Florida Medicaid

Provider Bulletin
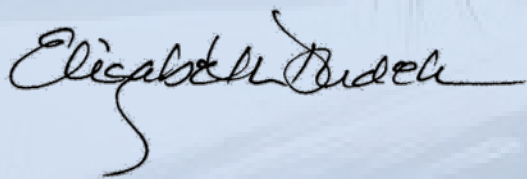
AGENCY FOR HEALTH CARE ADMINISTRATION

A Message from Secretary Elizabeth Dudek

Dear Medicaid Provider:

We accomplished a lot this fall! The ICD-10 transition went smoothly, the federal government approved an amendment to Florida's 1115 Managed Medical Assistance waiver to allow for Express Enrollment, the federal government approved LIP funding for FY 2015/16, the Agency awarded 60 applicants with primary care services grants, the Agency launched its new Assisted Living Facility Comparison Tool, and more than 1 million Floridians are now covered by the Event Notification Service run by the Florida Health Information Exchange. I'm excited about what we've accomplished, but there is still more to do.

We continue to look for ways to improve health care in Florida. The Governor's Commission on Healthcare and Hospital Funding held meetings in Tallahassee and Fort Myers to continue discussions on improving transparency and supporting better health outcomes. For more information on the Commission visit http://healthandhospitalcommission.com/.

We appreciate all you do to help provide better health care to the residents in our great state. I wish you all Happy Holidays!

Elizabeth Dudek
Secretary

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Express Enrollment

The State received approval for an amendment to Florida's 1115 MMA Managed Medical Assistance waiver to allow Express Enrollment. The Agency intends to implement Express Enrollment beginning in early January 2016.

EXPRESS ENROLLMENT BASICS

What is the Managed Medical Assistance Program (MMA)?

- In 2014, the Florida Medicaid program implemented a new system through which Medicaid enrollees receive services. This program is called the Statewide Medicaid Managed Care (SMMC) program.
- Recipients in SMMC receive medical services through the Managed Medical Assistance (MMA) program or long-term care services through the Long-term Care (LTC) program (or both).
- Most Medicaid recipients must enroll in a health plan.
- Health plans offer robust provider networks and access standards, and expanded benefits above what Medicaid traditionally covers.

What is Express Enrollment?

- Beginning January 2016, the Agency will be implementing Express Enrollment for Medicaid recipients who enroll in an MMA plan.
- **Express Enrollment does NOT impact the LTC program.**
- Under Express Enrollment, the Agency will:
  o Give recipients the opportunity to make a health plan choice when they apply for Medicaid eligibility; and
  o Enroll Medicaid-eligible individuals who are mandated to participate in the MMA program into a health plan immediately after eligibility determination.

What are the benefits of Express Enrollment?

- Prior to Express Enrollment, new Medicaid recipients were required to wait 30 to 60 days before they could enroll in a health plan and access program enhancements.
- Through Express Enrollment, health plan enrollment will be effective the same day the individual's Medicaid application is approved, allowing new enrollees to immediately take advantage of robust provider networks and access standards and expanded benefits offered by the plan.

What will NOT Change with Express Enrollment?

- There is no change to:
  o Who is eligible to enroll
  o Who is required to enroll
  o Services offered under the MMA program
- Choice counseling is still available for all recipients online or by calling the Call Center.

Express Enrollment (continued)

What is the Process for Choosing a Plan Under Express Enrollment?

- Individuals may choose an MMA plan when they submit a Medicaid application through the Department of Children and Families.
- When completing their Medicaid application, individuals required to enroll in a plan will be informed of:
  - Plans available in their area;
  - Guidance about selecting a health plan; and
  - How to make a plan choice.
- Plan selection can be made by contacting the call center or electronically via the Agency's online Express Enrollment website at www.smmcexpressenrollment.com. The website will become live when Express Enrollment becomes effective in early January.
- If no plan is chosen, the Agency will automatically assign the individual to a health plan once determined eligible.
- Plan enrollment will become effective when the individual is determined eligible for Medicaid. This means that an individual can be enrolled in a health plan on any day of the month.

What Happens After Express Enrollment?

- Recipients will be enrolled with health plans throughout the month, rather than only on the first day of a month.
- Recipients will be sent confirmation of their plan choice/plan assignment, additional information about the health plans in their area, and an explanation of their right to change plans.
- Health plans will ensure that member materials are distributed within five days of enrollment.
- Recipients will have 120 days to choose a different plan in their region. There is no limit to the number of plan changes they may make within those 120 days and if they change plans, they get a new grace period.
- 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).
- It is important that providers verify Medicaid eligibility, and plan enrollment, at the time of service delivery, especially since individuals can be enrolled in a plan any time during the month.
- Follow this link to access information on how to check eligibility: MMA – How to Verify Recipient Eligibility.

