Welcome to the Agency for Health Care Administration (AHCA) Training Presentation for Long-term Care Enrollee and Provider Protections.

The presentation will begin momentarily.

Please dial in ahead of time to:
1-888-670-3525
Passcode: 771-963-1696

Statewide Medicaid Managed Care Long-Term Care Program

Enrollee and Provider Protections

October 16, 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.

http://ahca.myflorida.com/smmc

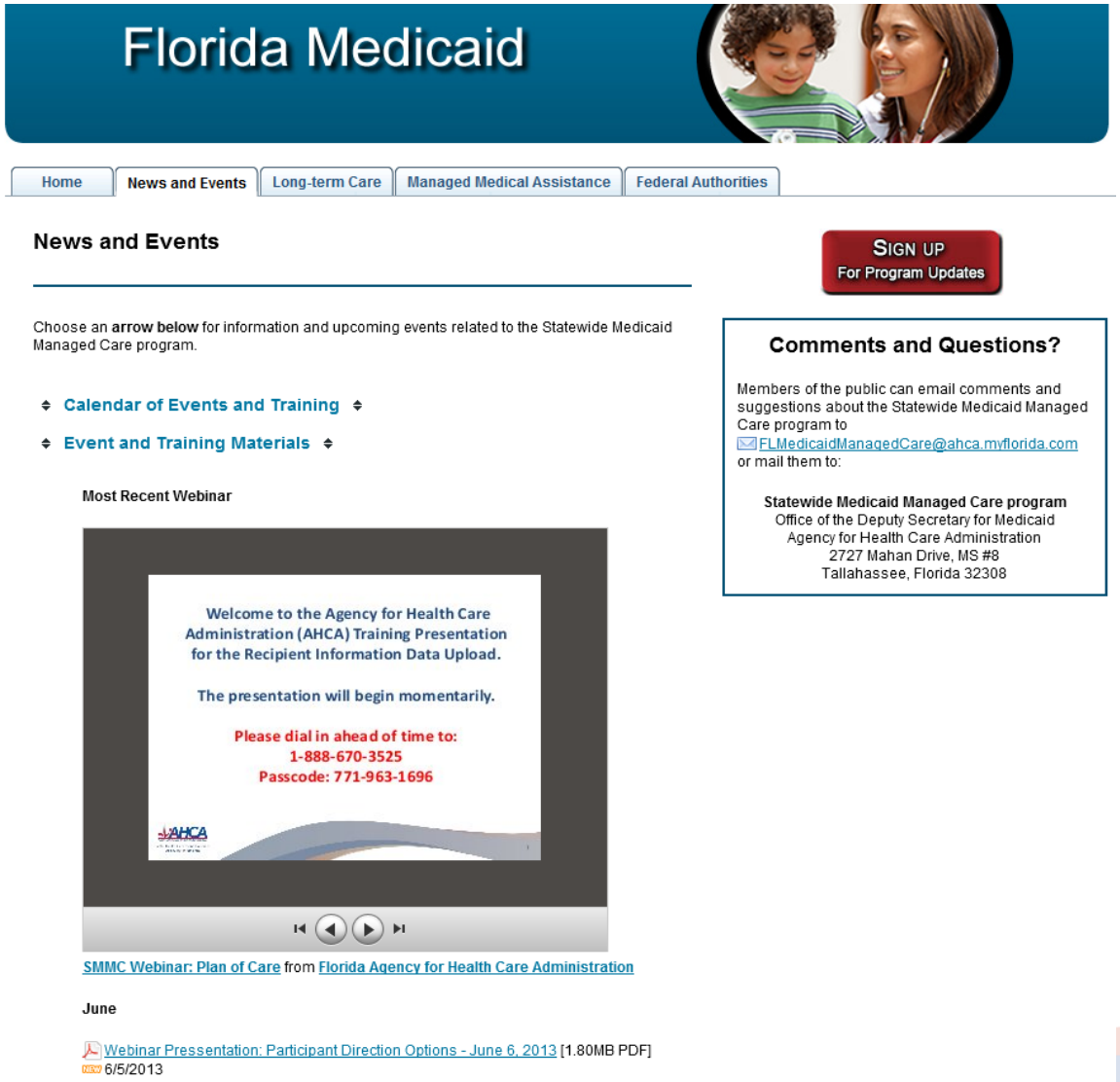
Today's Presentation, cont.

