA Plan Enrollment information	May 2014 – October 2015 as of October 29, 2015	Florida Medicaid Managed Information System (FLMMIS) Eligibility Information

Continuity of Medicaid Coverage

Continuity ratios are a way of assessing the average length of time enrollees are continuously enrolled during a year. Continuity ratios measure the portion of a year that an average enrollee maintains Medicaid coverage. A ratio of 100 percent would indicate every enrollee is covered for the entire year. From August 2013 through June 2014, the average SMMC enrollee in Florida was enrolled for 80 percent of the period, or about 9 months.

Figure 1: Portion of the Year the Average Enrollee Was Covered by Medicaid



In fiscal year 2014-15 (July 2014 – June 2015), the average SMMC enrollee in Florida was enrolled for 81 percent of the year, or about 10 months.

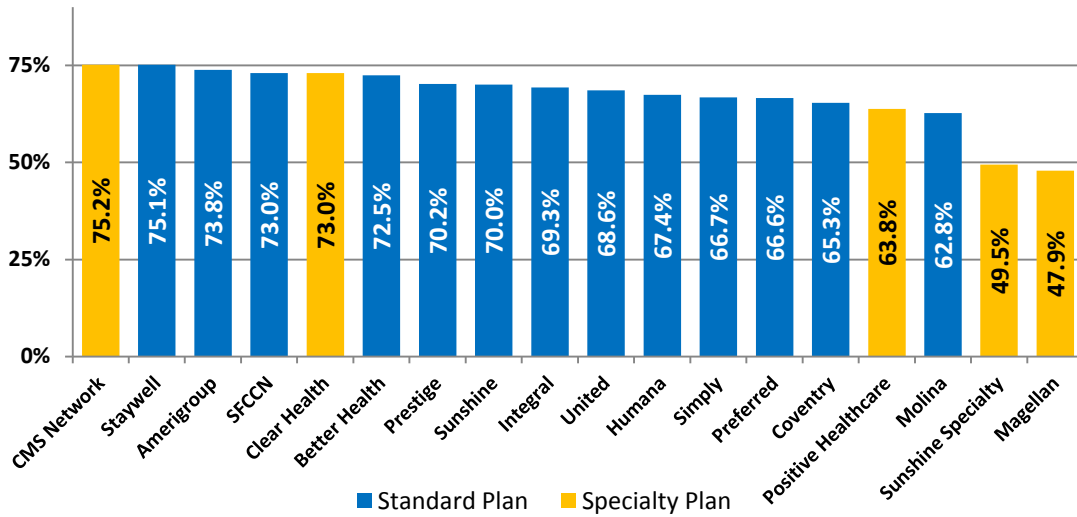
Continuity ratios are also calculated for each SMMC plan as a measure of continuity of enrollment within a single plan. Individual plan continuity ratios are impacted when enrollees leave Medicaid and when enrollees leave the plan to enroll in another plan or participate in

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

the FFS program. Some enrollees have the option to participate in the FFS program and may choose to move from an SMMC plan to FFS.

In all but two MMA plans, the average enrollee remained continuously enrolled in the plan for more than 60 percent of fiscal year 2014-15, or 7 months.

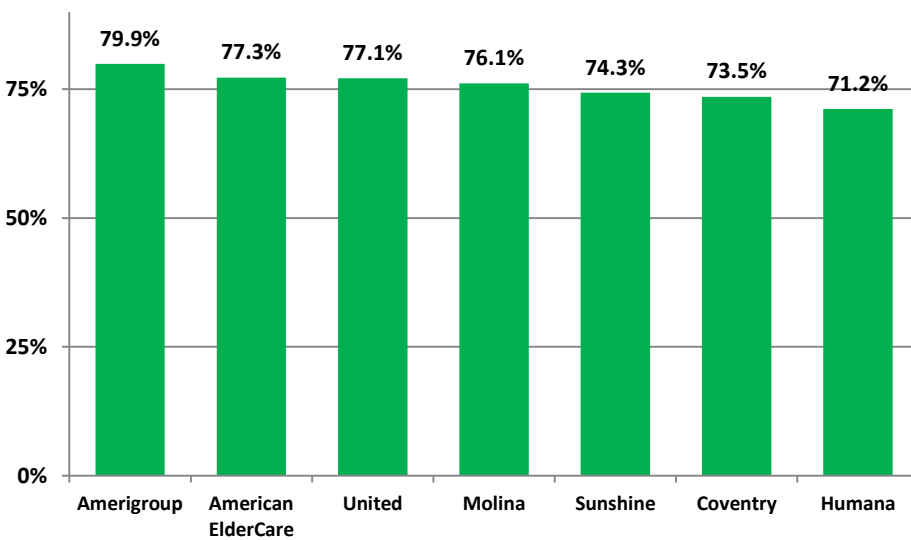
Figure 2: Portion of the Year the Average Enrollee Was in an MMA Plan, July 2014 – June 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

On average, LTC enrollees were continuously enrolled between 9 and 10 months of the year.

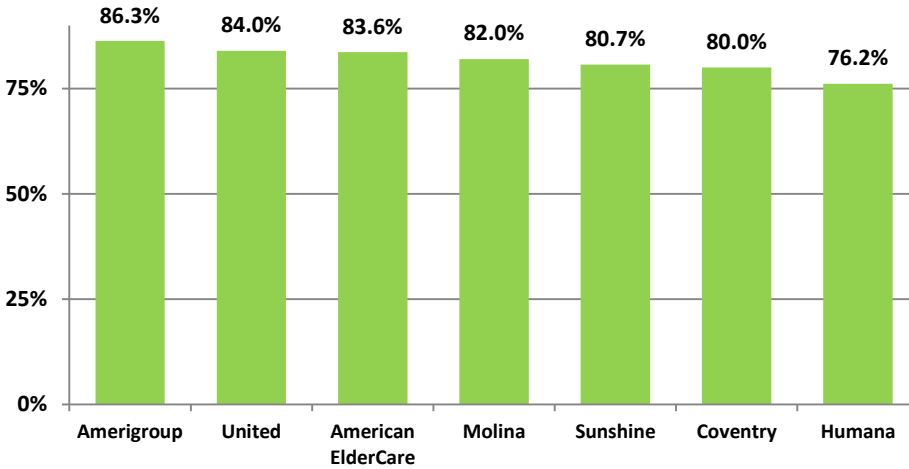
Figure 3: Portion of the Year the Average Enrollee Was in an LTC Plan, July 2014 – June 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

When enrollees who died during fiscal year 2014-15 are excluded, continuity ratios for LTC plans increase.

Figure 4: Portion of the Year the Average Enrollee Was in an LTC Plan, Excluding Deaths, July 2014 – June 2015

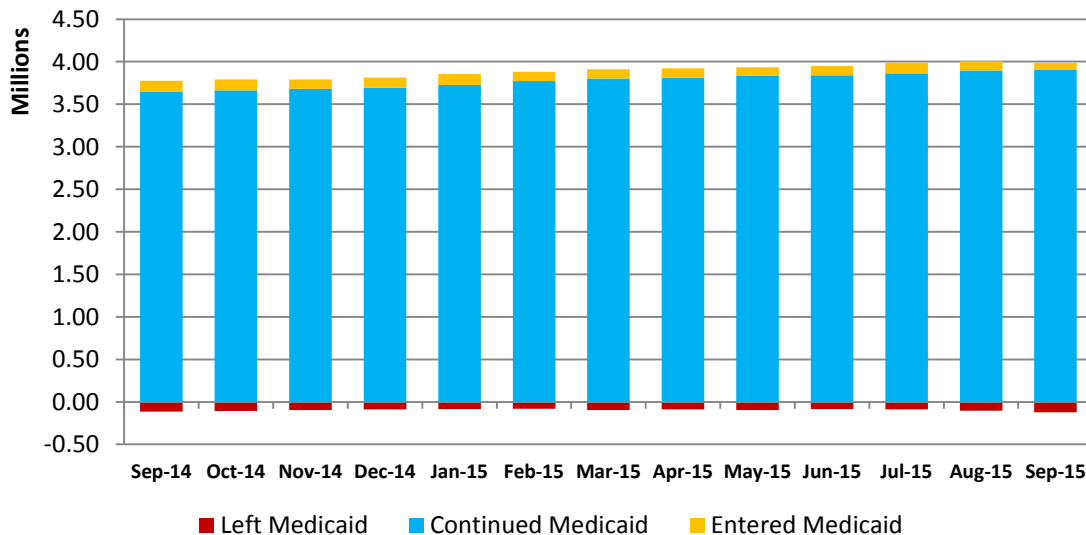


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Churning of the Medicaid Population

Over 3.7 million Floridians received Medicaid services in September 2014, and by August 2015 that number had reached 4 million. Between 5 and 6 percent of the Medicaid population are ‘churning’ into and out of Medicaid each month. Between 2 and 3 percent of the Medicaid population leaves Medicaid each month, and about 3 percent are new recipients who were not in Medicaid the previous month.

Figure 5: Recipients Entering, Leaving and Continuing in Florida Medicaid by Month, September 2014 – September 2015

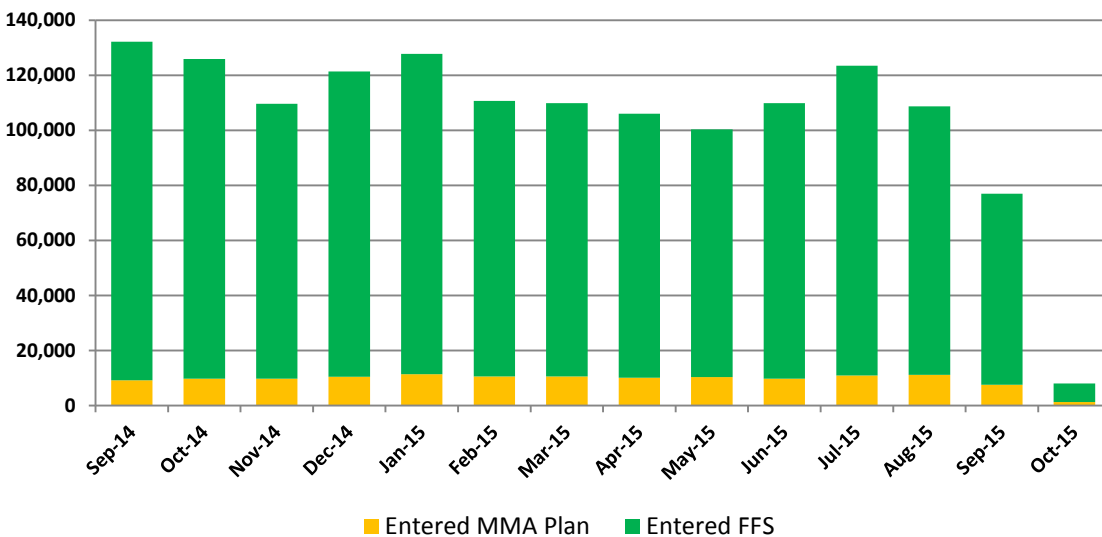


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Temporary eligibility can contribute to Medicaid churning. Emergency coverage for undocumented individuals covers health services only in cases of emergency, and these individuals churn into and out of Medicaid with each emergency. Medically needy recipients are eligible for catastrophic coverage only when they reach a specified threshold of medical expenses each month. These individuals churn into and out of Medicaid each month as they incur medical expenses.

Most recipients who enter the Medicaid program each month enter the FFS program. A small percentage of recipients go directly into an MMA plan when entering Medicaid. In most cases, an MMA enrollee who gains coverage after a temporary loss of coverage is automatically enrolled in his or her last MMA plan. This fosters continuity of care.

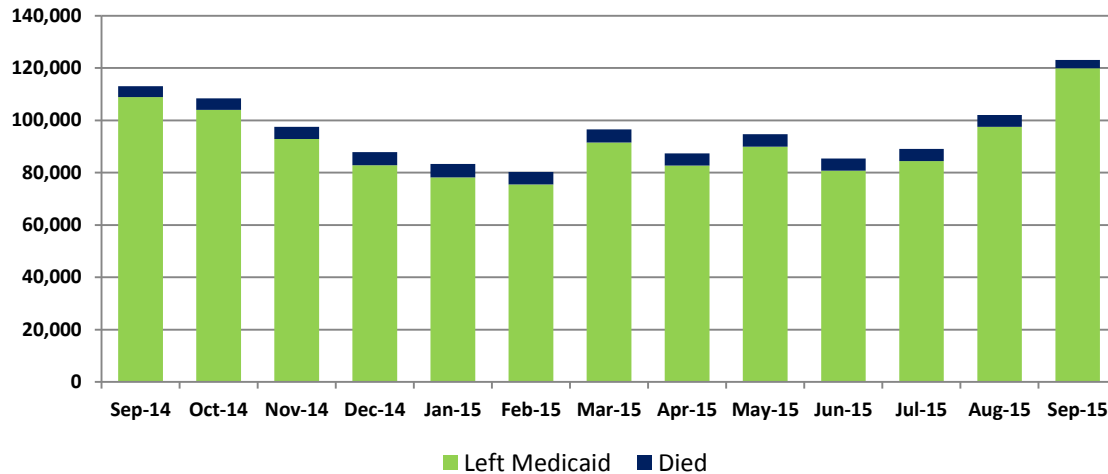
Figure 6: Recipients Entering Medicaid by Program and Month, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

The majority of recipients who leave Medicaid disenroll from the program. Recipients may lose Medicaid coverage as a result of a change in income, change of address, change in family size, or failure to submit renewal forms on time. A small percentage of recipients lose Medicaid coverage each month because they die.

Figure 7: Recipients Leaving Medicaid by Exit Reason and Month, September 2014 – September 2015

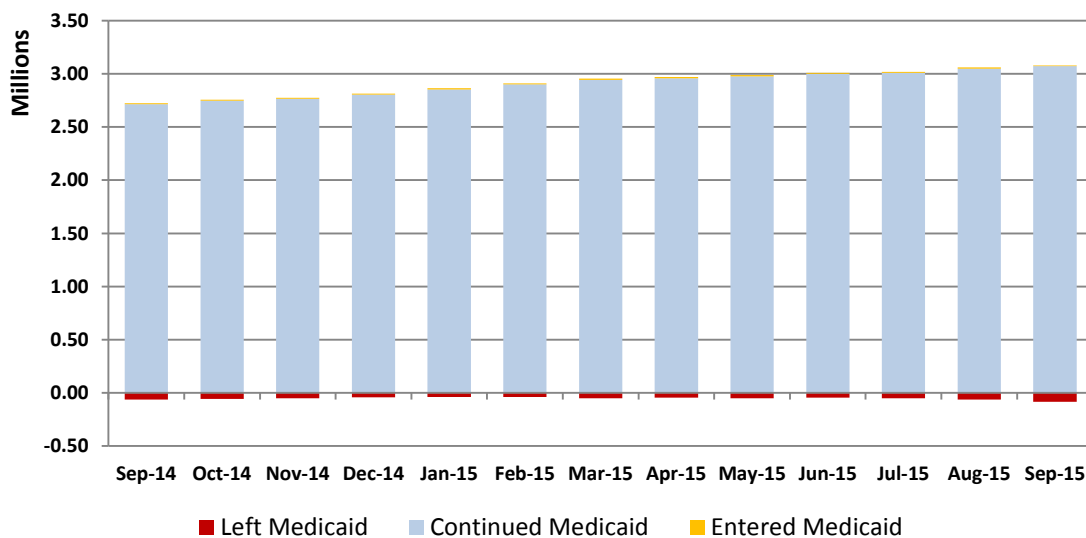


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Churning Within the MMA Program

A very small percentage of MMA enrollees churn into and out of Medicaid each month. Less than one percent of all MMA enrollees each month were not in Medicaid the previous month. Around 2 percent of MMA enrollees disenroll from Medicaid each month.

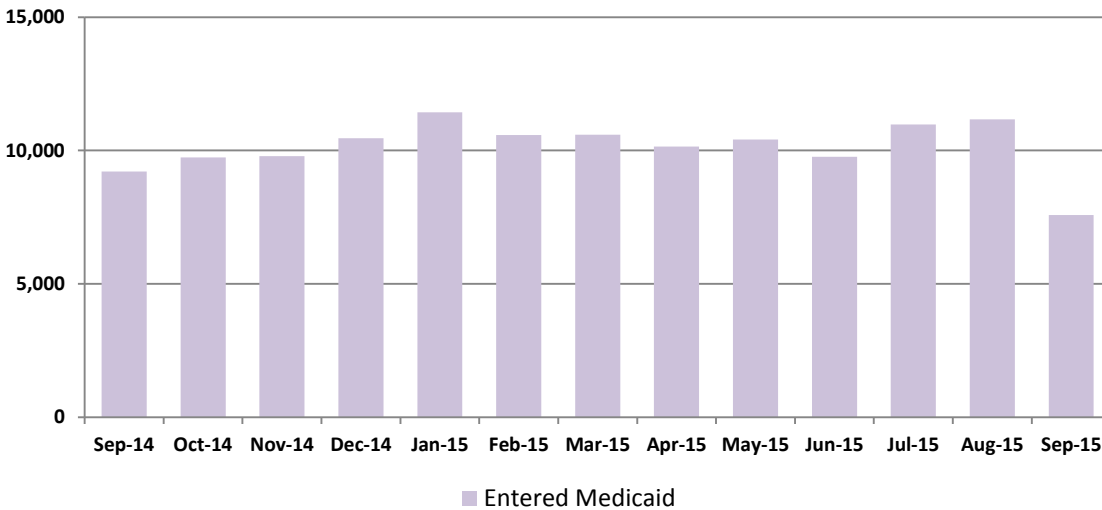
Figure 8: MMA Enrollees Entering, Leaving, and Continuing in Florida Medicaid, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Each month, about 10,000 new Medicaid recipients enroll in an MMA plan.

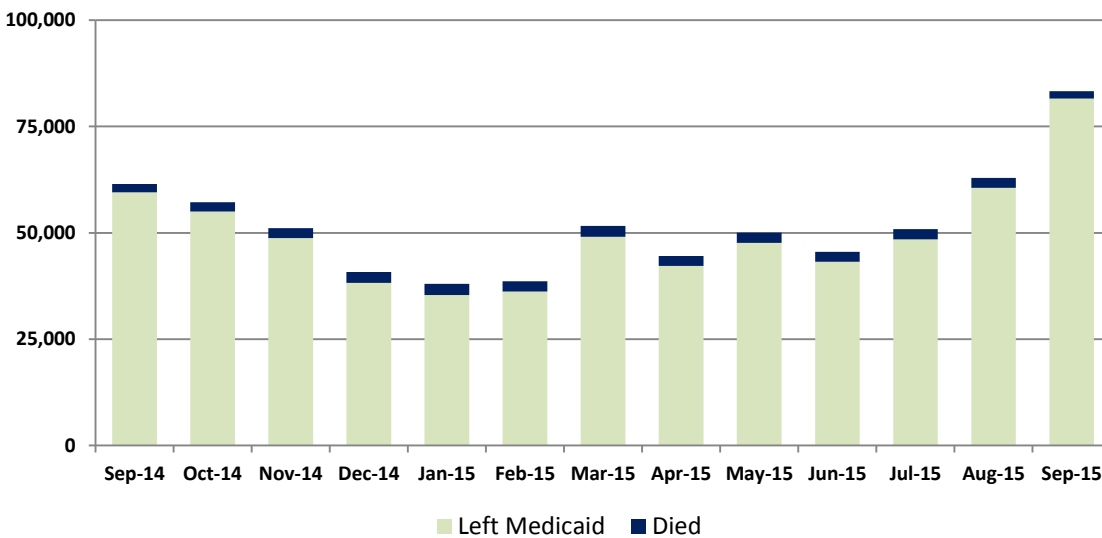
Figure 9: MMA Enrollees Entering the MMA Program by Month, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Between 35,000 and 60,000 MMA enrollees lose Medicaid coverage each month. A small percentage of MMA enrollees die each month. Groups that are temporarily eligible for enrollment in an MMA plan, such as pregnant women, contribute to monthly exits from the MMA program. Pregnant women are eligible for Medicaid for a limited period of time around the pregnancy, and typically meet the criteria for MMA plan enrollment for a short period of time.

Figure 10: MMA Enrollees Leaving Medicaid by Exit Reason and Month, September 2014 – September 2015

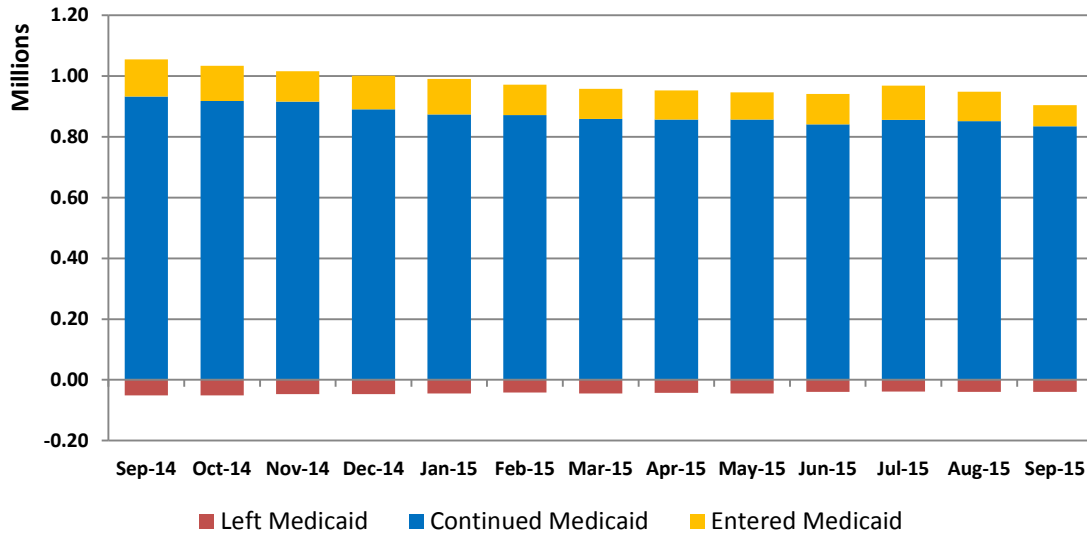


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Churning Within the Fee-For-Service Program

A larger percentage of FFS recipients than MMA enrollees churn into and out of Medicaid each month. Ten to twelve percent of FFS recipients each month are new to Medicaid. About 5 percent of FFS recipients leave the Medicaid program each month as opposed to 2 percent in the MMA program.

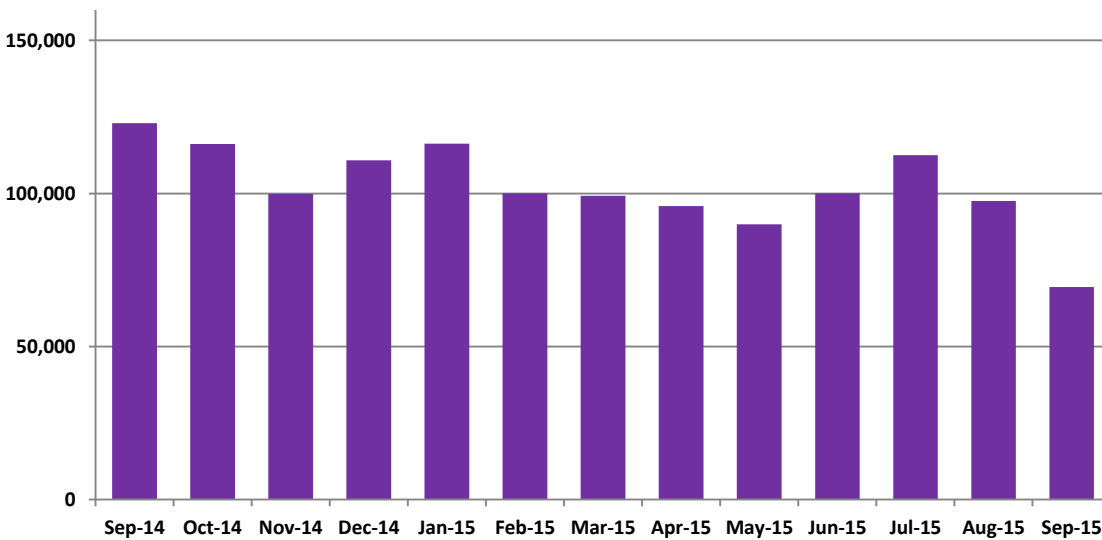
Figure 11: FFS Recipients Entering, Leaving and Continuing in Florida Medicaid, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Between 70 and 123 thousand new recipients enter the FFS program each month.

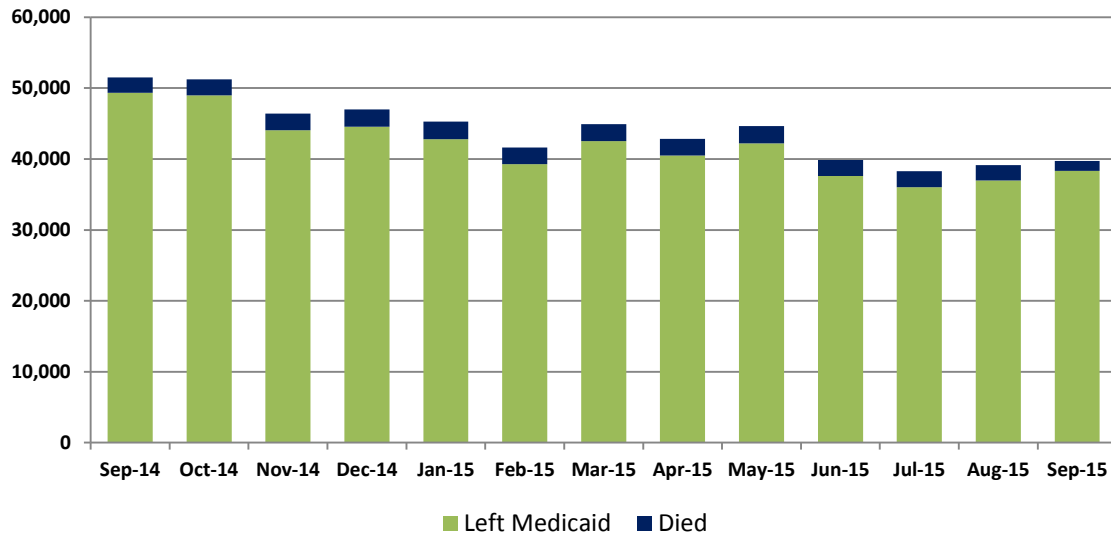
Figure 12: Medicaid Recipients Entering FFS by Month, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Between 40 and 50 thousand recipients in the FFS program lose Medicaid coverage each month.

Figure 13: FFS Recipients Leaving Medicaid by Exit Reason and Month, September 2014 – September 2015



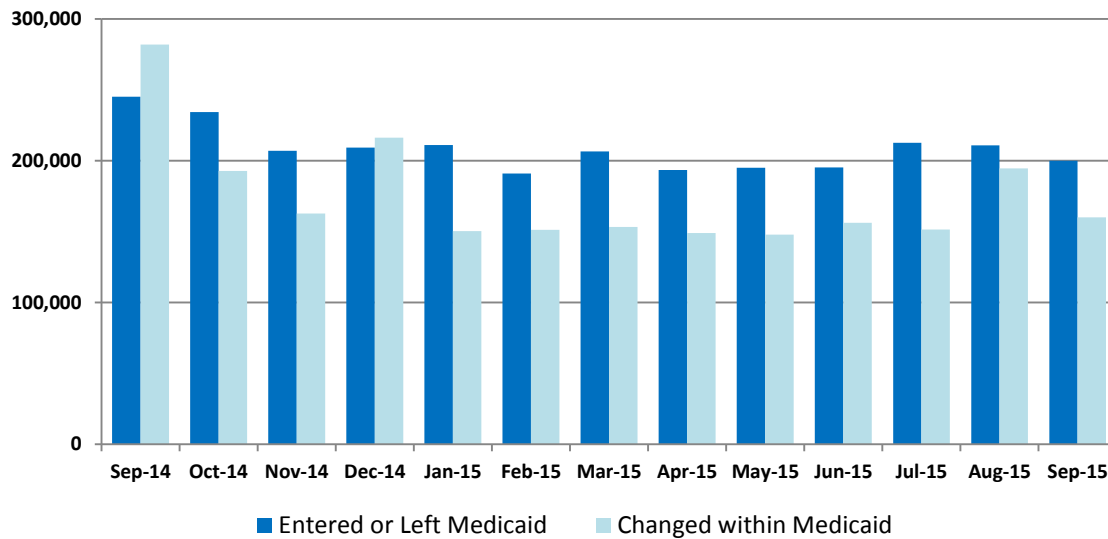
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Change Internal to Medicaid

In addition to the churning of recipients into and out of Medicaid, recipients may move around within the Medicaid program. Some Medicaid recipients move from the FFS program to the MMA program, and some move from MMA to the FFS program. MMA enrollees also change from one managed care plan to another.

