



House Health and Human Services Committee

February 17, 2021

Agency for Health Care Administration

Beth Kidder, Deputy Secretary for Medicaid



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

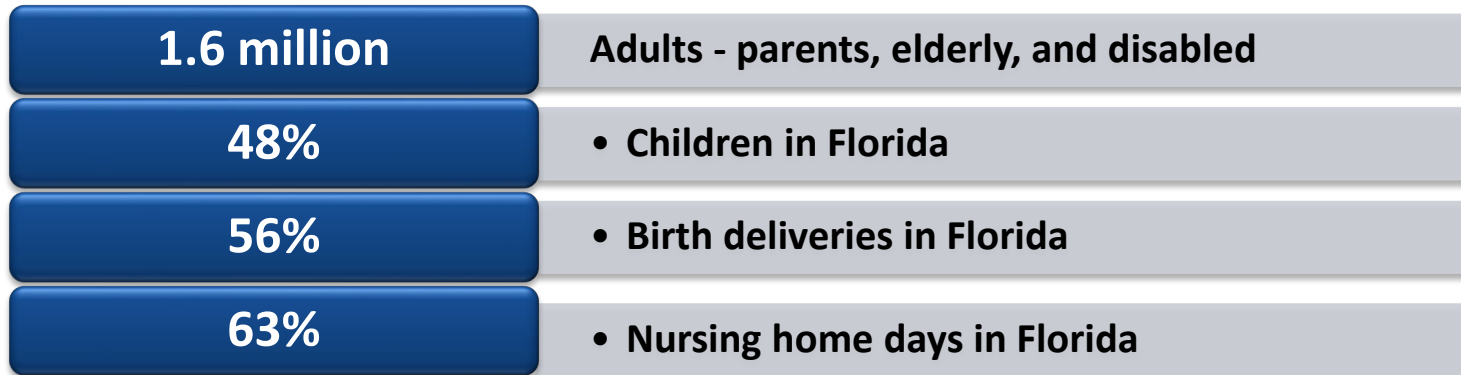
States choose whether to participate

Jointly financed: Federal and State governments pay a share

States develop their unique Medicaid programs based on federal rules – each program must be approved by the Federal Centers for Medicare and Medicaid Services (CMS).

The Florida Medicaid Program

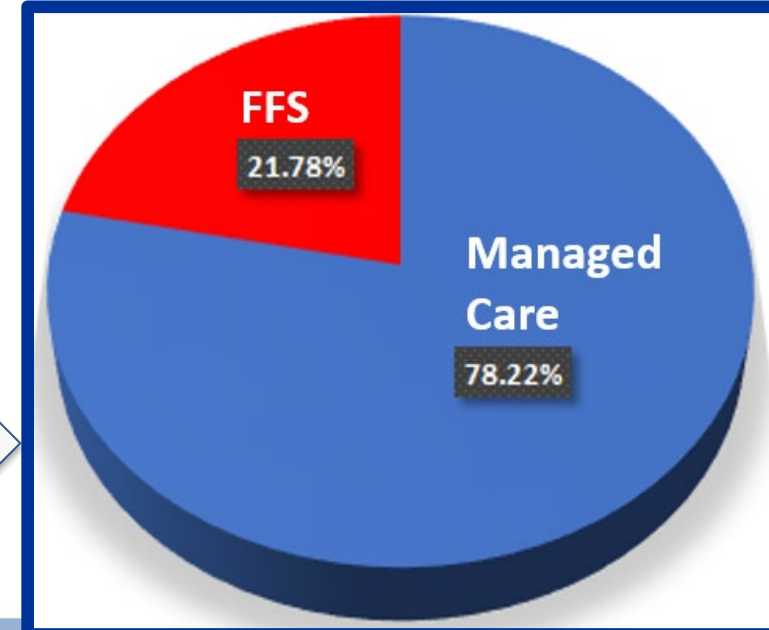
Medicaid serves about 4.5 million of the most vulnerable Floridians.



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

Statewide Medicaid Managed Care (SMMC) Program

Implemented in 2013-2014



The Statewide Medicaid Managed Care Program

Managed Medical Assistance (MMA)

COVERAGE:

Preventive, acute, behavioral, 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-based services.

ENROLLMENT:

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

Require Nursing facility level of care or Hospital level of care, for individuals diagnosed with cystic fibrosis.

Dental

COVERAGE:

Preventive and therapeutic dental services.

