

## **2008 Innovations Awards Program APPLICATION**

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ID # (assigned by CSG): 08-S-14FL

**Please provide the following information, adding space as necessary:**

State: Florida

Assign Program Category (applicant): Health & Human Service: Health Services (Use list at end of application)

1. Program Name – Florida Medicaid Choice Counseling Program
2. Administering Agency – Agency for Health Care Administration
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9. Please provide a two-sentence description of the program –

Response: The Florida Choice Counseling program provides guidance to Medicaid beneficiaries on how to choose a health care plan that offers the benefits and networks of providers that best suits the needs of each individual consumer. The program is designed to be proactive and to assure that counseling is available from well-trained counselors through a centralized call center and/or in the field through one-on-one or group sessions.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.

Response: Since July 1, 2006.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

Response: In July 2006, Florida implemented an ambitious Medicaid Reform strategy. An integral part of that reform was the concept that health plans operating in Reform counties could offer differing benefit packages designed to appeal to program beneficiaries based on their needs, their utilization patterns, and their preferences in terms of enhanced benefits and cost-sharing. The State recognized that well-informed consumers can and will make positive choices on their own behalf when presented with the facts about what different plans offer.

The education needs of beneficiaries transitioning to, and participating in, Reform are different than the needs of beneficiaries who are essentially asked to "choose" between or among plans that have no meaningful differences.

The Reform program provides Medicaid beneficiaries with more choices regarding their coverage and out-of-pocket expenditures than offered before in either Florida or any other state. In Broward County, for example, beneficiaries can choose between 15 different health plans, each of which has a different benefit package, different “extra” benefits, different cost-sharing requirements and a different network of providers. Beneficiaries are offered significant assistance in understanding the differences between the health plans and making an informed and free choice. In addition, for some Medicaid beneficiaries participating in Reform, managed care is a new and unfamiliar concept. Assistance in understanding and navigating the system is key to the success of these members.

The Choice Counseling experience is also designed to address the health disparities that generally exist between the Medicaid population and the general population and the typically average higher incidents of illness within the Medicaid population. The Choice Counseling program offers beneficiaries an opportunity to understand that their individual health issues are an important consideration when choosing a health plan.

In summary, the Choice Counseling component of Reform was created to provide a comprehensive education process to assist potential enrollees and enrollees in: 1) navigating the Medicaid and managed care systems; 2) educating them about the enrollment process; 3) assisting them in making good health care choices for themselves and their families; and 4) increasing health literacy and thereby ultimately increasing health quality and outcomes.

12. Describe the specific activities and operations of the program in chronological order.

Response: Beginning in October 2005, the Agency held public meetings and beneficiary focus groups in the Medicaid Reform counties to obtain feedback on how the Choice Counseling program should be structured. Topics covered included how to reach beneficiaries; training requirements for counselors; information beneficiaries would need to make an informed choice and more.

After two rounds of public meetings and beneficiary focus groups, a competitive procurement document was released in late December 2005 that incorporated many of the suggestions presented at the public meetings and beneficiary focus groups.

During the procurement and contract negotiation period (January – May 2006), the Agency held two more rounds of public meetings and beneficiary focus groups primarily focused on the development of program materials that would be mailed to beneficiaries who had to choose a Medicaid Reform health plan. The draft materials were also presented to beneficiaries to garner feedback on their understanding of the materials and any necessary revisions.

On May 19, 2006, the Agency signed a contract with Affiliated Computer Services (ACS) to operate the Choice Counseling program for the Florida Medicaid Reform program.

During May and June 2006, the Agency and ACS partnered with two public relations firms to launch an intensive outreach campaign to educate current Medicaid beneficiaries on the Medicaid Reform program and the timeframe for when they would need to transition to the new program.

The Choice Counseling program went live on July 1, 2006. The first three weeks of operation were focused on providing information on the Medicaid Reform program and responding to general inquiries. Choice Counseling on plan choices began in both the call center and field on July 24, 2006 and the first enrollment effective date for a Medicaid Reform health plan was September 1, 2006.

Beginning in October 2006, the Agency held public meetings and beneficiary focus groups to solicit feedback on the first months of the choice counseling program. The meetings covered a variety of topics and were used to begin making changes to the program to better meet the needs of beneficiaries.

The first significant changes to the program were implemented in November 2006, with changes in the field strategy to better reach the “hard to reach” populations. The changes included hosting more face-to-face sessions in community-based settings that serve Medicaid populations, such as mental health provider offices, homeless shelters, and other locations that provide services to the disabled. In addition to these partnerships, the field counselors also began trying to reach beneficiaries that have not contacted Choice Counseling by phone or do not have a telephone. For these beneficiaries, field counselors will stop by their residence to remind them that they need to choose a health plan and will leave Choice Counseling materials for them to read.

In January 2007, the second major change to the program began. A complete redesign of the materials and call center script were initiated. Two more rounds of public meetings and beneficiary focus groups were held in Medicaid Reform counties to obtain feedback from beneficiaries and interested parties on the new proposed materials and script. The comments from the public meetings and beneficiary focus groups were posted on the Agency’s website as well as the draft brochures so that individuals who were unable to attend the meetings were also given an opportunity to provide feedback.

