Statewide Medicaid Managed Care Long-term Care Program

Judy Jacobs
Agency for Health Care Administration
Area 7 Field Office Manager
April 9, 2013

Overview

- Part 1: What is Managed Care?
- Part 2: Legislation and Key Components
- Part 3: Long-term Care Program Component
- Part 4: Program Improvements

Part 1: What is Managed Care?

What is Managed Care?

- Managed care is when health care organizations are responsible for ensuring that their enrollees receive the health care services they need.
- Managed Care Organizations (MCOs), also called “plans” or “health plans,” contract with a variety of health care providers to create a network of providers. They use this network to ensure that their enrollees have access to high quality health and long-term care services.

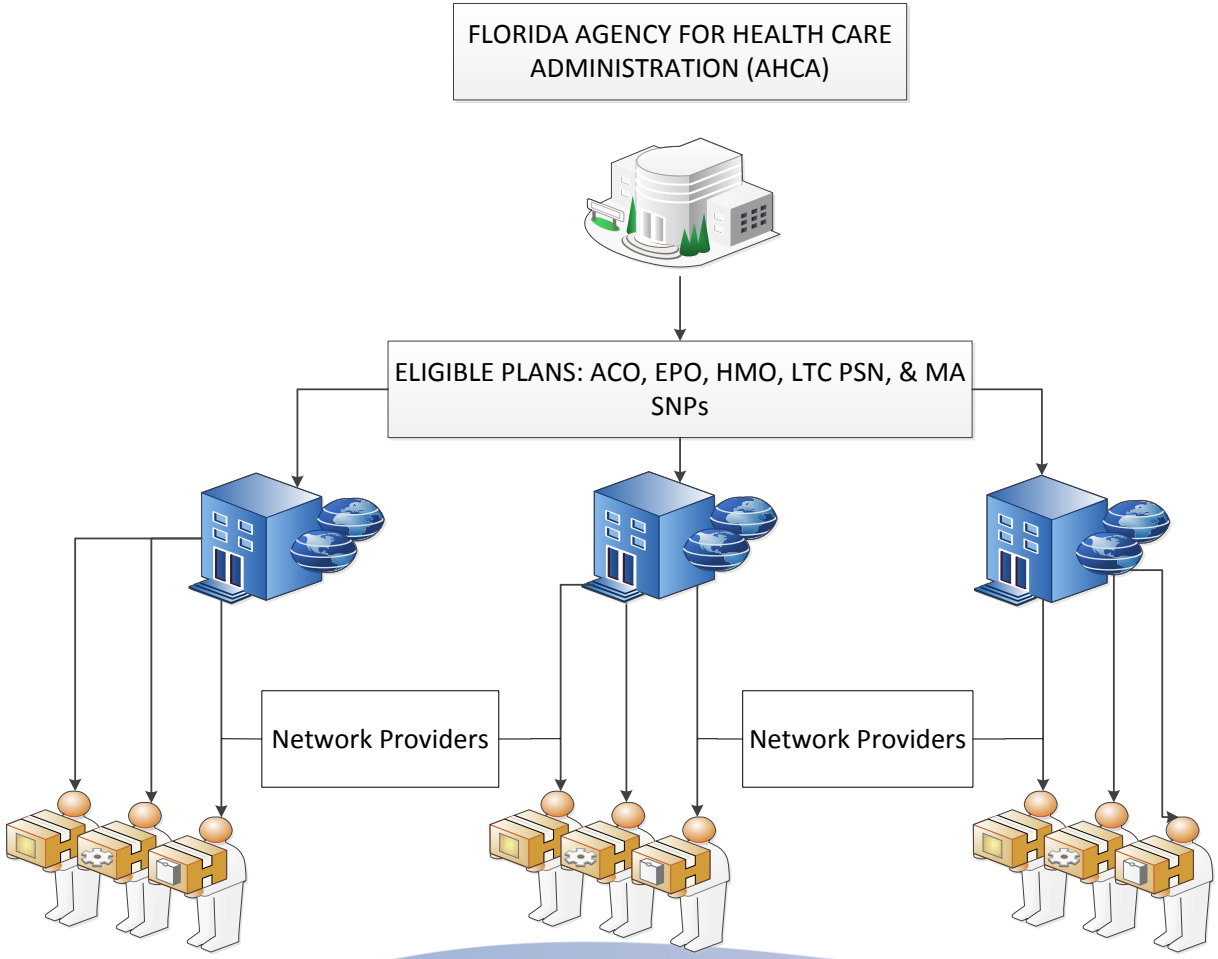
Key Terminology

- **Member:** A person who has selected or been assigned to a managed care plan.
- **Prepaid:** Managed care plans are paid at the beginning of each month.
- **Capitation:** The monthly fixed amount paid to the MCO for each member.
- **Per Member Per Month (PMPM):** MCOs receive capitation payment each month for each member.
- **At Risk:** A managed care plan is responsible for arranging for and paying for all covered services regardless of the cost.

Key Terminology (continued)

- **Provider Network:** health care and long-term care service providers (e.g., doctors, hospitals, nursing facilities, home health agencies) that contract with a managed care plan to provide services.
  - The MCO reimburses the contracted providers for services rendered to the plan's enrolled members.
  - MCOs can limit the number of providers with which they contract.

Network Snapshot



Common Types of Managed Care Plans

- The Long-term Care program is comprised of two types of health plans:
  - Health Maintenance Organizations (HMOs)
    - Will be only capitated.
  - Provider Service Networks (PSNs)
    - May be fee-for-service or capitated.
- The main difference for network providers will be how they are paid. All services will be authorized by the HMO or PSN.
  - If the health plan is capitated, then network providers will be paid by the plan.
  - If the health plan is fee-for-service, then providers will be paid by the Agency after claims are submitted to the health plan for authorization.
  - Recipients shouldn't see a difference in services whether they are enrolled in an HMO or PSN.

Florida Medicaid Enrollment by Plan Type

47% of recipients receive their care through a managed care plan.

