The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Flores, Chair
Senator Stargel, Vice Chair

MEETING DATE: Wednesday, January 11, 2017
TIME: 2:00—4:00 p.m.
PLACE: *James E. "Jim" King, Jr. Committee Room,* 401 Senate Office Building

MEMBERS: Senator Flores, Chair; Senator Stargel, Vice Chair; Senators Artiles, Baxley, Book, Passidomo, Powell, and Rader

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1		Presentation of the December 31, 2016, Revenue Maximization Report, prepared per Chapter 2016-241, Laws of Florida (CS/SB12)	Presented
2		Overview of the Florida Medicaid Program, and an Update on the Managed Medical Assistance Component of the Statewide Medicaid Managed Care Program	Presented
		Other Related Meeting Documents	

Behavioral Health Services Revenue Maximization Plan

Beth Kidder

Interim Deputy Secretary for Medicaid

Agency for Health Care Administration

Senate Health and Human Services Appropriations

January 11, 2017

Legislatively Mandated Report

- 2016 Legislature passed Senate Bill 12 (s. 394.761(5), F.S.)

The agency and the department shall ***develop a plan to obtain federal approval for increasing the availability of federal Medicaid funding for behavioral health care****. Increased funding shall be used to advance the goal of improved integration of behavioral health services and primary care services for individuals eligible for Medicaid through the development and effective implementation of the behavioral health system of care as described in s. 394.4573.*

Required Elements of Report

1. Amount of GR funding available to be used as state match for revenue maximization/ draw down of federal funds
2. Evaluate alternative uses of increased Medicaid funding including:
   - Seeking Medicaid eligibility for the severely and persistently mentally ill or persons with substance use disorders
   - Inclusion of targeted case management for individuals with substance use disorders as a Medicaid-funded services
   - Adjustments to the capitation rate for Medicaid enrollees with chronic mental illness and substance use disorders
   - Increased reimbursement rates for behavioral health services
   - Supplemental payments to mental health and substance abuse service providers through a designated state health program or other mechanisms
   - Innovative programs to provide incentives for improved outcomes for behavioral health conditions

Florida's System of Care for Behavioral Health Services

	Agency for Health Care Administration: Medicaid Program	Department of Children and Families: Substance Abuse and Mental Health Program

Populations Covered	• Parents and caretaker relatives of children under age 18
	• Children (including newborns) up to 21 years of age
	• Pregnant women
	• Former foster care individuals
	• Children in Foster care and Special need adoption children
	• Non-citizens with medical emergencies
	• The aged, blind and disabled
		• Children and adults who are otherwise unable to obtain mental health and substance abuse treatment services, including:
		  • Individuals who are eligible for Medicaid
		  • Medicaid enrolled individuals who require services not covered under Florida Medicaid, and
		  • Those who are not financially able to cover medical expenses independently.

Delivery System	• Most people enrolled in Florida Medicaid are required to enroll in a health plan under the Managed Medical Assistance (MMA) component of the Statewide Medicaid Managed Care Program to receive Medicaid covered services. • MMA plans contract with local services providers for the provision of behavioral health services.	• Participants receive services from providers contracted with seven Managing Entities (MEs). • DCF contract with these MEs for the administration and management of regional behavioral health systems of care throughout the state. • MEs contract with local service providers for the provision of prevention, treatment, and recovery support services.

Behavioral Health Services for Adults: Medicaid vs. DCF

Behavioral Health Services (Available for Adults)	Medicaid	DCF
Assessment/Treatment Plan Development and		
Assessment	X	X
Treatment Plan Development	X	X
Treatment Plan Review	X	X
Therapy Services		
Group Therapy	X	X
Individual Therapy	X	X
Family Therapy	X	X
Psychosocial Rehabilitation		
Outpatient Detoxification		X
Day Treatment	X	X
Supportive Housing*	X	X
Supportive Employment		X
Recovery Support (Individual/Group)**	X	X
Mental Health Clubhouse Services	X	X
Medication-assisted treatment services	X	X
Medical Services	X	X
Residential Services		
Residential Treatment		X
Room and Board w/Supervision		X

Behavioral Health Services (Available for Adults)	Medicaid	DCF
Case Management Services		
Case Management	X	X
Intensive Team Case Management		X
Crisis Management		
Crisis Stabilization***	X	X
Crisis Support		X
Substance Abuse Inpatient Detoxification	X	X
Inpatient Hospital Services	X	X
Other Support Services		
Day Care Services		X
Drop-in Center/Self Help		X
Respite		X
Intervention (Individual/ Group)		X
Treatment Alternative for Safer Communities (TASC)		X
Incidental Expenses		X
Aftercare/Follow-up		X
Outreach		X
Florida Assertive Community Treatment (FACT)		X
Prevention		X
Comprehensive Community Service Team		X

Florida's System of Care for Behavioral Health Services

	Agency for Health Care Administration: Medicaid Program	Department of Children and Families: Substance Abuse and Mental Health Program
Financing	• Jointly financed with state and local dollars • The amount of federal funding received is based on the state FMAP (Federal Matching Assistance Percentage). • The federal government pays 60% of every dollar spent on Medicaid services to Medicaid eligible individuals. • General revenue or other funding (intergovernmental transfers, certified public expenditures, etc.) must be allocated to fund the state share of Medicaid expenditures (40% of spend)	• Financed with state general revenue, federal discretionary grants, county matching funds, and federal block grant funding. • General revenue funding must be maintained for activities of the block grants; this is the "maintenance of effort" requirement.
Behavioral Health Population SFY 15-16	• 352,517 Medicaid recipients received Medicaid funded behavioral health services during state fiscal year 2015-2016.	• 303,769 SAMH client received DCF funded behavioral health services during state fiscal year 2015-2016.
Behavioral Health Expenditures SFY 15-16	• $396,464,409	• $562,589,890

General Revenue Funds Available

- A key component of revenue maximization plans is identifying the amount of funding available to draw down additional federal funds.
- DCF has identified **$412.4 million** in general revenue funding appropriated during fiscal year 2016-2017 for mental health and substance abuse services that may be eligible.
- Of this, $190.8 million is tied to federal Maintenance of Effort (MOE) requirements for DCF's federal grants.
  - Note: State general revenue funds that must be maintained for MOE purposes can also be used as the state match to receive federal Medicaid funding for covered services provided to Medicaid recipients.

Evaluation of Revenue Maximization Options

Revenue Maximization Options Explored

- Four types of options were explored with nine individual options:
- 1. Options that "free up" general revenue through program changes that allow state to draw down federal Medicaid match for services previously funded only by general revenue
  - Seeking Medicaid eligibility for people with severe mental illness (SMI) and/or substance use disorder (SUD)
  - Covering additional services through Medicaid for people with SUD

Revenue Maximization Options Explored (continued . . .)

- 2. Options that re-direct "freed- up" general revenue to provider payment and/or incentive programs
  - Adjusting the capitation rate for Medicaid enrollees with chronic mental illness and substance use disorders
  - Increasing reimbursement rates for Medicaid behavioral health treatment services
  - Increasing reimbursement rates to providers through incentive payments

Revenue Maximization Options Explored (continued . . .)

- 3. Options that use existing general revenue expenditures to draw down federal funds to be used for system transformations
  - Making supplemental payments to providers using Designated State Health Program model
  - Implementing innovative programs to provide incentives for improved outcomes for behavioral health conditions through a Delivery System Reform Incentive Payment (DSRIP) model

Revenue Maximization Options Explored (continued . . .)

- 4. Options that bring new funding into the system
  - Making supplemental payments to providers using Intergovernmental Transfers (IGTs) or Certified Public Expenditures (CPEs)

Option 1. Seeking Medicaid Eligibility for People with SMI and/or SUD

- Seek federal approval to extend Medicaid eligibility for people with SMI or SUD who currently are served through DCF's system of care and do not otherwise qualify for Medicaid or subsidized coverage.
- Options could include:
  - Full Medicaid benefits for people with SMI or SUD who are ages 21 – 65.
  - Medicaid behavioral health benefits only for adults with SMI or SUD who are age 21 – 65.
  - Full Medicaid benefits for mothers of substance exposed newborns, for a period of three years after the birth.
  - Full Medicaid benefits for parents and caretakers of children involved in the state's child welfare system who have substance use disorders and co-occurring mental illness.

Option 1: Seeking Medicaid Eligibility for the SMI and/or SUD Population

Option 1 Parameters:	
Federal Authority Required?	Yes
Type of Authority	1115 or 1915 (c) waiver, depending on population and services covered
Timeline for implementation	12-18 months
Additional Federal Reporting Requirements	CMS may require additional reporting requirements if an 1115 is utilized; yes if new 1915(c) waiver is needed
Utilize Medicaid Delivery System?	Yes if full benefits provided. New recipients would enroll in MMA plans for their health care. HCBS services under a 1915 (c) waiver could also be provided by MMA plans.
Utilize Managing Entities?	HCBS services under a 1915 (c) waiver could be provided by the MEs.
Funding Source	General revenue and federal matching funds. Some of the GR currently spent by DCF on providing services to this population could be used to offset the costs.

Option 2. Covering Targeted Case Management and Other Services as Medicaid-Funded Services for People with SUDs

- Medicaid covers Targeted Case Management (TCM) in limited circumstances:
  - children and adults with a mental health diagnosis;
  - children at-risk of abuse or neglect;
  - children at risk of a developmental delay (birth up to age 3); and
  - children receiving medical foster care services.
- Florida Medicaid does not cover TCM for individuals who are only diagnosed with a substance use disorder.
  - The Department of Children and Families covers TCM services for individuals with an SUD.
  - There are approximately 8,000 Medicaid recipients with an SUD receiving TCM through DCF.

Option 2: Covering Targeted Case Management as Medicaid-Funded Services for People with SUDs

Option 2 Parameters:	
Federal Authority Required?	Yes
Type of Authority	Medicaid State Plan Amendment or 1115 amendment (if restricted to certain population)
Timeline for implementation	3-6 months for State Plan Amendment; 6-12 months for 1115 amendment
Additional Federal Reporting Requirements	No
Utilize Medicaid Delivery System?	Services could be added to the MMA benefit package and provided through the MMA plans.
Utilize Managing Entities?	Services could be excluded from the MMA benefits package and provided through the MEs, or MMA plans could be required to contract with MEs for this service.
Funding Source	General revenue and federal matching funds. The Agency would receive approximately 60% of the cost of services provided from the federal government, which would replace prior general revenue expenditures on those services by DCF. General revenue would need to be appropriated to AHCA.

Option 3: Eliminate current limits on certain Medicaid covered behavioral health services

- Eliminate Medicaid coverage limitations for certain services for people with SMI/ SUD which are funded by DCF once Medicaid limits are reached:
  - Assessment service
  - Case management
  - Day treatment
  - Group therapy
  - Individual therapy
  - Medical services
  - Inpatient detoxification
  - Inpatient hospital services

Option 3: Eliminate current limits on certain Medicaid covered behavioral health services

Option 3 Parameters:	
Federal Authority Required?	Yes
Type of Authority	Medicaid State Plan Amendment or 1115 amendment (if restricted to certain population)
Timeline for implementation	3-6 months for State Plan Amendment; 6-12 months for 1115 amendment
Additional Federal Reporting Requirements	No
Utilize Medicaid Delivery System?	MMA plans already cover these services up to a limit and could cover the additional volume through their network of providers.
Utilize Managing Entities?	No
Funding Source	General revenue and federal matching funds. The Agency would receive approximately 60% of the cost of services provided from the federal government, which would replace prior general revenue expenditures on those services under DCF. General revenue would need to be appropriated to AHCA.

