



# Florida Medicaid Overview

House Health Care Appropriations Subcommittee

January 18, 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.

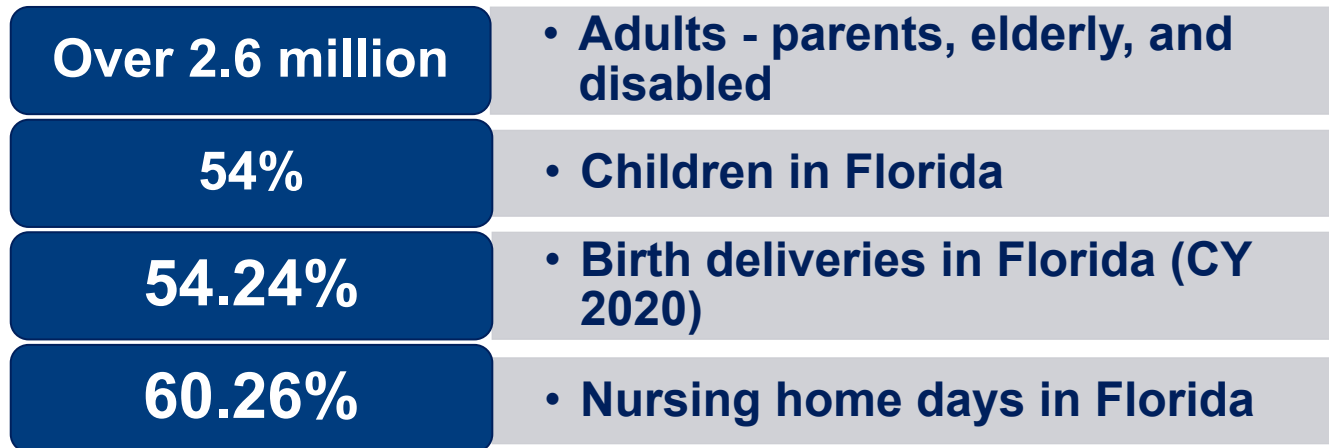
Jointly financed: federal and state governments share the cost.

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.



# Groups Covered by Florida Medicaid

Florida is unique in that the Medicaid program serves a proportionately larger number of seniors and has a significant population of disabled beneficiaries.

Florida Medicaid SFY 2021-22	
Children	44.86%
Adults	20.73%
Elderly and Disabled	18.69%
Non-Elderly and Disabled	11.01%
Pregnant Women	4.71%
<b>Total Participation</b>	<b>100%</b>



# Mandatory and Optional Medicaid Groups

- The federal government requires state Medicaid programs to cover “mandatory groups” and allows for coverage of “optional groups.”
  - Mandatory groups: Categories of people that must be covered.
  - Optional groups: States may choose to cover additional federally approved groups.
- The Florida Medicaid program outlines covered groups through its Medicaid state plan and various waivers.

## Mandatory

Low Income:

- Children
- Pregnant Women
- Parents
- Seniors who are Medicaid recipient

Foster Care/former foster care to age 26

SSI recipient

## Optional (Examples)

Medically needy

Children 19 and 20

Lawfully residing children during their first 5 years

Breast and Cervical Cancer Program Enrollees

Family Planning Waiver



# Florida Medicaid Income Limits

Group	FPL Level
Children Under Age 1	200% FPL
Children ages 1 through 18	133% FPL
Pregnant Women	185% FPL
Parents, Caretakers, Children ages 19-20	Fixed dollar amount
Home and Community Based Services, Nursing Home, Hospice	222% FPL
Meds A/D	88% FPL
Breast and Cervical Cancer Treatment	200% FPL



# Who is Eligible to Enroll in Florida Medicaid?

- Medicaid is an entitlement program, which means that everyone who meets eligibility rules has a right to enroll in Medicaid coverage – states cannot cap their programs.
- In order to be eligible for Medicaid in Florida, a person must:



