

# **Florida Medicaid Managed Medical Assistance Waiver**

**1115 Research and Demonstration Waiver  
#11-W-00206/4**

## **Annual Report**

**July 1, 2017 – June 30, 2018  
Demonstration Year 12**

**Agency for Health Care  
Administration**



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# Managed Medical Assistance Program

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## Annual Report Requirement

The State is required to submit an annual report summarizing the events that occurred during the previous demonstration year or that are anticipated to occur in the near future that affect health care delivery. This annual report is for demonstration year (DY) 12, covering the period of July 1, 2017, through June 30, 2018.

For detailed information about the activities that occurred previously, please refer to the State's quarterly and annual reports, available at:

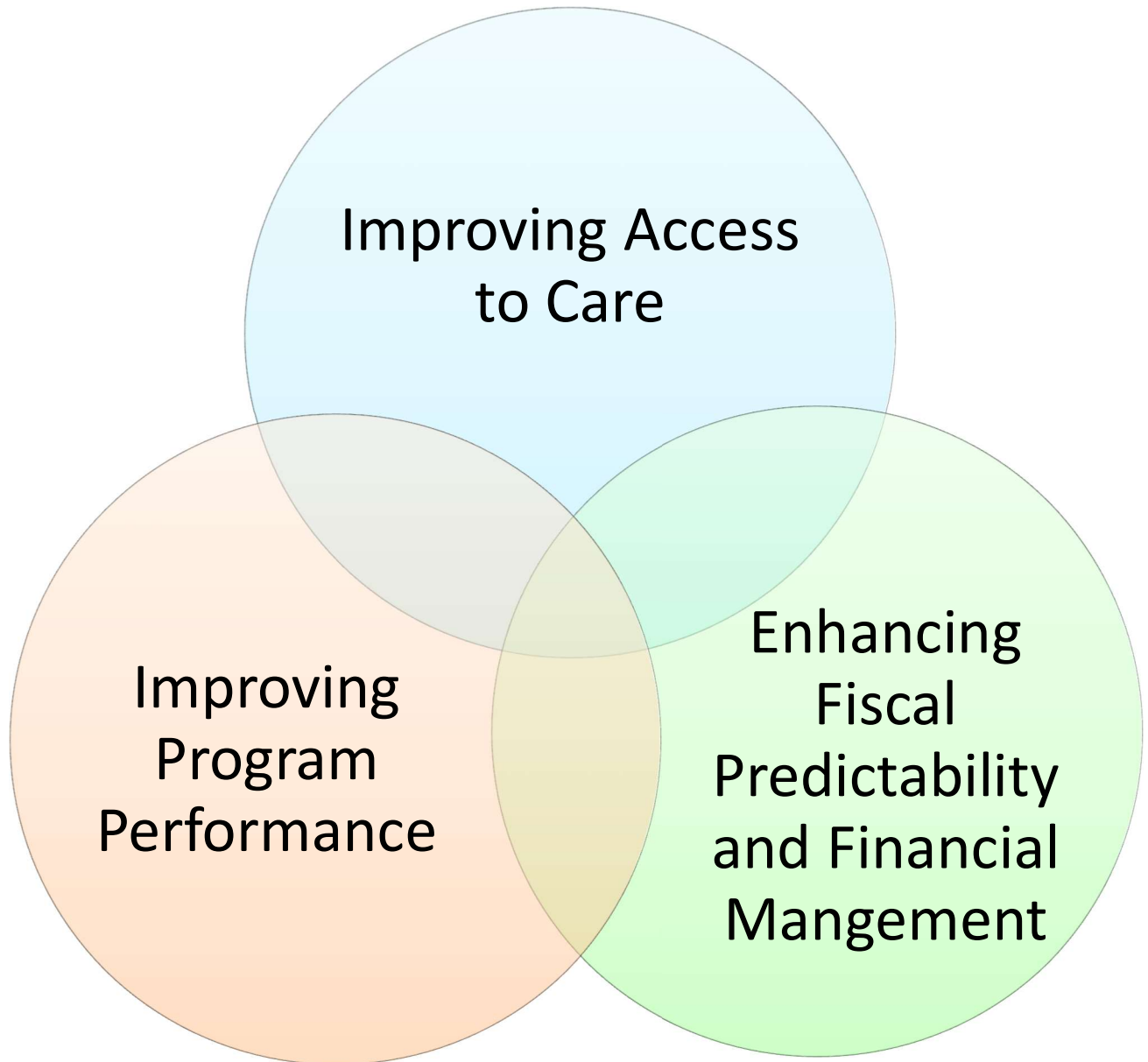
[http://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Policy/federal\\_authorities/federal\\_waivers/mma\\_fed\\_auth.shtml](http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth.shtml).

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## Demonstration Goals

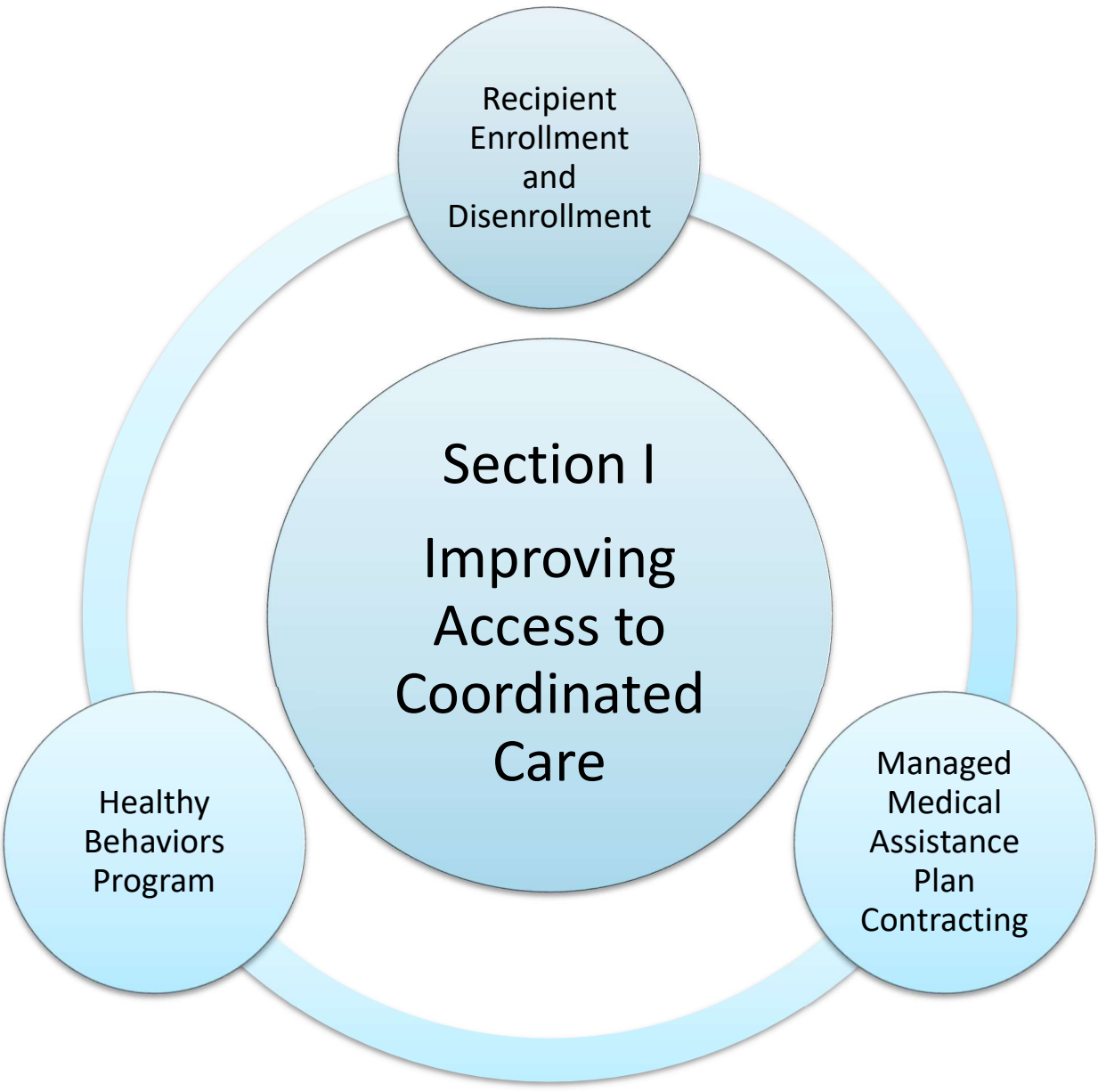
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The Managed Medical Assistance (MMA) program improves health outcomes for Florida Medicaid recipients while maintaining fiscal responsibility. This is achieved through care coordination, patient engagement in their own health care, enhancing fiscal predictability and financial management, improving access to coordinated care, and improving overall program performance.



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# Recipient Enrollment and Disenrollment Activities

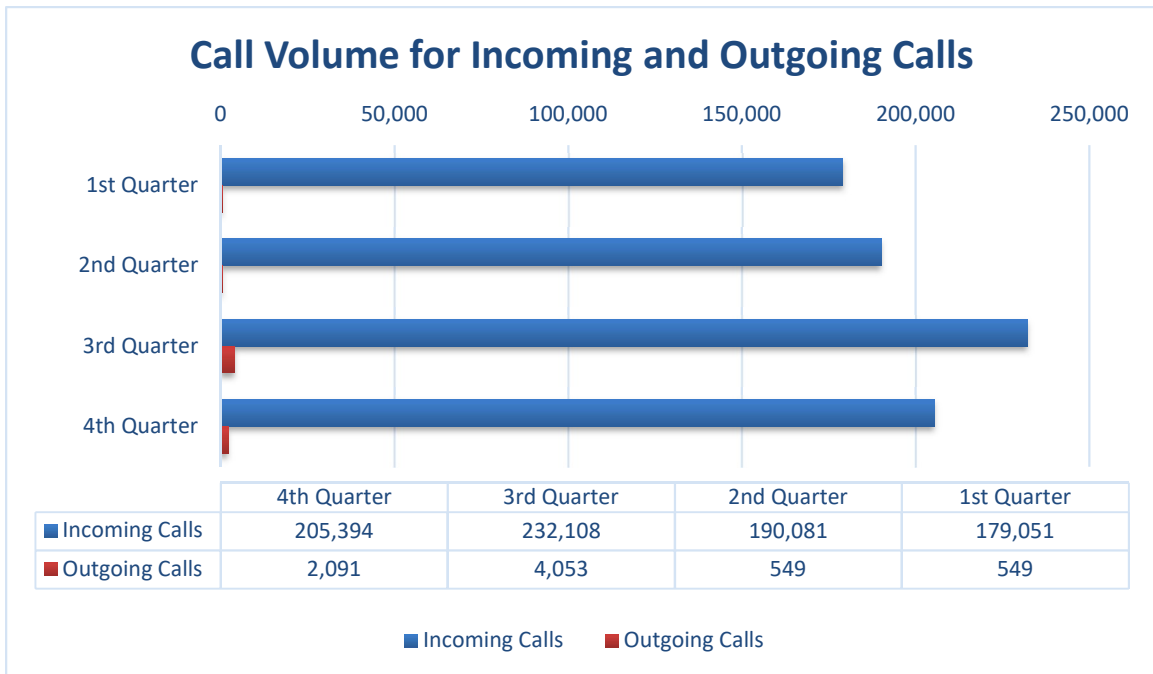
The State of Florida enrolls individuals who are mandatory for enrollment in the MMA program into an MMA plan immediately upon being determined eligible for Florida Medicaid. This process allows Florida Medicaid recipients the immediate benefit of receiving their health care through an integrated system of care as well as access to the expanded benefits offered by the MMA plan.

The Agency for Health Care Administration (Agency) contracts with a choice counseling vendor to manage Florida Medicaid recipients' enrollment in, and disenrollment from, managed care plans.

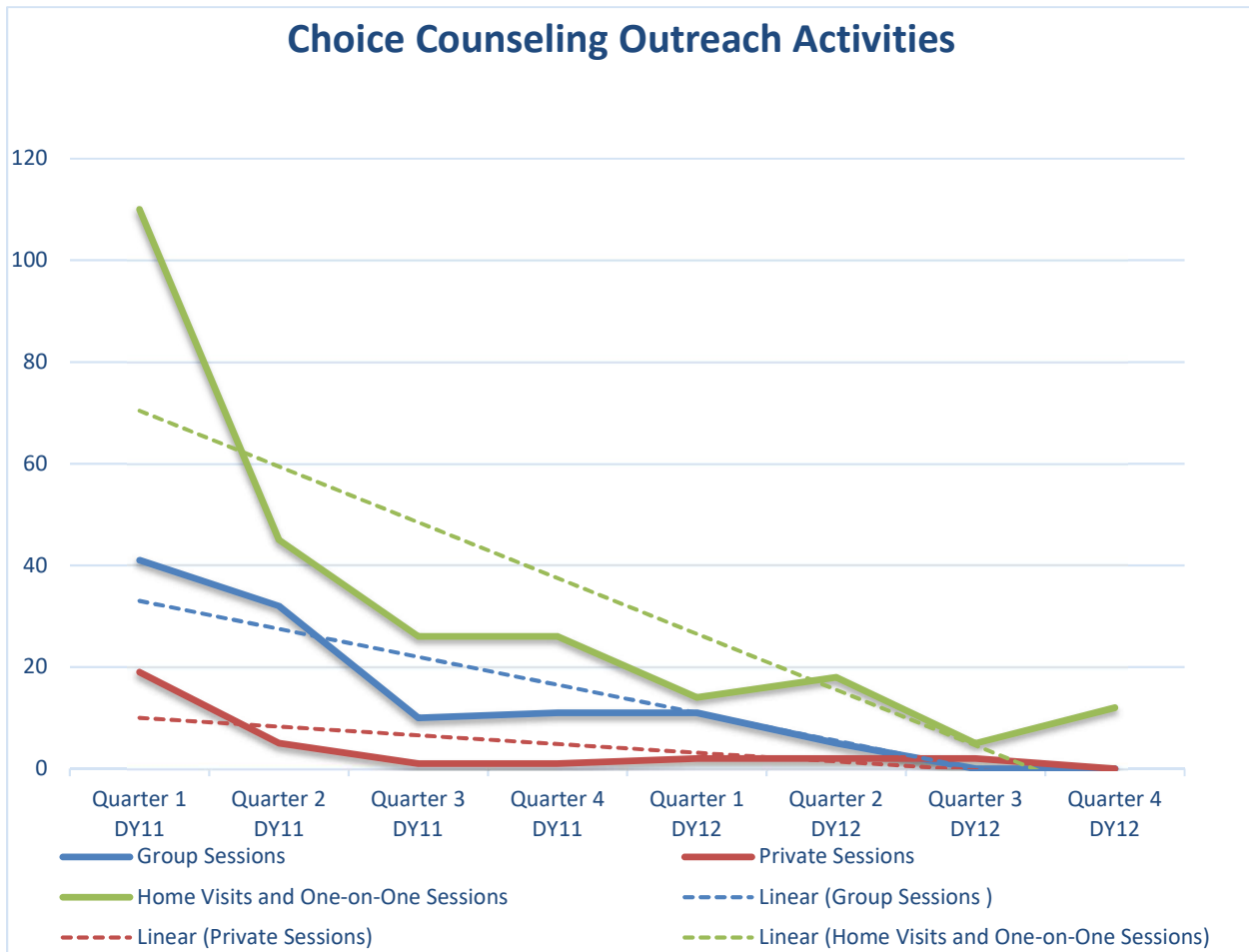
See Attachment I for the MMA plan and regional enrollment for DY12.

## A. Choice Counseling Call Center Activities

Incoming calls represented approximately 99% of the total calls during DY12.

