



# Quarterly Statewide Medicaid Managed Care Report

Business Intelligence Unit  
Medicaid Data Analytics



## Spring 2016

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**Contents**

List of Figures ..... ii

Executive Summary..... ix

Introduction ..... 1

    Data Sources ..... 2

Managed Medical Assistance Provider Network ..... 4

    Network of Managed Medical Assistance (MMA) Providers by Region ..... 5

    Network of Primary Care Providers by Region ..... 17

    Network of Dentists by Region ..... 29

    Network of Pediatricians by Region..... 41

    Network of Pharmacies by Region..... 53

    Network of Psychiatrists by Region ..... 65

    Network of Federally Qualified Health Centers and Rural Health Clinics by Region..... 77

SMMC MMA Financial Performance..... 89

Long-term Care Provider Networks ..... 94

    Network of Long-term Care Providers by Region ..... 95

SMMC LTC Financial Performance ..... 107

Conclusion..... 111

# List of Figures

- Figure 1: Region 1 MMA Provider Network, December 2015 ..... 6
- Figure 2: Distribution of MMA Enrollees by Plan in Region 1, December 2015 ..... 6
- Figure 3: Number of Providers by Number of Plans Served in Region 1, December 2015..... 6
- Figure 4: Region 2 MMA Provider Network, December 2015 ..... 7
- Figure 5: Distribution of MMA Enrollees by Plan in Region 2, December 2015 ..... 7
- Figure 6: Number of Providers by Number of Plans Served in Region 2, December 2015..... 7
- Figure 7: Region 3 MMA Provider Network, December 2015 ..... 8
- Figure 8: Distribution of MMA Enrollees by Plan in Region 3, December 2015 ..... 8
- Figure 9: Number of Providers by Number of Plans Served in Region 3, December 2015..... 8
- Figure 10: Region 4 MMA Provider Network, December 2015 ..... 9
- Figure 11: Distribution of MMA Enrollees by Plan in Region 4, December 2015 ..... 9
- Figure 12: Number of Providers by Number of Plans Served in Region 4, December 2015..... 9
- Figure 13: Region 5 MMA Provider Network, December 2015 ..... 10
- Figure 14: Distribution of MMA Enrollees by Plan in Region 5, December 2015 ..... 10
- Figure 15: Number of Providers by Number of Plans Served in Region 5, December 2015..... 10
- Figure 16: Region 6 MMA Provider Network, December 2015 ..... 11
- Figure 17: Distribution of MMA Enrollees by Plan in Region 6, December 2015 ..... 11
- Figure 18: Number of Providers by Number of Plans Served in Region 6, December 2015..... 11
- Figure 19: Region 7 MMA Provider Network, December 2015 ..... 12
- Figure 20: Distribution of MMA Enrollees by Plan in Region 7, December 2015 ..... 12
- Figure 21: Number of Providers by Number of Plans Served in Region 7, December 2015..... 12
- Figure 22: Region 8 MMA Provider Network, December 2015 ..... 13
- Figure 23: Distribution of MMA Enrollees by Plan in Region 8, December 2015 ..... 13
- Figure 24: Number of Providers by Number of Plans Served in Region 8, December 2015..... 13
- Figure 25: Region 9 MMA Provider Network, December 2015 ..... 14
- Figure 26: Distribution of MMA Enrollees by Plan in Region 9, December 2015 ..... 14
- Figure 27: Number of Providers by Number of Plans Served in Region 9, December 2015..... 14
- Figure 28: Region 10 MMA Provider Network, December 2015 ..... 15
- Figure 29: Distribution of MMA Enrollees by Plan in Region 10, December 2015 ..... 15
- Figure 30: Number of Providers by Number of Plans Served in Region 10, December 2015..... 15
- Figure 31: Region 11 MMA Provider Network, December 2015 ..... 16
- Figure 32: Distribution of MMA Enrollees by Plan in Region 11, December 2015 ..... 16
- Figure 33: Number of Providers by Number of Plans Served in Region 11, December 2015..... 16
- Figure 34: Region 1 Network of Primary Care Providers, December 2015..... 18
- Figure 35: Number of PCPs per 1,500 Enrollees in Region 1, December 2015..... 18
- Figure 36: Number of PCPs by Number of Plans Served in Region 1, December 2015 ..... 18
- Figure 37: Region 2 Network of Primary Care Providers, December 2015..... 19
- Figure 38: Number of PCPs per 1,500 Enrollees in Region 2, December 2015..... 19
- Figure 39: Number of PCPs by Number of Plans Served in Region 2, December 2015 ..... 19
- Figure 40: Region 3 Network of PCPs, December 2015 ..... 20

Figure 41: Number of PCPs per 1,500 Enrollees in Region 3, December 2015.....	20
Figure 42: Number of PCPs by Number of Plans Served in Region 3, December 2015 .....	20
Figure 43: Region 4 Network of PCPs, December 2015 .....	21
Figure 44: Number of PCPs per 1,500 Enrollees in Region 4, December 2015.....	21
Figure 45: Number of PCPs by Number of Plans Served in Region 4, December 2015 .....	21
Figure 46: Region 5 Network of PCPs, December 2015 .....	22
Figure 47: Number of PCPs per 1,500 Enrollees in Region 5, December 2015.....	22
Figure 48: Number of PCPs by Number of Plans Served in Region 5, December 2015 .....	22
Figure 49: Region 6 Network of PCPs, December 2015 .....	23
Figure 50: Number of PCPs per 1,500 Enrollees in Region 6, December 2015.....	23
Figure 51: Number of PCPs by Number of Plans Served in Region 6, December 2015 .....	23
Figure 52: Region 7 Network of PCPs, December 2015 .....	24
Figure 53: Number of PCPs per 1,500 Enrollees in Region 7, December 2015.....	24
Figure 54: Number of PCPs by Number of Plans Served in Region 7, December 2015 .....	24
Figure 55: Region 8 Network of PCPs, December 2015 .....	25
Figure 56: Number of PCPs per 1,500 Enrollees in Region 8, December 2015.....	25
Figure 57: Number of PCPs by Number of Plans Served in Region 8, December 2015 .....	25
Figure 58: Region 9 Network of PCPs, December 2015 .....	26
Figure 59: Number of PCPs per 1,500 Enrollees in Region 9, December 2015.....	26
Figure 60: Number of PCPs by Number of Plans Served in Region 9, December 2015 .....	26
Figure 61: Region 10 Network of PCPs, December 2015 .....	27
Figure 62: Number of PCPs per 1,500 Enrollees in Region 10, December 2015.....	27
Figure 63: Number of PCPs by Number of Plans Served in Region 10, December 2015 .....	27
Figure 64: Region 11 Network of PCPs, December 2015 .....	28
Figure 65: Number of PCPs per 1,500 Enrollees in Region 11, December 2015.....	28
Figure 66: Number of PCPs by Number of Plans Served in Region 11, December 2015 .....	28
Figure 67: Region 1 Network of Dentists, December 2015 .....	30
Figure 68: Number of Dentists per 1,500 Enrollees in Region 1, December 2015 .....	30
Figure 69: Number of Dentists by Number of Plans Served in Region 1, December 2015.....	30
Figure 70: Region 2 Network of Dentists, December 2015 .....	31
Figure 71: Number of Dentists per 1,500 Enrollees in Region 2, December 2015 .....	31
Figure 72: Number of Dentists by Number of Plans Served in Region 2, December 2015.....	31
Figure 73: Region 3 Network of Dentists, December 2015 .....	32
Figure 74: Number of Dentists per 1,500 Enrollees in Region 3, December 2015 .....	32
Figure 75: Number of Dentists by Number of Plans Served in Region 3, December 2015.....	32
Figure 76: Region 4 Network of Dentists, December 2015 .....	33
Figure 77: Number of Dentists per 1,500 Enrollees in Region 4, December 2015 .....	33
Figure 78: Number of Dentists by Number of Plans Served in Region 4, December 2015.....	33
Figure 79: Region 5 Network of Dentists, December 2015 .....	34
Figure 80: Number of Dentists per 1,500 Enrollees in Region 5, December 2015 .....	34
Figure 81: Number of Dentists by Number of Plans Served in Region 5, December 2015.....	34
Figure 82: Region 6 Network of Dentists, December 2015 .....	35

Figure 83: Number of Dentists per 1,500 Enrollees in Region 6, December 2015 .....	35
Figure 84: Number of Dentists by Number of Plans Served in Region 6, December 2015.....	35
Figure 85: Region 7 Network of Dentists, December 2015 .....	36
Figure 86: Number of Dentists per 1,500 Enrollees in Region 7, December 2015 .....	36
Figure 87: Number of Dentists by Number of Plans Served in Region 7, December 2015.....	36
Figure 88: Region 8 Network of Dentists, December 2015 .....	37
Figure 89: Number of Dentists per 1,500 Enrollees in Region 8, December 2015 .....	37
Figure 90: Number of Dentists by Number of Plans Served in Region 8, December 2015.....	37
Figure 91: Region 9 Network of Dentists, December 2015 .....	38
Figure 92: Number of Dentists per 1,500 Enrollees in Region 9, December 2015 .....	38
Figure 93: Number of Dentists by Number of Plans Served in Region 9, December 2015.....	38
Figure 94: Region 10 Network of Dentists, December 2015 .....	39
Figure 95: Number of Dentists per 1,500 Enrollees in Region 10, December 2015 .....	39
Figure 96: Number of Dentists by Number of Plans Served in Region 10, December 2015.....	39
Figure 97: Region 11 Network of Dentists, December 2015 .....	40
Figure 98: Number of Dentists per 1,500 Enrollees in Region 11, December 2015 .....	40
Figure 99: Number of Dentists by Number of Plans Served in Region 11, December 2015.....	40
Figure 100: Region 1 Network of Pediatricians, December 2015 .....	42
Figure 101: Number of Pediatricians per 1,500 Enrollees in Region 1, December 2015.....	42
Figure 102: Number of Pediatricians by Number of Plans Served in Region 1, December 2015 .....	42
Figure 103: Region 2 Network of Pediatricians, December 2015 .....	43
Figure 104: Number of Pediatricians per 1,500 Enrollees in Region 2, December 2015.....	43
Figure 105: Number of Pediatricians by Number of Plans Served in Region 2, December 2015 .....	43
Figure 106: Region 3 Network of Pediatricians, December 2015 .....	44
Figure 107: Number of Pediatricians per 1,500 Enrollees in Region 3, December 2015.....	44
Figure 108: Number of Pediatricians by Number of Plans Served in Region 3, December 2015 .....	44
Figure 109: Region 4 Network of Pediatricians, December 2015 .....	45
Figure 110: Number of Pediatricians per 1,500 Enrollees in Region 4, December 2015.....	45
Figure 111: Number of Pediatricians by Number of Plans Served in Region 4, December 2015 .....	45
Figure 112: Region 5 Network of Pediatricians, December 2015 .....	46
Figure 113: Number of Pediatricians per 1,500 Enrollees in Region 5, December 2015.....	46
Figure 114: Number of Pediatricians by Number of Plans Served in Region 5, December 2015 .....	46
Figure 115: Region 6 Network of Pediatricians, December 2015 .....	47
Figure 116: Number of Pediatricians per 1,500 Enrollees in Region 6, December 2015.....	47
Figure 117: Number of Pediatricians by Number of Plans Served in Region 6, December 2015 .....	47
Figure 118: Region 7 Network of Pediatricians, December 2015 .....	48
Figure 119: Number of Pediatricians per 1,500 Enrollees in Region 7, December 2015.....	48
Figure 120: Number of Pediatricians by Number of Plans Served in Region 7, December 2015 .....	48
Figure 121: Region 8 Network of Pediatricians, December 2015 .....	49
Figure 122: Number of Pediatricians per 1,500 Enrollees in Region 8, December 2015.....	49
Figure 123: Number of Pediatricians by Number of Plans Served in Region 8, December 2015 .....	49
Figure 124: Region 9 Network of Pediatricians, December 2015 .....	50

Figure 125: Number of Pediatricians per 1,500 Enrollees in Region 9, December 2015.....	50
Figure 126: Number of Pediatricians by Number of Plans Served in Region 9, December 2015 .....	50
Figure 127: Region 10 Network of Pediatricians, December 2015.....	51
Figure 128: Number of Pediatricians per 1,500 Enrollees in Region 10, December 2015.....	51
Figure 129: Number of Pediatricians by Number of Plans Served in Region 10, December 2015 .....	51
Figure 130: Region 11 Network of Pediatricians, December 2015.....	52
Figure 131: Number of Pediatricians per 1,500 Enrollees in Region 11, December 2015.....	52
Figure 132: Number of Pediatricians by Number of Plans Served in Region 11, December 2015 .....	52
Figure 133: Region 1 Network of Pharmacies, December 2015.....	54
Figure 134: Number of Pharmacies per 2,500 Enrollees in Region 1, December 2015.....	54
Figure 135: Number of Pharmacies by Number of Plans Served in Region 1, December 2015 .....	54
Figure 136: Region 2 Network of Pharmacies, December 2015 .....	55
Figure 137: Number of Pharmacies per 2,500 Enrollees in Region 2, December 2015.....	55
Figure 138: Number of Pharmacies by Number of Plans Served in Region 2, December 2015 .....	55
Figure 139: Region 3 Network of Pharmacies, December 2015 .....	56
Figure 140: Number of Pharmacies per 2,500 Enrollees in Region 3, December 2015.....	56
Figure 141: Number of Pharmacies by Number of Plans Served in Region 3, December 2015 .....	56
Figure 142: Region 4 Network of Pharmacies, December 2015 .....	57
Figure 143: Number of Pharmacies per 2,500 Enrollees in Region 4, December 2015.....	57
Figure 144: Number of Pharmacies by Number of Plans Served in Region 4, December 2015 .....	57
Figure 145: Region 5 Network of Pharmacies, December 2015 .....	58
Figure 146: Number of Pharmacies per 2,500 Enrollees in Region 5, December 2015.....	58
Figure 147: Number of Pharmacies by Number of Plans Served in Region 5, December 2015 .....	58
Figure 148: Region 6 Network of Pharmacies, December 2015 .....	59
Figure 149: Number of Pharmacies per 2,500 Enrollees in Region 6, December 2015.....	59
Figure 150: Number of Pharmacies by Number of Plans Served in Region 6, December 2015 .....	59
Figure 151: Region 7 Network of Pharmacies, December 2015 .....	60
Figure 152: Number of Pharmacies per 2,500 Enrollees in Region 7, December 2015.....	60
Figure 153: Number of Pharmacies by Number of Plans Served in Region 7, December 2015 .....	60
Figure 154: Region 8 Network of Pharmacies, December 2015 .....	61
Figure 155: Number of Pharmacies per 2,500 Enrollees in Region 8, December 2015.....	61
Figure 156: Number of Pharmacies by Number of Plans Served in Region 8, December 2015 .....	61
Figure 157: Region 9 Network of Pharmacies, December 2015 .....	62
Figure 158: Number of Pharmacies per 2,500 Enrollees in Region 9, December 2015.....	62
Figure 159: Number of Pharmacies by Number of Plans Served in Region 9, December 2015 .....	62
Figure 160: Region 10 Network of Pharmacies, December 2015 .....	63
Figure 161: Number of Pharmacies per 2,500 Enrollees in Region 10, December 2015.....	63
Figure 162: Number of Pharmacies by Number of Plans Served in Region 10, December 2015 .....	63
Figure 163: Region 11 Network of Pharmacies, December 2015 .....	64
Figure 164: Number of Pharmacies per 2,500 Enrollees in Region 11, December 2015.....	64
Figure 165: Number of Pharmacies by Number of Plans Served in Region 11, December 2015 .....	64
Figure 166: Region 1 Network of Psychiatrists, December 2015.....	66

Figure 167: Number of Psychiatrists per 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 1, December 2015.....	66
Figure 168: Number of Psychiatrists by Number of Plans Served in Region 1, December 2015.....	66
Figure 169: Region 2 Network of Psychiatrists, December 2015.....	67
Figure 170: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 2, December 2015.....	67
Figure 171: Number of Psychiatrists by Number of Plans Served in Region 2, December 2015.....	67
Figure 172: Region 3 Network of Psychiatrists, December 2015.....	68
Figure 173: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 3, December 2015.....	68
Figure 174: Number of Psychiatrists by Number of Plans Served in Region 3, December 2015.....	68
Figure 175: Region 4 Network of Psychiatrists, December 2015.....	69
Figure 176: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 4, December 2015.....	69
Figure 177: Number of Psychiatrists by Number of Plans Served in Region 4, December 2015.....	69
Figure 178: Region 5 Network of Psychiatrists, December 2015.....	70
Figure 179: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 5, December 2015.....	70
Figure 180: Number of Psychiatrists by Number of Plans Served in Region 5, December 2015.....	70
Figure 181: Region 6 Network of Psychiatrists, December 2015.....	71
Figure 182: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 6, December 2015.....	71
Figure 183: Number of Psychiatrists by Number of Plans Served in Region 6, December 2015.....	71
Figure 184: Region 7 Network of Psychiatrists, December 2015.....	72
Figure 185: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 7, December 2015.....	72
Figure 186: Number of Psychiatrists by Number of Plans Served in Region 7, December 2015.....	72
Figure 187: Region 8 Network of Psychiatrists, December 2015.....	73
Figure 188: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 8, December 2015.....	73
Figure 189: Number of Psychiatrists by Number of Plans Served in Region 8, December 2015.....	73
Figure 190: Region 9 Network of Psychiatrists, December 2015.....	74
Figure 191: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 9, December 2015.....	74
Figure 192: Number of Psychiatrists by Number of Plans Served in Region 9, December 2015.....	74
Figure 193: Region 10 Network of Psychiatrists, December 2015.....	75
Figure 194: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 10, December 2015.....	75
Figure 195: Number of Psychiatrists by Number of Plans Served in Region 10, December 2015.....	75
Figure 196: Region 11 Network of Psychiatrists, December 2015.....	76
Figure 197: Number of Psychiatrists per 1,000 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 11, December 2015.....	76



Figure 198: Number of Psychiatrists by Number of Plans Served in Region 11, December 2015.....	76
Figure 199: Region 1 Network of Federally Qualified Health Centers, December 2015 .....	78
Figure 200: Region 1 Network of Rural Health Clinics, December 2015 .....	78
Figure 201: Region 2 Network of Federally Qualified Health Centers, December 2015 .....	79
Figure 202: Region 2 Network of Rural Health Clinics, December 2015 .....	79
Figure 203: Region 3 Network of Federally Qualified Health Centers, December 2015 .....	80
Figure 204: Region 3 Network of Rural Health Clinics, December 2015 .....	80
Figure 205: Region 4 Network of Federally Qualified Health Centers, December 2015 .....	81
Figure 206: Region 4 Network of Rural Health Clinics, December 2015 .....	81
Figure 207: Region 5 Network of Federally Qualified Health Centers, December 2015 .....	82
Figure 208: Region 5 Network of Rural Health Clinics, December 2015 .....	82
Figure 209: Region 6 Network of Federally Qualified Health Centers, December 2015 .....	83
Figure 210: Region 6 Network of Rural Health Clinics, December 2015 .....	83
Figure 211: Region 7 Network of Federally Qualified Health Centers, December 2015 .....	84
Figure 212: Region 8 Network of Federally Qualified Health Centers, December 2015 .....	85
Figure 213: Region 8 Network of Rural Health Clinics, December 2015 .....	85
Figure 214: Region 9 Network of Federally Qualified Health Centers, December 2015 .....	86
Figure 215: Region 9 Network of Rural Health Clinics, December 2015 .....	86
Figure 216: Region 10 Network of Federally Qualified Health Centers, December 2015 .....	87
Figure 217: Region 11 Network of Federally Qualified Health Centers, December 2015 .....	88
Figure 218: Region 11 Network of Rural Health Centers, December 2015 .....	88
Figure 219: Total Revenue by MMA Plan, May 2014-December 2014.....	89
Figure 220: Revenue per Enrollee per Month, May 2014-December 2014 .....	89
Figure 221: Amount Paid per Enrollee per Month for Administrative Expenses, May 2014-December 2014 .....	90
Figure 222: Amount Paid per Enrollee per Month for Expanded Benefits, May 2014-December 2014 ....	90
Figure 223: Amount Paid per Enrollee per Month for MMA Services, May 2014-December 2014.....	91
Figure 224: Amount Paid for MMA Services as a Percentage of Revenue, May 2014-December 2014 ....	91
Figure 225: Operating Margin, May 2014-December 2014.....	92
Figure 226: Percentage of Plan Revenue Spent on Hospital Services, May 2014-December 2014 .....	92
Figure 227: Amount Plans Paid for Services as a Percentage of Plan Revenue, May 2014-December 2014 .....	93
Figure 228: Amount Plans Paid for Services as a Percentage of Total Revenue, May 2014-December 2014 .....	93
Figure 229: Region 1 LTC Provider Network, December 2015 .....	96
Figure 230: Distribution of LTC Enrollees by Plan in Region 1, December 2015 .....	96
Figure 231: Number of LTC Providers by Number of Plans Served in Region 1, December 2015 .....	96
Figure 232: Region 2 LTC Provider Network, December 2015 .....	97
Figure 233: Distribution of LTC Enrollees by Plan in Region 2, December 2015 .....	97
Figure 234: Number of LTC Providers by Number of Plans Served in Region 2, December 2015.....	97
Figure 235: Region 3 LTC Provider Network, December 2015 .....	98
Figure 236: Distribution of LTC Enrollees by Plan in Region 3, December 2015 .....	98

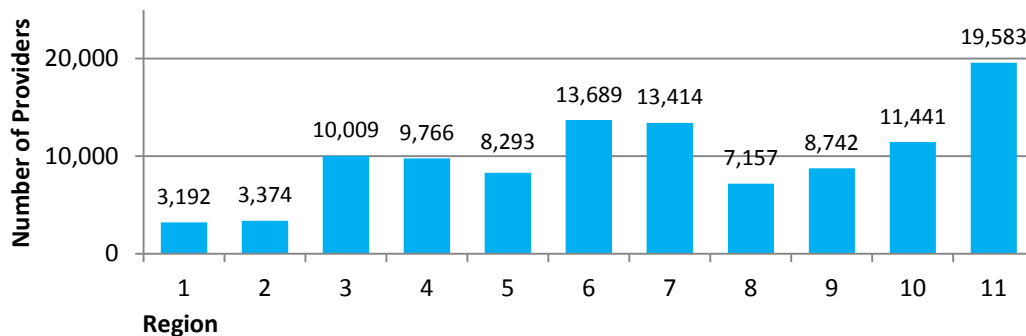
Figure 237: Number of LTC Providers by Number of Plans Served in Region 3, December 2015 .....	98
Figure 238: Region 4 LTC Provider Network, December 2015 .....	99
Figure 239: Distribution of LTC Enrollees by Plan in Region 4, December 2015 .....	99
Figure 240: Number of LTC Providers by Number of Plans Served in Region 4, December 2015 .....	99
Figure 241: Region 5 LTC Provider Network, December 2015 .....	100
Figure 242: Distribution of LTC Enrollees by Plan in Region 5, December 2015 .....	100
Figure 243: Number of LTC Providers by Number of Plans Served in Region 5, December 2015 .....	100
Figure 244: Region 6 LTC Provider Network, December 2015 .....	101
Figure 245: Distribution of LTC Enrollees by Plan in Region 6, December 201 .....	101
Figure 246: Number of LTC Providers by Number of Plans Served in Region 6, December 2015 .....	101
Figure 247: Region 7 LTC Provider Network, December 2015 .....	102
Figure 248: Distribution of LTC Enrollees by Plan in Region 7, December 2015 .....	102
Figure 249: Number of LTC Providers by Number of Plans Served in Region 7, December 2015 .....	102
Figure 250: Region 8 LTC Provider Network, December 2015 .....	103
Figure 251: Distribution of LTC Enrollees by Plan in Region 8, December 2015 .....	103
Figure 252: Number of LTC Providers by Number of Plans Served in Region 8, December 2015 .....	103
Figure 253: Region 9 LTC Provider Network, December 2015 .....	104
Figure 254: Number of LTC Providers by Number of Plans Served in Region 9, December 2015 .....	104
Figure 255: Distribution of LTC Enrollees by Plan in Region 9, December 2015 .....	104
Figure 256: Region 10 LTC Provider Network, December 2015 .....	105
Figure 257: Distribution of LTC Enrollees by Plan in Region 10, December 2015 .....	105
Figure 258: Number of LTC Providers by Number of Plans Served in Region 10, December 2015 .....	105
Figure 259: Region 11 LTC Provider Network, December 2015 .....	106
Figure 260: Distribution of LTC Enrollees by Plan in Region 11, December 2015 .....	106
Figure 261: Number of LTC Providers by Number of Plans Served in Region 11, December 2015 .....	106
Figure 262: Total Revenue for LTC Plans, January 2014-December 2014 .....	107
Figure 263: Revenue per Enrollee per Month, January 2014-December 2014 .....	107
Figure 264: Percentage of LTC Enrollees Residing in a Nursing Facility vs. Community Setting, January 2014-December 2014 .....	108
Figure 265: Amount Paid for Administrative Expense per Enrollee per Month, January 2014-December 2014 .....	108
Figure 266: Amount Paid for Expanded Benefits per Enrollee per Month, January 2014-December 2014 .....	108
Figure 267: Amount Paid for LTC Services per Enrollee per Month, January 2014-December 2014 .....	109
Figure 268: Percentage of Revenue Spent on LTC Services, January 2014-December 2014.....	109
Figure 269: Operating Margin, January 2014-December 2014 .....	109
Figure 270: Amount Plans Paid for Services as a Percentage of Total Revenue, January 2014-December 2014 .....	110
Figure 271: Amount Plans Paid for Services as a Percentage of Plan Revenue, January 2014-December 2014 .....	110

## Executive Summary

The Agency for Health Care Administration administers the Statewide Medicaid Managed Care (SMMC) program which requires most Medicaid recipients in Florida to receive services through managed care. SMMC is comprised of two programs, Managed Medical Assistance (MMA) and Long-term Care (LTC). Plans in each program have specific eligibility, benefits, and provider network requirements designed to meet the needs of the enrollees. Provider networks are critical to the plan for the delivery of services. With that understanding, the Agency developed contractual standards for provider networks that describe and define the minimum number of providers in each plan's network.

This report looks at the overall MMA and LTC provider networks by plan and by region and focuses on a selection of MMA provider types and specialties. Networks of primary care providers, dentists, pharmacies, psychiatrists, Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) are examined by plan and region. Provider networks are analyzed using data submitted by the plans in December 2015. The report also contains a summary of audited financial data submitted by the plans. Financial data for MMA plans is from the start of the MMA program in May 2014 to December 2014, and financial data for LTC plans is from January 2014 to December 2014.

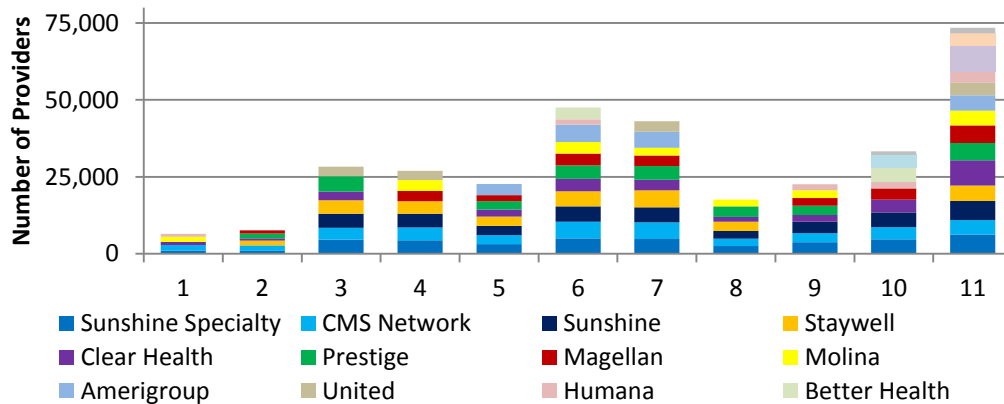
**Network of MMA Providers by Region, December 2015**



Source: Provider Network Verification System, December 2015

- Agency staff monitor the adequacy of plans' provider networks using a variety of criteria. The Agency has contractual authority to impose various penalties, including sanctions and monetary damages, for failure to meet established contract requirements.
- The full spectrum of criteria used to assess provider network adequacy was not considered for this report. This report includes only the ratio of providers to recipients. Minimum ratio standards require providers to be full-time equivalent (FTE). However, ratios presented in this report do not measure the FTE status of providers.
- The number of providers in each region's network of MMA providers ranges from a low of 3,192 in Region 1 to a high of 19,583 in Region 11.
- Plans with the largest number of enrollees in a region do not always have the largest number of providers in the region.
- Hospitals are not included in the provider networks in this report.

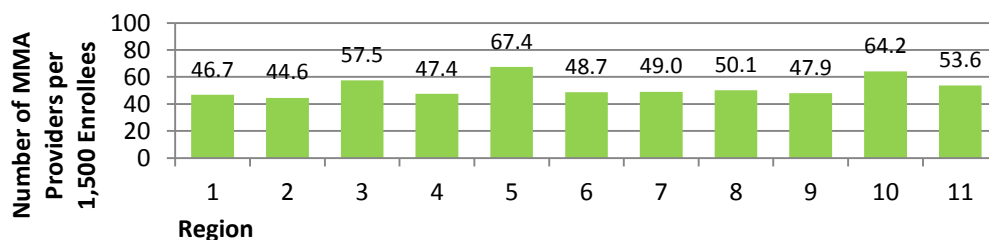
### Network of MMA Providers by Plan and Region, December 2015



Source: Provider Network Verification System, December 2015

- Different plans contract with providers in each region’s provider network.
- Providers may contract with more than one plan in each region.
- When providers contract with more than one plan, plans’ provider networks overlap to some extent and the total number of providers in a region’s network will be less than the sum total of providers across all plans.
- The percentage of each plan’s and region’s network that is shared by multiple plans versus exclusive to one plan is reported because a provider’s availability to enrollees is impacted when a provider contracts with multiple plans.
- In each region, two or more plans shared from half to three-quarters of all MMA providers.
- Sunshine Standard and Sunshine Specialty plans are owned by the same parent company and report the same provider network in each region that both serve.
- Simply and Clear Health are also owned by the same parent company and in Region 11, the only region both plans serve, the plans’ provider networks overlap to a great extent.

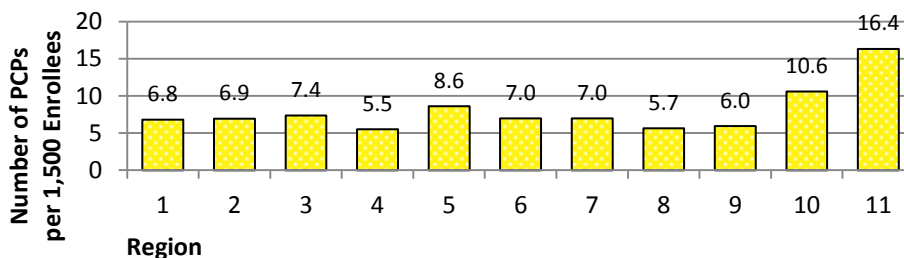
### Number of MMA Providers per 1,500 Enrollees by Region, December 2015



Source: Provider Network Verification System, December 2015

- Network adequacy requirements apply to plans not regions. However, we report unduplicated numbers of providers for region networks across all plans since there is overlap in plan networks in each region.
- The number of providers per 1,500 enrollees in each region ranges from a low of 44.6 in Region 2 to a high of 67.4 in Region 5.

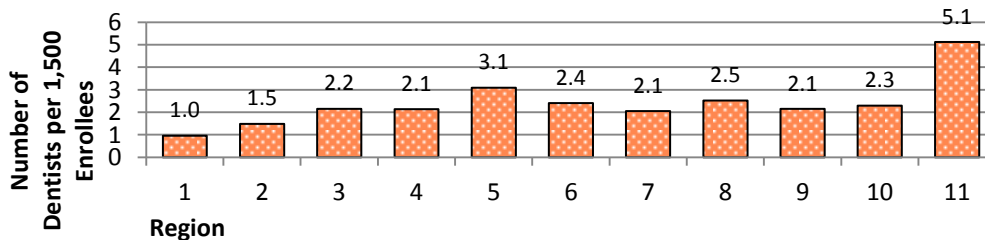
### Number of Primary Care Providers per 1,500 Enrollees by Region, December 2015



Source: Provider Network Verification System, December 2015

- The number of primary care providers (PCPs) per 1,500 enrollees ranged from a low of 5.5 in Region 4 to a high of 16.4 in Region 11.
- In each region, 2 or more plans shared from 43 to 63 percent of PCPs.
- All plans met the minimum standard of including 1 PCP per 1,500 enrollees in every region.
- In every region it serves, Children’s Medical Services (CMS) Network consistently had among the largest percentages of providers that contracted exclusively with CMS Network compared to other plans in the region.

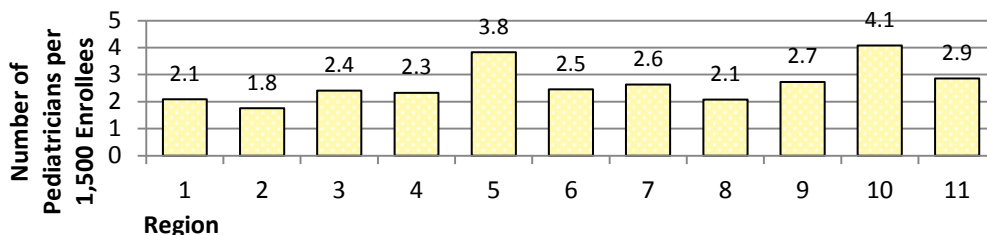
### Number of Dentists per 1,500 Enrollees by Region, December 2015



Source: Provider Network Verification System, December 2015

- The number of dentists per 1,500 enrollees ranged from a low of 1 in Region 1 to a high of 5.1 in Region 11.
- In each region, 2 or more plans shared from 54 to 97 percent of dentists.
- In 3 of the 11 regions, over three-quarters of dentists were shared by 2 or more plans.
- Region 11 had the largest percentage of shared dentists at 97 percent of dentists.
- All plans met the minimum standard of including 1 dentist per 1,500 enrollees in every region.
- In all regions it serves, Prestige consistently had among the largest percentages of dentists who contracted exclusively with Prestige as compared to other plans in the region.

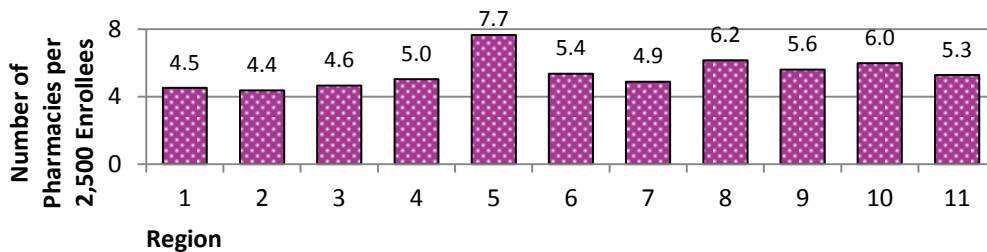
**Number of Pediatricians per 1,500 Enrollees by Region, December 2015**



Source: Provider Network Verification System, December 2015

- The number of pediatricians per 1,500 enrollees ranged from a low of 1.8 in Region 2 to a high of 4.1 in Region 10.
- Two or more plans shared between 29 and 73 percent of pediatricians in each region.
- Regions 9 and 10 had the largest percentage of shared pediatricians at 70 and 73 percent of pediatricians respectively.
- In every region, each plan met the minimum standard of including 1 pediatrician for every 1,500 enrollees in the plan.
- In every region it serves, CMS Network consistently had the largest percentage of pediatricians who contracted exclusively with CMS Network as compared to other plans in the region.

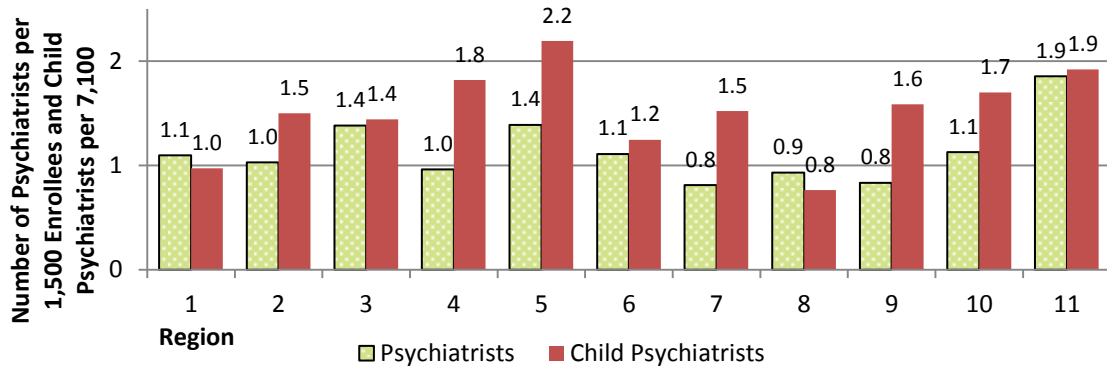
**Number of Pharmacies per 2,500 Enrollees by Region, December 2015**



Source: Provider Network Verification System, December 2015

- The number of pharmacies per 2,500 enrollees ranged from a low of 4.4 in Region 2 to a high of 7.7 in Region 5.
- Two or more plans shared between 77 and 88 percent of pharmacies in each region.
- In every region, over half of pharmacies are shared by 4 or more plans.
- Each plan in each region met the minimum standard of including in its network 1 pharmacy per 2,500 enrollees.
- In every region it serves, CMS Network consistently had the largest percentage of pharmacies which contracted exclusively with CMS Network as compared to other plans in the region.

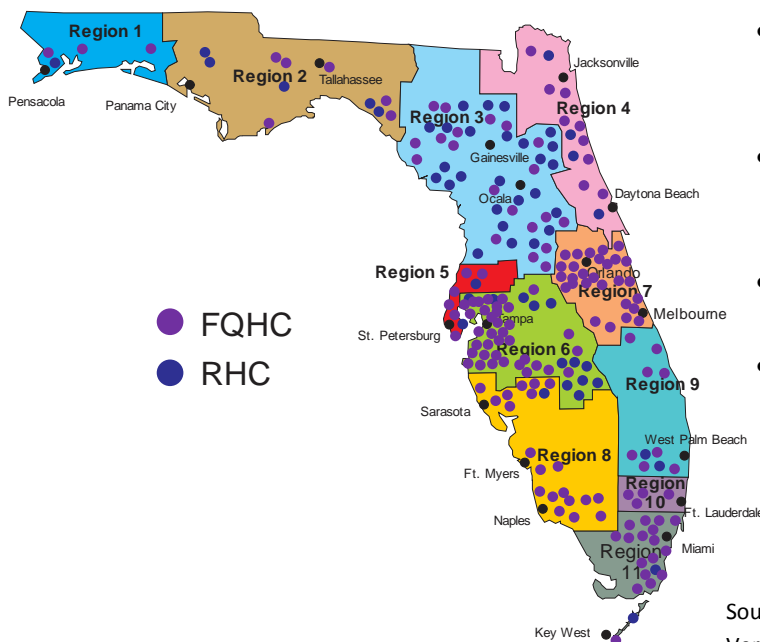
**Number of Psychiatrists per 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees by Region, December 2015**



Source: Provider Network Verification System, December 2015

- The number of psychiatrists per 1,500 enrollees ranged from a low of .8 in Regions 7 and 9 to a high of 1.9 in Region 11. The number of child psychiatrists per 7,100 enrollees ranged from a low of .8 in Region 8 to a high of 2.2 in Region 5.
- Two or more plans shared between 50 and 71 percent of psychiatrists in each region.
- Over half of Coventry’s network of psychiatrists in Region 11 contracted exclusively with Coventry.
- In every region but Region 10, some plans failed to meet minimum standards of including 1 child psychiatrist per 7,100 enrollees.
- In Regions 2, 7, 8, and 9, some plans failed to meet the minimum standard of including in their networks 1 psychiatrist per 1,500 enrollees.

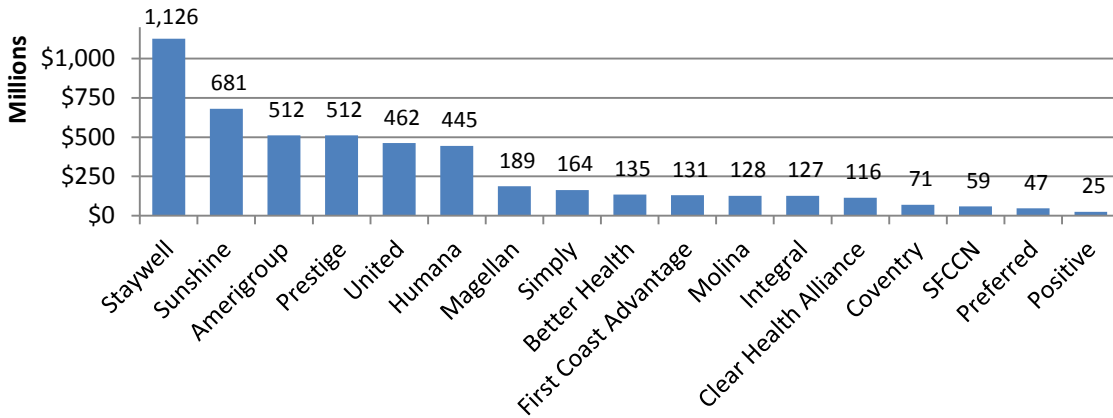
**Network of FQHCs and RHCs by Region, December 2015**



- FQHCs contracted with an MMA plan range from a low of 3 in Region 1 to a high of 36 in Region 6.
- RHCs contracted with an MMA plan range from a low of 0 in Regions 7 and 10 to a high of 26 in Region 3.
- RHCs are clustered more heavily in Region 3 than other regions.
- FQHCs are clustered more in Regions 3, 6, 7, and 11 relative to other regions.

Source: Provider Network Verification System, December 2015

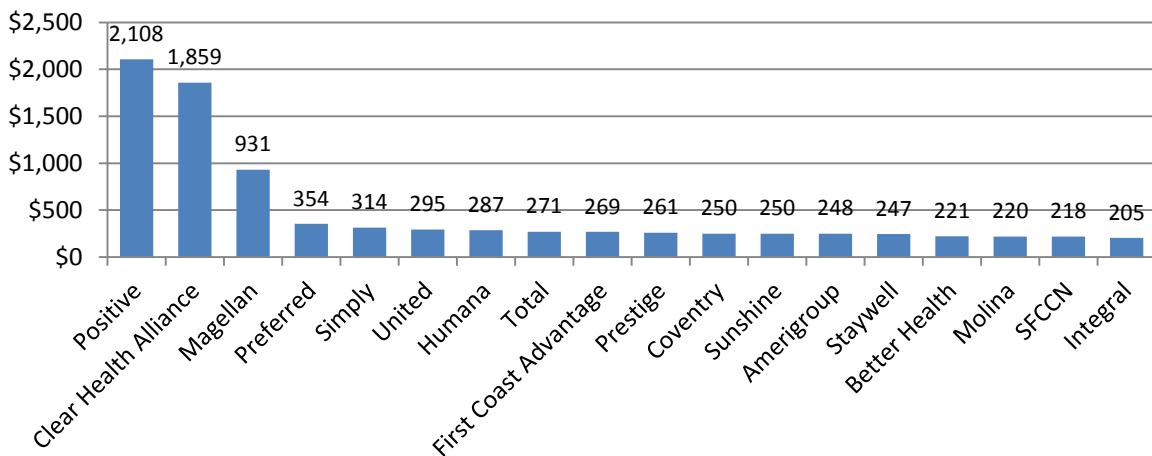
**Total Revenue for MMA Plans, May 2014–December 2014**



\*Children’s Medical Services Network is excluded because it is reimbursed by the Agency based on costs.  
 Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

- MMA plans reported almost 5 billion dollars (\$4,927,702,176) in total revenue from May 2014 to December 2014.
- All but 4 plans reported a negative operating margin – the amount of revenue remaining after subtracting operating costs from revenue.
- Two plans, Preferred and United, reported total amounts spent on services that exceeded total revenue for each plan.
- High hospital contracting rates played a role in the negative operating margin of plans.
- Some plans reportedly began to renegotiate rates with hospitals in summer of 2015.

**Amount Spent per Enrollee per Month for MMA Services, May 2014–December 2014**

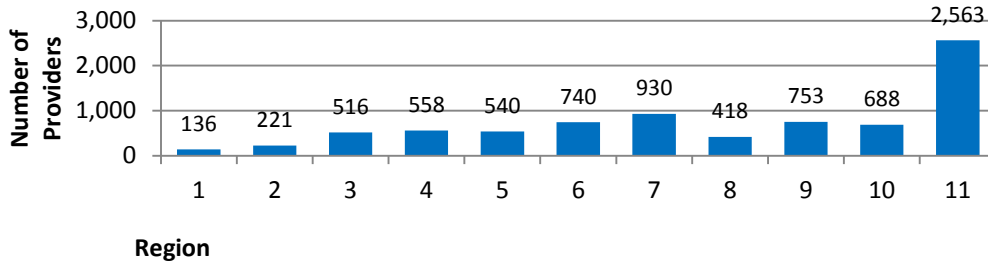


\*Children’s Medical Services Network is excluded because it is reimbursed by the Agency based on costs.  
 Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

- The amount of revenue spent per enrollee per month varies from plan to plan, and tends to be greater for plans serving populations with serious health problems.
- Hospital services were the largest service expenditure for all but 3 plans.



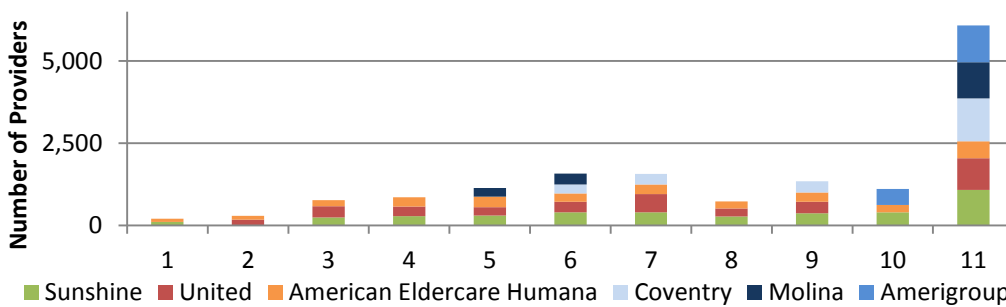
### Network of LTC Providers by Region, December 2015



Source: Provider Network Verification System, December 2015

- The number of unduplicated LTC providers in each region ranges from a low of 136 in Region 1 to a high of 2,563 in Region 11.
- The plan with the largest number of enrollees in a region is not always the plan with the largest number of providers in the region.
- In every region it serves, United consistently had a larger percentage of LTC providers who contracted exclusively with United as compared to other plans in the region.

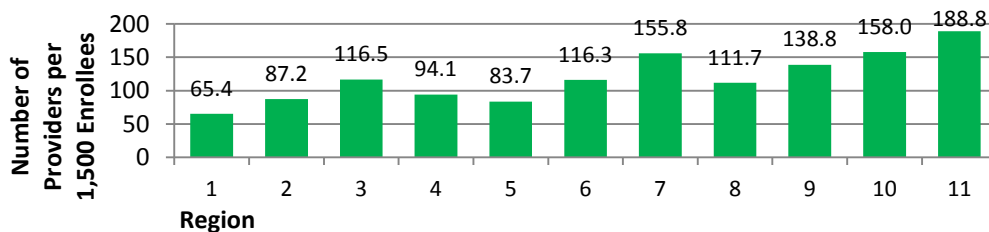
### Network of LTC Providers by Plan and Region, December 2015



Source: Provider Network Verification System, December 2015

- Providers of LTC services and supports in each region can contract with more than one plan in the region.
- LTC plans' networks overlap to the extent that they share the same providers.
- Two or more plans share between 32 and 57 percent of LTC providers in each region.

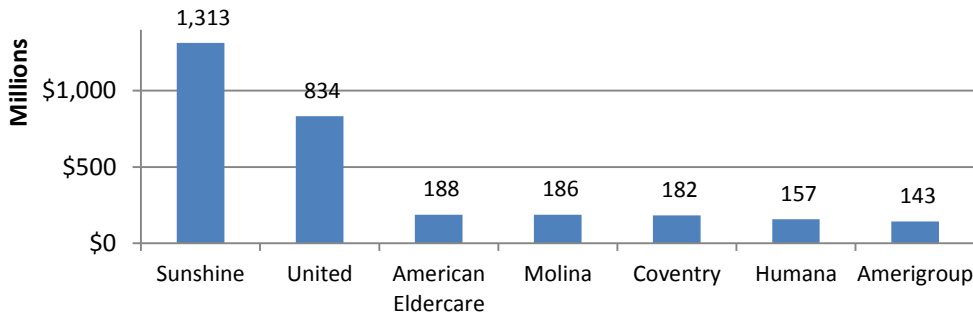
### Number of LTC Providers per 1,500 Enrollees, December 2015



Source: Provider Network Verification System, December 2015

- The number of LTC providers per 1,500 enrollees ranges from a low of 65.4 in Region 1 to a high of 188.8 in Region 11.

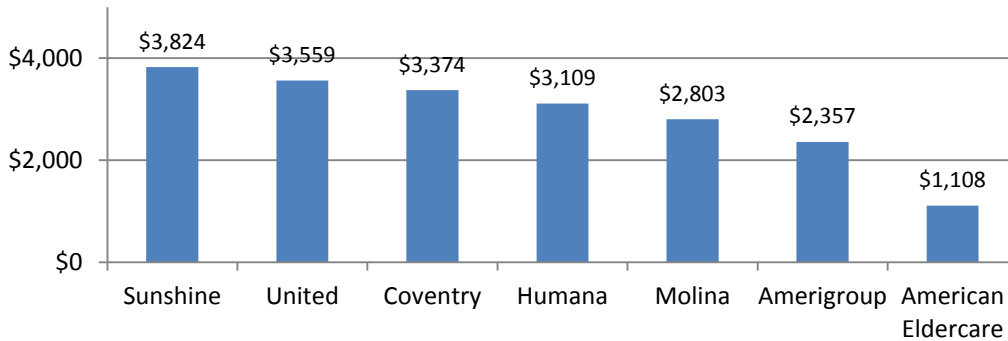
**Total Revenue for LTC Plans, January 2014–December 2014**



Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

- From January 2014 to December 2014, LTC plans reported over 3 billion dollars (\$3,002,994,794) in total revenue.
- One plan, Sunshine, reported spending more on LTC services than the total plan revenue.
- Five plans reported a negative operating margin – the amount of revenue remaining after subtracting operating costs from revenue.

**Amount Spent per Enrollee per Month for LTC Services, January 2014–December 2014**



Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

- The amount spent on LTC services and supports ranged from a low of \$1,108 per enrollee per month for American Eldercare to a high of \$3,824 per enrollee per month for Sunshine.
- The cost of LTC services and supports for each plan varies based on the health of its population and on the proportion of its enrollees who receive services in a nursing facility versus a home and community based setting. Nursing facility services are generally more costly than home and community based services and plans with a larger proportion of enrollees in a nursing facility will spend more per enrollee each month.
- Nursing facility services were the largest service expenditure for all 7 LTC plans.

## Introduction

Under Statewide Medicaid Managed Care (SMMC), the Agency contracts with plans for the provision of an array of health care services for plan enrollees. The SMMC plans contract with providers in the enrollees' communities to create region and plan specific provider networks. The provider networks consist of a group of health care providers that is available to care for enrollees.

Provider networks are the foundation for the delivery of health services. SMMC plans must meet contractual and regulatory standards that require network adequacy. Plans must verify providers meet patient safety goals and credentialing standards. The plan providers must be accessible during specified times and within specified drive times for enrollees. Additional requirements must be met, such as including providers who speak the enrollees' language. The standards for provider networks are key to delivering the right balance of quality and choice for enrollees.

Agency staff monitor the adequacy of plans' provider networks using a variety of criteria. If any of the plans are found to be out of compliance with the SMMC contract, or statute regulating the SMMC plans, the Agency has contractual authority to impose various penalties, including sanctions and monetary damages, for failure to meet established contract requirements.

This report is the fifth in a series that provides information about the SMMC plans and the enrollees in SMMC. It focuses on the provider networks of plans in the SMMC program, and the costs to plans of covering services for enrollees and administering and operating the plan. Report features include the number of providers in the Managed Medical Assistance (MMA) and Long-term Care (LTC) networks by plan and region, the number of primary care providers, dentists, pediatricians, psychiatrists, pharmacies, Federally Qualified Health Centers, and Rural Health Clinics by plan and by region, the degree of overlap in the regional provider networks, total revenue by plan for the MMA and LTC programs, and amount spent per enrollee month on administrative, extra benefit, and service expenses by plan for the MMA and LTC programs.

## Data Sources

The results in this report are based on analyses of data from several different sources. Data sources are detailed in the table below and cited with relevant tables and figures.

Data	Period	Source
MMA Provider Information	December 2015	Provider Network Verification System
MMA Plan Enrollment Information	December 2015 as of March 10, 2016	Florida Medicaid Managed Information System (FLMMIS) Eligibility Information
MMA Financial Information	March 2014–December 2014	Annual Achieved Savings Rebate Financial Reports
LTC Provider Information	December 2015	Provider Network Verification System
LTC Plan Enrollment Information	December 2015 as of March 10, 2016	Florida Medicaid Managed Information System (FLMMIS) Eligibility Information
LTC Financial Information	January 2014–December 2014	Annual Achieved Savings Rebate Financial Reports

Data for analyses of provider networks come from the Provider Network Verification system (PNV). The PNV is a database created and maintained by the Agency's enrollment broker. It houses information about providers who contract with an SMMC plan. Each week the plans send an updated network file which is uploaded into the PNV system. This ensures provider information in the system is current and up to date. Information on providers was extracted from the PNV in December 2015 and represents the state of provider networks in December 2015.

Data for financial analyses come from the Annual Achieved Savings Rebate (ASR) Financial Reports. SMMC plans are required to provide the Agency with audited annual ASR Financial Reports that detail plan financial operations and performance. ASR Financial Reports cover the May 1, 2014 through December 31, 2014 reporting period for MMA plans, and the January 1, 2014 through December 31, 2014 reporting period for LTC plans. These reports are based on services incurred during 2014 and paid through March 31, 2015.

MMA standard and specialty plans and LTC plans contracted with providers and operated in the following regions in December 2015.

Region	1	2	3	4	5	6	7	8	9	10	11
<b>Standard MMA Plans</b>											
Amerigroup					X	X	X				X
Better Health						X				X	
Coventry											X
Humana	X					X			X	X	X
Molina	X			X		X	X	X	X		X
Prestige		X	X		X	X	X	X	X		X
SFCCN										X	
Simply											X
Staywell		X	X	X	X	X	X	X			X
Sunshine			X	X	X	X	X	X	X	X	X
United			X	X			X				X
<b>Specialty MMA Plans</b>											
Clear Health	X	X	X		X	X	X	X	X	X	X
CMS Network	X	X	X	X	X	X	X	X	X	X	X
Freedom Health*			X		X	X	X	X	X	X	X
Magellan		X		X	X	X	X		X	X	X
Positive										X	X
Sunshine Specialty	X	X	X	X	X	X	X	X	X	X	X
<b>LTC Plans</b>											
Amerigroup										X	X
Coventry						X	X		X		X
Humana American Eldercare	X	X	X	X	X	X	X	X	X	X	X
Molina					X	X					X
Sunshine	X		X	X	X	X	X	X	X	X	X
United		X	X	X	X	X	X	X	X		X

\*Humana acquired American Eldercare and began operating its LTC plan as Humana American Eldercare in July 2015.

\*Freedom Health is not included in analyses because it serves a very small subset of the dually eligible population.

\*First Coast, Preferred, and Integral were no longer operating in Florida Medicaid in December 2015.

## Managed Medical Assistance Provider Network

### MMA Providers by Region

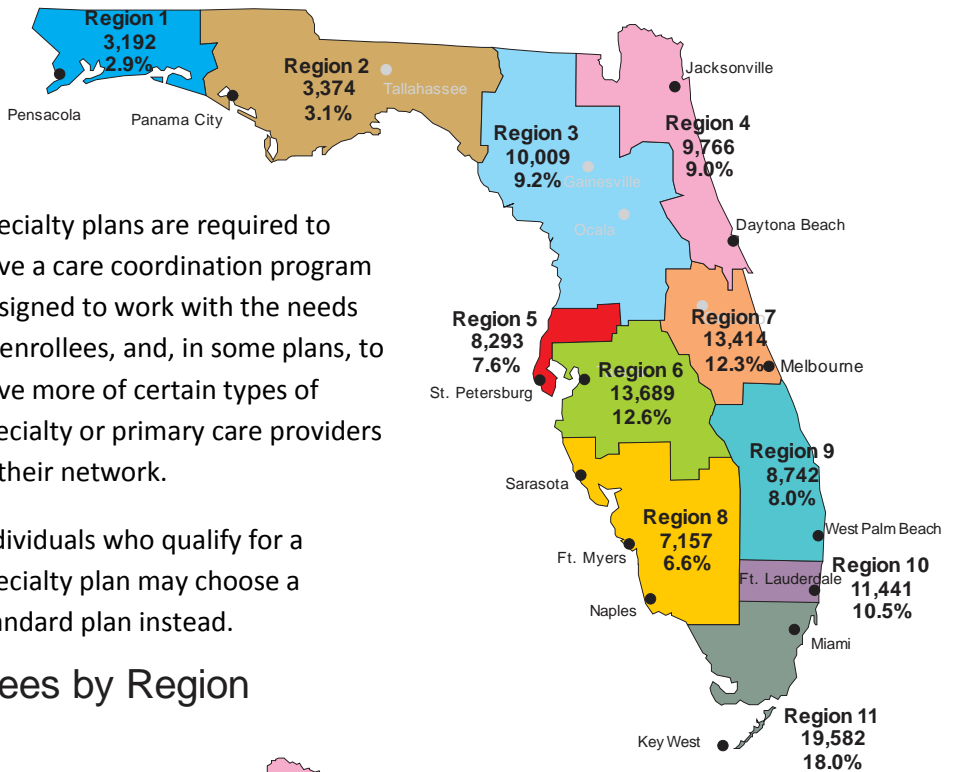
Each plan must maintain a region wide network of providers that is sufficient to meet the access needs for covered medical services for all enrollees in the plan.

MMA standard and specialty plans cover medical, dental, and behavioral health care services for enrollees.

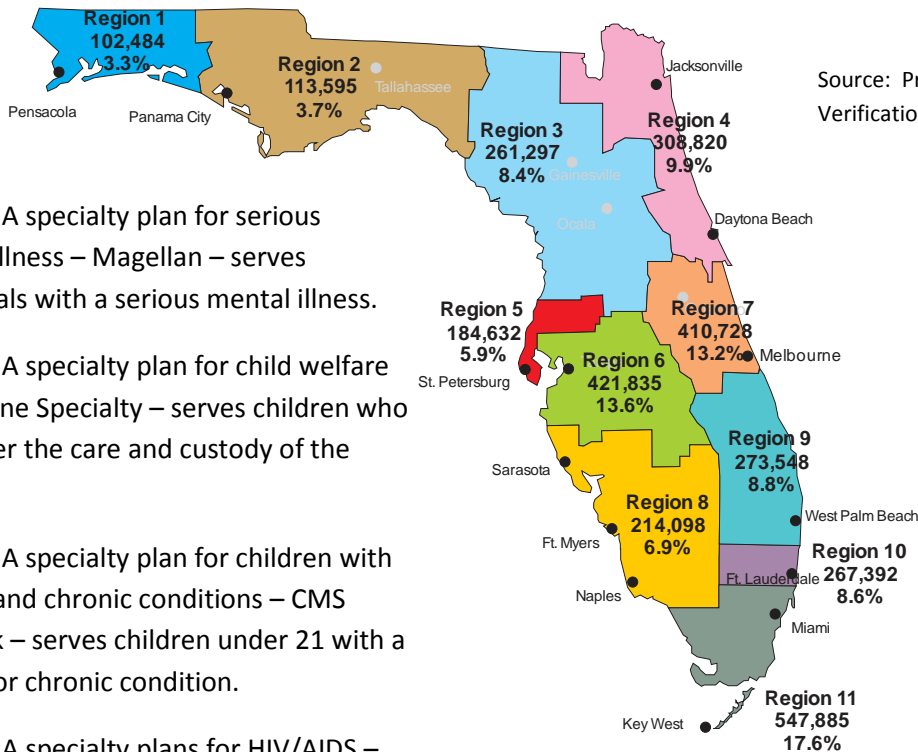
MMA standard plans cover services for the general Medicaid population.

Specialty plans are required to have a care coordination program designed to work with the needs of enrollees, and, in some plans, to have more of certain types of specialty or primary care providers in their network.

Individuals who qualify for a specialty plan may choose a standard plan instead.



### MMA Enrollees by Region



Source: Provider Network Verification System, December 2015

The MMA specialty plan for serious mental illness – Magellan – serves individuals with a serious mental illness.

The MMA specialty plan for child welfare – Sunshine Specialty – serves children who are under the care and custody of the state.

The MMA specialty plan for children with serious and chronic conditions – CMS Network – serves children under 21 with a serious or chronic condition.

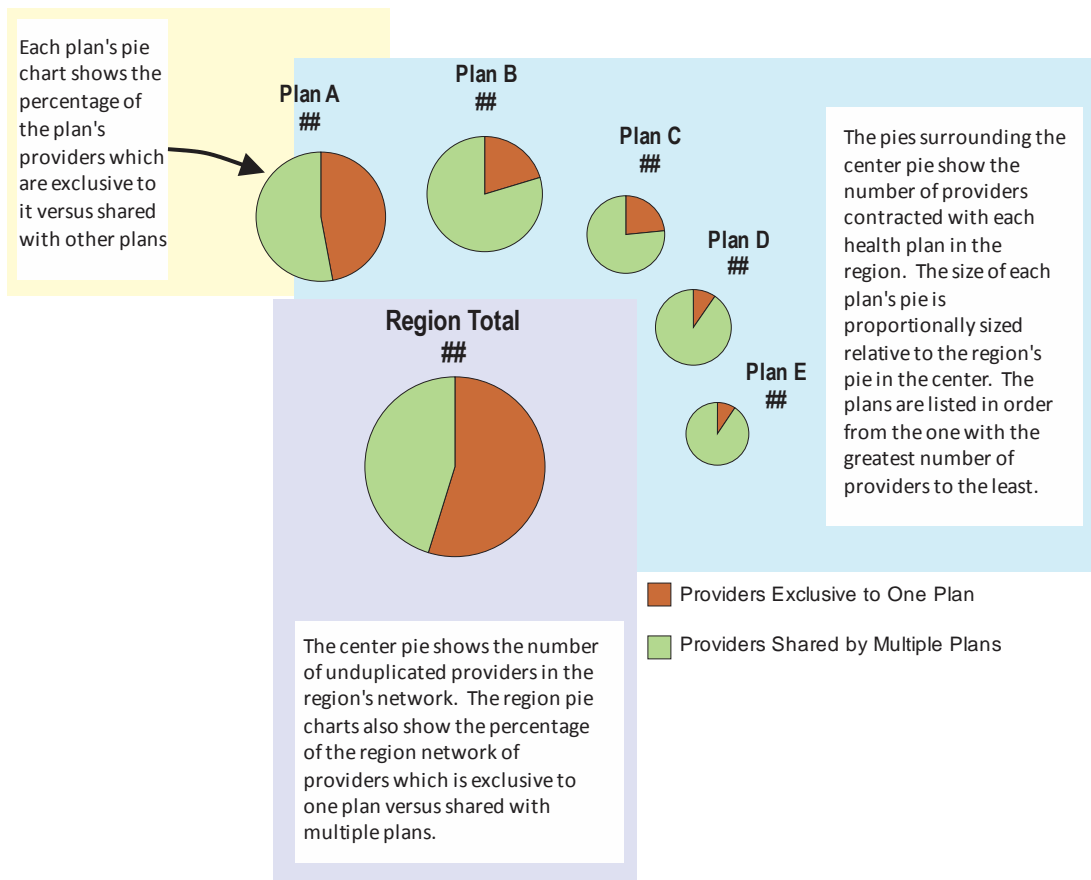
The MMA specialty plans for HIV/AIDS – Clear Health and Positive – serve individuals with HIV or AIDS.

The MMA specialty plan for adults with a chronic disease – Freedom Health – serves individuals who are eligible for Medicaid and Medicare who have diabetes, chronic obstructive pulmonary disease, congestive heart failure or cardiovascular disease.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

## Network of Managed Medical Assistance (MMA) Providers by Region

Some providers contract exclusively with one plan in a region while others may contract with more than one plan. Providers who contract with more than one plan in the region are counted only once in the region total. To the degree that providers are shared by multiple plans, plans' provider networks overlap with one another in each region and the total number of unduplicated providers in a region's network will be less than the sum total of providers across all plans. The percentage of each plan's and region's network that is shared by multiple plans versus exclusive to one of the plans is reported because a provider's availability to enrollees is impacted when a provider contracts with multiple plans. In the following section, provider networks are displayed as a series of related pie charts.



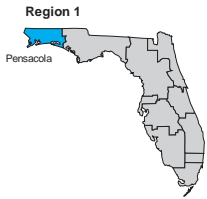
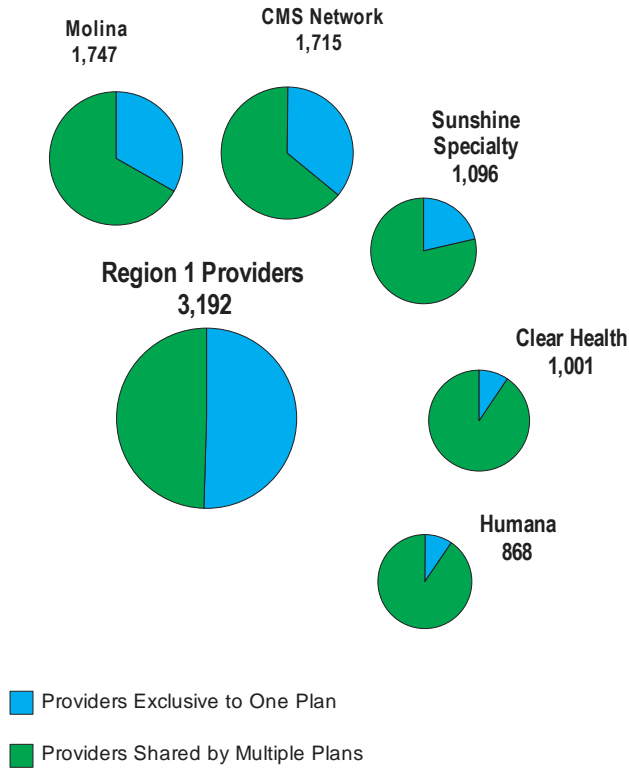


Figure 1: Region 1 MMA Provider Network, December 2015

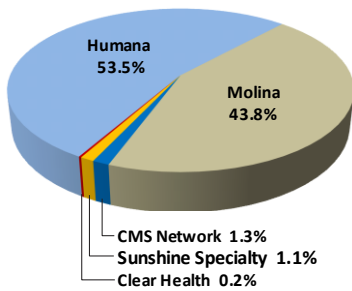


All provider types and specialties are included in the region wide provider networks with the exception of hospitals. Hospitals are not addressed in this report.

CMS Network has the smallest percentage of shared providers. Humana has the largest percentage of shared providers. Unlike other plans, CMS Network is not a capitated plan. Reimbursement is based on cost.

Source: Provider Network Verification System, December 2015

Figure 2: Distribution of MMA Enrollees by Plan in Region 1, December 2015



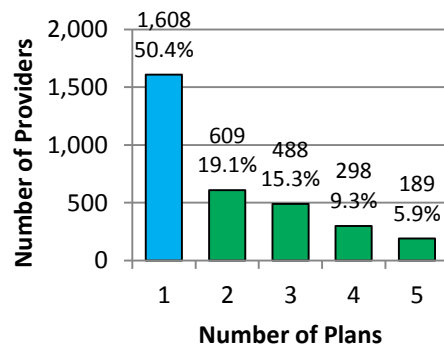
Region 1 Enrollees 102,484

Region 1 has 5 MMA plans with a total network of 3,192 providers to serve 102,484 MMA enrollees. There are 46.7 providers for every 1,500 enrollees in Region 1 across all provider types in the region.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Half of providers in the region contract with one of the plans exclusively. Six percent of providers, or 189 providers, contract with all 5 plans in the region.

Figure 3: Number of Providers by Number of Plans Served in Region 1, December 2015



Source: Provider Network Verification System, December 2015



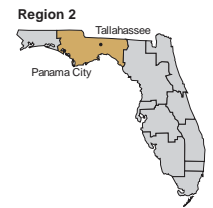
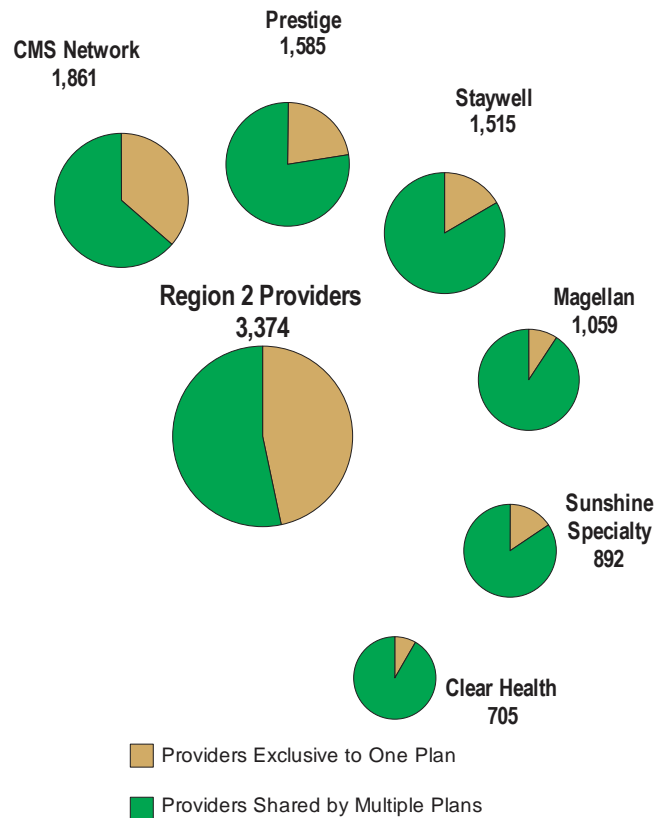


Figure 4: Region 2 MMA Provider Network, December 2015



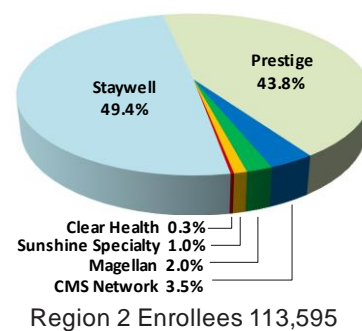
MMA Providers

Clear Health, Magellan, and Sunshine Specialty have a larger percentage of shared providers than other plans in the region.

Source: Provider Network Verification System, December 2015

The Region 2 provider network consists of 3,374 providers contracted with one or more of six plans operating in the region. Region 2 has 44.6 providers for every 1,500 enrollees in the region.

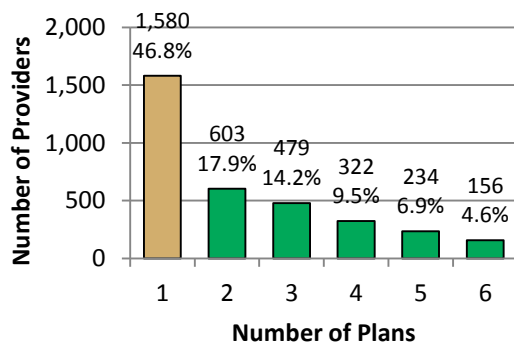
Figure 5: Distribution of MMA Enrollees by Plan in Region 2, December 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Less than half of providers in the region are contracted exclusively with one of the plans.

Figure 6: Number of Providers by Number of Plans Served in Region 2, December 2015



Source: Provider Network Verification System, December 2015

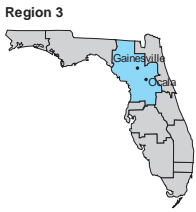
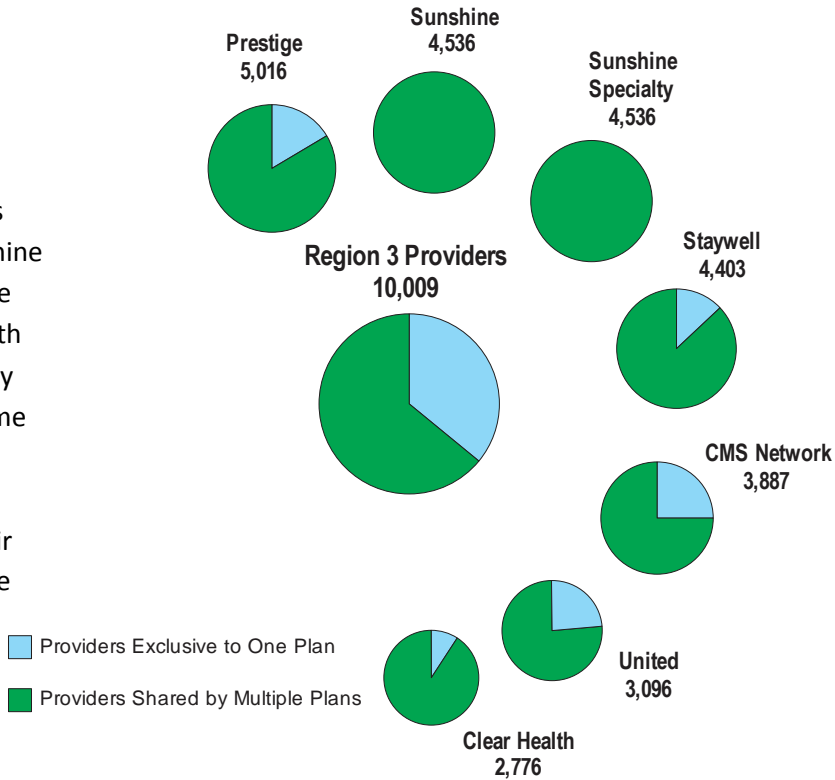


Figure 7: Region 3 MMA Provider Network, December 2015

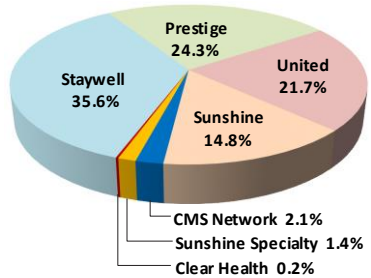
MMA Providers

In all regions where Sunshine and Sunshine Specialty both operate, they have the same network of providers so 100% of their providers are shared.



Source: Provider Network Verification System, December 2015

Figure 8: Distribution of MMA Enrollees by Plan in Region 3, December 2015



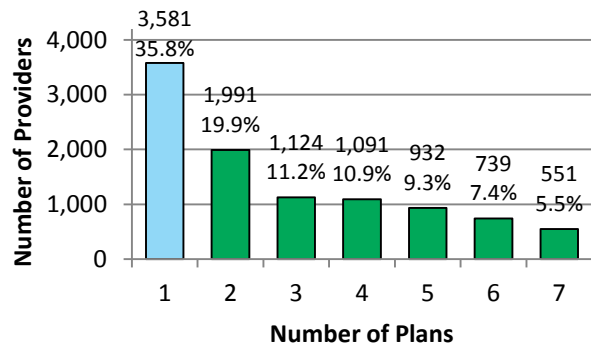
Region 3 Enrollees 261,297

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

In every region in which it operates, CMS Network consistently has among the largest percentage of providers who contract exclusively with CMS Network compared to other plans in the region.

The Region 3 provider network consists of 10,009 providers contracting with 7 plans to serve 261,297 enrollees. There are 57.5 providers for every 1,500 enrollees in the region.

Figure 9: Number of Providers by Number of Plans Served in Region 3, December 2015



Source: Provider Network Verification System, December 2015

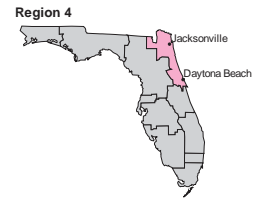
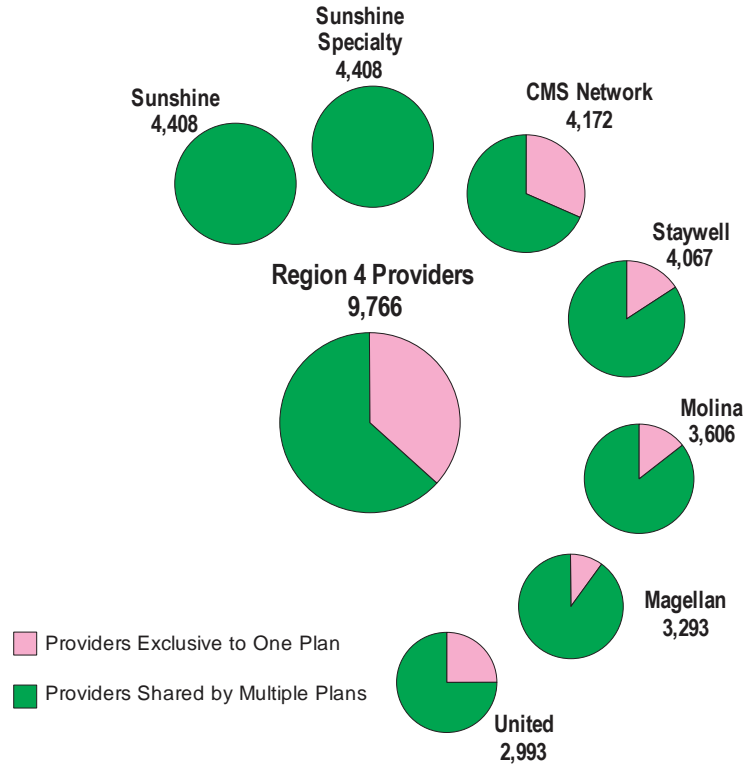


Figure 10: Region 4 MMA Provider Network, December 2015

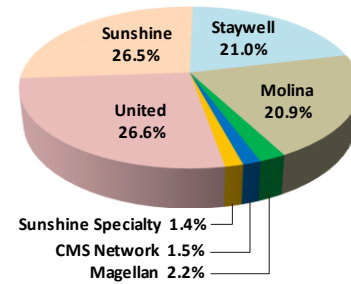


The Region 4 network consists of 9,766 providers contracting with one or more of 7 plans.

MMA Providers

Source: Provider Network Verification System, December 2015

Figure 11: Distribution of MMA Enrollees by Plan in Region 4, December 2015

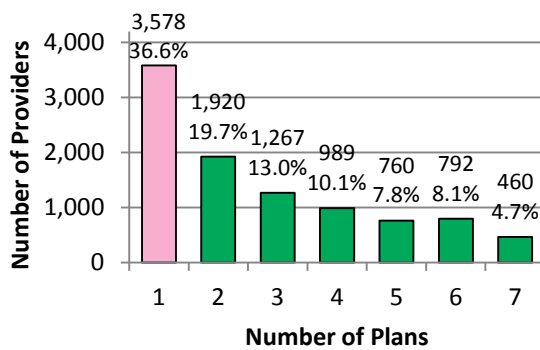


Region 4 Enrollees 308,820

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

There are 47.4 providers for every 1,500 enrollees in Region 4.

Figure 12: Number of Providers by Number of Plans Served in Region 4, December 2015

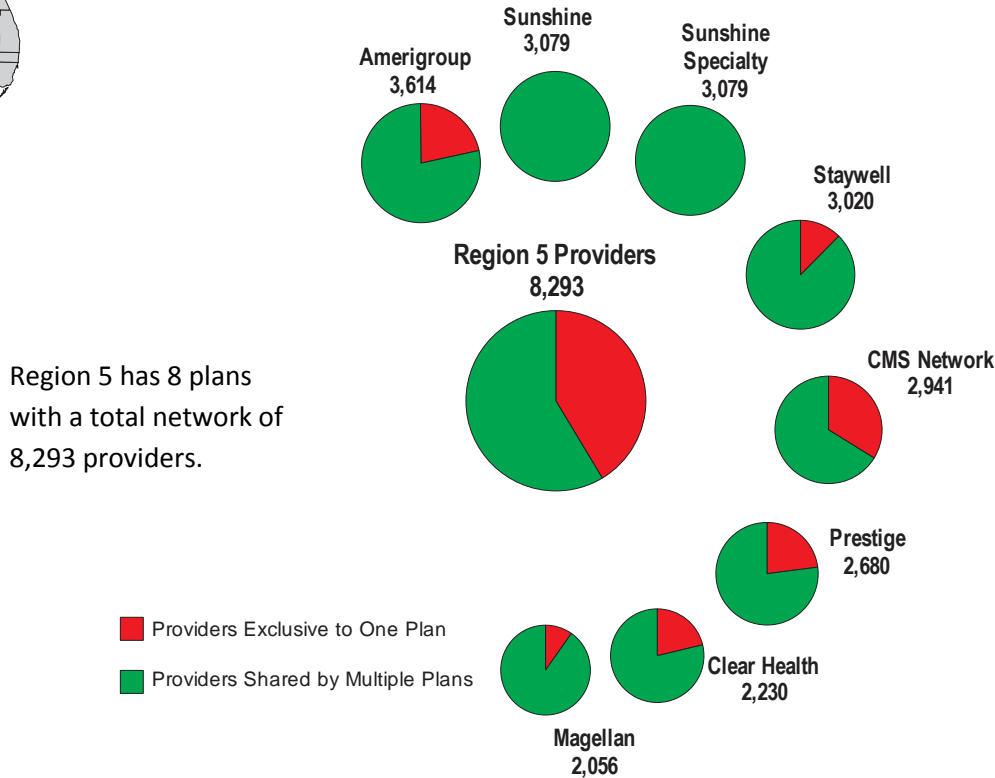


Source: Provider Network Verification System, December 2015

Over 30 percent of providers in Region 4 contract with 4 or more plans.

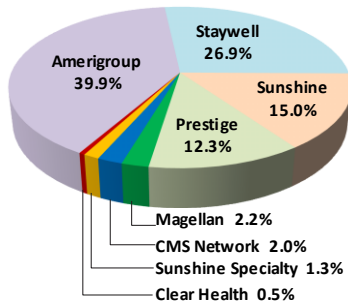


Figure 13: Region 5 MMA Provider Network, December 2015



Source: Provider Network Verification System, December 2015

Figure 14: Distribution of MMA Enrollees by Plan in Region 5, December 2015



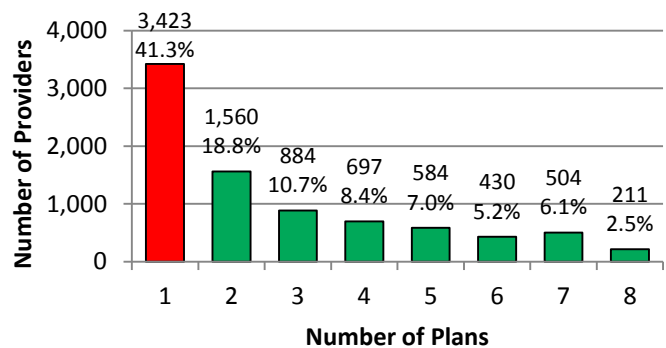
Region 5 Enrollees 184,632

Region 5 has 67.4 providers for every 1,500 enrollees in the region.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over 29 percent of providers in Region 5 contract with 4 or more plans.

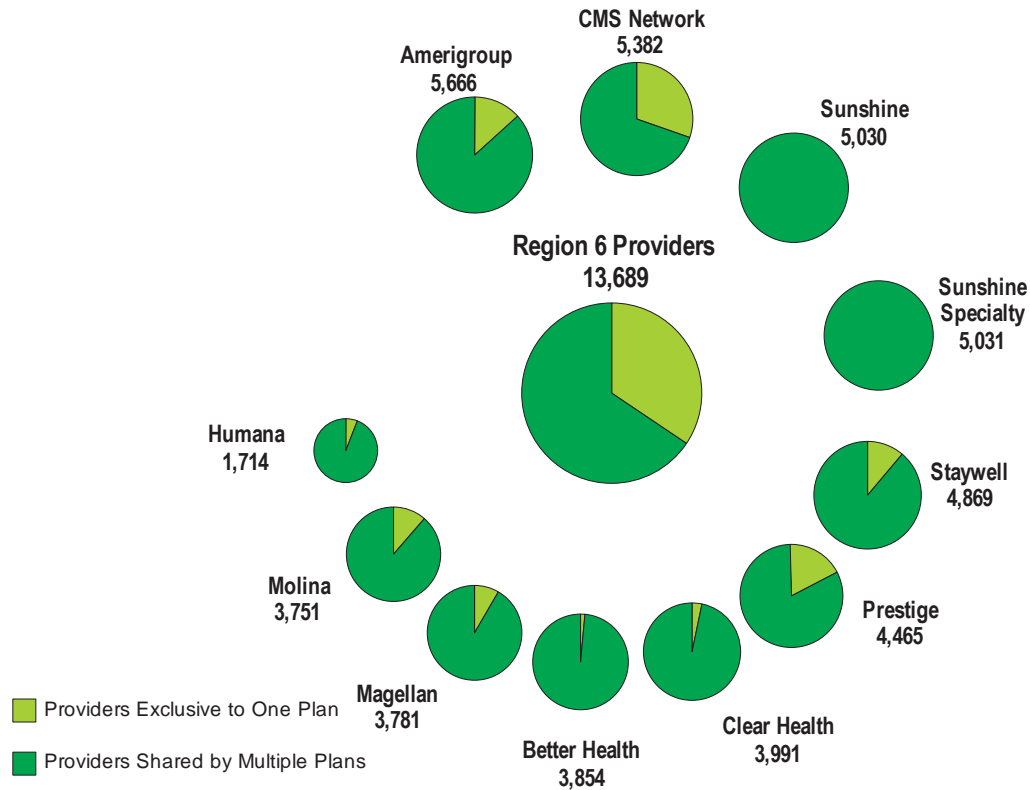
Figure 15: Number of Providers by Number of Plans Served in Region 5, December 2015



Source: Provider Network Verification System, December 2015



Figure 16: Region 6 MMA Provider Network, December 2015

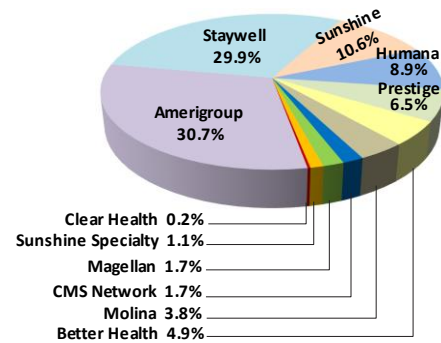


MMA Providers

The Region 6 network consists of 13,689 providers contracted with one or more of 11 plans.

Source: Provider Network Verification System, December 2015

Figure 17: Distribution of MMA Enrollees by Plan in Region 6, December 2015

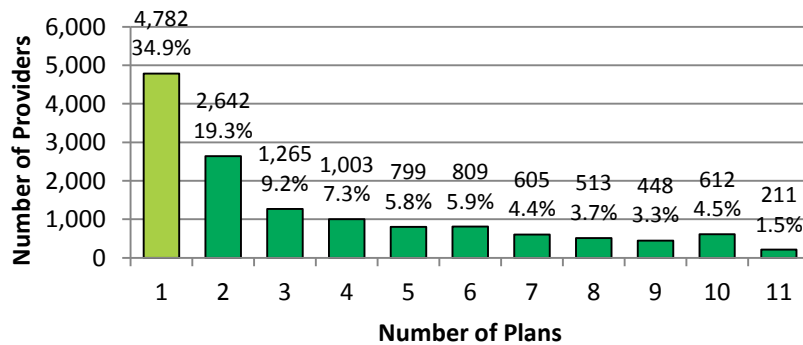


Region 6 Enrollees 421,835

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

There are 48.7 providers for every 1,500 enrollees in Region 6.

Figure 18: Number of Providers by Number of Plans Served in Region 6, December 2015



Over 36 percent of providers in Region 6 contract with 4 or more plans.

Source: Provider Network Verification System, December 2015

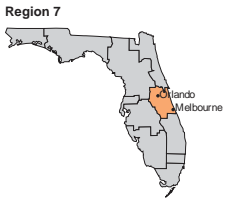
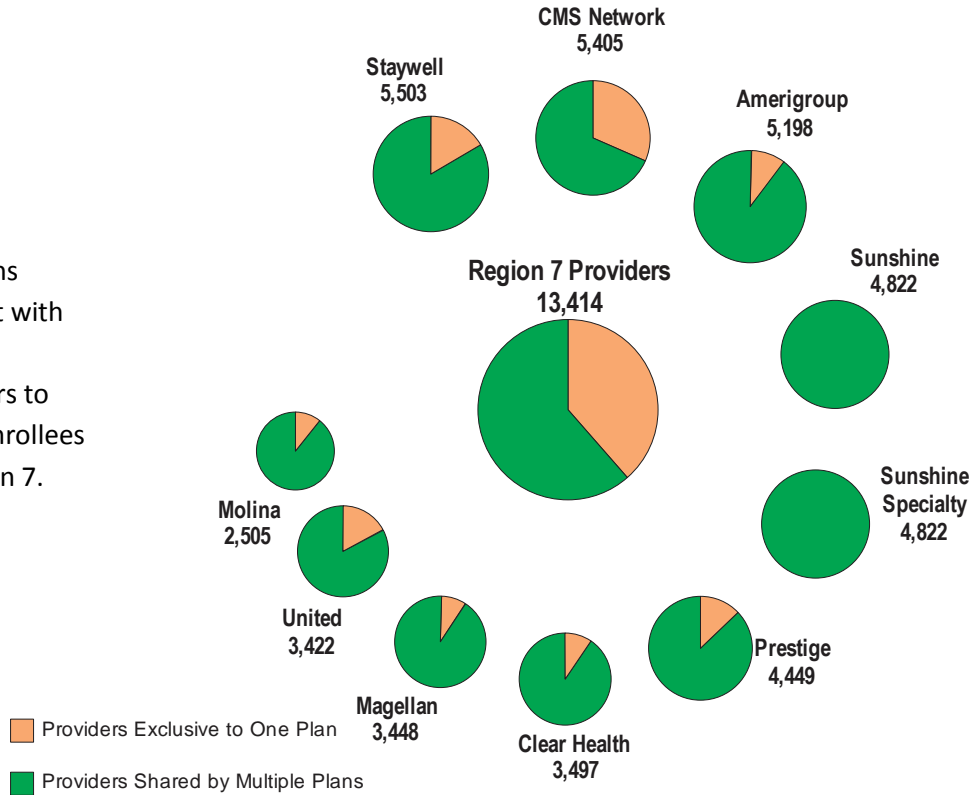


Figure 19: Region 7 MMA Provider Network, December 2015

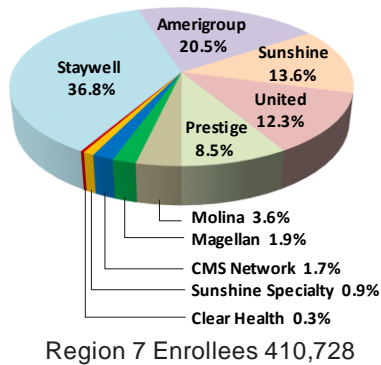
Ten plans contract with 13,414 providers to serve enrollees in Region 7.

MMA Providers



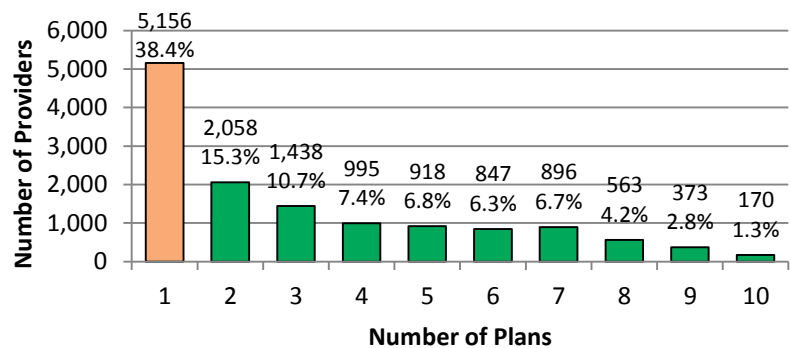
Source: Provider Network Verification System, December 2015

Figure 20: Distribution of MMA Enrollees by Plan in Region 7, December 2015



The Region 7 provider network has 49.0 providers for every 1,500 enrollees.

Figure 21: Number of Providers by Number of Plans Served in Region 7, December 2015



Source: Provider Network Verification System, December 2015

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over 35 percent of providers in Region 7 contract with 4 or more plans.

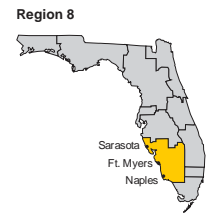
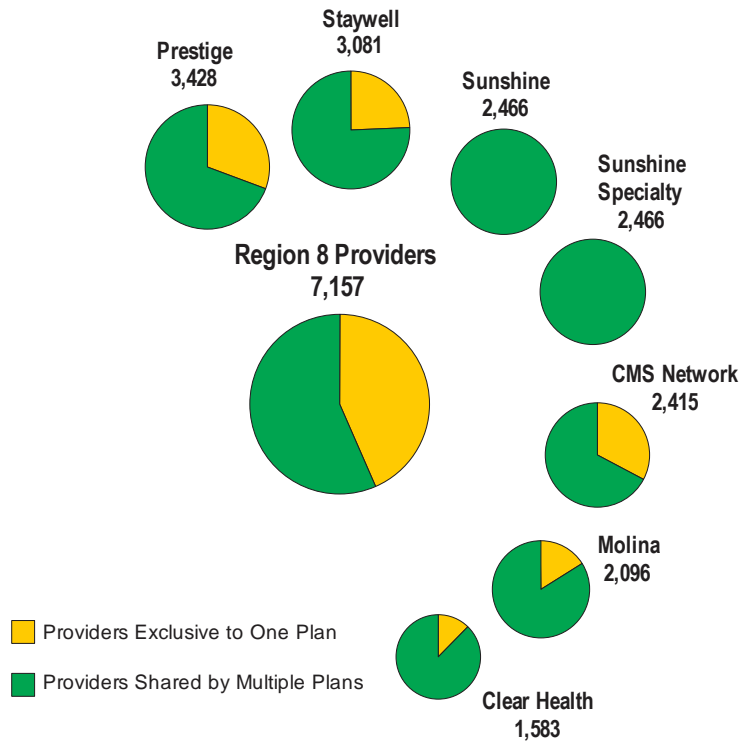


Figure 22: Region 8 MMA Provider Network, December 2015



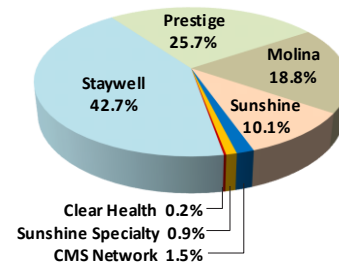
Seven plans contract with 7,157 providers in the Region 8 network.

MMA Providers

Source: Provider Network Verification System, December 2015

There are 50.1 providers for every 1,500 enrollees in the Region 8 network.

Figure 23: Distribution of MMA Enrollees by Plan in Region 8, December 2015

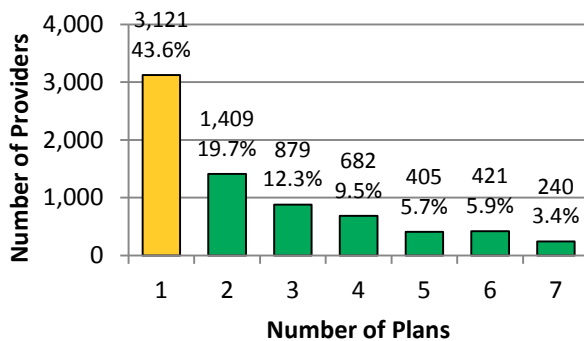


Region 8 Enrollees 214,098

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over 24 percent of providers in Region 8 contract with 4 or more plans.

Figure 24: Number of Providers by Number of Plans Served in Region 8, December 2015



Source: Provider Network Verification System, December 2015

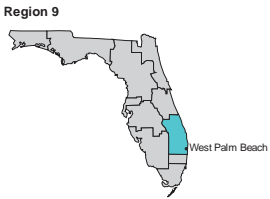
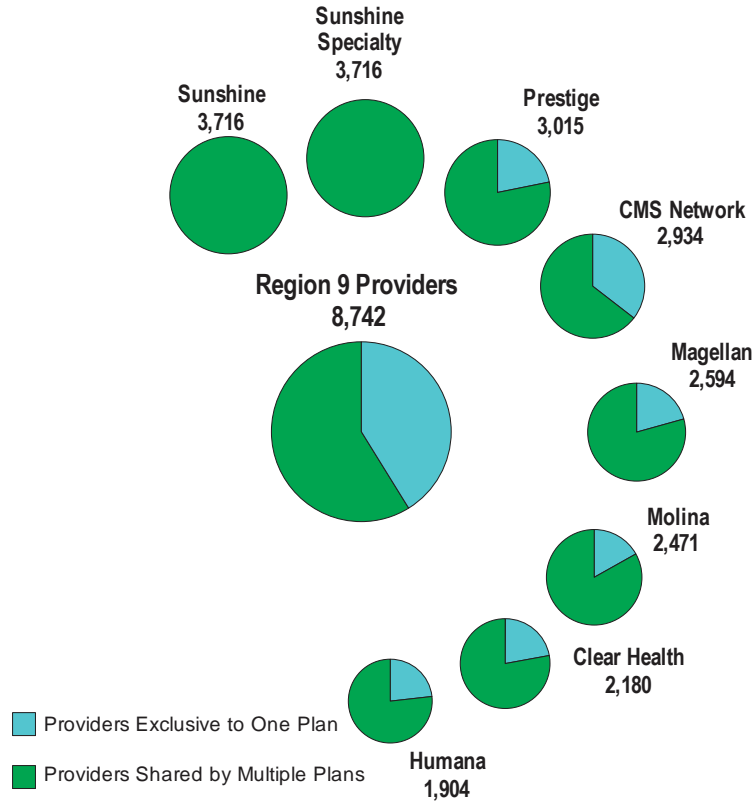


Figure 25: Region 9 MMA Provider Network, December 2015

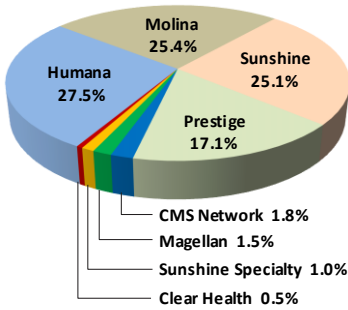
MMA Providers

The Region 9 network consists of 8,742 providers contracted with one or more of 8 plans.



Source: Provider Network Verification System, December 2015

Figure 26: Distribution of MMA Enrollees by Plan in Region 9, December 2015



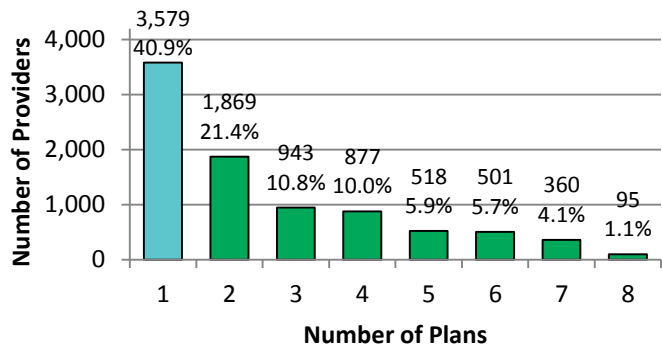
Region 9 Enrollees 273,548

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Region 9 has 47.9 providers for every 1,500 enrollees in the region.

Over 26 percent of providers contract with 4 or more plans in the region.

Figure 27: Number of Providers by Number of Plans Served in Region 9, December 2015



Source: Provider Network Verification System, December 2015



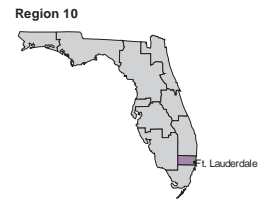
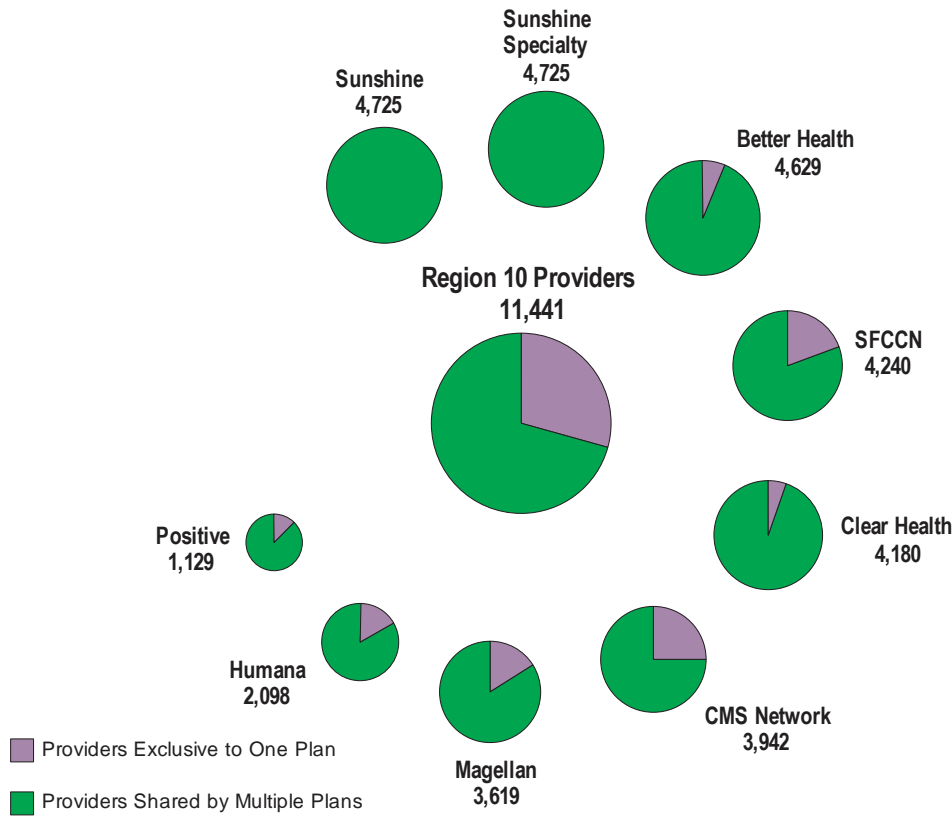


Figure 28: Region 10 MMA Provider Network, December 2015

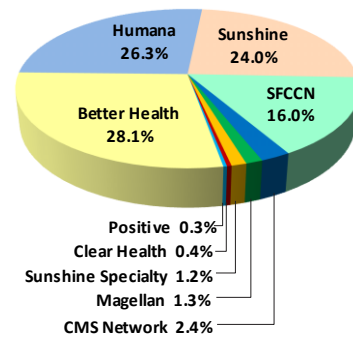


MMA Providers

The Region 10 network consists of 11,441 providers contracted with one or more of 9 plans.

Source: Provider Network Verification System, December 2015

Figure 29: Distribution of MMA Enrollees by Plan in Region 10, December 2015

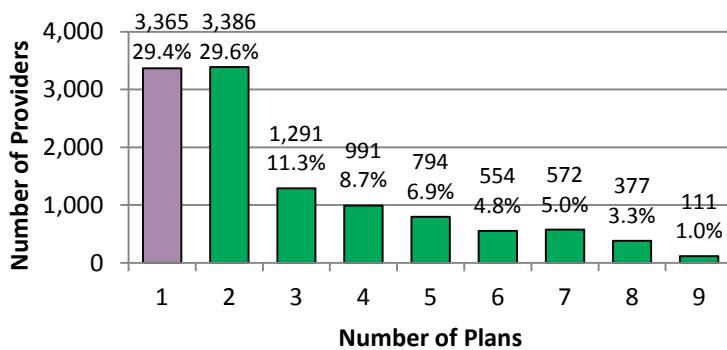


Region 10 Enrollees 267,392

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Region 10 has 64.2 providers for every 1,500 enrollees in the region.

Figure 30: Number of Providers by Number of Plans Served in Region 10, December 2015



Source: Provider Network Verification System, December 2015

Over 29 percent of providers in the region contract with 4 or more plans.

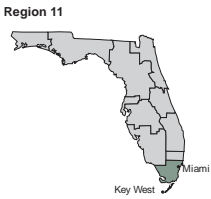
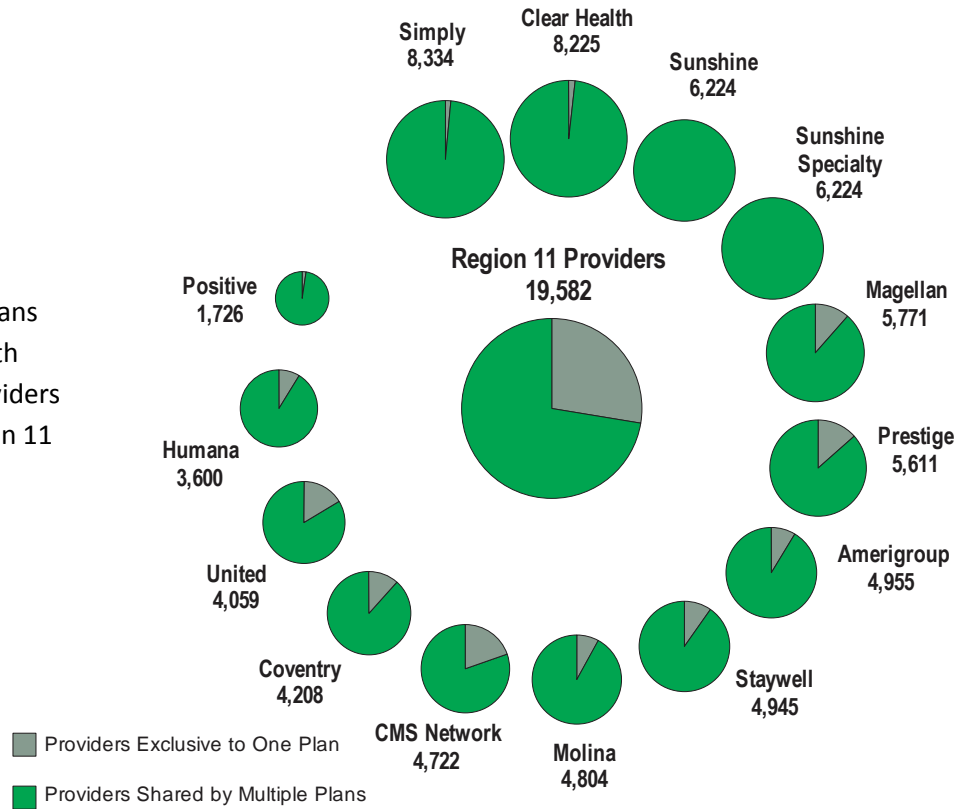


Figure 31: Region 11 MMA Provider Network, December 2015

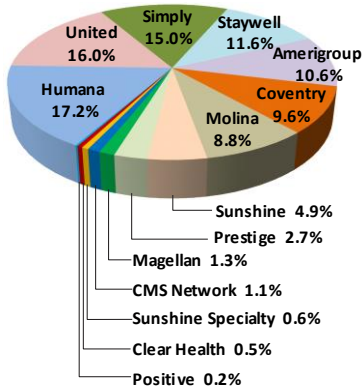
MMA Providers

Fourteen plans contract with 19,582 providers in the Region 11 network.



Source: Provider Network Verification System, December 2015

Figure 32: Distribution of MMA Enrollees by Plan in Region 11, December 2015



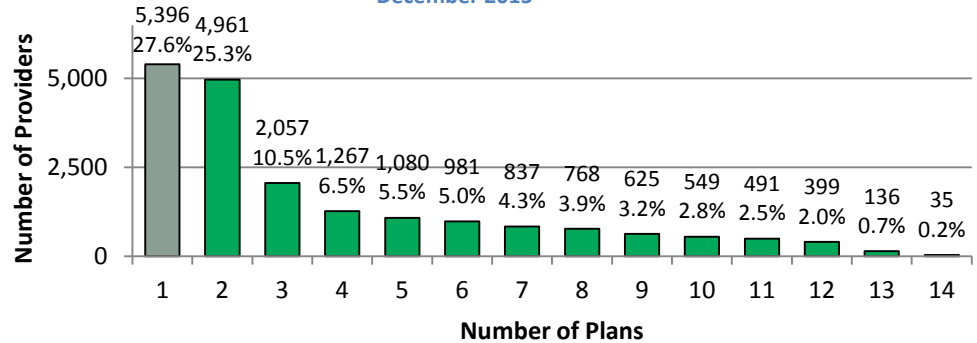
Region 11 Enrollees 547,885

Source: Florida Medicaid Managed Information System (FLMMS) Eligibility Information, December 2015

There are 53.6 providers for every 1,500 enrollees in Region 11.

Over 36 percent of providers in Region 11 contract with 4 or more plans.

Figure 33: Number of Providers by Number of Plans Served in Region 11, December 2015

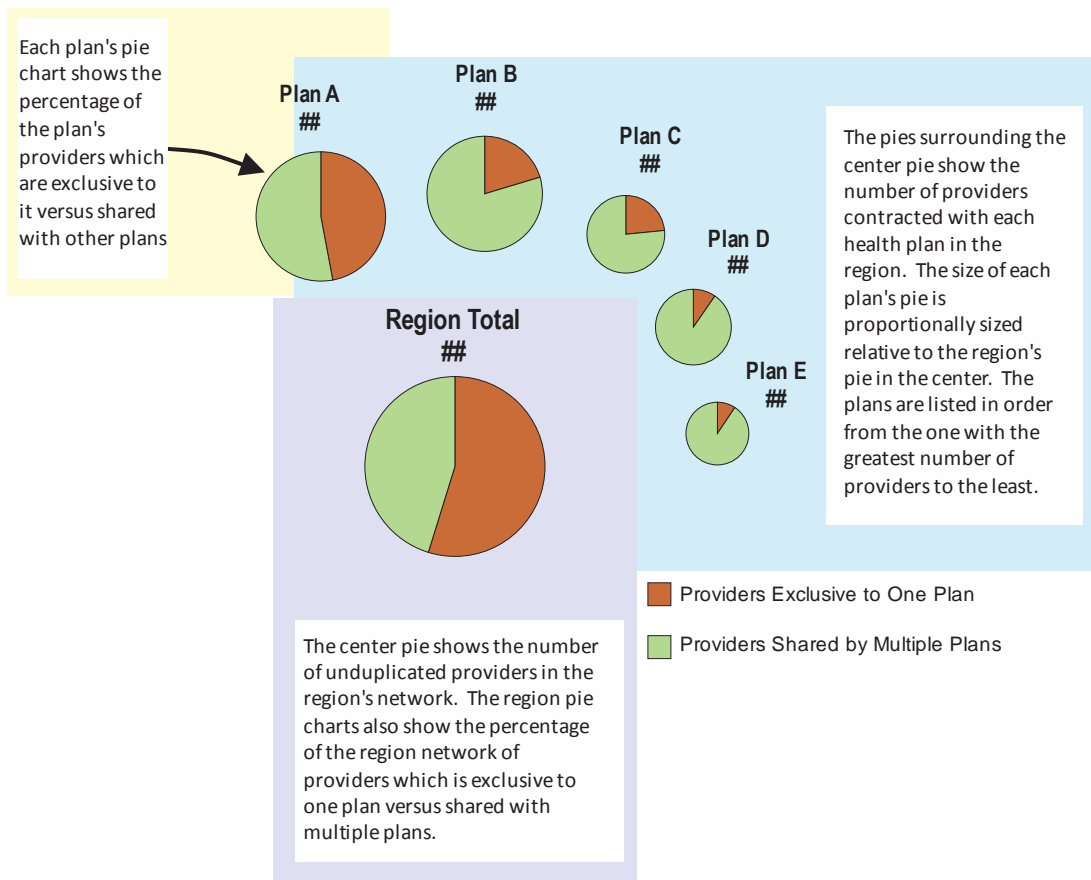


Source: Provider Network Verification System, December 2015

## Network of Primary Care Providers by Region

Some providers contract exclusively with one plan in a region while others may contract with more than one plan. Providers who contract with more than one plan in the region are counted only once in the region total. To the degree that providers are shared by multiple plans, plans' provider networks overlap with one another in each region and the total number of unduplicated providers in a region's network will be less than the sum total of providers across all plans. The percentage of each plan's and region's network that is shared by multiple plans versus exclusive to one of the plans is reported because a provider's availability to enrollees is impacted when a provider contracts with multiple plans. In the following section, provider networks are displayed as a series of related pie charts.

PCPs



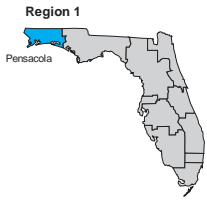
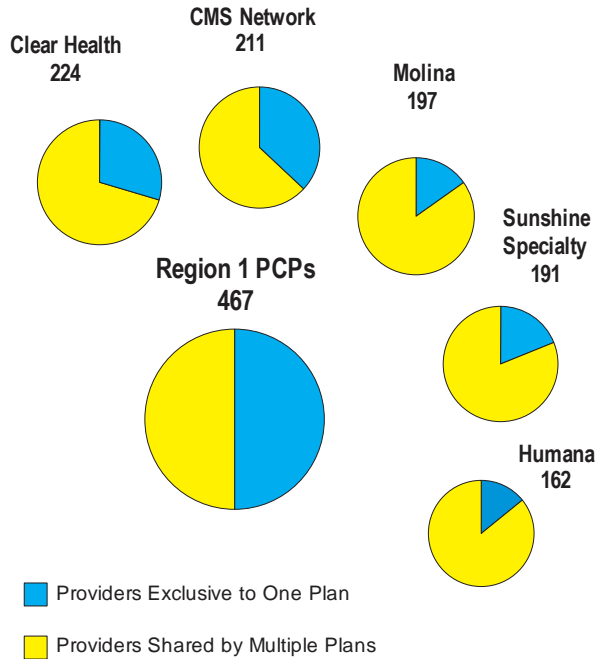


Figure 34: Region 1 Network of Primary Care Providers, December 2015

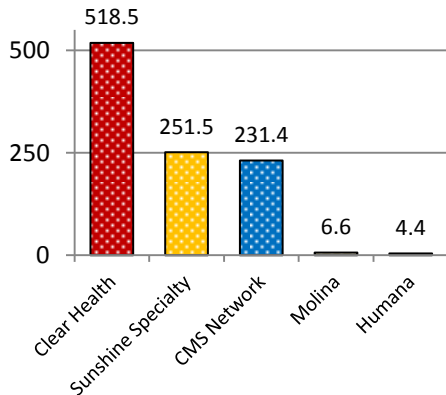
MMA standard and specialty plans are contractually required to have a sufficient number of full-time equivalent (FTE) providers to serve their enrollees for all specialties included in this report. However, ratios presented in this report do not measure the FTE status of providers.

PCPs



Source: Provider Network Verification System, December 2015

Figure 35: Number of PCPs per 1,500 Enrollees in Region 1, December 2015\*

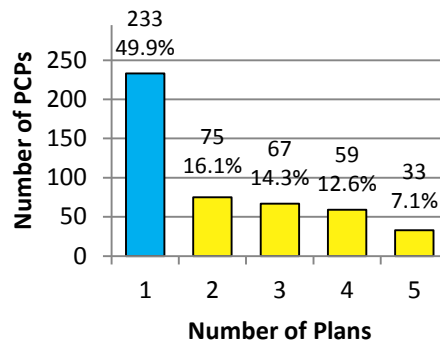


There are 6.8 primary care providers for every 1,500 enrollees in Region 1. When a plan has a small number of enrollees, the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

\*Numbers for Clear Health are the number of PCPs per 500. Numbers for Magellan are the number of PCPs per 750.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 36: Number of PCPs by Number of Plans Served in Region 1, December 2015



Source: Provider Network Verification System, December 2015

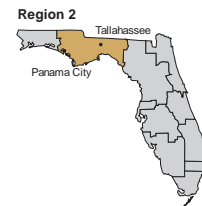
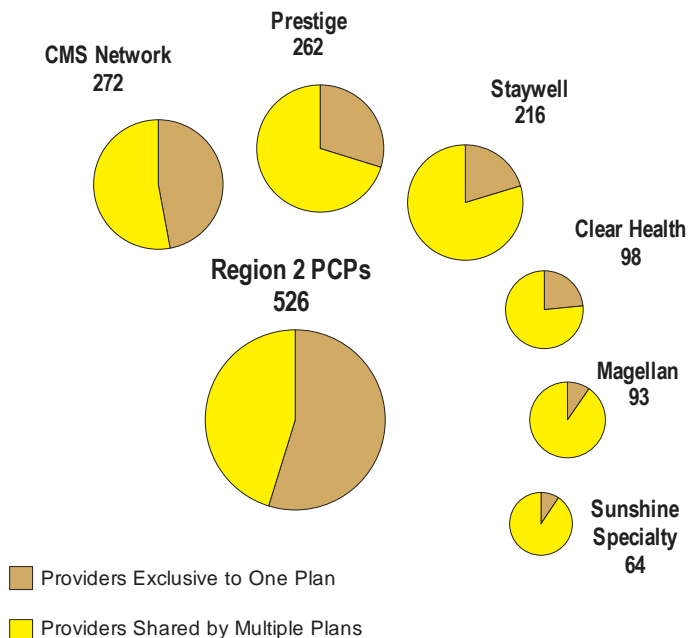


Figure 37: Region 2 Network of Primary Care Providers, December 2015



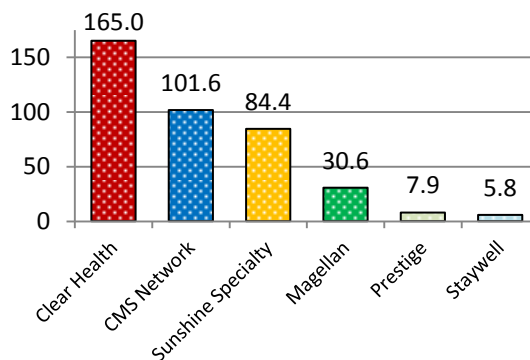
Some specialty plans have different requirements than standard plans for primary care providers. Requirements also differ across specialty plans.

PCPs

Source: Provider Network Verification System, December 2015

Region 2 has 6.9 primary care providers for every 1,500 enrollees in the region.

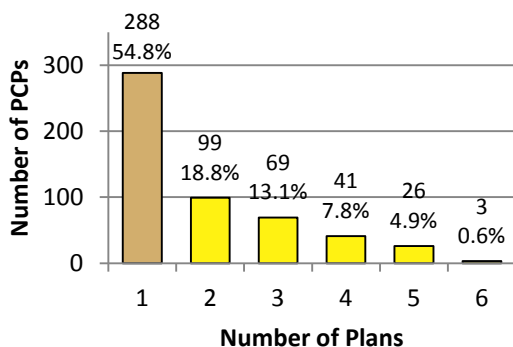
Figure 38: Number of PCPs per 1,500 Enrollees in Region 2, December 2015\*



\*Numbers for Clear Health are the number of PCPs per 500. Numbers for Magellan are the number of PCPs per 750.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 39: Number of PCPs by Number of Plans Served in Region 2, December 2015



Source: Provider Network Verification System, December 2015

Over half of PCPs in Region 2 contract exclusively with only one of the plans in the region. Just under half of CMS Network's PCPs contract exclusively with CMS Network.