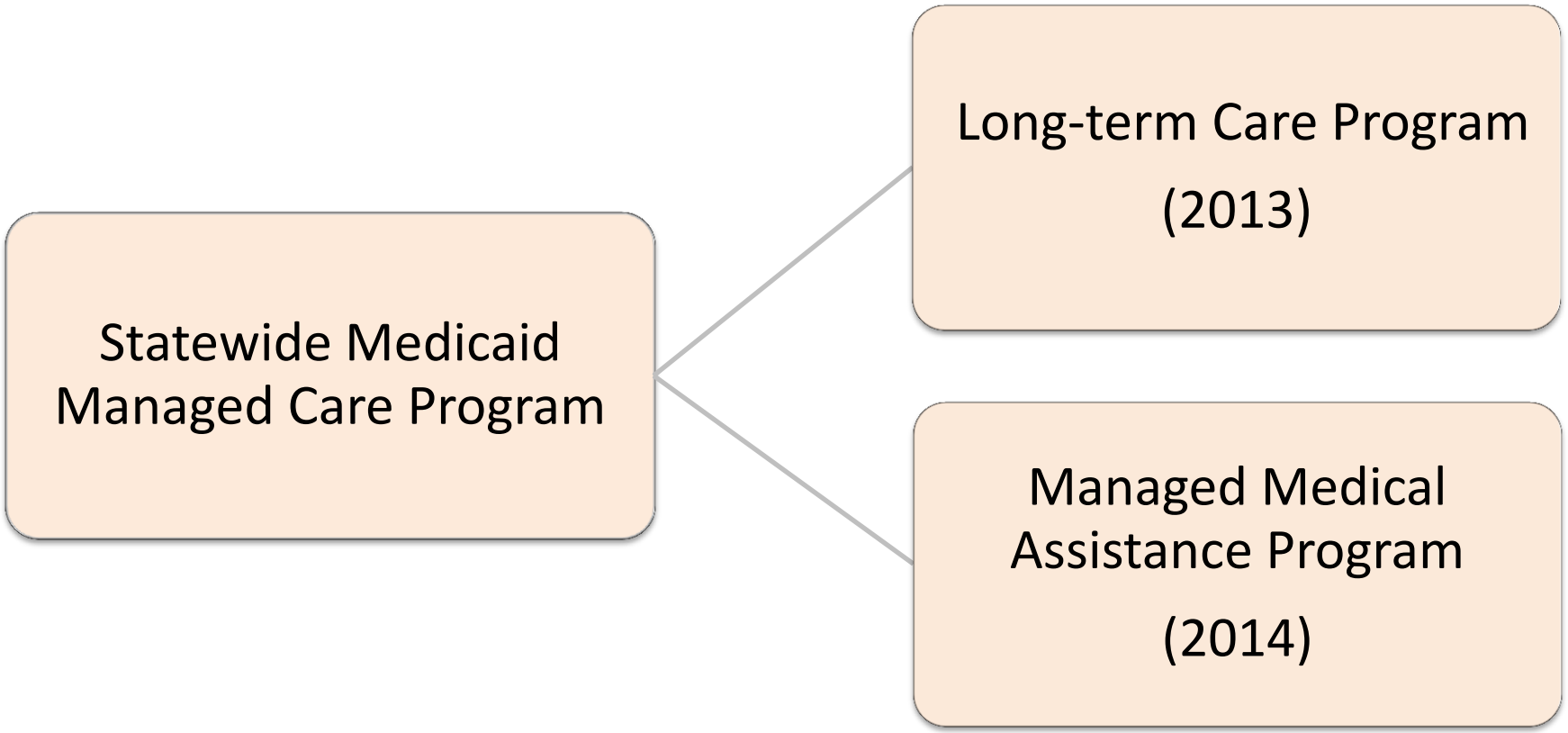
Medicaid Enrollment As of December 2012		% of Total Enrollment
HMO	1,226,484	38.2%
PSN	263,406	8.2%
MediPass (PCCM)	594,314	18.5%
Fee-for-Service	1,110,123	34.5%
Nursing Home Diversion	20,089	.62%

Part 2: Legislative Direction and Key Components

Statewide Medicaid Managed Care: Legislation

- In 2011, the Florida Legislature created a new program: Statewide Medicaid Managed Care (SMMC)
  - Chapter 409, Part IV, Florida Statutes
  - www.leg.state.fl.us/statutes
- Many program details are in the law

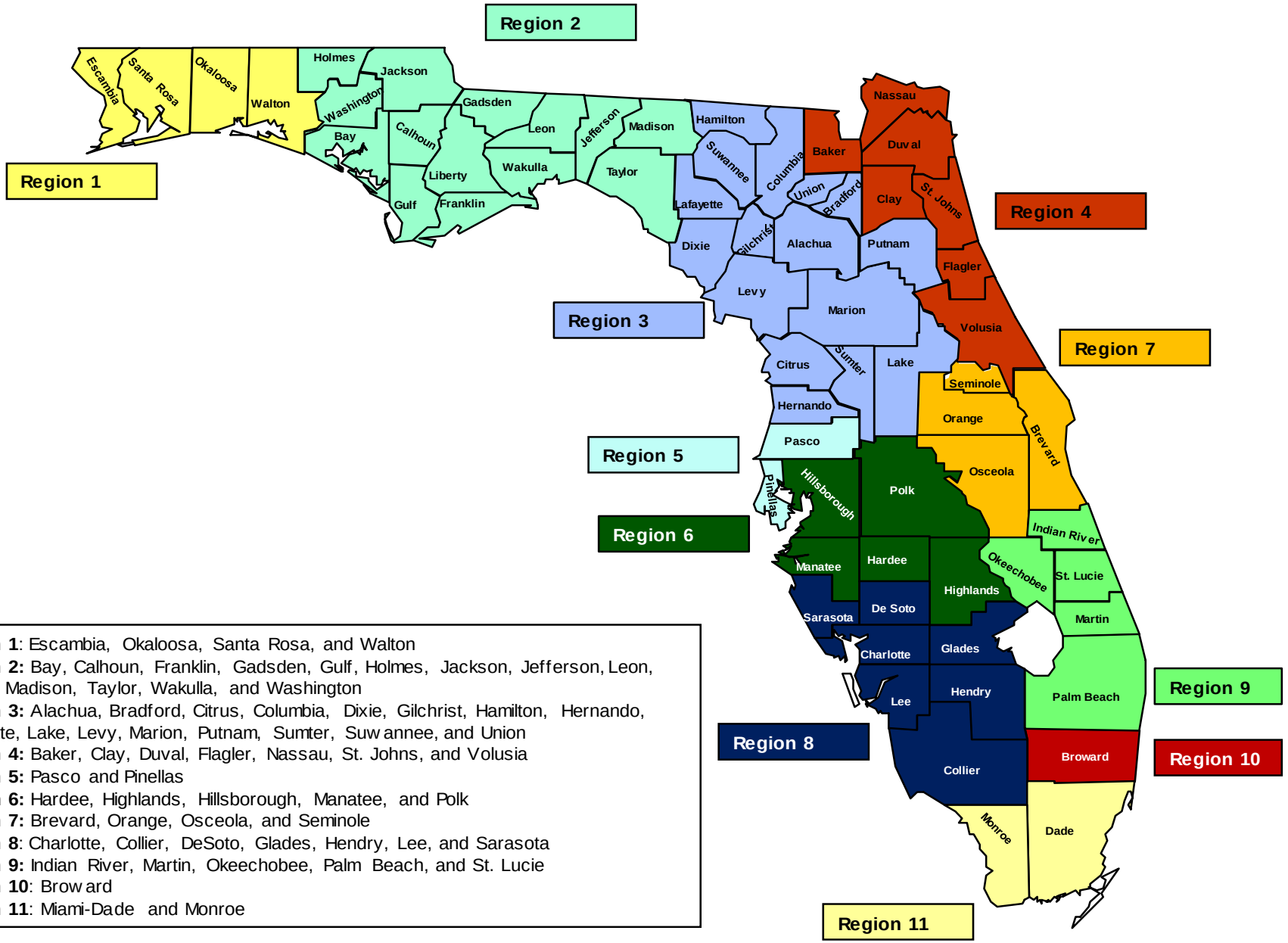
Statewide Medicaid Managed Care: Key Components



Selecting Managed Care Plans

- Managed care plans had to be selected through a competitive bid process (Invitation to Negotiate)
- Plans must bid separately for Long-term Care and Managed Medical Assistance programs
- State is divided into 11 regions
- Region 7 includes Brevard, Orange, Osceola and Seminole counties

Statewide Medicaid Managed Care Region Map



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

Part 3: The Long-term Care Program

Who Must Enroll?

- Individuals must enroll in LTC managed care if they are 18 and older and enrolled in:
  - Nursing Facility
  - Aged and Disabled Adult Waiver
    - Consumer-Directed Care Plus for individuals in the A/DA waiver
  - Assisted Living Waiver
  - Channeling Services for Frail Elders Waiver
  - Nursing Home Diversion Waiver

Eligibility Determination

- DCF or Social Security Administration will continue to determine financial eligibility.
- DOEA's CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program will continue to determine nursing facility level of care.

Covered Services

Adult companion care	Hospice
Adult day health care	Intermittent and skilled nursing
Assisted living	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	

How are services changing?

- The SMMC program does not eliminate services:
  - Managed care plans will be required to provide services at a level equivalent to the Medicaid state plan.
  - New services and options such as:
    - Case Management for nursing facility residents
    - Participant Directed Option
  - Plans are offering additional benefits.

LTC: Managed Care Plan Awards by Region

Region	Healthcare Plans						
	American Eldercare, Inc.	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan	United Healthcare of Florida, Inc.
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X

Plan Readiness Review

- Assesses the managed care plan's readiness and ability to provide services to recipients.
- This review is completed prior to the enrollment of recipients.
- The scope of the review may include any and all contract requirements. Examples of the readiness review may include, but is not limited to:
  - Review of managed care plan policies and procedures
  - Review of provider networks
  - A walkthrough of the managed care plan operations
  - System demonstrations
  - Interviews with managed care plan staff.

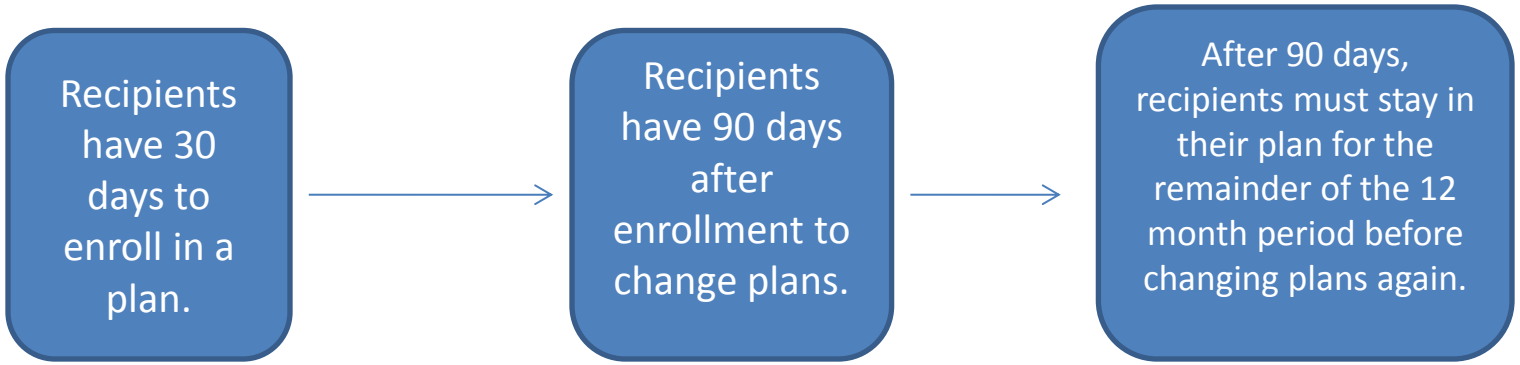
LTC Timelines:
Recipient Enrollment Schedule

Region	Plan Readiness Deadline	Enrollment Effective Date	Total Eligible Population
7	May 1, 2013	August 1, 2013	Region 7: 9,338
8 & 9	June 1, 2013	September 1, 2013	Region 8: 5,596; Region 9: 7,854 Total = 13,450
2 & 10	August 1, 2013	November 1, 2013	Region 2, 4058; Region 10, 7,877 Total = 14,853
11	September 1, 2013	December 1, 2013	Region 11: 17,257
5 & 6	November 1, 2013	February 1, 2014	Region 5: 9,963; Region 6, 9,575 Total = 19,538
1, 3 , 4	December 1, 2013	March 1, 2014	Region 1: 2,973; Region 3: 6,911; Region 4: 9,087 Total = 18,971

Region 7 LTC Timelines:
Recipient Notification & Choice Counseling

Activity	Date
Mail pre-welcome informational letter to recipients	April 1, 2013
Mail welcome letter to recipients to choose a plan	May 20, 2013
Mail plan choice reminder notice to recipients	June 26, 2013
Plans go live/first date of service	August 1, 2013

Enrollment Process



- Recipients are encouraged to choose the long-term care managed care plan that best meets their needs.
- If a recipient who is required to enroll does not choose a plan within 30 days, AHCA will automatically assign the recipient to a long-term care managed care plan.
- Enrollees can change their long-term care providers within their plan at any time.

