Florida Managed Medical Assistance Program:

Program Overview

Agency for
Health Care Administration
Division of Medicaid

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Why Are Changes Being Made to Florida's Medicaid Program?

The Florida Legislature created a new program called "Statewide Medicaid Managed Care." Because of it, the Agency for Health Care Administration (AHCA) needs to change how some individuals receive health care from the Florida Medicaid program.

These changes to Florida Medicaid are **not** being made because of National Health Care Reform or the Affordable Care Act passed by the U.S. Congress.

There will be two different components that make up Medicaid Managed Care:

(i) The Florida Long-Term Care Managed Care Program and
(ii) The Florida Managed Medical Assistance Program.

Medicaid recipients who qualify and become enrolled in the Florida Long-Term Care Managed Care Program will receive long-term care services through a long-term care managed care plan. Medicaid recipients who qualify and become enrolled in the Florida Managed Medical Assistance Program will receive all health care services other than long-term care through a managed care plan.

This document describes the Florida Managed Medical Assistance Program. For information on the Florida Long-Term Care Managed Care Program there is another document called "Florida Long-Term Care Managed Care: Program Overview" available at http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml.

What Is Managed Care?

Managed care is when health care organizations manage how their enrollees receive health care services. Managed Care Organizations work with different providers to offer quality health care services. Managed Care Organizations also work to make sure enrollees have access to all needed doctors and other health care providers for covered services.

When Will These Changes to Florida Medicaid Occur?

It is anticipated that the Florida Managed Medical Assistance Program will be available in all areas by October 1, 2014.

What Is the Goal of the Florida Managed Medical Assistance Program?

The goals of Florida Managed Medical Assistance are to provide:

- Coordinated health care across different health care settings.
- A choice of the best managed care plans to meet recipients' needs.
- The ability for health care plans to offer different, or more, services.
- The opportunity for recipients to become more involved in their health care.

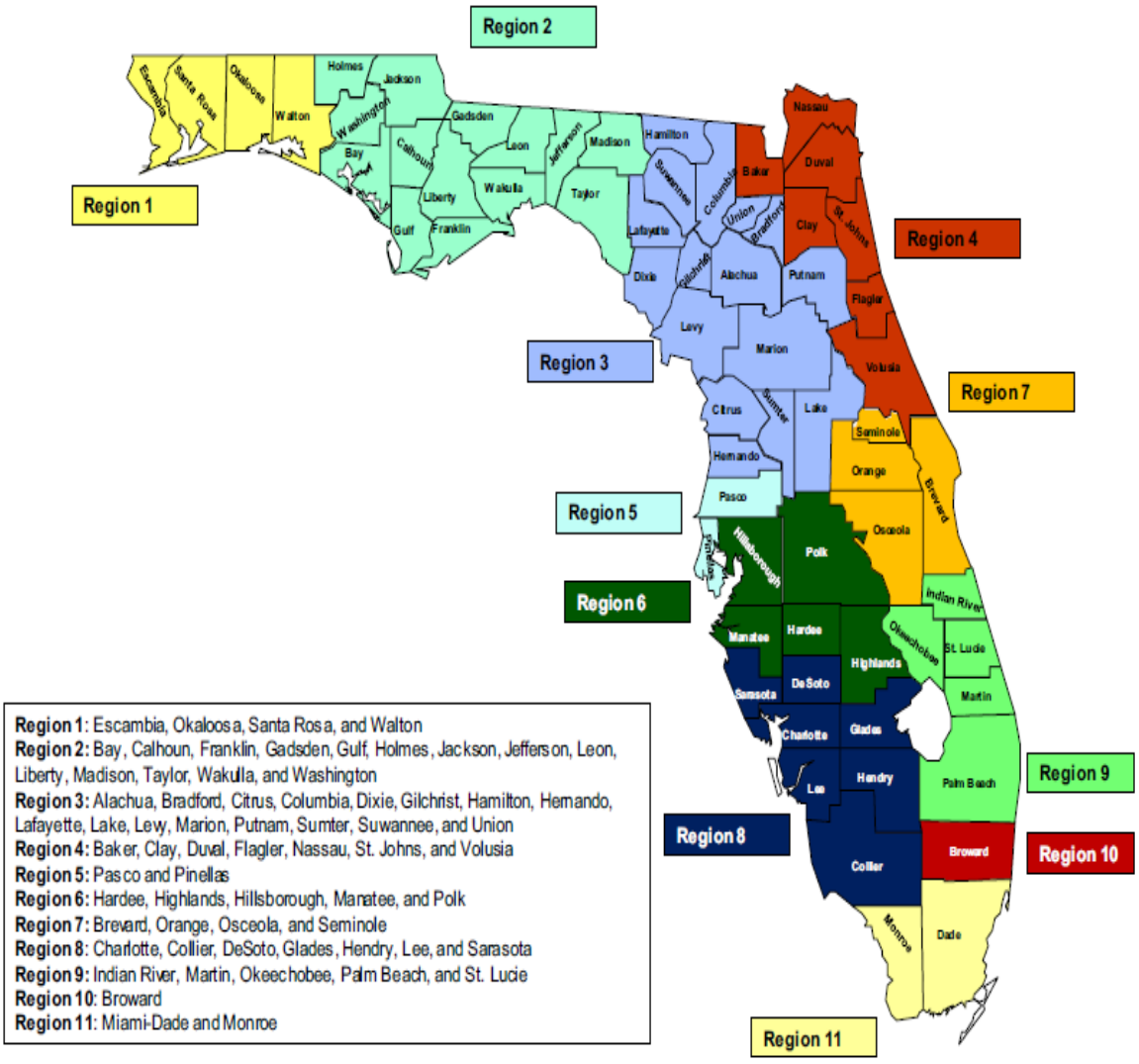
Will the Florida Managed Medical Assistance Program Affect Medicare Benefits?

