

Health Care Appropriations Subcommittee

Meeting Packet

October 9, 2013 4:00 PM—6:00 PM

Webster Hall

Will Weatherford Speaker Matt Hudson Chair



AGENDA

Health Care Appropriations Subcommittee October 9, 2013 4:00 p.m.—6:00 p.m. Webster Hall

- I. Call to Order/Roll Call
- II. Opening Remarks
- III. Update on Statewide Medicaid Managed Care Expansion
 - Liz Dudek, Secretary for the Agency for Health Care Administration
- IV. Update on Community Action Teams (CAT Teams) and the expansion of Substance Abuse Services for Pregnant Women and their Affected Families Pilot Programs
 - Nevin Smith, Interim Assistant Secretary, Substance Abuse and Mental Health, Department of Children & Families
- V. Closing Remarks/Adjournment



Statewide Medicaid Managed Care Update

Elizabeth Dudek Secretary, Agency for Health Care Administration

House Health Care Appropriations Subcommittee October 9, 2013



Statewide Medicaid Managed Care Program

- The Agency is in the process of implementing the Statewide Medicaid Managed Care (SMMC) program
 - Part IV of Chapter 409, F.S., created during the 2011 Legislative Session.
- The SMMC program has two key components:
 - the Long-term Care (LTC) Managed Care program
 - the Managed Medical Assistance (MMA) program





Statewide Medicaid Managed Care Goals

The goals of the Statewide Medicaid Managed Care Program are:

- improved coordination of care
- a system that focuses on improving the health of recipients, not just paying claims when people are sick
- enhanced accountability
- recipient choice of plans and benefit packages
- flexibility to offer services not otherwise covered
- enhanced fraud and abuse prevention through contract requirements.



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Long-term Care Program



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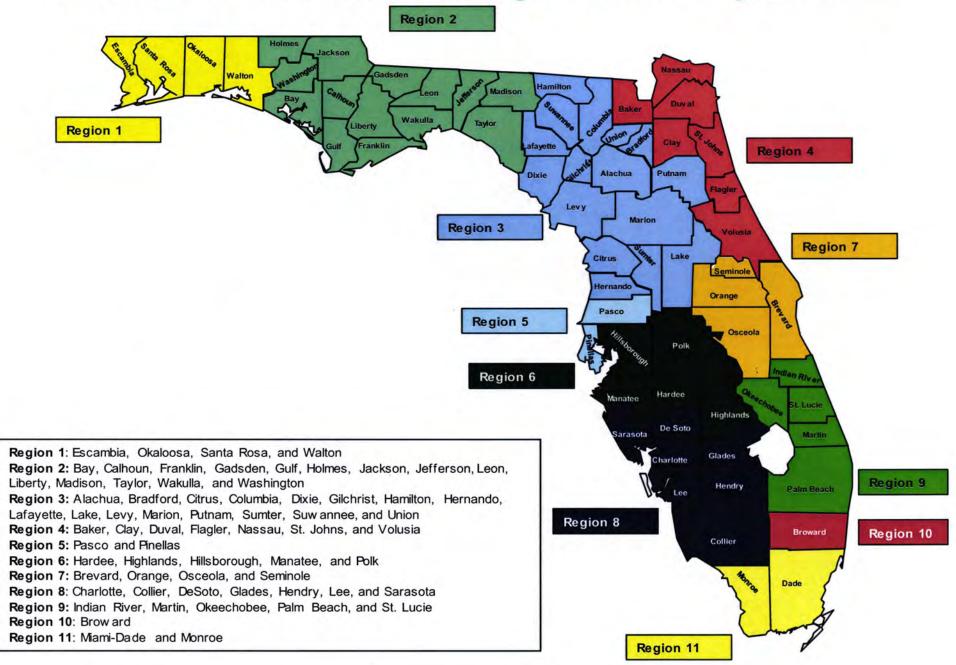
Long-term Care Program Implementation

- On February 1, 2013, the Agency received federal approval of the waiver it needed to implement the LTC component of the SMMC program.
- The Agency completed its competitive procurement in early 2013 and has already navigated the bid protest process. The Agency selected seven plans to participate in the LTC program – six HMOs and one PSN.
- LTC program began on August 1, 2013, in the Orlando area and is being rolled out on a regional basis.





