

Statewide Medicaid Managed Care 3.0 Overview

Florida Statewide Medicaid Managed Care Snapshot



- The SMMC program has **two** key components:
 - Integrated Managed Medical Assistance (MMA) and Long-Term Care (LTC)
 - Dental
- Of the 4.4 million Floridians enrolled in Medicaid, 3.1 million are enrolled in the MMA program, 140,000 in the LTC program, and 3.3 million in the Dental program.

New contracts will begin in 2025 and run through 2030

SMMC Program Components

Managed Medical Assistance (MMA)

COVERAGE:

Preventive, Acute, Behavioral, and Therapeutic services, including Pharmacy and Transportation services.

ENROLLMENT:

Most Medicaid recipients must enroll in an MMA plan.

Long-Term Care (LTC)

COVERAGE:

Nursing Facility, Assisted Living, and Home and Community-Based services.

ENROLLMENT:

65 years of age or older, or age 18 or older and eligible for Medicaid by reason of a disability.

Requires Nursing Facility level of care or Hospital level of care for individuals diagnosed with cystic fibrosis.

Dental

COVERAGE:

Preventive and Therapeutic Dental services.

ENROLLMENT:

All Medicaid recipients in managed care and all fully Medicaid eligible Fee-for-Service (FFS) individuals.

SMMC 3.0: What is Changing?

Family Focused
Plans and
Programs

Significant New
Ways to
Improve your
Health

Fully Integrated
Incentives for
Quality
Performance

New SMMC
Regions and
Plans

SMMC: New Program Successes

- **Family Focused Plans and Programs:**
 - Utilizing Hope Florida
 - Supporting Strong Families
- **Significant New Ways to Improve Your Health:**
 - Providing Enhanced Access to Specialized Care Coordination
 - Providing Additional Member Benefits
- **Fully Integrated Incentives for Quality Performance:**
 - New Innovative Quality Performance Programs for Plans
 - Involving All Providers in Quality Improvement Through Value-Based Purchasing

**FAMILY
FOCUSED
PLANS AND
PROGRAMS**

**Utilizing
Hope Florida**

Integration with Hope Florida
Supporting Independence
Successful Referrals
Graduation from Medicaid

**Supporting
Strong
Families**

Siblings and Families Together
Individual Care Planning
Connecting Families to More Providers

SMMC New Program Successes

FAMILY FOCUSED
PLANS AND
PROGRAMS

Utilizing Hope Florida: SMMC Integration

- SMMC and Hope Florida: Integration
- Ensuring Successful Referrals: Requiring Closed-Loop Verification
- Enhanced Services Geared Towards Independence
- Supporting Graduation from the Medicaid Program

Utilizing Hope Florida

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PLANS AND
PROGRAMS

Utilizing
Hope Florida

Hope Florida

Hope Florida is a statewide initiative spearheaded by First Lady Casey DeSantis with the goal of assisting Floridians in need through community involvement and resource coordination to establish a pathway to achieving prosperity and economic self sufficiency

The Hope Florida Programs reach across the Florida State Agencies and include: Department of Children and Families, Agency for Persons with Disabilities, Department of Elder Affairs, and Veterans' Affairs.

Utilizing Hope Florida: SMMC and Hope Florida

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PROGRAMS

Utilizing
Hope Florida

Integrating Hope Florida

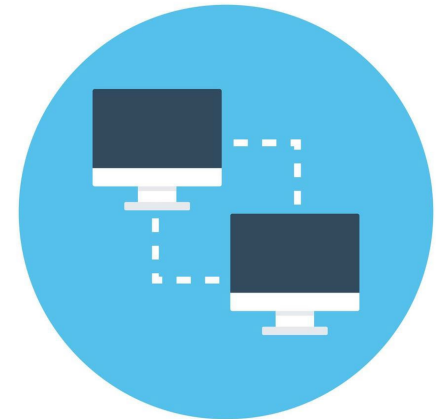
Plans providing MMA and LTC services will connect enrollees with tools to overcome barriers to employment, economic self-sufficiency, and independence.

Health plan case managers will support Hope Navigators and ensure referral information and outcomes are shared.

Health plans will exchange necessary enrollee data with Hope Florida Navigators and programs across agencies.

Details of the data sharing will be developed in consultation with DCF.

Health and Dental plan case managers will coordinate with Hope Navigators to ensure effective use of resources and continuous care navigation.



Utilizing Hope Florida: Ensuring Successful Referral

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PLANS AND
PROGRAMS

Utilizing
Hope Florida

Ensuring Successful Referral: Requiring Closed-Loop Verification

Plans will maintain a network of community-based partners to provide support for work force training, educational support services, housing assistance, and food sustainability.

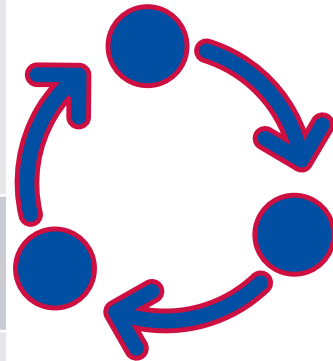
Dental plans' community-based partners will support oral health education and preventive services throughout the community.

Plans will screen and refer Medicaid enrollees to the community partners' network.

Plans will implement a closed-loop referral system integrated as part of the Hope Florida programs that will ensure needs are identified, referrals are made to faith based and other community-based organizations, services are provided and reported back to the plans.

Plans will report to the Agency on the closed-loop referral system on a quarterly basis.

The Agency will review and verify outcomes after the receipt of services. Noncompliance of reporting requirements by plans of the closed-loop system will be met with sanctions and liquidated damages.



Utilizing Hope Florida: Enhanced Services Geared Towards Independence

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PROGRAMS

Utilizing
Hope Florida

Enhanced Services Geared Towards Independence

In addition to services provided through referral to their community-based network of providers, plans providing MMA and LTC services will offer direct services to support their enrollees.

Plans will offer expanded benefits such as:

- Tutoring, work force training, and job readiness, including items such as test preparation courses and subsidies for the cost of professional licensure or certification, GED prep, and K-12 tutoring.
- Housing assistance, including assistance in establishing and maintaining stable housing.
- Food assistance, including short term home delivered meals or emergency food support.
- Non-medical transportation, including trips to job/vocational training and community integration such as community and neighborhood centers and churches.

