

Evaluating Medicaid Reform in Florida

Public Policy Forum

Institute for Public Policy & Leadership

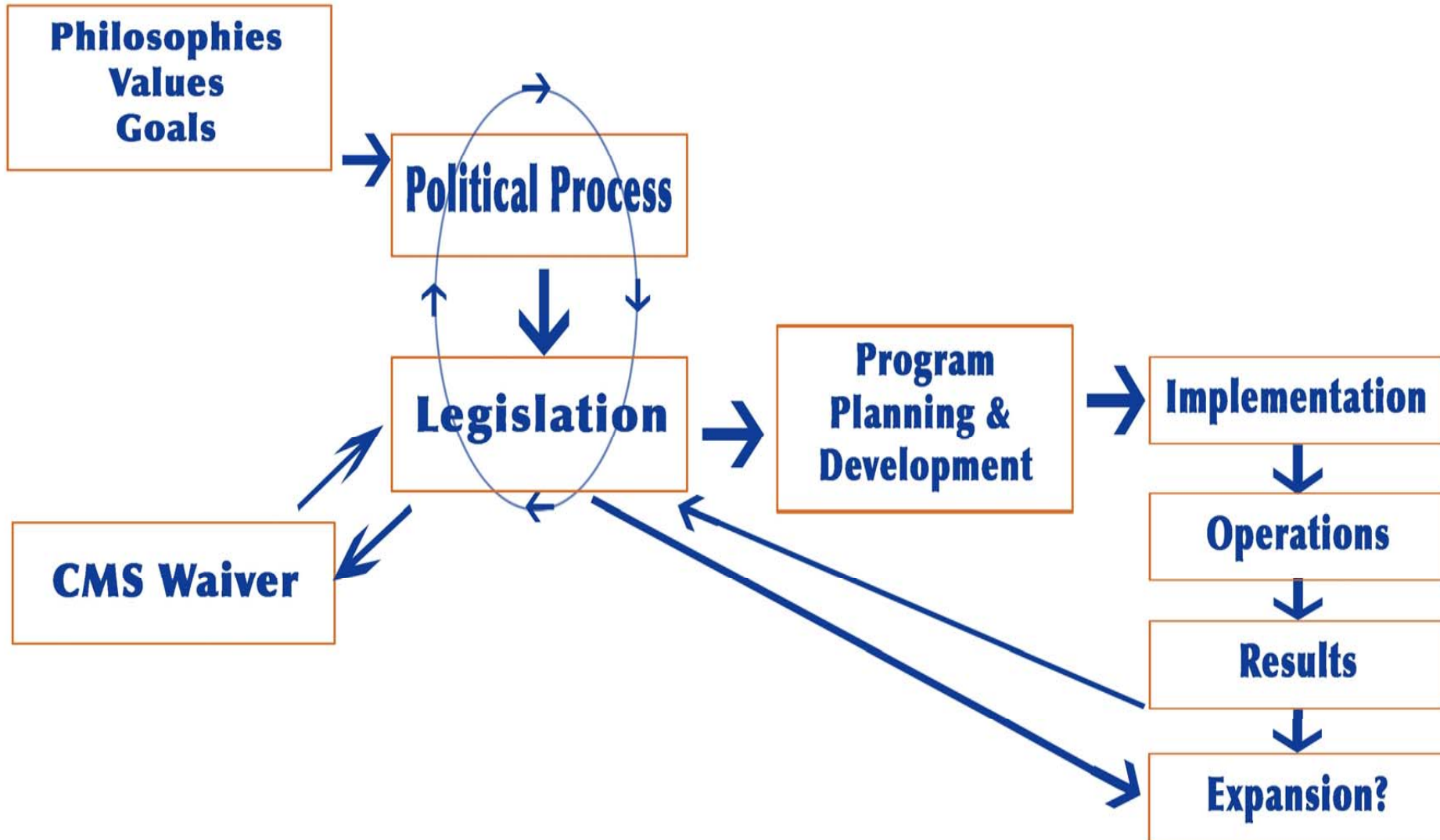
May 10, 2007

Sarasota, FL

Florida Medicaid Reform Principles

- Patient responsibility and empowerment
- Marketplace decisions
- Bridging public and private coverage
- Sustainable growth rate