The majority of Medicaid recipients who historically received Medicaid services through Medicaid’s FFS program are now required to receive services through the SMMC program. A portion of the Medicaid population has the option to enroll in an SMMC plan or in the FFS program, and some recipients are excluded from participation in SMMC. Changes in eligibility may require recipients to switch from one program to another. Recipients who have the option of enrolling in MMA or FFS may choose to move between the MMA and FFS programs.

Figure 14: Recipients Making a Change in Medicaid, September 2014 - September 2015



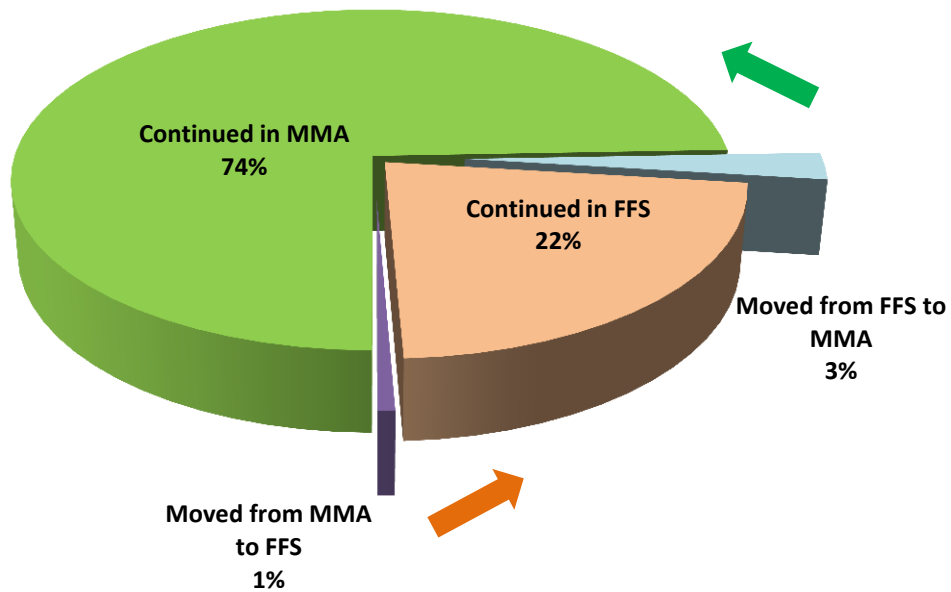
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Movement between the MMA and FFS Programs

Most recipients in FFS and MMA remain in their respective programs from month to month. However, a small percentage switch programs each month.

More recipients in the FFS program move to the MMA program than move from MMA to the FFS program.

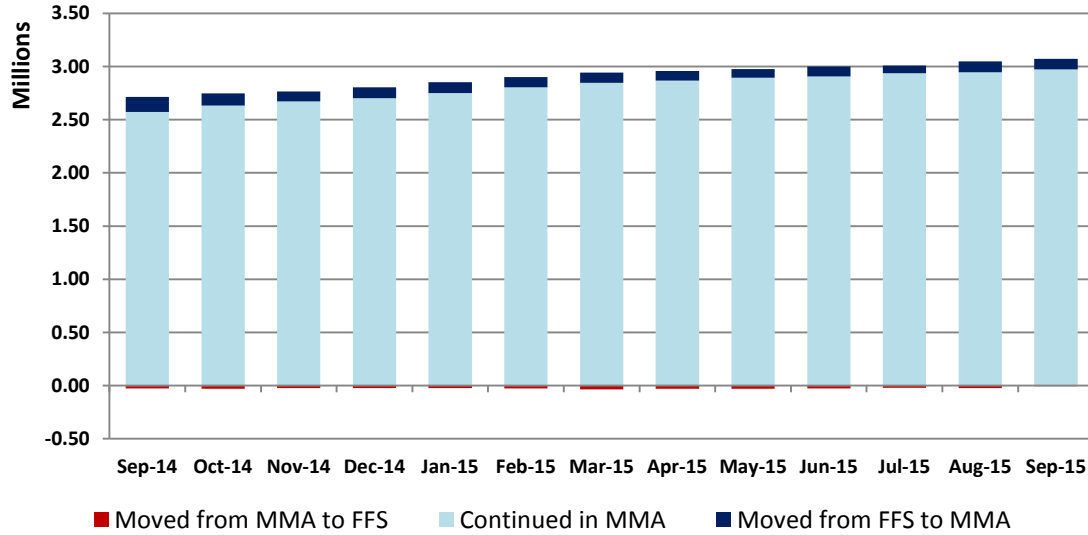
Figure 15: Percentage of Recipient Months in MMA, FFS, and Moving Between MMA and FFS, September 2014 - September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

More MMA enrollees move from FFS than to FFS each month.

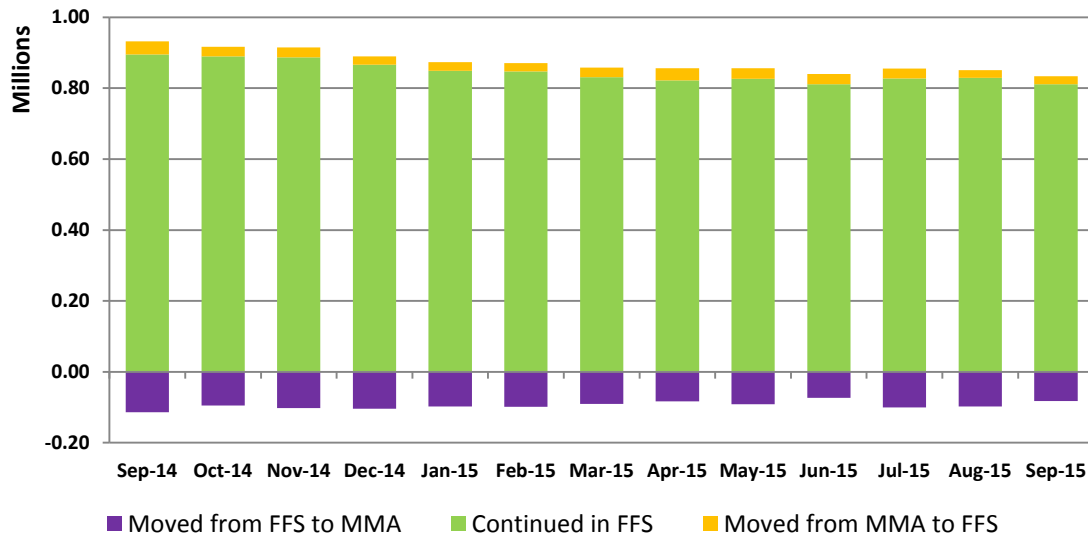
Figure 16: MMA Enrollees Continuing in MMA and Moving Between MMA and FFS by Month, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

More FFS recipients move to MMA than from MMA each month.

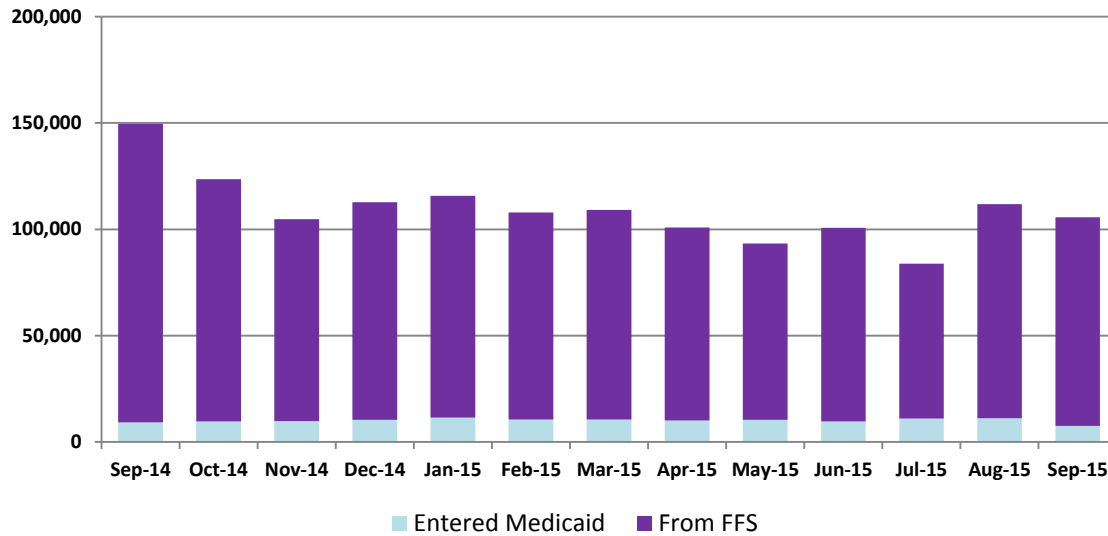
Figure 17: FFS Recipients Continuing in FFS and Moving between FFS and MMA by Month, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

New MMA enrollees are primarily those moving from the FFS program to an MMA plan. A small percentage of new MMA enrollees are those who have regained coverage following a temporary loss of coverage. One of the most common reasons for temporary loss of eligibility is the failure to submit required forms on time.

Figure 18: Enrollees Entering an MMA Plan by Origin and Month, September 2014 – September 2015

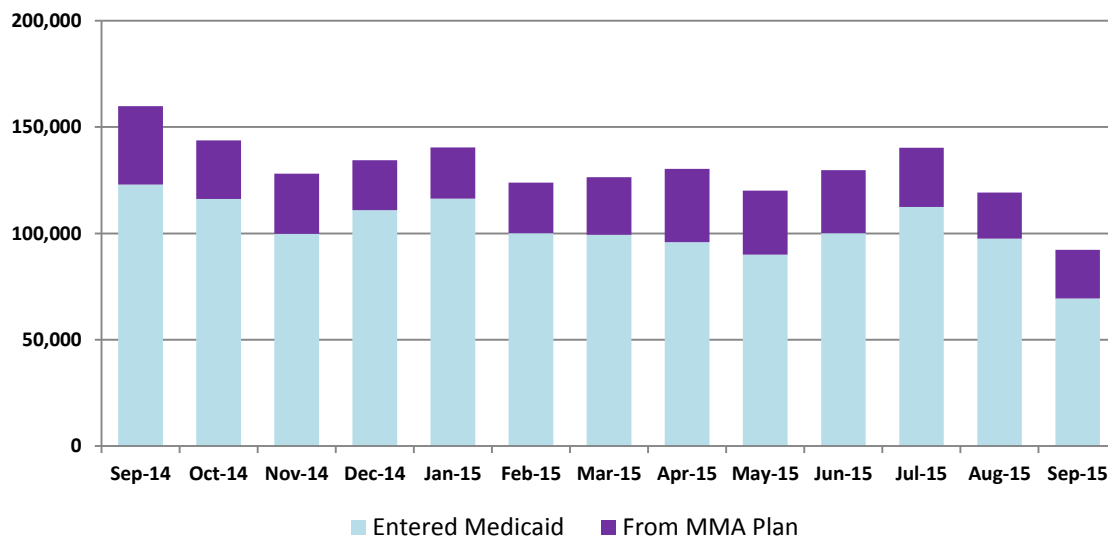


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

New FFS recipients are primarily new to Medicaid. A small percentage of new FFS recipients are those moving from the MMA to the FFS program. Women who are covered due to pregnancy are an example of a group that would move from the MMA program to the FFS program. They are required to enroll in an MMA plan during their pregnancy. However, after the birth occurs, the women are moved to family planning coverage and are no longer eligible to participate in the MMA program.

Some recipients have the option to choose the SMMC program or the FFS program, and may move from one program to the other at any time.

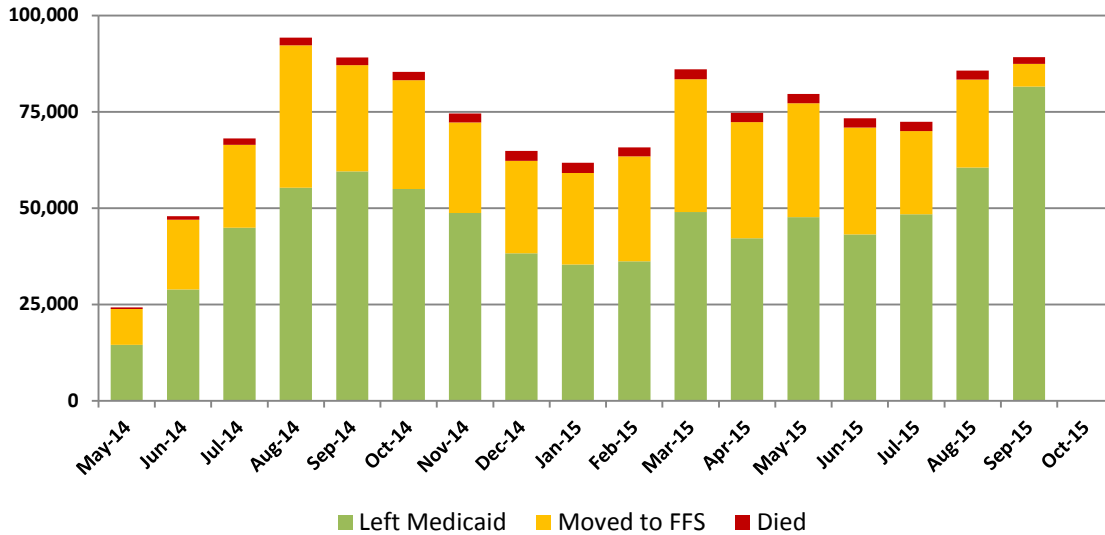
Figure 19: Recipients Entering FFS by Origin and Month, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

MMA enrollees who leave the MMA program are primarily those who lose Medicaid coverage. However, as many as a third switch to the FFS program in many months.

