

AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) Program

Monthly Base Rates for all LTC Plans, except Amerigroup, Sunshine, and United Healthcare

Effective Date: September 1, 2014 to August 31, 2015
NOT FOR USE UNLESS APPROVED BY CMS

Region	Certified Non-HCBS Rate ¹	Certified HCBS Rate ¹	HCBS Transition ²	CHRP ³
01	\$5,336.75	\$1,213.06	2.00%	\$15.15
02	\$5,336.75	\$872.37	2.00%	\$26.87
03	\$5,336.75	\$1,213.06	2.00%	\$5.42
04	\$5,336.75	\$1,213.06	2.00%	\$18.85
05	\$5,428.77	\$1,288.56	2.00%	\$15.46
06	\$5,336.75	\$1,288.56	2.00%	\$15.86
07	\$5,428.77	\$1,288.56	2.00%	\$40.69
08	\$6,019.94	\$1,403.38	2.00%	\$24.73
09	\$6,019.94	\$1,553.83	2.00%	\$20.26
10	\$5,978.49	\$1,403.38	2.00%	\$6.36
11	\$5,978.49	\$1,403.38	2.00%	\$8.96

Rates are on a per member per month (PMPM) basis and net of patient liability.

This table applies to all LTC plans, except Amerigroup, Sunshine, and United Healthcare who have Patient Directed Option (PDO) rate components.

1. Home and Community-Based Service (HCBS)

2. The required 2% transition from Non-HCBS to HCBS will be adjusted each month, to avoid weighting HCBS at more than 65%, in the calculation of the final blended rate.

3. On a monthly basis, the Agency will pay each LTC plan a "final blended rate" by region. The PDO (Patient Directed Option) component will first be blended with the HCBS rate and the CHRP (Community High Risk Pool) component will be deducted, to calculate the HCBS base rate. The PDO blend is based on the plan's own legacy CDC+ (Consumer Directed Care) population as of September 1, 2014, and this blended HCBS rate will be in effect for the entire rate period; the CHRP may be updated throughout the year. The HCBS base rate will then be blended with the Non-HCBS base rate, based on each plan's monthly enrollment mix, adjusted by the agency-required transition percent. The Agency will send an email to LTC plans regarding each plan's actual final blended rate on a monthly basis.

AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) Program

Monthly Base Rates for Amerigroup Florida Only

Effective Date: September 1, 2014 to August 31, 2015
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Region	Certified Non-HCBS Rate ¹	Certified HCBS Rate ¹	HCBS Transition ²	CHRP ³	Certified PDO Rate ³
10	\$5,978.49	\$1,403.38	2.00%	\$6.36	\$2,140.36
11	\$5,978.49	\$1,403.38	2.00%	\$8.96	\$2,140.36

Rates are on a per member per month (PMPM) basis and net of patient liability.

This table applies to Amerigroup Florida only.

1. Home and Community-Based Service (HCBS)

2. The required 2% transition from Non-HCBS to HCBS will be adjusted each month, to avoid weighting HCBS at more than 65%, in the calculation of the final blended rate.

3. On a monthly basis, the Agency will pay each LTC plan a "final blended rate" by region. The PDO (Patient Directed Option) component will first be blended with the HCBS rate and the CHRP (Community High Risk Pool) component will be deducted, to calculate the HCBS base rate. The PDO blend is based on the plan's own legacy CDC+ (Consumer Directed Care) population as of September 1, 2014, and this blended HCBS rate will be in effect for the entire rate period; the CHRP may be updated throughout the year. The HCBS base rate will then be blended with the Non-HCBS base rate, based on each plan's monthly enrollment mix, adjusted by the agency-required transition percent. The Agency will send an email to LTC plans regarding each plan's actual final blended rate on a monthly basis.

AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) Program

Monthly Base Rates for Sunshine State Health Plan Only

Effective Date: September 1, 2014 to August 31, 2015
NOT FOR USE UNLESS APPROVED BY CMS

Region	Certified Non-HCBS Rate ¹	Certified HCBS Rate ¹	HCBS Transition ²	CHRP ³	Certified PDO Rate ³
01	\$5,336.75	\$1,213.06	2.00%	\$15.15	\$2,261.56
03	\$5,336.75	\$1,213.06	2.00%	\$5.42	\$2,261.56
04	\$5,336.75	\$1,213.06	2.00%	\$18.85	\$2,261.56
05	\$5,428.77	\$1,288.56	2.00%	\$15.46	\$2,261.56
06	\$5,336.75	\$1,288.56	2.00%	\$15.86	\$2,261.56
07	\$5,428.77	\$1,288.56	2.00%	\$40.69	\$2,261.56
08	\$6,019.94	\$1,403.38	2.00%	\$24.73	\$2,261.56
09	\$6,019.94	\$1,553.83	2.00%	\$20.26	\$2,261.56
10	\$5,978.49	\$1,403.38	2.00%	\$6.36	\$2,261.56
11	\$5,978.49	\$1,403.38	2.00%	\$8.96	\$2,261.56

Rates are on a per member per month (PMPM) basis and net of patient liability.

This table applies to Sunshine State Health Plan only.

1. Home and Community-Based Service (HCBS)

2. The required 2% transition from Non-HCBS to HCBS will be adjusted each month, to avoid weighting HCBS at more than 65%, in the calculation of the final blended rate.

3. On a monthly basis, the Agency will pay each LTC plan a "final blended rate" by region. The PDO (Patient Directed Option) component will first be blended with the HCBS rate and the CHRP (Community High Risk Pool) component will be deducted, to calculate the HCBS base rate. The PDO blend is based on the plan's own legacy CDC+ (Consumer Directed Care) population as of September 1, 2014, and this blended HCBS rate will be in effect for the entire rate period; the CHRP may be updated throughout the year. The HCBS base rate will then be blended with the Non-HCBS base rate, based on each plan's monthly enrollment mix, adjusted by the agency-required transition percent. The Agency will send an email to LTC plans regarding each plan's actual final blended rate on a monthly basis.

AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) Program

Monthly Base Rates for United Healthcare Only

Effective Date: September 1, 2014 to August 31, 2015
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Region	Certified Non-HCBS Rate ¹	Certified HCBS Rate ¹	HCBS Transition ²	CHRP ³	Certified PDO Rate ³
02	\$5,336.75	\$872.37	2.00%	\$26.87	\$2,528.63
03	\$5,336.75	\$1,213.06	2.00%	\$5.42	\$2,528.63
04	\$5,336.75	\$1,213.06	2.00%	\$18.85	\$2,528.63
05	\$5,428.77	\$1,288.56	2.00%	\$15.46	\$2,528.63
06	\$5,336.75	\$1,288.56	2.00%	\$15.86	\$2,528.63
07	\$5,428.77	\$1,288.56	2.00%	\$40.69	\$2,528.63
08	\$6,019.94	\$1,403.38	2.00%	\$24.73	\$2,528.63
09	\$6,019.94	\$1,553.83	2.00%	\$20.26	\$2,528.63
11	\$5,978.49	\$1,403.38	2.00%	\$8.96	\$2,528.63

Rates are on a per member per month (PMPM) basis and net of patient liability.

This table applies to United Healthcare only.

1. Home and Community-Based Service (HCBS)

2. The required 2% transition from Non-HCBS to HCBS will be adjusted each month, to avoid weighting HCBS at more than 65%, in the calculation of the final blended rate.

3. On a monthly basis, the Agency will pay each LTC plan a "final blended rate" by region. The PDO (Patient Directed Option) component will first be blended with the HCBS rate and the CHRP (Community High Risk Pool) component will be deducted, to calculate the HCBS base rate. The PDO blend is based on the plan's own legacy CDC+ (Consumer Directed Care) population as of September 1, 2014, and this blended HCBS rate will be in effect for the entire rate period; the CHRP may be updated throughout the year. The HCBS base rate will then be blended with the Non-HCBS base rate, based on each plan's monthly enrollment mix, adjusted by the agency-required transition percent. The Agency will send an email to LTC plans regarding each plan's actual final blended rate on a monthly basis.