

Amendment Request for Florida's 1115 Managed Medical Assistance Waiver

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Agency for Health Care Administration

Presented at the April 14, 2015
Medical Care Advisory Committee



Federal Waiver Authorization

- **Initial 5-Year Period (2006-2011):** On October 19, 2005, Florida's 1115 Research and Demonstration Waiver named “Medicaid Reform” was approved by the Centers for Medicare and Medicaid Services (Federal CMS). The program was implemented in Broward and Duval Counties July 1, 2006 and expanded to Baker, Clay and Nassau Counties July 1, 2007.
- **Three-Year Extension Period (2011-2014):** An extension of the waiver was granted by Federal CMS to maintain and continue operations for the current program for the period December 16, 2011 to June 30, 2014.
- **Managed Medical Assistance Amendment (2013):** The amendment to implement the Managed Medical Assistance program as authorized Florida Statutes, was granted by Federal CMS on June 14, 2013.
- **Three-Year Waiver Extension (2014-2017):** On July 31, 2014, the State received federal approval to extend the waiver for the period July 31, 2014 until June 30, 2017.



Amendment of the 1115 Waiver

- Changes related to features of the research and demonstration waiver must be submitted to CMS as amendments to the waiver.
- Types of changes requiring CMS approval are eligibility, enrollment, benefits, enrollee rights, delivery systems, cost sharing, evaluation design, Low Income Pool, sources of non-federal share of funding, budget neutrality, and other comparable program and budget elements.



Amendment of the 1115 Waiver

- **Federal Waiver Amendment Requirements:** Florida is required to publish on the Agency's website a "Public Notice" document for public input 30 days prior to submitting the waiver amendment request. The document must include a comprehensive description of the program and the information outlined on the next slide.
- The public notice document is available at the following link for review and comment from March 27, 2015 to April 26, 2015.
- http://ahca.myflorida.com/medicaid/statewide_mc/mma_fed_auth_amend_waiver_2015-03.shtml
- Written comments may be e-mailed to FLMedicaidWaivers@ahca.myflorida.com or mailed to:

1115 MMA Waiver Amendment Request
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308



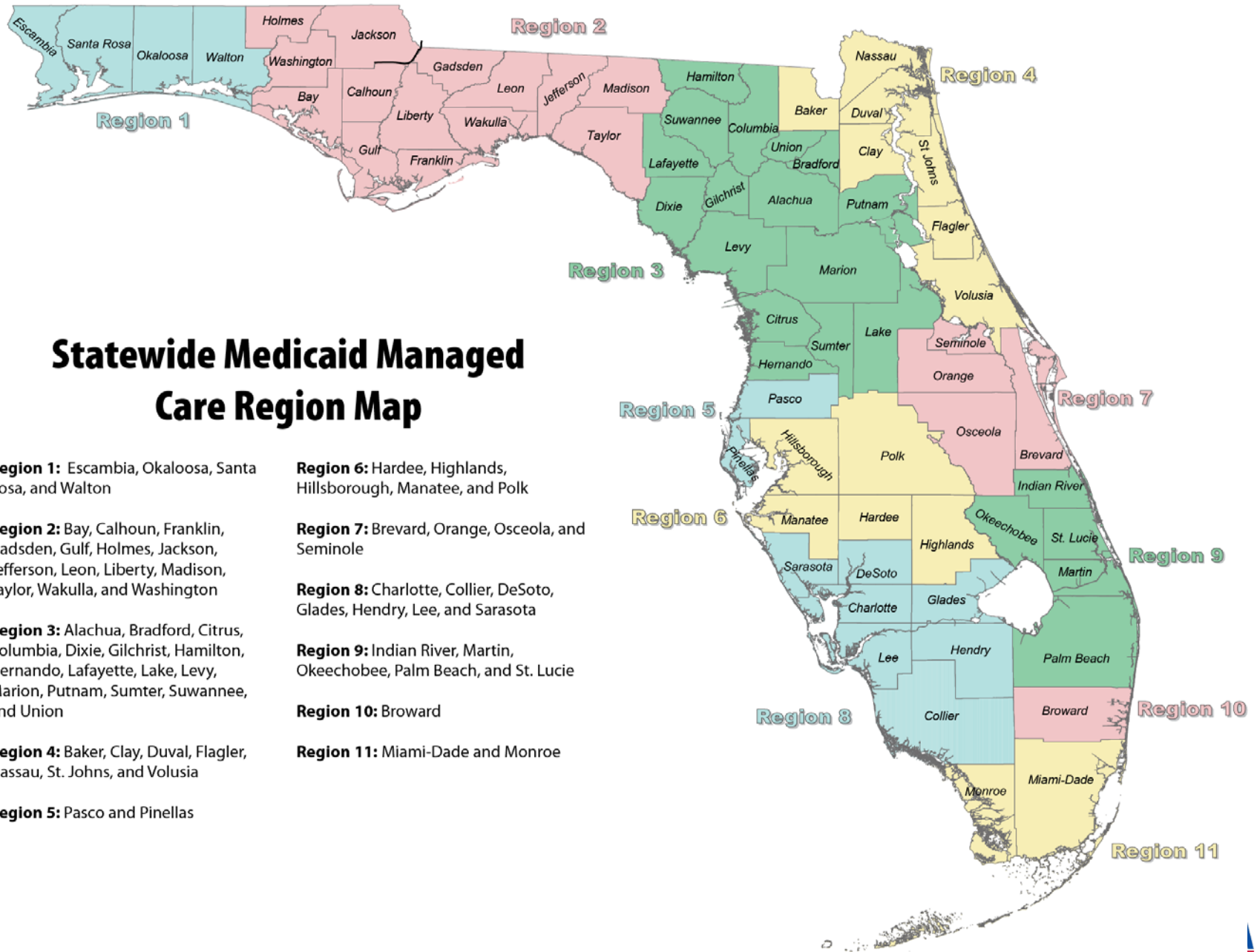
The Managed Medical Assistance Program



The Statewide Medicaid Managed Care Program

- In 2011, the Florida Legislature required the Agency to expand managed care statewide for most Medicaid recipients.
- The program has two components: the Long-Term Care (LTC) program and the Managed Medical Assistance (MMA) program.
 - MMA covers most recipients of any age who are eligible to receive full Medicaid benefits.
 - LTC covers most recipients 18 years of age or older who need nursing facility level of care.
- The Agency successfully implemented the Statewide Medicaid Managed Care (SMMC) program August 1, 2013, through August 1, 2014.





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

MMA Program Enhancements: Types of MMA Plans

- **Standard Plan:** Offers acute and preventative services under the Managed Medical Assistance program.
- **Comprehensive Plan:** Offers both Long-term Care and Managed Medical Assistance services.
- **Specialty Plan:** Serves Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.



MMA: Standard and Comprehensive Plans

Region	Amerigroup	Better Health	Coventry	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Sunshine	United Healthcare	Staywell
1				X	X								
2								X					X
3								X			C	C	X
4						X					C	C	X
5	X							X			C		X
6	X	X		X	X			X			C		X
7	X					X		X			C	C	X
8					X			X			C		X
9				X		X		X			C		
10		X		C					X		C		
11	C		C	C		C	X	X		X	C	C	X



MMA: Specialty Plans

Region	Children's Medical Services Network	Clear Health Alliance	Freedom Health, Inc.	Magellan Complete Care	Positive Healthcare Florida	Sunshine Health Plan, Inc.
	Children with Special Health Care needs	HIV/AIDS	Chronic Duals	Serious Mental Illness	HIV/AIDS	Child Welfare
1	X	X				X
2	X	X		X		X
3	X	X	X			X
4	X			X		X
5	X	X	X	X		X
6	X	X	X	X		X
7	X	X	X	X		X
8	X	X	X			X
9	X	X	X	X		X
10	X	X	X	X	X	X
11	X	X	X	X	X	X



MMA Program – Eligibility

Mandatory Participants – All Medicaid recipients will be enrolled in a managed care plan unless specifically exempted.

Voluntary Participants – The following individuals may choose to enroll in program:

- Individuals who have other creditable health care coverage, excluding Medicare;
- Individuals age 65 and over residing in a mental health treatment facility meeting the Medicare conditions of participation for a hospital or nursing facility;
- Individuals in an intermediate care facility for individuals with intellectual disabilities (ICF-IID); and
- Individuals with developmental disabilities enrolled in the home and community based waiver pursuant to state law, and Medicaid recipients.



MMA Program – Eligibility

- Excluded Participation – The following groups are excluded from program enrollment:
 - Individuals eligible for emergency services only due to immigration status;
 - Family planning waiver eligibles;
 - Individuals eligible as women with breast or cervical cancer; and
 - Children receiving services in a prescribed pediatric extended care facility.



MMA Program – Covered Services

Minimum Required Covered Services: Managed Medical Assistance Plans

Advanced registered nurse practitioner services.	Medical supply, equipment, prostheses and orthoses
Ambulatory surgical treatment center services	Mental health services
Birth center services	Nursing care
Chiropractic services	Optical services and supplies
Dental services	Optometrist services
Early periodic screening diagnosis and treatment services for recipients under age 21	Physical, occupational, respiratory, and speech therapy
Emergency services	Physician services, including physician assistant services
Family planning services and supplies (some exception)	Podiatric services
Healthy Start Services (some exception)	Prescription drugs
Hearing services	Renal dialysis services
Home health agency services	Respiratory equipment and supplies
Hospice services	Rural health clinic services
Hospital inpatient services	Substance abuse treatment services
Hospital outpatient services	Transportation to access covered services
Laboratory and imaging services	



**Table 3
Expanded Benefits Offered by Standard Plans**

List of Expanded Benefits	Amerigroup	Better Health	Coventry	Humana	Integral	Molina	Preferred	Prestige	SFCN	Simply	Staywell	Sunshine	United
Adult dental services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adult hearing services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adult vision services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Art therapy	Y			Y		Y					Y	Y	
Equine therapy											Y		
Home health care for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Medically related lodging & food		Y		Y	Y	Y		Y		Y	Y	Y	
Newborn circumcisions	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Nutritional counseling	Y	Y	Y	Y	Y		Y	Y		Y	Y	Y	
Outpatient hospital services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Over the counter medication and supplies	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y
Pet therapy				Y		Y					Y		
Physician home visits	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	Y
Pneumonia vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Post-discharge meals	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y
Prenatal/Perinatal visits (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Primary care visits for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Waived co-payments	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y



**Table 4
Expanded Benefits Offered by Specialty Plans**

List of Expanded Benefits	CMSN Plan	Magellan (Serious Mental Illness)	Freedom (Chronic/Duals)	Sunshine (Child Welfare)	Clear Health Alliance (HIV/AIDS)	Positive Health (HIV / AIDS)
Adult dental services (Expanded)		Y		Y	Y	Y
Adult hearing services (Expanded)				Y	Y	Y
Adult vision services (Expanded)		Y		Y	Y	Y
Art therapy				Y		
Equine therapy						Y
Home and Community-Based Services		Y			Y	
Home health care for non-pregnant adults (Expanded)		Y		Y	Y	
Influenza vaccine		Y		Y	Y	Y
Intensive Outpatient Therapy		Y			Y	
Medically related lodging & food		Y		Y	Y	Y
Newborn circumcisions		Y		Y	Y	Y
Nutritional counseling		Y		Y	Y	
Outpatient hospital services (Expanded)		Y		Y	Y	Y
Over the counter medication and supplies		Y		Y	Y	Y
Pet therapy						
Physician home visits				Y	Y	
Pneumonia vaccine		Y		Y	Y	Y
Post-discharge meals		Y		Y	Y	
Prenatal/Perinatal visits (Expanded)		Y		Y	Y	Y
Primary care visits for non-pregnant adults (Expanded)		Y		Y	Y	Y
Shingles vaccine		Y		Y	Y	Y
Waived co-payments		Y		Y	Y	Y

NOTE: Details regarding scope of covered benefit may vary by managed care plan.



MMA Program - Network Adequacy Standards

- Requirements in health plan contracts include:
 - Minimum capacity ratios of providers by specialty;
 - Maximum time and distance standards;
 - Increased number of primary care and specialist providers accepting new Medicaid enrollees; and
 - Increased number of primary care providers that offer after-hours appointments.



Public Input and Program Improvements

- Florida Medicaid is open to feedback from any stakeholder, including recipients, providers, advocates and researchers.
- Based on feedback, Florida Medicaid will take advantage of opportunities to adapt and improve.
- Recommendations and suggestions regarding the program will be considered in response to public input, as appropriate.

