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April 12, 2017

Mr. Adam Goldman
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Dear Mr. Goldman:


The State of Florida (State) is submitting the enclosed final annual report for the tenth operational year (July 1, 2015 - June 30, 2016) of Florida's 1115 Managed Medical Assistance (MMA) Waiver.

The MMA program's success is reflected in consumer satisfaction and improved quality metrics. The State is acutely and actively focused on measuring and continually improving MMA program outcomes and has a robust reporting and data analysis system that captures all aspects of the MMA program.

The State reviewed the comments from the Centers for Medicare and Medicaid Services (CMS) on Florida's draft annual report and will take the comments under advisement for future reporting. The information provided is consistent with previous annual reports and current MMA program operation. The State will continue to work with CMS to ensure reporting is reflective of both the MMA program and CMS' reporting needs. Please note, the draft comprehensive quality strategies document was submitted to CMS on March 3, 2017.

I appreciate your efforts in working with the State on Florida's 1115 MMA Waiver. Should you have any questions, please contact Chantelle Carter-Jones of my staff at (850) 412-4238. We look forward to continuing to work with you.

Sincerely,



Beth Kidder
Deputy Secretary for Medicaid

BK/hrm



Florida Managed Medical Assistance Program

1115 Research and Demonstration Waiver

**Final Annual Report
Demonstration Year 10
July 1, 2015 – June 30, 2016**



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I. Summary

The Florida Medicaid Managed Medical Assistance (MMA) program provides an integrated set of primary and acute health care services, facilitated and coordinated by managed care plans contracted with the State of Florida (State). There are over three million Florida Medicaid recipients receiving services through the MMA program.

Since implementing the MMA program in 2014, the State has effectively been able to meet the program's primary objective of improving health outcomes through care coordination, patient engagement in their own health care, and maintaining fiscal responsibility, and has made continual strides in meeting the Agency for Health Care Administration's (Agency) mission to facilitate better healthcare for all Floridians.

The Agency monitors the progress of the MMA program, and its impact on the recipients it serves, through a variety of mechanisms. Florida's Medicaid program is currently operating at the highest level of quality in its history and is doing so at a substantial per person savings to Florida's taxpayers.

Annual Report Requirement

The Agency is required to submit an annual report to the Centers for Medicare and Medicaid Services for Florida's 1115 MMA Waiver. The annual report summarizes the events that occurred during the demonstration year that affect the health care delivery system.

This final annual report includes information for Demonstration Year (DY) 10 (July 1, 2015 through June 30, 2016).

This report highlights the success of the MMA program in meeting the goals during the demonstration year and outlines the ways in which:

- Enrollees experience greater choice and greater access to health care services under the MMA program than ever before in the history of the Florida Medicaid program.
- Health outcomes and performance under the MMA program are better than ever before in the history of the Florida Medicaid program.
- The Agency oversight and monitoring efforts effectively hold the MMA plans accountable for their actions.
- The MMA program has reduced the cost of serving Florida Medicaid recipients.
- The MMA program rates are sufficient to meet the needs of enrollees.
- The Agency and its partners work to continually improve the MMA program.

Quarterly and annual reports for previous demonstration years are available on the Agency's Web site at the following link:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth.shtml.

I. Current Waiver Authority and Managed Medical Assistance Contracting Activity

Current Waiver Authority

On July 31, 2014, the Centers for Medicare and Medicaid Services (CMS) approved a three-year extension of Florida's 1115 Research and Demonstration Waiver authorizing the MMA program. The waiver approval period is July 31, 2014 through June 30, 2017.

Managed Medical Assistance Waiver Amendments

1. On October 15, 2015, the Agency received approval to:
 - Allow recipients under the age of 21 years who are receiving prescribed pediatric extended care services and recipients residing in group home facilities licensed under section 393.067, Florida Statutes (F.S.), to voluntarily enroll in an MMA plan.
 - Enroll newly Medicaid eligible recipients into a managed care plan immediately after their eligibility determination and to make changes to the auto-assignment criteria.
 - Extend the Low Income Pool program through the remainder of the demonstration period ending June 30, 2017.
2. On March 28, 2016, the Agency submitted an amendment request to:
 - Allow the Agency flexibility to contract with one to three vendors under the hemophilia program.
 - Include payments for nursing facility services in the MMA capitation rates for enrollees under the age of 18 years.
 - Allow flexibility for specialty plans to conduct performance improvement projects on topics that have more specific impacts to their enrollees, with Agency approval.

Note: The Agency received approval on October 12, 2016

Post Award Forum

The Agency published a notice in the Florida Administrative Register inviting all interested parties to the 1115 MMA Waiver Post Award Forum. The Post Award Forum was held concurrently with the Agency's Medical Care Advisory Committee on October 14, 2015. The Agency provided the meeting attendees (via phone and in-person) with information on the progress of the MMA program and allowed time for the public to provide comment on the 1115 MMA Waiver.

Managed Medical Assistance Plan Contract Amendments

General Contract Amendments

The Agency executed two contract amendments during DY10 - effective July 15, 2015 and November 1, 2015. Both amendments were submitted to CMS and have been approved.

Plan Acquisitions

The following plan acquisitions occurred in DY10:

- Effective July 1, 2015: Acquisition of American Eldercare by Humana.
- Effective October 1, 2015: Acquisition of Prestige by Florida True Health.
- Effective October 31, 2015: Acquisition of Preferred and Integral by Molina Healthcare of Florida, Inc.

Policy and Administrative Issues

The Agency continues to identify and resolve various operational issues for the MMA program. The Agency's internal and external communications processes play a key role in managing and resolving issues effectively and efficiently. These forums provide an opportunity for discussion and feedback on proposed processes and provide finalized policy in the form of contract interpretation letters and policy transmittals to the MMA plans.

During DY10, there were 26 policy transmittals and one contract interpretation sent to the MMA plans. There were no "Dear Managed Care Plan" letters sent to the MMA plans. Information on the policy transmittals and the contract interpretation can be found in the 1115 MMA Waiver quarterly reports for DY10 on the Agency's Web site.

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/quarterly.shtml.

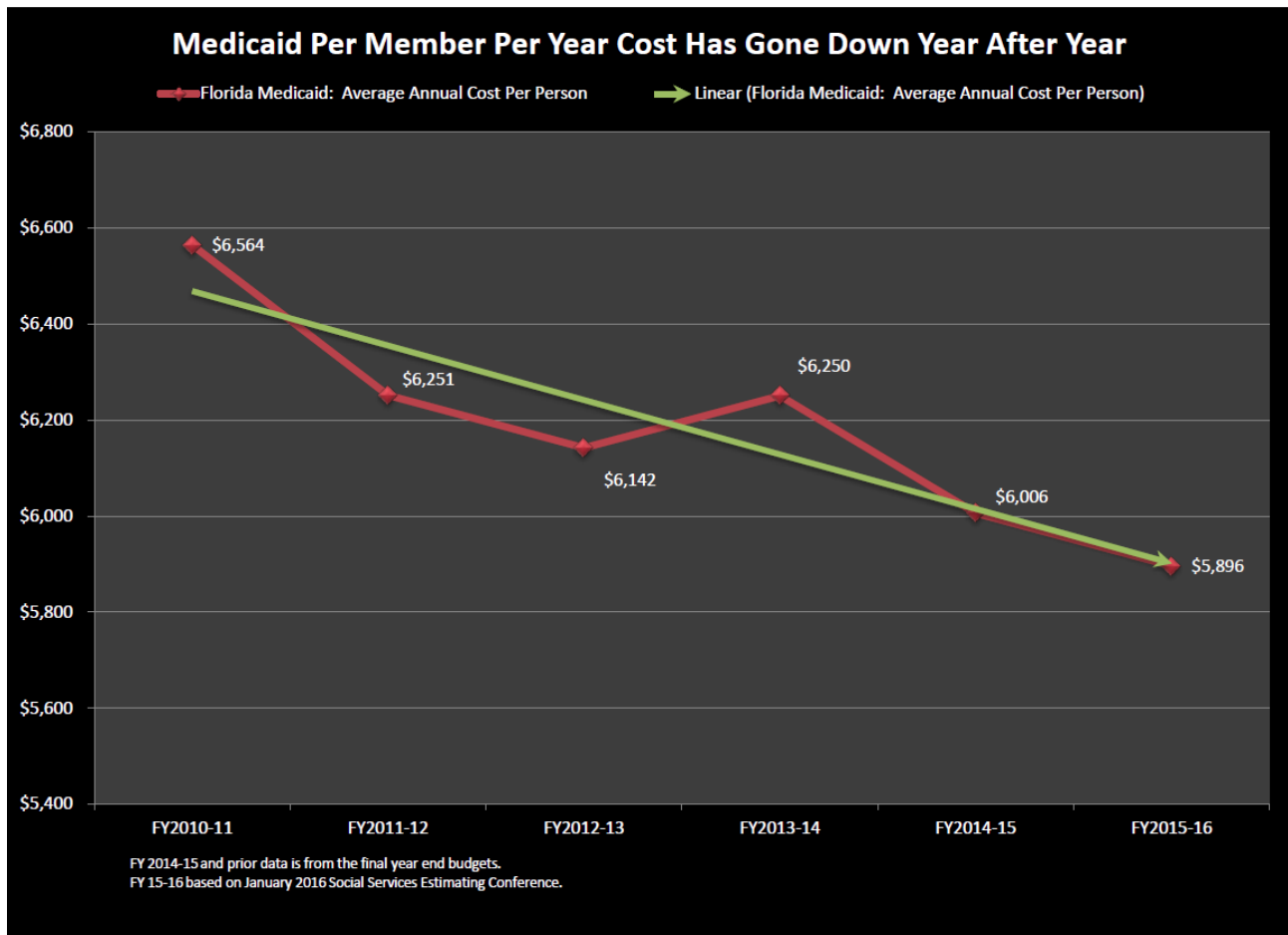
II. Demonstration Goals

The primary goal of the MMA Waiver is to improve outcomes through. This is achieved by meeting the following objectives:



1. Enhancing Fiscal Predictability and Financial Management

Financial oversight requirements have been established for MMA plans to improve fiscal and program integrity. The MMA program has enabled the State to better manage public resources while improving performance and consumer satisfaction.



A. Medical Loss Ratio

The MMA plans are financially stable with medical loss ratios aligning with State requirements since the MMA program was implemented. Sixteen plans reported a medical loss ratio equal to, or greater than, 85% for the annual reporting period, demonstrating that the MMA plans invest in the health care needs of the enrollees served

B. Rate Setting/Risk Adjustment

To ensure the fiscal integrity of the MMA program, the Agency considers service utilization data and acuity risk factors when setting MMA plan rates.

The rate setting process uses encounter data submitted by the MMA plans. The MMA plans receive 12 service months of pharmacy and non-pharmacy encounter data every quarter from the Agency. The MMA plans use this data to validate encounters. The MMA plans were given one month to review the encounter data and submit corrections, as needed, through the standard Florida Medicaid Management Information System reporting process. Twelve service months of pharmacy, medical, and behavioral health fee-for-service and encounter data were provided to the Agency's actuaries in order to generate risk scores using the chronic illness and disability payment system +RX model.

C. Encounter Data

During DY10, the Agency continued reviewing and refining the methodologies for editing, processing, and extracting encounter data. Multiple system modifications were implemented to improve the acceptance and quality of encounter data, including enabling the system to recognize expanded benefit codes in addition to state plan service codes.

The Agency and its fiscal agent provided routine outreach through monthly calls and on-site visits to the MMA plans to discuss specific issues related to encounter data timeliness, accuracy, and compliance. Through these outreach efforts, the MMA plans and the Agency made significant progress in resolving encounter data issues and educating the plans on accurate completion of the encounter transactions.

Additionally, the Agency contracted with a vendor to document current encounter processing and to make recommendations for improvements in editing and data quality. The Agency continues to work toward additional system enhancements and reporting features.

Encounter Data Validation

Health Services Advisory Group, Inc., the Agency's external quality review organization, is completing an encounter data validation study on long-term care, dental, and therapy services. This study includes two evaluation components:

- Administrative and comparative data analysis of encounter data
- Clinical record, plan of care, and/or treatment plan review

During DY10, Health Services Advisory Group, Inc., completed the comparative data analysis and obtained the clinical records from the MMA plans. The draft report will be submitted to the Agency in DY11.

D. Budget Neutrality

Attachment I provides budget neutrality figures through June 30, 2016 of DY10. The MMA Waiver is budget neutral, as required by the waiver's special terms and conditions. See Attachment I for additional information.

2. Improving Access to Coordinated Care

The MMA program has improved access to coordinated care by facilitating enhanced plan transparency, specifying robust provider network requirements, and streamlining enrollment processes. Enrollees have more choice, more information, and more guidance to help them make health care decisions and access services than ever before in the history of the Florida Medicaid program.

