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# Health & Human Services Committee

**Tuesday, January 10, 2017  
3:30 PM – 5:30 PM  
Morris Hall (17 HOB)**

**Richard Corcoran  
Speaker**

**W. Travis Cummings  
Chair**

**Committee Meeting Notice**  
**HOUSE OF REPRESENTATIVES**

**Health & Human Services Committee**

**Start Date and Time:** Tuesday, January 10, 2017 03:30 pm  
**End Date and Time:** Tuesday, January 10, 2017 05:30 pm  
**Location:** Morris Hall (17 HOB)  
**Duration:** 2.00 hrs

Medicaid Managed Care Program Update by the Agency for Health Care Administration

**NOTICE FINALIZED on 01/03/2017 4:04PM by Iseminger.Bobbye**

# Statewide Medicaid Managed Care Program

Beth Kidder

Interim Deputy Secretary for Medicaid  
Agency for Health Care Administration

House Health & Human Services Committee  
January 10, 2017



# Statewide Medicaid Managed Care Program (SMMC)

- The SMMC program has two components: Long-Term Care (LTC) and Managed Medical Assistance (MMA).
- Most Medicaid recipients are in one or both components.

	LTC	MMA
Who is eligible	Medicaid recipients age 18 or older in need of nursing facility level of care	Most full benefit Medicaid recipients.
Enrollment as of 12/2016	94,320	3,225,189
Participating Plans	6 LTC Plans	11 MMA standard plans 6 MMA specialty plans
SFY 2016-2017 Budget	\$3.97 billion	\$14.4 billion
Benefits	Includes nursing facility and home and community-based services	Includes all acute, medical, dental, behavioral, and therapeutic Medicaid state plan services.

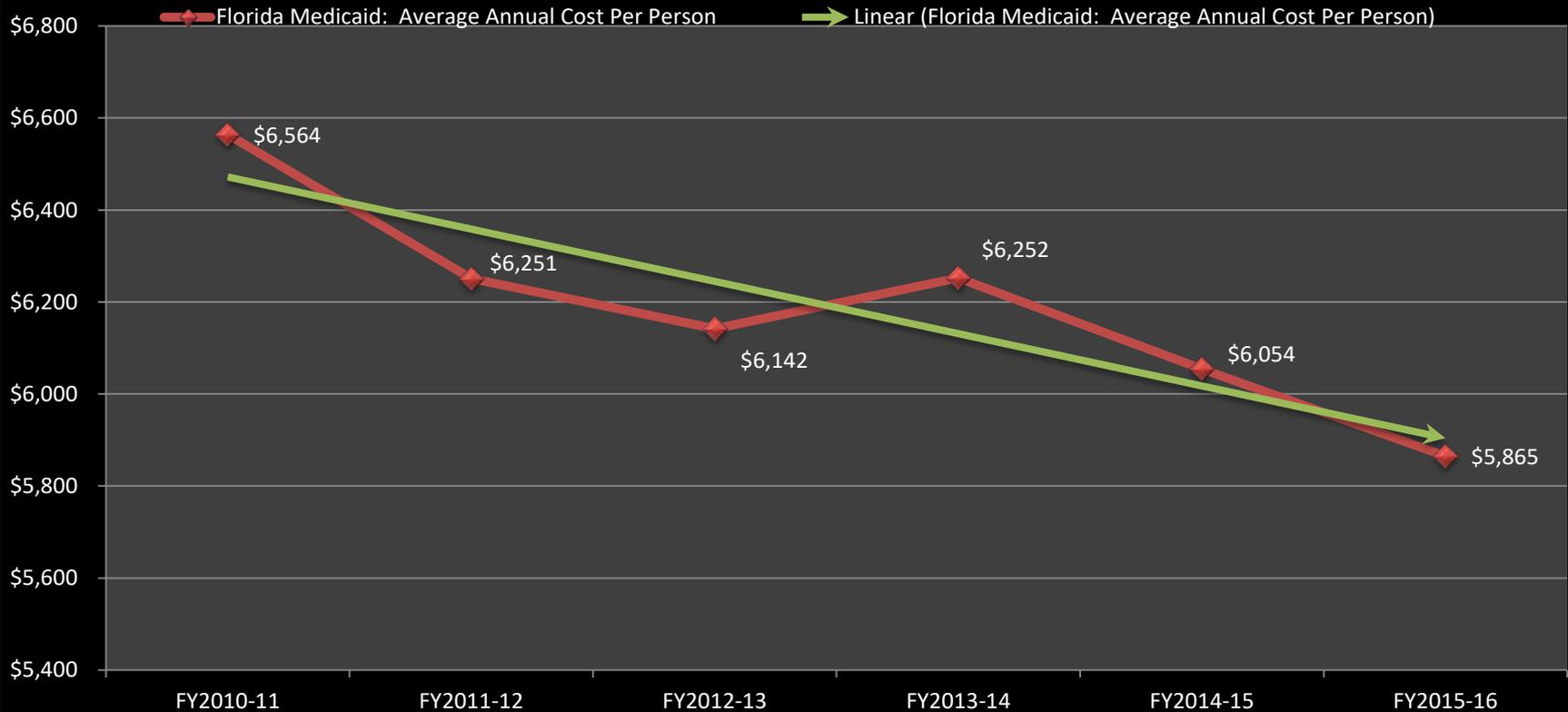
# SMMC Program Goals

- 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.
- Provide recipients with a choice of plans and benefit packages.
- Improve the health of recipients, not just pay claims when people are sick.
- Promote an integrated health care delivery model that incentivizes quality and efficiency.
- Increase accountability and transparency.



