FLORIDA HEALTH JUSTICE PROJECT

Picking a Plan

An applicant who is found eligible and enrolled in the LTC Waiver must also enroll in one of the private managed care organizations ("MCOs," also called "Plans") operating in the applicant's region.

Initially, an applicant will be automatically assigned a Plan by the Agency for Health Care Administration (AHCA) but can change their Plan within the first 120 days after the effective date of enrollment. The Agency can only assign Plans that meet or exceed performance standards and must take into account several factors, including network capacity and past relationship between the recipient and the provider.

Recipients eligible for LTC services can choose between a Comprehensive Plus Plan and a Select Comprehensive Plan in their region. LTC Waiver enrollees are also eligible for regular Medicaid, also called "MMA," and must choose one health plan for all of their MMA and LTC services.

AHCA publishes a "Snapshot" informational brochure that sets out the types of plans, the regions, and the available Plans in each region. Each of Florida's nine regions (A-I) must have at least two managed care plans to choose from for long-term care services.

Choice Counseling

Choice Counseling is provided to help new enrollees select the best MCO for them. People can call 1-877-711-3662 to speak with a choice counselor or visit www.flmedicaidmanagedcare.com.