Welcome to the Agency for Health Care Administration (AHCA) Training Presentation for Managed Medical Assistance Specialty Plans

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

Specialty Plans

July 25, 2014

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Today's Presentation

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Today's Presentation, cont.

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Today's Presenter

- Heather Allman
  - Agency for Health Care Administration

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
(Operates Statewide as of March 2014)

Managed Medical Assistance program
(implementation May 2014 – August 2014)
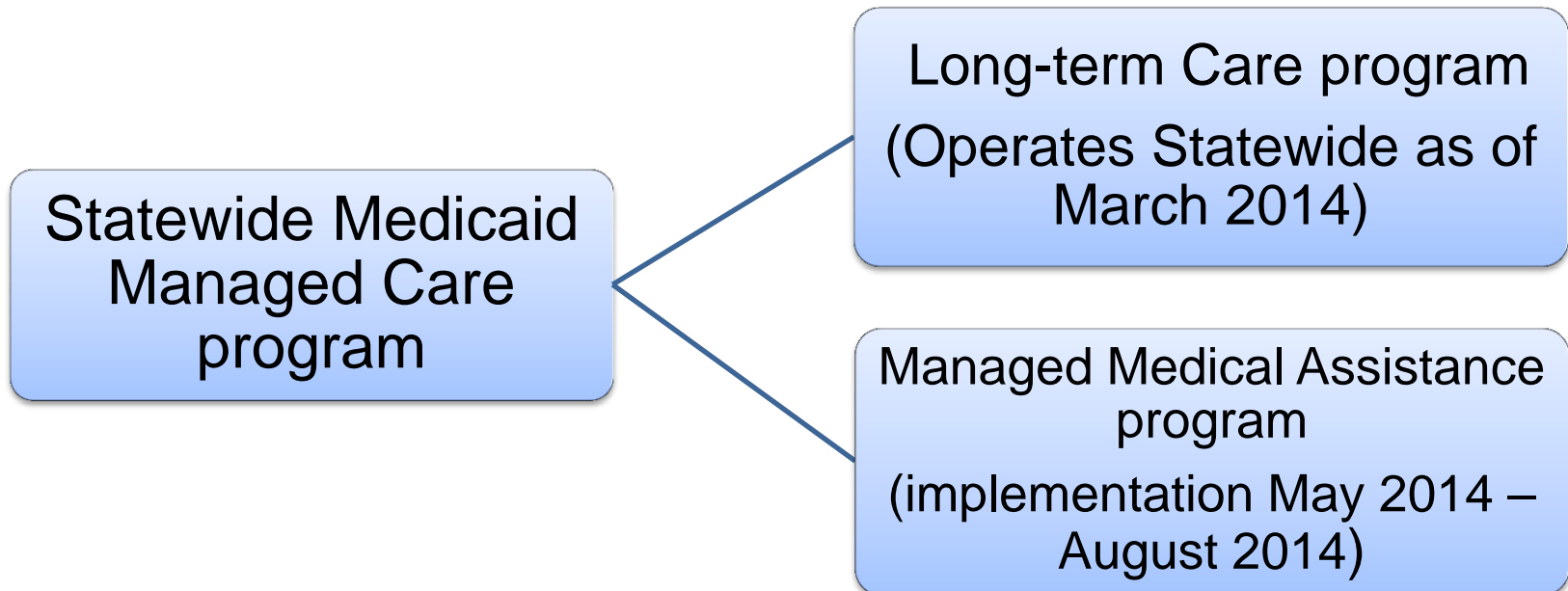
Managed Medical Assistance Program

- The Managed Medical Assistance (MMA) Program provides primary care, acute care, dental, and behavioral health care services to recipients eligible for enrollment.

- Under the MMA program, plans can participate as Standard plans or as Specialty plans.

Specialty Plans

- A specialty plan is a managed care plan that serves Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.

- When a specialty plan is available to accommodate a specific condition or diagnosis of a recipient, the Agency will assign the recipient to that plan.

- Recipients can always choose to enroll in a standard MMA plan, even if they are eligible for specialty plan enrollment.

What Makes the Specialty Plan Unique?

MMA Specialty Plans are required to cover the same standard services available in the non-specialty plans and must meet provider network standards outlined for standard plans.

What is different?

- Each specialty plan will provide an Agency-approved care coordination/case management program specific to the specialty population.

- Specialty plans may offer additional expanded benefits

- Specialty plans may report on additional performance measures

- Specialty plans may have enhanced provider network standards

Where will Specialty Plans Operate?

- Each specialty plan may not be available in all 11 Regions of the state.
    - The Child Welfare Specialty Plan (Sunshine) and the Children's Medical Services Network plan will be available statewide.

What Specialty Plans are Available?

	Managed Medical Assistance Specialty Plans					
Region	Clear Health Alliance	Positive Healthcare	Children's Medical Services Network	Magellan Complete Care	Sunshine Health Plan	Freedom Health (Dual Eligibles Only)
	HIV/AIDS	HIV/AIDS	Children with Chronic Conditions	Serious Mental Illness	Child Welfare	Cardiovascular Disease; Chronic Obstructive Pulmonary Disease; Congestive Heart Failure; & Diabetes
1	X		X		X	
2	X		X	X	X	
3	X		X		X	X
4			X	X	X	
5	X		X	X	X	X
6	X		X	X	X	X
7	X		X	X	X	X
8	X		X		X	X
9	X		X	X	X	X
10	X	X	X	X	X	X
11	X	X	X	X	X	X

Note:
- **Magellan Complete Care will not begin operation until July 1, 2014**
- **Children's Medical Services Network plan will not begin operations until August 1, 2014**
- **Freedom Health will not begin operations until January 1, 2015**

Specialty Plan Assignment

- The Agency is required by Florida law to automatically enroll Medicaid recipients into a managed care plan if they do not voluntarily choose a plan.

- When a specialty plan is available to serve a specific condition or diagnosis of a recipient, the Agency is required to assign the recipient to that plan.

- The Agency employs a hierarchy for assignment to specialty plans in those instances where a recipient qualifies for enrollment into more than one specialty plan.

If a recipient qualifies for enrollment in more than one of the available specialty plan types, and does not make a voluntary plan choice, they will be assigned to the plan for which they qualify that appears highest in the chart below:

Child Welfare

↓

Children's Medical Services Network

↓

HIV/AIDS

↓

Serious Mental Illness

↓

Dual Eligibles with Chronic Conditions
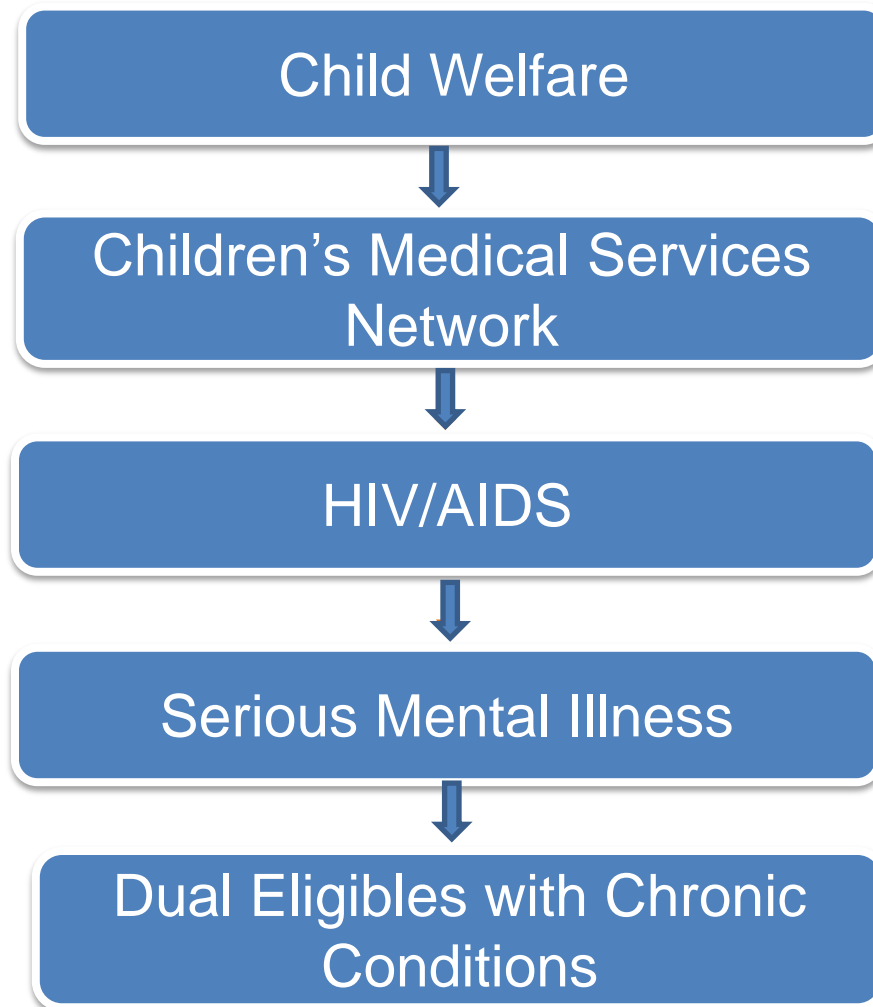
Who can Enroll in a Specialty Plan?

- Each specialty plan is designed to serve a unique population.

- Each population must have defined specified criteria based on age, medical condition, or diagnosis, per Florida law.

- A recipient must meet the specified criteria in order to enroll in a specific specialty plan.

- For the most part, the Agency will identify recipients who are eligible to enroll in a specialty plan. However, specialty plans may develop and implement policies and procedures (subject to Agency approval) to screen recipients meeting the specialty plan eligibility criteria and who have not been identified by the Agency.

Specialty Plan Enrollment Criteria

Specialty Plan	Eligibility Criteria
Child Welfare (Sunshine Health Plan)	Medicaid recipients under the age of 21 who have an open case for child welfare services in the Department of Children and Families' Florida Safe Families Network database.
Serious Mental Illness (Magellan Complete Care)	Medicaid recipients diagnosed with Schizophrenia, Bipolar Disorder, Major Depressive Disorder, or Obsessive Compulsive Disorder • The Agency will identify the eligible population using specific diagnosis codes and/or medications used to treat the diagnoses specified above.
Children's Medical Services Network	Medicaid recipients under the age of 21 who meet the Department of Health's clinical screening criteria for chronic conditions. NOTE: Will begin operations in August 1, 2014
HIV/AIDS (Positive and Clear Health Alliance)	Medicaid recipients diagnosed with HIV or AIDS. • The Agency will identify the eligible population using specific diagnosis codes, laboratory procedure codes, and/or medications commonly used to treat HIV or AIDS.
Chronic Conditions (Freedom Health, Inc.)	Medicaid recipients aged 21 and older eligible for both Medicare and full Medicaid benefits with a diagnosis of Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF) or Cardiovascular Disease (CVD). NOTE: Will begin operations in January 1, 2015

Expanded Benefits

- All managed care plans participating in the SMMC program have the opportunity to offer expanded benefits to their enrollees. Expanded benefits are services that are offered in addition to those available through the Medicaid program. Plans can:
  - Exceed the limits stated in Medicaid policy for certain services; or
  - Offer additional services not covered under the Medicaid state plan (e.g., art therapy, post discharge meals, etc.).

- Specialty plans can choose to offer expanded benefits tailored to their unique population.

Expanded Benefits

Expanded Benefits	Child Welfare	HIV/AIDS (Clear Health)	HIV/AIDS (Positive)	SMI
Adult dental services (Expanded)	✓	✓	✓	✓
Adult hearing services (Expanded)	✓	✓		
Adult vision services (Expanded)	✓	✓	✓	✓
Art therapy	✓			
Home and community-based services		✓	✓	
Home health care for non-pregnant adults (Expanded)	✓	✓	✓	✓
Influenza vaccine	✓	✓	✓	✓
Medically related lodging & food	✓	✓		
Intensive Outpatient Therapy				✓
Newborn circumcisions	✓	✓	✓	✓
Nutritional counseling	✓	✓	✓	✓
Outpatient hospital services (Expanded)	✓	✓		✓
Over the counter medication and supplies	✓	✓	✓	✓
Physician home visits	✓	✓		
Pneumonia vaccine	✓	✓	✓	✓
Post-discharge meals	✓	✓	✓	✓
Prenatal/Perinatal visits (Expanded)	✓	✓	✓	✓
Primary care visits for non-pregnant adults (Expanded)	✓	✓	✓	✓
Shingles vaccine	✓	✓	✓	✓
Waived co-payments	✓	✓	✓	✓

NOTE: Details regarding scope of covered benefit may vary by managed care plan. Children's Medical Services and the specialty plan for dual eligibles with chronic conditions do not offer Expanded Benefits.

