



# CMS Managed Care Plan



**Rule Hearing**

**Florida Administrative Code Rule 64C-2.002**

**December 8, 2015**

# Rulemaking Necessity

2

- Final Order issued September 22, 2015
  - Required Department's clinical eligibility screening process to be promulgated in rule
  - Clinical eligibility by Department ceased
- Temporary solution through AHCA
- Must put clinical eligibility rule in place to resume Department's role in clinical eligibility screening

# Hearing Goals

3

- Finalize a clinical eligibility screening process
- Remember that rules can be changed
- Remember the Department has committed to reopening the rule in 3 months

# RULEMAKING



- ❖ **BASIC PRINCIPLES**
- ❖ **PHASES**
- ❖ **TIMELINE**

# Rulemaking Basics

5

- Delegation of legislative authority: The power to enact rules is given by Legislature and cannot exceed the statutory grant of authority.
- Invalid exercises of delegated legislative authority
  - Exceeding grant of rulemaking authority
  - Enlarging, modifying or contravening law implemented
  - Vesting unbridled discretion in agency
  - Being arbitrary (illogical) or capricious (irrational)
  - Failing to follow rulemaking procedures in Chapter 120

# Rulemaking Phases

6

1. Rule Development
2. Notice of Proposed Rule
3. Adoption

# Rulemaking: Timeline

7

- Rule development workshop – October 16th
- Rule Hearing – December 8th
- Fastest Possible Adoption Filing – December 22nd
- Fastest Possible Effective Date – January 11th



# STATUTES



❖ **LAW IMPLEMENTED**

❖ **MANAGED CARE PLAN REQUIREMENTS**

# Statutes: Law Implemented

9

- Section 391.021, Florida Statutes
- Section 391.026(3), Florida Statutes
- Section 391.029, Florida Statutes

# Statutes: Managed Care Plans

- Section 409.974(4), Florida Statutes
  - Identifies the CMS Managed Care Plan as a specialty plan exempt from competitive procurement
  - Requires CMS Managed Care Plan to meet all other managed care plan requirements
  
- Section 409.974(3), Florida Statutes

“The aggregate enrollment of all specialty plans in a region may not exceed 10 percent of the total enrollees of that region.”



# PROPOSED CLINICAL ELIGIBILITY SCREENING RULE



- ❖ **PHYSICIAN-BASED AUTO-ELIGIBILITY**
- ❖ **PARENT-BASED SURVEY**

# CMS Plan: Children Served

12

- 16.1%- Tier 0 (unscored or under age 1)
- 55.8%- Tier 1 (risk score  $>0$  and  $<1.5$ )
- 22.2%- Tier 2 (risk score  $\geq 1.5$  and  $<4$ )
- 5.9%- Tier 3 (risk score  $\geq 4$ )

\*Tiers are based on the AHCA MMA Chronic Illness and Disability Payment System + Medicaid Rx (CDPS+Rx) risk adjustment model

\*Percentages are based on a sample (n=41,589) of September 2014 CMS MMA Plan enrollment

# Physician-based Automatic Eligibility

13

- Diagnostic codes for chronic and serious medical or behavioral conditions
- Allows for physician input and participation in clinical eligibility determination process
- Requires attestation of diagnosis and functional limitation

# Attestation Revisions

- Several suggestions from workshop adopted
- Received more than 1000 additional diagnostic codes for consideration
- Paradigms used consistently
  - Inclusion: chronic and serious conditions
  - Exclusion:
    - ✦ Could not be mild
    - ✦ Had to be a condition
    - ✦ Had to be specified
    - ✦ Consolidation where appropriation for physician ease

# Parent-Based Survey: Development

- December 2014 – Decision to change screening tool at CMS Medical Directors Meeting and create workgroup
- Workgroup includes CMS Med Director (J. Brosco), Nursing Director (P. Dorhout), and CMS Central Office (K. Stannard)
- January - March 2015 – Workgroup defines principles and develops tools to pilot

