

1115 Waiver for the Medically Needy Component of Statewide Medicaid Managed Care

Public Meeting Agenda

- 1. Welcome**
- 2. Introductions**
- 3. Presentation**
- 4. Public Comment Period**

Public Comment Period

- Each participant speaking will be given 3 minutes.
- Time will be monitored - when 10 seconds are remaining, the “Out of Time” sign will be held up as a signal.
- Please be respectful of the person speaking and refrain from interrupting.
- Please hold all applause until the speaker finishes.

Why is the Agency Holding this Public Meeting?

- The Agency must submit a new 1115 Waiver application for changes made in Florida law regarding the Medically Needy Program.
- The Federal Centers for Medicare and Medicaid Services (CMS) approves all Florida Medicaid State Plan and waiver services.
- There are new Federal laws regarding transparency for 1115 Waiver requests.

New Federal Transparency Requirements

- Prior to submitting an application to CMS for a new 1115 Waiver, the State must provide at least a 30-day public notice and comment period.
- At least 20 days prior to submitting an application for a new 1115 Waiver, the State must have conducted at least two public hearings, on separate dates and at separate locations.

New Federal Transparency Requirements (Cont'd)

The State must use two different public forums for the public meetings, such as:

- 1.** The Medical Care Advisory Committee that operates in accordance with Federal Regulations.
- 2.** Another process for public input that affords interested parties the opportunity to learn about the 1115 Waiver application, and to comment on its contents.

Public Meetings for this New 1115 Waiver Application:

October 19, 2012, 2-5:00 p.m.

The Westin Ft. Lauderdale

400 Corporate Drive

Ft. Lauderdale, Florida 33334

October 23, 2012, 1-3:00 p.m.

Medical Care Advisory Committee Meeting

Agency for Health Care Administration

2727 Mahan Drive

Building 3, Conference Room A

Tallahassee, Florida 32308



What is the Medically Needy Program?

- The Medically Needy component of Florida Medicaid is designed to accommodate patients with slightly higher incomes, whose medical costs may be catastrophic or ongoing.
- Medically Needy recipients must incur medically necessary bills to meet a share of cost each month, determined by their income.
- Medically Needy services and current eligibility requirements are outlined in the Florida Medicaid State Plan.

Additional Medically Needy Program Facts

- The Medically Needy program was implemented in Florida in 1986, and is considered an optional population.
- Currently, the Medically Needy program serves an average of 48,158 individuals during any month, and provides services for at least one month to more than 250,000 individuals annually.
- Total Medicaid services expenditures reimbursed for the program during State Fiscal Year (SFY) 2010-11 were \$808.6 million, and costs for the program for SFY 2011-12 are estimated to be \$938.6 million.
- Prior to the 2011 legislative session, section (s.) 409.904(2)(a), Florida Statutes (F.S.), authorized the Medically Needy program and provided for the program to expire on June 30, 2011.

Why Does the State have to Submit a New 1115 Waiver for this Program?

- During the 2011 legislative session, the Florida Legislature passed House Bills 7107 and 7109 for Statewide Medicaid Managed Care which contained the new requirements for the Medically Needy program.
- Governor Scott signed the bills into law June 2, 2011.
- The law continued the Medically Needy program, previously set to expire June 30, 2011, and directed the Agency for Health Care Administration to seek federal waiver authority for the following:

1. Change the program to provide additional months of coverage.
2. Provide care coordination and utilization management to achieve more cost-effective services.
3. Enroll Medically Needy recipients into their choice of managed care plans.
4. Implement a premium payment that would not exceed the share of cost.
5. Provide a grace period of 90 days before the recipient can be dis-enrolled for non-payment of the premium.

The Law Did Not:

- **Discontinue the Medically Needy Program.**
- **Change the initial eligibility requirements for Medically Needy recipients.**
- **Eliminate any services currently provided under the Medicaid State Plan.**

The Law Did the Following:

- **Provide additional months of coverage for Medically Needy recipients:**
 1. Once determined eligible, recipients will enroll into their choice of managed care plan.
 2. Recipients will be assigned a premium payment not to exceed their share of cost to be made to their managed care plan.
 3. Recipients will remain enrolled in their plan and Medicaid eligible up to 12 additional months after their initial eligibility by paying the monthly premium amount, not to exceed their share of cost, to their managed care plan.

What do Medically Needy Recipients Receive from the Managed Care Plan?

1. Care coordination and utilization management per the Statewide Medicaid Managed Care contract through their choice of managed care plan.
2. Continued coverage for up to 12 months, as long as the premium payment not to exceed share of cost is made to their managed care plan.

What happens if they do not pay their share of cost?

- The Medically Needy recipient receives a 90-day grace period before being dis-enrolled from their plan for non-payment of the premium.
- Once a Medically Needy recipient is dis-enrolled they must be determined eligible again through the existing Medicaid eligibility process administered by the Florida Department of Children and Families (DCF), and by incurring medical bills to meet their share of cost amount.

Timeline to Submit 1115 Waiver for the Medically Needy Component of Statewide Medicaid Managed Care :

- **October 11, 2012** – Public Comment Period Begins
- **October 11, 2012** – Website live on **www.AHCA.MyFlorida.com**
- **October 19, 2012** - Public Meeting #1 in Ft. Lauderdale
- **October 23, 2012** - Public Meeting #2 in Tallahassee
- **October 23, 2012** - begin compiling Public Comments
- **November 26, 2012** - Complete the 1115 Medically Needy Waiver Application and submit to CMS – Website remains live

Contact Information

Comments and Questions?

Members of the media should contact the Office of Communications at AHCACommunications@ahca.myflorida.com, or by calling 850-412-3623.

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:

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

