Florida Managed Care Program Features, as of 2021 (1 of 2)

Features	Managed Medical Assistance Program	Long-Term Care Program	Dental
Program type	Comprehensive MCO	MLTSS only (PIHP and/or PAHP)	Dental only (PAHP)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers)	1915(b)/1915(c)	1115(a) (Medicaid demonstration waivers)
Program start date	08/01/2014	08/01/2013	12/01/2018
Waiver expiration date (if applicable)	06/30/2030	12/27/2021	06/30/2030
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	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	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Mandatory
Populations enrolled: Full Duals	Mandatory	Mandatory	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory	Mandatory
Populations enrolled: American Indian/Alaska Native	Mandatory	Mandatory	Mandatory

Features	Managed Medical Assistance Program	Long-Term Care Program	Dental
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	Other	Other
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.	Beneficiaries are enrolled the beginning of the first month after they are determined eligible. Beneficiaries are then given 120 days to pick another plan if they wish to do so.	Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are then given 120 days to pick another plan if they wish to do so.
Benefits covered: Inpatient hospital physical health	X		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Outpatient hospital physical health	X		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		
Benefits covered: Nurse practitioner	X		
Benefits covered: Rural health clinics and FQHCs	X		
Benefits covered: Clinic services	X		
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs	X		
Benefits covered: Prosthetic devices	X		
Benefits covered: EPSDT	X		
Benefits covered: Case management		X	

Features	Managed Medical Assistance Program	Long-Term Care Program	Dental
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)	X	X	
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)			X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services		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	
Benefits covered: Non-Emergency Medical Transportation	X	X	
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		

Features	Managed Medical Assistance Program	Long-Term Care Program	Dental
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 outpatient hospital visits, physician home visits, and many other expanded benefits. The following link contains a listing of the expanded benefits http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/EB_by_Plan_March_2021.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©. 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.	
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, AAAHC, Nationally recognized accrediting organizations	NCQA, Nationally recognized accrediting organizations
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans	X	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			X

Features	Managed Medical Assistance Program	Long-Term Care Program	Dental
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		
Participating plans: Plans in Program	Aetna Better Health; Florida Community Care; Humana Medical Plan; Molina Healthcare of Florida; Prestige Health Choice; Community Care Plan; Simply Healthcare Plans, Inc.; Staywell Health Plan of Florida; Sunshine Sate Health Plan, Inc.; United Healthcare of Florida, Inc.; Magellan Complete Care, LLC; Clear Health Alliance; Staywell Serious Mental Illness; Sunshine State Health Plan - Child Welfare; Children's Medical Services Network; Vivida Health	Aetna Better Health; Florida Community Care; Humana Medical Plan, Inc.; Molina Healthcare of Florida, Inc.; Sunshine State Health Plan, Inc.; United Healthcare of Florida, Inc.; Staywell; Simply Healthcare Plans, Inc.	DentaQuest; Liberty; MCNA Dental
Notes: Program notes	Individuals fully eligible for Medicare and Medicaid are required to enroll in an MMA plan for covered Medicaid services. These individuals will continue to have their choice of Medicare providers as this program will not impact individual's Medicare benefits. Medicare-Medicaid beneficiaries will be afforded the opportunity to choose an MMA plan. However, to facilitate enrollment, if the individual does not elect an MMA plan, then the individual will be assigned to an MMA plan by the state using the auto-assignment criteria.	A recipient must be 18 years of age or older and meet Nursing Facility level of care in order to enroll. Recipients aged 18 to 64 must be eligible for Medicaid by reason of a disability as determined by the Social Security Administration. Recipients enrolled with a plan have 120 days to change plans.	Dental services are available to recipients in the Medically Needy program. Recipients are enrolled in the same plan each month that the recipient meets the share of cost requirement.

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Florida Managed Care Program Features, as of 2021 (2 of 2)

Features	Program of All- Inclusive Care for the Elderly
Program type	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide
Federal operating authority	PACE
Program start date	01/01/2003
Waiver expiration date (if applicable)	
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
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	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: American Indian/Alaska Native	Voluntary

Features	Program of All- Inclusive Care for the Elderly
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	Automated Health Systems
Populations enrolled: Notes on enrollment choice period	Continuous while slots are available.
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized Health Home	

Features	Program of All- Inclusive Care for the Elderly
Benefits covered: Home health services (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
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	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	All other FL Medicaid covered services and other services as determined by the multidisciplinary team.
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No

Features	Program of All- Inclusive Care for the Elderly
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	Florida Pace Center; Hope Select Care; Morselife Home Care, Inc.; Suncoast Neighborly Care, Inc.; NE PACE Partners
Notes: Program notes	At the time of the enrollment, an individual must be able to live in a community setting without jeopardizing his or her health or safety. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization.