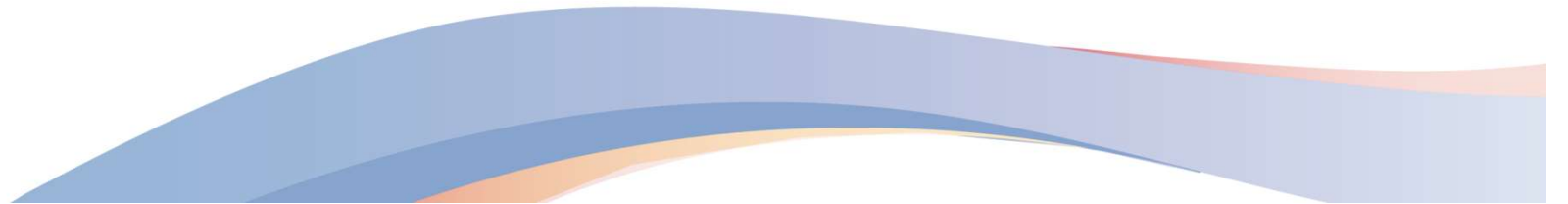




Statewide Medicaid Managed Care Changes Impacting People in iBudget Waiver

October 2018



Objectives:

- The purpose of this presentation is to provide information about:
 - The Statewide Medicaid Managed Care (SMMC) Program
 - The impact of the re-procurement of new health plans on the iBudget population
 - The impact of implementing the dental component of the SMMC program on the iBudget population.



Overview

- Currently, most Medicaid recipients are enrolled in the Statewide Medicaid Managed Care (SMMC) program.
- Certain recipients, including those enrolled in the iBudget waiver or on its waitlist, do NOT have to enroll in an SMMC health plan, but can chose to do so (“Voluntary”)
- The Agency recently selected new health and dental plans for participation in the SMMC program.

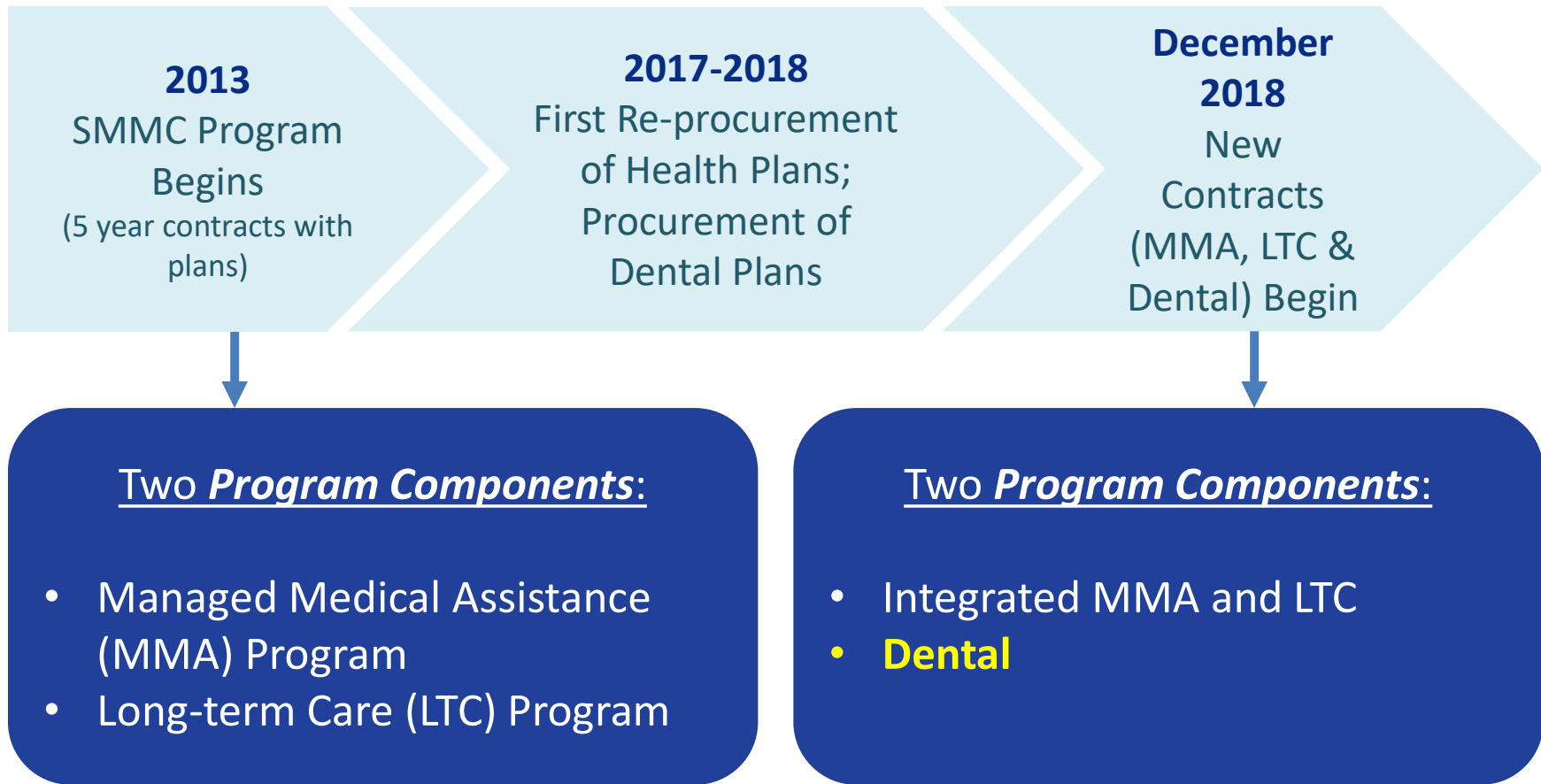


FL Medicaid Managed Care Today – A Snapshot

<i>Current SMMC Enrollment</i>	<ul style="list-style-type: none">• 3.1 million enrollees receive services through 16 Medicaid health plans
<i>How Services Are Delivered Today</i>	<ul style="list-style-type: none">• Managed Medical Assistance – 3 million in MMA health plans<ul style="list-style-type: none">• 7,487 individuals on the iBudget wait list are currently enrolled in MMA plans• 5,787 individuals on the waiver are currently enrolled in MMA plans.• Dental services included• Includes specialty plans• Long-term Care – 100,000 in LTC or Comprehensive health plans<ul style="list-style-type: none">• Comprehensive plans offer both long-term care and managed medical services



