

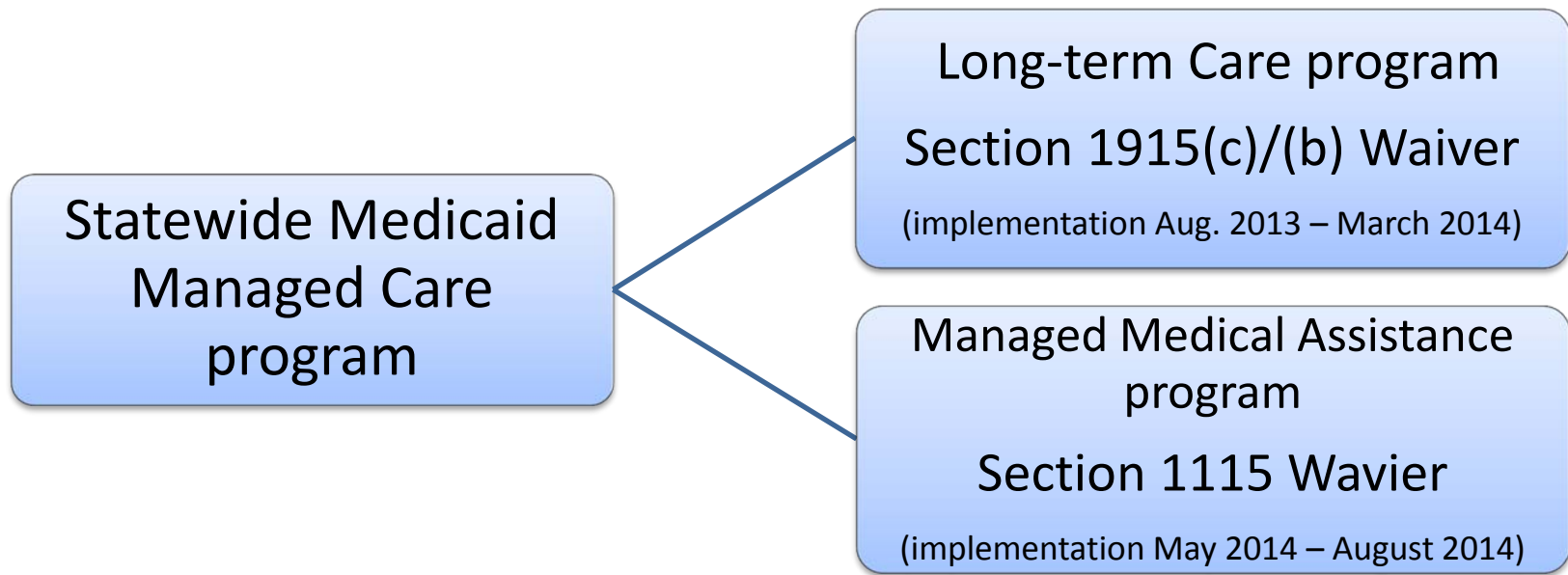
Post Award Forum for Florida's 1115 Managed Medical Assistance Waiver

***Presented at the September 2014
Medical Care Advisory Committee Meeting***



Statewide Medicaid Managed Care (SMMC) Program

- The SMMC program has changed how a majority of individuals receive most health care services from Florida Medicaid.



1115 Waiver History

- Initial 5-Year Period (July 2006- June 2011): The initial waiver (referred to as Medicaid Reform) operated in Broward and Duval Counties beginning July 2006 and expanded to Baker, Clay and Nassau Counties July 2007.
- Three-Year Extension Period (2011-2014): This waiver extension was granted to maintain and continue Medicaid Reform operations for the period December 2011 to June 2014.
- Managed Medical Assistance Amendment (June 2013): The waiver amendment authorized the implementation of the Managed Medical Assistance program in 2014.
- Three-Year Extension Period (2014-2017): This waiver extension was authorized for the period July 31, 2014 to June 30, 2017.



Current Waiver – MMA Program

- The waiver implemented the MMA program, a component of the Statewide Medicaid Managed Care, as authorized in Florida law and in accordance with the Special Terms and Conditions of the waiver.
- The waiver authority expires June 30, 2017.
- The waiver authorized the continuation of the Low Income Pool program until June 30, 2015.
- The waiver authorizes the continuation of three additional programs:
 - Healthy Start program;
 - Program for All Inclusive Care for Children (a component of the Children’s Medical Services Network);
 - Comprehensive Hemophilia program.