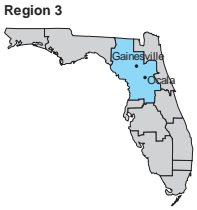
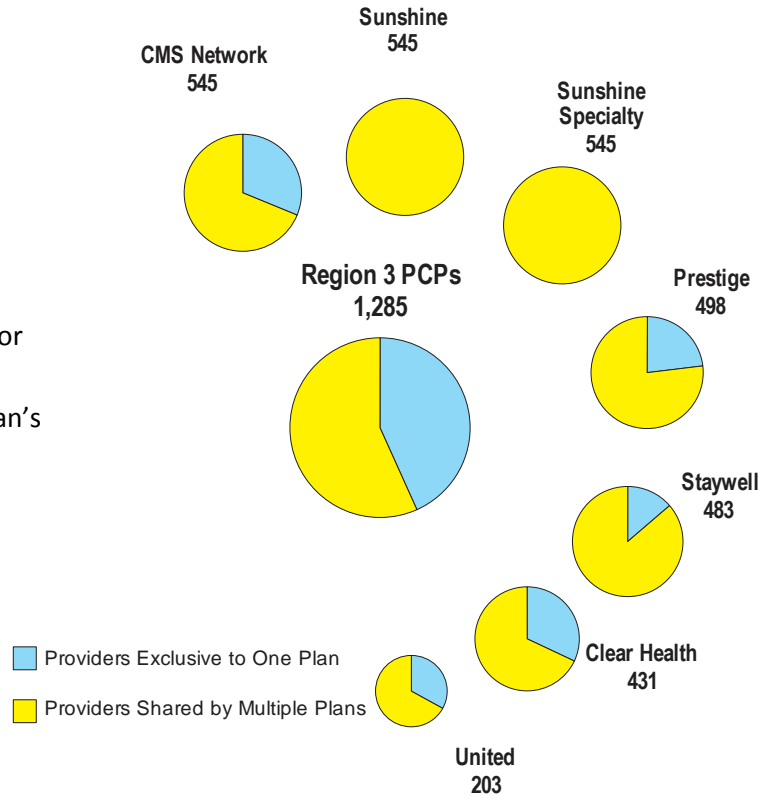


Figure 40: Region 3 Network of PCPs, December 2015

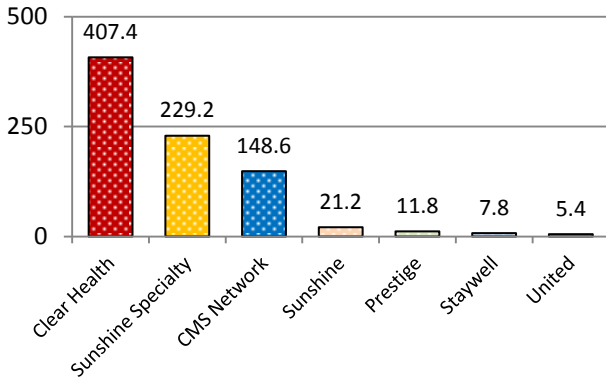


SMMC enrollees may select or are assigned a primary care provider from their MMA plan's provider network.

PCPs

Source: Provider Network Verification System, December 2015

Figure 41: Number of PCPs per 1,500 Enrollees in Region 3, December 2015\*



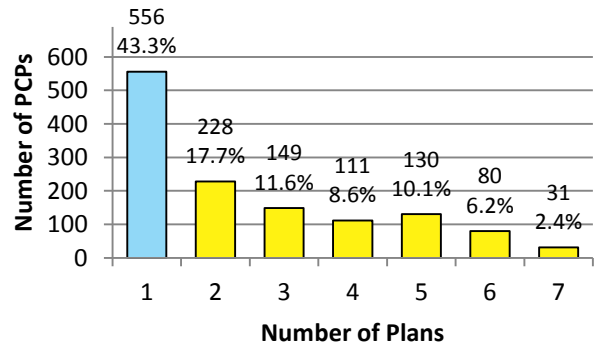
\*Numbers for Clear Health are the number of PCPs per 500.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over 27 percent of PCPs in Region 3 contract with 4 or more plans.

Region 3 has 7.4 primary care providers for every 1,500 enrollees in the region.

Figure 42: Number of PCPs by Number of Plans Served in Region 3, December 2015



Source: Provider Network Verification System, December 2015

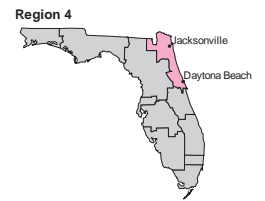
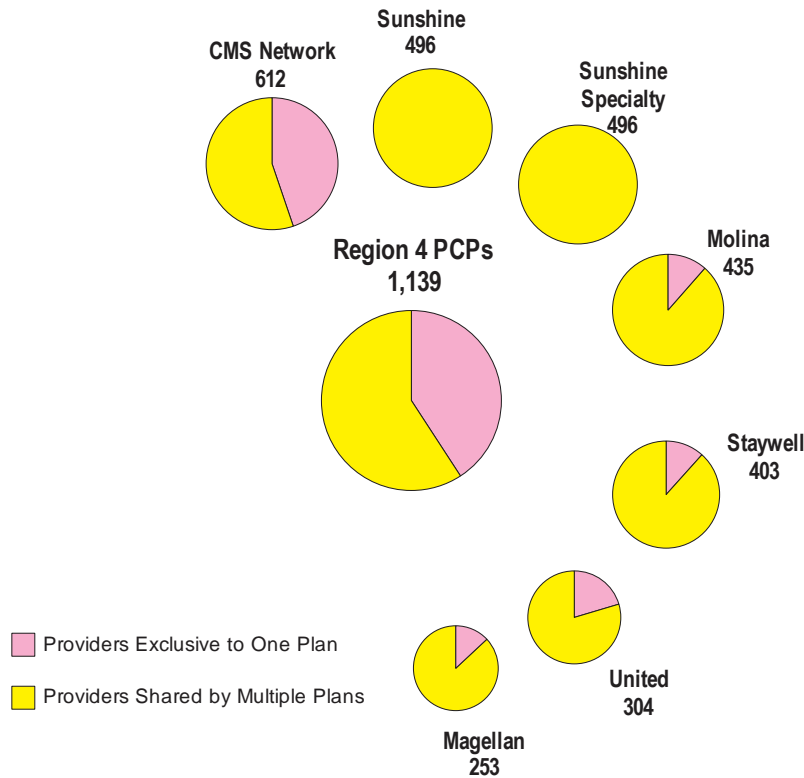


Figure 43: Region 4 Network of PCPs, December 2015



The primary care provider is usually the enrollee's first point of entry into the health care system, and provides or arranges for health care services.

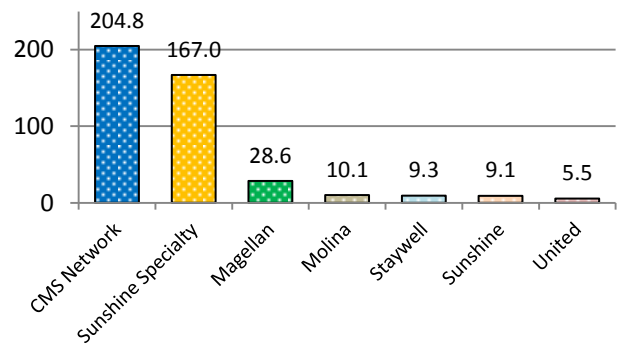
PCPs

Source: Provider Network Verification System, December 2015

There are 5.5 primary care providers for every 1,500 enrollees in Region 4.

Because Sunshine Specialty shares much of Sunshine standard's network of providers and Sunshine Specialty has a small number of enrollees as compared to Sunshine standard, the ratio of providers to enrollees for Sunshine Specialty is very large in regions that both serve.

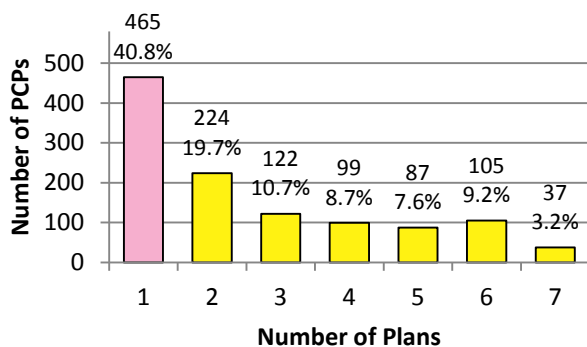
Figure 44: Number of PCPs per 1,500 Enrollees in Region 4, December 2015\*



\* Numbers for Magellan are the number of PCPs per 750.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 45: Number of PCPs by Number of Plans Served in Region 4, December 2015



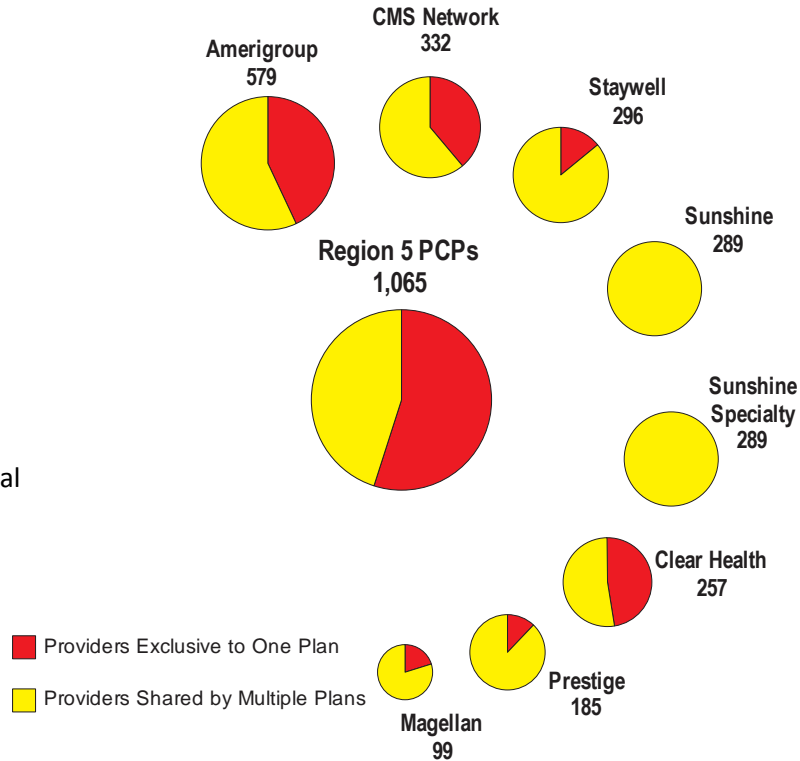
Source: Provider Network Verification System, December 2015



Figure 46: Region 5 Network of PCPs, December 2015

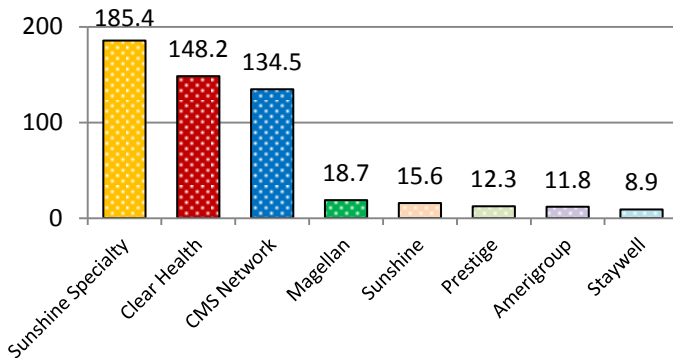
The primary care provider may be a physician who specializes in family practice, general practice, pediatrics, obstetrics, or internal medicine.

PCPs



Source: Provider Network Verification System, December 2015

Figure 47: Number of PCPs per 1,500 Enrollees in Region 5, December 2015\*



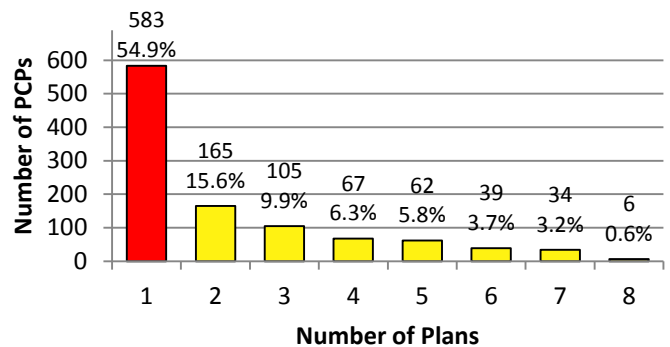
There are 8.6 primary care providers for every 1,500 enrollees in Region 5.

\*Numbers for Clear Health are the number of PCPs per 500. Numbers for Magellan are the number of PCPs per 750.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over half of PCPs in Region 5 contract exclusively with one of the plans in the region.

Figure 48: Number of PCPs by Number of Plans Served in Region 5, December 2015



Source: Provider Network Verification System, December 2015



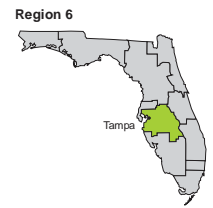
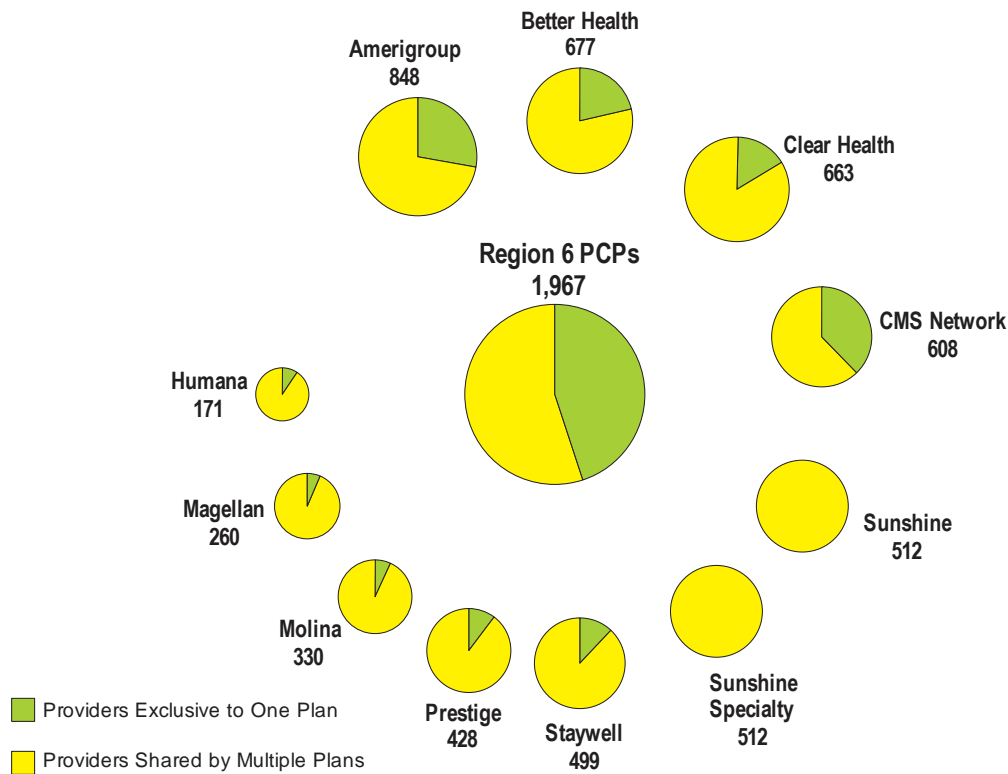


Figure 49: Region 6 Network of PCPs, December 2015

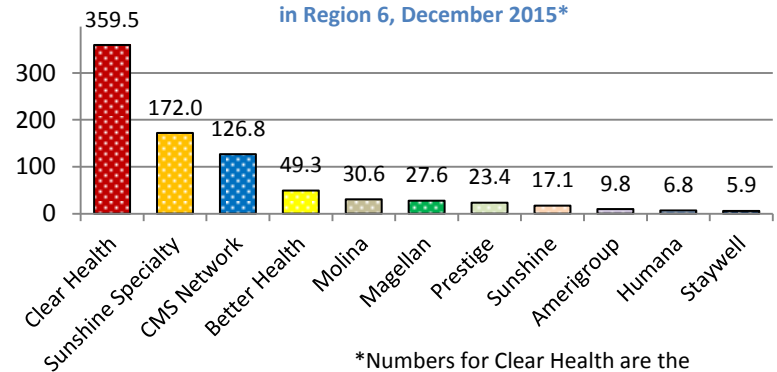


PCPs

Source: Provider Network Verification System, December 2015

Region 6 has 7.0 PCPs for every 1,500 enrollees in the region.

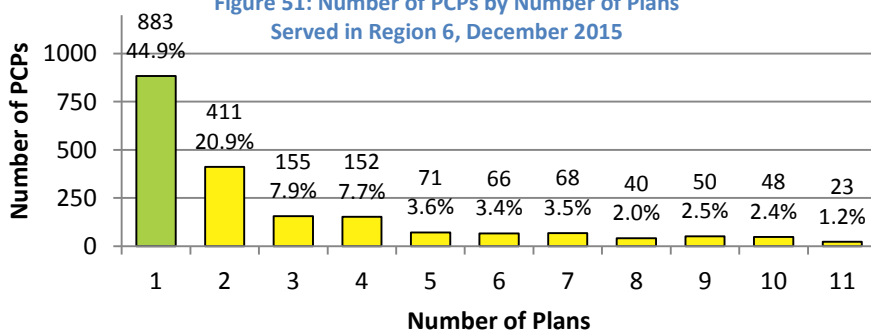
Figure 50: Number of PCPs per 1,500 Enrollees in Region 6, December 2015\*



\*Numbers for Clear Health are the number of PCPs per 500. Numbers for Magellan are the number of PCPs per 750.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 51: Number of PCPs by Number of Plans Served in Region 6, December 2015



Source: Provider Network Verification System, December 2015

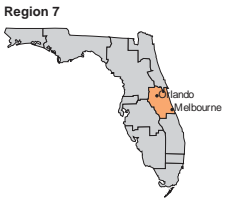
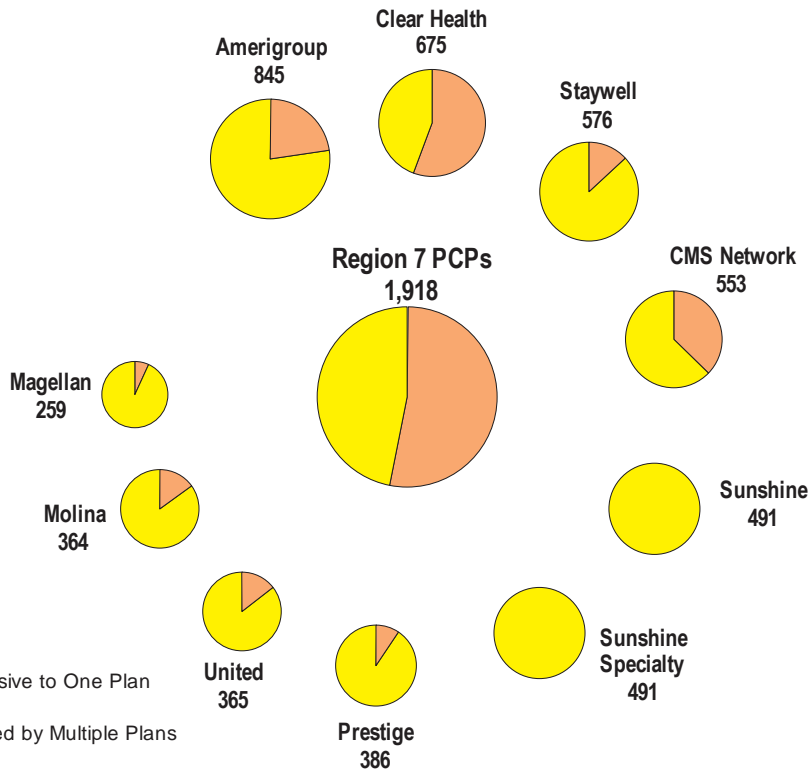


Figure 52: Region 7 Network of PCPs, December 2015

MMA standard plans are required to have 1 PCP for every 1,500 enrollees in the plan.

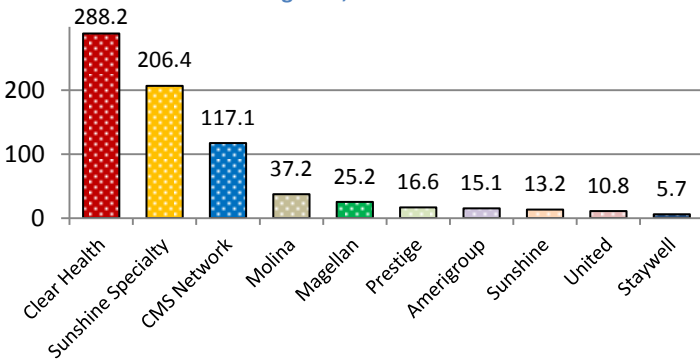


Over half of Clear Health's PCPs in Region 7 contract exclusively with Clear Health.

■ Providers Exclusive to One Plan  
■ Providers Shared by Multiple Plans

Source: Provider Network Verification System, December 2015

Figure 53: Number of PCPs per 1,500 Enrollees in Region 7, December 2015\*

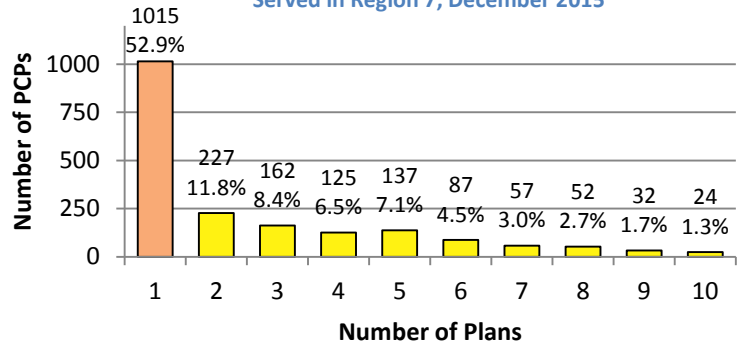


There are 7.0 PCPs for every 1,500 enrollees in Region 7.

\*Numbers for Clear Health are the number of PCPs per 500. Numbers for Magellan are the number of PCPs per 750.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 54: Number of PCPs by Number of Plans Served in Region 7, December 2015



Source: Provider Network Verification System, December 2015

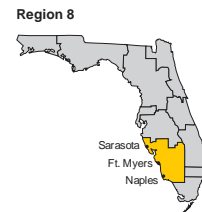
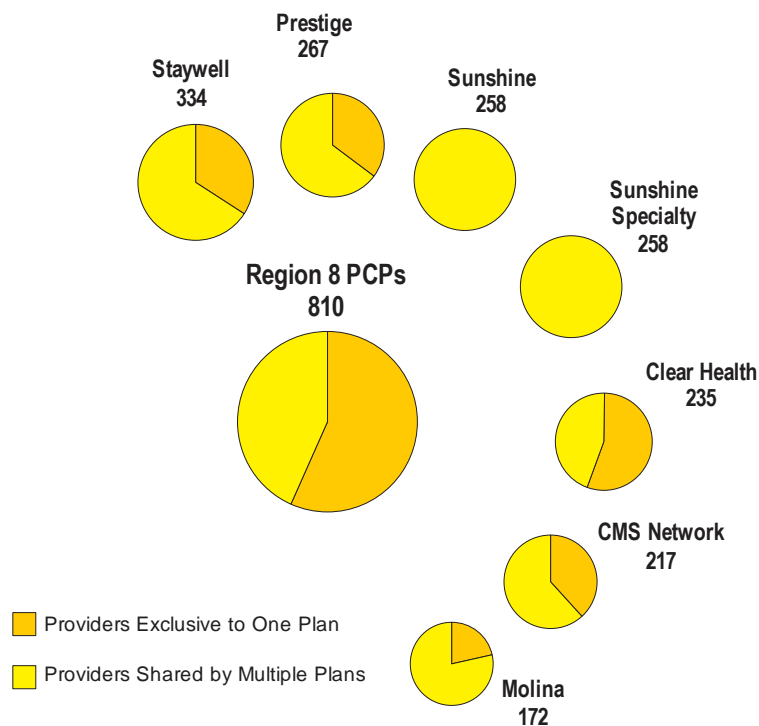


Figure 55: Region 8 Network of PCPs, December 2015



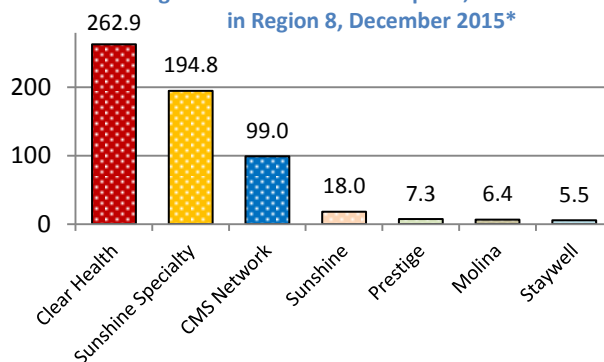
Over half of PCPs in the Region 8 network contract exclusively with a single plan.

PCPs

Source: Provider Network Verification System, December 2015

Region 8 has 5.7 PCPs for every 1,500 enrollees in the region.

Figure 56: Number of PCPs per 1,500 Enrollees in Region 8, December 2015\*

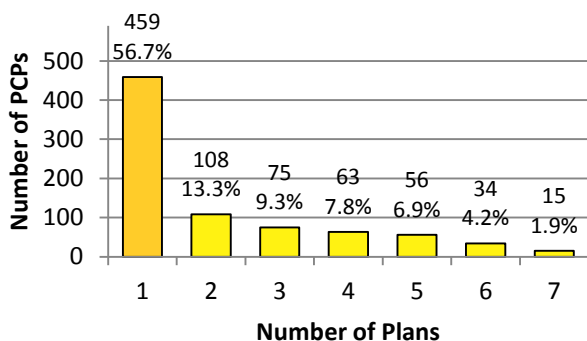


\*Numbers for Clear Health are the number of PCPs per 500.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over half of Clear Health's PCPs in Region 8 contract exclusively with Clear Health.

Figure 57: Number of PCPs by Number of Plans Served in Region 8, December 2015



Source: Provider Network Verification System, December 2015

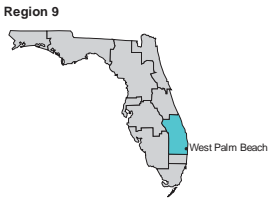
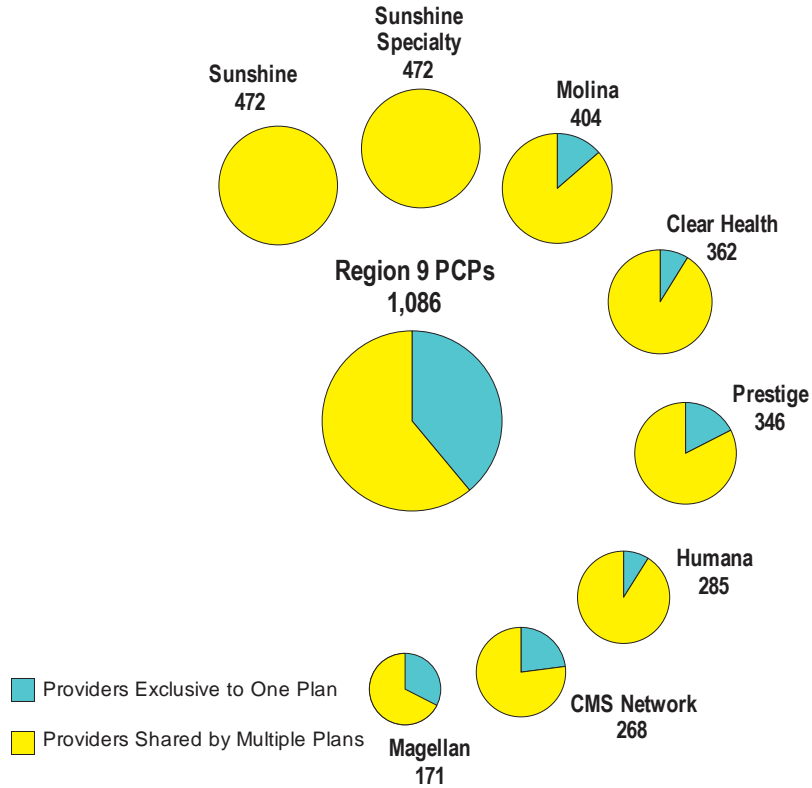


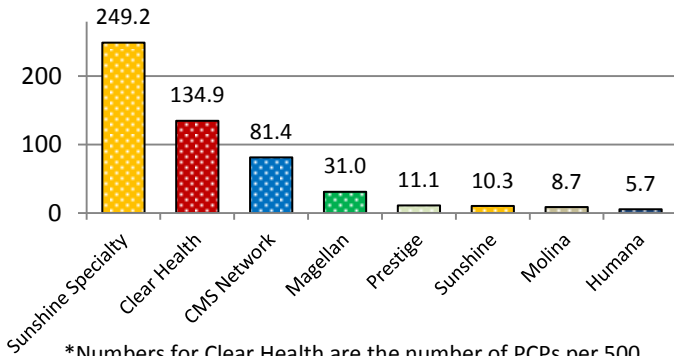
Figure 58: Region 9 Network of PCPs, December 2015



Source: Provider Network Verification System, December 2015

The HIV/AIDS specialty plans are required to have 1 primary care provider for every 500 enrollees.

Figure 59: Number of PCPs per 1,500 Enrollees in Region 9, December 2015\*



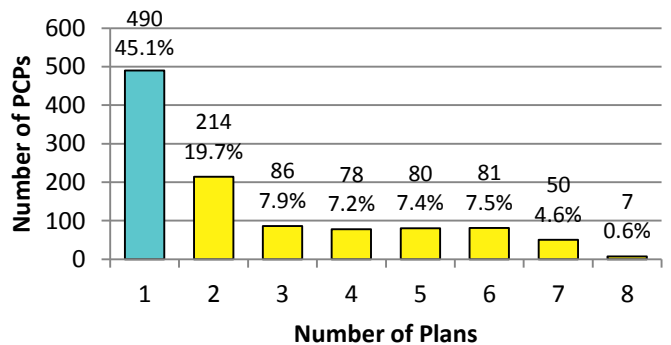
\*Numbers for Clear Health are the number of PCPs per 500. Numbers for Magellan are the number of PCPs per 750.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over half of PCPs in Region 9 are shared by 2 or more plans.

Region 9 has 6.0 PCPs for every 1,500 enrollees in the region.

Figure 60: Number of PCPs by Number of Plans Served in Region 9, December 2015



Source: Provider Network Verification System, December 2015

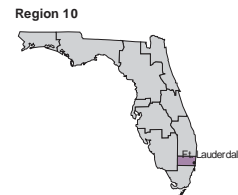
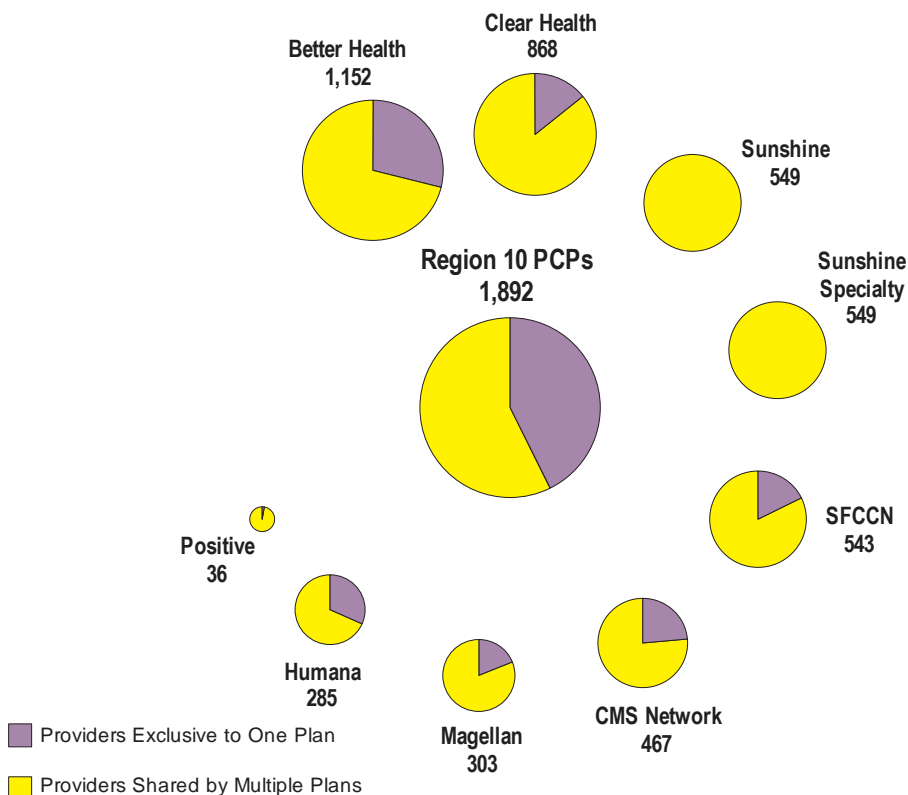


Figure 61: Region 10 Network of PCPs, December 2015



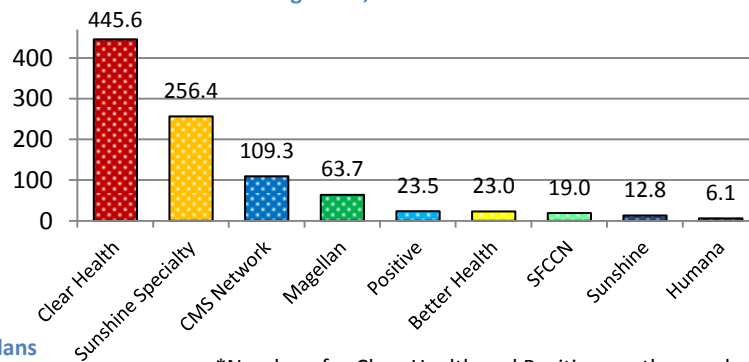
Magellan's specialty plan for serious mental illness is required to have 1 primary care provider for every 750 enrollees.

PCPs

Source: Provider Network Verification System, December 2015

Figure 62: Number of PCPs per 1,500 Enrollees in Region 10, December 2015\*

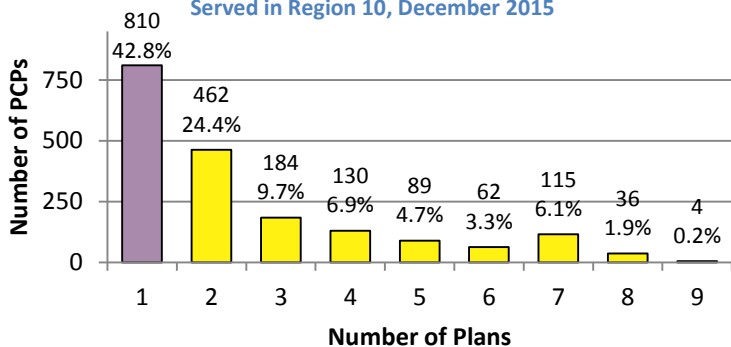
There are 10.6 PCPs for every 1,500 enrollees in Region 10.



\*Numbers for Clear Health and Positive are the number of PCPs per 500. Numbers for Magellan are the number of PCPs per 750.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 63: Number of PCPs by Number of Plans Served in Region 10, December 2015



Source: Provider Network Verification System, December 2015

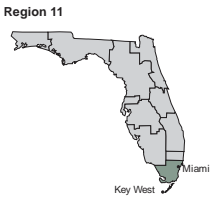
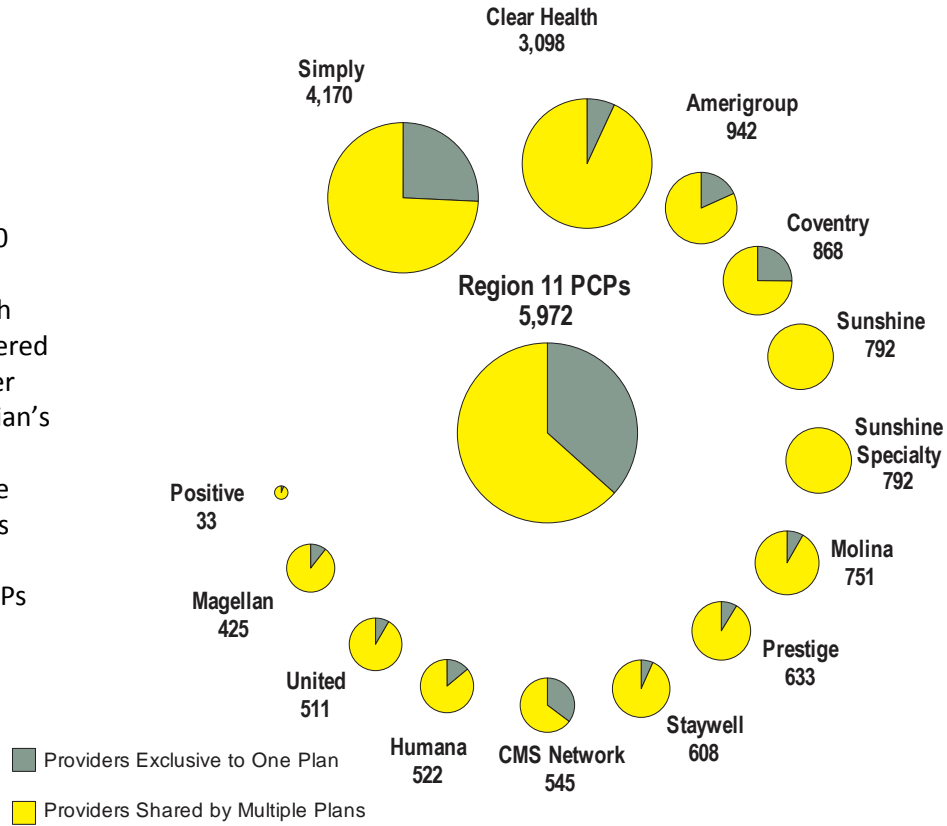


Figure 64: Region 11 Network of PCPs, December 2015

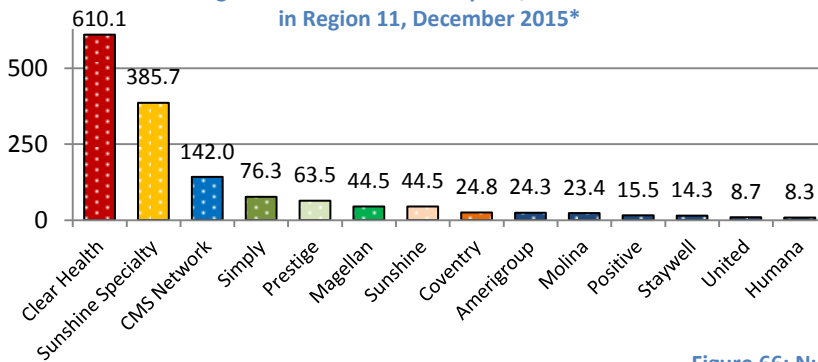
The plan may increase the PCP ratio of 1 in 1,500 enrollees by 750 enrollees for each Advanced Registered Nurse Practitioner (ARNP) or Physician's Assistant (PA) affiliated with the PCP. Ratios in this report are not adjusted for ARNPs and PAs.

PCPs



Source: Provider Network Verification System, December 2015

Figure 65: Number of PCPs per 1,500 Enrollees in Region 11, December 2015\*

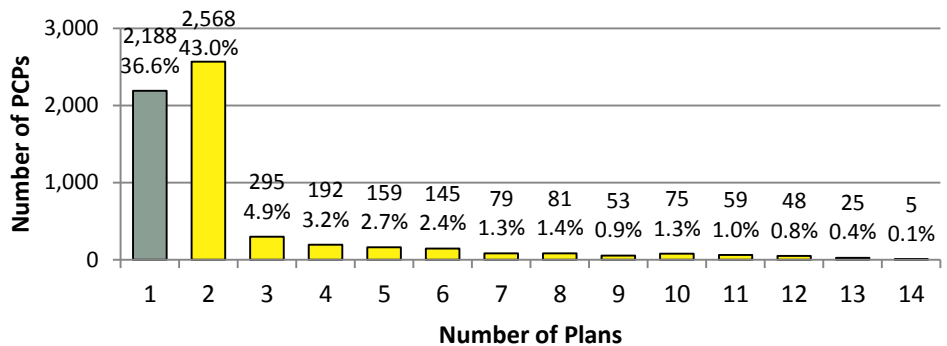


Region 11 has 16.4 PCPs for every 1,500 enrollees in the region.

\*Numbers for Clear Health are the number of PCPs per 500. Numbers for Magellan are the number of PCPs per 750.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

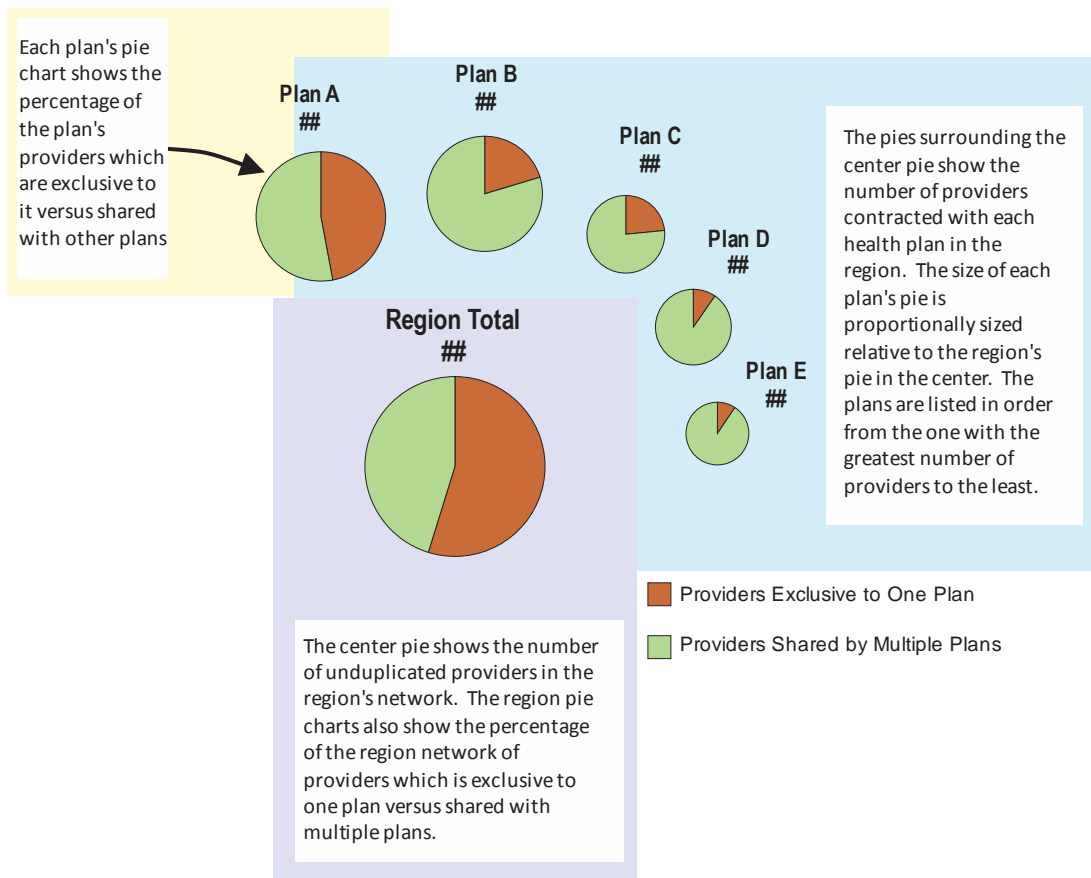
Figure 66: Number of PCPs by Number of Plans Served in Region 11, December 2015



Source: Provider Network Verification System, December 2015

## Network of Dentists by Region

Some providers contract exclusively with one plan in a region while others may contract with more than one plan. Providers who contract with more than one plan in the region are counted only once in the region total. To the degree that providers are shared by multiple plans, plans' provider networks overlap with one another in each region and the total number of unduplicated providers in a region's network will be less than the sum total of providers across all plans. The percentage of each plan's and region's network that is shared by multiple plans versus exclusive to one of the plans is reported because a provider's availability to enrollees is impacted when a provider contracts with multiple plans. In the following section, provider networks are displayed as a series of related pie charts.



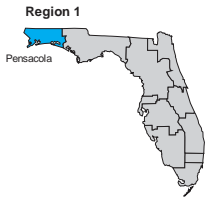
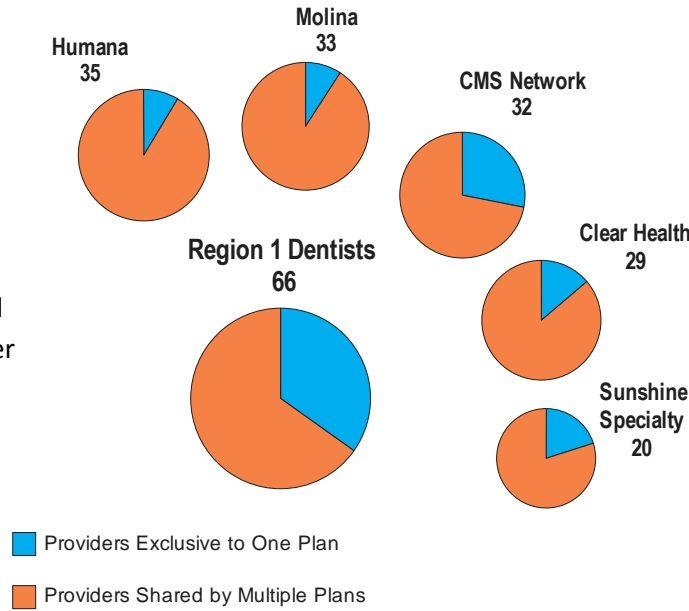


Figure 67: Region 1 Network of Dentists, December 2015

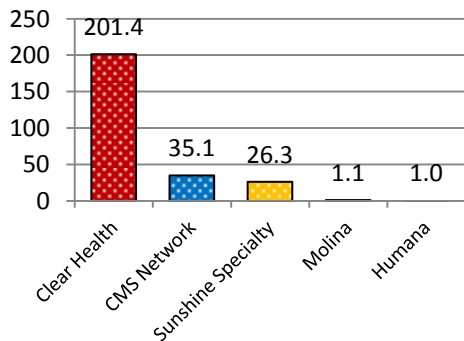
Each MMA standard and specialty plan is contractually required to include 1 dentist per 1,500 enrollees in its provider network.



Source: Provider Network Verification System, December 2015

Dentists

Figure 68: Number of Dentists per 1,500 Enrollees in Region 1, December 2015



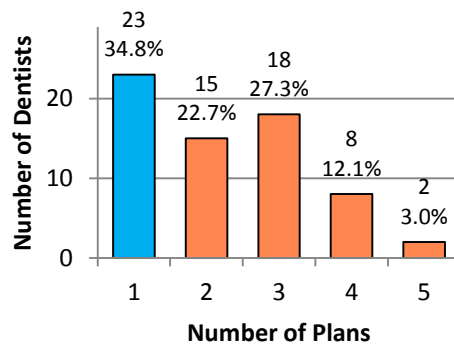
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over 65 percent of dentists in Region 1 are shared by 2 or more plans.

Region 1 has 1.0 dentist for every 1,500 enrollees in the region.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 69: Number of Dentists by Number of Plans Served in Region 1, December 2015



Source: Provider Network Verification System, December 2015



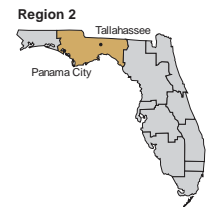
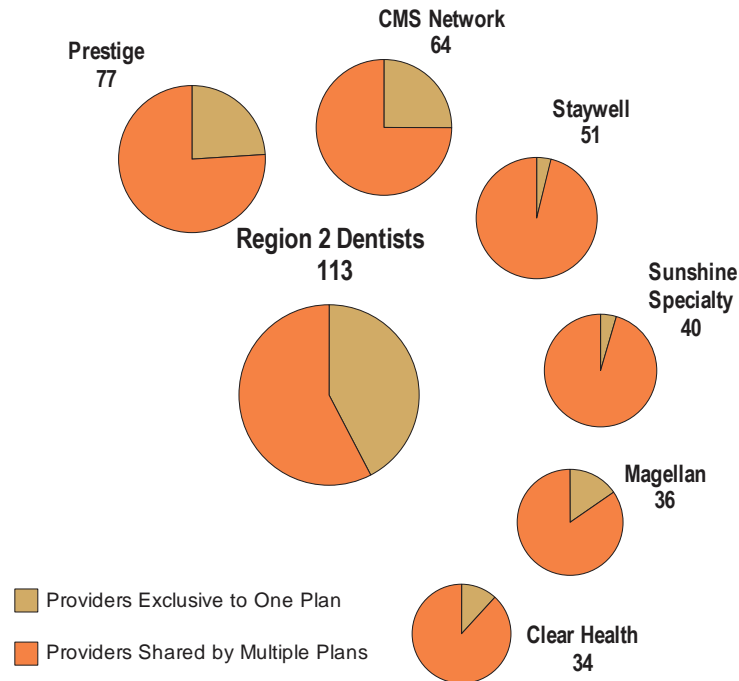


Figure 70: Region 2 Network of Dentists, December 2015



The network must include primary dental providers (PDPs) who are responsible for dental care and referrals to other dental specialists as needed. PDPs are not addressed in this report.

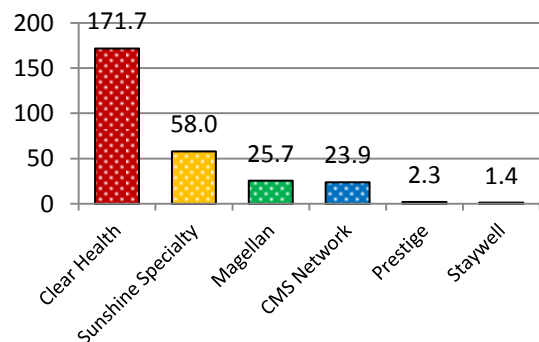
Dentists

Source: Provider Network Verification System, December 2015

There are 1.5 dentists for every 1,500 enrollees in Region 2.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

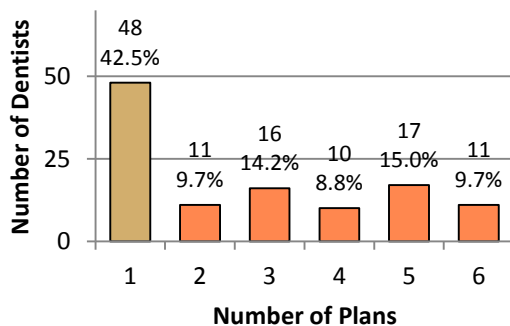
Figure 71: Number of Dentists per 1,500 Enrollees in Region 2, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

One quarter of CMS Network's dentists in Region 2 contract exclusively with CMS Network.

Figure 72: Number of Dentists by Number of Plans Served in Region 2, December 2015



Source: Provider Network Verification System, December 2015

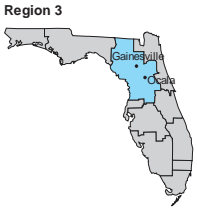
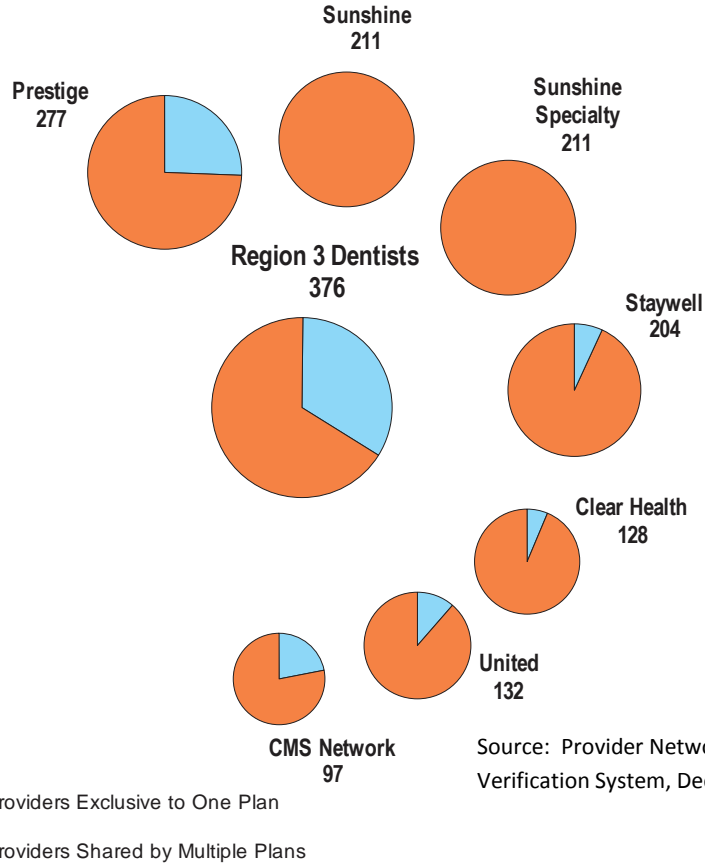


Figure 73: Region 3 Network of Dentists, December 2015

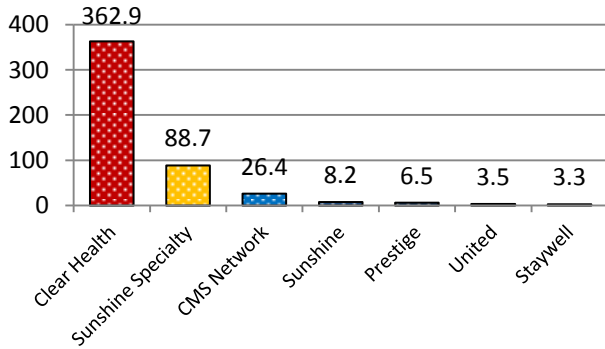


Plans are required to have 1 PDP for every 1,500 enrollees.

Source: Provider Network Verification System, December 2015

Dentists

Figure 74: Number of Dentists per 1,500 Enrollees in Region 3, December 2015

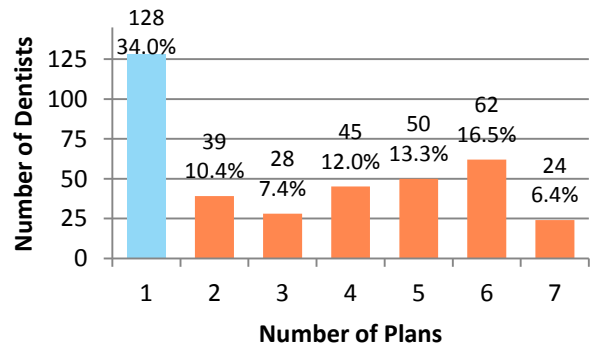


Region 3 has 2.2 dentists for every 1,500 enrollees in the region.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

One quarter of Prestige's dentists in Region 3 contract exclusively with Prestige.

Figure 75: Number of Dentists by Number of Plans Served in Region 3, December 2015



Source: Provider Network Verification System, December 2015

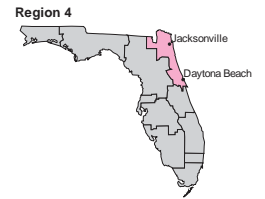
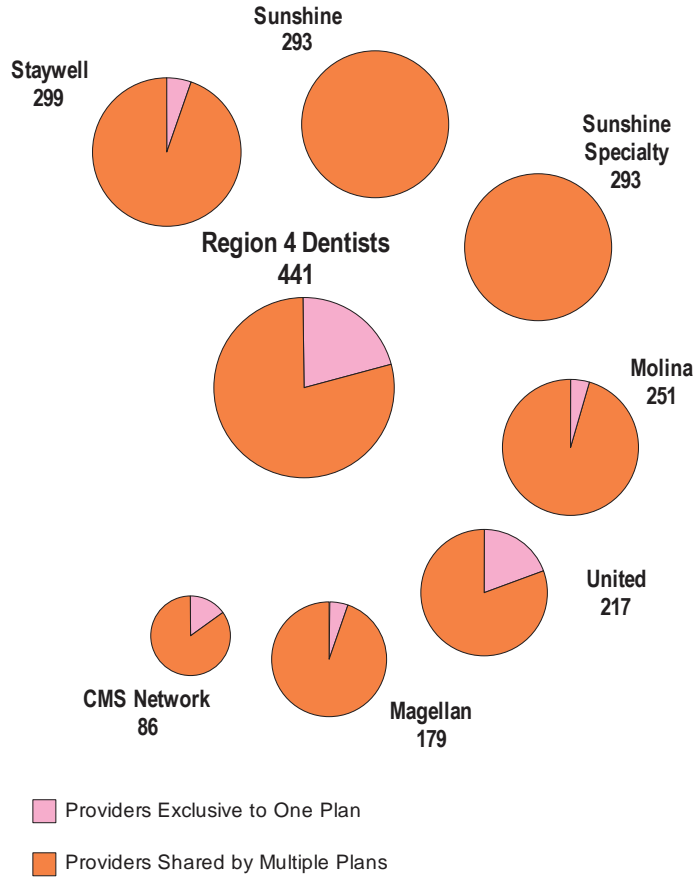


Figure 76: Region 4 Network of Dentists, December 2015



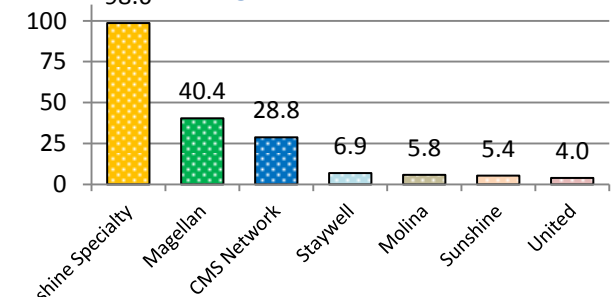
The plan may increase its PDP ratio by 500 enrollees for each dental hygienist affiliated with the PDP. However, no more than two hygienists per PDP may be used to increase the ratio.

Dentists

Source: Provider Network Verification System, December 2015

Across all plans, the Region 4 network of dentists has 2.1 dentists for every 1,500 enrollees in the region.

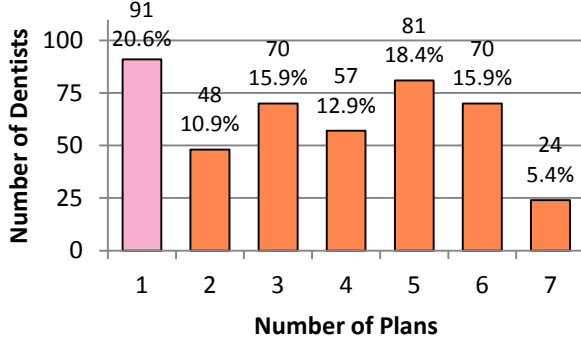
Figure 77: Number of Dentists per 1,500 Enrollees in Region 4, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over 79 percent of dentists in Region 4 are shared by 2 or more plans.

Figure 78: Number of Dentists by Number of Plans Served in Region 4, December 2015

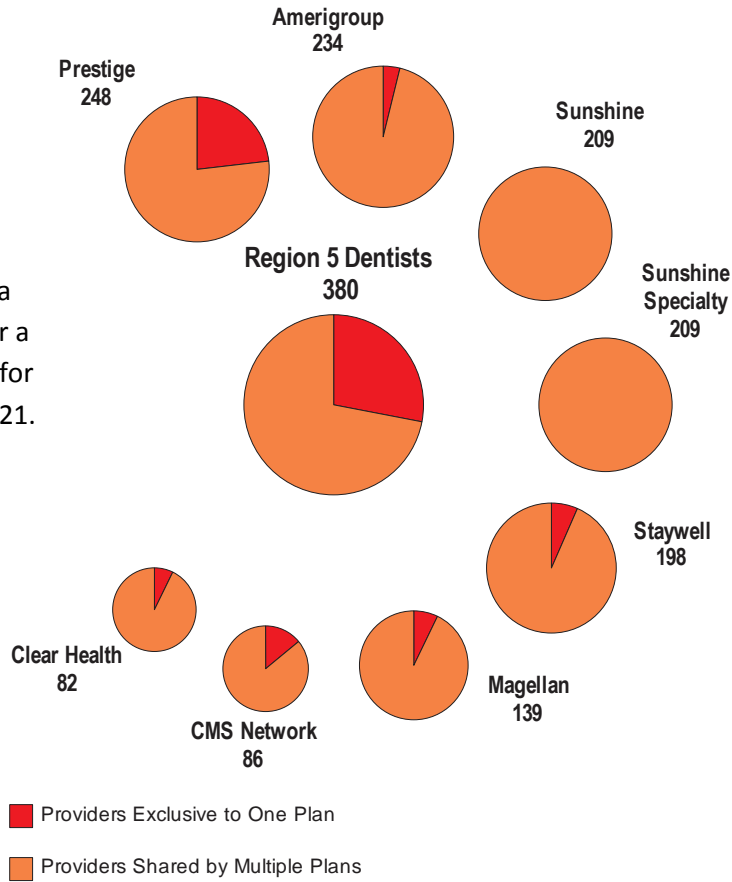


Source: Provider Network Verification System, December 2015



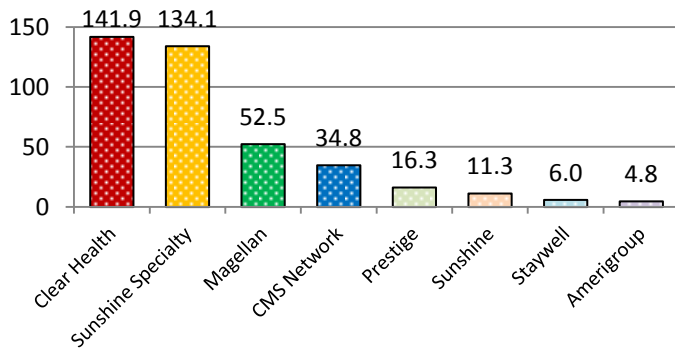
Figure 79: Region 5 Network of Dentists, December 2015

The PDP may be a general dentist or a pediatric dentist for recipients under 21.



