

# Florida Medicaid

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Appropriations Subcommittee

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# Florida Medicaid – A Snapshot

<p><b><i>Eligibles</i></b></p>	<ul style="list-style-type: none"> <li>• Approximately 4 million eligibles.</li> <li>• Elders, disabled, families, pregnant women, children in families below poverty.             <ul style="list-style-type: none"> <li>○ 47% of children.</li> <li>○ 63% of deliveries.</li> <li>○ 61% nursing home days.</li> <li>○ 1.7 million adults - parents, aged and disabled</li> </ul> </li> <li>• Fourth largest Medicaid population in the nation.</li> </ul>
<p><b><i>Expenditures</i></b></p>	<ul style="list-style-type: none"> <li>• \$23.3 billion total final Medicaid expenditures in Fiscal Year 2015-16</li> <li>• Federal-state matching program – 60.46% federal, 39.54% state.</li> <li>• Average spending: \$5,865 per eligible.</li> <li>• Fifth largest nationwide in Medicaid expenditures.</li> </ul>
<p><b><i>How Services Are Delivered</i></b></p>	<ul style="list-style-type: none"> <li>• 3.2 million eligibles receive services through 16 Medicaid managed care plans.             <ul style="list-style-type: none"> <li>• Long-term Care</li> <li>• Managed Medical Assistance                 <ul style="list-style-type: none"> <li>• Includes specialty plans</li> </ul> </li> <li>• Comprehensive                 <ul style="list-style-type: none"> <li>• Offer both long-term care and managed medical services</li> </ul> </li> </ul> </li> </ul>



# Federal Medicaid Eligibility Criteria

**Historically, to qualify for Medicaid recipients must belong to one of the main eligibility groups:**

- Children
  - Pregnant women
  - People with disabilities
  - Seniors (adults 65 years of age and older receiving Medicare who also qualify for Medicaid)
- States **must** cover people in these groups up to federally defined income thresholds.
  - States can choose to cover other, optional groups.



# Two Basic Medicaid Eligible Groups

## Family-Related

- Children (including newborns)
- Pregnant women
- Parents, caretakers, children 19-20



## Supplemental Security Income (SSI)-Related

- Aged
- Blind
- Disabled
- SSI recipients



# Who Currently Cannot be Medicaid Eligible in Florida?

## Adults who:

- **Are not** aged, blind, disabled
- **Are not** pregnant
- **Are not** a parent or caretaker relative of a child under 18
- **Have not been** diagnosed with breast or cervical cancer by the Florida Department of Health
- **Are not** under 26 and are not formerly in foster care.



# Federal Medicaid Service Parameters

- Federal law specifies “mandatory services” that states must cover.
  - Not all Medicaid recipients are eligible for all services.
  - Medicaid recipients are entitled to receive the mandatory services as long as they are determined by the state Medicaid program or a Medicaid managed care plan to be medically necessary.
- Federal law also outlines optional services that states can choose to provide.



# Florida Medicaid Mandatory Services

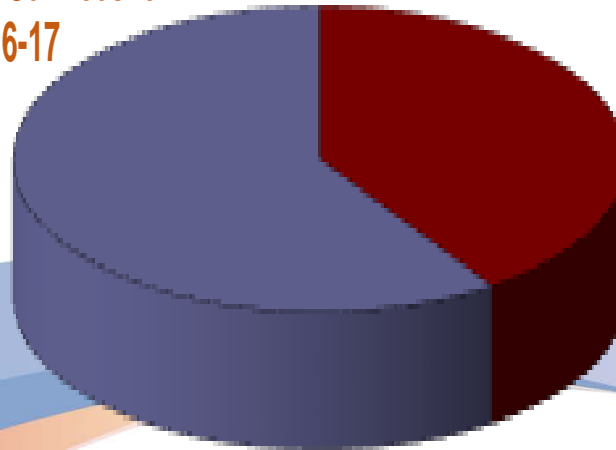
- Advanced Registered Nurse Practitioner and Physician Services
- Family Planning
- Home Health Care
- Hospital (Inpatient and Outpatient)
- Independent Lab
- Nursing Facility
- Physical Therapy
- Portable X-ray Services
- Rural Health
- Transportation to Medicaid Services

## For Children

- Dental
- Personal Care Services
- Private Duty Nursing
- Respiratory, Speech, Occupational, and Other therapeutic services
- Well Child Check-Ups

Florida Medicaid Mandatory Services for  
All Eligibles FY 2016-17

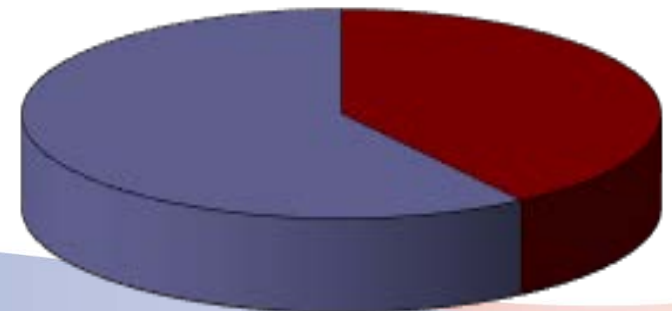
**Mandatory**  
**41% of \$25.8 Billion**



# Florida Medicaid Optional Services\*\*

- Adult Dental
- Adult Health Screening
- Ambulatory Surgical Centers
- Assistive Care
- Birth Center
- Hearing
- Vision
- Chiropractic
- Community Behavioral Health
- County Health Department Clinic
- Dialysis
- Durable Medical Equipment
- Early Intervention
- Healthy Start
- Home and Community-Based Services
- Hospice
- Intermediate Care Facilities/  
for Individuals with Intellectual Disabilities
- Nursing Facility (intermediate level)
- Optometric
- Physician Assistant
- Podiatry Prescribed Drugs
- School-Based
- State Mental Hospital
- Statewide Inpatient Psychiatric Program (SIPP)
- Targeted Case Management

Florida Medicaid Optional Services for All Eligibles FY 2016-17



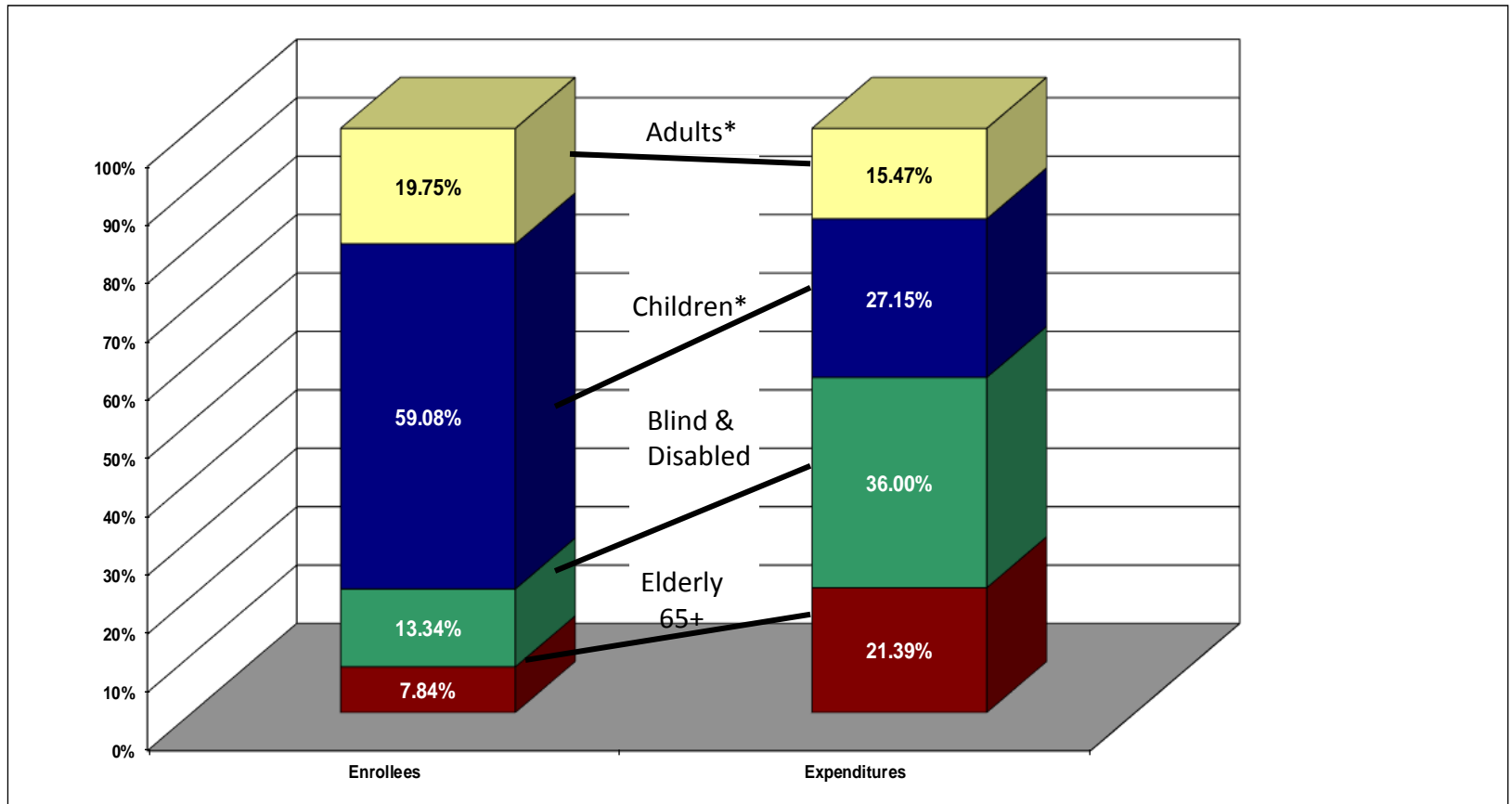
**States are required to provide any medically necessary care required by eligible children.**

