

MAGELLAN COMPLETE CARE: A Model of Care for the Seriously Mentally Ill

By Coleen Sallot

Abstract: *According to the Centers of Medicare and Medicaid Services (CMS), 26 percent of the Medicaid population is seriously mentally ill (SMI) (Zur, 2017). Today many states have implemented Behavioral Health Homes in an attempt to provide better care for this vulnerable population, where behavioral health and medical providers work together to coordinate and deliver care. Using a SWOT analysis, this paper specifically focuses on Magellan Complete Care of Florida and its Integrated Health Neighborhood model, created by Magellan Health and the first of its kind in the nation (Magellan Complete Care, 2020).*

INTRODUCTION

At 32, Dorothy should have been in the prime of her life. But instead, she found herself living under a bridge in Melbourne, Florida. Having struggled with bipolar depression since her youth, she had turned to drugs and alcohol to help manage her condition, which made her quickly spiral out of control. When she was kicked out of her parents' house, she found homes with friends, but one night she became psychotic and the police had to be called. After a month in the hospital, she was sober—but with no place to live, she found herself bouncing from place to place, including with a man who beat her severely. She made several more rounds in and out of the hospital, and now with no place to go, she was living in a tent.

Sadly, for people who are seriously mentally ill (SMI), these types of stories are commonplace. Twenty-six percent of the Medicaid population has been diagnosed with a serious mental illness, such as schizophrenia, schizoaffective disorder, bipolar disorder or major depression (Zur, 2017). According to the Treatment Advocacy Center, more than 30 percent of people who are homeless live with untreated SMI (Office of Research and Public Affairs, 2016). To matters more concerning, these individuals are more likely to be victimized and ten times more likely to find themselves in jail instead of getting the treatment they need (Office of Research and Public Affairs, 2016).

Thankfully for Dorothy, the state signed her up for Magellan Complete Care of Florida, a specialty health plan specifically geared toward people diagnosed with a serious mental illness. With their help, she's now receiving the help she needs to get back on track.

A DIFFERENT KIND OF HEALTH CARE

Sparked by the goal to deinstitutionalize patients with SMI and instead treat them within the community, individuals with no family support and from poor backgrounds unfortunately seem to have been left without adequate medical care and find themselves in less-than-ideal conditions (Raphelson, 2017). Often struggling with substance abuse and comorbid medical conditions such as heart disease, cancer, respiratory illness, diabetes and obesity, studies have shown that the expected life expectancy for these individuals is twenty to thirty years less than the general population (Zolezzi, 2017). According to Magellan Health, a premier authority in the behavioral health space, these issues are often due to a lack of access to medical care, as well as a lack of coordination between an individual's behavioral and medical health providers (Barnhart, 2011).

This crisis prompted Magellan Health, a specialty healthcare management company that focuses on special populations, to create Magellan Complete Care (MCC), first in Iowa and later in Florida in 2013 (Magellan Complete Care, 2020). Today, Magellan provides services in six states under its Complete Care umbrella: Florida, Arizona, Virginia, New York, Massachusetts, and Wisconsin (Magellan Complete Care, 2020).

Also called a Behavioral Health Home, MCC works under the premise of behavioral health and medical providers working together to coordinate and deliver care (Barnhart, 2011). This treatment model has since become commonplace (Stone, 2020), but while other managed care organizations come from a medical perspective, Magellan emphasizes on putting behavioral health in the driver's seat. This is important because "behavioral health providers understand the special needs, treatment plans and medications of people with serious mental illness" (Barnhart, 2011).

In Dorothy's case, she has a special care team, led by a behavioral health provider, who has created a specific plan for her care. Her team then works with her psychiatrist and primary care physician to make sure she receives her medication, works to stay clean, and receives proper treatment for her problems with obesity and diabetes. "With this model, we help people with serious mental illness overcome barriers to conventional medical care by meeting them where they are most comfortable—with their behavioral health provider. From there, we can manage their total health needs, closing gaps in care and improving overall clinical outcomes." (Barnhart, 2011)

In the beginning, MCC focused mainly on the health care component, but unfortunately, for people like Dorothy who are homeless and in need of basic things like housing, food and clothing, simple health care is not enough. As a result, MCC later adopted its Integrated Health NeighborhoodSM model, which provides many different facets of care, from behavioral health, medical care, pharmacies and hospitals to community activities, peer support, housing, food, education, and employment (Magellan Complete Care, 2020). This means that Dorothy's care plan will include community supports to make sure she obtains proper housing and food, and peer supports to keep a close eye on her situation and make sure she gets what she needs when she needs it.