# Impact of the Public Health Emergency on Medicaid Enrollment



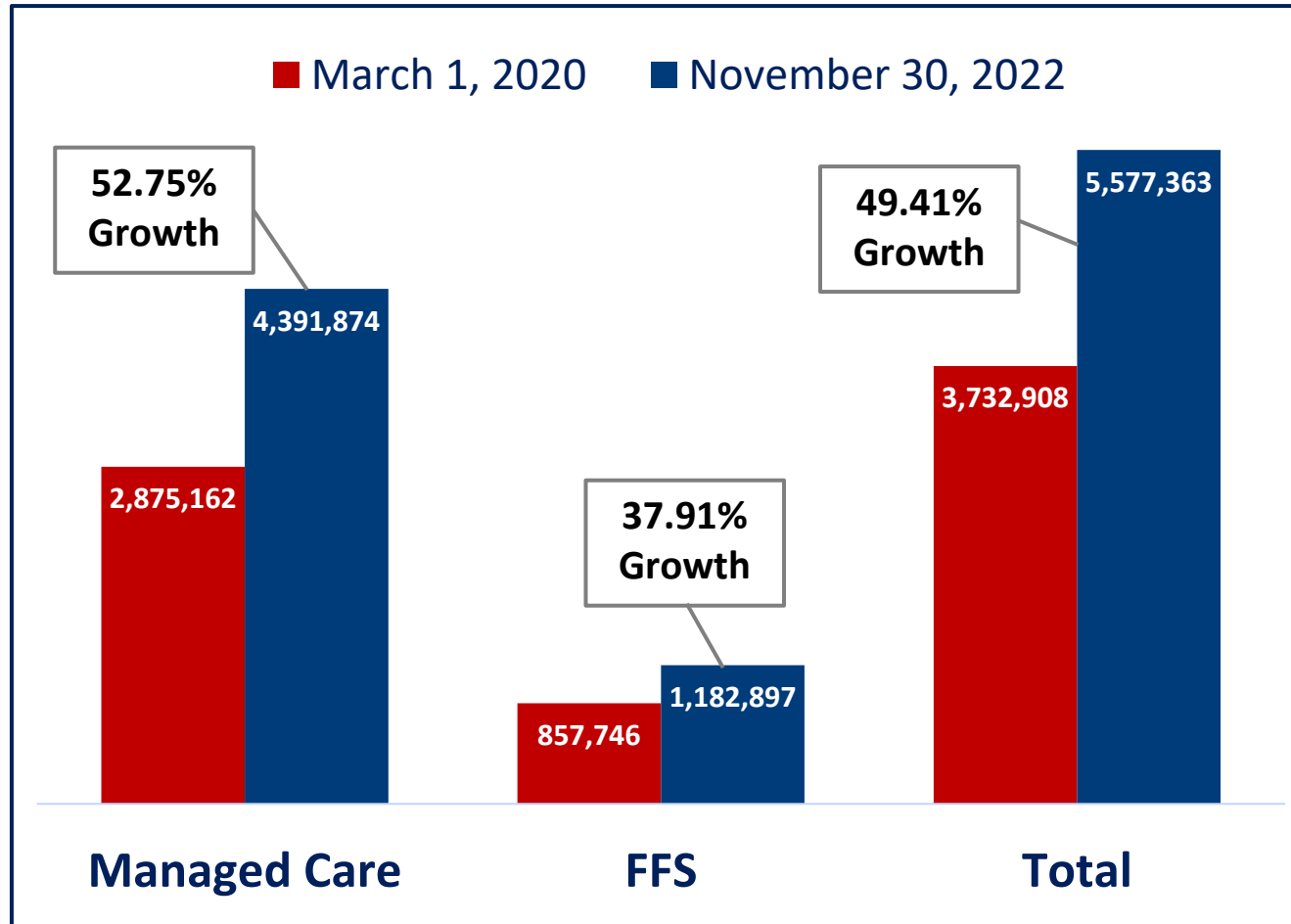


# The Public Health Emergency and Enhanced Federal Medical Assistance Percentage (FMAP)

- January 31, 2020: Federal Department of Health and Human Services declared a Public Health Emergency (PHE).
- The CARES Act provided a **6.2 percentage point increase** in federal Medicaid matching funds to help states respond to the COVID-19 pandemic.
- Under CARES, enhanced FMAP was effective January 1, 2020 through the end of the quarter in which the PHE ends.
  - States accepting the enhanced FMAP were required to provide continuous Medicaid eligibility through the end of the month in which the PHE ends.
  - Applies to people enrolled as of March 18, 2020, or who enroll at any time thereafter during the PHE



# Impact of Public Health Emergency on Enrollment



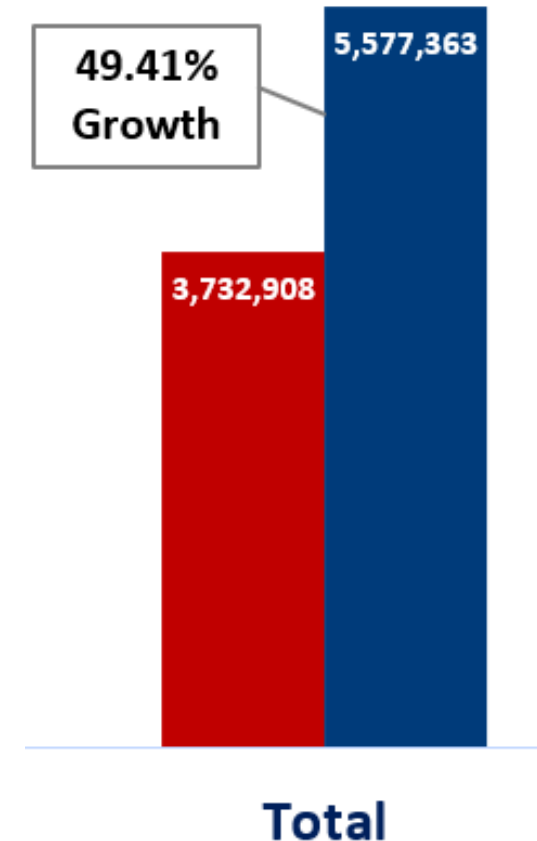
- Since March 2020, Medicaid enrollment has increased by over 1.8 million recipients to nearly 5.58 million (as of November 30, 2022).

