

Welcome to the Agency for Health Care Administration Training Presentation for Potential Managed Medical Assistance Providers.

The presentation will begin momentarily.

Please dial in to hear audio:

1-888-670-3525

Passcode: 541-679-5591



Statewide Medicaid Managed Care (SMMC)

Managed Medical Assistance (MMA) Program

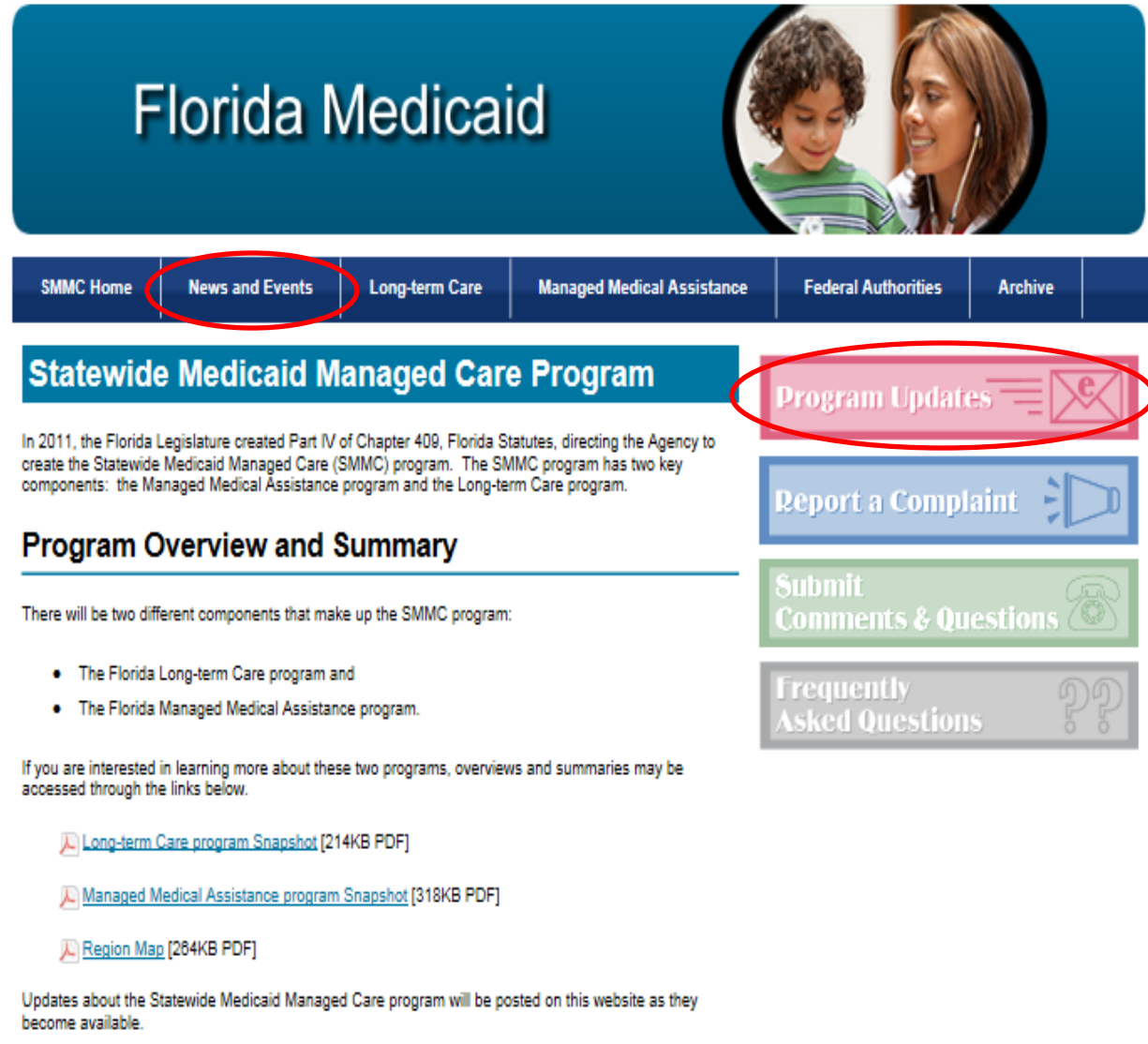
August 18, 2014



Today's Presentation

Follow the link below to the SMMC Website and select the “News and Events” link under the header image.

Note: You can use the red button to sign up for SMMC Program updates via e-mail.



