

Welcome to the Agency for Health Care Administration (AHCA) Training Presentation for SMMC Long-term Care 101.

The presentation will begin momentarily.

Please dial in ahead of time to:

1-888-670-3525

Passcode:

6384708380



Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC)

Long-term Care 101

September 24, 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.



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 red "REPORT FRAUD" button. Below the navigation is a "Florida Medicaid" banner with a photo of a doctor and a child. A secondary navigation bar contains "Home", "News and Events", "Long-term Care", "Managed Medical Assistance", and "Federal Authorities". The main content area is titled "Statewide Medicaid Managed Care Program" and includes a "SIGN UP For Program Updates" button. A text box explains the program and provides links for "Program Overview and Summary" and "Achieved Savings Rebate Rule". A callout box on the right contains a notice about a "Blackout Period" for procurement.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for All Floridians

Home About Us Dashboard Public Records Procurements Publications Find a Facility Contact Us **REPORT FRAUD**

[AHCA Home Page](#) | [Florida Medicaid Home Page](#) | [Statewide Medicaid Managed Care Program Home Page](#) | [Public Meetings](#)

Florida Medicaid

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

Statewide Medicaid Managed Care Program

SIGN UP
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.”

Today's Presentation, cont.

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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for All Floridians

Home About Us Dashboard Public Records Procurements Publications Find a Facility Contact Us **REPORT FRAUD**

[AHCA Home Page](#) | [Florida Medicaid Home Page](#) | [Statewide Medicaid Managed Care Program Home Page](#) | [Public Meetings](#)

Florida Medicaid

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

News and Events

Choose an **arrow below** for information and upcoming events related to the Statewide Medicaid Managed Care program.

- ◆ [Calendar of Events and Training](#) ◆
- ◆ [Event and Training Materials](#) ◆
- ◆ [Frequently Asked Questions](#) ◆
- ◆ [Previous Events Archive](#) ◆
- ◆ [Guidance Statements](#) ◆

SIGN UP
For Program Updates

Comments and Questions?

Members of the public can email comments and suggestions about the Statewide Medicaid Managed Care program to FLMedicaidManagedCare@ahca.myflorida.com or mail them to:

Statewide Medicaid Managed Care program
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

Today's Presentation, cont.



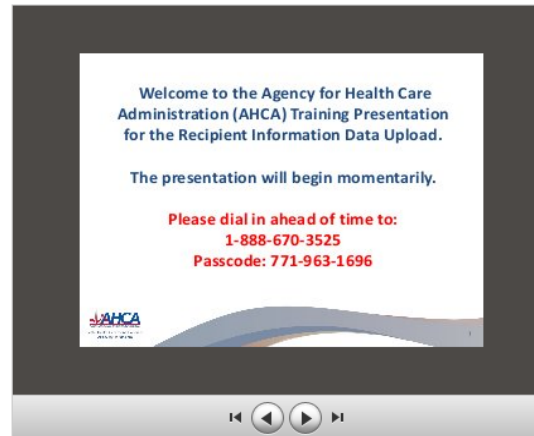
- Home
- News and Events
- Long-term Care
- Managed Medical Assistance
- Federal Authorities

News and Events

Choose an arrow below for information and upcoming events related to the Statewide Medicaid Managed Care program.

- ↕ [Calendar of Events and Training](#) ↕
- ↕ [Event and Training Materials](#) ↕

Most Recent Webinar



[SMCC Webinar: Plan of Care](#) from [Florida Agency for Health Care Administration](#)

June

[Webinar Presentation: Participant Direction Options - June 6, 2013](#) [1.80MB PDF]
new 6/5/2013

SIGN UP
For Program Updates

Comments and Questions?

Members of the public can email comments and suggestions about the Statewide Medicaid Managed Care program to FLMedicaidManagedCare@ahca.myflorida.com or mail them to:

Statewide Medicaid Managed Care program
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

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.



