



Quarterly Statewide Medicaid Managed Care Report

Business Intelligence Unit
Medicaid Data Analytics



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Agency for Health Care Administration

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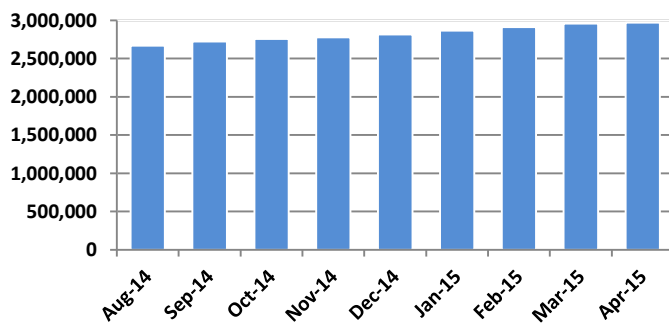
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Executive Summary

Medicaid recipients in Florida have historically received Medicaid services through Medicaid’s fee-for-service (FFS) program and through several managed care programs. With implementation of the Statewide Medicaid Managed Care (SMMC) program complete, most Medicaid recipients are required to receive services through the SMMC program by enrolling in a managed care plan. This report examines the enrollment process for the Medicaid population, the distribution of SMMC enrollees across plans and regions, enrollees’ service use, and issues and complaints related to the Managed Medical Assistance (MMA) program. The review period for the MMA program is August 2014 through April 2015, and March 2014 through April 2015 for the LTC program.

Enrollment of the MMA Medicaid Population

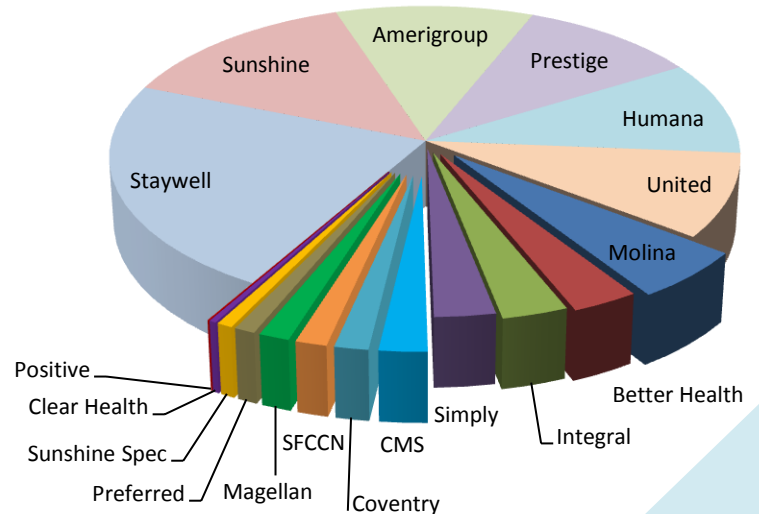


Source: Florida Medicaid Managed Information System (FLMMIS)
Eligibility Information, August 2014 – April 2015

- After MMA implementation was complete in August 2014, all MMA plans gained and lost enrollees as enrollees changed plans and as enrollees entered and exited the MMA program.
- Statewide, MMA enrollment increased over the review period.
- While most MMA plans experienced increasing enrollment over the review period, a few plans had declining enrollment.

MMA Market Share

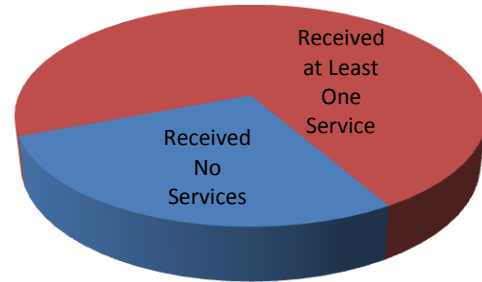
- Twenty plans serve enrollees in the MMA program.
- Staywell served more MMA enrollees than any other plan.
- Sunshine, Amerigroup, and Prestige were the only other plans that served more than 10 percent of MMA enrollees.
- Staywell had the largest number of enrollees in five of the eleven regions.
- Plans’ share of the MMA enrollee population remained stable over the period of review.



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

MMA Enrollee Service Provision

- Over 72 percent of MMA enrollees received at least one service during the review period.
- Sixty-six percent of MMA enrollees received a medical service (excluding dental and pharmacy services) during the review period.
- Forty-eight percent of MMA enrollees received a pharmacy service during the review period.

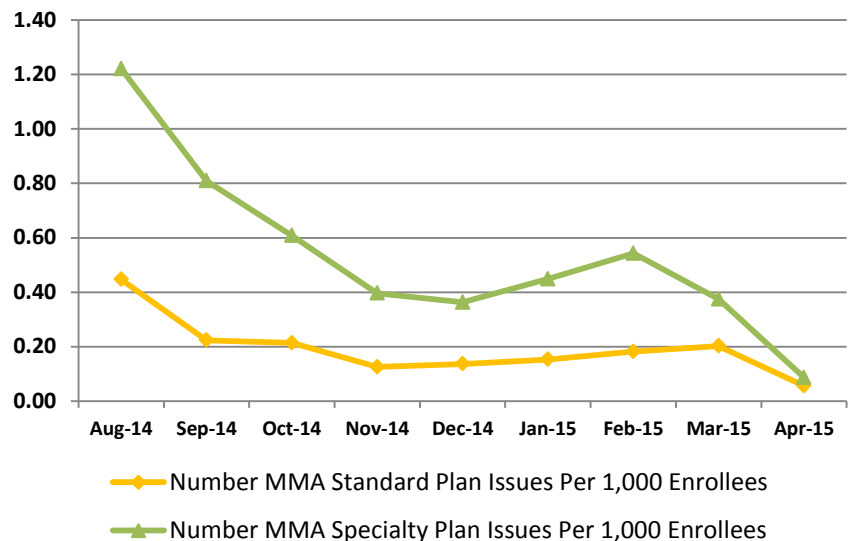


Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

MMA Issues and Complaints

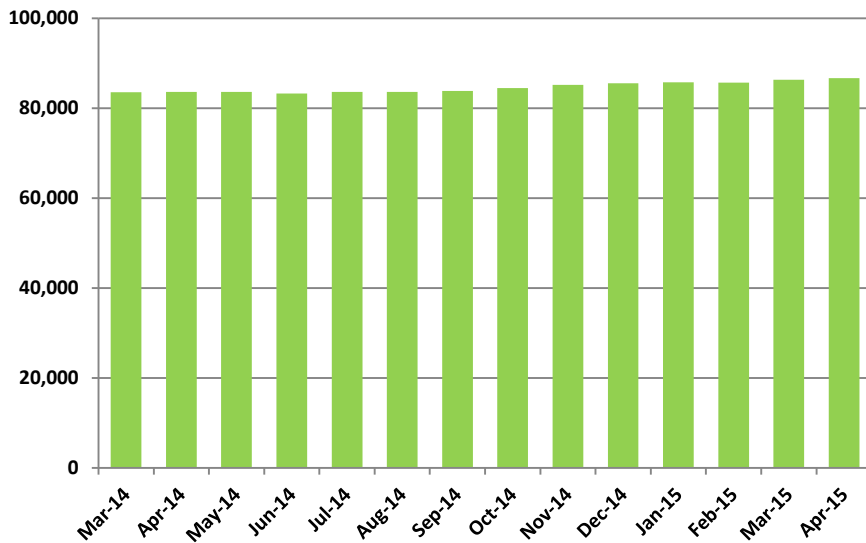
The Agency for Health Care Administration’s Centralized Complaint/Issues Hub was established to monitor all complaints/issues from recipients, providers, and other stakeholders. Agency staff uses the data to identify trends and take action to correct issues.

- From August 2014 through April 2015, the number of complaints per 1,000 MMA enrollees declined.
- Complaints were most often about issues with quality of services, problems obtaining authorization for service, providers unavailable in the provider network, processing claims to pay providers, or customer service.



Source: Complaints Issues Reporting and Tracking System (CIRTS), August 2014 – April 2015

Enrollment of the LTC Medicaid Population

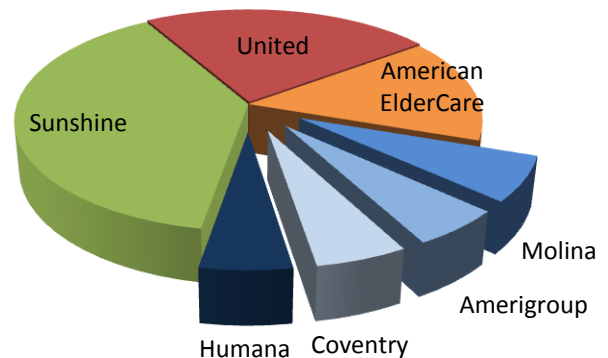


Source: Florida Medicaid Managed Information System (FLMMIS)
Eligibility Information, March 2014 – April 2015

- After LTC implementation was complete in March 2014, all LTC plans gained and lost enrollees as enrollees switched plans and entered and exited the LTC program.
- Statewide, LTC enrollment increased over the review period.
- Four LTC plans experienced enrollment growth and three a decline in enrollment over the review period.

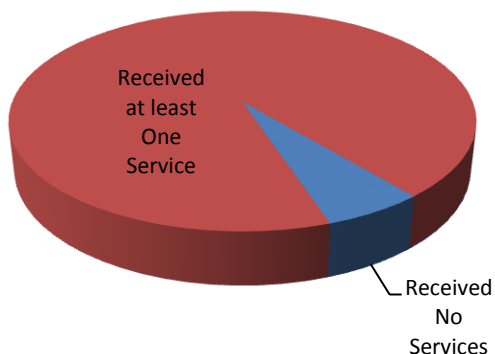
LTC Market Share

- There are seven LTC plans.
- Sunshine, United, and American ElderCare are the three largest LTC plans and serve more LTC enrollees than other plans.
- Sunshine had the largest number of LTC enrollees in the ten regions the plan serves.
- The percentage of LTC enrollees served by Sunshine increased over the review period.



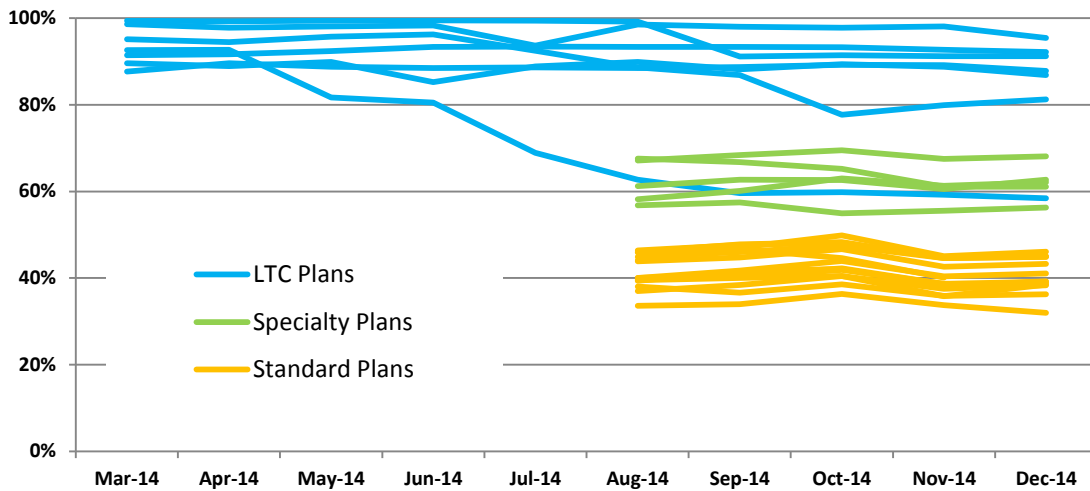
Source: Florida Medicaid Managed Information System (FLMMIS)
Eligibility Information, March 2014 – April 2015

LTC Enrollee Service Provision



Source: Florida Medicaid Managed Information System (FLMMIS)
Encounter Claims Data, March 2014 – December 2014

- Ninety-four percent of LTC enrollees received at least one service during the review period.
- The percentage of enrollees who received a service varied by plan.



Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, March 2014 – December 2014

- Some services – LTC services and MMA services for enrollees with chronic health conditions – are used on a more frequent basis than other services.
- A higher percentage of LTC enrollees receive LTC services in a one-month period than either MMA Standard plan or Specialty plan enrollees.
- A higher percentage of Specialty plan enrollees receive services in a one-month period than Standard plan enrollees.
- United has submitted some LTC encounters using their MMA identification, and these encounters cannot be isolated and included in the results for this report. Thus the reduced volume of LTC encounters creates the appearance of a marked decline in the provision of services for United. The Agency is currently working with United to resolve the issue.

Introduction

Medicaid recipients in Florida have historically accessed Medicaid covered services through Medicaid's fee-for-service (FFS) program and through several different types of managed care programs. The 2011 Florida Legislature required the Agency for Health Care Administration (Agency) to expand managed care and requires most Medicaid recipients to enroll in Statewide Medicaid Managed Care (SMMC) plans to receive services. (See §409.965, F.S.) Seven health plans were awarded contracts through a competitive procurement process for the LTC program. A competitive procurement process for the MMA program awarded contracts to nineteen health plans. The Agency successfully completed implementation of the SMMC program in August, 2014.

Goals of the Statewide Medicaid Managed Care Program are:

- Improve coordination of care
- Improve the health of recipients, not just paying claims when people are sick
- Enhance accountability
- Allow recipients a choice of plans and benefit packages
- Allow plans the flexibility to offer services not otherwise covered
- Enhance prevention of fraud and abuse through contract requirements.

The SMMC program has two components: the Long-Term Care (LTC) program and the Managed Medical Assistance (MMA) program. MMA covers most recipients of any age who are eligible to receive full Medicaid benefits. MMA plans are accredited by a nationally recognized accrediting body such as the National Committee for Quality Assurance or the Joint Commission. LTC covers most recipients 18 years of age or older who need nursing facility level of care.

This report, the Second Quarterly Statewide Medicaid Managed Care Report, includes enrollment-based population classifications, the enrollment process, health plan and region market share, enrollee plan changes, enrollee service use, and MMA issues and complaints.

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.

Implementation of the LTC program was completed in March 2014. Implementation of the MMA program was completed in August 2014. Analyses generally begin with the month that implementation was completed for each program and include data through April 2015. However, analyses of enrollment changes begin in the month after implementation was completed to avoid counting final enrollment figures as changes in enrollment. The analysis of the enrollment process was based on enrollment numbers from August 2014 to April 2015 for MMA enrollment, and from March 2014 to April 2015 for LTC enrollment. Analyses of enrollee service use include data through December 2014 to allow time for the claims to be submitted and processed after the service is rendered. Freedom Health, a MMA Specialty plan for enrollees with chronic conditions, did not

begin enrollment until early 2015. Due to the short span of data available for Freedom Health, it is not included in the results for this report.

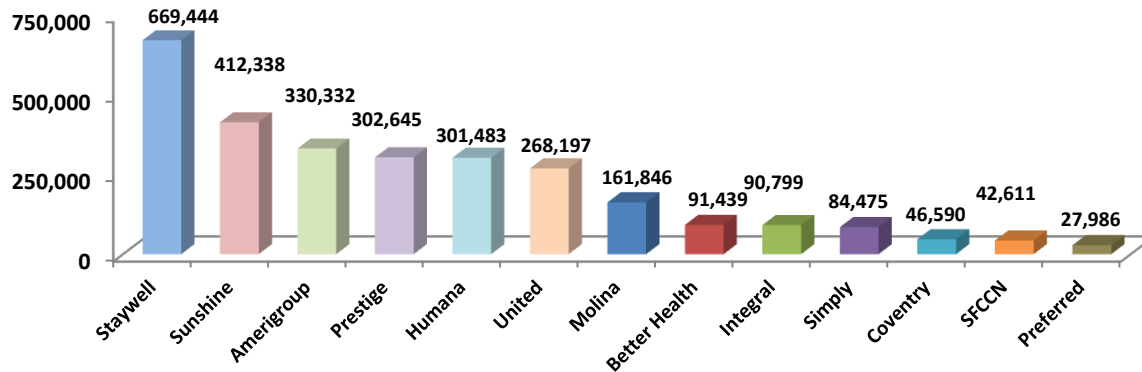
Encounter data are used to examine the provision of services for LTC and MMA enrollees. Because claims and encounters may be submitted and processed several months after a service is rendered, only encounter data with dates of service through December 2014 are examined for this report. The Agency has been working with health plans to improve the quality of encounter data. Encounters must include specific information and meet certain standards in order to be accepted and processed by the Agency’s encounter data system. Encounters that are missing required information or do not meet the standard for other reasons are “denied” by the system. Particular attention has been given to improving the submission process. Because the Agency is still working with health plans to improve the quality of encounter data, both paid and denied encounters were used to determine the number of enrollees who received a service. An enrollee with any encounter, whether paid or denied, was designated as having received a service.

Data	Period	Source
MMA Plan Enrollment information	August 2014 – April 2015 as of May 21, 2015	Florida Medicaid Managed Information System (FLMMIS) Eligibility Information
MMA Market Share	May 2014 – April 2015 as of May 21, 2015	Florida Medicaid Managed Information System (FLMMIS) Eligibility Information
MMA Enrollee Services	August 2014 – December 2014 as of May 18, 2015	Florida Medicaid Managed Information System (FLMMIS) Encounter Data
MMA Enrollee Services	August 2014 – December 2014 as of May 11, 2015	Florida Medicaid Managed Information System (FLMMIS) FFS Pharmacy Claims Data for Children's Medical Services Network
MMA Complaints	August 2014 – February 2015 as of May 26, 2015	Complaints Issues Reporting and Tracking System (CIRTS)
LTC Plan Enrollment information	March 2014 – April 2015 as of May 21, 2015	Florida Medicaid Managed Information System (FLMMIS) Eligibility Information
LTC Market Share	August 2013 – April 2015 as of May 21, 2015	Florida Medicaid Managed Information System (FLMMIS) Eligibility Information
LTC Enrollee Services	March 2014 – December 2014 as of May 14, 2015	Florida Medicaid Managed Information System (FLMMIS) Encounter Data
LTC Enrollee Services	March 2014 – December 2014 as of May 22, 2015	Florida Medicaid Managed Information System (FLMMIS) FFS Claims Data for American ElderCare

Enrollment of the Medicaid Population for Medical Care

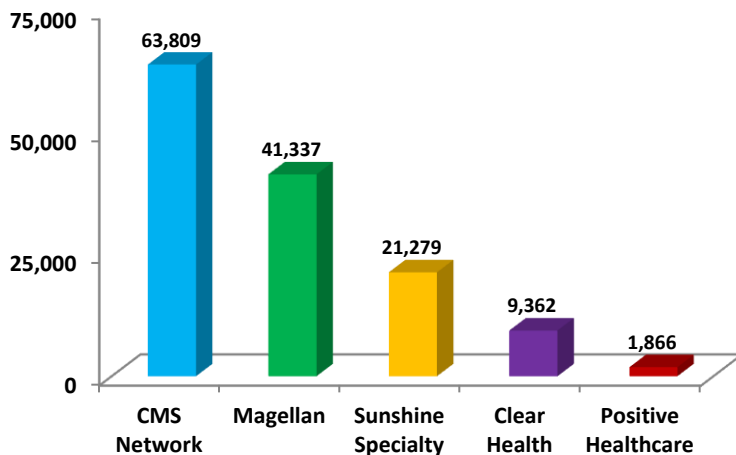
The Managed Medical Assistance (MMA) program provides medical, dental, and behavioral health care services to most Medicaid recipients. Specialty plans cover the same services as Standard MMA plans, but a recipient must meet the specified criteria in order to enroll in a Specialty plan. With the exception of recipients in the Voluntary and Excluded populations, Medicaid recipients are required to enroll in a Managed Medical Assistance (MMA) plan. Medicaid recipients in the Excluded population have limited Medicaid coverage and are excluded from participation in the MMA program. Medicaid recipients in the Voluntary population can choose to be enrolled in an MMA Plan and receive services through the plan instead of through the fee-for-service program. If the choice is made to receive Medicaid services through an MMA plan, the enrollee may not receive plan covered services through the fee-for-service Medicaid program. Figure 1 shows the Medicaid recipients enrolled in each Standard health plan in April, 2015. Figure 2 shows Specialty plan enrollment in April 2015.

