



Florida Children's Medical Services (CMS) New Plan Model

Innovations in Care

Children's Medical Services (CMS) is transforming how it delivers care to children with medical complexity in its Title XIX and Title XXI programs. Based on feedback received from internal and external stakeholders, CMS is developing a new model that will be reflected in its upcoming Invitation to Negotiate (ITN). Of particular importance, CMS will build on its commitment to strong care coordination, even as it changes its delivery to improve care and outcomes for children. CMS' historically strong provider network, especially in pediatric primary care and sub-specialists, will continue to be a priority in the new model. CMS will focus on population health and connections with other Department of Health (DOH) activities (e.g., maternal and child health projects). CMS will maintain service delivery across TXIX and TXXI programs and improve efficiency and outreach to children with medical complexity. CMS hopes to issue an ITN in early 2018 for a January 2019 go-live date.

Foundational Goals of the CMS Plan

CMS has identified the following principles of the CMS Plan, based on the Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0.¹

- Care is family-centered and participant-driven.
- Care is provided in a manner that is culturally competent, linguistically appropriate and accessible to the children and their families.
- Coverage is accessible, affordable, comprehensive and continuous.
- The program will provide evidence-based care, where possible, and evidence-informed or based on promising practice when evidence-based approaches are not available.

Program Reform Goals

CMS has identified several goals for the new program design.

- Improved outcomes for members – CMS wants the new program to meet the needs of the individuals served and demonstrate improve health outcomes.
- Stability in the marketplace – CMS wants the new program to be attractive to both providers and participants to ensure continued participation in the plan.

¹ Association of Maternal & Child Health Programs and the National Academy for State Health Policy. *Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0.*, June 2017.
<http://www.amchp.org/programsandtopics/CYSHCN/Documents/Standards%20for%20Systems%20of%20Care%20for%20Children%20and%20Youth%20with%20Special%20Health%20Care%20Needs%20Version%202.0.pdf>

- Competitive provider payments – CMS wants flexibility to ensure it can pay its providers competitively given market conditions.
- Active oversight – CMS wants an active role in the oversight of the program to ensure quality and value are achieved.
- Streamlined model – CMS wants a contracting model with less fragmentation to increase the ease of system navigation for providers and members and potentially better leverage local partnerships.
- Efficiencies and provider incentives – CMS wants to create administrative efficiencies and improve provider incentives while remaining cost efficient.

New Vendor and CMS Role

Under the new service delivery model, CMS will contract with one statewide vendor or with a single vendor in a geographic area to improve access to specialized services, increase efficiency, improve quality of care to children with medical complexity, and reform provider payment and incentives. The goal is for the vendor(s) to hold all contracts with providers in that geographic area. CMS will consider contracting with vendor(s) that also have a direct contract with the Agency for Health Care Administration (AHCA) under the Statewide Medicaid Managed Care (SMMC) program. Many key functions will be moved to the vendor(s), such as beneficiary information, appeals, provider recruitment, provider education, and provider contracting. The vendor will perform all administrative functions, but CMS will retain control over when CMS materials are to be used or when materials must have CMS review. The vendor will comply with all business requirements to operate in Florida and be accredited by a national accrediting body recognized by AHCA.

CMS' own role in the new model will evolve to be more streamlined, allowing it to more fully leverage its experience and responsibility as the State's expert on children with medically complexity. Specifically, CMS will oversee the vendor or vendors' efforts to ensure high quality standards are met and the right care is delivered efficiently. CMS will have increased oversight of the vendor(s) with emphasis on improving quality and member experience. CMS activities will include:

- Implementing vendor performance measures specifically focused on the CMS population.
- Adopting member quality of life experience surveys to ensure enrollee outcomes improve.
- Employing regionally-based state Ombudsmen to ensure excellent care coordination and quality of care.

Phase into Risk Model

The new model will be phased in over time with the vendor receiving capitation payments for an increasingly larger number of services, along with incentives for improving outcomes in the community. The new model will start as a limited risk program, with capitation for outpatient services in year one, outpatient and pharmacy in year two and full risk for all services in year three.

Same Enrollees

Children ages 0 through 20 with a qualifying medical condition(s) who meet the financial conditions.²

Benefits including Value-added and In lieu of Services

The core benefits of the AHCA ITN will be covered under the CMS contract, including pharmacy. Value-added and in-lieu of services will be included to meet the unique needs of children with medical complexity. Enrollees in the CMS Plan may continue to be enrolled in one of the SMMC Managed Long-Term Care (MLTC) plans and/or receive some benefits through the FFS Medicaid program. The new ITN will emphasize expanding and improving access to high quality services by:

- Phasing-in value-based purchasing strategies for certain providers
- Expanding availability and flexibility of telemedicine
- Enhancing reimbursement for certain providers

Consistent Utilization Management and Comprehensive Data Analytics

The vendor(s) will provide enhanced utilization management, including consistency of decisions and the use of national practice guidelines for certain services (e.g., ASAM standards for substance use disorder treatment). The vendor(s) will be required to have real-time data with dashboards and hospital/emergency department reporting to improve the ability of CMS to identify gaps in care and urgent needs for its members. The vendor(s) will also offer a unified fraud and abuse program with improved data analytics and reporting capabilities.

Improved Contracting Terms

Capitated reimbursement will allow the vendor to propose and implement value-based purchasing strategies, resulting in expanded and improved access to services. The vendor will be permitted to utilize creative solutions to shortages in areas important to children with medical complexity (e.g., private duty nursing). Currently, other plans participating in the SMMC program require members to use in-network providers 90 days after transitioning into their plans. CMS has historically recruited any provider seeing a child into its network. CMS may adopt a more standardized in-network credentialing policy but will ensure out-of-network and single case agreement requirements maintain access to unique specialists and qualified second opinions, as needed by the children in the CMS Plan.

² <http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/eligibility-and-services/DH8001-CMS05.2016.pdf>

Care Management Model

CMS will transform its care management model to provide more family-centered assistance to support children in the community and minimize their use of expensive medical institutions. Under the new model:

- Care management will become the responsibility of the vendor(s), and care managers will be employed by the vendor(s). CMS will help to facilitate employment transitions to the vendor(s) for care coordination staff currently employed by the State.
- The vendor(s) will be able to better utilize Patient Centered Medical Homes and specialty clinics, offering more integrated care management.
- The vendor(s) will also have incentives to utilize an inter-disciplinary team approach, focusing on improved health outcomes for children through health education, disease management and family support. This team approach will encourage the use of non-medical staff such as peers and community health workers to work with families on addressing social determinants of health.
- The vendor(s) will be required to have tiered care management and disease management levels, with prescribed minimum contact schedules for the different tiers that include in face-to-face interaction as well as telephonic contact with the child and family.
- Disease management for specialty populations served by CMS will be enhanced through the new model, with more formal incentives for providing concrete information to transition-age youth as they transition from childhood to adulthood.
- The vendor(s) will be encouraged to co-locate care managers in high volume hospitals, clinics and physician practices.