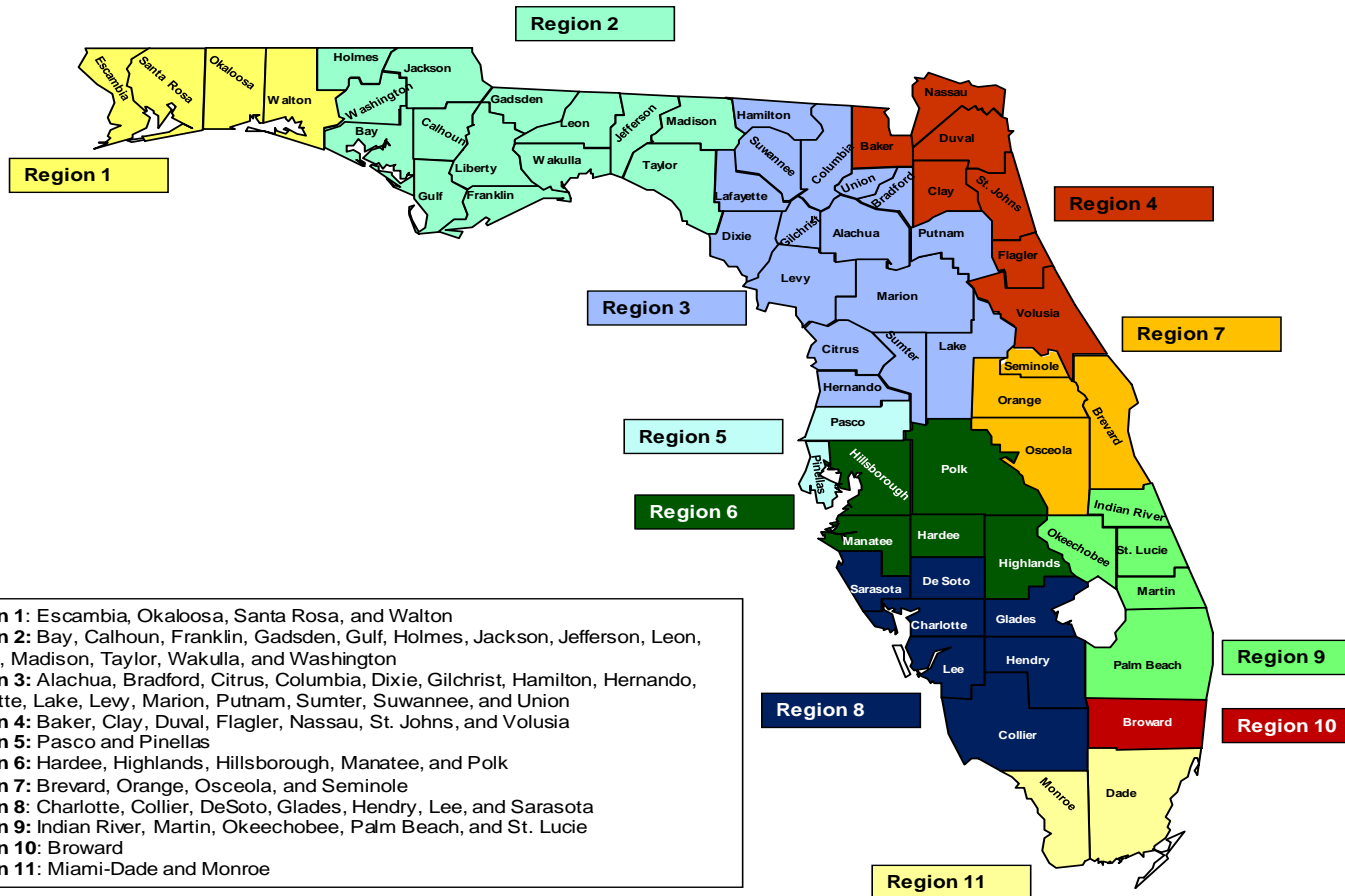


Managed Care Plan Types

- Several types of managed care plans offer services through the MMA program:
 - Standard Plan
 - Health Maintenance Organizations (HMOs)
 - Provider Service Networks (PSNs)
 - Specialty Plans
 - Comprehensive Plans
 - Children’s Medical Services Network
- Plans were selected through a competitive bid for each of 11 regions of the state.