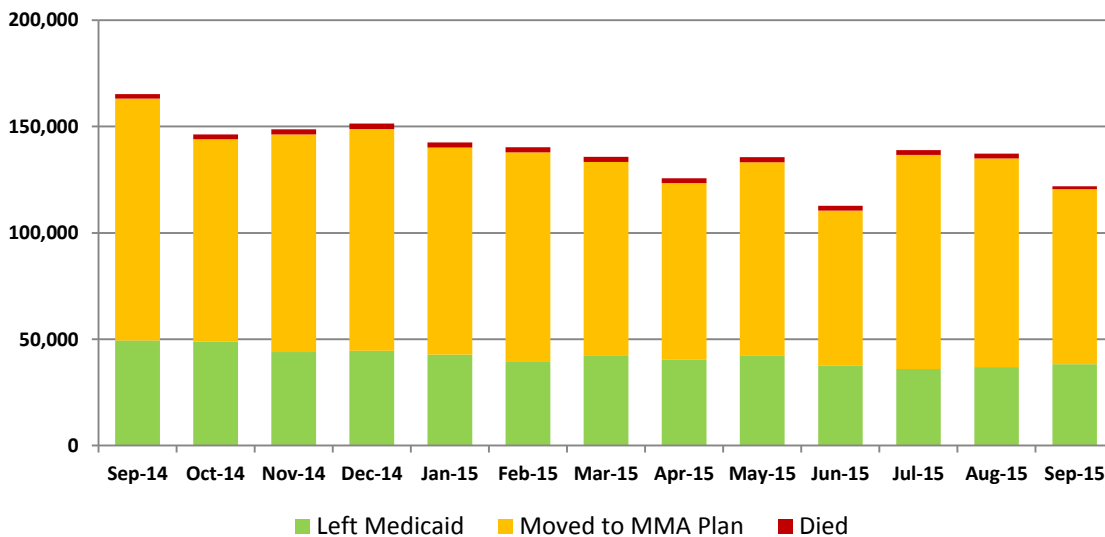
Figure 20: MMA Enrollees Leaving the MMA Program by Month, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

More FFS recipients who leave the FFS program each month switch to the MMA program than leave Medicaid or die.

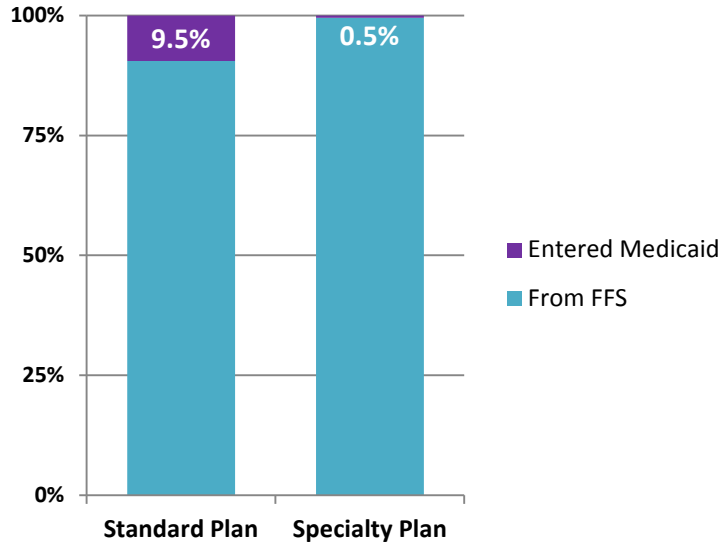
Figure 21: FFS Recipients Leaving the FFS Program by Month, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

There is a larger percentage of new Standard plan enrollees than new Specialty plan enrollees who enter the program after not having Medicaid coverage the previous month.

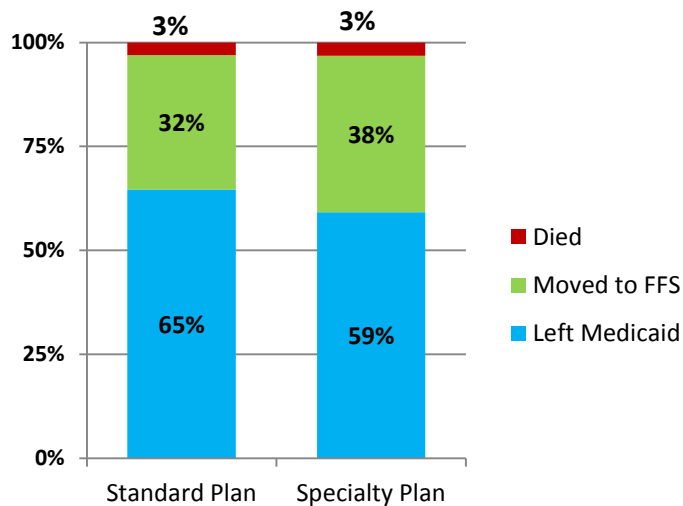
Figure 22: Enrollees Entering an MMA Plan by Origin and Plan Type, September 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

MMA enrollees who leave Specialty plans more often switch to the FFS program than do enrollees who leave Standard plans.

Figure 23: Percentage of MMA Enrollees Leaving the MMA Program by Exit Reason and Plan Type, September 2014 - September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

MMA Plan Changes

SMMC enrollees who are mandatory for participation in the program have 90 days after enrollment to change to another plan.

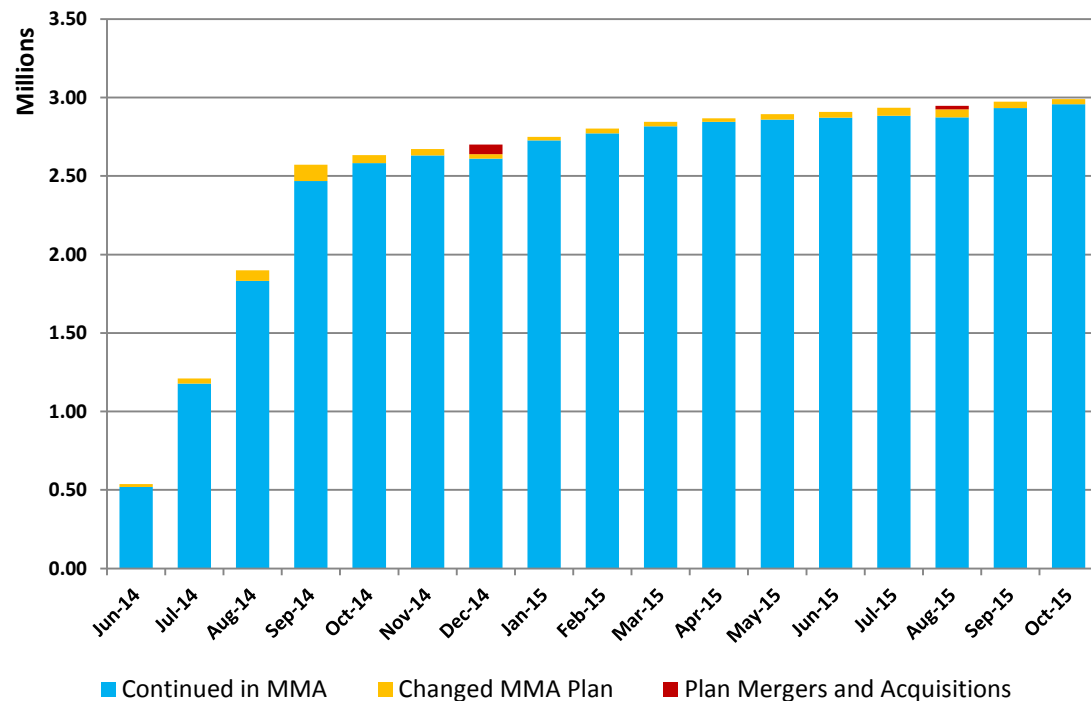
Medicaid recipients are required to enroll in a Managed Medical Assistance (MMA) plan unless they are in the Voluntary or Excluded population. The excluded population cannot enroll in MMA. Recipients in the Voluntary population can choose to be enrolled in an MMA Plan or receive services through the FFS program. A Mandatory enrollee has ninety days after initial enrollment to change plans for any reason. After ninety days, the Mandatory enrollee is locked into the plan until the next open enrollment period and may disenroll only for good cause.

An enrollee who is not required to enroll in an SMMC plan and has chosen a plan is not subject to Lock-in or open enrollment periods and may request changes at any time.

Some plan changes occurred because one health plan was acquired by another. In December 2014, First Coast Advantage enrollees were assumed by Molina as a result of Molina’s acquisition of First Coast Advantage. Preferred Medical Plan enrollees shifted to Molina Healthcare on August 1, 2015.

A small percentage of MMA enrollees change plans each month.

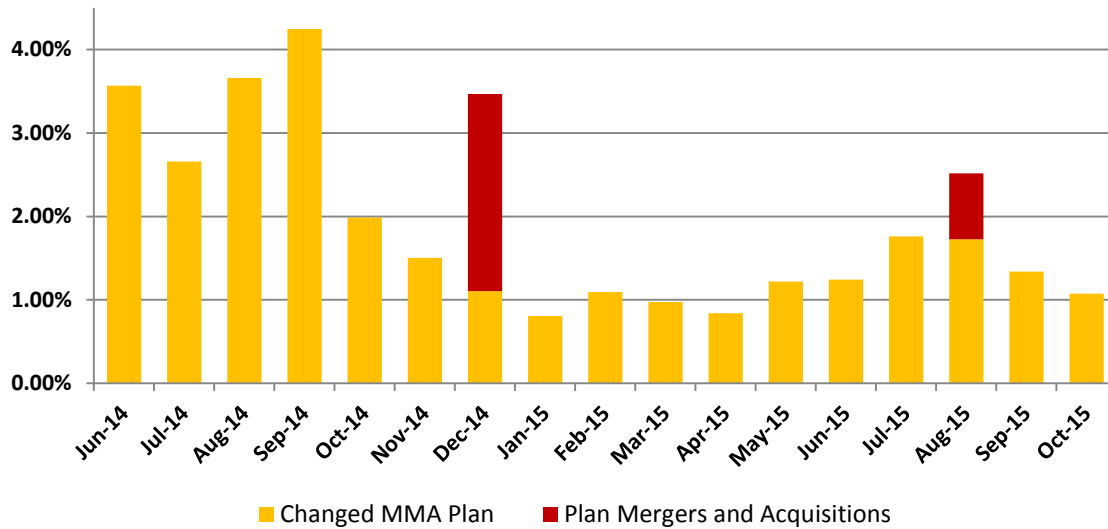
Figure 24: MMA Plan Changes and Continuing Enrollees by Month, June 2014 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

In the early months of implementation of the MMA program when most enrollees were still within their 90 day window for changing plans, between 2 and 4 percent of MMA enrollees changed plans each month. After October 2014 when the 90 day change window had expired for those who enrolled during the implementation phase, plan changes dropped below 2 percent of MMA enrollees, ranging between less than 1 percent and over 1.5 percent for the remaining period.

Figure 25: Percentage of MMA Enrollees Who Changed Plans by Month, June 2014 - October 2015

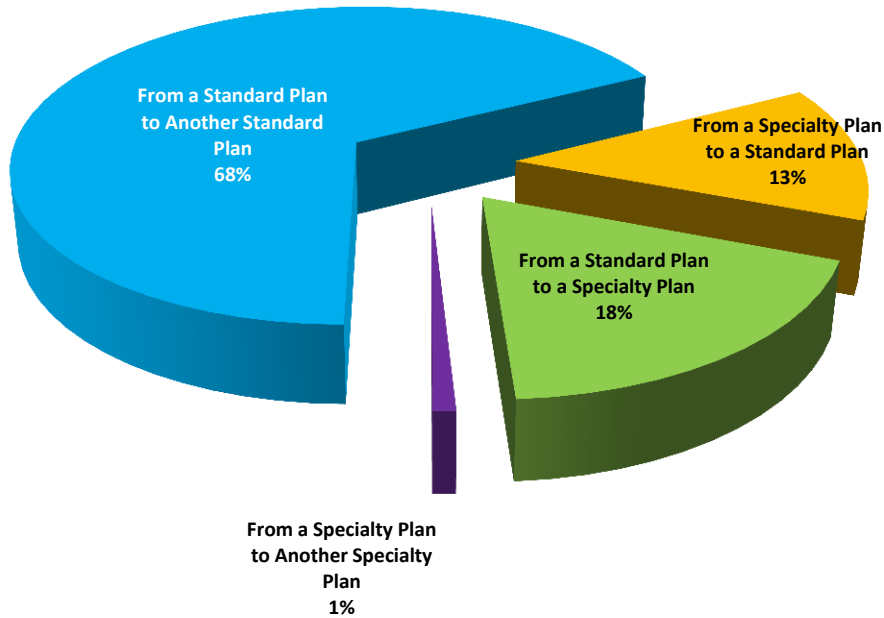


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

First Coast Advantage enrollees moved to Molina in December 2014. In August 2015, Preferred Medical Plan enrollees moved to Molina. Both First Coast and Preferred were acquired by Molina.

The majority of plan changes involve a change from one Standard MMA plan to another Standard MMA plan.

Figure 26: MMA Plan Changes by Plan Type, May 2014 - October 2015



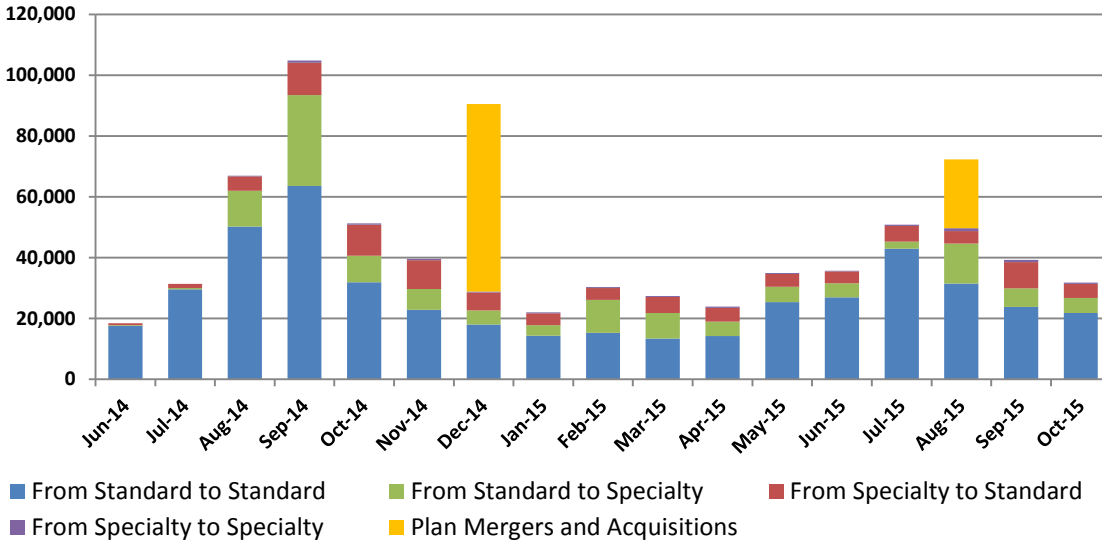
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Children who met the clinical criteria for enrollment in the CMS Specialty plan remained in pre-SMMC plans until the CMS Specialty plan implementation in August 2014. If a child met the criteria for Sunshine’s child welfare Specialty plan as well as the CMS Specialty plan, he or she was initially assigned to the child welfare Specialty plan upon implementation. Children meeting criteria for both plans were then moved from the child welfare Specialty plan to the CMS Specialty plan in August 2014.