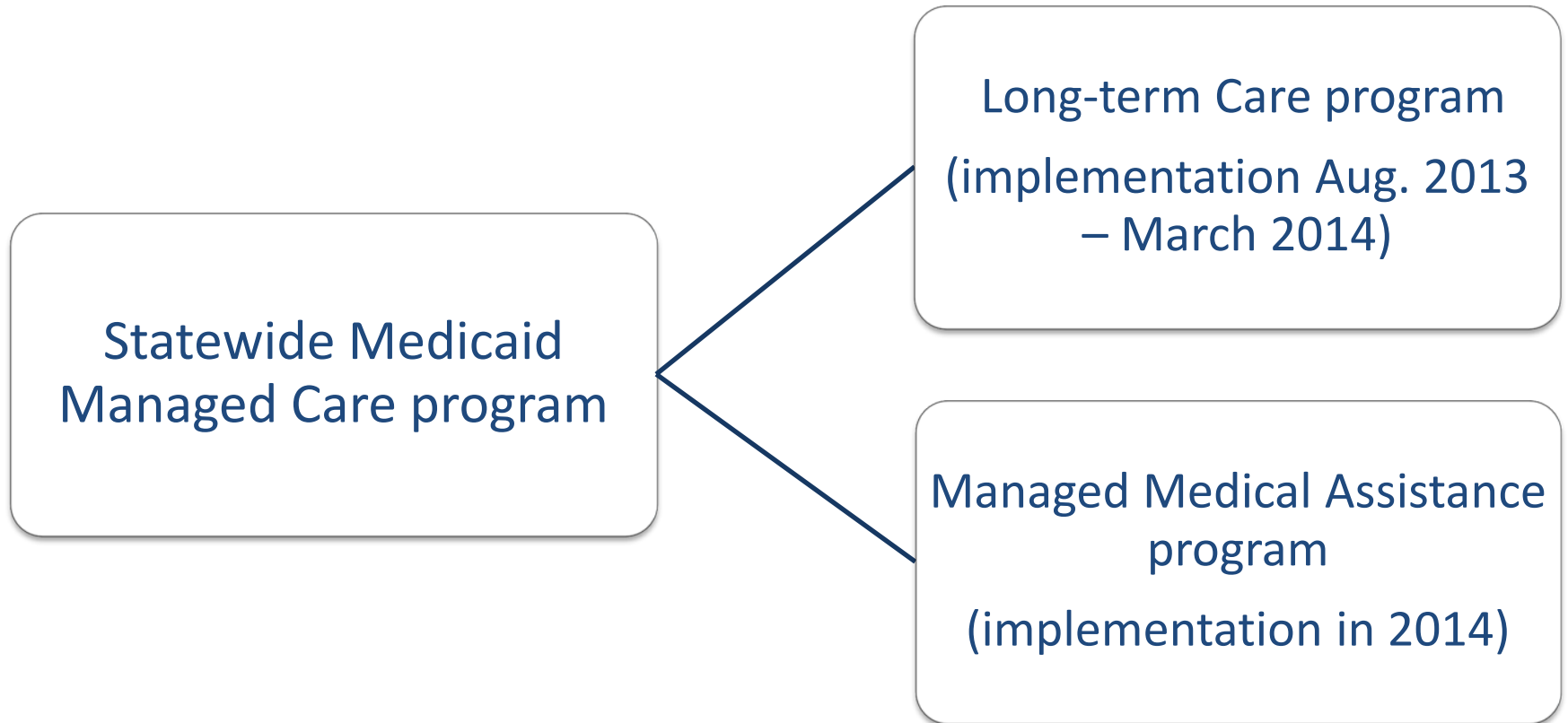
Overview

- ❖ Presentation objective & program overview
- ❖ Implementation map and schedule
- ❖ Enrollment and process
- ❖ Disenrollment
- ❖ Eligibility
- ❖ LTC services and providers
- ❖ Continuity of care
- ❖ Partnerships and resources

Presentation Objective

- ❖ To provide an introduction to the Statewide Medicaid Managed Care program and describe the Long-term Care component of the program.
- ❖ This introduction is a guide for discussion with recipients, providers and stakeholders.

SMMC Overview: Two Key Components



Long-term Care program

- ❖ The Florida Medicaid program is implementing a new system through which Medicaid enrollees will receive long-term care services. This program is called the Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) program.
- ❖ Medicaid recipients *who qualify and become enrolled* in the LTC program will receive long-term care services from a managed care plan.