Statewide Medicaid Managed Care Regions



Phased Regional Roll-out

- Data exchange with plans prior to go-live in each Region:
 - Current PCP information
 - FFS utilization data
 - Special needs population identification
- Continuity of care provisions in plan contracts:
 - Plans required to pay for previously authorized services for up to 60 days after MMA start date in each Region.
 - Plans required to allow recipients to continue to receive prescriptions through their current provider for up to 60 days after MMA start date in each Region.

Implementation Schedule		
Regions	Plans	Enrollment Date
2, 3 and 4	<ul style="list-style-type: none"> • Standard Plans • Specialty Plans: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Child Welfare 	May 1, 2014
5, 6 and 8	<ul style="list-style-type: none"> • Standard Plans • Specialty Plans: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Child Welfare 	June 1, 2014
10 and 11	<ul style="list-style-type: none"> • Standard Plans • Specialty Plans: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Child Welfare ○ Serious Mental Illness 	July 1, 2014
1, 7 and 9	<ul style="list-style-type: none"> • Standard Plans • Specialty Plans: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Child Welfare 	August 1, 2014
Statewide	<ul style="list-style-type: none"> • Children's Medical Services Network 	August 1, 2014
2, 4, 5 and 6	<ul style="list-style-type: none"> • Specialty Plan: <ul style="list-style-type: none"> ○ Serious Mental Illness 	September 1, 2014

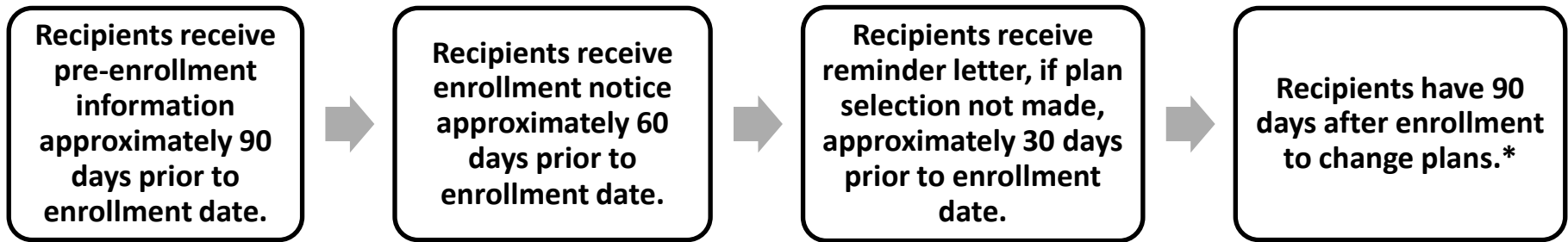


September 1, 2014 Plan Enrollment by Region

Plan Name	Region 01	Region 02	Region 03	Region 04	Region 05	Region 06	Region 07	Region 08	Region 09	Region 10	Region 11	Total by Plan
Amerigroup Florida, Inc.					66,394	114,007	71,579				50,465	302,445
Better Health						18,593				67,404		85,997
Coventry Health Care											41,523	41,523
First Coast Advantage, LLC				62,883								62,883
Humana Medical Plan	56,062					27,180			59,980	47,374	67,475	258,071
Integral Quality Care	29,872					16,869		38,951				85,692
Molina Healthcare of Florida							9,664		58,522		23,012	91,198
Preferred Medical Plan											27,849	27,849
Prestige Health Choice		43,441	57,124		19,835	24,352	31,236	50,476	37,998		14,083	278,545
SFCCN										41,347		41,347
Simply Healthcare Plans, Inc.											75,497	75,497
Staywell Health Plan of Florida		50,905	83,288	55,104	42,137	116,030	129,455	78,782			56,632	612,333
Sunshine State Health Plan, Inc.			28,005	71,059	26,161	42,023	51,975	13,799	59,882	57,417	25,311	375,632
United Healthcare of Florida			53,157	64,840			35,412				85,277	238,686
AHF / Positive Healthcare (HIV Plan)										778	976	1,754
Clear Health Alliance (HIV Plan)	225	273	532		892	783	1,112	483	1,234	823	2,472	8,829
Magellan Complete Care (SMI Plan)		2,703		7,029	4,516	8,187	7,780		3,708	2,900	6,390	43,213
Sunshine Health Child Welfare	917	779	2,111	2,550	1,848	3,175	2,405	1,631	1,826	2,175	2,482	21,899
Children's Medical Services Network	1,765	4,801	6,232	5,929	3,941	8,047	7,768	5,082	5,515	7,227	5,330	61,637
Total by Region	88,841	102,902	230,449	269,394	165,724	379,246	348,386	189,204	228,665	227,445	484,774	2,715,030

Choice Counseling Process

- Eligible recipients who must enroll will have a minimum of 30 days from the date they receive their welcome letter to choose from the plans available in their region.



