

# Welcome to the Agency for Health Care Administration (AHCA) Training

The presentation will begin momentarily

Please dial in ahead of time to:

**1-888-670-3525**

**Passcode: 771-963-1696**



# **Guide for Assisted Living Facilities & Adult Family Care Homes in the Statewide Medicaid Managed Care Long-term Care Program**

**October 17, 2013**



# Today's Presentation

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.**

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Better Health Care for All Floridians

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## Florida Medicaid

Home **News and Events** Long-term Care Managed Medical Assistance Federal Authorities

### Statewide Medicaid Managed Care Program

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For Program Updates

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](#) ◆

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.”



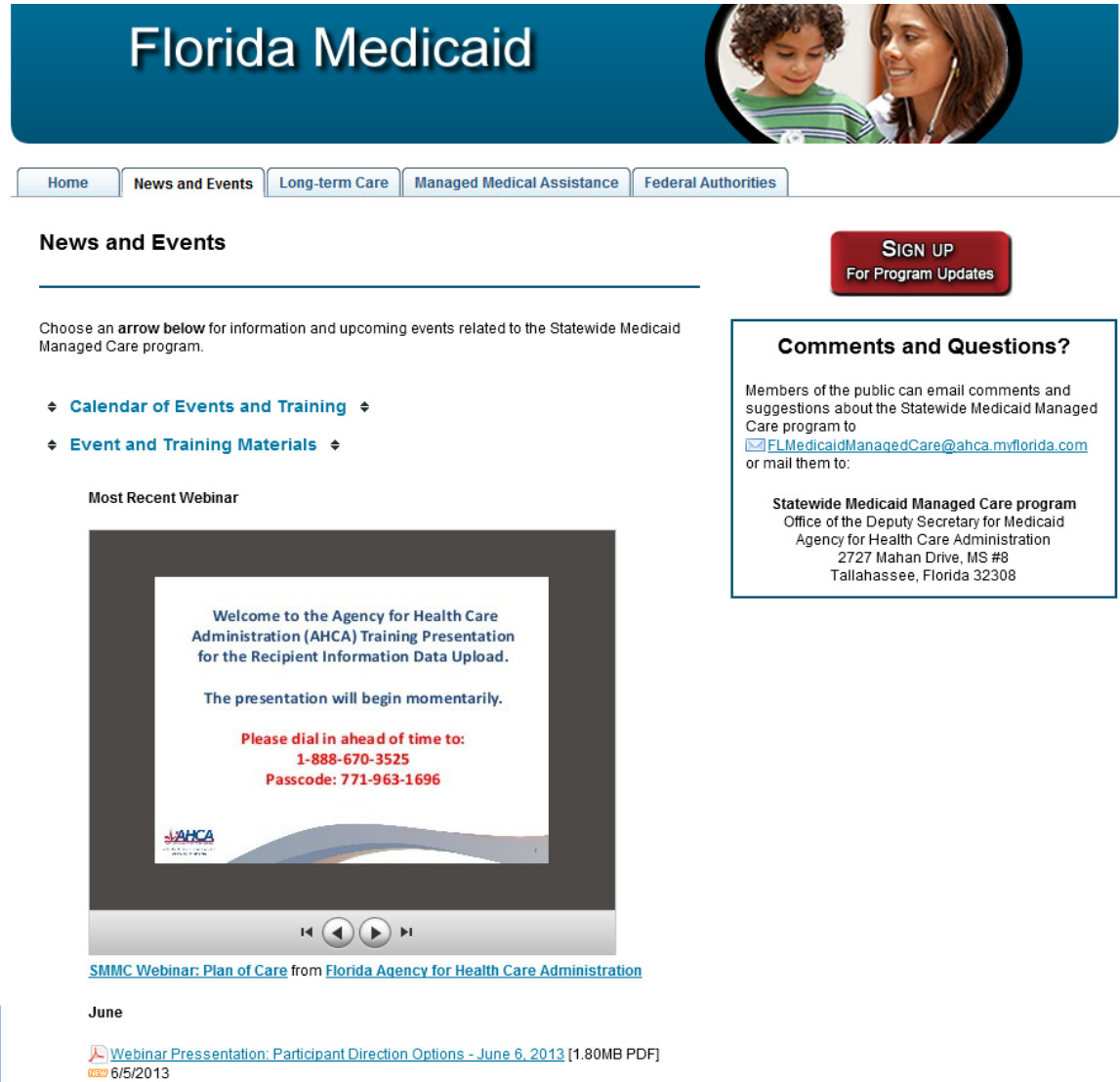
<http://ahca.myflorida.com/smmc>

# Today's Presentation, cont.

Select "Event and Training Materials" to download today's presentation.

The screenshot shows the AHCA website header with the logo and tagline "Better Health Care for All Floridians". The navigation menu includes "Home", "About Us", "Dashboard", "Public Records", "Procurements", "Publications", "Find a Facility", "Contact Us", and a "REPORT FRAUD" button. Below the navigation is a "Florida Medicaid" banner with 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 "SIGN UP For Program Updates" button and a list of links: "Calendar of Events and Training", "Event and Training Materials" (circled in red), "Frequently Asked Questions", "Previous Events Archive", and "Guidance Statements". A "Comments and Questions?" box provides contact information for the Statewide Medicaid Managed Care program.

# Today's Presentation, cont.



The screenshot shows the Florida Medicaid website. At the top, there is a blue header with the text "Florida Medicaid" and a circular image of a doctor 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 "SIGN UP For Program Updates" button. Below this, there is a "Comments and Questions?" section with contact information for the Statewide Medicaid Managed Care program. The main content area is titled "News and Events" and contains a link to "Calendar of Events and Training" and "Event and Training Materials". A "Most Recent Webinar" section features a video player with a slide that reads: "Welcome to the Agency for Health Care Administration (AHCA) Training Presentation for the Recipient Information Data Upload. The presentation will begin momentarily. Please dial in ahead of time to: 1-888-670-3525 Passcode: 771-963-1696". Below the video player is a link to "SMCC Webinar: Plan of Care from Florida Agency for Health Care Administration". At the bottom, there is a "June" section with a link to "Webinar Presentation: Participant Direction Options - June 6, 2013 [1.80MB PDF]".

