

Children's Medical Services Network Specialty Care Plan



What is the “MMA”?



- Because of the Statewide Medicaid Managed Care program, the Agency for Health Care Administration (AHCA) has changed the way most Medicaid beneficiaries receive services from Florida Medicaid.
- The Medicaid Managed Medical Assistance (MMA) program provides primary care, acute care, dental, behavioral health care, and transportation services to Medicaid beneficiaries eligible for enrollment.
- **Two main types of plans:**
 - Standard plans (HMOs, Provider Service Networks)
 - Specialty plans

Who may choose to enroll in the CMSN MMA Plan?



- “Children with special health care needs”
younger than 21 years of age who have chronic and serious physical, developmental, behavioral, or emotional conditions and who require health care and related services of a type or amount beyond that which is generally required by children. Section 391.021(2), FS
- Individuals who have other creditable health care coverage (insurance), excluding Medicare
- Individuals receiving services through a Prescribed Pediatric Extended Care (PPEC) Center

Who determines eligibility?



Financial Eligibility:

- Title XIX Medicaid - determined by Department of Children and Families

Clinical Eligibility:

- Determined exclusively by Children's Medical Services Network

Who is clinically eligible for the CMSN Plan?



Section 391.021 (2), F.S., defines Children with Special Health Care Needs: *“Those children younger than 21 years of age who have chronic and serious physical, developmental, behavioral, or emotional conditions and who require health care and related services of a type or amount beyond that which is generally required by children.”*

- Clinical eligibility is determined by CMSN staff using approved screening instrument

CMSN Plan Partners



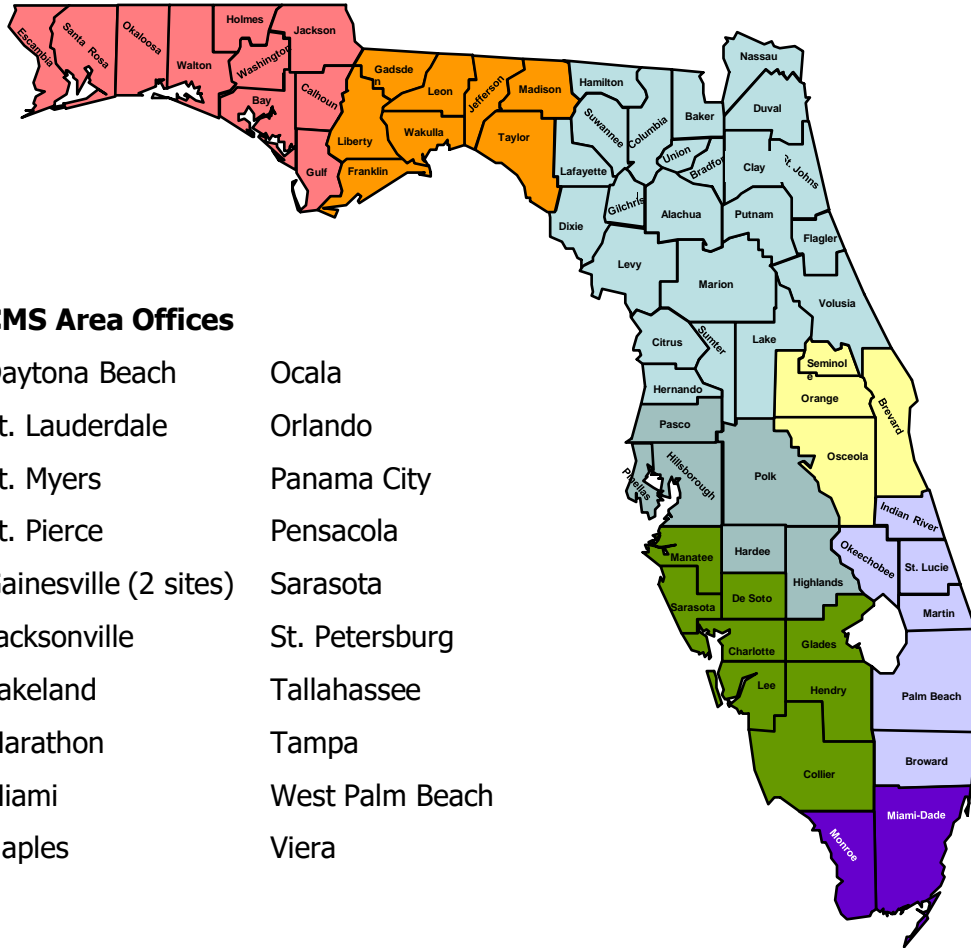
- **Integrated Care Systems (ICS)** provide or arrange a coordinated continuum of health care services to a defined population and they hold themselves accountable for the outcomes and health status of their enrollees. By ensuring appropriate care, avoiding duplication of services and reducing fragmentation, these systems seek to promote health quality while also controlling costs.
 - CMSN utilizes **Ped-I-Care** and **South Florida Community Care Network (SFCCN)**
- **Magellan** – will be the CMSN Pharmacy Benefits Manager (PBM) and will continue to authorize and reimburse for all pharmacy services per Medicaid guidelines.
- **MED 3000** is a third party administrator that CMSN is using to provide essential technology and management services which include: processing of electronic files for client eligibility and enrollment , practice management, scheduling services, care coordination, electronic health record modules, client services and billing.

CMSN Plan Partners



- Contracted provider networks include a full range of public and private providers (e.g., approved private sector physicians and dentists, licensed health care professionals, academic medical centers, hospitals and other licensed health care facilities, services and commodity providers, county health departments and other essential health care providers).
- Both ICS vendors are responsible for the following:
 - Utilization management and authorization of services (including out-of-state)
 - Member materials
 - Provider network and contracting
 - ID cards
 - PCP changes
 - Enrollee Information Line

CMS Network Plan (Title XIX & Title XXI) Area Offices, Regions & ICS Coverage



CMS Regions & Integrated Care Service (ICS) Coverage

- Region I: *Ped-I-Care*
- Region II: *Ped-I-Care*
- Region III: *Ped-I-Care*
- Region IV: *Ped-I-Care*
- Region V: *Ped-I-Care*
- Region VI: *South Florida Community Care Network (SFCCN)*
- Region VII: *SFCCN*
- Region VIII: *SFCCN*

CMS Area Offices

Daytona Beach	Ocala
Ft. Lauderdale	Orlando
Ft. Myers	Panama City
Ft. Pierce	Pensacola
Gainesville (2 sites)	Sarasota
Jacksonville	St. Petersburg
Lakeland	Tallahassee
Marathon	Tampa
Miami	West Palm Beach
Naples	Viera

What is included in care coordination offered through the CMSN Plan?



Care Coordination — A process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet an enrollee's health needs using communication and all available resources to promote quality outcomes. Proper care coordination occurs across a continuum of care, addressing the ongoing individual needs of an enrollee.

- Assessment and an every six (6) month reassessment of the health and service needs to determine the acuity level of each enrollee
- Care planning for medical and mental health treatment that is tailored to the individual enrollee. All care plans will updated at least every six months and as needed.
- Coordination of care through all levels of practitioner care (primary care to specialist)
- Monitoring compliance with scheduled appointments, laboratory results and medication adherence
- Coordinate referrals to providers of specialty care services for enrollees
- Interventions to avoid unnecessary use of emergency departments, inpatient care, and other acute care services
- Patient education to assist enrollees in better management of their health issues including the principles of recovery and resiliency
- Linking enrollees to community services and other support services

What is the continuity of care in CMS' MMA?



- **Continuity of Care**: ensuring that new enrollees experience continuity of care, meaning that enrollees experience no break in services or care coordination while transitioning from one service delivery system to another, one managed care plan to another, or from one service provider to another.
- **Care Coordinators Role**:
 - Responsible for coordination of care for new enrollees transitioning into CMSN.
 - Educate new enrollees on how to access services through the CMSN Plan
 - Document this education in the Care Coordination Module

Continuity of Care in CMS' MMA



Health Care Providers

- Health care providers should not cancel appointments with current patients. The CMSN Plan must honor any ongoing treatment, for up to 60 days after enrollment, that was authorized prior to the recipient's enrollment into the plan.
- Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network.
- CMSN Plan will continue to pay for previously authorized services and prescriptions for up to 60 days for all enrollees when transitioning into the CMSN plan. This period is in effect during both the initial implementation of the statewide MMA plan and for any new enrollees in an MMA plan after implementation.
- By the end of the 60 day continuity of care period all enrollees **MUST** received services from a CMSN Plan provider.

