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

The presentation will begin momentarily.

Please dial in ahead of time to:

1-888-670-3525

Passcode: 541-679-5591

Better Health Care for All Floridians
AHCA.MyFlorida.com

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

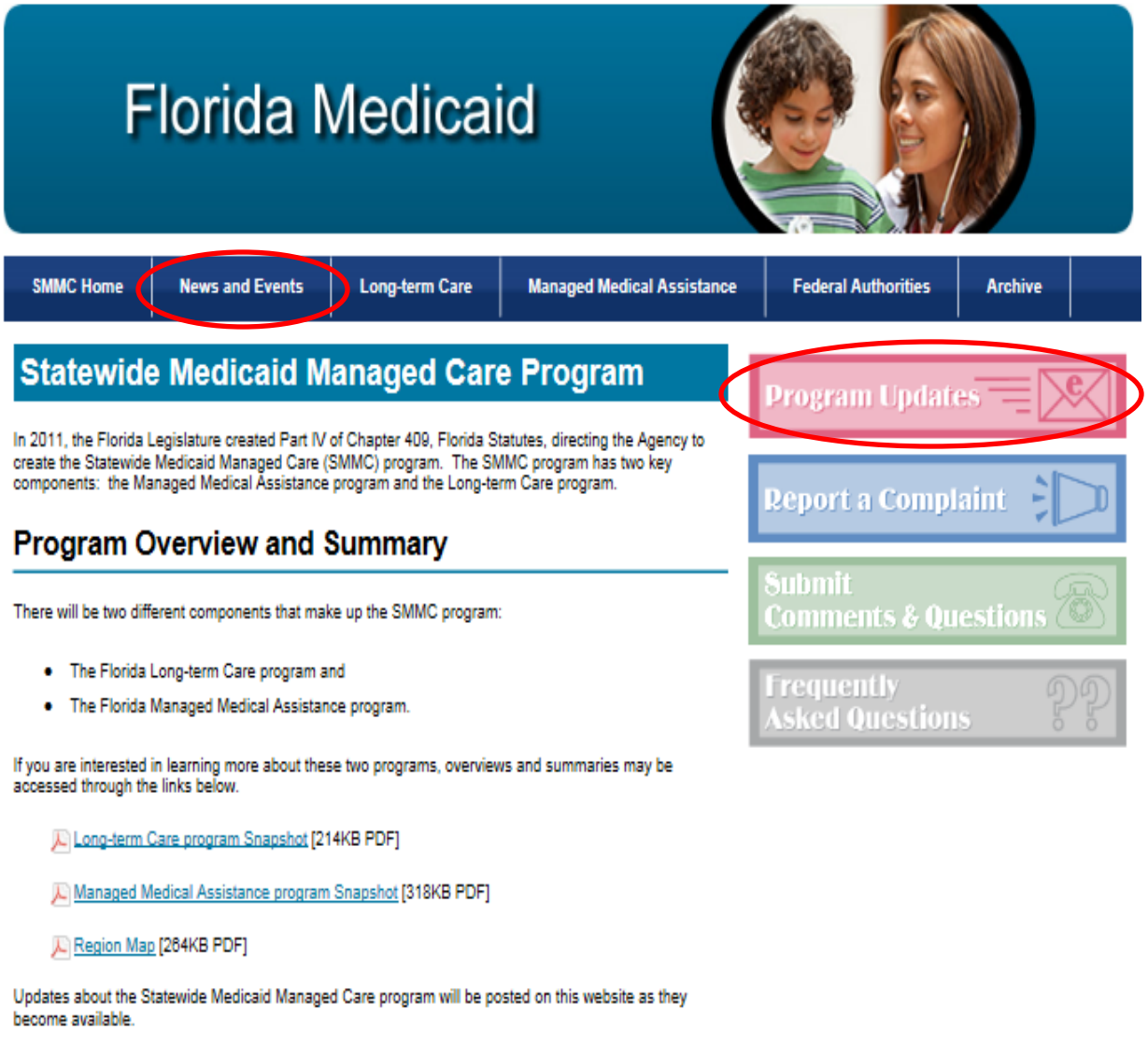
Transitioning to Managed Medical Assistance – Selecting a MMA Plan and Continuing Your Services

August 22, 2014

Today's Presentation

Follow the link below to the SMMC Website and select the "News and Events" link under the header image.

