

New SMMC Contract - Summary of Changes

I. Executive Summary

The Statewide Medicaid Managed Care (SMMC) program, comprised of Managed Medical Assistance (MMA), Long-Term Care, and Dental, has evolved since 2014 due to various statutory and policy changes implemented through the competitive procurement of health plans. The third and most recent health plan procurement will implement program changes, impacting recipients and providers on February 1, 2025. This summary primarily focuses on the changes to the MMA program provided in Attachment I (Scope of Services), Attachment II (Core Contract) and Exhibit II-A (Managed Medical Assistance Program) of the [2025-2030 SMMC Model Contract](#).

New Program Goals and Priorities

The following new program goals and contract priorities are reflected throughout the new SMMC contract.

- Incentivize value and quality,
- Offer an enhanced service delivery system and integration of behavioral and physical health services,
- Ensure the availability of comprehensive, quality-driven provider networks,
- Streamline processes that enhance the enrollee and provider experience,
- Provide expanded benefits targeted to improve outcomes for enrollees,
- Demonstration top quality scores and enrollee satisfaction,
- Ability to deliver an efficient, high-quality, innovative, cost-effective, integrated health care delivery model that provides pathways towards self-sufficiency, purpose, and independence.
- Improve childhood and adolescent mental health.
- Maximize home and community-based services to improve independence, well-being, and safety.
- Support HOPE Florida through Pathways to Prosperity, Pathways to Purpose and Other Pathways.

Contract Priorities

- | | |
|--|---------------------------------------|
| ○ Autonomy and Self-Sufficiency through Community Partnerships | ○ Hope Florida |
| ○ Florida's Families and Family Choice | ○ Mental Wellness for Florida's Youth |
| ○ Florida's Vulnerable Citizens | ○ Quality and Value |

Program Changes

The following key program and contract changes are described under Section II of this document.

- A. Amended Regions and Plan Types (replacing specialty plans with specialty products).
- B. Revised Enrollment and SMI Assignment Process.
- C. New/Modified Expanded Benefits (including removal of certain previous expanded benefits).
- D. New SMMC In Lieu-of-Services
- E. Expanded Behavioral Health and Supportive Housing Assistance Pilot (geographic expansion).
- F. New Chronic Disease Management Program Requirements (targeting populations such as mental illness and substance use disorders).
- G. New Quality Reimbursement Program (Value-Based Purchasing).
- H. Layered Quality Performance Program (Achieved Savings Rebate, Preferred Assignment, Quality Withhold and Redistribution, Financial Consequences -liquidated damages).
- I. New Performance Expectations for Specialty Product (root cause analysis).

II. Key Program Changes

A. Amended Geographic Regions and Plan Types

The SMMC contract implements the statutory change that combined (2022) SMMC Regions 1 & 2 and Regions 3 & 4 as well as renumbering all regions to letters. Table 1 provides the new SMMC regions and corresponding counties effective February 1, 2025.

Table 1 SMMC Regions	
Region	Counties
A	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington
B	Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia
C	Pasco and Pinellas
D	Hardee, Highlands, Hillsborough, Manatee, and Polk
E	Brevard, Orange, Osceola, and Seminole
F	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
G	Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
H	Broward
I	Miami-Dade and Monroe

New Types of Plans

Under the SMMC contract, the delivery system was restructured by amending the types of plans offered to ensure plans provide continuity of care and stability for both individuals and families. Part of this change involved the replacement of the Specialty Plans (standalone plan) with specialty products that certain plans can now offer. The SMMC specialty products are reported to provide the same specialty services that were available through the Specialty Plans that operated under 2018-2024 SMMC contract.

- **Comprehensive Plus:** provides MMA services to MMA eligible recipient; LTC services to LTC eligible recipients; Specialty Product to specialty population. This plan type allows families to be served by the same plan when one family member meets a specialty diagnosis; and allows LTC recipients to access specialty products not previously available.
- **Managed Medical Assistance:** provides MMA services to eligible MMA recipients; cannot provide services to LTC-only recipients; provides Specialty Product to all specialty population.
- **Select Comprehensive:** provides MMA and LTC services to eligible LTC recipients; cannot provide services to MMA-only recipients; does not provide specialty products. The plan type provides person-centered care to children receiving medical foster care, private duty nursing or nursing facility services through the MMA program, in addition to LTC eligible services.

Table 2 lists the new contracted plans by plan type and geographic region served. All the plans offer the Serious Mental Illness (SMI) Specialty Product except the Florida Community Care, Select Comprehensive plan which only operates in Regions E through H.

Table 2 SMMC Health Plans	
Contract Period 2025-2030	
Aetna Better Health of Florida, Inc. Plan Type: Comprehensive Long-term Care Plus Specialty Product: HIV/AIDS & Serious Mental Illness Regions: D, E, and I Community Care Plan Plan Type: Managed Medical Assistance Plus Specialty Product: Serious Mental Illness Regions: E-I Florida Community Care, LLC Plan Type: Select Comprehensive (concurrent MMA & LTC services) No Specialty Product Regions: E-H AND Plan Type: Comprehensive Long-term Care Plus Specialty Product: HIV/AIDS & Serious Mental Illness Regions: A-D and I Human Medical Plan Plan Type: Comprehensive Long-term Care Plus Specialty Product: HIV/AIDS & Serious Mental Illness Regions: A-I	Molina Healthcare of Florida, Inc. Plan Type: Comprehensive Long-term Care Plus Specialty Product: HIV/AIDS & Serious Mental Illness Regions: I Simply Healthcare Plans, Inc Plan Type: Comprehensive Long-term Care Plus Specialty Product: HIV/AIDS & Serious Mental Illness Regions: A-I Sunshine State Health Plan, Inc Plan Type: Comprehensive Long-term Care Plus Specialty Product: Child Welfare, HIV/AIDS, & Serious Mental Illness Regions: A-I United HealthCare of Florida, Inc. Plan Type: Comprehensive Long-term Care Plus Specialty Product: HIV/AIDS & Serious Mental Illness Regions: B, D, and I

B. Revised Enrollment and SMI Assignment Process

The new SMMC contract will implement a revised managed care assignment process to include new Medicaid populations and a new assignment process for the SMI population that includes the use of a new algorithm to assign SMI recipients to plans with a SMI specialty product.

- Certain previously voluntary populations for SMMC are now required to choose a plan when they are applying for Medicaid and, if they do not, the recipients are assigned to a plan. These new populations retain the right to disenroll from the program or change their MMA plan at any time. The new populations include recipients with creditable coverage (excluding Medicare), dual Medicaid and Medicare eligibles in treatment facility or hospital, children in Prescribed Pediatric Extended Care, recipients in Intermediate Care Facilities for Individuals with Intellectual Disabilities, recipients in the IBudget program or Group Home. AHCA's [SMMC 3.0 program Snapshot](#) lists all the include or excluded populations for managed care.
- Assignment of recipients with a diagnosis of SMI, as defined in the contract, or HIV/AIDS to a plan that offers the appropriate specialty product, with final enrollment in that plan and Specialty Product subject to confirmation by the recipient.

- Table 3 provides the new SMI algorithm that will now be used to identify SMI individuals by using certain diagnosis codes and thereby making those individuals eligible for the specialty product. The previous SMI algorithm used Medicaid pharmacal data to identify SMI individuals. This is significant as individuals with SMI may not be properly identified due to incorrect diagnoses entered in the file. The Agency for Health Care Administration (AHCA) noted¹ in the SMMC Invitation to Negotiate that this change may result in a reduction in the number of people identified as eligible for enrollment in a specialty product.

**Table 3
SMMC SMI Algorithm**

New SMI algorithm: The SMMC contract will use a new SMI case finding algorithm using inpatient, outpatient, and professional claims and encounters (inclusive of crossover claims) with a paid, denied, or void status in FMMIS. The new algorithm is **limited to diagnosis codes alone** and focuses on those mental health conditions, which are generally recognized as long duration with a severe negative impact on daily functioning. Mental health diagnosis codes include the following:

- Group 1: F2x – Psychotic disorders (includes schizophrenia and delusional disorders).
- Group 2: F30x, F31x – Bipolar disorders (includes manic episodes).
- Group 3: F32x, F33x, F34x, F39x – Mood disorders (includes major depression).
- Group 4: F4x – Anxiety disorders (includes stress-related anxiety).
- Group 5: F50x, F53x, F60x, F63x, F68x, F69x, F91x, F98x, F99x – Other mental health disorders.
- Group 6: T1491 – Suicide attempt.

The criteria for being considered an SMI member are defined as a member with any of the following services:

1. One date of service with a Group 1 or 2 diagnosis in any diagnosis position on either an inpatient, outpatient, or professional claim within a 12-month service date lookback from the run month.
2. Any of the following criteria for claims with diagnoses in Groups 3, 4, or 5 to focus on potentially severe cases with functional disabilities who require intensive mental health treatment. The date of service lookback is 12 months from the run month.
 - a. One date of service on an inpatient claim or inpatient encounter with a principal diagnosis of mental health.
 - b. Outpatient claims with a diagnosis in any position and two dates of service between 15 and 90 days apart, which cover repeated acute treatments (e.g., emergency room visits for mental health incidents or other health reasons with a mental health diagnosis present) or long-term psychiatric programs (e.g., partial psychiatric hospitalizations, or intensive psychiatric outpatient treatments). The intent for this criterion is to minimize the inclusion of single visits spanning multiple days of service.
 - c. Professional claims or encounters with a diagnosis in any position and four dates of service each between 7 and 12 days apart, which cover regularly scheduled visits on a relatively short time scale with a health care provider. This criterion is meant to exclude sparsely spaced visits, which are not indicative of intensive mental health treatments.
3. A single date of service with a T1491xx diagnosis code (Group 6) in any position using all claim types. The date of service lookback is 24 months from the run month.
 - a. The algorithm is limited to recipients six years and older.
The new SMI algorithm also has the following components:
 - The algorithm will be run once per month with members falling off each month, effectively removing the permanent nature of the SMI criteria.

¹ The Agency for Health Care Administration in its Invitation to Negotiate (AHCA ITN 010-22/23), Attachment A, Page 8 notes that it “may update clinical eligibility to identify and prioritize recipients eligible for an MMA Plus Plan or Comprehensive LTC Plus Plan offering a Specialty product due to a Serious Mental Illness or HIV/AIDS more effectively. These changes may result in a reduction in the number of people identified as eligible for enrollment in a Specialty product.”

C. New/Modified Expanded Benefits

Expanded Benefits are benefit that the plans may offer to recipients in addition to the required (traditional) Medicaid services. The plans negotiated with AHCA during the competitive procurement process as to which Expanded Benefit the plan will provide. Table 4 provides the approved SMMC Expanded Benefits list that the plans may offer to recipients in addition to the required (traditional) Medicaid services. AHCA created a detailed [Health Plan Expanded Benefits Grid](#) that shows the expanded benefits each plan has chosen to offer for the 2025-2030 contract period.

TABLE 4	
SMMC Expanded Benefits	
General Expanded Benefits -	
Available for children and/or adults	
NEW	Asthma Home Care- May include benefits such as Hypoallergenic Bedding, Carpet Cleaning, Pest Control, etc.
NEW	Behavioral Health Integration Services/Collaborative Care
	Cellular Phone Services
NEW	Child Enrichment Assistance- May include benefits such as After School Activity Stipend, Camp Scholarship etc.
NEW	Disaster Relief Benefit- May include items such as a Grocery and Cleaning Supplies Card, Shelf Stable Meals, etc.
	Doula Services
	Durable Medical Equipment Services and Supplies- May include benefits such as Blood Pressure Monitors, Hospital Beds, etc.
NEW	Emergency Preparedness Kit- May include benefits such as Flashlight, First-Aid Kit, Emergency Survival Blanket, etc.
NEW	Family Support Services- May include benefits such as Childcare Financial Assistance, Diaper Benefit, Therapy for Families of Nursing Facility Children, etc.
NEW	Financial Literacy
NEW	Fitness Benefit- May include benefits such as Gym Memberships, Virtual Exercise Classes, etc.
NEW	Food Assistance- May include benefits such as Food/Grocery Stipends, Shelf Stable Meals, etc.
Modified	Home Delivered Meals
	Housing Assistance- May include benefits such as Housing Stability, Utilities, incidentals, etc.
	Meals- Non-Emergency Transportation Day-Trips
	Medication Assisted Treatment Services
NEW	Medication Safety Program- May include benefits such as a Medication Lockbox
NEW	Member Support- May include benefits such as Personal Support and/or Companionship
NEW	Mother and Baby Item Benefit- May include benefits such as Portable crib, Monitors, Car Seat, etc.
	Newborn Circumcision
Modified	Transportation- May include benefits such as Non- Emergency Transportation, Non-Medical Transportation and/or Caregiver Transportation; Library, Social, and other ancillary services.
NEW	Nursing Mothers Support Items
	Nutritional Counseling
NEW	Opioid Use Disorder/Substance Use Disorder Support
	Over-The-Counter Medications and Supplies

TABLE 4 (continued) SMMC Expanded Benefits	
Modified	Prenatal Services- May include benefits such as Increased number of Prenatal and Postpartum Visits, Hospital Grade Breast Pumps, etc.
	Respite Care Services- May include benefits such as Caregiver Support due to Medical Conditions or Developmental Disabilities
NEW	School Supply Assistance
NEW	Sensory/Comfort Item Benefit- May include items such as Weighted Blankets, Sound Machine, Light Therapy Products, etc.
NEW	Sports Physical
	Swimming Lessons (Drowning Prevention)
Modified	Tutoring, Vocational Training, and/or Job Readiness – Hope Florida Support- May include benefits such as Life Skills Development, GED prep, Clothing, etc.
NEW	Virtual Pregnancy and Lactation Support
Modified	Vision + Hearing Flex Card
	Waived Copayments
Adult Expanded Benefits -	
<i>These services are only available for adults because they are already covered for children on Medicaid when medically necessary</i>	
	Activity Therapy- May include benefits such as Art, Equine, and Pet Therapy
	Acupuncture
NEW	Adult Additional Primary Care Services- May include benefits such as Increased Office Visits
Modified	Adult Visual Aid and Hearing Services- May include benefits such as Contact Lenses, Hearing Aids, etc.
	Behavioral- Assessment/Evaluation and Screening Services
	Behavioral- Intensive Outpatient Treatment
	Behavioral Health- Individual Therapy Sessions to Caregivers
	Behavioral Health Day Services/Day Treatment
	Behavioral Health Medical Services- May include benefits such as Drug Screening, Medication Management, Verbal Interaction
NEW	Caregiver Support, Education, and Training
	Chiropractic Services
	Computerized Cognitive Behavioral Therapy
NEW	Criminal Expungement Services
NEW	Developmental Disabilities Stipend
	Financial Literacy
	Home Health Nursing/Aide Services- May include benefits such as Extra Home Visits
	Home Visit by a Clinical Social Worker
	Massage Therapy
	Medical Therapies- May include benefits such as additional Physical, Occupational, Speech and/or Respiratory Therapy
	Substance Abuse Treatment or Detoxification Services (Outpatient)
	Outpatient Hospital Services- May include benefits such as Waived Financial Limits, unlimited services such as Radiology Services, Sleep Studies, etc.
	Psychosocial Rehabilitation
	Targeted Case Management
	Therapeutic Behavioral On-Site Services
	Therapy/Psychotherapy- Group Therapy and/or Individual/Family Therapy

TABLE 4 (continued)	
SMMC Expanded Benefits	
Long-Term Care Services -	
<i>these services are only available for LTC enrollees</i>	
	ALF/AFCH- Bed Hold Days
	ALF/Home Based Setting Move-In Items
NEW	Aquatic Therapy
NEW	Durable Medical Equipment and Misc. Items Benefit- May include benefits such as Mobility Items, Dental Kits, etc.
NEW	Hope Florida Program Support- Loneliness Support
NEW	Mobile Personal Emergency Response System (PERS)
NEW	Pet Support- May include benefits such as Pet Food, Vet Visits, Kenneling, etc.
NEW	Robotic Therapy Pet
NEW	Sensory/Comfort Item Benefit
	Support to Stay in Community Living
	Transition Assistance- Nursing Facility to Community Setting- May include benefits such as Home Furniture, Safety Equipment, Assistance to secure Housing, etc.
Specialty Line of Business	
<i>These services are only available for enrollees in a specialty line of business</i>	
NEW	Collaborative Care
NEW	Durable Medical Equipment and Misc. Items Benefit- May include benefits such as Mobility Items, Dental Kits, Condition Specific DME, etc.
	Legal Guardianship Assistance
NEW	New Placement- Family Night Package
NEW	Nutrition Shakes
NEW	Peer Support Counseling- Individual and Group Counseling
NEW	Robotic Therapy Pet
NEW	Sensory/Comfort Item Benefit
NEW	Service/Therapy Animal Training and/or Maintenance

The following 2018-2024 SMMC Expand Benefits were not included in the SMMC contract.

Vaccines:

- Vaccine – Tdap
- Vaccine – Influenza
- Vaccine – Shingles
- Vaccine – Pneumonia
- Vaccine – Hepatitis B
- Vaccine – HPV
- Vaccine – Meningococcal

Other services/Items:

- Medically Related Home Care Services/ Homemaker
- Biometric Equipment
- Healthy Living Benefit
- Transition Assistance for Youth Aging Out
- Flu/Pandemic Prevention Kit

D. New In-Lieu-of-Services

In-Lieu-of-Services (ILOS) are not addressed in the SMMC contract, however, since it is important members to understand the changes, the 2025-2030 ILOSs were included in this document. ILOS are alternative services or settings to those services required under the Medicaid State Plan (often referred to as traditional Medicaid). Exhibit A of this document provides the detailed AHCA SMMC In-Lieu-of-Services Chart. The chart lists all state plan covered services with the corresponding ILOS that each plan agreed to provide during the 2025-2030 SMMC contract period. Table 5 lists the new ILOSs approved for the SMMC program that were not included in the 2018-2024 SMMC program.

Table 5 New In-Lieu-of-Services	
Medicaid State Plan Covered Service	Health Plan's In Lieu of Service (ILOS)
Emergency Department Visit or Inpatient Hospitalization for SMI and/or SUD	Housing Assistance - Transitional Housing Services
Emergency Department Visit or Inpatient Hospitalization for SMI and/or SUD	Housing Assistance - Transitional Housing Services
Emergency Department visit or inpatient hospitalization for SMI and/or SUD	Housing Assistance - Tenancy Sustaining Services
Nursing Facility	Structured Family Caregiving
Outpatient Clinic Visits, Emergency Department Visits, or Inpatient Hospitalization	Functional Family Therapy in Home or Community - For children or adolescents with a history of justice involvement or at high risk for justice involvement.

E. Expanded Behavioral Health and Supportive Housing Assistance Pilot

The Behavioral Health and Supportive Housing Assistance Pilot, operating in select regions of Florida, is a voluntary program for Medicaid recipients that offers additional behavioral health services and supportive housing assistance services for persons aged 21 and older with SMI, substance use disorder (SUD), or SMI with co-occurring SUD, who are homeless or at risk of homelessness due to their disability. The program will expand from Regions 5 and 7 (re-named Regions C and E) to include Regions A and B on February 1, 2025.

F. New Targeted Chronic Disease Management Programs

The MMA plans operating under the SMMC program are required to implement Chronic Disease Management Programs. The Chronic Disease Management (CDM) Programs will target populations with low socioeconomic resources and chronic conditions diseases such as: depression, anxiety disorders, attention deficit hyperactivity disorder, bipolar disorder, substance use disorders. The MMA plan will offer proactive and organized interventions focused on defined populations with chronic diseases to improve the health outcomes of enrollees. The SMMC contract requires the MMA plans to collaborate with AHCA on the structure, development, and evaluation of their programs. These plans are also required to develop and evaluate the CDM programs based on clearly defined parameters within the new contract.

All the plans will offer CDM programs for enrollees with these health conditions:

- Cancer
- HIV and AIDS
- Diabetes
- Depression

All the plan will offer at least two additional CDM programs which may include:

- Chronic Kidney Disease New
- End Stage Renal Disease (ESRD) New
- Osteoporosis New
- Dementia New
- Hypertension New
- Parkinson's Disease New

The CDM programs from MMA Plus Plan or Comprehensive Plus plans offering a Specialty Product include:

- Anxiety Disorders New
- Bipolar Disorder New
- Attention Deficit Hyperactivity Disorder (ADHD) New
- Substance Abuse Disorders New

Within the first 90 days of executing the SMMC contract, the plans are required to conduct a comprehensive analysis of its enrollees to develop meaningful CDM programs. The plans will then develop a methodology to identify enrollees and providers of those enrollees with multiple or severe chronic conditions as a target population that would benefit from participating in the CDM.

AHCA will review and assess CDM programs and collaborate with the plans for quality improvement and compliance. The SMMC contract provides the following core interventions for the plans to develop their CDM programs:

1. Provide care coordination and case management services.
2. Use of preventive services
3. Implement strategies to address health-related social needs.
4. Effective communication to enrollees and caregivers
5. Provide medication adherence education.
6. Promote lifestyle changes.
7. Use of effective disease management toolkits, guidelines, and best practice recommendations
8. Establish and maintain partnerships with providers, community-based organizations, and other stakeholders.
9. Engage in chronic disease education and outreach interventions Implement reward and incentive program(s)

The plans are required to provide quarterly and annual updates on each CDM program to AHCA to allow for collaborative assessment and identify opportunities for programmatic improvement. Prior to implementing a CDM program, the plan is required to report the following information to AHCA:

- Target population and methodology for identification.
- Quality indicators that will be used to quantifiably measure progress.
- Clinical knowledge or research that justify the quality indicators as credible progress measures.
- Data sources informing identification and progress (e.g., claims data or HEDIS).
- How the CDM will improve health outcomes for the target population.
- the specific, quantifiable, appropriate target goals for the quality indicators for the chronic disease target population; and
- Link between the target goals and the planned interventions.

G. New Quality Reimbursement Program (Value-Based Purchasing).

The SMMC contract is implementing a quality reimbursement program that is new for the MMA plans, known as value-based purchasing (VBP). VBP is a reimbursement strategy that ties provider payments to high quality performance by health care providers. VBP arrangements include contractual agreements between payers, in this case the MMA plans, and health care providers. This agreement holds the providers accountable for both the quality and cost of care provided to Medicaid recipients. VBP supports an integrated approach to care that addresses both physical and behavioral health needs. The VBP program focuses on providing more comprehensive care that improves the overall health outcomes for recipients. VBP supports the use of innovative health care models, such as telehealth and patient-centered medical homes, which are designed to enhance accessibility and coordination of care.

Types of VBP Arrangement	Broad	Targeted
Population-Based	×	×
Enhanced Primary Care	×	×
Episode Care-Based		×
Quality Performance	×	×
Infrastructure & Operations		×

Under the SMC contract, the MMA plans are required to utilize VBP agreements with the providers within its provider network. The MMA plans are required to submit their agreements and corresponding claims with providers and subcontractors for AHCA review in compliance with the contract. The agreements must fit within the principles of AHCA's contract requirements for VBP and are arranged in either a broad or targeted agreement between the plan and the provider. The contract principles are to: maximize high-value care, reduce inappropriate care, reward best-performing providers.

All VBP agreements executed by the plans require that providers participate in the Florida Health Information Exchange (HIE) Encounter Notification Service (ENS). The health plans are required to achieve and maintain ENS participation in one hundred percent (100%) of VBP arrangements. The ENS allows providers to securely track and facilitate patient care management that may assist with reducing duplicative treatments.

Transparency Requirements

The MMA plans are required to have a value-based purchasing program that includes certain elements to ensure transparency to providers that clearly outline the reimbursement that the provider will receive. All agreements must include:

- A detailed methodology on how enrollees are assigned to providers for calculation of final payment.
- A detailed methodology on how each provider's target budget is calculated.
- A detailed methodology on how data will be shared, at least quarterly, between the plan and the provider.
- A detailed list of quality measures used for calculating shared savings or losses.

Gradual Benchmarks for VBP Agreements Over the Life of the Contract

The MMA plans are required to use the [Learning Action Network \(LAN\)](#)'s [alternative payment framework](#) to categorize its value-based purchasing agreements with providers. The contract contains established benchmarks that increase with each year of the contract. The following table from the SMMC contract shows the incremental increase over time.

INCREMENTAL INCREASE IN EXPENDITURES IN VALUE-BASED PURCHASING AGREEMENTS WITH PROVIDERS*			
Contract Period	VBP LAN 3A+	VBP LAN 3B+	VBP LAN 4A+
Year 1	10%	5%	0%
Year 2	20%	10%	1%
Year 3	25%	15%	2.5%
Year 4	30%	20%	5%
Year 5	35%	25%	7.5%
Year 6	40%	30%	10%

*The percentages are minimum targets. The plus sign indicates the inclusion of greater risk levels. For example, "3A+" includes LAN risk levels 3A, 3B, 4A, 4B, 4C.

H. Layered Quality Performance Program.

The SMMC contract will implement an innovative quality performance program for MMA plans. The contract outlines AHCA's Quality Strategy which includes an array of quality components with balanced incentives and penalties to drive continual improvement in overall program quality. All quality components in the contract align to the three (3) core quality goals:

- Promote healthy birth outcomes for mothers and infants;
- Maximize home and community based (HCB) placement and services to improve independence, well-being, and safety; and
- Improve childhood and adolescent mental health.

Layered Approach to Drive Continued Improvement

AHCA has augmented its Comprehensive Quality Strategy to include an array of quality components with balanced incentives and penalties to drive continual improvement in overall program quality. By linking performance incentives and penalties to the contract core quality goals, AHCA hopes to drive plan performance to the height of quality and best value as demonstrated in graphic below included in the SMMC contract.



Achieved Savings Rebate

The plans are required to submit an annual Achieved Savings Rebate (ASR) report, which includes information regarding their annual premium revenue, costs, and incomes or losses. If the plan achieves savings and revenue along with meeting AHCA's defined quality measures, the **plan may qualify to retain up to an additional one percent of their Achieved Savings Rebate.**

Quality Withhold Incentive

AHCA withholds two percent of the plan's capitation rate for MMA on an annual basis. The withhold may be earned back based on the plan's performance based on measures from the Healthcare Effectiveness Data and Information Set (HEDIS).

Types of Penalties for Poor Performance

As a result of poor performance by the plans, AHCA may impose monetary sanctions, corrective actions plans, performance measure monetary penalties, and temporary enrollment limitations, such as temporary enrollment freezes, enrollment algorithm reductions, and/or enrollment caps.

I. New Performance Expectations for Specialty Product

The SMMC contract requires that plans offering a Specialty Product initiate a root cause analysis (RCA) within fourteen (14) days following each of the Serious Adverse Event (SAE) events involving an enrollee of its Specialty product:

- (1) Suicide.
- (2) Victim of Homicide.
- (3) Baker Act of an enrollee aged twenty-one (21) years or younger.
- (4) Death of an enrollee within one year of delivery or pregnancy termination.
- (5) Death of an enrollee within one (1) year of life.
- (6) Victim of abuse, neglect, or exploitation as defined by Section 415.102, F.S.
- (7) Sexual battery or altercation requiring medical intervention.
- (8) Resident elopement for enrollees in assisted care communities, as defined by Section 429.41, F.S.

The contract requires that the RCA include, at a minimum, a description of the event, health record review, case management investigation, and interviews to gather data that may not be present in health record documents, identification of causal factors, determination of root causes of causal factors, and actionable recommendations for the plan offering a Specialty Product to prevent the event at the individual level and the population level. The plan is required to complete an RCA for each event within thirty (30) days of RCA initiation.

The plans offering a Specialty Product are required to provide a summary to AHCA each year of its RCA's involving enrollees of its Specialty product. The report must include the following, at a minimum:

- (1) Number and trend of each Serious Adverse Event (SAE) type.
- (2) Number of RCAs initiated and completed for each SAE type.
- (3) For each SAE type, a compilation of most frequent root causes.
- (4) For each SAE type, a compilation of most frequent recommendations for the plan.

AHCA will collect and publicly report the plan performance data in a manner and format approved by AHCA.

Exhibit A



Statewide Medicaid Managed Care (SMMC) New Program Highlight: In Lieu of Services (ILOS)

ILOS are alternative services or settings to those required by the Medicaid State Plan

Medicaid State Plan Services	Health Plan's In Lieu of Service (ILOS)	Comprehensive Plus Plans							Select Comprehensive LTC+ Plan	MMA +
		Aetna Better Health	Florida Community Care (FCC)	Humana Medical Plan	Medina Healthcare	Simply	Sunshine	United Healthcare	FCC	Community Care Plan (CCP)
Clubhouse	Drop-in Center	X	X	X	X	X	X		X	X
Emergency Behavioral Health Care	Mobile Crisis Assessment and Intervention	X	X	X	X	X	X	X	X	X
Emergency Department Visit or Inpatient Hospitalization for SMI and/or SUD	Housing Assistance - Transitional Housing Services	X			X	X	X	X		
Emergency Department visit or inpatient hospitalization for SMI and/or SUD	Housing Assistance - Tenancy Sustaining Services				X		X	X		
Inpatient and Residential Stay or SIPP	Multi Systemic Therapy	X			X	X	X	X	X	X
Inpatient Detoxification Hospital Care	Ambulatory Detoxification Services	X	X	X	X	X	X	X	X	X
Inpatient Detoxification Hospital Care	Detoxification or Addictions Receiving Facilities licensed under s. 397, F.S.	X	X	X	X	X	X	X	X	X
Inpatient Detoxification Hospital Care	Substance Abuse Intensive Outpatient Program (IOP)	X		X	X	X	X	X		X
Inpatient Detoxification Hospital Care	Substance Abuse Short-term Residential Treatment (SRT)	X	X	X	X	X	X	X	X	X
Inpatient Hospital	Intensive Outpatient Mental Health	X			X		X	X		X
Inpatient Hospital - Psychiatric	Partial Hospitalization (PHP)- Substance Abuse		X				X			
Inpatient Hospital - Psychiatric	Freestanding Psychiatric Hospital						X			
Inpatient Hospital Services	Skilled Nursing Facility Services to MMA Enrollees	X	X	X	X		X	X		

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ILOS are alternative services or settings to those required by the Medicaid State Plan

Medicaid State Plan Services	Health Plan's In Lieu of Service (ILOS)	Comprehensive Plus Plans							Select Comprehensive LTC+ Plan	MMA +
		Aetna Better Health	Florida Community Care (FCC)	Humana Medical Plan	Medina Healthcare	Simply	Sunshine	United Healthcare	FCC	Community Care Plan (CCP)
Inpatient Psychiatric Care	Crisis Stabilization Units (CSU) and Freestanding Psychiatric Specialty Hospitals	X	X	X	X	X	X	X	X	X
Inpatient Psychiatric Hospital	First Episode Psychosis Program							X		
Inpatient Psychiatric Hospital	Specialty Psychiatric Hospitals							X		
Inpatient Psychiatric Hospital Care	Mental Health Partial Hospitalization Program (PHP)	X	X	X	X	X	X	X	X	X
Nursing Facility	Structured Family Caregiving	X			X		X			
Outpatient Clinic Visits, Emergency Department Visits, or Inpatient Hospitalization	Functional Family Therapy in Home or Community [†]	X			X	X	X	X		
Psychological Testing	Infant Mental Health Pre and Post Testing Services	X	X	X	X	X	X		X	X
Psychosocial Rehab	Self-help/Peer Services	X	X	X	X	X	X	X	X	X
Therapeutic Behavioral On-site Services	Family Training and Counseling for Child Development	X	X	X	X	X	X	X	X	X
Therapeutic Group Care Services or Statewide Psychiatric Program Services	Community-Based Wrap-Around Services	X	X	X	X	X	X	X	X	X

[†] For children or adolescents with a history of justice involvement or at high risk for justice involvement.

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