Utilizing Hope Florida: Supporting Graduation from the Medicaid Program

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PROGRAMS

Utilizing
Hope Florida

Supporting Graduation from the Medicaid Program

Plan programs will be structured with the goal of helping enrollees graduate from (leave or exit) the Medicaid program.

Plans will report annually on enrollees who have graduated out of Medicaid.

Plans that are successful in moving people off Medicaid get additional new members.

SMMC New Program Successes

FAMILY FOCUSED
PLANS AND
PROGRAMS

Supporting Strong Families

- **Keeping Siblings and Families Together: Your Family, Different Needs = One Plan**
- **Supporting Individual and Family Goals through Expanded Family-Centered Care**
- **Connecting Families to More Providers**

Supporting Strong Families

FAMILY
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PLANS AND
PROGRAMS

Supporting
Strong
Families

Keeping Siblings and Families Together: Your Family, Different Needs = One Plan

For plans providing MMA and LTC services, the “Plus” plan structure allows all family members to be enrolled in the same plan even if only one is eligible for the specialty product services.

The “Plus” plans put Florida’s families first by eliminating the “family exclusion” effect for those with one family member who meets a specialty diagnosis.

The “Plus” Plan structure allows for LTC members to access specialty products for the first time in the program’s history.

The new “Comprehensive Plus” plan can serve all enrollees.

All dental plans can serve your whole family: Dental plans are now required to offer additional support to pregnant woman, those over the age of 65, those with chronic conditions, and those with intellectual or developmental disabilities.



Supporting Strong Families

FAMILY
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PLANS AND
PROGRAMS

Supporting
Strong
Families

Supporting Individual and Family Goals through Expanded Family-Centered Care

Expands enrollee eligibility for person-centered care to include children receiving medical foster care, private duty nursing or nursing facility services through the MMA program, in addition to LTC eligible services.

Encourages the maximum participation of an enrollee and the enrollee's family in the decision-making process.

The individual is involved in planning their own progress and goals.

Delivers coordinated care with empathy, dignity, and respect.

Supporting Strong Families

FAMILY
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PLANS AND
PROGRAMS

Supporting
Strong
Families

Connecting Families to More Providers

MMA and Dental plans offer increased access to after hours services (nights and weekends).

MMA and Dental plans offer increased access to telemedicine/teledentistry.

New provider network requirements for midwives and Statewide Inpatient Psychiatric Program providers, dental Ambulatory Service Centers and outpatient settings providing dental services, and sedation dentistry.

Integration of behavior analysis into the SMMC coordinated care system.

New regional structure in north Florida increases access to in-network providers.

Plans will provide prior authorization decisions within 5 days (currently 7).



**Significant
Ways to
Improve
Your Health**

**Enhanced
Access to
Specialized
Care
Coordination**

Maximizing HCBS for the Aging Population
Increased Access to Enhanced Care Coordination
Supporting Childhood and Adolescent Mental Health
Maximizing Services for Medically Fragile Children
New Care Coordination for Dental Plans

**Additional
Member
Benefits**

**Expanded Benefits Offered by MMA
and Dental Plans**
New Services and Enhanced Programs

SMMC New Program Successes

SIGNIFICANT WAYS
TO IMPROVE YOUR
HEALTH

Enhanced Access to Specialized Care Coordination

- Maximizing Home and Community Based Services for the Aging Population
- Increased Access to Care Coordination
- Supporting Childhood and Adolescent Mental Health
- Maximizing Services for Medically Fragile Children
- New Care Coordination for Dental Plans

Enhanced Access to Specialized Care Coordination

SIGNIFICANT
WAYS TO
IMPROVE
YOUR
HEALTH

Enhanced
Access to
Specialized Care
Coordination

Maximizing Home and Community Placement and Services to Improve Independence, Well-Being, and Safety

LTC Plans are required to partner with community-based organizations to support aging and populations with disabilities in the community. Below are some examples of the areas:

- Area Agencies on Aging (AAA) or Aging and Disability Resource Center (ADRC) Partnership
- State of Florida Centers for Independent Living
- Partnerships that provide home modifications to increase safety, independence, and social connections
- Partnerships that increase social engagement and reduce isolation
- Elder abuse prevention partnerships

LTC Plans will implement strategies to educate eligible enrollees (home and community-based) on the Participant Directed Option (PDO) program and promote engagement and services utilization.



Enhanced Access to Specialized Care Coordination

SIGNIFICANT
WAYS TO
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Enhanced
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Coordination

Enhanced Care Coordination for Adults with Specialty Conditions and for Children with Complex Needs

Ensures personal case management for anyone with a specialty condition.

Expands access to enhanced care coordination services through the MMA program for medically fragile pediatric enrollees to include:

- Children in the DCF Child Welfare System.
- Children receiving Prescribed Pediatric Extended Care (PPEC) services.
- Enrollees receiving services from or transitioning from other state-run programs (including Department of Corrections and Department of Juvenile Justice).
- Enhanced care coordination between MMA and dental plans for Floridians with disabilities, those with cleft palate, and pregnant women.

Expands access to enhanced care coordination services through the MMA program for enrollees with certain chronic diseases through the new Chronic Disease Management program.



Enhanced Access to Specialized Care Coordination

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Access to
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Coordination

Supporting Childhood and Adolescent Mental Health

Plans providing MMA services will partner with DCF to offer evidence-based programs for children with intense behaviors, when medically necessary.

Plans provide specialized care coordination for children with high utilization of crisis stabilization unit (CSU) and inpatient psychiatric hospital services.

Plans are required to perform high utilizer medical record and case management file reviews for enrollees who are high utilizers of CSU and inpatient psychiatric hospital services, Baker Act receiving facilities, and/or CSUs within a six (6)-month period.

Plans will coordinate with schools and school districts for school-based services.

Enhanced Access to Specialized Care Coordination

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Maximizing Home and Community Services for Medically Fragile Children

Plans will provide families of children in a nursing facility preparing to transition their child home **up to \$75,000** per life-time for home readiness projects such as physical adaptations to their home or vehicle.

