



Florida Health & Human Services System Market Profile: 2024



Health & Human Services Market Profile Overview

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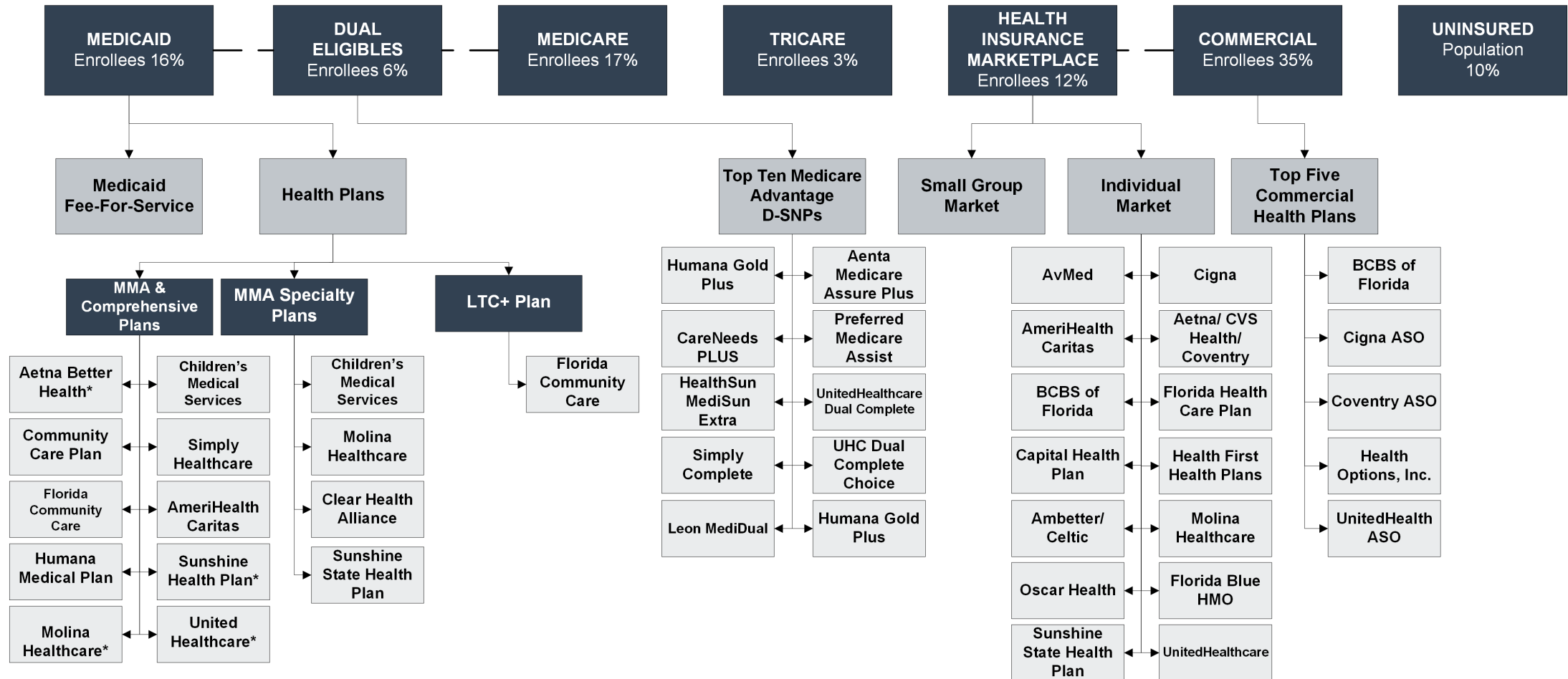
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A. Executive Summary

A.1. Florida Physical Health Care Coverage by Payer

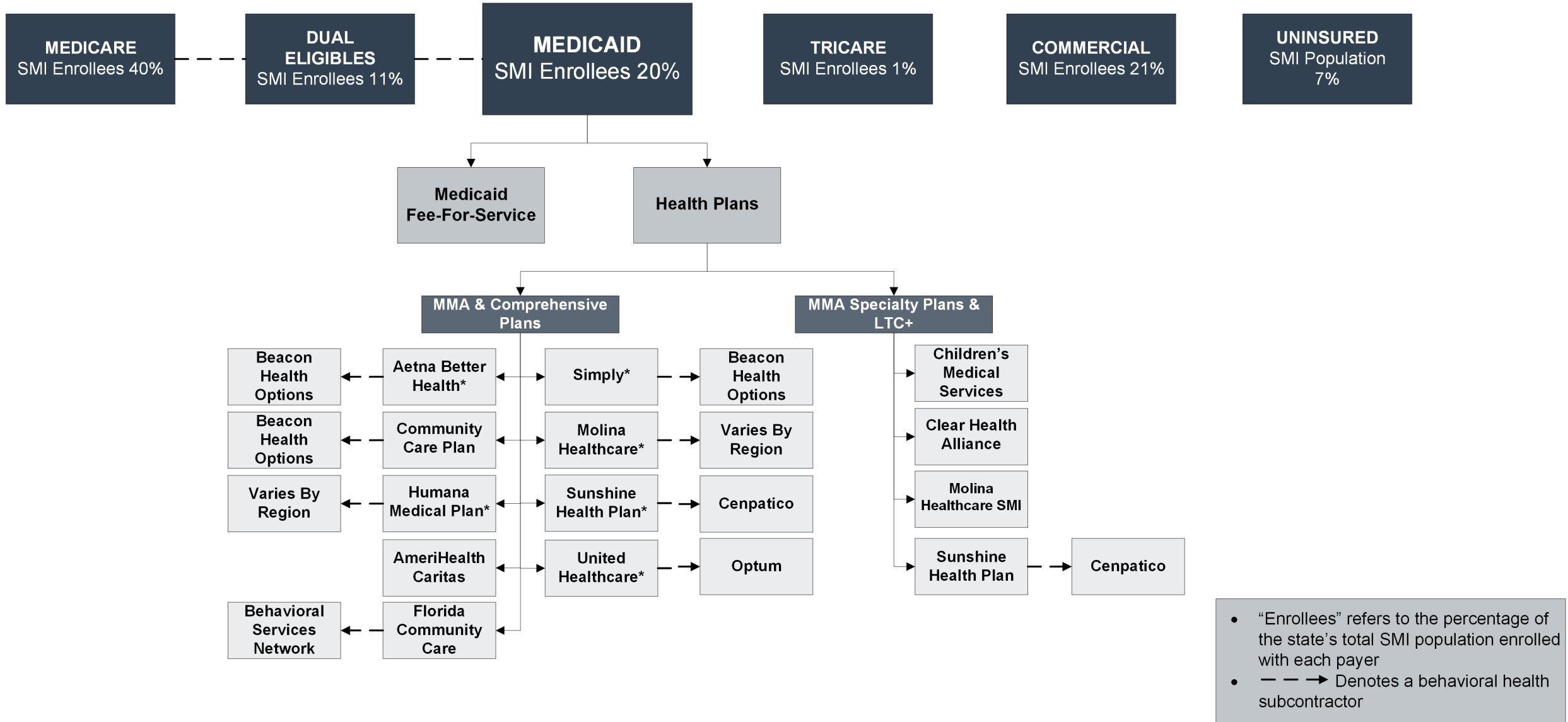
Total Florida Population- 22,244,823
 Estimated SMI Population- 1,779,586



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

Totals may not equal 100% due to rounding

A.1. Florida Behavioral Health Care Coverage by Payer



A.2. Health & Human Services 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 22 CCBHCs under federal grants.
Other Care Coordination Initiatives		None

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- County health departments, which are state-local partnerships between the Florida Department of Health and the county governing boards, provide physical health care services to the safety-net population.

Mental Health Services

- The Florida Department of Children and Families, Office of Substance Abuse and Mental Health (OSAMH) administers the mental health program for the safety-net population. OSAMH contracts with seven agencies that manage care delivery through local provider networks.

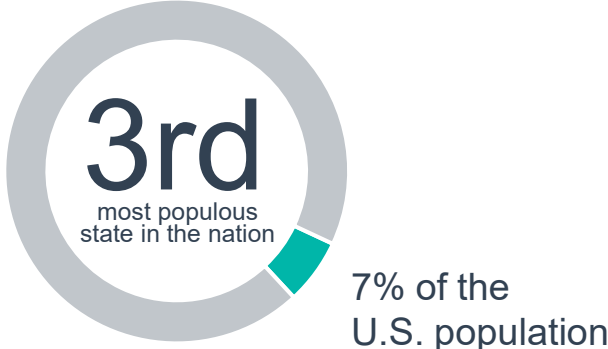
Addiction Treatment Services

- OSAMH also administers addiction treatment services for the safety-net population through contracts with the same seven agencies that manage mental health services.

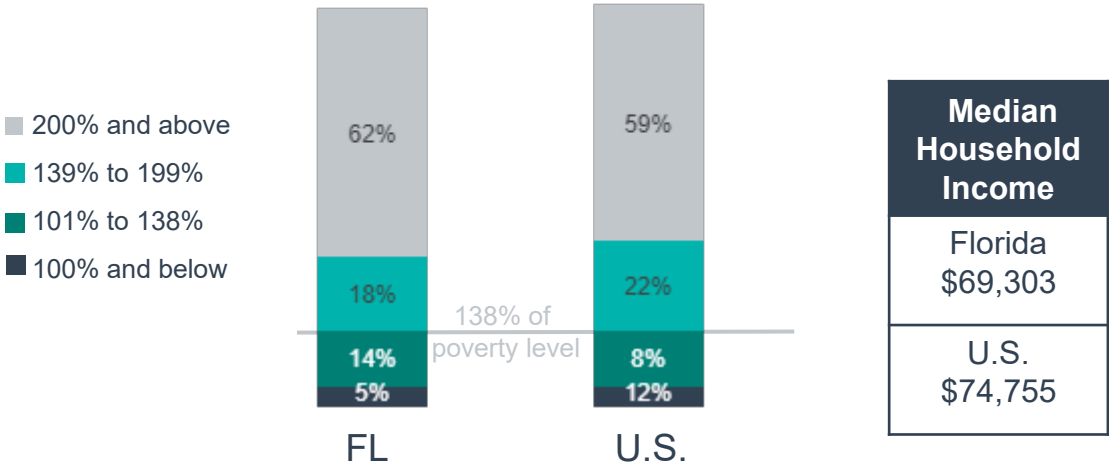
B. Florida Health Financing System Overview

B.1. Population Demographics

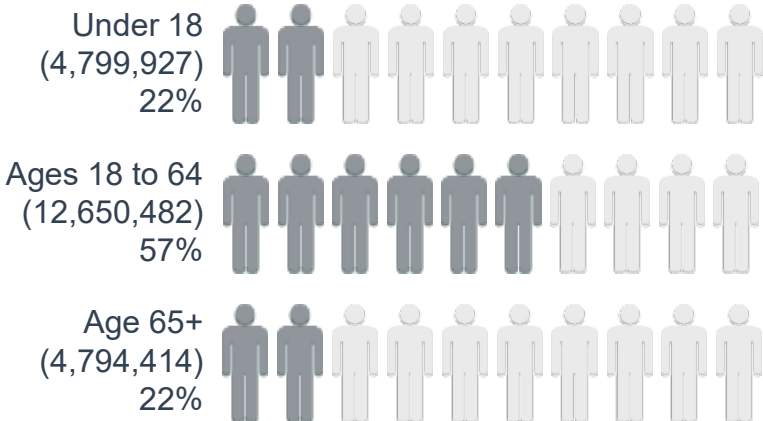
Total Florida Population- 22,244,823
 Estimated SMI Population- 1,779,586



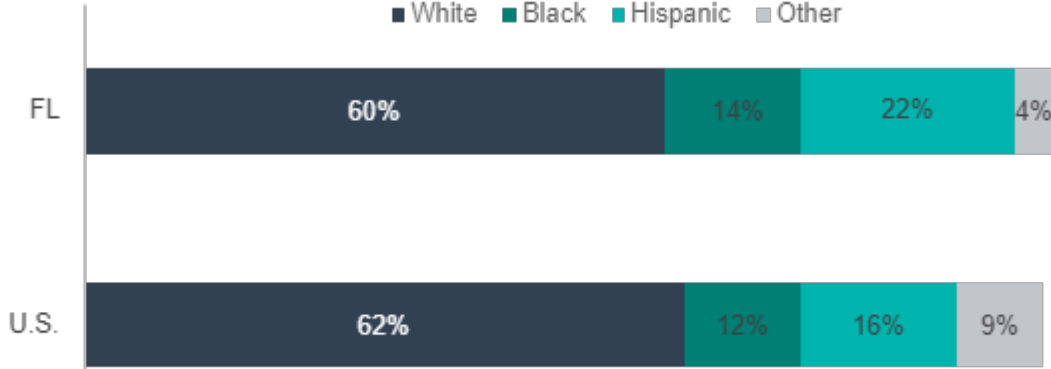
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

