

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: 771 963 1696



Statewide Medicaid Managed Care (SMMC)

Managed Medical Assistance (MMA) Program

December 10, 2013

Today's Presentation



Better Health Care for All Floridians

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Florida Medicaid



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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 Long-term Care and Managed Medical Assistance programs.

Choose an **arrow** below to view general information about the program.

⇨ [Program Overview and Summary](#) ⇨

⇨ [Achieved Savings Rebate Rule](#) ⇨

Program Updates

Report a Complaint

Frequently Asked Questions

Due to the competitive procurement, we are in a statutorily imposed "Blackout Period" until 72 hours after the award and cannot provide interpretation or additional information not included in the LTC or MMA ITN documents.

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Follow the link below to the SMMC Website and select the "News and Events" tab 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>



Better Health Care for All Floridians
AHCA.MyFlorida.com

Today's Presentation, cont.

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

The screenshot shows the AHCA Florida Medicaid website. At the top is the AHCA logo with the tagline "Better Health Care for All Floridians". Below the logo is a navigation bar with links for Home, About Us, Dashboard, Public Records, Procurements, Publications, Find a Facility, Contact Us, and a red "REPORT FRAUD" button. A secondary navigation bar contains links for AHCA Home Page, Florida Medicaid Home Page, Statewide Medicaid Managed Care Program Home Page, and Public Meetings. The main content area features a large blue banner for "Florida Medicaid" with a photo of a doctor and a child. Below the banner is a horizontal menu with "News and Events" selected. Under "News and Events", there is a list of links: "Calendar of Events and Training", "Event and Training Materials" (circled in red), "Previous Events Archive", "Guidance Statements", and "Frequently Asked Questions". To the right of the "News and Events" section are three buttons: "Program Updates" (with an envelope icon), "Report a Complaint" (with a telephone icon), and "Frequently Asked Questions" (with question mark icons). Below these buttons is a "Comments and Questions?" section with contact information for the Statewide Medicaid Managed Care program, including an email address and a physical address in Tallahassee, Florida.

Today's Presentation, cont.

Florida Medicaid

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News and Events

Choose an arrow below for information and upcoming events related to the Statewide Medicaid Managed Care program.

- Calendar of Events and Training
- Event and Training Materials

Most Recent Webinar

Welcome to the Agency for Health Care Administration (AHCA) Training Presentation for Recipient Eligibility Verification.

The presentation will begin momentarily.

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[SMMC Provider Webinar: Recipient Eligibility Verification](#) from [Florida Agency for Health Care Administration](#)

October

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

Program Updates

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Frequently Asked Questions

Comments and Questions?

Members of the public can email comments and suggestions about the Statewide Medicaid Managed Care program to FLMedicaidManagedCare@ahca.myflorida.com or mail them to:

Statewide Medicaid Managed Care program
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

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

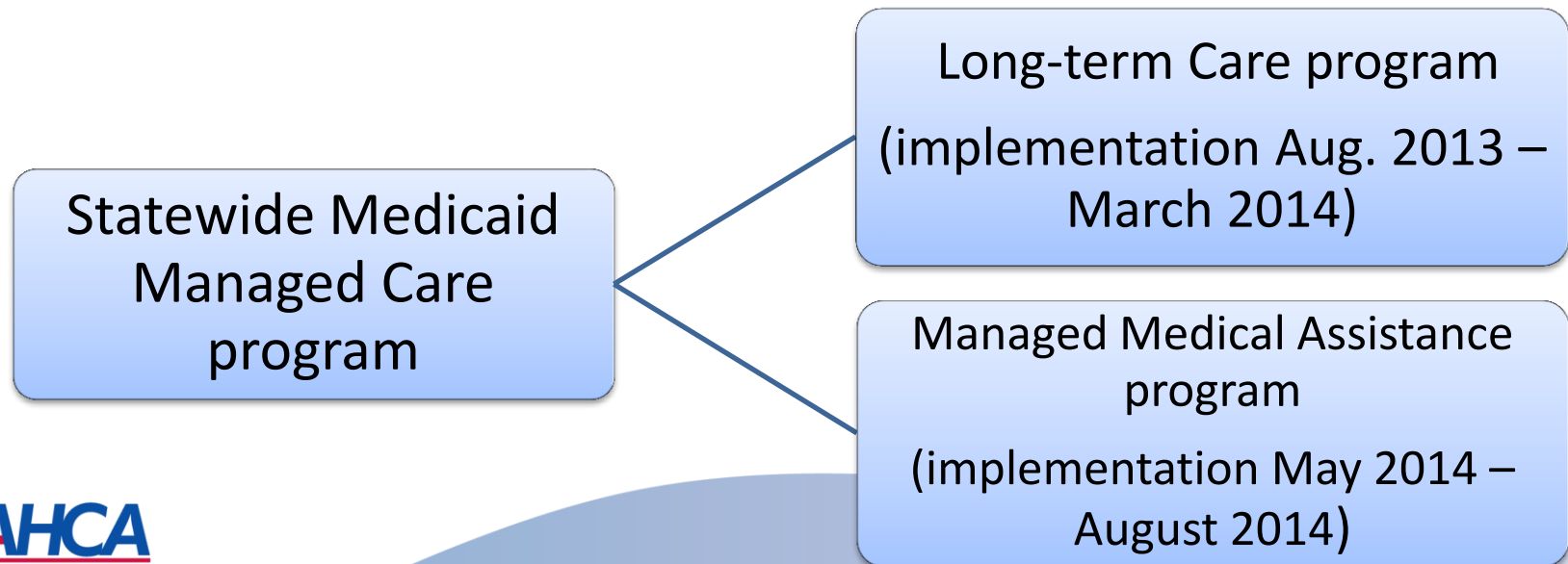
- **Melanie Brown-Woofter**
 - Agency for Health Care Administration

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.

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.



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 ***is not*** 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.

Who WILL NOT 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.

Who MAY participate?

- The following individuals may choose to enroll in program:
 - 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 home and community based waiver pursuant to state law, and Medicaid recipients.

Managed Medical Assistance Services

Minimum Required Covered Services: Managed Medical Assistance Plans

Advanced registered nurse practitioner services	Medical supplies, equipment, prostheses and orthoses
Ambulatory surgical treatment center services	Mental health services
Birth center services	Nursing care
Chiropractic services	Optical services and supplies
Dental services	Optometrist services
Early periodic screening diagnosis and treatment services for recipients under age 21	Physical, occupational, respiratory, and speech therapy
Emergency services	Physician services, including physician assistant services
Family planning services and supplies (some exception)	Podiatric services
Healthy Start Services (some exception)	Prescription drugs
Hearing services	Renal dialysis services
Home health agency services	Respiratory equipment and supplies
Hospice services	Rural health clinic services
Hospital inpatient services	Substance abuse treatment services
Hospital outpatient services	Transportation to access covered services
Laboratory and imaging services	



Expanded Benefits

List of Expanded Benefits	Amerigroup	Better	Coventry	First Coast	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Staywell	Sunshine	United
Adult dental services (Expanded)	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adult hearing services (Expanded)	Y	Y			Y		Y	Y	Y		Y	Y	Y	Y
Adult vision services (Expanded)	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Art therapy	Y				Y		Y					Y	Y	
Equine therapy												Y		
Home health care for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y		Y		Y	Y	Y	Y	Y	Y
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y
Medically related lodging & food		Y			Y		Y		Y		Y	Y	Y	
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Nutritional counseling	Y	Y			Y	Y		Y	Y		Y	Y	Y	
Outpatient hospital services (Expanded)	Y	Y			Y		Y	Y	Y		Y	Y	Y	Y
Over the counter medication and supplies	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Pet therapy					Y		Y					Y		
Physician home visits	Y	Y			Y		Y		Y		Y	Y	Y	Y
Pneumonia vaccine	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Post-discharge meals	Y	Y			Y	Y	Y	Y			Y	Y	Y	Y
Prenatal/Perinatal visits (Expanded)	Y	Y			Y	Y	Y	Y	Y		Y	Y	Y	Y
Primary care visits for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y
Waived co-payments	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

NOTE: Details regarding scope of covered benefit may vary by managed care plan.

