



## **Expanded Provider Networks:**

MMA plans are required to contract with enough providers to ensure that each recipient enrolled in their plan has access to providers in their area. In fact, there are specific maximum time and distance standards as well as provider to recipient ratio standards. These ratios and standards apply to not only primary care providers, but specialty providers as well (more than 40 provider types). For example, MMA plans must ensure there are primary care providers within twenty miles or a thirty minute drive. These standards do not exist in fee-for-service Medicaid.

## **Quality in MMA:**

The fee-for-service program does not have a tool to measure the satisfaction and care recipients are receiving. However, the MMA program has multiple tools in place that can be used to measure the satisfaction of the recipients enrolled in the program.

One of those tools is the collection and reporting of Healthcare Effectiveness Data and Information Set (HEDIS) measures. These are standardized performance measures used by over 90% of health plans in the U.S. In calendar year 2014, 55% of the MMA plans HEDIS scores were above the national average and the scores continue to trend upward.

Health plans are required to conduct standard surveys which ask consumers and patients to report on and evaluate their experiences with health care. Based on the results, we are seeing that adult and child recipients enrolled in MMA are satisfied with the access and care they are receiving. Below are some of the highlights from last year's surveys:

CAHPS Items/Composites	Rate Description	Adults	Children
Overall Plan Satisfaction	% rating 8, 9, or 10	74%	81%
Ease in Getting Needed Care	% reporting Usually or Always	82%	82%
Ease in Getting Care Quickly	% reporting Usually or Always	83%	89%
How Well Doctors Communicate	% reporting Usually or Always	92%	93%
Getting Help from Customer Service	% reporting Usually or Always	87%	86%
Shared Decision Making	% reporting Yes	77%	72%
Health Care Rating	% rating 8, 9, or 10	76%	85%
Personal Doctor Rating	% rating 8, 9, or 10	85%	90%
Specialist Rating	% rating 8, 9, or 10	85%	83%

## **Comprehensive care coordination**

Comprehensive care coordination ensures that MMA recipients have help accessing services, finding providers, planning for hospital admissions and discharges, and receiving ongoing support and care. For recipients with more complex care needs, case managers are available to provide recipients with direct care planning and support.

## **Choosing a Plan is Easy:**

To select a plan you can use your computer and go to [www.flmedicaidmanagedcare.com](http://www.flmedicaidmanagedcare.com) or you can call 1-877-711-3662 to talk to a choice counselor directly. You can also request an in person visit from a choice counselor.