

Agency for Health Care Administration AND Department of Children and Families

Senate Health Policy Committee
January 23, 2023



What is Medicaid?

Medicaid is a federal program through which states partner with the federal government to provide health care coverage to low-income children, families, elders, and people with disabilities.

The federal government establishes basic mandatory program requirements.

States choose whether to participate.

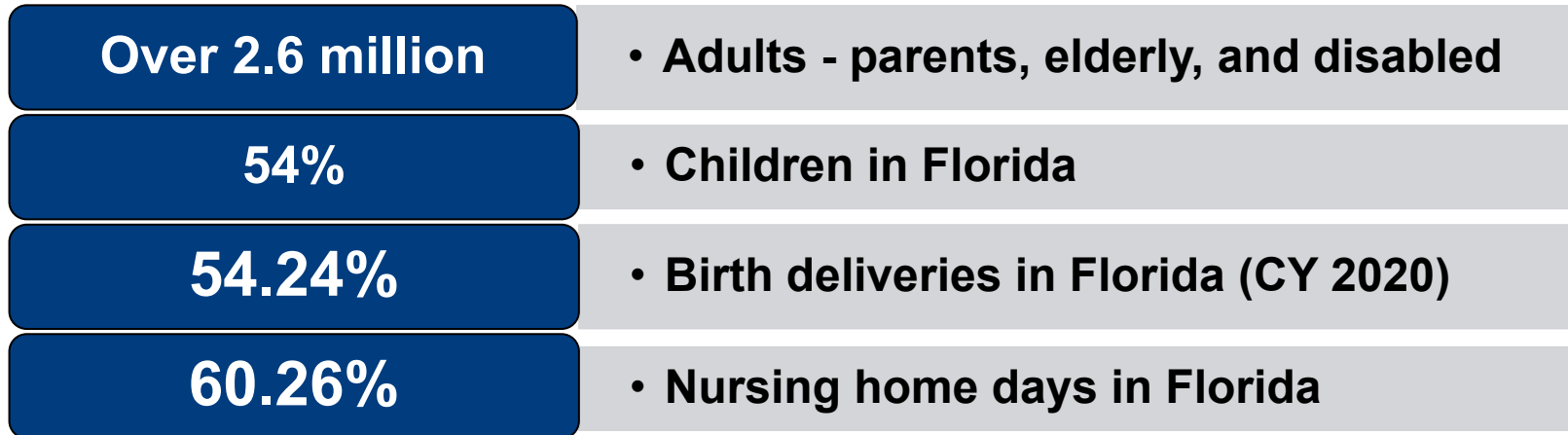
Jointly financed: federal and state governments share the cost.

Each state develops a unique Medicaid program based on federal rules – subject to federal Centers for Medicare and Medicaid Services (CMS) approval.

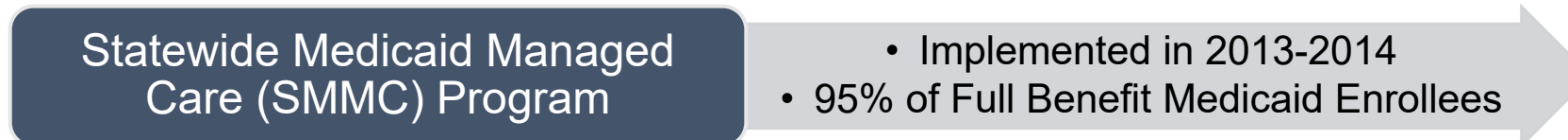


Who does Florida Medicaid Serve?

Medicaid serves more than 5.5 million Floridians



- Since March 2020, Medicaid enrollment has increased by over 1.7 million recipients to more than 5.5 million (as of November 30, 2022).
- Approximately 25% of all Floridians are covered by Medicaid.
- A majority of Florida's Medicaid population receives Medicaid services through a managed care delivery system.