**\*\*Managed Care Organizations can offer additional optional services.**





# Medicaid Budget – How it is Spent FY 15-16



•Adults and children refers to non disabled adults and children.

Source: Final SFY 2015-16 expenditures from Medicaid Data Analytics Fee-for-Service Claims & Eligibility reports.



**How do states define their **OWN** Medicaid programs?**

**Medicaid State Plan**

**Medicaid Waivers**

**How do Medicaid programs deliver services to recipients?**

**Fee-for-service**

**Managed Care**



# Florida's Statewide Medicaid Managed Care Program



# Statewide Medicaid Managed Care Program (SMMC)

- The 2011 Florida Legislature directed implementation of this program.
- Most Medicaid recipients are in one or both components:  
*(December 2016 Data)*
  - Long-term Care 94,320
  - Managed Medical Assistance 3,225,180
- Small percentage of recipients receive services through the fee-for-service delivery system.
  - Most of these are eligible for a limited benefit package (e.g., dual eligibles, medically needy)



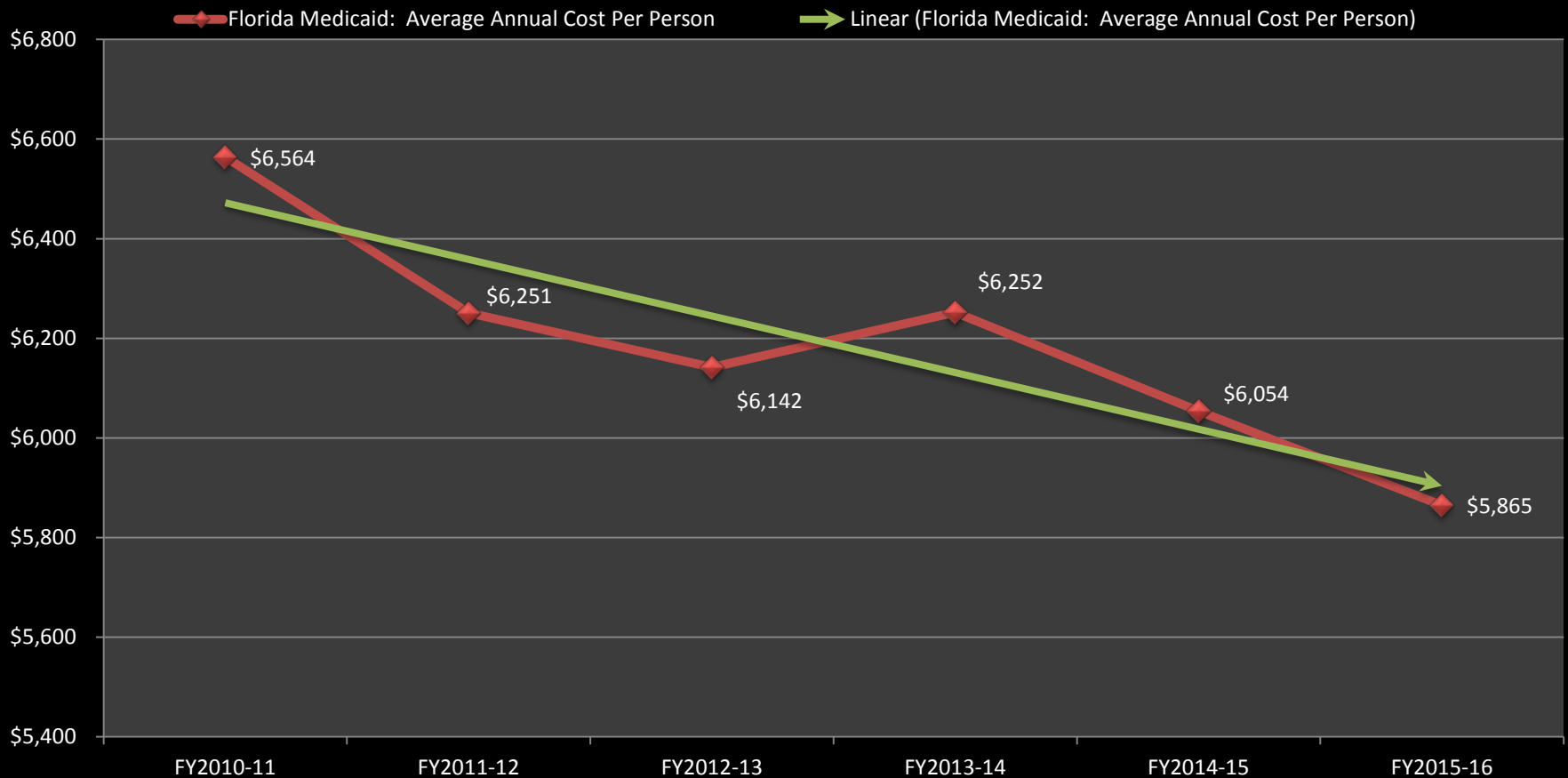
# SMMC Program Goals

- Enhance fiscal predictability and financial management by converting the purchase of Florida Medicaid services to capitated, risk-adjusted, payment systems.
- Transition LTC individuals who wish to go home from nursing facility care to assisted living or their own homes.
- Improve patient centered care, personal responsibility, and active patient participation.
- Improve the health of recipients, not just paying claims when people are sick.
- Allow recipients a choice of plans and benefit packages.
- Increase accountability and transparency.
- Promote an integrated health care delivery model that incentivizes quality and efficiency.



# Per Member Per Year Cost Declines with SMMC Implementation

## Florida Medicaid: Average Annual Cost Per Person



FY 2015-16 and prior data is from the final year end budget reports.  
FY 2013-14 and 14-15 include TANF/SSI Rate Cell Adjustment.

# Managed Medical Assistance Program



# MMA Program: Financing and Plan/Provider Payment

- MMA program budget is \$14.4 billion (SFY 16-17).
- The Agency pays MMA plans a monthly capitation payment to provide services to their enrollees.
- Plans must pay for all covered services for their enrollees, regardless of whether the cost of those services exceeds the capitation rate received from the Agency.





