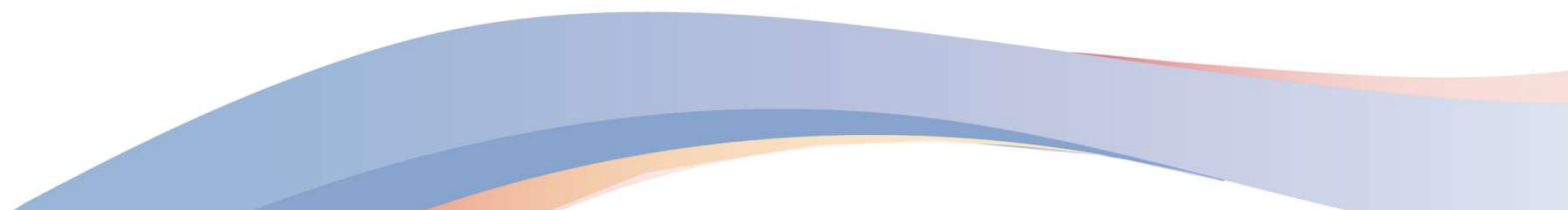


Florida's 1115 Managed Medical Assistance (MMA) Prepaid Dental Health Program (PDHP), Low Income Pool (LIP), and Retroactive Eligibility Amendment Request

March 28, 2018 – Tampa Public Meeting



Better Health Care for All Floridians
AHCA.MyFlorida.com



Presentation Overview

- Purpose
- 1115 Amendment Process
- Florida Medicaid Dental Services
- PDHP Program Design
- Florida Medicaid LIP and Retroactive Eligibility



Purpose



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

- Operate the statewide PDHP
- Modify the LIP
- Remove the 3-month Medicaid retroactive eligibility period for adults



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.
- PDHP
 - Review and comment from **March 9, 2018 – April 7, 2018**
- LIP and retroactive eligibility
 - Review and comment from **March 21, 2018 – April 19, 2018**
- The complete public notice documents are available at:
http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth.shtml



MMA PDHP Amendment Public Meetings

Location	Date	Time
<p>Tallahassee Agency for Health Care Administration 2727 Mahan Drive, Building 3 Tallahassee, FL 32308</p> <p>Conference Line: 1 (888) 419-5570 Participant Code: 157-551-90</p>	<p>March 20, 2018</p>	<p>2:00 – 4:00 pm</p>
<p>Tampa Agency for Health Care Administration 6800 N. Dale Mabry Highway, Suite 220 Tampa, FL 33614</p> <p>Conference Line: 1 (888) 419-5570 Participant Code: 571-178-31</p>	<p>March 28, 2018</p>	<p>3:30 – 5:00 pm</p>



MMA LIP and Retroactive Eligibility Amendment Public Meetings

Location	Date	Time
<p>Tampa Agency for Health Care Administration 6800 N. Dale Mabry Highway, Suite 220 Tampa, FL 33614</p> <p>Conference Line: 1 (888) 419-5570 Participant Code: 571-178-31</p>	<p>March 28, 2018</p>	<p>3:30 pm – 5:00 pm</p>
<p>Tallahassee Agency for Health Care Administration 2727 Mahan Drive, Building 3 Tallahassee, FL 32308</p> <p>Conference Line: 1 (888) 339-2688 Participant Code: 616-259-66</p>	<p>April 3, 2018</p>	<p>10:00 am – 11:00 am</p>



Florida Medicaid Dental Services



Better Health Care for All Floridians
AHCA.MyFlorida.com

Background

In 2016, the Florida Legislature required the Agency for Health Care Administration (Agency) to create a statewide Medicaid PDHP to provide dental services to Florida Medicaid recipients, regardless of how they access Medicaid.



Background

Currently:

- Recipients enrolled in the Statewide Managed Medical Care (SMMC) program receive their dental services through their MMA plan
- Recipients who are not enrolled in an MMA plan receive their State Plan dental services through the fee-for-service (FFS) delivery system



Dental Services for Children

- Office Visits
- Cleanings
- Fluoride Application
- Sealants
- Space Maintainers
- Orthodontics (limited)
- Oral Exams (initial and every 6 months)
- X-rays
- Fillings and Crowns
- Root Canals
- Periodontal Services
- Prosthodontics (Dentures)
- Analgesia and Sedation
- Injectable Medications
- Palliative Treatment
- Hospitalization



Dental Services

Applicable Florida Medicaid Policies	
Rule Number	Policy Name
59G-4.002	Dental General Fee Schedule Practitioner Fee Schedule Prescribed Drugs (Not Reviewed by the Pharmaceutical and Therapeutics Committee) Fee Schedule Prescribed Drug Fee Schedule Federally Qualified Health Center Billing Codes County Health Department Billing Codes
59G-4.055	County Health Department Clinic Services
59G-4.060	Dental Services Coverage Policy
59G-4.100	Federally Qualified Health Care Services
59G-4.207	Oral and Maxillofacial Surgery Services Coverage Policy
59G-4.250	Prescribed Drug Services Coverage, Limitations and Reimbursement Handbook



Quality Metrics

Florida has experienced significant improvements in its dental scores and quality metrics in recent years. For example, in its 2015/16 CMS-416 report, the State reported:

- 36% of eligible children aged one through 20 years, enrolled for 90 continuous days, received a preventive dental service, as calculated using the Child Core Set PDENT measure. This is a three-percentage point increase from the previous year and a 17-percentage point increase over the FFY 2011 – 2012 report.
- 156,291 children received a sealant on a permanent molar, an increase of more than 16,550 children (12%) compared to the previous year. In addition, dental quality scores have steadily improved, with the HEDIS Annual Dental Visit score increasing to 49% and the statewide Child Core Set Preventive Dental score rising to 36%.

In addition, dental quality scores have steadily improved, with the HEDIS Annual Dental Visit score increasing to 49% and the statewide Child Core Set Preventive Dental score rising to 36%.



Quality Metrics

The PDHP is designed to aggressively help the State achieve, and exceed, a number of prescribed targets for the provision of dental services:

Description	Target Year	Target Rate
Annual Dental Visit. HEDIS Performance Measure	Contract Year 2019	48 %
	Contract Year 2020	49%
	Contract Year 2021	50%
	Contract Year 2022	51%
	Contract Year 2023	52%
Preventive dental services rate for enrollees who are continuously eligible for EPSDT for 90 days. CMS-416 Report	Federal Fiscal Year 2018-19	41%
	Federal Fiscal Year 2019-20	44%
	Federal Fiscal Year 2020-21	46%
	Federal Fiscal Year 2021-22	48%
	Federal Fiscal Year 2022-23	50%
Dental treatment services rate for enrollees who are continually eligible for EPSDT for 90 days. CMS-416 Report	Federal Fiscal Year 2018-19	21%
	Federal Fiscal Year 2019-20	23%
	Federal Fiscal Year 2020-21	24%
	Federal Fiscal Year 2021-22	24%
	Federal Fiscal Year 2022-23	24%



PDHP Program Design



Amendment Goal

- Provide dental services through an integrated system of care that improves access to dental services, dental health outcomes and quality metrics, and care coordination.
- This goal is consistent with the current MMA Waiver's goals and objectives.



Amendment Overview

The State intends to:

- Operate the PDHP as an “Additional Program” under Section XIII of the Special Terms and Conditions (STC)
- Provide Florida Medicaid State Plan dental services to recipients through dental managed care organizations (dental plans)
 - Serve approximately 3.4 million Florida Medicaid recipients through the PDHP post transition



PDHP Benefits

- The new PDHP:
 - Will include robust provider network requirements to provide greater access to care for all, including individuals with intellectual and developmental disabilities
 - Will require plans to provide adequate access to specialist dental services and access to providers who treat individuals with special needs
 - Will give plans the flexibility to offer prescribed Agency-approved expanded benefits to enrollees in addition to any existing MMA plan expanded benefits



Prepaid Dental Health Plan Provider Network Standards Table					
	Urban County		Rural County		Regional Provider Ratios
Required Providers	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Providers per Enrollee
Primary Dental Providers					
General Dentist	50	35	75	60	1:1,500
Specialists					
Pediatric Dentist	50	35	75	60	1:3,000
Endodontist	80	60	90	75	1:5,000
Orthodontist	100	75	110	90	1:35,500
Oral Surgeon	100	75	110	90	1:20,600



Assurances

- The PDHP will continue to provide all current Florida Medicaid State Plan dental services to individuals enrolled in the dental plan
 - The PDHP will not reduce or block access to Florida Medicaid dental services for any recipient receiving dental services
- Recipients will experience no gaps in the services they receive from the MMA Waiver during the PDHP implementation
- This transition does not affect the provision of any other benefit or program operated under the MMA Waiver



Continuity of Care

- The PDHP has the same continuity of care provisions as the MMA program as they relate to dental services:
 - Plans will be required to continue previously authorized services at the authorized levels, and through the existing provider, for up to the first sixty days of enrollment.
- Continuity of care requirements will apply to orthodontia services until the care is completed.



Eligibility

All Florida Medicaid recipients will receive dental services through the PDHP, except those who are specifically excluded.



Excluded Populations

The following populations will not be enrolled in the PDHP:

- **Individuals with limited Medicaid Eligibility who are not eligible for State Plan dental services:**
 - Presumptively eligible pregnant women
 - Individuals eligible for emergency services only due to immigration status
 - Family Planning Waiver eligibles

- **Individuals who receive dental services through the institution where they live or through the program in which they are enrolled:**
 - State mental health hospital if under the age of 65 years
 - Residential treatment facility
 - Program of All-Inclusive Care for the Elderly enrollees



Enrollment and Disenrollment

- The Agency encourages all enrollees to make an active plan choice.
- Choice counseling will be available to help individuals select a dental plan that best meets their needs.
- Enrollees who do not make an active plan choice will be automatically enrolled into a dental plan
- Current MMA procedures will apply to disenrollment from dental plans.
 - Enrollees may disenroll from their dental plan at any time during the initial 120-days of enrollment, or for good cause for the remainder of the year in accordance with Rule 59G-8.600, Florida Administrative Code.



Care Coordination

- The PDHP will:
 - Provide case management support
 - Coordinate enrollee dental services
 - Coordinate with enrollees' MMA plans/FFS providers as appropriate
- The MMA plans remain responsible for coordinating all other services for their enrollees, including services that may be necessary to complete a dental service



Benefit to Recipients

- Recipients enrolled in the PDHP have access to:
 - A robust provider network
 - Expanded benefits
 - Care coordination



Effect on the MMA Waiver

The State proposes the PDHP operate as an additional program authorized under the MMA Waiver. While many of the STCs that pertain to the MMA Waiver apply, there are some notable points of difference:

- Dental plans will be the sole providers of State Plan dental services. MMA plans will no longer provide State Plan dental services.
- There will not be dental specialty plans.
- Dental plans will provide services statewide.
- Dental plans may opt to provide Agency-approved healthy behavior programs related to dental services.
- Dental plans will be responsible for any required dental-related performance improvement projects.



Procurement and Contract Terms

- The PDHP will engage dental plans, through a competitive procurement process, to provide high quality, coordinated, prepaid dental services.
- The Agency will award fixed price contracts to a maximum of four statewide dental plans.
- The dental plans will be paid a prospective per-member-per-month capitation payment for covered services provided to eligible enrollees.



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.
- The Agency proposes adding the following evaluation component to examine the effect of providing dental health services through the PDHP:
 - Component 8- The effect the Statewide Medicaid Prepaid Dental Health Program has on accessibility, quality, utilization, and cost of dental health care services.



Communications and Outreach

- The Agency will conduct a robust outreach campaign to ensure recipients and providers impacted by this transition are aware of the PDHP, the impending transition into the program, and the choices available to them, through multiple mediums, including:
 - Written correspondence
 - Educational materials and webinars
 - Choice counseling and enrollment materials
 - Web-based information
 - Provider alerts



Florida Medicaid LIP and Retroactive Eligibility



Background

- The LIP provides government support to safety net providers for the cost of uncompensated charity care for low-income individuals who are uninsured.
- Currently, individuals applying for Medicaid can receive retroactive eligibility up to the third month before a recipient's application date.



Background

In 2018, the Florida Legislature:

- Identified two new provider groups for inclusion in the LIP. These provider groups include:
 - Regional Perinatal Intensive Care Centers (RPICCs)
 - Eligible hospital ownership subgroup
 - Community Behavioral Health Providers
 - Participating provider group
- Approved a measure to eliminate the 3-month retroactive eligibility period for non-pregnant adults.



Objectives

- Include RPICCs and community behavioral health providers in the LIP.
 - RPICCs will be eligible in state fiscal year (SFY) 2017/18.
 - Community behavioral health providers will be eligible in SFY 2018/19.
- Enhance fiscal predictability by removing the 3-month retroactive eligibility period for non-pregnant adults.



State Plan

- The Agency will submit a concurrent Medicaid State Plan amendment to remove the 3-month retroactive eligibility period for non-pregnant adults.



Effect on Recipients

- LIP
 - Recipients will not be affected.
- Retroactive Eligibility
 - Recipients under the age of 21 years and pregnant adults will not be affected.
 - Non-pregnant adults' Medicaid eligibility will begin the first day of the month of application for Medicaid.
 - Analysis has shown approximately 39,000 non-pregnant adults (less than 1% of all Florida Medicaid recipients) were made retroactively eligible in SFY 2015/16.



Evaluation

- An update to the evaluation design is not necessary.



Public Comment Period

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

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

Comments must be submitted to the Agency by:

- PDHP: **April 7, 2018**
- LIP and Retroactive Eligibility: **April 19, 2018**

