

Florida's Children's Medical Service Health Plan (CMS Health Plan) New Plan Model Q & A:

As of January 4, 2018



General Questions/Topics

1. What is changing at Children's Medical Services Health Plan (CMS Health Plan)?

Beginning February 1, 2019, CMS Health Plan will look a little different—and will be a better plan for children and youth with special health care needs in the state of Florida. **This change is statewide (regions 1-11).** The Florida Department of Health (DOH) has contracted with WellCare of Florida, Inc. (WellCare) to perform many of the operational functions of the health plan, such as customer service, care coordination, provider relations, and claims payment. WellCare is a leading Florida Medicaid health plan that has served the Medicaid Program for more than two decades, including medically complex children in multiple states. This partnership will better enable DOH's CMS Health Plan to be fully focused on ensuring quality care and service for CMS Health Plan members.

2. Who was awarded the contract?

WellCare was awarded the contract **for the CMS Health Plan statewide (regions 1-11).**

3. When will the transition occur?

The transition will occur for on February 1, 2019. DOH and CMS Health Plan leadership, along with local and national experts, are actively working with WellCare to prepare for a successful transition of care coordination and other responsibilities. Together, we are also working to ensure accurate and timely information is provided to all members and providers.

4. Will CMS Health Plan change its name?

No. Children's Medical Services Health Plan will still be Children's Medical Services Health Plan (CMS Health Plan). With DOH approval, WellCare will co-brand materials for CMS Health Plan marketing and education. Here's the logo you'll see on future CMS Health Plan communications.



5. Why is CMS Health Plan changing?

CMS Health Plan is ever changing and adapting to the challenges of the times. The health care system is changing, and we must change, too. We are in the midst of moving to "value-based care," which means focusing more on improved health outcomes and quality of care. CMS Health Plan will be better able to offer enhanced medical care to children with special health care needs throughout Florida.

6. Does this mean CMS Health Plan is being privatized?

The Florida Department of Health's CMS Health Plan has been and will continue to be a public health care program. While DOH is partnering with WellCare to manage certain aspects of the health care plan, the design of the program, its oversight, and funding will continue to belong to the State of Florida. CMS is authorized in Florida Statutes and continues as a State Medicaid Managed Care plan under contract with Florida's Agency for Health Care Administration (AHCA) pursuant to statutory authority.

7. How will eligibility be handled?

CMS Health Plan eligibility and enrollment processes are not changing. Plan members who remain clinically and financially eligible are welcome to stay in the Plan.

8. Will there still be care coordinators?

Yes! Care coordinators, also known as case managers, are integral to the CMS Health Plan. In the new model, care coordinators will have smaller caseloads and, therefore, more time to spend on each of their families.

Questions about Families/Members

9. Are you going to communicate with families about what changes they can expect?

Yes! We are sending a letter to our families with important information such as new benefits and contacts. Their care coordinators will also reach out, and we will continue to update our www.CMSPlanFlorida.gov page with all available information.

10. What do families need to do?

Families should be on the lookout for new information being sent to them by WellCare on behalf of CMS Health Plan, including a new member ID card and primary care provider (PCP) details. Families do not need to do anything. Eligibility requirements and processes are not changing. As long as a member remains clinically and financially eligible, they can stay on the CMS Health Plan.

11. What if children have been authorized to receive services or medications?

During what is called the continuity of care period, children who have been authorized to receive services or medications will continue to receive them. WellCare will honor and pay for ongoing treatment and medications that were authorized prior to February 1st, for up to 180 days.

12. Should I wait until February to schedule any new appointments or fill prescriptions?

It is important that you make appointments and meet with your child's providers as you normally do. You can continue to access services during this transition using your child's current CMS Health Plan card.

13. Will my child get to keep the same providers?

CMS Health Plan will make every effort to keep your child with the same provider you have now. WellCare is conducting outreach to current CMS Health Plan providers to complete necessary contracting arrangements.

14. What if I have questions about the "new" CMS Health Plan?

If you have questions about this change, please call Children's Medical Services Health Plan Customer Service toll-free at 1-866-799-5321 (TTY 711). Representatives are available Monday–Friday, 8 a.m. to 7 p.m.

Questions about Providers

15. What are the benefits of this change for CMS Health Plan providers?

Among the benefits of this change for providers serving CMS members is the ability to earn quality-based financial incentives, including a CMS Health Plan version of the MMA Physician Incentive Program. Additionally, children enrolled in the CMS Health Plan (and their families) will have access to an array of expanded benefits, special programs and services that will allow them to adhere to their providers' treatment plans and achieve their individual health and quality of life goals.

16. Will providers be able to keep working with CMS members?

CMS Health Plan providers are encouraged to continue working with children enrolled in CMS Health Plan by joining WellCare's provider network. WellCare is conducting outreach to current CMS Health Plan providers to complete necessary contracting arrangements.