In May 2007, a call center transformation plan was developed based on the first nine months of program experience. The transformation plan included ongoing training, continuous improvement efforts, monitoring and more.

In August 2007, the Choice Counseling program implemented an automated beneficiary survey. The survey allows beneficiaries to immediately provide feedback on their Choice Counseling process.

By November 2007, the Agency and ACS began working on implementing preferred drug search functionality in the Choice Counseling program. This system, modeled after Medicare Part D, would allow Choice Counselors to provide in-depth information to beneficiaries on the extent to which each of the Reform health plans covers their current medications. The Agency anticipates an implementation date of May 2008.

### 13. Why is the program a new and creative approach or method?

Response: Many states offer what is popularly referred to as “Enrollment Counseling” for their Medicaid managed care programs. Typically, these entities augment a state’s resources in providing outreach to Medicaid members and operating call centers capable of enrolling members into managed health care plans. There are several features of Florida’s program, however, that make it unique. First, it should be noted that Florida’s program is an integral part of the State’s overall approach to Medicaid Reform.

Because of the flexibility in the program design, the Florida Choice Counseling program places great value on well trained and informed counselors who provide substantial and meaningful information to the beneficiaries. While most call center operations are valued for how many calls it can process in a given day and how quickly its operators can get off the phone, the Choice Counseling program is evaluated based how many voluntary but informed enrollments are achieved through the program.

The State actively encourages a longer talk time. The State has put significant resources into the training of counselors, the development of the script used by the counselors and the monitoring of the quality of the interactions between the counselors and the beneficiaries.

The process begins with the selection and training of the individuals hired to work in the call center and to work in the field operations established in each of the Reform areas. The State has, in partnership with Florida State University, developed an extensive on-line training course leading to a certification to work in either the call center or the field operations of the Choice Counseling program. This training is supplemented by three weeks of “on-the ground” training provided by ACS that focuses on the “soft” skills so important to communicating effectively with people.

The State also worked with ACS to design a script for use in the call center that focuses on the counseling process. For example, each potential enrollee is asked to think about what’s important in choosing a health plan:

- Where is your doctor?
- What extra benefits and services do the different plans offer?
- What is the difference in your “out-of pocket” expenses by plan?

In addition to the call center, field counselors can, and often do, contact people in their homes and sit with them face-to-face to assist them in selecting a plan. Field staff also visit health fairs and spend time in the State’s Medicaid Area Offices to encounter folks at places they are likely to be. An integral part of both the call center script and the work of the field staff is health education and literacy—all designed to empower the consumer to make good choices.

Finally, the State focuses on the quality of the interactions between the counselors and the beneficiaries. Calls are randomly monitored pursuant to a set of both “hard” and “soft” skill components. Did the counselor include all of the counseling required by the script? Did the counselor treat the beneficiary with respect and dignity? Did the counselor listen and not over talk or rush the beneficiary? As a part of the focus on quality, the State conducts weekly status meetings with ACS during which standard reports on call center metrics and field staff accomplishments are reviewed as well as any issues which have arisen or need attention on an on-going basis.

Another unique design feature is the Special Needs Unit. This Unit serves as the response team for field and call center Choice Counselors when assistance is needed for enrollees and potential enrollees with special health care needs. Once fully staffed, the Unit will contain both nurses and social workers to provide assistance for these complex cases. This is a Unit dedicated to both the facilitation of good choices and the mission of increased health literacy.

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

Response: The total cost for year one implementation of Broward and Duval counties was \$1,272,885, including implementation, in Duval and Broward Counties is \$9,332,280. The total cost for year two, implementation in Baker, Clay and Nassau counties was \$81,447. The breakdown is as follows:

	Year One Implementation	Year Two Implementation
Staff	\$ 948,807	\$ 69,225
Systems	109,684	0
Telephone	5,578	0
Facilities	6,851	0
Equipment	10,879	0
Overhead	191,086	12,222

15. What are the program’s annual operational costs?

Response: Based on the number of beneficiaries served by the Medicaid Reform pilot, the operational costs for the program changed from year one to year two. The costs are broken down from program efforts related to the face-to-face or local community efforts and those efforts associated with the call center, mailroom, technology and other components located at the vendor’s central office in Tallahassee, Florida. The breakdown of costs for the first two years are listed below:

	Year One Costs		Year Two Costs	
	Face to Face	Call Center	Face to Face	Call Center
Staff	\$ 1,117,602	3,382,222	625,663	3,099,859
Systems	23,265	337,903	10,251	435,030
Telephone	42,853	377,432	23,776	437,707
Facilities	13,430	129,302	13,412	174,033
Advertising	0	989,696	0	450,851
Printing	0	52,613	0	56,450
Postage	0	279,075	0	317,886
Equipment	11,008	26,755	813	35,905
Overhead	213,089	999,575	119,018	898,135
Other	0	63,575	0	82,419

16. How is the program funded?

Response: State and Federal funding.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

Response: Yes, F.S. 409.91211

18. What equipment, technology and software are used to operate and administer this program?

Response: The program leverages well tested, state-of-the-art information and telecommunications technology for facilitating interactions with potential enrollees and beneficiaries as follows:

- Seventy-two “trunk” lines provide extensive capacity for both inbound and outbound calls; as a result call blockage has not been a concern with this program.