Option 4. Add Medicaid coverage of certain services for the SMI/SUD population

- These services are not covered by Florida Medicaid, but are offered by DCF using state general revenue funding.
- Add Medicaid coverage of:
  - Crisis stabilization
  - Incidental expenses
  - Residential services
  - Residential detoxification
  - Room and board with supervision
  - Supportive housing and supportive employment

Option 4: Add Medicaid coverage of certain services for the SMI/SUD population

Option 4 Parameters:	
Federal Authority Required?	Yes
Type of Authority	1115 Waiver Amendment
Timeline for implementation	12-18 months (including federal approval and engaging in transition activities)
Additional Federal Reporting Requirements	No
Utilize Medicaid Delivery System?	Yes. Services can be provided through the MMA plans or the Agency could require the plans to contract with the MEs in the delivery of care for recipients they have in common.
Utilize Managing Entities?	Yes. Services would be carved out of managed care and the Agency would make direct payments to the MEs.
Funding Source	General revenue and federal matching funds. The Agency would receive approximately 60% of the cost of services provided from the federal government, which would replace prior general revenue expenditures on those services through DCF. General revenue would need to be appropriated to AHCA.

Option 5. Increase the Capitation Rate for Medicaid Enrollees with Chronic Mental Illness and Substance Use Disorders

- Increase managed care plan capitation rates using a portion of the general revenue savings achieved from implementation of any of the previously discussed options to serve as the match for federal Medicaid funding.
- Options include:
  - Plans provide additional health benefits for the target population
  - Plans implement innovative quality improvement programs (such as the healthy behavior programs required in Part IV of Chapter 409, F.S.)
  - Plans pay providers more based on quality-related outcomes.

Option 5: Increase the Capitation Rate for Medicaid Enrollees with Chronic Mental Illness and Substance Use Disorders

Option 5 Parameters:	
Federal Authority Required?	Unknown, dependent on program specifics
Type of Authority	N/A
Timeline for implementation	Unknown, dependent on program specifics
Additional Federal Reporting Requirements	N/A
Utilize Medicaid Delivery System?	Yes, utilize existing MMA plans
Utilize Managing Entities?	No
Funding Source	General revenue and federal matching funds. Savings from drawing down federal dollars to fund services previously funded by 100% general revenue could be re-allocated to increase reimbursement rates for providers under either system. General revenue would need to be appropriated to AHCA.

Option 6. Increase Reimbursement Rates for Behavioral Health Services

- Adjust provider payment rates using a portion of the general revenue savings achieved from implementation of any of the previously discussed options to serve as the match for federal Medicaid funding.
  - Providers of mental health and substance abuse services are reimbursed either through the Florida Medicaid program or by the Managing Entities under the Department of Children and Families Substance Abuse and Mental Health program.
  - Savings from drawing down federal dollars to fund services previously funded by 100% general revenue could be re-allocated to increase reimbursement rates for providers under either system.
  - The Agency could also require the MMA plans to contract with the managing entities to provide services and develop an incentive payment program utilizing benchmarks for providers to earn incentive payments:

Option 6: Increase Reimbursement Rates for Behavioral Health Services

Option 6 Parameters:	
Federal Authority Required?	Unknown, dependent on program specifics
Type of Authority	N/A
Timeline for implementation	Unknown, dependent on program specifics
Additional Federal Reporting Requirements	N/A
Utilize Medicaid Delivery System?	Yes. MMA plans could be required to pay higher rates to providers directly or through subcontracting arrangements with the MEs.
Utilize Managing Entities?	Yes. MEs could receive incentive payments based on their provider performance.
Funding Source	General revenue and federal matching funds. Savings from drawing down federal dollars to fund services previously funded by 100% general revenue could be re-allocated to fund rate increases or an incentive program. General revenue would need to be appropriated to AHCA.

Option 7. Make Supplemental Payments to Providers using Designated State Health Program

- Use General Revenue to draw down additional federal funds through a federally approved Designated State Health Program
  - DSHP programs are time-limited and must support a goal of health system transformation
  - Federal funds could be used to implement previously discussed options (e.g., implementing innovative programs or services targeted towards individuals with chronic SMI or SUD)

Option 7: Make Supplemental Payments to Providers using Designated State Health Program

Option 7 Parameters:	
Federal Authority Required?	Yes
Type of Authority	1115 Waiver
Timeline for implementation	6-18 months
Additional Federal Reporting Requirements	Yes, associated with new 1115 waiver, and additional financial reporting also required for DSHP.
Utilize Medicaid Delivery System?	No
Utilize Managing Entities?	Yes. DCF would use MEs to manage new services and populations funded through the DSHP.
Funding Source	Existing general revenue and new federal funds. Federal funds would be time-limited.

Option 8. Implement Innovative Programs to Provide Incentives for Improved Outcomes for Behavioral Health Conditions

- Implement a Delivery System Reform Incentive Payment program (DSRIP)
  - Goal: Transformation of Medicaid payment and delivery system to achieve measurable improvements in qualify of care and overall population health
  - Focused on system transformation and improving outcomes
  - Incentive payments linked to performance-based initiatives

Option 8: Implement Innovative Programs to Provide Incentives for Improved Outcomes for Behavioral Health Conditions

Option 8 Parameters:	
Federal Authority Required?	Yes
Type of Authority	1115 Waiver
Timeline for implementation	6-18 months
Additional Federal Reporting Requirements	Yes, associated with new 1115 waiver, and additional financial and extensive data reporting also required for DSRIP
Utilize Medicaid Delivery System?	No
Utilize Managing Entities?	Yes. DCF would use MEs to manage new services and populations funded through the DSHP
Funding Source	Existing general revenue and new federal funds. Federal funds would be time-limited

Option 9. Make Supplemental Payments to Providers using IGTs or CPEs

- Supplemental payment could be funded through:
  - Intergovernmental Transfers (IGTs)
    - IGTs are funds moved from a governmental entity (e.g., counties, local taxing districts, county health departments, publicly funded hospitals) to Medicaid to draw down additional federal match for the Medicaid program.
  - Certified Public Expenditures (CPEs)
    - CPEs are expenditures made by a governmental entity, including a provider operated by a state or local government, for health care services provided to Medicaid recipients.
    - Certain health care provider organizations can use CPEs to draw down federal funds to fund uncompensated costs for medical care provided to Medicaid recipients.

Option 9: Make Supplemental Payments to Providers using IGTs or CPEs

Option 9 Parameters:	
Federal Authority Required?	Yes
Type of Authority	Unknown, dependent on program specifics
Timeline for implementation	Unknown, dependent on program specifics
Additional Federal Reporting Requirements	Unknown, dependent on program specifics
Utilize Medicaid Delivery System?	IGTs and CPEs could be used to fund increases to provider payments through the MMA program or the fee-for-service program.
Utilize Managing Entities?	IGTs and CPEs could be used to fund increased payments through the MEs.
Funding Source	IGTs and CPEs would serve as the state share of funding to draw down federal matching funds.

Summary of Four Revenue Maximization Options Explored

- 1. “Free up” general revenue through program changes that allow state to draw down federal Medicaid match for services previously funded only by general revenue
- 2. Re-direct “freed- up” general revenue to provider payment and/or incentive programs
- 3. Use existing general revenue expenditures, in place, to draw down federal funds to be used for system transformations
- 4. Bring new funding into the system

Questions?

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

V 11/17
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Medicaid / Revenue Maximization

Name Beth Kidder

Job Title Medicaid Director

Address 2727 Mahan Drive
Street

Phone 850-412-3692

Tallahassee FL 32303
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Agency for Health Care Administration

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

01/11/2017
Meeting Date

Bill Number (if applicable)

Topic Revenue Maximization "AHCA Presentation"

Amendment Barcode (if applicable)

Name Julian "Scott" Eller

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Speaking: ☑ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Community Assisted and Supported Living (CASL)

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/11/17
Meeting Date

B.H. RevMax
Bill Number (if applicable)

Topic AHCA Presentation: Revenue MAXIMization - Behavioral Health

Amendment Barcode (if applicable)

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FL. Assoc Managing Entities & Central Fla B.H. Network

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Bill Number (if applicable)

Topic Revenue Maximization - SB 12

Amendment Barcode (if applicable)

Name Jay Reeve

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Council for Behavioral Health

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

Florida Medicaid

Beth Kidder

Interim Deputy Secretary for Medicaid

Agency for Health Care Administration

Senate Health and Human Services
Appropriations Subcommittee

January 11, 2017

Florida Medicaid – A Snapshot

Eligibles	• Approximately 4 million eligibles.
	• Elders, disabled, families, pregnant women, children in families below poverty.
	  ○ 47% of children.
	  ○ 63% of deliveries.
	  ○ 61% nursing home days.
	  ○ 1.7 million adults - parents, aged and disabled
	• Fourth largest Medicaid population in the nation.

Expenditures	• $23.3 billion total final Medicaid expenditures in Fiscal Year 2015-16 • Federal-state matching program – 60.46% federal, 39.54% state. • Average spending: $5,865 per eligible. • Fifth largest nationwide in Medicaid expenditures.

How Services Are Delivered	• 3.2 million eligibles receive services through 16 Medicaid managed care plans.
	  • Long-term Care
	  • Managed Medical Assistance
	  • Includes specialty plans
	  • Comprehensive
	  • Offer both long-term care and managed medical services

Federal Medicaid Eligibility Criteria

Historically, to qualify for Medicaid recipients must belong to one of the main eligibility groups:

- Children
- Pregnant women
- People with disabilities
- Seniors (adults 65 years of age and older receiving Medicare who also qualify for Medicaid)

- States **must** cover people in these groups up to federally defined income thresholds.
- States can choose to cover other, optional groups.

Two Basic Medicaid Eligible Groups

Family-Related

- Children (including newborns)
- Pregnant women
- Parents, caretakers, children 19-20

Supplemental Security Income (SSI)-Related

- Aged
- Blind
- Disabled
- SSI recipients

Who Currently Cannot be Medicaid Eligible in Florida?

<u>Adults</u> who:

- **Are not** aged, blind, disabled
- **Are not** pregnant
- **Are not** a parent or caretaker relative of a child under 18
- **Have not been** diagnosed with breast or cervical cancer by the Florida Department of Health
- **Are not** under 26 and are not formerly in foster care.

Federal Medicaid Service Parameters

- Federal law specifies “mandatory services” that states must cover.
  - Not all Medicaid recipients are eligible for all services.
  - Medicaid recipients are entitled to receive the mandatory services as long as they are determined by the state Medicaid program or a Medicaid managed care plan to be medically necessary.
- Federal law also outlines optional services that states can choose to provide.

