

FLORIDA
SECTION 1115 DEMONSTRATION
FACT SHEET

Name of Section 1115 Demonstration: Managed Medical Assistance
Waiver Number: 11-W-00206/4

Date Proposal Submitted: August 30, 2005
Date Proposal Approved: October 19, 2005
Date of Implementation: July 1, 2006
Date of Extension #1 Approval: December 15, 2011
Date of Extension #2 Approval: July 31, 2014
Date of Extension #3 Approval: August 1, 2017
Date of Expiration: June 30, 2022

Number of Amendments: 10

SUMMARY

The state of Florida’s section 1115 Medicaid demonstration, titled “Managed Medical Assistance” (MMA) program, is currently approved to operate from August 1, 2017 through June 30, 2022. With the August 2017 extension, the Centers for Medicare & Medicaid Services (CMS) authorized the state to continue the MMA program and the Low-Income Pool (LIP) with an annual expenditure limit of \$1.5 billion (Total Computable; TC). The extension also simplified and streamlined the state’s reporting obligations, while maintaining accountability and essential federal oversight.

ELIGIBILITY

Mandatory State Plan Groups & Descriptions	
Infants under age 1	No more than 206% of the FPL
Children 1-5	No more than 140% of the FPL
Children 6-18	No more than 133% of the FPL
Blind/Disabled Children	Children eligible under Supplemental Security Income (SSI) or deemed to be receiving SSI
IV-E Foster Care and Adoption Subsidy	Children for whom IV-E foster care maintenance payments or adoption subsidy payments are received – no Medicaid income limit
Pregnant women	Income not exceeding 191% of FPL
Section 1931 parents or other	No more than Aid to Families with Dependent Children

caretaker relatives	(AFDC) Income Level (Families whose income is no more than about 31% of the FPL or \$486 per month for a family of 3)
Aged/Disabled Adults	Persons receiving SSI, or deemed to be receiving SSI, whose eligibility is determined by the Social Security Administration (SSA)
Former foster care children up to age 26	Individuals who are under age 26 and who were in foster care and receiving Medicaid when they aged out
Optional State Plan Groups & Descriptions	
State-funded Foster Care or Adoption assistance under age 18	Who receive a state Foster Care or adoption subsidy, not under title IV-E
Individuals eligible under a hospice-related eligibility group	Up to 300% of SSI limit. Income of up to \$2,130 for an individual and \$4,260 for an eligible couple
Institutionalized individuals eligible under the special income level group specified at 42 CFR 435.236	This group includes institutionalized individuals eligible under this special income level group who do not qualify for an exclusion, or are not included in a voluntary participant category in STC 20(c).
Institutionalized individuals eligible under the special home and community-based waiver group specified at 42 CFR 435.217	This group includes non-institutionalized individuals eligible under this special HCBS waiver group who do not qualify for an exclusion, or are not included in a voluntary participant category in STC 20(c).

DELIVERY SYSTEM

The MMA demonstration allows the state to operate a capitated Medicaid managed care program. Under the demonstration, most Medicaid-eligibles are required to enroll in one of the managed care plans contracted with the state. Several populations may also voluntarily enroll in managed care through the MMA program. Applicants for Medicaid are given the opportunity to select a managed care plan prior to receiving a Florida Medicaid eligibility determination. If they do not choose a plan, they are auto-assigned into a managed care plan upon an affirmative eligibility determination and subsequently provided with information about their choice of plans with the auto-assignment.

BENEFITS

Under MMA, managed care plans are able to provide customized benefits to their members that differ from, but are not less than, the state plan benefits—and participating Medicaid-eligibles have access to Healthy Behaviors Programs that provide incentives for healthy behaviors. The

demonstration also establishes a Low Income Pool (LIP) to ensure continuing support for the safety net providers that furnish uncompensated care (UC) to the Medicaid, uninsured, and underinsured populations.

EVALUATION PLAN

The state's evaluation, at a minimum, will include a discussion of the goals, objectives, and specific hypotheses that are being tested—including those outlined below:

1. The outcome measures to be used in evaluating the impact of the demonstration during the period of approval, particularly among the target population;
2. The data sources and sampling methodology for assessing these outcomes;
3. A detailed analysis plan that describes how the effects of the demonstration are isolated from other initiatives occurring in the state;
4. The effect of managed care on access to care, quality and efficiency of care, and the cost of care;
5. The effect of customized benefit plans on beneficiaries' choice of plans, access to care, or quality of care;
6. Participation in the Healthy Behaviors programs and its effect on participant behavior or health status;
7. The impact of LIP funding on hospital charity care programs;
8. The effect of having separate managed care programs for Acute Care and Long Term Care (LTC) services on access to care, care coordination, quality, efficiency of care, and the cost of care;
9. The impact of efforts to align with Medicare and improving beneficiary experiences and outcomes for dual-eligible individuals; and
10. The effectiveness of enrolling individuals into a managed care plan upon eligibility determination in connecting beneficiaries with care in a timely manner.

Description of Original Approval and Extensions

The state's original section 1115 demonstration, "Medicaid Reform," was approved October 19, 2005. The state implemented the demonstration July 1, 2006, in Broward and Duval Counties, and then expanded to Baker, Clay, and Nassau Counties on July 1, 2007. On December 15, 2011, CMS agreed to extend the demonstration through June 30, 2014.

The December 2011 renewal included several important improvements to the demonstration, such as: enhanced managed care requirements to ensure increased stability among managed care plans, minimize plan turnover, and provide for an improved transition and continuity of care when enrollees change plans and to ensure adequate choice of providers. The renewal also included a Medical Loss Ratio (MLR) requirement of 85 percent for Medicaid operations. Finally, the renewal included the continuation of the LIP

of \$1 billion Total Computable (TC) annually to assist safety net providers in providing health care services to Medicaid, underinsured and uninsured populations.

The approved 2014 extension of the demonstration continued the improvements authorized in the June 2013 amendment and extended all portions of the demonstration for three years—except the Low Income Pool (LIP). CMS authorized extension of the Low Income Pool for one year, from July 1, 2014 through June 30, 2015.

On June 30, 2015, pursuant to a letter to the state, CMS granted 60 days of interim expenditure authority under section 1115(a)(2) of the Social Security Act, to make federal funding available to Florida for interim LIP payments to providers from July 1, 2015 through August 31, 2015 of DY (DY) 10, subject to a total spending limit of \$166.66 million for the combined federal and state shares of expenditures (with such amount being counted in determining the amount of any further extension of the Low Income Pool).

Description of Amendments

Amendment #1

On June 14, 2013, CMS approved an amendment to extend an improved model of managed care to all counties in Florida subject to approval of an implementation plan and a determination of readiness based on the elements of the approved plan. The amendment also changed the name of the demonstration to the “Managed Medical Assistance” program. CMS authorized implementation to begin no earlier than January 1, 2014, with the Medicaid Reform demonstration continuing to operate in the five Medicaid Reform counties until the MMA program was implemented there.

Amendment #2 through #4

On October 15, 2015, CMS approved three amendments to the demonstration.

- The first amendment added two populations as voluntary enrollees in managed care: Medicaid-eligible children receiving Prescribed Pediatric Extended Care (PPEC) services, and recipients residing in group home facilities licensed under section(s) 393.067 Florida Statutes (FS).
- The second amendment authorized changes to managed care enrollment to auto-assign individuals into managed care during a plan choice period immediately after eligibility determination. The amendment also changes the auto-assignment criteria. Individuals will receive both their managed care plan assignment and information about choice of plans in their area. Individuals may actively select a plan during a 120-day change/disenrollment period post-enrollment.
- The third amendment authorized expenditures under the LIP through June 30, 2017. The total amount of LIP funding in DY 10 (July 1, 2015 – June 30, 2016) will not exceed \$1 billion (TC). The total amount of LIP funding in DY 11 (July 1, 2016 – June 30, 2017) will not exceed \$607,825,452 million (TC). The changes represent a transition to a LIP that reflects the cost to providers of UC for uninsured individuals

in the state, and that no longer pays for care that may be or has been provided through available coverage options. The changes set Florida on a path to administering a LIP in 2016-2017 (DY 11) that distributes funds based on the burden placed on providers by services for low-income, uninsured individuals for whom no other coverage options are, or could be, made available.

Amendments #5 through #7

On October 12, 2016, CMS approved three amendments which modified the demonstration to: (a) allow Florida flexibility to contract with one to three vendors under the hemophilia program; (b) include payments for nursing facility (NF) services in MMA capitation rates for recipients under the age of 18 years; and (c) allow flexibility for specialty plans to conduct Performance Improvement Projects (PIP) on topics that have more specific impacts to their enrollees, with Florida approval.

Amendments #8 and #9

On December 20, 2017, CMS approved two amendments which modified the demonstration to: (a) transition the federal authority to serve individuals enrolled in the MEDS-AD section 1115 demonstration to MMA; and (b) established financial and non-financial eligibility criteria for individuals diagnosed with Acquired Immune Deficiency Syndrome (AIDS) to obtain and maintain coverage for Medicaid benefits without the need for enrollment in the 1915(c) Project AIDS Care (PAC) waiver.

Amendment #10

On June 8, 2018, CMS approved an amendment to MMA which authorized the state to change the requirements for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to receive payment under the LIP.

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