

ATTACHMENT I
SCOPE OF SERVICES – Effective Date: June 1, 2017
STATEWIDE MEDICAID MANAGED CARE PROGRAM

I. Services to be Provided

A. Overview of Contract Structure

Part IV of Chapter 409, F.S. established Florida Medicaid's statewide managed care program, referred to as statewide Medicaid managed care (SMMC). Contracted managed care plans participate in one, or both, of two SMMC programs: one for managed medical assistance (MMA) and one for long-term care (LTC). Additionally, some managed care plans participating in the MMA program component serve specialty populations who meet specified criteria based on age, condition or diagnosis. The Contract consists of distinct parts as follows:

- (1) **Attachment I**, Scope of Services, includes contract provisions that are unique to the particular managed care plan.
 - (a) Exhibit I-A, Approved Expanded Benefits Coverage and Limitations;
 - (b) Exhibit I-B, Medicaid Provider Identification Numbers;
 - (c) Exhibit I-C, Managed Care Plan Rates;
 - (d) Exhibit I-D, Kick Payment Rates for Covered Obstetrical Delivery Services;
 - (e) Exhibit I-E, Medical School Faculty Physician Group Pass-Through Payment PMPM Rate Components.
 - (f) Exhibit I-F, MMA Physician Incentive Program Summary
- (2) **Attachment II**, Core Contract Provisions, includes contract provisions that apply to all managed care plans unless specifically noted otherwise.
- (3) **Exhibits to Attachment II**, include contract provisions that are unique to the specific component of SMMC:
 - (a) Exhibit II-A, Managed Medical Assistance (MMA) Program, i.e. the MMA Exhibit;
 - (b) Exhibit II-B, Long-Term Care (LTC) Managed Care Program, i.e. the LTC Exhibit;
 - (c) Exhibit II-C, Specialty Plan (if applicable).

B. Authorized Regions

The Managed Care Plan is authorized to provide services pursuant to this Contract in the region(s) for the applicable SMMC program as specified in Table 1 below.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

| Table 1: Authorized Regions | | | |
|------------------------------------|--------------------------|------------|------------------|
| Region | Program Component | | |
| | MMA | LTC | Specialty |
| Region 1 | | | |
| Region 2 | | | |
| Region 3 | | | |
| Region 4 | | | |
| Region 5 | | | |
| Region 6 | | | |
| Region 7 | | | |
| Region 8 | | | |
| Region 9 | | | |
| Region 10 | | | |
| Region 11 | | | |

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

C. Covered Services

The Managed Care Plan shall ensure the provision of covered services in accordance with the provisions of **Attachment II and its Exhibits**, summarized in Table 2a (MMA) and/or Table 2b (LTC) below, to enrollees of the applicable SMMC program(s) in the authorized region(s) specified in Table 1.

| Table 2a: Required MMA Services | |
|--|---|
| (1) | Advanced Registered Nurse Practitioner |
| (2) | Ambulatory Surgical Center Services |
| (3) | Assistive Care Services |
| (4) | Behavioral Health Services |
| (5) | Birth Center and Licensed Midwife Services |
| (6) | Clinic Services |
| (7) | Chiropractic Services |
| (8) | Dental Services |
| (9) | Child Health Check Up |
| (10) | Immunizations |
| (11) | Emergency Services |
| (12) | Family Planning Services and Supplies |
| (13) | Healthy Start Services |
| (14) | Hearing Services |
| (15) | Home Health Services and Nursing Care |
| (16) | Hospice Services |
| (17) | Hospital Services |
| (18) | Laboratory and Imaging Services |
| (19) | Medical Supplies, Equipment, Protheses and Orthoses |
| (20) | Nursing Facility Services |
| (21) | Optometric and Vision Services |
| (22) | Physician Assistant Services |
| (23) | Physician Services |
| (24) | Podiatric Services |
| (25) | Prescribed Drug Services |
| (26) | Renal Dialysis Services |
| (27) | Therapy Services |
| (28) | Transportation Services |

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

| Table 2b: Required LTC Services | |
|--|--|
| (1) | Adult Companion Care |
| (2) | Adult Day Health Care |
| (3) | Assistive Care Services |
| (4) | Assisted Living |
| (5) | Attendant Care |
| (6) | Behavioral Management |
| (7) | Caregiver Training |
| (8) | Care Coordination/Case Management |
| (9) | Home Accessibility Adaptation Services |
| (10) | Home Delivered Meals |
| (11) | Homemaker Services |
| (12) | Hospice |
| (13) | Intermittent and Skilled Nursing |
| (14) | Medical Equipment and Supplies |
| (15) | Medication Administration |
| (16) | Medication Management |
| (17) | Nutritional Assessment/Risk Reduction Services |
| (18) | Nursing Facility Services |
| (19) | Personal Care |
| (20) | Personal Emergency Response Systems (PERS) |
| (21) | Respite Care |
| (22) | Occupational Therapy |
| (23) | Physical Therapy |
| (24) | Respiratory Therapy |
| (25) | Speech Therapy |
| (26) | Transportation |