Statewide Medicaid Managed Care Region Map



Goals of the Long-term Care Program Rollout

- No services missed
- No recipients required to move



Long-term Care Program Roll Out Schedule

Region	Date Enrolled in LTC Plans				
1	March 1, 2014				
2	November 1, 2013				
3	March 1, 2014				
4	March 1, 2014				
5	February 1, 2014				
6	February 1, 2014				
*7	August 1, 2013				
*8	September 1, 2013				
*9	September 1, 2013				
10	November 1, 2013				
11	December 1, 2013				



*LTC recipients in Regions 7, 8, and 9 are now enrolled in LTC managed care plans.

Plans Selected for Long-term Care Program Participation

				LTC Plans		Res Int	
Region	American Eldercare, Inc.	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan	United Healthcare of Florida, Inc.
1	х					x	
2	x						x
3	x		a la			x	х
4	x			x	and the w	X	x
5	x				x	X	х
6	x		X		х	X	х
7	x		X			x	x
8	x					X	х
9	x		X			X	х
10	x	х		x		X	
11	х	x	x	х	x	x	x

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Current Long-term Care Program Enrollment by Plan

August 1, 2013 and September 1, 2013							
August 1, 2013 September 1,							
American Eldercare, Inc.	2,974	5,942					
United Healthcare of Florida, Inc.	2,227	5,331					
Coventry Health Plan	1,040	2,243					
Sunshine State Health Plan	2,524	7,023					
Total	8,765	20,539					





Managed Medical Assistance Program



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Managed Medical Assistance Program Implementation

- Florida Medicaid will implement the Managed Medical Assistance program beginning in 2014.
- The Managed Medical Assistance procurement may be the largest procurement in Florida government.
 - The MMA ITN was released on December 28, 2012.
 - The Agency posted awards on September 23, 2013.



Managed Medical Assistance Program Implementation

- The Agency selected 10 companies to serve as general, non-specialty MMA plans.
- Five different companies were selected to provide specialty plans that will serve populations with a distinct diagnosis or chronic condition; these plans are tailored to meet the specific needs of the specialty population.
- The Agency selected eight Florida-based plans: Better Health, LLC; First Coast Advantage, LLC; Integral Health Plan, Inc. d/b/a Integral Quality Care; Preferred Medical Plan, Inc.; Prestige Health Choice; Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida; Freedom Health, Inc.; and Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance HIV/AIDS Specialty Plan.
- Comprehensive plans will be available in all regions except Region 2.





Goals of the Managed Medical Assistance Program Rollout

- Ensure continuity of care
- Ensure networks are strong
- Ensure all providers are paid timely



Managed Medical Assistance Program Roll Out Schedule

- Due to pending protests the Agency does not currently have a roll out schedule.
- Florida Statute requires the roll out to be completed by October 2014.
- Roll out schedule will be submitted to federal CMS by October 31, 2013.



Plans Selected for Managed Medical Assistance Program Participation (General, Non-specialty Plans)

					MMA	Plans				
Region	Amerigroup Florida, Inc.	Better Health, LLC	First Coast Advantage, LLC	Humana Medical Plan, Inc.	Integral Health Plan, Inc. d/b/a Integral Quality Care	Preferred Medical Plan, Inc.	Prestige Health Choice	Sunshine State Health Plan, Inc.	United Healthcare of Florida, Inc.	Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida
1		х		х	S. A. S.					
2							Х			X
3							х	х		х
4			x					х	x	
5	x						x	x		x
6	x	x	3956	X	X		X	x		X
7							x	x		X
8					X			Х		X
9				x			x	x		
10		x		X				X		
11				х		x	x	x	х	x

