



## Medical Care Advisory Committee Meeting Summary

5/16/17	Time: 2:00 p.m. – 4:00 p.m.	Location: AHCA Conference Room A	
Committee Members		AHCA Resources	
✓	Amy Guinan Liem	✓	Beth Kidder
✓	Catherine Moffitt, MD (via phone)	✓	Abby Riddle
✓	Cheryl Young	✓	Chantelle Carter-Jones
✓	Crystal Stickle	✓	Carla Sims
✓	Melissa Verguson for Madeleine Nobles	✓	Jessica Turner
✓	Jeri Flora Cully		
✓	Ron Watson (CHAIN)		
✓	Stanley Whittaker, MSN		
✓	Robert Payne, DDS		
✓	Richard Thacker, D.O.		
✓	Michael Lockwood (via phone)		
✓	Martha Pierce		
	Sarah Sequenzia		
	Tracie Inman		
	Iris Wimbush		

### **Welcome / Member Introductions**

**Beth Kidder**

Beth Kidder called the meeting to order and introductions were made. Ms. Kidder informed participants of the meeting agenda and advised that this meeting would serve as a public forum for the 1115 MEDS-AD Waiver and the 1115 Family Planning Waiver 5-year extension request. Medical Care Advisory Committee members motioned to accept the previous meeting minutes with no opposition noted.

### **New Business**

**Beth Kidder/ Chantelle Carter-Jones**

#### **MEDS-AD Post Award Forum**

Ms. Kidder introduced Chantelle Carter-Jones with the Bureau of Medicaid Policy, who presented on the 1115 MEDS-AD Waiver Post Award Forum, and the 1115 Family Planning 5-year extension request. Ms. Carter-Jones referred committee members to the PowerPoint materials, and began her presentation. Upon completion of the 1115 MEDS-AD Waiver, Ms. Carter-Jones opened the floor for any questions from the committee members and meeting participants. The following questions were posed:

- Dr. Thacker: In regards to eligibility on page 4 of the presentation, is there any distinction of the age of disability?  
Response: No.
- Dr. Thacker: Disability is under whose determination?  
Response: State of Florida's determination
- Dr. Thacker: How far back will the couples assets be looked at?



Response: Eligibility lookback is usually 3-5 years. It's dependent upon eligibility group. Beth Kidder stated the Agency will get Dr. Thacker the answer for this specific population.

- Dr. Thacker: Would like to get a number for the statement under the "evaluation" piece on page 6 of the presentation as opposed to the word "majority" that's stated on the second bullet.  
Response: Ms. Carter-Jones stated she will get this information to him.

### 1115 Family Planning Waiver Post Award Forum

Ms. Carter-Jones gave a presentation to the committee and public on the 1115 Family Planning Waiver 5-year extension request referring members to the presentation slides located in their materials packet. The extension requests that the waiver program continue in its current form as-is for 5 additional years with additional LIP funds requested. Following the presentation, Ms. Carter-Jones opened the floor for any questions from the committee members and meeting participants. The following questions were posed:

- Dr. Thacker: In regards to page 9 of the presentation, has there been any attention to possibly looking at delaying the age, specifically to help prevent teenage pregnancies? What is the age of first pregnancy? This would be important to look into.  
Response: Ms. Kidder stated she will see if this is something that can be looked at in the future, that teenage pregnancies have decreased significantly at this time.
- Dr. Payne: In regards to page 6 of the presentation, it states an age range of women ages 14-55 for pregnancies, and he thinks the age range should start at a younger age as well as 55 being too old.  
Response: Ms. Carter-Jones stated the Agency will go back and look more in to the age range.
- Dr. Thacker: Who is participating in this program; the presentation states a cost per person?  
Response: Ms. Kidder stated the Agency can calculate based on those enrolled and those actually using services. Dr. Thacker asked for calculations on both. Ms. Kidder stated the evaluations and data on both would be provided.
- Dr. Moffitt: Commented on the age range for women and pregnancies, stating she believes this range is consistent with CDC data.  
Response: Ms. Kidder stated the age range used is based on the Agency's collaboration with DOH. We will check with them to make sure the age range is still correct.

### Legislative Updates

Ms. Kidder gave Legislative updates as follows:

- The Project AIDS Care (PAC) Waiver will be transitioning to MMA and to LTC (for those who need the long-term care services).
- The Enhanced Ambulatory Patient Grouping (EAPG) payment methodology for outpatient hospital services will go live July 1, 2017.
- The Nursing Home Prospective Payment System (NPPS) will go live July 1, 2018, after completion of a payment plan conversion study, and a report presented to the Governor, President of the Senate and Speaker of the House no later than December 2017.
- Authorization was secured for \$1.5 billion in federal funding for the Low Income Pool. The Agency will be working with the Legislature to obtain approval of a spending plan for LIP funds.

