Statewide Medicaid Managed Care Program

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Joint Training for Nursing Homes & ALFs
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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

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)

ELIGIBLE PLANS: ACO, EPO, HMO, LTC PSN, & MA SNPs

Network Providers

Network Providers
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.

<table>
<thead>
<tr>
<th>Medicaid Enrollment As of December 2012</th>
<th>% of Total Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO</td>
<td>1,226,484</td>
</tr>
<tr>
<td>PSN</td>
<td>263,406</td>
</tr>
<tr>
<td>MediPass (PCCM)</td>
<td>594,314</td>
</tr>
<tr>
<td>Fee-For-Service</td>
<td>1,110,123</td>
</tr>
<tr>
<td>Nursing Home Diversion</td>
<td>20,089</td>
</tr>
</tbody>
</table>
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

- Statewide Medicaid Managed Care Program
- Managed Medical Assistance Program (2014)
- Long-term Care Managed Care Program (2013)
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult companion care</td>
<td>Hospice</td>
</tr>
<tr>
<td>Adult day health care</td>
<td>Intermittent and skilled nursing</td>
</tr>
<tr>
<td>Assisted living</td>
<td>Medical equipment and supplies</td>
</tr>
<tr>
<td>Assistive care services</td>
<td>Medication administration</td>
</tr>
<tr>
<td>Attendant care</td>
<td>Medication management</td>
</tr>
<tr>
<td>Behavioral management</td>
<td>Nursing facility</td>
</tr>
<tr>
<td>Care coordination/Case management</td>
<td>Nutritional assessment/Risk reduction</td>
</tr>
<tr>
<td>Caregiver training</td>
<td>Personal care</td>
</tr>
<tr>
<td>Home accessibility adaptation</td>
<td>Personal emergency response system (PERS)</td>
</tr>
<tr>
<td>Home-delivered meals</td>
<td>Respite care</td>
</tr>
<tr>
<td>Homemaker</td>
<td>Therapies, occupational, physical, respiratory, and speech</td>
</tr>
<tr>
<td>Transportation, non-emergency</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Region</th>
<th>Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>American Eldercare, Inc.; Sunshine State Health Plan</td>
</tr>
<tr>
<td>3</td>
<td>American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.</td>
</tr>
<tr>
<td>4</td>
<td>American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Humana Medical Plan, Inc.</td>
</tr>
<tr>
<td>5</td>
<td>American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Molina Healthcare of Florida</td>
</tr>
<tr>
<td>6</td>
<td>American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Coventry Health Plan; Molina Healthcare of Florida</td>
</tr>
<tr>
<td>7</td>
<td>American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Coventry Health Plan</td>
</tr>
<tr>
<td>8</td>
<td>American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.</td>
</tr>
<tr>
<td>9</td>
<td>American Eldercare, Inc.; Sunshine State Health Plan; United Healthcare of Florida, Inc.; Coventry Health Plan</td>
</tr>
<tr>
<td>10</td>
<td>American Eldercare, Inc.; Sunshine State Health Plan; Amerigroup Florida, Inc.; Humana Medical Medical Plan, Inc.</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Region</th>
<th>Plan Readiness Deadline</th>
<th>Enrollment Effective Date</th>
<th>Total Eligible Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>May 1, 2013</td>
<td>August 1, 2013</td>
<td>Region 7: 9,338</td>
</tr>
<tr>
<td>8 &amp; 9</td>
<td>June 1, 2013</td>
<td>September 1, 2013</td>
<td>Region 8: 5,596; Region 9: 7,854 Total = 13,450</td>
</tr>
<tr>
<td>2 &amp; 10</td>
<td>August 1, 2013</td>
<td>November 1, 2013</td>
<td>Region 2: 4058; Region 10: 7,877 Total = 14,853</td>
</tr>
<tr>
<td>11</td>
<td>September 1, 2103</td>
<td>December 1, 2013</td>
<td>Region 11: 17,257</td>
</tr>
<tr>
<td>5 &amp; 6</td>
<td>November 1, 2013</td>
<td>February 1, 2014</td>
<td>Region 5: 9,963; Region 6: 9,575 Total = 19,538</td>
</tr>
<tr>
<td>1, 3, 4</td>
<td>December 1, 2103</td>
<td>March 1, 2014</td>
<td>Region 1: 2,973; Region 3: 6,911; Region 4: 9,087 Total = 18,971</td>
</tr>
</tbody>
</table>
## LTC Timelines:
Recipient Notification & Choice Counseling (Region 7)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail informational letter to recipients</td>
<td>March 2, 2013</td>
</tr>
<tr>
<td>Mail welcome letter to recipients to choose a plan</td>
<td>May 20, 2013</td>
</tr>
<tr>
<td>Mail plan choice reminder notice to recipients</td>
<td>July 1, 2013</td>
</tr>
<tr>
<td>Plans go live/ first date of service</td>
<td>August 1, 2013</td>
</tr>
</tbody>
</table>
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

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release of Invitation to Negotiate</td>
<td>December 28, 2012</td>
</tr>
<tr>
<td>Deadline for Receipt of Bids</td>
<td>March 15, 2013</td>
</tr>
<tr>
<td>Published List of Respondents for Provider Comments</td>
<td>March 20, 2013</td>
</tr>
<tr>
<td><strong>Anticipated</strong> Dates for Negotiation</td>
<td>July – August 2013</td>
</tr>
<tr>
<td><strong>Anticipated</strong> Posting of Notice of Intent to Award</td>
<td>September 2013</td>
</tr>
</tbody>
</table>
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).
• 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


• Updates about the Statewide Medicaid Managed Care Program are posted at: [http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml#tab1](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?