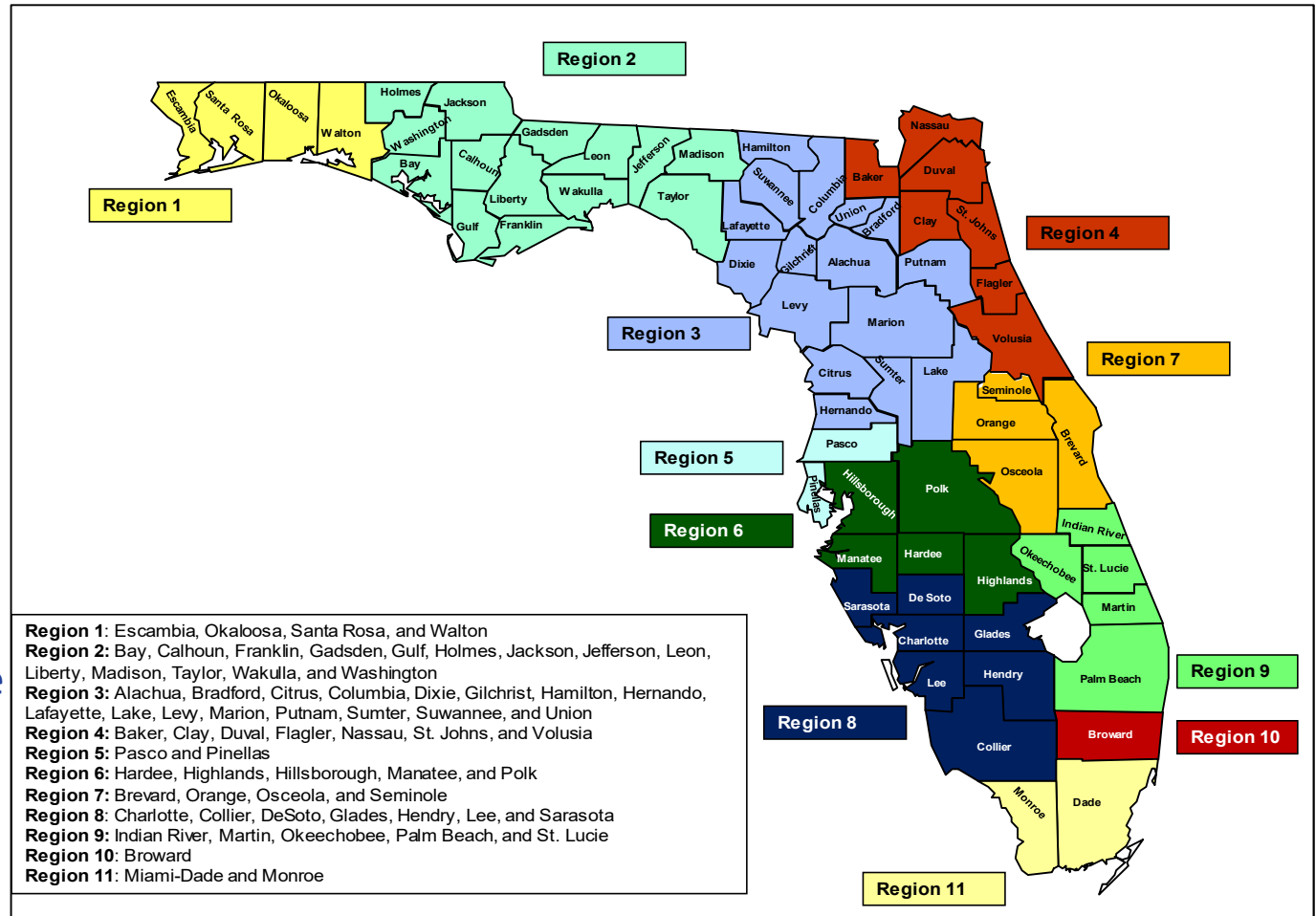
What is Changing?



SMMC Operates Statewide

Health plans operate on a regional basis. For example, a plan may be selected to operate statewide, or a plan may be selected to operate in 1 or more of 11 regions.

Dental plans will operate on a statewide basis. Each dental plan will operate in all regions of the state.



Enrollment in a Health Plan

- Health plan = Managed Medical Assistance plan
 - Enrollment into a health plan for the iBudget population is **voluntary**.
 - **This is NOT changing:** iBudget recipients will continue to have the option to enroll in a health plan.
- There are benefits to being enrolled in a health plan, including: better access to providers, quality standards, and expanded benefits at no cost to recipients



The Dental Component of the Statewide Medicaid Managed Care Program

- Beginning in December 2018, Medicaid recipients will have a new way of receiving dental services:
 1. All eligible recipients, **including people enrolled in iBudget**, will be required to use a dental plan for their dental services.
 2. Each recipient will have a dental plan that will be responsible for their dental services.
 - Recipients will no longer receive dental services through their health plan.
 - Recipients enrolled in the fee-for-service program will no longer receive dental services through fee-for-service.



What Dental Plans will Provide Services?

- The Agency selected three dental plans to operate statewide:

SMMC Participating Dental Plans	
Known As:	Full Business Name:
DentaQuest	DentaQuest of Florida
LIBERTY	Liberty Dental Plan of Florida
MCNA Dental	Managed Care of North America

- This means that each recipient will have a choice among these three plans.



Who is Required to Enroll in Dental Plans?

- Dental Plans: Who must enroll?
 - **All** recipients who receive MMA services must also choose a dental plan.
 - **All** recipients who receive their medical services through the fee-for-service system must choose a dental plan, with very limited exceptions.
 - **This includes iBudget enrollees**



iBudget Enrollees

- Recipients enrolled in the iBudget waiver will be required to enroll in a dental plan.
- All iBudget waiver recipients will receive a letter from the Medicaid program indicating their dental plan assignment.
- Contract provisions for individuals with special health care needs include:
 - Network requirement for sedation dentistry
 - Comprehensive assessments
 - Direct access to a specialist
- Access to robust adult dental expanded benefits at no cost to the enrollee
- Practice acclimation for adults with developmental disabilities, offered as an expanded benefit.



iBudget Enrollees

- iBudget enrollees receive services under both the Medicaid state plan and as outlined in their care plan under the waiver.
 - State plan and expanded adult dental benefits will now be received through the dental plan.
- Dental plans will provide extensive expanded benefits for adults (age 21 and older)
- The Agency has established a hierarchy for the responsibility for coverage of payment for dental benefits
 - Dental Plan: State Plan
 - Dental Plan: Expanded benefits
 - iBudget Waiver



iBudget Enrollees

1. State Plan Dental Services

- The dental plan covers State Plan dental services.

