

This issue brief summarizes organizational aspects of Florida Medicaid Reform. This information covers the time period of approximately July 2006 to March 2007. Data were collected from the Florida Agency for Health Care Administration (AHCA) Medicaid web site, other AHCA sources, informant interviews, and a stakeholder survey.

Medicaid Reform Organizational Analyses

Enrollee Choices • July 2006 – March 2007

Enrollee empowerment is one of the fundamental principles of Florida’s Medicaid Reform initiative.¹ The flexibility of Reform Health Plans to offer customized benefit packages is a foundation for this empowerment. Three strategies have been implemented to facilitate enrollee empowerment including Choice Counseling, Enhanced Benefits Accounts, and the Opt-Out program.

Modified Benefit Packages

Health plans are required to provide services to meet Medicaid Reform’s benefit sufficiency standards. They must provide the full range of services, but can also vary the duration and scope of specific services. In this key component of Reform, plans were able to modify some aspects of the benefits available to enrollees (within some limits). Summaries of modified benefits provided by each plan were provided to enrollees so they could choose the plan they prefer. Tables 1–4 describe modified or additional services offered by the plans in both Broward and Duval Counties.

Table 1 presents the modified benefits for children and families in Broward County. Of the fifteen plans presented, four offer no modifications to the core Medicaid benefit package. The other participating plans offer a variety of additional benefits, and six plans require co-payments for some services. Eight plans provide an over-the-counter drug benefit, and six plans provide a benefit covering adult dental services. One plan included a modified adult vision benefit, and three of the participating plans include a circumcision benefit. No plans elected to include a modified benefit for either behavioral health or adult hearing services.

The modified benefit packages for Reform plans covering the aged and disabled in Broward County are presented in Table 2. Eleven of the fifteen plans presented in the table provide modified benefits and four require a co-payment for some services. No plans offer a modified benefit covering behavioral health services. Nine plans offer an over-the-counter drug benefit, and eight offer a modified adult dental benefit. One plan covers modified adult vision services and one plan covers modified adult hearing services. Two plans provide a benefit for frail, elder care and one plan provides a benefit for respite care. Meals on Wheels is offered as a benefit for two plans, while two plans offer acupuncture and massage.

Table 1: Modified Benefits Plan Comparison, Broward-Children and Families

Broward-Children and Families	Access Health Solutions	Amerigroup	Buena Vista	CMS	Florida NetPass	HealthEase	Humana Family	Pediatric Associates	Preferred Medical Plan	SFCCN	Staywell	Total Health Choice	United Health care	Universal Health Care	Vista Healthplan of South Florida
Co-pays for Some Services*	✓	✓			✓		✓			✓					✓
Behavioral Health Services**															
Over-the-Counter Drug Benefit		✓				✓	✓		✓		✓	✓	✓	✓	
Adult Dental Services		✓				✓			✓		✓	✓	✓		
Adult Vision Services		✓													
Adult Hearing Services															
Circumcision						✓					✓		✓		

*Co-pays do NOT apply to children or pregnant women.
 ** For Behavioral Health, Medicaid Reform Plans had the option to modify the co-pay amount only.
 Source: AHCA Medicaid Reform Beneficiary Comparison Charts, March 2007

Table 2: Modified Benefits Plan Comparison, Broward Aged and Disabled

Broward—Aged and Disabled	Access Health Solutions	Amerigroup	Buena Vista	CMS	Florida NetPass	HealthEase	Humana Family	Pediatric Associates	Preferred Medical Plan	SFCCN	Staywell	Total Health Choice	United Health care	Universal Health Care	Vista Healthplan of South Florida
Co-pays for Some Services*										✓			✓	✓	✓
Behavioral Health Services **															
Over-the-Counter Drug Benefit		✓				✓	✓		✓		✓	✓	✓	✓	✓
Adult Dental Services		✓	✓			✓			✓		✓	✓	✓		✓
Adult Vision Services		✓													
Adult Hearing Services		✓													
Frail/Elder Care													✓		✓
Respite Care		✓													
Meals on Wheels						✓					✓				
Acupuncture/ Massage		✓					✓								

*Co-pays do NOT apply to children or pregnant women.
 ** For Behavioral Health, Medicaid Reform Plans had the option to modify the co-pay amount only.
 Source: AHCA Medicaid Reform Beneficiary Comparison Charts

The modified benefit packages for Reform plans covering children and families in Duval County are presented in Table 3. Of the seven plans presented, six provide modified benefits and three plans require co-payments for some services. None of the plans offer modified benefits covering behavioral health services, adult vision services, or adult hearing services. Four of the plans offer an over-the-counter drug benefit and three offer adult dental services. Four of the plans offer a circumcision benefit.

