Statewide Medicaid Managed Care Program

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Statewide Medicaid Managed Care Overview

- Part 1: What is Managed Care?
- Part 2: Legislation and Key Components
- Part 3: Long Term Care Program Component
- Part 4: Managed Medical Assistance Component
- Part 5: Program Improvements

Part 1: What is Managed Care?

What Is Managed Care?

- Managed care is when health care organizations manage how their enrollees receive health care services.
- Managed care is a financing and delivery system that employs provider network management, utilization management and quality assurance

What Is Managed Care?

- Managed Care Organizations (MCOs) contract with a variety of health care providers to offer quality health care services to ensure enrollees have access to the health care they need.
- MCOs may be paid through a capitated arrangement where the health plan receives a per member per month reimbursement to provide all covered medical services to its members.

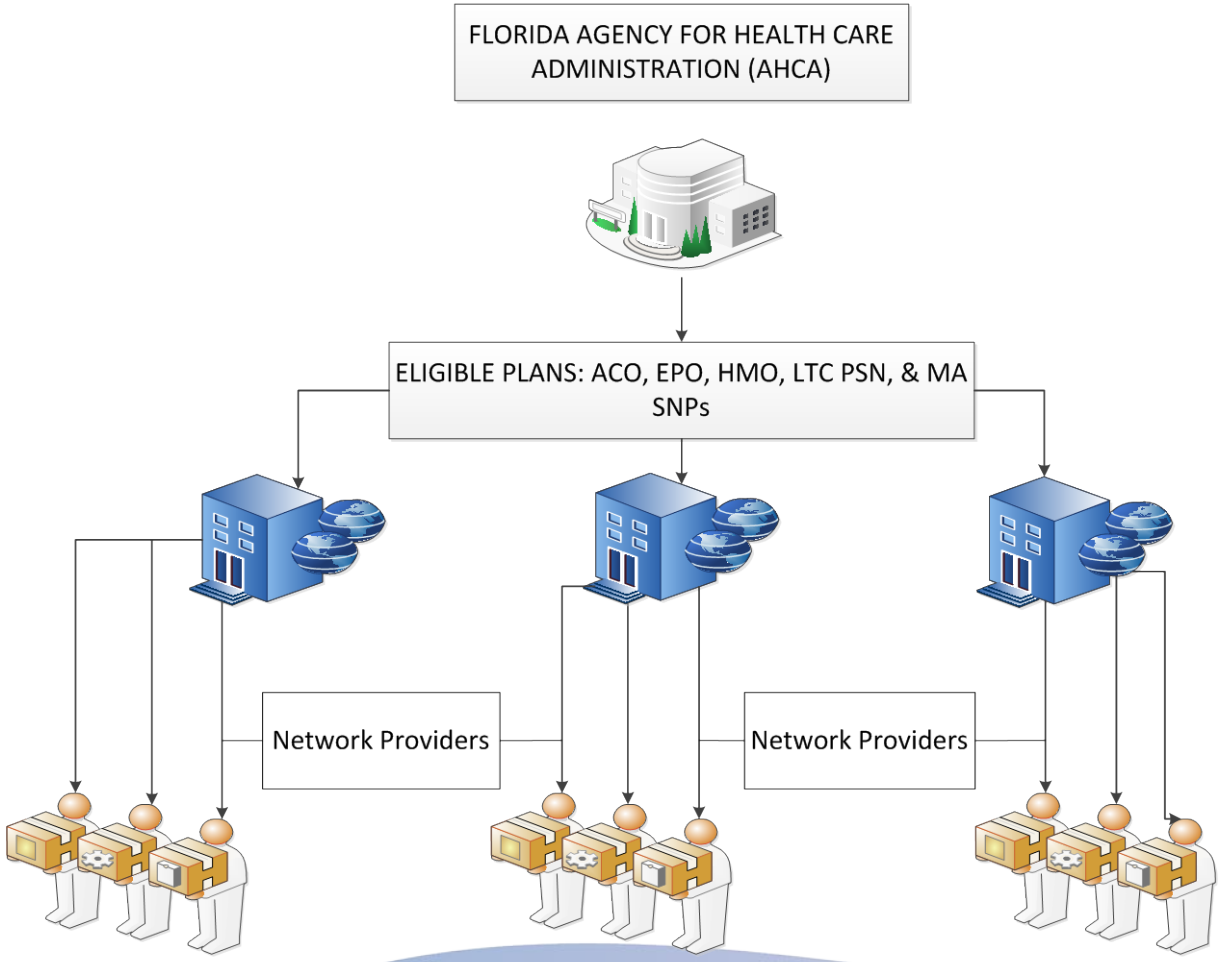
Key Terminology

- **Member:** A person who has selected or been assigned to a managed care plan.
- **Prepaid:** Managed care plans are paid at the beginning of each month.
- **Capitation:** The monthly fixed amount paid to the MCO for each member.
- **Per Member Per Month (PMPM):** MCOs receive capitation payment each month for each member.
- **At Risk:** A managed care plan is responsible for arranging for and paying for all covered services regardless of the cost.