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

- Carol Schultz
  - Agency for Health Care Administration
  
- Eunice Medina
  - Department of Elder Affairs

# Presentation Outline

## Basic Concepts

- A new long-term care (LTC) program
- How to become part of an LTC plan's provider network
- LTC program impact on Assisted Living Facilities (ALFs) & Adult Family Care Homes (AFCH)
- Protections for enrollees and providers during transition to LTC program

# A New Long-term Care Program





# A New Long-term Care Program

- Florida Medicaid is implementing a new system for Medicaid enrollees to receive long-term care services.
- It is called the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC).

# Who is Eligible?

Individuals who fit into one of the following categories may be eligible for the LTC program:

- 65 years of age or older **AND** need nursing facility level of care (LOC)\*

OR

- 18 years of age or older **AND** are eligible for Medicaid by reason of a disability **AND** need nursing facility level of care.\*

*\* Nursing facility level of care means that someone meets the medical eligibility criteria for Institutional Care Programs (ICP), as defined in Florida Statute.*

# Programs Moving into LTC Program

- Nursing facility residents currently receiving Medicaid-funded long-term care services.
- The following Medicaid programs will be combined into the new LTC program :
  - Assisted Living Waiver
  - Aged and Disabled Adult Waiver
    - The Consumer-Directed Care Plus Program (CDC+)
  - Channeling Waiver
  - Frail Elder Option
  - Nursing Home Diversion Waiver

## What Services are Covered?

Adult companion care	Hospice
Adult day health care	Intermittent and skilled nursing
<b>Assisted living services</b>	Medical equipment and supplies
<b>Assistive care services</b>	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	Therapies, 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 their condition.***

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

# Law Provisions

- The Statewide Medicaid Managed Care program will be implemented statewide.
- The State has been divided into 11 regions that coincide with the existing Medicaid and Department of Elder Affairs areas.