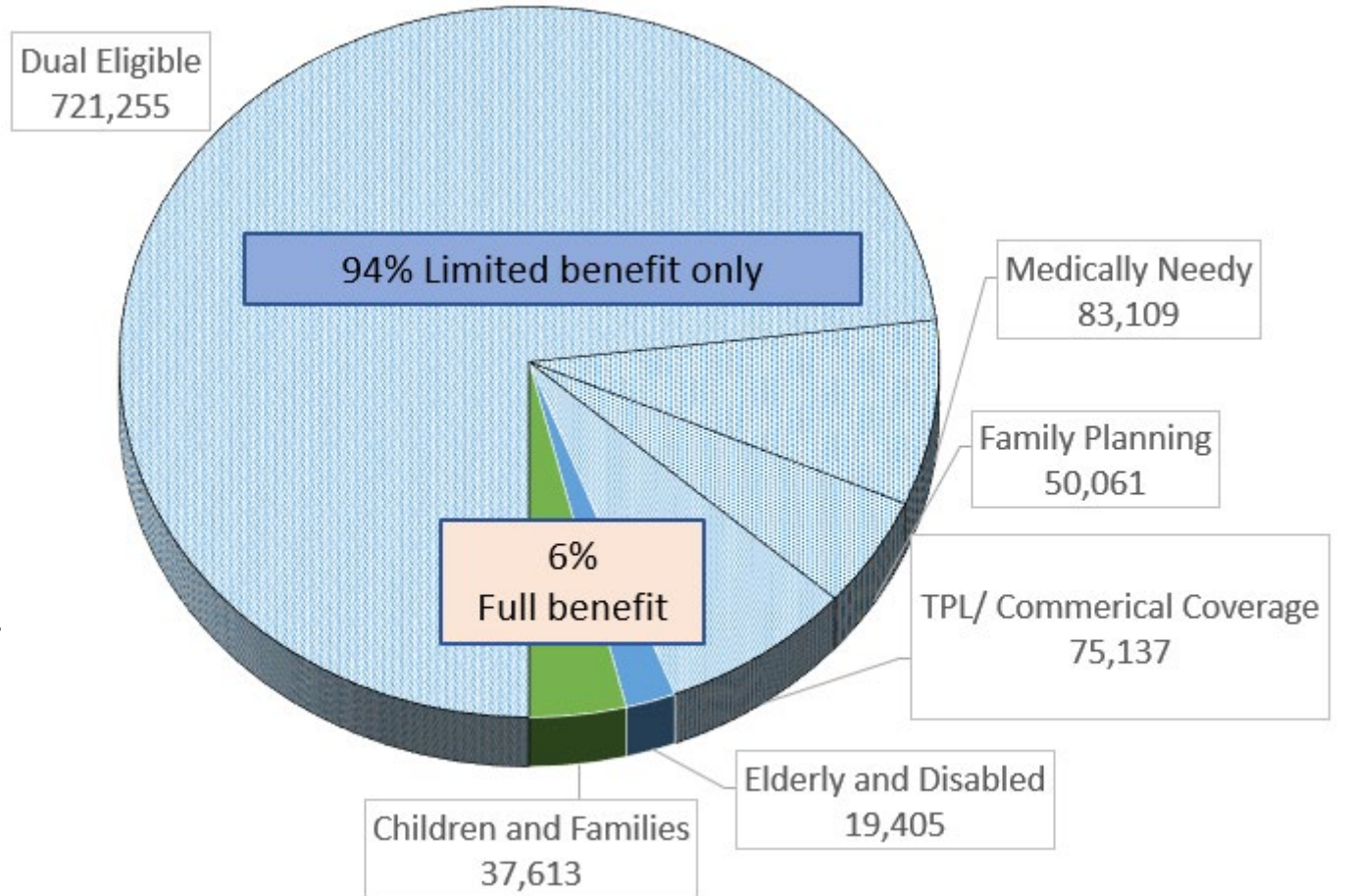
ENROLLMENT:

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

Who is the Medicaid Fee-For-Service Population?

The vast majority are those who have a limited benefit package, either with limited services; time-limited; or with Medicare as their primary coverage.

- Full benefit children, families, elderly and disabled make up just 6% of the total FFS population. (A portion of these also have private coverage or third party liability.)
- Limited benefit eligibles make up 94% of the FFS population.
- 78% of the limited benefit eligibles are dually eligible for Medicare and Medicaid



Mandatory and Optional Groups

- The federal government requires state Medicaid programs to cover “mandatory groups” and allows 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.

<i>Mandatory</i>
<i>Groups</i>
<i>Low income</i> : Children
<i>Low Income</i> : Pregnant Women
<i>Low Income</i> : Parents
<i>Low income</i> : Seniors who are Medicare recipients
Foster care/ former foster care to age 26
SSI recipients

<i>Optional (. . . Some examples)</i>
<i>Groups</i>
Medically Needy
Children 19 and 20
Lawfully residing children during their first 5 years
Breast and Cervical Cancer Program Enrollees
Family Planning Waiver



Who is Enrolled 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.
- To be eligible for Medicaid in Florida, a person must:

1.

BE IN A GROUP

2.