Plans Selected for Managed Medical Assistance Program Participation (Specialty Plans)

	MMA Plans							
Region	AHF MCO of Florida, Inc. D.B.A. Positive Healthcare Florida HIV/AIDS Specialty Plan	Florida MHS, Inc. d/b/a Magellan Complete Care Serious Mental Illness Specialty Plan	Freedom Health, Inc. Cardiovascular Disease (CVD) Specialty Plan	Freedom Health, Inc. Chronic Obstructive Pulmonary Disease (COPD) Specialty Plan	Freedom Health, Inc. Congestiv e Heart Failure (CHF) Specialty Plan	Freedom Health, Inc. Diabetes Specialty Plan	Simply Healthcare Plans, Inc. d.b.a. Clear Health Alliance HIV/AIDS Specialty Plan	Sunshin e State Health Plan, Inc. Child Welfare Specialty Plan
1		Man Line					x	х
2		x					x	х
3			х	х	x	x	x	X
4		x						X
5		x	х	х	x	x	x	x
6		х	Х	x	х	x	x	x
7		x	x	X	х	x	x	X
8			x	x	х	x	x	Х
9		х	X	X	x	X	x	x
10	х	x	X	x	х	X	x	x
11	X	X	х	х	х	x	X	X

Added Value/ Benefits

- The Agency negotiated added value/benefits with selected managed care plans in the Managed Medical Assistance portion of the Statewide Medicaid Managed Care program.
- Areas where added value/benefits were achieved include:
 - Expanded benefits
 - Enhanced network adequacy standards
 - Establishing minimum thresholds for electronic health records (meaningful use) adoption
 - Enhanced standards related to claims processing, prior authorization, and enrollee/provider help line (call center operations).





Expanded Benefits

List of Expanded Benefits	# of Plans Offering
Expanded adult dental services	0
Expanded primary care visits for non-pregnant adults	10
Expanded home health care for non-pregnant adults	8
Expanded physician home visits	7
Expanded prenatal/perinatal visits	o
Expanded outpatient hospital services	8
Over the counter medication and supplies	o
Waived co-payments	o
Expanded vision services	10
Expanded hearing services	8
Newborn circumcisions	0
Pneumonia vaccine	o
Influenza vaccine	10
Shingles vaccine	80
Post-discharge meals	8
Nutritional counseling	8
Pet therapy	2
Art therapy	4
Equine therapy	1
Medically related lodging & food	5
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Network Adequacy Standards

- The managed care plans agreed to enhanced network adequacy standards, which include:
 - Increasing the number of primary care and specialist providers in a region that are accepting new Medicaid enrollees;
 - Increasing the number of primary care providers that that offer after hour appointment availability; and
 - Establishing utilization rates for out-of-network specialty care and hospital admissions.





Electronic Health Records

- The Agency selected plans that were committed to assisting the Agency in our efforts to increase electronic health record adoption.
 - Managed Care Plans agreed to establish thresholds for the number of physicians and hospitals that would adopt meaningful use standards by the end of the second contract year.
 - Managed Care Plans agreed to establish thresholds for the number of enrollees who are assigned to primary care providers meeting meaningful use requirements.



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Additional Enhanced Standards

- Claims processing: The Agency negotiated more timely claims processing timeframes than are required in state and federal regulations.
 - Examples:
 - Selected managed care plans will pay, deny, or contest electronic claims within 15 calendar days.
 - Selected managed care plans will pay, deny, or contest paper claims within 20 calendar days.
 - Selected managed care plans agree to pay 50% all clean claims within 7 calendar days of receipt.