Is Help Available for Assisting with the Enrollment Process?

- Choice counsellors are available to assist recipients with selecting a plan that best meets their needs.

- Recipients may go online to http://www.flmedicaidmanagedcare.com/ or can reach the Call Center toll-free at 1-877-711-3662.

- In-person visits for recipients with special needs will not be available prior to enrollment via the Express Enrollment process, but will be available during the 120 day change period if requested.

For more details, please visit the Express Enrollment web page.

Streamlined Credentialing for Medicaid Providers

The Agency for Health Care Administration has created a streamlined application, or Limited Enrollment, for providers who do not hold a Medicaid ID and need to complete basic credentialing which may be a prerequisite to seeking a contract with a Medicaid health plan.

With the implementation of Limited Enrollment in December 2015, providers seeking to participate in a health plan's network have the option to utilize a web-based Limited Enrollment application wizard which guides them through creation of the application. The streamlined application and corresponding review process allows approved providers to receive their Medicaid IDs faster than with traditional full enrollment.

Upon receipt of a Limited Enrollment application, the Agency for Health Care Administration will perform several basic credentialing functions, including licensure verification and review of background screening history, including criminal history, and federal exclusion database checks.

Successfully obtaining a Limited Enrollment status with Medicaid may eliminate the need for providers to undergo the basic credentialing with each plan with which they seek to contract and may reduce the time it takes for a plan to complete credentialing with a health plan.

NOTE: Assignment of a Medicaid ID does not guarantee a place in the network of any health plan. Each plan may apply their own standards for provider credentialing beyond what is required by Medicaid.

Limited Enrollment is not an option for providers of services to fee-for-service recipients. Fee-for-service providers must seek traditional Full Enrollment in order to directly bill Medicaid for reimbursement.

For those providers of services solely to recipients in a health plan, Limited Enrollment is a valuable option.

LIMITED ENROLLMENT BASICS

How do providers submit a Limited Enrollment application?

Providers will be able to submit a Limited Enrollment application through the Public Web Portal.

What does Limited Enrollment capture?

The Limited Enrollment application captures all demographic information, licensure and exclusion databases verification, and background screenings in compliance with Affordable Care Act provider screening requirements.

When will Limited Enrollment be available?

Limited Enrollment is available now.

How often does Limited Enrollment need to be renewed?

Limited providers will be required to complete a renewal process every three years, similar to the current renewal process for Enrolled providers.

How does Limited Enrollment affect Provider Registration?

Providers that go through the Limited Enrollment process do not need to "register." Registration should be reserved for the use of health plans to obtain Medicaid IDs for non-participating providers.

Streamlined Credentialing for Medicaid Providers
(continued)

PROVIDERS

Who should apply to become a Limited Medicaid provider?

Limited Enrollment is an option for providers who will only be paid by a health plan. Providers who wish to submit claims directly to Florida Medicaid for fee-for-service reimbursement should apply for Full Enrollment.

Can a Limited Medicaid provider bill fee-for-service?

No. Like Registered Medicaid providers, a Limited Medicaid provider cannot bill fee-for-service claims.

If I am Registered, do I have to become a Limited Medicaid provider?

Registered providers are not required to seek Limited Enrollment but can choose to go through the Limited Enrollment process. By meeting the additional credentialing elements included within the Limited Enrollment process (such as background screening), providers may experience additional efficiencies when seeking credentialing by health plans.

If I am a Limited Medicaid provider, can I later become an Enrolled Medicaid provider in order to bill fee-for-service?

Yes. Limited Medicaid providers can submit a new application to seek to become an Enrolled Provider.

Who do I contact if I have additional questions about Limited Enrollment?

Contact the Provider Enrollment Contact Center for additional assistance, at 800-289-7799, option 4.

HEALTH PLANS

What provider credentialing functions will remain with the health plans?

Onsite visits, proof of education, training, and work history will remain with the health plans along with any additional criteria as determined by the plans.

National Health Observances

January – National Drug & Alcohol Facts Week
(January 25th – January 31st)

National Drug & Alcohol Facts Week is a national health observance for teens to promote local events that use science to shatter the myths about drugs. For more information, please visit the NIDA for Teens website.

February - American Heart Month

Heart disease is the leading cause of death for men and women in the United States. Every year, 1 in 4 deaths are caused by heart disease. For more information, please visit the American Heart Association website.

March - Save Your Vision Month

55% of adults use computers, smartphones, tablets or other handheld devices for five or more hours a day. And, 83 percent of children between the ages of 10 and 17 estimate they use devices for three or more hours each day. Get more detailed statistics—and smart eye-care tips for protecting your vision—from the American Optometric Association.

For more information about National Health Observances visit the healthfinder.gov website.