Source: Provider Network Verification System, December 2015

Figure 80: Number of Dentists per 1,500 Enrollees in Region 5, December 2015

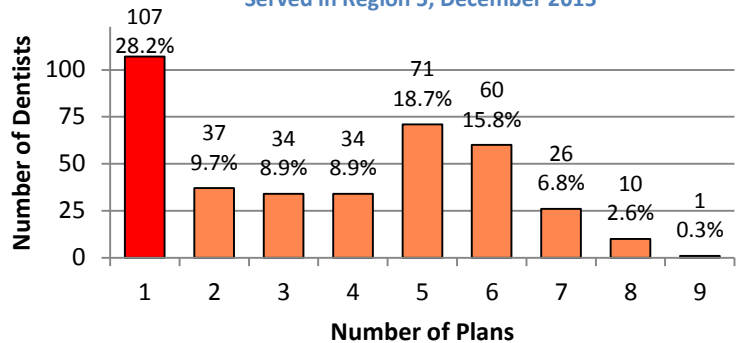


There are 3.1 dentists for every 1,500 enrollees in Region 5.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over 71 percent of dentists in Region 5 are shared by 2 or more plans.

Figure 81: Number of Dentists by Number of Plans Served in Region 5, December 2015



Source: Provider Network Verification System, December 2015

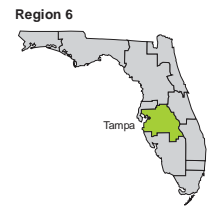
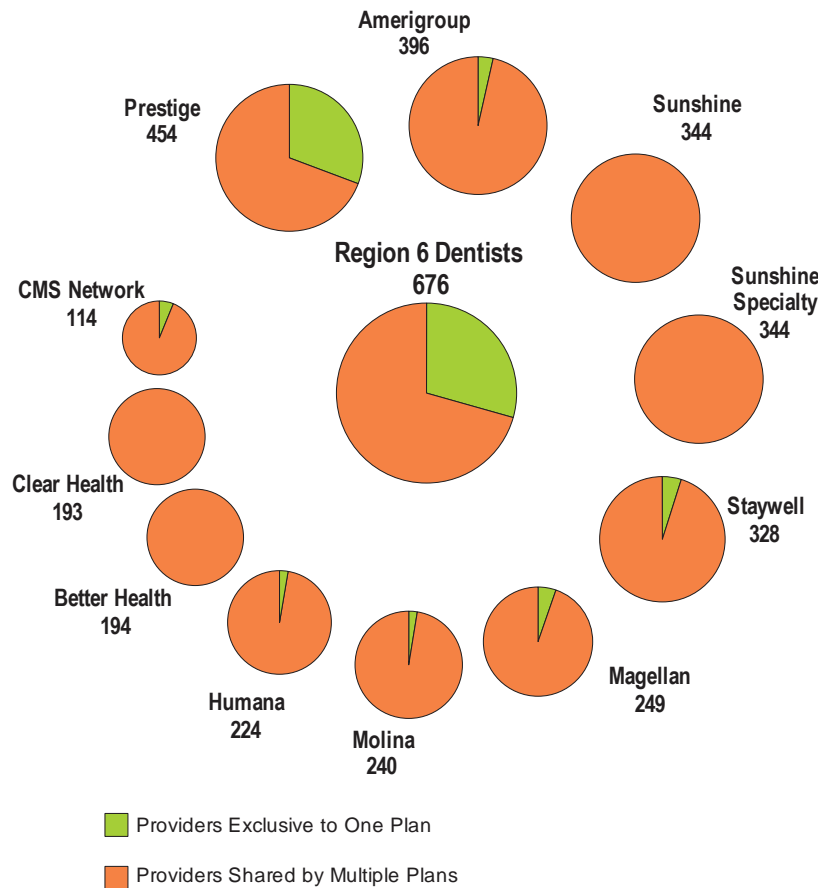


Figure 82: Region 6 Network of Dentists, December 2015



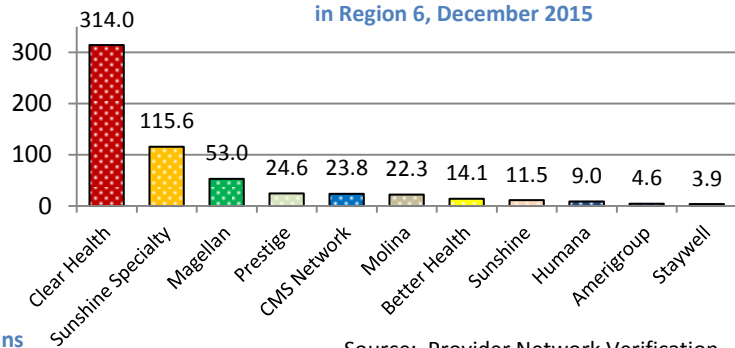
Contracted dentists in the network provide medically necessary dental services for children under 21 and emergency and denture related services for enrollees over 21.

Dentists

Source: Provider Network Verification System, December 2015

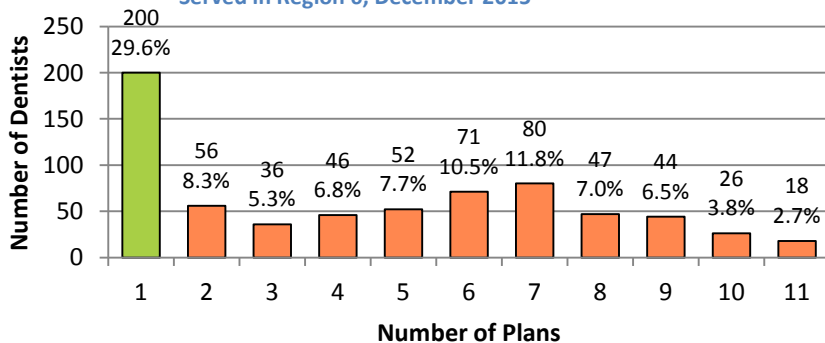
Over a quarter of Prestige's dentists in Region 6 contract exclusively with Prestige.

Figure 83: Number of Dentists per 1,500 Enrollees in Region 6, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 84: Number of Dentists by Number of Plans Served in Region 6, December 2015



Source: Provider Network Verification System, December 2015

Region 6 has 2.4 dentists for every 1,500 enrollees in the region.

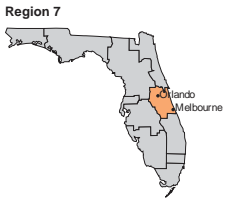
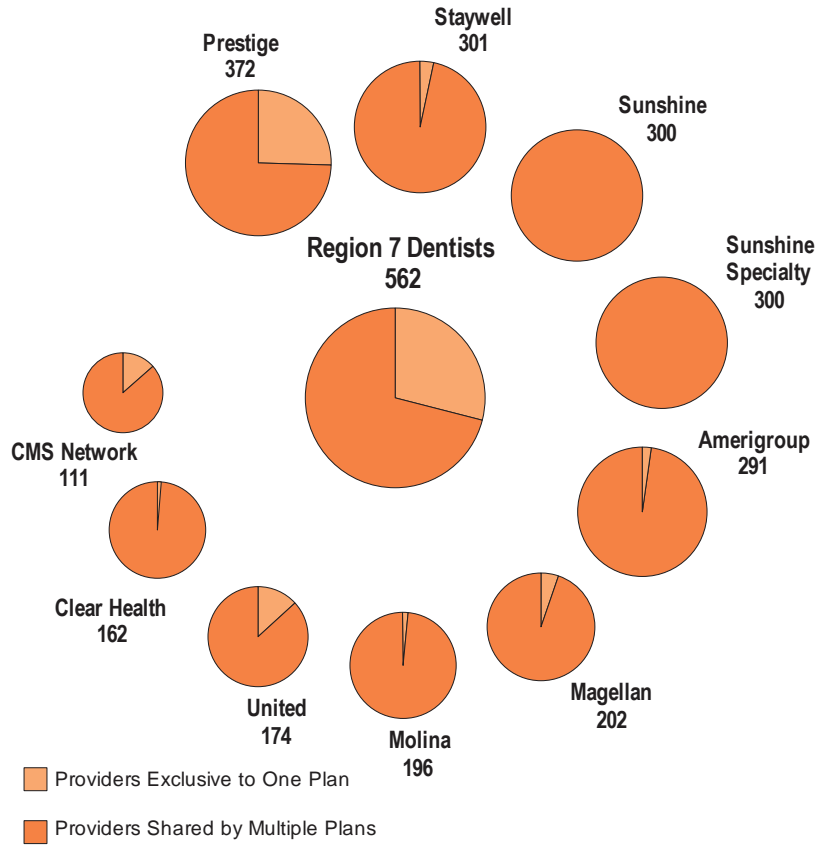


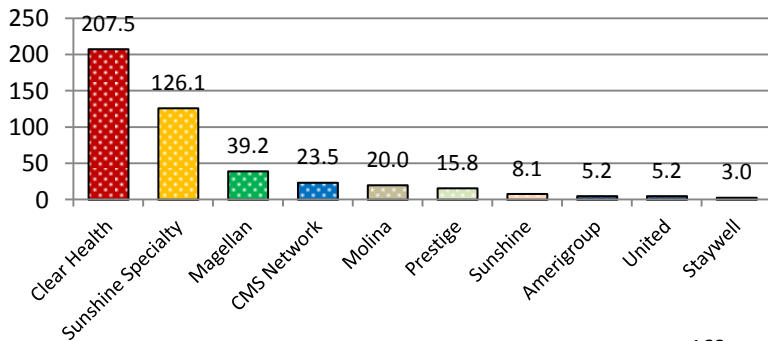
Figure 85: Region 7 Network of Dentists, December 2015

One quarter of Prestige's dentists in Region 7 contract exclusively with Prestige.



Source: Provider Network Verification System, December 2015

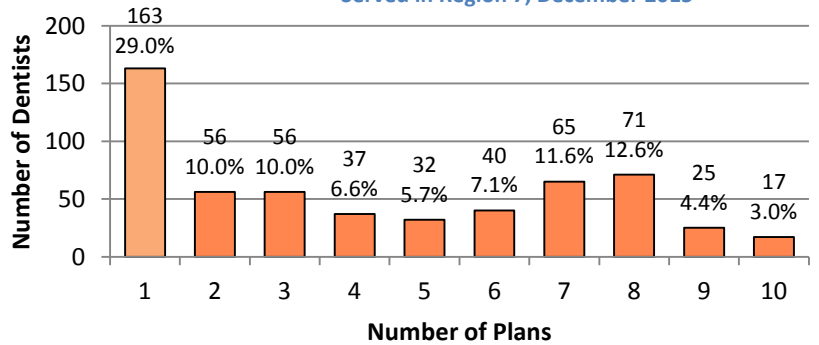
Figure 86: Number of Dentists per 1,500 Enrollees in Region 7, December 2015



There are 2.1 dentists for every 1,500 enrollees in Region 7.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 87: Number of Dentists by Number of Plans Served in Region 7, December 2015



Source: Provider Network Verification System, December 2015

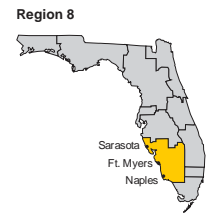
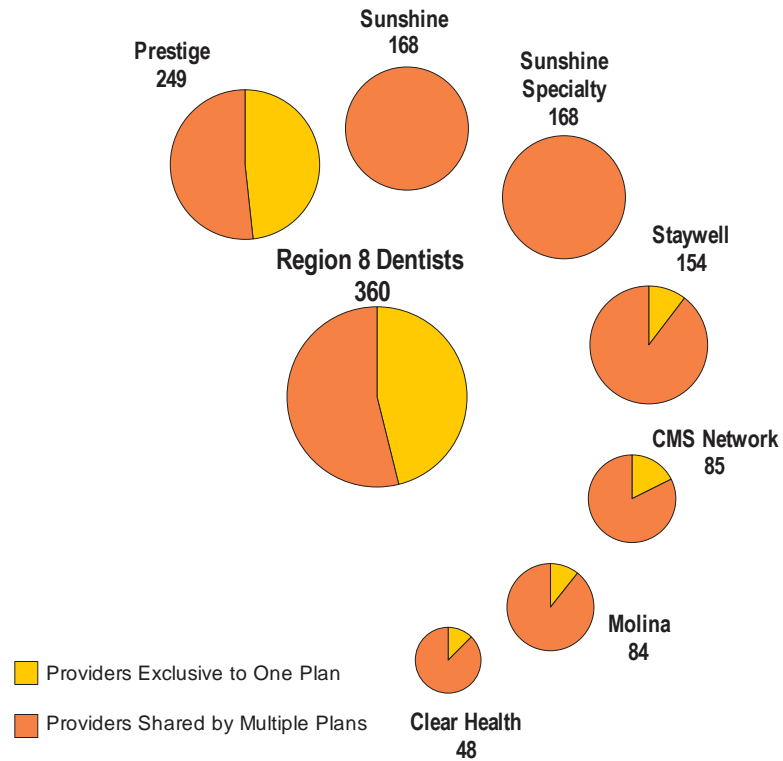


Figure 88: Region 8 Network of Dentists, December 2015



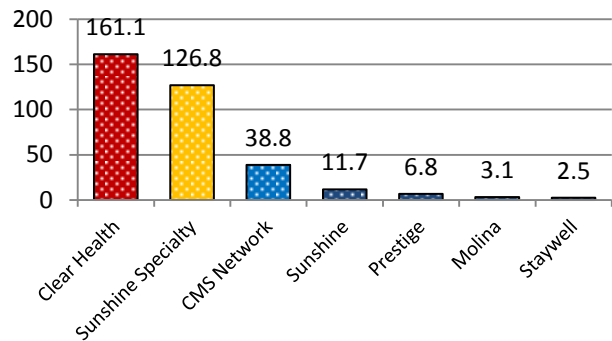
Nearly half of Prestige's dentists in Region 8 contract exclusively with Prestige.

Dentists

Source: Provider Network Verification System, December 2015

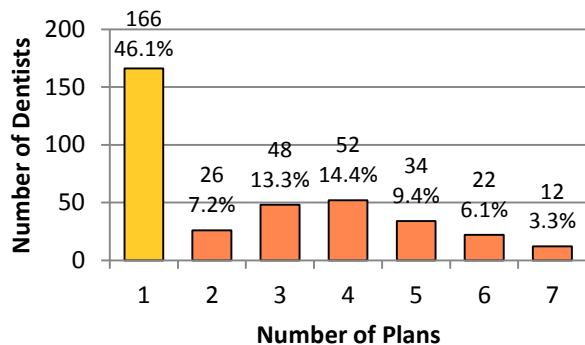
Region 8 has 2.5 dentists for every 1,500 enrollees in the region.

Figure 89: Number of Dentists per 1,500 Enrollees in Region 8, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 90: Number of Dentists by Number of Plans Served in Region 8, December 2015



Over half of dentists in Region 8 are shared by 2 or more plans.

Source: Provider Network Verification System, December 2015

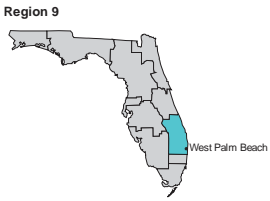
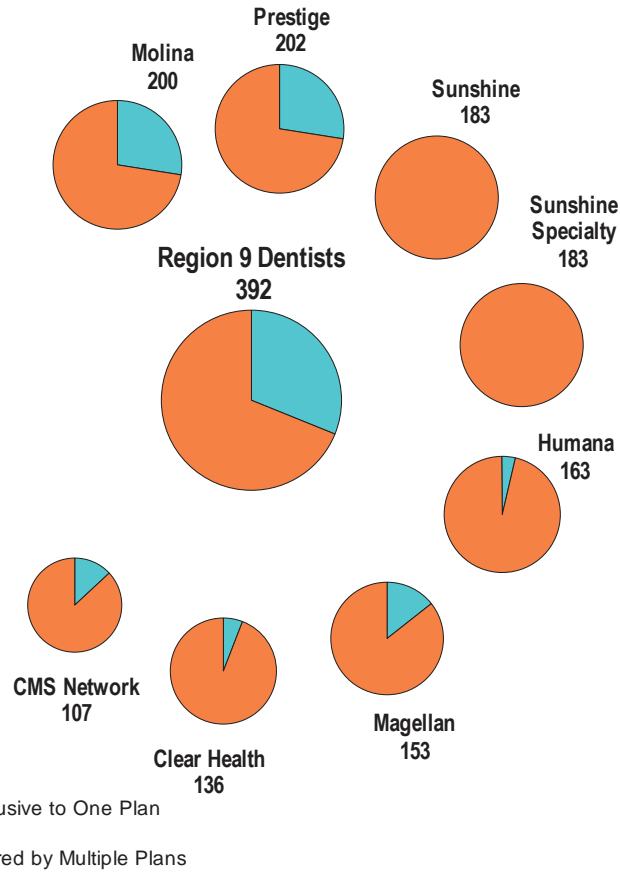


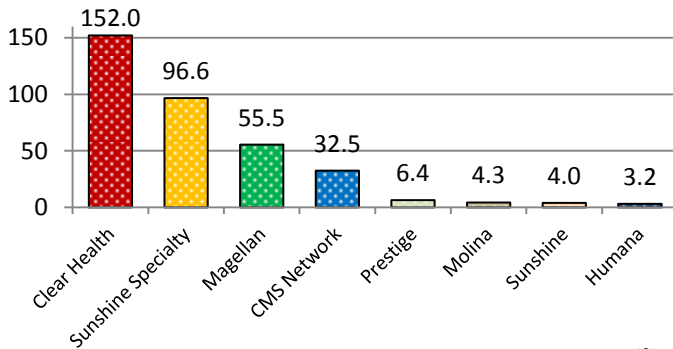
Figure 91: Region 9 Network of Dentists, December 2015

Over a quarter of Molina's and Prestige's dentists in Region 9 contract exclusively with each plan.



Source: Provider Network Verification System, December 2015

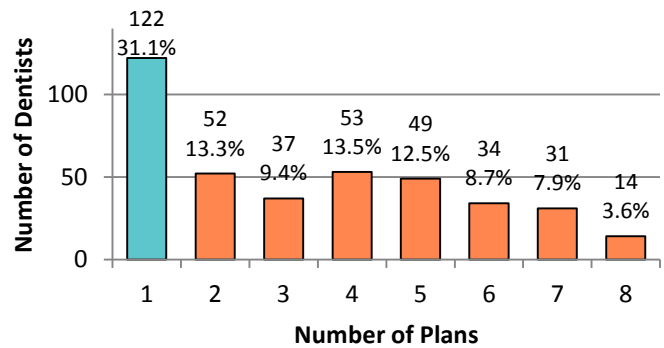
Figure 92: Number of Dentists per 1,500 Enrollees in Region 9, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

The Region 9 network of dentists has 2.1 dentists for every 1,500 enrollees in the region.

Figure 93: Number of Dentists by Number of Plans Served in Region 9, December 2015



Source: Provider Network Verification System, December 2015



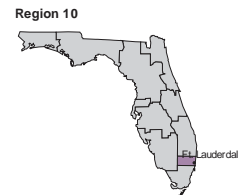
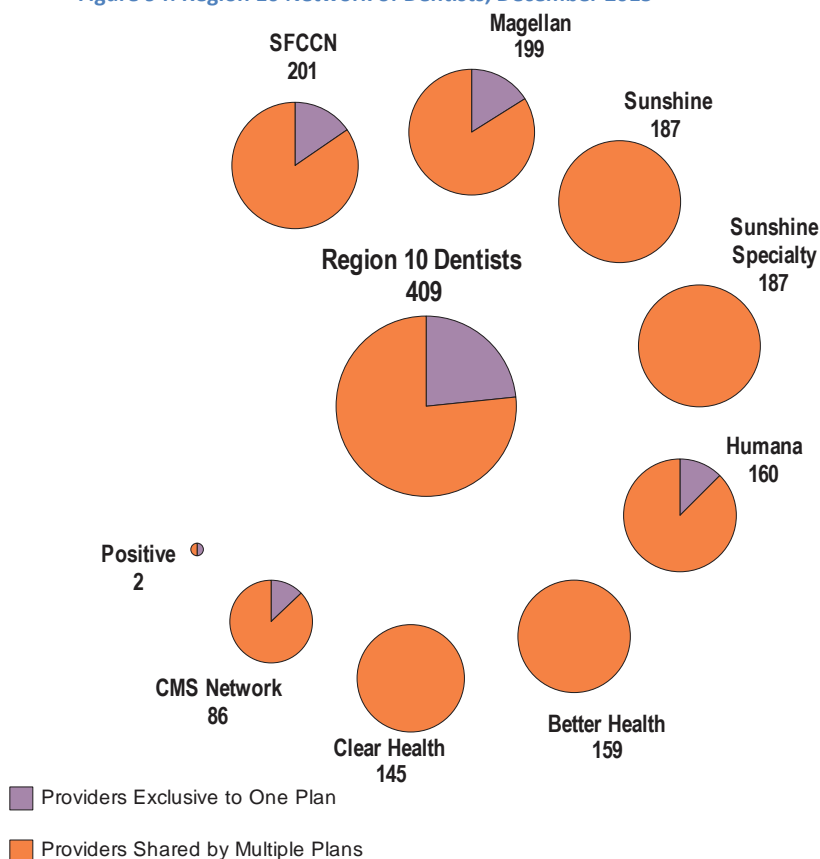


Figure 94: Region 10 Network of Dentists, December 2015



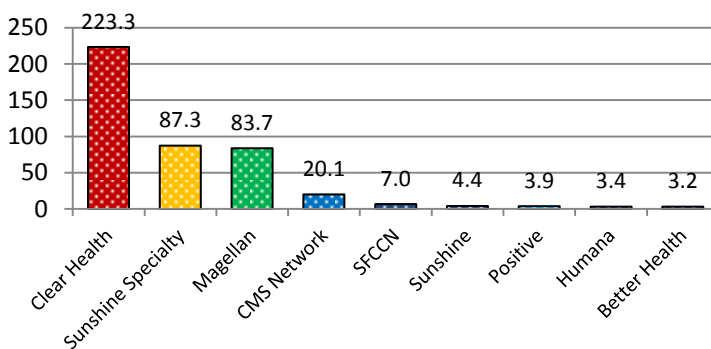
All dentists in Region 10 who contract with Sunshine, Sunshine Specialty, Better Health, or Clear Health are shared with at least one of the other eight plans.

Dentists

Source: Provider Network Verification System, December 2015

Region 10 has 2.3 dentists for every 1,500 enrollees in the region.

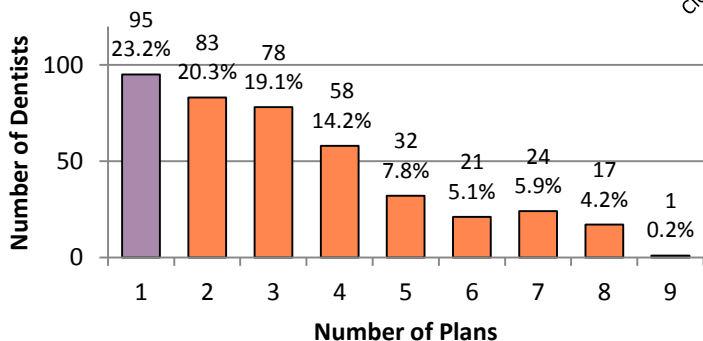
Figure 95: Number of Dentists per 1,500 Enrollees in Region 10, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over three quarters of dentists in Region 10 are shared by 2 or more plans.

Figure 96: Number of Dentists by Number of Plans Served in Region 10, December 2015



Source: Provider Network Verification System, December 2015

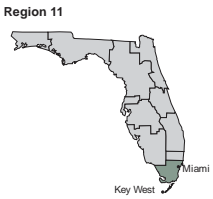
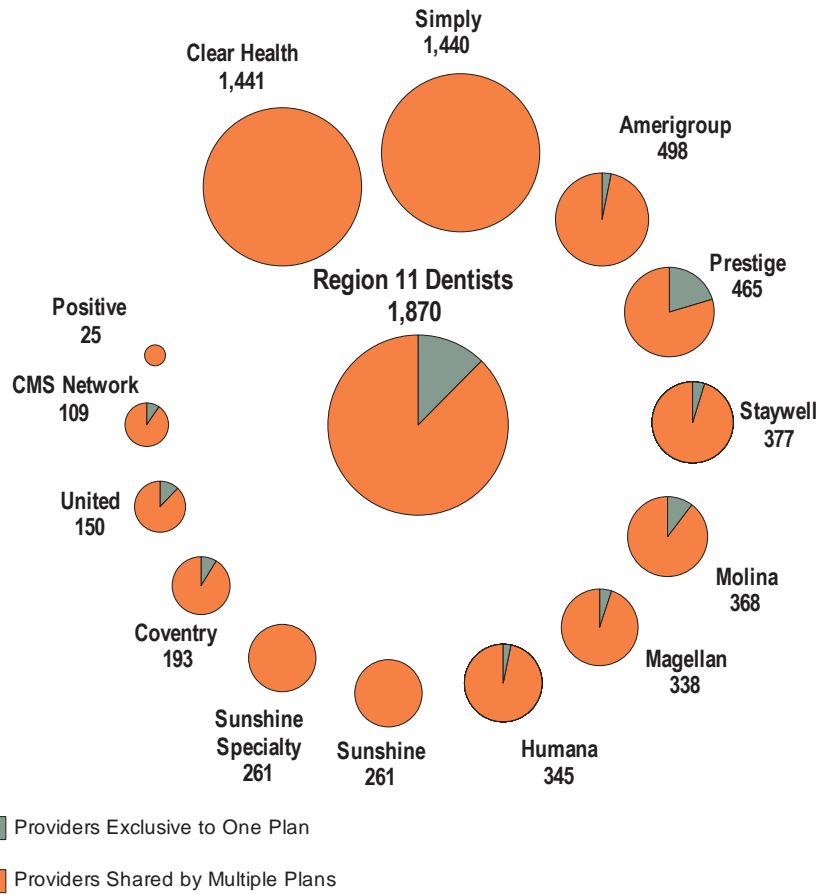


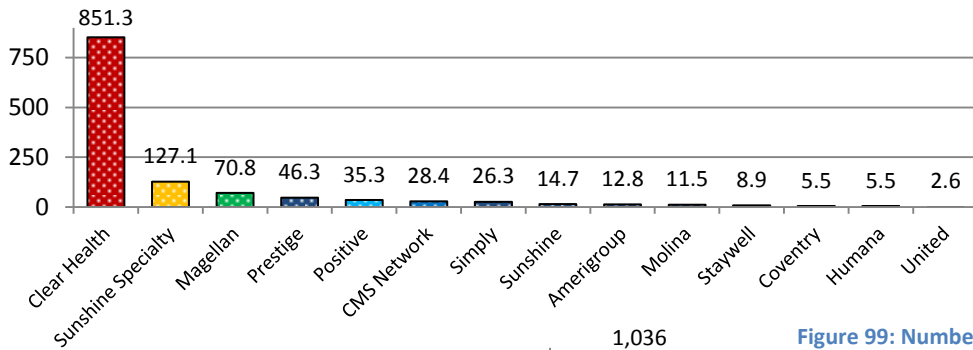
Figure 97: Region 11 Network of Dentists, December 2015

Over 87 percent of dentists in Region 11 are shared by 2 or more plans.



Source: Provider Network Verification System, December 2015

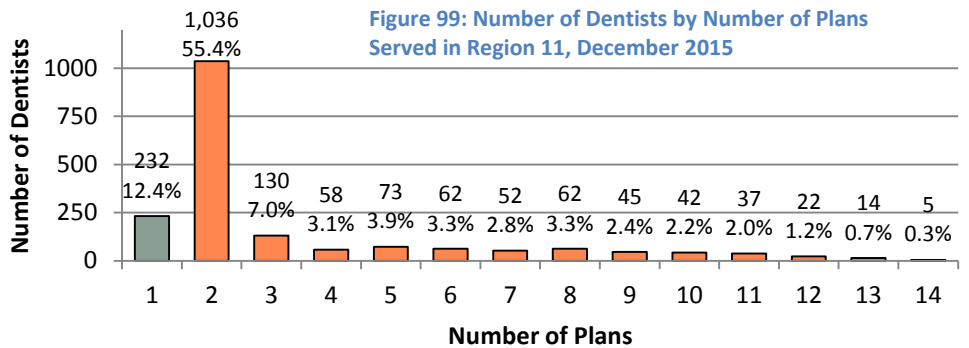
Figure 98: Number of Dentists per 1,500 Enrollees in Region 11, December 2015



There are 5.1 dentists for every 1,500 enrollees in Region 11.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

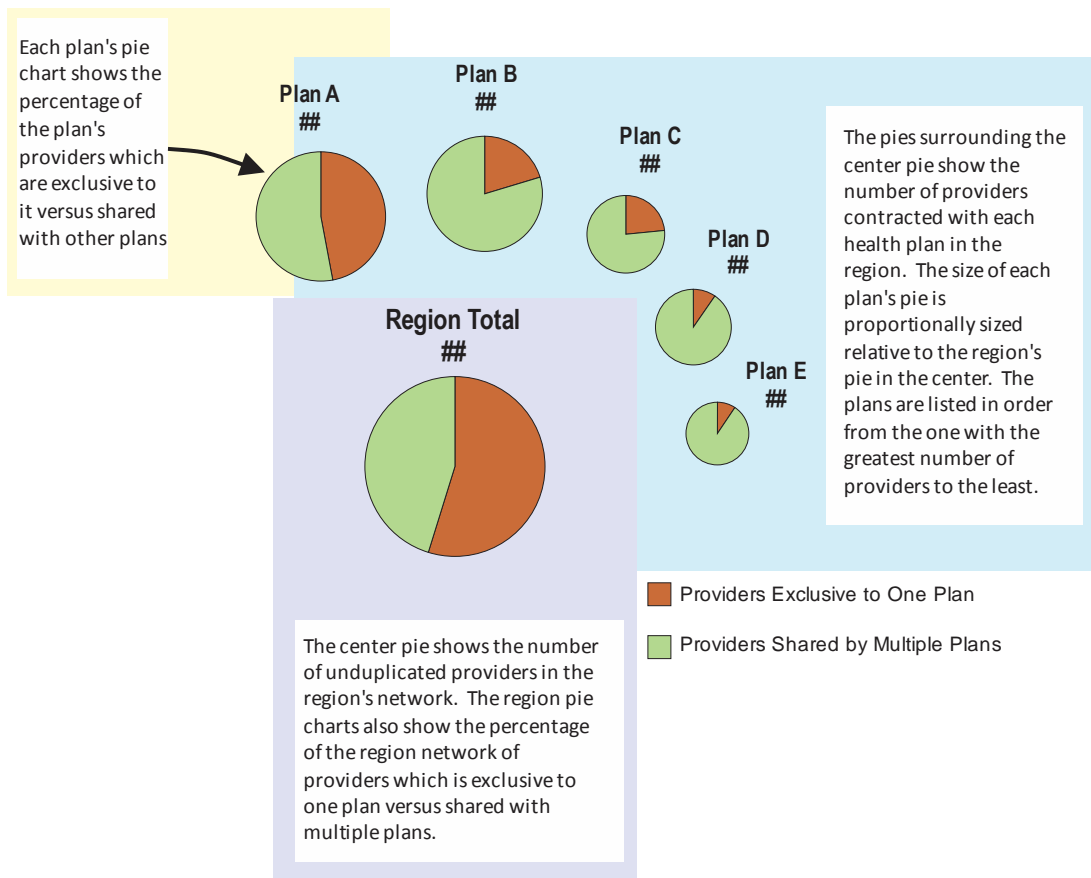
Figure 99: Number of Dentists by Number of Plans Served in Region 11, December 2015



Source: Provider Network Verification System, December 2015

## Network of Pediatricians by Region

Some providers contract exclusively with one plan in a region while others may contract with more than one plan. Providers who contract with more than one plan in the region are counted only once in the region total. To the degree that providers are shared by multiple plans, plans' provider networks overlap with one another in each region and the total number of unduplicated providers in a region's network will be less than the sum total of providers across all plans. The percentage of each plan's and region's network that is shared by multiple plans versus exclusive to one of the plans is reported because a provider's availability to enrollees is impacted when a provider contracts with multiple plans. In the following section, provider networks are displayed as a series of related pie charts.



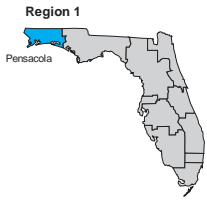
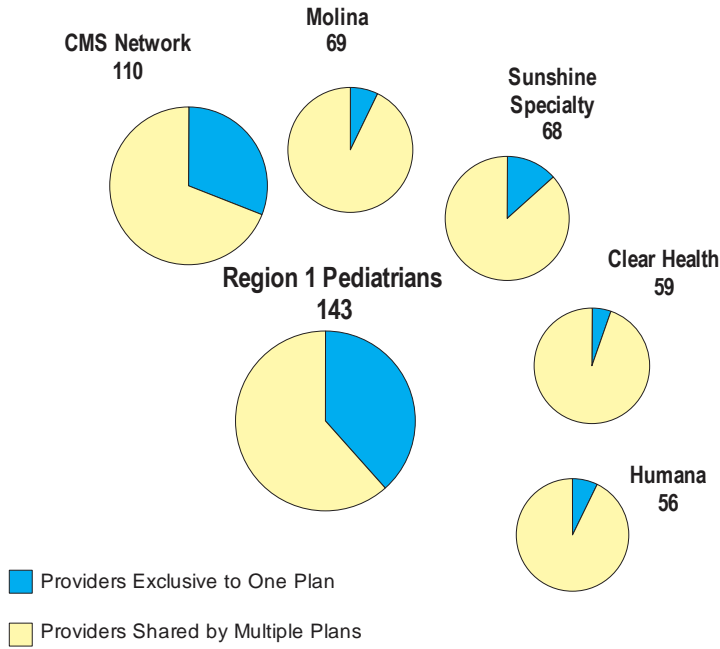


Figure 100: Region 1 Network of Pediatricians, December 2015

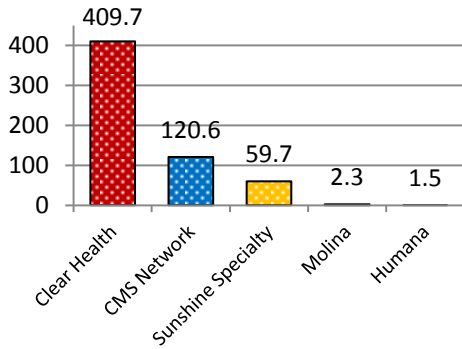


MMA standard and specialty plans are required to include pediatricians in their provider network.

Source: Provider Network Verification System, December 2015

Pediatricians

Figure 101: Number of Pediatricians per 1,500 Enrollees in Region 1, December 2015



\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

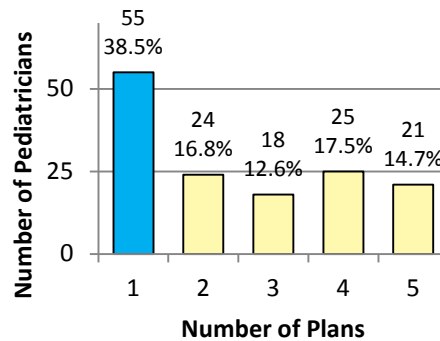
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over one quarter of CMS Network's pediatricians contract exclusively with CMS Network.

Region 1 has 2.1 pediatricians per 1,500 enrollees.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the

Figure 102: Number of Pediatricians by Number of Plans Served in Region 1, December 2015



Source: Provider Network Verification System, December 2015

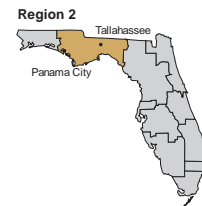
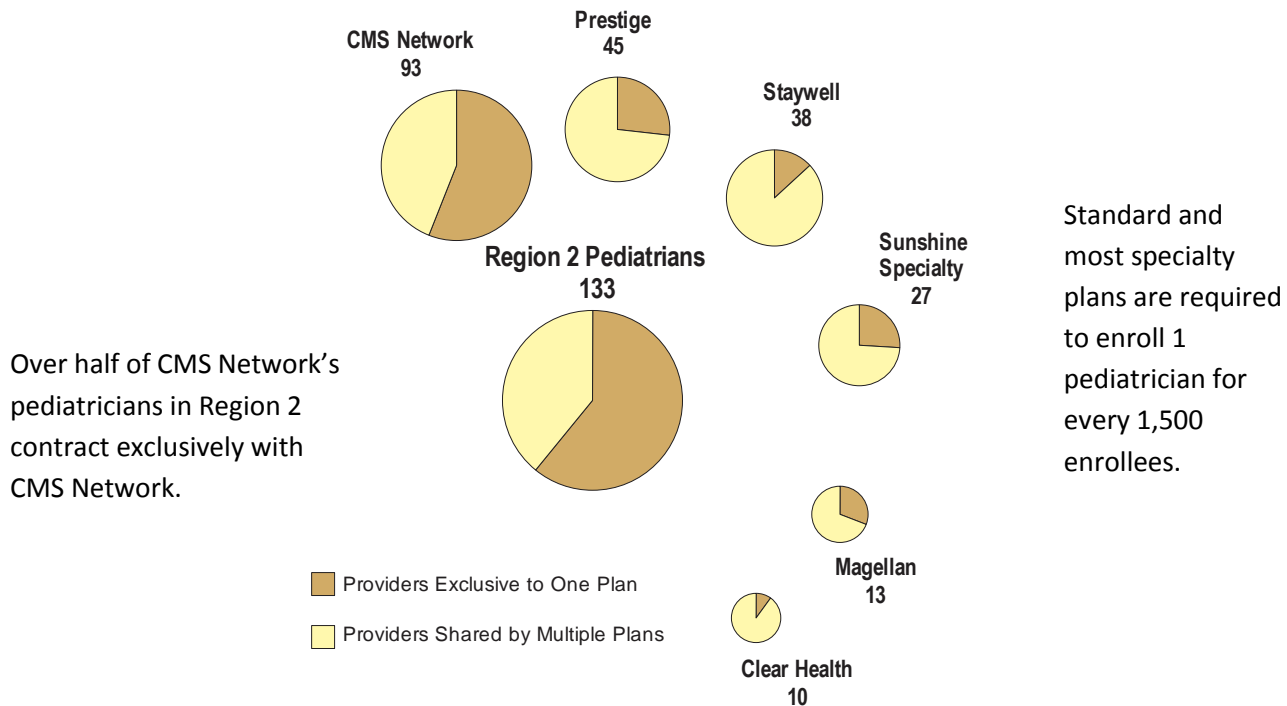


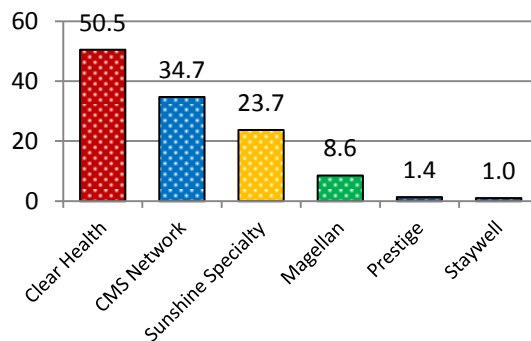
Figure 103: Region 2 Network of Pediatricians, December 2015



Source: Provider Network Verification System, December 2015

Figure 104: Number of Pediatricians per 1,500 Enrollees in Region 2, December 2015

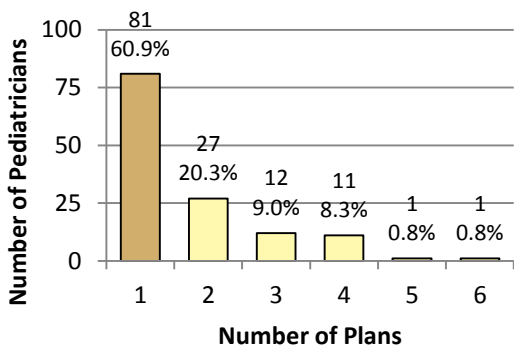
Region 2 has 1.8 pediatricians per 1,500 enrollees.



\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 105: Number of Pediatricians by Number of Plans Served in Region 2, December 2015



Source: Provider Network Verification System, December 2015

Pediatricians

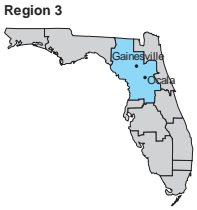
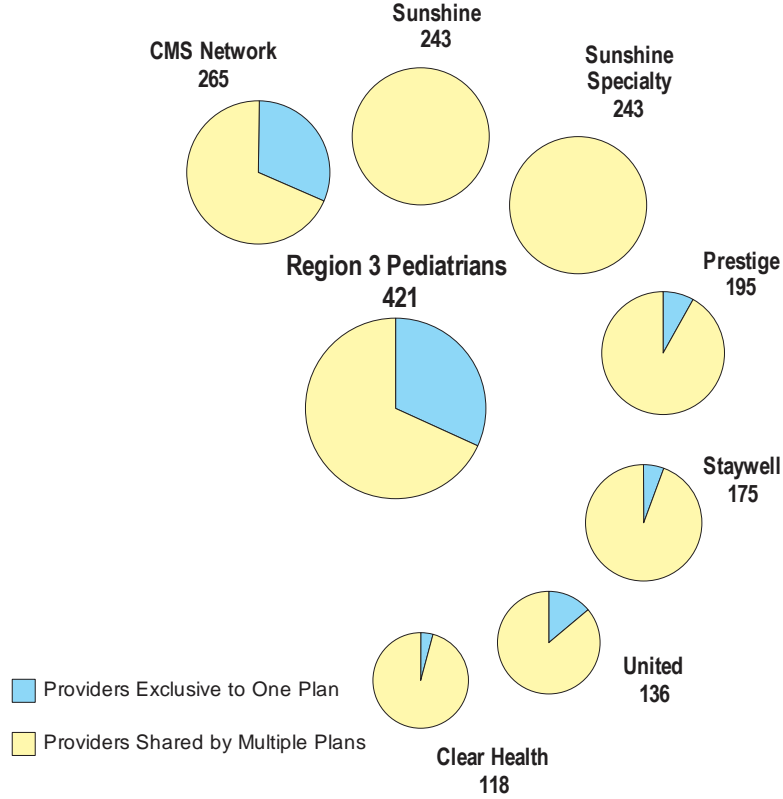


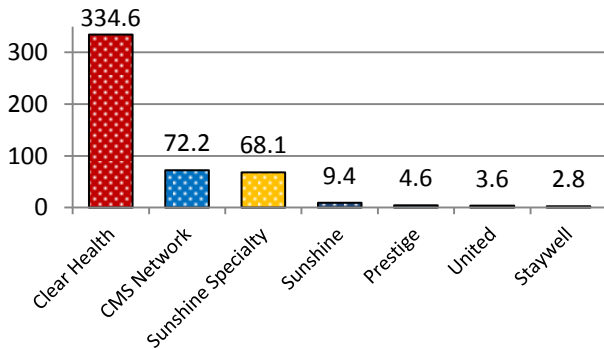
Figure 106: Region 3 Network of Pediatricians, December 2015

Over one quarter of CMS Network's pediatricians in the region contract exclusively with CMS Network.



Source: Provider Network Verification System, December 2015

Figure 107: Number of Pediatricians per 1,500 Enrollees in Region 3, December 2015

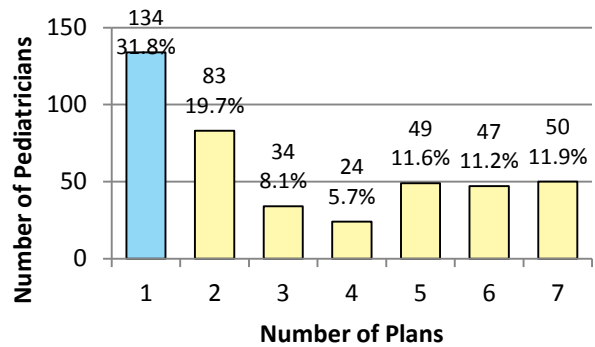


\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

In Region 3, there are 2.4 pediatricians per 1,500 enrollees.

Figure 108: Number of Pediatricians by Number of Plans Served in Region 3, December 2015



Source: Provider Network Verification System, December 2015

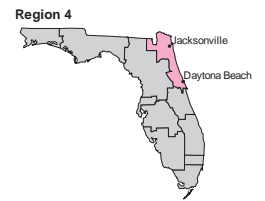
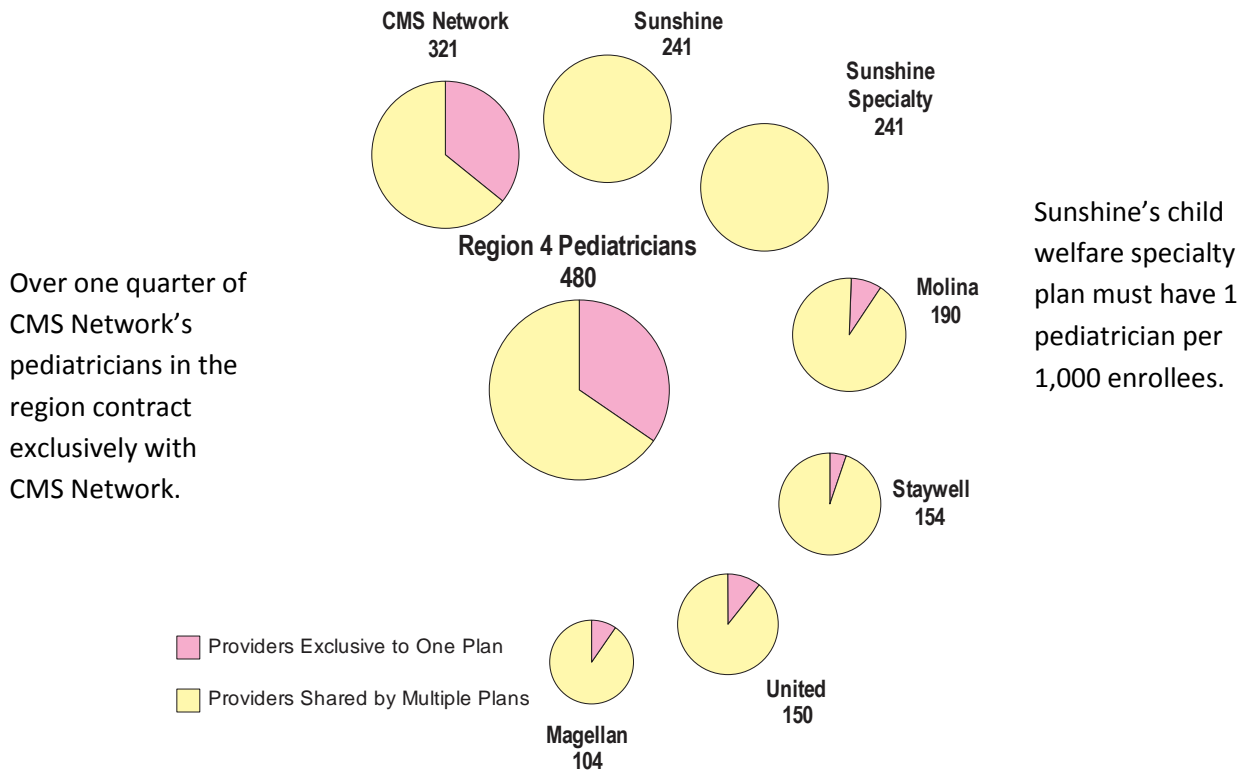


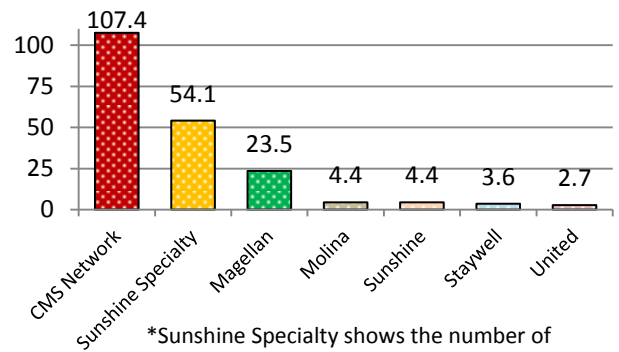
Figure 109: Region 4 Network of Pediatricians, December 2015



Source: Provider Network Verification System, December 2015

Figure 110: Number of Pediatricians per 1,500 Enrollees in Region 4, December 2015

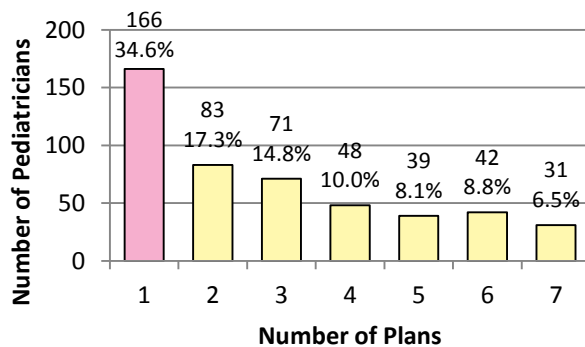
Region 4 has 2.3 pediatricians per 1,500 enrollees.



\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 111: Number of Pediatricians by Number of Plans Served in Region 4, December 2015



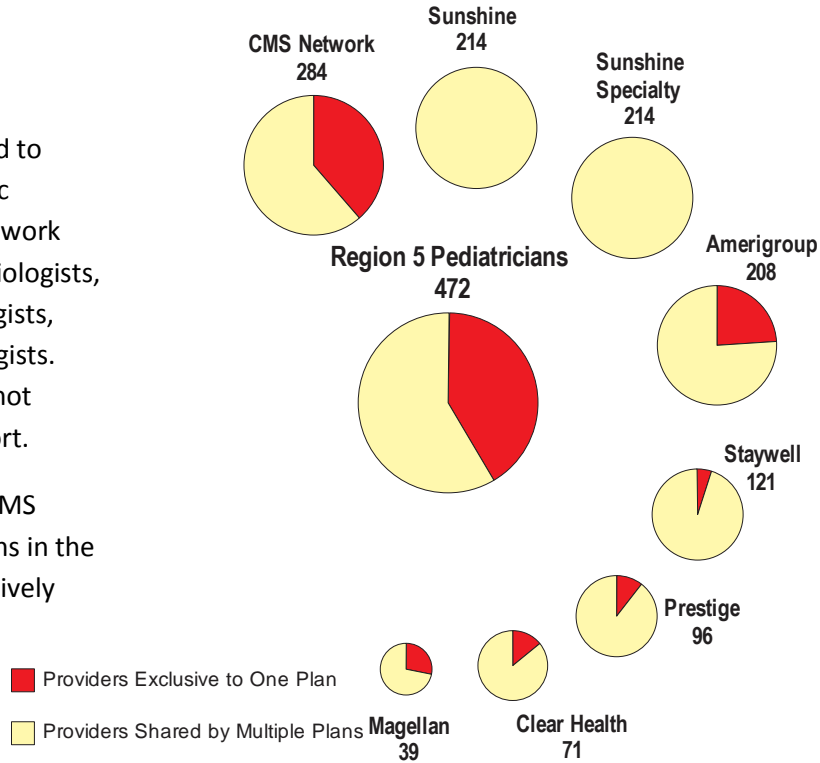
Source: Provider Network Verification System, December 2015



Figure 112: Region 5 Network of Pediatricians, December 2015

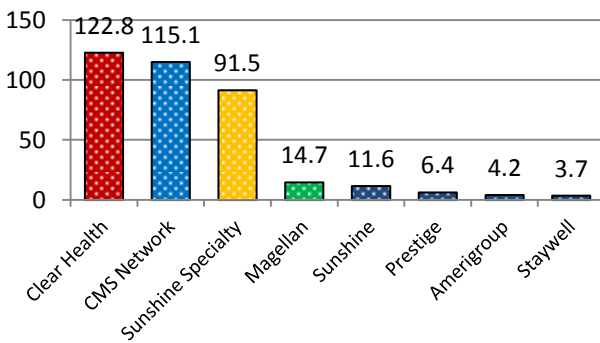
Plans are also required to include other pediatric specialties in their network such as pediatric cardiologists, pediatric endocrinologists, and pediatric neurologists. These specialties are not addressed in this report.

Over one quarter of CMS Network's pediatricians in the region contract exclusively with CMS Network.



Source: Provider Network Verification System, December 2015

Figure 113: Number of Pediatricians per 1,500 Enrollees in Region 5, December 2015

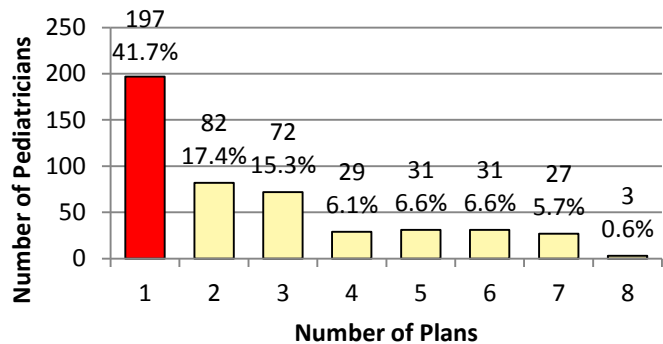


\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

In Region 5, there are 3.8 pediatricians per 1,500 enrollees.

Figure 114: Number of Pediatricians by Number of Plans Served in Region 5, December 2015



Source: Provider Network Verification System, December 2015



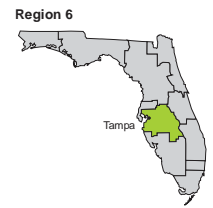
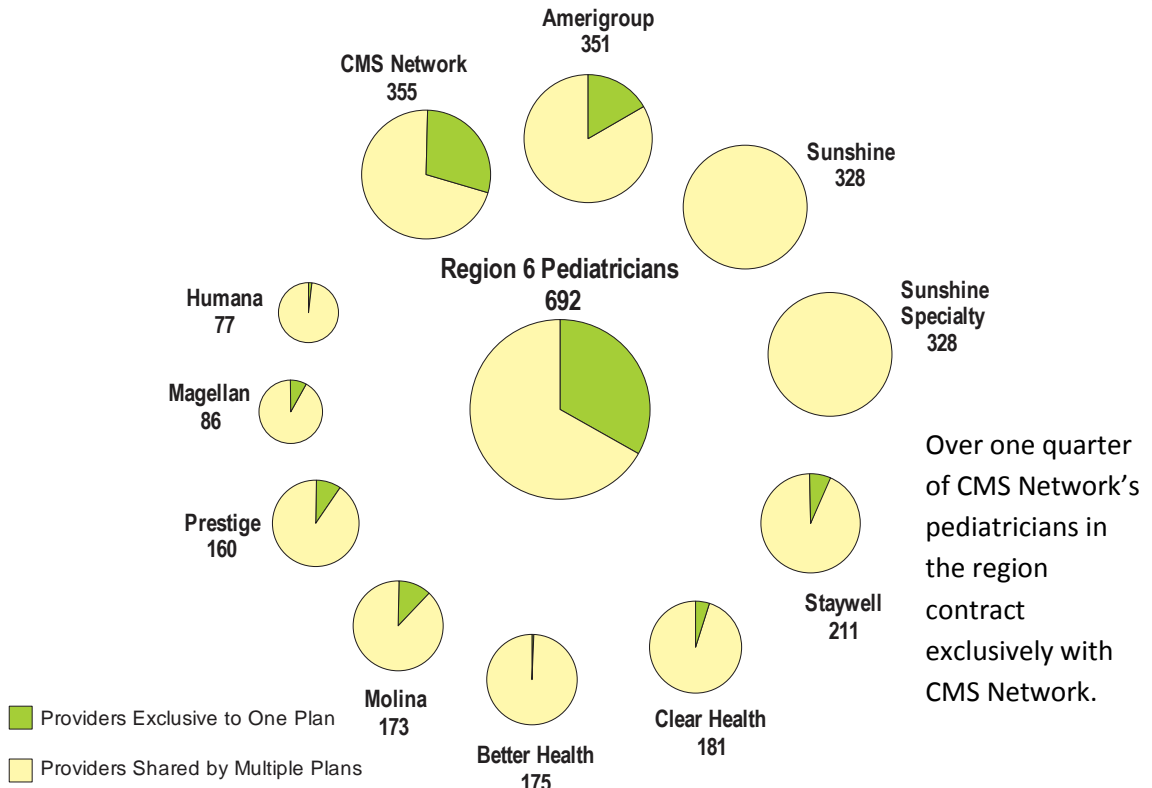


Figure 115: Region 6 Network of Pediatricians, December 2015



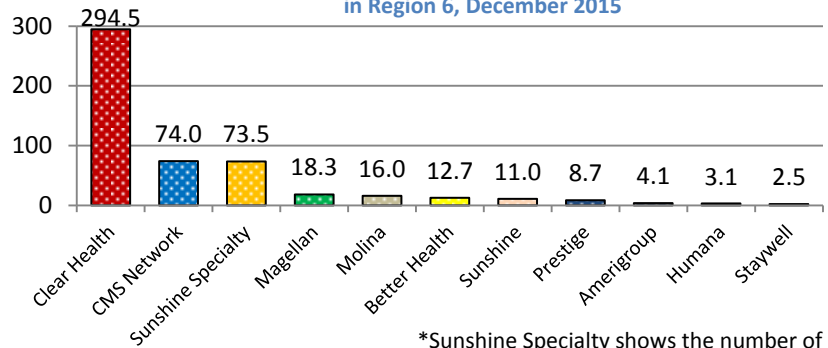
Over one quarter of CMS Network's pediatricians in the region contract exclusively with CMS Network.

Pediatricians

Source: Provider Network Verification System, December 2015

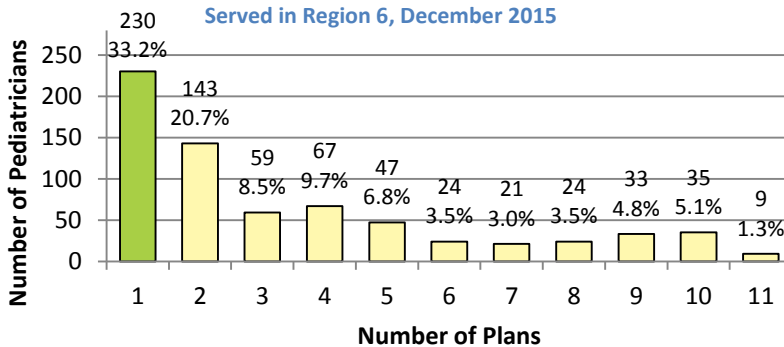
Figure 116: Number of Pediatricians per 1,500 Enrollees in Region 6, December 2015

Region 6 has 2.5 pediatricians per 1,500 enrollees.



\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Figure 117: Number of Pediatricians by Number of Plans Served in Region 6, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Source: Provider Network Verification System, December 2015

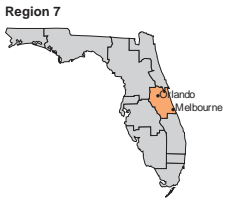
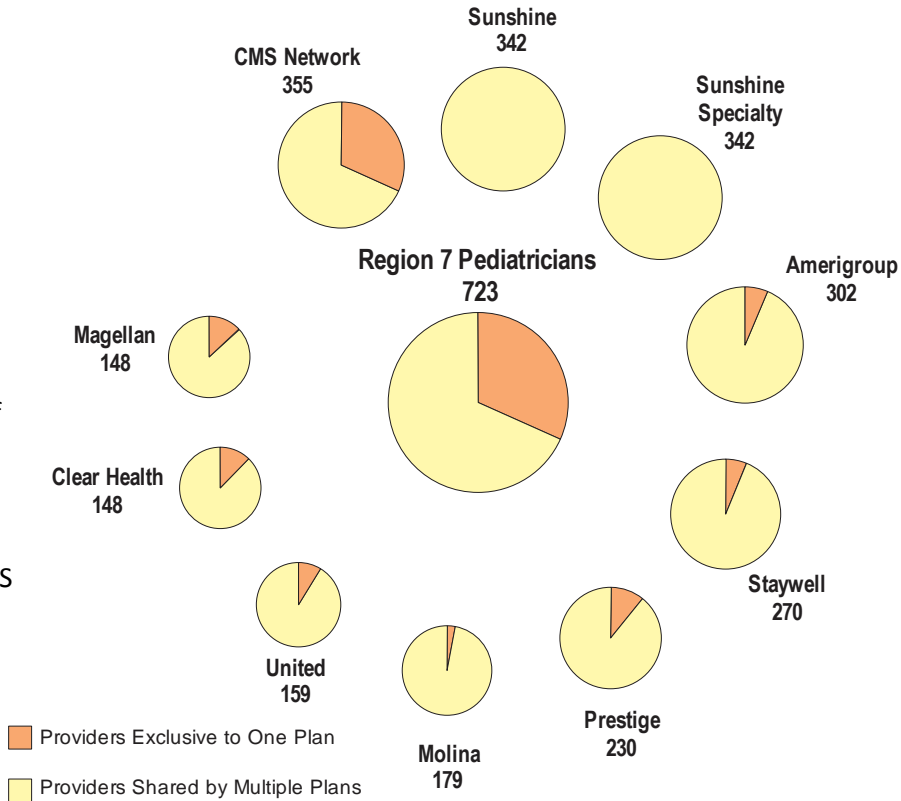


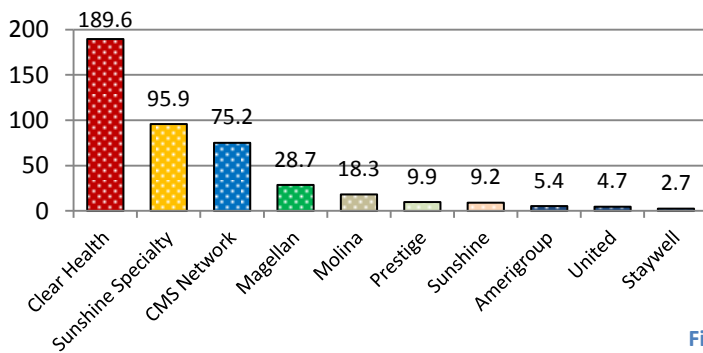
Figure 118: Region 7 Network of Pediatricians, December 2015

Over one quarter of CMS Network's pediatricians in the region contract exclusively with CMS Network.



