

MCO Supplemental Payment Program Updates

April 30, 2020

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PEMT Overview

Summary of Legislative Session

FFCA successfully obtained funding for the Managed Care Supplemental Payment program, as well as preserved the current PEMT program.

- \$89M in funding was approved in State Bill 2500, which was signed by the Governor DeSantis on 06/21/2019.
- Medicaid Managed Care (MCO) Payment Program – Established a \$54M (all funds) funding pool but requires a different state share funding mechanism through intergovernmental transfers (IGTs), as well as requires payments to be made by Medicaid managed care organizations (MCOs).
- Medicaid FFS program – Maintains \$35M in Medicaid supplemental payments financed through CPEs. Exactly how the current PEMT program operates today.

Program	Funding
Medicaid MCO*	\$54,786,711
Medicaid FFS	\$35,000,000
Total Medicaid	\$89,000,000



- **\$37,074,167 in *new federal Medicaid funding*** established as a result of this effort!
- A **100% increase** in Medicaid federal funding available to the government owned Fire & EMS community!

**Represents Total Funding amounts Federal and State Share.*

Comparison of Supplemental Payment Programs

PEMT Fee For Service

1. Requires Providers to submit a **Medicaid cost report** on an annual basis.
2. Providers receive a Medicaid supplemental payment on difference of Medicaid cost compared to Medicaid payments received from AHCA.
3. Medicaid supplemental payment is **provider specific**.
4. State share is provided through a **certification of public expenditures** (no transfer of funds).
5. Process repeats on an annual basis.



Managed Care

1. Medicaid managed care supplemental payments are made based upon **transports, tied to utilization**, and will be made on a **quarterly basis or schedule approved by AHCA**.
2. Medicaid payments **are not provider specific**, as CMS requires consistent payments across provider classes.
3. Medicaid payments are made by **Medicaid managed care organizations (MCOs)** and not by AHCA.
4. Providers have to **fund and transfer the state share** through an **intergovernmental Transfer (IGT)** to AHCA.

Program Requirements to Participate

1. Participate in the prior years PEMT program, for this first year that means providers who participated in FY 2017-18.
 - a) There were 65 eligible providers for Year 1
 - b) There are 82 eligible providers for Year 2 (July 1, 2020 to June 30, 2021)
2. Meet the definition of a government owned ambulance provider consistent with the PEMT program requirements.
3. Active NPI number.
4. Receive authorization to IGT from governing body and set expectations.
5. Contract with all **Medicaid MCOs** within your region
 - a. PCG will be assisting in drafting standard contract language for the MCOs to leverage.
 - b. If a contract is not executed, the MCO will not be required to make payment to the provider.



MCO Funding Pool

The \$54.8 million Medicaid managed care funding pool will require provider participation in order to access these funds.

- Providers will be contributing \$17.7 million total (IGT) in order to draw down an additional \$37 million in federal funding will be drawn down to providers.
- There was a recent increase to the Federal Medicaid Assistance Percentage (FMAP) of 6.2% due to the COVID-19 impact, AHCA is able to lower the State share IGT amount needed and draw down additional Federal share dollars.