Region	Long-term Care Plans by Region						
	American Eldercare, Inc. <i>Fee-for-service</i>	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan	United Healthcare of Florida, Inc.
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X

# How to Become Part of an LTC Plan's Provider Network





# When Should I Have a Contract with an LTC Plan?

- You can contract with a plan at any time.
- **HOWEVER**, 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 a LTC plan.
- To be on the list, you must have an executed contract and the contract must be verified by an automated system.
  - Ask the LTC plan if your contract has been validated in the Provider Network Verification (PNV) system.

# Enrollment vs. Registration

- To contract with the fee-for-service plan, a provider must be actively enrolled in Medicaid.
- To contract with a capitated LTC plan, a provider must be either actively enrolled in Medicaid or be registered with Medicaid.

# Provider Service Network Provider Enrollment

- Providers who contract with the Provider Service Network (PSN) must be fully enrolled in Florida Medicaid.
- Providers who are currently enrolled in Medicaid simply share their Medicaid ID with the PSN.
- Providers who are not enrolled in Medicaid must submit a Florida Medicaid Provider Enrollment Application.

# How to Enroll in Medicaid

- Go to <http://portal.flmmis.com>.
- Select Public Information for Providers, then select Enrollment.
- The link to the enrollment wizard is in the middle of the web page.

## Providers

- Home
- Area Offices
- Contact Us
- Provider Support
- Medicaid Electronic Health Record (EHR) Incentive Program
- **Enrollment**
  - Background Screening
  - Enrollment Status
  - Enrollment Forms
  - Provider Re-Enrollment
  - Out-of-State Enrollments

### New Medicaid Providers


Providers use this page to complete an enrollment application to become a participating provider in the Florida Medicaid program. The application uses a wizard to guide applicants through the enrollment form. An in-progress application can be saved and completed at a later time.

The On-line Enrollment Wizard will assist with the completion of an application. Required documents, as stipulated in the applicable Handbook sections, are uploaded with the application. Include the Application Tracking Number (ATN) provided by the On-line Enrollment Wizard when uploading supporting documents. The application process cannot be completed until all required documents including an accurately completed Florida Medicaid provider agreement and background screening are received and matched with the online submission.

#### [ON-LINE ENROLLMENT WIZARD](#)

Please reference the [Provider General Handbook](#), Chapter 2, for general requirements that apply to most provider types when enrolling as a Florida Medicaid provider. Applicants must meet all the provider requirements and qualifications and their practices must be fully operational before they can be enrolled as Medicaid providers.

By clicking on the on-line enrollment wizard above, you will be enrolling as a new Medicaid provider. Upon completion of the on-line enrollment wizard, any additional documents, as required by provider type, may be uploaded.



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**ON-LINE ENROLLMENT WIZARD** found at:  
**<http://portal.flmmis.com>**

[ Refresh session ] You have approximately 19 minutes until your session will expire.

### Providers

- Home
- Area Offices
- Contact Us
- Provider Support
- Medicaid Electronic Health Record (EHR) Incentive Program
- Enrollment
- EDI
- Managed Care
- Pharmacy
- TPL

**REPORT MEDICAID FRAUD**  
**Online or 866-966-7226**  
**REPORTE FRAUDE DE MEDICAID**

### Enrollment Application

If you have questions about completing the online provider enrollment application, please review the [Guide for Completing a Medicaid Provider Enrollment Application](#) or call the Florida Medicaid fiscal agent's Provider Enrollment Unit at 1-800-377-8216.

#### Instructions

Welcome to the online Provider Enrollment application.

You must complete each step in the enrollment application. When you have completed all of the steps please click on the 'Submit' button to submit your application. The application is automatically saved after each step.