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



# Impact of PHE by Eligibility Category

- Overall, Medicaid enrollment has increased by 49.41% since March of 2020.
- Some groups have experienced higher growth:
  - For example, TANF (includes Children, Parents/Caretakers and Pregnant Women) with a 67.6% increase or 1,682,777.
- While others experienced lower growth:
  - For example, SSI eligibles (the aged, blind and disabled) was an increase of just 8.5% or 32,189



# The 2023 Consolidated Appropriations Act Impact

- On December 29, 2022, the 2023 Consolidated Appropriations Act was signed into law.
- Decoupled receipt of the enhanced FMAP from the continuous coverage requirement and allowed states to disenroll ineligible participants, following a redetermination process. The continuous enrollment requirement ends on March 30, 2023. Redeterminations may begin on April 1, 2023.
- The bill also created a schedule for phasing out the enhanced FMAP.
- FMAP enhancements are phased out throughout 2023 on the following basis:
  - Q1 2023: 6.2 percentage point enhancement
  - Q2 2023: 5 percentage point enhancement
  - Q3 2023: 2.5 percentage point enhancement
  - Q4 2023: 1.5 percentage point enhancement

Starting Q1 2024, normal FMAP levels will apply



# Florida Medicaid Delivery System



# Florida Medicaid Delivery System

- A majority of Florida's Medicaid population receives Medicaid services through a managed care delivery system.

Statewide Medicaid Managed  
Care (SMMC) Program

95% of Full Benefit Medicaid Enrollees



# 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
  - And more



# Statewide Medicaid Managed Care Program

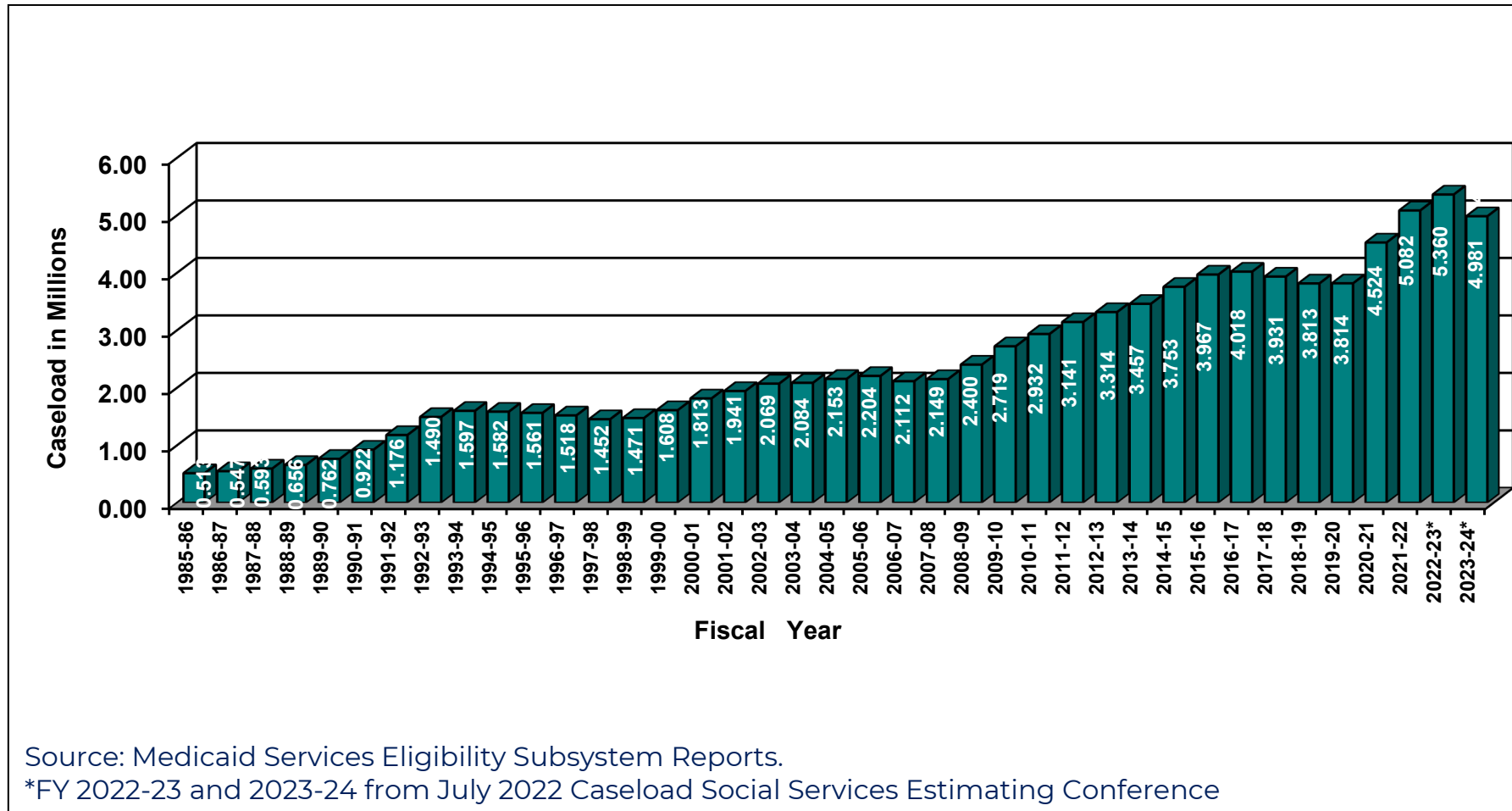
- SB 1950
  - Realigns Florida counties from 11 to 9 SMMC regions.
  - Single statewide procurement for MMA and LTC.
  - Authorizes the Agency to award contracts on a regional or statewide basis.
  - Specifies requirements for the minimum number of plans which the Agency must procure for each region.
- 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



