

Massa, Cody

From: Maloney, Christine M <MaloneyC@aetna.com>
Sent: Friday, June 3, 2022 5:01 PM
To: solicitation.questions
Cc: Sweet, Jennifer A; Cothran, Melissa A; Nelson, Sonya K; Hansen, Christina E
Subject: Aetna Better Health of Florida response to RFI 014-21/22
Attachments: FL RFI Proposal.pdf

Good afternoon Cody Massa:

Aetna Better Health of Florida Inc. (Aetna Better Health® of Florida) respectfully submits the attached response to RFI 014-21/22. We are submitting via email one electronic copy of our response suitable for release to the public with no redactions.

Thank you for your kind attention. Should you have any questions or require any additional information, please feel free to reach out to me at your convenience.

Best Regards,

Christine Maloney

Christine Maloney | Proposal Director, Aetna Medicaid

c: 410-804-4028



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Thank you, Aetna



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State of Florida Agency for Health Care Administration
Attn: Cody Massa
Procurement Officer

June 3, 2022

RE: Aetna Better Health of Florida Inc. Response to RFI 014-21/22 Re-procurement of the Statewide Medicaid Managed Care Program

Dear Mr. Massa:

Aetna Better Health of Florida Inc. (Aetna Better Health® of Florida) respectfully submits this response to RFI 014-21/22. We are submitting via email one electronic copy of our response suitable for release to the public with no redactions.

As a committed partner to the Agency, we are excited to present innovative ideas and best practices for long-term care and managed medical assistance services, reflecting our decades of experience serving millions of members across 16 states. Our response describes how our approach will offer advantages or improvements over existing processes of the Statewide Medicaid Managed Care (SMMC) program and identifies recommendations for the Agency's thoughtful consideration.

Of the many evidence-based recommendations that follow throughout this RFI response, one theme that ties our recommendations together is that managed care plans should be expected to not only comprehensively manage the health care of Medicaid recipients but also add value to the health care system while being good stewards of SMMC programs costs. To that end, we encourage the Agency to work with managed care plans to identify opportunities to reinvest any achieved savings back into the Florida communities we serve. We offer innovative ideas and recommendations for best practices that work and create health stability for recipients, providers, and the Agency. We are a managed care plan that demonstrates a proven record of going beyond the traditional Medicaid vendor in accomplishing the goals of self-sufficiency and better health care outcomes of recipients, improved processes, and systemic innovations to reduce the administrative burden for providers, and meaningful and substantial cost savings for the SMMC program.

As a decades-long partner to the state providing Florida Medicaid and CHIP services, we invest in the staff and supports that allow us to intimately understand and engage recipients and communities, creating an environment for them to take control of their health, realize positive outcomes, and achieve self-sufficiency. We continually challenge ourselves and our partners to be bold, be nimble, and deliver impactful, quality focused services through new programs serving diverse populations in Florida.

We are grateful for the many opportunities you provide to partner with the Agency, and greatly value the contributions we can make through this partnership. I welcome the opportunity for a detailed discussion of our RFI response during an in-person visit with Agency leadership.



Sincerely,

Jennifer A. Sweet

Jennifer A. Sweet

CEO

Aetna Better Health® of Florida



State of Florida

Agency for Health Care Administration Request for Information

RFI Number: 014-21/22

Due: June 3, 2022 by 5:00PM (EST)

**Aetna Better Health Inc. dba
Aetna Better Health[®] of Florida**

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Contact

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The Agency is interested in innovative ideas and best practices to:

Leverage the managed care delivery system, either through expanded benefits or other mechanisms, to promote sustainable economic self-sufficiency among Medicaid recipients in the short and long term.

According to the United States Census Bureau, 1 in 10 people live in poverty in the United States, and many people can't afford healthy foods, health care, and housing. Poverty has a direct impact on access to desirable housing, services, education, transportation, and other vital factors for overall health and well-being. In fact, poverty is arguably the single largest determinant of health. Research has consistently shown that experience of **persistent poverty not only impacts physical health and social well-being but results in long-term emotional trauma that significantly alters an individual's confidence and belief** in their own ability to achieve economic self-sufficiency.

Aetna Better Health® of Florida (Aetna Better Health) recognizes the direct correlation between poverty and health and the increasing need for state Medicaid programs to deploy targeted strategies that reduce barriers preventing recipients from living healthier and more economically sustainable lives.

Medicaid programs are uniquely positioned to join forces to address key determinants preventing children from maximizing their future potential and their parents and guardians from securing opportunities that promote an environment in which their children can thrive.

Whole-person care: The pathway to economic self-sufficiency

We recommend a multipronged approach to whole-person care necessary to address implementation and sustainability of short-term and long-term solutions that address some of the root cause barriers many Medicaid recipients face in living a healthy and more economically stable lives. Our recommendations include:

Support our youth

Quality education, safety in Florida schools, healthy schools, and coordinated school health care are essential in optimal care for children and their families. Having a broader spectrum of services available at school reduces the need for parents to take off work, potentially impacting their earnings and employment status as well as addresses transportation barriers that may impact youth and adolescents from receiving timely care.

