The Statewide Medicaid Managed Care Program

Florida Medicaid
October 2013

Topics

- Overview of Statewide Medicaid Managed Care
  - Long-term Care Component
  - Managed Medical Assistance Program Component
- Eligible Recipients
- Covered Services
- MMA Added Values/ Benefits
- Impact on Providers
- Additional Resources

Managed Care

What Is Medicaid Managed Care?

- The Agency for Health Care Administration (Agency) is responsible for managing the Florida Medicaid program.
- The Agency contracts with health plans to manage the way their enrollees receive health care services.

What Is Medicaid Managed Care?

- Health plans contract with a variety of health care providers to offer quality health care services to ensure enrollees have access to the health care providers and the health care they need.

Types of Health Plans

- There are two types of Medicaid health plans:
  - Health Maintenance Organizations (HMOs)
  - Provider Service Networks (PSNs)

Health Maintenance Organization (HMO)

- An HMO is an entity licensed under Chapter 641, Florida Statutes. As allowed under s. 409.912(3), F.S., the Agency may contract with HMOs on a prepaid fixed monthly rate per member (e.g. capitation rate) for which the HMO assumes all risk for providing covered services to their enrollees.
- HMOs are required by contract to ensure that their enrollees have access to all Medicaid state plan services and a complete network of providers.
- HMO networks are not limited to Medicaid providers. Some plans cover additional benefits beyond those paid for by Medicaid such as preventive adult dental.

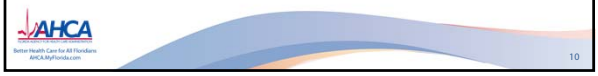
Provider Service Network (PSN)

- A PSN is a network established or organized and operated by a health care provider, or group of affiliated health care providers, which provides a substantial proportion of the health care items and services under a contract directly through the provider or group of affiliated providers. (See s. 409.912(4)(d), F.S.,)

Statewide Medicaid Managed Care (SMMC) Program

The SMMC program does not/is not:

- The program **does not** limit medically necessary services.
- The program **is not** linked to changes in the Medicare program and does not change Medicare benefits or choices.



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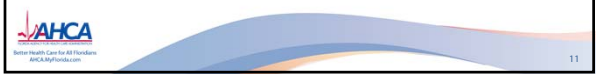
The SMMC program does not/is not:

- The program **is not** linked to National Health Care Reform, or the Affordable Care Act passed by the U.S. Congress.
  - It does not contain mandates for individuals to purchase insurance.
  - It does not contain mandates for employers to purchase insurance.
  - It does not expand Medicaid coverage or cost the state or federal government any additional money.



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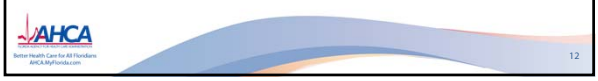
What Is the SMMC Program?

- A program authorized by the 2011 Florida Legislature through House Bill 7107, creating Part IV of Chapter 409, Florida Statutes, to establish the Florida Medicaid program as a statewide, integrated managed care program for all covered services, including long-term care services.
- This program is referred to as statewide Medicaid managed care (SMMC).



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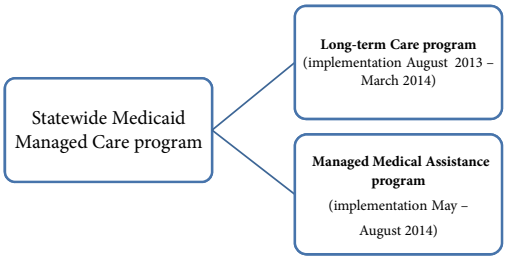
Key Components



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State Medicaid Managed Care Goals

The goals of the Statewide Medicaid Managed Care Program are:

- improved coordination of care.
- a system that focuses on improving the health of recipients, not just paying claims when people are sick.
- enhanced accountability.
- recipient choice of plans and benefit packages.
- flexibility to offer services not otherwise covered.
- enhanced fraud and abuse prevention through contract requirements.

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SMMC Principles

- Competitive procurement by region.
- The state is divided into 11 regions that coincide with the existing Medicaid areas.
- Five-year contracting period.
- Long-term Care component must roll out first.
- Entire program must be implemented by October 2014.