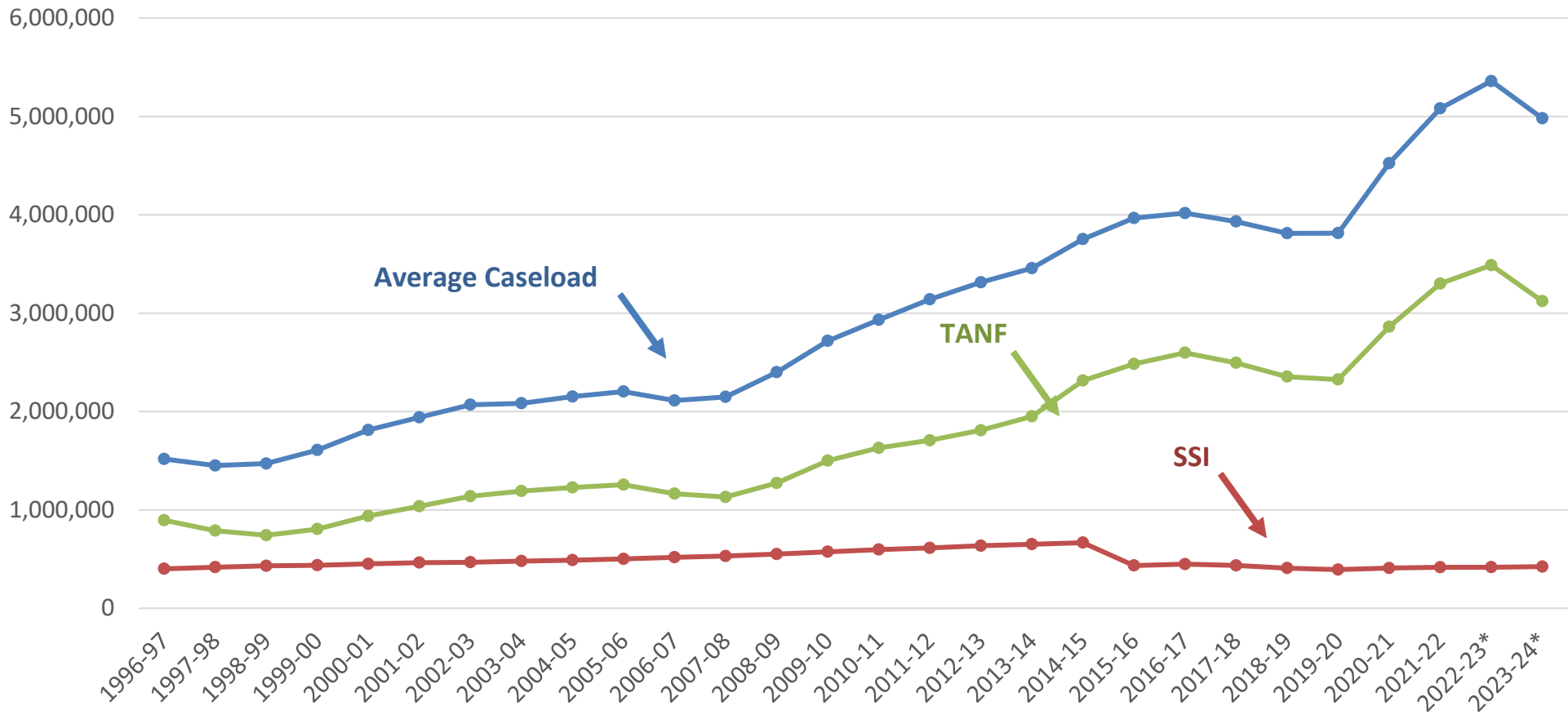
# MEDICAID PROGRAM DATA



# Average Monthly Caseload Growth



# Growth in Average Monthly