The program *is not*

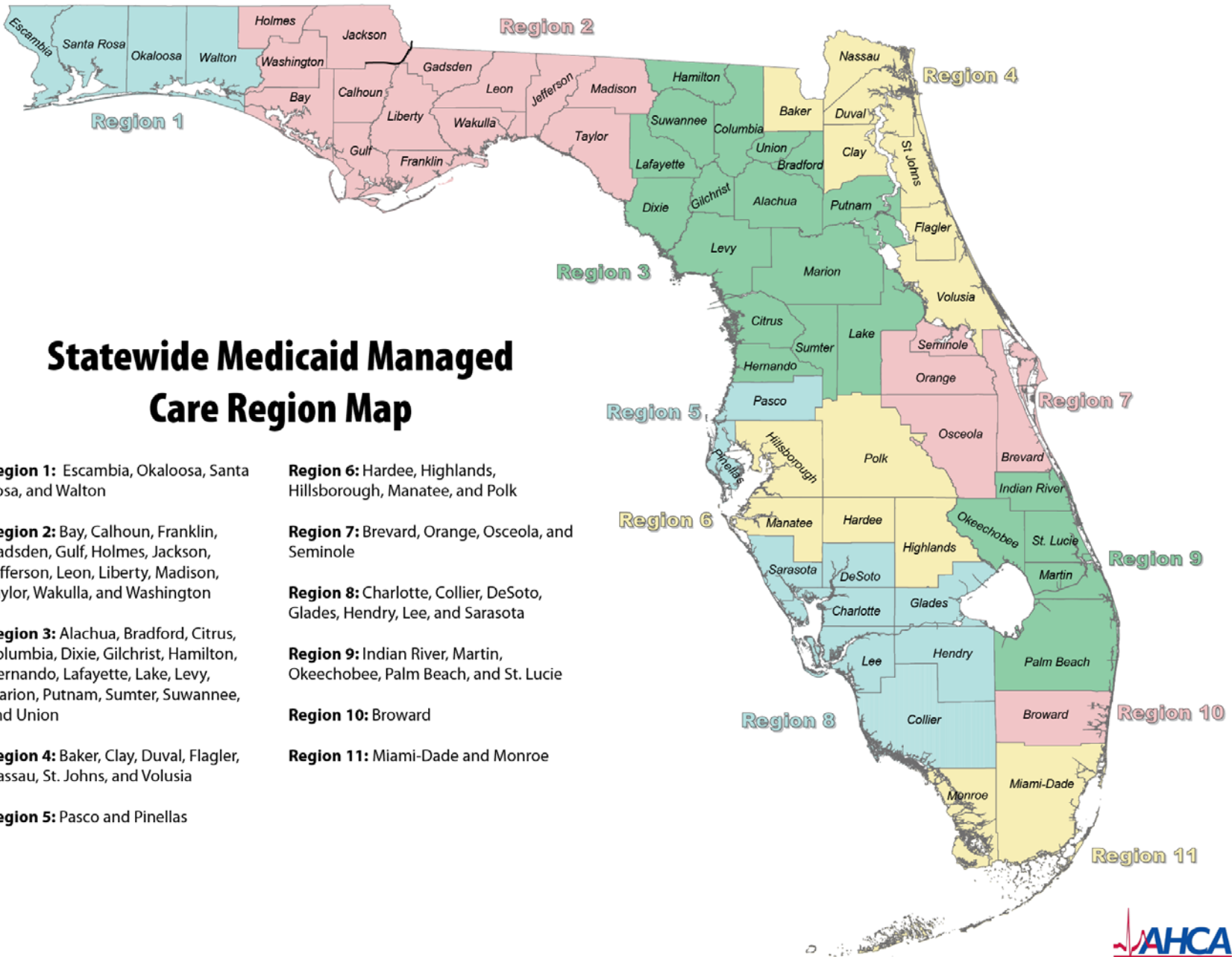
- ❖ These changes to Florida Medicaid are *not* being made because of National Health Care Reform or the Affordable Care Act passed by the U.S. Congress.
- ❖ The Florida Long-term Care program will *not* change Medicare benefits.

