

# Welcome to the Agency for Health Care Administration Training Presentation for Long-term Care and Managed Medical Assistance: Putting the Pieces Together

The presentation will begin momentarily.

**Please dial in ahead of time to:**

**1-888-670-3525**

**Passcode: 541 679 5591**



# Statewide Medicaid Managed Care Managed Medical Assistance Program (SMMC MMA)

Long-term Care and Managed Medical  
Assistance:  
Putting the Pieces Together

August 19, 2014



# Today's Presentation

The screenshot shows the Florida Medicaid website header with the title 'Florida Medicaid' and a photo of a woman and a child. Below the header is a navigation menu with links: 'SMMC Home', 'News and Events' (circled in red), 'Long-term Care', 'Managed Medical Assistance', 'Federal Authorities', and 'Archive'. The main content area features a blue banner for the 'Statewide Medicaid Managed Care Program' and a pink button for 'Program Updates' (circled in red). Other buttons include 'Report a Complaint', 'Submit Comments & Questions', and 'Frequently Asked Questions'. The text below the banner describes the program's creation in 2011 and provides links to program snapshots and a region map.

Follow the link below to the SMMC Website and select the “News and Events” link 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.

## Florida Medicaid



[SMMC Home](#)

[News and Events](#)

[Long-term Care](#)

[Managed Medical Assistance](#)

[Federal Authorities](#)

[Archive](#)

### News and Events

#### Calendar of Events and Training

##### Statewide Medicaid Managed Care (SMMC)

Today Tuesday, May 27 [Week](#) [Month](#) [Agenda](#)

Tuesday, May 27	
11:00am	SMMC Managed Medical Assistance (MMA) Provider Webinar
1:30pm	Regions 2, 3, and 4 Provider Outreach Call: Mental Health and
2:30pm	SMMC Managed Medical Assistance (MMA) Provider Webinar
3:00pm	Regions 2, 3, and 4 Provider Outreach Call: Dental Providers
Wednesday, May 28	
9:30am	Regions 5, 6 and 8 Provider Outreach Call: Dental Providers
10:00am	Regions 2, 3 and 4 MMA Provider Outreach Call: Home Health
10:30am	SMMC Managed Medical Assistance (MMA) Provider Webinar
11:00am	Regions 5, 6 and 8 Provider Outreach Call: Durable Medical E
2:00pm	Regions 2, 3, and 4 Provider Outreach Call: Therapy Providers
2:00pm	Regions 5, 6 and 8 Provider Outreach Call: Hospitals and Hos
3:30pm	Regions 2, 3, and 4 Provider Outreach Call: Durable Medical E
Thursday, May 29	

Events shown in time zone: Eastern Time

[Program Updates](#)

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[Event and Training Materials](#)

[Previous Events Archive](#)

[Guidance Statements](#)

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



# Today's Presentation, cont.

## News and Events

### Event and Training Materials

#### Most Recent Webinar



Welcome to the Agency for Health Care Administration (AHCA) training presentation for Medicaid hospice providers

The presentation will begin momentarily.

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[SMMC Provider Webinar: Hospices from Florida Agency for Health Care Administration](#)

#### May

[Webinar Presentation: MMA - Speciality Plans, May 30, 2014 \[1.04MB PDF\]](#)

[Webinar Presentation: MMA - Transitioning to Managed Medical Assistance – Selecting a MMA Plan and Continuing Your Services, May 29, 2014 \[1.91MB PDF\]](#)

[Webinar Presentation: LTC & MMA - Long-term Care and Managed Medical Assistance: Putting the Pieces Together, May 29, 2014 \[1.22MB PDF\]](#)

[Webinar Presentation: MMA - Prescription Drug Benefits in Managed Medical Assistance, May 28, 2014 \[1.91MB PDF\]](#)

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

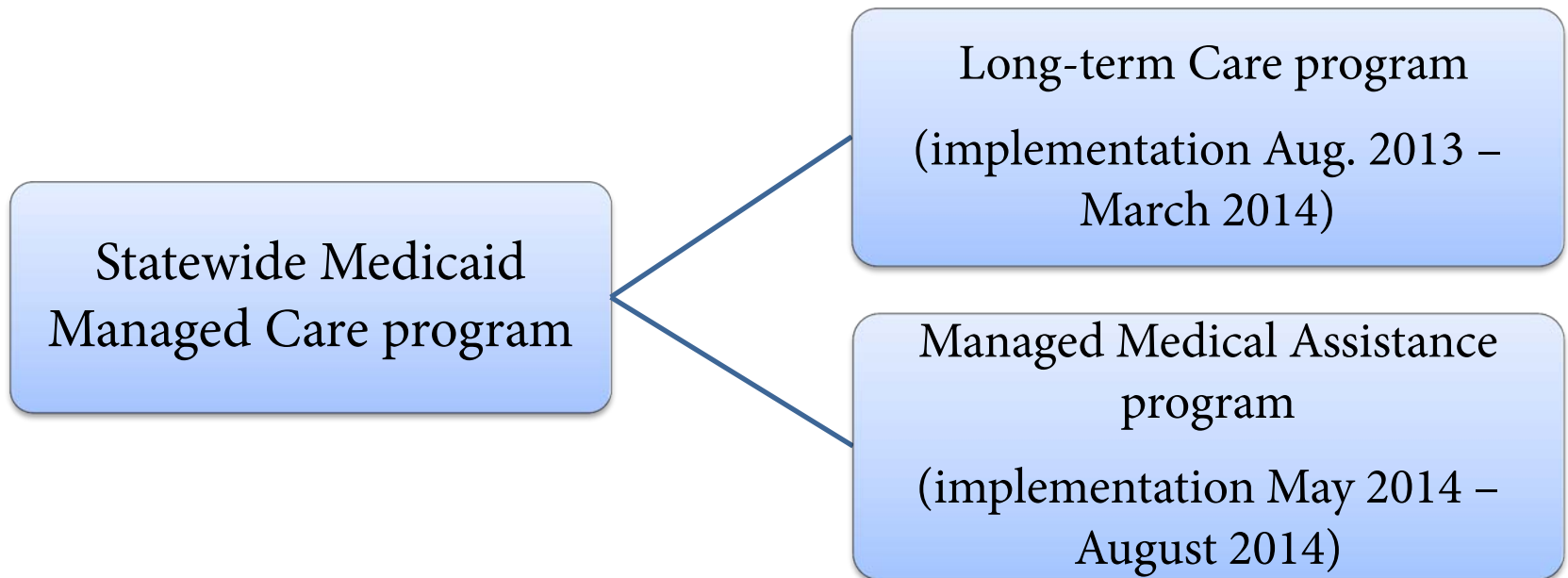
- Melanie Brown-Woofter
  - Agency for Health Care Administration

# What is Managed Care?

- Managed care is when health care organizations manage how their enrollees receive health care services.
  - Managed care organizations work with different providers to offer quality health care services.
  - Managed care organizations also work to make sure enrollees have access to all needed doctors and other health care providers for covered services.
  - People enrolled in managed care receive their services from providers that have a contract with the managed care plan.

# Why are changes being made to Florida's Medicaid program?

Because of the Statewide Medicaid Managed Care (SMMC) program, the Agency is changing how a majority of individuals receive most health care services from Florida Medicaid.





# LTC Program

- The LTC program provides long-term care services, including nursing facility and home and community based services, to recipients eligible for enrollment.
- Recipients are mandatory for enrollment if they are:
  - 65 years of age or older AND need nursing facility level of care.
  - 18 years of age or older AND are eligible for Medicaid by reason of a disability, AND need nursing facility level of care.

# MMA Program

- The MMA program provides primary care, acute care and behavioral health care services to recipients eligible for enrollment.
- Most Medicaid recipients are required to enroll in an MMA plan, with the exception of:
  - Individuals eligible for emergency services only due to immigration status;
  - Family planning waiver eligibles; and
  - Women eligible through the breast and cervical cancer program.

# MMA Program

- The following individuals may choose to enroll in the MMA program, but are not required to enroll:
  - 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 and Medicaid recipients waiting for developmental disabilities waiver services.
  - Children receiving services in a prescribed pediatric extended care facility.
  - Medicaid recipients residing in a group home facility licensed under chapter 393.

# LTC and MMA: Putting the Pieces Together

- There are some recipients who are eligible to enroll in BOTH the LTC program and the MMA program.
- This presentation will address the following issues which may be of interest to this population and their providers:
  - Mixed services
  - Comprehensive Plans
  - Medicare Deductibles and Coinsurance
  - Medicare Cross-over claims

# Mixed Services in SMMC

# What are mixed services?

- Mixed services are services that are available under both the Long-term Care (LTC) program and the Managed Medical Assistance (MMA) program. These services are:
  - Assistive care services
  - Case management
  - Home health
  - Hospice
  - Durable medical equipment and supplies
  - Therapy services (physical, occupational, respiratory, and speech-language pathology)
  - Non-emergency transportation

# Case Management/Care Coordination

- The managed care plans are responsible for care coordination and case management for all enrollees.
  - When a recipient is enrolled in both the LTC and MMA programs, the plans must coordinate all services with each other to ensure mixed services are not duplicative.
    - When a recipient is enrolled in both LTC and MMA, the LTC case manager is primary.
  - The plans must also coordinate with any other third party payor sources to ensure mixed services are not duplicative.
  - With proper care coordination in place, the plans can ensure that services are provided in the most efficient and effective manner to support the enrollee.

# Mixed Services Reimbursement

- If an enrollee has other insurance coverage, such as Medicare, the provider must bill the primary insurer prior to billing Medicaid.
  - For dually eligible Medicare and Medicaid recipients, Medicare is the primary payor.
  - The MMA and LTC plans are responsible for services not covered by Medicare (including any Medicare co-insurance and co-payments).
- If the enrollee only has Medicaid coverage and is enrolled in an MMA and an LTC plan, the LTC plan is responsible for paying for the mixed services.



# Mixed Services Reimbursement

Recipient Coverage	Who Pays for Mixed Services
Medicare and Medicaid	Medicare (if it is a covered service)
Medicaid LTC and Fee-for Service	Medicaid LTC Plan
Medicaid LTC and MMA Plan	Medicaid LTC Plan
Medicaid MMA Plan only (not enrolled in LTC)	Medicaid MMA Plan
Medicaid Fee-for-Service	Medicaid Fee-for-Service

# Assistive Care Services:

LTC Plan always pays if the recipient is in AFCH or ALF.

MMA plan pays for MMA only enrollees when recipient is in AFCH, ALF or RTF.

<b>Long-term Care Program</b>	<b>Managed Medical Assistance Program</b>
<b>Services</b>	
<p>Assistive care services can be received in Adult Family Care Homes or Assisted Living Facilities*</p> <p><i>*Assisted Living Facilities receive reimbursement for assistive care services as a part of the Assisted Living Facility Service; it is no longer separately reimbursed, under the LTC program.</i></p>	<p>Assistive care services can be received in Assisted Living Facilities, Adult Family Care Homes or Residential Treatment Facilities</p>
<b>Payment</b>	
<p>Plans and providers will negotiate assistive care service rates.</p>	

# Home Health Services:

**LTC Plan always pays if the recipient is enrolled in both LTC and MMA**

<b>Long-term Care Program</b>	<b>Managed Medical Assistance Program</b>
<b>Services</b>	
LTC plans must provide home health services to enrollees with LTC benefits, regardless of an enrollee's enrollment in an MMA plan.	MMA plans provide home health services to enrollees with only MMA benefits.
<b>Payment</b>	
Plans and providers will negotiate home health services rates.	

# Hospice Services:

**LTC Plan always pays if the recipient is enrolled in both LTC and MMA**

Long-term Care Program	Managed Medical Assistance Program
<b>Payment</b>	
<p>LTC plans must pay hospice providers through a prospective system for each enrollee an amount equal to the rate set by the Agency</p>	<p>MMA plans must pay institutional hospice providers through a prospective system for each enrollee an amount equal to the rate set by the Agency*</p>
<b>Provider Network</b>	
<p>LTC plans must offer all hospices in the region a network contract for the first twelve months of operation</p>	<p>MMA plans must meet network adequacy requirements, but do not have to have offer a network contract to all hospices in the region</p>

# Non-Emergency Transportation (NET) Services:

LTC plan pays for NET to LTC care services.

MMA plan pays for NET to MMA services.

<b>Long-term Care Program</b>	<b>Managed Medical Assistance Program</b>
<b>Services</b>	
LTC plans must provide non-emergency transportation services to all long-term care covered services	MMA plans must provider non-emergency transportation services to all MMA covered services
<b>Payment</b>	
Plans and providers will negotiate transportation services rates.	

# Durable Medical Equipment:

LTC Plan always pays if the recipient is enrolled in both LTC and MMA

Long-term Care Program	Managed Medical Assistance Program
<b>Services</b>	
LTC plans must provide DME services to enrollees with LTC benefits, regardless of an enrollee's enrollment in an MMA plan.	MMA plans provide DME services to enrollees with only MMA benefits.
<b>Provider Network</b>	
LTC plans must offer all DME providers in the region a network contract for the first twelve months of operation if they are an aging network service that had previously participated in home and community-based waivers serving elders or community-service programs administered by the Department of Elderly Affairs.	Managed Medical Assistance plans must offer a network contract to each home medical equipment and supplies provider in the region which meets quality and fraud prevention and detection standards established by the plan and which agrees to accept the lowest price previously negotiated between the plan and another such provider.

# Therapy Services:

LTC plan always pays if the recipient is enrolled in both LTC and MMA

<b>Long-term Care Program</b>	<b>Managed Medical Assistance Program</b>
<b>Services</b>	
LTC plans must provide therapy services to enrollees with LTC benefits, regardless of an enrollee's enrollment in an MMA plan.	MMA plans provide therapy services to enrollees with only MMA benefits.
<b>Comprehensive Plans</b>	
Plans and providers will negotiate therapy services rates.	

# Comprehensive Plans



# What is a Comprehensive Plan

- Comprehensive plans are managed care plans that offer both Long-term Care and Managed Medical Assistance services.
- Comprehensive Plan would cover all LTC and MMA services.

# Which Plans are Comprehensive?

Region	Comprehensive Plans Available
1	None available
2	None available
3	Sunshine, United
4	Sunshine, United
5	Sunshine
6	Sunshine
7	Sunshine, United
8	Sunshine
9	Sunshine
10	Humana, Sunshine
11	Amerigroup, Coventry, Humana, Molina, Sunshine, United

# What should a recipient consider when thinking about joining a Comprehensive Plan?

- Whether the health care providers that are important to them are in the plan's network
- Types of expanded benefits that may be offered by the plan
- If the recipient is receiving LTC services through an LTC plan, they may want to receive the remainder of their Medicaid services through the same plan

# What is the advantage of joining a Comprehensive Plan?

- Increased ability of the managed care plan to coordinate care.
  - The plan is responsible for most Medicaid services.
  - Plan care coordinator(s) coordinates with all of the recipient's medical and long-term care providers.

# Are recipients eligible for both LTC and MMA required to enroll in a Comprehensive plan if one is available?

- No, if a recipient is enrolled in a Long-term Care plan that is part of a comprehensive plan, the Agency will assign the recipient to the same vendor for their MMA plan.
  - However, the recipient can choose any MMA plan available in the region.

# Can a recipient choose to enroll in a comprehensive plan for LTC services and another plan for MMA services? (and vice versa)

- Yes, recipients can enroll in an LTC plan that is part of a comprehensive plan, but then select a different MMA plan offered by another vendor.
- Recipients can also choose to enroll in a comprehensive plan for their MMA services, but then select a different plan for their LTC services.

**If a recipient chooses to enroll in a Comprehensive plan, are they eligible for the expanded benefits advertised for BOTH of their individual plans (LTC and MMA)?**

- Yes. If a recipient chooses to enroll in a Comprehensive plan, they are eligible for the expanded benefits advertised by BOTH the LTC and MMA components of the plan.

# **If a recipient is already enrolled in an LTC plan, and chooses to enroll in that same plan for MMA, what will their open enrollment period be?**

- At the time of MMA enrollment, all LTC recipients eligible for enrollment in the MMA program will be offered the opportunity to change their LTC plan if they wish to do so.
- Thereafter, the recipient's open enrollment period will be the same for MMA and LTC, based on their MMA enrollment date.