More case managers for medically fragile children

- Children in a skilled nursing facility, **10:1**
- Children receiving PPEC services or PDN services in their family home or other community-based setting, or receiving medical foster care services, **30:1**.

Plans will work collaboratively with children's hospitals and community providers to expand access to patient-centered health homes for children with Medically Complex Conditions (MCC) incorporating components of the ACE for Kids Act.

Enhanced Access to Specialized Care Coordination

SIGNIFICANT
WAYS TO
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Dental Plans Focus New Care Coordination on Special Populations

For the first time, Dental plans will offer special care coordination to Medicaid enrollees on the iBudget Waiver or in a pre-enrollment category as identified by the Agency, pregnant enrollees, enrollees with chronic diseases such as diabetes, cancer, or HIV, and enrollees who are ages 65 years and older.

Dental plans must make initial contact with these enrollees within the first thirty days of enrollment in the life of the contract.

Dental plans must ensure enrollee health and service data is, where necessary, shared with an enrollee's Managed Medical Assistance plan to facilitate a closed-loop verification of information regarding the overall health of and services received by the enrollee.

SMMC New Program Successes

SIGNIFICANT WAYS
TO IMPROVE YOUR
HEALTH

Additional Member Benefits

- Expanded Benefits Provided by MMA, LTC, and Dental Plans
- New Services and Enhanced Programs

Providing Additional Member Benefits

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WAYS TO
IMPROVE
YOUR
HEALTH

Additional
Member
Benefits

Expanded benefits are services that are offered in addition to those available through the Medicaid program. Plans can:

- Exceed the limits stated in Medicaid policy for certain services; or
- Offer additional services not covered under the Medicaid State Plan (e.g., art therapy, post discharge meals, etc.).

New MMA Plan Expanded Benefits	New LTC Plan Expanded Benefits
Tutoring, Vocational Training, and Job Readiness	Aging in Place Housing Assistance Grant
Food Assistance	ALF Transition Catalogue
Non-Emergency Transportation	Alzheimer's Reading Support
Housing Stability Assistance	Aqua Therapy
Prenatal Services	Caregiver support
Mother and Baby Supplies	Caregiver Respite
Technology for Pregnant Women	Asthma Home Care
Many other expanded benefits are also available!	

Providing Additional Member Benefits

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WAYS TO
IMPROVE
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HEALTH

Additional
Member
Benefits

Continuing MMA Expanded Benefits	Continuing LTC Expanded Benefits
Over-the-Counter (OTC) medications and supplies: Now increased to \$50 per household per month, at minimum	NF to Community Setting Transition Assistance
Adult visual aid services	Individual Therapy Sessions for Caregivers
Adult additional primary care services	Caregiver Transportation
Prenatal services	Assisted Living Facility/Adult Family Care Home – Bed Hold Days
Durable Medical Equipment (DME) services and supplies	ALF Move-In Basket
Physical therapy for adults	
Newborn circumcision	
Hearing services for adults	
Occupational therapy for adults	
Waived Co-pays	
Many other expanded benefits are also available!	



Providing Additional Member Benefits

SIGNIFICANT
WAYS TO
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Additional
Member
Benefits

New Dental Plan Expanded Benefits

Endodontics:

- Therapies (anterior, premolar, molar)
- Root canal

Over the Counter Benefit for Dental Supplies: \$10 per individual or \$30 per family per 90-days.

Dental Implants

- Surgical placement of implant, abutment and crown

Adjunctive Dental Services:

- Prescriptions management
- Denture cleaning and inspections
- Behavioral management



Providing Additional Member Benefits

SIGNIFICANT
WAYS TO
IMPROVE
YOUR
HEALTH

Additional
Member
Benefits

Continuing Dental Plan Expanded Benefits: All Dental Plans Continue to Provide

Diagnostic Services for Adults

Preventative Services for Adults

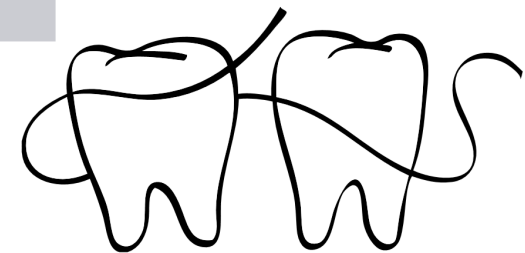
Periodontics for Adults

Restorative Services for Adults

Acclimation for Individuals with Intellectual Disabilities

Diabetic Testing

Pregnancy Related Benefits



New Services and Enhanced Programs

SIGNIFICANT
WAYS TO
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HEALTH

Additional
Member
Benefits

New Services and Enhanced Programs

Behavior Analysis Now Included in Coordinated Care Under MMA

Healthy Behaviors Programs Enhanced

New Chronic Disease Management Programs

New Services and Enhanced Programs

SIGNIFICANT
WAYS TO
IMPROVE
YOUR
HEALTH

Additional
Member
Benefits

Medicaid State Plan Behavior Analysis Now Included in Coordinated Care Under MMA

Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors.

Medicaid State Plan BA services will be provided through the MMA program. BA providers must contract with the enrollee's MMA plan.

Continuity of care requirements apply. Your plan and providers will work with you to prevent loss of services or care.

MMA plans will honor any ongoing treatment that was authorized prior to the enrollee's enrollment into the plan for **up to 90 days** after the effective date of enrollment.

Care coordination for Medicaid State Plan BA services will be facilitated by the MMA plan.

The [Agency's Behavior Analysis Information webpage](#) will have updates regarding Medicaid State Plan BA transition to SMMC.

New Services and Enhanced Programs

SIGNIFICANT
WAYS TO
IMPROVE
YOUR
HEALTH

Additional
Member
Benefits

Healthy Behavior Programs in SMMC 3.0

SMMC Plan programs designed to promote healthy living and improved health outcomes.

Tobacco use recovery and Opioid use recovery added to the suite of Healthy Behavior programs for the Managed Medical Assistance plans, which also includes smoking cessation, medically directed weight loss, alcohol cessation, and SUD recovery.

