Welcome to the Agency for Health Care Administration (AHCA) Training Presentation for Medicaid Hospice Providers

The presentation will begin momentarily.

Please dial in ahead of time to:
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Guide for Hospice Providers in Statewide Medicaid Managed Care

March 10, 2014

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Today's Presentation

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.

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

- Claire Anthony-Davis

  Registered Nurse Consultant

The SMMC Program

- The Statewide Medicaid Managed Care (SMMC) program was authorized by the 2011 Florida Legislature.

- It establishes the Florida Medicaid program as a statewide, integrated managed care program for all covered services, including long-term care services.

- The program is being implemented statewide. There are 11 regions that coincide with the existing AHCA/Medicaid and Department of Elder Affairs areas.

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The SMMC Program (cont.)

- 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.

Statewide Medicaid Managed Care (SMMC) Program

Long-term Care (LTC) Program

(implementation August 2013 – March 2014)

Managed Medical Assistance (MMA) Program

(implementation May 1 – August 1, 2014)

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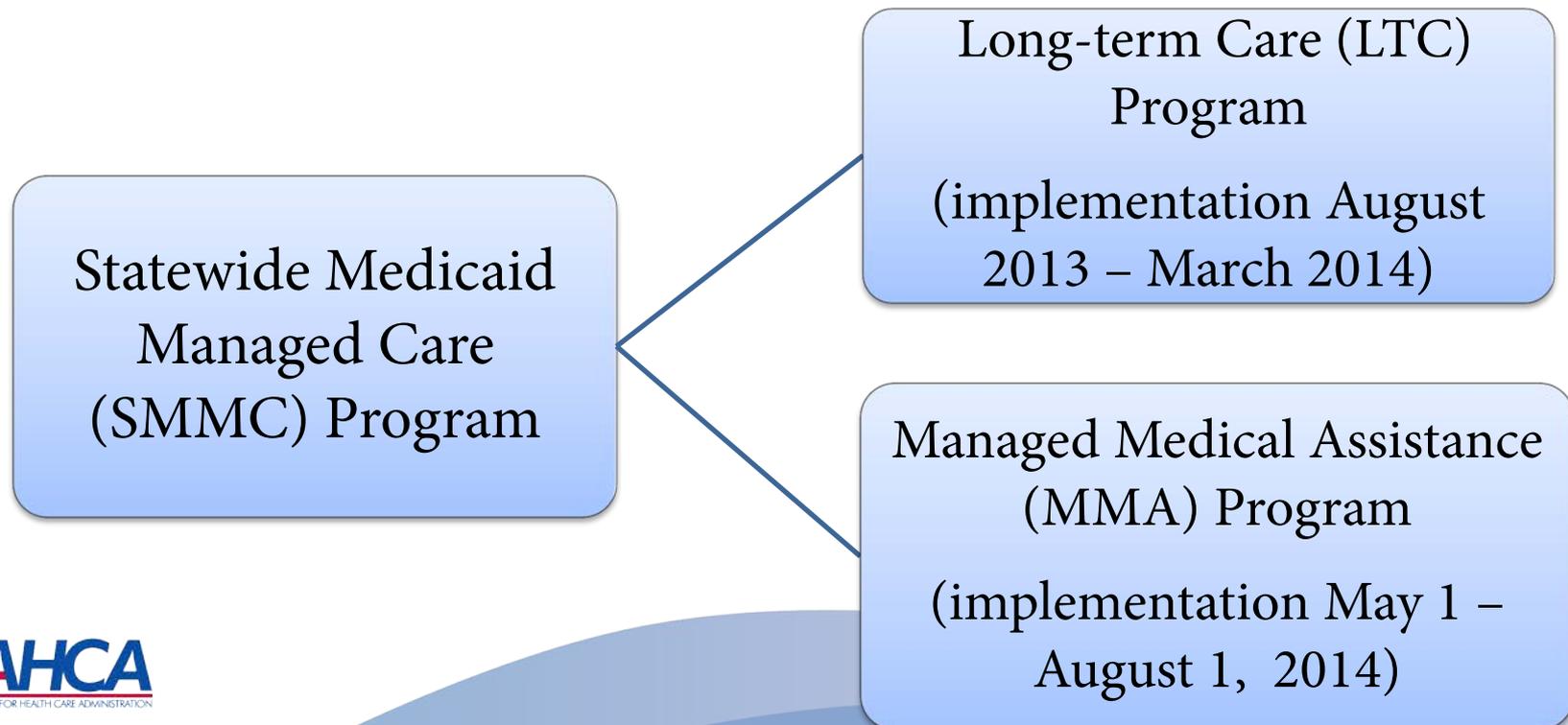
Long-term Care (LTC) Program

Medicaid recipients who qualify and become enrolled in the LTC program will receive long-term care services from a managed care plan.

