

NEWSLETTER

April 2006

ANNOUNCEMENTS

June 1-2

Doubletree, Tallahassee

5th Annual Florida Medicaid Research Conference

This year's conference will explore key topics surrounding patient empowerment and health literacy, two major principles driving Florida's recently approved Medicaid Reform plan.

Watch for more information including a schedule of speakers and [online registration](#) at FCMU's website, beginning April 17.

Coming Soon... New FCMU Website!

Look out for a newly remodeled FCMU website that will serve as a reliable resource to all who are interested in Medicaid and health care access in Florida.

Links will provide readers with free access to all FCMU reports, issue briefs, ongoing research, and announcements.

<http://fcmu.phhp.ufl.edu/>



Chart Book: Are Adult Floridians Satisfied With Medicaid?

A chart book presenting an analysis of adult enrollee satisfaction with the Florida Medicaid program will be published by FCMU this month.¹ The book is intended to be a graphical and easy-to-use guide for program administrators and others who are interested in understanding Medicaid enrollees' experiences with care, and the differences in enrollees' experiences between the various Medicaid programs.

The major finding presented is that *adult Medicaid enrollees overall are satisfied with the care they receive*. In many areas, Florida's satisfaction ratings compare favorably to the national averages reported in the 2005 CAHPS

Health Plan Survey Chartbook.

Nearly three-quarters (73%) of enrollees in Florida report that it is "not a problem" to find a good *primary care*

provider in Medicaid. Enrollees were also overwhelmingly positive about the *timeliness* of acquiring both routine and urgent care. Sixty percent of enrollees reported that they "always" got routine care appointments and urgent care appointments as soon as they wanted.

There were some areas in which the reports were less favorable. Providing adequate access to specialty care has long been a challenge for Medicaid programs across the country. Surveys

show that experiences vary widely. The majority of respondents indicated it was "not a problem" to see a specialist in Medicaid. However, *a significant portion of enrollees (32%) report having difficulties in seeing a specialist*. Also, the majority of enrollees reported some level of difficulty getting assistance by phone for the Medicaid program.

Among the most striking findings presented in this chart book is *the overwhelming proportion – sixty percent – of Medicaid enrollees who report their health status as "fair" or "poor."* While Medicaid is known to be a program that covers many chronically ill

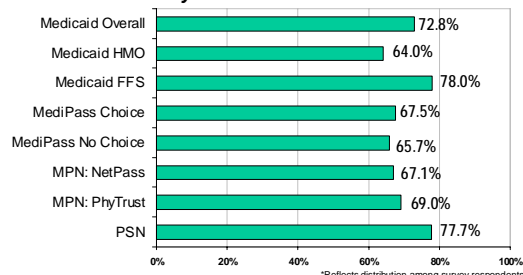
Floridians, it is also a program that covers low-income families, refugees, and others. It is sobering to consider that the majority of adult enrollees consider

their health to be so poor. Another salient finding is that *a large portion of Medicaid enrollees consider themselves to be in "fair" or "poor" mental health*, and almost half of those surveyed scored within the "moderate" to "severe" depression range on a depression screener. Mental health conditions, while more difficult to detect than some physical conditions, can be equally debilitating and can affect quality of life significantly.

The book breaks down data by Medicaid's component programs, so that the interested reader can compare the various care arrangements.

EASE OF FINDING A SATISFACTORY PCP

Percent of Respondents Reporting that it was "not a problem" to find a satisfactory doctor or nurse in Medicaid:



Sources: 1. Medicaid Managed Care Surveys, FY 2005 and Medicaid Fee-for-Service Surveys, FY 2005, FCMU; 2. Medicaid HMO Surveys, FY 2005, State Center for Health Statistics

¹ "Florida Medicaid Adult Enrollee Satisfaction: A Chartbook." Comparing Managed Care Arrangements and Fee-for-Service, 2006. FCMU.

Some of our
CURRENT RESEARCH

"Comparing Experiences with Care Among Patients Enrolled in Medicaid MCOs"

-Consumer satisfaction among enrollees in various Managed Care Organizations will be examined using CAHPS.

"Relationships Between Psychological Functioning, Metabolic Syndrome and Type 2 Diabetes Health Services Use in Children and Adolescents"

-The growing concern of childhood obesity and associated health conditions, and the possible link between psycho-social disorders and utilization of health services for diabetes and metabolic syndrome will be explored.