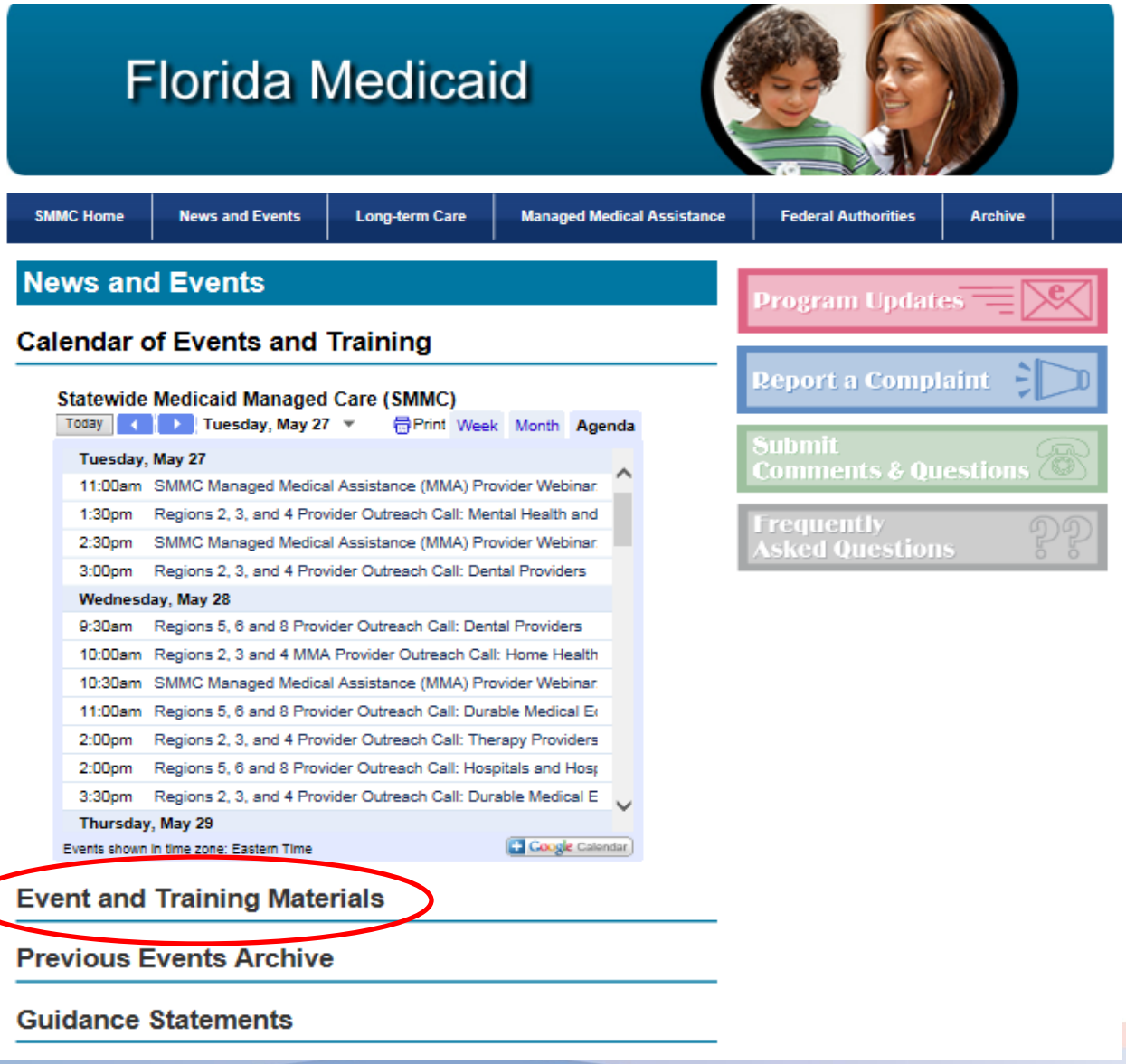
Note: You can use the red button to sign up for SMMC Program updates via e-mail.



http://ahca.myflorida.com/smmc

Today's Presentation, cont.

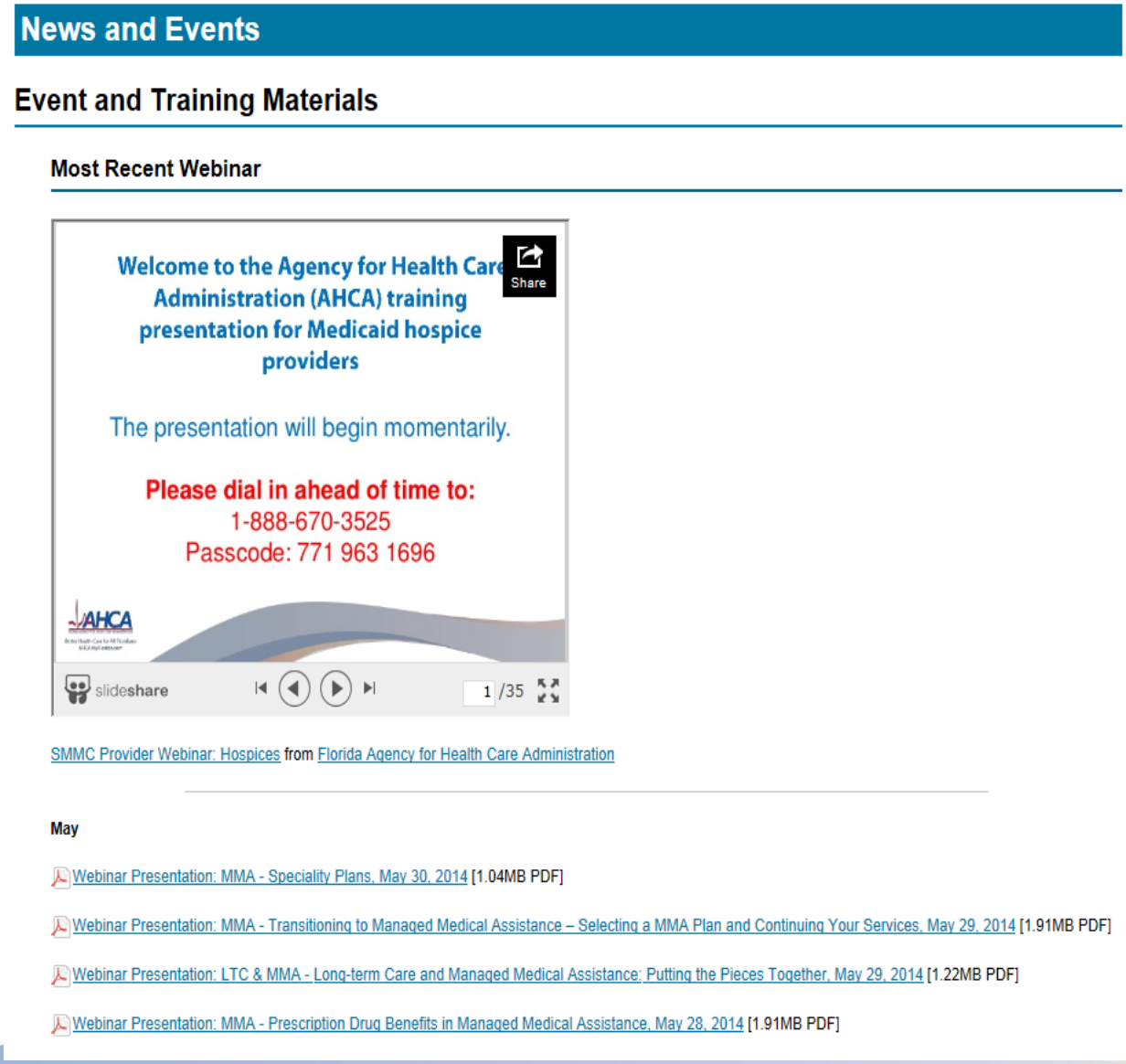
Select "Event and Training Materials" to download today's presentation.