Most schools have onsite providers, such as school social workers, counselors, psychologists, and psychiatrists embedded and assigned to schools. These professionals address the recipient's education, social, safety, and behavioral health needs. Currently, school-based services are billed directly to Medicaid and managed care plans are not included in any downstream data sharing opportunities related to billed services. To improve the overall health and wellness of students through collaborative care coordination, potential teaming opportunities for expansion of services, and overall transparency, **we recommend that all Medicaid covered services be billed directly to the recipients' managed care plan**, or the Agency identify and implement a process where the managed care plans have access to the services that children are receiving through data sharing agreements.

Expand use of community-based providers

Significant evidence from the CDC, the National Institutes of Health, and other credible organizations exist around how the many benefits that peer support specialists, community health workers, and doula services complement a comprehensive, culturally sensitive, system of care approach—resulting in enhanced quality outcomes that empower the recipient in management of care and reduce overall program costs. These frontline, community-oriented providers are especially valuable in addressing

high-risk and culturally diverse needs of populations served in Medicaid programs. As a result, **we recommend the Agency evaluate expanding scope to recognize these valuable and essential provider types** and create sustainability through a state plan amendment, in lieu of services, or through other reimbursable pathways, and not as optional expanded benefits.

Specifically, we recommend the Agency modify the state plan or consider expansion of in lieu services to better address social factors. This approach would create a sustainable pathway for plans and providers to develop targeted strategies and administer ongoing supports addressing many of the root cause issues preventing recipients from reaching optimal health, social well-being, and economic self-sufficiency. **We recommend the Agency consider adding targeted benefits or revising current funding mechanisms for current benefits** covered as optional, value-added services to be covered by waiver authority, or as in lieu of services.

Our recommendations include:

Employment and housing services and supports

To set a clear pathway to provide economic opportunity and self-sufficiency for recipients that are unemployed and underemployed, it is vital to include workforce innovation access and support. **We recommend expansion of reimbursable employment-related social support services** to include job training, job coaching, workforce communication training, transportation services to and from their job and job interviews, legal services, identification services, clothing/uniform support, education, and peer support services to promote sustainability of employment. To create stronger collaboration across systems and strengthen programming related to employment, managed care plans should establish memorandums of understanding (MOU) with local workforce boards to include measurable goals. Further, **we recommend the Agency consider revising coverage for some of the identified housing support services to more sustainable funding mechanisms** and include new services to better support beneficiary needs and long-term success. These include:

- Housing transition navigation services
- Housing assistance (e.g., rent, utilities, and/or grocery assistance)
- Housing tenancy and sustaining services
- Short-term post-hospitalization housing

Additional services

We recommend the Agency consider moving certain services currently considered as optional expanded benefits and/or adding by waiver, state plan, or as in lieu of services to include:

- Home-delivered meals
- Medically tailored meals/medically supportive food
- Respite services
- Recuperative care (medical respite)
- Sobering centers
- Behavioral health medical services (drug screens)

Build a standard process to assess social needs

Critical to the success of any managed care plan's effort to improve the economic self-sufficiency of recipients is the ability obtain consistent, near real-time data regarding individuals' needs. To offer services in a targeted, person-centered manner, opportunities to understand individual circumstances must be created. With this in mind, **we recommend:**

- As part of the Medicaid enrollment application, **the Agency should consider adding questions regarding social care needs, including equity-related factors employment, food, and housing security**. This data should be shared with managed care plans as part of the enrollment file so that plans can urgently outreach the recipient with supports.
- The **managed care plans and Agency should collaborate to develop methods to formally capture recipients' social determinants of health (SDoH) information during the intake and assessment process** so the social care risks and needs faced by all recipients can be understood and addressed at enrollment with a managed care plan.

Require closed-loop SDoH referral resources

We encourage the Agency to require managed care plans to have closed-loop SDoH referral resources available for recipients. Our program analysis shows that when recipients can close social care gaps, they are between two and seven times more likely to seek preventive care services. In turn, the receipt of preventive services and supports means that recipients are receiving, for example, earlier prenatal care, along with important postpartum and well child services. This approach aligns with the goals of the Florida State Health Improvement Plan (SHIP). Combined, we anticipate that recipients who are offered and receive social, behavioral, and physical health interventions will experience greater long-term financial independence for themselves and their families.

Encourage SDoH-focused value-based contracts

We recommend the Agency encourage managed care plans to incorporate SDoH metrics and data collection requirements in their value-based contracts with providers to improve data collection, reporting, identification, and targeted interventions that address the social needs of recipients.

Encourage recipient incentives and value-added expanded benefit packages

To influence recipient participation in preventive care and drive quality improvement through incentives and expanded services, **we encourage the Agency to consider working with managed care plans to develop a more targeted list of value-added benefits** and approved plan recipient incentives directly linked to quality improvement metrics. Developing more targeted incentives and value-added expanded benefits should allow for measurable results to improvement in HEDIS.

Require annual population needs assessments

One way to ensure that managed care plans understand and can meet the needs of their recipients is to **require an annual population needs assessment (PNA)**. PNAs are a valuable tool in identifying and addressing health disparities, social factors, such as employment and other barriers, and preventive care measures that ultimately help to improve quality scores. This process would ensure the Agency has an opportunity to review and approve each managed care plan's report and process and would be a mutually beneficial learning opportunity to drive population-based quality improvement strategies and influence future benefit design.

Via this assessment, managed care plans would have the opportunity to demonstrate their understanding of recipient demographics (e.g., race, ethnicity, gender, sexual orientation, language), health (e.g., physical, behavioral, and social), and community context. Another component of this assessment could be action planning around the data observed through this process, which would ultimately benefit individuals as well as communities.

Promoting sustainable economic self-sufficiency among Medicaid recipients requires a comprehensive and coordinated approach by all parties serving recipients, including managed care plans, providers, community-based organizations, schools, state agencies, and more. We look forward to collaborating

with the Agency to develop solutions that will provide recipients a hand up and result in healthier outcomes.

Improve birth outcomes for mothers and infants through and beyond 12-month postpartum coverage period.

Florida's adoption of the extended postpartum coverage period from 60 days to 12 months offers the Agency and managed care plans the opportunity to expand upon care coordination activities and manage intensive services for mothers and infants at a critical time. Managed care plans, providers, community-based organizations, state agencies, and other stakeholders all are focused on improving birth outcomes for mothers and infants, and **no one stakeholder can do alone what is needed to fully support and care for Florida's expectant mothers, new mothers, and newborns**. As these stakeholders increasingly collaborate to generate improved outcomes, **we recommend the Agency add an initiative that puts the mother at the center of this stakeholder-supported ecosystem**, helps her to understand the resources available to her and her family, and empowers her to seek and advocate for the care that best suits her needs and her cultural preferences.

We propose a state-sponsored, Agency-directed and managed care plan-supported multimedia public service campaign with women as the central audience but inclusive of families generally. Noting that nearly half of all Florida births are managed by Medicaid, the healthy mothers public service campaign should present a high-level overview of all the ways Medicaid supports the expectant mother and subtly guides her on how best to take advantage of these supports to ensure the best birth outcomes for her, her child, and her family.

Essentially, a non-political, health care message about pregnancy supports will educate and prepare all Florida women for a healthy pregnancy and caring for an infant. The messaging addresses women even before they are enrolled in Medicaid about how to understand and access the full range of supports, including direct health care as well as social supports, that contribute to a healthy pregnancy. **This approach aligns with the maternal and child health goals in the Florida SHIP.**

Similar to popular anti-smoking campaigns, the **motherhood campaign would include public service announcements and messaging on television, social media, and other media to provide consistent and up-to-date education.** The managed care plans would collaborate with the Agency to develop the messaging that captures the ecosystem of supports that are offered in SMMC for expectant women and deliver this groundbreaking initiative, which could establish the Agency as a national thought leader on the subject.

The collaborative process across stakeholders enhances the mother's role at the center and reinforces her as an active part of their care team. The public service campaign will prime her to understand the supports these stakeholders offer and educate mothers to advocate for themselves (and their families) in the delivery of their care. Because expectant mothers require a lot of support in-between obstetrics visits, this collaborative ongoing educational approach will:

- Provide education on what questions to ask when meeting with their provider
- Promote understanding of critical screenings their providers may conduct (e.g., potential behavioral health needs and SDoH needs) or education on the impact of their social needs that would be identified in a health risk assessment
- Deliver education about breastfeeding benefits, birth spacing, and long-acting reversible contraception
- Promote understanding of the need for ongoing support from their collaborative care team

As a best practice, engagement encompasses education and coordination with a mother's providers, community-based providers of social services, and doula services, as applicable, creating an ecosystem of integrated touchpoints that serve mothers whether they are high- or low-risk. After birth, this high-touch approach will support the mother with lactation and feeding support, will educate the parents about well-child exams, immunizations, and how to interact with the pediatrician, and will screen for postpartum depression through the entire first year as a best practice. By interacting with the mother in this manner, we are addressing the needs of the mother, baby, and the family.

In addition, to further promote collaboration across stakeholders reducing silos and fragmentation, **we recommend managed care plans integrate beyond processes outlined in the current SMMC contract requirements with Healthy Start** so they are part of the program, providing more coordinated care for mothers. We **support making Healthy Start's services billable to the managed care plans** to enhance care coordination. The claims data would increase visibility into the health of mothers and infants.

We also propose leading a joint performance improvement project between all Florida SMMC managed care plans focused on pregnancy and obesity—the leading reason women are identified as high risk. This collaborative project would result in a shared group of metrics upon which all managed care plans would be accountable.

