



Medicaid Managed Medical Assistance Specialty Plans

The Managed Medical Assistance (MMA) program provides primary care, acute care and behavioral health care to recipients enrolled in an MMA plan. MMA plans can participate in the MMA program as a standard plan or a specialty plan.

A specialty plan is a type of MMA plan for Medicaid recipients who have a chronic medical condition or a specific diagnosis, or who are in a certain age range. Florida law says that if a specialty plan is available for those people, the Agency must assign them to the specialty plan. Florida law also says Medicaid recipients must be able to choose their managed care plan, so no one has to enroll in a specialty plan if they do not want to.

The MMA specialty plans cover the same health care services as the standard MMA plans.

What Are the Differences between a Standard MMA Plan and an MMA Specialty Plan?

- The MMA specialty plans must have a care coordination program that is designed to work with needs of the people in the plan.
- The MMA specialty plans may have more of certain types of specialty providers or primary care physicians in their provider network.

The Statewide Medicaid Managed Care (SMMC) program includes MMA specialty plans for recipients in the child welfare system, recipients under the age of 21 with chronic conditions, recipients with HIV or AIDS, recipients with a serious mental illness, and adults with chronic conditions who have both Medicare and full Medicaid (also called “full duals”). Some MMA specialty plans are available statewide.

When a recipient is eligible for more than one MMA specialty plan, the Agency uses a ranking to determine which MMA specialty plan to assign. The recipient is automatically assigned to the specialty plan listed highest on the ranking, however the recipient can still choose from any other MMA specialty plan they are eligible for or any other standard MMA plan in their region.

The MMA specialty plan assignment ranking, in order of assignment, is:

Child Welfare specialty plan
Children’s Medical Services Network plan
HIV/AIDS specialty plans
Serious Mental Illness specialty plan
Freedom Health specialty plans for dual eligible recipients

What is the Enrollment Process for MMA Specialty Plans?

Each of the MMA specialty plans has a common enrollment process with the exception of the specialty plan for dual eligible recipients with chronic conditions (see page 3 for more information on enrollment in the specialty plan for dual eligible recipients with chronic conditions).

For recipients who are new to Medicaid:

- An individual may select an MMA specialty plan at the time of their Medicaid application if the Agency has verified the individual meets specialty plan eligibility requirements.
- Eligible recipients will be assigned to a specialty MMA plan at the time of their Medicaid eligibility determination if the Agency has verified that the recipient meets the specialty plan eligibility requirements.
- If the recipient has not selected a plan at the time of the approval of eligibility and the Agency does not have information to verify the individual meets specialty plan eligibility requirements, the Agency may auto-assign the recipient into a standard MMA plan.

For recipients who become eligible for a specialty plan after they have been enrolled into an MMA plan:

- Recipients who did not choose their current MMA plan will receive a letter informing them that they will be enrolled in the specialty plan. They may choose to remain in their current MMA plan by calling choice counseling within 30 days of receipt of the letter.
- Recipients who chose their current MMA plan will receive a letter informing them that they can call choice counseling and enroll in the specialty plan. If they do not call the number provided and ask to be enrolled in the specialty plan, the recipient will remain in the current MMA plan.

When the recipient chooses to enroll in a new plan, they will have 120 days to choose another plan for any reason.

Eligibility criteria for each of the specialty plans and any differences in the enrollment process are described below.

Child Welfare Specialty Plan

The Sunshine Health Child Welfare Specialty Plan is for Medicaid recipients under the age of 21 who have an open case for child welfare services in the Department of Children and Families' Florida Safe Families Network (FSFN) database. The child welfare specialty plan works with the Community Based Care lead agencies to coordinate medical and behavioral health care for recipients in the child welfare system. The child welfare specialty plan is available statewide. When DCF notifies the Agency that a case is open for child welfare services in the FSFN database, the child becomes eligible for the child welfare specialty plan. A child may also become eligible for Medicaid at that time, if not already eligible. The recipient will receive a letter informing them that they can enroll in the child welfare specialty plan.

Children's Medical Services Network Plan

The Children's Medical Services Network (CMSN) Plan is for Medicaid recipients under the age of 21 who meet the Department of Health's (DOH) clinical screening criteria for chronic conditions. The parent or guardian of a child with a chronic condition who believes their child may be eligible for the CMSN Plan can request a screening by contacting their local CMS office or they may be referred for screening by Choice Counseling. The CMSN Plan is available statewide. When the Agency is notified by DOH that a recipient is eligible for the CMSN Plan, the recipient will receive a letter informing them that they can enroll in the CMSN Plan.

HIV/AIDS Specialty Plans

There are two specialty plans available for recipients living with HIV or AIDS. The Clear Health Alliance HIV/AIDS Specialty Plan and the Positive Healthcare of Florida HIV/AIDS Specialty Plan are for Medicaid recipients diagnosed with or in treatment for HIV or AIDS. The Clear Health Alliance HIV/AIDS Specialty Plan is available in Regions 1-3 and 5-11. The Positive Healthcare of Florida HIV/AIDS Specialty Plan is available in Regions 10 and 11.

The Agency identifies recipients for this specialty plan by searching claims and encounter data for HIV/AIDS diagnosis codes, certain laboratory procedure codes that identify tests only utilized with persons who have HIV/AIDS, or medications commonly associated with treatment of HIV or AIDS.

Magellan Complete Care Serious Mental Illness Specialty Plan

The Magellan Complete Care Serious Mental Illness (SMI) Specialty Plan is for Medicaid recipients ages six and older who are diagnosed with or in treatment for a serious mental illness. The SMI specialty plan is available in Regions 2, 4-7, and 9-11.

The Agency identifies recipients for this specialty plan by searching claims and encounter data for diagnosis codes or medications commonly associated with individuals who are seriously mentally ill. The search identifies:

- Recipients who are diagnosed with Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Bipolar Disorder, Major Depression or Obsessive Compulsive Disorder; and
- Recipients who are treated with a medication commonly used to treat a disorder listed above.

Freedom Health Chronic Conditions Duals Specialty Plan

The Freedom Health Chronic Conditions Duals Specialty Plan is for Medicaid recipients age 21 and older, who are eligible for both Medicare and full Medicaid benefits (full duals), and who have a diagnosis of Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF) or Cardiovascular Disease (CVD). The Agency will use Medicare data to identify recipients who are eligible for the chronic conditions specialty plan.

The Freedom Health Chronic Conditions Duals Specialty Plan is available in Regions 3 and 5-11 beginning February 1, 2015.

Enrollment process:

- Recipients enrolled in a Medicare Advantage plan who have remained in fee-for-service Medicaid and meet the eligibility criteria for the specialty plan will be able to enroll during the open enrollment period.
- Recipients who chose to enroll in an MMA plan prior to the beginning of open enrollment for their Medicare Advantage plan will receive a letter informing them that they can call choice counseling and enroll in the Freedom Specialty Plan. If they do not call the number provided and ask to be enrolled in the Freedom Specialty Plan, the recipient will remain in their current MMA plan.

To learn more about Statewide Medicaid Managed Care (SMMC), please visit the Agency's Web site at <http://ahca.myflorida.com/SMMC>.