Help is available by clicking the question mark (?) in the title bar.

Please click the 'New Application' to start a new Provider Enrollment application or click 'Continue Application' to continue with an existing application.

exit   new application   continue application

# Capitated LTC Plan Provider Enrollment

- Providers who contract with a capitated LTC plan must have a Florida Medicaid ID.
  - The LTC plan will use this ID to submit encounter claims data.
- Providers who are already enrolled in Medicaid simply supply their Medicaid ID to the LTC plan.

# How to Register with Medicaid

- Providers who do not have a Medicaid ID may obtain one through a simplified registration process.
- **Registration is not the same as Medicaid enrollment.**
- The LTC plan submits the registration for the provider through:
  - Automated Mass Registration Tool; or
  - Simplified Registration Form

# How to Register with Medicaid (con't.)

- The LTC plan signs the form and sends it to Medicaid.
  - Medicaid sends a welcome letter to the provider.
  - The welcome letter contains the new Medicaid ID and the LTC plan to which the provider is linked.



# How to Register with Medicaid (con't.)

- The Managed Care Treating Provider Registration form is available on the Managed Care page of the public Web portal at: <http://portal.flmmis.com>.
- The registration form may not be used to apply as a fee-for-service provider.

# How to Obtain the Registration Form

[http://portal.flmmis.com/FLPublic/Provider\\_Enrollment/tabId/50/Default.aspx](http://portal.flmmis.com/FLPublic/Provider_Enrollment/tabId/50/Default.aspx)

- Go to provider Enrollment
- Then go to Enrollment Forms
- Click on Managed Care Treating Provider
- Click on Managed Care Treating Provider Registration Form

## Enrollment Forms

[New Medicaid Providers - Non-Institutional](#)  
[New Medicaid Providers - Institutional](#)  
[Add Additional Locations](#)  
[Attestation for Eligible Rendering Physician Providers](#)  
[Managed Care Treating Provider](#)  
[Clearinghouse Providers](#)  
[Additional Enrollment Forms](#)  
[Provider Re-Enrollment Forms](#)

## Managed Care Treating Provider

[Managed Care Treating Provider Registration Form](#)

For Fiscal Agent Use: \_\_\_\_\_



## Managed Care Treating Provider Registration

Providers who are not already enrolled with the Florida Medicaid program, and who perform services for Florida Medicaid eligible recipients under a Medicaid capitated managed care organization (MCO), may submit this form to obtain a Florida Medicaid provider ID. The provider ID may then be used to submit encounter data for the services rendered under the MCO. The provider may also be available as an option for assignments in the choice counseling process.

- Applicants who do not sign this form will not be available as an option for assignments in the choice counseling process. An MCO may submit the form on their behalf and a provider ID will be assigned solely for the submission of encounter data.
- This form may not be used to apply as a fee-for-service provider. If the applicant plans to submit claims directly to Florida Medicaid for fee-for-service reimbursement, they must submit the full Florida Medicaid Provider Enrollment Application, available at <http://mymedicalid-florida.com>.

### 1. Provider Name

Enter the applicant's name and, if applicable, a Doing Business As (D/B/A) designation.

Last Name or Business Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name or Initial: \_\_\_\_\_

Doing Business As:  
(Optional) \_\_\_\_\_

### 2. Tax Information

Check the appropriate box to indicate a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) and list the nine (9) digit number.

Social Security Number

Federal Employer Identifier Number

### 3. Address Information

NOTE: The Service Location Address must be a physical location, not a Post Office box or mail service center.

Service Location Address: \_\_\_\_\_

Building, Suite Number: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Area Code)

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

### 4. Service Type Information

Enter the appropriate provider type and specialty from the "Guide for Completing a Florida Medicaid Provider Enrollment Application" located at <http://mymedicalid-florida.com> for the services you plan to provide.