# Parent-Based Survey: Workgroup Principles



16

- Legislative intent (“serious and chronic”)
- Minimize burden (contrast with SSI process)
  - Families should not have to get records, etc.
  - Physicians should not have provide records, complete forms, etc.
  - Care coordinators should not be spending more time on eligibility than on providing services
- Identify children who need the CMS Plan the most
- Use nationally recognized tools
- Look of child epidemiology/evidence

# Chronic Childhood Conditions (US per 100)



Learning disability	8.2
ADHD	7.5
Depression	3.3
Intellectual disability	1.5
Autism	1.1
Hearing loss	0.4
Visual loss	0.4
Cerebral Palsy	0.3
Down Syndrome	0.15

Obesity	16
Allergies	9
Recurrent OM	8
Asthma	8
Diabetes	0.1
Sickle cell	0.1
Child cancers	0.02
SCID	0.002
Liver transplant	0.0004

# Categorical v. Consequences

18

- “Categorical” (based on diagnosis)
  - Thousands of possible diagnoses, most quite rare
  - Wide variability in severity (e.g. asthma, ADHD, SCID variants)
  - Basis for the old CMS eligibility tool (“version 11”)
- MCHB effort to address limitation led to Children with Special Health Care Needs (CSHCN) Screener, by CAHMI
  - Child and Adolescent Health Measurement Initiative

# CAHMI Screener Questions



19

1. Does your child currently need or use medicine prescribed by a doctor (other than vitamins?)
2. Does your child need or use more medical care, mental health or education services than is usual for most children of the same age?
3. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
  - 3a. Is this because of ANY medical, behavioral or other health condition?
  - 3b. Is this a condition that has lasted or is expected to last for at least 12 months?
4. Does your child need or get special therapy, such as physical, occupational or speech therapy?
5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs to get treatment or counseling?

From: **Being Specific About Being Special: Defining Children's Conditions and Special Health Care Needs**

Arch Pediatr Adolesc Med. 2007;161(10):1003-1005. doi:10.1001/archpedi.161.10.1003

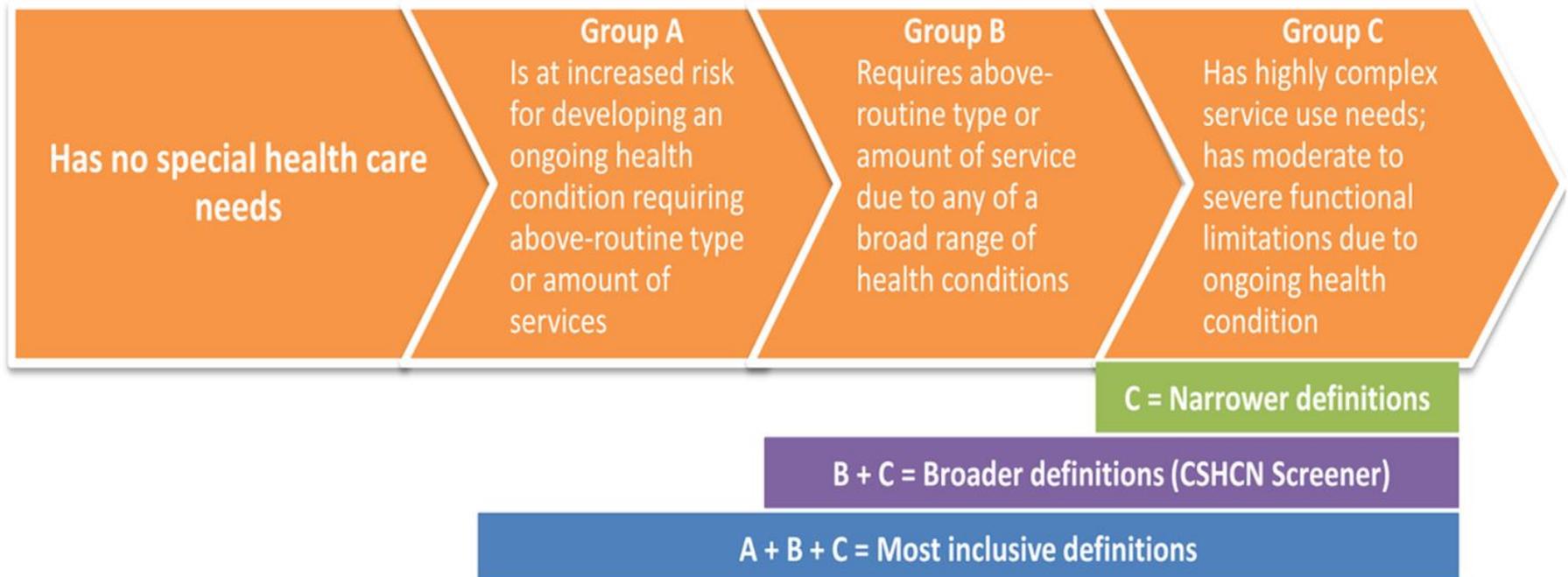
**Table. Prevalence of CSHCN by Different Classifications: National Survey of Children's Health, United States, 2003-2004<sup>a</sup>**