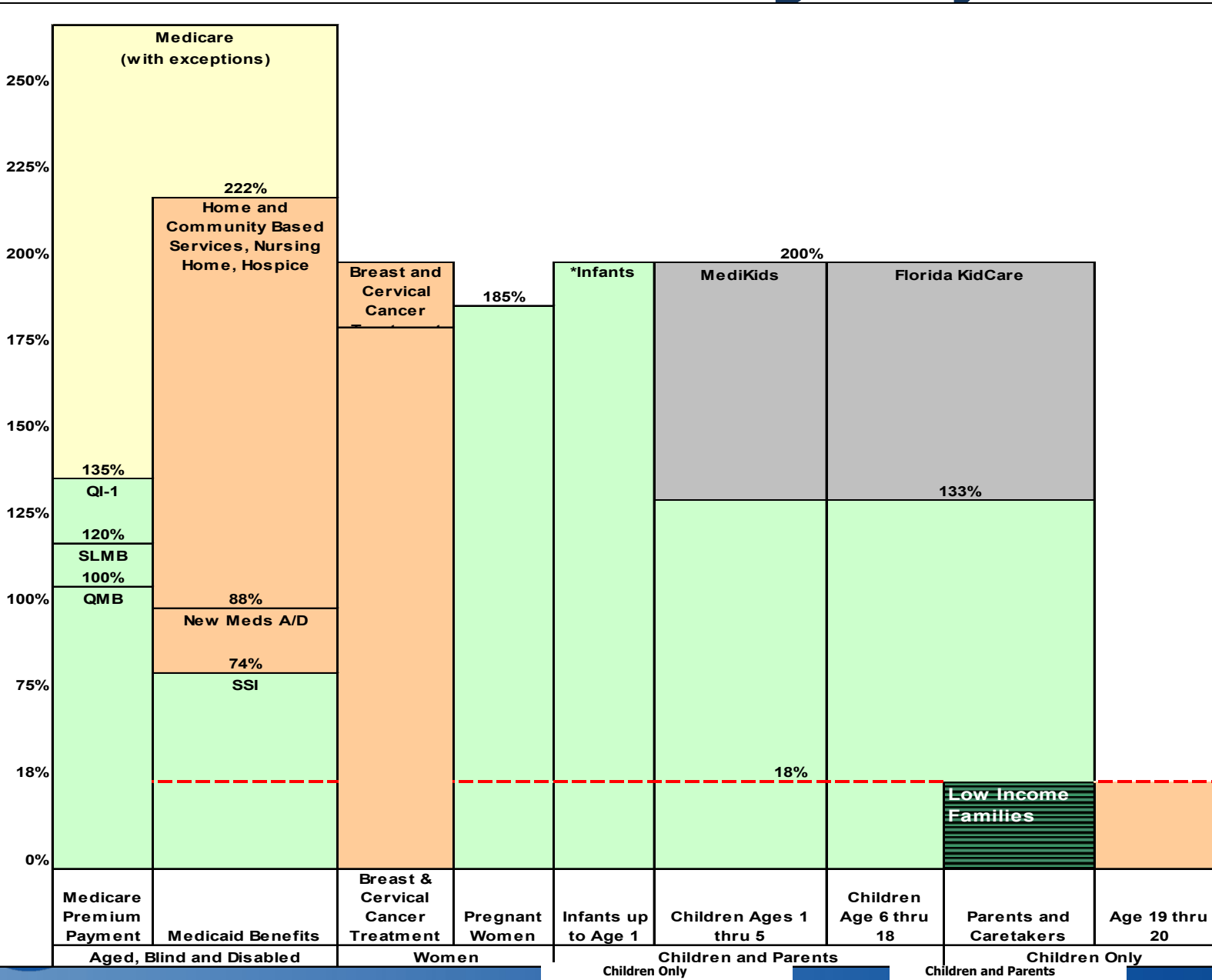
MEET TECHNICAL
REQUIREMENTS

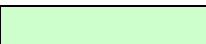


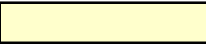


3.

PASS FINANCIAL
REQUIREMENTS

Income & Asset tests

Medicaid Eligibility – Income Limits



-  Mandatory Medicaid coverage (entitlement).
-  Mandatory Medicaid coverage for low-income families using 1996 AFDC income standard
-  Optional Medicaid coverage (entitlement).
-  Federal Medicare coverage (entitlement).
-  Optional child insurance coverage (non-entitlement).
-  Optional Medically Needy income spend down level (entitlement).

Family Size	** Annual Income
1	\$12,670
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
Each Additional	\$4,420

*Coverage for infants up to 200% Federal Poverty Level is required in order for states to receive Title XXI funding.

**Federal Poverty Level as of January 2021.

How Does Medicaid Eligibility Happen?

Appication

Person applies for Medicaid through Dept. of Children and Families:

- On-line
- Paper application (mail or fax), or
- Phone (866-762-2237)

Assessment

If level of care assessment is needed, DOEA, APD or DOH will provide, depending on the type of assessment needed

Determination

DCF determines eligibility and notifies applicant of the determination

- If Medicaid eligible, transmits data daily to Agency system (FMMIS)

Fair Hearing

If a person disagrees with the eligibility determination, they can request a hearing

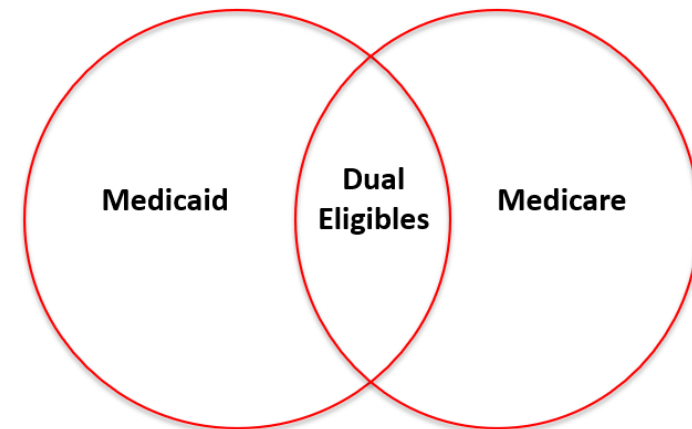
People can apply at any time; there is not a fixed “open enrollment” period.

Note: The federal Social Security Administration determines eligibility for people to receive Supplemental Security Income (SSI).

- Those eligible for the SSI program are automatically eligible for Florida Medicaid.
- SSA transmits information directly to the Agency for SSI eligible individuals.

Who are the Dual Eligibles?

- A person can qualify for both Medicare and Medicaid if eligibility requirements for each program are met.
- Depending on the Medicare eligibility category, Medicaid may cover:
 - All or part of the cost-sharing obligations, or
 - For recipients who are full duals (QMB Plus) Medicaid may cover the cost of services that are not covered by Medicare Part A & B, such as:
 - Long-term care
 - Eyeglasses and examinations related to prescribing glasses
 - Dentures
 - Hearing aids and exams for fitting them
 - Additional mental health and substance abuse treatment services
 - Non-emergency transportation to medical appointments



SMMC LTC Program Eligibility

Long-Term Care Program Eligibility:

