



# Florida Medicaid System: An *OPEN MINDS* State Profile



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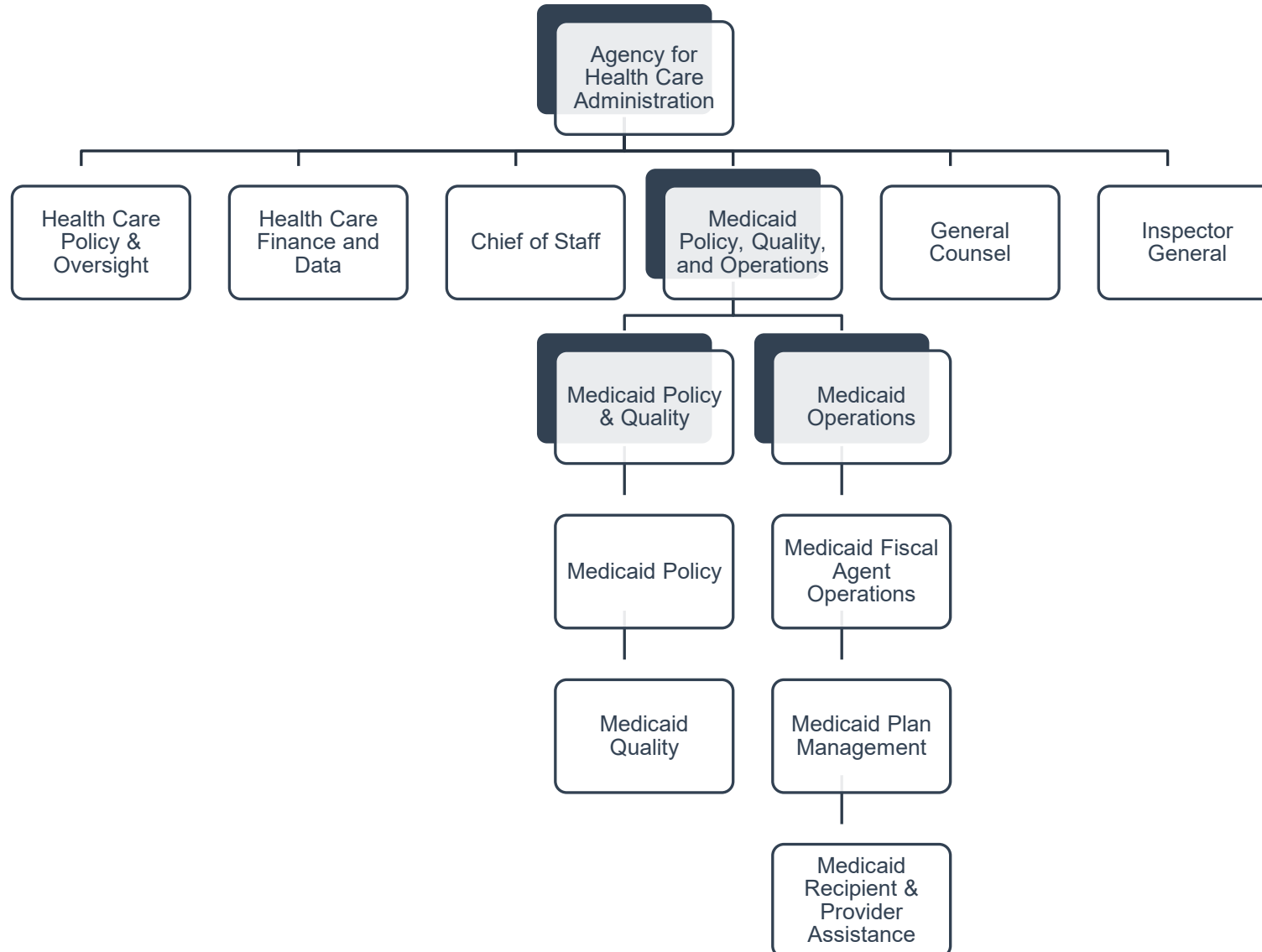
# 1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	<ul style="list-style-type: none"> <li>As of May 2025: 28% in fee-for-service (FFS), 72% in managed care</li> </ul>	
SMI population inclusion in managed care	<ul style="list-style-type: none"> <li>Florida does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.</li> <li>Two specialty health plans for individuals with SMI.</li> <li>Estimated 28% of population in FFS, 72% in managed care</li> </ul>	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> <li>Dual eligibles enrolled in D-SNPs are excluded from managed care.</li> <li>Estimated 46% of population in FFS, 54% in managed care</li> </ul>	
Long-term services and supports system inclusion in managed care	<ul style="list-style-type: none"> <li>The LTSS populations receives services through the capitated comprehensive MMA and LTC+ programs.</li> </ul>	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation
Specialty behavioral health	Covered FFS by the state	Included in the health plan's capitation
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation
Long-term services and supports (LTSS)	Delivered by capitated standalone plans under the long-term care program	Delivered by capitated comprehensive MMA and LTC+ programs

# 1. Medicaid System Overview: Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		No statewide program, but health plans may link provider organization incentive payments to PCMH accreditation.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	The comprehensive MMAs and long-term care plus program plans provide long-term care to all enrollees.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state operates 23 CCBHCs under federal grants.
Other Care Coordination Initiatives		None