Source: Provider Network Verification System, December 2015

Figure 119: Number of Pediatricians per 1,500 Enrollees in Region 7, December 2015

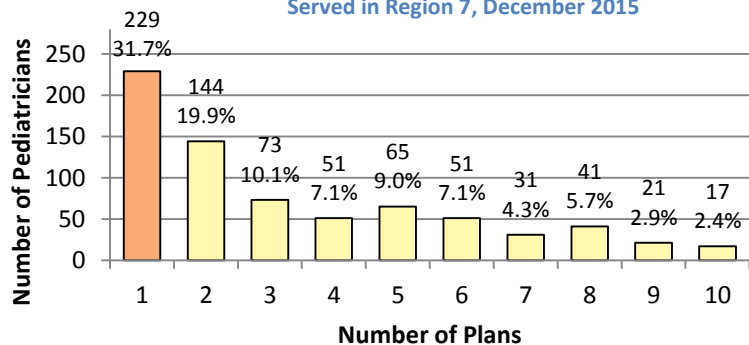


Region 7 has 2.6 pediatricians per 1,500 enrollees.

\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 120: Number of Pediatricians by Number of Plans Served in Region 7, December 2015



Source: Provider Network Verification System, December 2015

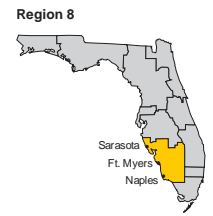
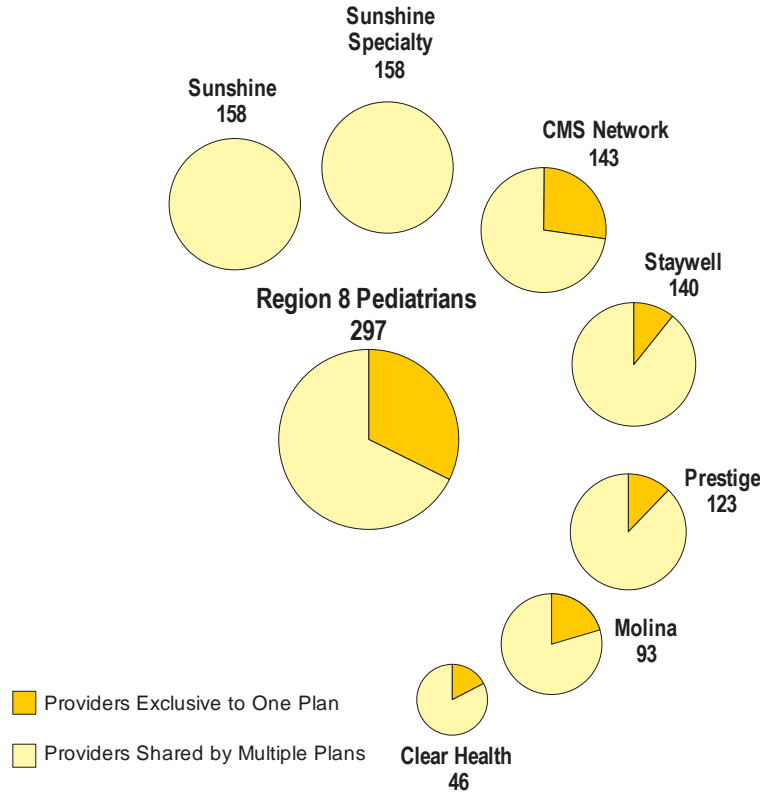


Figure 121: Region 8 Network of Pediatricians, December 2015



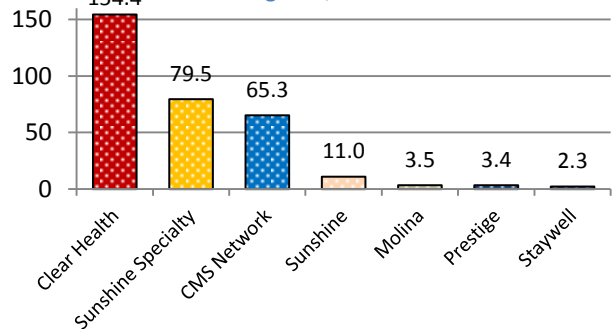
Over one quarter of CMS Network's pediatricians in Region 8 contract exclusively with CMS Network.

Pediatricians

Source: Provider Network Verification System, December 2015

There are 2.1 pediatricians per 1,500 enrollees in Region 8.

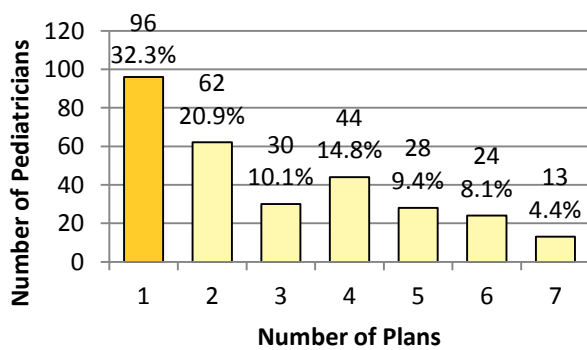
Figure 122: Number of Pediatricians per 1,500 Enrollees in Region 8, December 2015



\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 123: Number of Pediatricians by Number of Plans Served in Region 8, December 2015



Source: Provider Network Verification System, December 2015

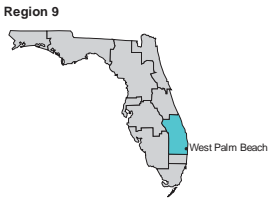
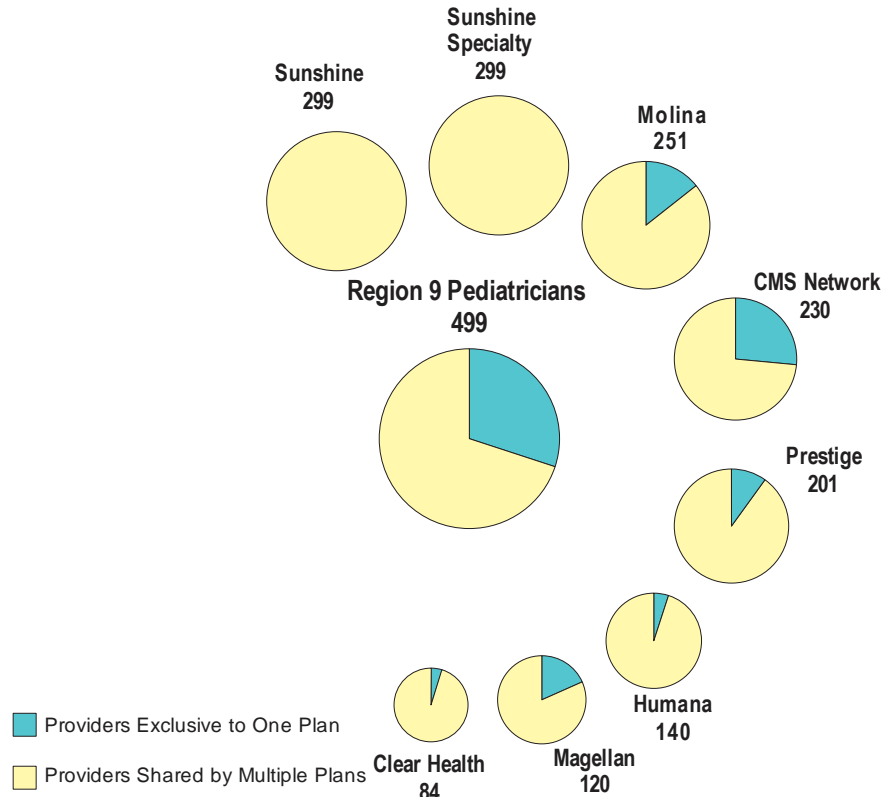
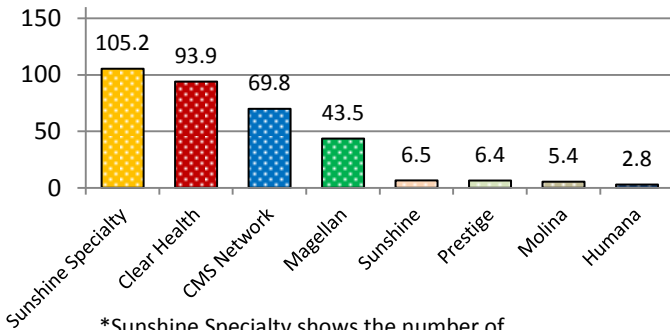


Figure 124: Region 9 Network of Pediatricians, December 2015



Source: Provider Network Verification System, December 2015

Figure 125: Number of Pediatricians per 1,500 Enrollees in Region 9, December 2015

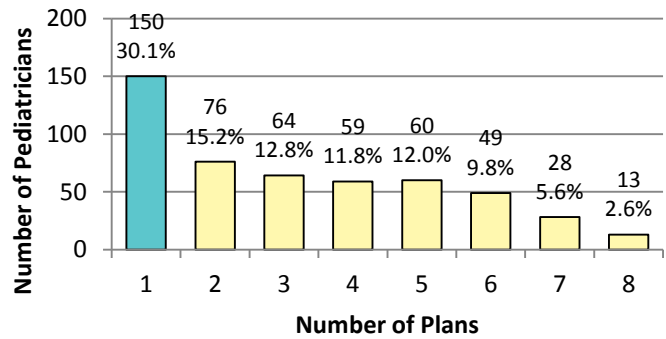


\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Region 9 has 2.7 pediatricians per 1,500 enrollees.

Figure 126: Number of Pediatricians by Number of Plans Served in Region 9, December 2015



Source: Provider Network Verification System, December 2015

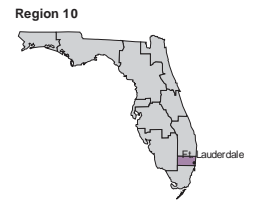
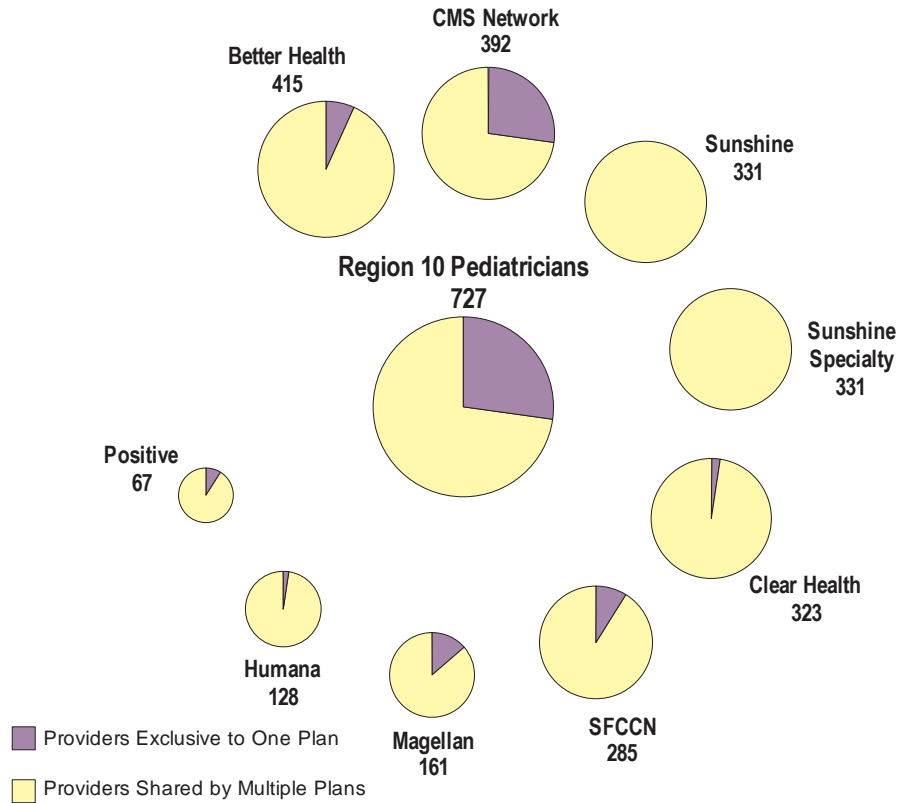


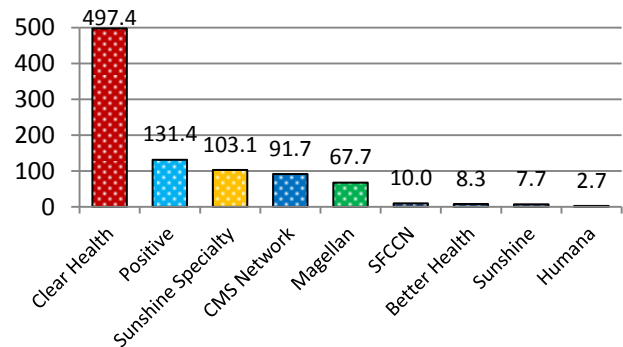
Figure 127: Region 10 Network of Pediatricians, December 2015



Source: Provider Network Verification System, December 2015

Region 10 has the highest ratio of all the regions with 4.1 pediatricians per 1,500

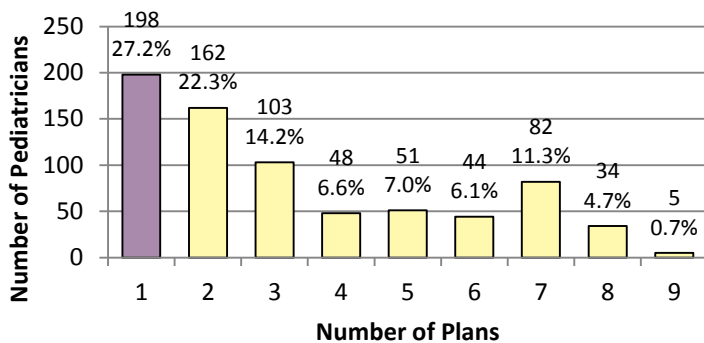
Figure 128: Number of Pediatricians per 1,500 Enrollees in Region 10, December 2015



\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 129: Number of Pediatricians by Number of Plans Served in Region 10, December 2015



Source: Provider Network Verification System, December 2015

Pediatricians

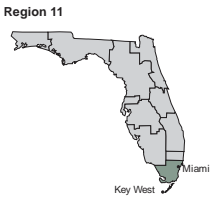
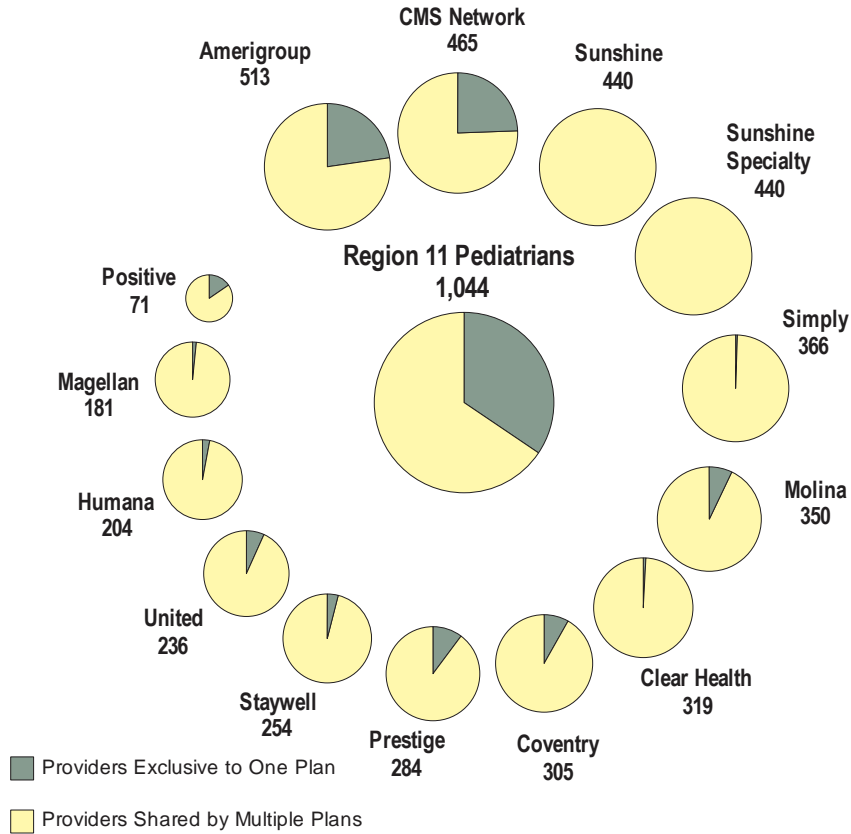
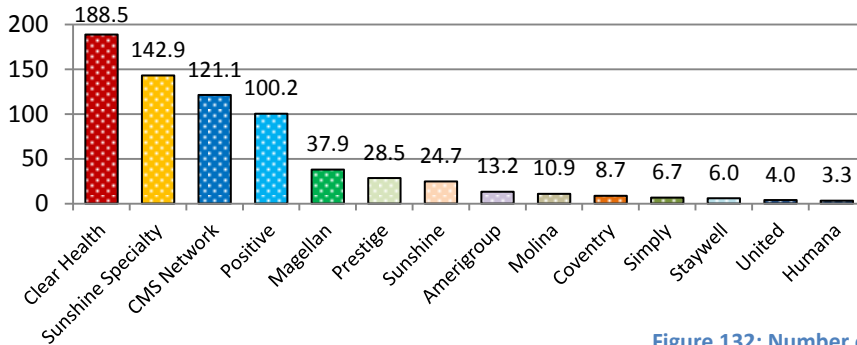


Figure 130: Region 11 Network of Pediatricians, December 2015



Source: Provider Network Verification System, December 2015

Figure 131: Number of Pediatricians per 1,500 Enrollees in Region 11, December 2015

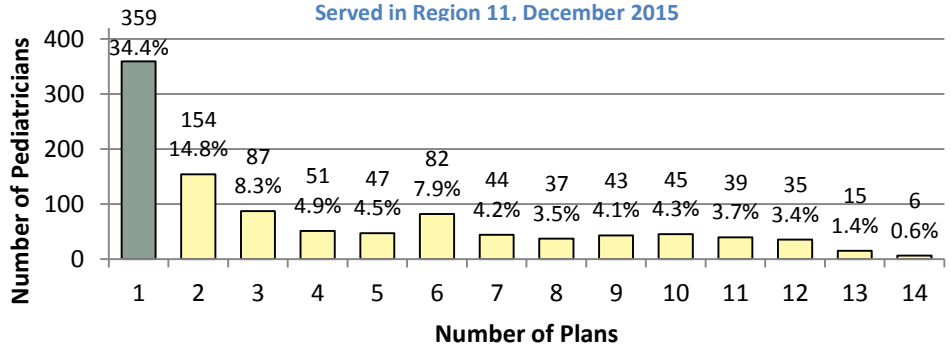


There are 2.9 pediatricians per 1,500 enrollees in Region 11.

\*Sunshine Specialty shows the number of pediatricians per 1,000 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

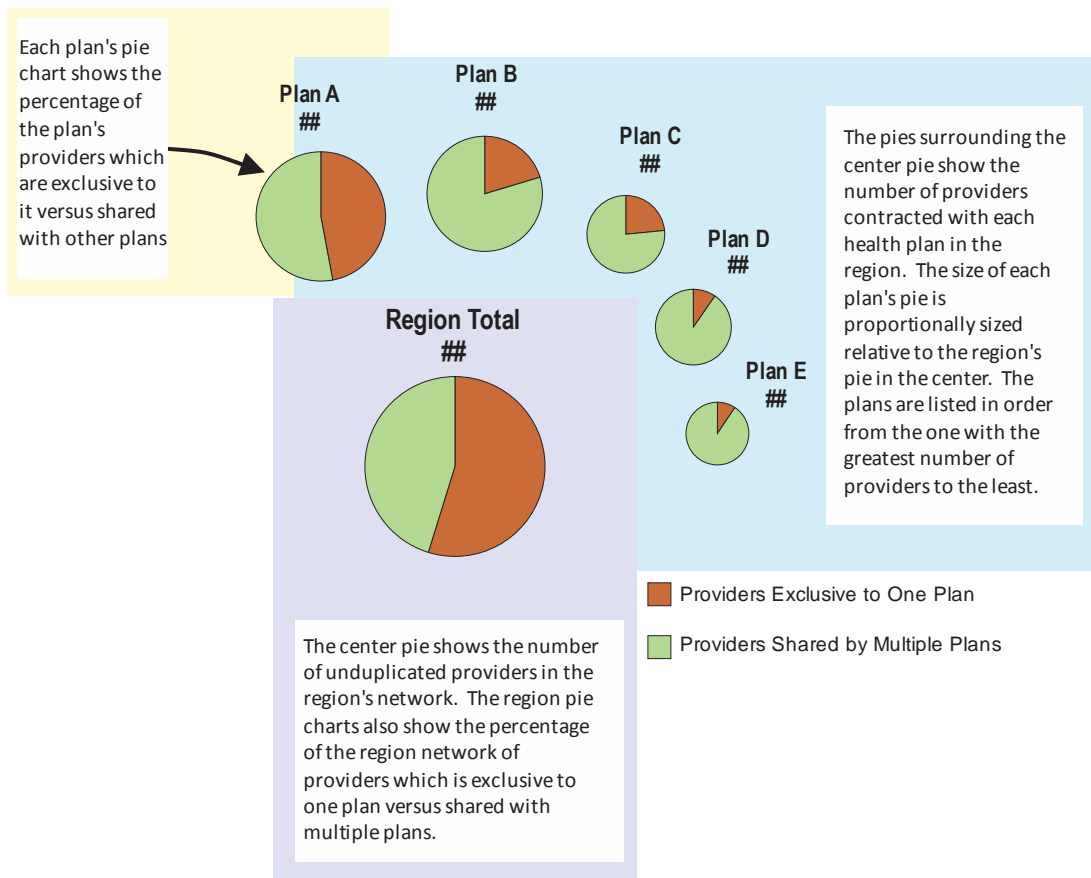
Figure 132: Number of Pediatricians by Number of Plans Served in Region 11, December 2015



Source: Provider Network Verification System, December 2015

## Network of Pharmacies by Region

Some providers contract exclusively with one plan in a region while others may contract with more than one plan. Providers who contract with more than one plan in the region are counted only once in the region total. To the degree that providers are shared by multiple plans, plans' provider networks overlap with one another in each region and the total number of unduplicated providers in a region's network will be less than the sum total of providers across all plans. The percentage of each plan's and region's network that is shared by multiple plans versus exclusive to one of the plans is reported because a provider's availability to enrollees is impacted when a provider contracts with multiple plans. In the following section, provider networks are displayed as a series of related pie charts.



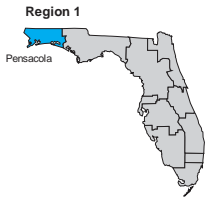
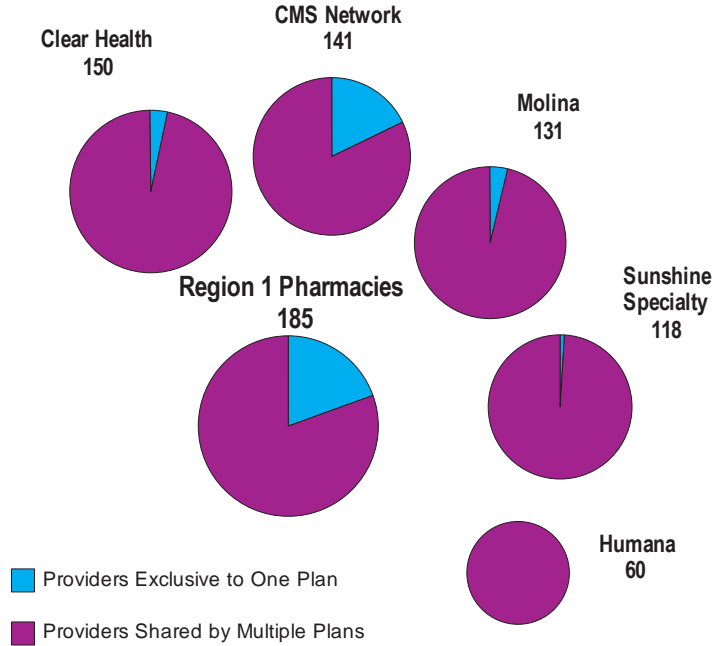


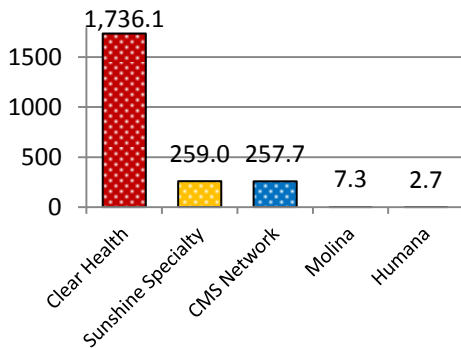
Figure 133: Region 1 Network of Pharmacies, December 2015

Standard and specialty plans are required to have 1 pharmacy per 2,500 enrollees in their provider network.



Source: Provider Network Verification System, December 2015

Figure 134: Number of Pharmacies per 2,500 Enrollees in Region 1, December 2015



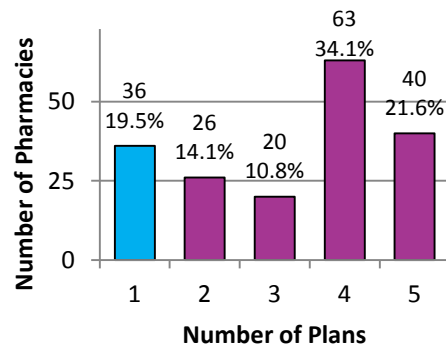
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over 80 percent of pharmacies in Region 1 are shared by 2 or more plans.

In Region 1 there are 4.5 pharmacies per 2,500 enrollees.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 135: Number of Pharmacies by Number of Plans Served in Region 1, December 2015



Source: Provider Network Verification System, December 2015



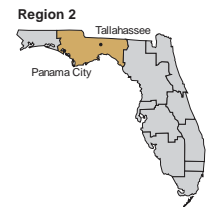
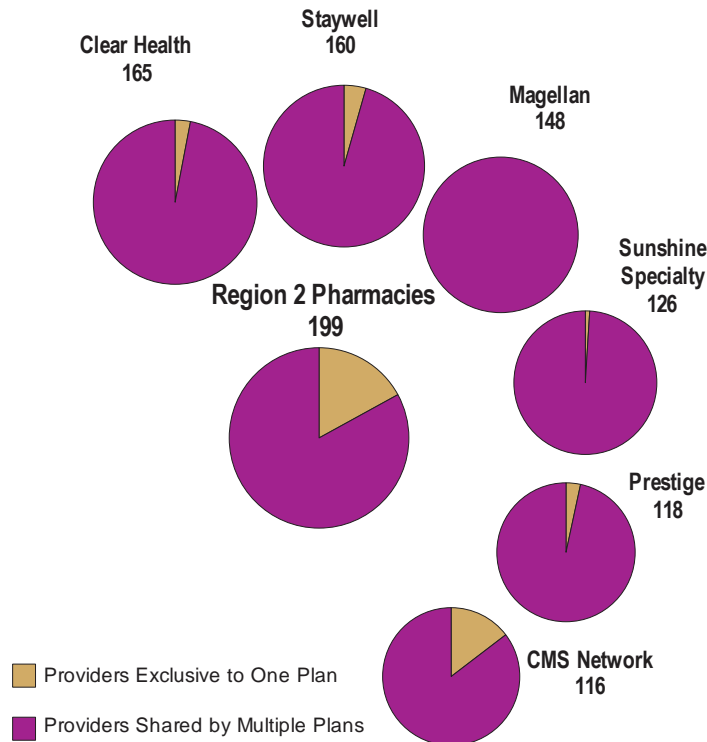


Figure 136: Region 2 Network of Pharmacies, December 2015



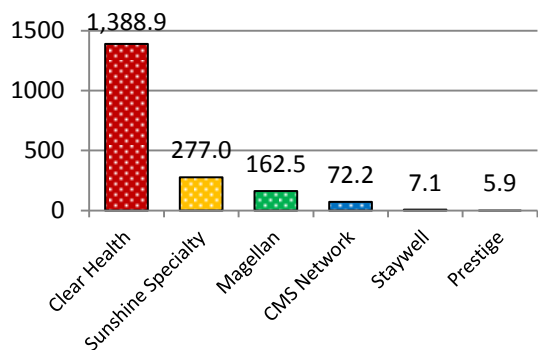
Magellan’s specialty plan for serious mental illness must also include two 24-hour pharmacies per county in their network.

Source: Provider Network Verification System, December 2015

Region 2 has 4.4 pharmacies per 2,500 enrollees.

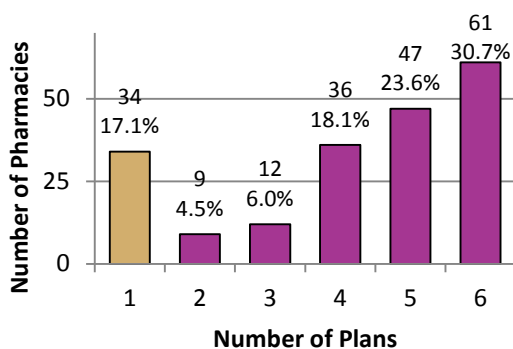
When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 137: Number of Pharmacies per 2,500 Enrollees in Region 2, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 138: Number of Pharmacies by Number of Plans Served in Region 2, December 2015



Source: Provider Network Verification System, December 2015

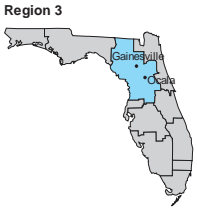
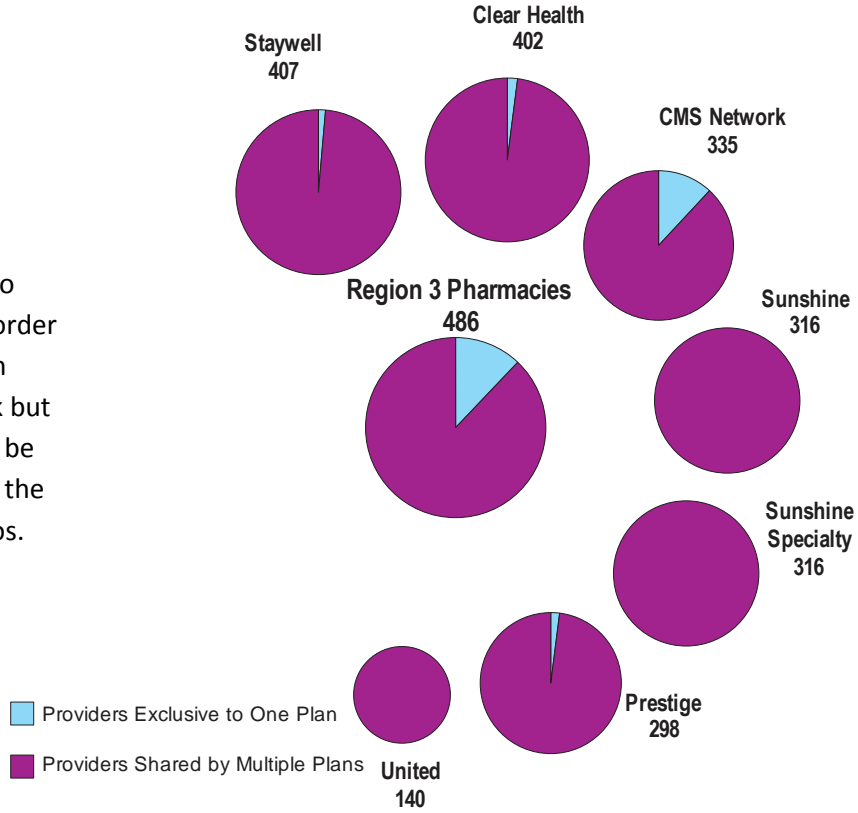


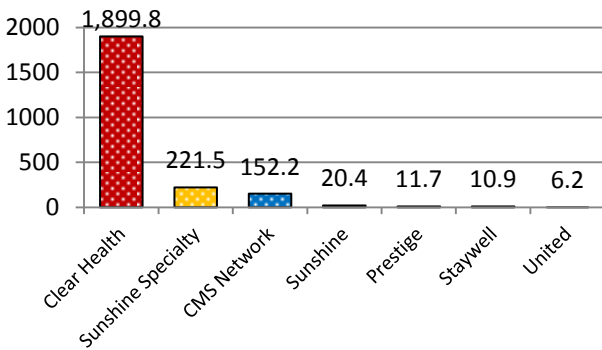
Figure 139: Region 3 Network of Pharmacies, December 2015

Plans may also include mail order pharmacies in their network but they may not be used to meet the required ratios.



Source: Provider Network Verification System, December 2015

Figure 140: Number of Pharmacies per 2,500 Enrollees in Region 3, December 2015



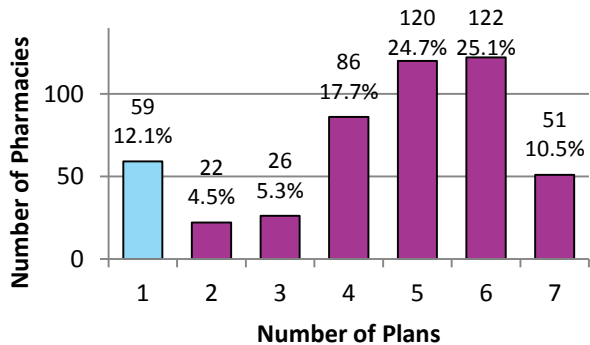
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over 87 percent of pharmacies in Region 3 are shared by 2 or more plans.

There are 4.6 pharmacies per 2,500 enrollees in Region 3.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 141: Number of Pharmacies by Number of Plans Served in Region 3, December 2015



Source: Provider Network Verification System, December 2015

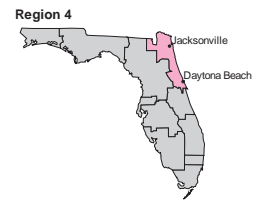
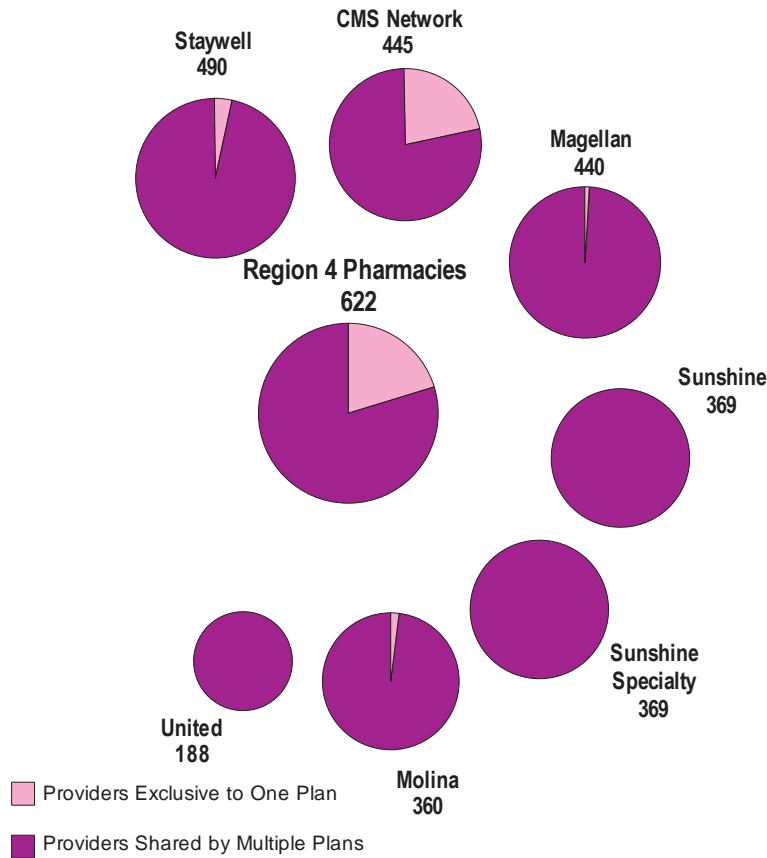


Figure 142: Region 4 Network of Pharmacies, December 2015

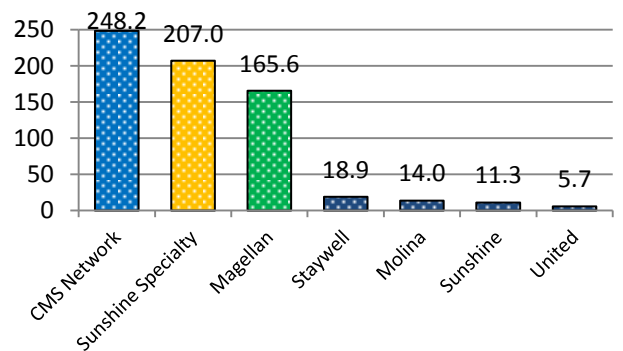


Source: Provider Network Verification System, December 2015

Pharmacies

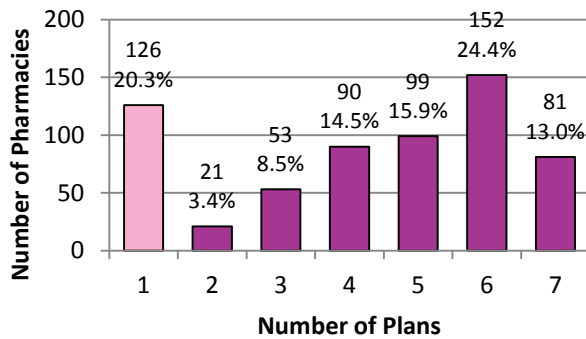
Region 4 has 5.0 pharmacies per 2,500 enrollees.

Figure 143: Number of Pharmacies per 2,500 Enrollees in Region 4, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

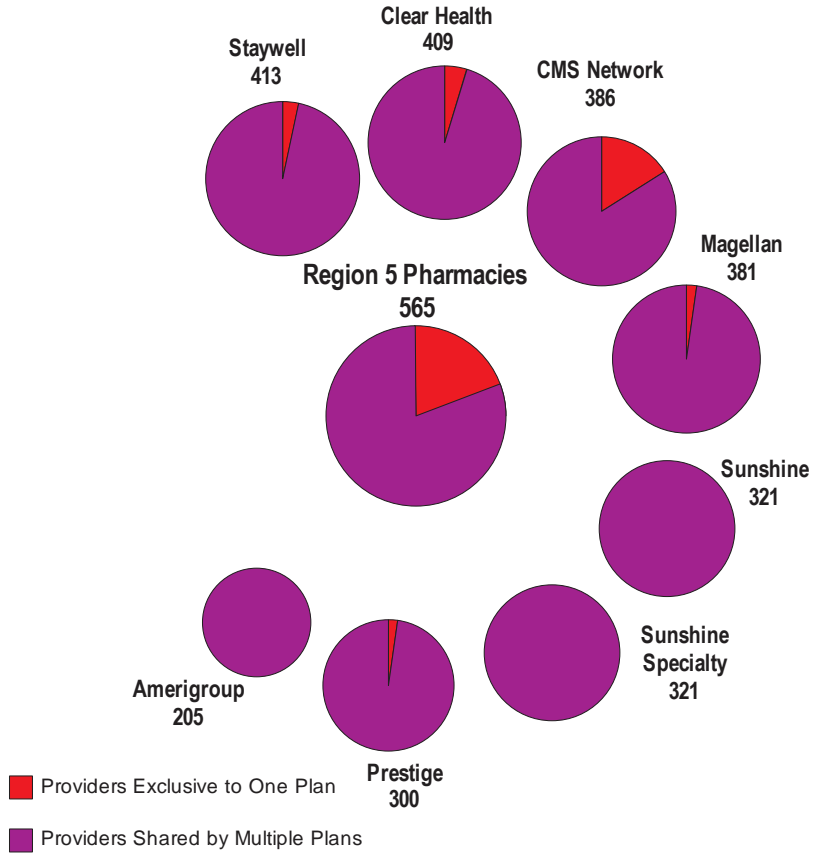
Figure 144: Number of Pharmacies by Number of Plans Served in Region 4, December 2015



Source: Provider Network Verification System, December 2015



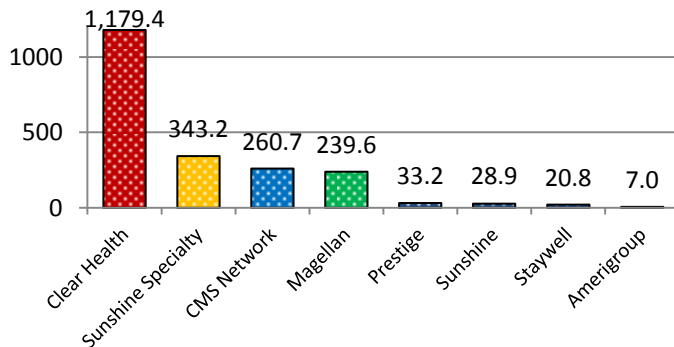
Figure 145: Region 5 Network of Pharmacies, December 2015



Source: Provider Network Verification System, December 2015

Pharmacies

Figure 146: Number of Pharmacies per 2,500 Enrollees in Region 5, December 2015

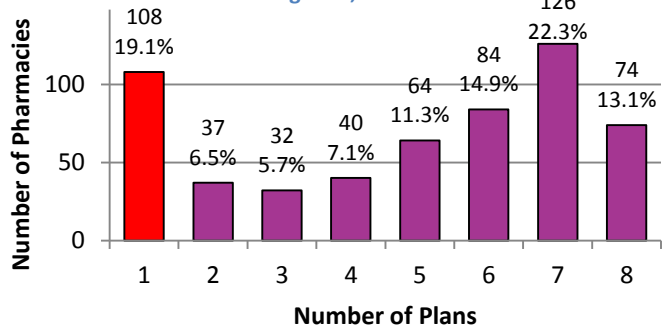


Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Region 5 has the highest ratio of pharmacies to enrollees with 7.7 per 2,500 enrollees.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 147: Number of Pharmacies by Number of Plans Served in Region 5, December 2015



Source: Provider Network Verification System, December 2015

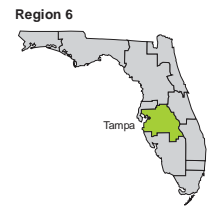
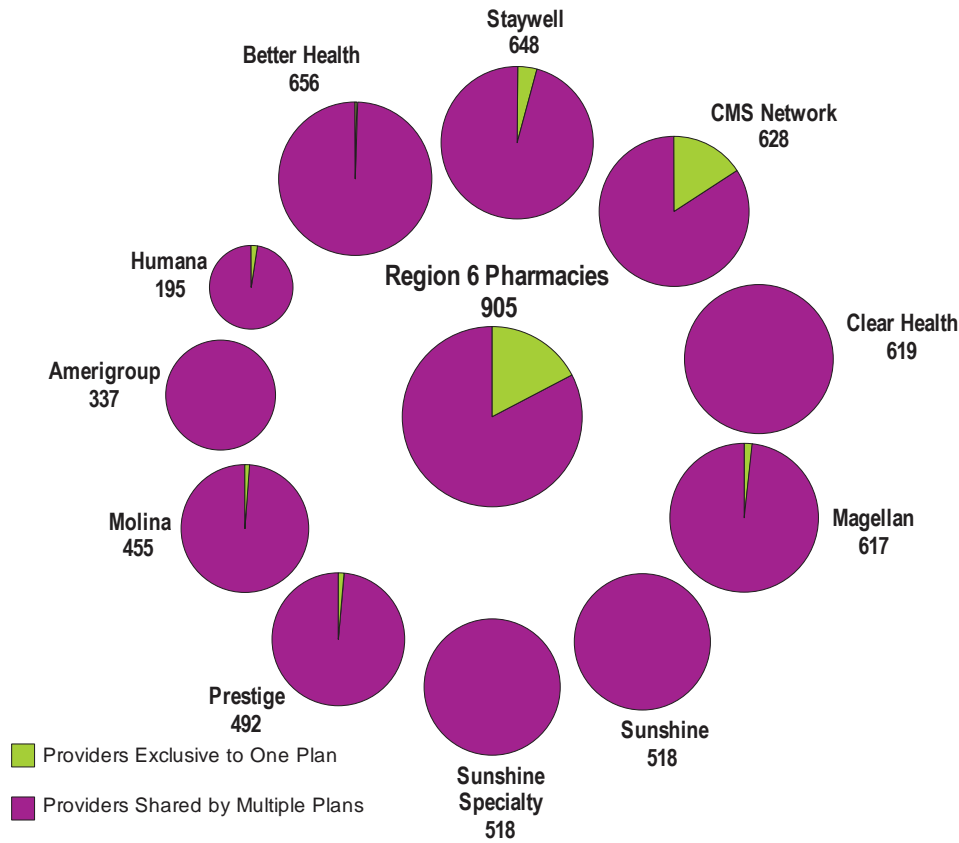


Figure 148: Region 6 Network of Pharmacies, December 2015

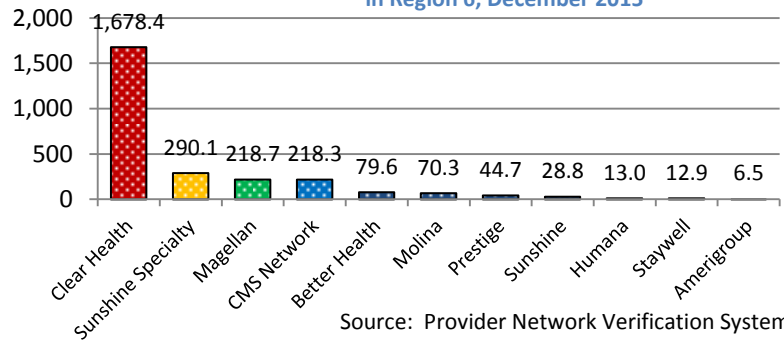


Source: Provider Network Verification System, December 2015

In Region 6, there are 5.4 pharmacies per 2,500 enrollees.

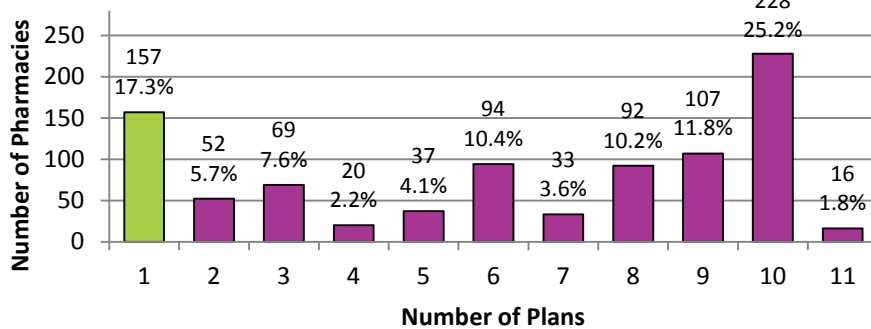
When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 149: Number of Pharmacies per 2,500 Enrollees in Region 6, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 150: Number of Pharmacies by Number of Plans Served in Region 6, December 2015



Source: Provider Network Verification System, December 2015

Pharmacies

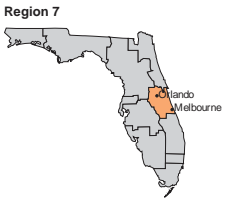
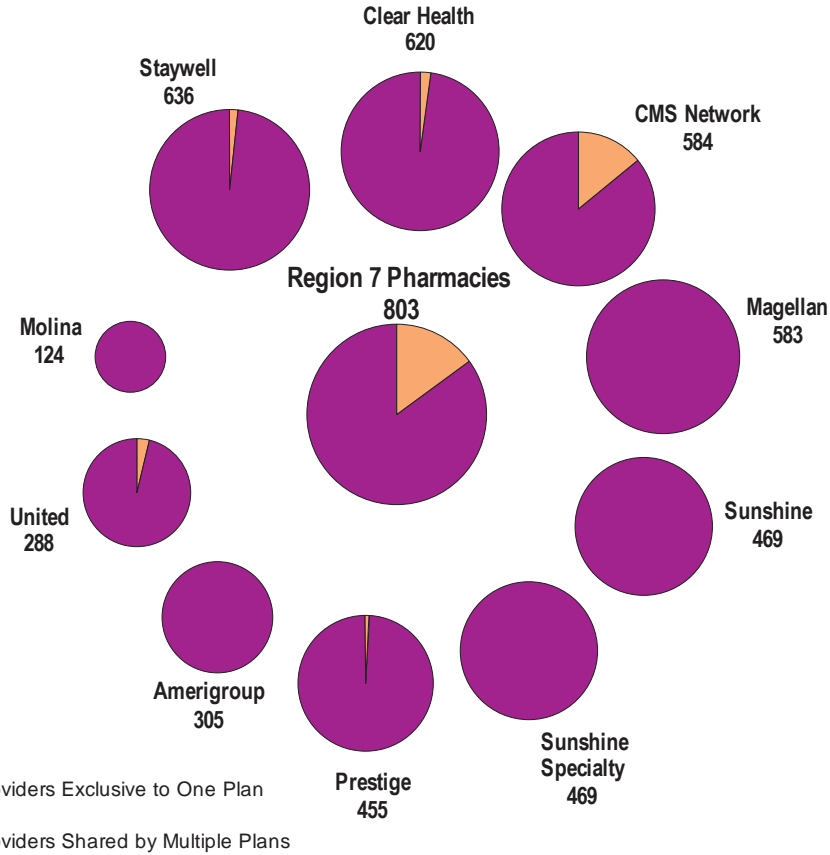
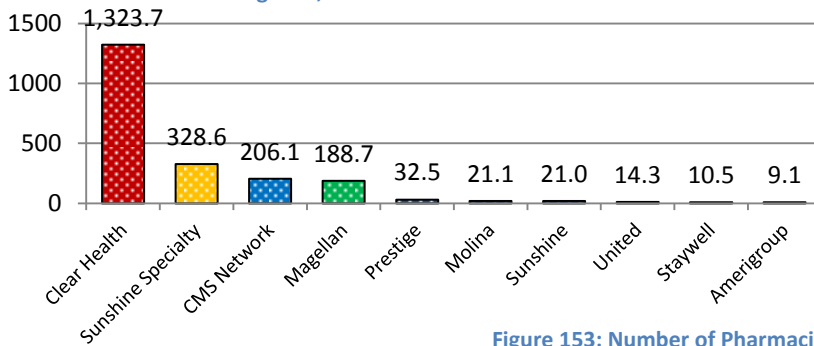


Figure 151: Region 7 Network of Pharmacies, December 2015



Source: Provider Network Verification System, December 2015

Figure 152: Number of Pharmacies per 2,500 Enrollees in Region 7, December 2015

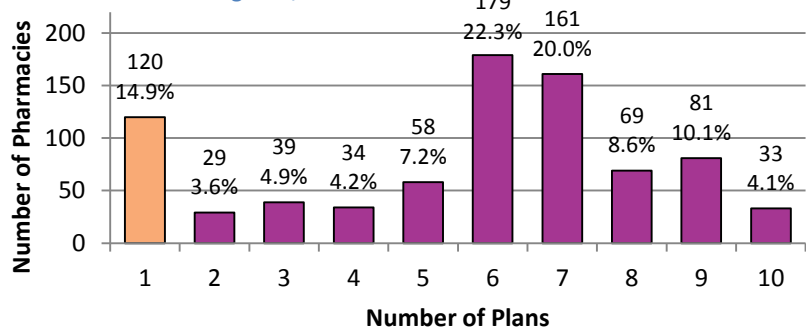


Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

There are 4.9 pharmacies per 2,500 enrollees in Region 7.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 153: Number of Pharmacies by Number of Plans Served in Region 7, December 2015



Source: Provider Network Verification System, December 2015

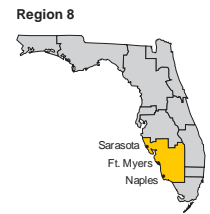
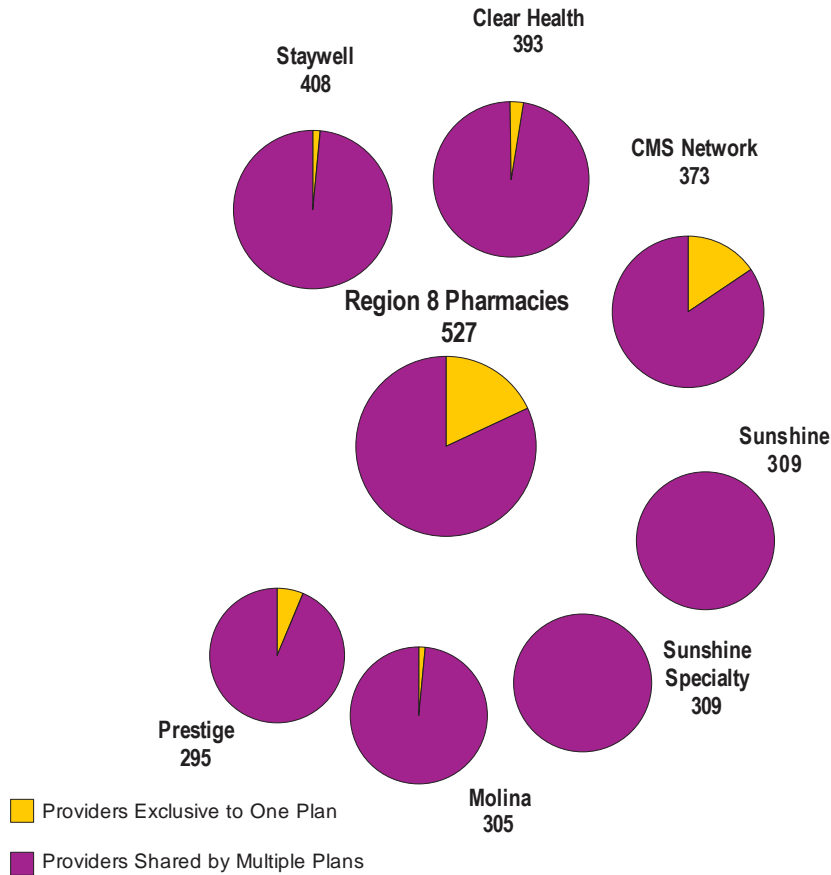


Figure 154: Region 8 Network of Pharmacies, December 2015

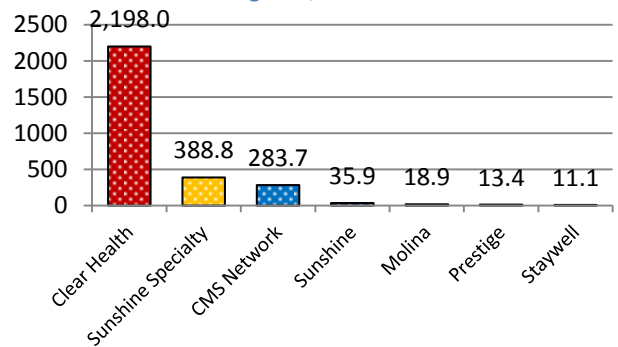


Source: Provider Network Verification System, December 2015

Region 8 has 6.2 pharmacies per 2,500 enrollees.

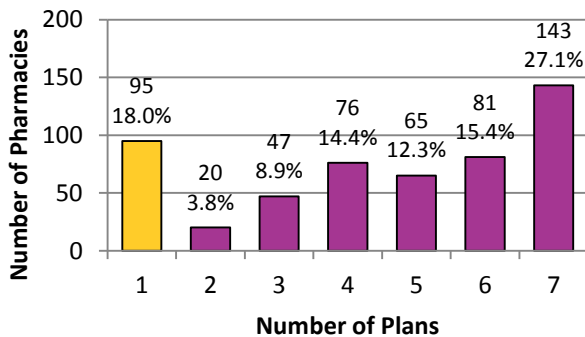
When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 155: Number of Pharmacies per 2,500 Enrollees in Region 8, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 156: Number of Pharmacies by Number of Plans Served in Region 8, December 2015



Source: Provider Network Verification System, December 2015

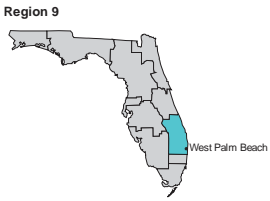
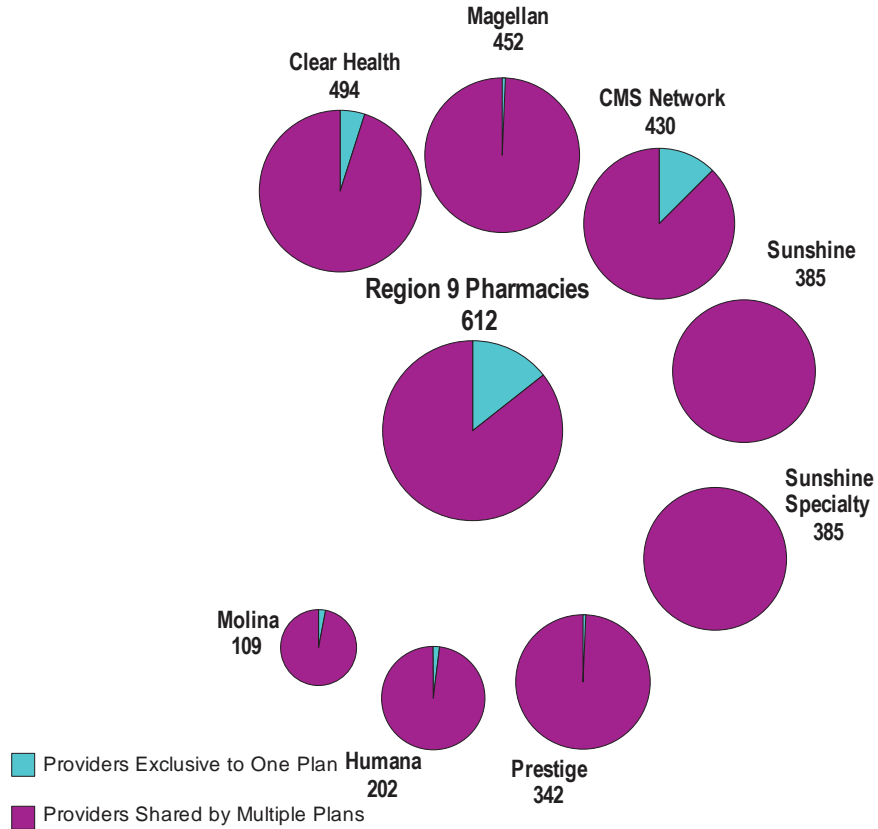
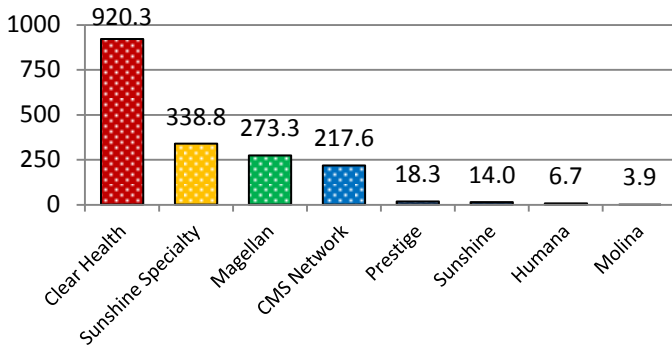


Figure 157: Region 9 Network of Pharmacies, December 2015



Source: Provider Network Verification System, December 2015

Figure 158: Number of Pharmacies per 2,500 Enrollees in Region 9, December 2015



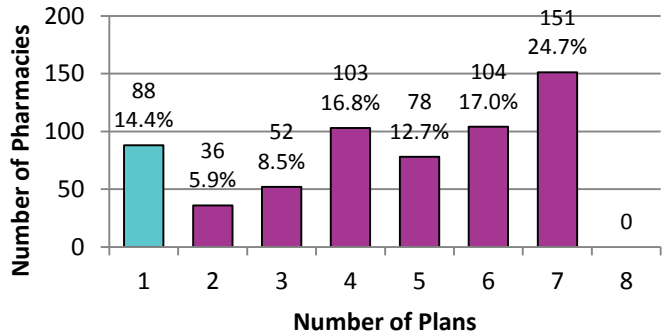
Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

In Region 9 no pharmacy has contracts with all 8 MMA plans.