Figure 1: Medicaid Recipients Enrolled in Standard MMA Plans, April 2015



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

Figure 2: Medicaid Recipients Enrolled in Specialty MMA Plans, April 2015

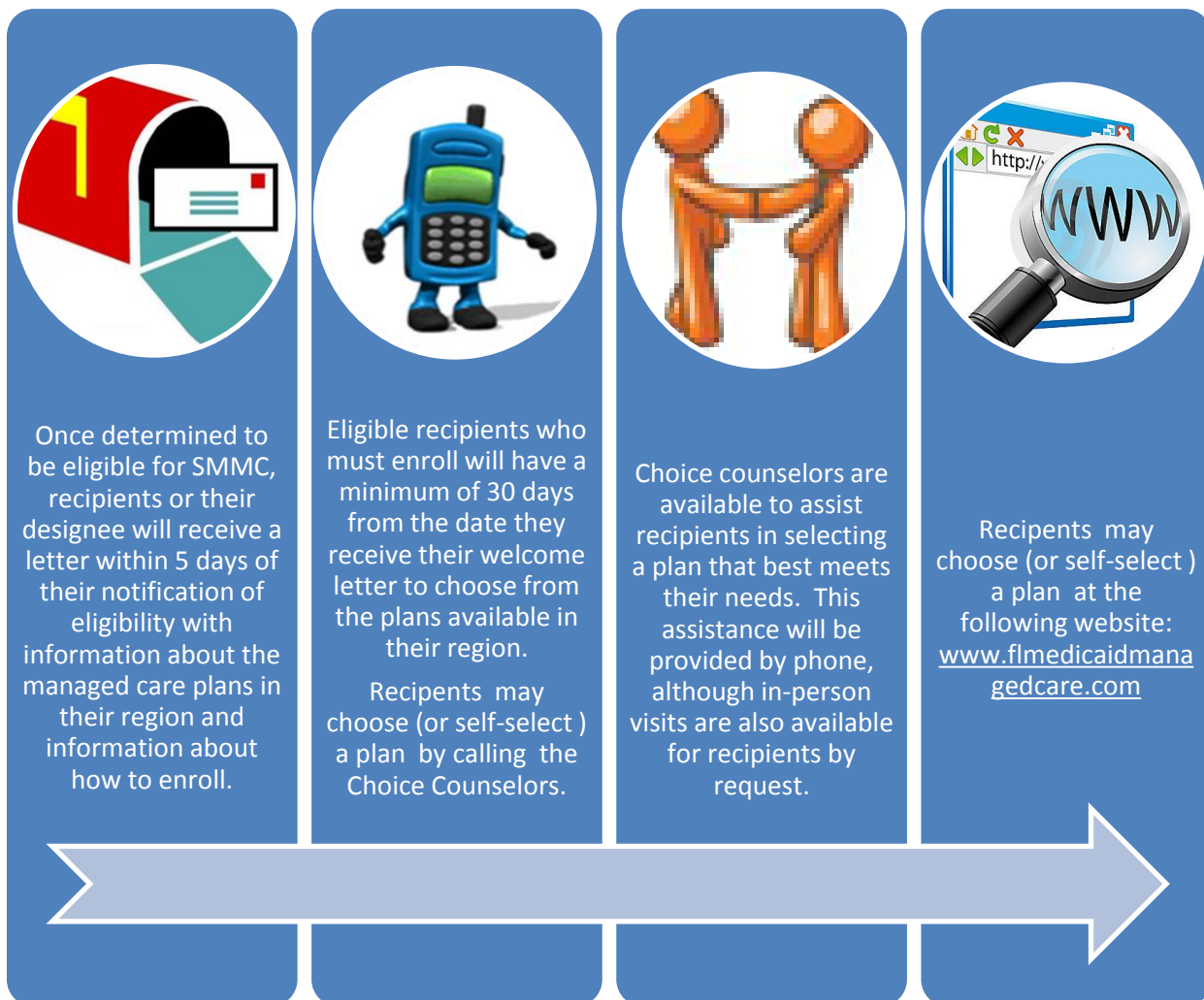


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, April 2015

Medicaid recipients who are not enrolled in MMA plans constitute the Fee-for-Service Medicaid population. These recipients are in one of the following groups: Excluded from participation in MMA; Members of the Voluntary population who have not chosen an MMA plan; or Members of the Mandatory population who are either pending MMA enrollment or newly eligible for MMA and in the process of receiving Choice Counseling information about MMA plan options.

Enrollment Process¹

Prior to enrollment, information about plan choices in each region is mailed to families and individuals in the Mandatory and Voluntary population groups. The information includes options for selecting an SMMC plan in the respective regions. Individuals are provided the opportunity to meet or speak with a choice counselor to obtain additional information for making a choice. Once an individual chooses a plan, the enrollee will be able to contact the state or the state's designated choice counselor to register the selected plan.



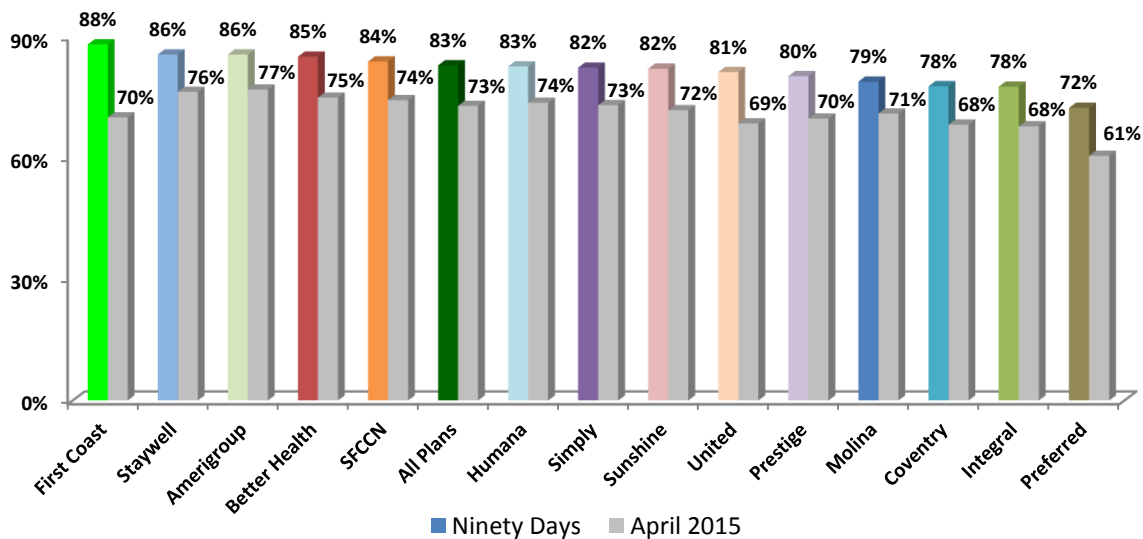
A Mandatory enrollee has ninety days after initial enrollment to change plans for any reason. After ninety days, the Mandatory enrollee is locked into the plan until the next open enrollment period and may disenroll only for good cause. An enrollee who is not required to enroll in an SMMC plan and has chosen a plan is not subject to Lock-in or to mandatory open enrollment periods.

¹ The Agency has submitted a request to the Centers for Medicare and Medicaid to amend the Waiver to include express enrollment. Express enrollment would allow the Agency to enroll Medicaid recipients in the SMMC program immediately upon determination of eligibility.

Mandatory recipients who do not choose a plan will be automatically assigned to a plan by the Agency.

When assigning enrollees to SMMC plans, the Agency reviews plans' capacity to meet enrollee needs and enrollees' previous enrollment with plans and choice of primary care providers that indicates enrollees' preferences. If more than one plan meets the assignment criteria, the Agency makes enrollee assignments consecutively by family unit. The Agency assigns enrollees identified with a special condition to a specialty plan where available. Recipients enrolled with a Medicare Advantage Organization are assigned the plan operated by the same parent organization as the recipient's Medicare Advantage Organization when available.

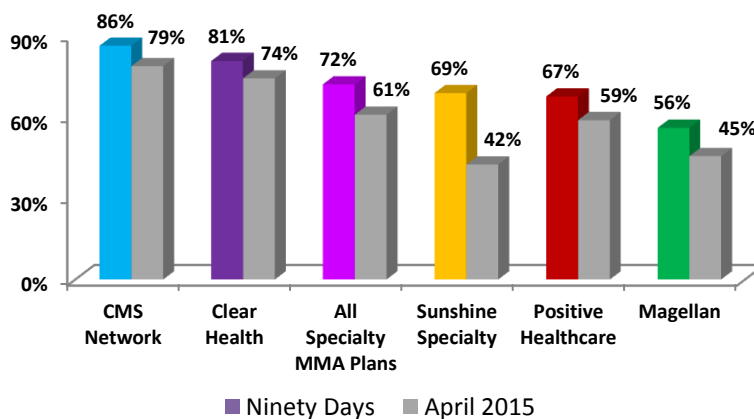
Figure 3: Percentage of Initial MMA Standard Plan Enrollees Still Enrolled After 90 Days and by April 2015, by Plan



*April 2015 percentage for First Coast represents the number of initial enrollees in First Coast that were still enrolled in Molina in April 2015 since First Coast was purchased by Molina in November 2014.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

Figure 4: Percentage of Initial MMA Specialty Plan Enrollees Still Enrolled After 90 Days and by April 2015, by Plan



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

Enrollees may leave a plan due to a loss of eligibility, morbidity, a geographical relocation, or to enroll in another MMA plan. Voluntary enrollees may also leave a plan to receive services through the fee-for-services program.

Open Enrollment

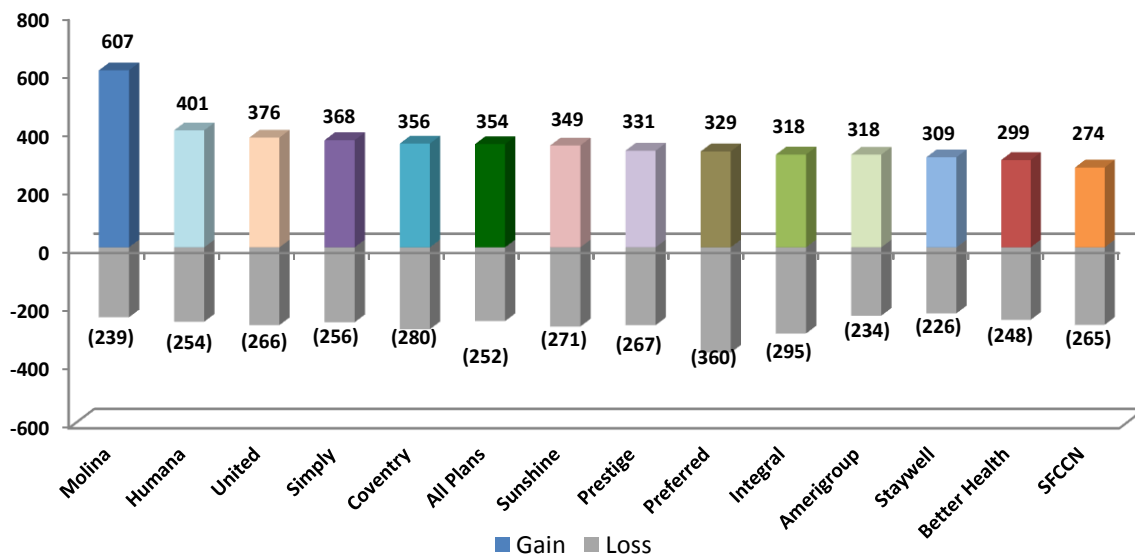
The Agency or its Choice Counseling agent will notify enrollees annually at least sixty days before the lock-in period ends, that an open enrollment period exists giving them an opportunity to change plans. Those who do not make a change during open enrollment will be deemed to have chosen to remain with the current plan.

Loss of Eligibility

MMA enrollees who lose and regain Medicaid eligibility after a loss of no more than 180 days will automatically be reinstated to the same plan.

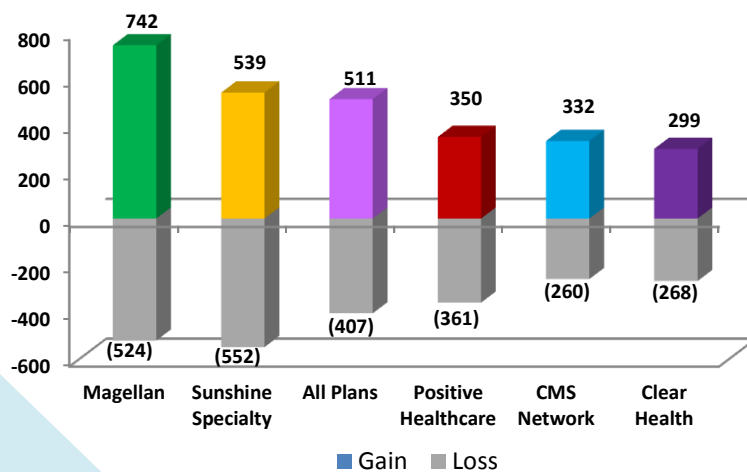
Plans may lose Mandatory enrollees during the initial 90 days after enrollment, or at any time for good cause. Plans may lose Voluntary enrollees at any time after enrollment.

Figure 5: Gains and Losses of Enrollees per 1,000 Enrollees in Standard MMA Plans, September 2014 - April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, September 2014 – April 2015

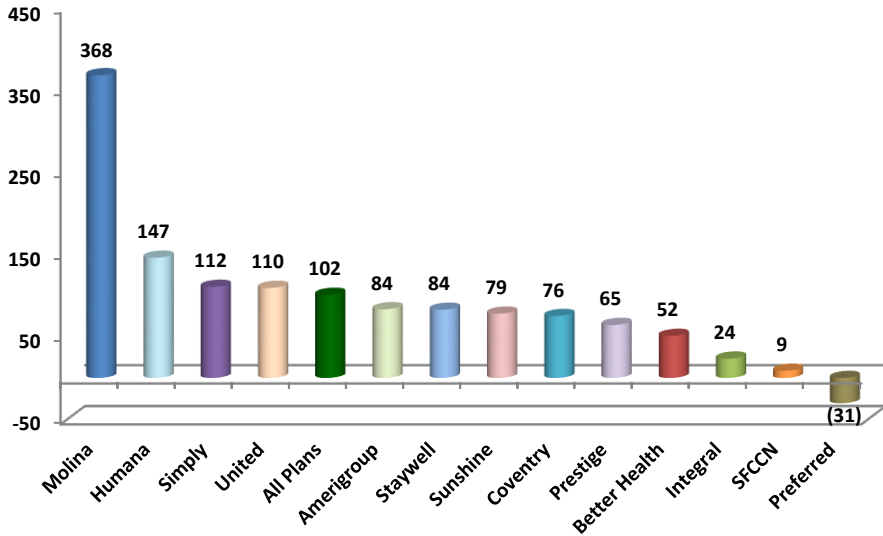
Figure 6: Gains and Losses of Enrollees per 1,000 Enrollees in Specialty MMA Plans, September 2014 - April 2015



After initial enrollment during implementation was complete in August 2014, all plans gained and lost enrollees as enrollees switched plans and entered and exited the MMA program.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, September 2014 – April 2015

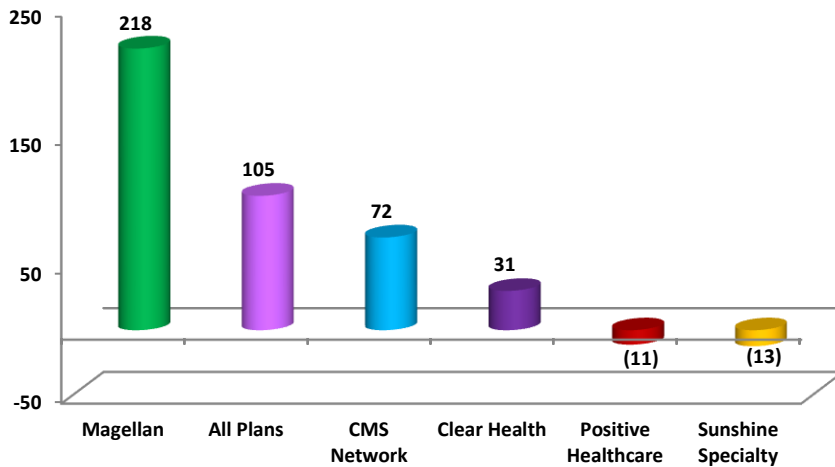
Figure 7: Net Gains (Losses) of Enrollees per 1,000 Enrollees in Standard MMA Plans, September 2014 - April 2015



From September 2014 to April 2015, most Standard plans gained more enrollees than they lost.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, September 2014 – April 2015

Figure 8: Net Gains (Losses) of Enrollees per 1,000 Enrollees in Specialty MMA Plans, September 2014 - April 2015

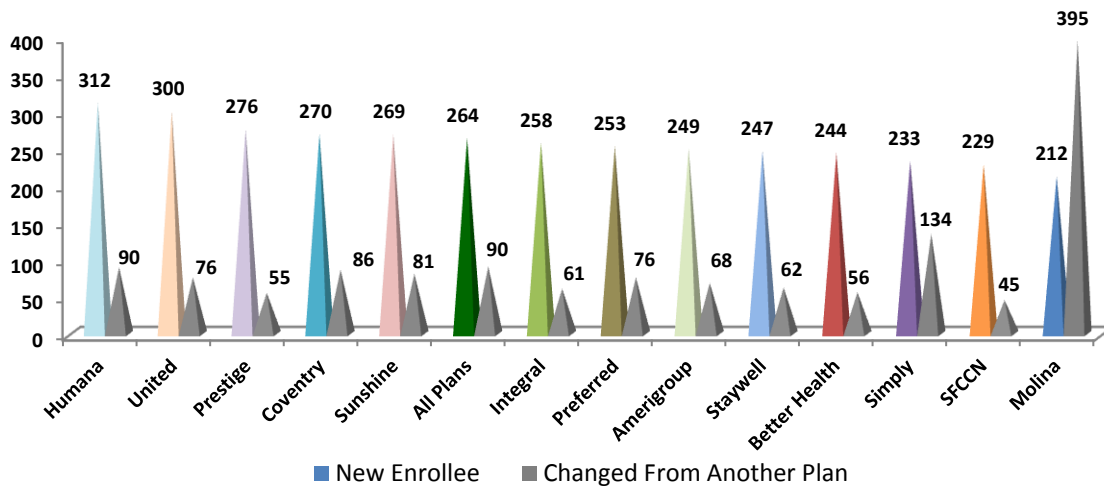


Positive Health Care and Sunshine Child Welfare were the only two Specialty plans to lose more enrollees than they gained after implementation was complete.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, September 2014 – April 2015

Plans may gain new enrollees from enrollees entering the MMA program or from enrollees changing from another health plan.

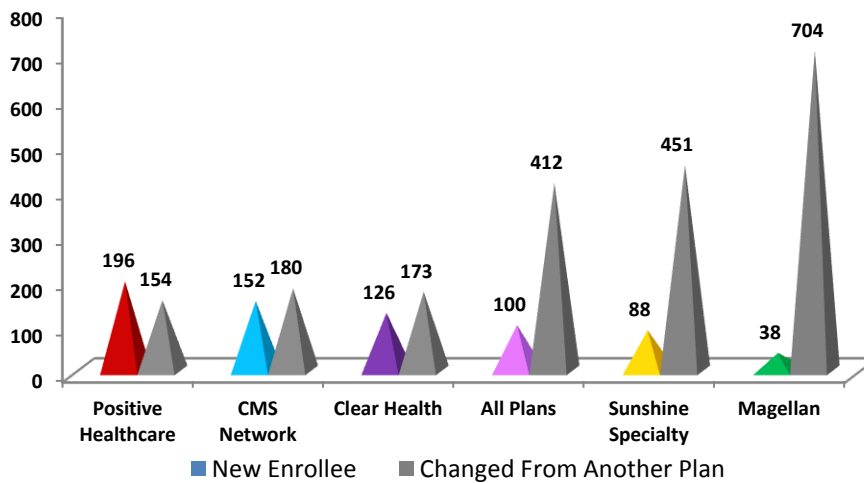
Figure 9: Gains from New Enrollment vs. Plan Changes per 1,000 Enrollees for Standard MMA Plans, September 2014 - April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, September 2014 – April 2015

The majority of Standard plans acquire more new members from enrollees entering the MMA program than from enrollees switching from other plans. Molina’s absorption of First Coast Advantage’s enrollees is a clear exception.

Figure 10: Gains from New Enrollment vs. Plan Changes per 1,000 Enrollees for Specialty MMA Plans, September 2014 - April 2015

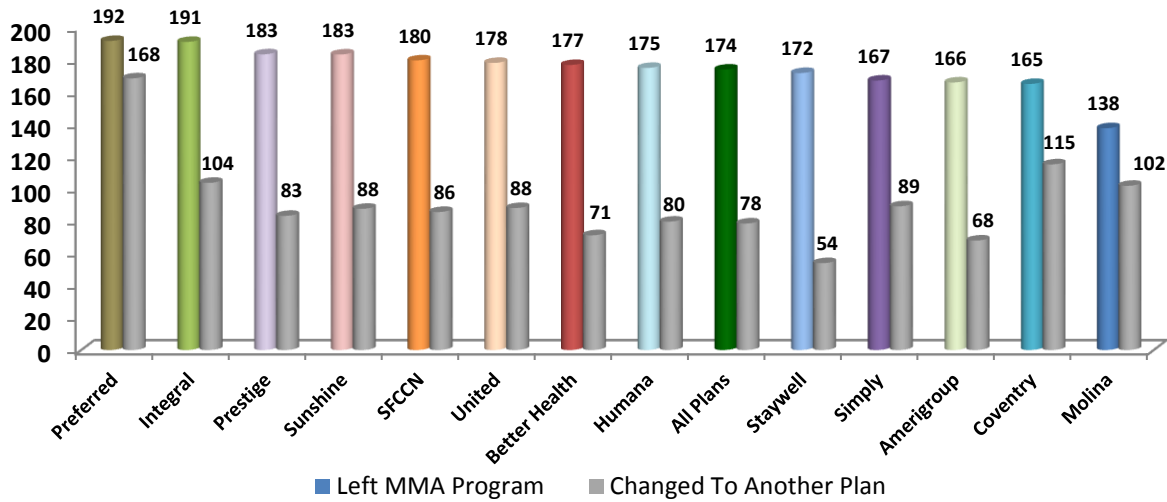


Most Specialty plans were more likely to receive enrollees via changes from other plans than new entries to the program.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, September 2014 – April 2015

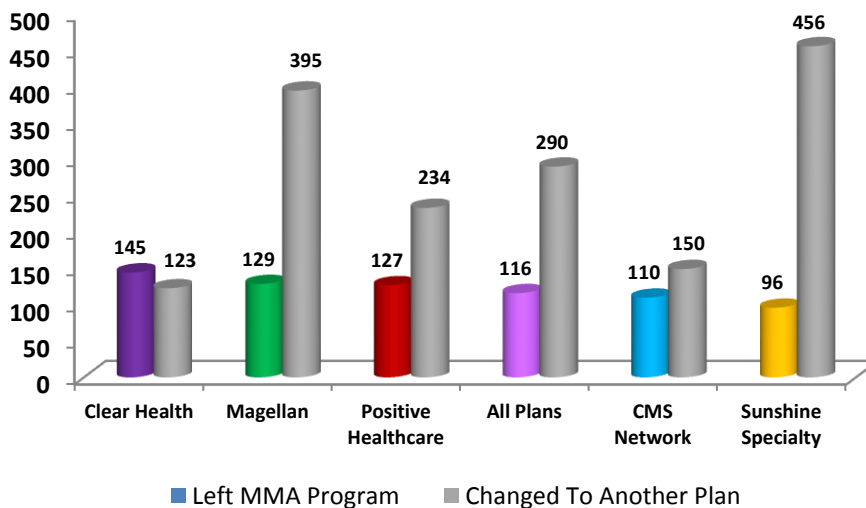
Enrollees may leave a plan to enroll in another plan or because they are no longer participating in the MMA program.