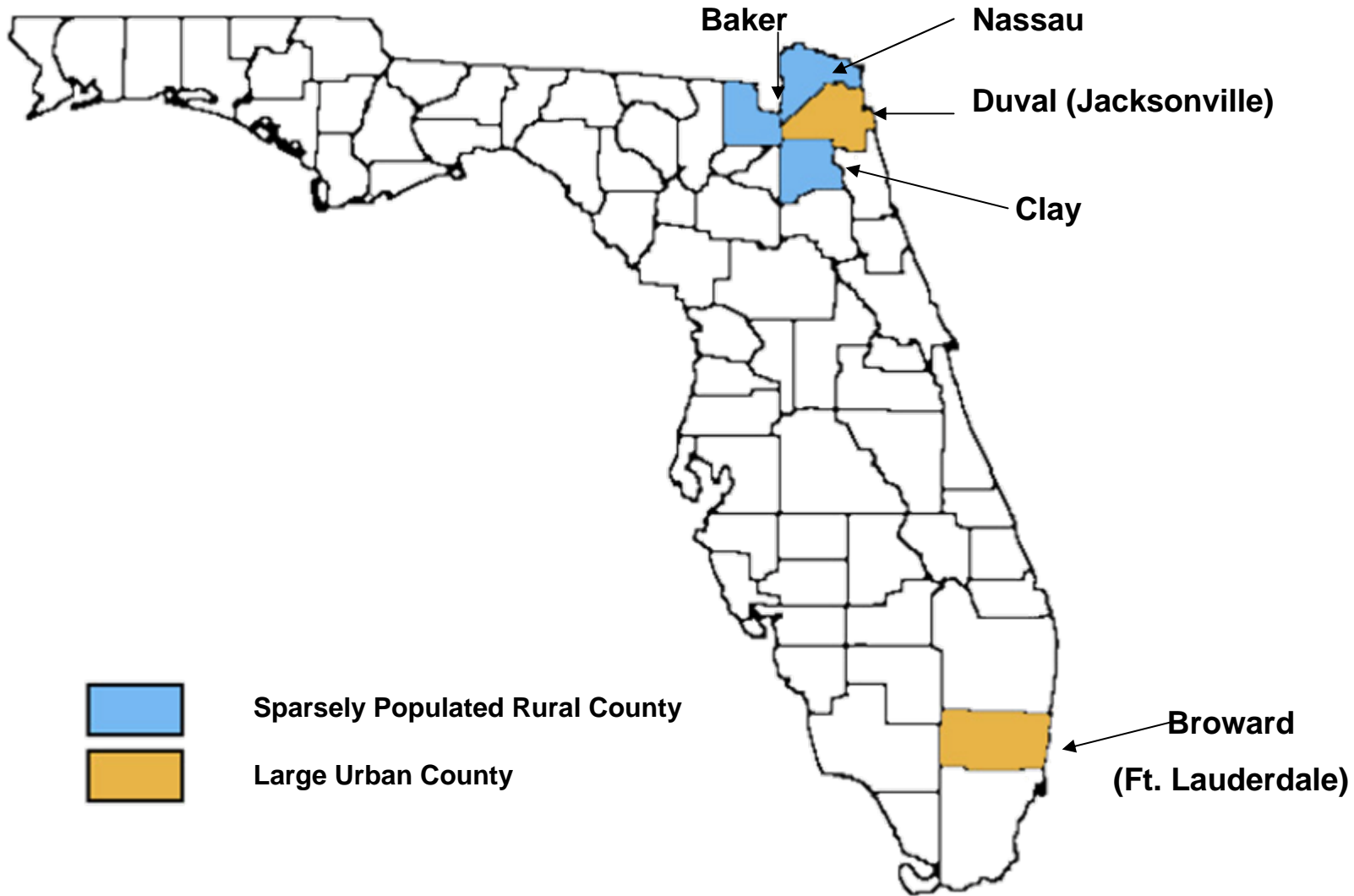
Medicaid Reform



What's New?

