

FLASHA MEDICAID TASK FORCE SURVEY

Introduction & Background

In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency for Healthcare Administration (AHCA) to create the *Statewide Medicaid Managed Care (SMMC)* program. The SMMC program has two key components: the *Managed Medical Assistance* program (MMA) and the *Long-term Care* (LTC) program.

In the summer of 2014, AHCA implemented the new system through which Florida Medicaid enrollees receive services. The SMMC MMA program is comprised of several types of managed care plans:

- Health Maintenance Organizations (HMO)
- Provider Service Networks (PSN)
- Children's Medical Services Network (CMSN)

Most Medicaid recipients are required to enroll in the MMA program.

Language from the MMA Master Contract:

Attachment II, Section V. Covered Services:

A. Required MMA Benefits

1. A. (paragraph 2)

"The Health Plan shall ensure the provision of services in sufficient amount, duration and scope to be reasonably expected to achieve the purpose for which the services are furnished and shall ensure the provision of the covered services defined and specified in this Contract. The Health Plan shall not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the enrollee's diagnosis, type of illness or condition."

The various HMO and PSN plans employ differing utilization policies, ***which frequently appear to be contrary*** to the Florida Medicaid State plan, resulting in disparities in how children's therapy services are managed. The Florida Association of Speech-Language Pathologists & Audiologists (FLASHA) Medicaid Task Force members decided to create a survey in order to gather detailed information about the implementation and outcomes of MMA from Speech-Language Pathologists (SLP), Occupational Therapists (OT) and Physical Therapists (PT). *The main purpose of this survey was to obtain data about the impacts of the MMA program on therapy providers and therapy services for children with disabilities in the state of Florida.*

Data Collection Process

- A link to the survey was emailed, by FLASHA administrative staff, to approximately 15,000 licensed SLPs, OTs, and PTs in the state of Florida.
- A total of 153 responses were received, which was felt to be a good representative sample of the pediatric therapy community.
- At least 50 respondents are members of group practices.
 - Their answers are based upon experience that is representative of multiple therapy providers and, in many cases, multi-disciplinary in nature—a combination of SLPs, OTs and/ or PTs.
 - A total of 48 survey-takers stated that their group includes more than one type of therapy service provider.

MMA Enrollee Survey Participants

- The majority (71%) of survey participants are currently participating in the FL Medicaid MMA program.
 - 87.5% of these therapists are Children’s Medical Services Network providers.
 - Other plans with high enrollments among the participants are:
 - Staywell/Wellcare (58.7%)
 - Sunshine (56.7%)
 - Prestige (53.9%)
 - United (49.0%)
 - Molina (48.0%)
 - Amerigroup (38.5%)

Results & Analysis - Impacts on Therapy Services Provided to Children

Therapy Authorizations

- 59.55% respondents reported that MMA plans **did not approve therapy services** at a level that would be consistent with the amount, duration, or scope that were available through the Medicaid Fee for Service Program (Medipass).

- 24.7% named Staywell, Evicore or ATA/HN1 as an example of an MMA **limiting therapy services**.
- 47% of the providers reported that authorizations were **not considered to be consistent** with the FL Medicaid State plan.
- 63.78% of respondents stated that MMA Plans approved therapy services at a level that would be considered **INSUFFICIENT** (i.e. amount, duration, scope) to achieve the goals established in the Plan of Care.
 - Comments by respondents named Staywell/Wellcare or plans associated with ATA/HN1 as the entities involved.
- 66.67% respondents reported that MMA Plans **reduced** the amount, duration, or scope of therapy service recommendations based on the child's diagnosis, type of illness, or condition.
- 69.32% indicated that reductions or denials of service were based upon criteria that was **more restrictive than the state utilization program guidelines**.
- 84.15% reported that, in their professional opinion, Florida's MMA plans are **not providing a level of therapy services that are robust in nature and sufficient to correct or ameliorate the condition** to which the child presents to an appropriate level of function.
- 77.65% affirmed that Florida's MMA plans are **not providing access to therapy services in a timely manner**.

Access to Services - AHCA Master Contract

- 88.46% affirmed that the 1/1500 ratio provides an **inadequate pool of available therapists** to meet the needs of children with disabilities
- 86.42% report that children within their communities are **unable to access services**, including those unable to be seen due to a **limited number of MMA providers**
- 92% affirm that the **travel guidelines do not provide an adequate pool of available services** to children with disabilities
- 94.52% reported that MMA plans **have not provided parents with adequate information regarding transportation support**
- 77.92% reported that children were **not able to continue with therapy(ies) because of problems with transportation**.