In the end, the goal is to stabilize Dorothy's situation so she feels she has the tools to "live a healthy life and do the things she loves." (Magellan Complete Care, 2020)

Integrated Health NeighborhoodSM



Magellan Complete Care, 2020

SWOT ANALYSIS

This study will analyze the Magellan Complete Care program using a SWOT analysis. This will allow not just discussion of program features but also analysis of how MCC can perhaps move into the future.

Program Strengths

Focus on Behavioral Health

First and foremost, while most behavioral health homes are led by health plans that specialize in medical care, MCC benefits from Magellan's sharp, specialized focus on behavioral health (Magellan Complete Care, 2020). Coupled with Magellan's vast experience with state Medicaid programs, many employees, including past Chief Executive Officer René Lerer, are licensed clinicians (Magellan Complete Care, 2020). In addition, Magellan believes in hiring people who are local and community-based, providing a personal feel and touch that's often missing in traditional health care.

For Dorothy, this is important because Magellan "knows improved overall health and wellness can only be achieved where members live—in neighborhoods and communities. This is where members make decisions about, and receive support for, their health, wellness, independence and personal goals." (Magellan Complete Care, 2020)

Personalized Care Team

MCC’s care model revolves closely around the premise of a personal care team. In the state of Florida, each behavioral health home is split into regions, enabling MCC to hire very localized teams. Providing intimate, personal care is crucial to provide necessary connections to empower vulnerable members and help them take control of their life (Magellan Complete Care, 2020).

Service Coordinators

Service Coordinators work hand-in-hand with members to create a care plan that’s made specifically for them. For Dorothy, they identify the services she needs, as well as supports to help ensure she has proper access to care. For example, Dorothy has problems getting to appointments so her service coordinator arranged transportation options to get her to where she needs to go.

Community Outreach Specialists

Community Outreach Specialists work on growing relationships within the community, including various agencies and informal networks. Due to the high variability in member situations, these relationships are not a one-size-fits-all approach and instead built to cater to a member’s specific needs. For Dorothy, this means that housing and food are at the top of the list.

Health Guides

Known as “feet on the street people,” Health Guides work directly with members to make sure they get the services they need in a quick, meaningful way (Magellan Complete Care, 2020). For people like Dorothy, who are transient or homeless, health guides often resort to extreme methods to locate them. For example, Dorothy’s health guide first started with Dorothy’s last known address from her most recent claim, and then had to go through multiple people to finally locate her.

Provider Support Specialists

Provider Support Specialists are licensed clinicians who work with providers--medical, behavioral, pharmacies, transportation, education, and so on--to support members and make sure they receive accessible, high-quality care.

