

Florida Managed Medical Assistance Program

1115 Research and Demonstration Waiver

2nd Quarter Report

**October 1, 2016 – December 31, 2016
Demonstration Year 11**



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Managed Medical Assistance Program

Quarterly Report:

The State is required to submit a quarterly report summarizing the events occurring during the quarter or anticipated to occur in the near future that affect health care delivery.

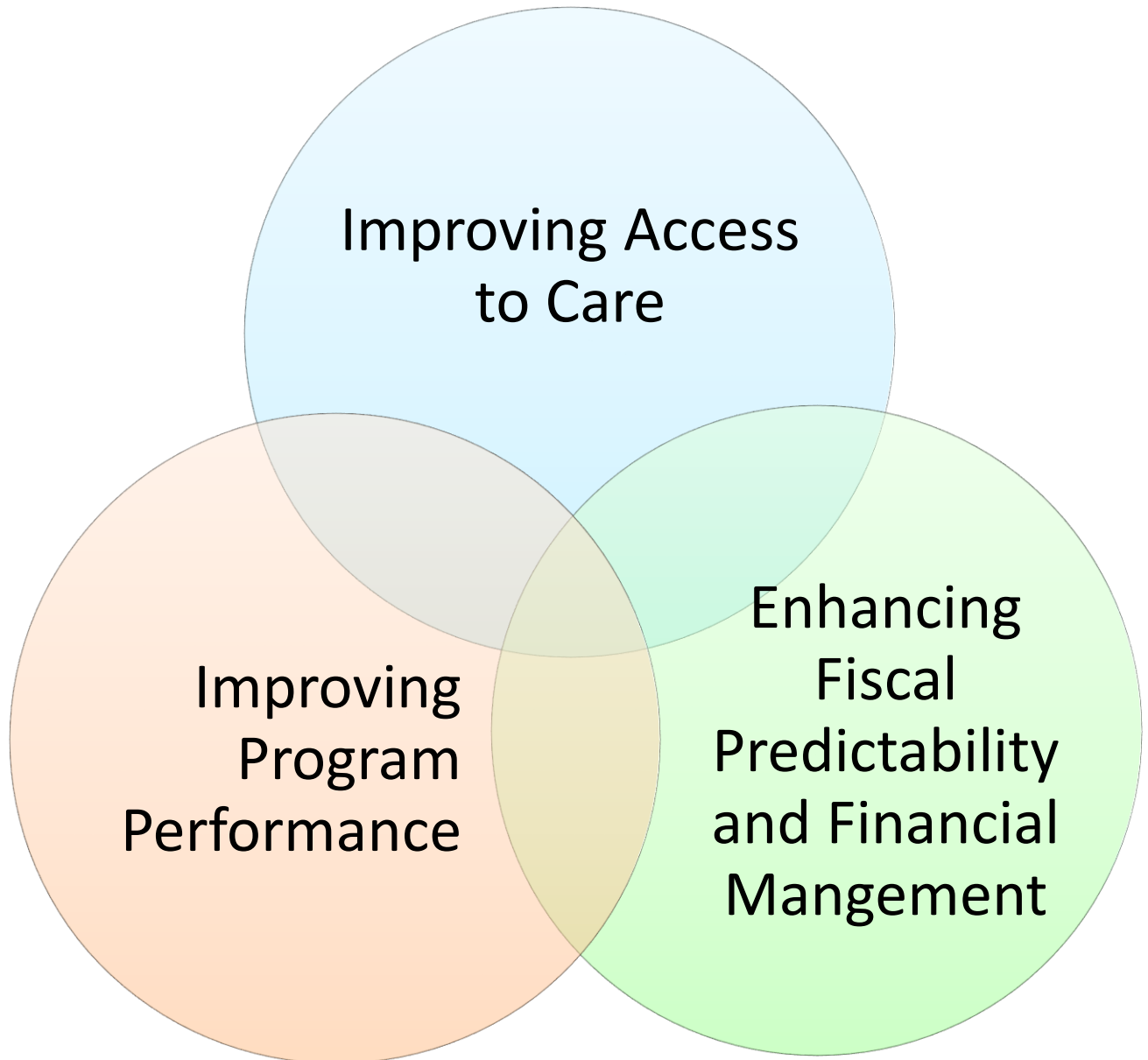
This report is the second quarterly report for Demonstration Year (DY) 11 covering the period of October 1, 2016, through December 31, 2016. For detailed information about the activities that occurred during previous quarters of the demonstration, please refer to the quarterly and annual reports at

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

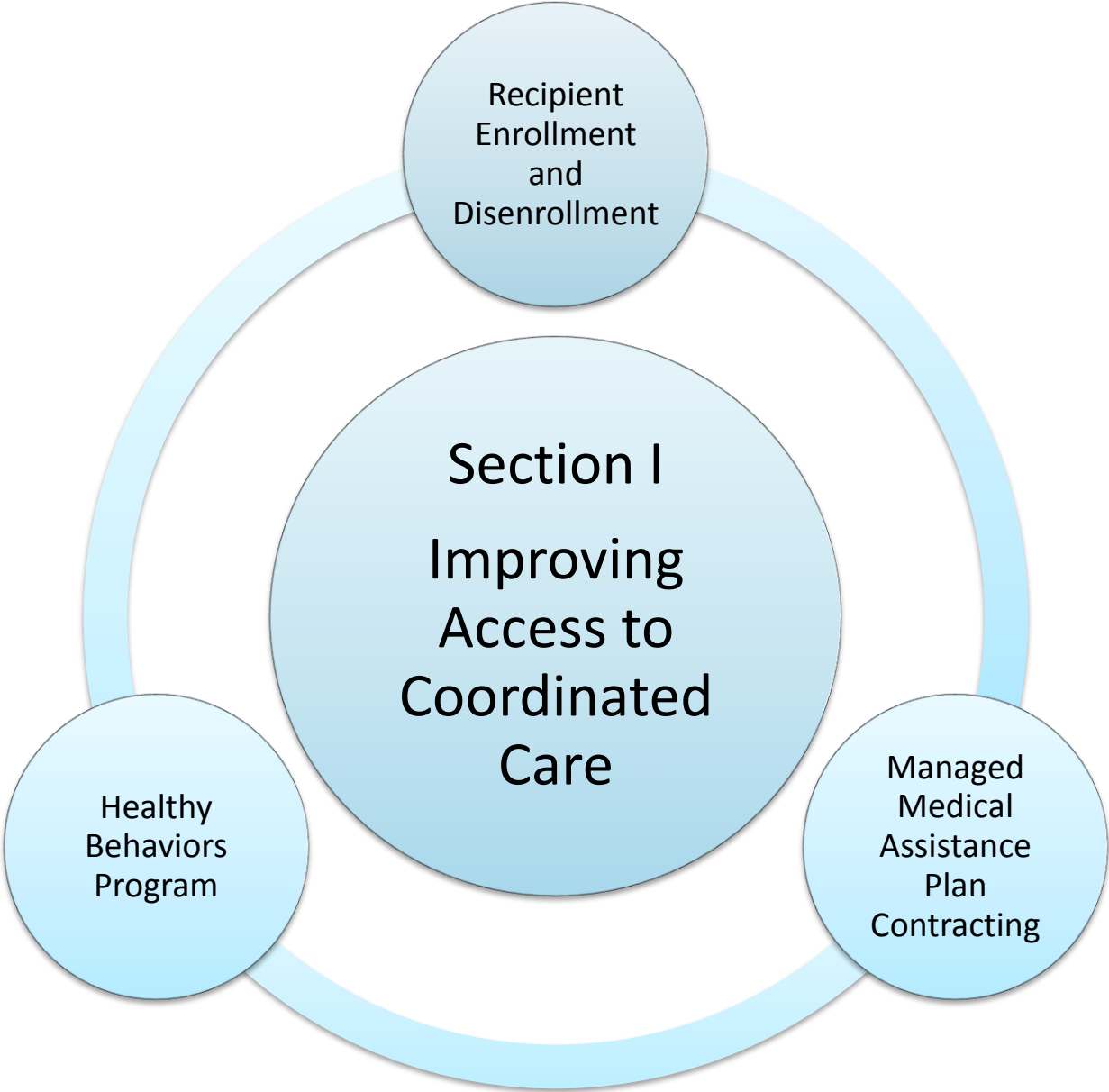
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Demonstration Goals

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

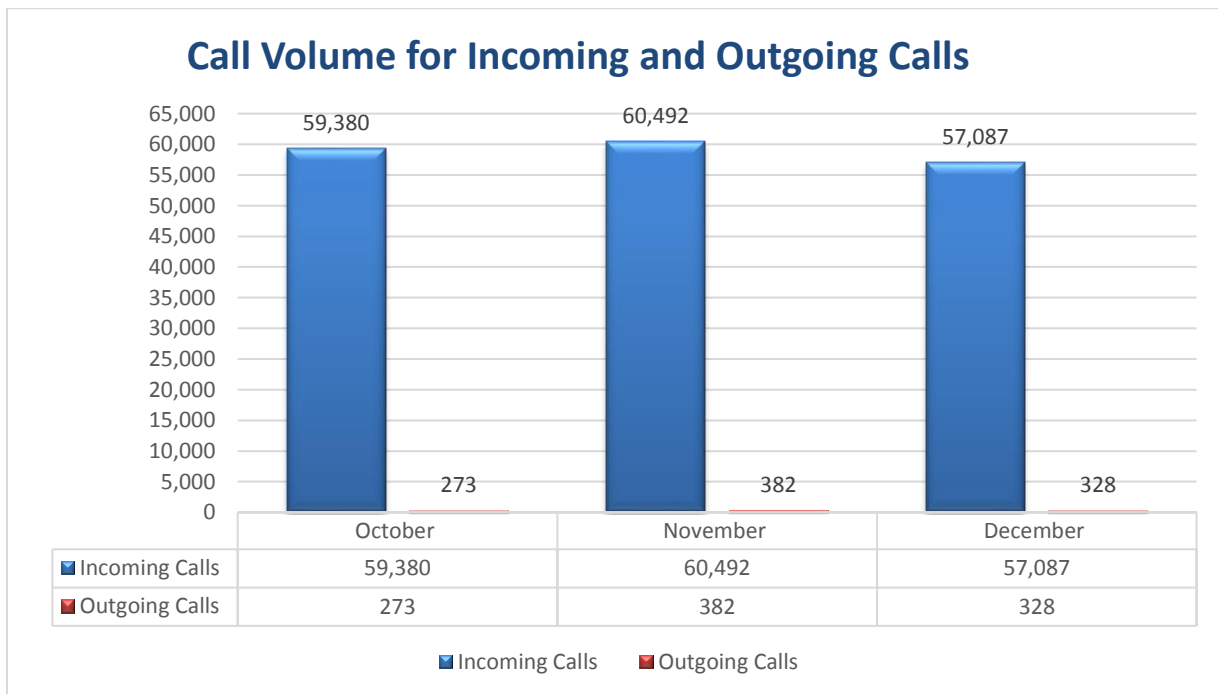
The State of Florida’s enrollment process allows individuals who are mandatory for enrollment in the MMA program to enroll into an MMA plan immediately upon being determined eligible for Florida Medicaid. This process allows Florida Medicaid recipients the immediate benefit of receiving their health 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 recipient’s enrollment in, and disenrollment from, managed care plans.

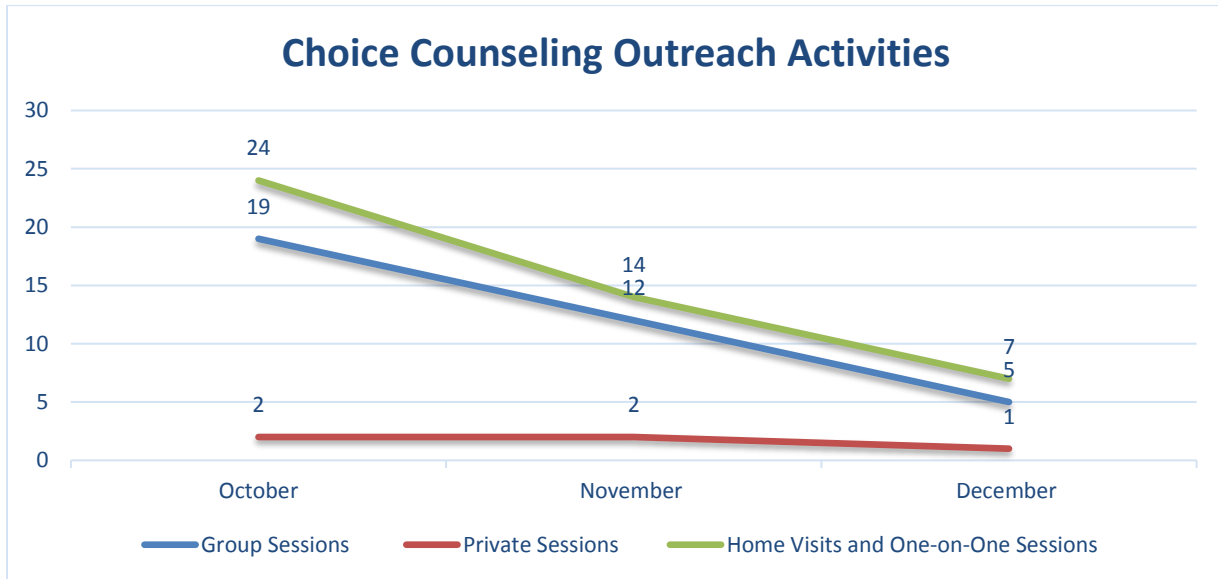
See Attachment II for the MMA plan and regional enrollment for the reporting period.