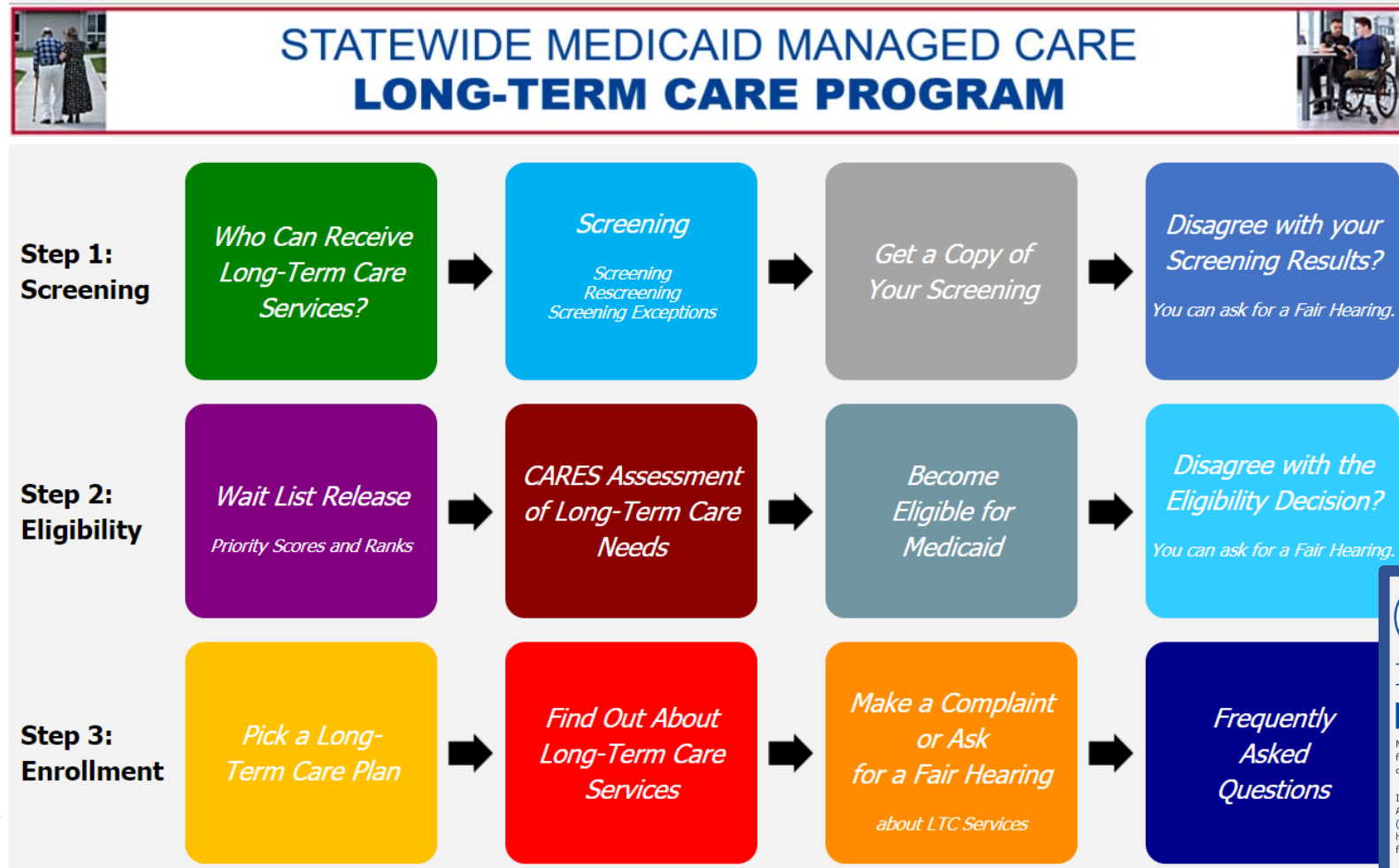
To enroll in the Long-Term Care program, people who meet the criteria will:

- 1** Be screened by an Aging and Disability Resource Center (ADRC) and placed on the program's waitlist
- 2** Be released from waitlist based on screening score and available enrollments
- 3** Receive a CARES assessment from the Department of Elder Affairs
- 4** Submit an application to DCF for financial eligibility
- 5** Receive a welcome letter and brochure with information about the SMMC program and how to select a plan from the Agency

LTC Program Eligibility Website

The Agency, in partnership with the Department of Elder Affairs, has recently launched a new webpage to help Floridians understand how to apply and become enrolled in the Long-Term Care program.

[SMMC Long-Term Care Program \(myflorida.com\)](http://myflorida.com) = ahca.myflorida.com/Medicaid/statewide_mc/smmc.ltc.shtml



AGENCY FOR HEALTH CARE ADMINISTRATION

HOME ABOUT US MEDICAID LICENSURE & REGULATIONS

Welcome to Medicaid!

Medicaid is the medical assistance program that provides access to health care for low-income families and individuals. Medicaid also assists the elderly and people with disabilities with the costs of nursing facility care and other medical and long-term care expenses.

In Florida, the Agency for Health Care Administration (Agency) is responsible for Medicaid. The Agency successfully completed the implementation of the Statewide Medicaid Managed Care (SMMC) program in 2014. Under the SMMC program, most Medicaid recipients are now enrolled in a health plan. Nationally accredited health plans were selected through a competitive process for participation in the program.

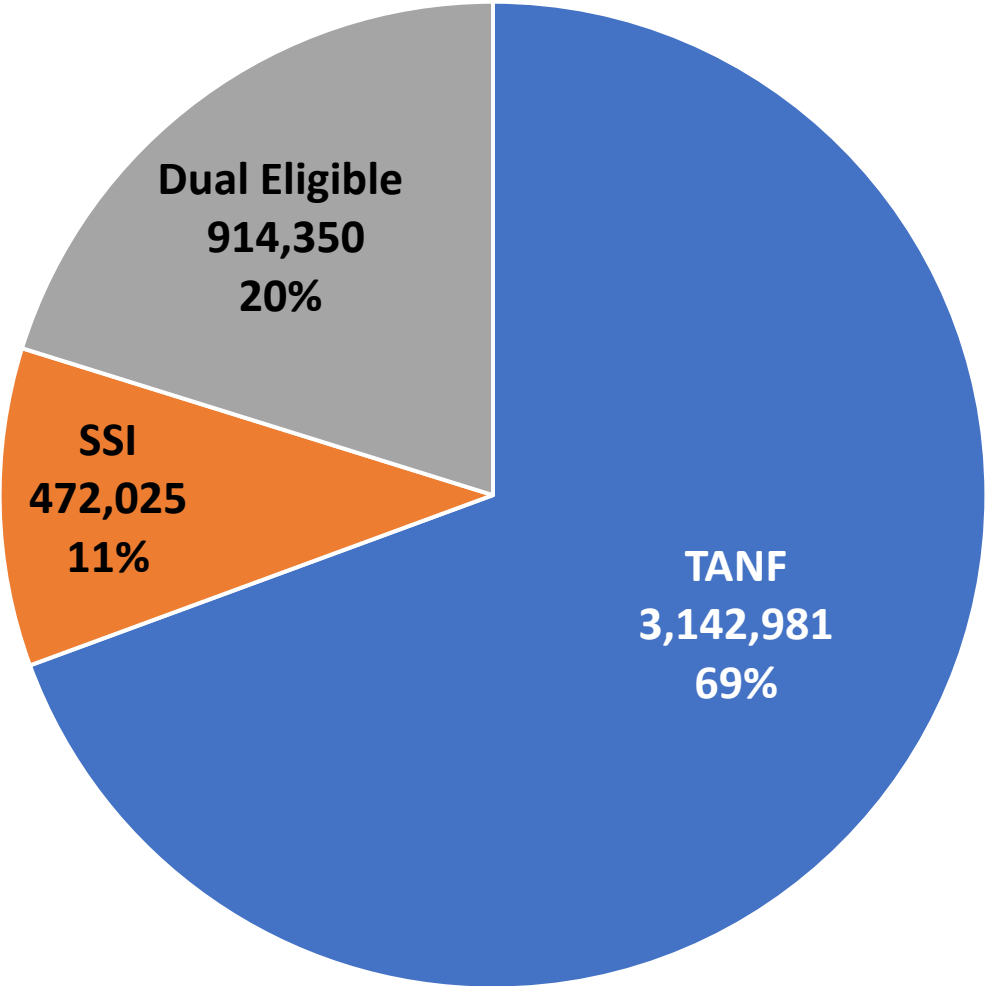
The Division of Medicaid's website is designed to align with our functional organizational structure.

