# Health & Families Council

**Wednesday, January 11, 2006**
**9:45 AM – 10:30 AM**
**Reed Hall**

**Action Packet**

**Allan G. Bense**
**Speaker**

**Anna Holliday "Holly" Benson**
**Chair**

# COUNCIL MEETING REPORT

## Health & Families Council

### 1/11/2006 9:45:00AM

**Location:** Reed Hall (102 HOB)

**Attendance:**

| | *Present* | *Absent* | *Excused* |
|---|---|---|---|
| Anna Holliday Benson (Chair) | X | | |
| Aaron Bean | X | | |
| Mary Brandenburg | X | | |
| Bill Galvano | | | X |
| Rene Garcia | X | | |
| Hugh Gibson | X | | |
| Gayle Harrell | X | | |
| Ed Homan | X | | |
| Julio Robaina | X | | |
| Eleanor Sobel | X | | |
| Shelley Vana | X | | |
| **Totals:** | **10** | **0** | **1** |

**Committee meeting was reported out: Wednesday, January 11, 2006 11:20:01AM**

# COUNCIL MEETING REPORT

## Health & Families Council

### 1/11/2006 9:45:00AM

**Location:** Reed Hall (102 HOB)

**Other Business Appearance:**

Florida Health Information Infrastructure
Alan Levine (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee Florida 32308
Phone: 850/922-5877

Florida Senior Care Waiver
Beth Kidder (State Employee) (At Request Of Chair) - Information Only
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee Florida 32308
Phone: 850/488-9347

Florida Senior Care Waiver
Chuck Corley (State Employee) (At Request Of Chair) - Information Only
Department of Elder Affairs
4040 Esplanade Way
Tallahassee Florida 32399
Phone: 850/414-2000

