

Florida's Medicaid 1115 Managed Medical Assistance Waiver Extension Request

Agency for Health Care Administration

October 18, 2016

Public Meeting



1115 Research and Demonstration Waivers

- Experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as:
 - Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible
 - Providing services not typically covered by Medicaid
 - Using innovative service delivery systems that improve care, increase efficiency, and reduce costs



1115 Research and Demonstration Waivers

- Demonstrations must also be "budget neutral" to the federal government, which means that during the course of the project, federal Medicaid expenditures will not be more than federal spending without the waiver.
- A final rule, effective on April 27, 2012, established a process for ensuring public input into the development and approval of section 1115 demonstrations.



Public Notice and Comment Period

- Prior to submitting an application to the Centers for Medicare and Medicaid Services (CMS) for a new demonstration project or an extension of a previously approved demonstration project, the State must provide at least a 30-day public notice and comment period.
- Florida is required to publish a comprehensive description of the program for review and comment for at least 30 days:
 - http://b.ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth_extension_2016-10.shtml
- The public comment period is through November 10, 2016.



Schedule of Public Meetings

Location	Date	Time
Tallahassee Agency for Health Care Administration 2727 Mahan Drive Building 3 Conference Room A Tallahassee, FL 32308	October 18, 2016	2:00 p.m. – 4:00 p.m.
Tampa Agency for Health Care Administration 6800 North Dale Mabry Highway Main Training Room Tampa, FL 33614	October 20, 2016	11:30 a.m. – 1:00 p.m.
Miami Agency for Health Care Administration 8333 NW 53rd St, Suite 200 Doral, FL 33166	October 21, 2016	10:00 a.m. – 11:30 a.m.



Post Award Forum

- The State must hold a public forum to solicit comments and feedback from the public on the progress of the demonstration project within 6 months after the implementation date of the demonstration, and annually thereafter.



1115 Waiver History

- July 2006 through June 2014
 - Medicaid “Reform” program in Baker, Clay, Nassau, Duval, and Broward
- June 2013: MMA Waiver Amendment
 - Implement MMA statewide and rename the waiver, “Managed Medical Assistance
 - Terminate Medicaid Reform August 2014 with the full implementation of MMA
- July 2014 through June 2017: Second Three-Year Extension Period



Waiver Amendments Since MMA Began

- October 15, 2015 -- Approval to:
 - Allow voluntary enrollment in MMA for recipients under age 21 who are receiving Prescribed Pediatric Extended Care services and recipients residing in group home facilities licensed under section 393.067, Florida Statutes.
 - Enroll newly Medicaid eligible recipients into a managed care plan immediately after their eligibility determination, and to make changes to the auto-assignment criteria.
 - Extend the Low Income Pool program through June 30, 2017.



Waiver Amendments Since MMA Began

- October 12, 2016 -- Approval to:
 - Contract with one to three vendors for the hemophilia program.
 - Include payments for nursing facility services in the MMA capitation rates for MMA enrollees under age 18.
 - Allow flexibility for specialty plans to conduct Performance Improvement Projects on topics that have more specific impacts to their enrollees, with Agency approval.



Goals and Objectives

- Improve access to coordinated care by enrolling all Medicaid recipients in MMA plans except those specifically exempted
- Promote an integrated health care delivery model that incentivizes quality and efficiency.
- Enhance access to primary and preventive care through robust provider networks.
- Improve program performance, particularly improved scores on nationally recognized quality measures (such as HEDIS).
- Improve health outcomes through care coordination and recipient engagement in their own health care.
- Enhance fiscal predictability and financial management by converting the purchase of Florida Medicaid services to capitated, risk-adjusted, payment systems.
- Increased transparency and accountability.