# Enhance Fiscal Predictability and Financial Management: 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.

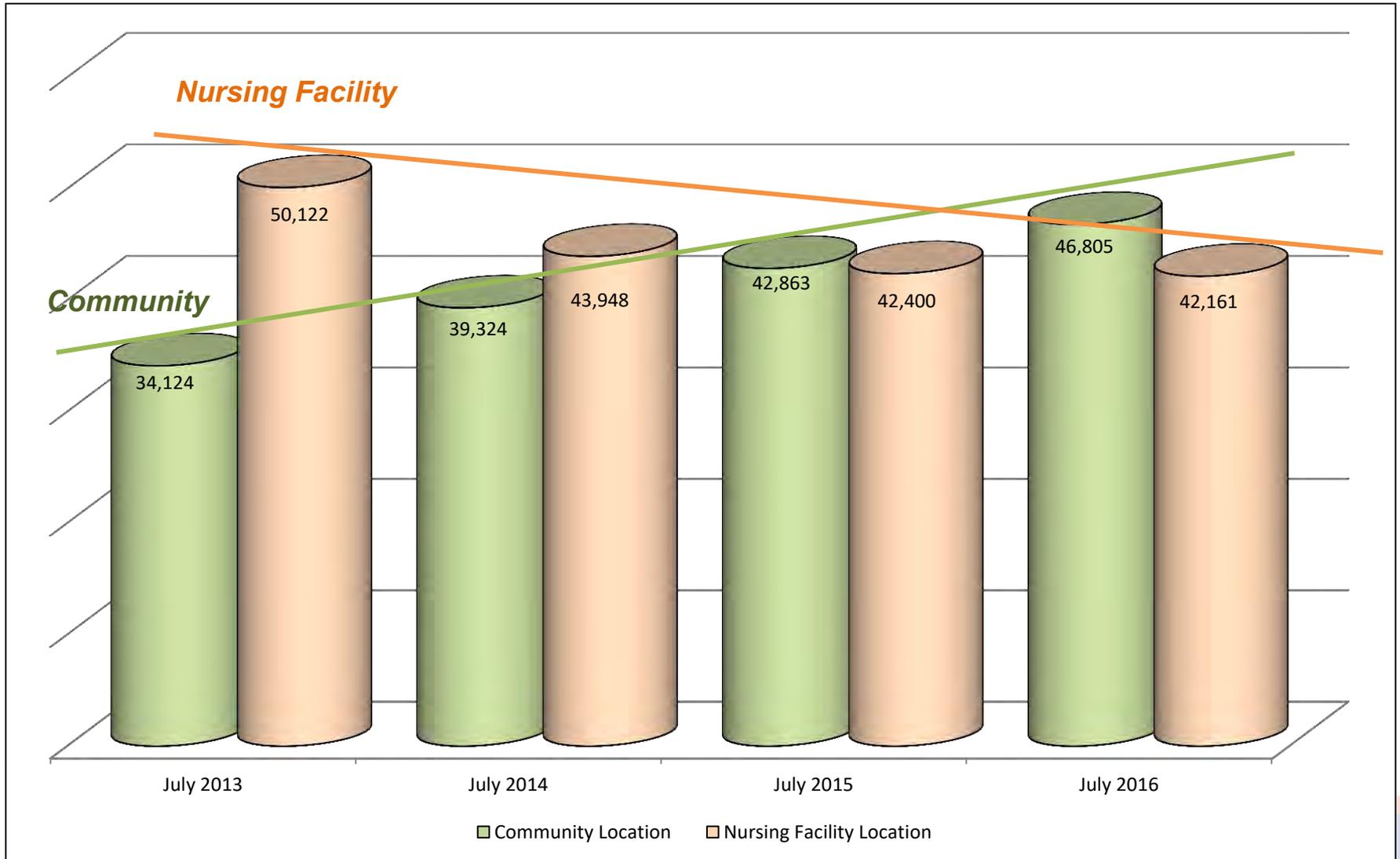


# SMMC LTC HCBS Transition Incentive is a Success

- Goal Set in Statute: No more than 35% of the state's Medicaid long-term care recipients are in nursing facilities.
- This is in line with the federal mandate to provide services in the least restrictive service setting.
- Rates are adjusted to provide an incentive to shift services from nursing facilities to community-based care.
  - Currently a three percentage point shift in each rate-setting period.
- Plans “win” financially if they beat the transition target, “lose” if they do not meet the target.



# SMMC LTC HCBS Transition Incentive is a Success

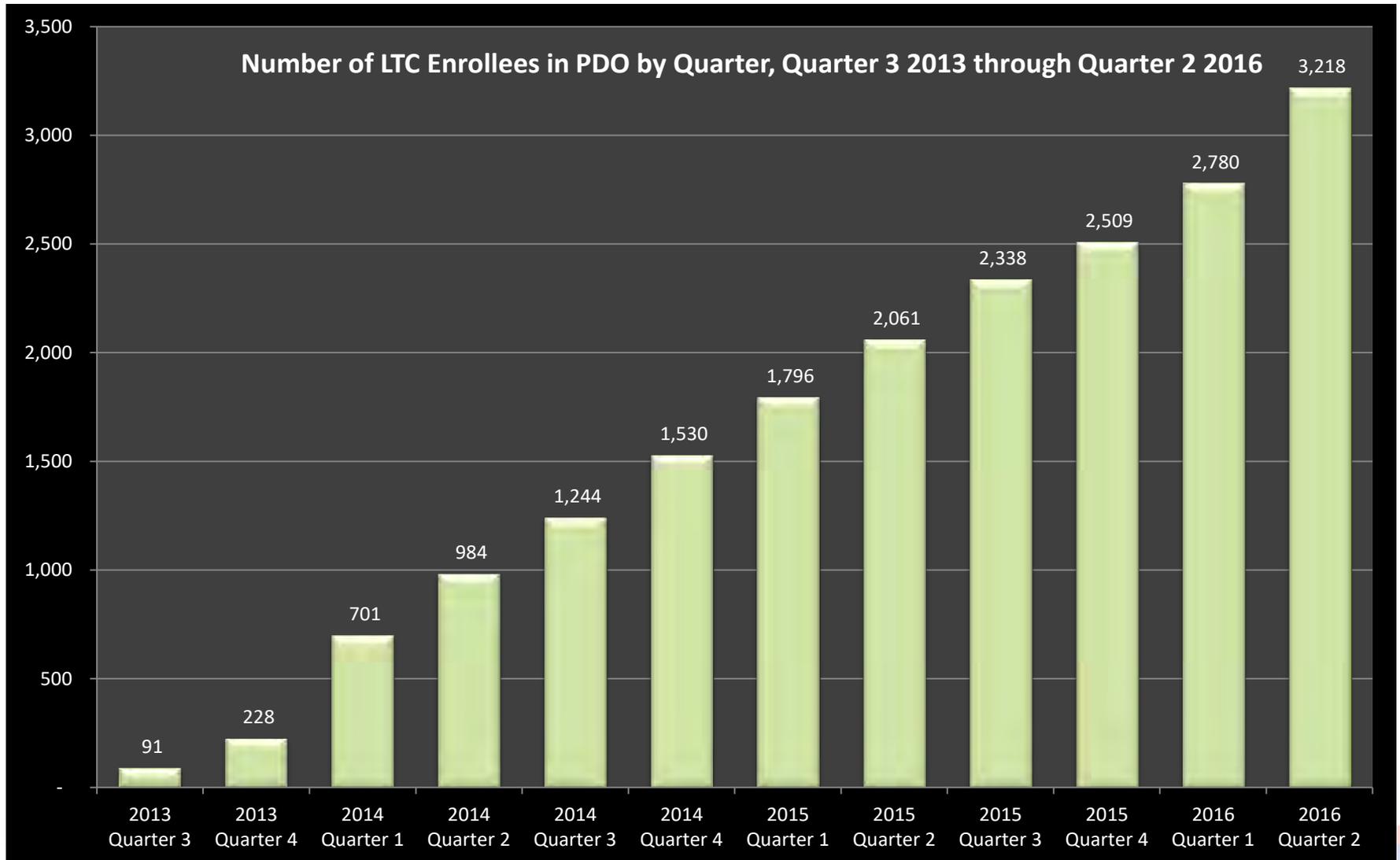


# Improve Patient Centered Care, Personal Responsibility, and Active Patient Participation -- Number of LTC Enrollees Using the Participant Directed Option Continues to Grow

- A program that allows enrollees to hire, train, supervise, and dismiss their direct service workers, including family members, friends, neighbors.
- Available to enrollees who live at home or in a family home and receive certain home-based services.



# Number of Enrollees Using the Participant Directed Option Continues to Grow



Note: LTC program was not fully implemented statewide until March 1, 2014.

Source: Numbers include enrollees reported in the PDO Report submitted by plans.

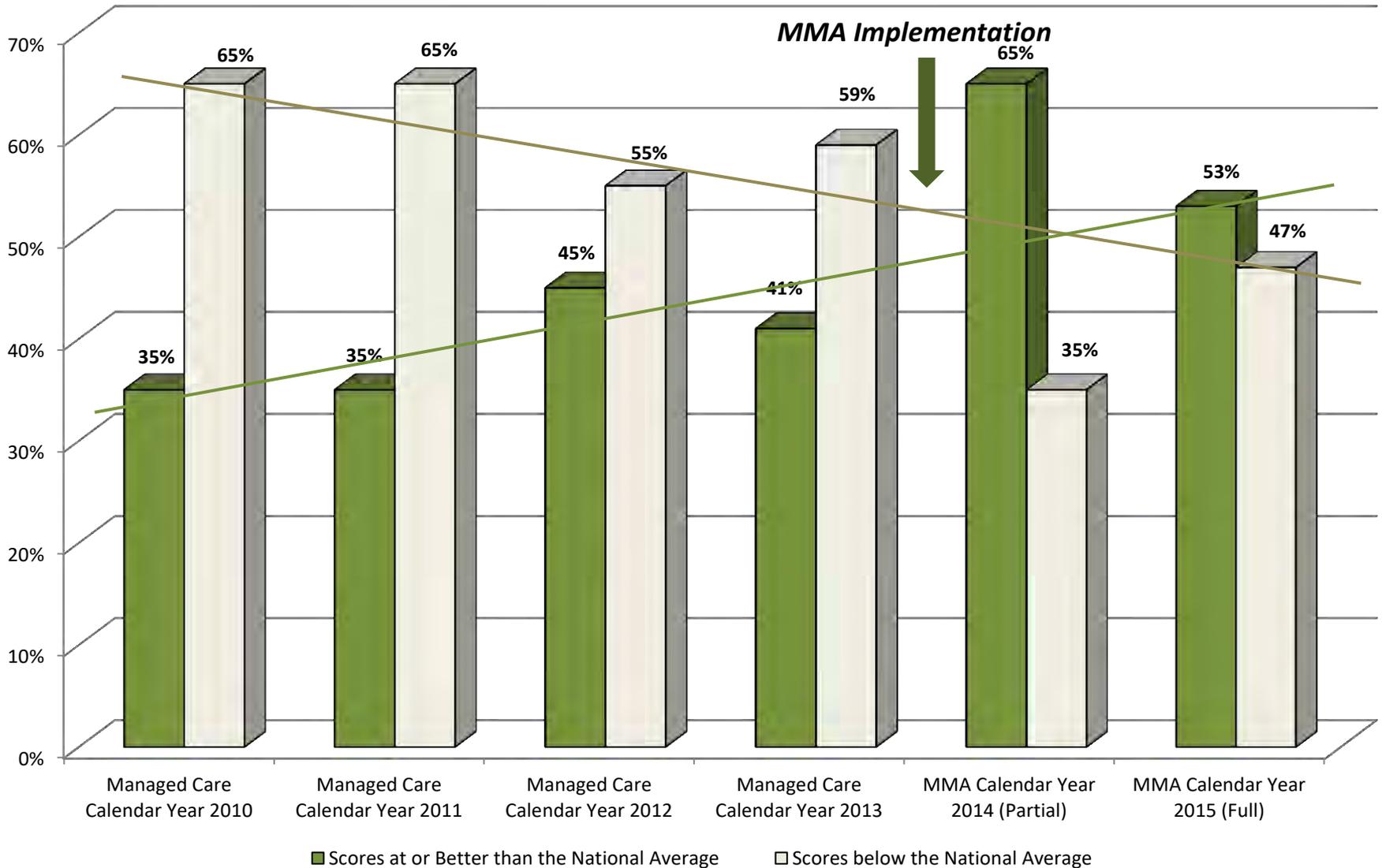
Based on calendar year quarters.

# Choice of Plans and Benefit Packages -- LTC & MMA Plans Provide Expanded Benefits At No Cost to the State

- LTC and MMA plans offer unique expanded benefits, above the Medicaid state plan benefit level.
- MMA Examples:
  - Preventive adult dental services
  - Over-the-counter medication and supplies
  - Flu vaccines for adults
  - Lodging and food when traveling to receive medical services
- LTC Examples:
  - Support for transition out of a nursing facility (e.g., rent deposit)
  - Preventive adult dental
  - Over-the-counter medications and supplies
  - Non-medical transportation

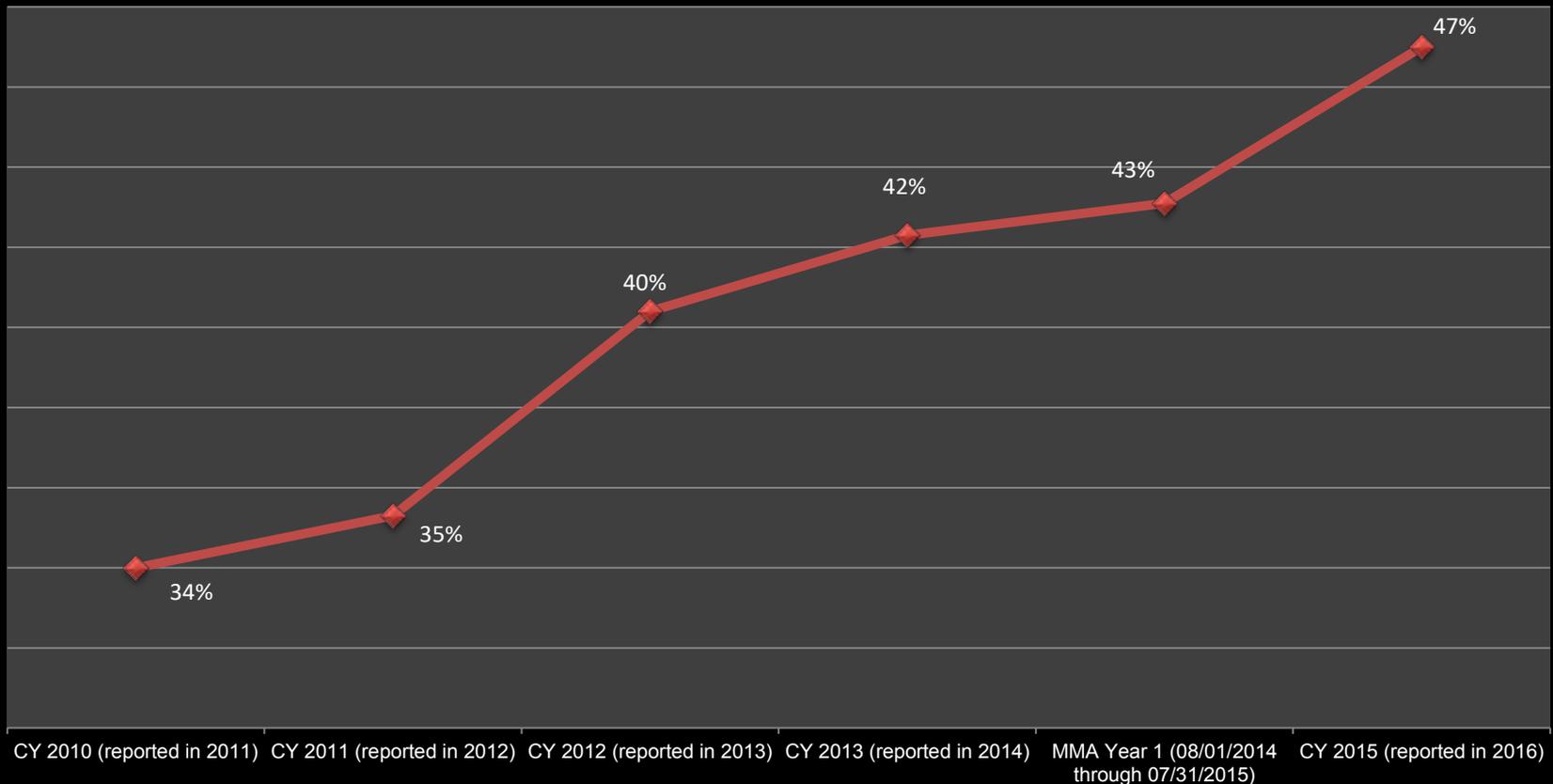


# MMA HEDIS Scores Show that Quality of Care is Better than Pre-SMMC



# MMA HEDIS Dental Score Better than Pre-SMMC

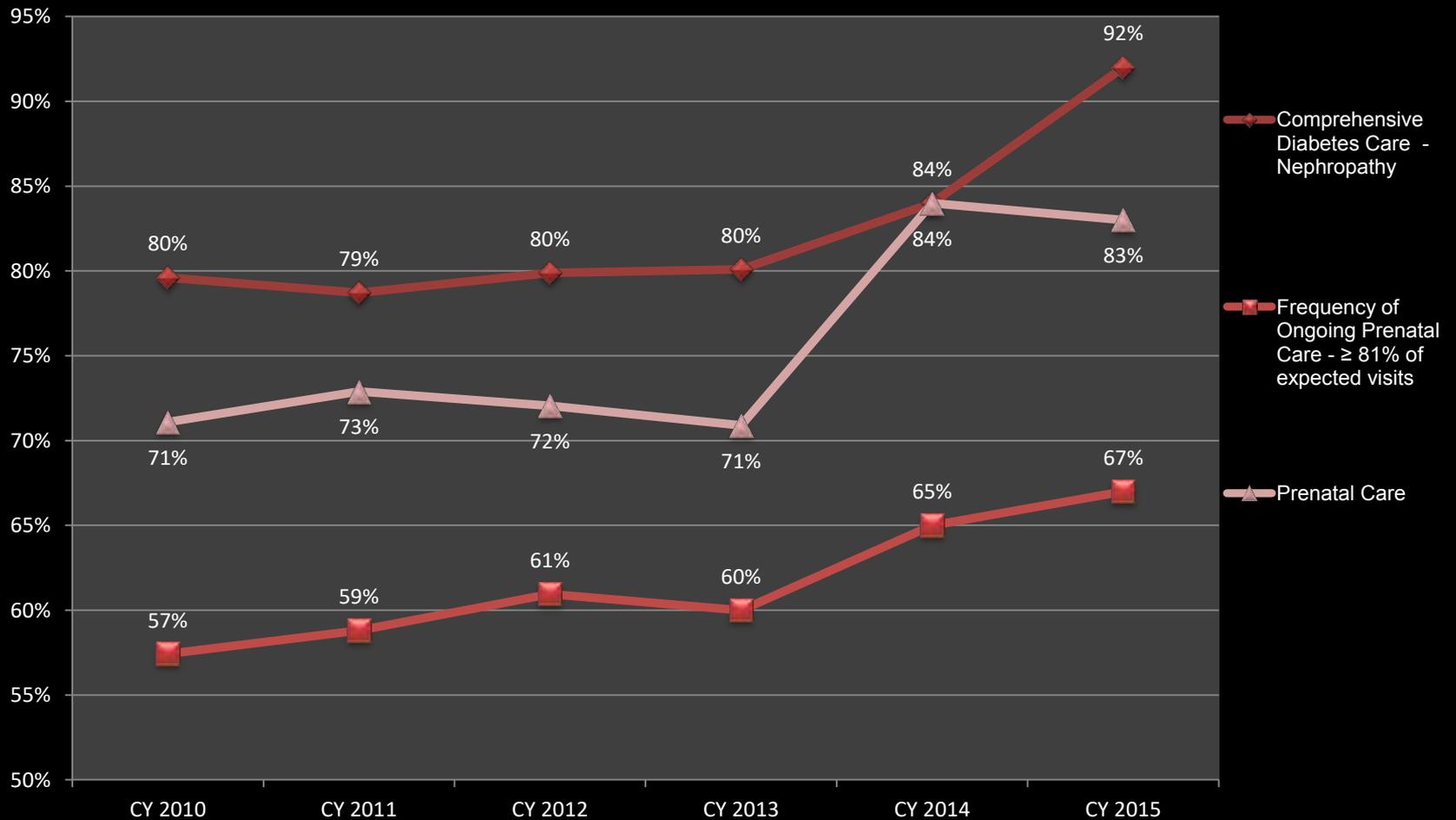
## HEDIS Dental Visit Score Calendar Year 2010 - Calendar Year 2015



