

Welcome to the Agency for Health Care Administration (AHCA) Training Presentation for Transitioning to Managed Medical Assistance

The presentation will begin momentarily.

Please dial in ahead of time to:

1-888-670-3525

Passcode: 541-679-5591



Statewide Medicaid Managed Care Managed Medical Assistance Program (SMMC MMA)

Transitioning to Managed Medical Assistance – Selecting a MMA Plan and Continuing Your Services

August 22, 2014



Today's Presentation

The screenshot shows the Florida Medicaid website header with the title "Florida Medicaid" and a photo of a woman and a child. Below the header is a navigation menu with links: "SMMC Home", "News and Events" (circled in red), "Long-term Care", "Managed Medical Assistance", "Federal Authorities", and "Archive". The main content area features a blue banner for the "Statewide Medicaid Managed Care Program" and a pink button for "Program Updates" (circled in red). Other buttons include "Report a Complaint", "Submit Comments & Questions", and "Frequently Asked Questions". The text below the banner describes the SMMC program and provides links to program snapshots and a region map.

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.



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



Today's Presentation, cont.



- [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

- Warren Moore
 - Agency for Health Care Administration

Agency Goals for a Successful MMA Rollout

- Preserve continuity of care, and to greatest extent possible:
 - Recipients keep primary care provider
 - Recipients keep current prescriptions
 - Ongoing course of treatment will go uninterrupted
- Plans must have the ability to pay providers fully and promptly to ensure no provider cash flow or payroll issues.

Agency Goals for a Successful MMA Rollout

- Plans must have sufficient and accurate provider networks under contract and taking patients.
 - Allows an informed choice of providers for recipients and the ability to make appointments.
- Choice Counseling call center and website must be able to handle volume of recipients engaged in plan choice at any one time.
 - Regional roll out to ensure success