Selecting Long-term Care Plans

- AHCA selected Long-term Care plans through a competitive bid process.
- The state is divided into 11 regions that coincide with the existing Medicaid areas and the Department of Elder Affairs Planning and Service Areas.
- Plans will provide services by region:
 - Five year contracting period for LTC plans.
 - Penalties for plan withdrawals.

LTC Implementation

- ❖ Implementation will occur in phases.
- ❖ The map and the charts on the following slides show:
 - the regions
 - the enrollment effective dates for each region
 - the LTC plans in each region
 - LTC plan contact information.



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

Recipient Enrollment Schedule

Region	Enrollment Effective Date	Total Eligible Population
7	August 1, 2013	Region 7: <u>9,338</u>
8 & 9	September 1, 2013	Region 8: 5,596; Region 9: 7,854 <u>Total = 13,450</u>
2 & 10	November 1, 2013	Region 2: 4,058; Region 10: 7,877 <u>Total = 11,935</u>
11	December 1, 2013	Region 11: <u>17,257</u>
5 & 6	February 1, 2014	Region 5: 9,963; Region 6: 9,575 <u>Total = 19,538</u>
1, 3, 4	March 1, 2014	Region 1: 2,973; Region 3: 6,911; Region 4: 9,087 <u>Total = 18,971</u>



Long-term Care Plans by Region

Region	LTC Plans						
	American Eldercare, Inc. (PSN)	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan ("Tango")	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

LTC Plan Contact: Provider Networks

American Eldercare, Inc.

Brenda Evans: 561-496-4440
bevans@americaneldercare.com

Amerigroup Florida, Inc.

Victoria McMath: 800-950-7679 ext. 77429
Victoria.McMath@amerigroup.com

Coventry Health Plan

Mariangeli Cataluna: 305-222-3012
mxcataluna@cvty.com

Humana Medical Plan, Inc.

Grace Rodriguez: 888-234-6401
grodriguez@ilshealth.com

Molina Healthcare of Florida, Inc.

Lisa Schwendel: 888-562-5442, ext. 223594
Email: lisa.schwendel@molinahealthcare.com

Sunshine State Health Plan

Susan McCurry: 866-595-8116
smccurry@centene.com

United Healthcare of Florida, Inc.

Sue Kever: 850-932-5786
Fl_ltc_network@uhc.com or [sue a kever@uhc.com](mailto:sue_a_kever@uhc.com)

Who Must Enroll

- ❖ Recipients are mandatory for enrollment if they are:
 - 65 years of age or older AND need nursing facility level of care.
 - 18 years of age or older AND are eligible for Medicaid by reason of a disability, AND need nursing facility level of care.

Who Must Enroll

- ❖ Recipients must enroll in LTC if they are 18 and older and enrolled in the following:
 - Assisted Living Waiver
 - Aged and Disabled Adult Waiver
 - Consumer-Directed Care Plus Program (CDC+)
 - Channeling Services Waiver
 - Frail and Elder Program
 - Long-term Care Community Diversion Waiver.
- ❖ Or, if they live in a nursing facility and have Medicaid as the primary payer.

Who May Enroll

- ❖ Recipients who may choose to enroll in the Long-term Care program (but are not required to enroll) include:
 - Medicaid recipients enrolled in other home and community based services waivers not specified as mandatory who meet the enrollment criteria.
 - Medicaid recipients enrolled in the Program of All-inclusive Care for the Elderly (PACE).
- ❖ Those who want to enroll in LTC must disenroll from their current waiver or PACE.

Enrollment Requirements

- ❖ Recipients currently residing in a nursing facility cannot be enrolled until they have:
 - Received nursing facility level of care from Comprehensive Assessment and Review for Long-term Care Services (CARES)
 - Been approved for Medicaid
- ❖ Recipients cannot be enrolled to receive home and community based services until they have:
 - Received nursing facility level of care from CARES
 - Been released from the wait list
 - Filed a Medicaid application

Eligibility Determination Organizations

❖ These organizations have a role in determining eligibility:

- The Department of Children and Families or the Social Security Administration will continue to determine financial eligibility.
- Within the Department of Elder Affairs, the Comprehensive Assessment and Review for Long-term Care Services (CARES) will make medical eligibility determinations.
- The Department of Elder Affairs will manage the consolidated wait list.

