

A Snapshot of the Florida Statewide Medicaid Managed Care Program

- ❖ The Statewide Medicaid Managed Care (SMMC) Program has two program components:
 1. Managed Medical Assistance (MMA) and Long-Term Care (LTC)
 2. Dental
- ❖ A person eligible for Florida Medicaid can be enrolled in both the MMA and LTC program or just the MMA program.
- ❖ Everyone receiving dental services from Florida Medicaid must be enrolled in the Dental program.

Managed Medical Assistance (MMA)	Long-Term Care (LTC)	Dental
COVERAGE: Preventive, acute, behavioral, therapeutics pharmacy, transportation services.	COVERAGE: Nursing facility, assisted living, and home-based services.	COVERAGE: Preventive and therapeutic dental services.
ENROLLMENT: Most Medicaid recipients must enroll in an MMA plan.	ENROLLMENT: 65 years of age or older, or age 18 or older and eligible for Medicaid by reason of a disability. Require Nursing facility level of care or Hospital level of care, for individuals diagnosed with cystic fibrosis.	ENROLLMENT: All Medicaid recipients in managed care and all and fully Medicaid eligible fee-for-service individuals.
		NOTE: Program begins 12/1/2018

The SMMC program has five types of plans:



Managed Medical Assistance: Provides MMA services to eligible recipients. This plan cannot provide services to recipients who are eligible for Long-term Care services.



Long-Term Care Plus: Provides MMA services and LTC services to recipients enrolled in the LTC program. Cannot provide services to recipients who are only eligible for MMA services.



Comprehensive: Provides MMA services and LTC services to eligible recipients.



Specialty: Provides MMA services to eligible recipients who are defined as a specialty population.



Dental: Provides dental services to all recipients in managed care and all and fully eligible fee-for-service individuals.

Who is required to enroll in the SMMC program?

- ❖ Most Medicaid recipients must enroll in the MMA program and in the Dental program. Individuals wishing to receive Medicaid covered Long-Term Care services must enroll in the LTC program. These are both known as “mandatory.”
- ❖ Certain individuals, known as “voluntary”, can choose whether to enroll in MMA or LTC, and some, known as “excluded”, are not allowed to enroll in the MMA, LTC or Dental programs.

Who Must, Who Can, and Who Cannot Participate in MMA, LTC and Dental Programs	Dental	MMA	LTC
Emergency Medicaid for NonCitizen Enrollees	Excluded	Excluded	Excluded
Family Planning Waiver Enrollees	Excluded	Excluded	Excluded
Breast and Cervical Cancer Program Enrollees	Excluded	Excluded	Excluded
Program of All-Inclusive Care for the Elderly Enrollees	Excluded	M (unless otherwise E or V)	Excluded
Medically Needy Program Enrollees	M	Excluded	Excluded
Refugee Assistance Enrollees	M	V	Excluded
Presumptively Eligible Pregnant Women	Excluded	Excluded	Excluded
Partial Dual Eligibles	Excluded	Excluded	Excluded
Recipients who have other health coverage (excluding Medicare)	M	V	M (Must Meet LTC Criteria)
Prescribed Pediatric Extended Care Center patients	M	V	N/A
Recipients who have elected to enroll in a home and community based waiver other than LTC*	M	M (unless otherwise E or V)	Excluded
Budget Enrollees and Waitlist Population*	M	V	Excluded
Residents of a developmental disability center	M	V	Excluded
Residents in a group home facility licensed under chapter 393.	M	V	N/A
Residents of a treatment facility as defined in s. 394.455(47)	M	M (unless otherwise E or V)	Excluded
Residents of a DJJ residential commitment facility	Excluded	Excluded	Excluded
Residents of a State Mental Hospital	Excluded	Excluded	Excluded

*Waiver enrollees (not on a waitlist) are voluntary for LTC, but they must have a nursing facility level of care and disenroll from the other waiver in order to enroll in the LTC program.

How do I enroll in the Long-Term Care program?

- ❖ If you meet LTC Program eligibility requirements and live in a nursing facility, you will be automatically enrolled in the LTC Program, and you will receive information about available LTC plans from the choice counselor by mail.
- ❖ Because space is limited in the LTC program for individuals who want to receive services at home, if you are 18 years of age or older and live at home, in an assisted living facility, or in an adult family care home, you must be screened and placed on the LTC Program waitlist before being enrolled in the program. Contact your local Aging and Disability Resource Center (ADRC) to be placed on the waitlist. A list of the ADRC is available on the Florida Department of Elder Affairs' website at <http://elderaffairs.state.fl.us/doea/arc.php>.
- ❖ The ADRC will complete a short screening over the phone, which results in a score that is used to rank you on the waitlist. When enrollment is available, the ADRC will contact you to begin the enrollment process.

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

When will I be notified and be required to enroll?

- ❖ Once determined to be eligible for Medicaid, recipients or their designee will receive a letter within 5 days of their notification of eligibility.
- ❖ Recipients must choose a plan by the date listed in the letter that is sent to all recipients.
- ❖ If no plan selection is made, the recipient will be enrolled in the health plan listed in the letter.
- ❖ Recipients have a 120-day change period, in which they can change their plan, which begins on the effective date of their enrollment in the plan.

How do I choose a plan?