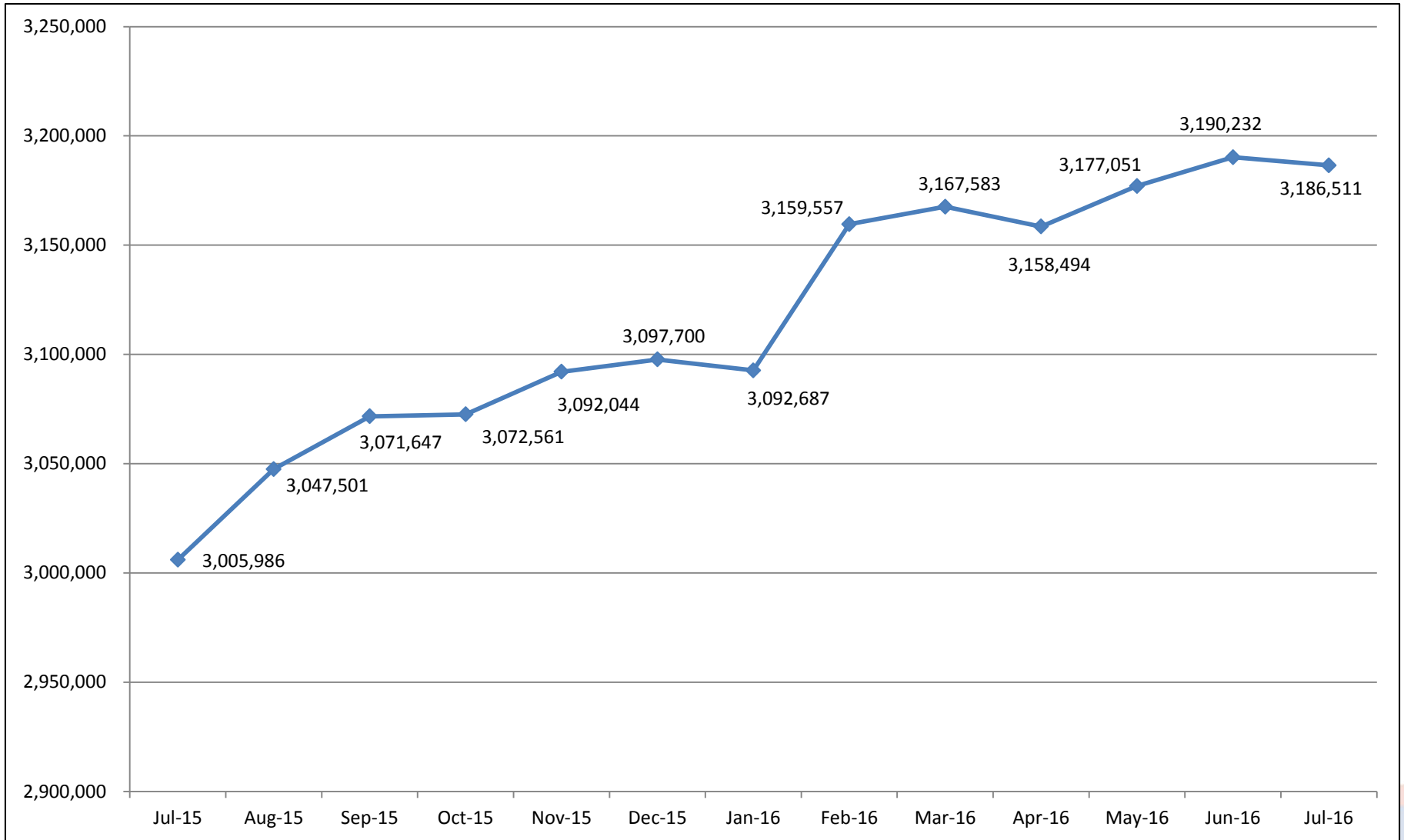


Goal

- Improve access to coordinated care by enrolling all Medicaid recipients in MMA plans except those specifically exempted
 - More than 3.1 million recipients enrolled
 - Express Enrollment



MMA Monthly Enrollment Has Increased July 2015 – July 2016



Eligibility

- Mandatory Recipients – All Medicaid recipients are enrolled in an MMA plan unless specifically exempted.
- Voluntary Recipients – May choose to enroll in MMA:
 - Individuals who have other creditable health care coverage, excluding Medicare.
 - Individuals eligible for refugee assistance.
 - Individuals age of 65 years and older residing in a mental health treatment facility meeting the Medicare conditions of participation for a hospital or nursing facility.
 - Individuals in an intermediate care facility for individuals with intellectual disabilities.
 - Individuals residing in a group home facility licensed under Chapter 393, F.S.
 - Children receiving services in a Prescribed Pediatric Extended Care facility.



Eligibility

- Excluded from MMA Program Participation –
 - Dual eligible who are not eligible for full Medicaid benefits (“partial duals” such as QMBs and SLMBs)
 - Individuals who are eligible for emergency Medicaid for aliens.
 - Women who are eligible only for family planning services.
 - Women who are eligible through the breast and cervical cancer services program.
 - Individuals who are residing in residential commitment facilities operated through the Department of Juvenile Justice, as defined in State law.
 - Individuals who are eligible for the Medically Needy program.



Express Enrollment

- Allows new enrollees who are mandated to participate in the MMA program to immediately take advantage of robust provider networks and expanded benefits offered by the plans.
- Recipients can make a plan choice when they apply for Medicaid.
- Those who do not make a plan choice are enrolled in an MMA plan immediately after eligibility determination.
 - 120 days to change plans



Goal

- Promote an integrated health care delivery model that incentivizes quality and efficiency.
 - Comprehensive benefit package
 - Expanded benefits
 - Standard, Comprehensive, and Specialty Plans



Standard Benefits

- Managed Medical Assistance plans must:
 - Provide all Florida Medicaid State Plan covered services.
 - Ensure the provision of services in the sufficient amount, duration, and scope to be reasonably expected to achieve the purpose for which the services are furnished.
 - Use the Agency’s definition of medical necessity when authorizing covered services (see Rule 59G-1.010, Florida Administrative Code).
 - Comply with federal Early and Periodic Screening, Diagnosis, and Treatment requirements (see 42 U.S.C. section 1396d(r)(5)).



Standard Benefit Package

- Advanced Registered Nurse Practitioner Services
- Ambulatory Surgical Center Services
- Assistive Care Services
- Behavioral Health Services
- Birth Center and Licensed Midwife Services
- Clinic Services
- Chiropractic Services
- Dental Services
- Child Health Check-Up
- Immunizations
- Emergency Services
- Emergency Behavioral Health Services
- Family Planning Services and Supplies
- Healthy Start Services
- Hearing Services
- Home Health Services and Nursing Care
- Hospice Services
- Hospital Services
- Laboratory and Imaging Services
- Medical Supplies, Equipment, Prostheses and Orthoses
- Optometric and Vision Services
- Physician Assistant Services
- Podiatric Services
- Practitioner Services
- Prescribed Drug Services
- Renal Dialysis Services
- Therapy Services
- Transportation Services



Added Benefits & Benefit Package Flexibility

- Plans have added flexibility in services provision
 - Substitution services
 - Expanded benefits



Expanded Benefits

- The Agency negotiated with health plans to provide extra benefits at no cost to the state.
- Examples include:
 - Adult dental
 - Expanded hearing and vision coverage
 - Expanded outpatient hospital coverage
 - Waived copayments, among many others.



MMA Expanded Benefits

List of Expanded Benefits	Standard Plans											Specialty Plans					
	Amerigroup	Better Health	Coventry	Humana	Molina	Florida True Health/ DBA Prestige	SFCCN	Simply	Staywell	Sunshine	United	CMSN	Magellan (Serious Mental Illness)	Freedom (Chronic/ Duals)	Sunshine (Child Welfare)	Clear Health (HIV/AIDS)	Positive Health (HIV/AIDS)
Adult dental services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Adult hearing services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Adult vision services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Art therapy	Y			Y	Y				Y	Y					Y		
Equine therapy									Y								
Home health care for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y			Y	Y
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Medically related lodging & food		Y		Y	Y	Y		Y	Y	Y			Y		Y	Y	Y
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y
Nutritional counseling	Y	Y	Y	Y	Y	Y		Y	Y	Y			Y		Y	Y	Y
Outpatient hospital services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Over the counter medication and supplies	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		Y		Y	Y	Y
Pet therapy				Y	Y				Y								
Physician home visits	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y				Y	Y	
Pneumonia vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Post-discharge meals	Y	Y	Y	Y	Y			Y	Y	Y	Y		Y		Y	Y	Y
Prenatal/Perinatal visits (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Primary care visits for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Waived co-payments	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y
Home health care for non-pregnant adults (Expanded)													Y		Y	Y	
Intensive Outpatient Therapy													Y			Y	

NOTE: Details regarding scope of covered benefit may vary by managed care plan.

MMA Plans Provide the Following Services:

Standard Plans

- Only Managed Medical Assistance services

Comprehensive Plans

- Cover all Long-term Care and Managed Medical Assistance services.
- Plan care coordinator(s) coordinates with all of the recipient's medical and long-term care providers.