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

# MMA HEDIS Scores Continue to Rise

## MMA HEDIS Scores - Calendar Year 2012 - Calendar Year 2015



# Enhanced Transparency – Health Plan Report Cards

- Enrollees can now choose plans based on quality.
- Includes measures related to important topics such as:
  - Children’s Dental Care
  - Pregnancy Related Care
  - Keeping Adults Healthy
- 2015 Report Card: Contains information on all MMA plans participating during the year.
- Online at: [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov)



# LTC & MMA Enrollee Satisfaction is High

## *2016 LTC Enrollee Satisfaction*

Respondents who rated their LTC case manager an 8, 9, or 10 out of 10.	80%
Respondents who rated their LTC services an 8, 9, or 10 out of 10.	80%
Respondents who rated their LTC plan an 8, 9, or 10 out of 10.	78%
Respondents who stated their quality of life has improved since enrolling in their LTC plan.	76%

## *2016 MMA Enrollee Satisfaction (CAHPS) ADULTS ABOUT THEIR OWN EXPERIENCE*

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

## *2016 MMA Enrollee Satisfaction (CAHPS) PARENTS ABOUT THEIR CHILD'S EXPERIENCE*

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

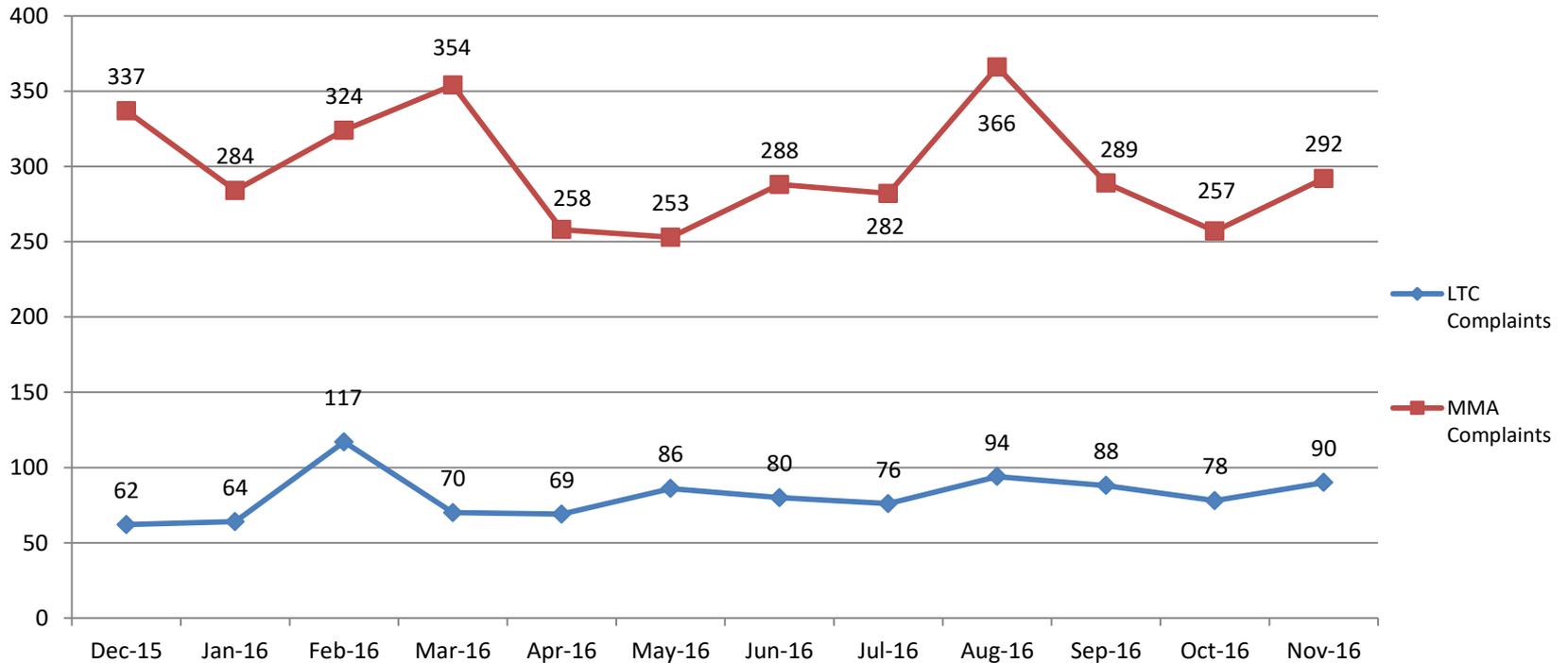
# Enhanced Transparency -- Centralized Complaint Hub

