



**Statewide Medicaid
Managed Care
Child Welfare Specialty
Plan**

For CBC/CMO Staff

October 2018

(rev 11.26.18)

Objectives

By the end of this course, the learner will understand:

- Statewide Medicaid Managed Care Program and the Sunshine Health Child Welfare Specialty Plan
- Statewide roll-out
- Continuity of care
- Member complaints, grievances and appeals
- Potential quality incidents
- Changes in requirements and benefits
- Available member supports and resources

Implementation Roll Out



Phase 1:

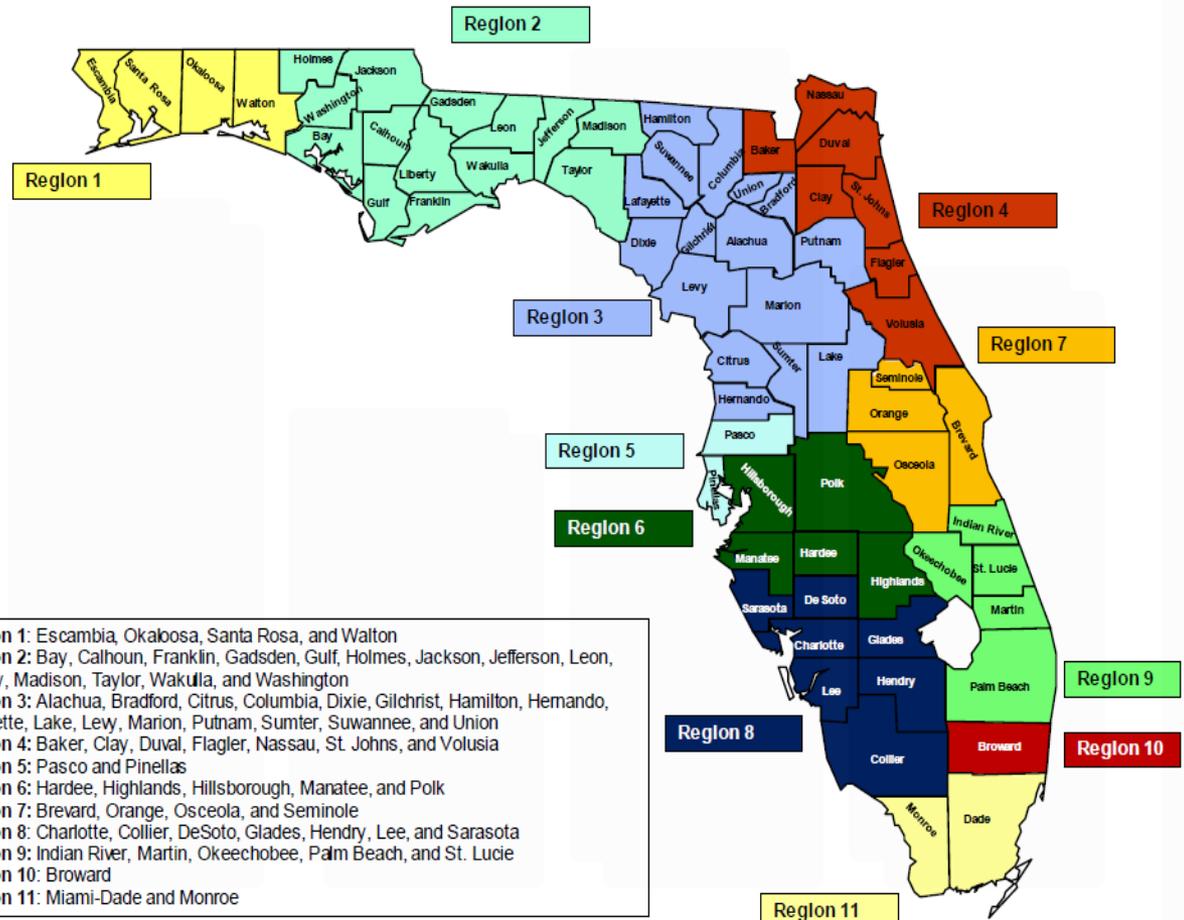
Dec. 1, 2018
Regions 9, 10 and 11

Phase 2:

Jan. 1, 2019
Regions 5, 6, 7 and 8

Phase 3:

Feb. 1, 2019
Regions 1, 2, 3 and 4



Region 1: Escambia, Okaloosa, Santa Rosa, and Walton
 Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
 Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
 Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
 Region 5: Pasco and Pinellas
 Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk
 Region 7: Brevard, Orange, Osceola, and Seminole
 Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
 Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
 Region 10: Broward
 Region 11: Miami-Dade and Monroe

CWSP Eligibility



Mandatory Populations

- Is a child, under the age of 21 years
- Has a child welfare case or post adoption case open for services in FSFN
- Members are identified by the State through an FSFN eligibility indicator in FMMIS

“The Agency reserves the right to make adjustments to the eligibility requirements and criteria used to identify recipients eligible to enroll in a Specialty Plan.”

The Agency may, at its sole discretion, expand the eligibility criteria to include young adults who exit the foster care system at age 18 up to the age of 26.

Initial Notification



- Members eligible for the CWSP will receive a letter with plan assignment and enrollment information
- If they choose to remain in the CWSP, further action is not needed
- If they choose to select another plan, they have 120 days to select another plan available in their region

Choice Counseling Contact

- Online
www.flmedicaidmanagedcare.com
- Automated Phone System (open 24/7)
Call 1-877-711-3662 with your pin
- Speak with a choice counselor via phone at 1-877-711-3662
 - TDD users ONLY call 1-866-467-4970
 - This assistance will be provided by phone
 - In-person visits are also available for recipients by request

Change Period



Initial Enrollment

- When a member is enrolled in our CWSP, they have 120 days to try our plan. If they do not like it for any reason, they can enroll in another SMMC plan in their region. Once those 120 days are over, the member is enrolled in our plan for the rest of the year. This is called being **locked-in** to a plan.
- After being in our plan for one year, the member can choose to stay with us or select another plan. This happens every year.

Open Enrollment

- Open enrollment is a period that starts 60 days before the end of a member's year in our plan. The state's enrollment broker will send the member a letter letting them know that they can change plans if they want.

Disenrollment Processes



Disenrollment Requests

- For good cause, at any time
- Without cause, for mandatory enrollees at the specified times

Voluntary Disenrollment

- During the 120 days following their initial enrollment
- Annual open enrollment period

Involuntary Disenrollment:

- Fraudulent use of the enrollee ID card
- Falsification of prescriptions by an enrollee



