



# ***Florida's Medicaid Reform***

## ***Health Plan Follow Up Workshop Broward***

***November 3, 2006  
9:00 am – 12:00 noon***

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# *Introductions*

***Gail Wilk***  
***Field Office Manager***  
***Medicaid Area 10***





# *Medicaid Reform Update*

***Thomas W. Arnold***  
***Deputy Secretary for Medicaid***



# *Medicaid Reform*

- ❖ *April – November 2004: Stakeholder meetings and Provider workshops.*
- ❖ *May 2005: Reform authorized by Florida Legislature in SB 838.*
- ❖ *October 2005: Waiver request approved by CMS.*
- ❖ *December 2005: Approved by the Legislature.*
- ❖ *July 2006: Choice counseling hotline available for beneficiaries in Broward and Duval Counties.*
- ❖ *September 2006: Enrollment began for Broward and Duval Counties.*
- ❖ *November 2006: Approximately 90,000 beneficiaries participating in Reform.*

# *Health Plan Choices:*

## *Current Reform Plans*

### *❖ HMOs in Broward County:*

- AMERIGROUP.*
- Buena Vista.*
- HealthEase.*
- Humana.*
- Preferred Medical Plan.*
- Staywell.*
- Total Health Choice.*
- UnitedHealthcare.*
- Vista Healthplan of South Florida.*

### *❖ PSNs in Broward County:*

- Florida NetPass.*
- Pediatric Associates.*
- Access Health Solutions.*
- South Florida Community Care Network.*

# *Health Plan Choices:*

## *Current Reform Plans*

### ❖ *HMOs Duval County:*

- *HealthEase.*
- *UnitedHealthcare.*
- *Staywell.*

### ❖ *PSNs in Duval County:*

- *Access Health Solutions.*
- *Shands Jacksonville d/b/a First Coast Advantage.*



# *Enrollment in Reform Plans*

- ❖ *Beneficiaries enrolled in Reform Plans:*
  - *7,604 beginning September 1, 2006;*
  - *39,916 beginning October 1, 2006;*
  - *Approximately 40,000 beginning November 1, 2006.*
- ❖ *Approximately 90,000 beneficiaries now enrolled in reform plans.*
- ❖ *Enrollment by County as of November 1, 2006:*
  - *Approximately 53,000 in Broward County.*
  - *Approximately 37,000 in Duval County.*

## *Enrollment in Reform Plans*

- ❖ *Anticipated total enrollment of approximately 210,000 beneficiaries in Broward and Duval Counties.*
- ❖ *Eligible beneficiaries not yet enrolled in a Reform plan will be phased in by April 1, 2007.*
- ❖ *Enrollment of new eligibles monthly thereafter.*



# *The Opt Out Program*

- ❖ *Major employers of Medicaid beneficiaries have been identified.*
- ❖ *The Agency worked with these employers requesting they partner with the Agency to help ensure a successful Opt Out Program.*
- ❖ *The Opt Out program has the potential to build stronger employer/employee relationships.*
- ❖ *Program is up and running.*
- ❖ *Beneficiaries have selected the Opt-Out option.*

# *Risk Adjustment*

- ❖ *Effective September 1, 2006, the Agency began risk adjusting plan premiums in accordance with Statute.*
- ❖ *Risk Adjusted Rates are being paid to Reform plans now.*
- ❖ *The Agency is initially using the Medicaid Rx model to risk adjust rates.*
- ❖ *Monthly risk adjusted premiums are generated based on individuals enrolled in Reform Plans.*

## *Risk Adjusted Rates*

- ❖ *Individual risk scores are updated quarterly using new pharmaceutical information received quarterly from FFS claims and encounters.*
- ❖ *For October and November 2006, the risk adjustment measurement period is CY 2005 (January 1, 2005 – December 31, 2005) paid through March 2006.*
- ❖ *For December 2006, the period will be April 1, 2005 – March 31, 2006, paid through June 2006.*
- ❖ *Rates are available on the Agency's website:*

**[http://ahca.myflorida.com/Medicaid/medicaid\\_reform/provider/reform\\_rates\\_070106.pdf](http://ahca.myflorida.com/Medicaid/medicaid_reform/provider/reform_rates_070106.pdf)**

# *How to Improve*

## **Medicaid:**

- ❖ *Timeliness and Detail of Enrollment Reports.*
- ❖ *Identification of Reform Enrollees through MEVS.*
- ❖ *Timeliness of Payments.*

## **Health Plans:**

- ❖ *Customer Service/ Plan Benefits.*
- ❖ *Transitional Coverage.*
- ❖ *Communication with Non-Participating Providers.*



# *Florida Medicaid Reform Choice Counseling*

**Scott Ettaro**  
**Outreach Manager, ACS**



# *ACS Call Center Activities*

## *July 24 – October 19, 2006*

- ❖ *51,163 Inbound calls.*
- ❖ *13,473 Outbound calls.*
- ❖ *Average talk time 8.2 minutes.*
- ❖ *844 calls abandoned.*
- ❖ *No calls blocked.*
- ❖ *Average time in queue was 126.1 seconds.*



# *Voluntary Enrollment Rates (October 1 effective date)*

- ❖ *New Eligibles:*
  - *68 percent made a voluntary choice.*
  - *Contract standard was 65 percent.*
- ❖ *Uncommitted MediPass:*
  - *78 percent made a voluntary choice.*

# *Reasons for Choice*

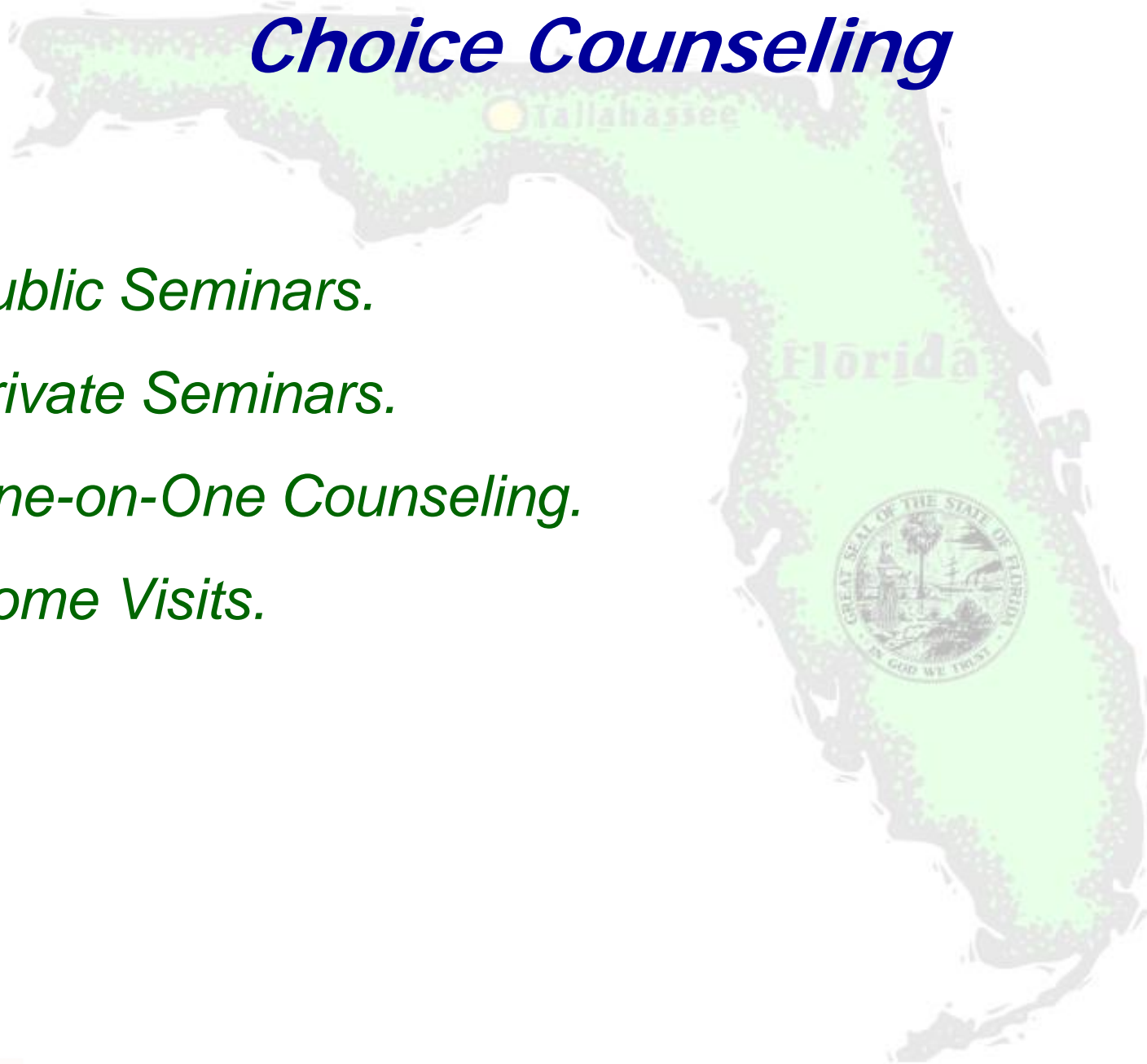
- ❖ *Tracked the top 4 reasons for choice.*
- ❖ *The percentage of calls by reason:*
  - *Provider: 65.6%.*
  - *Co-Pay: 16.5%.*
  - *Hospital: 6.6%.*
  - *Pharmacy Benefit: 11.2%.*

