

Florida Managed Care Program Features, as of 2020 (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) | | | |
| Populations enrolled: Full Duals | Mandatory | Mandatory | Mandatory |
| Populations enrolled: Children with Special Health Care Needs | Mandatory | Mandatory | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | 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 | 60 days | 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 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 | |

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| 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 | 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 |
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| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Midwife, birth center, podiatry, and targeted case management. Expanded benefits above the Medicaid state plan service package (e.g. expanded outpatient hospital visits, physician home visits). 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. Expanded benefits above the Medicaid state plan service package and 1915(c) (e.g. 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 | | |
| Performance incentives: Preferential auto-enrollment to reward plans | | | |
| Performance incentives: Public reports comparing plan performance on key metrics | X | | X |
| Performance incentives: Withholds tied to performance metrics | | | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X | | X |

| Features | Managed Medical Assistance Program | Long-Term Care Program | Dental |
|---------------------------------------|---|---|---|
| Participating plans: Plans in Program | Vivida Health; Aetna Better Health; Florida Community Care; Humana Medical Plan; Lighthouse Health Plan, LLC; Miami Children's Health Plan; Molina Healthcare of Florida; Prestige Health Choice; Community Care Plan; Simply Healthcare Plans, Inc.; Staywell Health Plan of Florida; Sunshine State Health Plan, Inc.; United Healthcare of Florida; Magellan Complete Care, LLC; Clear Health Alliance; Staywell Serious Mental Illness; Sunshine State Health Plan - Child Welfare; Children's Medical Services Network | Simply Healthcare Plans, Inc.; 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 | MCNA Dental; DentaQuest; Liberty |
| 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. The MMA program includes MMA specialty plans for recipients in the child welfare system, recipients under the age of 21 with chronic conditions, recipients with HIV or AIDS, and recipients with a serious mental illness. | 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. Recipient enrolled with a plan has 120 days to change plans. | Dental services are available to recipients in the Medically Needy program. Recipient will be enrolled in the same plan each month that the recipient meets the share of cost requirement |

Florida Managed Care Program Features, as of 2019 (2 of 2)

| Features | Program of All-Inclusive Care for the Elderly |
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| 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 <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | |
| Populations enrolled: Low-income adults <u>covered</u> 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: Native American/Alaskan Natives | 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. |