



## Medicaid Reform: Choice Counseling Goal Met, But Some Beneficiaries Experience Difficulties Selecting a Health Plan That Best Meets Their Needs

### *at a glance*

The Medicaid Reform choice counseling program is intended to help beneficiaries select and enroll in a health plan that best fits their health care needs. The Agency for Health Care Administration contracted with Florida State University to develop outreach and educational materials for beneficiaries and to train and certify choice counselors. The agency also has contracted with Affiliated Computer Services to provide choice counseling services that are intended to help beneficiaries understand Medicaid Reform and to select a plan that meets their needs from among the available health plans.

Since February 2007, the agency has consistently met or exceeded its goal that 65% of newly eligible beneficiaries select a health plan after receiving choice counseling. However, stakeholders and disenrollment data indicate that some beneficiaries experience problems selecting a Medicaid Reform health plan that best meets their needs.

## Medicaid Reform

The 2005 Legislature authorized the Agency for Health Care Administration (AHCA) to reform the state Medicaid program with the intent of improving health outcomes of Medicaid beneficiaries and achieving budget predictability.<sup>1</sup>

<sup>1</sup> Chapter 2005-133, *Laws of Florida*.

AHCA obtained a federal waiver and legislative approval to implement a managed care pilot program, which began providing services to Medicaid beneficiaries in Broward and Duval counties in September 2006. AHCA expanded the pilot to Baker, Clay, and Nassau counties in September 2007.<sup>2</sup> AHCA will need legislative approval to expand Medicaid Reform beyond these five counties.<sup>3</sup>

The major premise of Medicaid Reform is to improve health care services by giving managed care health plans flexibility to better meet the specific needs of Medicaid beneficiaries and to promote competition among these plans. Under Medicaid Reform, health plans can develop customized benefits packages for different beneficiary groups. Medicaid Reform is intended to empower beneficiaries by offering them more managed care options and encouraging them to take an active role in their health care. Medicaid Reform beneficiaries receive detailed information on their health plan choices and assistance from specially trained choice counselors to help them

<sup>2</sup> AHCA received approval to implement an 1115 Research and Demonstration Waiver application from the Centers for Medicare and Medicaid Services in October 2005. The Legislature approved implementation of the waiver in December 2005 (Chapter 2005-358, *Laws of Florida*).

<sup>3</sup> Chapter 2005-358, *Laws of Florida*, established a goal of statewide implementation by June 2011 in accordance with waiver requirements but requires AHCA to obtain legislative approval to expand implementation beyond the pilot sites.

select a Reform plan that best fits their needs. Beneficiaries can earn monetary credits for participating in certain healthy behaviors that they can use to purchase health-related products.

Participation in Medicaid Reform in the pilot counties is mandatory for certain low-income children and families and aged and disabled beneficiaries. These include families who have incomes at or below 23% of the federal poverty level, children who live in families that earn up to 200% of the federal poverty level (depending on the children’s ages), and individuals who are age 65 and older or disabled and receive federal Supplemental Security Income.<sup>4</sup> Other beneficiaries may choose to participate in Medicaid Reform, including children in foster care, individuals with developmental disabilities, and Medicare beneficiaries who are also eligible for Medicaid (dual eligible).

As required by Chapter 2005-133, *Laws of Florida*, this is one of a series of reports presenting the results of OPPAGA’s evaluation of the Medicaid Reform managed care pilot programs. This report reviews the Medicaid Reform choice counseling program and addresses four questions.

- What is the purpose of the Medicaid Reform choice counseling program?
- What role do choice counselors play in Medicaid Reform?
- How does AHCA monitor the choice counseling program?
- How successful has the choice counseling program been in helping beneficiaries select a Medicaid Reform health plan?

## Questions and Answers —

### *What is the purpose of the Medicaid Reform choice counseling program?*

The Medicaid Reform choice counseling program is intended to help beneficiaries understand both Reform managed care and how Reform health

plans differ from each other and thus enable them to choose a plan that best fits their health care needs. The choice counseling program also is intended to help beneficiaries understand how to access health care services in a managed care environment and better manage their chronic diseases and disabilities.