A. Managed Medical Assistance Plan Contracting

Recipients can choose from the MMA plans available in their region. The Agency contracted with the following plans during DY10:

Table 1 MMA Plans	
Amerigroup Florida, Inc.**	Molina Healthcare of Florida**
Better Health, LLC - PSN	AHF MCO of Florida d/b/a Positive Health Care*
Children’s Medical Services*	Florida True Health d/b/a Prestige Health Choice
Clear Health Alliance*	Simply Health Care Plans, Inc.
Coventry Health Care of Florida, Inc.**	Community Care Plan
Freedom Health*	Wellcare of Florida d/b/a Staywell Health Plan of Florida
Humana Medical Plan, Inc.**	Sunshine State Health Plan, Inc.***
Florida MHS d/b/a Magellan Complete Care*	United Healthcare of Florida, Inc.**
Integral Quality Care	Preferred

*These MMA plans are contracted to serve special populations.

**These MMA plans are also contracted to provide long term-care (LTC) services under the 1915(b)(c) LTC Waiver.

***This MMA plan is contracted to serve special populations and to provide LTC services under the 1915(b)(c) LTC Waiver.

B. Managed Medical Assistance Plan and Regional Enrollment Data

As a result of express enrollment, new recipients who are mandated to participate in the MMA program have been allowed to immediately take advantage of robust provider networks and expanded benefits offered by the plans.

Attachment II provides an update of MMA plan and regional enrollment for DY10 and contains the following enrollment reports:

- Number of MMA plans
- Regional Managed Medical Assistance enrollment

C. Benefit Packages

The MMA program provides a robust service package including state plan services and expanded benefits. Expanded benefits are services that are not otherwise covered by Florida Medicaid under the state plan and represent a substantial additional value to the State and enrollees.

The MMA plans provide 28 standard benefits in accordance with the Title XIX Florida Medicaid State Plan as specified below (see Attachment III for expanded benefit offerings by plan).

Required MMA Services	
(1)	Advanced Registered Nurse Practitioner
(2)	Ambulatory Surgical Center Services
(3)	Assistive Care Services
(4)	Behavioral Health Services
(5)	Birth Center and Licensed Midwife Services
(6)	Clinic Services
(7)	Chiropractic Services
(8)	Dental Services
(9)	Child Health Check-Up
(10)	Immunizations
(11)	Emergency Services
(12)	Emergency Behavioral Health Services
(13)	Family Planning Services and Supplies
(14)	Healthy Start Services
(15)	Hearing Services
(16)	Home Health Services and Nursing Care
(17)	Hospice Services
(18)	Hospital Services
(19)	Laboratory and Imaging Services
(20)	Medical Supplies, Equipment, Protheses and Orthoses
(21)	Optometric and Vision Services
(22)	Physician Assistant Services
(23)	Podiatric Services
(24)	Practitioner Services
(25)	Prescribed Drug Services
(26)	Renal Dialysis Services
(27)	Therapy Services
(28)	Transportation Services

D. Network Adequacy

The MMA plan contracts include stringent network adequacy and provider access standards including network requirements to ensure all enrollees can be adequately served in a given region under any circumstances.

- Plans in regions 3 through 10 must have a network sufficient to meet 120% of their actual monthly enrollment
- Plans in regions 1 and 2 must have networks sufficient to meet 200% of their actual monthly enrollment

Network adequacy standards are established for more than 40 provider types based on:

- Time and distance requirements
- Regional provider ratios

The Agency monitors plan networks on a weekly basis through an automated system that provides detailed provider information.

In 2015, the Agency requested Health Services Advisory Group, Inc. conduct a targeted network adequacy review of hospitals in the MMA program. The Health Services Advisory Group, Inc. compared network data from each of the MMA plans to the Agency licensure data and identified discrepancies in each MMA plan's network data. In addition, they compared the calendar year 2016 Medicare Advantage health services delivery reference file standards to the Agency's urban/rural network standards and identified the differences in the two sets of standards.

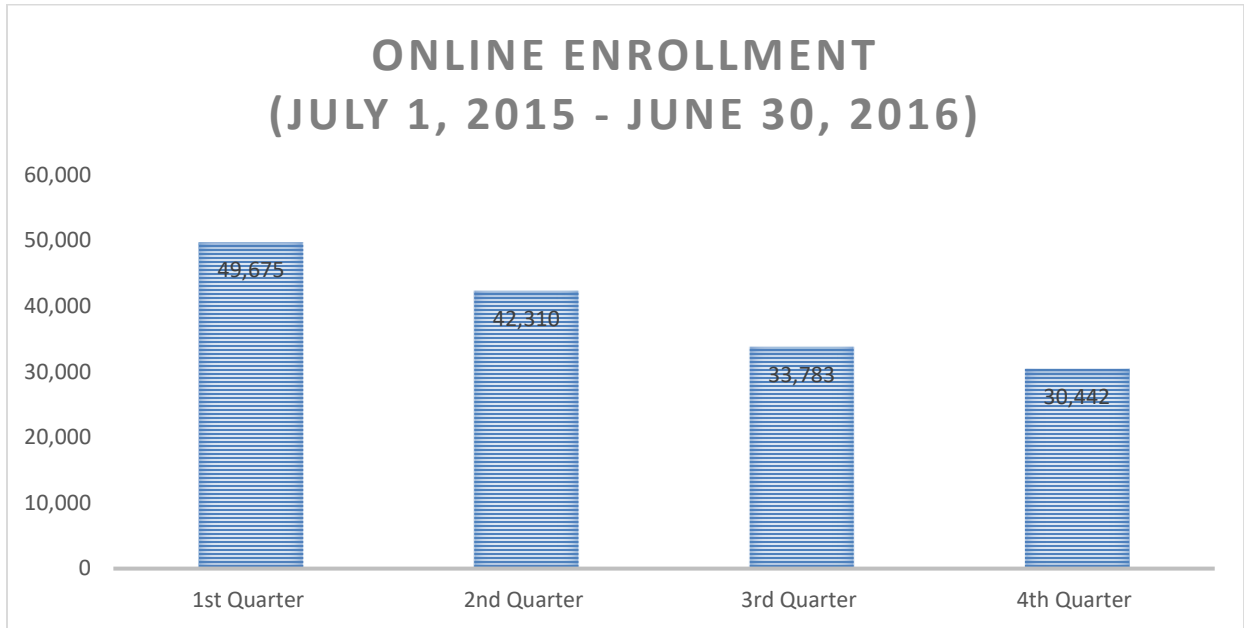
These reports found the MMA plans were in compliance with the acute care hospital bed ratio and that the Agency's minimum performance standards for travel time and distance are generally more stringent than the performance standards for travel time and distance outlined in the CMS Medicare Advantage health services delivery tables.

E. Choice Counseling Program

Individuals are provided with information to encourage an active plan selection electronically (online) or in print, and are given the opportunity to meet or speak with a choice counselor to obtain additional information in making a choice. The Agency's choice counseling vendor provides information about each MMA plan's coverage in accordance with federal requirements. Additional MMA plan information includes, but is not limited to: benefits and benefit limitations, cost-sharing requirements, provider network information, and contact information. The Agency posts performance information including recipient satisfaction survey results and performance measure data (as data is available) on its Web site.

The following provides a summary for DY10 on choice counseling program activities for the call center, self-selection rate, and auto assignments.

Online Enrollment:



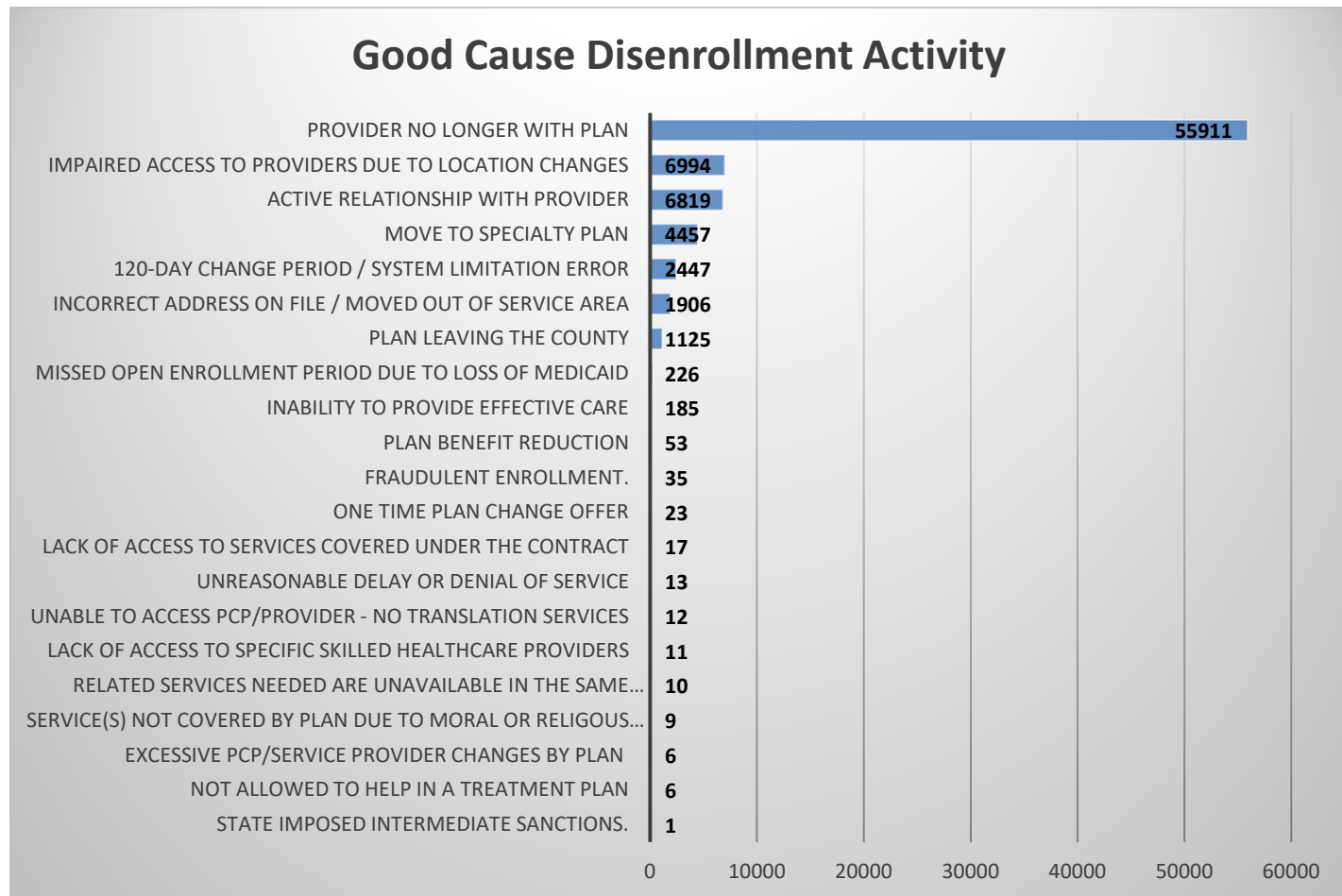
Disenrollment Breakout:

Disenrollment Statistics (July 1, 2015 – June 30, 2016)				
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Disenrollments¹	286,631	482,446	401,717	439,374
Good Cause²	20,295	24,617	22,510	10,714
Total Disenrollments	306,926	507,063	424,227	450,088

¹ Disenrollment requests processed during the enrollees' first 120 days of plan enrollment.

² Disenrollment requests processed for enrollees who were locked into their plan and not in open enrollment.

Good Cause Disenrollment:



Note: Good cause for disenrollment as a result of a plan leaving the county an enrollee resided in is a result of plan acquisitions and consolidations during the reporting period. No MMA plans withdrew from a county.

Call Center Activities

The choice counseling call center, located in Tallahassee, Florida operates a toll-free number and a separate toll-free number for the hearing-impaired callers. The call center uses a tele-interpreter language line to assist with calls in over 100 languages. The hours of operation are Monday through Thursday 8:00 a.m. – 8:00 p.m. and Friday 8:00 a.m. – 7:00 p.m. During DY10, the call center had an average of 295 full time equivalent employees who can answer calls in English, Spanish, and Haitian Creole.

The choice counseling call center received 983,617 calls during DY10, which remains within the anticipated call volume.