We also **propose the Agency consider making the following services reimbursable:**

- Clinical tests that predict a patient's individual risk of spontaneous preterm delivery
- CenteringPregnancy programs, which have significant evidence, some referenced in the Maternal and Child Health Journal and the American Journal of Obstetrics and Gynecology, around recipient participation and decreased the rates of preterm and low weight babies increased breastfeeding rates, and better pregnancy spacing
- Remote monitoring for recipients identified as potentially high risk

We also make the following recommendations:

- **Doula services be offered as an in lieu of service**, instead of an expanded benefit, to further integrate them into the patient care team and provide increased access to services for the patient
- **The Agency select managed care plans that adopt best practices for provider education** around their responsibility to identify and appropriately refer behavioral health and social issues
- **The Agency partner with managed care plans that work with providers on standardization** of best practices, especially with neonatal intensive care unit services

Maximize home and community-based placement and services through proactive aging-in-place strategies.

Studies show individuals who transitioned from institutional to home settings reported significant improvements in quality of life and care. In fact, overall life satisfaction improved 16.9 percentage points in the first year among patients, and satisfaction with care and living arrangements increased by 11.7 and 30.5 percentage points respectively according to a Florida TaxWatch article, "Aging in Place—The Economic and Fiscal Value of Home and Community-Based Services."

We are sharing recommendations and considerations for proactive aging-in-place strategies to maximize home- and community-based placement and services:

Addressing the caregiver workforce shortage in Florida and expanding the in-home caregiver workforce is vitally important to maximizing home- and community-based placement and services. A report commissioned by the Florida Hospital Association and the Safety Net Hospital Alliance of Florida describes a 25% turnover rate for Florida nurses overall, with higher turnover rates of 35% for licensed

practical nurses and certified nursing assistants. Further, the pandemic has greatly increased demand for home care, according to a Commonwealth Fund Report.

We recommend the Agency create incentives for the managed care plans to build and stabilize their workforce of caregivers, community health workers, and other staff who are essential to keeping recipients in the community. Additionally, **we recommend managed care plans collaborate with the Agency and workforce boards to develop upskill training** solutions that create career pathways for personal care services workers. Providing opportunities for personal care services workers to expand their training, education, and skill set could set them up to become certified nursing assistants or licensed practical nurses with greater responsibilities and income-earning potential. **We also recommend the Agency support transferable training certifications** so personal care services workers do not have to be retrained on those skill sets when they start new jobs with different agencies.

As a best practice, **we recommend managed care plans develop value-based payment arrangements with providers** that include performance metrics for increasing their staffing capacity, developing creative hiring and training strategies, and collaborating with managed care plans for community placement preservation.

We are also making the following recommendations:

- **Managed care plans work with the Agency in developing creative housing solutions** for recipients with disabilities and the aging population
- **The Agency allow flexibility with remote patient monitoring** capabilities to enhance access to care and improve outcomes
- **Managed care plans and the Agency collaborate to improve coordination of Veterans Affairs benefits** when recipients are also covered by Medicaid
- **Managed care plans be required to have a primary contact for their Dual-Eligible Special Needs Plan** to improve coordination of benefits and communication supporting recipients with unaligned managed care plans
- **The Agency consider allowing coverage of formal and informal caregiver support benefits.** These could include mental health and transportation benefits to help address caregiver burnout.

Improve integration of dental and primary care services for children and adolescents.

We are progressively moving to a more recipient-centric, whole-person model of managing care for Medicaid recipients. It is with this commitment to progress that we respond to the topic of improving integration of dental care and primary care for children and adolescents.

Managing care across separate entities is not a new scenario in Florida Medicaid, and all managed care plans have likely established means of addressing this situation that align to their own business models and staffing. **We suggest the Agency consider structural uniformity in managing care across the comprehensive managed care plans and the dental plans** with the goal of better serving the well-being of the recipient and improving oral health, in alignment with the Florida SHIP goals.

We **recommend** the Agency consider including the following key tenets of cross-entity recipient-centric management:

- **Designate the entity with primary accountability** for delivering and documenting recipient well-being progress and outcomes. The managed care plans are best-positioned to create the foundation on which the whole-person management can thrive and already deploy broader Medicaid benefit management, provider networks, and administrative responsibilities.

- **Hold the primary entity accountable for initiating the structure and cadence of coordination** that enables true integration.
- **Establish the basic requirements of cross-entity management and cooperation** and include them within the comprehensive and dental contracts. These structures may include:
 - Adopt best practices for primary care physicians (PCP) making **barrier-free referrals** to primary dental providers—especially important for the aging and SMI populations who generally are not as comfortable seeking dental care
 - Have **mandatory consistent and recurring data sharing** for all recipients
 - **Share gaps in care lists** originating at each entity
 - Integrate interventions to **deliver oral health care alongside all Early and Periodic Screening, Diagnostic and Treatment services**
 - Arrive at a **common stratification of the population’s risk**, with explicit identification of the cohort to most closely manage in tandem
 - Conduct regular and recurring **joint rounds** to address specific cases
 - **Document communication loops** among the entities’ care managers and care coordinators, PCP, and primary care dental providers, and other service providers touching the recipient
- **Provide recipient communications explaining the whole-person approach.** Align recipient materials (e.g., identification cards, directories, welcome packets). Have ready identification of both the primary dental provider and the PCP in all recipient materials.
- **Create opportunities to invite recipients into the communication loop** that is established among each entities’ care managers and care coordinators, PCP, and primary care dental providers, and other service providers touching the recipient.
- **Create and execute programs addressing target populations to integrate oral health** as an integral part of a recipient’s overall care plan. For example, addressing oral health care in pregnant women.
- **Measure the success of integration**, with an eye to continually improving both process and recipient outcomes. Delineate activities, document communication flows, and measure designated outcomes of integrated care.
- **Coordinate services when necessary with school systems** and use the school systems as a partner to identify recipients with need
- As a best practice, have PCPs use **teledentistry to orient recipients new to a primary dental provider**—an effective solution for recipients with disabilities and rural populations
- Educate PCPs to use **fluoride varnish** applications as a way to bring dental care to the forefront of a recipient’s overall health care