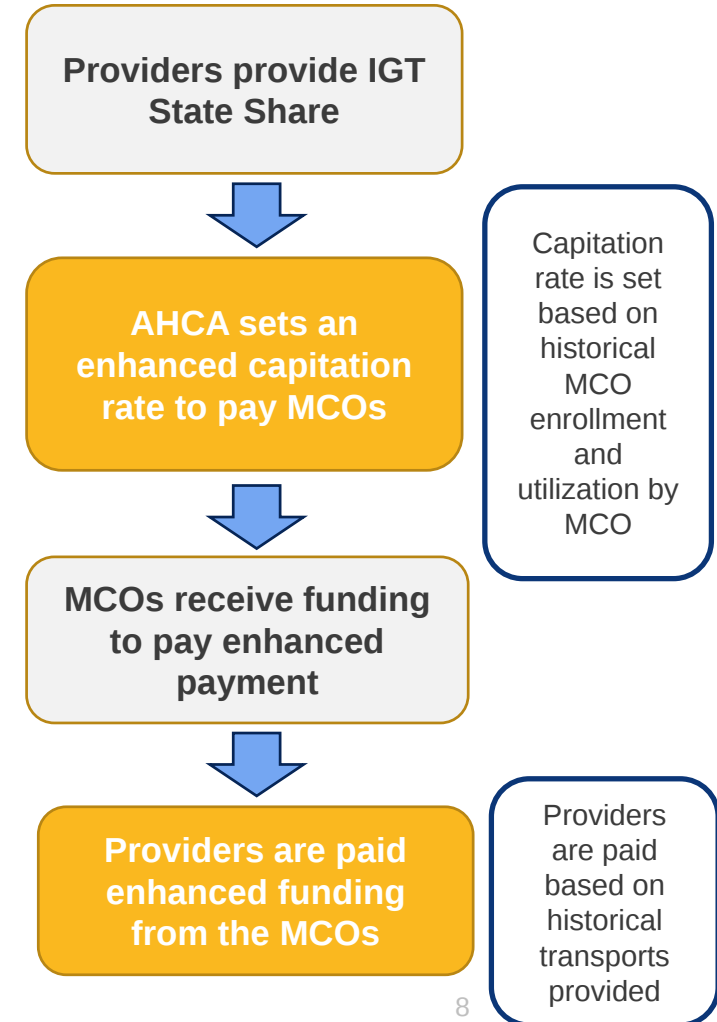
Medicaid MCO Funding Pool	\$54,786,711
Federal Share (FMAP 67.67%)	\$37,074,167
State Share (FMAP 32.33%)	\$17,712,543

Medicaid Managed Care Supplemental Payment Program

Medicaid Managed Care Supplemental Program will operate differently than the current PEMT program.

- The enhanced funding pool of \$54,786,711 (all funds) has been established for **qualifying** government owned ambulance providers.
 - Funding will be paid out in accordance with schedule approved by AHCA
- Providers will provide funding of the state share of the pool via a wire transfer or check to the state in the form of an **Intergovernmental transfer (IGT)**.
- Funding to MCOs will be made through **establishment of a discrete per member per month premium capitation rate**.
- AHCA will send MCOs the funding to make enhanced rate payments to providers.
- Providers will be paid a **lump sum supplemental payment** on a quarterly basis that will be tied to utilization.
- Payment per trip add-ons **will be consistent across all providers**.

Quarterly Process



MCO Funding Pool Allocation Between Providers

- In our August trainings, we explained that the allocation of funds between providers would be based on actual utilization. This has since changed:
- The initial allocation or payment of funds to providers will be based ***off of prior year or historical Managed Care transports***, which will serve as projections for the current fiscal year.
- The transports have been obtained from AHCA's encounter data warehouse, as reported by the MCOs and is based up fiscal year 2018 Managed Care transports.
- This methodology will provide for more payment certainty to providers, as the funding to be received by providers will be established by MCO.
- If utilization varies significantly from the model for a provider, there will be a reconciliation process (explained more later) to ensure proper payments.

MCO Funding Pool Allocation

- PCG can provide each of its providers an estimate of how much funding they will receive from each MCO within their region.
- When payments are ready to be made from AHCA to the MCOs, AHCA will be posting a table that shows payments by MCO to each provider