# Who is eligible for the MMA program?

- Mandatory Recipients – All Medicaid recipients are enrolled in an MMA plan unless specifically exempted.
- Voluntary Recipients – May choose to enroll in MMA:
  - Individuals enrolled in the iBudget home and community based services waiver or individuals waiting for waiver services.
  - Individuals who have other creditable health care coverage, excluding Medicare.
  - Individuals eligible for refugee assistance.
  - Individuals age 65 years and older residing in a mental health treatment facility meeting the Medicare conditions of participation for a hospital or nursing facility.
  - Individuals in an intermediate care facility for individuals with intellectual disabilities.
  - Individuals residing in a group home facility licensed under Chapter 393, F.S.
  - Children receiving services in a Prescribed Pediatric Extended Care center.



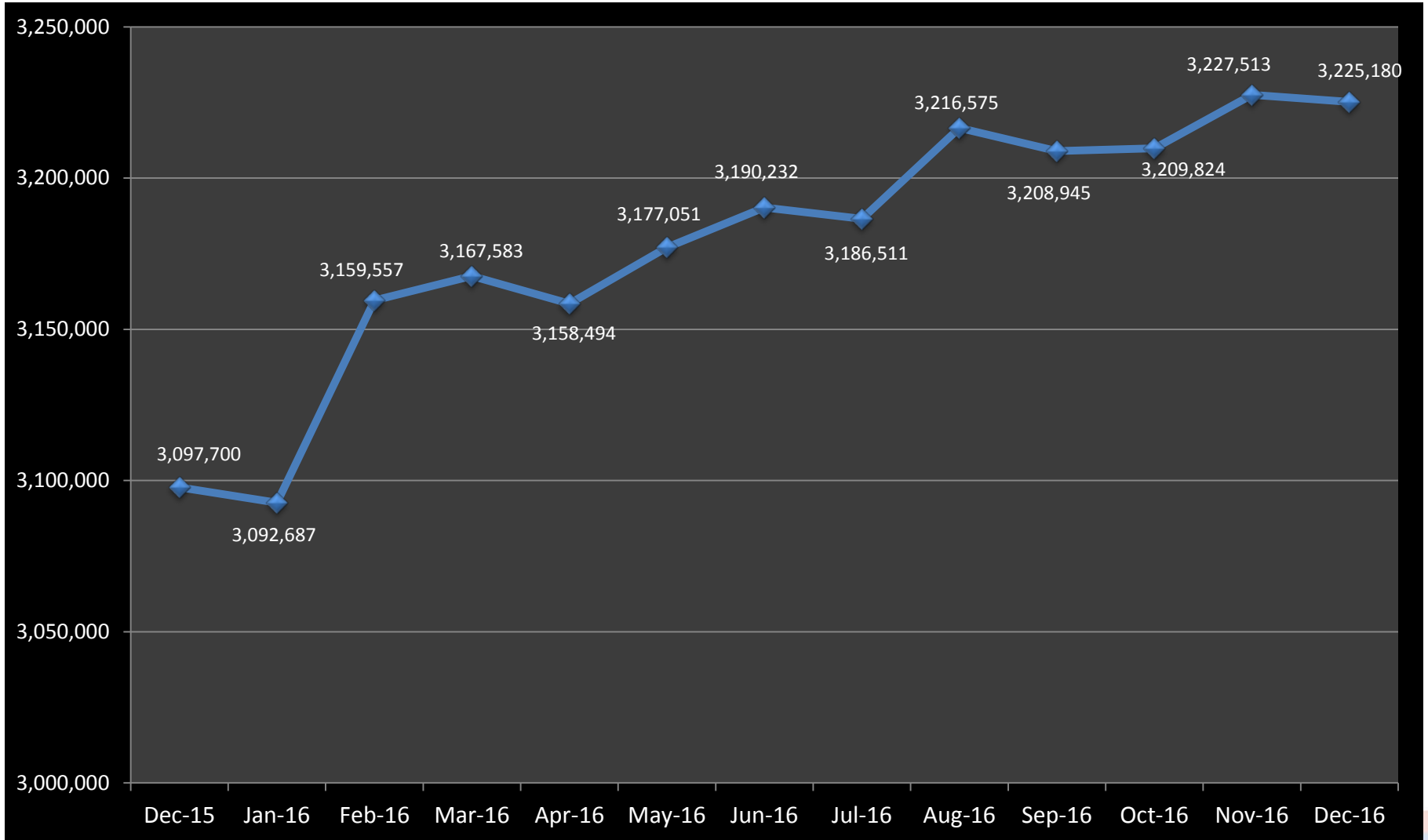
# Who is eligible for the MMA program?

- Excluded (may NOT participate in MMA) –
  - Dual eligible who are not eligible for full Medicaid benefits (“partial duals” such as QMBs and SLMBs).
  - Individuals who are eligible for emergency Medicaid for aliens.
  - Women who are eligible only for family planning services.
  - Women who are eligible through the breast and cervical cancer services program.
  - Individuals who are residing in residential commitment facilities operated through the Department of Juvenile Justice.
  - Individuals who are eligible for the Medically Needy program.



# MMA Enrollment Has Increased to 3.2 Million

(December 2015 – December 2016)



# MMA Standard Benefits

- Managed Medical Assistance plans must:
  - Provide all Florida Medicaid State Plan covered services.
  - Ensure the provision of services in the sufficient amount, duration, and scope to be reasonably expected to achieve the purpose for which the services are furnished.
  - Use the Agency's definition of medical necessity when authorizing covered services (see Rule 59G-1.010, Florida Administrative Code).
  - Comply with federal Early and Periodic Screening, Diagnosis, and Treatment requirements (see 42 U.S.C. section 1396d(r)(5)).



# MMA Standard Benefit Package

- Ambulatory Surgical Center Services
- Assistive Care Services
- Behavioral Health Services (Community and Emergency)
- Birth Center and Licensed Midwife Services
- Child Health Check-Up
- Chiropractic Services
- Clinic Services
- Dental Services
- Immunizations
- Emergency Services
- Family Planning Services and Supplies
- Healthy Start Services
- Hearing Services
- Home Health Services and Nursing Care
- Hospice Services
- Hospital Services
- Laboratory and Imaging Services
- Medical Supplies, Equipment, Prosthesis and Orthoses
- Optometric and Vision Services
- Physician, Advanced Registered Nurse Practitioner, and Physician Assistant Services
- Podiatric Services
- Prescribed Drug Services
- Renal Dialysis Services
- Therapy Services
- Transportation Services



# MMA Plans Provide the Following Services:

## Standard Plans

- Cover only Managed Medical Assistance services

## Comprehensive Plans

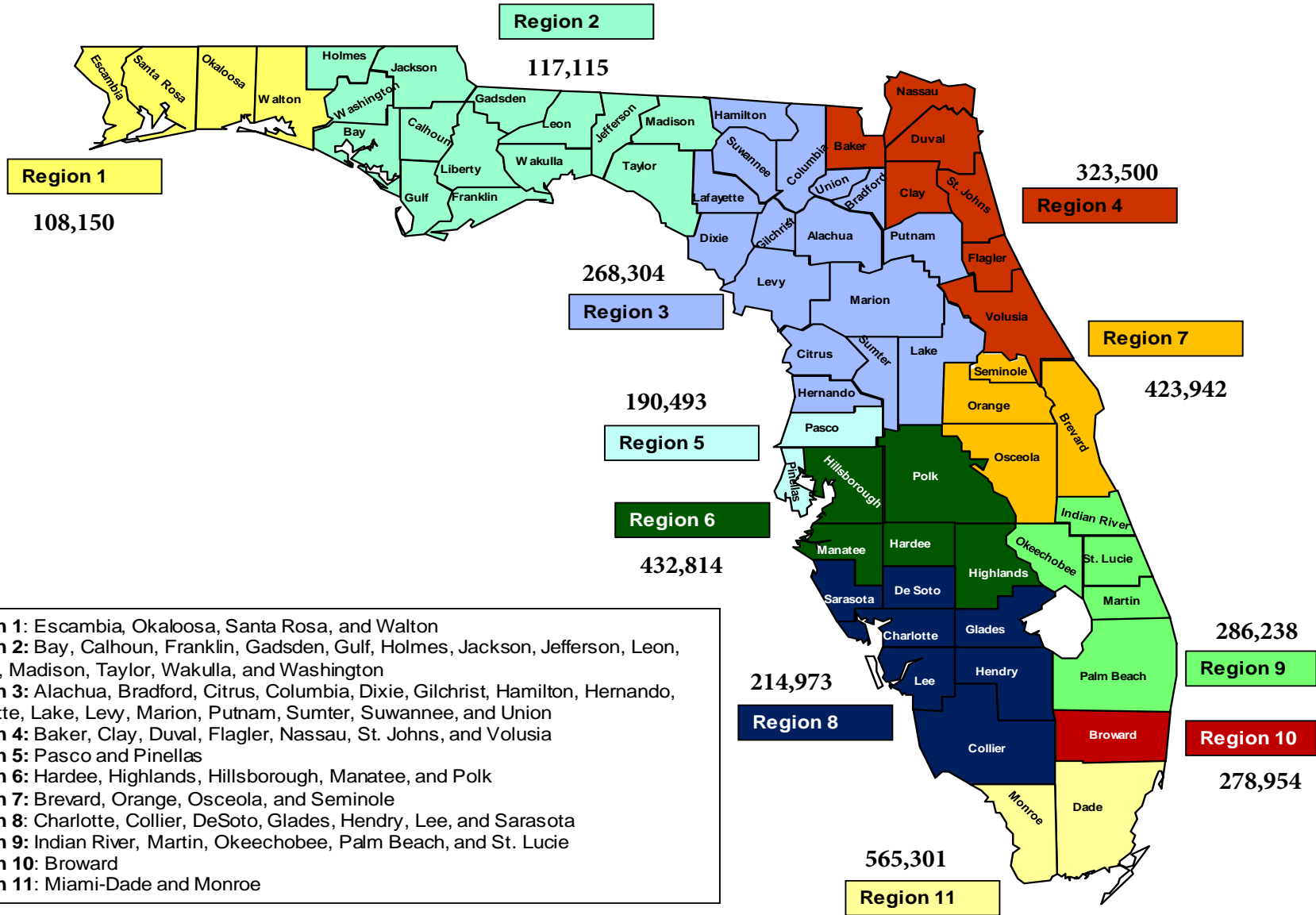
- Cover all Long-term Care and Managed Medical Assistance services.
- Plan care coordinator coordinates with all of the recipient's medical and long-term care providers.

## Specialty Plans

- Cover only Managed Medical Assistance services
- Plans serve Medicaid recipients who meet specified criteria based on:
  - age
  - condition, or
  - diagnosis

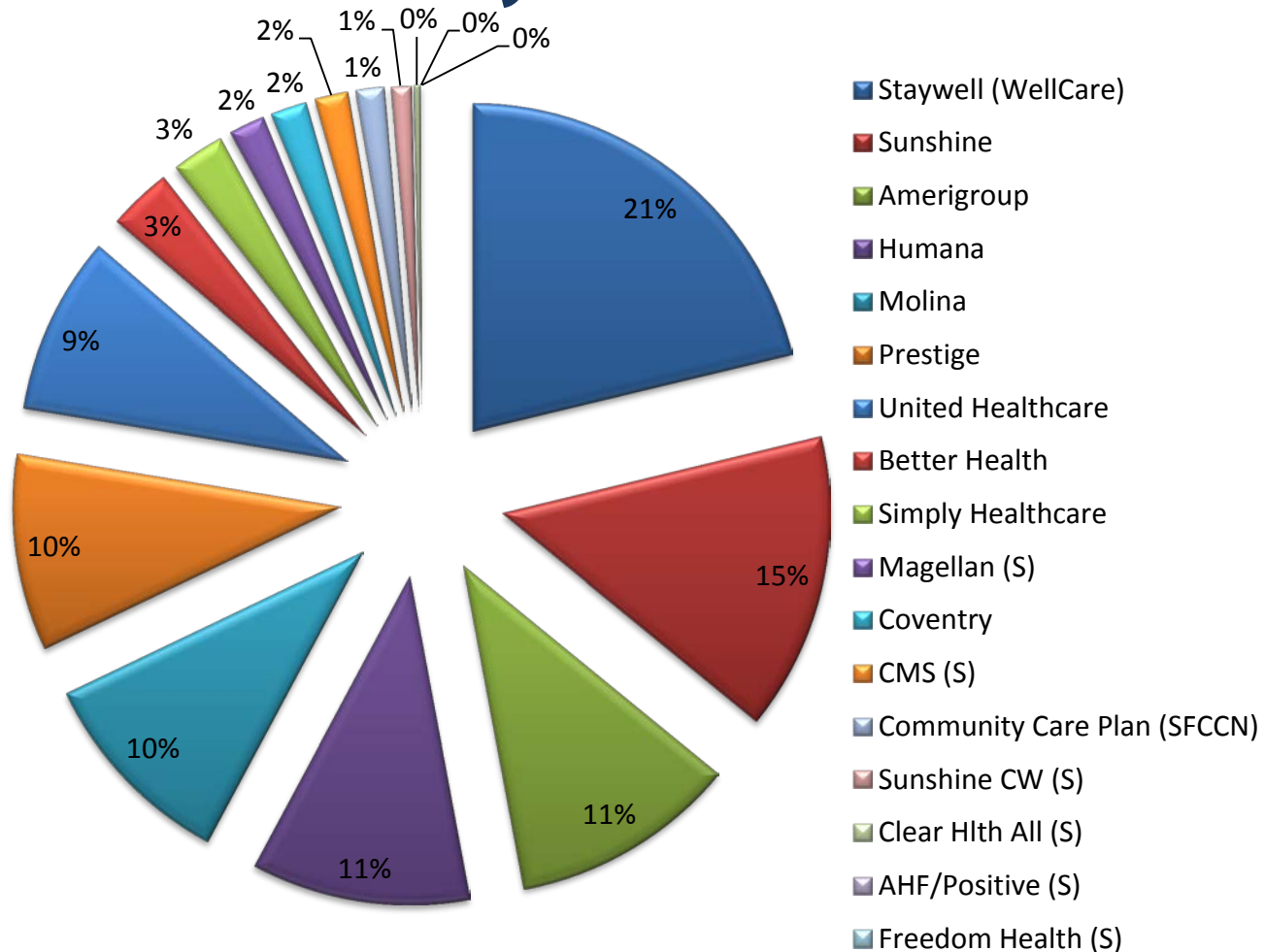


# MMA Enrollment by Region (October 1, 2016)



# Statewide Managed Medical Assistance Enrollment by Plan

MMA Health Plan Enrollment as of October 1, 2016	
Plan Name	Total Enrollment
Staywell (WellCare)	679,238
Sunshine	473,342
Amerigroup	348,447
Humana	339,418
Molina	334,430
Prestige	316,409
United Healthcare	279,232
Better Health	100,634
Simply Healthcare	84,117
Magellan (Serious Mental Illness)	57,777
Coventry	60,127
Children's Medical Services (Children with Chronic Conditions)	50,913
Community Care Plan	44,611
Sunshine (Child Welfare)	29,888
Clear Health Alliance (HIV/AIDS)	9,219
AHF/Positive (HIV/AIDS)	1,911
Freedom Health (Duals with Chronic Conditions)	111
<b>Total</b>	<b>3,209,824</b>

