

ATTACHMENT I
SCOPE OF SERVICES -- UPDATE: FEBRUARY 1, 2025
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**, Birth Outcomes Targets;
 - (g) **Exhibit I-G**, After-hours and Telemedicine Targets;
 - (h) **Exhibit I-H**, Public Hospital Physician Uniform Payment Increase – Not for Use Unless Approved by CMS;
 - (i) **Exhibit I-I**, Faculty Plans of Florida Medical School Faculty Physician Groups Rates – Not for Use Unless Approved by CMS;
 - (j) **Exhibit I-J**, Florida Cancer Hospital Minimum Fee Schedule Rates – Not for Use Unless Approved by CMS;
 - (k) **Exhibit I-K**, MMA Physician Incentive Program (MPIP) Plan Summary;
 - (l) **Exhibit I-L**, Hospital Uniform Percentage Increase Payments –Not for Use Unless Approved by CMS;
 - (m) **Exhibit I-M**, Public Emergency Medical Transportation Provider Uniform Increase Payment -- Not for Use Unless Approved by CMS; and

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- (n) **Exhibit I-N**, 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)

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 A			
Region B			
Region C			
Region D			
Region E			
Region F			
Region G			
Region H			
Region I			

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.

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TABLE 2A: REQUIRED MMA SERVICES	
(1)	Advanced Practice Registered Nurse
(2)	Ambulatory Surgical Center Services
(3)	Assistive Care Services
(4)	Behavior Analysis Services
(5)	Behavioral Health Services
(6)	Birth Center and Licensed Midwife Services
(7)	Clinic Services
(8)	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, Prosthesis 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

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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 - Comprehensive Table, **Table 3**, below, to enrollees of the applicable SMMC program(s) in the authorized region(s) specified in Table 1.

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TABLE 3: APPROVED EXPANDED BENEFITS	
General Expanded Benefits - Available for children and/or adults	
	Asthma Home Care- May include benefits such as Hypoallergenic Bedding, Carpet Cleaning, Pest Control, etc.
	Behavioral Health Integration Services/Collaborative Care
	Cellular Phone Services
	Child Enrichment Assistance- May include benefits such as After School Activity Stipend, Camp Scholarship etc.
	Disaster Relief Benefit- May include items such as a Grocery and Cleaning Supplies Card, Shelf Stable Meals, etc.
	Doula Services
	Durable Medical Equipment Services and Supplies- May include benefits such as Blood Pressure Monitors, Hospital Beds, etc.
	Emergency Preparedness Kit- May include benefits such as Flashlight, First-Aid Kit, Emergency Survival Blanket, etc.
	Family Support Services- May include benefits such as Childcare Financial Assistance, Diaper Benefit, Therapy for Families of Nursing Facility Children, etc.
	Financial Literacy
	Fitness Benefit- May include benefits such as Gym Memberships, Virtual Exercise Classes, etc.
	Food Assistance- May include benefits such as Food/Grocery Stipends, Shelf Stable Meals, etc.
	Home Delivered Meals
	Housing Assistance- May include benefits such as Housing Stability, Utilities, incidentals, etc.
	Meals- Non-Emergency Transportation Day-Trips
	Medication Assisted Treatment Services
	Medication Safety Program- May include benefits such as a Medication Lockbox
	Member Support- May include benefits such as Personal Support and/or Companionship
	Mother and Baby Item Benefit- May include benefits such as Portable crib, Monitors, Car Seat, etc.
	Newborn Circumcision
	Transportation- May include benefits such as Non-Emergency Transportation, Non-Medical Transportation

