

## Florida KidCare Coordinating Council

Meeting Minutes - December 12, 2008

Review Draft

### Roll Call, Announcements, Approval of Minutes

Dr. Phyllis Sloyer, representing Chair Dr. Ana Viamonte Ros, convened the December 12, 2008, meeting of the KidCare Coordinating Council at 1:01 p.m. She indicated that the Surgeon General was unable to attend due to other commitments. A quorum of 23 members or their designated representatives was present.

Dr. Sloyer recognized the passing of pediatric dentist and council member Dr. Raymond Klein. She also welcomed two new members who replaced Robert Bernal and Monica Rutkowski, respectively: Mr. Jay Kassack, Vice President Government Markets for AMERIGROUP Florida, representing the Florida Association of Health Plans; and Mr. Eric Lingswiler, Director of Life and Health Product Review for the Office of Insurance Regulation, representing the Office of Insurance Regulation.

Dr. Sloyer directed members' attention to the list of proposed meeting dates for the upcoming 2009-10 meetings contained in the meeting packets and asked the members to notify staff of their preferred meeting dates by January 30. Dr. Sloyer stated that the main purpose of today's meeting is to discuss and vote on the council's 2009 recommendations to the Governor and the Legislature.

Dr. Sloyer asked if there were corrections August 8<sup>th</sup> draft meeting minutes. There being none, Dr. Freedman and Dr. Bucciarelli moved adoption, which was seconded by Mr. Quetone. The minutes were adopted unanimously without change.

### Florida KidCare Partner Updates

#### **Agency for Health Care Administration (AHCA)**

Gail Hansen reviewed the Florida KidCare enrollment reports which were delayed due to the Third Party Administrator change in May. There is a downward enrollment trend in Title 21. Comparing Title 21 enrollment for June to October's enrollment, Florida Healthy Kids (FHK) declined by about 22,000 children, MediKids declined by 1,500 children, and Children's Medical Services (CMS) increased by 1,100 children. Medicaid enrollment increased by 31,356 children, while Healthy Kids full pay declined by approximately 2,200 children and MediKids full pay declined by almost 300 children for the same period. Ms. Hansen noted it appears that as the economy worsens more children are eligible for Medicaid, which contributes to the loss of Title 21-funded children. Ms. Woodall noted there was an increase of almost 41,500 children in Medicaid from July to August, and then a decline of almost 4,000 children from August to September. She requested a more information about this issue. Ms. Hansen indicated that more research with Healthy Kids and the Department of Children and Families would be needed. Ms. Amy Guinan asked what the time frame may be on this request. AHCA will need to review Ms. Woodall's request before a time frame can be provided.

Dr. Freedman requested that the enrollment reports be broken down by county. This information will be available from Florida Healthy Kids in the near future.

Ms. Hansen reviewed the Executive Summary for KidCare enrollment from the Social Services Estimating conference. The projections are higher than the February conference but are still within the appropriate amount for this year. Based on the projections there will be enough money to fund KidCare for the rest of the fiscal year.

Mr. Alan Strowd gave an update on the Florida MMIS implementation:

- Total payouts to date are approximately \$5.3 billion.
- Able to process all types of claims; all 65 provider types that submit claims to the vendor as well as capitation payments for all HMO and other providers.
- Have a prioritizing operation in place to take care of issues that adversely affect the most providers, most beneficiaries, or the highest dollar amount. This process is ongoing with an expected resolution by February or March, which will allow a steady state of operation.
- Paper claim inventories are at pre-transition processing level (less than 20 business days in inventory)
- Provider enrollment inventories are being addressed through a collaborative reduction plan, and are anticipated to have the backlog gone by January allowing applications to be processed in the normal time frame.

Mr. Strowd reported the call centers have received:

- Provider call center - over 275,000 calls to agents

- Anticipate online enrollment in 2009
- Recipient call center (Medicaid options) – over 240,000 calls to agents
- Automated voice response – 7,000 per day
- The average hold time is 3 minutes; this is not up to standard time but much better than previous months.
- To avoid callers receiving a busy signal many calls are being routed to an out-of-state location (an EDS location in Iowa). Once the backlog has been eliminated the calls will be returned to Florida.

Mr. Joe Quetone expressed concern that the work occurs out of state because many Floridians are out of work. Mr. Strowd confirmed that the calls would come back to Florida once the backlog has been reduced.

### **Department of Children and Families (DCF)**

Mr. Nathan Lewis reviewed the packet information with the council. He stated that:

- DCF has experienced a 15% caseload growth in the last 6 months. Some counties have experienced a caseload increase of up to 40%
- DCF has received 150,000 applications each month (25% increase)
- Food stamps are up 25% in the last 6 to 8 months (1.7 million)
- Approximately 1.9 million people are participating in Medicaid.
- DCF has 3 call centers with approximately 325 employees who handled over 3 million calls in November (eligibility, coverage verification, general questions). The Auto-Response Unit (ARU) assists with some calls allowing the caller to choose options. There has been a 50% increase of people trying to talk to a live person.

The call center receives about 23,000 calls a month from providers verifying a patient's Medicaid status. AHCA and DCF are working on a process to allow a provider to toggle between the two agencies' systems online.