Choice Counseling

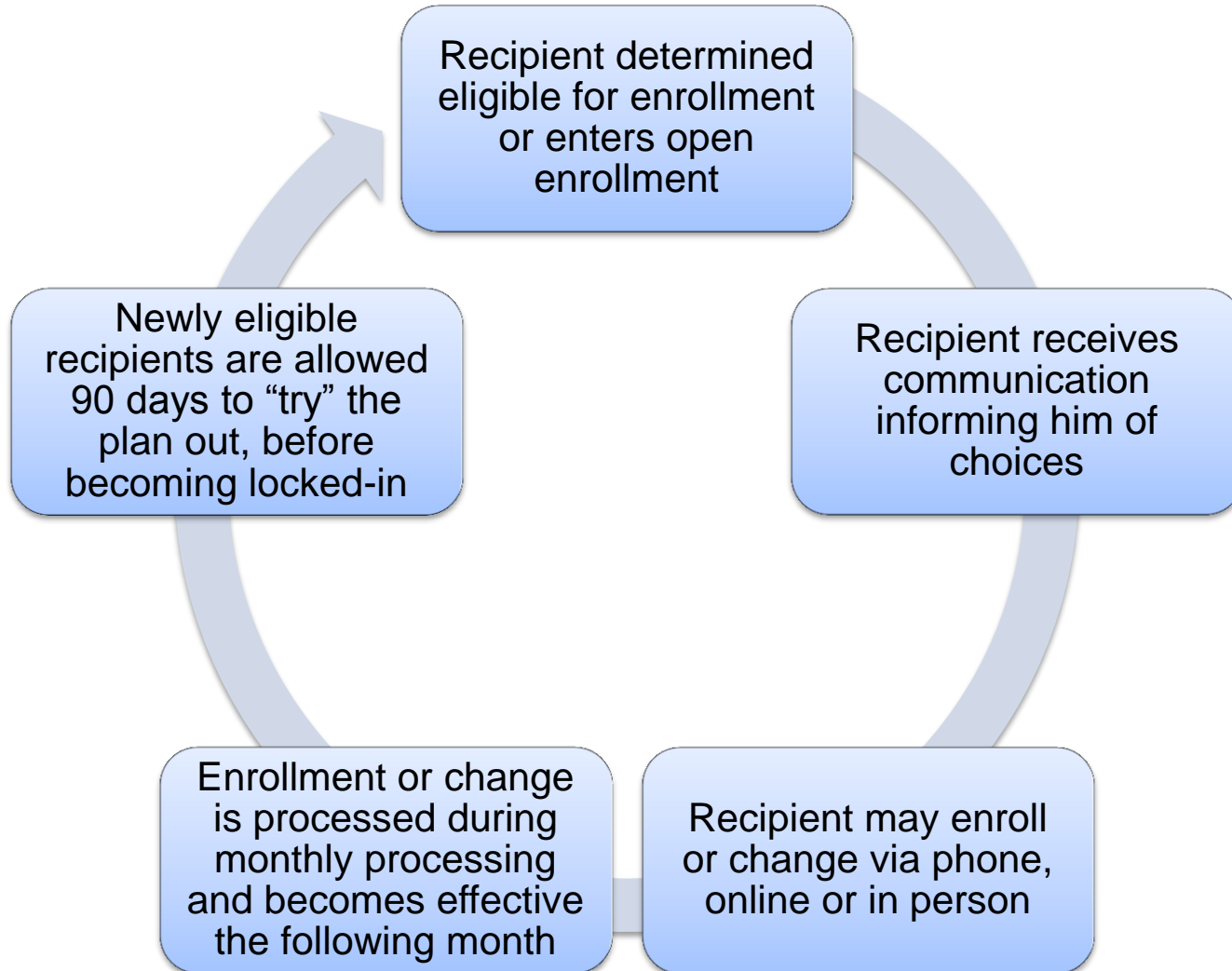
Choice Counseling Defined

- Choice counseling is a service offered by the Agency for Health Care Administration (AHCA), through a contracted enrollment broker, to assist recipients in understanding:
 - managed care
 - available plan choices and plan differences
 - the enrollment and plan change process.
- Counseling is unbiased and objective.

The Choice Counseling Process

- The Choice Counseling process can be triggered by one of many factors:
 - A recipient is determined to be newly eligible for managed care and is mandatorily required to or may voluntarily choose a managed care plan
 - A current plan enrollee desires to change from one plan to another plan.

The Choice Counseling Cycle



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 Can Recipients Change Plans?

- Recipient who are required to enroll in MMA plans will have 90 days after joining a plan 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.

A Closer Look at the Choice Counseling Cycle

- **Welcome Letter:**
 - Approximately 60 days prior to the plan begin date, recipients will receive a letter and a packet of information detailing their choice of plans and how to choose a plan.
 - Letter
 - Brochure that provides plan information specific to the recipient's region
 - Information on how to make a plan choice
 - The plan to which they'll be assigned if they don't make a choice

A Closer Look at the Choice Counseling Cycle

- **Reminder Letter:** Reminds fully eligible recipients of their need to make an enrollment choice by a specific cut-off date, (this information was also included in the original letter).
- **Confirmation Letter:** Mailed after a voluntary plan choice or change to confirm the recipient's selection and to inform of next steps and rights.
- **Open Enrollment:** Mailed 60 days prior to the recipient's plan enrollment anniversary date to remind them of the right to change plans.

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 Region Am I In?

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

Recipient Notification and Enrollment

| Region | Pre-Welcome Letter | Welcome Letter | Reminder Letter | Last Day to Choose a Plan Before Initial Enrollment | Date Enrolled in MMA Plans |
|--------|--------------------|----------------|-----------------|---|----------------------------|
| 1 | 4/1/2014 | 5/26/2014 | 6/23/2014 | 7/17/2014 | 8/1/2014 |
| 2 | 1/2/2014 | 2/17/2014 | 3/24/2014 | 4/17/2014 | 5/1/2014 |
| 3 | 1/1/2014 | 2/17/2014 | 3/24/2014 | 4/17/2014 | 5/1/2014 |
| 4 | 1/2/2014 | 2/17/2014 | 3/24/2014 | 4/17/2014 | 5/1/2014 |
| 5 | 2/3/2014 | 3/24/2014 | 4/21/2014 | 5/22/2014 | 6/1/2014 |
| 6 | 2/3/2014 | 3/24/2014 | 4/21/2014 | 5/22/2014 | 6/1/2014 |
| 7 | 4/1/2014 | 5/26/2014 | 6/23/2014 | 7/17/2014 | 8/1/2014 |
| 8 | 2/3/2014 | 3/24/2014 | 4/21/2014 | 5/22/2014 | 6/1/2014 |
| 9 | 4/1/2014 | 5/26/2014 | 6/23/2014 | 7/17/2014 | 8/1/2014 |
| 10 | 3/3/2014 | 4/21/2014 | 5/26/2014 | 6/19/2014 | 7/1/2014 |
| 11 | 3/3/2014 | 4/21/2014 | 5/26/2014 | 6/19/2014 | 7/1/2014 |