Call Volume for Incoming Calls (July 1, 2015 – June 30, 2016)	
Type of Calls	Incoming Calls
1st Quarter	286,631
2nd Quarter	246,601
3rd Quarter	239,786
4th Quarter	210,599
Total	983,617

Mail:

Outbound Mail Activities (July 1, 2015 – June 30, 2016)					
Mail Activities	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
New-Eligible Packets*	208,043	156,985	150,589	198,765	714,382
Confirmation Letters	218,806	181,268	214,205	210,408	824,687
Open Enrollment Packets	213,584	185,249	746,027	993,732	2,138,592

*Mandatory and voluntary

Face-to-Face/Outreach and Education:

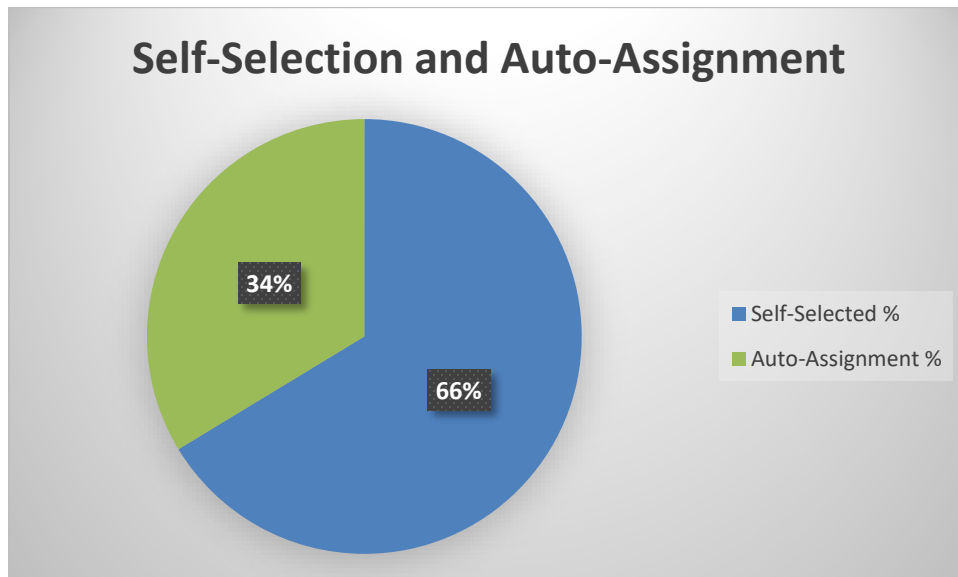
Choice Counseling Outreach Activities (July 1, 2015 – June 30, 2016)					
Field Activities	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Group Sessions	53	36	38	15	142
Private Sessions	23	33	26	7	89
Home Visits and One-On-One Sessions	135	130	115	82	462

Self-Selection and Auto Assignment Rates:

From July 2015 through June 2016, 66.32% of recipients enrolled in the MMA program self-selected an MMA plan and 33.68% were auto-assigned.

Self-Selection and Auto-Assignment Rate* (July 1, 2015 – June 30, 2016)					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Self-Selected	281,781	323,411	232,515	165,354	1,003,061
Auto-Assignment	264,077	155,168	305,095	59,568	509,408
Total Enrollments	545,858	478,579	537,610	224,922	1,512,469
Self-Selected %	51.62%	67.58%	43.25%	73.52%	66.32%
Auto-Assignment %	48.38%	32.42%	56.75%	26.48%	33.68%

Note: The term “self-selection” refers to recipients who choose their own plan and the term “assigned” refers to recipients who do not choose their own plan.



F. Integration for Medicare – Medicaid Eligible Individuals

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. If a recipient does not choose an MMA plan, the Agency uses the following parameters when auto-assigning dually eligible recipients.

To promote alignment between Florida Medicaid and Medicare, each recipient enrolled in a Medicare Advantage Plan is assigned to an MMA plan in the recipient’s region that is operated by the same parent organization as the recipient’s Medicare Advantage Plan.

There are several factors that can impact this assignment process, including, but not limited to:

- Recipient choice: The recipient has the option to choose any available MMA plan in their region; they are not required to enroll in the same MMA plan as their Medicare Advantage plan.
- Timing: The Agency often receives Medicare enrollment information after a recipient has already been enrolled into a MMA plan.
- Availability of MMA plans with Medicare affiliation: Not all regions have MMA plans with Medicare affiliation.

Medicaid and Medicare Dual Integration Quarterly Enrollment	
Demonstration Year 10 July 1, 2015 – June 30, 2016	Number of MMA enrollees auto-assigned to a sister Medicare Advantage Plan
1 st Quarter	2
2 nd Quarter	5
3 rd Quarter	0
4 th Quarter	1,148
Total	1,155

G. Healthy Behaviors Program

The MMA plans were required to develop healthy behaviors programs in the following areas: smoking cessation, weight loss, and alcohol or substance abuse. There were a total of 90 healthy behaviors programs submitted by the MMA plans. The programs were approved by the Agency in 2014 for implementation by January 1, 2015.

Attachment IV provides the DY10 data collected and reported by the MMA plans for each healthy behaviors programs. The available healthy behaviors programs incorporate evidenced-based practices. The healthy behaviors programs are voluntary programs and require written consent from each enrollee prior to participating in the program.

The healthy behaviors programs include counseling services, service coordination, rewards and incentives. During the upcoming year, the Agency plans to increase the monitoring and review activities for the healthy behaviors programs. The Agency will focus the monitoring activities in following areas:

- Ease of access to the programs
- Member education and notification
- Program participation rates
- Program completion rates

The Agency will revise the Healthy Behaviors Report instructions to clarify how data should be collected and reported. In cases where the Agency identifies outliers or discrepancies in the

data reported, the Agency will provide technical assistance to the MMA plans in order to improve reporting accuracy.

3. Improving Program Performance

The MMA program’s performance and monitoring data demonstrates MMA plans provide a high quality of service to enrollees and have improved both the coordination of care and health care outcomes. Performance monitoring demonstrates MMA plan enrollees have access to the highest quality of care in the history of the Florida Medicaid program.

A. Enrollee Satisfaction

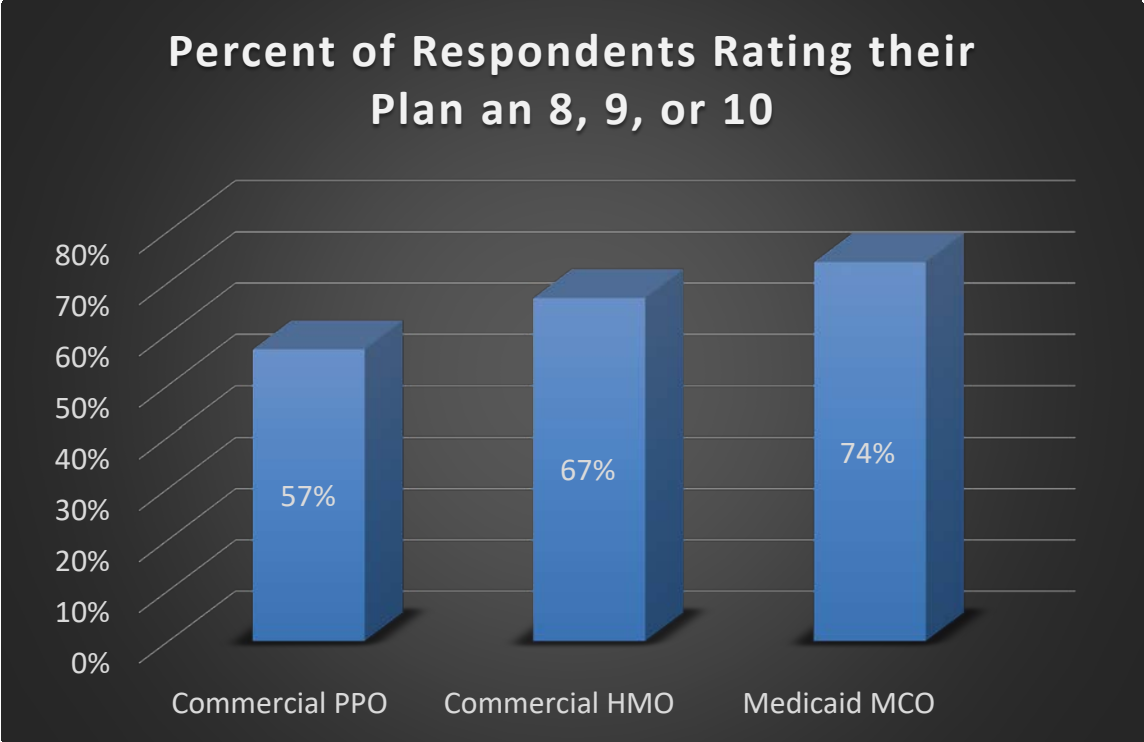
Enrollees reported they were highly satisfied with their MMA plan and the services they received.

The MMA plans submitted their 2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results, and the Agency compiled them and posted the statewide averages for the adult and child surveys and plan-specific rates on FloridaHealthFinder.gov. The child survey is conducted by asking parents about the health care their children have received.

Highlights of the survey results for 2015 reflect high satisfaction (a rating of 8, 9, or 10 on a 10-point scale) with MMA plans statewide, including:

2015 CAHPS Survey Item	Adults	Parents
Overall Plan Satisfaction	74%	81%
Quality of Care Received	76%	85%
Ease in Getting Needed Care	82%	82%
Ease in Getting Care Quickly	83%	89%

Medicaid members were more satisfied with their MMA plans than commercial PPO and commercial HMO members were with their plans. In the 2015 CAHPS survey, 57% of commercial PPO members and 67% of commercial HMO members rated their plans an 8, 9, or 10 out of 10. By contrast, 74% of Medicaid MMA members rated their plans an 8, 9, or 10.

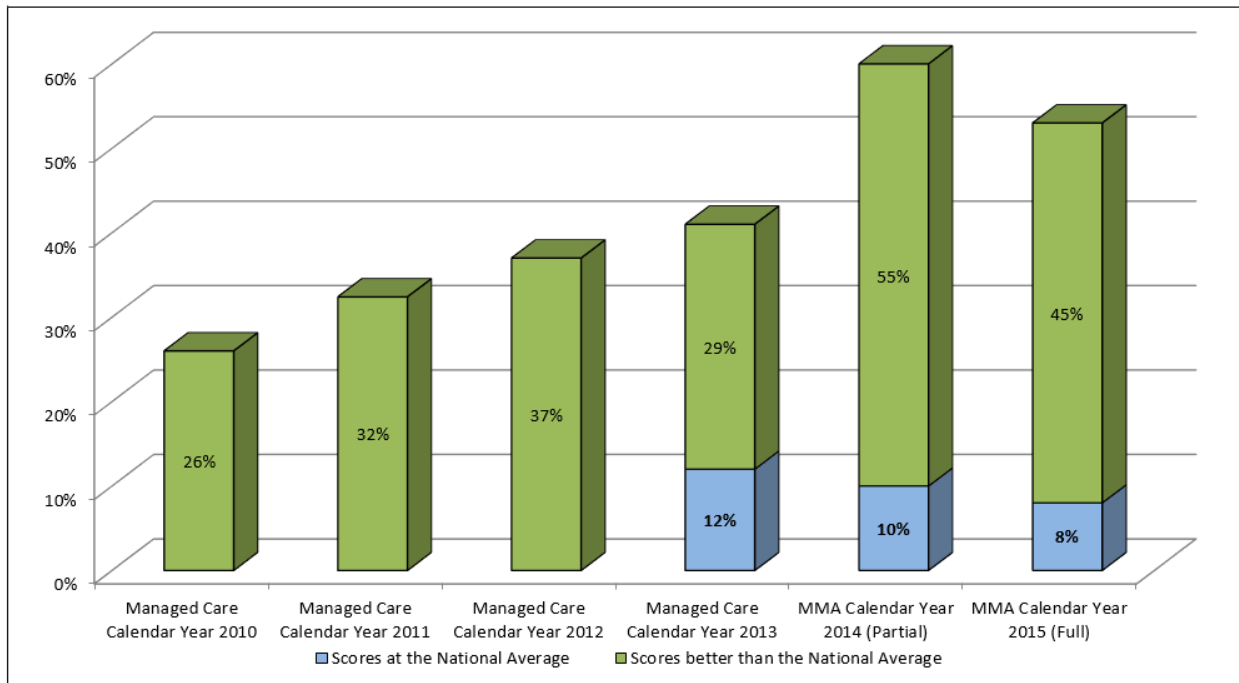


B. Plan Performance Measures

The Agency’s contract with MMA plans includes Healthcare Effectiveness Data and Information Set, CMS, and Agency-defined performance measures for which the plans must collect and report data. The data demonstrates an improving quality trend under the MMA program, both in terms of Florida Medicaid’s performance pre-MMA implementation, and when compared to national standards.

Sixty-five percent of the performance measure rates, based on the statewide weighted means, were at or above the national Medicaid mean for calendar year 2014. Twenty percent of these measures were below the national mean, but higher than the Florida Medicaid managed care scores in calendar year 2013. MMA plans began to operate on a staggered regional schedule during 2014, so the 2014 measures primarily include those individuals who were in managed care plans (Reform or non-Reform) prior to MMA implementation and in an MMA plan after implementation. This shows that the MMA plans did well in taking care of their existing members during a time of great change in the program.