D. Approved Expanded Benefits

The Managed Care Plan shall provide the following expanded benefits, in accordance with the provisions of **Attachment II and its Exhibits** and the coverage and limitations specified in Exhibit I-A of this Attachment, denoted by “X” in Table 3a (MMA) and/or Table 3b (LTC) below, to enrollees of the applicable SMMC program(s) in the authorized region(s) specified in Table 1.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

| Table 3a: Approved MMA Expanded Benefits | |
|---|--|
| | Primary Care Visits (Non-Pregnant Adults) |
| | Home Health Care (Non-Pregnant Adults) |
| | Physician Home Visits |
| | Prenatal/Perinatal Visits |
| | Outpatient Services |
| | Over-The-Counter (OTC) Medication/Supplies |
| | Adult Dental Services |
| | Waived Copayments |
| | Vision Services |
| | Hearing Services |
| | Newborn Circumcision |
| | Adult Pneumonia Vaccine |
| | Adult Influenza Vaccine |
| | Adult Shingles Vaccine |
| | Post Discharge Meals |
| | Nutritional Counseling |
| | Pet Therapy |
| | Art Therapy |
| | Equine Therapy |
| | Medically Related Lodging and Food |
| | Intensive Outpatient Therapy |

| Table 3b: Approved LTC Expanded Benefits | |
|--|---|
| | ALF/AFCH Bed Hold |
| | Cellular Phone Services |
| | Dental Services |
| | Emergency Financial Assistance |
| | Hearing Evaluation |
| | Mobile Personal Emergency Response System |
| | Non-Medical Transportation |
| | Over-The-Counter (OTC) Medication/Supplies |
| | Support to Transition Out of a Nursing Facility |
| | Vision Services |
| | Wellness Grocery Discount |
| Additional LTC Expanded Benefits | |
| These benefits will not appear in Choice Counseling materials | |
| | Box Fan |
| | Caregiver Information/Support |
| | Document Keeper |
| | Household Set-Up Kit |
| | Welcome Home Basket |

| | |
|--|-------------------------|
| | Nurse Helpline Services |
| | Pill Organizer |

II. Manner of Service Provision

A. Plan Qualification

The Managed Care Plan is approved to provide contracted services as a qualified entity under s 409.962(7), F.S., as denoted by “X” in Table 4 below.

| Table 4: Plan Qualification | |
|------------------------------------|---------------------------------------|
| | Health Maintenance Organization (HMO) |
| | Provider Service Network (PSN) |
| | Exclusive Provider Organization (EPO) |
| | Accountable Care Organization (ACO) |
| | Other Insurer |

B. Plan Type

The Managed Care Plan is approved to provide contracted services as one or more of four plan types, denoted by authorized region(s) in Table 5 below, to enrollees of the applicable SMMC program(s) in the authorized region(s) specified in Table 1.

- (1) MMA Managed Care Plans are those plans that provide covered services specified in the MMA Exhibit, including those covered under s. 409.973(1)(a) through (cc), F.S.
- (2) LTC Managed Care Plans are those plans that provide covered services specified in the LTC Exhibit, including those covered under s. 409.98(1) through (19), F.S.
- (3) Comprehensive LTC Plans are those plans that provide services described in s. 409.973, F.S., and also provide the services described in s. 409.98, F.S.
- (4) Specialty Plans are those plans that provide covered services specified in the MMA Exhibit, including those covered under s. 409.973(1)(a) through (cc), F.S., to only eligible recipients defined as a specialty population in the **Attachment II and its Exhibits**.

| Table 5: SMMC Plan Type | | |
|--------------------------------|---------------------|------------------|
| Region | SMMC Program | |
| | MMA/LTC | Specialty |
| Region 1 | | |
| Region 2 | | |
| Region 3 | | |
| Region 4 | | |
| Region 5 | | |
| Region 6 | | |

| | | |
|-----------|--|--|
| Region 7 | | |
| Region 8 | | |
| Region 9 | | |
| Region 10 | | |
| Region 11 | | |

III. Method of Payment

A. Total Contract Amount

The Agency shall make payment, in a total dollar amount not to exceed **\$XXX** to the Managed Care Plan in accordance with **Attachment II and its Exhibits**. The Agency shall make payments through its fiscal agent using the Medicaid Provider Identification Number(s) specified in Exhibit I-B.