A. Choice Counseling Call Center Activities

Approximately 99% of the calls at the call center are inbound.

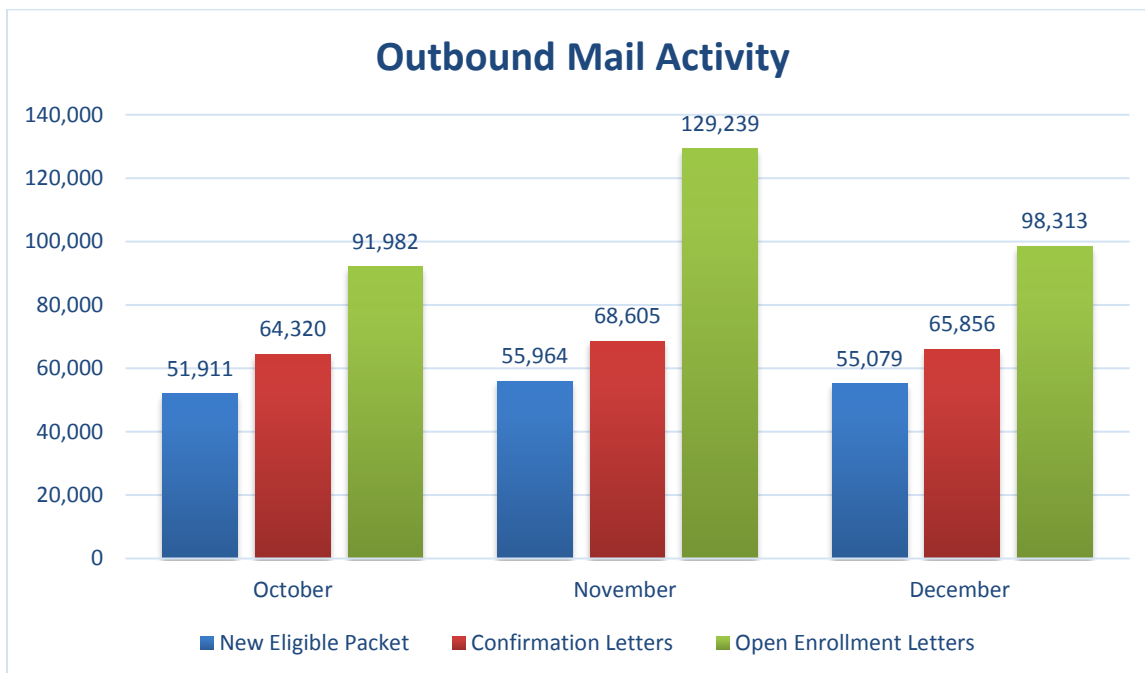


B. Face-to-Face/Outreach and Education:

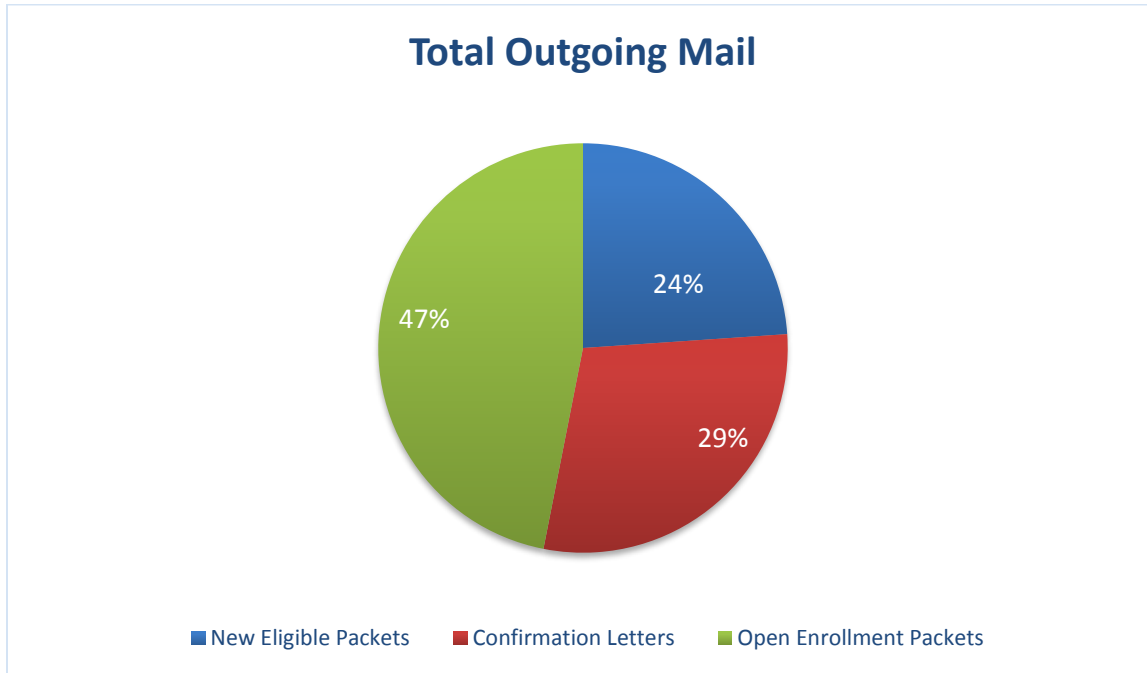


Field activities for choice counseling vendor outreach decreased in November and again in December. The Agency has found there is typically less demand for face-to-face outreach and education sessions during these months.

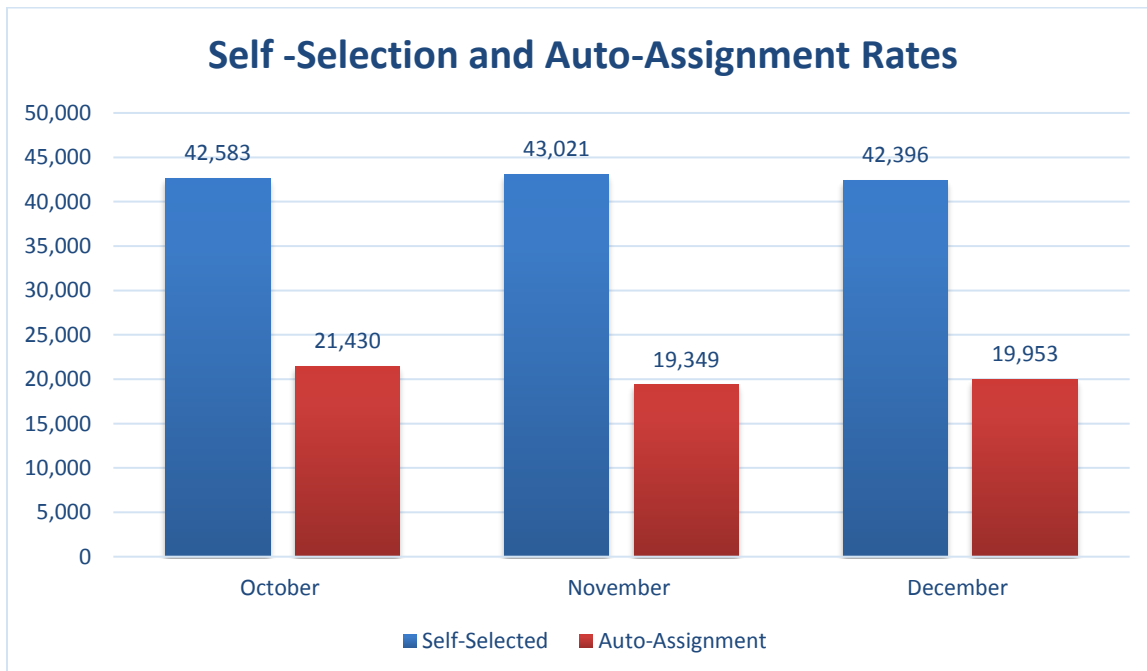
C. Outbound Mail Statistics



The majority of the outgoing mail in October through December was comprised of open enrollment packets.



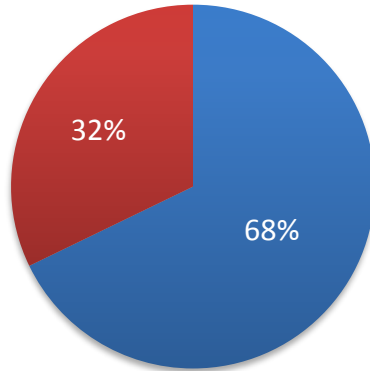
D. Enrollment and Disenrollment Statistics



The State encourages recipient engagement in the plan selection process. The self-selection rate increased from 64% to 68% this quarter.

Self-Selection and Auto-Assignment Total Enrollments

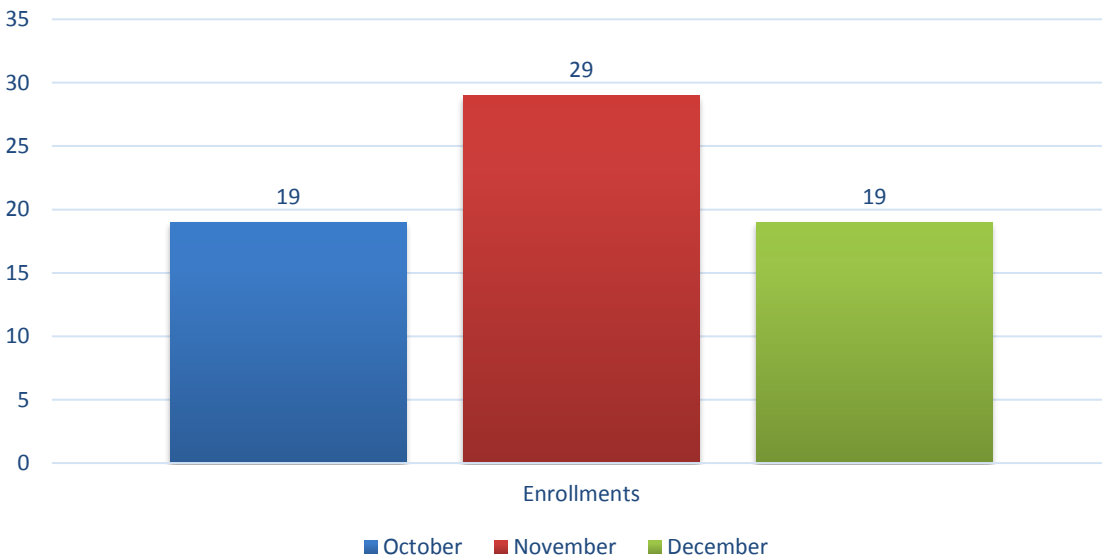
■ Self-Selection ■ Auto-Assignment



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 which was designed to help 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. The table below provides the total number of recipients who were auto-assigned to a sister Medicare Advantage Plan.