# *Beneficiary Focus Groups*

- ❖ *Purpose:*
  - *To allow beneficiaries who have accessed Choice Counseling to provide feedback on their experience.*
- ❖ *When:*
  - *October 17 in Duval County.*
  - *October 26 in Broward County.*
- ❖ *Topics Covered:*
  - *Materials.*
  - *Choice Counseling Experience.*
  - *Information Provided.*
  - *Provider Selection.*
  - *Benefit Package Information.*
  - *Information Choice Counselor could not provide.*

# *Choice Counseling*

- ❖ *Public Seminars.*
- ❖ *Private Seminars.*
- ❖ *One-on-One Counseling.*
- ❖ *Home Visits.*



# *Choice Counseling*

## ❖ *ACS Field Activities July 24 - September 30, 2006:*

- Group Sessions* 816
- Private and One on One Sessions* 205

# *Outreach Activities*

- ❖ *Field visits to beneficiaries without phone service.*
- ❖ *Telephone follow up with beneficiaries who have received a mandatory plan assignment to ensure they are aware of their option to choose.*
- ❖ *Participation in Health Fairs.*
- ❖ *Media campaign.*
- ❖ *Flyer Distribution.*



# *Community Based Organizations*

- ❖ *Choice Counselors are presently involved with the following Community Based Organizations in Broward County providing ongoing counseling and enrollment services:*
  - *Minority Development and Empowerment Inc.*
  - *Hope Outreach Center.*
  - *Susan B. Anthony Recovery Center.*
  - *South Regional Family Success Center.*
  - *Mt. Olive Development Corp.*
  - *Henderson Mental Health.*
  - *Family Success Refugee Services Center.*

# *Ongoing Weekly Counseling*

- ❖ *Regularly Scheduled weekly sessions with Choice Counselors are held in Broward County:*
  - *Sunshine Health Center.*
  - *Broward Community and Family Health Center.*
  - *7<sup>th</sup> Avenue Family Health Center.*
  - *Department of Children & Families: Sheridan Street.*
  - *Department of Children & Families: Plantation.*
  - *Memorial Primary Care.*
  - *Coast to Coast Legal Aid.*

Tallahassee

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# ***Enhanced Benefits Account Program***

***Michele Hudson  
SMA Supervisor***

# *Enhanced Benefits Account Program*

- ❖ *The program began September 1, 2006.*
- ❖ ***Goal:** To promote healthy lifestyles and improves outcomes.*
- ❖ *Beneficiaries will be rewarded for participation in Healthy Behaviors.*
- ❖ *Healthy Behaviors that lead to positive outcomes and better health will be rewarded.*
- ❖ *Beneficiaries may earn up to a maximum of \$125 per year in “credit dollars.”*
- ❖ *“Credit dollars” may be used to purchase health related OTC products and supplies.*
- ❖ *The current Medicaid Gold card can be used to access the accounts and may be used at **any Medicaid participating pharmacy.***

# *Enhanced Benefits Account Program: Communication*

- ❖ *Welcome packet including an introductory letter, Brochure and copy of EB Universal Form sent to all beneficiaries at time of enrollment.*
- ❖ *Information available through the Area Offices and the Enhanced Benefits Call Center.*
- ❖ *First “credits” reported by Plans October 10, 2006.*
- ❖ *First account “statements” sent to beneficiaries (who have reported approved healthy behaviors) November 6, 2006.*



# *Enhanced Benefits Account Program: Who is eligible*

- ❖ *Everyone enrolled in a Florida Medicaid Reform Health Plan is eligible to earn and use credits in the Enhanced Benefits Program.*
- ❖ *There is no application process.*

# *Enhanced Benefits Account Program: Providers*

- ❖ *Letter sent to all Medicaid pharmacy providers in Broward and Duval on October 5, 2006.*
- ❖ *Outreach to encourage provider participation is ongoing.*
- ❖ *Pharmacy training conducted and training information available on Medicaid Reform web site.*
- ❖ *On-site pharmacy provider training to begin the first week of November.*
- ❖ *Additional Materials Available on Reform website:*
  - *Procedural Terminology and Benefits Codes.*
  - *Frequently Asked Questions.*
  - *Approved Healthy Behaviors listing with Credit Amount.*
  - *Health Related Supplies/Items to be purchased with Enhanced Benefits Credit.*

# *Enhanced Benefits Account Program: How do Beneficiaries earn credits?*

- ❖ *Earn credits by taking part in approved Healthy Behaviors.*
- ❖ *Healthy behaviors may be offered by:*
  - *Reform Health Plan,*
  - *Community center,*
  - *Other not-for-profit organization.*
- ❖ *Participation recorded in two ways:*
  - *For approved Healthy Behaviors provided by the health plan, the health plan reports the participation on a monthly report to the Agency.*
  - *For approved Healthy Behaviors not provided by the health plan, the beneficiary submits an Enhanced Benefits Universal Form to their health plan. The health plan reports the participation on a monthly report to the Agency.*

# *Enhanced Benefits Account Program: How do Beneficiaries earn credits?*

- ❖ *Beneficiary may chose to participate in structured programs in their community that provide access to an approved healthy behavior.*
- ❖ *“Structured program” is any program with defined goals and/or milestones that is located in a facility that is accessible to the public that provides information, guidance, and/or assistance for specific behaviors.*

# *Enhanced Benefits Account Program: Credit Process:*

- ❖ *The Enhanced Benefits program will be administered by the Agency, with cooperation with the health plans.*
- ❖ *The health plans are required to submit a monthly report to the Agency identifying all members of the plan that met the criteria for a healthy behavior for the reporting period.*
- ❖ *The report is due by the 10th of each month.*
- ❖ *The reporting period is based on paid claims with corresponding procedure codes.*



# *Enhanced Benefits Account Program: Credit Process (continued):*

- ❖ Once the report is received by the Agency, the process to credit the account begins.*
- ❖ Communication regarding Error reports will be provided to the health plan by the Agency.*
- ❖ A Enhanced Benefits Universal Form may be submitted to document participation in an approved healthy behavior that is not tracked through the health plan claims database.*



# *Enhanced Benefits Account Program: Credit Process (continued):*

- ❖ *A time delay of 60-90 days between the completion of an approved healthy behavior and the crediting of the account is anticipated. This delay is based on the following schedule example:*
  - *September 1: Participation in approved healthy behavior occurs.*
  - *September 25: Health plan pays the claim for the behaviors completed on August 1 - (25 days).*
  - *October 10: Health plan submits report to the Agency for all paid claims for September and the Agency begins the credit process - (40 days).*

# *Enhanced Benefits Account Program: Credit Process (continued):*

- ❖ *Example of schedule for delays (continued):*
  - *October 31, 2006: Agency submits request for all approved credits to be posted to individual accounts - (61 days).*
  - *November 1, 2006: Accounts are credited and balances are available for use. Statements are mailed to beneficiaries that earned a credit that month - (62 days).*
    - *If a claim is not paid during the month of completion the delay will go beyond the 62 day example provided above.*

## Florida Medicaid Reform Enhanced Benefits Universal Form

### Instructions

- Step 1: Participate in an approved healthy behavior listed below.  
 Step 2: Fill in all areas of this form and sign.  
 Step 3: If the healthy behavior has a line under it, write the name of the behavior that has taken place.  
 Step 4: Have this form signed by the provider/sponsor of the healthy behavior.  
 Step 5: Mail or fax the completed and signed form to your health plan. See contact list on page 2.

# Enhanced Benefits Accounts Program: E.B. Universal Form

Beneficiary's Florida Medicaid ID#	or	Beneficiary's Health Plan ID#
Beneficiary's Last Name		Date of Birth (mm/dd/yyyy)
Beneficiary's First Name		
Beneficiary's Address	City	State Zip

**Healthy Behavior Participation: (please check single behavior) Only one "Behavior" will be processed for each form completed.**

- |   |   |
|---|---|
| <input type="checkbox"/> Congestive Heart Failure Disease Management Program (EB 001) | <input type="checkbox"/> Alcoholic Treatment Program 6 Month Success (EB 109) |
| <input type="checkbox"/> Diabetes Disease Management Program (EB 002)                 | <input type="checkbox"/> Narcotic Treatment Program (EB 010)                  |
| <input type="checkbox"/> Asthma Disease Management Program (EB 003)                   | <input type="checkbox"/> Narcotic Treatment Program 6 Month Success (EB 110)  |
| <input type="checkbox"/> HIV/AIDS Disease Management Program (EB 004)                 | <input type="checkbox"/> Smoking Cessation (EB 011)                           |
| <input type="checkbox"/> Hypertension Disease Management Program (EB 005)             | <input type="checkbox"/> Smoking Cessation 6 Month Success (EB 111)           |
| <input type="checkbox"/> Other Disease Management Program (EB 006)                    | <input type="checkbox"/> Exercise Program (EB 012)                            |
| <input type="checkbox"/> Flu Shot (EB 007)  | <input type="checkbox"/> Exercise Program 6 Month Success (EB 112)            |
| <input type="checkbox"/> Adult Dental Cleaning (preventive services) (EB 008)         | <input type="checkbox"/> Weight Management (EB 013)                           |
| <input type="checkbox"/> Alcoholic Treatment Program (EB 009)                         | <input type="checkbox"/> Weight Management 6 Month Success (EB 113)           |

Medicaid Beneficiary Signature \_\_\_\_\_ Date \_\_\_\_\_

**Provider/Sponsor Information**

Date(s) of Participation: Start Date _____	End Date _____
Name _____	Organization Name _____
Phone # _____	Address _____
Signature _____	_____

**Provider/Sponsor and Beneficiary Certification:**

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that if I give information that is not true or if I withhold information I can be lawfully punished for fraud. I understand that the information will be kept confidential in accordance with Florida and federal law.

**For Plan Use Only**

Date Received: _____	Complete Form: _____
Incomplete Form: _____	Notified if Incomplete: _____

# *Enhanced Benefits Account Program: Universal Form*

- ❖ *The Enhanced Benefits Universal Form will be mailed by the Agency to Reform plan enrollees in their Enhanced Benefits Welcome Packet.*
  - *The Form is also available on the Medicaid Reform Website.*
- ❖ *The health plan is responsible for collecting and submitting the data on the Enhanced Benefits Universal Form to the Agency.*
- ❖ *The health plan is responsible for checking the form for completeness, including valid Medicaid Enrollee ID number and signatures.*
  - *Enhanced Benefits Universal Forms must be maintained by health plans for a period of 5 years.*

