Statewide Medicaid Managed Care (SMMC)

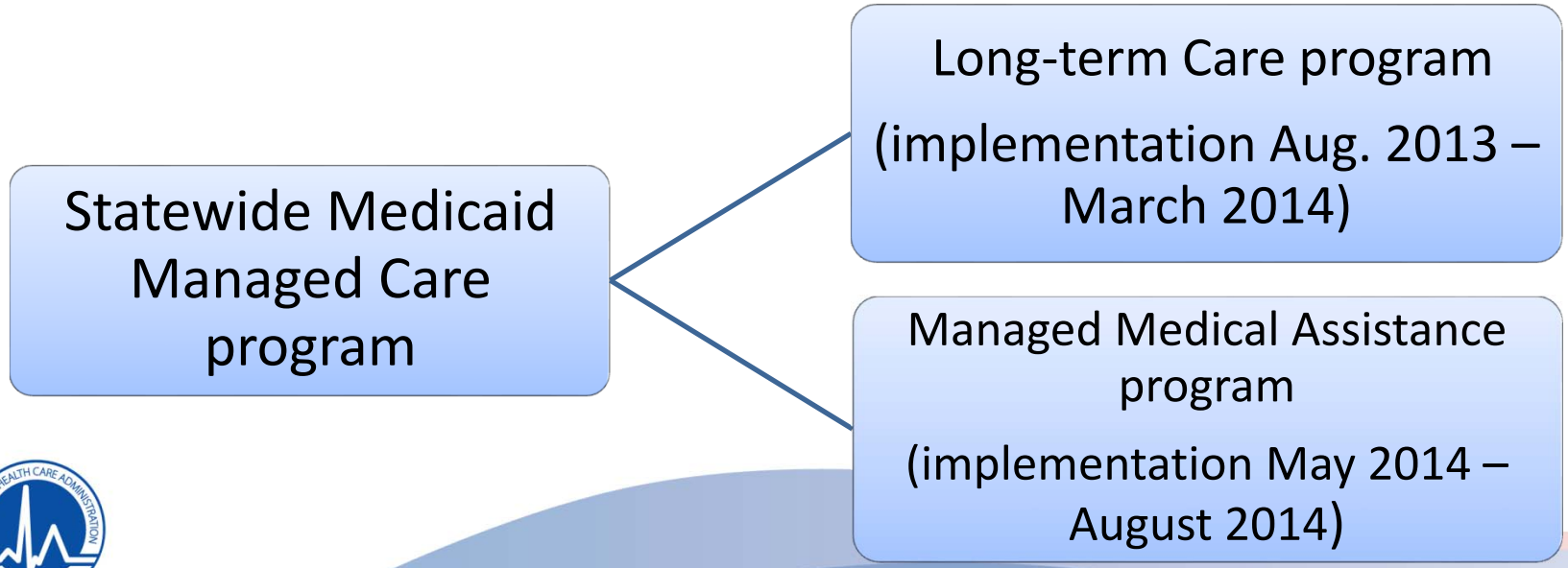
Managed Medical Assistance (MMA) Program

EMS Providers

July 17, 2014

Why are changes being made to Florida's Medicaid program?

- Because of the Statewide Medicaid Managed Care (SMMC) program, the Agency is changing how a majority of individuals receive most health care services from Florida Medicaid.



The SMMC program does not/is not:

- The program ***does not*** limit medically necessary services.
- The program ***is not*** linked to changes in the Medicare program and does not change Medicare benefits or choices.
- The program ***is not*** linked to National Health Care Reform, or the Affordable Care Act passed by the U.S. Congress.
  - It does not contain mandates for individuals to purchase insurance.
  - It does not contain mandates for employers to purchase insurance.
  - It does not expand Medicaid coverage or cost the state or federal government any additional money.

Discontinued Programs

- Once the MMA program is implemented, some programs that were previously part of the Medicaid program will be discontinued. This includes the following programs:
  - MediPass
  - Prepaid Mental Health Program (PMHP)
  - Prepaid Dental Health Plan (PDHP)

Who WILL NOT participate?

- The following groups are excluded from program enrollment:
  - Individuals eligible for emergency services only due to immigration status;
  - Family planning waiver eligibles;
  - Individuals eligible as women with breast or cervical cancer; and
  - Individuals eligible and enrolled in the Medically Needy program with a Share of Cost.

MMA Program

- The following individuals may choose to enroll in the MMA program, but are not required to enroll:
  - Individuals who have other creditable health care coverage, excluding Medicare;
  - Individuals age 65 and over 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 (ICF-IID); and
  - Individuals with developmental disabilities enrolled in the home and community based waiver and Medicaid recipients waiting for developmental disabilities waiver services.
  - Children receiving services in a prescribed pediatric extended care facility.
  - Medicaid recipients residing in a group home facility licensed under chapter 393.

MMA Program & DD Waiver (iBudget) Services

- Medicaid recipients enrolled in the DD Waiver (iBudget) are not required to enroll in an MMA plan.
- DD Waiver (iBudget) enrollees may choose to enroll in an MMA plan when the program begins in their region in 2014.
- Enrollment in an MMA plan will NOT affect the recipient's DD Waiver (iBudget) services.
  - Recipients can be enrolled in the DD Waiver (iBudget) and an MMA plan at the same time.

