

Florida's 1115 Managed Medical Assistance (MMA) Amendment Request

June 6, 2019 – Tampa Public Meeting



Presentation Overview

- Purpose
- 1115 Amendment Process
- Florida Medicaid Low Income Pool (LIP)
- Behavioral Health and Supportive Housing



Purpose



Purpose

The purpose of the meeting today is to receive public input on the proposed amendment to the 1115 MMA Waiver to:

- Modify the LIP STCs pertaining to the FQHCs/RHCs group allotment and tiering criteria.
- Increase the behavioral health and supportive housing assistance services annual enrollment limit and total spending



1115 Amendment Process



What are 1115 Research and Demonstration Waivers?

- Experimental or pilot projects that promote the objectives of the Medicaid and CHIP programs.
- Give states additional flexibility to design and improve their programs.
- Evaluates policy approaches to:
 - Expanding eligibility to individuals who are not otherwise eligible
 - Providing services not typically covered
 - Using innovative service delivery systems that improve care, increase efficiency, and reduce costs
- Must be "budget neutral" to the federal government.



Public Notice and Comment Period

- Prior to submitting an amendment to an 1115 waiver, states must publish a comprehensive description of the program for review and comment for at least 30 days.
- The public notice document is available for review and comment from **May 31, 2019 through June 29, 2019** at:
http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth.shtml



Florida Medicaid LIP



Background

- The LIP provides government support to safety net providers for the cost of uncompensated charity care for low-income individuals who are uninsured.



Background

- In 2017, the Florida Legislature re-introduced FQHCs/RHCs as an eligible provider group in the LIP.
- For each demonstration year, up to \$50,000,000 of the capped annual allotment of the LIP may be apportioned to FQHCs/RHCs.
- The Florida Association of Community Health Centers requested the STC amendment.



Objective

- The STC Amendment allows additional specific tiering criteria for the LIP program within the FQHCs/RHCs group.
- Increases the capped annual allotment for the FQHCs/RHCs group up to \$75,000,000.



Current Tiering Methodology

- Providers may be categorized in up to four groups:
 - Hospitals
 - Medical School Physician Practices
 - FQHCs/RHCs
 - Community Behavioral Health Providers
- Each ownership group may be divided into up to five tiered subgroups based on
 - Ownership
 - Uncompensated Care (UC) Ratio
 - Ownership and UC Ratio
- Currently, UC Ratio is defined as the amount of a provider's uncompensated uninsured charity care costs expressed as a percentage of its privately insured patient care costs.



Additional Tiering Criteria for FQHCs/RHCs

- In addition to the current tiering methodology, the STC Amendment allows FQHCs/RHCs group to be tiered in subgroups based on
 - Section 330 Public Health Service Act grant type
 - FQHC Look-Alike status
- New UC Ratio for FQHCs/RHCs
 - Defined as the amount of a provider's uncompensated uninsured charity care costs expressed as a percentage of its total costs.



Effect on Recipients

- Recipients will not be affected.



Evaluation

- 1115 waivers are required to be evaluated by an independent entity.
- The Agency contracts with the University of Florida to perform the MMA Waiver evaluation.
- An update to the evaluation design is not necessary.



Behavioral Health and Supportive Housing



Background

- On March 26, 2019, CMS approved an amendment to implement a pilot program to provide behavioral health services and supportive housing services to beneficiaries who have a serious mental illness (SMI), substance abuse disorder (SUD), or co-occurring SMI/SUD diagnoses in two distinct regions of the state, with annual enrollment limits.



Objective

- Align language within the Special Terms and Conditions with language included in the budget neutrality document submitted to CMS for the behavioral health and supportive housing amendment for:
 - Annual enrollment limit in member months (50,000 member months)
 - Total spending limit (\$9,714,500)



Effect on Recipients

- The increase in member months and total spending will allow additional recipients to be served within the pilot project.



Evaluation

- 1115 waivers are required to be evaluated by an independent entity.
- The Agency contracts with the University of Florida to perform the MMA Waiver evaluation.
- An update to the evaluation design is not necessary.



Public Comment Period

Written comments with the subject “1115 MMA Amendment” can be e-mailed to FLMedicaidWaivers@ahca.myflorida.com or mailed to:

Agency for Health Care Administration
Bureau of Medicaid Policy
1115 MMA Amendment
2727 Mahan Drive, MS #20
Tallahassee, Florida 32308

Comments must be submitted to the Agency by **June 29, 2019**.