MMA Program Quality: Overall HEDIS Scores Trend Upward



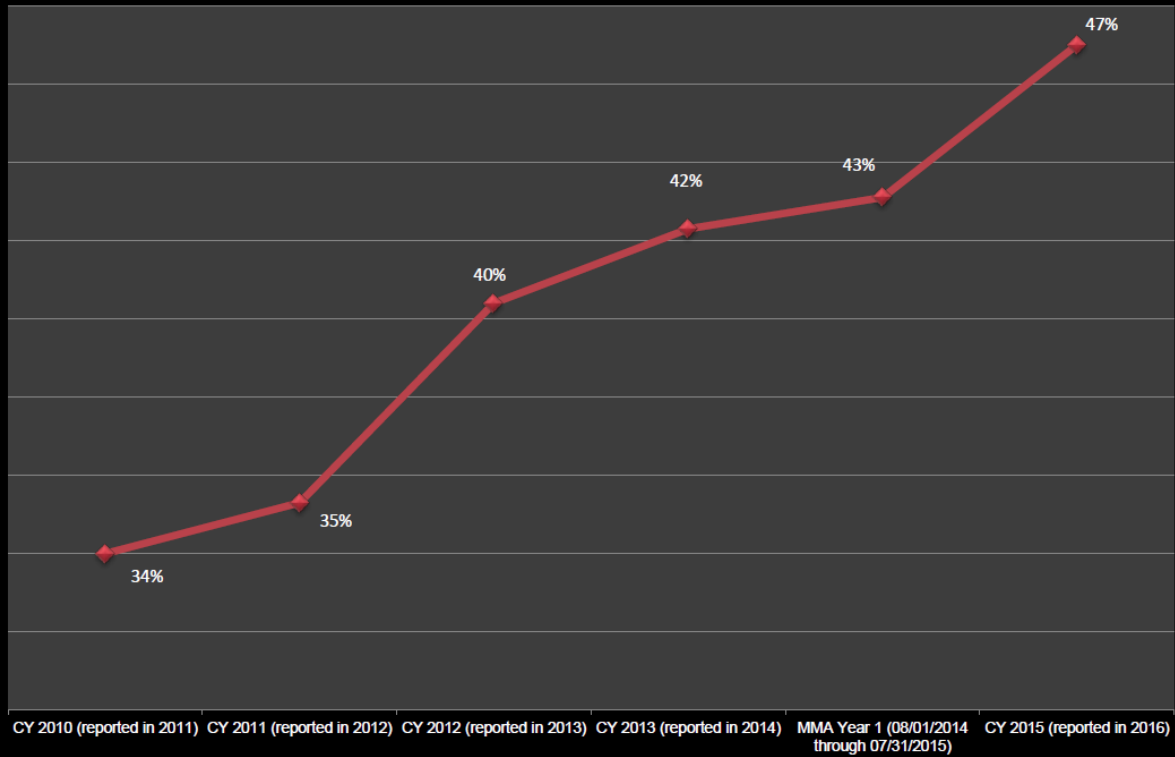
The Agency received the first year of performance measure submissions from the MMA plans during the reporting period. A complete comparison of the statewide weighted means from calendar years 2013 and 2014 to their respective national Medicaid means can be found on the Agency's Web site at http://ahca.myflorida.com/medicaid/quality_mc/pdfs/CY_2013-2014_HEDIS_Weighted_Means_vs_2013-2014_Natl_Means_09-11-2015.pdf

Calendar years 2014 and 2015 data demonstrate a continuing upward trend for many of the performance measures. There are several measures where the calendar year 2015 statewide average results surpass the 75th percentile of Medicaid plans nationally, and three that surpass the 90th percentile.

For calendar year 2015, 53% of statewide weighted means were at, or better than, the national mean. Of the 2015 statewide weighted means that were lower than the national mean, seven of them showed improvement over the 2014. Performance measures with notable improvement include:

- Diabetes - nephropathy: The statewide weighted average increased from 84.1% in 2014 to 91.6% in 2015.
- Follow-up after hospitalization from illness – seven-day: The statewide weighted average increased from 24.4% in 2014 to 35.7% in 2015.
- Follow-up after hospitalization for mental illness – 30 day: The statewide weighted average increased from 38.0% in 2014 to 42.5% in 2015.

HEDIS Dental Visit Score Calendar Year 2010 - Calendar Year 2015



Note: MMA Year 1 (08/01/2014 - 07/31/2015) calculated by the Agency using the same parameters required to calculate the HEDIS children's dental care annual dental visit measure, but changed the enrollment period measured to accommodate the 2014 transition

For a complete list of the statewide average results for performance measures submitted for calendar years 2014 and 2015 compared to their respective national means, see Attachment V.

The Agency compared the MMA plans' Healthcare Effectiveness Data and Information Set performance measure rates to the national Medicaid means and percentiles (as published by the National Committee for Quality Assurance for Healthcare Effectiveness Data and Information Set, 2014). These comparisons were used to assign performance measure category and individual performance measure ratings to each MMA plan for the Florida Medicaid health plan report card, which can be found on the FloridaHealthFinder Web site at <http://www.floridahealthfinder.gov>.

Note: Calendar year 2013 statewide weighted means across reform and non-reform health plans are weighted by the number of enrollees each plan had per measure. Calendar year 2014 data represents a transition year between the previous managed care contracts (Reform and non-Reform) and the MMA contracts. To be counted for these performance measures, an enrollee had to meet the continuous enrollment requirements within a single plan. There are a number of enrollees who were not included in these measures with the previous managed care contracts ending between May 1 and July 31, 2014 and the MMA contract starting between May 1 and August 1, 2014.

C. External Quality Review Organization

The Agency contracts with Health Services Advisory Group, Inc., as its external quality review organization. Health Services Advisory Group, Inc., and the Agency work together to continually assess the MMA program and develop initiatives to improve quality outcomes.

Quarterly Meetings

Health Services Advisory Group, Inc., conducts an external quality review quarterly meeting. The meetings are held with the Agency staff and the MMA plans, and here are examples of presentations provided to the health plans:

- Patient-and Family-Centered Medical Home: A Model for Quality
- Florida Medical Schools Quality Network
- Perinatal Quality Improvement Efforts in Florida
- Modern Technology: Improving the Quality of Care
- Performance Improvement Project Interventions – Challenges, Successes and Sharing Best Practices
- Utilizing the Plan-Do-Study-Act Process to Maximize Performance Improvement Project Performance
- Florida’s School-Based Sealant Program
- Performance Improvement Project Quarterly Check-Ins
- Applying Plan-Do-Study-Act Methodology and Using Interim Measurement Cycles: A Preventive Dental Services for Children Example

Validation of Performance Improvement Projects

On November 3, 2015, Health Services Advisory Group, Inc., submitted the MMA plans’ 2014-2015 draft performance improvement project validation reports to the Agency for validation. In December 2015, the Agency provided review and feedback to the MMA plans on the draft performance improvement project validation reports. Health Services Advisory Group, Inc. posted on the file transfer protocol site the finalized and approved draft validation reports on February 1, 2016.

On June 14, 2016, Health Services Advisory Group, Inc. submitted the annual performance improvement project validation summary report to the Agency. The purpose of this report was to present the status and results for the performance improvement projects submitted for validation by the MMA plans.

Annual Technical Report

On February 29, 2015, Health Services Advisory Group, Inc. submitted the SFY 2014 – 2015 “Annual Technical Report of External Quality Review Results” to the Agency. This annual

technical report was approved by the Agency on April 26, 2016. The Agency submitted the report to CMS on April 27, 2016 and posted this report on the Agency’s Web site.

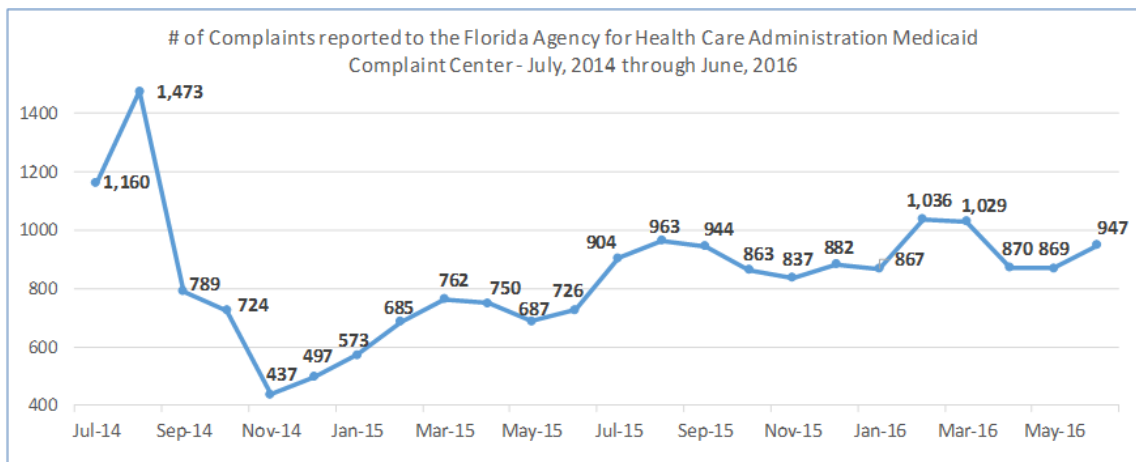
Comprehensive Quality Strategy

During the fourth quarter of DY10, a comprehensive quality strategy workgroup began updates to, and a redesign of, the quality strategy. Work on this will continue in DY11.

D. Complaints, Grievances and Appeals

The Agency operates a centralized complaint operations center to help resolve complaints timely. Data is collected, aggregated, and trended to inform plan-specific compliance actions and general Agency quality improvement initiatives. The Agency publishes monthly reports on its Web site detailing complaint data.

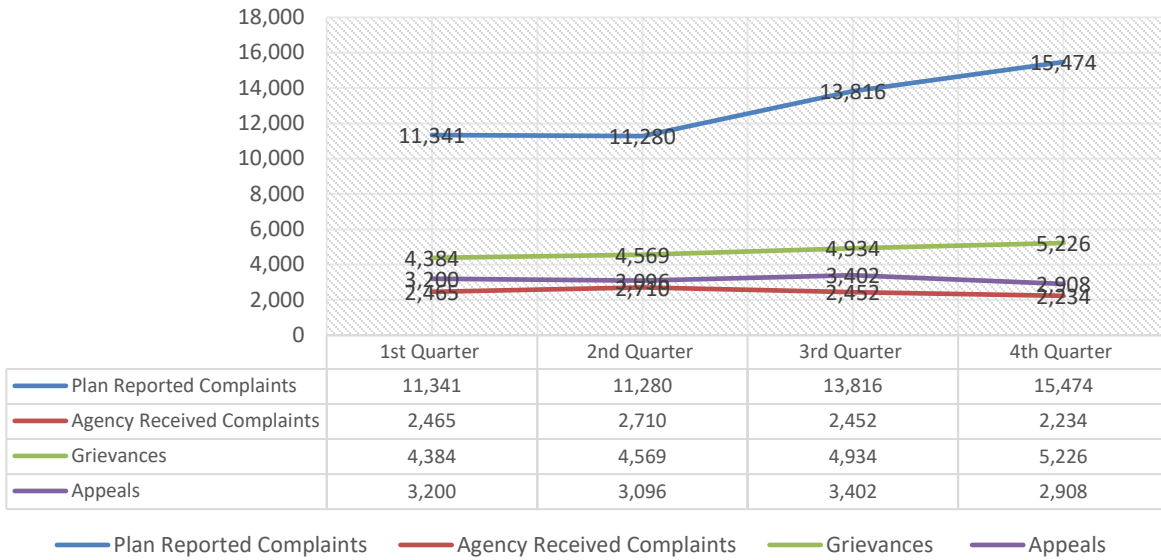
The volume of complaints decreased sharply after the first six months of the MMA program’s implementation; holding steady thereafter. The number of MMA plan reported complaints decreased by more than 66% over DY9 figures. The incidents of grievance and appeals requests remained consistent with DY9, with rates of complaints below 0.3 per 1,000 enrollees.



SMMC Enrollment:	2,187,515	2,808,135	2,858,539	2,953,484	3,038,586	3,089,246	3,137,972	3,172,113	3,197,781	3,239,013	3,256,080	3,281,932
# Issues per 1,000 Enrollees:	0.530	0.281	0.153	0.194	0.251	0.222	0.288	0.298	0.262	0.268	0.316	0.265

Note: The information in the chart above includes complaints for the LTC program.

Complaints, Grievances and Appeals (July 1, 2015 - June 30, 2016)

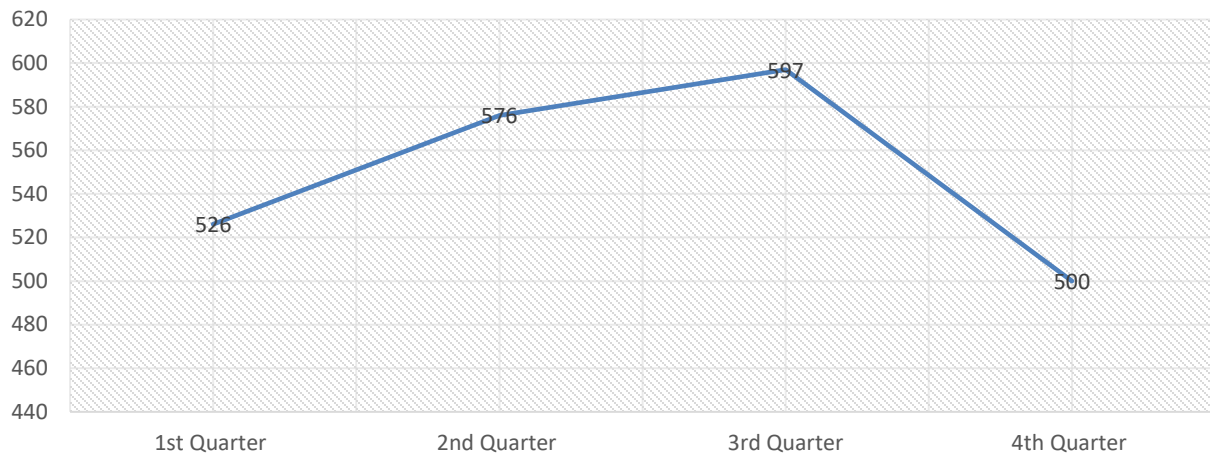


In response to some complaints, the Agency performed on-site visits to MMA plans or its subcontractor to ensure compliance with the Statewide Medicaid Managed Care contract. When non-compliance was found, the Agency took compliance actions against the plans in the form of a corrective action plan, sanction, and/or liquidated damage.

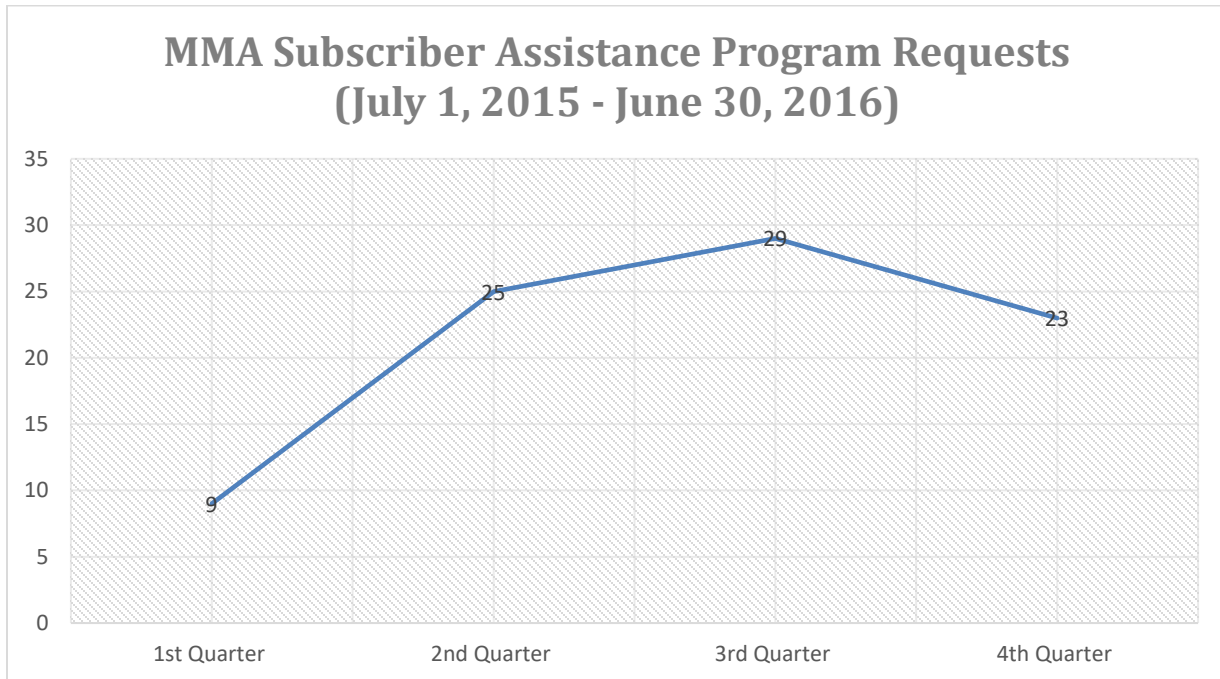
E. Medicaid Fair Hearing and Subscriber Assistance Program

The number of fair hearing and Subscriber Assistance Program requests reduced significantly during the 4th quarter of the reporting period.

MMA Medicaid Fair Hearing Requested (July 1, 2015 - June 30, 2016)



The Subscriber Assistance Program is designed to assist enrollees of commercial and Medicaid plans with grievances that have not been resolved to their satisfaction.



F. Critical Incidents

The MMA plans are required to submit a monthly Adverse and Critical Incident Summary Report to the Agency. This report is due by the 15th calendar day of the month following the reporting month. The purpose of this report is to monitor adverse and critical incidents that negatively impact the health, safety, or welfare of enrollees. The MMA plans are required to report critical incidents relating to enrollee abuse/neglect and exploitation to the following state agencies: Florida Department of Health, Florida Department of Children and Families, and Florida Department of Elder Affairs.

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 more detailed information around those specific incidents.

Note: The MMA plans began reporting critical incidents to the Agency in October 2015. Attachment VI illustrates the data collected by the MMA plans for the period October 1, 2015 through June 30, 2016.

III. Plan Compliance

The Agency monitors the MMA plans regularly and resolves issues contemporaneously. The Agency holds monthly calls with MMA plans in the form of an “All-Plan” call, holds weekly calls with each individual MMA plan, and provides regular training on a variety of issues.

Compliance

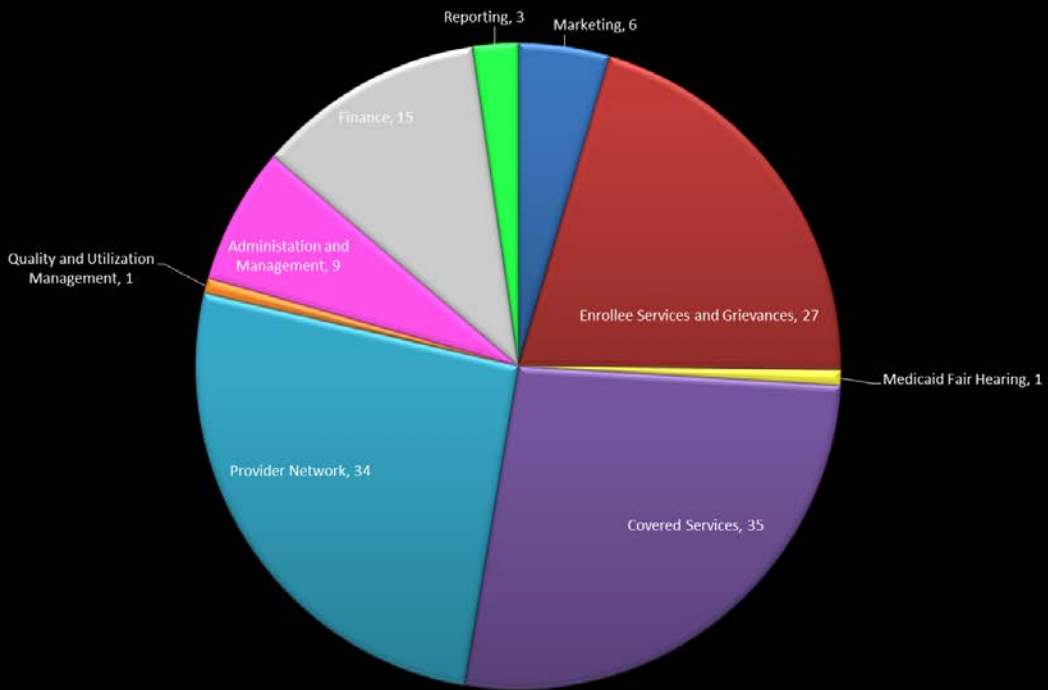
The MMA plans are held accountable when an action (or lack thereof) does not meet contractual requirements to support or further the goals of the MMA program.

The Agency monitors MMA plan activities to ensure continued compliance with the MMA contract. The Agency’s two field-based plan management offices continue to work on marketing and claims oversight activities and also provide a staff presence in the areas where most of the MMA plans’ offices are located.

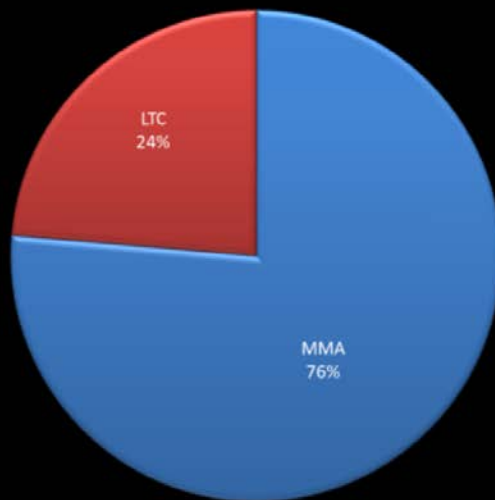
To further streamline and improve this process, Health Services Advisory Group, Inc. developed an online Managed Care Survey Tool system for the Agency to use to complete compliance reviews of the managed care plans. The Agency will utilize this system to centrally record the results of a variety of monitoring activities.

In the following two charts, actions refer to requiring the plan to submit and implement a corrective action plan, or imposing sanctions or liquidated damages. The Agency levied a total of \$994,250 in sanctions and liquidated damages during the reporting period. Note: Data includes actions for the LTC program.

SMMC ACTIONS BY CATEGORY



SMMC ACTIONS BY PROGRAM TYPE



IV. Low Income Pool

The Low Income Pool program was established to provide government support to safety net providers in the State for the purpose of providing coverage to Florida Medicaid underinsured and uninsured populations. The Low Income Pool program is also designed to establish new or enhance existing innovative programs that meaningfully enhance the quality of care and the health of low-income populations and to increase access to select services for uninsured individuals.

During DY10, the Agency submitted the following Low Income Pool program information to CMS in accordance with the special terms and conditions:

- November 24, 2015: Draft DY10 Reimbursement and Funding Methodology
- November 25, 2015: Draft DY11 Reimbursement and Funding Methodology
- February 25, 2016: Updated draft DY10 Reimbursement and Funding Methodology that included edits from CMS
- March 28, 2016: Updated draft DY11 Reimbursement and Funding Methodology that included edits from CMS
- May 24, 2016: DY8 Low Income Pool Cost Limit Report

During DY10, the Agency received CMS approval for the following Low Income Pool program reports:

- March 1, 2016: DY10 Reimbursement and Funding Methodology
- May 20, 2016, DY11 Reimbursement and Funding Methodology

V. Evaluation of the Demonstration

The evaluation of the demonstration is an ongoing process to be conducted during the life of the demonstration. The CMS requires the Agency to complete an evaluation design that includes a discussion of the goals, objectives, and specific hypotheses being tested to determine the impact of the demonstration during approved waiver period. The evaluation 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 enrollees, providers, plans, market areas, and public expenditures.

Summary of Evaluation Activities

The Agency worked with CMS on finalizing the evaluation design in 2015. The evaluation covers July 1, 2014 through June 30, 2017. The design accommodates and reflects the staggered implementation of the MMA program to produce more reliable estimates of program impacts. The contract to conduct the evaluation is currently being executed.

Upon approval from CMS of the evaluation design, the Agency modified the evaluation contract with the evaluator, the University of Florida. The contract is currently being executed and is anticipated to be effective in the 1st quarter of DY11.

Attachment I

Budget Neutrality

In accordance with the requirements of the approved MMA Waiver, the State must conduct fiscal monitoring of the program on a fiscal basis. To comply with this requirement, the State submits waiver templates on the quarterly CMS-64 reports. The submission of the CMS-64 report includes administrative and service expenditures.

Budget neutrality is calculated on a statewide basis. For the MMA Waiver, the case months and expenditures reported are for mandatory and voluntary enrollees.

Although this report shows the quarterly expenditures for the quarter in which the expenditure was paid (date of payment), the budget neutrality as required by special term and condition #88 is monitored using data based on date of service. The per member per month and demonstration years are tracked by the year the expenditure was incurred (date of service). The special terms and conditions specify the Agency will track case months and expenditures for each demonstration year using the date of service for up to two years after the end of the demonstration year.

Tables 1 through 7 present both date of service and date of payment data. 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 2 through 5 in accordance with special term and condition #88.

In accordance with special term and condition #87(d)(ii), the Agency implemented a new CMS-64 report operation in October 2014 (Q34 - date of payment), which was the first complete quarter under the MMA program.