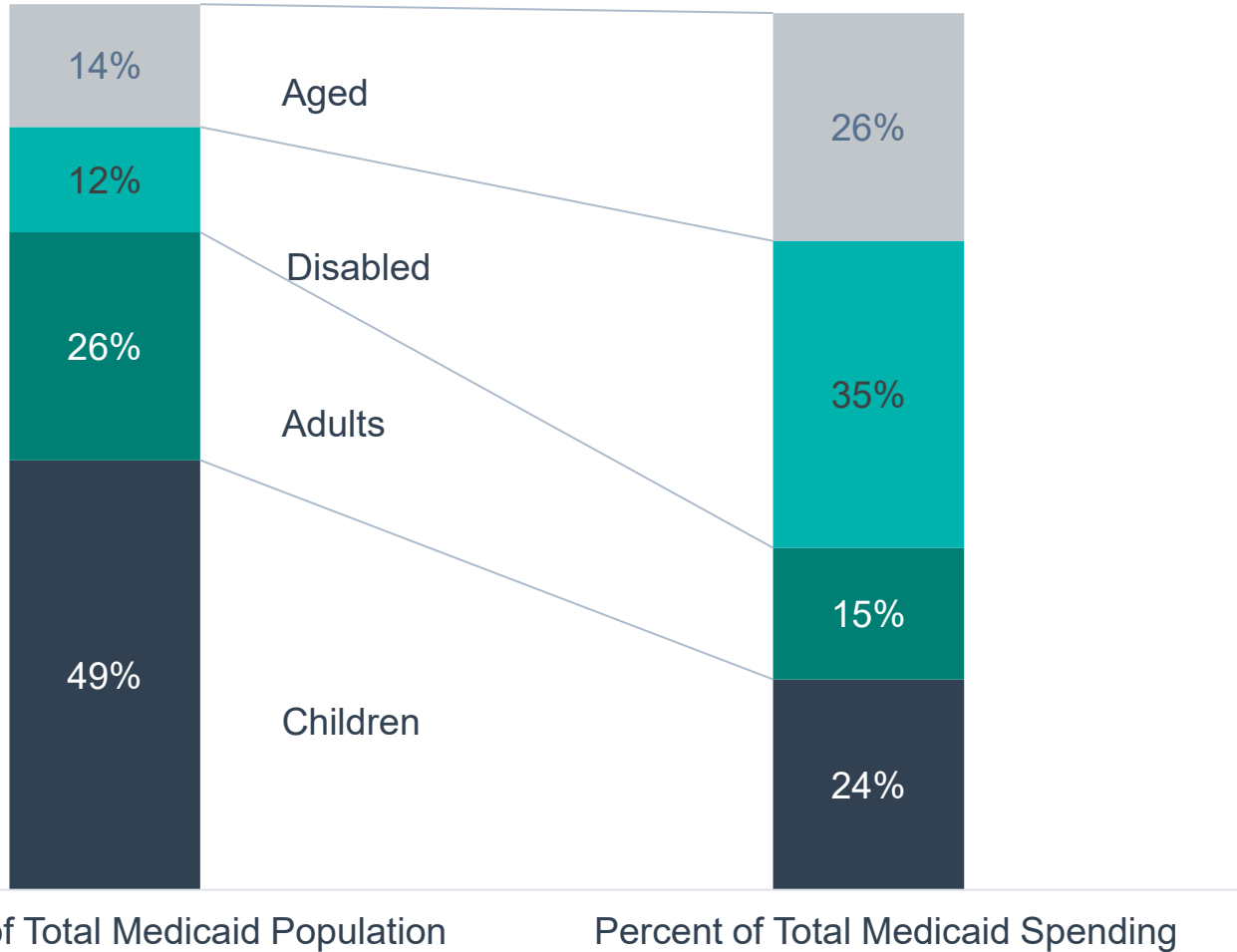
## 2. Medicaid Governance: Organization Chart



## 2. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Shevaun Harris	Secretary	Agency for Health Care Administration	shevaun.harris@acha.myflorida.com
Stefan Grow	Chief of Staff	AHCA	stefan.grow@ahca.myflorida.com
Kim Smoak	Deputy Secretary, Division of Health Care Policy & Oversight	AHCA	kim.smoak@ahca.myflorida.com
Brian Meyer	Deputy Secretary for Medicaid	AHCA, Florida Division of Medicaid	brian.meyer@ahca.myflorida.com
Ann Dalton	Assistant Deputy Secretary for Medicaid	AHCA, Florida Division of Medicaid	ann.dalton@ahca.myflorida.com
Matthew Cooper	Assistant Deputy Secretary for Medicaid Finance & Analytics	AHCA, Florida Division of Medicaid	matthew.cooper@ahca.myflorida.com
Pamela Hull	Assistant Deputy Secretary for Medicaid	AHCA, Florida Division of Medicaid	pamela.hull@ahca.myflorida.com

### 3. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2022		
	U.S.	FL
All populations	\$8,813	\$6,076
Children	\$3,786	\$2,939
Adults	\$5,443	\$3,769
Expansion adults	\$7,569	N/A
Blind and disabled	\$25,483	\$17,440
Aged	\$19,191	\$11,344

Based on FY 2022 data

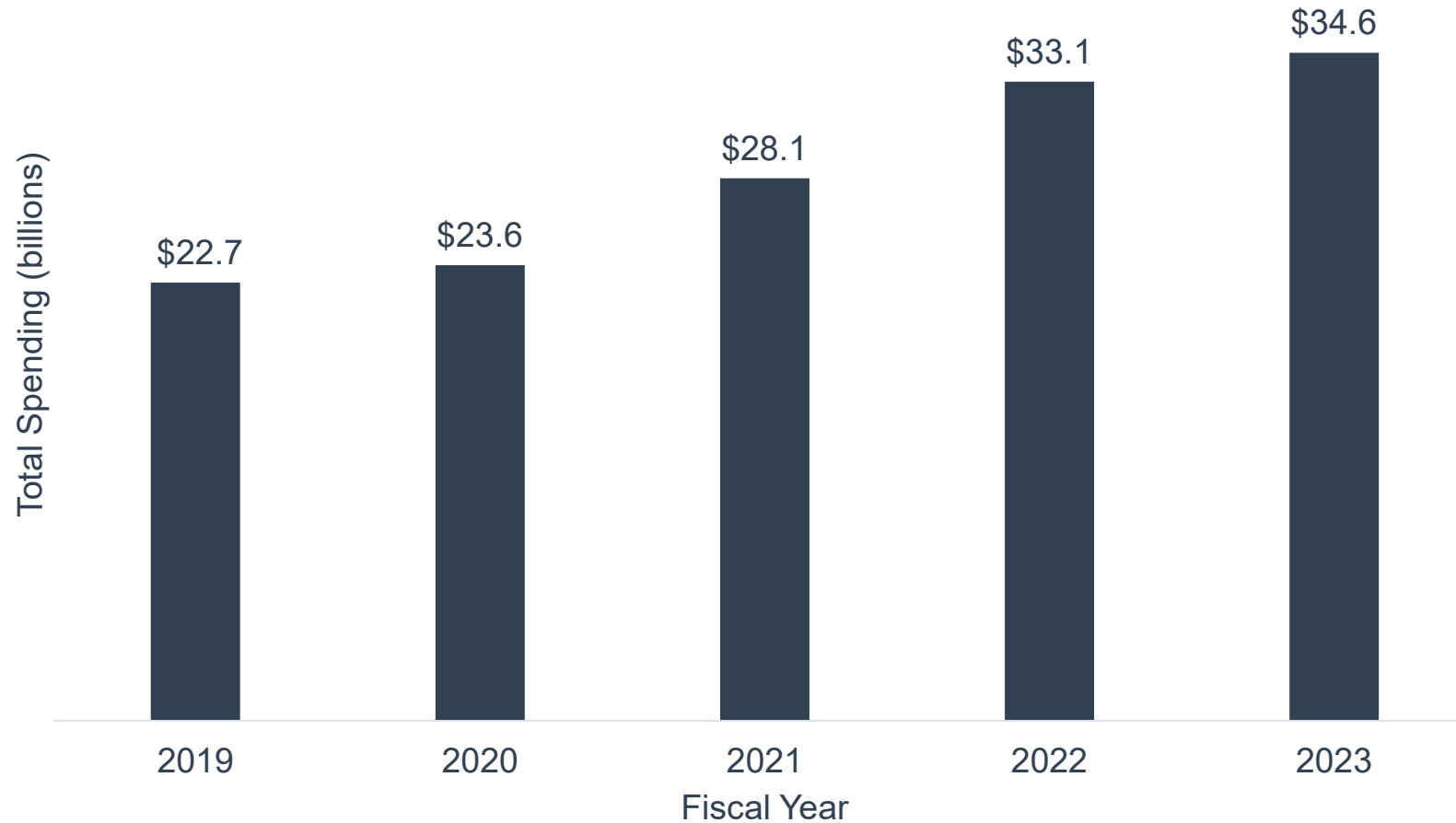
Totals may not equal 100% due to rounding.

### 3. Medicaid Program Spending: Budget

Budget Item	SFY 23 Spending	Percent Of Budget
Managed care and premium assistance	\$23,471,000,000	68%
Hospital	\$2,720,000,000	8%
Medicare premiums and coinsurance	\$2,409,000,000	7%
Institutional LTSS	\$2,379,000,000	7%
Home-and community-based LTSS	\$1,960,000,000	6%
Other acute services	\$534,000,000	2%
Dental	\$385,000,000	1%
Clinic and health center	\$279,000,000	1%
Physician	\$273,000,000	1%
Drugs	\$183,000,000	1%
Other practitioner	\$46,000,000	<1%
<b>Budget Total: \$34,639,000,000</b>		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	57.2%
CY 2025 Newly Eligible FMAP (expansion population)	N/A
Counties contribute to state Medicaid share	Yes

### 3. Medicaid Program Spending: Change Over Time



## 4. Medicaid Expansion Status

Medicaid Expansion	
<b>Participating In Expansion</b>	No; the Medicaid Expansion bill was not passed in the 2023 legislative session.
<b>Date Of Expansion</b>	N/A
<b>Medicaid Eligibility Income Limit For Able-Bodied Adults</b>	27% of Federal Poverty Level (FPL) for parents; 27% for childless adults ages 19 and 20; no coverage for able-bodied, childless adults
<b>Legislation Used To Expand Medicaid</b>	N/A
<b>Number Of Individuals Enrolled In The Expansion Group (June 2025)</b>	N/A
<b>Number Of Enrollees Newly Eligible Due To Expansion</b>	N/A
<b>Benefits Plan For Expansion Population</b>	N/A

# 5. Medicaid Program Benefits

## Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

## Florida's Optional Benefits

1. Podiatry
2. Chiropractic services
3. Services of other practitioners
4. Clinic services
5. Dental services and dentures
6. Physical therapy
7. Occupational therapy
8. Services for individuals with speech, hearing, and language disorders
9. Prescribed drugs
10. Prosthetic devices
11. Optometry and eyeglasses
12. Diagnostic, screening, and preventive services
13. Rehabilitative services
14. Inpatient services for individuals ages 65 and over in IMDs
15. ICF/IDD services
16. Public institution services for individuals with I/DD
17. Inpatient psychiatric services for individuals under age 22
18. Hospice care
19. Nursing facility services for individuals under 21

# 6. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (May 2025)	1,145,354	3,006,980
SMI Enrollment	<ul style="list-style-type: none"> <li>Florida does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.</li> <li>A specialty health plan for individuals with SMI is available in most regions.</li> <li>An estimated 72% of the SMI population is enrolled in managed care, 28% is in FFS</li> </ul>	
Management	Agency for Health Care Administration	<ul style="list-style-type: none"> <li>Managed Medical Assistance (MMA): 8 full-risk health plans</li> <li>SMI population: 8 full-risk health plans</li> </ul>
Payment Model	FFS	<ul style="list-style-type: none"> <li>MMA: Capitated rate</li> <li>SMI population: Capitated rate</li> </ul>
Geographic Service Area	Statewide	<ul style="list-style-type: none"> <li>MMA: Statewide, with plans available by region</li> <li>SMI population: All regions</li> </ul>

**Total Medicaid: 4,155,784 | Total Medicaid With SMI: 365,708**

## 6. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles	<ul style="list-style-type: none"> <li>• Partial-benefit dual eligibles</li> <li>• D-SNP enrollees</li> </ul>		Full-benefit dual eligibles not enrolled in D-SNPs
Medicaid expansion	Not applicable		
Individuals residing in nursing homes			✓
Individuals residing in ICF/IDD		✓	
Individuals in foster care			✓
Other populations	<ul style="list-style-type: none"> <li>• Family planning only</li> <li>• Breast and Cervical Cancer Program</li> <li>• Emergency Medicaid for aliens</li> </ul>	<ul style="list-style-type: none"> <li>• Having other health care coverage</li> <li>• Receiving refugee assistance</li> <li>• Residing in justice system residential or group home facilities</li> <li>• Enrolled in or waitlisted for I/DD home- and community-based services (HCBS) waiver program</li> <li>• Receiving services in a prescribed pediatric extended care center</li> </ul>	

## 7. Medicaid FFS Program: Overview

- As of May 2025, FFS enrollment was 1,145,354.
  - Among those enrolled in FFS, 361,218 were full-benefit FFS enrollees.
  - The remaining 784,036 FFS enrollees were individuals with limited benefits including partial benefit dual eligibles, family planning waiver enrollees, Breast and Cervical Cancer Program enrollees, emergency service recipients, medically needy individuals, and enrollees living in juvenile justice residential facilities.
- Adults who receive physical and behavioral health services through the FFS system must receive LTSS through a comprehensive MMA or LTC+ program health plan.

## 7. Medicaid FFS Program: Pharmacy Benefit

Florida FFS Program Pharmacy Benefit & Utilization Restrictions	
<b>State Uses Pharmacy Benefit Manager</b>	Yes, Magellan Rx.
<b>Responsible For Financing General Pharmacy Benefit</b>	Medicaid FFS
<b>Responsible For Financing Mental Health Pharmacy Benefit</b>	Medicaid FFS
<b>State Uses A Preferred Drug List (PDL) For General Pharmacy</b>	Yes, the state uses a Preferred Drug List called Florida Medicaid Preferred Drug List.
<b>State Uses A PDL For Mental Health Drugs</b>	Yes, antidepressants, antipsychotics, and anti-anxiety drugs are included on the general pharmacy PDL.
<b>State Uses A PDL For Addiction Treatment Drugs</b>	Yes, narcotic withdrawal and anti-alcoholic drugs are included on the general pharmacy PDL.
<b>Coverage Of Antipsychotic Injectable Medications</b>	Antipsychotic injectable medications are covered as a pharmacy benefit.
<b>Utilization Restrictions For Mental Health Or Addiction Treatment Drugs</b>	<ul style="list-style-type: none"> <li>• Drugs not included on the PDL require prior approval.</li> <li>• Additional age-based utilization restrictions apply to some mental health and addiction treatment drugs.</li> <li>• Atypical antipsychotic injectable medications are subject to prior authorization requirements.</li> <li>• Prior authorization is required for brand-name drugs prescribed due to medical necessity when a generic drug is available.</li> </ul>
<b>State Has A Pharmacy Lock-In Program Or Other Restriction Program</b>	No, a lock-in program is authorized by statute. However, prior authorization and other utilization controls—combined with a FFS population that receives its pharmacy benefits primarily through Medicare—have eliminated the need for manual monitoring of recipients at risk of benefits abuse.

## 8. Medicaid Managed Care Program: Overview

- As of May 2025, managed care enrollment was 3,006,980
- Florida calls its managed care program the Statewide Medicaid Managed Care (SMMC).
- On February 1, 2025, the Agency for Health Care Administration (Agency) implemented the new Statewide Medicaid Managed Care (SMMC) 3.0 program. The Agency entered into new contracts with health and dental plans that will greatly benefit enrollees and providers.
- The new SMMC 3.0 program is focused on several core enhancements:
  - Family focused plans and program
  - Significant new ways to improve health
  - Fully integrated incentives for quality performance
  - New SMMC Regions and plan structure
- Health plans will operate in 9 regions throughout the state.
- Under new contracts there is a new “plus” structure that integrates specialty care into the MMA and LTC programs. For the first time enrollees in the LTC program will have access to specialty services for their SMI or HIV/AIDS diagnosis and specialty support for those in child welfare program.
- Under the new contract, certain health plans are re-branded with new names to provide clarity and simplicity for enrollees, providers and the plans themselves. Previously known as Specialty plans, Comprehensive Plus and Managed Medical Assistance Plus plans provide the same specialty services within one plan framework. Long-Term Care Plus plans are now known as Select Comprehensive plans.

## 8. Medicaid Managed Care Program: Health Plan Types

- Comprehensive Plus plans:
  - provide MMA services to MMA eligible recipients
  - provide LTS services to LTC eligible recipients
  - provides Specialty Product to all specialty population enrollees ([see slide 38](#))
- Managed Medical Assistance Plus plans:
  - provides MMS services to any eligible recipient
  - cannot provide services to LTC-only recipients
  - provides Specialty Product to all specialty population enrollees
- Select Comprehensive plans:
  - provide MMA and LTC services to eligible recipients enrolled in LTS
  - cannot provide services to MMA only recipients
  - does not provide a Specialty product.
- A “Plus” Plan may provide one or more of the Following Specialty Products: SMI, HIV/AIDS, and/or Child Welfare

# 8. Medicaid Managed Care Program: Long-Term Care

- The Long-Term Care (LTC) program provides health care services—including nursing facility and HCBS—to elderly persons and adults with disabilities who meet the requirements for a nursing facility level of care.
- As of May 2025, 150,463 persons receive LTC services through a Comp+ or Select Comp plan.
- LTC services are available in all nine regions of the state.
- Enrollment is mandatory for persons needing a nursing facility level of care who are:
  - 65 years or older
  - 18 years or older and eligible for Medicaid due to disability
  - In hospice or institutional care
  - Aged out of the children’s medical services program
- Those who qualify for LTC services can choose to enroll in either the Comp+ or Select Comp plans as regional restrictions allow.

Long-Term Care Services	
1.	Adult companion care
2.	Adult day health care
3.	Assisted living
4.	Assistive care services
5.	Attendant care
6.	Behavioral management
7.	Care coordination/case management
8.	Caregiver training
9.	Home accessibility adaptation
10.	Home-delivered meals
11.	Homemaker
12.	Hospice
13.	Intermittent and skilled nursing
14.	Medical equipment and supplies
15.	Medication administration
16.	Medication management
17.	Nursing facility
18.	Nutritional assessment/risk reduction
19.	Personal care
20.	Personal emergency response system
21.	Respite care
22.	Occupational, physical, respiratory, and speech therapy
23.	Non-emergency transportation

## 8. Medicaid Managed Care Program: Specialty Services

- The state delivers services to populations with special health care needs (i.e., individuals with HIV/AIDS, dual eligibles with chronic conditions, children in child welfare, children with chronic conditions, and individuals with SMI) through eight, full-risk, specialty health plans.
  - Each specialty plan must have a care coordination program designed specifically for the population’s special health care needs.
  - Enrollment in specialty plans is optional, as individuals must have freedom of choice.
- As of May 2025, 25,446 enrollees receive Specialty services. Enrollees may receive Specialty services through either a Comp+ or MMA+ plan.
- The plans cover all state benefits and provide an intensive outpatient therapy benefit for addiction disorder.
- The plans must develop a care coordination/case management program to address the special needs of the enrolled population.

Specialty Product	Eligibility Criteria
Serious Mental Illness	<ul style="list-style-type: none"> <li>• Must be at least 6 years or older</li> <li>• Diagnosed with a serious mental illness, as defined by the Agency, which typically includes one of the following diagnostic categories: psychotic disorders, bipolar disorder, major depression, schizophrenia, delusional disorder, or obsessive-compulsive disorder.</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>• Must be diagnosed with Human Immunodeficiency Virus (HIV) or</li> <li>• Acquired Immune Deficiency Syndrome (AIDS).</li> </ul>
Child Welfare	<ul style="list-style-type: none"> <li>• Is under the age of twenty-one (21) years.</li> <li>• Has a child welfare case or post adoption case open for services as identified in the Florida Safe Families Network (FSFN) database.</li> <li>• Has an FSFN eligibility indicator in FMMIS.</li> </ul>

## 8. Medicaid Managed Care Program: SMMC Health Plans by Region/Program

	A	B	C	D	E	F	G	H	I
Aetna Better Health				Comp+	Comp+				Comp+
Community Care Plan					MMA+	MMA+	MMA+	MMA+	MMA+
Florida Community Care	Comp+	Comp+	Comp+	Comp+	Select Comp	Select Comp	Select Comp	Select Comp	Comp+
Humana Medical Plan	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+
Molina Healthcare									Comp+
Simply Healthcare	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+
Sunshine Healthcare	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+	Comp+
UnitedHealthcare		Comp+		Comp+					Comp +

## 8. Medicaid Managed Care Program: 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

# 8. Medicaid Managed Care Program: Health Plan Characteristics

## Aetna Better Health/Coventry Health Care

1. **Profit status:** For-profit
2. **Parent company:** Aetna/CVS
3. **Behavioral health subcontractor:** Beacon Health Options
4. **Pharmacy benefit manager:** CVS Caremark
5. **Managed care programs:** Comprehensive +
6. **Enrollment share:** 5%

## Humana Medical Plan

1. **Profit status:** For-profit
2. **Parent company:** Humana
3. **Behavioral health subcontractor:** Access Behavioral Health (Region A), Carelon Behavioral Health (Regions B-I)
4. **Pharmacy benefit manager:** None
5. **Managed care programs:** Comprehensive
6. **Enrollment share:** 20%

## Community Care Plan

1. **Profit status:** Non-profit
2. **Parent company:** Broward Health and Memorial Health
3. **Behavioral health subcontractor:** Ontrak
4. **Pharmacy benefit manager:** Magellan RX
5. **Managed care programs:** MMA+
6. **Enrollment share:** 2%

## Florida Community Care

1. **Profit status:** For-profit
2. **Parent company:** Independent Living Systems
3. **Behavioral health subcontractor:** Behavioral Services Network
4. **Pharmacy benefit manager:** CVS Caremark
5. **Managed care programs:** Comprehensive+, Select Comprehensive
6. **Enrollment share:** 1%

Totals may not equal 100% due to rounding

## 8. Medicaid Managed Care Program: Health Plan Characteristics

### Molina Healthcare Of Florida

1. **Profit status:** For-profit
2. **Parent company:** Molina Healthcare, Inc.
3. **Behavioral health subcontractor:** Affinity by Molina
4. **Pharmacy benefit manager:** CVS
5. **Managed care programs:** Comprehensive+
6. **Enrollment share:** 2%

### Sunshine Health

1. **Profit status:** For-profit
2. **Parent company:** Centene
3. **Behavioral health subcontractor:** Cenpatico
4. **Pharmacy benefit manager:** Envolve
5. **Managed care programs:** Comprehensive+
6. **Enrollment share:** 41%

### Simply Healthcare Plans, Inc.

1. **Profit status:** For-profit
2. **Parent company:** Anthem, Inc.
3. **Behavioral health subcontractor:** Carelon Behavioral Health
4. **Pharmacy benefit manager:** CarelonRx
5. **Managed care programs:** Comprehensive+
6. **Enrollment share:** 18%

### UnitedHealthcare Of Florida

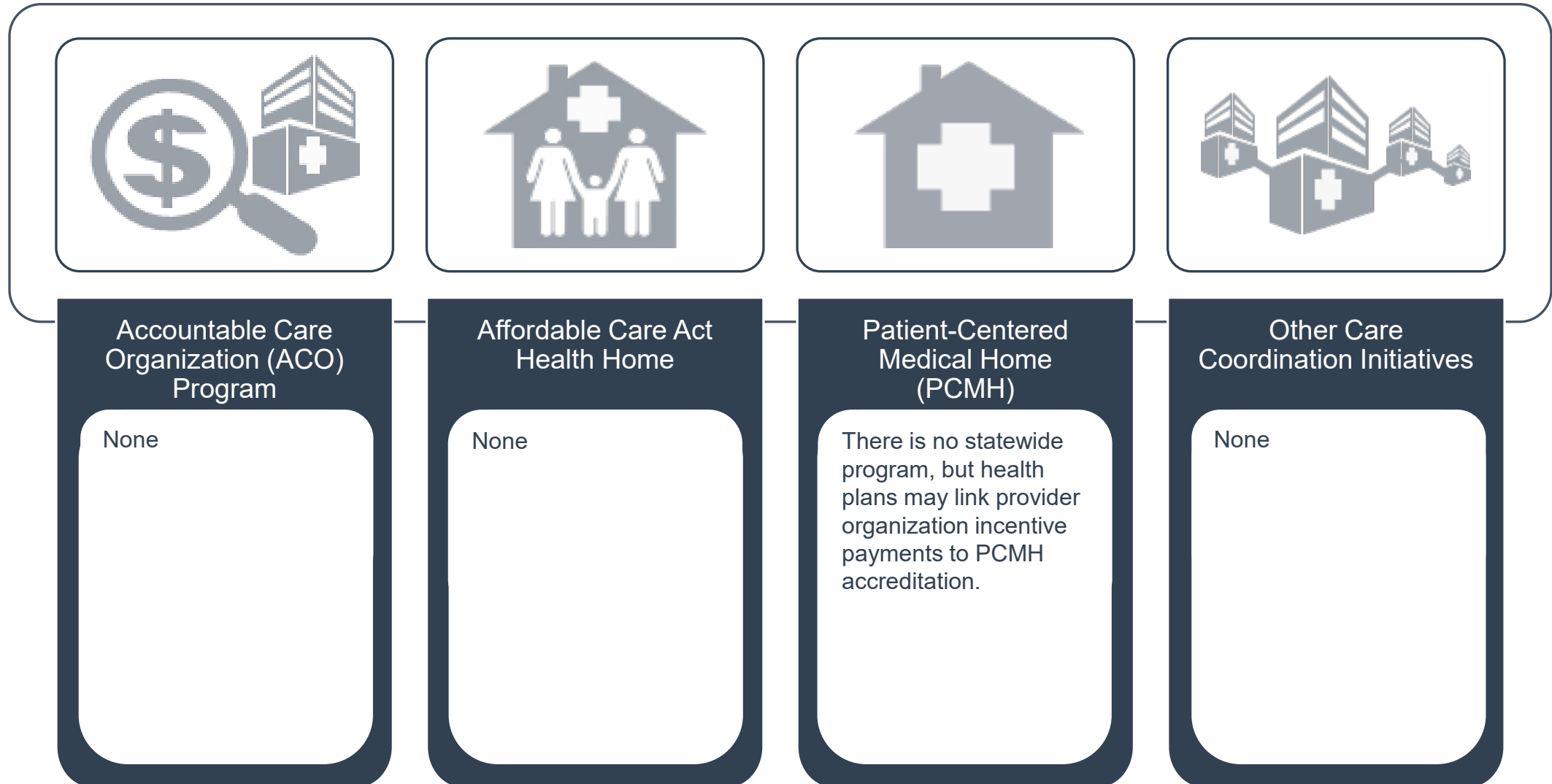
1. **Profit status:** For-profit
2. **Parent company:** UnitedHealthcare
3. **Behavioral health subcontractor:** Optum
4. **Pharmacy benefit manager:** Optum Rx
5. **Managed care programs:** Comprehensive+
6. **Enrollment share:** 9%