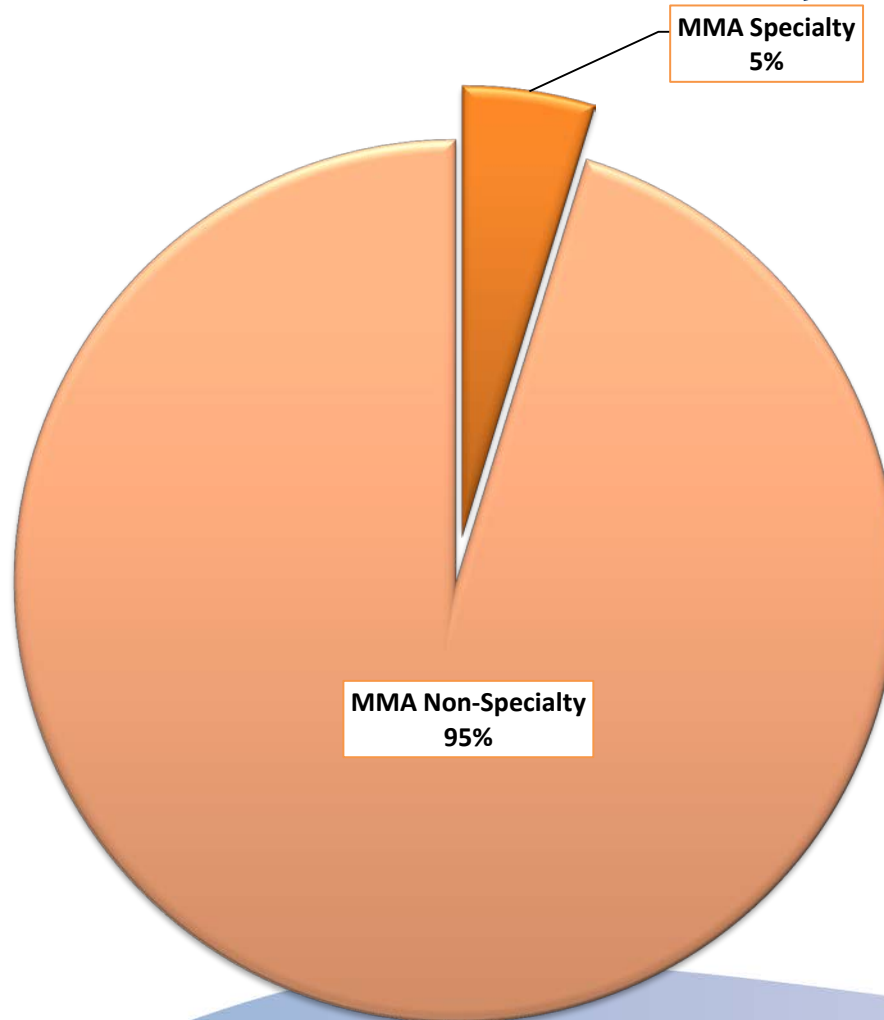


S = Specialty Plan

SA-Comprehensive Medicaid Managed Care Enrollment Report October 1, 2016



# Most Medicaid Recipients are Enrolled in Standard (Non-Specialty) Plans



Source: AHCA-Comprehensive Medicaid Managed Care Enrollment Reports, October 1, 2016

# Managed Medical Assistance Program Enhancements



# MMA Program Enhancements

- Expanded Benefits
- Consumer Satisfaction Surveys
- Tools to Measure Quality and Performance
- Provider Network Standards
- Enhanced Transparency



# MMA Expanded Benefits

List of Expanded Benefits	Standard Plans											Specialty Plans					
	Amerigroup	Better Health	Coventry	Humana	Molina	Prestige	Community Care Plan	Simply	Staywell	Sunshine	United	Children's Medical Services (Chronic Conditions)	Magellan (Serious Mental Illness)	Freedom (Chronic/ Duals)	Sunshine (Child Welfare)	Clear Health (HIV/AIDS)	Positive Health (HIV/AIDS)
Adult dental services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Adult hearing services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Adult vision services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Art therapy	Y			Y	Y				Y	Y					Y		
Equine therapy									Y								
Home health care for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y			Y	Y
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Medically related lodging & food		Y		Y	Y	Y		Y	Y	Y			Y		Y	Y	Y
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Nutritional counseling	Y	Y	Y	Y	Y	Y		Y	Y	Y			Y		Y	Y	Y
Outpatient hospital services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Over the counter medication and supplies	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		Y		Y	Y	Y
Pet therapy				Y	Y				Y								
Physician home visits	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y				Y	Y	
Pneumonia vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Post-discharge meals	Y	Y	Y	Y	Y			Y	Y	Y	Y		Y		Y	Y	Y
Prenatal/Perinatal visits (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Primary care visits for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Waived co-payments	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Home health care for non-pregnant adults (Expanded)													Y		Y	Y	
Intensive Outpatient Therapy													Y			Y	

NOTE: Details regarding scope of covered benefit may vary by managed care plan.

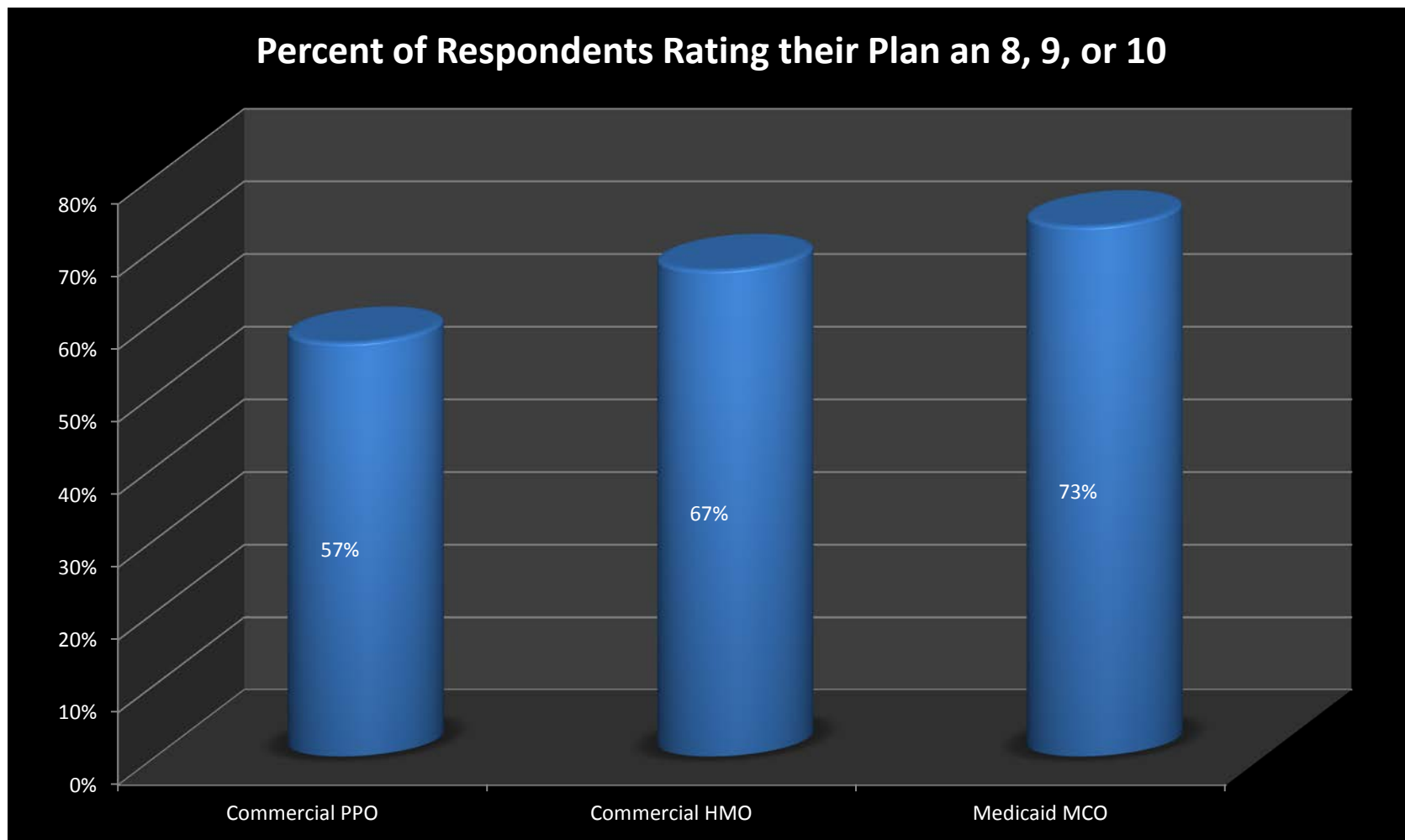
# MMA Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys

- CAHPS surveys ask consumers and patients to report on and evaluate their experiences with health care.