- More Choices for Beneficiaries
 - HMOs and PSNs
 - Customized benefit packages
 - Opt-out to employer-sponsored plans
- Choice Counseling
- Enhanced Benefit Accounts
- Risk-adjusted Rates
- Low-income Pool

Medicaid Reform Counties



Florida Medicaid Reform Chronology

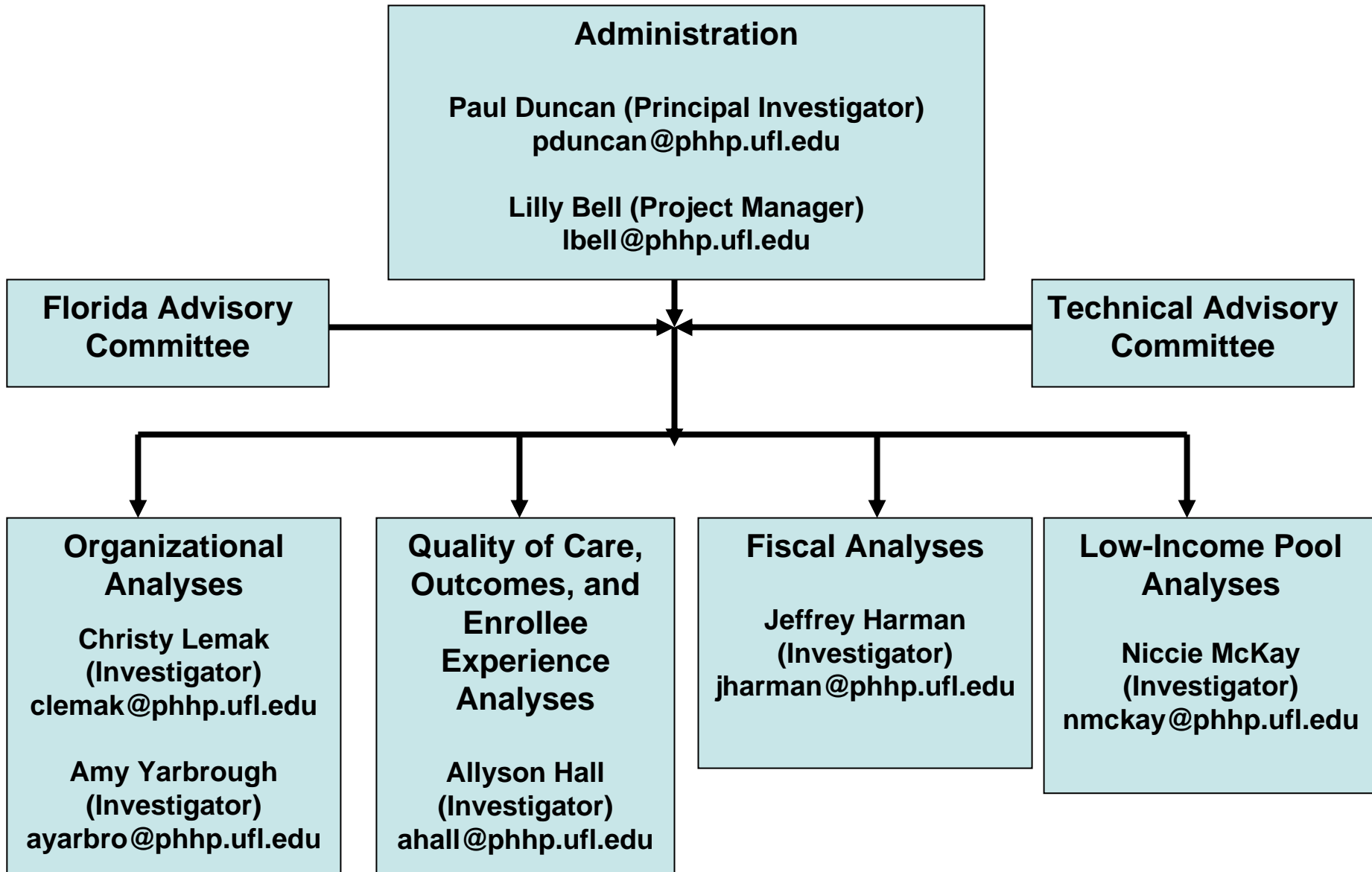
Date	Activity
March 30, 2004	AHCA requests public comment on Governor Bush's intention to seek CMS waiver to reform Medicaid.
January 11, 2005	Governor Bush releases "Florida's Medicaid Modernization Proposal."
May 6, 2005	Florida Medicaid Reform authorized by Florida Legislature in SB 838.
October 3, 2005	Formal submission of Florida's Medicaid Reform waiver application to CMS.
October 19, 2005	US Department of HHS Secretary Michael O. Leavitt and Governor Bush announce federal approval of Florida's Medicaid Reform plan.
December 8, 2005	Florida Legislature passed required legislation.
December 16, 2005	Governor Bush signs Medicaid Reform Legislation (HB 3B) into law.
July 1, 2006	Medicaid Reform Implementation begins.

