



Florida Medicaid Reform

Choice Counseling and Marketing of Plans Under Reform

***Broward County
May 17, 2006***

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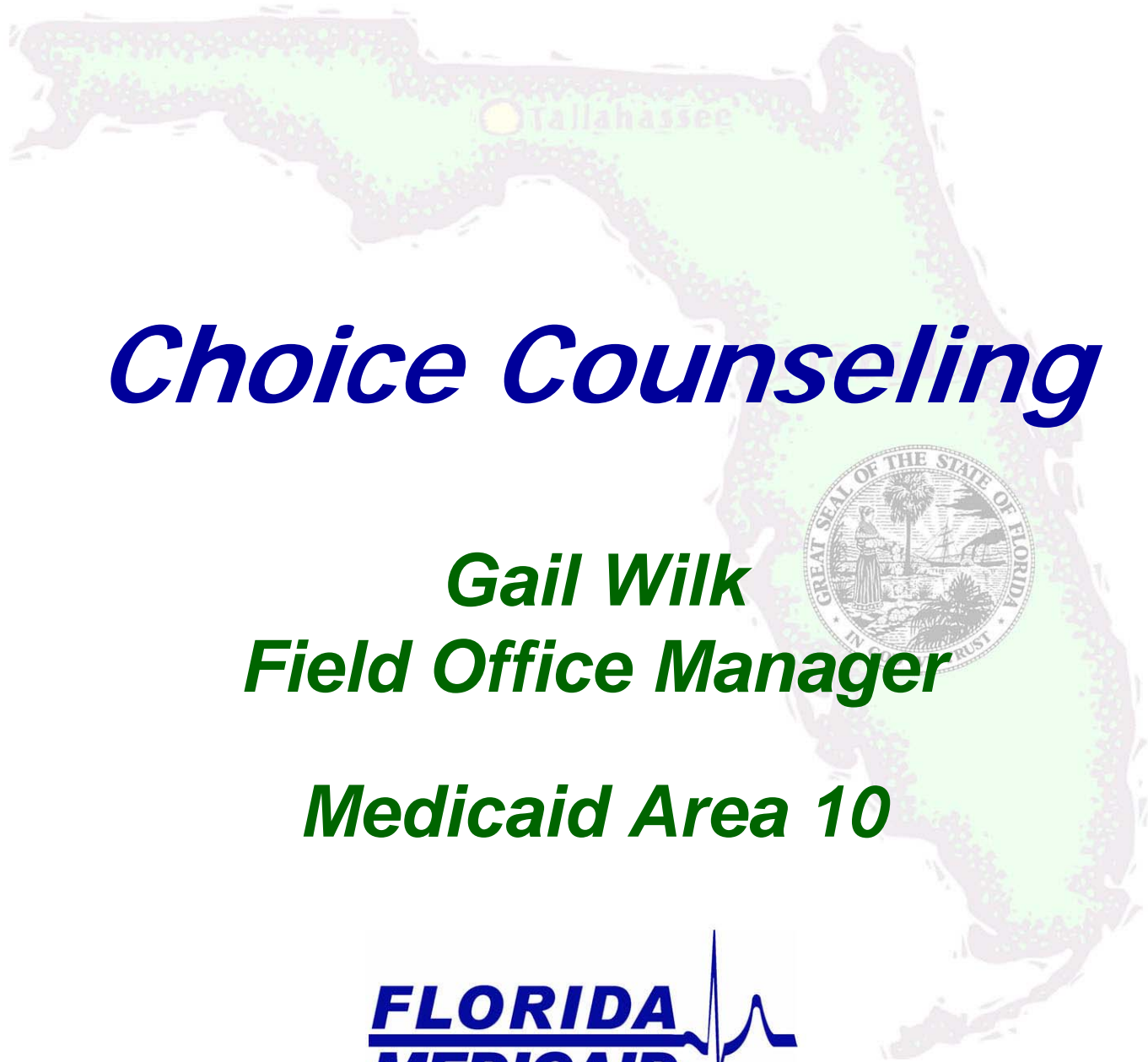


Introductions

Gail Wilk
Field Office Manager

Medicaid Area 10





Choice Counseling

***Gail Wilk
Field Office Manager***

Medicaid Area 10



What Will Change With Reform?

- ❖ *Comprehensive choice counseling.*
- ❖ *Education needs will change:*
 - *Recipients will need to understand differences between benefit packages.*
 - *Information on opting out of a Medicaid plan to employer's insurance.*
- ❖ *New eligibles will receive only emergency services until they enroll or are assigned to a plan.*

Choice Counseling Vendor Requirements

- ❖ *Ensure the choice counseling process and related material are designed to provide counseling through face-to-face interaction, by telephone, and in writing and through other forms of relevant media.*
- ❖ *A system to ensure that there is record of recipient acknowledgement that choice counseling has been provided.*
- ❖ *Contract standards requiring the contractor to hire choice counselors who are representative of the state's diverse population and to train choice counselors in working with culturally diverse populations.*
- ❖ *Promote health literacy and provide information to reduce minority health disparities throughout outreach activities for Medicaid recipients.*