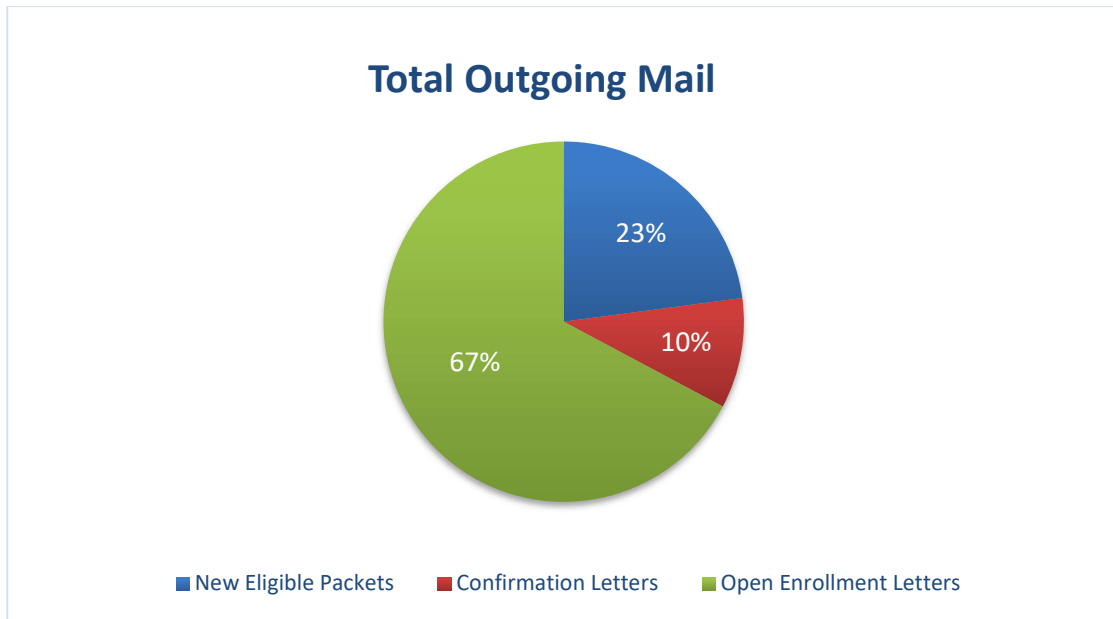
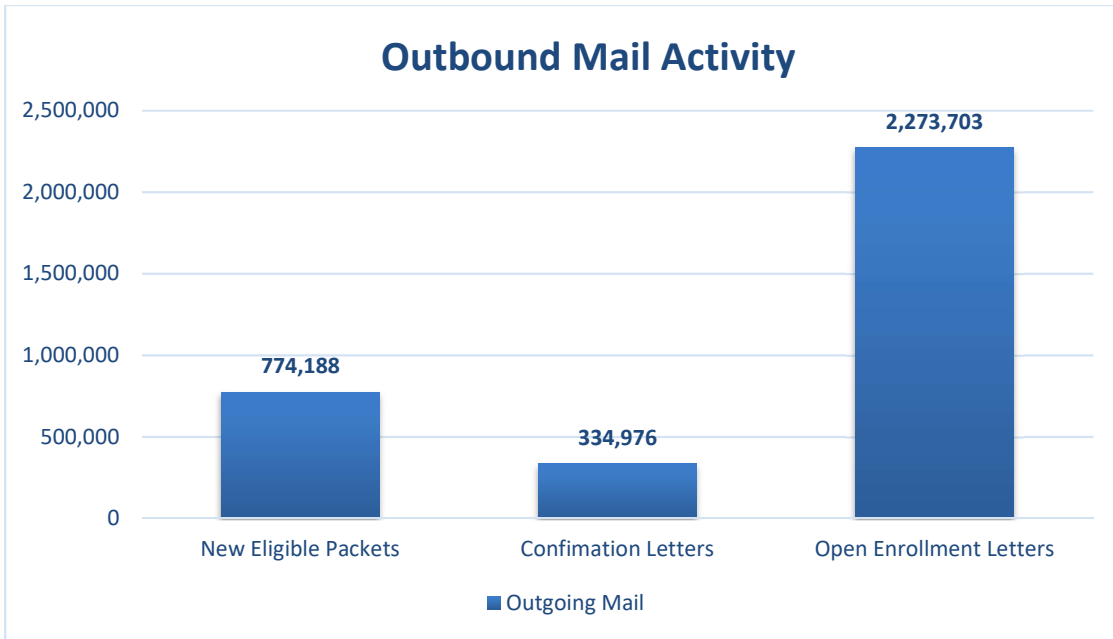


## B. Face-to-Face Outreach and Education



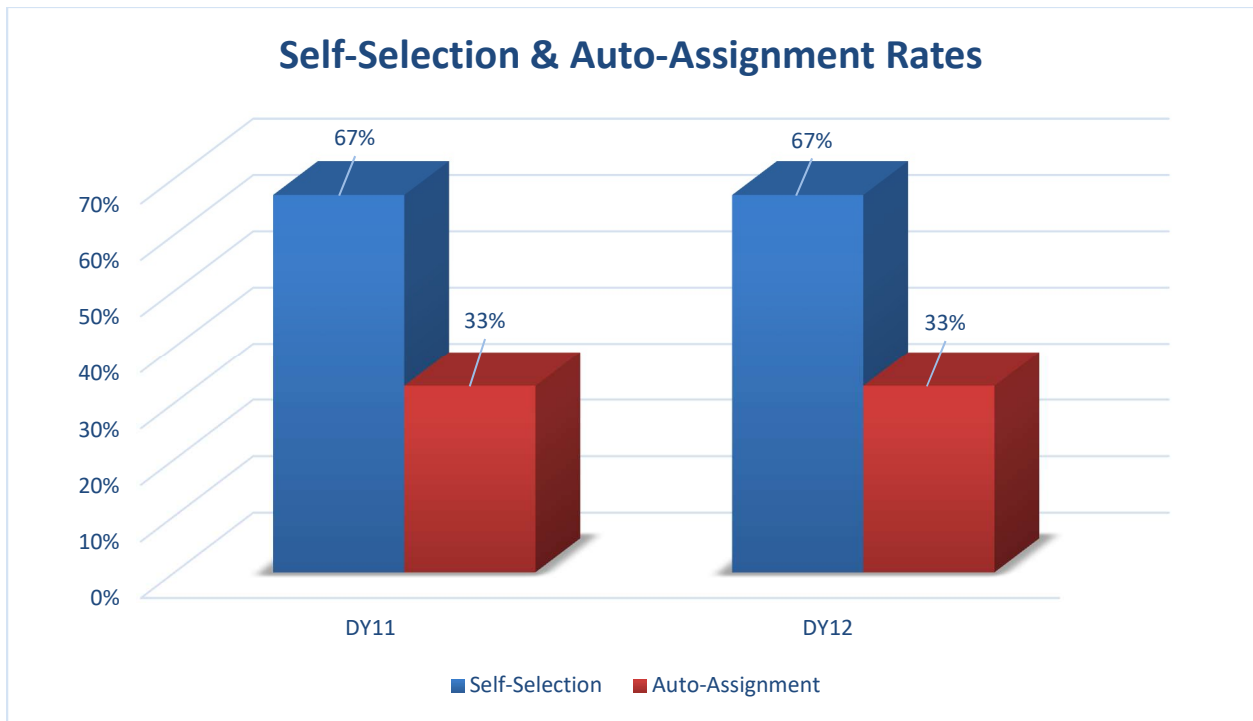
The overall demand for face-to-face choice counseling sessions continues to decrease. The maximum demand in DY12 is approximately 84% lower than DY11, as more recipients are choosing to access choice counseling through the online portal or the call center.

### C. Outbound Mail Statistics



During DY12, the State's choice counseling vendor mailed 2,273,703 open enrollment letters, accounting for approximately 67% of the total outgoing mail.

## D. Enrollment and Disenrollment Statistics

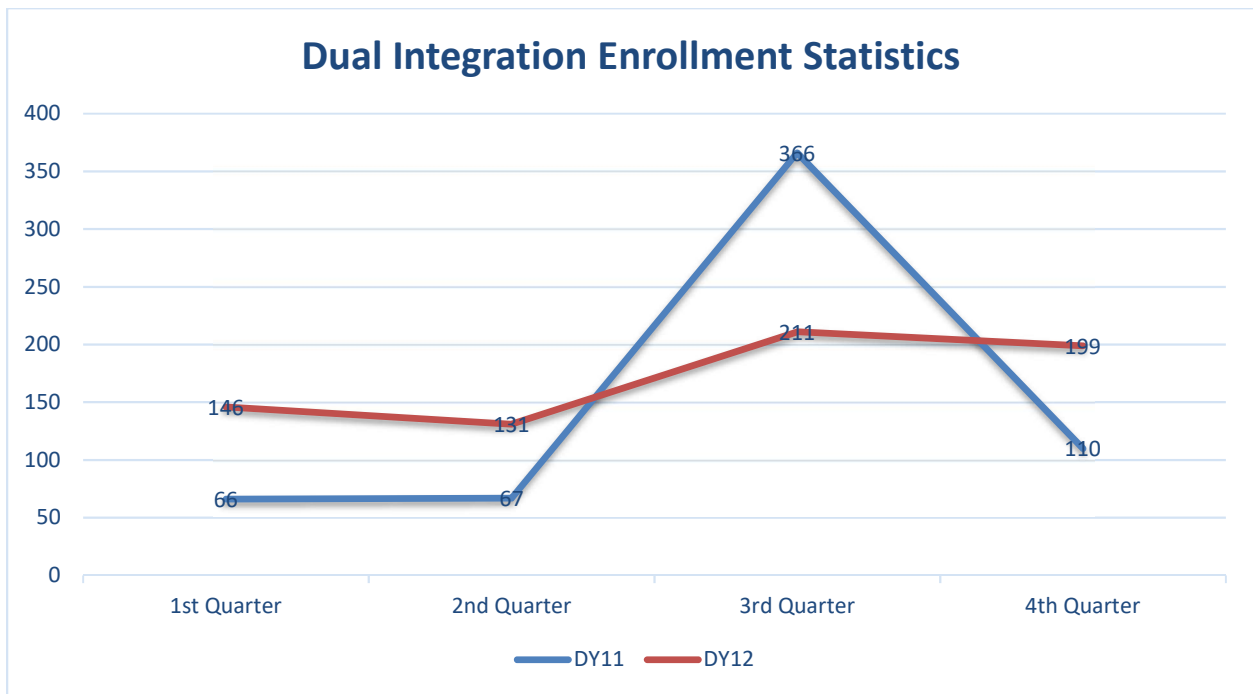


The State encourages recipient engagement in the plan selection process. The self-selection rate among recipients remained at 67% of recipients self-selecting their MMA plan during DY11 and DY12.

## Dual Integration for Medicare

Individuals fully eligible for both Medicare and Florida Medicaid (dually eligible recipients) are required to enroll in an MMA plan to receive Florida Medicaid covered services. Recipients who do not choose an MMA plan are auto-assigned to a plan using the dual eligible auto assignment algorithm. The algorithm helps promote alignment between Medicare and Medicaid by enrolling Florida Medicaid recipients into the MMA plan that is considered a “sister plan” to their Medicare Advantage Plan, when available.

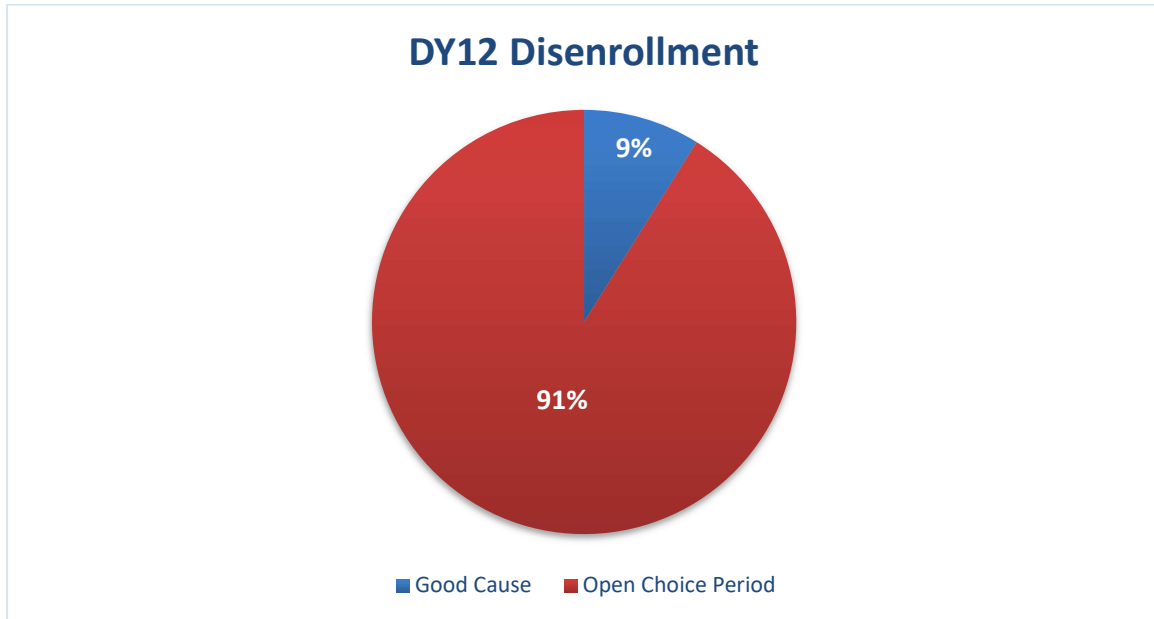
Medicare recipients are in open enrollment during the third quarter of each reporting period, which results in higher enrollment numbers. The total number of dually eligible recipients enrolled into sister MMA plans during each quarter of DY12 followed the projected trend.



## E. Disenrollment Statistics

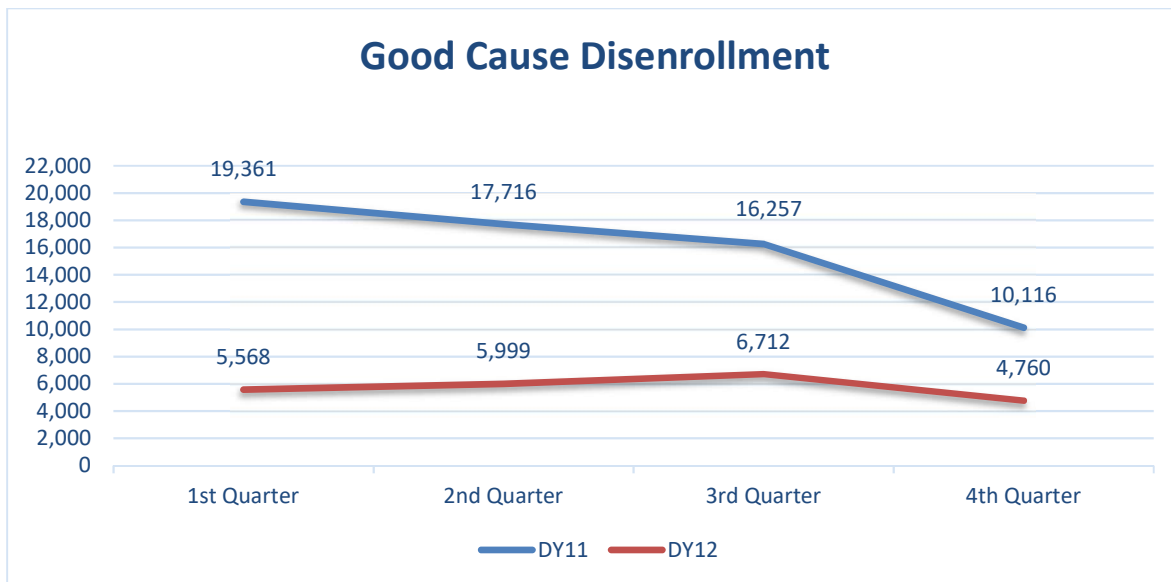
The State categorizes enrollee disenrollments from an MMA plan into two types:

1. Open Choice Period Disenrollment
2. Good Cause Disenrollment



### Good Cause Disenrollments

Disenrollments outside of the 120-day post enrollment period, or outside of the enrollee's open enrollment period, are only allowable for good cause. Good cause reasons are defined in the Code of Federal Regulations.



