

## ***Sub-project 1: Organizational Analyses***

The organizational analyses will describe the development of Medicaid Reform in Florida as well as the specific demonstration projects in Duval and Broward Counties and the three initial expansion counties (Baker, Clay, and Nassau). The organizational analyses will focus on three main areas: (a) the Reform implementation process, (b) the Reform health plans (including managed care organizations and provider service networks), and (c) Medicaid providers.

### **Research Questions**

#### *Reform Design and Implementation Analysis*

The objective of this component is to describe the design and implementation of the Reform project in sufficient detail to be of value to AHCA officials, Reform organization participants, legislators, and other interested parties as they observe the unfolding of Medicaid Reform in Florida. In the longer term, this work will provide guidance to other states considering a similar type of financing and delivery system. It will also provide information to hospitals and other providers considering participation in comparable programs.

The qualitative nature of this portion of the evaluation dictates that the research process be semi-structured. That is, additional research questions and issues of inquiry will evolve as the Reform unfolds. To begin, however, questions guiding this part of the analysis include, but are not limited to, the following:

*Reform Legislative and Waiver Processes*—How did Medicaid Reform evolve in Florida? Who are the main champions of Reform? How does the Reform legislation compare to former legislation presented at earlier points in the legislative process? How have various interest groups been involved in writing and supporting components of the Reform legislation?

*Reform Design and Implementation Processes*—How has the State developed programs and operations in response to the legislation? What are key aspects of implementing the Reform legislation? Who has been involved in the implementation process? What key meetings were held? What were the steps taken to implement each component of the Reform legislation? What specific challenges were encountered in the process?

*Lessons Learned in Florida*—What are key elements to effective implementation of Medicaid Reform? What could other states do differently to improve on the process experienced in Florida? What are unique characteristics of Florida that have led to specific elements in the Reform legislation and program? Which aspects of the legislation have been most difficult to implement? Why?

*Reform Results*—Overall, how do various stakeholders (e.g., the State, legislators, providers, health plans, other community leaders, etc.) view Medicaid Reform implementation? Has the Reform succeeded? What are intended and unintended implications of Reform? What are specific characteristics of Duval and/or Broward County that may be related to the success or failure of the Medicaid Reform process?

### *Reform Health Plan Organization Analyses*

The objective of these analyses is to provide a profile of the health plans (including managed care organizations and provider service networks) participating in Reform at the beginning of the Reform and at six-month intervals throughout the evaluation. The research questions guiding this analysis include, but are not limited to, the following:

*Reform Plan Number/Distribution/Type*—What are the number, types, and distribution of health plans participating in Medicaid during Reform? How does this compare to the number, types, and distribution of plans prior to Medicaid Reform? Do specialty care plans develop to serve the needs of specific individuals in the demonstration counties? Will a variety of healthcare plans participate in rural areas?

*Reasons for Plan Participation*—Why have specific organizations decided to be involved in Reform? Why have other organizations chosen not to participate in Reform? Does the comprehensive/catastrophic financing mechanism attract new health plans to Medicaid? Are the health plans start-up plans, or just new contractors with Medicaid? Do risk-adjusted premiums influence health plans' decisions to participate in Medicaid? Does the catastrophic component provide an incentive to health plans to enter markets that previously did not have participating plans?

*Services Offered (including Enhanced Benefit Accounts)*—When provided the opportunity, do plans provide additional services not previously covered by Medicaid? If so, what types of services? Will enrollees select health plans offering customized benefit plans and specialty care networks over traditional benefit plans and networks? Do plans offer more services than are available under Medicaid Fee-for-Service? If so, what services are most commonly covered? Will the availability of Enhanced Benefit Accounts foster increased enrollee participation for select preventive healthcare services and healthy behaviors? How many enrollees establish Enhanced Benefit Accounts? What are the characteristics of enrollees who establish such accounts?

*Specialty Plans*—Do plans that focus on specific populations (e.g., chronic conditions or minority populations) offer additional services not covered under Medicaid, in an effort to reduce any associated health disparity? Will enrollees select health plans offering customized benefit plans and specialty care networks over traditional benefit plans and networks? Do plans develop innovative programs to better serve the Medicaid population?

*Plan Performance*—Is plan performance comparable to private plans in the Healthcare Effectiveness Data & Information Set (HEDIS) standards? In the

Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data?  
For other measures of plan performance?