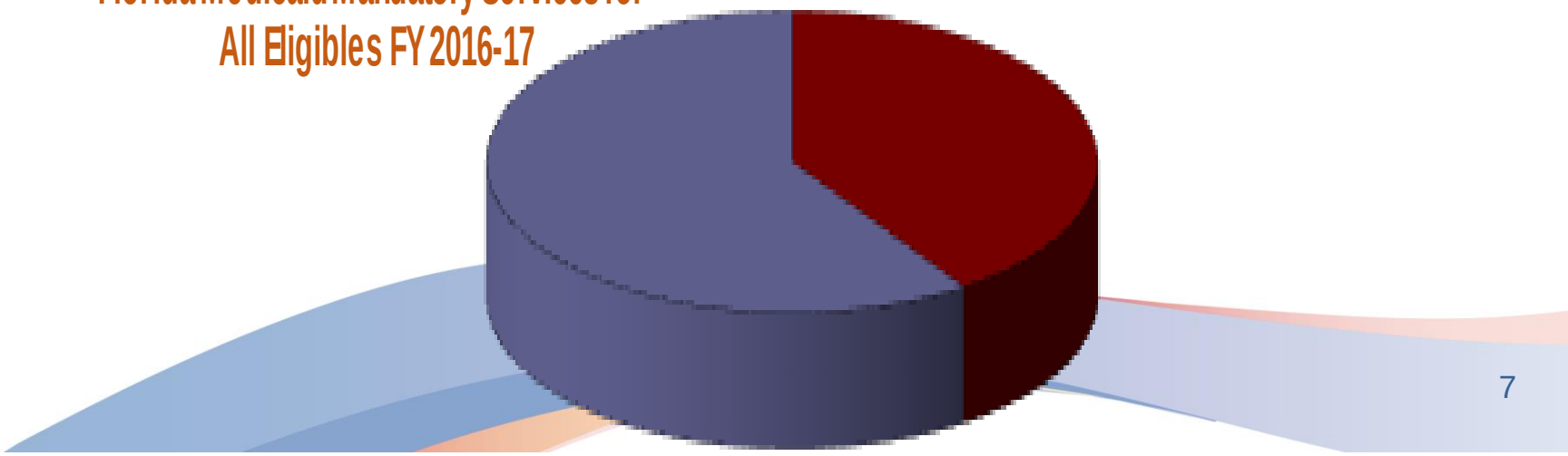
Florida Medicaid Mandatory Services

- Advanced Registered Nurse Practitioner and Physician Services
- Family Planning
- Home Health Care
- Hospital (Inpatient and Outpatient)
- Independent Lab
- Nursing Facility
- Physical Therapy
- Portable X-ray Services
- Rural Health
- Transportation to Medicaid Services

<u>For Children</u>

- Dental
- Personal Care Services
- Private Duty Nursing
- Respiratory, Speech, Occupational, and Other therapeutic services
- Well Child Check-Ups

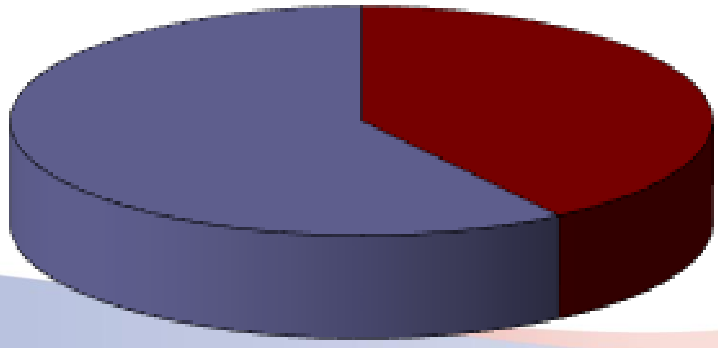
Florida Medicaid Mandatory Services for All Eligibles FY 2016-17



Florida Medicaid Optional Services**

- Adult Dental
- Adult Health Screening
- Ambulatory Surgical Centers
- Assistive Care
- Birth Center
- Hearing
- Vision
- Chiropractic
- Community Behavioral Health
- County Health Department Clinic
- Dialysis
- Durable Medical Equipment
- Early Intervention
- Healthy Start
- Home and Community-Based Services
- Hospice
- Intermediate Care Facilities/ for Individuals with Intellectual Disabilities
- Nursing Facility (intermediate level)
- Optometric
- Physician Assistant
- Podiatry Prescribed Drugs
- School-Based
- State Mental Hospital
- Statewide Inpatient Psychiatric Program (SIPP)
- Targeted Case Management

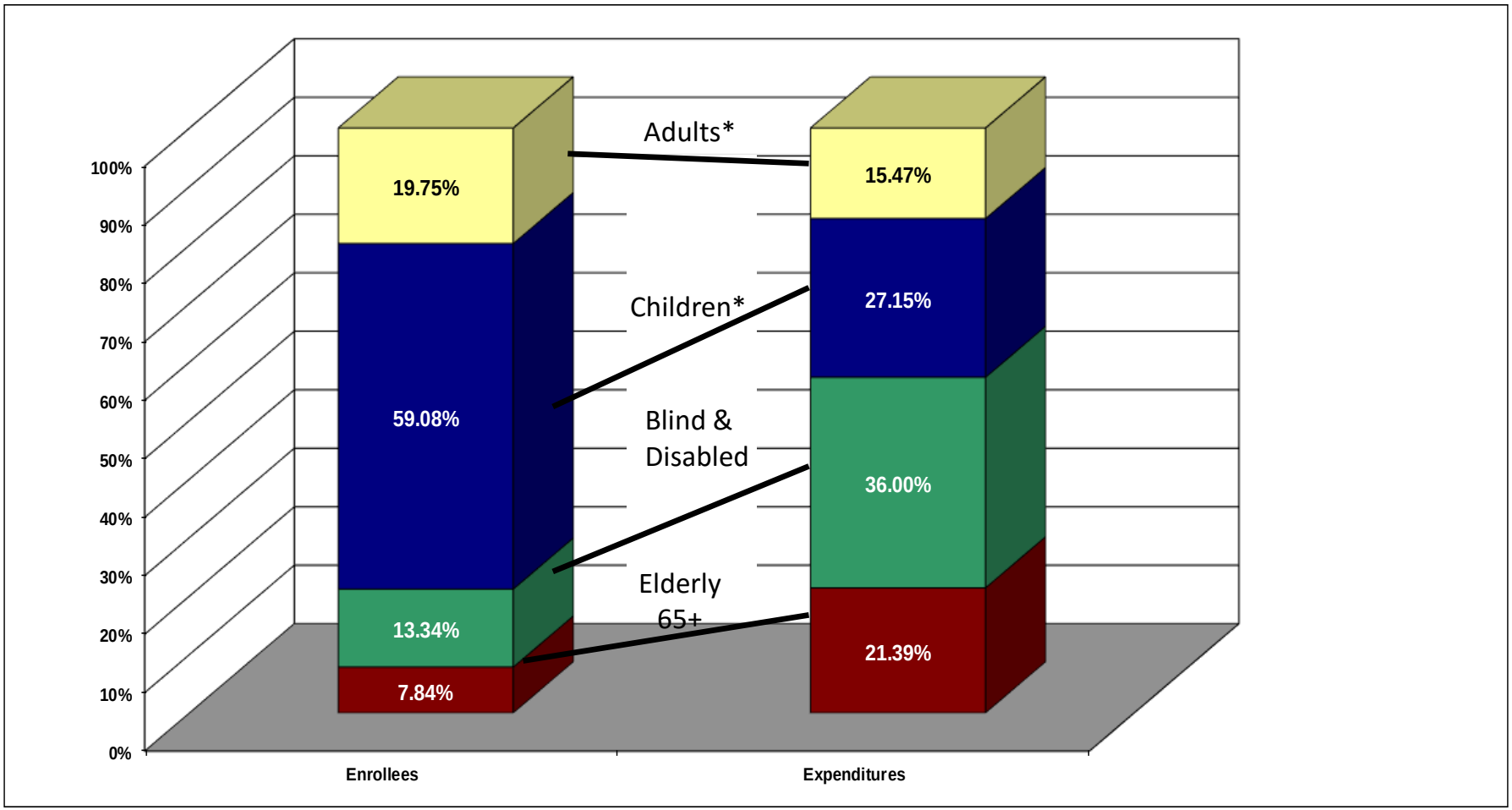
Florida Medicaid Optional Services for All Eligibles FY 2016-17



States are required to provide any medically necessary care required by eligible children.

****Managed Care Organizations can offer additional optional services.**

Medicaid Budget - How it is Spent FY 2015-16



•Adults and children refers to non disabled adults and children.

Source: Final SFY 2015-16 expenditures from Medicaid Data Analytics Fee-for-Service Claims & Eligibility reports.

How do states define their OWN Medicaid programs?

- **Medicaid State Plan**
- **Medicaid Waivers**

How do Medicaid programs deliver services to recipients?

- **Fee-for-service**
- **Managed Care**

Florida's Statewide Medicaid Managed Care Program

Statewide Medicaid Managed Care Program (SMMC)

- The 2011 Florida Legislature directed implementation of this program.
- Most Medicaid recipients are in one or both components:

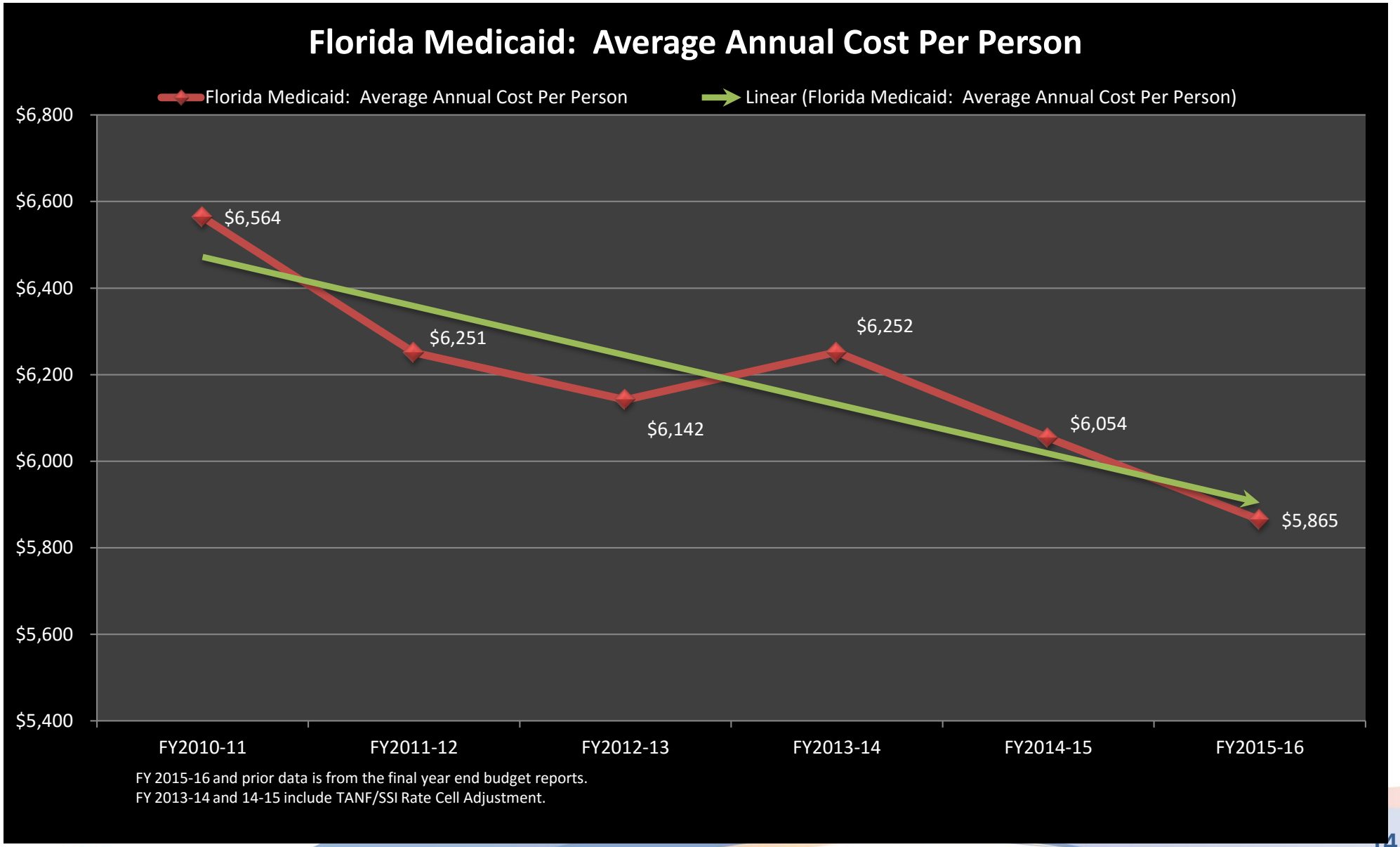
	(December 2016 Data)
– Long-term Care	94,320
– Managed Medical Assistance	3,225,180

- Small percentage of recipients receive services through the fee-for-service delivery system.
  - Most of these are eligible for a limited benefit package (e.g., dual eligibles, medically needy)

SMMC Program Goals

- Enhance fiscal predictability and financial management by converting the purchase of Florida Medicaid services to capitated, risk-adjusted, payment systems.
- Transition LTC individuals who wish to go home from nursing facility care to assisted living or their own homes.
- Improve patient centered care, personal responsibility, and active patient participation.
- Improve the health of recipients, not just paying claims when people are sick.
- Allow recipients a choice of plans and benefit packages.
- Increase accountability and transparency.
- Promote an integrated health care delivery model that incentivizes quality and efficiency.

Per Member Per Year Cost Declines with SMMC Implementation



Managed Medical Assistance Program

MMA Program:
Financing and Plan/Provider Payment

- MMA program budget is $14.4 billion (SFY 16-17).
- The Agency pays MMA plans a monthly capitation payment to provide services to their enrollees.
- Plans must pay for all covered services for their enrollees, regardless of whether the cost of those services exceeds the capitation rate received from the Agency.

Who is eligible for the MMA program?

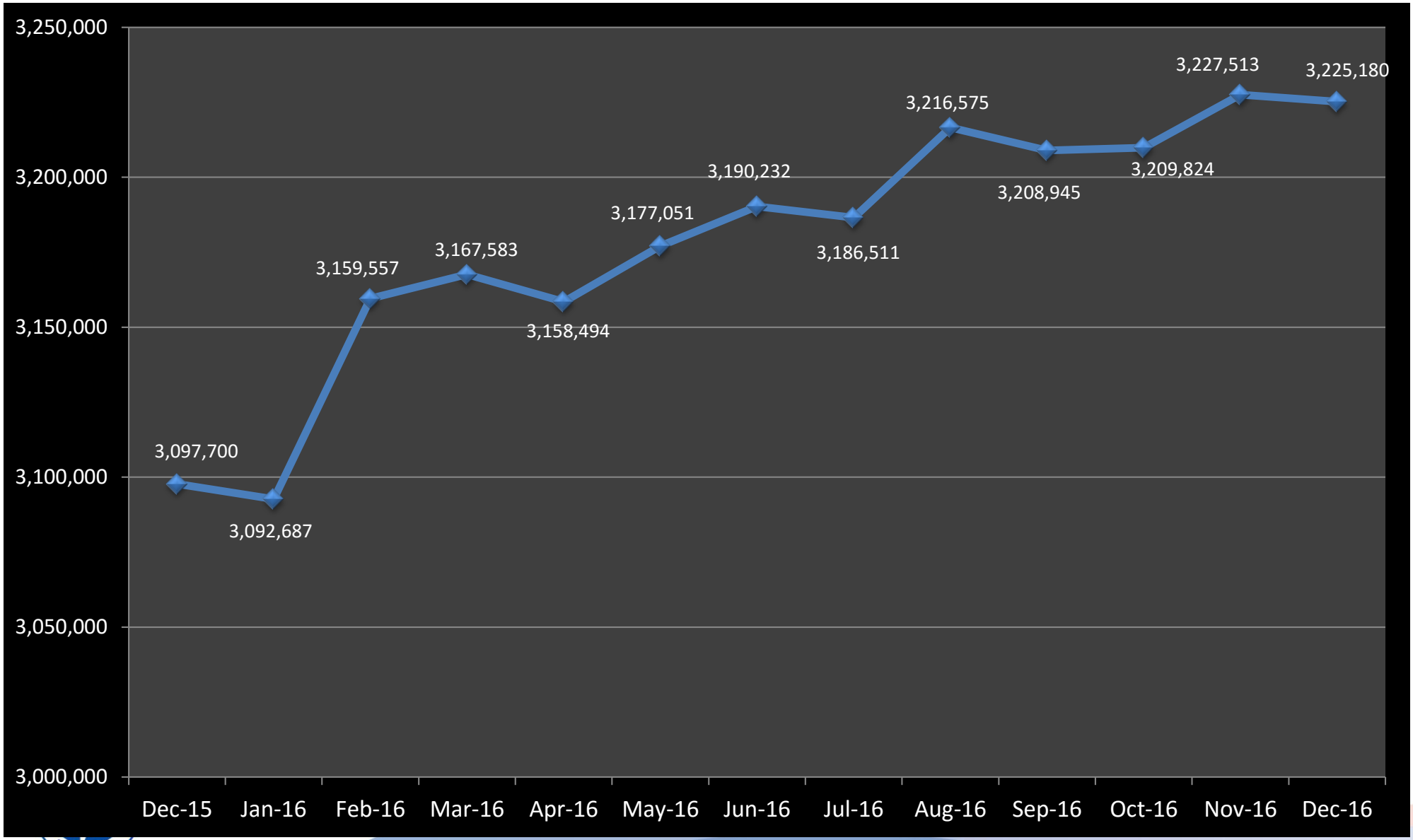
- Mandatory Recipients – All Medicaid recipients are enrolled in an MMA plan unless specifically exempted.
- Voluntary Recipients – May choose to enroll in MMA:
  - Individuals who have other creditable health care coverage, excluding Medicare.
  - Individuals eligible for refugee assistance.
  - Individuals age 65 years and older residing in a mental health treatment facility meeting the Medicare conditions of participation for a hospital or nursing facility.
  - Individuals in an intermediate care facility for individuals with intellectual disabilities.
  - Individuals residing in a group home facility licensed under Chapter 393, F.S.
  - Children receiving services in a Prescribed Pediatric Extended Care center.

Who is eligible for the MMA program?

- Excluded (may NOT participate in MMA) –
  - Dual eligible who are not eligible for full Medicaid benefits ("partial duals" such as QMBs and SLMBs).
  - Individuals who are eligible for emergency Medicaid for aliens.
  - Women who are eligible only for family planning services.
  - Women who are eligible through the breast and cervical cancer services program.
  - Individuals who are residing in residential commitment facilities operated through the Department of Juvenile Justice.
  - Individuals who are eligible for the Medically Needy program.

MMA Enrollment Has Increased to 3.2 Million

(December 2015 – December 2016)



MMA Standard Benefits

- Managed Medical Assistance plans must:
  - Provide all Florida Medicaid State Plan covered services.
  - Ensure the provision of services in the sufficient amount, duration, and scope to be reasonably expected to achieve the purpose for which the services are furnished.
  - Use the Agency's definition of medical necessity when authorizing covered services (see Rule 59G-1.010, Florida Administrative Code).
  - Comply with federal Early and Periodic Screening, Diagnosis, and Treatment requirements (see 42 U.S.C. section 1396d(r)(5)).

MMA Standard Benefit Package

- Ambulatory Surgical Center Services
- Assistive Care Services
- Behavioral Health Services (Community and Emergency)
- Birth Center and Licensed Midwife Services
- Child Health Check-Up
- Chiropractic Services
- Clinic Services
- Dental Services
- Immunizations
- Emergency Services
- Family Planning Services and Supplies
- Healthy Start Services
- Hearing Services
- Home Health Services and Nursing Care
- Hospice Services
- Hospital Services
- Laboratory and Imaging Services
- Medical Supplies, Equipment, Prostheses and Orthoses
- Optometric and Vision Services
- Physician, Advanced Registered Nurse Practitioner, and Physician Assistant Services
- Podiatric Services
- Prescribed Drug Services
- Renal Dialysis Services
- Therapy Services
- Transportation Services

MMA Plans Provide the Following Services:

Standard Plans

- Cover only Managed Medical Assistance services

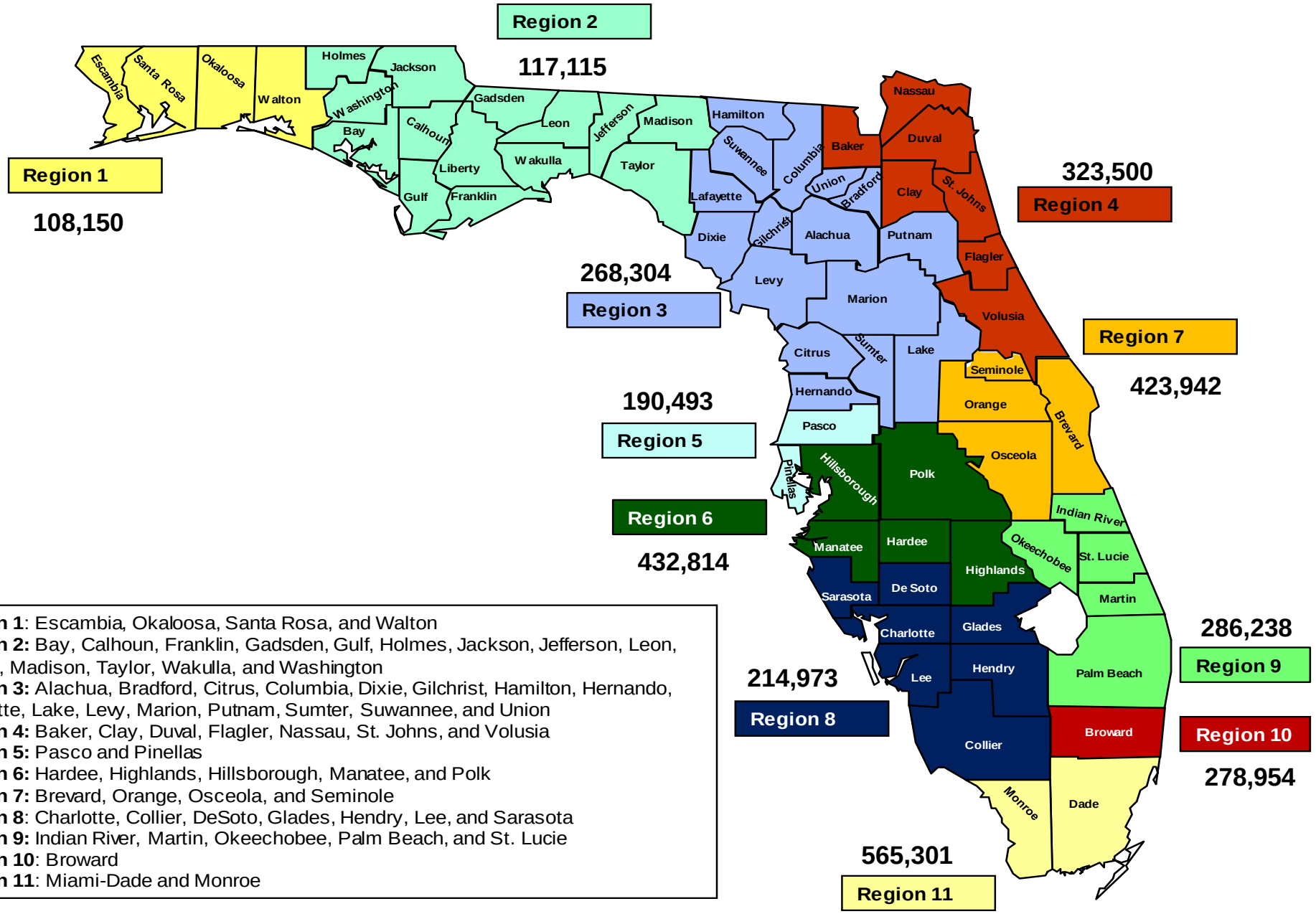
Comprehensive Plans

- Cover all Long-term Care and Managed Medical Assistance services.
- Plan care coordinator coordinates with all of the recipient's medical and long-term care providers.

Specialty Plans

- Cover only Managed Medical Assistance services
- Plans serve Medicaid recipients who meet specified criteria based on:
  - age
  - condition, or
  - diagnosis

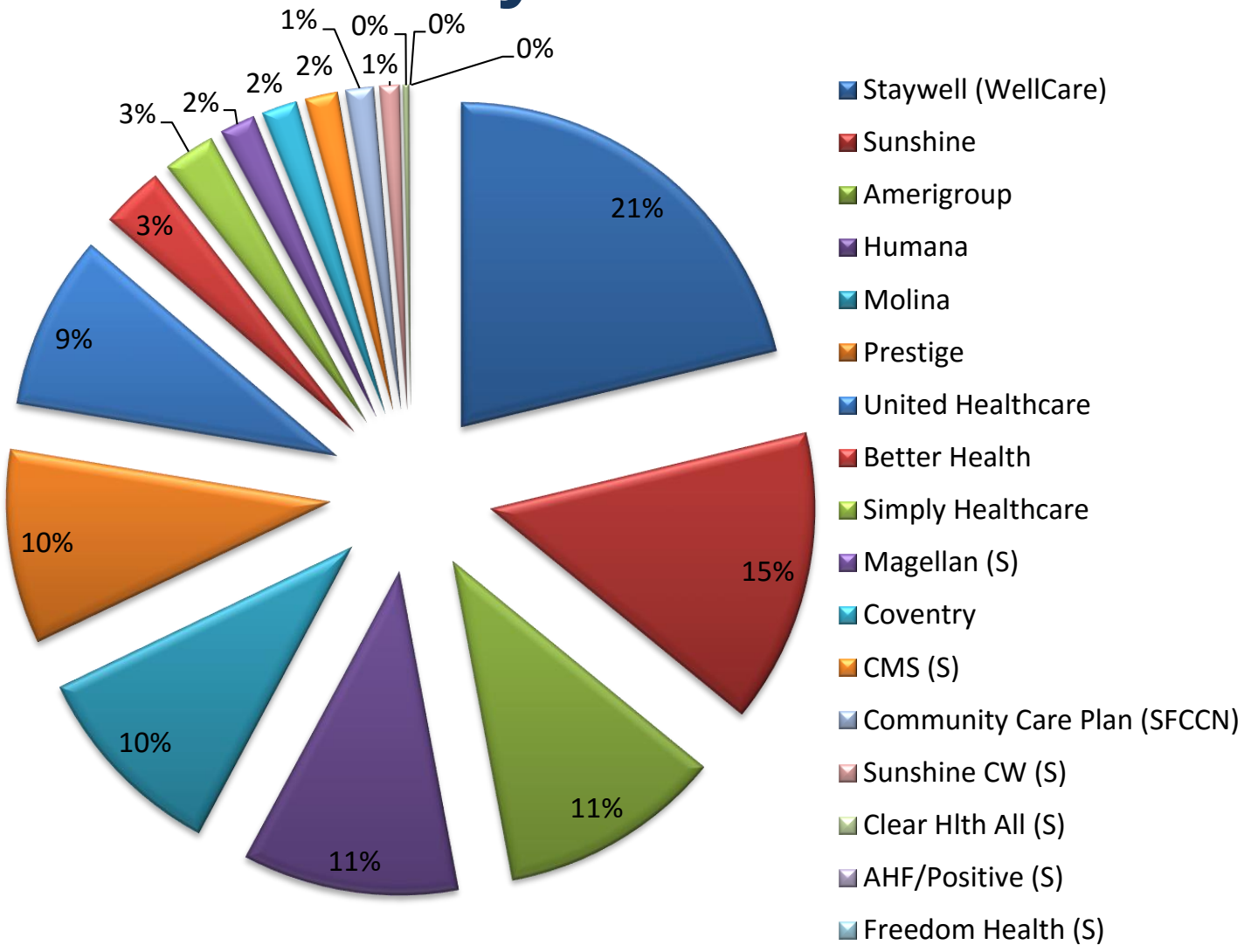
MMA Enrollment by Region (October 1, 2016)



Region 1: Escambia, Okaloosa, Santa Rosa, and Walton
Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
Region 5: Pasco and Pinellas
Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk
Region 7: Brevard, Orange, Osceola, and Seminole
Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
Region 10: Broward
Region 11: Miami-Dade and Monroe

Statewide Managed Medical Assistance Enrollment by Plan

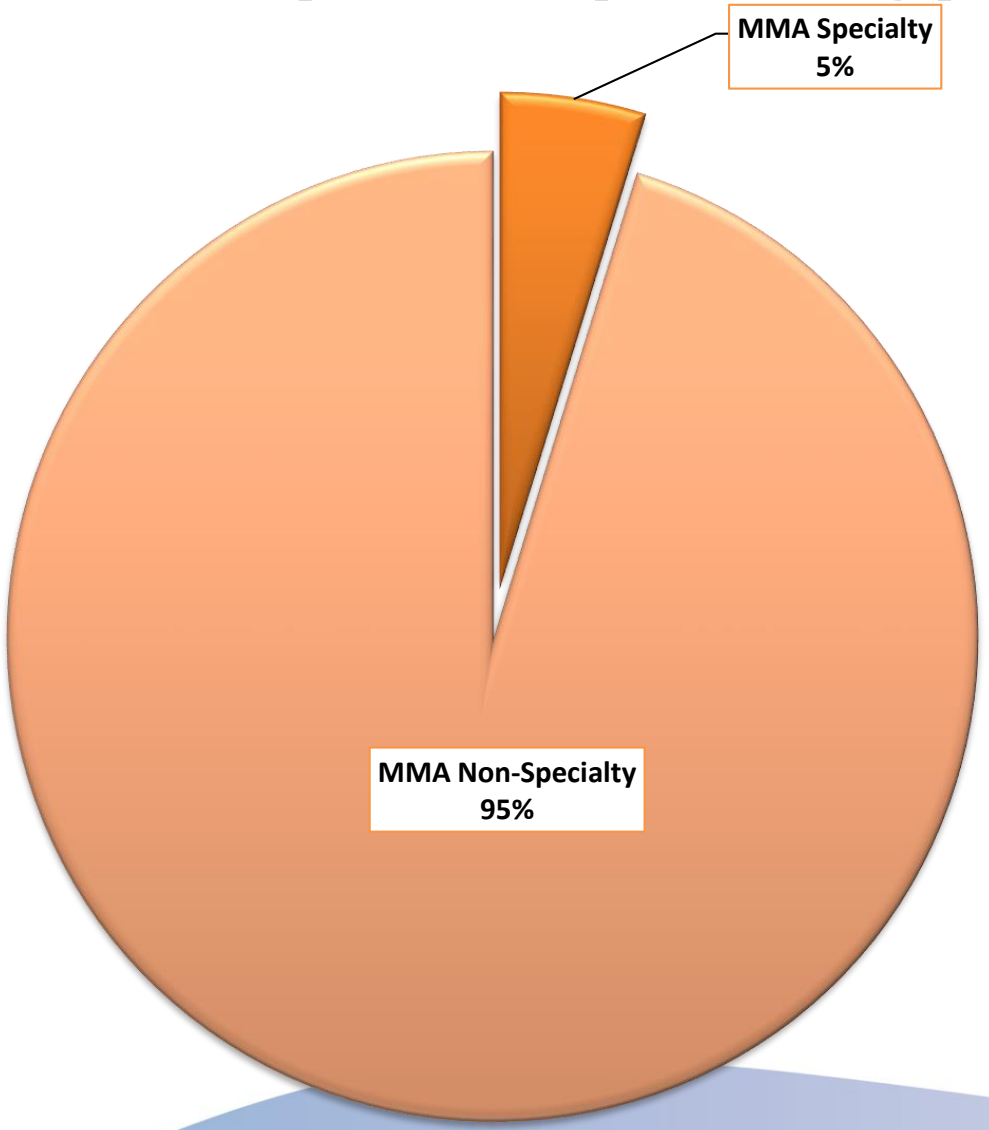
MMA Health Plan Enrollment as of October 1, 2016	
Plan Name	**Total Enrollment**
Staywell (WellCare)	679,238
Sunshine	473,342
Amerigroup	348,447
Humana	339,418
Molina	334,430
Prestige	316,409
United Healthcare	279,232
Better Health	100,634
Simply Healthcare	84,117
Magellan (Serious Mental Illness)	57,777
Coventry	60,127
Children's Medical Services (Children with Chronic Conditions)	50,913
Community Care Plan	44,611
Sunshine (Child Welfare)	29,888
Clear Health Alliance (HIV/AIDS)	9,219
AHF/Positive (HIV/AIDS)	1,911
Freedom Health (Duals with Chronic Conditions)	111
Total	**3,209,824**



S = Specialty Plan

SA-Comprehensive Medicaid Managed Care Enrollment Report October 1, 2016

Most Medicaid Recipients are Enrolled in Standard (Non-Specialty) Plans



Source: AHCA-Comprehensive Medicaid Managed Care Enrollment Reports, October 1, 2016

Managed Medical Assistance Program Enhancements

MMA Program Enhancements

- Expanded Benefits
- Consumer Satisfaction Surveys
- Tools to Measure Quality and Performance
- Provider Network Standards
- Enhanced Transparency

MMA Expanded Benefits

	Standard Plans											Specialty Plans					
List of Expanded Benefits	Amerigroup	Better Health	Coventry	Humana	Molina	Prestige	Community Care Plan	Simply	Staywell	Sunshine	United	Children's Medial Services (Chronic Conditions)	Magellan (Serious Mental Illness)	Freedom (Chronic/ Duals)	Sunshine (Child Welfare)	Clear Health (HIV/AIDS)	Positive Health (HIV/AIDS)
Adult dental services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Adult hearing services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Adult vision services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Art therapy	Y			Y	Y				Y	Y					Y		
Equine therapy									Y								
Home health care for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y			Y	Y
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Medically related lodging & food		Y		Y	Y	Y		Y	Y	Y			Y		Y	Y	Y
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Nutritional counseling	Y	Y	Y	Y	Y	Y		Y	Y	Y			Y		Y	Y	Y
Outpatient hospital services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Over the counter medication and supplies	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		Y		Y	Y	Y
Pet therapy				Y	Y				Y								
Physician home visits	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y				Y	Y	
Pneumonia vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Post-discharge meals	Y	Y	Y	Y	Y			Y	Y	Y	Y		Y		Y	Y	Y
Prenatal/Perinatal visits (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Primary care visits for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Waived co-payments	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Home health care for non-pregnant adults (Expanded)													Y		Y	Y	
Intensive Outpatient Therapy													Y			Y	

NOTE: Details regarding scope of covered benefit may vary by managed care plan.