Totals may not equal 100% due to rounding

# 8. Medicaid Managed Care Program: Pharmacy Benefit

Florida Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	All health plans
Responsible For Financing Mental Health Pharmacy Benefit	All health plans
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none"> <li>The health plans may develop their own PDLs, but they are subject to state review.</li> <li>The health plans must make all drugs on the state's PDL available. The state's PDL includes mental health and addiction treatment drugs.</li> <li>The health plans may make available generic drugs in therapeutic categories that are not on the state's PDL, unless a brand-name drug containing the same active ingredient is on the state's Medicaid PDL.</li> </ul>
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>The health plans' prior authorization criteria must not be more restrictive than the state's criteria.</li> <li>The health plans must develop prior authorization criteria for brand-name drugs that are not on the state's PDL.</li> </ul>
Health Plan Allowed To Implement Pharmacy Lock-In Program	The health plans may implement a pharmacy lock-in program if approved by the state.

# 9. Medicaid Program: Care Coordination Initiatives



# 10. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Florida Managed Medical Assistance (FMMA)	<ul style="list-style-type: none"> <li>Expands managed care throughout the state and authorizes specialty plans for complex care populations.</li> <li>Establishes a low-income pool of \$1.5 billion per year to support safety-net provider organizations.</li> <li>A waiver amendment was added that expanded the amount of funds available for housing.</li> </ul>	1115	None	12/01/2014	06/30/2030
Florida Medicaid Family Planning Waiver	Provides family planning services to women with income below 185% of the FPL.	1115	None	01/01/1998	06/30/2030
Florida Long Term Managed Care (FL-17)	The Waiver allows the State to require eligible Florida Medicaid recipients to receive nursing facility, hospice, and home and community-based services (HCBS) through managed care plans.	1915 (b)	None	04/01/2022	03/31/2027
Florida Children's Health Insurance Program Eligibility Extension	Allows the state to increase the income eligibility threshold for the Children's Health Insurance Program from 210 percent of the FPL to up to, and including, 300 percent of the FPL.	1115	None	12/02/2024	09/30/2029

# 10. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
FL DD Individual Budgeting Waiver (0867.R03.00)	Individuals aged three and above with autism or I/DD	41,637	Agency for Persons with Disabilities	None
FL Model Waiver (40166.R06.00)	Individuals who are medically fragile from birth to age 20	20	Division of Medicaid	None
FL Familial Dysautonomia Waiver (40205.R04.00)	Individuals ages three to 64 who are medically fragile	15	Division of Medicaid	None
FL Comprehensive Intellectual and Developmental Disabilities Managed Care Pilot Program (2346.R00.00)	Individuals with autism, intellectual disabilities, or developmental disabilities ages 18 or older who meet an ICF/IID level of care.	600	Division of Medicaid	None
FL Long-Term Care Waiver (0962.R02.00)	Individuals ages 65 or older, and individuals with physical disabilities or with brain injury, with HIV/AIDS, or who are medically fragile ages 18-64 years who meet a hospital or nursing facility level of care,.	113,311	Division of Medicaid	None

# 11. Medicaid Program: New Initiatives

- Florida does not have any pending Medicaid initiatives.

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## Florida Health & Human Services System Market Profile



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## Florida Behavioral Health System Profile



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## Florida Dual Eligible System Profile

# Appendices

## 12. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a</a>
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a</a>
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from <a href="https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness">https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness</a>

## 12. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
<b>Medicare-Medicaid Dual Eligibility</b>	21% of persons in the Medicare population dually eligible for full Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2024 from <a href="https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf">https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf</a>
<b>Other Public</b>	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2024 from <a href="https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx">https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx</a>
<b>No Health Care Insurance</b>	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a</a>

# 13. Glossary Of Terms

Word	Abbreviation	Definition
<b>Alternative Benefit Plan</b>	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
<b>Accountable Care Organizations</b>	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
<b>Administrative Services Organization</b>	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
<b>Capitation</b>		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
<b>Carve-out</b>		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
<b>Certified Community Behavioral Health Clinic</b>	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

# 13. Glossary Of Terms

Word	Abbreviation	Definition
<b>Community Mental Health Center</b>	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
<b>Dual Eligible</b>		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
<b>Federal Poverty Level</b>	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
<b>Fee-For-Service</b>	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
<b>Health Home</b>		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

# 13. Glossary Of Terms

Word	Abbreviation	Definition
<b>Health Insurance Marketplace</b>	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
<b>Home- &amp; Community-Based Services</b>	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
<b>Institutions For Mental Disease</b>	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
<b>Long-Term Services &amp; Supports</b>	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
<b>Managed Care</b>		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

# 13. Glossary Of Terms

Word	Abbreviation	Definition
<b>Medicaid</b>		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
<b>Medicaid Waiver</b>		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
<b>Medicaid Waiver Section 1115</b>	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
<b>Medicaid Waiver Section 1915(b)</b>	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
<b>Medicaid Waiver Section 1915(c)</b>	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
<b>Medical Home</b>		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
<b>Medicare</b>		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
<b>Medicare Advantage</b>	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

# 13. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

# 13. Glossary Of Terms

Word	Abbreviation	Definition
<b>Primary Care Case Management</b>	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
<b>Program Of All Inclusive Care For The Elderly</b>	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
<b>Serious Mental Illness</b>	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
<b>Supported Employment</b>		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
<b>Supported Housing</b>		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
<b>Value-Based Reimbursement</b>	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