Statewide Medicaid Managed Care Program

- Since 2013-2014, most Florida Medicaid recipients have been required to enroll in the Statewide Medicaid Managed Care program (SMMC) to receive services.
- The Agency initially procured SMMC medical and long-term care contracts in 2013.
- The Agency re-procured SMMC Contracts in 2017, with contract awards in 2018 for medical, long-term care and dental services.
- Six year contracting period for plans.
 - Current Contracts: 2018-2024



SMMC: Multiple Managed Care Program Components

Managed Medical Assistance (MMA)

COVERAGE:

Preventive, acute, behavioral, and therapeutics services, including pharmacy and transportation services.

ENROLLMENT:

Most Medicaid recipients must enroll in an MMA plan.

Long-Term Care (LTC)

COVERAGE:

Nursing facility, assisted living, and Home and Community-Based services.

ENROLLMENT:

65 years of age or older, or age 18 or older and eligible for Medicaid by reason of a disability.

Requires Nursing Facility level of care or Hospital level of care for individuals diagnosed with cystic fibrosis.

Dental

COVERAGE:

Preventive and therapeutic dental services.

ENROLLMENT:

All Medicaid recipients in managed care and all fully Medicaid eligible fee-for-service individuals.

SMMC: The First Two Contract Terms

The first 5 years of the program were very successful. In negotiating the current 6-year contracts, major additional improvements were achieved.

- **Robust Expanded Benefits, Enhanced Provider Networks, and Care Management gave us:**
 - Improved health quality outcomes
 - High patient satisfaction
 - Increased opportunity for individuals needing long-term care to transition from nursing facilities to their own homes or other community living
- **Managed Care Controlled Costs**

- **Competitive procurement and negotiation gave us:**
 - More & Richer Expanded Benefits
 - Enhanced Quality Performance Goals
 - Enhanced provider access with after hours care and telemedicine and more primary care providers



Statewide Medicaid Managed Care Program

- SB 1950
 - Realigns Florida counties from 11 to 9 SMMC regions
 - Single statewide procurement for MMA and LTC
 - Authorizes the Agency to award contracts on a regional or statewide basis
 - Specifies requirements for the minimum number of plans which the Agency must procure for each region
- The re-procurement process for the next contract period has begun.
- New contract will begin at the end of 2024 and go through 2030.
- Currently, estimated expenditures for the SMMC program for FY 22-23 are \$24.4 billion.

Florida statutes require AHCA to publish a Data Book at least 90 days before issuing the Invitation to Negotiate (ITN). The Data Book was released November 22, 2022. The earliest the ITN can be posted is February 20, 2023.



Impact of the Public Health Emergency on Medicaid Enrollment



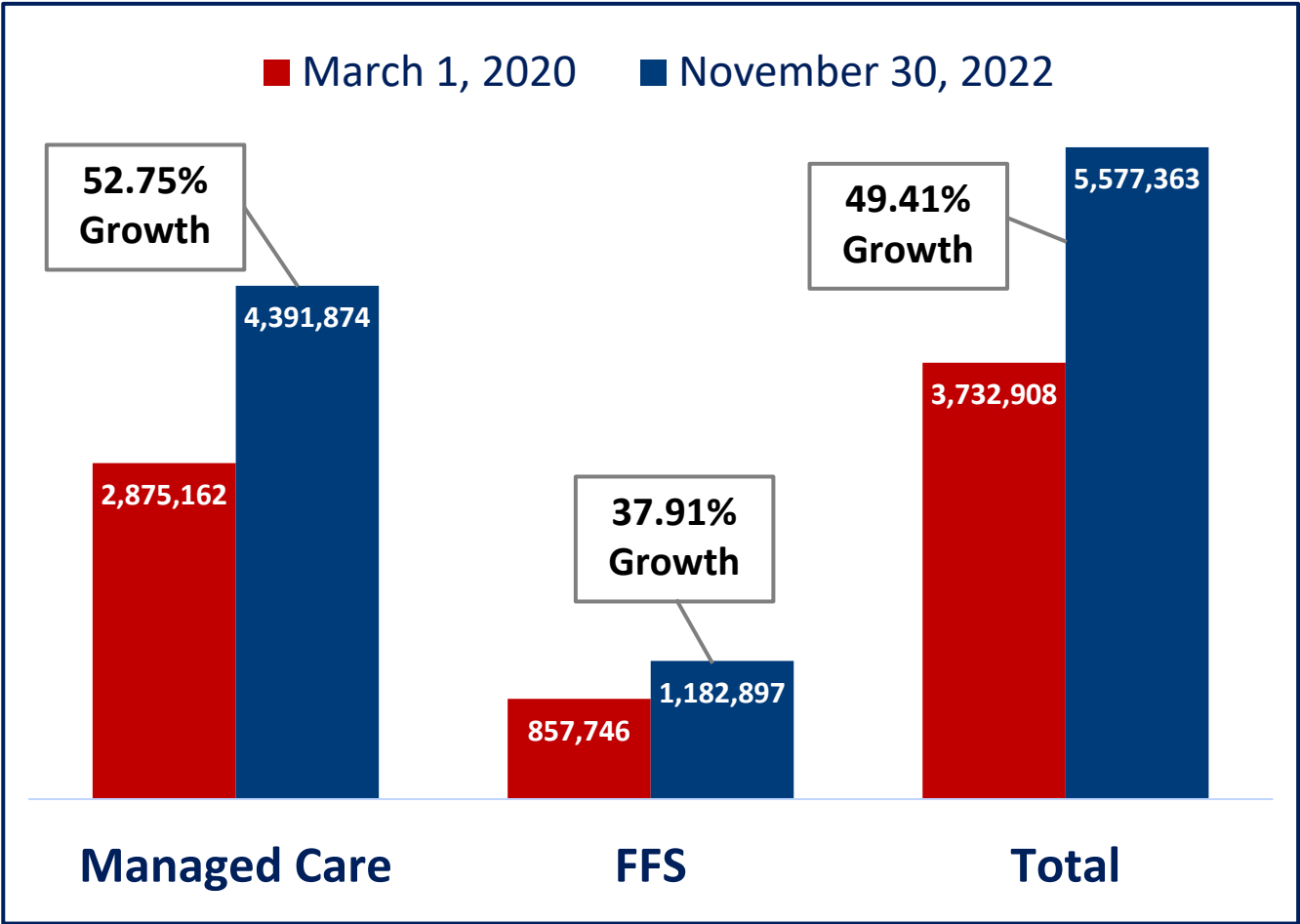
The Public Health Emergency and Enhanced Federal Medical Assistance Percentage (FMAP)

In January, 2020, Federal Department of Health and Human Services declared a Public Health Emergency (PHE); in March, Congress passed the CARES ACT.

- The FFCRA amended by the CARES Act provided a **6.2 percentage point increase** in federal Medicaid matching funds (FMAP) to help states respond to the COVID-19 pandemic.
- The enhanced FMAP was effective January 1, 2020, through the end of the PHE.
- States accepting the enhanced FMAP were required to provide **continuous Medicaid eligibility** through the end of the PHE. This applies to people enrolled as of March 18, 2020, or any time thereafter during the PHE.
- Florida's FMAP with the PHE enhancement, is 66.5%: for every dollar we spend on services, the federal government pays 66.25 cents and the state pays **5 cents**.