**Committee meeting was reported out: Wednesday, January 11, 2006 11:20:01AM**

# COUNCIL MEETING REPORT

## Health & Families Council

**1/11/2006 9:45:00AM**

**Location:** Reed Hall (102 HOB)

**Summary:** No Bills Considered

**Committee meeting was reported out: Wednesday, January 11, 2006 11:20:01AM**

*Florida's Health Information Infrastructure*

# The Florida Health Information Network: A Progress Report

*Presentation to the House Health and Families Council*

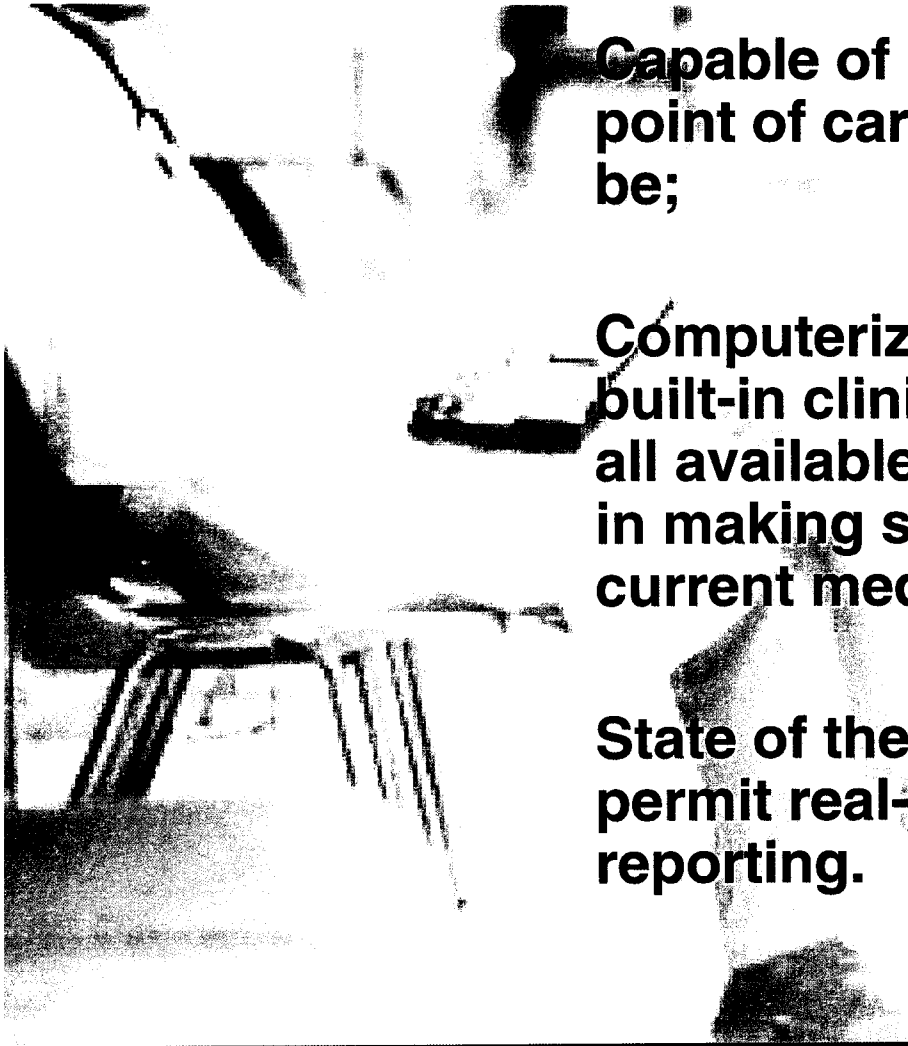
*January 11, 2006*

*Secretary Alan Levine*

*Agency for Health Care Administration*

# The Vision:

A comprehensive integrated network of health privacy-protected record systems among the state's health care stakeholders.



- **Capable of providing medical information at the point of care, whenever and wherever that may be;**

- **Computerized "decision support" programs – built-in clinical logic that automatically analyzes all available health information to assist providers in making sound clinical decisions based on current medical science;**

- **State of the art public health functionality to permit real-time outbreak monitoring and disease reporting.**

# The Governor's Health Information Infrastructure Advisory Board

**Appointed by Governor Jeb Bush in June 2004**

**Mission:**

Advise Governor and Agency for Healthcare Administration on the development of the Florida Health Information Network – "FHIN"

Identify obstacles to the implementation of FHIN and provide policy recommendations to remove or minimize those obstacles

Assist in ensuring the privacy and security of personal health information on the network

# Conclusions of GHIIAB after one year on the job . . . .

1. The goals of the GHIIAB and the Florida Health information Network will not be accomplished without strategic partners. Stakeholders in the state are generally supportive of the FHIN, but more providers need to come to the table to learn and communicate.

2. Launch and learn.

3. We should foster pilot projects which are modest in scope and scale to progress deliberately.

   - Start modestly, refine model, scale up and out, and develop FHIN cumulatively.

   - Be a good steward of invested funds ~ prove concepts on modest scale before seeking substantial commitment of resources.

# More conclusions . . .

4. Implementation of FHIN can be accelerated by sharing resources and lessons learned among states – don't reinvent the wheel (same thing within the state).

5. We need effective stakeholder information and education efforts to "pull" FHIN through the challenges that it will face; FHIN must be marketed like any other product or new idea.

6. Educating stakeholders on HIPAA and other privacy laws as they relate to operation of a health information network is a must.

## 7. State medical records laws across the nation need to be updated and harmonized with each other. Areas where some states laws differ include

- Mental Health
- HIV/AIDS
- Patient consent requirements
- Medicaid State Plan Administration
- Special program restrictions
- Physician self-referral laws/regulations

## . . . and more . . .

8. The challenges we face are not so much technical as "human" challenges.

9. FHIN must be financed through a diversity of funding sources – need to receive federal, state and local governmental support, but also private funds.