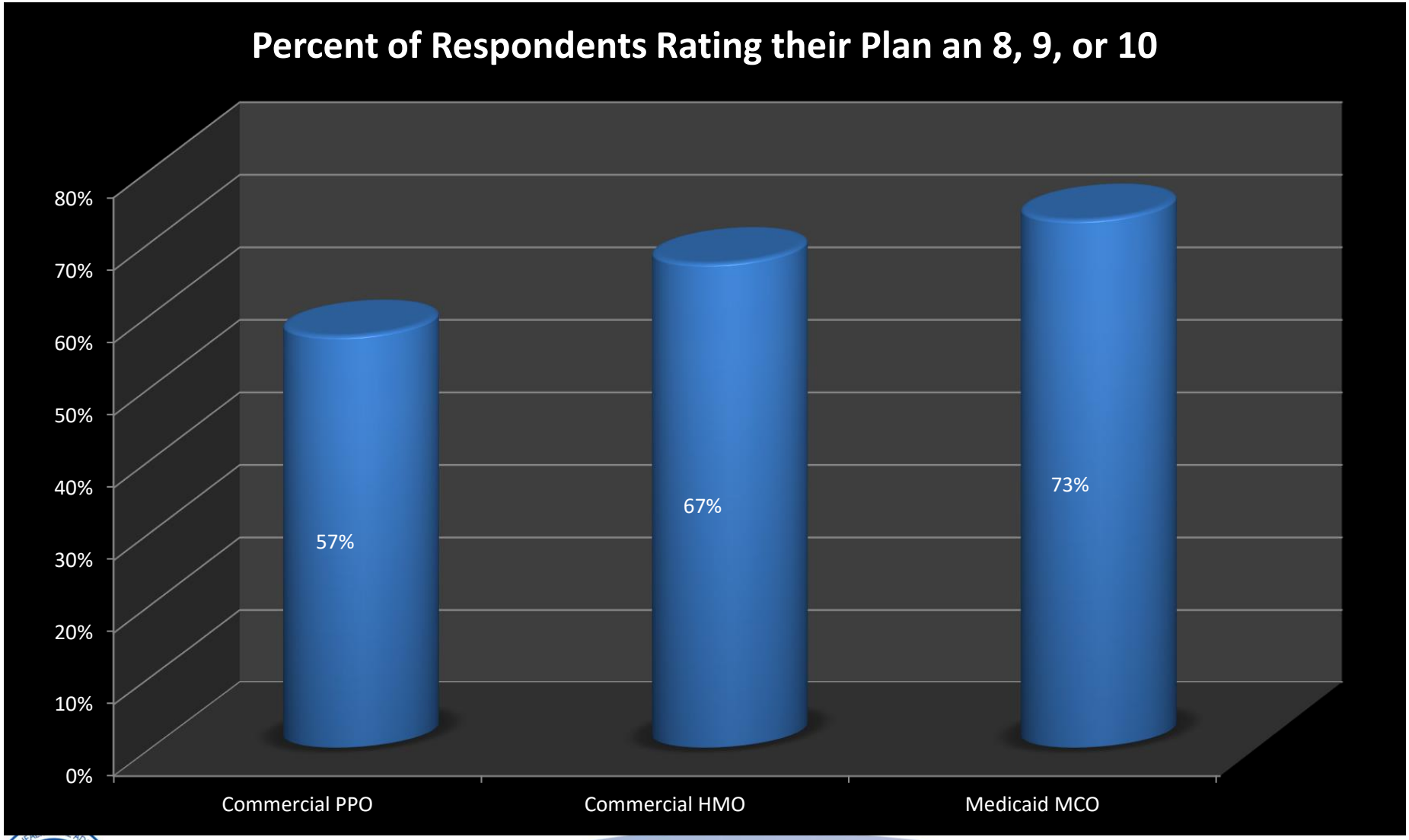
MMA Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys

- CAHPS surveys ask consumers and patients to report on and evaluate their experiences with health care.

CAHPS Survey Item	Adults	Parents
Respondents who responded that their plan satisfaction rates 8, 9 or 10 out of 10	73%	84%
Respondents who rated their MMA Quality of Care an 8, 9, or 10 out of 10	75%	86%
Respondents who reported it is usually or always easy to get needed care (vs. sometimes or never)	80%	82%
Respondents who reported it is usually or always easy to get care quickly (vs. sometimes or never)	82%	89%
Respondents who reported that they are usually or always able to get help from customer services (vs. sometimes or never)	88%	86%

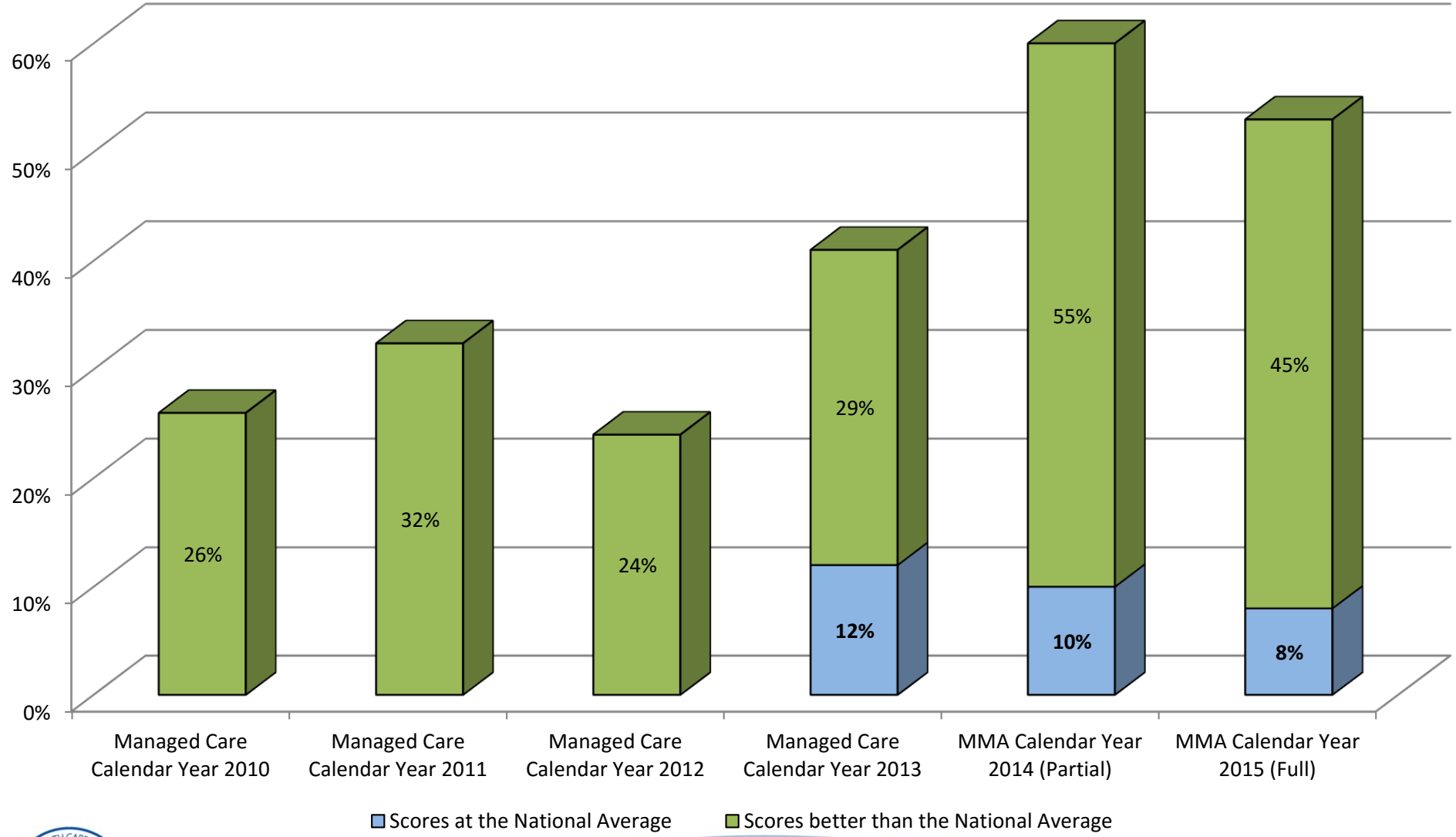
Note: 2016 CAHPS survey results.