Vendor Procurement

- ❖ *Agency released Invitation to Negotiate on December 28, 2005.*
- ❖ *Deadline for Receipt of Responses February 20, 2006*
- ❖ *Negotiations April 3 - 12, 2006.*
- ❖ *Agency selected Affiliated Computer Services (ACS).*

The ACS/AHCA Vision for Choice Counseling

- ❖ *Comprehensive choice counseling program to assist beneficiaries in making an important choice:*
 - *Strong face-to-face component.*
 - *Involvement of sister agencies and community organizations.*
- ❖ *Several modalities to effectively reach individuals:*
 - *Mail.*
 - *Outbound and inbound calls.*
 - *Group and individual face-to-face sessions.*
 - *Web online enrollments.*

Choice Counseling Material Requirements Under Reform

- ❖ *ACS and the Agency will:*
 - *Provide information to Medicaid recipients for the purpose of selecting a managed care plan.*
 - *Ensure that at a minimum, the recipient is provided with:*
 - *a list and description of the benefits provided.*
 - *information about cost sharing.*
 - *plan performance data, if available.*
 - *an explanation of benefit limitations.*
 - *contact information, including identification of providers participating in the network, geographic locations, and transportation limitations.*
 - *any other information the Agency determines would facilitate a recipient's understanding of the plan or insurance that would best meet his or her needs.*

Status Update

Florida State University Contract

- ❖ *Develop educational and outreach materials:*
 - *Materials to be mailed to recipients.*
 - *Outreach DVDs.*
 - *Other items as needed.*
- ❖ *Focus groups used in development of materials.*
- ❖ *Develop Choice Counselor Certification program.*



Review of Draft Educational Flyer



Marketing of Plans Under Reform

Betty Cettie

Medical Health Care Program Analyst

Bureau of Managed Health Care

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Marketing Under Reform

- ❖ *The general provisions for marketing have not changed in the transition from non-reform to reform.*
- ❖ *They are mentioned in Section IV B of the prepaid contract and Section IV B of the PSN FFS contract.*

Marketing Definitions

Marketing — Any activity or communication conducted by or on behalf of any Health Plan to a Medicaid Recipient who is not Enrolled with the Health Plan, that can **reasonably be interpreted as intended to influence** the Medicaid Recipient to enroll in the particular Health Plan, or either to not enroll in, or disenroll from, another Health Plan.

Marketing Definitions (continued)

Cold Call Marketing — Any **unsolicited personal contact** (person to person, telephone, mail, e-mail) with a Medicaid Recipient by the Health Plan, its staff, its volunteers or its vendors with the purpose of influencing the Medicaid Recipient to enroll in the Health Plan or either to not enroll in, or disenroll from, another Health Plan.

Market Area — The geographic area in which the Health Plan is authorized to market and/or conduct pre-enrollment activities.

Marketing Definitions (continued)

Marketing Representative — *A person who provides information, pre-enrollment assistance, or otherwise promotes a Health Plan. Marketing Representatives shall be limited to licensed insurance agents.*

Pre-Enrollment — *The provision of Marketing and educational materials to a Medicaid Recipient and assistance in completing the Request for Benefit Information (RBI).*

Marketing Definitions (continued)

Health Fair — An event conducted in a setting that is open to the public or segment of the public (such as the "elderly" or "schoolchildren") during which information about health-care services, facilities, research, preventative techniques or other health-care subjects is disseminated. At least two (2) health-related organizations that are not affiliated under common ownership must actively participate in the Health Fair.

Consequences of Marketing Violations

- ❖ *Plans in violation of this provision will be fined, proportionate to the offense.*
- ❖ *Refer to the Medicaid HMO Contract.*
- ❖ *Refer to the Florida Statutes.*
- ❖ *Refer to HMO Rule 59A-12.0073 HMO and PHC Penalty Categories.*

Marketing Provisions

- ❖ *For each new Contract period, **the Health Plan shall submit to the Agency** for written approval, pursuant to section 409.912, F.S., its Marketing plan and all **Marketing and pre-Enrollment materials** no later than **sixty (60) Calendar Days** prior to **Contract invitation or renewal**.*
- ❖ *The Marketing materials shall be distributed in the Health Plan's entire Service Area in accordance with 42 CFR 438.104.*

Marketing Provisions (continued)

- ❖ *Marketing materials include, but are not limited to:*
 - *all solicitation materials,*
 - *forms,*
 - *brochures,*
 - *fact sheets,*
 - *posters,*
 - *lectures,*
 - *ad copy for radio or television,*
 - *Medicaid recruitment materials and presentations, and*
 - *Request for Benefit Information forms (previously known as pre-enrollment applications).*

Examples of Prohibited Activities

- ❖ *Overly aggressive solicitation, such as repeated telephoning.*
- ❖ *Granting or offering of any monetary or other valuable consideration for Enrollment.*
- ❖ *Enlisting the assistance of any employee, officer, elected official or agent of the State.*