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Medicaid Recipients Required to Participate in LTC

- Recipients 65 years of age or older who need a nursing facility level of care, including hospice recipients residing in skilled nursing facilities (SNFs).

- Recipients 18 years of age or older who are eligible for Medicaid by reason of disability and who need nursing facility level of care.

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Hospice Recipients Required to Enroll in a Long-term Care Plan

- **Not all recipients receiving hospice services must enroll in an LTC plan.**

- **Recipients receiving hospice services must select an LTC plan if they are:**

  – Enrolled in Medicaid are age **18 or older** and residing in a nursing facility;

  or

  – Enrolling in the LTC program to receive home and community-based waiver services and have been determined by CARES (Comprehensive Assessment and Review for Long-Term Care Services) to meet nursing facility level of care.

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The Managed Medical Assistance (MMA) Program

Most Medicaid recipients are required to enroll in the MMA program.

Medicaid recipients who qualify and become enrolled in the MMA program receive medical services from a managed care plan.

Recipients who have chosen an LTC plan may need to also choose an MMA plan.

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Medicaid Recipients Who Will <u>NOT</u> Participate in MMA

The following individuals are excluded from MMA plan enrollment:

- Individuals eligible for emergency services only due to immigration status
- Women who are eligible only for family planning services
- Women who are eligible through the breast and cervical cancer services program
- Children receiving services in a prescribed pediatric extended care center
- Individuals eligible and enrolled in the Medically Needy program with a Share of Cost
  - NOTE: The Agency has applied to federal CMS for permission to enroll this population in managed care. Until approval is granted, this population will be serviced in fee-for-service.

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Medicaid Recipients
Who MAY Participate in MMA

- **The following individuals may choose to enroll in an MMA plan:**
  - 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 iBudget waiver pursuant to state law, and Medicaid recipients on the wait list for iBudget services.
    - NOTE: Enrollment in an MMA plan will NOT affect the recipients DD waiver (iBudget) services

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MMA Roll-Out Schedule

MMA Roll-Out Schedule *	
Regions	**Enrollment Date**
2, 3 and 4	May 1, 2014
5, 6 and 8	June 1, 2014
10 and 11	July 1, 2014
1, 7 and 9	August 1, 2014

LTC has been fully implemented statewide

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Concurrent Hospice Care for Children Under the age of 21

- Children under the age of 21 diagnosed with a terminal illness and a prognosis of 6 months or less to live are eligible for hospice.

- Children are eligible to receive both palliative and curative care concurrently. LTC and MMA plans must coordinate with each other to ensure children receive both types of care if a child age 18-21 is enrolled in both plans.

Provider Requirements

- Providers who are network providers with a capitated LTC or MMA plan must be registered with Medicaid or be a fully enrolled Medicaid provider.

- All providers must be eligible to be a Medicaid provider at the time the service is rendered.

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Contracting with LTC Plans

- Hospices do not have to contract with every LTC plan in their region.

- However, Florida law requires that they must **participate** with every LTC plan in their region (see s. 409.982(2), F.S.).

- **Participation** demonstrates the hospice is working in agreement with a plan on payment arrangements.

  - For example, if a hospice notifies a resident that they will have to move because the facility is not contracted with that resident's plan or cannot reach a payment agreement with that plan, the Agency would consider that the hospice is not participating with the plan.

- Each LTC plan must offer a network contract to all hospices in a region through September 30, 2014.

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Contracting with MMA Plans

- Hospice providers can contract with the MMA or LTC plans at any time.

- For providers interested in contracting with the plans, plan contact information is available on the SMMC website: www.ahca.myflorida.com/SMMC

    - For LTC plans - click the "Long-term Care" tab, then the "LTC Providers" tab, then "Plan Contacts for Providers" link.

    - For MMA plans - click the "Managed Medical Assistance" tab, then the "MMA Providers" tab, then the "Plan Contacts for Providers" link.

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Prior Authorization

- Hospice providers should contact the recipient's plan to obtain more information on any service authorization requirements.

- Each managed care plan has its own authorization process and will provide guidance through contracts, provider handbooks, and provider education.

- Managed care plans are not required to prior authorize every covered service.

- If authorization is required, the managed care plan must process the request and make a decision as quickly as the enrollee's health condition requires.

Recipient Eligibility

- Providers are responsible for verifying recipient eligibility prior to rendering services and billing.

- Providers will be able to check a plan member's eligibility in the FLMMIS web portal.

  - Long-term Care plan members will have either an SMMC-LTCC or an SMMC-LTCF span.

  - Managed Medical Assistance plan members will have an SMMC-MMAC, a SMMC-MMASP or a SMMC-MMACC span.

    * Providers should check enrollment spans for both LTC and MMA plans

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Recipient Eligibility (cont.)

