

Medicaid Survey Results

The Communications Committee of the Florida Children and Youth Cabinet has collaborated with a state Medicaid workgroup and the Agency for Healthcare Administration to identify topics and questions from professionals in the field related to Medicaid and available services. A five question survey was developed to capture information on:

- State agency or organization represented,
- Responses to questions on Medicaid and available services, and
- Any other questions related to Medicaid and available services.

The survey period began on Tuesday, March 20, 2018 through Friday, April 6, 2018.

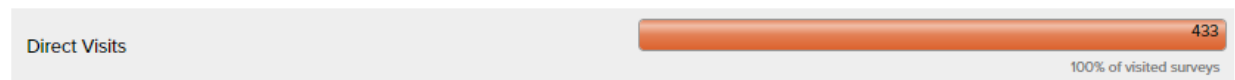
Who responded

How people started and completed the survey



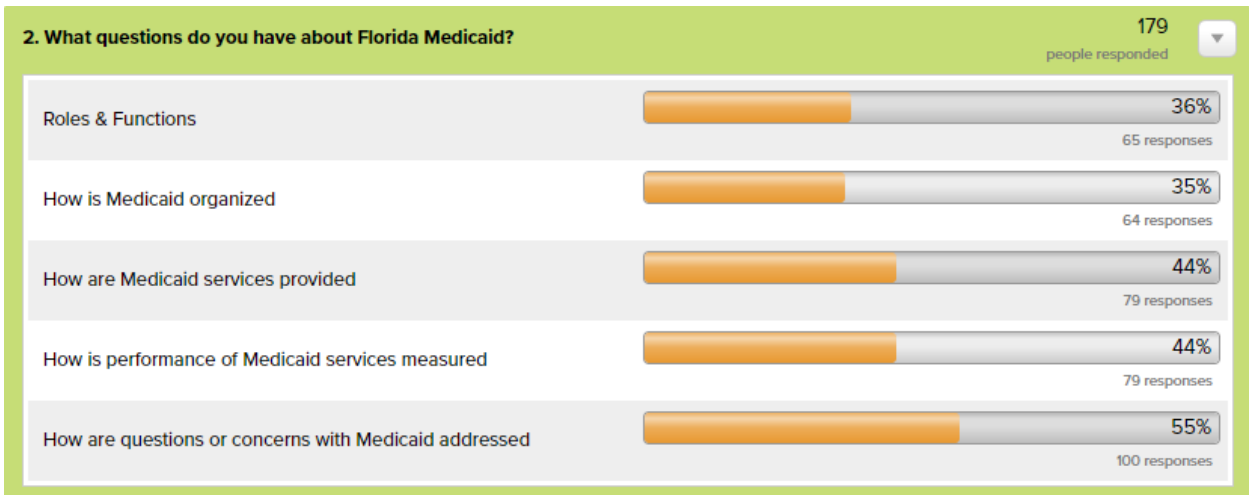
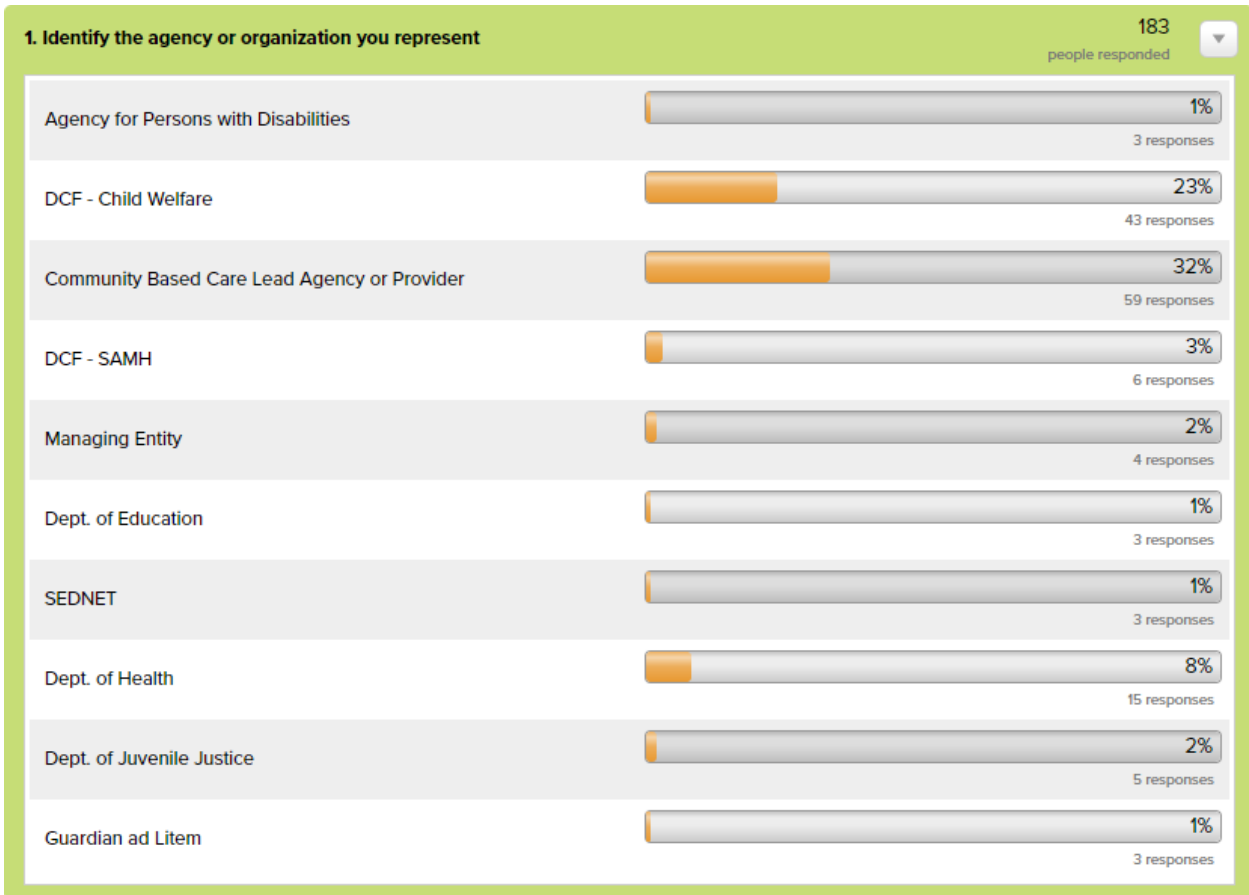
Where they came from