Figure 11: Losses from Leaving MMA Program vs. Plan Changes per 1,000 Enrollees for Standard MMA Plans, September 2014 - April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, September 2014 – April 2015

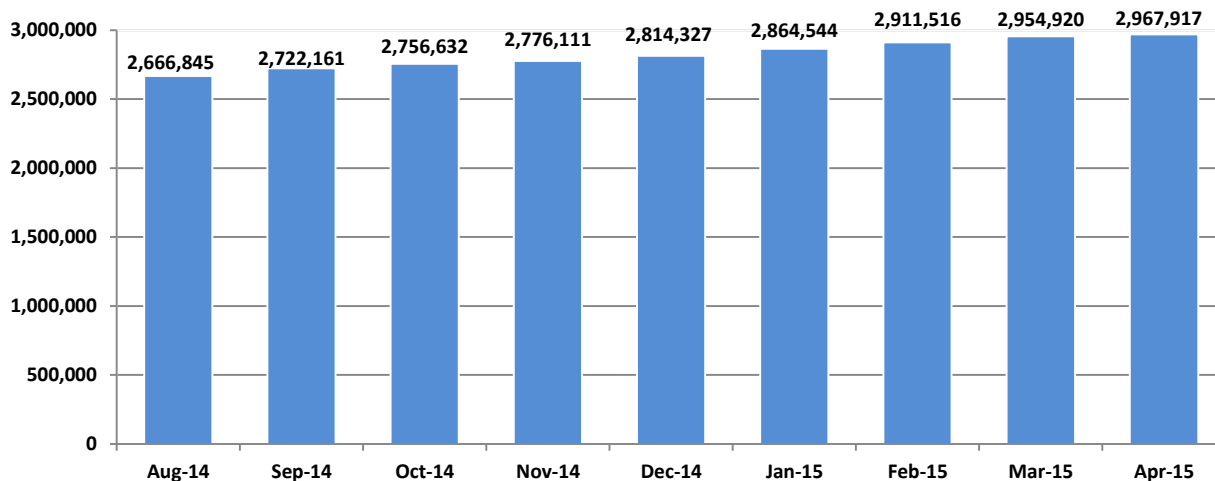
Figure 12: Losses from Leaving MMA Program vs. Plan Changes per 1,000 Enrollees for Specialty MMA Plans, September 2014 - April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, September 2014 – April 2015

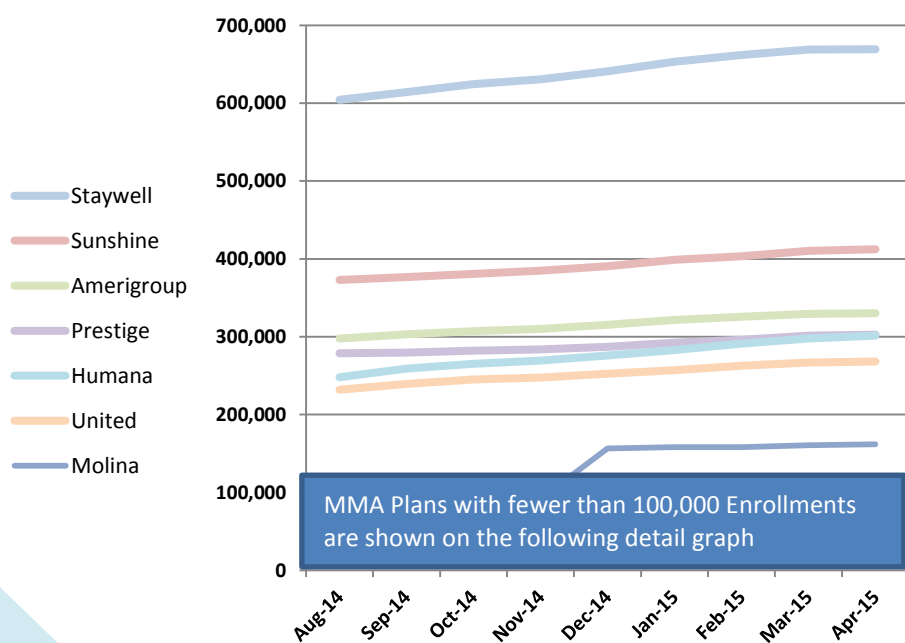
Statewide, MMA enrollment increased from 2,666,845 in August 2014, the last month of MMA implementation, to 2,967,917 in April 2015.

Figure 13: Statewide MMA Enrollment by Month, August 2014 – April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

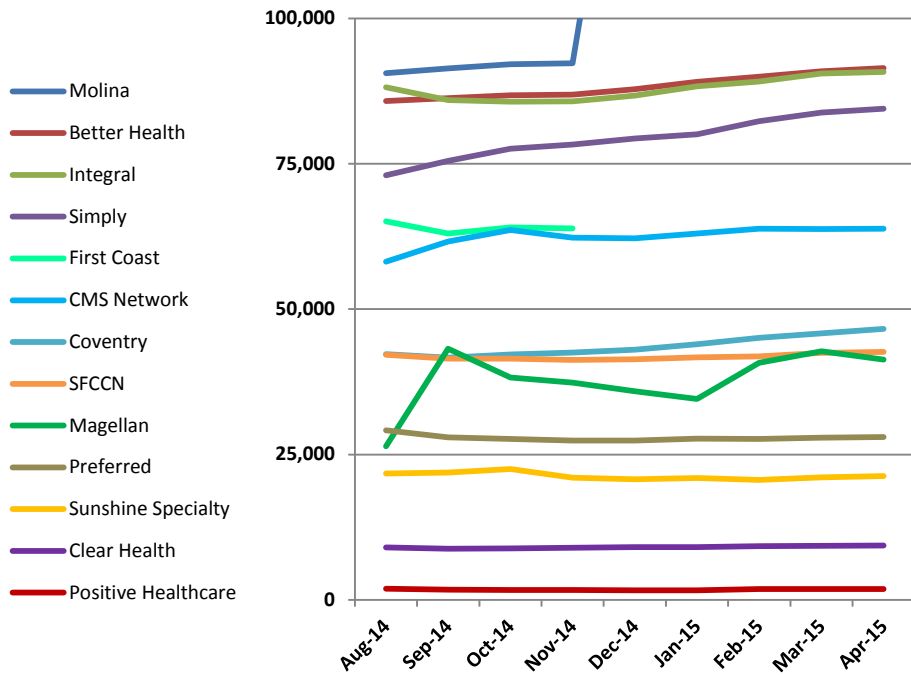
Figure 14: MMA Enrollment by Plan for Plans with Monthly Statewide Enrollments Greater Than 100,000, August 2014 - April 2015



Most Standard plans experienced an increase in enrollment from the beginning to the end of the review period. Molina’s enrollment increased from less than 100,000 enrollees at the beginning of the review period to over 100,000 enrollees after its purchase of First Coast Advantage as shown in Figures 14 and 15.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

Figure 15: MMA Enrollment by Plan for Plans with Monthly Statewide Enrollments Less Than 100,000, August 2014 - April 2015



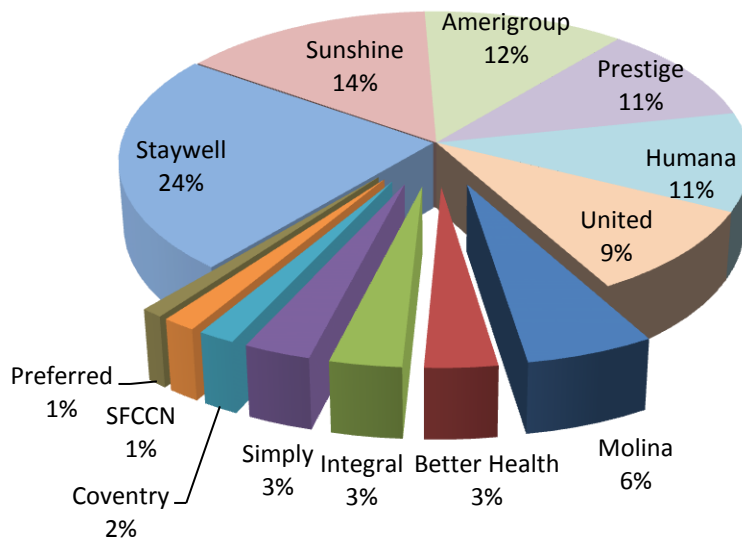
Among Specialty plans, only Sunshine Child Welfare and Positive experienced a slight decline in enrollment.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

MMA Market Share

Nineteen MMA plans provide acute care services to enrollees in the Statewide Medicaid Managed Care (SMMC) program. Thirteen are MMA Standard plans and six are MMA Specialty plans. MMA plans vary in the share of the SMMC market they serve. In April 2015, six² of the thirteen MMA Standard plans had the majority market share, with over three quarters of the enrolled population. More MMA enrollees were enrolled in Staywell than in any other MMA Standard plan. Eight MMA Standard plans each operated with a market share of less than ten percent.

Figure 16: MMA Standard Plan Enrollment by Plan – April 2015

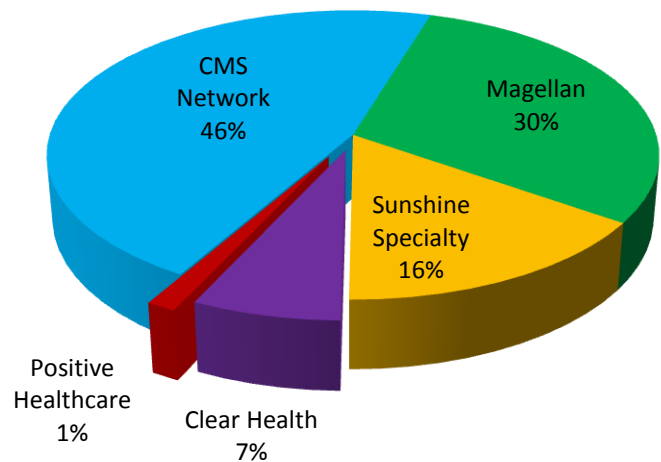


Generally, each MMA Standard plan's share of the Medicaid MMA enrollee population remained stable over the period of review. Molina and First Coast Advantage are clear exceptions. Molina experienced an increase in the share of enrollees by acquiring First Coast Advantage. Molina's share was only 3.4 percent in August 2014, but 6 percent in April 2015.

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

Figure 17: MMA Specialty Plan Enrollment by Plan – April 2015

CMS Network and Sunshine Specialty plans serve only children under age 21, and the two MMA Specialty plans' combined enrollment was more than 60 percent of all Specialty plan enrollees.



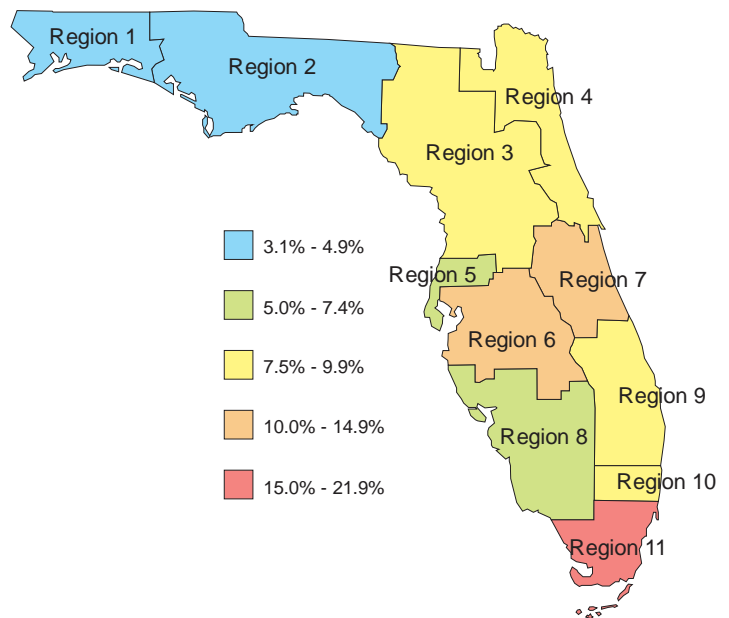
² Freedom Health Plan is not included in Figure 17.

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

MMA Market Share by Plan and Region

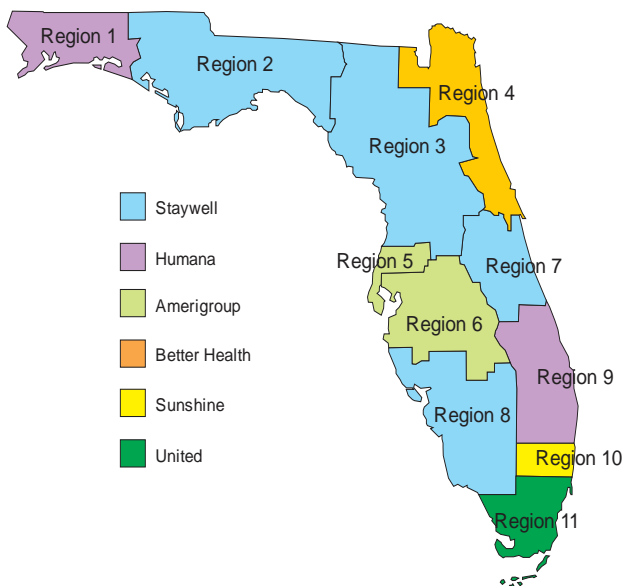
The size of the MMA market varies by region. As of April 2015, almost 45 percent of MMA enrollees resided in Regions 6, Region 7, and Region 11. These three regions include the cities, Tampa, Orlando, and Miami, respectively. The smallest percentage of MMA enrollees are in regions 1 and 2. Each plan serves MMA enrollees only in certain regions; however, two Specialty plans serve every region of the state – CMS Network and Sunshine Specialty. Three MMA Standard plans serve most of the state. Sunshine serves every region except regions 1 and 2. Staywell and Prestige each serve 8 of the 11 regions in Florida.

Figure 18: Percentage of MMA Enrollees Residing in Each Florida Region, April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

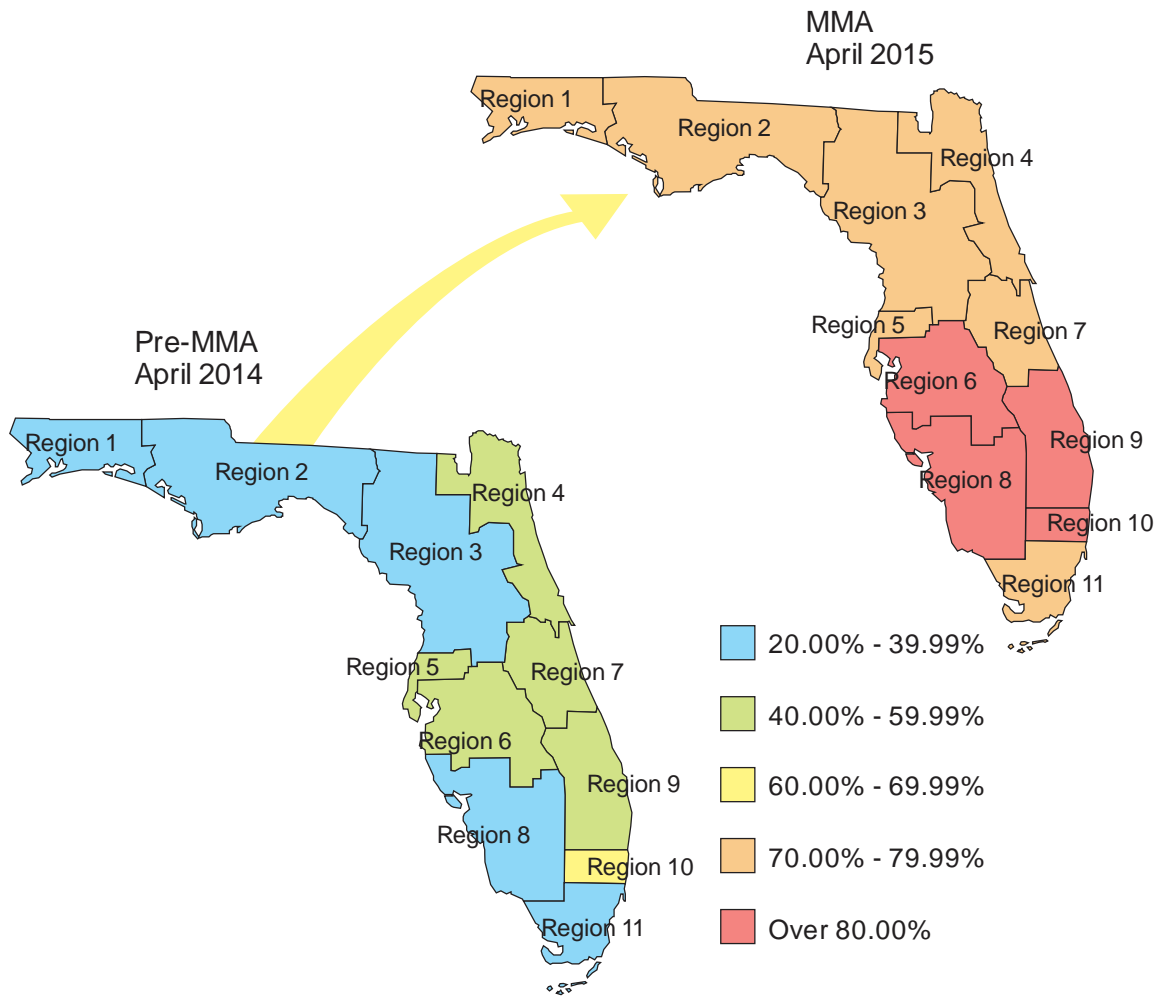
Figure 19: Plan with the Most MMA Enrollees in Each Region, April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

Staywell has the highest percentage of the MMA enrolled population statewide, as well as the highest percentage among all MMA plans in regions 2, 3, 7, and 8.

Figure 20: Percentage of Each Region’s Medicaid Enrollees Enrolled in Managed Care Prior to the MMA Program and After Implementation of the MMA Program

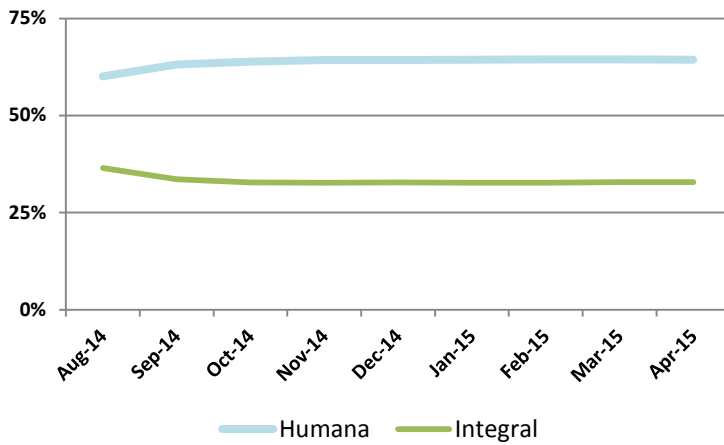


Managed Care prior to the MMA program includes HMOs, Capitated PSNs, and FFS PSNs

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

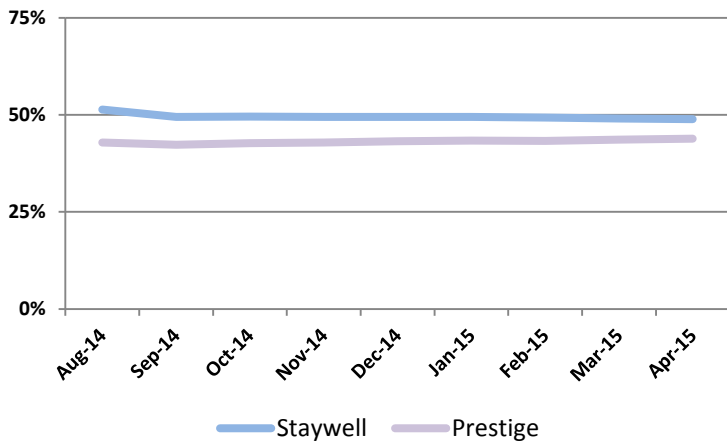
The percentage of the Medicaid population enrolled in managed care increased in all regions under the MMA program as compared to prior to MMA. An MMA plan’s market share in each region might be affected by whether or not the MMA plan operated a managed care plan prior to MMA, and that plan’s market share in the region prior to the implementation of MMA.