- ❖ Choice counselors are available to assist recipients in selecting a plan that best meets their needs. This assistance will be provided by phone by calling 1-877-711-3662. In-person visits are also available by request for recipients with special needs.
- ❖ Recipients can also enroll online at: www.flmedicaidmanagedcare.com.
- ❖ The Aging and Disability Resource Center (ADRC) is also available to assist **LTC** recipients with any questions you may have.



Recipients have about 45 days to change their initial plan assignment before their region goes live.

Recipients have 120 days after enrollment to change plans.

After 120 days, enrollees must stay in their plan for the remainder of the 12 month period before changing plans again.*

Enrollees can change 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.

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What Health & Dental Plans are available in my region?

	1	2	3	4	5	6	7	8	9	10	11
Aetna (Comp)						X	X				X
CCP* (MMA)										X	
FCC** (LTC +)	X	X	X	X	X	X	X	X	X	X	X
Humana (Comp)	X	X	X	X	X	X	X	X	X	X	X
Molina (Comp)								X			X
AmeriHealth (MMA)									X		X
Simply (Comp)					X	X	X			X	X
Simply (MMA)	X	X							X		
Sunshine (Comp)	X	X	X	X	X	X	X	X	X	X	X
United (Comp)			X	X		X					X
Vivida (MMA)								X			
DentaQuest (Dental)	X	X	X	X	X	X	X	X	X	X	X
Liberty (Dental)	X	X	X	X	X	X	X	X	X	X	X
MCNA Dental (Dental)	X	X	X	X	X	X	X	X	X	X	X

*CCP = Community Care Plan

**Florida Community Care

What are MMA Specialty plans?

- ❖ Specialty plans will serve populations with a distinct diagnosis or chronic condition. These plans are tailored to meet the specific needs of the specialty population. LTC recipients cannot enroll in specialty plans.
- ❖ Information on each specialty plan is available through the choice counseling website:
www.flmedicaidmanagedcare.com

What Specialty plans are available in my region?

	1	2	3	4	5	6	7	8	9	10	11
Children's Medical Services Plan (Children with Chronic Conditions)	X	X	X	X	X	X	X	X	X	X	X
Clear Health Alliance (HIV/AIDS)	X	X	X	X	X	X	X	X	X	X	X
Molina (Serious Mental Illness)				X	X		X				
Sunshine Health (Serious Mental Illness)	X	X	X	X	X	X	X	X	X	X	X
Sunshine Health (Child Welfare)	X	X	X	X	X	X	X	X	X	X	X

What Medicaid covered services are provided under the MMA program?

MMA Minimum Covered Services

Advanced registered nurse practitioner services	Hospital Inpatient & Outpatient Services
Ambulatory surgical treatment center services	Laboratory and Imaging Services
Assistive Care Services	Medical supply, equipment, prostheses and orthoses
Birthing center services	Medical Foster Care
Chiropractic services	Mental health services
Early Intervention Services	Nursing care
Early periodic screening diagnosis and treatment services for recipients under age 21	Nursing facility services for enrollees not in the LTC program
Emergency services	Optical services and supplies
Family planning services and supplies (some exception) Healthy Start Services (some exceptions)	Optometrist services
Hearing services	Physical, occupational, respiratory, and speech therapy
Home health agency services	Podiatric services
Hospice services	Physician services, including physician assistant services
Prescription drugs	Rural health clinic services
Renal dialysis services	Transportation to access covered services
Respiratory equipment and supplies	Substance abuse treatment

What Medicaid covered services are provided under the LTC program?

LTC Minimum Covered Services

Adult companion care	Intermittent and skilled nursing
Adult day health care	Medical equipment and supplies
Assisted living	Medication administration
Assistive care services	Medication management
Attendant care	Nursing facility
Behavioral management	Nutritional assessment/ risk reduction
Care coordination/ Case management	Personal care
Caregiver training	Personal emergency response system
Home accessibility adaptation	Respite care
Home-delivered meals	Therapies: occupational, physical, respiratory and speech
Homemaker	Transportation, Non-emergency
Hospice	

What Medicaid covered services are provided under the Dental program?

Dental Minimum Covered Services

Ambulatory Surgical Center or Hospital-based Dental Services	Orthodontics
Dental Exams	Periodontics
Dental Screenings	Prosthodontics (dentures)
Dental X-rays	Root Canals
Extractions	Sealants
Fillings and Crowns	Sedation
Fluoride	Space Maintainers
Oral Health Instructions	Teeth Cleanings

What benefits not otherwise covered by Medicaid are available from plans?

- ❖ Health and dental plans cover expanded benefits which are offered in addition to the standard benefit package offered by Medicaid.
- ❖ A full list of expanded benefits, by plan, can be found on the Agency's website:
https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mm_a/EB_by_Plan.pdf or by visiting www.ahca.myflorida.com/smmc. Once on the website, click on the Outreach and Presentations link in the SMMC Program Changes box and look for the Expanded Benefits by Plan Chart document.

What if I have a complaint?

- ❖ We encourage any individual with a complaint or issue relating to the program to contact a Medicaid representative by phone at 1-877-254-1055.
- ❖ You may also complete the online complaint form created by the Agency to provide expedited handling:
<http://ahca.myflorida.com/Medicaid/complaints/index.shtml>

Where can I find more information?

- ❖ Visit our SMMC website at:
<http://ahca.myflorida.com/SMMC>
- ❖ Keep up to date by signing up to receive program updates at <http://ahca.myflorida.com/SMMC>. Click the red "Sign Up for Program Updates" box on the right hand side of the page.

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

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