The Managed Medical Assistance (MMA) Program

Most Medicaid recipients are required to enroll in the MMA program.

Medicaid recipients who qualify and become enrolled in the MMA program receive medical services from a managed care plan.

- Recipients who have chosen an LTC plan may need to also choose an MMA plan.

Managed Medical Assistance Services

(All MMA Plans will provide these services)

Minimum Required Covered Services: Managed Medical Assistance Plans	
Advanced registered nurse practitioner services	Medical supplies, equipment, prostheses and orthoses
Ambulatory surgical treatment center services	Mental health services
Birthing center services	Nursing care
Chiropractic services	Optical services and supplies
Dental services	Optometrist services
Early periodic screening diagnosis and treatment services for recipients under age 21	Physical, occupational, respiratory, and speech therapy
Emergency services	Physician services, including physician assistant services
Family planning services and supplies (some exception)	Podiatric services
Healthy Start Services (some exception)	Prescription drugs
Hearing services	Renal dialysis services
Home health agency services	Respiratory equipment and supplies
Hospice services	Rural health clinic services
Hospital inpatient services	Substance abuse treatment services
Hospital outpatient services	Transportation to access covered services
Laboratory and imaging services	

Expanded Benefits

List of Expanded Benefits	Amerigroup	Better	Coventry	First Coast	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Staywell	Sunshine	United
Adult dental services (Expanded)	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
Adult vision services (Expanded)	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Art therapy	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
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y
Medically related lodging & food		Y			Y		Y		Y		Y	Y	Y	
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Nutritional counseling	Y	Y			Y	Y		Y	Y		Y	Y	Y	
Outpatient hospital services (Expanded)	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
Pet therapy					Y		Y					Y		
Physician home visits	Y	Y			Y		Y		Y		Y	Y	Y	Y
Pneumonia vaccine	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
Prenatal/Perinatal visits (Expanded)	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
Shingles vaccine	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

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

Children's Medical Services Network

- Enrollment into the Children's Medical Services plan will occur statewide on August 1, 2014.

- Children currently enrolled in Title XXI CMS will transition to Title XIX CMS statewide plan on August 1, 2014, if family income is under 133% of the federal poverty level.

Plans Selected for Managed Medical Assistance Program Participation (General, Non-specialty Plans)

Note: Formal protest pending in Region 11 for MMA Standard Plans

Region	MMA Plans													
	Amerigroup	Better Health	Coventry	First Coast Advantage	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Sunshine State	United Healthcare	Staywell
1					X	X								
2									X					X
3									X			X	X	X
4				X								X	X	X
5	X								X			X		X
6	X	X			X	X			X			X		X
7	X						X		X			X	X	X
8						X			X			X		X
9					X		X		X			X		
10		X			X					X		X		
11	X		X		X		X	X	X		X	X	X	X

What Specialty Plans are Available?

Managed Medical Assistance Specialty Plans						
Region	Clear Health Alliance	Positive Healthcare	Children's Medical Services Network	Magellan Complete Care	Sunshine Health Plan	Freedom Health (Dual Eligibles Only)
	HIV/AIDS	HIV/AIDS	Children with Chronic Conditions	Serious Mental Illness	Child Welfare	Cardiovascular Disease; Chronic Obstructive Pulmonary Disease; Congestive Heart Failure; & Diabetes
1	X		X		X	
2	X		X	X	X	
3	X		X		X	X
4			X	X	X	
5	X		X	X	X	X
6	X		X	X	X	X
7	X		X	X	X	X
8	X		X		X	X
9	X		X	X	X	X
10	X	X	X	X	X	X
11	X	X	X	X	X	X

Note:

- **Magellan Complete Care will begin operation in Regions 10 & 11 on July 1, 2014.**
- **Magellan Complete Care will begin operations in Regions 1, 7, & 9 on August 1, 2014**
- **Magellan Complete Care will begin operation in Regions 2, 4, 5, 6 on September 1, 2014**
- **Children's Medical Services Network plan will not begin operations until August 1, 2014**
- **Freedom Health will not begin operations until January 1, 2015**

Expanded Benefits

Expanded Benefits	Child Welfare	HIV/AIDS (Clear Health)	HIV/AIDS (Positive)	SMI
Adult dental services (Expanded)	✓	✓	✓	✓
Adult hearing services (Expanded)	✓	✓		
Adult vision services (Expanded)	✓	✓	✓	✓
Art therapy	✓			
Home and community-based services		✓	✓	
Home health care for non-pregnant adults (Expanded)	✓	✓	✓	✓
Influenza vaccine	✓	✓	✓	✓
Medically related lodging & food	✓	✓		
Intensive Outpatient Therapy				✓
Newborn circumcisions	✓	✓	✓	✓
Nutritional counseling	✓	✓	✓	✓
Outpatient hospital services (Expanded)	✓	✓		✓
Over the counter medication and supplies	✓	✓	✓	✓
Physician home visits	✓	✓		
Pneumonia vaccine	✓	✓	✓	✓
Post-discharge meals	✓	✓	✓	✓
Prenatal/Perinatal visits (Expanded)	✓	✓	✓	✓
Primary care visits for non-pregnant adults (Expanded)	✓	✓	✓	✓
Shingles vaccine	✓	✓	✓	✓
Waived co-payments	✓	✓	✓	✓

NOTE: Details regarding scope of covered benefit may vary by managed care plan. Children's Medical Services and the specialty plan for dual eligibles with chronic conditions do not offer Expanded Benefits.