- Streamline and better track and respond to all complaints and issues received.
- Identify trends related to specific issues or specific plans.
- Report issues online or by toll-free phone.
- Monthly reports online at:  
[http://ahca.myflorida.com/medicaid/statewide\\_mc/program\\_issues.shtml](http://ahca.myflorida.com/medicaid/statewide_mc/program_issues.shtml)
- **The following numbers represent ALL issues reported, regardless of whether they were substantiated.**



# Enhanced Transparency -- Provider Complaints reported since December 1, 2015

# of Managed Medical Assistance and Long-term Care Provider Complaints reported to the Agency for Health Care Administration Medicaid Complaint Center - December 2015 through November 2016



Average Number of MMA Complaints per 1,000 Enrollees

.1 Per Month

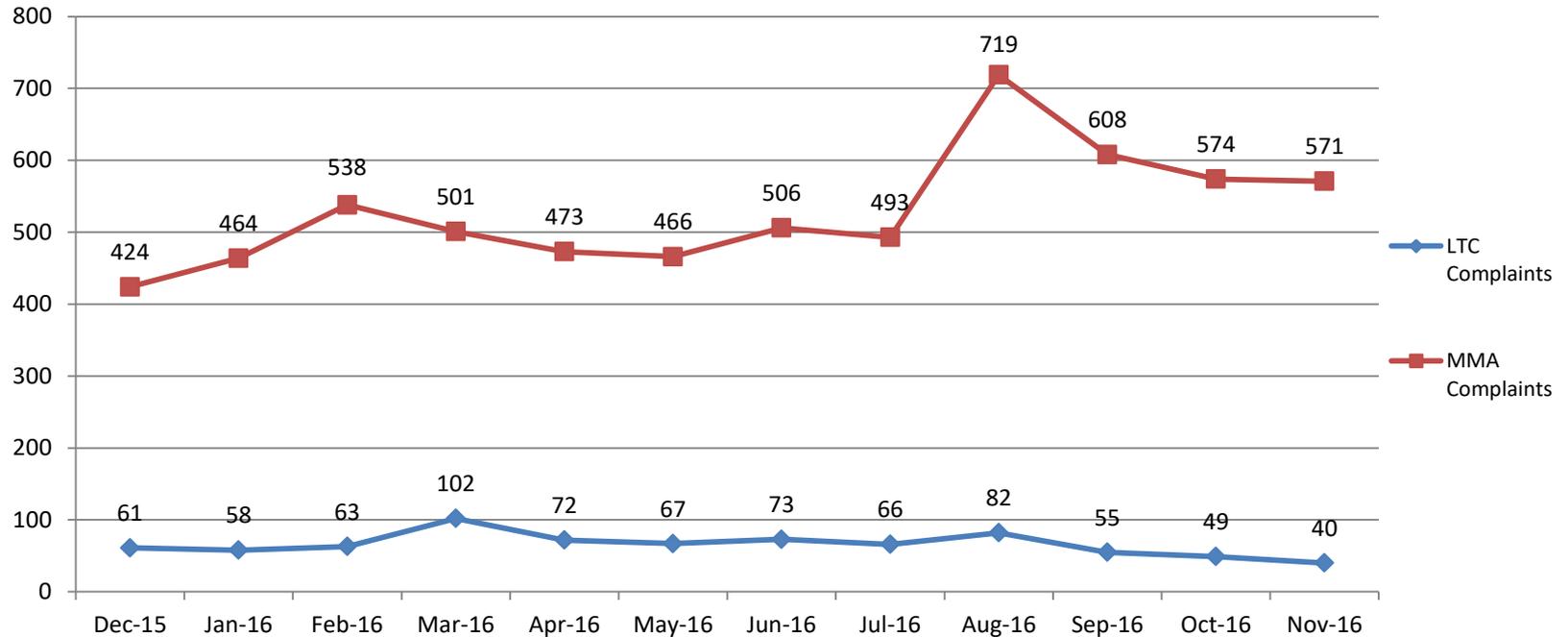
Average Number of LTC Complaints per 1,000 Enrollees

.9 Per Month



# Enhanced Transparency -- Recipient Complaints reported since December 1, 2015

# of Managed Medical Assistance and Long-term Care Recipient Complaints reported to the Agency for Health Care Administration Medicaid Complaint Center - December 2015 through November 2016