Medicaid Recipients are More Satisfied with their Plans than Individuals in Commercial Plans

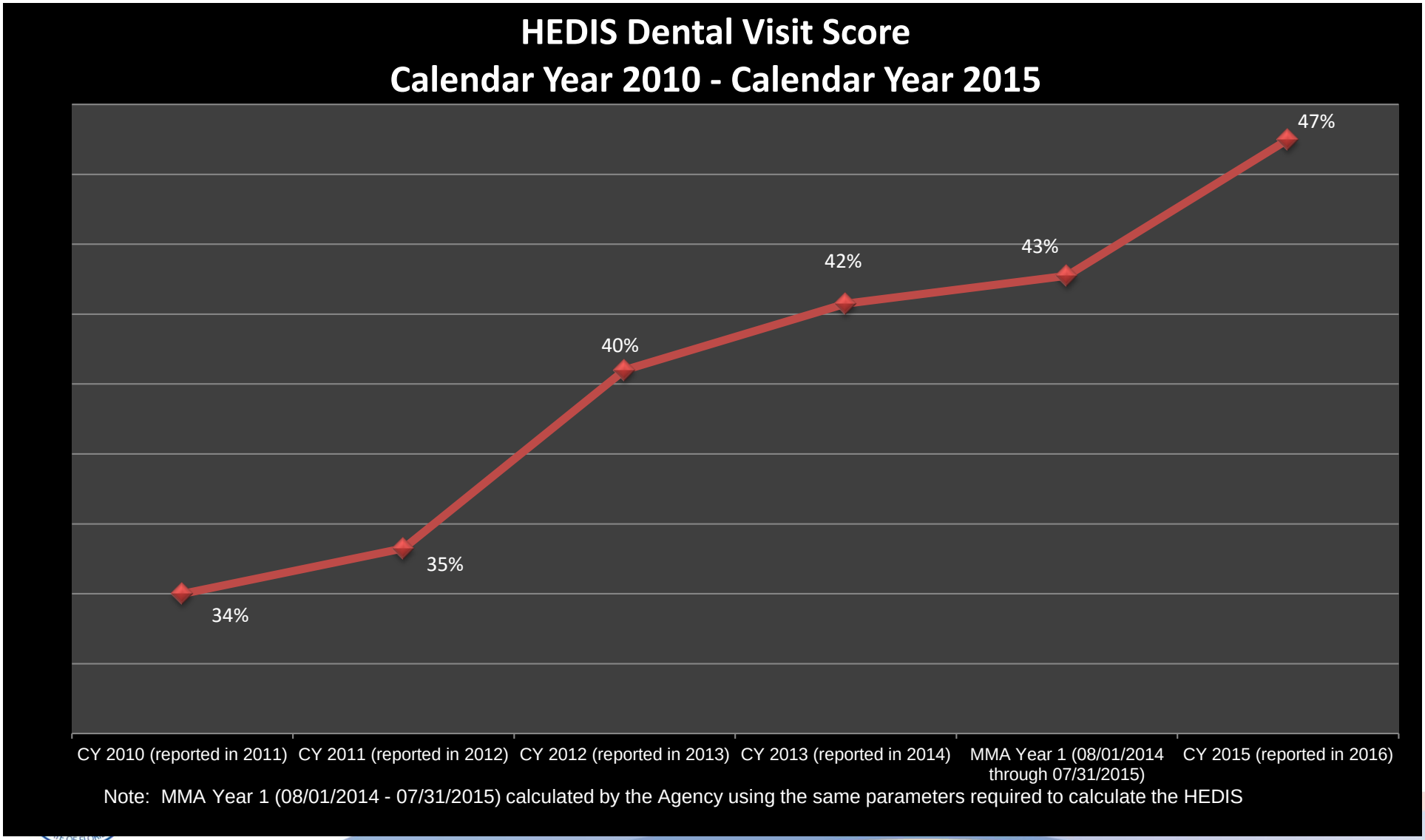


Notes: Member satisfaction for adults ratings.
Commercial survey data collected in 2015. MMA data is 2016
Based on statewide averages.

MMA HEDIS Scores Show that Quality of Care is Better than Pre-SMMC



MMA HEDIS Dental Score Better than Pre-SMMC



MMA Network Adequacy Requirements

- Network adequacy for health plan providers is based on:
  - Time and distance standards
  - Regional provider ratios
- Time and distance standards/ provider ratios established for more than 40 provider types
- Generally used Medicare standards

Example of MMA Network Requirements

Required Providers	Urban County		Rural County		Regional Provider Ratios
	Max Time (minutes)	Max Distance (miles)	Max Time (minutes)	Max Distance (miles)	
Primary Care Providers	30	20	30	20	1:1,500 enrollees
Specialists					
Allergy	80	60	90	75	1:20,000 enrollees
Cardiology	50	35	75	60	1:3,700 enrollees
Cardiology (PEDS)	100	75	110	90	1:16,667 enrollees
Gastroenterology	60	45	75	60	1:8,333 enrollees

Enhanced Transparency: Health Plan Report Cards

- Enrollees can now choose plans based on quality.
- Measures include important topics such as:
  - Children's Dental Care
  - Keeping Adults Healthy
  - Pregnancy Related Care
- 2015 Report Card: Contains information on all MMA plans participating during the 12 month period

MMA Program Quality: Health Plan Report Cards

1. Navigate to FloridaHealthFinder.gov

2. Select "Medicaid Health Plan Report Card"

3. Select a county, or view all counties

4. View Results

MMA Program Quality: Health Plan Report Cards

Statewide Information for Plans Currently Operating in Florida Counties

Plan Name	Pregnancy-related Care	Keeping Kids Healthy	Children's Dental Care	Keeping Adults Healthy	Living with Illness	Mental Health Care
Amerigroup Florida, Inc.	★★★★★	★★★★☆	★★★☆☆	★★★★☆	★★★★★	★★★★☆
Better Health, LLC	★★★☆☆	★★★☆☆	★★★☆☆	★★★☆☆	★★★☆☆	★★★☆☆
Children's Medical Services *	★☆☆☆☆	★★★☆☆	★★★☆☆	★★★☆☆	★☆☆☆☆	★★★★☆
Clear Health Alliance *	★☆☆☆☆	★★☆☆☆	★★☆☆☆	★★★★☆	★★☆☆☆	★★☆☆☆
Community Care Plan	★★★☆☆	★★★★☆	★★★☆☆	★★★☆☆	★★★☆☆	★★★☆☆
Coventry Health Care of Florida	★★★★★	★★★★☆	★★★☆☆	★★★★☆	★★★★☆	★★☆☆☆
Florida MHS (Magellan) *	★☆☆☆☆	★★☆☆☆	★★☆☆☆	★★☆☆☆	★☆☆☆☆	★★☆☆☆
Freedom Health, Inc. *	N/A	N/A	N/A	★★★★★	N/A	N/A
Humana Medical Plan, Inc.	★★★★★	★★★★☆	★★★☆☆	★★★★☆	★★★★☆	★★★☆☆
Molina Healthcare of Florida, Inc.	★★★☆☆	★★★☆☆	★★★★☆	★★★☆☆	★★★☆☆	★★★☆☆
Positive Healthcare Florida *	N/A	N/A	N/A	★★★★☆	★★☆☆☆	★★★☆☆
Prestige Health Choice	★☆☆☆☆	★★☆☆☆	★★★☆☆	★★★☆☆	★★★☆☆	★★★☆☆
Simply Healthcare Plans, Inc.	★★★★☆	★★★★☆	★★★☆☆	★★★★☆	★★★☆☆	★★★☆☆
Staywell Health Plan	★★★★☆	★★★☆☆	★★★☆☆	★★★☆☆	★★★★☆	★★★☆☆
Sunshine Health Child Welfare Specialty Plan *	★☆☆☆☆	★★★★☆	★★★★★	★☆☆☆☆	N/A	★★★★★
Sunshine State Health Plan, Inc.	★★★☆☆	★★★☆☆	★★★☆☆	★★★☆☆	★★☆☆☆	★★★☆☆
United Healthcare of Florida, Inc.	★★★★☆	★★★★☆	★★★☆☆	★★★☆☆	★★★☆☆	★★★★★

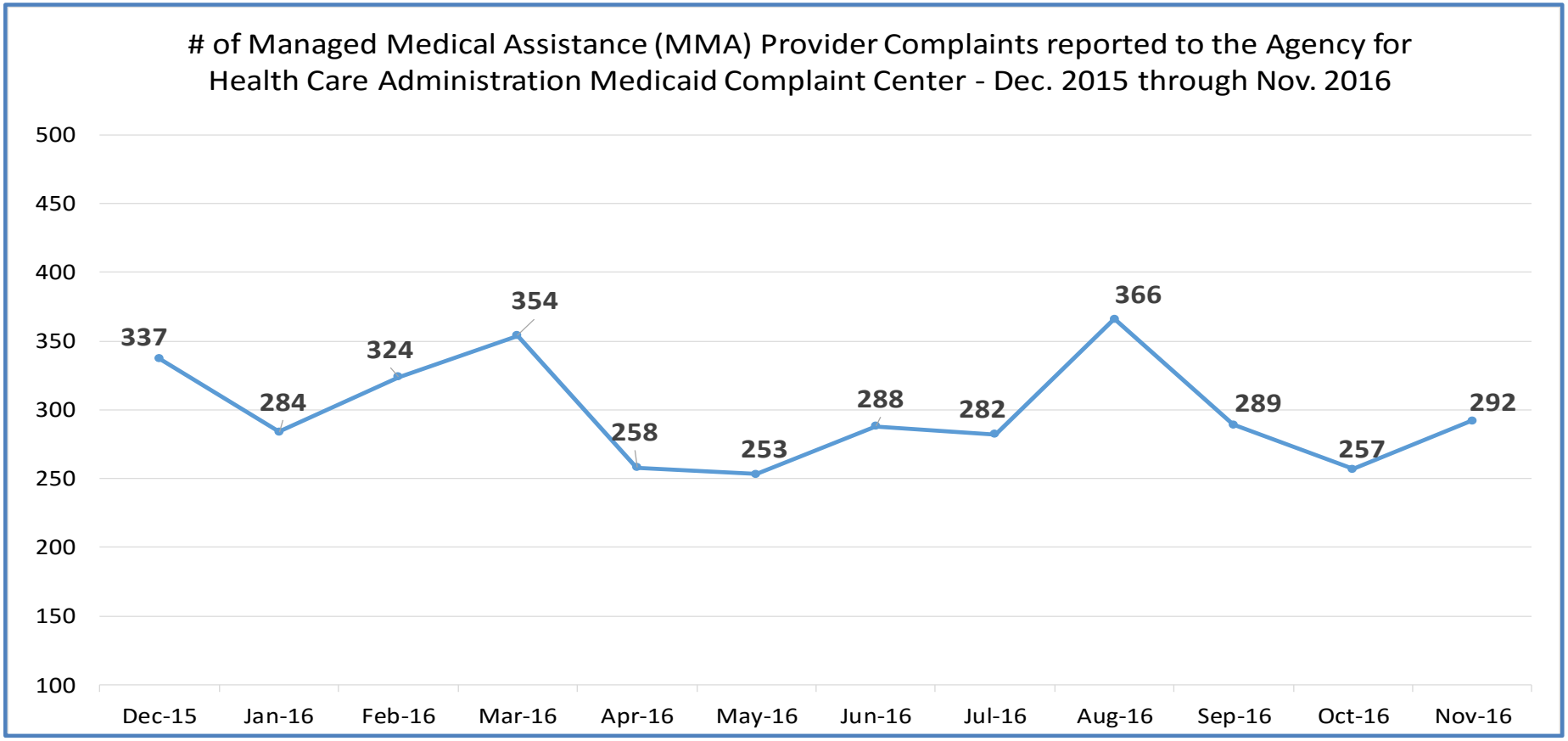
Ratings Key:

★★★★★ **Best**	at or above 50% of all Medicaid health plans' scores
★★★★☆ **Good**	better than at least 40% of all Medicaid health plans' scores
★★★☆☆ **Fair**	better than at least 25% of all Medicaid health plans' scores
★★☆☆☆ **Poor**	better than at least 10% of all Medicaid health plans' scores
★☆☆☆☆ **Very Poor**	worse than 90% of all Medicaid health plans' scores
N/A	Not Measurable/Small Population