Sunshine Health's Child Welfare Specialty Plan

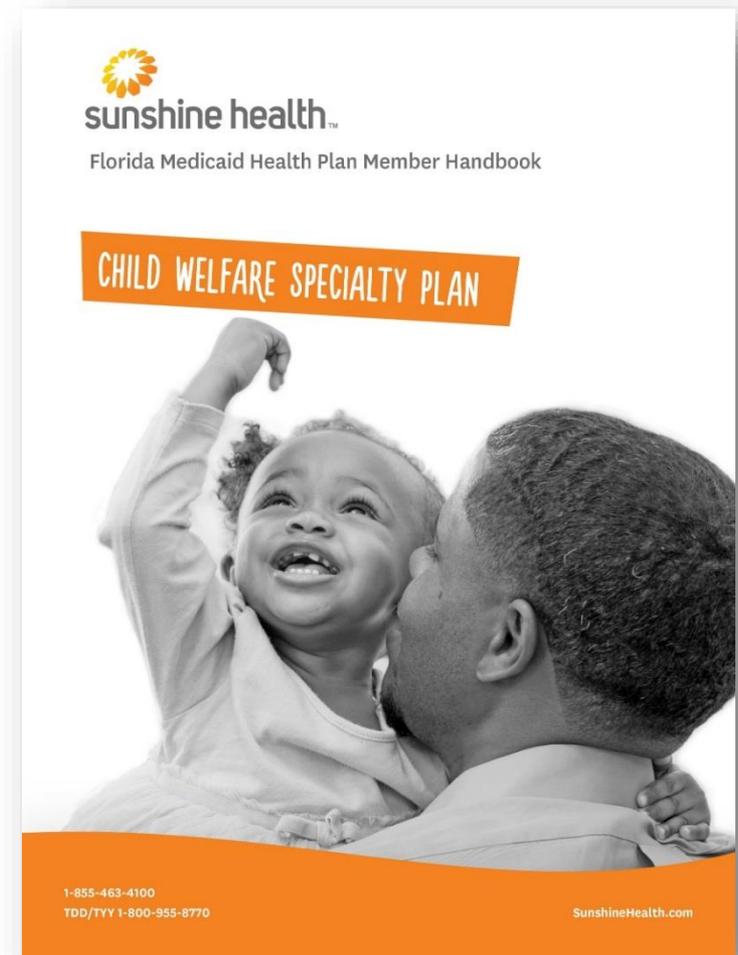
Sunshine Health's Products



Sunshine Health is in all 11 regions for MMA, Comprehensive Long Term Care and Child Welfare Specialty Plan.

For our **Child Welfare Specialty Plan**, we will continue our strong and successful partnership with **Community Based Care Integrated Health (CBCIH) and the CBC Lead Agencies**. Through this partnership we provide **Nurse and Behavioral Health Care Coordination** in each local CW Community Based Care (CBC) Lead Agency for the children we serve, including our members who have been adopted. This *unique, integrated model*, including CW CBC based Care Coordination staff, supports not only Sunshine Health's Care Management team but also the CW Dependency Case Managers.

Sunshine Health New Member Handbook



Call Center Support



- CWSP members can call our designated Member Services Department at **1-855-463-4100**, TTY users call 1-800-955-8770. If a CWSP member wants to speak with their care manager, Member Services will transfer them to the team that takes these calls.
- **All our providers can now call one number to get answers to their questions. The new number is 1-844-477-8313.**

Continuity of Care



- **Continuity of Care** helps our new members transition to Sunshine Health from their previous plan or Medicaid Fee For Service
- Our Child Welfare members will be able to continue any previously authorized services for **up to 90 days**

Types of COC



Which services are included in COC?

- For new members, any previously prior authorized ongoing course of treatment, with any provider, including a provider who is not participating with Sunshine Health

Sunshine Health is responsible for continuing to cover the costs of the course of treatment, without any form of authorization. This includes:

- Prior existing orders
- Provider appointments
- Prescriptions
- Prior authorizations
- Treatment plan/plan of care

Types of COC

What services are included in COC?

These services may continue past the 90 day CWSP COC period:

- Prenatal and postpartum care – up to the postpartum visit
- Transplant services through the first year post-transplant
- Oncology (radiation and/or chemotherapy) for the current round of treatment
- Full course of Hepatitis C treatment drugs

Member Complaints, Grievances and Appeals



- Sunshine Health does not delegate member complaints, grievances or appeals
- A complaint is any oral or written expression of dissatisfaction by an enrollee submitted to the Health Plan or to a state agency (e.g., AHCA). And, it must be resolved within **one business day** following receipt or it must be managed as a grievance
- A grievance is an expression of dissatisfaction about any matter other than an adverse decision to a prior authorization request
- An appeal is a request to review an adverse decision as a result of a prior authorization request. Members can request an appeal by phone, in person or in writing
- If a member is not happy with Sunshine Health's appeal decision, they can request a Medicaid Fair Hearing

Member Complaints, Grievances and Appeals



- Any person that speaks with a member may identify a potential member complaint, grievance or appeal. This includes our subcontractors.
- If you hear from a member that they may have a complaint or grievance, immediately notify Member Services. They will address the issue and follow the AHCA process.
- If a member says he/she wants to appeal an adverse decision we made, due to a prior authorization decision, immediately forward the information to our Quality Improvement, Grievance and Appeal staff:
 - Phone: 877-211-1999 or
 - By email: Sunshine_Appeals@centene.com

Potential Quality of Care

- A potential quality of care incident is any alleged act or behavior that may be detrimental to the quality or safety of patient care; is not compliant with evidence-based standard practices of care; or that signals a potential adverse, critical or sentinel event.
- Certain incidents must be reported to AHCA.
- Any potential quality of care issues must be immediately reported to the Quality Improvement department for investigation.