Note: The dates above are when mailings begin. Due to the volume, letters are mailed over several days.

Choice Counseling Available in English, Spanish and Creole

http://www.flmedicaidmanagedcare.com/ Florida State Medic...

File Edit View Favorites Tools Help

Convert Select

Statewide Medicaid Mana... Suggested Sites Web Slice Gallery AOL for Broadband Free Hotmail Home - Statewide Medica... Internet Start

Select a text size that is comfortable for you. A A A

Google Custom Search Search

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for All Floridians

Click Here to ENROLL ONLINE

Statewide Medicaid Managed Care

Home

Choose Your Language

Welcome!
Click here to learn more about the program.

¡Bienvenidos!
Haga clic aquí para obtener más información sobre el programa.

Bienvini!
Klike la pou aprann plis de pwogram la.

Home | Program Information | Outreach | Glossary | FAQ | References | Contact Us
Florida Medicaid • P.O. Box 5197 • Tallahassee, FL 32314

Information about making a plan selection

The screenshot shows a web browser window with the URL <http://fmedicaidmanagedcare.com/MMA/ChooseAPlan.aspx>. The page features the AHCA logo (Florida Agency for Health Care Administration) and the title "Statewide Medicaid Managed Care". A navigation menu includes: Home, Program Information, 1. How to Choose a Plan (selected), 2. Plan Information, 3. Specialty Plan Information, 4. Enroll, Glossary, FAQ, and References. Below the menu, a red button says "Click Here to ENROLL ONLINE". Another red button says "Click Here to download the 'Authorized Representative Form'". The main content area has a heading: "Recipients should consider the following when choosing an MMA plan:". Below this is a list of four bullet points: "What services do I think I need? Doctor's Visits? Home Health Services? (Note: These are also known as direct service providers and must be in the plans' network.)", "What plan do my doctors take?", "What kind of doctors do I need? Pediatrician? Family Doctor?", and "What extra benefits meet my needs?". A section titled "Steps to help you pick your plan" contains three numbered steps: "1. Each plan offers the same core benefits. For the listing of the basic Florida MMA Medicaid benefits you may refer to the Program Information tab.", "2. Look at the Plan Information tab to see what extra services are offered by each plan.", and "3. Call or visit with a Choice Counselor for help.". A note at the bottom states: "NOTE: If you need additional information about the program please contact a Choice Counselor at 1-877-711-3662." The Windows taskbar at the bottom shows the Start button, several application icons, and the system clock displaying 10:56 PM on 2/16/2014.

Florida State Medicaid Managed Care - MMA - How to Choose a Plan - Windows Internet Explorer

http://fmedicaidmanagedcare.com/MMA/ChooseAPlan.aspx

Florida State Medicaid Mana...

Certificate Error Navigation ... RD Web Access (2) RD Web Access Home Florida Medicaid Home Suggested Sites Web Slice Gallery

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care

Click Here to ENROLL ONLINE

Click Here to download the "Authorized Representative Form"

Home Program Information **1. How to Choose a Plan** 2. Plan Information 3. Specialty Plan Information 4. Enroll Glossary FAQ References
Letters And Brochures Contact Us

Recipients should consider the following when choosing an MMA plan:

- What services do I think I need? Doctor's Visits? Home Health Services? (Note: These are also known as direct service providers and must be in the plans' network.)
- What plan do my doctors take?
- What kind of doctors do I need? Pediatrician? Family Doctor?
- What extra benefits meet my needs?