Some examples of where key information can be found under the new structure are:

Looking for information on:	Go to:
Accessing Long-Term Care Services	Statewide Medicaid Managed Care



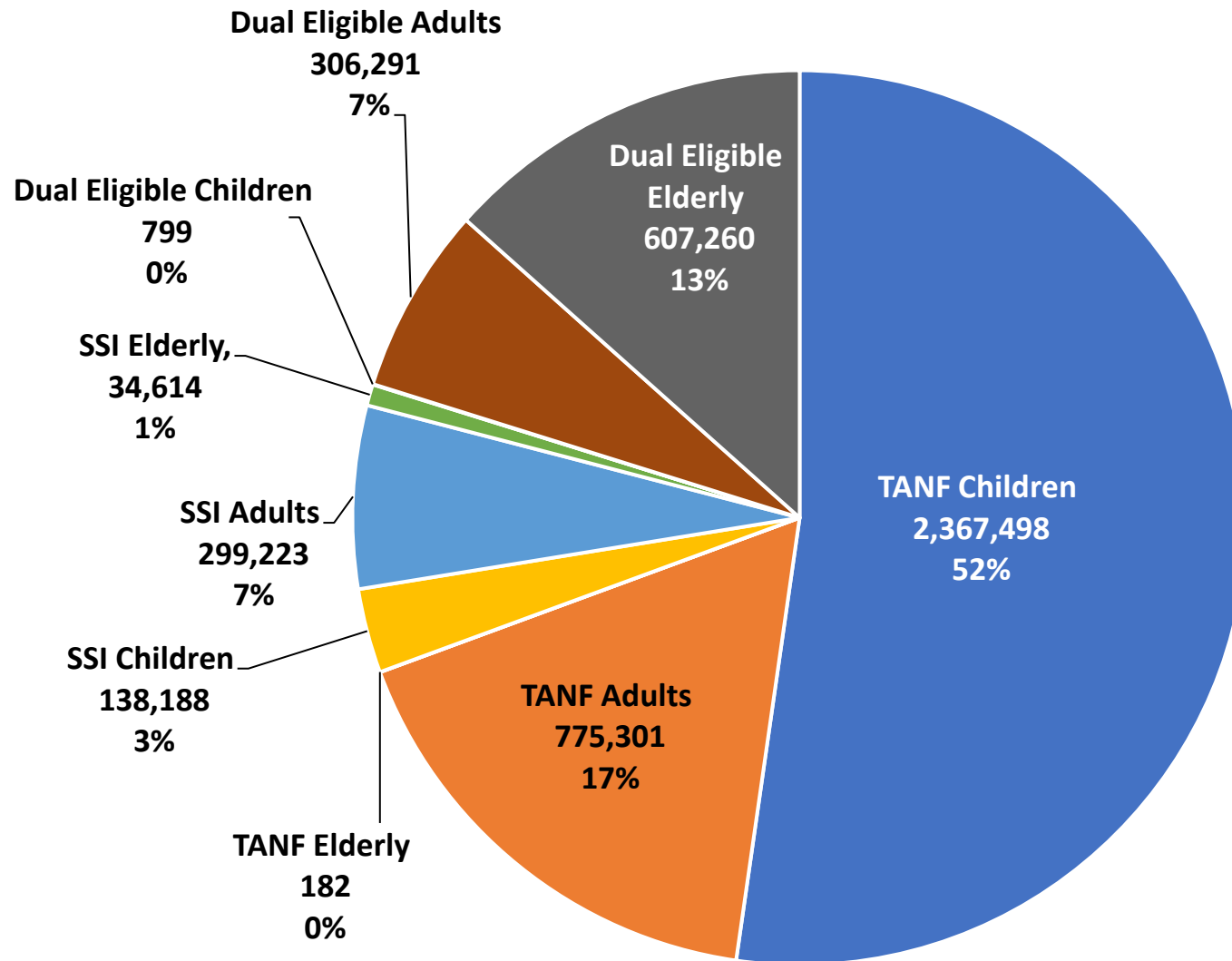
Enrollment by Eligibility Category



As of December 31, 2020



