Welcome to the Agency for Health Care Administration Training Presentation for Potential Managed Medical Assistance Providers.

The presentation will begin momentarily. **Please dial in to hear audio:** 1-888-670-3525 Passcode: 541 679 5591

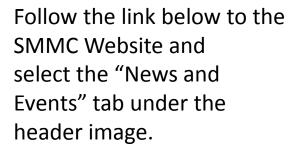


Individuals with Intellectual **Disabilities – What You Need to Know About Statewide** Medicaid Managed Care for Services under the Medicaid State Plan.

March 11, 2014



Today's Presentation



Note: You can use the red button to sign up for SMMC Program updates via e-mail.





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http://ahca.myflorida.com/smmc

Today's Presentation, cont.

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



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Today's Presentation, cont.

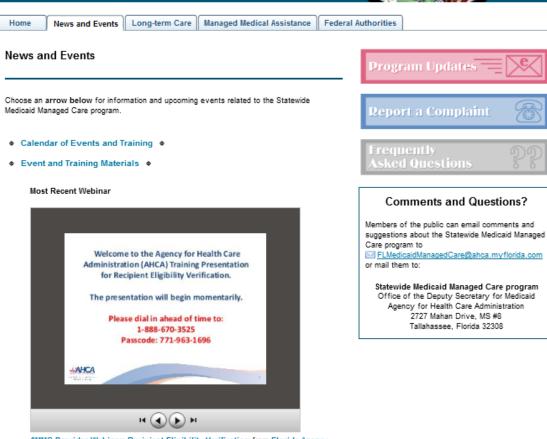
Florida Medicaid

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.



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SMMC Provider Webinar: Recipient Eliqibility Verification from Florida Agency for Health Care Administration

October

Webinar Presentation: Recipient Information Data Upload, October 24, 2013 [1.28MB PDF] = 10/17/2013

Today's Presenter

- Devona Pickle
 - 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.



Section 1

Statewide Medicaid Managed Care (SMMC) Program



What is the SMMC Program?

- A program authorized by the 2011 Florida Legislature to establish the Florida Medicaid program as a statewide, integrated managed care program for all covered services, including longterm care services.
- This program is referred to as Statewide Medicaid Managed Care (SMMC).



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.

Statewide Medicaid Managed Care program Long-term Care program

(implementation Aug. 2013 – March 2014)

Managed Medical Assistance program

(implementation in 2014)

State Medicaid Managed Care Goals

- The goals of the Statewide Medicaid Managed Care Program are:
 - Improved coordination of care
 - A system that focuses on improving the health of recipients, not just paying claims when people are sick
 - Enhanced accountability
 - Recipient choice of plans and benefit packages
 - Flexibility to offer services not otherwise covered
 - Enhanced fraud and abuse prevention through contract requirements



The SMMC program does not/is not:

- The program *does not* limit medically necessary services.
- The program *is not* linked to changes in the Medicare program and does not change Medicare benefits or choices.
- The program <u>is not</u> linked to National Health Care Reform, or the Affordable Care Act passed by the U.S. Congress.
 - It does not contain mandates for individuals to purchase insurance.
 - It does not contain mandates for employers to purchase insurance.
 - It does not expand Medicaid coverage or cost the state or federal government any additional money.



Section 2 A New Long-term Care (LTC) Program



Long-term Care Program

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



Participating Populations

SMMC LTC Populations

- Mandatory
- Voluntary
- Excluded

The Developmental Disabilities (iBudget) Waiver population is a **voluntary** population.



Who is Required to Participate?

- Individuals who are 65 years of age or older AND need nursing facility level of care
- Individuals who are 18 years of age or older AND are eligible for Medicaid by reason of disability AND need nursing facility level of care
- Individuals participating in the Aged and Disabled Adult (A/DA) Waiver
- Individuals participating in the Assisted Living Waiver
- Individuals participating in the Nursing Home Diversion Waiver
- Individuals participating in the Frail Elder Option
- Individuals participating in the Channeling Services Waiver



Who is NOT Required to Participate?

- Individuals who are enrolled in the following programs are **NOT** required to enroll, although they may enroll if they meet nursing facility level of care and <u>choose</u> to enroll:
 - Developmental Disabilities Waiver program (iBudget Waiver)
 - Traumatic Brain Injury & Spinal Cord Injury Waiver
 - Project AIDS Care Waiver
 - Adult Cystic Fibrosis Waiver
 - Program of All-inclusive Care for the Elderly (PACE)
 - Familial Dysautonomia Waiver
 - Model Waiver (ages 18-20)



What Services are Covered?

Adult companion care	Hospice
Adult day health care	Intermittent and skilled nursing
Assisted living services	Medical equipment and supplies
Assistive care services	Medication administration
Attendant care	Medication management
Behavioral management	Nursing facility
Care coordination/Case management	Nutritional assessment/Risk reduction
Caregiver training	Personal care
Home accessibility adaptation	Personal emergency response system (PERS)
Home-delivered meals	Respite care
Homemaker	Therapies, occupational, physical, respiratory, and speech

Transportation, non-emergency



Better Health Care for All Floridians AHCA.MyFlorida.com Each enrollee will not receive all services listed. LTC program enrollees will work with a case manager to determine the services they need based on their condition.

LTC Program & DD Waiver (iBudget) Program

- Medicaid recipients enrolled in the DD Waiver (iBudget) program are <u>not required</u> to enroll in an LTC plan.
- However, DD Waiver (iBudget) recipients who are age 18 or older and meet nursing facility level of care <u>may choose</u> to enroll in an LTC plan.
- For eligible recipients, a LTC plan choice and enrollment may occur only if funding is available to release the recipient from the waitlist for the LTC program.



LTC Program & Waitlist

- The Department of Elder Affairs is responsible for managing the home and community based services waitlist for the LTC program.
- Recipients on the LTC program waitlist will be screened to determine their level of need for services and will be enrolled into the LTC program in order of priority score, as funding becomes available.
- Priority is determined through a screening conducted by the Department of Elder Affairs in which the frailest individuals are assigned the highest priority.



LTC Program & DD Waiver (iBudget) Waitlist

- Individuals who are on the DD Waiver (iBudget) waitlist, who are 18 years old or older, <u>eligible for</u> <u>Medicaid</u>, and who meet nursing facility level of care may enroll in an LTC plan, even if they are on DD Waiver (iBudget) waitlist.
- Individuals must disenroll from the DD Waiver (iBudget) program prior to becoming enrolled in the LTC program.
 - Recipients cannot be enrolled in the DD Waiver (iBudget) and an LTC plan at the same time.



LTC Program & DD Waiver (iBudget) Services

- DD Waiver (iBudget) recipients will not be contacted to enroll in an LTC plan.
- If a DD Waiver (iBudget) recipient is contacted to enroll in an LTC plan, this is an error.
- Please report such contact via our online complaint form at: <u>http://ahca.myflorida.com/smmc</u> and this situation will be corrected.
- Individuals may enroll using one of the following methods:
 - Online by going to <u>http://www.flmedicaidmanagedcare.com</u> and click on the 'Enroll Online' button at the top of the page
 - -By contacting the call center at **1-877-711-3662** and speaking with a counselor to complete enrollment or to request a face-to-face meeting.



Section 3 Managed Medical Assistance (MMA) Program



Managed Medical Assistance Program Implementation

- Florida Medicaid will implement the Managed Medical Assistance (MMA) program beginning in 2014.
- Managed care plans are required to provide services at a level equivalent to the state plan.



Who <u>WILL NOT</u> participate?

- 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 (PPEC).



Who <u>MAY</u> participate?

- The following individuals may choose (but are not required) to enroll in program:
 - Individuals in an intermediate care facility for individuals with intellectual disabilities (ICF-ID);
 - Individuals with intellectual disabilities enrolled in the iBudget waiver or who are on the iBudget wait list;
 - Individuals who have other creditable health care coverage, excluding Medicare; and
 - Individuals age 65 and over residing in a mental health treatment facility meeting the Medicare conditions of participation for a hospital or nursing facility.



MMA Program & DD Waiver (iBudget) Services

- Medicaid recipients enrolled in the DD Waiver (iBudget) are <u>not required</u> to enroll in an MMA plan.
- MMA will begin to roll out statewide in 2014.
- DD Waiver (iBudget) enrollees can <u>choose</u> to enroll in an MMA plan when the program begins in their region in 2014.
- Enrollment in an MMA plan will not affect the recipient's DD Waiver (iBudget) services.
 - Recipients can be enrolled in the DD Waiver (iBudget) and an MMA plan at the same time.



MMA Program & DD Waiver (iBudget) Program Enrollment

- If someone enrolled in the DD Waiver (iBudget) program chooses to enroll in the MMA program, he does not have to disenroll from the DD Waiver (iBudget) program.
- Individuals must be eligible for Medicaid to enroll in an MMA plan.
- If someone is on the DD Waiver (iBudget) waitlist and is otherwise eligible for Medicaid, he can choose to enroll in the MMA program.