# **If a recipient wants to enroll in a specialty plan, can they join a Comprehensive plan?**

- No, there are no specialty plans that also provide Long-term Care coverage.

# **Does a network provider need to have two contracts, one for LTC and one for MMA, if they want to participate in a Comprehensive plan?**

- No, the network provider would contract with the comprehensive plan entity for the specific services they will provide.

# Do Comprehensive plans cover Medicare services?

- Not at this time.
- For LTC recipients, a Medicaid comprehensive plan will cover services not covered by Medicare, such as home delivered meals or adult companion care.
- A Medicaid comprehensive plan will also cover Medicare co-payments.

# Will Comprehensive plan cover Medicare services?

- In 2015, recipients enrolled in Medicare Advantage plans will have the ability to choose a comprehensive Medicaid plan where the recipients' Medicare and Medicaid plans are the same entity.
- Medicaid recipients currently enrolled in a Medicare Advantage plan that offers the full set of MMA benefits will not be required to enroll in a Medicaid MMA plan.
  - Please see the Agency's guidance statement about Medicare Advantage plans at:  
[http://ahca.myflorida.com/MEDICAID/statewide\\_mc/pdf/Guidance Statements/SMMC Guidance Statement enrollment in Medicare Advantage Plans.pdf](http://ahca.myflorida.com/MEDICAID/statewide_mc/pdf/Guidance%20Statements/SMMC%20Guidance%20Statement%20enrollment%20in%20Medicare%20Advantage%20Plans.pdf)

# **Medicare Coinsurance and Deductibles and Crossover Claims**

# Medicare Crossover Claims: Plan Responsibilities

- The Managed Care Plan is responsible for Medicare co-insurance and deductibles for covered services.
- The Managed Care Plan must reimburse providers or enrollees for Medicare deductibles and co-insurance payments made by the providers or enrollees, according to guidelines referenced in the *Florida Medicaid Provider General Handbook*.
- The Managed Care Plan must not deny Medicare crossover claims solely based on the period between the date of service and the date of clean claim submission, unless that period exceeds three years.

# Medicare Crossover Claims: Plan Responsibilities

- Plans are responsible for processing and payment of all Medicare Part A and B coinsurance crossover claims for dates of service from the date of enrollment until the date of disenrollment from the plan.
- Fee-For-Service Medicaid will continue to be responsible for processing and payment of Medicare Part A and B (level of care X) crossover coinsurance claims for dates of service from the date of eligibility until the date of enrollment with the LTC plan.

# Medicare Crossover Claims: Plan Responsibilities

- LTC plans are responsible for paying crossovers (if any) for the following services:
  - nursing facility
  - durable medical equipment
  - home health, and
  - therapies (occupational, physical, speech or respiratory)
- MMA plans are responsible for paying crossovers (if any) for all covered services.
- If a recipient is also in an LTC plan, the LTC plan is responsible for crossovers for the services above.



# Medicare Crossover Claims: Provider Responsibilities

- Medicare crossover claims will not be automatically submitted to the LTC or MMA plans.
- Providers will bill the LTC plans for co-payments due for Medicaid covered LTC services for individuals who are dually eligible for Medicare and Medicaid after receiving the Medicare Explanation of Benefits (EOB) for the co-insurance payments.
- Providers will need to submit the claim to the enrollees' MMA plan in order to be reimbursed for any co-insurance or deductibles.

# Medicare Crossover Claims: Recipient Responsibilities

- Except for patient responsibility for long-term care services, the plan members should have no costs to pay or be reimbursed.

	LONG-TERM CARE	MANAGED MEDICAL ASSISTANCE
Are the plans responsible for payment of Part A coinsurance and deductible?	Yes	Yes*
Are the plans responsible for payment of Part B coinsurance and deductibles?	Yes	Yes*

\*Note: If member is also enrolled in an LTC plan, the LTC plan must pay any coinsurance and deductibles on services listed in slide 40.

