Attachment XII

- Summary of Health Plan Transition Process

Summary of Health Plan Transition Process

The Agency's mission is to ensure quality care is provided to Florida's residents. Our primary goal when a Medicaid health plan leaves a demonstration county is to ensure continuity of care for all affected enrollees. The following is a summary of the processes and requirements established to enable us to reach this goal.

OVERVIEW OF HEALTH PLAN WITHDRAWAL REQUIREMENTS

When a health plan decides to withdraw from a county, the health plan must provide written notice to the Agency at least 120 days prior to the anticipated effective date and must cease community outreach activities as specified in the contract. The health plan is required to work with the Agency to ensure a smooth transition for enrollees. Our model contract also allows the Agency to extend the termination date depending on the volume of health plan enrollees affected. In addition, 60 days prior to the withdrawal date, the Agency halts enrollment of new members into the health plan.

By contract, to ensure continuity of care, health plans are contractually required to honor prior authorization of ongoing covered services for a period of thirty (30) calendar days after the effective date of enrollment, or until the enrollee's PCP reviews the enrollee's treatment plan, whichever comes first. Prearranged covered services could include provider appointments, surgeries, and prescriptions. For covered behavioral health services, this policy is extended for up to three months.

ENROLLEE NOTIFICATIONS

For each transition, enrollees are given written notification of the change and an opportunity to select another health plan. The health plan must send a letter to its members 60 days prior to the enrollment transition date. These member notices must include the date on which the health plan will no longer participate in the state's Medicaid program and instructions on contacting the Agency's Choice Counseling (enrollment broker) toll free help line to obtain information on enrollment options and to request a change in health plans.

If the affected enrollee selects a new health plan 30 days prior to transition date, the Agency sends a letter confirming the effective date of enrollment into the new health plan.

If the affected enrollee doesn't select a new health plan 30 days prior to transition date, the Agency sends a letter to the enrollee with information on the new plan enrollment and how to contact the Agency's Choice Counseling (enrollment broker) toll free help line to request a change in health plans prior to the enrollment effective date.

All impacted beneficiaries are given 90 days after enrollment into the new health plan to select another health plan without cause.

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HEALTH PLAN DETAILED TRANSITION PROCESSES

In each scenario, the Agency carefully plans the transition of the affected enrollees into other health plans. To ensure continuity of care to affected enrollees as they enroll with new plans and to assist them through the choice process, the Agency follows a multi-layered approach:

- Assessing the capacity of the remaining plans and determining if those plans are able to ensure all impacted enrollees have access to quality care.
- Requiring the health plan to provide a listing of members' primary care providers (PCPs) to facilitate transition into a new health plan that also includes the PCP.
- Requiring the health plan to identify any members in active behavioral health care to facilitate a written care coordination plan.
- Comparing provider networks to ensure continuity of care and continued availability of current primary care and behavioral health providers with the new plan.
- Working with the plans and the choice counseling/enrollment broker vendor to create staggered withdrawal dates to ensure that the volume of beneficiaries being transitioned occurred in an organized manner.
- Working with the plans, the Agency's Choice Counseling (enrollment broker) vendor, local area staff, and advocacy groups in ensuring appropriate and timely notice to enrollees, including developing and releasing flyers to locations and providers frequented by impacted enrollees to help ensure recipients understand the changes that are occurring.
- Working with the plans to supply PCP and service information to ensure continuity of care and minimize disruption to the recipients, including reviewing the withdrawing plan's provider network to determine which PCPs are available in other health plans.
- Assisting PCPs unique to the withdrawing plan through the Medicaid provider enrollment process to facilitate their enrollment in other health plan networks.
- Conducting weekly calls with the Florida Medicaid Area Offices, Medicaid Contract Management, and the Agency's Choice Counseling (enrollment broker) vendor to ensure all issues are resolved quickly.

In addition, the Agency amended its contract with its Choice Counseling vendor to allow for additional counselors to be hired to properly manage the increased call volume to the Choice Counseling Call Center during the summer 2009 transition period. The Choice Counseling vendor also stationed field choice counselors in the Medicaid Area Offices in Broward and Duval Counties to assist Staywell/HealthEase enrollees in their choice of a new plan. These field choice counselors conducted special face-to-face choice counseling sessions specifically geared to transition enrollees.