Managed Medical Assistance (MMA) Transportation Meeting

AHCA Update

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Agency for Health Care Administration

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Largo, FL

Topics

- Statewide Medicaid Managed Care (SMMC) Program Update
- New Initiatives
    - Streamlined Credentialing
    - Express Enrollment
- Medicaid Transportation Policy
- Complaint Process

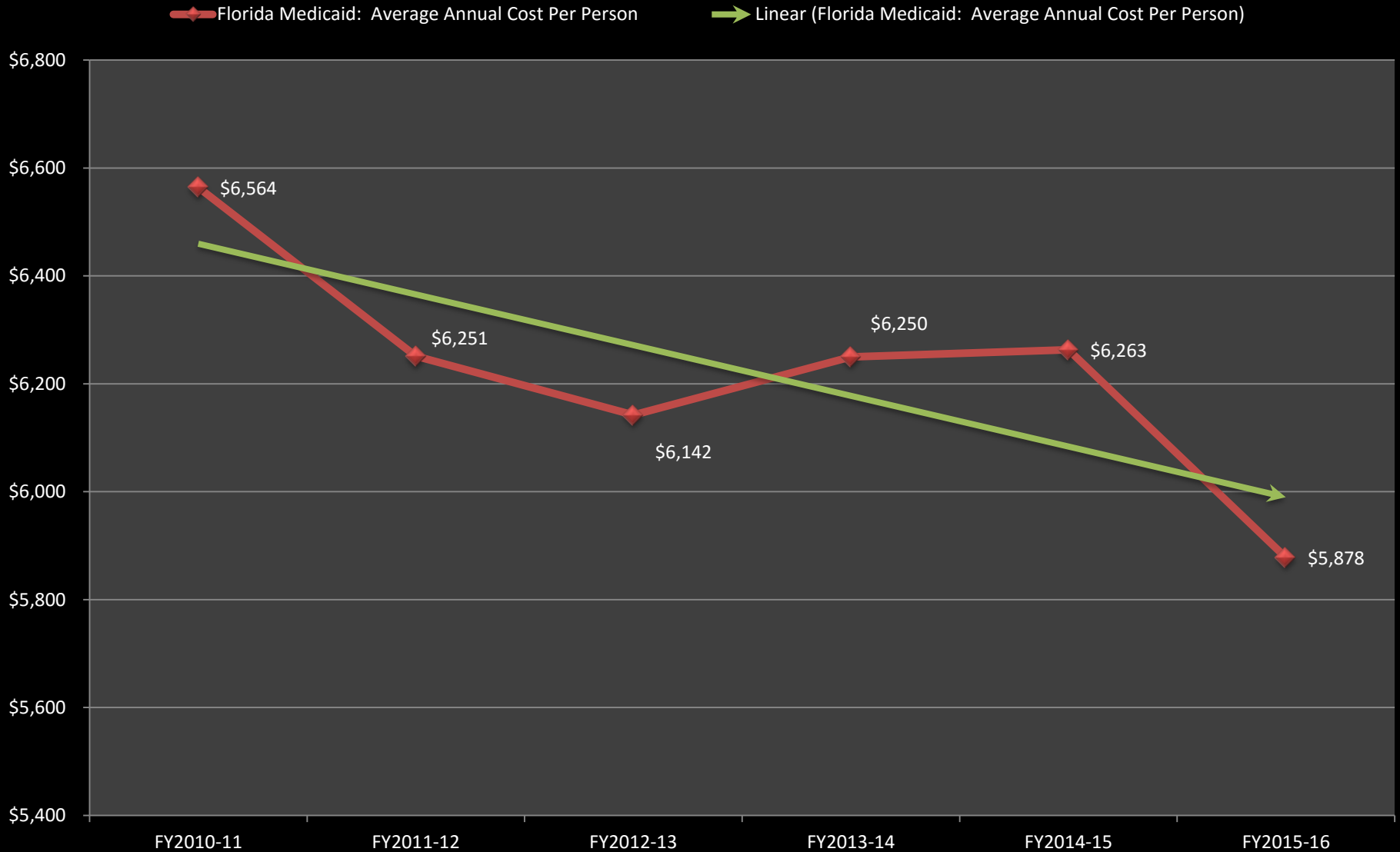Better Health Care for All Floridians
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Statewide Medicaid Managed Care Program