Steps to help you pick your plan

1. Each plan offers the same core benefits. For the listing of the basic Florida MMA Medicaid benefits you may refer to the Program Information tab.
2. Look at the Plan Information tab to see what extra services are offered by each plan.
3. Call or visit with a Choice Counselor for help.

NOTE: If you need additional information about the program please contact a Choice Counselor at 1-877-711-3662.

Start [Taskbar Icons] 10:56 PM 2/16/2014

Step by Step On-Line Enrollment

Pin Sign On | SMMC Enrollment - Windows Internet Explorer

http://www.flmedicaidmanagedcare.com/enroll/#PinSignOn

Links Return to FLMedicaidManagedCare.com Español Kreyòl

Click Here to download the "Authorized Representative Form"

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTAR FRAUDE

Login by Pin

Using Your Security PIN to Enroll

You may log into your Medicaid account and make a plan enrollment by using the security PIN found in your letter. You will need this PIN and either your Medicaid Recipient ID or Medicaid Card ID.

Note: If you do not have your PIN you can click on the link below to continue without using your PIN.

[Login without using a pin.](#)

Recipient OR Medicaid ID Card #

4 Digit Pin




LOGIN

Agency for Health Care Administration • P.O. Box 5497 • Tallahassee, FL 32314

10:59 PM 2/16/2014

Choice Counseling

To gain quicker access to your case, please use the following security PIN to enroll: <PIN#>

|  <p>Step 1: Look</p> | <p>Look at the information in this packet. It includes:</p> <ul style="list-style-type: none"> information on the MMA program a list of the plan(s) in your region a list of the extra benefits offered by the plan(s) the steps you need to take to join a plan how to enroll online or by phone answers to frequently asked questions <p>You can also find this same information online at: www.flmedicaidmanagedcare.com</p> | | | | | |
|--|--|---|------|------------|--------|---------------|
|  <p>Step 2: Choose</p> | <p>You must choose your MMA plan by <dynamic cut-off date>.</p> <table border="1" data-bbox="1192 648 1688 711"> <thead> <tr> <th>Name</th> <th>Medicaid #</th> </tr> </thead> <tbody> <tr> <td><Name></td> <td><Medicaid ID></td> </tr> </tbody> </table> <p>For each person, you will need:</p> <ul style="list-style-type: none"> birth date and either the Medicaid number or Social Security Number. | | Name | Medicaid # | <Name> | <Medicaid ID> |
| Name | Medicaid # | | | | | |
| <Name> | <Medicaid ID> | | | | | |
|  <p>Step 3: Enroll</p> | <p>Online</p> <p>www.flmedicaidmanagedcare.com</p> <p>Please note: If you choose to enroll online you will need to use the Security PIN above. The PIN must be used along with your Medicaid ID or Gold Card number.</p> | <p>OR</p> <p>Call</p> <p>Toll-free at 1-877-711-3662 to talk to a choice counselor or request to meet with a choice counselor.</p> <p>For additional information, please see the brochure in your packet.</p> | | | | |
| <p>IMPORTANT: If you do not choose, we will place those listed in Step 2 in the MMA plan below.</p> <p>Plan Name: <Managed Medical Assistance Plan> Plan Start Date: <effective date></p> | | | | | | |

Program and Available Plan Information

The screenshot shows a web browser window displaying the AHCA website. The address bar shows the URL: <http://www.flmedicaidmanagedcare.com/Glossary.aspx#SMMC>. The browser tabs include "Statewide Medicaid M..." and "Florida State Medic...". The website header features the AHCA logo (Florida Agency for Health Care Administration) with the tagline "Better Health Care for All Floridians". A prominent red button says "Click Here to ENROLL ONLINE". The navigation menu includes: Home, Program Information, 1. How to Choose a Plan, 2. Plan Information, 3. Enroll, Glossary (highlighted), FAQ, and References. The main content area is titled "Glossary" and lists 10 items:

- 90 Calendar Day Change Period** - After being enrolled in a managed care plan, members who (1) are newly eligible for Medicaid, or (2), change during the initial 90 days, or (3) change plans during the no change period will have 90 calendar days to "try out" their plan and change to a new plan, if they wish to do so. [Top](#)
- Agency for Health Care Administration (AHCA)** - Florida department responsible for administering health care programs; DCF determines eligibility for the Agency. [Top](#)
- Aging and Disability Resource Center (ADRC)** - An agency designed by the Department of Elder Affairs (DOEA) to develop and administer a set of wide-ranging and coordinated services for elderly and or disabled persons. [Top](#)
- Appeal** - A formal request from a recipient to seek a review for an action taken by the Managed Care Plan. [Top](#)
- Benefit** - This is a list and schedule of health care services to be delivered to recipients covered under the Managed Care program. [Top](#)
- Cause** - Also known as "For Cause" or "Good Cause", these are State approved reasons to change care plans during the lock-in period. [Top](#)
- Centers for Medicare & Medicaid Services (CMS)** - The Agency within the United States Department of Health & Human Services that provides administration and funding for Medicare, Medicaid and the Children's Health Insurance Program under the Social Security Act. [Top](#)
- Choice Counseling** - This is a free service to help Medicaid recipients pick the managed care plan that is best for them. [Top](#)
- Choice Counselor** - Choice Counseling is a free service to help Medicaid recipients pick the care plan that is best for them. Picking a plan can be hard. For someone with special care needs or circumstances, the choice can be even more difficult. A Choice Counselor is the person that helps recipients understand their care plan choices and enrolls them into a Medicaid care plan. [Top](#)
- Community Outreach** - This includes the delivery of information for the benefit, education, or assistance to a community in regards to health-related matters or public awareness. Community outreach includes the delivery of information about health care services, and other information related to social services or social assistance programs. [Top](#)

Auto-Assignment Process

If a Recipient does not Make a Plan Choice, how will the Agency determine which MMA plan recipients will be auto assigned to?

- For Recipients who are required to enroll in an MMA plan:
 - Recipient is identified as eligible for a specialty plan.
 - The recipients prior Medicaid managed care plan is also an MMA plan.
 - Recipient is already enrolled (or has asked to be enrolled) in a long term care plan with a sister MMA plan.
 - The recipient has a family member(s) already enrolled in, or with a pending enrollment, in an MMA plan.

Specialty Plans

Can recipients choose to be in or identify themselves as eligible for a specialty plan?

- Yes, recipients can inform their choice counselor during their choice period that they would like to enroll in a specialty plan if they believe they are eligible for a specialty plan available in their region.
- The specialty plan will be responsible for confirming that the recipient meets the eligibility criteria for the plan.

If a recipient qualifies for enrollment in more than one of the available specialty plan types, and does not make a voluntary plan choice, they will be assigned to the plan for which they qualify that appears highest in the chart below:



Your Address

Medicaid is mailing important information to you regarding the MMA program to your home. Make sure we have your current address!

To check,

- Please call the ACCESS Customer Call Center
(866) 762-2237

OR

- Visit <http://www.myflorida.com/accessflorida/>

Continuity of Care

Continuity of Care During Transition

Plan Responsibility

- MMA plans are responsible for the coordination of care for new enrollees transitioning into the plan
- MMA plans are required to cover any ongoing course of treatment (services that were previously authorized or prescheduled prior to the enrollee's enrollment in the plan) with the recipient's provider during the 60 day continuity of care period, even if that provider is not enrolled in the plan's network.
- The following services may extend beyond the continuity of care period and as such, the MMA plans are responsible for continuing the entire course of treatment with the recipient's current provider:
 - Prenatal and postpartum care (until six weeks after birth)
 - Transplant services (through the first year post-transplant)
 - Radiation and/or chemotherapy services (for the current round of treatment).

Continuity of Care During Transition

- MMA plans cannot require additional authorization for any ongoing course of treatment. If a provider contacts the plan to obtain prior authorization during the continuity of care period, the MMA plan cannot delay service authorization if written documentation is not available in a timely manner. The plan must approve the service.
- However, the MMA plan may require the submission of written document before paying the claim.
- If the services were prearranged prior to enrollment with the plan, written documentation includes the following:
 - Prior existing orders;
 - Provider appointments, e.g., dental appointments, surgeries, etc.;
 - Prescriptions (including prescriptions at non-participating pharmacies); and
 - Behavioral health services.

How Will Providers Know Whether to Continue Services?