Florida Medicaid

SMMC Home **News and Events** Long-term Care Managed Medical Assistance Federal Authorities Archive

Statewide Medicaid Managed Care Program

In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has two key components: the Managed Medical Assistance program and the Long-term Care program.

Program Overview and Summary

There will be two different components that make up the SMMC program:

- The Florida Long-term Care program and
- The Florida Managed Medical Assistance program.

If you are interested in learning more about these two programs, overviews and summaries may be accessed through the links below.

[Long-term Care program Snapshot](#) [214KB PDF]

[Managed Medical Assistance program Snapshot](#) [318KB PDF]

[Region Map](#) [264KB PDF]

Updates about the Statewide Medicaid Managed Care program will be posted on this website as they become available.

Program Updates

Report a Complaint

Submit Comments & Questions

Frequently Asked Questions



<http://ahca.myflorida.com/smmc>



Today's Presentation, cont.

Florida Medicaid



[SMMC Home](#)

[News and Events](#)

[Long-term Care](#)

[Managed Medical Assistance](#)

[Federal Authorities](#)

[Archive](#)

News and Events

Calendar of Events and Training

Statewide Medicaid Managed Care (SMMC)

Today ← → Tuesday, May 27 ▼ [Print](#) [Week](#) [Month](#) [Agenda](#)

| | |
|--------------------------|--|
| Tuesday, May 27 | |
| 11:00am | SMMC Managed Medical Assistance (MMA) Provider Webinar |
| 1:30pm | Regions 2, 3, and 4 Provider Outreach Call: Mental Health and |
| 2:30pm | SMMC Managed Medical Assistance (MMA) Provider Webinar |
| 3:00pm | Regions 2, 3, and 4 Provider Outreach Call: Dental Providers |
| Wednesday, May 28 | |
| 9:30am | Regions 5, 6 and 8 Provider Outreach Call: Dental Providers |
| 10:00am | Regions 2, 3 and 4 MMA Provider Outreach Call: Home Health |
| 10:30am | SMMC Managed Medical Assistance (MMA) Provider Webinar |
| 11:00am | Regions 5, 6 and 8 Provider Outreach Call: Durable Medical E |
| 2:00pm | Regions 2, 3, and 4 Provider Outreach Call: Therapy Providers |
| 2:00pm | Regions 5, 6 and 8 Provider Outreach Call: Hospitals and Hospi |
| 3:30pm | Regions 2, 3, and 4 Provider Outreach Call: Durable Medical E |
| Thursday, May 29 | |

Events shown in time zone: Eastern Time [Google Calendar](#)

[Program Updates](#)

[Report a Complaint](#)

[Submit Comments & Questions](#)

[Frequently Asked Questions](#)

Select “Event and Training Materials” to download today’s presentation.

[Event and Training Materials](#)

[Previous Events Archive](#)

[Guidance Statements](#)



Today's Presentation, cont.

News and Events

Event and Training Materials

Most Recent Webinar



[SMMC Provider Webinar: Hospices from Florida Agency for Health Care Administration](#)

May

[Webinar Presentation: MMA - Speciality Plans, May 30, 2014 \[1.04MB PDF\]](#)

[Webinar Presentation: MMA - Transitioning to Managed Medical Assistance – Selecting a MMA Plan and Continuing Your Services, May 29, 2014 \[1.91MB PDF\]](#)

[Webinar Presentation: LTC & MMA - Long-term Care and Managed Medical Assistance: Putting the Pieces Together, May 29, 2014 \[1.22MB PDF\]](#)

[Webinar Presentation: MMA - Prescription Drug Benefits in Managed Medical Assistance, May 28, 2014 \[1.91MB PDF\]](#)

Choose the file(s) you would like to save.

Note: You may also view files from past events and AHCA guidance statements or submit questions to be answered in future presentations.



