Evaluation Update

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Medicaid Reform Overview
Principles of Medicaid Reform

► Patient responsibility and empowerment
► Marketplace decisions
► Bridging public and private coverage
► Sustainable growth rate
Elements of Medicaid Reform

- Customized benefit packages
- Opt-Out option
- Enhanced Benefit Reward$ program
- Choice Counseling
- Risk adjusted payments
Reform Evaluation
Context of Medicaid Reform

- Health Care Systems
- Medicaid
- Managed Care
- Poverty
- Chronic Illness
- Disparity
Organizational Analyses

► Changing cast of organizations and characteristics
► Not as much variation in plan benefit packages as originally anticipated
► Energetic enrollee participation in EBR program
Some differences in enrollee satisfaction can be discerned, however:

- Satisfaction rates are generally high.
- Noted areas of improvement include satisfaction ratings of primary care and experiences with personal physician.
- Overall assessment score for plans declined slightly.
- Virtually no change in satisfaction among rural enrollees.
Fiscal Analyses

► Preliminary indication of reduced expenditures
► Multivariate analyses confirm the expenditure reductions and indicate they are primarily among PSN enrollees
  – Specifically SSI enrollees in PSNs
► Caution regarding slope
  – *Bending the curve?*
Mental Health

► Few substantial differences observed comparing Reform to non-Reform counties for
  – Baker Act rates, arrest rates, juvenile justice recidivism

► Enrollee satisfaction with mental health services
  – Enrollees in Reform counties were more satisfied than those in the control county
  – In the Reform counties, enrollees in PSNs tended to be more satisfied than those in HMOs

► Pharmacotherapy
  – Analyses underway
Low-Income Pool

- Total funding and number of hospitals receiving LIP funding increased compared to SMP program.
- Non-hospital providers began receiving funding under the LIP program in SFY0607.
- Hospitals receiving LIP payments served an estimated 3.6 – 3.7 million Medicaid, Underinsured, and Uninsured (MUU) individuals in all three years.
Low-Income Pool (cont’d)

- Non-hospitals receiving LIP payments served an estimated 700,000 – 800,000 MUU individuals in all three years.
- For hospitals, average payments for MUU individuals declined over the three year period.
- For non-hospital providers, average payments for MUU individuals declined over the two year period.
Questions?
Further Information

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AHCA Florida Medicaid Reform Website
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