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

Today's Presentation, cont.

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.



Today's Presenter

- Eunice Medina
  - Department of Elder Affairs

A New Long-term Care Program

- Florida Medicaid is implementing a new system for Medicaid enrollees to receive long-term care services though a managed care system.
- It is called the Long-term Care (LTC) program.
  - The LTC program will be implemented by region beginning in August 2013.
- Managed care is when health plans are responsible for ensuring that their enrollees receive the health and long-term care services they need.

Today's Topics

- How Does Recipient Choice Work?
- Enrollee Protections
  - Service delivery protections
  - Maintain & enhance existing complaint, grievance & Fair Hearing protections
- Network Service Provider Protections

How Does Recipient Choice Work?

How Does Recipient Choice Work?

- Medicaid recipients will be contacted by the Agency ahead of their enrollment in a LTC plan.
  - Recipients will receive a welcome letter introducing the LTC program to them.
  - The choice counselors are conducting local, in person outreach by region.

- The welcome letter provides information about:
  - plans
  - how to make a choice
  - how to enroll
  - what plan they will be assigned to if they don't actively make a plan choice.

How Does Recipient Choice Work? (Continued)

- Recipients 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 independent choice counselor can help recipients choose the plan in their region that best meets their needs.

How Does Recipient Choice Work? (Continued)

- If recipients do not take action to enroll, they will receive a reminder letter that also instructs them about their choices and how to enroll.
- Recipients who do not choose a plan will be assigned to the plan listed in the welcome and reminder letters.
- Recipients who actively make a choice will receive a letter confirming their plan choice.

How Does Recipient Choice Work? (Continued)

- After recipients enroll in a LTC plan, they will have 90 days to change to another plan in their region if they wish.
- Once recipients have been enrolled in a plan for 90 days, they must remain with that plan until the next open enrollment period.
  - Exceptions are made if the recipient has a good cause reason to change plans.
- Every year, enrollees will have an opportunity to change plans during the open enrollment period.

Enrollee and Network Service Provider Protections

(During Transition & Beyond)

Enhanced Care Coordination for All Enrollees

- A case manager will work with every LTC enrollee to:
  - ensure services are delivered during transition and beyond
  - identify the types of services needed
  - assist the enrollee to identify and choose which of the contracted providers can best meet the enrollee's needs.
- LTC plans can limit the number of providers in their networks based on credentials, quality and price.
- However, they must have enough providers to care for all enrollees and give enrollees a choice of providers.

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
- **"Note: Current case management providers who are not contracted with a LTC plan under the LTC program are not included in this provision and do not have to continue providing case management services after the implementation of the LTC Program in each region. "**

Continuity of Care (Continued)

- 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 (Continued)

- 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 (Continued)

- If a Medicaid recipient selects a LTC plan that does not have a contract with his or her current service provider,
  - The plan's case manager will work closely with the recipient to choose another service provider that can best meet his or her needs.

LTC Enrollee Protections

- The contract between the state and the LTC plans prohibits the plans from requiring enrollees to enter alternative residential settings that may be less costly than remaining in their own homes.
- Enrollees residing in nursing facilities can choose to remain in that facility as long as they continue to meet nursing facility level of care requirements.

Provider Protections

Long-term Care Provider Networks

- Each selected LTC plan must offer contracts to all of the following providers in their region for the first year of the program:
  - Nursing Homes;
  - Hospices; and
  - Aging network service providers
    - Must have billed for services in the six months prior to the release of the competitive bid (July 2012)
    - The list of providers was in the competitive bid

Provider Choices

1. Providers can contract with one or more long-term care plans in each region.

   OR

2. Work with the plans to ensure a smooth transition for each recipient.

How Can Providers Obtain a Contract?