In support of enhanced integration, a PCP’s approach to oral health is similar to the preventive care approach they already provide and includes the following responsibilities:

- Understanding the processes that maintain the balance of oral health, how that balance is disrupted, and distinguishing normal from abnormal when looking at teeth, gums, and oral soft tissue
- Referring patients with suspicious patterns to a dentist for diagnosis and treatment
- Identifying modifiable risk factors such as inadequate oral hygiene, poor dietary habits, and acid reflux

- Recognizing dry mouth as a symptom that indicates a likely medication side effect with a potentially serious impact on teeth
- Establishing relationships with dental colleagues to enhance referral processes
- Measuring the impact of their interventions

Align quality metrics and outcomes with the Florida State Health Improvement Plan.

We welcome the opportunity to participate in a discussion of streamlining and focusing the explicit quality goals that ultimately measure the efficacy of the care delivered to Medicaid recipients. Part of determining what the “best” outcome measures should be can be found in aligning SMMC quality metrics to the broader goals outlined in the recently updated Florida SHIP as it provides a blueprint to address SDoH, health inequities, and access to care in service to the state’s health priorities.

By aligning the activities underway in the managed care plans with the broader state goals outlined in the SHIP, the Agency creates a swell of energy driving to goals that ultimately result in a healthier Florida. The SHIP groups its priorities across the following seven categories:

- Alzheimer’s disease and related dementias
- Mental well-being and substance abuse prevention
- Chronic diseases and conditions
- Transmissible and emerging diseases
- Injury, safety, and violence
- Maternal and child health
- Social and economic conditions impacting health

For Medicaid alignment, **we suggest targeting quality metrics within two or three of these SHIP categories to prompt a focused set of interventions serving a focused set of metrics.** Serving all seven categories would diminish the potential for real accomplishment with too broad a scope. By way of example, we offer the following quality activities with corresponding outcomes aligned to two categories of the SHIP’s stated goals: mental well-being and substance abuse prevention, and maternal and child health.

Mental well-being and substance abuse prevention: The SHIP’s goals focus on reducing the impact of adult and pediatric mental, emotional, and behavioral health disorders; reducing substance use disorders and drug overdose deaths; and reducing suicide behaviors and deaths.

We offer the following recommendations as examples of activities managed care plans should take to align with achieving the SHIP’s goals:

- Develop metrics that capture the rate of hospitalizations attributable to mental disorders for adults 18 years and older, and interventions that aim to increase well-being that reduces the rate of hospitalization
- Use surveys that measure over time the percentage of adults ages 18 years and older who had poor mental health on 14 or more of the past 30 days and interventions designed to improve this percentage
- Create interventions that increase the percent of children and adolescents ages 3-17 years, with a mental/behavioral health condition who received treatment or counseling
- Measure the base rates of student tobacco use and define target activities to reduce inhaled nicotine prevalence in recipients aged 11–17

- Measure the prevalence of suicide ideation among adolescents in the managed care plan's population, and create interventions designed to reduce the number of high-school students who indicate they have attempted suicide

Maternal and child health: The SHIP's goals focus on increasing access to care for infants, children, and adolescents, particularly those who are underserved, that have not traditionally benefited from health care services available through Medicaid to the same extent as other groups.

We recommend managed care plans do the following to align with achieving the SHIP's goals:

- Create specific managed care initiatives that support whole-person care through medical homes and measure for improvement:
 - The percent of children with special health care needs who are cared for in a medical home
 - The percent of black, non-Hispanic children with special health care needs who are cared for in a medical home
- Continue the current focus on birth outcomes, creating target activities that reduce the pregnancy-related and infant mortality rates, stratified by race and ethnicity with applicable goals aligned to the SHIP's targets

Enhance specialty health plans services to improve outcomes for recipients. Increase the number of plans to address target populations with specific health conditions or needs.

To deliver improved outcomes for children and families engaged within multiple systems, **we recommend the Agency develop a comprehensive specialty health plan that supports the entire family unit.**

Our recommendation for a new and expanded specialty health plan for youth and families includes the parents or caregivers and siblings of children who are at-risk of involvement, or involved in multiple systems (e.g., child welfare, juvenile justice), who meet Medicaid enrollment eligibility criteria. Eligibility for this specialty plan would be based on referrals from the Florida Department of Children and Families and/or the Florida Department of Juvenile Justice.

This comprehensive program would align recipients' care plans, services, and providers for the entire family unit, and offer a broad range of integrated physical health, behavioral health, and SDoH services and resources to better address their health and social-related needs. Joint management of the recipient and family allows the managed care plan to identify and focus on the underlying issues (e.g., SDoH, mental health) to strengthen the family. With improved care coordination and communication among providers, managed care plan care managers, community-based organizations, and system of care specialists, the program's goal would be to ensure fidelity of the family unit.

Family engagement is a family-centered and strengths-based approach to making decisions, setting goals, and achieving desired outcomes for children and families. At its best, family engagement encourages and empowers families to be their own champions and to work toward goals they developed. The **Strengthening Families Approach**, as outlined through the Center for the Study of Social Policy, engages five protective factors as the foundation family engagement, including parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support that when these protective factors are well-established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors also build family strengths and a family environment that promotes optimal child and youth development.

Families of children and youth with special health care needs have unique perspectives about the complexities of systems of care because they are involved with so many aspects of these systems. The current system is fragmented without a central point of contact identifying, connecting, and supporting all the needs of a recipient and their family. **Extending enrollment to the specialty health plan to all the family members enrolled in Medicaid would allow one managed care plan to be the primary point of contact, connecting the multiple systems the family is engaged within to better coordinate services, supports, and ensure family voice and choice in their care.**

To assist with the coordination and engagement of multiple systems, this specialty health plan would require data platforms that enable a significant level of transparency across caregivers and care providers. The managed care plan, in collaboration with the Agency, would have to develop an integrated and collaborative data informatic process that engages with the multisystem child- and family-serving agencies using data sharing tools and MOUs to strengthen the process.

Implementation strategies would include listening sessions with recipients, providers, and stakeholders across the state. Successful management of the child- and family-focused specialty health plan would require established transition-of-care processes, including communication to newly enrolled recipients and providers about the purpose of the specialty health plan and the support of a specialized team dedicated to addressing the specific needs of each recipient and the family as part of the overall goal. Successful management of the child- and family-focused specialty health plan would also build relationships with the child and community system of care to provide wraparound services for the child's and family's needs.

Network development would require a strong focus on behavioral health and social providers to support specialty programs serving recipients.

The Agency is interested in innovative ideas and best practices to:

Improve mental health outcomes for children and adolescents.

Of the overall Aetna Better Health reported mental health and substance abuse population in Florida, children and adolescents, especially in the age band from 5 – 19, account for over half of all cases (including adults). Suicidal ideation and isolation, anxiety disorder, and major depressive disorder remain the major diagnoses among children and adolescents in Florida. **Meeting children and adolescents where they are is the first step in coordinating care.** A successful and effective health care plan must deepen its reach into the home, social and educational systems, provider networks, and community support to profoundly affect change.

As the Agency explores how to best improve the mental health outcomes for children and adolescents in Florida, we have highlighted some of our recommendations that focus on the recipient as well as providers.

Deepen reach with children and adolescents

In our experience administering Medicaid programs throughout Florida, we often encounter difficulty penetrating barriers to care within the Florida school system. There are multiple permissions needed—for example, parental consent and classroom disruptions, that often hinder meeting children where they are and preventing them from easily accessing needed mental health care. **We recommend that the Agency favorably score managed care plans that are working to remove these barriers in Florida with proven and effective strategies.**

To complement direct child and adolescent services in the schools, we also **recommend the Agency select managed care plans that provide mental health training to teaching staff and other faculty that interact daily within the school system.** Better collaborations between managed care plans and schools will help Florida's most vulnerable children and adolescents better address their mental health care needs.

Providing behavioral health care to children and adolescents in rural, sparsely populated areas like Hardee and Manatee counties can be problematic. The COVID 19 pandemic has forced MCOs to adopt more innovative ways of reaching populations; therefore, we **recommend the Agency continue to allow managed care plans to offer and evolve telehealth to increase access for children and adolescents.**

We **recommend the Agency choose managed care plans that propose innovative ways to use and expand their telehealth services**, including contracting with specialty providers for subsets of populations (e.g., serious mental illness, substance abuse) or expanding behavioral telehealth offerings and adopting a telehealth payment structure so that providers receive credit for telehealth visits. In addition, expansion of telehealth services, especially in rural areas of Florida, to providers who may be outside the typical physical Geo Access standards, may provide needed care for a family with transportation challenges—increasing the opportunity for care in communities that do not have it.