Today's Presenter

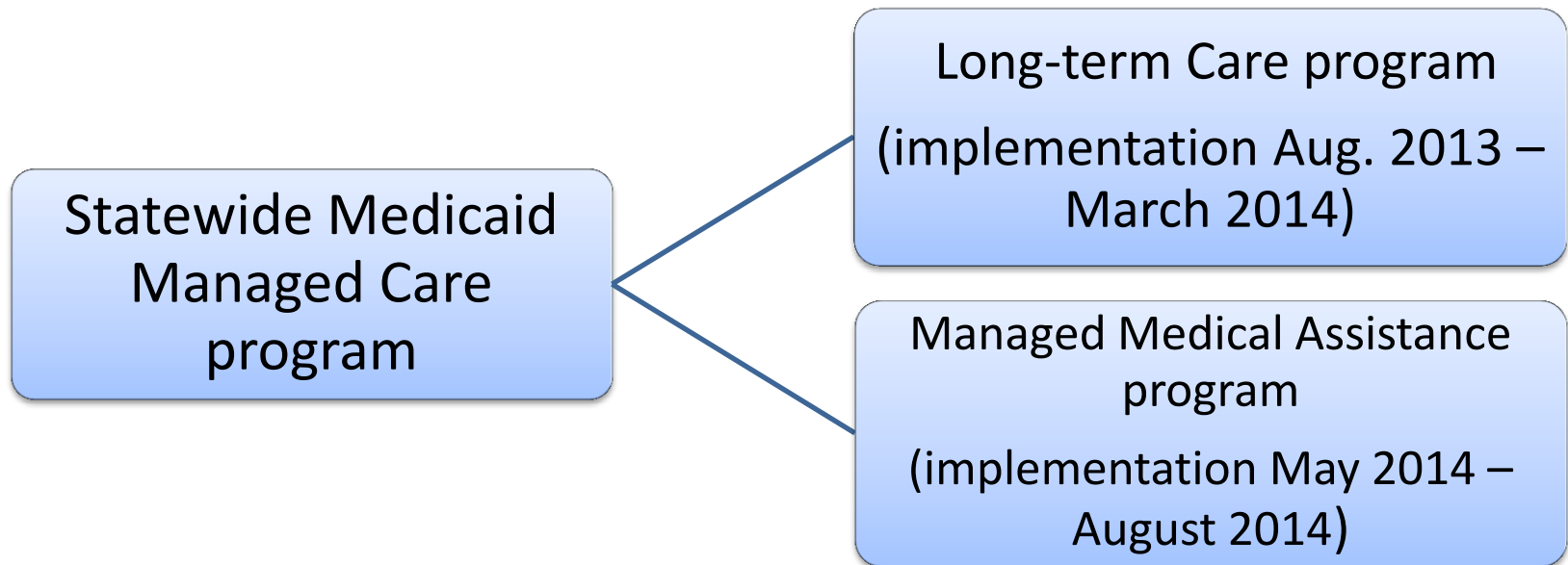
- Melanie Brown-Woofter
 - Agency for Health Care Administration

What is Managed Care?

- Managed care is when health care organizations manage how their enrollees receive health care services.
 - Managed care organizations work with different providers to offer quality health care services.
 - Managed care organizations also work to make sure enrollees have access to all needed doctors and other health care providers for covered services.
 - People enrolled in managed care receive their services from providers that have a contract with the managed care plan.

Why are changes being made to Florida's Medicaid program?

- Because of the Statewide Medicaid Managed Care (SMMC) program, the Agency is changing how a majority of individuals receive most health care services from Florida Medicaid.



The SMMC program does not/is not:

- The program *does not* limit medically necessary services.
- The program *is not* linked to changes in the Medicare program and does not change Medicare benefits or choices.
- The program *is not* linked to National Health Care Reform, or the Affordable Care Act passed by the U.S. Congress.
 - It does not contain mandates for individuals to purchase insurance.
 - It does not contain mandates for employers to purchase insurance.
 - It does not expand Medicaid coverage or cost the state or federal government any additional money.

Who WILL NOT participate?

- The following groups are excluded from program enrollment:
 - Individuals eligible for emergency services only due to immigration status;
 - Family planning waiver eligibles;
 - Individuals eligible as women with breast or cervical cancer; and
 - Individuals eligible and enrolled in the Medically Needy program with a Share of Cost.

Who MAY participate?

- The following individuals may choose to enroll in program:
 - Individuals who have other creditable health care coverage, excluding Medicare;
 - Individuals age 65 and over residing in a mental health treatment facility meeting the Medicare conditions of participation for a hospital or nursing facility;
 - Individuals in an intermediate care facility for individuals with intellectual disabilities (ICF-IID);
 - Individuals with intellectual disabilities enrolled in the home and community based waiver pursuant to state law, and Medicaid recipients;
 - Children receiving services in a prescribed pediatric extended care facility; and
 - Medicaid recipients residing in a group home facility licensed under chapter 393.

