

## Miscellaneous

### AGENCY FOR HEALTH CARE ADMINISTRATION

#### Medicaid

##### **Proposed Amendment to Florida's 1115 Managed Medical Assistance Waiver**

THIS NOTICE REPLACES THE NOTICE PUBLISHED IN VOL. 41, NO 58, F.A.R., MARCH 25, 2015. PLEASE NOTE THAT THE DATE FOR THE TAMPA PUBLIC MEETING HAS CHANGED FROM APRIL 1 to APRIL 7, 2015.

The Agency for Health Care Administration announces a public meeting to which all persons are invited.

DATES AND TIMES: April 7, 2015, 1:00 p.m. – 3:30 p.m.; April 14, 2015, 3:00 p.m. – 5:00 p.m.

PLACES: April 7, 2015, 1:00 p.m. – 3:30 p.m.: The Agency for Health Care Administration, 6800 North Dale Mabry Highway, Suite 220, Main Training Room, Tampa, FL 33614. To participate by phone, please call 1(877)299-4502 and enter the participant passcode: 769 730 07#.

April 14, 2015, 3:00 p.m. – 5:00 p.m.: Agency for Health Care Administration, Building 3, 1st Floor, Conference Room A, 2727 Mahan Drive, Tallahassee, FL 32308. To participate by phone, please call 1(877)299-4502 and enter the participant passcode: 758 844 10#.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the Agency at least 7 days before the workshop/meeting by contacting Heather Morrison at (850)412-4034 or by email: Heather.Morrison@ahca.myflorida.com.

If you are hearing or speech impaired, please contact the Agency using the Florida Relay Service, 1(800)955-8771 (TTY) or 1(800)955-8770 (Voice).

SUMMARY DESCRIPTION OF PROPOSED AMENDMENT: The Agency plans to submit an amendment to Florida's 1115 Managed Medical Assistance (MMA) Waiver to the Centers for Medicare and Medicaid Services (Federal CMS) to assign Medicaid-eligible individuals who are mandated to participate in Florida's MMA program, a component of the Statewide Medicaid Managed Care program, to a managed care plan immediately after eligibility determination. The State is requesting an effective date of September 1, 2015.

The proposed amendment will allow individuals to be enrolled in a managed care plan immediately after eligibility determination. Under the proposed amendment, individuals will receive both their managed care plan assignment and information about the managed care plan choices in their area, to encourage an active selection, immediately after eligibility determination.

During the initial 30-day period post-enrollment, if a recipient decides to change plans, the change will take effect the first day of the following month. The 30-day change period will be followed by a 90-day disenrollment period. During the 90-day disenrollment period, if a recipient decides to change plans, the change will take effect the first day of the following month.

The State is not requesting any changes to the 1115 MMA Waiver authorities or expenditure authorities authorized July 31, 2014. The State is requesting to amend Special Term and Conditions (STCs) #2, #21, #22, and #40 of this waiver to remove the 30-day delay period between eligibility determination and managed care plan enrollment and to amend the auto-assignment criteria to conform to Section 409.977(2), Florida Statutes, which states:

When automatically enrolling recipients in managed care plans, the agency shall automatically enroll based on the following criteria: (a) Whether the plan has sufficient network capacity to meet the needs of the recipients. (b) Whether the recipient has previously received services from one of the plan's primary care providers. (c) Whether primary care providers in one plan are more geographically accessible to the recipient's residence than those in other plans."

To view the full description of the proposed amendment request please see the public notice document published on the Agency's website at the following link:

[http://ahca.myflorida.com/medicaid/statewide\\_mc/mma\\_fed\\_auth\\_amend\\_waiver\\_2015-03.shtml](http://ahca.myflorida.com/medicaid/statewide_mc/mma_fed_auth_amend_waiver_2015-03.shtml)

PUBLIC NOTICE AND PUBLIC COMMENT PERIOD: MARCH 27, 2015 – APRIL 26, 2015

The Agency will conduct a 30-day public notice and comment period prior to the submission of the proposed amendment request to Federal CMS. The Agency will consider all public comments received regarding the proposed amendment request. The 30-day public notice and public comment period begins March 27, 2015 and ends April 26, 2015. This public notice and public comment period is being held to solicit public input from recipients, providers

and all stakeholders and interested parties on the development of the proposed amendment request to Florida's 1115 MMA Waiver.

To submit comments by postal service or internet email, please follow the directions outlined below. When providing comments regarding the proposed amendment to the 1115 MMA Waiver, please have 'Proposed Amendment to 1115 MMA Waiver' referenced in the subject line. Mail comments and suggestions to:

Proposed Amendment to 1115 MMA Waiver  
Office of the Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, MS #8  
Tallahassee, Florida 32308

Email your comments and suggestions to: [FLMedicaidWaivers@ahca.myflorida.com](mailto:FLMedicaidWaivers@ahca.myflorida.com).

**SUMMARY DESCRIPTION OF THE 1115 MMA WAIVER:** Florida's 1115 Research and Demonstration Waiver was initially approved by Federal CMS October 19, 2005 to operate for the period from July 1, 2006 to June 30, 2010. Implementation of the waiver occurred in Broward and Duval counties on July 1, 2006 with expansion to Baker, Clay and Nassau counties occurring July 1, 2007. Federal CMS granted temporary extensions of the waiver until December 15, 2011, when final approval of the extension request was granted, for the period from December 16, 2011 to June 30, 2014.

On June 14, 2013, Federal CMS approved an amendment to the waiver that allows for implementation of an improved statewide model of managed care in 2014 and the continuation of the Low Income Pool program. The amendment also changed the name of the waiver to the Florida Managed Medical Assistance Waiver.

On November 27, 2013, the Agency submitted another three-year waiver extension request to Federal CMS to extend Florida's 1115 MMA Waiver for the period July 1, 2014 to June 30, 2017. With the submission of the three-year waiver extension request, the State is seeking federal authority to extend Florida's 1115 MMA Waiver for the period July 1, 2014 to June 30, 2017. The waiver is designed to implement a new statewide managed care delivery system without increasing costs and to continue the Low Income Pool program. The program is guided by principles designed to improve coordination and patient care while fostering fiscal responsibility.

The MMA program will provide primary and acute medical care for the majority of Medicaid recipients through high quality, competitively selected managed care organizations. Moving from a fee-for-service system to the MMA program, the program increases consumer protections as well as quality of care and access for Floridians in many ways including:

- Increases recipient participation on Florida's Medical Care Advisory Committee and convenes smaller advisory committees to focus on key special needs populations;
- Ensures the continuation of services until the primary care or behavioral health provider reviews the enrollee's treatment plan (no more than 60 calendar days after the effective date of enrollment);
- Ensures recipient complaints, grievances and appeals are reviewed immediately for resolution as part of the rapid cycle response system;
- Establishes Healthy Behaviors programs to encourage and reward healthy behaviors and, at a minimum, requires plans offer a medically approved smoking cessation program, a medically directed weight loss program and a substance abuse treatment plan;
- Requires Florida's External Quality Review Organization to validate each plan's encounter data every three years;
- Enhances consumer report cards to ensure recipients have access to an understandable summary of quality, access, and timeliness regarding the performance of each participating managed care plan;
- Enhances the plan's performance improvement projects by focusing on six key areas with the goal of achieving improved patient care, population health and reducing per capita Medicaid expenditures;
- Enhances metrics on plan quality and access to care to improve plan accountability; and
- Enhances the state's comprehensive continuous quality improvement strategy, focusing it on all aspects of quality improvement in Medicaid.