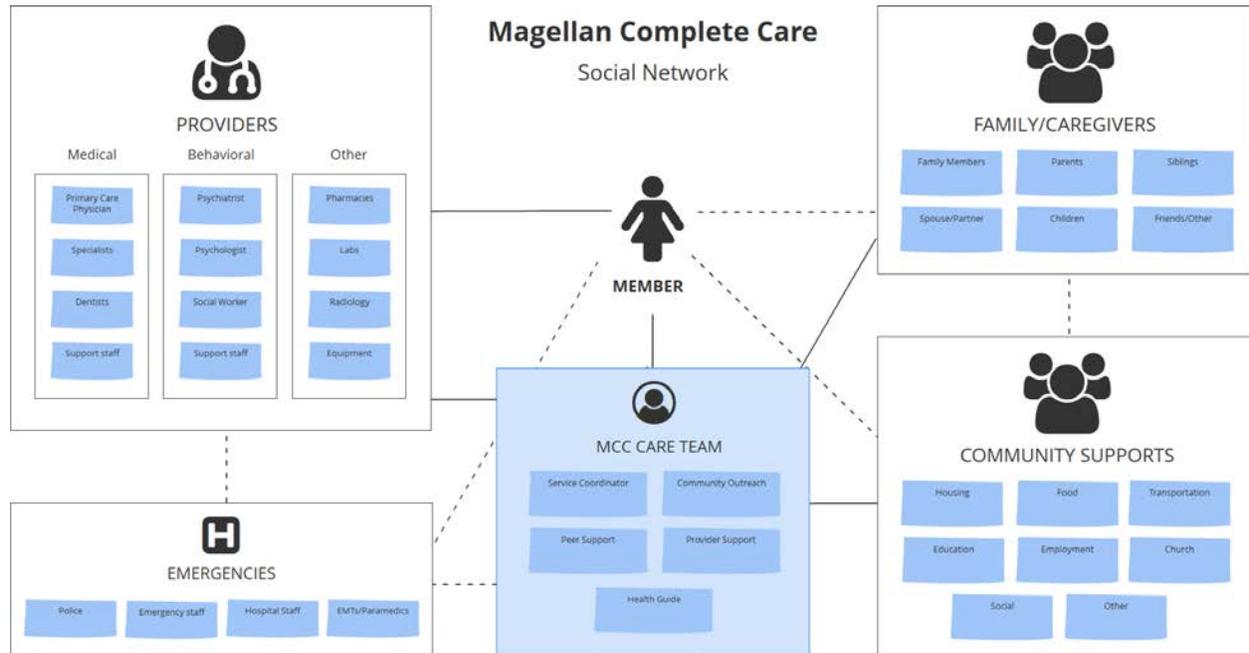
STRENGTHS CITED BY MCC STAFF AND REPRESENTATIVE USERS

MCCFL Interviews (Sallot, Appendix A, 2017)

- Behavioral Health focus
- Dedicated staff
- Years of experience
- Specialty expertise
- Medicaid experience
- Established relationships within state Medicaid programs
- Established relationships within the community
- Quality of behavioral health providers
- Types of providers
- Established track record of working with complex mental illness
- Specialized care team
- Local focus
- One-on-one care
- Nationally recognized as leader in behavioral health

Peer and Family Support Specialists

Much like a sponsor for Alcoholics Anonymous, Peer and Family Support Specialists are specially trained and certified to use their lived experiences to help members like themselves. For people like Dorothy, who regularly find themselves isolated and alone, these specialists are often their only source of support and contact with the outside world.



Overall, it appears that the use of Behavioral Health Homes has had a positive effect on members' physical health. Visits with one's primary care physician, screenings for diabetes, monitoring for high blood pressure and cholesterol, and education for proper nutrition, weight management and physical activity all increased, while emergency room visits decreased (Murphy). There are also numerous stories of how MCC has benefited this vulnerable group of individuals in terms of overall health and well-being (Magellan Complete Care, 2020).

Program Weaknesses

While touted as the future of care for individuals with SMI, there have been concerns about how behavioral health homes function in reality. Studies have shown mixed results in terms of the frequency of inpatient stays, emergency room visits, and outpatient primary care visits, as well as the effect of such programs on health outcomes, including comorbid medical conditions such as diabetes and obesity (Stone, 2020).

Interviews with Florida staff, subject matter experts and member representatives showed multiple concerns in terms of medical care, member enrollment, member access, member utilization of services, and focus on caregivers and care representatives (Sallot, Appendix A, 2017).

Member enrollment

A key problem area revolves around enrollment. Members are automatically enrolled by Florida's Agency for Health Care Administration (ACHA), but due to the transient nature of this population, including Dorothy, members are often unaware they have MCC as their health insurance carrier.

Poor name/brand recognition

It is not uncommon for members to not understand MCC, what it is and what services are available. Members and providers both often believe MCC is behavioral health only.

Inaccurate demographic/contact information

Demographic information provided by ACHA is often incorrect. As a result, members may not receive their welcome packets and only discover they have been switched after seeing their doctor or getting a prescription.