Potential Quality Incidents (PQIs)



PQIs are unusual events that negatively impact the health, safety or welfare of members, providers, physicians or employees

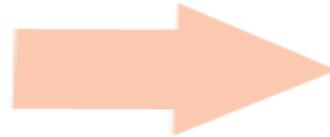
The event is considered UNUSUAL if the result was:

- Unintended
- Undesirable
- Unexpected
- Not consistent with routine operation or delivery of care and/or services

Potential Quality Incidents (PQIs)



- CBCs/DCMs must report PQIs immediately to CBCIH



- CBCIH is required to report the PQI to Sunshine Health immediately, but no later than the same day of becoming aware of the incident

Potential Quality of Care Incidents



Potential Quality of Care incidents may be identified by any internal employee to include UM, CM, Members/Caregivers, or external source. Potential **Quality of Care** Incidents may include, but are not limited to, the following:

Practitioner/provider denies service(s) to member

Concerns that care provider did not meet professionally recognized standards of healthcare

Member exposed to serious harm

Appropriate care provided but member experienced adverse outcomes

Misdiagnosis

Neglect or physical, mental, or psychological abuse

Testing/assessment insufficient, inadequate, or omitted

Testing/assessment
Concerns about prescriber, medications, or medication management

New Contract Requirements

New Contract Requirements



There are changes to our requirements for specific processes as a result of our negotiations with AHCA and the new contract terms. These changes primarily impact timeframes and other service level agreements in the following areas:

- Utilization Management
- Care Management, including LTC
- Member Services
- Provider Services
- Credentialing
- Provider Data Management
- Network

New performance expectations:

- **Provider Credentialing:** expedite process
- **Designated Dental Plan liaison**
- **Transportation:** improved performance
- **Member & Provider Call Centers:** improved performance
- **Health Risk Assessments:** SMI, Diabetes, Asthma, Pregnancy
- **UM:** reduce/eliminate auths for high performing providers
- **Subcontractor Oversight:** increased oversight, co-branding materials/health plan approval, no delegated grievance system,
- **Dedicated CW Medical Director:** oversee CM & UM
- **Healthy Rewards Program:** increase participation
- **Enhanced Emergency Management Plans/P&Ps**



New performance expectations: Network

- Increase availability of PCPs after hour appointments per region
- PCP ratios of 1/500 for CWSP
- 90 percent of all: STFC, STGC, BHOS, CBHA in network
- Provider training on trauma-informed care & dependency
- Provider Handbook to include requirements to coordinate with CBCs/DCF re: med records & case planning
- Telemedicine: expand services (PH&BH)

Potentially Preventable Events



What are **Potentially Preventable Events** (PPE)?

- PPEs are unnecessary health services that could potentially be avoided through more effective care and coordination. There are three types of PPEs: admissions, readmissions and emergency room visits
- PPEs represent services that increase costs and potentially indicate less than optimum care
- PPEs help Sunshine Health to form a framework to improve member outcomes

Potentially Preventable Events

- Sunshine Health has committed to AHCA to reduce our rate of PPEs for **admissions, readmissions and emergency room visits** for our **Child Welfare Specialty Plan members**. There are targeted rate reductions for each product and each region over the five years of the AHCA contract.
- Key actions we are implementing to reduce PPEs are:
 - Sharing member information with PCPs
 - Care management and utilization management interventions with members
 - Provider incentives
 - **Specialized CW programs and initiatives in partnership with CBCs/CBCIH**
 - **In Lieu of Services benefits (ILOS)**

Birth Outcomes



The focus on **birth outcomes for our CWSP** includes:

- Reducing the rate of first time cesarean section for conditions that are not medically necessary
- Reducing the rate of prematurity (babies born before 36 weeks gestation)
- Improve the rate of birth control within 60 days of the delivery date

Birth Outcomes

Sunshine Health has committed to AHCA to improve birth outcomes for our Child Welfare Specialty Plan. The improvements will be in every one of the 11 regions and for each of the five years of the contract.

The interventions Sunshine Health is implementing to reach these improvements include:

- Increase the early identification of pregnant women who are at risk for poor birth outcomes
- Increase enrollment in our maternity program, Start Smart for Your Baby
- Provider incentives
- New benefits to support mothers who have a substance use disorder
- **Specialized Teen Pregnancy Program for CWSP in partnership with CBCs/CBCIH**

Transitioning Youth



Sunshine Health must develop and **maintain transition of care policies and procedures** for our members who are transitioning out of the CW system.

Must include provision for convening a comprehensive treatment team meeting to discuss the services and supports our members will need post-separation.

