



Statewide Medicaid Managed Care Dental Program Overview

October 2018



The Dental Component of the Statewide Medicaid Managed Care Program

- Beginning in December 2018, Medicaid recipients will have a new way of receiving dental services:
 1. All eligible recipients will be required to select a dental plan for their dental services.
 2. Each recipient will have a dental plan that will be responsible for their dental services.
 - Recipients will no longer receive dental services through their health plan.
 - Recipients enrolled in the fee-for-service program will no longer receive dental services through fee-for-service.



The Dental Component of the Statewide Medicaid Managed Care Program

- The purpose of this training is to provide information:
 - About the services provided by the dental plans
 - About which recipients must enroll in a dental plan
 - About the program enhancements in the new dental plans
 - To providers about interacting with the dental plans



Evolution of Florida Medicaid Dental Services



2014
Phase 1:

- Statewide Medicaid Managed Care (SMMC): Fully Integrates Medical Care, **Dental**, Behavioral and Transportation into Managed Care (statewide)
- Fee-for-service dental services

2016- Florida Legislature directs the Agency to “carve out” dental services from the Managed Medical Assistance plans.

2019
Phase 2:

- Statewide Medicaid Managed Care: Fully Integrates Medical Care, Long-Term Care, Behavioral and Transportation into Managed Care (statewide).
- No fee-for-service dental services

Implementation of dental plans



What is Changing?



Two Program Components:

- Managed Medical Assistance (MMA) Program (includes dental services)
- Long-term Care (LTC) Program

Two Program Components:

- Integrated MMA and LTC
- **Dental**

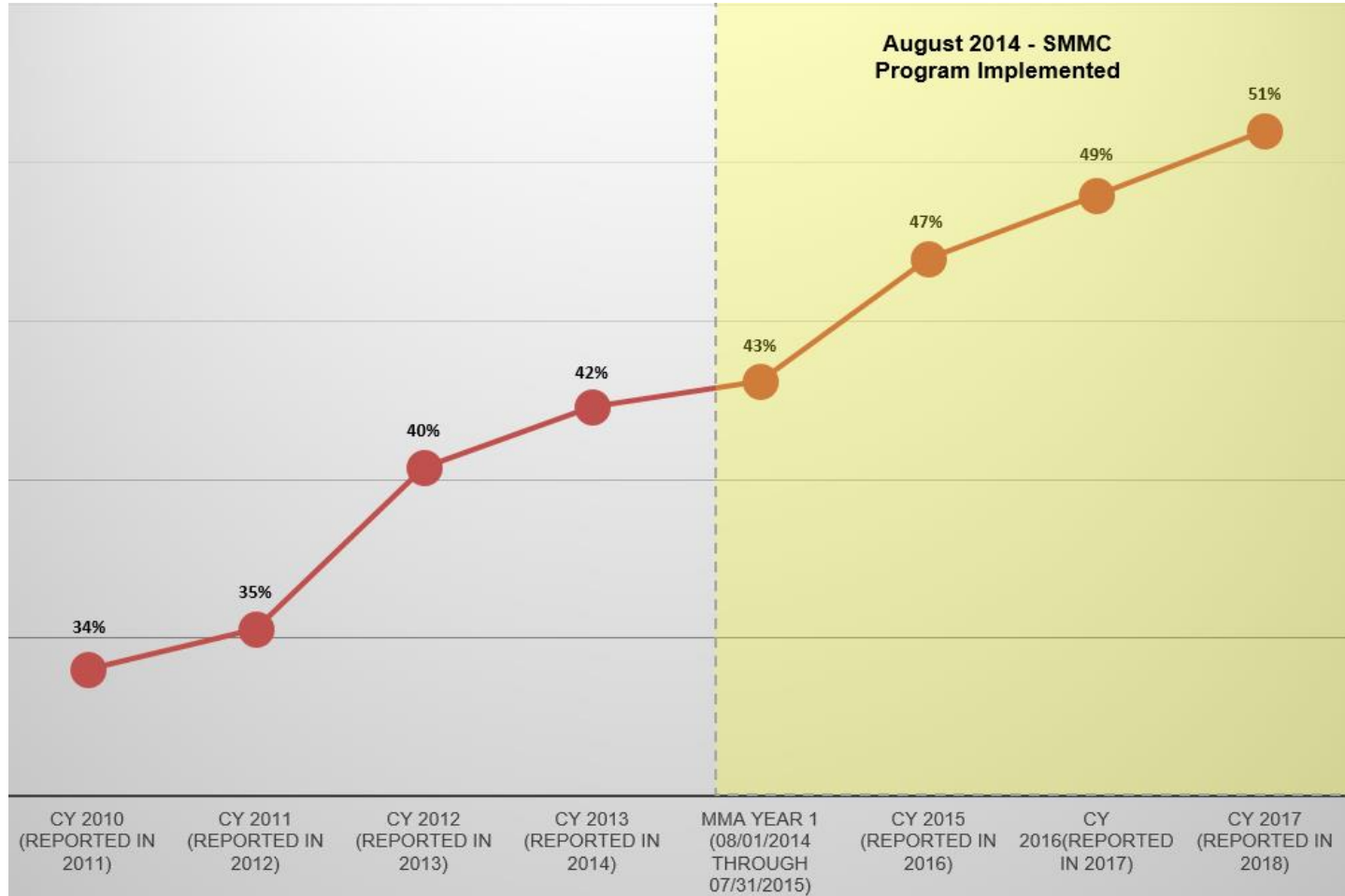


Continued Commitment to Quality

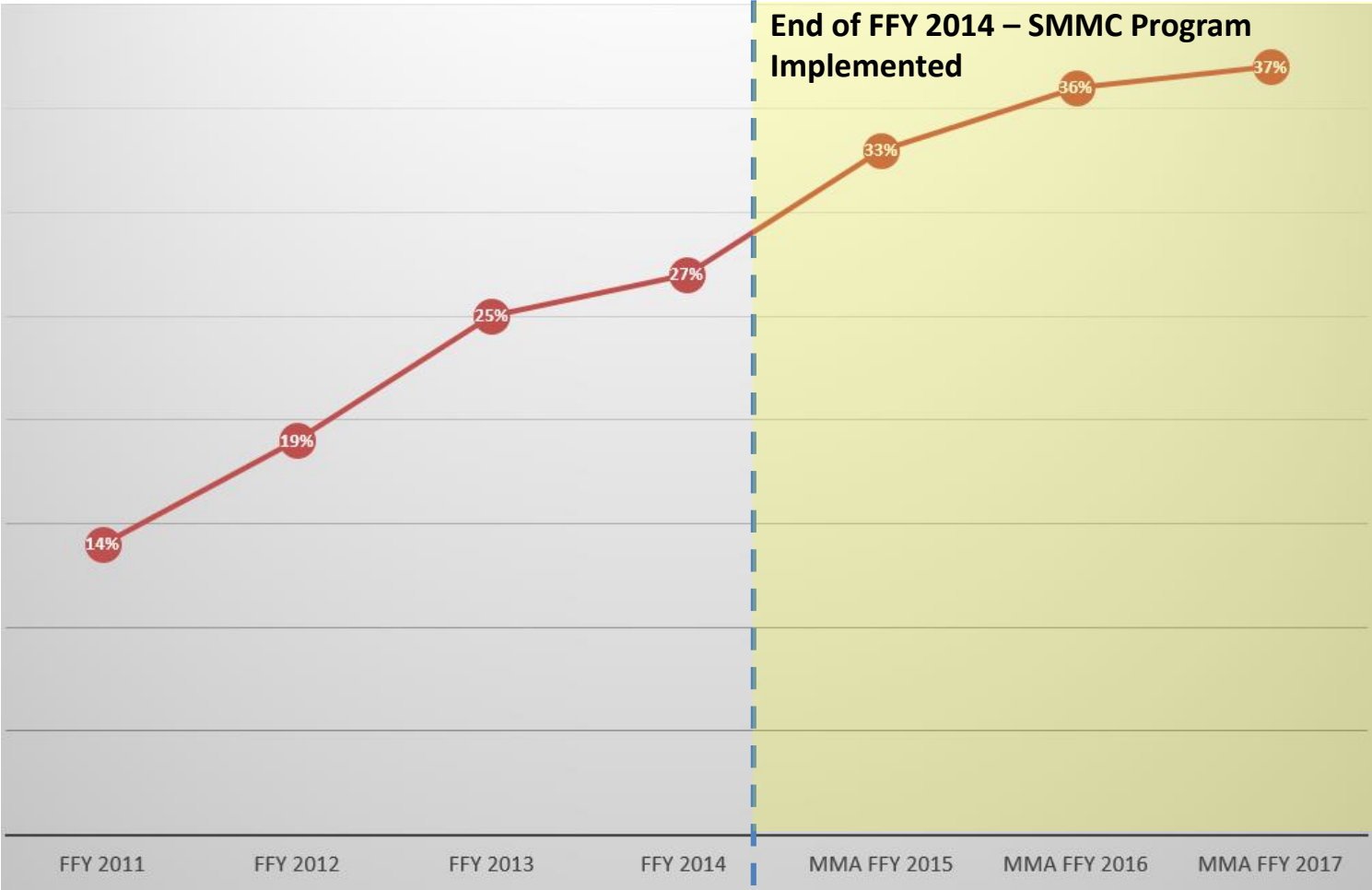
- All plans under the SMMC program are held to the highest standards of quality, access, and accountability, including the dental plans.
 - Quality benchmarks
 - Provider network standards
 - Access standards
 - Compliance levers, including liquidated damages, sanctions
 - Stakeholder engagement



HEDIS Annual Dental Visit: Major Gains Under Statewide Medicaid Managed Care Continue



Preventive Dental Services for Children: Major Gains Under Statewide Medicaid Managed Care



***Note: Calendar Year 2014 was a transition year between Florida’s prior managed care delivery system and the SMMC program implementation.**



Dental Plans Commit to Higher Performance

Potentially Preventable Dental Related Events

- 5% average reduction in Potentially Preventable Dental Related Emergency Department Visits (Year 1)
 - 9% average reduction (Year 5)



Dental Plans Commit to Higher Performance

Improve Child Access to Dental Care

- **Annual Dental Visit**: An average 3% increase year-over-year above the annual target in the ITN
- **Preventive Dental**: An average 1% increase year-over-year above the annual target in the ITN



Dental Plans Commit to Higher Performance

Initial Oral Health Assessment

- **Oral Health Assessments**: Dental plans will complete oral health assessments on at least 50% of all children, pregnant women, and enrollees with developmental disabilities, within 60 days of their enrollment into the plan



Dental Plans Commit to Higher Performance

Performance Improvement Projects (PIPs)

- Dental plans commit to three PIPs:
 1. Increasing the rate of enrollees accessing preventive dental services
 2. Reducing potentially preventable dental-related Emergency Department visits
 3. Coordination of transportation services with the health plans (this is a joint PIP with the health plans)