As we saw with Dorothy, sometimes it is necessary for MCC staff to locate individuals based on the address indicated on their last claim and to sign them up manually. Unfortunately, due to the lack of permissions and access levels on MCC's patient portal, MCC staff repeatedly find it difficult to set new members up in the plan. One of the steps necessary for account setup--completing a Health Risk Assessment (HRA)--is a difficult online process, requiring extended time on the phone. MCC staff are also unable to update members' demographic and contact information online.

Member access to services

Lack of communication and/or member understanding is another crucial problem. Members often do not understand how to access services and use their program. Plan details are buried within the member handbook, which seems to be hard to find, even by MCC staff. As a result, members often call because they don't understand what they need to do.

Poor access

To make things worse, members have issues using their services due to lack of access. As mentioned previously, a sizable number of members like Dorothy are transient,

WEAKNESSES CITED BY MCC STAFF AND REPRESENTATIVE USERS

MCCFL Interviews (Sallot, Appendix A, 2017)

- Magellan known as behavioral health, not medical
- Poor member awareness of program and available services
- Demographic/contact information is incorrect/difficult to update
- Enrollment by on-the-ground MCC staff difficult
- Members difficult to locate due to living situation (transient, homeless)
- Members difficult to contact due to lack of phone/technology
- Smaller network footprint for doctors, hospitals, pharmacies
- Getting to appointments difficult due to location and lack of transportation
- Members have problems staying on track with care due to poor utilization of services
- Poor member awareness of care team/plan
- Poor member awareness of assigned providers
- Poor member awareness of available community supports
- Difficulties in making changes or fixing problems
- Difficulties in sharing information, both between providers and caregivers
- Difficulties in making appointments
- Difficulties in staying in contact with care team

moving on a regular basis, or even homeless. In addition, a full forty percent of members do not have a phone number, or if they do, phone services may be limited in terms of access and usage (service area, number of minutes and texts, etc). Few have computers or Internet access, which requires alternate arrangements for online access (library, community center).

These access issues often translate into problems getting and receiving care. Dorothy was automatically assigned to a specific provider based on the address on file, but due to her shifting living situation, her provider was located in a completely different part of town. Dorothy was unable to find adequate transportation, and as a result, she was forced to miss several of her appointments.

Small network footprint

While Magellan is highly experienced in behavioral care, it lacks experience on the medical side, creating the need to network with other managed health organizations. This has resulted in a smaller footprint and a lack of choices for doctors, hospitals, and pharmacies. As was the case with Dorothy, members often have problems finding providers that are available or close to their geographical location.

Member utilization of services

Members often have problems staying on track with their care. They may not understand the different types of providers and who to see when. There are also issues in terms of sharing information between providers. For example, Dorothy ended up seeing a slew of different providers due to her constantly shifting situation, but she was unable to obtain an Authorization to Disclose (AUD) which would allow those providers to share much needed information.

Making changes or fixing problems

As mentioned previously, members are automatically assigned to a team of providers and pharmacies, but due to their living situation and lack of online access, they may not know who these providers are or how to contact them. Dorothy doesn't have a phone, so she's unable to change the providers she's assigned to or rectify issues with claims or authorizations.

Understanding their care team/plan

Members often have difficulties understanding their care team or care plan (doctors, meds, care team, etc). For example, Dorothy relies heavily on her health guide to relay important information. As a result, she has problems utilizing her care team effectively and is unaware about community or social programs, such as prevention programs, disease management, etc.

Caregiver/care representative access

Many members are unable to care for themselves. As a result, they receive services via caregivers or care representatives that have been assigned by the plan. Unfortunately, the program caters directly to members, requiring caregivers and care representatives to go through additional hurdles to make sure members get appropriate care and to be included in patient decisions.

THREATS

Upon analysis, it appears that members' living situations and lack of access comprise a critical flaw in MCC's program. Many of the problems associated with member enrollment, as well as access and utilization of services, stem from a lack of basic needs, such as housing, clothing and food, as well as crucial problems with communication.

