

Agency for Health Care Administration

**House Health Market Reform Subcommittee
Presentation**

January 10, 2019



Agency Responsibilities

- Chief Health Policy and Planning Entity for the State
- Primary Responsibilities
 - Administration of the State Medicaid Program
 - Regulation of Health Facilities
 - Operation of the Florida Center for Health Information and Transparency
- Statutorily Created by Section 20.42, Florida Statutes



Agency for Health Care Administration

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Deputy Secretary
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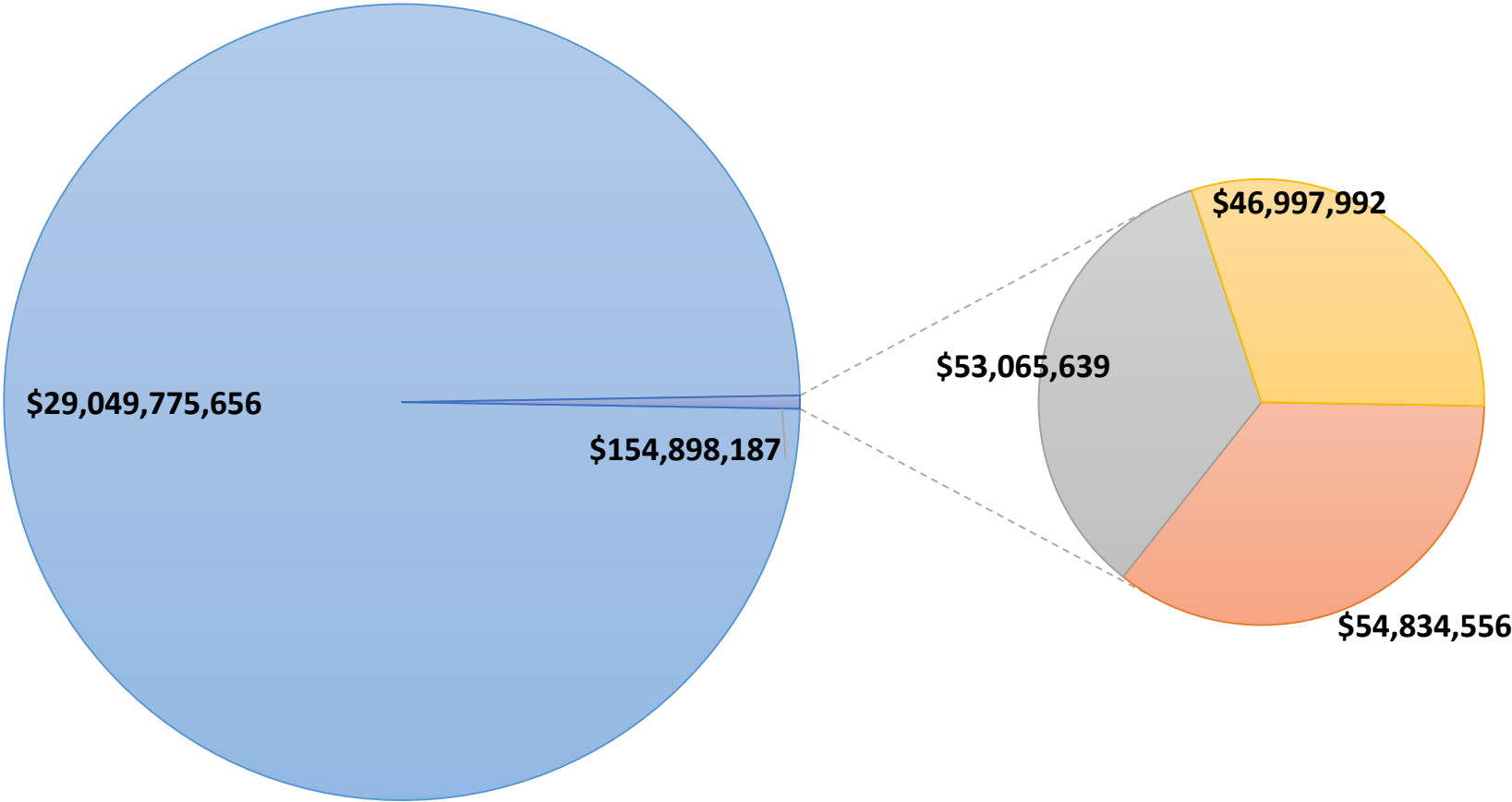
Director
Legislative Affairs
Office



Budget Funding and Staff

- Annual Budget \$29 Billion
 - \$17 Billion Medical Care Trust Fund
 - \$7 Billion General Revenue
 - \$5 Billion Various Trust Funds
- Permanent Staff Positions (FTEs) 1,536.50
- Administrative Costs = less than 1%

Agency for Health Care Administration 17-18 Budget



■ Medicaid

■ Florida Center

■ Health Quality Assurance

■ Administration and Support



Division of Health Quality Assurance

Molly McKinstry, Deputy Secretary



Division of Health Quality Assurance



Regulatory Oversight

Health Care Facility Oversight Mandated by State and Federal Laws

- Licensure/Certification and Exemption Applications for 37 Provider Types
 - Initial Applications (New Providers)
 - Renewal Applications (Required every 2 years)
 - Change of Ownership
 - Changes During the Licensure Period
- Contract with Federal Centers for Medicare and Medicaid Services (CMS)
 - Designated State Survey Agency
- Inspections for Licensure and Federal Certification
 - Initial and Renewal Licensure
 - Initial and Recertification
 - Complaint Investigations
 - Regulatory Concerns/Monitor Visits
 - Unlicensed Activity



Regulatory Oversight

- **Enforcement Activities**
 - State Sanctions: Licensure Fines, Emergency Actions, Revocations, Other
 - All State Sanctions may be Challenged and Subject to Administrative Judicial Review
 - Federal Sanctions: Recommend to CMS for Implementation
- **Risk Management**
 - Adverse Incident Collection and Review
 - Hospitals, Ambulatory Surgery Centers, Nursing Homes, Assisted Living Facilities
- **Background Screening of Facility Caregivers**
 - Licensure: Owners, Operators, Direct Care Staff
 - Medicaid : Owners and Operators
 - Care Providers Background Screening Clearinghouse
- **Data Collection – Volume and Discharge Data, Facility Information**
- **Financial Reviews –Licensure, Certificate of Need, Hospital Financials**

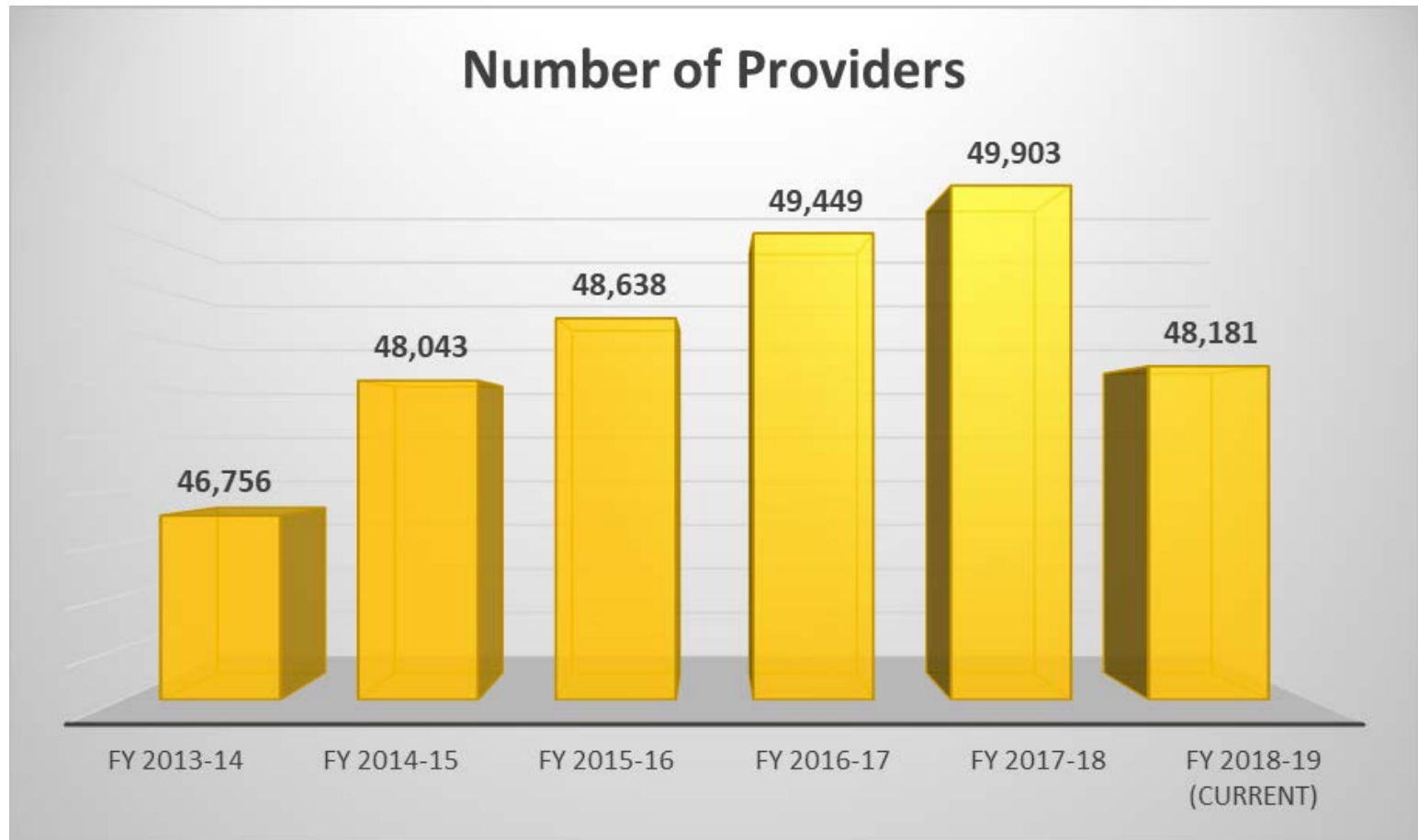


Regulated Health Care Facilities and Providers

- Abortion Clinics
- Adult Day Care Centers
- Adult Family Care Homes
- Ambulatory Surgery Centers
- Assisted Living Facilities
- Birth Centers
- Clinical Laboratories
- Community Mental Health Center-Partial Hospitalization Programs
- Comprehensive Outpatient Rehab Facilities
- Crisis Stabilization Units
- End-Stage Renal Diseases
- Federally Qualified Health Care Centers
- Forensic Toxicology Laboratories
- Health Care Service Pools
- Health Care Clinics
- Health Care Clinic Exemptions
- Home Health Agencies
- Home Health Agency Exemptions
- Health Care Service Pools
- Home Medical Equipment Providers
- Homemaker Companion Agencies
- Homes for Special Services
- Hospices
- Hospitals
- Intermediate Care Facilities for Developmentally Disabled
- Multiphasic Health Testing Centers
- Nurse Registries
- Nursing Homes
- Organ and Tissue Procurements
- Portable X-rays
- Prescribed Pediatric Extended Care Centers
- Residential Treatment Centers for Children and Adolescents
- Residential Treatment Facilities
- Rural Health Clinics
- Short Term Residential Treatment Facilities
- Skilled Nursing Units
- Transitional Living Facilities



Regulatory Trends



Quality

- Regulatory Oversight and Transparency Drives Quality in Health Care Facilities
- Implementation of State and Federal Quality Initiatives
 - Quality Assurance and Performance Improvement
 - Risk Management and Incident Reporting
 - Educational Programs – State and Regional
 - Transparency of Quality Information
 - Infection Rates
 - Re-Hospitalization



Certificate of Need

- Regulates Entry of Certain New Health Care into the Marketplace
 - New Facilities: Hospitals, Nursing Homes, Hospices, Intermediate Care Facilities
 - Adding Beds: Nursing Home, Inpatient Hospice, Intermediate Care Facilities
 - Hospital Services: Rehabilitation, Neonatal Intensive Care, Mental Health, Organ Transplant, Pediatric Heart
- Competitive Process by Region – Applicants Compete and Existing Facilities Can Challenge Agency Decisions
- Florida has Progressively Deregulated CON Laws



Commercial Managed Care

- Office of Insurance Regulation Manages Health Plan Licensure
- AHCA Reviews Plan Networks
 - Networks Must Meet Rule Requirements
 - Commercial Insurance and Workers' Compensation Plans
 - Initial Health Care Provider Certificates for New Plans
 - Renewal and Complaint-Based Reviews
- Federal Centers for Medicare and Medicaid Services (CMS) Reviews Network Adequacy for Exchange Plans



Emergency Preparedness and Response

Emergency Preparedness:

- Develop Licensure Rules for Facility Preparedness Plans
 - Most Facility Types Require Plans
 - Some Rules Developed by Department of Elder Affairs
- Monitor Compliance with Local Emergency Plan Approval
- Enforce New Federal Emergency Preparedness Requirements

Emergency Response:

- Support Department of Health at the Emergency Operations Center
- Monitor Regulated Providers Prior to and After an Emergency Event
 - Online System – Emergency Status System
 - Communication in the Affected Areas – Conf Calls, Hotlines, Web Updates
 - Conduct Assessments as Needed
- Address Policy Barriers
- Collaborate with Partners: Federal, State and Local
- Assist as Needed – Patient Movement, Discharge Assistance





- Recently Released for the **2018** Atlantic Hurricane Season
- Online Application for Internal and External Users
- Licensed Health Facility Status Updates
 - Available Beds
 - Evacuation
 - Power Outage and Impact
 - Emergency Contacts
- Single Account for Owners of Multiple Facilities



Florida Center for Health Information and Transparency

- Promotes Consumer Transparency through www.FloridaHealthFinder.gov
- Manages Health Data from Hospitals and Ambulatory Surgery Centers
- Processes Adverse Incident Reports for Hospitals, Ambulatory Surgery Centers, Assisted Living Facilities, Nursing Homes
- Administers the Medicaid Electronic Health Record (EHR) Incentive Program
- Governance of the Florida Health Information Exchange (Florida HIE)
- Support to Statewide Panels and Initiatives
 - Pediatric Cardiology Technical Advisory Panel
 - Telehealth Council
- Convenes Stakeholder Groups



FloridaHealthFinder.gov

Facility Quality, Pricing and Comparative Information

Consumers can
Navigate between
Price and Quality
Information

The screenshot shows the FloridaHealthFinder.gov website. At the top, it says "FloridaHealthFinder.gov" and "a service of the Agency for Health Care Administration". Below this is a dark blue banner with the text "FloridaHealthFinder.gov is your site for Easy access to health care information." and "Studies show that public reporting of provider performance is a key element that promotes enhanced patient care and consumer choice." A button labeled "Locate a Facility or Provider" with a right arrow is present. To the right of the text is an illustration of a hospital building and a clipboard with three green checkmarks. Below the banner are six icons with labels: "compare" (document with plus sign), "price" (dollar sign in a box), "locate" (hospital building), "Resources for Consumers" (folder with plus sign), "Health Education" (apple), and "Researcher Data" (pie chart).



Compare Facilities

Category: All Hospitalizations Infection Rates

Age Group: All Ages

Time Period: April 2016 to March 2017

Directions:

View the results below. Click a column heading to sort by that column. To learn more about the facility, click the facility name. For the Health Encyclopedia References for Infection Rates [click here](#).

Facility / City	Catheter Associated Urinary Tract Infection (CAUTI)	Central-line Associated Bloodstream Infection (CLABSI)	Clostridium Difficile Infections (C. diff.)	Methicillin-resistant Staphylococcus aureus (MRSA)	Surgical Site Infection from Abdominal Hysterectomy (SSI: Hysterectomy)	Surgical Site Infection from Colon Surgery (SSI: Colon)
AVENTURA HOSPITAL AND MEDICAL CENTER - 100131 AVENTURA	★★★★	★★	★★	★★	N/A	★★
BAPTIST HOSPITAL - 100093 PENSACOLA	★★	★★	★★★★	★★	★★	★★
BAPTIST HOSPITAL OF MIAMI - 100008 MIAMI	★★	★★	★★★★	★★	N/A	★★
BAPTIST MEDICAL CENTER - BEACHES - 100117 JACKSONVILLE BEACH	★★	★★	★★★★	★★	N/A	★★
BAPTIST MEDICAL CENTER - NASSAU - 100140 FERNANDINA BEACH	N/A	N/A	★★★★	N/A	N/A	★★

Facility Profiles

FloridaHealthFinder.gov



a service of the Agency for Health Care Administration



Compare ▾

Price

Health Resources ▾

Locate

Researcher Data

Provider Profile

WEST FLORIDA HOSPITAL

Street Address

[Get Directions](#)

8383 N DAVIS HWY
PENSACOLA, FL 32514
Phone: (850) 494-4000
County: Escambia

Mailing Address

8383 N DAVIS HWY
PENSACOLA, FL 32514
County: Escambia

Website: <http://www.westfloridahospital.com/>
Accredited by: Joint Commission

Off-Site Emergency Department

WEST FLORIDA HOSPITAL PERDIDO BAY ER

9400 WEST HIGHWAY 98
PENSACOLA, FL 32507
County: Escambia

Emergency Actions:

None

AHCA Reports:

[Inspection Reports](#)
[Inspection Details](#)

Facility/Provider Type: Hospital

Chief Executive Officer: CARLTON ULMER

Financial Officer: STEWART WHITMORE

Owner/Licensee: WEST FLORIDA REGIONAL MEDICAL
CENTER INC

Owner/Licensee Since: 5/14/1998

**+ Controlling Interest for WEST FLORIDA REGIONAL
MEDICAL CENTER INC**

Profit Status: For-Profit

Licensed Beds: 515

Bed Types:

Acute Care : 400

Adult Psychiatric : 57

Comprehensive

Medical Rehabilitation : 58

AHCA Number (File Number): 100231

AHCA Field Office: **01**

License Number: 4318

Current License Effective: 4/23/2018

Expires: 6/30/2019

License Status: LICENSED

Facility Profile (Cont.)

Compare Quality and/or Pricing:

Compare Care - Hospitals and Ambulatory Surgical Centers

Services/Characteristics:

Emergency Department :	Yes
Emergency Services :	Anesthesia, Cardiology, Cardiovascular Surgery, Colon & Rectal Surgery, Emergency Medicine, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology, Internal Medicine, Nephrology, Neurology, Neurosurgery, Obstetrics, Orthopedics, Otolaryngology, Psychiatry, Pulmonary Medicine, Radiology, Thoracic Surgery, Urology, Vascular Surgery
Off-Site Emergency Department :	Yes
Programs :	Level 2 Adult Cardiovascular Services, Primary Stroke Center
Special Services :	Adult Open Heart Surgery
Baker Act Receiving Facility :	Yes

Legal Actions

Date Initiated	Case #	Case Type	Violation	Fine Amount	Date Imposed
07/24/2017	2017009214	Fine	Survey	\$1,000.00	08/29/2018
01/18/2007	2008001210	Fine	Survey	\$1,000.00	09/18/2007

Please note the legal actions above may have been issued to a prior owner. The Final Order displays the name of the licensee responsible for the legal action that was taken.

Consumer Guides:

A Patient's Guide to a Hospital Stay

Patient Safety

Health Care Advance Directives

Glossary

Close





- Actual Prices Paid to Hospitals and Ambulatory Surgery Centers
- Currently Available
 - Aggregate Paid Health Insurance Claims Data by Metropolitan Area
 - Search by Procedure or Geographic Area
 - 61 Facility-based Non-Emergency Medical Services
 - Average Consumer Payment and Range of Payments
 - National, State, County And Local Price Estimates
- 2018 National Digital Government Experience Award
- Soon to be Available at the Facility Level



Florida Health Information Exchange



- Secure Sharing of Authorized Electronic Patient Health Information
- AHCA Governs the Florida Health Information Exchange
 - Sets Policy
 - Convenes Stakeholders
 - Provides Contractual Oversight
 - Engages Federal Partners
 - Promotes Benefits of Health Information Technology
- AHCA Manages the Technical Infrastructure of the Florida Health Information Exchange



Florida Health Information Exchange Services

- Florida Health Information Exchange Services
 - Direct Messaging Service
 - Secure, HIPAA-compliant Email Service
 - DirectTrust Accredited
 - State Gateway
 - Query Exchange Gateway
 - Federated Exchange with No Central Data Repository
 - Encounter Notification Service (ENS)
 - Real-time Hospital Encounter Notifications
 - Inpatient and Emergency Department
 - Admissions and Discharges



Encounter Notification Service

- ENS Routes Encounter Data from Participating Data Sources to Subscribing Organizations
- Current Data Sources
 - 215 Acute Care Hospitals
 - 3 Hospice Organizations
 - Post Acute Providers In Process
- Current Subscribers – 86 Organizations
 - Ambulatory Practices, Hospitals, Accountable Care Organizations, and Health Plans
 - All Medicaid Managed Care Plans Subscribe
- ENS Emergency Census
 - Temporary, Searchable Hospital Census
 - May be Used to Locate Displaced Persons After a Disaster



QUESTIONS?



THANK YOU!



The Florida Medicaid Program

Beth Kidder, Deputy Secretary



Florida Medicaid – A Snapshot

Eligibles

- Fourth largest Medicaid population in the nation.
- Approximately 4 million Floridians enrolled in the Medicaid program:
 - 1.7 million adults - parents, aged and disabled
 - 47% of children in Florida.
 - 63% of birth deliveries in Florida.
 - 61% nursing home days in Florida.

Expenditures

- Fifth largest nationwide in Medicaid expenditures.
- \$26.8 billion estimated expenditures in Fiscal Year 2017-18
 - Federal-state matching program
 - 61.62% federal, 38.38% state.
 - Average spending: \$6,619 per eligible.
- \$17.5 billion estimated expenditure for managed care in 2017-2018

Delivery System

- Statewide Medicaid Managed Care program implemented in 2013-2014
 - Most of Florida's Medicaid population receives their services through a managed care delivery system.



The Medicaid Program

- Medicaid is the medical assistance program that provides access to health care for low-income families and individuals and the disabled.
- The Medicaid Program is a federal/ state partnership jointly financed by state and federal funds.
- Florida Medicaid program design:
 - Directed by federal regulation, and
 - Enacted in Chapter 409, Florida Statutes.



Federal Requirements

- The US Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS) is responsible for federal administration of the Medicare and Medicaid programs.
- Congress and DHHS set basic mandatory requirements for all state Medicaid programs. These include:
 - Administrative requirements
 - Minimum coverage populations and services
 - Rules for receipt of federal matching funds



Federal Mandatory Groups and Services

- What are “Mandatory” groups?
 - States must cover people in these groups up to federally defined income thresholds, but many states have expanded Medicaid beyond these thresholds, mainly for children.
- What are “Mandatory” services?
 - States must offer medical assistance for certain basic services to most eligible populations in order to receive federal matching funds.
- What are “Optional” groups and services?
 - States may choose to cover additional groups or add additional services, based on federal approval.

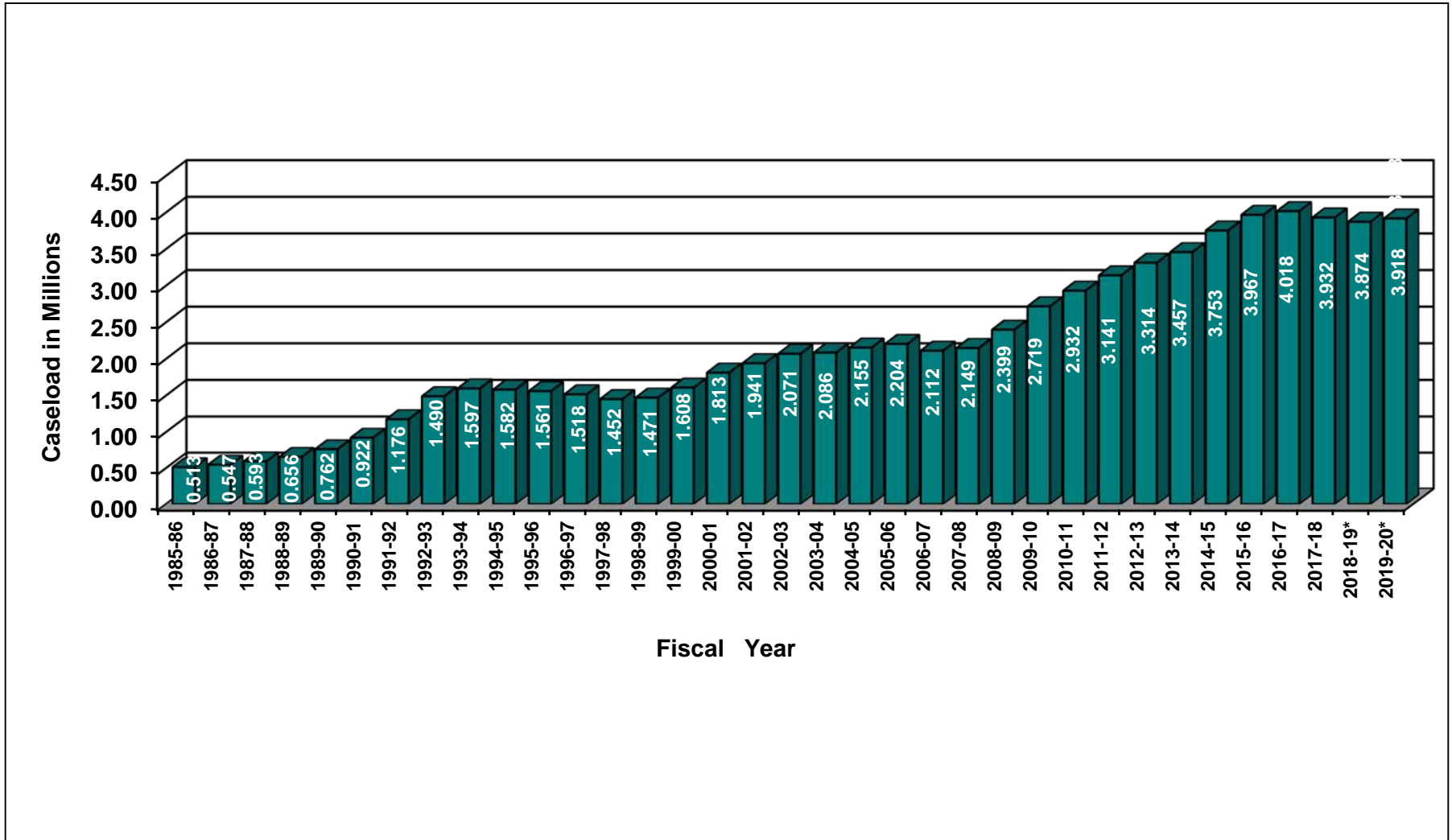


Mandatory and Optional Groups and Services

Mandatory		Optional (Examples Only)	
Groups	Services (Examples Only)	Groups	Services
Low income: Children	Hospital (IP/OP)	Medically Needy	Adult preventive services
Low Income: Pregnant Women	Nursing facility	Children 19 and 20	Prescribed drugs
Low Income: Parents	Home health	Lawfully residing children during their first 5 years	Durable Medical Equipment
Low income: Seniors who are Medicare recipients	Physician		Clinic
Foster care/ former foster care to age 26	Rural health clinic		Rehabilitation and physical therapy services
SSI recipients	FQHC		
	Lab and X-ray		
	Family planning		
	Transportation to medical care		



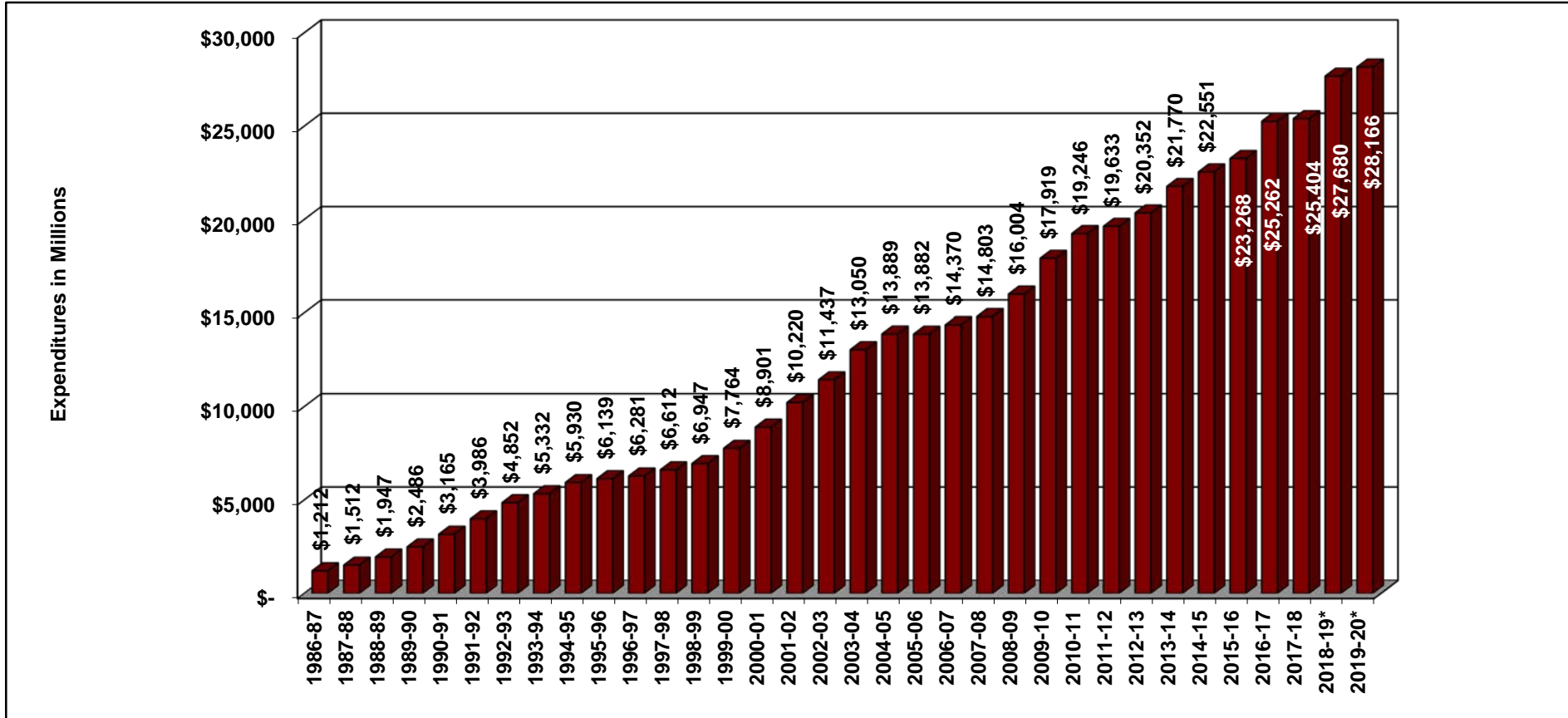
Growth in Medicaid Average Monthly Caseload



Source: Medicaid Services Eligibility Subsystem Reports.

*FY 2018-19, 2019-20 November 2018 Caseload Social Services Estimating Conference

Growth In Medicaid Service Expenditures

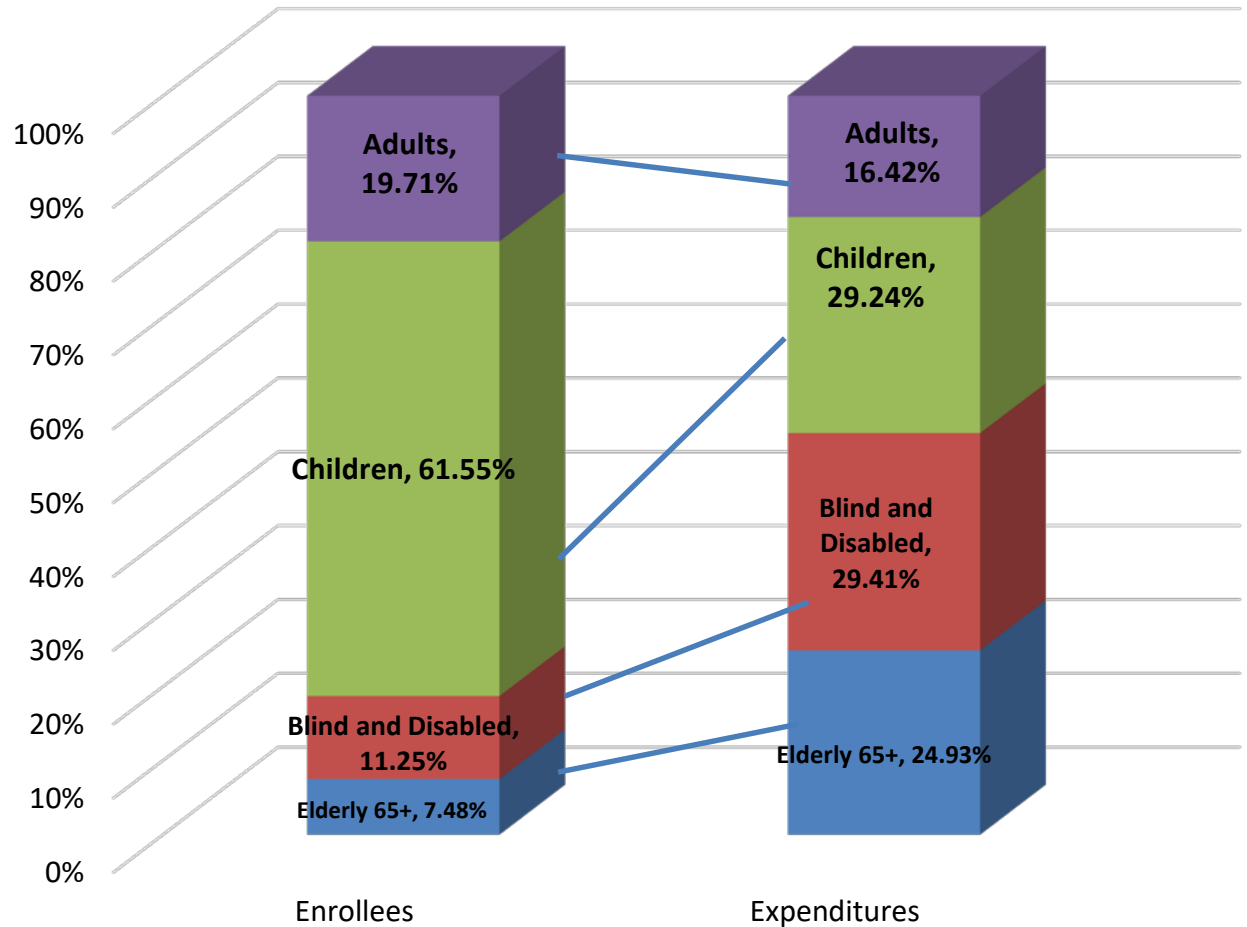


Source: Medicaid Services Budget Forecasting System Reports.

*FY 2018-19, 2019-20 December 2018 Social Services Estimating Conference.

Florida Medicaid Program Expenditures

- 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.

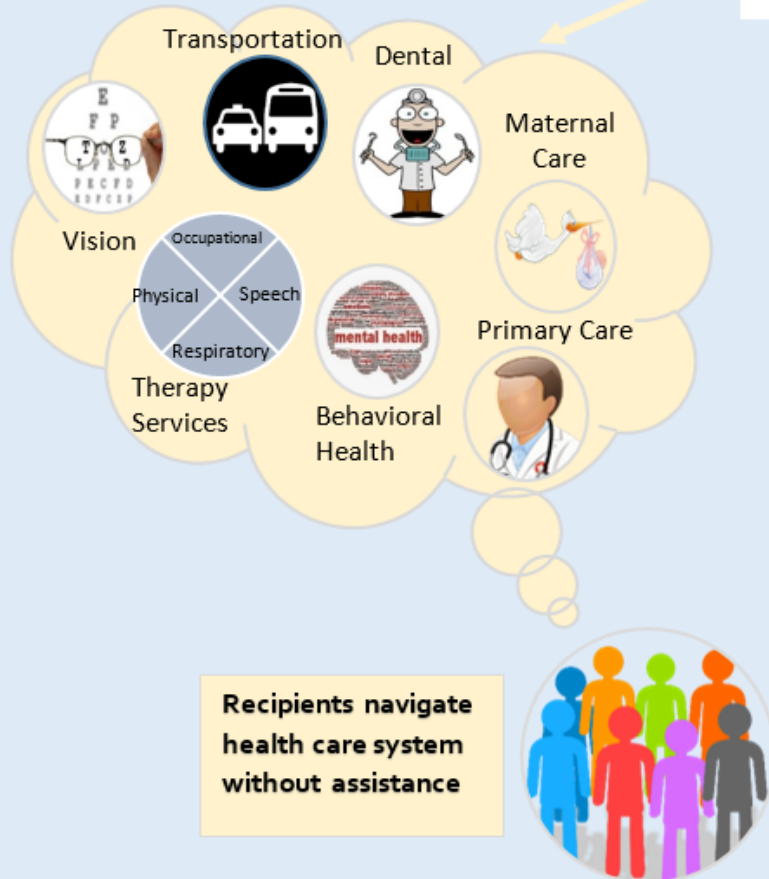


*Adults and children refers to non-disabled adults and children



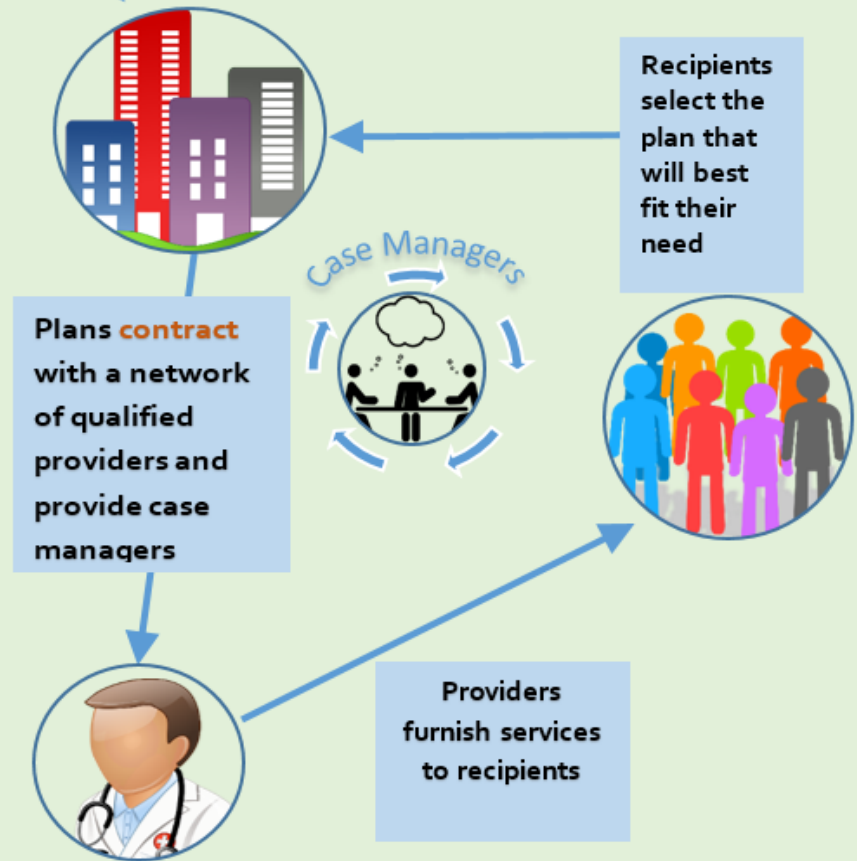
What is Fee-for-Service?

Agency pays providers directly for services rendered to recipients.



What is Managed Care?

Agency **contracts** with health plans and pays capitated payment



Florida Medicaid and The 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 their services.
- The program has the following components:
 - **Managed Medical Assistance:** Medical services like doctor visits, hospital care, prescribed drugs, mental health care, and transportation to these services.
 - **Long-Term Care:** LTC services like care in a nursing facility, assisted living, or at home.
 - **Dental:** All Medicaid recipients who receive a dental benefit enroll in a dental plan.