Enrollment Process

- ❖ Mandatory recipients will receive a letter approximately two months prior to the start of the program in their region that includes:
 - plans available in their region
 - which plan they will be assigned to if they do not make a choice, called an “auto assignment”
 - how to obtain more information
 - ways to enroll
- ❖ Recipients will have at least 30 days to choose a plan.
- ❖ If no plan is chosen by date provided in the notification letter, the auto assignment will take effect on the specified date.

3 Ways to Enroll

1. Enroll online at www.FLMedicaidManagedCare.com
2. Call the call center and speak to a choice counselor: 877-711-3662
3. Request an in-person meeting
 - *This can be done by calling the call center or selecting “schedule an appointment” on the website above.*

If needed, there is an authorized representative form available at www.ahca.myflorida.com/SMMC

Choice Counseling

❖ Choice Counselors can:

- educate recipients about which plan may work best for them
- help recipients know how to access the covered services and additional benefits available under each plan
- complete the enrollment.

Selecting a Plan

- ❖ Recipients should consider the following when selecting a plan:
 - What additional benefits does the recipient need?
 - Which plan has the providers the recipient currently uses or anticipates using?
 - Are the providers already a part of the plan network?
 - Is there a specific provider with a cultural or religious preference wanted?

Recipients Who Need Help Selecting a Plan

- ❖ Recipients should make their choice independently and free of coercion or other undue influence.
- ❖ If the recipient is not competent, then the provider or other person assisting should follow proper protocol used when making other decisions for recipients who are not competent.
- ❖ This includes but is not limited to, having proper documentation that states the provider or other person has permission to make such decisions on behalf of the recipient.

If needed, there is an authorized representative form available at www.ahca.myflorida.com/SMMC

90 Days to Change Plans

- ❖ After joining a plan, recipients will have 90 days to choose a different plan in their region.
- ❖ After 90 days, recipients will be locked in and cannot change plans without a state approved good cause reason or until their annual open enrollment.

Open Enrollment

- ❖ After the 12-month period, recipients may change plans during an open enrollment period.
- ❖ The open enrollment period begins 60 days prior to the recipient's plan enrollment effective date.

Disenrollment

- ❖ If they choose, mandatory recipients may opt to not receive any long-term care services at all.
- ❖ Recipients may not use fee-for-service Medicaid for Long-term Care program services.
- ❖ To disenroll, recipients should contact the enrollment broker.
- ❖ Once disenrolled, a recipient who wants to receive services again will need to contact the Aging and Disability Resource Center (ADRC) and go back through the eligibility process.

3 Categories of Medicaid Enrollment Status

1. Fully Eligible
2. Medicaid Application Pending (Med Pending)
3. Pending Managed Care Plan Choice

Fully Eligible

- ❖ When a recipient has completed the Medicaid application and is deemed eligible for the LTC program by DCF.
- ❖ After the CARES assessment is completed and a nursing facility level of care has been determined.

Medicaid Application Pending

- ❖ Medicaid Application Pending (Med Pending) is an option for receiving home and community based services without having to wait until the DCF completes and approves the Medicaid long-term care application.
- ❖ Med Pending means the recipient has been deemed medically eligible, but the financial eligibility is still being reviewed.
- ❖ If the application is not approved, a recipient will be financially responsible for any services received.