When comparing results, however, it appears these findings are similar to what was found in other studies. For example, in a study analyzing Medicaid enrollees with SMI in Behavioral Health Homes in Kansas, many members had problems understanding their program and needed help to understand and use it. Only 19 percent of respondents indicated they had looked up written or online details for their program. Similar to MCC, members were unaware of what services were available, they were unable to figure out how to utilize their services, and they were unable to resolve problems, such as a denied claim (Hall, 2019).

Respondents likewise indicated issues with access, particularly regarding their provider team. They reported difficulties knowing who these providers are or how to contact them. Getting to appointments was extremely problematic. In fact, 64 percent of members said they had problems arranging transportation. As for specialized services and equipment, 27 percent were unable to get the supplies they needed (Hall, 2019).

Since these issues tend to be universal across all behavioral health homes, it appears the larger threat stems from MCC's lack of medical expertise and smaller network. Other behavioral health homes led by insurance carriers with solid experience and larger footprints in the medical industry, such as Staywell and Clear Health Alliance, prove to be a major source of competition. Upon comparison, MCC appears to be lacking in terms of extended services, such as durable medical equipment, home health aide services, and home visits, as well as community supports, such as cellular services, discount programs, housing assistance, meal stipends and transportation (Statewide Medicaid Managed Care, Appendix B, 2020).

OPPORTUNITIES

Since all behavioral health homes tend share the same flaws in terms of members' living situation and lack of access, the best way for MCC to outshine its competition is by finding ways to address those concerns and improve communication.

Creating Partnerships

It appears that creating mutual partnerships with other organizations would help to bridge weak ties and fill structural holes. Partnering with local community organizations to provide housing assistance, meal stipends, cellular services, and transportation assistance would go a long way toward helping people like Dorothy get off the streets and into a more stable situation.

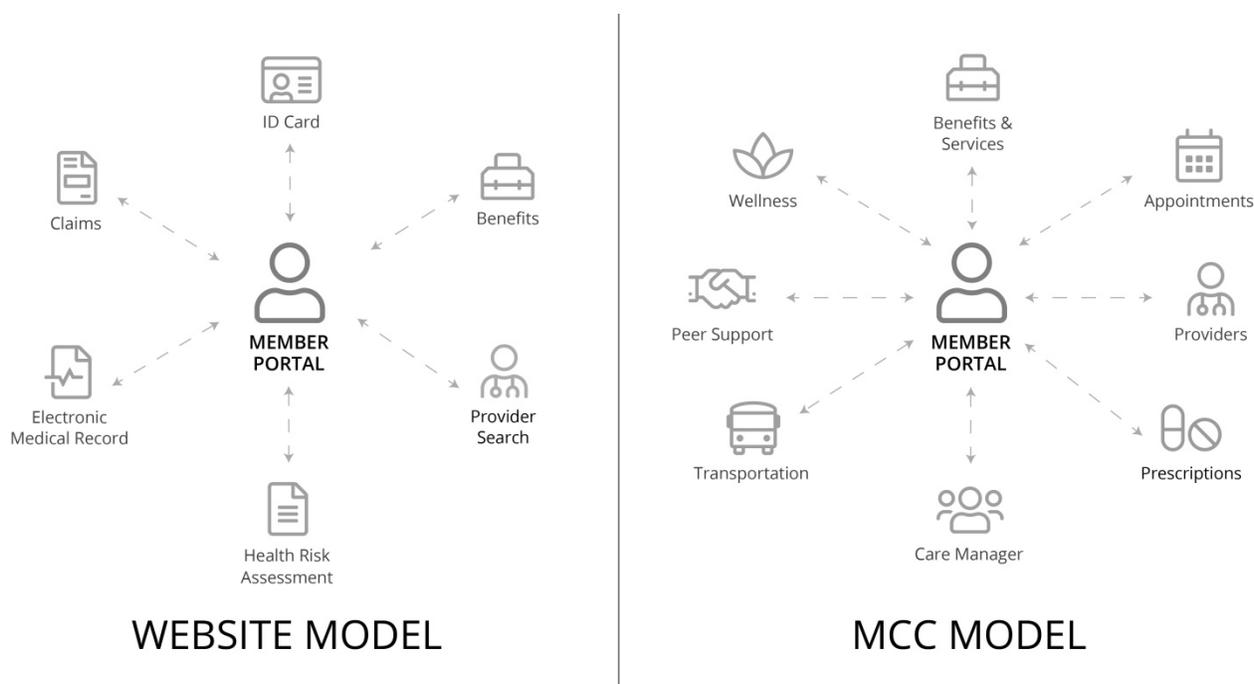
Creating partnerships with caregivers and care workers would help ensure that caregivers have the tools and information they need—which would then help ensure that members properly utilize their

