



## Statewide Medicaid Managed Care (SMMC) New Program Highlight: Prescribed Pediatric Extended Care (PPEC)

The Agency for Health Care Administration (Agency) contracts with health and dental plans to provide Medicaid services to health plan enrollees. The Agency recently entered into new contracts with health and dental plans that will greatly benefit enrollees and providers. This document is part of a series that highlights the program changes in the new Statewide Medicaid Managed Care (SMMC) health and dental plan contracts. **Under the new contracts, recipients receiving Prescribed Pediatric Extended Care (PPEC) services will receive an assignment to a health plan for their Medicaid state plan services. Recipients have the ability to disenroll from managed care and choose to stay in fee-for-service at any time and can do so easily by phone or online.**

The Agency will transition to the new contracts in February of 2025. The plans will operate in 9 Regions throughout the state.

Region	Counties
<b>A</b>	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington
<b>B</b>	Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia
<b>C</b>	Pasco and Pinellas
<b>D</b>	Hardee, Highlands, Hillsborough, Manatee, and Polk
<b>E</b>	Brevard, Orange, Osceola, and Seminole
<b>F</b>	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
<b>G</b>	Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
<b>H</b>	Broward
<b>I</b>	Miami-Dade and Monroe

Florida Medicaid has a program called the Managed Medical Assistance (MMA) program. This program provides Medicaid state plan services through a health plan.

Florida Medicaid reimburses for prescribed pediatric extended care (PPEC) services under its Medicaid State plan. PPEC centers allow Medicaid eligible children from birth through age 20 with medically complex conditions to receive continual medical care in a non-residential setting.

Medicaid recipients that receive PPEC services are **not** required to enroll in the MMA program – they are “voluntary” for this program. This means that they can choose to enroll in an MMA plan or continue to receive their Medicaid State Plan services from the fee-for-service (FFS) delivery system. Currently, 75% of Medicaid recipients receiving PPEC services are enrolled in an MMA plan.

Under the new phase of SMMC, all voluntary recipients, including recipients receiving PPEC services, will be **automatically assigned** to an MMA plan and will receive a letter in the mail explaining this upcoming change.

### ***What does this mean for Medicaid recipients of PPEC services?***

Recipients receiving PPEC will receive a letter assigning them to an MMA plan.

Choosing to enroll in an MMA plan will not affect a recipient’s PPEC services. PPEC services are reimbursed outside of managed care (i.e. “carved out”) for recipients in FFS or managed care.

**Recipients receiving PPEC services may choose to remain in FFS Medicaid by “opting out” of managed care anytime by contacting the Agency.**

**What will change for recipients of PPEC services if they currently receive their Medicaid state plan services through FFS?**

- If the recipient does not contact the Agency to choose FFS, they will be enrolled in an MMA plan for their Medicaid state plan services.
- Recipients who choose an MMA plan can disenroll from the MMA plan at any time and return to FFS, for any reason.
- Recipients who choose not to enroll in an MMA plan will continue to receive all of their medical state plan services through FFS.

**What stays the same for recipients of PPEC services if they already receive services from a Medicaid health plan?**

- **EVERYTHING!** The recipient will continue to receive their Medicaid State Plan services through a health plan and PPEC services through FFS.

**Why would recipients receiving PPEC services choose to enroll in a Medicaid health plan, if they do not have to?**

- MMA plans provide enhanced care coordination for Medicaid State Plan services, helping recipients get the health care they need.
- Recipients continue to receive PPEC services through FFS and state plan services through their MMA plan including even more services called expanded benefits such as:
  - ✓ Over the Counter (OTC) medications
  - ✓ Cell phone and service
  - ✓ Food assistance
  - ✓ Tutoring and educational supports
  - ✓ Art, Equine and Pet therapy
  - ✓ And many more!

	Reimbursement if in FFS	Reimbursement if in MMA
PPEC Services	Fee-For-Service	Fee-For-Service
All other State Plan Services	Fee-For-Service	Managed Care
Expanded Benefits	Not Available	Bonus!: Only Through Managed Care

**What should a recipient do if they do not want to enroll in a Medicaid health plan?**

**SIMPLE!** Recipients should contact the Agency any time to choose to disenroll from the assigned plan. Visit [flsmmc.com](http://flsmmc.com) or contact staff by phone 8am to 7pm EST at 1-877-711-3662.

What to Expect:	
Late September 2024	The Agency will mail all voluntary Florida Medicaid recipients a letter explaining that the Statewide Medicaid Managed Care program is transitioning and that they will need to either select a managed care, opt not to enroll in a managed care plan, or be automatically enrolled in a managed care plan.
Mid-November 2024 (Regions F-I)	The Agency will inform all recipients of their managed care plan assignments via letter, which will include additional information on how to disenroll or change plans if desired. Recipients may change their assigned plan by visiting <a href="http://flsmmc.com">flsmmc.com</a> or calling 1-877-711-3662.
Early December 2024 (Regions A-E)	
February 1, 2025	Voluntary recipients who have opted to enroll in a managed care plan will begin receiving their Florida Medicaid services through the Statewide Medicaid Managed Care program.