A Snapshot of Express Enrollment in the Managed Medical Assistance Program

What is the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance Program (MMA)?

❖ The Florida Medicaid program has implemented a new system through which Medicaid enrollees receive services. This program is called the Statewide Medicaid Managed Care (SMMC) program.
❖ Recipients in SMMC receive medical services through the Managed Medical Assistance (MMA) program or long-term care services through the Long-term Care (LTC) program (or both).
❖ Most Medicaid recipients must enroll in a health plan.
❖ Health plans offer robust provider networks and access standards, and expanded benefits above what Medicaid traditionally covers.

What is Express Enrollment?

❖ Beginning January 2016, the Agency for Health Care Administration (Agency) will be implementing Express Enrollment for Medicaid recipients who enroll in an MMA plan.
❖ **Express Enrollment does NOT impact the LTC program.**
❖ Under Express Enrollment, the Agency will:
  – Give recipients the opportunity to make a health plan choice when they apply for Medicaid eligibility; and
  – Enroll Medicaid-eligible individuals who are mandated to participate in the MMA program into a health plan immediately after eligibility determination.

What are the benefits of Express Enrollment?

❖ Prior to Express Enrollment, new Medicaid recipients were required to wait 30 to 60 days before they could enroll in a health plan and access program enhancements.
❖ Through Express Enrollment, health plan enrollment will be effective the same day the individual's Medicaid application is approved allowing new enrollees to immediately take advantage of robust provider networks and access standards, and expanded benefits offered by the plan.

What will NOT Change with Express Enrollment?

❖ There is no change to:
  – Who is eligible to enroll
  – Who is required to enroll
  – Services offered under the MMA program
❖ Choice counseling is still available for all recipients online or by calling the Call Center.

What is the Process for Choosing a Plan Under Express Enrollment?

❖ Individuals may choose an MMA plan when they submit a Medicaid application through the Department of Children and Families.
❖ When completing their Medicaid application, applicants will be informed of:
  – Plans available in their area;
  – Guidance about selecting a health plan; and
  – How to make a plan choice.
❖ Plan selection can be made by contacting the call center or electronically via the Agency's online Express Enrollment website at www.smmcexpressenrollment.com. The website will become live when Express Enrollment becomes effective in early January.
❖ If no plan is chosen the Agency will automatically assign mandatory recipients to a health plan once determined eligible.
❖ Plan enrollment will become effective when the applicant is determined eligible for Medicaid. This means that an individual can be enrolled in a health plan on any day of the month.

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What Happens After Express Enrollment?

❖ Recipients will be enrolled with health plans throughout the month, rather than only on the first day of a month.
❖ Recipients will be sent confirmation of their plan choice/plan assignment, additional information about the health plans in their area, and an explanation of their right to change plans.
❖ Recipients will have 120 days to choose a different plan in their region. There is no limit to the number of plan changes they may make within those 120 days and if they change plans they get a new grace period.
❖ After 120 days, recipients will be locked in and cannot change plans without a state approved "Good Cause" reason until they have spent 12 cumulative months in their plan (based on the first plan enrollment effective date).

Is Help Available for Assisting with the Enrollment Process?

❖ Choice counsellors are available to assist recipients with selecting a plan that best meets their needs.
❖ Recipients may go online to http://www.flmedicaidmanagedcare.com/ or can reach the Call Center toll-free at 1-877-711-3662.
❖ In-person visits for recipients with special needs will not be available prior to enrollment via the Express Enrollment process, but will be available during the 120 day change period if requested.

Provider Responsibilities Under Express Enrollment

❖ It is important that providers verify Medicaid eligibility, and plan enrollment, at the time of service delivery, especially since individuals can be enrolled in a plan any time during the month.
❖ Follow this link to access information on how to check eligibility: MMA – How to Verify Recipient Eligibility.

Plan Responsibilities Under Express Enrollment

❖ The plans will receive a prorated capitation payment for the first month for recipients enrolled through Express Enrollment.
  – The capitation payment will be equal to the portion of the month the recipient is enrolled.
❖ Any plan change made during the 120 day period following initial plan enrollment will be effective the first day of the following month.
❖ Plans will receive a daily enrollment file and ensure systems are updated daily
❖ Plans will ensure that member materials are distributed according to contract.
  – Materials will need to be updated to reflect the change to 120 day change period.
  – Plans are required to provide enrollee materials within five (5) days of receipt of the daily enrollment file for each recipient.

What if I have a complaint?

❖ We encourage any individual with a complaint or issue relating to the MMA program to complete the online complaint form created by the Agency to provide expedited handling:
http://apps.ahca.myflorida.com/smmc_cirts/.
❖ To contact a Medicaid representative by phone please call: 1-877-254-1055.

For additional information, please go to
http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml
and click on the Submit Questions tab or email them to
FLMedicaidManagedCare@ahca.myflorida.com

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