Before Magellan was implemented, recipients meeting criteria for enrollment were assigned to Standard MMA plans during implementation in each region. When Magellan was implemented, recipients meeting SMI criteria were moved to Magellan.

Clear Health and Positive were rolled out on the same implementation schedule as Standard plans. Thus, qualifying recipients were assigned to the HIV /AIDS Specialty plans instead of to Standard plans.

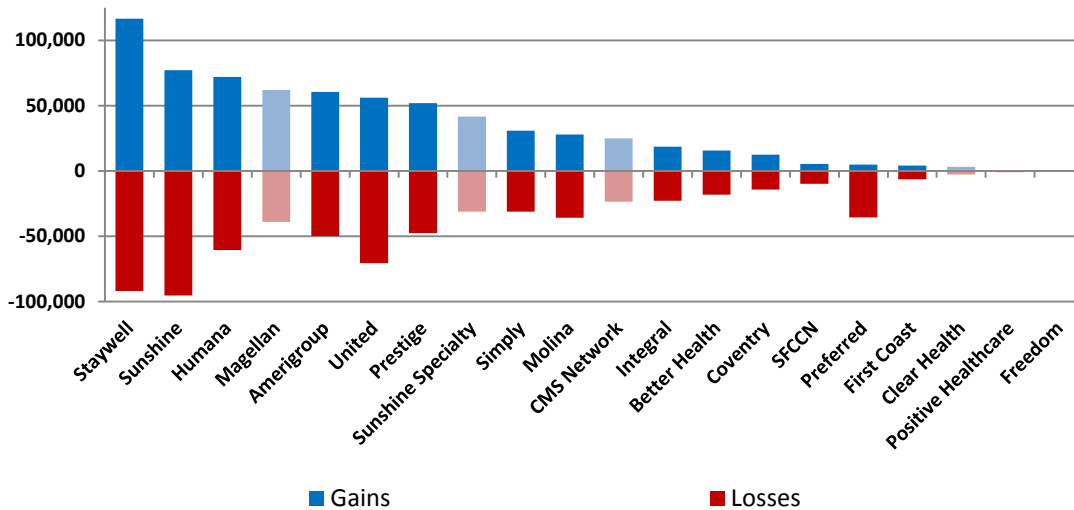
Figure 27: Number of Plan Changes by Month, June 2014 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

All MMA plans experienced some turnover in enrollment as enrollees changed from one plan to another.

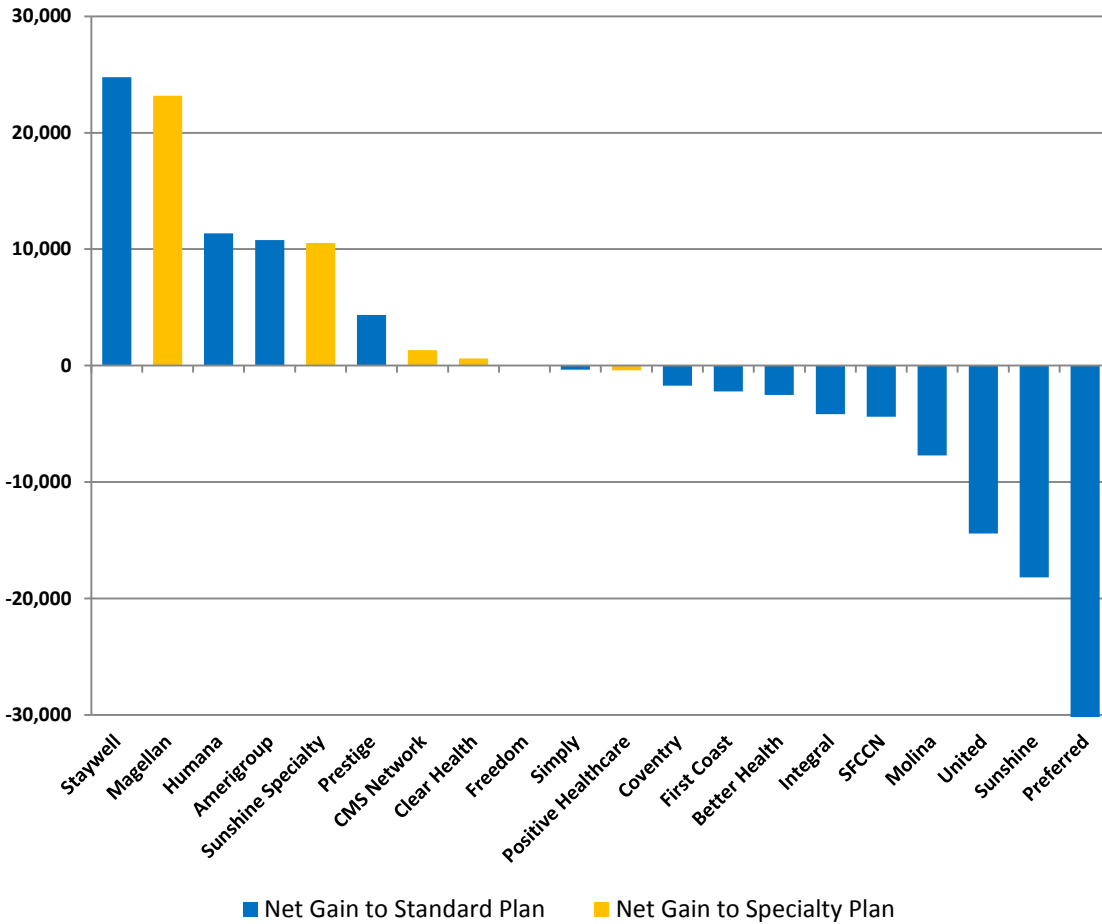
Figure 28: Gains and Losses from Plan Changes by Plan, May 2014 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Nine of the MMA plans experienced a net gain in enrollment from plan changes. Eleven plans experienced a net loss in enrollment from plan changes.

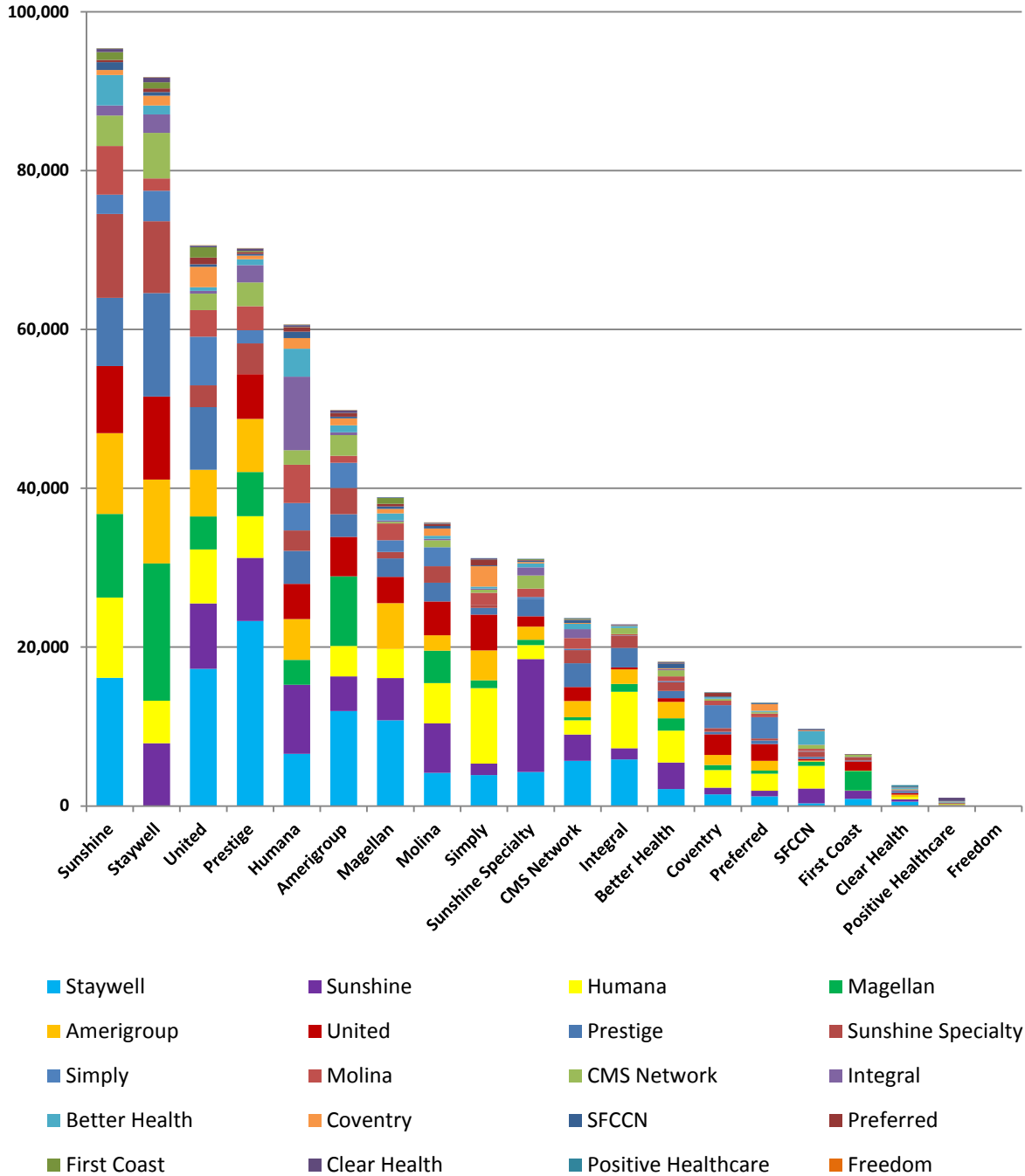
Figure 29: Net Gains from MMA Plan Changes by Plan, May 2014 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Staywell, Sunshine, Humana, and Magellan each gained enrollees from many of the other plans. However, Sunshine lost more enrollees than it gained from other plans.

Figure 30: Plan Changes by Plan Changed From (X-Axis) and Plan Changed to (Color Bars), May 2014 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Enrollment in Specialty Plans

The Managed Medical Assistance (MMA) program provides medical, dental, and behavioral health care services to most Medicaid recipients. Specialty plans cover the same services as Standard MMA plans, but a recipient must meet the specified criteria for the Specialty plan in addition to general Medicaid eligibility requirements to enroll in that Specialty plan.

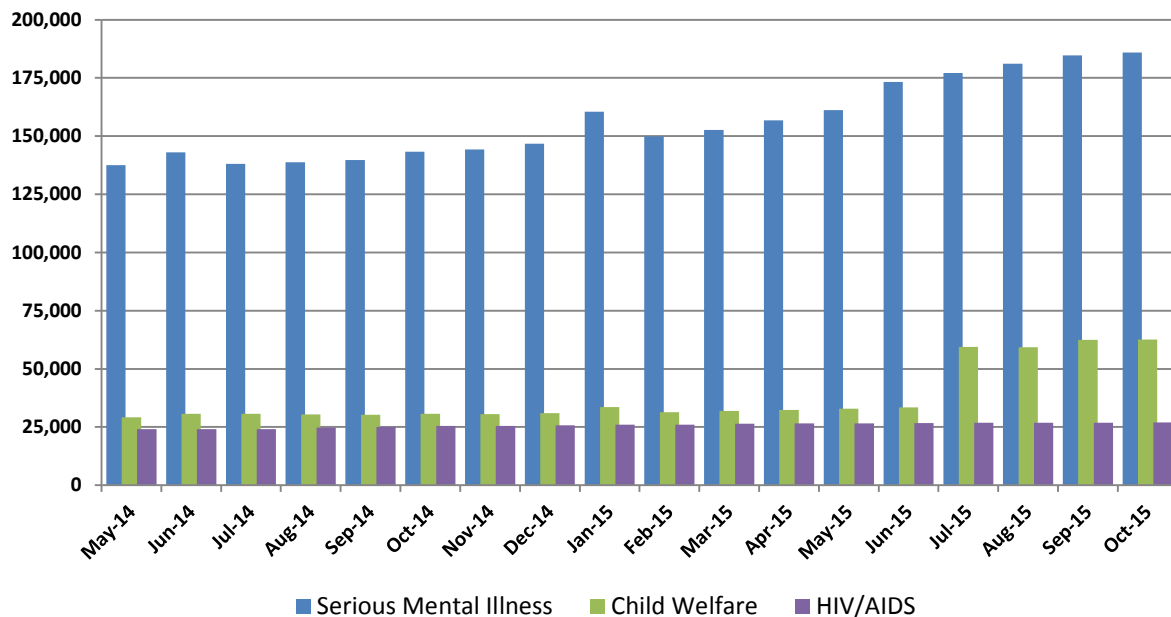
In regions where a Specialty plan is available, to accommodate the specific condition or diagnosis of a recipient, the recipient is assigned to the Specialty plan but may choose to enroll in a Standard plan instead.

The Children’s Medical Services Specialty plan has been omitted from this analysis because unlike the other Specialty plans, clinical eligibility is determined by the Department of Health’s Children’s Medical Services program.

Specialty plan enrollees have ninety days after enrollment in a plan to change to another plan. The following chart shows the number of Medicaid recipients who are eligible to enroll in three types of Specialty plans – Serious Mental Illness, Child Welfare, and HIV/AIDS.