Caseload, including TANF and SSI

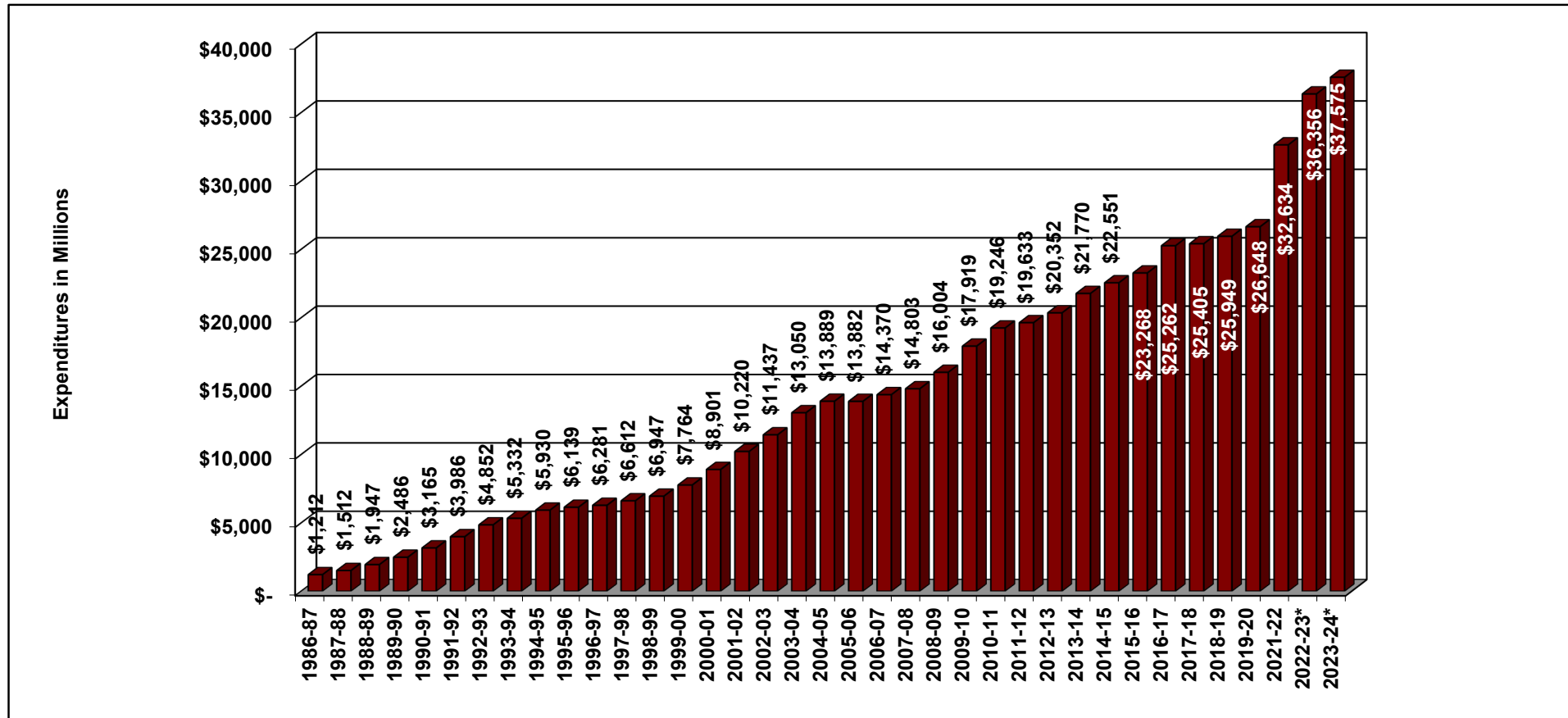


Source: Medicaid Services Eligibility Subsystem Reports.