Table 3: Modified Benefits Plan Comparison, Duval-Children and Families

Duval-Children and Families	Access Health Solutions	Children's Medical Services	First Coast Advantage	HealthEase	Staywell	United Healthcare	Universal Health Care
Co-pays for Some Services*	✓					✓	✓
Behavioral Health Services**							
Over-the-Counter Drug Benefit				✓	✓	✓	✓
Adult Dental Services				✓	✓	✓	
Adult Vision Services							
Adult Hearing Services							
Circumcision			✓	✓	✓	✓	

*Co-pays do NOT apply to children or pregnant women.
 ** For Behavioral Health, Medicaid Reform Plans had the option to modify the co-pay amount only.
 Source: AHCA Medicaid Reform Beneficiary Comparison Charts, March 2007

The modified benefit packages for Reform plans covering the aged and disabled in Duval County are presented in Table 4. Of the seven plans, five offer modified benefits, and three require co-payments for some services. No plans offer a modified benefit covering behavioral health, adult vision, adult hearing, frail/elder care, or respite care. Four plans offer an over-the-counter drug benefit, three plans offer a benefit covering adult dental services, and two plans offer Meals on Wheels.

Table 4: Modified Benefits Plan Comparison, Duval-Aged and Disabled

Duval-Aged and Disabled	Access Health Solutions	Children's Medical Services	First Coast Advantage	HealthEase	Staywell	United Healthcare	Universal Health Care
Co-pays for Some Services*	✓					✓	✓
Behavioral Health Services**							
Over-the-Counter Drug Benefit				✓	✓	✓	✓
Adult Dental Services				✓	✓	✓	
Adult Vision Services							
Adult Hearing Services							
Frail/Elder Care							
Respite Care							
Meals on Wheels				✓	✓		

* Co-pays do NOT apply to children or pregnant women.
 ** For Behavioral Health, Medicaid Reform Plans had the option to modify the co-pay amount only.
 Source: AHCA Medicaid Reform Beneficiary Comparison Charts, March 2007

Choice Counseling

A number of plan choices are available under Reform with varied benefit packages. The intent is that enrollees would select the plan they prefer. Those beneficiaries that do not voluntarily select a health plan are enrolled in a plan through an auto-enrollment process. The Choice Counseling program was created to assist enrollees in voluntarily selecting a health plan. Choice Counselors aid enrollees in making informed decisions by providing plan-specific information on benefits and providers. The choice counseling process can be completed in person or over the telephone.

Enrollment activity is presented in Table 5. In the first month of Reform enrollment (September 2006), approximately 65% of enrollees voluntarily chose a health plan. This percentage declined slightly in November to 57%. The number of voluntary enrollments increased to 80% as of March 2007.

The majority of voluntary enrollments occurred by telephone, but by March 2007, 27% of Choice Counseling sessions were conducted in person.

Table 5: Enrollment Activity

Activity Types	August 06		September 06		October 06		November 06		December 06		January 07		February 07		March 07	
	count	%														
% Voluntary Enrollment Activities		100.0%		64.8%		58.4%	4629	56.7%	5152	64.8%	4324	54.3%	5006	78.4%	7440	79.6%
% Assignment Activities		0.0%		35.2%		41.6%	3539	43.3%	2805	35.3%	3633	45.7%	1383	21.7%	1904	20.4%
Sum	2561	100.0%	8435	100.0%	8593	100.0%	8168	100.0%	7957	100.0%	7957	100.0%	6389	100.0%	9344	100.0%
Mandatory Assignments	count	%														
Pending HMO Assignments	0	0.0%	1757	59.2%	2072	57.9%	2187	61.8%	1725	61.6%	2475	68.1%	1024	74.0%	1383	72.6%
Pending PSN Assignments	0	0.0%	1210	40.8%	1505	42.1%	1352	38.2%	1075	38.4%	1158	31.9%	359	26.0%	521	27.4%
Total	0	0.0%	2967	100.0%	3577	100.0%	3539	100.0%	2800	100.0%	3633	100.0%	1383	100.0%	1904	100.0%
Voluntary Enrollments	count	%														
Fax Enrollment	0	0.0%	1	0.0%	2	0.0%	7	0.2%	47	0.9%	19	0.4%	24	0.5%	22	0.3%
Incomplete Form	0	0.0%	0	0.0%	0	0.0%			0	0.0%	1	0.0%	0	0.0%	0	0.0%
Interview/Session Enrollment	131	5.1%	147	2.7%	161	3.2%	262	5.7%	587	11.4%	501	11.6%	877	17.5%	2032	27.3%
Mail Enrollment	150	5.9%	263	4.8%	272	5.4%	242	5.2%	304	5.9%	245	5.7%	252	5.0%	308	4.1%
Outbound Enrollment	276	10.8%	429	7.9%	570	11.4%	514	11.1%	324	6.3%	284	6.6%	430	8.6%	401	5.4%
Phone Enrollment	2004	78.3%	4628	84.6%	4011	80.0%	3604	77.9%	3889	75.5%	3274	75.7%	3423	68.4%	4377	62.9%
Total	2561	100.0%	5468	100.0%	5016	100.0%	4629	100.0%	5151	100.0%	4324	100.0%	5006	100.0%	7440	100.0%