Table 1 shows the Primary Care Case Management (PCCM) targets established in the MMA waiver as specified in special term and condition #99(b). These targets are compared to actual waiver expenditures using date of service tracking and reporting.

Table 1 PCCM Targets		
WOW₃ PCCM	MEG1	MEG 2
DY01	\$948.79	\$199.48
DY02	\$1,024.69	\$215.44
DY03	\$1,106.67	\$232.68
DY04	\$1,195.20	\$251.29
DY05	\$1,290.82	\$271.39
DY06	\$1,356.65	\$285.77
DY07	\$1,425.84	\$300.92
DY08	\$1,498.56	\$316.87
DY9	\$786.70	\$324.13
DY10	\$830.22	\$339.04
DY11	\$864.26	\$354.64

The quarter beginning October 2014 (Q34 - date of payment) is the first complete quarter under the MMA waiver. Historical data prior to this quarter will no longer be reported, but is available upon request.

Tables 2 through 8 contain the statistics for Medicaid Eligibility Groups (MEGs) 1, 2, and 3 for date of payment through June 30, 2016. Case months provided in Tables 4 and 5 for Medicaid eligibility groups 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.

³ Without Waiver

Table 2				
MEG 1 Statistics: SSI Related				
DY Quarter	Actual MEG 1	Case months	Total Spend⁴	PCCM
	October 2014	502,757	\$555,474,500	\$1,104.86
	November 2014	501,310	\$196,181,190	\$391.34
	December 2014	496,305	\$555,849,242	\$1,119.98
DY09/Q34	Q34 Total	1,500,372	\$1,307,504,932	\$871.45
	January 2015	408,646	\$213,316,912	\$522.01
	February 2015	531,282	\$385,253,606	\$725.14
	March 2015	522,429	\$535,785,514	\$1,025.57
DY09/Q35	Q35 Total	1,462,357	\$1,134,356,032	\$775.70
	April 2015	293,244	\$379,195,669	\$1,293.11
	May 2015	527,900	\$228,855,224	\$433.52
	June 2015	516,482	\$391,120,951	\$757.28
DY09/Q36	Q36 Total	1,337,626	\$999,171,844	\$746.97
	Jul 2015	536,859	\$374,010,038	\$696.66
	Aug 2015	534,625	\$378,596,081	\$708.15
	Sep 2015	524,720	\$401,592,912	\$765.35
DY10/Q37	Q37 Total	1,596,204	\$1,154,199,030	\$723.09
	Oct 2015	540,256	\$396,641,992	\$734.17
	Nov 2015	537,017	\$383,794,953	\$714.68
	Dec 2015	527,229	\$431,413,200	\$818.27
DY10/Q38	Q38 Total	1,604,502	\$1,211,850,145	\$755.28
	Jan 2016	544,876	394,784,318	\$724.54
	Feb 2016	543,963	\$418,167,487	\$768.74
	Mar 2016	527,240	\$434,244,215	\$823.62
DY10/Q39	Q39 Total	1,616,079	\$1,247,196,020	\$771.74
	Apr 2016	555,605	\$417,891,025	\$752.14
	May 2016	574,148	\$414,010,282	\$721.09
	Jun 2016	543,950	\$437,068,330	\$803.51
DY10/Q40	Q40 Total	1,673,703	\$1,268,969,637	\$758.18
Managed Medical Assistance- MEG 1 Totals⁵		39,420,879	\$38,501,665,347	\$976.68

⁴ 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.

⁵ MMA MEG1 Totals (from DY01 on)

Table 3				
MEG 2 Statistics: Children and Families				
DY Quarter	Actual MEG 2	Case months	Total Spend⁴	PCCM
	October 2014	2,238,870	\$862,195,930	\$385.10
	November 2014	2,290,489	\$327,068,249	\$142.79
	December 2014	2,329,001	\$808,718,242	\$347.24
DY09/Q34	Q34 Total	6,858,360	\$1,997,982,421	\$291.32
	January 2015	2293805	\$313,542,190	\$136.69
	February 2015	2,487,261	\$580,734,739	\$233.48
	March 2015	2,513,081	\$826,263,254	\$328.78
DY09/Q35	Q35 Total	7,294,147	\$1,720,540,183	\$235.88
	April 2015	1,391,829	\$543,984,163	\$390.84
	May 2015	2,552,622	\$298,395,017	\$116.90
	June 2015	2,535,461	\$619,370,033	\$244.28
DY09/Q36	Q36 Total	6,479,912	\$1,461,749,214	\$225.58
	Jul 2015	2,439,675	\$522,403,320	\$214.13
	Aug 2015	2,465,623	\$538,394,324	\$218.36
	Sep 2015	2,465,257	\$690,678,102	\$280.16
DY10/Q37	Q37 Total	7,370,555	\$1,751,475,745	\$237.63
	Oct 2015	2,502,365	\$723,144,057	\$288.98
	Nov 2015	2,508,310	\$677,311,141	\$270.03
	Dec 2015	2,479,177	\$766,194,124	\$309.05
DY10/Q38	Q38 Total	7,489,852	\$2,166,649,322	\$289.28
	Jan 2016	2,529,109	\$566,039,785	\$223.81
	Feb 2016	2,545,812	\$595,408,832	\$233.88
	Mar 2016	2,472,327	\$760,263,094	\$307.51
DY10/Q39	Q39 Total	7,547,248	\$1,921,711,711	\$254.62
	Apr 2016	2,441,146	\$620,975,230	\$254.38
	May 2016	2,441,485	\$657,136,216	\$269.15
	Jun 2016	2,396,897	\$657,116,444	\$274.15
DY10/Q40	Q40 Total	7,279,528	\$1,935,227,890	\$265.85
Managed Medical Assistance- MEG 2 Total⁵		217,836,124	\$41,457,187,955	\$190.31

⁴ 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.

⁵ MMA MEG2 Totals (from DY01 on)

Table 4			
MMA Annual Statistics			
DY09– MEG 1	Actual CM	Total	PCCM
MEG 1 – DY09 Total	5,326,173	\$4,231,520,640	\$794.48
WOW DY09 Total	5,326,173	\$4,190,100,299	\$786.70
Difference		\$41,420,341	
% of WOW PCCM MEG 1			100.99%
DY09– MEG 2	Actual CM	Total	PCCM
MEG 2 – DY09 Total	27,169,344	\$6,170,815,398	\$227.12
WOW DY09 Total	27,169,344	\$8,806,399,471	\$324.13
Difference		\$(2,635,584,072)	
% of WOW PCCM MEG 2			70.07%
DY10– MEG 1	Actual CM	Total	PCCM
MEG 1 – DY10 Total	6,490,488	\$4,736,445,100	\$729.75
WOW DY10 Total	6,490,488	\$5,388,532,947	\$830.22
Difference		\$(652,087,847)	
% of WOW PCCM MEG 1			87.90%
DY10– MEG 2	Actual CM	Total	PCCM
MEG 2 – DY10 Total	29,687,183	\$7,673,646,469	\$258.48
WOW DY10 Total	29,687,183	\$10,065,142,524	\$339.04
Difference		\$(2,391,496,055)	
% of WOW PCCM MEG 2			76.24%

For DY9, MEG 1 has a PCCM of \$794.48 (Table 4), compared to WOW of \$786.70 (Table 1), which is 100.99% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$227.12 (Table 4), compared to WOW of \$324.13 (Table 1), which is 70.07% of the target PCCM for MEG 2.

For DY10, MEG 1 has a PCCM of \$729.75 (Table 4), compared to WOW of \$830.22 (Table 1), which is 87.90% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$258.48 (Table 4), compared to WOW of \$339.04 (Table 1), which is 76.24% of the target PCCM for MEG 2.

Table 5			
MEG1 and MEG2 Cumulative Statistics			
DY 09	Actual CM	Total	PCCM
Meg 1 & 2	32,495,57	\$10,402,336,039	\$320.12
WOW	32,495,57	\$12,996,499,70	\$399.95
Difference		\$(2,594,163,731)	
% Of WOW			80.04%
DY 10	Actual CM	Total	PCCM
Meg 1 & 2	36,177,671	\$12,410,091,569	\$343.03
WOW	36,177,671	\$15,453,675,472	\$427.16
Difference		\$(3,043,583,902)	
% Of WOW			80.31%

For DY9, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the special terms and conditions is \$399.95, provided in Table 5. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table 5 is \$320.12. Comparing the calculated weighted averages, the actual primary care case management is 80.04% 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 special terms and conditions (Table 5) is \$427.16. 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 \$343.03. Comparing the calculated weighted averages, the actual PCCM is 80.31% of the target PCCM.

The Healthy Start program and the Program for All-inclusive Care for Children are authorized as Cost Not Otherwise Matchable (CNOM) services under the MMA waiver. Table 6 identifies the DY10 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 with-out waiver costs identified for DY09 in Table 5 above.

Table 6	
WW/WOW Difference Less CNOM Costs	
DY10 Difference July 2015 - June 2016:	(\$3,043,583,902)
CNOM Costs July 2015 - June 2016:	
Healthy Start	\$39,674,105
PACC	\$679,650
DY10 Net Difference:	(\$3,003,230,148)

Table 7	
MEG 3 Statistics: Low Income Pool (LIP)	
MEG 3 LIP	Paid Amount
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
Total Paid	\$11,053,871,561

Table 8 shows that the expenditures for the DY10 MEG 3, Low Income Pool, was \$998,061,078 (99.81%) of the \$1,000,000,000.

Table 8			
MEG 3 Total Expenditures: Low Income Pool			
DY⁶	Total Paid	DY Limit	% of DY Limit
DY09	\$2,077,139,740	\$2,167,718,341	95.82%
DY10	\$ 998,061,078	\$1,000,000,000	99.81%
Total MEG 3	\$ 11,053,871,561	\$11,167,718,341	98.98%

⁶ DY totals are calculated using date of service data as required in STC #70.

Attachment II

Managed Medical Assistance Enrollment Report Update

Number of MMA Plans by Region

Table 1 provides each region established under Chapter 409, Part IV, F.S.

Table 1	
Regions established under Part IV of Chapter 409, F.S.	
Region	Counties
1	Escambia, Okaloosa, Santa Rosa, Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia
5	Pasco, Pinellas
6	Hardee, Highlands, Hillsborough, Manatee, Polk
7	Brevard, Orange, Osceola, Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
10	Broward
11	Miami-Dade, Monroe

Table 2 of Attachment II provides the number of general and specialty MMA plans in each region.

Table 2		
Number of MMA Plans by Region		
(July 1, 2015 – June 30, 2016)		
Region	General	Specialty
1	2	3
2	2	4
3	4	4
4	4	3
5	4	5
6	7	5
7	6	5
8	4	4
9	4	5
10	4	6
11	10	6
Unduplicated Totals	13	6

Managed Medical Assistance Enrollment

There are two categories of Florida Medicaid recipients who are enrolled in the MMA plans: 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 recipients' eligibility for Medicare. The MMA enrollment reports are a complete look at the entire enrollment for the MMA program for the DY being reported. Table 3 provides a description of each column in the MMA enrollment reports that are located in Table 3A.

Table 3 MMA Enrollment by Plan and Type Report Descriptions	
Column Name	Column Description
Plan Name	The name of the MMA plan
Plan Type	The plan's type (General or Specialty)
Number of TANF Enrolled	The number of TANF enrollees in the plan
Number of SSI Enrolled - No Medicare	The number of SSI enrollees in the plan and who have no additional Medicare coverage
Number of SSI Enrolled - Medicare Part B	The number of SSI enrollees in the plan and who have additional Medicare Part B coverage
Number of SSI Enrolled - Medicare Parts A and B	The number of SSI enrollees in the plan who have additional Medicare Parts A and B coverage
Total Number Enrolled	The total number of enrollees with the plan; TANF and SSI combined
Market Share for MMA	The percentage of the MMA population compared to the entire enrollment for the year being reported
Enrolled in Previous Year	The total number of enrollees (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

Tables 3A lists the total number of TANF and SSI individuals enrolled by MMA plan and type, and the corresponding market share. The "Total Number Enrolled" column is DY10 (July 1, 2015 – June 30, 2016) and the "Enrolled in Previous Year" column is DY09 (July 1, 2014 – June 30, 2015). In addition, the total MMA enrollment counts are included at the bottom of the report.

