

# Statewide Medicaid Managed Care (SMMC)

## Managed Medical Assistance (MMA)

### Program

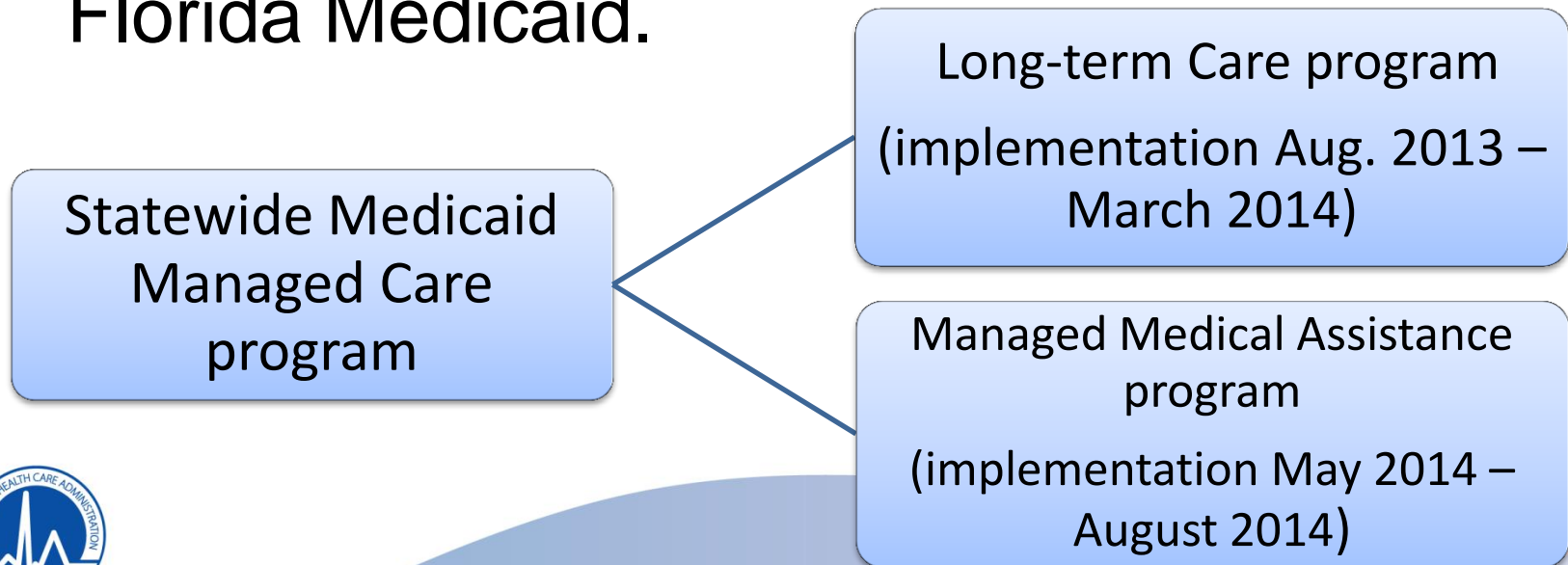
Florida Renal Administrators Association

July 24, 2014



# 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.



# 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)



# 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
  - Individuals eligible and enrolled in the Medically Needy program with a Share of Cost.



# MMA Program

- The following individuals may choose to enroll in the MMA program, but are not required to enroll:
  - 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 and Medicaid recipients waiting for developmental disabilities waiver services.
  - Children receiving services in a prescribed pediatric extended care facility.
  - Medicaid recipients residing in a group home facility licensed under chapter 393.



# The Managed Medical Assistance (MMA) Program

Most Medicaid recipients are required to enroll in the MMA program.

Medicaid recipients who qualify and become enrolled in the MMA program receive medical services from a managed care plan.

- Recipients who have chosen an LTC plan may need to also choose an MMA plan.



# Managed Medical Assistance Services

## (All MMA Plans will provide these 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.

# Children's Medical Services Network

- Enrollment into the Children's Medical Services plan will occur statewide on August 1, 2014.
- Children currently enrolled in Title XXI CMS will transition to Title XIX CMS statewide plan on August 1, 2014, if family income is under 133% of the federal poverty level.