"Florida Health Insurance Study Phase II"

- The ability of the ambulatory care safety-net to participate in coverage expansion efforts for low-income, uninsured Floridians will be explored.

"Early Receipt of Preventive Dental Services and Relationship to Subsequent Restorative and Diagnostic Treatment for Caries"

- The hypothesis that early preventive visits will correlate with decreased total dental utilization and costs will be explored.

"Patterns of Health Care Utilization Among Individuals on the Home and Community-Based Services Waiver Program."

-Building on previous work, the extent to which enrollees on the waiver have primary and specialty care continuity will be examined.

South Florida Pilot Projects: Local Minority Physician Network Lowers Utilization and Cost

It is well known that Medicaid expenditures are continuing to escalate. States are looking for new, cost-effective ways to finance and deliver services. States sometimes introduce experimental pilot projects as a means to try new models in a limited way before expanding these models statewide. Pilot projects are comparable to field experiments that investigate important questions regarding health care access and quality. In Florida, several pilot programs are underway to explore alternatives to the more traditional Medicaid HMO and primary care case management models.

Several of Florida's innovative programs involve networks of providers that manage care for a defined group of Medicaid beneficiaries. In South Florida, pilot projects are in place to examine whether providing local medical management services improves access to and quality of Medicaid services while also decreasing costs.

A central objective in creating these networks was the establishment of physician-owned-and-operated managed care organizations with Medicaid experience. A faculty team from the University of Florida's Department of Health Services Research, Management, and Policy has conducted comprehensive evaluations of these 'provider service networks.' The evaluation reports are available through the Agency for Health Care Administration's website.²

In 2001, AHCA initiated the *Minority Physicians Network, or MPN program*, contracting with two physician-owned organizations in which the majority of physicians belong to racial and ethnic minority groups: Florida NetPASS and PhyTrust.

In 2004, Christy Lemak, PhD, Allyson Hall, PhD and Chris Johnson, PhD (who is now at Texas A & M University) of the Florida Center for Medicaid and the Uninsured carried out an in-depth evaluation of the MPN program.³ Overall, the evaluations found cost-savings associated with the network programs. These savings were attributed to improved utilization management and sophisticated information technologies employed by the network organizations. In general, providers were very satisfied with the programs. The private and "local" aspects of the MPNs offer opportunities to monitor and support providers in ways the current MediPass program has not achieved. Better provision of timely and important beneficiary information to providers, local management of PCP networks, and improved communication with the Agency allow the physician networks to run smoothly and efficiently, leaving physicians and patients satisfied as compared to HMO and MediPass satisfaction.

Because previous research had not examined how the local management of Medicaid providers might affect patterns of utilization (and ultimately costs), in 2005 the researchers analyzed utilization in each pilot program and MediPass.⁴ In most cases, the pilot programs exhibit lower levels of utilization than MediPass. However, utilization by type (ER visits, inpatient visits, pharmacy, etc) varies between networks.

This study, coupled with the analyses done earlier, begins to build a body of evidence that suggests that these alternative models of care may be improving the quality of care for Medicaid beneficiaries. Further analysis over a longer time frame and incorporating an examination of specific aspects of each alternative delivery model will provide more insight into the viability of the pilot projects of South Florida.

² <http://www.fdhc.state.fl.us/> → Medicaid → Quality Management → Office of Medicaid Research and Policy (MRP)

³ "Evaluation of Florida's Minority Physician Network (MPN) Program." FCMU, April 2004.

⁴ "Utilization Analysis of the MPN and PSN Programs." FCMU, March 2006.

Florida's Medicaid Reform

In December, the Medicaid Reform plan proposed by Governor Bush was approved for implementation in Florida. The approval of Medicaid Reform marks the beginning of significant changes to Florida's health care safety net. In order to create a program that more closely resembles employer-sponsored health insurance, Florida's MediPass program will be phased out and enrollees will be transitioned into managed care arrangements.

The reforms will go into operation on July 1 of this year. With legislative approval, Medicaid reform will be expanded statewide by 2011. Between now and June 30, AHCA will focus on designing the implementation of the new Medicaid program. In preparation for the July 1, 2006 implementation date, AHCA is engaging in a number of activities.