MMA Program & DD Waiver (iBudget) Services

- Medicaid recipients enrolled in the DD Waiver (iBudget) are not required to enroll in an MMA plan.
- DD Waiver (iBudget) enrollees may choose to enroll in an MMA plan when the program begins in their region in 2014.
- Enrollment in an MMA plan will NOT affect the recipient's DD Waiver (iBudget) services.
 - Recipients can be enrolled in the DD Waiver (iBudget) and an MMA plan at the same time.

Managed Medical Assistance Services

Minimum Required Covered Services: Managed Medical Assistance Plans

| | |
|---|--|
| Advanced registered nurse practitioner services | Medical supplies, equipment, prostheses and orthoses |
| Ambulatory surgical treatment center services | Mental health services |
| Birth center services | Nursing care |
| Chiropractic services | Optical services and supplies |
| Dental services | Optometrist services |
| Early periodic screening diagnosis and treatment services for recipients under age 21 | Physical, occupational, respiratory, and speech therapy |
| Emergency services | Physician services, including physician assistant services |
| Family planning services and supplies (some exception) | Podiatric services |
| Healthy Start Services (some exception) | Prescription drugs |
| Hearing services | Renal dialysis services |
| Home health agency services | Respiratory equipment and supplies |
| Hospice services | Rural health clinic services |
| Hospital inpatient services | Substance abuse treatment services |
| Hospital outpatient services | Transportation to access covered services |
| Laboratory and imaging services | |

Expanded Benefits

| List of Expanded Benefits | Amerigroup | Better | Coventry | First Coast | Humana | Integral | Molina | Preferred | Prestige | SFCCN | Simply | Staywell | Sunshine | United |
|--|------------|--------|----------|-------------|--------|----------|--------|-----------|----------|-------|--------|----------|----------|--------|
| Adult dental services (Expanded) | Y | Y | Y | | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Adult hearing services (Expanded) | Y | Y | | | Y | | Y | Y | Y | | Y | Y | Y | Y |
| Adult vision services (Expanded) | Y | Y | | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Art therapy | Y | | | | Y | | Y | | | | | Y | Y | |
| Equine therapy | | | | | | | | | | | | Y | | |
| Home health care for non-pregnant adults (Expanded) | Y | Y | Y | Y | Y | | Y | | Y | Y | Y | Y | Y | Y |
| Influenza vaccine | Y | Y | Y | Y | Y | Y | Y | Y | Y | | Y | Y | Y | Y |
| Medically related lodging & food | | Y | | | Y | | Y | | Y | | Y | Y | Y | |
| Newborn circumcisions | Y | Y | Y | Y | Y | Y | Y | | Y | Y | Y | Y | Y | Y |
| Nutritional counseling | Y | Y | | | Y | Y | | Y | Y | | Y | Y | Y | |
| Outpatient hospital services (Expanded) | Y | Y | | | Y | | Y | Y | Y | | Y | Y | Y | Y |
| Over the counter medication and supplies | Y | Y | Y | | Y | Y | Y | Y | Y | | Y | Y | Y | Y |
| Pet therapy | | | | | Y | | Y | | | | | Y | | |
| Physician home visits | Y | Y | | | Y | | Y | | Y | | Y | Y | Y | Y |
| Pneumonia vaccine | Y | Y | Y | | Y | Y | Y | Y | Y | | Y | Y | Y | Y |
| Post-discharge meals | Y | Y | | | Y | Y | Y | Y | | | Y | Y | Y | Y |
| Prenatal/Perinatal visits (Expanded) | Y | Y | | | Y | Y | Y | Y | Y | | Y | Y | Y | Y |
| Primary care visits for non-pregnant adults (Expanded) | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Shingles vaccine | Y | Y | Y | Y | Y | | Y | | Y | | Y | Y | Y | Y |
| Waived co-payments | Y | Y | | | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

NOTE: Details regarding scope of covered benefit may vary by managed care plan.

Where will recipients receive services?

- Several types of health plans will offer services through the MMA program:
 - Standard Health Plan
 - Health Maintenance Organizations (HMOs)
 - Provider Service Networks (PSNs)
 - Specialty Plans
 - Comprehensive Plans
 - Children’s Medical Services Network
- Health plans were selected through a competitive bid for each of 11 regions of the state.