- Most Florida Medicaid recipients are enrolled in one or both components of the Statewide Medicaid Managed Care (SMMC) program, Long-term Care program and Managed Medical Assistance program

- Now that the SMMC program is operational, program performance data is coming in:
  - Initial evidence shows
    - Florida's Medicaid program is currently operating at the highest level of quality in its history, and that it is doing so at a substantial per person savings to Florida's taxpayers.

Florida Medicaid: Average Annual Cost Per Person

◆ Florida Medicaid: Average Annual Cost Per Person ⟶ Linear (Florida Medicaid: Average Annual Cost Per Person)
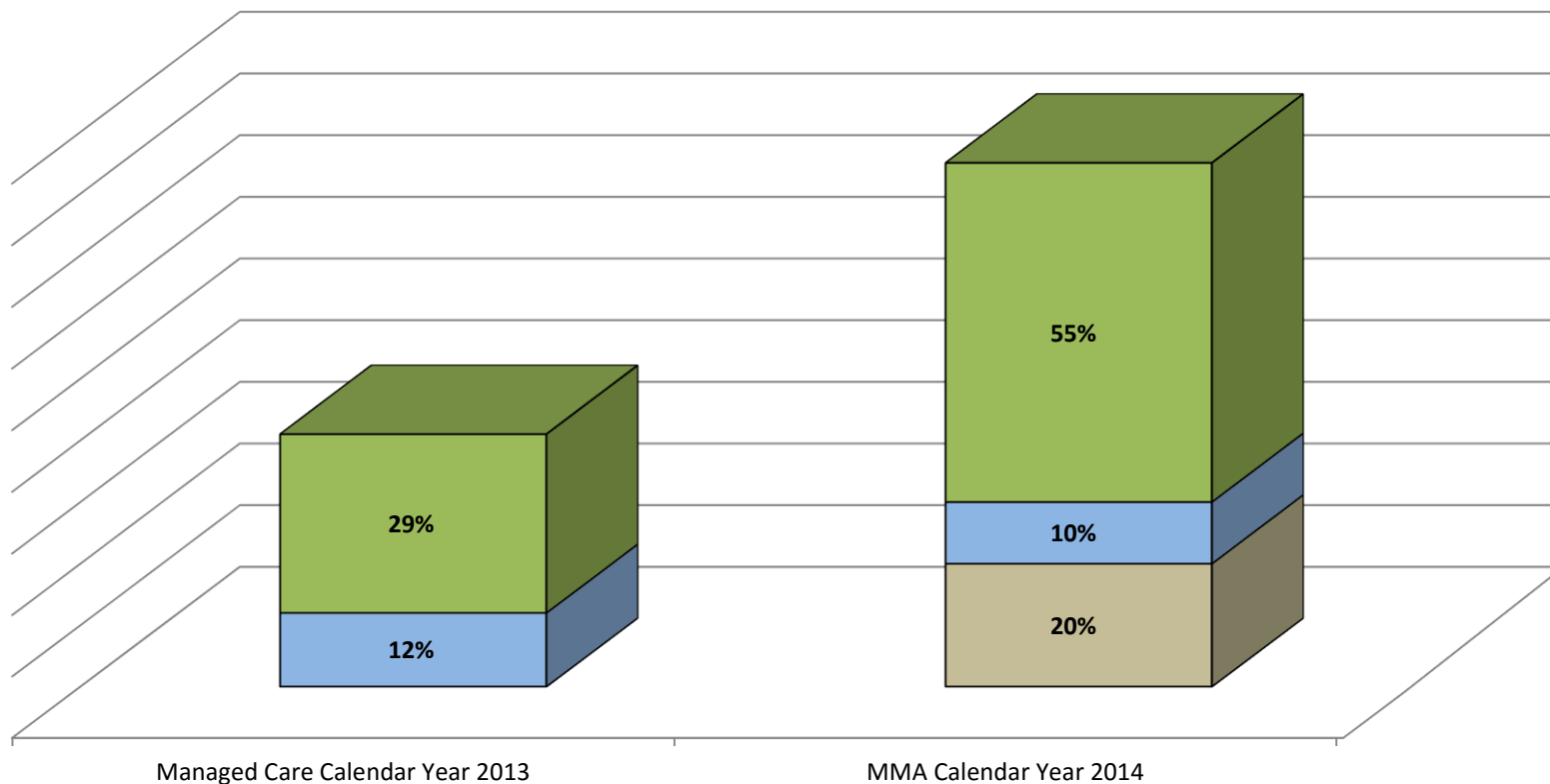

