

Partnering With Florida Medicaid

Collaboration between Medicaid and the Florida Department of Health, Bureau of HIV/AIDS

The Epidemic in Florida 2007

Population: 18.8 million → 61% White
16% Black
21% Hispanic
3% Other*
(4th in nation)
Cumulative AIDS cases: 109,364
(3rd in nation)
Cumulative pediatric AIDS cases: 1,523
(2nd in nation)
Cumulative HIV (not AIDS) cases: 40,642
(since July 1997)
Persons living with HIV/AIDS (PLWHAs): 87,500
(reported cases)
HIV prevalence estimate: 125,000

*Other = Asian/Pacific Islanders; American Indians/Alaskan Natives; multi-racial

RYAN WHITE FUNDING IN FLORIDA (2008)

□ Part A (six cities)	\$70,817,429
□ Part B	\$117,254,664
□ Part C	\$9,713,246
□ Part D	\$7,093,539
□ Part F	\$2,854,951
□ TOTAL	\$207,733,829
□ State General Revenue	\$50,000,000

Project AIDS Care (PAC)

- PAC is a "Medicaid Waiver Program" under the Home and Community Based 1915(c) Waiver. It is a special enhancement of the Florida Medicaid Program, which permits payment for a unique set of home and community-based services that are not available under regular Medicaid.
- The purpose of PAC is to promote, maintain and optimize the health of persons living with AIDS to delay or prevent institutionalization.
- Some available services are case management, personal care, home delivered meals, skilled nursing services, massage and consumable & durable medical supplies.
- To be eligible a client must be:
 - Medicaid eligible
 - Diagnosed with AIDS
 - Disabled
 - At risk of hospitalization
 - In need of services
 - Able to be maintained safely in the home

Project AIDS Care (PAC)

- PAC is available to any eligible person throughout Florida and there are approximately 6000 current recipients statewide.
- The number of PAC clients in Florida has reduced approximately 25% over the past several years (clients are healthier, not being diagnosed with AIDS as soon and some are returning to work)
- PAC case managers must meet education criteria and enroll through AHCA to provide case management services and receive a Medicaid billing number.
- PAC case managers coordinate wrap around services not covered by PAC in circumstances where clients may be eligible to receive a Ryan White service.

Medicaid Reform

- Authorized by Florida Legislature in May 2005.
- Program is operated under an 1115 Research and Demonstration Waiver approved by the Centers for Medicare and Medicaid Services (CMS) on October 19, 2005.
- Approved by the Florida legislature in December 2005.
- Began in Duval and Broward Counties in July 2006 as a two year pilot project.
- During a Special Session, the Legislature authorized the expansion of Medicaid Reform to Baker, Clay, and Nassau Counties which was implemented July 1, 2007.
- The idea behind Florida's Medicaid reform project is to give managed care organizations, whether run by health care providers or insurers, flexibility in providing care for Medicaid enrollees so they can tailor services to patients' needs. In turn, Medicaid patients would get a choice of health plans, like most people who are privately insured.

Key Components of Medicaid Reform

- Comprehensive Choice Counseling (clients can pick their plan);
- Customized Benefit Packages; (choice of health plan package helped to customize services)
- Enhanced Benefits for participating in healthy behaviors; (incentive to promote and reward healthy behaviors)
 - Beneficiaries can earn up to \$125.00 worth of credits annually
 - Credits posted to a pharmacy account
- Risk Adjusted Premiums based on enrollee health status;
- Catastrophic Component of the premium (i.e., state reinsurance to encourage development of provider service networks and health maintenance organizations in rural and underserved areas of the State);
- Low-Income Pool (established to ensure continued government support and can be used for health care expenditures)

Medicaid Reform Enrollment

- Current total enrollment in Medicaid Reform for all five counties as of July 1, 2008 is approximately 204,000.
- Reform has not presented any identifiable challenges to the PLWHA population.

Evaluating Medicaid Reform

- In November 2005, AHCA contracted for this required 1115 Medicaid Reform Waiver evaluation with an independent entity, the University of Florida (UF).
- The evaluation of Medicaid Reform is an ongoing process, scheduled to be completed in June 2010.
- Medicaid reform was not recommended for expansion in 2008 to analyze the program and make recommended adjustments during 2008.
- It must go before the Florida legislature for a request to expand the program into additional counties starting in 2009.

Collaboration Overview

- The Agency for Health Care Administration (AHCA) is responsible for Medicaid in the State of Florida.
- The Department of Health, Bureau of HIV/AIDS (BOHA) has a liaison who works closely with AHCA on all Medicaid issues impacting HIV services.
- This includes attending regular meetings, participating on conference calls, obtaining routine Medicaid reports and maintaining information on the impact of Medicaid Reform on HIV/AIDS clients in Florida.

Collaboration Overview

- BOHA staff are asked to review Request for Proposals (RFP) impacting HIV services such as the HIV Disease Management program.
- Florida's ADAP workgroup has an AHCA representative to assist with formulary issues.
- Staff from the Bureau of HIV/AIDS provide input as requested by AHCA as the Medicaid office has limited staff particularly in the programmatic area.

Collaboration Overview

- As Ryan White is payor of last resort, participants accessing services through Part B are required to meet eligibility requirements.
- Case managers and eligibility staff are responsible for ensuring all new and current applicants/clients are screened and referred for eligibility to other programs, including traditional Medicaid (SSI), PAC or Medically Needy (share of cost).
- Case managers are also responsible for coordinating services for those clients on Medicaid that may need wrap around services provided by Ryan White.

Data Sharing Agreement

- Medicaid and BOHA have an agreement to share data once a year.
- Data received from AHCA is any client that accessed any HIV service through Medicaid for a given year.
- This data is then used by BOHA for two purposes:
 - to determine the potential unmet need for clients not accessing care (comprehensive plan).
 - to run against clients enrolled in ADAP and prevent duplication of services.

Recommendations to Promote Collaboration

- Have senior leadership (bureau chief, division director) reach out to Medicaid administrators
- Offer contact person for HIV issues and request a contact for Medicaid
- Offer to provide programmatic information or feedback to Medicaid
- If not housed in the same department, review statutes for any language that permits exchange of information between agencies

Questions?

- Joe May, Patient Care Program Administrator
- Florida Department of Health
- Bureau of HIV/AIDS
- 4052 Bald Cypress Way, BIN A09
- Tallahassee, FL 32399-1715
- Email Joe_May@doh.state.fl.us

- Phone (850) 245-4421

- Website
http://www.doh.state.fl.us/Disease_ctrl/aids/index.html
