

CMS Site Visit Medicaid Reform Waiver

Evaluating Medicaid Reform in Florida

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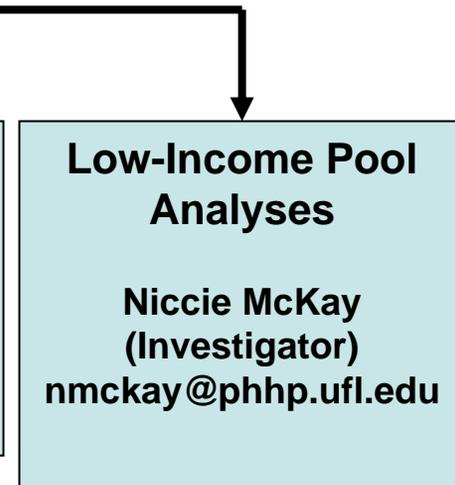
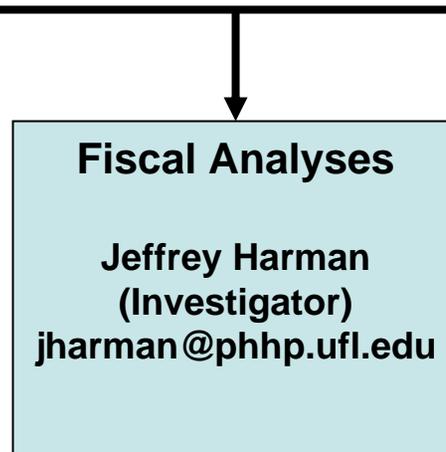
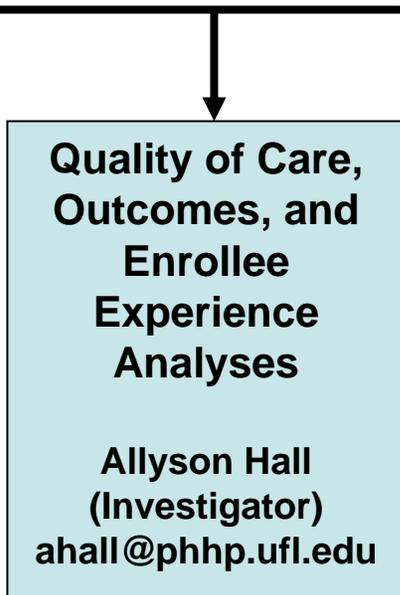
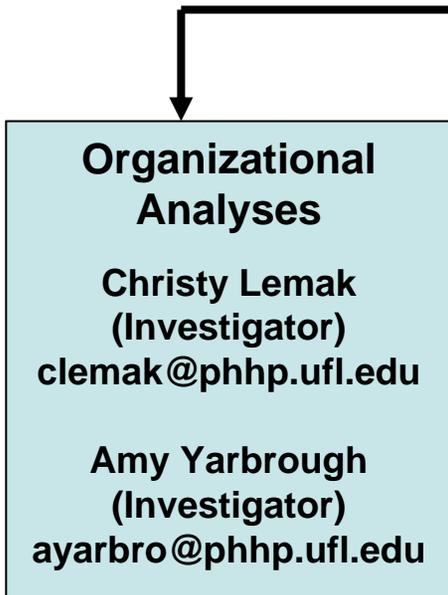
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Evaluation

- UF contracted by AHCA to conduct five-year evaluation study
- The evaluation studies will examine whether or not Reform achieves its stated objectives including
 - Health Plans, Networks, and their constituent members
 - better health care processes
 - better health outcomes
 - enrollee satisfaction
 - predictability in cost
- Several additional projects and collaborations also initiated

Evaluating Medicaid Reform in Florida: MED027

UF Evaluation Team



Organizational Analyses

- Tell the Story of Reform
- Understand various “organizations” involved in Reform
 - Health plans, networks and their constituent members
 - Choice Counseling organization
 - Enhanced Benefits organization
 - Opt-out organization
 - AHCA and its collaborating contractors
 - Other interested persons or organizations

Organizational Analyses: Analytic Methods



- In-person interviews
- Focus groups
- “Survey Monkey” Internet survey
- Data collection and Document Review
 - Existing AHCA reports
 - Special requests
 - Plan performance
 - CAHPS (Enrollee Experience Analyses)
 - Use and costs (Fiscal Analyses)