Gains for Recipients

	Dental Plans
Access to Care When you Need it: Guaranteed access to after hours and weekend care and teledentistry where available	✓
Additional Network Providers: Access to Endodontists and providers offering sedation as medically necessary	✓
Best Benefit Package Ever: Additional benefits at no extra cost to the state. Extensive adult dental benefits offered by plans.	✓
Model Enrollee Handbook: Information and content has been standardized across all plans' enrollee handbooks for greater ease of use.	✓



Gains for Providers

	Dental Plans
Less Administrative Burden: High performing providers can bypass prior authorization	✓
Less Administrative Burden: Plans will complete credentialing for network contracts in 60 days	✓



Gains for Recipients & Providers

	Dental Plans
Prompt Authorization of Services: Plans will provide authorization decisions: <ul style="list-style-type: none">• Within 7 days of receipt of standard request.• Within 2 days of an expedited request.	✓
Smoother Process for Complaints, Grievances, and Appeals: Plans agreed not to delegate any aspect of the grievance system to subcontractors.	✓



Stakeholder Engagement

- Dental plans will:
 - Participate in Agency dental workgroups
 - Participate in statewide oral health coalition meetings focusing on improving access to services for Medicaid recipients



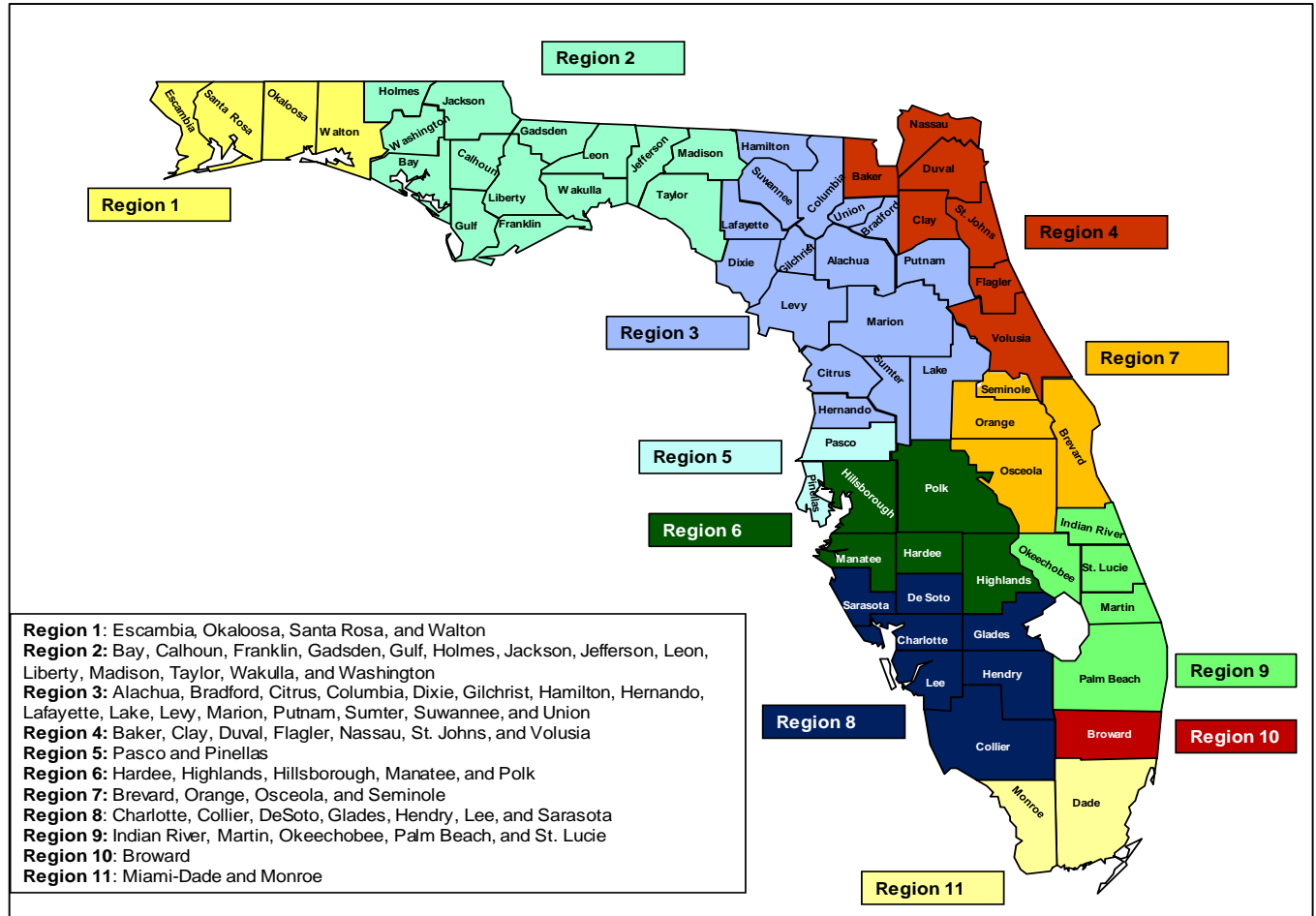
Commitment to Accountability

- For all of the performance standards in the contract, the Agency can impose penalties and incentives if the standards are not met, including:
 - Liquidated damages
 - Monetary sanctions
 - Enrollment freeze
 - Capitation withhold to provide incentives to top performing plans



Dental Plans will Operate Statewide

Dental plans will operate on a statewide basis. Each dental plan will operate in all regions of the state.



What Dental Plans will Provide Services?

