

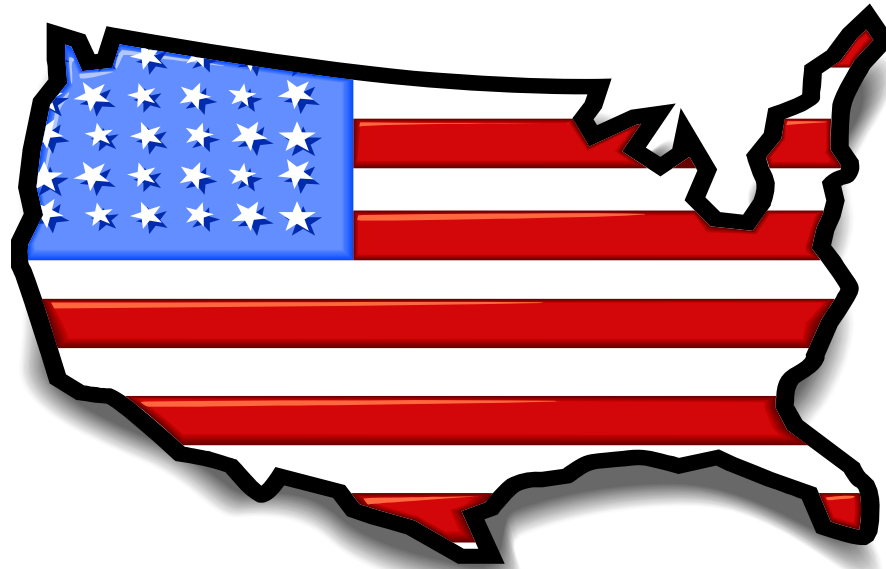


Florida Medicaid Eligibility and Medicaid Services

***Leigh A. Meadows
The Family Café
June 6, 2009***

Medicaid

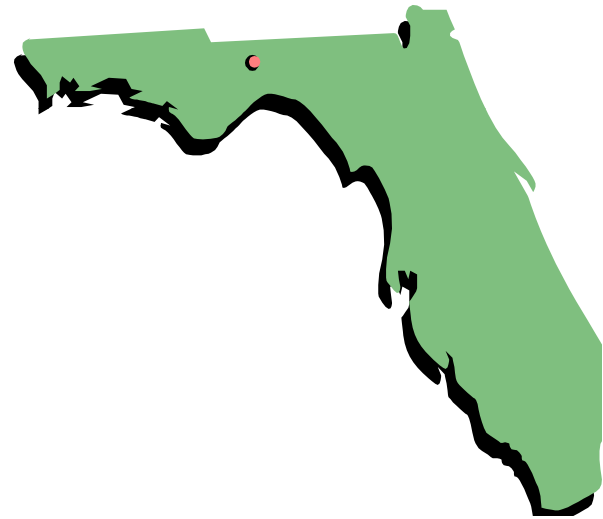
Provides health insurance for



57 million Americans nationwide...

Florida Medicaid

- Florida spent over **\$15 billion** in the State Fiscal Year 2008-2009 and provides services to approximately **2.4 million eligible** patients annually.
- There are more than **80,000** providers and Medicaid processes more than **130 million** claims per year.



Medicaid Funding

- State/federal partnership.
- For every \$45.00 spent in state funds, the state receives \$55.00 in federal funds.
- Florida is the 5th largest state in Medicaid spending



Program Organization

- The Florida Medicaid Program is administered by the Agency for Health Care Administration.
- The Agency works with many other agencies in the day to day operation of Medicaid.



agency for persons with disabilities
State of Florida



Eligibility

- ▶ Florida has the 4th largest Medicaid population in the nation
 - Over 1.2 million are children
 - 582,395 are persons with disabilities
 - 304,122 are seniors



Who's Eligible?

- Two broad groups:
 - Categorically needy, and
 - Medically needy
- General types of recipients are:
 - pregnant women;
 - families and children; and
 - Aged*, blind, and disabled individuals

* Aged = 65 or older

Florida Medicaid Eligibility

- Determined by:
 - The Florida Department of Children and Families ACCESS.

AND...



- The Social Security Administration.



Eligibility through Social Security

- The United States Social Security Administration (SSA) determines eligibility for Supplemental Security Income (SSI).
- Beneficiaries of SSI are automatically eligible for Medicaid.



Eligibility through the Florida Department of Children and Families



- The Florida Department of Children and Families ACCESS determines eligibility for:
- low income children and families.
- aged persons.
- disabled persons, and persons seeking institutional care.

ACCESS to Eligibility

- Prescreening Tool – to determine if you or your loved one might be eligible for Medicaid: <http://www.dcf.state.fl.us/ess/>
- Apply for Medicaid on paper form, print fax or apply online at: <http://www.dcf.state.fl.us/ess/>
- Find an office in Florida for personal assistance:

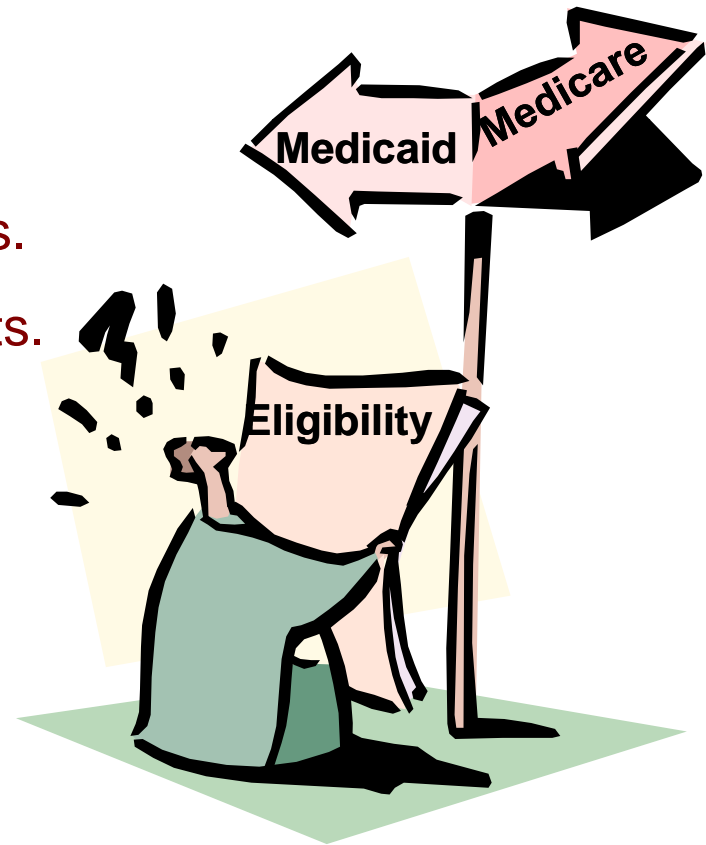
ACCESS FLORIDA INFORMATION

1-866-76ACCESS or 1-866-762-2237

Online: <http://www.myflorida.com/accessflorida>

Medicaid Eligibility

- To qualify for Medicaid, an individual must meet specific eligibility requirements such as:
 - Technical factors.
 - Have assets within specified limits.
 - Have income within specified limits.
 - Income and asset limits vary by program.



Technical Requirements for Eligibility: Developmental Disabilities Waivers

- Be age **3 or older and disabled** as determined by Social Security criteria.
- Be a **U.S. citizen** or qualified noncitizen.
- Be a **Florida resident**.
- Have a **Social Security number** or apply for one.
- File for **any benefits to which they may be eligible** (i.e., pensions, retirement, disability benefits etc.)
- Tell us about **any third party liability** (i.e., insurance).
- **Meet the level-of-care criteria for intermediate care facilities for the developmentally disabled as determined by APD Developmental Services.**
- Meet SSI related Medicaid or Institutional Care program **income and asset** requirements.
- **Be enrolled in one of the Developmental Disabilities Waivers.**

Income Limits for Medicaid Eligibility: Developmental Disabilities Waivers

Monthly income limit of \$2,022 for an individual and \$4,044 for an eligible couple.

We do not consider the parent's income or a spouse's income available to the client.

Asset Limits for Eligibility: Developmental Disabilities Waivers

\$2,000 for an individual.

\$3,000 for an eligible couple.

Eligibility Limitations

- Funding for this waiver program is limited. Not everyone who meets the financial and medical criteria will be able to participate in the program.
- The waiting list for these waivers exceeds 17,000 people.
- Individuals waiting to enroll in the DS Waiver may qualify for limited services based on the tier waiver eligibility criteria.
- An individual who already has full Medicaid may enroll in the DS Waiver without a separate application depending on the availability of funding and the need for waiver services.