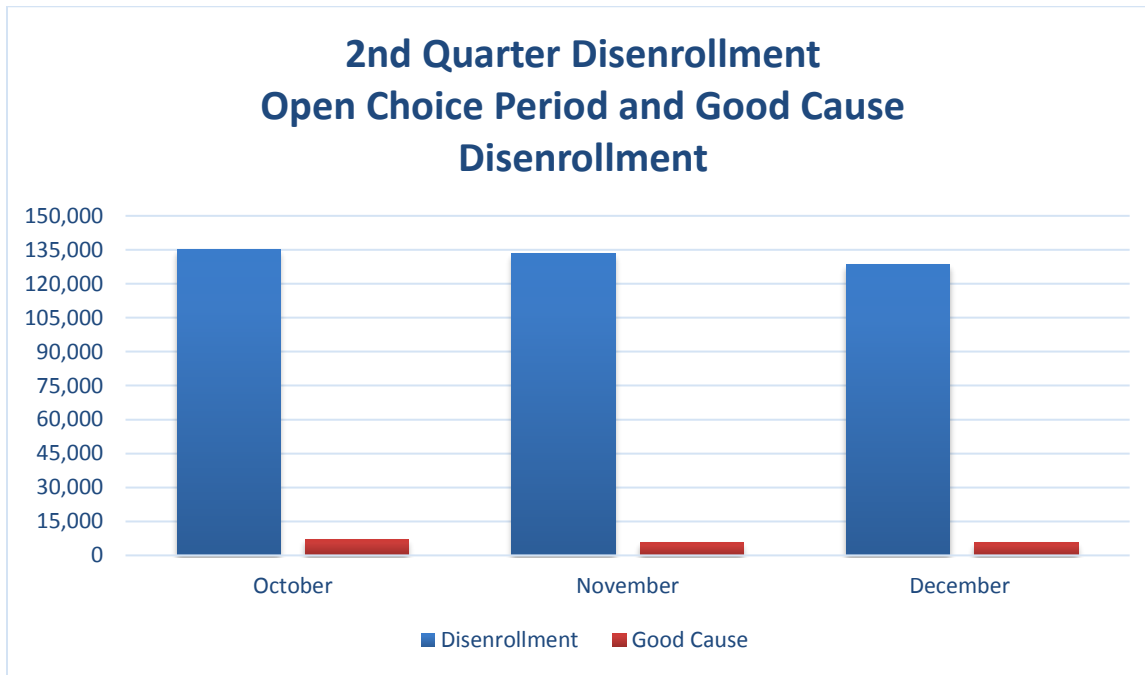
Dual Integration Enrollment Statistics



E. Disenrollment Statistics

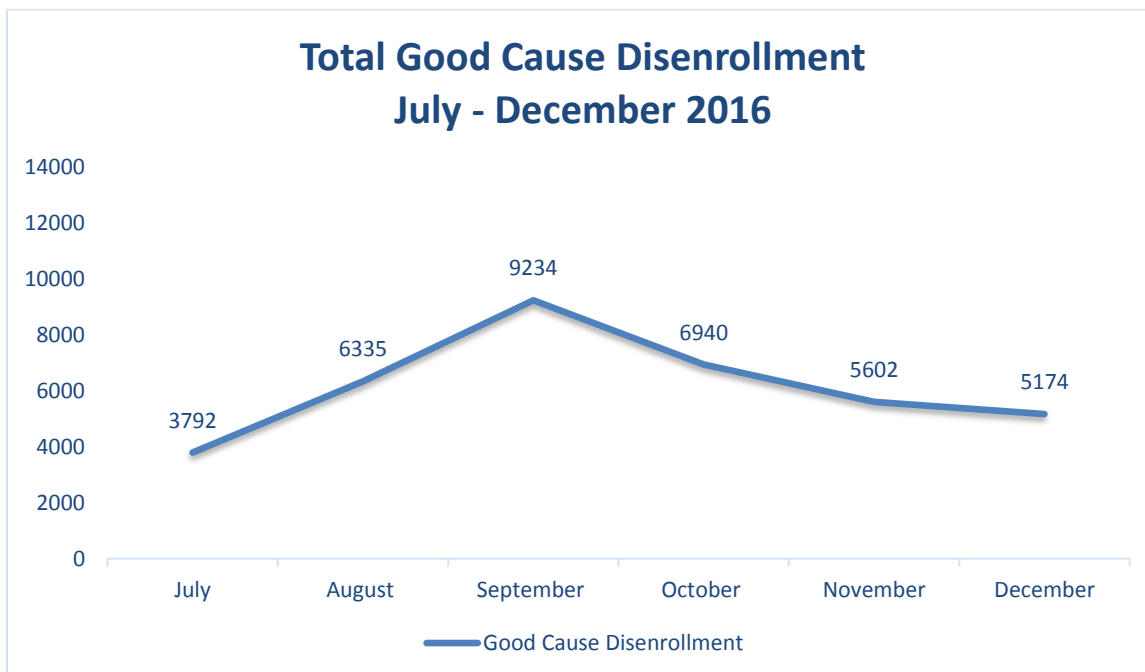
The State categorizes enrollee disenrollments from an MMA plan into two types:

1. Open Choice Period Disenrollment
2. Good Cause Disenrollment

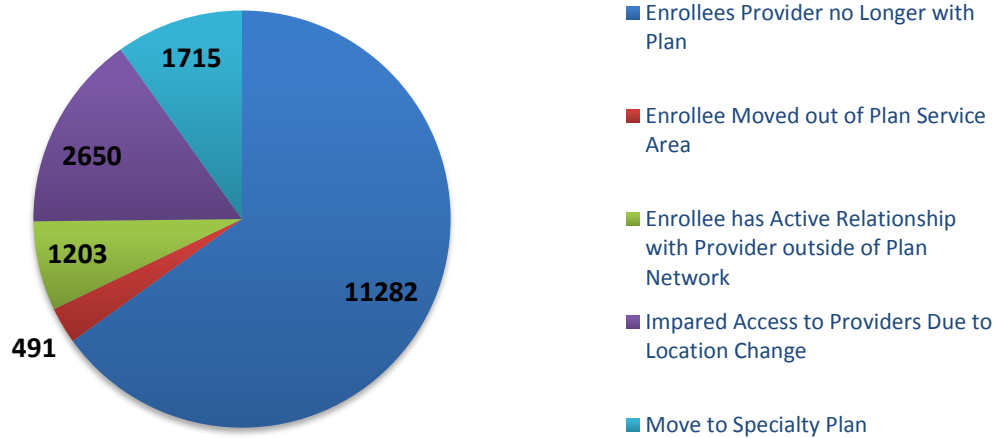


Good Cause Disenrollments

Disenrollment requests made outside of the 120-day post enrollment period, or during the enrollees open enrollment period, are only allowable for good cause.

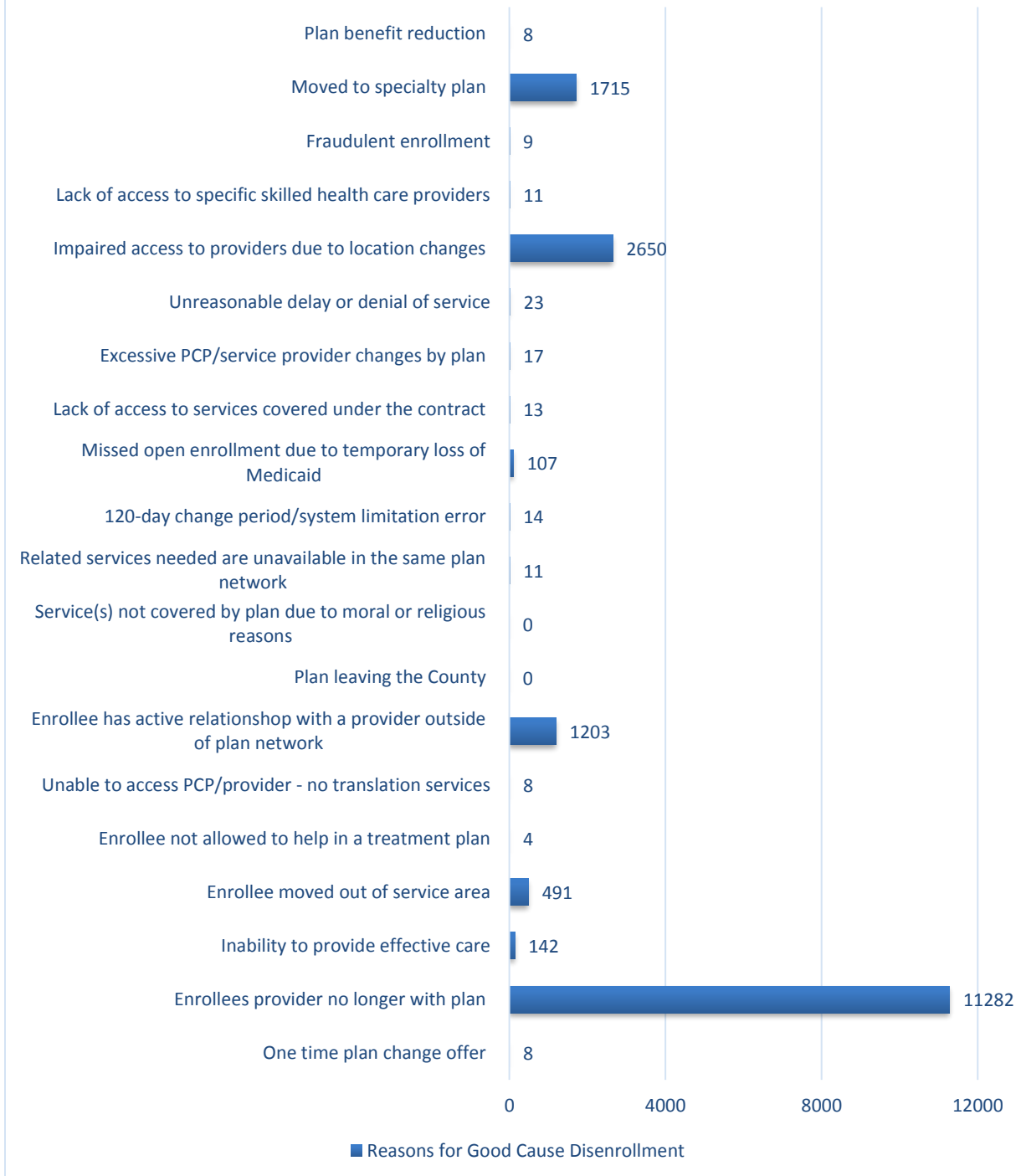


Top 5 Good Cause Disenrollments (October - December 2016)



The State continually assesses ways to improve access to, and quality of, care for Florida Medicaid recipients. During this quarter, good cause disenrollment related to access and/or quality represented only 1% of total good cause disenrollment reasons.

Reasons for Good Cause Disenrollment October - December 2016



The State continues to see “Enrollee’s provider no longer with plan” as the primary reason for good cause disenrollment. The State works with plans on maintaining a stable network of providers; since last quarter, good cause disenrollment requests for this reason decreased from 69% to 63% of total requests.

Managed Medical Assistance Plan Contracting Activities

A. Plan Contracting Status

The Agency continued contracts with 11 MMA standard plans and six MMA specialty plans. The current MMA plan contract expires on December 31, 2018. The Agency is preparing to release a competitive procurement for a new five-year MMA contract term beginning January 1, 2019.

B. Contract Amendments

The Agency finalized a general contract amendment that included both substantive and technical changes. The MMA plan contract is available to view on the Agency's Web site at the following link:

http://ahca.myflorida.com/Medicaid/statewide_mc/plans.shtml

C. Communication to MMA Plans

The Agency released nine policy transmittals during the quarter, no contract interpretations or Dear MMA plan letters were released.

The policy transmittals advised the MMA plans of the following:

- Ad hoc reporting requirement regarding the provision of private duty nursing services
- Revised payment methodology for coverage of Hepatitis C treatment drugs
- Ad hoc reporting requirement for data to assist the Agency's contracted actuaries in developing Florida Medicaid capitation rates for Medicare special needs plan populations
- Process by which plans may request a kick payment for obstetrical delivery services
- The Health and Human Services Nondiscrimination Final Rule and its effective date
- Clarified Agency Policy Transmittal 16-07, *MMA Physician Incentive Program & Ad Hoc Request for Plan Proposals*, and its attachments
- Ad hoc reporting requirement to provide enrollee details for certain performance measures that have been submitted to the Agency
- Ad hoc reporting requirement related to enrollees diagnosed with HIV or AIDS
- Revised performance measures, reporting submission requirements, and additional enrollee satisfaction survey requirements effective for reports due on July 1, 2017

D. Managed Care Plan Outreach

The MMA program facilitates additional 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 1,505 events.

