TALLAHASSEE, Fla. – Today, the Agency for Health Care Administration (Agency) announced its intent to award contracts to nine health plans as a result of the re-procurement of the Statewide Medicaid Managed Care (SMMC) program. Florida law mandates that SMMC health plans be re-procured every 5 years; this was the first re-procurement. Through a regular, established competitive procurement process, the Agency negotiated and selected health plans to provide Managed Medical Assistance (MMA) and Long-term Care (LTC) services to the more than 3 million Floridians enrolled in the SMMC program.

The Agency’s negotiation team, made up of experts in the field of Medicaid and managed care, have negotiated the broadest benefit package ever available to Florida Medicaid recipients. This includes a wide array of added benefits available to health plan enrollees at no additional cost to the State of Florida. The enhanced benefit package negotiated is the most abundant ever available to Florida Medicaid recipients and includes, for the first time, a variety of extra benefits focused on substance abuse treatment and mental health, including intensive outpatient treatment, group and individual therapy, enhanced pain management services to provide alternatives to the use of opioids, and additional medication assisted treatment options. Health plans have agreed to continue to offer adult preventative benefits such as adult dental preventative and treatment services. In all, more than 55 additional benefits will be offered.

Further benefits for participating providers were also achieved, including additional enhanced payments to pediatric providers under the Medicaid Physician Incentive Program (MPIP).

In the Invitations to Negotiate for this procurement, released in July of 2017, the Agency laid out three primarily quality related goals for the program, including reducing potentially preventable inpatient and outpatient hospital events (e.g., hospitalizations and trips to the emergency department); improving birth outcomes; and increasing the percentage of enrollees receiving long-term care services in the community instead of a nursing facility. The Agency has negotiated commitments from each of the awarded plans to aggressively pursue these goals, including plan specific reductions in the percentage of potentially preventable healthcare events and adverse birth outcomes and continued rate incentives for transition to community based services for LTC recipients even after statutory benchmarks for transition are met.
In addition, there are several enhancements which will aid in combatting the opioid epidemic, including alternative pain management, greater access to medication assisted treatment options, and additional tools to reduce the incidence of babies with neonatal abstinence syndrome (NAS). Access to providers will be enhanced through coverage parity via telemedicine for all covered services.

For the first time in the history of the Florida Medicaid program, those diagnosed with HIV/AIDS or a serious mental illness will have the option to enroll in a specialty plan specifically designed to serve those diagnoses, in every region and every county of the state. A specialty plan focused on serving children in Florida’s child welfare system will also be available statewide.

In addition, the awards will bring two new provider-based health plans, known as Provider Service Networks, or PSNs, into the Florida Medicaid program to serve recipients receiving MMA and LTC services.

Upon posting the intended awards, the Agency will remain in a blackout period for the next 72 hours. Florida law provides an opportunity for respondents who did not receive an award the option to challenge the result.

All information regarding the Agency’s solicitations is posted via the Vendor Bid System at the following link:


The solicitation numbers for Statewide Medicaid Managed Care are AHCA ITN 001-17/18 – Region 1 through AHCA ITN 011-17/18 – Region 11.

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