



# Statewide Medicaid Managed Care: Overview



# FL Medicaid Managed Care Today – A Snapshot

<b><i>Current SMMC Enrollment</i></b>	<ul style="list-style-type: none"><li>• 3.1 million enrollees receive services through 16 Medicaid health plans</li></ul>
<b><i>How Services Are Delivered Today</i></b>	<ul style="list-style-type: none"><li>• Managed Medical Assistance – 3 million in MMA health plans<ul style="list-style-type: none"><li>• Dental services included</li><li>• Includes specialty plans</li></ul></li><li>• Long-term Care – 100,000 in LTC or Comprehensive health plans<ul style="list-style-type: none"><li>• Comprehensive plans offer both long-term care and managed medical services</li></ul></li></ul>





# The New SMMC Contracts: Building on Success



# What is Changing?



## Two Program Components:

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

## Two Program Components:

- Integrated MMA and LTC
- Dental



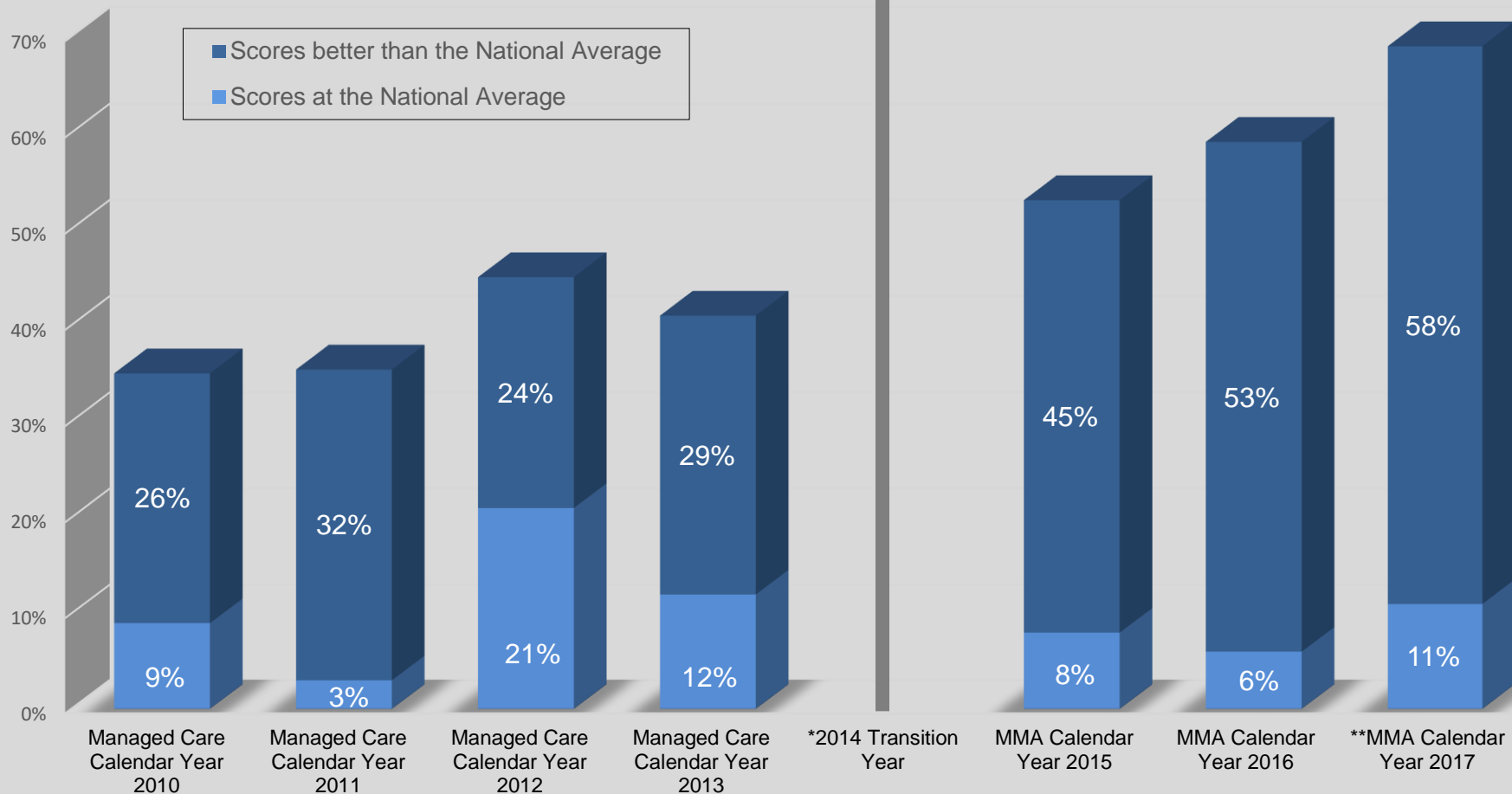
# SMMC: The First Five Years

- The SMMC program started operation in 2013-2014.
- The first 5 years of the program have been very successful.

- Robust Expanded Benefits, Enhanced Provider Networks, and Care Management have led to:
  - Improved health quality outcomes
  - High patient satisfaction
  - Increased opportunity for individuals needing long-term care to transition from a nursing facility to their own home or other community living



# Florida Medicaid Quality Scores At or Above the National Average: Continued Improvement



\*Calendar Year 2014 was a transition year between Florida's prior managed care delivery system and the SMCC program implementation. \*\*The HEDIS specifications for the Follow-up After Hospitalization for Mental Illness measure changed for the CY 2017 measurement period. Follow-up visits with a mental health practitioner that occur on the date of discharge are no longer included in the numerator as previously required in the CY 2016 specifications. Florida Medicaid plan rates and statewide weighted means are compared to national means that are calculated using the previous year's service data. Since the CY 2016 and CY 2017 measure specifications do not align, results are not comparable and the measure was excluded.

# SMMC Negotiation Successes

## Major Program Improvements!

- Gains for Recipients
- Gains for Providers
- Improved Quality
- More & Richer Expanded Benefits



# Gains for Recipients

	Health Plans	Dental Plans
<b>Access to Care When you Need it:</b> Double the primary care providers in each network	✓	
<b>Access to Care When you Need it:</b> Guaranteed access to after hours care and telemedicine where available	✓	✓
<b>Improved Transportation:</b> New level of accountability with benchmarks to ensure recipients arrive and are picked up from appointments in a timely manner.	✓	





# Gains for Recipients

	Health Plans	Dental Plans
<b>Best Benefit Package Ever:</b> Additional benefits at no extra cost to the state. More than 55 benefits offered by health plans and extensive adult dental benefits offered by dental plans.	✓	✓
<b>Model Enrollee Handbook:</b> Information and content has been standardized across all health plans' enrollee handbooks for greater ease of use.	✓	✓



# Gains for Providers

	Health Plans	Dental Plans
<p><b>Better Pay:</b> More pediatric physicians will be eligible to receive Medicare level of reimbursement through the Medicaid Physician Incentive Program</p>	✓	
<p><b>Less Administrative Burden:</b> High performing providers can bypass prior authorization</p>	✓	✓
<p><b>Less Administrative Burden:</b> Plans will complete credentialing for network contracts in 60 days</p>	✓	✓



# Gains for Recipients & Providers

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



# New SMMC Program Goals

The Agency has established goals to build on the success of the SMMC program and to ensure continued quality improvement:



Reduce potentially preventable hospital events (PPEs):

Admissions

Readmissions

Emergency department visits



Improve birth outcomes:  
Reduce Primary C-Section Rate

Pre-term Birth Rate

Rate of Neonatal Abstinence Syndrome



Increase the percentage of enrollees receiving long-term care services in their own home or the community instead of a nursing facility



# Health Plans Commit to Higher Performance:

## Potentially Preventable Hospital Events

- 22% average reduction in potentially preventable Admissions
- 21% average reduction in potentially preventable Readmissions
- 14% average reduction in potentially preventable Emergency Dept. Visits

## Birth Outcomes

- 12% average reduction in Primary C-Section Rate
- 10% average reduction in Pre-Term Deliveries
- 15% average reduction in babies born with Neonatal Abstinence Syndrome (NAS)