Mr. Lewis described "My Access Account", which was unveiled on Monday, December 8<sup>th</sup> with Governor Crist. With My Access Account customers and their designated representative are able to access their account information online. This will allow them to find out most information about their case such as account approval, outstanding account information, account status, and interview schedules.

### **Florida Healthy Kids (FHK)**

Mr. Fred Knapp gave an update on the implementation of the new Third-Party Administrator (TPA) for Florida KidCare (non-Medicaid) that went live on May 1, 2008. The corporation's board of directors took formal action to put the TPA, ACS, on a corrective action plan. The corrective action plan was finalized on November 7<sup>th</sup> and will run from November 1<sup>st</sup> to February 28<sup>th</sup>. All performance standards must be met. The key areas for measuring performance are:

- Call center document processing
- Premium processing
- Correspondence to families
- Systems development

During the corrective action plan all 47 performance standards of the contract remain in effect. There are targets which must be met by ACS on the performance standards during the corrective action plan. The baseline for the corrective action plan includes a severity ranking of one through five, with one being the most severe.

- Severity 1 must be 100% corrected by the end of the corrective action plan
- Severity 2 must be 75% corrected by the end of the corrective action plan
- Severity 3 must be 50% corrected by the end of the corrective action plan

Mr. Knapp stated that two of the biggest improvements have been timely correspondence with families and families being able to reach the call center. The corrective action plan includes a dual track for correspondence which includes a system letter at the same time as a manual process is in place. This will eliminate any delay should there be a problem with the automated letter because the manual letter is ready to go.

Mr. Knapp reported that there was a special board meeting in October to discuss issues related to families who had not received correspondence in a timely manner, primarily relating to premium nonpayment and nonrenewal. A temporary suspension of disenrollment was established for families who had not made their payments, allowing them to continue coverage for another 30 days. In November, coverage was continued for 7,612 children who had been canceled for nonpayment, 2,502 who made payment but were in the 60-day wait period, and 9,783 children who would have been canceled for noncompliance with Title 21 renewal. In December, FHK targeted 8,300 families who were due for renewal; if the family had returned at least one document to indicate their intent to renew, their child remained enrolled for an additional 30 days. A task force was formed to look at disenrollment, which includes the KidCare partner agencies. Because of the task force a link has been created on the FHK website which will allow 15 trained advocate partners throughout the state to review a family's account, allowing one person to work on a family's account instead of 4 or 5 different people working on the same account. FHK is tracking complaints to identify the root cause and related systems issues.

During November and December, the letters to families requesting more information or stating the payment was not received went out in a timely manner due to this process. The letters are also being followed with an automated phone call to the families either letting them know that their renewal packets are on the way, a reminder to make a payment or a reminder to send in required information. Almost 67,000 automated phone calls were made; 22,000 reached a live person, 28,000 left messages and approximately 6,400 had no answer. The call center had experienced an average speed of answer of 10 minutes; as of December 11<sup>th</sup> the average speed to answer was 68.9 seconds.

Mr. Jay Kassack asked if a plan is in place if ACS fails to meet all 47 performance standards. Mr. Rich Robleto replied yes, plans are being made for disengagement should this happen. But as the process of replacing a TPA is lengthy they cannot disengage ACS immediately if the performance standards are not met, it will take time. The focus is on trying to get improved performance.

Dr. Freedman asked the total cost of the suspension to the corporation. Mr. Robleto replied none. They are not billing the federal government until they are sure all of the children are eligible. Some children will be ineligible for Title XXI funding; ACS damages will cover the cost for these children.

### **Covering Kids and Families**

Ms. Jodi Ray reported that Covering Kids and Families is currently under contract with Healthy Kids to manage community partnerships and engage groups to participate as a funded partner. Covering Kids currently has 34 funded partners, a list of which is included in the packet. Covering Kids is also managing an outreach program with the school districts including; Hamilton, Manatee/Sarasota, Lee and Hillsborough counties. All counties have been receptive to the presentations, newsletters, and materials sent out to the school PTA committees as well as adding a link to their websites.

Covering Kids also has contracted with AHCA to build local outreach coalitions and provide technical support. Covering Kids also is charged with building the business partnership for the program. Ms. Ray will be meeting with retailers in the near future as well as meeting with Disney, who currently is opening clinics.

### **Discussion and 2009 Recommendation Process**

Dr. Sloyer asked Gail to explain and guide the council's recommendation discussion and voting process. Ms. Vail noted that the state law provides for the council to make annual recommendations to improve the program.

The members agreed to continue its 2008 guiding principles for 2009: The council adopted recommendations that it believes present the best opportunity to make it easier for eligible children to remain in the program or to help newly eligible children enroll. To emphasize that all of the recommendations contained in this year's report are considered equally important to improving the Florida KidCare program, the council decided not to prioritize its recommendations for 2009.

Ms. Vail reminded members that the recommendations reflect the interest of the council as a whole, but that individual members or the organizations they represent may not support some of the recommendations. Staff requested and the members agreed to authorize staff to make technical wording changes that do not affect the recommendations' meaning or intent.

### **Next Meeting/Adjournment**

The next meeting is scheduled for **February 6, 2009, from 1:00 to 4:00 p.m.**, in Tallahassee. The meeting adjourned at 3:40 p.m. **STAFF NOTE: This meeting was canceled due to schedule conflicts.**