Specialty Plans

- Cover only Managed Medical Assistance services.
- Plans serve Medicaid recipients who meet specified criteria based on:
 - age
 - condition, or
 - diagnosis



Standard and Comprehensive Plans

Standard Plans

- Community Care Plan (formerly SFCCN)
- Better Heath, LLC
- Prestige Health Choice
- Simply Healthcare Plans, Inc.
- Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida

Comprehensive Plans

- Amerigroup Florida, Inc.
- Coventry Health Care of Florida
- Humana Medical Plan
- Molina Healthcare of Florida
- Sunshine State Health Plan, Inc.
- UnitedHealthcare of Florida, Inc.

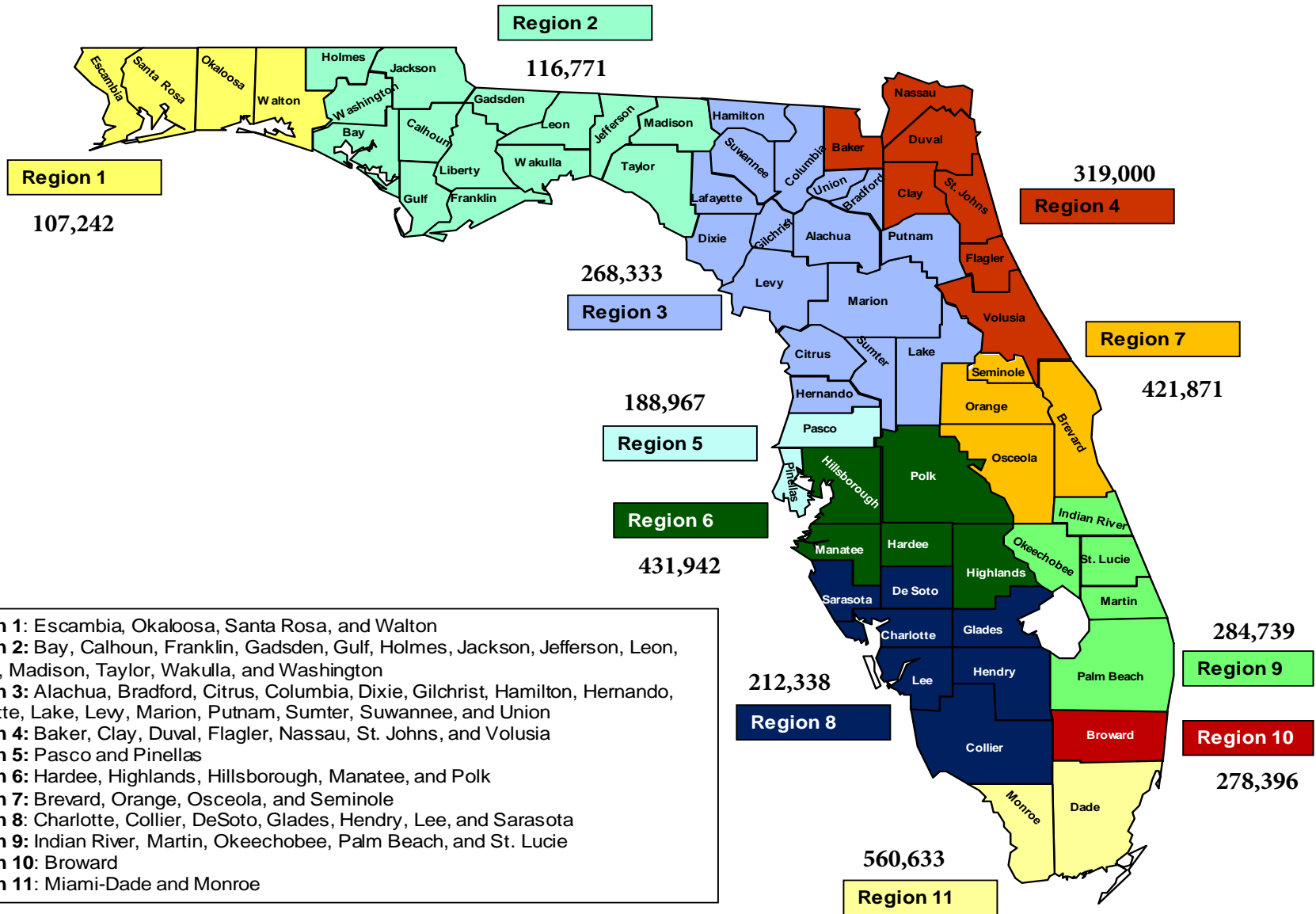


Specialty Plans

- Children with Chronic Conditions
 - Children’s Medical Services
- Children in Child Welfare
 - Sunshine State Health Plan, Inc.
- Dual Eligibles with Chronic Conditions
 - Freedom Health, Inc.
- HIV/AIDS
 - AHF MCO of Florida, Inc. d/b/a Positive Healthcare Florida
 - Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance
- Serious Mental Illness
 - Florida MHS, Inc. d/b/a Magellan Complete Care



MMA Enrollment by Region (as of June 2016)

