

**ATTACHMENT I  
SCOPE OF SERVICES - UPDATE: SEPTEMBER 1, 2021  
STATEWIDE MEDICAID MANAGED CARE PROGRAM**

**I. Services to be Provided**

**A. Overview of Contract Structure**

Part IV of Chapter 409, F.S. established Florida Medicaid's statewide managed care program, referred to as statewide Medicaid managed care (SMMC). Contracted managed care plans participate in one, or both, of two SMMC programs: one for managed medical assistance (MMA) and one for long-term care (LTC). Additionally, some managed care plans participating in the MMA program component serve specialty populations who meet specified criteria based on age, condition or diagnosis. The Contract consists of distinct parts as follows:

- (1) **Attachment I**, Scope of Services, includes contract provisions that are unique to the particular managed care plan.
  - (a) **Exhibit I-A**, Approved Expanded Benefits Coverage and Limitations;
  - (b) **Exhibit I-B**, Medicaid Provider Identification Numbers;
  - (c) **Exhibit I-C**, Managed Care Plan Rates – Not for Use Unless Approved by CMS;
  - (d) **Exhibit I-D**, Kick Payment Rates for Covered Obstetrical Delivery Services – Not for Use Unless Approved by CMS;
  - (e) **Exhibit I-E**, Value-Based Purchasing Performance Targets;
  - (f) **Exhibit I-F**, Quality Benchmarks Statewide Targets;
  - (g) **Exhibit I-G**, Public Emergency Medical Transportation Provider Uniform Increase Payments – Not for Use Unless Approved by CMS;
  - (h) **Exhibit I-H**, Faculty Plans of Florida Medical School Faculty Physician Groups Rates – Not for Use Unless Approved by CMS;
  - (i) **Exhibit I-I**, Florida Cancer Hospital Minimum Fee Schedule Rates – Not for Use Unless Approved by CMS;
  - (j) **Exhibit I-J**, MMA Physician Incentive Program (MPIP) Plan Summary;
  - (k) **Exhibit I-K**, Hospital Inpatient and Outpatient Exemption Payments – Not for Use Unless Approved by CMS;
  - (l) **Exhibit I-L**, Hospital Uniform Percentage Increase Payments –Not for Use Unless Approved by CMS;
  - (m) **Exhibit I-M**, COVID-19 Vaccine Administration Fee Rates- Not for Use Unless Approved by CMS; and

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- (n) **Exhibit I-N**, Plan-Specific Commitments.
- (2) **Attachment II**, Core Contract Provisions, includes contract provisions that apply to all managed care plans unless specifically noted otherwise.
- (3) **Exhibits to Attachment II**, include contract provisions that are unique to the specific component of SMMC:
  - (a) **Exhibit II-A**, Managed Medical Assistance (MMA) Program (i.e., the MMA Exhibit)
  - (b) **Exhibit II-B**, Long-Term Care (LTC) Managed Care Program (i.e., the LTC Exhibit)
  - (c) **Exhibit II-C**, Specialty Plan (if applicable)

**B. Authorized Regions**

The Managed Care Plan is authorized to provide services pursuant to this Contract in the region(s) for the applicable SMMC program as specified in the Authorized Regions Table, Table 1, below.

<b>TABLE 1: AUTHORIZED REGIONS</b>			
<b>Region</b>	<b>Program Component</b>		
	<b>MMA</b>	<b>LTC</b>	<b>Specialty</b>
Region 1	<b>X</b>	<b>X</b>	<b>X</b>
Region 2	<b>X</b>	<b>X</b>	<b>X</b>
Region 3	<b>X</b>	<b>X</b>	<b>X</b>
Region 4	<b>X</b>	<b>X</b>	<b>X</b>
Region 5	<b>X</b>	<b>X</b>	<b>X</b>
Region 6	<b>X</b>	<b>X</b>	<b>X</b>
Region 7	<b>X</b>	<b>X</b>	<b>X</b>
Region 8	<b>X</b>	<b>X</b>	<b>X</b>
Region 9	<b>X</b>	<b>X</b>	<b>X</b>
Region 10	<b>X</b>	<b>X</b>	<b>X</b>
Region 11	<b>X</b>	<b>X</b>	<b>X</b>

<sup>1</sup>Child Welfare

<sup>2</sup>Serious Mental Illness

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**C. Covered Services**

The Managed Care Plan shall ensure the provision of covered services in accordance with the provisions of **Attachment II and its Exhibits**, summarized in the Required MMA Services Table, Table 2A and/or the Required LTC Services Table, Table 2B, below, to enrollees of the applicable SMMC program(s) in the authorized region(s) specified in Table 1.