If the services needed are not covered by Medicaid, Sunshine Health's CWSP must inform the youth, or their authorized representative, of any community programs and make the necessary referrals.

Sunshine Health must start transition planning:

- One year prior to the expected date upon which the youth will age-out of the CW system
- Immediately upon notification that a member has achieved permanency status (reunification, adoption, permanent guardianship)

Dental Coverage Change



- The dental benefits will be covered through one of the selected dental managed care plans. Those plans are DentaQuest, Liberty Dental Plan, and MCNA Dental
- The dental MCOs will cover the standard dental benefits and also provide enhanced dental benefits for adults
- Sunshine Health will help coordinate the dental services for our members with their dental MCO

Statewide Dental Providers



Dental Coverage



Type of Dental Service(s)	Dental Plan Covers	Medical Plan Covers
Dental Services	Covered when member sees their dentist or dental hygienist	Covered when member sees their doctor or nurse
Scheduled dental services in a hospital or surgery center	Covered for dental services by the dentist	Covered for doctors, nurses, hospitals and surgery centers
Hospital visit for a dental problem	Not covered	Covered
Prescription drugs for a dental visit or problem	Not covered	Covered
Transportation to a dental service or appointment	Not covered	Covered

Sunshine Health's CWSP Benefit Overview

Medicaid Benefits



These benefits are available to our MMA, Comprehensive LTC and Child Welfare Members. Our MMA and CWSP enhanced benefits have changed.

- | | | |
|--|---|--|
| <ul style="list-style-type: none">• Advanced Registered Nurse Practitioner• Ambulatory Surgical Center Services• Assistive Care Services• Behavioral Health Services• Birth Center and Licensed Midwife Services• Chiropractic Services• Dental Services• Child Health Check Up• Early Intervention Services (NEW)• Immunizations• Emergency Services | <ul style="list-style-type: none">• 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 Foster Care (NEW)• Medical Supplies, Equipment, Prosthesis and Orthoses | <ul style="list-style-type: none">• Optometric and Vision Services• Physician Assistant Services• Physician Services• Podiatric Services• Prescribed Drug Services• Renal Dialysis Services• Clinic Services• Targeted Case Management for children with Early Intervention (NEW)• Therapy Services• Transportation Services |
|--|---|--|

CWSP Enhanced Benefits



These are services not covered under the standard Medicaid program.

- Over-The-Counter (OTC) Medication/Supplies
- Newborn Circumcision
- CVS Discount Program
- Doula Services
- Home Delivered Meals – Post-Facility Discharge (Hospital or Nursing Facility)
- Meals – Non-Emergency Transportation Day-Trips
- Non-Emergency Transportation (Non-Medical Purposes)
- Care Grants
- Transition Assistance for Youth Aging Out
- Life Skills Development
- Expanded Prenatal/Perinatal Visits

CWSP Enhanced Benefits



NEW Expanded Benefits for CWSP youth! More detail...

- **Care Grants** – up to \$150 per year, per child. Used for services or supplies that the child could use for social or physical activities, such as gym membership, swimming lessons, sports equipment or supplies, art supplies, and application fees for post high school educational needs
- **Transition Assistance funds** – 1x transitional fund of up to \$500 per young adult transitioning out of foster care, or extended foster care, between 18 -21. Used toward services and items such as rental deposits, utility services, or household supplies (i.e., linens, appliances, furniture)
- **Life Skills Development** – for children and adolescents ages 12 + with developmental disabilities to provide life skills development that help the youth keep, learn or improve skills and functioning of daily living. In the home or OP
- **Non-emergency transportation/non-medical purposes** – three round trips per month
- **Doula Services** – for pregnant members
- **CVS discount program** – 20 percent off certain OTC items at CVS

In Lieu of Benefits



- **Mobile Crisis Assessment & Intervention in lieu of Emergency BH Care/IP (new)**
- **Infant MH Pre & Post Testing Services in lieu of Psychological Testing (new)**
- **Family Training & Counseling for Child Development in lieu of TBOS (new)**
- **Community Based Wraparound Services in lieu of TGC or SIPP (new)**
- ***Detoxification or Addiction Receiving Facilities in lieu of Inpatient Detox (new)***
- ***Ambulatory Detox Services in lieu of Inpatient Detox Hospital Care (new)***
- **Drop In Center in lieu of Clubhouse Services – ages 18 and over (new)**
- **Crisis Stabilization Unit in lieu of Inpatient Psychiatric Hospital Care (continued)**
- **Skilled Nursing Facility (continued)**
- **Partial Hospitalization Services in lieu of Inpatient Psychiatric Hospital Care (continued)**
- **Self-Help/Peer Services in lieu of Psychosocial Rehab (continued)**

Focus on Helping Members Get Quality Care

Focus on Quality



AHCA and Sunshine Health are focused on helping our members get the care they need.