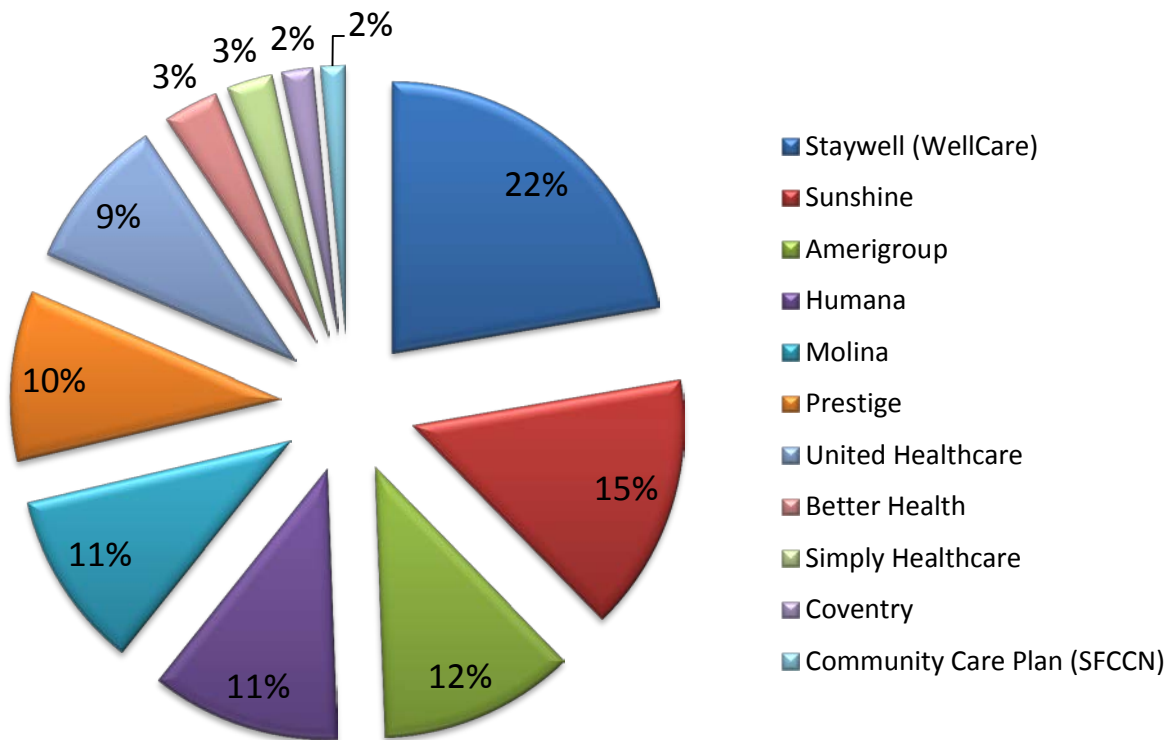


- Region 1:** Escambia, Okaloosa, Santa Rosa, and Walton
- Region 2:** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
- Region 3:** Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy,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



MMA Standard and Comprehensive Plan Enrollment

MMA Non-Specialty Plan Enrollment as of June 1, 2016	
Plan Name	Total Enrollment
Staywell (WellCare)	677,107
Sunshine	468,645
Amerigroup	355,528
Humana	343,728
Molina	321,642
Prestige	308,619
United Healthcare	278,749
Better Health	100,174
Simply Healthcare	82,863
Coventry	56,790
Community Care Plan (SFCCN)	44,644
Total	3,038,489

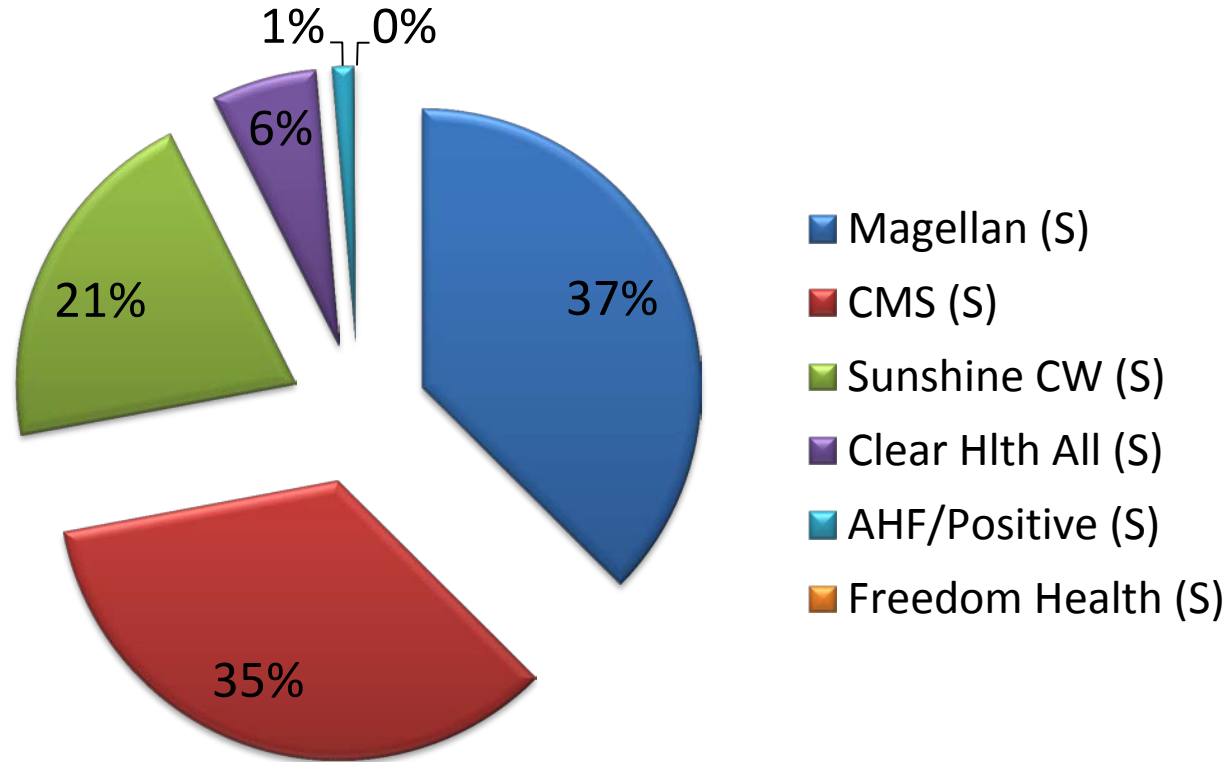


Source: AHCA-Comprehensive Medicaid Managed Care Enrollment Report June 1, 2016



MMA Specialty Plan Enrollment

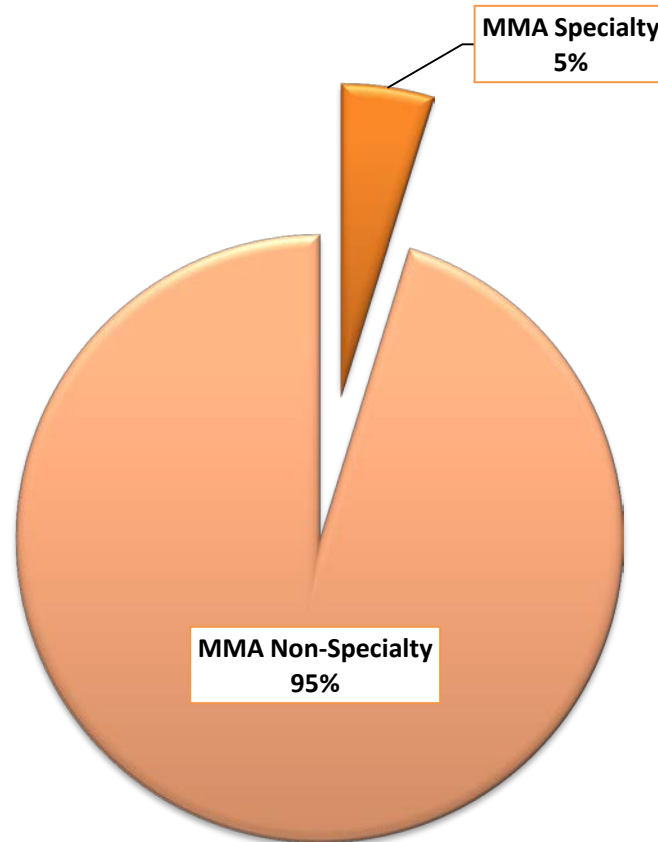
Specialty Plan Enrollment as of June 1, 2016	
Plan Name	Total Enrollment
Magellan (S)	56,817
CMS (S)	52,530
Sunshine CW (S)	31,137
Clear Hlth All (S)	9,245
AHF/Positive (S)	1,903
Freedom Health (S)	111
Total	151,743