Key Terminology (continued)

- **Provider Network:** health care and long-term care service providers (e.g., doctors, hospitals, nursing facilities, home health agencies) that contract with a managed care plan to provide services.
  - The MCO reimburses the contracted providers for services rendered to the plan's enrolled members.
  - MCOs can limit the number of providers with which they contract.

Network Snapshot



Common Types of Managed Care Plans in Florida

- Health Maintenance Organizations (HMOs)
  - Licensed under Chapter 641, Florida Statutes.
  - HMO networks are not limited to Medicaid-enrolled providers.

- Provider Service Networks (PSNs)
  - A network established or organized and operated by a health care provider, or group of affiliated health care providers.
  - Provides a substantial proportion of the health care items and services under a contract directly through the provider or group of affiliated providers.
  - May be fee for service or capitated.
  - Network providers must be enrolled in Medicaid (if FFS PSN)

Florida Medicaid Enrollment by Plan Type

47% of recipients receive their care through a managed care plan.

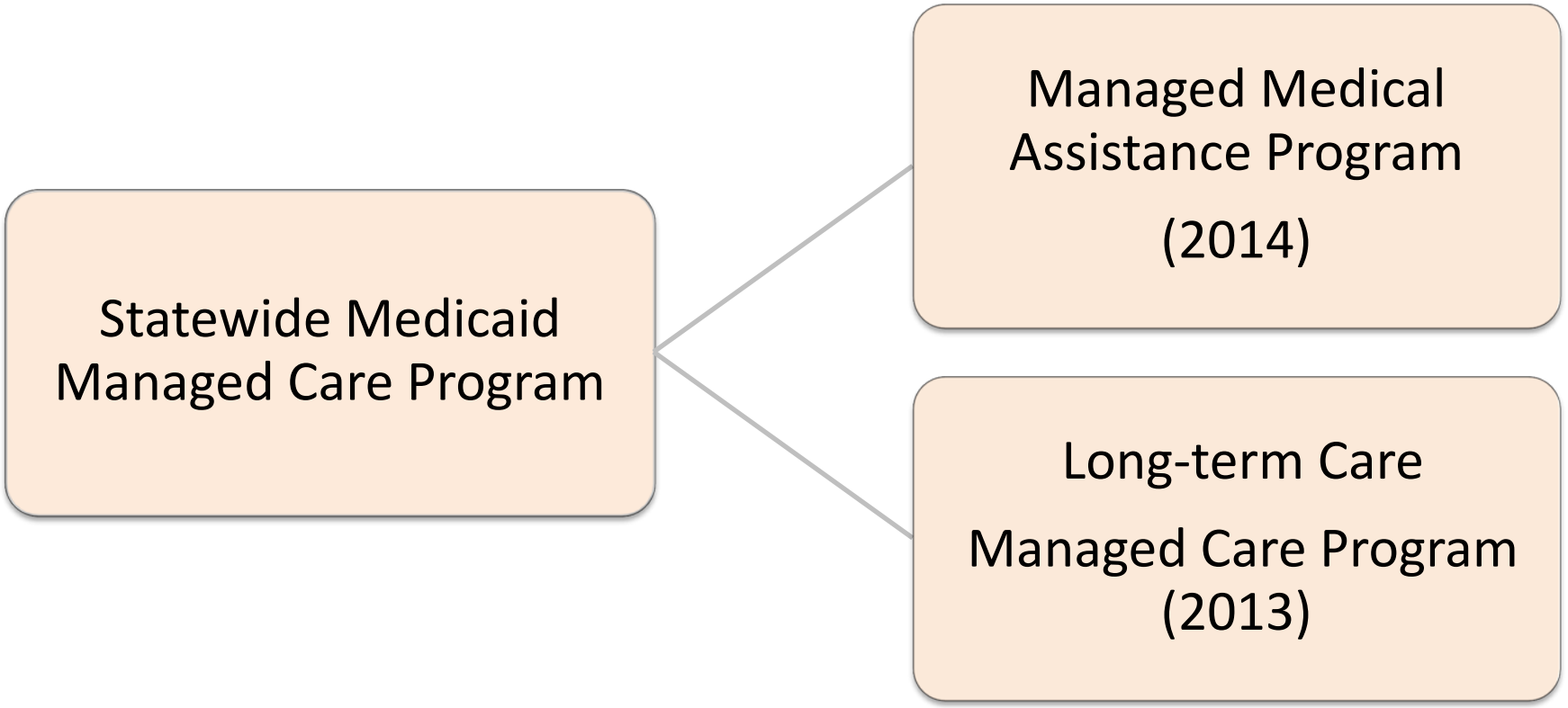
Medicaid Enrollment As of December 2012		% of Total Enrollment
HMO	1,226,484	38.2%
PSN	263,406	8.2%
MediPass (PCCM)	594,314	18.5%
Fee-For-Service	1,110,123	34.5%
Nursing Home Diversion	20,089	.62%