The number of good cause disenrollment requests declined approximately 53% from DY11 to DY12.



# Managed Medical Assistance Plan Contracting Activities

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## A. Plan Contracting Status

The Agency continued contracts with 11 MMA standard plans and six MMA specialty plans during the reporting period. The current MMA plan contract expires on December 31, 2018. The Agency released an Invitation to Negotiate (ITN) on July 14, 2017 to solicit bids for a new five-year contract term. In April 2018, the Agency announced the contract awards. The Agency will award contracts to seven comprehensive plans, five MMA-only plans, one long-term care (LTC) plus plan, and five MMA specialty plans.

## B. Contract Amendments

The Agency finalized a general contract amendment for the MMA plans in February 2018, and began work on a contract amendment for the reporting requirements that will survive after the current MMA contract ends in December 2018. The Agency also compiled revisions for the next Medicaid Managed Care Report Guide and began work on the MMA contract resulting from the ITN procurement. Examples of substantive changes made to the current MMA contract during DY12 include:

- The Agency took over conducting Medicaid Fair Hearings for Statewide Medicaid Managed Care (SMMC) enrollees from the Florida Department of Children and Families
- Incorporated several provisions from the Managed Care Final Rule (42 CFR 438)
- Incorporated subcontract elements per federal requirements (42 CFR 438)
- Added subcontractor records retention requirements per federal regulations (42 CFR 438)
- Revised Medicaid Physician Incentive Program reporting requirements

A copy of the model contract is available on the Agency's Web site at:

<http://ahca.myflorida.com/SMMC>.

## C. Communication to MMA Plans

During DY12, the Agency released 25 policy transmittals and two contract interpretations. Examples of policy transmittal topics include:

- Ad hoc reporting requests
- Changes to reporting templates
- New coverage requirements

- Revised reporting requirements

A full listing of the Agency's communications to MMA plans is available on the Agency's Web site at: <http://ahca.myflorida.com/SMMC>.

## D. Managed Care Plan Outreach

The MMA program facilitates outreach and informational opportunities for Florida Medicaid recipients that would not be available without the MMA plans. During the reporting period, plans either sponsored, co-sponsored, or participated in 2,982 events.

There are three types of events: Public, Educational, and Marketing Events. Examples of events conducted during the reporting period include:

- Public – *Healthy Mothers, Healthy Babies of Broward 6<sup>th</sup> Annual Me and My Dad Challenge*. This event aimed to encourage fathers' engagement in their children's lives. The Me and My Dad Challenge is one of the signature events of the Broward AWARE Protecting Children Campaign, which brings awareness to prevention of child abuse and neglect.
- Educational – *Medicaid Valentines Educational Event*. Members were invited for a day of fun and learning. Members were able to meet their favorite movie characters and enjoy music, carnival concessions, face painting, and a rest station for adults.
- Marketing – *All Things New Empowering Journey*. Health plans provided potential enrollees with plan-specific information and resources, with the intention of influencing Medicaid recipients or individuals potentially eligible for Medicaid to enroll in a specific managed care plan. The event also provided family activities, games, and health related information for all participants.

# Healthy Behaviors Program

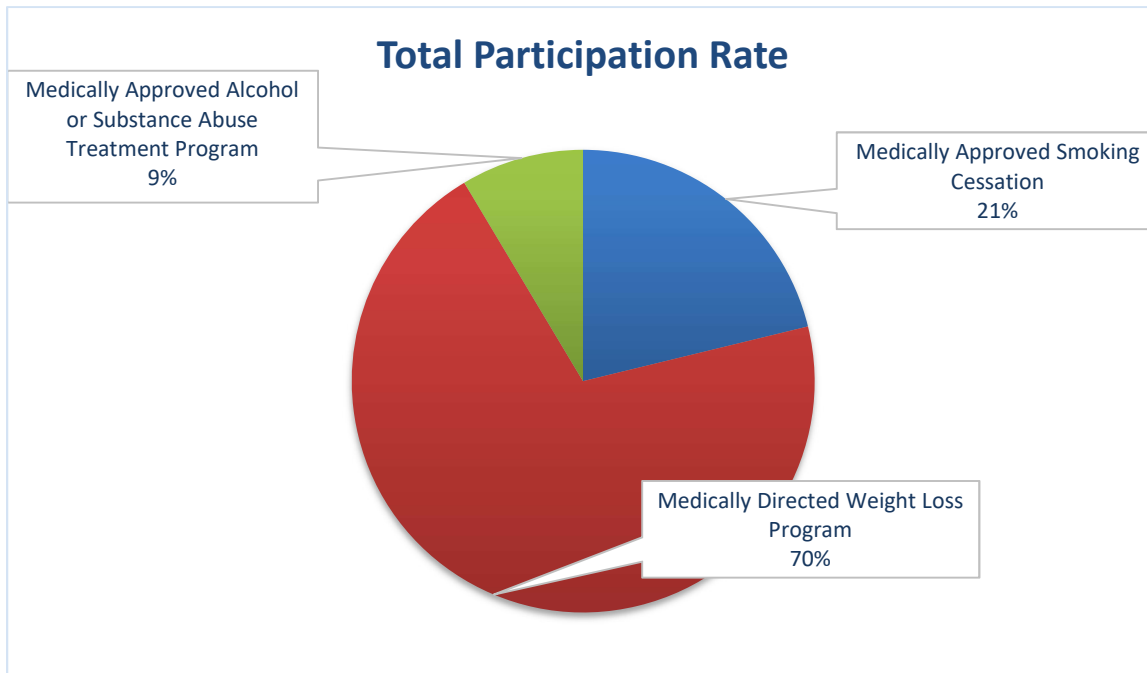
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The MMA plans are required to offer at least the following three Healthy Behaviors programs:

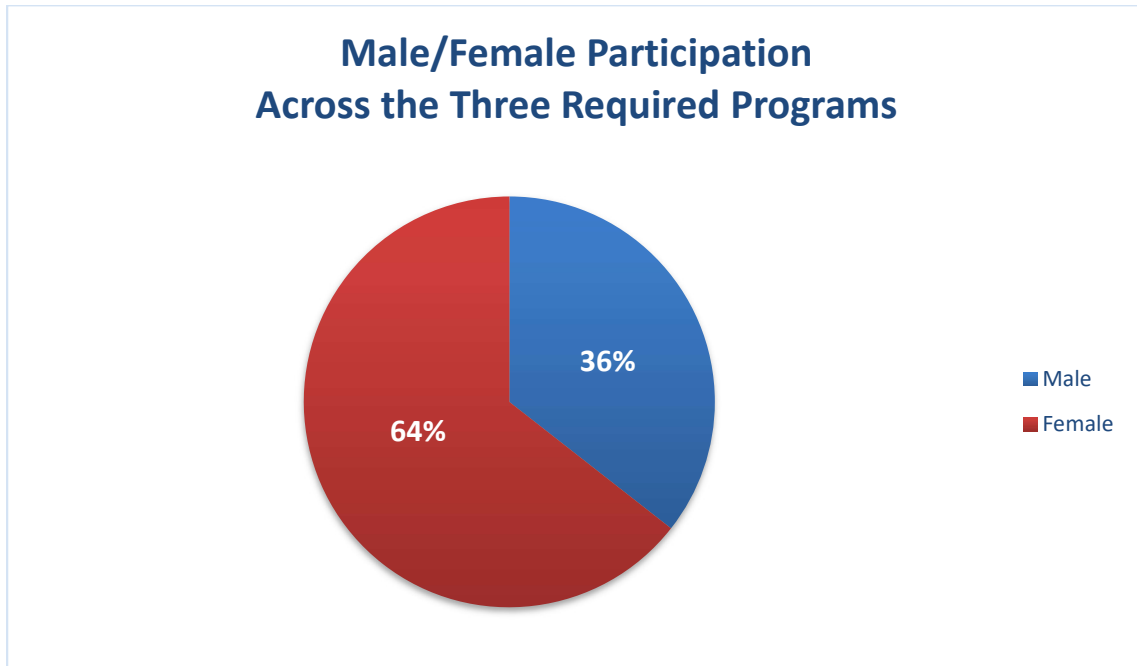
- Medically approved smoking cessation program
- Medically directed weight loss program
- Alcohol or substance abuse treatment program

The Agency encourages plans to offer additional Healthy Behaviors programs. Accordingly, several offer programs in preventive dental, prenatal care, and well child visits, in line with some of the State's primary goals and areas of interest for the MMA program. Attachment II provides the data reported by the MMA plans for all Healthy Behaviors programs offered.

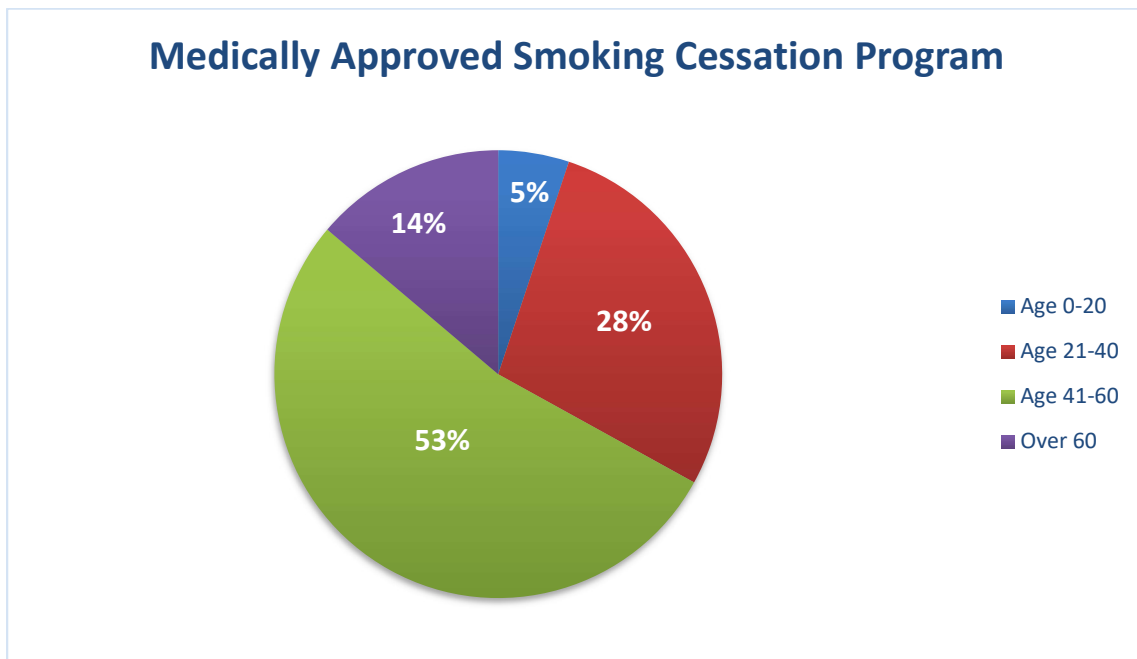
All of the Healthy Behaviors programs are voluntary for recipients and require written consent from each participant prior to enrollment in the program. The following charts provide participation data for the required programs in DY12.



In DY12, women participated in Healthy Behaviors programs at a higher rate than men did, making up 64% of total program participants. Women also accounted for 71% of the total participants that completed one of the three required Healthy Behaviors programs during DY12.

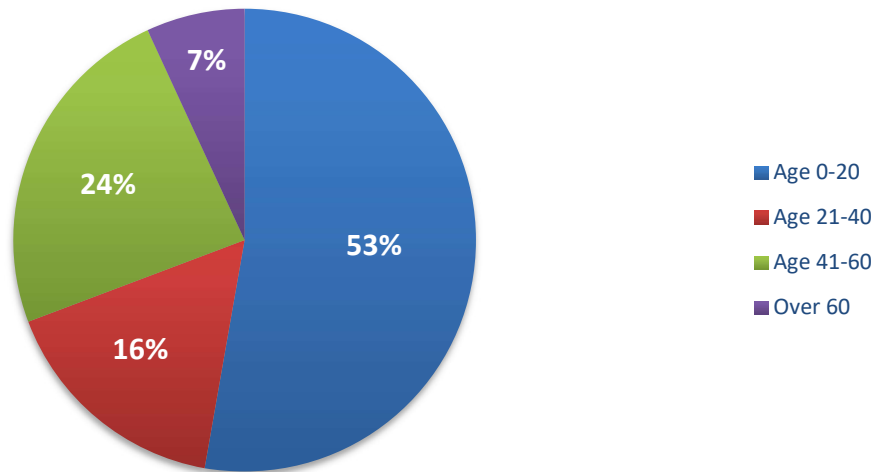


The following charts detail the participation by age group for each required Healthy Behaviors programs.



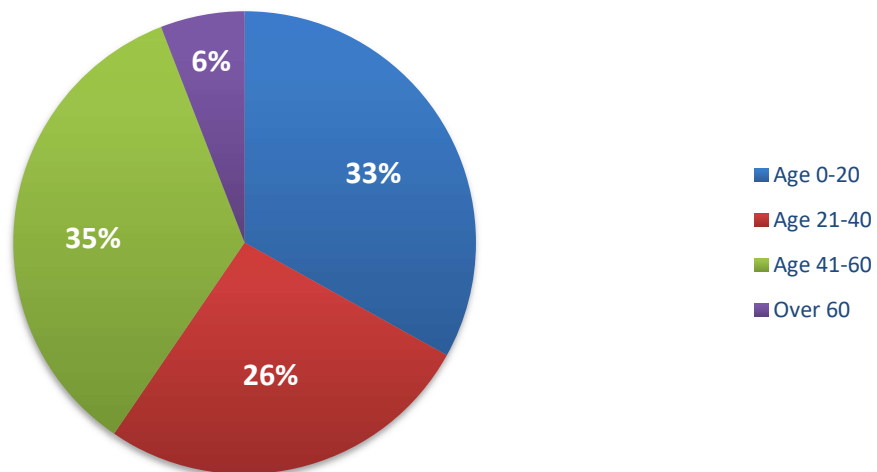
Over half of the participants within the medically approved smoking cessation program were age 41-60 during this reporting period. Participants age 21-60 made up 81% of total program participants.

### Medically Directed Weight Loss Program



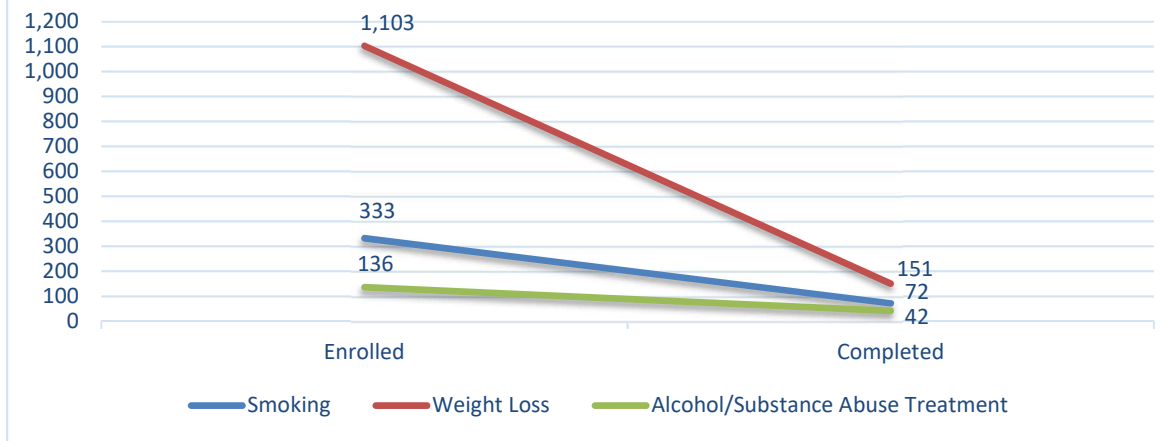
Over half of the participants within the medically directed weight loss program were age 0-20 during this reporting period. Participants age 0-40 made up 69% of total program participants.

### Alcohol or Substance Abuse Treatment Program



Within the alcohol or substance abuse treatment program, participants were more evenly distributed within the specified age ranges during this reporting period. Participants over the age of 60 were the least represented within this program.

## Healthy Behaviors, Enrollment and Completion



Within the three required Healthy Behaviors programs, completion rates ranged from a low of approximately 14% (medically directed weight loss) to a high of approximately 31% (alcohol or substance abuse treatment).



# Quality Activities

## A. Healthcare Effectiveness Data and Information Set (HEDIS)

The Agency compares performance measure submissions from the plans to the National Committee for Quality Assurance's HEDIS National Medicaid Means and Percentiles. The Agency posts detailed MMA plan scores on its Web site at: [http://ahca.myflorida.com/Medicaid/quality\\_mc/index.shtml](http://ahca.myflorida.com/Medicaid/quality_mc/index.shtml).

The Agency also highlights key measures in a consumer-friendly Medicaid Health Plan Report Card. The annual Report Card uses a five-star rating system and groups a number of HEDIS measures into easy to understand categories such as Keeping Kids Healthy and Pregnancy-Related Care. The Report Card is online at the Agency's award-winning consumer health care transparency Web site, [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). A snapshot is included below.

### Quality of Care Indicators - Ratings

All Florida Counties  
Plan Type: Medicaid Health Plans  
Data are for services received in 2016

Ⓜ Medicaid Health Plan Report Card

To view individual measures in a category, click one of the following:

Pregnancy-related Care     Keeping Adults Healthy  
 Keeping Kids Healthy     Living with Illness  
 Children's Dental Care     Mental Health Care

**Directions:**  
View the results below or click a column heading to sort by that column.

Statewide Information for Plans Currently Operating in Florida Counties

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

**Ratings Key:**

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

\* Use caution when viewing the star ratings for these plans. These plans only serve people with certain diagnoses or conditions. The star ratings compare these plans to plans that may be serving healthier people.

If a plan was unable to report valid rates for less than half of the performance measures in a particular report card category, no group average will be calculated and "N/A" will be displayed.

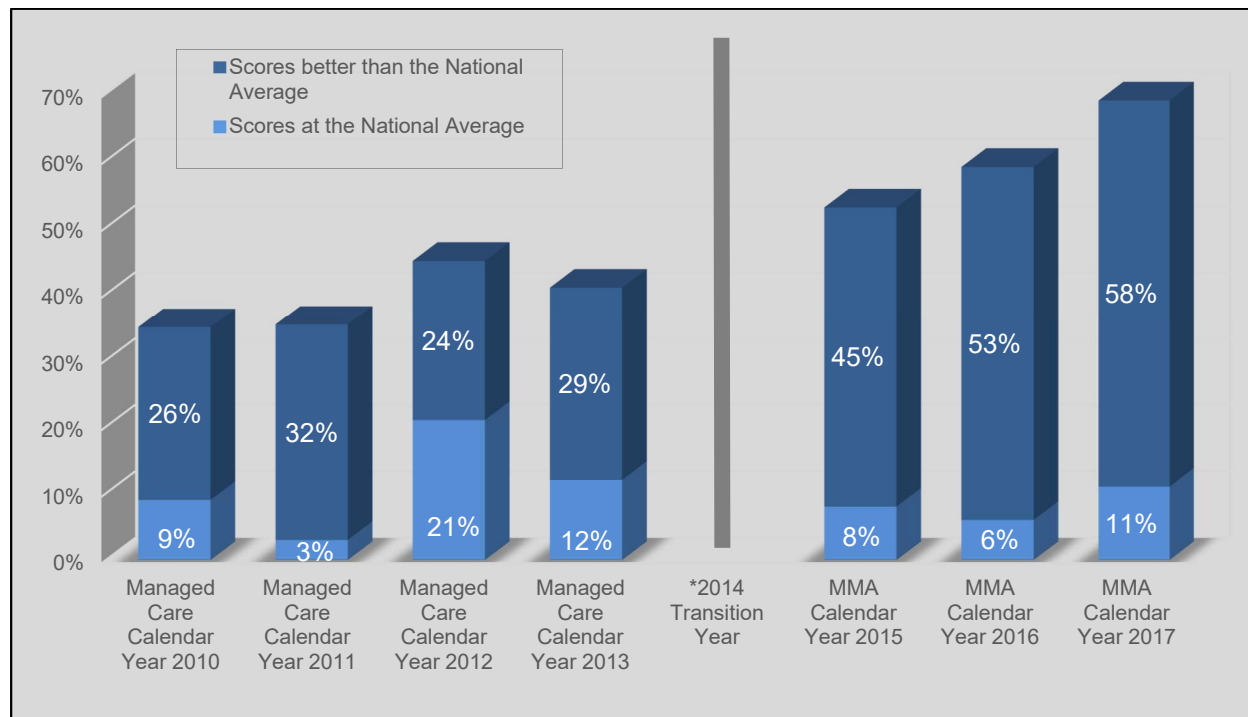
Source: The results shown are posted as reported and certified by health plans to the Agency for Health Care Administration (AHCA).

If you experience difficulties or need further assistance, please [contact us](#). Additional information may be found in the [Glossary](#) or [Methodology](#).

AHCA Resources    For Florida Consumers    Florida Agency for Health Care



The State continues to see a significant improvement in its Medicaid quality scores since the inception of the MMA program. The percentage of calendar year 2017 HEDIS scores at or above the national average increased by 10 percentage points over calendar year 2016. These results are available on the Agency's Web site.



## B. Consumer Assessment of Healthcare Providers (CAHPS)

The CAHPS Survey statewide averages for the adult and child surveys and the plan-specific rates for the reporting period will be available at: [www.FloridaHealthFinder.gov](http://www.FloridaHealthFinder.gov). Highlights of the survey results for 2018 reflect continued high satisfaction with the MMA plans.

2018 CAHPS Survey Highlights		
2018 CAHPS Survey Item	Adult	Child
<b>Overall Plan Satisfaction</b> (percentage of respondents rating their health plan an 8, 9, or 10 out of 10)	76%	85%
<b>Ease in Getting Care Quickly</b> (percentage of respondents reporting it is usually or always easy to get care quickly)	82%	89%
<b>Ease in Getting Needed Care</b> (percentage of respondents reporting it is usually or always easy to get care quickly)	81%	84%

## C. CMS - 416/Child Health Check-Up Reporting

The Agency submitted the finalized CMS-416 Report for Federal Fiscal Year (FFY) 2016-17 to CMS in the spring of 2018. The report included the highest dental scores in the history of the Florida Medicaid program.

## CMS-416 Highlights

- 37% of eligible children aged 1 through 20 years, enrolled for 90 continuous days, received a preventive dental service, as calculated using the Child Core Set PDENT measure. This is a 1-percentage point increase from last year and an 18-percentage point increase from the FFY 2011-12 report.
- More than 43% of eligible children accessed some form of oral health care through Florida Medicaid.

## D. Comprehensive Quality Strategy

The Comprehensive Quality Strategy (CQS) outlines Florida's strategy for assessing and improving the quality of health care and services furnished by the managed care organizations and other providers within Florida Medicaid. The draft CQS was submitted to CMS on March 3, 2017 and is available on the Agency's Web site at:

[http://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Quality/docs/Draft\\_Full\\_Amended\\_012317.pdf](http://ahca.myflorida.com/medicaid/Policy_and_Quality/Quality/docs/Draft_Full_Amended_012317.pdf). The Agency will be updating the CQS during the winter of 2018-19.

The updated CQS will address strategies to review progress in meeting Agency goals. The Agency has established goals to build on the success of the SMMC program and to ensure continued quality improvement. These goals include:

1. Reduce potentially preventable hospital events, including admissions, readmissions, and emergency department visits.
2. Improve birth outcomes, including reduced primary C-section rate, pre-term birth rate, and rate of Neonatal Abstinence Syndrome.
3. Increase the percentage of enrollees receiving long-term care services in their own home or the community instead of a nursing facility.

## E. External Quality Review Organization

The Agency contracts with Health Services Advisory Group (HSAG) as its External Quality Review Organization (EQRO) vendor. During DY12, HSAG submitted the following annual reports to the Agency.

- Annual Technical Report (2016-2017)
  - Across the three state-mandated performance improvement projects (PIPs), 68% of the PIPs demonstrated statistically significant improvement over baseline across all study indicators. This included Improving Timeliness of Prenatal Care and Well-Child Visits in the First 15 Months of Life- Six or More Visits, Preventive Dental Services for Children, and Medication Review PIPs.
- Annual PIP Validation Summary Report
- Performance Measure Validation Findings Report

## F. Evaluation of the Demonstration

The evaluation of the demonstration is an ongoing process conducted during the life of the demonstration. The Agency is required under STC #99 to complete a revised evaluation design to reflect the amended STCs (August 2017) that includes a discussion of the goals, objectives, and specific hypotheses that are being tested to determine the impact of the demonstration during the period of approval.

### **Evaluation Design**

The Agency submitted a revised evaluation design to CMS in January 2018 and again in May 2018 in response to comments from CMS. The design includes a discussion of the goals, objectives, and specific testable hypotheses, including those that focus specifically on target populations for the demonstration, and more generally on recipients, providers, plans, market areas, and public expenditures. The updated design accommodates and reflects the new components listed in the STCs.

### **DY12 (SFY 2017-18) Summary of Evaluation Activities**

The following provides a summary of Managed Medical Assistance (MMA) Waiver evaluation activities that occurred in DY12:

#### **1<sup>st</sup> Quarter**

During DY12, the evaluators focused on the evaluation of DY10 (SFY 2015-16). During the first quarter of DY12, activities centered on compiling DY10 data based on data requests from the evaluators. In addition, the Comprehensive Final Summary Evaluation for DY9 was completed and submitted to the Agency in September 2017. Agency staff met with the evaluators to discuss potential changes to the MMA evaluation design based on the August 2017 amended STCs.

#### **2<sup>nd</sup> Quarter**

Agency staff worked with the evaluators to update and revise the evaluation design to align with the amended STCs. In addition, Agency staff provided technical assistance to the evaluators regarding questions about DY10 data.

#### **3<sup>rd</sup> Quarter**

The Agency submitted the revised evaluation design to CMS on January 31, 2018. In addition, the evaluators submitted draft reports for Projects 2 and 3 to the Agency in March 2018.

#### **4<sup>th</sup> Quarter**

The Agency submitted the final version of the revised evaluation design on May 7, 2018, after addressing comments from CMS. In addition, the evaluators submitted DY10 final reports for Projects 1, 2, 3, and 4. An amendment to the contract (Amendment 2) was executed on April 13, 2018. The amendment revised the scope of services to align with the new components outlined in the STCs.

Notable findings in the DY10 final reports for Projects 1 through 4 are included below:

**Project 1: Access to Care, Quality of Care, and Cost of Care**

- Medicaid costs per member per month are lower in the MMA period compared to the pre-MMA period.
- Improvements in the quality of care shown in DY9 have been sustained with relatively little year-to-year change.

**Project 2: Healthy Behaviors Programs**

- Overall, less than 8% of MMA enrollees participated in any Healthy Behaviors program.
- Less than 1% of Healthy Behaviors enrollees completed the program and earned rewards.

**Project 3: Low Income Pool (LIP)**

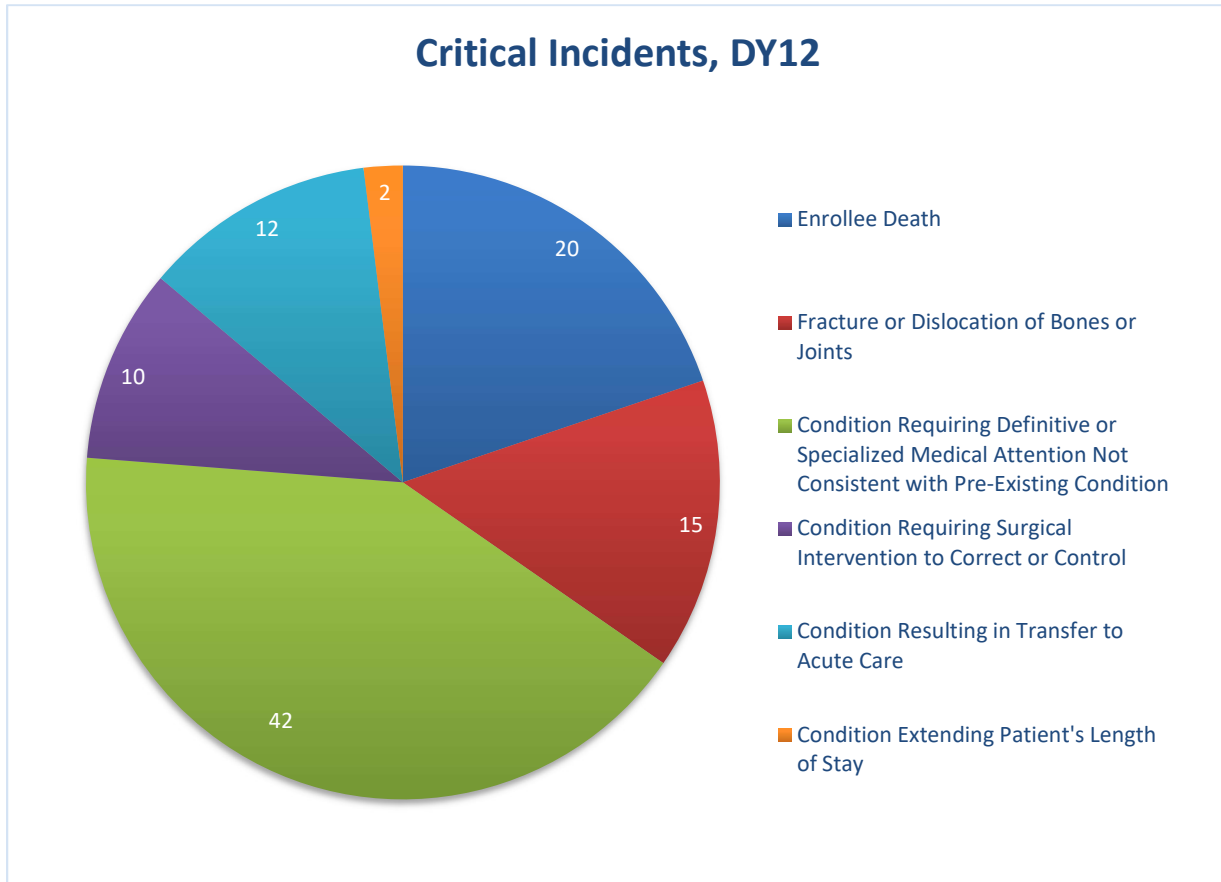
- Both the DY9 and DY10 MMA evaluations documented increases in the total number of individuals served and in total service encounters (across six service categories) in hospitals that received LIP funding. This suggests that the LIP program has had a positive impact on access to care for Medicaid, uninsured, and underinsured recipients served in hospitals.

**Project 4: Dual-Eligibles**

- Substantial and contrasting differences between dual-eligibles and non-dual-eligibles were reported in medical, behavioral health, and non-emergency transportation service use and costs.
- It was not possible to attribute the cause of the differences to dual-eligibility status exclusively.

## G. Critical Incidents

The Agency monitors critical incidents and follows up with plans when it detects reporting anomalies or trends to determine what the issues are, and to obtain detailed information around those specific incidents. A total of 101 critical incidents were reported during DY12. This was a significant decrease from the 339 critical incidents reported during DY11.



