



# Florida CHAIN

COMMUNITY HEALTH ACTION INFORMATION NETWORK

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## Medicaid Reform Defenders Get Desperate

As part of its ongoing effort to portray the Medicaid Reform experiment as a success, AHCA has worked to present the rosier picture of Reform possible. Turning to one important example: AHCA has touted that "Reform plans outperformed Non-Reform in 20 of 27 plan performance measures", based on the most recent performance data reported by Medicaid managed care plans. That claim is so misleading that it is useless.

### **Brief Background:**

One of the many promises of Medicaid Reform was that "[t]he State will invest in an infrastructure to ensure a measurement of performance of all plans?combined with public reporting of consumer satisfaction...With this information in hand, and with the support of choice counselors, individuals will then be expected to take an active role in their health care."

Performance measurement by no means needs to be limited to Reform, and the State has released the performance scores on 27 [performance measures](#) used by both Reform and non-Reform plans alike. These include a wide range of key statistics, such as the percentage of women 40-69 years of age who had a mammogram and the percentage of children age 3-6 years who received at least one well-child visit.

This second annual installment of plan performance data fails to address the lingering problems raised last year, namely that the rating system used reveals very little (almost all scores are "about average") and that plan performance remains far below nationally accepted standards. However, the main use of the data so far has been the praising of the Reform Pilot.

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So, are Reform plans really doing a dramatically better job than their non-Reform counterparts? Are they outperforming them at all? Does this report mean anything?

### **Here are 3 things AHCA won't tell you:**

#### **1. There was far less performance reporting in Reform.**

For the 27 plan performance measures, on average: Non-Reform plans reported scores for 26 of those measures. Reform plans reported scores for only 19 of them[1]. In other words, Reform plan performance reports averaged 7 more blank spaces than those of non-Reform plans[2] - hardly an apples-to-apples comparison.

## **2. The performance data reported for Reform is already meaningless today.**

Of the 17 Reform plans for which performance scores were reported, only 6 of those plans are operating today. Only 57% of Medicaid recipients in Reform are currently enrolled in a plan that reported any performance data at all.

Restricting the focus to only HMOs, the comparison becomes absurd. Only one-third (33%) of recipients enrolled in a Reform HMO today are in a plan that reported any performance data whatsoever. (By comparison, the percentage for non-Reform HMOs is 92%.)

The extent of the irrelevance doesn't end there, however. A grand total of 3 HMOs operating in Reform today reported performance data. Even then, one reported on only 3 out of the 27 measures, and another reported on just 11.

That leaves only one currently operating Reform HMO that reported on most performance measures. But that HMO no longer operates in Broward County and is not accepting new enrollees in the other 4 counties!

## **3. There is insufficient information available to justify any claim of a performance gap between Reform and non-Reform plans.**

Looking at average scores across all 27 performance measures, Reform plans averaged only 1.9% higher per measure than their non-Reform counterparts[3]. That's well within a margin that could be explained by the non-reporting in Reform and/or other differences between the Reform and non-Reform populations.

Even that gap is overblown, however. To get a sense of plans' overall performance, we adjusted the scores for each of the 27 performance measures so that all measures were of equal weight[4]. We then averaged each plan's adjusted scores across all 27 performance measures to get an overall plan score. Overall plan scores for non-Reform plans were actually 2.5% higher than those of Reform plans.

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[1] Children's Medical Services (CMS) was excluded from this analysis for consistency purposes. Including CMS would have made the non-report rate in Reform even higher in this case, however.

[2] In most cases, the reason given for the omission was listed as "not measurable/small population". In other words, the plans had little or no performance at all with respect to these measures, which is as severe of a limitation as poor performance, but for which the plan is not penalized in terms of performance scores.

[3] For the so-called "inverse measures", each individual plan score was derived by subtracting the original score from 100%.

[4] i.e., we "normalized" the scores for each measure, dividing each score by the average of all plan scores (both Reform and non-Reform). For each measure, plans with scores below the average therefore have adjusted scores of less than 1, while plans with above-average scores will have adjusted scores greater than 1.

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