Figure 21: Percentage of MMA Enrollees by Plan in Region 1



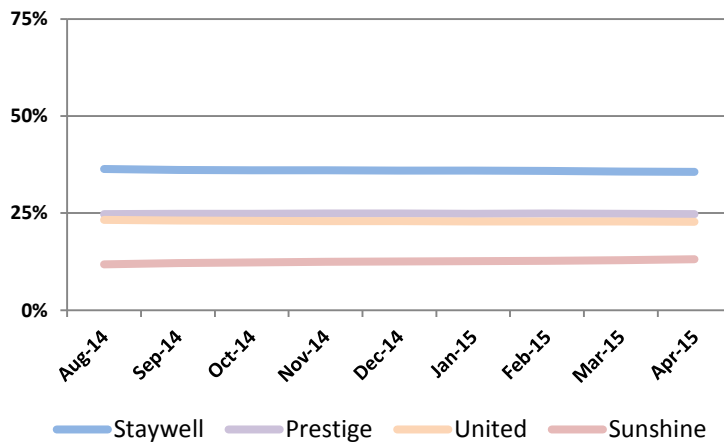
Humana controls a larger share of the MMA market in Region 1 than Integral. Neither of the two MMA Standard plans was in the region prior to SMMC. About a third of the pre-MMA Medicaid population in Region 1 was enrolled in managed care as compared to about 80 percent of the Medicaid population under MMA.

Figure 22: Percentage of MMA Enrollees by Plan in Region 2



Fewer than a third of Medicaid enrollees in Region 2 prior to MMA were enrolled in managed care. Staywell and Healthease, affiliates of Wellcare of Florida, were the dominant plans while Prestige had a small presence prior to MMA. Staywell has only a slightly larger share of the MMA market in the region than Prestige.

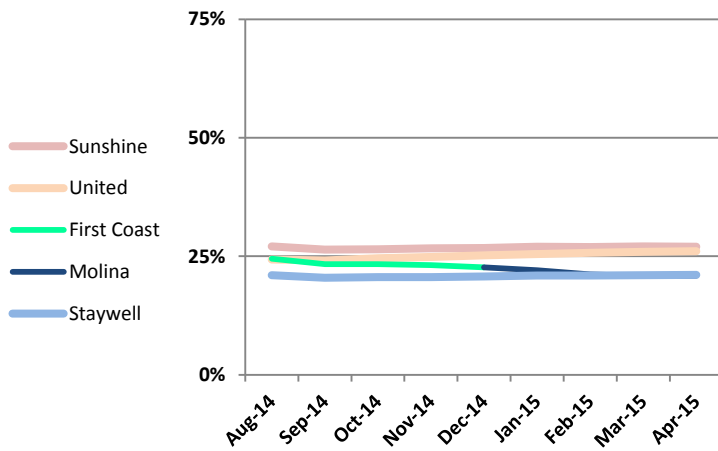
Figure 23: Percentage of MMA Enrollees by Plan in Region 3



Less than a third of the Region 3 pre-MMA market was enrolled in managed care across ten plans. Staywell, along with Healthease, was the dominant plan in the region and remains dominant under MMA. The remaining MMA plans, Prestige, United, and Sunshine, were also present in the region prior to MMA although United had a larger share of the pre-MMA market than Prestige.

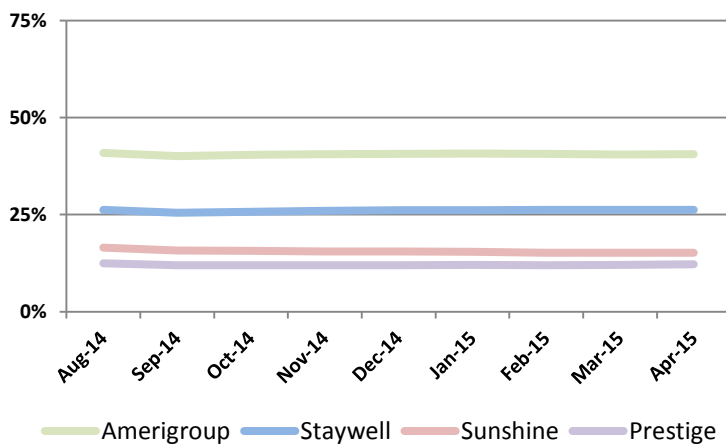
Source for figures 21-23: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

Figure 24: Percentage of MMA Enrollees by Plan in Region 4



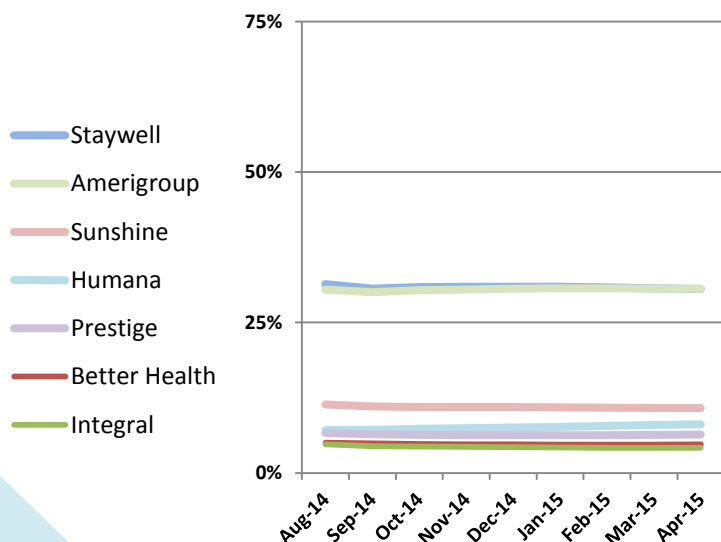
Almost half of the Region 4 market prior to MMA was enrolled in managed care. First Coast was the dominant plan but lost dominance under MMA. Molina was not present in the pre-MMA market but acquired First Coast under MMA. Sunshine, United, and Staywell were also present in the region prior to MMA.

Figure 25: Percentage of MMA Enrollees by Plan in Region 5



Prior to MMA, approximately fifty percent of the Medicaid population in Region 5 was enrolled in managed care across ten health plans. Amerigroup was the dominant plan, and has retained the dominant position in MMA. The remaining MMA Standard plans, Staywell, Sunshine and Prestige, all had pre-MMA presence in the region as well, and have generally retained their relative rankings in market share.

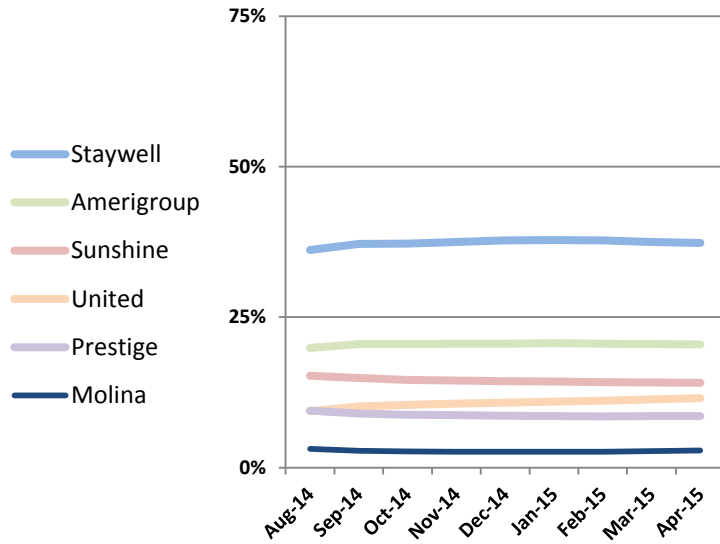
Figure 26: Percentage of MMA Enrollees by Plan in Region 6



About half of the pre-MMA Medicaid population in Region 6 was enrolled in managed care. Staywell and Amerigroup were the dominant plans and have retained a dominant position in MMA. Sunshine, Prestige, Integral, and Humana also had a small presence in the region prior to MMA although Humana has improved its position relative to Prestige and Integral. Better Health did not operate in the region prior to MMA.

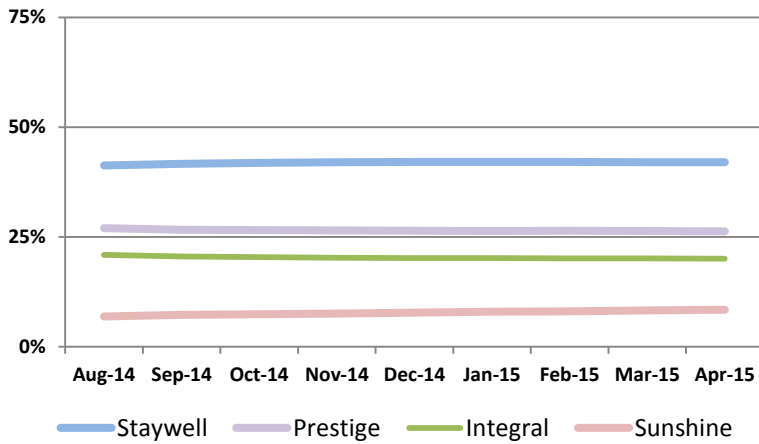
Source for figures 24-26: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

Figure 27: Percentage of MMA Enrollees by Plan in Region 7



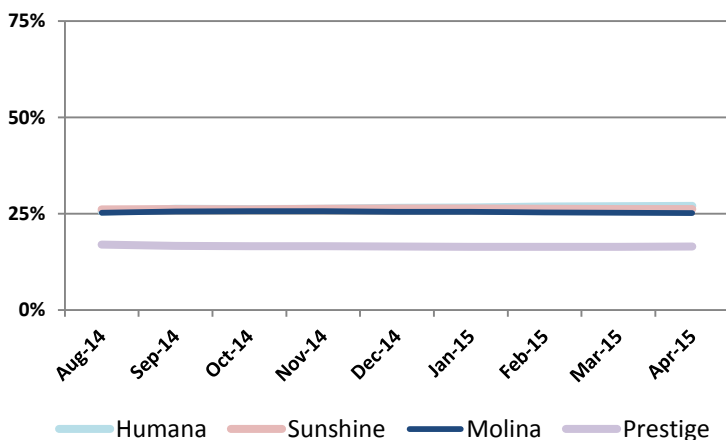
Staywell was the dominant plan in Region 7 prior to MMA and remains dominant under MMA. Over half of the Region 7 Medicaid population was enrolled in managed care prior to MMA. The remaining five MMA plans were also present in the region prior to MMA and retain their relative rankings in market share with the exception of United and Prestige. United had less market share than Prestige prior to MMA but has overtaken Prestige under MMA.

Figure 28: Percentage of MMA Enrollees by Plan in Region 8



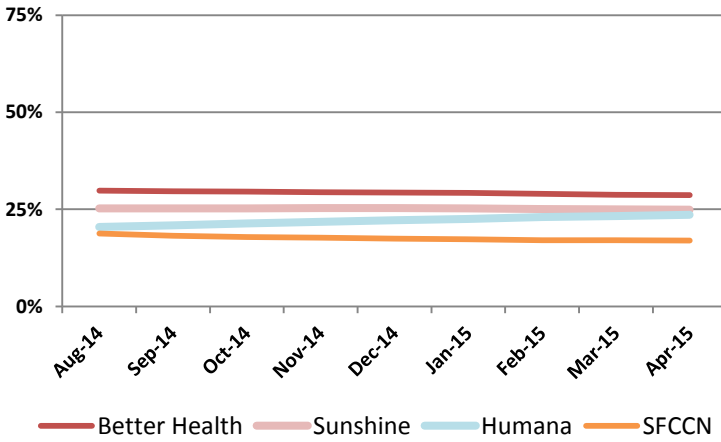
Prior to MMA, a third of the Region 8 Medicaid population was enrolled in managed care as compared to 80 percent of the population under MMA. Staywell, Prestige, and Integral were the dominant plans in the market and have retained their relative rankings under MMA. Sunshine did not operate in the region prior to MMA.

Figure 29: Percentage of MMA Enrollees by Plan in Region 9



Approximately 40 percent of the Region 9 Medicaid population was enrolled in managed care prior to MMA. The managed care population was distributed among thirteen plans. Under MMA, 80 percent of the region's Medicaid population is enrolled in managed care and Humana has gained market share relative to the other MMA plans.

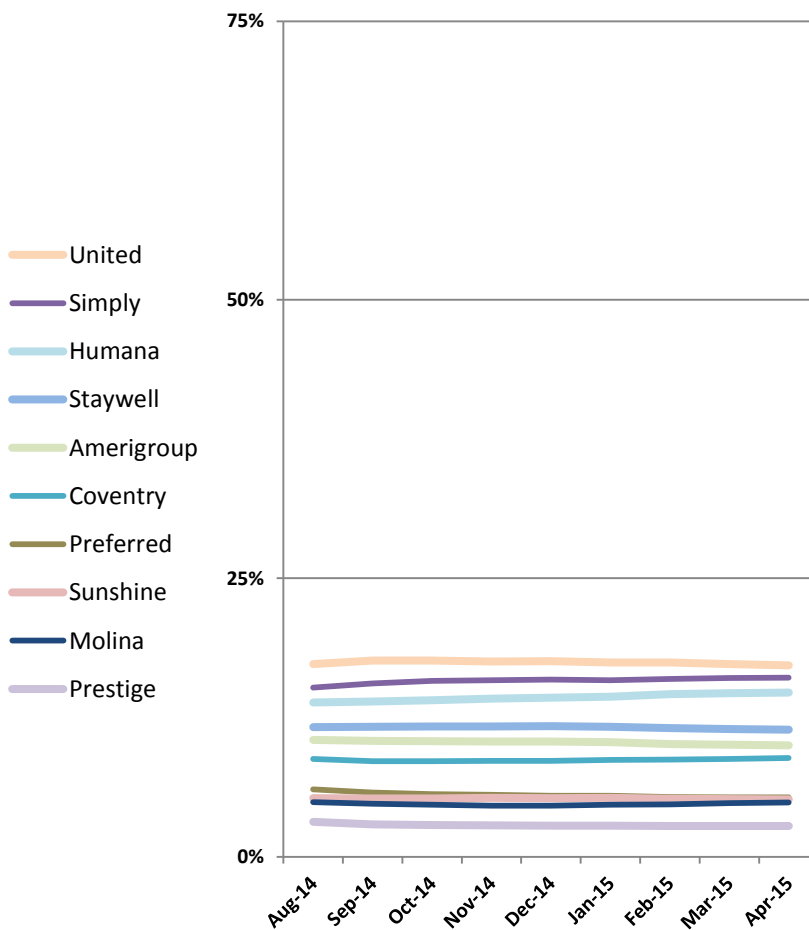
Figure 30: Percentage of MMA Enrollees by Plan in Region 10



All MMA plans active in Region 10 served enrollees in the region prior to MMA. Better Health and Sunshine have retained their pre-MMA rankings in market share. However, Humana has gained market share relative to SFCCN under MMA. Approximately 60 percent of the region’s Medicaid population prior to MMA was enrolled in managed care as compared to almost 80 percent of the MMA Medicaid population.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

Figure 31: Percentage of MMA Enrollees by Plan in Region 11



About a third of the Region 11 Medicaid population was enrolled in managed care prior to MMA as compared to three quarters under MMA. All ten MMA plans were present in the region prior to MMA although relative rankings among the plans have shifted somewhat.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2014 – April 2015

MMA Service Provision

Each MMA plan is required to ensure the provision of the covered services listed below to the plan's enrollees. Additionally, each MMA plan offers most of or all Agency approved Expanded Benefits (Extra Benefits). Expanded Benefits are benefits in excess of those specified in the Medicaid State Plan.

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

Source: Statewide Medicaid Managed Care (SMMC) Contract, Attachment I, Scope of Services

Approved MMA Expanded Benefits

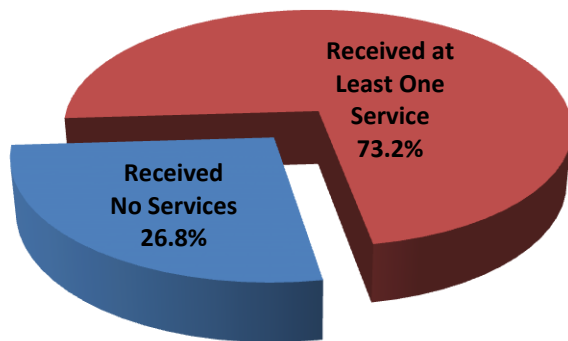
- Primary Care Visits (Non-Pregnant Adults)*
- Home Health Care (Non-Pregnant Adults)*
- Physician Home Visits*
- Prenatal/Perinatal Visits*
- Outpatient Services*
- Over-The-Counter (OTC) Medication/Supplies
- Adult Dental Services*
- Waived Copayments
- Vision Services*
- Hearing Services*
- Newborn Circumcision*
- Adult Pneumonia Vaccine
- Adult Influenza Vaccine
- Adult Shingles Vaccine
- Post Discharge Meals
- Nutritional Counseling
- Pet Therapy
- Art Therapy
- Equine Therapy
- Medically Related Lodging and Food
- Intensive Outpatient Therapy*

* Benefits in excess of the limits specified in the Medicaid State Plan.

Source: Statewide Medicaid Managed Care (SMMC) Contract, Attachment I, Scope of Services

MMA plans are required to submit encounter data to the Agency within contractually specified timeframes for services provided. Encounters were used to examine the percentage of MMA enrollees who received Medicaid services.

Figure 32: MMA Utilization of Any Service, August 2014 – December 2014



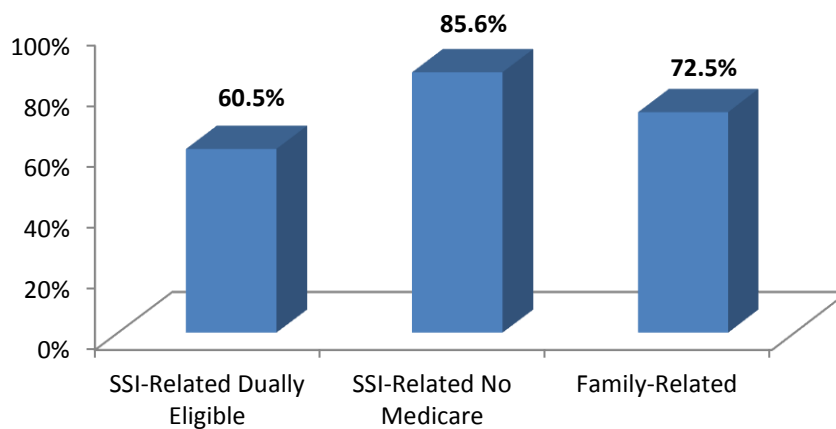
When considering all services rendered in the MMA program, over 73 percent of MMA enrollees received at least one MMA service during the five month review period. Over 26 percent of enrollees had not received any services during the five months.

Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

The percentage of enrollees who received a Medicaid service varied by plan. Among Standard plans, percentages ranged from a low of

58 percent of Molina’s enrollees to a high of 76 percent of Amerigroup’s enrollees. Among Specialty plans, only 62 percent of Positive Healthcare’s enrollees received a service while 86 percent of Children’s Medical Services’ enrollees received a service.

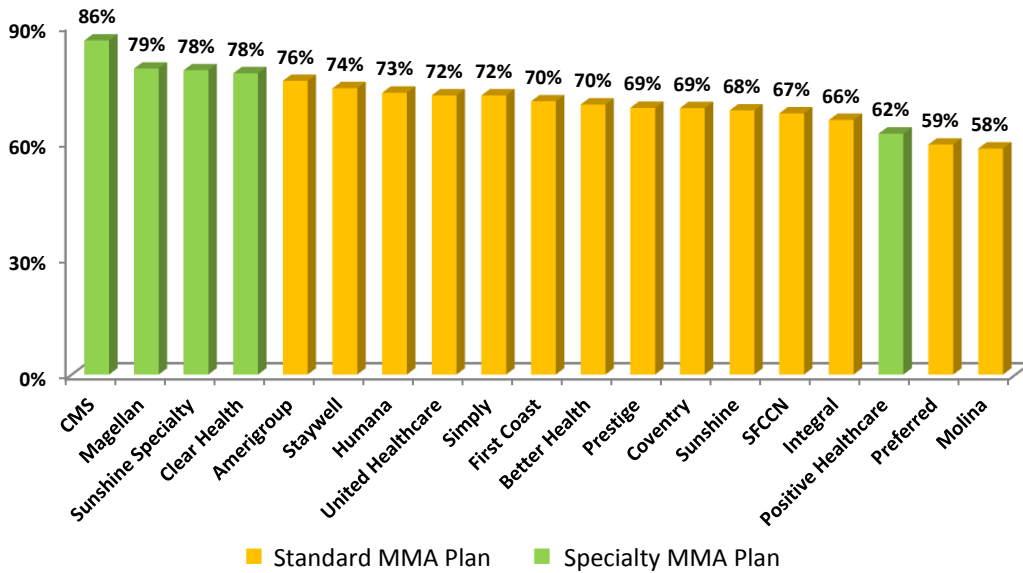
Figure 33: Percentage of MMA Enrollees Who Received Any Service by Eligibility Type, August 2014 - December 2014



Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

Recipients in the Family-Related eligibility group include children, pregnant women, and parents and caretakers of children under age 18 who meet income limits. The SSI-Related (Supplemental Security Income) eligibility group includes persons who are aged 65 or over, blind, disabled, or SSI recipients who meet income and asset limits.

