



## Statewide Medicaid Managed Care (SMMC) New Program Highlight: The Individual Budgeting (iBudget) Waiver

The Agency for Health Care Administration (Agency) contracts with health and dental plans to provide Medicaid services to health plan enrollees. The Agency recently entered into new contracts with health and dental plans that will greatly benefit enrollees and providers. This document is part of a series that highlights the program changes in the new Statewide Medicaid Managed Care (SMMC) health and dental plan contracts. [Under the new contracts, iBudget recipients or Medicaid eligible recipients in a pre-enrollment category will receive an assignment to a managed care plan for their Medicaid state plan services. These recipients may opt out of managed care and remain in fee-for-service \(FFS\) Medicaid by calling 1-877-711-3662 or online at \[flsmmc.com\]\(http://flsmmc.com\).](#)

The Agency will transition to the new contracts in February of 2025. The plans will operate in 9 Regions throughout the state.

Region	Counties
A	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington
B	Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia
C	Pasco and Pinellas
D	Hardee, Highlands, Hillsborough, Manatee, and Polk
E	Brevard, Orange, Osceola, and Seminole
F	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
G	Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
H	Broward
I	Miami-Dade and Monroe

Florida Medicaid has a program called the Managed Medical Assistance (MMA) program. This program provides Medicaid state plan services through a health plan.

Medicaid recipients on the iBudget waiver or in a pre-enrollment category are **not** required to enroll in the MMA program – they are “*voluntary*” for this program. This means that they can choose to enroll in a health plan or continue to receive their Medicaid State Plan services from fee-for-service (FFS) Medicaid. Currently, 37% of iBudget recipients are enrolled in a health plan.

Under the new phase of SMMC, all voluntary recipients, including iBudget recipients and individuals in pre-enrollment categories will be **automatically assigned** to a health plan and will receive a letter in the mail explaining this upcoming change.

### ***What does this mean for Medicaid recipients on the iBudget waiver or in a pre-enrollment category?***

Choosing to enroll in a health plan will not affect a recipient’s iBudget services.

- The health plan does not pay for waiver services.
- Recipients who choose a health plan can disenroll from the plan at any time, without a good cause reason.
- Recipients who choose not to enroll in a health plan will receive their medical services on a fee-for-service basis.

**iBudget recipients may choose to remain in FFS Medicaid by “opting out” of managed care anytime by contacting the Agency.**



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**What will change for iBudget recipients and individuals in a pre-enrollment category if they currently receive their Medicaid state plan services through FFS?**

- If the recipient does not contact the Agency to choose FFS, they will be enrolled in a health plan for their Medicaid state plan services.

**What stays the same for iBudget recipients and individuals in a pre-enrollment category if they already receive services from a Medicaid health plan?**

- **EVERYTHING!** The recipient will continue to receive their Medicaid State Plan services through Managed care and iBudget services through FFS.

**Can an iBudget recipient keep iBudget services if they elect a Medicaid health plan?**

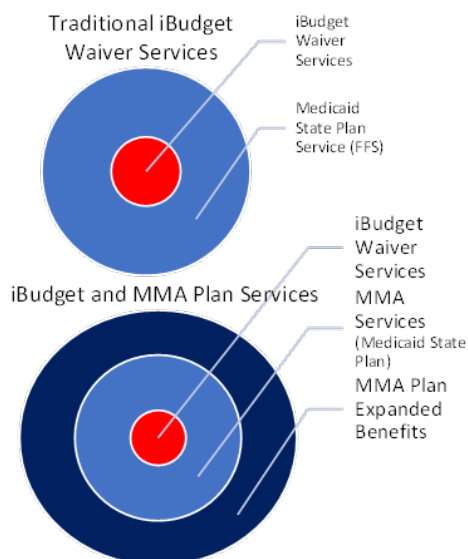
- **YES!** Enrolling in a health plan will not affect a recipient's iBudget services.
- iBudget services will remain in the FFS delivery system. Medicaid State Plan services will be delivered through managed care recipient's MMA services.

**Why would recipients on the iBudget Waiver choose to enroll in a Medicaid health plan, if they do not have to?**

- Recipients receive iBudget services through the waiver (FFS) and state plan services through their health plan including even more services called expanded benefits such as:

- ✓ Adult dental
- ✓ Over the Counter (OTC) medications & products
- ✓ Cell phone and service
- ✓ Food assistance
- ✓ Housing assistance
- ✓ Massage therapy
- ✓ Art therapy
- ✓ Chiropractic and acupuncture
- ✓ And many more!

- In addition to the services provided by Waiver Support Coordinators, health plans provide enhanced care coordination for Medicaid State Plan services, helping recipients get the health care they need.
- Recipients with Serious Mental Illness (SMI) and/or HIV/AIDs also have access to additional specialty product services.



**What if recipients do not want to enroll in a Medicaid Managed Care plan?**

**SIMPLE!** Recipients should contact the Agency any time, to choose to disenroll from the assigned plan. Visit [flsmmc.com](http://flsmmc.com) or contact staff by phone 8am to 7pm EST at 1-877-711-3662.

What to Expect:	
<b>Late September 2024</b>	The Agency will mail all voluntary Florida Medicaid recipients a letter explaining that the Statewide Medicaid Managed Care program is transitioning and that they will need to either select a managed care, opt not to enroll in a managed care plan, or be automatically enrolled in a managed care plan.
<b>Mid-November 2024 (Regions F-I)</b>	The Agency will inform all recipients of their managed care plan assignments via letter, which will include additional information on how to disenroll or change plans if desired. Recipients may change their assigned plan by visiting <a href="http://flsmmc.com">flsmmc.com</a> or calling 1-877-711-3662.
<b>Early December 2024 (Regions A-E)</b>	
<b>February 1, 2025</b>	Voluntary recipients who have opted to enroll in a managed care plan will begin receiving their Florida Medicaid services through the Statewide Medicaid Managed Care program.