Important Quality Measures:

Taking medications for asthma	Monitoring tests if on certain medications
Taking medications for depression	HIV care
Taking medications for schizophrenia	Prenatal and postpartum care
Diabetes care	Well child visits
Controlling high blood pressure	Immunizations
Follow-up after an ER visit for substance use or a mental health issue	Breast and cervical cancer screening, and chlamydia screening
Follow-up care for children with ADHD	Lead screening for children

Three New Additional Performance Measures for CWSP

Additional performance measures (in addition to HEDIS):

- 1) Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-BH)**
- 2) Contraceptive Care – Most and Moderately Effective methods: Ages 15-20 (CCW-CH)**
- 3) Developmental Screening in the First Three Years of Life (DEV-CH)**

Ways We Support Members

CWSP Specialized, Dedicated and Integrated Care Management Program

What we do to help:

- Sunshine Health dedicates a **Care Management team** of licensed nurses and behavioral health clinicians to provide specialized care management to meet the unique needs of children in CW
- **CBCIH** provides **Care Coordination** and **clinical expertise** to support the CBC Care Coordinators and Dependency Case Managers: *Physical Health, Behavioral Health, Adoption*
- **Nurse Care Coordinators** provide local care coordination at each CBC
- **Behavioral Health Care Coordinators** provide local care coordination at each CBC
- **Adoption Coordinators** provide local care coordination at each CBC for our post-adoption members

CWSP Program Enhancement

- **Transitional Independent Living**
 - Specialized Care Management
 - Targeted transition planning in coordination with the CBCs to address healthcare needs and social determinants of health (housing, education, employment)
 - Training/workshops for youth related to accessing healthcare as they transition
 - Partnerships & coordination with agencies/programs serving TIL youth throughout the state
- **Pregnant Teens in Care**
 - Strategies to identify pregnant teens earlier and connect them to prenatal care
 - Partnerships & coordination with maternity group homes serving youth in care
 - Stronger partnerships & coordination with Healthy Start
 - Digital Apps for pregnant youth
 - Training and support to group homes, foster homes and CBCs
- **Promoting Adoption Success**
 - Continue and enhance program
 - Specialized Care Management
 - Community Partnerships with organizations and adoption supports
 - Network development
 - Training to adoptive parents, CBCs, and other stakeholders



CWSP – Healthy Rewards Rewards/CentAccount



CentAccount includes new/different rewards for completing healthy behaviors:

- Annual Comprehensive Diabetes Care: \$40
- Four Weight Loss Health Coaching Sessions: \$20
- Four Smoking Cessation Health Coaching Sessions: \$20
- Program Consent for Smoking & Weight Loss Coaching: \$5
- Substance Abuse Health Coaching Sessions: Up to \$30
- Follow-Up after Discharge from an IP BH facility: \$10
- Every Third Prenatal Visit: \$10
- Postpartum Doctor Visit: \$10
- Annual Well Child Visit: \$10
- Health Risk Screening completed: \$10
- Six Infant Well Care Visits w/PCP by 15 mos old: \$50

CentAccount[®] REWARDS

You can use your Rewards card at the following stores:



Ways We Support Members



Sunshine Health innovations developed to help our members get services, education and community services:

- **Aunt Bertha** to identify community resources and supports
- **Telemedicine** options to provides live chat access with a pediatric and behavioral health clinicians
- **Krames Staywell Health Library** provides members with health information on 4,000+ topics through a mobile app or online.

Accomplishing Our Goal Together



By providing our members with information on benefits, providers, community resources and health education we empower them to take charge of their care.





Thank you for learning about our Medicaid
Child Welfare Specialty Plan.

**Thank you for your partnership and the
work you do every day to keep our children
healthy!**