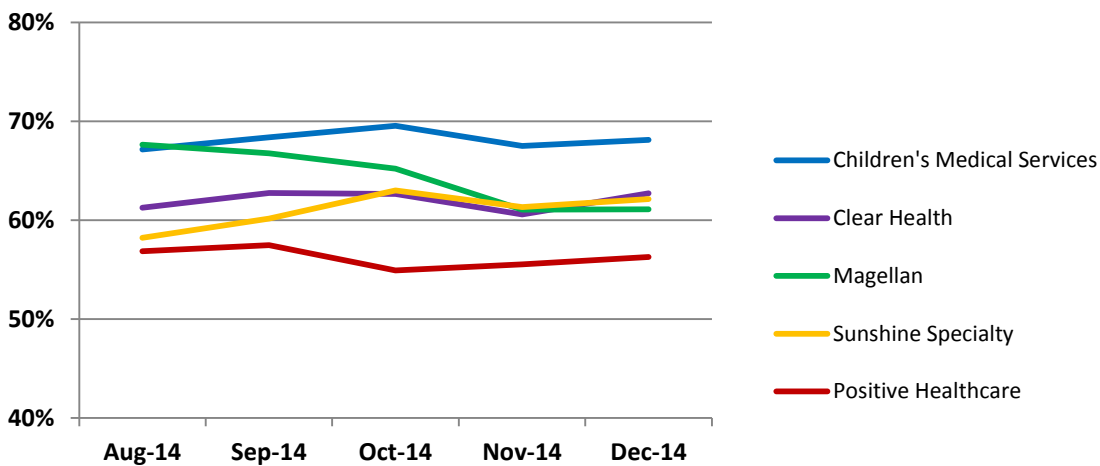
Figure 34: Percentage of Enrollees with Any MMA Service by Plan, August 2014 – December 2014



Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

The percentage of enrollees who received a service during a one-month period is lower than the percentage for the review period as a whole. Medical services are not necessarily required as frequently as each month. However, enrollees with a chronic health condition – a population covered by many of the Specialty plans - are likely to need to use medical services more frequently. A larger percentage of Specialty plan enrollees received services during a one-month period than Standard plan enrollees. The percentage was consistently higher for enrollees of Children’s Medical Services as compared to other Specialty plan enrollees. Positive Healthcare had the lowest percentage among Specialty plans.

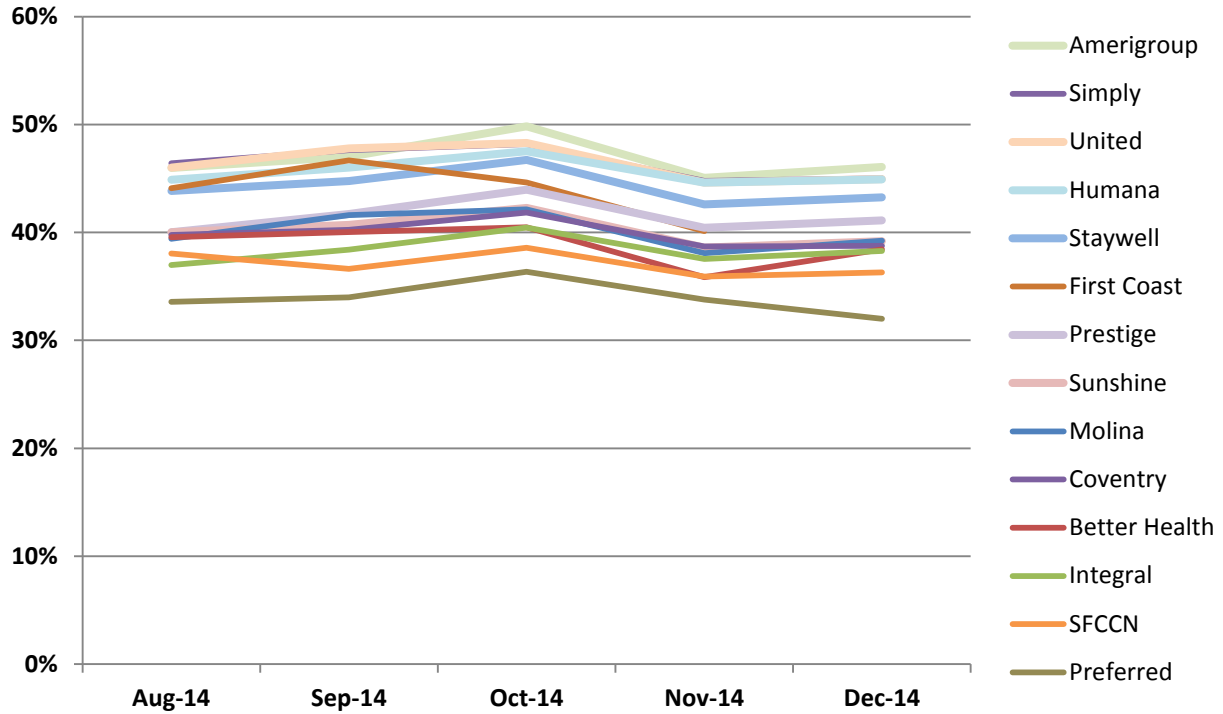
Figure 35: Percentage of MMA Specialty Plan Enrollees with Any Service by Plan and Month, August 2014 – December 2014



Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

Among MMA Standard plans, Amerigroup consistently had the largest percentage of enrollees who received a service during a one-month period when compared to other Standard plans.

Figure 36: Percentage of MMA Standard Plan Enrollees with Any Service by Plan and Month, August 2014 – December 2014

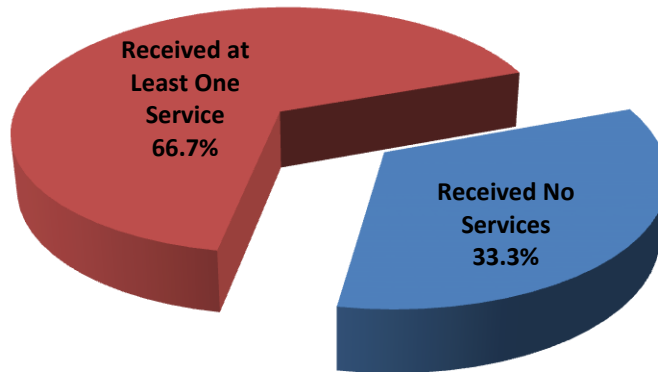


Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

Medical Services

Enrollees' use of medical services is examined by looking at the use of all non-pharmacy and non-dental services. Sixty-six percent of MMA enrollees received at least one medical service during the five month review period.

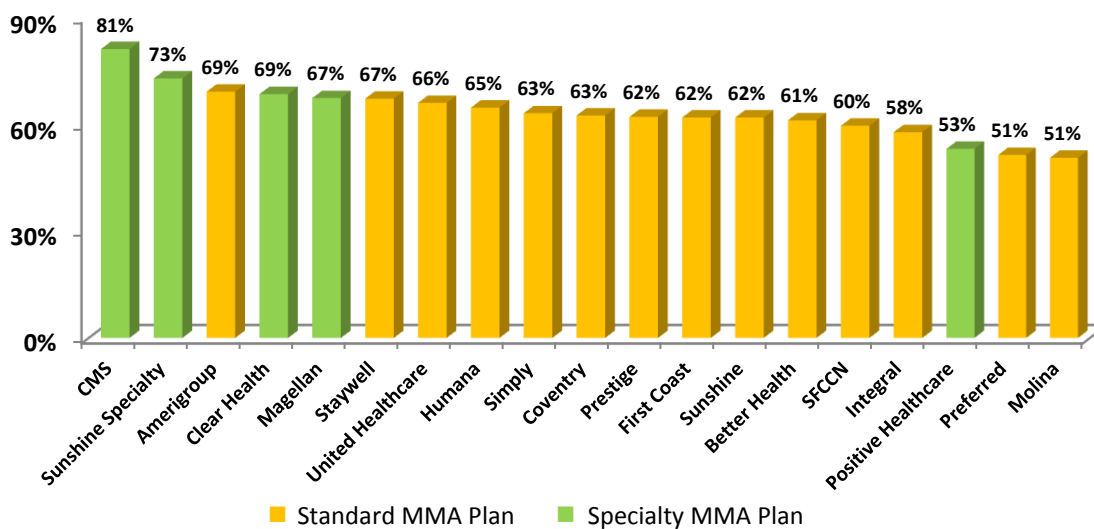
Figure 37: Percentage of MMA Enrollees with at Least One Medical Service, August 2014 – December 2014



Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

The percentage of enrollees who received a medical service varied by health plan. Sixty-nine percent of Amerigroup's enrollees received at least one medical service over the review period as compared to 51 percent of Molina's enrollees.

Figure 38: Percentage of MMA Enrollees with Any Service Excluding Pharmacy or Dental by Plan, August 2014 – December 2014

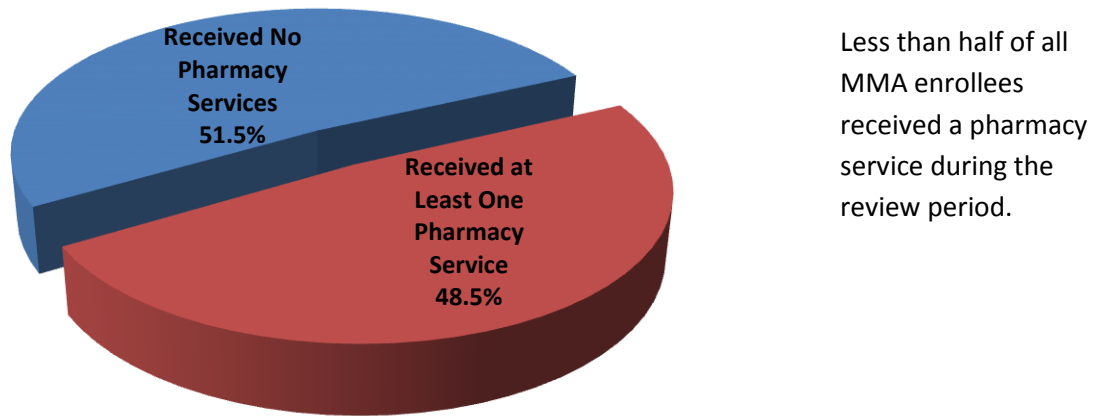


Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

The percentage of enrollees who received a medical service varied more among Specialty plans than Standard plans. Over 81 percent of CMS' enrollees received a medical service as compared to 53 percent of Positive Healthcare's enrollees.

Pharmacy Services

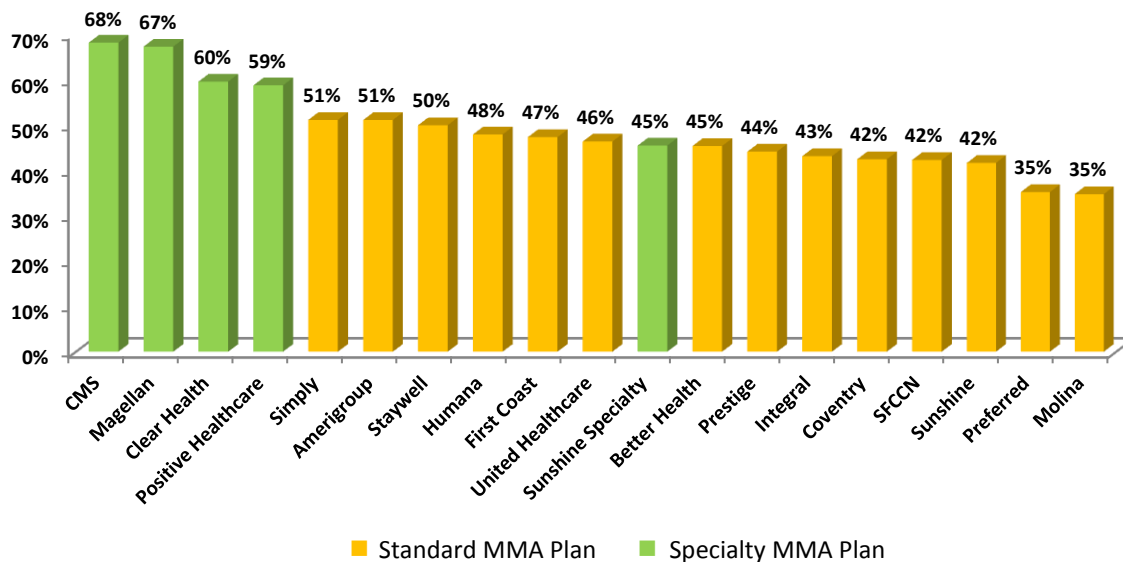
Figure 39: Percentage of MMA Enrollees with at Least One Pharmacy Service, August 2014 – December 2014



Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

Enrollee use of pharmacy services also varied by plan. All Specialty plans that serve enrollees with a chronic condition or special diagnosis had a higher percentage of enrollees with a pharmacy service than Standard plans. Use of pharmacy services ranged from 35 to 51 percent among enrollees of Standard plans. For Specialty plan enrollees the range was from 45 to 68 percent.

Figure 40: Percentage of MMA Enrollees with at Least One Pharmacy Service by Plan, August 2014 – December 2014



Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, August 2014 – December 2014

Complaints Received About Managed Medical Assistance Plans

The Agency created a centralized Complaint/Issues hub as a way to streamline, better track, and respond to all complaints and issues received relating to the Statewide Medicaid Managed Care program. Once a complaint or issue is submitted online to the Agency's complaint/issue center, Agency staff will contact a complainant within one business day of submitting a critical or high priority complaint. All reported issues are tracked and trended, regardless of whether they are substantiated.

Calls and emails from recipients, providers or other stakeholders expressing any dissatisfaction or requesting clarification are recorded in the Complaint/Issues hub. Some calls are made directly to the Recipient and Provider Assistance staff. Other sources of issues regarding the Statewide Medicaid Managed Care program are the Governor's Office, sister agencies, the Choice Counseling vendor and various associations. These are directed to the Agency.

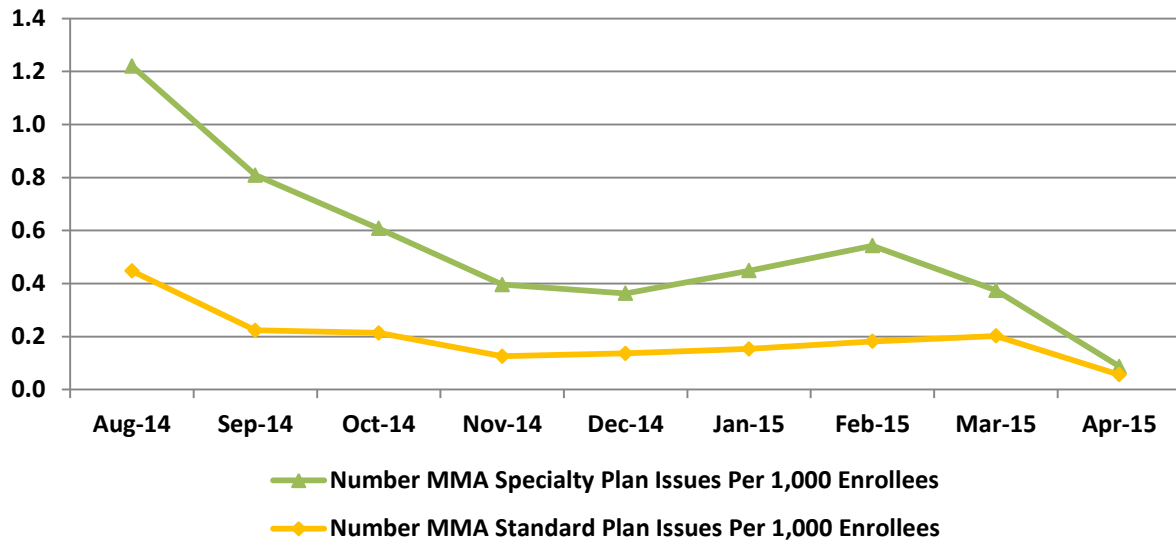
Complaints/Issues routed to the Complaint/Issues hub include but are not limited to the following:

- Missed services
- Disruption in services
- Dissatisfaction with access to care
- Problems with authorizations or claims
- Plan provider network adequacy
- Dissatisfaction with quality of services

If the constituent registering the issue has not completed the Florida Statewide Medicaid Managed Care Program Complaint Form, the Agency staff member who receives the contact completes the form. This process ensures the Agency is closely monitoring all complaints from recipients, providers, and other stakeholders. Tracking complaints through this mechanism fosters identification of trends and provides the Agency with an additional tool to take action to correct those issues. Figure 41 shows the number of complaints per 1,000 MMA Standard and Specialty Plan enrollees from August 2014 through April 2015.

In August, 2014, there was less than one complaint per 1,000 Standard plan enrollees. Over the following months, the number of complaints per 1,000 enrollees declined even further. The number of complaints per 1,000 enrollees was a little higher for Specialty plans than Standard plans. There was a little over one complaint per 1,000 enrollees for Specialty plans in August 2014. By November 2014 that number had declined to less than a half of a complaint per 1,000 enrollees. By April 2015, the number of complaints per 1,000 enrollees was virtually equal for Standard and Specialty plan enrollees.

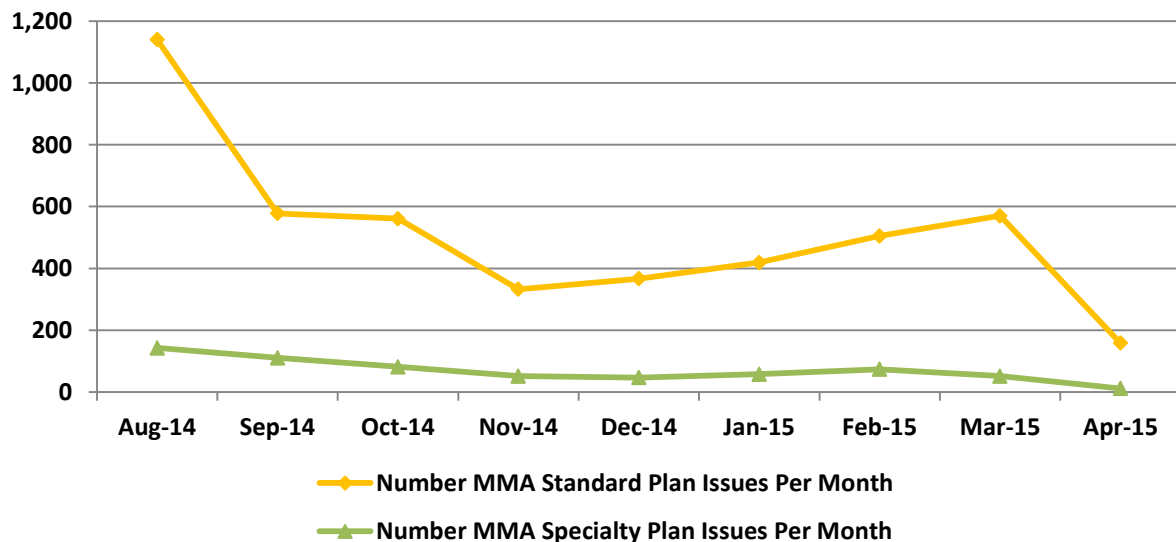
Figure 41: Number of Complaints Per 1,000 Enrollees by Month, August 2014 – April 2015



Source: Complaints Issues Reporting and Tracking System (CIRTS), August 2014 – April 2015

Figure 42 shows the raw number of complaints for MMA Standard and Specialty plans. The number of complaints for Standard plans is much higher than for Specialty plans given the larger number of enrollees in Standard as compared to Specialty plans. Complaints for Standard plans were highest in August 2014 at 1,140 and declined in every month through November. From November 2014 to March 2015, there was an increase in the number of complaints before falling again in April. The number of Specialty plan complaints declined from a high of 143 in August 2014 to a low of 12 in April 2014.

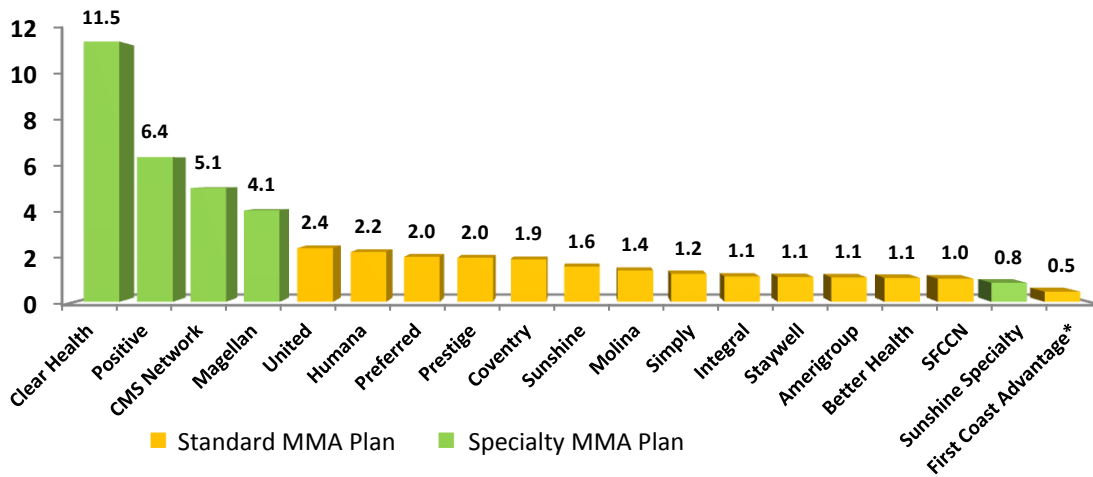
Figure 42: Number of Complaints by Month, August 2014 – April 2015



Source: Complaints Issues Reporting and Tracking System (CIRTS), August 2014 – April 2015

The number of complaints per 1,000 enrollees for each MMA plan is shown in Figure 43. Specialty plans tended to have more complaints per 1,000 enrollees than Standard plans. Clear Health had the most complaints per 1,000 enrollees at 11 complaints per 1,000 enrollees. Clear Health serves ten regions in Florida. Sunshine Specialty serves all eleven Florida regions and had the least complaints per 1,000 enrollees. United Health Care was the Standard plan with the most complaints per 1,000 enrollees. United serves four regions in Florida. With the exception of First Coast Advantage which stopped operating in November 2014, South Florida Community Care Network (SFCCN), which serves only Region 10, had the least number of complaints.

Figure 43: Number of Complaints per 1,000 Enrollees by MMA Standard and Specialty Plan, August 2014 – April 2015



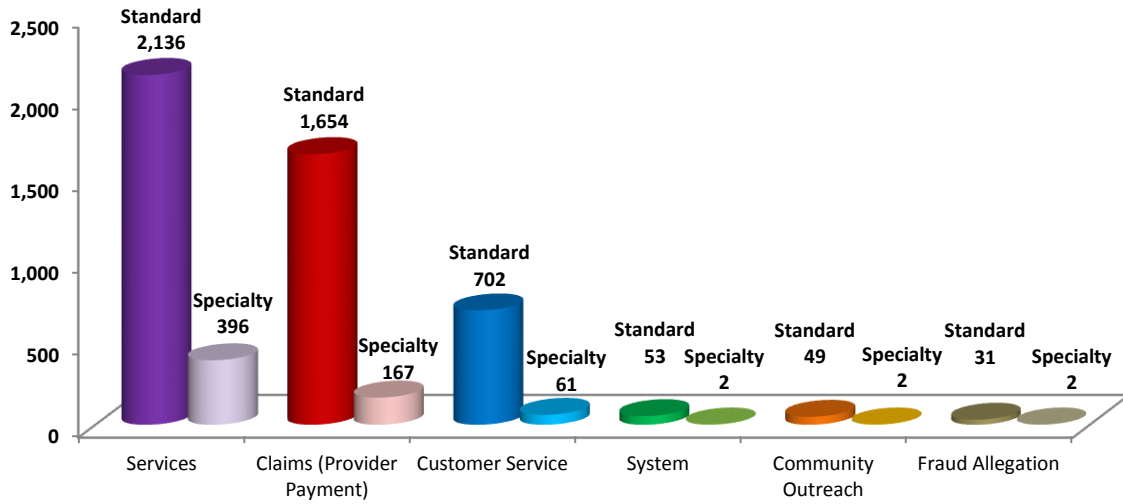
*First Coast Advantage stopped operating in November 2014

Source: Complaints Issues Reporting and Tracking System (CIRTS), August 2014 – April 2015

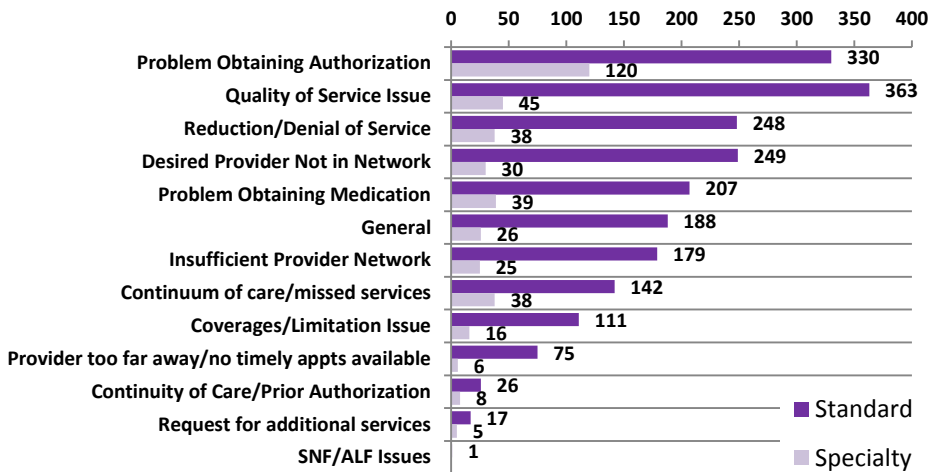
Figure 44 shows the number of complaints for MMA Standard and Specialty plans by the type of issue involved in the complaint. There are six general categories of issue types by which complaints are categorized: Claims, Community Outreach, Customer Service, Services, and System.

Complaints for both Standard and Specialty plans were more often about Services or Claims related issues than any other type of issue. Service related complaints were more often about quality of services, problems obtaining authorization, a provider not being available in the network, or problems obtaining medication. All Claims complaints refer to delays or difficulties providers experience in obtaining payment for services provided. The most common complaints about Customer Service involved issues with providers enrolling as a service provider or issues verifying members. The majority of complaints about the System were complaints about File Errors. Complaints about errors in County Code information and recipient eligibility information were also a common System related complaint. Complaints related to Community Outreach were most often about calls pertaining to Medicaid options.

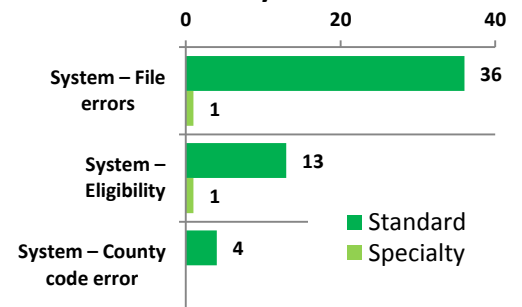
Figure 44: Number of Complaints by Complaint Type, August 2014 – April 2015



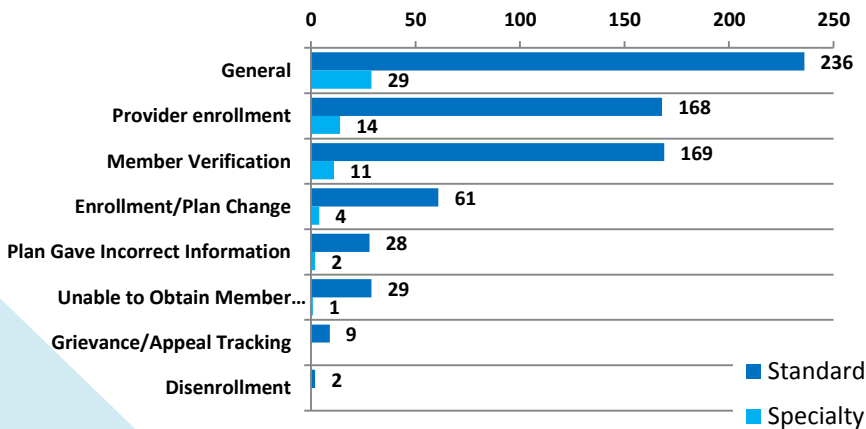
Services



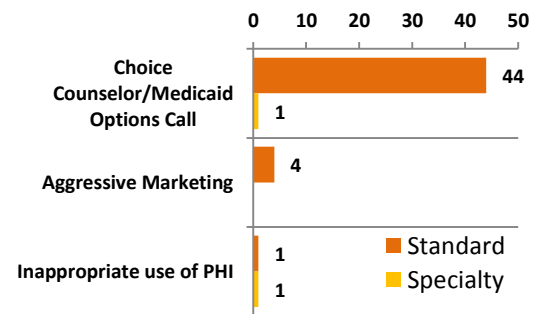
System



Customer Service



Community Outreach



Source: Complaints Issues Reporting and Tracking System (CIRTS), August 2014 – April 2015

From August 2014 to April 2015, a total of 4,632 complaints were registered for MMA Standard plans, and 631 complaints were registered for MMA Specialty plans. During this period, over 2.8 million individuals were enrolled in an MMA plan, and over 137,000 individuals were enrolled in an MMA Specialty plan. The overwhelming majority of complaints registered during the period were resolved.

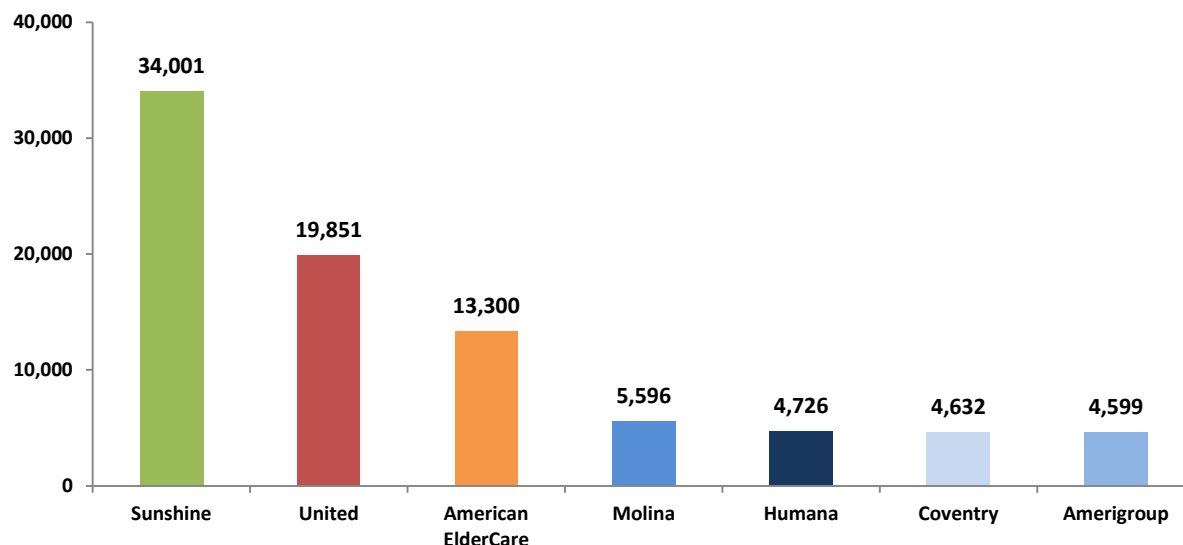
Enrollment of the Medicaid Population for Long-Term Care Services

All Medicaid recipients who receive long-term care services receive them through a fee-for-service (FFS) or managed care (Long-term Care or LTC) arrangement. Medicaid recipients are in the Mandatory, the Voluntary, or the Excluded population for LTC enrollment. Medicaid recipients in the Mandatory population are required to receive long-term care services through the LTC program. Medicaid recipients in the Voluntary population can choose to receive Medicaid services through the LTC program or through the fee-for service program. If the choice is made to receive Medicaid services through an LTC plan, the LTC enrollee may not receive plan covered services through the fee-for-service Medicaid program. Most Medicaid recipients do not need long-term care services and are not eligible for the LTC program. This is the Excluded population.

To enroll in the LTC program, recipients must be aged 65 or older, or 18 or older and eligible for Medicaid due to disability, and determined by the Comprehensive Assessment Review and Evaluation for Long-Term Care Services (CARES) Program to require nursing facility care. (See §409.985(3), F.S.)

Figure 45 shows the number of enrollees in each LTC plan.

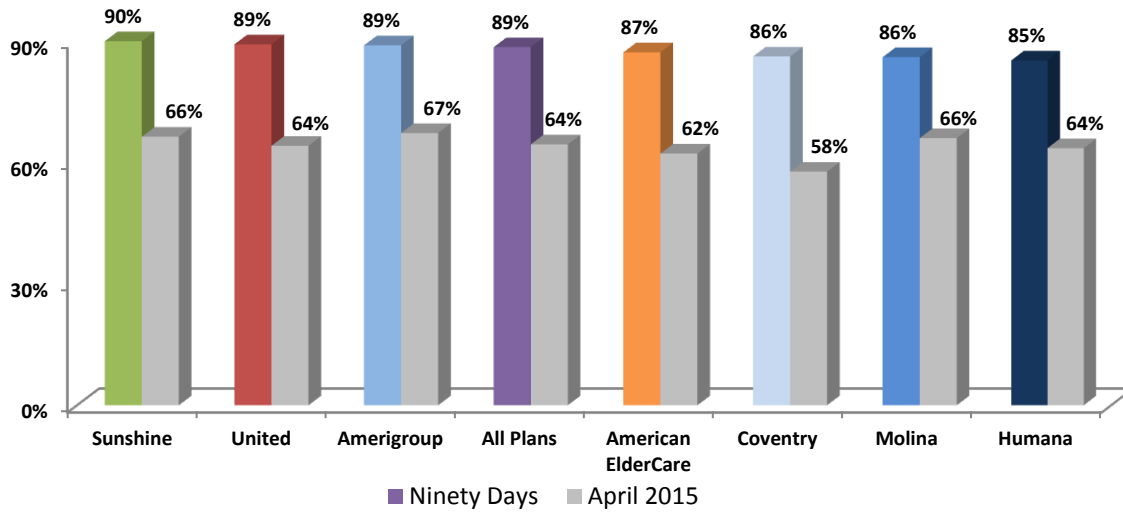
Figure 45: Number of LTC Enrollees, April 2015



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

The enrollment process is the same for LTC enrollees as for MMA enrollees. Information about plan choices in each region is mailed to families and individuals in the Mandatory and Voluntary population groups. Individuals are provided the opportunity to meet or speak with a choice counselor to obtain additional information for making a choice. Once an individual chooses a plan, the enrollee will be able to contact the state or the state's designated choice counselor to register the selected plan.

Figure 46: Percentage of Initial LTC Plan Enrollees Still Enrolled After 90 Days and by April 2015, By Plan

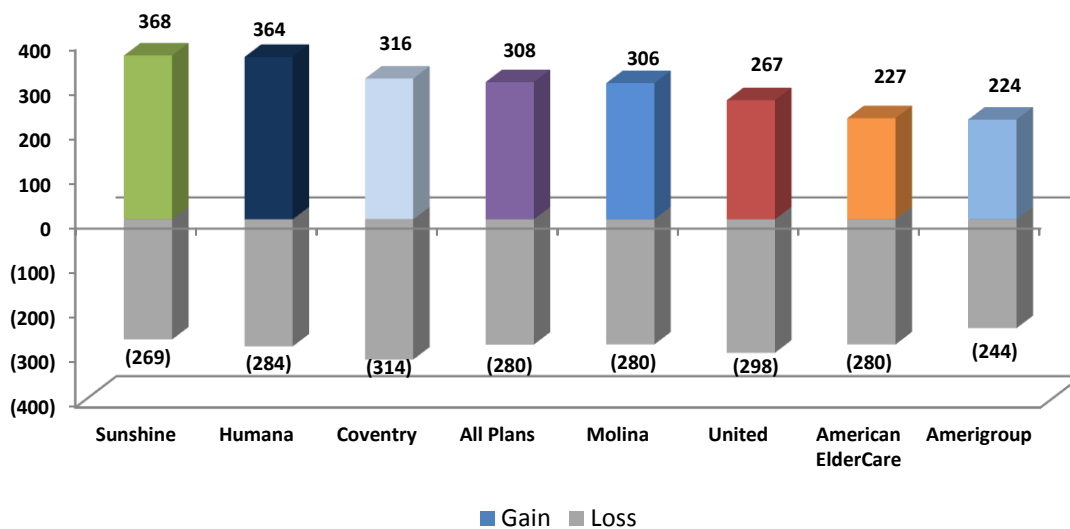


Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, August 2013 – April 2015

A Mandatory LTC enrollee has ninety days after initial enrollment to change plans. After ninety days, the Mandatory enrollee is locked into the plan until the next open enrollment period and may disenroll only for good cause. A Voluntary enrollee who has chosen a plan is not subject to Lock-in or to mandatory open enrollment periods. Mandatory recipients who do not choose a plan will be automatically assigned to a plan by the Agency.

Once initial enrollment during implementation of the LTC program was complete, all plans gained and lost enrollees as enrollees switched plans and entered and exited the LTC program.

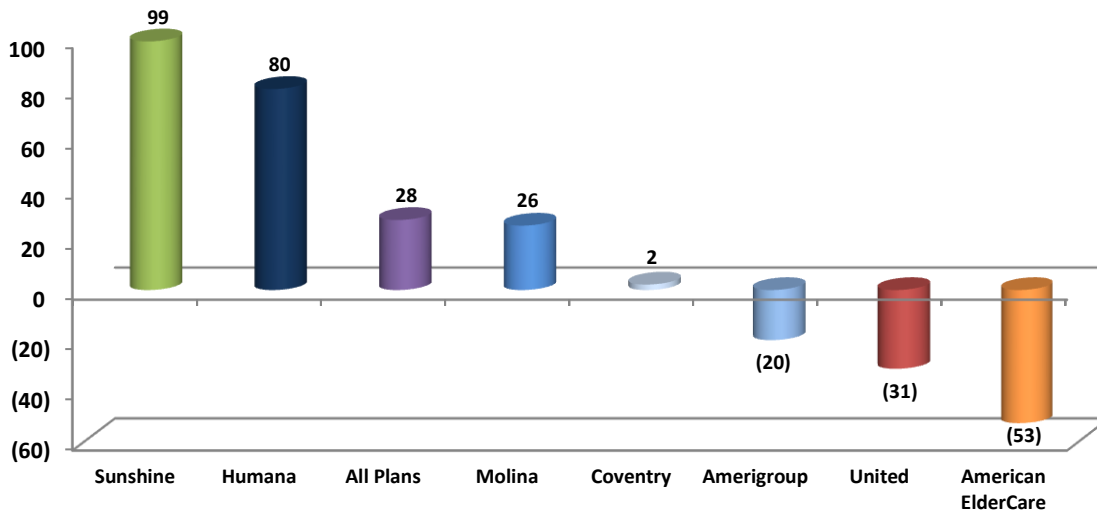
Figure 47: Gains and (Losses) of Enrollees per 1,000 Enrollees by Plan, April 2014 - April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, April 2014 – April 2015

Three LTC plans lost more enrollees than they gained after implementation was complete, resulting in declining enrollment from April 2014 to April 2015 for those plans. Enrollees may leave a plan due to loss of eligibility, death, geographical relocation, or enrollment in another plan.

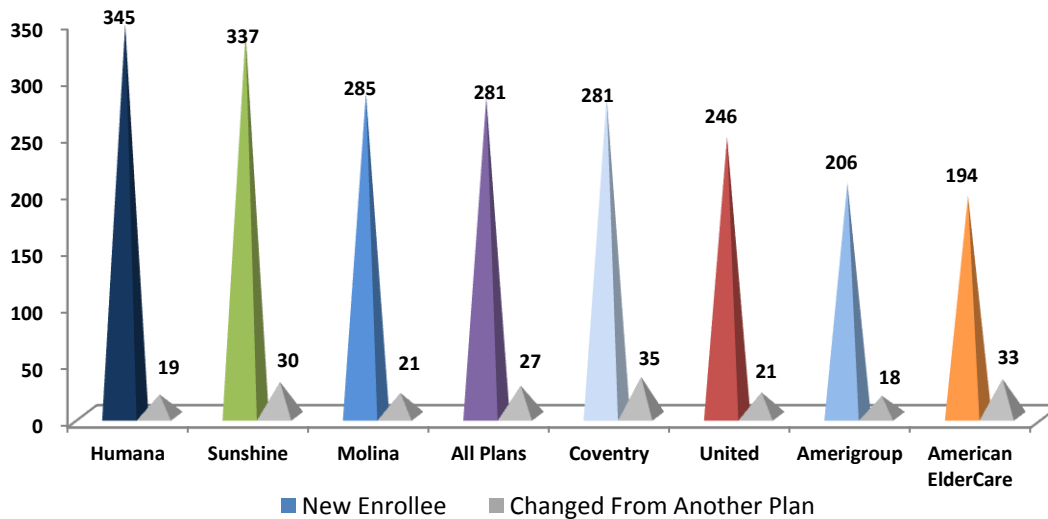
Figure 48: Net Gain (Loss) of Enrollees per 1,000 Enrollees by Plan, April 2014 - April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, April 2014 – April 2015

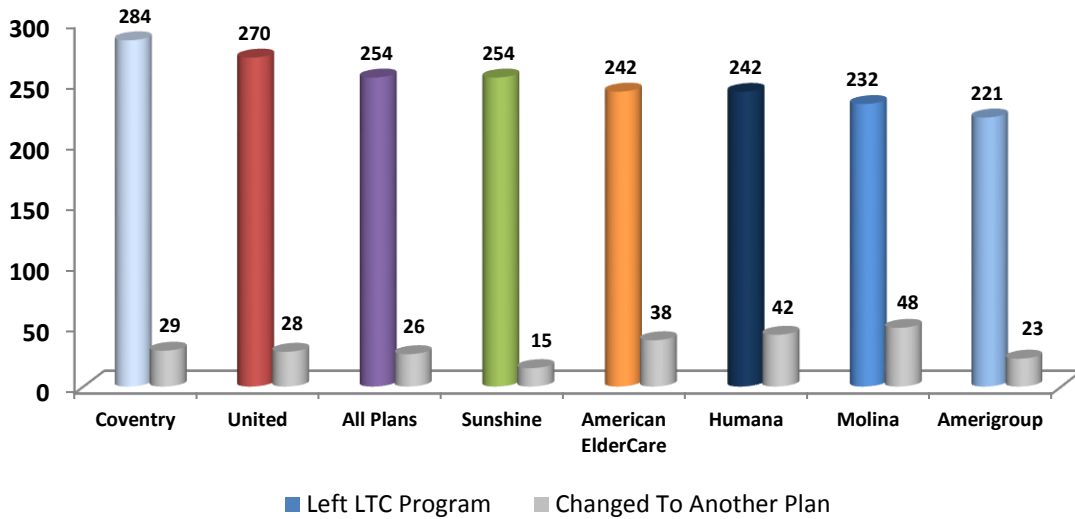
All LTC plans gained more enrollees from entry into the LTC program than from changes from other LTC plans.

Figure 49: New Enrollees and Plan Changes per 1,000 Enrollees, by Plan, April 2014 - April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, April 2014 – April 2015

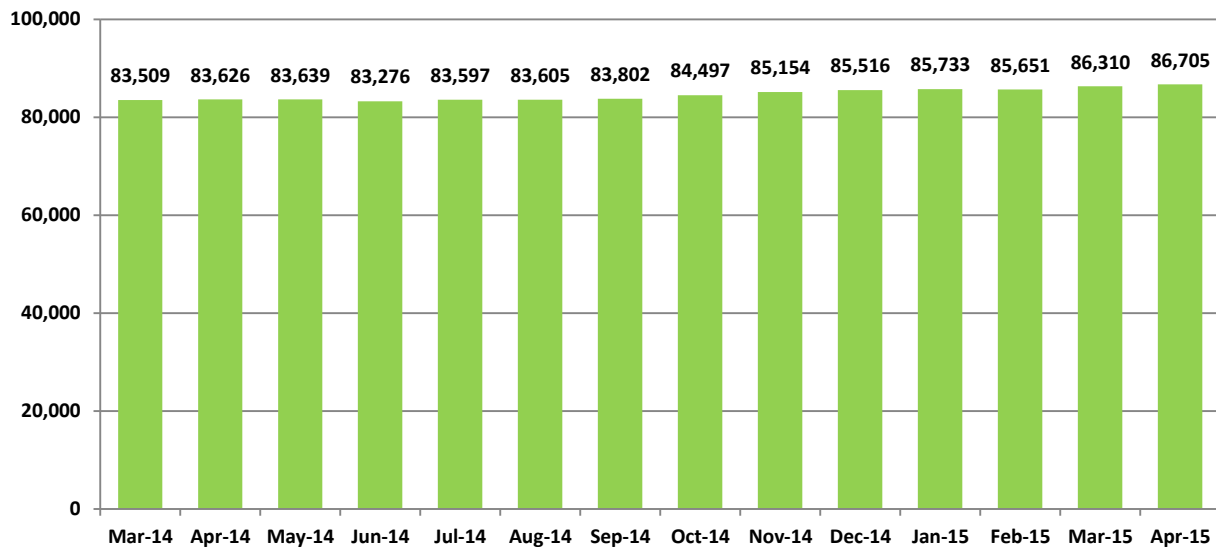
Figure 50: Enrollees Who Left the LTC Program or Changed To Another Plan per 1,000 Enrollees, by Plan, April 2014 - April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, April 2014 – April 2015

LTC plans lost enrollees more often due to exits from the LTC program than to changes to another plan.

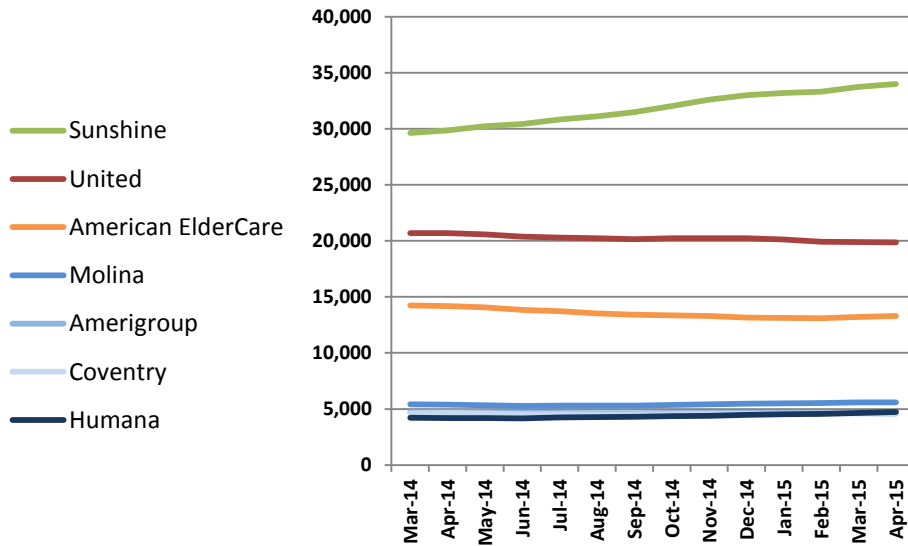
Figure 51: Statewide LTC Enrollment by Month, March 2014 – April 2015



Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – April 2015

Statewide, LTC enrollment increased from 83,509 in March 2014 to 86,705 in April 2015. However, not every plan experienced growth in enrollment for the review period.

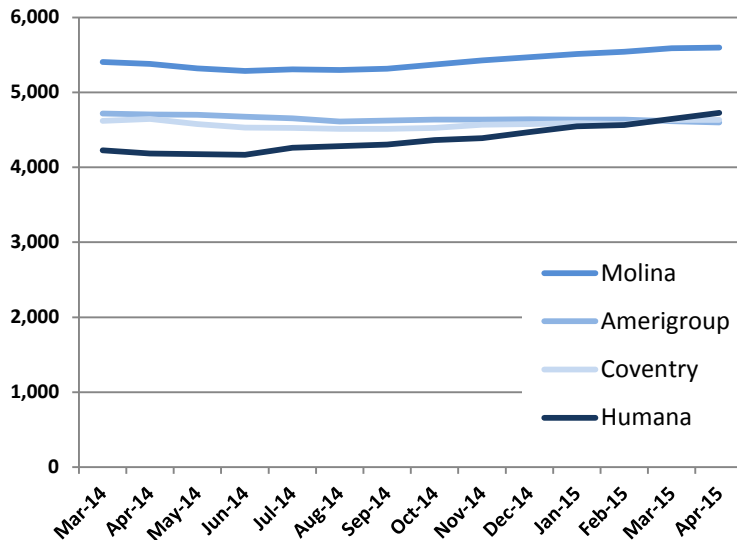
Figure 52: Statewide LTC Enrollment by Plan and Month, March 2014 – April 2015



Four LTC plans experienced enrollment growth over the review period – Sunshine, Molina, Humana, and Coventry. Three plans experienced a decline in enrollment over the review period – American ElderCare, United, and Amerigroup.

Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – April 2015

Figure 53: Statewide LTC Enrollment for Smaller Plans by Plan and Month, March 2014 – April 2015



Sunshine gained over 4,000 enrollees from the beginning of the review period to the end. American ElderCare and United each lost about 1,000 enrollees over the review period.

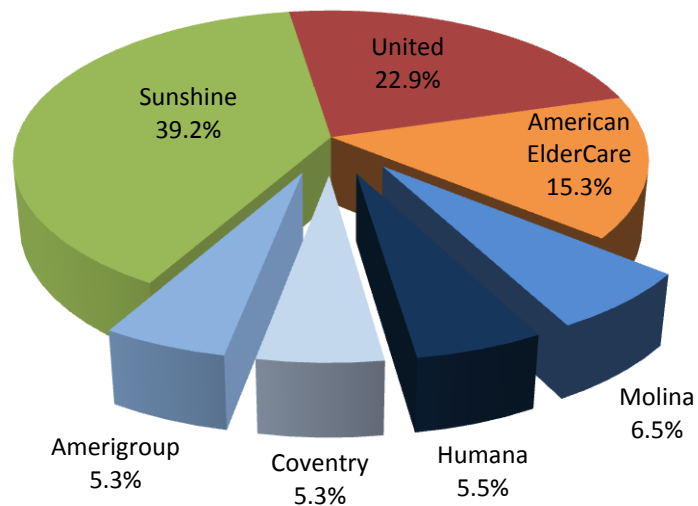
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – April 2015

LTC Market Share

Seven LTC plans provide long-term care services to enrollees in the Statewide Medicaid Managed Care (SMMC) program. Some LTC plans serve a larger share of the LTC population in Florida than others. Sunshine, United, and American ElderCare are the three LTC plans with the highest percentage of LTC enrollment. Once the SMMC LTC program was fully implemented in March 2014, Sunshine was the only LTC plan to experience an increase in market share. In contrast, American ElderCare and United each experienced a decline in market share.

By April 2015, Sunshine's share of the LTC enrolled population was approaching forty percent. Twenty-three percent was enrolled in United and fifteen percent in American ElderCare. About five percent of the enrolled population was in each of the other LTC plans - Molina, Amerigroup, Coventry, and Humana.

Figure 54: LTC Enrollment by Plan – April 2015



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

LTC Market Share by Plan and Region

The size of the LTC market varies by region. Over half of LTC enrollees in Florida reside in Regions 4, 5, 6, and 11. Fewer than ten percent reside in Regions 1 and 2. Each plan operates only in certain regions. Three plans operate in most of the state. American ElderCare serves all regions; Sunshine serves all regions; Sunshine serves every region except Region 2, and United serves every region except Region 1 and 10.

Figure 55: Percentage of LTC Enrollees Residing in Each Florida Region, April 2015

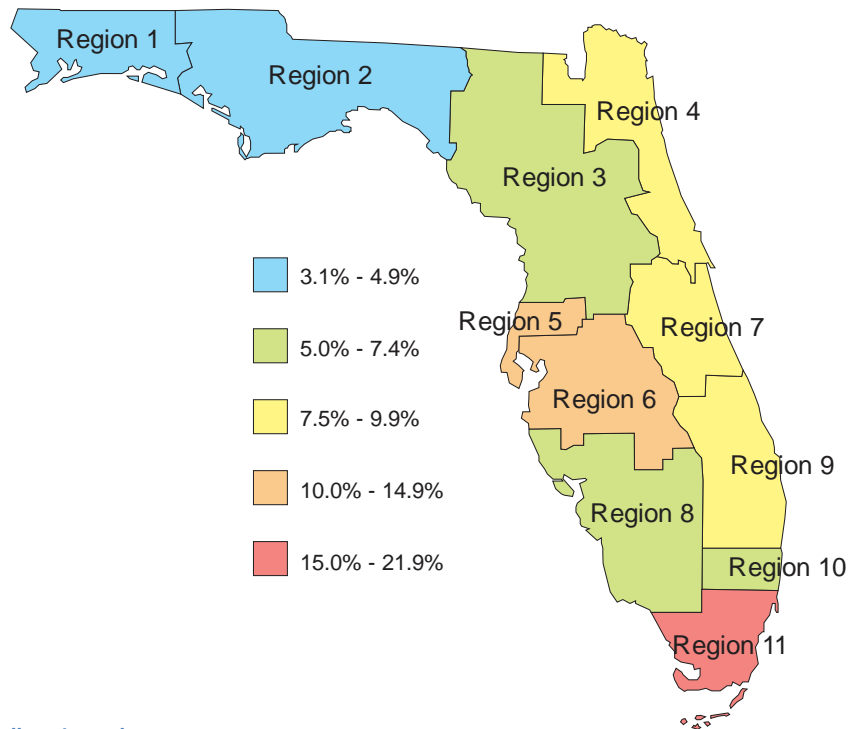
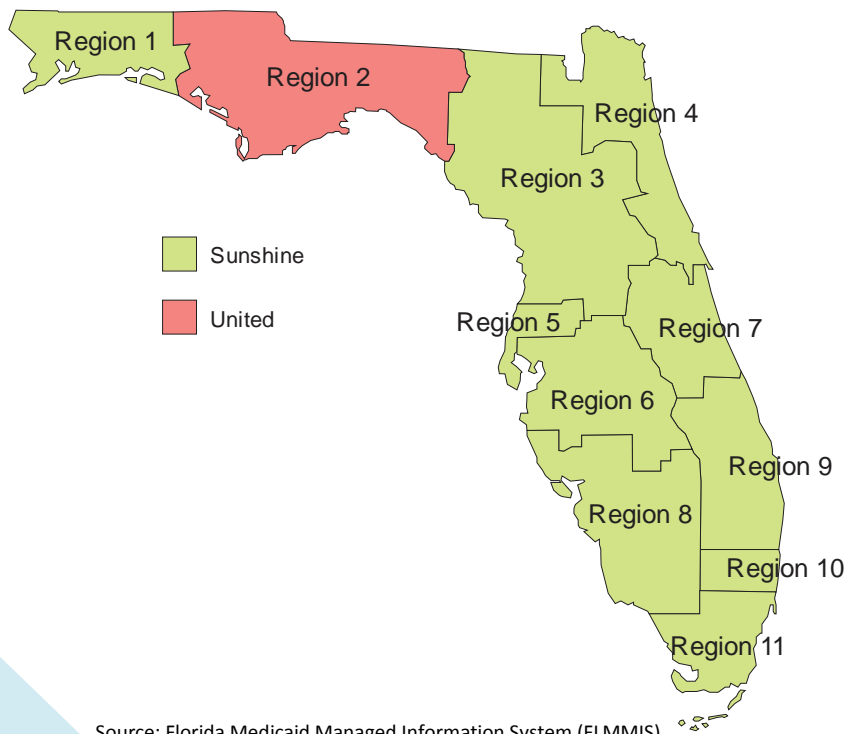


Figure 56: Plan with the Most LTC Enrollees in Each Region, April 2015

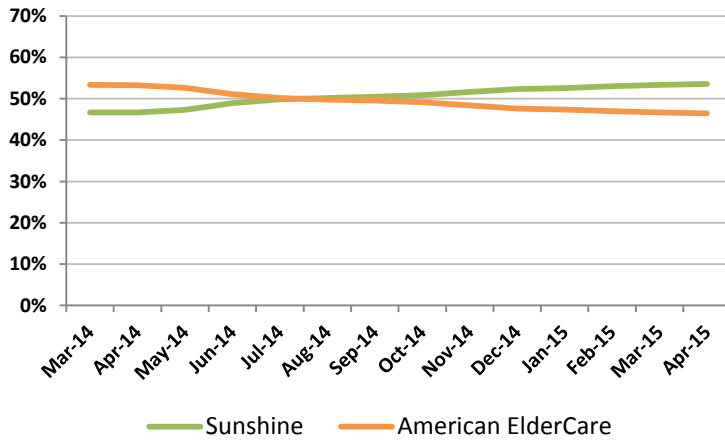
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, April 2015



Sunshine has the highest percentage of LTC enrollment statewide and in each of the 10 regions the plan serves. United has the highest percentage of LTC enrollment in Region 2. All of the LTC plans operated as managed care plans prior to the SMMC program although not always in the same regions that the plan serves in the SMMC program.

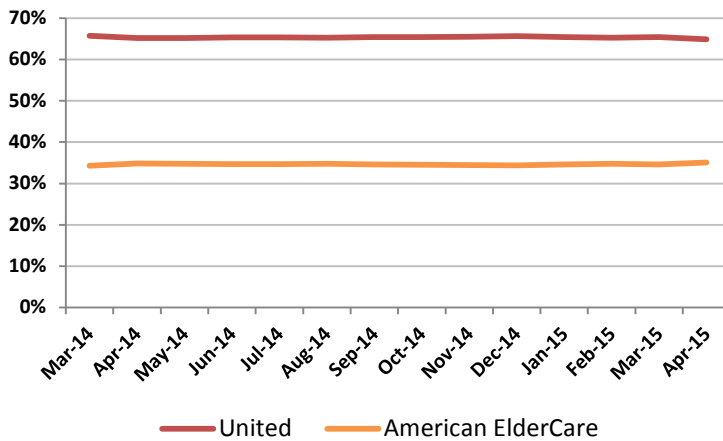
Source: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, April 2015

Figure 57: Percentage of LTC Enrollees by Plan in Region 1



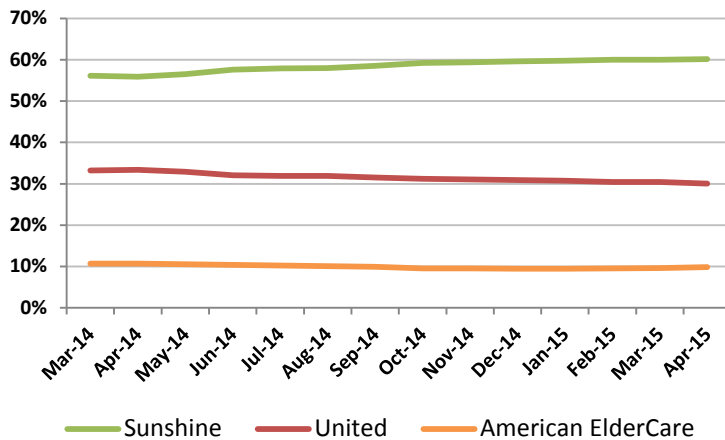
In Region 1, the LTC enrolled population was split somewhat evenly between American ElderCare and Sunshine. Both plans provided LTC services to enrollees in Region 1 prior to the implementation of SMMC. However, American ElderCare had a much higher percentage of the pre-SMMC market than Sunshine.

Figure 58: Percentage of LTC Enrollees by Plan in Region 2



United has the majority of LTC enrollment in Region 2. Both United and American ElderCare operated as nursing home diversion plans in Region 2 prior to SMMC. However, American ElderCare had a larger market share prior to SMMC.

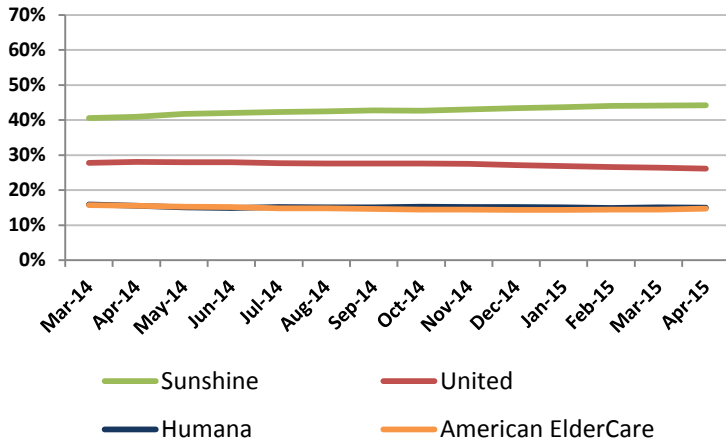
Figure 59: Percentage of LTC Enrollees by Plan in Region 3



Sunshine provides LTC services to the majority of enrollees in Region 3. All three LTC plans providing services in the SMMC program in Region 3 were also providing services in the region prior to SMMC.

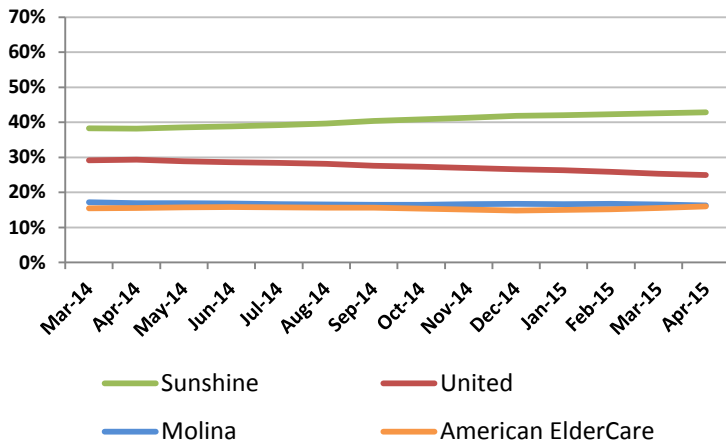
Source for figures 57-59: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – April 2015

Figure 60: Percentage of LTC Enrollees by Plan in Region 4



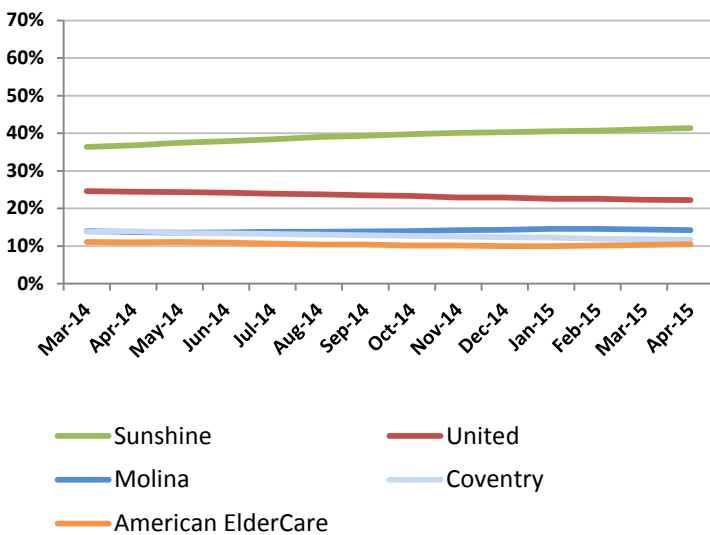
Prior to SMMC, American ElderCare provided LTC services to over half of Region 4 enrollees and United covered a little less than a quarter of enrollees in the region. Sunshine and Humana each had a small presence in the region prior to SMMC.