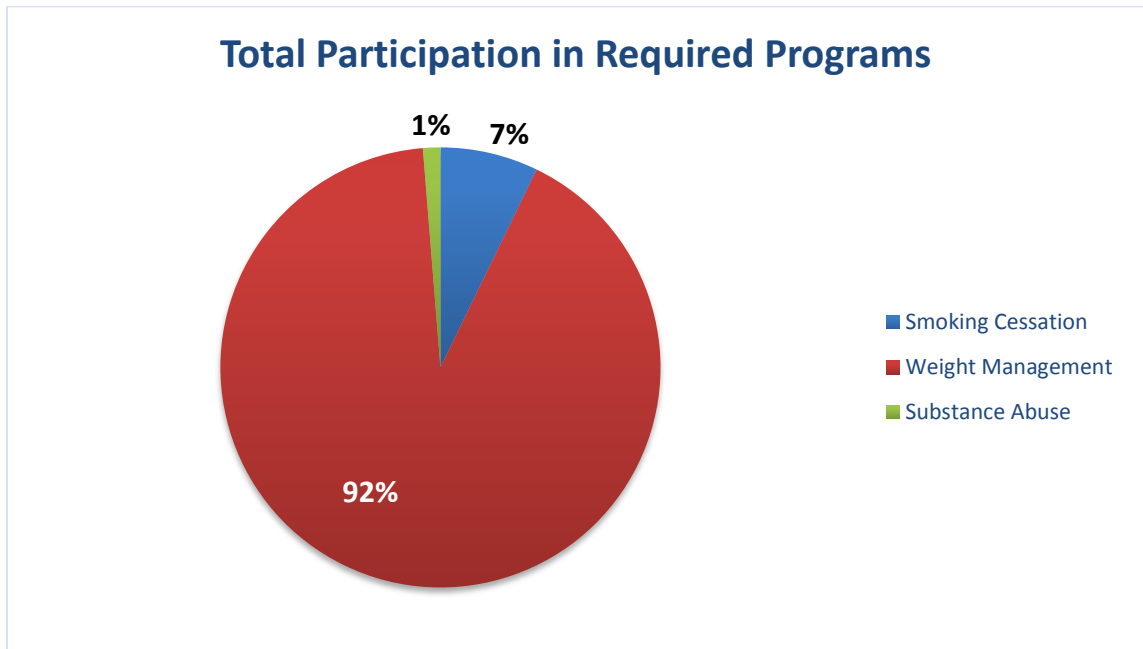
Healthy Behaviors Program

The MMA plans are required to offer at least the following three healthy behavior programs:

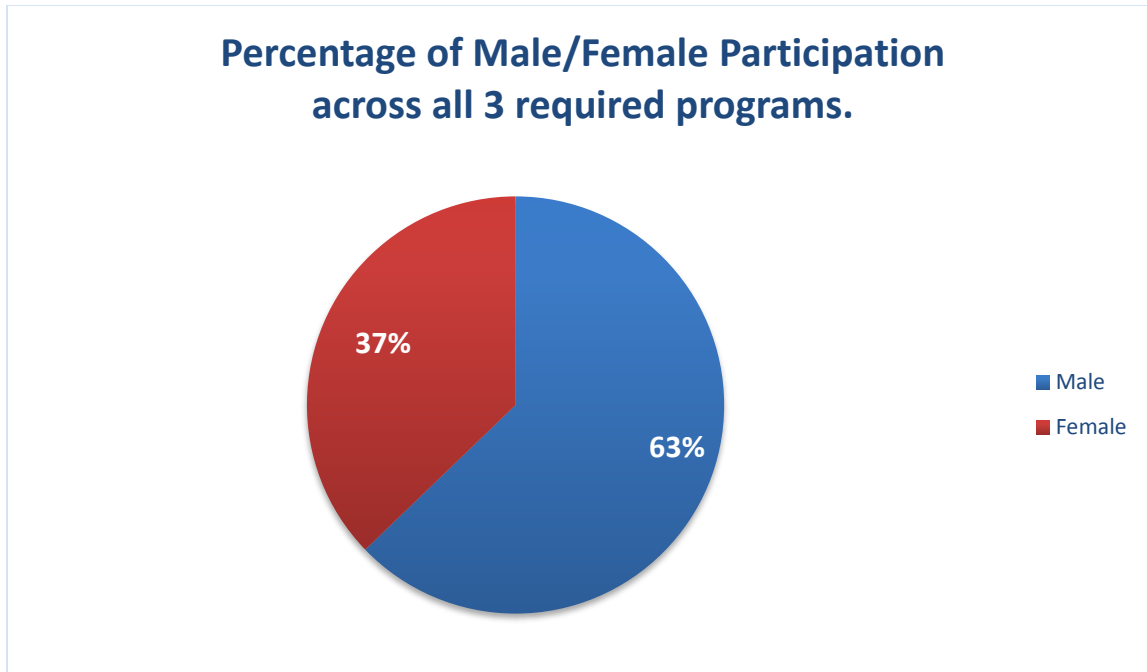
- Medically approved smoking cessation program
- Medically directed weight loss program
- Alcohol or substance abuse program

The Agency encourages plans to conduct additional healthy behavior programs. Accordingly, several offer programs in preventable 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 III provides data collected and reported to the State by the MMA plans for all healthy behavior programs offered.

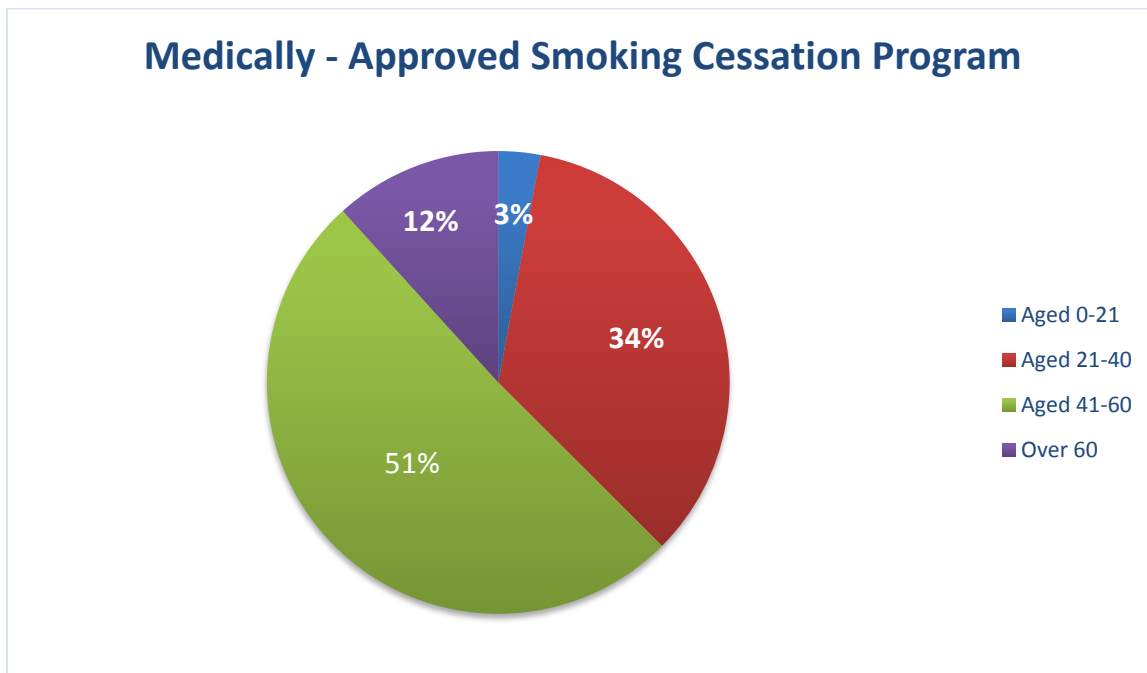
All of the healthy behavior programs are voluntary, and require written consent from each participant prior to enrollment into the program. The following tables provide participation data for the required programs. The State has seen an overwhelmingly higher participation rate in the medically directed weight loss programs compared to the other two required programs.



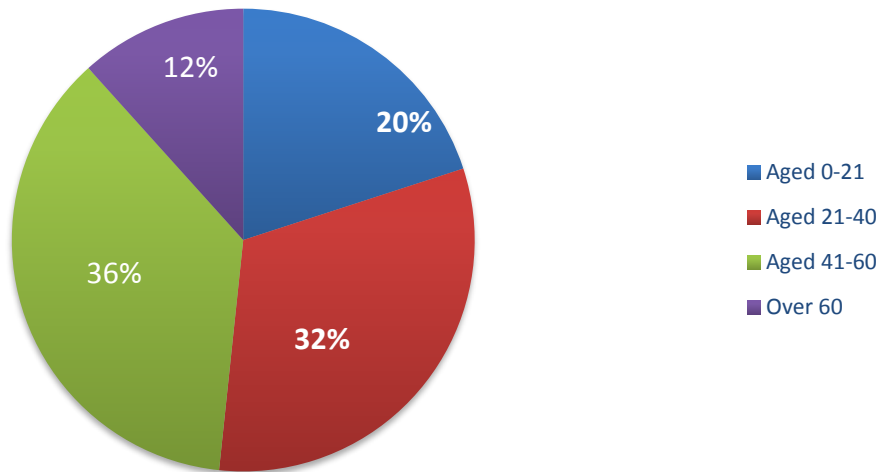
Ninety-two percent of total participation is in the weight management program; almost 63% of those program participants are female. Women also have an overall higher participation and completion rate than men, accounting for 70% of the total participants that completed one of the three mandatory healthy behavior programs.



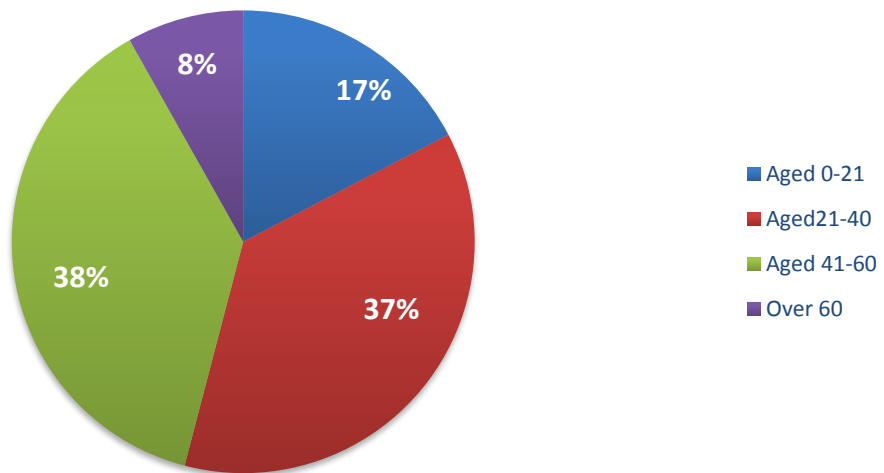
The following charts breakdown the participation by age group for total enrollment in each required healthy behaviors program.



Medically - Directed Weightloss Program



Alcohol or Substance Abuse Treatment Program



The Agency is preparing to launch a monitoring initiative in July 2017 to assess and improve outcomes of the MMA programs healthy behavior initiative. The State will monitor:

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

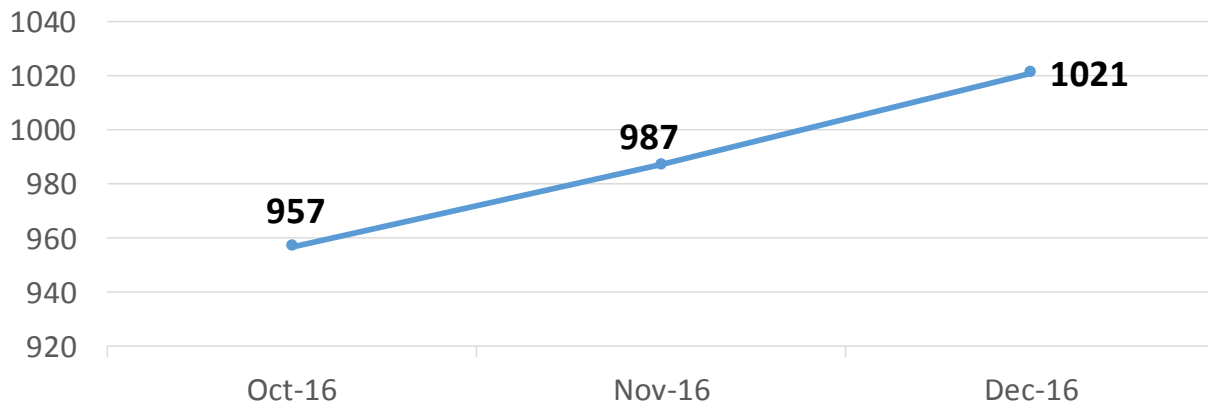


Complaints and Grievances

A. Complaints Operations Center Activities

The Agency operates a centralized complaint operations center to help resolve complaints timely. The Agency collects, aggregates, and trends the data for general quality improvement initiatives.

of Complaints reported to the Florida Agency for Health Care Administration Medicaid Complaint Center - October, 2016 through December, 2016

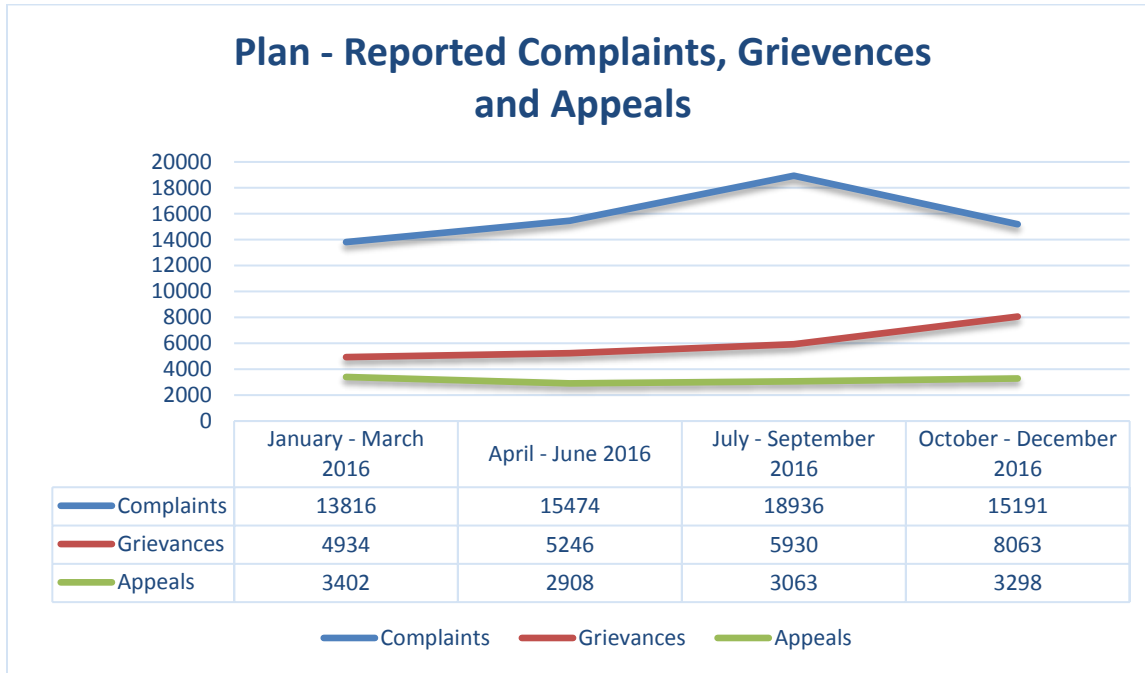


SMMC Enrollment:	3,308,176	3,328,931	3,384,390
# Issues per 1,000 Enrollees:	0.289	0.296	0.302

B. Complaints, Grievances and Appeals

The Agency noticed an increase in the number of grievances this quarter compared to the previous quarters. Plan-reported complaints continued to decline and appeals remained stable.

Note: The Agency recently completed a training program to help the plans improve complaint and grievance reporting.



Quality Activities

A. External Quality Review Organization

The Agency contracts with Health Services Advisory Group (HSAG) as the External Quality Review Organization (EQRO) vendor. During this quarter, HSAG conducted the following quality activities.

- Held quarterly meeting with Agency and MMA plans.
- Completed draft encounter data validation report and submitted it to the Agency. The Agency reviewed the report and provided feedback to the EQRO vendor. Please refer to the Encounter Data section of this report for EQRO recommendations.
- Validated 2016-2017 Performance Improvement Projects and submitted draft plan-specific reports to the Agency. The Agency staff reviewed the reports and provided feedback to the plans prior to sending to them.
- Validate the performance measures received from the plans and submitted draft findings to the Agency.

B. Comprehensive Quality Strategy

During this quarter, the Agency completed its draft Comprehensive Quality Strategy (CQS) report and posted it on the Agency's Web site January 23, 2017 for public comment at:

http://ahca.myflorida.com/medicaid/Policy_and_Quality/Quality/docs/Draft_Full_Amended_012317.pdf

C. Enrollee Satisfaction Surveys

During this quarter, the Agency conducted the following enrollee satisfaction survey activities:

- Reviewed and approved the MMA plans' survey materials for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. The plans will conduct the surveys in the Spring of 2017.
- Implemented the supplemental survey item "How would you rate the number of doctors you had to choose from" beginning spring 2017.

D. Evaluation of the Demonstration

During this quarter, the Agency conducted the following evaluation activities:

- Executed the MMA evaluation contract with the University of Florida (UF) on December 7, 2016.
- Provided UF with the requested data needed for the evaluation.

The first interim evaluation report is due to the Agency by May 1, 2017.

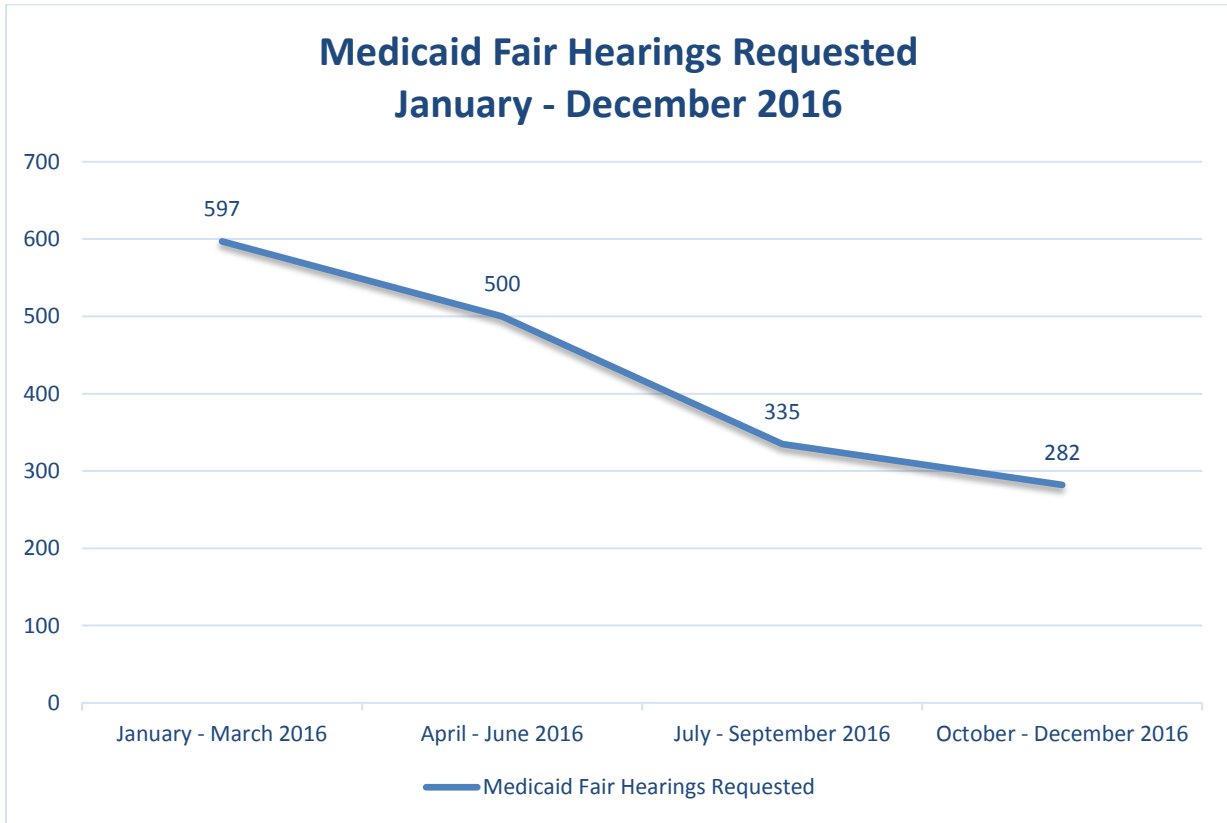
E. Critical Incidents

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 more detailed information around those specific incidents.

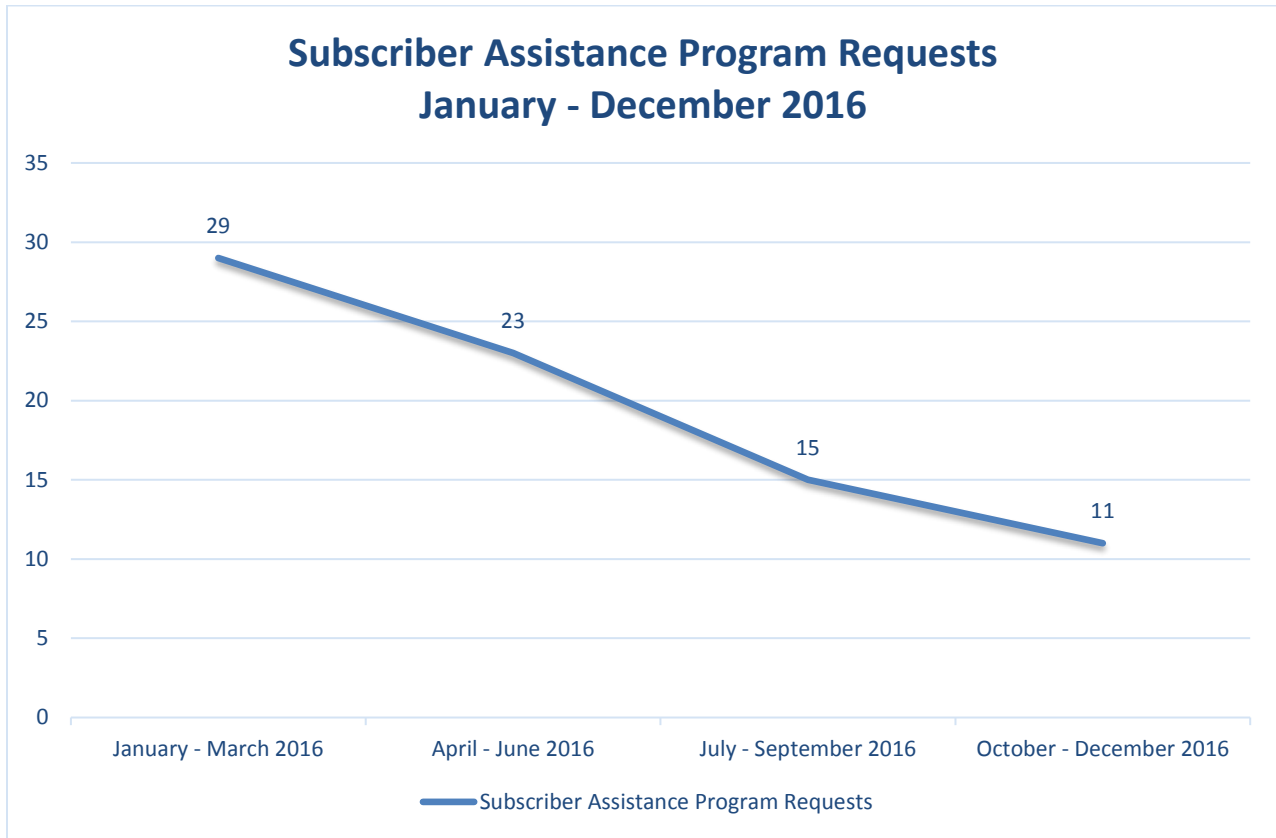
During this quarter, one of the MMA plans reported a significantly higher number of critical incidents than the rest of the plans. The Agency determined the plan over-reported critical incidents and worked with the plan to remediate the issue for future reports.

Fair Hearings and Subscriber Assistance Program

The number of fair hearings requested declined by almost 46% during 2016.



