

## ***Managed Integrated Care Fact Sheet***

### **What is *Managed Integrated Care*?**

*Managed Integrated Care* is a comprehensive health and long-term care program that will provide all Medicaid services to seniors age 60 and older, and dual eligibles (Medicare and Medicaid) of all ages. This Medicaid program is expected to be implemented in mid 2008.

### **Eligibility**

- ◆ Medicaid beneficiaries age 60 and older with full Medicaid coverage, and
- ◆ Individuals of all ages that are eligible for both Medicaid and Medicare
- ◆ In the following areas:

Miami Area: Miami-Dade and Monroe counties, and

Central Florida Area: Brevard, Orange, Osceola, and Seminole counties

### **Goals**

- ◆ Provide better care coordination
- ◆ Promote community-based long-term care by providing more opportunities to receive services in the community instead of an institutional setting
- ◆ Coordinate all health care services under one health plan
- ◆ Improve service quality
- ◆ Create greater opportunities for enrollees to direct their care

### **Incentives / Benefits of *Managed Integrated Care***

- ◆ **Additional Services / Service Flexibility:** The plans will be encouraged to provide additional services at no additional cost to enrollees. These services will provide the enrollee with additional support (home and community-based care) that may prevent or delay the need for nursing home care in the future.
- ◆ **Care Coordination Services:** Each Managed Integrated Care enrollee will have a care coordinator to:
  - Coordinate all services and care with doctors, hospitals, specialists, facilities, etc.,
  - Provide assistance with navigating the health care system, and
  - Provide a single point of contact for all health care questions and issues
- ◆ **Choice Counseling:** A comprehensive Choice Counseling program will help beneficiaries make informed choices about health plans. Counselors will assist over the phone or provide face-to-face counseling if necessary.

- ◆ **Use of Existing Networks in Pilot Areas:** The plans will be encouraged to work with service providers that currently serve Medicaid beneficiaries in the pilot areas.
- ◆ **Proximity of Providers:** The plans' providers must be within a certain drive time or distance from beneficiaries' residences.
- ◆ **Remain in Out of Network Residential Facility:** Individuals living in a nursing facility or an assisted living facility that is not part of the Managed Integrated Care plan's network can choose to remain in that facility and still be enrolled in Managed Integrated Care.
- ◆ **Voluntary Enrollment:** Enrollment is voluntary. There will not be any automatic assignment and enrollees can disenroll from the plans at any time.

### **Services Covered**

All Medicaid Services will be covered under *Managed Integrated Care*. Some examples of covered services include:

- ◆ Doctors
- ◆ Hospital
- ◆ Mental health services
- ◆ Home and community-based services
- ◆ Nursing home services
- ◆ Transportation to medical appointments
- ◆ Eye glasses

### **Health Plans / Service Providers**

Care under *Managed Integrated Care* will be provided by managed care organizations (MCOs). Those eligible to apply to become *Managed Integrated Care* plans include the following.

- ◆ Those managed care organizations licensed under chapter Florida Statute 641
- ◆ Other qualified providers as defined in Florida Statute 430.703(7), which are entities eligible to participate in the Nursing Home Diversion program
- ◆ Community Care for the Elderly lead agencies
- ◆ State-certified community service networks

All plans will have to meet minimum standards prior to being allowed to participate in the program, such as financial solvency and network adequacy standards. The State will reimburse the plans on a capitated basis, and the plans in turn will reimburse their service provider networks.

**Managed Integrated Care will NOT:**

- ◆ Change who receives Medicaid or Medicare
- ◆ Limit access or reduce coverage of existing Medicaid and Medicare services
- ◆ Increase out-of-pocket expenses to recipients
- ◆ Change the CARES level-of-care assessment process for home and community-based services and nursing home services

**Those that CANNOT participate in Managed Integrated Care**

*Medicaid beneficiaries enrolled in the following programs:*

- ◆ Developmental Disabilities Waiver
- ◆ Family and Supported Living Waiver
- ◆ Institutional Care Facilities for the Developmentally Disabled
- ◆ Project AIDS Care Waiver
- ◆ Traumatic Brain and Spinal Cord Injury Waiver
- ◆ Consumer-Directed Care Waiver
- ◆ Florida Assertive Community Treatment (FACT) Team

**For More information**

Visit <http://ahca.myflorida.com> and click on the following *Florida Senior Care* banner.