Example of Permitted Activities

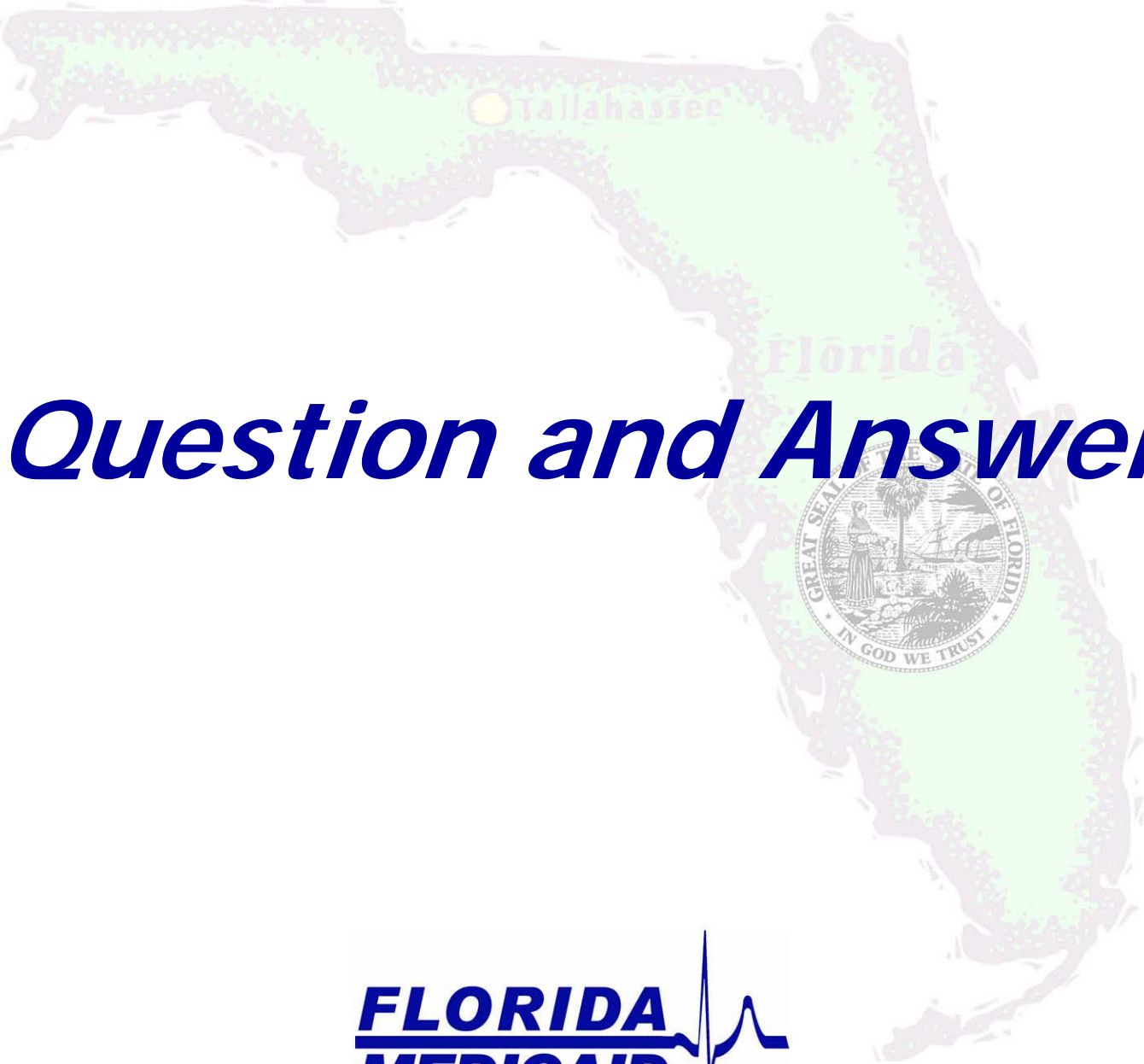
- ❖ *Leave Agency approved referral cards in Provider offices, at Public Events and Health Fairs.*

Marketing Approval Process

- ❖ *The Health Plan shall submit a detailed description of its Marketing plan and copies of all Marketing materials, the Health Plan or its Subcontractors plan to distribute, to the Agency for prior approval.*
- ❖ ***A Health Plan shall submit its bi-monthly Marketing schedule to the Agency, two (2) weeks in advance of each month.***
- ❖ *The Agency will **approve or deny** the Health Plan's Marketing requests no later than **five (5) Business Days** from receipt of the of marketing requests.*
- ❖ *The Health Plan shall use the standard, or **new**, Agency format.*

Other Marketing Provisions

- ❖ *The Health Plan shall ensure its health care Providers comply with the Marketing requirements .*
- ❖ *The Health Plan shall not Subcontract with any brokerage firm or independent agent for purposes of Marketing.*
- ❖ *The Health Plan shall register each Marketing Representative with the Agency on or within two (2) business days of their appointment date.*
- ❖ *The Health Plan shall refer Potential Enrollees interested in enrolling in the Health Plan to the Choice Counselor/Enrollment Broker.*



Question and Answer

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