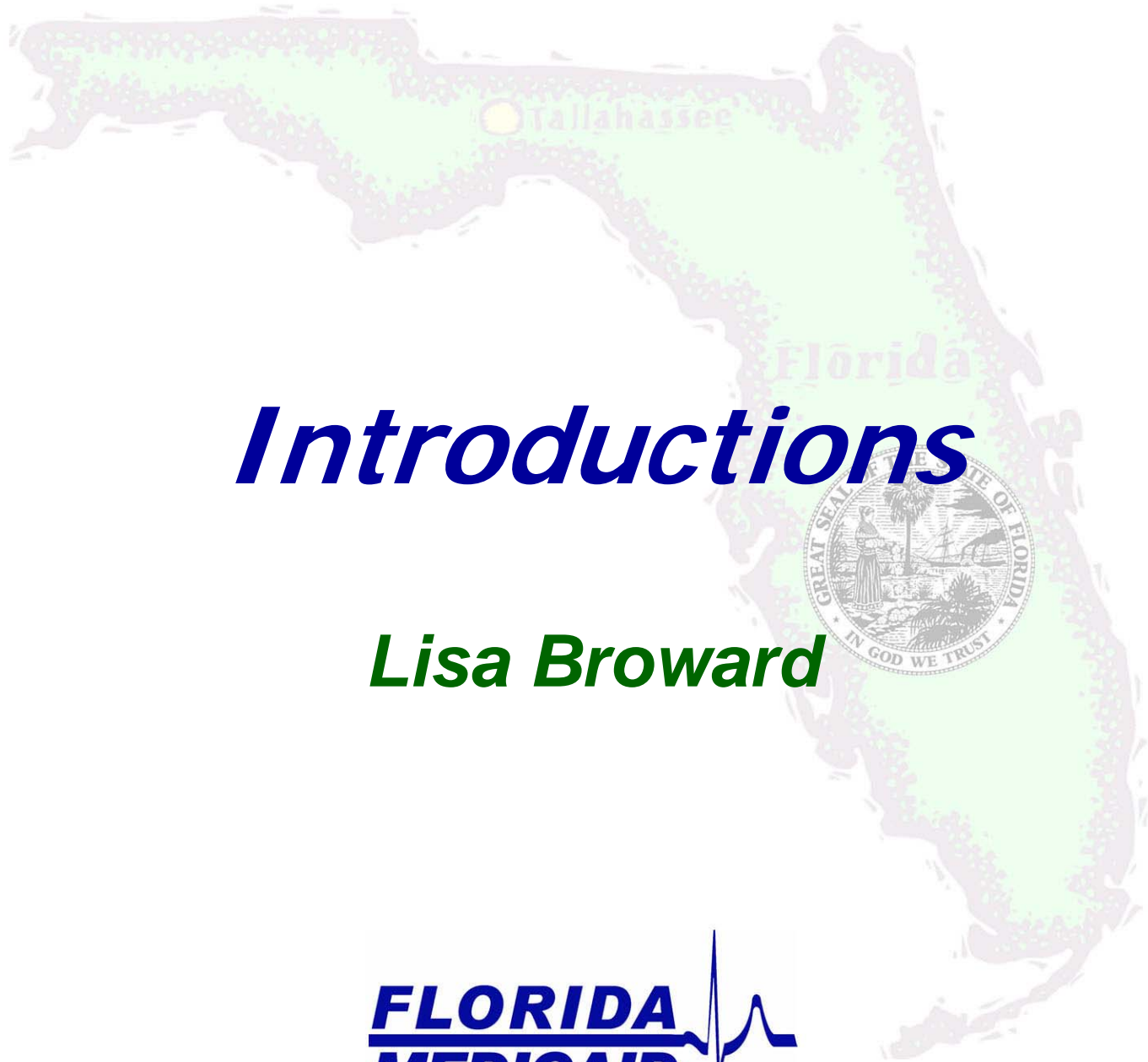




***Florida MediPass
Provider Workshop***

***Duval County
April 4, 2006***

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Introductions

Lisa Broward

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Medicaid Reform Overview

Lisa Broward



What Medicaid Reform Is

- ❖ *Increased access to appropriate care.*
- ❖ *Benefits that better meet recipients' needs.*
- ❖ *Access to services not traditionally covered by Medicaid.*
- ❖ *An opportunity to provide choice and control to recipients in regard to health care decisions.*
- ❖ *Ability to earn credit to pay for non-covered services.*
- ❖ *Bridge to private insurance.*

