Statewide Medicaid Managed Care (SMMC) Program Style Guide

Long-term Care (LTC) Program

How to Refer to the Program

1. The Statewide Medicaid Managed Care program • Always spell out in full the first time it is used.
   - Capitalize each word in the title.
   - The term "program," if used, should be lowercase.

     a. If being used in the title for a slide deck or other document, the term "program" may be capitalized to adhere to standard grammatical rules.

   - If referring to the program more than once in the same document, you may also include the acronym and refer to the program by the acronym or in full throughout the rest of the product. For example:

     a. The Agency for Health Care Administration is preparing for the implementation of the Statewide Medicaid Managed Care program (SMMC). The SMMC program consists of two parts, Long-term Care and Managed Medical Assistance.

2. The long-term care aspect of the SMMC program
   - Refer to this component as the "Long-term Care program."
   - Please note the hyphen and lowercase "t."
   - Please note the lowercase usage of the term "program."

     a. Again, the term "program" may be capitalized when used in the title of a slide or document.

   - After first use, the program may also be referred to as the "LTC program."
   - Although it is not preferred, you may abbreviate the program as "SMMC LTC" in titles and other situations where brevity is necessary.

   Please DO NOT use terms such as:

- Long Term Care
- Long-Term Care/Long Term Care Managed Care
- SMMC long term care
- SMMC: LTC
- SMMC-LTC

Program Terminology

1. The managed care plans participating in the Long-term Care program
   - Refer to as "long-term care plans" or "LTC plans."

   Please DO NOT use terms such as:
   - Managed care plans
   - Managed long-term care plans
   - MCOs
   - MCPs
   - Health plans

   Such terms do not adequately distinguish between plans contracted under the Long-term Care program and plans bidding for the Managed Medical Assistance program.

2. Providers who are part of a long-term care plan's network should be referred to as "provider(s)" or "network provider(s)."

   Please DO NOT us terms such as:
   - Rendering provider(s)
   - Treating provider(s)

3. When referring to Medicaid regions in general, the term "regions" should always be lowercase. When referring to a specific Medicaid region, the term "Region" should be capitalized and should be followed by a numerical symbol. For example:

   a. **Correct:** With respect to the Statewide Medicaid Managed Care program, the State of Florida is divided into 11 regions. encompasses Orange, Osceola, Seminole and Brevard counties.

   b. **Incorrect:** With respect to the Statewide Medicaid Managed Care program, the State of Florida is divided into 11 Regions. The first of these Regions to go live with the new program will be Region Seven, which encompasses Orange, Osceola, Seminole and Brevard counties.

4. Individuals enrolled in Medicaid, but not in a managed care plan should be referred to as "recipients."

   Those receiving services provided under the SMMC program should be referred to as "enrollees."

   Those in the Participant Directed Option program should be referred to as "participants."

   Please DO NOT use:
   - Beneficiaries
   - Customers
   - Patients
   - Members

5. When discussing the requirement the recipient must have an approved, valid reason for changing long-term care plans outside of the 90-day period, always use the term "good cause." This term should not be enclosed in quotation marks in Agency publications.

   Please DO NOT use terms such as:
   - just cause
   - Just Cause
   - "just cause" or "Just Cause"
   - Good Cause
   - "good cause" or "Good Cause"

6. Refrain from using Florida statutes, federal regulations, rules or contract citations in the body of a sentence. Instead, cite them in parentheses or as a separate sentence. For example:

   a. **Correct:** After 12 months of active participation in a managed care plan's network, the plan may exclude any of the providers from the network for failure to meet quality or performance criteria. (See s.409.982(1)(c), F.S.)

   b. **Incorrect:** F.S. 409.982(1)(c) states that after 12 months of active participation in a managed care plan's network, the plan may exclude any of the providers from the network for failure to meet quality or performance criteria.

7. Use the term "nursing facilities" instead of the term "nursing homes."

8. When discussing the specific benefits offered by each long-term care plan outside of the contractually required benefits, refer to them as "extra benefits" instead of "additional benefits" or "expanded benefits."

9. Use the term "wait list" instead of the term "waiting list" when referring to recipients being released from this list to become eligible to receive services.

    a. **Correct:** A recipient cannot be enrolled to receive home and community-based services until they have received proper level of care from CARES and have been release from the wait list.

10. Refrain from using abbreviations or acronyms such as "homes" or "NHs" in external communications. Acronyms such as ALF or ADRC may be used if the term has been written out in full previously in the same piece of literature.

    a. **Correct:** Those interested in learning more about the program should contact their will be able to answer any questions you may have.

    b. **Incorrect:** Those interested in learning more about the program can contact their local ADRC for more information. Staff members at the ADRC will be able to answer any questions you may have.

11. As always, try to use plain language when describing complex processes. Avoid using program-specific jargon such a "wait-listed" or "pending auto-assignment." Keep in mind that most individuals do not have the depth of knowledge that AHCA staff members do, so these processes need to be explained in a clear, concise manner to ensure understanding.

LTC Plan Nomenclature

This section outlines the proper nomenclature for all health plans participating in the SMMC Long-term Care program. The first (or only) name listed for each plan is how they should be referred to in Agency products. Additional names are provided as a reference for other formats you may see in products created by other stakeholders.

1. American Eldercare, Inc.

2. Amerigroup (Primary)

    • Amerigroup Community Care

3. Coventry

4. Humana (Primary)

   • Humana Comfort Choice

5. Molina (Primary)

   • Molina Community Plus
   • Molina Healthcare
   • Molina Healthcare of Florida
   • Molina LTC

6. Sunshine State Health Plan (Primary)

   • Sunshine Health Tango LTC
   • Tango
   • Sunshine Tango

7. United Healthcare (Primary)

   • United Healthcare at Home
   • United Healthcare & Home Connection

Program Resources

1. A series of short links were created to make referencing certain resources easier
   and more memorable for the visitor. For example, instead of referencing the
   SMMC website using (http://ahca.myflorida.com/Medicaid/statewide_mc/), you
   can instead simply use (http://ahca.myflorida.com/SMMC). These short links are
   easier for our audience to remember and also fit better in printed products like
   newspaper ads, flyers and editorials.

• SMMC Homepage - http://ahca.myflorida.com/SMMC
• LTC FAQ – http://ahca.myflorida.com/SMMCFAQ
• Area Office Map/Contacts -http://ahca.myflorida.com/AreaOffices

Managed Medical Assistance (MMA) Program

How to Refer to the Program

1. The Statewide Medicaid Managed Care program
   - Always spell out in full the first time it is used.
   - Capitalize each word in the title.
   - The term "program," if used, should be lowercase.

      b. If being used in the title for a slide deck or other document, the term "program" may be capitalized to adhere to standard grammatical rules.

   - If referring to the program more than once in the same document, you may also include the acronym and refer to the program by the acronym or in full throughout the rest of the product. For example:

      b. The Agency for Health Care Administration is preparing for the implementation of the Statewide Medicaid Managed Care program (SMMC). The SMMC program consists of two parts, Long-term Care and Managed Medical Assistance.

2. The managed medical assistance aspect of the SMMC program
   - Refer to this component as the "Managed Medical Assistance program."
   - Please note the lowercase usage of the term "program."

      b. Again, the term "program" may be capitalized when used in the title of a slide or document.

   - After first use, the program may also be referred to as the "MMA program."
   - Although it is not preferred, you may abbreviate the program as "SMMC MMA" in titles and other situations where brevity is necessary.

   Please DO NOT use terms such as:
   - Managed Cared program
   - Statewide Managed Care
   - SMMC managed medical program
   - SMMC: MMA • SMMC-MMA

Program Terminology

12. The managed care plans participating in the Managed Medical Assistance program

    • Refer to as "managed medical assistance plans" or "MMA plans."

    Please DO NOT use terms such as:
    • Managed care plans
    • HMOs
    • MCOs
    • MCPs
    • Health plans

    Such terms do not adequately distinguish between plans contracted under the Managed Medical Assistance program and plans contracted for the Long-term Care program.

13. Providers who are part of a managed medical assistance plan's network should be referred to as "provider(s)" or "network provider(s)."

    Please DO NOT us terms such as:
    • Rendering provider(s)
    • Treating provider(s)

14. When referring to Medicaid regions in general, the term "regions" should always be lowercase. When referring to a specific Medicaid region, the term "Region" should be capitalized and should be followed by a numerical symbol. For example:

    a. **Correct:** With respect to the Statewide Medicaid Managed Care program, the State of Florida is divided into 11 regions. The first of these regions to go live with the new program will be Region 7, which encompasses Orange, Osceola, Seminole and Brevard counties.

    a. **Incorrect:** With respect to the Statewide Medicaid Managed Care program, the State of Florida is divided into 11 Regions. The first of these Regions to go live with the new program will be Region Seven, which encompasses Orange, Osceola, Seminole and Brevard counties.

15. Individuals enrolled in Medicaid, but not in a managed care plan should be referred to as "recipients."

Those receiving services provided under the SMMC program should be referred to as "enrollees."

Please DO NOT use:
- Beneficiaries
- Customers
- Patients
- Members

16. When discussing the requirement the recipient must have an approved, valid reason for changing long-term care plans outside of the 90-day period, always use the term "good cause." This term should not be enclosed in quotation marks in Agency publications.

Please DO NOT use terms such as:
- just cause
- Just Cause
- "just cause" or "Just Cause"
- Good Cause
- "good cause" or "Good Cause"

17. Refrain from using Florida statutes, federal regulations, rules or contract citations in the body of a sentence. Instead, cite them in parentheses or as a separate sentence. For example:

c. **Correct:** After 12 months of active participation in a managed care plan's network, the plan may exclude any of the providers from the network for failure to meet quality or performance criteria. (See s.409.982(1)(c), F.S.)
d. **Incorrect:** F.S. 409.982(1)(c) states that after 12 months of active participation in a managed care plan's network, the plan may exclude any of the providers from the network for failure to meet quality or performance criteria.

18. When discussing the specific benefits offered by each MMA plan outside of the contractually required benefits, refer to them as "extra benefits" instead of "additional benefits" or "expanded benefits."

19. Additional MMA program terminology:

e. **Specialty Plan —** An MMA plan that serves Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.

  f. **Comprehensive Long-term Care Plan —** A Managed Care Plan that provides services described in s. 409.973, F.S., and also provides the services described in s. 409.98, F.S. Also referred to as Comprehensive LTC Managed Care Plan. For purposes of this Contract, Comprehensive LTC Managed Care Plans must comply with all general requirements of Managed Care Plans, LTC Managed Care Plans and MMA Managed Care Plans unless otherwise indicated.

20. As always, try to use plain language when describing complex processes. Avoid using program-specific jargon such a "wait-listed" or "pending auto-assignment." Keep in mind that most individuals do not have the depth of knowledge that AHCA staff members do, so these processes need to be explained in a clear, concise manner to ensure understanding.

MMA Plan Nomenclature

MMA Standard Plans
1. Amerigroup
2. Better Health
3. Coventry
4. First Coast Advantage
5. Humana
6. Integral
7. Molina
8. Preferred
9. Prestige
10. Simply
11. South Florida Community Care Network (SFCCN)
12. Sunshine Health
13. United Healthcare
14. Staywell

MMA Specialty Plans
1. Children's Medical Services Network (Children with Chronic Conditions)
2. Clear Health Alliance (HIV/AIDS)
3. Freedom Health (Dual Eligibles Only) (Cardiovascular Disease; Chronic Obstructive Pulmonary Disease; Congestive Heart Failure; & Diabetes)
4. Magellan Complete Care (Serious Mental Illness)
5. Positive Health Care (HIV/AIDS)
6. Sunshine Health Care (Child Welfare)

Program Resources

1. A series of shortlinks were created to make referencing certain resources easier and more memorable for the visitor.
- SMMC Homepage - http://ahca.myflorida.com/SMMC
- MMA FAQ – http://ahca.myflorida.com/SMMCFAQ
- Area Office Map/Contacts -http://ahca.myflorida.com/AreaOffices