Who is covered in Florida's Medicaid Program?

**ELIGIBILITY GROUPS**

**FFS**
- Qualified Non-Citizens*
- Undocumented Immigrants*

**MCO**
- Children (0-18 years)
- Current & Former Foster Care Children
- American Indians/Akaska Natives
- Pregnant Women
- Aged, Blind, and Disabled Adults
- Dual Eligibles
- Low-Income Adults
- Disabled Children
- Incarcerated Individuals
- Newly Eligible Adults
- Intellectual and Developmental Disabilities

* 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 fail 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**

- April 2016 - A settlement is released after a class-action lawsuit was raised regarding Medicaid children's access to health care. The settlement involves increasing payment to doctors and improving Medicaid dental care and enrollment for children.  
- March 2017 - Florida House of Representatives propose cutting the base Medicaid rate by 7%, meaning a loss of $622 million to hospitals in 2018.

**Do Medicaid health plans provide coverage?**

- YES
- NO

- AHF/Positive Health Care
- AmeriGroup Florida, Inc. (Anthem)
- Better Health (Anthem)
- Children’s Medical Services Plan
- Coventry Health Care of Florida (Aetna)

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**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 as of June 2018, was still pending approval.

- **APPROVAL:** 8/23/1998
- **EFFECTIVE:** 10/1/1998
- **EXPIRATION:** 6/30/2018

**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 age 21 (including Early and Periodic Screening, Diagnostic and Treatment). An amendment was submitted on 01/17/2018 to provide dental benefits through managed care organizations. Another amendment was submitted on 04/26/2018 that proposes that FQHCs and RHCs have to contract with at least 50% of MCOs in their region and must be enrolled in Florida Medicaid. A third amendment was submitted on 05/03/2018 to eliminate the 3-month retroactive coverage for adults over 21 and include regional perinatal intensive care centers and community behavioral health centers as Medicaid providers. As of June 2018, all three waivers were still pending approval.

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

STATUS: Multiple waivers pending approval.

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How is Florida meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives\textsuperscript{13}
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.

Family Planning\textsuperscript{14,15}
The Florida Medicaid Family Planning waiver provides family planning services to women ages 14–55 with family incomes at or below 191 percent of the federal poverty level (FPL), including physical exams, counseling, pregnancy tests, condoms, birth control pills, sterilization for both males and females, and IUDs.

Women’s Health
The program covers inpatient and outpatient hospital care, pregnancy-related care, prenatal visits and vitamins, ultrasound and amniocentesis screenings, childbirth by vaginal or cesarean delivery, 60 days of postpartum care, and treatment for breast and cervical cancer.\textsuperscript{16}

Women with an income above the eligibility level for Medicaid are still eligible for family planning services under the Section 1115 Family Planning Waiver.\textsuperscript{16}

Free-standing birth centers and midwifery services are provided as part of a fee-for-service arrangement.\textsuperscript{17,18}

Behavioral Health
Community mental health and substance use services.\textsuperscript{19}
- 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.\textsuperscript{20,21}

Drug therapies covered: methadone, naltrexone, acamprosate, and disulfiram.\textsuperscript{21}

Oral Health\textsuperscript{22}
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

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Federal

- President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

Florida

- State of Florida adopts the Medicaid program.

1965

1967

1970

1972

1981

1984

1989

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1997

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2006

2007

2010

2011

2012

2013

2014

2016

2017

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

Children and pregnant women become mandatory Medicaid eligibility groups.

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded. Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

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.

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

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


ACA implementation begins.

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

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).

Florida Medicaid reform expands to three more counties.

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

The federal government approves the state’s request to move almost all Medicaid enrollees and services into managed care, starting in 2014 on a phased-in schedule.

Florida’s Managed Medical Assistance program is implemented.

Governor signs bill that carves dental services out of Medicaid managed care.

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

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