- Providers may also verify recipient eligibility through the Medicaid Eligibility Verification Systems (MEVS) program, which will include the name of the recipient's LTC and MMA plans.

- A webinar showing how to verify recipient eligibility for the MEVS program will be available in April at: http://ahca.myflorida.com/SMMC .

  - Go to the News and Events tab and select

    Event & Training Material

Hospice Reimbursement

- LTC plans must pay the hospice at least the Agency-established rate for that hospice.

- MMA plans must pay institutional hospice service providers at least the Agency-established rate.*

- Hospices bill the recipient's plan for hospice services.

- The LTC or MMA plan will be responsible for paying the hospice provider from the first day the individual is enrolled with the plan.

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Hospice Reimbursement (cont.)

- Hospice physician services are the responsibility of the LTC or MMA plan covering the hospice service.

- For recipients residing in a nursing facility, the hospice will bill the LTC plan, then provide the nursing facility with the room and board payment.

Who Pays
for Hospice Services?

- If individuals who are dually eligible for both Medicare and Medicare need hospice services, Medicare is the primary payer.

  - 95% of individuals who enroll in the LTC program are dually eligible for both Medicare and Medicaid.

- Hospice is a covered service under both the LTC and MMA programs.

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Who Pays for Hospice Services (cont.)

Recipient's Coverage	Who Pays for Hospice Service
Medicare and Medicaid	Medicare
Medicaid LTC and MMA	Medicaid LTC Plan
Medicaid MMA only	Medicaid MMA Plan
Medicaid Fee-For-Service	Medicaid Fee-For-Service

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Patient Responsibility

- The managed care plan is responsible for collecting the patient responsibility for nursing facility services.

- If the plan and the hospice mutually agree, the hospice may collect the patient responsibility from the recipient.

Reimbursement Assistance

- The Agency will hold plans accountable for paying providers appropriately and timely for services rendered according to the enrollee's current care plan.

- Use the Agency's centralized complaint process by submitting an issue online at:

  - Contact the LTC or MMA Plan

  - Submit an issue using the complaint process online at : ***http://ahca.myflorida.com/SMMC***
      - Select the blue "Report a Complaint" button and complete the online form. If you include your contact information a Medicaid Area Office staff will contact you.
      - 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/

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If Services Are Not Getting Authorized

- Recipients should contact the LTC or MMA plan by contacting their case manager.

  or

- Use the Agency's centralized complaint process by submitting an issue online at: ***http://ahca.myflorida.com/SMMC***

  - Select the blue "Report a Complaint" button and complete the online form. If you include your contact information a Medicaid Area Office staff will contact you.

  - If you need assistance completing this form or wish to verbally report your issue, please contact your local Medicaid area office.

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Appeal Rights

- If an enrollee's benefits are terminated, suspended or reduced, the plan must provide the enrollee with a written notice of action.

- If an enrollee disagrees with this action, the enrollee has the right to file an appeal with the plan.

- Once the plan's appeal process is complete, an enrollee can appeal an adverse decision to the Beneficiary Assistance Program (BAP).

- An enrollee can request a Medicaid Fair Hearing at any time. However, if a Medicaid Fair Hearing is requested, then the recipient cannot access the BAP or the plan appeal process.

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Changing LTC or MMA Plans

- If a recipient is enrolled in an LTC or MMA plan, the patient will <u>not</u> be dis-enrolled from the plan when electing hospice.

- During the 30 days after an enrollee is referred for hospice services, a enrollee may change plans in order to enroll in another Managed Care plan to access the enrollee's choice of hospice provider.

- If the recipient is required to enroll in an MMA or a LTC plan, the recipient may change LTC and MMA plans during the annual open enrollment period, or may change plans with a state approved good cause reason.

Note: Recipients must dis-enroll from the Project AIDS   Care Waiver when they elect hospice.

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How will Recipients Know Which Hospice Providers Participate in LTC or MMA Plans?

- Recipients can check the LTC or MMA plans provider network online at each plans website or contact the LTC or MMA plan directly.

- Recipients who are choosing a LTC or MMA plan may check the LTC or MMA plan provider network by:

  – going to the Choice Counseling website at http://www.flmedicaidmanagedcare.com or

  – by calling the SMMC choice counselor at 1-877-711-3662

    - SMMC Choice Counselors have a list of each plan's network providers to help recipients choose a plan.
    - To be on the plan's network provider list, providers must have an executed contract with a LTC or MMA plan.
    - Recipients may begin choosing a plan two months prior to the "go live" date for their region.

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.

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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? [_____ ▼] *

[Submit] [Reset]

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

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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/MMA_Hospice

- 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" 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.

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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, for dates, times, and calling instructions.

- Calls will address issues specific to the following provider groups:
    - Behavioral Health
    - Dental
    - Therapy
    - Durable Medical Equipment
    - Physicians / MediPass
    - Pharmacy
    - Hospital

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