What Providers Are Included in the Specialty Plan Network?

- Specialty plans must include practitioners with training and demonstrated experience in treating persons with the identified disorder within their network.

- These specialized providers can be designated as primary care providers:

  - **Child Welfare**: Physicians with training and demonstrated experience in treating children with behavioral health needs
  - **Serious Mental Illness:** Physicians with training and demonstrated experience in treating persons with SMI
  - **HIV/AIDS**: HIV/AIDS specialist physicians with training and demonstrated experience in treating HIV/AIDS patients

Enhanced Provider Network Ratios

	Provider Type	Specialty Plan Enhanced Network Adequacy Ratios	Standard Plan Network Adequacy Ratios
Child Welfare	Primary Care Physician (PCP)	1:1000 (Pediatricians)	1:1500
	Licensed Practitioner of the Healing Acts	1:1000	1:1500
Serious Mental Illness	Primary Care Provider	1:750	1:1500
	24-Hour Pharmacy	2: County	n/a
	Board Certified or Board Eligible Adult Psychiatrist	1:375	1:1500
	Fully accredited Psychiatric Community Hospital (Adult) or Crisis Stabilization Units/ Freestanding Psychiatric Specialty Hospital	1 bed:500 enrollees	1 bed:2000 enrollees
	Inpatient Substance Abuse Detoxification Units	1 bed:1000 enrollees	1 bed:4000 enrollees
	Fully accredited Psychiatric Community Hospital (Child) or Crisis Stabilization Units/ Freestanding Psychiatric Specialty Hospital	1 bed:2000 enrollees	1 bed:4000 enrollees
HIV/AIDS	HIV Primary Care Provider	1:500	n/a

Specialty Plan-Specific Care Coordination/Case Management

- Each Specialty Plan will develop, implement and maintain an Agency-approved care coordination/case management program specific to specialty plan enrollees.

- Care coordination/case management is a process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an enrollee's health needs using communication and all available resources to promote quality outcomes.

- Proper care coordination/case management occurs across a continuum of care, addressing the ongoing individual needs of an enrollee rather than being restricted to a single practice setting.

What is Included in Specialty Plan-Specific Care Coordination/Case Management?

- Assessment and reassessment of the acuity level and service needs of each enrollee

- Care planning for mental health treatment that is tailored to the individual enrollee and is in agreement with evidence-based guidelines

- Coordination of care through all levels of practitioner care (primary care to specialist)

- Monitoring compliance with scheduled appointments, laboratory results and medication adherence

- Coordination with and referrals to providers of specialty care services for enrollees

- Interventions to avoid unnecessary use of emergency departments, inpatient care, and other acute care services

- Patient education to assist enrollees in better management of their health issues including the principles of recovery and resiliency

- Linking enrollees to community or other support services

Additional Performance Measures

- Performance measures (PMs) are a set of measures used to report the performance of managed care plans.
  - Recipients can use PMs to compare managed care plans and determine the quality of care being provided.
  - Managed care plans use PMs to understand what is working well and determine where and what changes need to be made to improve the quality of care.
  - The Agency uses PMs to determine whether plans are meeting the goal of improving patient outcomes.

- In addition to PMs required of all MMA plans, Specialty Plans must collect data and report on additional PMs that are appropriate to the Specialty Plan population.

Examples of Additional Specialty Plan Performance Measures

- Child Welfare and Children's Medical Services
  - Children on Higher than Recommended Doses of Antipsychotics
- HIV/AIDS
  - Linkage to HIV Medical Care
- Serious Mental Illness
  - Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications
- Chronic Conditions
  - All measures required by the quality rating system for Medicare Advantage plans established by the Centers for Medicare & Medicaid Services applicable to the Medicare Advantage coordinated care plans

Additional Liquidated Damages

- All SMMC contracts, including specialty plan contracts, include liquidated damages for failure to meet certain performance requirements in the contract.

- Additional standards specific to the specialty population:
  - Failure to verify specialty population eligibility criteria of an enrolled recipient within the timeframes in the plan's policies and procedures - $150/day
  - Failure to comply with required policies and procedures - $1,000/occurrence

Continuity of Care During the Transition to MMA

- **Heath care providers should not cancel appointments 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/

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/SpecialtyPlans

- 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:
  - 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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