FY 2013-14 and prior data is from the final year end budgets.
FY 2014-15 Medicaid Expenditures data are from the August 28, 2015 Medicaid Expenditure SSEC and Caseload is from July 21, 2015 Medicaid Caseload SSEC
FY 15-16 Medicaid Expenditures data from the August 28, 2015 Medicaid Expenditure SSEC and Caseload is from July 21, 2015 Medicaid Caseload SSEC

Enhanced Quality:
HEDIS Compared to the National Mean

Managed Care Calendar Year 2013
- 29%
- 12%

MMA Calendar Year 2014
- 55%
- 10%
- 20%

■ Scores better than the National Mean

■ Scores at the National Mean

■ Scores below National Mean in calendar year 2014, but higher than managed care scores in calendar year 2013

Note: If non-reform and Reform are separated when calculating the percentage of "the scores below the National Mean in calendar year 2014, but higher than managed care scores in calendar year 2013", the overall percentage would be 14%.

Enhanced Access:
Increased Physician and Dental Provider Participation

Dental Providers	November 2013	June 2015	Total % Change from Nov-2013 to Jun-2015
Total Participating FFS Fully Enrolled MDs and Dos	35,317	37,076	4.98%
Total Participating Registered MDs and Dos	4,382	5,573	27.18%
Total Participating MDs and Dos	39,699	42,649	7.43%
Total Participating FFS Fully Enrolled Dentists	1,414	1,544	9.19%
Total Participating Registered Dentists	470	775	64.89%
Total Participating Dentists	1,884	2,319	23.09%

Source: These data were pulled from the monthly DSS provider enrollment reports.

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Streamlined Credentialing Overview

- Began December 2015

- Allows providers seeking to participate in health plan to complete Limited Enrollment provider application

- Provides Medicaid provider ID (required for health plan contracting) upon completion of Limited Enrollment

- Eliminates need for providers to undergo these basic credentialing activities for each health plan

Limited Enrollment NOT Full Health Plan Credentialing

- Assignment of a Medicaid provider ID does not guarantee a place in the network of any plan

- Each plan may apply their own standards for provider credentialing beyond what is required by Medicaid

- Fee-for-service providers must seek traditional Full Enrollment in order to directly bill Medicaid for reimbursement

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Express Enrollment Overview

- Begins January 2016

- Gives recipients the opportunity to make a health plan choice concurrent with eligibility application

- Assigns Medicaid-eligible individuals who are mandated to participate in the MMA program to a health plan immediately after eligibility determination

- Provides Medicaid recipients with 120 days to choose a different plan in their region