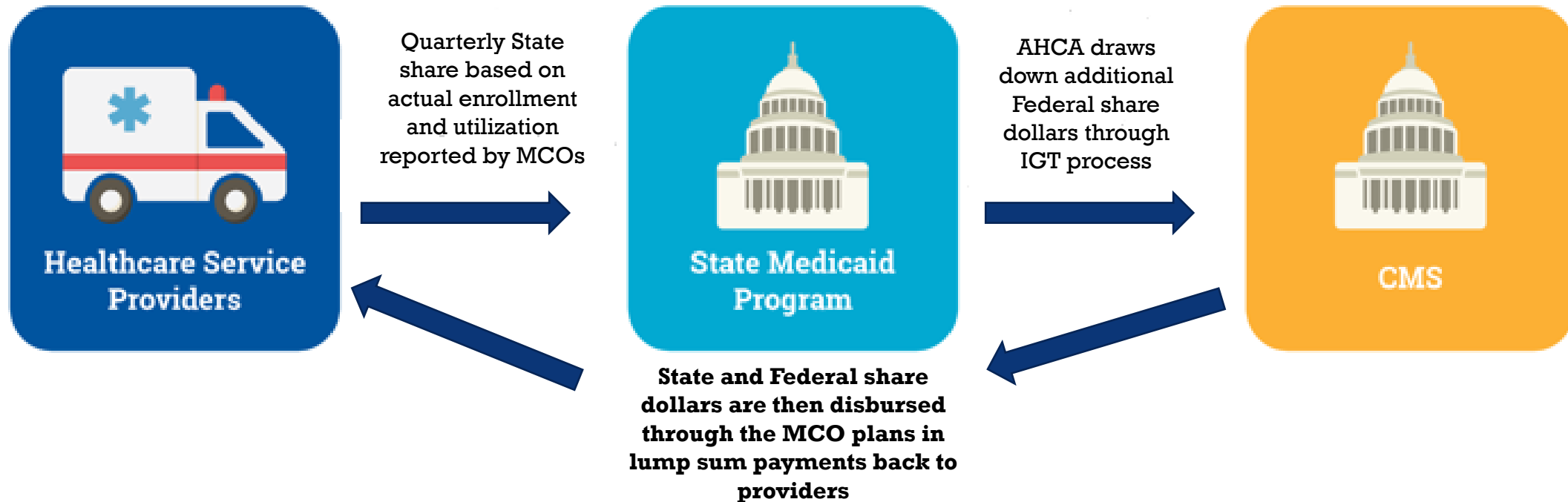
Provider 1	Historical Provider Trips	Total MCO Trips	Provider % of MCO Trips	Quarterly Funding	Payment/ Transport	Payment Due to Provider	IGT request*	Net New Funds Federal Share
MCO 1	324	36,000	0.90%	\$7,980,840	\$221.69	\$71,828	\$23,222	\$48,606
MCO 2	2,300	9,500	24.21%	\$2,106,055	\$221.69	\$509,887	\$164,846	\$345,041
MCO 3	234	22,111	1.06%	\$4,901,788	\$221.69	\$51,875	\$16,771	\$35,104
MCO 4	323	7,201	4.49%	\$1,596,390	\$221.69	\$71,606	\$23,150	\$48,456
MCO 5	876	22,300	3.93%	\$4,943,687	\$221.69	\$194,200	\$62,785	\$131,415
Totals	4,057	97,112		\$21,528,759	\$221.69	\$899,396	\$290,775	\$608,621

Intergovernmental Transfer (IGT) Process

Overview of IGTs

Intergovernmental transfers (**IGTs**) are a transfer of funds from another government entity (e.g., county, city or another state agency) to the state **Medicaid** agency.

- This provides a guarantee of federal matching funds for state expenditures for health and long-term care services for the country's low-income population.
- IGTs are the backbone and necessary for the success of the Medicaid managed care supplemental payment strategy – If providers do not IGT, it may impact the viability of the program.



History of IGTs in Florida and other Medicaid financing

- IGTs has been a mechanism used by Hospitals in Florida to fund the Low-Income Pool (LIP), a similar Medicaid supplemental payment program.
- IGTs have been used to increase Medicaid payments to publicly owned physician practice plans that are part of state medical schools.
- IGTs have been used by Nursing Homes to enhanced Medicaid rates.
- Most, if not all, Medicaid Supplemental Payment programs have some sort IGT financing arrangement with safety net and/or public providers.