17. What if I'm already part of WellCare's network?

You're one step ahead. Providers who are already part of WellCare's network will be able to continue to see CMS Health Plan members as usual.

18. What if I'm not currently part of WellCare's network?

If a current CMS Health Plan provider does not already have a contracting relationship with WellCare, they will have to contract with WellCare to continue seeing CMS Health Plan members after the continuity of care period. CMS Health Plan provider contracts and credentialing will not transfer. WellCare is conducting outreach to current CMS Health Plan providers to complete necessary contracting arrangements. Alternatively, if you are not currently in the network and would like to join, contact Barbara Mason at Barbara.Mason@wellcare.com or 1-407-551-3238.

19. I do not plan to contract with WellCare. What do I tell patients?

While we encourage all current CMS Health Plan providers to contract with WellCare and continue being a valuable part of our members' health care team, some providers may choose not to do so. If you will not contract with WellCare, please tell patients you will no longer be accepting CMS Health Plan. Their care coordinator will be able to help them find a new, in-network provider; in the meantime, and for a period of up to 90 days, current CMS Health Plan members can continue to see their current providers.

20. What will be the continuity of care period?

The continuity of care period will be 180 days. That means that current CMS Health Plan members are entitled to receive the same type and level of services they were receiving prior to February 1, 2019 for 180 days, including 90 days with their current provider if that provider is not in WellCare's network. New CMS Health Plan members joining on February 1, 2019 or after will continue to have a 90-day continuity of care period to receive the same type and level of services they were receiving prior to February 1, 2019 with their current provider if that provider is not in WellCare's network.

21. I have questions about prior authorizations, contracting rates, etc. How do I find out more?

If you have questions about prior authorization, rates, etc., please contact your WellCare Provider Relations representative. If you do not know your Provider Relations representative, you may contact FloridaProviderRelations@wellcare.com or call 1-407-551-3200, option 2. You can also access provider training materials and additional information on our website at www.wellcare.com/Florida/Providers/Medicaid. WellCare is also conducting outreach to current CMS Health Plan providers.

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22. Where should I submit claims for services provided through January 31, 2019?

Please continue to submit your claims to MED3000 using either of the following options:

- 1) *Electronic claims for Title XIX or Title XXI enrollees may be submitted through one of the following claims clearinghouses:*

| | Title XIX | Title XXI |
|-----------------|------------------|------------------|
| Emdeon | EM843 | EM205 |
| Availity | M3FL0012 | M3FL0014 |

- 2) *Paper claims for Title XIX or Title XXI enrollees may be mailed to the following addresses:*

| Title XIX | Title XXI |
|--|--|
| CMS Managed Care Plan Title XIX P.O. Box 981648 El Paso, TX 79998-1648 | MED3000 CMS Title XXI P.O. Box 981733 El Paso, TX 79998-1733 |

23. Where should I submit claims for services provided during the continuity of care period if I am not a current WellCare provider?

Please submit your claims to WellCare using either of the following options:

- 1) *Electronic claims for Title XIX or Title XXI enrollees may be submitted through Change HealthCare Clearinghouse (using the following CPIDS Payer IDs)*

| Claim Type | Fee-for-Service | Encounter |
|-------------------|------------------------|------------------|
| Professional | 1844 | 3211 |
| Institutional | 8551 | 4949 |

If your clearinghouse or billing system is not connected to Change HealthCare and requires a 5-digit Payer ID, please use the following according to the file type (fee-for-service or encounters):

| Claim Type | Fee-for-Service | Encounter |
|-------------------------------|------------------------|------------------|
| Professional or Institutional | 1844 | 3211 |

All Clearinghouses, Practice Management Vendors, or Billing Services may call Change HealthCare, formerly known as Relay Health, at 1-800-527-8133 for connectivity services. Connect Center™ for physicians offers a web browser for direct data entry (DDE) and the upload ability to submit electronic submissions at no cost to you. To sign up go to <https://connect.relayhealth.com>. For registry questions, submitter/clients may contact Provider Connectivity Services at 1-877-411-7271. Any questions regarding functionality of ConnectCenter should be directed to the Clearinghouse at 1-800-527-8133, option 2.

- Providers will be required to enter a credit card upon initial enrollment to verify them as a valid submitter.*
- Only WellCare submissions are free of charge, and please ensure you use vendor code 212750 when you register.*

- 2) *Paper claims for Title XIX or Title XXI enrollees may be mailed to the following address*

| Claims Mailing Address |
|--|
| <i>WellCare Health Plans, Inc. Attn: Claims Department P.O. Box 31372 Tampa, FL 33631-3372</i> |

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