Standard Health Plans

- **Health Maintenance Organization (HMO)**
 - An HMO is an entity licensed under Chapter 641, Florida Statutes. As allowed under s. 409.912(3), F.S., the Agency may contract with HMOs on a prepaid fixed monthly rate per member (e.g. capitation rate) for which the HMO assumes all risk for providing covered services to their enrollees.
- **Provider Service Network (PSN)**
 - A PSN is a network established or organized and operated by a health care provider, or group of affiliated health care providers, which provides a substantial proportion of the health care items and services under a contract directly through the provider or group of affiliated providers. (See s. 409.912(4)(d), F.S.,)
 - HMOs and PSNs are required by contract to ensure that their enrollees have access to all Medicaid state plan services and a complete network of providers.

Non-standard Health Plans

- Specialty Plan
 - A specialty plan is a managed care plan that serves Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.
- Comprehensive Plan
 - Comprehensive plans are managed care plans that offer both Long-term Care and Acute Care services.
- Children's Medical Services Network
 - Children's Medical Services is the statewide managed care plan for children with special healthcare needs.

Children's Medical Services Network

- Children's Medical Services is the statewide managed care plan for children with special healthcare needs.
- Enrollment into the Children's Medical Services plan will occur statewide on August 1, 2014.
- Children currently enrolled in Title XXI CMS will transition to Title XIX CMS statewide plan on August 1, 2014, if family income is under 133% of the federal poverty level.

Managed Medical Assistance Program Implementation

- The Agency has selected 14 companies to serve as general, non-specialty MMA plans.
- Five different companies were selected to provide specialty plans that will serve populations with a distinct diagnosis or chronic condition; these plans are tailored to meet the specific needs of the specialty population.
- The selected health plans are contracted with the Agency to provide services for 5 years.

Plans Selected for Managed Medical Assistance Program Participation (General, Non-specialty Plans)

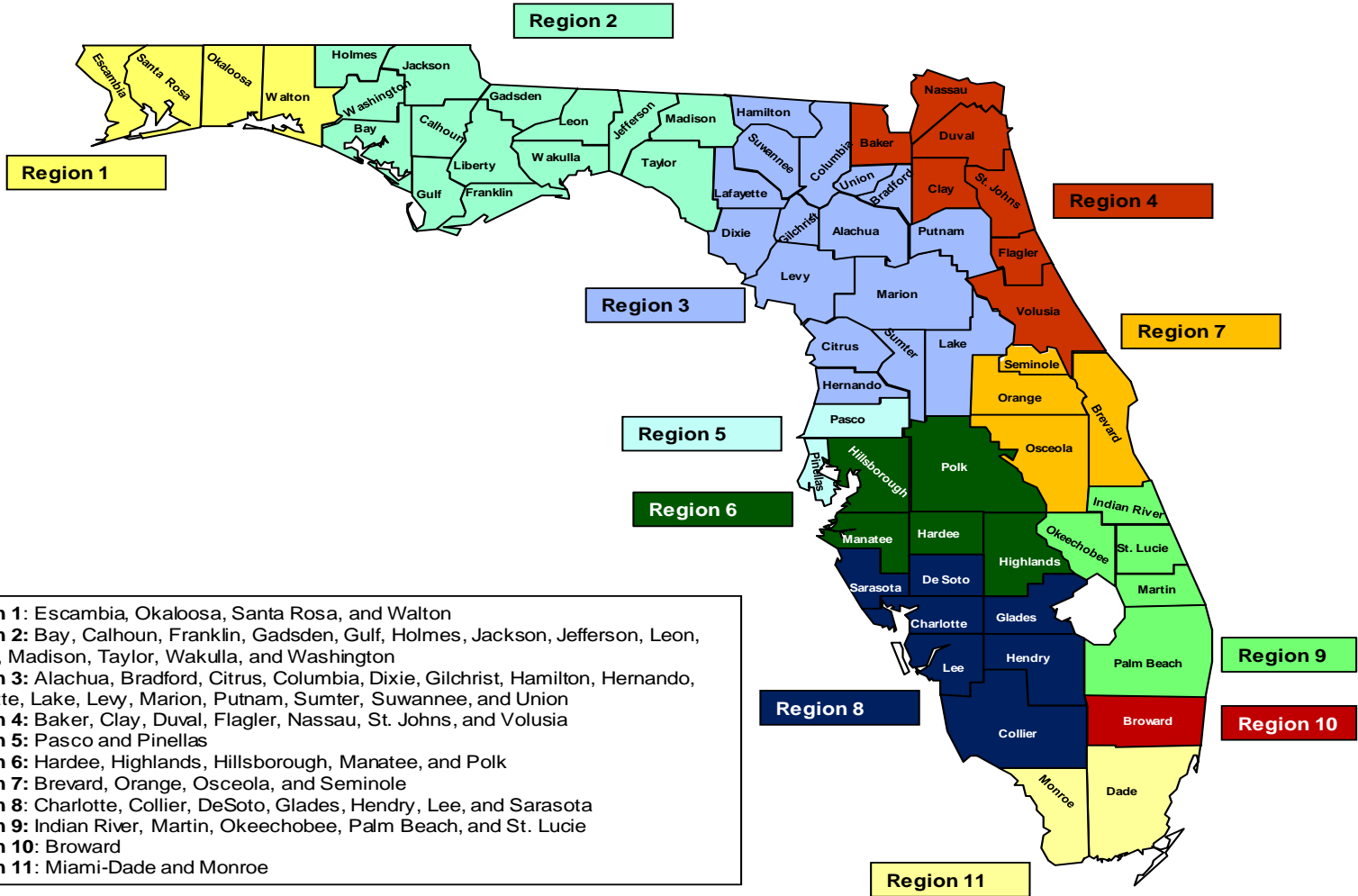
| Region | MMA Plans | | | | | | | | | | | | | |
|--------|------------|---------------|----------|-----------------------|--------|----------|--------|-----------|----------|-------|--------|----------------|-------------------|----------|
| | Amerigroup | Better Health | Coventry | First Coast Advantage | Humana | Integral | Molina | Preferred | Prestige | SFCCN | Simply | Sunshine State | United Healthcare | Staywell |
| 1 | | | | | X | X | | | | | | | | |
| 2 | | | | | | | | | X | | | | | X |
| 3 | | | | | | | | | X | | | X | X | X |
| 4 | | | | X | | | | | | | | X | X | X |
| 5 | X | | | | | | | | X | | | X | | X |
| 6 | X | X | | | X | X | | | X | | | X | | X |
| 7 | X | | | | | | X | | X | | | X | X | X |
| 8 | | | | | | X | | | X | | | X | | X |
| 9 | | | | | X | | X | | X | | | X | | |
| 10 | | X | | | X | | | | | X | | X | | |
| 11 | X | | X | | X | | X | X | X | | X | X | X | X |

