

# Section 1115 Demonstrations: FL Medicaid Reform

## Public Comments

Title	Description	Created At
Patients in jeopardy of being denied access to Nurse Practitioner care	Patient Access to Nurse Practitioners will be reduced with the New Waiver. Presently a Nurse Practitioner may be directly empanelled and reimbursed under the Medicaid-fee-for-service program. However according to AHCA this practice will have to stop because of the state's restrictive Nurse Practice Act. Under the new waiver, and because of the state's restrictive Nurse Practice Act, Nurse Practitioners will no longer be able to directly empanelled as providers with HMOs. Instead, they will have to be empanelled as a provider under the license of a physician contracted with the particular HMO plan. Similarly, Nurse Practitioners will no longer be directly reimbursed for their services and instead payment will go to the physician. This policy will limit access to care for patients by making it ***** for Nurse Practitioners to provide care and stay in business. Many Nurse Practitioners have expressed concern that they will have to close their clinics because of this policy. The waiver should be denied until access to full scope Nurse Practitioner care can be guaranteed.	2012-10-27 10:44
Nurse	Patient Access to Nurse Practitioners will be reduced with the New Waiver. Presently a Nurse Practitioner may be directly empanelled and reimbursed under the Medicaid-fee-for-service program. However according to AHCA this practice will have to stop because of the state's restrictive Nurse Practice Act. Under the new waiver, and because of the state's restrictive Nurse Practice Act, Nurse Practitioners will no longer be able to directly empanelled as providers with HMOs. Instead, they will have to be empanelled as a provider under the license of a physician contracted with the particular HMO plan. Similarly, Nurse Practitioners will no longer be directly reimbursed for their services and instead payment will go to the physician. This policy will limit access to care for patients by making it ***** for Nurse Practitioners to provide care and stay in business. Many Nurse Practitioners have expressed concern that they will have to close their clinics because of this policy. The waiver should be denied until access to full scope Nurse Practitioner care can be guaranteed.	2012-10-27 10:42
CMS shouldn't allow FL to expand MedicaidReform experiment statewide. FL can't prove that it has protected/will protect vulnerable patients.	The purpose of a Demonstration Waiver is to allow a state to DEMONSTRATE that, given the flexibility to bypass important federal protections, it will be able to serve Medicaid patients more effectively and efficiently. Since Florida, even using the methods they themselves chose years ago, still cannot legitimately show that patients will have timely and appropriate access to necessary care under this proposal, CMS should reject Florida's proposal. CMS should instead set specific, measurable standards that Florida must meet prior to any future phase of expansion.	2012-06-13 06:18
This waiver amendment underscores the need for CMS to apply the waiver transparency rules to waiver amendments as well.	This "amendment" actually goes even further than the underlying waiver to go statewide and move long term care statewide. These very consequential changes should be subject to a robust public dicussion.	2012-06-11 12:46

Title	Description	Created At
Advance Nurse Practicers are left out in the Florida Medicaid HMO. 20% of primary care work force in Florida Medicaid gone.	Require the state to comply with Federal regulation listing Advance Practice Nurse as provider. Approve the waiver only if the state meets the requirement allowing Advance Practice Nurse to be impanled and be directly contracted by the HMOs, If not over 500,000 patients will be affected.	2012-06-05 09:30