Dental plans Healthy Behavior programs focus on ensuring pregnant women and children participate in all available preventive dental care and include interactive educational components.

Incentives of the programs includes gift cards; flexible spending accounts that may be used for health and wellness items; vouchers for health and wellness related items; and points or credits that are redeemable for goods or services.

New Services and Enhanced Programs

SIGNIFICANT
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HEALTH

Additional
Member
Benefits

Chronic Disease Management in SMMC 3.0 Managed Medical Assistance Program

- Improve health outcomes of enrollees with chronic conditions by mitigating disease progression, reducing complications, and preventing comorbidities.
- Minimize symptoms and prevent unnecessary hospitalizations.
- Improved quality of life, social engagement, gainful employment, completing career education, and independence.
- More people with good physical and mental function lowers the cost of the enrollee, creating a cost savings for the Managed Care Plan and the state.



All Plans Include Four Required Conditions

Cancer

Diabetes

HIV & AIDS

Depression

Plan Choice of Two Additional Conditions

Kidney Disease

Dementia

End Stage Renal Disease

Hypertension

Osteoporosis

Parkinson's Disease

MMA and Comprehensive Plan Additional Condition(s)

Anxiety Disorders

Attention Deficit Hyperactivity Disorder
(ADHD)

Bipolar Disorder

Substance Use Disorder

**Fully
Integrated
Incentives for
Quality
Performance**

**New Innovative
Quality
Performance
Programs for
Plans**

**Layered Approach to Drive Continued
Improvement**

Penalties for Poor Performance

**Involving All
Providers in
Value-Based
Purchasing**

**VBP Tenets: Maximize High-Value Care, Reduce
Inappropriate Care, and Reward Best Performing
Providers**

**VBP Arrangement Must Meet Minimum Transparency
Requirements**

**Plans Must Increase VBP Penetration Over Life of
Contract**

SMMC New Program Successes

FULLY INTEGRATED
INCENTIVES FOR
QUALITY
PERFORMANCE

New Innovative Quality Performance Programs for Health Plans

- Layered Approach to Drive Continued Improvement
- Penalties for Poor Performance

New Innovative Quality Performance Program



Layered Approach to Drive Continued Improvement Managed Medical Assistance and Dental Programs

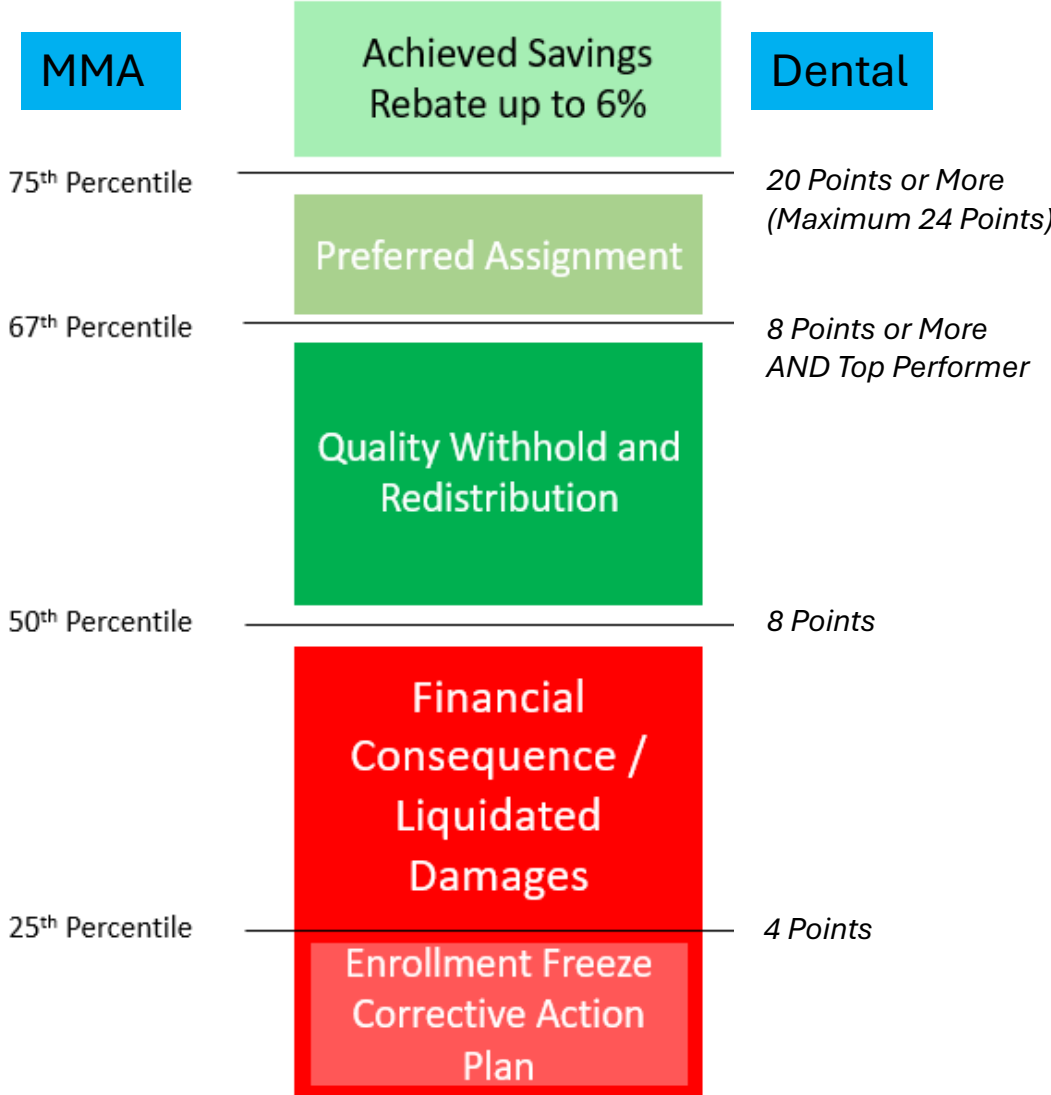
The improved Quality Strategy is designed to enhance the quality of care provided to Medicaid recipients by providing a continual and increasing incentive, with corresponding penalties, for the Managed Care Plans and Dental Plans to achieve and maintain high performance in key health and dental measures.

The new structure utilizes a layered approach, where with each incremental increase or decrease in performance, the plan is either rewarded or penalized. This structure eliminates the incentive “cliff” or “gap” that existed in prior contracts where once a certain level of performance was achieved, the return on further investment diminished.

This approach aims to promote healthier outcomes for recipients, ensure cost efficiency, and drive continuous improvement in health care and delivery.



New Innovative Quality Performance Program



Layered Approach to Drive Continued Improvement: Managed Medical Assistance and Dental Programs

- The improved Quality Strategy is designed to enhance the quality of care provided to Medicaid recipients by incentivizing Managed Care Plans and Dental Plans to achieve and maintain high performance in key health and dental measures.
- This approach aims to promote healthier outcomes for recipients, ensure cost efficiency, and drive continuous improvement in health care and delivery.

New Innovative Quality Performance Program

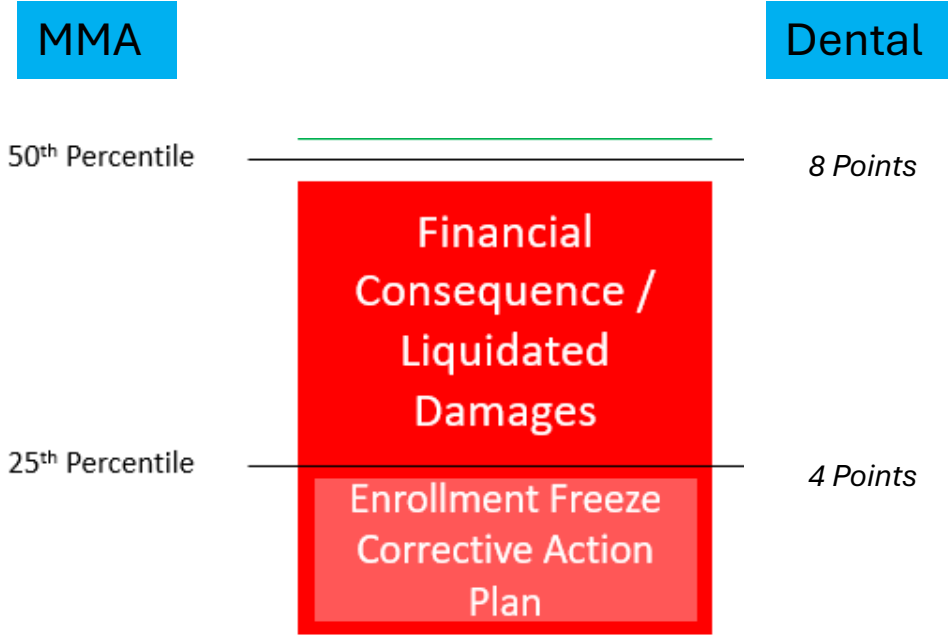
FULLY INTEGRATED
INCENTIVES FOR
QUALITY
PERFORMANCE

New
Innovative
Quality
Performance
Programs for
Health Plans

Layered Approach to Drive Continued Improvement: Managed Medical Assistance and Dental Programs

Incentive	Description
<u>Quality Withhold</u>	The Agency withholds 2% of the Plan’s capitation rate annually for MMA, and 1.5 % for dental. Plans can earn back the withhold based on performance in specific measures.
<u>Quality Preferred Assignment</u>	High-performing plans may receive additional auto-assignment enrollments of recipients into their plan. To qualify, plans must earn their full 2% or 1.5% withhold and be among the top three highest scoring plans based on total quality points.
<u>Achieved Savings Rebate (ASR) One Percent Quality</u>	Plans must submit annual ASR reports detailing premium revenue, costs, and income or losses. Plans that achieve savings and meet quality measures can retain an additional 1% of their ASR.
<u>Financial Consequences</u>	Plans that fail to meet minimum standards may face financial penalties such as liquidated damages, sanctions, temporary enrollment limitations, auto-assignment restrictions, and enrollment caps.

New Innovative Quality Performance Program



Penalties for Poor Performance

- Failure to achieve minimum scores on HEDIS performance measures after the first year of poor performance.
- Agency may impose monetary sanctions, corrective action plans, Performance Measure monetary penalties, and temporary enrollment limitations, such as temporary enrollment freezes, enrollment algorithm reductions, and/or enrollment caps.

SMMC New Program Successes

FULLY INTEGRATED
INCENTIVES FOR
QUALITY
PERFORMANCE

Value-Based Purchasing in SMMC 3.0

- **Value- Based Purchasing Tenets: Maximize High Value Care, Reduce Inappropriate Care, and Reward Best-performing Providers**
- **Value- Based Purchasing Arrangement Must Meet Minimum Transparency Requirements**
- **Plans Must Increase Value- Based Purchasing Penetration Over Life of Contract**

Involving All Providers in Quality Improvements through Value-Based Purchasing

FULLY INTEGRATED
INCENTIVES FOR
QUALITY
PERFORMANCE

Value-Based
Purchasing

Value- Based Purchasing Tenets: Maximize high value care, reduce inappropriate care, and reward best-performing providers

Plans are required to have a value-based purchasing program that promotes the use of innovative health care delivery models, such as telehealth and patient-centered medical homes, that can enhance accessibility and coordination of care.

Value-based purchasing incentivizes the utilization of preventive and screening services over acute care.

Example of a value-based purchasing driven innovation: Adoption of electronic health records for better data sharing among providers, or implementation of health information exchanges to improve care coordination.

Involving All Providers in Quality Improvements through Value-Based Purchasing

FULLY INTEGRATED
INCENTIVES FOR
QUALITY
PERFORMANCE

Value-Based
Purchasing

Value-Based Purchasing Arrangement Must Meet Minimum Transparency Requirements

Plans are required to have a value-based purchasing program that include certain elements to ensure transparency to providers so that they understand the reimbursement that they receive. All agreements must include:

- A detailed methodology on how enrollees are attributed to providers for calculation of final payment.
- A detailed methodology on how each provider's target budget is calculated.
- A detailed methodology on how data will be shared, at least quarterly, between the plan and the provider.
- A detailed list of quality measures used for calculating shared savings or losses.

Involving All Providers in Quality Improvements through Value-Based Purchasing

FULLY INTEGRATED
INCENTIVES FOR
QUALITY
PERFORMANCE

Value-Based
Purchasing

Plans Must Increase Value-Based Purchasing Penetration Over Life of Contract

The Managed Care Plan shall use the Learning Action Network (LAN)'s alternative payment framework to categorize its value-based purchasing agreements with providers.

The contract contains established benchmarks that increase with each year of the contract.

Managed Medical Assistance

INCREMENTAL INCREASE IN EXPENDITURES IN VALUE-BASED PURCHASING AGREEMENTS WITH PROVIDERS*			
Contract Period	VBP LAN 3A+	VBP LAN 3B+	VBP LAN 4A+
Year 1	10%	5%	0%
Year 2	20%	10%	1%
Year 3	25%	15%	2.5%
Year 4	30%	20%	5%
Year 5	35%	25%	7.5%
Year 6	40%	30%	10%

Dental

INCREMENTAL INCREASE IN EXPENDITURES IN VALUE-BASED PURCHASING AGREEMENTS WITH PROVIDERS		
Contract Period	VBP LAN 2A+	VBP LAN 3A+
Year 1	Reporting	Reporting
Year 2	10%	5%
Year 3	15%	10%
Year 4	20%	15%
Year 5	30%	20%
Year 6	40%	25%

* The percentages are minimum targets. The plus sign indicates the inclusion of greater risk levels. For example, "2A+" includes LAN risk Levels 2AA, 2B, 2C, 3A, 3B, 4A, 4C

New SMMC Regions and Plans



New Regions	New MMA and LTC Plan Structure	Dental Plans
Reducing regions from 11 to 9 in SMMC 3.0	Each region has plans that allow families to stay together	All dental plans are statewide
New Structure, Better Access	New “plus” structure for integrated specialty care	

New Regions in SMMC 3.0

NEW SMMC
REGIONS AND
PLANS

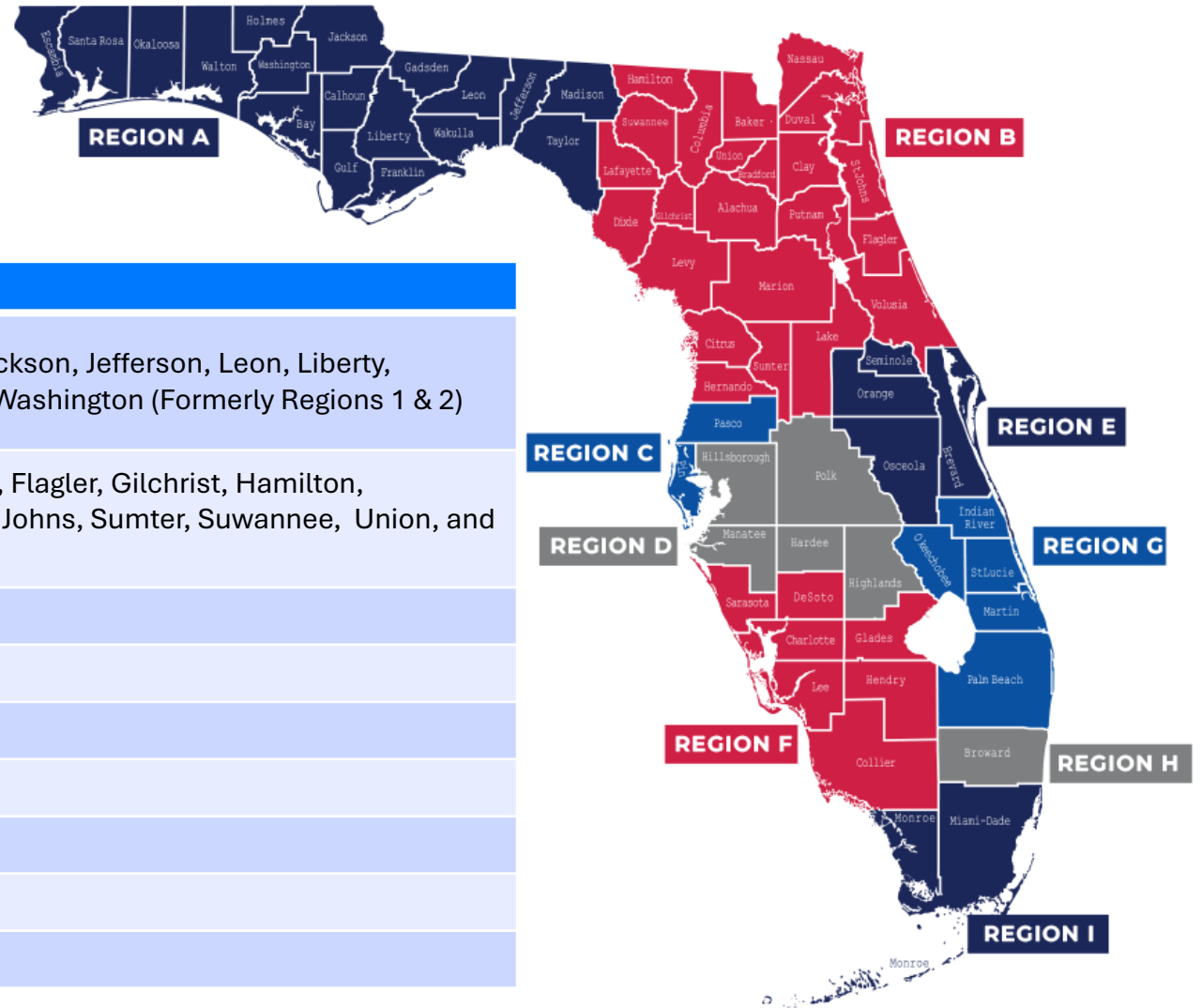
- Aligns with Agency and provider operational distribution
- Fewer regions, more providers, greater choice for recipients



New Regions in SMMC 3.0

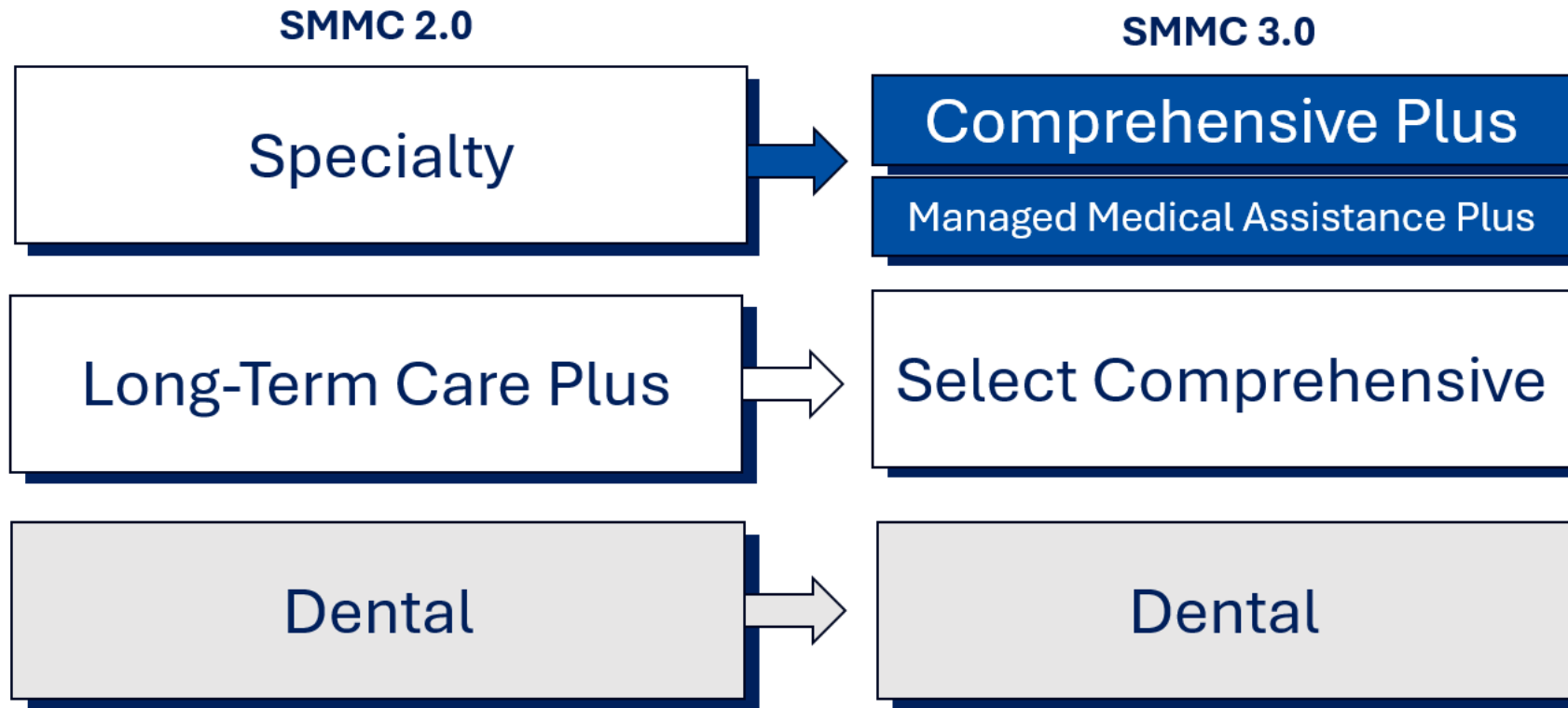
NEW SMMC REGIONS AND PLANS

Region	Counties
A	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton and Washington (Formerly Regions 1 & 2)
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 (Formerly Regions 3 & 4)
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



SMMC 3.0 Health Plan Types

NEW SMMC
REGIONS
AND PLANS



SMMC 3.0 New MMA and LTC Health Plan Types

NEW SMMC
REGIONS AND
PLANS

Comprehensive Plus*

Provides MMA services to MMA eligible recipients.

Provides LTC services to LTC eligible recipients.

Provides Specialty Product to all specialty population enrollees.

Managed Medical Assistance Plus*

Provides MMA services to any eligible recipient.

Cannot provide services to LTC-only recipients.

Provides Specialty Product to all specialty population enrollees.

Select Comprehensive

Provides MMA and LTC services to eligible recipients enrolled in LTC.

Cannot provide services to MMA-only recipients.

Does not provide a Specialty Product.

Dental

Provides preventative and therapeutic dental services to all recipients in managed care and all fully eligible fee-for-service individuals.

***A Plus Plan may provide one or more of the following Specialty Products: SMI, HIV/AIDS, and/or Child Welfare**

SMMC Health Plans

(2025-2030)

Dental Plans

(2025-2030)

Region	AETNA BETTER HEALTH	COMMUNITY CARE PLAN*	FLORIDA COMMUNITY CARE *	HUMANA MEDICAL PLAN	MOLINA HEALTHCARE	SIMPLY HEALTHCARE	SUNSHINE HEALTH	UNITED HEALTHCARE	DENTAQUEST	LIBERTY
A			FCC COMP+ (H, S)	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST DEN	LIBERTY DEN
B			FCC COMP+ (H, S)	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)	URA COMP+ (H, S)	DENTAQUEST DEN	LIBERTY DEN
C			FCC COMP+ (H, S)	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST DEN	LIBERTY DEN
D	COV COMP+ (H, S)		FCC COMP+ (H, S)	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)	URA COMP+ (H, S)	DENTAQUEST DEN	LIBERTY DEN
E	COV COMP+ (H, S)	CCP MMA+ (S)	FCC SELECT COMP	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST DEN	LIBERTY DEN
F		CCP MMA+ (S)	FCC SELECT COMP	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST DEN	LIBERTY DEN
G		CCP MMA+ (S)	FCC SELECT COMP	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST DEN	LIBERTY DEN
H		CCP MMA+ (S)	FCC SELECT COMP	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST DEN	LIBERTY DEN
I	COV COMP+ (H, S)	CCP MMA+ (S)	FCC COMP+ (H, S)	HUM COMP+ (H, S)	MOL COMP+ (H, S)	SHP COMP+ (H, S)	SUN COMP+ (C, H, S)	URA COMP+ (H, S)	DENTAQUEST DEN	LIBERTY DEN





















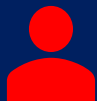
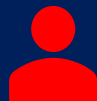


COMP+ = Comprehensive LTC Plus Plan **MMA+** = Managed Medical Assistance Plus Plan **SELECT COMP** = Select Comprehensive Plan
 Specialty Services include **HIV/AIDS (H)**, Serious Mental Illness (S), and Child Welfare (C)

Disclaimer: Above is a list of the health plans awarded contracts under the new Statewide Medicaid Managed Care (SMMC) Program. The additional and revised contracts were awarded per Section 120.57(4), Florida Statutes.