What Express Enrollment Will NOT Change

- There is no change to:
  - Who is eligible to enroll
  - Who is required to enroll
  - Services offered under the MMA program
- Choice counseling is still available for all recipients online or by calling the Call Center
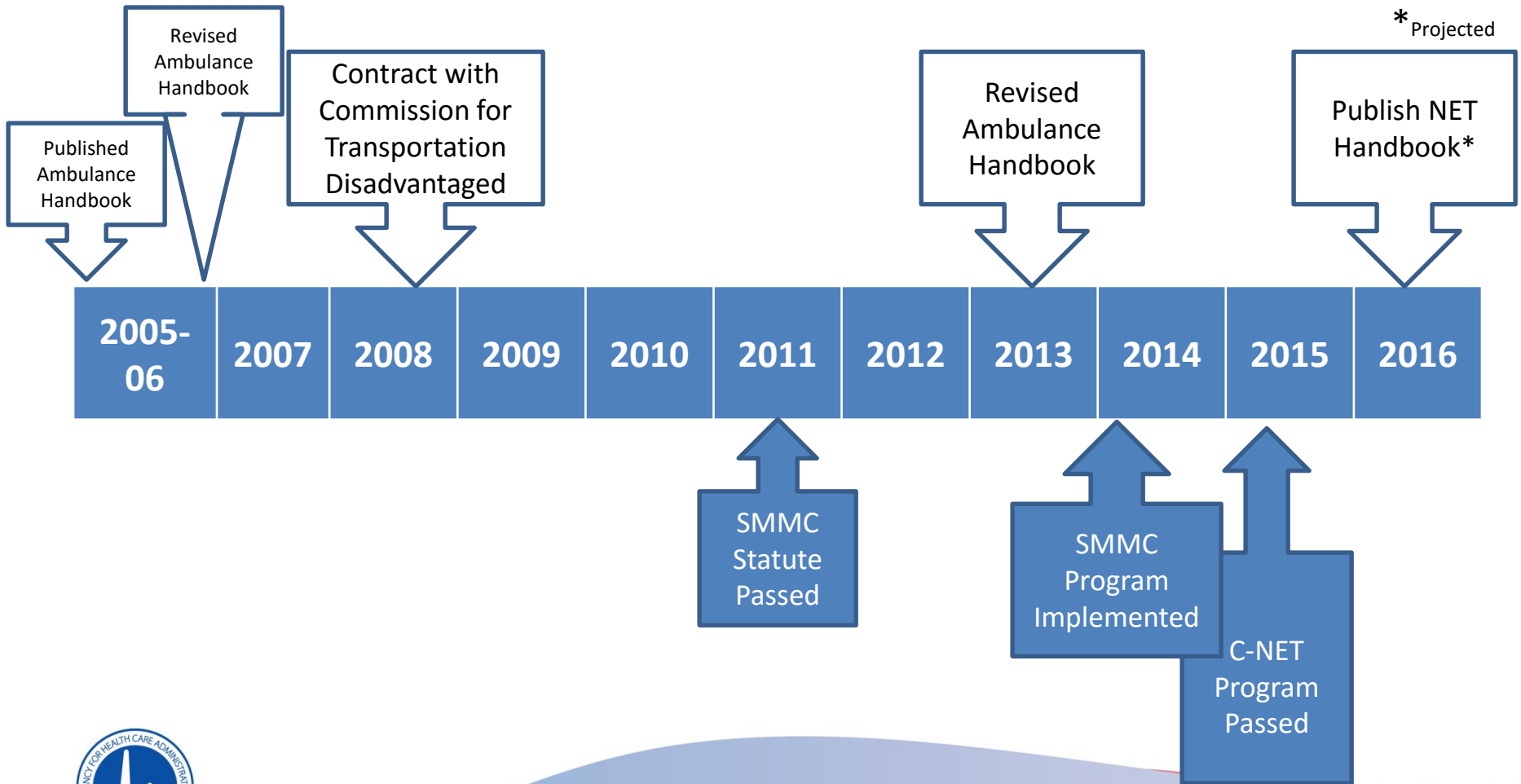- **Express Enrollment does NOT impact the LTC program**

Overview of the New Coverage Policies

❖ The Agency reviewed all existing Medicaid related rules during the last state fiscal year.

