

Statewide Medicaid Managed Care (SMMC)

Florida Assisted Living Association

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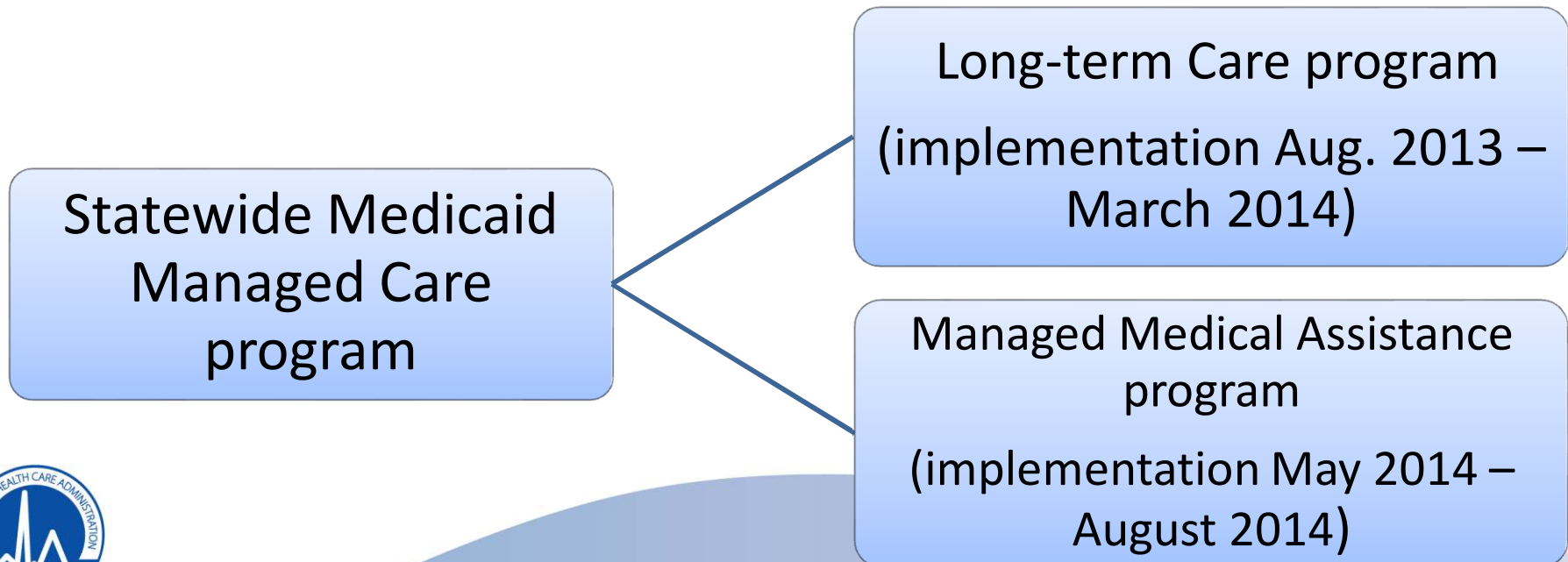
Agency for Health Care Administration

August 12, 2014



Why are changes being made to Florida's Medicaid program?

- Because of the Statewide Medicaid Managed Care (SMMC) program, the Agency is changing how a majority of individuals receive most health care services from Florida Medicaid.

