

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
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 – Not for Use Unless Approved by CMS;
 - (d) **Exhibit I-D**, Kick Payment Rates for Covered Obstetrical Delivery Services – Not for Use Unless Approved by CMS;
 - (e) **Exhibit I-E**, Value-Based Purchasing Performance Targets;
 - (f) **Exhibit I-F**, Quality Benchmarks Statewide Targets;
 - (g) **Exhibit I-G**, Public Hospital Physician Uniform Payment Increase – Not for Use Unless Approved by CMS;
 - (h) **Exhibit I-H**, Faculty Plans of Florida Medical School Faculty Physician Groups Rates – Not for Use Unless Approved by CMS;
 - (i) **Exhibit I-I**, Florida Cancer Hospital Minimum Fee Schedule Rates – Not for Use Unless Approved by CMS;
 - (j) **Exhibit I-J**, MMA Physician Incentive Program (MPIP) Plan Summary;
 - (k) **Exhibit I-K**, Hospital Inpatient and Outpatient Exemption Payments – Not for Use Unless Approved by CMS;
 - (l) **Exhibit I-L**, Hospital Uniform Percentage Increase Payments-Not for Use Unless Approved by CMS;

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

- (m) **Exhibit I-M**, COVID-19 Vaccine Administration Fee Rates- Not for Use Unless Approved by CMS;
 - (n) **Exhibit I-N**, Public Emergency Medical Transportation Provider Uniform Increase Payment Not for Use Unless Approved by CMS; and
 - (o) **Exhibit I-O**, Plan-Specific Commitments.
- (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 the Authorized Regions Table, Table 1, below.

TABLE 1: AUTHORIZED REGIONS			
Region	Program Component		
	MMA	LTC	Specialty
Region 1	X	X	X
Region 2	X	X	X
Region 3	X	X	X
Region 4	X	X	X
Region 5	X	X	X
Region 6	X	X	X
Region 7	X	X	X
Region 8	X	X	X
Region 9	X	X	X
Region 10	X	X	X
Region 11	X	X	X

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

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 the Required MMA Services Table, Table 2A and/or the Required LTC Services Table, Table 2B, 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 Practice Registered Nurse
(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
(9)	Child Health Check Up
(10)	Immunizations
(11)	Early Intervention Services
(12)	Emergency Services
(13)	Family Planning Services and Supplies
(14)	Healthy Start Services
(15)	Hearing Services
(16)	Home Health Services and Nursing Care
(17)	Hospice Services
(18)	Hospital Services
(19)	Laboratory and Imaging Services
(20)	Medical Foster Care Services
(21)	Medical Supplies, Equipment, Protheses and Orthoses
(22)	Nursing Facility Services
(23)	Optometric and Vision Services
(24)	Physician Assistant Services
(25)	Physician Services
(26)	Podiatric Services
(27)	Prescribed Drug Services
(28)	Renal Dialysis Services
(29)	Therapy Services
(30)	Transportation Services

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

TABLE 2B: REQUIRED LTC SERVICES	
(1)	Adult Companion Care
(2)	Adult Day Health Care
(3)	Assistive Care Services
(4)	Assisted Living
(5)	Attendant Nursing 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 the Approved Expanded Benefits Table, Table 3, below, to enrollees of the applicable SMMC program(s) in the authorized region(s) specified in Table 1.

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

TABLE 3: APPROVED EXPANDED BENEFITS	
	Over-The-Counter (OTC) Medication/Supplies
	Occupational Therapy
	Physical Therapy
	Adult Hearing Services
	Adult Vision Services
	Prenatal/Perinatal Visits
	Respiratory Therapy
	Speech Therapy
	Primary Care Visits (Non-Pregnant Adults)
	Newborn Circumcision
	Cellular Phone Services
	Doula Services
	Durable Medical Equipment/Supplies
	Medically Related Home Care Services/Homemaker
	Home Delivered Meals (General)
	Home Delivered Meals – Post-Facility Discharge (Hospital or Nursing Facility)
	Home Delivered Meals – Disaster Preparedness/Relief
	Home Health Nursing/Aide Services
	Home Visit by a Clinical Social Worker
	Housing Assistance
	Meals – Non-Emergency Transportation Day-Trips
	Non-emergency Transportation – Non-Medical Purposes
	Nutritional Counseling
	Outpatient Hospital Services
	Swimming Lessons (Drowning Prevention)
	Therapy - Art
	Therapy – Equine
	Therapy – Pet
	Vaccine – Tdap
	Vaccine – Influenza
	Vaccine – Shingles
	Vaccine – Pneumonia
	Waived Copayments
	Assessment/Evaluation Services – Behavioral
	Intensive Outpatient Treatment – Behavioral
	Behavioral Health Day Services/Day Treatment
	Behavioral Health Screening Services

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

TABLE 3: APPROVED EXPANDED BENEFITS	
	Behavioral Health Medical Services (Verbal Interaction)
	Behavioral Health Medical Services (Medication Management)
	Behavioral Health Medical Services (Drug Screening)
	Computerized Cognitive Behavioral Analysis
	Medication Assisted Treatment Services
	Psychosocial Rehabilitation
	Substance Abuse Treatment or Detoxification Services (Outpatient)
	Therapy/Psychotherapy (Individual/Family)
	Therapy/Psychotherapy (Group)
	Therapeutic Behavioral On-Site Services
	Targeted Case Management
	Acupuncture
	Chiropractic Services
	Massage Therapy
	Assisted Living Facility/Adult Family Care Home – Bed Hold Days
	Transition Assistance – Nursing Facility to Community Setting
	Individual Therapy Sessions for Caregivers
	Vaccine – Hepatitis B
	Vaccine – HPV
	Vaccine – Meningococcal
	Care Grants
	Transition Assistance for Youth Aging Out
	Life Skills Development
	Respite Care
	ALF Move-In Basket
	Caregiver Transportation
	Biometric Equipment

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

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 the Plan Qualification Table, 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 the SMMC Plan Type Table, 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) Long-term Care Plus 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. and in the LTC Exhibit, including those covered under s. 409.98(1) through (19), F.S. This plan type is not eligible to provide services to recipients who are only eligible for MMA services.
- (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., only to eligible recipients defined as a specialty population in the **Attachment II and its Exhibits**.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

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		

C. Value-Based Purchasing Performance Targets

The Managed Care Plan shall achieve performance targets related to value-based purchasing (VBP) arrangements with primary care providers (PCPs). Value-based purchasing performance targets are contained in **Exhibit I-E**, Value-Based Purchasing Performance Targets, of this Attachment. Performance targets shall be in accordance with **Attachment II and its Exhibits**.

D. Quality Benchmarks Statewide Targets

The Managed Care Plan shall meet the following performance targets contained in **Exhibit I-F**, Quality Benchmarks Statewide Targets, in accordance with **Attachment II and its Exhibits**; the ITN(s), including all addenda; the Vendor’s response to the ITN(s), and information provided through negotiations.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

III. Method of Payment

A. Total Contract Amount

The Agency shall make payment, in a total dollar amount not to exceed **\$XXX,XXX,XXX.xx** (an increase of **\$YYY,YYY,YYY.yy**) 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 Numbers specified in **Exhibit I-B**.

B. Managed Care Plan Rates – Not for Use Unless Approved by CMS

The capitation rate payment shall be in accordance with **Attachment II and its Exhibits**. The capitation rates are contained in **Exhibit I-C**, Managed Care Plan Rates – Not for Use Unless Approved by CMS, of this Attachment.

C. Kick Payment Rates for Covered Obstetrical Delivery Services

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**, Kick Payment Rates for Covered Obstetrical Delivery Services, of this Contract.

D. Public Hospital Physician Uniform Payment Increase – Not for Use Unless Approved by CMS

The per-member per-month (PMPM) rates for payment of qualified public hospital physicians shall be in accordance with **Attachment II and its Exhibits**. The Public Hospital Physician Uniform Payment Increase – Not for Use Unless Approved by CMS are contained in **Exhibit I-G** of this Attachment.

E. Faculty Plans of Florida Medical School Faculty Physician Groups Rates – Not for Use Unless Approved by CMS

The per-member per-month (PMPM) rates for payment of Florida medical school faculty physician groups shall be in accordance with **Attachment II and its Exhibits**. The PMPM rates are contained in **Exhibit I-H**, Faculty Plans of Florida Medical School Faculty Physician Groups Rates – Not for Use Unless Approved by CMS, of this Attachment.

F. Florida Cancer Hospital Minimum Fee Schedule Rates – Not for Use Unless Approved by CMS

The per-member per-month (PMPM) rates for payment of Florida cancer hospitals shall be in accordance with **Attachment II and its Exhibits**. The PMPM rates are contained in **Exhibit I-I**, Florida Cancer Hospital Minimum Fee Schedule Rates – Not for Use Unless Approved by CMS, of this Attachment.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM

G. MMA Physician Incentive Program (MPIP) Plan Summary

The Managed Care Plan shall reimburse qualified physicians in accordance with **Attachment II and its Exhibits**. The Managed Care Plan's MMA Physician Incentive Program (MPIP) Plan Summary is described in **Exhibit I-J** of this Attachment.

H. Hospital Inpatient and Outpatient Exemption Payments – Not for Use Unless Approved by CMS

The per-member per-month (PMPM) rates for payment of inpatient and outpatient exemption payments for qualified hospitals shall be in accordance with **Attachment II and its Exhibits**. The Managed Care Plan's Hospital Inpatient and Outpatient Exemption Payments – Not for Use Unless Approved by CMS are contained in **Exhibit I-K** of this Attachment.

I. Behavioral Health and Supportive Housing Assistance Pilot

The Managed Care Plan shall perform the Behavioral Health and Supportive Housing Assistance Pilot program enhancements in accordance with the Managed Care Plan's Agency-approved pilot application, contained in the Agency's contract management record. The per-member per-month (PMPM) rates for the enhanced housing and behavioral health payment shall be in accordance with **Exhibit I-C**, Managed Care Plan Rates - Not for Use Unless Approved by CMS of this Attachment.

J. Hospital Uniform Percentage Increase Payments-Not for Use Unless Approved by CMS

The uniform percentage increase amounts for the hospital uniform percentage increase payments for qualified hospitals shall be in accordance with **Attachment II and its Exhibits**. The Hospital Uniform Percentage Increase Payments-Not for Use Unless Approved by CMS are contained in **Exhibit I-L** of this Attachment.

K. COVID-19 Vaccine Administration Fee Rates- Not for Use Unless Approved by CMS

The Managed Care Plan shall reimburse for vaccine administration in accordance with **Attachment II and its Exhibits**. The COVID-19 vaccine administration codes and rates are described in **Exhibit I-M**, COVID-19 Vaccine Administration Fee Rates- Not for Use Unless Approved by CMS, of this Attachment.

L. Public Emergency Medical Transportation Provider Uniform Increase Payments – Not for Use Unless Approved by CMS

The per-member per-month (PMPM) rates for payment of qualified public emergency medical transportation providers shall be in accordance with **Attachment II and its Exhibits**. The Public Emergency Medical Transportation Provider Uniform Increase Payments – Not for Use Unless Approved by CMS are contained in **Exhibit I-N** of this Attachment.

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

IV. Special Provisions

A. Order of Precedence

(1) For all applicable regions as specified in Table 1: Authorized Regions, 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:

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

B. Plan-Specific Commitments

The Managed Care Plan shall perform the program enhancements in accordance with **Attachment II and its Exhibits**. The Managed Care Plan’s Plan-Specific Commitments are described in **Exhibit I-O**, Plan-Specific Commitments, of this Attachment.