Some recipients meet specified enrollment criteria for more than one Specialty plan.

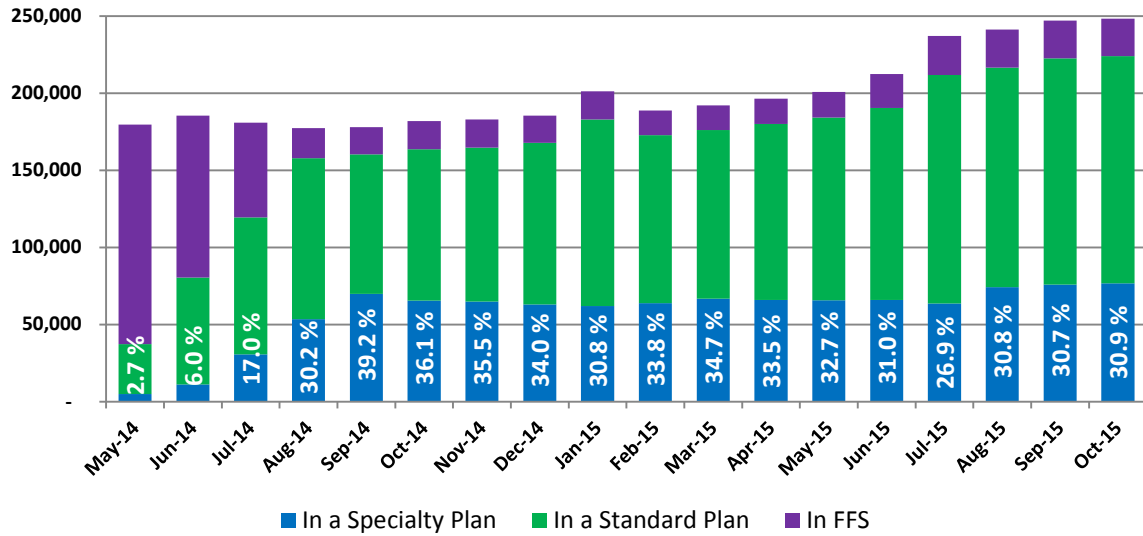
Figure 31: Number of Recipients Who Meet Specified Criteria for Enrollment in a Specialty Plan by Month, May 2014 – October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

From August 2014 forward, across all three types of Specialty plans, between 27 and 39 percent of recipients who are eligible to enroll in a Specialty plan chose to enroll.

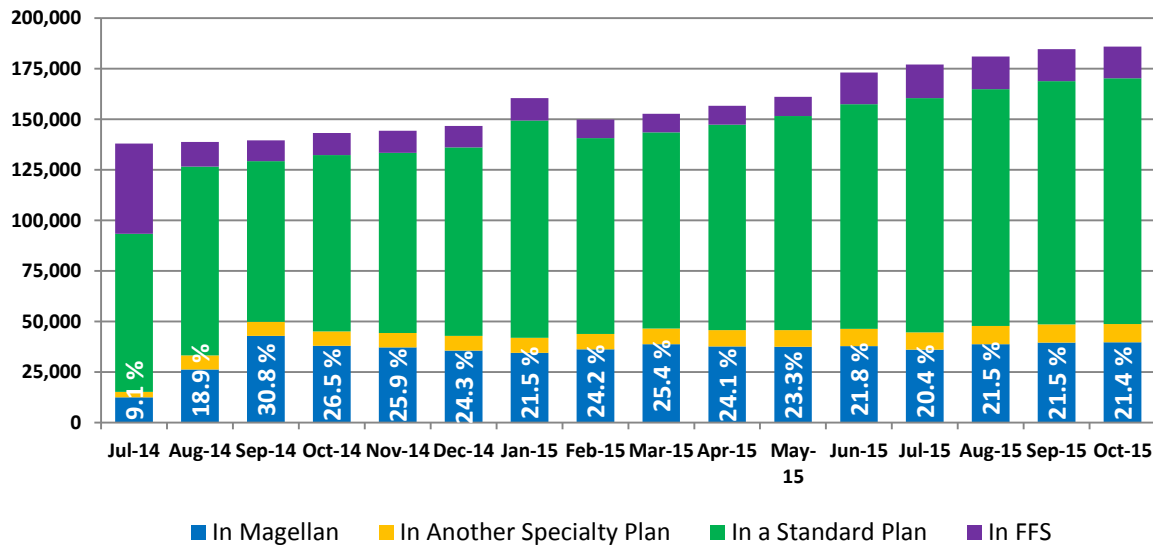
Figure 32: Enrollment of Recipients Eligible for any Specialty Plan by Month



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Medicaid recipients diagnosed with specific mental illnesses are eligible to enroll in Magellan Complete Care plan, a Specialty plan for Serious Mental Illness. Once fully implemented, between 20 and 30 percent of eligible recipients each month chose to enroll in Magellan’s Specialty plan.

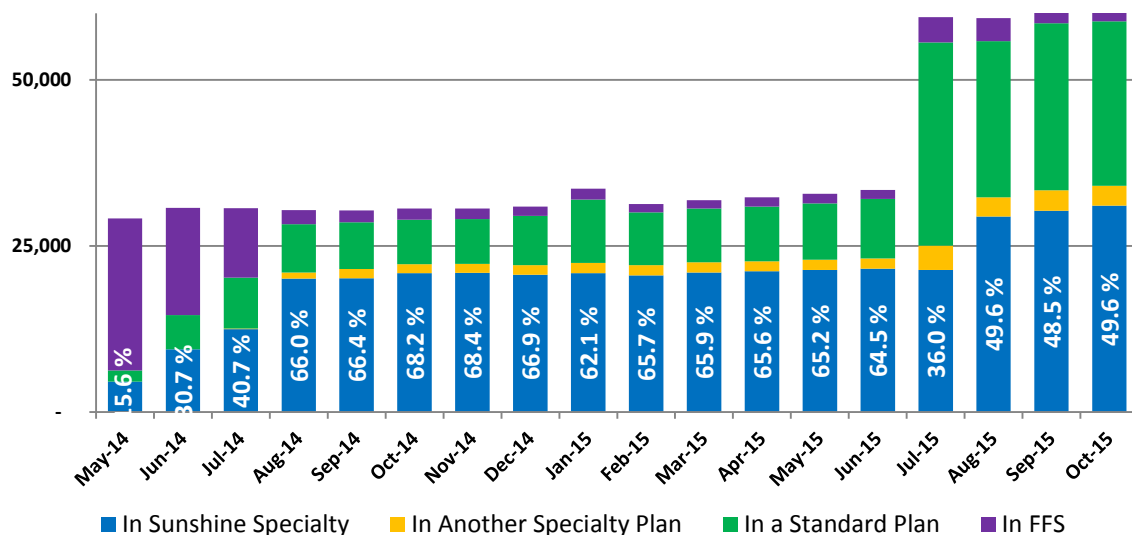
Figure 33: Enrollment of Recipients Eligible for Serious Mental Illness Specialty Plan by Month



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Medicaid recipients under the age of 21 who have an open case for child welfare services in the Department of Children and Families' Florida Safe Families Network database are eligible to enroll in Sunshine's Child Welfare plan. The number of children eligible to be in Sunshine's Child Welfare plan increased in July 2015 as a result of a policy change that expanded the qualifying criteria.

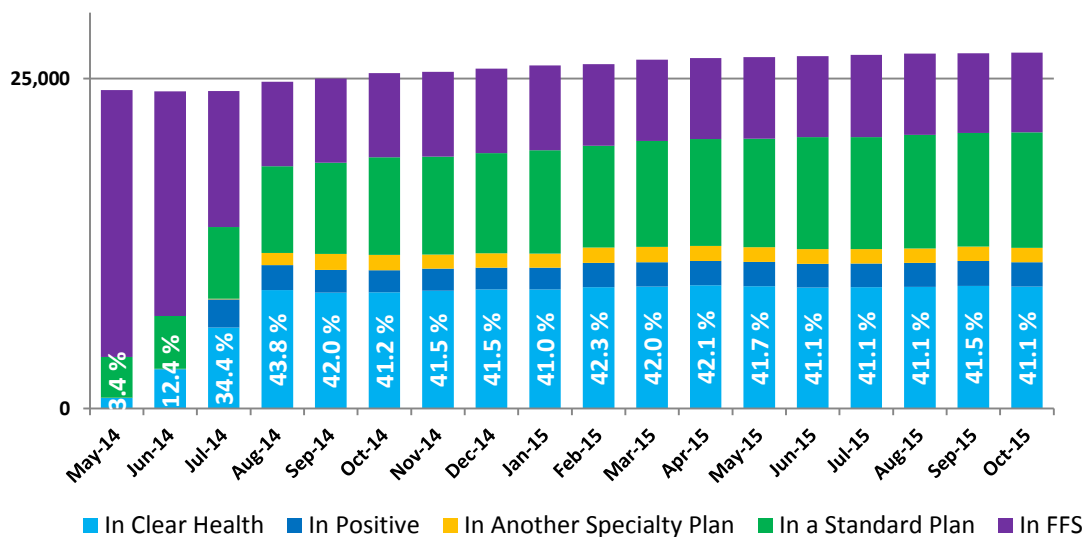
Figure 34: Enrollment of Recipients Eligible for the Child Welfare Specialty Plan by Month



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Medicaid recipients diagnosed with HIV or AIDS are eligible to enroll in one of two Specialty plans – Clear Health Alliance or Positive Health Care. Around 42 percent of eligible recipients enrolled in one the two HIV/AIDS Specialty plans each month from August 2014 to October 2015.

Figure 35: Enrollment of Recipients Eligible for an AIDS/HIV Specialty Plan by Month



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, May 2014 – October 2015.

Medicaid LTC Services

Long-term care supports and services are available to recipients through the LTC program and through the FFS program. Some recipients are required to receive LTC services through the LTC program and some recipients may choose to receive LTC services through either program.

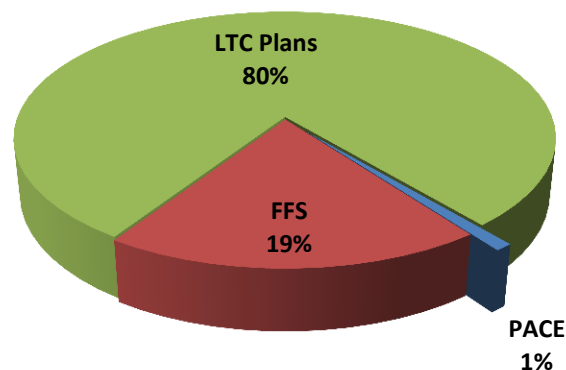
Aged or disabled individuals aged 18 and over, who are determined by the Comprehensive Assessment and Review for Long-term Care Services (CARES) to meet nursing facility level of care, are required to enroll in and receive LTC services from LTC plans. Individuals who meet these criteria but are enrolled in Medicare Special Needs Plans for the Dually Eligible (Dual SNPs) are excluded from participating in the LTC program.

Individuals who meet the level of care criteria but may choose whether or not to enroll in an LTC plan are those who are on a waiting list for a waiver or are in the Developmental Disabilities Individual Budgeting (IBudget), Traumatic Brain & Spinal Cord Injury (TBI), Project AIDS Care (PAC), Adult Cystic Fibrosis, Program of All-Inclusive Care for the Elderly (PACE), Familial Dysautonomia, or Model Waivers.

Movement Into and out of the LTC Program

Most Medicaid recipients who are eligible for LTC services receive them through the LTC program. Less than a quarter receive LTC services through the FFS program. A small number of recipients receive LTC services through the PACE program. Program of All-Inclusive Care for the Elderly (PACE) is program that provides comprehensive services to PACE enrollees. PACE provides a capitated benefit for individuals age fifty-five (55) and older who meet nursing home level of care as determined by CARES. It features a comprehensive service delivery system and integrated Medicare and Medicaid financing. About 1,000 recipients receive LTC services through PACE. PACE is not presented in the remaining graphs for LTC services.

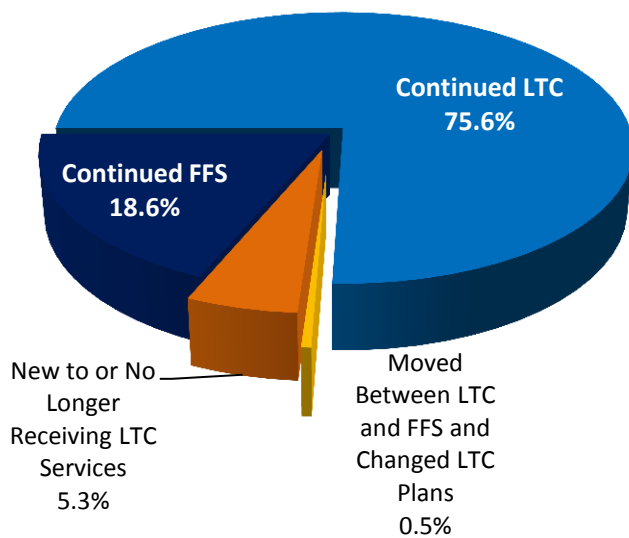
Figure 36: Percentage of Recipients Receiving LTC Services through the LTC program, FFS, and PACE, April 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Change is more often about entering or leaving a program for LTC services than moving between programs or changing plans.

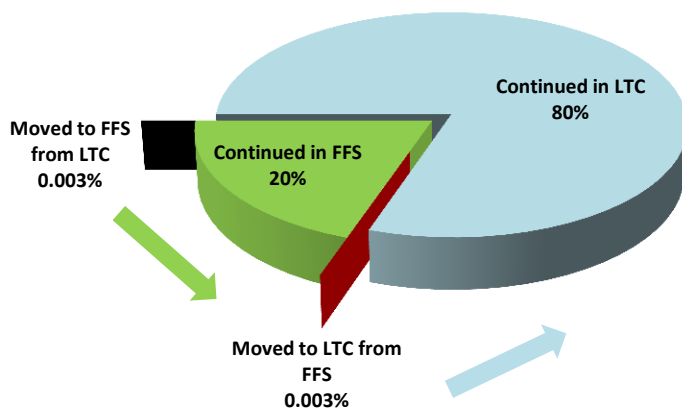
Figure 37: Percentage of Recipients Receiving LTC Services Entering, Leaving, and Continuing in the LTC and FFS Programs, April 2014 - September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Very few recipients switch from one program to another for LTC services. Once in the LTC program or the FFS program, the majority of recipients remain in the program.