CAHPS Survey Item	Adults	Parents
Respondents who responded that their plan satisfaction rates 8, 9 or 10 out of 10	73%	84%
Respondents who rated their MMA Quality of Care an 8, 9, or 10 out of 10	75%	86%
Respondents who reported it is usually or always easy to get needed care (vs. sometimes or never)	80%	82%
Respondents who reported it is usually or always easy to get care quickly (vs. sometimes or never)	82%	89%
Respondents who reported that they are usually or always able to get help from customer services (vs. sometimes or never)	88%	86%

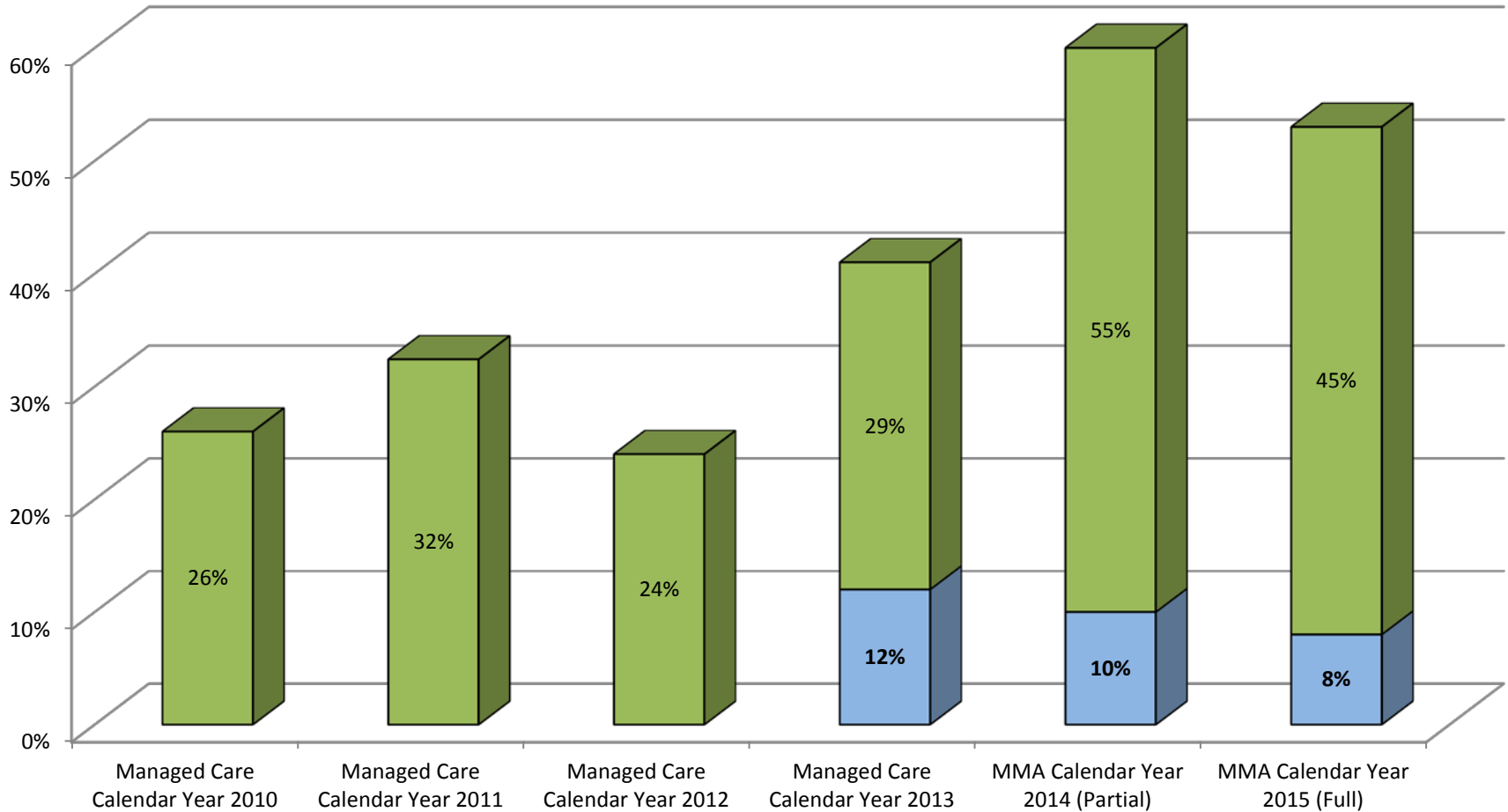


# Medicaid Recipients are More Satisfied with their Plans than Individuals in Commercial Plans



**Notes: Member satisfaction for adults ratings.  
Commercial survey data collected in 2015. MMA data is 2016  
Based on statewide averages.**

# MMA HEDIS Scores Show that Quality of Care is Better than Pre-SMMC

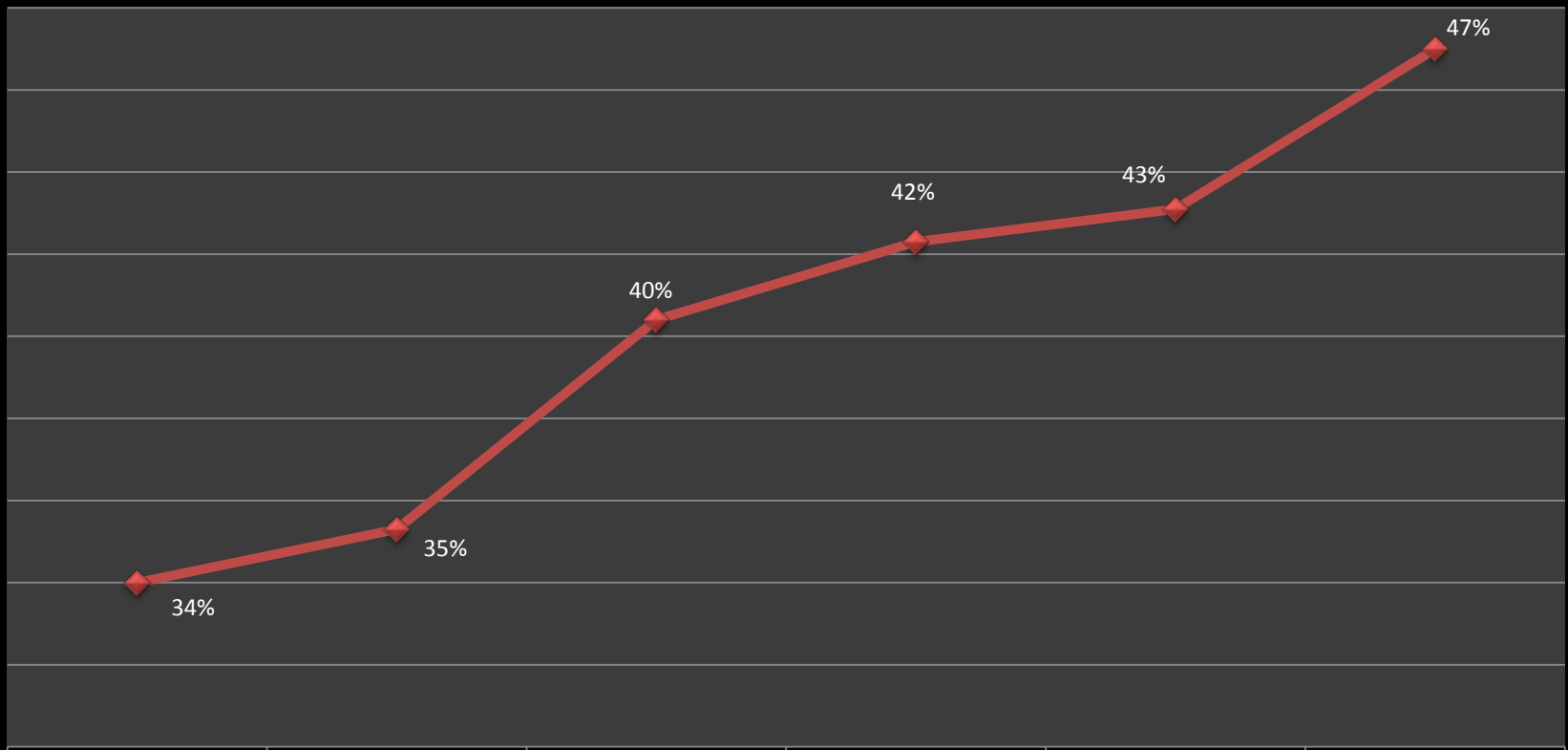


■ Scores at the National Average
 ■ Scores better than the National Average



# MMA HEDIS Dental Score Better than Pre-SMMC

## HEDIS Dental Visit Score Calendar Year 2010 - Calendar Year 2015



CY 2010 (reported in 2011) CY 2011 (reported in 2012) CY 2012 (reported in 2013) CY 2013 (reported in 2014) MMA Year 1 (08/01/2014 through 07/31/2015) CY 2015 (reported in 2016)