To accomplish this purpose, AHCA contracted with Florida State University to develop outreach and educational materials and create an on-line training and certification process for choice counselors.<sup>5,6</sup> The outreach and educational materials include enrollment packets for beneficiaries that explain Medicaid Reform and how to contact a choice counselor for assistance in selecting a health plan. The enrollment packets also provide comparative information about the Reform health plans available to beneficiaries.<sup>7</sup> The university also developed the Medicaid Reform website, an informational DVD, and a tool box for choice counselors to use when meeting face-to-face with beneficiaries.

The on-line training course for choice counselors is divided into 10 modules. The first 9 modules cover information about Medicaid Reform and how to counsel beneficiaries effectively. The last module is a practice test that candidates must pass before taking the certification exam. Upon completing the training course and achieving at least 80% on the practice test, candidates take the certification test which has two components: a 60-question written exam, and an oral exam that includes role-playing. The written exam tests candidates’ understanding of the information provided by the on-line course, while the oral exam assesses candidates’ customer service skills and ability to interact with beneficiaries. AHCA requires that candidates score at least 80% on both exams to become certified choice counselors.<sup>8</sup> (See Appendix A for detailed

<sup>4</sup> In 2008, 23% of the federal poverty level is \$4,048 per year for a family of three; 100% of the federal poverty level is \$17,600 for a family of three; and 200% of the federal poverty level for a family of three is \$35,200.

<sup>5</sup> As required by the waiver, all written materials must be at the fourth-grade reading level and available in English as well as any languages that are spoken by at least 5% of a county’s population.

<sup>6</sup> This contract is with Florida State University’s Florida Center for Prevention Research and is referred to as the Medicaid Reform Information, Training, and Evaluation (MediRITE) project.

<sup>7</sup> Beneficiaries can find Medicaid Reform plan comparison charts on the agency’s Medicaid Reform website at [www.flmedicaidreform.com](http://www.flmedicaidreform.com).

<sup>8</sup> If candidates score between 70% and 80% on either exam, they can retake the specific exam after additional training and supervision.

descriptions of the outreach and educational materials and the choice counselor training course and certification process.)

AHCA contracts with Affiliated Computer Services to administer the choice counseling program. Affiliated Computer Services operates a choice counseling call center and mailroom located in Tallahassee, provides face-to-face group and individual choice counseling sessions in the pilot counties, conducts mass media campaigns about Medicaid Reform, monitors choice counseling activities, and provides monthly reports to AHCA. The call center is staffed with certified choice counselors who assist beneficiaries to enroll in a Reform plan, answer questions about specific features of Reform plans, and switch beneficiaries from one Reform plan to another, when requested.<sup>9</sup> Certified field counselors also are located in the Reform counties to conduct group and one-on-one sessions to educate beneficiaries and their caretakers about Reform and help them enroll in a Reform plan.<sup>10</sup> Mailroom staff handle all inbound and outbound correspondence including enrollment packets, letters to beneficiaries confirming enrollment, and health plan selections mailed in by beneficiaries. In addition, Affiliated Computer Services conducts mass media campaigns in pilot counties to advertise Medicaid Reform and inform beneficiaries of how to enroll in a Reform health plan.<sup>11</sup>

As shown in Exhibit 1, through June 2008 AHCA contracts totaled \$19.1 million to develop and operate the choice counseling program. This includes both the contracts with Florida State University and Affiliated Computer Services.

**Exhibit 1**  
**As of June 2008, the Choice Counseling Program**  
**Contracts Totaled \$19.1 Million**

Choice Counseling Contractors	Costs Through June 2008
Florida State University	\$ 2,583,122
Affiliated Computer Services	16,539,935
<b>Total</b>	<b>\$19,123,057</b>

Source: OPPAGA analysis of AHCA contracts and interviews.

***What role do choice counselors play in Medicaid Reform?***

The primary role of choice counselors is to help beneficiaries choose and enroll in a Reform managed care plan that best fits their needs. Medicaid Reform health plans include health maintenance organizations, provider service networks, and specialty plans.<sup>12</sup> Choice counselors are to help beneficiaries understand Medicaid Reform, managed care, and how the available Reform health plans differ from each other.<sup>13</sup> Beneficiaries are mailed comparative information about Reform plans and can receive help from choice counselors by telephone through a toll-free helpline or face-to-face in group or individual sessions. Multi-lingual choice counselors who speak languages, such as Spanish and Haitian-Creole, are available for non-English speaking beneficiaries.<sup>14</sup> When needed, choice counselors also can access a translation service that can assist beneficiaries in over 100 languages.