*Mandatory Assignment/Plan Selection/Plan Changes/Disenrollment*—Will the availability of greater information through the Choice Counselor, combined with customized benefit packages, result in fewer plan changes during the 90-day disenrollment window? What is the rate of plan changes? When presented with a greater number of plan choices and customized benefit packages, will enrollees actively participate in the selection of their health plan? What is the rate of active selection of health plans? Will pro-active involvement by a Choice Counselor increase the frequency of enrollee plan selection, thus reducing auto-assignment rates? What are the auto-assignment rates?

### *Health Plan Enrollees Analyses*

The objective of this analysis is to compare Medicaid Reform enrollees to comparable Medicaid enrollees outside of Reform. In general, the research team will focus on comparing Medicaid Reform health plan enrollees to non-Reform enrollees on characteristics such as age, gender, race, chronic illness, eligibility category, and others.

### *Medicaid Provider Analysis*

The objective of this analysis is to understand the impact of Medicaid Reform on Medicaid providers. Specific research questions include but are not limited to the following: Does Reform affect the number of Medicaid providers? How does Reform impact the ability of Medicaid physicians to meet the health needs of their patients?

### **Data Collection Activities**

Through a combination of quantitative and qualitative study designs, the organizational analyses will address a broad range of organizational and policy issues raised by the Reform process. Data will be collected using the following seven methods:

*Key Informant Interviews.* Semi-structured face-to-face interviews will be conducted with a variety of key informants, including, but not limited to, these categories of informants:

- The State—to include AHCA and Medicaid leadership and staff in Tallahassee and in Area Offices in the demonstration counties,
- Legislators—to include those specifically involved in crafting the Reform legislation, their legislative staff, and others involved in the political aspects of the Reform process,

- Reform Health Plans—to include leaders, providers, and other informants from each participating Reform health plan (includes managed care organizations and PSNs),
- Others in Demonstration Counties—to include community leaders, healthcare advocates, leaders from plans not participating in the Reform, and other key informants, and
- Medicaid Providers—to include Medicaid providers in the demonstration areas.

*Reform Health Plans—Organization Data.* Data will be collected from each Reform health plan (including managed care organizations and provider service networks). This will include all information provided to AHCA through the managed care readiness process (e.g., materials and data submitted by plans and reports from AHCA related to the organizational review, the comprehensive desk review, the benefit package review, and the on-site review). This information will be updated and reviewed on an annual basis throughout the evaluation.

The research team will track aggregate enrollment data for each Reform plan throughout the demonstration period. This data will come from AHCA reporting systems (e.g., monthly enrollment by plan and eligibility category, disenrollment, mandatory assignment volume, and other key information that will describe the activity of each Reform plan over time) and, in some cases, directly from the Reform health plans.

*Reform Health Plans—Member Data.* Demographic and other relevant information will be obtained on all Medicaid enrollees involved in the Reform. Data will be collected from the Medicaid information system (eligibility and enrollment data) and, in some cases, directly from the Reform health plans.

*Reform Health Plans—Health Effectiveness Data and Information Set (HEDIS) and HEDIS-like Data.* All HEDIS and HEDIS-like data reported to AHCA from each Reform health plan will also be provided to the evaluation team. This information will be used to track Reform plan performance on a set of standard quality indicators. This data collection activity is described in detail in the Quality of Care, Outcomes, and Enrollee Experience Studies section.

*Reform Health Plans—Consumer Assessment of Health Providers and Systems (CAHPS) Data.* CAHPS survey data will be collected from a sample of each plan’s enrollees, supplemented by questions related to health status or special needs and experience with plan selection and flexible accounts. This information will be collected directly from Reform plan enrollees through a standard survey process. This data collection activity is described in detail in the Quality of Care, Outcomes, and Enrollee Experience Studies section.

*Medicaid Provider Data.* Information submitted to AHCA from Reform Health Plans including provider network files will be obtained and updated in order to understand the impact of Reform on the number of Medicaid providers.

*Documents, Literature Reviews, Other Data Collection.* Thorough reviews of relevant research articles and media coverage of Medicaid Reform as well as progress in other states will be conducted. The research team will obtain all publicly-available reports and documents and compile an archive to capture, organize, and maintain documentary information regarding all aspects of the Medicaid Reform process.