What Medicaid Reform is Not

- ❖ *Reform will NOT change who receives Medicaid.*
- ❖ *Eligibility does NOT change.*
- ❖ *Reform will NOT “cut” the Medicaid budget. The budget will continue to grow each year.*
- ❖ *Reform is NOT connected with Medicare Part D.*
- ❖ *The state will NOT limit medically necessary services for pregnant women or children.*
- ❖ *The state has NOT asked to waive Early and Periodic Screening Diagnosis and Treatment (EPSDT) for children.*
- ❖ *The state will NOT increase cost sharing requirements.*

Key Elements of Reform

- ❖ *New Options/Choice:*
 - *Customized Plans.*
 - *Opt-Out.*
 - *Enhanced Benefits.*
- ❖ *Financing:*
 - *Premium Based.*
 - *Risk-Adjusted Premium.*
 - *Comprehensive and Catastrophic Component.*
- ❖ *Delivery System:*
 - *Coordinated Systems of Care (PSN and HMOs):*
 - *HMOs are capitated.*
 - *PSNs may be Fee-for-Service (FFS) up to three years, then capitated or may be capitated from day one.*

What Will Change With Reform?

- ❖ *Comprehensive choice counseling.*
- ❖ *Education needs will dramatically change:*
 - *Recipients will need to understand differences between benefit packages plans may offer.*
 - *New requirements on information provided.*
 - *Information on opting out of a Medicaid plan.*
- ❖ *New recipients will receive only emergency services until they choose, or are assigned to, a plan.*
- ❖ *Plans may vary amount, duration and scope of certain services for non-pregnant adults.*

Types of Reform Plans: FFS vs. Capitated

- ❖ *What are going to be the different types of managed care organizations participating in reform?*
 - *Provider Service Network (PSN)*
 - *Fee-for-Service (FFS) PSN*
 - *Capitated PSN*
 - *Health Maintenance Organizations (HMO)*
 - *Other licensed insurers.*

Customized Benefit Packages Plan Design Guidelines

- ❖ *Levels of amount, scope and duration flexibility:*
 - *Certain services must be provided at or above current coverage levels.*
 - *Other services must be provided to meet sufficiency standards for the population.*
 - *Remaining services must be offered, but amount, scope and duration are flexible.*
- ❖ *Reform plans can enhance any service above current levels.*
- ❖ *Reform plans can add services not currently covered.*

Customized Benefit Packages Plan Design Guidelines (continued)

❖ Required at least to current limits:

- Physician and physician extender services.*
- Hospital inpatient care.*
- Emergency care.*
- EPSDT and other services to children.*
- Maternity care and other services to pregnant women.*
- Transplant services.*
- Medical/drug therapies (chemo, dialysis).*
- Family planning.*
- Outpatient surgery.*
- Laboratory and radiology.*
- Transportation (emergent and non-emergent).*
- Outpatient mental health services.*

Customized Benefit Packages Plan Design Guidelines (continued)

- ❖ *Required and tested for sufficiency:*
 - *Hospital outpatient services.*
 - *Durable medical equipment.*
 - *Home health care.*
 - *Prescription drugs.*

Customized Benefit Packages

Plan Design Guidelines (continued)

- ❖ *Required to be offered, but amount, scope and duration are flexible:*
 - *Chiropractic care.*
 - *Podiatry.*
 - *Outpatient therapy.*
 - *Adult dental services.*
 - *Adult vision services.*
 - *Adult hearing services.*

Customized Benefit Packages

Goals



- ❖ *Goals for Medicaid Eligible Individuals:*
 - *Variety of plan choices.*
 - *Ability to select a plan that best meets their needs.*
 - *Greater engagement in health care decisions.*



Provider Enrollment

Tracy Hurd



Enrollment Options

- ❖ *Plan choice.*
- ❖ *Participation in multiple networks.*
- ❖ *Not locked into a plan.*

Things to Think About When Considering Joining a Plan Network

- ❖ *Benefit Packages Offered:*
 - *Case management services.*
 - *Disease specific education programs.*
- ❖ *Matching Clientele:*
 - *Plan's benefits match the needs of your patients.*
- ❖ *Management Responsibilities:*
 - *Be familiar with the requirements of the contract.*

Things to Think About When Considering Joining a Plan Network

(continued)

