



Health Innovation Subcommittee

Wednesday, January 7, 2015
10:00 AM - 12:00 PM
306 HOB

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Innovation Subcommittee

Start Date and Time: Wednesday, January 07, 2015 10:00 am
End Date and Time: Wednesday, January 07, 2015 12:00 pm
Location: 306 HOB
Duration: 2.00 hrs

Overview of the Agency for Health Care Administration

NOTICE FINALIZED on 12/19/2014 09:12 by Iseminger.Bobbye

Agency for Health Care Administration

An Overview

Secretary Elizabeth Dudek

House Health Innovation Subcommittee

January 7, 2015



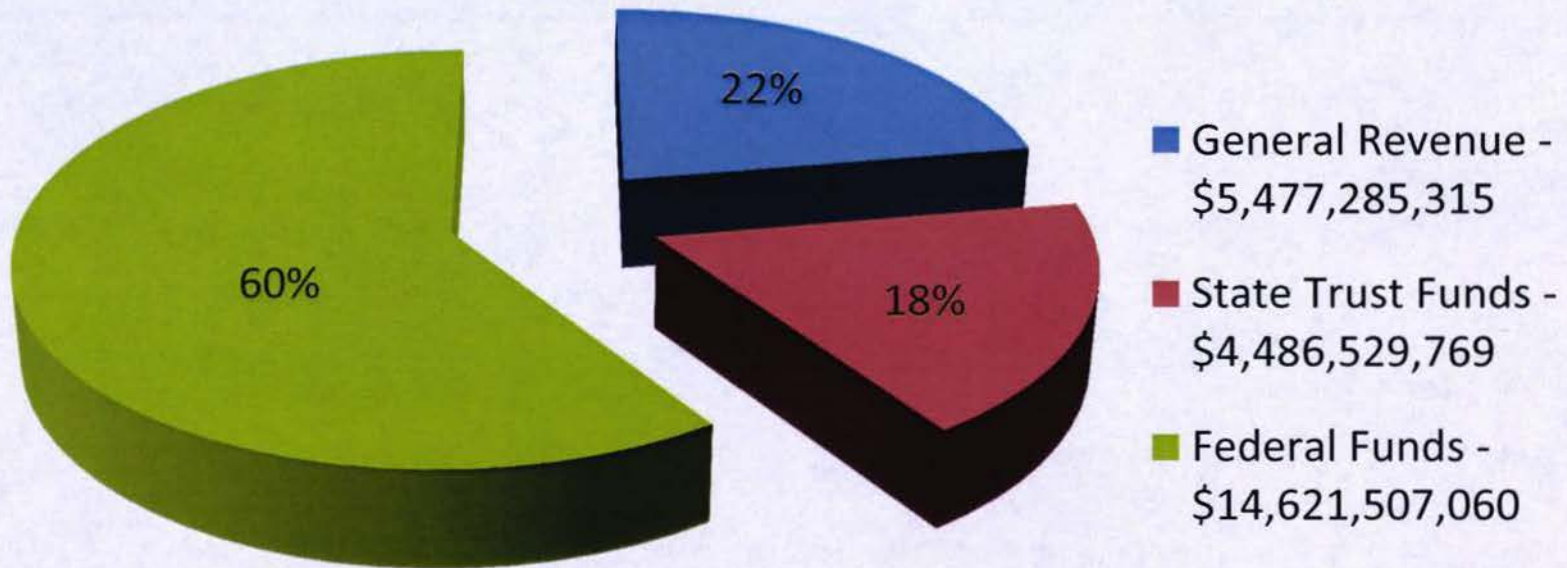
The Agency by the numbers...

- Total allocated budget: \$24.58 billion
- Total positions: 1,644
- Total number of regulated provider types: 41
- Total licensed facilities: 47,380
- Total Medicaid recipients served: 3.7 million
- Total number of field offices: 11



