

Statewide Medicaid Managed Care Re-Procurement Update

Beth Kidder

Deputy Secretary for Medicaid

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Statewide Medicaid Managed Care

Eligibles

- Fourth largest Medicaid population in the nation.
- Approximately 4 million Floridians enrolled in the Medicaid program:
- 85% of Florida's Medicaid population receives their services through a managed care delivery system.
 - 3,132,032 in Managed Medical Assistance Component
 - 98,420 in Long-Term Care Component

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



Statewide Medicaid Managed Care (SMMC) Program

- The 2011 Florida Legislature directed the Agency for Health Care Administration (Agency) to implement a statewide Medicaid managed care program.
- The Agency awarded contracts for the provision of managed long-term care (LTC) services and managed medical assistance (MMA) services in 2013 and 2014.
- Statute provides that these contracts be for a five-year period and must be competitively re-procured each five-year period.
- **The new 5-year contract has an estimated value of \$80-90 billion:**
 - Estimated state share: \$31-\$35 billion
 - Estimated federal share: \$49-\$55 billion



Re-procurement of SMMC Contracts

- July 14, 2017: Invitations to Negotiate (ITN) to re-procure Statewide Medicaid Managed Care health plan contracts released.
- We are in the statutory blackout period where respondents to the ITN or individuals acting on their behalf cannot contact the Agency or any state official about the ITN.
 - Violation of this law could disqualify the bidder.