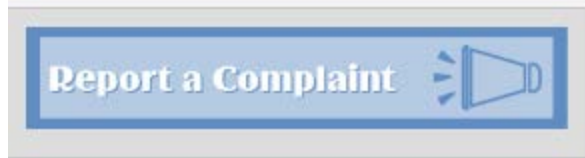


How to Report a Complaint?

- If you have a complaint or issue about Medicaid Managed Care services, please complete the online form at:

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

- Click on the “Report a Complaint” blue button.



- If you need help completing this form or wish to report your issue by phone, please call the Medicaid Help Line at: **(877) 254-1055**



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 Field 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 Field Office.

Phone numbers of local [Field Offices](#)

Amendment of the 1115 Waiver



MMA Waiver Amendment - Overview

- The State is seeking federal authority to amend Florida's 1115 MMA Managed Medical Assistance (MMA)
- The amendment will allow the State to assign Medicaid-eligible individuals who are mandated to participate in the MMA program to a managed care plan immediately after eligibility determination.
- Recipients will have the opportunity to make a plan choice concurrent with eligibility application.
- The State is requesting an effective date of September 1, 2015.



MMA Waiver Amendment - Objectives

- Under the MMA program the Agency was able to negotiate many program enhancements for recipient enrolled in health plans participating in the program.
- Under our current system, new Medicaid recipients have to wait from 30 to 60 days before they can enroll in a health plan and access these program enhancements.
- The proposed amendment will allow new enrollees who are mandated to participate in the MMA program to immediately take advantage of the robust provider network and access standards required of the plans.



MAA Waiver Amendment – Limited Changes

- The State is not requesting any changes to the MMA waiver authorities or expenditure authorities authorized July 31, 2014.
- Under the proposed amendment there is no change to:
 - Who is eligible to enroll
 - Who is required to enroll
 - Services offered under the MMA program



MMA Waiver Amendment – Enrollment Changes

- The proposed amendment amends Special Term and Conditions (STC) of this waiver to remove the 30-day delay period between eligibility determination and managed care plan enrollments.
- Under the proposed amendment, individuals will be able to select health plans concurrent with their Medicaid eligibility determination.



MMA Waiver Amendment – Plan Selection

- Concurrent with their Medicaid eligibility determination, mandatory recipients will be informed of:
 - Plans available in their area,
 - Guidance about selection a health plan,
 - Ways to make a plan choice.
- If no plan is chosen prior to eligibility determination, AHCA will automatically assign the recipient a health plan.



120 Days to Change Plans

- After eligibility determination and plan enrollment:
 - Recipients will receive confirmation of their plan choice/ plan assignment, along with additional information about the health plans in their area and their rights to change plans.
 - Recipients will have 120 days to choose a different plan in their region.



120 Days to Change Plans

- After eligibility determination and plan enrollment:
 - Any plan choice made during the 120 day period 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.



MMA Waiver Amendment – Assignment Change

- The State is seeking federal authority to amend Florida's 1115 MMA Managed Medical Assistance (MMA) waiver to change the auto-assignment criteria.
- The proposed amendment amends Special Term and Conditions (STC) to amend the auto-assignment criteria to conform to Section 409.977(2), Florida Statutes.



MMA Waiver Amendment – Assignment Change

- During the implementation and phased roll-out of the MMA program, the Agency, pursuant to statutory direction, used prior health plan relationship as a primary factor in making auto-assignments to health plans.
- Under the proposed amendment, the Agency will:
 - No longer utilize prior plan relationship in auto-assignment to plans; and
 - Enhance primary care provider relationship as a primary factor in plan auto-assignment.



Public Meetings

Schedule of Public Meetings

Location	Date	Time
<p>Tampa</p> <p>Agency for Health Care Administration 6800 North Dale Mabry Highway Main Training Room Tampa, FL 33614</p> <p>Conference Line: 1-877-299-4502 Participant Code: 769 730 07#</p>	<p>April 7, 2015</p>	<p>1:00 p.m. -3:30 p.m.</p>
<p>Tallahassee</p> <p>Agency for Health Care Administration 2727 Mahan Drive Building 3 Conference Room A Tallahassee, FL 32308</p> <p>Conference Line: 1-877-299-4502 Participant Code: 758 844 10#</p>	<p>April 14, 2015</p>	<p>3:00 p.m. – 5:00 p.m.</p>



Begin Public Comment Period