# 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



# 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 begin operation in Regions 10 & 11 on July 1, 2014.**
- **Magellan Complete Care will begin operations in Regions 1, 7, & 9 on August 1, 2014**
- **Magellan Complete Care will begin operation in Regions 2, 4, 5, 6 on September 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**



# 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.



# Which Plans are Comprehensive?

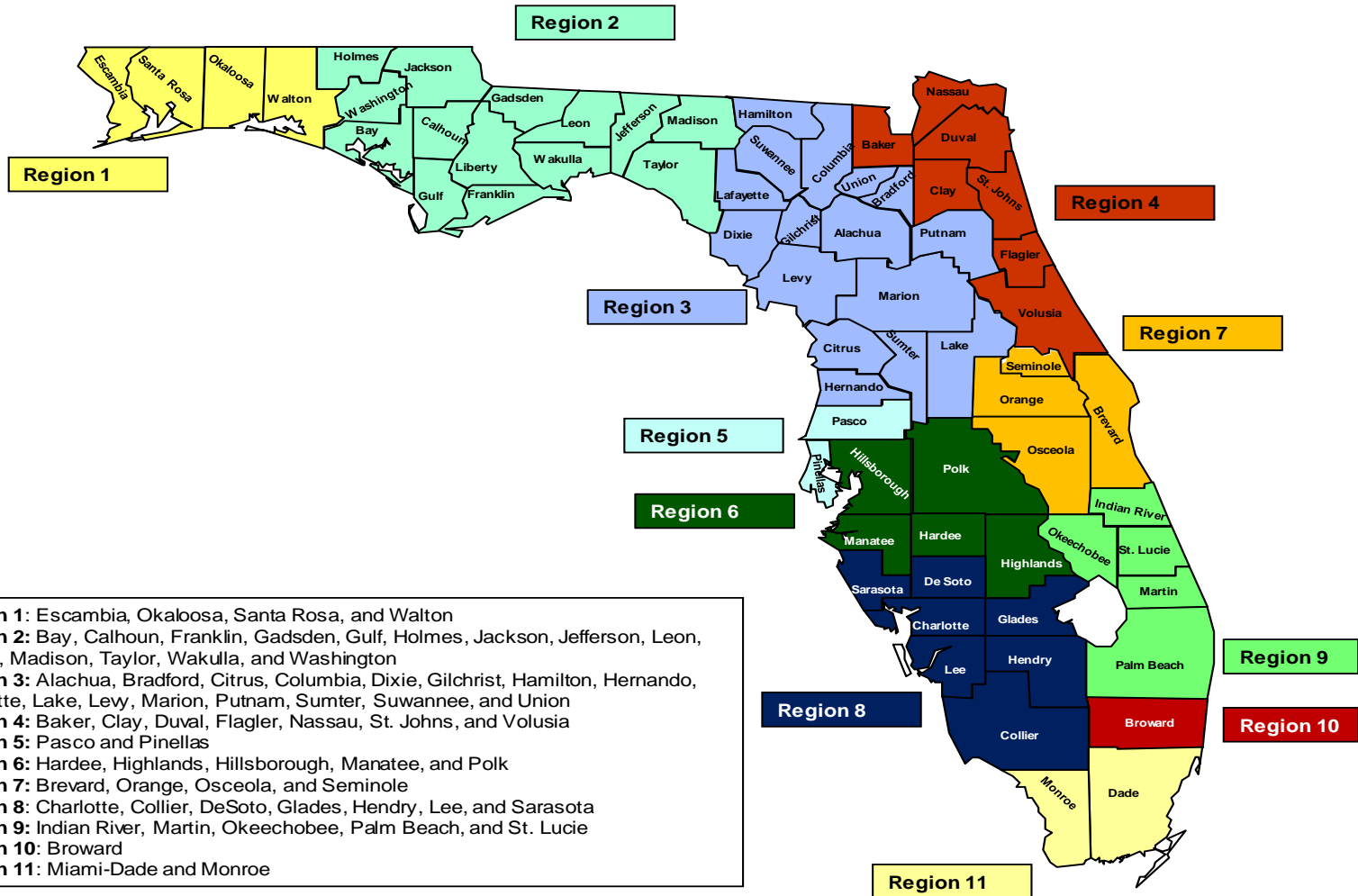
Region	Comprehensive Plans Available
1	None available
2	None available
3	Sunshine, United
4	Sunshine, United
5	Sunshine
6	Sunshine
7	Molina, Sunshine, United
8	Sunshine
9	Sunshine
10	Humana, Sunshine
11	Amerigroup, Coventry, Humana, Molina, Sunshine, United



# Long-term Care Plans by Region

Region	LTC Plans						
	American Eldercare, Inc. (PSN)	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan ("Tango")	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

# 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 Roll Out Schedule

Implementation Schedule		
Regions	Plans	Enrollment Date
2, 3 and 4	<ul style="list-style-type: none"> <li>• Standard Plans</li> <li>• Specialty Plans:               <ul style="list-style-type: none"> <li>○ HIV/AIDS</li> <li>○ Child Welfare</li> </ul> </li> </ul>	May 1, 2014
5, 6 and 8	<ul style="list-style-type: none"> <li>• Standard Plans</li> <li>• Specialty Plans:               <ul style="list-style-type: none"> <li>○ HIV/AIDS</li> <li>○ Child Welfare</li> </ul> </li> </ul>	June 1, 2014
10 and 11	<ul style="list-style-type: none"> <li>• Standard Plans</li> <li>• Specialty Plans:               <ul style="list-style-type: none"> <li>○ HIV/AIDS</li> <li>○ Child Welfare</li> <li>○ Serious Mental Illness</li> </ul> </li> </ul>	July 1, 2014
1, 7 and 9	<ul style="list-style-type: none"> <li>• Standard Plans</li> <li>• Specialty Plans:               <ul style="list-style-type: none"> <li>○ HIV/AIDS</li> <li>○ Child Welfare</li> </ul> </li> </ul>	August 1, 2014
Statewide	<ul style="list-style-type: none"> <li>• Children's Medical Services Network</li> </ul>	August 1, 2014