Required MMA Services



- Advanced Registered Nurse Practitioner
- Ambulatory Surgical Center Services
- Assistive Care Services
- Behavioral Health Services
- Birth Center and Licensed Midwife Services
- Clinic Services
- Chiropractic Services
- Dental Services
- Child Health Check Up
- Immunizations
- Emergency Services
- Emergency Behavioral Health Services
- Family Planning Services and Supplies
- Healthy Start Services
- Hearing Services
- Home Health Services and Nursing Care
- Hospice Services
- Hospital Services
- Laboratory and Imaging Services
- Medical Supplies, Equipment, Prosthesis and Orthoses
- Optometric and Vision Services
- Physician Assistant Services
- Physician Services
- Podiatric Services
- Prescribed Drug Services
- Program for All-Inclusive Care for Children
- Renal Dialysis Services
- Therapy Services
- Transportation Services

Transportation Services



- The CMSN Plan will offer transportation to enrollees who have no other means of transportation available in order to assist them in keeping covered medical appointments.
- For all non-emergency transportation the statewide providers are:
 - SFCCN → Logisticare
 - Ped-I-Care → Transportation Management Services (TMS)
 - Contact information for these companies is forthcoming
- **The transportation company is only required to transport the enrollee and 1 adult escort.** Additional riders are at the discretion of the company, and may incur additional costs to the enrollee’s care-giver
- It is no longer necessary for enrollees to “register” or “enroll” with a transportation company to be approved for Medicaid transportation assistance.
- Care coordinators will coordinate transportation services directly with the respective vendor.
- **The vendor providing the transportation is based on the address for which the enrollee resides.**

Transportation Services (continued)



- There is a minimum twenty-four (24) hour advance notification policy to obtain transportation services, and this needs to be communicated to enrollees.
- The pick-up window timeframes will also need to be communicated to enrollees and transportation providers.
- This transportation is for local and out-of-area services, including out-of-state services
- The appropriate ICS for each region will be notified about any transportation issues or complaints.

Behavioral Health Services



- The CMSN will provide a full range of medically necessary behavioral health services authorized under the State Plan and specified in the Florida Medicaid Mental Health Targeted Case Management Coverage Limitations Handbook, the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook, and by the contract between AHCA and DOH to all enrollees.
- The CMSN Plan will provide all **medically necessary evaluations**, psychological testing and treatment services for children/adolescents referred to the CMSN Plan by DCF, DJJ and schools (elementary, middle, and secondary schools).

Dental Services



- The CMSN Plan will provide full dental services, including denture and denture-related services and oral and maxillofacial surgery services, to all enrollees.
- The CMSN Plan shall comply with provisions of the Medicaid Dental Services Coverage and Limitations Handbook.
- Dental service providers and authorizations fall under the requirements of CMS' Integrated Care Systems (ICS); which are South Florida Community Care Network and Ped-I-Care.

Telemedicine Services



- The CMSN Plan may use telemedicine as specified in the contract between AHCA and DOH and as specified in the Medicaid State Plan for the following services:
 - Behavioral Health Services
 - Dental Services
 - Nutrition Services
 - Physician Services
- The CMSN Plan will ensure the enrollee has a choice of whether to access services through a face-to-face or telemedicine encounter, and shall document such choice in the Care Coordination module.
- All records shall contain documentation to include the following items for services provided through telemedicine:
 - A brief explanation of the use of telemedicine in each progress note
 - Documentation of telemedicine equipment used for the particular covered services provided
 - A **telemedicine consent form** signed by the enrollee or the enrollee's representative indicating their choice to receive services through telemedicine. This statement may be for a set period of treatment or one-time visit, as applicable to the service(s) provided.

CMSN MMA SPECIALTY PLAN



Questions & Answers