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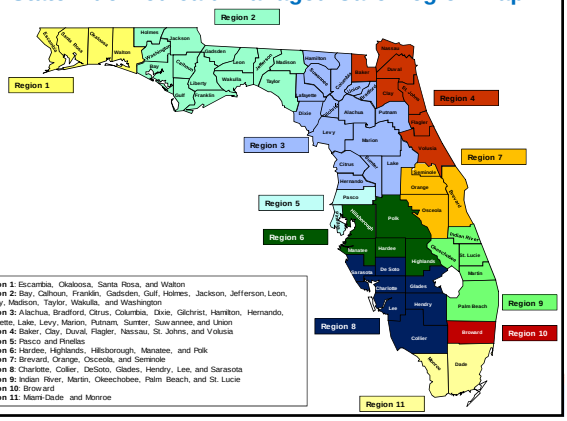
Statewide Medicaid Managed Care Region Map



Region 1: Escambia, Okaloosa, Santa Rosa, and Walton
Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
Region 5: Pasco and Pinellas
Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk
Region 7: Brevard, Orange, Osceola, and Seminole
Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
Region 10: Broward
Region 11: Miami-Dade and Monroe

A New Long-term Care Program

Long-term Care program

Medicaid recipients who qualify and become enrolled in the Long-term Care (LTC) program will receive long-term care services from a managed care plan.

SMMC LTC Populations

- **Mandatory**
- **Voluntary**
- **Excluded**

Who Is Required to Participate?

Individuals who fit into one of the following categories may be eligible for the LTC program:

- 65 years of age or older **AND** need nursing facility level of care (LOC)*

OR

- 18 years of age or older **AND** are eligible for Medicaid by reason of a disability **AND** need nursing facility level of care.*

** Nursing facility level of care means that someone meets the medical eligibility criteria for Institutional Care Programs (ICP), as defined in Florida Statute.*

Who Is Required to Participate?

- Individuals enrolled in the Aged and Disabled Adult (A/DA) Waiver.
- Individuals who are enrolled in the Consumer-Directed Care Plus for individuals in the A/DA waiver.
- Individuals enrolled in the Assisted Living Waiver.
- Individuals enrolled in the Nursing Home Diversion Waiver.
- Individuals who are enrolled in the Frail Elder Option.
- Individuals enrolled in the Channeling Services Waiver.

Who Is NOT Required to Participate?

Individuals who are enrolled in the following programs are **NOT** required to enroll, although they may enroll if they choose to:

- Developmental Disabilities Waiver program
- Traumatic Brain & Spinal Cord Injury (TBI) Waiver
- Project AIDS Care (PAC) Waiver
- Adult Cystic Fibrosis Waiver
- Program of All-Inclusive Care for the Elderly (PACE)
- Familial Dysautonomia Waiver
- Model Waiver

What Services Are Covered?	
Adult companion care	Hospice
Adult day health care	Intermittent and skilled nursing
Assisted living services	Medical equipment and supplies
Assistive care services	Medication administration
Attendant care	Medication management
Behavioral management	Nursing facility
Care coordination/Case management	Nutritional assessment/Risk reduction
Caregiver training	Personal care
Home accessibility adaptation	Personal emergency response system (PERS)
Home-delivered meals	Respite care
Homemaker	Therapies, occupational, physical, respiratory, and speech
Transportation, non-emergency	

Each recipient will not receive all services listed. Recipients will work with a case manager to determine the services they need based on their condition.

LTC Implementation

- The LTC program is being implemented on a regional basis.
- The map and the charts on the following slides show:
  - the enrollment effective dates for each region.
  - the LTC plans in each region.

Recipient Enrollment Schedule

Region	Enrollment Effective Date
7	August 1, 2013
8 & 9	September 1, 2013
2 & 10	November 1, 2013
11	December 1, 2013
5 & 6	February 1, 2014
1, 3 , 4	March 1, 2014

Long-term Care Plans by Region

Region	LTC Plans						
	American Eldercare, Inc. (PSN)	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan ("Tango")	United Healthcare of Florida, Inc.
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X

Managed Medical Assistance Program

MMA Health Plans

The Managed Medical Assistance program is comprised of several types of health plans:

- Health Maintenance Organizations (HMOs)
- Provider Service Networks (PSNs)
- Children's Medical Services Network

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Most Medicaid recipient will be required to enroll in the Managed Medical Assistance program.

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Who Is NOT Required to Participate?

Individuals who are enrolled in the following programs are **NOT** required to enroll, although they may enroll if they choose to:

- Medicaid recipients who have other creditable health care coverage, excluding Medicare.
- Persons eligible for refugee assistance.
- Medicaid recipients who are residents of a developmental disability center.
- Medicaid recipients enrolled in the developmental disabilities home and community based services waiver or Medicaid recipients waiting for waiver services.

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Who Is NOT Eligible to Participate?

Individuals who are enrolled in the following programs are **NOT** eligible to enroll:

- Women who are eligible only for family planning services.
- Women who are eligible through the breast and cervical cancer services program.
- Persons who are eligible for emergency Medicaid for aliens.
- Children receiving services in a prescribed pediatric extended care center.
- Individuals in a DJJ facility.

What Services Are Covered?