Plans Selected for Managed Medical Assistance Program Participation (Specialty Plans)

MMA Plans

| Region | Positive Healthcare Florida | Magellan Complete Care | Freedom Health, Inc. | Freedom Health, Inc. | Freedom Health, Inc. | Freedom Health, Inc. | Clear Health Alliance | Sunshine State Health Plan, Inc. |
|--------|-----------------------------|------------------------|------------------------|---------------------------------------|--------------------------|----------------------|-----------------------|----------------------------------|
| | HIV/AIDS | Serious Mental Illness | Cardiovascular Disease | Chronic Obstructive Pulmonary Disease | Congestive Heart Failure | Diabetes | HIV/AIDS | Child Welfare |
| 1 | | | | | | | X | X |
| 2 | | X | | | | | X | X |
| 3 | | | X | X | X | X | X | X |
| 4 | | X | | | | | | X |
| 5 | | X | X | X | X | X | X | X |
| 6 | | X | X | X | X | X | X | X |
| 7 | | X | X | X | X | X | X | X |
| 8 | | | X | X | X | X | X | X |
| 9 | | X | X | X | X | X | X | X |
| 10 | X | X | X | X | X | X | X | X |
| 11 | X | X | X | X | X | X | X | X |

Statewide Medicaid Managed Care Regions Map



- Region 1:** Escambia, Okaloosa, Santa Rosa, and Walton
- Region 2:** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
- Region 3:** Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
- Region 4:** Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
- Region 5:** Pasco and Pinellas
- Region 6:** Hardee, Highlands, Hillsborough, Manatee, and Polk
- Region 7:** Brevard, Orange, Osceola, and Seminole
- Region 8:** Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
- Region 9:** Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
- Region 10:** Broward
- Region 11:** Miami-Dade and Monroe

Managed Medical Assistance Program Roll Out Schedule

| Implementation Schedule | | |
|-------------------------|---|-----------------|
| Regions | Plans | Enrollment Date |
| 2, 3 and 4 | <ul style="list-style-type: none"> • Standard Plans • Specialty Plans: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Child Welfare | May 1, 2014 |
| 5, 6 and 8 | <ul style="list-style-type: none"> • Standard Plans • Specialty Plans: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Child Welfare | June 1, 2014 |
| 10 and 11 | <ul style="list-style-type: none"> • Standard Plans • Specialty Plans: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Child Welfare ○ Serious Mental Illness | July 1, 2014 |
| 1, 7 and 9 | <ul style="list-style-type: none"> • Standard Plans • Specialty Plans: <ul style="list-style-type: none"> ○ HIV/AIDS ○ Child Welfare | August 1, 2014 |
| Statewide | <ul style="list-style-type: none"> • Children's Medical Services Network | August 1, 2014 |

What providers will be included in the MMA plans?