Where will recipients receive services?

- Several types of health plans will offer services through the MMA program:
 - Standard Health Plan
 - Health Maintenance Organizations (HMOs)
 - Provider Service Networks (PSNs)
 - Specialty Plans
 - Comprehensive Plans
 - Children’s Medical Services Network
- Health plans were selected through a competitive bid for each of 11 regions of the state.

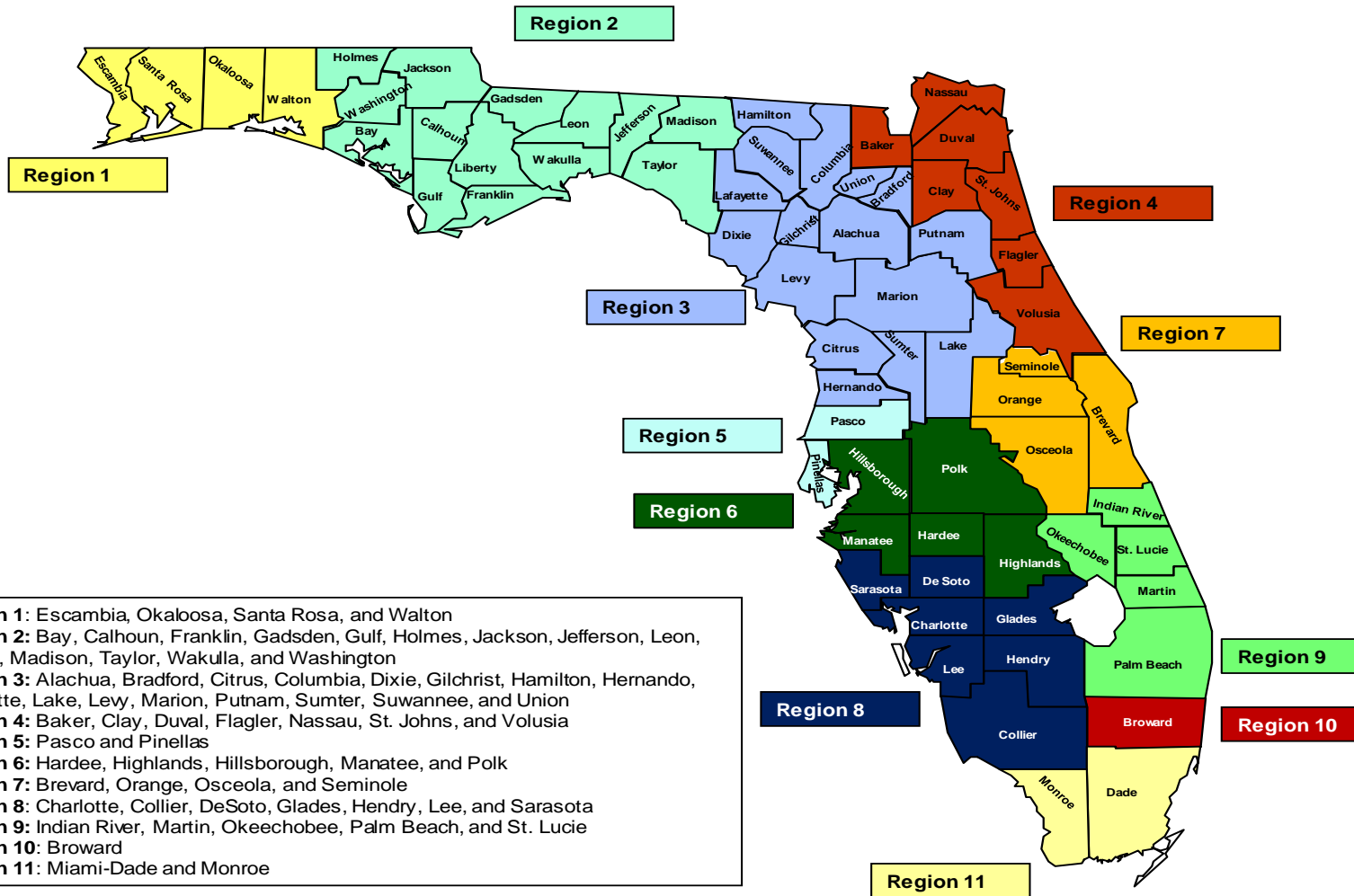
Standard Health Plans

- Health Maintenance Organization (HMO)
 - An HMO is an entity licensed under Chapter 641, Florida Statutes. As allowed under s. 409.912(3), F.S., the Agency may contract with HMOs on a prepaid fixed monthly rate per member (e.g. capitation rate) for which the HMO assumes all risk for providing covered services to their enrollees.
 - HMOs are required by contract to ensure that their enrollees have access to all Medicaid state plan services and a complete network of providers.
- Provider Service Network (PSN)
 - A PSN is a network established or organized and operated by a health care provider, or group of affiliated health care providers, which provides a substantial proportion of the health care items and services under a contract directly through the provider or group of affiliated providers. (See s. 409.912(4)(d), F.S.,)

Non-standard Health Plans

- Specialty Plan
 - A specialty plan is a managed care plan that serves Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.
- Comprehensive Plan
 - Comprehensive plans are managed care plans that offer both Long-term Care and Acute Care services.
- Children’s Medical Services Network
 - Children’s Medical Services is the statewide managed care plan for children with special healthcare needs.

Statewide Medicaid Managed Care Regions 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



Managed Medical Assistance Program Implementation

- The Agency has selected 14 companies to serve as general, non-specialty MMA plans.
- Five different companies were selected to provide specialty plans that will serve populations with a distinct diagnosis or chronic condition; these plans are tailored to meet the specific needs of the specialty population.
- The selected health plans are contracted with the Agency to provide services for 5 years.

Plans Selected for Managed Medical Assistance Program Participation (General, Non-specialty Plans)

Note: Formal protest pending in Region 11 for MMA Standard Plans

Region	MMA Plans													
	Amerigroup	Better Health	Coventry	First Coast Advantage	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Sunshine State	United Healthcare	Staywell
1		X			X									
2									X					X
3									X			X	X	X
4				X								X	X	X
5	X								X			X		X
6	X	X			X	X			X			X		X
7	X						X		X			X	X	X
8							X		X			X		X
9					X		X		X			X		
10		X			X					X		X		
11	X		X		X		X	X	X		X	X	X	X



Plans Selected for Managed Medical Assistance Program Participation (Specialty Plans)

MMA Plans

Region	Positive Healthcare Florida	Magellan Complete Care	Freedom Health, Inc.	Freedom Health, Inc.	Freedom Health, Inc.	Freedom Health, Inc.	Clear Health Alliance	Sunshine State Health Plan, Inc.
	HIV/AIDS	Serious Mental Illness	Cardiovascular Disease	Chronic Obstructive Pulmonary Disease	Congestive Heart Failure	Diabetes	HIV/AIDS	Child Welfare
1							X	X
2		X					X	X
3			X	X	X	X	X	X
4		X						X
5		X	X	X	X	X	X	X
6		X	X	X	X	X	X	X
7		X	X	X	X	X	X	X
8			X	X	X	X	X	X
9		X	X	X	X	X	X	X
10	X	X	X	X	X	X	X	X
11	X	X	X	X	X	X	X	X



What providers will be included in the MMA plans?

- Plans must have a sufficient provider network to serve the needs of their plan enrollees, as determined by the State.
- Managed Medical Assistance plans may limit the providers in their networks based on credentials, quality indicators, and price, but they must include the following statewide essential providers:
 - Faculty plans of Florida Medical Schools;
 - Regional Perinatal Intensive Care Centers (RPICCs);
 - Specialty Children's Hospitals; and
 - Health care providers serving medically complex children, as determined by the State.

Managed Medical Assistance Program Roll Out Schedule

Proposed Implementation Schedule	
Regions	Proposed 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

NOTE: Information on this slide is subject to Federal approval.

When will recipients be notified and be required to enroll?

- Approximately 60 days prior to each region's start date, eligible Medicaid recipients will receive a letter with enrollment information, including information on how to enroll.
- Eligible recipients who must enroll will have a minimum of 30 days from the date they receive their welcome letter to choose from the plans available in their region.

90 days to change plans

- After joining a plan, recipients will have 90 days 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.

What do recipients have to do to choose an MMA plan?

- Choice counselors are available to assist recipients in selecting a plan that best meets their needs. This assistance will be provided by phone, however in-person visits are also available for recipients by request.
- Recipients can also enroll at the following website: www.flmedicaidmanagedcare.com.

What is the process for enrolling in a health plan?

- Recipients are encouraged to work with a choice counselor to choose the managed care plan that best meets their needs.



Recipients have 30 days to enroll in a plan.



Recipients have 90 days after enrollment to change plans.



After 90 days, enrollees must stay in their plan for the remainder of the 12 month period before changing plans again.*



Enrollees can change their providers within their plan at any time.

***Recipients may change plans again before the remainder of the 12 month period, but only if they meet certain criteria.**

Will a recipient's health plan continue the services recipients are currently receiving?

- The new MMA plan is required to authorize and pay for existing services for up to 60 days, OR until the enrollee's primary care practitioner or behavioral health provider reviews the enrollee's treatment plan.

Discontinued Programs

- Once the MMA program is implemented, some programs that were previously part of the Medicaid program will be discontinued. This includes the following programs:
 - MediPass
 - Prepaid Mental Health Program (PMHP)
 - Prepaid Dental Health Plan (PDHP)

Other Components of MMA: Physician Pay Increase

- Managed care plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services. This efficiency allows plans to redirect resources and increase compensation for physicians.
- Plans achieve this performance standard when physician payment rates equal or exceed Medicare rates for similar services. (Section 409.967 (2)(a), F.S.)
 - The Agency may impose fines or other sanctions including liquidated damages on a plan that fails to meet this performance standard after 2 years of continuous operation.

Other Components of MMA: Achieved Savings Rebate

- The achieved savings rebate program is established to allow for income sharing between the health plan and the state, and is calculated by applying the following income sharing ratios:
 - 100% of income up to and including 5% of revenue shall be retained by the plan.
 - 50% of income above 5% and up to 10% shall be retained by the plan, and the other 50% refunded to the state.
 - 100% of income above 10% of revenue shall be refunded to the state.
- Incentives are included for plans that exceed Agency defined quality measures. Plans that exceed such measures during a reporting period may retain an additional 1% of revenue.

Other Components of MMA: Low Income Pool (LIP)

- The LIP program was initially implemented effective July 1, 2006. The LIP program currently consists of an annual allotment of \$1 billion, funded primarily by intergovernmental transfers from local governments matched by federal funds.
- Payments are made to qualifying Provider Access Systems, including hospitals, federally qualified health centers and county health departments working with community partners.
- The objective of LIP program is to ensure support for the provision of health care services to Medicaid, underinsured and uninsured population.

Florida Statewide Medicaid Managed Care Program Complaint Reporting

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 this 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 issue?

(please describe):

Is assistance requested?

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](#)

Report a Complaint



- If you receive a call or email from someone who has 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

- 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” tab.
 - You may sign up for our mailing list by clicking the red “Program Updates” box on the right hand side of the page.

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Additional Information



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