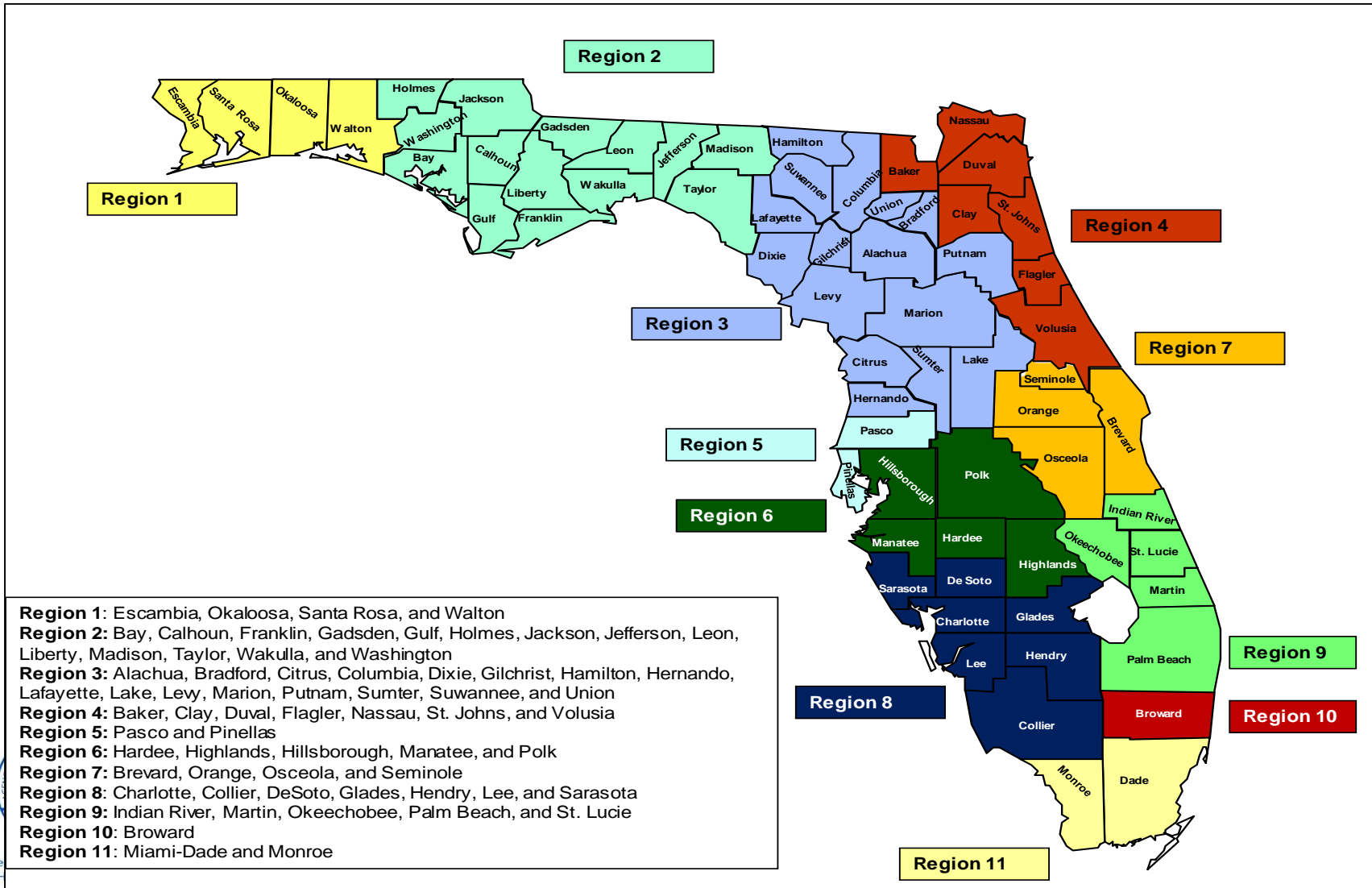
Anticipated ITN Dates

Activity	Date
Vendor Responses Due	November 1
Provider Comments Due	November 20
Posting of Notice of Intent to Award	April 16, 2018
Transition to New Plans	Late 2018/Early 2019



ITN Structure

11 separate regional procurements - one ITN per region for both Long-Term Care and Managed Medical Assistance services.



Reaching Medicaid Goals

- The ITN was structured to require plans to demonstrate how they can help the Agency reach these Medicaid goals:
 - Reduce potentially preventable hospital admissions, readmissions, and emergency department use and use of unnecessary ancillary services
 - Improve birth outcomes
 - Rebalance long-term services and supports systems by increasing the percentage of enrollees receiving services in the community instead of a nursing facility



Links to Medicaid Goals in ITN

- Evaluation criteria designed around goals
- Performance measure bonuses and liquidated damages tied to measures that relate to these goals
- Required health plan Performance Improvement Projects related to reducing potentially preventable events and improving birth outcomes

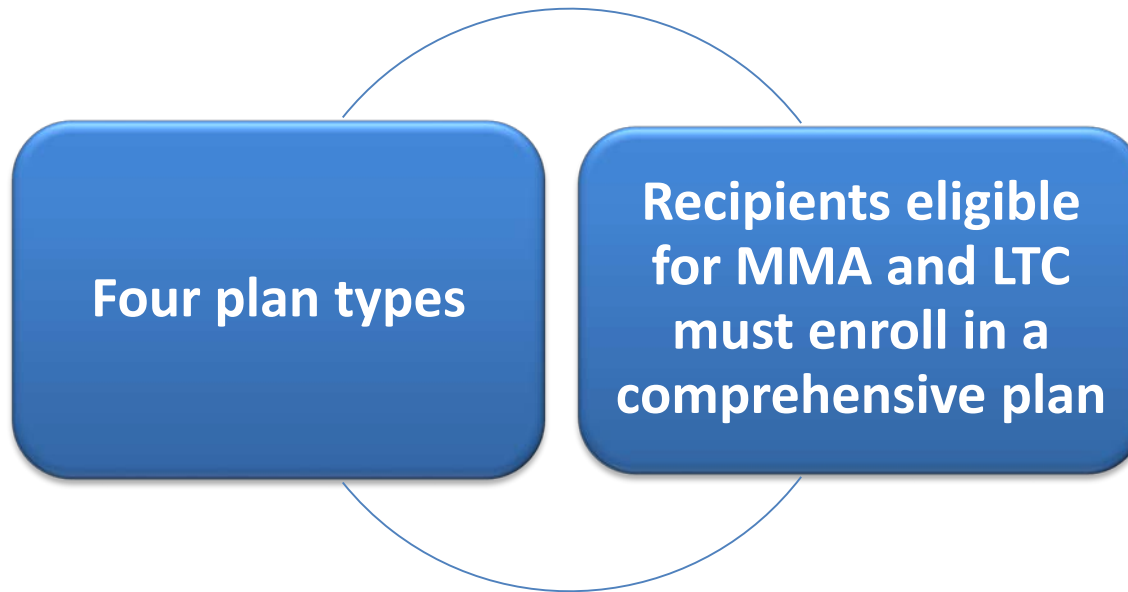


Additional Key Areas of Focus

- Comprehensive Provision of Services
- Provider Experience
- Subcontractor Oversight
- Claims Payment Provisions

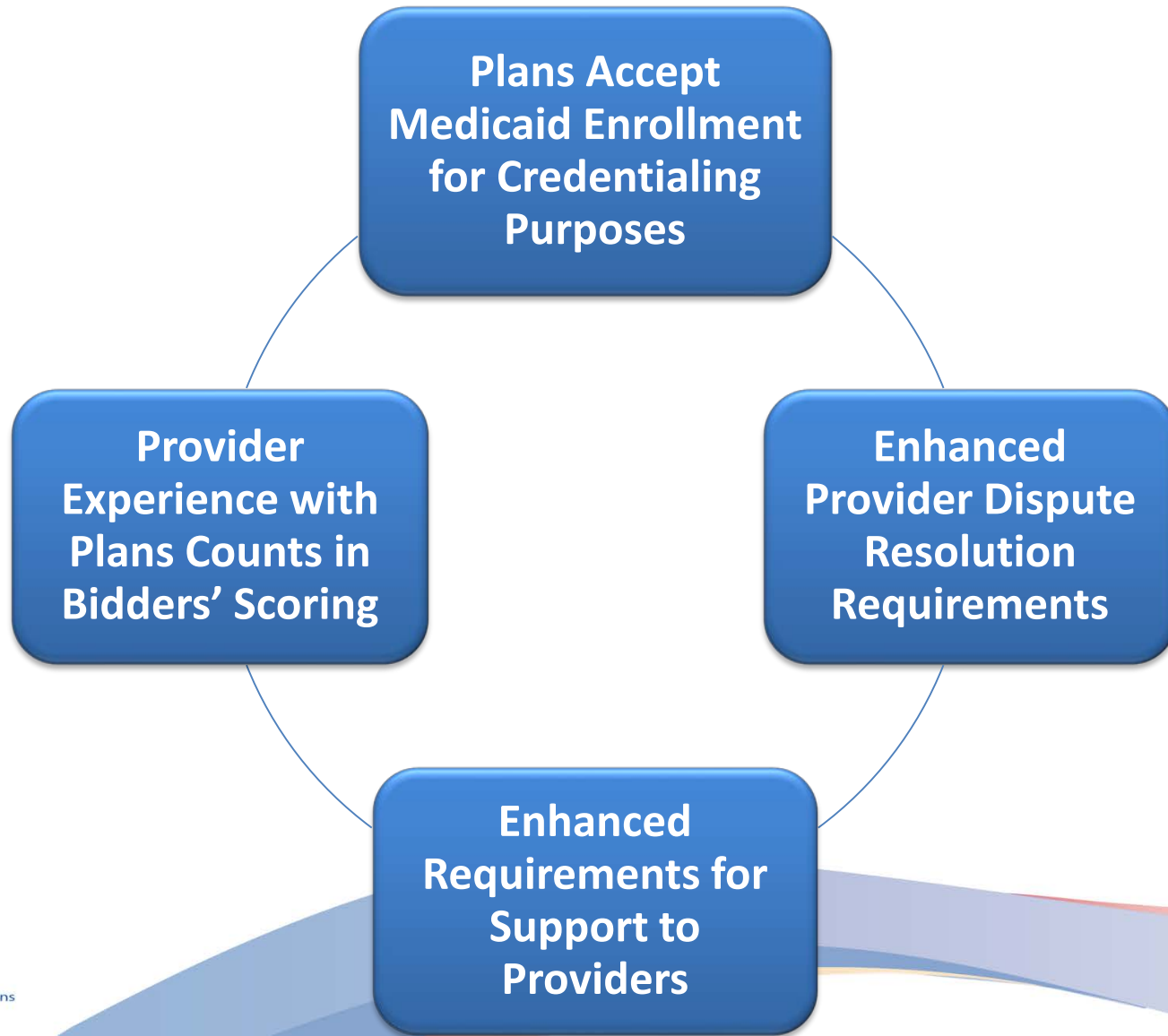


Additional Key Area of Focus: Comprehensive Provision of Service



Type of Plan	Description
Comprehensive	MMA to all members, plus LTC to anyone who qualifies
LTC Plus	Serves only LTC members, but provides all MMA services to them
MMA	MMA only
Specialty	MMA only; targeted populations