- Plans must have a sufficient provider network to serve the needs of their plan enrollees, as determined by the State.
- Managed Medical Assistance plans may limit the providers in their networks based on credentials, quality indicators, and price, but they must include the following statewide essential providers:
 - Faculty plans of Florida Medical Schools;
 - Regional Perinatal Intensive Care Centers (RPICCs);
 - Specialty Children's Hospitals; and
 - Health care providers serving medically complex children, as determined by the State.

How Do Recipients Choose an MMA Plan?

- Recipients may enroll in an MMA plan or change plans:
 - Online at: www.flmedicaidmanagedcare.com
Or
 - By calling **1-877-711-3662** (toll free) or **1-866-467-4970** (TTY) and
 - speaking with a choice counselor
OR
 - using the Interactive Voice Response system (IVR)
- Choice counselors are available to assist recipients in selecting a plan that best meets their needs.
- This assistance will be provided by phone, however recipients with special needs can request a face-to-face meeting.

When will recipients be notified and be required to enroll?

- Approximately 60 days prior to each region's start date, eligible Medicaid recipients will receive a letter with enrollment information, including information on how to enroll.
- Eligible recipients who must enroll will have a minimum of 30 days from the date they receive their welcome letter to choose from the plans available in their region.

90 Days to Change Plans

- After joining a plan, recipients will have 90 days to choose a different plan in their region.
- After 90 days, recipients will be locked in and cannot change plans without a state approved good cause reason or until their annual open enrollment.

What is the process for enrolling in a health plan?

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



Recipients have 30 days to enroll in a plan.



Recipients have 90 days after enrollment to change plans.



After 90 days, enrollees must stay in their plan for the remainder of the 12 month period before changing plans again.*



Enrollees can change their providers within their plan at any time.

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

Will a recipient's health plan continue the services recipients are currently receiving?

- The new MMA plan is required to authorize and pay for existing services for up to 60 days, OR until the enrollee's primary care practitioner or behavioral health provider reviews the enrollee's treatment plan.

Discontinued Programs

- Once the MMA program is implemented, some programs that were previously part of the Medicaid program will be discontinued. This includes the following programs:
 - MediPass
 - Prepaid Mental Health Program (PMHP)
 - Prepaid Dental Health Plan (PDHP)

Other Components of MMA: Physician Pay Increase

- Managed care plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services. This efficiency allows plans to redirect resources and increase compensation for physicians.
- Plans achieve this performance standard when physician payment rates equal or exceed Medicare rates for similar services. (Section 409.967 (2)(a), F.S.)
 - The Agency may impose fines or other sanctions including liquidated damages on a plan that fails to meet this performance standard after 2 years of continuous operation.

Other Components of MMA: Achieved Savings Rebate

- The achieved savings rebate program is established to allow for income sharing between the health plan and the state, and is calculated by applying the following income sharing ratios:
 - 100% of income up to and including 5% of revenue shall be retained by the plan.
 - 50% of income above 5% and up to 10% shall be retained by the plan, and the other 50% refunded to the state.
 - 100% of income above 10% of revenue shall be refunded to the state.
- Incentives are included for plans that exceed Agency defined quality measures. Plans that exceed such measures during a reporting period may retain an additional 1% of revenue.

Other Components of MMA: Low Income Pool (LIP)

- The LIP program was initially implemented effective July 1, 2006. The LIP program currently consists of an annual allotment of \$1 billion, funded primarily by intergovernmental transfers from local governments matched by federal funds.
- Payments are made to qualifying Provider Access Systems, including hospitals, federally qualified health centers and county health departments working with community partners.
- The objective of LIP program is to ensure support for the provision of health care services to Medicaid, underinsured and uninsured population.