# Recommended Strategic Framework

- Promote adoption of effective EHR systems among Florida providers
- Develop the Florida Health Information Network
- Organization of the Florida Health Information Network – Governmental at inception, public/private partnership at maturity

**Only about 20% of Florida physicians are using EHR's, and not many more hospitals are, so where will the electronic health information come from?**

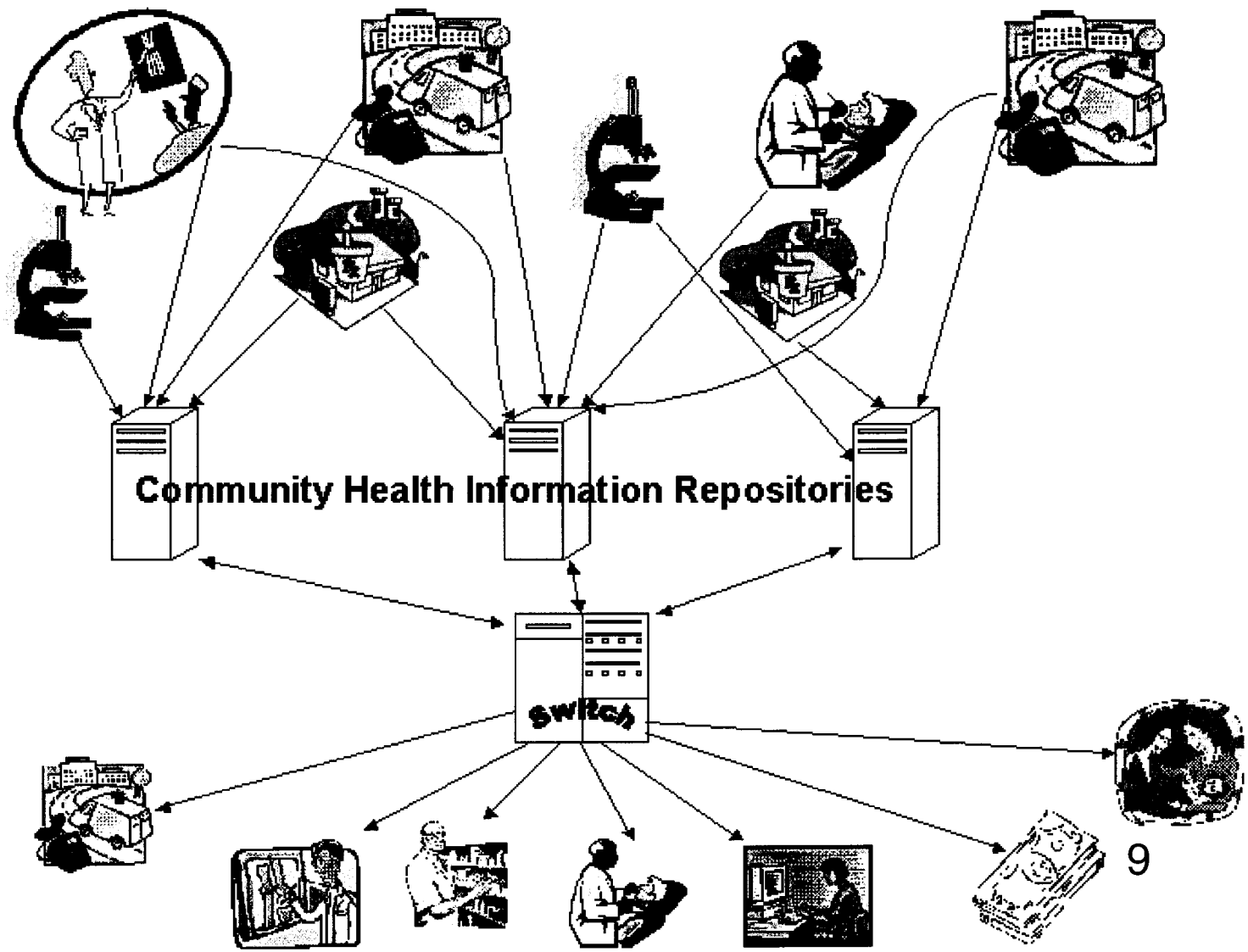
# In order to have an interoperable network, health information must be electronically:

Captured >>>

Stored >>>

and . . .

Retrieved >>>



# In an environment of low EHR usage, what meaningful electronic health information is available to be shared?

Patient Demographic info

Date of treatment

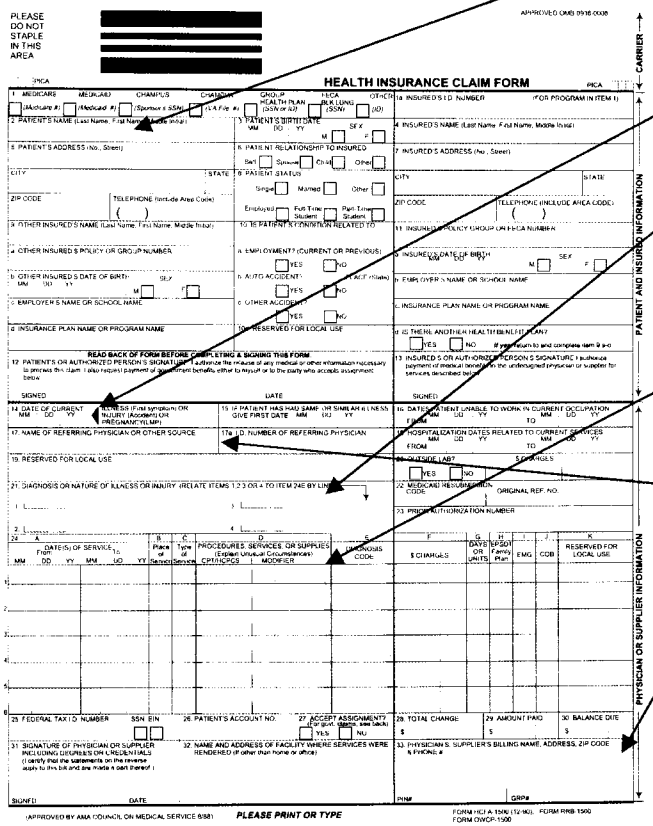
Diagnosis

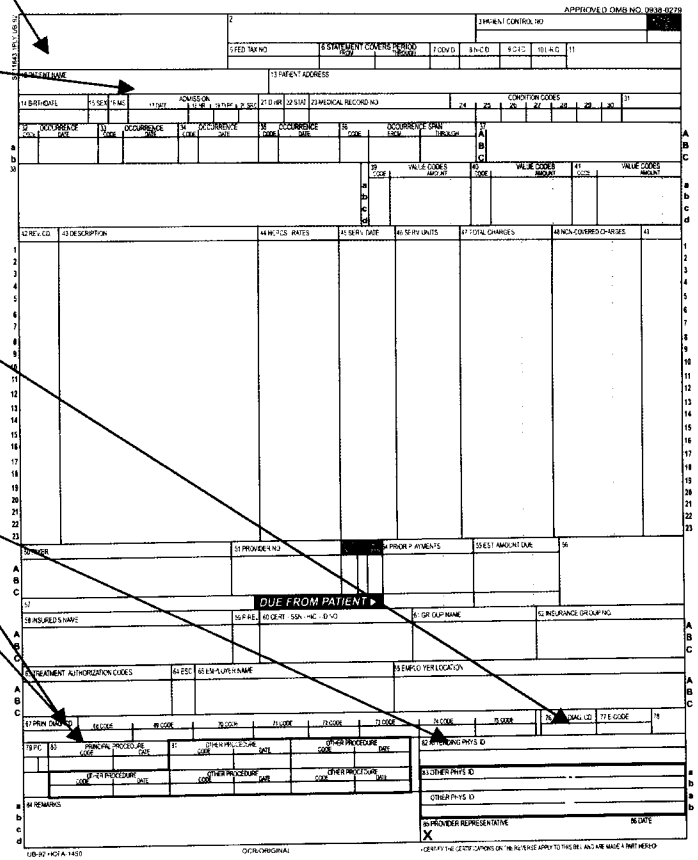
Procedures

Identities of treating and referring providers and contact information

(Medications)