CSHCN Classification Measured by 5-Category Screener	Prevalence Among Children Aged 0-17 y, %	
	Overall	Among Children With Chronic Conditions
Any of 5 categories	16.9	52.7
Health care use		
Any of 4 use categories	16.4	51.7
Prescription medication	13.3	41.9
Need for more medical care or educational services than usual for child's age	7.4	26.4
Need for physical, occupational, or speech therapy	2.9	10.6
Need for treatment or counseling for emotional/behavioral/developmental condition	2.5	9.9
Functional limitations		
Limitations in doing things usual for child's age	3.8	14.0

Abbreviation: CSHCN, children with a special health care need.

<sup>a</sup>Data are our calculations based on weighted analysis of the National Survey of Children's Health.<sup>14</sup>

# Children with Special Health Care Needs



# Choosing a Tool

22

- There is no standard, national definition for identifying children in category “C” (high service use needs; functional limitations)
- Non-categorical approach makes the most sense as a screening tool
  - If families answer “yes” to all parts of q 3 “functional limitation” and to one other question, they qualify for CMS
  - About 80,000 Florida children

# Determining Chronic

- “Children with special health care needs” means those children younger than 21 years of age who have ***chronic*** and serious physical, developmental, behavioral, or emotional conditions and who require health care and related services of a type or amount beyond that which is generally required by children. Section 391.021(2), Florida Statutes.
- CAMHI CSHCN questions assess whether the condition has lasted or is expected to last 12 months. (***Is this a condition that has lasted or is expected to last for at least 12 months?***)

# Determining Serious

- “Children with special health care needs” means those children younger than 21 years of age who have chronic and ***serious*** physical, developmental, behavioral, or emotional conditions and who require health care and related services of a type or amount beyond that which is generally required by children. Section 391.021(2), FS
- Question 3: Is your child ***limited or prevented*** in any way in his or her ability to do the things most children of the same age can do?

# Pilot Studies

- January 2015 and February 2015
- Sites: CMS Tampa Bay & Southeast Regions
- Pilot 1: Expanded questions based on the previous CMSN Clinical Eligibility Screening Guide (updates on the old “version 11”)
  - Did not seem to identify children with greatest needs
  - 25% would need a clinical review
- Pilot 2: CAHMI Children with Special Health Care Needs Screener©

# Pilot Studies

- 61% answered “yes” to all parts of # 3 and one other question – screened in immediately
- 50% screened in if only one diagnosis  
60% screened in if 2 or 3 diagnoses  
92% screened in if 4 diagnoses
- Autism and developmental delay much more likely to screen in than ADHD
- Did not vary significantly based on AHCA tiers

# Parent-based Eligibility

27

- Parent-based clinical eligibility screening tool
- National model based upon national research
- New referral screening rate
  - Version 11 (08/14 – 14/15): 39.11% better served by another managed care plan
  - Version 12 (05/15 – 09/15): 37.06% better served by another managed care plan

# Public Comment



28