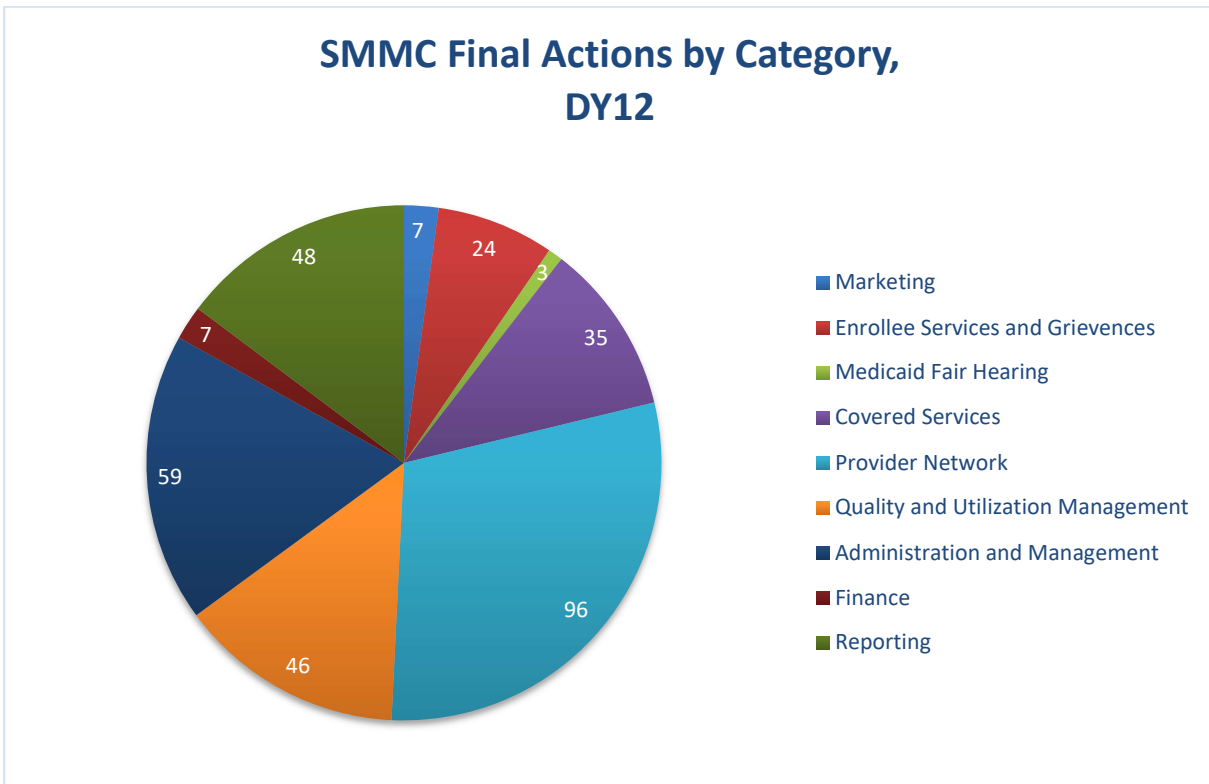
See Attachment III for the DY12 critical incident summary.

# Plan Compliance

## A. Compliance Actions

The Agency monitors the MMA plans' performance through a variety of mechanisms including plan reports/submission, desk and on-site compliance reviews, and reviews of complaints/grievances. The Agency provides oversight in all aspects of plan operations and may take the following compliance actions when plans fail to meet requirements specified in the contract:

- **Corrective Action Plan:** A submission outlining how the managed care plan will remedy an area of non-compliance.
- **Liquidated Damages:** A monetary assessment to the plan. Liquidated damages are not intended to be a penalty, but rather a reasonable estimate of the Agency's projected financial loss and damage resulting from the managed care plan's non-performance, including financial loss as a result of program delays.
- **Sanction:** Monetary or non-monetary action, including, but not limited to enrollment freezes or temporary management of the managed care plan.



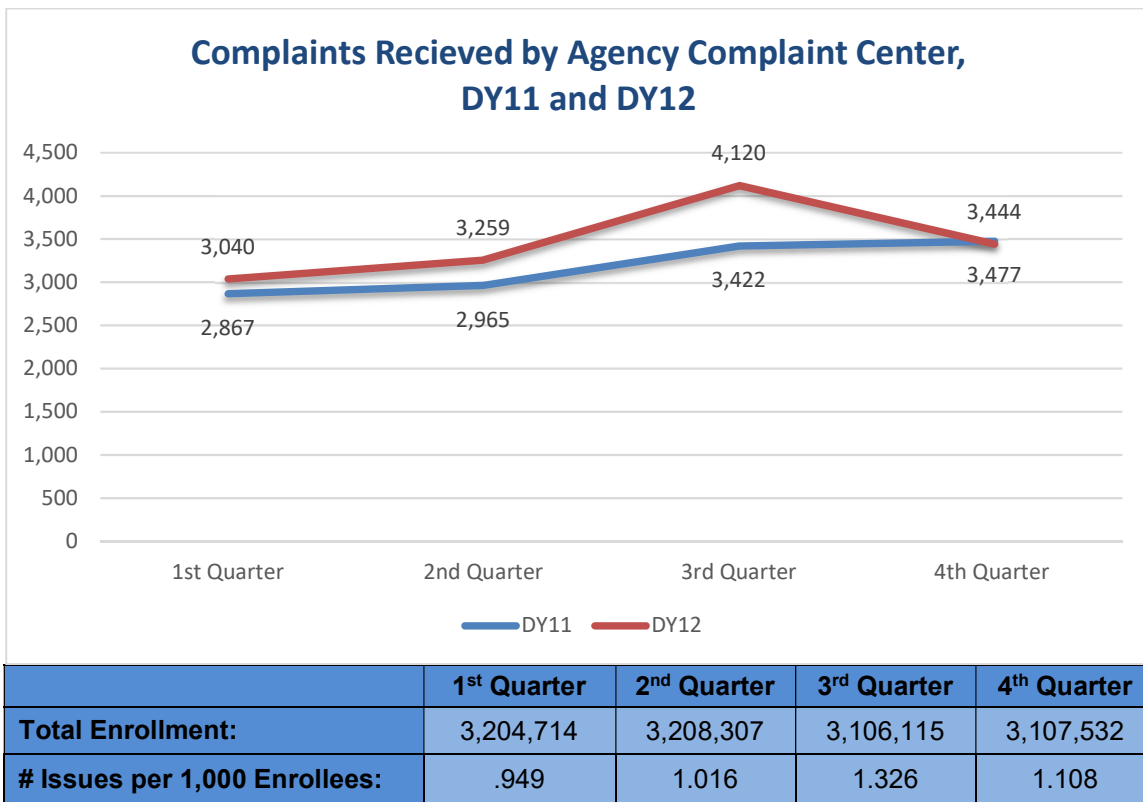
This data includes compliance actions for both MMA and LTC plans. Compliance actions increased from 151 final actions in DY11 to 325 final actions in DY12, as the Agency further intensified its oversight of the plans.

The Agency posts quarterly compliance actions reports on the Agency's Web site at <http://ahca.myflorida.com/SMMC>.

# Complaints and Grievances

## A. Agency Complaint Operations Center Activities

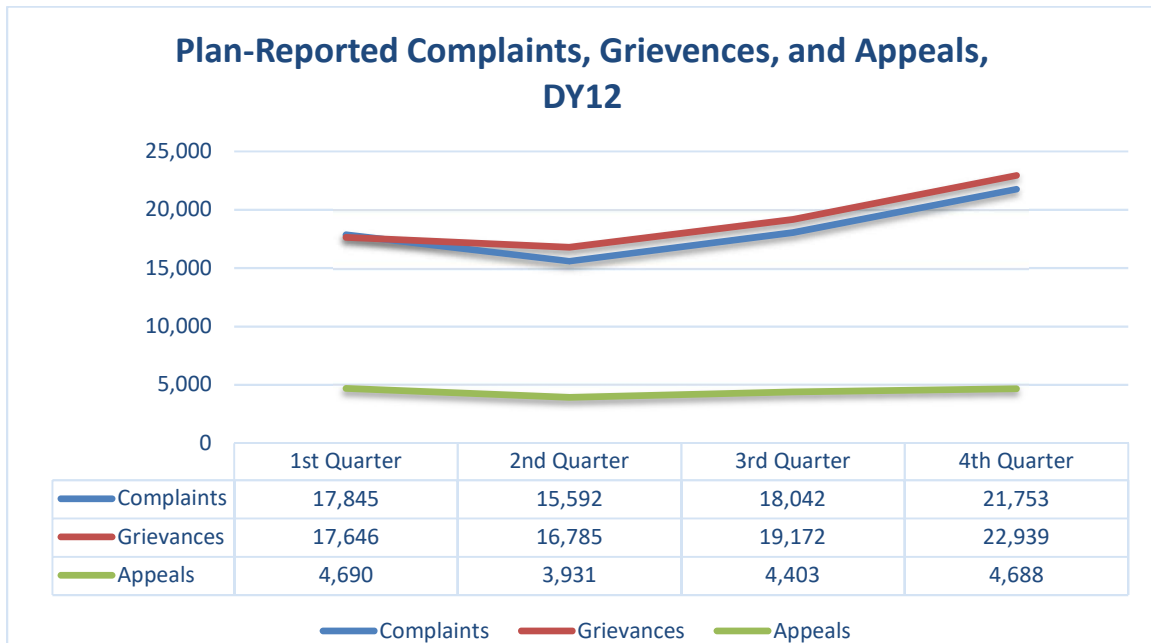
The Agency operates a centralized complaint operations center to resolve Medicaid complaints timely and to determine if plans are complying with the terms of their contract. The Agency collects, aggregates, and trends the data for quality improvement initiatives. The following chart details the complaints received by the Agency during DY11 and DY12, and includes complaints received for the MMA and Long-term Care programs. The number of complaints for DY12 increased over DY11, but remained extremely low. The rate of complaints per enrollee was about one per 1,000 enrollees.





## B. Plan-Reported Complaints, Grievances, and Appeals

The MMA plans are required to report to the Agency all complaints, grievances, and appeals they receive monthly. The report must include new complaints received during the reporting month and all pending complaints from previous reporting months. The number of appeals during DY12 remained relatively stable, while the number of complaints and grievances increased during the third and fourth quarters after a slight decrease during the second quarter.



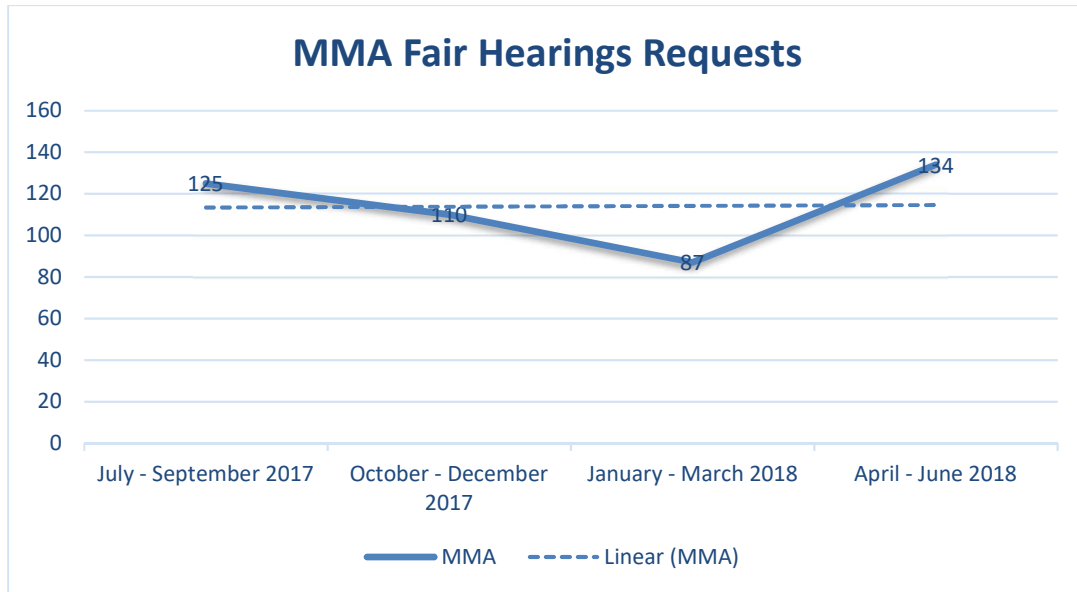
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
<b>Total Enrollment:</b>	3,238,375	3,228,791	3,192,041	3,122,282
<b># Complaints per 1,000 Enrollees:</b>	5.5	4.8	5.7	7.0
<b># Grievances per 1,000 Enrollees:</b>	5.4	5.2	6.0	7.3
<b># Appeals per 1,000 Enrollees:</b>	1.4	1.2	1.4	1.5

# Fair Hearings and Subscriber Assistance Program

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## A. Fair Hearings

During the reporting period, there were 456 MMA fair hearings requests. The number of MMA fair hearings requests remained fairly level throughout DY12.