Enrollment by Eligibility Category: A Further Break-Out

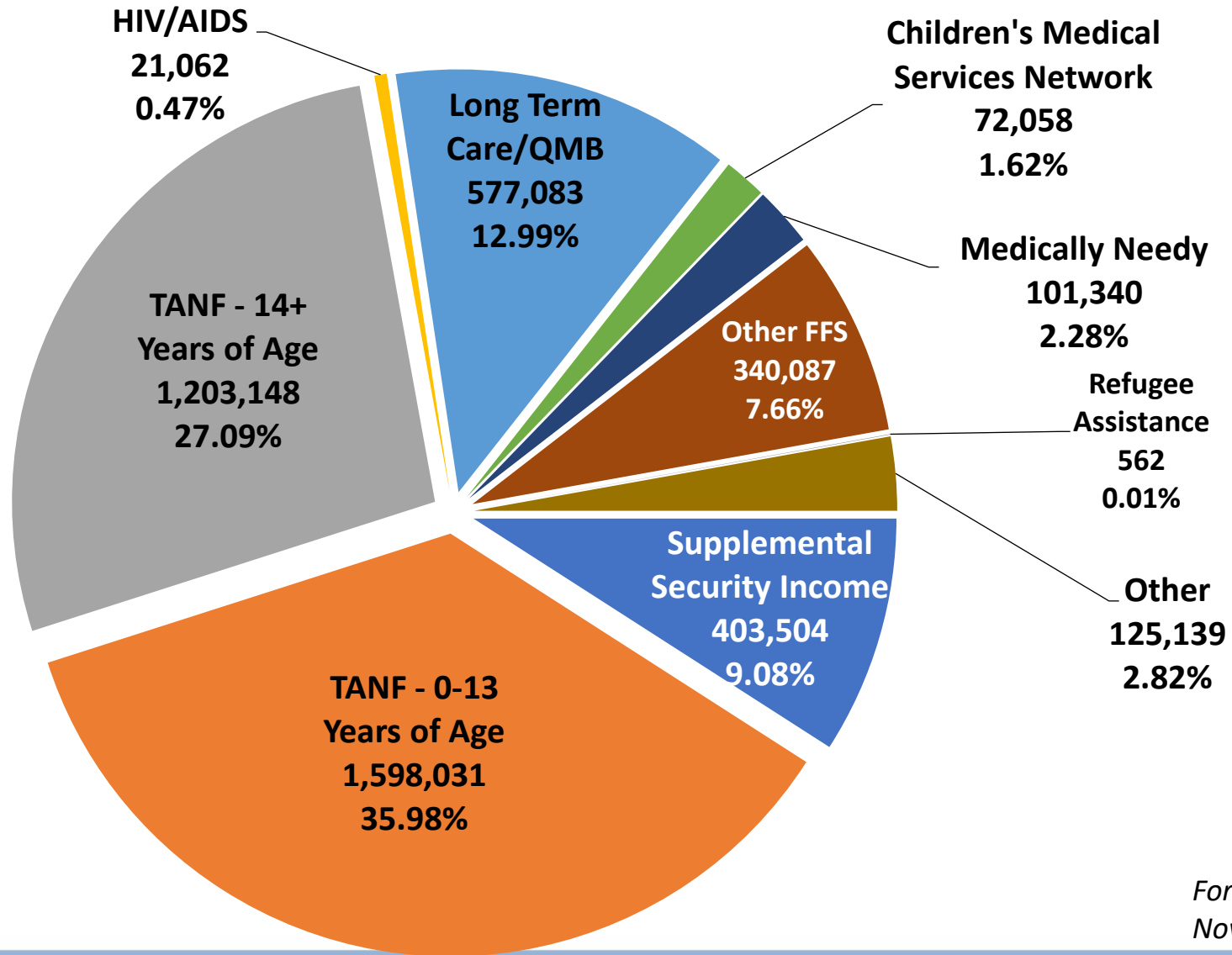


Children – Ages 0-20
Adults – Ages 21-64
Elderly – Ages 65+

As of December 31, 2020



Enrollment by Eligibility Category: Another View



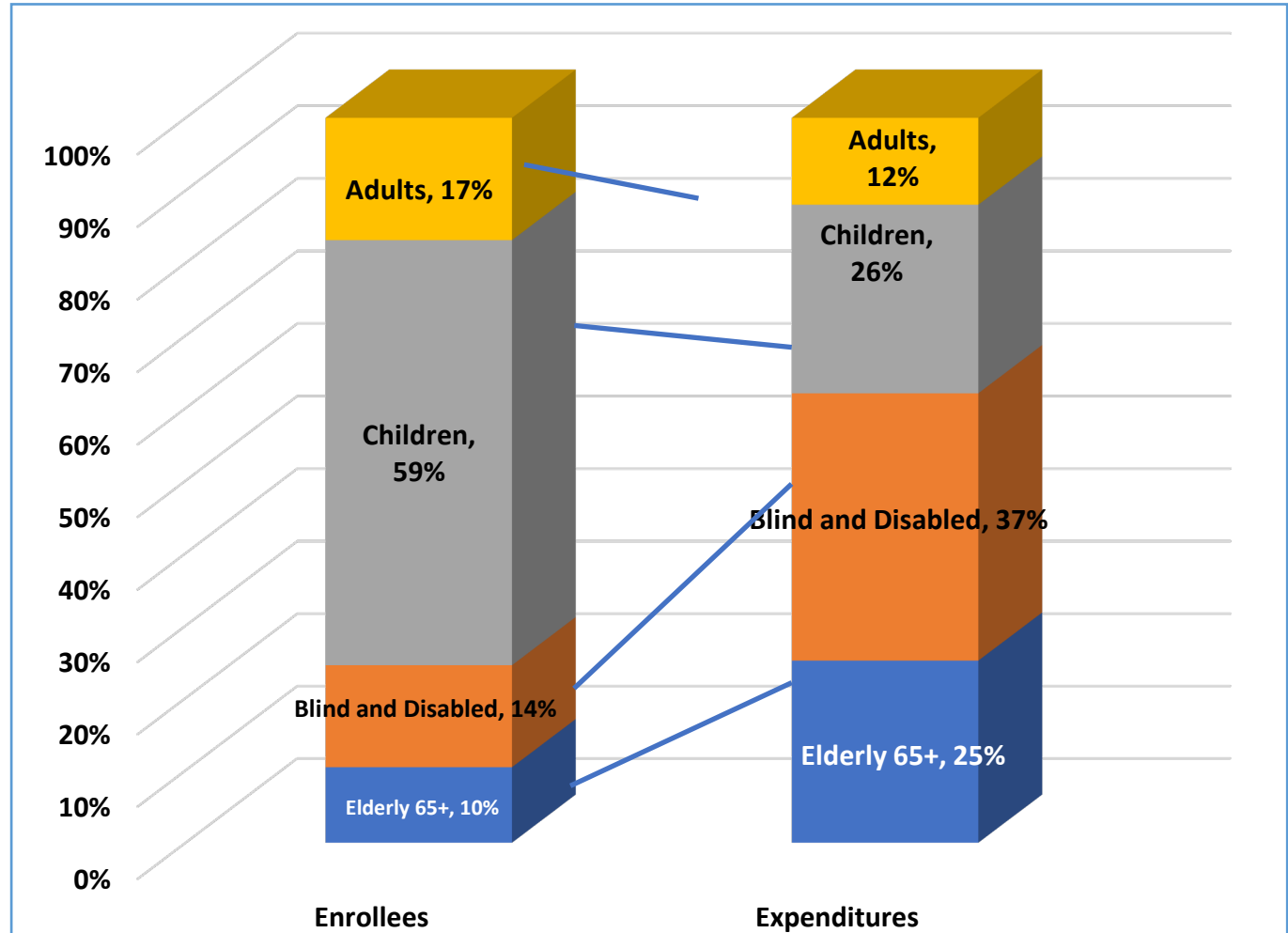
For FY 20-21 as projected:
November 2020 SSEC