Additional Enhanced Standards

- Prior Authorization: Selected managed care plans agreed to process standard and expedited prior authorization requests more timely. For many of the standards, the timeframes for processing the authorization request have been reduced by almost half.
- Enrollee/Provider Help Line: Selected managed care plans agreed to adhere to more stringent call center performance standards. Areas where we achieved added value include: reduced time for the average speed to answer, reduced call blockage rates, reduced call abandonment rates, and reduced wait times for calls placed in the queue.



New Contracting Requirement

- Managed care plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services. Plans achieve this performance standard when physician payment rates equal or exceed Medicare rates for similar services. (Section 409.967 (2)(a), F.S.)
 - The Agency may impose fines or other sanctions including liquidated damages on a plan that fails to meet this performance standard after 2 years of continuous operation.



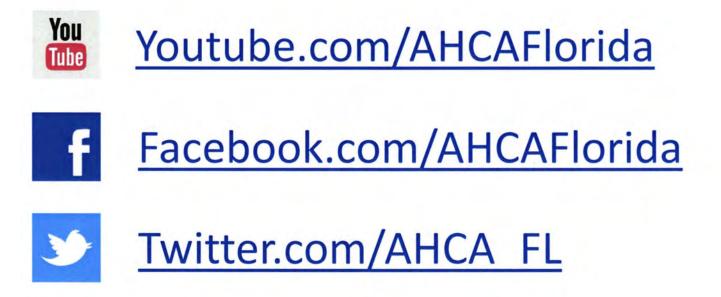
Resources

- Questions can be emailed to: <u>FLMedicaidManagedCare@ahca.myflorida.com</u>
- Updates about the Statewide Medicaid Managed Care program are posted at: <u>http://ahca.myflorida.com/SMMC</u>
- Upcoming events and news can be found on the "News and Events" tab on the SMMC website.
 - Keep up to date on information by signing up to receive program updates through our interested parties list by clicking the red "Sign Up for Program Updates" box on the right hand side of the page.
- For information about the enrollment process and enhanced benefits of each plan, recipients and enrollees may visit <u>http://wwwFLMedicaidManagedCare.com</u>.





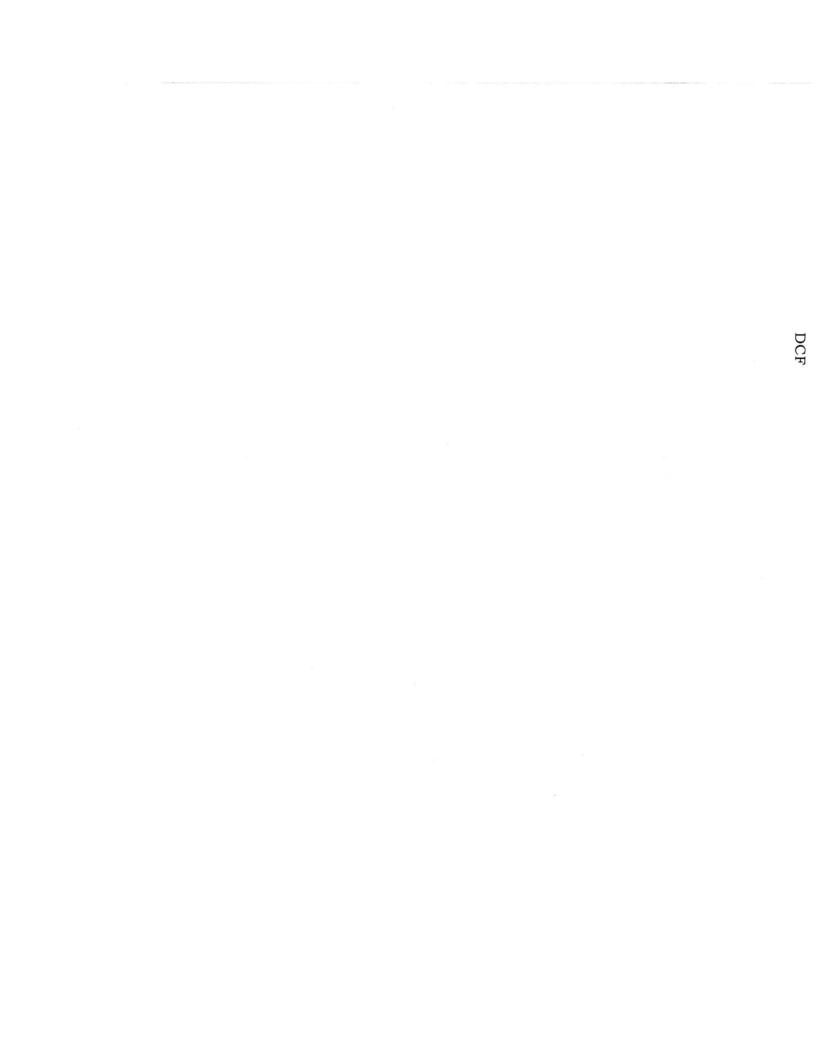
You can find more information on the SMMC program at:





Questions?









Rick Scott, Governor Esther Jacobo, Interim Secretary

FY 2013-14 Proviso Update

October 9, 2013

Nevin Smith, PhD, Interim Assistant Secretary Substance Abuse and Mental Health

Mission: Protect the Vulnerable, Promote Strong and Economically Self- Sufficient Families, and Advance Personal and Family Recovery and Resiliency.

FY 2013-14 GAA Proviso Projects

- Appropriation 352a

 Community Action Teams (CATs)
- Appropriation 375
 - Substance Abuse Services for Pregnant
 Women

Community Action Teams

- Department contracted directly with 10 providers to pilot CATs.
- CATs provide community-based services to children ages 11-21 with a mental health diagnosis or co-occurring substance abuse diagnosis and additional characteristics such as:
 - At risk of out-of-home placement
 - Two or more hospitalizations
 - Involvement with criminal justice
 - Poor academic performance including suspensions

Recurring	\$675,000
Non-Recurring	\$6,075,000
Total	\$6,750,000

Contract Execution

PROVIDER	CONTRACTED WITH DCF AS OF
Manatee Glens	July 26, 2013
David Lawrence Center	July 26, 2013
Mental Health Care	July 26, 2013
Personal Enrichment through Mental Health Services	July 26, 2013
SalusCare (Lee Mental Health)	August 20, 2013
Life Management Center	July 1, 2013
Institute for Child & Family Health	July 26, 2013
Child Guidance Center	July 19, 2013
Circles of Care	July 31, 2013
Peace River Center	August 1, 2013

Providers & Output Targets

Provider	County(s) Served	Output Target (Minimum # Served Annually)	Funding
Manatee Glens	Manatee, & Sarasota, Desoto	60	\$675,000 (NR)
David Lawrence Center	Collier	60	\$675,000 (NR)
Mental Health Care	Hillsborough	60	\$675,000 (NR)
Personal Enrichment through Mental Health Services	Pinellas	60	\$675,000 (NR)
SalusCare (Lee Mental Health)	Lee	60	\$675,000 (R)
Life Management Center	Brevard	60	\$675,000 (NR)
Institute for Child & Family Health	Polk, Highlands, & Hardee	60	\$675,000 (NR)
Child Guidance Center	Miami-Dade	60	\$675,000 (NR)
Circles of Care	Duval	60	\$675,000 (NR)
Peace River Center	Bay	60	\$675,000 (NR)
	14 Counties Served	Minimum of 600 Individuals Served	\$6,750,000

Expected Outcomes for Youth and Families

- A minimum of 65% of enrollees will be diverted from being placed in child welfare, juvenile or criminal justice, or residential care;
- A minimum of 65% of enrollees will improve their level of functioning;
- Each enrollee will attend a minimum of 80% school days;
- Each enrollee older than school age will spend a minimum of 80% of the days in the community;
- A minimum of 65% of enrollees and their families will improve family functioning.