***Recipients may change plans again before the remainder of the 12 month period if they meet “good cause” criteria.**

- Choice counselors are available to assist recipients in selecting a plan that best meets their needs. Recipient may use other mechanisms to select plans:
 - Web application
 - Interactive Voice Recognition (IVR)

Choice Levels Were High

- 34% of Medicaid recipients actively chose their plan in the MMA choice period, either by phone, or on the web.
- 31% remained in a plan they had previously chosen.
- 3% called and were choice counseled, but then made no selection and stayed in plan in which they were auto assigned.
- Many recipients also visited the Choice Counseling website, but did not change the plan to which the Agency auto-assigned them.
- A total of 68% of the people got they plan they wanted. This number continues to rise.



Agency Engaged in Extensive Outreach

- Sent 39 press releases to the media ranging in topic from waiver approvals, roll-out letters, procurements, etc.
- Director of Community Relations provided one on one outreach to more than 60 stakeholder groups as part of implementation.
- Weekly provider informational calls held to address issues specific to the following provider groups:
 - Mental Health and Substance Abuse
 - Dental
 - Therapy
 - Durable Medical Equipment
 - Home Health
 - Physicians / MediPass
 - Pharmacy
 - Hospitals and Hospice
 - Skilled Nursing Facilities / Assisted Living Facilities / Adult Family Care Homes
- Held 120 webinars beginning prior to rollout and through implementation covering 19 important topics.
- Utilizing social media the Agency has had over 193,000 views of Agency slideshow presentations.



Statewide Medicaid Managed Care Website

- SMMC program updates at: www.ahca.myflorida.com/SMMC
- SMMC interested parties list “Program Updates”
 - 8,900 individuals signed up to receive alerts
 - 120 alerts have been sent
- FAQ documents
 - 500 responses to LTC questions
 - 290 questions relating to MMA
- Upcoming events and news posted under “News and Events” link



The screenshot shows the Florida Medicaid website interface. At the top, there 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 bar with links: "SMMC Home", "News and Events", "Long-term Care", "Managed Medical Assistance", "Federal Authorities", and "Archive". The main content area features a blue banner for the "Statewide Medicaid Managed Care Program" with a red circle around the "Program Updates" button. Below this banner is a section titled "Program Overview and Summary" with a list of components: "The Florida Long-term Care program and" and "The Florida Managed Medical Assistance program." There are also links for "Long-term Care program Snapshot [214KB PDF]", "Managed Medical Assistance program Snapshot [318KB PDF]", and "Region Map [284KB PDF]". A red circle highlights the "Frequently Asked Questions" button on the right side of the page.

Florida Medicaid

SMMC Home | News and Events | Long-term Care | Managed Medical Assistance | Federal Authorities | Archive

Statewide Medicaid Managed Care Program

Program Updates

Report a Complaint

Submit Comments & Questions

Frequently Asked Questions

Program Overview and Summary

There will be two different components that make up the SMMC program:

- The Florida Long-term Care program and
- The Florida Managed Medical Assistance program.

If you are interested in learning more about these two programs, overviews and summaries may be accessed through the links below.

[Long-term Care program Snapshot \[214KB PDF\]](#)

[Managed Medical Assistance program Snapshot \[318KB PDF\]](#)