Source: AHCA-Comprehensive Medicaid Managed Care Enrollment Report June 1, 2016



Most Medicaid Recipients are Enrolled in MMA Standard and Comprehensive Plans



Source: AHCA-Comprehensive Medicaid Managed Care Enrollment Reports, June 1, 2016



Goal

- Enhance access to primary and preventive care through robust provider networks.
 - Network adequacy requirements
 - Provider Network Verification



MMA Provider Networks: Network Adequacy Requirements

- Network adequacy for health plan providers is based on:
 - Time and distance standards
 - Regional provider ratios
- Time and distance standards/ provider ratios established for more than 40 provider types
- Full list is in MMA contract:
 - [http://ahca.myflorida.com/medicaid/statewide_mc/pdf/Contracts/2015-11-01/Exhibit II-A-Managed Medical Assistance MMA Program 2015-11-01.pdf#page=76](http://ahca.myflorida.com/medicaid/statewide_mc/pdf/Contracts/2015-11-01/Exhibit%20II-A-Managed%20Medical%20Assistance%20MMA%20Program%202015-11-01.pdf#page=76)
 - (Attachment II, Exhibit II-A, Section VI.A.1.b. (Page 76))
- Generally used Medicare standards.



Example of MMA Network Requirements

Required Providers	Urban County		Rural County		Regional Provider Ratios
	Max Time (minutes)	Max Distance (miles)	Max Time (minutes)	Max Distance (miles)	
Primary Care Providers	30	20	30	20	1:1,500 enrollees
Specialists					
Allergy	80	60	90	75	1:20,000 enrollees
Cardiology	50	35	75	60	1:3,700 enrollees
Cardiology (PEDS)	100	75	110	90	1:16,667 enrollees
Gastroenterology	60	45	75	60	1:8,333 enrollees



MMA Provider Networks: Redundancy

- Provider network requirements were built to ensure all plans in a region can serve a maximum recipient enrollment level.
- Contract requires:
 - Plans in Regions 3 through 11 have a network sufficient to meet 120% of actual monthly enrollment.
 - Plans in Regions 1 and 2 to have a network sufficient to meet 200% of actual monthly enrollment.



Provider Network Information: Provider Network Verification (PNV)

- PNV is an automated system designed to assure that network providers have valid licensure, background screening, and are known to Medicaid.
- Provides network-related reports and queries for network research.
- Recipients can also access PNV data through a secure web portal.
- Plans update their networks to PNV weekly.



Goal

- Improve program performance, particularly improved scores on nationally recognized quality measures
 - Health Plan Effectiveness Data and Information Set (HEDIS)
 - Consumer Assessment of Health Plan Satisfaction (CAHPS)



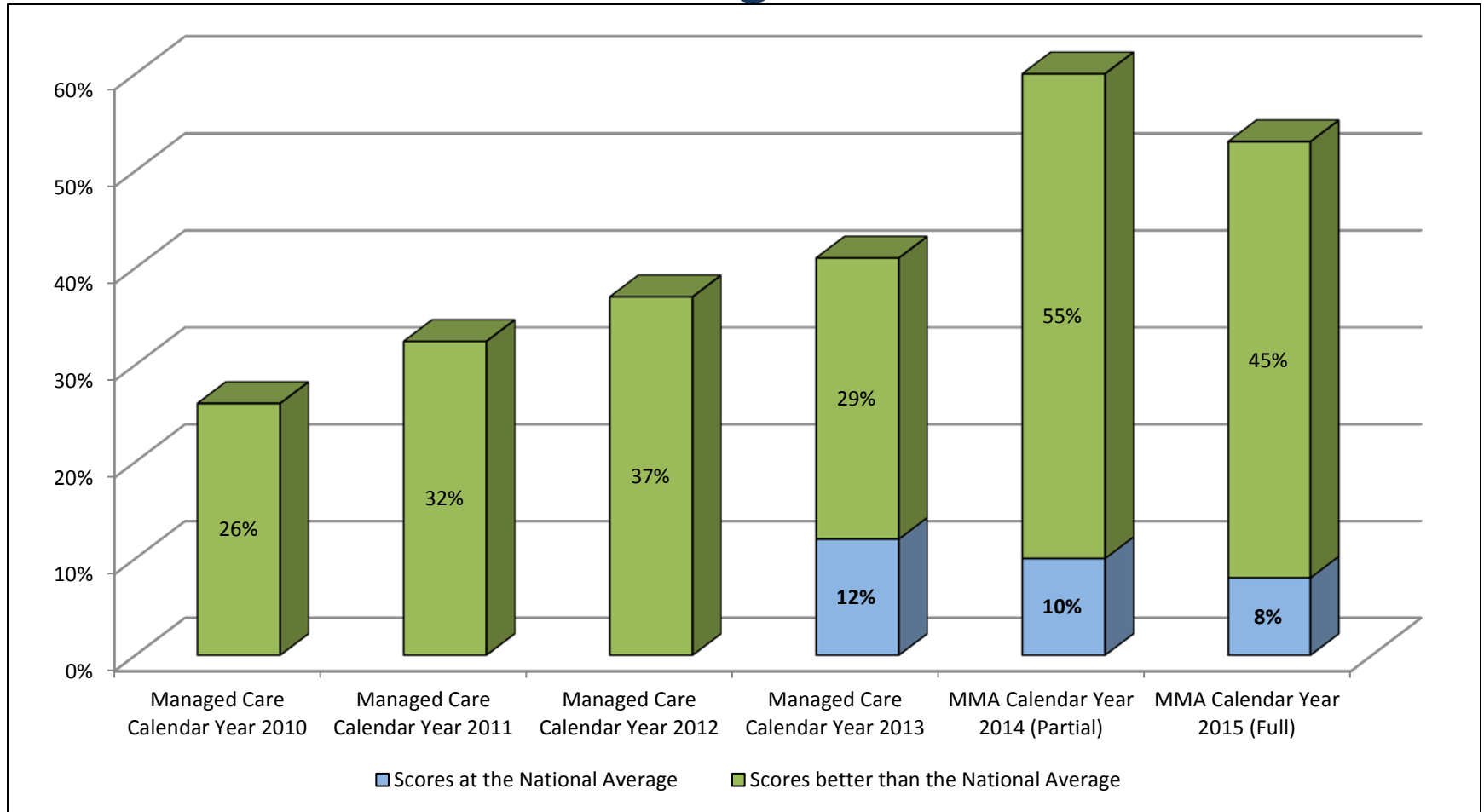
Enhanced Quality: HEDIS

HEDIS: Healthcare Effectiveness Data and Information Set

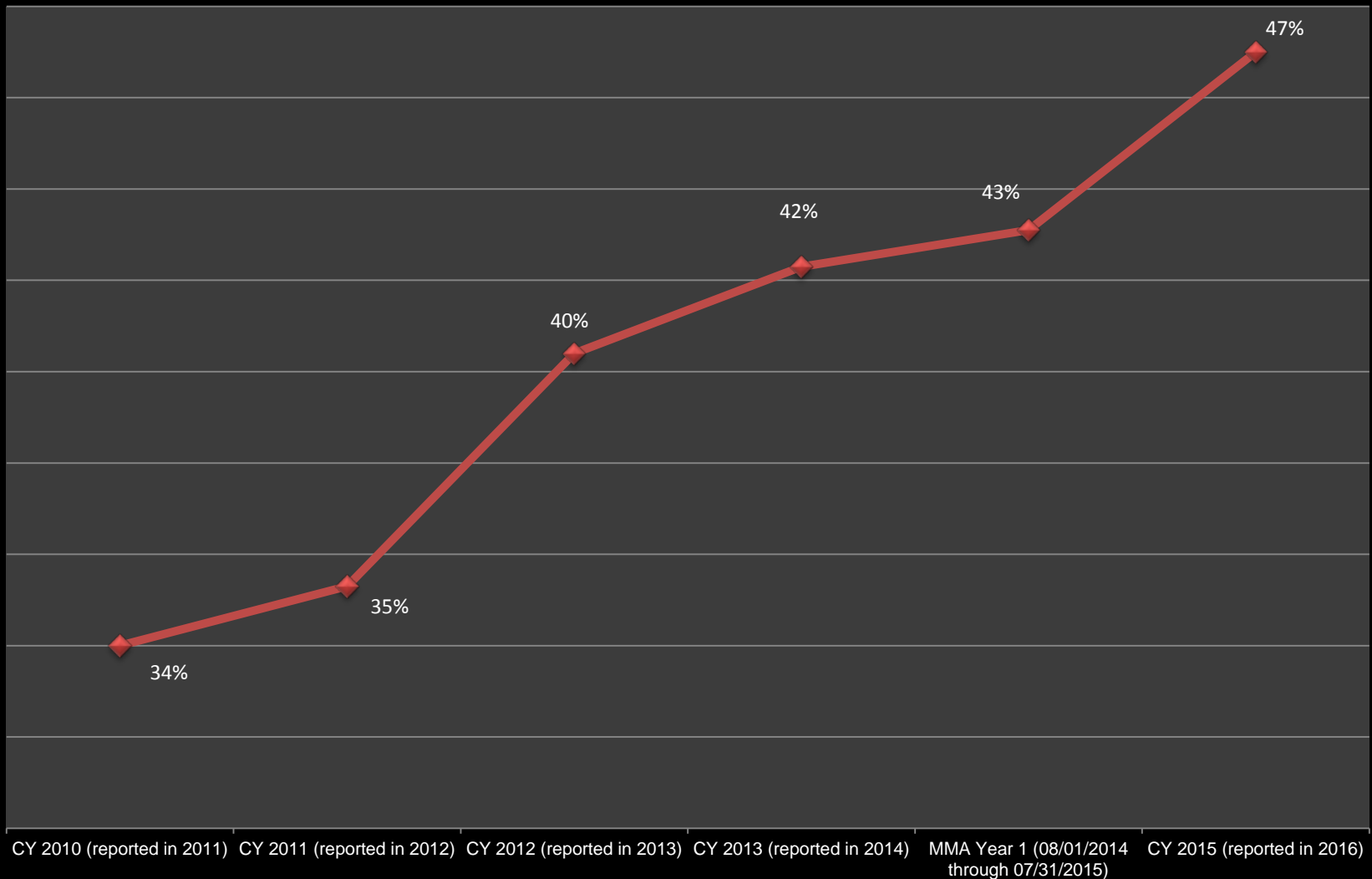
- National Committee for Quality Assurance’s standardized set of performance measures.
- Used by over 90% of health plans in the U.S.
- Detailed technical specifications ensure that measures are calculated consistently.
- Calculated by a certified auditor.
- Allows “apples-to-apples” comparison of health plans.



MMA HEDIS Scores Are the Highest Ever



HEDIS Dental Visit Score Calendar Year 2010 - Calendar Year 2015



Note: MMA Year 1 (08/01/2014 - 07/31/2015) calculated by the Agency using the same parameters required to calculate the HEDIS children's dental care annual dental visit measure, but changed the enrollment period measured to accommodate the 2014 transition

High Satisfaction with MMA Plans

- CAHPS surveys ask patients to report on and evaluate their experiences with health care.

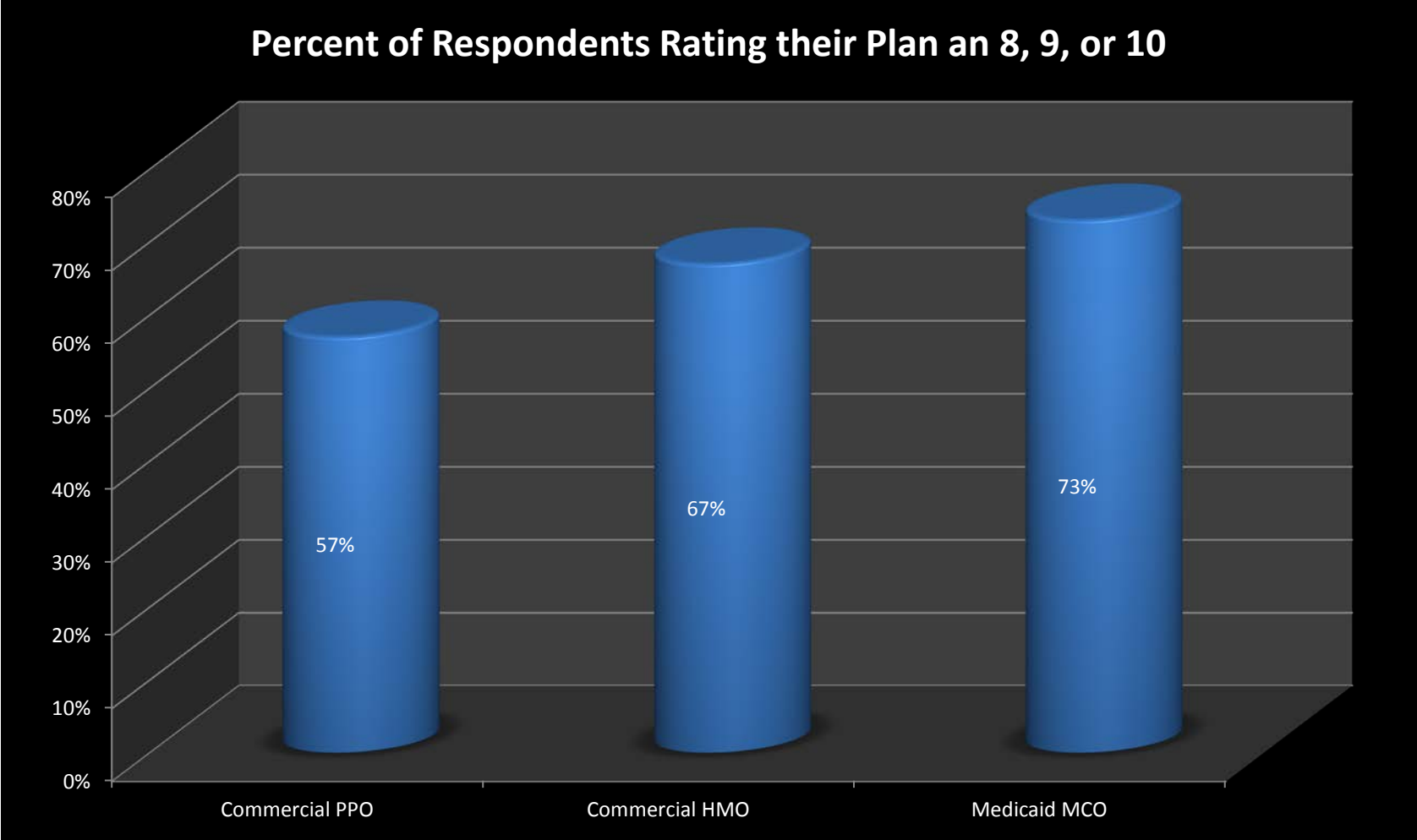
CAHPS Survey Item	Adults	Parents
Overall Plan Satisfaction	73%	84%
Quality of Care Received	75%	86%
Ease in Getting Needed Care	80%	82%
Ease in Getting Care Quickly	82%	89%
How well Doctors Communicate	91%	93%
Getting Help from Customer Service	88%	86%



Note: 2016 CAHPS survey results. Full results at: <http://www.floridahealthfinder.gov/HealthPlans/Compare.aspx>

High Satisfaction with MMA Plans

Percent of Respondents Rating their Plan an 8, 9, or 10



**Notes: Member satisfaction for adults ratings.
Commercial survey data collected in 2015. MMA data is 2016
Based on statewide averages.**

Goal

- Improve health outcomes through care coordination and recipient engagement in their own health care.
 - Enhanced Care Coordination Requirement



Care Coordination/Case Management

- A process that **assesses, plans, implements, coordinates, monitors** and **evaluates** the options and services required to meet an enrollee's health needs
- Promotes quality outcomes
- MMA plans are responsible for the management and continuity of medical and behavioral health care for all enrollees.



Managed Medical Assistance Plans

- Plans are responsible for identifying, assessing and implementing interventions for enrollees with:
 - Complex medical issues
 - High service utilization
 - Intensive health care needs
 - And who consistently access services at the highest level of care
- Plans must coordinate with other insurance sources, including Medicare



Goal

- Enhance fiscal predictability and financial management by converting the purchase of Florida Medicaid services to capitated, risk-adjusted, payment systems.
- Establish strict financial oversight requirements for MMA plans to improve fiscal and program integrity.



Medicaid Per Member Per Year Cost Has Gone Down Year After Year

Florida Medicaid: Average Annual Cost Per Person

Linear (Florida Medicaid: Average Annual Cost Per Person)



FY 2014-15 and prior data is from the final year end budgets.
FY 15-16 based on January 2016 Social Services Estimating Conference.

Goal

- Increase program accountability and transparency
 - Independent Evaluation
 - Complaint Hub
 - Health Plan Report Card



Enhanced Transparency: Independent Evaluation

- The University of Florida is conducting the independent evaluation of the MMA program.
- Evaluation design includes the goals, objectives and specific testable hypotheses, including those that focus specifically on target populations, and more generally on enrollees, providers, plans, market areas, and public expenditures.