Part 2: Legislative Direction and Key Components

Statewide Medicaid Managed Care: Legislation

- In 2011, the Florida Legislature created a new program: Statewide Medicaid Managed Care (SMMC)
  - Chapter 409, Part IV, Florida Statutes
  - www.leg.state.fl.us/statutes
- Many program details are in the law

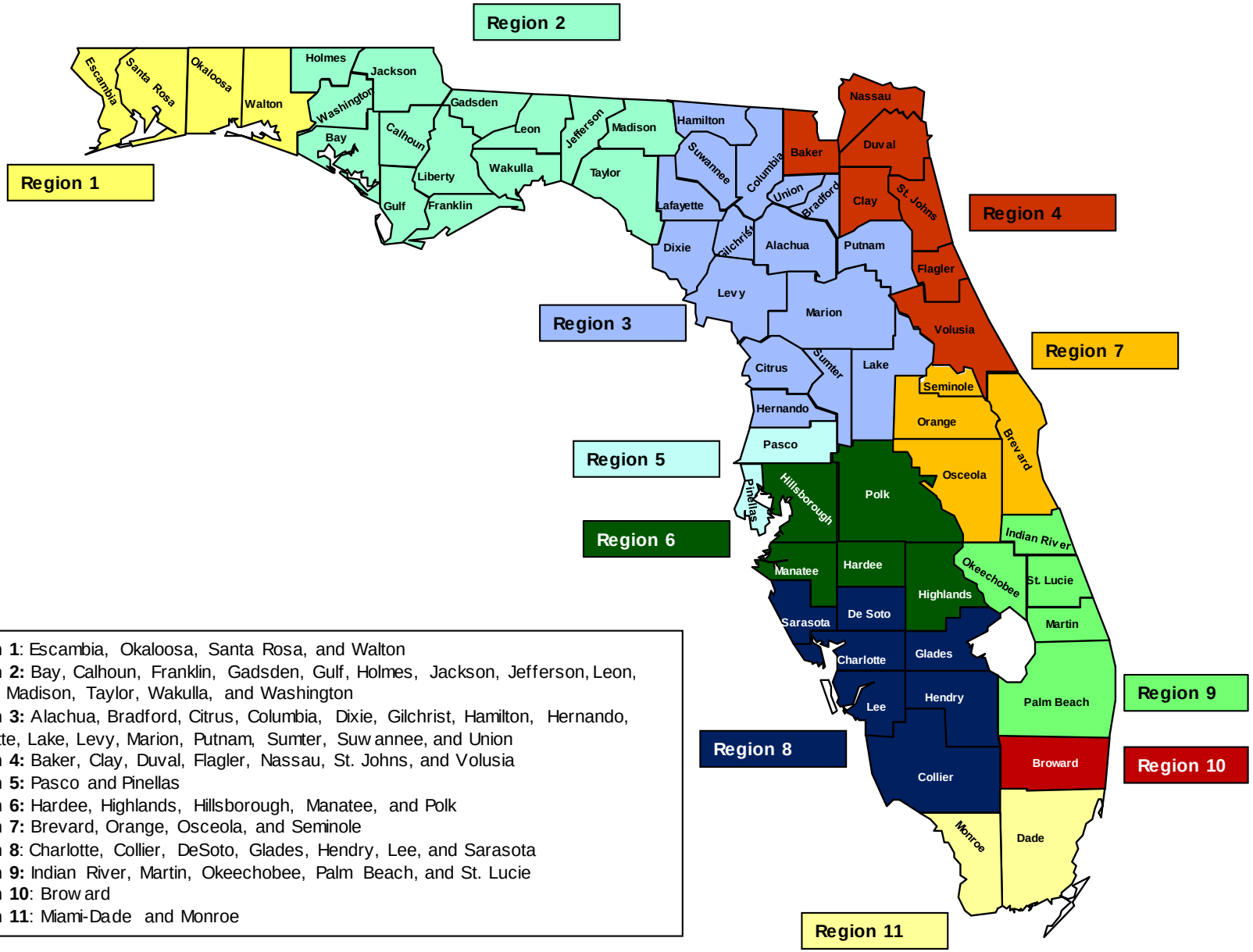
Statewide Medicaid Managed Care: Key Components