First, the Agency intends to raise awareness in Florida, especially among Medicaid recipients, that a change is in the works. This outreach effort is necessary to ensure a smooth transition. It is essential that all enrollees understand what new choices they will be offered. A *choice counseling program* will be developed in order to minimize confusion during transition and enrollment. Enrollees will be offered a greater number of enrollment options and will be counseled as they seek to make appropriate choices. For example, enrollees will have the opportunity to *'opt-out'* of Medicaid in favor of employer-sponsored insurance. Through counseling, enrollees will recognize if they qualify for employer-based health insurance and whether they are eligible to participate in the opt-out program.

Second, the eligibility process will be updated so that all those mandated to enroll in reform plans, as well as those who voluntarily do so, are matched up with a counselor to help them make the necessary transition.

Reform plans, as mentioned above, are simply managed care plans that hold contracts with AHCA to serve Medicaid beneficiaries under the new model. AHCA plans to restructure the contracting process and ensure that all new agreements made with managed care organizations meet state and federal requirements, and to set up an evaluation system that determines appropriateness of a plan's benefit package. A new payment system will also be designed in the coming months which will include a comprehensive and a catastrophic component. Additionally, reform calls for an *enhanced benefit system*, which is intended to reward enrollees for healthy behaviors.

As AHCA moves forward in structuring a new Medicaid program for Florida, evidence-based decision-making will be emphasized to the greatest degree possible. Florida will model its program from the experience of other states, but will also turn to the knowledge-base provided by health service research institutions such as the [Florida Center for Medicaid and the Uninsured](#).

Medicaid Reform: Duncan Wins Reform Evaluation Contract

Dr. Paul Duncan, the Chair of UF's Department of Health Service Research, Management, and Policy (HSRMP) has received a contract from the Agency for Health Care Administration to evaluate the State of Florida's changes to the Medicaid program.

This five year project will be housed within HSRMP; however FCMU Research Director Dr. Allyson Hall, along with HSRMP faculty, Drs. Christy Lemak and Niccie McKay will be co-investigators. The project is organized into three parts that will (1) analyze the development and implementation of Reform, (2) compare utilization and expenditures for Medicaid beneficiaries before and after enrollment in the reform plans, and (3) conduct surveys to assess enrollee satisfaction during the transition process and once enrolled.

Faculty Spotlight: FCMU Researcher



Richard Lottenberg, MD, is a Professor of Medicine in the Division of Hematology-Oncology at the University of Florida and has an active clinical practice in consultative hematology at Shands Hospital at UF.

Over the past five years, Lottenberg has focused on health services research in sickle cell disease. Through his work at FCMU he has laid out the framework for a comprehensive disease management program for Medicaid recipients with sickle cell disease.

For instance, through physician surveys Lottenberg found that there is underuse of a highly beneficial form of drug therapy for sickle cell patients, called *hydroxyurea*. Motivated by his findings, Lottenberg set out to educate providers and patients about this therapeutic option. To overcome communication barriers and poor health literacy, Lottenberg developed a patient educational video called "[*The Hope for Better Days: Hydroxyurea and Sickle Cell Disease*](#)." He is currently partnering with the Sickle Cell Disease Association of Florida to carry out a field trial of the video's effectiveness in empowering sickle cell patients in Florida to ask their physicians if hydroxyurea is an appropriate treatment option.

Dear Readers,

Established in 2000, the Florida Center for Medicaid and the Uninsured is dedicated to the improvement of health care in Florida through multidisciplinary collaboration of academic and policy making experts. The primary mission of the Center is to foster and develop research and analysis on issues related to access to quality health care for Florida's low-income populations. Critical to the Center's mission is the timely dissemination of information to policy makers, providers, and health care advocates.

For this reason, we are introducing the *FCMU Newsletter* which will better enable us to disseminate findings and increase public access to our research. The newsletter contains announcements of upcoming events and changes within FCMU, as well as discussions of our most pertinent work and recent publications. This newsletter is intended to make the Center more accessible to the public as we continue to establish ourselves as a resource for stakeholders in Florida's health care system.

We are pleased to send you this first edition of the *FCMU Newsletter*. Feel free to contact us with further comment or feedback.

Sincerely,
Robert G. Frank, PhD
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