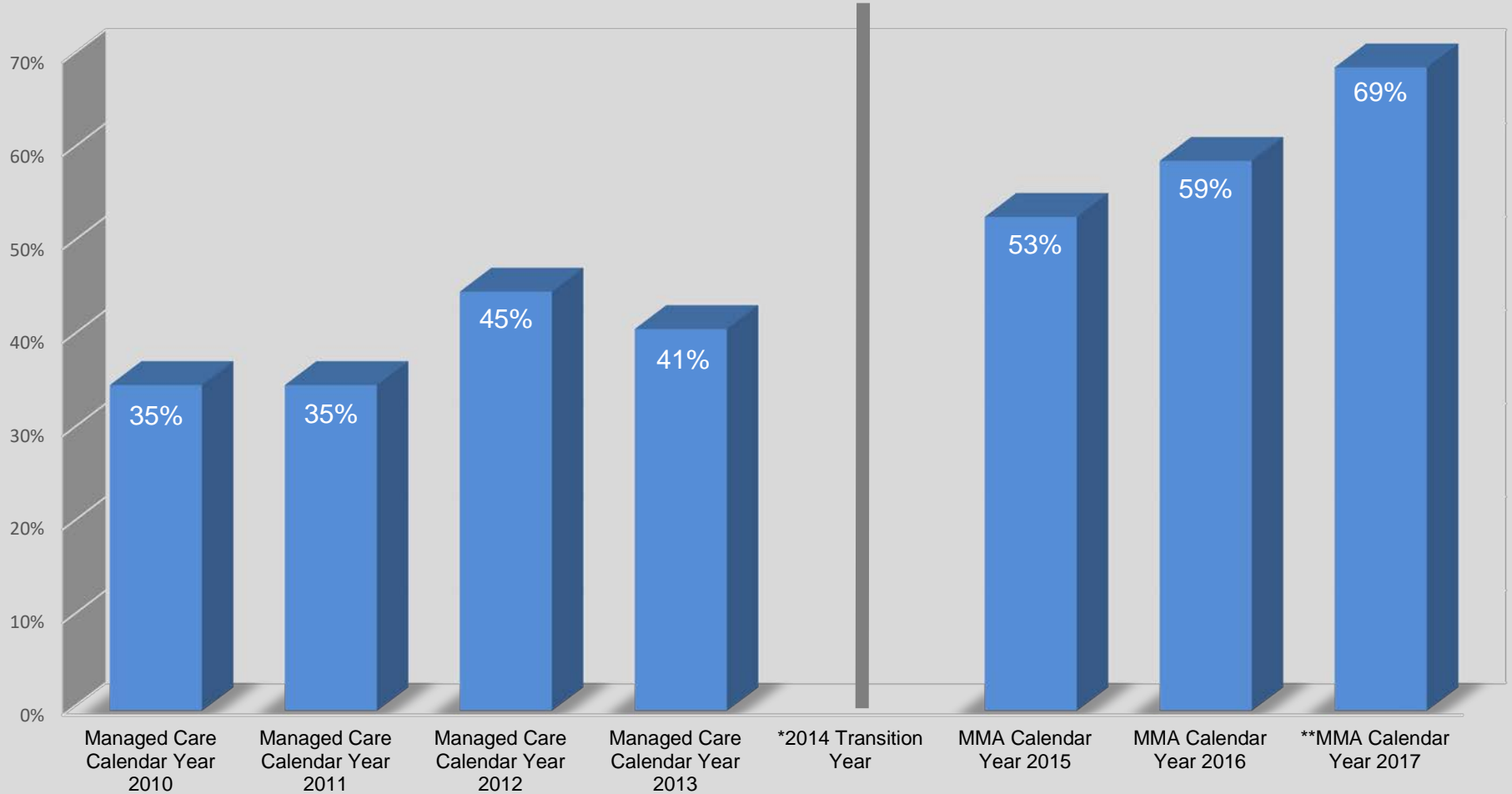
SMMC: The First Five Years

- The SMMC program started operation in 2013-2014.
- The first 5 years of the program have been very successful.

- Robust Expanded Benefits, Enhanced Provider Networks, and Care Management have led to:
 - Improved health quality outcomes
 - High patient satisfaction
 - Increased opportunity for individuals needing long-term care to transition from a nursing facility to their own home or other community living

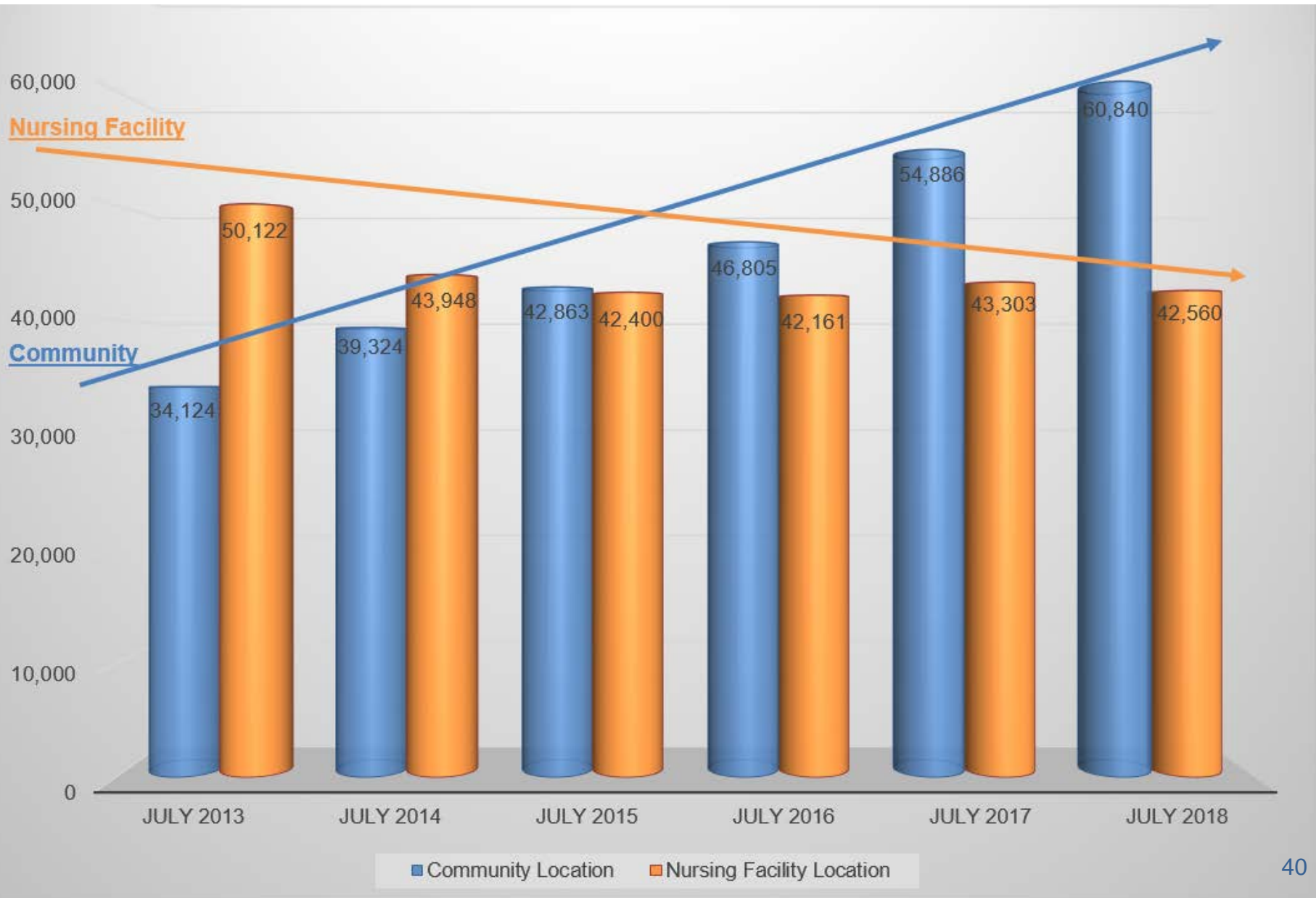


Florida Medicaid Quality Scores At or Above the National Average



*Calendar Year 2014 was a transition year between Florida's prior managed care delivery system and the SMMC program implementation. **The HEDIS specifications for the Follow-up After Hospitalization for Mental Illness measure changed for the CY 2017 measurement period. Follow-up visits with a mental health practitioner that occur on the date of discharge are no longer included in the numerator as previously required in the CY 2016 specifications. Florida Medicaid plan rates and statewide weighted means are compared to national means that are calculated using the previous year's service data. Since the CY 2016 and CY 2017 measure specifications do not align, results are not comparable and the measure was excluded.

LTC Transition Incentive Success



What is Changing?



Two *Program Components*:

- Managed Medical Assistance (MMA) Program
- Long-term Care (LTC) Program

Two *Program Components*:

- Integrated MMA and LTC
- Dental



SMMC Negotiation Successes

Major Program Improvements!

- Gains for Recipients
- Gains for Providers
- Improved Quality
- More & Richer Expanded Benefits



QUESTIONS?



THANK YOU!