To ensure that beneficiaries receive consistent information, choice counselors are required to follow a script. This script includes an explanation to beneficiaries as to whether they must participate in Medicaid Reform or if participation

<sup>9</sup> As of May 2008, a total of 37 choice counselors staffed the call center while 15 choice counselors were available in the pilot counties to conduct face-to-face sessions with beneficiaries (6 in Duval, which also serves Baker, Clay, and Nassau counties, and 9 in Broward County).

<sup>10</sup> Field choice counselors conduct group and one-to-one sessions at Medicaid area offices; community partner sites, such as nursing homes, homeless shelters, and clinics; and beneficiaries' homes or places of residence.

<sup>11</sup> Affiliated Computer Services subcontracted with two minority vendors for community outreach and education. These subcontractors provide mass media radio campaigns and print advertising intended to increase awareness of Medicaid Reform and choice counseling among beneficiaries in Broward, Duval, Baker, Clay, and Nassau counties.

<sup>12</sup> Health maintenance organizations are managed commercial networks that receive monthly capitated payments based on enrollment. Provider service networks are organized networks of care operated by a group of affiliated health care providers that AHCA currently pays on a fee-for-service basis. Specialty plans are networks that serve beneficiaries with special needs, such as children with complex medical conditions.

<sup>13</sup> Plans offer different benefit packages that vary the scope, amount, and duration of some medical services; can require beneficiaries to share some of the costs by charging co-payments; and may offer extra services.

<sup>14</sup> Choice counselors also represent a diverse ethnic background including African-American, Caucasian, and Hispanic.

is optional.<sup>15</sup> Counselors also explain to beneficiaries that under Reform they must select one of the managed care plans listed in the enrollment packet. Choice counselors ask beneficiaries to review the plan comparison chart that is included in the enrollment packet and answer questions about the health plans, such as which plans require co-payments and/or have placed limits on health plan benefits. If beneficiaries would like to receive medical services from a specific physician or hospital, choice counselors verify whether those providers are participating in Medicaid Reform and, if so, with which plans.

The choice counselor script also requires counselors to ask beneficiaries about their special health care needs. Choice counselors are to ask beneficiaries if they are pregnant or have any chronic illnesses or disabilities in order to provide this information to the Reform plans at the time of enrollment. To ensure that beneficiaries are properly screened for Children’s Medical Services eligibility, choice counselors ask if beneficiaries who are under age 21 have special health care needs.<sup>16</sup> Choice counselors can transfer calls from beneficiaries with medically complex conditions to a registered nurse in the special needs unit who will further assist them in choosing a Reform plan to meet their health care needs. Currently, the special needs unit is staffed with two registered nurses who are also certified choice counselors.<sup>17</sup>

Choice counselors also are required to ask beneficiaries if they have health insurance available to them through a job and if they are interested in enrolling in their employer-

sponsored insurance instead of enrolling in a Reform health plan (the opt-out component). If beneficiaries express interest, choice counselors are to explain how they can get more information about this option. Once beneficiaries enroll in a health plan, choice counselors tell them how they can earn monetary credits for participating in activities that can improve their health (the enhanced benefits component).

***How does AHCA monitor the choice counseling program?***

AHCA monitors the choice counseling program by assessing the choice counselor training and certification process, observing choice counselor sessions, surveying beneficiaries about their choice counseling experience, and hosting focus groups and public meetings in Reform counties. AHCA conducts some of these activities directly while other activities are conducted through its contracts with Florida State University and Affiliated Computer Services. AHCA uses information gathered through these methods to modify both beneficiary materials and the choice counselor training and certification process.

During the first year of Medicaid Reform, Florida State University conducted focus groups and electronic surveys with choice counselors to assess the training and certification process.<sup>18</sup> Based on information gathered through these activities, AHCA asked the university to modify the choice counselor training course by simplifying language, consolidating the course modules, and creating a training module specifically for choice counselors who conduct face-to-face sessions.

Both AHCA and Affiliated Computer Services staff monitor choice counselor sessions by using a software system that records phone counseling sessions and captures counselors’ computer screen frames during the calls. AHCA also surveys beneficiaries immediately after they receive choice counseling through the call center using an automated tool. Affiliated Computer Services staff

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<sup>15</sup> Although Florida’s Reform waiver requires beneficiaries in the children and families and aged and disabled eligibility groups to enroll in a Reform health plan, beneficiaries in other eligibility groups can choose to enroll in a Reform health plan. These include children in foster care, persons with developmental disabilities, and individuals eligible for both Medicaid and Medicare (dual-eligibles).

<sup>16</sup> In Broward and Duval counties, Children’s Medical Services operates as a Reform specialty plan that was developed to serve the needs of children with chronic conditions, including serious physical, developmental, and/or emotional disorders. However, in the Reform expansion counties, eligible children are served by its non-Reform counterpart, the Children’s Medical Services Network.

<sup>17</sup> AHCA anticipates hiring two additional nurses by September 2008 and to later hire social workers to work in the field and provide case management services to beneficiaries with medically complex conditions.

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<sup>18</sup> These electronic surveys include surveys of choice counselor candidates immediately after they complete the certification exam and a one-time separate survey given to choice counselors in April 2007. The university continues to survey candidates after they complete the certification exam.

conduct similar activities. For example, they record and review choice counseling sessions and call beneficiaries who recently participated in a face-to-face session with a counselor to ask about their experience.

AHCA has used information from these monitoring efforts to modify choice counselor training and beneficiary materials. For example, when observations revealed that choice counselors were not telling beneficiaries about how they can earn monetary credits for participating in healthy behaviors, AHCA provided refresher training to counselors on the importance of telling beneficiaries about the enhanced benefits account program. In addition, to address concerns stated by beneficiaries in recorded comments, AHCA has re-designed enrollment materials and plans to hold public meetings in fall 2008 to receive comments on these changes.

Since the beginning of Medicaid Reform, AHCA also periodically has hosted focus groups and public meetings in the pilot counties to solicit feedback about choice counseling from beneficiaries and other stakeholders.<sup>19</sup> Based on input from early meetings, AHCA revised Reform enrollment materials and the choice counselor script. For example, AHCA changed Reform plan comparison charts from small-print, multi-sheet flyers to booklets with larger print that are easier to read. AHCA also revised the choice counselor script to better ensure that beneficiaries are told about features of Medicaid Reform such as participating in employer-sponsored insurance and earning monetary credits for engaging in healthy behaviors. In addition, in March 2008, AHCA contracted with Affiliated Computer Services to develop an electronic tool that choice counselors can use to provide beneficiaries with comparative information about Reform plans' preferred drug lists. AHCA anticipates that this tool will be available in October 2008. AHCA is also considering a proposal from Florida State University to modify the choice counseling website to include information to help

improve beneficiaries' understanding of how Reform plans' benefits differ.<sup>20</sup>

### ***How successful has the choice counseling program been in helping beneficiaries select a Medicaid Reform health plan?***

The Medicaid Reform choice counseling program has consistently exceeded its goal for Reform beneficiaries self-selecting a plan after receiving choice counseling. However, other information suggests that beneficiaries have experienced problems selecting a plan to meet their needs.

To assess the success of the choice counseling program in helping beneficiaries select a health plan that best meets their needs, AHCA tracks the percentage of newly eligible beneficiaries who actively select their own health plan. Beneficiaries have 30 days from the time Affiliated Computer Services mails them an enrollment packet to enroll in a plan. If they do not enroll in a plan within this time, AHCA assigns them to a plan.

AHCA's goal for the first two years of Reform is that at least 65% of the beneficiaries who are required to participate in Reform will select and enroll in a health plan using the choice counseling program.<sup>21</sup> Beginning in September 2008, AHCA's goal is to increase this rate to at least 80%.

As seen in Exhibit 2, since February 2007, the choice counseling program has consistently met or exceeded its current goal that 65% of newly eligible beneficiaries will select and enroll in a health plan after using the choice counseling program.<sup>22</sup>

<sup>19</sup> AHCA contracted with a private consulting firm to conduct focus groups and public meetings.

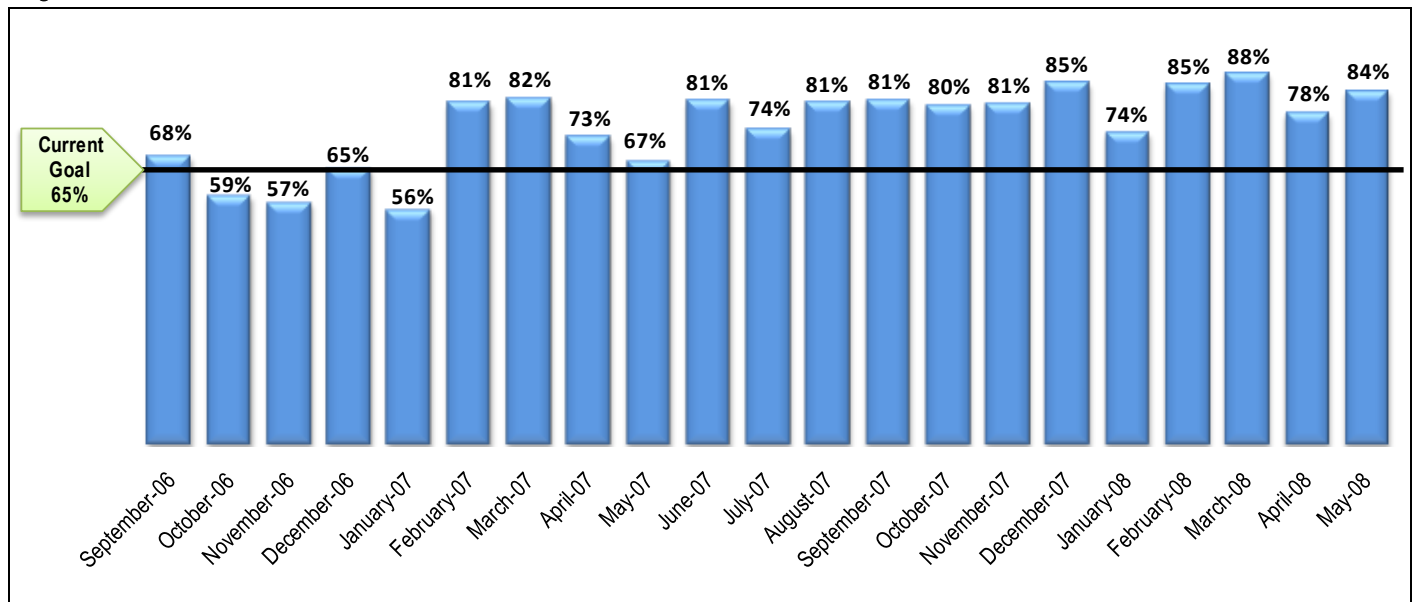
<sup>20</sup> This would include a glossary that defines plan benefits and any limits that may apply.

<sup>21</sup> This percentage is based on newly eligible Medicaid beneficiaries who select a plan after talking to a choice counselor (on the phone or face-to-face) or who mail in their choice after reviewing enrollment packet information.

<sup>22</sup> In addition, AHCA has met or exceeded its third year goal of 80% for 11 of the 16 months between February 2007 and May 2008.

**Exhibit 2**

**Since February 2007, the Choice Counseling Program Has Consistently Met or Exceeded Its Goal That 65% of Eligible Beneficiaries Will Self-Select a Reform Health Plan**



Source: OPPAGA analysis of AHCA Medicaid Reform enrollment data.

However, despite this performance, available information suggests that some beneficiaries have had difficulty selecting a Reform health plan that meets their needs. Beneficiaries and other stakeholders have reported that beneficiaries have experienced difficulties in selecting from among the available plans. The most commonly cited concerns are that enrollment packets and materials are confusing and difficult for some beneficiaries to read and understand, and that some beneficiaries have difficulty comparing Reform health plans using the comparison charts provided to them. Other concerns include that choice counselors are not able to answer questions about specific benefits such as those related to dental, mental health, and prescription drugs, and that choice counselors sometimes do not have accurate information about which providers are participating in particular Reform plans.<sup>23</sup> As a result of these problems, the

<sup>23</sup> When asked about drug coverage, choice counselors tell beneficiaries to call the plans or check individual plans’ websites. This can require a great deal of effort and time as well as computer access and basic internet skills. Also, some plans’ websites do not provide drug formularies and some that do provide this information are difficult to navigate. In addition, choice counselors’ provider network information may not be current which can result in beneficiaries selecting a plan based on the participation of a specific provider only to later discover that the provider either dropped out of the plan or is not accepting new patients.

process of selecting a plan is reported to be overwhelming for some beneficiaries, especially those with severe health issues such as mental health conditions that may affect their ability to select a plan without assistance from a family member, friend, or other advocate.

In addition, Reform disenrollment data suggests that information received by beneficiaries could be confusing, outdated, or incorrect. These data show that approximately 24% of the 40,508 beneficiaries who voluntarily disenrolled or requested a plan change from October 2006 to April 2008 did so because their primary care or specialist physicians were not in the plan in which they enrolled.<sup>24, 25</sup> An additional 10% stated that their reason for disenrolling from or changing

<sup>24</sup> The data includes both beneficiaries who self-selected a plan and those auto-assigned by AHCA; and beneficiaries who changed plans within the first 90 days of enrollment, during their open enrollment period, as well as beneficiaries who voluntarily enrolled in a Reform plan and thus, can change plans at any time.

<sup>25</sup> Choice counselors select from 25 categories for the reason why beneficiaries are disenrolling from a plan or requesting a plan change within their 90-day window, which includes the category “other.” Of the 40,508 beneficiaries who voluntarily disenrolled or requested a plan change within 90 days between October 2006 and April 2008, 55% selected the “other” category.

plans was because a different plan offered extra benefits that better met their needs.

AHCA has responded to this feedback and has made a number of changes to improve choice counseling materials and procedures. However, these changes do not appear to fully address the difficulties that beneficiaries experience when selecting among Medicaid Reform health plans. To further address these difficulties, AHCA should consider making the plan comparison materials easier to understand. For example, AHCA could focus these comparisons on the differences among plans rather than showing all plan benefits, including those services that must be offered by all plans at the same levels. This would enable beneficiaries to more quickly identify how the plans differ in the services and extra benefits they offer and the co-payments they charge. AHCA should also continue to make the materials more user-friendly by ensuring that the materials are written at the fourth-grade reading level.<sup>26</sup> Simplifying enrollment materials should reduce the amount of confusion beneficiaries experience when reviewing enrollment information and help them select a Medicaid Reform health plan that will best serve their health care needs.

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<sup>26</sup> All written materials are required to be at the fourth-grade reading level. However, according to Florida State University researchers, these materials are currently written at the eleventh-grade reading level.

## Agency Response ---

In accordance with the provision s. 11.51(5), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Agency for Health Care Administration for her review and response.

The Secretary's written response has been reproduced in Appendix B followed by OPPAGA comments.

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OPPAGA supports the Florida Legislature by providing evaluative research and objective analyses to promote government accountability and the efficient and effective use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475). Cover photo by Mark Foley.

**Florida Monitor:** [www.oppaga.state.fl.us](http://www.oppaga.state.fl.us)

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Gary R. VanLandingham, Ph.D., OPPAGA Director

**Appendix A**

# AHCA Contracted with Florida State University to Develop Outreach and Educational Materials for Beneficiaries and to Train and Certify Choice Counselors

To implement the choice counseling program, AHCA contracted with Florida State University to develop outreach and educational materials for Medicaid Reform and to develop a process to train and certify choice counselors. Through June 2008, AHCA paid the university a total of \$2.58 million for these services. Table A-1 details these activities.

**Table A-1  
Florida State University Has Developed Outreach and Educational Materials and a Process to Train and Certify Reform Choice Counselors**

Outreach and Educational Materials	Purpose and General Description
Enrollment Packet	Describes Medicaid Reform and how beneficiaries can receive help from choice counselors to learn more about Reform and enroll in a health plan. The packet includes a multi-sheet flyer that introduces Medicaid Reform, provides instructions for enrolling in a Reform health plan and contacting choice counselors, and lists participating hospitals. The packet also includes comparison charts that provide information about benefits, benefit limits, and co-payments as well as contact information. The packet is available in English, Spanish, Haitian-Creole, large-print, and Braille. While the packet of materials is required to be written at the fourth-grade reading level, the plan comparison brochure is written at the eleventh grade reading level.
Choice Counseling Consumer Website	Describes Medicaid Reform and explains how to receive help from choice counselors to learn more about Reform and enroll in a Reform health plan. The website provides information on-line similar to that provided in the enrollment packet, answers to frequently asked questions, and links to Reform health plan websites. The website provides information in English, Spanish, and Haitian-Creole. See <a href="http://www.flmedicaidreform.com/index.html">http://www.flmedicaidreform.com/index.html</a> .
Informational DVD	Presents an overview of Medicaid Reform and explains the choice counseling process to educate Medicaid beneficiaries and other stakeholders. The 14-minute DVD explains Medicaid Reform and the enrollment process in a news reporter-style format and gives answers to frequently asked questions. Florida State University made 500 copies of the DVD, which were provided to members of the Legislature, face-to-face choice counselors, Medicaid area office staff, providers, and patient advocates.
Choice Counseling Tool Box	Provides materials for field choice counselors to use during face-to-face group and individual sessions. The tool box includes items such as flyers, enrollment applications, training materials, and other Medicaid-specific references.
Training Course and Certification Process	Purpose and General Description
Choice Counselor On-line Training Course	Provides knowledge and training on Medicaid Reform and choice counseling responsibilities. The course comprises 10 on-line educational modules that include an introduction, the history of Medicaid and Medicare, an introduction to Medicaid Reform, the enrollment process for beneficiaries, the benefits offered by Reform plans, the enhanced benefits account program, choice counseling procedures, communication skills, administrative work tasks, and a practice exam. The course includes self-tests at the end of modules two through nine, to which candidates must answer all questions correctly before proceeding to the next module. Module ten is a practice test on which candidates must score at least 80% before proceeding to the certification exam. As of June 2008, Florida State University has trained 137 choice counselors.
Two-Part Certification Exam	Certifies choice counselors. To become certified candidates must take a two-part certification exam: a 60-question written exam administered on-line following successful completion of the training modules that assesses candidates' understanding of the information provided by the on-line course, and an oral exam that includes a role-playing component to assess candidates' ability to provide quality customer service and interact effectively with beneficiaries. The certification exam is administered at area Medicaid offices. Candidates must score at least 80% on both exams to become a certified choice counselor. If they score between 70% and 80% on either exam, they can retake the specific exam after more training and supervision. Candidates must score 80% on the retest to be certified. As of June 2008, Florida State University has certified 129 choice counselors.

Source: OPPAGA review of choice counseling materials and interviews with Florida State University researchers.



Appendix B



CHARLIE CRIST  
GOVERNOR

HOLLY BENSON  
SECRETARY

July 7, 2008

Gary R. VanLandingham, Director  
Office of Program Policy Analysis and  
Government Accountability  
111 West Madison Street, Room 312  
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Dear Mr. VanLandingham:

Thank you for the opportunity to review the draft report entitled: *“Medicaid Reform: Choice Counseling Goal Met, But Beneficiaries Experience Difficulties Selecting a Health Plan That Best Meets Their Needs.”*

The Agency’s review found the report provides an accurate overview of the Choice Counseling program and the changes that have occurred within the program over the past two years to improve service to Medicaid beneficiaries. The report also highlights some of the successes that the program has been able to achieve during the past two years and the flexibility of the program to make changes based on beneficiary feedback and lessons learned. The report conclusions that are reported along with supporting data appear to be accurate. However, the report section titled *“How successful has the choice counseling program been in helping beneficiaries select a Medicaid Reform health plan”* fails to provide statistical relevance to the concerns mentioned relating to beneficiaries ability to choose a plan that meets their needs and does not address the changes being implemented in the choice program to address those concerns.

The report section titled *“How successful has the choice counseling program been in helping beneficiaries select a Medicaid Reform health plan”* fails to provide statistical relevance to the concerns mentioned relating to beneficiaries ability to choose a plan that meets their needs.

It is unclear from what data or source the conclusions are drawn. Without providing statistical relevance there is no way to determine if these issues are systematic across the reform population or isolated to specific segments of the population. In addition, the report fails to mention other indicators, with supporting data, which do not support the conclusions contained in this section. In August 2007, Choice Counseling implemented an automated beneficiary survey. As of March 2008, in the largest survey sample yet completed on the Choice Counseling program, 4,542 beneficiaries had taken the opportunity to complete the automated beneficiary survey. The survey results show that well over 90% of beneficiaries who completed the survey found the choice counselors to be very helpful in helping them select a plan and well over 90% felt

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Gary R. VanLandingham, Director  
 July 7, 2008  
 Page Two

confident in the information provided. Furthermore, on average 70% indicated that the materials were easy to understand. These survey results are not reflected in the report.