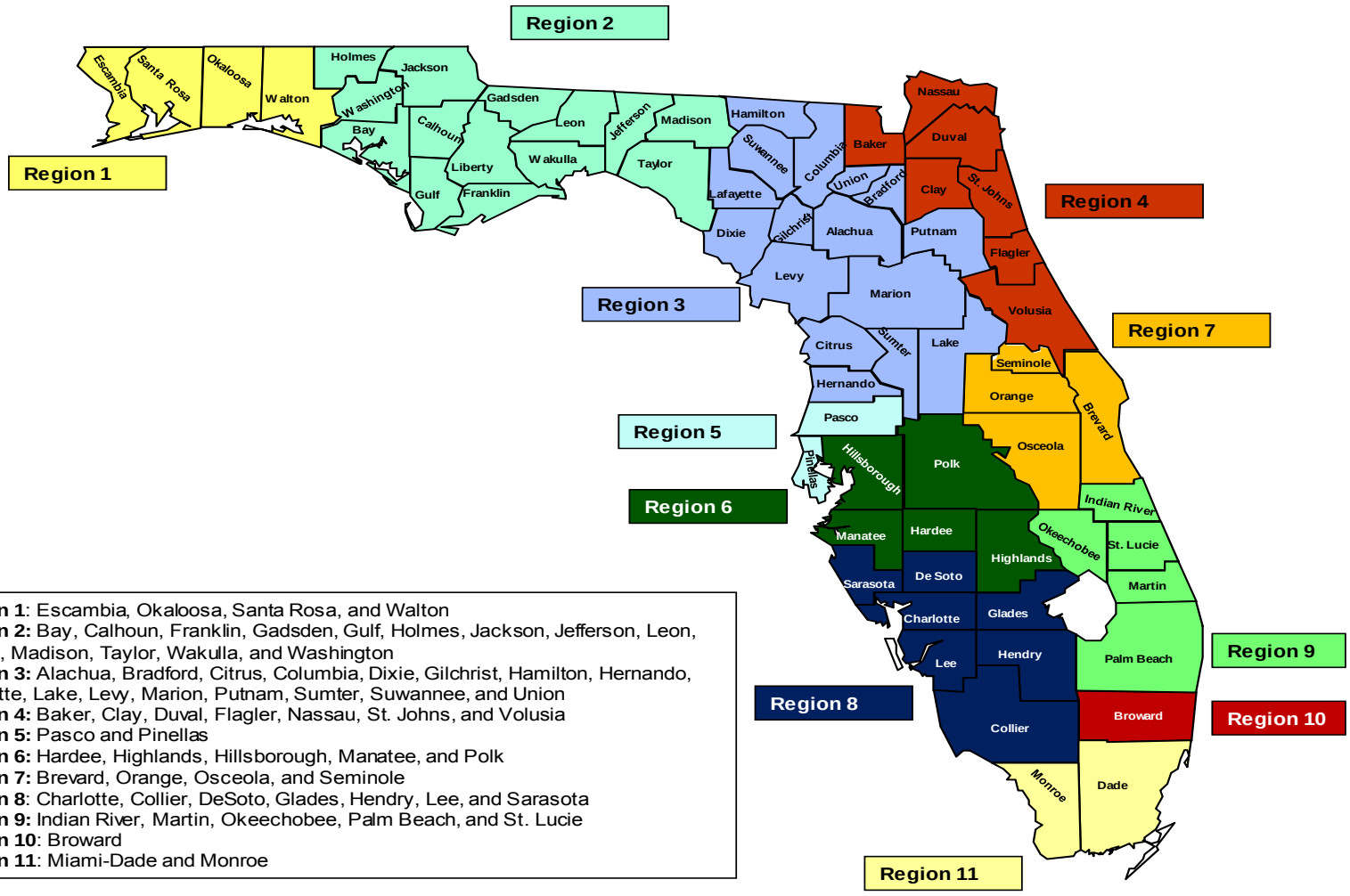
Which Plans are Comprehensive?

Region	Comprehensive Plans Available
1	None available
2	None available
3	Sunshine, United
4	Sunshine, United
5	Sunshine
6	Sunshine
7	Molina, Sunshine, United
8	Sunshine
9	Sunshine
10	Humana, Sunshine
11	Amerigroup, Coventry, Humana, Molina, Sunshine, United

Long-term Care Plans by Region

Region	LTC Plans						
	American Eldercare, Inc. (PSN)	Amerigroup Florida, Inc.	Coventry Health Plan	Humana Medical Plan, Inc.	Molina Healthcare of Florida, Inc.	Sunshine State Health Plan ("Tango")	United Healthcare of Florida, Inc.
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X

Statewide Medicaid Managed Care Regions Map



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

Managed Medical Assistance Program Roll Out Schedule

Implementation Schedule		
Regions	**Plans**	**Enrollment Date**
2, 3 and 4	• Standard Plans • Specialty Plans: o HIV/AIDS o Child Welfare	May 1, 2014
5, 6 and 8	• Standard Plans • Specialty Plans: o HIV/AIDS o Child Welfare	June 1, 2014
10 and 11	• Standard Plans • Specialty Plans: o HIV/AIDS o Child Welfare o Serious Mental Illness	July 1, 2014
1, 7 and 9	• Standard Plans • Specialty Plans: o HIV/AIDS o Child Welfare	August 1, 2014
Statewide	• Children's Medical Services Network	August 1, 2014

What providers will be included in the MMA plans?

- Plans must have a sufficient provider network to serve the needs of their plan enrollees, as determined by the State.
- Managed Medical Assistance plans may limit the providers in their networks based on credentials, quality indicators, and price, but they must include the following statewide essential providers:
  - Faculty plans of Florida Medical Schools;
  - Regional Perinatal Intensive Care Centers (RPICCs);
  - Specialty Children's Hospitals; and
  - Health care providers serving medically complex children, as determined by the State.

MMA Plan
Transportation Subcontractor/Broker

Plan Name	Transportation Subcontractor/Broker
Amerigroup	Logisticare
Better Health	TMS
Clear Health Alliance	TMS
Coventry	TMS
First Coast Advantage	TMS
Freedom	TMS
Humana	Logisticare
Integral	TMS
Magellan	Logisticare
Molina	Logisticare
Positive	N/A
Preferred	Logisticare
Prestige	TMS/Acess2Care
SFCCN	Logisticare
Simply	TMS
Staywell	Medical Transportation Management (MTM)
Sunshine	TMS
United	Logisticare

Note: TMS merged with Access2Care

LTC Program
Eligibility and Enrollment

LTC Program

- The LTC program provides long-term care services, including nursing facility and home and community based services, to recipients eligible for enrollment.

- Recipients are mandatory for enrollment if they are:
  - 65 years of age or older AND need nursing facility level of care.
  - 18 years of age or older AND are eligible for Medicaid by reason of a disability, AND need nursing facility level of care.

What Services are Covered?	
Adult companion care	Hospice
Adult day health care	Intermittent and skilled nursing
Assisted living services	Medical equipment and supplies
Assistive care services	Medication administration
Attendant care	Medication management
Behavioral management	Nursing facility
Care coordination/Case management	Nutritional assessment/Risk reduction
Caregiver training	Personal care
Home accessibility adaptation	Personal emergency response system (PERS)
Home-delivered meals	Respite care
Homemaker	Therapies, occupational, physical, respiratory, and speech
Transportation, non-emergency	

Each recipient will not receive all services listed. Recipients will work with a case manager to determine the services they need based on their condition.

Mixed Services in SMMC

What are mixed services?

- Mixed services are services that are available under both the Long-term Care (LTC) program and the Managed Medical Assistance (MMA) program. These services are:
  - Assistive care services
  - Case management
  - Home health
  - Hospice
  - Durable medical equipment and supplies
  - Therapy services (physical, occupational, respiratory, and speech-language pathology)
  - Non-emergency transportation

Mixed Services Reimbursement

- If an enrollee has other insurance coverage, such as Medicare, the provider must bill the primary insurer prior to billing Medicaid.
  - For dually eligible Medicare and Medicaid recipients, Medicare is the primary payor.
  - The MMA and LTC plans are responsible for services not covered by Medicare (including any Medicare co-insurance and co-payments).
- If the enrollee only has Medicaid coverage and is enrolled in an MMA and an LTC plan, the LTC plan is responsible for paying for the mixed services.

Mixed Services Reimbursement

Recipient Coverage	Who Pays for Mixed Services
Medicare and Medicaid	Medicare (if it is a covered service)
Medicaid LTC and Fee-for Service	Medicaid LTC Plan
Medicaid LTC and MMA Plan	Medicaid LTC Plan
Medicaid MMA Plan only (not enrolled in LTC)	Medicaid MMA Plan
Medicaid Fee-for-Service	Medicaid Fee-for-Service

Non-Emergency Transportation (NET) Services:

LTC plan pays for NET to LTC care services.
MMA plan pays for NET to MMA services.

Long-term Care Program	Managed Medical Assistance Program
Services	
LTC plans must provide non-emergency transportation services to all long-term care covered services	MMA plans must provider non-emergency transportation services to all MMA covered services
Payment	
Plans and providers will negotiate transportation services rates.	

Medicare Coinsurance and Deductibles and Crossover Claims

Medicare Crossover Claims: Plan Responsibilities

- The Managed Care Plan is responsible for Medicare co-insurance and deductibles for covered services.
- The Managed Care Plan must reimburse providers or enrollees for Medicare deductibles and co-insurance payments made by the providers or enrollees, according to guidelines referenced in the *Florida Medicaid Provider General Handbook*.
- The Managed Care Plan must not deny Medicare crossover claims solely based on the period between the date of service and the date of clean claim submission, unless that period exceeds three years.