No. The Florida Managed Medical Assistance Program will not change Medicare benefits.

How Will Changes to Florida Medicaid Be Made?

All Medicaid Recipients Eligible for Florida Managed Medical Assistance

The Florida Managed Medical Assistance Program will be in all areas of the State. To create the program, the State will be divided into 11 regions that will coincide with the existing Medicaid areas. The map below shows the 11 regions. Each region must have a certain number of managed care plans. See the chart in Appendix 1 that shows how many plans must be in each region.



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

AHCA will first invite qualified managed care plans to participate in the Florida Managed Medical Assistance Program. A list of types of managed care plans that may participate in the program is provided in Appendix 2.

AHCA will then choose the plans that may participate in the program through a competitive bid process. AHCA will consider many factors when choosing a plan including quality of care, number of providers, and value of services. A list of possible factors for AHCA to consider when choosing plans is provided in Appendix 3 of this document. AHCA must choose a certain number of managed care plans for each region to ensure that recipients have a choice between plans.

After AHCA has chosen the plans that may participate in the Florida Managed Medical Assistance Program, AHCA will begin to notify and transition eligible Medicaid recipients into the program. It is anticipated that the Florida Managed Medical Assistance Program will be available in all areas by October 1, 2014. AHCA will continue to provide information about the Florida Managed Medical Assistance Program during this process and will continue to respond to comments.

Any changes to Medicaid health care services prior to implementation are unrelated to the Florida Managed Medical Assistance Program.

Who Is Eligible to Enroll in the Florida Managed Medical Assistance Program?

The State will send Medicaid recipients a letter notifying them as to whether or not they are required to enroll in the Florida Managed Medical Assistance Program. In general, the criteria outlined below will determine whether a recipient is (1) required to enroll, (2) not required but may choose to enroll, or (3) is not allowed to enroll in the Florida Managed Medical Assistance Program.

1. The following Medicaid recipients are **required** to enroll:

    - Low-income families with children (Temporary Assistance for Needy Families (TANF) and TANF-related)
    - Children with chronic conditions
    - Children in foster care
    - Children in adoption subsidy
    - Pregnant women
    - Medically Needy recipients
    - Individuals with full Medicaid and Medicare coverage (where Medicaid acts as a secondary payer)
    - Recipients who are elderly, blind or disabled excluding the developmentally disabled (DD) population

2. The following Medicaid recipients are **not required** but may **choose** to enroll:

    - Medicaid recipients who have other comprehensive health care coverage, excluding Medicare
    - Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or mental health treatment facilities as defined by Florida Statutes section 394.455(32)
    - Persons eligible for refugee assistance