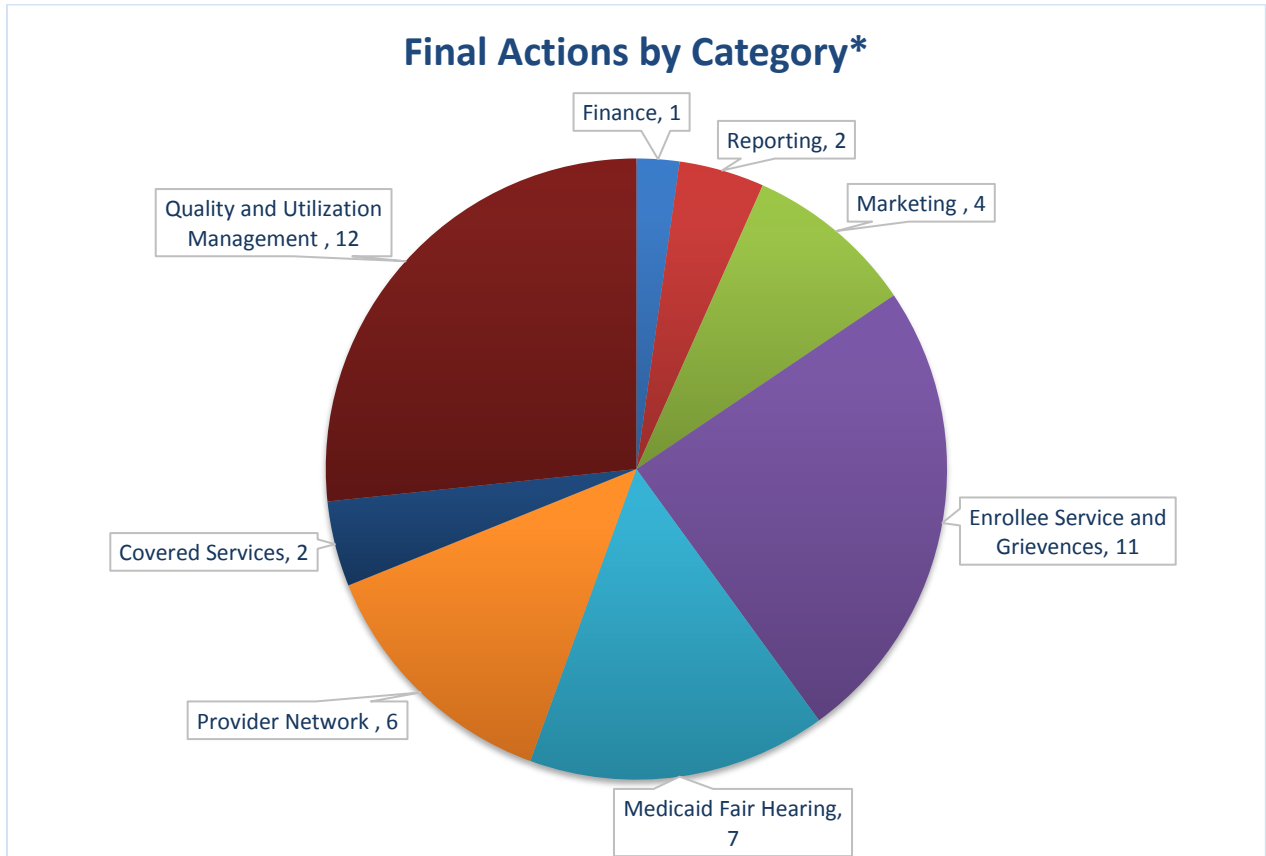
The number of Subscriber Assistance program (SAP) requests declined by almost 38% during 2016. The Agency only received 11 SAP requests this quarter.



Plan Compliance

Compliance Actions

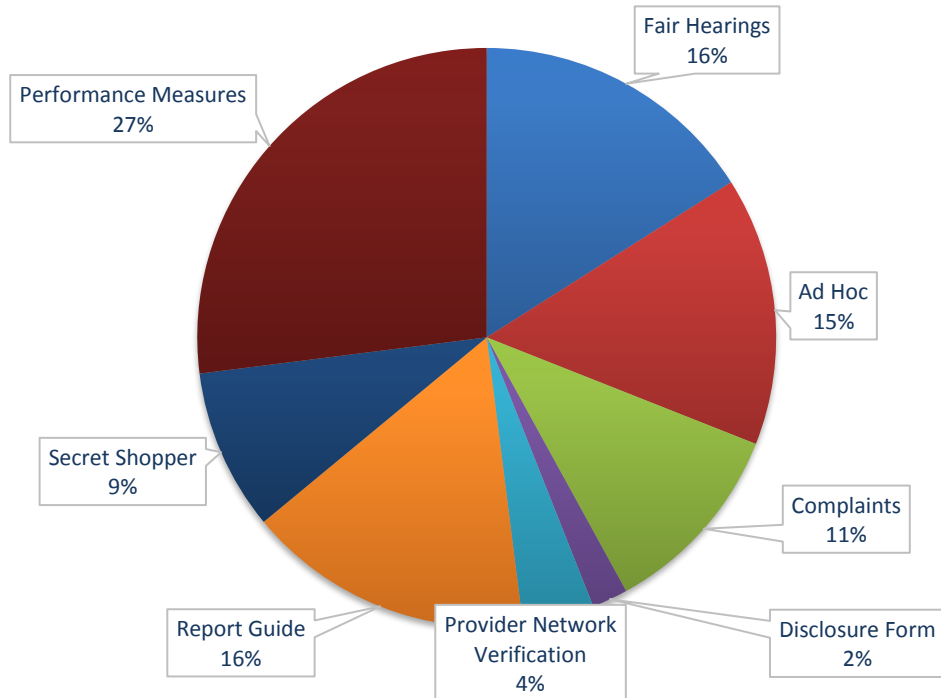
The following tables provide the number of compliance actions issued to plans this quarter by category and data source.



*This data includes compliance actions for both MMA and Long-term Care plans.

During this quarter, the Agency issued liquidated damages related to the MMA plans' annual Healthcare Effectiveness Data and Information Set (HEDIS) performance measure reporting. The Agency attributes the increase in compliance actions this quarter to the submission of the annual performance measure reports and compliance actions related to those submissions.

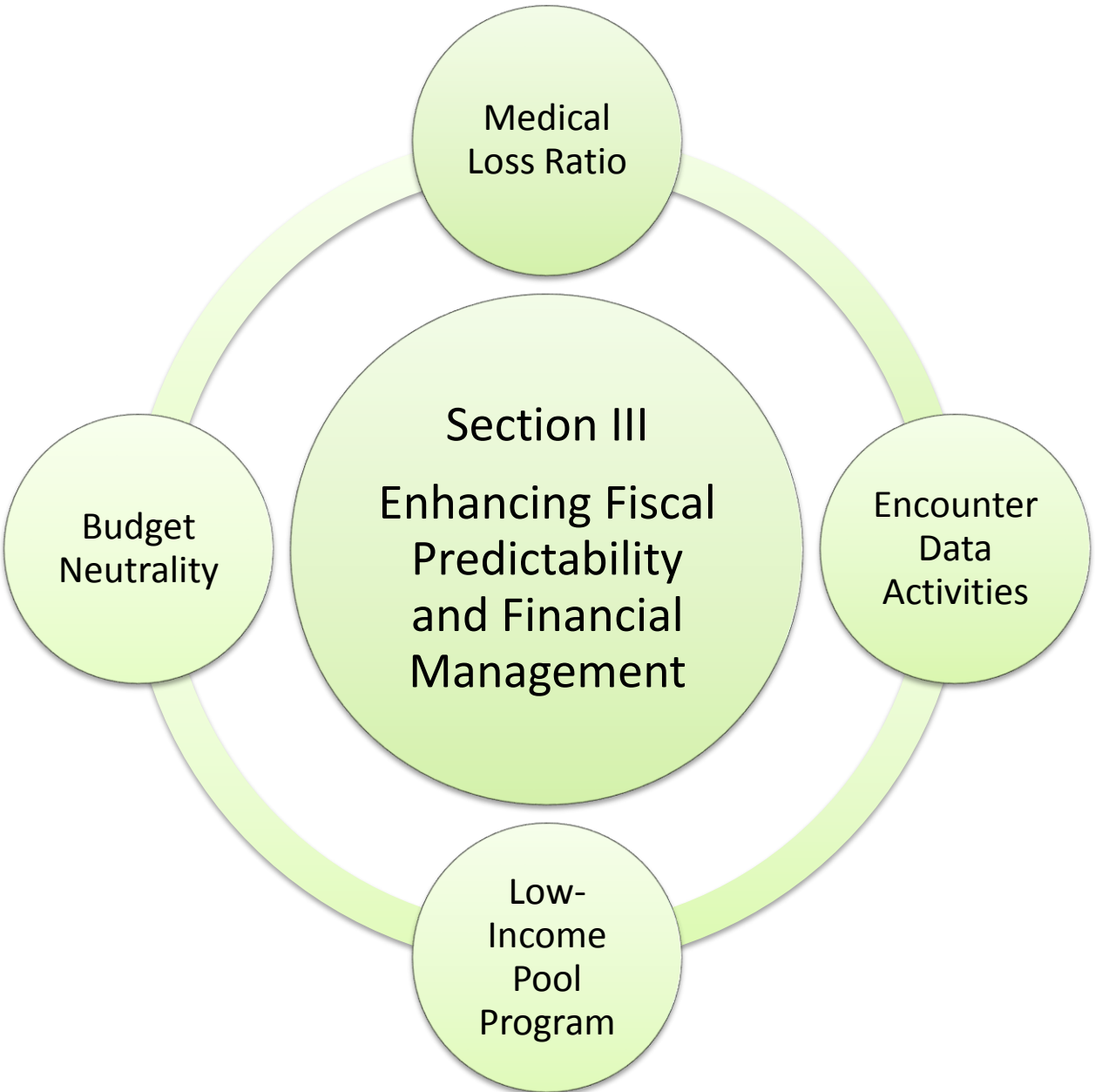
Final Actions by Data Source*



*This data includes compliance actions for both MMA and Long-term Care plans.

Not all compliance actions are monetary in nature, but for those compliance actions that are, the Agency issued a total of \$8,000,500 in final actions. Additional compliance action information is available on the Agency's Web site.

http://ahca.myflorida.com/medicaid/statewide_mc/compliance_actions.shtml



Enhancing Fiscal Predictability and Financial Management

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

Thirteen of the 15 MMA plans reported a medical loss ratio (MLR) equal to, or greater than, the required 85% for the reporting period. The Agency evaluates the plans' MLR on an annual basis to account for seasonality and quarterly fluctuations. The quarterly MLR report is for informational purposes only; the Agency does not impose compliance actions based on the plans' quarterly medical loss ratio.

B. Encounter Data Activities

The Agency implemented systemic improvements to enable plans to submit encounters for expanded benefits. Prior to the improvement, plans were unable to submit encounter data for expanded benefits provided to enrollees.

The State monitors the encounter data submission timeliness and accuracy through weekly, monthly, and trending reporting tools. The Agency continues to work with MMA plans and Medicare carriers to enhance the plans' claims processing and encounter data submissions by implementing an automatic crossover of Medicare secondary claims to the MMA plans.

During this quarter, the Agency's EQRO made the following recommendations in its 2015-2016 encounter data validation final report. The Agency has taken these recommendations under advisement:

- The Agency should continue to work with its Medicaid Management Information System (MMIS) and Decision Support System (DSS) teams to review quality control procedures to ensure the accurate production of data extracts.
- The Agency should convene a time-limited, post-study workgroup to identify, evaluate, and propose solutions to address ongoing quality issues.
- The Agency should work with its MMIS vendor to develop supplemental encounter data submission guidelines, and/or expand its existing companion guide to clearly define appropriate submission requirements for non-standard data elements necessary for data processing (e.g., Payer Responsibility Sequence Code).
- The Agency should work with its MMIS and DSS data vendors to develop internal data processing routines to establish standardized programming logic to ensure accurate processing of plan encounter data.
- The Agency should review, and modify as needed, existing plan contracts to include language outlining specific requirements for submitting valid clinical record documentation (i.e., medical records, plans of care, and treatment plans) to the Agency, or its representatives, in addition to defining the requirements and submission standards for the procurement of requested clinical records.

- The Agency should continue to collaborate with the plans to monitor, investigate and regularly reconcile discrepancies in encounter data volume.

C. Budget Neutrality Status

Attachment I provides budget neutrality figures for the reporting period. The MMA Waiver is budget neutral, demonstrating that federal Medicaid expenditures with the waiver were less than federal spending without the waiver.

D. Low-Income Pool

In accordance with Special Term and Condition (STC) #78 of the waiver, the Agency submitted the following final reports to CMS:

- Hospitals uncompensated care claimed through charity care
- Final intergovernmental transfer

The final reports are both available on the Agency's Web site at the following links.

http://ahca.myflorida.com/medicaid/Finance/finance/LIP-DSH/GME/docs/SFY_15-16_LIP_Payments-Charity_Care.pdf

http://ahca.myflorida.com/medicaid/Finance/finance/LIP-DSH/GME/docs/SFY_15-16_IGTs.pdf

Attachment I

Budget Neutrality Update

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 #85.

Table A shows the Primary Care Case Management (PCCM) Targets established in the MMA Waiver as specified in STC #96(b). These targets are compared to actual waiver expenditures using date of service tracking and reporting.

Table A		
PCCM Targets		
WOW¹ PCCM	MEG 1	MEG 2
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

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

Tables B through H of this attachment contain the statistics for Medicaid Eligibility Groups (MEGs) 1, 2 and 3 for date of payment beginning with the period October 1, 2016 and ending December 31, 2016. 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.

¹ 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
DY10/Q41	July-Sept 2016	1,663,286	\$1,410,409,589	\$847.97
DY11/Q42	October 2016	565,617	\$405,606,817	\$717.11
DY11/Q42	November 2016	558,817	\$573,785,589	\$1,026.79
DY11/Q42	December 2016	540,124	\$461,512,528	\$854.46
DY11/Q42	Oct-Dec 2016 Total²	1,664,558	\$1,440,904,934	\$865.64
	Managed Medical Assistance- MEG 1 Total³	42,748,723	15,951,589,827	\$967.35

* 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-Sep 2016	7,701,261	\$1,806,700,651	\$234.60
DY11/Q42	October 2016	2,609,966	\$729,025,601	\$279.32
DY11/Q42	November 2016	2,571,052	\$732,574,349	\$284.93
DY11/Q42	December 2016	2,511,267	\$751,598,975	\$299.29
DY11/Q42	Oct-Dec 2016 Total⁴	7,692,285	\$2,213,198,925	\$287.72
	Managed Medical Assistance- MEG 2 Total⁵	233,601,050	\$20,030,050,960	\$194.68

* 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.

² MMA MEG1 Quarter Total

³ MMA MEG1 Totals (from DY01 on)

⁴ MMA MEG2 Quarter Total

⁵ MMA MEG2 Total (from DY01 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.

Table D			
MEG1 and MEG2 Annual Statistics			
DY09– MEG 1	Actual CM	Total	PCCM
MEG 1 – DY09 Total	5,326,173	\$4,235,259,447	\$795.18
WOW DY09 Total	5,326,173	\$4,190,100,299	\$786.70
Difference		\$45,159,148	
% of WOW PCCM MEG 1			101.08%
DY09– MEG 2	Actual CM	Total	PCCM
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%
DY10– MEG 1	Actual CM	Total	PCCM
MEG 1 – DY10 Total	6,490,488	\$4,865,360,058	\$749.61
WOW DY10 Total	6,490,488	\$5,388,532,947	\$830.22
Difference		\$(523,172,889)	
% of WOW PCCM MEG 1			90.29%
DY10– MEG 2	Actual CM	Total	PCCM
MEG 2 – DY10 Total	30,058,563	\$7,782,277,035	\$258.90
WOW DY10 Total	30,058,563	\$10,191,055,200	\$339.04
Difference		\$(2,408,778,165)	
% of WOW PCCM MEG 2			76.36%
DY11– MEG 1	Actual CM	Total	PCCM
MEG 1 – DY11 Total	3,327,844	\$2,718,660,758	\$816.94
WOW DY11 Total	3,327,844	\$2,917,886,898	\$876.81
Difference		\$(199,226,140)	
% of WOW PCCM MEG 1			93.17%
DY11– MEG 2	Actual CM	Total	PCCM
MEG 2 – DY11 Total	15,393,546	\$3,910,731,528	\$254.05
WOW DY11 Total	15,393,546	\$5,459,167,153	\$354.64
Difference		\$(1,548,435,626)	
% of WOW PCCM MEG 2			71.64%

For DY9, MEG 1 has a PCCM of \$795.18 (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 \$749.61 (Table D), compared to WOW of \$830.22 (Table A), which is 90.29% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$258.90 (Table D), compared to WOW of \$339.04 (Table A), which is 76.36% of the target PCCM for MEG 2.

For DY11, MEG 1 has a PCCM of \$816.94 (Table D), compared to WOW of \$876.81 (Table A), which is 93.17% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$254.05 (Table D), compared to WOW of \$354.64 (Table A), which is 71.64% of the target PCCM for MEG 2.

Table E			
Managed Medical Assistance Cumulative Statistics			
DY 09	Actual CM	Total	PCCM
Meg 1 & 2	32,495,57	\$10,406,612,329	\$320.25
WOW	32,495,57	\$12,996,499,70	\$399.95
Difference		\$(2,589,887,441)	
% Of WOW			80.07%
DY 10	Actual CM	Total	PCCM
Meg 1 & 2	36,549,051	\$12,647,637,093	\$346.05
WOW	36,549,051	\$15,579,588,147	\$426.27
Difference		\$(2,931,951,054)	
% Of WOW			81.18%
DY 11	Actual CM	Total	PCCM
Meg 1 & 2	18,721,390	\$6,629,392,286	\$354.11
WOW	18,721,390	\$7,981,870,482	\$426.35
Difference		\$(1,352,478,196)	
% Of WOW			83.06%

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 F is \$320.25. 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 G is \$346.05. Comparing the calculated weighted averages, the actual PCCM is 81.18% 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 \$426.35. 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 \$354.11. Comparing the calculated weighted averages, the actual PCCM is 83.06% of the target PCCM.

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 Managed MMA Waiver. Table F identifies the DY11 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 DY11 in Table E above.

Table F	
WW/WOW Difference Less CNOM Costs	
DY11 Difference July 2016 - June 2017:	\$(1,352,478,196)
CNOM Costs July 2016 – June 2017:	
Healthy Start	\$21,632,002
PACC	\$245,333
DY11 Net Difference:	(\$1,330,600,861)

Table G	
MEG 3 Statistics: Low Income Pool	
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
DY11/Q41	\$0
DY11/Q42	\$0
Total Paid	\$11,053,871,561

Expenditures for the 42 quarters for MEG 3, Low Income Pool (LIP), were \$11,053,871,561.

Table H			
MEG 3 Total Expenditures: Low Income Pool			
DY*	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%
DY11	\$0	\$607,825,452	0.00%
Total MEG 3	\$ 11,053,871,561	\$11,775,543,793	93.87%

*DY totals are calculated using date of service data as required in STC #67.

Attachment II

Managed Medical Assistance Enrollment Report

Managed Medical Assistance Enrollment

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 program 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.

Table 1 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 (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 quarter being reported
Enrolled in Previous Quarter	The total number of recipients (TANF and SSI) who were enrolled in the plan during the previous reporting quarter
Percent Change from Previous Quarter	The change in percentage of the plan's enrollment from the previous reporting quarter to the current reporting quarter

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

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 quarter.

Table 2
MMA Enrollment by Plan and Type⁶
(October 1, 2016 – December 31, 2016)

Plan Name	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
Amerigroup Florida	STANDARD	319,768	32,233	74	16,189	368,264	10.7%	374,676	-1.7%
Better Health	STANDARD	94,342	9,531	39	4,853	108,765	3.2%	108,567	0.2%
Coventry Health Care Of Florida	STANDARD	54,734	5,831	65	3,921	64,551	1.9%	63,158	2.2%
Humana Medical Plan	STANDARD	292,352	37,702	244	32,435	362,733	10.5%	366,758	-1.1%
Molina Healthcare Of Florida	STANDARD	309,262	32,845	127	19,409	361,643	10.5%	353,440	2.3%
Prestige Health Choice	STANDARD	291,766	33,376	80	21,130	346,352	10.1%	341,486	1.4%
Community Care Plan	STANDARD	42,335	3,914	34	2,203	48,486	1.4%	48,272	0.4%
Simply Healthcare	STANDARD	62,913	14,792	165	11,941	89,811	2.6%	88,931	1.0%
Staywell Health Plan	STANDARD	616,848	69,486	132	31,482	717,948	20.9%	717,838	0.0%
Sunshine State Health Plan	STANDARD	426,817	41,491	133	47,701	516,142	15.0%	515,205	0.2%
United Healthcare Of Florida	STANDARD	244,093	28,197	81	28,666	301,037	8.7%	301,352	-0.1%
Standard Plans Total		2,755,230	309,398	1,174	219,930	3,285,732	95.5%	3,279,683	0.2%
Positive Health Plan	SPECIALTY	183	875	1	900	1,959	0.1%	1,962	-0.2%
Magellan Complete Care	SPECIALTY	26,580	21,767	18	12,891	61,256	1.8%	61,283	0.0%
Freedom Health	SPECIALTY	-	-	-	117	117	0.0%	114	2.6%
Clear Health Alliance	SPECIALTY	1,483	4,776	3	3,269	9,531	0.3%	9,538	-0.1%
Sunshine State Health Plan	SPECIALTY	28,577	1,871	-	1	30,449	0.9%	31,694	-3.9%
Children's Medical Services Network	SPECIALTY	28,436	23,934	1	132	52,503	1.5%	53,639	-2.1%
Specialty Plans Total		85,259	53,223	23	17,310	155,815	4.5%	158,230	-1.5%
MMA TOTAL	MMA	2,840,489	362,621	1,197	237,240	3,441,547	100%	3,437,913	0.1%

⁶ During the quarter, 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.

Table 2
MMA Enrollment by Region and Type⁷
(October 1, 2016 – December 31, 2016)

Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	Standard & Specialty	97,074	12,038	11	7,118	116,241	3.4%	115,953	0.2%
02	Standard & Specialty	101,251	15,001	6	9,295	125,553	3.6%	125,370	0.1%
03	Standard & Specialty	236,214	32,179	22	18,394	286,809	8.3%	287,552	-0.3%
04	Standard & Specialty	293,677	33,453	54	19,926	347,110	10.1%	345,591	0.4%
05	Standard & Specialty	163,323	23,056	33	17,661	204,073	5.9%	204,351	-0.1%
06	Standard & Specialty	389,897	49,599	67	25,539	465,102	13.5%	466,081	-0.2%
07	Standard & Specialty	384,959	48,084	81	22,552	455,676	13.2%	457,839	-0.5%
08	Standard & Specialty	195,560	19,388	43	15,802	230,793	6.7%	230,367	0.2%
09	Standard & Specialty	261,394	26,609	84	18,517	306,604	8.9%	305,180	0.5%
10	Standard & Specialty	251,093	28,751	151	19,129	299,124	8.7%	298,466	0.2%
11	Standard & Specialty	466,047	74,463	645	63,307	604,462	17.6%	601,163	0.5%
STANDARD & SPECIALTY TOTAL		2,840,489	362,621	1,197	237,240	3,441,547	100%	3,437,913	0.1%
Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	STANDARD	95,437	11,201	11	7,045	113,694	3.5%	113,337	0.3%
02	STANDARD	96,388	12,259	6	8,542	117,195	3.6%	116,746	0.4%
03	STANDARD	229,888	29,611	21	18,153	277,673	8.5%	277,906	-0.1%
04	STANDARD	282,392	28,500	50	18,439	329,381	10.0%	327,621	0.5%
05	STANDARD	156,283	19,193	33	15,619	191,128	5.8%	191,326	-0.1%
06	STANDARD	377,392	41,928	66	23,467	442,853	13.5%	443,412	-0.1%
07	STANDARD	373,035	40,494	76	20,680	434,285	13.2%	435,757	-0.3%
08	STANDARD	191,961	17,613	43	15,582	225,199	6.9%	224,677	0.2%
09	STANDARD	253,274	21,696	82	16,724	291,776	8.9%	289,869	0.7%
10	STANDARD	242,524	22,616	148	17,325	282,613	8.6%	281,868	0.3%
11	STANDARD	456,656	64,287	638	58,354	579,935	17.7%	577,164	0.5%
STANDARD TOTAL		2,755,230	309,398	1,174	219,930	3,285,732	100.0%	3,279,683	0.2%

⁷ During the quarter, 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.

Table 2
MMA Enrollment by Plan and Type⁸
(October 1, 2016 – December 31, 2016)

Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	SPECIALTY	1,637	837	-	73	2,547	1.6%	2,616	-2.6%
02	SPECIALTY	4,863	2,742	-	753	8,358	5.4%	8,624	-3.1%
03	SPECIALTY	6,326	2,568	1	241	9,136	5.9%	9,646	-5.3%
04	SPECIALTY	11,285	4,953	4	1,487	17,729	11.4%	17,970	-1.3%
05	SPECIALTY	7,040	3,863	-	2,042	12,945	8.3%	13,025	-0.6%
06	SPECIALTY	12,505	7,671	1	2,072	22,249	14.3%	22,669	-1.9%
07	SPECIALTY	11,924	7,590	5	1,872	21,391	13.7%	22,082	-3.1%
08	SPECIALTY	3,599	1,775	-	220	5,594	3.6%	5,690	-1.7%
09	SPECIALTY	8,120	4,913	2	1,793	14,828	9.5%	15,311	-3.2%
10	SPECIALTY	8,569	6,135	3	1,804	16,511	10.6%	16,598	-0.5%
11	SPECIALTY	9,391	10,176	7	4,953	24,527	15.7%	23,999	2.2%
SPECIALTY TOTAL		85,259	53,223	23	17,310	155,815	100%	158,230	-1.5%

⁸ During the quarter, 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

Healthy Behaviors Program Enrollment

Table A provides a summary of enrollees participating in healthy behaviors programs for the reporting period.

Table B provides a summary of enrollees who have completed a healthy behaviors program during the reporting period.