Ease the burden for providers

Key to enhancing behavioral health care requires Provider collaboration that fuels Provider-led change. **We recommend the Agency favor managed care plans that understand, work with, and propose specific actionable means to improve collaboration with providers.** Imperatives the Agency should consider implementing include:

- Key features to reduce provider abrasion and enhance provider support:
 - Provider outreach and engagement to understand requirements for success and readiness for change
 - Provider education and support to facilitate transformation
 - Provider Support Specialist Team for ongoing provider support
 - Early planning to ensure continuity of care and smooth transition of operations
 - Senior leadership involvement and oversight to quickly address and mitigate issues
- **Modify and remove benefit limitations** (e.g., reducing billing limitations for providers for longer-term behavioral health care)
- **Emphasize an Integrated Health Neighborhood (IHN)** that recognizes the importance of community partnerships that support providers in adopting integrated models of care, engages recipients in a holistic way, accentuates the use of health and social services systems for locally focused, integrated and culturally responsive solutions meet recipients where they are
- **Certify and expand Community Behavioral Health Clinics** statewide in Florida to support the integration of physical health, behavioral care, and incorporating SDoH to positively impact the cost curve
- **Include an integrated Pharmacy Benefit Programs** to improve cost efficiencies while providing recipients with holistic care
- **Expand the Managed Medical Assistance Physician Incentive** program to include non-physician providers such as behavioral health providers, OBGYN, midwives, specialty and sub-specialty providers to transform a carve-out behavioral health model to a fully-integrated physical health and behavioral health program focused on individuals with SMI and those with multi-system complex needs, including children with autism spectrum disorder, individuals that were justice-involved, children at risk of out-of-home placement, SUD, and recipients with diverse and specific linguistic and cultural challenges
- **Emphasize a collaborative care model and add collaborative CPT codes** (e.g., CPT code 96127 for behavioral health care screenings) to the fee schedule

We also recommend the Agency partner with managed care plans that consider systemic changes that benefit providers and recipients. For example, in addition to continuing to track behavioral health HEDIS measures, and as support for adding CPT Code 96127, we would encourage incorporation of the following HEDIS measures to evaluate improved mental health outcomes for children and adolescents:

- Depression screening and follow-up for adolescents and adults
- Utilization of the Patient Health Questionnaire 9 to monitor depression symptoms for adolescents and adults
- Depression remission or response for adolescents and adults

Other systemic recommendations include having managed care plans look at ways of adopting a provider-reimbursed Health Navigator approach to assist child and adolescent recipients in overcoming any challenges navigating a fragmented health system to ensure access to the highest quality care. In addition, we recommend expanding the Health Information Exchange to include more behavioral health providers and facilities, promoting more coordinated care and positive outcomes, which also supports the goals of the Agency's FX project to provide more high-quality, actionable data—eliminating errors and confusion.

The Agency is interested in innovative ideas and best practices to:

Improve providers' experience with the SMMC Program.

With primary care physician and specialist shortages in Florida and throughout the nation, our network of medical and behavioral health care professionals, especially during the pandemic, continue to be stretched to capacity. **If a managed care plan is to consider itself a true partner with their provider network, they should have clear, actionable methods to increase provider satisfaction.** So that physicians can focus more on direct care giving, reducing their administrative burden must be a priority for all managed care plans. Described below are some of the innovative ideas and best practices we recommend to continuously improve providers' experience and satisfaction with managed care plans and with the SMMC program.

A robust provider engagement model

Provider support is best delivered on the local level by professionals who understand the nuances of the area and the availability of local support services. **We recommend the Agency move managed care plans toward a high-touch provider engagement model.**

The most effective use of providers' time is spent treating patients. Inefficiencies associated with extraneous and complicated administrative actions can impact recipient quality of care. During evaluation of managed care plans' responses to the SMMC ITN, **we recommend the Agency's favor managed care plans who understand and support providers.** For example, selecting managed care plans that have specific and realistic plans to:

- Relax some of the criteria for preauthorization requests
- Simplify provider agreements, credentialing requirements, and provider onboarding
- Increase online authorization requests and verification
- Improve technology so that billing is expedited, claims are paid correctly the first time, and providers are reimbursed sooner
- Maximize recipient choice when selecting providers for their healthcare
- Assure accountability and transparency, by both payer and provider, to drive improved outcomes throughout all parts of the delivery system
- Target engagement and partnership with Multi-Specialty Interdisciplinary Clinics (MSICs)
- Work with housing organizations and homeless clinics

The strong administration of managed care operations is vital to providers. They want claims paid on time, authorizations that are streamlined and easy to submit, a quick and responsive escalation process, and on-the-ground resources that aid in improving quality and maximizing their revenue. To improve providers' experience with the SMMC program, the Agency should select managed care plans that improve downstream administrative activity.

For example, **the Agency should choose managed care plans that have adopted external review programs for complex claim denials.** Through this external review process, provider satisfaction would increase due to a neutral party investigating and providing input/recommendations on the fairness of the claim denial from the managed care plan.

Value-based purchasing arrangements

MCOs that are committed to improving the quality of health care services while reducing costs must partner closely with providers. **Through the ITN process, we recommend the Agency ask detailed questions about the components of managed care plans' value-based purchasing arrangements.** Our experience shows that many high-performing providers find value-based purchasing arrangements an attractive gateway to entering the Medicaid space. By offering a variety of value-based purchasing arrangements, including incentives that target health disparities related to high incident medical and behavioral health care issues, managed care plans can help close network adequacy gaps throughout Medicaid networks. Measures tied to value-based incentives create practical, streamlined, and aligned goals for MCOs and providers to achieve positive outcomes for recipients.