Ms. Kidder also informed committee members that no changes were made to the Statewide Medicaid Managed Care Program. She then opened the floor for questions.

- Amy Liem: Can an update be given on dental carve-out services?



Response: Carve-out of dental services will be implemented with the new contracts that result from the SMMC health plan re-procurement, and a completely separate procurement will be conducted for Prepaid Dental Services.

### Program Updates

Ms. Kidder gave program updates on the re-procurement of SMMC contracts, stating MMA and LTC will be re-procured together as one this time. The list of respondents who submitted letters of Intent to Bid (voluntary) are on the Agency website. The Data Book has also been posted on the Agency website. Ms. Kidder made everyone aware that once the ITN is released it is subject to the “blackout” period provisions in Section 287.057(23), F.S. She advised that we are getting close to the “blackout period” and that violation of these requirements may be grounds for rejecting a response. Ms. Kidder then opened the floor for any questions related to the program updates.

- Chris Snow: Were there any issues on the Agency’s legislative docket that didn’t get passed? Can these bill(s) be pursued in the future, or would we have to wait until the 5 year period is up?  
Response: Ms. Kidder stated she is unsure of this, and will look in to it for the future.
- Chris Snow: Is the Agency still receiving information and public comments?  
Response: Ms. Kidder stated we are constantly improving the program, and are open to all comments and ideas.

### SMMC Complaints and Compliance

Ms. Abby Riddle gave a presentation to committee members on the SMMC Complaints and Compliance, and reviewed stats and trends during FY 16/17. Ms. Kidder and Ms. Riddle encouraged all to continue using the complaint hub for any and all complaints. Ms. Riddle also informed members that the Agency will be conducting an outreach campaign to encourage providers and plans to use MAXIMUS, the Agency’s contractor, to assist in resolving payment disputes between providers and plans. Ms. Kidder stated that to date MAXIMUS has been very under utilized and encouraged anyone who uses MAXIMUS to let us know how it works. The floor was then opened for questions.

- Stan Whittaker: Advised that a few of his colleagues have had difficulty using the complaint hub and have not received feedback on whether their claims issues have been resolved.  
Response: The plan has 3 days to contact a provider on claims issues, and they then have 15 days to research. The provider should update plans every 15 days over a 90 day period.
- Stan Whittaker: Who tracks whether these timelines are met? This would be helpful for providers.  
Response: Agency staff are the ones tracking these timelines, and these timeframes are now in the contract.
- Ron Watson: Can you go through MAXIMUS at any time?  
Response: Yes, you can go through MAXIMUS any time, and there is no appeal.
- Dr. Thacker: In regards to the graph on LTC program issues, on the number of complaints pending resolution and the number received in April 2017, was used as an example. How can we track the aging of complaints?  
Response: The Agency requires that the plans send an aging report monthly, and a copy of this report can be brought to the next scheduled meeting as a handout.
- Stan Whittaker: When using the Secret Shopper method, are follow-ups actually done to see if the provider is in the network or not?  
Response: We do not secret shop the health plan. The Agency actually calls to ask for appointments from that specific provider.
- Dr. Payne: Following-up on Stan’s previous question, is the Agency actually calling to see if they’re providing the services, and how many recipients are actually seen?



Response: Both of those are part of the Agency's efforts. We call and test (secret shop) on a quarterly cycle of monitoring and holding plans accountable.

- Amy Liem: Are the 23 complaints on Employee Notice Requirements before or after the new Medicaid Fair Hearing transition?

Response: These 23 complaints are before the new Medicaid Fair Hearing transition.

- Martha Pierce: Advised of a problem with filling out renewal information in the DCF Access system.

- Response: Jeri Flora stated DCF received Legislative approval on funding for a replacement system. She obtained Ms. Pierce's contact information and will assist her with this issue.

- Ron Watson: If a physician is no longer in the network, is this a good cause to switch providers before open enrollment?

Response: Yes, this is a valid good cause disenrollment reason.

- Dr. Thacker: What type of interaction do we have with border states in regards to specialists?

Response: Ms. Riddle stated Florida Medicaid allows providers within 50 miles of the state line to enroll as Medicaid providers. Health plans can contract with providers beyond the 50 miles of the state line, if needed. She will provide Dr. Thacker with additional details.

#### **Next Meeting**

**Carla Sims**

The next Medical Care Advisory Committee meeting is tentatively scheduled for August 8, 2017.

#### **Adjourn**

**Carla Sims**

The MCAC meeting adjourned at 4:00 p.m.

An audio tape of the meeting and all meeting materials are posted on the MCAC webpage located at <http://ahca.myflorida.com/medicaid/mcac/meetings.shtml>