B. Capitation Rates

The capitation rate payment shall be in accordance with **Attachment II and its Exhibits**. The capitation rates are contained Exhibit I-C of this Attachment. These rates are titled **“MANAGED CARE PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS.”**

C. Kick Payment Rates

The kick payment rates shall be in accordance with **Attachment II and its Exhibits**. Kick Payment Rates for Covered Obstetrical Delivery Services are contained in Exhibit I-D of this Attachment. Kick Payment Rates for Covered Transplant Services are contained in Attachment II, Exhibit II-A of this Contract. These rates are titled **“MANAGED CARE PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS.”**

IV. Special Provisions

A. Order of Precedence

The Managed Care Plan shall perform its contracted duties in accordance with this Contract, the ITN(s), including all addenda and the Vendor’s response to the ITN(s). In the event of conflict among Contract documents, any identified inconsistency in this Contract shall be resolved by giving precedence in the following order:

- (1) This Contract, including all attachments;
- (2) The ITN(s), including all addenda; and
- (3) The Vendor’s response to the ITN(s), including information provided through negotiations.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

ATTACHMENT I

EXHIBIT I-A - Effective Date: June 1, 2017

| Approved Expanded Benefit Coverage and Limitations Managed Medical Assistance (MMA) | |
|--|-----------------------------|
| Approved Benefit | Approved Limitations |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

All expanded benefits are in excess of benefits specified in the Medicaid State Plan.

The Managed Care Plan may require enrollees to use an established network of providers, approved by the Agency, to obtain expanded benefits under this Contract.

Unless otherwise specified in this Exhibit, expanded benefits are not subject to prior authorization or co-payment charges.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

ATTACHMENT I

EXHIBIT I-B – Effective Date: June 1, 2017

| Medicaid Provider Identification Numbers | | | |
|---|------------|------------|------------------|
| Region | MMA | LTC | Specialty |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |

The Agency will provide Medicaid Provider Identification Numbers to the Managed Care Plan subsequent to the Agency’s completion of a plan-specific readiness review and prior to enrolling recipient in the Managed Care Plan in each authorized region.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

EXHIBIT I-C – Effective Date: October 15, 2016

MANAGED CARE PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS.

REGION X

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

ATTACHMENT I

EXHIBIT I-D-Effective Date: October 1, 2016

**KICK PAYMENT RATES FOR COVERED OBSTETRICAL DELIVERY SERVICES;
NOT FOR USE UNLESS APPROVED BY CMS.
EFFECTIVE DATE: September 1, 2016**

| Region | Amount |
|--|---------------|
| 1 | \$X,XXX.00 |
| 2 | \$X,XXX.00 |
| 3 | \$X,XXX.00 |
| 4 | \$X,XXX.00 |
| 5 | \$X,XXX.00 |
| Shade rows in regions wherein the plan is not operational. | |
| 7 | \$X,XXX.00 |
| 8 | \$X,XXX.00 |
| 9 | \$X,XXX.00 |
| 10 | \$X,XXX.00 |
| 11 | \$X,XXX.00 |

1. A kick payment is triggered if a member in a capitated plan is not also eligible for Medicare and receives delivery services.

2. The kick payment is the same regardless of the delivery outcome (live or still birth).

ATTACHMENT I

EXHIBIT I-E-Effective Date: November 15, 2016

**MEDICAL SCHOOL FACULTY PHYSICIAN GROUP PASS-THROUGH PAYMENT PMPM RATE COMPONENTS
NOT FOR USE UNLESS APPROVED BY CMS.
EFFECTIVE DATE: September 1, 2016**

| SMMC MMA Rates Effective September 1, 2016 through September 30, 2017 Medical School Faculty Physician Group Pass-Through Payment PMPM Component of Capitation Rates | | | |
|---|---|---------------|---|
| Medical School | Faculty Physician Group | Region | Medical School Faculty Physician Group Pass-Through Payment PMPM |
| Sacred Heart & College of Medicine, UF – Gainesville | Sacred Heart Medical Group | 1 | \$0.79 |
| College of Medicine, University of Florida (UF) – Gainesville | Florida Clinical Practice Association | 3 | \$25.85 |
| College of Medicine, UF – Jacksonville | University of Florida - Jacksonville Physicians | 4 | \$14.18 |
| University of South Florida Morsani College of Medicine | USF Physicians Group | 6 | \$2.17 |
| University of Central Florida College of Medicine | UCF Health | 7 | \$0.03 |
| Lee Memorial & Florida State University College of Medicine | Lee Physician Services | 8 | \$0.20 |
| University of Miami College of Medicine | University of Miami Medical Group | 11 | \$9.59 |
| Florida International University | FIU Health | 11 | \$0.01 |

ATTACHMENT I

EXHIBIT I-F - Effective Date: February 1, 2017

MMA PHYSICIAN INCENTIVE PROGRAM SUMMARY

<Insert AHCA Approved MMA PIP Summary for specific plan>