NOTE: If the applicant's provider type is not one of the standard Florida Medicaid provider types as listed in the "Guide for Completing a Florida Medicaid Provider Enrollment Application", enter provider type "97", Managed Care Treating Provider, Non-Medicaid, and choose one of the following codes to populate the specialty code field:

800 - Acupuncturist  
802 - Independent Diagnostic Testing Facility

801 - Nutritionist  
803 - Other

Provider Type: \_\_\_\_\_

Specialty Type: \_\_\_\_\_

### 5. Provider Identifier Information

Enter the applicant's NPI, taxonomy, professional or facility license, pharmacy permit, or CLIA Certificate, if applicable.

NPI: \_\_\_\_\_

(If required by NPI rule)

License/Permit: \_\_\_\_\_

(If required to practice the services indicated in # 4 above.)

Taxonomy:  
(required)

CLIA Certificate: \_\_\_\_\_

(If required to practice the services indicated in # 4 above.)

Page 1

AHCA Form 2200-0005 (August 2009)

# Medicaid Fiscal Agent's Web Portal

- All [Florida Medicaid handbooks](#), fee schedules, forms, provider notices, and other important Medicaid information are available on the Medicaid fiscal agent's Web Portal at: <http://portal.flmmis.com>
- Also, the Florida Medicaid's Web Portal solution provides communication, data exchange, and self-service tools to the provider community.
- The Web Portal consists of both public and secure areas (Web pages requiring a username and password).
- The public area contains general information, such as program awareness, notices, and forms.

# Already Registered

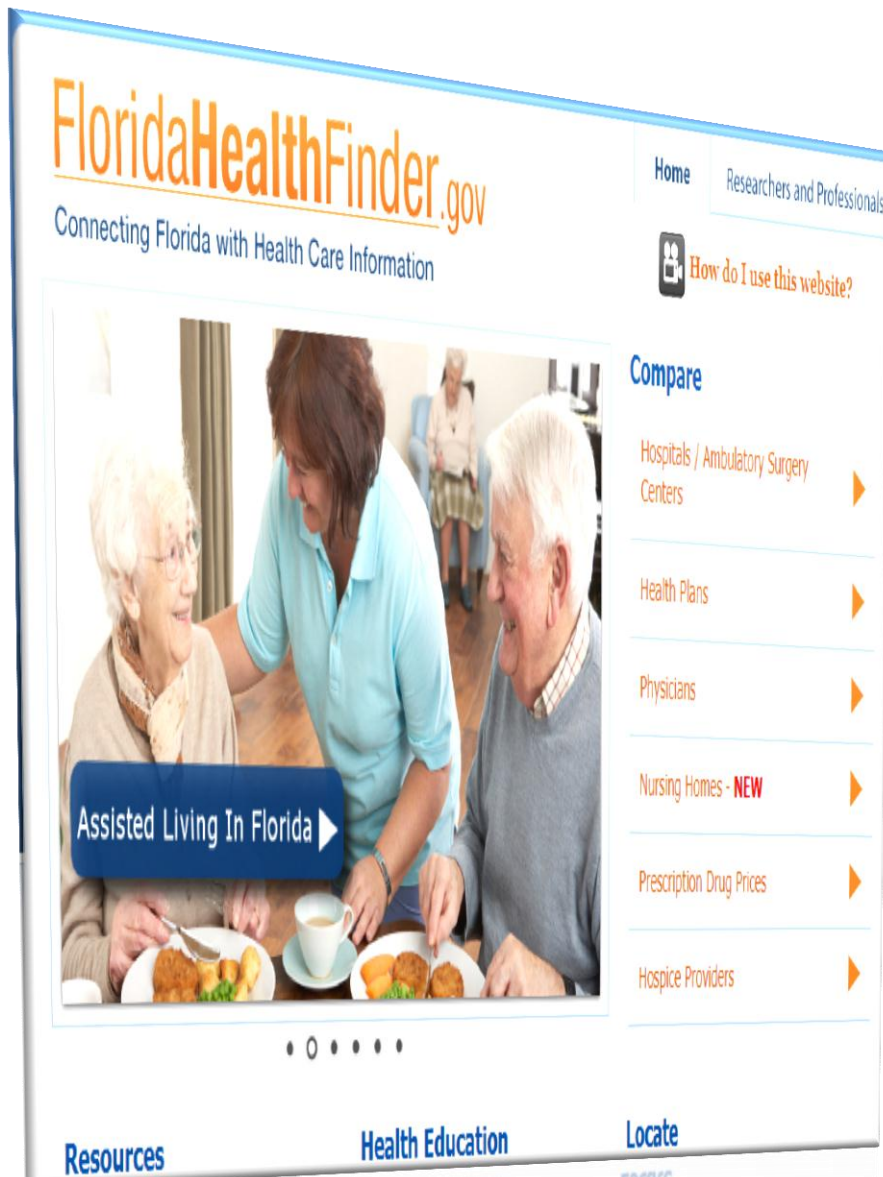
If the Assisted Living Facility (ALF) or the Adult Family Care Home (AFCH) is already registered with Medicaid