<b>TABLE 2A: REQUIRED MMA SERVICES</b>	
(1)	Advanced Practice Registered Nurse
(2)	Ambulatory Surgical Center Services
(3)	Assistive Care Services
(4)	Behavioral Health Services
(5)	Birth Center and Licensed Midwife Services
(6)	Clinic Services
(7)	Chiropractic Services
(9)	Child Health Check Up
(10)	Immunizations
(11)	Early Intervention Services
(12)	Emergency Services
(13)	Family Planning Services and Supplies
(14)	Healthy Start Services
(15)	Hearing Services
(16)	Home Health Services and Nursing Care
(17)	Hospice Services
(18)	Hospital Services
(19)	Laboratory and Imaging Services
(20)	Medical Foster Care Services
(21)	Medical Supplies, Equipment, Protheses and Orthoses
(22)	Nursing Facility Services
(23)	Optometric and Vision Services
(24)	Physician Assistant Services
(25)	Physician Services
(26)	Podiatric Services
(27)	Prescribed Drug Services
(28)	Renal Dialysis Services
(29)	Therapy Services
(30)	Transportation Services

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<b>TABLE 2B: REQUIRED LTC SERVICES</b>	
(1)	Adult Companion Care
(2)	Adult Day Health Care
(3)	Assistive Care Services
(4)	Assisted Living
(5)	Attendant Nursing Care
(6)	Behavioral Management
(7)	Caregiver Training
(8)	Care Coordination/Case Management
(9)	Home Accessibility Adaptation Services
(10)	Home Delivered Meals
(11)	Homemaker Services
(12)	Hospice
(13)	Intermittent and Skilled Nursing
(14)	Medical Equipment and Supplies
(15)	Medication Administration
(16)	Medication Management
(17)	Nutritional Assessment/Risk Reduction Services
(18)	Nursing Facility Services
(19)	Personal Care
(20)	Personal Emergency Response Systems (PERS)
(21)	Respite Care
(22)	Occupational Therapy
(23)	Physical Therapy
(24)	Respiratory Therapy
(25)	Speech Therapy
(26)	Transportation

**D. Approved Expanded Benefits**

The Managed Care Plan shall provide the following expanded benefits, in accordance with the provisions of **Attachment II and its Exhibits** and the coverage and limitations specified in **Exhibit I-A** of this Attachment, denoted by “X” in the Approved Expanded Benefits - Comprehensive Table, Table 3A, and the Approved Expanded Benefits-Child Welfare Table, Table 3B, below, to enrollees of the applicable SMMC program(s) in the authorized region(s) specified in Table 1.

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<b>TABLE 3A: APPROVED EXPANDED BENEFITS - COMPREHENSIVE</b>	
	Over-The-Counter (OTC) Medication/Supplies
	Occupational Therapy
	Physical Therapy
	Adult Hearing Services
	Adult Vision Services
	Prenatal/Perinatal Visits
	Respiratory Therapy
	Speech Therapy
	Primary Care Visits (Non-Pregnant Adults)
	Newborn Circumcision
	Cellular Phone Services
	Doula Services
	Durable Medical Equipment/Supplies
	Medically Related Home Care Services/Homemaker
	Home Delivered Meals (General)
	Home Delivered Meals – Post-Facility Discharge (Hospital or Nursing Facility)
	Home Delivered Meals – Disaster Preparedness/Relief
	Home Health Nursing/Aide Services
	Home Visit by a Clinical Social Worker
	Housing Assistance
	Meals – Non-Emergency Transportation Day-Trips
	Non-emergency Transportation – Non-Medical Purposes
	Nutritional Counseling
	Outpatient Hospital Services
	Swimming Lessons (Drowning Prevention)
	Therapy - Art
	Therapy – Equine
	Therapy – Pet
	Vaccine – Tdap
	Vaccine – Influenza
	Vaccine – Shingles
	Vaccine – Pneumonia
	Waived Copayments
	Assessment/Evaluation Services – Behavioral
	Intensive Outpatient Treatment – Behavioral
	Behavioral Health Day Services/Day Treatment
	Behavioral Health Screening Services