❖ We identified that the majority would need to be updated.

❖ The goals were to ensure the coverage policies aligned with the implementation of the SMMC program.

❖ Health plans are required to comply with all amount, frequency, duration, and scope requirements in the coverage and limitations handbooks.

▪ Exceptions exist where different standards are specified the contract between the Agency and the health plan.

Priority 1 and 2 Rules	
No. of Rules	Rule Phase
14	Adopted
1	Notice of Change
66	Proposed Rule
5	Rule Development
16	Repeals

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Transportation Policy Timeline

Published Ambulance Handbook

Revised Ambulance Handbook

Contract with Commission for Transportation Disadvantaged

Revised Ambulance Handbook

*Projected

Publish NET Handbook*

| 2005-06 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |

SMMC Statute Passed

SMMC Program Implemented

C-NET Program Passed

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Difference in Delivery Systems

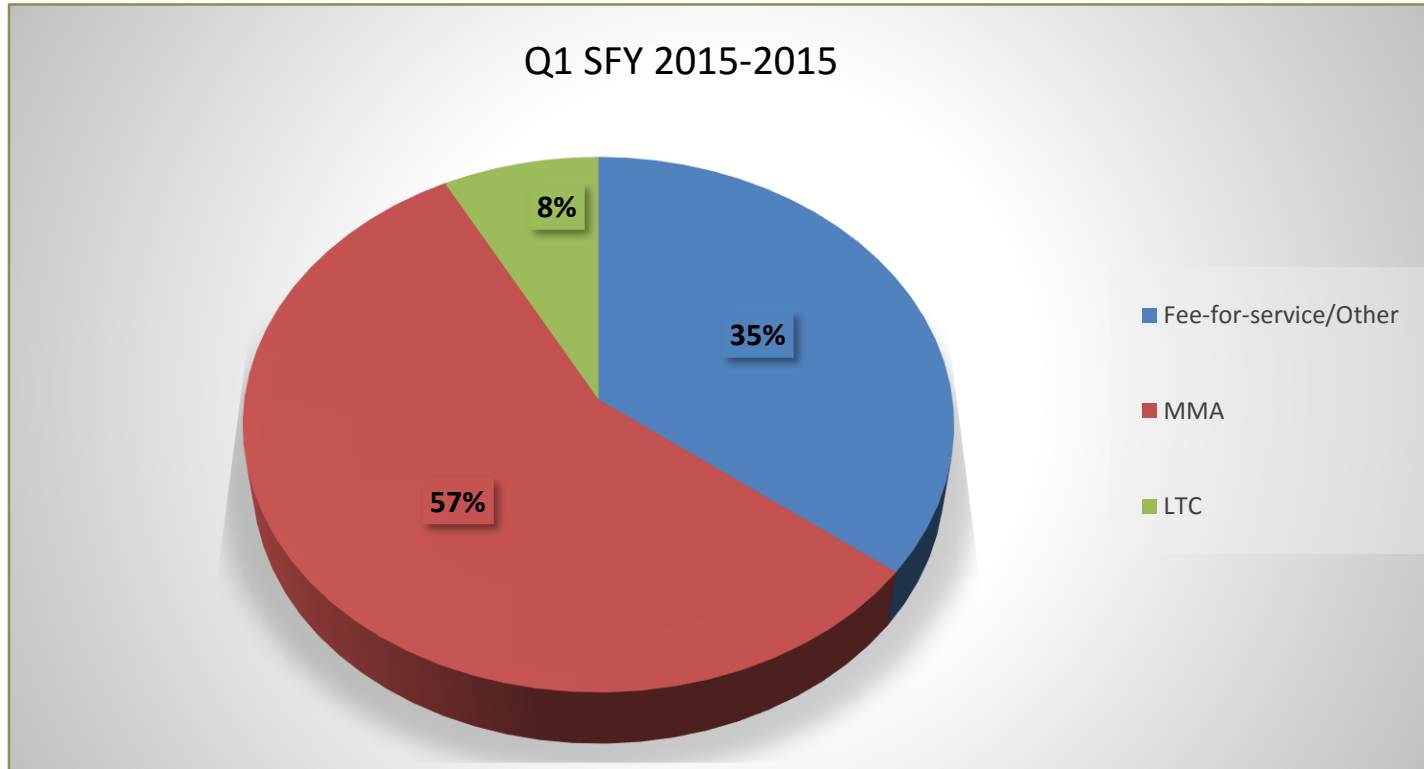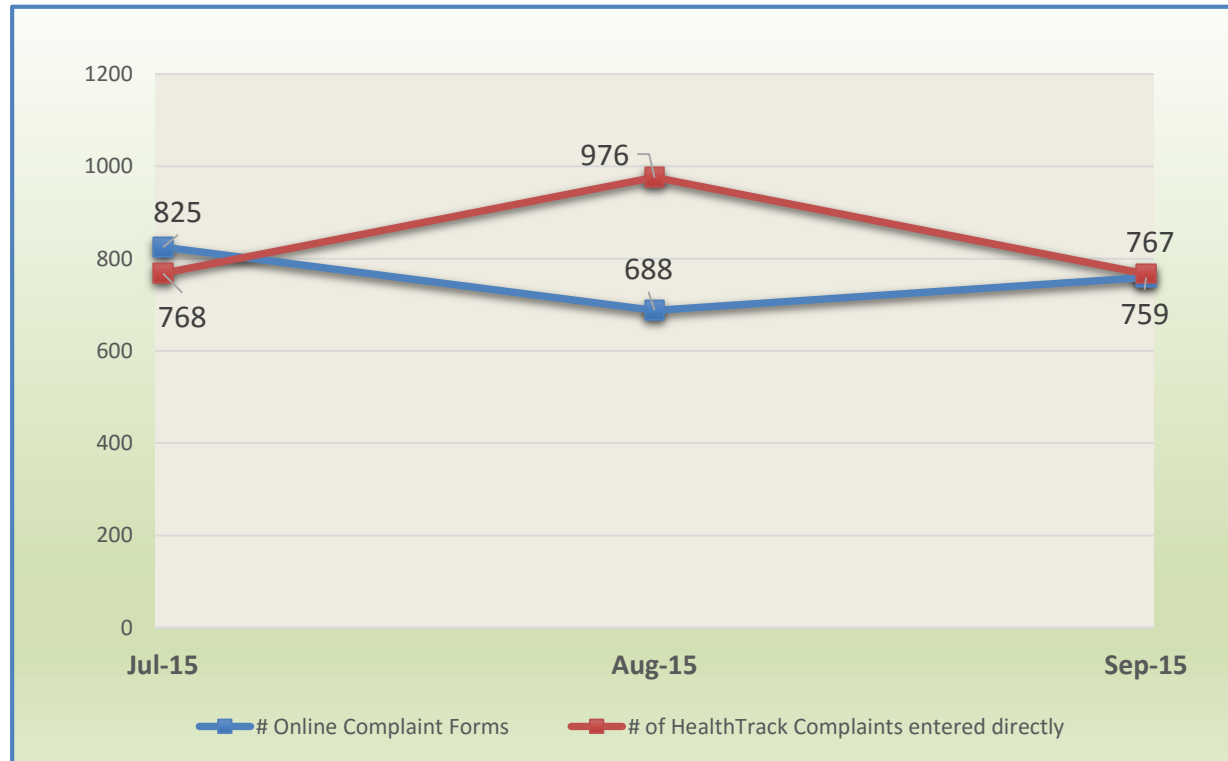| Old Transportation Coverage Policy	New Transportation Coverage Policy
• Provider specific	• Service specific
• Authorization was handled by Medicaid Area Offices (for ambulance)	• Authorization is handled by the health plans/brokers or the Agency's vendors (depending on the delivery system)
• Reimbursement rates are included on a fee schedule* *Some rates negotiated with Medicaid Area Offices	• Rates are negotiated in contracts with health plans/brokers or Agency's vendors