C. Special Terms and Conditions

The Managed Care Plan shall furnish to the Agency a performance bond in the total amount of fifteen million dollars (**\$ZZ,ZZZ,ZZZ.00**) in accordance with **Attachment II**, Section XV.W. of this Contract. The total performance bond amount is specified in the Total Performance Bond Amount Table, Table 6, below:

TABLE 6: TOTAL PERFORMANCE BOND AMOUNT		
Awarded Region	Plan Type	Performance Bond Amount
1		Z,ZZZ,ZZZ.00
2		Z,ZZZ,ZZZ.00
3		Z,ZZZ,ZZZ.00
4		Z,ZZZ,ZZZ.00
5		Z,ZZZ,ZZZ.00
6		Z,ZZZ,ZZZ.00
7		Z,ZZZ,ZZZ.00
8		Z,ZZZ,ZZZ.00
9		Z,ZZZ,ZZZ.00
10		Z,ZZZ,ZZZ.00
11		Z,ZZZ,ZZZ.00
Total Performance Bond Amount:		\$ZZ,XXX,XXX.00

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-A - UPDATE: JULY 1, 2022

APPROVED EXPANDED BENEFITS COVERAGE AND LIMITATIONS

APPROVED EXPANDED BENEFITS COVERAGE AND LIMITATIONS	
Approved Benefit	Approved Limitations
General Expanded Benefits	
Name of Approved Expanded Benefit	Approved Limitations for Approved Expanded Benefit

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
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-B - UPDATE: JULY 1, 2022

MEDICAID PROVIDER IDENTIFICATION NUMBERS

MEDICAID PROVIDER IDENTIFICATION NUMBERS			
Region	MMA	LTC	Specialty
1	1000000-01	1000000-01	1000000-01
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

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-C - UPDATE: JULY 1, 2022

MANAGED CARE PLAN RATES – NOT FOR USE UNLESS APPROVED BY CMS

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-D – UPDATE: JULY 1, 2022

**KICK PAYMENT RATES FOR COVERED OBSTETRICAL DELIVERY SERVICES –
NOT FOR USE UNLESS APPROVED BY CMS**

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-E- UPDATE: JULY 1, 2022

VALUE-BASED PURCHASING PERFORMANCE TARGETS

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-F-UPDATE: JULY 1, 2022

QUALITY BENCHMARKS STATEWIDE TARGETS

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-G – UPDATE: JULY 1, 2022

PUBLIC HOSPITAL PHYSICIAN UNIFORM PAYMENT INCREASE - NOT FOR USE UNLESS APPROVED BY CMS

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-H - UPDATE: JULY 1, 2022

**FACULTY PLANS OF FLORIDA MEDICAL SCHOOL FACULTY PHYSICIAN GROUPS RATES –
NOT FOR USE UNLESS APPROVED BY CMS**

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-I – UPDATE: JULY 1, 2022

FLORIDA CANCER HOSPITAL MINIMUM FEE SCHEDULE RATES - NOT FOR USE UNLESS APPROVED BY CMS.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-J - UPDATE: JULY 1, 2022

MMA PHYSICIAN INCENTIVE PROGRAM (MPIP) PLAN SUMMARY

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-K – UPDATE: JULY 1, 2022

HOSPITAL INPATIENT AND OUTPATIENT ION PAYMENTS – NOT FOR USE UNLESS APPROVED BY CMS

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-L – UPDATE: JULY 1, 2022

HOSPITAL UNIFORM PERCENTAGE INCREASE PAYMENTS– NOT FOR USE UNLESS APROVED BY CMS

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-M – UPDATE: JULY 1, 2022

COVID-19 VACCINE ADMINISTRATION FEE RATES- NOT FOR USE UNLESS APPROVED BY CMS

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-N – UPDATE: JULY 1, 2022

**PUBLIC EMERGENCY MEDICAL TRANSPORTATION UNIFORM INCREASE PAYMENTS –
NOT FOR USE UNLESS APPROVED BY CMS**

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

MANAGED CARE PLAN NAME

**ATTACHMENT I
SCOPE OF SERVICES - UPDATE: JULY 1, 2022
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

EXHIBIT I-O – UPDATE: JULY 1, 2022

PLAN-SPECIFIC COMMITMENTS

PLAN-SPECIFIC COMMITMENTS				
Regions	Program Area	Commitment (Description)	Important Milestones	Target Date(s) for Completion

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK