

Welcome to the Agency for Health Care Administration (AHCA) training presentation for Medicaid hospice providers

The presentation will begin momentarily.

Please dial in ahead of time to:

1-888-670-3525

Passcode: 771 963 1696



Guide for Hospice Providers Statewide Medicaid Managed Care Long-term Care Program

December 18, 2013



Today's Presentation



Better Health Care for All Floridians

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Florida Medicaid



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Statewide Medicaid Managed Care Program

In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has two key components: the Managed Medical Assistance program and the Long-term Care program.

Choose a **tab** above to view guidance statements and specific information regarding the Long-term Care and Managed Medical Assistance programs.

Choose an **arrow** below to view general information about the program.

↕ [Program Overview and Summary](#) ↕

↕ [Achieved Savings Rebate Rule](#) ↕

Program Updates

Report a Complaint

Frequently Asked Questions

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 LTC or MMA ITN documents.

As stated in s. 287.057(23), F.S., "Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response."

Follow the link below to the SMMC Website and select the "News and Events" tab under the header image.

Note: You can use the red button to sign up for SMMC Program updates via e-mail.



<http://ahca.myflorida.com/smmc>



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AHCA.MyFlorida.com

Today's Presentation (cont.)

Select “Event and Training Materials” to download today’s presentation.

The screenshot shows the AHCA website interface. At the top, the AHCA logo is displayed with the tagline "Better Health Care for All Floridians". A navigation menu includes links for Home, About Us, Dashboard, Public Records, Procurements, Publications, Find a Facility, Contact Us, and a prominent "REPORT FRAUD" button. Below the navigation, a banner for "Florida Medicaid" features a photo of a woman and a child. A secondary navigation bar includes "Home", "News and Events", "Long-term Care", "Managed Medical Assistance", and "Federal Authorities". The "News and Events" section contains a list of links: "Calendar of Events and Training", "Event and Training Materials" (circled in red), "Previous Events Archive", "Guidance Statements", and "Frequently Asked Questions". To the right, there are buttons for "Program Updates", "Report a Complaint", and "Frequently Asked Questions". A "Comments and Questions?" box at the bottom right provides contact information for the Statewide Medicaid Managed Care program, including an email address and physical address in Tallahassee, Florida.

Today's Presentation (cont.)

The screenshot shows the Florida Medicaid website. At the top is a blue header with the text "Florida Medicaid" and a circular image of a woman and a child. Below the header is a navigation menu with buttons for "Home", "News and Events", "Long-term Care", "Managed Medical Assistance", and "Federal Authorities". The "News and Events" section is active, displaying a message: "Choose an arrow below for information and upcoming events related to the Statewide Medicaid Managed Care program." Below this are two links: "Calendar of Events and Training" and "Event and Training Materials". A "Most Recent Webinar" section features a video player with a white screen displaying the following text: "Welcome to the Agency for Health Care Administration (AHCA) Training Presentation for Recipient Eligibility Verification. The presentation will begin momentarily. Please dial in ahead of time to: 1-888-670-3525 Passcode: 771-963-1696". The AHCA logo is visible at the bottom of the video frame. To the right of the main content are three buttons: "Program Updates" (pink), "Report a Complaint" (blue), and "Frequently Asked Questions" (grey). Below these is a "Comments and Questions?" section with contact information for the Statewide Medicaid Managed Care program, including an email address and a mailing address in Tallahassee, Florida.

Choose the file(s) you would like to save.

Note: You may also view files from past events and AHCA guidance statements or submit questions to be answered in future presentations.



Today's Presenters

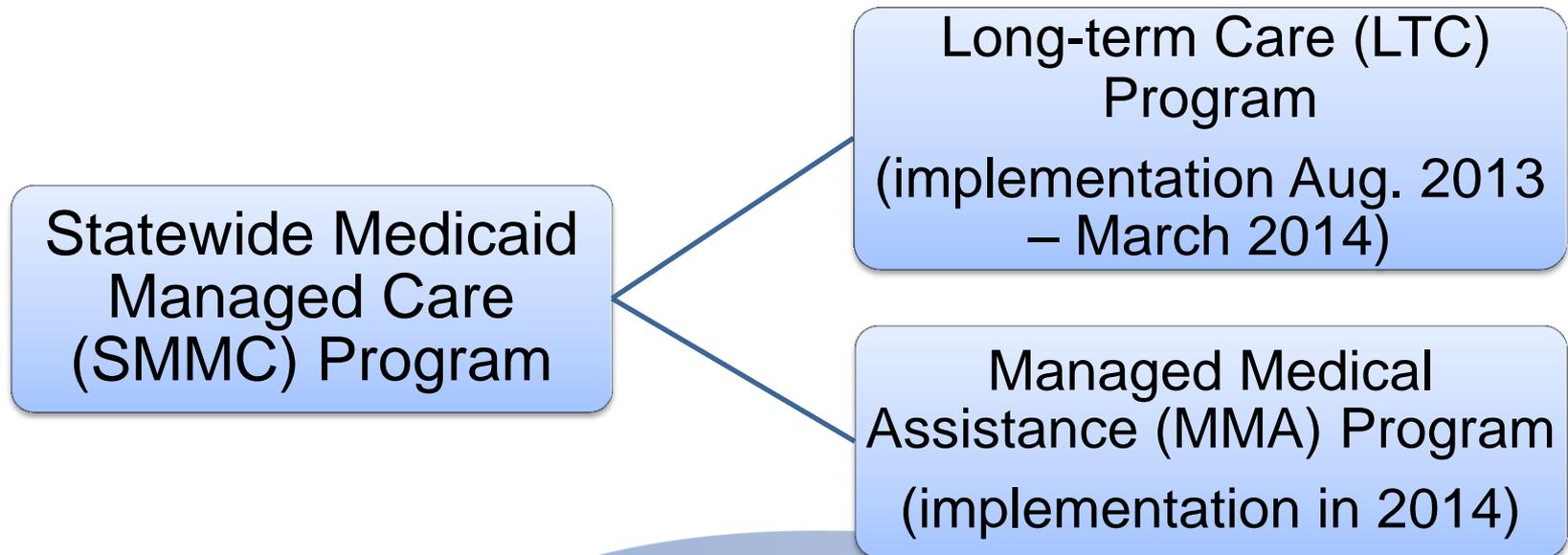
- Beth Kidder
Assistant Deputy Secretary for Medicaid
Operations
- Claire Anthony-Davis
Registered Nurse Consultant
Medicaid Services

The SMMC Program

- The Statewide Medicaid Managed Care (SMMC) program was authorized by the 2011 Florida Legislature.
- It establishes the Florida Medicaid program as a statewide, integrated managed care program for all covered services, including long-term care services.
- The program is being implemented statewide. There are 11 regions that coincide with the existing AHCA/Medicaid and Department of Elder Affairs areas.

The SMMC Program (cont.)

- Because of the Statewide Medicaid Managed Care (SMMC) program, the Agency is changing how a majority of individuals receive most health care services from Florida Medicaid.



The Long-term Care Program

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

Medicaid Recipients Required to Participate in LTC

- Recipients 65 years of age or older who need a nursing facility level of care, including hospice recipients residing in skilled nursing facilities (SNFs).
- Recipients 18 years of age or older who are eligible for Medicaid by reason of disability and who need nursing facility level of care.
- Recipients participating in the Aged and Disabled Adult, Assisted Living, Nursing Home Diversion, and Channeling Medicaid Waiver programs.
- Individuals participating in the Frail Elder Option.

Current recipients of these programs will be enrolled in the LTC program without any interruption of services.

Hospice Recipients Required to Choose an LTC Plan

- Hospice recipients must select an LTC plan if they are:
 - Medicaid recipients age 18 or older residing in a nursing facility, or;
 - Receiving services through one of the identified home and community-based waiver programs that will be transitioning into the LTC program.

What Services are Covered Under Medicaid LTC ?