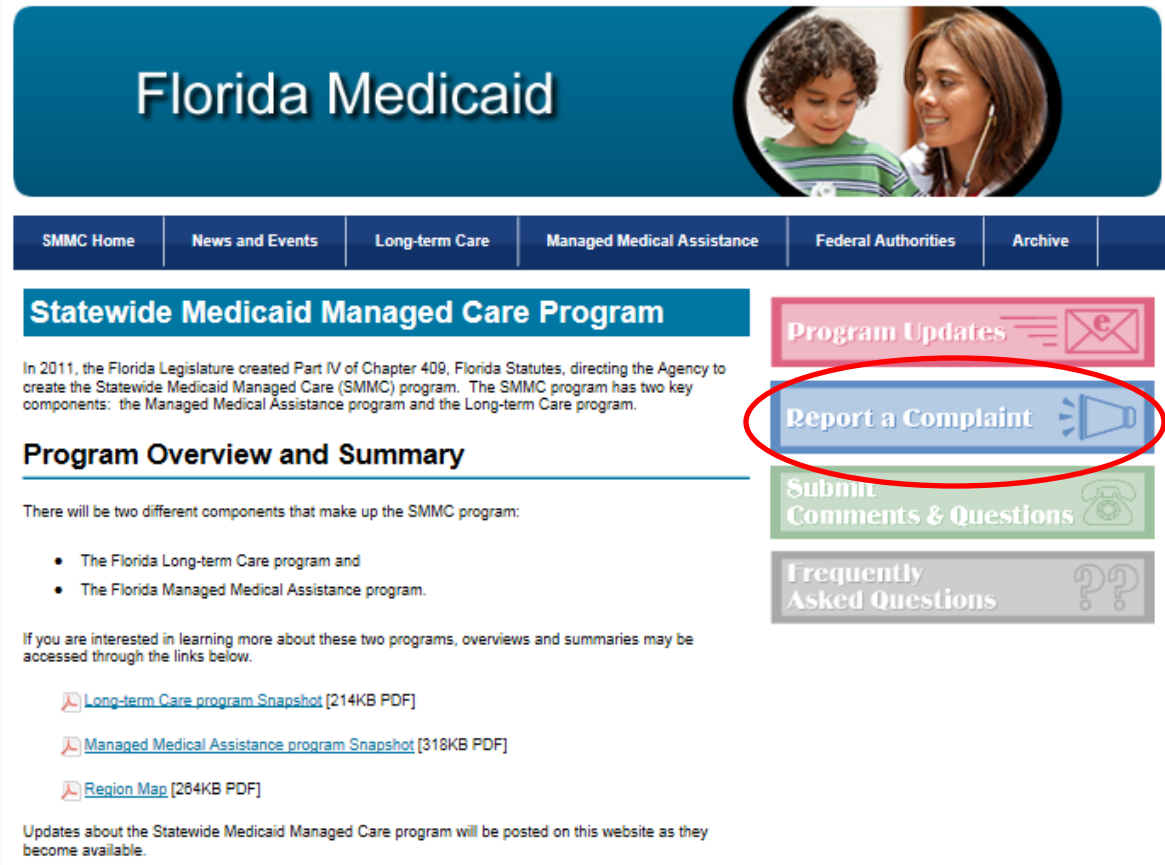
[Region Map \[284KB PDF\]](#)

Updates about the Statewide Medicaid Managed Care program will be posted on this website as they become available.



Centralized Complaint Process

- Online submission at:
www.ahca.myflorida.com/SMMC
- Telephone intake through Medicaid area offices
- Consolidated input and reporting
- Rapid response, generally within 24-48 hours
- Daily review and intervention with plans as needed
 - Average days to resolution
Recipient-reported issues: 6.7 days
 - Average days to resolution
Provider-reported issues: 11.4 days



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http://apps.ahca.myflorida.com/smmc_cirts/

Florida Statewide Medicaid Managed Care Program Complaint Form

If you have a complaint about Medicaid Managed Care services, please complete the information below.

* Required fields

For each complaint/issue, please provide:

Your name

Your email

Your phone number

I am a

Who is the complaint/issue about?

Name (if different from above)

Gold Card, SSN, or Medicaid ID or NPI

County

What type of Managed Care Plan is this complaint/issue about?

What is the name of the Managed Care Plan?

Which choice best describes the (complaint/issue)?

Please describe in 2000 characters or less

Do you want to be contacted about this complaint/issue?

Your name, email and phone number are requested in case more information is needed to resolve your issue. If you wish to remain anonymous, you may omit this information. If you choose to send an issue anonymously, please provide as much detail as possible. Without enough detail, we may not be able to resolve your issue; however, your input is important and will be used to improve the program.

Thank you for completing this form. After you click the 'Submit' button above, a copy of your complaint will be sent to the email address that you provided.

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the local Area Office by phone (click on link below) or in writing.

If you need assistance completing this form or wish to verbally report your issue, please contact your local Area Office.

Phone numbers of local [Area Offices](#)

Total Issues Reported

- 6,563 Issues Logged
 - 2,568 LTC
 - 3,995 MMA

Common Issues

- Exemption requests
- Provider contracting/credentialing
- Provider not in network
- Transportation
- Durable Medical Equipment
- Therapy
- Assistive Care
- Other billing concerns



We Value Your Input!

- What worked?
- What didn't work?
- Where can we improve?
 - Roll-out?
 - Choice Counseling?
 - Outreach/Education
 - Complaints?
 - Other?