Fiscal Impact by Eligibility Category

(SFY 2019-20)

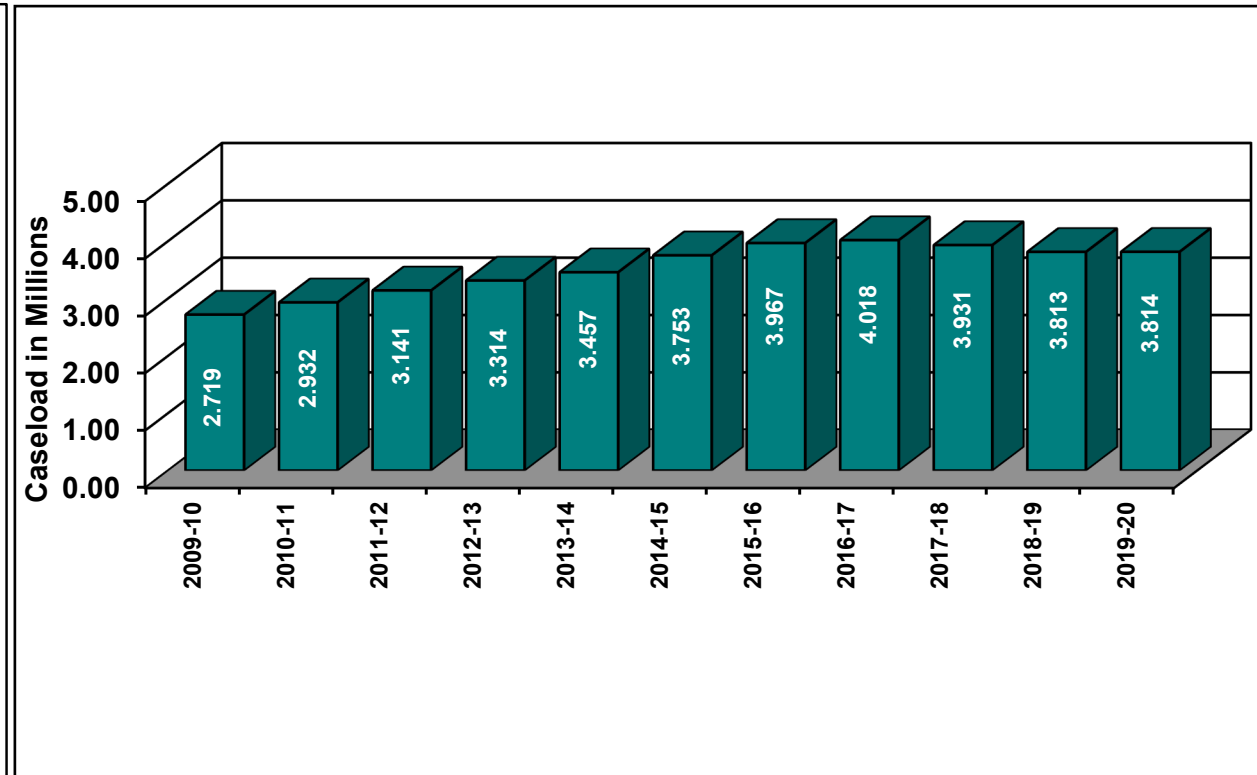
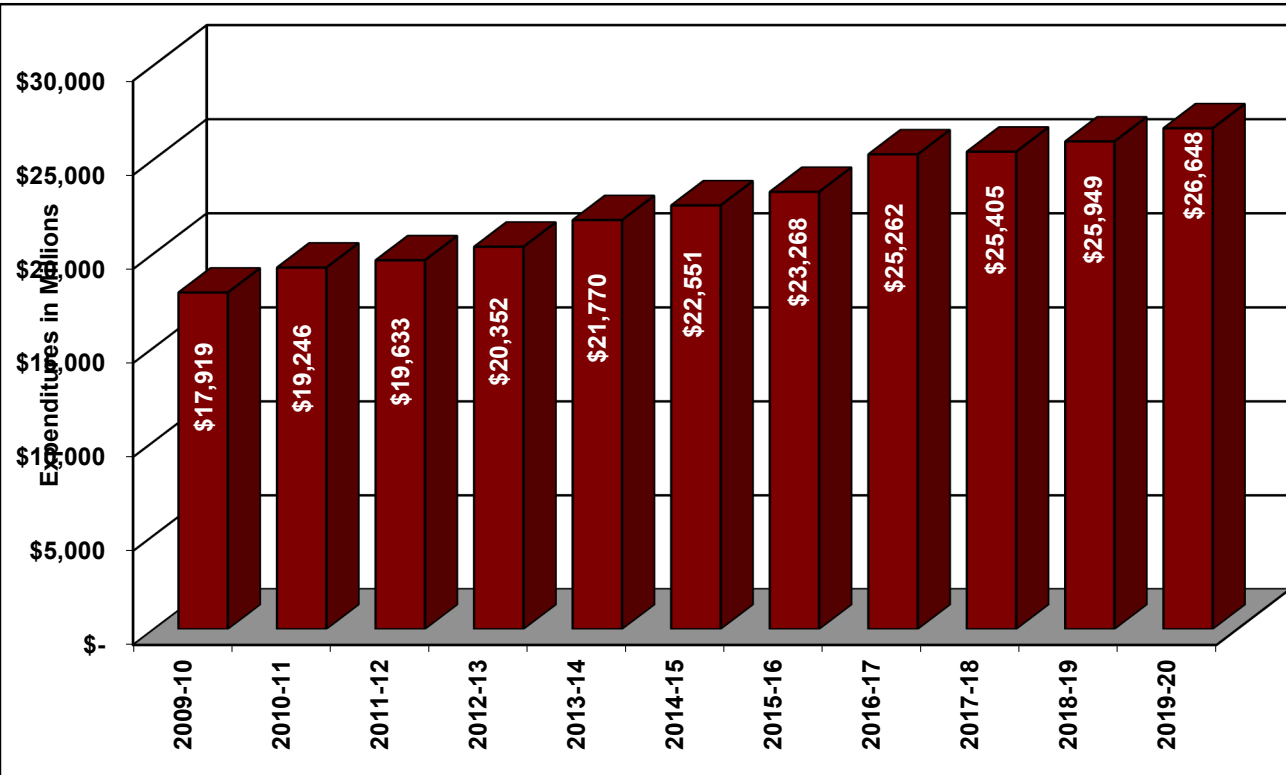
- Different populations have different impacts on program expenditures.
- In general, services provided to elders and people with disabilities cost more per person, per month than services provided to children or healthy adults.



