Statewide Medicaid Managed Care Long-term Care Program

Questions and Answer Session for Aging Network Providers

July 1, 2013
9:00 -10:00 a.m.

Welcome to the Question and Answer Webinar Meeting for Aging Network Service Providers

The presentation will begin momentarily.

Please dial in ahead of time to:
702-489-0007
Access Code: 538-247-980

Today's Presenters

- Beth Kidder, Assistant Deputy Secretary for Medicaid Operations, AHCA
- Cheryl Young, Bureau Chief for Medicaid Programs, DOEA

Session Background

- The new program is called the Statewide Medicaid Managed Care Long-term Care Program. (This new program is different from Medicaid Reform.)
- Generally, you submitted questions asking:
  - Who is eligible and affected?
  - How will recipients receive information and make choices?
  - What about aging services continuity of care and recipient protections?

Who is eligible?

- Individuals who fit into one of the following categories may be eligible for the Long-term Care 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.*

Who does Long-term Care affect?

- SMMC affects residents currently residing in Medicaid-funded nursing facilities.
- Additionally, some existing Medicaid programs will be combined into the new Long-term Care Program. These are:
  - Assisted Living Waiver
  - Aged and Disabled Adult Waiver
    - The Consumer-Directed Care Plus Program (CDC+)
  - Channeling Services Waiver
  - Frail and Elder Program
  - Long-term Care Community Diversion Waiver

Current members of these programs will be enrolled in the Long-term Care Program without any interruption of services. If a recipient is unsure whether or not he/she is currently enrolled in one of these programs, they should contact their local area Medicaid office.

Who does Long-term Care affect?

- Many existing Medicaid programs will not be combined into the new Long-term Care program. These are:
  - Developmental Disabilities (iBudget, Tiers 1-4)
  - Traumatic Brain & Spinal Cord Injury
  - Project AIDS Care (PAC)
  - Adult Cystic Fibrosis
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Familial Dysautonomia
  - Model Waiver

Current members of these programs do not need to enroll in the Long-term Care program. These programs will continue to function as normal and recipients may continue to receive care through the programs above. If a recipient is unsure whether or not he/she are currently enrolled in one of these programs, they may contact the local area Medicaid office.

How does a recipient hear about the program and choose a plan?

- The new Long-term Care program will be implemented in stages (by region) beginning in August 2013.
- Before implementation in each region, recipients will receive information from Medicaid by mail.
  - Agency staff and choice counselors also conduct outreach
- They may choose a plan by calling a choice counselor at 1-877-711-3662, asking to meet with a counselor in person, or making their choice online at www.FLMedicaidManagedCare.com .
- The counselor can help recipients choose the plan in their region that best meets their needs.

LTC Plans by Region

Region	Long-term Care Plans						
	American Eldercare, Inc.	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