\*FY 2022-23 and 2023-24 from July 2022 Caseload Social Services Estimating Conference



# Growth in Service Expenditures



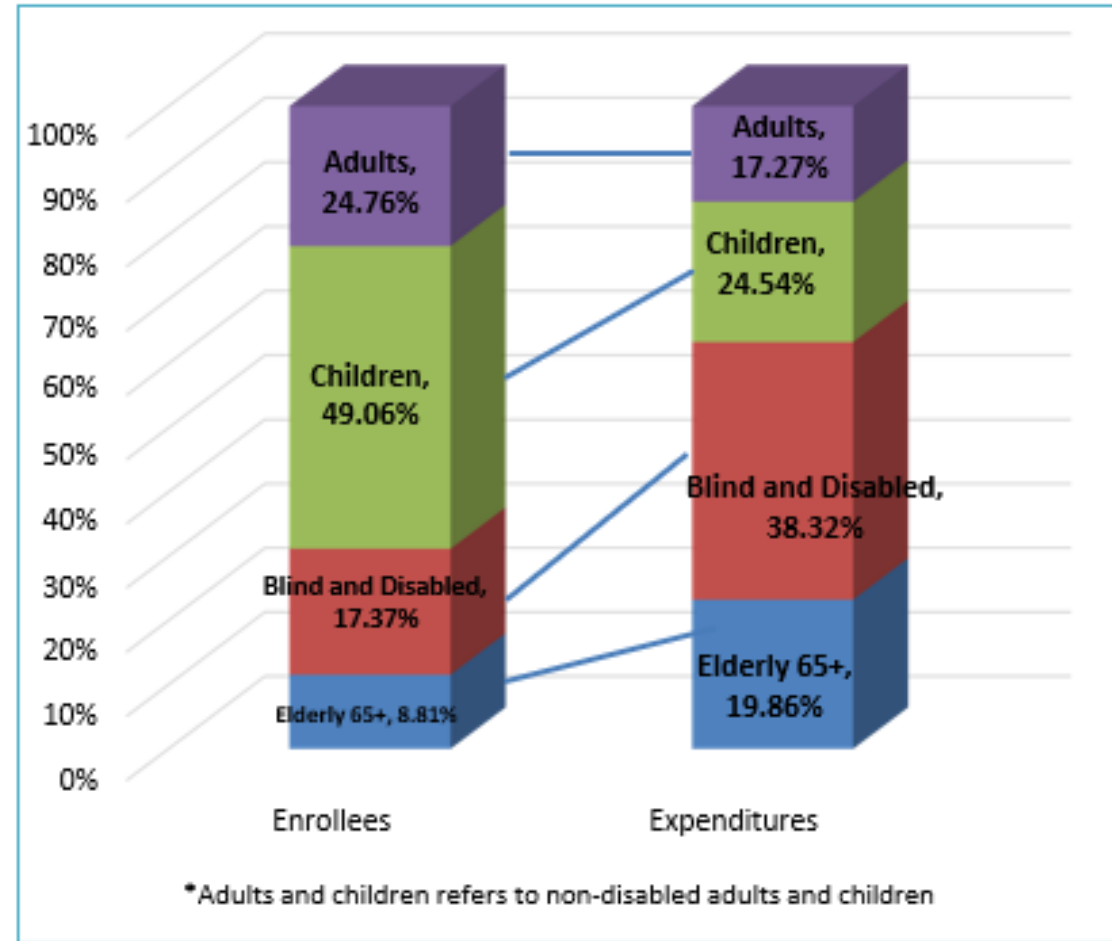
Source: Medicaid Services Budget Forecasting System Reports.

\*FY 2022-23 and 2023-24 Source: August 2022 Social Services Estimating Conference.