	LONG-TERM CARE	MANAGED MEDICAL ASSISTANCE
Do providers submit crossover claims to the health plan for payment?	Yes	Yes
Should the provider wait to receive the EOB before submitting the crossover to the plan?	Yes	Yes

# Continuity of Care During the Transition to MMA

- **Health care providers should not cancel appointment with current patients.** MMA plans must honor any ongoing treatment, for up to 60 days after MMA starts in each Region, that was authorized prior to the recipient's enrollment into the plan.
- **Providers will be paid.** Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network. Plans must pay for previously authorized services for up to 60 days after MMA starts in each Region, and must pay providers at the rate previously received for up to 30 days.
- **Prescriptions will be honored.** Plans must allow recipients to continue to receive their prescriptions through their current provider, for up to 60 days after MMA starts in each Region, until their prescriptions can be transferred to a provider in the plan's network.

# How to get Ready for the MMA Program

- One month before the MMA program starts, ask your pharmacy for a list of your prescriptions filled in the last four months.
- If you need to change pharmacies, take your prescription bottles and the list of your last four months of prescriptions to your new pharmacy.
- You can continue to receive the same medications for up to 60 days after you are in your new MMA plan. This gives you time to see your doctor if you need to update your prescriptions or to have your new plan approve your medications.

[http://apps.ahca.myflorida.com/smmc\\_cirts/](http://apps.ahca.myflorida.com/smmc_cirts/)

### 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 Area 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 Area Office.  
Phone numbers of local [Area Offices](#)



## Report a Complaint



- If you have a complaint or issue about Medicaid Managed Care services, please complete the online form found at:  
<http://ahca.myflorida.com/smmc>
- Click on the “Report a Complaint” blue button.
- If you need assistance completing this form or wish to verbally report your issue, please contact your local Medicaid area office.
- Find contact information for the Medicaid area offices at:  
<http://www.mymedicaid-florida.com/>

# Resources

- This presentation can be found on our SlideShare page at: [bit.ly/LTC\\_MMA](http://bit.ly/LTC_MMA)
- Updates about the Statewide Medicaid Managed Care program are posted at: [www.ahca.myflorida.com/SMMC](http://www.ahca.myflorida.com/SMMC)
- Upcoming events and news can be found on the “News and Events” link.
  - You may sign up for our mailing list by clicking the red “Program Updates” box on the right hand side of the page.
- Continue to check our Frequently Asked Questions button, as we make updates on a regular basis.

The screenshot shows the Florida Medicaid website. At the top, there is a header with the text "Florida Medicaid" and a circular image of a woman and a child. Below the header is a navigation bar with links: "SMMC Home", "News and Events" (circled in red), "Long-term Care", "Managed Medical Assistance", "Federal Authorities", and "Archive". The main content area is titled "Statewide Medicaid Managed Care Program" and contains the following text: "In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has two key components: the Managed Medical Assistance program and the Long-term Care program." Below this is a section titled "Program Overview and Summary" with the text: "There will be two different components that make up the SMMC program:" followed by a bulleted list: "• The Florida Long-term Care program and" and "• The Florida Managed Medical Assistance program." At the bottom of this section, it says: "If you are interested in learning more about these two programs, overviews and summaries may be accessed through the links below." There are three links: "Long-term Care program Snapshot [214KB PDF]", "Managed Medical Assistance program Snapshot [318KB PDF]", and "Region Map [264KB PDF]". On the right side of the page, there are four buttons: "Program Updates" (circled in red), "Report a Complaint", "Submit Comments & Questions", and "Frequently Asked Questions" (circled in red).





# Resources

- Weekly provider informational calls regarding the rollout of the Managed Medical Assistance program will be held. Please refer to our SMMC page, [ahca.myflorida.com/smmc](http://ahca.myflorida.com/smmc), for dates, times, and calling instructions.
- Calls will address issues specific to the following provider groups:
  - Mental Health and Substance Abuse
  - Dental
  - Therapy
  - Durable Medical Equipment
  - Home Health
  - Physicians / MediPass
  - Pharmacy
  - Hospitals and Hospice
  - Skilled Nursing Facilities / Assisted Living Facilities / Adult Family Care Homes



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# Questions?