AND

if the ALF or the AFCH needs to share the Medicaid ID with a different managed care organization than the one that submitted the “**Managed Care Treating Provider Registration**” form,

THEN the ALF or AFCH can directly contact the new LTC plan to share their Medicaid ID.

# LTC Program Impact on ALFs & AFCHs



- Participating Assisted Living Facilities and Adult Family Care Homes must be licensed by the Agency for Health Care Administration's Division of Health Quality Assurance Health Facility Regulation licenses unit and follow all Florida Statutes and regulations.

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ALFs

Eligible to provide  
Assisted Living  
Services

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ALFs will bill LTC plans  
for service payments  
based on terms of  
contract with the plan

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# ALFs

LTC plans must offer a contract to any ALF that was billing for Medicaid Waiver services as of July 2012.

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After the first year of contract, LTC plans can exclude ALFs for not meeting quality or performance standards.

**Please note that Assistive Care Services are rolled into Assisted Living Services.**

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# **AFCHs** Eligible to provide Assistive Care Services

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Adult family care homes  
AFCHs will bill LTC plans  
for service payments based  
on terms of contract with  
the plan

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# Home-Like Environment

- All ALFs and AFCHs participating in the LTC program must demonstrate that they meet certain home-like characteristics to contract with a LTC plan.
  - These are sometimes referred to as “home and community-based characteristics.”
- The plans must include language in their ALF and AFCH contracts detailing the requirement to offer a home-like environment.
- The LTC plans are responsible for reviewing the ALF or AFCH to ensure it has met all the home-like environment characteristics.

# More Information on Home-Like Environment

- Training presentations and Q&A can be found on the “*Event and Training Materials*” tab at: <http://ahca.myflorida.com/SMMC>

March

- [Webinar Presentation: Medicaid Pending \(REVISED\) – April 3, 2013 \[914KB PDF\]](#)
- [Webinar Presentation: Medicaid Pending – March 28, 2013 \[957KB PDF\]](#)
- [Webinar Presentation: Home-Like Environment & Community Integration \(REVISED\) – March 22, 2013 \[776KB PDF\]](#)
- [Webinar Presentation: Home-Like Environment & Community Integration \(REVISED\) – March 20, 2013 \[776KB PDF\]](#)
- [Webinar Presentation: Home-Like Environment & Community Integration – March 14, 2013 \[699KB PDF\]](#)

# Who Determines if the Recipient can Continue to Live at the ALF?

- As long as the facility can meet the resident's needs and the ALF is in the LTC plan's network, the resident can stay there.
- The LTC case manager will conduct a comprehensive assessment that includes the resident and participation by any other individuals chosen by the resident to ensure the care plan provides for all necessary services and is tailored to meet the resident's personal goals.
- After a resident has a face-to-face medical examination by a licensed health care provider and has been determined to meet admission criteria, the ALF administrator is responsible for determining whether the facility can meet the resident's needs and for monitoring the continued appropriateness of placement of a resident in the facility. If it is determined that the facility cannot, the administrator should contact the LTC plan.

