

Florida Managed Care Program Features, as of 2013

Features	1915 (b) Medicaid Managed Care	Disease Management	Medicaid Reform Waiver	Medipass	Nursing Home Diversion Program	Long-term Care Program	Prepaid Dental Health Plans	Prepaid Mental Health Plans	Program of All-Inclusive Care for the Elderly (PACE)
Program type	Comprehensive MCO + any other type	Other PHP Plans	Comprehensive MCO + any other type	PCCM	MLTSS only	MLTSS only	Dental	BHO (PIHP and/or PAHP)	PACE
Statewide or region-specific?	Statewide	Statewide	Duval, Baker, Clay, Nassau, Broward	Statewide	Statewide	Bay, Brevard, Broward, Calhoun, Charlotte, Collier, DeSoto, Franklin, Gadsden, Glades, Gulf, Hendry, Holmes, Indian River, Jackson, Jefferson, Lee, Leon, Liberty, Madison, Martin, Miami-Dade, Monroe, Okeechobee, Orange, Osceola, Palm Beach, Sarasota, Seminole, St. Lucie, Taylor, Wakulla, Washington	Statewide	Statewide	Statewide
Federal operating authority	1915(b) waiver	1915(b) waiver	1115 demonstration	1915(b) waiver	1915(a)/1915(c)	1915(b)/1915(c)	1915(b) waiver	1915(b) waiver	PACE
Program start date	10/1/1992	10/1/1992	7/1/2006	10/1/1992	1/1/1998	8/1/2013	7/1/2004	6/30/2000	1/1/2003
Waiver expiration date (if applicable)	1/31/2014	8/31/2014	6/30/2014	1/31/2014	7/1/2014	6/30/2016	1/31/2014	9/30/2014	
If the program ended in 2013, indicate the end date									
Populations enrolled									
Low-income Adults	Mandatory	Mandatory	Mandatory	Mandatory		Mandatory	Mandatory	Mandatory	
Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	Mandatory	Varies		Mandatory	Mandatory	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory		Mandatory	Mandatory		Mandatory	Mandatory	Mandatory	
Individuals receiving Limited Benefits						Mandatory			
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority									
Full Duals	Voluntary		Voluntary		Voluntary	Mandatory	Mandatory		Voluntary
Partial Duals							Mandatory		
Children with Special Health Care Needs			Mandatory	Voluntary		Mandatory	Mandatory	Mandatory	
Native American/Alaskan Natives	Exempt	Exempt	Voluntary	Exempt	Voluntary	Mandatory	Voluntary	Mandatory	Voluntary
Foster Care and Adoption Assistance Children	Voluntary	Voluntary	Voluntary	Voluntary		Mandatory	Voluntary	Mandatory	Exempt
Enrollment choice period	30 days	30 days	30 days	N/A	Continuous	30 days	30 days	Pre-assigned	N/A
Enrollment broker name (if applicable)	Automated Health Systems, Inc.		Automated Health Systems, Inc.	Automated Health Systems, Inc.		Automated Health Systems, Inc.	Automated Health Systems, Inc.		

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Notes on enrollment choice period	90 day change period after selection.		90 day change period after selection.	90 day change period after selection.			90 day change period after selection.		
Benefits covered									
Inpatient hospital physical health	X		X						X
Inpatient hospital behavioral health (MH and/or SUD)	X		X					X	X
Outpatient hospital physical health	X		X						X
Outpatient hospital behavioral health (MH and/or SUD)	X		X					X	X
Partial hospitalization									X
Physician	X		X					X	X
Nurse practitioner	X		X					X	X
Rural health clinics and FQHCs	X		X						X
Clinic services									X
Lab and x-ray	X		X						X
Prescription drugs and prosthetic devices	X		X						X
EPSDT	X		X						
Case management				X	X	X		X	X
Health home									X
Family planning	X		X						X
Dental services (medical/surgical)	X		X				X		X
Dental (preventative or corrective)	X		X				X		X
Home health agency services	X		X						X
Personal care (state plan option)						X			X
HCBS waiver services					X	X			
Private duty nursing									X
ICF-IDD									
Nursing facility services					X	X			X
Hospice care					X	X			X
Non-Emergency Medical Transportation	X		X			X			X

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Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Chiropractic, Community Mental Health, Disease Management, Durable Medical Equipment, Hearing, Immunization, Mental Health Targeted Case Management, Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Therapy, Vision	Disease Management	Chiropractic, Community Mental Health, Disease Management, Durable Medical Equipment, Hearing, Immunization, Mental Health Targeted Case Management, Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Therapy, Vision		Copayments and coinsurance for all Medicare services up to the amount Medicaid would have paid under fee for service	Home Health Prosthetic Devices, Intermittent and Skilled Nursing Services. The Agency 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 .			
Quality assurance and improvement									
HEDIS data required?	Yes	No	Yes	No	No	Yes	Yes	Yes	No
CAHPS data required?	Yes	No	Yes	No	No	No	No	Yes	No
Accreditation required?	Yes	Yes	Yes	No	No	Yes	No	No	No
Accrediting organization	NCQA, JCAHO, AAAHC, URAC	NCQA	NCQA, AAAHC, URAC			NCQA, AAAHC, nationally recognized accrediting organizations			
EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group		Health Services Advisory Group	Health Services Advisory Group		Health Services Advisory Group	
Performance incentives?	No	No	No	No	No	Yes	No	No	No
Payment bonuses/differentials to reward MCOs						Yes			
Preferential auto-enrollment to reward MCOs						Yes			
Public reports comparing MCO performance on key metrics						Yes			
Withholds tied to performance metrics						No			

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Participating plans and regions served									
Plans in Program	Amerigroup; Buena Vista; CareFlorida; Clear Health Alliance; Florida True Health; Freedom; HealthEase; Healthy Palm Beaches; Humana; Medica; Molina Healthcare; Positive; Preferred Medical Plan; Simply Healthcare Plan; Staywell; Sunshine; United Healthcare Plan; Vista Healthplan of S. FL; Prestige; Integral; Salubris LLC; Better Health, LLC; Care Access PSN, LLC; First Coast Advantage, LLC; South Florida Community Care Network; WeCare Health Plans, Inc	AIDS Healthcare Foundation	Positive; Florida MHS (Magellan); Freedom; Humana; Medica; Molina Healthcare; CareFlorida; Simply Healthcare Plan; Clear Health Alliance; StayWell; Sunshine; United Healthcare Plan; Better Health, LLC; Children's Medical Services; South Florida Community Care Network; First Coast Advantage, LLC	Multiple primary care providers	American Eldercare; Amerigroup; YourCare Brevard (Brevard Alzheimer's Foundation Inc.); Buena Vista; Project Independence at Home; Hope Choices; Humana; Little Havana Activities and Nutrition Centers of Miami; Neighborly Care Network; Simply Healthcare Plan; Sunshine; United Healthcare Plan; United Home Care Service; Universal Healthcare Plan; Urban Jacksonville; WorldNet Services; Community Living; Chapters Health Nursing Home Diversion Plan; Molina Healthcare; HealthEase	American Eldercare, Inc.; Amerigroup Florida, Inc.; Coventry Healthcare of Florida, Inc.; Humana Medical Plan, Inc.; Molina Healthcare of Florida, Inc.; Sunshine Health Plan, Inc.; United Healthcare of Florida, Inc.	DentaQuest; Managed Care of North America	Lakeview Center, Inc; Magellan Behavioral Health of FL; Public Health Trust of Dade County; North Florida Behavioral Health Par; Community Based Care Partnership; Florida Health Partners, Inc	Florida PACE Center; Hope Select Care; Chapters Health Senior Independence, Inc.; Suncoast Neighborly Care, Inc.

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Notes									
Program notes		The Disease Management PAHP is specifically for persons with HIV/AIDS. The Disease Management program reimbursement arrangement is per member per month. Beneficiaries enrolled in Project AIDS Care waiver are voluntary. This includes Medicare dual eligibles, a population otherwise ineligible for mandatory inclusion in Disease Management.	The Provider Service Networks (PSNs) are reimbursed on a fee-for-service basis for all Florida state plan covered services. Under Reform, the fee-for-service PSN must cover transportation, which is done on a capitated basis. The Children's Medical Services Network (CMS) is classified as a Provider Service Network and a specialty plan under Medicaid Reform. This plan was developed to serve children with special health care needs as defined by Florida statutes on a voluntary basis. AIDS Healthcare Foundation of Florida (AHF MCO), d/b/a Positive Health Care, is a specialty plan (HMO) for beneficiaries living with HIV/AIDS.		This program is open to individuals age 65 and older who are full dual eligibles and meet nursing facility level of care plus additional frailty criteria. The Nursing Home Diversion waiver provides case management and Medicare crossover payments for acute care and long-term care services to eligible participants. All participants select a case manager and their Nursing Home Diversion provider. Nursing Home Diversion service providers are managed care organizations that are approved for each county. Nursing Home Diversion providers are fully capitated and are responsible for Medicare co-payments and deductibles for covered services to all individuals enrolled in this program.	Limited enrollment began in August 2013, but the program was not statewide until March 2014. In order to enroll in the Long-term Care program, a beneficiary must meet Nursing Facility level of care.	All eligible children under 21 years of age are mandatory for the prepaid dental health plans.	Recipients enrolled in the Medipass primary care case management program are mandatorily enrolled in a Prepaid Mental Health Plan. There is one PMHP in each of Medicaid's 11 regions.	