Region 9 has 5.6 pharmacies per 2,500 enrollees.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 159: Number of Pharmacies by Number of Plans Served in Region 9, December 2015



Source: Provider Network Verification System, December 2015



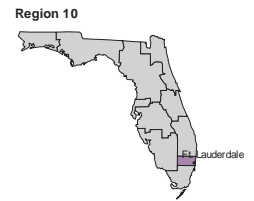
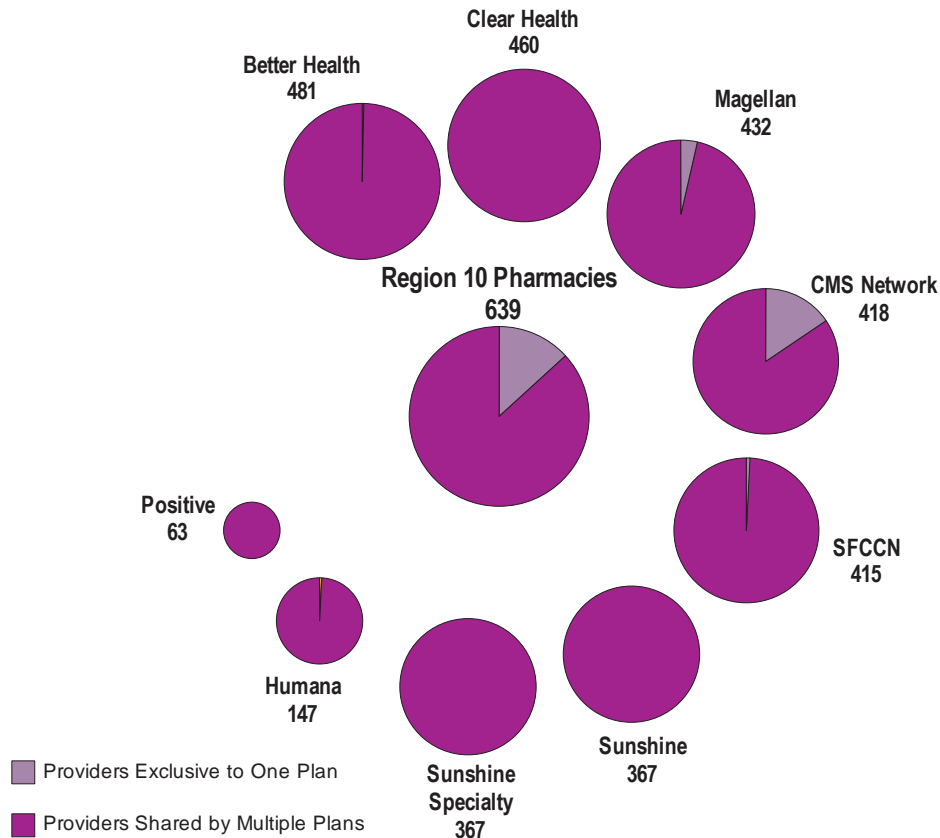


Figure 160: Region 10 Network of Pharmacies, December 2015



Source: Provider Network Verification System, December 2015

There are 6.0 pharmacies per 2,500 enrollees in Region 10.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 161: Number of Pharmacies per 2,500 Enrollees in Region 10, December 2015

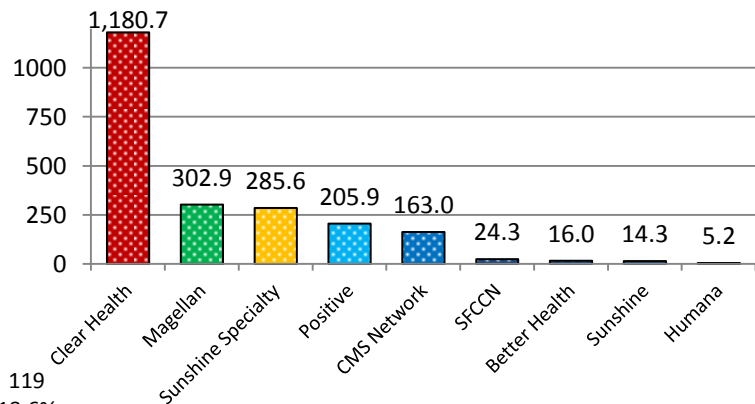
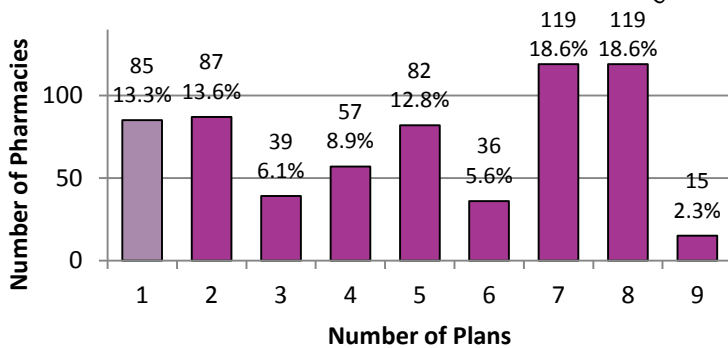


Figure 162: Number of Pharmacies by Number of Plans Served in Region 10, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Source: Provider Network Verification System, December 2015

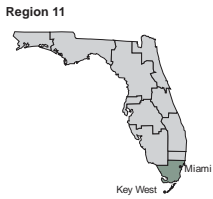
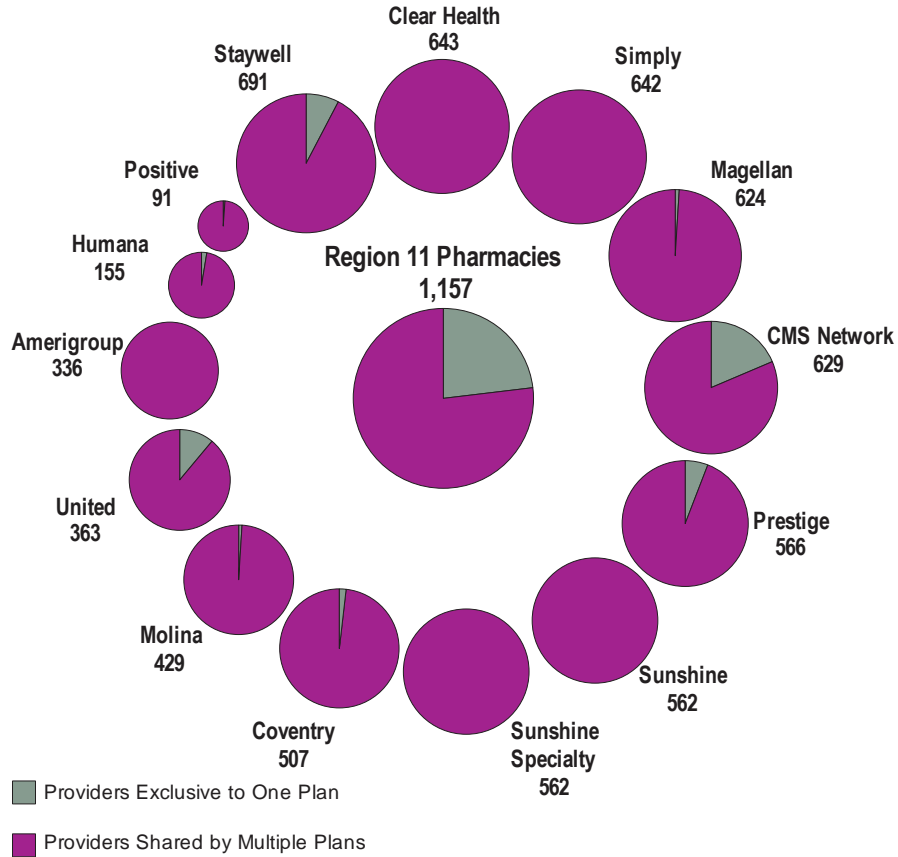
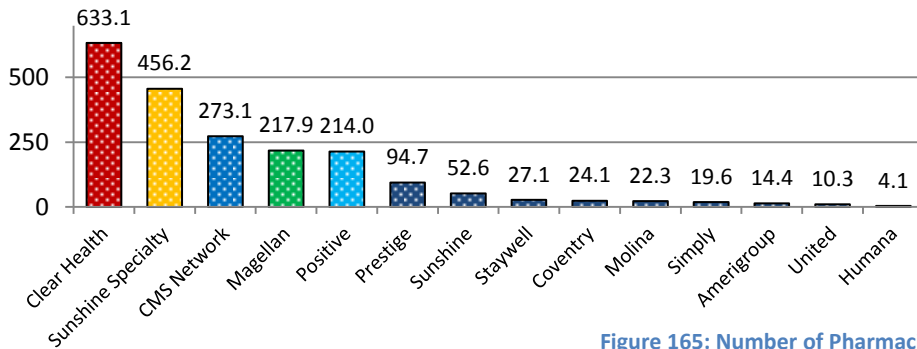


Figure 163: Region 11 Network of Pharmacies, December 2015



Source: Provider Network Verification System, December 2015

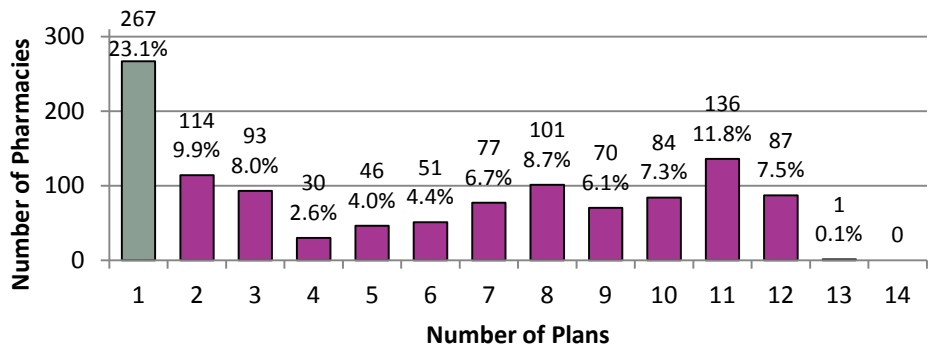
Figure 164: Number of Pharmacies per 2,500 Enrollees in Region 11, December 2015



Region 11 has 5.3 pharmacies per 2,500 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

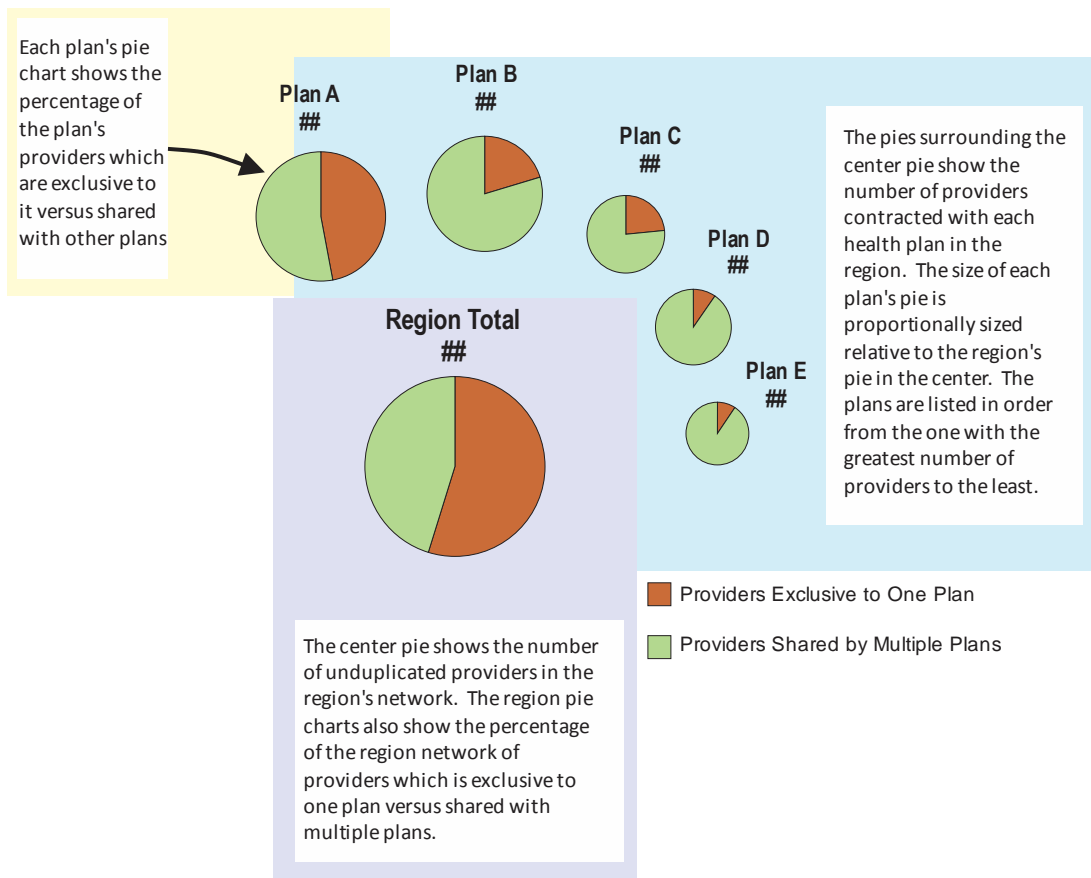
Figure 165: Number of Pharmacies by Number of Plans Served in Region 11, December 2015



Source: Provider Network Verification System, December 2015

## Network of Psychiatrists by Region

Some providers contract exclusively with one plan in a region while others may contract with more than one plan. Providers who contract with more than one plan in the region are counted only once in the region total. To the degree that providers are shared by multiple plans, plans' provider networks overlap with one another in each region and the total number of unduplicated providers in a region's network will be less than the sum total of providers across all plans. The percentage of each plan's and region's network that is shared by multiple plans versus exclusive to one of the plans is reported because a provider's availability to enrollees is impacted when a provider contracts with multiple plans. In the following section, provider networks are displayed as a series of related pie charts.



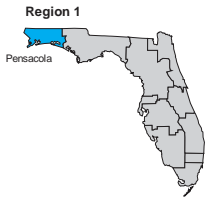
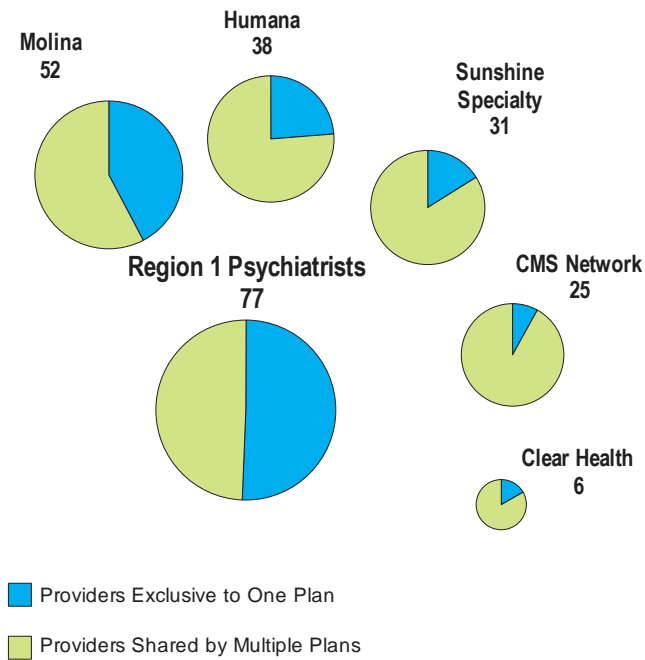


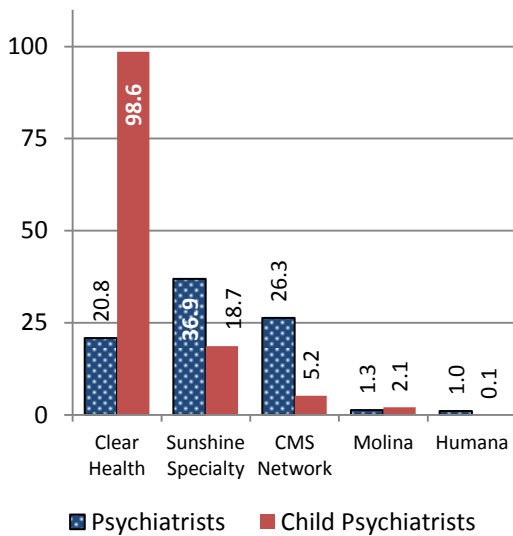
Figure 166: Region 1 Network of Psychiatrists, December 2015



Standard plans and most specialty plans are required to include one board certified or board eligible psychiatrist for every 1,500 enrollees in their provider network.

Source: Provider Network Verification System, December 2015

Figure 167: Number of Psychiatrists per 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 1, December 2015

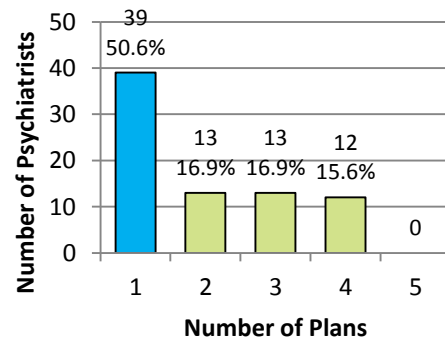


Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Region 1 has 1.1 psychiatrists per 1,500 enrollees, and 1 child psychiatrist per 7,100 enrollees.

When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 168: Number of Psychiatrists by Number of Plans Served in Region 1, December 2015



Source: Provider Network Verification System, December 2015

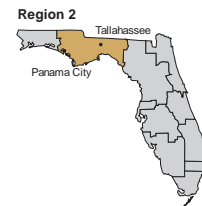
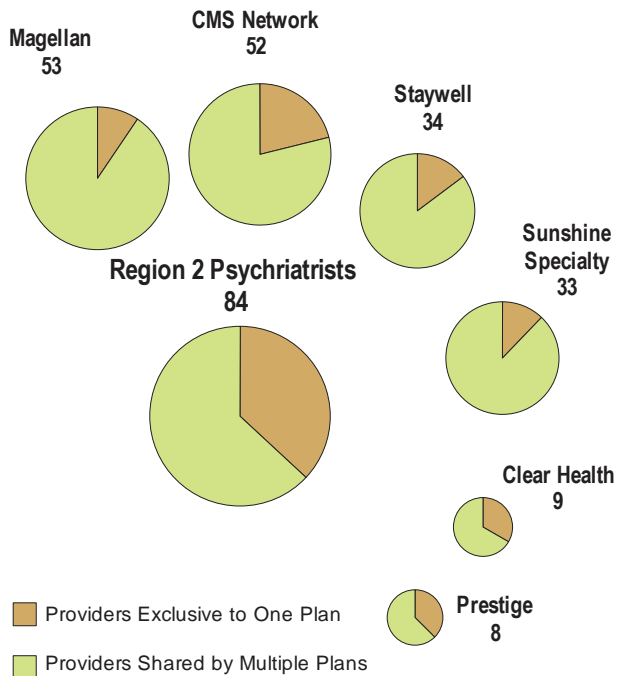


Figure 169: Region 2 Network of Psychiatrists, December 2015

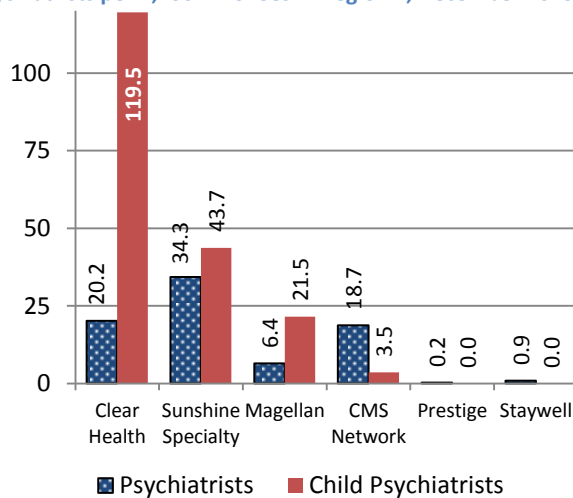


Standard plans and most specialty plans are required to include in their provider network 1 board certified or board eligible child psychiatrist for every 7,100 Enrollees.

The network of psychiatrists reported here includes both child psychiatrists and psychiatrists as one total.

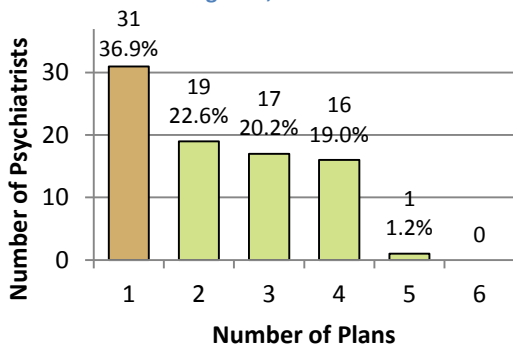
Source: Provider Network Verification System, December 2015

Figure 170: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 2, December 2015\*



When a plan has a small number of members the calculation of providers to recipients can result in a number of providers per 1,500 that is greater than the number of providers in the region.

Figure 171: Number of Psychiatrists by Number of Plans Served in Region 2, December 2015



\*Numbers for Magellan show the number of psychiatrists per 375 enrollees and the number of child psychiatrists per 3,500 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Region 2 has 1.0 psychiatrists per 1,500 enrollees, and 1.5 child psychiatrists per 7,100 enrollees.

Source: Provider Network Verification System, December 2015

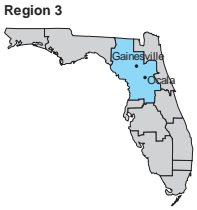
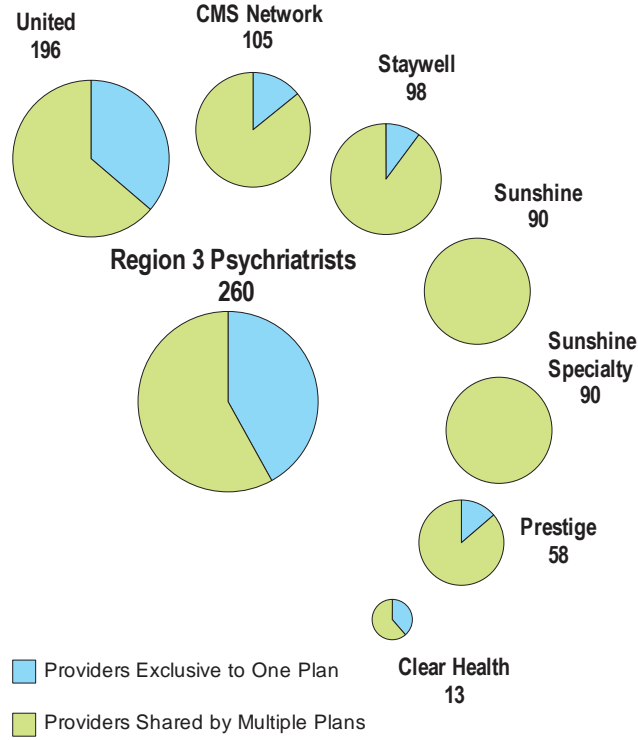
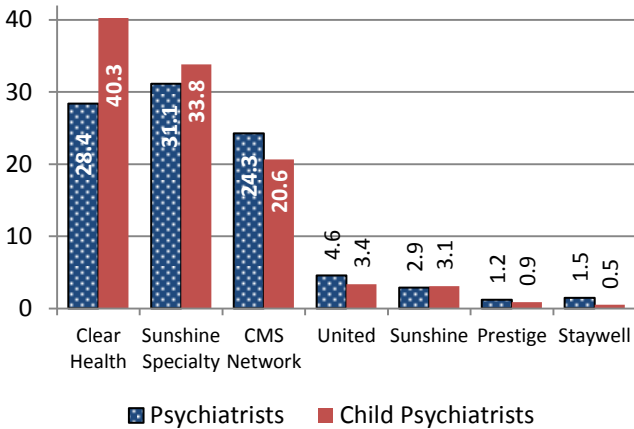


Figure 172: Region 3 Network of Psychiatrists, December 2015



Source: Provider Network Verification System, December 2015

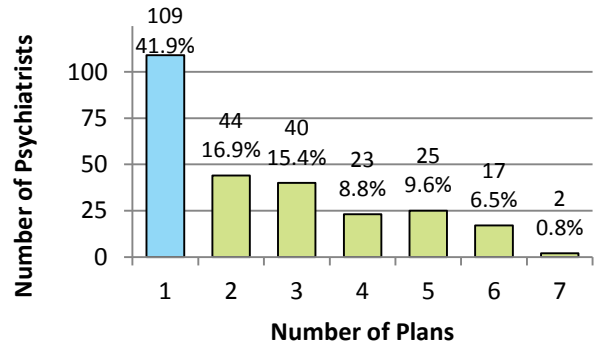
Figure 173: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 3, December 2015



Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

In Region 3, there are 1.4 psychiatrists per 1,500 enrollees, and 1.4 child psychiatrists per 7,100 enrollees.

Figure 174: Number of Psychiatrists by Number of Plans Served in Region 3, December 2015



Source: Provider Network Verification System, December 2015

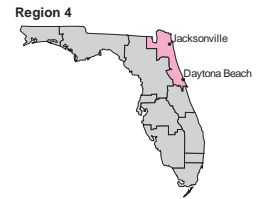
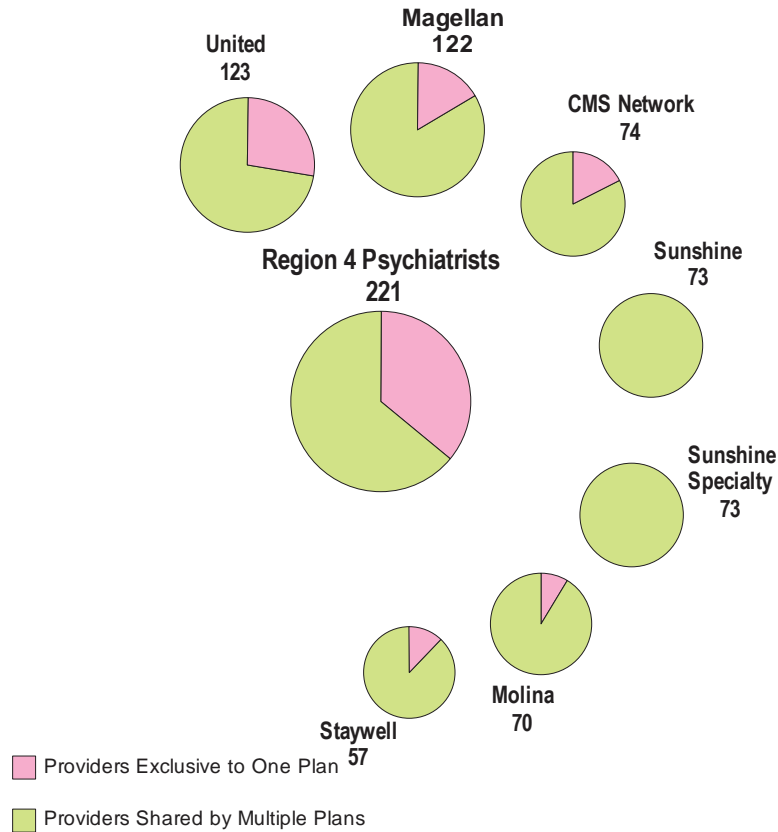


Figure 175: Region 4 Network of Psychiatrists, December 2015

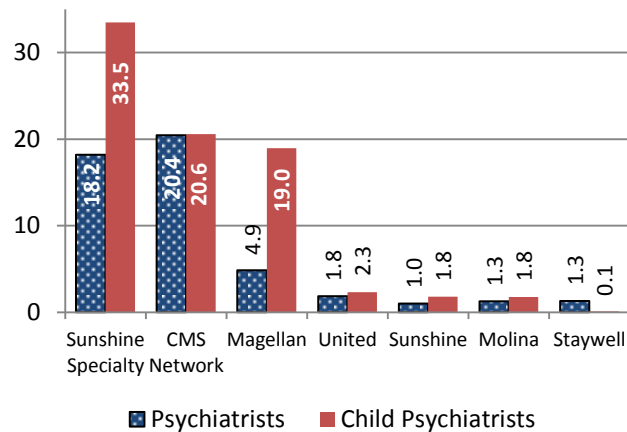


Magellan's specialty plan is required to have 1 psychiatrist for every 375 enrollees and 1 child psychiatrist for every 3,500 enrollees.

Source: Provider Network Verification System, December 2015

Region 4 has 1.0 psychiatrists per 1,500 enrollees, and 1.8 child psychiatrists per 7,100 enrollees.

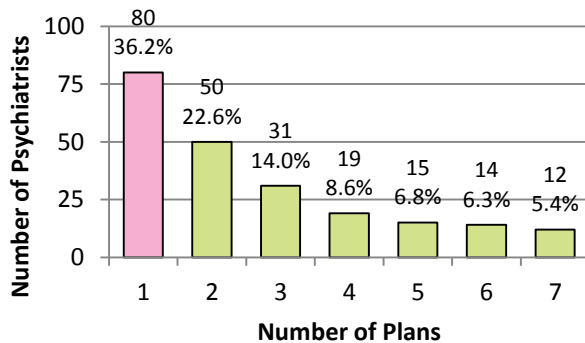
Figure 176: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 4, December 2015\*



\*Numbers for Magellan show the number of psychiatrists per 375 enrollees and the number of child psychiatrists per 3,500 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 177: Number of Psychiatrists by Number of Plans Served in Region 4, December 2015



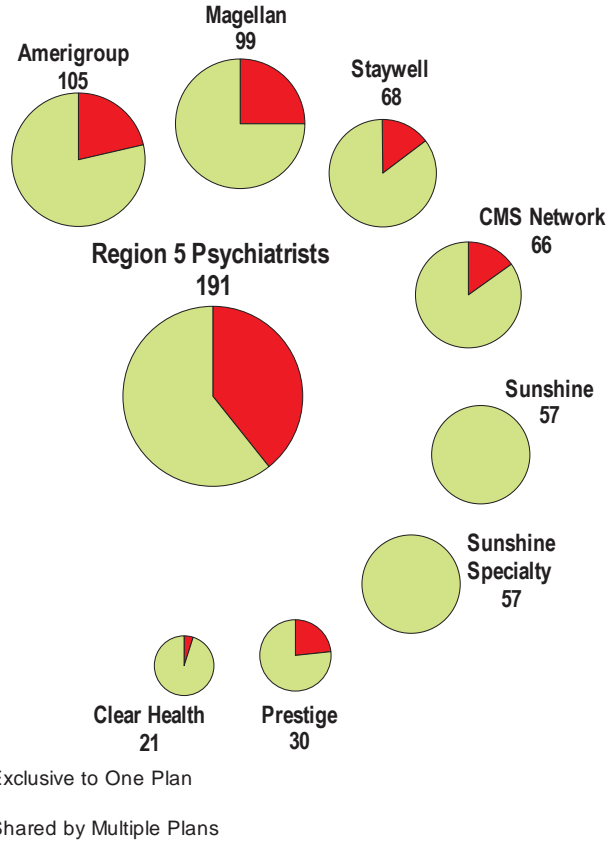
Source: Provider Network Verification System, December 2015

Psychiatrists



Figure 178: Region 5 Network of Psychiatrists, December 2015

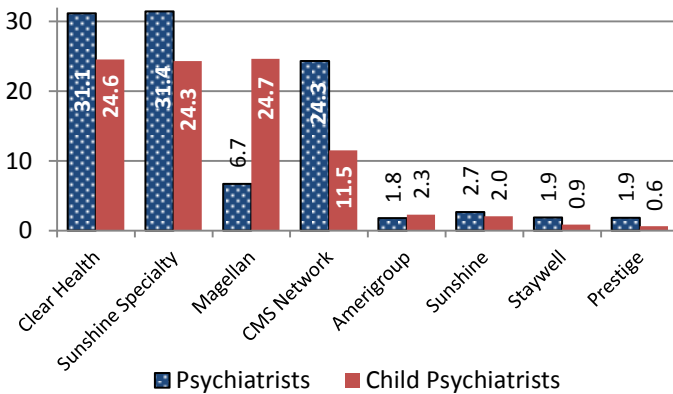
In Magellan's specialty plan for serious mental illness, psychiatrists with appropriate training and experience may serve as the primary care provider.



Source: Provider Network Verification System, December 2015

Psychiatrists

Figure 179: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 5, December 2015\*

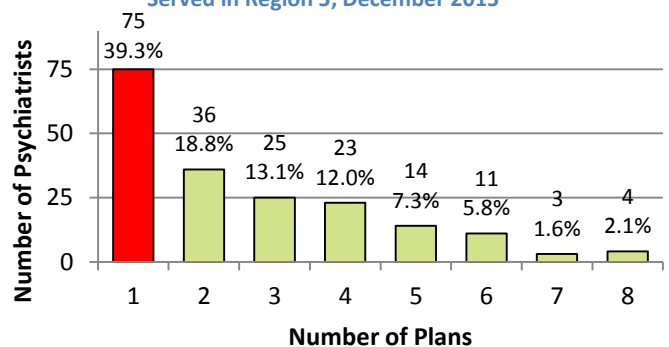


\*Numbers for Magellan show the number of psychiatrists per 375 enrollees and the number of child psychiatrists per 3,500 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

In Region 5, there are 1.4 psychiatrists per 1,500 enrollees, and 2.2 child psychiatrists per 7,100 enrollees.

Figure 180: Number of Psychiatrists by Number of Plans Served in Region 5, December 2015



Source: Provider Network Verification System, December 2015



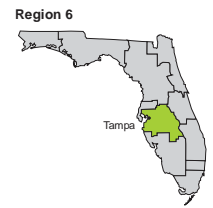
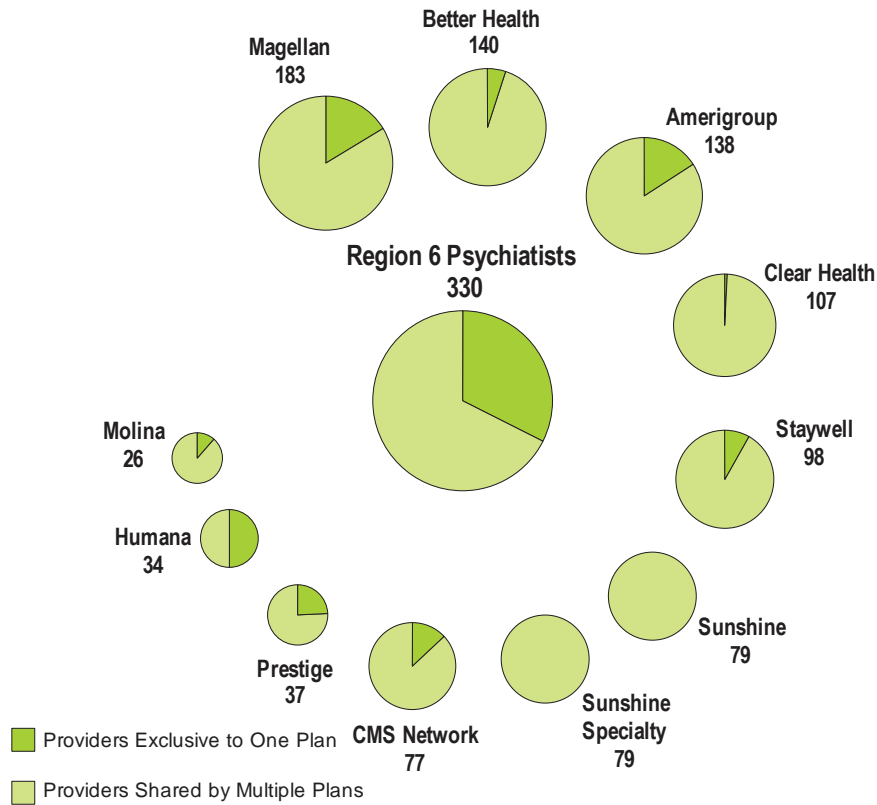


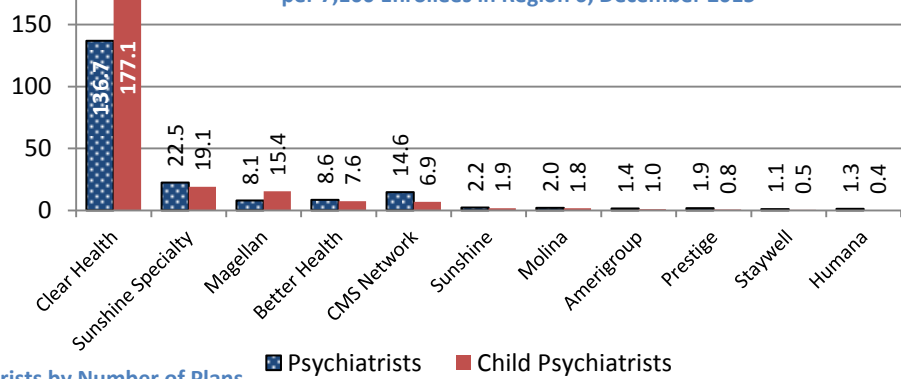
Figure 181: Region 6 Network of Psychiatrists, December 2015



Source: Provider Network Verification System, December 2015

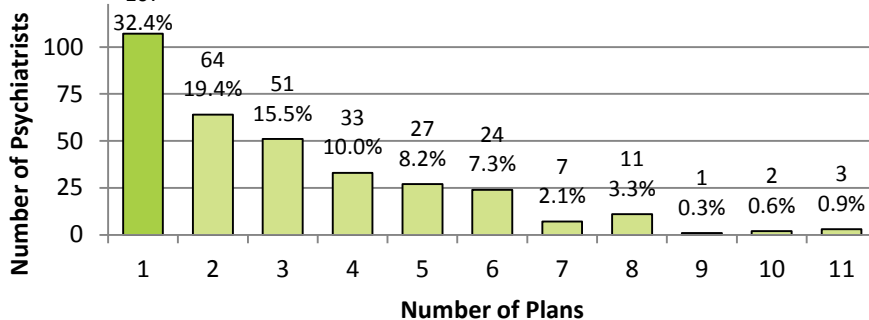
In Region 6, there are 1.1 psychiatrists per 1,500 enrollees, and 1.2 child psychiatrists per 7,100 enrollees.

Figure 182: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 6, December 2015\*



Psychiatrists

Figure 183: Number of Psychiatrists by Number of Plans Served in Region 6, December 2015



\*Numbers for Magellan show the number of psychiatrists per 375 enrollees and the number of child psychiatrists per 3,500 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Source: Provider Network Verification System, December 2015

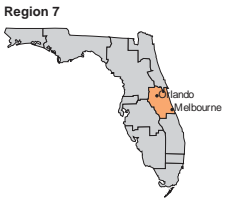
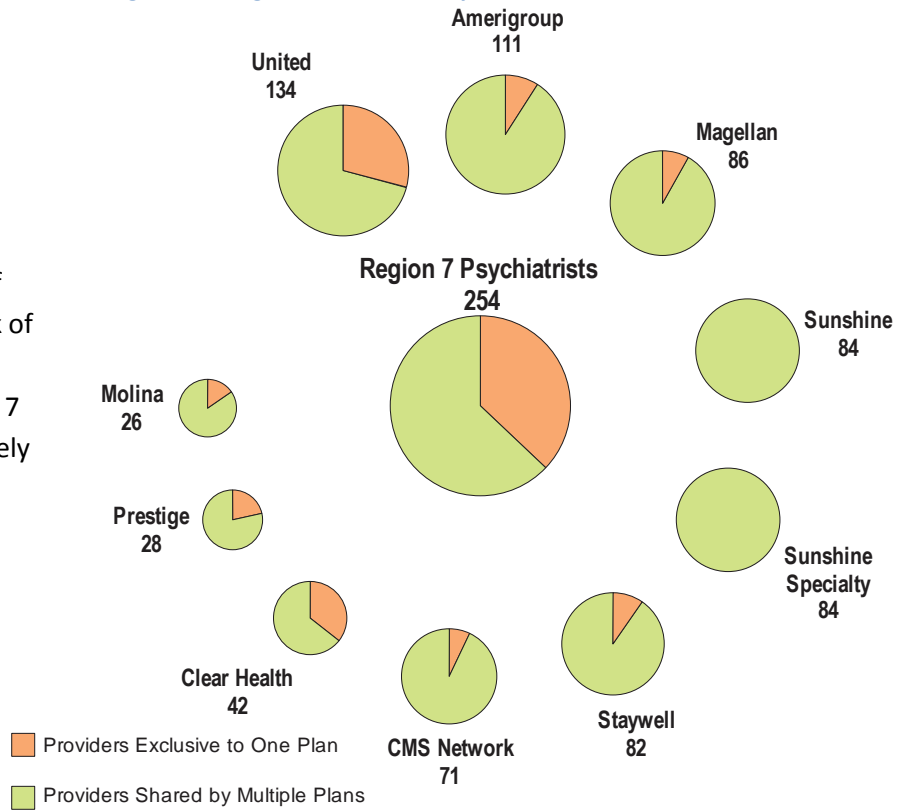


Figure 184: Region 7 Network of Psychiatrists, December 2015

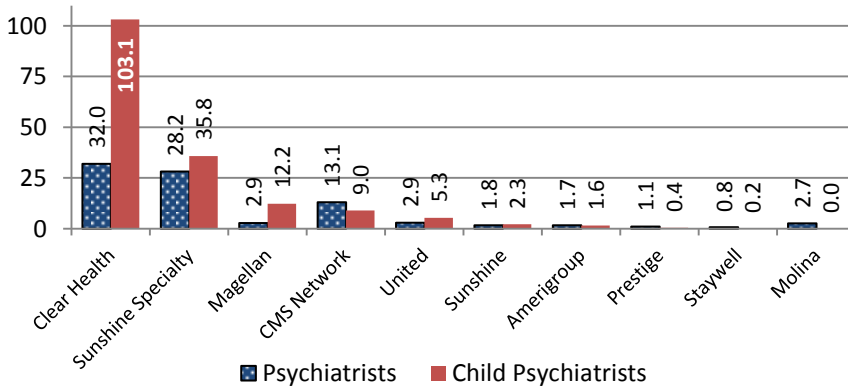
Over a quarter of United's network of psychiatrists in Regions 3, 4, and 7 contract exclusively with United.



Source: Provider Network Verification System, December 2015

Figure 185: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 7, December 2015\*

Psychiatrists

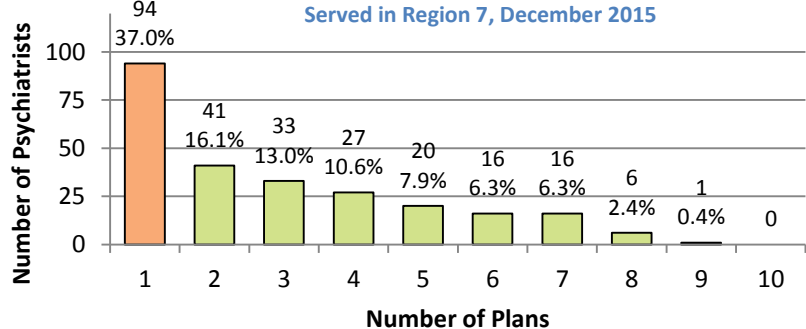


In Region 7, there are 0.8 psychiatrists per 1,500 enrollees, and 1.5 child psychiatrists per 7,100 enrollees.

\*Numbers for Magellan show the number of psychiatrists per 375 enrollees and the number of child psychiatrists per 3,500 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 186: Number of Psychiatrists by Number of Plans Served in Region 7, December 2015



Source: Provider Network Verification System, December 2015

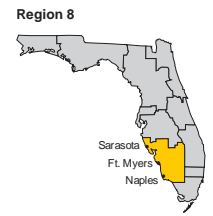
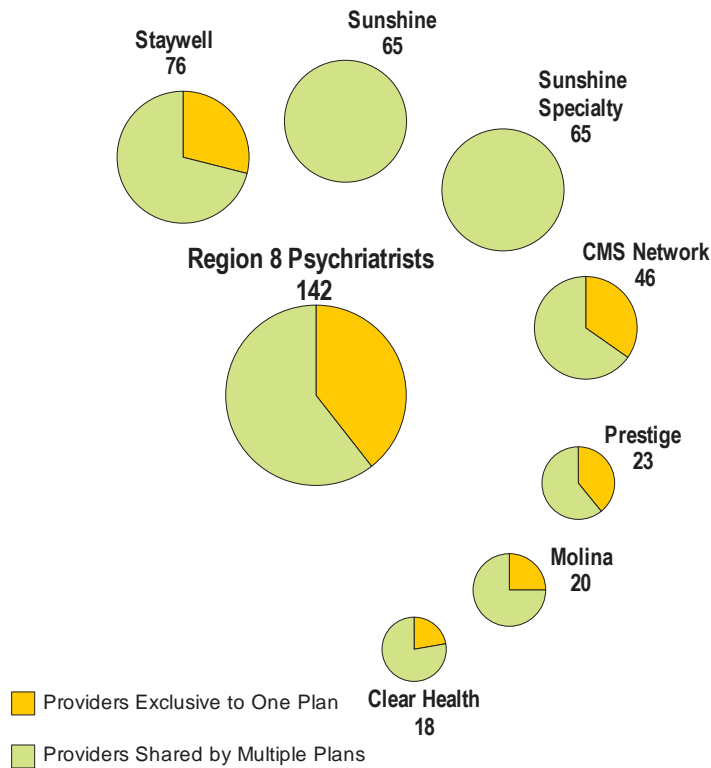


Figure 187: Region 8 Network of Psychiatrists, December 2015



Source: Provider Network Verification System, December 2015

Figure 188: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 8, December 2015

In Region 8, there are 0.9 psychiatrists per 1,500 enrollees, and .8 child psychiatrists per 7,100 enrollees.

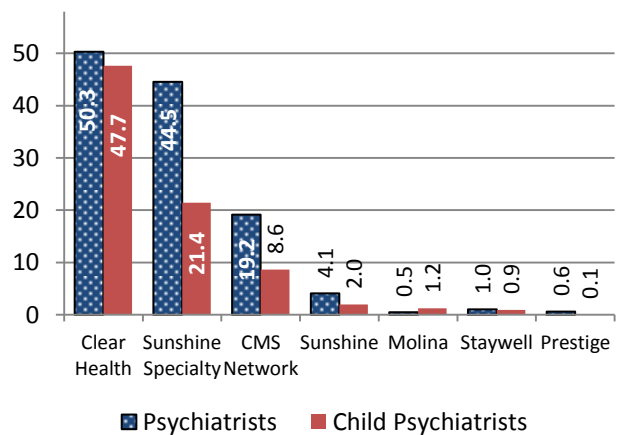
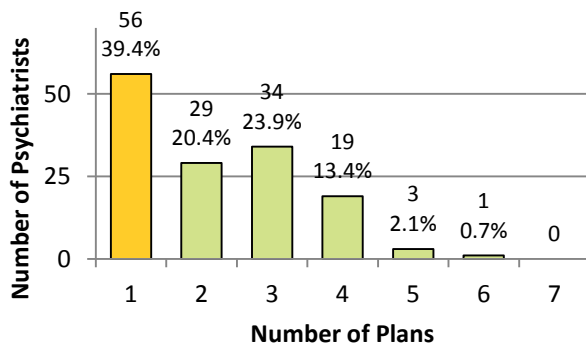


Figure 189: Number of Psychiatrists by Number of Plans Served in Region 8, December 2015



Source: Provider Network Verification System, December 2015

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

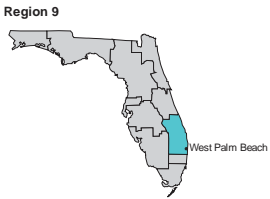
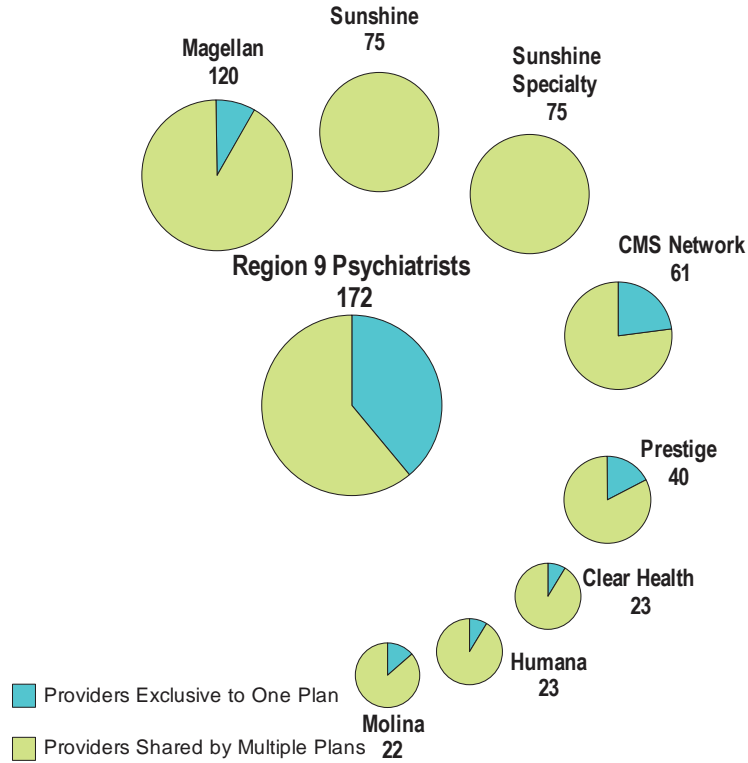
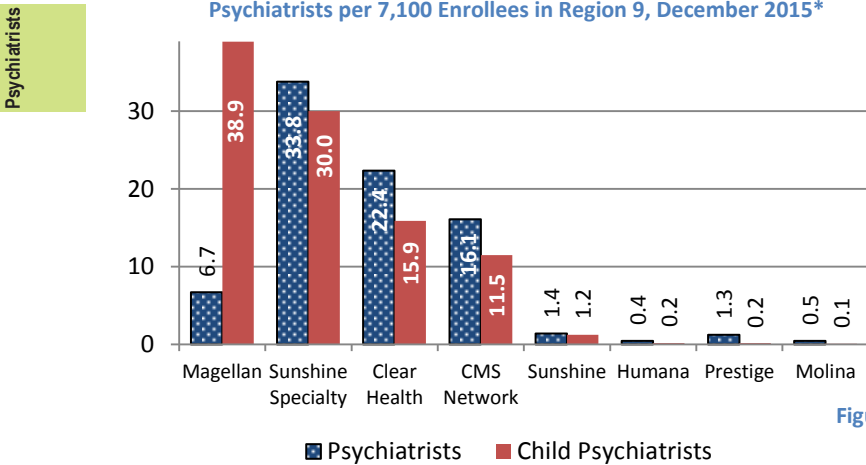


Figure 190: Region 9 Network of Psychiatrists, December 2015



Source: Provider Network Verification System, December 2015

Figure 191: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 9, December 2015\*

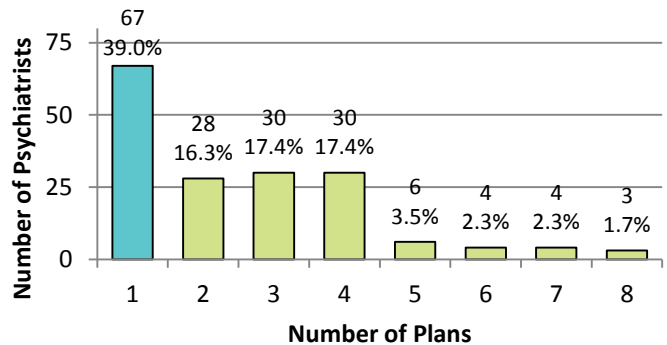


In Region 9, there are 0.8 psychiatrists per 1,500 enrollees, and 1.6 child psychiatrists per 7,100 enrollees.

\*Numbers for Magellan show the number of psychiatrists per 375 enrollees and the number of child psychiatrists per 3,500 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 192: Number of Psychiatrists by Number of Plans Served in Region 9, December 2015



Source: Provider Network Verification System, December 2015

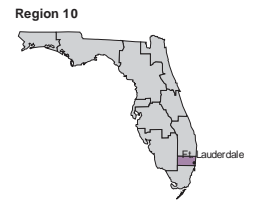
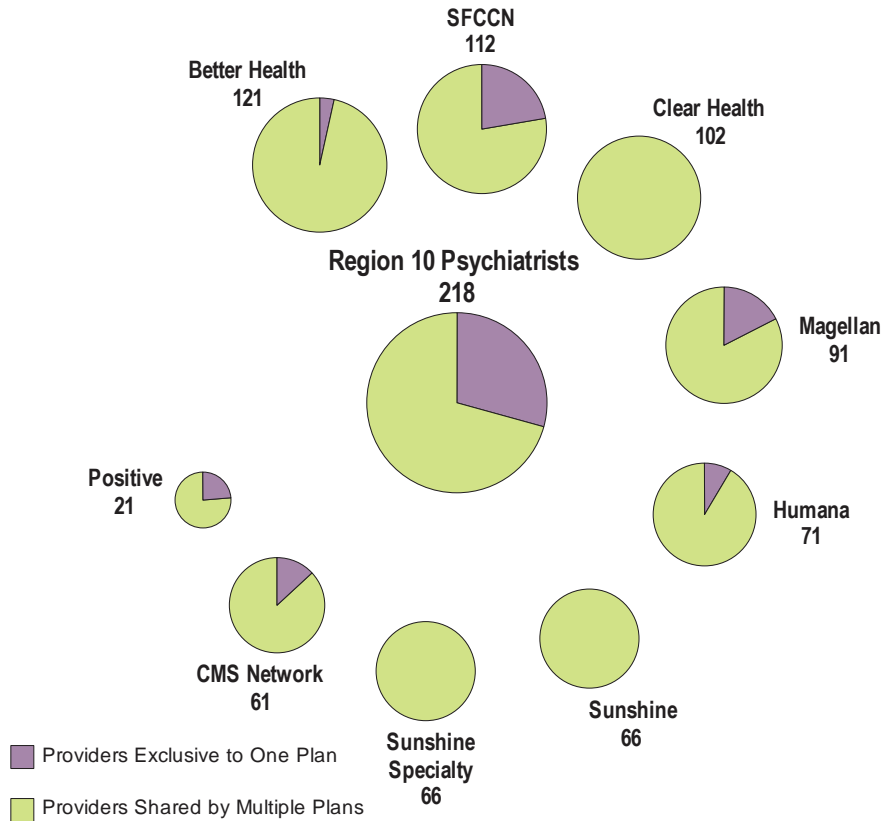
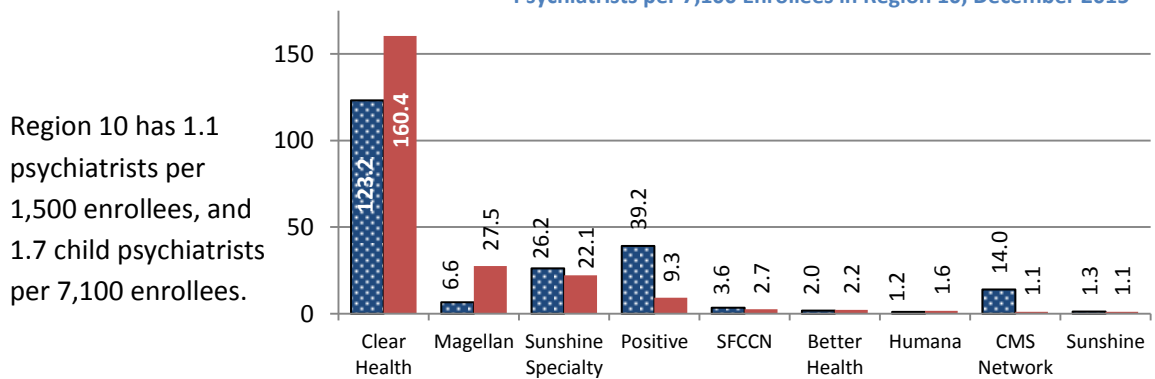


Figure 193: Region 10 Network of Psychiatrists, December 2015



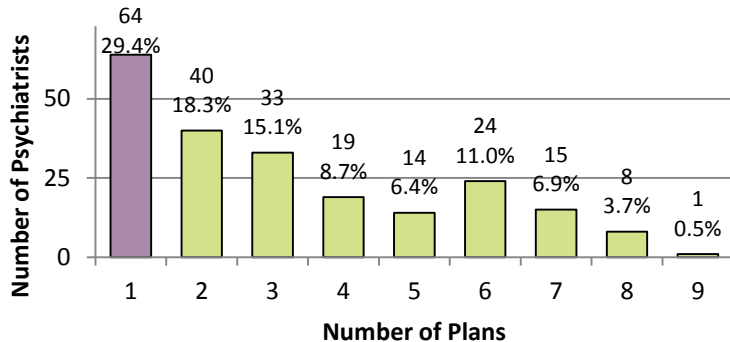
Source: Provider Network Verification System, December 2015

Figure 194: Number of Psychiatrists 1,500 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 10, December 2015\*



Region 10 has 1.1 psychiatrists per 1,500 enrollees, and 1.7 child psychiatrists per 7,100 enrollees.

Figure 195: Number of Psychiatrists by Number of Plans Served in Region 10, December 2015



■ Psychiatrists ■ Child Psychiatrists

\*Numbers for Magellan show the number of psychiatrists per 375 enrollees and the number of child psychiatrists per 3,500 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Source: Provider Network Verification System, December 2015

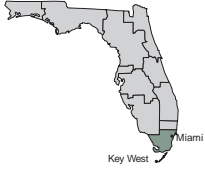
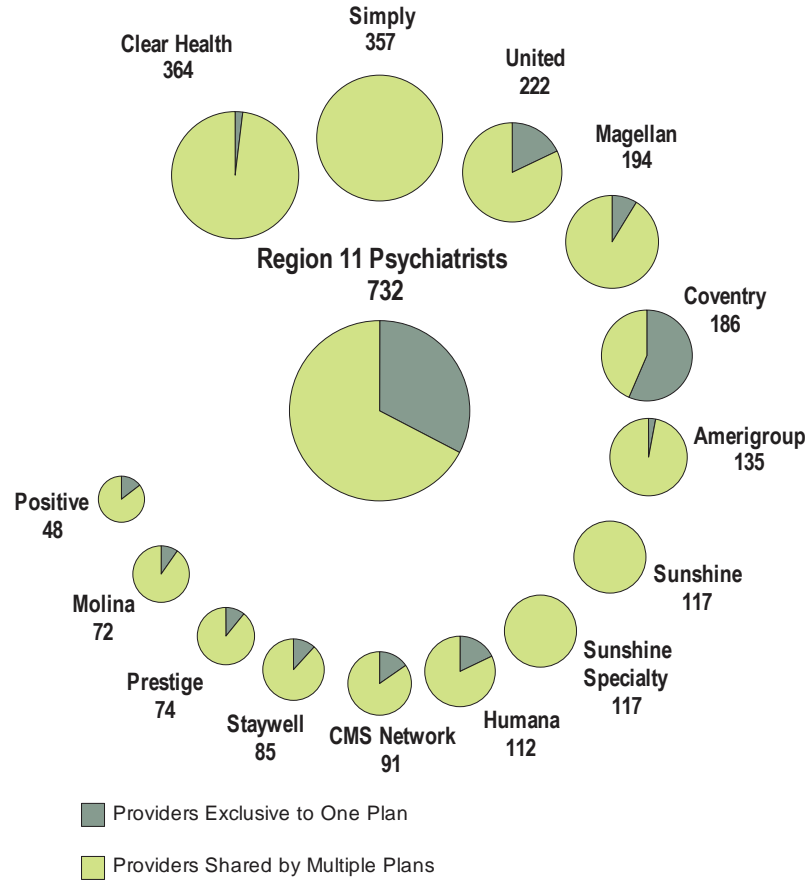


Figure 196: Region 11 Network of Psychiatrists, December 2015

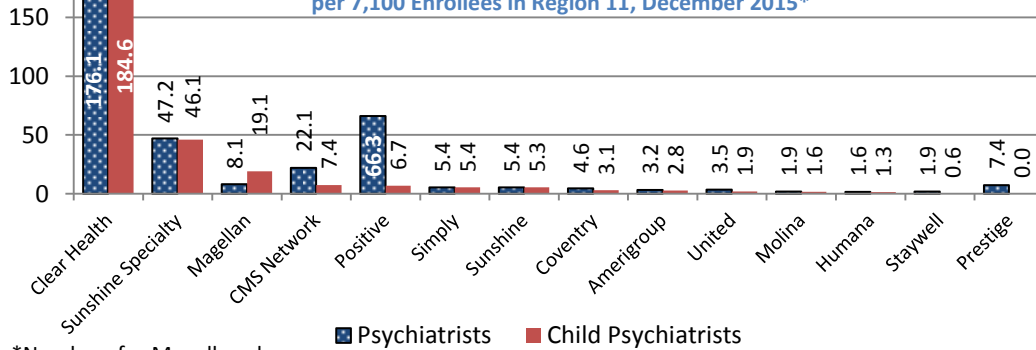
Region 11 has 1.9 psychiatrists per 1,500 enrollees, and 1.9 child psychiatrists per 7,100 enrollees.