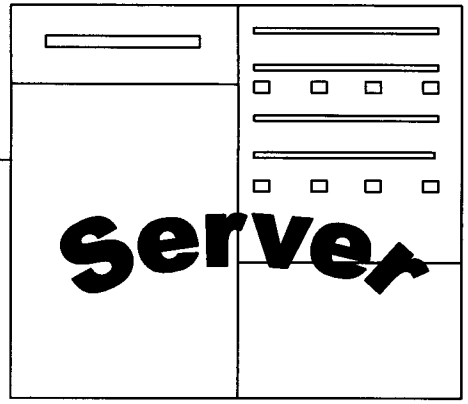
(Lab values)



# FHIN Architecture

The Server maintains a Master Patient Index for patient records in Florida.




FHIN

Web services will enable the transfer of Continuity of Care Records (CCR) for all patients.

Regional Health Information Organizations (RHIO) manage relations with health care providers to provide data.

Tampa Bay RHIO

Miami RHIO

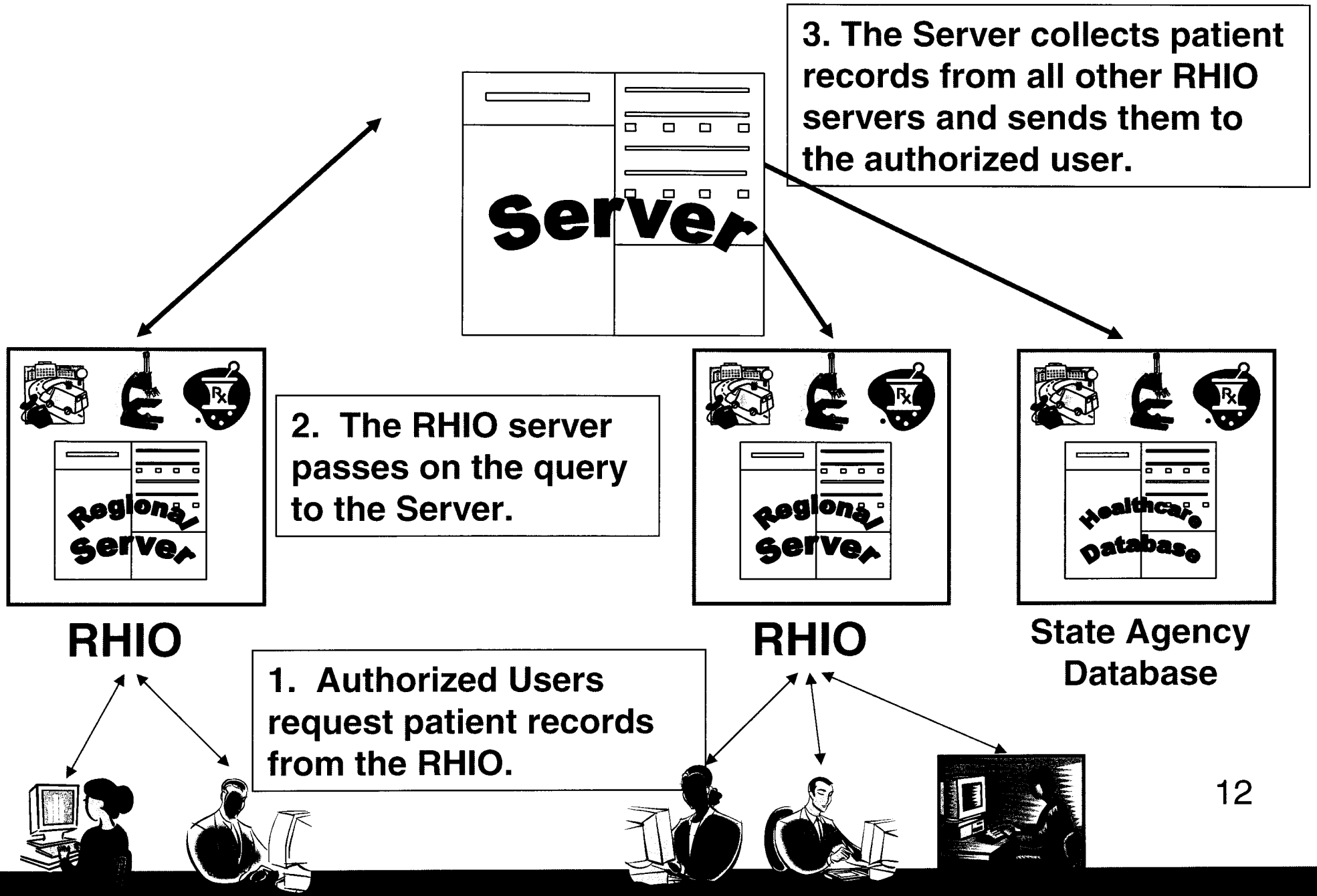
Big Bend RHIO

Pensacola RHIO

AHCA/DOH Databases

FQHC Databases

# Potential Workflow



# Florida Health Information Network – First Steps

- Incorporate FHIN, Inc.
- Conduct initial investment round
- Obtain tax status as a charity under Section 501(c)(3)
- Recruit organizational staff
- Promote participation in, and support for FHIN among Florida healthcare stakeholders
- Establish governance model – Board, advisors, etc.
- Develop and implement statewide infrastructure
- Nurture pilot projects – funding, management, etc.
- Conduct critical baseline studies and projects – stakeholder attitudes and opinions surveys, state coordinated health informatics initiative framework, etc.
- Execute information and education program

# FHIN Grants Program ~ To facilitate the adoption and use of privacy-protected electronic health records in the State of Florida.

- Developed by AHCA to facilitate the development of a statewide privacy-protected information infrastructure network as recommended by the GHIIAB.
- Grants will provide seed money to develop regional health information exchanges and to encourage practitioners to become active users of electronic health records.
  - 2005 ~ $1.5 million appropriated for FHIN grants
  - First series of grants awarded January 6, 2006
    - 9 grant recipients
    - 3 grant categories
  - 2006 ~ Governor Bush will request $5 million in recurring funding for additional grants

# FLORIDA SENIOR CARE

## Improving Medicaid Services for Florida's Seniors

*Beth Kidder*