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

- Warren Moore
  - Agency for Health Care Administration

Agency Goals for a Successful MMA Rollout

- Preserve continuity of care, and to greatest extent possible:
  - Recipients keep primary care provider
  - Recipients keep current prescriptions
  - Ongoing course of treatment will go uninterrupted
- Plans must have the ability to pay providers fully and promptly to ensure no provider cash flow or payroll issues.

Agency Goals for a Successful MMA Rollout

- Plans must have sufficient and accurate provider networks under contract and taking patients.
  - Allows an informed choice of providers for recipients and the ability to make appointments.

- Choice Counseling call center and website must be able to handle volume of recipients engaged in plan choice at any one time.
  - Regional roll out to ensure success

Choice Counseling

Choice Counseling Defined

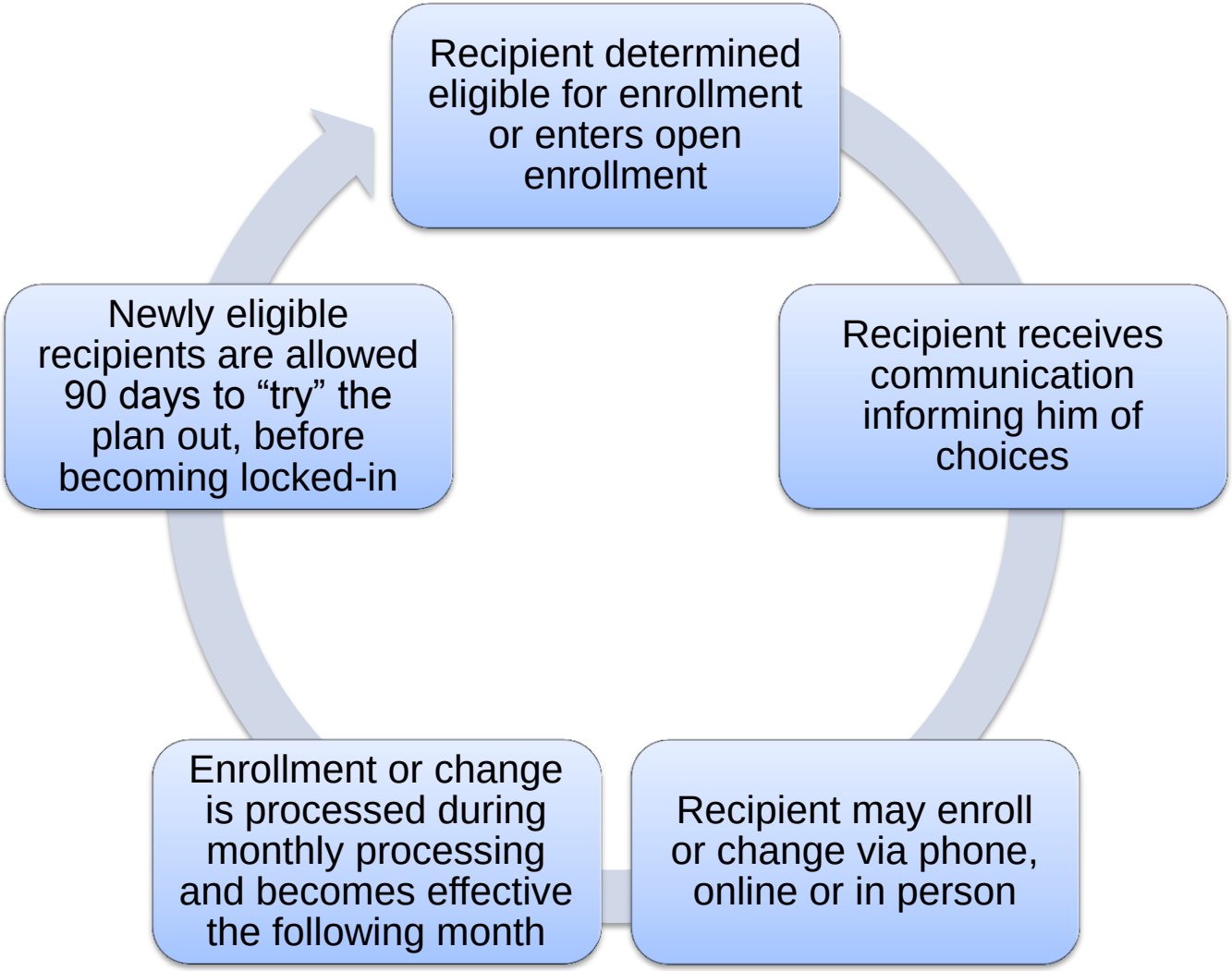
- Choice counseling is a service offered by the Agency for Health Care Administration (AHCA), through a contracted enrollment broker, to assist recipients in understanding:
  - managed care
  - available plan choices and plan differences
  - the enrollment and plan change process.

- Counseling is unbiased and objective.

The Choice Counseling Process

- The Choice Counseling process can be triggered by one of many factors:
  - A recipient is determined to be newly eligible for managed care and is mandatorily required to or may voluntarily choose a managed care plan
  - A current plan enrollee desires to change from one plan to another plan.

The Choice Counseling Cycle



How Do Recipients Choose an MMA Plan?

- Recipients may enroll in an MMA plan or change plans:
  - Online at: **www.flmedicaidmanagedcare.com**

    Or
  - By calling **1-877-711-3662** (toll free) or **1-866-467-4970** (TTY) and
    - speaking with a choice counselor

      OR
    - using the Interactive Voice Response system (IVR)
- Choice counselors are available to assist recipients in selecting a plan that best meets their needs.
- This assistance will be provided by phone, however recipients with special needs can request a face-to-face meeting.

When Can Recipients Change Plans?

- Recipient who are required to enroll in MMA plans will have 90 days after joining a plan to choose a different plan in their region.

- After 90 days, recipients will be locked in and cannot change plans without a state approved good cause reason or until their annual open enrollment.

A Closer Look at the Choice Counseling Cycle

- **Welcome Letter:**
  - Approximately 60 days prior to the plan begin date, recipients will receive a letter and a packet of information detailing their choice of plans and how to choose a plan.
    - Letter
    - Brochure that provides plan information specific to the recipient's region
    - Information on how to make a plan choice
    - The plan to which they'll be assigned if they don't make a choice

A Closer Look at the Choice Counseling Cycle

- **Reminder Letter:** Reminds fully eligible recipients of their need to make an enrollment choice by a specific cut-off date, (this information was also included in the original letter).

- **Confirmation Letter:** Mailed after a voluntary plan choice or change to confirm the recipient's selection and to inform of next steps and rights.

- **Open Enrollment:** Mailed 60 days prior to the recipient's plan enrollment anniversary date to remind them of the right to change plans.

Managed Medical Assistance Program Roll Out Schedule

Implementation Schedule		
Regions	**Plans**	**Enrollment Date**

2, 3 and 4	• Standard Plans
	• Specialty Plans:
	  ○ HIV/AIDS
	  ○ Child Welfare
		May 1, 2014

5, 6 and 8	• Standard Plans
	• Specialty Plans:
	  ○ HIV/AIDS
	  ○ Child Welfare
		June 1, 2014

10 and 11	• Standard Plans
	• Specialty Plans:
	  ○ HIV/AIDS
	  ○ Child Welfare
	  ○ Serious Mental Illness
		July 1, 2014

1, 7 and 9	• Standard Plans
	• Specialty Plans:
	  ○ HIV/AIDS
	  ○ Child Welfare
		August 1, 2014

Statewide	• Children's Medical Services Network	August 1, 2014

What Region Am I In?

Region	Counties
1	Escambia, Okaloosa, Santa Rosa, and Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
5	Pasco and Pinellas
6	Hardee, Highlands, Hillsborough, Manatee, and Polk
7	Brevard, Orange, Osceola, and Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
10	Broward
11	Miami-Dade and Monroe

