FL FLORIDA MEDICAID FACTS

MEDICAID NOT EXPANDED[1]

Who is covered in Florida's Medicaid Program?

ELIGIBILITY GROUPS

FFS[2-5]

- Qualified Non-Citizens*
- Undocumented Immigrants*

MCO[6-9]

- Children (0-18 years)
- Current and Former Foster Care Children
- Parents and other Caretaker Relatives
- Pregnant Women
- Aged, Blind, and Disabled Adults
- Dual Eligibles
- Low-Income Adults
- Disabled Children
- Incarcerated Individuals
- Newly Eligible Adults
- American Indians/ Alaskan Natives

Program Requirements:[10]

- Resident in the state of Florida
- In need of health care/insurance assistance
- Financial situation is characterized as low- or very low-income
- Must be a U.S. national, citizen, or have satisfactory immigration status
- Over the age of 64; or be pregnant or have a child 18 or under
- Be blind or disabled
- Have a child, parent, or spouse in your household who is blind or disabled

* The state assures that it provides limited Medicaid services for the treatment of an emergency medical condition, not related to an organ transplant procedure. Individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status, and/or present an SSN fall under two categories: qualified non-citizens are subject to the 5-year waiting period, except children up to age 19 or non-qualified, non-citizens, unless covered by the state as a lawfully residing child or pregnant woman.

Important News

December 2019 - The Agency for Health Care Administration implemented a housing assistance pilot program in collaboration with select health plans at the end of 2019. The participating plans are Aetna, Magellan Complete Care, Simply, and Staywell Through this program, Florida Medicaid will provide community supports and services to assist Medicaid recipients ages 21 and older who are homeless or at risk of homelessness and have a serious mental illness or substance use disorder with securing housing. Included in the offered services are transitional housing and tenancy sustaining services, mobile crisis management, self-help/peer support an incidental coverage.[11]

May 2020 - The Agency for Health Care Administration of Florida has projected that as many as 437,390 Florida residents will turn to Medicaid in the coming fiscal year. The economic collapse of Florida in the wake of the COVID-19 pandemic is expected to result in a $1 billion cost added to the state's budget. A spike in enrollment could increase overall costs to $3 billion.[12]

Eligibility Criteria for Specific Populations as a Percentage of the Federal Poverty Level (FPL)[14]

Children: 215%
Seniors & People with Disabilities: 88%
Parents: 32%
Pregnant women: 196%

Percentage Breakdown of Florida's Medicaid Population[15]

Adults: 22%   **Aged:** 13%   **Children:** 50%
Individuals with Disabilities: 15%

Do Medicaid health plans provide coverage?[13]

✓ **YES**   ☐ **NO**

YES:
- Best Care Assurance DBA Vivid
- Children's Medical Services Network
- Coventry Health Care of Florida (Aetna/CVS)
- Florida Community Care
- Humana Medical Plan (Humana)
- Lighthouse Health Plan, LLC
- Magellan Complete Care, LLC (Magellan Health)
- Miami Children's Health Plan
- Molina Healthcare of Florida (Molina)

NO:
- Prestige Health Choice (Independence Health Group)
- Simply Healthcare Plans, Inc
- South Florida Community Care Network (SFCCN) (Anthem)
- Staywell Health Plan of Florida (WellCare)
- Sunshine State Health Plan, Inc (Centene)
- UnitedHealthcare of Florida (UnitedHealth Group)

SECTION 1115 WAIVERS[16]

Florida Medicaid Family Planning Waiver, effective since 1998, allows Florida to provide a limited Medicaid benefit package of family planning and family-planning related services to populations currently not covered under the state Medicaid program. An extension request was submitted on 10/10/2017 and was approved to extend through 06/30/2023.

EFFECTIVE: 10/1/1998
APPROVAL: 8/23/1998
EXPIRATION: 6/30/2023

Florida Managed Medical Assistance (MMA), allows plans to offer customized benefit packages and reduced cost sharing. However, each plan must cover all mandatory services for all state plan populations, and all state plan services for pregnant women and children under the age of 21 (including Early and Periodic Screening, Diagnostic, and Treatment). Approved amendments implemented a statewide Medicaid prepaid dental health program (PDHP), eliminated 3-month retroactive coverage for adults over 21, and increased the behavioral health and supportive housing assistance services annual enrollment limit.