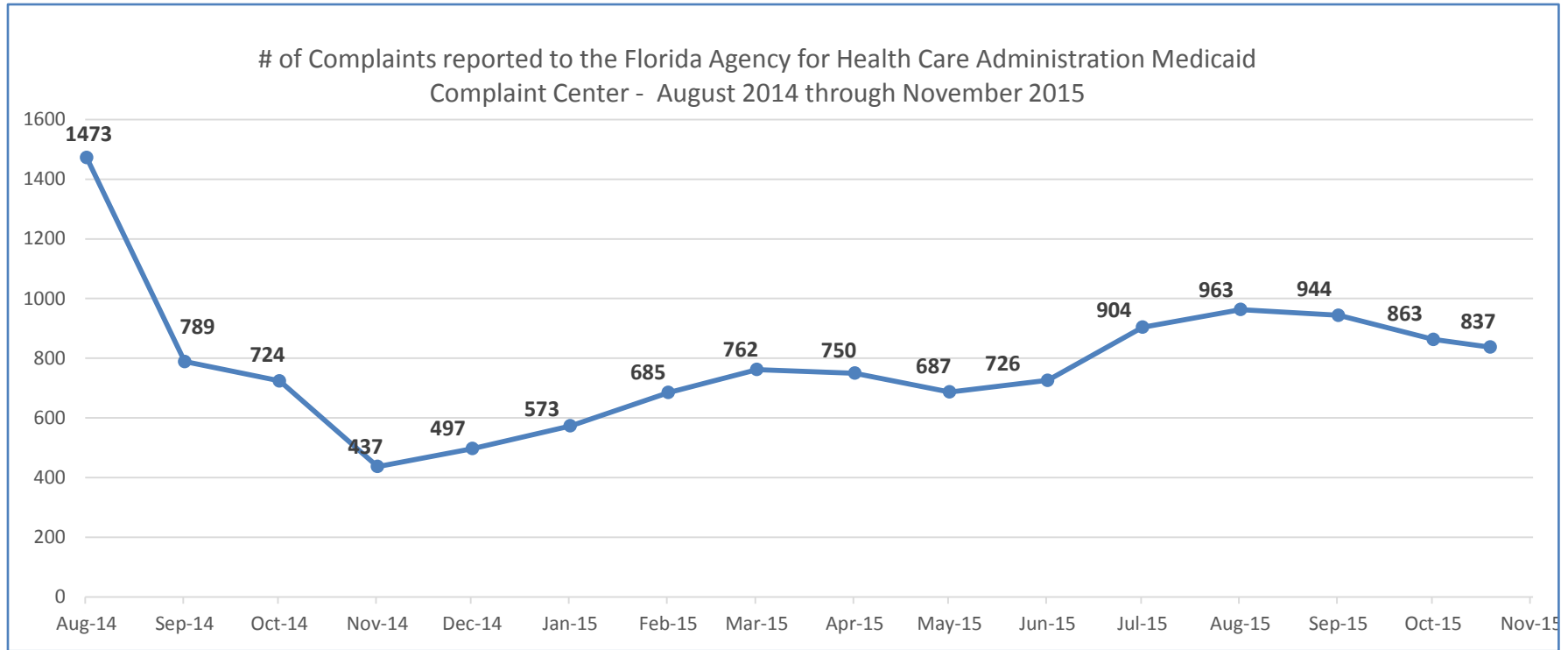


Enhanced Transparency: Centralized Complaint Hub

- Streamline and better track and respond to all complaints and issues received.
- Identify trends related to specific issues or specific plans.
- Report issues online at <http://ahca.myflorida.com/Medicaid> or by phone at 1-877-254-1055.
- Monthly reports online at:
 - http://ahca.myflorida.com/medicaid/statewide_mc/program_issues.shtml



Complaints reported since August 1, 2014 Statewide Medicaid Managed Care (MMA & LTC)



SMMC Enrollment:	2,843,379	2,808,135	2,832,433	2,858,539	2,937,619	2,953,484	2,999,096	3,038,586	3,056,535	3,089,246	3,094,423	3,137,972	3,165,257	3,172,113	3,180,800	3,197,781
# Issues per 1,000 Enrollees:	0.518	0.281	0.256	0.153	0.169	0.194	0.228	0.251	0.245	0.222	0.235	0.288	0.304	0.298	0.271	0.262



Note - The Agency has actively encouraged all stakeholders to surface any potential issue, concern, or complaint regarding the SMMC Program to the SMMC Complaint Operations Center. All allegations and issues have been recorded, regardless of whether they were found to be accurate or substantiated.

Enhanced Transparency: Health Plan Report Cards

- Enrollees can now choose plans based on quality.
- Measures include important topics such as:
 - Pregnancy Related Care
 - Children’s Dental Care
 - Keeping Kids Healthy
- 2015 Report Card: Contains information on all MMA plans participating during the 12 month period



MMA Program Quality: Health Plan Report Cards



1. Navigate to FloridaHealthFinder.gov

2. Select "Medicaid Health Plan Report Card"

3. Select a county, or view all counties

4. View Results



MMA Program Quality: Health Plan Report Cards

Statewide Information for Plans Currently Operating in Florida Counties

Plan Name	Pregnancy-related Care	Keeping Kids Healthy	Children's Dental Care	Keeping Adults Healthy	Living with Illness	Mental Health Care
Amerigroup Florida, Inc.	★★★★★	★★★★☆	★★★★☆	★★★★☆	★★★★★	★★★★☆
Better Health, LLC	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Children's Medical Services *	★☆☆☆☆	★★★★☆	★★★★☆	★★★★☆	★☆☆☆☆	★★★★☆
Clear Health Alliance *	★☆☆☆☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Community Care Plan	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Coventry Health Care of Florida	★★★★★	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Florida MHS (Magellan) *	★☆☆☆☆	★★★★☆	★★★★☆	★★★★☆	★☆☆☆☆	★★★★☆
Freedom Health, Inc. *	N/A	N/A	N/A	★★★★★	N/A	N/A
Humana Medical Plan, Inc.	★★★★★	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Molina Healthcare of Florida, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Positive Healthcare Florida *	N/A	N/A	N/A	★★★★☆	★★☆☆☆	★★★★☆
Prestige Health Choice	★☆☆☆☆	★★☆☆☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Simply Healthcare Plans, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Staywell Health Plan	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Sunshine Health Child Welfare Specialty Plan *	★☆☆☆☆	★★★★☆	★★★★★	★☆☆☆☆	N/A	★★★★★
Sunshine State Health Plan, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★☆☆☆	★★★★☆
United Healthcare of Florida, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆	★★★★★

Ratings Key:

- ★★★★★ Best at or above 50% of all Medicaid health plans' scores
- ★★★★☆ Good better than at least 40% of all Medicaid health plans' scores
- ★★★☆☆ Fair better than at least 25% of all Medicaid health plans' scores
- ★★☆☆☆ Poor better than at least 10% of all Medicaid health plans' scores
- ★☆☆☆☆ Very Poor worse than 90% of all Medicaid health plans' scores
- N/A Not Measurable/Small Population



Extension Request

- No changes proposed to the program design
- Will consider all public comments received
- Submission to CMS in December



Public Comment Period

Email comments to: FLMedicaidWaivers@ahca.myflorida.com

Mail comments to:

1115 MMA Waiver Extension Request
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