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<b>TABLE 3A: APPROVED EXPANDED BENEFITS - COMPREHENSIVE</b>	
	Behavioral Health Medical Services (Verbal Interaction)
	Behavioral Health Medical Services (Medication Management)
	Behavioral Health Medical Services (Drug Screening)
	Computerized Cognitive Behavioral Analysis
	Medication Assisted Treatment Services
	Psychosocial Rehabilitation
	Substance Abuse Treatment or Detoxification Services (Outpatient)
	Therapy/Psychotherapy (Individual/Family)
	Therapy/Psychotherapy (Group)
	Therapeutic Behavioral On-Site Services
	Targeted Case Management
	Acupuncture
	Chiropractic Services
	Massage Therapy
	Assisted Living Facility/Adult Family Care Home – Bed Hold Days
	Transition Assistance – Nursing Facility to Community Setting
	Individual Therapy Sessions for Caregivers
	Vaccine – Hepatitis B
	Vaccine – HPV
	Vaccine – Meningococcal
	Care Grants
	Transition Assistance for Youth Aging Out
	Life Skills Development

<b>TABLE 3B: APPROVED EXPANDED BENEFITS – CHILD WELFARE</b>	
	Over-The-Counter (OTC) Medication/Supplies
	Occupational Therapy
	Physical Therapy
	Adult Hearing Services
	Adult Vision Services
	Prenatal/Perinatal Visits
	Respiratory Therapy
	Speech Therapy
	Primary Care Visits (Non-Pregnant Adults)
	Newborn Circumcision

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<b>TABLE 3B: APPROVED EXPANDED BENEFITS – CHILD WELFARE</b>	
	Cellular Phone Services
	Doula Services
	Durable Medical Equipment/Supplies
	Medically Related Home Care Services/Homemaker
	Home Delivered Meals (General)
	Home Delivered Meals – Post-Facility Discharge (Hospital or Nursing Facility)
	Home Delivered Meals – Disaster Preparedness/Relief
	Home Health Nursing/Aide Services
	Home Visit by a Clinical Social Worker
	Housing Assistance
	Meals – Non-Emergency Transportation Day-Trips
	Non-emergency Transportation – Non-Medical Purposes
	Nutritional Counseling
	Outpatient Hospital Services
	Swimming Lessons (Drowning Prevention)
	Therapy - Art
	Therapy – Equine
	Therapy – Pet
	Vaccine – Tdap
	Vaccine – Influenza
	Vaccine – Shingles
	Vaccine – Pneumonia
	Waived Copayments
	Assessment/Evaluation Services – Behavioral
	Intensive Outpatient Treatment – Behavioral
	Behavioral Health Day Services/Day Treatment
	Behavioral Health Screening Services
	Behavioral Health Medical Services (Verbal Interaction)
	Behavioral Health Medical Services (Medication Management)
	Behavioral Health Medical Services (Drug Screening)
	Computerized Cognitive Behavioral Analysis
	Medication Assisted Treatment Services
	Psychosocial Rehabilitation
	Substance Abuse Treatment or Detoxification Services (Outpatient)
	Therapy/Psychotherapy (Individual/Family)

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<b>TABLE 3B: APPROVED EXPANDED BENEFITS – CHILD WELFARE</b>	
	Therapy/Psychotherapy (Group)
	Therapeutic Behavioral On-Site Services
	Targeted Case Management
	Acupuncture
	Chiropractic Services
	Massage Therapy
	Assisted Living Facility/Adult Family Care Home – Bed Hold Days
	Transition Assistance – Nursing Facility to Community Setting
	Individual Therapy Sessions for Caregivers
	Vaccine – Hepatitis B
	Vaccine – HPV
	Vaccine – Meningococcal
	Care Grants
	Transition Assistance for Youth Aging Out
	Life Skills Development

**II. Manner of Service Provision**

**A. Plan Qualification**

The Managed Care Plan is approved to provide contracted services as a qualified entity under s 409.962(7), F.S., as denoted by “X” in the Plan Qualification Table, Table 4, below.

<b>TABLE 4: PLAN QUALIFICATION</b>	
	Health Maintenance Organization (HMO)
	Provider Service Network (PSN)
	Exclusive Provider Organization (EPO)
	Accountable Care Organization (ACO)
	Other Insurer

**B. Plan Type**

The Managed Care Plan is approved to provide contracted services as one or more of four plan types, denoted by authorized region(s) in the SMMC Plan Type Table, Table 5, below, to enrollees of the applicable SMMC program(s) in the authorized region(s) specified in Table 1.

(1) MMA Managed Care Plans are those plans that provide covered services specified in the MMA Exhibit, including those covered under s. 409.973(1)(a) through (cc), F.S.



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- (2) Long-term Care Plus Plans are those plans that provide covered services specified in the MMA Exhibit, including those covered under s. 409.973(1)(a) through (cc), F.S. and in the LTC Exhibit, including those covered under s. 409.98(1) through (19), F.S. This plan type is not eligible to provide services to recipients who are only eligible for MMA services.
- (3) Comprehensive LTC Plans are those plans that provide services described in s. 409.973, F.S., and also provide the services described in s. 409.98, F.S.
- (4) Specialty Plans are those plans that provide covered services specified in the MMA Exhibit, including those covered under s. 409.973(1)(a) through (cc), F.S., only to eligible recipients defined as a specialty population in the **Attachment II and its Exhibits**.

<b>TABLE 5: SMMC PLAN TYPE</b>		
<b>Region</b>	<b>SMMC Program</b>	
	<b>MMA/LTC</b>	<b>Specialty</b>
Region 1		
Region 2		
Region 3		
Region 4		
Region 5		
Region 6		
Region 7		
Region 8		
Region 9		
Region 10		
Region 11		

**C. Value-Based Purchasing Performance Targets**

The Managed Care Plan shall achieve performance targets related to value-based purchasing (VBP) arrangements with primary care providers (PCPs). Value-based purchasing performance targets are contained in **Exhibit I-E**, Value-Based Purchasing Performance Targets, of this Attachment. Performance targets shall be in accordance with **Attachment II and its Exhibits**.

**D. Quality Benchmarks Statewide Targets**

The Managed Care Plan shall meet the following performance targets contained in **Exhibit I-F**, Quality Benchmarks Statewide Targets, in accordance with **Attachment II and its Exhibits**; the ITN(s), including all addenda; the Vendor’s response to the ITN(s), and information provided through negotiations.

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**III. Method of Payment**

**A. Total Contract Amount**

The Agency shall make payment, in a total dollar amount not to exceed **\$XX,XXX,XXX.xx** to the Managed Care Plan in accordance with **Attachment II and its Exhibits**. The Agency shall make payments through its fiscal agent using the Medicaid Provider Identification Numbers specified in **Exhibit I-B**.

**B. Managed Care Plan Rates-Not for Use Unless Approved by CMS**

The capitation rate payment shall be in accordance with **Attachment II and its Exhibits**. The capitation rates are contained in **Exhibit I-C**, Managed Care Plan Rates - Not for Use Unless Approved by CMS of this Attachment.

**C. Kick Payment Rates for Covered Obstetrical Delivery Services – Not for Use Unless Approved by CMS**

The kick payment rates shall be in accordance with **Attachment II and its Exhibits**. Kick Payment Rates for Covered Obstetrical Delivery Services are contained in **Exhibit I-D**, Kick Payment Rates for Covered Obstetrical Delivery Services – Not for Use Unless Approved by CMS of this Attachment.

**D. Public Emergency Medical Transportation Provider Uniform Increase Payments – Not for Use Unless Approved by CMS**

The per-member per-month (PMPM) rates for payment of qualified public emergency medical transportation providers shall be in accordance with **Attachment II and its Exhibits**. The Public Emergency Medical Transportation Provider Uniform Increase Payments – Not for Use Unless Approved by CMS are contained in **Exhibit I-G** of this Attachment.

**E. Faculty Plans of Florida Medical School Faculty Physician Groups Rates – Not for Use Unless Approved by CMS**

The per-member per-month (PMPM) rates for payment of Florida medical school faculty physician groups shall be in accordance with **Attachment II and its Exhibits**. The PMPM rates are contained in **Exhibit I-H**, E.Faculty Plans of Florida Medical School Faculty Physician Groups Rates – Not for Use Unless Approved by CMS, of this Attachment.

**F. Florida Cancer Hospital Minimum Fee Schedule Rates – Not for Use Unless A Approved by CMS**

The per-member per-month (PMPM) rates for payment of Florida cancer hospitals shall be in accordance with **Attachment II and its Exhibits**. The PMPM rates are contained in

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**Exhibit I-I**, Florida Cancer Hospital Minimum Fee Schedule Rates – Not for Use Unless Approved by CMS, of this Attachment.

**G. MMA Physician Incentive Program (MPIP) Plan Summary**

The Managed Care Plan shall reimburse qualified physicians in accordance with **Attachment II and its Exhibits**. The MMA Physician Incentive Program (MPIP) Plan Summary is described in **Exhibit I-J** of this Attachment.

**H. Hospital Inpatient and Outpatient Exemption Payments – Not for Use Unless Approved by CMS**

The per-member per-month (PMPM) rates for payment of inpatient and outpatient exemption payments for qualified hospitals shall be in accordance with **Attachment II and its Exhibits**. The Hospital Inpatient and Outpatient Exemption Payments – Not for Use Unless Approved by CMS are contained in **Exhibit I-K** of this Attachment.

**I. Hospital Uniform Percentage Increase Payments-Not for Use Unless Approved by CMS**

The uniform percentage increase amounts for the hospital uniform percentage increase payments for qualified hospitals shall be in accordance with **Attachment II and its Exhibits**. The Hospital Uniform Percentage Increase Payments-Not for Use Unless Approved by CMS are contained in **Exhibit I-L** of this Attachment.

**J. COVID-19 Vaccine Administration Fee Rates – Not for Use Unless Approved by CMS**

The Managed Care Plan shall reimburse for vaccine administration in accordance with **Attachment II and its Exhibits**. The COVID-19 vaccine administration codes and rates are described in **Exhibit I-M**, COVID-19 Vaccine Administration Fee Rates-Not for Use Unless Approved by CMS, of this Attachment.

**IV. Special Provisions**

**A. Order of Precedence**

(1) For all applicable regions as specified in Table 1: Authorized Regions, the Managed Care Plan shall perform its contracted duties in accordance with this Contract, the ITN(s), including all addenda and the Vendor's response to the ITN(s). In the event of conflict among Contract documents, any identified inconsistency in this Contract shall be resolved by giving precedence in the following order:

- a. This Contract, including all attachments;
- b. The ITN(s), including all addenda; and

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- c. The Vendor’s response to the ITN(s), including information provided through negotiations.

**B. Plan-Specific Commitments**

The Managed Care Plan shall perform the program enhancements in accordance with **Attachment II and its Exhibits**. The Managed Care Plan’s Plan-Specific Commitments are described in **Exhibit I-N**, Plan-Specific Commitments, of this Attachment.

**C. Special Terms and Conditions**

The Managed Care Plan shall furnish to the Agency a performance bond in the amount of **\$XX,XXX,XXX.xx** in accordance with **Attachment II**, Section XV.W. of this Contract. The total performance bond amount is specified in the Total Performance Bond Amount Table, Table 6, below:

<b>TABLE 6: TOTAL PERFORMANCE BOND AMOUNT</b>		
<b>Awarded Region</b>	<b>Plan Type</b>	<b>Performance Bond Amount</b>
1	Comprehensive LTC Plan	\$X,XXX,XXX.00
2	Comprehensive LTC Plan	\$X,XXX,XXX.00
3	Comprehensive LTC Plan	\$X,XXX,XXX.00
4	Comprehensive LTC Plan	\$X,XXX,XXX.00
5	Comprehensive LTC Plan	\$X,XXX,XXX.00
6	Comprehensive LTC Plan	\$X,XXX,XXX.00
7	Comprehensive LTC Plan	\$X,XXX,XXX.00
8	Comprehensive LTC Plan	\$X,XXX,XXX.00
9	Comprehensive LTC Plan	\$X,XXX,XXX.00
10	Comprehensive LTC Plan	\$X,XXX,XXX.00
11	Comprehensive LTC Plan	\$X,XXX,XXX.00
<b>Total Performance Bond Amount:</b>		<b>\$YY,YYY,YYY.00</b>