Figure 61: Percentage of LTC Enrollees by Plan in Region 5



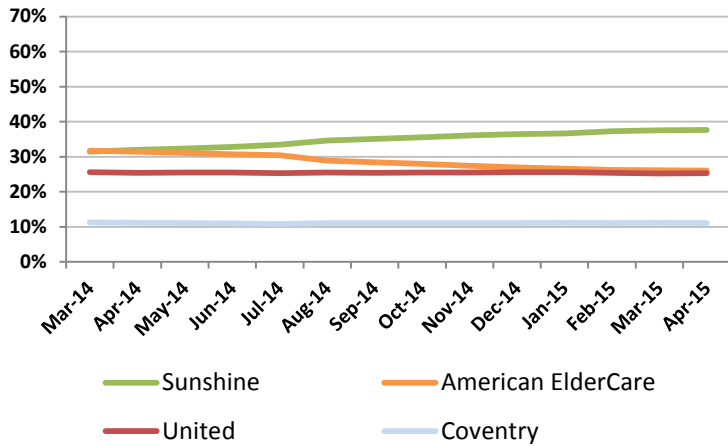
American ElderCare and Sunshine each had about a quarter of the pre-SMMC nursing home diversion market in Region 5. Molina and United also operated nursing home diversion plans in the region prior to SMMC.

Figure 62: Percentage of LTC Enrollees by Plan in Region



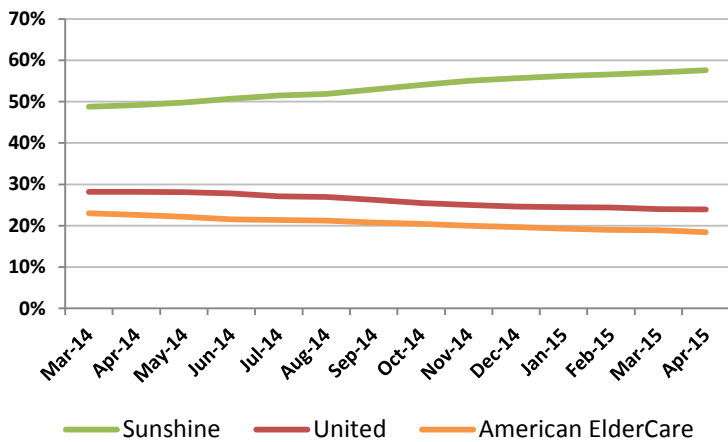
Sunshine, Amerigroup, and American ElderCare each had about a quarter of the nursing home diversion enrollment in Region 6. Molina and United also operated nursing home diversion plans in the region prior to SMMC.

Figure 63: Percentage of LTC Enrollees by Plan in Region 7



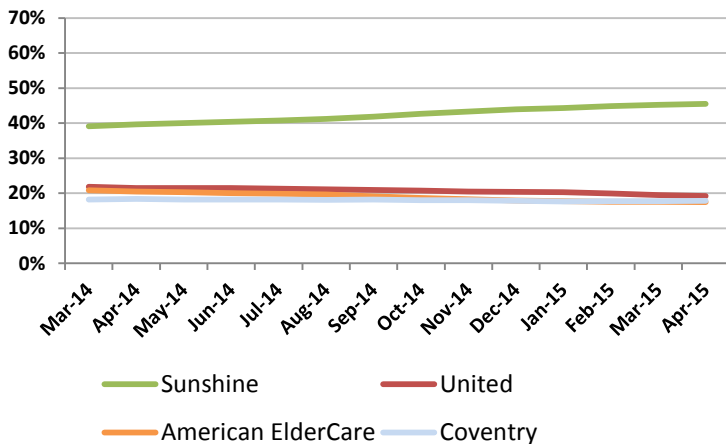
Prior to SMMC LTC implementation in Region 7, more than half of the nursing home diversion population was enrolled in American ElderCare while Sunshine had a small presence in the region. Coventry did not serve the region prior to SMMC.

Figure 64: Percentage of LTC Enrollees by Plan in Region 8



Sunshine gained market share in Region 8, while United and American ElderCare both lost market share in the region over the review period. Prior to SMMC, American ElderCare had a larger share of the nursing home diversion market in the region than Sunshine or United.

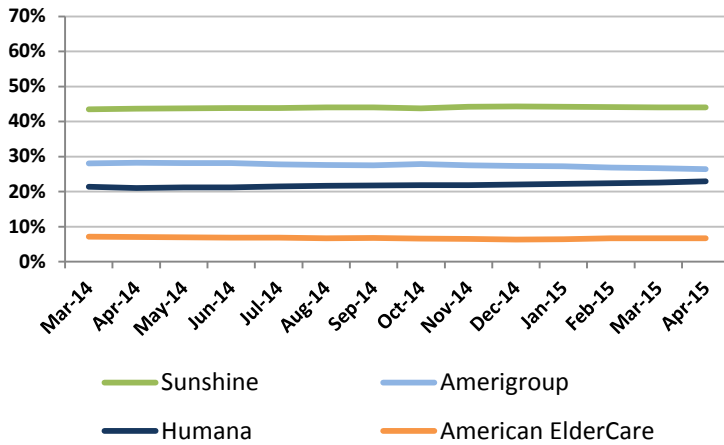
Figure 65: Percentage of LTC Enrollees by Plan in Region 9



Sunshine gained market share in region 9 relative to the other three plans operating in the SMMC program. Prior to SMMC, American ElderCare was the dominant nursing home diversion plan in the region. Coventry, Sunshine, and United each had a small presence in the region.

Source for figures 63-65: Florida Medicaid Managed Information System (FLMMIS) Eligibility Information, March 2014 – April 2015

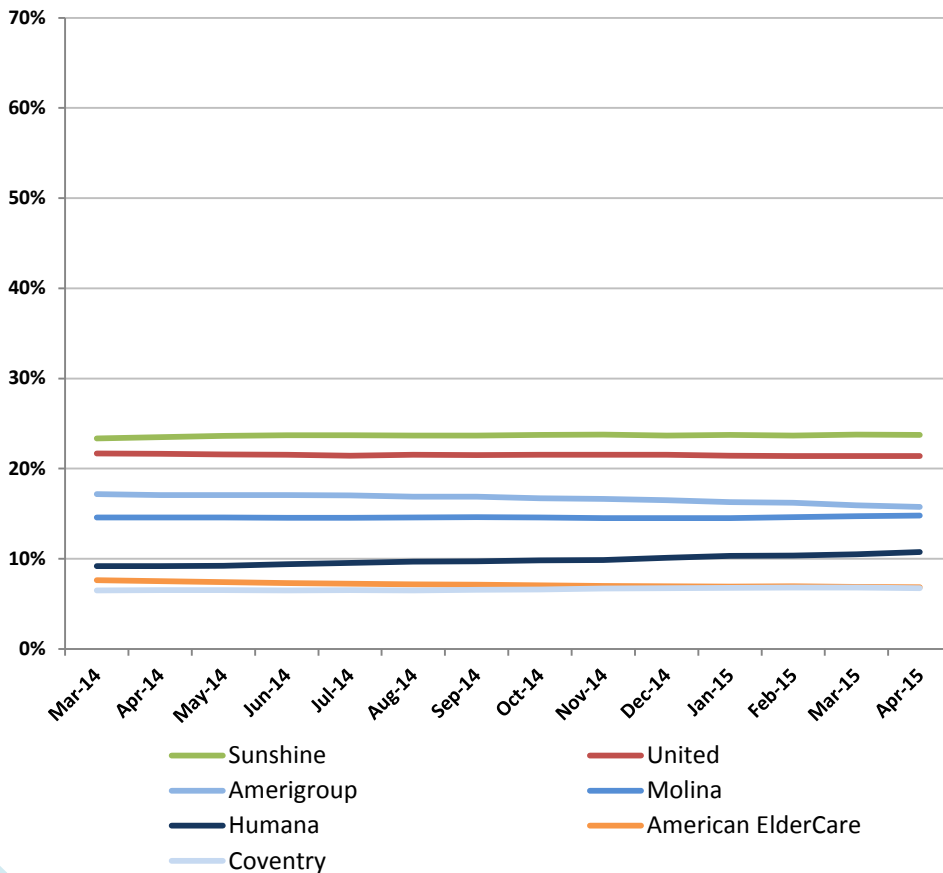
Figure 66: Percentage of LTC Enrollees by Plan in Region 10



Sunshine, Amerigroup, Humana, and American ElderCare operated in Region 10 prior to SMMC. Each served a small share of the enrollees in the region.

Source: Florida Medicaid Managed Information System (FLMMIS)
Eligibility Information, March 2014 – April 2015

Figure 67: Percentage of LTC Enrollees by Plan in Region 11



All seven LTC plans operated in Region 11 prior to SMMC, though five had a very small presence. United had the largest share of the region’s pre-SMMC long-term care population, followed by Humana.

Source: Florida Medicaid Managed Information System (FLMMIS)
Eligibility Information, March 2014 – April 2015

LTC Service Provision

Each LTC plan is required to ensure the provision of the covered services listed below to the plan's enrollees:

- Adult Companion Care
- Adult Day Health Care
- Assistive Care Services
- Assisted Living
- Attendant Care
- Behavioral Management
- Caregiver Training
- Care Coordination/Case Management
- Home Accessibility Adaptation Services
- Home Delivered Meals
- Homemaker Services
- Hospice
- Intermittent and Skilled Nursing
- Medical Equipment and Supplies
- Medication Administration
- Medication Management
- Nutritional Assessment/Risk Reduction Services
- Nursing Facility Services
- Personal Care
- Personal Emergency Response Systems (PERS)
- Respite Care
- Occupational Therapy
- Physical Therapy
- Respiratory Therapy
- Transportation Services

Source: Statewide Medicaid Managed Care (SMMC) Contract, Attachment I, Scope of Services

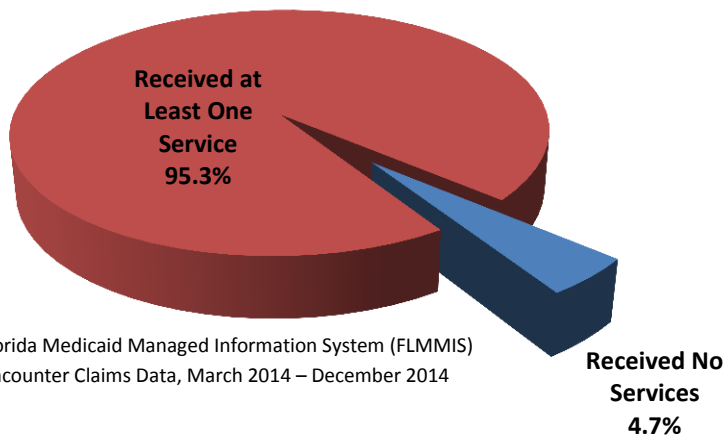
Additionally, the LTC plans all offer Expanded Benefits (Extra Benefits). Listed below are Approved LTC Expanded Benefits:

- ALF/AFCH Bed Hold
- Box Fan
- Caregiver Information/Support
- Cellular Phone Services
- Dental Services
- Document Keeper
- Emergency Financial Assistance
- Hearing Evaluation
- Household Set-Up Kit
- Mobile Personal Emergency Response System
- Non-Medical Transportation
- Nurse Helpline Services
- Over-The-Counter (OTC) Medication/Supplies
- Pill Organizer
- Support to Transition Out of a Nursing Facility
- Vision Services
- Welcome Home Basket
- Wellness Grocery Discount

Source: Statewide Medicaid Managed Care (SMMC) Contract, Attachment I, Scope of Services

LTC Plans are required to submit encounter data to the Agency within contractually specified timeframes for services provided. Encounters with a date of service between March 1, 2014 and December 31, 2014 were used to examine the number of LTC Plan enrollees who received services during the period. Fee-for-service claims were also used for American ElderCare during the period the LTC Plan operated as a fee-for-service PSN. These data are used to calculate the percentage of LTC enrollees receiving any LTC service in the SMMC program.

Figure 68: Percentage of LTC Enrollees Who Received Any Service, March 2014 – December 2014



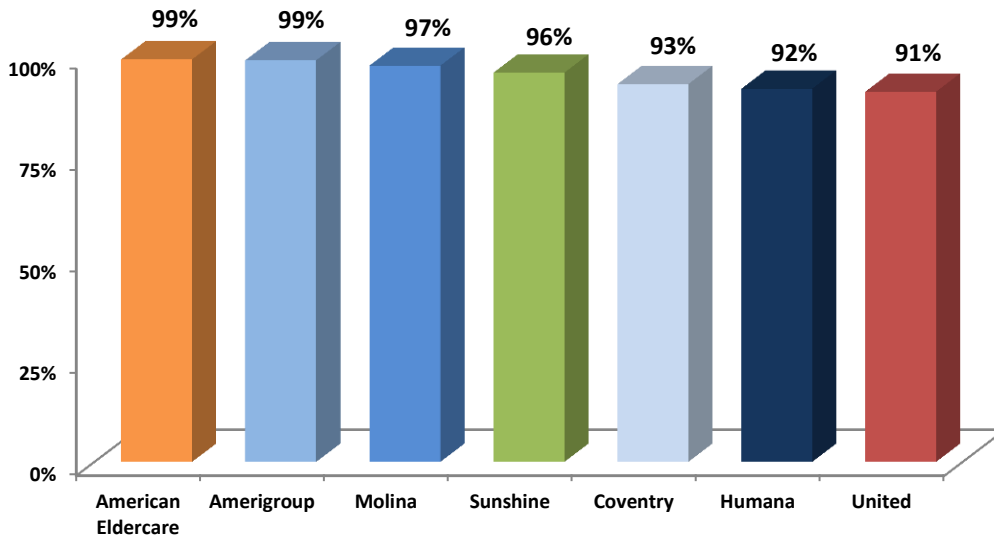
Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, March 2014 – December 2014

Ninety-five percent of all LTC enrollees received one or more service during the review period. Five percent of LTC enrollees did not receive a service.

Recipients were more likely to have not received any service if they were eligible for Medicaid services for a short duration – a total of only a month or two. Generally speaking, LTC recipients should receive services every month given the high level of care needed by recipients who qualify for the LTC program. It is likely that issues with the encounter submission process have contributed to the appearance that some long-term care recipients received no services. The Agency has been working with plans to improve the accuracy and quality of encounter submissions.

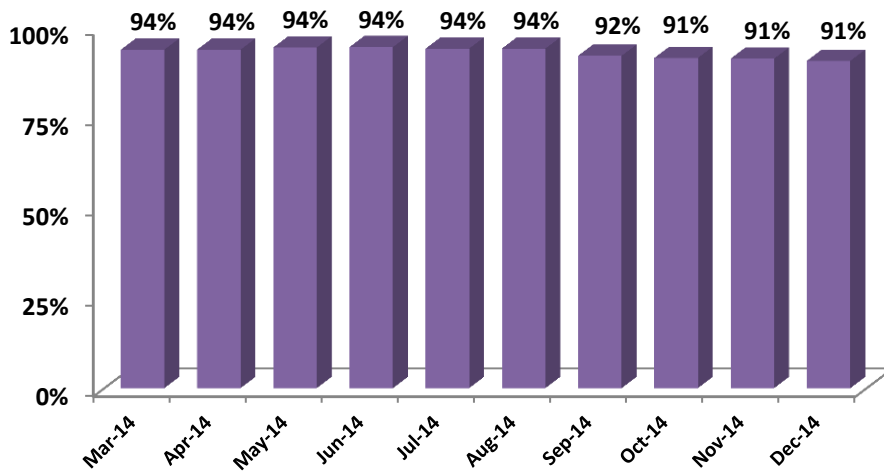
The percentage of LTC enrollees who received a service varied among LTC plans. Over 95 percent of enrollees in American ElderCare, Amerigroup, Molina, and Sunshine received at least one LTC service during the review period. United had the lowest percentage of enrollees who received a service at 91 percent.

Figure 69: Percentage of LTC Enrollees Who Received Any Service by Plan, March 2014 – December 2014



Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, March 2014 – December 2014

Figure 70: Percentage of LTC Enrollees Who Received Any Service by Month, March 2014 – December 2014

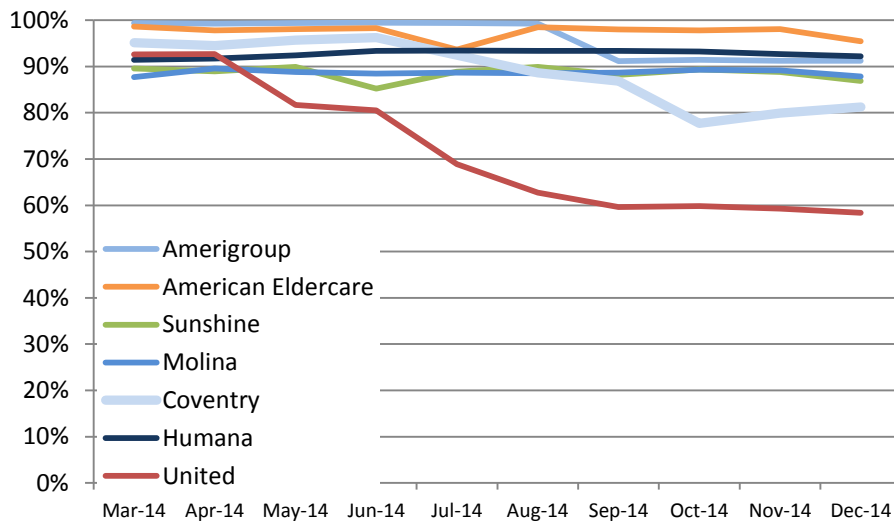


Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, March 2014 – December 2014

*Given the issues with United’s submission of LTC claims, United is not included in the results for this figure.

The percentage of recipients who received a service during a one-month period is lower than the percentage who received a service over the review period. To the extent that enrollees do not use services every month, monthly percentages will be lower than the overall average. Receipt of any LTC service ranged from a high of 94 percent in March of 2014 to a low of 91 percent in December 2014.

Figure 71: Percentage of LTC Enrollees Who Received Any Service by Month and Plan, March 2014 – December 2014



Source: Florida Medicaid Managed Information System (FLMMIS) Encounter Claims Data, March 2014 – December 2014

Most plans experienced some fluctuation in the percentage of enrollees receiving a service. Molina and Humana had the least variation in percentages over the review period. United’s declining utilization rates over time are likely due to issues with United submitting some LTC encounters using

their MMA Trading Partner Identification. The agency is currently working with United to resolve this problem. Until the problem is resolved, LTC encounters submitted using United’s MMA Transaction Plan ID cannot be isolated and included in the results reported here.

Conclusion

Enrollment in Statewide Medicaid Managed Care has continued to increase since implementation was completed in August 2014. During the review periods for this Quarterly Report, August 2014 through April 2015 for Managed Medical Assistance (MMA) and March 2014 through April 2015 for the Long-Term Care (LTC) program, MMA enrollment reached 2.9 million enrollees and LTC enrollment increased to more than 86,000 enrollees.

All MMA plans gained and lost enrollees as individuals entered and exited the program or took advantage of the opportunity to change plans. Most MMA plans experienced increases in enrollment, although there were a few exceptions. Staywell, Sunshine, Amerigroup, Prestige, Humana, and United served over 80 percent of the MMA market. While statewide market share for MMA plans remained stable over the period of review, some plans made regional gains in market share. Humana made small gains in market share in each of the five regions it serves. In most regions, the market share of each MMA plan is similar to the health plan's share of the market in the region prior to MMA. However, health plans previously dominant in regions 1, 4, and 9 experienced notable changes in market share. Almost three quarters of all MMA enrollees received services from MMA plans from August 2014 through December 2014. Sixty-seven percent of the enrollees received a medical service, and forty-nine percent received a pharmacy service during the five month period. MMA Specialty plan enrollees, who include enrollees with chronic conditions or specific diagnoses, are likely to use services on a more frequent basis than MMA Standard plan enrollees. The majority of reported issues and complaints about the MMA program concerned services, such as issues with the quality of services or problems obtaining authorization for services, or difficulties providers experience in obtaining payment for services provided. The overwhelming majority of complaints registered during the period were resolved.

LTC plans also gained and lost enrollees as individuals entered and exited the program or switched plans. Four of the seven LTC plans experienced increasing enrollment during the review period while three plans experienced declining enrollment. Sunshine's LTC plan served more enrollees than any other LTC plan. Sunshine gained substantial LTC market share in eight of its ten regions, and gained market share relative to its pre-SMMC share of the long-term care market in almost every region it served. American ElderCare lost LTC market share in seven of the eleven regions it serves, and United lost market share in six of the nine regions it serves. LTC enrollees are more likely to use services on a more frequent basis than any other SMMC plan enrollees. Ninety-five percent of enrollees received services from LTC plans from March 2014 through December 2015.