Children's Eligibility

- ▶ Children maintain Medicaid eligibility for automatic time periods:
- ▶ Birth through 4 years old – 12 months continuous coverage
- ▶ 5 years through 18 years old – 6 months continuous coverage



Medicaid Eligibility Identification



“The Gold Card”

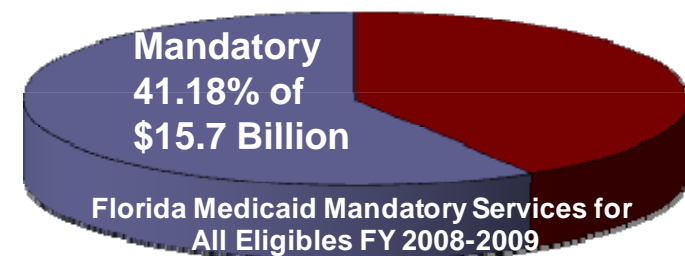
The identification for Medicaid is a gold plastic card with a magnetically encoded strip, similar to a credit card.

Each State's Medicaid Program is Different

- Federal Medicaid laws mandate certain benefits for certain populations.
- Medicaid programs vary considerably from state to state, and within states over time.
- State Medicaid programs vary because of differences in:
 - optional services coverage.
 - limits on mandatory and optional services.
 - provider reimbursement levels.

Florida Medicaid Mandatory Services

- Advanced Registered Nurse Practitioner Services
- Early & Periodic Screening, Diagnosis and Treatment of Children (EPSDT)/Child Health Check-Up
- Family Planning
- Home Health Care
- Hospital Inpatient
- Hospital Outpatient
- Independent Lab
- Nursing Facility
- Personal Care Services
- Physician Services
- Portable X-ray Services
- Private Duty Nursing
- Respiratory, Speech, Occupational Therapy
- Rural Health
- Therapeutic Services for Children
- Transportation

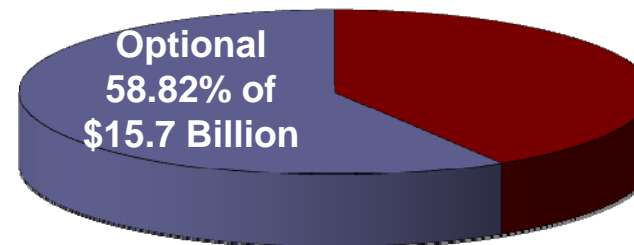


Florida Medicaid Optional Services*

- Adult Dental Services
- Adult Health Screening
- Ambulatory Surgical Centers
- Assistive Care Services
- Birth Center Services
- Children's Dental Services
- Hearing Services
- Vision Services
- Chiropractic Services
- Community Behavioral Health
- County Health Department Clinic Services
- Dialysis Facility Services
- Durable Medical Equipment
- Early Intervention Services
- Healthy Start Services
- Home and Community-Based Services
- Hospice Care
- Intermediate Care Facilities/
Developmentally Disabled
- Intermediate Nursing Home Care
- Optometric Services
- Orthodontic Services
- Physician Assistant Services
- Podiatry Services
- Prescribed Drugs
- Primary Care Case Management (MediPass)
- Registered Nurse First Assistant Services
- School-Based Services
- State Mental Hospital Services
- Subacute Inpatient Psychiatric Program for Children
- Targeted Case Management

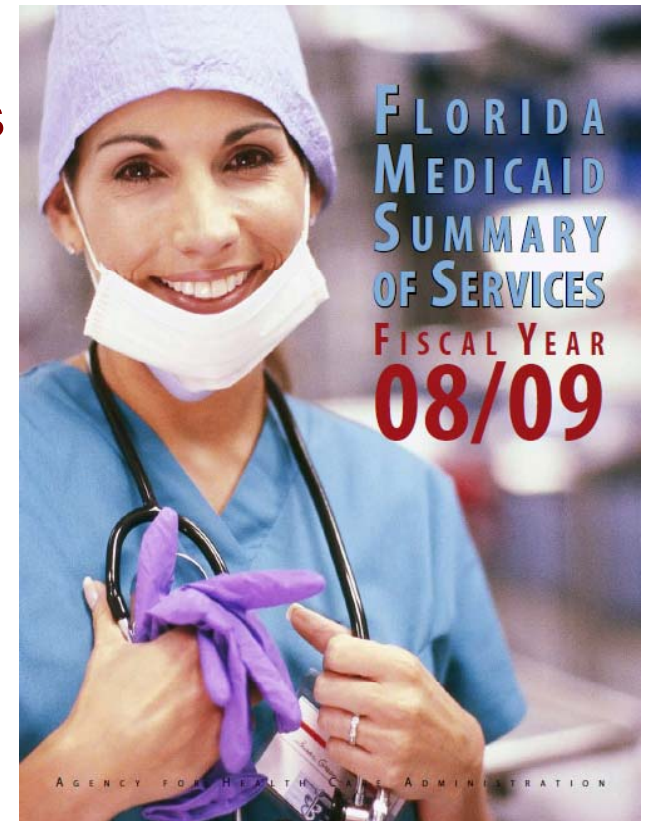
*States are required to provide any medically necessary care required by child eligibles.