Recipient Types & Plan Selections in SMMC 3.0

NEW SMMC
REGIONS AND
PLANS

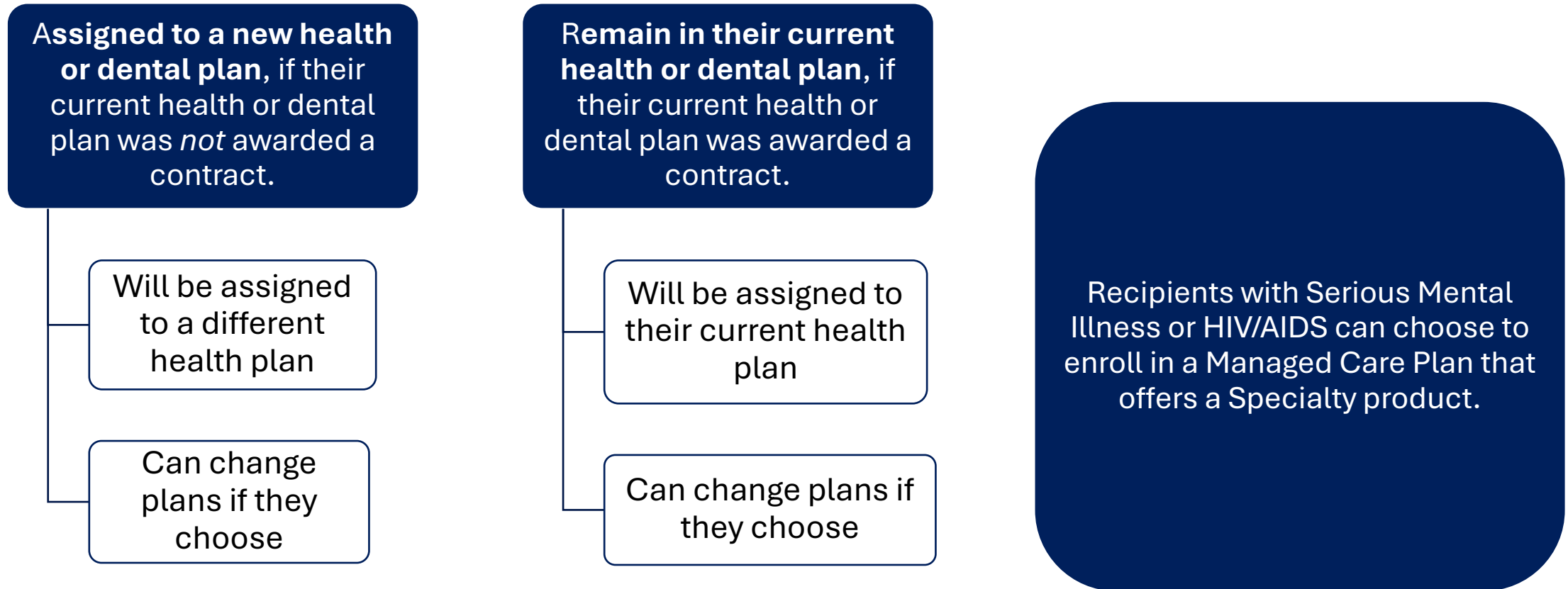
*Your Family,
Different Needs,
One Plan*

A Recipient With:	Comprehensive Plus Plan	Managed Medical Assistance Plus Plan	Select Comprehensive Plan	Dental
MMA only 				
LTC only 				
MMA & LTC (No Specialty) 				
MMA with Specialty Condition 				
LTC with Specialty Condition 				
MMA, LTC, with Specialty Condition 				


Can enroll in this plan type but will not have access to specialty services

What is next?

New SMMC Plan Transition Impact to Recipients



Currently, plans must honor any ongoing treatment that was authorized prior to the recipient's enrollment into a new plan for up to 60 days after the new enrollment begins. Under SMMC 3.0, this timeframe has been **extended to up to 90 days** after the effective date of the new enrollment.

Enrollment: Voluntary Recipient Opt-Out

Voluntary recipients will be enrolled in a managed care plan on the enrollment effective date.

Recipients enrolled this way can opt out at any time by contacting the Agency.

Voluntary Recipient Population Examples

iBudget Enrollees	Enrollees with non-Medicare creditable coverage (TPL)	Enrollees residing in a group home	Children receiving services in a pediatric prescribed extended care Center (PPEC)
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Voluntary recipients all currently receive their dental services through a Dental plan. This will not change.



SMMC 3.0 Rollout Timeline



Managed Care Enrollment Timeline

Recipients are encouraged to work with a choice counselor to choose the health plan that best meets their needs.



*Recipients may change plans again before the remainder of the 12-month period, but only if they meet certain criteria.

How to Keep Informed

- Member Portal: www.flmedicaidmanagedcare.com and click the login/register button in the top navigation bar.
- Agency website: ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/new-smmc-program
- Provider alerts: Sign up online at ahca.myflorida.com/medicaid/florida-medicaid-health-care-alerts
- Webinars
- Targeted outreach with stakeholders

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Email questions to the
SMMC Inbox at
[flmedicaidmanagedcare@
ahca.myflorida.com](mailto:flmedicaidmanagedcare@ahca.myflorida.com)

THANK YOU!

If you have questions or comments about this presentation, please contact us at flmedicaidmanagedcare@ahca.myflorida.com.