Pending Managed Care Plan Choice

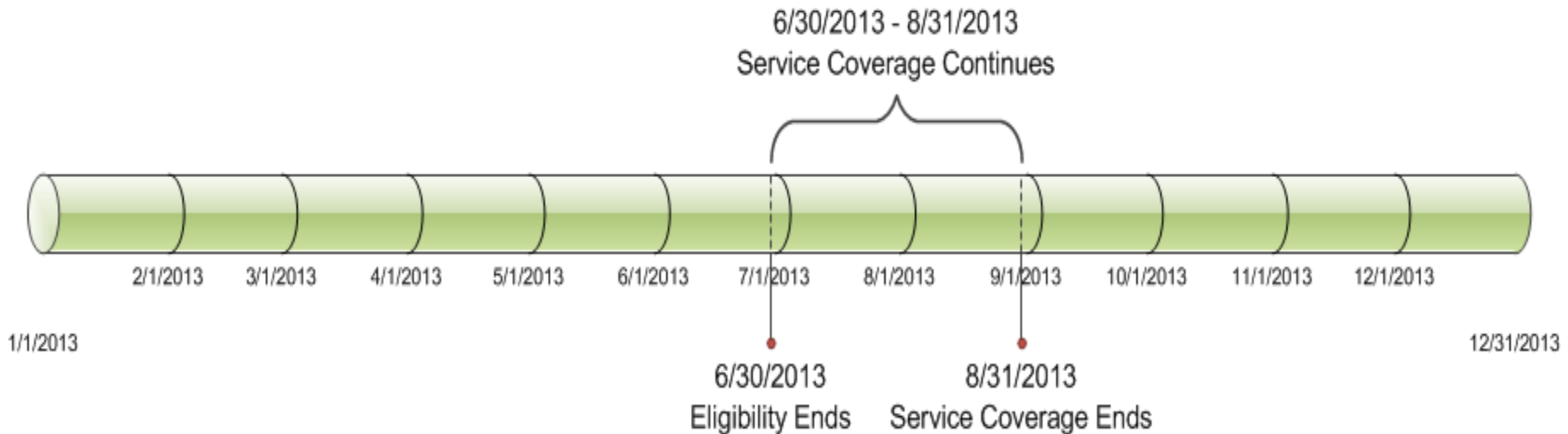
- ❖ Recipients who have a pending Medicaid application and have a nursing facility level of care from CARES.
- ❖ May make a pending managed care plan choice, but elect not to begin services until Medicaid eligibility has been approved.

Temporary Loss of Eligibility

- ❖ For LTC plans, temporary loss is defined as no more than 60 calendar days.
- ❖ Recipients will not be disenrolled from their plan during the first 60 days of temporary loss of eligibility.
- ❖ If Medicaid eligibility is not restored after 60 days, the recipient will be disenrolled from the LTC plan and will not be able to receive any more services.
- ❖ Recipients are **NOT** responsible for paying the plan for services received during the “temporary loss” period, but the plan is required to provide the services and pay providers for services rendered.

Temporary Loss of Eligibility Example

- ❖ If a recipient loses eligibility as of 6/30, the plan must cover their services through the end of the second following month – in this instance 8/31.



Long-term Care Services

- ❖ The LTC program does not eliminate services.
- ❖ LTC plans will be required to provide covered services at a level equivalent to the Medicaid state plan and outlined in the waiver authorities.
- ❖ Plans can offer additional benefits.

Covered LTC Services

Adult companion care	Intermittent and skilled nursing
Adult day health care	Medical equipment and supplies (includes incontinence supplies)
Assisted living	Medication administration
Assistive care services	Medication management
Attendant care	Nursing facility
Behavioral management	Nutritional assessment/risk reduction
Care coordination/case management	Personal care
Caregiver training	Personal emergency response system (PERS)
Home accessibility adaption	Respite care
Home-delivered meals	Therapies: occupations, physical, respiratory and speech
Homemaker	Transportation, non-emergency (for long-term care related services)
Hospice	

Extra Benefits

- ❖ LTC plans can offer extra benefits above and beyond those that are required.
- ❖ For a list of the extra benefits by region, visit www.FLMedicaidManagedCare.com

Collaboration

❖ Providers and stakeholders can help the Agency and recipients by...

- Hosting private sessions and allow us to come to your location and help the people served by you.
- Referring recipients who need help choosing a plan to local staff.
- Allowing us to provide training for your staff on what choice counseling does, how we can help and ways we can work together.
- Help us coordinate special events.