- Providers should contact the long-term care plans in their region.
- Go to: http://ahca.myflorida.com/smmc
  - Provider relations contacts are listed:
    - "Long-term Care" tab
    - "Providers" tab

Can Providers Negotiate a Contract?

- Yes, most contract provisions are negotiable, including rates.
  - Go to: http://ahca.myflorida.com/smmc
    - “Long-term Care” tab
    - “LTC Plans” tab
    - Long-term Care Model Contract 6/27/13

When Should Providers Have a Contract With a LTC Plan?

- 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.

When Should ALFs Have a Contract With a LTC Plan?

- Assisted living facilities serving LTC enrollees should contract with the LTC plans in their region **NOW**.
- ALFs are not only LTC service providers, but are also the recipient's home.
- By contracting now, you reassure your residents that they can continue living in the ALF.

When Should ALFs Have a Contract With a LTC Plan? (Continued)

- 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.

How Will Providers Know What LTC Plan Their Recipients Have Chosen?

- 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.
- Check the Medicaid Eligibility Verification System (MEVS)
  - LTC plan will be on file on the go live date.
  - Training webinars on how to check eligibility are planned prior to the start date.

How Will Providers Know Whether to Continue Services?

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

Continuity of Care

- Current LTC providers are required to cooperate and communicate with incoming LTC plans during the transition process.

- This includes providing information pertinent to an enrollee's plan of care and continuing to provide services to an enrollee for up to 60 days post transition.

Continuity of Care (Continued)

- 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).

What Should Providers Do if They Have Difficulty Getting Paid?

- Providers should contact their local Medicaid office.
- Contact numbers can be found at:

http://ahca.myflorida.com/Medicaid/index.shtml#areas

- The Agency will ensure providers are paid appropriately and timely for services rendered according to a current care plan.

Enrollee Protections:
Maintain & Enhance Existing Complaint, Grievance & Fair Hearing Protections

Enrollee Appeal Rights

- Enrollees maintain the right to disagree with any change in their services.

- LTC plans must notify enrollees of their right to challenge a denial, termination, suspension or reduction of services.

Enrollee Appeal Rights (Continued)

- Case managers will help enrollees file complaints and grievances.
- The LTC plan will contact the enrollee in writing to confirm receipt of the appeal and to notify the enrollee of the plan's response to the appeal.
- Enrollees have the right to continue receiving their current level of services while the appeal is under review.

Fair Hearing Rights

- The Fair Hearing process is not changing.
- Enrollees may seek a Medicaid Fair Hearing if services are reduced, denied, suspended, or terminated.
- Enrollees can file for a fair hearing by:
  - Calling (850) 488-1429
  - Faxing (850) 487-0662
  - Writing to Department of Children and Families, Office of Appeal Hearings, Building 5, Room 255, 1317 Winewood Blvd., Tallahassee, FL 32399-0700
  - Emailing Appeal_Hearings@dcf.state.fl.us

A New Protection: Independent Consumer Support Program

- The Department of Elder Affairs will ensure the resolution of enrollee complaints, in coordination with the Agency for Health Care Administration.
  - ADRCs will help resolve issues by assisting enrollees 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.
  - Assisted living facilities, nursing facility or adult family care home complaints may also be resolved through contact with the Ombudsman.

Resources

- Questions can be emailed to: FLMedicaidManagedCare@ahca.myflorida.com
- Updates about the Statewide Medicaid Managed Care program are posted at: www.ahca.myflorida.com/SMMC
- Upcoming events and news can be found on the “News and Events” tab.
  - You may sign up for our mailing list by clicking the red “Sign Up for Program Updates” box on the right hand side of the page.

Additional Information

Youtube.com/AHCAFlorida

Facebook.com/AHCAFlorida

Twitter.com/AHCA_FL

Questions?