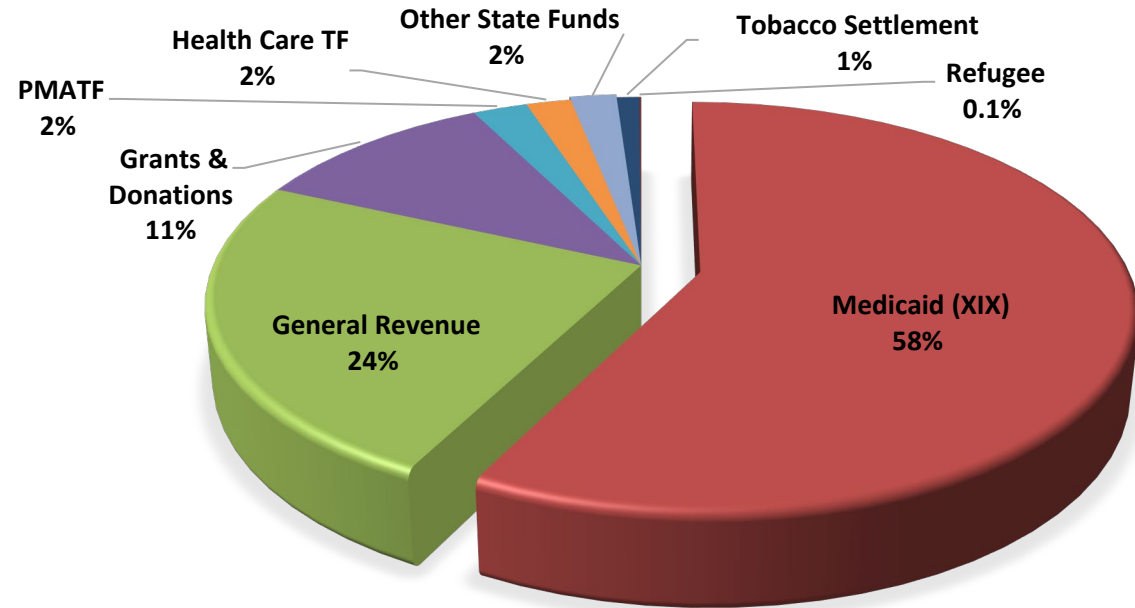
# Expenditures by Population

- Different populations have different impacts on program expenditures.
- In general, services provided to the elderly and the disabled cost more per person/per month than services provided to children or healthy adults.



# Expenditures by Fund Source FY 2022-23 - \$36.4B

In Millions	
Medicaid (XIX)	\$ 20,967.10
General Revenue	\$ 8,759.86
Grants & Donations	\$ 3,922.46
PMATF	\$ 870.82
Health Care TF	\$ 715.67
Other State Funds	\$ 730.83
Tobacco Settlement	\$ 360.14
Refugee	\$ 29.23
<b>TOTAL</b>	<b>\$ 36,356.11</b>



Source: August 2022 Social Services Estimating Conference

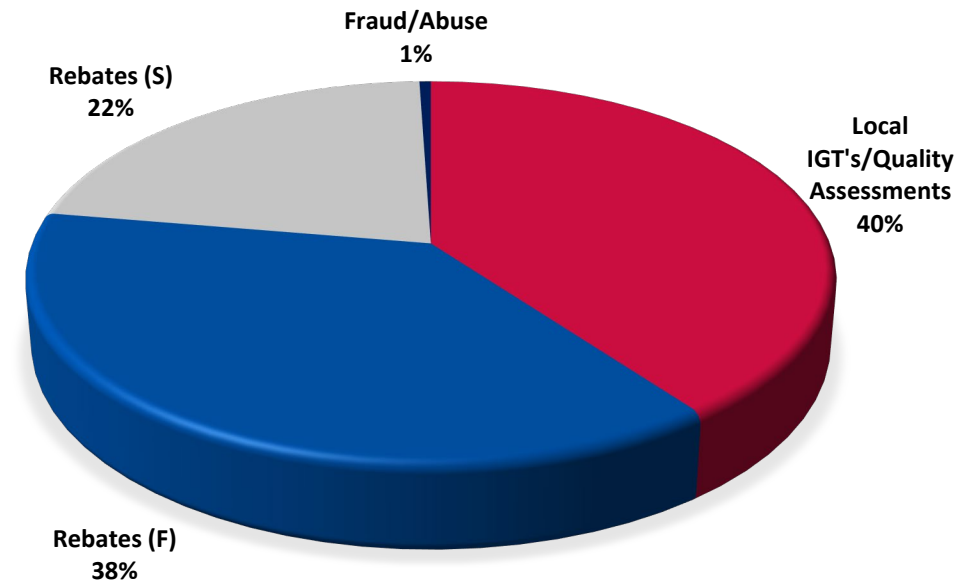




# Program Grants & Donations Trust Fund FY 2022-23

<u>Sources of Funds (Millions)</u>	
Local IGT's/Quality Assessments	\$ 1,452.88
Rebates (F)	\$ 1,553.53
Rebates (S)	\$ 896.83
Fraud/Abuse	\$ 19.21
<b>TOTAL</b>	<b>\$ 3,922.46</b>

Source: August 2022 Social Services Estimating Conference.



# Florida Medicaid Eligibility Groups: FY 2022-23

Group	Total Estimate	Avg Monthly Caseload	PMPM
Temporary Assistance for Needy Families (TANF)	\$ 9,329,418,218	3,487,571	\$ 222.92
Other Fee for Service	\$ 8,222,195,086	455,636	\$ 1,503.79
Long-Term Care	\$ 6,035,490,185	86,959	\$ 5,783.85
Supplemental Security Income (SSI)	\$ 4,567,234,208	417,699	\$ 911.19
Qualified Medicare Beneficiaries	\$ 3,427,701,850	490,624	\$ 582.20
Childrens Medical Services Network	\$ 1,846,124,792	96,302	\$ 1,597.51
HIV/AIDS	\$ 859,948,516	27,514	\$ 2,604.58
MMA XXI Children	\$ 555,663,045	514,538	\$ 89.99
Medically Needy	\$ 546,128,948	136,632	\$ 333.09
Children Welfare	\$ 343,841,859	65,283	\$ 438.91
PDN (Private Duty Nursing)	\$ 288,918,536	856	\$ 28,126.80
PACE	\$ 182,448,613	2,440	\$ 6,231.17
Family Planning	\$ 78,885,210	37,372	\$ 175.90
XXI Children (6-18)	\$ 42,876,450	4,698	\$ 760.54
Refugee General Assistance	\$ 29,234,628	52,738	\$ 46.19
<b>Total</b>	<b>\$ 36,356,110,145</b>	<b>5,359,884</b>	<b>\$ 565.25</b>



# Florida Medicaid Expenditures: FY 2022-23

Service	FY 2022-23 Estimated Spending	Percent of Total
PREPAID HEALTH PLANS	\$ 18,849,478,258.00	51.85%
PRPD HLTH PLAN/LNG TRM CAR	\$ 5,567,177,037.00	15.31%
SUPPLEMENTAL MEDICAL INS	\$ 2,622,391,271.00	7.21%
HOME & COMMUNITY BASED SVC	\$ 1,884,736,101.00	5.18%
LOW INCOME POOL	\$ 1,508,385,773.00	4.15%
COMMUNITY MENTAL HEALTH SV	\$ 1,081,921,876.00	2.98%
HOSPITAL INPATIENT SERVICE	\$ 923,575,874.00	2.54%
MEDICARE PART D PAYMENT	\$ 770,530,726.00	2.12%
OTHER FEE FOR SERVICE	\$ 495,245,691.00	1.36%
PRESCRIBED MEDICINE/DRUGS	\$ 389,272,914.00	1.07%
ICF/DD COMMUNITY	\$ 366,744,292.00	1.01%
DISPROPORTIONATE SHARE	\$ 355,335,708.00	0.98%
GRADUATE MEDICAL EDUCATION	\$ 291,644,448.00	0.80%
PHYSICIAN AND HEALTH CARE PRACTITIONER SERVICES	\$ 257,032,287.00	0.71%
NURSING HOME CARE	\$ 199,665,455.00	0.55%
HOSPITAL OUTPATIENT SVCS	\$ 191,384,204.00	0.53%
MEDICAID SCHOOL REFINANCE	\$ 107,886,947.00	0.30%
OTHER	\$ 493,701,284.00	1.36%
<b>TOTAL</b>	<b>\$ 36,356,110,145.00</b>	<b>100.00%</b>

Source: August 2022 Social Services Estimating Conference.



# Florida Medicaid Supplemental Funding Programs

Program	Definition
Low Income Pool (LIP)	The LIP program ensures the continued governmental support for the safety net providers that furnish uncompensated charity care to the uninsured populations. This funding includes a combination of both Intergovernmental Transfers (IGTs) and federal dollars.
Hospital Directed Payment Program (DPP)	The DPP provides directed payment to hospitals in an amount up to the Medicaid shortfall, or the difference between the cost of providing care to Medicaid-eligible patients and the payments received for those services.
Indirect Medical Education (IME)	The IME program supports hospitals with residents in Graduate Medical Education (GME) who are in training to become physicians.
Graduate Medical Education (GME)	The Graduate Medical Education (GME) Statewide Medicaid Residency Program provides funding to qualified participating hospitals involved in graduate medical education. Additionally, the GME Startup Bonus Program provides qualifying hospitals with newly approved residency positions in the statewide supply-and-demand deficit specialties.
The Florida Cancer Hospital Program (FCHP)	FCHP was created to give eligible providers an enhanced reimbursement for inpatient and outpatient hospital services.
Disproportionate Share Hospital (DSH)	The DSH program distributes funding from IGTs and federal dollars. DSH funding is used to compensate hospitals that have provided a disproportionate share of Medicaid and/or charity care services.



# Florida Medicaid Supplemental Funding Programs

Medicaid Funding from Local Governments and Other State Agencies SFY 2022-23	
Programs	Total Funds
Directed Payment Program	\$ 2,232,885,444
Low Income Pool Program	\$ 1,358,818,258
Indirect Medical Education Program	\$ 621,985,896
Graduate Medical Education Program	\$ 283,644,447
Disproportionate Share Hospital Program	\$ 251,108,783
Florida Cancer Hospital Program	\$ 154,038,830
Physician Hospital Payments Program	\$ 92,984,629
Physician Supplemental Program	\$ 59,661,555
Public Emergency Medical Transportation Prog	\$ 42,000,000
Multi-Visceral Transplant Program	\$ 7,342,387
<b>Total SFY 2022-23</b>	<b>\$ 5,104,470,229</b>



# Questions?