Average Number of MMA Complaints per 1,000 Enrollees

.2 Per Month

Average Number of LTC Complaints per 1,000 Enrollees

.7 Per Month



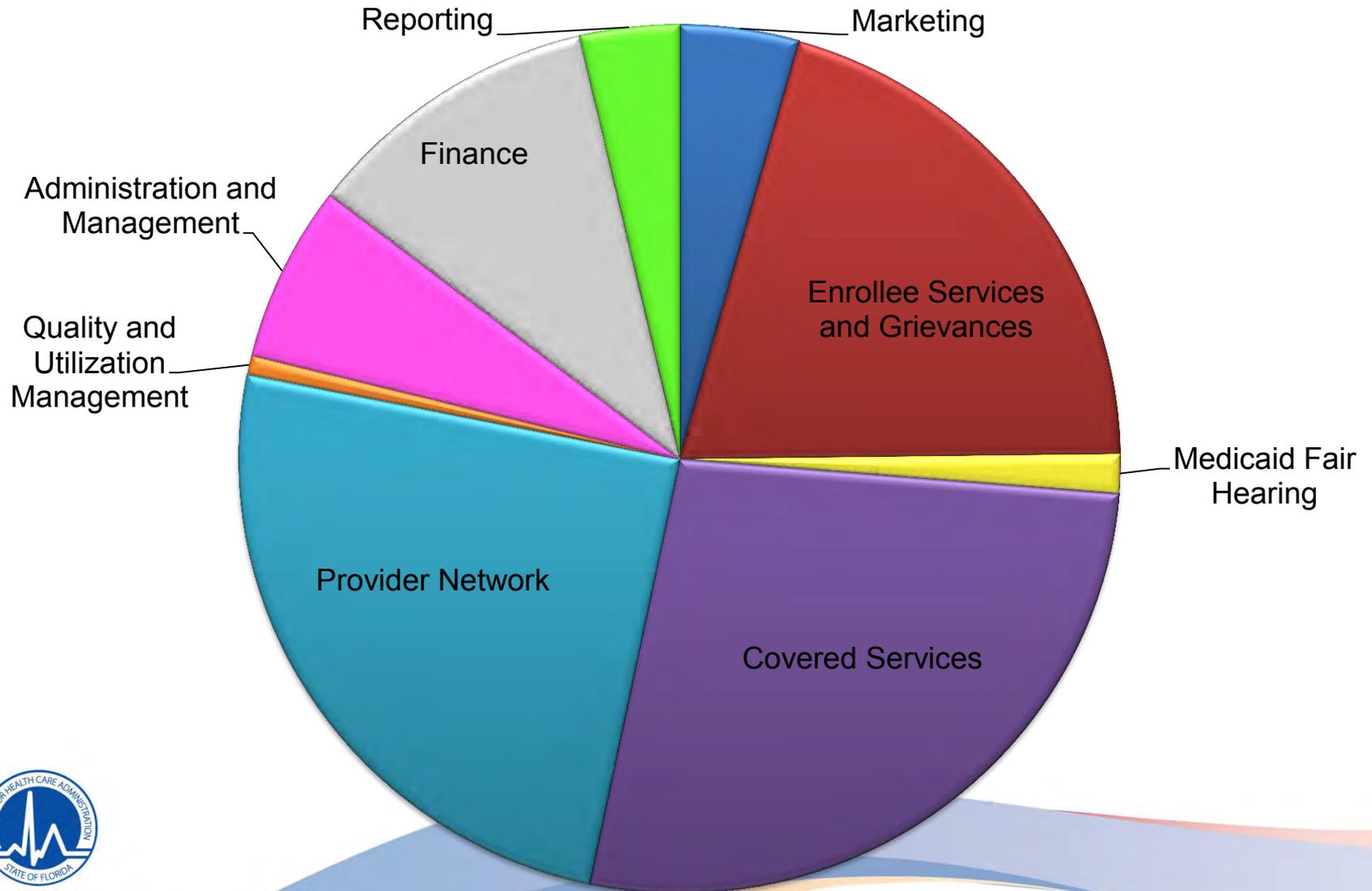
# Enhanced Transparency -- Enforcing Compliance

- The Agency monitors health plans to ensure they comply with their contract, e.g.:
  - Weekly reviews of recipient and provider complaints
  - Analysis of dozens of regular reports from plans
  - “Secret Shopper” calls and visits related to marketing and verifying the plans’ provider networks
- If plans are out of compliance with their contract the Agency can impose:
  - Corrective action plans
  - Monetary liquidated damages, and/or
  - Sanctions (monetary or non-monetary)



# Compliance Actions (MMA and LTC) by Category

SFY 2015-2016



# 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?





## HEDIS Measures

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures for health plans in the United States. Florida Medicaid uses HEDIS scores to track how our health plans are performing from year to year. This allows the state to track its performance over time and to compare its performance with other states.

Below are examples of select HEDIS scores broken out by plan for calendar years 2014 and 2015. All HEDIS scores for 2014 and 2015 can be accessed on the Agency's website through the following link: [http://ahca.myflorida.com/Medicaid/quality\\_mc/submission.shtml](http://ahca.myflorida.com/Medicaid/quality_mc/submission.shtml)

<b>Timeliness of Prenatal Care</b>		
<b>Plan Name</b>	<b>CY 2014</b>	<b>CY 2015</b>
<b>Amerigroup</b>	85%	86%
<b>Better Health</b>	78%	79%
<b>Clear Health</b>	**	73%
<b>Children's Medical Services</b>	**	57%
<b>Community Care Plan</b>	72%	82%
<b>Coventry</b>	87%	93%
<b>Humana</b>	87%	86%
<b>Magellan</b>	55%	59%
<b>Molina</b>	77%	82%
<b>Positive</b>	**	**
<b>Prestige</b>	87%	66%
<b>Simply</b>	73%	87%
<b>Staywell</b>	85%	85%
<b>Sunshine</b>	81%	83%
<b>Sunshine - CW***</b>	**	61%
<b>United</b>	88%	88%

\*\* = insufficient enrollment to report this measure

<b>Preventive Dental Services</b>		
<b>Plan Name</b>	<b>CY 2014</b>	<b>CY 2015</b>
<b>Amerigroup</b>	7%	34%
<b>Better Health</b>	20%	33%
<b>Clear Health</b>	6%	14%
<b>Children's Medical Services</b>	29%	32%
<b>Community Care Plan</b>	26%	34%
<b>Coventry</b>	11%	31%
<b>Humana</b>	15%	34%
<b>Magellan</b>	9%	17%
<b>Molina</b>	18%	40%
<b>Positive</b>	0%	2%
<b>Prestige</b>	15%	30%
<b>Simply</b>	7%	38%
<b>Staywell</b>	13%	37%
<b>Sunshine</b>	8%	28%
<b>United</b>	8%	31%

<b>Comprehensive Diabetes Care - Nephropathy</b>		
<b>Plan Name</b>	<b>CY 2014</b>	<b>CY 2015</b>
<b>Amerigroup</b>	85%	95%
<b>Better Health</b>	94%	90%
<b>Clear Health</b>	91%	85%
<b>Children's Medical Services</b>	**	74%
<b>Community Care Plan</b>	86%	91%
<b>Coventry</b>	89%	95%
<b>Humana</b>	90%	94%
<b>Magellan</b>	**	90%
<b>Molina</b>	78%	91%
<b>Positive</b>	79%	90%
<b>Prestige</b>	83%	92%
<b>Simply</b>	96%	88%
<b>Staywell</b>	82%	95%
<b>Sunshine</b>	79%	84%
<b>Sunshine - CW</b>	**	**
<b>United</b>	83%	94%