Source: Provider Network Verification System, December 2015

Psychiatrists

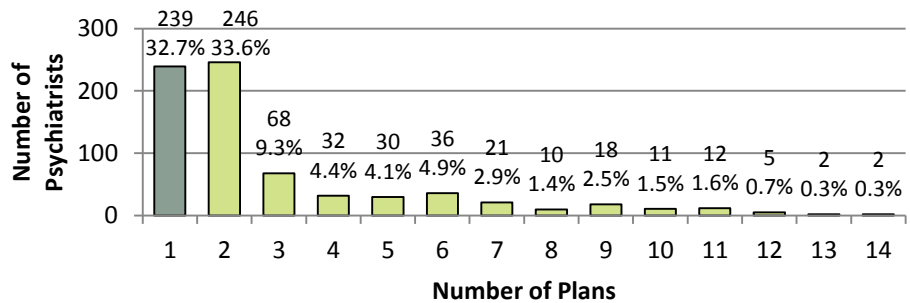
Figure 197: Number of Psychiatrists per 1,000 Enrollees and Child Psychiatrists per 7,100 Enrollees in Region 11, December 2015\*



\*Numbers for Magellan show the number of psychiatrists per 375 enrollees and the number of child psychiatrists per 3,500 enrollees.

Source: Provider Network Verification System and Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

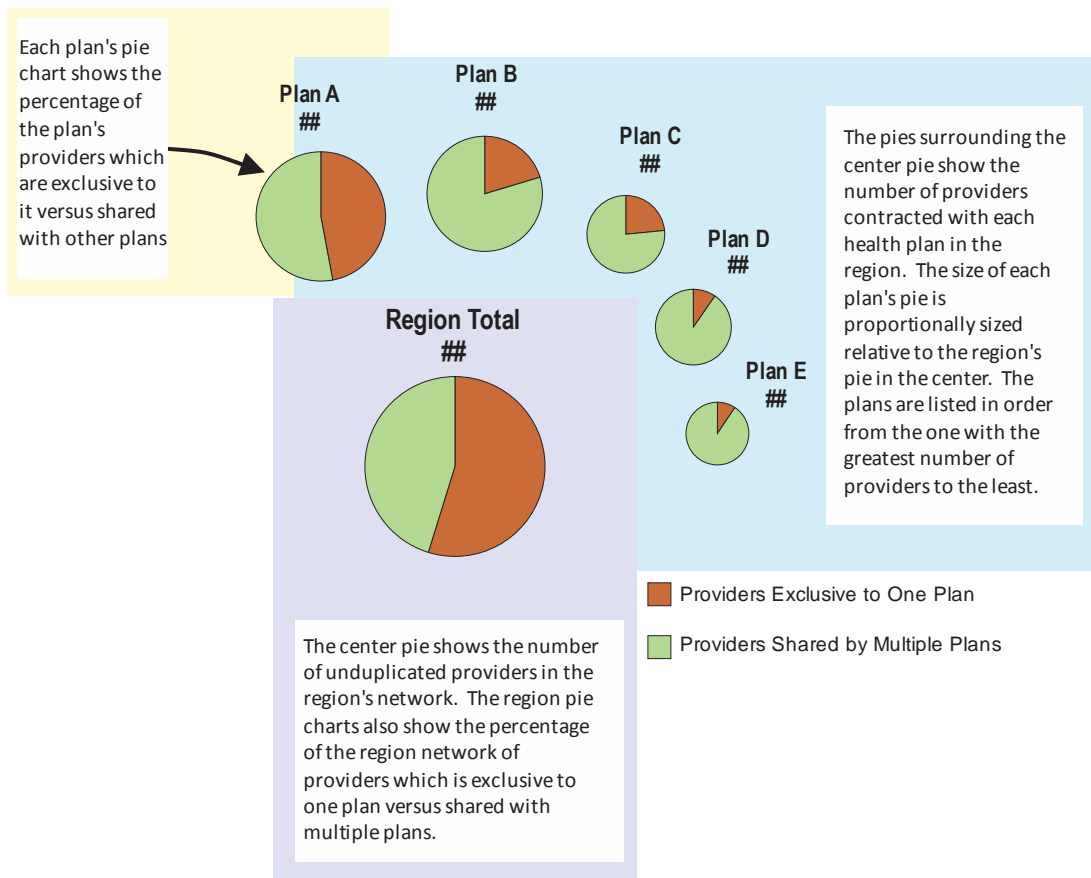
Figure 198: Number of Psychiatrists by Number of Plans Served in Region 11, December 2015

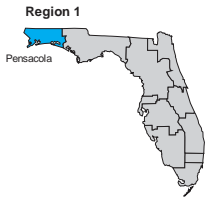


Source: Provider Network Verification System, December 2015

## Network of Federally Qualified Health Centers and Rural Health Clinics by Region

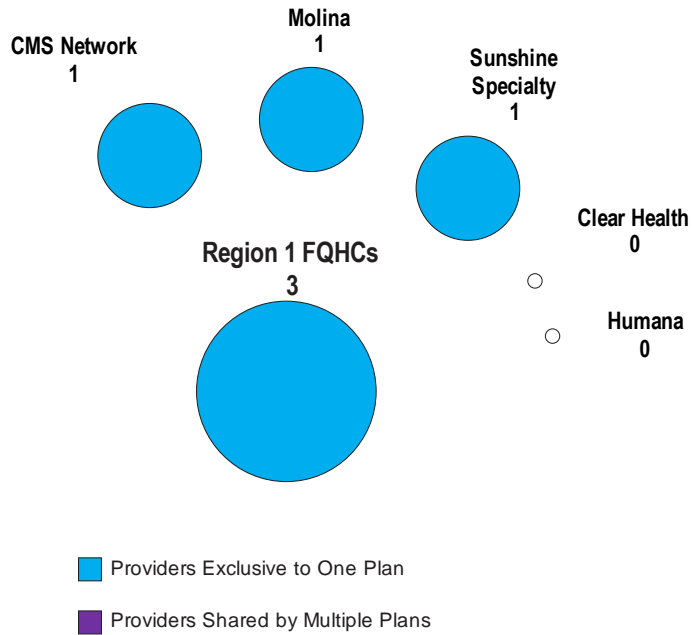
Some providers contract exclusively with one plan in a region while others may contract with more than one plan. Providers who contract with more than one plan in the region are counted only once in the region total. To the degree that providers are shared by multiple plans, plans' provider networks overlap with one another in each region and the total number of unduplicated providers in a region's network will be less than the sum total of providers across all plans. The percentage of each plan's and region's network that is shared by multiple plans versus exclusive to one of the plans is reported because a provider's availability to enrollees is impacted when a provider contracts with multiple plans. In the following section, provider networks are displayed as a series of related pie charts.





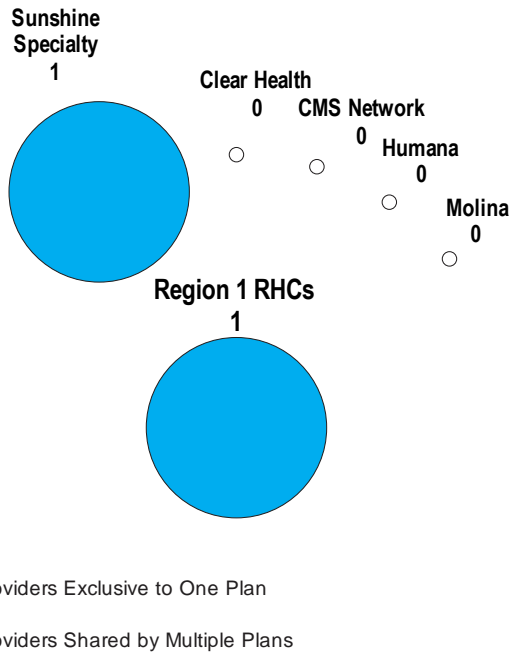
**Figure 199: Region 1 Network of Federally Qualified Health Centers, December 2015**

Three of the 5 plans that operate in Region 1 contract with 3 Federally Qualified Health Centers (FQHCs). One plan contracts with a single Rural Health Clinics (RHCs) in the region.



Source: Provider Network Verification System, December 2015

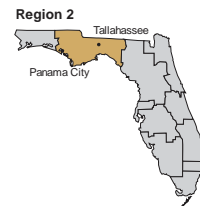
**Figure 200: Region 1 Network of Rural Health Clinics, December 2015**



FQHCs and RHC are health care clinics that provide primary and preventive outpatient care such as health screenings, dental services, family planning services, mental health services, and primary care services including obstetrical care.

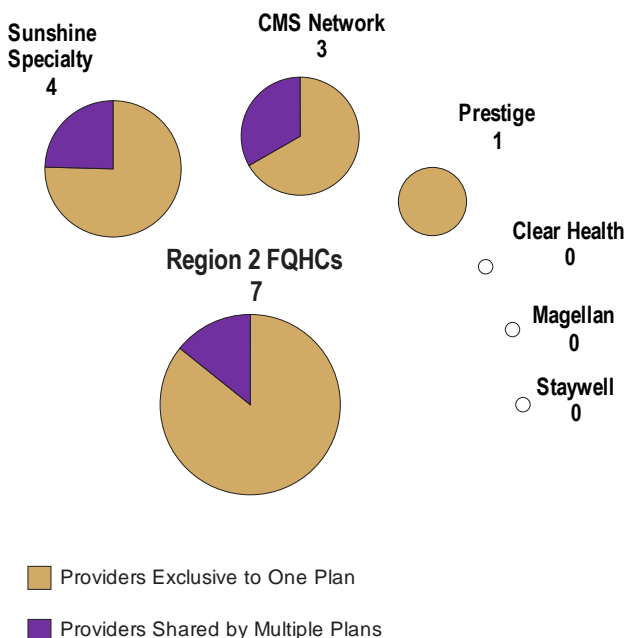
Source: Provider Network Verification System, December 2015





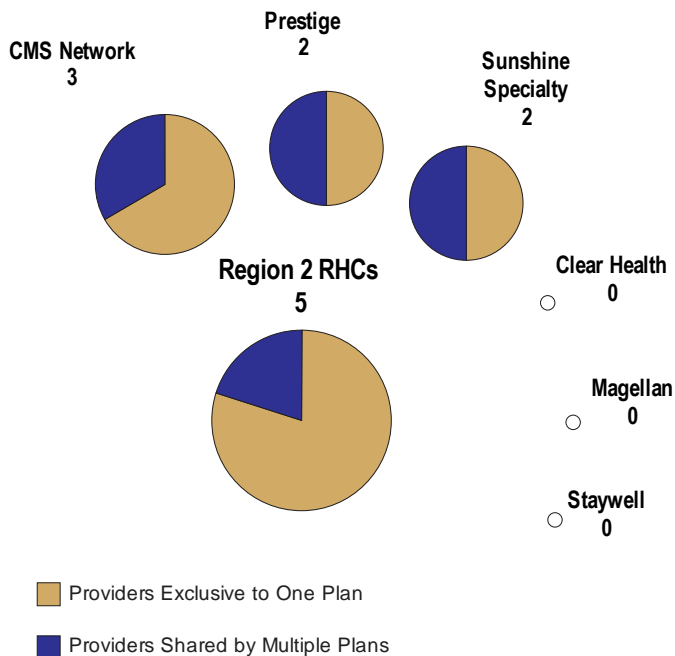
**Figure 201: Region 2 Network of Federally Qualified Health Centers, December 2015**

Plans are not required to include Federally Qualified Health Centers and Rural Health Clinics in their provider networks. However, plans must make a good faith effort to contract with FQHCs and RHCs because both clinics serve people in medically underserved areas.



Source: Provider Network Verification System, December 2015

**Figure 202: Region 2 Network of Rural Health Clinics, December 2015**



Three of the 6 plans in Region 2 contract with a total of 7 FQHCs and 5 RHCs.

Source: Provider Network Verification System, December 2015



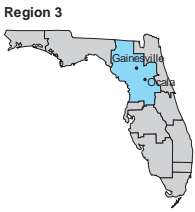
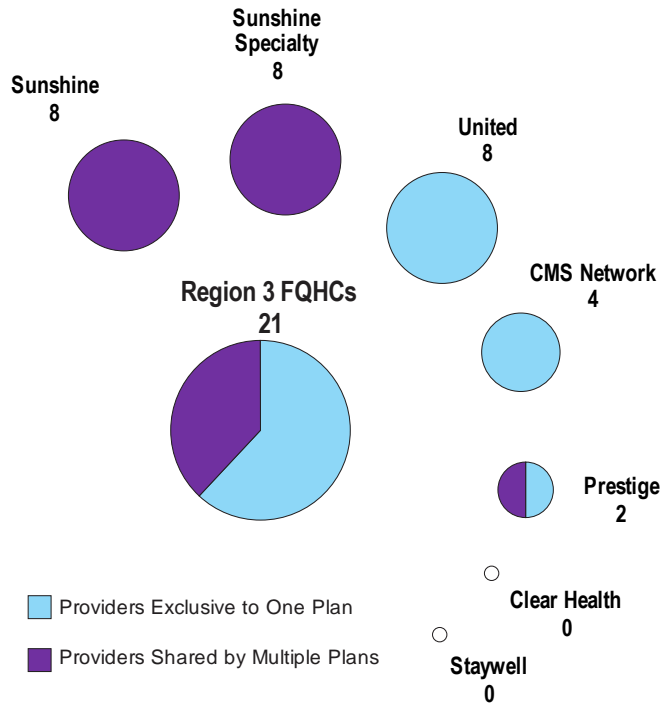


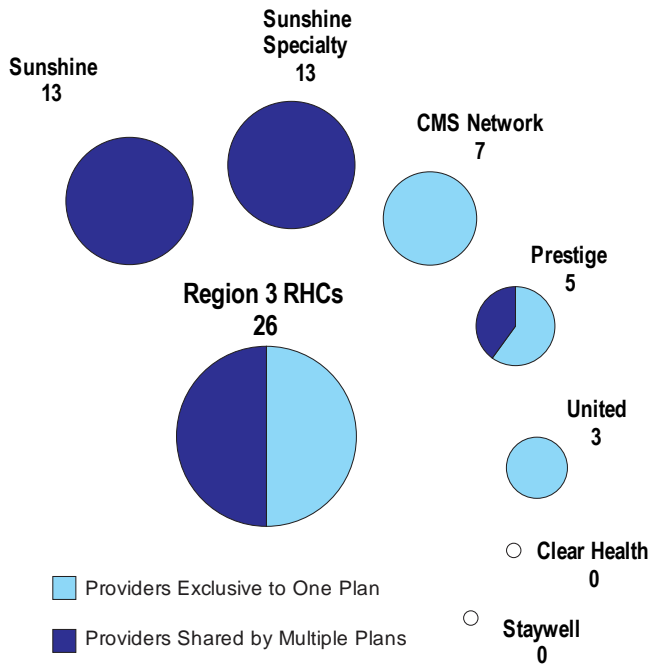
Figure 203: Region 3 Network of Federally Qualified Health Centers, December 2015

FQHCs by design are located in medically underserved areas whether the location is rural or urban.



Source: Provider Network Verification System, December 2015

Figure 204: Region 3 Network of Rural Health Clinics, December 2015



More RHCs contract with plans in Region 3 than any other region.

Source: Provider Network Verification System, December 2015

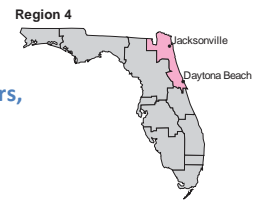


Figure 205: Region 4 Network of Federally Qualified Health Centers, December 2015

Rural Health Clinics are located in rural areas with a shortage of providers.

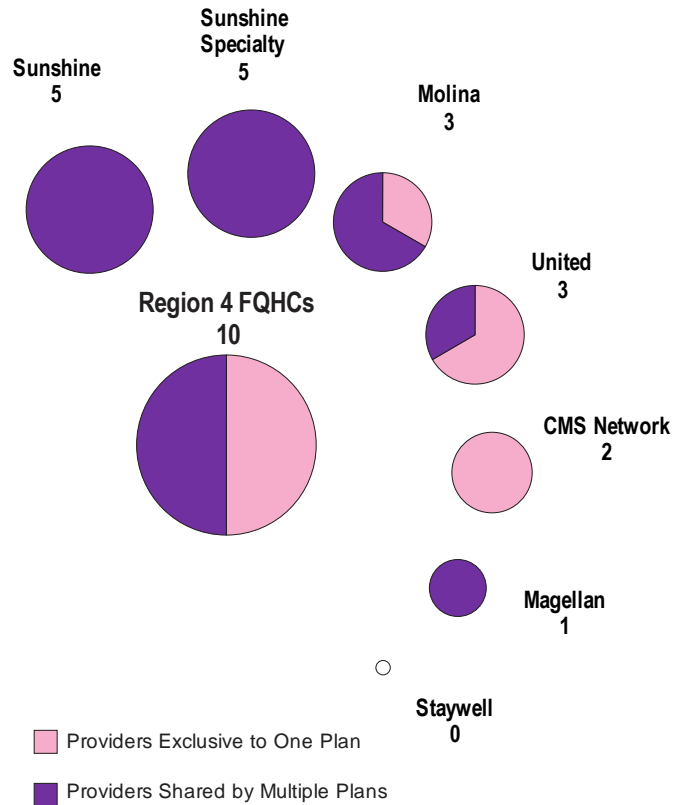
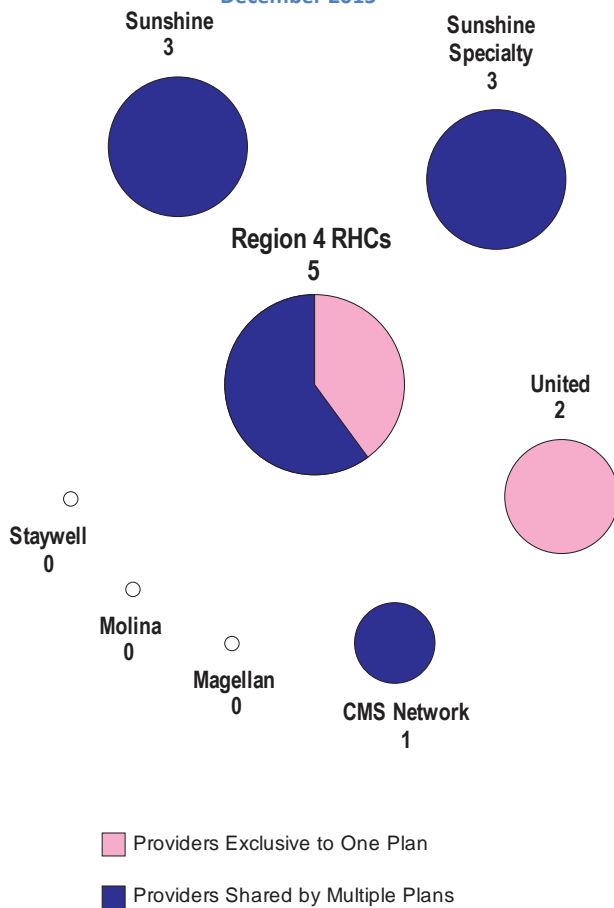


Figure 206: Region 4 Network of Rural Health Clinics, December 2015

Source: Provider Network Verification System, December 2015



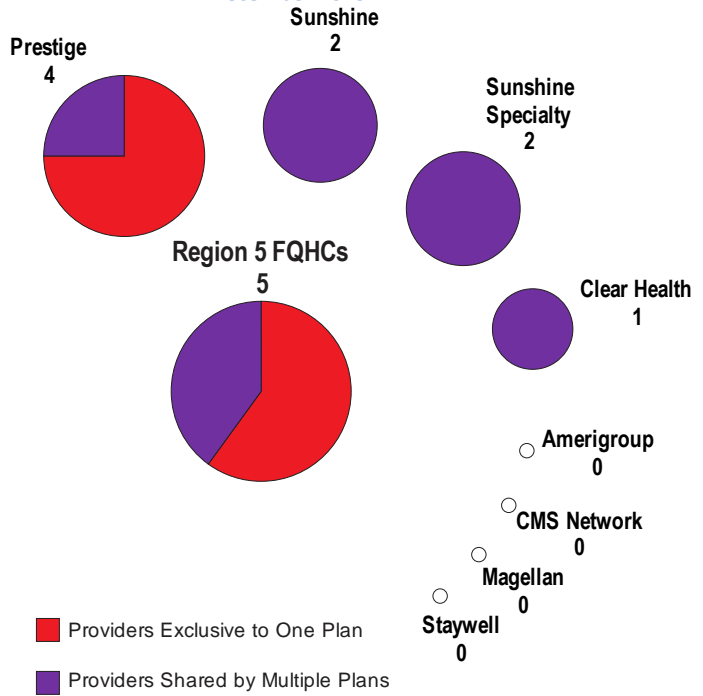
Source: Provider Network Verification System, December 2015





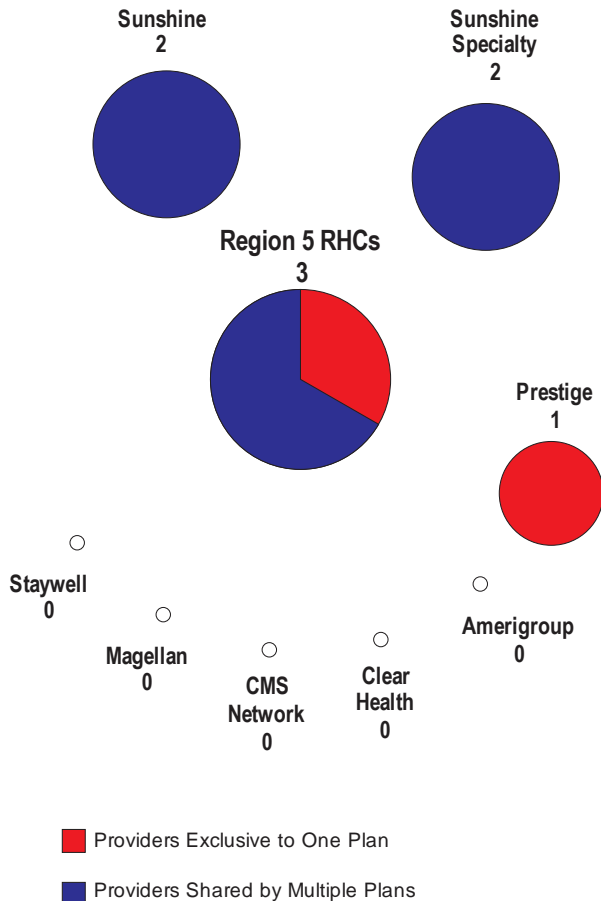
Figure 207: Region 5 Network of Federally Qualified Health Centers, December 2015

Half of the plans that operate in Region 5 contract with one or more of 5 FQHCs in the region.



Source: Provider Network Verification System, December 2015

Figure 208: Region 5 Network of Rural Health Clinics, December 2015



One of the 3 RHCs in Region 5 contracts exclusively with Prestige. The other 2 RHCs contract with Sunshine and Sunshine Specialty.

Source: Provider Network Verification System, December 2015

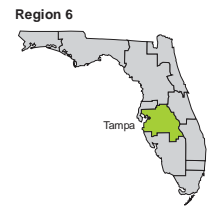


Figure 209: Region 6 Network of Federally Qualified Health Centers, December 2015

More FQHCs contract with plans in Region 6 than any other region.

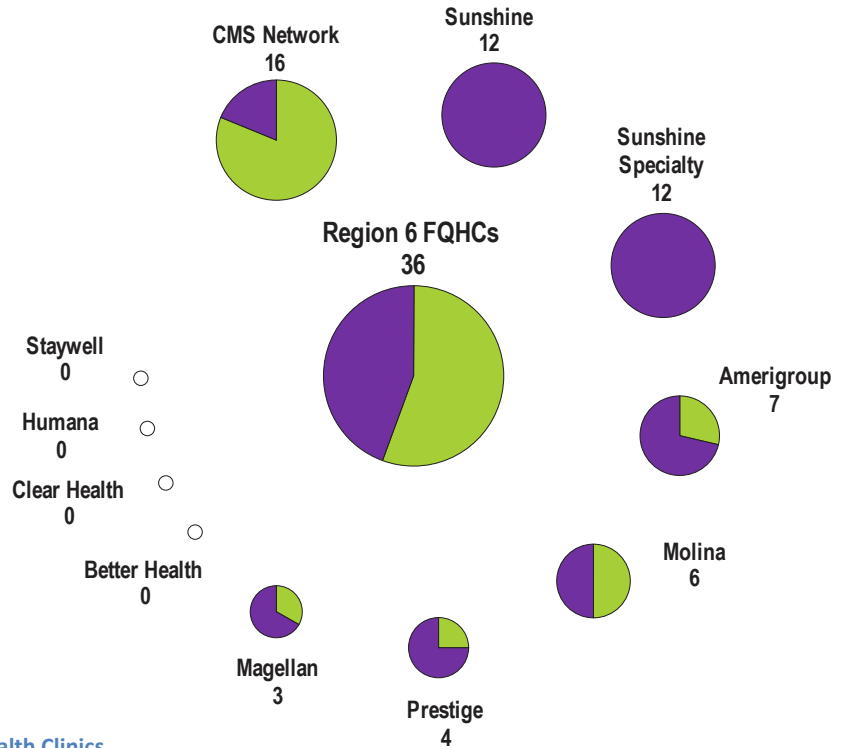
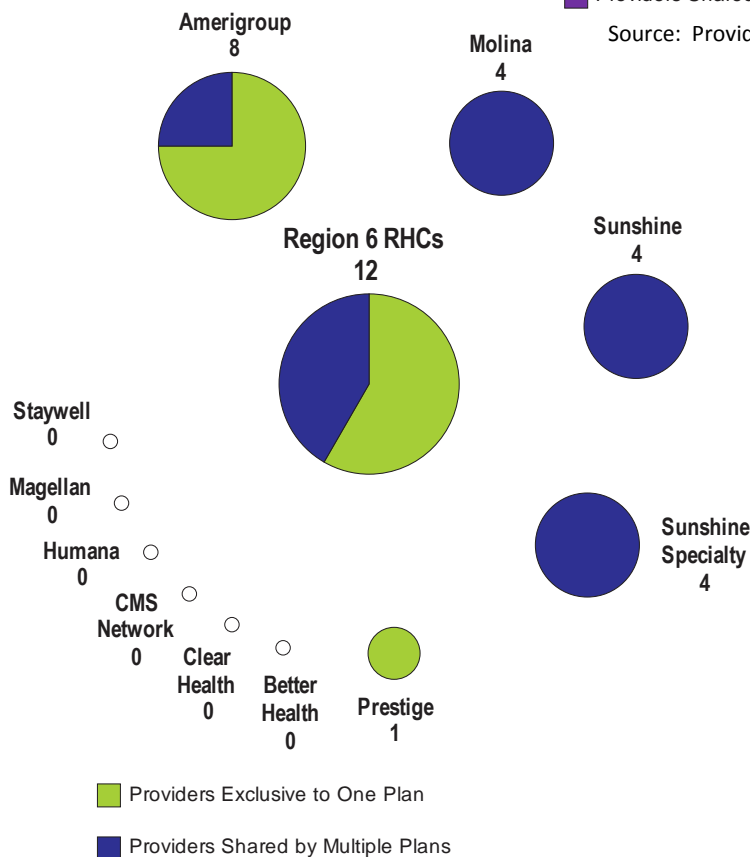


Figure 210: Region 6 Network of Rural Health Clinics, December 2015

■ Providers Exclusive to One Plan  
■ Providers Shared by Multiple Plans

Source: Provider Network Verification System, December 2015



Five of 11 plans that operate in Region 6 contract with one or more of 12 RHCs in the region.



Source: Provider Network Verification System, December 2015

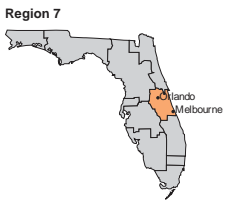
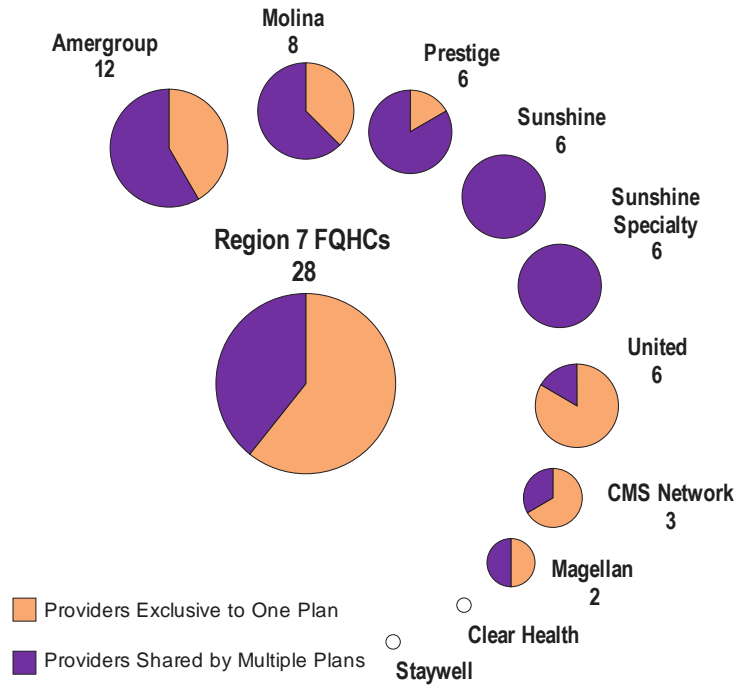


Figure 211: Region 7 Network of Federally Qualified Health Centers, December 2015

Eight of the 10 plans that operate in Region 7 contract with 2 or more of 28 FQHCs.



Source: Provider Network Verification System, December 2015

No plan contracts with a Rural Health Clinic in Region 7.

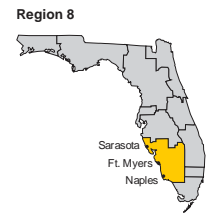
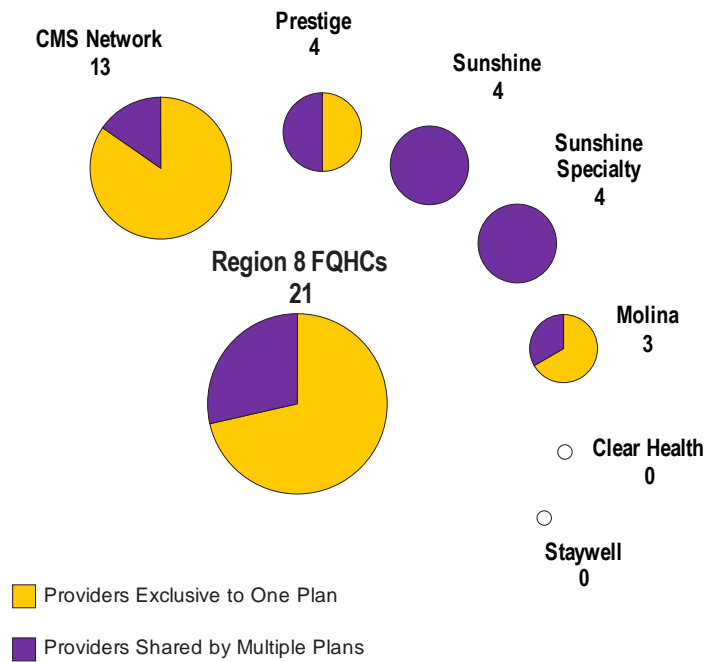
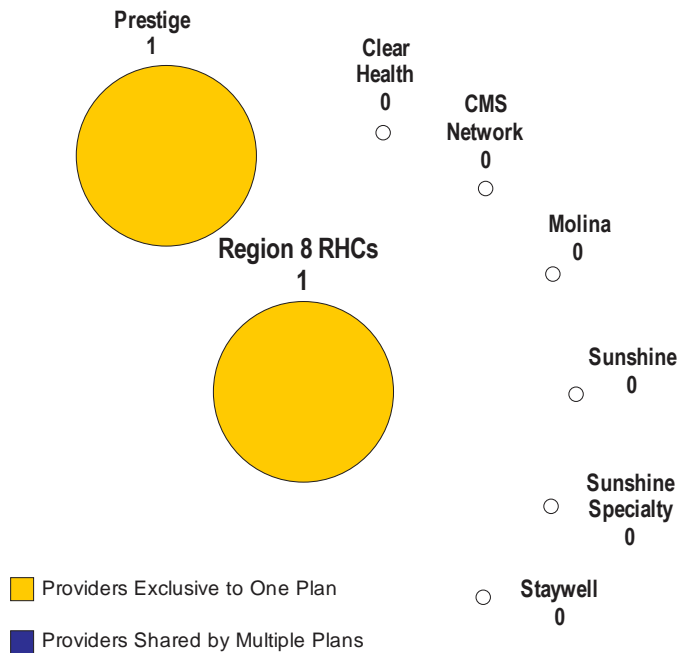


Figure 212: Region 8 Network of Federally Qualified Health Centers, December 2015



Source: Provider Network Verification System, December 2015

Figure 213: Region 8 Network of Rural Health Clinics, December 2015



One of the 7 plans in Region 8 contracts with 1 RHC in the region.

Source: Provider Network Verification System, December 2015



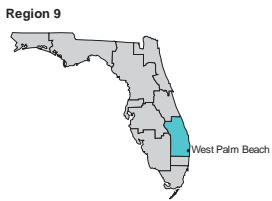


Figure 214: Region 9 Network of Federally Qualified Health Centers, December 2015

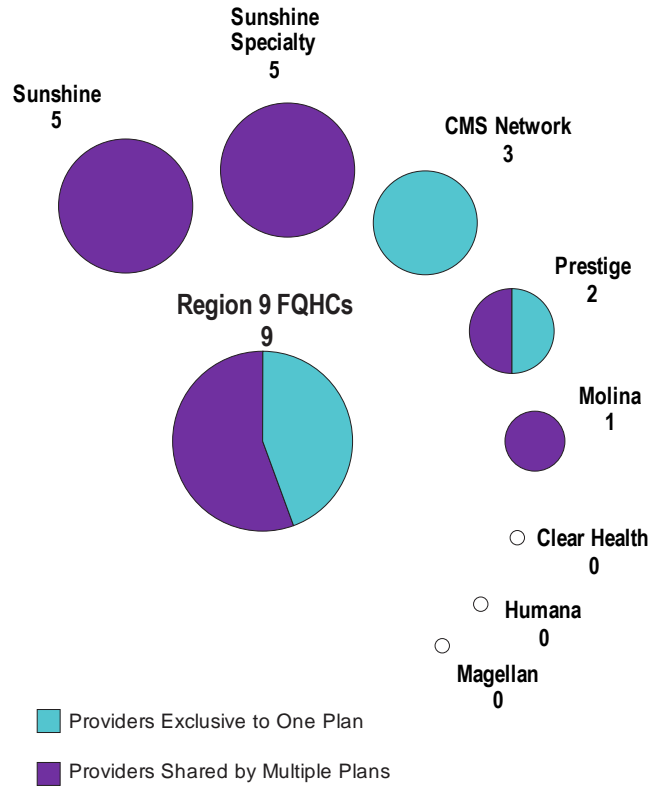
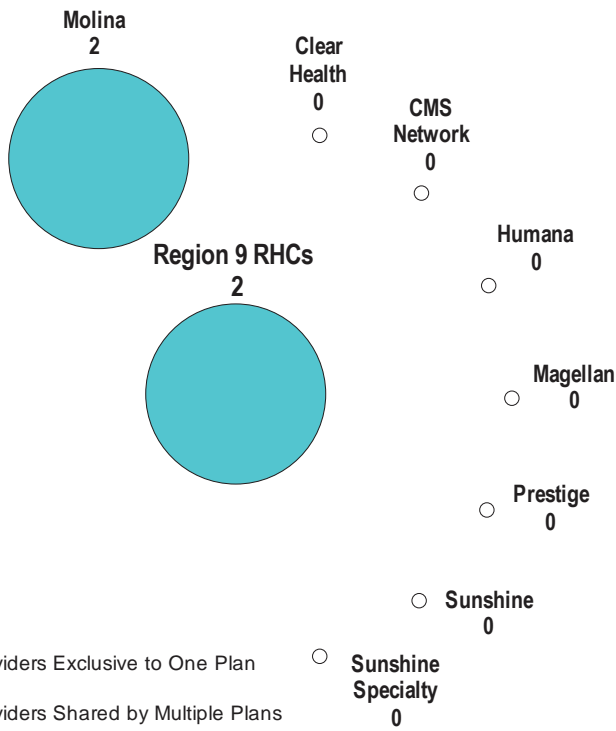


Figure 215: Region 9 Network of Rural Health Clinics, December 2015

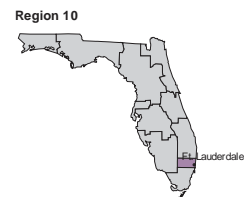


Source: Provider Network Verification System, December 2015

One of the 8 plans that operate in Region 9 contracts with 2 RHCs in the region.

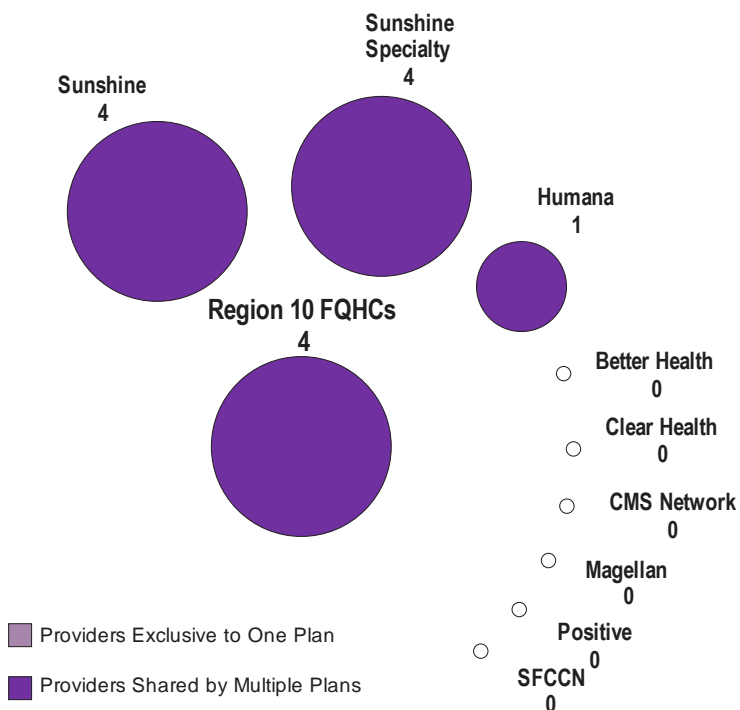
Source: Provider Network Verification System, December 2015





**Figure 216: Region 10 Network of Federally Qualified Health Centers, December 2015**

Three of the 9 plans that operate in Region 10 contract with 1 or more of 4 FQHCs in the region.



Source: Provider Network Verification System, December 2015



No plan contracts with a Rural Health Clinic in Region 10.

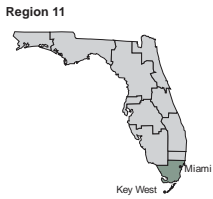


Figure 217: Region 11 Network of Federally Qualified Health Centers, December 2015

Eleven of 14 plans that operate in Region 11 contract with 17 FQHCs in the region.

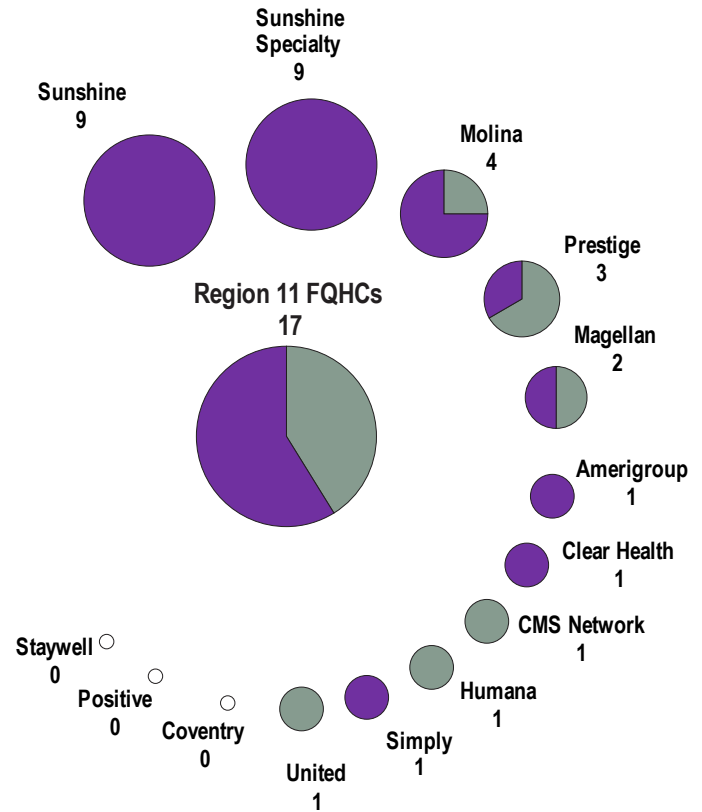
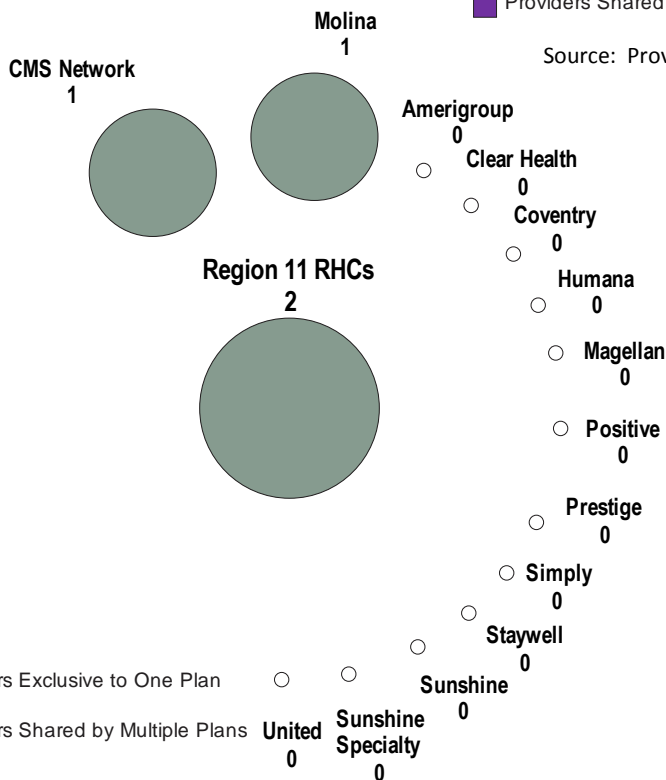


Figure 218: Region 11 Network of Rural Health Centers, December 2015



Source: Provider Network Verification System, December 2015

Two of the 14 plans in Region 11 contract with 2 RHCs in the region.

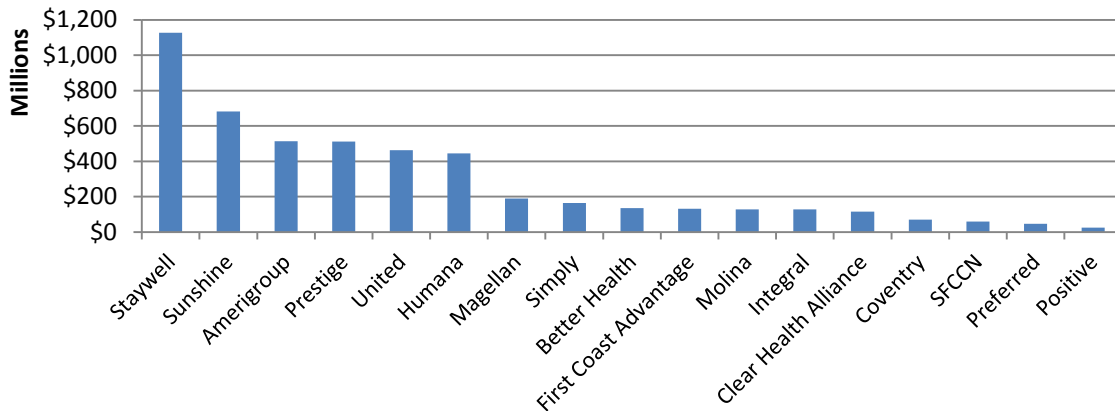
Source: Provider Network Verification System, December 2015

## SMMC MMA Financial Performance

The financial performance of SMMC plans is analyzed using audited financial data from the start of the MMA program on May 1, 2014 through December 31, 2014.

MMA plans reported almost 5 billion dollars (\$4,927,702,176) in total revenue for the 8 month period.

Figure 219: Total Revenue by MMA Plan, May 2014–December 2014

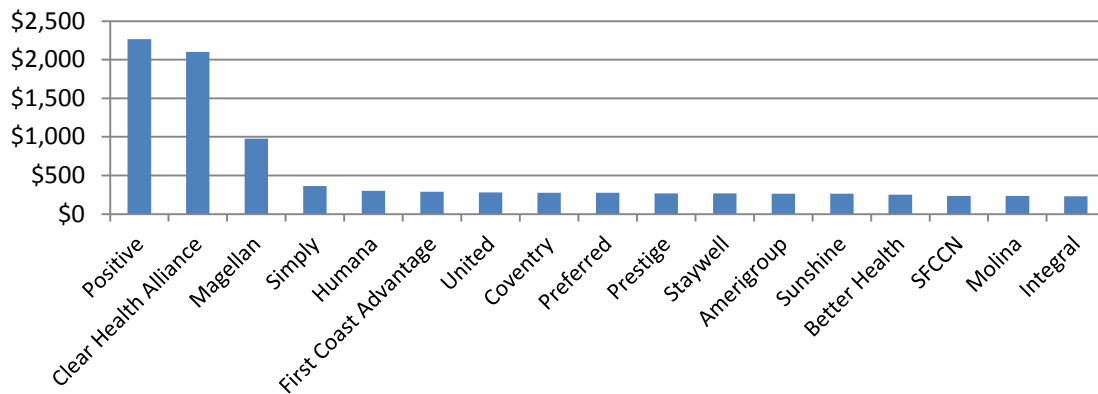


Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

Total Revenue includes amounts paid for capitation, transplant kick payments, hepatitis C kick payments, PCP fee increase payments, as well as other plan-related revenue. Revenue accrued for the health insurance provider fee has been excluded.

The average amount spent per enrollee per month varies greatly from plan to plan due to variation in the health of each plan’s enrollees. Enrollees with more severe health problems are generally more costly than enrollees with less severe or no health problems.

Figure 220: Revenue per Enrollee per Month, May 2014–December 2014

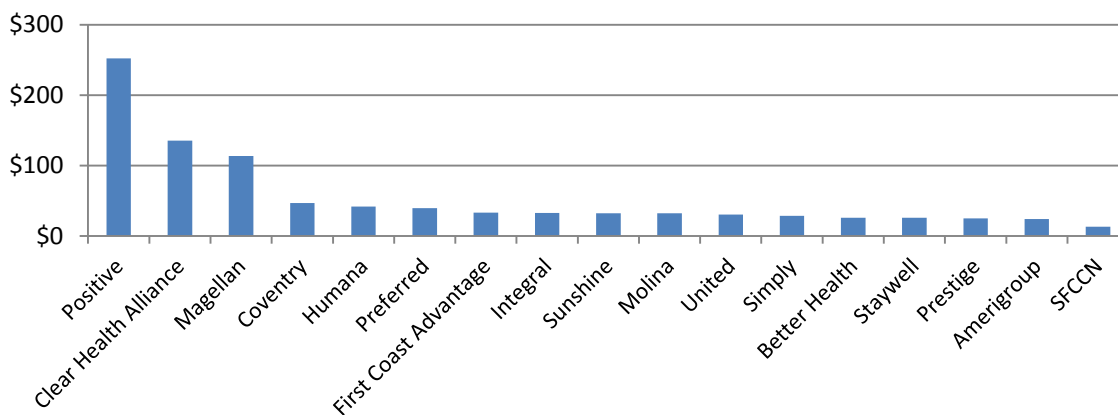


Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

The two specialty plans that cover enrollees with HIV/AIDS spent the most per enrollee per month, followed by the specialty plan that covers enrollees with serious mental illness.

Administrative expense includes direct salaries and benefits, administrative services provided by a parent company or other contracted entity, information systems, marketing, general administration, and compliance or regulatory costs.

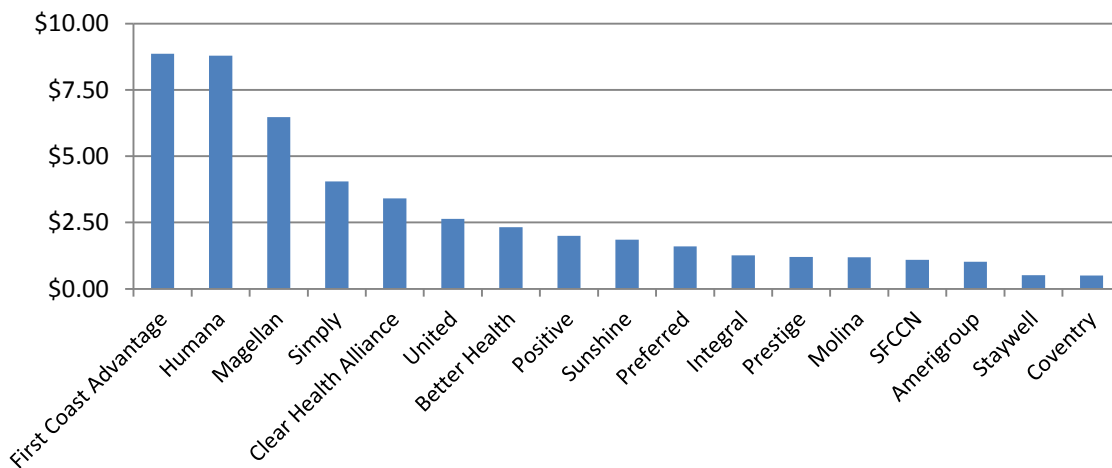
Figure 221: Amount Paid per Enrollee per Month for Administrative Expenses, May 2014–December 2014



Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

Expanded benefits are services offered by the plan in excess of those specified in the Medicaid State Plan. This includes expenses for expanded benefits provided through subcapitation as well as ending Incurred But Not Paid (IBNP) expenses for expanded benefits.

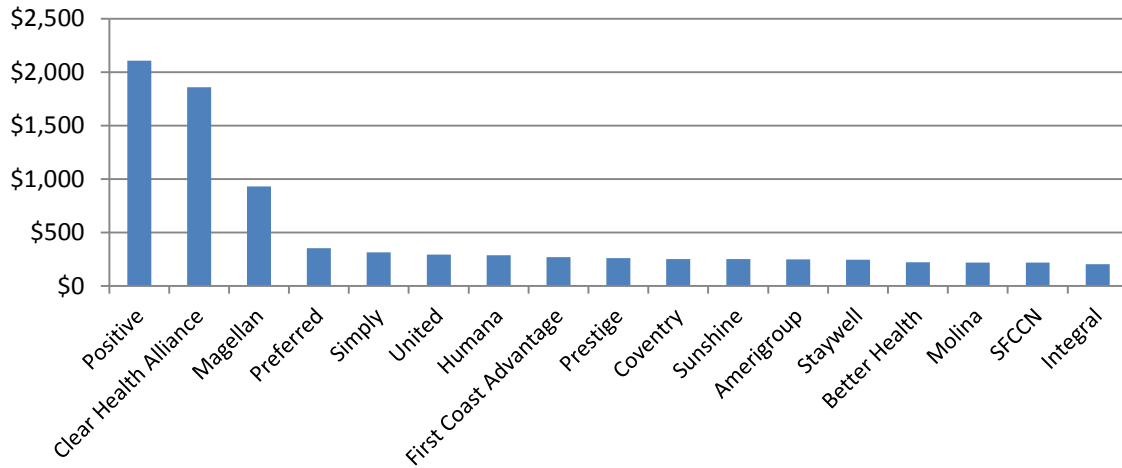
Figure 222: Amount Paid per Enrollee per Month for Expanded Benefits, May 2014–December 2014



Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

MMA services provided to enrollees include hospital, professional, transplant, mental health and substance abuse, dental, transportation, pharmacy, and other state plan services. The total amount spent on MMA Services also includes benefit expenses such as incentive payments, Third-Party Liability (TPL) and fraud/abuse recoveries, and reinsurance recoveries.

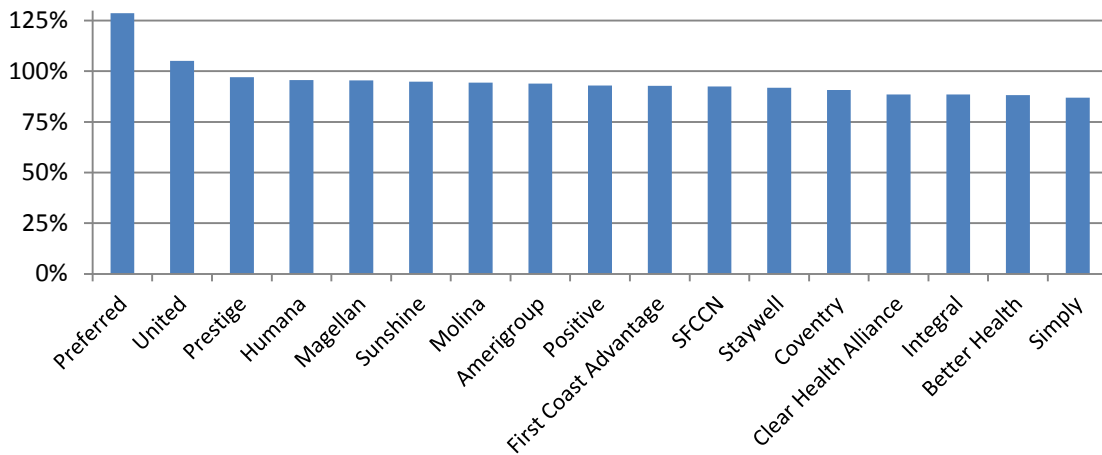
Figure 223: Amount Paid per Enrollee per Month for MMA Services, May 2014–December 2014



Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

Two MMA plans, Preferred and United, reported total amounts spent on services that exceeded total revenue for each plan.

Figure 224: Amount Paid for MMA Services as a Percentage of Revenue, May 2014–December 2014

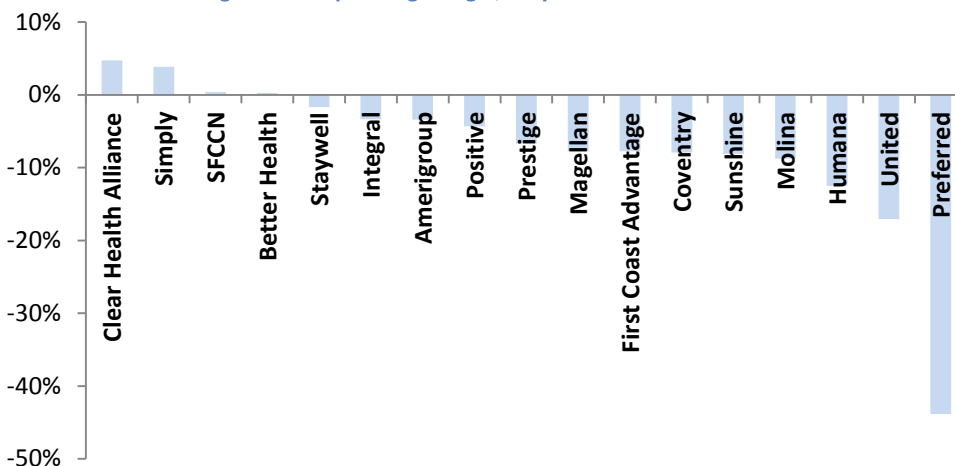


Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

Operating margin is the profit or loss realized from a plan's operation after subtracting operating expenses from revenue. Operating margin is measured as the percentage of a plan's revenue that is left after paying for operating costs.

All but four MMA plans report a negative operating margin.

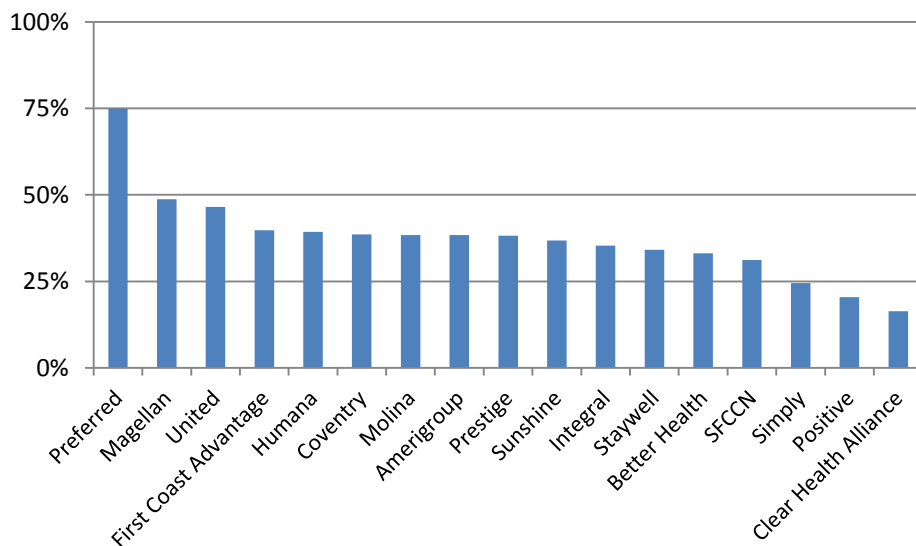
Figure 225: Operating Margin, May 2014-December 2014



Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

An important factor affecting operating margins during the first two years of the SMMC program was the inability and/or willingness of plans to negotiate anticipated hospital contract rates. During contract bidding, MMA plans reported expected hospital contract rates of roughly 105 percent of the Medicaid fee schedule in the aggregate. Actual hospital rates apparently averaged 142 percent of the Medicaid fee schedule for plans in fiscal year 2014-15. In the summer of 2015, plans reportedly began to lower

Figure 226: Percentage of Plan Revenue Spent on Hospital Services, May 2014-December 2014



Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

fees paid for hospital services by renegotiating hospital contract rates.

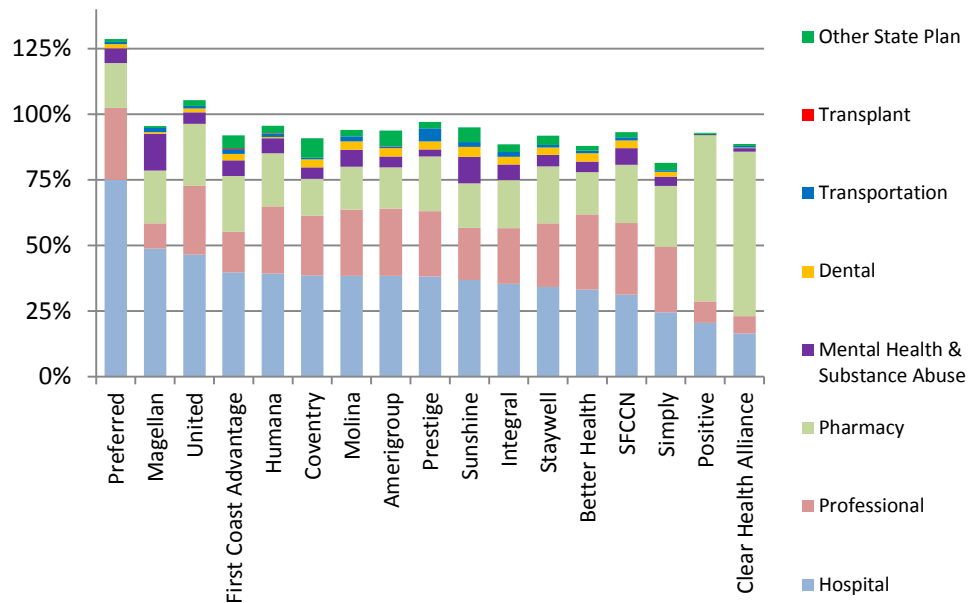
Each of the 4 MMA plans with a positive operating margin spent a third or less of service expenditures on hospital services. Every plan with a negative operating margin with the exception of Positive spent over a third of revenue on hospital services.