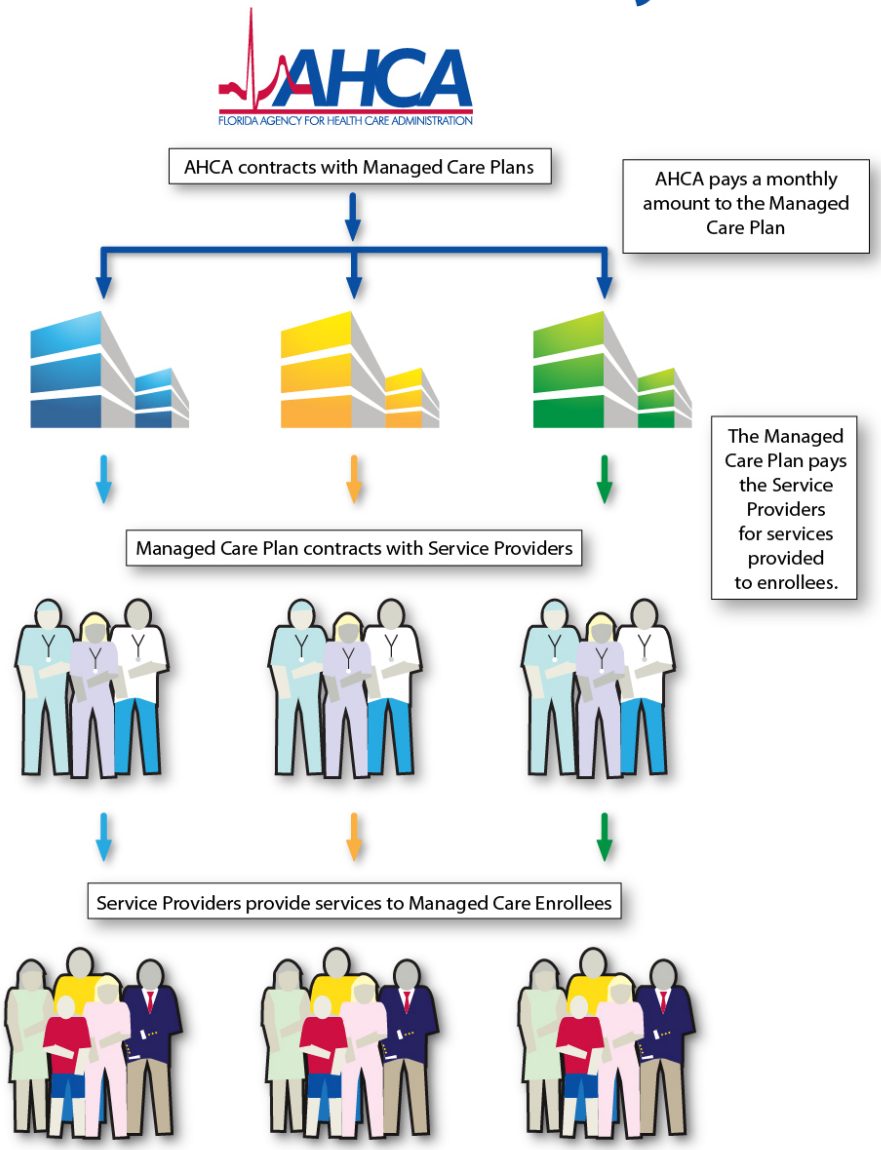
Types of Long-term Care Plans

- The Long-term Care program allows two types of plans:
  - Health Maintenance Organizations (HMOs)
    - Will be only capitated.
  - Provider Service Networks (PSNs)
    - May be fee-for-service for the first two years.
- The main difference for network providers will be how they are paid. All services will be authorized by the HMO or PSN. Enrollees should not notice a difference regardless of plan type.
  - If the long-term care plan is capitated, then network providers will be paid by the plan.
  - If the long-term care plan is fee-for-service, then providers will be paid by Medicaid after claims are submitted to the long-term care plan for authorization.

Long-term Care Provider Types

Adult Day Care Center	Food Service Establishment	Nurse Registry
Adult Family Care Home	General Contractor	Older Americans Act Provider
Alarm System Contractor	Health Care Service Pool	Health Care Professional (Nutrition)
Assisted Living Facility	Homemaker/Companion Agency	Nursing Facility
Case Manager/Case Management Agency	Home Health Agency	Occupational Therapist / Aide
CCE Provider	Home Medical Equipment Company	Pharmacy
Center for Independent Living	Hospice Organization	Physical Therapist
Clinical Social Worker	Independent Provider (Home Adaptations)	Psychologist
Community Mental Health Center	Independent Transportation Provider	Registered Nurse (RN)
Community Transportation Coordinator	Licensed Practical Nurse (LPN)	Respiratory Therapist
Dietician/Nutritionist/Nutrition Counselor	Low-Voltage Contractors, Electrical Contractors	Speech-Language Pathologist
Food Establishment	Mental Health Counselor	Medication Administration

How do I receive my care?