2. Expanded Benefit Dental Services

- Expanded dental benefits pay after State Plan benefits have been exhausted.

3. iBudget Waiver Dental Services

- iBudget waiver covers all remaining dental services (or non-covered State Plan/expanded benefit services) after State Plan and expanded benefits have been exhausted.



What Services are Covered by the Dental Plan?

- **For children:** comprehensive dental care, including all medically necessary dental services.
- **For adults:** (1) state plan dental services plus (2) expanded benefits offered by the dental plans.
 1. The state plan dental services for adults are:
 - Dental exams (limited to emergencies and dentures)
 - Dental X-rays (limited)
 - Prosthodontics (dentures)
 - Extractions
 - Sedation
 - Ambulatory Surgical Center or Hospital-based Dental Services provided by a dentist
 2. Expanded benefit dental services



Extra Benefits Offered by the Dental Plans

- All three dental plans are offering the richest adult dental benefit package that Florida Medicaid has ever had.

Expanded Dental Benefits	DentaQuest	LIBERTY	MCNA
Preventive	✓	✓	✓
Diagnostic	✓	✓	✓
Restorative	✓	✓	✓
Periodontics	✓	✓	✓
Oral and Maxillofacial Surgery	✓	✓	✓
Adjunctive General Services	✓	✓	✓
Diabetic Testing	✓	✓	✓
Practice Acclimation for Adults with Intellectual Disabilities	✓	✓	✓



Dental Plan or Health Plan/FFS: Who covers what?

- The dental plans will be responsible for coverage of all dental services provided by a dentist or dental hygienist.
- Some services that are considered dental services will still be the responsibility of the Managed Medical Assistance plan (or the fee-for-service program if the recipient is not enrolled in an MMA plan)
- Pharmacy and Transportation are covered by either the MMA plan or fee-for-service
- Care will be coordinated by the MMA and dental plans working together

NOTE: For Medically Needy, iBudget and other recipients who are NOT enrolled in MMA, the Medicaid FFS program will cover the items listed as “Health Plan Covers”



Dental Plan or Health Plan/FFS: Who covers what?

Type of Dental Service(s)	Dental Plan Covers	Health Plan/FFS Covers
Emergency dental services in a facility	---	All emergency dental services and reimbursement to the facility
Non-emergency (scheduled) dental services in a facility	Dental services by a dental provider	Reimbursement to the facility, anesthesiologist and ancillary services
Dental services with sedation in an office setting	Dental services by a dental provider with a required sedation permit D-codes when rendered by the dental provider	Anesthesiologist (MD or ARNP) when required for sedation
Dental services (general or specialty) without sedation in an office setting, County Health Department, or Federally Qualified Health Center	Dental services by a dental provider	Dental services provided by a non-dental provider
Pharmacy	---	Drugs prescribed by a health care provider or a dental provider within scope of practice
Transportation	---	Transportation to all dental services provided by the dental or health plan, including expanded dental benefits

NOTE: For Medically Needy, ibudget and other recipients who are NOT enrolled in MMA, the Medicaid FFS program will cover the items listed as “Health Plan Covers”



Coordination with SMMC Health Plans

- It is critical that there be continual coordination between the health and dental plans to ensure enrollees access appropriate and high quality dental care.
- The following four contract requirements are designed to ensure constant coordination of services and all enrollees' health:
 1. Designated Employee
 2. Communication Strategy
 3. Coordination of Benefits
 4. New Performance Measures



How will the Transition to New Dental Plans Impact Recipients?

- All eligible recipients will be assigned to a dental plan
 - Can change plans if they choose
 - Will have approximately 45 days to contact Choice Counseling if they wish to make a different plan choice.



When will recipients be notified of the transition to dental plans?

- Recipients will be sent a letter approximately 45 days prior to the transition date for their region letting them know their dental plan assignment and transition date.

Phase	Transition Date	Recipient Letter Date	Regions	Counties
1	12/01/18	Mid-October	9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
			10	Broward
			11	Miami-Dade, Monroe
2	01/01/19	Mid-November	5	Pasco, Pinellas
			6	Hardee, Highlands, Hillsborough, Manatee, Polk
			7	Brevard, Orange, Osceola, Seminole
			8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota
3	02/01/19	Mid-December	1	Escambia, Okaloosa, Santa Rosa, Walton
			2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington
			3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union
			4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia



Continuity of Care During the Transition

- **Dental providers should not cancel appointments with current patients.**
 - Dental plans must honor any ongoing course of treatment for at least 90 days after the Dental program starts in each region, that was authorized prior to the recipient’s enrollment into the plan.
- The following services may extend beyond the ninety (90) day continuity of care period, and the Dental Plan shall continue the entire course of treatment with the recipient’s current provider as described below:
 - Active Orthodontia - The Dental Plan shall ensure, in conjunction with Medicaid eligibility, continuity of care for active orthodontia until completion of care and reimbursement to providers, regardless of provider network affiliation.



Continuity of Care During the Transition

- **Providers will be paid.** Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network.
- Plans must pay for previously authorized services for at least 90 days after the Dental program starts in each region, and must pay providers at the rate previously received for up to 30 days.



Recipient Notification

- Each recipient will receive a letter:
 - Those who are enrolled in an MMA plan that has been awarded a new contract will get a letter with their new MMA plan and their new dental plan assignment
 - Those who are not enrolled in an MMA plan, or who were enrolled in an MMA plan that has NOT been awarded a new contract, will get a letter with their new dental plan assignment.
 - Note: If a recipient is eligible for enrollment into an MMA plan but has chosen not to enroll, they will get a letter which includes a reminder of their eligibility for the MMA program and how to choose a health plan if they wish to enroll.



Sample Letter:

SMMC Voluntary Recipient who has chosen MMA and whose MMA Plan is Staying in their Region

The Statewide Medicaid Managed Care program is changing. Changes to the program in your region will take place on 12-01-2018.

What's New? Information about the changes to the program and other important information can be found in the enclosed brochure. Some key program changes are:

- Some plans will leave the program. **Carefully** review the information in the table below for each person listed.
- Dental services for everyone will now be provided by a Dental plan.
- People eligible for both Managed Medical Assistance (MMA) and Long-Term Care (LTC) will no longer be enrolled into two different plans. One plan will provide both services.

Look below to see what plan(s) each person will be enrolled in and the start date of the enrollment.

Name	Program	Plan Name	Start Date	Enrollment Cutoff Date
John Member	MMA	Sunshine	12-01-2018	
	Dental	DentaQuest	12-01-2018	03-31-2018
Max Member	MMA	Sunshine	12-01-2018	
	Dental	DentaQuest	12-01-2018	03-31-2018

If you want to be enrolled in the plan(s) listed above, you do not need to do anything. Your plan will automatically start on the date listed above.

If you want to choose a different plan, follow these steps:

Step 1: Review	Step 2: Choose	Step 3: Enroll
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Sample Letter:

SMMC Voluntary Recipient who has Chosen FFS or whose MMA Plan is NOT Staying in their Region

Welcome to the Statewide Medicaid Managed Care program. This program is where most people on Medicaid receive their Medicaid services. You may use one or more of the following, when eligible:

- **Managed Medical Assistance (MMA):** MMA provides all health care services, except long-term care and dental, through an MMA plan.
- **Long-Term Care (LTC):** LTC provides long-term care services through a LTC plan.
- **Dental Plan:** Dental provides dental services through a Dental plan.

Important information about the program can be found in the enclosed brochure.

Look below to see what dental plan each person will be enrolled in and when the enrollment will start.

Name	Program	Plan Name	Start Date	Enrollment Cutoff Date
John Member	Dental	DentaQuest	12-01-2018	03-31-2018
Max Member	Dental	DentaQuest	12-01-2018	03-31-2018

If you want to be enrolled in the dental plan listed above, you do not need to do anything. Your plan will automatically start on the effective date listed above.

You are voluntary for the MMA program. This means that you can choose to receive medical services through either Medicaid fee-for-service or a managed care plan. MMA plans may offer extra benefits that are not covered by fee-for-service Medicaid.

If you want to choose a different dental plan or enroll in an MMA plan, follow these steps:

Step 1: Review	Step 2: Choose	Step 3: Enroll
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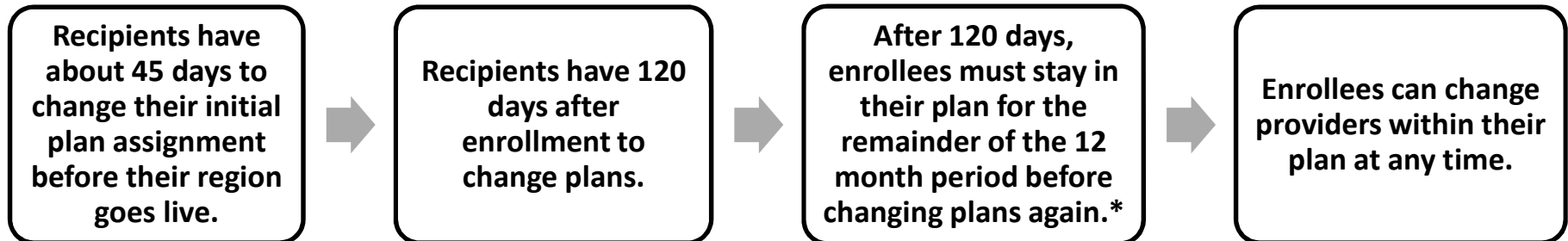
How Do Recipients Choose a Dental Plan?

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



What is the Process for Enrolling in a Dental Plan?

- Recipients are encouraged to work with a Choice Counselor to choose the dental plan that best meets their needs.



*Recipients may change plans again before the remainder of the 12 month period, but only if they meet certain criteria.

Discussion Topics

- How can we further clarify this information?
- What are other methods to ensure individuals in iBudget receive this information?
- Dental webinar Monday, Oct. 29 at 3 p.m.



Additional Info for Reference



Health Plan Expanded Benefits

Expanded Benefits (Services that are covered in addition to your current benefits)	Specialty Plans (must meet certain criteria to enroll)																	
	Humana Medical Plan	Staywell	UnitedHealthcare	Aetna Better Health	Simply Healthcare	Sunshine Health	Molina Healthcare	Florida Community Care	Community Care Plan	Vivida Health	Lighthouse Health Plan	Miami Children's	Prestige	Clear Health Alliance (HIV/AIDS)	Staywell (Serious Mental Illness) Sunshine (Child Welfare)	CMSN (Children with Special Health Care Needs)	Positive (HIV/AIDS)	Magellan (Serious Mental Illness)
General Expanded Benefits - Available for children and/or adults																		
Cellular Services (minutes and/or data)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Circumcision (newborns only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CVS Discount Program (20% discount off certain items)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Doula Services (birth coach who helps pregnant women)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Home Delivered Meals	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Housing Assistance (rent, utilities, and/or grocery assistance)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meal Stipend (available for long distance medical appointment day-trips)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Over-the-Counter Benefit	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Swimming Lessons (children only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Transportation Services to Non-Medical Appointments/Activities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adult Expanded Benefits - These services are only available for adults because they are already covered for children on Medicaid when medically necessary																		
Acupuncture Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Art Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Behavioral Health Assessment/Evaluation Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Behavioral Health Day Services/Day Treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Behavioral Health Intensive Outpatient Treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Behavioral Health Medical Services (e.g., medication management, drug screening, etc.)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Behavioral Health Psychosocial Rehabilitation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Behavioral Health Screening Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chiropractic Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Computerized Cognitive Behavioral Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Durable Medical Equipment/Supplies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Equine Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Group Therapy (Behavioral Health)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hearing Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Home Health Nursing/Aide Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Homemaker Services (e.g., hypoallergenic carpet cleanings)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Home Visit by a Social Worker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Individual/Family Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Massage Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medication Assisted Treatment Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental Health Targeted Case Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nutritional Counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Occupational Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Outpatient Hospital Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Health Plan Expanded Benefits (con't.)

Expanded Benefits (Services that are covered in addition to your current benefits) Contact the plan for benefit limits											Specialty Plans (must meet certain criteria to enroll)								
	Humana Medical Plan	Staywell	UnitedHealthcare	Aetna Better Health	Simply Healthcare	Sunshine Health	Molina Healthcare	Florida Community Care	Community Care Plan	Vivida Health	Lighthouse Health Plan	Miami Children's	Prestige	Clear Health Alliance (HIV/AIDS)	Staywell (Serious Mental Illness)	Sunshine (Child Welfare)	CMSN (Children with Special Health Care Needs)	Positive (HIV/AIDS)	Magellan (Serious Mental Illness)
Pet Therapy	✓	✓		✓			✓					✓		✓					
Physical Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
Prenatal Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Primary Care Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Respiratory Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
Speech Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
Substance Abuse Treatment or Detoxification Services (Outpatient)	✓		✓	✓										✓	✓				
Therapeutic Behavioral On-Site Services	✓	✓	✓	✓								✓		✓					
Vaccine - Influenza	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Vaccine - Pneumonia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Vaccine - Shingles	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Vaccine - Tdap	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Vision Services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Waived Copayments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Long-Term Care Services - these services are only available for LTC enrollees																			
Assisted Living Facility/Adult Family Care Home - Bed Hold Days	✓	✓	✓	✓	✓	✓	✓	✓											
Individual Therapy Sessions for Caregivers	✓	✓	✓		✓	✓													
Nursing Facility to Community Setting Transition Assistance	✓	✓	✓	✓	✓	✓	✓	✓											
Specialty Plan Services - these services are only available for enrollees in a specialty plan																			
Care Grant																✓			
Home and Community-Based Services																		✓	
Life Skills Development																✓			
Transition Assistance - Youth Aging Out of Foster Care															✓				
Vaccine - Hepatitis B														✓					
Vaccine - Human Papilloma Virus														✓					
Vaccine - Meningococcal														✓					



Dental Covered Services: State Plan

Service	Description	Coverage		Prior Authorization
		Children (ages 0-20)	Adults (ages 21+)	
Dental exams	A review of your tooth, teeth, or mouth by a dentist	Yes	Yes	N/A
Dental screenings	A review of your mouth by a dental hygienist	Yes	No	N/A
Dental X-rays	Internal pictures of teeth with different views	Yes	Yes	N/A
Teeth Cleanings	Basic cleanings that may include brushing, flossing, scrubbing, and polishing teeth	Yes	No	N/A
Fluoride	A medicine put on teeth to make them stronger	Yes	No	N/A
Sealants	Thin, plastic coatings painted into the grooves of adult chewing surface teeth to help prevent cavities	Yes	No	N/A
Oral Health Instructions	Education on how to brush, floss, and keep your teeth healthy	Yes	No	N/A
Space Maintainers	A way to keep space in the mouth when a tooth is taken out or missing	Yes	No	N/A
Fillings and Crowns	A dental service to fix or repair teeth	Yes	No	N/A

Note: Additional descriptions of each service and information on the coverage/limitations can be found in the dental enrollee handbook.



Dental Covered Services: State Plan

Service	Description	Coverage		Prior Authorization
		Children (ages 0-20)	Adults (ages 21+)	
Root Canals	A dental service to fix the inside part of a tooth (nerve)	Yes	No	N/A
Periodontics	Deep cleanings that may involve both your teeth and gums	Yes	No	N/A
Prosthodontics	Dentures or other types of objects to replace teeth	Yes	Yes	Ask the dental plan for approval before you go to an appointment for these services
Orthodontics	Braces or other ways to correct teeth location	Yes	No	Ask the dental plan for approval before you go to an appointment for these services
Extractions	Tooth removal	Yes	Yes	N/A
Sedation	A way to provide dental services where a patient is asleep or partially asleep	Yes	Yes	N/A
Ambulatory Surgical Center or Hospital-based Dental Services	Dental services that cannot be done in a dentist office. These are services that need to be provided with different equipment and possibly different providers	Yes	Yes	Ask the dental plan for approval before you go to an appointment for these services

Note: Additional descriptions of each service and information on the coverage/limitations can be found in the dental enrollee handbook.



Recipient and Provider Gains

- Gains for Recipients Enrolled in a Dental Plan:
 - ✓ Access to care when you need it
 - ✓ Additional Network providers
 - ✓ Best benefit package ever (adult dental expanded benefits)
 - ✓ Model Enrollee handbook
- Gains for Providers:
 - ✓ Less Administrative Burden
- Gains for *both* Recipients and Providers:
 - ✓ Prompt authorization of services
 - ✓ Smoother process for complaints, grievances and appeals



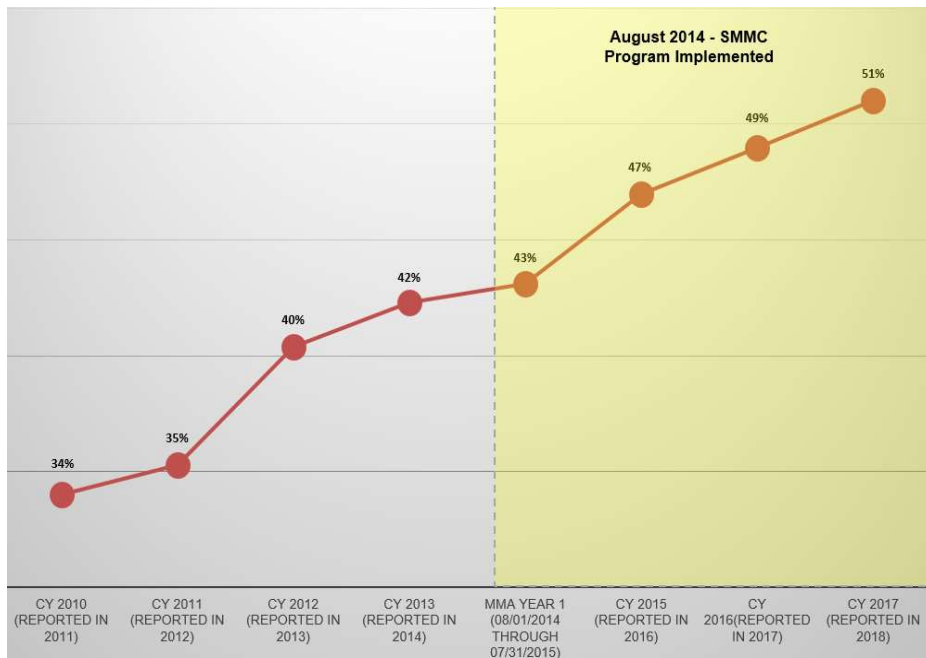
Continued Commitment to Quality

- All plans under the SMMC program are held to the highest standards of quality, access, and accountability, including the dental plans.
 - Quality benchmarks
 - Provider network standards
 - Access standards
 - Compliance levers, including liquidated damages, sanctions
 - Stakeholder engagement

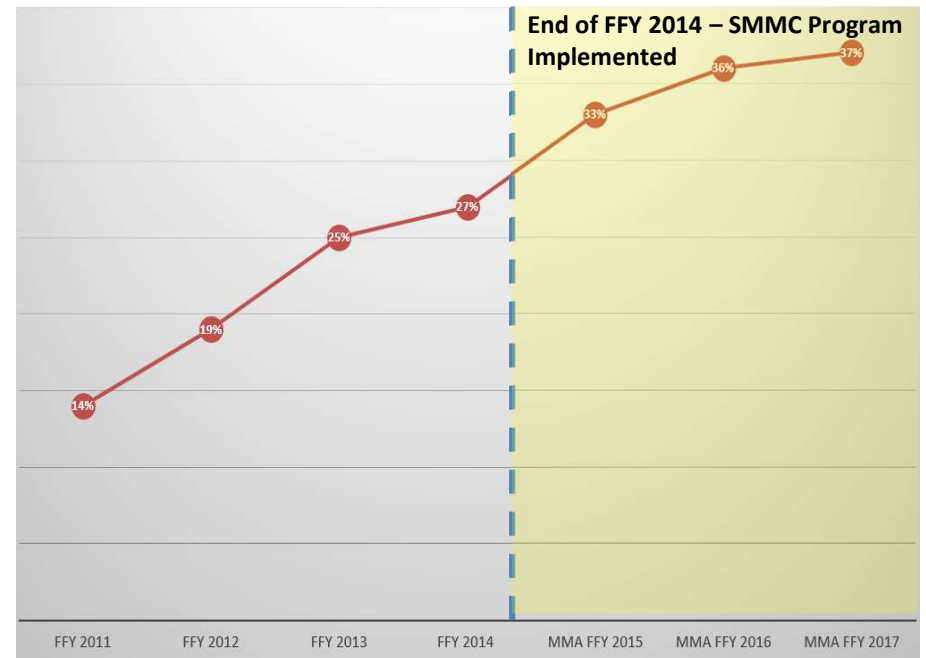


Major Gains Under Statewide Medicaid Managed Care Continue

HEDIS Annual Dental Visit:



Child Core Set Preventive Dental Services:



Dental Plans Commit to Higher Performance:

1. Potentially Preventable Dental Related Events

- **5% average reduction** in Potentially Preventable Dental Related Emergency Department Visits (Year 1)
 - 9% average reduction (Year 5)

2. Improve Child Access to Dental Care

- **Annual Dental Visit**: An average 3% increase year-over-year above the annual target in the ITN
- **Preventive Dental**: An average 1% increase year-over-year above the annual target in the ITN

3. Initial Oral Health Assessment

- **Oral Health Assessments**: Dental plans will complete oral health assessments on at least 50% of all children, pregnant women, and enrollees with developmental disabilities, within 60 days of their enrollment into the plan



Dental Plans Commit to Higher Performance:

Performance Improvement Projects (PIPs)

- Dental plans commit to three PIPs:
 1. Increasing the rate of enrollees accessing preventive dental services
 2. Reducing potentially preventable dental-related Emergency Department visits
 3. Coordination of transportation services with the health plans (this is a joint PIP with the health plans)



Stakeholder Engagement

- Dental plans will:
 - Participate in Agency dental workgroups
 - Participate in statewide oral health coalition meetings focusing on improving access to services for Medicaid recipients



Commitment to Accountability

- For all of the benchmarks and standards in the contract, the Agency can impose penalties if the standards are not met, including:
 - Liquidated damages
 - Monetary sanctions
 - Enrollment freeze
 - Capitation withhold to provide incentives to top performing plans



Dental Network Providers

- In order to provide Medicaid dental services, providers must be enrolled in one or more dental plan network.
 - NOTE: The three dental plans participated as subcontractors under the MMA program. You may already be enrolled.
- Under the new contracts, the dental plan agreed to fully enroll/on-board all providers it chooses to contract within 60 days (number of days between the day the dental plan receives a full and complete provider enrollment application and the day the provider appears on the Agency's Provider Network Verification (PNV) file).



Dental Provider Payments

- The Agency does not establish payment rates for network providers.
- Payment rates are negotiated through each provider's contract with the dental plan.
- Contact dental plans now to begin the contracting process.
 - http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Provider_Plan_Contacts_2018-08-06.pdf