Source: AHCA Enrollment Activity Reports August 2006 – March 2007

Choice counseling is provided by a third party vendor: Affiliated Computer Services (ACS). Table 6 presents the call center activities for September 2006 to March 2007. In the first month of enrollment, the call center received 18,872 calls. The volume was highest in the first two months of enrollment (September and October 2006) and the number of calls also had a spike in January 2007. However, the number of calls received in February and March 2007 was significantly fewer, with 12,988 incoming calls received in March. The number and rate of abandoned calls have significantly decreased from 532 (2.8%) in September 2006 to 58 (0.4%) in March 2007. The number of outbound calls placed by the Choice Counselors significantly decreased from over 5,000 in September and October 2006 to 1,835 in March 2007. Finally, the average time that Choice Counselors spend on the telephone with enrollees declined from 7.8 minutes in September 2006 to 6.7 minutes in March 2007.

Medicaid enrollees also have the opportunity to voluntarily disenroll or change health plans. Although a variety of reasons for disenrollment are understood and tracked, approximately 66% of

Table 6: Choice Counseling Call Center Activities

Choice Counseling Call Center Activities	2006				2007		
	Sept	Oct	Nov	Dec	Jan	Feb	March
Calls Received	18,872	21,066	16,771	13,848	18,226	13,226	12,988
Abandoned Calls	532	116	259	163	247	68	58
Abandoned Calls Rate	2.8%	0.6%	1.5%	1.2%	1.4%	0.5%	0.4%
Outbound Calls	5195	5102	4246	2568	4857	2481	1835
Average Talk Time (minutes)	7.8	6.4	6.3	6.2	5.8	6.1	6.7

Source: MRCC Client Call Center Reports 2006 – 2007

Reform enrollees and 26% of non-Reform enrollees voluntarily changed health plans for reasons cited as “other.”

The participation of a particular primary care physician in their current health plan is the main reason given by Reform enrollees for changing plans. Around 17 % of Reform enrollees cited primary care physician participation as their reason for voluntary disenrollment. Another reason given for plan disenrollment is because extra benefits are offered by another plan (7%). Approximately 2% of Reform enrollees changed plans because a particular physician specialist is not participating.

Enhanced Benefits Account

The Enhanced Benefits Account (EBA) program is designed to improve the health status of enrollees by providing incentives for healthy behaviors. Health plans report healthy behaviors of enrollees on a monthly basis and the enrollees receive credits to an account that can be used to purchase specific health-related retail items from Medicaid pharmacies.

Statistics from the Enhanced Benefits Account program in the initial phase of Reform are presented in Table 7. A total of 57,868 enrollees received credits for healthy behaviors between September 2006 and March 2007. Both the number and percentage of enrollees receiving these credits has steadily increased since the beginning of Reform.

The number of dollars accruing in EBAs per month has increased from \$9,260 in September 2006 to \$634,004 in March 2007. As of March 2007, enrollees have accrued a cumulative total of \$2,338,850, of which \$49,545 have been used to purchase retail items.

It is clear from these data that the number of enrollees receiving credits and the dollar amounts they accrue are far outpacing the number of enrollees who actually spend credits and the dollar amounts of expenditures.