Table A							
Healthy Behaviors Program							
Enrollment Statistics							
(October 1, 2016 – December 30, 2016)							
Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Amerigroup Florida							
Smoking Cessation	14	4	10	1	2	9	2
Weight Management	49	8	41	2	9	30	8
Alcohol and/or Substance Abuse	0	0	0	0	0	0	0
Maternal Child Incentive	130	0	130	7	120	3	0
Dental Incentive	232105	117788	114317	232105	0	0	0
Immunization Incentive	9126	4686	4440	9126	0	0	0
Better Health							
Smoking Cessation	4	0	4	0	0	1	3
Weight Management	7	2	5	1	1	3	2
Substance Abuse	0	0	0	0	0	0	0
Maternity	14	0	14	1	12	1	0
Well Child Visits	440	272	168	440	0	0	0
Children’s Medical Services							
Tobacco Cessation	4	4	0	4	0	0	0
Overcoming Obesity	177	89	88	177	0	0	0
Changing Lives*	13	8	5	13	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	19	12	7	0	0	14	5
Weight Management Healthy Behaviors Rewards	5	1	4	0	0	4	1
Alcohol & Substance Abuse	1	1	0	0	0	1	0
Maternity Healthy Behaviors Rewards	1	0	1	0	1	0	0

**Table A
Healthy Behaviors Program
Enrollment Statistics
(October 1, 2016 – December 30, 2016)**

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Well Child Visit Healthy Behaviors Rewards	0	0	0	0	0	0	0
Coventry							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	0	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0	0
Freedom Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	2	1	1	0	0	1	1
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Humana Medical Plan							
Smoking Cessation	0	0	0	0	0	0	0
Family Fit	135	18	117	2	50	61	22
Substance Abuse	0	0	0	0	0	0	0
Mom’s First Prenatal & Postpartum	1145	0	1145	99	1025	21	0
Pediatric Well Visit (PWV) Program	1228	638	590	1228	0	0	0
Baby Well Visit (BWV) Program	483	247	236	483	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	351	98	253	6	128	183	34
Weight Management	537	107	430	32	236	239	30
Substance Abuse	66	23	43	3	30	28	5
Molina							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	1	1	0	0	1	0	0
Alcohol or Substance Abuse	1	0	1	0	0	1	0
Pregnancy Health Management	1,932	0	1,932	165	1,730	37	0
Well Child	0	0	0	0	0	0	0
Adult Access to Preventative & Ambulatory Health Services	2,167	N/A	N/A	14	1,382	630	141
Positive Health Care							
Quit for Life Tobacco Cessation	0	0	0	0	0	0	0

**Table A
Healthy Behaviors Program
Enrollment Statistics
(October 1, 2016 – December 30, 2016)**

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Weight Management	12	10	2	0	0	9	3
Alcohol Abuse	0	0	0	0	0	0	0
Prestige Health Choice							
Smoking Cessation	6	4	2	0	2	3	1
Weight Loss	14	5	9	1	2	8	3
Alcohol & Substance Abuse – “Changing Lives Program”	0	0	0	0	0	0	0
Behavioral Health Follow-Up Program	4	3	1	2	0	1	1
Comprehensive Diabetes Care Program	195	55	140	1	12	102	80
Maternity Program	9	0	9	0	8	1	0
Well-Child Program	73	39	34	73	0	0	0
Simply							
Quit Smoking Healthy Behaviors Rewards	9	5	4	0	1	4	4
Weight Management Healthy Behaviors Rewards	10	4	6	0	4	2	4
Alcohol and Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	2	0	2	0	2	0	0
Well Child Visit Healthy Behaviors Rewards	238	139	99	238	0	0	0
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	0	0	0	0	0	0	0
Staywell							
Medically Approved Smoking Cessation Program:	384	145	239	13	144	184	43
Medically Directed Weight Loss Program:	9,632	3,736	5,896	3,679	3,115	2,215	623
Alcohol or Substance Abuse Recovery Program:	15	9	6	1	6	6	2

Table A
Healthy Behaviors Program
Enrollment Statistics
(October 1, 2016 – December 30, 2016)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
New Member Healthy Behaviors: Health Risk Assessment	102,512	44,066	58,446	71,173	19,779	7,506	4,054
New Member Healthy Behaviors: Initial PCP Visit	102,464	44,057	58,407	71,147	19,769	7,495	4,053
Children's Healthy Behaviors: Well Child Visit	28,269	14,490	13,779	28,269	0	0	0
Children's Healthy Behaviors: Child Health Check Up	110,519	56,598	53,921	110,519	0	0	0
Children's Healthy Behaviors: Adolescents Check Up	289,687	145,326	144,361	285,800	3,887	0	0
Children's Healthy Behaviors: Dental Check Up	457,392	231,528	225,864	453,504	3,888	0	0
Well Woman Healthy Behaviors: Screening Mammogram	35,469	0	35,469	0	2,320	28,294	4,855
Diabetes Healthy Behaviors: Eye Exam	17,050	5,590	11,460	356	3,773	9,065	3,856
Diabetes Healthy Behaviors: HgbA1C Control	17,047	5,590	11,457	356	3,778	9,056	3,857
Diabetes Healthy Behaviors: LDL Control	17,059	5,591	11,468	356	3,778	9,069	3,856
Healthy Pregnancy Behaviors: Prenatal Visits	8,303	0	8,303	1,454	6,690	154	5
Healthy Pregnancy Behaviors: Postpartum Visits	1,883	0	1,883	516	1,345	22	0
Sunshine Health							
Tobacco Cessation Healthy Rewards	28	12	16	0	6	18	4
Weight Loss Healthy Rewards	43	6	37	1	15	23	5
Substance Abuse Healthy Rewards	2	1	1	0	0	1	1
Breast Cancer Screening:	0	0	0	0	0	0	0

Table A
Healthy Behaviors Program
Enrollment Statistics
(October 1, 2016 – December 30, 2016)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Cervical Cancer Screening:	0	0	0	0	0	0	0
Diabetic Screening:	0	0	0	0	0	0	0
Postpartum Visits:	0	0	0	0	0	0	0
Prenatal Visits:	0	0	0	0	0	0	0
Preventive Adult Primary Care Visits:	0	0	0	0	0	0	0
Preventive Dental for Children:	0	0	0	0	0	0	0
Preventive well child PCP visits:	0	0	0	0	0	0	0
Well Child visits in first 15 months:	0	0	0	0	0	0	0
Behavioral Health Post Hospitalization follow up visit:	0	0	0	0	0	0	0
United Healthcare							
Tobacco Cessation – text2quit	0	0	0	0	0	0	0
Florida Population Health/Health Coaching for Weight Loss	3	0	3	0	0	3	0
Substance Abuse Incentive	0	0	0	0	0	0	0
Baby Blocks	3,010	0	3,010	197	2,744	69	0

*Alcohol and/or substance abuse program.

**Table B
Healthy Behavior Programs
Completion Statistics
(October 1, 2016 – December 31, 2016)**

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Amerigroup Florida							
Smoking Cessation	3	1	2	0	0	3	0
Weight Management	6	2	4	0	0	4	2
Alcohol and/or Substance Abuse	0	0	0	0	0	0	0
Maternal Child	147	0	147	15	129	3	0
Dental	241	157	84	241	0	0	0
Immunizations	0	0	0	0	0	0	0
Better Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Management	0	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0	0
Maternity	1	0	1	0	1	0	0
Well Child Visits	48	26	22	48	0	0	0
Children's Medical Services							
Tobacco Cessation	0	0	0	0	0	0	0
Overcoming Obesity	4	4	0	4	0	0	0
Changing Lives*	0	0	0	0	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	1	0	0	0	0	1	0
Weight Management Healthy Behaviors Rewards	0	0	0	0	0	0	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
Coventry							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	0	0	0	0	0	0	0
Substance Abuse	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	0	0	0	0	0	0	0

**Table B
Healthy Behavior Programs
Completion Statistics
(October 1, 2016 – December 31, 2016)**

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Family Fit	7	0	7	0	1	4	2
Substance Abuse	0	0	0	0	0	0	0
Mom’s First Prenatal & Postpartum	263	0	263	29	230	4	0
Pediatric Well Visit (PWV) Program	1155	590	565	1155	0	0	0
Baby Well Visit (BWV) Program	237	127	110	237	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	3	1	2	0	1	2	0
Weight Management	2	0	2	0	2	0	0
Substance Abuse	3	1	2	0	2	1	0
Molina							
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
Pregnancy Health Management	0	0	0	0	0	0	0
Well Child	0	0	0	0	0	0	0
Adult Access to Preventative & Ambulatory Health Services	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
Prestige Health Choice							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	0	0	0	0	0	0	0
Alcohol & Substance Abuse – “Changing Lives Program”	0	0	0	0	0	0	0
Behavioral Health Follow-Up Program	0	0	0	0	0	0	0
Comprehensive Diabetes Care Program	61	18	43	1	5	34	22
Maternity Program	1	0	1	0	1	0	0
Well-Child Program	6	3	3	6	0	0	0
Simply							

**Table B
Healthy Behavior Programs
Completion Statistics
(October 1, 2016 – December 31, 2016)**

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
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	25	11	14	25	0	0	0
Community Care Plan							
Tobacco Cessation	1	1	0	0	0	1	0
Obesity Management	0	0	0	0	0	0	0
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Staywell							
Medically Approved Smoking Cessation Program:	12	4	8	0	8	3	1
Medically Directed Weight Loss Program:	24	5	19	5	15	3	1
Medically Approved Alcohol or Substance Abuse Recovery Program:	7	3	4	2	3	1	1
New Member Healthy Behaviors: Health Risk Assessment	69	20	49	30	32	4	3
New Member Healthy Behaviors: Initial PCP Visit	206	74	132	114	56	31	5
Children's Healthy Behaviors: Well Child Visit	378	147	231	298	78	0	2
Children's Healthy Behaviors: Child Health Check Up	83	34	49	73	10	0	0
Children's Healthy Behaviors: Adolescents Check Up	238	105	133	218	11	9	0
Children's Healthy Behaviors: Dental Check Up	278	135	143	261	13	4	0
Well Woman Healthy Behaviors: Screening Mammogram	50	0	50	1	8	40	1

**Table B
Healthy Behavior Programs
Completion Statistics
(October 1, 2016 – December 31, 2016)**

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Diabetes Healthy Behaviors: Eye Exam	25	6	19	5	9	10	1
Diabetes Healthy Behaviors: HgbA1C Control	20	3	17	0	4	15	1
Diabetes Healthy Behaviors: LDL Control	10	4	6	0	4	5	1
Healthy Pregnancy Behaviors: Prenatal Visits	94	3	91	15	77	2	0
Healthy Pregnancy Behaviors: Postpartum Visits	75	3	72	12	61	2	0
Sunshine Health							
Tobacco Cessation Healthy Rewards	2	1	1	0	0	0	2
Weight Loss Healthy Rewards	16	3	13	2	1	11	2
Substance Abuse Healthy Rewards	0	0	0	0	0	0	0
Breast Cancer Screening:	664	0	664	0	0	437	227
Cervical Cancer Screening:	5,040	0	5,040	0	4,027	951	62
Diabetic Screening:	131	43	88	0	17	71	43
Postpartum Visits:	806	0	806	100	688	18	0
Prenatal Visits:	136	0	136	13	122	1	0
Preventive Adult Primary Care Visits:	5,322	1,099	4,223	0	3,150	1,715	457
Preventive Dental for Children:	23,188	11,382	11,806	23,187	1	0	0
Preventive well child PCP visits:	39,668	19,825	19,843	39,631	37	0	0
Well Child visits in first 15 months:	2,612	1,325	1,287	2,612	0	0	0
United Healthcare							
Tobacco Cessation – text2quit	0	0	0	0	0	0	0
Florida Population Health/Health Coaching for Weight Loss	1	1	0	1	0	0	0
Substance Abuse Incentive	0	0	0	0	0	0	0
Baby Blocks	414	0	414	19	384	11	0

*Alcohol and/or substance abuse program.

Attachment IV

Quarterly Critical Incident Summary

	Amerigroup	Better Health	Clear Health Alliance	CMS	Coventry	Freedom	Humana	Magellan	Molina	Positive	Prestige	Community Care Plan	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 Death	0	1	0	0	0	0	0	3	0	0	0	0	0	1	3	0	8
Enrollee Brain Damage	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1	0	1
Fracture or Dislocation of bones or joints	0	0	0	0	0	0	0	2	0	0	0	0	0	2	12	0	16
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	0	0	1	0	0	1	2	0	0	0	0	0	0	21	0	25
Any condition requiring surgical intervention to correct or control	0	0	0	1	0	0	0	1	0	0	0	0	1	2	1	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	1	0	2	0	0	0	0	0	0	0	0	0	2	86	0	91
Any condition that extends the patient's length of stay	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2
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	0
Total of all incidents:	0	2	0	4	0	0	1	8	0	0	0	0	1	8	125	0	149

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State of Florida
Rick Scott, Governor

Agency for Health Care Administration
Justin M. Senior, Secretary

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Tallahassee, FL 32308

Mission Statement
Better Healthcare for All Floridians.