Enhanced Transparency: Centralized Complaint Hub

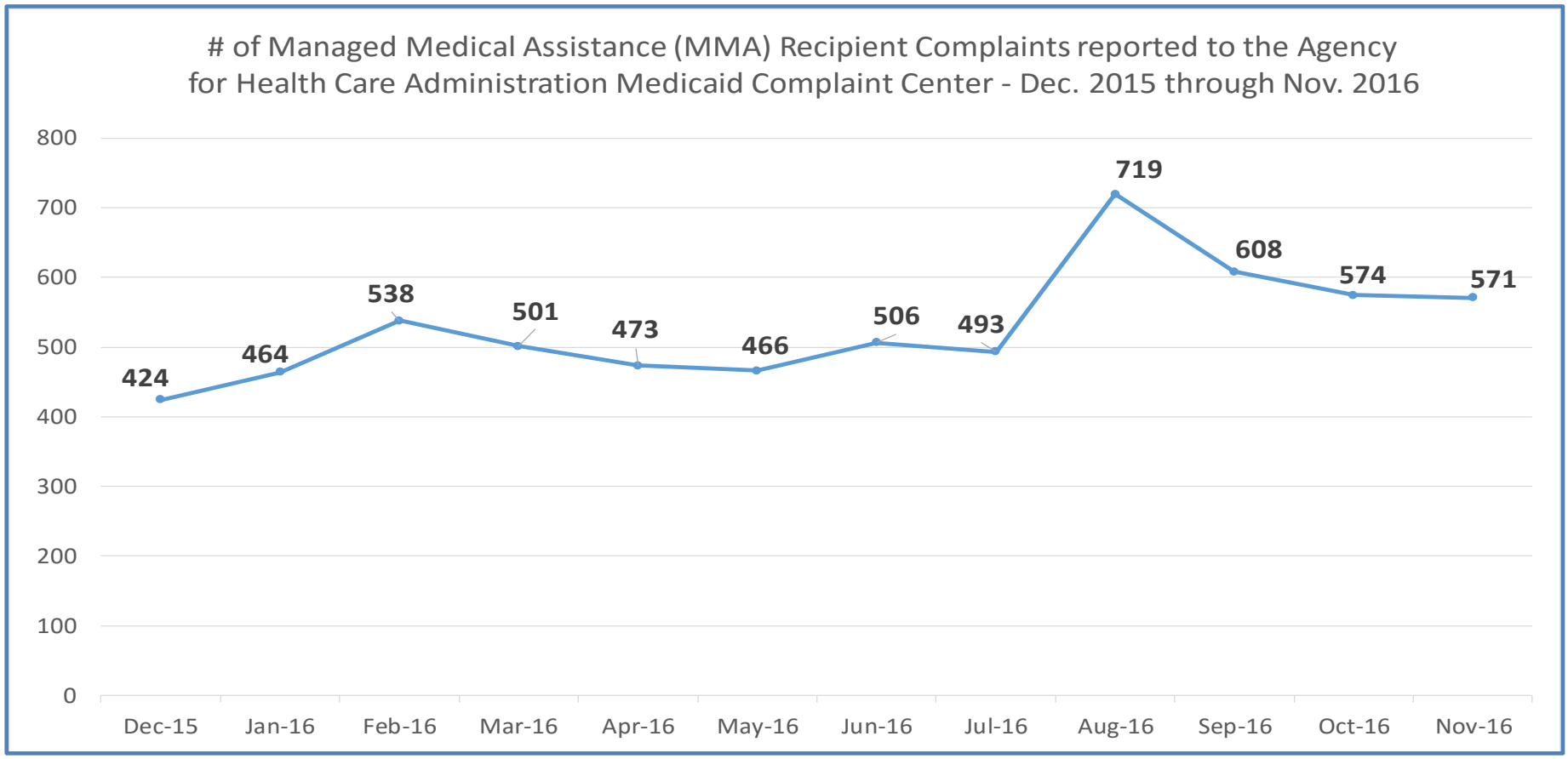
- Streamline and better track and respond to all complaints and issues received.
- Identify trends related to specific issues or specific plans.
- Report issues online at http://ahca.myflorida.com/Medicaid or by phone at 1-877-254-1055.
- Monthly reports online at:
  - http://ahca.myflorida.com/medicaid/statewide_mc/program_issues.shtml

MMA Provider Complaints to Agency Complaint Center (December 2015 – November 2016)



	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
MMA Enrollment:	3,095,405	3,146,778	3,163,757	3,163,729	3,174,945	3,188,879	3,192,724	3,277,128	3,229,456	3,217,093	3,212,424	3,233,028
# Issues per 1,000 Enrollees	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1

MMA Recipient Complaints to Agency Complaint Center (December 2015 – November 2016)



	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
MMA Enrollment:	3,095,405	3,146,778	3,163,757	3,163,729	3,174,945	3,188,879	3,192,724	3,277,128	3,229,456	3,217,093	3,212,424	3,233,028
# Issues per 1,000 Enrollees:	0.1	0.1	0.2	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2

Looking Forward:
Re-procurement of SMMC Contracts

- SMMC contracts are for a five-year period and must be re-procured after each five-year period.
- Agency anticipates release of an Invitation to Negotiate in Summer 2017.

Questions?

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

V 11/17
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Medicaid / Revenue Maximization

Name Beth Kidder

Job Title Medicaid Director

Address 2727 Mahan Drive
Street

Phone 850-412-3692

Tallahassee FL 32303
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Agency for Health Care Administration

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/11/17
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Medicaid Presentation (AHCA)

Name Justin Senior

Job Title Secretary of AHCA

Address 2727 Mahan Dr Bldg. 3
Street

Tallahassee FL 32308
City *State* *Zip*

Phone 922-5575

Email Justin.Senior@AHCA.myflorida.com

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing AHCA

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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1/11/16
Meeting Date

Bill Number (if applicable)

Topic Medicaid Managed Care

Amendment Barcode (if applicable)

Name Sarah Edens

Job Title Director of Finance

Address 200 SE Hospital Ave
Street

Phone 772-223-4902

Stuart FL 34995
City *State* *Zip*

Email Sarah.edens@martinhealth org

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Martin Health System

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/11/2017
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic MMA Plans

Name Dr. Maggie Labarta

Job Title CEO Meridian Behavioral Healthcare

Address 4300 SW 13 St.
Street

Gainesville, FL 32608
City *State* *Zip*

Phone 352-374-5600

Email maggie_labarta@ubhci.org

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Council for Behavioral Healthcare

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/11/17
Meeting Date

Bill Number (if applicable)

Topic MEDICAID MANAGED CARE

Amendment Barcode (if applicable)

Name MICHAEL STUBBEE

Job Title CHIEF OPERATING OFFICER, MANAGED CARE

Address 102 W PINELOCH AVENUE, SUITE 23 Phone 352-284-1784
Street

ORLANDO FL 32806 Email michael.stubee@orlandohealth.com
City *State* *Zip*

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing ORLANDO HEALTH

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-11-17
Meeting Date

Bill Number (if applicable)

Topic Medicaid Managed Care

Amendment Barcode (if applicable)

Name Philip Boyce

Job Title Sr. V.P. Managed Care

Address 800 Prudential Drive
Street

Phone 904 376 3760

Jacksonville FL 32207
City *State* *Zip*

Email phil.p.boyce@bmcjax.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Baptist Health & Wolfson's Children Hospital

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/11/2017
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic MEDICAID MANAGED CARE

Name MICHAEL JACKSON

Job Title EXECUTIVE VICE PRESIDENT AND CEO

Address 610 N. ADAMS ST
Street
TALLAHASSEE FL 32301
City *State* *Zip*

Phone 850 222 2400

Email MJACKSON@PHARMVIEW.COM

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FLORIDA PHARMACY ASSOCIATION

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/11/17
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic MMA

Name Andy Behrman

Job Title CEO

Address 2340 Hansen Lane
Street
Tallahassee FL 32301
City *State* *Zip*

Phone 850 942 1822

Email abehrman@fachc.org

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Association of Community Health Centers

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

CourtSmart Tag Report

Room: SB 401 **Case No.:** **Type:**
Caption: Senate Appropriations Subcommittee on Health and Human Services **Judge:**

Started: 1/11/2017 2:03:36 PM
Ends: 1/11/2017 4:00:49 PM Length: 01:57:14

2:03:35 PM Meeting called to order
2:04:10 PM Opening remarks by the Chair - Senator Flores
2:07:30 PM Tab 2 - Overview of the Florida Medicaid Program, and an Update on the Managed Medical Assistance Component of the Statewide Medicaid Managed Care Program
2:08:03 PM Deputy Beth Kidder, Interim Deputy Secretary for Medicaid, Agency for Health Care Administration
2:10:25 PM Senator Book
2:11:30 PM Senator Powell
2:11:51 PM B. Kidder
2:17:19 PM Senator Powell
2:18:21 PM B. Kidder
2:21:12 PM Senator Book
2:27:18 PM Senator Flores
2:28:18 PM Senator Passidomo
2:28:52 PM B. Kidder
2:30:30 PM Senator Flores
2:31:30 PM B. Kidder
2:38:09 PM Senator Book
2:39:09 PM B. Kidder
2:40:50 PM Senator Book
2:41:51 PM B. Kidder
2:42:35 PM Senator Flores
2:43:38 PM B. Kidder
2:46:27 PM Senator Book
2:47:27 PM B. Kidder
2:48:00 PM Senator Artiles
2:48:44 PM B. Kidder
2:49:13 PM Senator Artiles
2:49:49 PM B. Kidder
2:50:36 PM Senator Rader
2:51:35 PM B. Kidder
2:52:16 PM Senator Rader
2:52:36 PM B. Kidder
2:53:54 PM Senator Rader
2:55:23 PM Justin Senior, Interim Secretary, Agency for Healthcare Administration
2:57:02 PM Senator Baxley
2:58:33 PM J. Senior
3:00:45 PM Senator Baxley
3:03:19 PM Senator Stargel-Chair
3:04:20 PM J. Senior
3:06:11 PM Senator Stargel
3:07:11 PM J. Senior
3:09:20 PM Senator Stargel
3:09:46 PM Public Testimonies:
3:10:20 PM Sarah Edens, Director of Finance, Martin Health System
3:12:12 PM Senator Flores-Chair
3:13:12 PM Dr. Maggie Labarta, CEO of Meridian Behavioral Healthcare, Florida Council for Behavioral Healthcare
3:19:02 PM Michael Stubee, Chief Operating Officer of Managed Care, Orlando Health
3:21:54 PM Philip Boyce, Senior VP of Managed Care, Baptist Health and Wolfson's Children Hospital
3:26:31 PM Michael Jackson, Executive VP and CEO, Florida Pharmacy Assn.
3:29:39 PM Senator Stargel
3:30:49 PM Michael Jackson
3:31:00 PM Senator Stargel- Chair

3:31:11 PM Andy Bohrman, CEO, Florida Assn. of Community Health Centers
3:37:38 PM Tab 1 - Presentation of the December 31, 2016, Revenue Maximization Report, prepared per Chapter 2016-241, Laws of Florida (CS/SB12)
3:38:40 PM B. Kidder
3:39:13 PM Senator Stargel- Chair
3:39:25 PM B. Kidder
3:54:22 PM Public Testimonies:
3:55:23 PM Julian "Scott" Eller, CEO, Community Assisted and Supported Living
3:58:34 PM Senator Stargel- Chair
3:59:34 PM Linda McKinnon, CEO, Central FL Behavioral Health and Chair, FL Assn. Managing Entities
3:59:51 PM Closing remarks by the Chair- Senator Stargel
3:59:59 PM Meeting adjourned