- Medicaid recipients who are residents of a developmental disability center, including Sunland Center in Marianna and Tacachale in Gainesville
- Medicaid recipients enrolled in the home and community-based services waiver pursuant to Florida Statutes chapter 393, developmental disability waivers, and Medicaid recipients on the waiting list for waiver services

3. The following Medicaid recipients are **not** allowed to enroll:

    - Women who are eligible only for family planning services
    - Women who are eligible through the breast and cervical cancer services program
    - Persons who are eligible for emergency Medicaid for aliens
    - Children receiving services in a prescribed pediatric extended care center

How Will Recipients Know if They Need to Select a Managed Care Plan?

Recipients will be sent a letter that explains whether or not they are required to enroll in the Florida Managed Medical Assistance Program (see Page 5) and, if they are required to enroll, how to choose a plan.

How Will Recipients Know What Plans Are Available?

Information on participating plans and service providers will be available before the Florida Managed Medical Assistance Program begins to help eligible recipients choose the plan that best fits their needs.

How Will Enrollment Occur for Medicaid Recipients Who Are Required to Enroll in the Florida Managed Medical Assistance Program?

Eligible Medicaid recipients will receive a letter with enrollment information, including information on how to enroll. Eligible recipients who must enroll will have 30 days to choose a managed care plan from the plans available in their region. Enrollees will have 90 days after enrollment to choose a different plan.

After 90 days, enrollees will remain in their plans for the remainder of the 12-month period unless they meet certain criteria.

Newborns will be automatically enrolled in their mother's plan at the time of birth. However, their mother may choose another plan for the baby within 90 days of enrollment.

What Happens if a Recipient Who Is Required to Enroll Does Not Select a Plan?

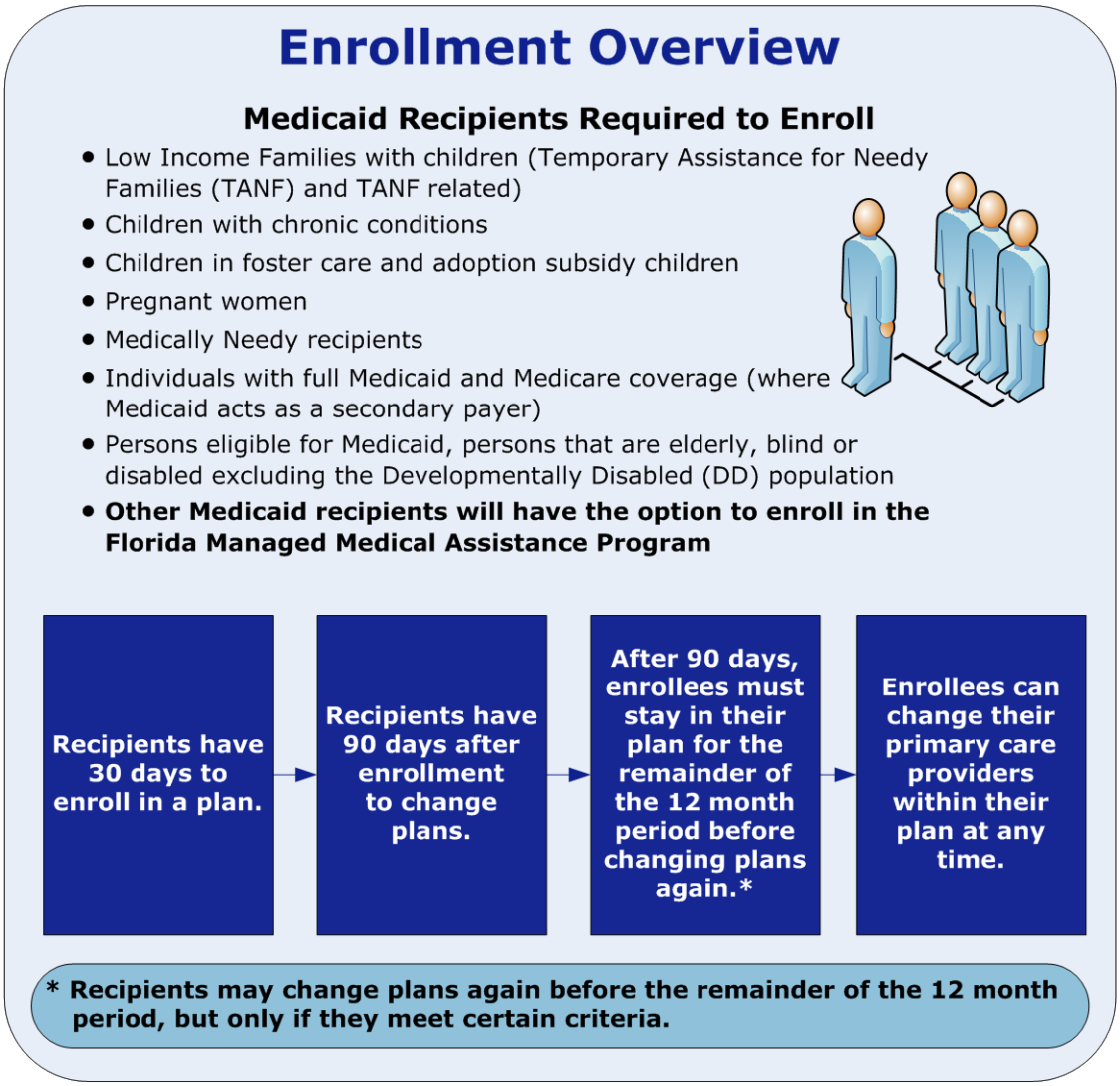
Recipients are encouraged to choose the managed care plan that best meets their needs; however, if a recipient who is required to enroll does not choose a plan within 30 days, AHCA will automatically enroll the recipient into a managed care plan. Before automatically enrolling the recipient into a managed care plan, AHCA will consider:

- Whether the plan is able to meet the recipient's needs;
- Whether the recipient has previously received services from one of the plan's primary care providers in the plan; and

- Whether primary care providers in one plan are closer to where the participant lives.

Can Enrollees Change Primary Care Providers?

Enrollees may change primary care providers within their managed care plan at any time. Each managed care plan must provide information on primary care providers online. In addition, each managed care plan must establish a program to encourage enrollees to establish a relationship with their primary care providers by, among other things, providing information on the importance of choosing a primary care provider.



How Will Enrollment Occur for Medicaid Recipients Who Are Not Required but May Choose to Enroll in the Florida Managed Medical Assistance Program?

Recipients who are not required but may choose to enroll in a managed care plan may enroll in one at any time. See Page 6, Item 2, for the list of recipients who are not required, but may choose to enroll. Enrollment will begin on the next available enrollment month.

Such recipients may change plans or disenroll at any time.

What Services Will Medical Assistance Managed Care Plans Provide?

All managed care plans must provide the following services. Managed care plans may choose to provide additional services.

Florida Managed Medical Assistance Services
Advanced registered nurse practitioner services
Ambulatory surgical treatment center services
Birthing center services
Chiropractic services
Dental services
Early periodic screening diagnosis and treatment services for recipients under age 21
Emergency services
Family planning services and supplies
Healthy start services, except as provided in 409.975(4)
Hearing services
Home health agency services
Hospice services
Hospital inpatient services
Hospital outpatient services
Laboratory and imaging services
Medical supplies, equipment, prostheses, and orthoses
Mental health services
Nursing care
Optical services and supplies
Optometrist services

Florida Managed Medical Assistance Services
Physical, occupational, respiratory, and speech therapy services
Physician services, including physician assistant services
Podiatric services
Prescription drugs
Renal dialysis services
Respiratory equipment and supplies
Rural health clinic services
Substance abuse treatment services
Transportation to covered services

Recipients will have the option to choose a managed care plan with a benefit package that best fits their needs. For example, one plan's benefit package may offer fewer chiropractic visits and more vision benefits than another plan's benefit package. If the recipient does not need a chiropractor but wears glasses, he/she may wish to choose a plan with a benefit package that offers more vision benefits.

Managed care plans will also establish programs to encourage and reward healthy behaviors including the following medically approved or directed programs for:

- Smoking cessation;
- Weight loss; and
- Alcohol or substance abuse recovery.

AHCA will provide a preferred prescription drug list that all care plans must use.

Remember, managed care plans in the Florida Managed Medical Assistance Program are **not** required to provide long-term care services. The Florida Long-Term Care Managed Care Program will provide long-term care services to eligible recipients.

Recipients who enroll in managed care plans (see Page 6) will receive Medicaid services through the Managed Medical Assistance Program and, if applicable, through the Long-Term Care Managed Care Program.

Recipients who are not allowed to enroll in managed care plans (see Page 6, Item 3) will continue to receive health care services through traditional Medicaid.

Will the Public Have an Opportunity to Comment on the Florida Managed Medical Assistance Program?

Yes. AHCA will submit certain documents that describe the Florida Managed Medical Assistance Program to the Federal Centers for Medicare & Medicaid Services (CMS). The public will have an opportunity to comment on these documents on the program at any time.

Comments can be mailed to:

Statewide Medicaid Managed Care Program
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

Comments can be emailed to:

FLMedicaidManagedCare@ahca.myflorida.com

In addition, public meetings were held from June 10, 2011 through June 17, 2011 on Medicaid Managed Care. Many people participated in these meetings and shared comments. AHCA will use the comments received to help implement the Florida Managed Medical Assistance Program in a way that addresses the concerns raised.

What Will Happen to the Medically Needy?

Medically Needy Medicaid Enrollees:

Medically Needy Medicaid enrollees are individuals who (i) are not eligible for Medicaid because their income or assets (what they own) are over the Medicaid program limits and (ii) have a certain amount of medical bills each month. This is referred to as a "share of cost" and varies depending on the individual's household size and income.

AHCA is currently working with the Federal Centers for Medicare & Medicaid Services (CMS) to establish a new health care delivery system for Medically Needy individuals who qualify for Medicaid. Once approved, this new program:

- Medically Needy Medicaid recipients will be enrolled in one provider service network that will provide care to all Medically Needy Medicaid enrollees statewide.
- Once qualified for Medicaid, Medically Needy Medicaid enrollees will have continuous Medicaid coverage for up to six months.

This program has not yet been approved. If this program is approved, it will only provide health care services to Medically Needy Medicaid enrollees until the Florida Managed Medical Assistance Program begins. Once the Florida Managed Medical Assistance Program begins, all Medically Needy recipients will be required to enroll in a managed care plan, as discussed above.

- Under the Florida Managed Medical Assistance Program, once qualified for Medicaid, and enrolled in a managed care plan, Medically Needy enrollees will have continuous Medicaid coverage for up to 12 months.

APPENDIX 1
Chart Describing Number of Plans Per Region

The chart below shows how many managed care plans must be in each region.

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

*Children's Medical Services Network is in addition to the number of plans listed.

APPENDIX 2
List of Types of Plans Eligible to Participate in the Program

Only certain types of managed care plans may participate in the Florida Managed Medical Assistance Program, including:

- Health Maintenance Organizations
- Provider Service Networks
- Accountable Care Organizations
- Exclusive Provider Organizations
- Children's Medical Services Network

APPENDIX 3
List of Possible Factors for AHCA to Use to Select Plans for Each Region

Invitation to Negotiate: AHCA will invite eligible plans to participate in the Florida Managed Medical Assistance Program using invitations to negotiate. The Legislature has provided factors to help AHCA choose eligible plans, including the following:

- Accreditation by a nationally recognized accrediting body.
- Experience serving similar populations, including the organization's record in achieving specific quality standards with similar populations.
- Availability and accessibility of primary care and specialty physicians in the provider network.
- Establishment of community partnerships with providers that create opportunities for reinvestment in community-based services.
- Organization commitment to quality improvement and documentation of achievements in specific quality improvement projects, including active involvement by organization leadership.
- Provision of additional benefits, particularly dental care and disease management, and other initiatives that improve health outcomes.
- Evidence that a plan has written agreements or signed contracts or has made substantial progress in establishing relationships with providers before the plan submits a response.
- Comments submitted in writing by any enrolled Medicaid provider relating to a plan participating in the procurement in the same region as the submitting provider.
- Documentation of policies and procedures for preventing fraud and abuse.
- The business relationship an eligible plan has with any other eligible plan that responds to the invitation to negotiate.