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

Historic Enrollment and Expenditures

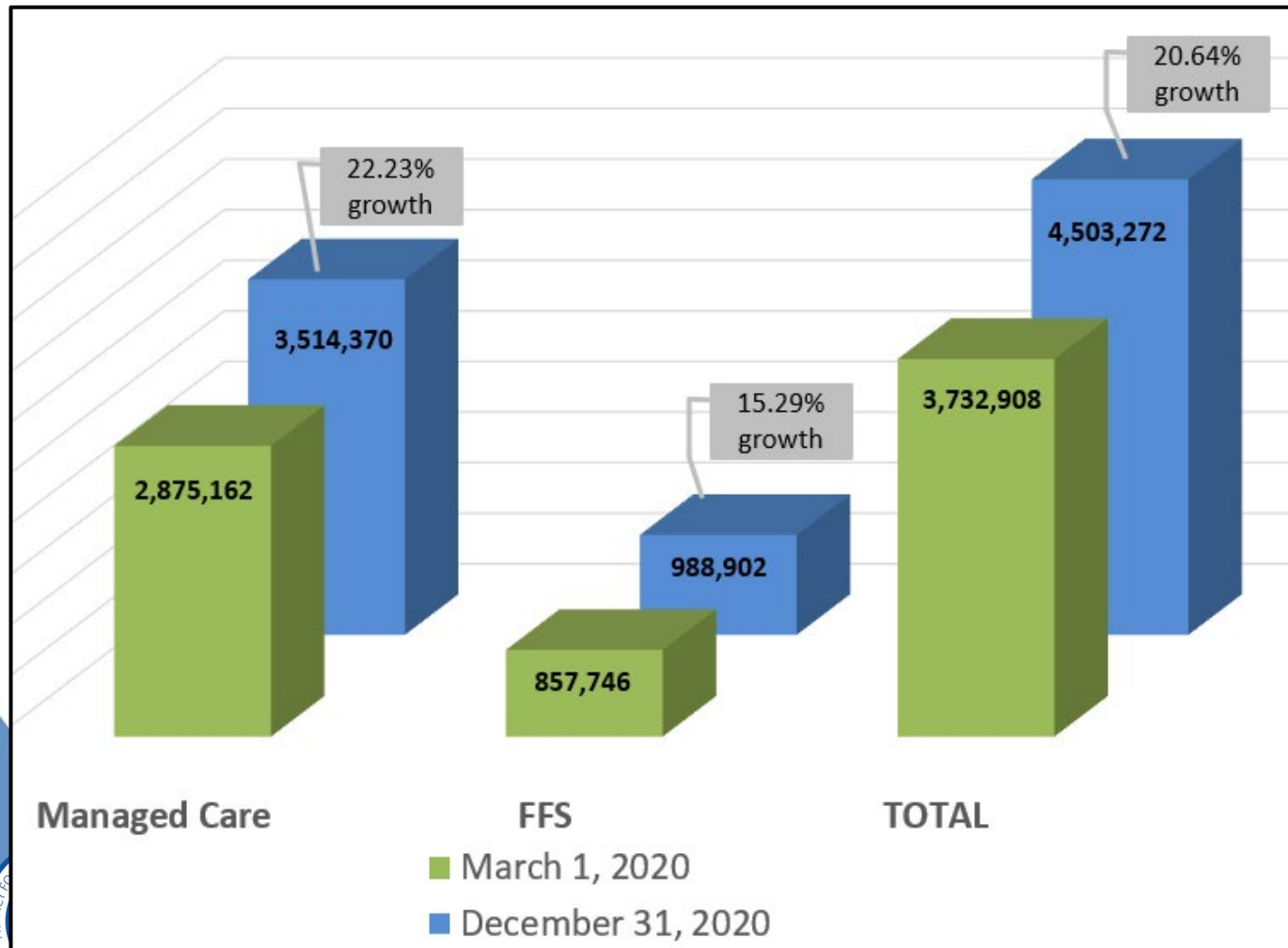
While overall program enrollment and expenditures have grown over time, growth had slowed prior to the pandemic.



Enrollment Has Increased During the Pandemic

Medicaid enrollment increased by over 826,000 to 4.56 million since March 2020.

(as of January 29, 2021)



- The largest enrollment increase has been children and families (TANF).
- The managed care population has grown more than the fee-for-service population.
- Since statute requires most TANF enrollees to enroll in managed care, most expenditures for the new enrollees fall in the managed care (prepaid) budget line.
 - TANF = 3,097,536 or 68%
 - SSI = 673,003 or 15%

*The chart reflects the change in enrollment from March 1, 2020 through December 31, 2020

Questions