Florida Medicaid Optional Services for All Eligibles FY 2008-2009



Summary of Services

- A comprehensive summary of services is available in printed form, on CD, or on the Florida Medicaid website.



- <http://www.fdhc.state.fl.us/Medicaid/flmedicaid.shtml>

Who Can Provide Medicaid?

- Any willing health care practitioner or entity who:
 - submits an application to Medicaid;
 - is licensed or certified to practice in the state of Florida;
 - meets the Medicaid qualifications
 - is not terminated from any government health care program; and
 - signs an agreement with Medicaid



Freedom of Choice of Providers

- A patient may obtain Medicaid services from any facility, agency, pharmacy, person, or organization that is:
 - enrolled with Medicaid to provides the services; and
 - willing to furnish them to that particular patient.
- A state may restrict freedom of choice of providers by securing a federal waiver.

Federal Waivers

- If a state wants to deviate from federal requirements, it must receive a waiver from the Health and Human Services (HHS) Secretary.
- The HHS Secretary may waive requirements regarding freedom-of-choice, comparability, and state-wideness of Medicaid services.
- Financial eligibility requirements may be waived if the proposed plan is cost-effective, efficient, and consistent with Medicaid program objectives.
- States generally request waivers to:
 - require patients' managed care plan enrollment or in any way limit choice of providers,
 - implement home and community-based services as an alternative to institutional care, or
 - conduct demonstration projects.

Florida's Home and Community Based Services (HCBS) Waivers

- Adult Cystic Fibrosis.
- Adult Day Health Care.
- Aged/Disabled Adult (ADA).
- Alzheimer's Disease.
- Assisted Living for the Elderly (ALE).
- Channeling.
- Developmental Disabilities (DD), Tiers 1, 2, 3, and 4.
- Familial Dysautonomia (FD).
- Model Waiver.
- Nursing Home Diversion.
- Project AIDS Care (PAC).
- Traumatic Brain Injury and Spinal Cord Injury.

Service Locations for Medicaid Waivers

- Supports and Services may be provided in various settings depending on the waiver:
 - Own Home or Family Home.
 - Group Homes or Assisted Living Facilities.
 - Foster Home.
 - Supported Living (own home with supports).
 - Residential Rehabilitation Center.

Developmental Disabilities (DD) Waivers Tiers 1, 2, 3, and 4

- Home and Community-Based Services Waivers (HCBS).
- Supports and services are provided to qualified people to avoid institutional placement in an Intermediate Care Facility for individuals with Developmental Disabilities (ICF/DD).
- The Agency for Persons with Disabilities operates the waivers and determines medical eligibility.

DD Waiver Eligibility

- Age 3 or older.
 - Diagnosis of Developmental Disability made before the age of 18.
 - Qualifying diagnosis:
 - Primary Disability of Mental Retardation (IQ of 59 or less).
- OR**
- Primary Disability of Mental Retardation (IQ of 60-69) and a qualified Handicapping Condition.

OR

DD Waiver Eligibility (continued)

A primary disability of one of the following:

- Autism
- Cerebral Palsy
- Spina Bifida
- Prader-Willi Syndrome
- Also must have substantial limitations in 3 life activities:
 - Self-Care
 - Capacity for Independent Living
 - Understanding & Use of Language
 - Learning
 - Mobility
 - Self-Direction

DD Waiver Eligibility (continued)

- Additional eligibility requirements:
 - Waiver services must be medically necessary for a person to remain in the community.
 - The applicant or the legal guardian must choose to receive home and community-based supports and services.

DD Waiver Services Categories

- Support Coordination.
- Employment and Training.
- Individual and Family Supports.
- Residential Services.
- Environmental and Adaptive Equipment.
- Therapeutic Supports.
- Transportation.
- Wellness Management.

Developmental Disabilities Waivers Tier 1

- Individuals with intensive medical or behavioral problems that are exceptional in intensity, duration, or frequency.
- All DD waiver services available.
- No annual budget cap.