Selecting Managed Care Plans

- Managed care plans must be selected through a competitive bid process
  - Invitation to Negotiate
- Plans must bid separately for LTC and Medical Assistance
- State is divided into 11 regions

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

Part 3: The Long-Term Care Program

Who Must Enroll?

- Individuals must enroll in LTC Managed Care if they are 18 and older and enrolled in:
  - Nursing Facility
  - Aged and Disabled Adult Waiver
    - Consumer-Directed Care Plus for individuals in the A/DA waiver
  - Assisted Living Waiver
  - Channeling Services for Frail Elders Waiver
  - Nursing Home Diversion Waiver
  - Frail Elder Option

Eligibility Determination

- DCF or Social Security Administration will continue to determine financial eligibility.
- DOEA's CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program will continue to determine nursing facility level of care.

Covered Services

Adult companion care	Hospice
Adult day health care	Intermittent and skilled nursing
Assisted living	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	

How are services changing?

- The SMMC program does not eliminate services:
  - Managed care plans will be required to provide services at a level equivalent to the Medicaid state plan.
  - New services and options such as:
    - Case Management for nursing facility residents
    - Participant Directed Option
  - Plans are offering additional benefits.

LTC: Managed Care Plan Awards by Region

Region	Plans
1	American Eldercare, Inc.; Sunshine State Health Plan
2	American Eldercare, Inc.; United Healthcare of Florida, Inc.
3	American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.
4	American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Humana Medical Plan, Inc.
5	American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Molina Healthcare of Florida
6	American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Coventry Health Plan; Molina Healthcare of Florida
7	American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Coventry Health Plan
8	American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.
9	American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Coventry Health Plan
10	American Eldercare, Inc.; Sunshine State Health Plan; Amerigroup Florida, Inc.; Humana Medical Plan, Inc.
11	American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Coventry Health Plan; Amerigroup Florida Inc.; Molina Healthcare of Florida; Humana Medical Plan, Inc.

Plan Readiness Review

- Assesses the managed care plan's readiness and ability to provide services to recipients.
- This review is completed prior to the enrollment of recipients.
- The scope of the review may include any and all contract requirements. Examples of the readiness review may include, but is not limited to:
  - Review of managed care plan policies and procedures
  - Review of provider networks
  - A walkthrough of the managed care plan operations
  - System demonstrations
  - Interviews with managed care plan staff