Recipe for a smooth transition

- Long-term Care (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)

LTC Plans – Offering Contracts

- LTC plans must offer contracts to the following providers in their region for the first year of the program:
  - Nursing facilities
  - Hospices
  - Aging network service providers
    - Must have billed for services in the six months prior to the release of the competitive bid (July 2012)
    - List of providers was in the competitive bid

Providers: Two Choices

1. Contract with one or more LTC plans.

   OR

2. Work with the LTC plans to ensure a smooth transition of services for your clients.

Providers: How Do I Get a Contract?

- Contact the LTC plans in your region.
- Go to: http://ahca.myflorida.com/smmc
  - Provider relations contacts are listed:
    - "Long-term Care" tab
    - "Providers" tab

Providers: Can I Negotiate a Contract?

- Yes, most contract provisions are negotiable, including rates.
- A few items must be in the contract.
  - Go to: http://ahca.myflorida.com/smmc
    - "Long-term Care" tab
    - "LTC Plans" tab
    - Long-term Care Model Contract 6/27/13

Providers: When Should I Have a Contract with a LTC Plan?

Points to remember:

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

When Should I have a Contract with an LTC Plan?

Region	Counties	Enrollment Effective Date	Estimated Eligible Population
7	Brevard, Orange, Osceola and Seminole	1-Aug-13	Region 7: 9,338
8 & 9	Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota, Indian River, Martin, Okeechobee, Palm Beach and St. Lucie	1-Sep-13	Region 8: 5,596; Region 9: 7,854: Total = 13,450
2 & 10	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington, Broward	1-Nov-13	Region 2, 4,058; Region 10, 7,877; Total = 11,935
11	Miami-Dade and Monroe	1-Dec-13	Region 11: 17,257
5 & 6	Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee and Polk	1-Feb-14	Region 5, 9,963; Region 6, 9,575: Total = 19,538
1,3 & 4	Alachua, Bradford, Citrus, Columbia, Dixie, Escambia, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Okaloosa, Putnam, Santa Rosa, Sumter, Suwannee Union, Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia and Walton	1-Mar-14	Region 1: 2,973; Region 3: 6,911; Region 4: 9,087: Total = 18,971

Providers: How Will I Know What LTC Plan My Recipients Have Chosen?

1. Ask the recipient
   - Recipients will have a letter stating their plan choice over 60 days prior to go live date, unless they change plans during the choice period or 90 day election period.
2. Check the Medicaid Eligibility Verification System (MEVS)
   - LTC plan will be on file prior on the go live date.
   - Training webinars on how to check eligibility are planned prior to start date.

Providers: How Will I Know Whether to Continue Services?

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

Providers: How Much Notice Will I Get That I Should 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.

Providers: How Will I 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.

Providers: How Long Will it Take to Get Paid?

- LTC plans must pay a clean claim within 20 days if electronic or 40 days if paper.
- Electronic:
  - Within twenty (20) calendar days after receipt of a non-nursing facility/non-hospice claim, pay the claim or notify the provider or designee that the claim is denied or contested. The notification to the provider of a contested claim shall include an itemized list of additional information or documents necessary to process the claim.
  - Pay or deny the claim within ninety (90) calendar days after receipt of the non-nursing-facility/non-hospice claim. Failure to pay or deny the claim within one hundred twenty (120) calendar days after receipt of the claim creates an uncontestable obligation for the Managed Care Plan to pay the claim. (See s. 641.3155, F.S.)
- Paper:
  - Within forty (40) calendar days after receipt of the claim, pay the claim or notify the provider or designee that the claim is denied or contested. The notification to the provider of a contested claim shall include an itemized list of additional information or documents necessary to process the claim.
  - Pay or deny the claim within one hundred twenty (120) calendar days after receipt of the claim. Failure to pay or deny the claim within one hundred forty (140) calendar days after receipt of the claim creates an uncontestable obligation for the Managed Care Plan to pay the claim.

Providers: How Long Will it Take to Get Paid?

