Statewide Medicaid Managed Care
Managed Medical Assistance (MMA) Program

Overview of Medicaid Express Enrollment
November 18, 2015

The presentation will begin momentarily.

Please dial in to hear audio:
1-888-670-3525
Passcode: 736-109-7094
MMA Waiver Amendment - Overview

• The State received approval of an amendment to Florida’s 1115 MMA Managed Medical Assistance waiver to allow for Express Enrollment.

• The Agency intends to implement Express Enrollment for recipients mandatory for enrollment in the MMA program beginning in early January.

• Express Enrollment does NOT impact the Long-term Care program.
MMA Waiver Amendment - Overview

- Under Express Enrollment, the state will:
  - Give recipients the opportunity to make a plan choice concurrent with eligibility application; and
  - Assign Medicaid-eligible individuals who are mandated to participate in the MMA program to a health plan immediately after eligibility determination.
Express Enrollment - Objectives

• Under the MMA program the Agency was able to negotiate many program enhancements for recipients enrolled in health plans participating in the program.

• Under our current system, new Medicaid recipients have to wait from 30 to 60 days before they can enroll in a health plan and access the program enhancements.

• Express Enrollment will allow new enrollees who are mandated to participate in the MMA program to immediately take advantage of robust provider networks and access standards, and expanded benefits offered by the plan.
Express Enrollment – Limited Changes

• Under Express Enrollment there is no change to:
  – Who is eligible to enroll
  – Who is required to enroll
  – Services offered under the MMA program
• Health plan enrollment will be effective the same day the individual’s Medicaid application is approved.
• Plans will be paid a prorated capitation rate.
Express Enrollment– Plan Selection

• Individuals may choose an MMA plan upon submission of a complete Medicaid application through the ACCESS system.
• Concurrent with completion of their Medicaid eligibility application, mandatory recipients will be informed of:
  • Plans available in their area;
  • Guidance about selecting a health plan; and
  • How to make a plan choice.
Express Enrollment– Plan Selection

- Plan selection can be made electronically via the Agency’s online Express Enrollment website at www.smmcexpressenrollment.com.
- If no plan is chosen the Agency will automatically assign the recipient to a health plan once determined eligible.
- Plan enrollment will become effective when the applicant is determined eligible for Medicaid.
Express Enrollment - Plan Selection

Recap:

1. Individual completes and submits an application for Medicaid to DCF.
2. Applicant selects a plan*.
3. AHCA records the applicant’s plan selection.
4. DCF makes determination of Medicaid eligibility.
5. AHCA enrolls eligible recipients in:
   - Recipient’s selected plan; or,
   - Assigned plan, if no selection was made.

*Applicant may select a MMA Specialty Plan through the Express Enrollment process if they have an active specialty plan eligibility indicator on file.
Express Enrollment- Payment to Plans

- The plans will receive a prorated capitation payment for the first month for recipients enrolled through Express Enrollment.
  - The capitation payment will be equal to the portion of the month the recipient is enrolled.
Express Enrollment - Payment to Plans

- Plans will receive a daily enrollment file containing data for new Medicaid recipients.
- The enrollment file will be transmitted to plans by 8:00 am each calendar day through the 834.
- Plan enrollments are effective the date on the 834.
  - For example, if the plan received the enrollment file 9/29/15, the enrollment is likely to be effective 9/28/15. There are other variables that can impact the enrollment start date.
Plan Changes After Express Enrollment

• Upon eligibility determination, recipients mandatory for MMA enrollment will be enrolled in a plan.
• Recipients will be sent confirmation of their plan choice/plan assignment, along with additional information about the health plans in their area and their rights to change plans.
• Recipients will have 120 days to choose a different plan in their region.
Plan Changes After Express Enrollment

- After eligibility determination and plan enrollment:
  - Any plan change made during the 120 day period following initial plan enrollment will be effective the first day of the following month.
  - After 120 days, recipients will be locked in and cannot change plans without a state approved “Good Cause” reason until they have spent 12 cumulative months in their plan based on the first plan enrollment effective date.
Plan Responsibilities Under Express Enrollment

- Ensure systems are updated daily with enrollment file (834 Daily).
- Ensure member materials are distributed according to contract.
  - Materials will need to be updated to reflect the change to 120 day change period.
Express Enrollment: FAQ

• Q: What does the eligibility cycle look like? For example, if an individual is deemed eligible on the 8th of the month is their eligibility retro-active to the first of the month or prospective to the first of the following month?

• A: In the scenario above, if the recipient’s Medicaid eligibility through DCF is retroactive to the first of the month, then the recipient would be enrolled in the health plan effective on the 8th of the month. If the recipient’s eligibility through DCF is not active until the first of the following month, then the recipient would be enrolled in the health plan effective on the 1st of the following month.
Express Enrollment: FAQ

• Q: Will the recipient's plan effective date and health plan appear in FMMIS on the same day the member became Medicaid eligible?

• A: No. The recipient’s eligibility will be reflected in FMMIS on the day following eligibility determination.
Express Enrollment: FAQ

Q: If a recipient changed plans on the last day of the month would the effective date with the new plan be the next month or the following month?

A: In this scenario, the plan enrollment would become effective the first of the following month.
Express Enrollment: FAQ

Q: Can an individual pick the plan they want at the time they are deemed eligible, thereby waiving the 30 day change period and moving straight to the 90 day disenrollment period?

A: Yes, the recipient can select their plan on the same day they are deemed eligible. However, under Express Enrollment, the 30 day choice period and the 90 day disenrollment period have been combined into one 120 day change period.
Express Enrollment: FAQ

• Q: How will disenrollment within the change period be reflected on the eligibility file?
• A: This will not change with Express Enrollment. Plan changes made during the 120 day period will be effective on the 1st day of the following month, and will be reflected on the daily 834 provided by the fiscal agent and the Panel Roster Report provided by the enrollment broker.
Express Enrollment: FAQ

Q: What type of rate methodology will Milliman use to determine the rates for members that are assigned to the Plans for a partial month?

A: Milliman developed separate rates for the period after implementation of Express Enrollment. The rates are on a PMPM basis, and FMMIS will handle reimbursing portions of this rate depending on the time of enrollment into the plan.
Today’s Presentation

• The slides from today’s presentation can be found at the following link on the Agency’s website:
  http://ahca.myflorida.com/medicaid/statewide_mc/express_enroll.shtml
Questions?

If you have additional questions that were not covered during today’s presentation, please go to http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml and click on the Submit Questions tab or email them to FLMedicaidManagedCare@ahca.myflorida.com.