Providers should keep previously scheduled appointments with recipients during transition

Continuity of Care During Transition Provider Responsibility

- Service providers should continue providing services to MMA enrollees during the 60-day continuity of care period for any services that were previously authorized or prescheduled prior to the MMA implementation, regardless of whether the provider is participating in the plan's network.
- Providers should notify the enrollee's MMA plan as soon as possible of any prior authorized ongoing course of treatment (existing orders, prescriptions, etc.) or prescheduled appointments.

How Will Providers Be Paid?

Providers will receive payment for services provided during the transition.

Continuity of Care During Transition

Provider Reimbursement

- MMA plans are responsible for the costs of continuing any ongoing course of treatment without regard to whether such services are being provided by participating or non-participating providers.
- The MMA plan must pay non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning for a minimum of thirty (30) days, unless the provider agrees to an alternative rate. Providers will need to follow the process established by the managed care plans for getting these claims paid appropriately.
- Providers may be required to submit written documentation (as described above) of any prior authorized ongoing care, along with their claim(s) in order to receive payment from the plan.

Continuity of Care During Transition

- Do the managed care plans have to honor prior authorizations that were issued (either through one of the Agency's contracted vendors or a managed care plan) prior to the recipient's enrollment in the MMA plan? Examples include:
 - Home health
 - Dental
 - Behavioral Health
 - Durable medical equipment (rent-to-purchase equipment, ongoing rentals, etc.)
 - Prescribed drugs
- **Yes.** During the continuity of care period, the MMA plan must continue to pay for any prior approved services, regardless of whether the provider is in the plan's network. During this timeframe, the plan should be working with the enrollee and their treating practitioner to obtain any information needed to continue authorization after the continuity of care period (if the service is still medically necessary). After the continuity of care period, if the provider is not a part of the plan's network, the enrollee may be required to switch to a participating provider.

Continuity of Care During Transition Pharmacy

- For the first year of operation, MMA plans are required to use the Medicaid Preferred Drug List (PDL) in order to ensure an effective transition of enrollees during implementation.
- For the first 60 days after implementation in a region, MMA plans or Pharmacy Benefit Managers (PBMs) are required to operate open pharmacy networks so that enrollees may continue to receive their prescriptions through their current pharmacy providers until their prescriptions are transferred to in-network providers. MMA plans and/or PBMs must reimburse non-participating providers at established open network reimbursement rates.
- For new plan enrollees (i.e., enrolled after the implementation), MMA plans must meet continuity of care requirements for prescription drug benefits, but are not required to do so through an open pharmacy network.
- During the continuity of care period MMA plans are required to educate new enrollees on how to access their prescription drug benefits through their MMA plan provider 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.

Continuity of Care During Transition Pregnancy

- If a pregnant Medicaid recipient enrolls in an MMA plan and her OB/GYN is not a part of the plan's network does the plan have to continue to pay for the services?
- **Yes.** The MMA plan must continue to pay for services provided by her current provider for the entire course of her pregnancy including the completion of her postpartum care (six weeks after birth), regardless of whether the provider is in the plan's network.

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

The screenshot shows the Florida Medicaid website. At the top, there is a header with the text "Florida Medicaid" and a circular image of a woman and a child. Below the header is a navigation bar with several links: "SMMC Home", "News and Events" (circled in red), "Long-term Care", "Managed Medical Assistance", "Federal Authorities", and "Archive". The main content area is titled "Statewide Medicaid Managed Care Program" and contains a paragraph of text about the program's creation in 2011. Below this is a section titled "Program Overview and Summary" with a list of two components: "The Florida Long-term Care program and" and "The Florida Managed Medical Assistance program." At the bottom of the main content area, there are three links to PDF documents: "Long-term Care program Snapshot [214KB PDF]", "Managed Medical Assistance program Snapshot [318KB PDF]", and "Region Map [264KB PDF]". On the right side of the page, there is a vertical sidebar with four buttons: "Program Updates" (circled in red), "Report a Complaint", "Submit Comments & Questions", and "Frequently Asked Questions" (circled in red).

- This presentation can be found on our SlideShare page at: bit.ly/MMA_Transition
- 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.



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



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Questions?