EFFECTIVE: 7/31/2014
APPROVAL: 7/31/2014
EXPIRATION: 6/30/2022

SECTION 1135 WAIVER IN RESPONSE TO COVID-19[17]

Section 1135 Waiver flexibilities pertaining to Coronavirus (COVID-19) were granted in March, 2020, including to waive prior authorization requirements, streamline provider enrollment, allow provision of care in alternative settings, and extend deadlines for appeals and fair hearing requests. Additionally, Florida may reimburse otherwise payable claims from out-of-state providers not enrolled in Florida's Medicaid program if certain criteria are met.

APPROVAL: 3/6/2020
EFFECTIVE: 3/1/2020

INSTITUTE FOR MEDICAID INNOVATION

FLORIDA MEDICAID FACTS

How is Florida meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives[18, 19]

Florida has created a Delivery System Reform Incentive Payment (DSRIP)-like program that is funded through a Section 1115 waiver. The program's goals include: initiatives for dually eligible individuals and expanded long-term care, new expansive statewide managed care programs, and eligibility groups added to managed care including children. Providers involved in this program are all statewide managed care contracts.

The state of Florida does not require managed care organizations (MCOs) to set targets for payments made through alternate payment models (APMs), have incentives or penalties for meeting or failing to meet APMs, or require MCOs to develop value-based paymnet (VBP) strategy within state-specific guidelines. The state of Florida does require MCOs to participate in a state directed VBP initiative. As a whole, Florida has a limited strategy to embrace value-based payment.

Family Planning[20, 21]

The Florida Medicaid Family Planning waiver provides family planning services to women that are not pregnant and seeking family planning services ages 14-55 with family incomes at or below 191 percent of the federal poverty level (FPL), including physical exams, counseling, pregnancy tests, sexually transmitted (STI)/sexually transmitted disease (STD) testing, condoms, birth control pills, sterilization for both males and females, IUDs, and drugs and treatment associated with STIs/STDs, and vaginal and urinary tract infections.

Women's Health[22-24]

The program covers inpatient and outpatient hospital care, pregnancy-related care, prenatal visits and vitamins, ultrasound and amniocentesis screenings, childbirth by vaginal or caesarean delivery, 60 days of postpartum care, and treatment for breast and cervical cancer.

Women with an income above the eligibility level for Medicaid are still eligible for family planning services under the Section 1115 Family Planning Waiver.

Free-standing birth centers and midwifery services are provided as part of a fee-for-service arrangement.

Long-Term Services and Supports (LTSS)[25, 26]

Individuals enrolled in long-term care programs must be of 65 years of age or older and require nursing facility level care, 18 years of age or older and eligible for Medicaid by reason of disability and need nursing facility level care, or 18 years of age or older with a diagnosis of cystic fibrosis and have a hospital level of required care. Through this program, Medicaid will reimburse over two dozen home and community-based services as well as services provided in a nursing facility. Covered services include assistive care services, case management, occupational therapy, medical equipment and supplies, and hospice among other services.

Cost-Sharing[27, 28]

In the state of Florida, the Medicaid spending per enrollee is as follows: $4,243 for all full or partial benefit enrollees, $7,281 for aged enrollees, $11,369 for individuals with disabilities, $2,894 for adults, and $1,822 for children.

For children, cost-sharing is not required for Medicaid but is required for CHIP and the lowest income at which cost-sharing begins is 133%.

For a family income at 151% and 201% FPL, non-preventive physician visits cost $5, $10 for emergency department (ED) and non-emergency use of ED, and $0 for an inpatient hospital visit. Prescription drugs, generic and brand name, cost $5. For adults, Florida has not adopted the Medicaid expansion and does not cover non-disabled adults.

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FLORIDA MEDICAID FACTS

How is Florida meeting the needs of Medicaid enrollees?

Oral Health[29]

Limited evaluation and emergency dental services are available to recipients under 21 years of age:

- Crowns, diagnostics, endodontics, dentures, oral surgery, orthodontics, periodontal services, preventive services, and restorations available if medically necessary.

Medicaid reimburses for acute emergency dental procedures to alleviate pain or infection, dentures and denture-related procedures for recipients age 21 and older, including:

- Comprehensive oral evaluation
- Dentures
- Incision and drainage of an abscess
- Radiographs necessary to make a diagnosis

Children with Special Health Care Needs[33-37]

Medicaid covers 51% of children with special health care needs in Florida.