Table 7: Enhanced Benefit Program Statistics

Activity	Sept. 06	Oct. 06	Nov. 06	Dec. 06	Jan. 07	Feb. 07	Mar. 07	Totals
Number of plans submitting reports by month.	18 of 19	19 of 19	19 of 19	19 of 21	21 of 23	23 of 23	23 of 23	-
Number of enrollees who received credit individually for healthy behaviors by month.*	452	2,702	8,502	11,997	18,245	19,159	23,232	57,868*
Percentage of enrollees who receive credits each month.**	5.9%	5.7%	10.7%	11.2%	14.1%	12.9%	14.0%	-
Number of enrollees who received credit and used credits by month.	0	0	14	68	270	695	1483	2517
Total dollar amount credited to accounts by month.***	\$9,260	\$74,845	\$249,027	\$331,823	\$515,720	\$524,172	\$634,004	\$2,338,850
Total dollar amount of credits used by month.***	\$0	\$0	\$195	\$1,036	\$4,453	\$13,147	\$30,714	\$49,545
Total number of enrollees in Reform by month.	7,604	47,520	79,724	106,873	129,073	148,791	165,674	-

* Total number of unduplicated enrollees credited.

** Total number of enrollees credited through the end of the month divided by number of enrollees in Reform.

*** Total number of enrollees unduplicated by date of service from November 1, 2006 through the end of the month indicated and the total dollars by date of service from November 1, 2006 through the end of the month indicated.

Opt Out to Employer-Sponsored Insurance

Medicaid Reform offers an opt-out benefit that provides a mechanism for Medicaid eligibles to pursue insurance through their employers.

A total of 20 calls were received at the opt-out toll-free call center between September 2006 and March 2007. Eleven of the callers did not have employer-sponsored insurance available or were not interested in the program. Six of the callers requested and received information regarding the opt-out program, but have not followed through with

enrollment into the program to date.

Three of the calls resulted in enrollment into the opt-out program. Statistics on these enrollees are presented in Table 8. However, in this family the children’s Medicaid eligibility ended in February 2007, and they were subsequently disenrolled from the program.

The third enrollee and his/her family started the program in February 2007 using the children’s opt-out medical premium. As of March 2007, a total of four individuals were enrolled in the opt-out program.

**Table 8: Opt Out Statistics
September 1, 2006 – March 31, 2007**

Eligibility Category	Effective Date of Enrollment	Type of Employer Sponsored Plan	Type of Coverage	Number of Beneficiaries Enrolled	Effective Date of Disenrollment	Reason for Disenrollment
Children & Family	10/01/06	Large Employer	Single	1	02/28/07	Loss of Employment
Children & Family	01/01/07	Large Employer	Family	5	02/28/07	Loss of Medicaid Eligibility
Children & Family	02/01/07	Large Employer	Family	4	Still Enrolled	n/a

Source: AHCA Quarterly Progress Report January 1 – March 31, 2007

Reference:

¹ Florida Agency for Health Care Administration. Florida Medicaid Reform Application for 1115 Research and Demonstration Waiver. (2005). Tallahassee: Florida.

The University of Florida is conducting a five-year evaluation of Florida’s “Medicaid Reform Initiative” under a contract with the Agency for Health Care Administration (AHCA), Florida’s health policy and planning state agency. The evaluation is for the period of Florida’s Section 1115 Medicaid demonstration waiver (July 1, 2006 – June 30, 2010), which was approved by the U.S. Department of Health and Human Services. The evaluation study is known as the Medicaid Reform Evaluation, or the MRE, and is managed by the Department of Health Service Research, Management and Policy at UF. The Florida Center for Medicaid and the Uninsured is a major partner, with additional partners included on specific projects.

This issue brief is based on a more detailed report produced by the University of Florida Medicaid Reform Evaluation Team. For more information visit <http://mre.phhp.ufl.edu>.

University of Florida Medicaid Reform Evaluation Team

- Principal Investigator R. Paul Duncan, Ph.D.
- Organizational Analysis Investigators Christy H. Lemak, Ph.D.
 Amy K. Yarbrough, Ph.D.
- Fiscal Analyses Investigator Jeffrey Harman, Ph.D.
- Quality of Care, Outcomes, and Enrollee Experience Analyses Investigator Allyson Hall, Ph.D.
- Low-Income Pool Analyses Investigator Niccie McKay, Ph.D.
- Research Project Manager Lilliana Bell, MHA

For more information:
 Paul Duncan
 Principal Investigator
 101 South Newell Drive
 Gainesville, FL 32601
 352-273-6073
mre@phhp.ufl.edu

Authors:
 Christy Lemak
 Amy Yarbrough