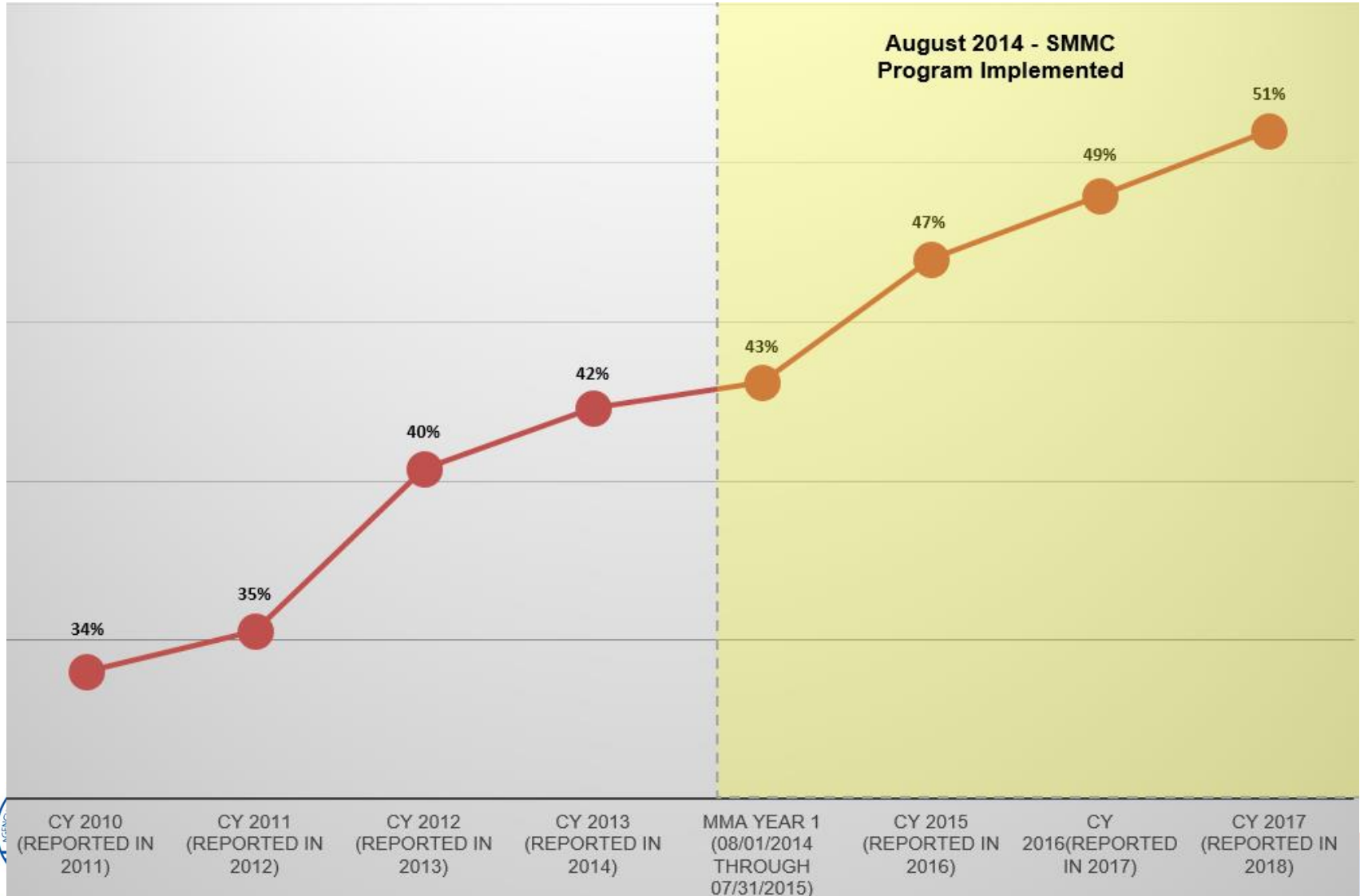
# Dental Plans Commit to Higher Performance:

## Potentially Preventable Dental Related Events

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



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



# 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





# LTC Transition Incentive Success Continues



# LTC Plans Commit to Higher Performance

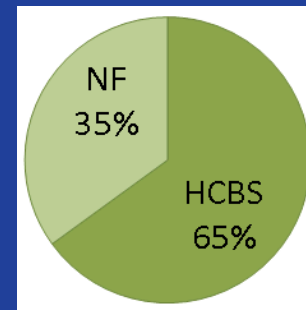


## LTC Transitions to Community

The law requires that base rates be adjusted to provide an incentive for plans to transition enrollees from nursing facilities (NF) to the community (HCBS).

### Current Contracts

Required Transition Incentive Until 35% NF



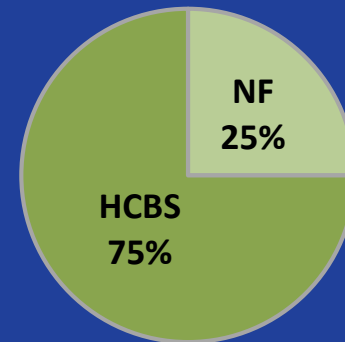
# LTC Plans Commit to Higher Performance



## LTC Transitions to Community

Negotiated New Benchmarks:  
New Contracts

Required Transition Incentive Until 25% NF



# Expanded Benefits

The enhanced benefit package is the most abundant ever available to Florida Medicaid recipients and includes, for the first time, a variety of extra benefits focused on:

Health plans: Substance abuse & mental health treatment  
Alternative pain management services, Doula services,  
Vaccines for adults . . . And so much more!

Dental plans: The most comprehensive adult dental benefit package ever offered in Florida, including preventive, diagnostic, restorative, periodontics . . . And special additional services for pregnant women . . . And more!



# Health Plan Expanded Benefits

Florida Medicaid Health Plan Expanded Benefits (Services that are covered in addition to a recipient's current benefits)  <i>Recipients should contact their plan for benefit limits</i>	Comprehensive Plans							LTC +	MMA Only					Specialty Plans (must meet certain criteria to enroll)					
	Arena Better Health	Humana Medical Plan	Molina Healthcare	Simply Healthcare	Staywell	Sunshine Health	UnitedHealthcare	Florida Community Care	Community Care Plan	Lighthouse Health Plan	Miami Children's	Prestige	Vivida Health	CMSN (Children with Special Health Care Needs) (Pending)	Clear Health Alliance (HIV/AIDS)	Magellan (Serious Mental Illness)	Positive (HIV/AIDS)	Staywell (Serious Mental Illness)	Sunshine (Child Welfare)
<b>General Expanded Benefits - Available for children and/or adults</b>																			
Cellular Services (minutes and/or data)		✓		✓	✓	✓	✓	✓							✓			✓	
Circumcision (newborns only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓
CVS Discount Program (20% discount off certain items)	✓	✓	✓	✓	✓	✓	✓	✓											
Doula Services (birth coach who helps pregnant women)	✓	✓		✓	✓	✓	✓	✓	✓									✓	✓
Home Delivered Meals	✓	✓	✓	✓	✓	✓	✓	✓	✓									✓	✓
Housing Assistance (rent, utilities, and/or grocery assistance)	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓	✓
Meal Stipend (available for long distance medical appointment day-trips)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓
Over-the-Counter Benefit	✓	✓	✓	✓	✓	✓	✓	✓											
Swimming Lessons (children only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓
Transportation Services to Non-Medical Appointments/Activities	✓	✓	✓	✓	✓	✓	✓	✓										✓	✓
<b>Adult Expanded Benefits - These services are only available for adults because they are already covered for children on Medicaid when medically necessary</b>																			
Acupuncture Services	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓					✓	
Art Therapy	✓	✓	✓	✓	✓	✓	✓					✓	✓					✓	
Behavioral Health Assessment/Evaluation Services	✓	✓	✓	✓	✓	✓	✓					✓	✓					✓	
Behavioral Health Day Services/Day Treatment	✓	✓	✓	✓	✓	✓	✓					✓	✓					✓	
Behavioral Health Intensive Outpatient Treatment	✓	✓	✓	✓	✓	✓	✓		✓			✓	✓					✓	
Behavioral Health Medical Services (e.g., medication management, drug screening, etc.)	✓	✓		✓	✓		✓					✓	✓					✓	
Behavioral Health Psychosocial Rehabilitation	✓	✓		✓	✓		✓					✓	✓					✓	
Behavioral Health Screening Services	✓	✓		✓	✓		✓					✓	✓					✓	
Chiropractic Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Computerized Cognitive Behavioral Therapy	✓	✓	✓	✓	✓	✓	✓					✓	✓					✓	
Durable Medical Equipment/Supplies	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓					✓	
Equine Therapy	✓	✓		✓	✓		✓					✓	✓					✓	
Group Therapy (Behavioral Health)	✓	✓		✓	✓		✓					✓	✓					✓	
Hearing Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Home Health Nursing/Aide Services	✓	✓		✓	✓		✓					✓	✓					✓	
Homemaker Services (e.g., hypoallergenic carpet cleanings)	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓					✓	
Home Visit by a Social Worker	✓	✓		✓	✓		✓		✓			✓	✓					✓	
Individual/Family Therapy	✓	✓	✓	✓	✓	✓	✓					✓	✓					✓	
Massage Therapy	✓	✓	✓	✓	✓	✓	✓		✓			✓	✓					✓	
Medication Assisted Treatment Services	✓	✓		✓	✓		✓					✓	✓					✓	
Mental Health Targeted Case Management	✓	✓		✓	✓		✓					✓	✓					✓	
Nutritional Counseling	✓	✓	✓	✓	✓	✓	✓					✓	✓			✓		✓	
Occupational Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Outpatient Hospital Services	✓	✓		✓	✓		✓		✓			✓	✓					✓	
Pet Therapy	✓	✓	✓	✓	✓	✓	✓					✓	✓					✓	
Physical Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Prenatal Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Primary Care Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Respiratory Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Speech Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Substance Abuse Treatment or Detoxification Services (Outpatient)	✓	✓		✓	✓		✓					✓	✓					✓	
Therapeutic Behavioral On-Site Services	✓	✓		✓	✓		✓					✓	✓					✓	
Vaccine - Influenza	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Vaccine - Pneumonia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	
Vaccine - Shingles	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	

# Health Plan Expanded Benefits (con't.)

Florida Medicaid Health Plan Expanded Benefits (Services that are covered in addition to a recipient's current benefits)  <i>Recipients should contact their plan for benefit limits</i>	Comprehensive Plans							LTC +	MMA Only					Specialty Plans (must meet certain criteria to enroll)					
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Vaccine - TDaP	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓	✓		
Vision Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓	✓	✓		
Waived Copayments	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		
<b>Long-Term Care Services - these services are only available for LTC enrollees</b>																			
Assisted Living Facility/Adult Family Care Home - Bed Hold Days	✓	✓	✓	✓	✓	✓	✓	✓											
Individual Therapy Sessions for Caregivers		✓		✓	✓	✓	✓												
Nursing Facility to Community Setting Transition Assistance	✓	✓	✓	✓	✓	✓	✓	✓											
<b>Specialty Plan Services - these services are only available for enrollees in a specialty plan</b>																			
Care Grant																			✓
Home and Community-Based Services																	✓		
Life Skills Development																			✓
Transition Assistance - Youth Aging Out of Foster Care																			✓
Vaccine - Hepatitis B														✓					
Vaccine - Human Papilloma Virus														✓					
Vaccine - Meningococcal														✓					
Collaborative Care															✓				

As of 11/27/2018



# Dental Plan

## Expanded Benefits for Adults

Benefit	DentaQuest	Liberty	MCNA
Preventive	✓	✓	✓
Diagnostic	✓	✓	✓
Restorative	✓	✓	✓
Periodontics	✓	✓	✓
Oral and Maxillofacial Surgery	✓	✓	✓
Adjunctive General Services	✓	✓	✓
Diabetic Testing	✓	✓	✓
Practice Acclimation for Individuals with Intellectual Disabilities	✓	✓	✓



# New Elements and Plans

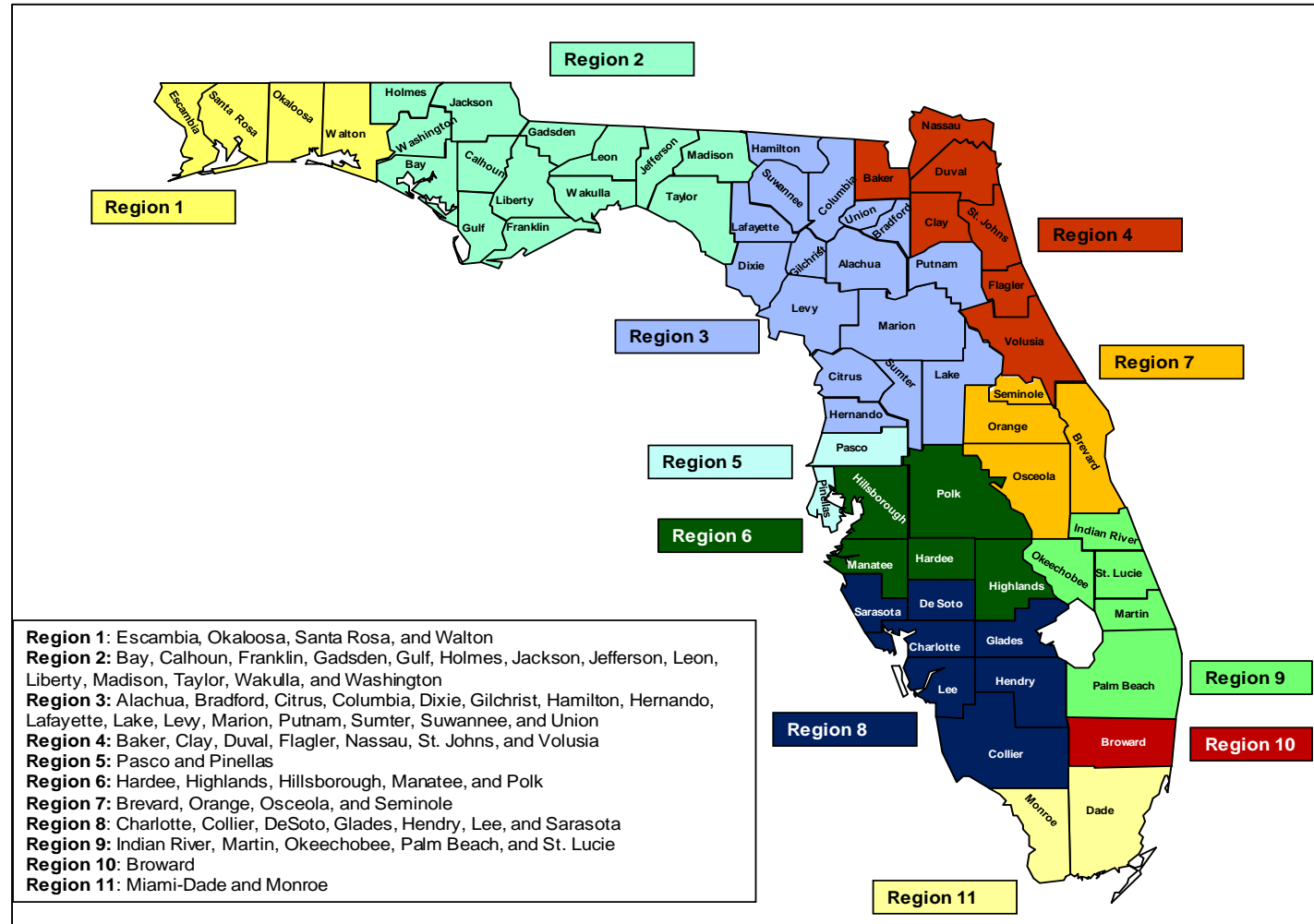




# SMMC Operates Statewide

Health plans operate on a regional basis. For example, a plan may be selected to operate statewide, or a plan may be selected to operate in 1 or more of 11 regions.

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



# SMMC Health and Dental Plans

SMMC Participating Health and Dental Plans	
Known as:	Full Business Name:
Aetna Better Health	Coventry Health Care of Florida D/B/A/ Aetna Better Health of Florida
Humana Medical Plan	Humana Medical Plan
Molina Healthcare	Molina Health Care of Florida
Simply Healthcare	Simply Healthcare Plan ( <b>Formerly Amerigroup and Better Health</b> )
Staywell	Wellcare of Florida D/B/A Staywell Health Plan of Florida
Sunshine Health	Sunshine State Health Plan
UnitedHealthcare	United Health Care of Florida
FCC	Florida Community Care
Vivida Health	Best Care Assurance D/B/A Vivida Health
Prestige	Florida True Health D/B/A/ Prestige Health Choice
CCP	SFCCN D/B/A Community Care Plan
Lighthouse Health Plan	Lighthouse Health Plan
Miami Children's	Miami Children's Health Plan
Children's Medical Services Plan	Children's Medical Services Network
Clear Health Alliance- HIV/AIDS Specialty Plan	Clear Health Alliance- HIV/AIDS Specialty Plan
Magellan	Florida MHS, Inc d/b/a Magellan Complete Care
Staywell- Serious Mental Illness Specialty Plan	Staywell- Serious Mental Illness Specialty Plan
Sunshine Health - Child Welfare Specialty Plan	Sunshine - Child Welfare Specialty Plan
MCNA Dental	Managed Care of North America
DentaQuest	DentaQuest of Florida
LIBERTY	Liberty Dental Plan of Florida

Plan Types
Comprehensive Plans
Long-Term Care Plus Plans
Managed Medical Assistance Plans
Specialty Plans
Dental Plans

# SMMC Health and Dental Plans

*Awards Included in Intents to Award Posted through 9/7/18*

Regions	Aetna Better Health	Humana Medical Plan	Molina Health care	Simply Health care	Staywell	Sunshine Health	United Health care	FCC	Vivida Health	Prestige	CCP	Lighthouse Health Plan	Miami Children's	Children's Medical Services Plan	Clear Health Alliance-HIV/AIDs	Magellan-Serious Mental Illness	Staywell-Serious Mental Illness	Sunshine Health - Child Welfare	MCNA Dental	Denta Quest	LIBERTY
Region 1		Comp			Comp	Comp		LTC +				MMA		Spec	Spec		Spec	Spec	Den	Den	Den
Region 2		Comp			Comp	Comp		LTC +				MMA		Spec	Spec		Spec	Spec	Den	Den	Den
Region 3		Comp			Comp	Comp	Comp*	LTC +						Spec	Spec		Spec	Spec	Den	Den	Den
Region 4		Comp			Comp	Comp	Comp*	LTC +						Spec	Spec	Spec	Spec	Spec	Den	Den	Den
Region 5		Comp		Comp*	Comp	Comp		LTC +						Spec	Spec	Spec	Spec	Spec	Den	Den	Den
Region 6	Comp*	Comp		Comp	Comp	Comp	Comp	LTC +						Spec	Spec		Spec	Spec	Den	Den	Den
Region 7	Comp*	Comp		Comp	Comp	Comp		LTC +						Spec	Spec	Spec	Spec	Spec	Den	Den	Den
Region 8		Comp	Comp*		Comp	Comp		LTC +	MMA					Spec	Spec		Spec	Spec	Den	Den	Den
Region 9		Comp			Comp	Comp		LTC +		MMA			MMA	Spec	Spec		Spec	Spec	Den	Den	Den
Region 10		Comp		Comp*		Comp		LTC +			MMA			Spec	Spec		Spec	Spec	Den	Den	Den
Region 11	Comp	Comp	Comp*	Comp	Comp	Comp	Comp	LTC +		MMA			MMA	Spec	Spec		Spec	Spec	Den	Den	Den

- Comprehensive Plans
- Long-Term Care Plus Plans
- Managed Medical Assistance Plans
- Specialty Plans
- Dental Plans

\* Plans awarded an MMA contract through settlement; however will operate as comprehensive plans pursuant to the terms of the settlement.



# STATEWIDE MEDICAID MANAGED CARE (SMMC) HEALTH PLANS (2018-2023)

REGIONAL ROLLOUT SCHEDULE	REGION	AETNA BETTER HEALTH	COMMUNITY CARE PLAN	FLORIDA COMMUNITY CARE	HUMANA MEDICAL PLAN	LIGHTHOUSE HEALTH PLAN	MIAMI CHILDREN'S	MOLINA HEALTHCARE	PRESTIGE	SIMPLY HEALTHCARE	STAYWELL	SUNSHINE HEALTH	UNITEDHEALTHCARE	VIVIDA HEALTH
PHASE 3	2/1/2019	1		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP	LIGHTHOUSE HEALTH PLAN MMA					STAYWELL COMP	SUNSHINE HEALTH COMP		
		2		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP	LIGHTHOUSE HEALTH PLAN MMA					STAYWELL COMP	SUNSHINE HEALTH COMP		
		3		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP						STAYWELL COMP	SUNSHINE HEALTH COMP	UNITEDHEALTHCARE COMP	
		4		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP						STAYWELL COMP	SUNSHINE HEALTH COMP	UNITEDHEALTHCARE COMP	
PHASE 2	1/1/2019	5		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP					SIMPLY HEALTHCARE COMP	STAYWELL COMP	SUNSHINE HEALTH COMP		
		6	AETNA BETTER HEALTH COMP		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP					SIMPLY HEALTHCARE COMP	STAYWELL COMP	SUNSHINE HEALTH COMP	UNITEDHEALTHCARE COMP
		7	AETNA BETTER HEALTH COMP		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP					SIMPLY HEALTHCARE COMP	STAYWELL COMP	SUNSHINE HEALTH COMP	
		8			FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP			MOLINA HEALTHCARE COMP			STAYWELL COMP	SUNSHINE HEALTH COMP	
PHASE 1	12/1/2018	9		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP		MIAMI CHILDREN'S MMA		PRESTIGE MMA		STAYWELL COMP	SUNSHINE HEALTH COMP		
		10		COMMUNITY CARE PLAN MMA	FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP					SIMPLY HEALTHCARE COMP		SUNSHINE HEALTH COMP	
		11	AETNA BETTER HEALTH COMP		FLORIDA COMMUNITY CARE LTC+	HUMANA MEDICAL PLAN COMP		MIAMI CHILDREN'S MMA	MOLINA HEALTHCARE COMP	PRESTIGE MMA	SIMPLY HEALTHCARE COMP	STAYWELL COMP	SUNSHINE HEALTH COMP	UNITEDHEALTHCARE COMP

Comp = Comprehensive Plan

MMA = Managed Medical Assistance Plan

LTC+ = Long-Term Care Plus Plan

As of 8/30/2018



# SMMC SPECIALTY PLANS (2018-2023)

# SMMC DENTAL PLANS (2018-2023)

REGIONAL ROLLOUT SCHEDULE		REGION	CHILDREN'S MEDICAL SERVICES PLAN – CHILDREN WITH CHRONIC CONDITIONS	CLEAR HEALTH ALLIANCE – HIV/AIDS	MAGELLAN COMPLETE CARE – SERIOUS MENTAL ILLNESS (SMI)	STAYWELL – SERIOUS MENTAL ILLNESS (SMI)	SUNSHINE HEALTH – CHILD WELFARE	DENTAQUEST	LIBERTY	MCNA DENTAL
PHASE 3	2/1/2019	1	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
		2	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
		3	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
		4	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC	MAGELLAN COMPLETE CARE SPEC	STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
PHASE 2	1/1/2019	5	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC	MAGELLAN COMPLETE CARE SPEC	STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
		6	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
		7	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC	MAGELLAN COMPLETE CARE SPEC	STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
		8	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
PHASE 1	12/1/2018	9	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
		10	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN
		11	CHILDREN'S MEDICAL SERVICES PLAN SPEC	CLEAR HEALTH ALLIANCE SPEC		STAYWELL SPEC	SUNSHINE HEALTH SPEC	DENTAQUEST DEN	LIBERTY DEN	MCNA DENTAL DEN

Spec = Specialty Plan

Den = Dental Plan

As of 8/30/2018



# SMMC Plan Roll Out Schedule

## SMMC Health and Dental Plan Roll-out Schedule

	<i>Transition Date</i>	<i>Regions Included</i>	<i>Counties</i>
<b>Phase 1</b>	December 1, 2018	9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
		10	Broward
		11	Miami-Dade, Monroe
<b>Phase 2</b>	January 1, 2019	5	Pasco, Pinellas
		6	Hardee, Highlands, Hillsborough, Manatee, Polk
		7	Brevard, Orange, Osceola, Seminole
		8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota
<b>Phase 3</b>	February 1, 2019	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



# Who is Required to Enroll in SMMC?

## Managed Medical Assistance (this is NOT changing):

Most Medicaid recipients must enroll in an MMA plan, except:

- Individuals eligible for emergency services only due to immigration status
- Medically Needy (share of cost) individuals
- Family planning waiver eligibles
- Women eligible through the breast and cervical cancer program
- Dual eligible recipients whose Medicaid benefits are limited (partial duals)
- Individuals with intellectual disabilities who are on the iBudget waiver or on the waiting list (voluntary to enroll)



# Who is Required to Enroll in SMMC?

## Long-Term Care (this is NOT changing):

Recipients are mandatory for enrollment if they are:

- 65 years of age or older, or age 18 or older and eligible for Medicaid by reason of a disability.
- Determined by the Comprehensive Assessment Review and Evaluation for Long-Term Care Services (CARES) preadmission screening program to require:
  - Nursing facility care as defined in s. [409.985\(3\)](#); or
  - Hospital level of care, for individuals diagnosed with cystic fibrosis.





# Who is Required to Enroll in SMMC?

## Dental (this is NEW):

**All** Medicaid recipients are required to enroll in a dental plan whether they are enrolled in an MMA or LTC plan or are receiving their services through the fee-for-service system (**including Medically Needy and iBudget enrollees**) except:

- Individuals eligible for emergency services only due to immigration status
- Women enrolled through the family planning waiver
- Presumptively eligible pregnant women
- Partial dual eligible
- Dual Eligibles enrolled in a D-SNP or FIDE-SNP
- Individuals residing in one of the following institutional settings:
  - State mental health hospital if under the age of 65 years
  - Psychiatric Residential Treatment Facility
- Recipients enrolled in Program of All-Inclusive Care for the Elderly (PACE)



# 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)		✗	

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



# How to Determine Recipient Plan Enrollment

- SMMC Health Plans: Who can enroll?
  - The type of health plan a recipient can choose depends on whether they are eligible for:
    - Just MMA services
    - Just LTC services
    - Both MMA & LTC services
    - Whether they have certain conditions
  - Recipients who are enrolled in both the MMA and LTC program must choose one health plan for all services.



# How to Determine Recipient Plan Enrollment

- 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.



# SMMC Plan Types



## Managed Medical Assistance Plan

Provides Managed Medical Assistance services to eligible recipients.

This plan type cannot provide services to recipients who are eligible for Long-term Care services.



## Long-Term Care Plus Plan

Provides Managed Medical Assistance (MMA) services and Long-Term Care services to recipients enrolled in the Long-Term Care program.

This plan type cannot provide services to recipients who are only eligible for MMA services.



## Comprehensive Plan

Provides Managed Medical Assistance services and Long-Term Care services to eligible recipients.



## Specialty Plan

Provides Managed Medical Assistance services to eligible recipients who are defined as a specialty population.



## Dental Plan

Provides preventive and therapeutic dental services to all recipients in managed care and all and fully eligible fee-for-service individuals.

# Dental Plan or Health Plan: Who covers what?

- All full benefit Florida Medicaid recipients will be required to enroll in a dental plan to receive dental services, with very limited exceptions.
- This means that all recipients receiving health care through an MMA plan will also be enrolled in a dental plan.
- How will care be coordinated?



# Minimum Services Covered by Dental Plans

• Office Visits	• Analgesia and Sedation
• Cleanings	• Injectable Medications
• Fluoride Application	• Palliative Treatment
• Sealants	• Hospitalization
• Space Maintainers	• Prosthodontics (Dentures)
• Orthodontics (limited)	• Periodontal Services
• Oral Exams (initial every 6 months)	• Root Canals
• X-rays	
• Fillings and Crowns	



# Dental Plan or Health Plan: Who covers what?

Type of Dental Service(s)	Dental Plan Covers	Health Plan 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	---	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



# Recipient Types & Plan Selection

## HEALTH PLAN & RECIPIENT TYPES (2018-2023)

### WITHIN THE SMMC PROGRAM, RECIPIENTS CAN BE:

- Eligible for MMA Services:** Medicaid covered preventative, acute and behavioral health services
- Eligible for LTC Services:** Provides all Medicaid covered long-term care services including nursing facility care and home and community based services
- Eligible for both MMA and LTC Services:**
- Eligible for MMA and Specialty Services:** Recipients are eligible for MMA services who also meet specified criteria based on age, medical condition or diagnosis
- Eligible for both MMA, LTC, and Specialty Services:** Recipients who are eligible for both MMA & LTC services, who also meet specified criteria based on age, medical condition or diagnosis

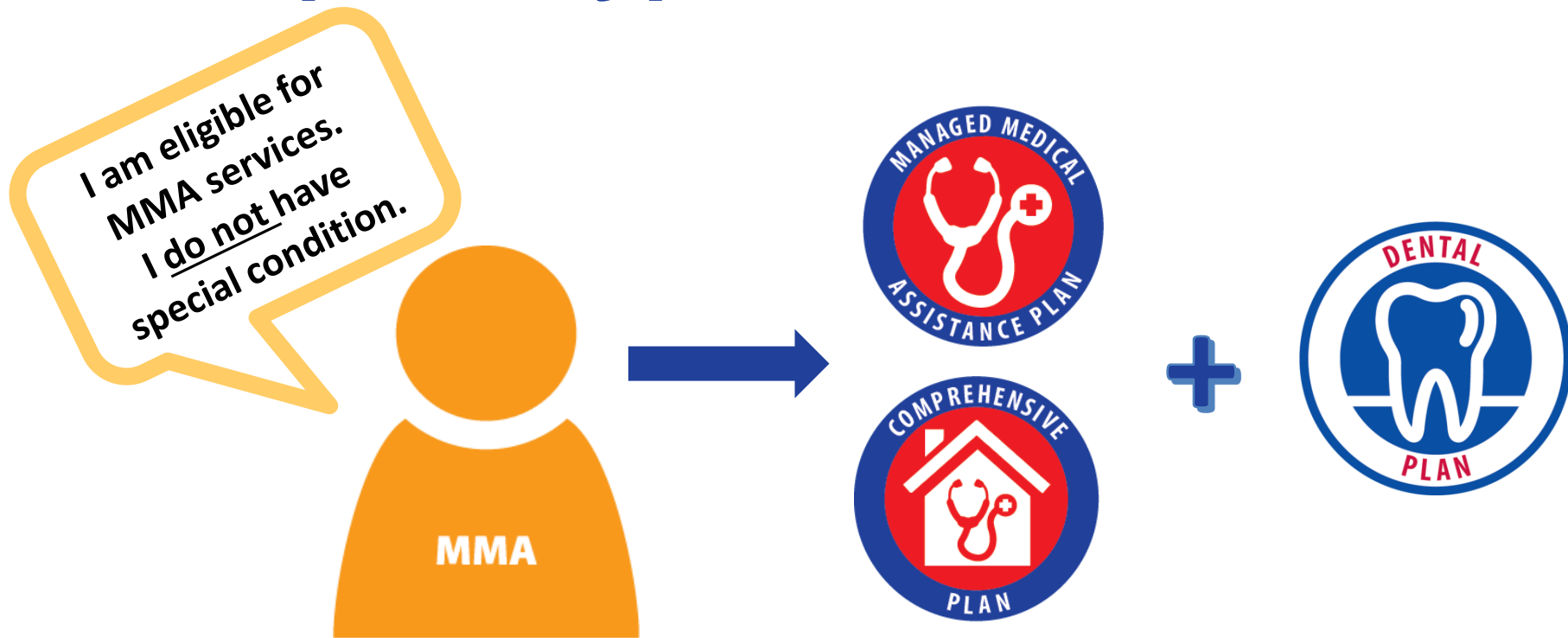
### WHAT TYPE OF STATEWIDE MEDICAID MANAGED CARE PLAN CAN I CHOOSE?

- If I am a recipient with only MMA?
- If I am a recipient with only LTC?
- If I am a recipient with both MMA & LTC?
- If I am a recipient with only MMA with a Specialty Condition?
- If I am a recipient with both MMA & LTC and have a Specialty Condition?

11/17/18-2018

	CHOOSE ONE HEALTH PLAN			CHOOSE ONE DENTAL PLAN	
	MMA		MMA		MMA
		LTC	LTC		LTC
		MMA & LTC	MMA & LTC		MMA & LTC
	MMA W/ SPECIALTY		MMA W/ SPECIALTY	MMA W/ SPECIALTY	MMA W/ SPECIALTY
		MMA & LTC W/ SPECIALTY	MMA & LTC W/ SPECIALTY		MMA & LTC W/ SPECIALTY

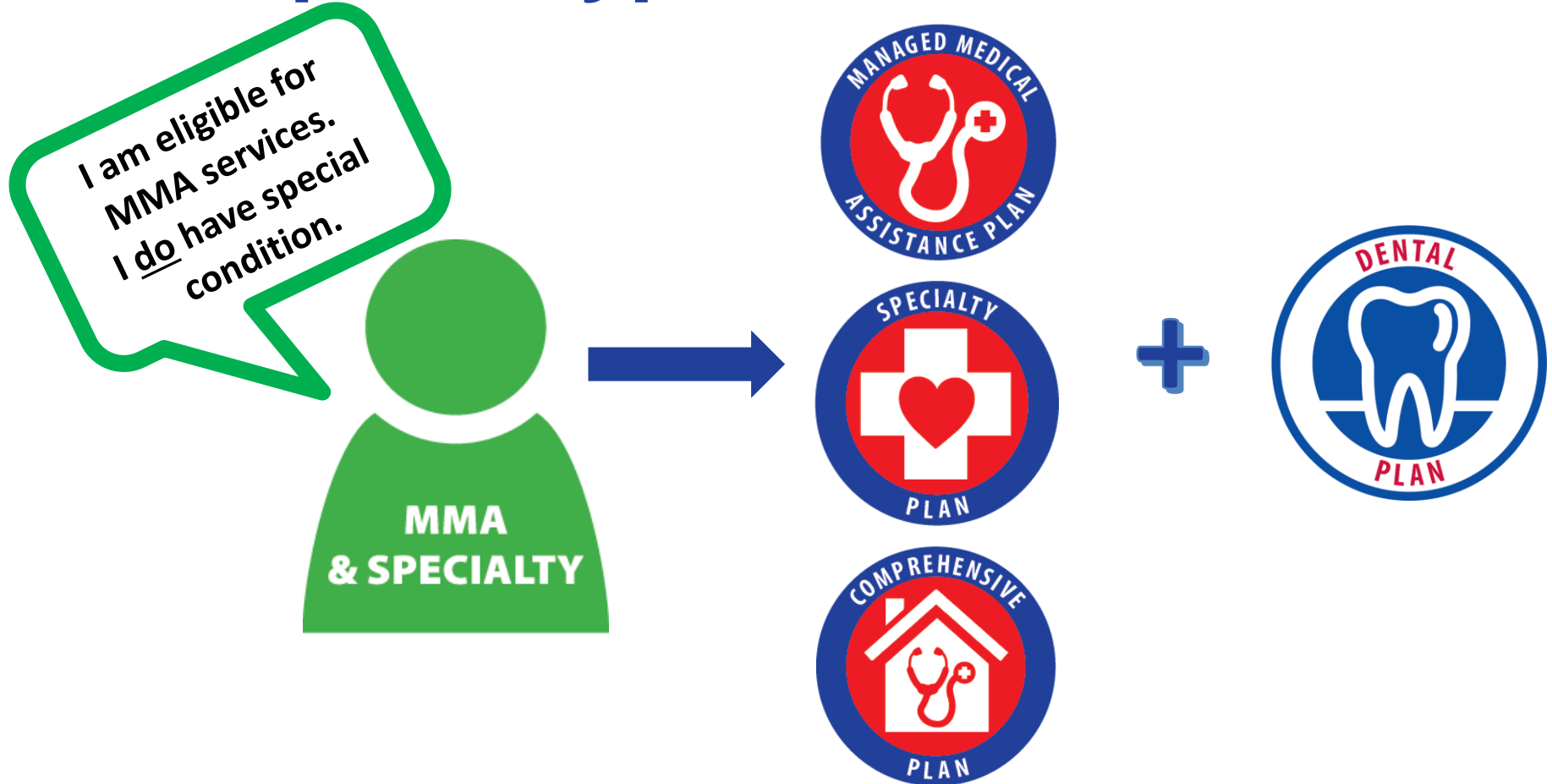
# Recipient Types & Plan Selection



This recipient must choose:  
One MMA or Comprehensive plan in their region  
**AND**  
One dental plan in their region



# Recipient Types & Plan Selection

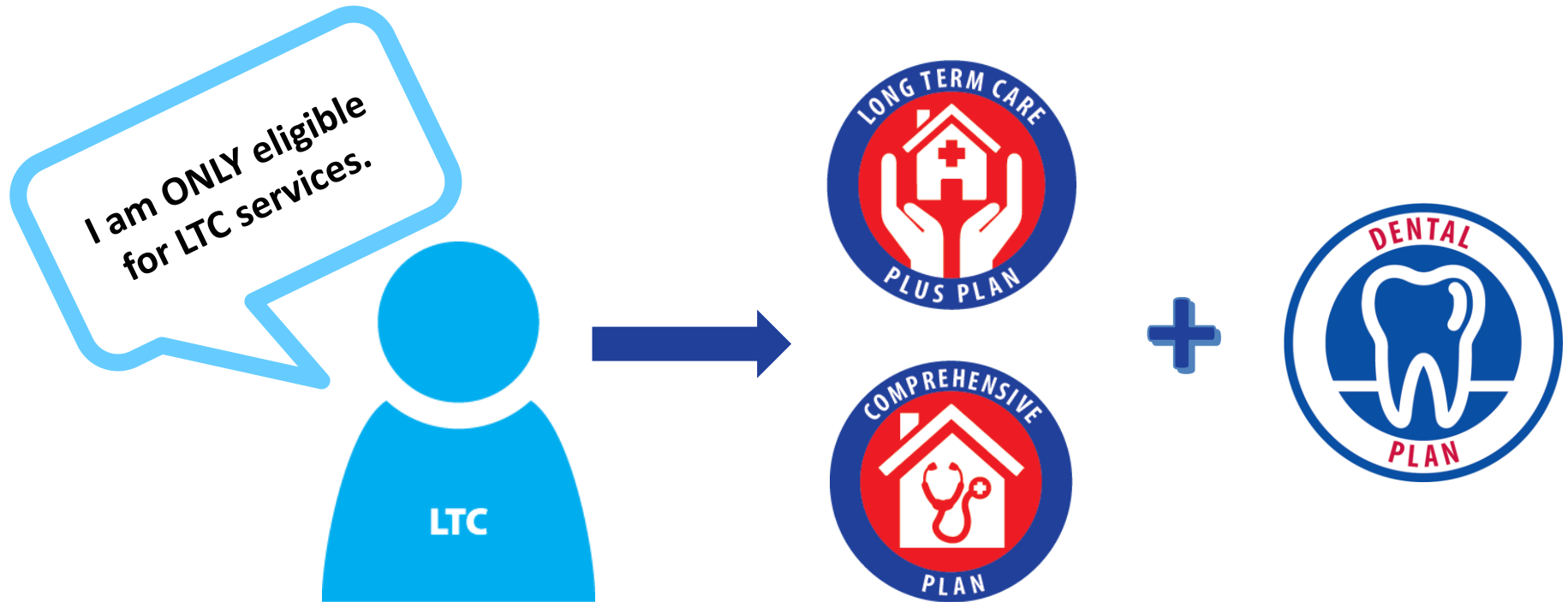


This recipient must choose:

One MMA, Comprehensive or Specialty plan in their region

One dental plan in their region

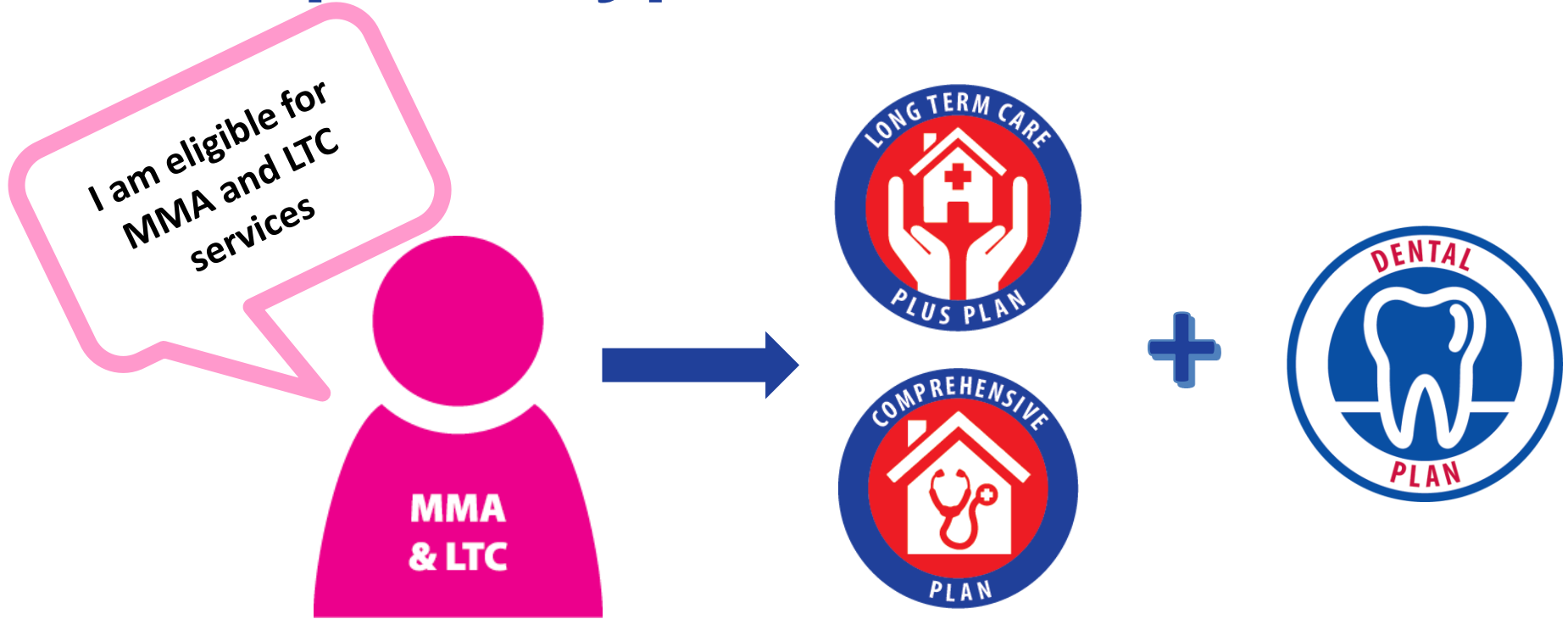
# Recipient Types & Plan Selection



This recipient must choose:  
One LTC+ or Comprehensive plan in their region  
AND  
One dental plan in their region



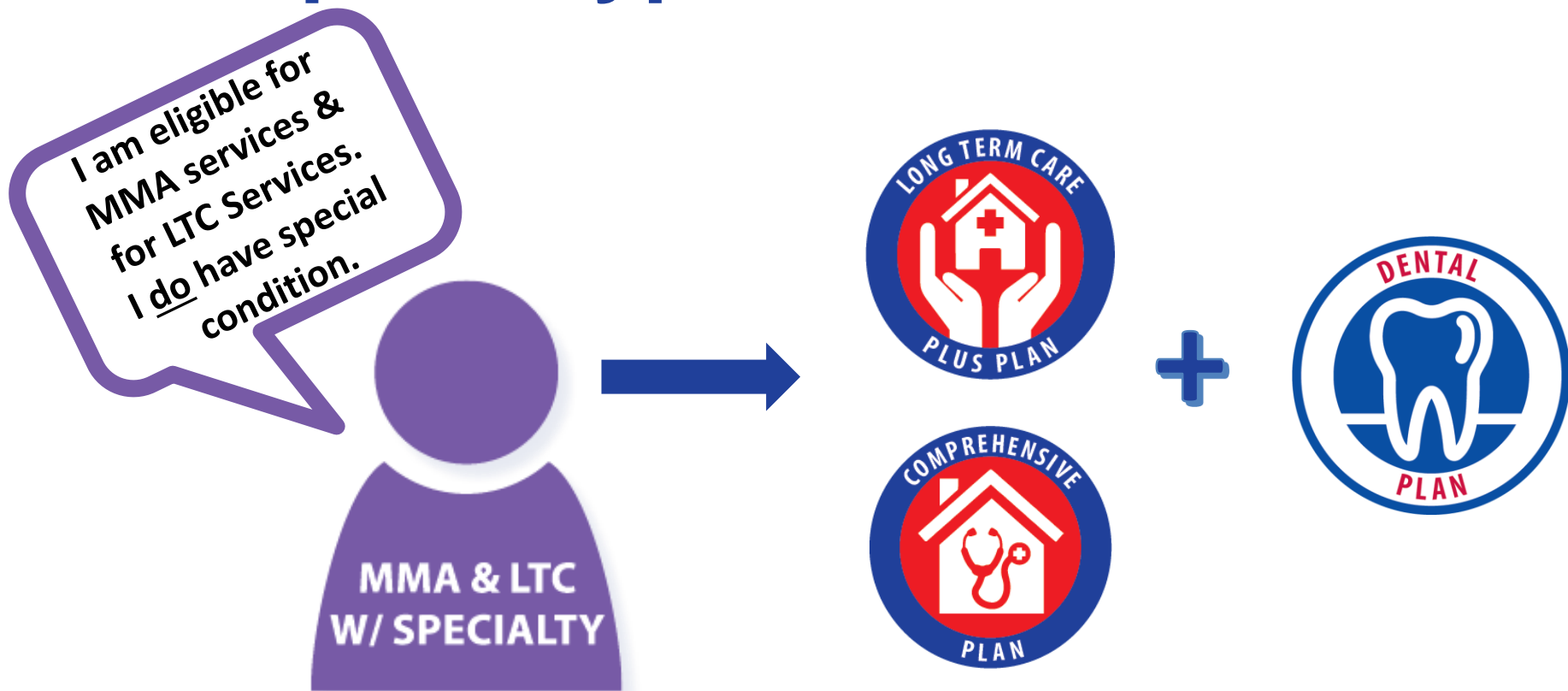
# Recipient Types & Plan Selection



This recipient must choose:  
One LTC+ or Comprehensive plan in their region  
**AND**  
One dental plan in their region



# Recipient Types & Plan Selection



This recipient must choose:

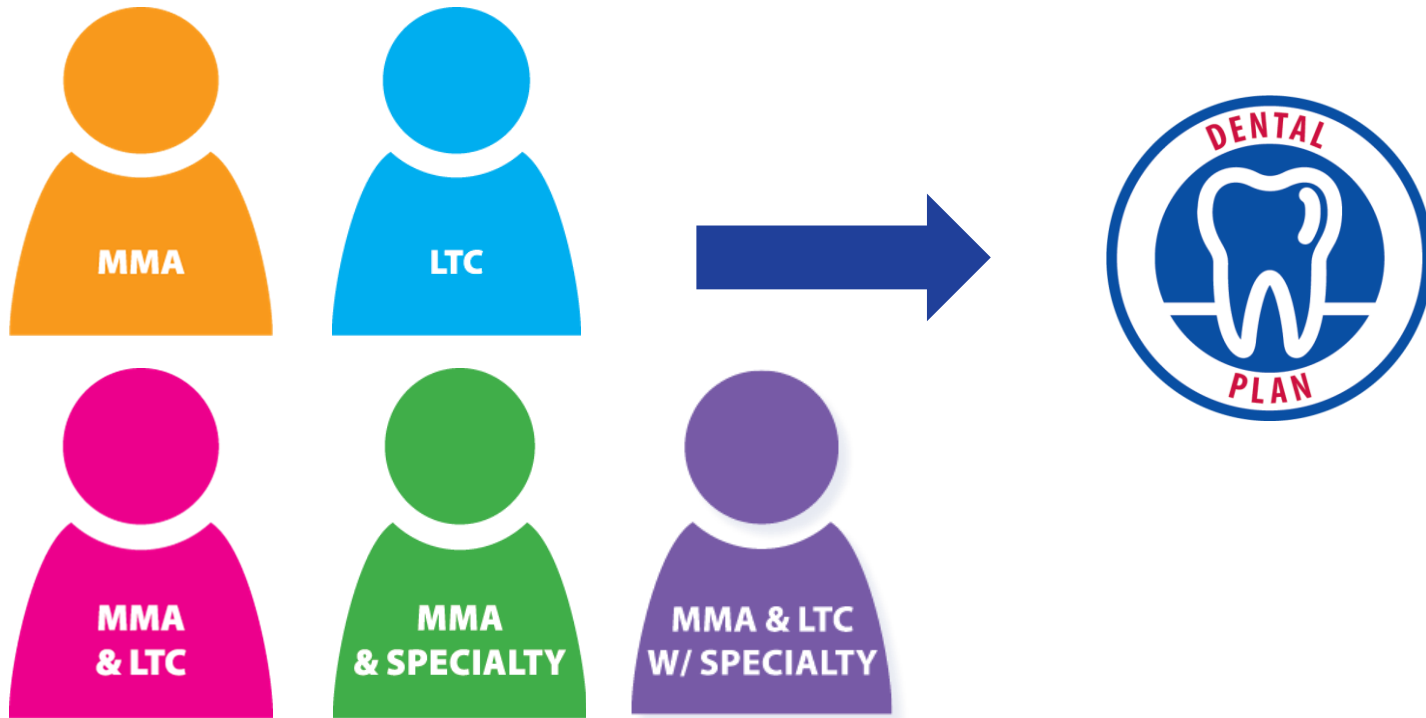
One LTC+ or Comprehensive plan in their region

AND

One dental plan in their region

**NOTE:** Those enrolled in LTC cannot enroll in a Specialty Plan

# Recipient Types & Dental Plan Selection



ALL recipients must choose:  
One dental plan in their region



# How will the Transition to New SMMC Plans Impact Recipients?

- Recipients will be assigned to a new health plan, if their current health plan was *not* awarded a contract. (Impacted)
  - Will be assigned to a different health plan
  - Can change plans if they choose
- Recipients will remain in their current health plan, if their current health plan was awarded a contract. (Non-Impacted)
  - Will be assigned to their current health plan
  - Can change plans if they choose





# Impacted vs. Non-Impacted

## Impacted Recipients

Recipients who **will have to** enroll in a new health plan because their current health plan will not receive a contract under the new program. Recipients will be assigned a health plan. They will have **45 days** (approx.) to contact Choice Counseling if they wish to make a different plan choice.

## Non-Impacted Recipients

Recipients who **will not have to** enroll in a new health plan because their current health plan will receive a contract under the new program. Recipients will be notified that they are assigned to their current plan. If no action is taken, they will remain in their current plan. They will have **45 days** (approx.) to contact Choice Counseling if they wish to make a different plan choice.



# How will the Transition to New Dental Plans Impact Recipients?

- All recipients will be assigned to a Dental plan
- If one of the three awarded Dental plans was previously the dental sub-contractor for a recipient's MMA plan, they will be assigned to that Dental plan.
  - Can change plans if they choose
  - Will have approximately 45 days to contact Choice Counseling if they wish to make a different plan choice.



# Impacted vs. Non-Impacted Review



- All recipients will receive a letter notifying them of a health plan AND dental plan assignment
- All recipients will be given the opportunity to choose a new health plan and a new dental plan, even if they are not impacted
- Not all recipients will have to enroll in a new health plan. If their current plan was awarded a new contract, they may be able to stay with that plan.
- All recipients will have to enroll in a new Dental plan
- Continuity of Care provisions will ensure that there is NO interruption in care.



# Impacted vs. Non-Impacted Review: Recipients Eligible for Specialty Plan



**All** recipients will receive a letter notifying them of a health plan AND dental plan assignment and enrollment options.

**Recipients with MMA and Specialty:** Will be assigned to their current plan (whether Specialty or MMA) if that plan received a new contract.

- If their current plan has NOT received a contract, they will be assigned to the Specialty plan for which they are eligible.

**Recipients with MMA and LTC and Specialty:**

- Will be assigned to their current LTC plan if that plan received a new Comprehensive or LTC Plus contract.
- If their current LTC plan did not receive a contract, will be assigned to their current MMA plan if that plan received a new Comprehensive or LTC Plus contract.

# What if My Health Plan is Staying?

- **What happens if my plan is staying and is still available in my region?**
  - You will be assigned to your current plan and will receive a notice about 45-days prior to the transition date.
  - You can accept the assignment or choose a different plan.
  - You are also allowed a 120-day change period from the start of the transition to change plans.



# What if My Health Plan is Leaving?

- **What happens if my plan is leaving and is not available in my region?**
  - You will be assigned to a new plan and will receive notice about 45-days prior to the transition date.
  - You can accept the assignment or choose a different plan.
  - You will also be allowed a 120-day change period from the start of the transition to change plans.



# What if I Have Different Plans for MMA and LTC?

Current LTC is “Staying”	Current LTC plan “Leaving” / Current MMA Plan is “Staying”, as a Comprehensive or LTC Plus plan	Neither Current LTC nor MMA plan is “Staying” as a Comprehensive or LTC Plus plan
<p>You will be assigned to your current LTC plan for both your LTC and MMA services.</p>	<p>If your current MMA plan has been awarded a Comprehensive or LTC Plus contract, you will be assigned to your current MMA plan for both your LTC and MMA services.</p>	<p>You will be assigned to a new Comprehensive or LTC Plus Plan for both your LTC and MMA services.</p>
<p>You will receive notice about 45 days before the transition date. You can accept the assignment or choose a different plan.</p>	<p>You will receive notice about 45 days before the transition date. You can accept the assignment or choose a different plan.</p>	<p>You will receive notice about 45 days before the transition date. You can accept the assignment or choose a different plan.</p>
<p>You will have a 120-day change period from the start of the transition to change plans.</p>	<p>You will have a 120-day change period from the start of the transition to change plans.</p>	<p>You will have a 120-day change period from the start of the transition to change plans.</p>

# When will recipients be notified?

- Recipients will be sent a letter approximately **45 days** prior to the transition date for their region letting them know their 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



# Continuity of Care During the Transition

- **Health care providers should not cancel appointments with current patients.** Health plans must honor any ongoing treatment, for up to 60 days after MMA and LTC starts in each region, that was authorized prior to the recipient's enrollment into the plan.
  - MMA: up to 60 days, OR until the enrollee's primary care practitioner or behavioral health provider reviews the enrollee's treatment plan.
  - LTC: up to 60 days, OR until the enrollee receives a comprehensive assessment, a plan of care is developed, and services are authorized and arranged as required to address the LTC needs of the enrollee.



# 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 up to 60 days after MMA and LTC starts in each region.
  - Plans must pay providers at the rate previously received for up to 30 days.



# Continuity of Care During the Transition

- **Prescriptions will be honored.**
  - Plans must allow recipients to continue to receive their prescriptions through their current provider, for up to 60 days after MMA starts in each region, until their prescriptions can be transferred to a provider in the plan's network.





# Next Steps



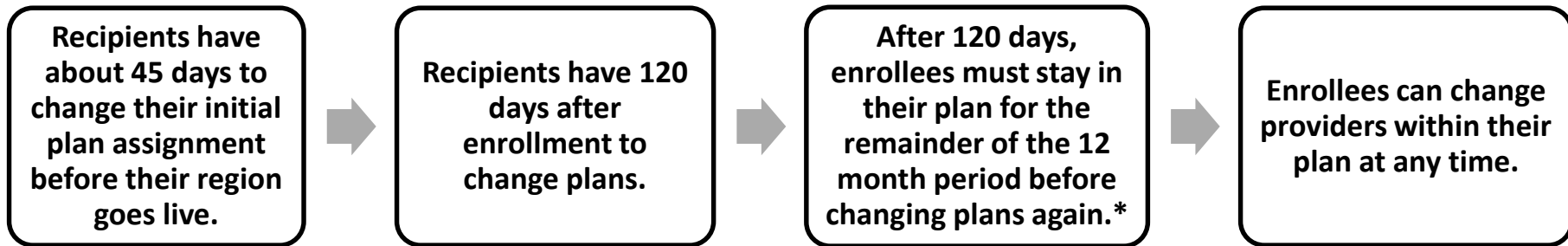
# How Do Recipients Choose a Plan?

- Recipients may enroll in a plan or change plans:
  - Online at: [www.flmedicaidmanagedcare.com](http://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 Plan?

- Recipients are encouraged to work with a Choice Counselor to choose the health 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

- Go to [www.flmedicaidmanagedcare.com](https://www.flmedicaidmanagedcare.com) and click the login/register button in the top navigation bar.

Florida State Medicaid M x

Secure | <https://flmedicaidmanagedcare.com>

Call Us: 1-877-711-3662 | Customer Service: M-TH 8am-8pm, F 8am-7pm

[Login / Register](#) | Español / Kreyòl Ayisyen | Contact Us

STATEWIDE MEDICAID MANAGED CARE

Managed Medical Assistance (MMA) | Long-term Care (LTC)

Welcome to Florida Statewide Medicaid Managed Care!  
Click here to learn more about the Statewide Medicaid Managed Care (SMMC) program.

**Learn About Statewide Medicaid Managed Care**

**Health Plans Available to Me**

**I Would Like to Change My Health Plan**

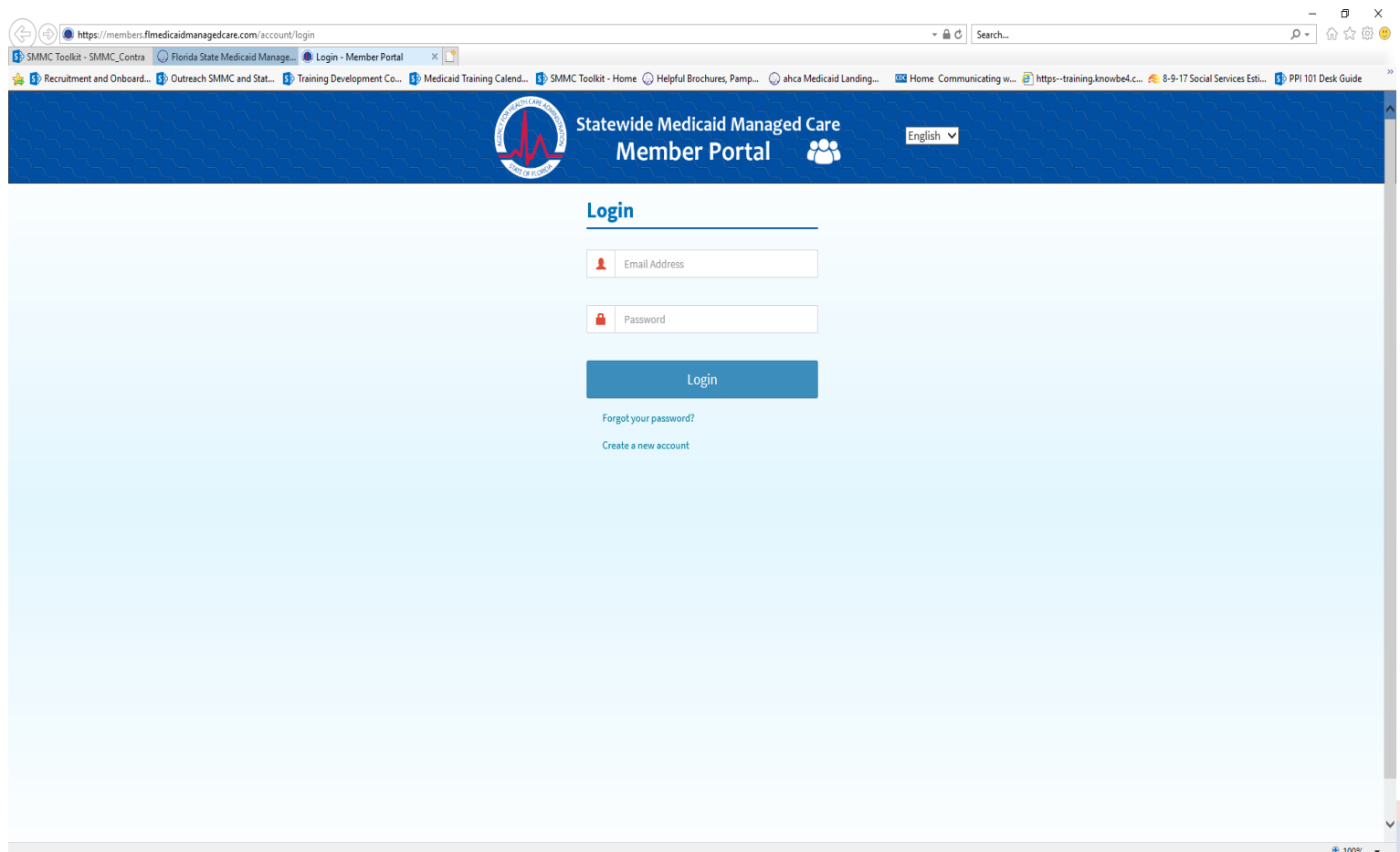
**Statewide Medicaid Managed Care**  
Statewide Medicaid Managed Care (SMMC) is the program where most Medicaid recipients receive their Medicaid services.  
There are two different programs that make up the Statewide Medicaid Managed Care:

**Compare Plans Available to Me**  
Learn about Health Plans available in your area. Compare different benefits and providers offered by the Health Plans.  
Please enter your zip code or select your county of residence.

**Change health plans Online**  
Log in to the member portal to change your Health Plan. We will walk you through the process of changing your Health Plan.  
[Change Online](#)

# Member Portal

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





# Member Portal Features

The screenshot displays the 'Members' page of the Statewide Medicaid Managed Care Member Portal. The browser address bar shows the URL: <https://membersstaging.flmedicaidmanagedcare.com/#/members>. The page features a dark red header with the portal logo and navigation links for 'English', 'My Account', and 'Logout'. A dark sidebar on the left contains menu items: Members, Add Member, Enroll in MMA, Enroll in LTC, Disenroll from MMA, Disenroll from LTC, Messages, Mail History, Complaints, and Preferences.

## Members

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

Member #:	Member #:
[REDACTED]	[REDACTED]
Medicaid ID Card #:	Medicaid ID Card #:
[REDACTED]	[REDACTED]
County:	County:
Polk (Region 6)	Polk (Region 6)
Age:	Age:
23 Y (1994)	17 Y (2000)
Medicaid Status:	Medicaid Status:
No Medicaid	Full Medicaid
Mailing Address:	Mailing Address:
[REDACTED] KISSIMMEE, FL 34759	[REDACTED] KISSIMMEE, FL 34759

### MMA Enrollment Info

Current MMA Plan	Dates
Staywell Health Plan of Florida	10/03/2017 - Current
Pending MMA Plan	Begin Date
Children's Medical Services (CMS) Plan (Specialty)	12/01/2017



# SMMC Plan Contacts: Provider Networks

[http://ahca.myflorida.com/medicaid/statewide\\_mc/pdf/mma/SMMC\\_Provider\\_Plan\\_Contacts\\_2018-08-06.pdf](http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Provider_Plan_Contacts_2018-08-06.pdf)

SMMC Plan Contact: Provider Networks	
Plan Name	Provider Relations Contact
Aetna Better Health	Susan Waldman Email: <a href="mailto:FLMedicaidProviderRelations@aetna.com">FLMedicaidProviderRelations@aetna.com</a> Phone: 1-800-441-5501
CMS Plan	Lisa Gidula Email: <a href="mailto:cmsproviderhelp@flhealth.gov">cmsproviderhelp@flhealth.gov</a> Phone: (850) 901-6341
Florida Community Care	Grace Rodriguez Email: <a href="mailto:grorodriguez@fcchealthplan.com">grorodriguez@fcchealthplan.com</a> Phone: 1-833-322-7526 ext.106494
Humana	<b>LTC provider contact:</b> Ann Jamke (all regions) Email: <a href="mailto:LTCProviderrelations@humana.com">LTCProviderrelations@humana.com</a> Phone: 561-860-8660 <b>MMA Provider contacts:</b> Katrina Knight-Vera Email: <a href="mailto:FLMedicaidProviderRelations@humana.com">FLMedicaidProviderRelations@humana.com</a> Phone: 305-626-5006
Lighthouse	Julie Jernigan Email: <a href="mailto:lighthousecontracting@heops.com">lighthousecontracting@heops.com</a> Phone: 1-866-263-8460
Miami Children's Health	Email : <a href="mailto:miamicontracting@HEOPS.com">miamicontracting@HEOPS.com</a> Phone: 1-866-293-2055 Fax: 1-866-403-8217
Molina Healthcare	Lisa Schwendel Email: <a href="mailto:Lisa.Schwendel@MolinaHealthCare.Com">Lisa.Schwendel@MolinaHealthCare.Com</a> Phone: 1-888-562-5442 ext. 223594
Prestige Health Choice	Michelle Cabrera Email: <a href="mailto:mbcabrera@ccoffl.com">mbcabrera@ccoffl.com</a> Phone: 561-282-4251
Simply Healthcare	Efrain Duarte Email: <a href="mailto:EDuarte@simplyhealthcareplans.com">EDuarte@simplyhealthcareplans.com</a> Phone: 813-425-8056
Community Care Plan	Natalia Peñalver Email: <a href="mailto:npenalver@ccpcare.org">npenalver@ccpcare.org</a> Phone: 954-622-3308
Staywell	Barbara Mason Email: <a href="mailto:Barbara.Mason@wellcare.com">Barbara.Mason@wellcare.com</a> Phone: 407-551-3238
Sunshine Health	Mark Barrett Email: <a href="mailto:sunshinecontracting@centene.com">sunshinecontracting@centene.com</a> Phone: 1-866-595-8116
United Healthcare	Felix Gonzalez Email: <a href="mailto:felix_m_gonzalez@uhc.com">felix_m_gonzalez@uhc.com</a> Phone: 407-659-6965
Vivida Health	Stacey Lau Email: <a href="mailto:providerrelations@vividahealth.com">providerrelations@vividahealth.com</a> Phone: 1-855-886-6238

Updated 8/6/18



# How to Keep Informed

- Agency website:  
[http://ahca.myflorida.com/medicaid/statewide\\_mc/index.shtml](http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml)
- Provider alerts: Sign up online at  
[http://ahca.myflorida.com/medicaid/statewide\\_mc/signupform.html](http://ahca.myflorida.com/medicaid/statewide_mc/signupform.html)
- Webinars
- Targeted outreach with stakeholders



# http://ahca.myflorida.com/medicaid

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



- 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**



# Stay Connected



[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)



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



# Questions?

Email questions to the SMMC Inbox at  
[flmedicaidmanagedcare@ahca.myflorida.com](mailto:flmedicaidmanagedcare@ahca.myflorida.com)