- ❖ *Payment to providers:*
 - *Be familiar with payment structures in the contract.*
 - *Capitated:*
 - *Negotiated pricing with the contractor.*
 - *PSN Fee-for-Service (FFS):*
 - *Convert to capitated plan no later than fourth year of operation.*
 - *Regular Medicaid FFS rate.*

Things to Think About When Considering Joining a Plan Network

(continued)

- ❖ *All providers are encouraged to join a plan.*
 - *When Medicaid reform begins on July 1, providers will need to be enrolled in a reform plan to be able to continue to provide reform covered services to beneficiaries who are enrolled in a reform plan.*



Patient Enrollment

Tracy Hurd



Patient Enrollment

- ❖ *Process of transitioning recipients to reform plans.*
 - *Based on recipient choice.*
 - *If the plan converts to a reform plan.*
 - *Required to enroll at re-determination date or open enrollment period.*
- ❖ *May be required to enroll sooner if:*
 - *Recipient is currently enrolled with a Medicaid managed care organization that converts to an approved reform plan.*
 - *If the recipient's MediPass doctor joins a PSN.*
- ❖ *May also join a reform plan prior to the required re-determination date.*

Mandatory Population

(Current Managed Care Eligibles)

- ❖ *Beginning on July 1, 2006 in Duval and Broward Counties:*
 - *Temporary Assistance for Needy Families (TANF).*
 - *TANF-Related Group:*
 - *Low income single parent families.*
 - *Low income families with a disabled or unemployed parent.*
 - *Aged and Disabled (non dually eligible).*
 - *Specialty Populations*
 - *Children with Chronic Conditions.*
 - *HIV / AIDS Patients (Capitated Plans).*

Voluntary Populations

- ❖ *The following individuals, eligible under the groups below, will be excluded from mandatory participation during the initial phase:*
 - *Foster care children.*
 - *Individuals diagnosed with developmental disabilities.*
 - *Pregnant women with incomes above the TANF poverty level.*
 - *Individuals with Medicare coverage (dually eligible).*

Who's Enrolled?

- ❖ *Who may continue to be enrolled in MediPass?*
 - *Voluntary populations who don't choose a plan.*
 - *New enrollees within the voluntary population category.*

General Timeline for Patient Choice

❖ *Day 1*

- *Choice is triggered for patient:*
 - *At time of the primary care provider's (PCP) enrollment into a PSN or HMO conversion to an HMO reform plan.*
 - *At re-determination date.*
 - *At open enrollment date.*
 - *At Medicaid enrollment.*
- *Choice counseling materials are sent to beneficiary by choice counseling vendor.*
- *30 days are given for the recipient to make a choice*

❖ *Day 30:*

- *If no choice has been made, recipient is mandatorily enrolled into a plan unless beneficiary falls in voluntary population group.*
 - *Mandatory assignment takes into account prior relationship with doctor, geographic proximity and family assignment.*

General Timeline for Patient Enrollment

- ❖ *Day 1 of Enrollment Period:*
 - *From their day of enrollment, recipients are given a 90 day window in which they may change their plan.*
- ❖ *After 90 days:*
 - *Recipients are locked into their plan for the remaining 9 months.*

How will the Enrollment Process Begin?

- ❖ *MediPass PCP joins a PSN:*
 - *Beneficiaries' choice is triggered, so they can follow their PCP.*
- ❖ *MediPass PCP contracts with HMO:*
 - *Beneficiaries continue to be MediPass, until beneficiaries' choice is triggered at re-determination.*
- ❖ *MediPass PCP provider does not join any plan:*
 - *Beneficiaries' choice is triggered at re-determination.*



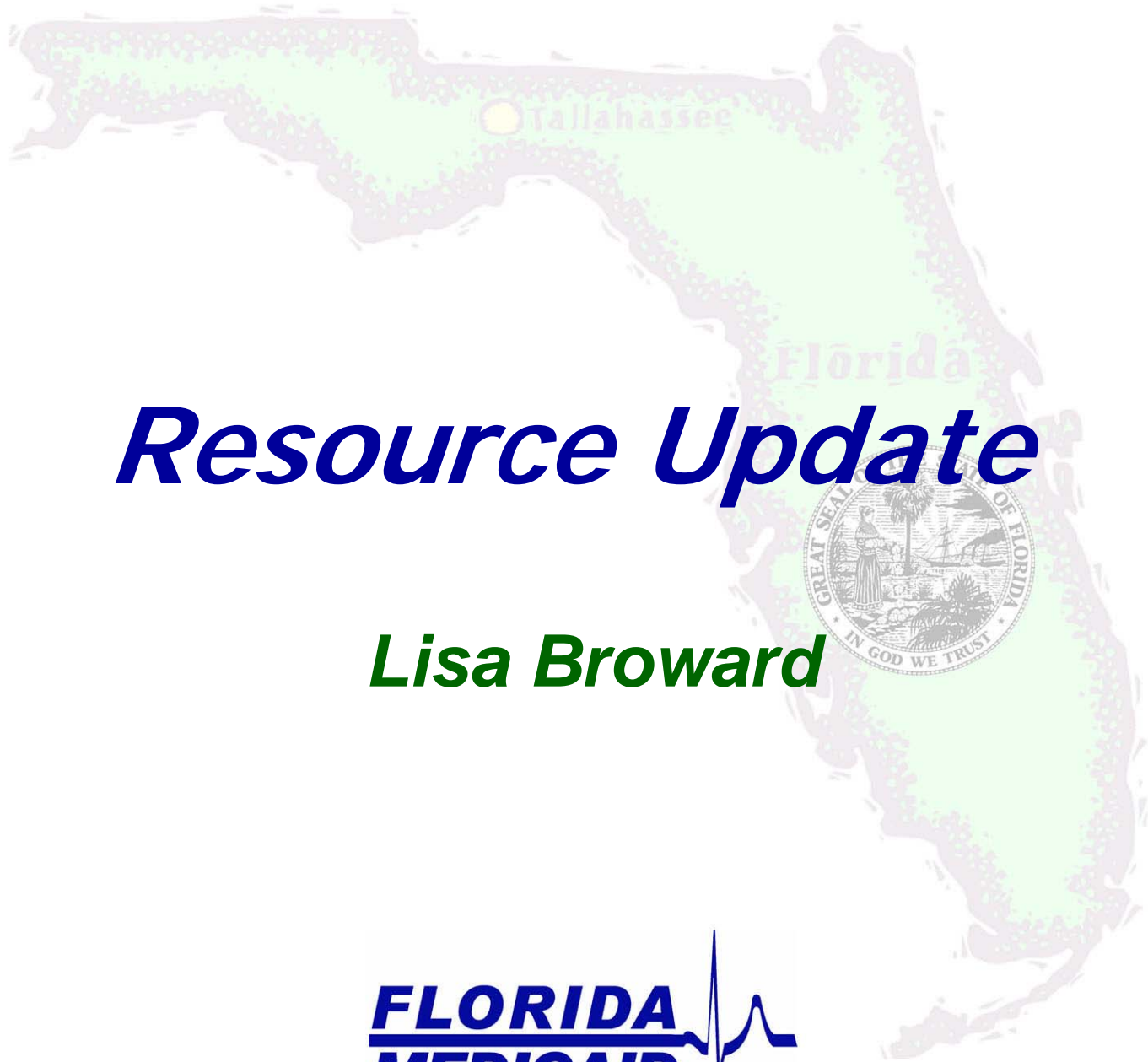
***Authorization Process
Requirements and
Quality of Care***

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Agency Monitoring

- ❖ *The Agency is going to strictly monitor the programs through our Health Quality Assurance program.*
- ❖ *Contracts with private entities for quality assurance:*
 - *External Quality Review Organization (EQRO), and*
 - *Medicaid reform evaluation contract with UF.*
- ❖ *Quality and Performance Standards reform team.*
- ❖ *Network requirements in rural/urban areas:*
 - *30 minutes / 30 miles to a PCP.*
 - *60 minutes to hospitals and specialists.*
 - *Geographically spread access.*
 - *24 / 7 coverage required.*



Resource Update

Lisa Broward



Resource Updates

- ❖ *Website:*
 - *http://ahca.myflorida.com/Medicaid/medicaid_reform/*
- ❖ *Outreach:*
 - *Expect future communication with the Agency regarding outreach.*
- ❖ *List of Respondents to Request for Letter of Intent.*

Area Office Contacts

- ❖ *Area 4 Medicaid Field Office: (904) 353-2100.*
 - *Lisa Broward, Field Office Manager.*

http://www.ahca.myflorida.com/Medicaid/medicaid_reform/



Questions and Answers

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