# 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.



# **Medicare Coinsurance and Deductibles and Crossover Claims**

# Medicare Crossover Claims: Plan Responsibilities

- The Managed Care Plan is responsible for Medicare co-insurance and deductibles for covered services.
- The Managed Care Plan must reimburse providers or enrollees for Medicare deductibles and co-insurance payments made by the providers or enrollees, according to guidelines referenced in the *Florida Medicaid Provider General Handbook*.
- The Managed Care Plan must not deny Medicare crossover claims solely based on the period between the date of service and the date of clean claim submission, unless that period exceeds three years.



# Medicare Crossover Claims: Plan Responsibilities

- Plans are responsible for processing and payment of all Medicare Part A and B coinsurance crossover claims for dates of service from the date of enrollment until the date of disenrollment from the plan.
- Fee-For-Service Medicaid will continue to be responsible for processing and payment of Medicare Part A and B (level of care X) crossover coinsurance claims for dates of service from the date of eligibility until the date of enrollment with the LTC plan.



# Medicare Crossover Claims: Provider Responsibilities

- Medicare crossover claims will not be automatically submitted to the LTC or MMA plans.
- Providers will bill the LTC plans for co-payments due for Medicaid covered LTC services for individuals who are dually eligible for Medicare and Medicaid after receiving the Medicare Explanation of Benefits (EOB) for the co-insurance payments.
- Providers will need to submit the claim to the enrollees' MMA plan in order to be reimbursed for any co-insurance or deductibles.



# Medicare Crossover Claims: Recipient Responsibilities

- Except for patient responsibility for long-term care services, the plan members should have no costs to pay or be reimbursed.



# Will Comprehensive plan cover Medicare services?

- In 2015, recipients enrolled in Medicare Advantage plans will have the ability to choose a comprehensive Medicaid plan where the recipients' Medicare and Medicaid plans are the same entity.
- Medicaid recipients currently enrolled in a Medicare Advantage plan that offers the full set of MMA benefits will not be required to enroll in a Medicaid MMA plan.
  - Please see the Agency's guidance statement about Medicare Advantage plans at:  
[http://ahca.myflorida.com/MEDICAID/statewide\\_mc/pdf/Guidance\\_Statements/SMMC\\_Guidance\\_Statement\\_enrollment\\_in\\_Medicare\\_Advantage\\_Plans.pdf](http://ahca.myflorida.com/MEDICAID/statewide_mc/pdf/Guidance_Statements/SMMC_Guidance_Statement_enrollment_in_Medicare_Advantage_Plans.pdf)





# Continuity of Care



# 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



# How Will Providers Know Whether to Continue Services?

**Providers should keep previously scheduled appointments with recipients during transition**



# 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

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.
- 
- 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 (as described above) before paying the claim.



# How Will Providers Be Paid?

**Providers will receive payment for services provided during the transition.**



# Resources

- This presentation can be found on our SlideShare page at: [bit.ly/LTC\\_MMA](http://bit.ly/LTC_MMA)
- Questions can be emailed to: [FLMedicaidManagedCare@ahca.myflorida.com](mailto:FLMedicaidManagedCare@ahca.myflorida.com)
- Updates about the Statewide Medicaid Managed Care program are posted at: [www.ahca.myflorida.com/SMMC](http://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.



**Florida Medicaid**

SMMC Home **News and Events** Long-term Care Managed Medical Assistance Federal Authorities Archive

## 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.

### Program Overview and Summary

There will be two different components that make up the SMMC program:

- The Florida Long-term Care program and
- The Florida Managed Medical Assistance program.

If you are interested in learning more about these two programs, overviews and summaries may be accessed through the links below.

- [Long-term Care program Snapshot](#) [214KB PDF]
- [Managed Medical Assistance program Snapshot](#) [318KB PDF]
- [Region Map](#) [264KB PDF]

Updates about the Statewide Medicaid Managed Care program will be posted on this website as they become available.

**Program Updates** (circled in red)

**Report a Complaint**

**Submit Comments & Questions**

**Frequently Asked Questions** (circled in red)



[http://apps.ahca.myflorida.com/smmc\\_cirts/](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](#)



## 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

- 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](http://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



# Additional Information



[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)



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