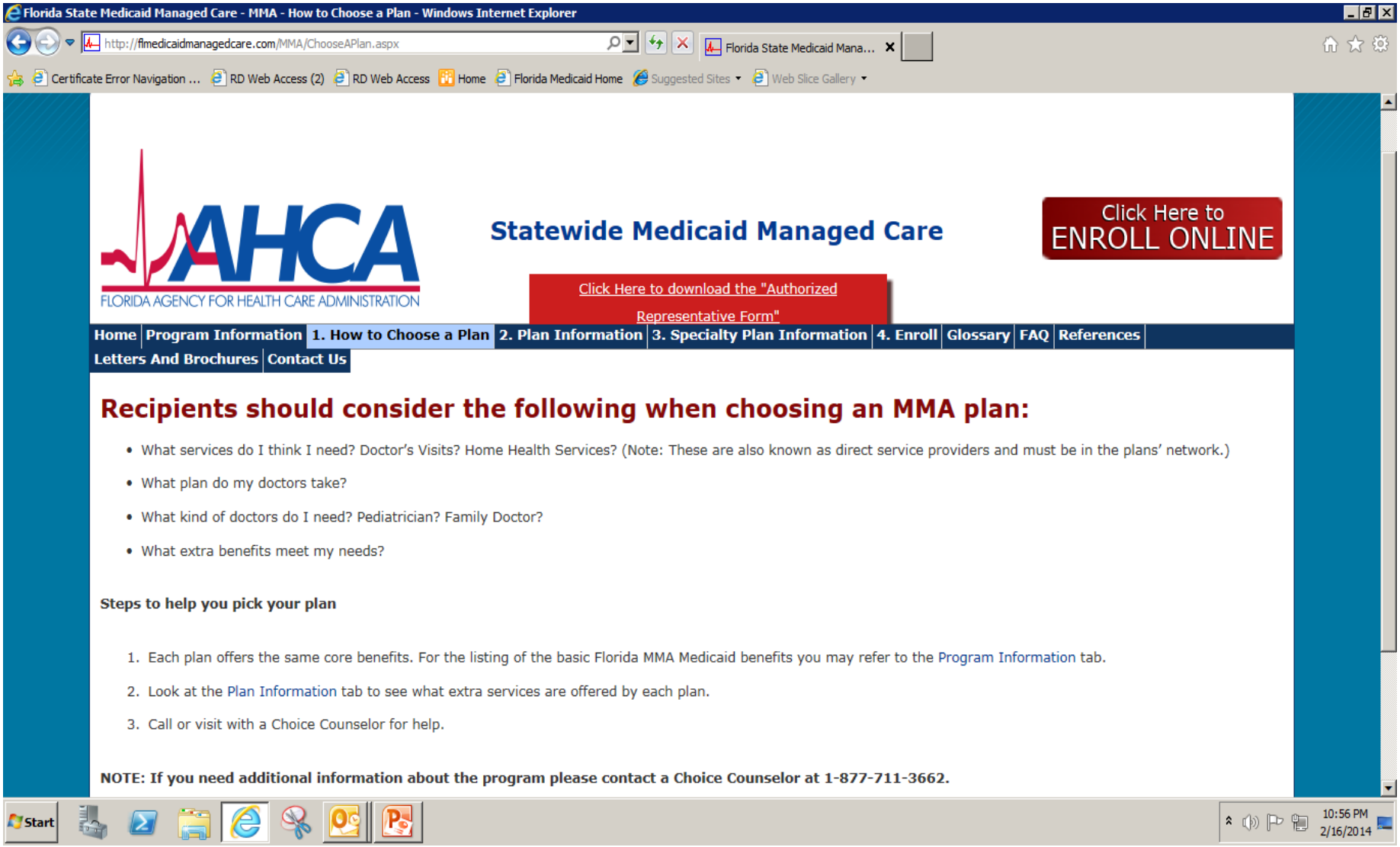
Recipient Notification and Enrollment

Region	Pre-Welcome Letter	Welcome Letter	Reminder Letter	Last Day to Choose a Plan Before Initial Enrollment	Date Enrolled in MMA Plans
1	4/1/2014	5/26/2014	6/23/2014	7/17/2014	8/1/2014
2	1/2/2014	2/17/2014	3/24/2014	4/17/2014	5/1/2014
3	1/1/2014	2/17/2014	3/24/2014	4/17/2014	5/1/2014
4	1/2/2014	2/17/2014	3/24/2014	4/17/2014	5/1/2014
5	2/3/2014	3/24/2014	4/21/2014	5/22/2014	6/1/2014
6	2/3/2014	3/24/2014	4/21/2014	5/22/2014	6/1/2014
7	4/1/2014	5/26/2014	6/23/2014	7/17/2014	8/1/2014
8	2/3/2014	3/24/2014	4/21/2014	5/22/2014	6/1/2014
9	4/1/2014	5/26/2014	6/23/2014	7/17/2014	8/1/2014
10	3/3/2014	4/21/2014	5/26/2014	6/19/2014	7/1/2014
11	3/3/2014	4/21/2014	5/26/2014	6/19/2014	7/1/2014

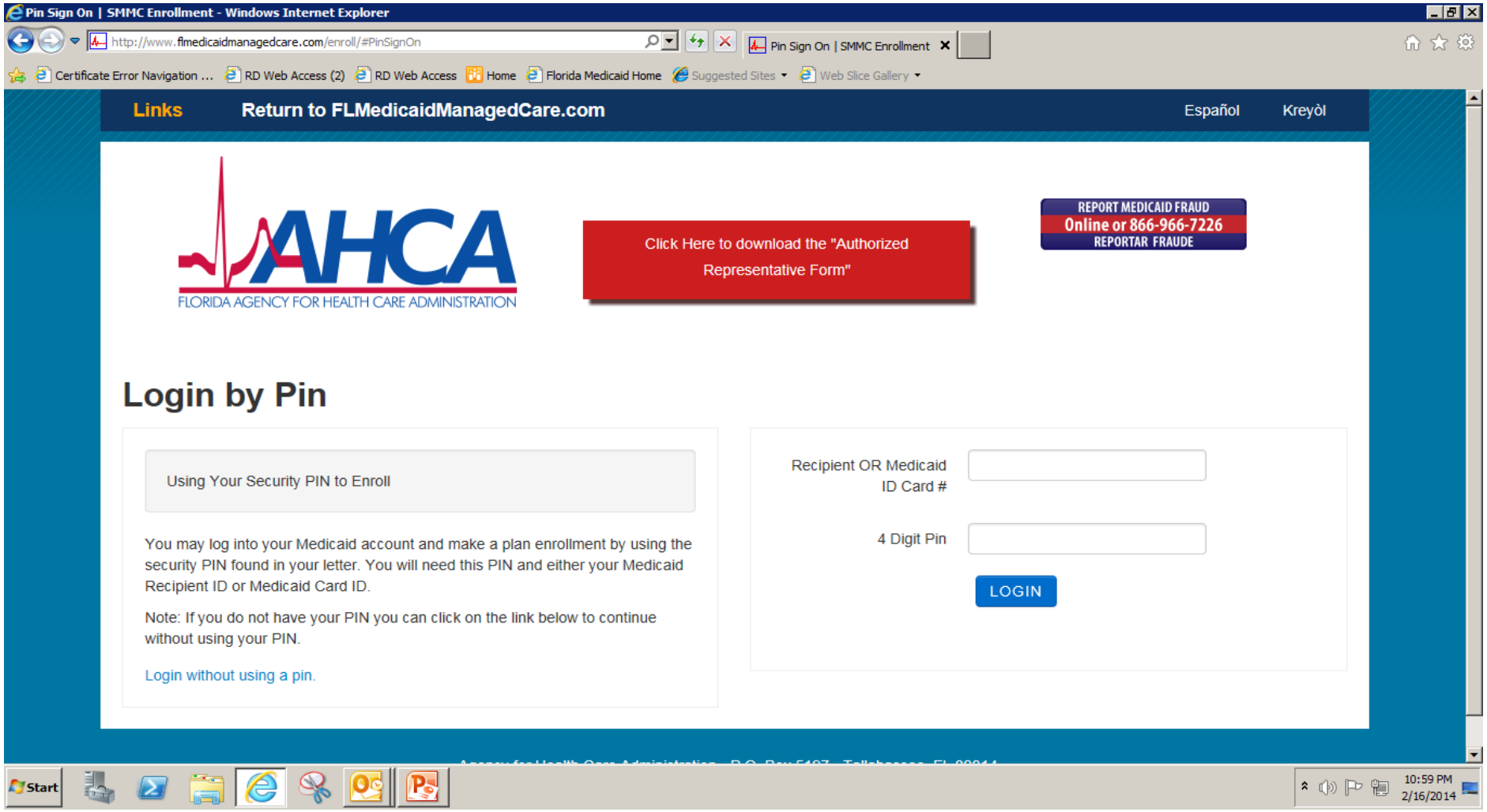
Note: The dates above are when mailings begin. Due to the volume, letters are mailed over several days.

Choice Counseling Available in English, Spanish and Creole

Information about making a plan selection



Step by Step On-Line Enrollment



Choice Counseling

To gain quicker access to your case, please use the following security PIN to enroll: <PIN#>

Step 1: ***Look***

Look at the information in this packet. It includes:

- information on the MMA program
- a list of the plan(s) in your region
- a list of the extra benefits offered by the plan(s)
- the steps you need to take to join a plan
- how to enroll online or by phone
- answers to frequently asked questions

You can also find this same information online at: www.flmedicaidmanagedcare.com

Step 2: ***Choose***

You must choose your MMA plan by <dynamic cut-off date>.

Name	Medicaid #
<Name>	<Medicaid ID>

For each person, you will need:

- birth date **and**
- either the Medicaid number or Social Security Number.

Step 3: ***Enroll***

Online **OR** **Call**

www.flmedicaidmanagedcare.com

Please note: If you choose to enroll online you will need to use the Security PIN above. The PIN must be used along with your Medicaid ID or Gold Card number.

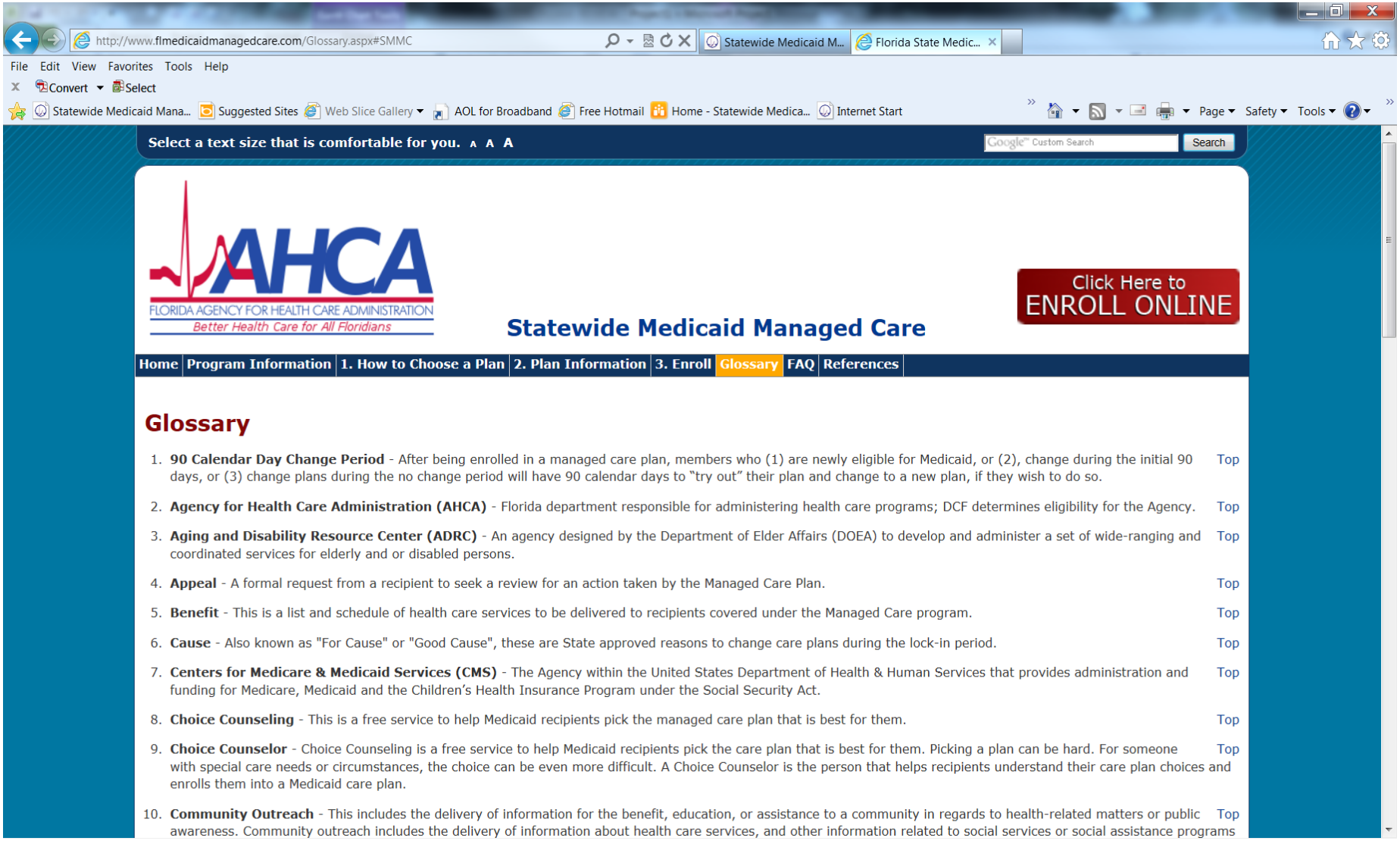
Toll-free at 1-877-711-3662 to talk to a choice counselor or request to meet with a choice counselor.

For additional information, please see the brochure in your packet.

IMPORTANT: If you do not choose, we will place those listed in Step 2 in the MMA plan below.

Plan Name: <Managed Medical Assistance Plan> **Plan Start Date:** <effective date>

Program and Available Plan Information



Auto-Assignment Process

If a Recipient does not Make a Plan Choice, how will the Agency determine which MMA plan recipients will be auto assigned to?

- For Recipients who are required to enroll in an MMA plan:
  - Recipient is identified as eligible for a specialty plan.
  - The recipients prior Medicaid managed care plan is also an MMA plan.
  - Recipient is already enrolled (or has asked to be enrolled) in a long term care plan with a sister MMA plan.
  - The recipient has a family member(s) already enrolled in, or with a pending enrollment, in an MMA plan.

Specialty Plans

Can recipients choose to be in or identify themselves as eligible for a specialty plan?

- Yes, recipients can inform their choice counselor during their choice period that they would like to enroll in a specialty plan if they believe they are eligible for a specialty plan available in their region.

- The specialty plan will be responsible for confirming that the recipient meets the eligibility criteria for the 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:

Your Address

Medicaid is mailing important information to you regarding the MMA program to your home. Make sure we have your current address!

To check,

- Please call the ACCESS Customer Call Center

  (866) 762-2237

OR

- Visit http://www.myflorida.com/accessflorida/

Continuity of Care

Continuity of Care During Transition Plan Responsibility

- MMA plans are responsible for the coordination of care for new enrollees transitioning into the plan

- MMA plans are required to cover any ongoing course of treatment (services that were previously authorized or prescheduled prior to the enrollee's enrollment in the plan) with the recipient's provider during the 60 day continuity of care period, even if that provider is not enrolled in the plan's network.

- The following services may extend beyond the continuity of care period and as such, the MMA plans are responsible for continuing the entire course of treatment with the recipient's current provider:
  - Prenatal and postpartum care (until six weeks after birth)
  - Transplant services (through the first year post-transplant)
  - Radiation and/or chemotherapy services (for the current round of treatment).

Continuity of Care During Transition

- MMA plans cannot require additional authorization for any ongoing course of treatment. If a provider contacts the plan to obtain prior authorization during the continuity of care period, the MMA plan cannot delay service authorization if written documentation is not available in a timely manner. The plan must approve the service.

- However, the MMA plan may require the submission of written document before paying the claim.

- If the services were prearranged prior to enrollment with the plan, written documentation includes the following:
  - Prior existing orders;
  - Provider appointments, e.g., dental appointments, surgeries, etc.;
  - Prescriptions (including prescriptions at non-participating pharmacies); and
  - Behavioral health services.

How Will Providers Know Whether to Continue Services?

Providers should keep previously scheduled appointments with recipients during transition

Continuity of Care During Transition Provider Responsibility

- Service providers should continue providing services to MMA enrollees during the 60-day continuity of care period for any services that were previously authorized or prescheduled prior to the MMA implementation, regardless of whether the provider is participating in the plan's network.

- Providers should notify the enrollee's MMA plan as soon as possible of any prior authorized ongoing course of treatment (existing orders, prescriptions, etc.) or prescheduled appointments.

How Will Providers Be Paid?

Providers will receive payment for services provided during the transition.

Continuity of Care During Transition Provider Reimbursement

- MMA plans are responsible for the costs of continuing any ongoing course of treatment without regard to whether such services are being provided by participating or non-participating providers.

- The MMA plan must pay non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning for a minimum of thirty (30) days, unless the provider agrees to an alternative rate. Providers will need to follow the process established by the managed care plans for getting these claims paid appropriately.

- Providers may be required to submit written documentation (as described above) of any prior authorized ongoing care, along with their claim(s) in order to receive payment from the plan.

Continuity of Care During Transition

- Do the managed care plans have to honor prior authorizations that were issued (either through one of the Agency's contracted vendors or a managed care plan) prior to the recipient's enrollment in the MMA plan? Examples include:
  - Home health
  - Dental
  - Behavioral Health
  - Durable medical equipment (rent-to-purchase equipment, ongoing rentals, etc.)
  - Prescribed drugs

- **Yes.** During the continuity of care period, the MMA plan must continue to pay for any prior approved services, regardless of whether the provider is in the plan's network. During this timeframe, the plan should be working with the enrollee and their treating practitioner to obtain any information needed to continue authorization after the continuity of care period (if the service is still medically necessary). After the continuity of care period, if the provider is not a part of the plan's network, the enrollee may be required to switch to a participating provider.

Continuity of Care During Transition Pharmacy

- For the first year of operation, MMA plans are required to use the Medicaid Preferred Drug List (PDL) in order to ensure an effective transition of enrollees during implementation.

- For the first 60 days after implementation in a region, MMA plans or Pharmacy Benefit Managers (PBMs) are required to operate open pharmacy networks so that enrollees may continue to receive their prescriptions through their current pharmacy providers until their prescriptions are transferred to in-network providers. MMA plans and/or PBMs must reimburse non-participating providers at established open network reimbursement rates.

- For new plan enrollees (i.e., enrolled after the implementation), MMA plans must meet continuity of care requirements for prescription drug benefits, but are not required to do so through an open pharmacy network.

- During the continuity of care period MMA plans are required to educate new enrollees on how to access their prescription drug benefits through their MMA plan provider network.

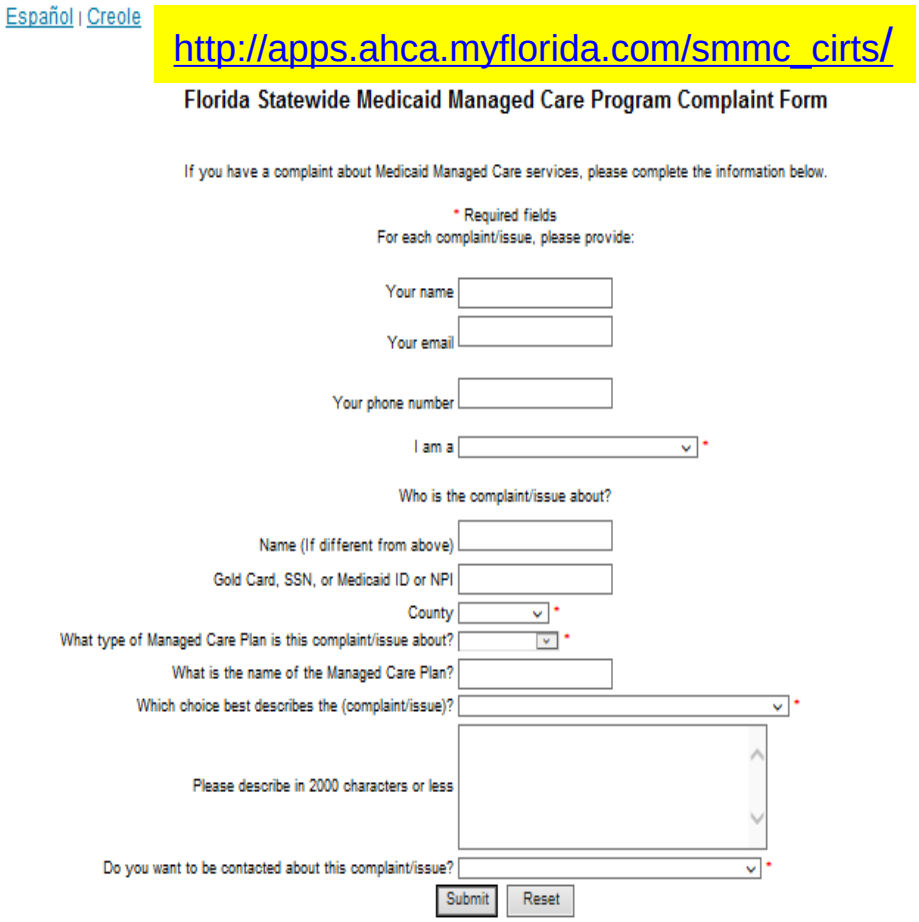
How to get Ready for the MMA Program

- 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.

Continuity of Care During Transition Pregnancy

- If a pregnant Medicaid recipient enrolls in an MMA plan and her OB/GYN is not a part of the plan's network does the plan have to continue to pay for the services?

- **Yes.** The MMA plan must continue to pay for services provided by her current provider for the entire course of her pregnancy including the completion of her postpartum care (six weeks after birth), regardless of whether the provider is in the plan's network.



Español | Creole

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

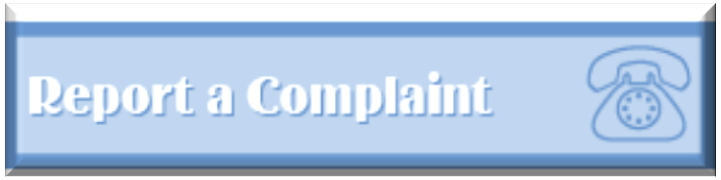
Your name, email and phone number are requested in case more information is needed to resolve your issue. If you wish to remain anonymous, you may omit this information. If you choose to send an issue anonymously, please provide as much detail as possible. Without enough detail, we may not be able to 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.

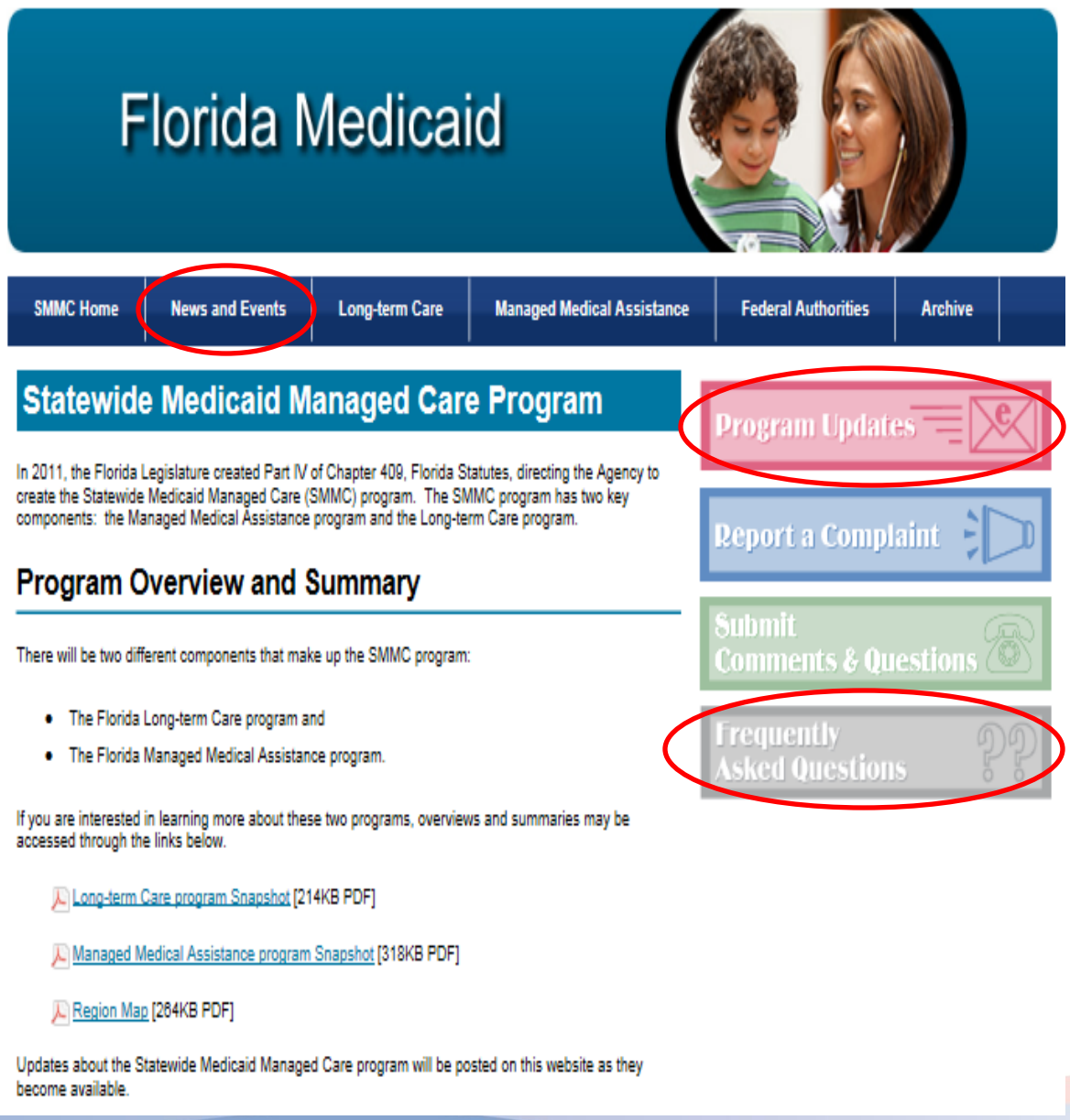
Phone numbers of local Area Offices



- 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_Transition
- 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.



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

Stay Connected

Youtube.com/AHCAFlorida

Facebook.com/AHCAFlorida

Twitter.com/AHCA_FL

SlideShare.net/AHCAFlorida

Questions?