program. When comparing services to other health plans, it appears that no one is currently providing needed assistance to caregivers, including behavioral health support (Statewide Medicaid Managed Care, Appendix B, 2020).

Finally, partnering with smaller, more local health plans would help pick up the slack in terms of medical experience and footprint of available care, which would help ease members’ issues with provider availability and location.

Utilizing Technology

The current member portal is a piecemeal solution that is clunky and not well-organized, making it difficult for both members and MCC staff to find what they are looking for. Instead of providing a custom experience that more closely mimics the MCC care model, the member portal simply uses a more traditional health care model, which is not adequate for the needs of this audience.



Recognizing that the website is mainly for caregivers and care workers—not the actual members—it would be prudent to expand the website to help fill in the gaps and improve communication. The suggested changes below, as well as more detailed changes as described in the Problem Highlights Document listed in Appendix A (Sallot, Appendix A, 2017), would go a long way toward helping this member population:

- Creating a seamless portal that allows users to sign in once, as well as view non-secure content (such as benefits) outside of login.
- Incorporating changes that allow better sharing and viewing of information by caregivers and doctors.

- Allowing members and their caregivers to view details for their care plan, including ID cards and doctor information, and make changes, including demographic and contact information.
- Providing a mobile view that allows members and caregivers to easily contact their care team, make appointments, schedule transportation, refill prescriptions, and so on.

Making these updates would allow Dorothy’s health guide to make updates to her plan and relay important information. And in those times when Dorothy has access to a phone, she’s able to easily reach out to her care team and get the help she so desperately needs.

Conclusion

Magellan Health and its Magellan Complete Care program have completely revolutionized the landscape for health care for individuals with SMI. By the end of 2018, similar behavioral health home programs had been implemented in 16 states and the District of Columbia (Murphy, 2018).

All problems aside, the idea of using behavioral health homes to manage the physical and mental health of individuals with SMI looks like it’s on the right track. Of course, such things are not simple. These are wicked problems, after all.

There are some things MCC can do to stay ahead of the curve. Expanding through partnerships with local communities and local health care organizations would help get members like Dorothy into more stable situations and receive proper care. Making some adjustments—especially in terms of communication, both with members and their caregivers, as well as the incorporation of better technology—would help these vulnerable individuals stay in contact and in the end, feel less isolated and alone.

As for Dorothy, she was able to get into a residential treatment center and is now sober. With MCC’s help, she’s off the streets, has a sponsor and is on the road to recovery.

“Thank you Magellan Complete Care for helping me, when at times I felt I didn’t even deserve it. I am striving to stay clean with your support, thank you!”