Continuity of Care During Transition

- ❖ 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.
 - Same services
 - Same providers
 - Same amount of services
 - Same rate of pay (if the provider is not under contract)
- ❖ Current services are nursing facility, hospice, waiver (Diversion, Aged Disabled Adult, Assisted Living, Channeling, and Frail Elder).

Continuity of Care

❖ Service providers that have not contracted with an enrollee's LTC plan must continue serving the enrollee:

- for up to 60 days,

OR

- until the enrollee selects another service provider and a new plan of care has been developed.

Continuity of Care

- ❖ The LTC plan must authorize and pay for services rendered by the non-contracted provider until:
 - a contracted provider is in place

AND

- the LTC plan notifies the non-contracted provider in writing that reimbursement will end on a specific date.

Continuity of Care

Question: *How will providers know whether to continue services?*

Answer: Providers should continue to provide services until they receive instructions from the LTC plan.

Payment for Transition Period Services

- ❖ 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., recent referral agreements, subcontracts, paid claims).

Payment for Transition Period Services

- ❖ Providers should contact their local Medicaid office if they have difficulty getting paid.
 - Click on the Area Offices tab at the following link:
<http://ahca.myflorida.com/Medicaid/>
- ❖ The Agency will ensure providers are paid appropriately and timely for services rendered according to a current care plan.

Provider and Plan Contracts

Question: *When should providers have a contract with a LTC plan?*

Answer: Now, although providers can contract with a plan at any time.

- ❖ Recipients begin choosing LTC plans two months prior to “go live”.
- ❖ Choice counselors use a list of contracted providers to help recipients choose a LTC plan.
- ❖ To be on the list, providers must have an executed contract and the contract must be verified by the state’s automated Provider Network Verification System.

Important Information for ALFs

- ❖ Unless an ALF contracts with at least one LTC plan, reimbursement for Medicaid long-term care services will no longer be available to the ALF.
- ❖ If an enrollee needs Medicaid to pay for LTC services, and his or her current ALF is not a network provider, the enrollee may need to relocate to another ALF that has a contract.

Information for Hospices and SNFs

- ❖ For first year only—LTC plans must offer a contract to hospices and nursing facilities in each region.
- ❖ After first year, plans may limit the number of these providers in network based upon quality and performance.
- ❖ Plans must pay SNFs and hospices at least the Medicaid rate.
 - Medicaid will continue to set rates for hospices and SNFs as it does now.
- ❖ If a resident chooses a LTC plan that does not have a contract with their hospice or SNF, the LTC plan and provider must work together to determine how to handle payment for the services provided to that recipient.

Participating in LTC

- ❖ Nursing facilities and hospices that are enrolled Medicaid providers must participate in all LTC plans.
- ❖ Nursing facilities may not notify residents that they will have to move because the facility is not contracted with that resident's LTC plan or cannot reach a payment agreement with that LTC plan.
 - This would be considered as not participating.
- ❖ If the Agency determines a facility is not participating in a LTC plan within their region the facility's enrollment in Medicaid is subject to termination.

How to Verify Eligibility

- ❖ To determine what Long-term Care plan a recipient has chosen, go to the same Medicaid eligibility verification system currently used today to confirm Medicaid eligibility before providing services.
- ❖ For more details on how to verify eligibility, review the “Verifying Eligibility for Long-term Care Program” presentation at www.ahca.myflorida.com/LTCwebinars

Additional Resources

- ❖ Updates about the Statewide Medicaid Managed Care program are posted at:
www.ahca.myflorida.com/SMMC
- ❖ You can sign up to receive email updates about the program at this website.

How to Stay Informed

- ❖ Participate in webinars provided to educate providers regarding implementation activities.
 - Direct link to webinars at www.ahca.myflorida.com/LTCwebinars
- ❖ Send your questions to:
FLMedicaidManagedCare@ahca.myflorida.com
 - AHCA will post answers on the website and answer them on provider webinars.

Stay Connected



[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)



[Twitter.com/AHCA FL](https://twitter.com/AHCA_FL)



[SlideShare.net/AHCAFlorida](https://www.slideshare.net/AHCAFlorida)

Questions?