Service Data

PROVIDER	Individuals served as of 9/30/2013
Manatee Glens	16
David Lawrence Center	10
Mental Health Care	14
Personal Enrichment through Mental Health Services	14
SalusCare (Lee Mental Health)	42
Life Management Center	11
Institute for Child & Family Health	7
Child Guidance Center	27
Circles of Care	20
Peace River Center	17
Totals:	178

Substance Abuse Family Treatment Appropriation

- Specific Appropriation 375 allocated \$8,967,000 for substance abuse services
- The Department allocated through the Managing Entities:

	Allocation
Central Florida Behavioral Health	\$1,821,021
Central Florida Cares	\$1,689,000
South Florida	\$1,625,596
Lutheran	\$1,278,352
Broward	\$935,500
Southeast	\$891,724
Big Bend	\$725,807

Managing Entities have adopted variations in strategy to target the use of this funding source

Central Florida Behavioral H	lealth		
Baycare		Pending ex	Residential Services
Operation PAR	\$392,268	Pending ex	Residential Services
Tricounty	\$239,483	Pending ex	Residential Services
First Step of Sarasota		Pending ex	Residential Services
Manatee Glens		Pending ex	Residential Service
Coastal	\$240,656	Pending ex	Residential Services
DACCO		Pending ex	Residential Services
ACTS		Pending ex	Residential Services
Centre for Women	\$294,484	Pending ex	Residential Services
Saluscare		Pending ex	Residential Services
David Lawrence	\$232,439	Pending ex	Residential Services
Baycare	\$422,390	Pending ex	NICU Diversion

South Florida Behavioral Health					
Agape House	\$870,635	ex. 7/12	Residential Services		
Village South	\$755,961	Pending ex	Residential Services		

Southeast Florida Behavioral Health				
Gratitude House	\$145,000	ex 10/1	Residential Services	
PANDA	\$80,190	ex 10/1	Residential Services	
Counseling and Recovery Center	\$240,570	ex 10/1	Residential Services	
Competitive award for diversion services	\$425,964	RFQ posted, anticipated ex. 11/1		

Broward Behavioral		and the state of the	AN INTER A CALL
Susan B Anthony House	\$599,543	ex 9/5	Residential Services
House of Hope	\$67,281	ex 9/5	Residential Services
Competitive award for diversion services	\$268,676	Pending ex	

Central Florida Cares			
Ctr for Drug Free Living	\$1,096,656	ex 10/1	Residential, Outpatient, Case management, Housing overlay
STEPS	\$592,344	ex 10/1	Residential, Outpatient, Transition/Supported, Housing, Aftercare

Big Bend	Sec. 2	in a start of the	
CARE	\$303,795	ex 10/1	Residential, Outpatient Services
DISC Village	\$188,879	ex 10/1	Residential, Case Management
CARE	\$128,605	ex 10/1	Residential, Outpatient Services
Emergency Fund	\$104,528	Services as needed	

Lutheran Services		and the second	
Gateway	\$311,654	ex 9/13	Residential Services
River Region	\$280,955	ex 9/13	Residential Services
SMA	\$93,797	ex 9/13	Residential Services
MBH	\$333,299	ex 9/13	Residential Services
The Centers	\$53,599	ex 9/13	Residential Services
Lifestream	\$53,598	ex 9/13	Residential Services
Healthy Families	\$51,450	ex 9/13	Diversion
Emergency Fund	\$99,909	Services as needed	

Service Status

	Served YTD
Big Bend Community Based Care	56
Broward Behavioral Health Coalition	5
Central FL Behavioral Health Network	372
Central Florida Cares Health System	43
Lutheran Services Florida, Inc.	56
South FL Behavioral Health Network	37
Southeast FL Behavioral Health Network	31
Total Served	600

Questions?