Note: MMA Year 1 (08/01/2014 - 07/31/2015) calculated by the Agency using the same parameters required to calculate the HEDIS



# MMA Network Adequacy Requirements

- Network adequacy for health plan providers is based on:
  - Time and distance standards
  - Regional provider ratios
- Time and distance standards/ provider ratios established for more than 40 provider types
- Generally used Medicare standards



# Example of MMA Network Requirements

Required Providers	Urban County		Rural County		Regional Provider Ratios
	Max Time (minutes)	Max Distance (miles)	Max Time (minutes)	Max Distance (miles)	
Primary Care Providers	30	20	30	20	1:1,500 enrollees
<b>Specialists</b>					
Allergy	80	60	90	75	1:20,000 enrollees
Cardiology	50	35	75	60	1:3,700 enrollees
Cardiology (PEDS)	100	75	110	90	1:16,667 enrollees
Gastroenterology	60	45	75	60	1:8,333 enrollees



# Enhanced Transparency: Health Plan Report Cards

- Enrollees can now choose plans based on quality.
- Measures include important topics such as:
  - Children’s Dental Care
  - Keeping Adults Healthy
  - Pregnancy Related Care
- 2015 Report Card: Contains information on all MMA plans participating during the 12 month period



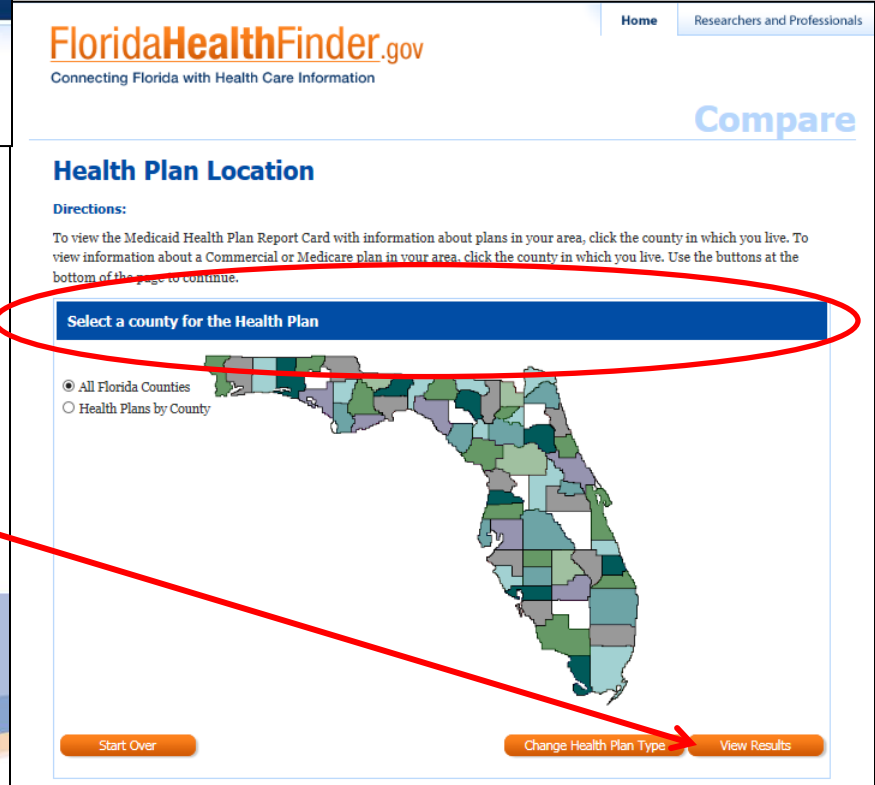
# MMA Program Quality: Health Plan Report Cards



1. Navigate to FloridaHealthFinder.gov

2. Select "Medicaid Health Plan Report Card"

3. Select a county, or view all counties



4. View Results



# MMA Program Quality: Health Plan Report Cards

Statewide Information for Plans Currently Operating in Florida Counties

Plan Name	Pregnancy-related Care	Keeping Kids Healthy	Children's Dental Care	Keeping Adults Healthy	Living with Illness	Mental Health Care
Amerigroup Florida, Inc.	★★★★★	★★★★☆	★★★★☆	★★★★☆	★★★★★	★★★★☆
Better Health, LLC	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Children's Medical Services *	★☆☆☆☆	★★★★☆	★★★★☆	★★★★☆	★☆☆☆☆	★★★★☆
Clear Health Alliance *	★☆☆☆☆	★★★★☆	★★★★☆	★★★★★	★★★★☆	★★★★☆
Community Care Plan	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Coventry Health Care of Florida	★★★★★	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Florida MHS (Magellan) *	★☆☆☆☆	★★★★☆	★★★★☆	★★★★☆	★☆☆☆☆	★★★★☆
Freedom Health, Inc. *	N/A	N/A	N/A	★★★★★	N/A	N/A
Humana Medical Plan, Inc.	★★★★★	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Molina Healthcare of Florida, Inc.	★★★★☆	★★★★☆	★★★★★	★★★★☆	★★★★☆	★★★★☆
Positive Healthcare Florida *	N/A	N/A	N/A	★★★★★	★★★★☆	★★★★☆
Prestige Health Choice	★☆☆☆☆	★★☆☆☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Simply Healthcare Plans, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★★	★★★★☆	★★★★☆
Staywell Health Plan	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★★	★★★★☆
Sunshine Health Child Welfare Specialty Plan *	★☆☆☆☆	★★★★☆	★★★★★	★☆☆☆☆	N/A	★★★★★
Sunshine State Health Plan, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
United Healthcare of Florida, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★★