Hospital services were the largest service expenditure for all but 3 of the 17 MMA plans. Two of the 3 plans are the HIV/AIDS specialty plans, and pharmacy services were the only service expenditure larger than hospital services for these two plans. Simply is the third plan for which hospital services were not the largest service expenditure.

Professional services were the largest service expenditure for Simply, but they were less than 1 percentage point larger than hospital services.

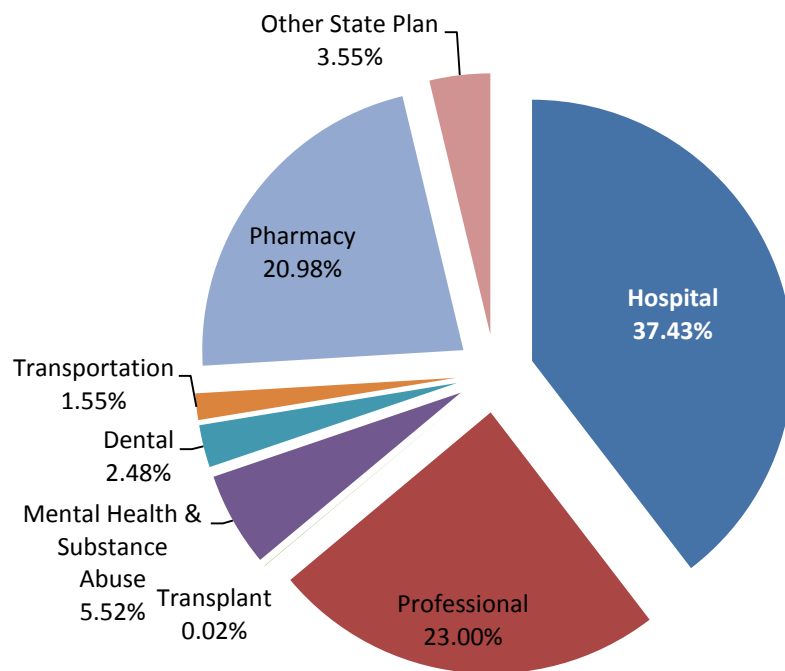
Total reported hospital expenses were the largest percentage of the combined revenue for all MMA plans. The amount paid for professional and pharmacy services each comprised a little less than a quarter of total revenue.

Figure 227: Amount Plans Paid for Services as a Percentage of Plan Revenue, May 2014-December 2014



Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

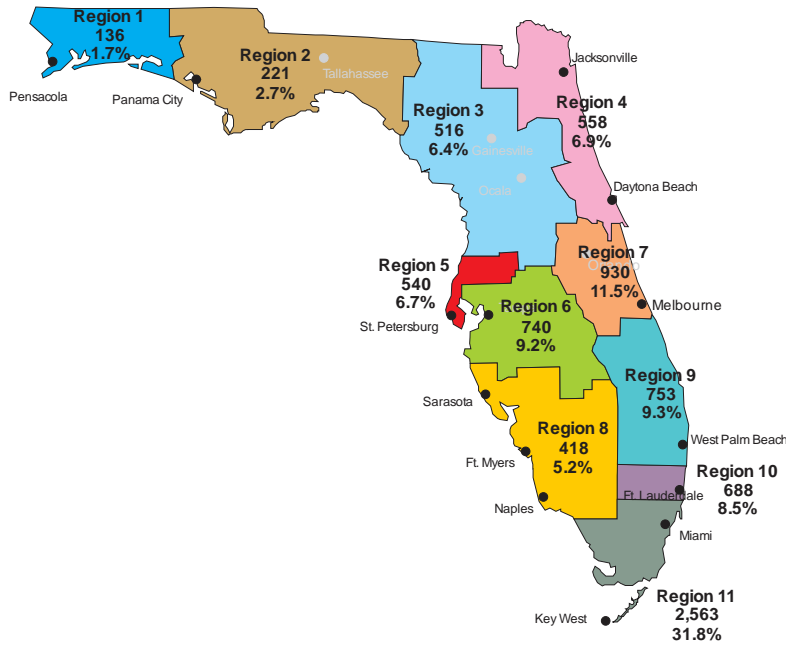
Figure 228: Amount Plans Paid for Services as a Percentage of Total Revenue, May 2014-December 2014



Source: Annual Achieved Savings Rebate Financial Report, May 1, 2014–December 31, 2014.

# Long-term Care Provider Networks

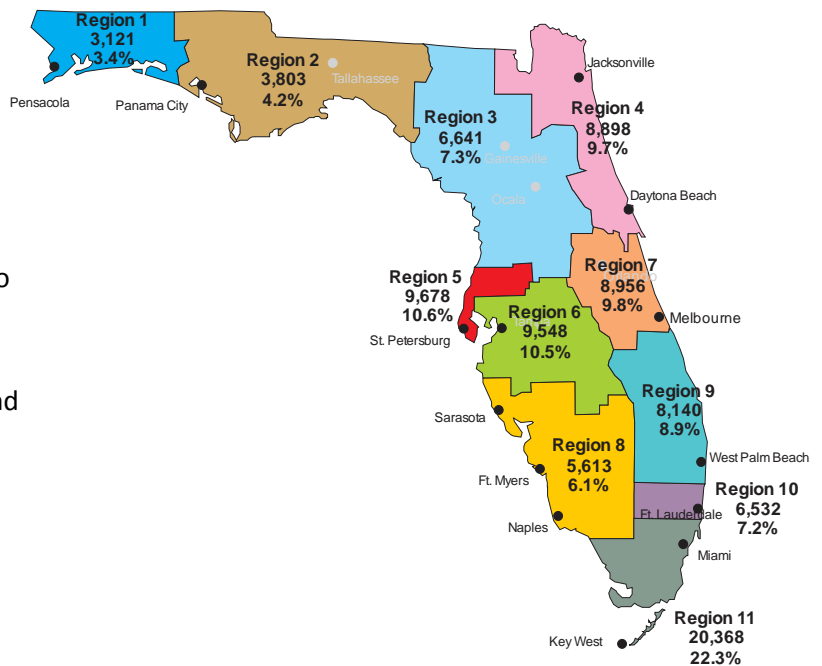
## LTC Providers by Region



To ensure adequate access to long-term care services and supports, the Agency defines by contractual standards the number, type, and regional distribution of long-term care providers within each plan's network. Each plan must maintain a region wide network of providers that is sufficient to meet the access needs for covered long-term care services and supports for all enrollees in the plan.

Source: Provider Network Verification System, December 2015

## LTC Enrollees by Region



Long-term Care plans and providers provide services to individuals who reside in a nursing facility or home and community based setting and meet nursing home level of care.

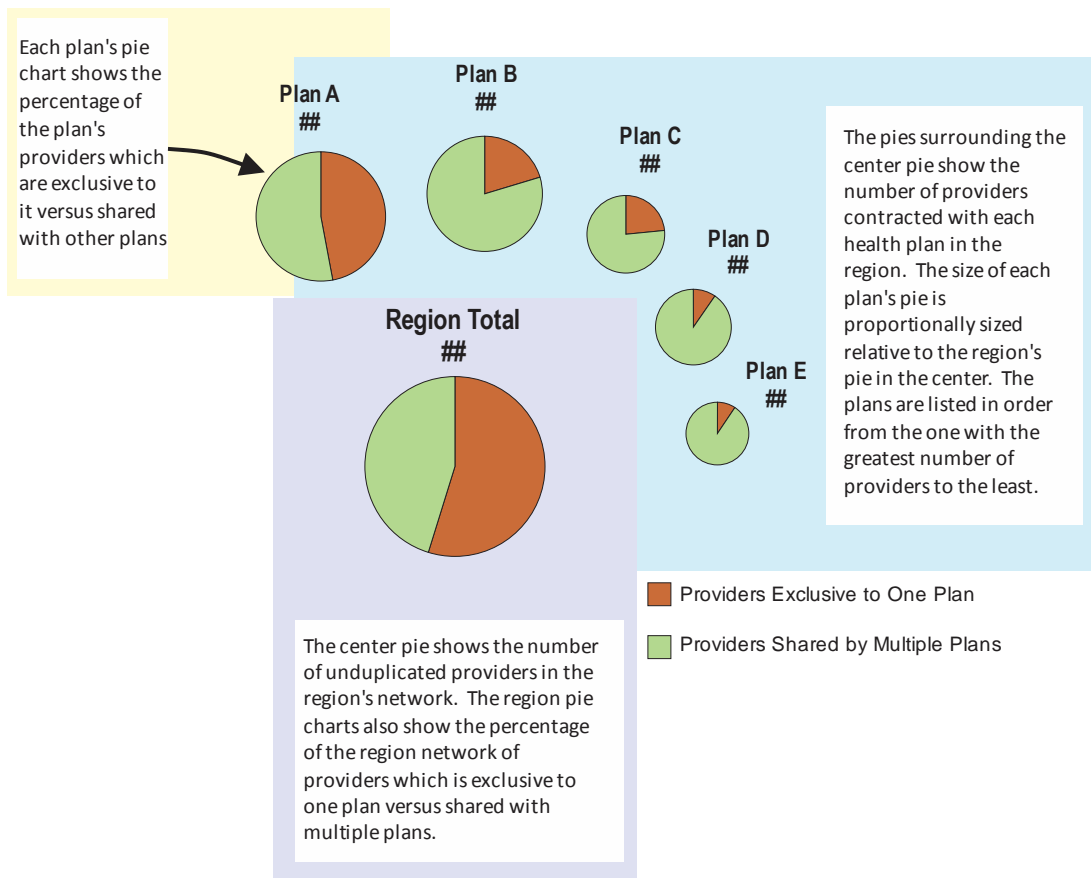
LTC

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015



## Network of Long-term Care Providers by Region

Some providers contract exclusively with one plan in a region while others may contract with more than one plan. Providers who contract with more than one plan in the region are counted only once in the region total. To the degree that providers are shared by multiple plans, plans' provider networks overlap with one another in each region and the total number of unduplicated providers in a region's network will be less than the sum total of providers across all plans. The percentage of each plan's and region's network that is shared by multiple plans versus exclusive to one of the plans is reported because a provider's availability to enrollees is impacted when a provider contracts with multiple plans. In the following section, provider networks are displayed as a series of related pie charts.



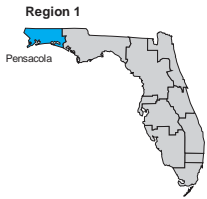
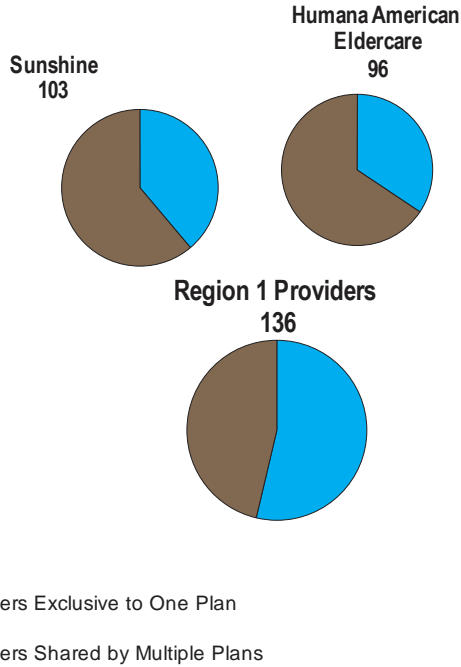


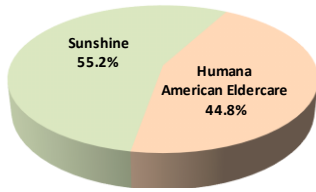
Figure 229: Region 1 LTC Provider Network, December 2015

LTC plans contract with a network of providers for a complete range of LTC supports and services for their enrollees.



Source: Provider Network Verification System, December 2015

Figure 230: Distribution of LTC Enrollees by Plan in Region 1, December 2015

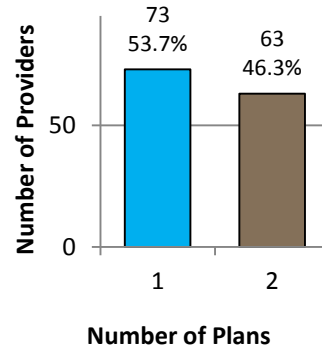


Region 1 Enrollees 3,121

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

There are 136 LTC providers who contract with 2 plans to serve 3,121 enrollees in the Region 1 network.

Figure 231: Number of LTC Providers by Number of Plans Served in Region 1, December 2015



A little over half of providers in Region 1 contract exclusively with one of the 2 plans in the region.

Source: Provider Network Verification System, December 2015

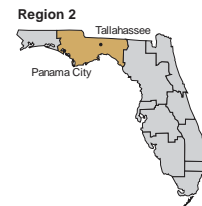
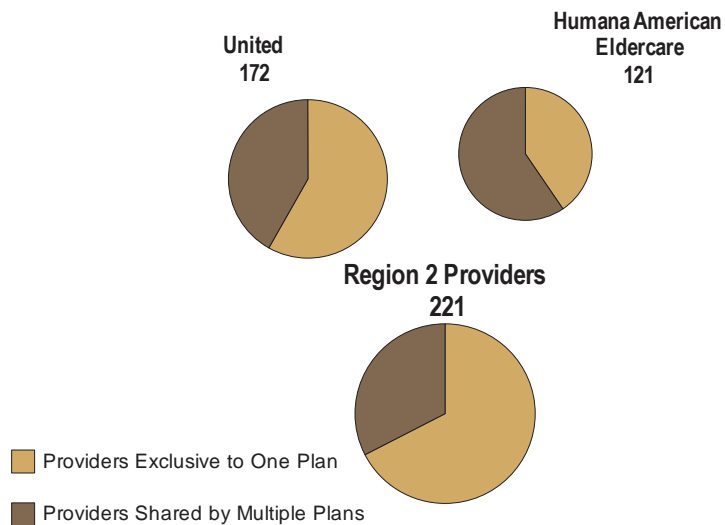


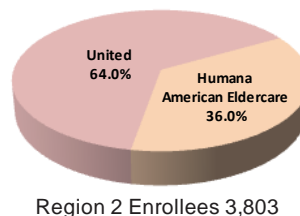
Figure 232: Region 2 LTC Provider Network, December 2015



The Region 2 network consists of 221 providers who contract with 2 plans to serve 3,803 enrollees in the region.

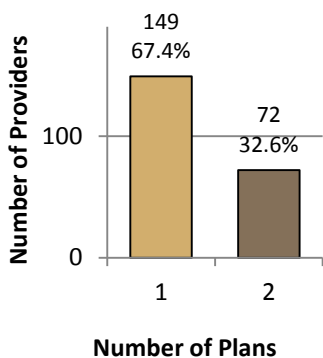
Source: Provider Network Verification System, December 2015

Figure 233: Distribution of LTC Enrollees by Plan in Region 2, December 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 234: Number of LTC Providers by Number of Plans Served in Region 2, December 2015



Over two thirds of providers in Region 2 contract exclusively with 1 of the 2 plans in the region.



Source: Provider Network Verification System, December 2015

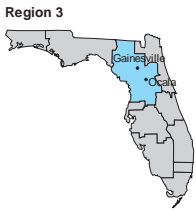
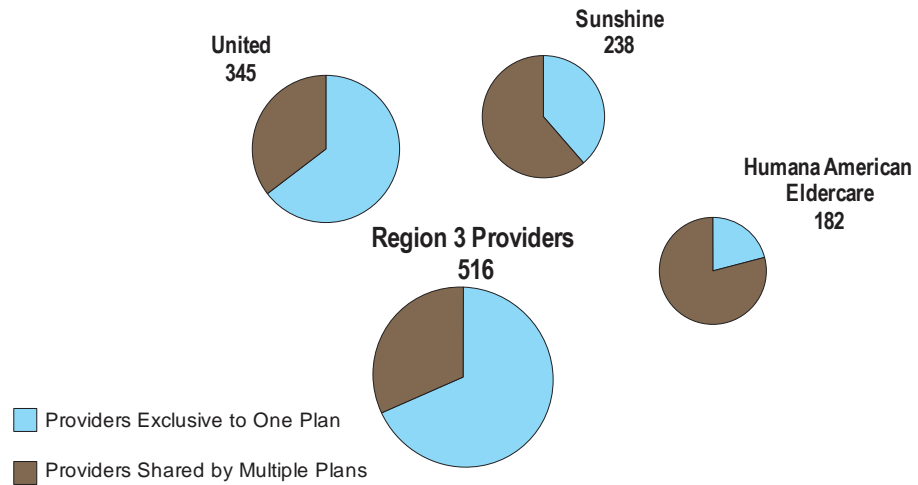


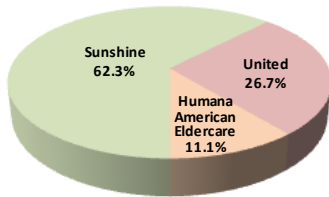
Figure 235: Region 3 LTC Provider Network, December 2015

Like MMA plans, the LTC plans are required by contract to have specific types and numbers of providers to serve the needs of their enrollees.



Source: Provider Network Verification System, December 2015

Figure 236: Distribution of LTC Enrollees by Plan in Region 3, December 2015

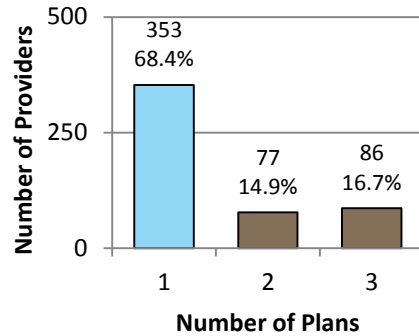


Region 3 Enrollees 6,641

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

In Region 3, 516 providers contract with 3 plans to serve 6,641 enrollees.

Figure 237: Number of LTC Providers by Number of Plans Served in Region 3, December 2015



Source: Provider Network Verification System, December 2015

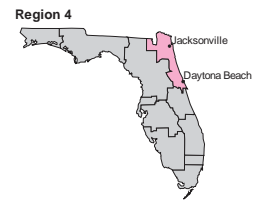
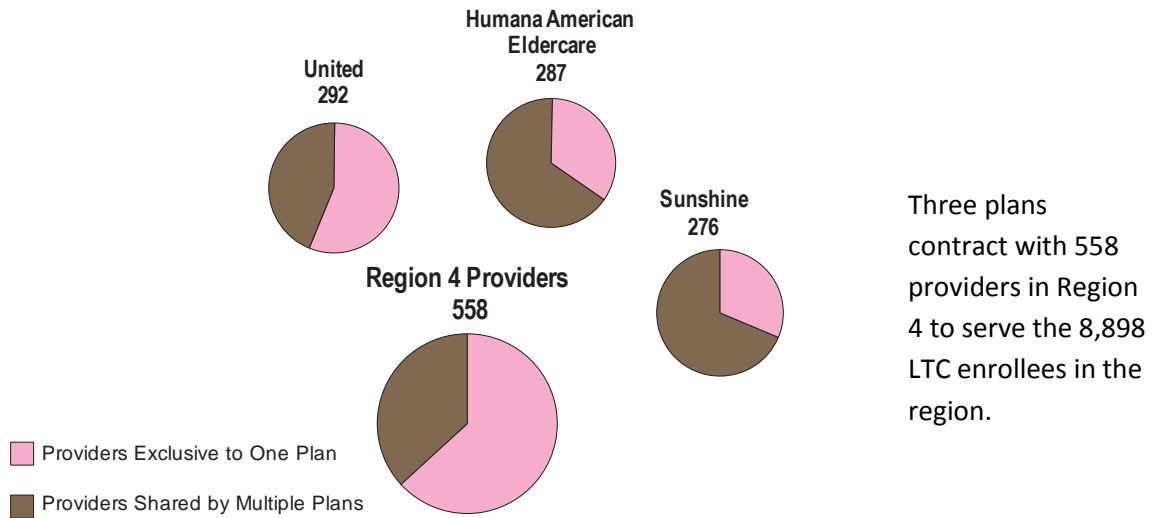
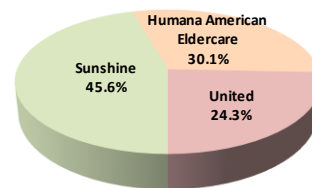


Figure 238: Region 4 LTC Provider Network, December 2015



Source: Provider Network Verification System, December 2015

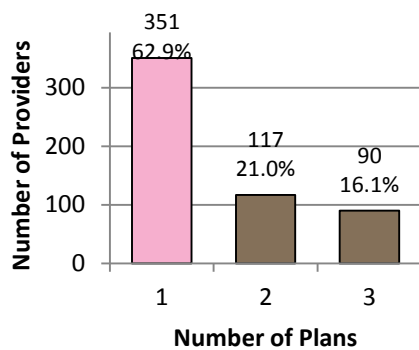
Figure 239: Distribution of LTC Enrollees by Plan in Region 4, December 2015



Region 4 Enrollees 8,898

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 240: Number of LTC Providers by Number of Plans Served in Region 4, December 2015



Source: Provider Network Verification System, December 2015

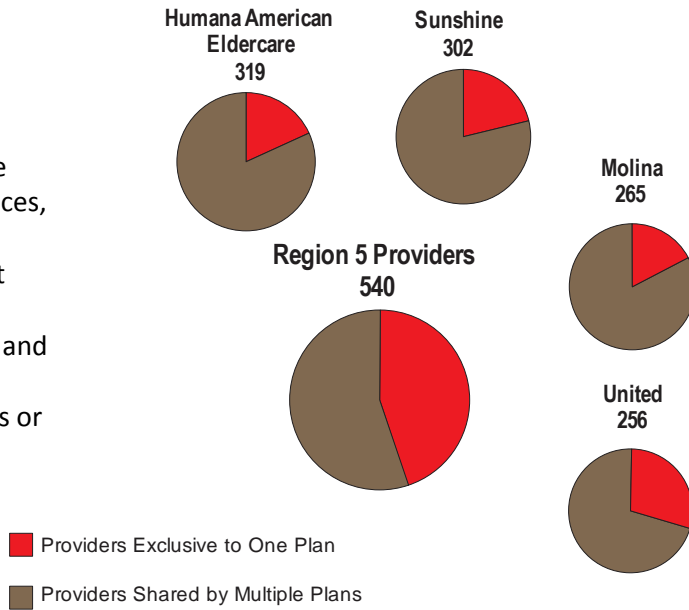
Thirty-seven percent of providers in Region 4 are shared by 2 or more plans in the region.





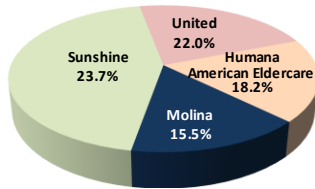
Figure 241: Region 5 LTC Provider Network, December 2015

Each plan's provider network must include nursing homes, hospices, and aging network service providers that have previously participated in home and community-based waivers serving elders or community-service programs.



Source: Provider Network Verification System, December 2015

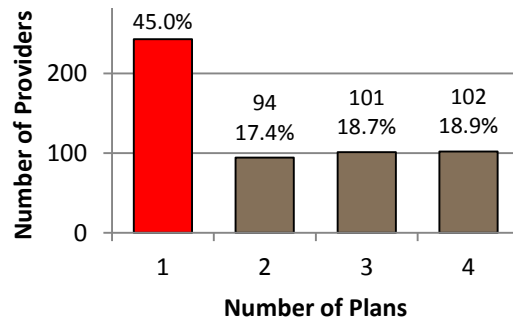
Figure 242: Distribution of LTC Enrollees by Plan in Region 5, December 2015



Region 5 Enrollees 9,678

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 243: Number of LTC Providers by Number of Plans Served in Region 5, December 2015



Source: Provider Network Verification System, December 2015

LTC

Over half of providers in Region 5 are shared by 2 or more plans in the region.

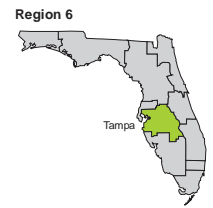
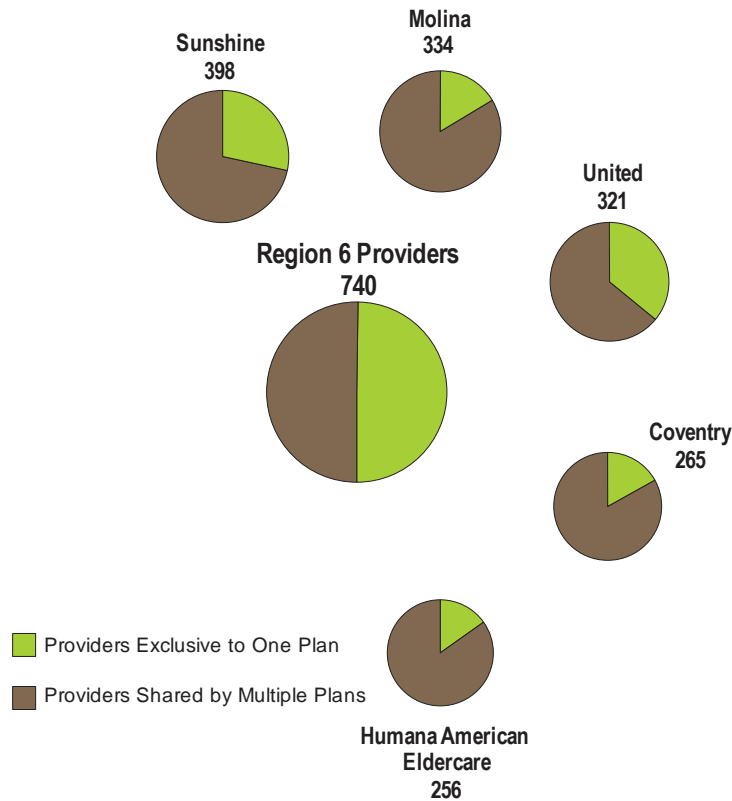


Figure 244: Region 6 LTC Provider Network, December 2015

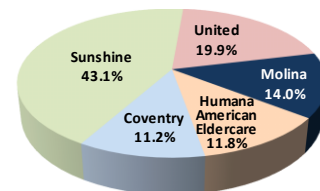


Examples of home and community based providers are case managers and case management agencies, community transportation coordinators, dietician/nutrition counselors, homemaker/companion agencies, durable medical equipment providers, adult day care centers, adult family-care homes, assisted living facilities, and home health agencies.

Source: Provider Network Verification System, December 2015

In every region in which United operates, it has the largest percentage of LTC providers who contract exclusively with United as compared to other plans in the region.

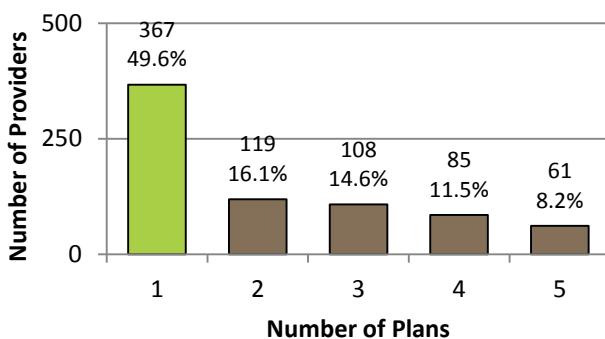
Figure 245: Distribution of LTC Enrollees by Plan in Region 6, December 201



Region 6 Enrollees 9,548

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 246: Number of LTC Providers by Number of Plans Served in Region 6, December 2015



Source: Provider Network Verification System, December 2015

LTC

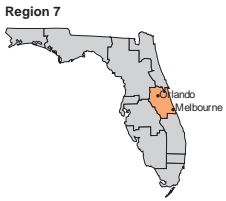
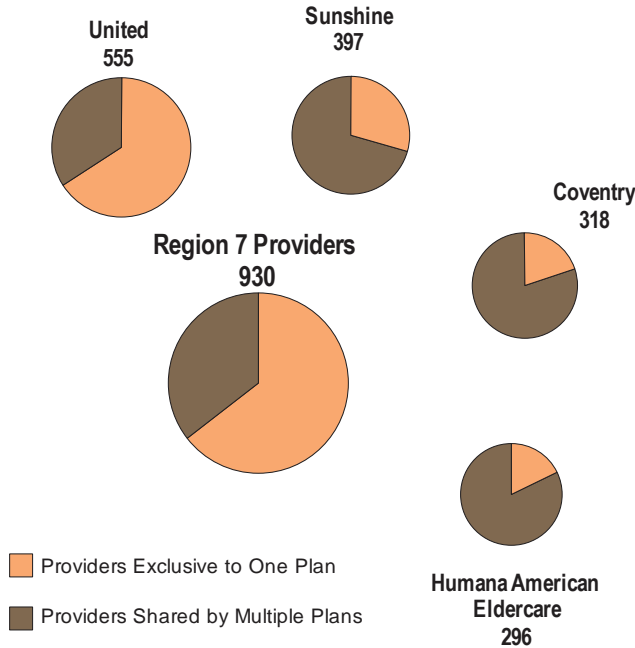


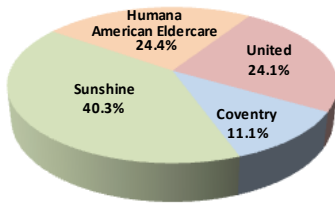
Figure 247: Region 7 LTC Provider Network, December 2015

Plans may also contract with clinical social workers, community mental health centers, mental health counselors, and psychiatrists for behavioral management services.



Source: Provider Network Verification System, December 2015

Figure 248: Distribution of LTC Enrollees by Plan in Region 7, December 2015

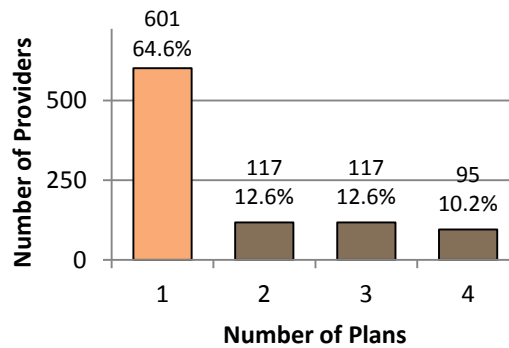


Region 7 Enrollees 8,956

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over half of United's LTC providers contract exclusively with United in 5 of the 9 regions in which United operates.

Figure 249: Number of LTC Providers by Number of Plans Served in Region 7, December 2015



Source: Provider Network Verification System, December 2015

LTC



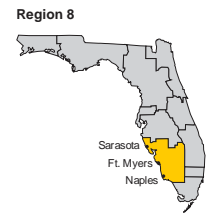
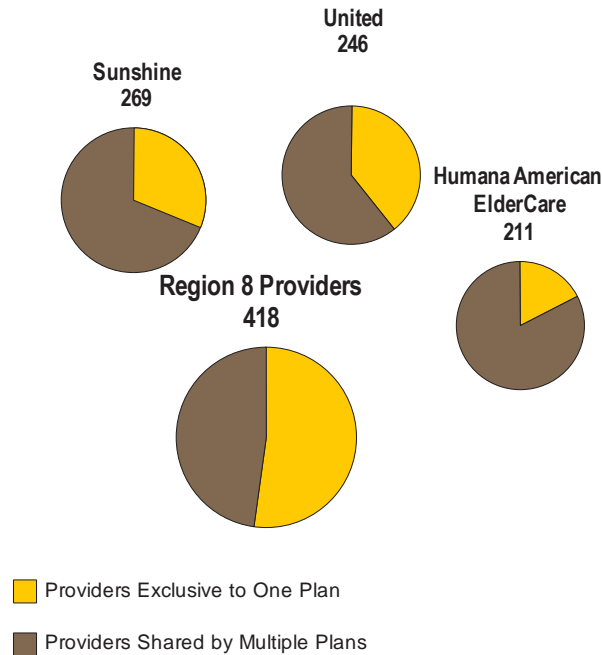


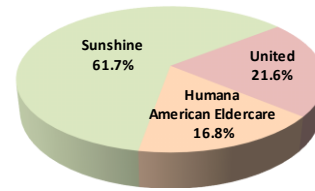
Figure 250: Region 8 LTC Provider Network, December 2015



Three plans contract with 418 providers in Region 8 to serve the 5,613 enrollees in the region.

Source: Provider Network Verification System, December 2015

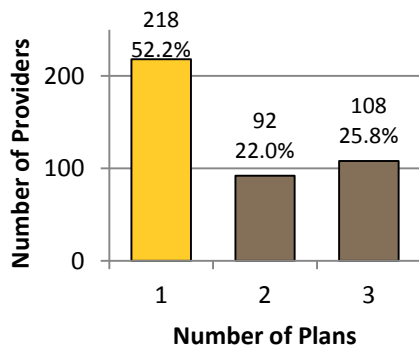
Figure 251: Distribution of LTC Enrollees by Plan in Region 8, December 2015



Region 8 Enrollees 5,613

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 252: Number of LTC Providers by Number of Plans Served in Region 8, December 2015



Over half of the LTC providers in Region 8 contract exclusively with one of the plans in the region.

Source: Provider Network Verification System, December 2015

LTC

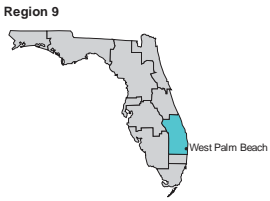
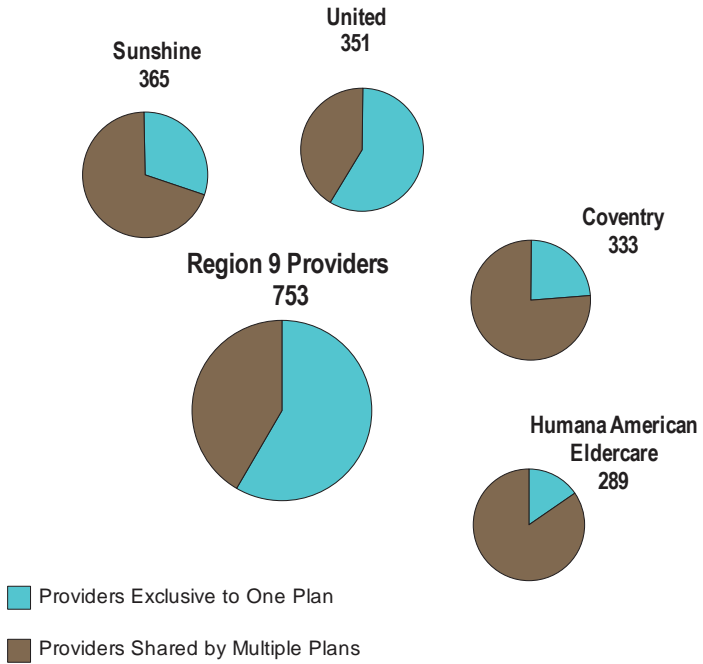


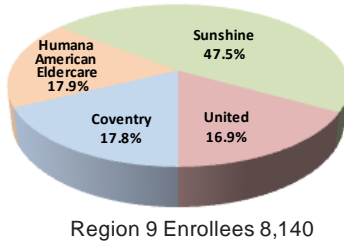
Figure 253: Region 9 LTC Provider Network, December 2015

Four plans contract with 753 providers in Region 9 to serve the 8,140 LTC enrollees in the region.



Source: Provider Network Verification System, December 2015

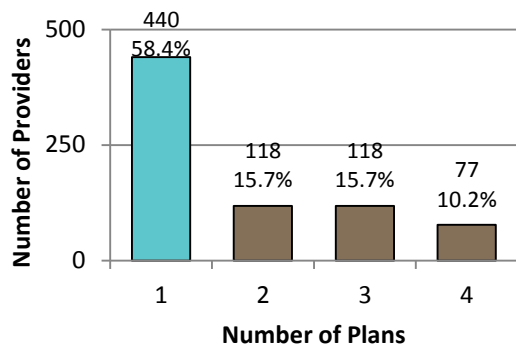
Figure 255: Distribution of LTC Enrollees by Plan in Region 9, December 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over half of providers in Region 9 contract exclusively with one of the plans in the region.

Figure 254: Number of LTC Providers by Number of Plans Served in Region 9, December 2015



Source: Provider Network Verification System, December 2015

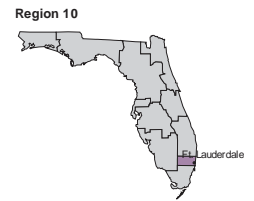
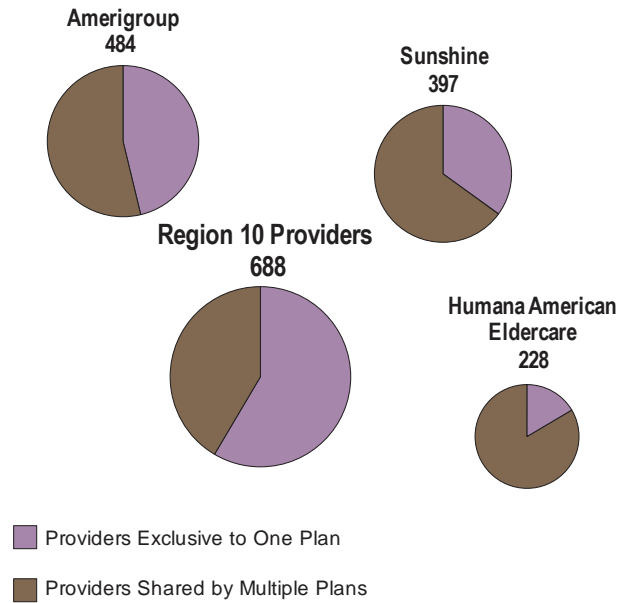


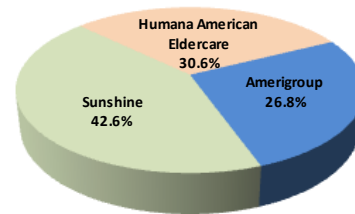
Figure 256: Region 10 LTC Provider Network, December 2015



Three LTC plans contract with 688 providers in Region 10 to serve the 6,532 enrollees in the region.

Source: Provider Network Verification System, December 2015

Figure 257: Distribution of LTC Enrollees by Plan in Region 10, December 2015

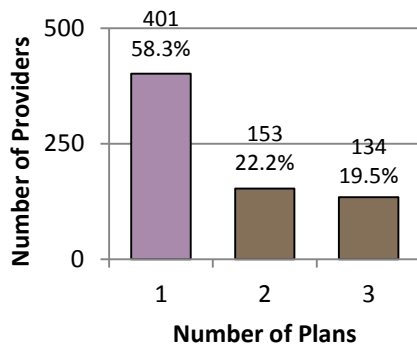


Region 10 Enrollees 6,532

More of Amerigroup's LTC providers in Region 10 contract exclusively with Amerigroup as compared to other plans in the region.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Figure 258: Number of LTC Providers by Number of Plans Served in Region 10, December 2015



Source: Provider Network Verification System, December 2015

LTC

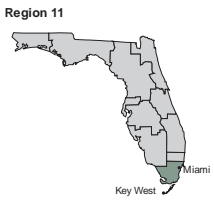
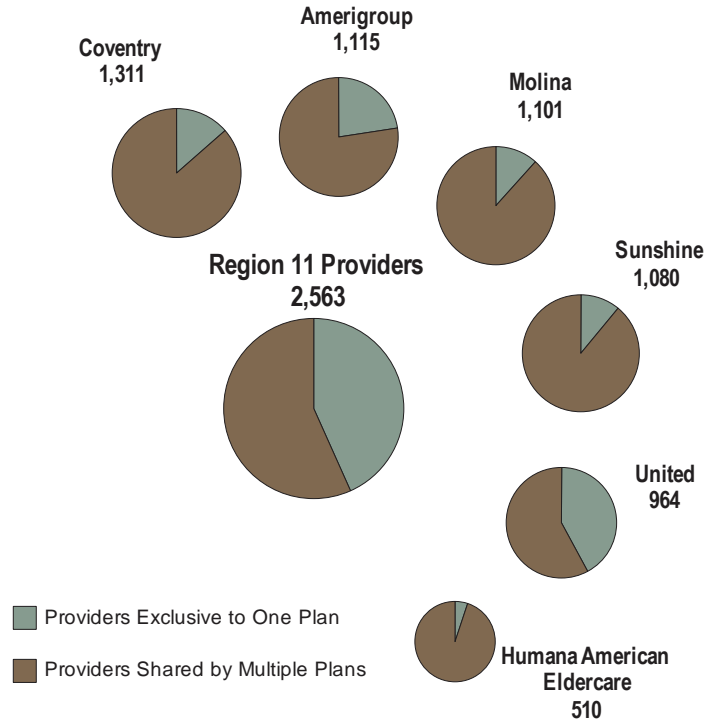


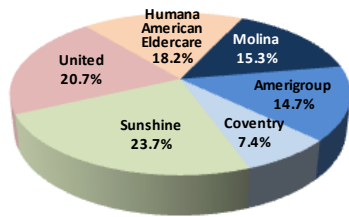
Figure 259: Region 11 LTC Provider Network, December 2015

Six LTC plans contract with 2,563 providers in Region 11 to serve the 20,368 enrollees in the region.



Source: Provider Network Verification System, December 2015

Figure 260: Distribution of LTC Enrollees by Plan in Region 11, December 2015

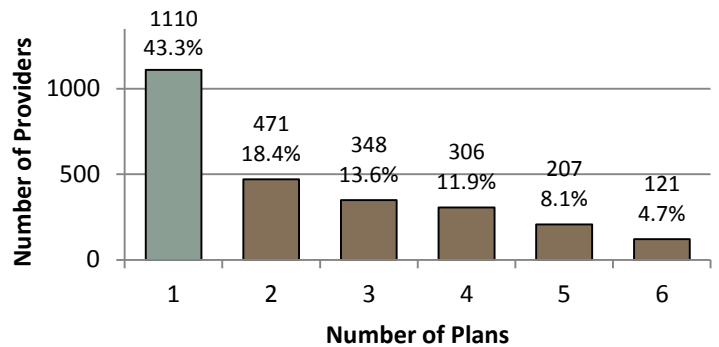


Region 11 Enrollees 20,368

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, December 2015

Over half of LTC providers in Region 11 are shared by 2 or more plans in the region.

Figure 261: Number of LTC Providers by Number of Plans Served in Region 11, December 2015

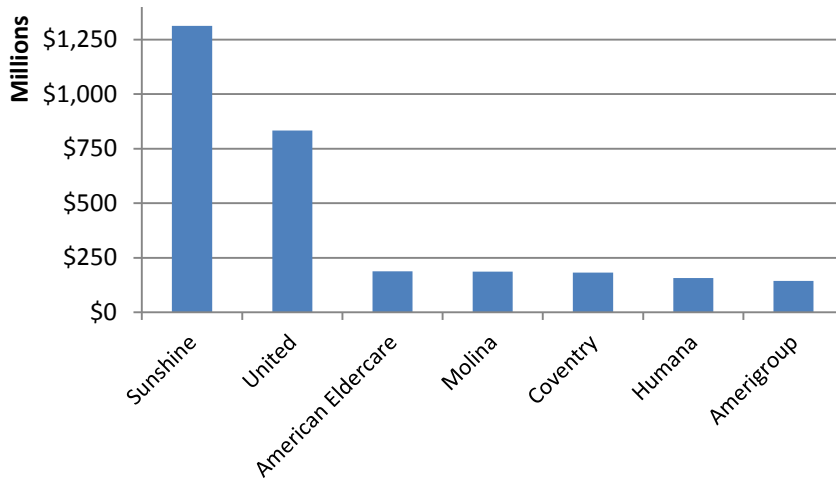


Source: Provider Network Verification System, December 2015

## SMMC LTC Financial Performance

The financial performance of SMMC LTC plans is analyzed using audited financial data for the January 1, 2014 through December 31, 2014 reporting period for LTC plans.

Figure 262: Total Revenue for LTC Plans, January 2014–December 2014



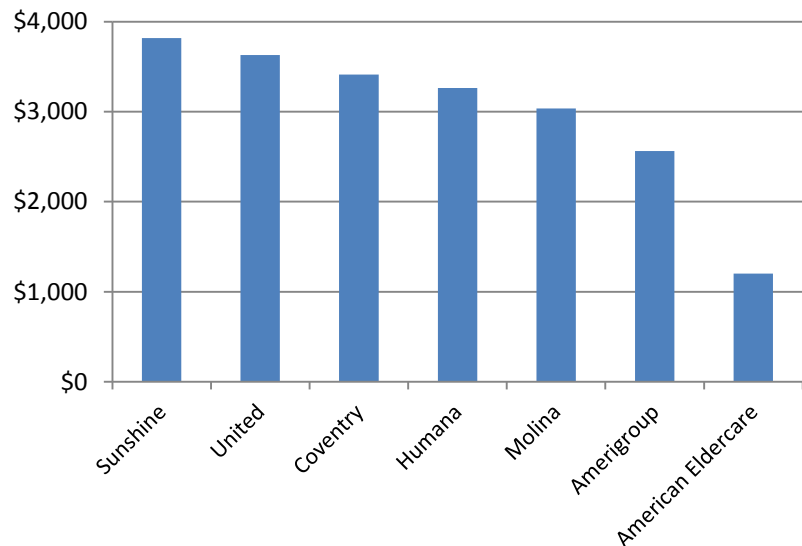
Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

LTC plans reported over 3 billion dollars (\$3,002,994,794) in total revenue for the 12 month reporting period.

Total revenue includes amounts received as capitation payments, amounts received from the nursing home rate reconciliation, and other plan-related revenue from other sources.

Figure 263: Revenue per Enrollee per Month, January 2014–December 2014

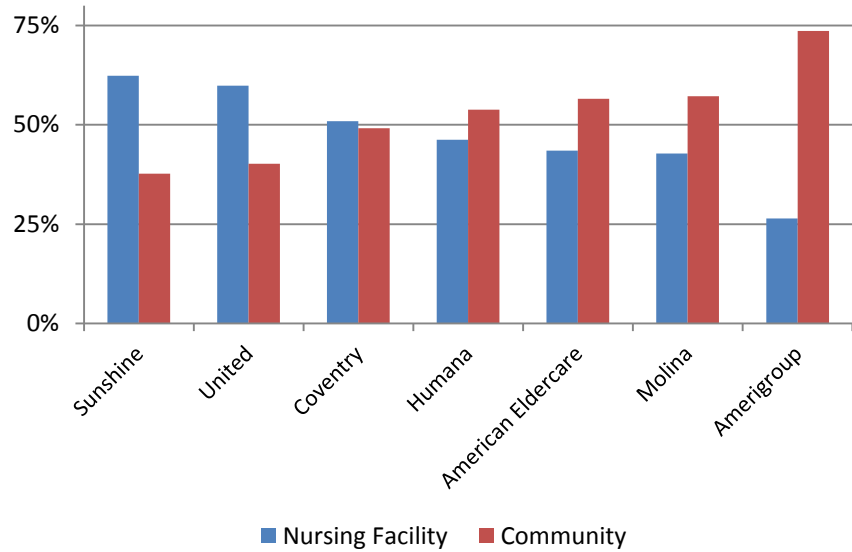
The average amount spent per enrollee per month varies greatly from plan to plan due to variation in the health of each plan's enrollees, and variation in the proportion of each plan's enrollees who receive services in a nursing facility versus community setting.



Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

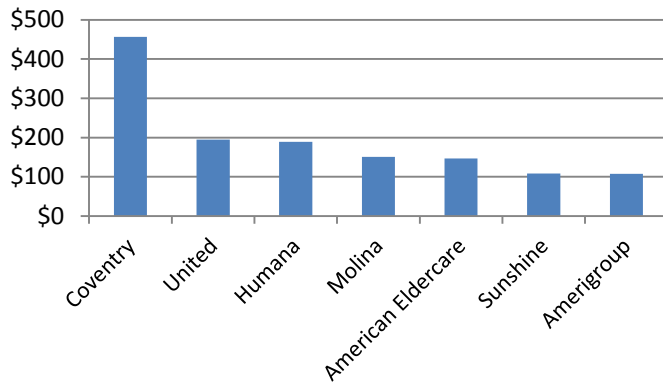
**Figure 264: Percentage of LTC Enrollees Residing in a Nursing Facility vs. Community Setting, January 2014–December 2014**

Enrollees with more severe health problems are generally more costly than enrollees with less severe or no health problems. It is generally more costly to provide services in a nursing facility than in the community. LTC plans with a larger percentage of enrollees with severe health problems or a larger percentage of enrollees in nursing facilities spend more per enrollee than other plans.



Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

**Figure 265: Amount Paid for Administrative Expense per Enrollee per Month, January 2014–December 2014**

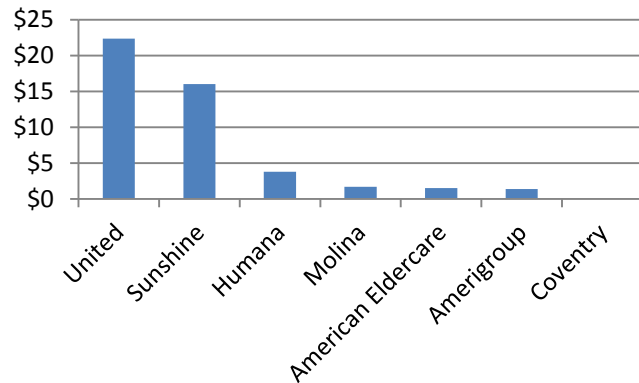


Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

Administrative expense includes amounts paid for direct salaries and benefits, administrative services provided by a parent company or contracted entity, information systems, marketing, general administration, and compliance or regulatory costs.

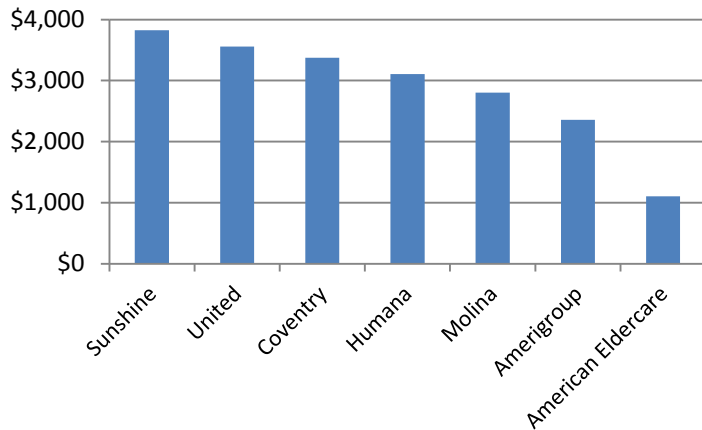
**Figure 266: Amount Paid for Expanded Benefits per Enrollee per Month, January 2014–December 2014**

Expanded benefits are services offered by the plan in excess of the limits specified in the Medicaid State Plan. This includes expenses for expanded benefits provided through subcapitation as well as ending IBNP for Expanded Benefits.



Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

**Figure 267: Amount Paid for LTC Services per Enrollee per Month, January 2014–December 2014**

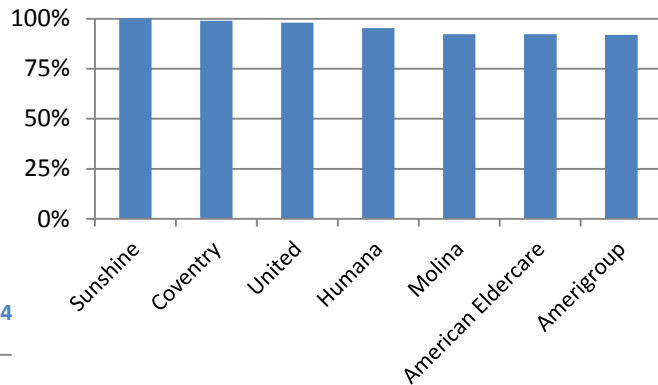


Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

LTC services provided to enrollees include nursing facility, hospice, assisted living, home health, medical equipment and supplies, therapy, transportation, and home and community based services. The total amount spent on LTC services also includes subcapitated services, ending incurred but not paid services, and LTC services settlements.

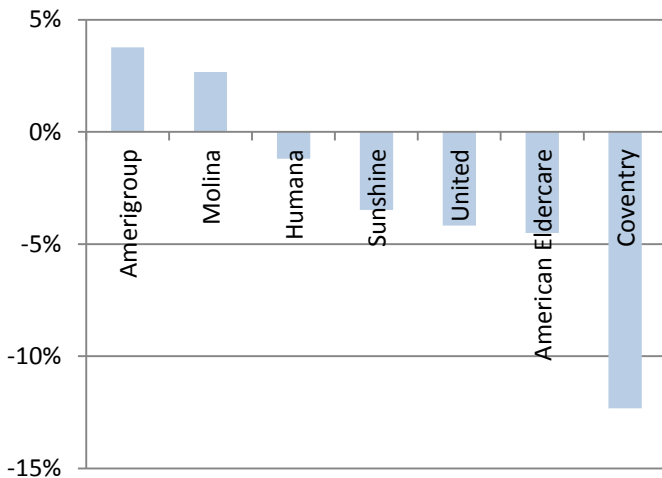
One plan, Sunshine, reported total amounts spent on services that exceeded total revenue for the LTC plan.

**Figure 268: Percentage of Revenue Spent on LTC Services, January 2014–December 2014**



Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

**Figure 269: Operating Margin, January 2014–December 2014**

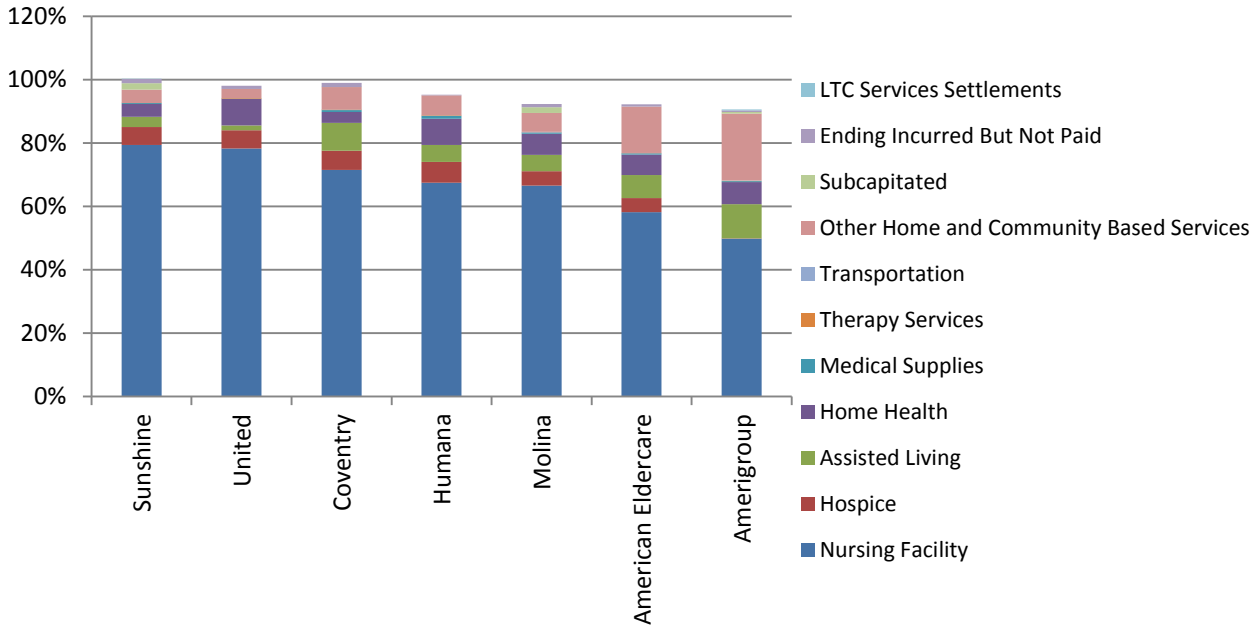


Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

Five LTC plans reported a negative operating margin or proportion of the plan revenue remaining after paying for operating costs.

Nursing facility services were the largest service expenditure for all 7 plans.

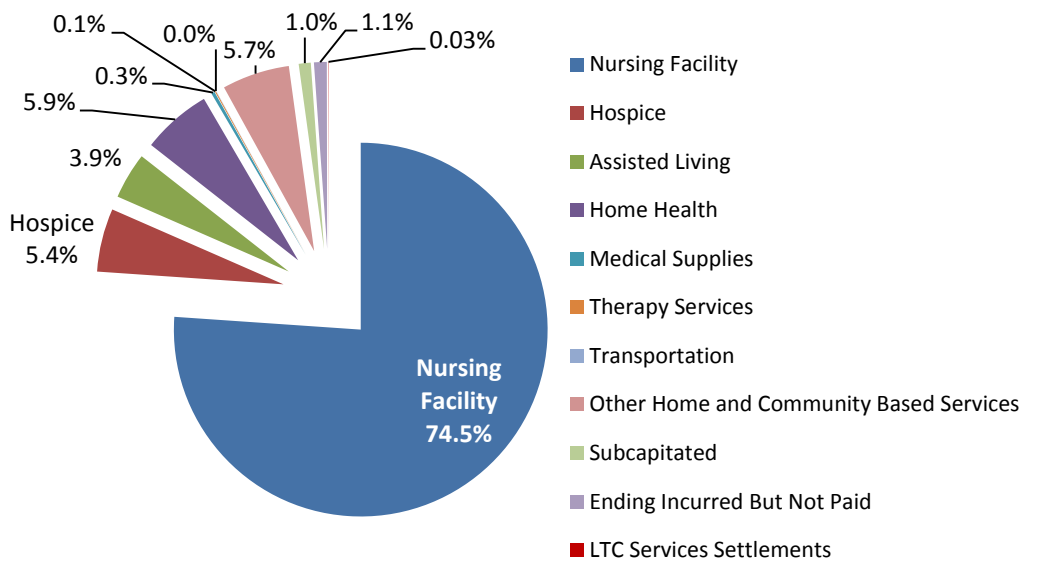
Figure 270: Amount Plans Paid for Services as a Percentage of Total Revenue, January 2014-December 2014



Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.

Figure 271: Amount Plans Paid for Services as a Percentage of Plan Revenue, January 2014-December 2014

Total nursing facility expenses reported are approximately 75 percent of the combined revenue for all LTC plans.



Source: Annual Achieved Savings Rebate Financial Report, January 1, 2014–December 31, 2014.



## Conclusion

The MMA provider network ranges from a low of 3,192 providers in Region 1 to a high of 19,583 providers in Region 11. Half or more of providers in each region are shared by two or more plans. The MMA plan with the largest number of enrollees in a region does not always have the largest number of providers in the region. Every plan in each region met minimum standards for the number of primary care physicians, dentists, pediatricians, and pharmacies to include in the network. However, some plans in some regions did not meet minimum standards for the required number of psychiatrists and child psychiatrists to include in plan networks. The Agency has contractual authority to impose various penalties, including sanctions and monetary damages, for failure to meet established contract requirements. Plans are not required to contract with Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). However, because FQHCs and RHCs are designed to serve underserved populations, plans need to make a good faith effort to contract with FQHCs and RHCs. Some, but not all, plans contract with FQHCs and RHCs, and FQHCs and RHCs are available to Medicaid enrollees in every region with the exception of Regions 7 and 10.

From May 2014 to December 2014, MMA plans reported total revenue of almost \$5 billion. Two plans – Preferred and United – reported spending more on services than the total revenue for the plan. All but four plans reported a negative operating margin – the amount of revenue remaining after subtracting operating expenses from revenue. The rates plans contracted with hospitals played a role in the negative operating margin. Each of the four plans with a positive operating margin spent a third or less of plan revenue on hospital services. All of the plans with a negative operating margin with the exception of one of the HIV/AIDS specialty plans spent over a third of plan revenue on hospital services. Hospital services were the largest service expenditure for all but three MMA plans.

The LTC provider network ranges from a low of 136 providers in Region 1 to a high of 2,563 providers in Region 11. One third or more of providers in each region are shared by two or more plans. The LTC plan with the largest number of enrollees in a region does not always have the largest number of providers in the region. In every region it serves, United consistently has a larger number of providers who contract exclusively with United compared to other plans in the region.

From January 2014 to December 2015, LTC plans reported over \$3 billion in total revenue. The amount spent per enrollee each month varies based on the health of a plan's population and the proportion of a plan's enrollees who receive services in a nursing facility versus a home and community based setting. One plan – Sunshine – reported spending more on services than the total revenue for the plan. Five plans reported a negative operating margin. Nursing facility services were the largest service expenditure for all seven LTC plans.

Future reports will use encounter data to analyze the proportion of providers in MMA or LTC plans' networks which serve Medicaid enrollees. Future reports will also examine the networks of additional provider specialties not covered in this report.