# The National Medicaid Congress

Strategies for Navigating the New Medicaid

An Overview of State Medicaid Policy the Executive Branch Prospective

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## Background Florida Medicaid - Today

- \$16 Billion.
- 2.2 Million Beneficiaries.
- \* 80,000 Providers.
- ❖ 150 million claims per year.
- ♦ 800,000 HMO/MCO enrollees.
- ❖ 450,000 Dual Eligibles (Medicaid/Medicare).
- ❖ 1,000,000 Fee-for-Service Recipients.



#### Background Florida Medicaid — Today (continued)

- ❖ Benefit Plans One-size-fits-all.
- No Incentive for Beneficiary Healthy Behaviors.
- Lack of Access to Specialists.
- No Incentive for Coordinated Efficient Care Delivery.
- Consequence:
  - Uncoordinated Care.

Overutilization.

Runaway Expenditures.

- Fraud.
- Compromised Health Outcomes. "Medicaid Mills."



### Florida Medicaid Reform\* 1115 Waiver

- Consumer Choice:
  - Managed Care Plans.
  - Opt Out to Employer Insurance.
- Comprehensive and Coordinated System:
  - Capitated Managed Care.
  - Fee-for Service Managed Care (reconciled).
  - Full Risk.
- Competitive Marketplace:
  - Plans Compete for Enrollees.
  - Empowered Beneficiaries.
  - Risk Adjusted Rates based on health status.



\*Details in concurrent session at 11:00am.

### Florida Medicaid Reform 1115 Waiver (continued)

- Defined Contribution.
- Improved Access to Care.
- Drastically Reduced fraud.
- Improved Outcomes.



#### Medicaid Challenges

- Long term Care.
- Dual Eligibles.
- Specialty Populations:
  - Disabled.
  - Chronic Mental Health.
- Federal Changes:
  - Medicare Part D.
  - Deficit Reduction Act (DRA).
  - Managed Care.
  - Oversight.



Funding.