Table 3 A
MMA Enrollment by Plan and Type
 (July 1, 2015 – June 30, 2016)

Plan Name	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled FY 15/16	Market Share for MMA by Plan	Total Number Enrolled FY 14/15	Percent Change from Previous Year
			Medicaid Only	Medicare Part B	Medicare Parts A and B				
Amerigroup Florida	STANDARD	378,385	36,611	71	20,009	435,076	11.1%	395,828	9.9%
Better Health	STANDARD	104,803	10,163	41	5,731	120,738	3.1%	110,478	9.3%
Coventry Health Care Of Florida	STANDARD	60,304	5,722	48	4,905	70,979	1.8%	58,112	22.1%
First Coast Advantage	STANDARD	0	0	0	0	0	0.0%	5,553	-100.0%
Humana Medical Plan	STANDARD	343,458	41,518	278	39,286	424,540	10.8%	372,159	14.1%
Integral Quality Care	STANDARD	6,656	445	0	487	7,588	0.2%	111,654	-93.2%
Molina Healthcare Of Florida	STANDARD	331,548	33,388	112	22,207	387,255	9.8%	190,968	102.8%
Preferred Medical Plan	STANDARD	420	21	2	69	512	0.0%	34,274	-98.5%
Prestige Health Choice	STANDARD	329,836	35,034	76	24,807	389,753	9.9%	372,662	4.6%
South Florida Community Care Network	STANDARD	46,512	4,074	24	2,495	53,105	1.3%	51,195	3.7%
Simply Healthcare	STANDARD	77,791	15,050	178	14,752	107,771	2.7%	104,352	3.3%
Staywell Health Plan	STANDARD	719,630	75,009	92	37,985	832,716	21.2%	802,863	3.7%
Sunshine State Health Plan	STANDARD	474,204	44,671	139	58,182	577,196	14.7%	502,448	14.9%
United Healthcare Of Florida	STANDARD	288,044	30,883	67	34,977	353,971	9.0%	329,070	7.6%
General Plans Total		3,161,591	332,589	1,128	265,892	3,761,200	95.6%	3,441,616	9.3%
Positive Health Plan	SPECIALTY	246	954	1	986	2,187	0.1%	2,119	3.2%
Magellan Complete Care	SPECIALTY	32,260	23,934	12	12,983	69,189	1.8%	49,565	39.6%
Freedom Health	SPECIALTY	0	1	0	129	130	0.0%	99	31.3%
Clear Health Alliance	SPECIALTY	1,757	5,384	3	3,689	10,833	0.3%	10,653	1.7%
Sunshine State Health Plan	SPECIALTY	30,996	2,165	0	2	33,163	0.8%	23,774	39.5%
Children's Medical Services Network	SPECIALTY	33,651	25,829	0	176	59,656	1.5%	70,676	-15.6%
Specialty Plans Total		98,910	58,267	16	17,965	175,158	4.4%	156,886	11.6%
MMA TOTAL	MMA	3,260,501	390,856	1,144	283,857	3,936,358	100%	3,598,502	9.4%

* During the year, an enrollee is counted only once in the plan of earliest enrollment. Please refer to <http://ahca.myflorida.com/SMMC> for actual monthly enrollment totals.

Attachment III Expanded Benefits Under the MMA program

Expanded benefits are services the MMA plan offers to all enrollees in specific population groups for which the MMA plan receives no direct payment from the Agency. Expanded benefits include services that the MMA plans are not required to cover or that are in excess of the amount, duration, and scope specified in the state plan.

Table 1 Expanded Benefits																	
Expanded Benefits	Standard Plans											Specialty Plans					
	Amerigroup	Better Health	Coventry	Humana	Molina	Prestige	S. FL Community Care Network	Simply	Staywell	Sunshine	United	CMSN	Magellan	Freedom	Sunshine	Clear Health Alliance	Positive Health
Adult dental services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Adult hearing services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y	Y	
Adult vision services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Art therapy	Y			Y	Y				Y	Y				Y			
Equine therapy									Y							Y	
Home health care for non-pregnant adults pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y		
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Medically related lodging & food		Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Nutritional counseling	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y		
Outpatient hospital services(Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Over the counter medication and supplies	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	
Pet therapy				Y	Y				Y								
Physician home visits	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y				Y	Y		
Pneumonia vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Post-discharge meals	Y	Y	Y	Y	Y		Y	Y	Y	Y		Y		Y	Y		
Prenatal/perinatal visits (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Primary care visits for non- pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Shingles vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Waived co-payments	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	
Specialty Plans Only																	
Home and community-based services													Y			Y	
Intensive outpatient therapy													Y			Y	

*Integral and Preferred MMA plans were acquired by Molina during DY10 and are not reflected in this table.

Attachment IV Healthy Behaviors Program Enrollment

Table 1 summarizes the enrollees in healthy behaviors programs for DY10. Table 2 summarizes the numbers of enrollees that have completed a healthy behaviors program in DY10.

For DY10, 2 out of 17 MMA plans reported no enrollment in any of the healthy behaviors programs offered, and 14 of the 17 plans reported enrollees had completed at least one healthy behaviors program.

Table 1							
Healthy Behaviors Program - Enrollment Statistics							
(July 1, 2015 – June 30, 2016)							
Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Amerigroup Florida							
Smoking Cessation	98	20	78	1	14	65	18
Weight Management	345	51	294	23	108	177	37
Alcohol and/or Substance Abuse	7	5	2	0	0	3	4
CDC Performance Measure Incentive	0	0	0	0	0	0	0
Performance Measure Incentives	0	0	0	0	0	0	0
Maternal Child Incentive	177	0	177	-	-	-	-
Better Health							
Smoking Cessation	35	9	26	0	7	21	7
Weight Management	123	35	88	11	39	58	15
Substance Abuse	0	-	-	-	-	-	-
Maternity	33	0	33	1	29	2	0
Well Child Visits	980	546	434	980	0	0	0
Children's Medical Services							
Tobacco Cessation	7	7	0	4	3	0	0
Overcoming Obesity	408	165	243	408	0	0	0
Changing Lives*	28	17	11	28	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	61	20	41	0	0	53	8
Weight Management Healthy Behaviors Rewards	28	1	27	0	0	26	2
Alcohol & Substance Abuse	7	4	3	0	1	6	0
Maternity Healthy Behaviors Rewards	2	0	2	0	2	0	0
Well Child Visit Healthy Behaviors Rewards	0	-	-	-	-	-	-
Coventry							
Smoking Cessation	0	-	-	-	-	-	-
Weight Loss	0	-	-	-	-	-	-
Substance Abuse	0	-	-	-	-	-	-

Table 1
Healthy Behaviors Program - Enrollment Statistics
 (July 1, 2015 – June 30, 2016)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Baby Visions Prenatal & Postpartum Incentive	0	-	-	-	-	-	-
Freedom Health							
Smoking Cessation	3	3	0	0	0	3	0
Weight Loss	8	4	4	0	1	4	3
Alcohol or Substance Abuse	3	2	1	0	0	2	1
Humana Medical Plan							
Smoking Cessation	2	1	1	0	0	1	1
Family Fit	512	74	438	11	171	251	79
Substance Abuse	1	0	1	0	0	1	0
Mom's First Prenatal & Postpartum	20,699	0	20,699	1,609	13,991	5,099	0
First Baby Well Visit Incentive	15,612	8,195	7,417	15,612	0	0	0
Pediatric Well Visit (PWV) Program	5,023	2,535	2,488	5,023	0	0	0
Baby Well Visit (BWV) Program	1,824	968	856	1,824	0	0	0
Children's Nutrition Incentive	406,988	205,067	201,921	406,988	0	0	0
Lead Screening & Well-Child Visit Incentive	159,322	81,667	77,655	159,322	0	0	0
Adolescent Well-Child Visits Incentive	219,044	107,255	111,789	219,044	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	1,263	359	904	28	454	683	98
Weight Management	1,800	353	1,447	101	781	820	98
Substance Abuse	221	82	139	12	90	102	17
Molina							
Smoking Cessation	111	47	64	1	24	64	22
Weight Loss	55	8	47	5	22	24	4
Alcohol or Substance Abuse	0	-	-	-	-	-	-
Pregnancy Health Management	4,638	0	4,638	495	4,074	69	0
Pediatric Preventative Care	7,184	2,835	4,349	7,184	0	0	0
Positive Health Care							
Quit for Life Tobacco Cessation	0	-	-	-	-	-	-
Weight Management	56	38	18	11	2	33	10
Alcohol Abuse	0	-	-	-	-	-	-
Preferred							
Smoking Cessation	0	-	-	-	-	-	-
Weight Loss	0	-	-	-	-	-	-
Alcohol and Substance Abuse	0	-	-	-	-	-	-

Table 1
Healthy Behaviors Program - Enrollment Statistics
 (July 1, 2015 – June 30, 2016)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Cervical Cancer Screening	0	-	-	-	-	-	-
CHCUP Preventive & Wellness Care	0	-	-	-	-	-	-
Mammogram	0	-	-	-	-	-	-
Pre-Natal/Preferred Kids Safety & Postpartum	0	-	-	-	-	-	-
Prestige Health Choice							
Smoking Cessation	57	15	42	0	15	37	5
Weight Loss	82	20	62	3	28	35	10
Alcohol & Substance Abuse – “Changing Lives Program”	13	4	9	0	3	7	2
Behavioral Health Follow-up program	7	3	4	6	1	0	0
Comprehensive Diabetes Care Program	684	194	490	2	43	396	243
Maternity Program	30	0	30	0	27	0	0
Well-Child Program	304	158	146	304	0	0	0
Simply							
Quit Smoking Healthy Behaviors Rewards	42	31	11	0	1	15	26
Weight Management Healthy Behaviors Rewards	48	10	38	9	19	9	11
Alcohol and Substance Abuse	0	-	-	-	-	-	-
Maternity Healthy Behaviors Rewards	12	0	12	0	12	0	0
Well Child Visit Healthy Behaviors Rewards	425	239	141	425	0	0	0
South Florida Community Care Network							
Tobacco Cessation	1	1	0	0	0	1	0
Obesity Management	0	-	-	-	-	-	-
Alcohol or Substance Abuse	0	-	-	-	-	-	-
Staywell							
Smoking Cessation	1,480	614	866	15	465	758	162
Weight Management	53,946	20,812	33,131	20,143	17,083	13,710	3,007
Substance Abuse	5	1	4	0	4	1	0
Healthy Diabetes Behaviors	0	-	-	-	-	-	-
New Member Healthy Behavior Engagement	0	-	-	-	-	-	-
Well Woman Healthy Behavior	0	-	-	-	-	-	-
Children’s Healthy Behavior Engagement	0	-	-	-	-	-	-

Table 1
Healthy Behaviors Program - Enrollment Statistics
 (July 1, 2015 – June 30, 2016)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Sunshine Health							
Tobacco Cessation Healthy Rewards	81	30	51	0	10	57	14
Weight Loss Healthy Rewards	160	26	134	6	70	70	14
Substance Abuse Healthy Rewards	11	5	6	0	2	8	1
Preventive Adult Primary Care Visits	0	-	-	-	-	-	-
Preventative Well Child Primary Care Visits	0	-	-	-	-	-	-
Start Smart for your Baby (perinatal management)	0	-	-	-	-	-	-
Post Behavioral Health Discharge Visit in 7 Days	0	-	-	-	-	-	-
Preventive Dental Visits for Children	0	-	-	-	-	-	-
Diabetic Healthy Rewards	0	-	-	-	-	-	-
Female Cancer Screening	0	-	-	-	-	-	-
UnitedHealthcare							
Tobacco Cessation – text2quit	8	0	8	0	0	6	2
Florida Population Health/Health Coaching for Weight Loss	41	4	37	3	12	23	3
Substance Abuse Incentive	0	-	-	-	-	-	-
Baby Blocks	8,911	0	8,911	565	8,051	295	0
*Alcohol and/or substance abuse program.							