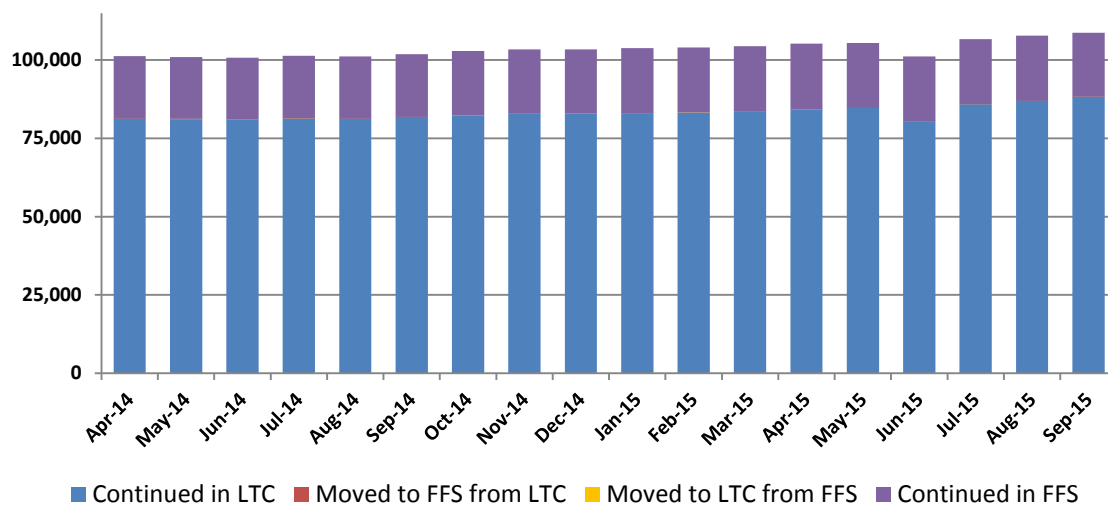
Figure 38: Percentage of Recipients Receiving LTC Services Who Move Between the LTC and FFS Programs, April 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

About 80 percent of Medicaid recipients receiving LTC services each month receive the services through the LTC program. The other 20 percent of recipients receiving LTC services receive them through the FFS program. The movement between the two programs each month is less than a percent of each program’s population.

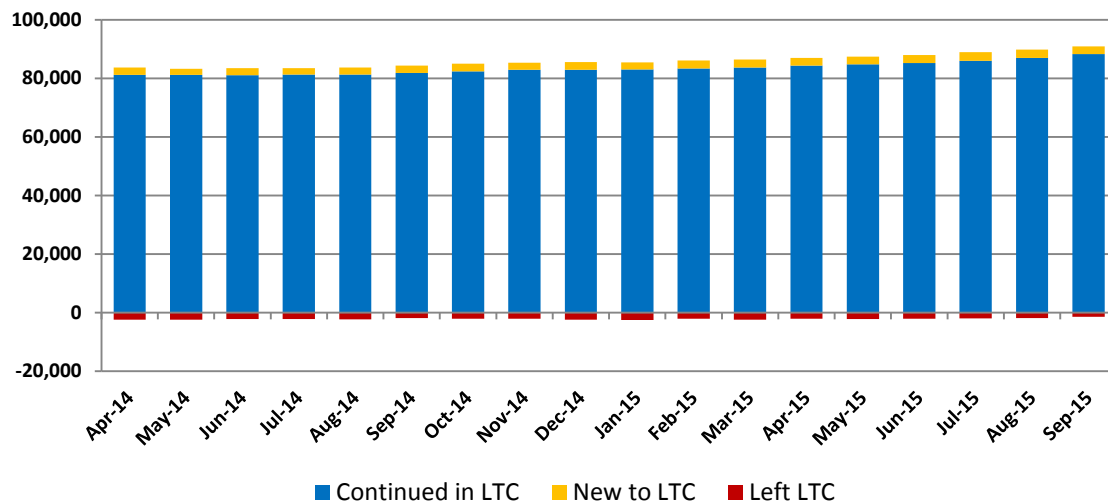
Figure 39: Recipients Receiving LTC Services Who Move Between the LTC and FFS Programs by Month, April 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

The LTC program is a small program serving about 85,000 enrollees each month who are in need of Long-term Care supports and services. Most LTC enrollees are over 65 years of age. About 3 percent of LTC enrollees each month are new enrollees. About 2 percent of enrollees leave the program each month.

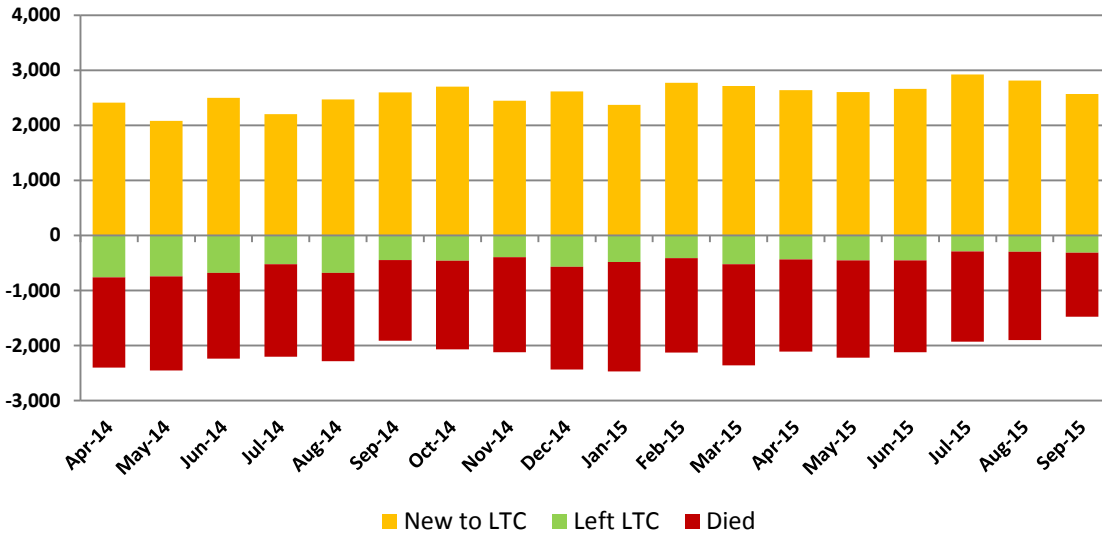
Figure 40: Enrollees Entering, Continuing, and Leaving LTC, by Month, April 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

The majority of LTC enrollees who leave the LTC program do so when they die.

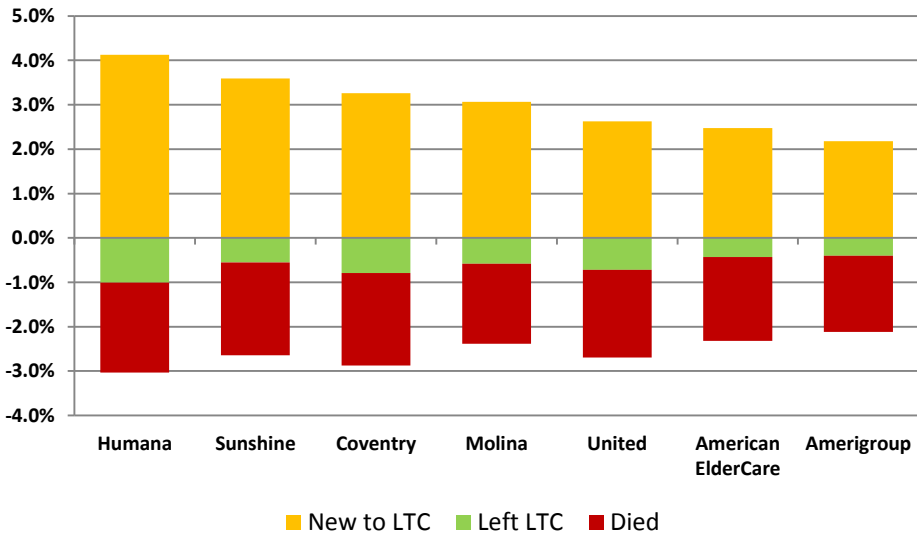
Figure 41: Enrollees Entering and Leaving LTC, by Month, April 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Every LTC plan loses about 2 percent of its enrollees each month to death.

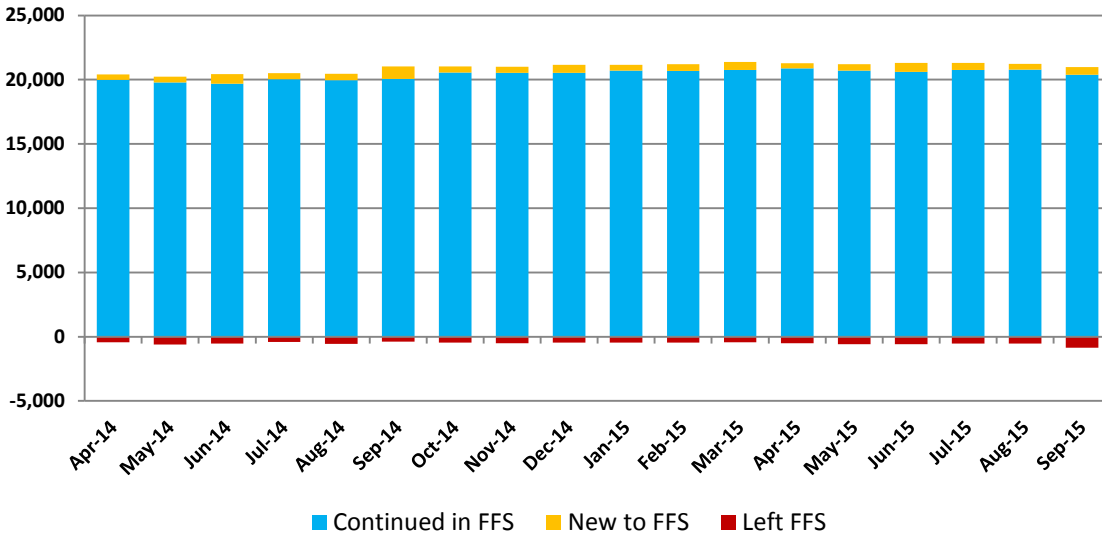
Figure 42: Enrollees Entering and Leaving LTC as a Percentage of Continuing Enrollees in the Plan, by Plan, April 2014 – September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

A little over 20,000 Medicaid recipients receive LTC services through the FFS program. Between 2 and 3 percent of these recipients are new to FFS each month. About 2 percent leave each month.

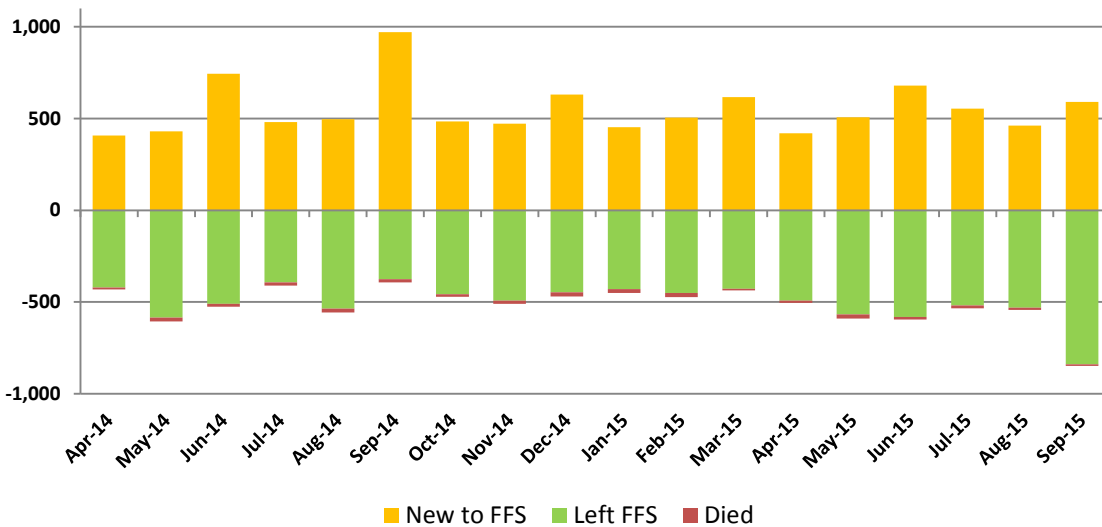
Figure 43: Recipients Receiving LTC Services Entering, Continuing, and Leaving FFS by Month, April 2014 - September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Most recipients who leave the FFS program when receiving LTC services stop receiving services. Recipients may stop receiving LTC services because they lose Medicaid eligibility, they no longer meet the nursing home level of care criteria, or because other coverage becomes available.

Figure 44: Recipients Receiving LTC Services Entering and Leaving FFS by Month, April 2014 - September 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

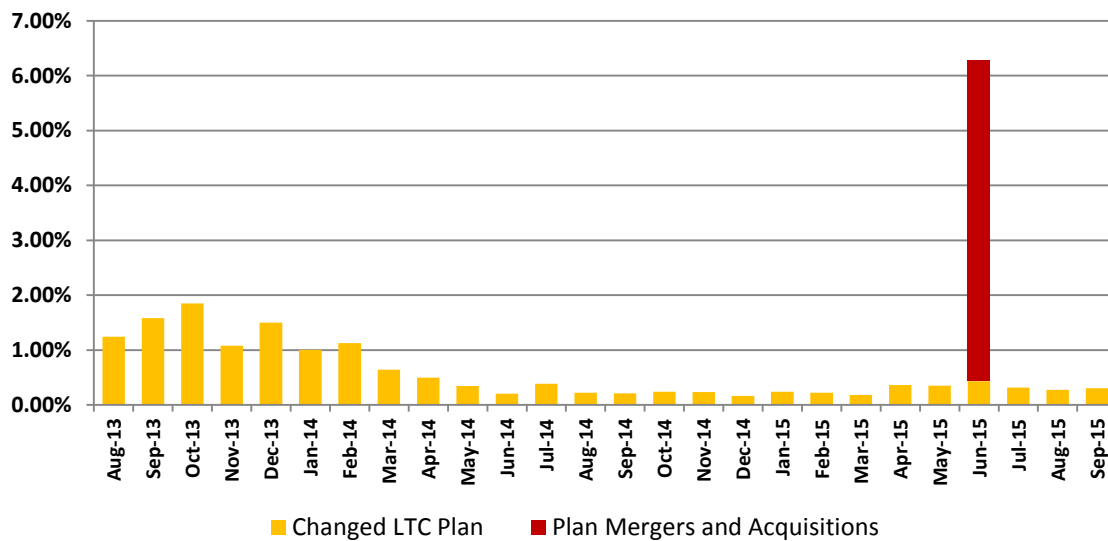
LTC Plan Changes

Like MMA enrollees, LTC enrollees have ninety days after enrollment in a LTC plan to change to another plan. LTC enrollees who are not required to receive LTC services through an LTC plan have the option to change plans or programs at any time.