*Chief, Bureau of Medicaid Services*
*Agency for Health Care Administration*

*Chuck Corley*
*Director, Division of Statewide Community Based Services*
*Department of Elder Affairs*

*Presentation to*
*House Committees*

*January 11, 2006*

FLORIDA MEDICAID

DEPARTMENT OF
ELDER AFFAIRS
STATE OF FLORIDA

# WHAT IS FLORIDA SENIOR CARE?

***A comprehensive health and long-term care system that will provide care management to better serve Florida Medicaid seniors in their community.***

FLORIDA MEDICAID

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA

# LEGISLATION

- **Senate Bill 838**
  - *…the Agency for Health Care Administration, in partnership with the Department of Elder Affairs, shall create an integrated, fixed-payment delivery system for Medicaid recipients who are 60 years of age or older.*

# Status Update

- *Waiver applications will be submitted to Centers for Medicare and Medicaid Services in the next week or two*
- *Waiver applications and supporting documents will be posted on the internet upon submission*

# PROGRAM GOALS

- *Promote community-based long term care*
- *Coordinate care*
- *Manage health care costs*
- *Establish accountability*

# AHCA & DOEA Partnership

- *AHCA role:*
  - *Single state Medicaid agency*
  - *Oversees managed care*
- *DOEA role:*
  - *Administers human service programs that serve the elderly and develop long term care policy*

# PILOT AREAS

- *"...implement the integrated system initially on a pilot basis in two areas of the state. In one of the areas enrollment shall be on a voluntary basis." -SB 838*
- ***Panhandle*** *(mandatory enrollment)*
  - *Escambia, Santa Rosa, Okaloosa, and Walton Counties*
- ***Central Florida*** *(voluntary enrollment)*
  - *Seminole, Orange, Brevard, and Osceola Counties*
- ***Criteria for choosing sites***
  - *Entire AHCA/DOEA geographic areas*
  - *Urban and rural areas*
  - *Areas with fewer home and community-based services*