Continuity of Care During the Transition to MMA

- **Health care providers should not cancel appointment with current patients.** MMA plans must honor any ongoing treatment, for up to 60 days after MMA starts in each Region, that was authorized prior to the recipient's enrollment into the plan.
- **Providers will be paid.** Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network. Plans must pay for previously authorized services for up to 60 days after MMA starts in each Region, and must pay providers at the rate previously received for up to 30 days.
- **Prescriptions will be honored.** Plans must allow recipients to continue to receive their prescriptions through their current provider, for up to 60 days after MMA starts in each Region, until their prescriptions can be transferred to a provider in the plan's network.

How to get Ready for the MMA Program

- One month before the MMA program starts, ask your pharmacy for a list of your prescriptions filled in the last four months.
- If you need to change pharmacies, take your prescription bottles and the list of your last four months of prescriptions to your new pharmacy.
- You can continue to receive the same medications for up to 60 days after you are in your new MMA plan. This gives you time to see your doctor if you need to update your prescriptions or to have your new plan approve your medications.

http://apps.ahca.myflorida.com/smmc_cirts/

Florida Statewide Medicaid Managed Care Program Complaint Form

If you have a complaint about Medicaid Managed Care services, please complete the information below.

* Required fields

For each complaint/issue, please provide:

Your name

Your email

Your phone number

I am a

Who is the complaint/issue about?

Name (If different from above)

Gold Card, SSN, or Medicaid ID or NPI

County

What type of Managed Care Plan is this complaint/issue about?

What is the name of the Managed Care Plan?

Which choice best describes the (complaint/issue)?

Please describe in 2000 characters or less

Do you want to be contacted about this complaint/issue?

Submit

Reset

Your name, email and phone number are requested in case more information is needed to resolve your issue. If you wish to remain anonymous, you may omit this information. If you choose to send an issue anonymously, please provide as much detail as possible. Without enough detail, we may not be able to resolve your issue; however, your input is important and will be used to improve the program.

Thank you for completing this form. After you click the 'Submit' button above, a copy of your complaint will be sent to the email address that you provided.

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the local Area Office by phone (click on link below) or in writing.

If you need assistance completing this form or wish to verbally report your issue, please contact your local Area Office.

Phone numbers of local [Area Offices](#)

Report a Complaint



- If you have a complaint or issue about Medicaid Managed Care services, please complete the online form found at: <http://ahca.myflorida.com/smmc>
- Click on the “Report a Complaint” blue button.
- If you need assistance completing this form or wish to verbally report your issue, please contact your local Medicaid area office.
- Find contact information for the Medicaid area offices at: <http://www.mymedicaid-florida.com/>



Resources

- This presentation can be found on our SlideShare page at: bit.ly/MMA_101
- Updates about the Statewide Medicaid Managed Care program are posted at: www.ahca.myflorida.com/SMMC
- Upcoming events and news can be found on the “News and Events” link.
 - You may sign up for our mailing list by clicking the red “Program Updates” box on the right hand side of the page.
- Continue to check our Frequently Asked Questions button, as we make updates on a regular basis.



Florida Medicaid

SMMC Home **News and Events** Long-term Care Managed Medical Assistance Federal Authorities Archive

Statewide Medicaid Managed Care Program

In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has two key components: the Managed Medical Assistance program and the Long-term Care program.

Program Overview and Summary

There will be two different components that make up the SMMC program:

- The Florida Long-term Care program and
- The Florida Managed Medical Assistance program.

If you are interested in learning more about these two programs, overviews and summaries may be accessed through the links below.

- [Long-term Care program Snapshot](#) [214KB PDF]
- [Managed Medical Assistance program Snapshot](#) [318KB PDF]
- [Region Map](#) [264KB PDF]

Updates about the Statewide Medicaid Managed Care program will be posted on this website as they become available.

Program Updates (circled in red)

Report a Complaint

Submit Comments & Questions

Frequently Asked Questions (circled in red)

Resources

- Weekly provider informational calls regarding the rollout of the Managed Medical Assistance program will be held. Please refer to our SMMC page, ahca.myflorida.com/smmc, for dates, times, and calling instructions.
- Calls will address issues specific to the following provider groups:
 - Mental Health and Substance Abuse
 - Dental
 - Therapy
 - Durable Medical Equipment
 - Home Health
 - Physicians / MediPass
 - Pharmacy
 - Hospitals and Hospice
 - Skilled Nursing Facilities / Assisted Living Facilities / Adult Family Care Homes



Stay Connected



[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)



[Twitter.com/AHCA_FL](https://twitter.com/AHCA_FL)



[SlideShare.net/AHCAFlorida](https://www.slideshare.net/AHCAFlorida)



Questions?