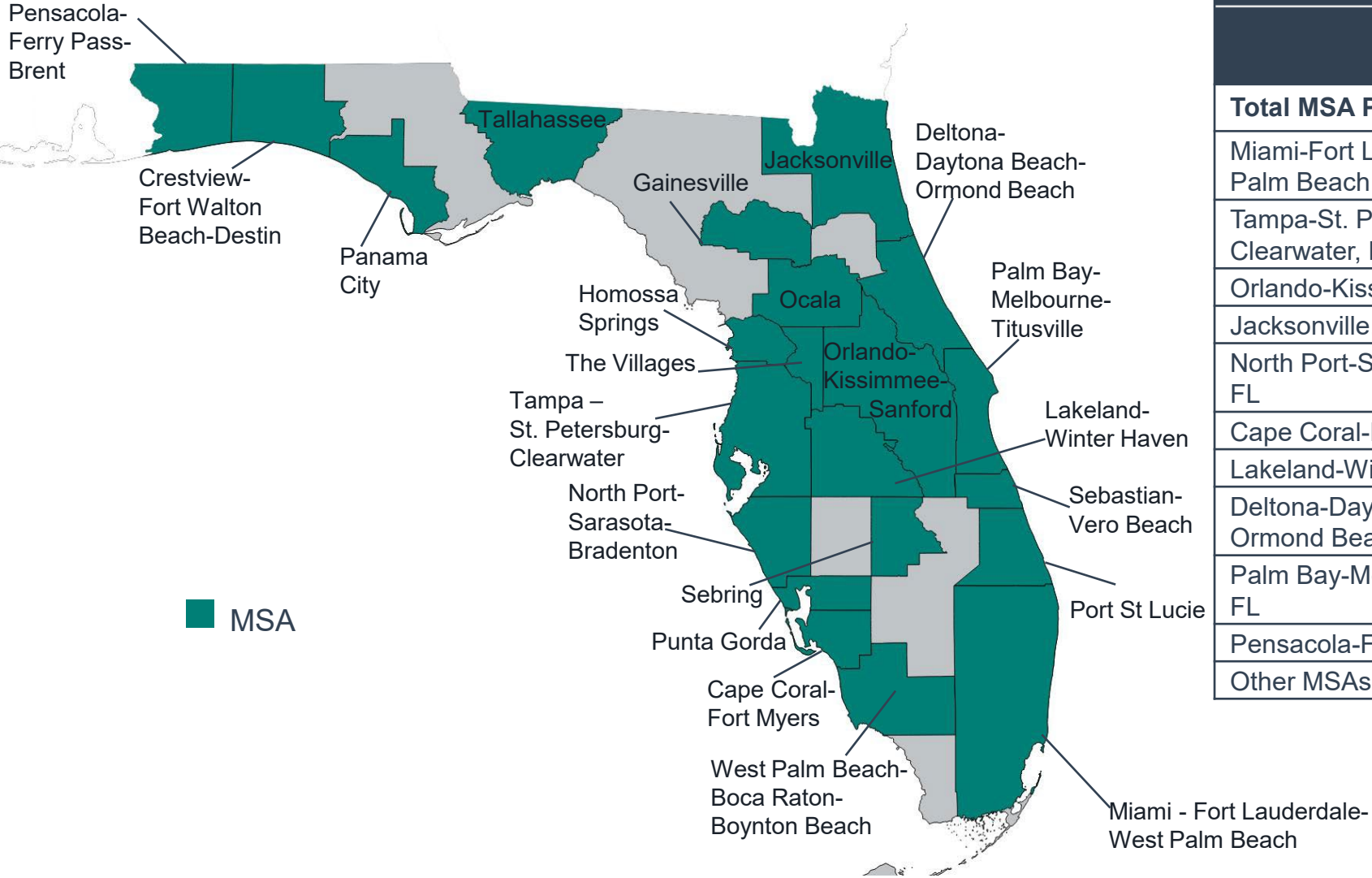


Florida & U.S. Racial Composition



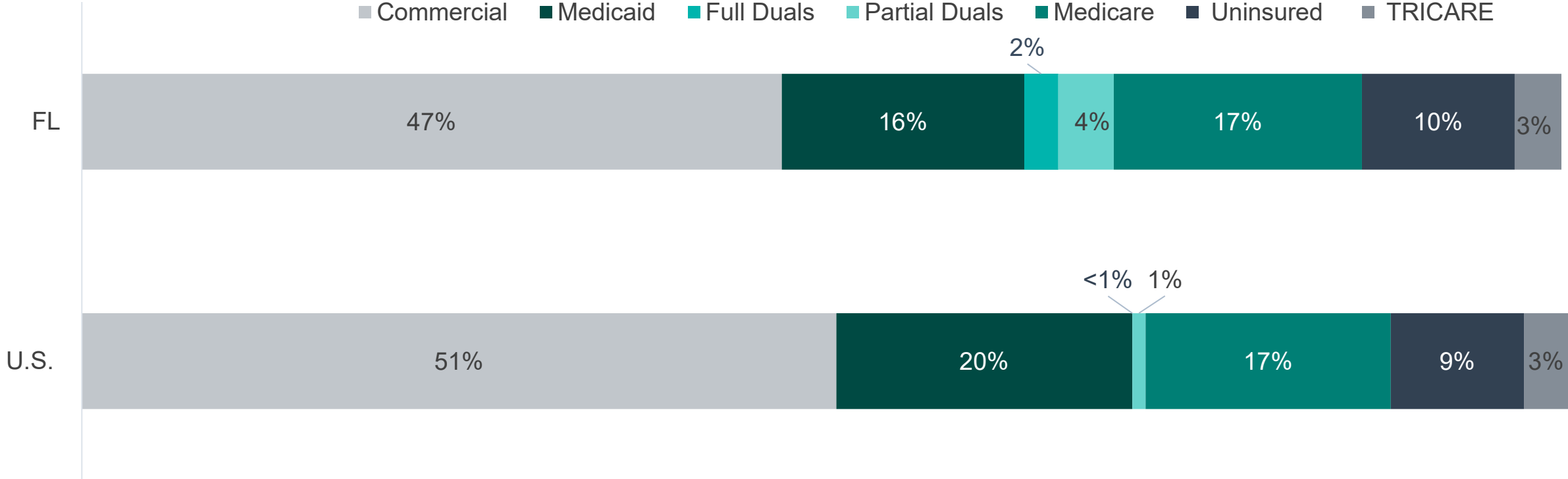
Totals may not equal 100% due to rounding.

B.2. Population Centers

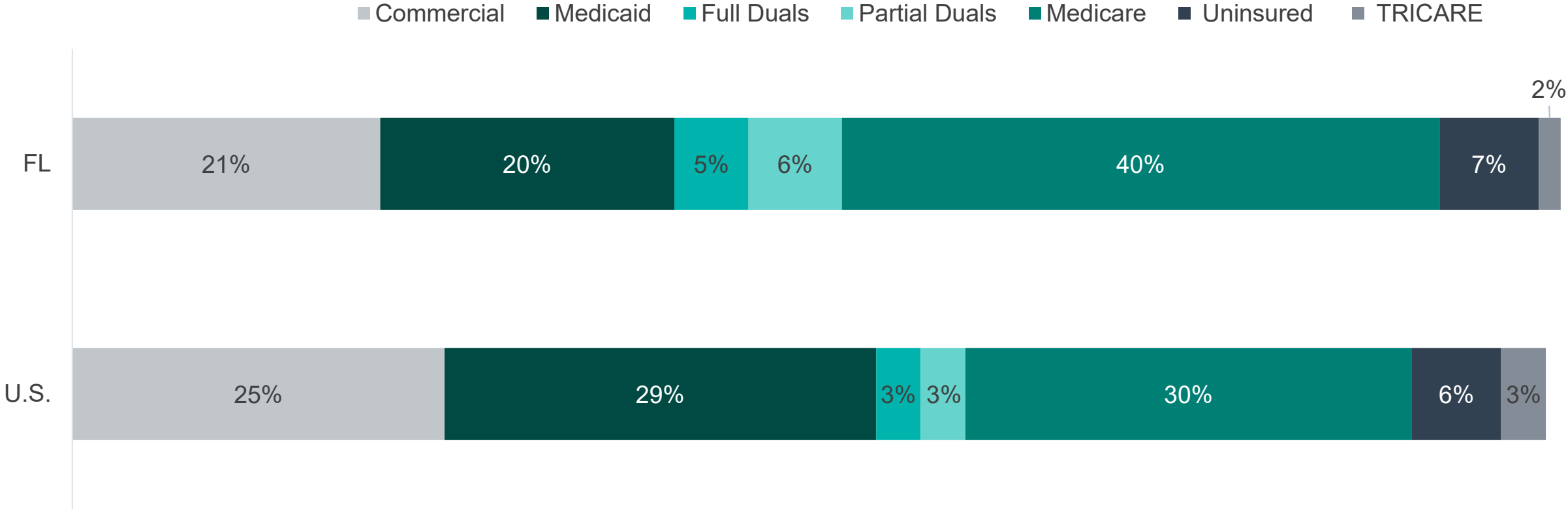


Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
Total MSA Population	21,921,940	99%
Miami-Fort Lauderdale- West Palm Beach, FL	6,139,340	28%
Tampa-St. Petersburg-Clearwater, FL	3,342,963	15%
Orlando-Kissimmee-Sanford, FL	2,817,933	13%
Jacksonville, FL	1,713,240	8%
North Port-Sarasota-Bradenton, FL	891,411	4%
Cape Coral-Fort Myers, FL	834,573	4%
Lakeland-Winter Haven, FL	818,330	4%
Deltona-Daytona Beach-Ormond Beach, FL	721,796	3%
Palm Bay-Melbourne-Titusville, FL	643,979	3%
Pensacola-Ferry Pass-Brent, FL	530,090	2%
Other MSAs	3,468,285	16%

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

B.4. Largest Florida Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield of Florida	Commercial administrative services organization (ASO)	4,407,860
Medicare Fee-For-Service FFS	Medicare	1,742,685
UnitedHealthcare ASO	Commercial ASO	1,656,854
Sunshine Health	Medicaid managed care	1,234,737
Medicaid FFS	Medicaid	1,185,313
Coventry ASO	Commercial ASO	1,122,973
Health Options	Commercial	1,029,071
Simply Healthcare Plans, Inc	Medicaid managed care	793,895
TRICARE	Other public	745,266
UnitedHealthcare of Florida	Commercial	650,803

*Medicaid enrollment as of November 2023; TRICARE as of December 2023; Commercial as of September 2023; Medicare as of April 2024

B.4. Largest Florida Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,742,685	395,589
Blue Cross Blue Shield of Florida	Commercial ASO	4,407,860	185,130
Sunshine Health	Medicaid managed care	1,234,737	143,229
Medicaid FFS	Medicaid	1,185,313	137,496
Humana Gold Plus	Medicare Advantage	475,868	108,022
Simply Healthcare Plans, Inc	Medicaid managed care	793,895	92,092
Humana Medical Plan	Medicaid managed care	636,066	73,784
UnitedHealthcare ASO	Commercial ASO	1,656,854	69,588
AARP MedicareComplete	Medicare Advantage	259,813	58,978
HumanaChoice	Medicare Advantage	232,980	52,886

*Medicaid enrollment as of November 2023; TRICARE as of December 2023; Commercial as of September 2023; Medicare as of April 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	12%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2024 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Aetna Health, Inc 2. AmeriHealth Caritas Florida, Inc 3. AvMed, Inc 4. Blue Cross & Blue Shield of Florida, Inc 5. Capital Health Plan, Inc 6. Celtic Insurance Company 7. Cigna Health and Life Insurance Company 8. Florida Health Care Plan, Inc 9. Health First Commercial Plans, Inc 10. Health Options, Inc 11. Molina Healthcare of Florida, Inc 12. Oscar Insurance Company of Florida 13. Sunshine State Health Plan, Inc 14. UnitedHealthcare of Florida, Inc

2024 Small Group Market Health Plans
None

B.6. Accountable Care Organizations

Commercial	
ACO	Commercial Insurer
Baptist Physician Partners ACO	UnitedHealthcare
BayCare Physician Partners ACO	Aetna, Cigna, Blue Cross
Boca Raton Regional Hospital	Aetna/Coventry
Broward Health ACO	Cigna, Florida Blue
Florida Physicians Trust	UnitedHealthcare
Medical Specialists of Palm Beach	Florida Blue
Memorial Health Network	Cigna
Moffitt Cancer Center	Florida Blue
NCH Healthcare System	Florida Blue
Physician Health Partners Florida	Florida Blue
Primary Partners	Cigna
PrimeHealth Physicians	Cigna
Tenet Healthcare / Advantage Health Network	Cigna, Florida Blue

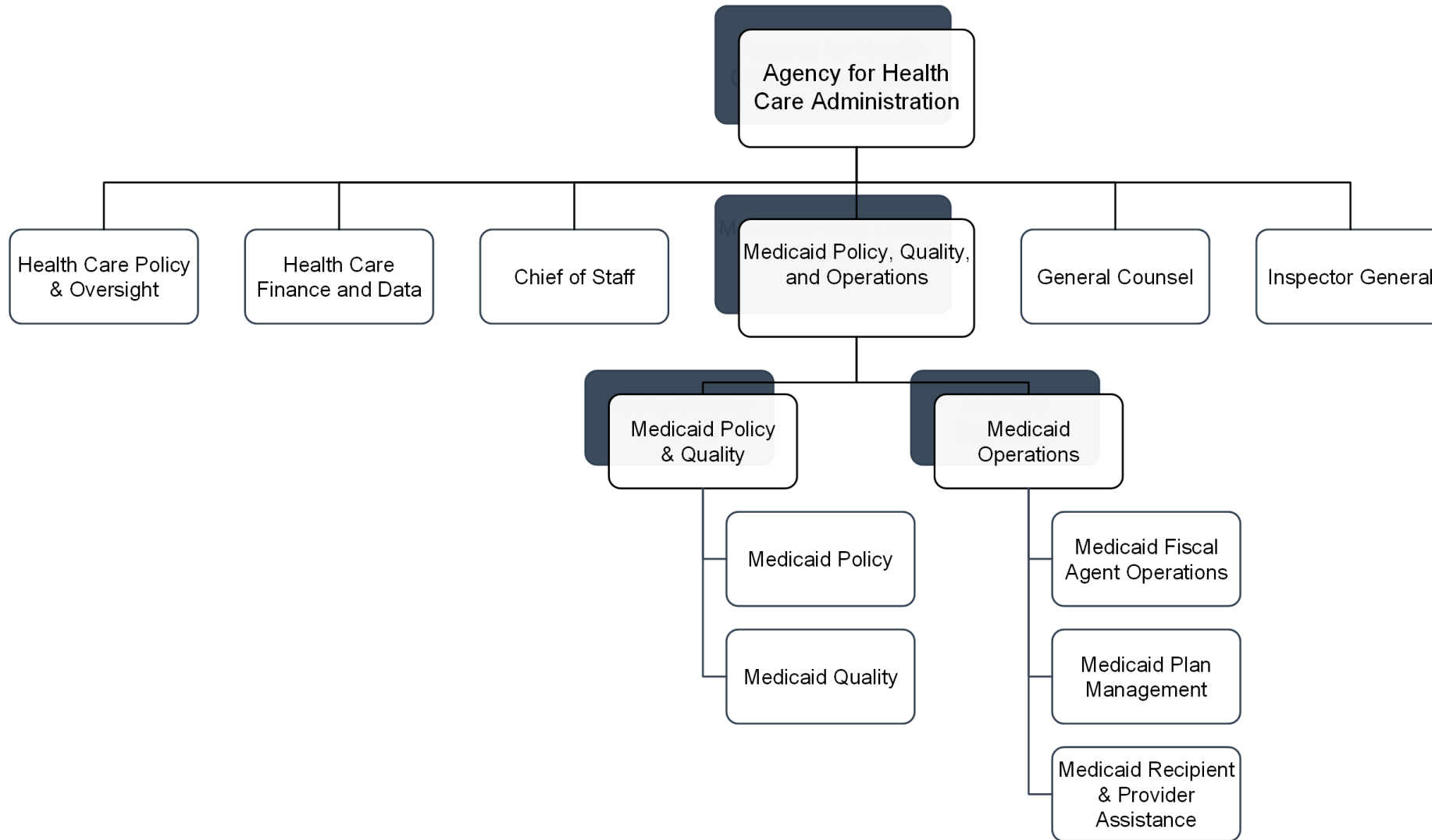
End-Stage Renal Disease ACO Models
1. South Florida Integrated Kidney Care ESCO

B.6. Accountable Care Organizations

Medicare Shared Savings Program		
1. Accountable Care Medical Group of Florida (ACMG)	22. CHSPSC ACO 17, LLC	45. Orange Accountable Care Organization, LLC
2. Accountable Care Medical Group of Florida (ACMG Health Systems)	23. CHSPSC ACO 6, LLC	46. Orlando Health Collaborative Care
3. Accountable Care of Northeast Florida	24. Citrus ACO	47. Palm Beach Accountable Care Organization, LLC (PBACO)
4. ACO Health Partners, LLC	25. Cleveland Clinic Florida Integrated Health	48. Paradigm ACO, LLC
5. Advanced Doctors ACO, LLC	26. DocACO Gulf Coast, LLC	49. Physicians ACO, LLC
6. AHS Florida Division ACO, LLC	27. Eminence Healthcare, LLC	50. Primary Care Alliance
7. Aledade Accountable Care 22, LLC	28. First Coast Health Alliance, LLC	51. Primary Partners, LLC
8. Aledade Florida Central ACO, LLC	29. Five Star ACO, LLC	52. Select Physicians Associates, LLC
9. Allcare Options, LLC	30. Florida Medical Clinic ACO, LLC	53. Space Coast ACO LLC
10. American Health Alliance, LLC	31. Florida Physicians Trust, LLC	54. Space Coast Independent Practice Association, LLC
11. America's ACO, LLC	32. GulfCoast Accountable Care Network, LLC	55. St. Vincent's Accountable Care Organization, LLC
12. Baptist Physician Partners ACO, LLC	33. Health Choice Care, LLC	56. Statera Health, LLC
13. BayCare Physician Partners ACO, LLC	34. Health First Partners, LLC	57. Steward National Care Network, Inc
14. Best Care Collaborative	35. Integral Healthcare, LLC	58. The Physicians Alliance LLC
15. Bethesda Health Quality Alliance, LLC	36. Keep Well ACO, LLC	59. The Premier HealthCare Network, LLC
16. BHS Accountable Care, LLC	37. LTC ACO, LLC	60. TP-ACO LLC
17. Bluestone ACO	38. MCM Accountable Care Organization, LLC	61. Trinity Integrated Care, LLC
18. Broward Guardian, Caravan Health ACO 17, LLC	39. Millennium Accountable Care Organization	62. USMM Accountable Care Partners
19. Central Florida ACO	40. NCH ACO, LLC	63. WellMed Tampa/ Orlando Medicare ACO, LLC
20. Central Florida Physicians Trust, LLC	41. Next ACO of Nature Coast, LLC	64. West Florida ACO, LLC
21. CHSPSC ACO 10, LLC	42. North Georgia HealthCare Partnership, Inc	
22. CHSPSC ACO 12, LLC	43. Northwest Florida Health Partners, LLC	
	44. Orange Accountable Care of South Florida, LLC	

C. Medicaid Administration, Governance & Operations

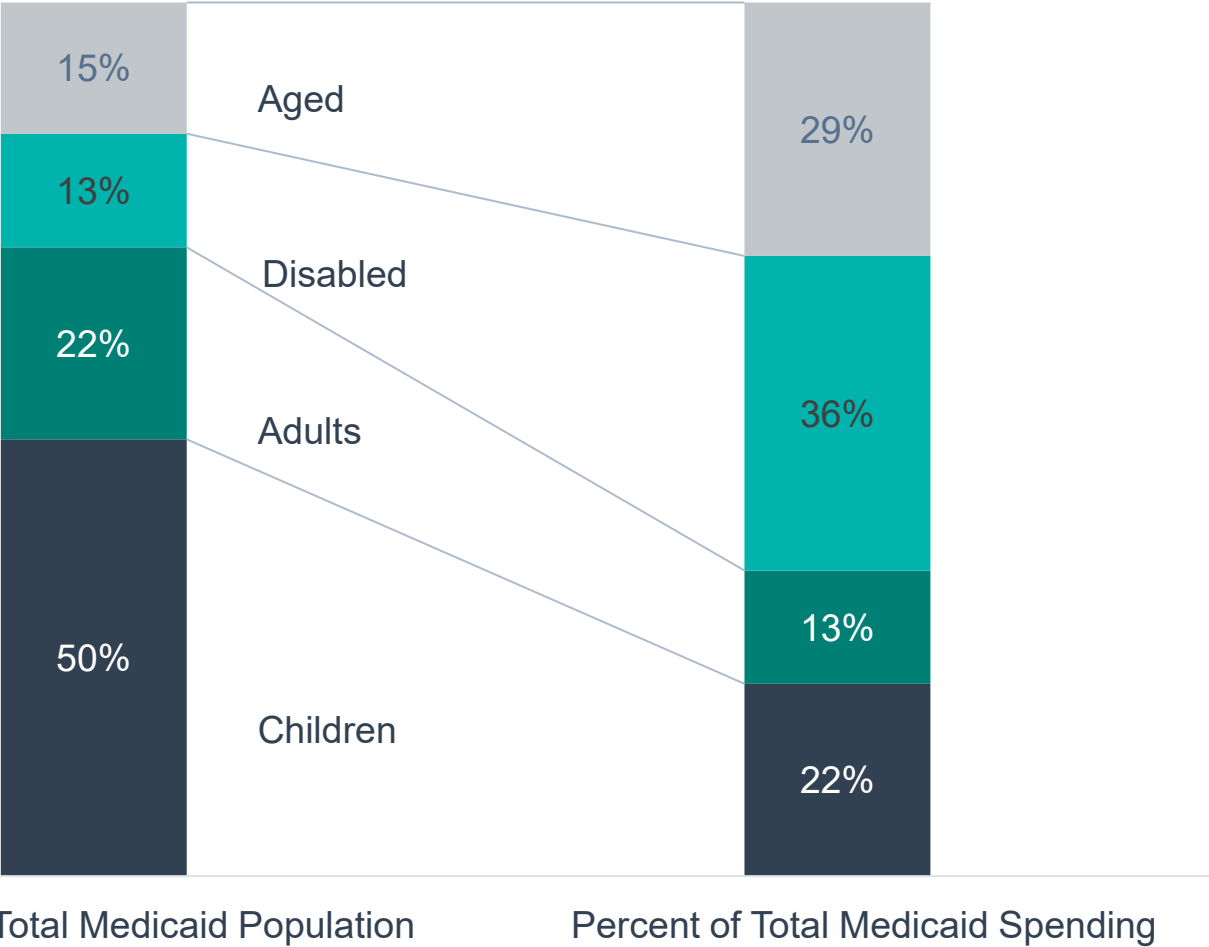
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Jason Weida	Secretary	Agency for Health Care Administration	jason.weida@ahca.myflorida.com
Stefan Grow	Chief of Staff	AHCA	stefan.grow@ahca.myflorida.com
Tom Wallace	Deputy Secretary, Health Care Finance and Data	AHCA	tom.wallace@ahca.myflorida.com
Kim Smoak	Deputy Secretary, Division of Health Care Policy & Oversight	Agency for Health Care Administration	kim.smoak@ahca.myflorida.com
Austin Noll	Deputy Secretary, Medicaid Policy, Quality, & Operations	Florida Division of Medicaid	Austin.noll@ahca.myflorida.com
Pamela Hull	Assistant Deputy Secretary, Medicaid Operations	Florida Division of Medicaid	Pamela.Hull@ahca.myflorida.com
Vacant	Chief of Medicaid Data Analytics	AHCA, Division of Health Care Data	N/A

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2021		
	U.S.	FL
All populations	\$8,651	\$5,750
Children	\$3,584	\$2,507
Adults	\$5,462	\$3,587
Expansion adults	\$7,486	N/A
Blind and disabled	\$23,935	\$15,344
Aged	\$18,514	\$11,182

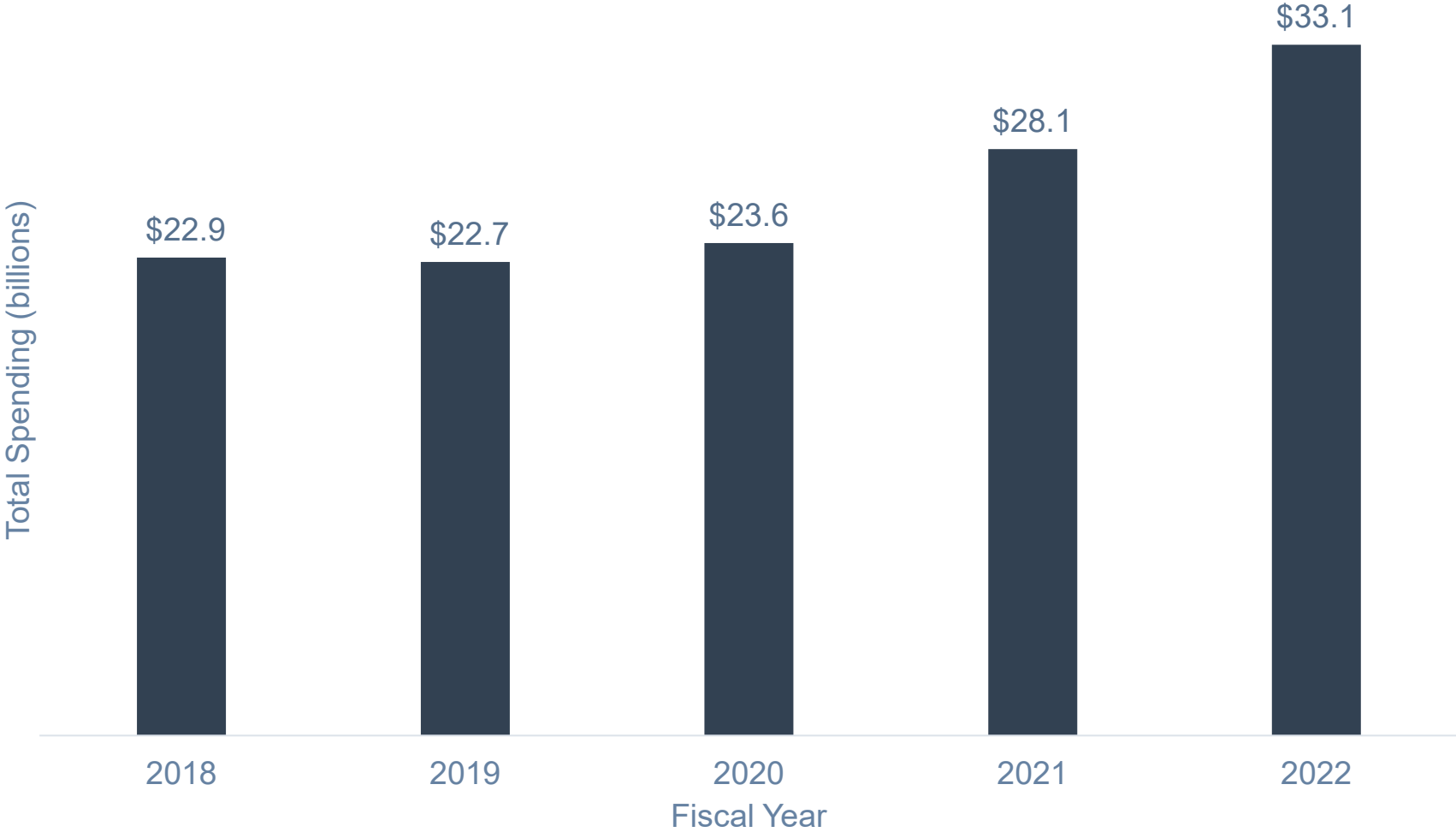
Based on FY 2021 data

C.2. Medicaid Program Spending: Budget

Budget Item	SFY 22 Spending	Percent Of Budget
Managed care and premium assistance	\$22,218,000,000	67%
Hospital	\$2,921,000,000	9%
Medicare premiums and coinsurance	\$2,398,000,000	7%
Institutional LTSS	\$1,863,000,000	6%
Home-and community-based LTSS	\$1,856,000,000	6%
Other acute services	\$656,000,000	2%
Dental	\$409,000,000	1%
Physician	\$289,000,000	1%
Clinic and health center	\$271,000,000	1%
Drugs	\$140,000,000	1%
Other practitioner	\$69,000,000	<1%
Budget Total: \$33,090,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	57.9%
CY 2024 Newly Eligible FMAP (expansion population)	N/A
Counties contribute to state Medicaid share	Yes

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

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

C.4. Medicaid Program Benefits

Federally Mandated Services

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 Services

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

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (May 2024)	1,276,889	3,149,159
SMI Enrollment	<ul style="list-style-type: none"> Florida does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. A specialty health plan for individuals with SMI is available in most regions. An estimated 71% of the SMI population is enrolled in managed care, 29% is in FFS 	
Management	Agency for Health Care Administration	<ul style="list-style-type: none"> Managed Medical Assistance (MMA): 8 full-risk health plans SMI population: Two full-risk specialty plans
Payment Model	FFS	<ul style="list-style-type: none"> MMA: Capitated rate SMI population: Capitated rate
Geographic Service Area	Statewide	<ul style="list-style-type: none"> MMA: Statewide, with plans available by region SMI population: All regions

Total Medicaid: 4,426,048 | Total Medicaid With SMI: 513,421

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	<ul style="list-style-type: none"> As of May 2024: 29% in fee-for-service (FFS), 71% in managed care
SMI population inclusion in managed care	<ul style="list-style-type: none"> Florida does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. Two specialty health plans for individuals with SMI. Estimated 29% of population in FFS, 71% in managed care
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Dual eligibles enrolled in D-SNPs are excluded from managed care. Estimated 46% of population in FFS, 54% in managed care
Long-term services and supports system inclusion in managed care	<ul style="list-style-type: none"> The LTSS populations receives services through the capitated comprehensive MMA and LTC+ programs.

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

D.1. Health & Human Services 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 22 CCBHCs under federal grants.
Other Care Coordination Initiatives		None

D.1. 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			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	<ul style="list-style-type: none"> Partial-benefit dual eligibles D-SNP enrollees 		Full-benefit dual eligibles not enrolled in D-SNPs
Medicaid expansion	Not applicable		
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD		X	
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"> Family planning only Breast and Cervical Cancer Program Emergency Medicaid for aliens 	<ul style="list-style-type: none"> Having other health care coverage Receiving refugee assistance Residing in justice system residential or group home facilities Enrolled in or waitlisted for I/DD home- and community-based services (HCBS) waiver program Receiving services in a prescribed pediatric extended care center 	

D.2. Medicaid FFS Program: Overview

- As of May 2024, FFS enrollment was 1,276,889.
 - Among those enrolled in FFS, 451,728 were full-benefit FFS enrollees.
 - The remaining 825,161 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.

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits	
1.	Inpatient services
2.	Assessment, evaluation, and testing
3.	Treatment plan development and modification
4.	Medication management
5.	Individual, group, and family therapy
6.	Day services
7.	Psychosocial rehabilitation
8.	Clubhouse services
9.	Targeted case management
10.	Therapeutic on-site services for individuals under 21 years old

FFS Addiction Treatment Benefits	
1.	Inpatient detoxification
2.	Assessment and evaluation
3.	Treatment plan development and modification
4.	Individual, group, and family therapy
5.	Medication assisted treatment
6.	Day services

Note: Through certified Medicaid match agreements, the state also distributes Medicaid funds on an FFS basis to reimburse the counties for the federal share of financing for delivery of the following addiction treatment services: Comprehensive aftercare, individual and group peer recovery support services, and intervention services.

D.2. Medicaid FFS Program: SMI Population

- Florida does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of May 2024, *OPEN MINDS* estimates that 29% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

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

D.3. Medicaid Managed Care Program: Overview

- As of May 2024, managed care enrollment was 3,149,159
- Florida calls its managed care program the Statewide Medicaid Managed Care (SMMC).
- Florida currently offers four types of managed care plans. See following slides for more information.

D.3. Medicaid Managed Care Program: Type Of Health Plans

Plan Type	Services	Population	Number Of Plans Available
Managed Medical Assistance Plan	Includes physical health and behavioral health services	<ul style="list-style-type: none"> • General Medicaid population not eligible for long-term care services (LTC) • Does not include LTC and cannot provide services to recipients eligible for LTC 	Five plans available regionally
Long-Term Care Plus Plan	<ul style="list-style-type: none"> • Includes physical health and behavioral health services • LTC services to recipients enrolled in the LTC+ program 	<ul style="list-style-type: none"> • LTC population • Cannot provide services to individuals who are only eligible for managed medical assistance services 	One statewide health plan
Comprehensive Managed Medical Assistance Plan	Physical and behavioral services, and LTC (to eligible recipients)	Plans can serve both the managed medical assistance population and LTC population	Seven plans available regionally
Specialty Plan	Physical and behavioral health services for eligible recipients who belong to a specialty population	Specialty populations include adults with SMI, individuals with HIV/AIDS, individuals who are dually eligible, children with special needs, and children involved with child welfare	<ul style="list-style-type: none"> • Two plans for SMI • Two plans for children • One plan for HIV/AIDS

D.3. 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.
- There are two types of LTC plans:
 - **LTC+ plans** provide both LTC and MMA services only to enrollees who are eligible for LTC services.
 - **Comprehensive plans** provide both LTC and MMA services to any managed care enrollees regardless of their LTC eligibility.
- The comprehensive and LTC+ plans are paid a capitated rate to provide LTC and physical health services.
- As of May 2024, 3,001,373 persons received services through either a comprehensive or LTC+ plan.
- The LTC+ program is available statewide. The comprehensive plans are available regionally.
- 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 LTC+ plan or the comprehensive 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

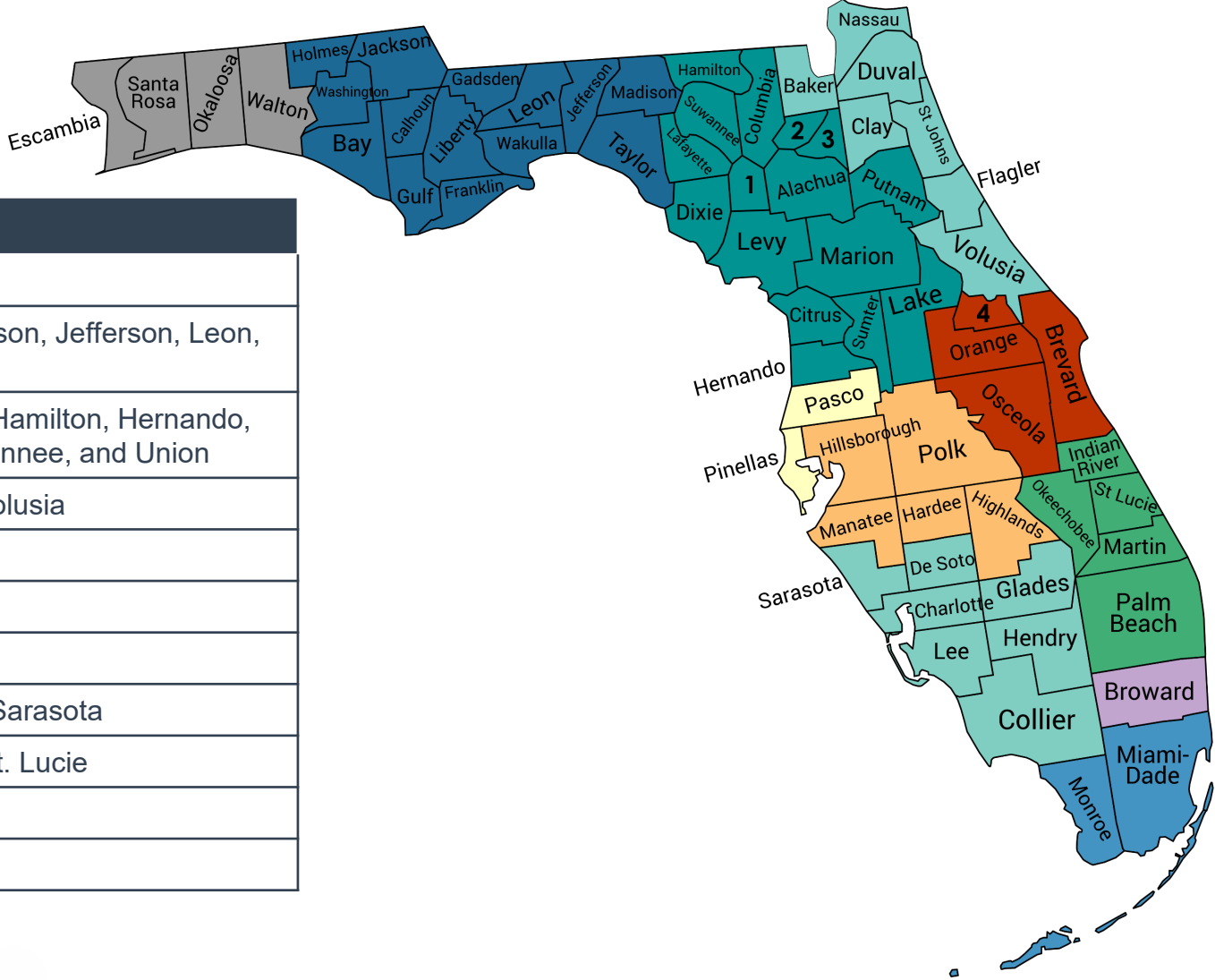
D.3. Medicaid Managed Care Program: Specialty Plans

- 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 five, 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.
- The state enrolls individuals aged six and older who have an SMI or SED diagnosis into Molina Healthcare of Florida, Clear Health Alliance, or Sunshine State Health Plan.
 - Individuals who do not choose to be enrolled in the specialty plan may enroll in a standard health plan.
 - As of May 2024, enrollment was 147,786.
- 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.

Plan	Enrollment (May 2024)	Regions
Molina	19,352	4, 5, 7
Clear Health Alliance	9,775	Statewide
Sunshine State Health Plan	118,659	Statewide

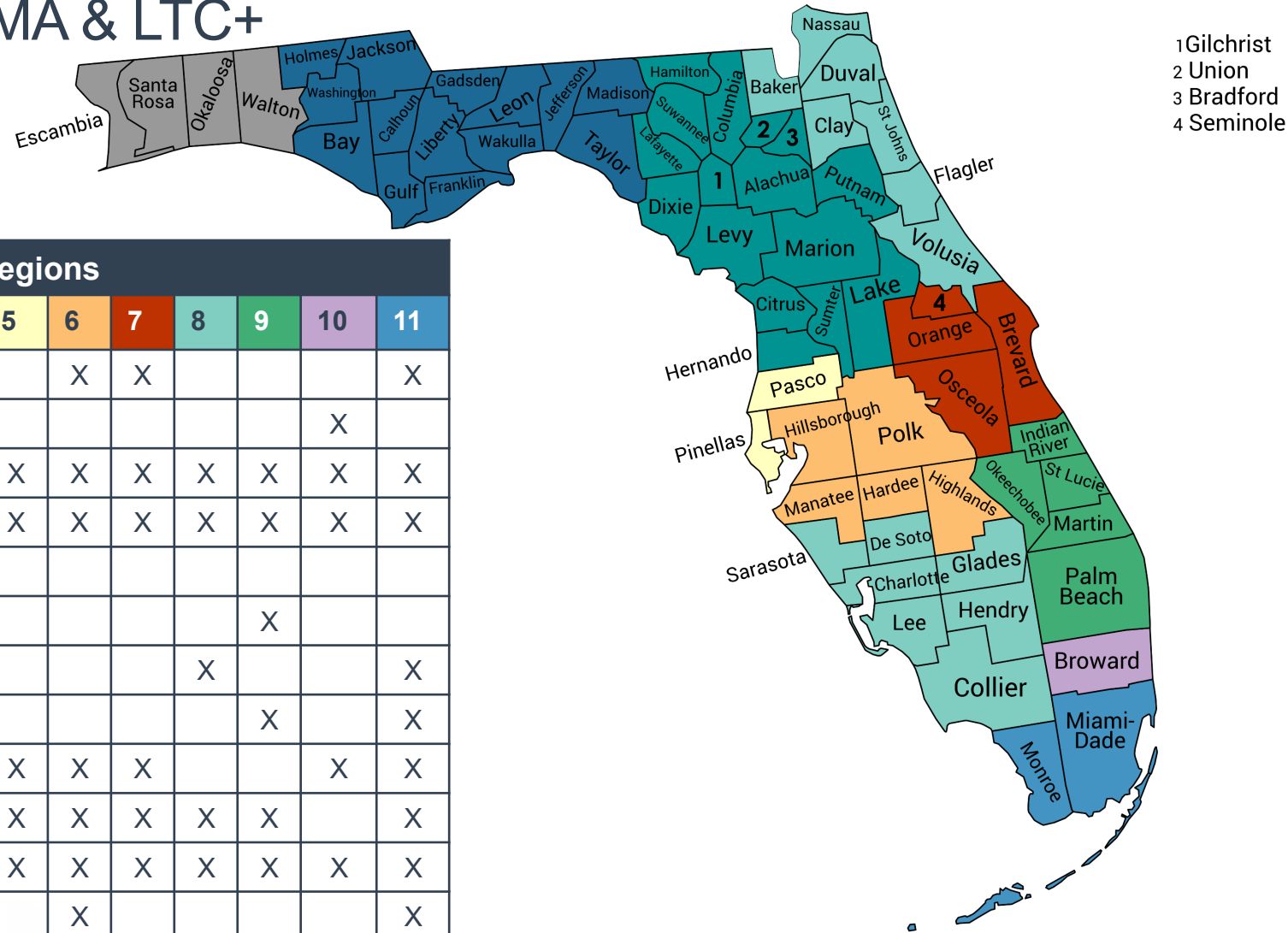
D.3. Medicaid Managed Care Program: Managed Care Regions

Region	Counties
1	Escambia, Okaloosa, Santa Rosa, Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
5	Pasco and Pinellas
6	Hardee, Highlands, Hillsborough, Manatee and Polk
7	Brevard, Orange, Osceola and Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
10	Broward
11	Miami-Dade and Monroe



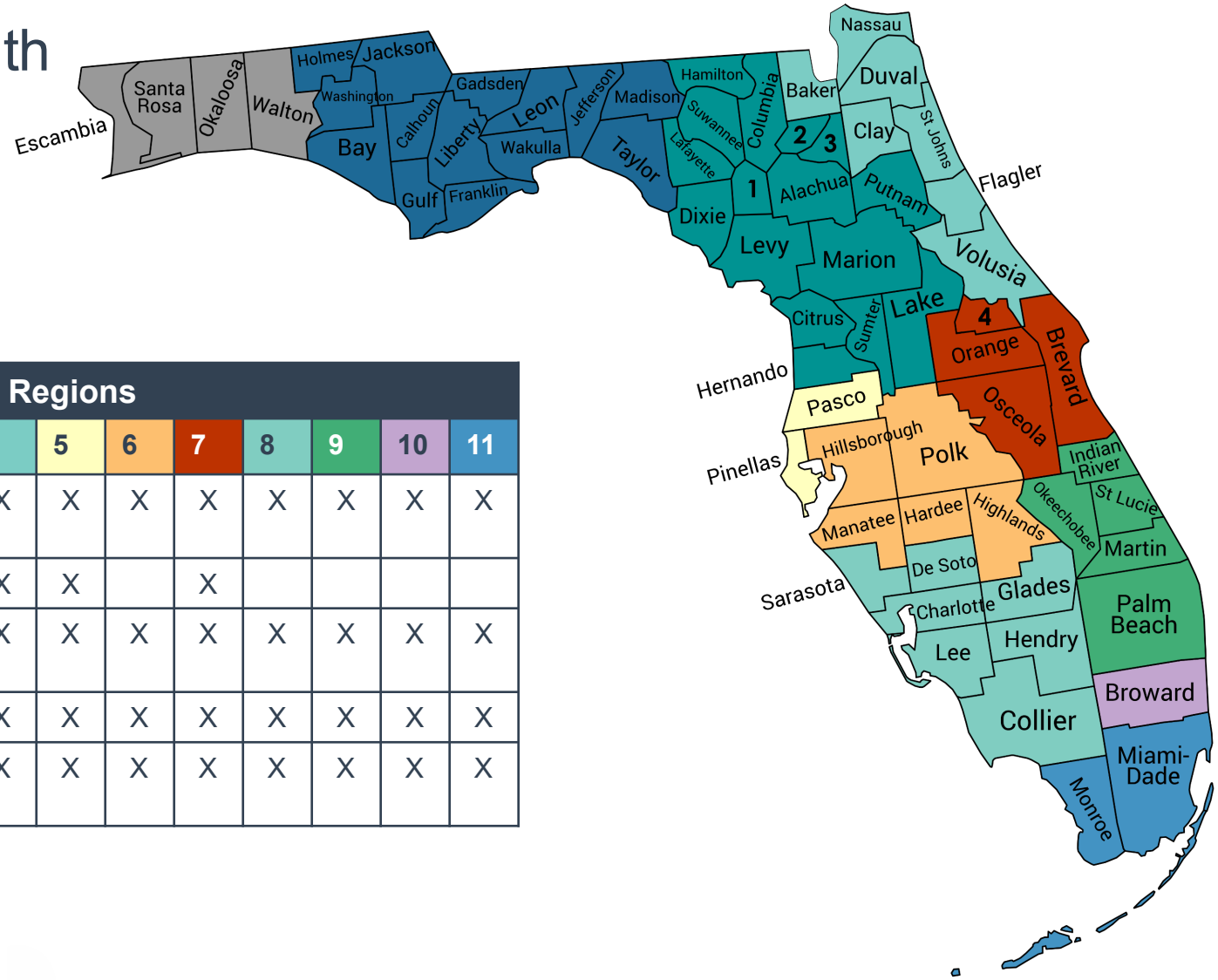
1 Gilchrist
 2 Union
 3 Bradford
 4 Seminole

D.3. Medicaid Managed Care Program: MMA Health, Comprehensive MMA & LTC+ Plans By Region



Health Plan	Managed Care Regions										
	1	2	3	4	5	6	7	8	9	10	11
Aetna Better Health/Coventry Health Care						X	X				X
Community Care Plan										X	
Florida Community Care	X	X	X	X	X	X	X	X	X	X	X
Humana Medical Plan	X	X	X	X	X	X	X	X	X	X	X
Lighthouse Health Plan	X	X									
Miami Children's Health Plan									X		
Molina Healthcare of Florida								X			X
Prestige Health Choice									X		X
Simply Healthcare Plan					X	X	X			X	X
Staywell	X	X	X	X	X	X	X	X	X		X
Sunshine State Health Plan	X	X	X	X	X	X	X	X	X	X	X
UnitedHealthcare of Florida			X	X		X					X
Vivida Health								X			

D.3. Medicaid Managed Care Program: MMA Specialty Health Plans By Region



- 1 Gilchrist
- 2 Union
- 3 Bradford
- 4 Seminole

Specialty Health Plans	Managed Care Regions										
	1	2	3	4	5	6	7	8	9	10	11
Children’s Medical Services Network – Children with chronic conditions	X	X	X	X	X	X	X	X	X	X	X
Magellan Complete Care – SMI				X	X		X				
Simply/Clear Health Alliance – HIV/AIDS	X	X	X	X	X	X	X	X	X	X	X
Staywell – SMI	X	X	X	X	X	X	X	X	X	X	X
Sunshine State Health Plan – Child welfare	X	X	X	X	X	X	X	X	X	X	X

D.3. 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%

AmeriHealth Caritas Florida

1. Profit status: For-profit
2. Parent company: None
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: PerformRx
5. Managed care programs: Comprehensive
6. Enrollment share: 3%

Community Care Plan

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

Florida Community Care

1. Profit status: For-profit
2. Parent company: Independent Living Systems
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS Caremark
5. Managed care programs: LTC+
6. Enrollment share: 1%

Clear Health Alliance

1. Profit status: For-profit
2. Parent company: WellCare/Centene
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: None
5. Managed care programs: Specialty – HIV/AIDS
6. Enrollment share: <1%

Totals may not equal 100% due to rounding

D.3. 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: Access Behavioral Health (Region 1) and Beacon Health Options (Regions 4, 6, 7, 8, 9, and 11)
4. Pharmacy benefit manager: CVS
5. Managed care programs: Comprehensive
6. Enrollment share: 4%

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 and Specialty -- Children
6. Enrollment share: 40%

Simply Healthcare Plans, Inc.

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

Humana Medical Plan

1. Profit status: For-profit
2. Parent company: Humana
3. Behavioral health subcontractor: Access Behavioral Health (Region 1) and Beacon Health Options (Regions 6, 9, 10, and 11)
4. Pharmacy benefit manager: None
5. Managed care programs: Comprehensive
6. Enrollment share: 19%

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

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

- Behavioral health and pharmacy benefits are included in the health plan's capitation rates.
- The Magellan Complete Care and Staywell SMI specialty plans for persons with SMI offer an expanded intensive outpatient therapy benefit for addiction.
- Matching funds for addiction treatment comprehensive aftercare, individual and group peer recovery support, and intervention are provided FFS by the state to counties and are not the responsibility of the health plans.
- The health plans may offer crisis stabilization services in lieu of state plan services if cost effective and consented to by the individual.

Managed Care Mental Health Benefits

- Inpatient services
- Assessment, evaluation, and testing
- Treatment plan development and modification
- Medication management
- Individual, group, and family therapy
- Day services
- Psychosocial rehabilitation
- Clubhouse services
- Targeted case management
- Therapeutic on-site services for individuals under 21 years old

Managed Care Addiction Treatment Benefits

- Inpatient detoxification
- Assessment and evaluation
- Treatment plan development and modification
- Individual, group, and family therapy
- Medication assisted treatment
- Day services

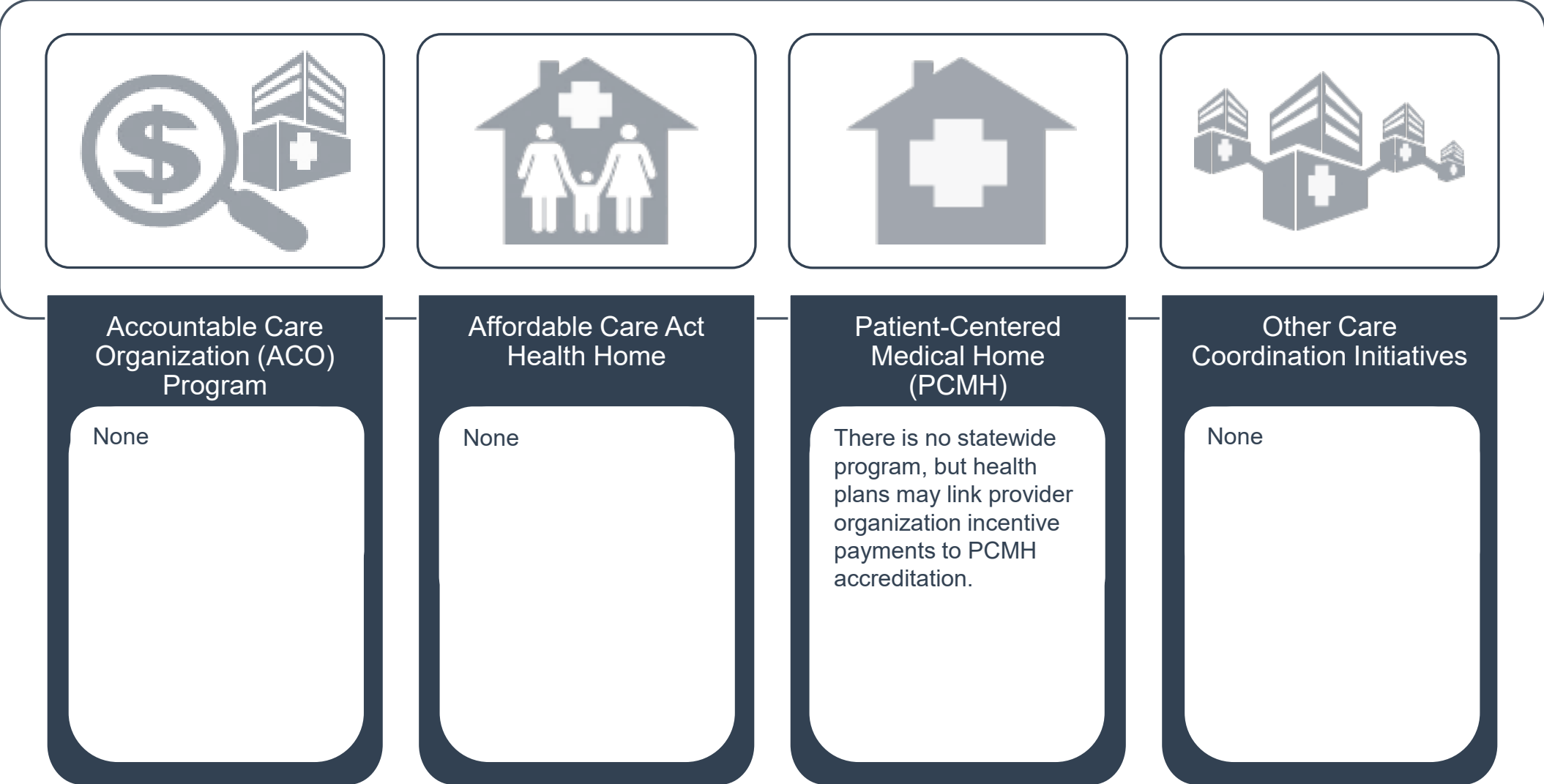
D.3. Medicaid Managed Care Program: SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- Individuals with SMI can enroll in a health plan specially designed to meet their needs in all regions.
- As of May 2024, *OPEN MINDS* estimates that 71% of the SMI population was enrolled in managed care.

D.3. 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"> The health plans may develop their own PDLs, but they are subject to state review. The health plans must make all drugs on the state's PDL available. The state's PDL includes mental health and addiction treatment drugs. The health plans may make generic drugs available 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.
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"> The health plans' prior authorization criteria must not be more restrictive than the state's criteria. The health plans must develop prior authorization criteria for brand-name drugs that are not on the state's PDL.
Health Plan Allowed To Implement Pharmacy Lock-In Program	The health plans may implement a pharmacy lock-in program if approved by the state.

D.4. Medicaid Program: Care Coordination Initiatives



D.5. 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"> Expands managed care throughout the state and authorizes specialty plans for complex care populations. Establishes a low-income pool of \$1.5 billion per year to support safety-net provider organizations. A waiver amendment was added that expanded the amount of funds available for housing. 	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	06/30/2024*
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

*This waiver is still listed as approved on the CMS site. No additional information is available.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
FL DD Individual Budgeting (0867.R02.00)	Individuals aged three and above with autism or I/DD	40,742	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.R03.00)	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,.	105,111	Division of Medicaid	None

D.6. Medicaid Program: New Initiatives

- Florida does not have any pending Medicaid initiatives.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (August 2023)	2,248,929	3,546,424
SMI Enrollment	<ul style="list-style-type: none"> <i>OPEN MINDS</i> estimates 61% of the population is enrolled in Medicare Advantage, 39% in Traditional Medicare. 	
Management	<ul style="list-style-type: none"> Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs 	<ul style="list-style-type: none"> Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	<ul style="list-style-type: none"> Part A & B cover up to 80%, remaining costs can be paid out of pocket 	<ul style="list-style-type: none"> Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 5,795,353 | Total Medicare With SMI: 1,315,545

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of August 2023: 61% Medicare Advantage, 39% in traditional Medicare.
SMI population inclusion in managed care	Estimated 61% of population in Medicare Advantage, 39% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of August 2023 was 5,795,353.
- About 26% of the state's population is enrolled in Medicare, compared to about 19.5% of the US population enrolled in Medicare.
 - *OPEN MINDS* estimates approximately 40% of the state's Medicare population has a SMI.
- For 2024, about 61% of people with Medicare in Florida are enrolled in private plans (mostly Medicare Advantage plans, but also some Medicare Cost plans), while the other 39% were enrolled in Original Medicare.
- Florida is among the majority of the states that have adopted rules to ensure at least some access to Medigap plans for people under age 65 who are eligible for Medicare in Florida.
- As of June 2024, there were about 1.4 million Florida Medicare beneficiaries who were enrolled in stand-alone Medicare Part D prescription drug plans. In addition, more than 2.6 million Medicare beneficiaries in Florida had Part D coverage integrated with a Medicare Advantage plan.
 - The number of people with stand-alone Medicare Part D coverage in Florida has declined in recent years, while the number of people with Medicare Part D prescription drug coverage as part of a Medicare Advantage plan had increased significantly.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings Program		
1. Accountable Care Medical Group of Florida (ACMG)	22. CHSPSC ACO 17, LLC	45. Orange Accountable Care Organization, LLC
2. Accountable Care Medical Group of Florida (ACMG Health Systems)	23. CHSPSC ACO 6, LLC	46. Orlando Health Collaborative Care
3. Accountable Care of Northeast Florida	24. Citrus ACO	47. Palm Beach Accountable Care Organization, LLC (PBACO)
4. ACO Health Partners, LLC	25. Cleveland Clinic Florida Integrated Health	48. Paradigm ACO, LLC
5. Advanced Doctors ACO, LLC	26. DocACO Gulf Coast, LLC	49. Physicians ACO, LLC
6. AHS Florida Division ACO, LLC	27. Eminence Healthcare, LLC	50. Primary Care Alliance
7. Aledade Accountable Care 22, LLC	28. First Coast Health Alliance, LLC	51. Primary Partners, LLC
8. Aledade Florida Central ACO, LLC	29. Five Star ACO, LLC	52. Select Physicians Associates, LLC
9. Allcare Options, LLC	30. Florida Medical Clinic ACO, LLC	53. Space Coast ACO LLC
10. American Health Alliance, LLC	31. Florida Physicians Trust, LLC	54. Space Coast Independent Practice Association, LLC
11. America's ACO, LLC	32. GulfCoast Accountable Care Network, LLC	55. St. Vincent's Accountable Care Organization, LLC
12. Baptist Physician Partners ACO, LLC	33. Health Choice Care, LLC	56. Statera Health, LLC
13. BayCare Physician Partners ACO, LLC	34. Health First Partners, LLC	57. Steward National Care Network, Inc
14. Best Care Collaborative	35. Integral Healthcare, LLC	58. The Physicians Alliance LLC
15. Bethesda Health Quality Alliance, LLC	36. Keep Well ACO, LLC	59. The Premier HealthCare Network, LLC
16. BHS Accountable Care, LLC	37. LTC ACO, LLC	60. TP-ACO LLC
17. Bluestone ACO	38. MCM Accountable Care Organization, LLC	61. Trinity Integrated Care, LLC
18. Broward Guardian, Caravan Health ACO 17, LLC	39. Millennium Accountable Care Organization	62. USMM Accountable Care Partners
19. Central Florida ACO	40. NCH ACO, LLC	63. WellMed Tampa/ Orlando Medicare ACO, LLC
20. Central Florida Physicians Trust, LLC	41. Next ACO of Nature Coast, LLC	64. West Florida ACO, LLC
21. CHSPSC ACO 10, LLC	42. North Georgia HealthCare Partnership, Inc	
22. CHSPSC ACO 12, LLC	43. Northwest Florida Health Partners, LLC	
	44. Orange Accountable Care of South Florida, LLC	

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Managed Care	PACE
Enrollment (May 2024)	192,093	4,318
Estimated SMI Enrollment	40,339	906
Management	<ul style="list-style-type: none"> MMA: 15 full-risk health plans SMI population: Two specialty health plans 	Four non-profit organizations
Payment Model	<ul style="list-style-type: none"> MMA: Capitated rate SMI population: Capitated rate 	Blended capitated rate
Geographic Service Area	<ul style="list-style-type: none"> MMA: Statewide SMI population: Statewide 	Selected areas

Total Dual Eligible Enrollment: 196,411 | Total Dual Eligible Enrollment With SMI: 41,246

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	April 2024 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete Choice	UnitedHealthcare	Medicare Advantage D-SNP	105,092	22,069
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	95,106	19,972
Care Needs Plus	Humana, Inc	Medicare Advantage D-SNP	74,713	15,690
Simply Complete	Anthem, Inc	Medicare Advantage D-SNP	37,876	7,954
UnitedHealthcare Dual Complete LP	UnitedHealthcare	Medicare Advantage D-SNP	37,505	7,876
HealthSun MediSun Extra	HealthSun Health Plans	Medicare Advantage D-SNP	27,308	5,735
Leon MediDual	Leon Health, Inc	Medicare Advantage D-SNP	19,151	4,022
Aetna Medicare Assure Plus	Aetna/CVS Health	Medicare Advantage D-SNP	18,921	3,973
Preferred Medicare Assist Plan	Preferred Care Partners, Inc	Medicare Advantage D-SNP	16,709	3,509
HealthSun MediSun Plus	HealthSun Health Plans	Medicare Advantage D-SNP	13,638	2,864
Aetna Medicare Assure	Aetna/ CVS Health	Medicare Advantage D-SNP	11,070	2,325

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of May 2024, dual eligible enrollment was 196,411.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- All full-benefit dual eligibles are enrolled in the managed care program unless they meet FFS exclusion criteria, are enrolled in a D-SNP, or are enrolled in the PACE program.
- LTSS is delivered through the Long-Term Care program plans for dual eligibles enrolled in either the FFS or managed care program.
- As of April 2024, D-SNP enrollment was 524,827, D-SNP SMI enrollment was 110,214.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Florida does not have—and is not planning to implement—a Medicare-Medicaid alignment demonstration for dual eligibles.
- Florida state law permits the state Medicaid agency to enter capitated contracts with Medicare Advantage special needs plans to deliver services to the dual eligible population outside of the competitive procurement process.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (May 2024)	194,700
Estimated SMI Enrollment	40,887
Management	7 Health Plans
Payment Model	Health Plan Capitation Rate
Geographic Service Area	Statewide

Total LTSS Enrollment: 194,700 | Total LTSS Enrollment With SMI: 40,887

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

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

G.2. LTSS Medicaid Financing & Delivery System: Overview

- As of May 2024, there were 194,700 individuals receiving MLTSS services.
- Adults who receive physical and behavioral health services through the FFS system must receive LTSS through a comprehensive MMA or LTC+ program health plan.

G.3. LTSS 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%

Florida Community Care

- 1. Profit status: For-profit
- 2. Parent company: Independent Living Systems
- 3. Behavioral health subcontractor: None
- 4. Pharmacy benefit manager: CVS Caremark
- 5. Managed care programs: LTC+
- 6. Enrollment share: 1%

Humana Medical Plan

- 1. Profit status: For-profit
- 2. Parent company: Humana
- 3. Behavioral health subcontractor: Access Behavioral Health (Region 1) and Beacon Health Options (Regions 6, 9, 10, and 11)
- 4. Pharmacy benefit manager: None
- 5. Managed care programs: Comprehensive
- 6. Enrollment share: 19%

G.3. LTSS Health Plan Characteristics

Molina Healthcare Of Florida

1. Profit status: For-profit
2. Parent company: Molina Healthcare, Inc.
3. Behavioral health subcontractor: Access Behavioral Health (Region 1) and Beacon Health Options (Regions 4, 6, 7, 8, 9, and 11)
4. Pharmacy benefit manager: CVS
5. Managed care programs: Comprehensive
6. Enrollment share: 4%

Simply Healthcare Plans, Inc.

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

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 and Specialty -- Children
6. Enrollment share: 40%

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%

G.4. Medicaid LTSS Program: Program Benefits

Federally Mandated Services	
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 Services	
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

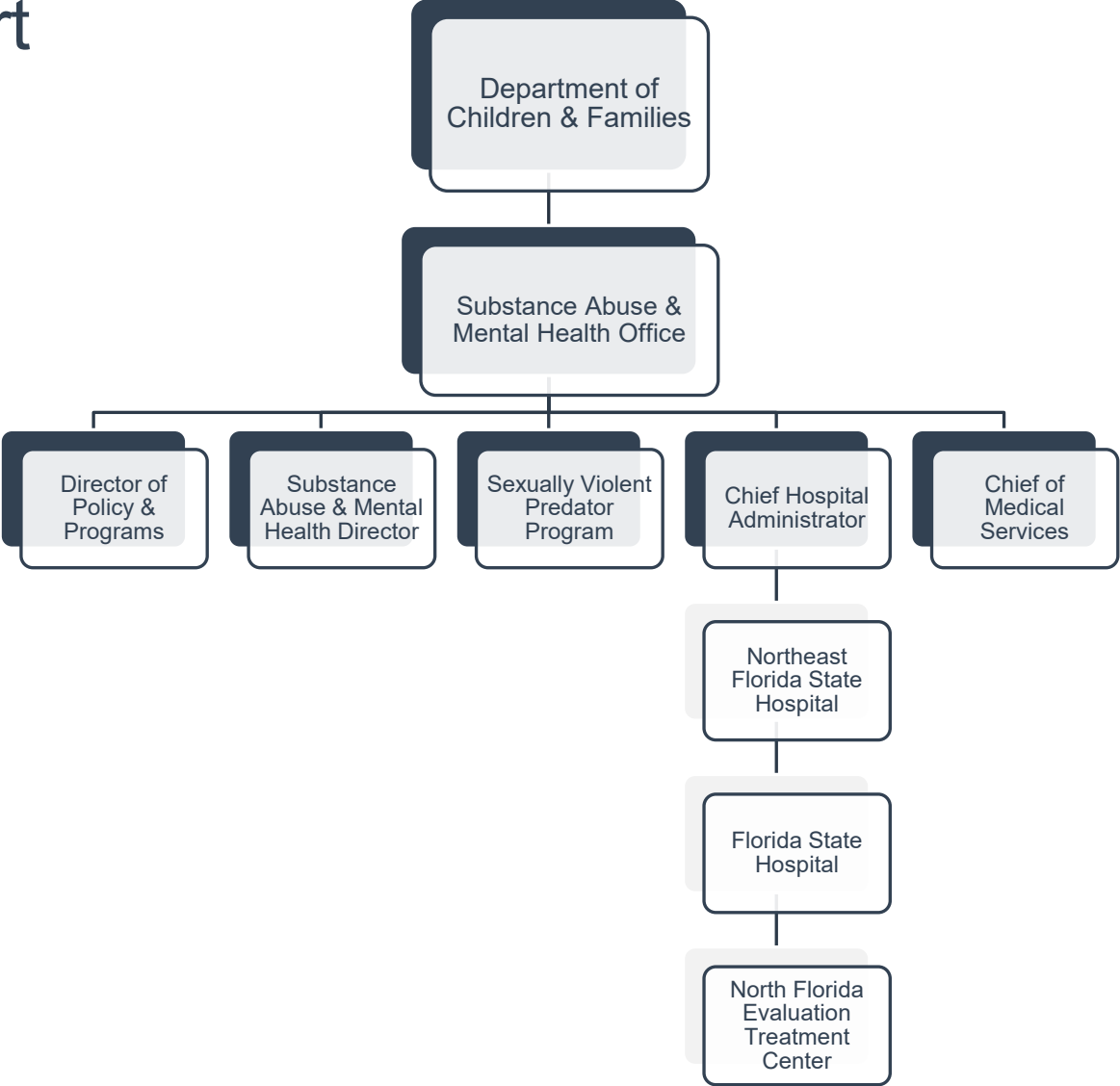
Long-Term Care Services	
1.	Adult companion care
2.	Adult day health care
3.	Assisted living
4.	Assistive care services
5.	Attendant care
6.	Behavioral management
7.	Care coordination/case management
8.	Caregiver training
9.	Home accessibility adaptation
10.	Home-delivered meals
11.	Homemaker
12.	Hospice
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

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Florida has no pending initiatives related to the development of MLTSS services.

H. State Behavioral Health Administration & Finance System

H.1. Substance Abuse & Mental Health Office Governance: Organization Chart



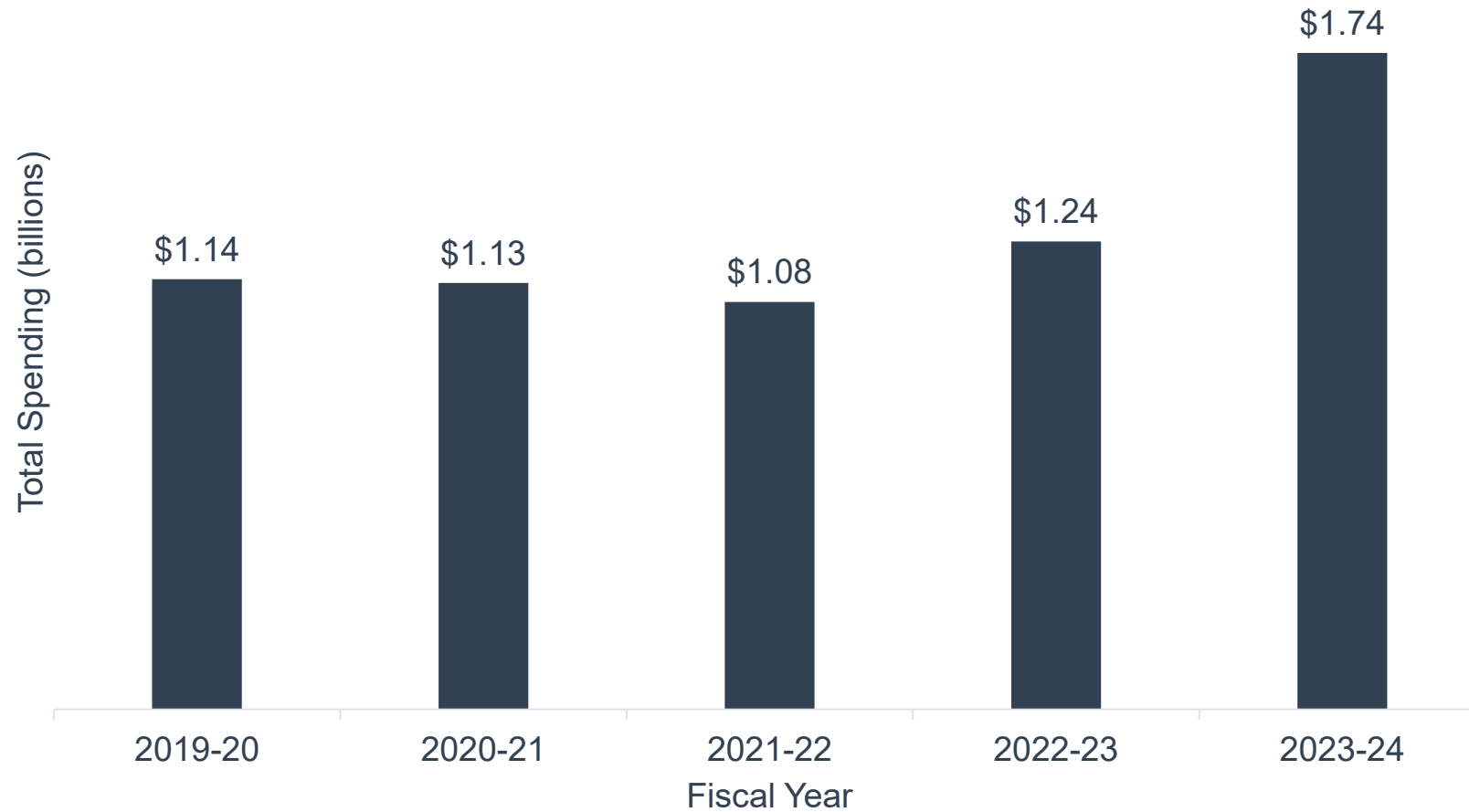
H.1. Substance Abuse & Mental Health Office Governance: Key Leadership

Name	Position	Department	Email
Shevaun Harris	Secretary	Department of Children and Families (DCF)	shevaun.harris@myflfamilies.com
Casey Penn	Deputy Secretary	DCF	casey.penn@myflfamilies.com
Erica Floyd-Thomas	Assistant Secretary for Substance Abuse and Mental Health	DCF, Substance Abuse and Mental Health Office	Erica.FloydThomas@myflfamilies.com
Vacant	Deputy Asst. Secretary for Operations	DCF, Substance Abuse and Mental Health Office	N/A
Peter Kennedy	Chief Hospital Administrator	DCF, Substance Abuse and Mental Health Office	peter.kennedy@myflfamilies.com

H.2. Substance Abuse & Mental Health Office Governance: Spending

Budget Item	SFY 2023 - 2024 Governor's Budget	Percent Of Budget
Community mental services	\$668,889,309	38%
Community substance abuse services	\$576,904,393	33%
Civil commitment program	\$235,628,569	14%
Forensic commitment program	\$210,002,047	12%
Executive leadership and support services	\$52,556,074	3%
Budget Total: \$1,743,980,392		

H.2. Substance Abuse & Mental Health Office Governance: Spending Over Time



H.3. State Psychiatric Institutions

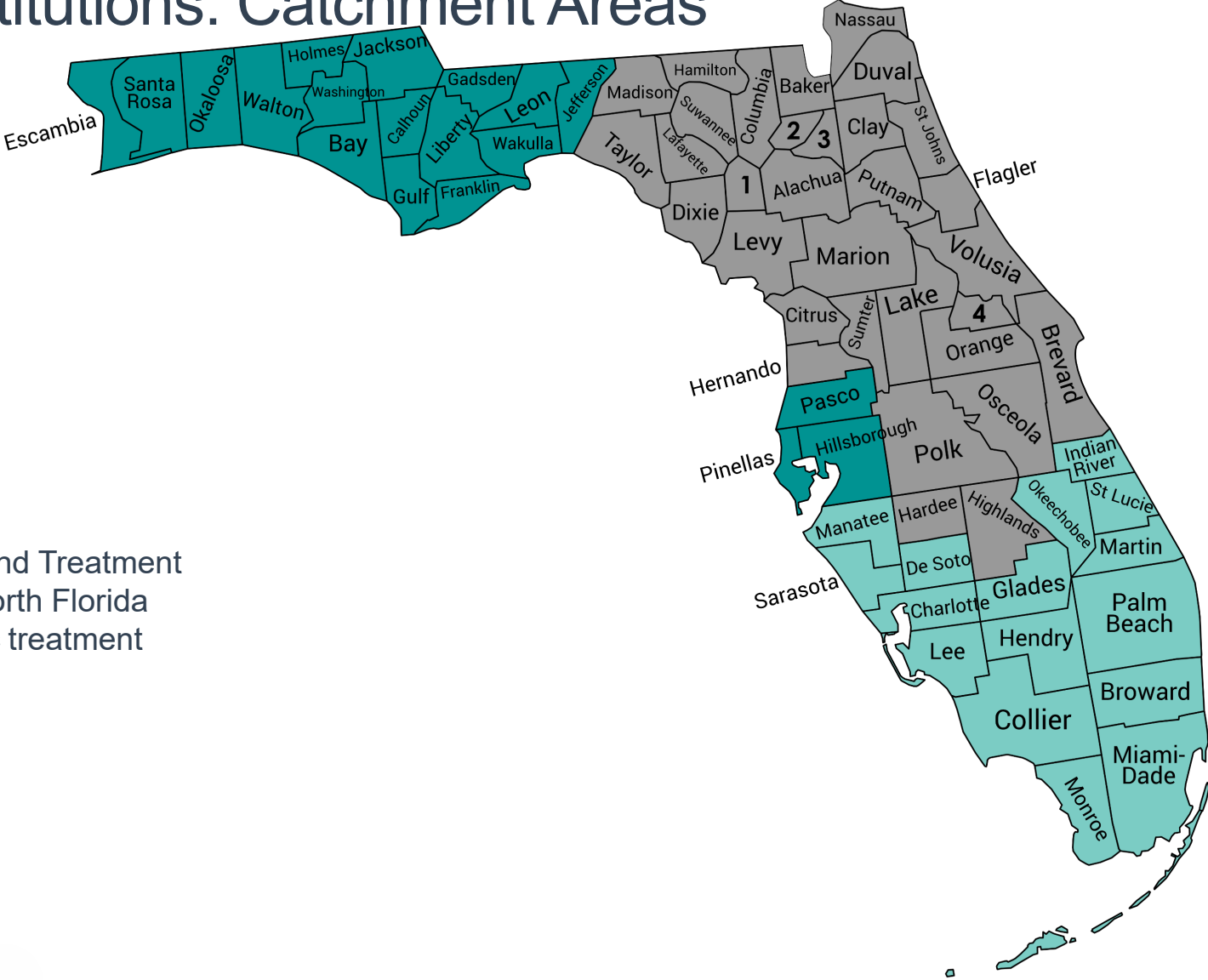
State Psychiatric Institutions				
Institution	Type	Operator	Location	Beds
Florida State Hospital	Civil, Forensic	State of Florida	Chattahoochee	959
Northeast Florida State Hospital	Civil	State of Florida	MacClenny	633
South Florida State Hospital	Civil	Correct Care, LLC	Pembroke Pines	350
South Florida Evaluation and Treatment Center	Forensic	Correct Care, LLC	Florida City	249
Treasure Coast Treatment Facility	Forensic	Correct Care, LLC	Indiantown	224
North Florida Evaluation and Treatment Center	Forensic	State of Florida	Gainesville	193
Total				2,608

H.3. State Psychiatric Institutions: Catchment Areas

State Hospital Civil Treatment Services Catchment Areas

- Florida State Hospital
- Northeast Florida State Hospital
- South Florida State Hospital

Florida State Hospital, South Florida Evaluation and Treatment Center, Treasure Coast Treatment Facility, and North Florida Evaluation and Treatment Center provide forensic treatment services to persons throughout the state.



- 1 Gilchrist
- 2 Union
- 3 Bradford
- 4 Seminole

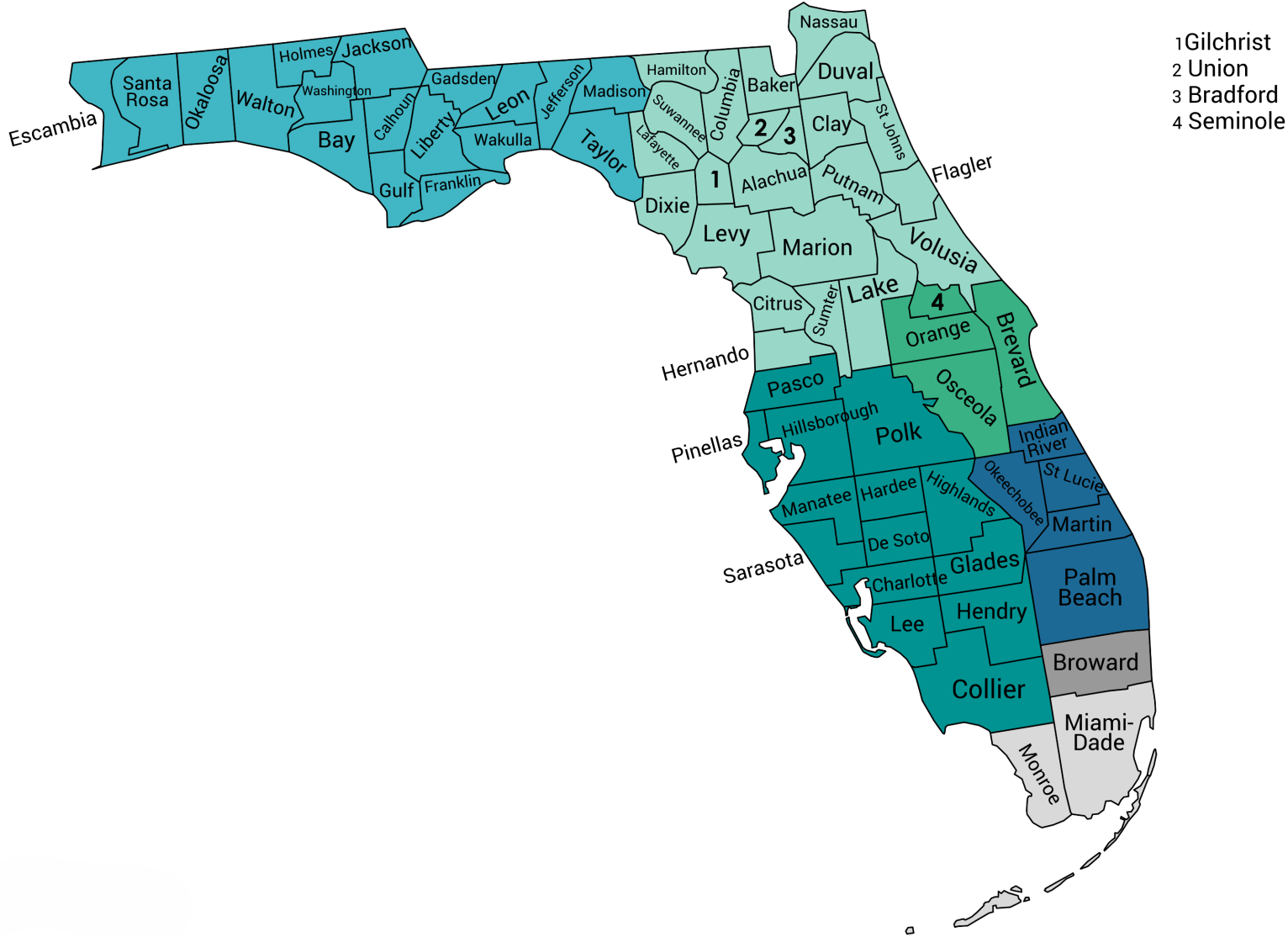
H.4. Behavioral Health Safety-Net Delivery System

- The Office of Substance Abuse and Mental Health (OSAMH) within the Florida Department of Children and Families administers the mental health and addiction treatment programs for the safety-net population.
- Using state and federal funding, OSAMH contracts with agencies—called managing entities—that manage the delivery of care through local provider networks. The state currently has seven managing entities.
- Delivery of services is divided among 20 circuits that correspond to the state judicial court circuits.
 - Only one managing entity operates within each circuit, except for Circuit 3, which has two managing entities.
 - A managing entity may be responsible for one or more circuits.
- Each managing entity must conduct a needs assessment every three years to determine the optimal array of behavioral health services for its communities.
- For program regulation and oversight, the state is divided into 14 regions, each overseen by an OSAMH regional director.
 - The 14 regions correspond with the Florida Department of Children and Families administrative divisions, and do not necessarily align with the managing entities' areas of responsibility.
 - One or more managing entities may operate within each region.

H.4. Behavioral Health Safety-Net Delivery System: Managing Entities

Community Behavioral Health Service Managing Entities

- Big Bend CBC, Inc.
- Broward Behavioral Health Coalition
- Central Florida Behavioral Health Network
- Central Florida Cares Health System
- Lutheran Services Florida
- South Florida Behavioral Health Network, Inc
- Southeast Florida Behavioral Health Network



H.4. Behavioral Health Safety-Net Delivery System: Managing Entities

Managing Entity	Counties Served
Big Bend Community Based Care, Inc.	Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington
Broward Behavioral Health Coalition	Broward
Central Florida Behavioral Health Network, Inc.	Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota
Central Florida Cares Health System	Brevard, Orange, Osceola, and Seminole
Lutheran Services Florida	Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia
South Florida Behavioral Health Network	Miami-Dade and Monroe
Southeast Florida Behavioral Health Network	Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

H.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives currently.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% 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 https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% 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 https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, 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 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2024 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	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 https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% 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 https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	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.
Accountable Care Organizations	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).
Administrative Services Organization	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.
Capitation		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.
Carve-out		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.
Certified Community Behavioral Health Clinic	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.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) 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.
Dual Eligible		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).
Federal Poverty Level	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 2024, the FPL is \$14,580 for an individual and \$30, 000 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a per unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		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.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	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.
Home & Community-Based Services	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.
Institutions For Mental Disease	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 ages 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.
Long-Term Services & Supports	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.
Managed Care		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.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		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.
Medicaid Waiver		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.
Medicaid Waiver Section 1115	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.
Medicaid Waiver Section 1915(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.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		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.
Medicare		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.
Medicare Advantage	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.

I.2. 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.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	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.
Program Of All Inclusive Care For The Elderly	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.
Serious Mental Illness	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.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		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.
Value-Based Reimbursement	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.

I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved June 2024 from <https://data.census.gov/cedsci/table?q=S0101>
2. United States Census Bureau. (2022). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved June 2024 from <https://data.census.gov/cedsci/table?q=S1701>
3. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved June 2024 from <https://data.census.gov/cedsci/table?q=S1901>
4. United States Census Bureau. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved June 2024 from <https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05>

B.2. Population Centers

1. Federal Reserve Bank of St Louis. (2022, March) US Regional Data, MSAs. Retrieved January 2023 from <https://fred.stlouisfed.org>
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved June 2024 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas>
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved June 2024 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29>
4. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved June 2024 from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html>

B.3. Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2024). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2023 Beneficiaries. Retrieved June 2024. <https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (September 2023). Retrieved MY 2023. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics>
4. Kaiser Family Foundation, Health Insurance Coverage & Uninsured, Health Insurance Coverage of the Total Population (2020). Retrieved June 2024 from <https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

B.3. SMI Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2024). Serious Mental Illness Prevalence Estimates.

I.3. Sources

B.4. Largest Florida Health Plans By Enrollment

1. OPEN MINDS. (2024, April). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved June 2024 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2024). Subscription Database. Available from <http://www.markfarrah.com/>

B.4. Largest Florida Health Plans By Estimated SMI Enrollment

1. OPEN MINDS. (2024, April). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved June 2024 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2024). Subscription Database. Available from <https://www.markfarrah.com/>

B.5. Health Insurance Marketplace

1. Florida Division of Consumer Services. (2020, September 10). Individual Market Carrier List. Retrieved June 2024 from <https://www.myfloridacfo.com/Division/Consumers/PurchasingInsurance/ACAIndividualCarrierList.htm>
2. United States Department of Health and Human Services. (2023, November). PY2024 Individual Medical Landscape. Retrieved June 2024 from <https://data.healthcare.gov/dataset/2cfb30f4-7c65-42bd-bc4c-a3fbc1cb2cd>
3. United States Department of Health and Human Services. (2023, November). QHP Landscape PY2024 SHOP Market Medical. Retrieved June 2024 from <https://catalog.dta.gov/dataset/qhp-landscape-py2024-medical-shop>

B.6. Accountable Care Organizations

1. OPEN MINDS. (2022). ACO Database.

C.1. Medicaid Governance: Organizational Chart

1. Florida Agency for Health Care Administration. (2024). Agency for Health Care Administration Organizational Chart. Retrieved June 2024 from https://ahca.myflorida.com/inside_ahca/org_chart.shtml

C.1. Medicaid Governance: Key Leadership

1. Florida Agency for Health Care Administration. (2024). Agency for Health Care Administration Organizational Chart. Retrieved June 2024 from https://ahca.myflorida.com/inside_ahca/org_chart.shtml

I.3. Sources

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/macstats/>

C.2. Medicaid Program Spending: Budget

1. United States Government Printing Office. (2023). Federal Medical Assistance Percentages FY 2024. Retrieved June 2024 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. (2023). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 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 2024 from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html>

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/macstats/>
4. Medicaid and CHIP Payment and Access Commission. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>
5. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/publication/macstats-archive/>
6. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/publication/macstats-archive/>
7. Medicaid and CHIP Payment and Access Commission. (2017, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved June 2024 from <https://www.macpac.gov/publication/macstats-archive/>
8. Medicaid and CHIP Payment and Access Commission. (2016, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved June 2024 from <https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf>

I.3. Sources

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved June 2024 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2024). Medicaid Enrollment Data Collected Through MBES 2024 Q1. Retrieved June 2024 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 2024 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 2024 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>
6. Initiative (2022). Retrieved June 2024 from [https://ballotpedia.org/Florida_Medicaid_Expansion_Initiative_\(2022\)](https://ballotpedia.org/Florida_Medicaid_Expansion_Initiative_(2022))

C.4. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved June 2024 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>

D.1. Medicaid Financing & Service Delivery System

1. Florida Agency for Health Care Administration. (2024). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from 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 2024 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 2024 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81396>

I.3. Sources

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Department of Health & Human Services. (2018). Managed Medical Assistance Program. Retrieved June 2024 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 2024 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 2024 from 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 2024 from <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program>
5. The Florida Senate. 2019 Florida Statutes. Retrieved June 2024 from <https://flsenate.gov/Laws/Statutes>

D.2. Medicaid Fee-For-Service Program: Overview

1. Florida Agency for Health Care Administration. (2024). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from 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 2024 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 2024 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81396>

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Florida Agency for Health Care Administration. (2018). Community Behavioral Health Services Fee Schedule. Retrieved June 2024 from <https://www.flrules.org/gateway/readRefFile.asp?refId=9191&filename=Community%20Behavioral%20Health%20Services%20Fee%20Schedule%20-%20Copy.pdf>
2. Florida Agency for Health Care Administration. (2021). Medicaid and the Opioid Crisis. Retrieved June 2024 from https://ahca.myflorida.com/content/download/8887/file/Opioid_Presentation_MCAC_032018.pdf
3. Florida Agency for Health Care Administration. Medicaid Certified Match Substance Abuse Services. Retrieved June 2024 from http://ahca.myflorida.com/Medicaid/substance_abuse/index.shtml
4. Florida Agency for Health Care Administration. (2024). Statewide Medicaid Managed Care. Retrieved June 2024 from <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care>
5. Florida Agency for Health Care Administration. (2019, August 12). Amendment Request. Retrieved June 2024 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/fl-mma-pa3.pdf>

I.3. Sources

D.2. Medicaid FFS Program: SMI Population

1. Florida Agency for Health Care Administration. (2024, May). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml
2. Department of Health & Human Services. (2018, June 8). Managed Medical Assistance Program. Retrieved June 2024 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 2024 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81396>

D.2. Medicaid FFS Program: Pharmacy Benefits

1. Florida Agency for Health Care Administration. (2024). Florida Medicaid Prescribed Drug Services Spending Control Initiatives. Retrieved June 2024 from 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 2024 from <https://ahca.myflorida.com/medicaid/prescribed-drugs/medicaid-pharmaceutical-therapeutics-committee/florida-medicaid-preferred-drug-list-pdl>
3. Florida Agency for Health Care Administration. (2023). Florida Medicaid Prescribed Drug List. Retrieved June 2024 from 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 2024 from https://ahca.myflorida.com/medicaid/prescribed_drug/pdf/Florida_Medicaid_Prescribed_Drug_Service_Spending_Control_Initiatives_Q1_SFY2018-19_FINAL.pdf

D.3. 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 2024 from 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. Florida Agency for Health Care Administration. (2024, May). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml

I.3. Sources

D.3. Medicaid Managed Care Program: Types Of Health Plans Under Re-procurement

1. Florida Agency for Health Care Administration. (2024). Statewide Medicaid Managed Care. Retrieved June 2024 from <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care>

D.3. 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
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>

D.3. Medicaid Managed Care Program: Specialty Plan

1. Florida Agency for Health Care Administration. (2016, November). Medicaid Managed Medical Assistance Specialty Plans. Retrieved June 2024 from 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 2024 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. (2024, May). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml

D.3. Medicaid Managed Care Program: Managed Care Regions

1. Florida Agency for Health Care Administration. (2024). Statewide Medicaid Managed Care. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Plans_by_Region.pdf

D.3. Medicaid Managed Care Program: MMA Health, Comprehensive MMA & LTC+ Plans By Region

1. Florida Agency for Health Care Administration. (2024). Statewide Medicaid Managed Care. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Plans_by_Region.pdf

I.3. Sources

D.3. Medicaid Managed Care Program : MMA Specialty Health Plans By Region

1. Florida Agency for Health Care Administration. (2024). Statewide Medicaid Managed Care. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Plans_by_Region.pdf

D.3. Medicaid Managed Care Program: LTC+ & Comprehensive Plans By Region

1. Florida Agency for Health Care Administration. (2024). Statewide Medicaid Managed Care. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Plans_by_Region.pdf

D.3. Medicaid Managed Care Program: Health Plan Characteristics

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

I.3. Sources

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. Florida Agency for Health Care Administration. (2024). Statewide Medicaid Managed Care. Retrieved June 2024 from <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care>

D.3. Medicaid Managed Care Program: SMI Population

1. Florida Agency for Health Care Administration. (2024). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml

D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. The Center for Medicaid and CHIP Services. (2019). Florida Long Term Managed Care (FL-17). Retrieved June 2024 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 2024 from https://ahca.myflorida.com/Medicaid/recent_presentations/October_2017/House_Health_Innovation_Medicaid_Managed_Care_Pharmacy_Networks_Final_102317.pdf

D.4. Medicaid Program: Care Coordination Initiatives

1. Derived from information throughout section D.

D.5. Medicaid Program Care Management and Demonstration Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved June 2024 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved June 2024 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

I.3. Sources

D.6. Medicaid Program: New Initiatives

1. Derived from information throughout this section.

E.1 Medicare Financing & Service Delivery System

1. *OPEN MINDS*. (2024, March). Health Plans Database.
2. *OPEN MINDS*. (2024). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, February) Medicare Monthly Enrollment. Retrieved December 2023 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

E.1. Medicare Financing & Service Delivery System

1. *OPEN MINDS*. (2024, March). Health Plans Database.
2. *OPEN MINDS*. (2024). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2024, February) Medicare Monthly Enrollment. Retrieved December 2023 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

E.2. Medicare System Overview

1. Healthinsurance.org (2023, December) Medicare in Florida. Retrieved December 2023 from <https://www.healthinsurance.org/medicare/florida>

E.3. Medicare ACOs

1. *OPEN MINDS*. (2022). ACO Database.

E.4. Medicare System: New Initiatives

1. Derived from information throughout this section.

I.3. Sources

F.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2023, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved June 2024 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2023, December). Special Needs Plan (SNP) Data. Retrieved June 2024 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>
3. Florida Agency for Health Care Administration. (2024, May). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml

F.2. Largest Medicare Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2023, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved June 2024 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2023, December). Special Needs Plan (SNP) Data. Retrieved June 2024 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Florida Agency for Health Care Administration. (2024, May). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml
2. Centers for Medicare and Medicaid Services. (2024, January). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved June 2024 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Medicaid and CHIP Payment and Access Commission. (2022, May). Financial Alignment Initiative for Beneficiaries Dually Eligible for Medicaid and Medicare. Retrieved June 2024 from <https://www.macpac.gov/publication/financial-alignment-initiative-for-beneficiaries-dually-eligible-for-medicaid-and-medicare/>

I.3. Sources

G.1. LTSS Financing & Service Delivery

1. Florida Agency for Health Care Administration. (2024). 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
2. Florida Agency for Health Care Administration. (2024). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml

G.1. LTSS Service Delivery System Enrollment By Eligibility Group

1. Department of Health & Human Services. (2018). Managed Medical Assistance Program. Retrieved June 2024 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 2024 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 2024 from 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 2024 from <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program>
5. The Florida Senate. 2019 Florida Statutes. Retrieved June 2024 from <https://flsenate.gov/Laws/Statutes>

G.2. LTSS Financing & Service Delivery System: Overview

1. Florida Agency for Health Care Administration. (2024). 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
2. Florida Agency for Health Care Administration. (2024). Florida Statewide Medicaid Monthly Enrollment Report. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/Finance/data_analytics/enrollment_report/index.shtml

I.3. Sources

G.3. LTSS Health Plan Characteristics

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

G.4. LTSS Program: Health Benefits

1. Medicaid and 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
2. Florida Agency for Health Care Administration. (2018, October 2). Statewide Medicaid Managed Care: Overview. Retrieved June 2024 from https://ahca.myflorida.com/medicaid/statewide_mc/pdf/SMMC_Overview_2018-10-1.pdf
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/?entry=24301>
4. CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved June 2024 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>

I.3. Sources

G.4. LTSS Program: New Initiatives

1. Derived from information throughout this section.

H.1. Public Behavioral Health System Governance: Organization Chart

1. Florida Department of Children and Families. (2024). Department of Children and Families Organizational Chart. Retrieved June 2024 from <https://www.myflfamilies.com/sites/default/files/2024-06/Sec%20TO%2006-17-24%20DRAFT.pdf>

H.1. Public Behavioral Health System Governance: Key Leadership

1. Florida Department of Children and Families. (2024). Department of Children and Families Organizational Chart. Retrieved June 2024 from <https://www.myflfamilies.com/sites/default/files/2024-06/Sec%20TO%2006-17-24%20DRAFT.pdf>

H.2. Substance Abuse & Mental Health Office Governance: Spending

1. Freedom First Budget. (2022). Department of Children and Families FY 2022-2023. Retrieved June 2024 from <http://www.bolderbrighterbetterfuture.com/web%20forms/Budget/BudgetService.aspx?rid1=182814&rid2=157757&ai=60000000&title=CHILDREN%20AND%20FAMILIES>

H.2. Substance Abuse & Mental Health Office Governance: Spending Over Time

1. Freedom First Budget. (2022). Department of Children and Families FY 2022-2023. Retrieved June 2024 from <http://www.bolderbrighterbetterfuture.com/web%20forms/Budget/BudgetService.aspx?rid1=182814&rid2=157757&ai=60000000&title=CHILDREN%20AND%20FAMILIES>
2. Florida Senate. (2021). Senate Bill 2500. Retrieved June 2024 from <https://www.flsenate.gov/Session/Bill/2021/2500/BillText/er/HTML>
3. Florida Department of Children and Families. 2019-2022 Budget. Retrieved June 2024 from <https://www.myflfamilies.com/services/samh/publications>

I.3. Sources

H.3. State Psychiatric Institutions

1. Florida Department of Children and Families. AFMH Facilities. Retrieved June 2024 from <https://www.myflfamilies.com/services/samh/AFMH-facilities>
2. Florida Department of Children and Families. North Florida Evaluation and Treatment Center. Retrieved June 2024 from <https://www.myflfamilies.com/services/samh/treatment-services-and-facilities/north-florida-evaluation-treatment-center>
3. Florida Department of Children and Families. Florida State Hospital. Retrieved June 2024 from <https://www.myflfamilies.com/services/samh/florida-state-hospital>
4. Florida Department of Children and Families. North East Florida State Hospital Retrieved June 2024 from <https://www.myflfamilies.com/services/samh/treatment-services/northeast-florida-state-hospital>

H.3 State Psychiatric Institution Catchment Areas

1. Florida Department of Children and Families. Catchment Areas. Retrieved June 2024 from <https://www.myflfamilies.com/services/samh/treatment-services-and-facilities/florida-state-hospital/services-and-programs>

H.4. State Behavioral Health Safety-Net Delivery System

1. Florida Department of Children and Families. Managing Entities. Retrieved June 2024 from <https://www.myflfamilies.com/services/samh/providers/managing-entities>

H.4. State Behavioral Health Safety-Net Delivery System: Map

1. Florida Department of Children and Families. Managing Entities. Retrieved June 2024 from <https://www.myflfamilies.com/services/samh/providers/managing-entities>

H.4. State Behavioral Health Safety-Net System: Managing Entities

1. Florida Department of Children and Families. Managing Entities. Retrieved June 2024 from <https://www.myflfamilies.com/services/samh/providers/managing-entities>

H.5. Behavioral Health System: New Initiatives

1. Derived from information throughout this section.