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
 - 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

- Investigators: Christy Lemak, Ph.D. and Amy Yarbrough, Ph.D.
- Tell the Story of Reform
- Understand various “organizations” involved in Reform:
 - Health plans and networks
 - Choice Counseling organization
 - Enhanced Benefits organization
 - Opt-out organization
 - The Agency and its collaborating contractors
 - Other interested persons or organizations

Quality of Care, Outcomes, and Enrollee Experience Analyses



- Investigator: Allyson Hall, Ph.D.
- Enrollee satisfaction
- Experience of care
 - Choice counseling
 - Health plan and health information
 - Making choices
 - ❖ Plan selection
 - ❖ Enhanced benefits
 - ❖ Opt-out
 - Access and health care utilization
- Health status and health outcomes



Fiscal Analyses

- Investigator: Jeff Harman, Ph.D.
- Preliminary Research Questions
 - What is the difference in per member per month expenditures for enrollees in reform plans before and after implementation of Medicaid Reform?
 - What are the costs of implementing and administering the Reforms?
 - How well do the risk adjustment methods perform (pharmacy vs. encounter data)?
 - Do the financial safeguards of the catastrophic component provide proper incentives to manage care?
 - Does the opt-out option impact Medicaid expenditures?
 - Do enhanced benefit accounts impact Medicaid expenditures?

Low-Income Pool Analyses



- Investigator: Niccie McKay, Ph.D.
- Annual “pool” of \$1 billion (funded through IGTs and matching federal funds)
- Objective of LIP: “to ensure continued government support for the provision of healthcare services to Medicaid, underinsured, and uninsured populations”
- LIP evaluation plan submitted to AHCA November 2006
 - 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 through 05-06



MRE Companion Studies

- University of Oregon—Centers for Health System Change/RWJ
 - Impact of incentivizing healthy behaviors for Medicaid recipients
 - Focus groups and telephone survey
 - Analysis currently underway
- Urban Institute—Henry J. Kaiser Family Foundation
 - Health care experiences under Reform -- focus on SSI
 - Telephone survey of 1850 enrollees
 - Analysis currently underway

Preliminary Research Findings

Organizational Analyses

- Broward County
 - 10 HMOs
 - 6 PSNs
 - 101,115 total enrollment
- Duval County
 - 4 HMOs
 - 2 PSNs
 - 64,559 total enrollment

Choice Counseling

- ACS call center statistics (7/24/06-2/28/07)
 - 119,053 total calls received
 - 29,482 total outbound calls
 - 1,581 or 1.33% abandoned calls
 - 6.3 minutes average talk time
 - no blocked calls

Enhanced Benefits

- Credits
 - 11,997 beneficiaries received credits
 - Total Credit amount to date: \$652,620.50
- As of January 29, 2007, over 290 beneficiaries have used their accounts.
- Credited amounts used \$ 3,869.44

Benchmarking Survey

- CAHPS style survey of 5467 Duval and Broward County enrollees prior to Reform implementation
- Field work completed Fall 2006
- County level Benchmarks submitted to AHCA
April 2007

Low-Income Pool

- AHCA received approval from CMS regarding eligibility for and distribution of LIP funds for SFY 06-07
- Disbursements somewhat delayed due to new paperwork requirements by CMS
- Disbursements for first quarter currently in process

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