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
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

- 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

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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)
Paul Duncan, Ph.D.
Louis C. & Jane Gapenski, Professor and Chair

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