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TABLE 3: APPROVED EXPANDED BENEFITS	
	and/or Caregiver Transportation; Library, Social, and other ancillary services.
	Nursing Mothers Support Items
	Nutritional Counseling
	Opioid Use Disorder/Substance Use Disorder Support
	Over-The-Counter Medications and Supplies
	Prenatal Services- May include benefits such as Increased number of Prenatal and Postpartum Visits, Hospital Grade Breast Pumps, etc.
	Respite Care Services- May include benefits such as Caregiver Support due to Medical Conditions or Developmental Disabilities
	School Supply Assistance
	Sensory/Comfort Item Benefit- May include items such as Weighted Blankets, Sound Machine, Light Therapy Products, etc.
	Sports Physical
	Swimming Lessons (Drowning Prevention)
	Tutoring, Vocational Training, and/or Job Readiness – Hope Florida Support- May include benefits such as Life Skills Development, GED prep, Clothing, Tatoo removal, etc.
	Virtual Pregnancy and Lactation Support
	Vision + Hearing Flex Card
	Waived Copayments
<i>Adult Expanded Benefits - These services are only available for adults because they are already covered for children on Medicaid when medically necessary</i>	
	Activity Therapy- May include benefits such as Art, Equine, and Pet Therapy
	Acupuncture
	Adult Additional Primary Care Services- May include benefits such as Increased Office Visits
	Adult Visual Aid and Hearing Services- May include benefits such as Contact Lenses, Hearing Aids, etc.
	Behavioral- Assessment/Evaluation and Screening Services
	Behavioral- Intensive Outpatient Treatment
	Behavioral Health- Individual Therapy Sessions to Caregivers
	Behavioral Health Day Services/Day Treatment

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TABLE 3: APPROVED EXPANDED BENEFITS	
	Behavioral Health Medical Services- May include benefits such as Drug Screening, Medication Management, Verbal Interaction
	Caregiver Support, Education, and Training
	Chiropractic Services
	Computerized Cognitive Behavioral Therapy
	Criminal Expungement Services
	Developmental Disabilities Stipend
	Financial Literacy
	Home Health Nursing/Aide Services- May include benefits such as Extra Home Visits
	Home Visit by a Clinical Social Worker
	Massage Therapy
	Medical Therapies- May include benefits such as additional Physical, Occupational, Speech and/or Respiratory Therapy
	Substance Abuse Treatment or Detoxification Services (Outpatient)
	Outpatient Hospital Services- May include benefits such as Waived Financial Limits, unlimited services such as Radiology Services, Sleep Studies, etc.
	Psychosocial Rehabilitation
	Targeted Case Management
	Therapeutic Behavioral On-Site Services
	Therapy/Psychotherapy- Group Therapy and/or Individual/Family Therapy
Long-Term Care Services - <i>these services are only available for LTC enrollees</i>	
	ALF/AFCH- Bed Hold Days
	ALF/Home Based Setting Move-In Items
	Aquatic Therapy
	Durable Medical Equipment and Misc. Items Benefit- May include benefits such as Mobility Items, Dental Kits, etc.
	Hope Florida Program Support- Loneliness Support
	Mobile Personal Emergency Response System (PERS)
	Pet Support- May include benefits such as Pet Food, Vet Visits, Kenneling, etc.
	Robotic Therapy Pet
	Sensory/Comfort Item Benefit
	Support to Stay in Community Living

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TABLE 3: APPROVED EXPANDED BENEFITS	
	Transition Assistance- Nursing Facility to Community Setting- May include benefits such as Home Furniture, Safety Equipment, Assistance to secure Housing, etc.
Specialty Line of Business <i>These services are only available for enrollees in a specialty line of business</i>	
	Collaborative Care
	Durable Medical Equipment and Misc. Items Benefit- May include benefits such as Mobility Items, Dental Kits, Condition Specific DME, etc.
	Legal Guardianship Assistance
	New Placement- Family Night Package
	Nutrition Shakes
	Peer Support Counseling- Individual and Group Counseling
	Robotic Therapy Pet
	Sensory/Comfort Item Benefit
	Service/Therapy Animal Training and/or Maintenance

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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 five 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) Managed Medical Assistance (MMA) Plan – A Managed Care Plan that is eligible to provide MMA services to recipients who are eligible only for MMA services. This plan type is not eligible to provide services to recipients who are eligible for LTC Services.
- (2) Comprehensive Long-term Care Plus Plan (referred to as a “Comprehensive Plus Plan”) – A Managed Care Plan that is eligible to provide MMA services to any MMA-eligible recipients and may concurrently provide LTC services to recipients eligible for LTC services. The Comprehensive Plus Plan also provides one or more MMA Specialty products to Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.
- (3) Comprehensive Long-term Care Plan (herein referred to as a “Comprehensive Plan”) – A Managed Care Plan that is eligible to provide MMA services to any MMA-eligible recipients, may concurrently provide MMA and LTC services to recipients eligible for LTC services, and is eligible to provide LTC services to any recipient eligible only for LTC services.
- (4) Select Comprehensive Plan – A Managed Care Plan that is eligible to provide concurrent MMA services and LTC services to eligible recipients enrolled in the LTC program. This plan type is not eligible to provide services to recipients who are eligible only for MMA services.