IGT Letter of Agreement Form

AHCA facilitates IGT participation through the letter of agreement (LOA) form.

- The form is an agreement between AHCA and the provider to IGT for the State share of the MCO supplemental payment program.
- It was due January 31, 2020 for Year 1 eligible providers. **It will be due October 1st of every year going forward.**
- Typically little flexibility on the language of the form in terms of accommodating changes to the agreement.
- If not submitted by this time, providers will not be eligible to IGT the State share that is needed to draw down federal funding.



IGT Invoices

- AHCA is anticipating sending out IGT invoices to providers that signed LOAs by end of next week, May 8th
 - They are currently waiting on the LOAs to be executed by the AHCA Commissioner
- AHCA typically likes the IGT to be transferred within two weeks
- Any delay in paying the invoices will result in a delay in the MCO plans paying out providers
- All agreements will need to signed with MCOs for providers to be paid

How to Sign Agreements with MCOs

How to Sign Agreements with MCOs

1. Identify your region
2. Review and identify the Managed Care Organizations (MCOs) within your region
3. Using the contact list, reach out to each MCO with the draft agreement via email

MCO Provider Regions

- 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



Contract With All MCOs in your Region

In order to receive the supplemental payment benefit, all providers will need to contract with the MCOs in their region.

STATEWIDE MEDICAID MANAGED CARE (SMMC) HEALTH PLANS (2018-2023)														SMMC SPECIALTY PLANS (2018-2023)				
REGION	AETNA BETTER HEALTH	COMMUNITY CARE PLAN	FLORIDA COMMUNITY CARE	HUMANA MEDICAL PLAN	LIGHTHOUSE HEALTH PLAN	MIAMI CHILDREN'S	MOLINA HEALTHCARE	PRESTIGE	SIMPLY HEALTHCARE	STAYWELL	SUNSHINE HEALTH	UNITEDHEALTHCARE	VIVIDA HEALTH	CHILDREN'S MEDICAL SERVICES PLAN – CHILDREN WITH CHRONIC CONDITIONS	CLEAR HEALTH ALLIANCE – HIV/AIDS	MAGELLAN COMPLETE CARE – SERIOUS MENTAL ILLNESS (SMI)	STAYWELL – SERIOUS MENTAL ILLNESS (SMI)	SUNSHINE HEALTH – CHILD WELFARE
1			FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP	LIGHTHOUSE HEALTH PLAN MMA					STAYWELL COMP	SUNSHINE HEALTH COMP			CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC
2			FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP	LIGHTHOUSE HEALTH PLAN MMA					STAYWELL COMP	SUNSHINE HEALTH COMP			CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC
3			FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP						STAYWELL COMP	SUNSHINE HEALTH COMP	UNITEDHEALTHCARE COMP		CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC
4			FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP						STAYWELL COMP	SUNSHINE HEALTH COMP	UNITEDHEALTHCARE COMP		CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC	MAGELLAN COMPLETE CARE SPEC	STAYWELL SPEC	SUNSHINE HEALTH SPEC
5			FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP					SIMPLY HEALTHCARE COMP	STAYWELL COMP	SUNSHINE HEALTH COMP			CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC	MAGELLAN COMPLETE CARE SPEC	STAYWELL SPEC	SUNSHINE HEALTH SPEC
6	AETNA BETTER HEALTH COMP		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP					SIMPLY HEALTHCARE COMP	STAYWELL COMP	SUNSHINE HEALTH COMP	UNITEDHEALTHCARE COMP		CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC
7	AETNA BETTER HEALTH COMP		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP					SIMPLY HEALTHCARE COMP	STAYWELL COMP	SUNSHINE HEALTH COMP			CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC	MAGELLAN COMPLETE CARE SPEC	STAYWELL SPEC	SUNSHINE HEALTH SPEC
8			FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP			MOLINA HEALTHCARE COMP			STAYWELL COMP	SUNSHINE HEALTH COMP		VIVIDA HEALTH MMA	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC
9			FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP		MIAMI CHILDREN'S MMA		PRESTIGE MMA		STAYWELL COMP	SUNSHINE HEALTH COMP			CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC
10		COMMUNITY CARE PLAN MMA	FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP					SIMPLY HEALTHCARE COMP		SUNSHINE HEALTH COMP			CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC
11	AETNA BETTER HEALTH COMP		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP		MIAMI CHILDREN'S MMA	MOLINA HEALTHCARE COMP	PRESTIGE MMA	SIMPLY HEALTHCARE COMP	STAYWELL COMP	SUNSHINE HEALTH COMP	UNITEDHEALTHCARE COMP		CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC

MCO Plan Contacts

Plan Name	Provider Relations Contact
Aetna Better Health	Susan Waldman Email: FLMedicaidProviderRelations@aetna.com Phone: 1-800-441-5501
Children's Medical Services Plan	Barbara Mason Email: Barbara.Mason@wellcare.com Phone: 407-551-3238
Community Care Plan	Remon Walker Email: rwalker@ccpcare.org Phone: 954-622-3308
Florida Community Care	Grace Rodriguez Email: grorodriguez@fcchealthplan.com Phone: 1-833-322-7526 ext.106494
Humana	<u>LTC provider contact:</u> Ann Jamke Email: LTCProviderrelations@humana.com Phone: 561-860-8660 <u>MMA Provider contact:</u> Sonia Rozada Email: FLMedicaidProviderRelations@humana.com Phone: 305-626-5006 / 305-626-5266
Lighthouse	Carrie Skeen Email: providerrelations@lighthousehealthplan.com Phone: 1-844-243-5181

Magellan Complete Care	Dione Prinzi Sadr Email: sadr@magellanhealth.com Phone: 407-374-5540
Miami Children's Health	Email : ProviderServices@MiamiChildrensHealthPlan.com Phone: 1-844-243-5188 Fax: 1-888-843-3938
Molina Healthcare	Lisa Schwendel Email: Lisa.Schwendel@MolinaHealthCare.Com Phone: 1-866-422-2541 ext. 223594
Prestige Health Choice	Lillian Morales LBMorales@prestigehealthchoice.com 561-282-4222
Simply Healthcare	<u>LTC provider contact:</u> Renee Thomas Email: renee.thomas@amerigroup.com Phone: 954-308-9410 General LTC inquiry: ltprovrelations@amerigroup.com <u>MMA provider contact:</u> Dixie Hollis Email: DHollis@simplyhealthcareplans.com Phone: 813-425-8017
Staywell	Barbara Mason Email: Barbara.Mason@wellcare.com Phone: 407-551-3238

Sunshine Health	Mark Barrett Email: sunshinecontracting@centene.com Phone: 1-866-595-8116
United Healthcare	Felix Gonzalez Email: felix_m_gonzalez@uhc.com Phone: 407-659-6965
Vivida Health	Stacey Lau Email: providerrelations@vividahealth.com Phone: 1-844-243-5175

****Clear Health Alliance is a plan associated with Simply Healthcare**

Bank Information for MCOs

Bank Information for MCOs

All providers will need to send AHCA bank information so that the MCOs can transfer the supplemental payments to the providers.

Please send the following information to Kristen Johnson at
Kristen.Johnson@ahca.myflorida.com

1. Correct name, telephone number and email address for the contact at each provider that plans should be working with to establish the payment process.
2. Bank account and ABA number
3. The plan **may** request a voided check or a letter from the provider's bank (on bank letterhead) corroborating the provided banking information
4. The plan **may** also require an updated IRS W-9 form

AHCA End of Year Reconciliation Process

AHCA End of Year Reconciliation Process

- AHCA will reconcile projected transports to actual transports at the end of the reporting year, June 30th.
- This reconciliation will focus on a provider's actual MCO transports compared to the projected amount with which the payments were calculated.
- If a provider had less than 95% of their projected transports, providers will be required to pay back the amount below the 95% threshold.
- In the case that a department provides transports over their projected amount of transports per the model, there will be no increase in add on payments above the original add on payment that was calculated.