Developmental Disabilities Waivers Tier 2

- Individuals who are authorized moderate level of support for standard residential habilitation services.
- Individuals who are authorized minimal level of support for behavior focus residential habilitation services.
- Individuals in supported living who need greater than 6 hours per day of in-home support services.
- All DD waiver services available.
- Total annual budget of no more than \$55,000.

Developmental Disabilities Waivers Tier 3

- Individuals who are authorized for basic or minimal levels of residential habilitation services.
- All DD waiver services available.
- Total annual budget of no more than \$35,000.

Developmental Disabilities Waivers Tier 4

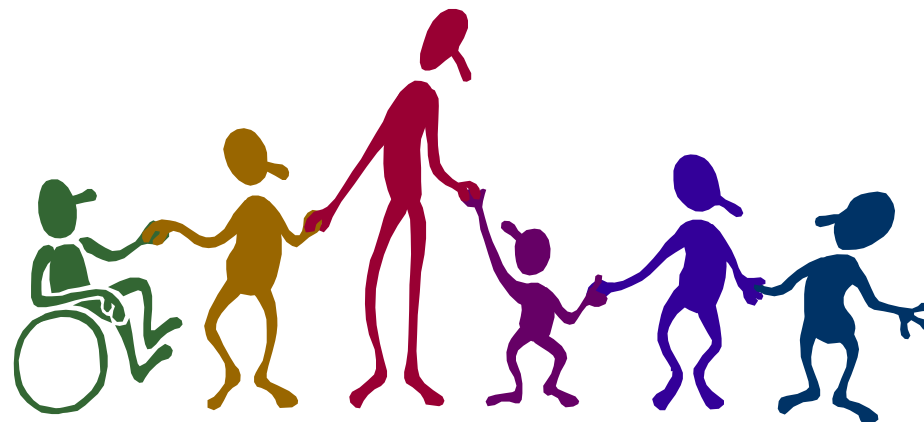
- Individuals who live in their own homes or family homes.
- Total annual budget of no more than \$14,792.
- Services:
 - adult day training
 - behavior services
 - consumable medical supplies
 - durable medical equipment
 - supported employment coaching
 - environmental accessibility adaptation
 - personal emergency response system
 - respite
 - supported living coaching
 - support coordination
 - in-home supports
 - transportation

Personal Care Services Transition

- The 2008 Legislature moved funding for these services from the DD waiver to the Medicaid State Plan and authorized an increase in reimbursement for state plan PCA from \$9.78 to \$15.00 an hour.
- Personal care services are now provided to children under 21 are now covered under the Medicaid State Plan.
- DD waiver PCA providers are now enrolling to provide services under the Medicaid State Plan.

People enrolled in the DD Waivers automatically qualify for Medicaid

- Because they meet the level-of-care criteria for intermediate care facilities for the developmentally disabled as determined by the Agency for Persons with Disabilities.