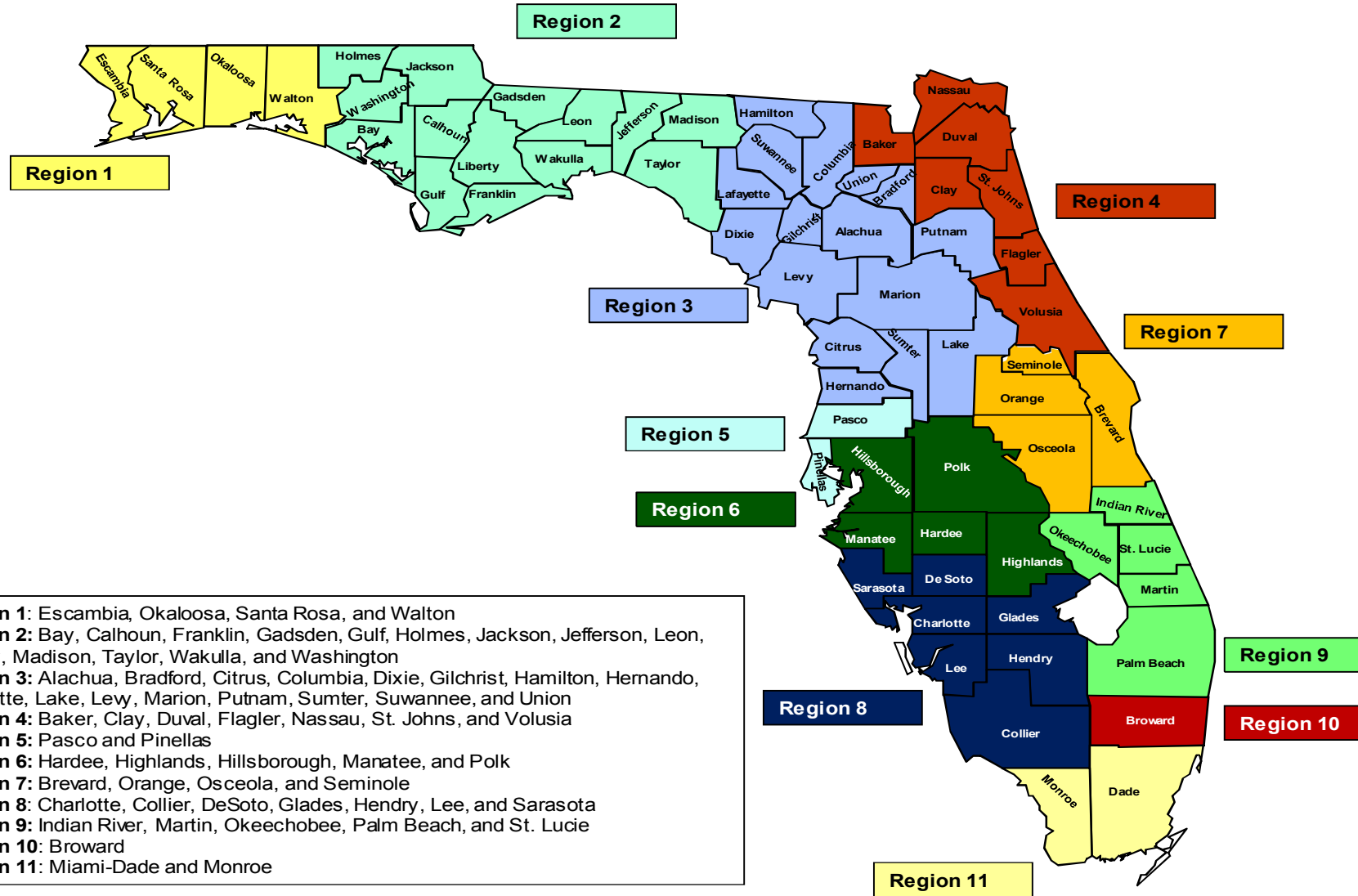


The SMMC program does not/is not:

- The program *does not* limit medically necessary services.
- The program *is not* linked to changes in the Medicare program and does not change Medicare benefits or choices.
- The program *is not* linked to National Health Care Reform, or the Affordable Care Act passed by the U.S. Congress.
 - It does not contain mandates for individuals to purchase insurance.
 - It does not contain mandates for employers to purchase insurance.
 - It does not expand Medicaid coverage or cost the state or federal government any additional money.



Statewide Medicaid Managed Care Regions Map



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



Agency Goals for a Successful MMA Rollout

- Preserve continuity of care, and to greatest extent possible:
 - Recipients keep primary care provider
 - Recipients keep current prescriptions
 - Ongoing course of treatment will go uninterrupted
- Plans must have the ability to pay providers fully and promptly to ensure no provider cash flow or payroll issues.



Agency Goals for a Successful MMA Rollout

- Plans must have sufficient and accurate provider networks under contract and taking patients.
 - Allows an informed choice of providers for recipients and the ability to make appointments.
- Choice Counseling call center and website must be able to handle volume of recipients engaged in plan choice at any one time.
 - Regional roll out to ensure success



The Managed Medical Assistance (MMA) Program

Most Medicaid recipients are required to enroll in the MMA program.

Medicaid recipients who qualify and become enrolled in the MMA program receive medical services from a managed care plan.

- Recipients who have chosen an LTC plan may need to also choose an MMA plan.



MMA Program

Who WILL NOT participate?

- The following groups are excluded from program enrollment:
 - Individuals eligible for emergency services only due to immigration status;
 - Family planning waiver eligibles;
 - Individuals eligible as women with breast or cervical cancer; and
 - Individuals eligible and enrolled in the Medically Needy program with a Share of Cost.



MMA Program

Who May CHOOSE to participate?

- The following individuals may choose to enroll in the MMA program, but are not required to enroll:
 - Individuals who have other creditable health care coverage, excluding Medicare;
 - Individuals age 65 and over residing in a mental health treatment facility meeting the Medicare conditions of participation for a hospital or nursing facility;
 - Individuals in an intermediate care facility for individuals with intellectual disabilities (ICF-IID); and
 - Individuals with developmental disabilities enrolled in the home and community based waiver and Medicaid recipients waiting for developmental disabilities waiver services.
 - Children receiving services in a prescribed pediatric extended care facility.
 - Medicaid recipients residing in a group home facility licensed under chapter 393.



Where will recipients receive services?

- Several types of health plans will offer services through the MMA program:
 - Standard Health Plan
 - Health Maintenance Organizations (HMOs)
 - Provider Service Networks (PSNs)
 - Specialty Plans
 - Comprehensive Plans
 - Children’s Medical Services Network
- Health plans were selected through a competitive bid for each of 11 regions of the state.



Managed Medical Assistance Services

(All MMA Plans will provide these services)

Minimum Required Covered Services: Managed Medical Assistance Plans

Advanced registered nurse practitioner services	Medical supplies, equipment, prostheses and orthoses
Ambulatory surgical treatment center services	Mental health services
Birthing center services	Nursing care
Chiropractic services	Optical services and supplies
Dental services	Optometrist services
Early periodic screening diagnosis and treatment services for recipients under age 21	Physical, occupational, respiratory, and speech therapy
Emergency services	Physician services, including physician assistant services
Family planning services and supplies (some exception)	Podiatric services
Healthy Start Services (some exception)	Prescription drugs
Hearing services	Renal dialysis services
Home health agency services	Respiratory equipment and supplies
Hospice services	Rural health clinic services
Hospital inpatient services	Substance abuse treatment services
Hospital outpatient services	Transportation to access covered services
Laboratory and imaging services	



What providers will be included in the MMA plans?

- Plans must have a sufficient provider network to serve the needs of their plan enrollees, as determined by the State.
- Managed Medical Assistance plans may limit the providers in their networks based on credentials, quality indicators, and price, but they must include the following statewide essential providers:
 - Faculty plans of Florida Medical Schools;
 - Regional Perinatal Intensive Care Centers (RPICCs);
 - Specialty Children's Hospitals; and
 - Health care providers serving medically complex children, as determined by the State.



Plans Selected for Managed Medical Assistance Program Participation (General, Non-specialty Plans)

Note: Formal protest pending in Region 11 for MMA Standard Plans

Region	MMA Plans													
	Amerigroup	Better Health	Coventry	First Coast Advantage	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Sunshine State	United Healthcare	Staywell
1					X	X								
2									X					X
3									X			X	X	X
4				X								X	X	X
5	X								X			X		X
6	X	X			X	X			X			X		X
7	X						X		X			X	X	X
8						X			X			X		X
9					X		X		X			X		
10		X			X					X		X		
11	X		X		X		X	X	X		X	X	X	X



Expanded Benefits- Standard Plans

List of Expanded Benefits	Amerigroup	Better	Coventry	First Coast	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Staywell	Sunshine	United
Adult dental services (Expanded)	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adult hearing services (Expanded)	Y	Y			Y		Y	Y	Y		Y	Y	Y	Y
Adult vision services (Expanded)	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Art therapy	Y				Y		Y					Y	Y	
Equine therapy												Y		
Home health care for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y		Y		Y	Y	Y	Y	Y	Y
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y
Medically related lodging & food		Y			Y		Y		Y		Y	Y	Y	
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Nutritional counseling	Y	Y			Y	Y		Y	Y		Y	Y	Y	
Outpatient hospital services (Expanded)	Y	Y			Y		Y	Y	Y		Y	Y	Y	Y
Over the counter medication and supplies	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Pet therapy					Y		Y					Y		
Physician home visits	Y	Y			Y		Y		Y		Y	Y	Y	Y
Pneumonia vaccine	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Post-discharge meals	Y	Y			Y	Y	Y	Y			Y	Y	Y	Y
Prenatal/Perinatal visits (Expanded)	Y	Y			Y	Y	Y	Y	Y		Y	Y	Y	Y
Primary care visits for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y
Waived co-payments	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

NOTE: Details regarding scope of covered benefit may vary by managed care plan.

What Specialty Plans are Available?

Managed Medical Assistance Specialty Plans

Region	Clear Health Alliance	Positive Healthcare	Children's Medical Services Network	Magellan Complete Care	Sunshine Health Plan	Freedom Health (Dual Eligibles Only)
	HIV/AIDS	HIV/AIDS	Children with Chronic Conditions	Serious Mental Illness	Child Welfare	Cardiovascular Disease; Chronic Obstructive Pulmonary Disease; Congestive Heart Failure; & Diabetes
1	X		X		X	
2	X		X	X	X	
3	X		X		X	X
4			X	X	X	
5	X		X	X	X	X
6	X		X	X	X	X
7	X		X	X	X	X
8	X		X		X	X
9	X		X	X	X	X
10	X	X	X	X	X	X
11	X	X	X	X	X	X

Note:

- **Magellan Complete Care will begin operation in Regions 10 & 11 on July 1, 2014.**
- **Magellan Complete Care will begin operations in Regions 1, 7, & 9 on August 1, 2014**
- **Magellan Complete Care will begin operation in Regions 2, 4, 5, 6 on September 1, 2014**
- **Children's Medical Services Network plan will not begin operations until August 1, 2014**
- **Freedom Health will not begin operations until January 1, 2015**



Expanded Benefits-Specialty Plans

Expanded Benefits	Child Welfare	HIV/AIDS (Clear Health)	HIV/AIDS (Positive)	SMI
Adult dental services (Expanded)	✓	✓	✓	✓
Adult hearing services (Expanded)	✓	✓		
Adult vision services (Expanded)	✓	✓	✓	✓
Art therapy	✓			
Home and community-based services		✓	✓	
Home health care for non-pregnant adults (Expanded)	✓	✓	✓	✓
Influenza vaccine	✓	✓	✓	✓
Medically related lodging & food	✓	✓		
Intensive Outpatient Therapy				✓
Newborn circumcisions	✓	✓	✓	✓
Nutritional counseling	✓	✓	✓	✓
Outpatient hospital services (Expanded)	✓	✓		✓
Over the counter medication and supplies	✓	✓	✓	✓
Physician home visits	✓	✓		
Pneumonia vaccine	✓	✓	✓	✓
Post-discharge meals	✓	✓	✓	✓
Prenatal/Perinatal visits (Expanded)	✓	✓	✓	✓
Primary care visits for non-pregnant adults (Expanded)	✓	✓	✓	✓
Shingles vaccine	✓	✓	✓	✓
Waived co-payments	✓	✓	✓	✓

NOTE: Details regarding scope of covered benefit may vary by managed care plan. Children's Medical Services and the specialty plan for dual eligibles with chronic conditions do not offer Expanded Benefits.



Managed Medical Assistance (MMA) Enrollment

MMA Plan enrollment As of July 1, 2014

Plan Name	Region 2	Region 3	Region 4	Region 5	Region 6	Region 8	Region 10	Region 11	Total
Amerigroup Florida, Inc.				65,517	112,616			49,969	228,102
Better Health					18,811		65,725		84,536
Coventry Health Care								43,907	43,907
First Coast Advantage, LLC			65,537						65,537
Humana Medical Plan					26,321		44,129	64,539	134,989
Integral Quality Care					18,303	39,582			57,885
Molina Healthcare of Florida								24,991	24,991
Preferred Medical Plan								30,113	30,113
Prestige Health Choice	42,935	55,016		20,372	24,535	50,710		16,474	210,042
SFCCN							43,021		43,021
Simply Healthcare Plans, Inc.								68,893	68,893
Staywell Health Plan of Florida	52,837	81,011	56,048	42,047	114,409	75,423		55,106	476,881
Sunshine State Health Plan, Inc.		26,451	72,152	27,402	41,959	12,832	55,971	25,728	262,495
United Healthcare of Florida		52,933	63,935					79,351	196,219
AHF / Positive Healthcare (Specialty Plan)							964	1,205	2,169
Magellan Complete Care (Specialty Plan)							3,649	9,057	12,706
Clear Health Alliance (Specialty Plan)	245	487		865	729	529	896	2,456	6,207
Sunshine Health Child Welfare (Specialty Plan)	606	1,783	2,090	1,365	2,612	1,138	1,777	1,891	13,262
Total By Region	96,623	217,681	259,762	157,568	360,295	180,214	216,132	473,680	1,961,955



Which Plans are Comprehensive?

Region	Comprehensive Plans Available
1	None available
2	None available
3	Sunshine, United
4	Sunshine, United
5	Sunshine
6	Sunshine
7	Molina, Sunshine, United
8	Sunshine
9	Sunshine
10	Humana, Sunshine
11	Amerigroup, Coventry, Humana, Molina, Sunshine, United



Will Comprehensive plan cover Medicare services?

- In 2015, recipients enrolled in Medicare Advantage plans will have the ability to choose a comprehensive Medicaid plan where the recipients' Medicare and Medicaid plans are the same entity.
- Medicaid recipients currently enrolled in a Medicare Advantage plan that offers the full set of MMA benefits will not be required to enroll in a Medicaid MMA plan.
 - Please see the Agency's guidance statement about Medicare Advantage plans at:
http://ahca.myflorida.com/MEDICAID/statewide_mc/pdf/Guidance_Statements/SMMC_Guidance_Statement_enrollment_in_Medicare_Advantage_Plans.pdf



Long-term Care Program

Medicaid recipients who qualify and become enrolled in the LTC program will receive long-term care services from a managed care plan.



LTC Recipient Enrollment Schedule

Region	Enrollment Effective Date
7	August 1, 2013
8 and 9	September 1, 2013
2 and 10	November 1, 2013
11	December 1, 2013
5 and 6	February 1, 2014
1, 3 , 4	March 1, 2014



Long-term Care Plans by Region

Region	LTC Plans						
	American Eldercare, Inc. (PSN)	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan ("Tango")	United Healthcare of Florida, Inc.
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X

Long-term Care (LTC) Enrollment

LTC Plan enrollment As of July 1, 2014

Plan Name	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Total
American Eldercare, Inc.	1,484	1,276	652	1,270	1,421	922	2,413	1,079	1,454	398	1,288	13,657
AmeriGroup Florida, Inc.										1,635	3,038	4,673
Coventry Healthcare of Florida, Inc.						1,153	859		1,310		1,152	4,474
Humana Medical Plan, Inc.				1,305						1,237	1,707	4,249
Molina Healthcare of Florida, Inc.					1,540	1,217					2,594	5,351
Sunshine State Health Plan, Inc.	1,478		3,714	3,657	3,573	3,308	2,667	2,560	2,950	2,585	4,228	30,720
United Healthcare of Florida, Inc.		2,410	2,053	2,404	2,589	2,072	2,004	1,359	1,555		3,821	20,267
Total	2,962	3,686	6,419	8,636	9,123	8,672	7,943	4,998	7,269	5,855	17,828	83,391



LTC - What Services are Covered?

Adult companion care	Hospice
Adult day health care	Intermittent and skilled nursing
Assisted living services	Medical equipment and supplies
Assistive care services	Medication administration
Attendant care	Medication management
Behavioral management	Nursing facility
Care coordination/Case management	Nutritional assessment/Risk reduction
Caregiver training	Personal care
Home accessibility adaptation	Personal emergency response system (PERS)
Home-delivered meals	Respite care
Homemaker	Therapies, occupational, physical, respiratory, and speech
Transportation, non-emergency	

Each enrollee will not receive all services listed. LTC program enrollees will work with a case manager to determine the services they need based on their condition.



Mixed Services Reimbursement

Recipient Coverage	Who Pays for Mixed Services
Medicare and Medicaid	Medicare (if it is a covered service)
Medicaid LTC and Fee-for-Service	Medicaid LTC Plan
Medicaid LTC and MMA Plan	Medicaid LTC Plan
Medicaid MMA Plan only (not enrolled in LTC)	Medicaid MMA Plan
Medicaid Fee-for-Service	Medicaid Fee-for-Service



Assistive Care Services:

LTC Plan always pays if the recipient is in AFCH or ALF.

MMA plan pays for MMA only enrollees when recipient is in AFCH, ALF or RTF.

Long-term Care Program	Managed Medical Assistance Program
Services	
<p>Assistive care services can be received in Adult Family Care Homes or Assisted Living Facilities*</p> <p><i>*Assisted Living Facilities receive reimbursement for assistive care services as a part of the Assisted Living Facility Service; it is no longer separately reimbursed, under the LTC program.</i></p>	<p>Assistive care services can be received in Assisted Living Facilities, Adult Family Care Homes or Residential Treatment Facilities</p>
Payment	
<p>Plans and providers will negotiate assistive care service rates.</p>	



Statewide Medicaid Managed Care Program



Program Enhancements: Expanded Benefits

- Example of expanded benefits:
 - Adult Dental
 - Adult Hearing
 - Adult Vision
 - Cellular Phone Service
 - Outpatient hospital services
 - Physician home visits
 - Pneumonia and Shingles vaccine
 - Support to move out of a nursing facility



Program Enhancements: Network Adequacy Standards

- The managed care plans agreed to enhanced network adequacy standards, which include:
 - Network adequacy ratios;
 - Increasing the number of primary care and specialist providers in a region that are accepting new Medicaid enrollees;
 - Increasing the number of primary care providers that offer after hour appointment availability; and
 - Establishing utilization rates for out-of-network specialty care and hospital admissions.



Program Enhancements: Electronic Health Records

- The Agency selected plans that were committed to assisting the Agency in our efforts to increase electronic health record adoption.
 - Managed Care Plans agreed to establish thresholds for the number of physicians and hospitals that would adopt meaningful use standards by the end of the second contract year.
 - Managed Care Plans agreed to establish thresholds for the number of enrollees who are assigned to primary care providers meeting meaningful use requirements.



Program Enhancements: Claims Processing

- The Agency negotiated more timely claims processing timeframes than are required in state and federal regulations.
 - Examples:
 - Selected managed care plans will pay, deny, or contest electronic claims within 15 calendar days.
 - Selected managed care plans will pay, deny, or contest paper claims within 20 calendar days.
 - Selected managed care plans agree to pay 50% all clean claims within 7 calendar days of receipt.



Additional Program Enhancements

- **Prior Authorization:** Selected managed care plans agreed to process standard and expedited prior authorization requests more timely. For many of the standards, the timeframes for processing the authorization request have been reduced by almost half.
- **Enrollee/Provider Help Line:** Selected managed care plans agreed to adhere to more stringent call center performance standards. Areas where we achieved added value include: reduced time for the average speed to answer, reduced call blockage rates, reduced call abandonment rates, and reduced wait times for calls placed in the queue.



Medicare Coinsurance and Deductibles and Crossover Claims

	LONG-TERM CARE	MANAGED MEDICAL ASSISTANCE
Are the plans responsible for payment of Part A coinsurance and deductible?	Yes	Yes*
Are the plans responsible for payment of Part B coinsurance and deductibles?	Yes	Yes*

*Note: If member is also enrolled in an LTC plan, the LTC plan must pay any coinsurance and deductibles on services listed in slide 36.



	LONG-TERM CARE	MANAGED MEDICAL ASSISTANCE
Do providers submit crossover claims to the health plan for payment?	Yes	Yes
Should the provider wait to receive the EOB before submitting the crossover to the plan?	Yes	Yes



Medicare Crossover Claims: Provider Responsibilities

- Medicare crossover claims will not be automatically submitted to the LTC or MMA plans.
- Providers will bill the LTC plans for co-payments due for Medicaid covered LTC services for individuals who are dually eligible for Medicare and Medicaid after receiving the Medicare Explanation of Benefits (EOB) for the co-insurance payments.
- Providers will need to submit the claim to the enrollees' MMA plan in order to be reimbursed for any co-insurance or deductibles.



Medicare Crossover Claims: Recipient Responsibilities

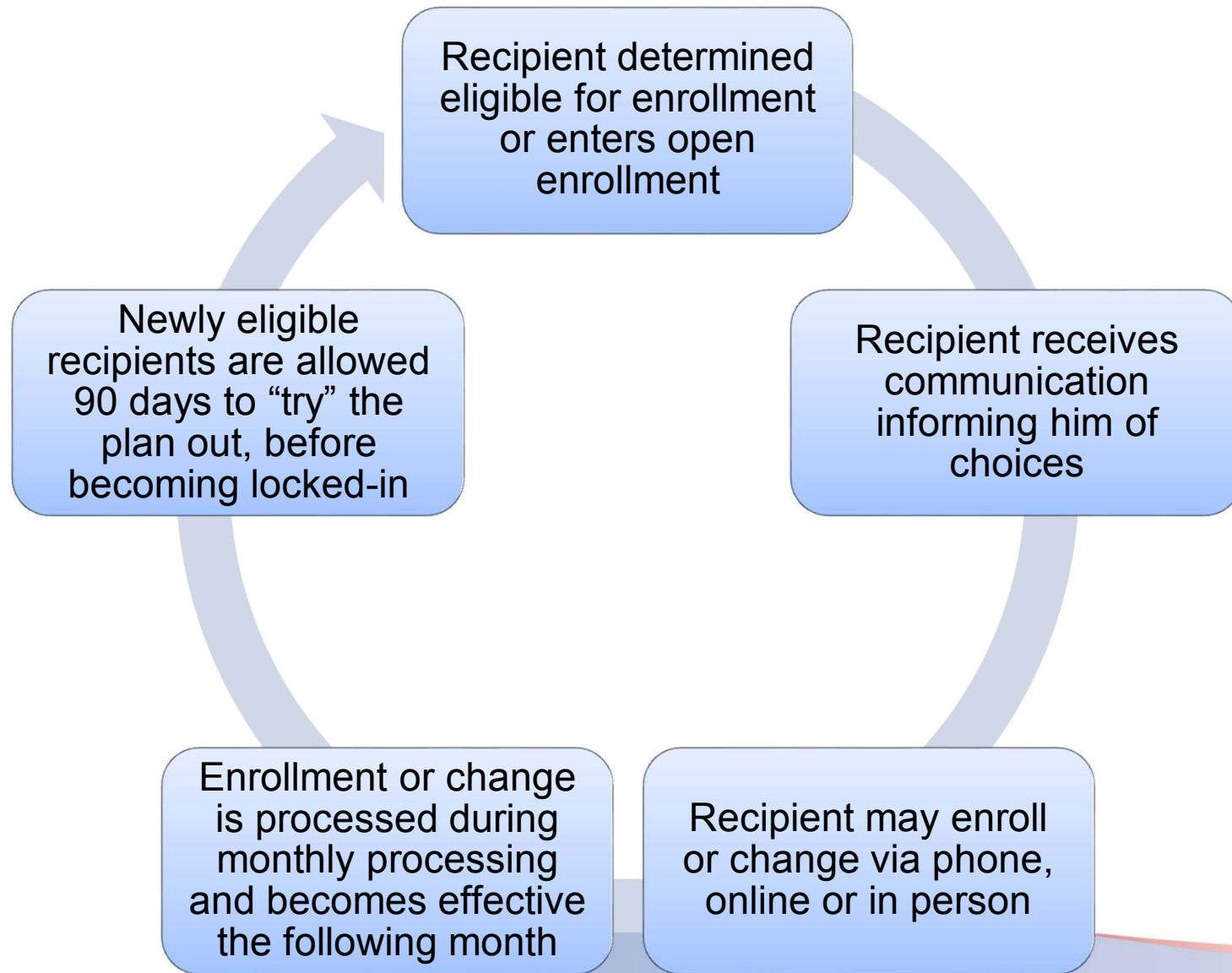
- Except for patient responsibility for long-term care services, the plan members should have no costs to pay or be reimbursed.



Choice Counseling



The Choice Counseling Cycle






How Do Recipients Choose an MMA Plan?

- Recipients may enroll in an MMA plan or change plans:
 - Online at: www.flmedicaidmanagedcare.com
 - Or
 - By calling **1-877-711-3662** (toll free) or **1-866-467-4970** (TTY) and
 - speaking with a choice counselor
 - OR
 - using the Interactive Voice Response system (IVR)
- Choice counselors are available to 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.



Choice Counseling

To gain quicker access to your case, please use the following security PIN to enroll: <PIN#>

 <p>Step 1: Look</p>	<p>Look at the information in this packet. It includes:</p> <ul style="list-style-type: none"> information on the MMA program a list of the plan(s) in your region a list of the extra benefits offered by the plan(s) the steps you need to take to join a plan how to enroll online or by phone answers to frequently asked questions <p>You can also find this same information online at: www.flmedicaidmanagedcare.com</p>					
 <p>Step 2: Choose</p>	<p>You must choose your MMA plan by <dynamic cut-off date>.</p> <p>For each person, you will need:</p> <ul style="list-style-type: none"> birth date and either the Medicaid number or Social Security Number. 	<table border="1"> <thead> <tr> <th>Name</th> <th>Medicaid #</th> </tr> </thead> <tbody> <tr> <td><Name></td> <td><Medicaid ID></td> </tr> </tbody> </table>	Name	Medicaid #	<Name>	<Medicaid ID>
Name	Medicaid #					
<Name>	<Medicaid ID>					
 <p>Step 3: Enroll</p>	<p style="text-align: center;">Online</p> <p style="text-align: center;">www.flmedicaidmanagedcare.com</p> <p>Please note: If you choose to enroll online you will need to use the Security PIN above. The PIN must be used along with your Medicaid ID or Gold Card number.</p>	<p style="text-align: center;">OR</p> <p style="text-align: center;">Call</p> <p>Toll-free at 1-877-711-3662 to talk to a choice counselor or request to meet with a choice counselor.</p> <p>For additional information, please see the brochure in your packet.</p>				
<p style="text-align: center;">IMPORTANT: If you do not choose, we will place those listed in Step 2 in the MMA plan below.</p> <p style="text-align: center;">Plan Name: <Managed Medical Assistance Plan> Plan Start Date: <effective date></p>						



Information about making a plan selection

The screenshot shows a web browser window with the URL <http://fmedicaidmanagedcare.com/MMA/ChooseAPlan.aspx>. The page features the AHCA logo (Florida Agency for Health Care Administration) and the title "Statewide Medicaid Managed Care". A navigation menu includes: Home, Program Information, **1. How to Choose a Plan**, 2. Plan Information, 3. Specialty Plan Information, 4. Enroll, Glossary, FAQ, References, Letters And Brochures, and Contact Us. A red button says "Click Here to ENROLL ONLINE". Another red button says "Click Here to download the 'Authorized Representative Form'".

Recipients should consider the following when choosing an MMA plan:

- What services do I think I need? Doctor's Visits? Home Health Services? (Note: These are also known as direct service providers and must be in the plans' network.)
- What plan do my doctors take?
- What kind of doctors do I need? Pediatrician? Family Doctor?
- What extra benefits meet my needs?

Steps to help you pick your plan

1. Each plan offers the same core benefits. For the listing of the basic Florida MMA Medicaid benefits you may refer to the Program Information tab.
2. Look at the Plan Information tab to see what extra services are offered by each plan.
3. Call or visit with a Choice Counselor for help.

NOTE: If you need additional information about the program please contact a Choice Counselor at 1-877-711-3662.



Resources

- This presentation can be found on our SlideShare page at: bit.ly/LTC_MMA
- Questions can be emailed to: FLMedicaidManagedCare@ahca.myflorida.com
- Updates about the Statewide Medicaid Managed Care program are posted at: www.ahca.myflorida.com/SMMC
- Upcoming events and news can be found on the “News and Events” link.
 - You may sign up for our mailing list by clicking the red “Program Updates” box on the right hand side of the page.
- Continue to check our Frequently Asked Questions button, as we make updates on a regular basis.

The screenshot shows the Florida Medicaid website. At the top, there is a header with the text "Florida Medicaid" and a circular image of a woman and a child. Below the header is a navigation bar with links: "SMMC Home", "News and Events" (circled in red), "Long-term Care", "Managed Medical Assistance", "Federal Authorities", and "Archive".

The main content area is titled "Statewide Medicaid Managed Care Program". Below this title is a paragraph: "In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has two key components: the Managed Medical Assistance program and the Long-term Care program."

Below the paragraph is a section titled "Program Overview and Summary". It contains the text: "There will be two different components that make up the SMMC program:" followed by a bulleted list:

- The Florida Long-term Care program and
- The Florida Managed Medical Assistance program.

Below the list is the text: "If you are interested in learning more about these two programs, overviews and summaries may be accessed through the links below." followed by three links:

- [Long-term Care program Snapshot \[214KB PDF\]](#)
- [Managed Medical Assistance program Snapshot \[318KB PDF\]](#)
- [Region Map \[264KB PDF\]](#)

At the bottom of the page, there is a note: "Updates about the Statewide Medicaid Managed Care program will be posted on this website as they become available."

On the right side of the page, there is a vertical sidebar with four buttons: "Program Updates" (circled in red), "Report a Complaint", "Submit Comments & Questions", and "Frequently Asked Questions" (circled in red).



http://apps.ahca.myflorida.com/smmc_cirts/

Florida Statewide Medicaid Managed Care Program Complaint Form

If you have a complaint about Medicaid Managed Care services, please complete the information below.

* Required fields

For each complaint/issue, please provide:

Your name

Your email

Your phone number

I am a

Who is the complaint/issue about?

Name (If different from above)

Gold Card, SSN, or Medicaid ID or NPI

County

What type of Managed Care Plan is this complaint/issue about?

What is the name of the Managed Care Plan?

Which choice best describes the (complaint/issue)?

Please describe in 2000 characters or less

Do you want to be contacted about this complaint/issue?

Your name, email and phone number are requested in case more information is needed to resolve your issue. If you wish to remain anonymous, you may omit this information. If you choose to send an issue anonymously, please provide as much detail as possible. Without enough detail, we may not be able to resolve your issue; however, your input is important and will be used to improve the program.

Thank you for completing this form. After you click the 'Submit' button above, a copy of your complaint will be sent to the email address that you provided.

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the local Area Office by phone (click on link below) or in writing.

If you need assistance completing this form or wish to verbally report your issue, please contact your local Area Office.

Phone numbers of local [Area Offices](#)



Report a Complaint



- If you have a complaint or issue about Medicaid Managed Care services, please complete the online form found at: <http://ahca.myflorida.com/smmc>
- Click on the “Report a Complaint” blue button.
- If you need assistance completing this form or wish to verbally report your issue, please contact your local Medicaid area office.
- Find contact information for the Medicaid area offices at: <http://www.mymedicaid-florida.com/>

Additional Information



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