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**SETTING THE RECORD STRAIGHT:**  
***Health News Florida* Omits Facts about Recipient Choice, Responsibility in the Long-term Care (LTC) Program**

After opening the story with **“Florida’s unprecedented transition to managed care for its most fragile Medicaid patients is working.”** *Health News Florida* then provided many inaccurate and incomplete statements about the implementation of the Long-term Care program.

**Claim:** “About 40 different individuals involved in the early phases of shifting elderly and disabled Medicaid patients into managed care plans told researchers they are most concerned that more than a third of participants failed to select a plan. Those patients were automatically enrolled in a plan.”

**Fact:** The Agency has a robust choice counseling system that allows recipients or their designated representative to learn more about the plans offered in each region and make a plan choice via a call center or in person, or make a selection online any time of day or night. Choice counseling was also available at hundreds of sessions hosted in various long-term care settings such as skilled nursing facilities, assisted living facilities and adult family care homes.

The auto-assignment algorithm takes into consideration multiple factors including an existing relationship with a Medicare Special Needs Plan or Medicare Advantage Plan, known provider relationships and prior LTC plan relationship, among other factors. Recipients who preferred their auto assignment were not required to call and confirm their plan.

All recipients received at least two letters notifying them of the opportunity to choose a LTC plan. If a recipient fails to make a choice and their auto-assignment takes effect, the recipient can choose another plan any time during the 90 day period following their enrollment. Only 5% of recipients who did not make a choice different than their auto-assignment during the initial choice period later chose to select a different plan within the 90 day change period after enrollment began. Said another way, 95% of recipients who did not select a plan other than their auto-assignment were satisfied with the plan chosen for them.

**Claim:** “... questions arose about billing.”

**Fact:** The Agency has a robust structure in place to ensure providers have adequate access to have their questions, including billing inquiries, addressed. Field offices in each region hold weekly calls during the period of transition for hospice providers, nursing facility providers, and all other home and community-based services providers thus giving another opportunity for billing-related technical assistance. All questions are addressed timely and added to the regularly updated FAQ document on the SMMC website.



**Claim:** “Beneficiaries weren’t always notified that they need to select a care plan. Glitches, such as out-of-date addresses and incorrect enrollment timing, were to blame.”

**Fact:** Virtually every recipient was notified in the correct timeframe. For the miniscule segment of recipients who were not, it was because of incorrect addresses on file, which is why the State consistently reminds recipients to notify the State if they have a change of address. Maintaining correct address records is an on-going effort and not specific to the Statewide Medicaid Managed Care program transition.

**Claim:** “Enrollment was cumbersome, with multiple calls needed to determine whether those who provide various services—such as meals and personal care services—were part of the new managed care plans.”

**Fact:** Plan network information was and remains available to all choice counselors and can be accessed by contacting the Florida Statewide Medicaid Managed Care Hotline and discussing providers and plan network information via the phone or request an in-person meeting. Additionally, plan network information remains available to recipients by going to [www.flmedicaidmanagedcare.com](http://www.flmedicaidmanagedcare.com) and clicking on the “Enroll Online” button in the upper right-hand corner of the page.

**Claim:** “Complete plan information wasn’t available in a timely manner on the program website.”

**Fact:** All plan specific information was available and accessible on the website more than two months prior the first date of enrollment for each region, and all program specific services and information was available on the website four months prior to the first date of enrollment. Additionally, the plan information was mailed to each recipient or their documented designee.

**Claim:** “...If a senior chooses a plan and the plan does not have a contract approved with that assisted living facility, it could mean the senior will either have to give up their Medicaid covered services or they have to totally move out of that facility that has been their home.”

**Fact:** LTC plans are required to offer contracts to all aging network providers in their region, which includes assisted living facilities. The Agency tracks assisted living facilities who have contracts with LTC plans in their regions and the impact this may potentially have on recipients. To date, the Agency has been able to resolve any potential issues and no one has had a disruption in their care.

A recipient residing in an assisted living facility who chooses to enroll in a LTC plan that does not have an agreement/contract with the facility (after the initial 60-day transition period) has the following options: (1) Select a LTC plan that the enrollee’s facility has reached an agreement/contract with; (2) Move to a facility that the enrollee’s LTC plan has an agreement/contract with; or (3) Disenroll from the LTC program. The first and second options allow the enrollee to maintain Medicaid coverage for assisted living services. Only the third option will potentially result in a loss of Medicaid covered services. Any potential issues related to this have been resolved without disruption in care. Reference July 22, 2013 letter to assisted living facilities: [http://ahca.myflorida.com/Medicaid/statewide\\_mc/pdf/LTC/ALF\\_Letter\\_072213\\_FINAL.pdf](http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/ALF_Letter_072213_FINAL.pdf)

*The Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida’s Medicaid program, licenses and regulates more than 45,000 health care facilities and 37 health maintenance organizations, and publishes health care data and statistics at [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). Additional information about Agency initiatives is available via [Facebook \(AHCAFlorida\)](#), [Twitter \(@AHCA\\_FL\)](#) and [YouTube \(/AHCAFlorida\)](#).*

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