# *Enhanced Benefits Account Program: Approved Healthy Behaviors and Credits*

Children: Behavior Name	Credit Amount Per Occurrence	Annual Occurrence Limit	Reporting Process
Childhood dental exam	\$ 25.00	2	Claims Data
Childhood vision exam	\$ 25.00	1	Claims Data
Childhood preventive care (age-appropriate screenings and immunizations)	\$ 25.00	Any combination, up to 5	Claims Data
Childhood wellness visit	\$ 25.00		
Keeps all primary care appointments	\$ 25.00		

Adults: Behavior Name	Credit Amount Per Occurrence	Annual Occurrence Limit	Reporting Process
Keeps all primary care appointments	\$ 15.00	2	Claims Data
Mammogram	\$ 25.00	1	Claims Data
PAP Smear	\$ 25.00	1	Claims Data
Colorectal Screening	\$ 25.00	1	Claims Data
Adult Vision Exam	\$ 25.00	1	Claims Data
Adult Dental Exam	\$ 15.00	2	Claims Data or Universal Form



# *Enhanced Benefits Account Program: Approved Healthy Behaviors and Credits*

<b>ALL: Behavior Name</b>	<b>Credit Amount Per Occurrence</b>	<b>Annual Occurrence Limit</b>	<b>Reporting Process</b>
Disease management participation	\$ 25.00	1	Universal Form
Alcohol and/or drug treatment program participation	\$25.00	1	Universal Form
Alcohol and/or drug treatment program 6 month success	\$15.00	2	Universal Form
Smoking cessation program participation	\$25.00	1	Universal Form
Smoking cessation program 6 month success	\$15.00	2	Universal Form
Weight loss program participation	\$25.00	1	Universal Form
Weight loss program 6 month success	\$15.00	2	Universal Form
Exercise program participation	\$25.00	1	Universal Form
Exercise program 6 month success	\$15.00	2	Universal Form
Flu Shot when recommended by physician	\$25.00	1	Claims Data or Universal Form
Compliance with prescribed maintenance medications	\$7.50	4	Claims Data



# *Enhanced Benefits Account Program: Approved Health Related Products and Supplies*

<b>Category</b>	<b>Examples</b>
Analgesics/anti-inflammatory agents	Advil, Aspirin
Cough and Cold OTC	Cough and Cold Medications that do not require a prescription
Cough and Cold by Rx only	Cough and Cold Medications that require a prescription and are not covered by Medicaid
Ear	Debrox, Ear drops, Nurine ear drops
Eye	Visine, Refresh, Tears Naturale
First Aid Products	Bandages, braces, ointments
Gastrointestinal	Antacids, Pepto-Bismol, Prilosec OTC
Laxatives	Phillip's Milk of Magnesia, Metamucil Fiber Wafer
Nose	Simple Saline, Sinus Nasal Spray
Orthopedic aids	Arthritis Relief Gloves, Arch Supports, Heating Pad
Topical	Sunscreens, medicated shampoos, lotion
Topical Antifungal	Clotrimazole, Desenex, Lamisil
Topical Vaginal	Summers Eve Cream, Vagasil
Vitamin	Vitamin A, Vitamin B, Vitamin C, Multi-vitamin tablet(s), Stress B tablet(s)
Dental Supplies	Toothpaste, Tooth brushes, Mouthwash, Floss, etc.

## *Enhanced Benefits Call Center:*

- ❖ *An Enhanced Benefit Call Center will be operational November 1, 2006.*
- ❖ *The call center will be able to provide the following information:*
  - *General information about the program.*
  - *Send out brochures and universal forms.*
  - *List of approved healthy behaviors.*
  - *List of approved products available for purchase under the program.*
  - *Specific account information, including balance and recent transactions.*

# *Enhanced Benefits Call Center:*

## ❖ *Contact Information:*

- *Beneficiaries may contact the call center at:*

**1-866-421-8474**

- *Or visit the Medicaid Reform Website at:*

[http://ahca.myflorida.com/Medicaid/medicaid\\_reform/index.shtml](http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml)



# *Florida's Medicaid Reform*

## *Questions and Answers*