The Agency is interested in innovative ideas and best practices to:

Improve recipients' experience with the SMMC Program.

Improving recipients' experience with the SMMC program requires meeting recipients where they are. Because not all engagement modalities work for everyone, managed care plans must use engagement strategies and best practices that enrich recipients' experiences. **We recommend the Agency partner with managed care plans that include specific plans for the following as part of their SMMC proposal:**

Community health workers (CHWs) with expanded scope and reimbursement: CHWs are local, face-to-face resources available to help direct recipients with any issues they may need and serve in a community setting of the recipient's choice. Expanding their scope and reimbursement would help safeguard recipients from longer-term, more costly care, especially those with chronic issues, as well as decrease mortality rates.

Technology enhancements: With ever evolving technological advancements, recipients are becoming increasingly engaged. Text messaging, social media offerings, and telephone outreach can act as important vehicles for routine reminders (e.g., flu shots, prenatal visits, etc.) as well as for proactive outreach from care managers.

In the spirit of innovation, **we recommend the Agency consider forward-thinking managed care plans who are developing payer agnostic technologies (e.g., a recipient-friendly mobile app) that improves recipient satisfaction by reducing inconveniences, adds efficiency to provider and managed care plan operations, and leads to efficiencies for the SMMC program.** The information within the app would be populated when a recipient meets eligibility for Medicaid and used as an ongoing tool throughout the period of coverage under SMMC—connecting the recipient with quick care needs such as connecting recipients in real time with available providers and other needs such as transportation, community resources, etc. The app would be created with the recipient at the center of all capabilities.

Incentivizing recipients for improved health outcomes: Based on a 2022 report from *County Health Rankings & Roadmaps*—a program of the University of Wisconsin Population Health Institute, emerging health strategies that work include incentivizing recipients for engaging in healthier behaviors. **We recommend the Agency select managed care plans that promote financial incentive programs for recipients** such as payments and vouchers that are often used to encourage patients to undergo preventive care such as screenings, vaccinations, and other brief interventions.

Compelling evidence from the report indicates that when incentivized, improvements for recipients' expected outcomes include:

- Reduced out-of-pocket costs
- Increased primary and preventive care
- Increased screening participation (cervical, breast colorectal cancers)
- Improved adherence to treatment
- Improved prenatal care

We know from HEDIS measures in Florida that there are some areas (e.g., missed six-week checkups for new moms, children absent from scheduled medical or behavioral care appointments) that require a new strategy. For ongoing, long-term, and chronic conditions, care bundling is an effective way to help predict anticipated health care services and potential costs. Arming recipients with the information and education they need to be the owner of their health care decisions increases the likelihood of positive health care outcomes. Within the structure of care bundling, **the Agency should partner with managed care plans that incentivize recipients who actively engage in their health care**, reducing relapse, worsening of conditions, and ED admissions while improving cost efficiencies. The expectation is that the predictive costs of care bundling are prevented from mass fluctuations when incentivized recipients engage.

Value-added benefits: Managed care plans can use value-added benefits to help engage recipients in their health care and allow them to self-direct the services and options they use based on choice and selection. For example, managed care plans have an opportunity to improve the provision of non-emergency transportation to individuals and families by offering value-added benefits. These benefits can provide recipients additional opportunities to make scheduled trips with a transportation vendor as well as expand the scope of service to address their holistic needs.

Looking forward to the ITN

For the SMMC Program, the recommendations we have outlined throughout our response to this RFI are based on Aetna Medicaid's 35 years of experience and Aetna Better Health's long-term partnership with the Agency serving Florida's Medicaid managed care and CHIP population. **We view our mission as a high-performing Medicaid managed care organization to be a collaborative partner with the Agency developing targeted strategies to reinvest any achieved savings back into the SMMC program and local Florida communities.**

Throughout our RFI response, we have focused on recommendations that benefit and promote sustainable pathways to better health, social wellness, and self-sufficiency for Florida Medicaid recipients as well as provider and community touch points based on our successes, including:

- Yielding more cost-efficient services
- Lifting a poverty-stricken homeless individual to self-sufficiency
- Empowering a jobless or underemployed person with the skills to earn a living wage
- Coordinating employment opportunities to a recipient with chronic conditions, significant mental illness, or other barriers

- Transitioning a recipient from a nursing home or from an institution safely and independently back into their community
- Strengthening the family unit for at-risk children and families or assist a child in foster care to successfully take the next steps toward independence

We achieve these successes only through close collaboration with our clients, providers, and our local communities—gaining their trust, delivering on our commitments, and reinvesting in the people we serve. Through these recommendations, we look forward to improving overall health care stability and enhancing Medicaid health care outcomes for Florida Medicaid recipients.