Dorothy

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Appendix

Magellan Complete Care of Florida

Problem Highlights - May 15, 2017

Appendix A

Overall Problem	Problem Details	Proposed website fixes
<p>Members are often not aware they have MCC as their health insurance carrier</p> <p>MCC staff find it difficult to set members up in the plan</p>	<ul style="list-style-type: none"> ● Members are automatically enrolled by ACHA ● Often the demographic information provided by ACHA is incorrect ● Members often do not receive their welcome packets ● Members often discover they have been switched after seeing their doctor or getting a prescription ● MCC staff sometimes drives to members' homes to walk them through the process ● Completing an HRA is difficult and often done over the phone 	<ul style="list-style-type: none"> ● Provide a Get Started section with all the details of what's necessary to begin using their program ● Allow members to view their welcome packet ● Provide an easy way for members to print out an ID card ● Provide an easy way to complete/view an HRA online (incremental save, etc) ● Provide members with an easy way to view their assigned providers
<p>Members do not understand MCC, what it is and what services are available</p> <p>Members do not understand how to access services and use their program</p>	<ul style="list-style-type: none"> ● Members and providers often believe MCC is behavioral health only ● Plan details are buried within the member hand book, which seems to be hard to find (even by MCC staff) ● Members often call because they don't understand what they need to do ● Members often require an AUD on file in order to share information 	<ul style="list-style-type: none"> ● Provide information about MCC, what it is, and how it works ● Provide a Get Started section with all the details of what's necessary to begin using their program ● Break out specific information about the services that are available ● Break out information that is in the handbook so it's in page and searchable on the site ● Provide an easy way to submit/change an AUD online
<p>Members are not able to use the services that are provided (lack of access)</p>	<ul style="list-style-type: none"> ● Members often can't find a provider that's close to their geographic location ● Providers may not be available or accepting new patients ● Members may not understand the different types of providers and who to see when 	<ul style="list-style-type: none"> ● Allow members to search for providers by location, medical specialty, and availability status ● Provide information on the different types of providers ● Allow members to do a provider search on a mobile device ● Allow members to set up transportation online

	<ul style="list-style-type: none"> ● Getting transportation can be problematic 	
Members are having problems staying on track with their care	<ul style="list-style-type: none"> ● Members don't seem to utilize their care team effectively ● Members don't seem to know about about programs (prevention programs, disease management, etc) 	<ul style="list-style-type: none"> ● Provide specific information about their care team, including phone numbers and contact information ● Provide ways for members to be more educated about their health and care ● Break out information about health programs so they're more front and center ● Break out information about incentives
Members do not understand their care plan (doctors, meds, care team, etc)	<ul style="list-style-type: none"> ● Members are auto-assigned providers and pharmacy and don't know how to change ● Members don't understand their care team ● Members don't know how to make changes 	<ul style="list-style-type: none"> ● Allow members to view and change their providers online ● Allow members to view and change their pharmacy online ● Allow members to view their medication, medical history and care plan online
Members are not able to stay in touch due to inconsistent housing and lack of computer/Internet/phone access	<ul style="list-style-type: none"> ● 40 percent of members do not have a phone number ● Often phone services are limited (number of minutes, etc) ● Few have Internet access, which requires alternate arrangements (library, community center, etc) ● Often they are transient, moving on a regular basis 	<ul style="list-style-type: none"> ● Allow members to change their demographic information as often as necessary ● Provide services and information in other, more static formats ● Provide specific information about their care team, including phone numbers and contact information ● Provide a better way for the member and care team to stay in touch ● Provide other ways to stay in contact, including online chat
Members are not able to easily resolve issues with claims, authorizations, etc.	<ul style="list-style-type: none"> ● Members often run into administrative/billing problems and don't know what to do ● Members don't know how to file a complaint or an appeal 	<ul style="list-style-type: none"> ● Allow members to check their claims and authorizations online ● Provide a more user-friendly way to file a complaint or appeal

