

**AHCA Teleconference Re: Changes to MediPass
Unofficial Summary Prepared by Florida CHAIN**

Last spring, the Legislature approved a change to the Medicaid program that requires many consumers enrolled in the MediPass program to directly state that they wish to remain in MediPass (“reaffirm” or “opt in”) during their open enrollment period each year. Those consumers who are subject to the new law but do not reaffirm during their open enrollment period will be automatically switched out of MediPass and into a Managed Care Organization (which include HMOs, Provider Service Networks (PSNs), Minority Physician Networks (MPNs) and Pediatric Diversion Plans).

On September 26th, a few days before the new law was originally to go into effect, AHCA held a teleconference to explain the changes and to provide a status report. The Q&A below is intended to be an unofficial summary of the discussion and may be subject to future correction or clarification.

CURRENT STATUS

Q1. When will the changes to MediPass go into effect?

A. All we know for certain at the moment is that the changes will NOT go into effect October 1st, as had been indicated in the State budget, or any time in 2008. AHCA still has a lot of work to do prior to implementation, including securing federal approval and resolving problems with the contractor now staffing the Medicaid Options hotline.

Q2. So we still don’t have an official start date?

A. That is correct. The absolute earliest that the changes could take effect would be January 1, 2009. Furthermore, if, for example, the changes did go into effect on January 1st, consumers with January open enrollment periods would receive a notice by mail and be given 60 days to reaffirm that they want to remain in MediPass. So the earliest possible date that a consumer could be switched from MediPass to a Managed Care Organization (MCO) would be sometime in March 2009. But it may very well be later than that.

Q3. So what will happen to MediPass enrollees whose open enrollment periods start before the changes take effect?

A. Nothing will change for them until their next open enrollment period. In particular, for now, no one in MediPass will be automatically switched to a MCO, even if they never respond to their open enrollment notice at all. The first time anyone will be affected is during the next open enrollment period that starts after the changes take effect. For example, if the changes are implemented March 1, 2009, and your open enrollment period is February 1- March 31, you would NOT be affected in 2009. The earliest you could be automatically switched out of MediPass for not responding to your open enrollment notice would be April 2010.

SWITCHING BACK TO MEDIPASS

Q4. Can a consumer who is automatically switched from MediPass into a MCO switch back?

A. Yes, but some of the details are not yet available, because AHCA is waiting to get some answers from the feds. **Most importantly, anyone switched out of MediPass into managed care will be allowed a 90-day “regret period” to switch back, for any reason – or for no reason at all.** There also may be some type of opportunity for consumers to switch out of MCOs back to MediPass after 90 days for “good cause”, but we don’t know anything about that yet.

Q5. Can a consumer who is switched from MediPass to a MCO then switch back to MediPass during their next open enrollment period (i.e., the following year)?

A. Not known at this time. AHCA staff is working with federal partners on this issue.

Q6. Suppose a consumer is switched from MediPass to a MCO but later drops off of Medicaid coverage for some period of time. If the consumer later comes back on the Medicaid rolls, would he or she have the opportunity to return to MediPass at that time?

A. In general, if a consumer goes off of the Medicaid rolls for less than 60 days, he or she will be assigned to the same plan he or she was in before, upon going back on Medicaid. If off of Medicaid for more than 60 days, he or she will be considered a new consumer and have the option of selecting MediPass again like anyone new to Medicaid.

EXEMPTIONS

Q7. Are some MediPass enrollees exempt from the new law?

A. Yes. Some MediPass enrollees will not be switched to a MCO, even if they don't state their intent to remain in MediPass.

Q8. Well, who do we *think* will be exempt?

A. There are 3 general categories of consumers who will be exempted:

#1. Consumers who live in a county with less than 2 managed care options available.

#2. Consumers who are not subject to open enrollment, or who are part of an entire group that is exempted because of federal regulations.

#3. Consumers who live in one of the 5 counties where the Medicaid Reform Pilot is underway.

Q9. For exemption #1 above, what is a “managed care option”? Doesn't this just mean “HMO”?

A. Not exactly. The law says that a consumer can't be auto-switched out of MediPass unless there at least 2 “managed care options” (i.e., MCOs) - not 2 HMOs – operating in his or her county. This distinction may be important in a few counties, as there are a few types of Medicaid managed care options that are not HMOs (see the first paragraph of this summary).

Q10. For exemptions #1 and #2 above, exactly which counties and which groups of consumers are these?

A. That's where it can get very challenging. In terms of a list of exempt counties, an updated list can be provided, but with new MCOs likely coming on-line and from existing plans to leave particular counties, this list will change over the next few months.. AHCA reported last spring that there were 29 such counties. The number has dropped since then, as some MCOs have dropped out of some counties. In terms of exempt consumers, children who are in foster care or who receive SSI, and are under the age of 21, will definitely be exempt. AHCA also noted that most kids in Children's Medical Services should be exempt, as will most (but maybe not all) kids in the Med-waiver program.

OTHER

Q11. What steps will AHCA take to prevent consumers from falling through the cracks and having their care disrupted without their consent?

- A. AHCA told callers that they are seeking suggestions. AHCA will consider if and how it can do things like provide case managers with open enrollment dates or allow enrollees to reaffirm their intent to remain in MediPass prior to their open enrollment periods. However, due to contract limitations, AHCA won't be able to ask more of Medicaid Options staff (such as set up a fax-in process or schedule face-to-face visits in the community), although they may be able to provide an opportunity to reaffirm on-line.

Q12. What will happen next?

- A. AHCA staff will be developing an outreach plan, and promised to hold another call to discuss ideas and plans prior to implementing the change. AHCA staff is also working with federal partners on the federal requirements and will keep interested parties informed.

Thanks to AHCA staff for reviewing this summary and for providing several clarifications.

For periodic updates, please visit www.floridachain.org/medipass

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