Medicare Crossover Claims: Plan Responsibilities

- Plans are responsible for processing and payment of all Medicare Part A and B coinsurance crossover claims for dates of service from the date of enrollment until the date of disenrollment from the plan.
- Fee-For-Service Medicaid will continue to be responsible for processing and payment of Medicare Part A and B (level of care X) crossover coinsurance claims for dates of service from the date of eligibility until the date of enrollment with the LTC plan.

Medicare Crossover Claims: Plan Responsibilities

- LTC plans are responsible for paying crossovers (if any) for the following services:
  - nursing facility
  - durable medical equipment
  - home health, and
  - therapies (occupational, physical, speech or respiratory)
- MMA plans are responsible for paying crossovers (if any) for all covered services.
- If a recipient is also in an LTC plan, the LTC plan is responsible for crossovers for the services above.

Medicare Crossovers: Plan Responsibilities

- ***For dual eligibles,*** the managed care plans are required to cover the Medicare deductibles and co-insurance for any Medicare covered *emergency* air or ground ambulance transportation**.**

Note:

- Medicare covered emergency ambulance and emergency air ambulance trips will be reimbursed by Medicaid at 100 percent of the deductible and coinsurance (Medicaid Provider General Handbook).

Medicare Crossover Claims: Provider Responsibilities

- Medicare crossover claims will not be automatically submitted to the LTC or MMA plans.
- Providers will bill the LTC plans for co-payments due for Medicaid covered LTC services for individuals who are dually eligible for Medicare and Medicaid after receiving the Medicare Explanation of Benefits (EOB) for the co-insurance payments.
- Providers will need to submit the claim to the enrollees' MMA plan in order to be reimbursed for any co-insurance or deductibles.

Medicare Crossover Claims: Recipient Responsibilities

- Except for patient responsibility for long-term care services, the plan members should have no costs to pay or be reimbursed.

	LONG-TERM CARE	MANAGED MEDICAL ASSISTANCE
Are the plans responsible for payment of Part A coinsurance and deductible?	Yes	Yes*
Are the plans responsible for payment of Part B coinsurance and deductibles?	Yes	Yes*

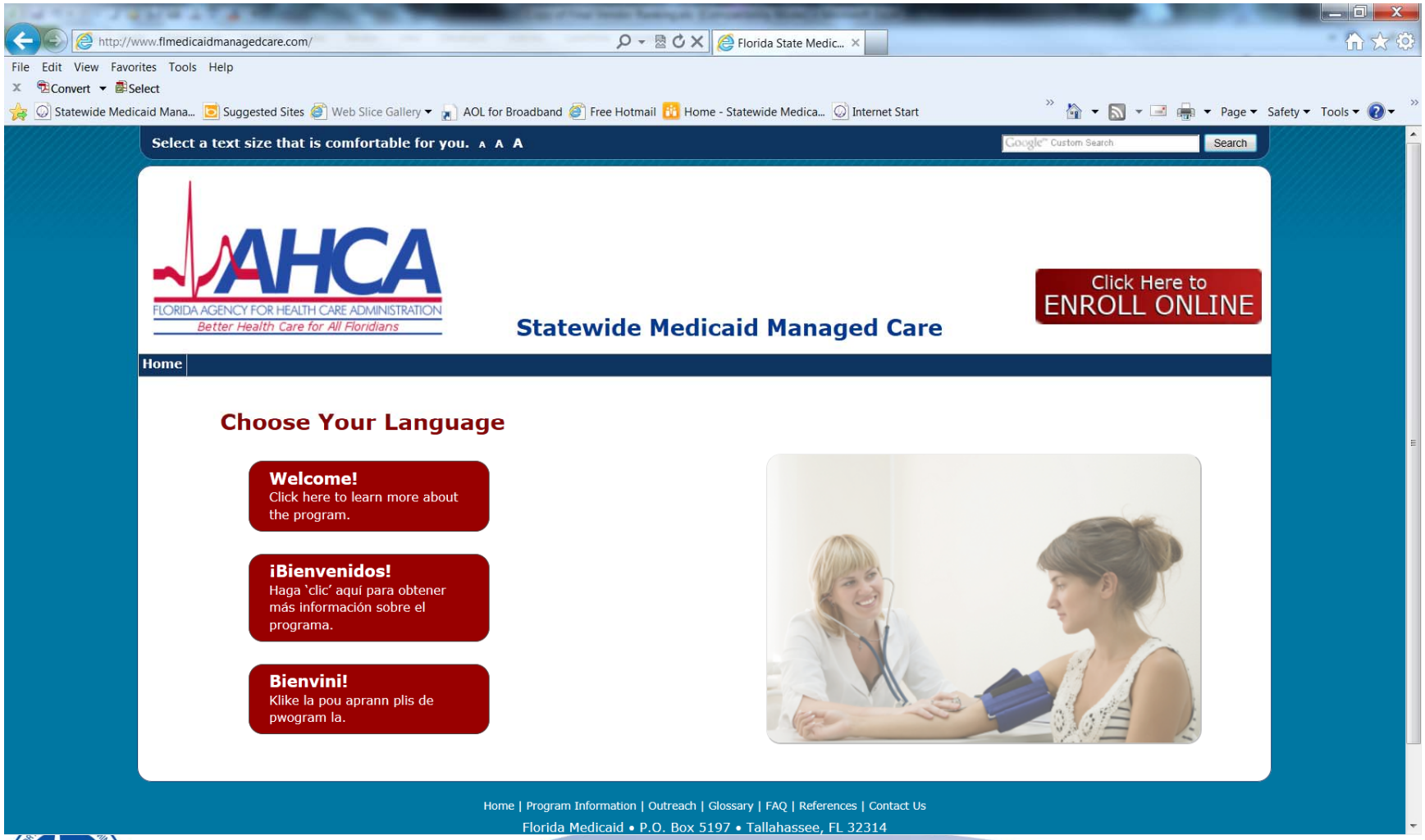
*Note: If member is also enrolled in an LTC plan, the LTC plan must pay any coinsurance and deductibles on services listed in slide 36.

	LONG-TERM CARE	MANAGED MEDICAL ASSISTANCE
Do providers submit crossover claims to the health plan for payment?	Yes	Yes
Should the provider wait to receive the EOB before submitting the crossover to the plan?	Yes	Yes

Will Comprehensive plan cover Medicare services?

- In 2015, recipients enrolled in Medicare Advantage plans will have the ability to choose a comprehensive Medicaid plan where the recipients' Medicare and Medicaid plans are the same entity.
- Medicaid recipients currently enrolled in a Medicare Advantage plan that offers the full set of MMA benefits will not be required to enroll in a Medicaid MMA plan.
  - Please see the Agency's guidance statement about Medicare Advantage plans at: http://ahca.myflorida.com/MEDICAID/statewide_mc/pdf/Guidance_Statements/SMMC_Guidance_Statement_enrollment_in_Medicare_Advantage_Plans.pdf

Choice Counseling Available in English, Spanish and Creole



Continuity of Care

Agency Goals for a Successful MMA Rollout

- Preserve continuity of care, and to greatest extent possible:
  - Recipients keep primary care provider
  - Recipients keep current prescriptions
  - Ongoing course of treatment will go uninterrupted

- Plans must have the ability to pay providers fully and promptly to ensure no provider cash flow or payroll issues.

Agency Goals for a Successful MMA Rollout

- Plans must have sufficient and accurate provider networks under contract and taking patients.
  - Allows an informed choice of providers for recipients and the ability to make appointments.

- Choice Counseling call center and website must be able to handle volume of recipients engaged in plan choice at any one time.
  - Regional roll out to ensure success

How Will Providers Know Whether to Continue Services?

Providers should keep previously scheduled appointments with recipients during transition

Continuity of Care During Transition Plan Responsibility

- MMA plans are responsible for the coordination of care for new enrollees transitioning into the plan

- MMA plans are required to cover any ongoing course of treatment (services that were previously authorized or prescheduled prior to the enrollee's enrollment in the plan) with the recipient's provider during the 60 day continuity of care period, even if that provider is not enrolled in the plan's network.

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  - The following services may extend beyond the continuity of care period and as such, the MMA plans are responsible for continuing the entire course of treatment with the recipient's current provider:
    - Prenatal and postpartum care (until six weeks after birth)
    - Transplant services (through the first year post-transplant)
    - Radiation and/or chemotherapy services (for the current round of treatment).

Continuity of Care During Transition

If the services were prearranged prior to enrollment with the plan, written documentation includes the following:

- Prior existing orders;
- Provider appointments, e.g., dental appointments, surgeries, etc.;
- Prescriptions (including prescriptions at non-participating pharmacies); and
- Behavioral health services.

- MMA plans cannot require additional authorization for any ongoing course of treatment. If a provider contacts the plan to obtain prior authorization during the continuity of care period, the MMA plan cannot delay service authorization if written documentation is not available in a timely manner. The plan must approve the service.

- However, the MMA plan may require the submission of written document (as described above) before paying the claim.

How Will Providers Be Paid?

Providers will receive payment for services provided during the transition.