# Who Determines Level of Care?

- Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) staff establish level of care for adult Medicaid enrollees.
- This process does not change in the new program.
- CARES performs an assessment to identify long-term care needs; establish a level of care, and to recommend the least restrictive, most appropriate placement.

# ALF's Rights

The plan must ensure:

- Provider relations and communication
- Authorization processes including denials and appeals
- Timely claims payment and assistance with claims processing
- Complaint resolution process

# Resident's Rights

- Recipients enrolled in the LTC program residing in an ALF or AFCH have the same rights currently in law, which includes the Resident's Bill of Rights. (Chapter 429, Florida Statutes)
- The recipient has the right to choose any ALF or AFCH in the LTC plan's network.



# Enrollee Grievances

- The LTC plan must notify enrollees of how to pursue:
  - A complaint
  - A grievance
  - An appeal
  - A Medicaid Fair Hearing
- How to report abuse, neglect and exploitation

# Enrollee Grievances

- All Medicaid enrollees can file for a Fair Hearing through the Department of Children and Families.
  - The administrative hearing reviews an action taken by a LTC plan that limits, denies, or stops a requested service.

# Protections for Enrollees and Providers During Transition to LTC Program

# Transition Period

- 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.
- LTC plans must complete a care plan within five days of enrollment for new enrollees in an assisted living facility or adult family care home.

# How Will Providers Know Whether to Continue Services?

**Continue to provide services until you receive instructions from the LTC plan.**

# Continuity of Care

- Until a new care plan is implemented, LTC plans must pay for service delivery from an 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 network providers the rate agreed to in their executed subcontracts, and must pay non-network providers **the rate they are currently being paid.**
- LTC plans may require providers to submit documentation of the current pay rate (e.g., current referral agreements, subcontracts, paid claims).

# Continuity of Care

- **Providers should continue to provide services to eligible recipients until they receive instructions from the LTC plans.**
- Providers must continue to check recipient eligibility prior to rendering services, as is required now.

# How Much Notice Will Providers Get to Stop Providing Services?

- There are no requirements for LTC plans to give a certain amount of notice.
- Notice may be as little as one day.



# How Will Providers Get Paid?

- If you have a contract with the LTC plan, you will be paid as specified in your contract.
- If you do not have a contract with the LTC plan:
  - You will be paid at the rate you are currently paid.
  - Be prepared to document your current rate.
  - You do not have to have a letter of agreement with the LTC plan.

# How Long Will it Take to Get Paid?

- LTC plans must pay a clean claim:
  - Electronic: within 20 days
  - Paper: within 40 days
- The LTC plan must have a process for handling and addressing the resolution of provider complaints concerning claims issues.

# What if I Have Trouble Getting Paid?

- Call your local Medicaid area office.
- Contact numbers are at:

<http://ahca.myflorida.com/Medicaid/index.shtml#areas>

- The Agency will ensure you are paid appropriately and timely for services rendered according to a current care plan.

# Resources

- Questions can be emailed to: [FLMedicaidManagedCare@ahca.myflorida.com](mailto:FLMedicaidManagedCare@ahca.myflorida.com)
- Updates about the Statewide Medicaid Managed Care program are posted at: [www.ahca.myflorida.com/SMMC](http://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 red “Sign Up for Program Updates” box on the right hand side of the page.

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On August 1, 2011, the Agency submitted the required documents requesting the necessary authorities to implement the program.

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

Choose an **arrow below** to view General Information about the program.

- ◆ [Program Overview and Summary](#) ◆
- ◆ [Frequently Asked Questions](#) ◆
- ◆ [Original Bill Language](#) ◆

**SIGN UP For Program Updates**

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# Additional Information



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