\*\* = insufficient enrollment to report this measure

**FY 15/16  
SMMC FINAL ACTIONS BY ISSUE TYPE**

	AHF/Positive	American Eldercare	Amerigroup	Better	Community Care Plan	Clear	Children's Medical Services Network	Coventry	Humana	Magellan	Molina	Prestige*	Simply	Staywell*	Sunshine	United	Total
<b>Marketing</b>	0	0	2	0	0	0	0	0	1	0	3	0	0	0	0	0	6
UNAPPROVED EVENT			1								2						3
UNAPPROVED MATERIALS			1								1						2
UNLICENSED AGENT								1									1
<b>Enrollee Services and Grievances</b>	0	4	2	0	1	0	0	1	6	2	1	0	0	4	4	3	28
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS		3	2					1	4					4	3	3	20
UNTIMELY ENROLLEE MATERIALS								2									2
FAILURE TO FILE ACCURATE REPORT		1							2						1		4
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS					1						1						2
<b>Medicaid Fair Hearing</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
FAILURE TO PROVIDE WITNESS														1	1		2
<b>Covered Services</b>	1	7	3	2	0	2	1	3	3	0	2	2	1	3	2	5	37
FAILURE TO PROVIDE COC	1							1	1		1	1	1	1			7
FAILURE TO COMPLY WITH CARE COORDINATION REQ		1					1	2						2		1	7
MEDICAL NECESSITY/EPST			1								1	1				1	4
TRANSPORTATION			2	2		2			1						2	1	10
FAILURE TO FILE ACCURATE REPORT		3														1	4
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS		3						1								1	5
<b>Provider Network</b>	3	0	2	0	0	2	0	2	3	2	5	3	2	5	3	2	34
FAILURE TO MEET PROVIDER NETWORK STANDARDS									1		3	1		3	1		9
FAILURE TO SUBMIT PROVIDER NETWORK FILE	1																1
FAILURE TO UPDATE ONLINE DIRECTORIES	2		2			2		2	2	2	2	2	2	2	2	2	24
<b>Quality and Utilization Management</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS															1		1
<b>Administration and Management</b>	0	1	0	0	0	0	1	2	1	0	1	3	0	0	0	0	9
CLAIMS PROCESSING		1						2				3					6
FAILURE TO COMPLY WITH ACA								1									1
FAILURE TO COMPLY WITH ENCOUNTER AD HOC										1							1
FAILURE TO COMPLY WITH ENRCOUNTER REQUIREMENTS							1										1
<b>Finance</b>	3	1	1	1	0	1	0	3	1	0	0	2	2	0	0	0	15
FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS												2					2
FAILURE TO FILE ACCURATE REPORT	3		1	1		1		2	1				2				11
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS		1						1									2
<b>Reporting</b>	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	2	5
HIPPA																1	1
FAILURE TO RESPOND TO AD HOC REQUEST					1											1	2
FAILURE TO FILE ACCURATE REPORT	1																1
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS															1		1
<b>Total Actions:</b>	8	13	10	3	2	5	2	11	15	4	12	10	5	13	12	12	
<b>Total LD Dollar Amount:</b>	\$5,750	\$139,000	\$83,000	\$2,500	\$500	\$3,500		\$114,250	\$101,500	\$3,500	\$50,000	\$140,250	\$24,000	\$25,500	\$313,500	\$125,000	\$1,131,750
<b>Total Sanction Dollar Amount:</b>			\$2,500		\$2,500			\$5,000			\$2,500	\$2,500		\$22,500			\$37,500
<b>GRAND TOTAL: 137</b>																	
<b>TOTAL AMOUNT: \$1,169,250</b>																	

\*Plans had enrollment frozen for a period of time due to non-compliance with contract.

**Q1 FY 16/17  
SMMC FINAL ACTIONS BY ISSUE TYPE**

	AHF/Positive	American Eldercare	Amerigroup	Better	Community Care Plan	Clear	Children's Medical Services Network	Coventry	Humana	Magellan	Molina	Prestige	Simply	Staywell	Sunshine	United	Total
<b>Marketing</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UNAPPROVED EVENT																	0
UNAPPROVED MATERIALS																	0
UNLICENSED AGENT																	0
<b>Enrollee Services and Grievances</b>	0	1	0	0	0	0	0	0	2	0	0	0	0	2	1	1	7
FAILURE TO COMPLY WITH ENROLLEE NOTICE REQUIREMENTS		1							2					2	1	1	7
UNTIMELY ENROLLEE MATERIALS																	0
FAILURE TO FILE ACCURATE REPORT																	0
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS																	0
<b>Medicaid Fair Hearing</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
FAILURE TO PROVIDE WITNESS														1			1
FAILURE TO SUBMIT EVIDENCE PACKET																1	1
<b>Covered Services</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
FAILURE TO PROVIDE COC																	0
FAILURE TO COMPLY WITH CARE COORDINATION REQ																	0
MEDICAL NECESSITY/EPSDT																	0
TRANSPORTATION																	0
FAILURE TO FILE ACCURATE REPORT																	0
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS																1	1
<b>Provider Network</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FAILURE TO MEET PROVIDER NETWORK STANDARDS																	0
FAILURE TO SUBMIT PROVIDER NETWORK FILE																	0
FAILURE TO UPDATE ONLINE DIRECTORIES																	0
<b>Quality and Utilization Management</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS																	0
<b>Administration and Management</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CLAIMS PROCESSING																	0
FAILURE TO COMPLY WITH ACA																	0
FAILURE TO COMPLY WITH ENCOUNTER AD HOC																	0
FAILURE TO COMPLY WITH ENRCOUNTER REQUIREMENTS																	0
<b>Finance</b>	3	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	5
FAILURE TO COMPLY WITH FINANCIAL REQUIREMENTS	2																2
FAILURE TO FILE ACCURATE REPORT	1																1
FAILURE TO TIMELY SUBMIT REQUIRED REPORTS				1									1				2
<b>Reporting</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
HIPPA																1	1
FAILURE TO RESPOND TO AD HOC REQUEST																	0
FAILURE TO FILE ACCURATE REPORT																	0
<b>Total Actions:</b>	3	1	0	1	0	0	0	0	2	0	0	0	1	3	1	4	
<b>Total LD Dollar Amount:</b>	\$38,000	\$500		\$2,500					\$3,500				\$3,500	\$1,500	\$500	\$22,000	
<b>Total Sanction Dollar Amount:</b>	\$2,500																

**GRAND TOTAL: 16  
TOTAL DOLLARS: \$74,500**