Organizational Analyses: Preliminary Findings



- As of March 2007
 - Broward: 16 Reform plans
 - 6 PSNs
 - 10 HMOs
 - Duval: 6 Reform plans
 - 2 PSNs
 - 4 HMOs
 - Approximately 165,674 enrollees
 - Broward: 101,115 enrollees
 - Duval: 64,559 enrollees



Organizational Analyses: Preliminary Findings



- Choice Counseling Stats
 - Voluntary Enrollment
 - 64.8% of enrollees voluntarily enrolled in September 2006
 - This number increased to 79.6% by March 2007
 - Of all voluntary enrollments, 62.9% occurred over the phone
 - In September 2006, only 2.7% of voluntary enrollments were done in person with Choice Counselors
 - This number increased to 27.3% in March 2007



Organizational Analyses: Preliminary Findings



- EBA Stats
 - September 2006 - March 2007
 - 57,868 enrollees earned credits
 - \$2,338,850 in credits accrued
 - \$30,713.70 used



Organizational Analyses: Preliminary Findings



- Themes: AHCA Perspective
 - Reform was developed and implemented quickly
 - Project Management was a critical success factor
 - Leadership at all levels was critical to implementation
 - New ways of communicating and linking facilitated development and implementation of Reform
 - The State invested significant resources into Reform



Organizational Analyses: Preliminary Findings



- Themes: HMOs and PSNs
 - Plans are in Reform because they want to be in Medicaid
 - Only small modifications were made in benefit design
 - Plans made few changes to provider network and many challenges remain
 - Things that have gone well with Reform implementation
 - AHCA, communication
 - Things that have not gone well with Reform implementation
 - Technical difficulties or “bumps in the road”
 - Administrative burden associated with Reform
 - The market is “crowded” in Broward county



Organizational Analyses: Preliminary Findings



- Themes: HMOs and PSNs (cont.)
 - Mixed views on Choice Counseling
 - Pros and Cons of Enhanced Benefits Accounts
 - Plans like it, but think it is difficult to operationalize
 - Disease Management and Performance Measures: Too much of a good thing
 - Mixed views on risk adjusted premiums
 - New competitive relationships



Organizational Analyses: Preliminary Findings



- Themes: Other Stakeholders
 - It is too soon to tell if Medicaid Reform is working
 - When stakeholders do have an opinion, the opinion is negative
 - Certain populations report problems with Reform



Quality of Care, Outcomes, and Enrollee Experience Analyses (Enrollee Experiences)

- Enrollee satisfaction
- Experience of care
 - Choice counseling
 - Health plan and health information
 - Access and health care utilization
 - Making choices
 - Plan selection
 - Enhanced benefits
 - Opt-out
- Health status and health outcomes



Enrollee Experience Analyses: Analytic Methods



- Longitudinal Panel
 - Focus groups
- Enrollee Telephone Survey (CAHPS)
- Administrative Data including HEDIS data



Enrollee Experience: Preliminary Findings



- Benchmark Survey
 - Stratified random sample of 5,767 enrollees who were in Medicaid prior to Reform and were eligible to participate in the demonstration
 - CAHPS-style survey with additional questions
 - 75% of beneficiaries in Broward and 69% of beneficiaries in Duval indicated they did not have a problem getting needed care



Enrollee Experience: Preliminary Findings



- Benchmark Survey (cont.)
 - 50% of beneficiaries reported no problems seeing a specialist and no experience of delays in health care while waiting for approval from their health plan or Medicaid
 - Consistent with other CAHPS surveys of Medicaid enrollees, overall plan satisfaction is high
 - About 70% of beneficiaries gave their plan a score of 8, 9, or 10
 - About 80% of beneficiaries gave their health care a score of 8, 9, or 10



Enrollee Experience: Preliminary Findings



- Longitudinal Study
 - Goals
 - Provide an overview of how Medicaid enrollees view their health and health care
 - Provide context for understanding enrollee responses to Medicaid Reform
 - 3 Focus Groups, 10 Longitudinal Study interviews:
37 participants total



Enrollee Experience: Preliminary Findings



- Longitudinal Study
 - General themes highlighted
 - Control of health is influenced by individual belief, money, resources, and faith
 - Relationships with physicians are important
 - Medicaid consumers actively pursue health and health care information
 - Experiences with Medicaid and the health care system are not always positive
 - Consumer knowledge of Medicaid Reform is uneven