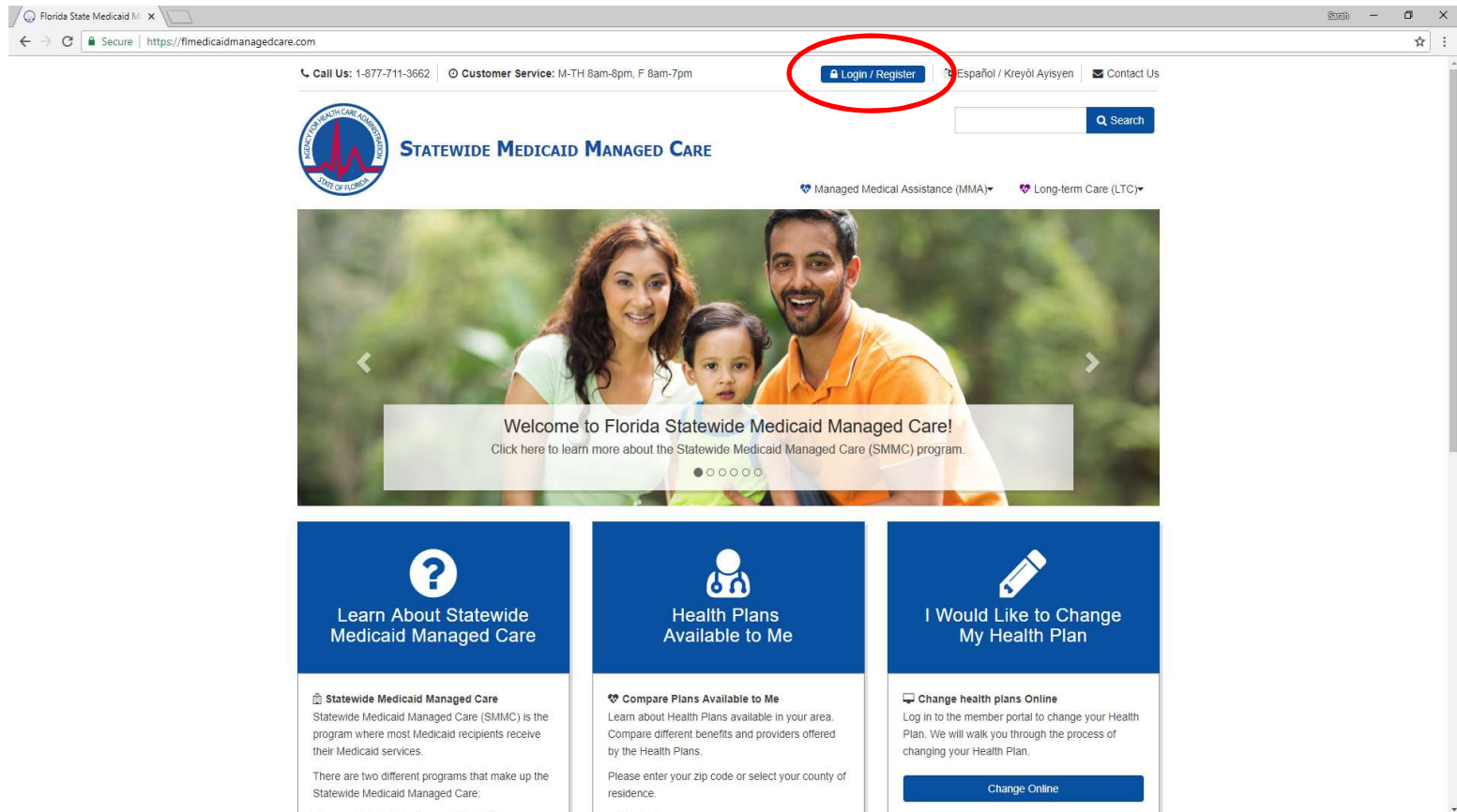
SMMC Plan Contact: Provider Networks

DENTAL	
Plan Name	Provider Relations Contact
DentaQuest	Vanessa Guerrero Email: Vanessa.Guerrero@dentaquest.com Phone: 305-894-8755
LIBERTY	Betty Gilbert Email: prinquiries@libertydentalplan.com Phone: 1-888-352-7924 ext. 393
MCNA	Mercedes Linares Email: prdepartment@mcna.net Phone: 1-855-698-6262



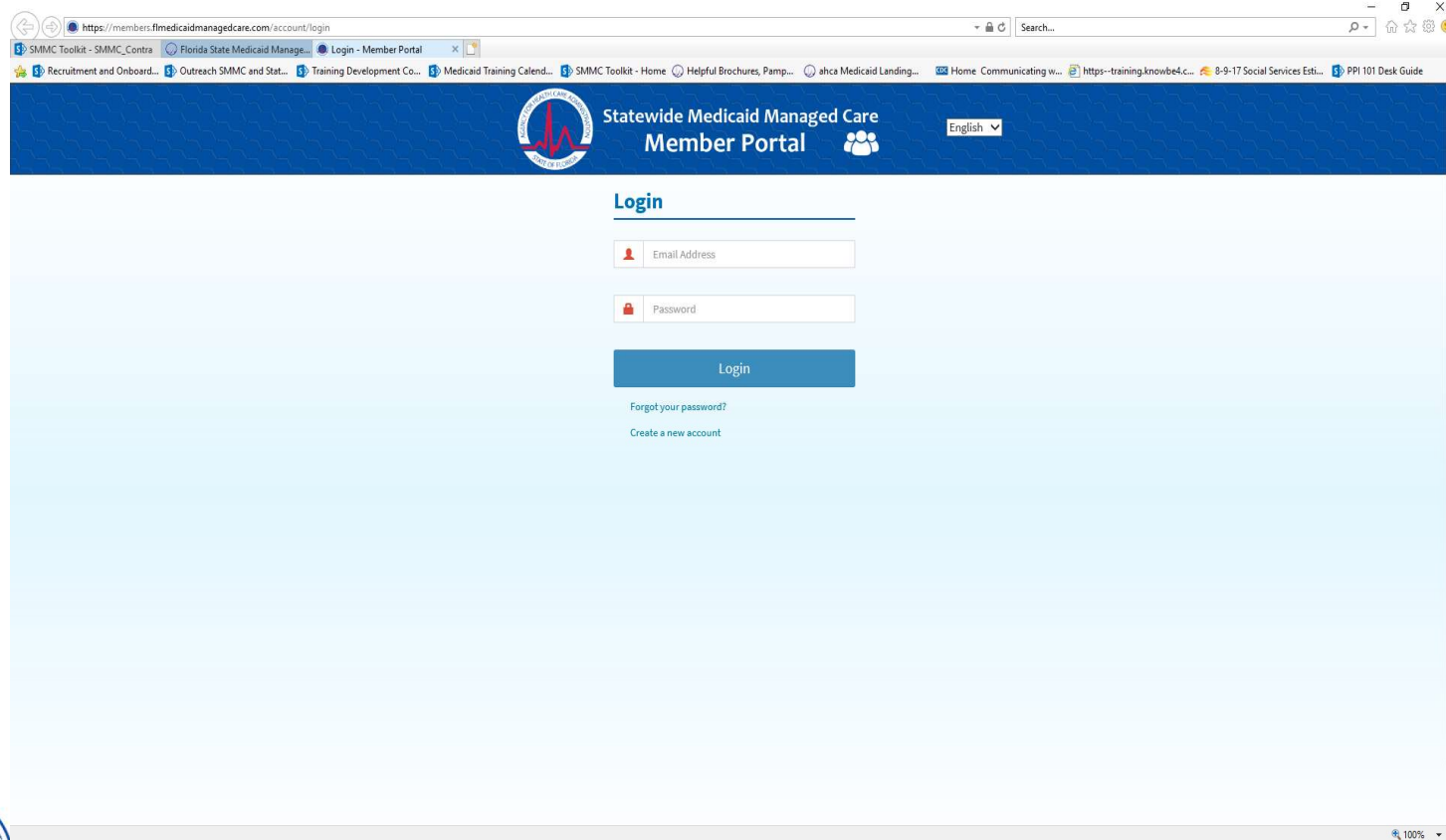
Member Portal

- Recipients can go to www.flmedicaidmanagedcare.com and click the login/register button in the top navigation bar



Member Portal

- Enrollees can use the member portal for plan enrollment (choosing a dental plan) and disenrollment, monitoring their enrollment status, filing complaints, modifying their profile, and more.