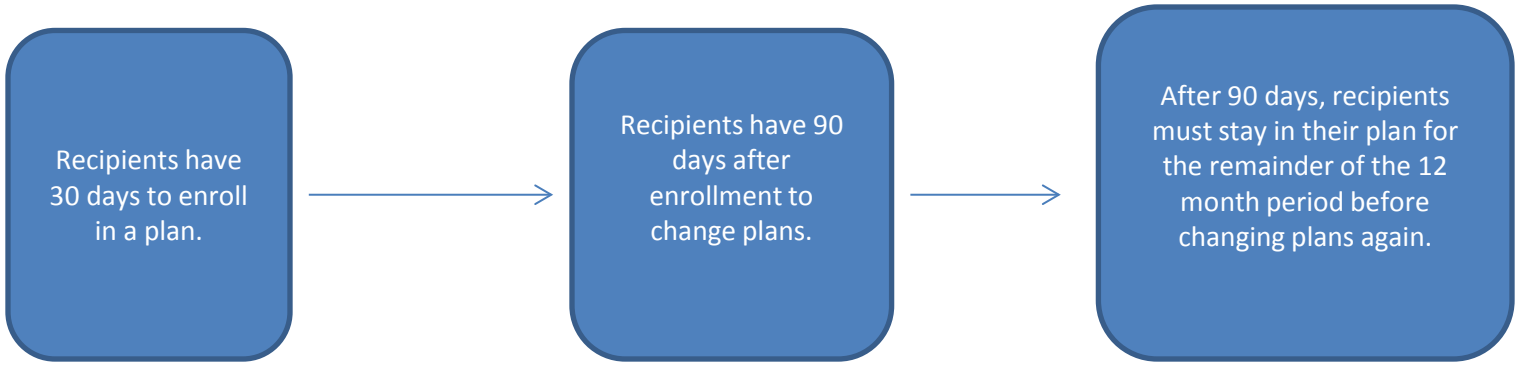
LTC Timelines:
Recipient Enrollment Schedule

Region	Plan Readiness Deadline	Enrollment Effective Date	Total Eligible Population
7	May 1, 2013	August 1, 2013	Region 7: 9,338
8 & 9	June 1, 2013	September 1, 2013	Region 8: 5,596; Region 9: 7,854 Total = 13,450
2 & 10	August 1, 2013	November 1, 2013	Region 2, 4058; Region 10, 7,877 Total = 14,853
11	September 1, 2103	December 1, 2013	Region 11: 17,257
5 & 6	November 1, 2013	February 1, 2014	Region 5: 9,963; Region 6, 9,575 Total = 19,538
1, 3 , 4	December 1, 2103	March 1, 2014	Region 1: 2,973; Region 3: 6,911; Region 4: 9,087 Total = 18,971

LTC Timelines:
Recipient Notification & Choice Counseling (Region 7)

Activity	Date
Mail informational letter to recipients	March 2, 2013
Mail welcome letter to recipients to choose a plan	May 20, 2013
Mail plan choice reminder notice to recipients	July 1, 2013
Plans go live/ first date of service	August 1, 2013

Enrollment Process



- Recipients are encouraged to choose the long-term care managed care plan that best meets their needs.
- If a recipient who is required to enroll does not choose a plan within 30 days, AHCA will automatically assign the recipient to a long-term care managed care plan.
- Enrollees can change their long-term care providers within their plan at any time.

Statewide Medicaid Managed Care's Impact on ALFs & AFCHs

- ALFs are eligible to provide Assisted Living Service
- AFCHs are eligible to provide Assistive Care Services
- ALFs & AFCHs will bill managed care plan for service payments based upon terms of subcontract with the plan
- Managed care plans must offer a contract to any ALF that was billing for Medicaid waiver services as of July 2012
  - After the first year of contract, can exclude ALFs for not meeting quality or performance standards

Statewide Medicaid Managed Care's Impact on Nursing Facilities

- **For first year only**--Plans must offer a contract to Nursing Facilities in each region
- After first year, Plans may limit the number of Nursing Facilities in network based upon quality and performance
- Nursing Facilities will bill plan directly for recipient care based upon subcontract agreement
- Plans must pay nursing facilities the Medicaid rate
  - Medicaid will continue to set nursing facility rates as we do now

Incentives for Home and Community Based Care

- The law requires that managed care plan rates be adjusted annually to provide an incentive to shift services from nursing facilities to community based care
- Incentives are for a 2-3% shift each year until 35% of Medicaid recipients are receiving long term care in the community

Federal Authorities

- Requested a 1915(b) and 1915(c) combination waiver
  - To identify and allow qualified individuals to receive home and community based care services in lieu of nursing home care services.
  - To enroll individuals in managed care plans statewide, and to allow for selective contracting of those plans.
- Federal Centers for Medicare and Medicaid Services approved the waivers February 1, 2013

Part 4: The Managed Medical Assistance Program

Enrollment in SMMC MMA Program: Who Must Enroll?