## Ratings Key:

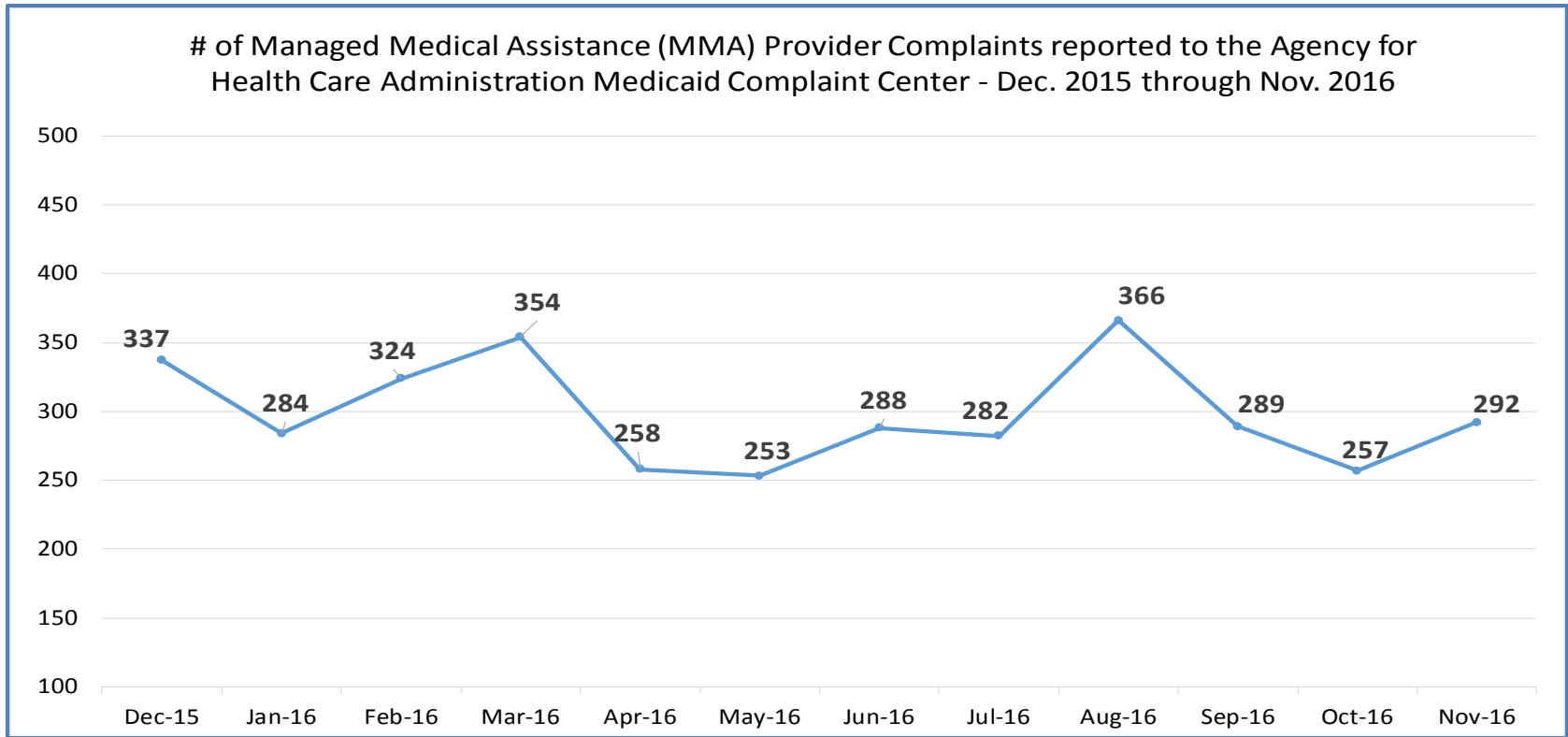
★★★★★ Best	at or above 50% of all Medicaid health plans' scores
★★★★☆ Good	better than at least 40% of all Medicaid health plans' scores
★★★☆☆ Fair	better than at least 25% of all Medicaid health plans' scores
★★☆☆☆ Poor	better than at least 10% of all Medicaid health plans' scores
★☆☆☆☆ Very Poor	worse than 90% of all Medicaid health plans' scores
N/A	Not Measurable/Small Population

# Enhanced Transparency: Centralized Complaint Hub

- Streamline and better track and respond to all complaints and issues received.
- Identify trends related to specific issues or specific plans.
- Report issues online at <http://ahca.myflorida.com/Medicaid> or by phone at 1-877-254-1055.
- Monthly reports online at:
  - [http://ahca.myflorida.com/medicaid/statewide\\_mc/program\\_issues.shtml](http://ahca.myflorida.com/medicaid/statewide_mc/program_issues.shtml)



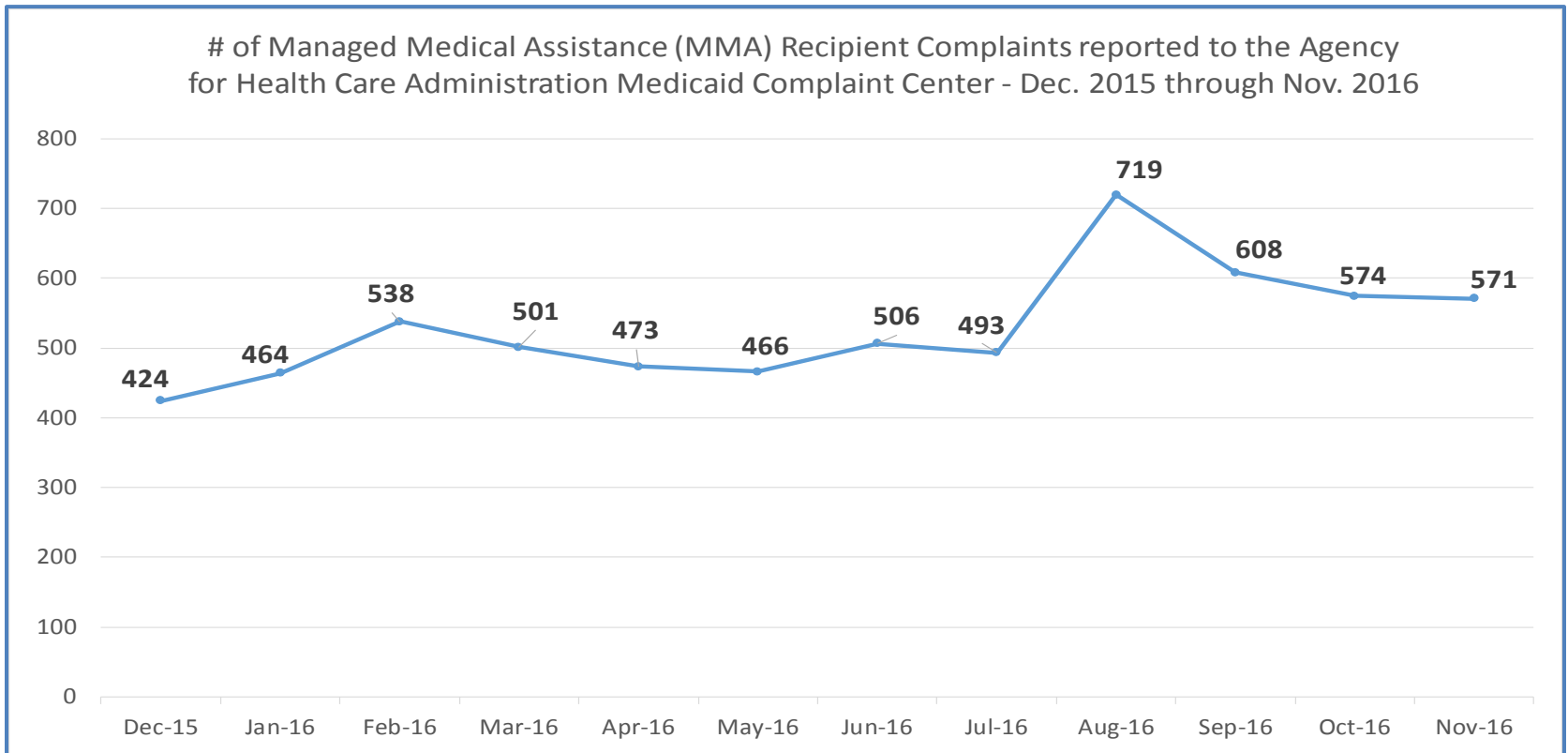
## MMA Provider Complaints to Agency Complaint Center (December 2015 – November 2016)



	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
<b>MMA Enrollment:</b>	3,095,405	3,146,778	3,163,757	3,163,729	3,174,945	3,188,879	3,192,724	3,277,128	3,229,456	3,217,093	3,212,424	3,233,028
<b># Issues per 1,000 Enrollees</b>	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1



## MMA Recipient Complaints to Agency Complaint Center (December 2015 – November 2016)



<b>MMA Enrollment:</b>	3,095,405	3,146,778	3,163,757	3,163,729	3,174,945	3,188,879	3,192,724	3,277,128	3,229,456	3,217,093	3,212,424	3,233,028
<b># Issues per 1,000 Enrollees:</b>	0.1	0.1	0.2	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2
	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16





# Looking Forward: Re-procurement of SMMC Contracts

- SMMC contracts are for a five-year period and must be re-procured after each five-year period.
- Agency anticipates release of an Invitation to Negotiate in Summer 2017.



# Questions?