AHCA End of Year Reconciliation Below 95% of Projected Transport Threshold

- In this example a provider was projected to complete 100 transports, but only provided 93 transports.
- This provider is under the 95% utilization threshold set (expected transports were 95 in this case) by this program. Because of this, they are required to pay back the Federal portion of the add on payments they received that for the transports that are below the 95% threshold.
- In this example, the provider had to payback the Federal portion of the add on payments associated with the transports that were below the 95% utilization (2 transports in this case).

	MCO Transports Based on Payment Model	Actual MCO Transports Reconciliation
Transports	100	93
Interim Payment Per Transport	\$ 100	\$ 100
Add on Payment Per Transport	\$ 200	\$ 200
Total Payment Per Trip	\$ 300	\$ 300
Total Interim Payments	\$ 10,000	\$ 9,300
Total Add on Payments	\$ 20,000	\$ 20,000
Total Payments	\$ 30,000	\$ 29,300
Transports below the 95% Threshold	0	2
Total Add On Amount Below 95% Threshold	\$ -	\$ 400
Amount to be Paid Back (Federal Share of 67.67%)	\$ -	\$ 271
Net Payment to Providers	\$ 30,000	\$ 29,029

AHCA End of Year Reconciliation Process Above Projected Transports

- In this example, a provider was projected to complete 100 transports but provided 102.
- Even though the provider is over the projected utilization per model the provider will not receive add on payments above the projected amount outlined in the model due to the cap being in place.

	MCO Transports Based on Payment Model	Actual MCO Transports Reconciliation
Transports	100	102
Interim Payment Per Transport	\$ 100	\$ 100
Add on Payment Per Transport	\$ 200	\$ 200
Total Payment Per Trip	\$ 300	\$ 300
Total Interim Payments	\$ 10,000	\$ 10,200
Total Add on Payments	\$ 20,000	\$ 20,000
Total Payments	\$ 30,000	\$ 30,200
Transports Over Projections	0	2
Total Add On Amount Below 95% Threshold	\$ -	\$ -
Amount to be Paid Back (Federal Share of 67.67%)	\$ -	\$ -
Net Payment to Providers	\$ 30,000	\$ 30,200

Timelines and Next Steps

Year 1 Timeline

- AHCA will notify providers of IGT amounts- this will be for the full IGT amount
- This IGT will be sent to AHCA from providers, in order to draw down the Federal funding
- The providers IGT amount, along with the Federal funding will be passed through the MCOs back to providers.



- Providers should expect a 15 to 45 days until IGT investment and additional federal dollars are realized.

Year 2 Timeline

- LOAs will need to be signed by October 1, 2020
- AHCA will notify providers of IGT amounts
- This IGT will be sent to AHCA from providers, in order to draw down the Federal funding
- The providers IGT amount, along with the Federal funding will be passed through the MCOs back to providers.
- Providers should expect a 15 to 45 days until IGT investment and additional federal dollars are realized.

Payment Schedule: Three Payments in Year 2 and Going Forward

- Payment 1: July to December (Two Quarters) because the LOAs are not due till October 1, 2020
- Payment 2: January to March (One Quarter)
- Payment 3: April to June (One Quarter)

Next Steps

Immediate

- Providers will need to submit IGT amounts to AHCA as soon as possible after they receive their invoice
- Providers need to reach out to the MCOs in their region to get agreements signed
- Providers need to send AHCA their bank information

Ongoing

- Track payments
- Update payment model prospectively

PCG can assist all of our providers with many of these steps!



Contact Us

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