- Most recipients must enroll unless specifically exempted
- Recipients required to enroll include, but are not limited to:
  - TANF and TANF related Recipients
  - Children with chronic conditions, including children in foster care
  - Pregnant women
  - Medically Needy recipients
  - Full Dual Eligibles
  - Persons eligible for Medicaid by reason of a disability (excludes DD population)

Enrollment in SMMC MMA Program: Who May NOT Enroll

- Certain recipients may not enroll, including:
  - Women eligible only for family planning services
  - Women eligible for Medicaid through the Breast and Cervical Cancer program
  - Aliens eligible for Emergency services only
  - Children who receive Prescribed Pediatric Extended Care (PPEC) services

MMA Program Components: Services: Required Services

Minimum Required Covered Services: Managed Medical Assistance Plans	
Advanced registered nurse practitioner services.	Laboratory and imaging services
Assistive Care 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	Physician services, including physician assistant services
Family planning services and supplies (some exception)	Podiatric services
Healthy Start Services (some exception)	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

MMA Program Components: Service: How are services changing?

- New covered services
  - SIPP
  - Child Welfare Services
  - Non Emergency Transportation
  - Substance abuse treatment services
  - All Medicaid-covered dental services

MMA Timelines:
Invitation to Negotiation

Activity	Date
Release of Invitation to Negotiate	December 28, 2012
Deadline for Receipt of Bids	March 15, 2013
Published List of Respondents for Provider Comments	March 20, 2013
Anticipated Dates for Negotiation	July – August 2013
Anticipated Posting of Notice of Intent to Award	September 2013

Blackout!

- Due to the competitive procurement, we are in a statutorily imposed “Blackout Period” until 72 hours after the award and cannot provide interpretation or additional information not included in the MMA ITN documents.

Letters of Intent to Bid: MMA Program

- To assist with planning the Agency requested non-binding letters of intent to bid on the MMA program from interested parties.
- Received 13-17 responses for each region

Waiver Status:
Federal Authorities Requested

- Amend 1115 Medicaid Reform Pilot Demonstration Waiver:
  - To mandatorily enroll most Medicaid recipients in Statewide Medicaid Managed Care plans.
  - To allow health plans to develop customized benefits packages.
  - To implement the SMMC on a statewide basis.
- CMS has agreed in principle to approve the waiver
- Negotiations with federal CMS are ongoing

Part 5: Program Improvements

Service Enhancements

- Increased emphasis on home and community-based services:
  - Facilitate nursing facility transition.
  - Increased care coordination and case management across care settings - more integrated care/case management.
  - Enhanced community integration and personal goal setting.

Service Enhancements (Continued)

- Increased access to quality providers:
  - Selection of the most qualified plans.
  - Expanding services available in rural areas.

- Increased access to quality services:
  - Increased access to participant direction.
  - Plans can offer expanded benefits.
  - Increased opportunity for integration between Medicaid and Medicare through enhanced care coordination.

Long-term Care Managed Care Program Enhancements

- Increased predictability for recipients and providers:
  - Five year contracting period - less confusion for providers and recipients.
  - Penalties for plan withdrawals.
  - Maintenance of role of critical community-based providers (ADRCs and Aging Network providers).
  - Parameters for payments to certain providers (nursing facilities, hospice).

Long-term Care Managed Care Program Enhancements (Continued)

- Increased accountability:
  - Enhanced quality measures.
  - Enhanced access to encounter data for long-term care services.
  - Enhanced contract compliance tools, including liquidated damages, sanctions, and statutory penalties and terminations.

What Will Not Change

- CARES will continue to determine clinical eligibility.
- DCF and Social Security will continue to determine financial eligibility.
- The majority of services will remain the same.
- Waitlist for HCBS will be maintained.

Additional Resources

- Details regarding LTC managed care ITN are available through the Florida Vendor Bid System: http://myflorida.com/apps/vbs/vbs_www.main_menu
- Updates about the Statewide Medicaid Managed Care Program are posted at: http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml#tab1
  - You can sign up to receive email updates about the program at this website.

How to Stay Informed

- Participated in conference calls and Webinars that are being established to educate and communicate with plans and plan network providers regarding implementation activities.
- Send your questions to:

FLMedicaidManagedCare@ahca.myflorida.com

  - We will post answers on the website and/or answer them on provider Webinars

Questions?