



Navigating the Health Care Maze

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+ Disclosure



- The presenter has nothing to disclose with regard to commercial interests or financial relationships



LEARNING OBJECTIVES



1. Describe challenges in access and transitions of care for the aging population in Florida.
2. Identify and describe the components of the health care system that provide access to care and services for population 65+ and the frail elderly
3. Discuss the benefits of Managed Medicaid in Florida
4. Identify at least 3 community resources that assist with transitions of care and access to services

+ Sra. Pilarcita: A Real Life Example of Health Care Challenges and Solutions



+ Her story:

- 90 y/o living in an government financed housing complex for people 55 +
- Ambulates independently, starting to experience some cognitive decline.
- Speaks limited English, visual and hearing issues
- Recipient of Medicare, Medicaid. Recently qualified for Long Term Medicaid





Resources and Services for the Older Adult.



- Health care professionals
- Home Health Care
- Hospice
- Short term Rehab
- Durable Medical Equipment
- Adult Day Care
- Alzheimer's programs
- Medical Respite
- Community Programs (*E.g. Impact Broward*)
- Caregiver assistance
- Paratransit
- Home Modification
- Emergency Medical Alert
- Meal Delivery
- Guardianship
- Case Management
- Assisted Living Facilities
- Public Housing

+ Challenges experienced

- Three separate and distinct sources of coverage
- Primary physician participation in the plans
- Coordination of care
- Caregiver's issues





Understanding Florida's Medicaid Program

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+ Disclosure



- I disclose the following relevant financial relationships:
 1. Sunshine Health employee
 2. Centene Corporation shareholder

+ What's What for "Dual Eligible" Adults??

Mom's health care

Medicare

Medicaid

MMA

LTC

Members get to choose their health plan for each. Florida's "Comprehensive Plans" offer both for better coordination.

Medicare

- Primary for all medical services, including rehab at home or in a nursing home

Medicaid

- Florida MMA:
 - Medicare cost shares (billed by provider to health plan) and a few medical services that aren't covered by Medicare
- Florida LTC
 - For members who need a nursing home level of care (support with Activities of Daily Living):
 - Nursing Home custodial care
 - Assisted Living services
 - Home and Community-Based Services (HCBS)



MEDICARE

<https://www.medicare.gov/what-medicare-covers/index.html>



Medicare is a health insurance program for:

- people age 65 or older,
- people under age 65 with certain disabilities, and
- people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).



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+ Medicare Advantage

<https://medicare.com/medicare-advantage/medicare-part-c/>

- Sometimes called Medicare Part C
- They are Medicare-approved private health insurance plans for individuals enrolled in Original Medicare, Part A and Part B.
- Enrollees must continue paying Part B premiums
- Costs will vary by the services and the type of plan purchased.
 - Each Medicare Advantage plan can charge different out-of-pocket costs and have different rules for how to get services (like whether you need a referral to see a specialist or can use only doctors, facilities, or suppliers in the network).



Medicaid Managed Care: Why?



- Help states run Medicaid programs that are efficient and effective
 - Develop new strategies and programs to improve outcomes – e.g. reduce Emergency Department utilization, decrease hospital admissions/readmissions and other forms of institutionalization
 - Assume financial “risk” for medical costs; ensure appropriate utilization
 - Monitor fraud, waste, and abuse

- Maintain a comprehensive network of providers that offers access and choice
 - Primary care, specialists, pharmacies, labs, therapy centers, home health care, hospitals, nursing homes, assisted living, etc.
 - Network standards plus every case gets necessary services
 - Pay claims; Medicaid must coordinate with primary payers

- Help people connect to the right services at the right time
 - Disease management, community care and discharge planning through case management
 - Respect individual needs and preferences while following the Medicaid rulebook

+ Medicaid LTC: Times have changed

- Historically, Medicaid covered long-term care in nursing homes.
- Nursing home care is expensive and, for most people, not the ideal setting for aging with independence.
- States now apply for “waivers” to spend Medicaid dollars on community care instead.
- “Non-traditional” home and community services are more cost effective than nursing homes for most people.
 - Examples of community care: Assisted living, assistance with Activities of Daily Living in the home, home modification, incontinence supplies, personal emergency response system, meals
- LTC plans are expected to help members transition from nursing home to community when that’s a realistic option for the member
- Every member has a Care Manager focused on “person-centered care planning,” which takes into account individual goals, preferences, and natural supports.



Every State Medicaid program is different.

Resources for understanding Florida's program



- Aging & Disability Resource Centers for information/referrals:
<http://elderaffairs.state.fl.us/doea/arc.php>
- Detailed health plan info specific to your county:
<http://www.flmedicaidmanagedcare.com/>
- Understanding MMA & LTC:
http://www.fdhc.state.fl.us/Medicaid/recent_presentations/SM_MC_webinars/LTC_and_MMA_Putting_the_Pieces_Together_Final_2014-08-19.pdf
- Email contact with the Agency for Health Care Administration (AHCA): ahcacontact@ahca.myflorida.com
- Updates about the Statewide Medicaid Managed Care program:
www.ahca.myflorida.com/SMMC



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