Florida Managed Care Program Features, as of 2017

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	PACE
Program start date	08/01/2014	03/01/2014	01/01/2003
Waiver expiration date (if applicable)	06/30/2022	12/27/2021	
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Mandatory	Mandatory	Voluntary
Populations enrolled: Partial Duals			

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Other	30 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems	Automated Health Systems	Automated Health Systems
Populations enrolled: Notes on enrollment choice period	Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are then given 120 days to pick another plan if they wish to do so.		Continuous while slots are available
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		
Benefits covered: Case management		X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X	X	X
Benefits covered: Family planning	X		X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X	X	
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services		X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Midwife, Birth Center, Podiatry, and Targeted Case Management. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package. These expanded benefits vary by plan and include expanded adult dental services, expanded outpatient hospital visits, physician home visits, and many other expanded benefits that can be viewed through the following link: http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/Expanded_Benefits.pdf	Home Health Prosthetic Devices, Intermittent and Skilled Nursing Services. In addition, the Agency also negotiated expanded benefits above the Medicaid state plan service package and 1915(c). These expanded benefits vary by plan and include, but are not limited to, cellular phone service, mobile personal emergency response system, over-the-counter medications and supplies, and support to transition out of a nursing facility.	All other FL Medicaid covered services and other services as determined by the multidisciplinary team
Quality assurance and improvement: HEDIS data required?	Yes	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, AAAHC, Nationally recognized accrediting organizations	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Performance incentives: Payment bonuses/differentials to reward plans	X	X	
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Amerigroup Florida, Inc.; Better Health, Inc.; Coventry Healthcare of FL, Inc.; Humana Medical Plan; Molina Healthcare of Florida, Inc.; Prestige Health Choice; Community Care Plan; Simply Healthcare Plans, Inc.; Staywell; Sunshine State Health Plan, Inc.; United Healthcare of Florida, Inc.; Positive Healthcare, Inc.; Freedom Health, Inc.; Magellan Complete Care, LLC.; Clear Health Alliance; Sunshine State Health Plan, Inc.; Children's Medical Services Network	Amerigroup Florida, Inc.; Coventry Healthcare of FL, Inc.; Molina Healthcare of Florida, Inc.; Sunshine State Health Plan, Inc.; United Healthcare of FL, Inc.; Humana Medical Plan, Inc.	Florida PACE Center; Hope Select Care; Morselife Home Care, Inc.; Suncoast Neighborly Care, Inc.

Features	Managed Medical Assistance Program	Long-term Care Program	Program of All-Inclusive Care for the Elderly
Notes: Program notes	Pregnant women who meet all other criteria for Medicaid eligibility are mandatorily enrolled into the MMA program. Presumptively eligible pregnant women are excluded. Full Dual recipients are mandatorily enrolled in the MMA program if they receive fee-for-service Medicare or are enrolled in a Medicare Advantage plan that is NOT fully liable. Full Duals enrolled in a fully liable Medicare Advantage plan or in a Medicare Advantage Special Needs plan are excluded. There are two specialty plans available for recipients with HIV or AIDS: the Clear Health Alliance HIV/AIDS Specialty Plan and the Positive Healthcare of Florida HIV/AIDS Specialty Plan. The Agency identifies recipients for these specialty plans who have HIV/AIDS, or who take medications commonly associated with treatment of HIV or AIDS. Enrollment in the Freedom Health plan is restricted to Dual Eligibles with chronic conditions such as Diabetes, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure or Cardiovascular Disease. The Magellan Complete Care Serious Mental Illness Specialty Plan is for Medicaid recipients ages six and older who are diagnosed with or in treatment for a serious mental illness. The Agency identifies recipients for this specialty plan who are seriously mentally ill. The Sunshine Health Child Welfare Specialty Plan is for Medicaid recipients under the age of 21 who have an open case for child welfare services in the Department of Children and Families' Florida Safe Families Network database. The child welfare specialty plan works with the Community Based Care lead agencies to coordinate medical, dental, and behavioral health care for recipients in the child welfare system. When DCF notifies the Agency that a case is open for child welfare services in the FSFN database, the child becomes eligible for the child welfare specialty plan. A child also becomes eligible for Medicaid at that time, if not already eligible. The Children's Medical Services (CMS) Plan is for Medicaid recipients under the age of 21 who meet the Department of Health's clinical screening criteria for serious, chronic conditions. The parent or guardian who believes their child may be eligible for the CMS Plan can request a screening by contacting their local CMS office or they may be referred for screening by providers. The MMA specialty plans cover the same health care services as the standard MMA plans.	A recipient must be 18 years of age or older and meet Nursing Facility level of care in order to enroll in the Long-term Care program. Recipients aged 18 to 64 must be eligible for Medicaid by reason of a disability as determined by the Social Security Administration in order to enroll in the Long-term Care program.	