Centralized Complaint Process

- For SMMC roll-out, AHCA centralized complaint administration in Ft. Myers in order to:
  - Allow AHCA to streamline and better track and respond to all complaints and issues received
  - Provide a mechanism to review trends in related to specific issues, or complaints against specific plans
- Upon reorganization of the Division of Medicaid in March 2015, AHCA established a Provider Payment Oversight group in Ft. Lauderdale
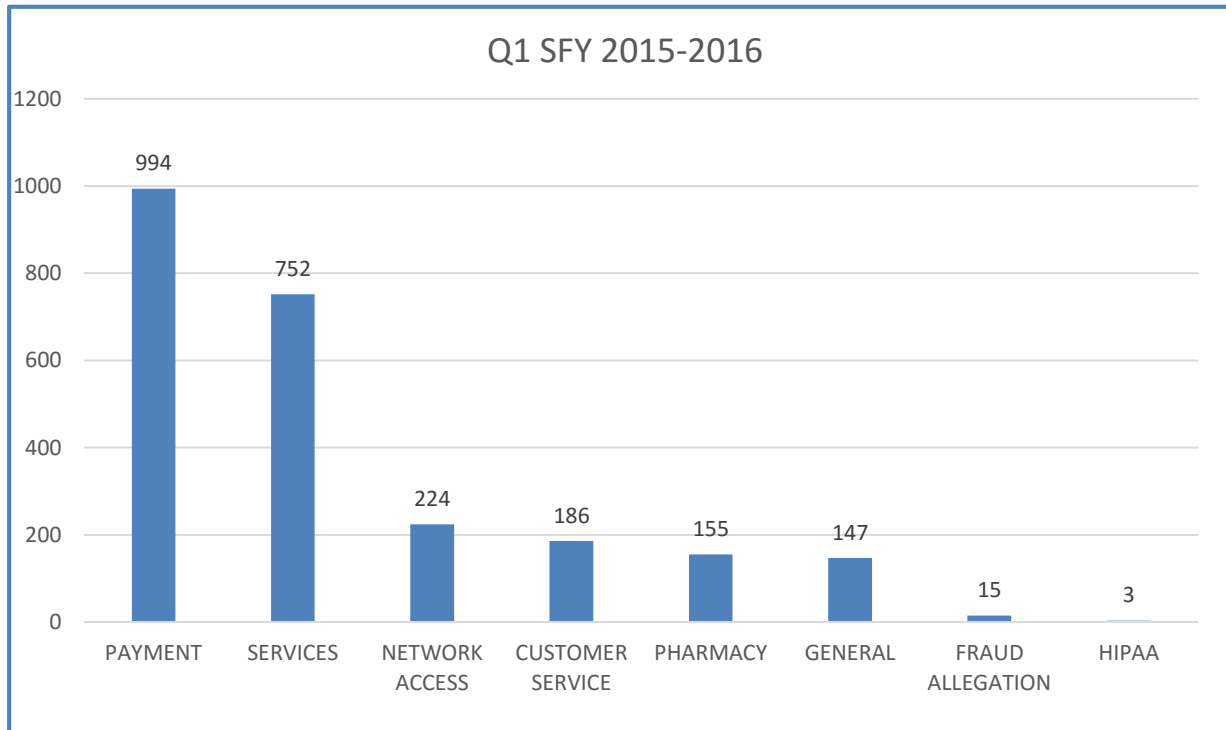
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Complaints by Program

Q1 SFY 2015-2015

Pie chart showing: Fee-for-service/Other 35%, MMA 57%, LTC 8%

Complaints – Phone vs. Web

Online Complaint Form at: http://ahca.myflorida.com/smmc
OR call 1-800-226-6735 to speak to a Medicaid representative