# ELIGIBILITY

- **Medicaid recipients age 60 or older**
- **Excluded groups:**
  - *Developmental Disabilities Waiver Program*
  - *Family and Supported Living Waiver Program*
  - *Residents of Institutional Care Facilities for the Developmentally Disabled*
  - *Project AIDS Care Waiver Program*
  - *Traumatic Brain Injury and Spinal Cord Injury Waiver Program*
  - *Consumer-Directed Care Waiver Program*
  - *Program of All-Inclusive Care for the Elderly*

# COVERED SERVICES

- ***All Medicaid services are included***
  - *Primary care*
  - *Acute care*
  - *Prescription drugs*
  - *Mental health services*
  - *Transportation*
  - *Home and community-based long term care services*
  - *Nursing home services*
  - *Medicare crossover payments for dually eligible recipients*
  - *Etc.*

# ENROLLMENT

- ***Panhandle Pilot Area (mandatory)***

  *Choice between Florida Senior Care plans*

  - *If no choice is made within choice period, will be assigned to a Florida Senior Care plan*

- ***Central Florida Pilot Area (voluntary)***

  *Choice among all available Medicaid options in their area*

  - *Those who do not choose another option during the choice period will be assigned to a Florida Senior Care plan*

- ***Enrollment counseling in both pilot areas will help eligible participants make an informed plan choice***

# PROVIDERS

- *Provider types eligible to participate:*
  - *State Certified Community Service Networks*
  - *HMOs*
  - *Community Care for the Elderly Lead Agencies*
  - *Other Qualified Providers (s. 430.703(7), F.S.)*
- *Selected through a competitive procurement process*
  - *At least 2 plans per pilot area*
- *Plan's network of providers assessed for quality and accessibility*
- *Financial solvency standards*

# REIMBURSEMENT

- *Fixed monthly payment per enrollee*
- *Rate setting methodology*
  - *Actuarially sound*
  - *Reflects intent to provide quality care in the least restrictive setting*

# CONSUMER PROTECTIONS

- *Enrollment counseling to help make an informed plan choice*
- *Choice between plans in each pilot area*
- *Nursing facility and assisted living facility residents can stay in their current facility*
- *Consumers may select any available provider within the plan network*
- *Care coordinator helps enrollees navigate the system*
- *Grievance and appeal process and access to Medicaid fair hearing system*

# WHY FLORIDA SENIOR CARE IS NEEDED

- **Growth of Florida's Elder Population**
- **Current Fragmented Service Delivery**
  - *Different eligibility and programmatic requirements according to funding sources*
  - *Independent service delivery systems*
  - *Funding-centered rather than centered on individual's needs*
  - *Difficult to access information on the system*

# How Will FSC Improve the Current System?

- Combine programs and funding for Medicaid services
  - A system that is easier to navigate
  - Improved care coordination
- Coordinate all Medicaid health and long-term care services
  - One organization accountable for service delivery
  - Provides a single point of access to services
- Emphasize alternatives to nursing home care
  - Allow seniors to stay independent longer

# IMPLEMENTATION

| Implementation Step | Timeframe for Completion |
|---|---|
| Submit Waiver Applications | January 2006 |
| CMS Review & Approval of Waivers | Up to two ninety day periods |
| Develop Competitive Procurement Documents | During CMS Review Period |
| Public Education, Drafting of Policies & Procedures, FMMIS Modifications | During CMS Review Period |
| Request Legislative Approval to Implement | During 2006 Legislative Session |
| Issue Competitive Procurement | Upon CMS and Legislative Approval |
| Review Proposals and Award Contracts | Three months after issue of Competitive Procurement |
| Phase-in Enrollment | Six month period from certification of plans' readiness |