- A call center management system tied to an interactive voice response (IVR) system which enables channeling and queuing of calls based on language and type of call (enrollment/plan change/general inquiry/etc.) as well as rapid identification of backlogging calls. The system is interfaced to a sophisticated workforce management system which enables agent scheduling based on the actual volume and flow of calls.
- Phone units with noise-canceling, wireless headsets for call center counselor use.
- Laptop computers with mobile, wireless Internet access for use by field counselors.
- An enrollment management system (BESST) interfaced to the State's Medicaid Management Information System. The BESST system holds almost ten years of enrollment and customer interaction history, as well as information on provider networks that enhances the choice counseling process. BESST is an Oracle-based application operating on a powerful Sun Microsystems platform; both of these enable high availability and excellent response times even for field counselors hundreds of miles from the Tallahassee data center. Finally, at its core BESST is a well-architected relational database, which facilitates the generation of management reports and related analysis.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Response: While other states offer enrollment counseling/enrollment broker programs (see responses to questions 13 and 20), Florida is the only program that is focused on providing a comprehensive education counseling program. The program was created by a cross-cutting team of Agency central and area office staff, consultants, advocates and providers. The program is considered an integral part of Florida's Medicaid Reform effort. Materials used in Choice Counseling were extensively "focus group" tested in groups that included both advocates and beneficiaries (see response to question 12). The State's multidisciplinary team was lead by Christine Osterlund and brought to the table different skill sets, varying expertise and experiences to create this innovative program. Ms. Osterlund has an extensive background in call center operations and was able to take all of the disparate points of view offered and weave them into an effective and innovative program.

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

Response: As addressed in response to question 13, the State is aware that other states employ enrollment brokers to help people enroll in managed care plans. These programs vary slightly from one state to another but none offer the comprehensive training of Choice Counseling staff or focus on the ability of that staff to elicit well-informed plan selections from beneficiaries like Florida. During a recent site visit from the Florida waiver team from CMS, the federal officials were so impressed with the Choice Counseling operation that it was used as a guide to another state in the process of negotiating a waiver.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

Response: Yes, the program has been fully implemented. However, the State is constantly looking for ways in which the program can be improved to better meet the needs of Medicaid beneficiaries (see response to question 23).

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Response: The Choice Counseling program has been very successful in accomplishing the goals for which it was designed (see response to question 11). Two areas are particularly worth highlighting and demonstrate the Choice Counseling program's success are the feedback from consumers and the voluntary enrollment rate for the program.

As indicated in response to question 12, in August 2007, ACS implemented an automated beneficiary survey. Beneficiaries calling the toll-free Choice Counseling number are provided the opportunity to complete a survey at the end of the call. Between October and December 2007 (the time period for which the most recent results are available), over 1,967 beneficiaries completed the automated survey.

The initial feedback provided by beneficiaries has been very good. Approximately 97% of callers during this time period were satisfied with the overall service provided by the counselor. Approximately 93% were satisfied with the counselor's ability to help them choose a health plan. Finally, approximately 95% had confidence in the information that was provided by the counselor. The Agency and ACS are continuing to monitor the quality of the service provided by choice counselors and the information provided.

Field Choice Counselors have increased outreach efforts to hard to reach populations less inclined to enroll over the phone due to physical and/or mental health issues or other barriers. As indicated in response to question 12, these efforts include providing choice counseling in homeless shelters, mental health provider locations and community based organizations that serve these populations. As a result of these outreach efforts, the voluntary enrollment rate (i.e. beneficiaries who are not auto assigned to a plan but instead actively make a decision to enroll in a plan of their choice) has consistently been greater than the contract required standard of 65%. For the week of 2/10/08 – 2/16/08, the voluntary enrollment rate was reported to be 86%.

### 23. How has the program grown and/or changed since its inception?

Response: The program has changed since its inception in several ways. First, the role of the field counselors has drastically changed. Prior to implementation, field enrollment was estimated to account for 10% of overall Reform enrollment. However, due to efforts to find and reach beneficiaries that do not respond to mailings, implementing outbound calling and working with community partners, enrollments at the local level represent more than 38% of all program enrollments.

Second, Choice Counselors serve as a key resource for beneficiaries for non-Reform related issues such as Medicaid eligibility.

Third, the program continues to evolve in order to meet the needs of an ever changing clientele. The State is constantly evaluating the effectiveness of the program (including outreach materials) and involving key stakeholders in program design through public meetings, beneficiary focus groups and beneficiary feedback from the automated beneficiary survey. Most recent, the Agency has sought public feedback on revising program materials and the health plan comparison chart.

### 24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Response: The primary obstacle that other states might face in establishing a program like Choice Counseling would be cost. Florida has been willing to invest more per recipient than most states are willing to invest. This is because the design of the program is so unique and the State values so highly the informed, voluntary choices consumers are encouraged and counseled to make.