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**EXHIBIT I-A - UPDATE: SEPTEMBER 1, 2021**

**APPROVED EXPANDED BENEFITS COVERAGE AND LIMITATIONS**

<b>APPROVED EXPANDED BENEFITS COVERAGE AND LIMITATIONS COMPREHENSIVE</b>	
<b>Approved Benefit</b>	<b>Approved Limitations</b>
General Expanded Benefits	
Name of Approved Expanded Benefit	Approved Limitations for Approved Expanded Benefit

All expanded benefits are in excess of benefits specified in the Medicaid State Plan.

The Managed Care Plan may require enrollees to use an established network of providers, approved by the Agency, to obtain expanded benefits under this Contract.

Unless otherwise specified in this Exhibit, expanded benefits are not subject to prior authorization or co-payment charges.

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**EXHIBIT I-B - UPDATE: SEPTEMBER 1, 2021**

**MEDICAID PROVIDER IDENTIFICATION NUMBERS**

<b>MEDICAID PROVIDER IDENTIFICATION NUMBERS</b>			
<b>Region</b>	<b>MMA</b>	<b>LTC</b>	<b>Specialty</b>
1	1000000-01	1000000-01	1000000-01
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

The Agency will provide Medicaid Provider Identification Numbers to the Managed Care Plan subsequent to the Agency's completion of a plan-specific readiness review and prior to enrolling recipients in the Managed Care Plan in each authorized region.

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**EXHIBIT I-C - UPDATE: SEPTEMBER 1, 2021**

**MANAGED CARE PLAN RATES – NOT FOR USE UNLESS APPROVED BY CMS**

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**EXHIBIT I-D – UPDATE: SEPTEMBER 1, 2021**

**KICK PAYMENT RATES FOR COVERED OBSTETRICAL DELIVERY SERVICES –  
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**EXHIBIT I-E- UPDATE: SEPTEMBER 1, 2021  
VALUE-BASED PURCHASING PERFORMANCE TARGETS**

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**EXHIBIT I-F - UPDATE: SEPTEMBER 1, 2021**

**QUALITY BENCHMARKS STATEWIDE TARGETS**

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**EXHIBIT I-G – UPDATE: SEPTEMBER 1, 2021**

**PUBLIC EMERGENCY MEDICAL TRANSPORTATION PROVIDER UNIFORM INCREASE  
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**EXHIBIT I-H – UPDATE: SEPTEMBER 1, 2021**

**FACULTY PLANS OF FLORIDA MEDICAL SCHOOL FACULTY PHYSICIAN GROUPS RATES –  
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**FLORIDA CANCER HOSPITAL MINIMUM FEE SCHEDULE RATES – NOT FOR USE UNLESS APPROVED BY CMS**

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**EXHIBIT I-J - UPDATE: SEPTEMBER 1, 2021**

**MMA PHYSICIAN INCENTIVE PROGRAM (MPIP) PLAN SUMMARY**

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**HOSPITAL INPATIENT AND OUTPATIENT EXEMPTION PAYMENTS – NOT FOR USE UNLESS APPROVED BY CMS**

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**HOSPITAL UNIFORM PERCENTAGE INCREASE PAYMENTS –NOT FOR USE UNLESS APPROVED BY CMS**

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**EXHIBIT I-M – UPDATE: SEPTEMBER 1, 2021**

**COVID-19 VACCINE ADMINISTRATION FEE RATES- NOT FOR USE UNLESS APPROVED BY CMS**

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**PLAN-SPECIFIC COMMITMENTS**

<b>PLAN-SPECIFIC COMMITMENTS COMPREHENSIVE LTC</b>				
<b>Region(s)</b>	<b>Program Area</b>	<b>Commitment (Description)</b>	<b>Important Milestones</b>	<b>Target Date(s) for Completion</b>

**PLAN-SPECIFIC SERVICE LEVEL COMMITMENTS**