- The Agency selected three dental plans to operate statewide:

SMMC Participating Dental Plans	
Known As:	Full Business Name:
DentaQuest	DentaQuest of Florida
LIBERTY	Liberty Dental Plan of Florida
MCNA Dental	Managed Care of North America

- This means that each recipient will have a choice among these three plans.



Who is Required to Enroll?



Who is Required to Enroll in Dental Plans?

- Dental Plans: Who must enroll?
 - **All** recipients who receive MMA services must also choose a dental plan.
 - **All** recipients who receive their medical services through the fee-for-service system must choose a dental plan, with very limited exceptions.
 - **This includes Medically Needy and iBudget enrollees**



Medically Needy Enrollees

- Under the Medically Needy program, Floridians who would be eligible for Medicaid except for their income can “spend down” to the Medicaid limit using qualified medical expenses.
- Once they spend down (meet their “share of cost”) each month, they are eligible for Medicaid services until the end of the month.
 - This includes dental services.
- Medically Needy recipients who meet their monthly share of cost will be enrolled into a dental plan at the point in the month when they meet their share of cost.
 - Eligibility for dental services through the plans lasts through the end of the month once share of cost is met.
- The Medically Needy recipient will be enrolled into that same plan each month that they meet their share of cost.



iBudget Enrollees

- Recipients enrolled in the iBudget waiver for people with developmental and intellectual disabilities will enroll in a dental plan.
- All people enrolled in iBudget waiver will receive a letter from the Medicaid program listing their dental plan.
- Contract requirements designed to help people with special health care needs include:
 - Network requirement for sedation dentistry
 - Comprehensive assessments
 - Direct access to a specialist
- Access to free, robust adult dental expanded benefits
- Practice acclimation for adults with intellectual disabilities offered as an expanded benefit



iBudget Enrollees

- iBudget enrollees receive all services under both the Medicaid state plan and as outlined in their waiver care plan.
- State plan and expanded dental benefits will now be received through the dental plan.
- Dental plans will provide extensive expanded benefits for adults (age 21 and older)
- The Agency has established a hierarchy for the responsibility for coverage of payment for dental benefits
 - Dental Plan: State Plan benefits
 - Dental Plan: Expanded benefits
 - iBudget Waiver



iBudget Enrollees

1. State Plan Dental Services

- The dental plan covers State Plan dental services.

2. Expanded Benefit Dental Services

- Expanded dental benefits pay after State Plan benefits have been exhausted.

3. iBudget Waiver Dental Services

- iBudget waiver covers all remaining dental services (or non-covered State Plan/expanded benefit services) after State Plan and expanded benefits have been exhausted.



Nursing Home Residents

- Nursing home residents who are enrolled in or eligible for the Managed Medical Assistance program currently receive dental benefits for adults as outlined in the State Plan.
- These residents will now be enrolled in a dental plan for those same services
 - These residents will now have access to robust adult dental expanded benefits at no cost to the enrollee
 - Dental providers must be in a dental plan network to be reimbursed by the Medicaid program (through the dental plan) for dental services provided to Medicaid nursing home residents



Dual Eligibility and Dental Plan Enrollment

Some Medicare/Medicaid dual eligibles **MAY** be required to enroll in a dental plan, depending on whether they have full Medicaid eligibility (full dual) and their choice of Medicare delivery system.

Dual Eligibility Group required to enroll in Dental?	Yes	No	Sometimes
Full Duals (QMB Plus)			✓
Partial Duals (SLMB, QI1, QMB)		✗	

Sometimes: If a FULL dual is enrolled in one of the below- Are they required to enroll in Dental?	Yes	No
Original Medicare (FFS Medicare)	✓	
Medicare Advantage Plan	✓	
D-SNP		✗
FIDE-SNP		✗
Freedom Specialty Plan (C-SNP)		✗

Who is **EXCLUDED** from the Dental Plans (May not enroll)?

- Recipients with a limited Medicaid benefit who do not currently receive any State Plan dental benefits, which includes:
 - Partial Dual eligibles (QMB, SLMB, QI1) for whom the State only pays Medicare cost sharing
 - Presumptively eligible pregnant women
 - Individuals eligible for emergency services only due to immigration status
 - Women who are eligible only for family planning services.



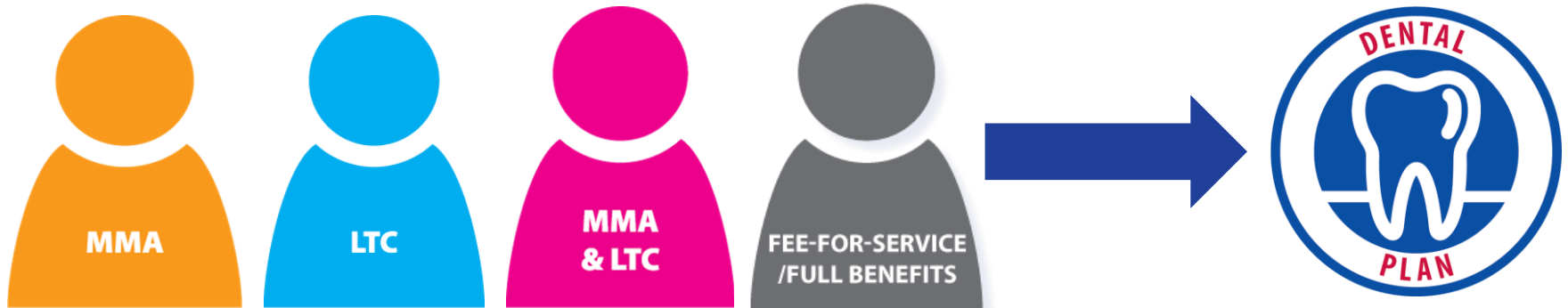
Who is **EXCLUDED** from the Dental Plans (May not enroll)?

- Recipients in institutions or programs where the Agency pays a per diem or all-inclusive rate that includes a component for dental, which includes:
 - State mental health hospital if under the age of 65
 - Residential treatment facility
 - Program of All-Inclusive Care for the Elderly enrollees
 - Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or a treatment facility as defined in s. 394.455(47), F.S.



REMINDER:

Recipient Types & Dental Plan Selection



ALL recipients must choose:
One dental plan in their region



What Services are Covered by the Dental Plan?

- **For children:** comprehensive dental care, including all medically necessary dental services.
- **For adults:** (1) State Plan dental services plus (2) expanded benefits offered by the dental plans.
 1. The State Plan dental services for adults are:
 - Dental exams (limited to emergencies and dentures)
 - Dental X-rays (limited)
 - Prosthodontics (dentures)
 - Extractions
 - Sedation
 - Ambulatory Surgical Center or Hospital-based Dental Services provided by a dentist
 2. Expanded benefit dental services



Extra Benefits Offered by the Dental Plans

- All three dental plans are offering the richest adult dental benefit package that Florida Medicaid has ever had.

Expanded Dental Benefits	DentaQuest	LIBERTY	MCNA
Preventive	✓	✓	✓
Diagnostic	✓	✓	✓
Restorative	✓	✓	✓
Periodontics	✓	✓	✓
Oral and Maxillofacial Surgery	✓	✓	✓
Adjunctive General Services	✓	✓	✓
Diabetic Testing	✓	✓	✓
Practice Acclimation for Adults with Intellectual Disabilities	✓	✓	✓



Dental Covered Services: State Plan

Service	Description	Coverage		Prior Authorization
		Children (ages 0-20)	Adults (ages 21+)	
Dental Exams	A review of your tooth, teeth, or mouth by a dentist	Yes	Yes	N/A
Dental Screenings	A review of your mouth by a dental hygienist	Yes	No	N/A
Dental X-rays	Internal pictures of teeth with different views	Yes	Yes	N/A
Teeth Cleanings	Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	Yes	No	N/A
Fluoride	A medicine put on teeth to make them stronger	Yes	No	N/A
Sealants	Thin, plastic coatings painted into the grooves of adult chewing surface teeth to help prevent cavities	Yes	No	N/A
Oral Health Instructions	Education on how to brush, floss, and keep your teeth healthy	Yes	No	N/A
Space Maintainers	A way to keep space in the mouth when a tooth is taken out or missing	Yes	No	N/A
Fillings and Crowns	A dental service to fix or repair teeth	Yes	No	N/A

Note: Additional descriptions of each service and information on the coverage/limitations can be found in the dental enrollee handbook.



Dental Covered Services: State Plan

Service	Description	Coverage		Prior Authorization
		Children (ages 0-20)	Adults (ages 21+)	
Root Canals	A dental service to fix the inside part of a tooth (nerve)	Yes	No	N/A
Periodontics	Deep cleanings that may involve both your teeth and gums	Yes	No	N/A
Prosthodontics	Dentures or other types of objects to replace teeth	Yes	Yes	Ask the dental plan for approval before you go to an appointment for these services
Orthodontics	Braces or other ways to correct teeth location	Yes	No	Ask the dental plan for approval before you go to an appointment for these services
Extractions	Tooth removal	Yes	Yes	N/A
Sedation	A way to provide dental services where a patient is asleep or partially asleep	Yes	Yes	N/A
Ambulatory Surgical Center or Hospital-based Dental Services	Dental services that cannot be done in a dentist office. These are services that need to be provided with different equipment and possibly different providers	Yes	Yes	Ask the dental plan for approval before you go to an appointment for these services

Note: Additional descriptions of each service and information on the coverage/limitations can be found in the dental enrollee handbook.



Dental Plan or Health Plan/FFS: Who covers what?

- The dental plans will be responsible for coverage of all dental services provided by a dentist or dental hygienist.
- Some services that are considered dental services will still be the responsibility of the Managed Medical Assistance plan (or the fee-for-service program if the recipient is not enrolled in an MMA plan)
- Prescription Drugs and Transportation are covered by the MMA plan or fee-for-service
- Care will be coordinated by the MMA and dental plans working together

NOTE: For Medically Needy and any other recipients who are NOT enrolled in MMA, the Medicaid FFS program will cover the items listed as "Health Plan Covers"



Dental Plan or MMA Health Plan/FFS: Who covers what?

Type of Dental Service(s)	Dental Plan Covers	MMA Plan/FFS Covers
Emergency dental services in a facility	---	All emergency dental services and reimbursement to the facility
Non-emergency (scheduled) dental services in a facility	Dental services by a dental provider	Reimbursement to the facility, anesthesiologist and ancillary services
Dental services with sedation in an office setting	Dental services by a dental provider with a required sedation permit D-codes when rendered by the dental provider	Anesthesiologist (MD or ARNP) when required for sedation
Dental services (general or specialty) without sedation in an office setting, County Health Department, or Federally Qualified Health Center	Dental services by a dental provider	Dental services provided by a non-dental provider
Pharmacy (Prescribed Drugs)	---	Drugs prescribed by a health care provider or a dental provider within scope of practice
Transportation	---	Transportation to all dental services provided by the dental or health plan, including expanded dental benefits

NOTE: For Medically Needy, ibudget and other recipients who are NOT enrolled in MMA, the Medicaid FFS program will cover the items listed as “Health Plan Covers”



Coordination with Health Plans

- It is critical that there be continual coordination between the health and dental plans to ensure enrollees access appropriate and high quality dental care. The following four contract requirements are designed to ensure constant coordination of services and all enrollees' health:
 1. Designated Employee: Dental plans will have a designated employee to serve as a point of contact for health plans in helping to resolve operational (i.e., sharing of data/information) and care coordination /issues, and will work directly with the Agency.



