



For Immediate Release
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Gov. Rick Scott Announces Florida Receives Final Waiver Approval for Managed Medical Assistance Program

- 1115 waiver allows for enhanced consumer protections, quality of care and access for Floridians-

TALLAHASSEE, Fla.— Gov. Rick Scott today announced the federal Centers for Medicare & Medicaid Services (CMS) gave final approval to amend the 1115 waiver demonstration, which allows the state to extend an improved model of managed care to all counties in Florida and will require managed care for certain populations. In addition, program operations and safeguards have been enhanced as this waiver amendment allows the state to improve upon the managed care model originally developed for the five-county reform demonstration that began in 2006.

Gov. Rick Scott said, “Florida is leading the nation in improving cost, quality and access in the Medicaid program. CMS’s final approval of our Medicaid managed care waiver is a huge win for Florida families because it will improve the coordination of care throughout the Medicaid system. Healthcare providers can now more effectively manage chronic conditions and work with families to provide preventative treatments. When I met with HHS Sec. Sebelius in DC, I underscored how important it was for Florida to have increased flexibility in our Medicaid program by granting us the ability to utilize private insurers and other innovative providers. With this long awaited waiver, we will be able to provide Medicaid users with quality, value-based and patient centered care.”

Moving from a fee-for-service system to the Managed Medical Assistance (MMA) program increases consumer protections as well as quality of care and access for Floridians in many ways including:

- Increases recipient participation on Florida’s Medical Care Advisory Committee and convenes smaller advisory committees to focus on key special needs populations;

- For individuals changing plans in this transition, it ensures the continuation of services until the primary care or behavioral health provider reviews the recipient's treatment plan (no more than 60 calendar days after the effective date of enrollment);
- Ensures recipient complaints, grievances and appeals are reviewed immediately for resolution as part of the rapid cycle response system;
- Replaces the Enhanced Benefits Accounts program with Healthy Behaviors programs to encourage and reward healthy behaviors and, at a minimum, requires plans offer a medically approved smoking cessation program, a medically directed weight loss program and a substance abuse treatment plan;
- Requires Florida's External Quality Assurance Organization to validate each plan's encounter data at least every three years;
- Establishes health plan report cards for recipients to ensure that they will have access to understandable summaries of quality, access and timeliness regarding the performance of each participating managed care plan;
- Establishes plan performance improvement projects that focus on six key areas with the goal of achieving improved patient care, population health and reducing per capita Medicaid expenditure;
- Enhances metrics on plan quality and access to care to improve plan accountability; and
- Creates and implements a comprehensive state Medicaid quality strategy to focus on all aspects of quality improvement in Medicaid.

The Agency for Healthcare Administration continues to move forward according to schedule with the competitive procurement of Managed Medical Assistance plans. The MMA program is tentatively scheduled to begin enrolling individuals in April 2014 and is anticipated to have approximately 2.9 million recipients when fully implemented.

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