# 14. Sources

## 1. Medicaid System Overview

1. Information derived from sources found throughout Section D.

## 1. Medicaid System Overview: Care Coordination Initiatives

1. Information derived from sources found throughout Section D.

## 2. Medicaid Governance: Organizational Chart

1. Florida Agency for Health Care Administration. (2025). Agency for Health Care Administration Organizational Chart. Retrieved June 2025 from [https://ahca.myflorida.com/inside\\_ahca/org\\_chart.shtml](https://ahca.myflorida.com/inside_ahca/org_chart.shtml)

## 2. Medicaid Governance: Key Leadership

1. Florida Agency for Health Care Administration. (2025). Agency for Health Care Administration Organizational Chart. Retrieved June 2025 from [https://ahca.myflorida.com/inside\\_ahca/org\\_chart.shtml](https://ahca.myflorida.com/inside_ahca/org_chart.shtml)

## 3. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/macstats/>

## 3. Medicaid Program Spending: Budget

1. United States Government Printing Office. (2024). Federal Medical Assistance Percentages FY 2025. Retrieved June 2025 from <https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>
2. Centers for Medicare and Medicaid Services. (2024). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2013). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved June 2025 from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html>

# 14. Sources

## 3. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/macstats/>
4. Medicaid and CHIP Payment and Access Commission. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>
5. Medicaid and CHIP Payment and Access Commission. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/publication/macstats-archive/>
6. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/publication/macstats-archive/>
7. Medicaid and CHIP Payment and Access Commission. (2018, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved June 2025 from <https://www.macpac.gov/publication/macstats-archive/>
8. Medicaid and CHIP Payment and Access Commission. (2017, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved June 2025 from <https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf>

## 4. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2025). Medicaid Enrollment Data Collected Through MBES. Retrieved June 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>
4. Centers for Medicare and Medicaid Services. (2020). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved June 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>
5. US Government Publishing Office. (2011). Code of Federal Regulations Title 42. Retrieved June 2025 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>
6. Initiative (2022). Retrieved June 2025 from [https://ballotpedia.org/Florida\\_Medicaid\\_Expansion\\_Initiative\\_\(2022\)](https://ballotpedia.org/Florida_Medicaid_Expansion_Initiative_(2022))

## 5. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved June 2025 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>

# 14. Sources

## 6. Medicaid Financing & Service Delivery System

1. Florida Agency for Health Care Administration. (2025). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2025 from [https://ahca.myflorida.com/medicaid/Finance/data\\_analytics/enrollment\\_report/index.shtml](https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml)
2. Department of Health & Human Services. (2018). Managed Medical Assistance Program. Retrieved June 2025 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/Managed-Medical-Assistance-MMA/fl-medicaid-reform-appvl-jun-2018-20180608.pdf>
3. The Center for Medicaid and CHIP Services. (2018). Florida Long Term Managed Care (FL-17). Retrieved June 2025 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81396>

## 6. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Department of Health & Human Services. (2018). Managed Medical Assistance Program. Retrieved June 2025 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/Managed-Medical-Assistance-MMA/fl-medicaid-reform-appvl-jun-2018-20180608.pdf>
2. The Center for Medicaid and CHIP Services. (2018). Florida Long Term Managed Care (FL-17). Retrieved June 2025 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81396>
3. Florida Agency for Health Care Administration. (2017). Florida Medicaid Managed Medical Assistance Program. Retrieved June 2025 from [https://ahca.myflorida.com/Medicaid/statewide\\_mc/pdf/mma/SMMC\\_MMA\\_Snapshot.pdf](https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/SMMC_MMA_Snapshot.pdf)
4. Florida Agency for Health Care Administration. (2024). Florida Medicaid Long-term Care Program. Retrieved June 2025 from <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program>
5. The Florida Senate. 2019 Florida Statutes. Retrieved June 2025 from <https://flsenate.gov/Laws/Statutes>

## 7. Medicaid Fee-For-Service Program: Overview

1. Florida Agency for Health Care Administration. (2025). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2025 from [https://ahca.myflorida.com/medicaid/Finance/data\\_analytics/enrollment\\_report/index.shtml](https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml)
2. Department of Health & Human Services. (2018). Managed Medical Assistance Program. Retrieved June 2025 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/Managed-Medical-Assistance-MMA/fl-medicaid-reform-appvl-jun-2018-20180608.pdf>
3. The Center for Medicaid and CHIP Services. (2018, February 14). Florida Long Term Managed Care (FL-17). Retrieved June 2025 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81396>

# 14. Sources

## 7. Medicaid FFS Program: Pharmacy Benefit

1. Florida Agency for Health Care Administration. (2024). Florida Medicaid Prescribed Drug Services Spending Control Initiatives. Retrieved June 2025 from [http://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Policy/pharmacy\\_policy/index.shtml](http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/pharmacy_policy/index.shtml)
2. Florida Agency for Health Care Administration. (2024). Florida Medicaid Prescribed Drug List. Retrieved June 2025 from <https://ahca.myflorida.com/medicaid/prescribed-drugs/medicaid-pharmaceutical-therapeutics-committee/florida-medicare-preferred-drug-list-pdl>
3. Florida Agency for Health Care Administration. (2023). Florida Medicaid Prescribed Drug List. Retrieved June 2025 from [https://ahca.myflorida.com/medicaid/prescribed\\_drug/pharm\\_thera/pdf/PDL.pdf](https://ahca.myflorida.com/medicaid/prescribed_drug/pharm_thera/pdf/PDL.pdf)
4. Florida Agency for Health Care Administration. (2020, April). Florida Medicaid Prescribed Drug Service Spending Control Initiatives. Retrieved June 2025 from [https://ahca.myflorida.com/medicaid/prescribed\\_drug/pdf/Florida\\_Medicare\\_Prescribed\\_Drug\\_Service\\_Spending\\_Control\\_Initiatives\\_Q1\\_SFY2018-19\\_FINAL.pdf](https://ahca.myflorida.com/medicaid/prescribed_drug/pdf/Florida_Medicare_Prescribed_Drug_Service_Spending_Control_Initiatives_Q1_SFY2018-19_FINAL.pdf)

## 8. Medicaid Managed Care Program: Overview

1. Florida Agency for Health Care Administration. (2021, May 1). Statewide Medicaid Managed Care (SMMC) Health Plans (2018-2024). Retrieved June 2025 from [https://ahca.myflorida.com/medicaid/statewide\\_mc/pdf/mma/SMMC\\_Plans\\_by\\_Region.pdf](https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Plans_by_Region.pdf)
2. Florida Agency for Health Care Administration. (2024). Statewide Medicaid Managed Care. Retrieved June 2025 from <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care>
3. Florida Agency for Health Care Administration. (2025). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2025 from [https://ahca.myflorida.com/medicaid/Finance/data\\_analytics/enrollment\\_report/index.shtml](https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml)

## 8. Medicaid Managed Care Program: Health Plan Types

1. Florida Agency for Health Care Administration. (2024, September 17). Statewide Medicaid Managed Care 3.0 Overview. Retrieved June 2025 from [https://ahca.myflorida.com/content/download/25090/file/Statewide%20Medicaid%20Managed%20Care%20Full%20Deck\\_09172024.pdf](https://ahca.myflorida.com/content/download/25090/file/Statewide%20Medicaid%20Managed%20Care%20Full%20Deck_09172024.pdf)

## 8. Medicaid Managed Care Program: SMMC Health Plans by Region/ Program

1. Florida Agency for Health Care Administration. (2024, September 17). Statewide Medicaid Managed Care 3.0 Overview. Retrieved June 2025 from [https://ahca.myflorida.com/content/download/25090/file/Statewide%20Medicaid%20Managed%20Care%20Full%20Deck\\_09172024.pdf](https://ahca.myflorida.com/content/download/25090/file/Statewide%20Medicaid%20Managed%20Care%20Full%20Deck_09172024.pdf)

# 14. Sources

## 8. Medicaid Managed Care Program: Long-Term Care

1. Florida Agency for Health Care Administration. (2021, May 1). Statewide Medicaid Managed Care (SMMC) Health Plans (2018-2023). Retrieved June 2024 from [https://ahca.myflorida.com/medicaid/statewide\\_mc/pdf/mma/SMMC\\_Plans\\_by\\_Region.pdf](https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Plans_by_Region.pdf)
2. Florida Agency for Health Care Administration. (2024). Statewide Medicaid Managed Care. Retrieved June 2024 from <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care>
3. The Center for Medicaid and CHIP Services. (2018, February 14). Florida Long Term Managed Care (FL-17). Retrieved June 2024 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81396>

## 8. Medicaid Managed Care Program: Specialty Services

1. Florida Agency for Health Care Administration. (2016, November). Medicaid Managed Medical Assistance Specialty Plans. Retrieved June 2025 from [https://ahca.myflorida.com/medicaid/statewide\\_mc/pdf/mma/Specialty\\_Plans\\_110316.pdf](https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/Specialty_Plans_110316.pdf)
2. State Health Access Data Assistance Center. (2015, July). Catalog of Medicaid Initiatives Focusing on Integrating Behavioral and Physical Health Care: Final Report. Retrieved June 2025 from <https://www.macpac.gov/wp-content/uploads/2015/09/Catalog-of-Behavioral-and-Physical-Health-Integration-Initiatives.pdf>
3. Florida Agency for Health Care Administration. (2025). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2025 from [https://ahca.myflorida.com/medicaid/Finance/data\\_analytics/enrollment\\_report/index.shtml](https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml)
4. Florida Agency for Health Care Administration. (2024, September 17). Statewide Medicaid Managed Care 3.0 Overview. Retrieved June 2025 from [https://ahca.myflorida.com/content/download/25090/file/Statewide%20Medicaid%20Managed%20Care%20Full%20Deck\\_09172024.pdf](https://ahca.myflorida.com/content/download/25090/file/Statewide%20Medicaid%20Managed%20Care%20Full%20Deck_09172024.pdf)

## 8. Medicaid Managed Care Program: Health Plan Characteristics

1. Aetna Better Health (2024). Florida Provider Manual. Retrieved June 2025 from <https://www.aetna.com/health-care-professionals/provider-education-manuals/provider-manuals.html>
2. Community Care Plan. (2024). Florida Provider Manual. Retrieved June 2025 from <https://ccpcares.org/Providers/MMA/ProviderManual>
3. Florida Community Care. (2024). Florida Provider Manual. Retrieved June 2025 from <https://fcchealthplan.com/wp-content/uploads/2019/08/FCC-Provider-Handbook-June-2019.pdf>
4. Humana. (2024). Florida Provider Manual. Retrieved June 2025 from <https://docushare-web.apps.external.pioneer.humana.com/Marketing/docushare-app?file=4619199>
5. Molina Healthcare, (2024). Florida Provider Manual. Retrieved June 2025 from <https://www.molinahealthcare.com/providers/fl/medicaid/manual/medical.aspx>
6. Simply Healthcare. (2024). Florida Provider Manual. Retrieved June 2025 from [https://provider.simplyhealthcareplans.com/docs/FLFL\\_SMH\\_ProviderManual.pdf](https://provider.simplyhealthcareplans.com/docs/FLFL_SMH_ProviderManual.pdf)
7. Sunshine Health. (2024). Florida Provider Manual. Retrieved June 2025 from <https://www.sunshinehealth.com/content/dam/centene/Sunshine/pdfs/Provider%20Manual.pdf>
8. UnitedHealthcare Community Plan. (2024). Florida Provider Manual. Retrieved June 2025 from <https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/FL-Care-Provider-Manual-Statewide-Medicaid-Managed-Care.pdf>

# 14. Sources

## 8. Medicaid Managed Care Program: Pharmacy Benefits

1. The Center for Medicaid and CHIP Services. (2019). Florida Long Term Managed Care (FL-17). Retrieved June 2025 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81396>
2. Florida Agency for Health Care Administration. (2017). Medicaid Managed Care Pharmacy Networks. Retrieved June 2025 from [https://ahca.myflorida.com/Medicaid/recent\\_presentations/October\\_2017/House\\_Health\\_Innovation\\_Medicaid\\_Managed\\_Care\\_Pharmacy\\_Networks\\_Final\\_102317.pdf](https://ahca.myflorida.com/Medicaid/recent_presentations/October_2017/House_Health_Innovation_Medicaid_Managed_Care_Pharmacy_Networks_Final_102317.pdf)

## 9. Medicaid Program: Care Coordination Initiatives

1. Derived from information throughout this profile.

## 10. Medicaid Program Care Management and Demonstration Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved June 2025 from [https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers\\_faceted.html](https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html)

## 10. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved June 2025 from [https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers\\_faceted.html](https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html)

## 11. Medicaid Program: New Initiatives

1. Derived from throughout the profile