

## Children's Medical Services Plan

General: Under Managed Medical Assistance (MMA), the Department of Health Children's Medical Services (CMS) will operate a statewide specialty plan for children under the age of 21 with special health care needs and chronic conditions. This plan will be the Children's Medical Services Network Plan (CMSN Plan). The anticipated start date for this statewide plan is August 1, 2014.

Enrollment: Recipients with chronic conditions enrolled in the CMS Specialty Plan in Reform and the CMS Network (CMSN) MediPass (primary care case management program) as of July 1, 2014, will transition to the new statewide CMS plan when it goes live August 1, 2014, unless they choose to join another MMA plan before that date. The Agency will accept voluntary enrollments into the current CMS programs until 6/18/14 for a 7/01/14 effective date.

The Department of Health will provide the Agency with information regarding children meeting the CMS clinical eligibility criteria. New Medicaid recipients who have met this clinical eligibility will be assigned to the new CMSN Plan in MMA with an option to choose a different MMA plan. (Note: Children in child welfare will be assigned by priority to the Child Welfare Specialty Plan.)

Provider Networks: The CMSN Plan will meet the same contract provider network, service authorization and claims payment requirements as standard MMA plans. The CMSN Plan is required to meet all administrative and financial requirements that are applicable to a program operated by a state agency. However, the CMSN Plan is not competitively procured, as it is named as a plan in statute. The CMSN Plan will undergo a readiness process to ensure the plan is ready to provide services under the MMA program.

Authorization: Authorization for services will be conducted by the CMSN plan.

Payment: The CMSN plan will process claims through its third-party administrator. Claims for the CMSN plan will be reimbursed through the Medicaid fiscal agent. The CMSN plan will reimburse providers using the Agency-established fee for service Medicaid rates.

Contract: The CMSN Plan contract has been executed.

### Authority:

*Section 409.962, F.S. - Definitions. (14) "Specialty plan" means a managed care plan that serves Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.*

*Section 409.974, F.S. - Eligible plans.—*

*(4) CHILDREN'S MEDICAL SERVICES NETWORK.—Participation by the Children's Medical Services Network shall be pursuant to a single, statewide contract with the Agency that is not subject to the procurement requirements or regional plan number limits of this section. The Children's Medical Services Network must meet all other plan requirements for the managed medical assistance program.*

### Other:

There is a difference between the DOH's public health responsibilities and the CMSN Plan in MMA. DOH, as Florida's public health agency, will perform the following regardless of MMA Plan enrollment:

- Determining clinical eligibility for CMS Medicaid and Title XXI CMSN.

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- Continuing its current role for the early intervention program.
- Continuing its role in the Program for All-Inclusive Care for Children (PACC), a palliative care program for children who meet certain eligibility criteria. These services will be provided to CMSN plan enrollees on a fee-for-service basis through Medicaid.
- Administering the Children's Multidisciplinary Assessment Team (CMAT). The CMAT process includes determining whether children meet level of care for skilled nursing facilities and Model Waiver, and level of reimbursement determinations for medical foster care.
- Administering the medical foster care program. Authorizations for medical foster care (MFC) are obtained through the local Medicaid offices and will not require any action by the CMSN Plan. MFC will be reimbursed through fee-for-service, regardless of plan enrollment.