SMMC MMA Minimum Covered Services	
Advanced registered nurse practitioner services	Medical supply, equipment, prostheses and orthoses
Ambulatory surgical treatment center services	Mental health services
Birthing center services	Nursing care
Chiropractic services	Optical services and supplies
Dental services	Optometrist services
Early periodic screening diagnosis and treatment services for recipients under age 21	Physical, occupational, respiratory, and speech therapy
Emergency services	Podiatric services
Family planning services and supplies (some exception)	Physician services, including physician assistant services
Healthy Start Services (some exceptions)	Prescription drugs
Hearing services	Renal dialysis services
Home health agency services	Respiratory equipment and supplies
Hospice services	Rural health clinic services
Hospital inpatient services	Substance abuse treatment services
Hospital outpatient services	Transportation to access covered services
Laboratory and imaging services	

Managed Medical Assistance Program Implementation

- Florida Medicaid will implement the Managed Medical Assistance (MMA) program beginning May 1, 2014.
- Health plans are required to provide services at a level equivalent to the state plan.

MMA Program Implementation & Roll Out

- The Managed Medical Assistance procurement may be the largest procurement in Florida government.
  - The MMA ITN was released on December 28, 2012.
  - The Agency posted awards on September 23, 2013.
- Florida Statute requires the roll out to be completed by October 2014.
- Roll out schedule will be submitted to federal CMS by October 31, 2013.

Plans Selected for Managed Medical Assistance Program Participation (General, Non-specialty Plans)

Region	Protest	MMA Plans										
		Amerigroup Florida, Inc.	Better Health, LLC	First Coast Advantage, LLC	Humana Medical Plan, Inc.	Integral Health Plan, Inc. d/b/a Integral Quality Care	Preferred Medical Plan, Inc.	Prestige Health Choice	Simply Healthcare Plans, Inc.	Sunshine State Health Plan Inc.	United Healthcare of Florida, Inc.	Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida
1	Y		X		X							
2	Y							X				X
3	Y							X		X	X	X
4	Y			X						X	X	
5	Y	X						X		X		X
6	Y	X	X		X	X		X		X		X
7	Y	X						X		X	X	X
8	Y					X				X		X
9	Y				X			X		X		
10	Y		X		X					X		
11	Y	X			X		X	X	X	X	X	X

Note: Formal Protests are Pending as of October 25

Plans Selected for Managed Medical Assistance Program Participation (Specialty Plans)

Note: No Formal Protests are Pending for MMA Specialty Plans

Region	Protest Pending ?	MMA Plans							
		AHF MCO of Florida, Inc. D.B.A. Positive Healthcare Florida HIV/AIDS	Florida MHS, Inc. d/b/a Magellan Complete Care Serious Mental Illness	Freedom Health, Inc. Cardiovascular Disease	Freedom Health, Inc. Chronic Obstructive Pulmonary Disease	Freedom Health, Inc. Congestive Heart Failure	Freedom Health, Inc. Diabetes	Simply Healthcare Plans, Inc. d.b.a. Clear Health Alliance HIV/AIDS	Sunshine State Health Plan, Inc. Child Welfare
1	No							X	X
2	No		X					X	X
3	No			X	X	X	X	X	X
4	No		X						X
5	No		X	X	X	X	X	X	X
6	No		X	X	X	X	X	X	X
7	No		X	X	X	X	X	X	X
8	No			X	X	X	X	X	X
9	No		X	X	X	X	X	X	X
10	No	X	X	X	X	X	X	X	X
11	No	X	X	X	X	X	X	X	X

Added Value/ Benefits

- The Agency negotiated added value/benefits with selected managed care plans in the MMA portion of the Statewide Medicaid Managed Care program.
- Areas where added value/benefits were achieved include:
  - Expanded benefits.
  - Enhanced network adequacy standards.
  - Establishing minimum thresholds for electronic health records (meaningful use) adoption.
  - Enhanced standards related to claims processing, prior authorization, and enrollee/provider help line (call center operations).

Expanded Benefits

Expanded Benefit	# of PSNs offering	# of HMOs offering
Expanded PC Visits for Non-pregnant Adults	4	6
Expanded HH Care for Non-pregnant Adults	3	5
Expanded Physician Home Visits	2	5
Expanded Prenatal/Perinatal Visits	3	6
Expanded OP Services	2	6
OTC Medication/Supplies	3	6
Expanded Adult Dental Services	3	6
Waived Copayments	3	6
Expanded Vision Services	4	6
Expanded Hearing Services	2	6
Newborn Circumcisions	4	5
Pneumonia Vaccine	3	6
Influenza Vaccine	4	6
Shingles Vaccine	3	5
Post-Discharge Meals	2	6
Nutritional Counseling	3	5
Pet Therapy	0	2
Art Therapy	0	4
Equine Therapy	0	1
Medically Related Lodging & Food	2	3

Network Adequacy Standards

- The managed care plans agreed to enhanced network adequacy standards, which include:
  - Increasing the number of primary care and specialist providers in a region that are accepting new Medicaid enrollees;
  - Increasing the number of primary care providers that offer after hour appointment availability; and
  - Establishing utilization rates for out-of-network specialty care and hospital admissions.

Electronic Health Records

- The Agency selected plans that were committed to assisting the Agency in our efforts to increase electronic health record adoption.
  - Managed Care Plans agreed to establish thresholds for the number of physicians and hospitals that would adopt meaningful use standards by the end of the second contract year.
  - Managed Care Plans agreed to establish thresholds for the number of enrollees who are assigned to primary care providers meeting meaningful use requirements.

Additional Enhanced Standards

Prior Authorization:

- Selected managed care plans agreed to process standard and expedited prior authorization requests more timely. For many of the standards, the timeframes for processing the authorization request have been reduced by almost half.

Enrollee/Provider Help Line

- Selected managed care plans agreed to adhere to more stringent call center performance standards. Areas where we achieved added value include: reduced time for the average speed to answer, reduced call blockage rates, reduced call abandonment rates, and reduced wait times for calls placed in the queue.

New Contracting Requirement

- Managed care plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services.
- Plans achieve this performance standard when physician payment rates equal or exceed Medicare rates for similar services. (Section 409.967 (2)(a), F.S.)
  - The Agency may impose fines or other sanctions including liquidated damages on a plan that fails to meet this performance standard after 2 years of continuous operation.

Tips for Providers

- Contract with each health plan whose members you want to serve.
- Be sure to check eligibility to determine if the recipient is enrolled in a health plan.
- If prior authorization is required, you must obtain it from the health plan.
- Submit claims to the health plan, not the Medicaid fiscal agent.

Resources

AHCA Statewide Medicaid Managed Care

Click Here to ENROLL ONLINE

Click Here to download the "Authorized Representative Form"

Choose Your Language

Welcome! Click here to learn more about the program.

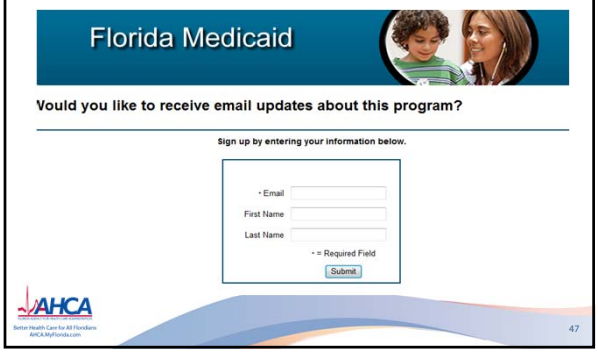
¡Bienvenidos! Haga 'clic' aquí para obtener más información sobre el programa.

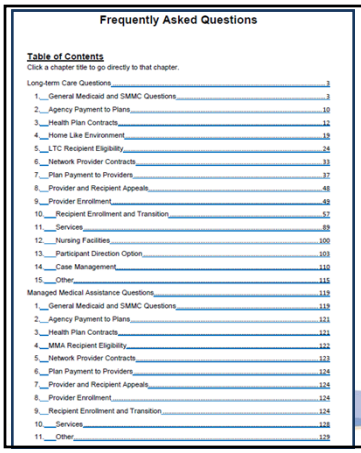
Bienvini! Klike la pou aprann plis de pwogram la.

Information on the LTC plans available in each region and on how to choose an LTC plan are available on the Choice Counseling website at: www.flmedicaidmanagedcare.com.

Updates about the SMMC program and upcoming events and news can be found on the SMMC website at:
http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml

Keep up to date on information by signing up to receive program updates by visiting the SMMC website at:
http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml





Review the SMMC *Frequently Asked Questions* document which is posted at:

http://ahca.myflorida.com/Medicaid/statewide_mc/faqs.shtml

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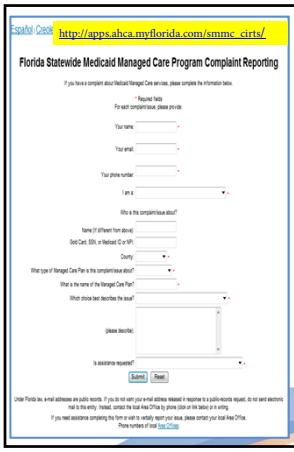

Report a Complaint

- If you have a complaint about Medicaid Managed Care services, please complete the online form found at: http://apps.ahca.myflorida.com/smmc_cirts/
- If you need assistance completing this form or wish to verbally report your issue, please contact your local Medicaid area office.
- Find contact information for the Medicaid area offices at: http://www.mymedicaid-florida.com/

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Stay Informed

- Participate in webinars regarding implementation activities.
- Find the direct link to webinars at: www.ahca.myflorida.com/LTCwebinars

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