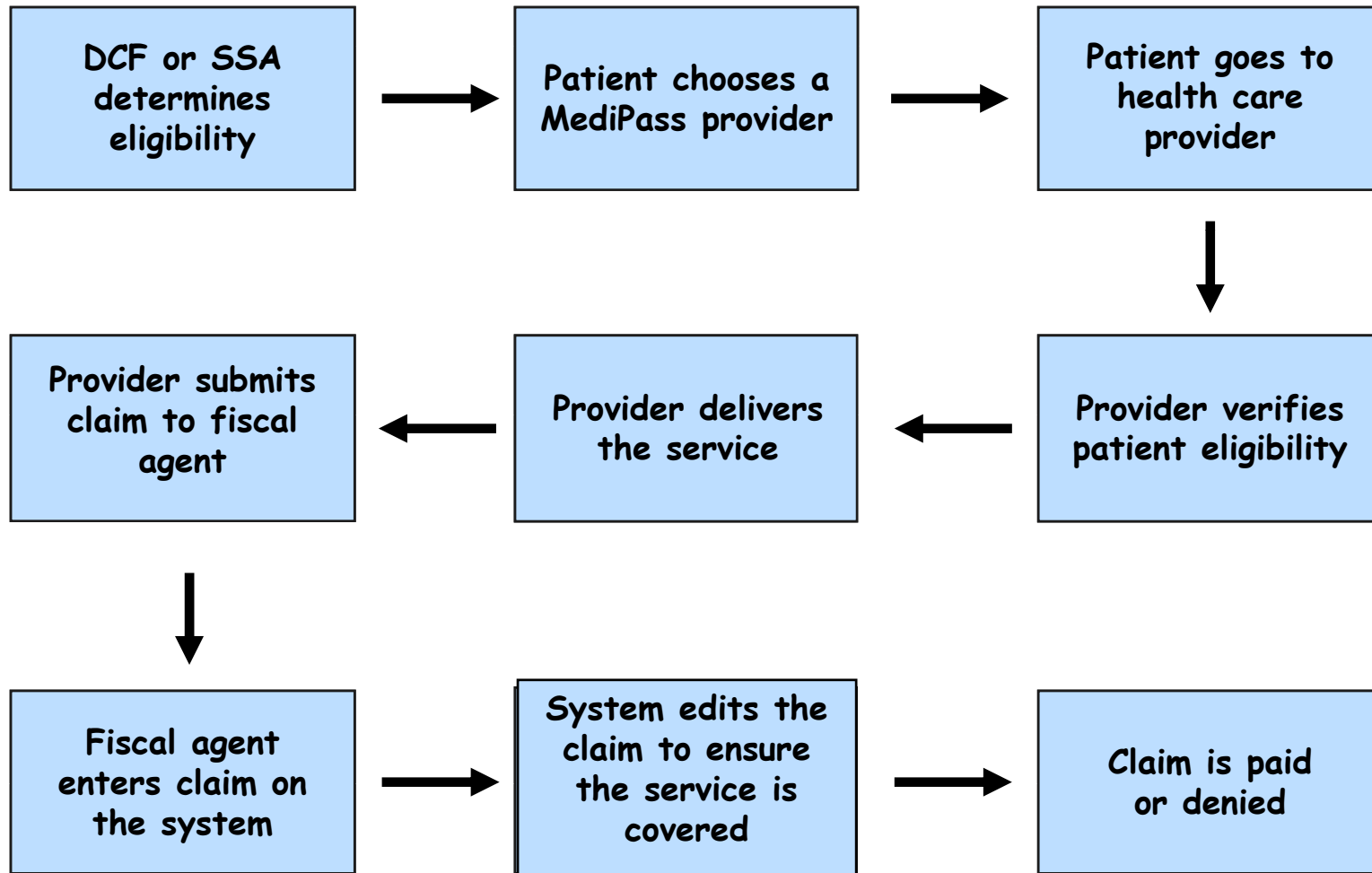
Choosing Your Medicaid Plan

- **You must choose your plan within 30 days.**
- If you do not, Medicaid will choose a plan for you. If your doctor does not work with this plan, you will have to choose a new doctor.
- Florida Medicaid has the following types of health care plans:
 - **Primary Care Case Management:**
 - **MediPass** is a statewide provider network run by Florida Medicaid. In some parts of the state, MediPass also has special programs like after-hours clinics for children and minority physician networks that you can use.
 - **Managed Care:**
 - **Health Maintenance Organizations (HMOs)** are run by companies that have contracts with Florida Medicaid.
 - **Provider Service Networks (PSNs)** are run by a network of doctors and hospitals that have a contract with Florida Medicaid.

MediPass

- Provides **primary care case management (PCCM)** to Medicaid recipients.
- Is designed to build a **strong relationship between families and their personal (primary care) physician** by creating a medical home, ensuring access to care, decreasing inappropriate utilization and reducing costs.
- Operates in all **67 counties** and serves **500,567 patients**
- Providers (physicians, ARNPs, and physician assistants) are paid a **monthly** case management fee.
- Is responsible for providing primary care to and **authorizing the specialty care** provided to their MediPass enrollees.

Fee for Service/MediPass



Health Maintenance Organizations

- The HMOs receive a **monthly payment** from Medicaid for each person enrolled.
- The HMO may **contract with individual providers** to render patient care



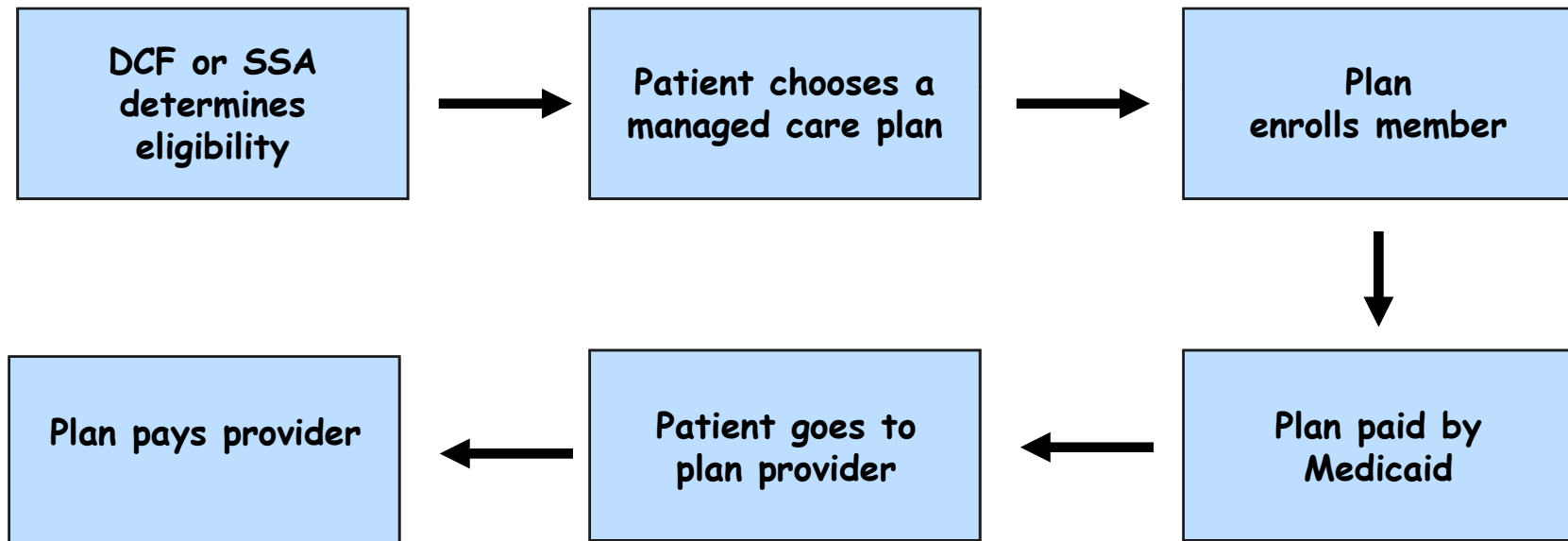
Medicaid HMOs

- **Medicaid managed care** began in 1982 with one prepaid health plan at the Palm Beach County Public Health Unit.
- Now **14 HMOs** serve over **900,000 patients** in **33 counties** throughout the state. Contractors are paid a fixed capitation rate per month at an approximate average of 92 percent of the fee for service cost per member.
- **14 Medicaid Reform HMOs** and **7 provider service networks** serve **173,000 patients** in **2 counties**.

Services HMO's Provide

- Scope of services for each plan usually includes:
 - Hospital Services
 - Physician Services
 - Prescribed Drugs
 - Lab and X-ray Services
 - Child Health Check-Up
 - Community Mental Health
 - Home Health Care
 - Durable Medical Equipment
 - Other Services

How Does Medicaid Work? HMO



What is TPL?

TPL (Third Party Liability)

Refers to the obligation on the part of an entity other than Medicaid or the patient, to pay the cost of the patient's medical care

TPL and Medicaid

Third Party Payer

**PRIMARY
PAYER**

Medicaid

**SECONDARY
PAYER/PAYER
OF LAST RESORT**

Medicaid Basics

- Not all providers accept Medicaid.
- Not all services are covered by Medicaid.
- Some limitations may apply to covered services.
- Providers that choose to accept Medicaid must accept Medicaid payment as payment in full.

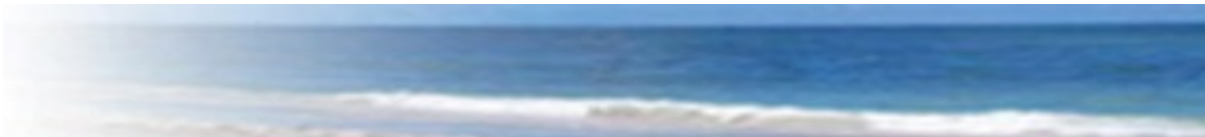
(This does not include copayments and coinsurance)

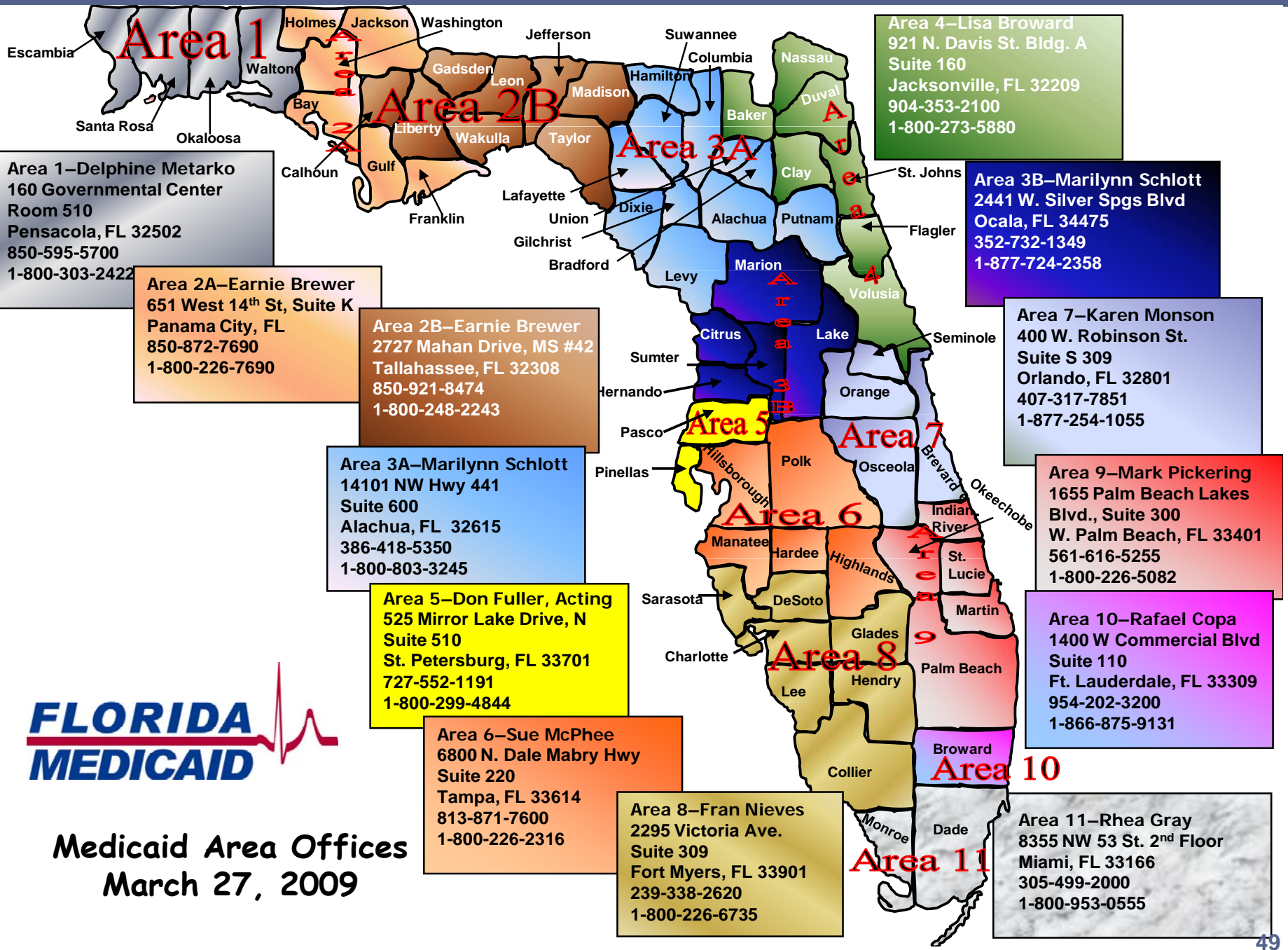
- Medicaid has a set fee for each individual type of service and procedure.
- Providers cannot bill the beneficiary for any amount in excess of Medicaid payment, other than Medicaid co-pays and coinsurance.
- Medicaid payments are made directly to the provider, not to the beneficiary.

Medicaid Handbooks

Medicaid handbooks are available at the following web address:

<http://portal.flmmis.com/FLPublic/Provider>





Medicaid Area Offices
March 27, 2009

Information Sites

Agency for Health Care Administration

<http://ahca.myflorida.com>

Department of Children and Families

www.state.fl.us/cf_web/

Department of Children and Families ACCESS

www.dcf.state.fl.us/ess/

Centers for Medicare and Medicaid Services

www.cms.hhs.gov

Medicaid Resources

AHCA website:

<http://ahca.myflorida.com/>

13 Medicaid field offices:

<http://ahca.myflorida.com/Medicaid/Areas/index.shtml>

Medicaid provider handbooks and rates:

<http://mymedicaid-florida.com/>



Florida Medicaid Services

Questions

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