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- (5) Managed Medical Assistance (MMA) Plus Plan– A Managed Care Plan that is eligible to provide MMA services to any MMA-eligible recipients and also provides one or more MMA Specialty products to Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis. This plan type is not eligible to provide services to recipients who are eligible for LTC Services.

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TABLE 5: SMMC PLAN TYPE		
Region	SMMC Program	
	MMA/LTC	Specialty
Region A		
Region B		
Region C		
Region D		
Region E		
Region F		
Region G		
Region H		
Region I		

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. Birth Outcomes 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.

E. After Hours Access and Telemedicine Targets

The Managed Care Plan shall meet the following performance targets contained in **Exhibit I-G**, After Hours Access and Telemedicine 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.

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III. Method of Payment

A. Total Contract Amount

The Agency shall make payment, in a total dollar amount not to exceed **\$XX,XXX,XXX,XXX** 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.

Actuarial Notes:

The attached draft post-implementation rates will be updated prior to the implementation of the Program to reflect the following:

- Application of adjustments to apply specifically to February through September 2025;
- Addition of Behavior Analysis services;
- Refined adjustments to reflect final redetermination impacts;
- Updated legislative appropriation amounts;
- Updated trends due to consideration of more recent experience and additional drug treatments; and
- Other updates due to plan or Agency feedback.

C. Kick Payment Rates for Covered Obstetrical Delivery Services – Not for Use Unless Approved by CMS

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 – Not for Use Unless Approved by CMS of this Attachment.

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-H** of this Attachment.

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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-I**, 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-J**, Florida Cancer Hospital Minimum Fee Schedule Rates – Not for Use Unless Approved by CMS, of this Attachment.

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 MMA Physician Incentive Program (MPIP) Plan Summary is described in **Exhibit I-K** of this Attachment.

H. 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.

I. 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.

J. 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-M** of this Attachment.

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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-N, Plan-Specific Commitments**, of this Attachment. The Agency reserves the right to modify **Exhibit I-N** as needed. The Agency will provide the Managed Care Plan with at least thirty (30) calendar days written notice before changes become effective.

C. Special Terms and Conditions

The Managed Care Plan shall furnish to the Agency a performance bond in the amount of **\$YY,YYY,YYY** 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
Total Performance Bond Amount:		\$YY,YYY,YYY

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EXHIBIT I-A

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

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EXHIBIT I-B

MEDICAID PROVIDER IDENTIFICATION NUMBERS

MEDICAID PROVIDER IDENTIFICATION NUMBERS			
Region	MMA	LTC	Specialty
A			
B			
C			
D			
E			
F			
G			
H			
I			

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EXHIBIT I-C

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

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EXHIBIT I-D

**KICK PAYMENT RATES FOR COVERED OBSTETRICAL DELIVERY SERVICES –
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EXHIBIT I-E

VALUE-BASED PURCHASING PERFORMANCE TARGETS

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EXHIBIT I-F

BIRTH OUTCOMES TARGETS

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**EXHIBIT I-G
AFTER-HOURS AND TELEMEDICINE TARGETS**

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EXHIBIT I-H

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

{PENDING FINALIZATION}

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EXHIBIT I-I

**FACULTY PLANS OF FLORIDA MEDICAL SCHOOL FACULTY PHYSICIAN GROUPS RATES –
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{PENDING FINALIZATION}

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EXHIBIT I-J

**FLORIDA CANCER HOSPITAL MINIMUM FEE SCHEDULE RATES – NOT FOR USE
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{PENDING FINALIZATION}

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EXHIBIT I-K

MMA PHYSICIAN INCENTIVE PROGRAM (MPIP) PLAN SUMMARY

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EXHIBIT I-L

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

{PENDING FINALIZATION}

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EXHIBIT I-M

**PUBLIC EMERGENCY MEDICAL TRANSPORTATION UNIFORM INCREASE PAYMENTS –
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{PENDING FINALIZATION}

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EXHIBIT I-N

PLAN-SPECIFIC COMMITMENTS

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

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