Impact of Public Health Emergency on Enrollment



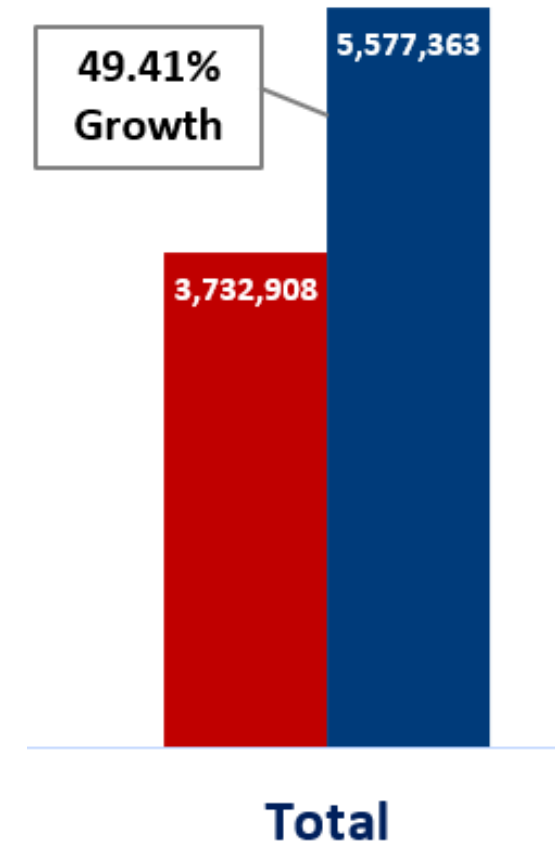
- Since March 2020, Medicaid enrollment has increased by over 1.8 million recipients to nearly 5.58 million (as of November 30, 2022).

The chart reflects the change in enrollment from March 1, 2020 through November 30, 2022.



Impact of Public Health Emergency by Eligibility Category

- Overall, Medicaid enrollment has increased by 49.41% since March of 2020.
- Some groups have experienced higher growth:
 - For example, Temporary Assistance for Needy Families (TANF) (includes Children, Parents/Caretakers and Pregnant Women) with a 67.6% increase or 1,682,777.
 - Per member per month cost for those in the TANF category: \$222.92
- While others experienced lower growth:
 - For example, SSI eligible (the aged, blind and disabled) saw an increase of just 8.5% or 32,189.
 - Per member per month cost for those in the SSI category: \$911.19



Federal Consolidated Appropriations Act, 2023

- States must provide coverage for children under 19 for 12 months (currently 12 months up to age 5 and 6 months 5-19)
- Makes permanent the state option for Medicaid postpartum coverage for 12 months
- Ends “Continuous Coverage” effective April 1, 2023
- Updates to Enhanced FMAP rate:
 - 5% from April to June of 2023 (currently 6.2%)
 - 2.5% from June to September 2023
 - 1.5% from October to December 2023
- To continue receiving the enhanced Medicaid matching rate, states must:
 - Follow federal Medicaid eligibility requirements
 - Attempt to ensure updated beneficiary contact information
 - Make a good faith effort to contact current enrollees by using more than one modality (e.g., hard copy letter and text message)



Core Tenets for Returning to Normal Medicaid Redetermination Processing

- Prioritize exceptional customer service through strong communication and community collaboration
- Leverage technology and operational efficiencies
- Ensure continuity of coverage for eligible individuals while promoting the availability of alternative health insurance options for those who are no longer eligible



Enhanced Customer Experience/Engagement

- Implementation of system protections to ensure that Medicaid recipients' coverage will not end until a full redetermination has been completed
- Aligning Medicaid redeterminations with Supplemental Nutrition Assistance Program (SNAP), if applicable, to streamline the customer experience and provide more efficient business operations
- Well-coordinated communications plan that incorporates industry and partner feedback
- Medicaid recipient address validation campaign
- Targeted call center operations, including self-service interactive voice response (IVR) options, and dedicated staff
- Stakeholder meetings:
 - Community organizations
 - Associations
 - Medicaid Health Plans



Communication Strategy

Direct Communication

- Client Call Center
- Postcards
- Yellow Stripe Renewal Notices

Digital Communication

- Email/text messaging
- Social Media
- Call Center Virtual Assistant

Partners

- Validating contact information
- How to assist
- Partner packets



Technology Enhancements

Auto-Review

- Remove filters
- Expand sources

Returned Mail

- Identify renewals
- Text/emails

Chatbots/Videos

- “How To” portal
- Automated assistance

Protections

- Prevent closure before renewal



Alternative Coverage Options

- Current enrollees will receive a notice prior to their renewal date with instructions on how to complete the renewal process
- Automatic partner referrals to organizations like Florida Healthy Kids and other subsidized programs
- Referral information on website for healthcare navigators

If you are no longer eligible for Medicaid...

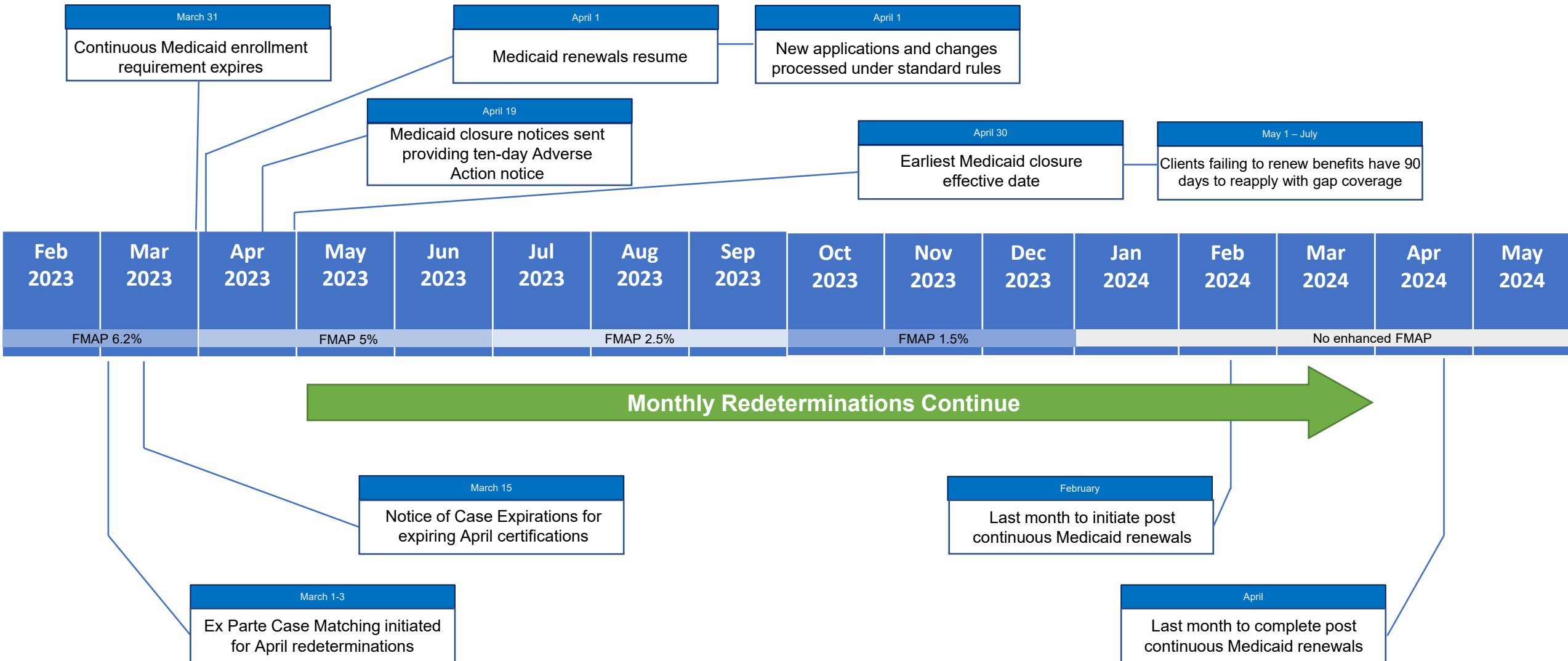


Redetermination Schedule

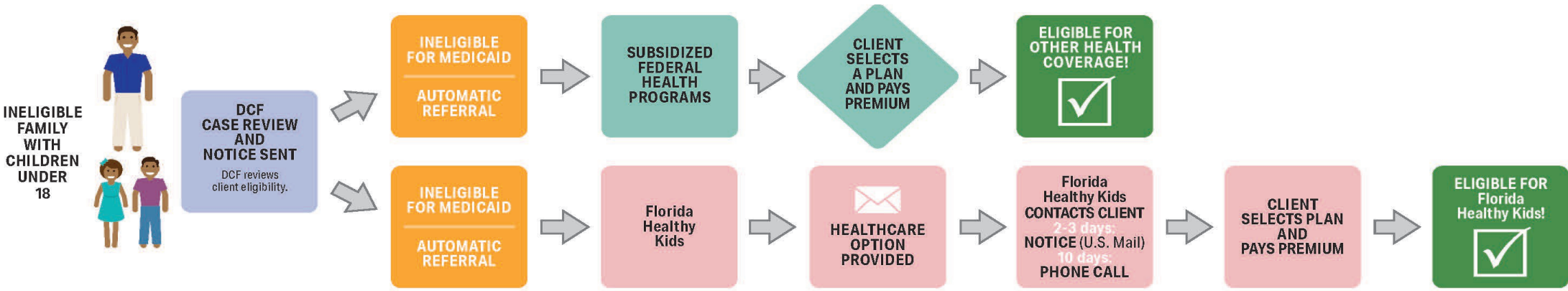
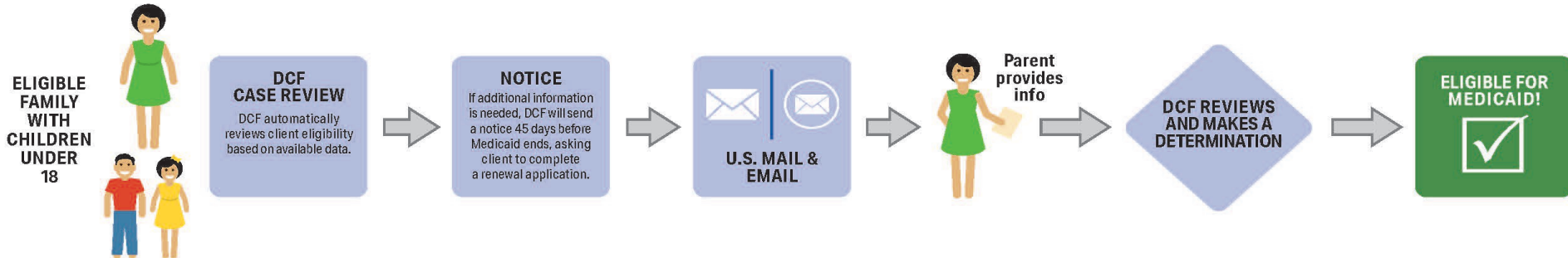
- The Department will prioritize redeterminations for the following:
 - Individuals who are no longer eligible based on information on file from their last redetermination review.
 - Recipients who have not used their Medicaid benefit in the last 12 months.
 - Recipients who have not responded to requests for updated eligibility information.
- The remaining recipients will be reviewed on their next regularly scheduled renewal date except when the Department can align the renewal date to coincide with:
 - The date of other members within the household/family unit; or
 - Their renewal date for SNAP or TANF benefits.
- Vulnerable populations (e.g., children with complex medical conditions) will be last in the redetermination schedule



FLORIDA'S MEDICAID REDETERMINATION OPERATIONS



Florida's MEDICAID ELIGIBILITY REDETERMINATION PROCESS



Strategies for Partners

Ensure Customer Contact Information is up-to-date

- Assist with updating address on the DCF customer portal

Stay Informed

- Join DCF's Medicaid email distribution list
- Check our web page for up-to-date information – www.myflfamilies.com/Medicaid
- Participate in informational calls, meetings and feedback sessions
- Flyers, social media posts, and content creation to be shared with customers seeking assistance

Sign up for DCF Email Alerts

Sign Up Now

Stay Connected

- Constant feedback loop with our state and federal partners to ensure Floridians are informed



What's Next

- Federal Guidance
 - Awaiting final federal guidance from CMS on implementation of Federal Consolidated Appropriations Act, 2023
- Medicaid Recipients
 - Update address and contact information with DCF via MyACCESS Account
 - Be on the lookout for the yellow stripe envelope
- Partners
 - Sign up for updates through DCF's distribution list
 - Partner Packet and Communications