- The LTC plan must have a process for handling and addressing the resolution of provider complaints concerning claims issues.
  - The process must be in compliance with s. 641.3155, F.S.
  - Pursuant to s. 409.967(2)(m), F.S., disputes between the Managed Care Plan and a provider may be resolved as described in s. 408.7057, F.S.

- The LTC plan shall not deny claims submitted by a non-participating provider solely based on the period between the date of service and the date of clean claim submission, unless that period exceeds three-hundred sixty-five (365) days.

Providers: What if I Have Trouble Getting Paid?

- Call your local area Medicaid 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.

Provider: I Do Not Want to Continue Services

- You must give notice to recipients that you are ending services:
  - Aged Disabled Adult and Assisted Living Waivers: 10 days prior to last day of service.
- Review your current referral/service agreement or provider handbook for details.

Recipient Rights and Protections

What if a Recipient is Not Happy with His/Her Plan?

- After enrolled in a LTC plan, the recipient has 90 days to change to another plan in the region.
- Once the recipient has been in the plan for 90 days, he/she must stay in the plan until the next open enrollment period, unless there is a good cause reason to change plans.
- Every year the recipient has a chance to change LTC plans during the open enrollment period.

Recipients Retain All Rights and Protections

- Recipient has the right to a Fair Hearing if services are denied, reduced, suspended or terminated:
  - The Fair Hearing process is the same as now.
  - If requested timely, services continue at their current level until the Fair Hearing process is complete.

Recipient Retains All Rights and Protections (con't.)

- Recipient also has the right to appeal through the LTC plan's grievance process:
  - If not satisfied with the outcome of this process, can still request a Fair Hearing.

A New Protection: Independent Consumer Support Program

- DOEA is responsible for long-term care plan monitoring and will ensure resolution of recipient complaints submitted to the ADRCs and Ombudsman, in coordination with AHCA:
  - The local ADRC can assist enrollees with general questions or complaints related to a LTC plan or services received at home, 1-800-96-ELDER.
  - The ADRC will help resolve issues by assisting recipients with the information needed to contact their LTC plan, file a Medicaid Fair Hearing, or take whatever other action is necessary to resolve the complaint.
  - ALF, nursing facility or adult family care home complaints may also be resolved through contact with the Ombudsman.

How Can We Learn More?

- Choice counselors begin outreach in an area four months prior to go live
  - Visit facilities and other groups that provide services to the LTC population.
- Brochures will be made available to FASP as they are mailed in each region.
- Weekly webinars on the LTC program
  - New topic every 2-3 weeks
  - At the end of this presentation we will display links where:
    - Slides and answers to questions are posted on AHCA's web.
    - Recordings of the webinars are posted on YouTube, Facebook and Twitter.

How Can We Learn More? (con't)

- http://ahca.myflorida.com/smmc
  - Over 70 pages of Frequently Asked Questions
    - Organized by topic
    - Updated every 7-10 days
  - Webinar slides and recordings.
  - Contact information for LTC plans.
  - How to submit questions to the mail box.

How Can We Learn More? (con't)

- Questions can be emailed to: FLMedicaidManagedCare@ahca.myflorida.com
- Updates about the Statewide Medicaid Managed Care program are posted at: http://ahca.myflorida.com/SMMC
- Upcoming events and news can be found on the "News and Events" tab on the SMMC website.
  - Keep up to date by signing up to receive program updates by clicking the red "Sign Up for Program Updates" box on the right hand side of the page.
- For information about the enrollment process and expanded benefits of each plan, go to: http://www.FLMedicaidManagedCare.com.

Continuing Education

Follow the link below to the SMMC Website and Select the “News and Events” tab under the header image:

-View details regarding past webinars, or future SMMC events using the “Upcoming Events” tab.

-Use the red button to sign up for SMMC Program updates via e-mail.

http://ahca.myflorida.com/smmc

You can find more information on the SMMC program at:

Youtube.com/AHCAFlorida

Facebook.com/AHCAFlorida

Twitter.com/AHCA_FL

Questions?