Additional Key Area of Focus: Enhanced Focus on Provider Experience



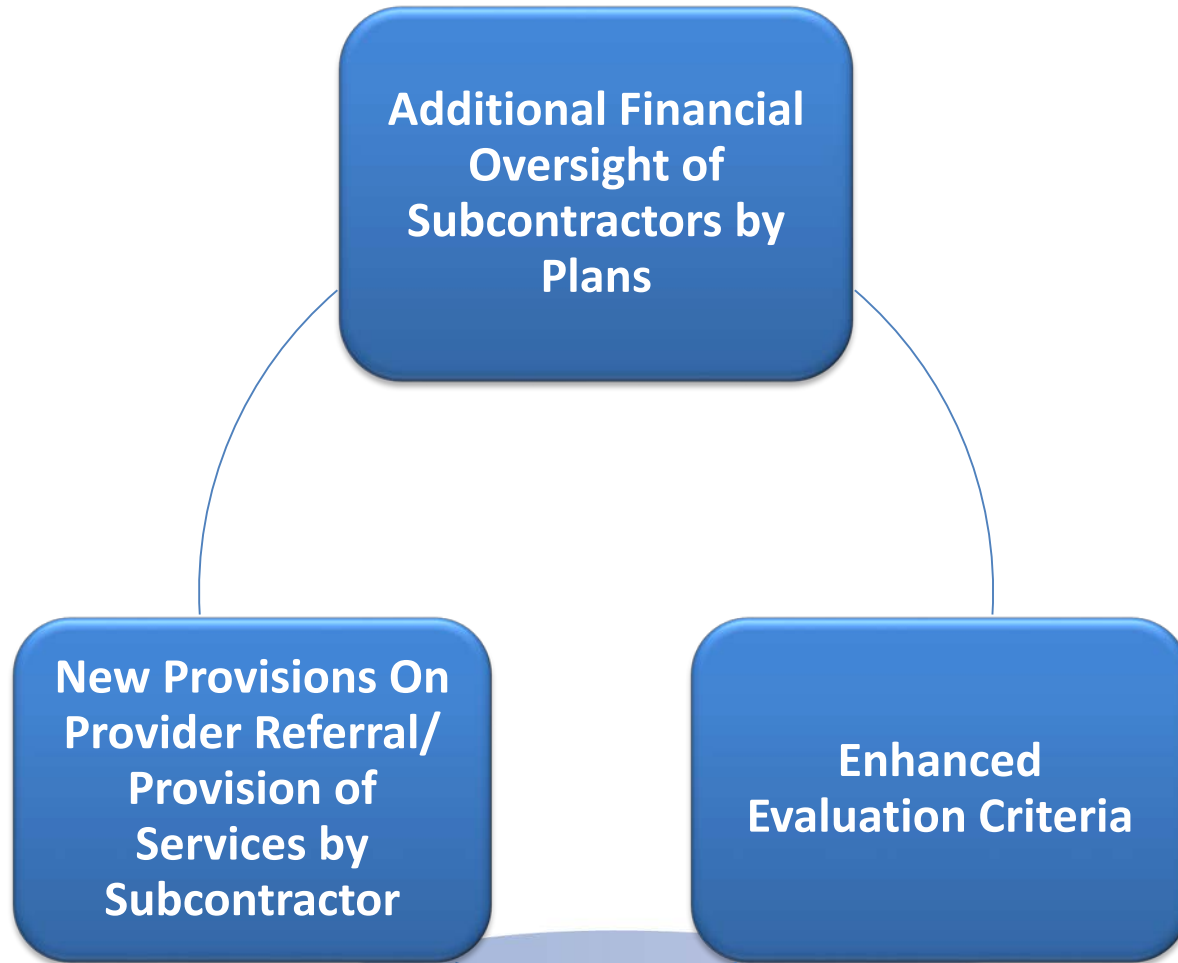
Additional Key Area of Focus: Claims Payment

Included multiple evaluation criteria specific to claims payment and processing

Enhanced reporting requirements related to suspended and denied claims for nursing facilities



Additional Key Area of Focus: Subcontractor Oversight



Questions?