- 78.75% stated children were **not able to continue** with therapy(ies) because of their distance from the provider's clinic/center.

Results & Analysis - Impacts on MMA Providers

- 58% of respondents reported that they experienced some to **significant difficulties in contracting** with the MMA plans.
- About 5% commented that difficulties were related to reimbursement rates offered by many plans that are **markedly lower than the published state plan rates**.
- 45.23% affirmed that MMA plans, with whom they contract, **subcontract with a third party utilization company**.
 - These survey participants also affirmed that subcontractors pay based on a **capitation system** vs. fee-for-service model
 - 46.58% have knowledge of capitation rates being used.
 - 60% respondents affirmed that capitated rates are **insufficient** to provide levels of service recommended in the Plan-of-Care (POC).
 - 19.70% claim that the **POC is modified** to reflect the level of payment from the subcontractor.
- 57% of the respondents reported that they are **not receiving 100% of the prevailing Medicaid rate** from the MMA plans for which they contract.
 - 6 respondents reported that their reimbursement **rates vary**.
 - MMA plans (Sunshine, Amerigroup, Humana and Coventry) using American Therapy Administrators of Florida (ATA/HN1) to manage therapy services were cited as having the lowest reimbursements, at 53% of the standard Medicaid rate.
 - Other MMA plans (United, Staywell/Wellcare, Prestige and Simply) reimbursement ranged from 60% to 95% of the Medicaid rate; however it should be noted that reimbursement rates are inconsistent—some providers are contracted with these same companies at 100%.

Resolutions: AHCA Complaint System

- 72.29% of therapy providers have used the AHCA complaint system.

- However, most providers were somewhat to **highly dissatisfied with the outcomes**—32 out of 53 respondents.
- Comments included:
 - No known actions taken** by AHCA representatives handling complaints. AHCA contacts the plan; but **no resolutions**.
 - Complaints submitted by therapy providers are not considered to be valid. AHCA does not care about provider issues.
 - Parents must complain in order for AHCA to take action.
 - MMA plans find **loopholes**, so they do not have to comply.

Resolutions: Exemptions from MMA

- 93.42% affirmed that, based on their experience with the MMAs administration of therapy services for Florida Medicaid, **pediatric therapy services should be exempt from MMA**, as are Applied Behavior Analysis (ABA) services.
 - Therapy providers could service all children, no matter which MMA plan they are enrolled in, on a **fee-for-service** basis.

Conclusion & Recommendations

Our goal is to provide this information to state, regional and federal officials in order to report, from the perspective of therapy service providers, concerns regarding how the Florida Medicaid Managed Medical Assistance Program has been implemented and how this program is impacting children with disabilities within our state.

The results of this survey suggested a number of issues with the implementation of the Manage Medical Assistance Program in regards to the provision of therapy services as outlined in the various Medicaid handbooks. Of particular concern were the following issues:

1. Adequacy of the provider network for therapy services (OT, PT, ST).
2. Reduced and capitated rates of payment for therapy services. (Rates that were below Medicaid allowed rates).
3. More restrictive utilization guidelines resulting in reductions or denials in services recommended by the clinician and primary care physicians.
4. A complaint system that relies heavily on the Managed Medical Assistant Provider (insurance company) to police itself.

We believe that these issues have had a negative impact on the children served under the Medicaid EPSDT program. While some programs have been consistent in applying the state

guidelines other programs have developed utilization guidelines that are inconsistent and detrimental to the purpose of EPSDT. As a result, the level of service that a child may receive may be dependent on the region in which the child lives.

The results of this survey would suggest some areas of concern that need to be investigated further.

1. Review of utilization management protocols used by the various MMA Program providers.
2. Clarification of the language within the MMA Program Master Contract in regards to the EPSDT program.
3. Network adequacy in regards to client/provider ratios and service regions.
4. Expansion of the role of Children's Medical Services for provision of services to children identified with developmental delays.

We believe that the guiding principles of EPSDT are as relevant today as when the program was established in 1967. We also appreciate that the State of Florida in modernizing the Medicaid program saw fit to protect these principles in the MMA Program Master Contract. Children present unique challenges within the healthcare arena and it is important that during times of change that the needs of the most vulnerable children be protected.

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