SMMC's Impact on ALFs & AFCHs

- ALFs are eligible to provide Assisted Living Service.
- AFCHs are eligible to provide Assistive Care Services.
- ALFs & AFCHs will bill managed care plan for service payments based upon terms of subcontract with the plan.
- Managed care plans must offer a contract to any ALF that was billing for Medicaid waiver services as of July 2012.
  - After the first year of contract, can exclude ALFs for not meeting quality or performance standards.

SMMC's Impact on Nursing Facilities

- **For first year only**—Plans must offer a contract to nursing facilities in each region.
- After first year, plans may limit the number of nursing facilities in network based upon quality and performance.
- Nursing facilities will bill plan directly for recipient care based upon subcontract agreement.
- Plans must pay nursing facilities at least the Medicaid rate.
  - Medicaid will continue to set nursing facility rates as we do now.
- Nursing facilities and hospices that are enrolled Medicaid providers must participate in all eligible plans selected by the Agency in the region in which the provider is located [Section 409.982(2), F.S.].

Incentives for Home and Community Based Care

- The law requires that managed care plan rates be adjusted annually to provide an incentive to shift services from nursing facilities to community based care.
- Payment incentives are in place until no more than 35% of the plan's enrollees are placed in institutional settings.

Federal Authorities

- Obtained a 1915(b) and 1915(c) combination waiver.
  - To identify and allow qualified individuals to receive home and community based care services in lieu of nursing home care services.
  - To enroll individuals in managed care plans statewide, and to allow for selective contracting of those plans.
- Federal Centers for Medicare and Medicaid Services approved the waivers February 1, 2013.

Part 4: Program Improvements

Service Enhancements

- Increased emphasis on home and community-based services:
  - Facilitate nursing facility transition.
  - Increased care coordination and case management across care settings - more integrated care/case management.
  - Enhanced community integration and personal goal setting.

Service Enhancements (Continued)

- Increased access to quality providers:
  - Selection of the most qualified plans.
  - Expanding services available in rural areas.

- Increased access to quality services:
  - Increased access to participant direction.
  - Plans can offer expanded benefits.
  - Increased opportunity for integration between Medicaid and Medicare through enhanced care coordination.

LTC Managed Care Program Enhancements

- Increased predictability for recipients and providers:
  - Five year contracting period - less confusion for providers and recipients.
  - Penalties for plan withdrawals.
  - Maintenance of role of critical community-based providers (ADRCs and Aging Network providers).
  - Parameters for payments to certain providers (nursing facilities, hospice).

LTC Managed Care Program Enhancements (Continued)

- Increased accountability:
  - Enhanced quality measures.
  - Enhanced access to encounter data for long-term care services.
  - Enhanced contract compliance tools, including liquidated damages, sanctions, and statutory penalties and terminations.

What Will Not Change

- CARES will continue to determine clinical eligibility.
- DCF and Social Security will continue to determine financial eligibility.
- The majority of services will remain the same.
- Waitlist for HCBS will be maintained.

Additional Resources

- Information about the Long-term Care procurement is available via the Florida Vendor Bid System: http://myflorida.com/apps/vbs/vbs_www.main_menu
- Updates about the Statewide Medicaid Managed Care program are posted at: http://ahca.myflorida.com/Medicaid/statewide_mc
  - Upcoming events and news can be found on the “News and Events” tab on the SMMC website.
  - Keep up to date on information by signing up to receive program updates—click the red “Sign Up for Program Updates” box on the right hand side of the page.

How to Stay Informed

- Participate in conference calls and Webinars that are being established to educate and communicate with plans and plan network providers regarding implementation activities.

- Send your questions to:

FLMedicaidManagedCare@ahca.myflorida.com

  - We will post answers on the website and/or answer them on provider Webinars

Questions?