Fiscal Analyses



- Per Member Per Month Expenditures by AHCA before and after Reform
- Costs of implementing and administering reforms
- Performance/adequacy of risk adjustment
 - Pharmacy vs. Encounter Data
- Impact of Enhanced Benefit Accounts and Opt-out on Medicaid expenditures



Fiscal Analyses: Analytic Methods



- PMPM Expenditures
 - Plan to model expenditures and predict what expenditures would have been without Reform and compare to actual expenditures
 - Compare change in expenditures PMPM in Reform vs. non-Reform counties
- Cost of implementing/administering reforms
 - Implementing
 - Staff time reviewing applications, negotiating contracts, etc.
 - Administration
 - Third party contracts for Opt-Out, Enhanced Benefits, Choice Counseling, evaluation
 - Do costs decrease over time?



Fiscal Analyses: Analytic Methods



- Risk Adjustment
 - How well do risk adjustment methods perform?
 - Plan satisfaction (from informant interviews)
 - Difference between premiums paid and payments to providers
 - Pharmacy vs. Encounter data
 - Plan attrition due to inadequate risk adjustment
- Enhanced Benefits
 - Association of any participation/level of participation to Medicaid expenditures
 - Difference in difference approach
 - What is net cost of Enhanced Benefit Accounts
 - (admin cost + contribution to EBAs) – (difference in individual expenditures attributable to EBAs)



Fiscal Analyses: Preliminary Findings



- Baseline calculations of PMPM expenditures and utilization for Medicaid Reform eligible enrollees in Duval and Broward counties for FY 05-06
 - SSI enrollees (\$905) incur greater expenditures than TANF enrollees (\$128)
 - Total expenditures are greater among SSI enrollees in Broward county (\$1,055) compared to those in Duval county (\$695)
 - Top two expenditures across both counties and eligibility categories include Medical and Inpatient expenditures

Low-Income Pool (LIP) Evaluation



- Evaluation plan: “final” version submitted in February, 2007
- Overall objective: to examine link between LIP-related payments and provision of services to Medicaid, underinsured, and uninsured populations (“how much”)
- Period of analysis: “Reform” SFY 06-07 thru 10-11 (waiver), “pre-Reform” SFY 01-02 thru 05-06



LIP Evaluation: Data on Services Provided



Data	Pre-Reform	Reform	All Hospitals	Prog Hosp	Non-Hosp	# of Services	Type of Services
Audited	X	X		X		X	
FHURS	X	X	X	X		X	
LIP	<i>1 yr</i>	X		X	X	X	X



UF Collaborated Evaluations



- Urban Institute
 - Funding by the Henry J. Kaiser Family Foundation (KFF)
 - Study the early impact of transitioning individuals enrolled in the 1115 Medicaid Reform Waiver
 - A total of 1,850 interviews were completed
 - All data sets were delivered to the Urban Institute in May 2007
 - Following the normal review procedures reports will be disseminated by the KFF



UF Collaborated Evaluations



- University of Oregon
 - Funded by the Center for Health Care Strategies, Inc.
 - Study the impact of incentivizing healthy behaviors for Medicaid recipients
 - Data collection was by means of focus groups and telephone surveys
 - All data sets were delivered to the University of Oregon earlier this year
 - Following normal review procedures, dissemination will be by means of reports, presentations and articles produced under the leadership of the Oregon team



Other Reform Evaluations



- AHCA
 - Internal evaluation of the processes during the implementation of the 1115 Medicaid Reform Waiver
- Florida Center for Prevention Research, Florida State University
 - Evaluate the Choice Counseling process and outcomes related to Medicaid Reform
- Florida Legislature Office of Program Policy Analysis and Government Accountability (OPPAGA)
 - Mandated by the Florida Legislature to evaluate Medicaid Reform cost savings, consumer choice, access to services, coordination of care, and make recommendations for statewide expansion



Other Reform Evaluations



- Health Policy Institute, Georgetown University
 - Funded by the Jessie Ball DuPont Foundation
 - Two year evaluation study on the impact of Medicaid Reform on Medicaid beneficiaries and community health systems
- US Government Accountability Office (GAO)
 - Producing a report entitled “Medicaid Demonstration Waivers: Lack of Opportunity for Public Input during Federal Approval Process Still a Concern” (GAO-07-694R)



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