Table 2
Healthy Behaviors Program - Completion Statistics
 (July 1, 2015 – June 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Amerigroup Florida							
Smoking Cessation	72	19	53	0	22	41	9
Weight Management	313	47	266	18	115	144	36
Alcohol and/or Substance Abuse	2	2	0	0	0	0	2
CDC Performance Measure Incentive	0	-	-	-	-	-	-
Performance Measure Incentives	0	-	-	-	-	-	-
Maternal Child Incentive	45	0	45	-	-	-	-

Table 2
Healthy Behaviors Program - Completion Statistics
 (July 1, 2015 – June 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Better Health							
Smoking Cessation	0	-	-	-	-	-	-
Weight Management	2	2	0	0	0	0	2
Substance Abuse	0	-	-	-	-	-	-
Maternity	0	-	-	-	-	-	-
Well Child Visits	57	33	24	57	0	0	0
Children’s Medical Services							
Tobacco Cessation	0	-	-	-	-	-	-
Overcoming Obesity	32	10	22	32	0	0	0
Changing Lives*	3	3	0	3	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	2	0	2	0	0	2	0
Weight Management Healthy Behaviors Rewards	0	-	-	-	-	-	-
Alcohol & Substance Abuse	0	-	-	-	-	-	-
Maternity Healthy Behaviors Rewards	0	-	-	-	-	-	-
Well Child Visit Healthy Behaviors Rewards	0	-	-	-	-	-	-
Coventry							
Smoking Cessation	0	-	-	-	-	-	-
Weight Loss	0	-	-	-	-	-	-
Substance Abuse	0	-	-	-	-	-	-
Baby Visions Prenatal & Postpartum Incentive	0	-	-	-	-	-	-
Freedom Health							
Smoking Cessation	0	-	-	-	-	-	-
Weight Loss	1	0	1	0	1	0	0
Alcohol or Substance Abuse	3	1	2	0	0	1	2
Humana Medical Plan							
Smoking Cessation	0	-	-	-	-	-	-
Family Fit	50	1	49	2	13	23	12
Substance Abuse	0	-	-	-	-	-	-
Mom’s First Prenatal & Postpartum	1,055	0	1,055	115	926	14	0
First Baby Well Visit Incentive	9,429	4,960	4,469	9,429	0	0	0
Pediatric Well Visit (PWV) Program	49	22	27	49	0	0	0
Baby Well Visit (BWV) Program	29	10	19	29	0	0	0
Children’s Nutrition Incentive	34,413	17,265	17,148	34,413	0	0	0

Table 2
Healthy Behaviors Program - Completion Statistics
 (July 1, 2015 – June 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Lead Screening & Well-Child Visit Incentive	8,819	4,614	4,205	8,819	0	0	0
Adolescent Well-Child Visits Incentive	30,048	14,808	15,240	30,048	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	4	0	4	0	0	4	0
Weight Management	4	0	4	0	4	0	0
Substance Abuse	6	1	5	0	4	2	0
Molina							
Smoking Cessation	13	6	7	1	5	4	3
Weight Loss	17	1	16	1	9	5	2
Alcohol or Substance Abuse	0	-	-	-	-	-	-
Pregnancy Health Management	2,136	0	2,136	176	1,923	37	0
Pediatric Preventative Care	16	7	9	16	0	0	0
Positive Health Care							
Quit for Life Tobacco Cessation	0	-	-	-	-	-	-
Weight Management	0	-	-	-	-	-	-
Alcohol Abuse	0	-	-	-	-	-	-
Preferred							
Smoking Cessation	0						
Weight Loss	0						
Alcohol and Substance Abuse	0						
Cervical Cancer Screening	0						
CHCUP Preventive & Wellness Care	0						
Mammogram	0						
Pre-Natal/Preferred Kids Safety & Postpartum	0						
Prestige Health Choice							
Smoking Cessation	6	0	6	0	3	3	0
Weight Loss	9	1	8	0	0	6	3
Alcohol & Substance Abuse – “Changing Lives Program”	0	-	-	-	-	-	-
Behavioral Health Follow-up program	2	0	2	2	0	0	0
Comprehensive Diabetes Care Program	355	96	259	1	21	211	122
Maternity Program	3	0	3	0	3	0	0
Well-Child Program	73	38	35	73	0	0	0
Simply							

Table 2
Healthy Behaviors Program - Completion Statistics
 (July 1, 2015 – June 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Quit Smoking Healthy Behaviors Rewards	0	-	-	-	-	-	-
Weight Management Healthy Behaviors Rewards	0	-	-	-	-	-	-
Alcohol and Substance Abuse	0	-	-	-	-	-	-
Maternity Healthy Behaviors Rewards	0	-	-	-	-	-	-
Well Child Visit Healthy Behaviors Rewards	33	18	15	33	0	0	0
South Florida Community Care Network							
Tobacco Cessation	0	-	-	-	-	-	-
Obesity Management	0	-	-	-	-	-	-
Alcohol or Substance Abuse	0	-	-	-	-	-	-
Staywell							
Smoking Cessation	1,085	448	637	13	329	620	123
Weight Management	4,104	1,296	2,808	897	1,180	1,432	595
Substance Abuse	15	6	9	1	5	8	1
Healthy Diabetes Behaviors	0	-	-	-	-	-	-
New Member Healthy Behavior Engagement	0	-	-	-	-	-	-
Well Woman Healthy Behavior	0	-	-	-	-	-	-
Children's Healthy Behavior Engagement	0	-	-	-	-	-	-
Sunshine Health							
Tobacco Cessation Healthy Rewards	53	24	29	0	5	39	9
Weight Loss Healthy Rewards	83	11	72	1	21	46	15
Substance Abuse Healthy Rewards	0	-	-	-	-	-	-
Preventive Adult Primary Care Visits	0	-	-	-	-	-	-
Preventative Well Child Primary Care Visits	0	-	-	-	-	-	-
Start Smart for your Baby (perinatal management)	0	-	-	-	-	-	-
Post Behavioral Health Discharge Visit in 7 Days	0	-	-	-	-	-	-
Preventive Dental Visits for Children	0	-	-	-	-	-	-
Diabetic Healthy Rewards	0	-	-	-	-	-	-

Table 2
Healthy Behaviors Program - Completion Statistics
 (July 1, 2015 – June 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Female Cancer Screening	0	-	-	-	-	-	-
UnitedHealthcare							
Tobacco Cessation – text2quit	0	-	-	-	-	-	-
Florida Population Health/Health Coaching for Weight Loss	0	-	-	-	-	-	-
Substance Abuse Incentive	0	-	-	-	-	-	-
Baby Blocks	401	0	401	17	369	15	0
*Alcohol and/or substance abuse program.							

Attachment V Performance Measure Results

Calendar Years 2014 and 2015 Florida MMA Performance Measures					
Measure	CY 2014		CY 2015		
	CY 2014 Weighted Mean¹	CY 2014 Comparison to National Mean	CY 2015 Weighted Mean	CY 2015 Comparison to National Mean	CY 2015 Comparison to CY 2014 Weighted Mean
Adolescent Well-Care	53%	Higher	53%	Higher	Same
Adults' Access to Preventive Care - 20-44 Yrs	68%	Lower	69%	Lower	Higher
Adults' Access to Preventive Care - 45-64 Yrs	85%	Lower	85%	Lower	Same
Adults' Access to Preventive Care - 65+ Yrs	80%	Lower	77%	Lower	Lower
Adults' Access to Preventive Care - total	74%	Lower	75%	Lower	Higher
Adult BMI Assessment	86%	Higher	86%	Higher	Same
Annual Dental Visit - total	34%	Lower	47%	Lower	Higher
Annual Monitoring for Patients on Persistent Medications - ACEs/ARBs	92%	Higher	91%	Higher	Lower
Annual Monitoring for Patients on Persistent Medications - Digoxin	46%	Lower	55%	Higher	Higher
Annual Monitoring for Patients on Persistent Medications - Diuretics	92%	Higher	91%	Higher	Lower
Annual Monitoring for Patients on Persistent Medications - total	92%	Higher	91%	Higher	Lower
Antidepressant Medication Mgmt. – Acute	52%	Higher	52%	At the mean	Same
Use of Appropriate Medications for People with Asthma	84%	At the mean	N/A	N/A	N/A
Breast Cancer Screening	59%	Higher	61%	Higher	Higher
Call Answer Timeliness	87%	Higher	84%	Higher	Lower
Cervical Cancer Screening	55%	N/A	51%	Lower	Lower
Controlling Blood Pressure	57%	Higher	50%	Lower	Lower
Childhood Immunization Status - Combo 2	75%	Higher	77%	Higher	Higher
Childhood Immunization Status - Combo 3	71%	At the mean	72%	Higher	Higher
Children & Adolescents' Access to Primary Care Practitioners (PCPs) - 12-24 months	96%	At the mean	95%	At the mean	Lower
Children & Adolescents' Access to Primary Care	89%	Higher	89%	Higher	Same

**Calendar Years 2014 and 2015
Florida MMA Performance Measures**

Measure	CY 2014		CY 2015		
	CY 2014 Weighted Mean ¹	CY 2014 Comparison to National Mean	CY 2015 Weighted Mean	CY 2015 Comparison to National Mean	CY 2015 Comparison to CY 2014 Weighted Mean
Practitioners (PCPs) - 25 months-6 years					
Children & Adolescents' Access to Primary Care Practitioners (PCPs) - 7-11 years	89%	Lower	89%	Lower	Same
Children & Adolescents' Access to Primary Care Practitioners (PCPs) - 12-19 years	86%	Lower	86%	Lower	Same
Chlamydia Screening - 16-20 years	57%	Higher	59%	Higher	Higher
Chlamydia Screening - 21-24 years	70%	Higher	69%	Higher	Lower
Chlamydia Screening - total	60%	Higher	62%	Higher	Higher
Diabetes - HbA1c Testing	85%	Higher	81%	Lower	Lower
Diabetes - HbA1c Poor Control (INVERSE)	42%	Lower (Better)	48%	Higher (Worse)	Higher (Worse)
Diabetes - HbA1c Good Control	48%	Higher	43%	Lower	Lower
Diabetes - Eye Exam	51%	Lower	51%	Lower	Same
Diabetes - LDL Screening	82%	Higher	N/A	N/A	N/A
Diabetes - LDL Control	34%	At the mean	N/A	N/A	N/A
Diabetes - Nephropathy	84%	Higher	92%	Higher	Higher
Engagement of Alcohol and Other Drug Dependence Treatment - 13-17 years of age	13%	Lower	10%	Lower	Lower
Engagement of Alcohol and Other Drug Dependence Treatment - 18+ years of age	6%	Lower	5%	Lower	Lower
Engagement of Alcohol and Other Drug Dependence Treatment - total	7%	Lower	6%	Lower	Lower
Follow-up after Hospitalization for Mental Illness - 7 day	24%	Lower	36%	Lower	Higher
Follow-up after Hospitalization for Mental Illness - 30 day	38%	Lower	43%	Lower	Higher
Follow-up Care for Children Prescribed ADHD Medication - Initiation	50%	Higher	50%	Higher	Same
Follow-up Care for Children Prescribed ADHD Medication - Continuation and Maintenance	61%	Higher	63%	Higher	Higher

Calendar Years 2014 and 2015 Florida MMA Performance Measures					
Measure	CY 2014		CY 2015		
	CY 2014 Weighted Mean¹	CY 2014 Comparison to National Mean	CY 2015 Weighted Mean	CY 2015 Comparison to National Mean	CY 2015 Comparison to CY 2014 Weighted Mean
Frequency of Prenatal Care - ≥ 81% of expected visits	65%	Higher	67%	Higher	Higher
Initiation of Alcohol and Other Drug Dependence Treatment - 13-17 years of age	46%	Higher	38%	Lower	Lower
Initiation of Alcohol and Other Drug Dependence Treatment - 18+ years of age	43%	Higher	40%	Higher	Lower
Initiation of Alcohol and Other Drug Dependence Treatment - total	44%	Higher	40%	Higher	Lower
Immunizations for Adolescents - Combo 1	65%	Lower	67%	Lower	Higher
Lead Screening in Children	62%	Lower	61%	Lower	Lower
Prenatal Care	84%	Higher	83%	Higher	Lower
Postpartum Care	60%	Lower	59%	Lower	Lower
Well-Child First 15 Mos. - 0 Visits (INVERSE)	3%	At the mean	2%	At the mean	Lower (Better)
Well-Child First 15 Mos. – 6+ Visits	55%	Lower	58%	Lower	Higher
Well-Child 3-6 Years	75%	Higher	75%	Higher	Same

¹Calendar year 2014 was a transition year as the MMA program was implemented by region starting in May and ending in August. 2014 results therefore include individuals who may have been in a Florida Medicaid delivery system other than MMA for part of the year.

Attachment VI Annual Critical Incidents

	Amerigroup	Better Health	Clear Health Alliance	Children's Medical Services	Coverity	Freedom	Humana	Magellan	Molina	Positive	Prestige	South Florida Community	Simply	Staywell	Sunshine	United	Total By Incident Type	
Incident Type	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	
Enrollee Deaths ⁶	0	1	2	11	0	0	7	15	2	0	4	0	4	2	4	1	53	
Enrollee Brain Damage	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	
Enrollee Spinal Damage	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Permanent Disfigurement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Fracture or Dislocation of bones or joints	0	0	0	0	0	0	0	1	0	0	1	0	0	4	0	0	6	
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	1	0	1	1	0	0	3	52	2	0	3	0	1	0	6	0	70	
Any condition requiring surgical intervention to correct or control	0	0	1	2	0	0	0	0	0	0	2	0	1	0	0	0	6	
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	1	0	0	2	2	0	0	1	0	0	0	0	0	6	
Any condition that extends the patient's length of stay	0	1	0	0	0	0	0	2	0	0	0	0	0	0	0	0	3	
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	2	0	0	0	0	0	2	
Total of all incidents:	1	2	4	15	0	0	12	73	4	0	13	0	6	6	10	1	147	

⁶ The Agency determined Magellan, Children's Medical Services and South Florida Community Care Network over-reported enrollee deaths in the previous quarterly reports for DY10. The total shown is the corrected total.



State of Florida
Rick Scott, Governor

Agency for Health Care Administration
Justin Senior, Interim Secretary

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Mission Statement
Better Healthcare for All Floridians.