**Managed Care and Statewide Medicaid Managed Care Program
Frequently Asked Questions**

Question: What is managed care?

Answer: Managed care is a term for the process of how health care organizations manage the way their enrollees receive health care services. Managed care organizations work with different health care providers to offer quality health care services to ensure enrollees have access to the health care providers they need.

Question: Why are changes being made to the Florida Medicaid Program?

Answer: The Florida Legislature created a new program called "Statewide Medicaid Managed Care" (SMMC), which will change how some individuals receive health care from the Florida Medicaid program.

Question: What is the intent of creating the Statewide Medicaid Managed Care program?

Answer: The Statewide Medicaid Managed Care program is designed to:
- emphasize patient centered care, personal responsibility and active patient participation;
- provide for fully integrated care through alternative delivery models with access to providers and services through a uniform statewide program; and
- implement innovations in reimbursement methodologies, plan quality and plan accountability.

Question: Does the SMMC program cut the Medicaid Budget?

Answer: No, however, it is expected that with additional care coordination, the program may result in a reduction in growth of Medicaid expenditures and provide increased budget predictability.

Question: Does the SMMC program change eligibility for Medicaid in Florida?

Answer: No, the Statewide Medicaid Managed Care program does not change eligibility coverage.

Question: Does the SMMC program reduce services available through Florida Medicaid?

Answer: No, health plans will be required to provide services at a level equivalent to the state plan. The Agency has requested authority for plans to customize their benefit packages to non-pregnant adults, vary cost sharing provisions, and provide coverage for additional services.

Question: How will changes be made to Florida Medicaid?

Answer: The Statewide Medicaid Managed Care program will be implemented statewide. The State has been divided into 11 regions that will coincide with the existing Medicaid areas. Each region must have a certain number of managed care plans as shown in the chart below.

Managed Medical Assistance: Plans Per Region				
	Min # of Plans	Max # of Plans	# of PSNs	Children's Medical Services Network
Region 1	2	2	1	
Region 2	2	2	1	
Region 3	3	5	1	
Region 4	3	5	1	
Region 5	2	4	1	The CMS Network will operate statewide
Region 6	4	7	1	
Region 7	3	6	1	
Region 8	2	4	1	
Region 9	2	4	1	
Region 10	2	4	1	
Region 11	5	10	1	

AHCA will invite qualified managed care plans to participate in the Statewide Medicaid Managed Care program, then choose the plans that may participate in the program through a competitive contracting process. AHCA must choose a certain number of managed care plans for each region to ensure that enrollees have a choice between plans.

After plans are chosen, AHCA will begin to notify and transition eligible Medicaid recipients into the program.

There will be two different components that make up the SMMC program:
- The Florida Long-term Care Managed Care program and
- The Florida Managed Medical Assistance program.

It is anticipated that the Florida Long-Term Care Managed program will be available in all areas of the state by October 1, 2013. It is anticipated that the Florida Managed Medical Assistance program will be available in certain areas beginning in the last quarter of 2013, and will be in all areas by October 1, 2014.