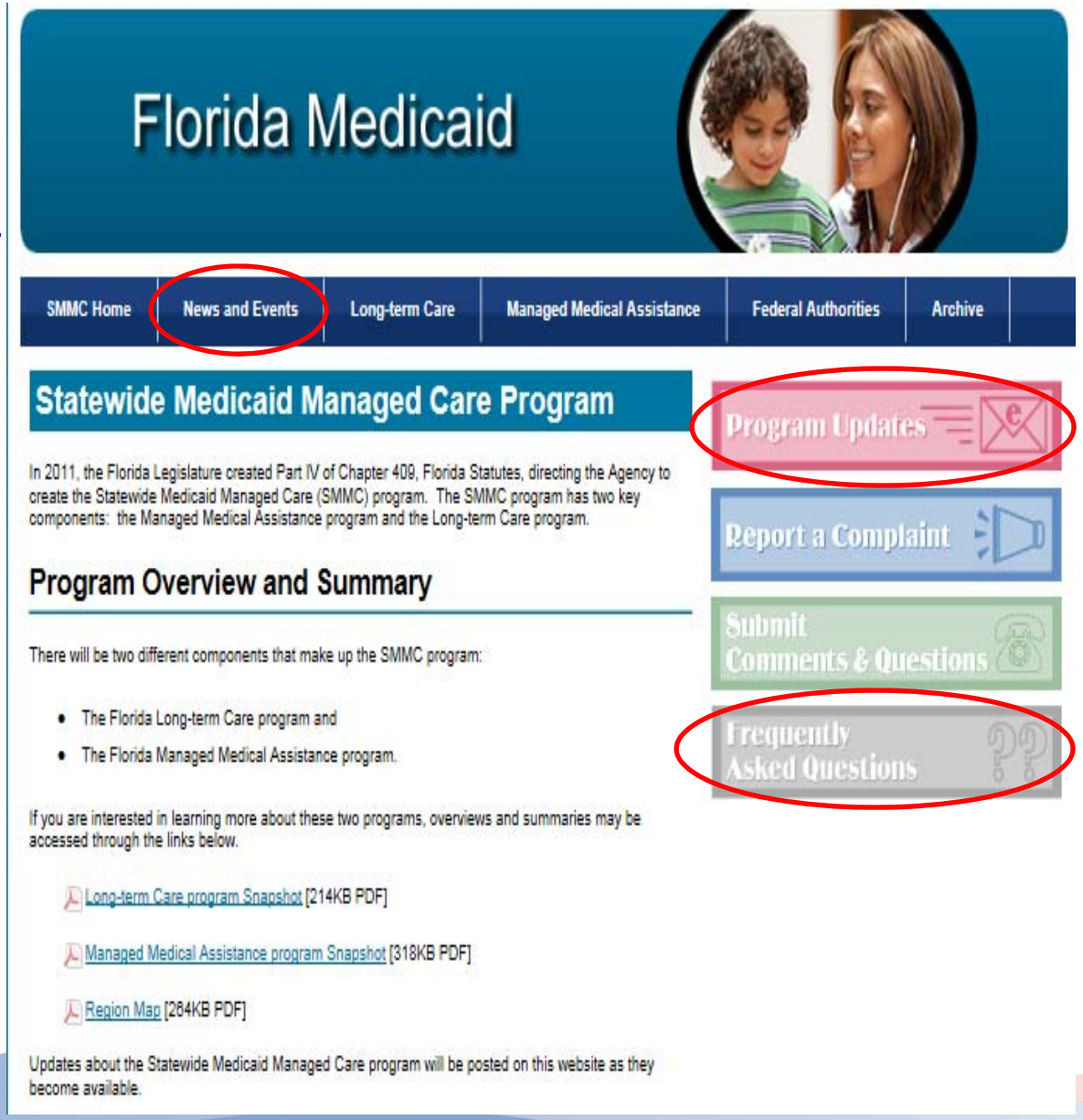
Continuity of Care During Transition Provider Responsibility

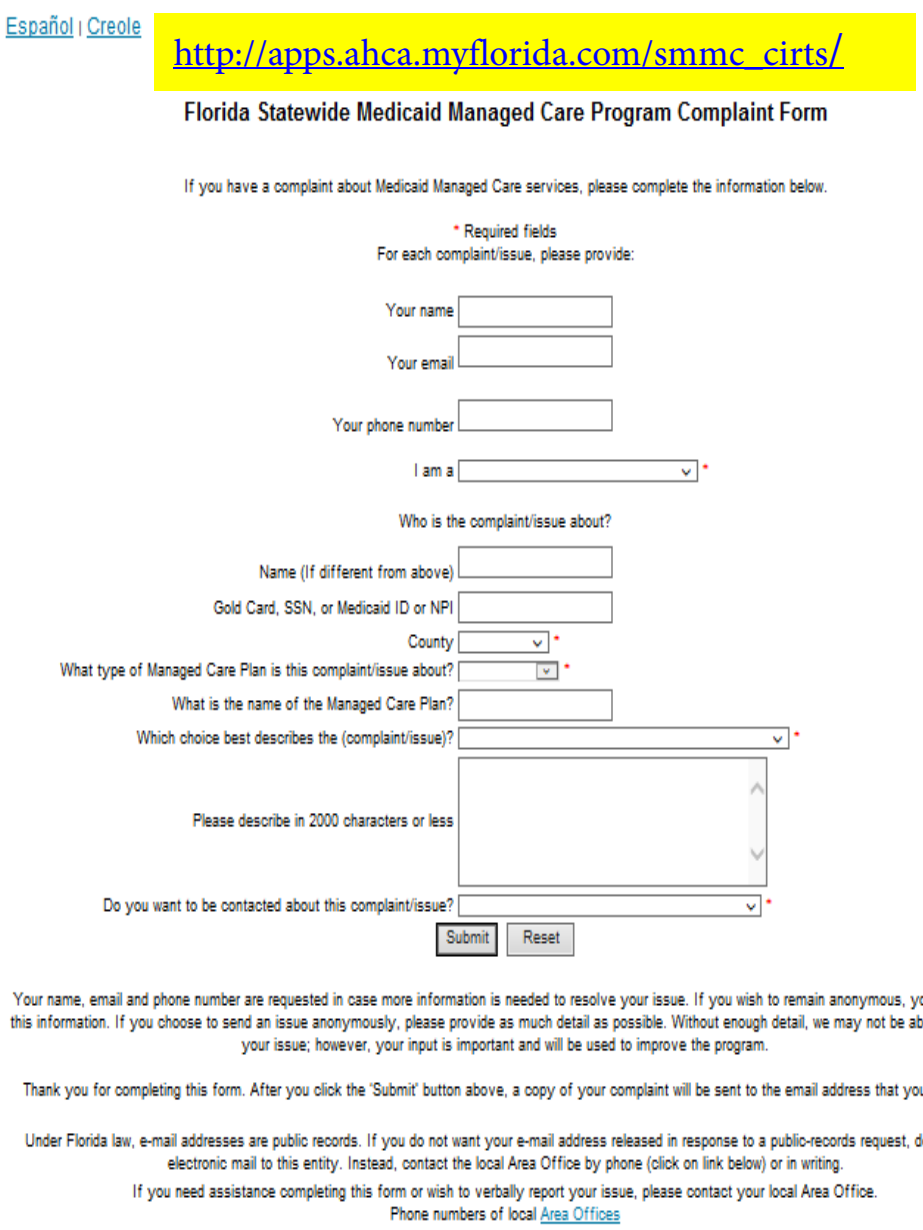
- Service providers should continue providing services to MMA enrollees during the 60-day continuity of care period for any services that were previously authorized or prescheduled prior to the MMA implementation, regardless of whether the provider is participating in the plan's network.