Adult companion care	Hospice
Adult day health care	Intermittent and skilled nursing
Assisted living service	Medical equipment and supplies
Assistive care service	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	Therapy: 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 medical necessity.



Dually Eligible Recipients

- 95% of individuals who enroll in the LTC program are dually eligible for both Medicare and Medicaid.
- Therefore, if these individuals need hospice, Medicare is the primary payor.

Contracting with LTC Plans

- Each LTC plan must offer a network contract to all hospices in a region.
- Hospices that are enrolled Medicaid providers must participate in all eligible LTC plans selected in the region in which the provider is located.

Contracting with an LTC Plan

- Providers can contract with an LTC plan at any time.
- Recipients begin choosing LTC plans two months prior to the “go live” date for their region.
- Choice Counselors use a list of contracted providers to help recipients choose an LTC plan.
- To be on the Choice Counselor’s list, providers must have an executed contract with a plan.
- A provider’s LTC plan contract must be validated in the Provider Network Verification (PNV) system.

Providers should contact the long-term care plans in their region: <http://ahca.myflorida.com/smmc>. For Provider Relations contacts click the “Long-term Care” tab, then the “Providers” tab.

Hospices and Skilled Nursing Facilities Participating in LTC

- **For the first year of SMMC, LTC plans must offer a contract to Medicaid enrolled hospices and SNFs in each region.**
- After the first year, plans may limit the number of providers in a network based upon provider performance.
- Plans must pay SNFs and hospices at minimum the Medicaid rate. Medicaid will continue to set rates for hospices and SNFs.
- If a recipient chooses an LTC plan that does not have a contract with their hospice or SNF, the LTC plan and provider must work together to determine how to handle payment for the services provided to that recipient.

Hospices and Skilled Nursing Facilities Participating in LTC (cont.)

- SNFs and hospices that are enrolled Medicaid providers must participate in LTC plans.
- SNFs and hospices may not notify recipients that they must move because the facility or hospice is not contracted with that resident's LTC plan or cannot reach a payment agreement with that LTC plan. **This would be considered as the SNF or hospice not participating.**
- If the Agency determines a facility is not participating in an LTC plan within their region the facility's or hospice's enrollment in Medicaid is subject to termination.

Provider Requirements

- To be paid by a fee-for-service Long-term Care plan, a provider must be fully enrolled in Medicaid.
- To be a network provider with a capitated LTC plan, a provider must be a registered Medicaid provider.
- All providers must meet Medicaid provider requirements at the time the service is rendered.

Recipient Appeal Rights

- Medicaid enrolled recipients maintain the right to disagree with any change in their services.
- LTC plans will notify recipients of their right to challenge a denial, termination, suspension or reduction of services.

Continuity of Care

- LTC plans must continue enrollees' **current** services for up to 60 days until a new assessment and care plan are complete and services are in place to include:
 - Same services.
 - Same providers.
 - Same amount of services.
 - Same rate of pay (if the provider is not under contract).
- **Current services** include hospice, SNF, Medicaid waiver (Diversion, Aged/Disabled Adult, Assisted Living, Channeling), and Frail Elder.

Continuity of Care (cont.)

- Until a new care plan is implemented, LTC plans must pay for service delivered by the enrollee's **current** provider, even if the provider does not have a contract with the LTC plan.
- During this transition period, the LTC plan must pay the hospice **the Medicaid rates.**

Hospice Reimbursement

- Hospices will be paid at least the Medicaid rate.
- For recipients residing in a nursing facility, the hospice will bill the LTC plan, then provide the SNF with the room and board payment.
- For a recipient who has Medicaid only, the LTC plan will be responsible for paying the hospice provider from the first day the individual is enrolled with the LTC plan.

Hospice Reimbursement (cont.)

All plans will reimburse hospice providers at the established hospice rates posted on the AHCA portal at:

http://ahca.myflorida.com/Medicaid/cost_reim/hospice_rates.shtml

Hospice Reimbursement (cont.)