A small percentage of LTC enrollees change LTC plans each month.

A large number of LTC enrollees were moved from Humana to Humana American Eldercare when American ElderCare was purchased by Humana.

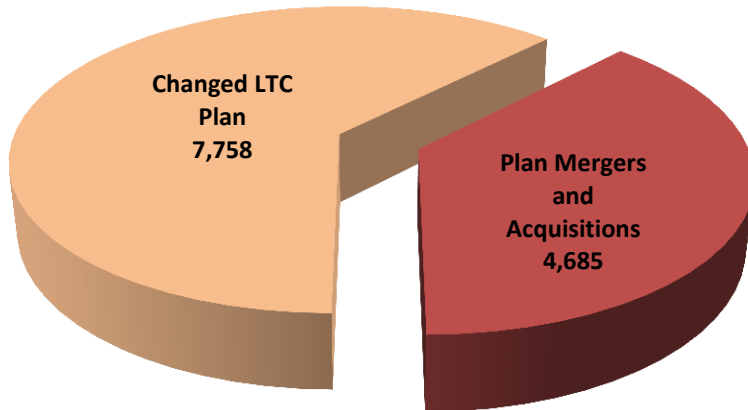
Figure 45: Percentage of Enrollees Continuing in LTC Who Change Plans by Month, August 2013 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Enrollees who changed from Humana to Humana American Eldercare were over a third of all LTC plan changes.

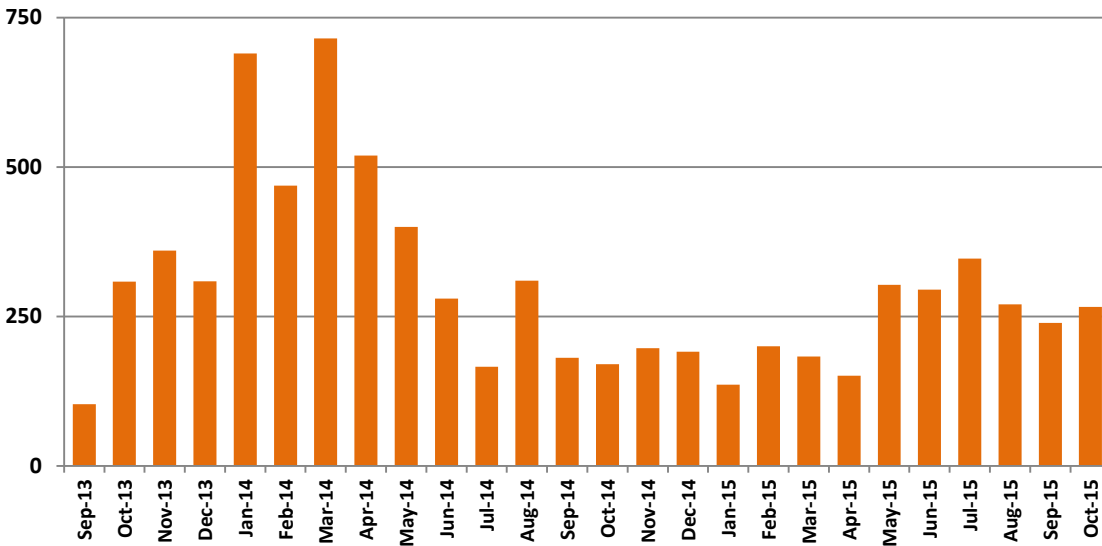
Figure 46: Number of LTC Plan Changes and Plan Mergers and Acquisitions, August 2013 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

A larger number of LTC enrollees changed plans during the early months of the LTC program when enrollees who entered the program during implementation were within their ninety day window to change plans.

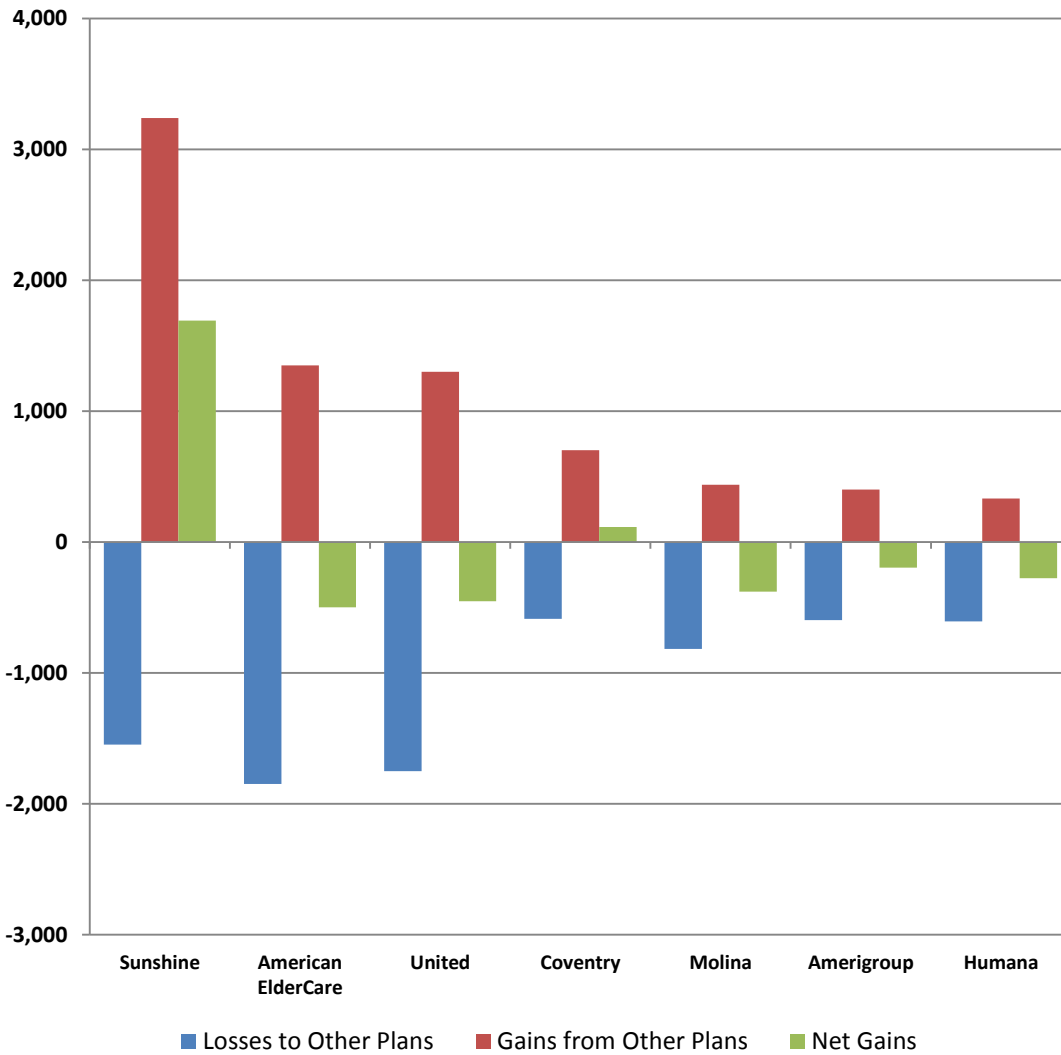
Figure 47: LTC Plan Changes by Month, September 2013 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Each LTC plan gained and lost enrollees from plan changes. However, only Sunshine and Coventry experienced a net gain in enrollees from plan changes. Sunshine gained the greatest number of enrollees from plan changes.

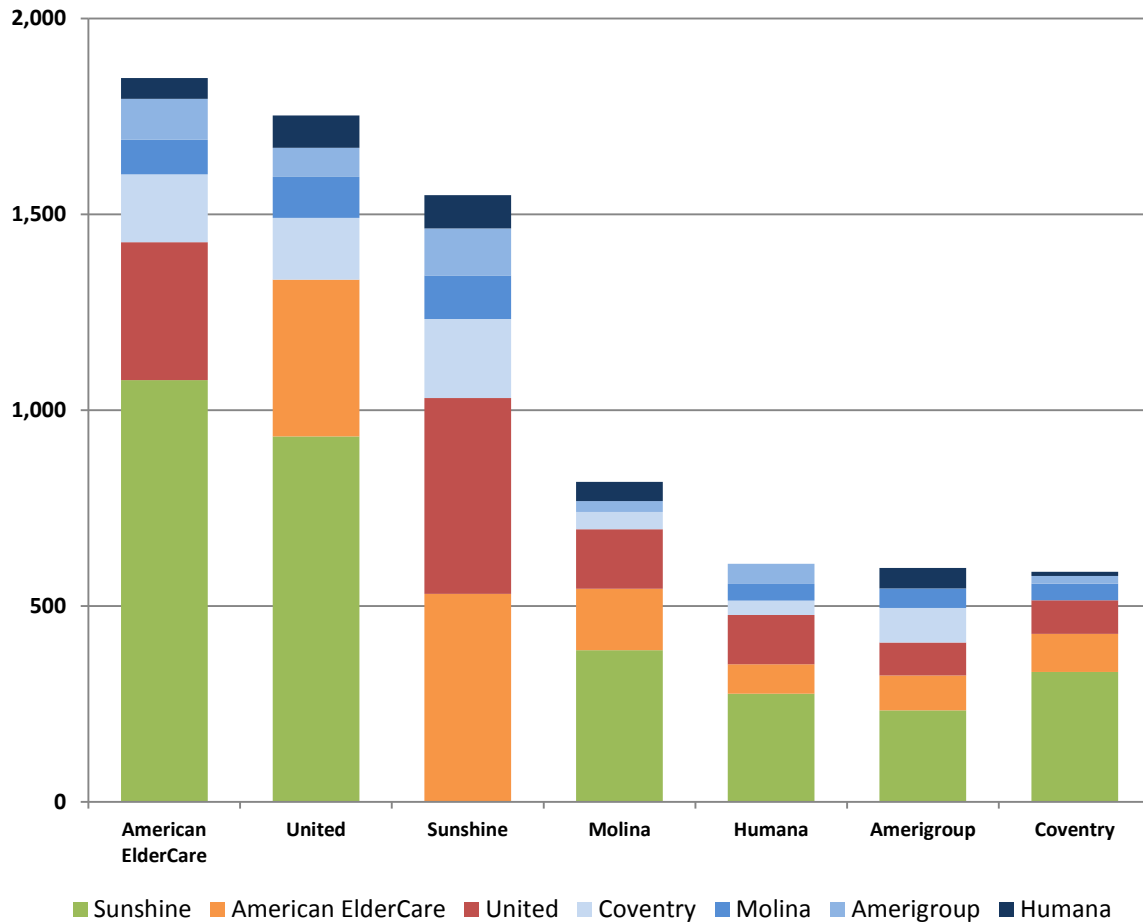
Figure 48: Gains, Losses, and Net Gains From LTC Plan Changes by Plan, August 2013 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Every LTC plan lost more enrollees to Sunshine than to any other plan. Sunshine lost more enrollees to American ElderCare and United than to other plans, but Sunshine gained more enrollees than it lost to each plan. Sunshine gained more enrollees than it lost from every other plan.

Figure 49: LTC Plan Changes by Plan Changed From (X-Axis) and Plan Changed to (Color Bars), August 2013 - October 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – October 2015.

Conclusion

There is some change in Medicaid coverage each month as new recipients enter Medicaid and other recipients leave Medicaid. The average Florida Medicaid recipient was covered for ten of the twelve months of fiscal year 2014-15. Between September 2014 and September 2015, 5 to 6 percent of Medicaid recipients were churning into and out of Medicaid each month. Change also occurs within the Medicaid program each month as recipients switch between the SMMC and FFS programs, or change SMMC plans. New Medicaid recipients typically enter the FFS program and later switch to the MMA program. Recipients are far more likely to switch from the FFS program to the MMA program than the reverse, although some MMA enrollees do switch to the FFS program. New enrollees to the MMA program come primarily from the FFS program. New recipients to the FFS program come primarily from outside of Medicaid.

When MMA enrollees leave the MMA program, they are more likely to leave Medicaid than to switch to the FFS program. When FFS recipients leave the FFS program, they are more likely to switch to MMA than to leave Medicaid. About 5 percent of FFS recipients lose eligibility each month as compared to 2 percent of MMA enrollees. About 5 percent of recipients enter and leave Medicaid each month, and about 5 percent of recipients move between the FFS and MMA programs or change MMA plans each month.

Between 2 and 4 percent of MMA enrollees change MMA plans each month. The majority of plan changes are a change from one Standard plan to another Standard plan. Nine MMA plans experienced a net gain in enrollees from plan changes. Eleven plans experienced a net loss in enrollees from plan changes.

Medicaid recipients who meet criteria for joining a Specialty plan have the option of enrolling in the Specialty plan or in a Standard plan. Only a quarter of recipients eligible for Magellan's Specialty plan for serious mental illness enrolled in the plan. The majority enrolled in a Standard plan. Between 50 and 68 percent of children eligible to enroll in Sunshine's Specialty plan for child welfare enrolled in the plan. A little over 40 percent of recipients eligible for one of the two Specialty plans for HIV/AIDS enrolled in one of these two plans.

Among Medicaid recipients receiving long-term care services, 80 percent receive them from an LTC plan, 19 percent receive them in the FFS program, and 1 percent receive them through a PACE plan. There is very little movement of enrollees between the three programs. The majority of LTC enrollees who leave the LTC program each month do so because they die. One percent or less of LTC enrollees change plans each month. Only two LTC plans experienced a net gain in enrollees from plan changes. The other five LTC plans experienced a net loss from plan changes. Sunshine gained more enrollees from plan changes than any other LTC plan.