How are services covered for a voluntary recipient who chooses not to participate?

- If a voluntary recipient chooses not to participate in the MMA program, the recipient will continue to receive their medical/acute care services on a fee-for-service basis.
- A voluntary recipient may choose to disenroll from an MMA plan at any time.



Section 4 Resources



Statewide Medicaid Managed

Click Here to download the "Authorized

Representative Form"

ome

Choose Your Language

Care

Welcome! Click here to learn more about the program.

FOR HEALTH CARE ADMINISTRATION

Better Health Care for All Floridians

iBienvenidos!

Haga 'clic' aquí para obtener más información sobre el programa.

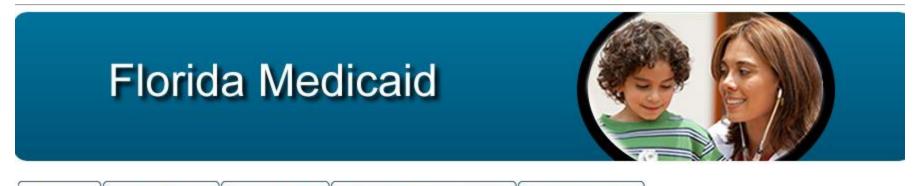
Bienvini!

Klike la pou aprann plis de pwogram la. Information on the LTC plans available in each region and on how to choose an LTC plan are available on the Choice Counseling website at: www.flmedicaidmanagedcare.com.

Click Here to ENROLL ONLINE



Updates about the SMMC program and upcoming events and news can be found on the SMMC website at: <u>http://ahca.myflorida.com/SMMC</u>



Home

News and Events | Long-term Care

Managed Medical Assistance

Federal Authorities

Statewide Medicaid Managed Care Program

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.

Choose a **tab above** to view guidance statements and specific information regarding the Longterm Care and Managed Medical Assistance programs.





Sign up to receive SMMC program updates at: http://ahca.myflorida.com/SMMC

Florida Medicaid



Vould you like to receive email updates about this program?

Sign up by entering your information below.

• Email	
First Name	
Last Name	
	- = Required Field
	Submit



Frequently Asked Questions		
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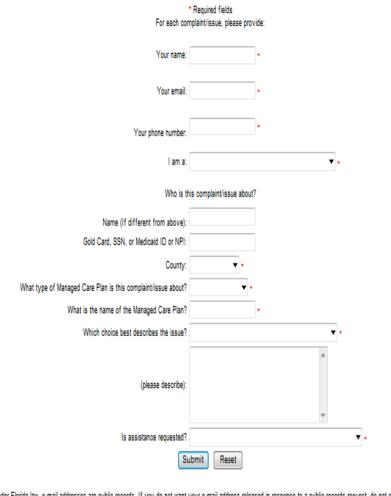
Review the SMMC *Frequently Asked Questions* document which is posted at:

http://ahca.myflorida.com/Medica id/statewide_mc/faqs.shtml

Español Creok http://apps.ahca.myflorida.com/smmc

Florida Statewide Medicaid Managed Care Program Complaint Reporting

If you have a complaint about Medicaid Managed Care services, please complete the information below.



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 <u>Area Offices</u>



- 8
- If you have a complaint about Medicaid Managed Care services, please complete the online form found at: <u>http://ahca.myflorida.com/smmc</u>
- 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: <u>http://www.mymedicaid-florida.com/</u>

Stay Informed



- Participate in webinars regarding implementation activities.
 - Find the direct link to
 webinars in the News and
 Events tab at:
 http://ahca.myflorida.com/
 SMMC

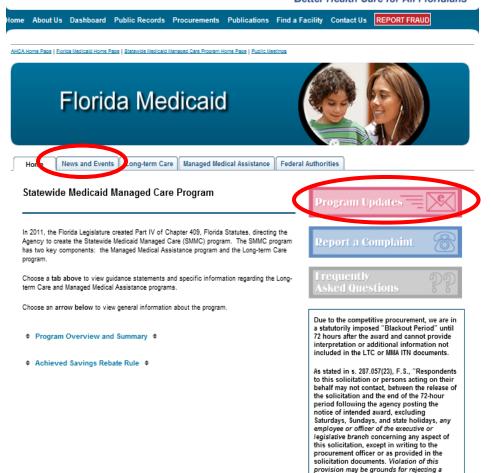


Resources



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- Questions can be emailed to: <u>FLMedicaidManagedCare@ahca.</u> <u>myflorida.com</u>
- 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 "Program Updates" box on the right hand side of the page.



response."



Stay Connected





Questions?