Member Portal Features

The screenshot displays the 'Members' page of the Statewide Medicaid Managed Care Member Portal. The page includes a navigation sidebar on the left with options like 'Add Member', 'Enroll in SMMC', and 'Disenroll from MMA'. The main content area shows a grid of member profiles. Each profile includes basic information (Member #, Medicaid ID Card #, County, Age, Medicaid Status, Mailing Address) and three enrollment status sections: MMA, LTC, and Dental. The 'Eligibility Status' for MMA and LTC is 'Cannot Enroll' for all members, while the 'Eligibility Status' for Dental is 'Pending Plan'.

Member Name	Member #	Medicaid ID Card #	County	Age	Medicaid Status	Mailing Address	MMA Eligibility	LTC Eligibility	Dental Eligibility
POWER RANGER	1234567890	85632478	Broward (Region 10)	74 Y (1943)	Full Medicaid	3169 One Way Lane Apt 102 FT LAUDERDALE, FL 33312	Cannot Enroll	Cannot Enroll	Pending Plan
LUIS ZORDON	5987451236	56782536		34 Y (1984)	No Medicaid	6310 Relspa ST CINCINNATI, OH 45216	Cannot Enroll	Cannot Enroll	Cannot Enroll
BLUE RANGER	1253697841	95748521	Dade (Region 11)	19 Y (1998)	No Medicaid	1091 Power Rangers Rock Ave MIAMI, FL 33136	Cannot Enroll	Cannot Enroll	Cannot Enroll
RITA REPULSA	0236541259	98756278	Dade (Region 11)	32 Y (1986)	Full Medicaid	1091 Power Rangers Rock Ave MIAMI, FL 33136	Can Enroll	Cannot Enroll	Pending Plan



How to Keep Informed

- Agency website:
http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml
- Provider alerts: Sign up online at
http://ahca.myflorida.com/medicaid/statewide_mc/signupform.html
- Webinars
- Targeted outreach with stakeholders



www.ahca.myflorida.com/smmc

Information about the SMMC program is posted on the Agency's website.

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AGENCY FOR HEALTH CARE ADMINISTRATION

Custom Search

HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

SMMC Home Federal Authorities

Statewide Medicaid Managed Care

RECIPIENTS

- Report a Complaint
- Choose and Enroll in a Health Plan
- Recipient Resources
- Medicaid Covered Services
- Program Information

PROVIDERS

- Report a Complaint
- Plan Contact Information
- Claims Dispute Resolution Program
- Provider Services
- Coverage Policies
- Sign-Up for Program Updates
- MMA Physician Incentive Program

HEALTH PLANS

Health Plan Resources

- Report Guide
- Performance Measure Data
- 2012-2018 Model Contract
- Health Plan Contract Actions

SMMC PROGRAM CHANGES

Changes coming in 2018

- Plan Roll-out Schedule - **New**
- Plans by Region - **New**
- Plan Contacts for Providers - **New**
- Outreach and Presentations - **New**
- SMMC Re-procurement
- 2018-2023 SMMC Plan Model Contract - **New**

The Agency for Health Care Administration is responsible for administering the Statewide Medicaid Managed Care (SMMC) program. Most Florida Medicaid recipients are enrolled in the SMMC Program. The SMMC program has three components, the Long-Term Care (LTC) program, the Managed Medical Assistance (MMA) program, and the Dental Program.

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Important information about changes to the SMMC program is located under the “SMMC Program Changes” section. This includes the model contract, plan roll-out schedule, plan contacts and outreach materials and presentations.

The screenshot shows the website for the Agency for Health Care Administration. At the top right, there are links for Public Meetings, Public Records, Contact Us, and Site Map, along with social media icons for Facebook, Twitter, YouTube, and a wheelchair accessibility icon. The main header features the agency's logo and name, a search bar with the text "Custom Search", and a navigation menu with links for HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, FIND A FACILITY, and REPORT FRAUD. Below this is a sub-menu with "SMMC Home" and "Federal Authorities". The main content area is titled "Statewide Medicaid Managed Care" and contains four columns of links. The fourth column, "SMMC PROGRAM CHANGES", is circled in red and lists several items, including "Plan Roll-out Schedule - New", "Plans by Region - New", "Plan Contacts for Providers - New", "Outreach and Presentations - New", "SMMC Re-procurement", and "2018-2023 SMMC Plan Model Contract - New". Below the columns is a paragraph explaining the SMMC program. At the bottom, there is a footer with various policies and a navigation menu.

Public Meetings Public Records Contact Us Site Map

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Information related to recipients including how to choose a plan, covered services, helpful resources and reporting a complaint can be accessed under the “Recipients” section on the SMMC website.

The screenshot shows the AHCA website's SMMC section. At the top, there is a navigation bar with links for Public Meetings, Public Records, Contact Us, and Site Map, along with social media icons. Below this is the AHCA logo and a search bar. A secondary navigation bar includes links for HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, FIND A FACILITY, and REPORT FRAUD. The main content area is titled "Statewide Medicaid Managed Care" and features four columns of links:

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Below the columns, a paragraph states: "The Agency for Health Care Administration is responsible for administering the Statewide Medicaid Managed Care (SMMC) program. Most Florida Medicaid recipients are enrolled in the SMMC Program. The SMMC program has three components, the Long-Term Care (LTC) program, the Managed Medical Assistance (MMA) program, and the Dental Program."

The footer contains links for Privacy Policy, Doing Business with AHCA, Refund Policy, Disclaimer, Contact Webmaster, Find a Facility, Download Adobe Reader, and Notice of Nondiscrimination Policy.



Information for providers including coverage policies, plan contact information, claims dispute resolution program and signing up for provider alerts can be accessed under the “Providers” section on the SMMC website.

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Questions can be emailed to the SMMC Inbox at
flmedicaidmanagedcare@ahca.myflorida.com