Coordination with Health Plans

2. Communication Strategy: Dental plans will work with the Agency and the health plans to foster enhanced communication, strategic planning, and collaboration in coordinating benefits.
3. Coordination of Benefits Agreement: Dental plans will enter into a coordination of benefits agreement with the health plans that includes data sharing and coordination protocols to support the provision of dental services.



Coordination with Health Plans

4. New performance measures:

- Dental plans must contact each enrollee who went to the Emergency Department within 7 days of discharge and implement strategies to ensure follow up care is obtained by enrollee.
- All dental plans will participate in the Florida Health Information Exchange Event Notification Service in order to be promptly notified when its enrollees access the emergency department.



How will the Transition to New Dental Plans Impact Recipients?

- All eligible recipients will be assigned to a dental plan
 - Can change plans if they choose
 - May contact Choice Counseling if they wish to make a different plan choice.



When will recipients be notified of the transition to dental plans?

- Recipients will receive letter approximately 45 days prior to the transition date for their region letting them know their dental plan assignment and transition date.

Phase	Transition Date	Recipient Letter Date	Regions	Counties
1	12/01/18	Mid-October	9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
			10	Broward
			11	Miami-Dade, Monroe
2	01/01/19	Mid-November	5	Pasco, Pinellas
			6	Hardee, Highlands, Hillsborough, Manatee, Polk
			7	Brevard, Orange, Osceola, Seminole
			8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota
3	02/01/19	Mid-December	1	Escambia, Okaloosa, Santa Rosa, Walton
			2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington
			3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union
			4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia



Recipient Notification

- As previously noted, almost all Medicaid recipients must enroll in a dental plan.
- Each recipient will receive a letter with their dental plan assignment.
- Some recipient letters will also include their MMA and LTC assignment, depending on their eligibility.



Dental Network Providers

- To provide Medicaid dental services, providers must be enrolled in one or more dental plan network.
 - NOTE: All three dental plans participated as subcontractors under the MMA program. Providers may already be enrolled.
- The new dental plan contract requires plans to fully enroll/ on-board all providers it chooses to contract with within 60 days
 - Defined as: Number of days between the day the dental plan receives a full and complete provider enrollment application and the day the provider appears on the Agency's Provider Network Verification file.



Dental Provider Payments

- The Agency does not establish payment rates for network providers.
- Payment rates are negotiated through each provider's contract with the dental plan.
- Contact dental plans now to begin the contracting process.
 - http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Provider_Plan_Contacts_2018-08-06.pdf

SMMC Plan Contact: Provider Networks

DENTAL	
Plan Name	Provider Relations Contact
DentaQuest	Vanessa Guerrero Email: Vanessa.Guerrero@dentaquest.com Phone: 305-894-8755
LIBERTY	Betty Gilbert Email: prinquiries@libertydentalplan.com Phone: 1-888-352-7924 ext. 393
MCNA	Mercedes Linares Email: prdepartment@mcna.net Phone: 1-855-698-6262



Continuity of Care During the Transition

- **Dental providers should not cancel appointments with current patients.**
 - Dental plans must honor any ongoing course of treatment, for at least 90 days after the dental program starts in each region if it was authorized prior to the recipient's enrollment into the plan.
- **Active orthodontic services will extend beyond the 90 day continuity of care period.**
 - The dental plan must continue the entire course of treatment with the recipient's current provider.
 - The dental plan must reimburse the orthodontic provider, regardless of whether the provider is in the plan's network.
 - This assumes the recipient continues to have Medicaid eligibility.



Continuity of Care During the Transition

- **Providers will be paid.** Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network.
- Plans must pay for previously authorized services for at least 90 days after the Dental program starts in each region.
 - Plans must pay providers at the rate previously received for up to 30 days.
 - After 30 days, the plan and provider may negotiate a rate.





Next Steps



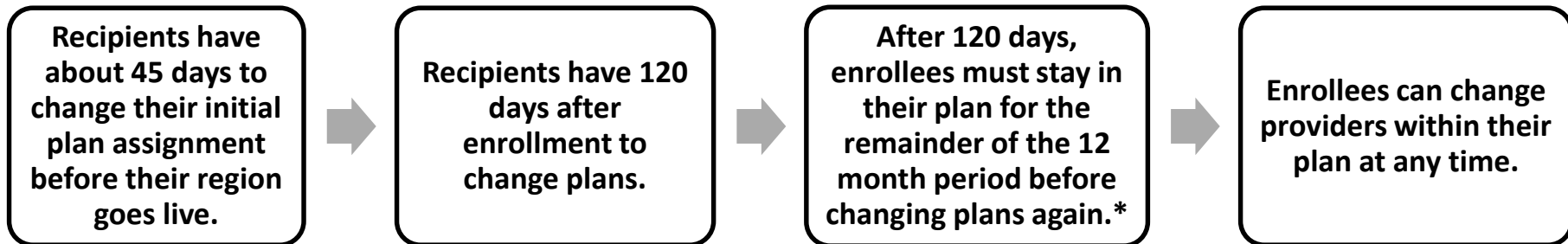
How Do Recipients Choose a Dental Plan?

- Recipients may enroll in a plan or change plans:
 - Online at: www.flmedicaidmanagedcare.com
 - By calling toll-free 1-877-711-3662 or 1-866-467-4970 (TTY) and speaking with a choice counselor OR using the Interactive Voice Response system
- Choice Counselors assist recipients in selecting a plan that best meets their needs.
- This assistance will be provided by phone, however recipients with special needs can request a face-to-face meeting.



What is the Process for Enrolling in a Dental Plan?

- Recipients are encouraged to work with a Choice Counselor to choose the dental plan that best meets their needs.



***Recipients may change plans again before the remainder of the 12 month period, but only if they meet certain criteria.**

Member Portal

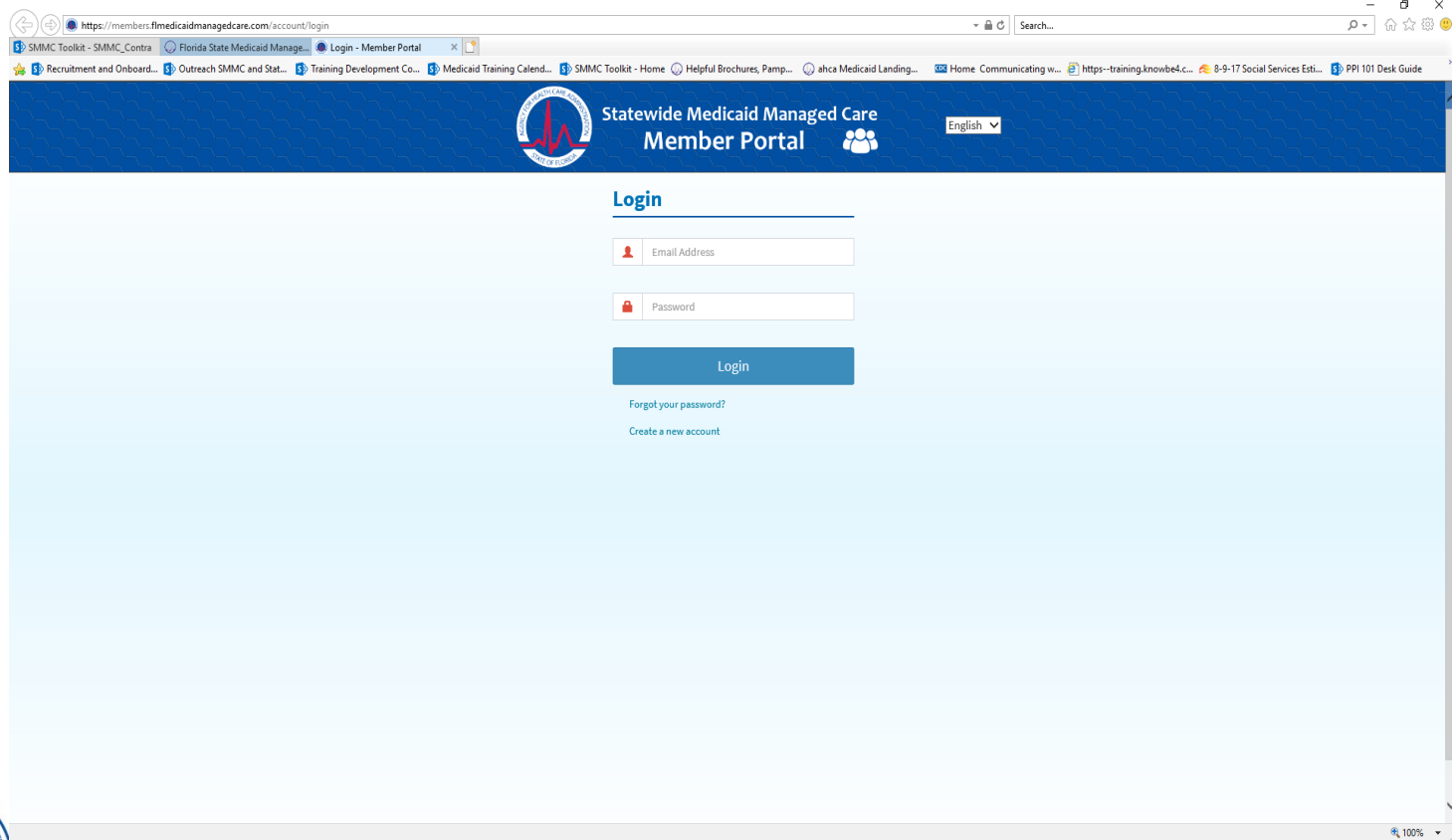
- Recipients can go to www.flmedicaidmanagedcare.com and click the login/register button in the top navigation bar

The screenshot shows the Florida State Medicaid Managed Care website. The browser address bar displays <https://flmedicaidmanagedcare.com>. The top navigation bar includes a phone icon with the number 1-877-711-3662, customer service hours (M-TH 8am-8pm, F 8am-7pm), a language selector for Spanish/Kreyol, and a 'Contact Us' link. A red circle highlights the 'Login / Register' button. Below the navigation bar is the agency logo and the text 'STATEWIDE MEDICAID MANAGED CARE'. A search bar is also present. The main content area features a large image of a family with a text overlay: 'Welcome to Florida Statewide Medicaid Managed Care! Click here to learn more about the Statewide Medicaid Managed Care (SMMC) program.' Below this are three blue boxes with white icons and text: 1. 'Learn About Statewide Medicaid Managed Care' with a question mark icon. 2. 'Health Plans Available to Me' with a person icon. 3. 'I Would Like to Change My Health Plan' with a pencil icon. Each box contains a brief description and a 'Change Online' button.




Member Portal

- Enrollees can use the member portal for plan enrollment (choosing a dental plan) and disenrollment, monitoring their enrollment status, filing complaints, modifying their profile, and more.



Member Portal Features





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- [Add Member](#)
- [Enroll in SMMC](#)
- [Disenroll from MMA](#)
- [Disenroll from LTC](#)
- [Express Enrollment](#)
- [Messages](#)
- [Mail History](#)
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Members

Welcome to the Statewide Medicaid Managed Care Member Portal. Below you can view your members' information and add additional members to your account.

POWER RANGER	LUIS ZORDON	BLUE RANGER	RITA REPULSA
<p>Member #: 1234567890</p> <p>Medicaid ID Card #: 85632478</p> <p>County: Broward (Region 10)</p> <p>Age: 74 Y (1943)</p> <p>Medicaid Status: Full Medicaid</p> <p>Mailing Address: 3169 One Way Lane Apt. 102 FT LAUDERDALE, FL 33312</p>	<p>Member #: 5987451236</p> <p>Medicaid ID Card #: 56782536</p> <p>Age: 34 Y (1984)</p> <p>Medicaid Status: No Medicaid</p> <p>Mailing Address: 6310 Reipss ST CINCINNATI, OH 45216</p>	<p>Member #: 1253697841</p> <p>Medicaid ID Card #: 95748521</p> <p>County: Dade (Region 11)</p> <p>Age: 19 Y (1998)</p> <p>Medicaid Status: No Medicaid</p> <p>Mailing Address: 1091 Power Rangers Rock Ave MIAMI, FL 33136</p>	<p>Member #: 0236541259</p> <p>Medicaid ID Card #: 98756278</p> <p>County: Dade (Region 11)</p> <p>Age: 32 Y (1986)</p> <p>Medicaid Status: Full Medicaid</p> <p>Mailing Address: 1091 Power Rangers Rock Ave MIAMI, FL 33136</p>
<p>MMA Enrollment Info</p> <p>Eligibility Status Cannot Enroll</p>	<p>MMA Enrollment Info</p> <p>Eligibility Status Cannot Enroll</p>	<p>MMA Enrollment Info</p> <p>Eligibility Status Cannot Enroll</p>	<p>MMA Enrollment Info</p> <p>Eligibility Status Can Enroll</p>
<p>LTC Enrollment Info</p> <p>Eligibility Status Cannot Enroll</p>	<p>LTC Enrollment Info</p> <p>Eligibility Status Cannot Enroll</p>	<p>LTC Enrollment Info</p> <p>Eligibility Status Cannot Enroll</p>	<p>LTC Enrollment Info</p> <p>Eligibility Status Cannot Enroll</p>
<p>Dental Enrollment Info</p> <p>Eligibility Status Pending Plan</p> <p>Current Dental Plan  Dates Liberty Dental Plan of Florida 12/01/2018 - Current</p> <p>Pending Dental Plan Begin Date LIBERTY 12/01/2018</p>	<p>Dental Enrollment Info</p> <p>Eligibility Status Cannot Enroll</p>	<p>Dental Enrollment Info</p> <p>Eligibility Status Cannot Enroll</p>	<p>Dental Enrollment Info</p> <p>Eligibility Status Pending Plan</p> <p>Current Dental Plan  Dates DentaQuest of Florida 12/01/2018 - Current</p> <p>Pending Dental Plan Begin Date DentaQuest 12/01/2018</p>



How to Keep Informed

- Agency website: <http://ahca.myflorida.com/smmc>
- Provider alerts: Sign up online at <http://ahca.myflorida.com/smmc>
 - Under Providers, select “Sign-Up for Program Updates”
- Webinars
- Targeted outreach with stakeholders



Public Meetings Public Records Contact Us Site Map

AGENCY FOR HEALTH CARE ADMINISTRATION

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HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

SMMC Home Federal Authorities

Statewide Medicaid Managed Care

RECIPIENTS

- Report a Complaint
- Choose and Enroll in a Health Plan
- Recipient Resources
- Medicaid Covered Services
- Program Information

PROVIDERS

- Report a Complaint
- Plan Contact Information
- Claims Dispute Resolution Program
- Provider Services
- Coverage Policies
- Sign-Up for Program Updates
- MMA Physician Incentive Program

HEALTH PLANS

Health Plan Resources

- Report Guide
- Performance Measure Data
- 2012-2018 Model Contract
- Health Plan Contract Actions

SMMC PROGRAM CHANGES

- Plan Roll-out Schedule - **New**
- Plans by Region - **New**
- Plan Contacts for Providers - **New**
- Outreach and Presentations - **New**
- SMMC Re-procurement
- 2018-2023 SMMC Plan Model Contract - **New**

The Agency for Health Care Administration is responsible for administering the Statewide Medicaid Managed Care (SMMC) program. Most Florida Medicaid recipients are enrolled in the SMMC Program. The SMMC program has three components, the Long-Term Care (LTC) program, the Managed Medical Assistance (MMA) program, and the Dental Program.

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[Twitter.com/AHCA_FL](https://www.twitter.com/AHCA_FL)

Questions can be emailed to the SMMC Inbox at
flmedicaidmanagedcare@ahca.myflorida.com



Live Q&A Session

- We will now address questions.
- Please type your questions in the “Questions” pane of your webinar control panel.