The results of this survey indicate that some of the statements made by beneficiaries and stakeholders that are reflected in this report are not representative of the reform population as a whole. While the Agency agrees that there are segments of the population with very complex needs that have experienced difficulties in understanding the plan selection process, these beneficiaries represent a small segment of the population. ACS has implemented many initiatives to meet their needs and will continue to work to better serve their needs, but this population is not representative of the reform population and therefore generalizations cannot be made across the reform population.

The report section titled *“How successful has the choice counseling program been in helping beneficiaries select a Medicaid Reform health plan”* does not address the changes being implemented in the choice program to address the concerns mentioned relating to beneficiaries ability to choose a plan that meets their needs.

This report section mentions concerns raised by stakeholders and beneficiaries regarding access to information relating to health plans prescribed drug coverage. Choice Counseling will soon implement the Navigator system which will provide beneficiaries with comparative information about Reform plans’ preferred drug lists, and will specifically address concerns noted in this section of the report. Implementation of this system has been scheduled for October 2008 in order to allow the Agency to conduct public meetings to allow stakeholders, beneficiaries and other interested parties to have the opportunity to comment on the system. Based on the feedback from these meetings, changes to the system and the accompanying script were made and final rounds of public meetings were held in May 2008. Although the report references this new system in the previous section titled *“How does AHCA monitor the choice counseling program?”* no information relating to the implementation of the Navigator system is included in this section of the report. The Agency feels that steps taken by Choice Counseling to improve beneficiary access to plan prescription drug information should be noted within this section in order to present a complete view of the issue.

Finally, this report section fails to note the creation within Choice Counseling of a special needs unit, staffed by nurse clinicians, to address the specific needs of the mentally ill and other complex beneficiaries.

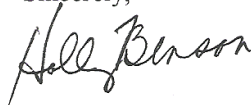
As stated previously, the report contains accurate information about the components of the Choice Counseling program. The report also highlights difficulties of certain segments of the reform population who have complex needs in understanding the plan selection process. Unfortunately, the report fails to include relevant data to support conclusions in its final section

Gary R. VanLandingham, Director  
July 7, 2008  
Page Three

and omits beneficiary survey data which indicates a high level of satisfaction with the Choice Counseling program.

The Agency would like to thank OPPAGA for their diligent efforts to understand Medicaid Reform enrollment. As always, we appreciate the opportunity to respond and look forward to working with OPPAGA again in the future.

Sincerely,

A handwritten signature in black ink that reads "Holly Benson". The signature is written in a cursive style with a large initial "H".

Holly Benson  
Secretary

HB/co

## OPPAGA Comments to Agency Response

It is critical for a health care program that serves some of the state's most vulnerable citizens to ensure that it meets the needs of all beneficiaries. This is especially true for Reform, a pilot program specifically designed to empower Medicaid beneficiaries. OPPAGA's report concludes that some beneficiaries have experienced difficulty selecting a health plan that best meets their needs.

Our conclusions are based on information obtained from multiple sources. We interviewed agency and advocates' staff; attended Reform public meetings; observed beneficiary focus groups or their taped proceedings; and reviewed agency information, including reasons for beneficiaries' disenrolling from health plans and cumulative results provided by AHCA of the automated survey that beneficiaries can choose to take at the end of their choice counseling session. For example, according to AHCA's automated survey results, since August 2007 approximately 30% of the beneficiaries who responded indicated some difficulty understanding the choice counseling materials.

We note that AHCA has closely monitored the choice counseling program and used feedback from beneficiaries and other stakeholders to make changes to both choice counseling training and beneficiary materials. For example, we report that AHCA has contracted to develop an electronic tool, the Navigator, that choice counselors can use to help beneficiaries compare Reform plans' preferred drug lists. However, Navigator is not yet available; thus, we do not know the extent to which this tool will make it easier for beneficiaries to select a plan that meets their needs. Similarly, while development of a special needs unit intended to assist beneficiaries with the most complex health problems is noteworthy, AHCA has not been able to consistently staff this unit and therefore, we cannot determine how effective this unit will be at helping these beneficiaries.