MMA Program Issues

Q1 SFY 2015-2016

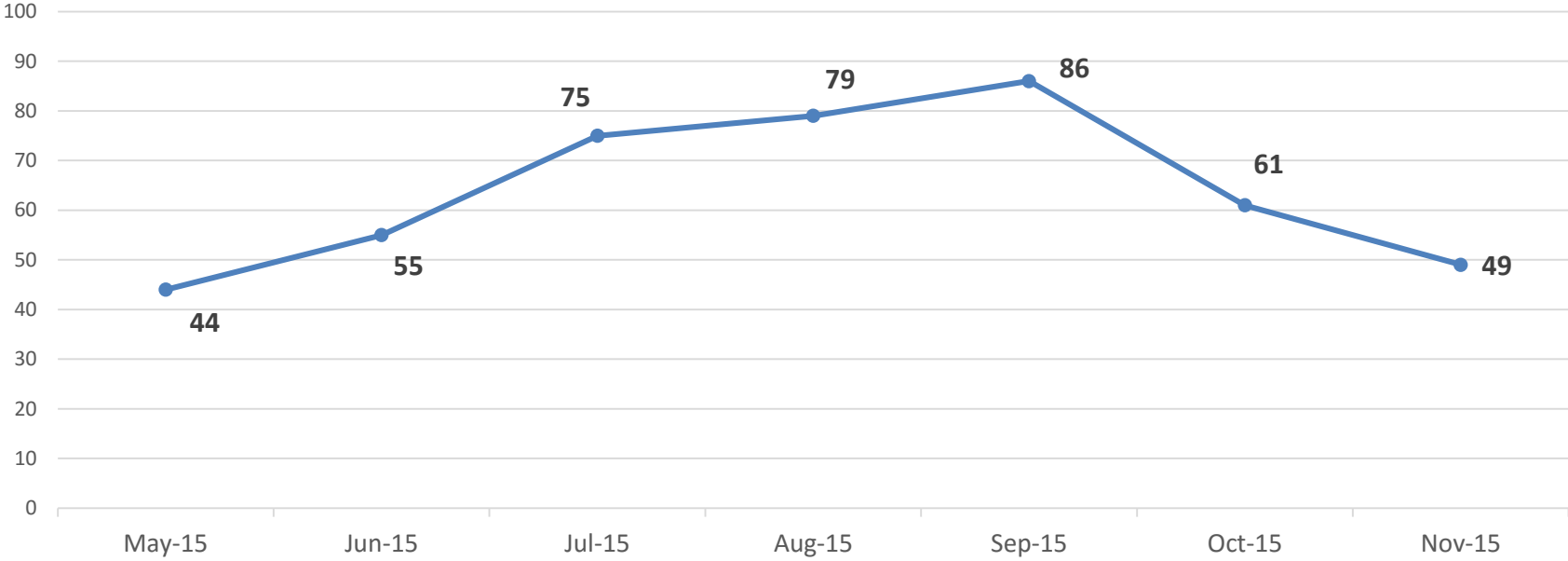| Category	Value
PAYMENT	994
SERVICES	752
NETWORK ACCESS	224
CUSTOMER SERVICE	186
PHARMACY	155
GENERAL	147
FRAUD ALLEGATION	15
HIPAA	3

Reported Program Issues can be accessed at:
http://ahca.myflorida.com/medicaid/statewide_mc/program_issues.shtml

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Transportation Related Complaints

of Transportation-related Issues reported to the Florida Agency for Health Care Administration
Medicaid Complaint Center - May 2015 through November 2015

	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
SMMC MMA Enrollment:	3,002,041	3,006,841	3,048,428	3,083,309	3,081,154	3,088,927	3,098,840
# Issues per 1,000 Enrollees:	0.015	0.018	0.025	0.026	0.028	0.020	0.016

Thank you for participating!

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