Florida Medicaid Specialty Health Plan Comparison

Appendix B

Florida Medicaid Health Plans and Programs

<https://www.flmedicaidmanagedcare.com/health/comparehealthplans>

Expanded Benefits (Services that are covered in addition to your current benefits) Contact the plan for benefit limits	Contact and Plan Information				
	 Children's Medical Services (CMS) [Specialty Plan]	 Sunshine Child Welfare [Specialty Plan]	 Staywell [Specialty Plan]	 Magellan Complete Care [Specialty Plan]	 Clear Health Alliance [Specialty Plan]
General Expanded Benefits - Available for children and/or adults					
Cellular Services (minutes and/or data)	✓		✓		✓
Circumcision (newborns only)	✓	✓	✓	✓	✓
CVS Discount Program (20% discount off certain items)	✓	✓	✓		
Doula Services (birth coach who helps pregnant women)	✓	✓	✓		✓
Home Delivered Meals	✓	✓	✓	✓	✓
Housing Assistance (rent, utilities, and/or grocery assistance)	✓		✓		✓
Meal Stipend (available for long distance medical appointment day-trips)	✓	✓	✓		✓
Over-the-Counter Benefit	✓	✓	✓	✓	✓
Swimming Lessons (children only)	✓		✓		✓
Transportation Services to Non-Medical Appointments/Activities	✓	✓	✓		✓
Adult Expanded Benefits - These services are only available for adults because they are already covered for children on Medicaid when medically necessary					
Acupuncture Services			✓		✓
Art Therapy			✓		✓
Behavioral Health Assessment/Evaluation Services			✓	✓	✓
Behavioral Health Day Services/Day Treatment			✓	✓	✓
Behavioral Health Intensive Outpatient Treatment				✓	✓
Behavioral Health Medical Services (e.g., medication management, drug screening, etc.)			✓	✓	✓
Behavioral Health Psychosocial Rehabilitation			✓	✓	✓
Behavioral Health Screening Services			✓	✓	✓
Chiropractic Services			✓	✓	✓
Computerized Cognitive Behavioral Therapy			✓		✓

**Expanded Benefits (Services that are covered in addition to your current benefits)
Contact the plan for benefit limits**

 *Children's Medical Services (CMS) [Specialty Plan]*
 *Sunshine Child Welfare [Specialty Plan]*
 *Staywell [Specialty Plan]*
 *Magellan Complete Care [Specialty Plan]*
 *Clear Health Alliance [Specialty Plan]*

Contact and Plan Information					
Durable Medical Equipment/Supplies			✓		✓
Equine Therapy			✓		
Group Therapy (Behavioral Health)			✓	✓	✓
Hearing Services			✓	✓	✓
Home Health Nursing/Aide Services			✓		✓
Home Visit by a Social Worker			✓		✓
Homemaker Services (e.g., hypoallergenic carpet cleanings)			✓		✓
Individual/Family Therapy			✓	✓	✓
Massage Therapy			✓	✓	✓
Medication Assisted Treatment Services			✓	✓	
Mental Health Targeted Case Management			✓	✓	
Nutritional Counseling			✓	✓	✓
Occupational Therapy			✓	✓	✓
Outpatient Hospital Services			✓	✓	✓
Pet Therapy			✓		✓
Physical Therapy			✓	✓	✓
Prenatal Services			✓	✓	✓
Primary Care Services			✓	✓	✓
Respiratory Therapy			✓	✓	✓
Speech Therapy			✓	✓	✓

**Expanded Benefits (Services that are covered in addition to your current benefits)
Contact the plan for benefit limits**

 **Children's Medical Services (CMS) [Specialty Plan]**
 **Sunshine Child Welfare [Specialty Plan]**
 **Staywell [Specialty Plan]**
 **Magellan Complete Care [Specialty Plan]**
 **Clear Health Alliance [Specialty Plan]**

Contact and Plan Information					
Substance Abuse Treatment or Detoxification Services (Outpatient)				✓	
Therapeutic Behavioral On-Site Services			✓		
Vaccine - Pneumonia			✓	✓	✓
Vaccine - Influenza			✓	✓	✓
Vaccine - Shingles			✓	✓	✓
Vaccine - Tdap			✓	✓	✓
Vision Services			✓	✓	✓
Waived Copayments			✓	✓	✓
Specialty Plan Services - These services are only available for enrollees in a specialty plan					
Behavioral Health Services for Caregivers (Not Medicaid Enrolled Caregivers)	✓				
Care Grant		✓			
Collaborative Care				✓	
Computerized Cognitive Behavioral Therapy for Caregivers (Not Medicaid Enrolled Caregivers)	✓				
Home and Community-Based Services					
Life Skills Development		✓			✓
Nursing Facility to Community Setting Transition Assistance	✓				
Transition Assistance - Youth Aging Out of Foster Care		✓			
Vaccine - Hepatitis B					✓
Vaccine - Human Papilloma Virus					✓
Vaccine - Meningococcal					✓