

Florida Medicaid: Statewide Medicaid Managed Care Pharmacy Networks

Justin M. Senior

Florida Medicaid Director

Agency for Health Care Administration

Senate Health Policy

February 16, 2016



Statewide Medicaid Managed Care Program

- Most Florida Medicaid recipients are enrolled in one or both components of the Statewide Medicaid Managed Care (SMMC) program, Long-term Care program and Managed Medical Assistance program
- The MMA program provides primary care, acute care and behavioral health care services to recipients eligible for enrollment.



Statewide Medicaid Managed Care Program

- Plans are required to cover prescription benefits at the Medicaid state plan level.
- Plans are also required to develop prior authorization criteria and protocols, which cannot be more restrictive than that used by the Agency.



Statewide Medicaid Managed Care Program

- Throughout implementation and operation of the SMMC program, the Agency has focused on key critical areas to define program success:
- These key areas include (but are not limited to):
 - sufficient provider networks
 - continuity of care



MMA Provider Networks: Contractual Standards

- Robust provider network related contractual standards:
 - Provider network standards
 - Provider Network File (PNF) submitted weekly
 - On-line provider directories updated weekly



MMA Provider Networks: Contractual Standards

- Plans are required to provide each new enrollee:
 - Provider Directory (in print or electronically) and an updated directory every six months
 - Rights and procedures for enrollment and disenrollment
 - How to receive services from non-participating providers.
 - Description of covered services
 - Notification of change in provider network every 6 months
 - Notification within 60 days if recipient is in an active relationship with an impacted provider.



MMA Provider Networks: Enforcement Tools

- If plans fail to meet contract requirements, the Agency has strong compliance and enforcement tools:
 - Liquidated damages
 - Sanctions
 - Enrollment freezes
 - Corrective Action Plans
 - Secret Shopper program



MMA Provider Networks: Pharmacy Providers

- Network adequacy for pharmacy providers is based on:
 - Time and distance standards
 - Regional provider ratios

Required Providers	Urban County		Rural County		Regional Provider Ratios
	Max Time (minutes)	Max Distance (miles)	Max Time (minutes)	Max Distance (miles)	
Pharmacy	30	20	60	45	1:2,500 enrollees
24-hour Pharmacy	60	45	60	45	n/a



Pharmacy Time and Distance

Region	Regional Average Time (minutes)	Regional Average Distance (miles)
Region 1	3.7	3.3
Region 2	6.4	5.9
Region 3	5.1	4.7
Region 4	3.1	2.8
Region 5	1.6	1.2
Region 6	2.5	2.2
Region 7	1.9	1.4
Region 8	3.7	3.3
Region 9	2.5	2.1
Region 10	1.5	0.8
Region 11	2.6	2.0



MMA Provider Networks: Pharmacy Providers

- Recipients must choose an in network pharmacy after 60 day continuity of care period has ended.
- Mail-order pharmacy can be provided as an option for enrollees.
 - Cannot count towards plan’s pharmacy network access standards.
- Plans can assign enrollees to a specialty pharmacy for specialty medications.
 - Plans Must ensure members have a choice of available providers.
 - Recipient must be notified and provided with information on how to “opt out” of the assignment.



MMA Provider Networks: Change in Network Providers

- Health plans have flexibility to determine who they contract with.
- When a plan makes a change to their provider network the plan must:
 - notify impacted providers and enrollees in active care sixty days before suspension or termination.
 - allow enrollees to continue receiving medically necessary services for a minimum of sixty days. (continuity of care period)
 - Plans will have to select an in network provider for their services after the 60 day continuity of care period ends
 - process provider claims for services provided for a minimum of sixty days.
- Recipients impacted can change plans through a “good cause” plan change.



Report an Issue or Complaint

- The Agency encourages any individual with a complaint or issue relating to the SMMC program to notify us by calling 1-877-254-1055 or completing our online form http://apps.ahca.myflorida.com/smmc_cirts/.
- Complaints are reviewed and tracked throughout the day by Agency staff.
- The Agency closely monitors all issues and complaints from recipients, providers, and other stakeholders and will hold plans accountable to the statute, contract and guidance.



Questions?