How people were directed to the survey



The survey results on the following pages reflect the responses from participants. This information will be used by the state Medicaid workgroup and the Agency for Healthcare Administration to identify, and/or develop, training and associated materials to increase awareness and understanding of Medicaid and available services to strengthen local and state systems of care.

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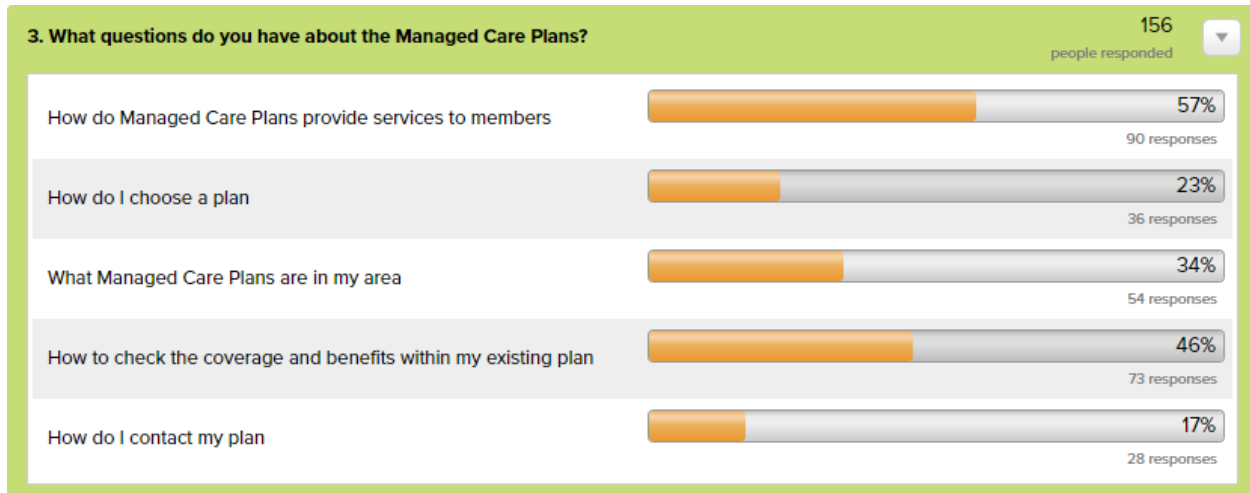
Open-ended Responses:

- Brief explanation for the terminology: State Plan and what it covers, waivers
- How long is the application process?
- How are contract measures enforced?

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- Why have so many doctor's offices stopped accepting different types of Medicaid?
- Clearer definitions on requirements for diagnosis acceptable for TCM
- How to add services
- Why is the process of becoming a Medicaid provider so cumbersome?
- How does Medicaid develop its provider handbook and how often is the handbook updated?
- How can changes be requested to reflect new services such as MAT?
- How is it ok for an individual to have private insurance and Medicaid at the same time?
- How do caregivers apply for Medicaid when children are placed in their care?
- How hard the process and how long does the process take?
- What is covered for who and when?
- Who to contact when we have questions about Medicaid rules?
- What are the different Benefit Plans/what do the acronyms stand for?
- What qualifies an agency to be denied or accepted into a network for Area 1?
- How can we assist a client who has lost their Medicaid for some reason?
- How do you determine access to care?
- What numbers/locations do we send clients to assist them and answer questions?
- How are individuals with straight Medicaid coordinated?
- Who has responsibility for recruiting additional Medicaid State Plan providers when there are insufficient providers to meet the service needs of a particular location?
- The emergency Medicaid for pregnant women is not sufficient time and we are having major issues with pregnant women and documentation. Need assistance!
- How are reimbursement costs determined?
- Why do things switch with little or no notice/reason?
- How to become a Medicaid provider?
- Why is it so difficult to change the PCPs? It is so frustrating!
- How are questions/concerns addressed with service providers? i.e. a Medicaid recipient has an issue at an office visit.
- Continuity of Health Care and Case Management
- Interpretations in Medicaid handbooks
- We need much more provider relations support
- How long does "temporary Medicaid" last? (Specifically, regarding nonresident aliens)
- Qualifications

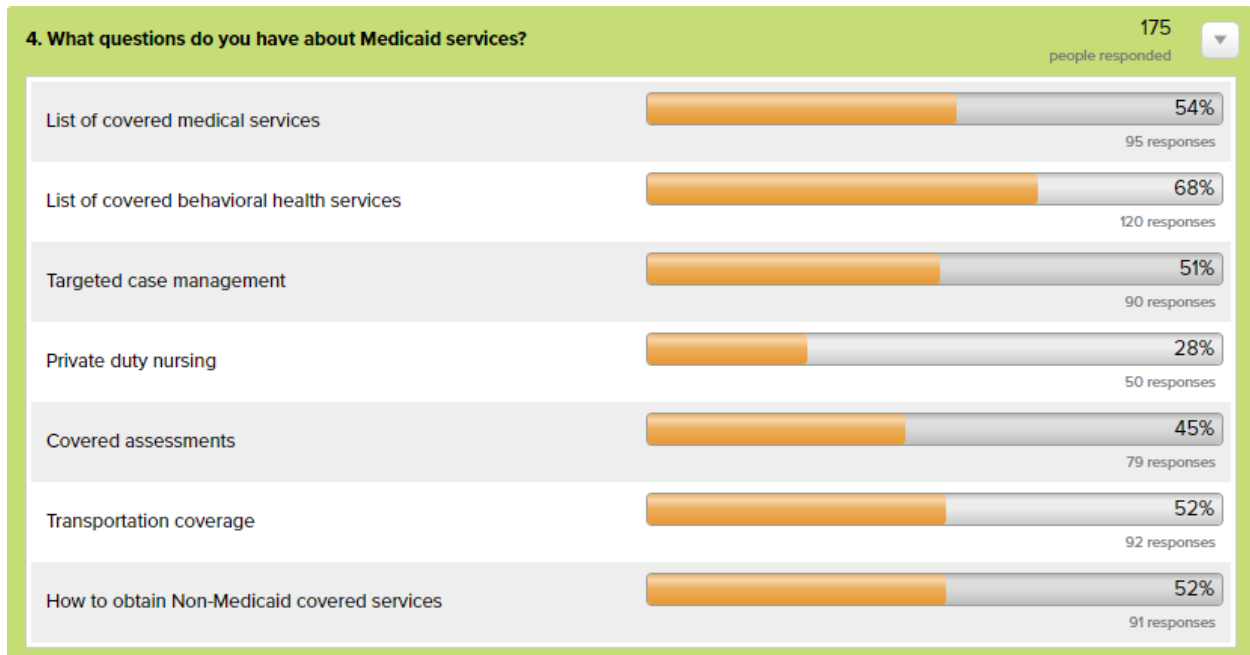
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Open-ended Responses:

- Why are there so many barriers to services for those in need?
- What are MMA plans responsibilities in recruitment of providers?
- Why is it so difficult to change Medicaid plans?
- Are the managed care plans and their provider's performance posted to a website so the public can see how they are serving each community?
- How do managed care plans negotiate rates and services with providers?
- How do I find out what Managed Care Plan a child client has?
- Who to contact about interagency agreements between early steps and the plan?
- What is the managed care roll regarding services?
- What are they?
- How can we overcome the barrier of limited agency inclusion in Area 1? The ME has closed the network.
- Is there a base amount of funds they must spend on client services?
- How does Medicaid ensure that the Managed Care Plans coordinate pre/post-natal services with Healthy Start Coalitions because the Plans do not provide the level of support or intensity of services.
- If they go out of state what happens to their Medicaid?
- How can I easily access customer service?
- How to know if there are still available services (such as counseling sessions) available to a member?
- How to appeal a plan's decision?
- How do provider changes occur without the knowledge of the subscriber?

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Open-ended Responses:

- Are Plans limited to covering services in the State Plan?
- What steps are being taken to increase capacity of therapeutic residential services increased?
- How can I get more assistance with getting children in to see doctors in a reasonable amount of time?
- Is there a website that lists all available or eligible Medicaid services by county?
- How are new services such as peer support and medication assisted treatment covered?
- When should a therapist bill the Early intervention program versus the therapy program for services provided to early steps children with Medicaid?
- List of covered Mental Health services available?
- Wraparound, Targeted case management?
- Who to contact with an issue?
- Are there any plans to increase Medicaid reimbursement levels so they attract more providers?
- The lack of providers willing to take Medicaid
- What needs a prior authorization and how do I do that?
- Specialty Care Networks?
- How language barriers are addressed?
- Timeliness/accuracy of information on MMA websites?
- Eligibility
- EPSDT - Developmental/ Behavioral Screening

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5. Any other questions related to Medicaid and services?

- How do Managed Care Plans determine rates for services?
- Are rates for the same service different with different Plans?
- Are the individuals notified in advance to inform them of Medicaid ending?
- I often have care givers ask me about the guide lines for qualifying for Medicaid such as their income and application process questions and how long it takes to get approved.
- Current provider listing that is correct for area
- In my position with DCF it is imperative to get children to a doctor in a short amount of time. Most of the doctors are unable to see the children due to issues with coverage or the inability to change coverage in a reasonable amount of time. How can we make it impossible to get care to children in the time allotted?
- I would appreciate a clearer guideline on requirements for TCM, specifically acceptable diagnosis for adults and children.
- How can we get clients better informed of their services and care plans?
- How can we get clients aware of who their case manager is?
- Medicaid should not be so complicated. It is confusing for professionals who work in the weeds weekly. How can we expect customers to go through the process timely when it is so difficult?
- Who to contact for questions about early intervention services
- When will Medicaid allow children in the child welfare system to change plans outside of their open enrollment period? These children change placements often but often are locked into plan that keeps them from getting the access to care they need. I know using good-cause reasons is a way to get a plan change approved, but with this particular population, arguing a good-cause reason is very difficult because we often don't have all the information required.
- The units for provided services for Molina and Humana clients have been reduced. What causes this reduction? Due to this reduction, there is potential gap in services... Is Medicaid doing anything to help bridge this gap?
- Contact persons to direct members or inquiries to the correct case manager.
- How can we provide wraparound and get paid for it? Why is the tcm rate so low? How is ahca collaborating with the certification board and DCF to provide training to support the statewide Wraparound initiative.
- Area 1 has a very high poverty rate and is also underserved regarding mental health services. It appears to be unethical for the MMA network to be closed to a community mental health agency such as ours.
- What is the process to get services to children that are currently not provided by Medicaid to children in desperate need of the service?
- I have many clients that doesn't have access to a lot of things and they have no idea who to go to so they ask me, I give them to contact information to ACCESS and basically hope for the best. But, it doesn't appear that they always get the answers they need either.
- If a Child is receiving SSI, and is in a foster home, qualified for BHOS services, how the agency can bill for his BHOS services?
- I am interested in the flow of the Medicaid process from when we submit the Medicaid application in FSFN to the Medicaid showing in FLIMIS

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- I work with pregnant HIV positive women in the county and the 45-day emergency Medicaid is not working for this group. If these women are not in care we will double or triple medical services because the infants will be positive!
- Explanation of restrictions on mental health counseling and guidance on how to request and get approved more sessions for those in need.
- why is it so difficult to change the PCPs. It is so frustrating.
- Not familiar with the process enough to ask any other question. I believe it would be helpful, if not already available for webinars to be made available.
- Why do plans have to change so much with our clients? Small children should not have to change doctors because they are removed from their parents.
- Need Member Services numbers to all plans by area, preferably with a point of contact for CBC support.
- What can we do if a caregiver is requesting coverage other than Sunshine for a child in DCF custody? Is Sunshine adding more providers in Manatee County?
- Access to eligibility and when coverage begins; provider reimbursement turnaround; Medicaid MMA responsibilities
- For access to certain residential programs, a denial from all other programs is required. Is there a way to directly access children's residential with a behavioral component and gain authorization without the delay of having to await denials from other facilities?
- What are the Medicaid providers in our area?
- Getting ACCURATE answers from contact number on the card is scarce. Even when getting a Medicaid provider to conference calls on extreme cases there is always weeks' worth of red tape to get services to a family.
- MMA Plan provider lists are the most challenging as they are not current and often contain misinformation. I realize these lists are different for each of the plans, but incorrect/incomplete provider lists make it challenging for families and community partners, especially when there is a change in the MMA plan.
- When a nonresident immigrant has a baby in FL, does emergency Medicaid pay the bill necessarily?
- How to education MMA's on using substitution codes How to give feedback to ACHA about what is not working in relation to sub codes.
- What is the relation between Medicaid and the behavioral health system of care?