For all electronically submitted claims for hospice services, the LTC plans must:

- Pay or deny the claim within ten business days of receipt of hospice clean claims.
- Have a process for handling and addressing the resolution of provider complaints concerning all claims issues.

Hospice Reimbursement (cont.)

- Hospice claims will be submitted to the LTC plans based on the contract between the LTC plan and the hospice.
- The LTC plans will supply a provider handbook and other instructions on how to bill.

Hospice Reimbursement (cont.)

For their patients in LTC, hospices should bill:

- Medicare for the hospice services (levels of care) for recipients who are dually eligible.
- The appropriate LTC plan for the hospice services (levels of care) for recipients who are Medicaid only.
- The appropriate LTC plan for SNF room and board based on the established hospice room and board rates. Room and board payments “pass through” to the SNF.

Reimbursement Assistance

- The Agency will ensure providers are paid appropriately and timely for services rendered according to a current care plan.
- For help with billing issues, providers can:
 1. Submit an issue online.
 - <http://ahca.myflorida.com/SMMC>
 - Select the red “Report a Complaint” button
 - A Medicaid staff person will call to assist you.
 2. Call your local Medicaid office.
 - Contact numbers are found under the Area Offices tab at:

<http://ahca.myflorida.com/Medicaid/>

Share of Cost (Patient Responsibility)

- The LTC plan is responsible for collecting the patient responsibility or recipient share of cost for Medicaid services.
- If the plan and the hospice mutually agree, the hospice may collect the share of cost from the recipient.

Dis-enrollment Requirements

- Hospice recipients not enrolled in LTC, but currently enrolled in HMO's & PSN's, will be continued to be required to dis-enroll from the HMO or PSN upon admission to a hospice.
 - Hospices should notify DCF and your Medicaid area office of the dis-enrollment by submitting AHCA Form 5000-21 (see the Hospice Services Coverage and Limitations Handbook).
 - *Note: This will change when Managed Medical Assistance is implemented in 2014*

Dis-enrollment Requirements (cont.)

- If a hospice recipient is enrolled in an LTC plan, the patient will not be dis-enrolled from the LTC plan when electing hospice.
- Hospice patients must dis-enroll from Project AIDS Care waiver when they elect hospice.

Recipient Eligibility

- Providers are responsible for verifying recipient eligibility prior to rendering services and billing.
- Verify recipient eligibility through the MEVS system, which will include the name of the recipient's LTC plan.
- A webinar shows how to verify recipient eligibility for this program. It is available at:
<http://ahca.myflorida.com/SMMC>
 - Go to the News and Events tab and select Event & Training Material

Pre-authorizations

- To ensure payment, providers must receive authorization from the LTC plan before providing services.
- Each LTC plan will establish its authorization process and provide guidance through contracts and/or provider handbooks.
- Also, each recipient has a case manager with their LTC plan who is responsible for coordinating the recipient's care.
 - Providers should contact the recipient's case manager to advise them of the hospice election and obtain authorization.
 - The LTC plans require case managers to be available after hours.

Resources

- Questions can be emailed to: FLMedicaidManagedCare@ahca.myflorida.com
- Updates about the Statewide Medicaid Managed Care program are posted at: www.ahca.myflorida.com/SMMC
- Upcoming events and news can be found on the “News and Events” tab.
 - You may sign up for our mailing list by clicking the pink “Program Updates” box on the right hand side of the page.

The screenshot shows the AHCA website interface. At the top, the AHCA logo and tagline "Better Health Care for All Floridians" are visible. Below the navigation bar, the "Florida Medicaid" section is highlighted. The "News and Events" tab is circled in red. The "Statewide Medicaid Managed Care Program" section is displayed, with a pink "Program Updates" button circled in red. The "Report a Complaint" and "Frequently Asked Questions" buttons are also visible. A text box at the bottom right contains a notice about a "Blackout Period" for procurement.

Additional Information



[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)



[Twitter.com/AHCA_FL](https://www.twitter.com/AHCA_FL)

Questions?