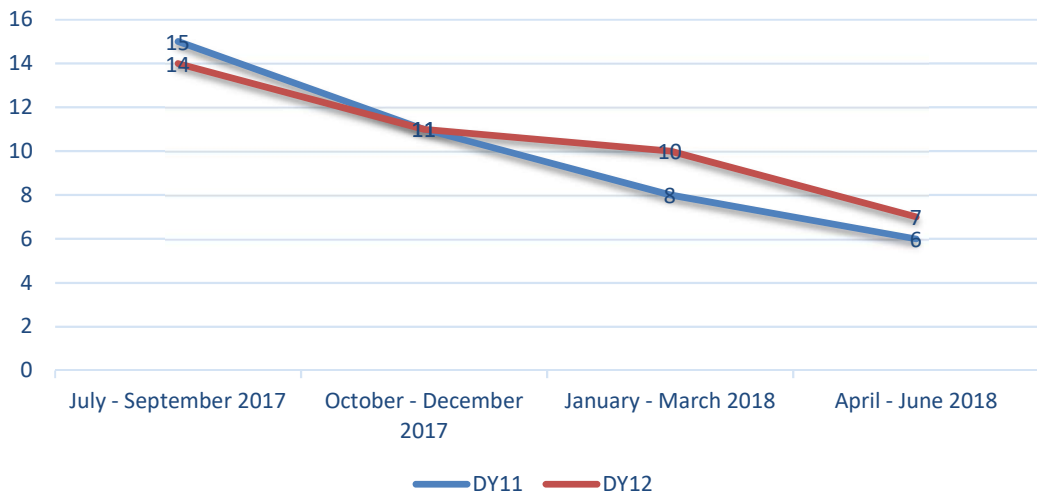


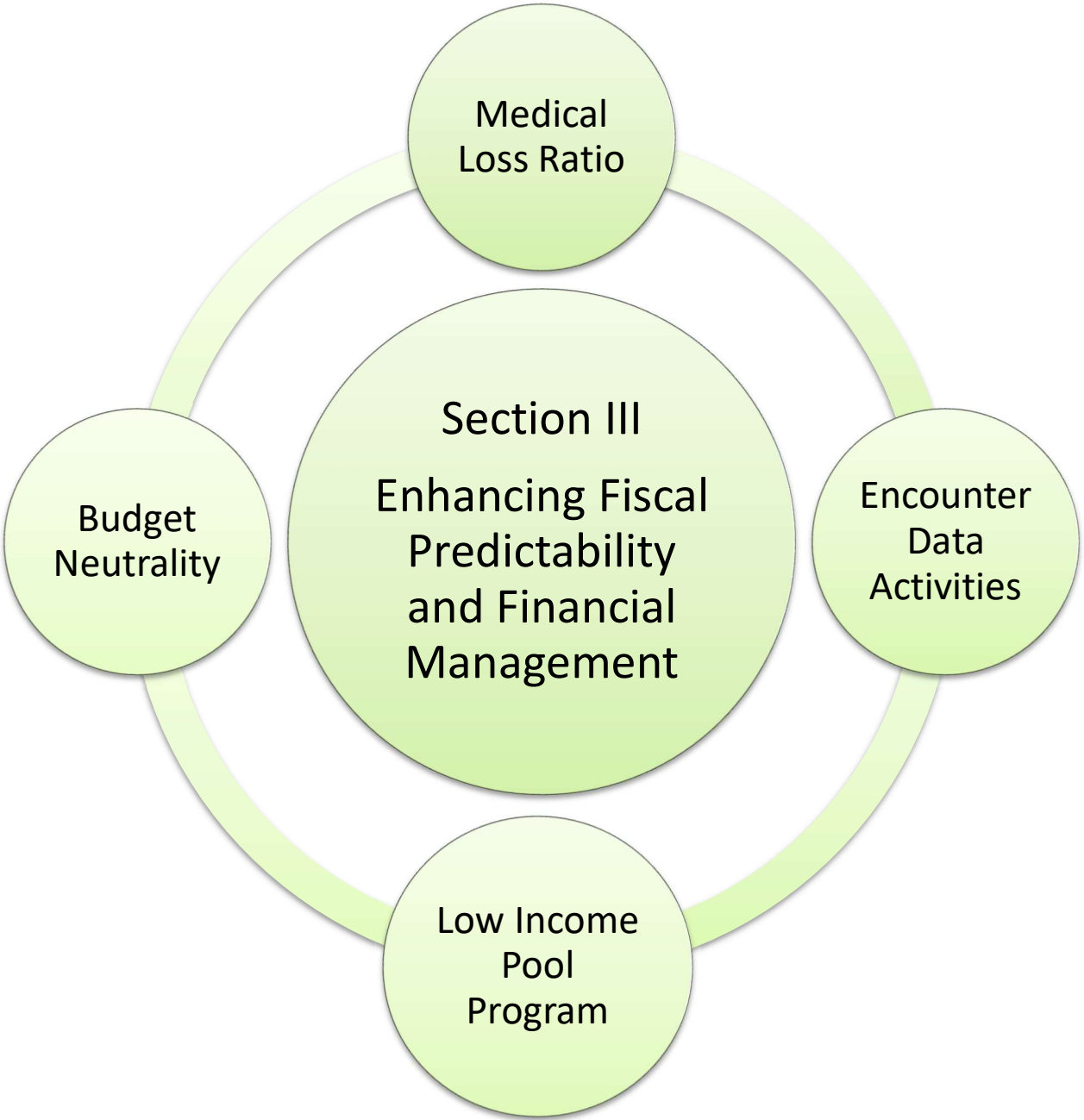
## B. Subscriber Assistance Program

The Subscriber Assistance Program (SAP) was a program designed to assist managed care enrollees from commercial, Children's Health Insurance Program, and Medicaid entities with grievances that were not resolved to the enrollee's satisfaction. Pursuant to legislative mandate, the SAP ended in July 2018. As of July 2018, Medicaid recipients utilize the complaint, grievance, and appeal process through their managed care plan, as well as the fair hearings process.

There were 42 Medicaid SAP requests during DY12, which overall was consistent with DY11. Requests were for services such as growth hormone therapy, reimbursement for medication, and dental issues.

## Subscriber Assistance Program - Requests





# Enhancing Fiscal Predictability and Financial Management

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Through the MMA program, the State is able to improve the management of public resources while improving performance and consumer satisfaction. The State established financial oversight requirements to improve the fiscal and program integrity of MMA plans.

## A. Medical Loss Ratio Status<sup>1</sup>

The MMA plans reported the annual medical loss ratio (MLR) for calendar year 2017 during DY12. All except two plans reported a MLR greater than or equal to the required 85%. Humana Medical Plan, Inc. reported a MLR of 84.43% and Magellan Complete Care reported a MLR of 82.37%. The Agency evaluates the plans' MLR on an annual basis to account for seasonality and quarterly fluctuations.

## B. Encounter Data Activities

During DY12, the Agency continued to work with the MMA plans to improve encounter data acceptance rates. Routine on-line and in-person meetings have provided a platform for both the Agency and the plans to provide feedback regarding the process. The Agency monitors encounter data submissions both weekly and monthly for timeliness and accuracy. Timeliness and accuracy rates have continued to improve. The Agency is currently working on additional reporting tools and a Health Plan Portal to enable the MMA plans to have greater data access.

## C. Budget Neutrality Status

The MMA Waiver continued to be budget neutral throughout DY12, demonstrating that federal Medicaid expenditures with the waiver were less than federal spending without the waiver. Please see Attachment IV for the budget neutrality figures for this reporting period.

## D. Low Income Pool

During DY12, the Agency distributed LIP payments to eligible providers in all three groups and submitted the following final reports to CMS:

- State fiscal year (SFY) 2018-19 projected LIP distribution
- SFY 2016-17 LIP Payments and FY 2016 Charity Care Report
- SFY 2016-17 final Intergovernmental Transfer Report
- SFY 2015-16 LIP Cost Limit Report

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<sup>1</sup> The Medical Loss Ratio for managed care plans with enrollment of less than 1,000 life years is considered "non-credible". The Agency contracts with one plan (Freedom Health, Inc.) that has enrollment of less than 1,000 life years, therefore, Freedom's MLR is not included in this report.

The final reports are available on the Agency's Web site at:  
<http://ahca.myflorida.com/Medicaid/Finance/finance/LIP-DSH/LIP/documents.shtml>.

## Attachment I - Managed Medical Assistance Enrollment Report

There are two categories of Florida Medicaid recipients who are enrolled in an MMA plan: Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI). The SSI category is broken down further in the MMA enrollment reports, based on the enrollee's eligibility for Medicare. The MMA enrollment reports are a complete look at the entire enrollment for the MMA Waiver for the reporting period. Table 1 provides a description of each column in the MMA enrollment reports that are located on the following pages in Tables 2 and 3.

<b>Table 1 MMA Enrollment by Plan and Type Report Descriptions</b>	
<b>Column Name</b>	<b>Column Description</b>
Plan Name	The name of the MMA plan
Plan Type	The plan's type (Standard or Specialty)
Number of TANF Enrolled	The number of TANF recipients enrolled with the plan
Number of SSI Enrolled - No Medicare	The number of SSI recipients enrolled with the plan and who have no additional Medicare coverage
Number of SSI Enrolled - Medicare Part B	The number of SSI recipients enrolled with the plan and who have additional Medicare Part B coverage
Number of SSI Enrolled - Medicare Parts A and B	The number of SSI recipients enrolled with the plan and who have additional Medicare Parts A and B coverage
Total Number Enrolled	The total number of recipients with the plan; TANF and SSI combined
Market Share for MMA	The percentage of the Managed Medical Assistance population compared to the entire enrollment for the year being reported
Enrolled in Previous Year	The total number of recipients (TANF and SSI) who were enrolled in the plan during the previous reporting year
Percent Change from Previous Year	The change in percentage of the plan's enrollment from the previous reporting year to the current reporting year

Table 2 lists the total number of TANF and SSI individuals enrolled, and the corresponding market share, for the reporting period and prior year.

Table 3 lists enrollment by region and plan type, and the total number of TANF and SSI individuals enrolled and the corresponding market share, for the reporting period and prior year.

**Table 2**  
**MMA Enrollment by Plan and Type**  
 (July 1, 2017 – June 30, 2018)

Plan Name	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous year	Percent Change from Previous Year
			Medicaid Only	Medicare Part B	Medicare Parts A and B				
Amerigroup Florida	STANDARD	340,124	31,245	55	15,294	386,718	9.8%	414,081	-6.6%
Better Health	STANDARD	106,629	9,798	45	5,131	121,603	3.1%	123,801	-1.8%
Coventry Health Care Of Florida	STANDARD	56,988	5,385	36	3,827	66,236	1.7%	72,771	-9.0%
Humana Medical Plan	STANDARD	317,899	37,391	212	34,320	389,822	9.9%	407,168	-4.3%
Molina Healthcare Of Florida	STANDARD	382,070	39,533	116	22,552	444,271	11.3%	429,928	3.3%
Prestige Health Choice	STANDARD	358,310	37,255	63	23,610	419,238	10.6%	407,143	3.0%
South Florida Community Care Network	STANDARD	48,223	4,244	27	2,512	55,006	1.4%	55,049	-0.1%
Simply Healthcare	STANDARD	66,319	14,624	212	12,413	93,568	2.4%	106,574	-12.2%
Staywell Health Plan	STANDARD	682,611	74,679	105	34,542	791,937	20.1%	814,015	-2.7%
Sunshine State Health Plan	STANDARD	517,903	45,321	105	52,019	615,348	15.6%	602,582	2.1%
United Healthcare Of Florida	STANDARD	280,508	30,756	86	29,085	340,435	8.6%	350,200	-2.8%
<b>Standard Plans Total</b>		<b>3,157,584</b>	<b>330,231</b>	<b>1,062</b>	<b>235,305</b>	<b>3,724,182</b>	<b>94.5%</b>	<b>3,783,312</b>	<b>-1.6%</b>
Positive Health Plan	SPECIALTY	278	1,030	1	1,086	2,395	0.1%	2,334	2.6%
Magellan Complete Care	SPECIALTY	44,636	28,086	32	32,501	105,255	2.7%	84,705	24.3%
Freedom Health	SPECIALTY	-	-	-	156	156	0.0%	159	-1.9%
Clear Health Alliance	SPECIALTY	1,970	5,263	3	3,961	11,197	0.3%	11,255	-0.5%
Sunshine State Health Plan	SPECIALTY	34,789	1,962	-	8	36,759	0.9%	34,506	6.5%
Children's Medical Services Network	SPECIALTY	33,389	25,484	-	196	59,069	1.5%	57,029	3.6%
<b>Specialty Plans Total</b>		<b>115,062</b>	<b>61,825</b>	<b>36</b>	<b>37,908</b>	<b>214,831</b>	<b>5.5%</b>	<b>189,988</b>	<b>13.1%</b>
<b>MMA TOTAL</b>		<b>3,272,646</b>	<b>392,056</b>	<b>1,098</b>	<b>273,213</b>	<b>3,939,013</b>	<b>100%</b>	<b>3,973,300</b>	<b>-0.9%</b>



**Table 3**  
**MMA Enrollment by Region and Type**  
(July 1, 2017 – June 30, 2018)

Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Region	Enrolled in previous year	Percent Change from previous year
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	Standard & Specialty	114,668	13,740	9	8,732	137,149	3.5%	135,657	1.1%
02	Standard & Specialty	116,715	16,663	9	10,823	144,210	3.7%	145,122	-0.6%
03	Standard & Specialty	274,394	35,957	26	21,952	332,329	8.4%	333,450	-0.3%
04	Standard & Specialty	340,695	37,971	43	23,073	401,782	10.2%	402,264	-0.1%
05	Standard & Specialty	190,021	25,732	21	21,474	237,248	6.0%	237,827	-0.2%
06	Standard & Specialty	457,145	54,060	71	30,376	541,652	13.8%	540,634	0.2%
07	Standard & Specialty	450,954	52,655	74	26,641	530,324	13.5%	531,412	-0.2%
08	Standard & Specialty	226,428	21,359	27	18,885	266,699	6.8%	267,886	-0.4%
09	Standard & Specialty	302,921	28,873	88	22,612	354,494	9.0%	352,315	0.6%
10	Standard & Specialty	290,986	31,425	130	22,417	344,958	8.8%	344,551	0.1%
11	Standard & Specialty	507,719	73,621	600	66,228	648,168	16.5%	682,182	-5.0%
<b>MMA TOTAL</b>		<b>3,272,646</b>	<b>392,056</b>	<b>1,098</b>	<b>273,213</b>	<b>3,939,013</b>	<b>100%</b>	<b>3,973,300</b>	<b>-0.9%</b>
01	STANDARD	112,738	12,863	9	8,636	134,246	3.6%	132,829	1.1%
02	STANDARD	110,730	13,495	8	9,225	133,458	3.6%	135,415	-1.4%
03	STANDARD	267,062	33,277	26	21,637	322,002	8.6%	323,468	-0.5%
04	STANDARD	325,669	32,213	41	19,373	377,296	10.1%	380,769	-0.9%
05	STANDARD	180,499	21,027	20	16,850	218,396	5.9%	221,414	-1.4%
06	STANDARD	439,361	45,051	70	25,303	509,785	13.7%	512,395	-0.5%
07	STANDARD	434,486	43,642	72	22,127	500,327	13.4%	505,169	-1.0%
08	STANDARD	221,829	19,484	27	18,613	259,953	7.0%	261,609	-0.6%
09	STANDARD	291,891	23,303	84	18,579	333,857	9.0%	334,412	-0.2%
10	STANDARD	279,580	24,411	124	18,711	322,826	8.7%	324,595	-0.5%

**Table 3**  
**MMA Enrollment by Region and Type**  
 (July 1, 2017 – June 30, 2018)

11	STANDARD	493,739	61,465	581	56,251	612,036	16.4%	651,237	-6.0%
<b>STANDARD TOTAL</b>		<b>3,157,584</b>	<b>330,231</b>	<b>1,062</b>	<b>235,305</b>	<b>3,724,182</b>	<b>100.0%</b>	<b>3,783,312</b>	<b>-1.6%</b>
01	SPECIALTY	1,930	877	-	96	2,903	1.4%	2,828	2.7%
02	SPECIALTY	5,985	3,168	1	1,598	10,752	5.0%	9,707	10.8%
03	SPECIALTY	7,332	2,680	-	315	10,327	4.8%	9,982	3.5%
04	SPECIALTY	15,026	5,758	2	3,700	24,486	11.4%	21,495	13.9%
05	SPECIALTY	9,522	4,705	1	4,624	18,852	8.8%	16,413	14.9%
06	SPECIALTY	17,784	9,009	1	5,073	31,867	14.8%	28,239	12.8%
07	SPECIALTY	16,468	9,013	2	4,514	29,997	14.0%	26,243	14.3%
08	SPECIALTY	4,599	1,875	-	272	6,746	3.1%	6,277	7.5%
09	SPECIALTY	11,030	5,570	4	4,033	20,637	9.6%	17,903	15.3%
10	SPECIALTY	11,406	7,014	6	3,706	22,132	10.3%	19,956	10.9%
11	SPECIALTY	13,980	12,156	19	9,977	36,132	16.8%	30,945	16.8%
<b>SPECIALTY TOTAL</b>		<b>115,062</b>	<b>61,825</b>	<b>36</b>	<b>37,908</b>	<b>214,831</b>	<b>100.0%</b>	<b>189,988</b>	<b>13.1%</b>

## Attachment II - Healthy Behaviors Program Enrollment

Table A provides a summary of enrollees who participated in a Healthy Behaviors program during DY12.

Table B provides a summary of enrollees who completed a Healthy Behaviors program during DY12.

<b>Table A Healthy Behaviors Program Enrollment Statistics (July 1, 2017 – June 30, 2018)</b>							
Program Name	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
<b>Aetna</b>							
Medically Approved Smoking Cessation Program	1	0	1	0	1	0	0
Medically Directed Weight Loss Program	0	0	0	0	0	0	0
Medically Approved Alcohol or Substance Abuse Recovery Program	3	3	0	0	0	3	0
Baby Visions Prenatal	5	0	5	0	5	0	0
Baby Visions Post-Partum	2	0	2	0	2	0	0
<b>Amerigroup</b>							
Medically Approved Smoking Cessation Program	32	7	25	0	5	20	7
Medically Directed Weight Loss Program	112	12	100	1	29	65	17
Medically Approved Alcohol or Substance Abuse Recovery Program	1	0	1	0	0	1	0
Maternal Child Care Services	11,747	0	11,747	1,737	9,832	178	0
Annual Dental Visit	29,675	14,863	14,812	29,675	0	0	0
Childhood Immunizations	16,957	8,607	8,350	16,957	0	0	0
Adolescent Immunizations	6,385	3,255	3,130	6,385	0	0	0
HEAC	689	321	368	125	319	182	63
Performance Measures	0	0	0	0	0	0	0
Comprehensive Diabetes Care	0	0	0	0	0	0	0
<b>Better Health</b>							
Smoking Cessation	2	1	1	0	0	0	2
Weight Management	3	0	3	0	1	2	0
Substance Abuse	1	1	0	0	0	0	1
Maternity	0	0	0	0	0	0	0

**Table A**  
**Healthy Behaviors Program**  
**Enrollment Statistics**  
**(July 1, 2017 – June 30, 2018)**

Program Name	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Well Child Visits	67	35	32	67	0	0	0
Children’s Medical Services							
Tobacco Cessation	12	10	2	12	0	0	0
Overcoming Obesity	520	251	269	520	0	0	0
Changing Lives*	34	22	12	34	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	12	7	5	0	1	9	2
Weight Management Healthy Behaviors Rewards	9	1	8	0	3	6	0
Alcohol & Substance Abuse	1	0	1	0	0	1	0
Maternity Healthy Behaviors Rewards	0	0	0	0	0	0	0
Well Child Visit Healthy Behaviors Rewards	1	0	1	1	0	0	0
Freedom Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	0	0	0	0	0	0	0
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Humana Medical Plan							
Smoking Cessation	21	3	18	0	4	11	6
Family Fit	28	5	23	0	4	15	9
Substance Abuse	6	3	3	0	3	1	2
Mom’s First Prenatal & Postpartum	4,002	0	4,002	330	3,601	71	0
Pediatric Well Visit (PWV) Program	16,090	8,223	7,867	16,090	0	0	0
Baby Well Visit (BWV) Program	6,027	3,120	2,907	6,027	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	63	22	41	2	34	24	3
Weight Management	116	20	96	8	65	39	4
Substance Abuse	11	4	7	4	4	2	1
Maternity Incentive Program	392	0	392	92	297	3	0
Molina							
Smoking Cessation	18	4	14	0	3	15	0
Weight Loss	6	1	5	0	1	5	0
Alcohol or Substance Abuse	2	2	0	0	0	2	0

**Table A**  
**Healthy Behaviors Program**  
**Enrollment Statistics**  
**(July 1, 2017 – June 30, 2018)**

Program Name	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Pregnancy Rewards	0	0	0	0	0	0	0
Well Child	0	0	0	0	0	0	0
Preventive Health	0	0	0	0	0	0	0
Positive Health Care							
Quit for Life Tobacco Cessation	0	0	0	0	0	0	0
Weight Management	12	8	4	0	5	3	4
Alcohol Abuse	0	0	0	0	0	0	0
Childhood Checkups	109	62	47	106	3	0	0
Retinal Eye Exam Program	16	6	10	0	0	14	2
Cervical Cancer Screening Program	26	0	26	0	8	16	2
Prestige Health Choice							
Smoking Cessation	17	5	12	0	1	11	5
Weight Loss	15	2	13	1	3	8	3
Alcohol & Substance Abuse – “Changing Lives Program”	2	2	0	0	0	2	0
Behavioral Health Follow-Up Program	7	3	4	5	0	1	1
Diabetes Testing Program	71	23	48	0	7	34	30
Diabetes Eye Exam Program	40	16	24	0	4	25	11
Maternity Program	93	0	93	6	83	4	0
Postpartum Program	5	0	5	0	5	0	0
Well-Child (31 days to 15 months old) Program	11	6	5	11	0	0	0
Well-Child (3 to 6 years old) Program	42	18	24	42	0	0	0
Adolescent Well-Care Program	60	34	26	59	1	0	0
Dental Program	207	98	109	206	1	0	0
Breast Cancer Screening Program	45	0	45	0	1	23	21
Lead Screening Program	2	2	0	2	0	0	0
Cervical Cancer Screening Program	32	0	32	0	9	18	5
Simply							
Quit Smoking Healthy Behaviors Rewards	4	1	3	0	0	4	0
Weight Management Healthy Behaviors Rewards	4	1	3	0	1	1	2
Alcohol and Substance Abuse	0	0	0	0	0	0	0

**Table A**  
**Healthy Behaviors Program**  
**Enrollment Statistics**  
**(July 1, 2017 – June 30, 2018)**

Program Name	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Maternity Healthy Behaviors Rewards	0	0	0	0	0	0	0
Well Child Visit Healthy Behaviors Rewards	85	40	45	85	0	0	0
SFCCN - Community Care Plan							
Tobacco Cessation	0	0	0	0	0	0	0
Obesity Management	0	0	0	0	0	0	0
Alcohol or Substance Abuse	20	4	16	0	15	5	0
Pregnancy- Completed prenatal and postpartum exam	182	0	182	12	168	2	0
Well child 15 months - 6 visits	763	378	385	763	0	0	0
Annual Well Child Exam ages 2-11	15,479	7,894	7,585	15,479	0	0	0
Annual Well Child Exam ages 12-19	6,151	3,090	3,061	6,151	0	0	0
Annual Well Adult Exam ages >= 20	1,825	384	1,441	136	924	547	218
Diabetes Screening ( A1c, Microalbumin and Eye exam)	225	76	149	5	14	132	74
Staywell							
Medically Approved Smoking Cessation Program:	68	10	58	3	30	29	6
Medically Directed Weight Loss Program:	94	16	78	16	28	42	8
Alcohol or Substance Abuse Recovery Program:	37	23	14	6	11	18	2
New Member Healthy Behaviors: Health Risk Assessment	169,731	69,523	100,208	102,245	42,999	15,259	9,228
New Member Healthy Behaviors: Initial PCP Visit	169,731	69,506	100,225	102,223	43,025	15,255	9,228
Children's Healthy Behaviors: Well Child Visit	42,765	21,967	20,798	42,765	0	0	0
Children's Healthy Behaviors: Child Health Check Up	111,630	57,593	54,037	111,630	0	0	0
Children's Healthy Behaviors: Adolescents Check Up	287,229	144,353	142,876	283,713	3,516	0	0
Children's Healthy Behaviors: Dental Check Up	455,806	231,299	224,507	452,290	3,516	0	0
Children's Healthy Behaviors: Lead Screening	91,146	46,962	44,184	91,146	0	0	0
Well Woman Healthy Behaviors: Screening Mammogram	35,490	0	35,490	0	2,227	28,213	5,050

**Table A  
Healthy Behaviors Program  
Enrollment Statistics  
(July 1, 2017 – June 30, 2018)**

Program Name	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Diabetes Healthy Behaviors: Eye Exam	12,969	4,391	8,578	236	2,385	7,017	3,331
Diabetes Healthy Behaviors: HgbA1C Control	12,969	4,391	8,578	236	2,385	7,017	3,331
Diabetes Healthy Behaviors: LDL Control (discontinued Oct. 2017)	112	36	76	2	32	61	17
Prenatal Visits	12,509	0	12,509	1,833	10,498	178	0
Postpartum Visits	9,330	0	9,330	5,555	3,727	48	0
MMA Backpack Project	523,085	271,257	251,828	523,085	0	0	0
Teen Pregnancy Prevention Program	33	0	33	33	0	0	0
Sunshine Health							
Medically Approved Smoking Cessation Program	83	46	37	0	14	54	15
Medically Directed Weight Loss Program	181	49	132	36	42	74	29
Medically Approved Alcohol or Substance Abuse Recovery Program	18	13	5	1	3	12	2
United Healthcare							
Medically Approved Smoking Cessation Program	0	0	0	0	0	0	0
Medically Directed Weight Loss Program	3	0	3	0	0	3	0
Medically Approved Alcohol or Substance Abuse Recovery Program	0	0	0	0	0	0	0
Baby Blocks	1,991	0	1,991	201	1,756	33	1
*Alcohol and/or substance abuse program.							

**Table B**  
**Healthy Behaviors Program**  
**Completion Statistics**  
**(July 1, 2017 – June 30, 2018)**

Program Name	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Aetna							
Medically Approved Smoking Cessation Program	0	0	0	0	0	0	0
Medically Directed Weight Loss Program	0	0	0	0	0	0	0
Medically Approved Alcohol or Substance Abuse Recovery Program	0	0	0	0	0	0	0
Baby Visions Prenatal	5	0	5	0	5	0	0
Baby Visions Post-Partum	2	0	2	0	2	0	0
Amerigroup							
Medically Approved Smoking Cessation Program	6	1	5	0	1	5	0
Medically Directed Weight Loss Program	26	3	23	0	8	15	3
Medically Approved Alcohol or Substance Abuse Recovery Program	0	0	0	0	0	0	0
Maternal Child Care Services	1,215	167	1,048	750	453	12	0
Annual Dental Visit	75	31	44	75	0	0	0
Childhood Immunizations	74	40	34	74	0	0	0
Adolescent Immunizations	145	51	94	145	0	0	0
HEAC	15	2	13	0	8	4	3
Performance Measures	0	0	0	0	0	0	0
Comprehensive Diabetes Care	0	0	0	0	0	0	0
Better Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Management	1	0	1	0	0	1	0
Substance Abuse	0	0	0	0	0	0	0
Maternity	0	0	0	0	0	0	0
Well Child Visits	18	11	7	18	0	0	0
Children's Medical Services							
Tobacco Cessation	0	0	0	0	0	0	0
Overcoming Obesity	21	12	9	21	0	0	0
Changing Lives*	0	0	0	0	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	1	1	0	0	0	0	1



**Table B**  
**Healthy Behaviors Program**  
**Completion Statistics**  
**(July 1, 2017 – June 30, 2018)**

Program Name	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Weight Management Healthy Behaviors Rewards	1	0	1	0	0	1	0
Alcohol & Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	0	0	0	0	0	0	0
Well Child Visit Healthy Behaviors Rewards	0	0	0	0	0	0	0
Freedom Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	0	0	0	0	0	0	0
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Humana Medical Plan							
Smoking Cessation	5	0	5	0	2	1	2
Family Fit	1	0	1	0	0	0	1
Substance Abuse	0	0	0	0	0	0	0
Mom’s First Prenatal & Postpartum	847	0	847	48	778	21	0
Pediatric Well Visit (PWV) Program	9,923	5,044	4,879	9,923	0	0	0
Baby Well Visit (BWV) Program	3,197	1,642	1,555	3,197	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	9	3	6	0	3	6	0
Weight Management	6	0	6	0	6	0	0
Substance Abuse	13	5	8	0	9	4	0
Maternity Incentive Program	95	0	95	21	73	1	0
Molina							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	1	0	1	0	0	1	0
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Pregnancy Rewards	0	0	0	0	0	0	0
Well Child	0	0	0	0	0	0	0
Preventive Health	0	0	0	0	0	0	0
Positive Health Care							
Quit for Life Tobacco Cessation	0	0	0	0	0	0	0
Weight Management	0	0	0	0	0	0	0
Alcohol Abuse	0	0	0	0	0	0	0
Childhood Checkups	29	15	14	29	0	0	0

**Table B**  
**Healthy Behaviors Program**  
**Completion Statistics**  
**(July 1, 2017 – June 30, 2018)**

Program Name	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Retinal Eye Exam Program	16	6	10	0	0	14	2
Cervical Cancer Screening Program	26	0	26	0	8	16	2
Prestige Health Choice							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	4	1	3	0	0	2	2
Alcohol & Substance Abuse – “Changing Lives Program”	0	0	0	0	0	0	0
Behavioral Health Follow-Up Program	1	0	1	0	0	1	0
Diabetes Testing Program	56	18	38	0	4	36	16
Diabetes Eye Exam Program	40	13	27	0	4	23	13
Maternity Program	65	0	65	2	60	3	0
Postpartum Program	5	0	5	0	5	0	0
Well-Child (31 days to 15 months old) Program	6	4	2	6	0	0	0
Well-Child (3 to 6 years old) Program	26	10	16	26	0	0	0
Adolescent Well-Care Program	41	25	16	40	1	0	0
Dental Program	167	72	95	167	0	0	0
Breast Cancer Screening Program	15	0	15	0	0	7	8
Lead Screening Program	1	1	0	1	0	0	0
Cervical Cancer Screening Program	6	0	6	0	0	5	1
Simply							
Quit Smoking Healthy Behaviors Rewards	0	0	0	0	0	0	0
Weight Management Healthy Behaviors Rewards	0	0	0	0	0	0	0
Alcohol and Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	0	0	0	0	0	0	0
Well Child Visit Healthy Behaviors Rewards	13	7	6	13	0	0	0
SFCCN - Community Care Plan							
Tobacco Cessation	0	0	0	0	0	0	0
Obesity Management	0	0	0	0	0	0	0
Alcohol or Substance Abuse	13	0	13	0	12	1	0

**Table B**  
**Healthy Behaviors Program**  
**Completion Statistics**  
**(July 1, 2017 – June 30, 2018)**

Program Name	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Pregnancy- Completed prenatal and postpartum exam	182	0	182	12	168	2	0
Well child 15 months - 6 visits	763	378	385	763	0	0	0
Annual Well Child Exam ages 2-11	15,479	7,894	7,585	15,479	0	0	0
Annual Well Child Exam ages 12-19	6,151	3,090	3,061	6,151	0	0	0
Annual Well Adult Exam ages >= 20	1,825	384	1,441	136	924	547	218
Diabetes Screening ( A1c, Microalbumin and Eye exam)	225	76	149	5	14	132	74
Staywell							
Medically Approved Smoking Cessation Program:	19	3	16	0	11	5	3
Medically Directed Weight Loss Program:	16	2	14	3	11	0	2
Alcohol or Substance Abuse Recovery Program:	7	1	6	0	3	3	1
New Member Healthy Behaviors: Health Risk Assessment	230	62	168	95	102	24	9
New Member Healthy Behaviors: Initial PCP Visit	615	204	411	310	154	124	27
Children's Healthy Behaviors: Well Child Visit	217	121	96	217	0	0	0
Children's Healthy Behaviors: Child Health Check Up	104	57	47	104	0	0	0
Children's Healthy Behaviors: Adolescents Check Up	153	67	86	148	5	0	0
Children's Healthy Behaviors: Dental Check Up	241	126	115	241	0	0	0
Children's Healthy Behaviors: Lead Screening	34	18	16	34	0	0	0
Well Woman Healthy Behaviors: Screening Mammogram	40	0	40	0	0	31	9
Diabetes Healthy Behaviors: Eye Exam	15	1	14	0	0	12	3
Diabetes Healthy Behaviors: HgbA1C Control	3	0	3	2	1	0	0
Diabetes Healthy Behaviors: LDL Control (discontinued Oct. 2017)	0	0	0	0	0	0	0
Prenatal Visits	449	0	449	12	426	11	0
Postpartum Visits	330	0	330	9	312	9	0
MMA Backpack Project	75	43	32	75	2	0	0

**Table B**  
**Healthy Behaviors Program**  
**Completion Statistics**  
**(July 1, 2017 – June 30, 2018)**

Program Name	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Teen Pregnancy Prevention Program	32	0	32	32	0	0	0
Sunshine Health							
Medically Approved Smoking Cessation Program	32	20	12	0	3	24	5
Medically Directed Weight Loss Program	73	17	56	10	12	37	14
Medically Approved Alcohol or Substance Abuse Recovery Program	9	8	1	0	2	6	1
United Healthcare							
Medically Approved Smoking Cessation Program	0	0	0	0	0	0	0
Medically Directed Weight Loss Program	1	0	1	0	1	0	0
Medically Approved Alcohol or Substance Abuse Recovery Program	0	0	0	0	0	0	0
Baby Blocks	1,836	0	1,836	78	1,714	44	0
*Alcohol and/or substance abuse program.							