- Providers should notify the enrollee's MMA plan as soon as possible of any prior authorized ongoing course of treatment (existing orders, prescriptions, etc.) or prescheduled appointments.

Resources

- This presentation can be found on our SlideShare page at: bit.ly/LTC_MMA
- Questions can be emailed to: FLMedicaidManagedCare@ahca.myflorida.com
- Updates about the Statewide Medicaid Managed Care program are posted at: www.ahca.myflorida.com/SMMC
- Upcoming events and news can be found on the “News and Events” link.
  - You may sign up for our mailing list by clicking the red “Program Updates” box on the right hand side of the page.
- Continue to check our Frequently Asked Questions button, as we make updates on a regular basis.





Español | Creole

http://apps.ahca.myflorida.com/smmc_cirts/

Florida Statewide Medicaid Managed Care Program Complaint Form

If you have a complaint about Medicaid Managed Care services, please complete the information below.

* Required fields
For each complaint/issue, please provide:

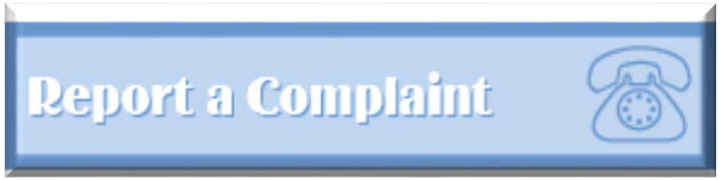
Your name
Your email
Your phone number
I am a *
Who is the complaint/issue about?
Name (If different from above)
Gold Card, SSN, or Medicaid ID or NPI
County *
What type of Managed Care Plan is this complaint/issue about? *
What is the name of the Managed Care Plan?
Which choice best describes the (complaint/issue)? *
Please describe in 2000 characters or less
Do you want to be contacted about this complaint/issue? *
Submit Reset

Your name, email and phone number are requested in case more information is needed to resolve your issue. If you wish to remain anonymous, you may omit this information. If you choose to send an issue anonymously, please provide as much detail as possible. Without enough detail, we may not be able to resolve your issue; however, your input is important and will be used to improve the program.

Thank you for completing this form. After you click the 'Submit' button above, a copy of your complaint will be sent to the email address that you provided.

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the local Area Office by phone (click on link below) or in writing.

If you need assistance completing this form or wish to verbally report your issue, please contact your local Area Office.
Phone numbers of local Area Offices



- If you have a complaint or issue about Medicaid Managed Care services, please complete the online form found at: http://ahca.myflorida.com/smmc
- Click on the "Report a Complaint" blue button.
- If you need assistance completing this form or wish to verbally report your issue, please contact your local Medicaid area office.
- Find contact information for the Medicaid area offices at: http://www.mymedicaid-florida.com/

Resources

- Weekly provider informational calls regarding the rollout of the Managed Medical Assistance program will be held. Please refer to our SMMC page, ahca.myflorida.com/smmc, for dates, times, and calling instructions.
- Calls will address issues specific to the following provider groups:
  - Mental Health and Substance Abuse
  - Dental
  - Therapy
  - Durable Medical Equipment
  - Home Health
  - Physicians / MediPass
  - Pharmacy
  - Hospitals and Hospice
  - Skilled Nursing Facilities / Assisted Living Facilities / Adult Family Care Homes

Additional Information

Youtube.com/AHCAFlorida

Facebook.com/AHCAFlorida

Twitter.com/AHCA_FL

SlideShare.net/AHCAFlorida