



## Statewide Medicaid Managed Care (SMMC) New Program Highlight: Managed Medical Assistance Plan vs. Fee-for-Service

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, recipients who are voluntary for enrollment into managed care will receive an assignment to a health plan for their Medicaid state plan services. Some examples of Medicaid state plan services include: hospital inpatient and outpatient services, family planning, home health care, nursing facility and personal care services. Recipients have the ability to disenroll from managed care and choose to stay in fee-for-service (FFS) at any time and can do so easily by phone or online.**

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

Medicaid State Plan services can be received through the Fee-for-Service (FFS) delivery system or through the Statewide Medicaid Managed Care (SMMC) delivery system. Florida Medicaid has a program called the Managed Medical Assistance (MMA) program. The MMA program provides State Plan level of services to Medicaid recipients, including primary, acute hospital, behavioral health, pharmacy, and transportation services. In Florida, most Medicaid recipients receive their medical services through a managed care health plan and are able to choose from different plans and enroll in one that will best meet their needs.

There is a small population of recipients (referred to as “voluntary”) who can choose to enroll in a MMA health plan for their state plan services but are not required to enroll and can choose to stay in FFS. This population includes recipients receiving prescribed pediatric extended care (PPEC) services, recipients enrolled in the iBudget waiver or in an iBudget waiver pre-enrollment category, and recipients with non-Medicare credible coverage.

### **What are some benefits of choosing to enroll in an MMA plan?**

- ✓ Increased access to providers
- ✓ Expanded benefits - services not covered by the Medicaid state plan
- ✓ Quality measures that ensure recipients receive the best care and are satisfied with the quality of and access to services they are receiving
- ✓ Comprehensive care coordination

**Increased Access to Providers**

MMA plans are required to contract with enough providers to ensure that each recipient enrolled in their plan has access to providers in their area. In fact, there are specific maximum time and distance standards as well as standards for how many providers there are to the number of recipients for specialty, pharmacy and behavioral health.

**Expanded Benefits - Services Not Covered by the Medicaid State Plan**

MMA plans offer expanded benefits beyond those currently covered by the traditional fee-for-service Medicaid program. Examples of the expanded benefits offered per health plan are listed in the chart to the right. Details regarding the scope of covered benefits may vary by health plan. For a full list of expanded benefits please see [Information for Recipients | Florida Agency for Health Care Administration](#).

Examples of MMA Health Plan Expanded Benefits	Aetna	CCP	FCC	Humana	Molina	Simply	Sunshine	United
Activity Therapy		Y	Y			Y	Y	
Acupuncture		Y	Y			Y	Y	Y
Adult Additional Primary Care Services	Y	Y	Y	Y	Y	Y	Y	Y
Adult Hearing Services	Y	Y	Y	Y	Y	Y	Y	Y
Adult Vision Services	Y	Y	Y	Y	Y	Y	Y	Y
Asthma Home Care	Y	Y		Y		Y	Y	
Cellular Phone Services		Y	Y	Y			Y	Y
Chiropractic Services		Y	Y		Y	Y	Y	Y
Disaster Relief Benefit	Y	Y	Y	Y	Y	Y	Y	
Doula Services	Y	Y	Y	Y	Y	Y	Y	Y
Durable Medical Equipment Services and Supplies	Y	Y	Y	Y	Y	Y	Y	Y
Financial Literacy		Y		Y			Y	
Food Assistance	Y	Y	Y	Y	Y	Y	Y	Y
Home Delivered Meals	Y	Y	Y	Y	Y	Y	Y	Y
Housing Assistance	Y	Y	Y	Y	Y	Y	Y	Y
Newborn Circumcision	Y	Y	Y	Y	Y	Y	Y	Y
Nutritional Counseling		Y					Y	Y
Over the Counter Medication and Supplies	Y	Y	Y	Y	Y	Y	Y	Y
Prenatal Services	Y	Y	Y	Y	Y	Y	Y	Y
Therapy/Psychotherapy		Y	Y		Y	Y		Y
Transportation	Y	Y	Y	Y	Y	Y	Y	Y
Tutoring, Vocational Training, and/or Job Readiness	Y	Y	Y	Y	Y	Y	Y	Y
Waived Copayments	Y	Y	Y	Y	Y	Y	Y	Y

**Quality Measures in MMA**

The fee-for-service delivery system does not have tools to measure the quality of care received by recipients. However, the MMA program has several of these tools in place that can be used to measure the quality of care of the recipients enrolled in the program.

One of those tools is the collection and reporting of Healthcare Effectiveness Data and Information Set (HEDIS) measures. These are standardized performance measures used by over 90% of health plans in the U.S. In calendar year 2022, 50% of the MMA statewide program HEDIS scores were at or above the national average. For 61% of the HEDIS measure rates, CY 2022 performance was better or the same as in CY 2021.

Participating health plans are required to conduct and report standard surveys of enrollees to evaluate their experiences with health care provided by the plan. For CY 2022, nearly all adult and child recipients enrolled in MMA who participated in the survey reported satisfaction with their access to care, the quality of care they are receiving, and their physician providing the care.

CAHPS Items/Composites	Rate Description	Adults	Children
Health Plan Rating of 8, 9, & 10	% rating 8, 9, or 10	73%	84%
Getting Needed Care	% reporting Usually or Always	75%	85%
Getting Care Quickly	% reporting Usually or Always	78%	87%
How Well Doctors Communicate	% reporting Usually or Always	92%	94%
Getting Help from Customer Service	% reporting Usually or Always	89%	87%
Health Care Rating	% rating 8, 9, or 10	75%	89%
Personal Doctor Rating	% rating 8, 9, or 10	82%	91%

**Comprehensive Care Coordination**

For recipients with more complex care needs, case managers are available to provide recipients with direct care planning and support. Comprehensive care coordination ensures that MMA recipients have help accessing services, finding providers, planning for hospital admissions and discharges, and receiving ongoing support and care.

**Choosing a Plan is Easy**

To select a plan, you can use your computer and go to [www.flsmmc.com](http://www.flsmmc.com) or you can call 1-877-711-3662 to talk to a choice counselor directly. You can also request an in person visit from a choice counselor.