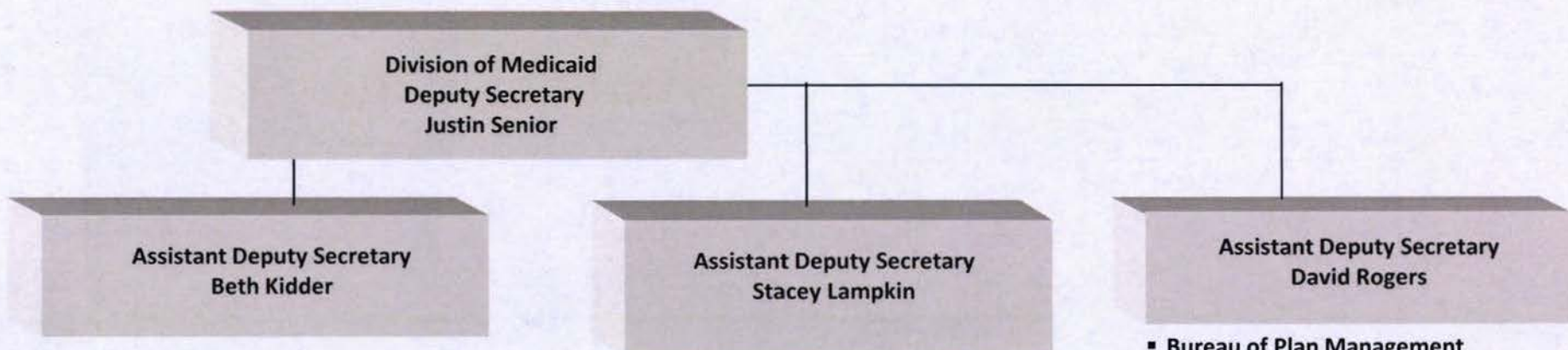
Agency for Health Care Administration

State Fiscal Year: 2014-2015



Total Budget - \$24,585,322,144





▪ **Bureau of Policy**

- Medicaid policy development including provider handbooks
- SMMC Policy and SMMC contract development
- Rule promulgation
- Management of waivers and the Medicaid State Plan

▪ **Bureau of Quality**

- Quality of care measures
- Research & evaluation contracts
- Managed care plan report card
- Monitoring of managed care clinical contract requirements
- FFS monitoring and prior authorization

▪ **Bureau of Program Finance**

- Budget and Fiscal Planning
- Social Services Estimating Conferences
- LIP & DSH activities
- Provider rate setting
- Provider cost report auditing
- Financial monitoring of health plans

▪ **Bureau of Data Analytics**

- Data-driven federal and state reporting
- Capitation rate development and risk adjustment
- Data-based analysis of health plan performance

▪ **Bureau of Plan Management**

- Contract Management for standard plans, specialty plans, and comprehensive plans (LTC)
- Managed care compliance coordination
- Marketing Oversight
- Claims Payment Oversight
- Provider Network Oversight

▪ **Bureau of Field Operations & Enrollment Broker Operations:**

- Enrollment broker contract management
- Choice Counseling and provider relations
- Recipient support management

▪ **Bureau of Fiscal Agent Operations**

- Fiscal Agent contract management
- Florida Medicaid Management Information System management
- System-related projects and systems maintenance



Medicaid

- Florida is the fifth largest state in terms of Medicaid expenditures, with estimated spending of over \$23.3* billion in Fiscal Year 2014-15.
- Florida has the fourth largest Medicaid population in the country.
- As of October 31, 2014, more than 3.7 million Floridians are covered under the Medicaid program.

**Social Services Estimating Conference, Medicaid Caseloads and Expenditures, June 27, July 22, and August 4, 2014, Executive Summary*

<http://edr.state.fl.us/Content/conferences/medicaid/medsummary.pdf>



Medicaid

- Medicaid enrollees are 20% of Florida's population.
- Medicaid contracts with approximately 80,000 fee-for-service providers and 19 managed care plans.
- Florida Medicaid does not cover all low income individuals, but does cover:
 - 27% of children
 - 62.2% of births
 - 69% of nursing home days
 - 1,430,561 adults - parents, aged and disabled



Statewide Medicaid Managed Care

- Most Medicaid recipients are enrolled in a managed care plan under the Statewide Medicaid Managed Care (SMMC) program. Two key SMMC components:
 - Long-term Care (LTC) Program:
 - Most recipients 18 years of age or older who need nursing facility level of care.
 - 85,169 recipients enrolled in LTC plans as of December 1, 2014.
 - Managed Medical Assistance (MMA) Program:
 - Most recipients of any age who are eligible to receive full Medicaid benefits.
 - 3,053,463 recipients enrolled in MMA plans, or pending enrollment as of December 31, 2014.



Statewide Medicaid Managed Care

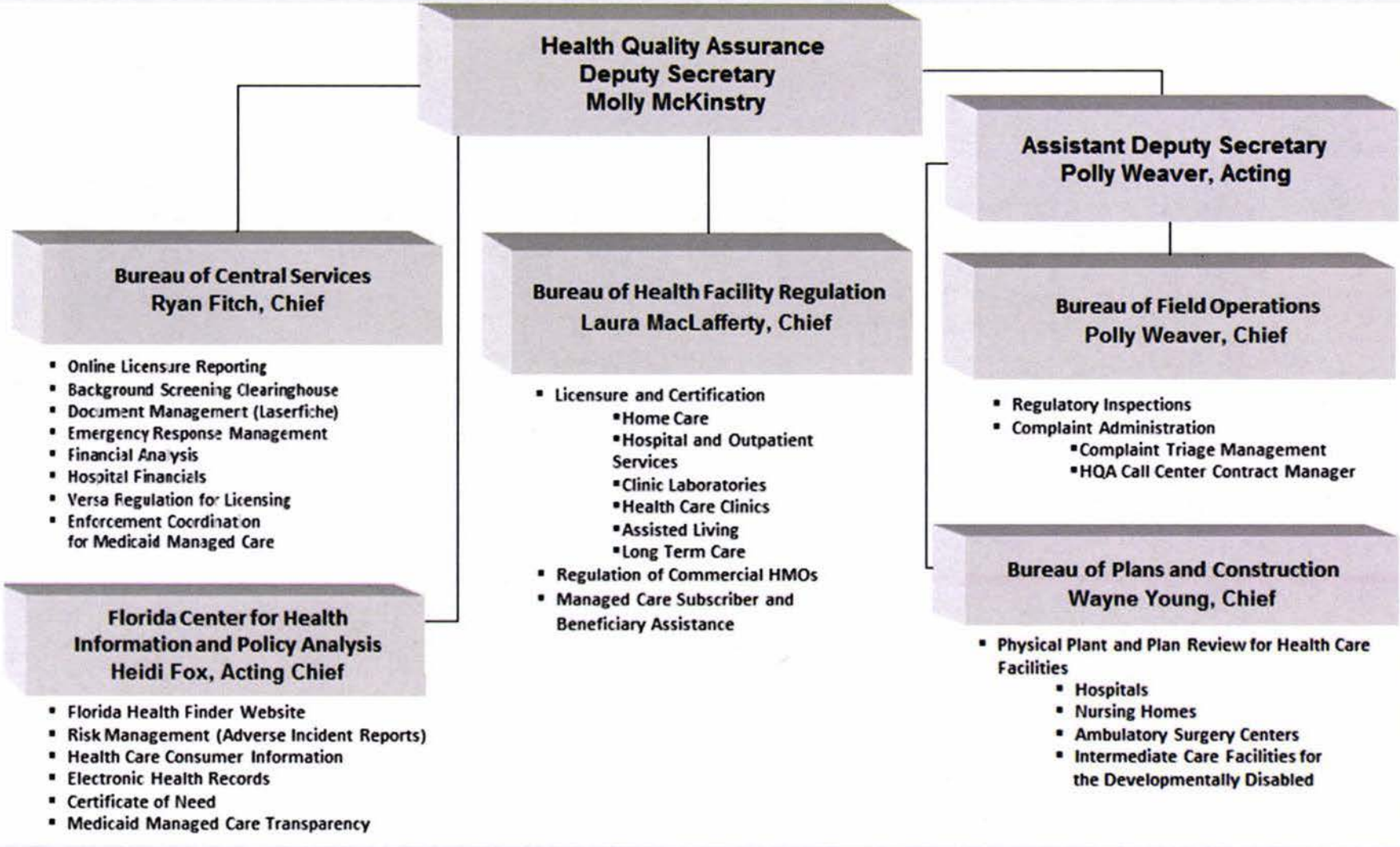
- 19 health plans provide fully integrated care, including dental services and behavioral health.
- Health plans provide extra benefits at no cost to the state, including:
 - adult dental,
 - hearing and vision coverage,
 - outpatient hospital coverage, and
 - physician coverage, among many others.
- The SMMC contract incentivizes quality and enhanced accountability through quality measures and nationally recognized measures.



Statewide Medicaid Managed Care

- Successful implementation in 2013-2014.
- The Agency put into place several provisions to ensure a smooth transition:
 - Continuity of Care
 - Centralized Issues Hub
 - Comprehensive Outreach Approach





Health Quality Assurance (HQA)

- Licensure of 41 facility provider types
- Over 47,380 individual providers
- Application Processing
 - Initial Licensure / Federal Certification
 - License renewal every two years
 - Change of Ownership applications
- Inspections for Licensure
 - Initial and Renewal Licensure
 - Consumer Complaints
 - Regulatory Concerns / Monitor Visits
- Member of ESF8 for emergency operations



HQA: Licensed Facilities and Providers

- Certificate of Need
 - Hospitals
 - Hospices
 - Nursing Homes
 - Intermediate Care Facilities for Developmentally Disabled
- Plans and Construction Reviews
 - Hospitals
 - Ambulatory Surgery Centers
 - Nursing Homes
 - Intermediate Care Facilities for Developmentally Disabled
- Managed Care Health Care Certificate of Authority
 - Office of Financial Regulation Issues License
 - Medicaid Managed Care Contract Enforcement Tracking
 - Subscriber Assistance Panel – Dispute Resolution



HQA: Licensed Facilities and Providers

- Abortion Clinics
- Adult Day Care Centers
- Adult Family Care Homes
- Ambulatory Surgery Centers
- Assisted Living Facilities
- Birth Centers
- Clinical Laboratories
- Crisis Stabilization Units
- Health Care Service Pools
- Health Care Clinics
- Health Care Risk Managers
- Home Health Agencies
- Home Medical Equipment Providers
- Homemaker Companion Agencies
- Homes for Special Services
- Hospices
- Hospitals
- Intermediate Care Facilities for Developmentally Disabled
- Nurse Registries
- Nursing Homes
- Prescribed Pediatric Extended Care Centers
- Residential Treatment Facilities
- Short Term Residential Treatment Facilities
- Transitional Living Facilities

http://ahca.myflorida.com/MCHQ/Licensee_Provider_Resources.shtml

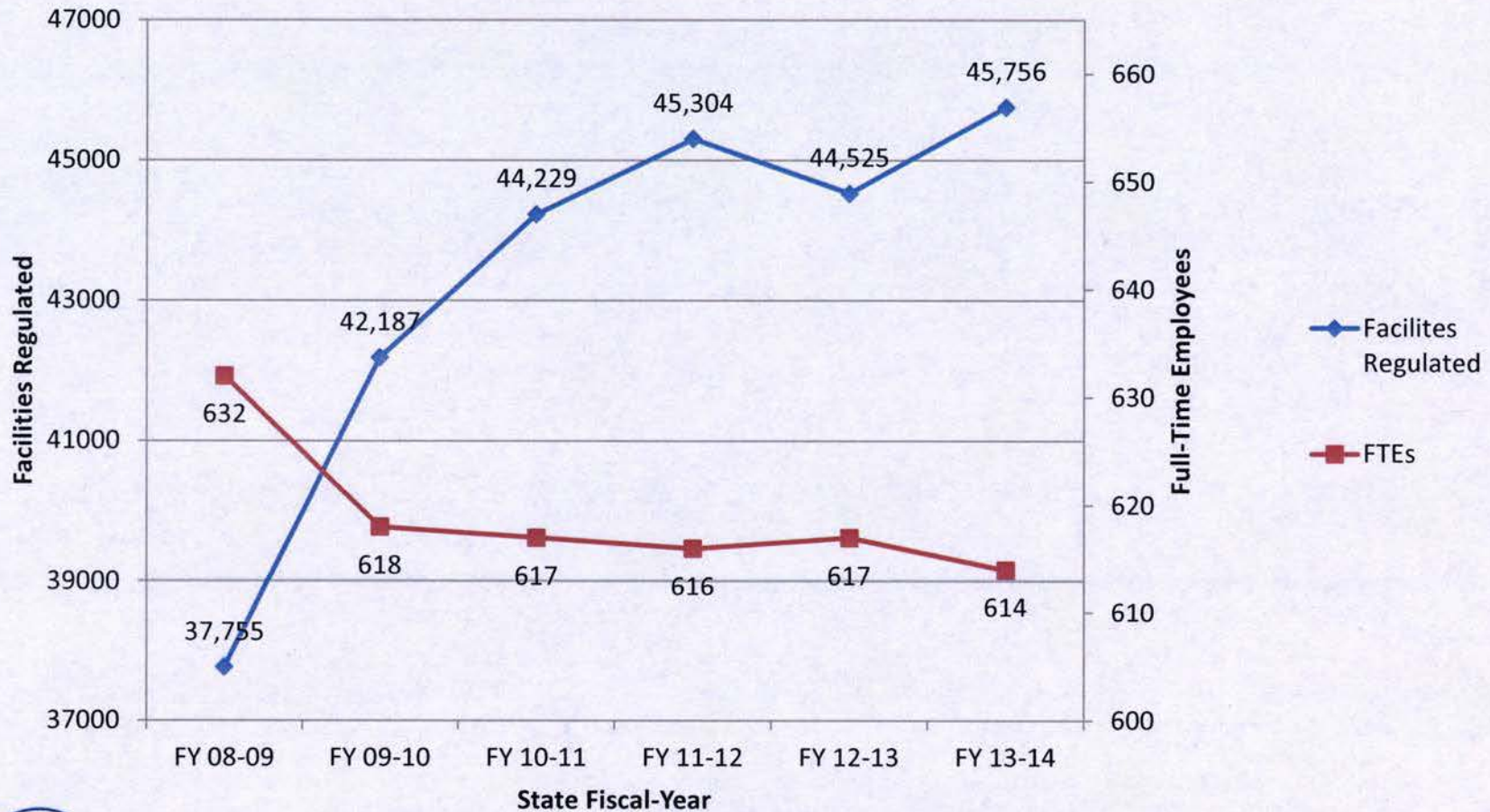


HQA: Regulatory Inspections

- HQA's eight field offices conduct facility surveys and inspections. These visits are for:
 - Inspections for licensure, Medicare, Medicaid
 - Initial licensure, renewal, complaints
 - Validation of accredited inspections
 - Hospital risk management
- Inspection Volume for CY 2013
 - 22,140 State licensure and federal certification
 - 910 Initial surveys (new providers)
 - 5,963 Complaint investigations
 - ALF – 1,399
 - Hospital – 1,528
 - Nursing Home – 1,933



HQA: Regulatory Efficiency



Care Provider Background Screening Clearinghouse

- Centralizes criminal background checks for agencies that serve vulnerable populations.
- Eliminates duplication with annual savings of over \$1 million for regulated providers.
- Currently hosts background screening results for:
 - Agency for Health Care Administration
 - Department of Health
 - Department of Education - Division of Vocational Rehabilitation
 - Medicaid Managed Care Health Plans
- Remaining agencies to be implemented:
 - Department of Children and Families
 - Agency for Persons with Disabilities
 - Department of Elder Affairs
 - Department of Juvenile Justice



Florida Center for Health Information

- Collects and disseminates health related data and promotes the transparency of consumer health care information through www.FloridaHealthFinder.gov.
- Collects data from Florida licensed inpatient hospitals, ambulatory surgery centers, and emergency departments.
- Administers the Medicaid Electronic Health Record (EHR) Incentive Program and provides governance of the Florida Health Information Exchange (Florida HIE).
- Provides research and analytic support to the Agency including the initiation of an Agency-wide Business Intelligence Competency Center.
- Manages Adverse Incident reports, including tracking, trending and problem resolution programs in hospitals, ambulatory surgical centers, assisted living facilities, nursing homes and certain HMOs.



Florida Health Finder



Agency for Health Care Administration



Search:

Go ▶

AHCA Network of Websites ▼

FloridaHealthFinder.gov

Connecting Florida with Health Care Information



compare hospitals

Help finding a hospital that's right for you.



Home

Researchers and Professionals



How do I use this website?

Compare

Hospitals / Ambulatory Surgery Centers ▶

Health Plans ▶

Physicians ▶

Nursing Homes ▶

Prescription Drug Prices ▶

Hospice Providers ▶

Resources

A comprehensive collection of help and information for consumers.

[Assisted Living Facilities](#)

[Consumer Guides](#)

[Medicaid](#)

Health Education

Learn about medical conditions, symptoms, procedures, tests and more.

[Deliveries and Newborns](#)

[Look up a Condition or Procedure](#)

[Symptom Navigator](#)

Locate

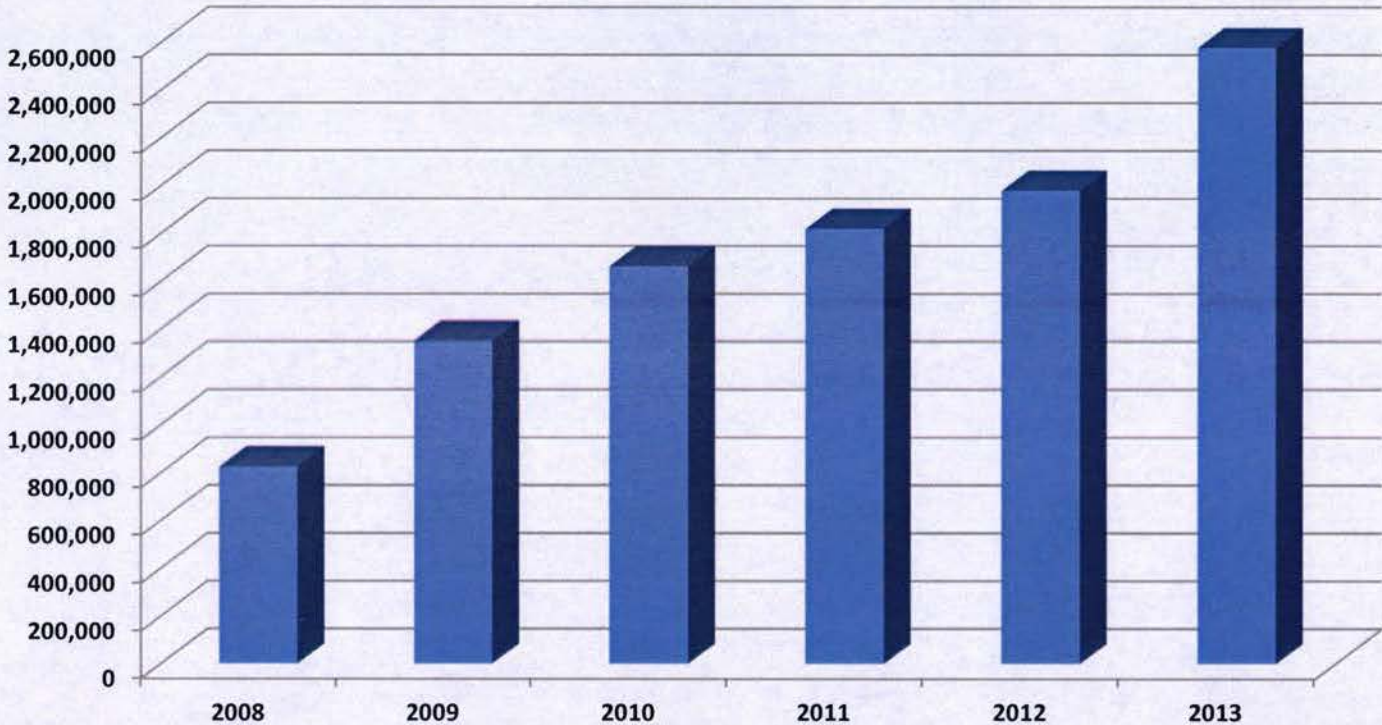
Find and learn about Florida health care facilities and providers in your area.

[Doctors and Specialists](#)

[Facilities or Providers](#)

[Inspection Reports/Final Orders](#)

Visits to FloridaHealthFinder.gov, 2008 – 2013



Year	Visits
2008	825,764
2009	1,351,713
2010	1,664,872
2011	1,820,047
2012	1,980,022
2013	2,578,443

2014 Projection – 3,100,000 visits



Division of Operations

- Administers human resources, finance and accounting, budgeting, grants management, revenue management, procurements, purchasing, facility management, records management, safety, mailroom operations and third party liability.
- Comprised of four bureaus:
 - Financial Services
 - Human Resources
 - Support Services
 - Third Party Liability



Medicaid Program Integrity

(A Component of AHCA's Office of Inspector General)

- Investigates and audits Medicaid providers suspected of fraud or abuse;
- Assists Medicaid providers with self-audits;
- Recovers overpayments from providers;
- Issues administrative sanctions; and
- Refers “credible allegations of fraud” to law enforcement.



Medicaid Program Integrity

- Recovery total for FY 13-14 totaled \$88 million.
- Includes audits, costs, fines, paid claim reversals (PCRs), contract assessments, and Third Party Liability.
- Collection of overpayments and PCRs in FY 13-14 totaled \$21,301,711.

• ROI:

FY 2013-14	Benefits	Costs	ROI
Recovery	\$88.0M	\$12.0M	7.3:1
Prevention	\$29.4M	\$4.4M	6.7:1
TOTAL	\$117.5M	\$16.4M	7.2:1

- Prevention amount in FY 13-14 totaled \$29.4 million.
- Sanctions for managed care organizations during FY 13-14 totaled \$2,811,747.



Where can I find additional information on AHCA?

-  AHCA.myflorida.com
-  Youtube.com/AHCAFlorida
-  Facebook.com/AHCAFlorida
-  Twitter.com/AHCA_FL
-  Slideshare.net/AHCAFlorida