## Attachment III - Annual Critical Incidents Summary

July 1, 2017 – June 30, 2018

	Coverity - Aetna	Amerigroup	Better Health	Clear Health Alliance	CMS	Community Care Plan	Freedom	Humana	Magellan	Molina	Positive	Prestige	Simply	Staywell	Sunshine	United	Total By Incident Type	
Incident Type	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	# of Incidents	
Enrollee Death	0	1	1	1	2	0	0	1	0	1	0	1	2	3	5	2	<b>20</b>	
Enrollee Brain Damage	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
Enrollee Spinal Damage	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
Permanent Disfigurement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
Fracture or Dislocation of bones or joints	0	0	0	0	2	0	0	0	0	3	0	0	1	3	6	0	<b>15</b>	
Any condition requiring definitive or specialized medical attention which is not consistent with the routine management of the patient's case or patient's preexisting physical condition	0	5	1	0	7	0	0	2	5	7	0	5	0	2	8	0	<b>42</b>	
Any condition requiring surgical intervention to correct or control	0	1	0	1	1	3	0	0	0	0	0	1	2	1	0	0	<b>10</b>	
Any condition resulting in transfer of the patient, within or outside the facility, to a unit providing a more acute level of care	0	0	0	0	1	0	0	0	0	2	0	1	0	3	5	0	<b>12</b>	
Any condition that extends the patient's length of stay	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	<b>2</b>	
Any condition that results in a limitation of neurological, physical, or sensory function which continues after discharge from the facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>	
<b>Total of all incidents:</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>13</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>14</b>	<b>0</b>	<b>8</b>	<b>5</b>	<b>13</b>	<b>24</b>	<b>2</b>	<b>101</b>	

## Attachment IV - Budget Neutrality Update

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In Tables A through H, both date of service and date of payment data are presented. Tables that provide data on a quarterly basis reflect data based on the date of payment for the expenditure. Tables that provide annual or demonstration year data are based on the date of service for the expenditure.

The Agency certifies the accuracy of the member months identified in Tables B through H, in accordance with STC #76(d).

Table A shows the Primary Care Case Management (PCCM) Targets established in the MMA Waiver as specified in STC #92(b). These targets are compared to actual waiver expenditures using date of service tracking and reporting.

<b>Table A PCCM Targets</b>		
<b>WOW<sup>2</sup> PCCM</b>	<b>MEG 1</b>	<b>MEG 2</b>
DY1	\$948.79	\$199.48
DY2	\$1,024.69	\$215.44
DY3	\$1,106.67	\$232.68
DY4	\$1,195.20	\$251.29
DY5	\$1,290.82	\$271.39
DY6	\$1,356.65	\$285.77
DY7	\$1,425.84	\$300.92
DY8	\$1,498.56	\$316.87
DY9	\$786.70	\$324.13
DY10	\$830.22	\$339.04
DY11	\$876.81	\$354.64
DY12	\$1,027.49	\$267.77
DY13	\$1,068.59	\$280.09
DY14	\$1,111.33	\$292.97
DY15	\$1,155.78	\$306.45
DY16	\$1,202.01	\$320.55

The quarter beginning October 2014 (Q34 - date of payment) is the first complete quarter under MMA. Historical data prior to this quarter is available upon request.

Tables B through H contain the statistics for Medicaid Eligibility Groups (MEGs) 1, 2 and 3 for date of payment beginning October 1, 2014 through June 30, 2018. Case months provided in Tables B and C for MEGs 1 and 2 are actual eligibility counts as of the last day of each month. The expenditures provided are recorded on a cash basis for the month paid.

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<sup>2</sup> Without Waiver

**Table B  
MEG 1 Statistics: SSI Related**

DY/Quarter	Actual MEG 1	Case months	Total Spend*	PCCM
DY09/Q34	Oct-Dec 2014	1,500,372	\$1,307,504,932	\$871.45
DY09/Q35	Jan-Mar 2015	1,462,357	\$1,134,356,032	\$775.70
DY09/Q36	Apr-Jun 2015	1,337,626	\$999,171,844	\$746.97
DY10/Q37	Jul-Sep 2015	1,596,204	\$1,154,199,030	\$723.09
DY10/Q38	Oct-Dec 2015	1,604,502	\$1,211,850,145	\$755.28
DY10/Q39	Jan-Mar 2016	1,616,079	\$1,247,196,020	\$771.74
DY10/Q40	Apr-Jun 2016	1,673,703	\$1,268,969,637	\$758.18
DY11/Q41	July-Sept 2016	1,663,286	\$1,410,409,589	\$847.97
DY11/Q42	Oct-Dec 2016	1,664,558	\$1,440,904,934	\$865.64
DY11/Q43	Jan-Mar 2017	1,652,117	\$1,435,824,785	\$869.08
DY11/Q44	Apr-Jun 2017	1,630,929	\$1,452,423,483	\$890.55
DY12/Q45	Jul-Sep 2017	1,611,019	\$1,480,123,488	\$918.75
DY12/Q46	Oct-Dec 2017	1,601,642	\$1,435,111,963	\$896.03
DY12/Q47	Jan-Mar 2018	1,596,747	\$1,470,691,952	\$921.06
DY12/Q48	Apr-Jun 2018	1,663,494	\$1,360,912,475	\$818.10
	<b>Managed Medical Assistance- MEG 1 Total<sup>3</sup></b>	<b>52,504,671</b>	<b>\$24,575,531,677</b>	<b>\$951.80</b>

\*Quarterly expenditure totals may not equal the sum of the monthly expenditures due to quarterly adjustments such as disease management payments. The quarterly expenditure totals match the CMS 64 report submissions without the adjustment of rebates.

**Table C  
MEG 2 Statistics: Children and Families**

DY/Quarter	Actual MEG 2	Case months	Total Spend*	PCCM
DY09/Q34	Oct-Dec 2014	6,858,360	\$1,997,982,421	\$291.32
DY09/Q35	Jan-Mar 2015	7,294,147	\$1,720,540,183	\$235.88
DY09/Q36	Apr-Jun 2015	6,479,912	\$1,461,749,214	\$225.58
DY10/Q37	Jul-Sep 2015	7,370,555	\$1,751,656,163	\$237.63
DY10/Q38	Oct-Dec 2015	7,489,852	\$2,166,649,322	\$289.28
DY10/Q39	Jan-Mar 2016	7,547,248	\$1,921,711,711	\$254.62
DY10/Q40	Apr-Jun 2016	7,650,908	\$1,935,227,890	\$252.94
DY11/Q41	July-Sept 2016	7,701,261	\$1,806,700,651	\$234.60
DY11/Q42	Oct-Dec 2016	7,692,285	\$2,213,198,925	\$287.72
DY11/Q43	Jan-Mar 2017	7,718,856	\$2,095,819,000	\$271.52
DY11/Q44	Apr-Jun 2017	7,714,538	\$2,141,370,706	\$277.58
DY12/Q45	Jul-Sep 2017	7,525,304	\$1,929,779,887	\$256.44
DY12/Q46	Oct-Dec 2017	7,475,495	\$2,074,732,467	\$277.54
DY12/Q47	Jan-Mar 2018	7,387,879	\$2,043,157,742	\$276.56
DY12/Q48	Apr-Jun 2018	7,342,683	\$2,074,948,180	\$282.59
	<b>Managed Medical Assistance- MEG 2 Total<sup>4</sup></b>	<b>278,765,805</b>	<b>\$32,387,420,743</b>	<b>\$207.47</b>

\*Quarterly expenditure totals may not equal the sum of the monthly expenditures due to quarterly adjustments such as disease management payments. The quarterly expenditure totals match the CMS 64 report submissions without the adjustment of rebates.

<sup>3</sup> MMA MEG1 Totals (from DY09 on)

<sup>4</sup> MMA MEG2 Total (from DY09 on)

Tables D and E provide cumulative expenditures and case months for the reporting period for each demonstration year. The combined PCCM is calculated by weighting MEGs 1 and 2 using the actual case months. In addition, the PCCM targets as provided in the STCs are also weighted using the actual case months.

<b>Table D</b>			
<b>MEG1 and MEG2 Annual Statistics</b>			
<b>DY09– MEG 1</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
MEG 1 – DY09 Total	5,326,173	\$4,235,554,765	\$795.23
WOW DY09 Total	5,326,173	\$4,190,100,299	\$786.70
Difference		\$45,454,466	
% of WOW PCCM MEG 1			101.08%
<b>DY09– MEG 2</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
MEG 2 – DY09 Total	27,169,344	\$6,171,352,881	\$227.14
WOW DY09 Total	27,169,344	\$8,806,399,471	\$324.13
Difference		\$(2,635,046,589)	
% of WOW PCCM MEG 2			70.08%
<b>DY10– MEG 1</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
MEG 1 – DY10 Total	6,490,488	\$4,871,467,423	\$750.55
WOW DY10 Total	6,490,488	\$5,388,532,947	\$830.22
Difference		\$(517,065,524)	
% of WOW PCCM MEG 1			90.40%
<b>DY10– MEG 2</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
MEG 2 – DY10 Total	30,058,563	\$7,783,980,294	\$258.96
WOW DY10 Total	30,058,563	\$10,191,055,200	\$339.04
Difference		\$(2,407,074,906)	
% of WOW PCCM MEG 2			76.38%
<b>DY11– MEG 1</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
MEG 1 – DY11 Total	6,610,890	\$5,774,063,463	\$873.42
WOW DY11 Total	6,610,890	\$5,796,494,461	\$876.81
Difference		\$(22,430,998)	
% of WOW PCCM MEG 1			99.61%
<b>DY11– MEG 2</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
MEG 2 – DY11 Total	30,826,940	\$8,312,799,101	\$269.66
WOW DY11 Total	30,826,940	\$10,932,466,002	\$354.64
Difference		\$(2,619,666,900)	
% of WOW PCCM MEG 2			76.04%
<b>DY12– MEG 1</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
MEG 1 – DY12 Total	6,472,902	\$5,562,136,463	\$859.30
WOW DY12 Total	6,472,902	\$6,650,842,076	\$1,027.49
Difference		\$(1,088,705,613)	
% of WOW PCCM MEG 1			83.63%
<b>DY12– MEG 2</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
MEG 2 – DY12 Total	29,731,361	\$7,953,598,951	\$267.52
WOW DY12 Total	29,731,361	\$7,961,166,535	\$267.77
Difference		\$(7,567,584)	
% of WOW PCCM MEG 2			99.90%

For DY9, MEG 1 has a PCCM of \$795.23 (Table D), compared to WOW of \$786.70 (Table A), which is 101.08% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$227.14 (Table D), compared to WOW of \$324.13 (Table A), which is 70.08% of the target PCCM for MEG 2.



For DY10, MEG 1 has a PCCM of \$750.55 (Table D), compared to WOW of \$830.22 (Table A), which is 90.40% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$258.96 (Table D), compared to WOW of \$339.04 (Table A), which is 76.38% of the target PCCM for MEG 2.

For DY11, MEG 1 has a PCCM of \$873.42 (Table D), compared to WOW of \$876.81 (Table A), which is 99.61% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$269.66 (Table D), compared to WOW of \$354.64 (Table A), which is 76.04% of the target PCCM for MEG 2.

For DY12, MEG 1 has a PCCM of \$859.30 (Table D), compared to WOW of \$1,027.49 (Table A), which is 83.63% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$267.52 (Table D), compared to WOW of \$267.77 (Table A), which is 99.90% of the target PCCM for MEG 2.

<b>Table E</b>			
<b>Managed Medical Assistance Cumulative Statistics</b>			
<b>DY9</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
Meg 1 & 2	32,495,57	\$10,406,907,646	\$320.26
WOW	32,495,57	\$12,996,499,70	\$399.95
Difference		\$(2,589,592,124)	
% Of WOW			80.07%
<b>DY10</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
Meg 1 & 2	36,549,051	\$12,655,447,716	\$346.53
WOW	36,549,051	\$15,579,588,147	\$426.27
Difference		\$(2,924,140,431)	
% Of WOW			81.23%
<b>DY11</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
Meg 1 & 2	37,437,830	\$14,086,862,564	\$376.27
WOW	37,437,830	\$16,728,960,463	\$446.85
Difference		\$(2,642,097,898)	
% Of WOW			84.21%
<b>DY12</b>	<b>Actual CM</b>	<b>Total</b>	<b>PCCM</b>
Meg 1 & 2	36,204,263	\$13,515,735,414	\$373.32
WOW	36,204,263	\$14,612,008,611	\$403.60
Difference		\$(1,096,273,197)	
% Of WOW			92.50%

For DY9, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table E) is \$399.95. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table E is \$320.26. Comparing the calculated weighted averages, the actual PCCM is 80.07% of the target PCCM.

For DY10, the weighted target PCCM for the reporting period using the actual case months and the MMA specific targets in the STCs (Table E) is \$426.27. The actual PCCM weighted for the reporting period using the actual case months and the MMA specific actual PCCM as provided in Table E is \$346.53. Comparing the calculated weighted averages, the actual PCCM is 81.23% of the target PCCM.

For DY11, the weighted target PCCM for the reporting period using the actual case months and the MMA specific targets in the STCs (Table E) is \$446.85. The actual PCCM weighted for the

reporting period using the actual case months and the MMA specific actual PCCM as provided in Table E is \$376.27. Comparing the calculated weighted averages, the actual PCCM is 84.21% of the target PCCM.

For DY12, the weighted target PCCM for the reporting period using the actual case months and the MMA specific targets in the STCs (Table E) is \$403.60. The actual PCCM weighted for the reporting period using the actual case months and the MMA specific actual PCCM as provided in Table G is \$373.32. Comparing the calculated weighted averages, the actual PCCM is 92.50% of the target PCCM.

The Healthy Start Program and the Program for All-inclusive Care for Children (PACC) are authorized as Cost Not Otherwise Matchable (CNOM) services under the 1115 MMA Waiver. Table F identifies the DY12 costs for these two programs. For budget neutrality purposes, these CNOM costs are deducted from the savings resulting from the difference between the With Waiver costs and the Without Waiver costs identified for DY12 in Table E.

<b>Table F</b>	
<b>WW/WOW Difference Less CNOM Costs</b>	
<b>DY12 Difference July 2017 - June 2018:</b>	<b>\$(1,096,273,197)</b>
<b>CNOM Costs July 2017 – June 2018:</b>	
<b>Healthy Start</b>	<b>\$39,036,348</b>
<b>PACC</b>	<b>\$334,031</b>
<b>DY12 Net Difference:</b>	<b>(\$1,056,902,818)</b>

Expenditures for DY12 for MEG 3, Low Income Pool (LIP), were \$865,059,955, (57.35%) of \$1,508,385,773.

<b>Table G</b>	
<b>MEG 3 Statistics: Low Income Pool</b>	
<b>MEG 3 LIP</b>	<b>Paid Amount</b>
DY09/Q34	\$690,421,416
DY09/Q35	\$556,474,290
DY09/Q36	\$830,244,034
DY10/Q37	\$0
DY10/Q38	\$303,368,192
DY10/Q39	\$437,678,858
DY10/Q40	\$257,014,028
DY11/Q41	\$0
DY11/Q42	\$0
DY11/Q43	\$390,048,771
DY11/Q44	\$187,263,611
DY12/Q45	\$0
DY12/Q46	\$0
DY12/Q47	\$135,591,685
DY12/Q48	\$729,468,270
<b>Total Paid<sup>5</sup></b>	<b>\$12,496,243,899</b>

<sup>5</sup> MMA MEG3 Total (from DY09 on)

<b>Table H</b>			
<b>MEG 3 Total Expenditures: Low Income Pool</b>			
<b>DY*</b>	<b>Total Paid</b>	<b>DY Limit</b>	<b>% of DY Limit</b>
<b>DY9</b>	\$2,077,139,740	\$2,167,718,341	95.82%
<b>DY10</b>	\$998,061,078	\$1,000,000,000	99.81%
<b>DY11</b>	\$577,312,382	\$607,825,452	94.98%
<b>DY12</b>	\$865,059,955	\$1,508,385,773	57.35%

\*STC #61 a. The TC dollar limit for LIP expenditures in each DY will be \$1,508,385,773.

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**State of Florida**  
Rick Scott, Governor

**Agency for Health Care Administration**  
Justin M. Senior, Secretary

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**Mission Statement**  
Better Healthcare for All Floridians.