# Section 1115 Demonstration: Florida Managed Medical Assistance (MMA)

## Public Comments

Title	Description	Created At
<p>Public Comment to CMS regarding support for an increase in Florida's Low Income Pool Program Allocation</p>	<p>February 5, 2014            Cindy Mann            Deputy Administrator &amp; Director            Center for Medicaid &amp; CHIP Services            7500 Security Boulevard, Mail Stop S2-26-12            Baltimore, MD 21244-1850</p> <p>RE: Public Comment to CMS regarding support for an increase in Florida's Low Income Pool Program Allocation</p> <p>Dear Deputy Administrator Mann:</p> <p>I am writing to support Florida's Agency for Health Care Administration (Medicaid Agency) request to extend a program like Florida's Low Income Pool Program (LIP) beyond June 2014, and urge the Centers for Medicare and Medicaid Services (CMS) to redesign and consolidate LIP, other supplemental rates, and programmatic initiatives for the duration Waiver extension period. The programs have proven to be critical to assure access to care for Florida's Medicaid, uninsured and underinsured populations.</p> <p>These comments are made on behalf of the Safety Net Hospital Alliance of Florida (the "Safety Net Hospitals"), which represents Florida's teaching, public and children's hospitals. Our 14 safety net hospital systems are located in the most densely populated areas of the state and have clinics and transfer agreements covering Florida's rural communities and coast to coast. Our members comprise only 10% of the state's hospitals yet provide 100% of all Level I trauma center admissions, 100% of all ICU burn care, 70% of all organ transplants, 68% of all medical training for physicians, 48% of all pediatric ICU days, 41% of all charity care days and 40% of all Medicaid days in the state.</p> <p>The purpose of this public comment is to make express support for Florida's Medicaid Managed Assistance Waiver amendment request ("Florida's Waiver Amendment") . Specifically, Florida's Waiver Amendment seeks to develop a budget neutral \$4.5 billion redesigned LIP program as a System Access and Transformation Incentive Fund (the "Fund") by consolidating existing supplemental funding streams for qualifying providers; the Fund would have two component parts – an Access &amp; Quality Enhancement Pool and System Transformation Awards.</p> <p>The Safety Net Hospitals believe this will best achieve our shared mission and the objectives of the Centers for Medicare and Medicaid Services (CMS) Three-Part Aim:</p> <ol style="list-style-type: none"> <li>a. Better care for individuals including safety, effectiveness, patient centeredness, timeliness, efficiency, and equity;</li> <li>b. Better health for populations by addressing areas such as poor nutrition, physical inactivity, and substance abuse; and</li> <li>c. Reduce per-capita costs.</li> </ol> <p>LIP was established and maintained to support safety net providers for the purpose of supporting access to care for Medicaid, underinsured, and insured persons as well as establishing new, or enhancing existing, innovative programs that meaningfully enhance the quality of care and the health of low income persons. Those objectives remain even with the advent of statewide Medicaid managed care. Under a consolidated and redesigned Access &amp; Quality Enhancement Pool and System Transformation Awards, the safety net providers will be able to affect significant changes in the health care marketplace. Payments will be made in direct, lump sum amounts to support quality initiatives and help offset allowable uncompensated services as opposed to a claims processing system, with the expressed exception for costs associated with graduate medical education. This better ensures the access to the intended care and services. For example, the Delivery System</p>	<p>2014-02-05            14:11</p>

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	<p>Reform Incentive Pools (DSRIP) in other states distinctly operate outside the states' statewide managed care organizations ("MCO"), and as such they are expressly designed to cover the gaps in care and coverage for low income persons. The Safety Net Hospitals strongly urge CMS to support the Florida Medicaid Agency's Waiver Amendment request that redesigned LIP funds flow directly to the safety net providers that are meeting noted LIP Milestones:</p> <ol style="list-style-type: none"> <li>a. Infrastructure Development – investments in technology, tools and human resources that will strengthen the organization's ability to service populations and continuously improve its services.</li> <li>b. Innovations and Redesign – investments in new and innovative models of care delivery that have the potential to make significant, demonstrated improvements in patient experience, cost and disease management.</li> <li>c. Population-focused Improvement – reporting of measures of care delivery for high burden conditions specific to the population in question.</li> </ol> <p>With regard to the increase in funding, Florida's LIP program's \$1 billion allotment is the same today as it was seven years ago (2005) when the program was created. Since 2005, Florida's Medicaid enrollment has increased by 36 percent, and unemployment in Florida rose from 4 percent to 12 percent. The \$1 billion LIP cap has not taken into consideration inflation over the 8 year period or dramatic increases in Florida's unemployment rate, which, while improving, is still greater than the national average. The increase also reflects consolidation of existing funding streams for supplemental hospital rates; innovative programs at hospitals, county health departments, and federally qualified health centers; supplemental faculty physician payments; as well as Healthy Start and the Program of All Inclusive Care for Children. Our final point in support of an increase and modification of LIP is that it is the best way to ensure that hospital funding in Florida remains adequate so that vulnerable populations have access to care. The Safety Net Hospitals recognize that while Federal law does not set rates per se, payment rates are to be "reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated facilities to provide services" and "to assure that beneficiaries have reasonable access, taking into account geographic location and reasonable travel, to inpatient hospital services of adequate quality." Rates are also to "take into account the situation of hospitals which serve a disproportionate number of low income patients with special needs."</p> <p>In addition to our support to extend, increase and make modifications to Florida's LIP program, the Safety Net Hospitals would also like to bring another issue to your attention, Certified Public Expenditure (CPE) option for public hospitals. Florida's current Pilot Waiver allows the use of CPEs for the non-federal share of the Demonstration expenditures; however, the Medicaid Agency has not implemented this provision. Since this STC is under XV. GENERAL FINANCIAL REQUIREMENTS and not limited to the STC provisions for the LIP, the Safety Net Hospitals believe CPE financing can be used for cost reimbursement methodologies outside LIP as long as the criteria under STC 69 are met and cost limits under STC 57 are not exceeded.</p> <p>Jackson Health System (formerly Jackson Memorial Hospital), the largest public hospital system in Florida, has met with CMS and the Medicaid Agency on several occasions. Unfortunately, no action has been taken to date. Thus, the Safety Net Hospitals encourage approval of CPE funded support for public hospitals, both separate and apart from LIP as well as within LIP, provided it is within approved hospital-specific cost limits.</p> <p>Safety Net Hospitals have committed significant resources to improve the quality of care and the health of the low income populations served, and these programs and services should continue to be supported as the state transitions to statewide managed care to achieve and maintain CMS' Three-Part Aim.</p>	

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	<p>Sincerely,  Anthony P. Carvalho  President  Safety Net Hospital Alliance of Florida</p>	
<p>Public Comment on Florida's LIP Program Allocation</p>	<p>February 5, 2014  Cindy Mann  Deputy Administrator &amp; Director  Center for Medicaid &amp; CHIP Services  7500 Security Boulevard, Mail Stop S2-26-12  Baltimore, MD 21244-1850</p> <p>Re: Public Comment to CMS regarding support for an increase in Florida's Low Income Pool Program allocation as part of the 1115 Waiver extension</p> <p>Dear Deputy Administrator Mann:</p> <p>The Council of Florida Medical School Deans (Council of Deans) is writing to support the Florida Agency for Health Care Administration's (AHCA) request to extend the Florida Low Income Pool Program (LIP), or a similar program, beyond June 2014. The Council of Deans also urges the Centers for Medicare and Medicaid Services (CMS) to redesign LIP to incorporate faculty physician supplemental payments for the duration of the 1115 waiver extension period.</p> <p>The Council of Florida Medical School Deans includes the leaders of Florida's nine public and private, osteopathic and allopathic medical schools. Our nine accredited medical schools and their faculty practice plans provide access to vital medical care for vulnerable populations while training the next generation of physicians. The purpose of this public comment is to express support for Florida's Medicaid Managed Assistance Waiver amendment request ("Florida's Waiver Amendment") that seeks to develop a budget neutral \$4.5 billion redesigned LIP program as a System Access and Transformation Incentive Fund (the "Fund"). Specifically, the Council of Deans supports the incorporation and consolidation of the faculty physician supplemental payments under the newly constituted Fund.</p> <p>The Medicaid supplemental faculty physician payments have greatly enhanced Florida's graduate medical education and provided significant access to physician services for our Medicaid, uninsured and underinsured populations. Since inception in 2004, the supplemental Medicaid payments to teaching, faculty physicians have had significant, positive impact on access to primary and specialty services to Medicaid and low income persons across Florida. Last year, faculty physicians, residents and practitioners from Florida's medical schools provided over three million Medicaid patient encounters.</p> <p>As Florida Medicaid transitions to fully managed care, Florida's medical schools remain committed to improving quality, cost-effectively providing services, and training the next generation of health care practitioners. In 2012, as directed under state law, the medical school deans worked together and incorporated the Florida Medical School Quality Network (FMSQN) to enable, through the FMSQN, the collective expertise of Florida's medical schools to assist AHCA to identify potential initiatives in areas of need with regard to quality, access, or clinical outcomes for Medicaid managed care members.</p> <p>The graduate medical education responsibilities of Florida medical schools and the access needs for patients do not diminish with statewide Medicaid managed care implementation. Our medical schools stand ready to establish new or enhance existing innovative programs that meaningfully enhance the quality of care and health of low income persons. Under the Fund, we envision payments being made directly to the faculty practitioners for graduate medical education costs and/or supplemental lump sums allocated to the medical schools' practice plans based on defined, scalable services provided to low income, vulnerable populations, which achieve the following:</p>	<p>2014-02-05  12:01</p>

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	<ul style="list-style-type: none"> <li>a. Infrastructure Development - investments in technology, tools and human resources that will strengthen the organization's ability to service populations and continuously improve its services.</li> <li>b. Innovations and Redesign - investments in new and innovative models of care delivery that have the potential to make significant, demonstrated improvements in patient experience, cost and disease management.</li> <li>c. Quality and Population-focused Improvement - enhancing care delivery and reporting for high burden conditions specific to the population in question.</li> </ul> <p>The Council of Deans supports the vitally needed increase in LIP funding. Florida's LIP program's \$1 billion allotment is the same today as it was seven years ago (2005) when the program was created. Since 2005, Florida's Medicaid enrollment has increased by 36 percent and unemployment in Florida rose from 4 percent to 12 percent. The \$1 billion LIP cap has not taken into consideration inflation over the 8 year period or dramatic increases in Florida's unemployment rate, which is greater than the national average.</p> <p>The Council of Deans is committed to working with AHCA and CMS on behalf of our faculty physicians, clinicians, medical students, residents and the patients we serve to help ensure a successful statewide transformation of the Medicaid program in Florida.</p> <p>Sincerely,  John P. Fogarty, M.D.  Chair, Council of Florida Medical School Deans  Dean, FSU College of Medicine</p>	