For infants and young children, Florida's Medicaid program offers an early intervention program, services for eligible infants and toddlers ages birth to 36 months, those who are at risk for developmental disabilities or delays, and the Individualized Family Support Plan (IFSP).

The Division of Children's Medical Services (CMS) provides a collection of family-centered programs for children with special health care needs through connecting enrollees with statewide networks of specialists.

The Developmental Disabilities "iBudget" Waiver is eligible to children ages 3 and older diagnosed with, Down Syndrome, an intellectual disability (IQ less than 70), Autism, Spina Bifida, Prader-Willi syndrome, Cerebral palsy, and Familial Dysautonomia (Riley-Day syndrome).

The Model Waiver is eligible to children ages 0-20 and only covers children with degenerative spinocerebellar disease and provides respite, assistive technology and service evaluation, and transition case management

Child and Adolescent Health[41]

All infants are covered in Medicaid.

Florida operates three separate CHIP programs: Healthy Kids covers children ages 5 through 18; MediKids covers children ages 1 through 4; and the Children's Medical Services Managed Care Plan serves children with special health care needs from birth through age 18.

Behavioral Health

Covered community mental health and substance use services include:[30]

- Mental assessments
- Treatment planning
- Individual, group, and family therapies
- Community support and rehabilitative services
- Therapeutic behavioral on-site services for children and adolescents
- Mental health targeted case management

The Magellan Complete Care Serious Mental Illness (SMI) Specialty Plan is for Medicaid recipients ages six and older who are diagnosed with or in treatment for a serious mental illness. The SMI specialty plan is available in Regions 2, 4-7, and 9-11.

Drug therapies covered: methadone, naloxone, naltrexone, acamprosate, and disulfiram.[31, 32]

Social Determinants of Health (SDOH)[38-40]

Through Florida's Medicaid coverage, MCOs have social determinants of health-related policies in place, employ community or non-traditional health workers, and provide enrollees with referral to social services. MCOs are not required to screen enrollees for social needs, track patient outcomes and experiences post-referral, or partner with community- or social service-based providers.

The Managed Medical Assistance (MMA) Program increased the behavioral health and supportive housing assistance services annual limit, modified the Low Income Pool's (LIP) permissible expenditures related to FQHCs and RHCs, and memorialized some budget neutrality-related edits to the Supportive Housing Pilot table.

The Florida Medicaid/MediKids Program and Florida Healthy Kids cover a range of services for enrollees including, but not limited to, primary care provider services, rehabilitation therapy, transportation, vision care, behavioral health and substance abuse, hospital admission, and nutritional counseling.

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Federal

Florida

1965 President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1967 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1970 State of Florida adopts the Medicaid program.[42]

1972 Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1981 Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1984 Children and pregnant women become mandatory Medicaid eligibility groups.

1989 Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1990 Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1997 Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1999 Olmstead decision allows expanded HCBS coverage for persons with disabilities.

2006 Low-income children, pregnant women and parents, and aged and disabled individuals in two counties transition into a managed care demonstration program called the Florida Medicaid reform (currently called Florida Medicaid Pilot, operating under Section 1115 waiver authority).[43]

2007 Florida Medicaid reform expands to three more counties.[43]

2010 Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2011 Florida Medicaid Pilot expands to all counties and is renamed the Statewide Medicaid Managed Care (SMMC).[43]

2012 National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2013 The federal government approves the state's request to move almost all Medicaid enrollees and services into managed care, starting in 2014 on a phase-in schedule.[43]

2014 Florida's Managed Medical Assistance program is implemented.[43]

2014 ACA implementation begins.

2016 Governor signs bill that carves dental services out of Medicaid managed care.[44]

2017 Florida House approves a broad Medicaid bill, including work-related requirements for certain enrollees. With the exception of individuals with disabilities, older adults, and children, Medicaid enrollees would need to demonstrate that they are working, seeking employment, or in job training.[44]

A Statewide Medicaid prepaid dental health program (PDHP) was implemented in three phases by region.[45]

2019 Florida eliminated the 3-month retroactive coverage for adults over 21. Regional perinatal intensive care centers and community behavioral health centers were added as Medicaid providers.[45]

2020 36 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

The annual enrollment limit for the behavioral health and supportive housing assistance services annual enrollment limit was increased.[45]

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www.MedicaidInnovation.org

For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org

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