Florida
Managed Medical Assistance Program

1115 Research and Demonstration Waiver

1st Quarter Report

July 1, 2015 – September 30, 2015
Demonstration Year 10

This page intentionally left blank.

Table of Contents

List of Tables

This page intentionally left blank.

I. Waiver History

On July 31, 2014, the Centers for Medicare and Medicaid Services (CMS) approved a three-year extension of the Florida Managed Medical Assistance (MMA) Program 1115 Research and Demonstration Waiver. The approved waiver extension documents can be viewed on the Agency for Health Care Administration's (Agency's) Web site at the following link: http://ahca.myflorida.com/medicaid/statewide_mc/mma_fed_auth.shtml. The approval of the extension continues the improvements established in the June 2013 amendment provided below and authorized a one-year extension of the Low Income Pool (LIP) until June 30, 2015.

On June 14, 2013, CMS approved an amendment to the waiver to implement the MMA program. The approved waiver amendment documents can be viewed on the Agency's Web site at the following link: http://ahca.myflorida.com/medicaid/statewide_mc/mma_fed_auth_approved.shtml.

Federal approval of the MMA amendment permitted Florida to move from a fee-for-service system to managed care under the MMA program. The key components of the program include: choice counseling, competitive procurement of MMA plans, customized benefit packages, Healthy Behaviors programs, risk-adjusted premiums based on enrollee health status, and continuation of the LIP. The MMA program increases consumer protections as well as quality of care and access for Floridians in many ways, including:

- Increasing recipient participation on Florida's Medical Care Advisory Committee and convenes smaller advisory committees to focus on key special needs populations;
- Ensuring the continuation of services until the primary care or behavioral health provider reviews the enrollee's treatment plan;
- Ensuring recipient complaints, grievances, and appeals are reviewed immediately for resolution as part of the rapid cycle response system;
- Establishing Healthy Behaviors programs to encourage and reward healthy behaviors and, at a minimum, requires MMA plans offer a medically approved smoking cessation program, a medically directed weight loss program, and a substance abuse treatment plan;
- Requiring Florida's external quality assurance organization to validate each MMA plan's encounter data every three years;
- Enhancing consumer report cards to ensure recipients have access to understandable summaries of quality, access, and timeliness regarding the performance of each participating MMA plan;
- Enhancing the MMA plan's performance improvement projects by focusing on six key areas with the goal of achieving improved patient care, population health, and reducing per capita Medicaid expenditures;
- Enhancing metrics on MMA plan quality and access to care to improve MMA plan accountability; and
- Creating a comprehensive state quality strategy to implement a comprehensive continuous quality improvement strategy focusing on all aspects of quality improvement in Medicaid.

Quarterly Report Requirement

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 first quarterly report for Demonstration Year 10 (DY10) covering the period of July 1, 2015, through September 30, 2015. 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/statewide_mc/mma_federal_reports.shtml.

II. Operational Update

1. Health Care Delivery System

The following provides an update for this quarter on health care delivery system activities for MMA plan contracting; benefit packages; MMA plan reported complaints, grievances, and appeals; Agency-received complaints/issues; medical loss ratio (MLR); and MMA plan readiness review and monitoring.

a) MMA Plan Contracting

Table 1 lists the contracted plans for the MMA program. Please refer to Attachment IV of this report, MMA Enrollment Report, for enrollment information for this quarter.

Table 1 MMA Plans	
Amerigroup Florida**	Molina**
Better Health	Positive Health Care*
Children's Medical Services Network*	Preferred
Clear Health Alliance*	Prestige Health Choice
Coventry**	Simply
Freedom Health*	South Florida Community Care Network
Humana Medical Plan**	Staywell
Integral Quality Care	Sunshine Health***
Magellan Complete Care*	UnitedHealthcare**

*Contracted as a specialty plan to serve a targeted population.

**Contracted to also provide long-term care services under the 1915(b)(c) Long-term Care Waiver.

***Contracted to provide specialized services and is also contracted to provide long-term care services under the 1915(b)(c) Long-term Care Waiver.

b) Benefit Packages

In addition to the expanded benefits available under the MMA program that are listed in Attachment I of this report, Expanded Benefits under the MMA Program, the MMA plans provide standard benefits in accordance with the Florida Medicaid State Plan, the Florida Medicaid coverage and limitations handbooks, and, where applicable, the Florida Medicaid fee schedules.

The table 2 lists the standard benefits provided under the MMA contracts that were executed by the MMA plans:

Table 2 Required MMA Services	
(1)	Advanced Registered Nurse Practitioner Services
(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, Prostheses 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

The MMA plans are required to cover most Florida Medicaid State Plan services and to provide access to additional services covered under early and periodic screening, diagnosis and treatment through a special services request process. Services specialized for children in foster care include: specialized therapeutic foster care, comprehensive behavioral health assessment, behavioral health overlay services for children in child welfare settings, and medical foster care.

c) MMA Plan Readiness Review and Monitoring

The Agency continues to work with Health Services Advisory Group, Inc. (HSAG), as its external quality review organization (EQRO), to develop tools that will be used to centrally record the results of monitoring of the MMA plans. As described in previous reports, the Agency continues to hold monthly calls in the form of an "All-Plan" call, and also holds weekly calls with each individual MMA plan. In addition, the Agency continues to monitor the MMA plans regularly and handle issues as they arise. Staff continue to analyze complaints as they come in to the Agency, and work with each MMA plan to ensure timely resolution of these issues. In certain instances such as, in response to complaints, etc., the Agency will perform ad hoc on-site visits to a MMA plan or a MMA plan's subcontractor to ensure compliance with their contract. Lastly, 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.

d) Medical Loss Ratio

During this quarter, 17 capitated plans submitted their third-quarter MLR reports for DY9 on or before the due date. The Agency submitted the capitated plans' preliminary DY9 MLR results to CMS in August 2015. One of the 17 capitated plans that submitted their third-quarter MLR reports for DY9 reported an MLR below 85%.

The capitated plans' MLR data are evaluated annually to determine compliance, and quarterly reports are provided for informational purposes. Seasonality and inherent claims volatility may cause MLR results to fluctuate somewhat from quarter to quarter, especially for smaller plans.

e) MMA Plan Reported Complaints, Grievances, and Appeals

MMA Plan Reported Complaints

Table 3 provides the number of MMA plan reported complaints for this quarter.

Table 3
MMA Plan Reported Complaints
(July 1, 2015 – September 30, 2015)

Quarter	Total
July 1, 2015 – September 30, 2015	11,341

Grievances and Appeals

Table 4 provides the number of MMA grievances and appeals for this quarter.

Table 4 MMA Grievances and Appeals (July 1, 2015 – September 30, 2015)		
Quarter	**Total Grievances**	**Total Appeals**
July 1, 2015 – September 30, 2015	4,384	3,200

Medicaid Fair Hearing (MFH)

Table 5 provides the number of MMA MFHs requested and held during this quarter.

Table 5 MMA MFHs Requested and Held (July 1, 2015 – September 30, 2015)		
Quarter	**MFHs Requested**	**MFHs Held**
July 1, 2015 – September 30, 2015	526	66

Subscriber Assistance Program

Table 6 provides the number of requests submitted to the SAP during this quarter.

Table 6 MMA SAP Requests (July 1, 2015 – September 30, 2015)	
Quarter	**Total**
July 1, 2015 – September 30, 2015	9

f) Agency-Received Complaints/Issues

Table 7 provides the number of complaints/issues related to the MMA program that the Agency received this quarter. There were no trends discovered in the Agency-received complaints for this quarter.

Table 7 Agency-Received MMA Complaints/Issues (July 1, 2015 – September 30, 2015)	
Quarter	**Total**
July 1, 2015 – September 30, 2015	2,465

2. Choice Counseling Program

The following provides an update for this quarter on choice counseling program activities for online enrollment, the call center, self-selection and auto-assignment rates.

a) Online Enrollment

Table 8 shows the number of online enrollments by month for this quarter.

Table 8
Online Enrollment Statistics
(July 1, 2015 – September 30, 2015)

	July	August	September	Total
Enrollments	17,611	16,836	15,228	**49,675**

b) Call Center Activities

The choice counseling call center, located in Tallahassee, Florida, operates a toll-free number and a separate toll-free number for 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 this quarter, the call center had an average of 159 full time equivalent employees available to answer calls.

Table 9 provides the call center statistics for this quarter. The choice counseling calls remain within the anticipated call volume for the quarter.

Table 9
Call Volume for Incoming and Outgoing Calls
(July 1, 2015 – September 30, 2015)

Type of Calls	July	August	September	Totals
Incoming Calls	100,488	95,350	90,793	**286,631**
Outgoing Calls	7,053	6,567	6,675	**20,295**
Totals	**107,541**	**101,917**	**97,468**	**306,926**

Mail

Table 10 provides the choice counseling mail activities for this quarter.

Table 10
Outbound Mail Activities
(July 1, 2015 – September 30, 2015)

Mail Activities	Totals
New-Eligible Packets*	208,043
Confirmation Letters	218,806
Open Enrollment Packets	213,584

*Mandatory and voluntary.

Face-to-Face/Outreach and Education

Table 11 provides the choice counseling outreach activities for this quarter.

Table 11
Choice Counseling Outreach Activities
(July 1, 2015 – September 30, 2015)

Field Activities	Totals
Group Sessions	53
Private Sessions	23
Home Visits and One-On-One Sessions	135

Quality Improvement

Every recipient who calls the toll-free choice counseling number is provided the opportunity to complete a survey at the end of the call to rate their satisfaction with the choice counseling call center and the overall service provided by the choice counselors. The call center offers the survey to every recipient who calls to enroll in an MMA plan or to make a plan change. The Agency is currently reviewing the survey for changes and improvements, as well as to assure all questions are still valid for the MMA program.

c) Self-Selection and Auto-Assignment Rates

Table 12 provides the current self-selection and auto-assignment rates for this quarter.

Table 12
Self-Selection and Auto-Assignment Rates
(July 1, 2015 – September 30, 2015)

	July	August	September
Self-Selected	66,933	105,255	109,593
Auto-Assignment	88,299	55,114	120,664
Total Enrollments	155,232	160,369	230,257
Self-Selected %	43.12%	34.37%	47.6%
Auto-Assignment %	56.88%	65.63%	52.4%

Note: The Agency revised the terminology used to describe voluntary enrollment data to improve clarity and understanding of how the demonstration is working. Instead of referring to new eligible plan selection rates as *"Voluntary Enrollment Rate,"* the data are referred to as *"New Eligible Self-Selection Rate."* The term *"self-selection"* is now used to refer to recipients who choose their own plan and the term *"assigned"* is now used for recipients who do not choose their own plan. As of February 17, 2014, the self-selection and auto-assignment rates include LTC and MMA populations.

3. Healthy Behaviors Programs

Healthy Behaviors Programs

Each of the 18 MMA plans was required to submit three Healthy Behavior programs that addressed smoking cessation, weight loss, and alcohol or substance abuse. There were a total of 89 Healthy Behavior programs submitted by the plans that were approved for implementation.

Attachment III of this report, Healthy Behaviors Program Enrollment, provides the data collected by the plans for each of their Healthy Behaviors programs for this quarter (July 1, 2015 – September 30, 2015). The available Healthy Behaviors programs incorporate evidenced-based practices and are medically approved and/or directed. The Healthy Behaviors programs are voluntary programs and require written consent from each participant prior to enrollment into the program.

4. MMA Plan and Regional Enrollment Data

Attachment IV of this report, MMA Enrollment Report, provides an update of MMA plan and regional enrollment for the period July 1, 2015 – September 30, 2015, and contains the following enrollment reports:

- Number of MMA; plans and
- Regional MMA enrollment.

5. Policy and Administrative Issues

The Agency continues to identify and resolve various operational issues for the MMA program. The Agency's internal and external communication 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. The following provides an update for this quarter on these forums as the Agency continues its initiatives on process and program improvement.

Contract Amendments

During this quarter, the Agency finalized a general contract amendment for the MMA plans, effective July 15, 2015, which incorporated technical corrections and changes to MMA plans' contracts. A copy of the model contract may be viewed on the Agency's Web site at the following link: http://ahca.myflorida.com/SMMC. In addition, the Agency finalized a contract amendment effective July 1, 2015, related to the acquisition of American Eldercare by Humana Medical Plan, Inc. Also during this quarter, the Agency finalized revisions to the SMMC Report Guide to include corrections and new reporting requirements, and also began to gather items for the next general contract amendment.

Agency Communications to MMA Plans

There were five policy transmittals released to the MMA plans during this quarter. There were no contract interpretations or Dear Managed Care Plan letters released during this quarter.

The policy transmittals advised the MMA plans of the following:

- Notified MMA plans of a revised quarterly Achieved Savings Rebate (ASR) Financial Report template.
- Notified MMA plans of required changes to the Agency-prescribed Notice of Action template applicable to Title XXI MediKids enrollees.
- Notified MMA plans about changes in quarterly and annual financial reporting requirements that are effective beginning with reporting the quarter ending June 30, 2015.
- Directed MMA plans on the transition from ICD-9 codes to ICD-10 codes.
- Informed MMA plans of changes in Florida law regarding the community living support plan requirements, which became effective July 1, 2015.

III. Low Income Pool

One of the fundamental elements of the demonstration is the LIP program. The LIP program was established and maintained by the state to provide government support to safety net providers in the state for the purpose of providing coverage to the Medicaid, underinsured, and uninsured populations. The LIP 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, as well as increase access for select services for uninsured individuals.

Demonstration 10 (DY10) LIP STCs – Reporting Requirements

The following provides an update of the DY10 LIP STCs that required action during this quarter.

LIP Related STCs

During the first quarter of DY10 the Agency held discussions with CMS in regards to working towards finalization of DY10 and DY11 STCs.

IV. Demonstration Goals

The following provides an update for this quarter on the demonstration goals.

Objective 1(a): To ensure that there is access to services not previously covered.

For the first quarter of DY10, all MMA plans offered expanded benefits that were not previously covered under the Florida Medicaid State Plan. Please refer to Attachment I of this report, Expanded Benefits under the MMA program, for the expanded benefits under the MMA program by plan.

Objective 1(b): To ensure that there is improved access to specialists.

Improved access to specialists will be demonstrated in the annual reports. The latest analysis on access to specialists can be found in the Draft Annual Report for DY9 on the Agency's Web site at the following link: http://ahca.myflorida.com/Medicaid/statewide_mc/annual.shtml.

Objective 2(a): To improve enrollee outcomes as demonstrated by improvement in the overall health status of enrollees for select health indicators.

Performance measures for the MMA program are discussed in Section VIII.b), Plan Performance Measure Reporting, of this report.

Objective 2(b): To improve enrollee outcomes as demonstrated by reduction in ambulatory sensitive hospitalizations.

The Agency will be running its model quarterly to analyze the utilization of Ambulatory Care Sensitive Conditions (ACSCs) using quality indicators (QI) from the Agency for Healthcare Research and Quality. The Agency estimates it will be able to produce this report in the first quarter of DY10 due to the amount of time the MMA plans have been active. The Agency needs at least a year of enrollment and encounter data to provide a baseline for this model. Using this model, the Agency will analyze the prevalence of ACSCs that lead to potentially preventable hospitalizations. Aggregation of utilization data across multiple fee-for-service and managed care delivery systems will enable a comparison by county or by MMA plan. The reports will include morbidity scoring for risk adjustment Chronic Illness Disability Payment System/MedRx (CDPS/MedRx) hybrid model, utilization per member per month (PMPM) (normalized to report per 1,000 recipients), and distribution by category of the QIs at the statewide level (including fee-for-service and managed care), as well as for each managed care plan. The model will be updated to support the latest version (4.5a) provided by Agency for Healthcare Research and Quality.

The Agency is assessing other models like the 3M™ Preventable suite of tools, and is assessing the requirements for data elements. The 3M™ Software has programs for measuring quality indicators and may be used for the utilization analysis in the near future. The Agency will report on this objective once the MMA data is mature enough and produces consistent results using the selected model.

Objective 2(c): To improve enrollee outcomes as demonstrated by decreased utilization of emergency room care.

The Agency will use a model based on the New York University emergency department (ED) algorithm to analyze the utilization of EDs. The Agency estimates it will be able to produce this report in the first quarter of DY10 due to the amount of time the MMA plans have been active. The Agency needs at least a year of enrollment and encounter data to provide a baseline for this model.

This model will be set up to process and compare results between fee-for-service recipients and managed care enrollees. These reports will also include a volumetric with morbidity scoring (Chronic Illness Disability Payment System /MedRx hybrid model), PMPM (per 1,000 recipients), and distributions by ED utilization category at the statewide (fee-for-service and managed care) and plan-specific levels, as well as for the MMA plan groups. Portions of the report will be designed to show county comparisons based on utilization by managed care eligible recipients, or according to managed care plan member utilization. The model will support the latest version (2.0) provided by New York University.

The algorithm developed by New York University will be used to identify conditions for which an ED visit may have been avoided, either through earlier primary care intervention or through access to non-ED care settings.

The Agency is assessing other models like the 3M™ Preventable suite of tools, and is assessing the requirements for data elements. The 3M™ Software has programs for measuring quality indicators and may be used for the utilization analysis in the near future. The Agency will report on this objective once the MMA data is mature enough and produces consistent results using the selected model.

Objective 3: To ensure that enrollee satisfaction increases.

Refer to Section VIII.d) of this report, Assessing Enrollee Satisfaction, for details regarding the enrollee satisfaction surveys.

Objective 4: To evaluate the impact of the LIP on increased access for uninsured individuals.

STC #105 Domain v.

As reported under this STC, both the *Milestone Statistics and Findings Report* and the *Primary Care and Alternative Delivery Systems Report* will show the increased access to medical care for the uninsured population in Florida. Both reports can be viewed on the Agency's Web site at the following link:
http://www.ahca.myflorida.com/Medicaid/medicaid_reform/lip/documents.shtml.

Final Evaluation Plan

The required demonstration evaluation will include specific studies regarding access to care and quality of care as affected by the Tier-One and Tier-Two initiatives in accordance with the STCs of the waiver. On December 31, 2014, CMS approved the Agency's Final Evaluation Design. When available, the results of the evaluation will be reported under Section VII of this report, Evaluation of the Demonstration.

V. Monitoring Budget Neutrality

In accordance with the requirements of the approved MMA Waiver, the state must monitor the status of the program on a fiscal basis. To comply with this requirement, the state will submit waiver templates on the quarterly CMS-64 reports. The submission of the CMS-64 reports will include administrative and service expenditures. For purposes of monitoring the budget neutrality of the program, only service expenditures are compared to the projected without-waiver expenditures approved through the waiver.

Updated Budget Neutrality

Budget Neutrality figures included in Attachment V of this report are through the first quarter (July 1, 2015 –September 30, 2015) of DY10. The 1115 MMA Waiver is budget neutral as required by the STCs of the waiver. In accordance with the monitoring and reporting requirements of 1115 demonstration waivers, the Budget Neutrality is tracked by each demonstration year.

Budget neutrality is calculated on a statewide basis. During this quarter, MMA program was operational in all regions of the State. The case months and expenditures reported are for enrolled mandatory and voluntary

Although this report will show the quarterly expenditures for the quarter in which the expenditure was paid (date of payment), the budget neutrality, as required by STC #88, is monitored using data based on date of service. The PMPM and demonstration years are tracked by the year in which the expenditure was incurred (date of service). The STCs specify that 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.

Please refer to Attachment V of this report for an update on Budget Neutrality figures through the first quarter (April 1, 2015 – June 30, 2015) of DY10.

VI. Encounter and Utilization Data

a) Encounter Data

Reviewing and refining the methodologies for editing, processing, and extracting encounter data are ongoing processes for the Agency. Several system modifications and data table upgrades were implemented to improve the quality of encounter data and encounter data analytics. The Agency for Healthcare Research and Quality models for measuring quality of inpatient hospital care have been incorporated in the analyses of encounter data in order to determine missing values and process improvement needs. The gaps will be addressed and the analyses run reiteratively until a reliable data set is available for successfully running the program and reporting these quality measures. The Agency is developing a report for monitoring services, expenditures, and utilization of the newly implemented MMA program, based on the encounter data submitted and processed.

The Agency has contracted with HSAG as its EQRO vendor since 2006. Beginning on July 1, 2013, the Agency's new contract with HSAG required that the EQRO conduct an annual encounter-type focused validation, using protocol consistent with the CMS protocol, "Validation of Encounter Data Reported by the Managed Care Organization." HSAG has worked closely with the Agency to design an encounter data validation process to examine the extent to which encounters submitted to the Agency by its MMA plans are complete and accurate. HSAG will compare encounter data with the MMA plans' administrative data and will also validate provider-reported encounter data against a sample of medical records.

HP Encounter Support Team continues to work with the plans to offer on-site visits, training and technical assistance. During this quarter several system enhancements went in to improve encounter data submission error rates. The Support Team provided updates on all new enhancements and additional training when requested. In July, there was a large outreach effort to get all the plans to test ICD-10 encounters with Florida Medicaid to ensure their readiness for the October 1, 2015 mandate. This testing effort went well and we have not experienced any issues with ICD-10 encounters at this time.

b) Rate Setting/Risk Adjustment

The rate setting process currently uses all encounter data submitted by the MMA plans.

The Agency continues the process for MMA risk adjustment by sending plans participating in the MMA program all their Florida Medicaid encounter data for 12 service months. Encounter data validation is a major part of the MMA risk adjustment process. Every quarter, according to a defined timetable of events, MMA plans receive all their FMMIS reported encounters for a 12 month measurement period. The plans are given a month to review their data, and submit corrections, as needed through the standard FMMIS reporting process. After a month, all Florida Medicaid encounter data for the same 12 month measurement period are extracted from FMMIS and provided to the Agency's actuaries in order to generate risk scores using the Chronic Illness & Disability Payment System +RX (CDPS/MedRx hybrid model). This process is repeated the next quarter using a rolling 12 month measurement period, by adding the next three months to replace the three earlier months removed.

VII. Evaluation of the Demonstration

VII. Evaluation of the Demonstration

The evaluation of the demonstration is an ongoing process to be conducted during the life of the demonstration. The Agency is required under STCs #103 – 105 to complete an evaluation design that includes a discussion of the goals, objectives and specific hypotheses that are being tested to determine the impact of the demonstration during the period of approval.

Pending and Upcoming Evaluation Reports and Activities

The following provides an update of the pending and upcoming MMA Waiver evaluation activities as of the first quarter of DY10:

- Agency staff held conference calls with the potential evaluator to clarify questions related to the proposed budget for the MMA evaluation.
- The Agency submitted a revised draft evaluation plan update on July 23, 2015 to CMS to incorporate three waiver amendments.
- The Agency received comments regarding the MMA Evaluation Design from CMS on August 21, 2015 and responded to the comments on August 28, 2015.
- Agency staff held conference calls with the potential evaluator to discuss the potential changes to the MMA Evaluation Design.
- Agency staff has modified the draft scope of services to reflect the potential changes in the MMA Evaluation Design.

VIII. Quality

The following provides an update on quality activities for the EQRO, MMA plan performance measure reporting, the Comprehensive Quality Strategy, and assessing enrollee satisfaction.

a) EQRO

HSAG, the Agency's contracted EQRO, received all Performance Improvement Plan (PIP) submissions from the MMA plans that were due on August 3, 2015. HSAG provided technical assistance to the plans when requested and began their PIP validation activities. HSAG will forward all draft plan-specific PIP validation reports to the Agency by November 3, 2015.

During August 2015, HSAG received all MMA plan performance measure report files from the Agency. In addition, HSAG received all completed Healthcare Effectiveness Data and Information Set (HEDIS) audit results and Roadmaps from the plans. During this quarter, HSAG began the review of the performance measure rate files and the plans' audit-related documentation. HSAG will submit the draft aggregate performance measure report to the Agency by November 20, 2015.

On August 25, 2015, HSAG conducted an external quality review quarterly educational webinar for the MMA plans, the Agency, and the Department of Elder Affairs. Presentations were provided on the following topics: *Patient-and Family-Centered Medical Home: A Model for Quality; The Florida Medical School Quality Network; and Encounter Data Validation: Review and Project Update*. The next external quality review quarterly educational meeting will be an on-site meeting held in Tampa, Florida on November 17, 2015.

During September 2015, the Agency began meeting with HSAG to work on a proposal for a Focused Study for state fiscal year (SFY) 2015 – 2016. The study will focus on diabetes treatment and related services provided by the MMA plans. The Agency would like HSAG to compare and contrast the plans' Disease Management and Healthy Behaviors programs for diabetes. In addition, the Agency is asking that HSAG analyze the HEDIS measures related to diabetes in order to explore the possible impact of diabetes-related programs on the HEDIS measures for each plan.

Beginning in SFY 2013 – 2014, the Agency contracted with HSAG to conduct an annual encounter data validation study. The goal of this annual study is to examine the extent to which encounters submitted to the Agency by its contracted managed care plans are complete and accurate. SFY 2015 - 2016 is the third year of a five year contract with HSAG that will include the completion of an encounter data validation study. During the first two years of the EQRO encounter data validation study, HSAG reviewed all encounter claim types, with very few exceptions. During SFY 2015 – 2016 the Agency determined that it would be most beneficial to the State to have HSAG focus on certain areas where there are known encounter data concerns. The Agency has directed HSAG to focus their encounter data validation study this year on Long-term Care, Dental Services and Therapy Services.

b) Plan Performance Measure Reporting

During the first quarter of DY10, the Agency received the first year of performance measure submissions from the MMA plans. Results of the first year of MMA performance measure submissions (representing calendar year (CY) 2014) may be viewed in Attachment II of this

report. Attachment II is a table comparing the statewide weighted means from CY 2013 and 2014 to their respective National Medicaid Means. This table can also be found on the Agency's website at: http://ahca.myflorida.com/medicaid/quality_mc/pdfs/CY_2013-2014_HEDIS_Weighted_Means_vs_2013-2014_Natl_Means_09-11-2015.pdf. CY 2013 statewide weighted means across Reform and Non-Reform MMA plans are weighted by the number of eligible members each plan had per measure. Please note that the CY 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 MMA plan. With the previous MMA contracts ending between May 1 and July 31, 2014 and the MMA contract starting between May 1 and August 1, 2014, there are a number of Florida Medicaid recipients who were not included in these measures.

Highlights of the first year of MMA performance measure reporting include:

- Of the 51 Healthcare Effectiveness Data and Information Set (HEDIS) measure rates included in Attachment II, 65% of 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 CY 2013.
- Performance measures with notable improvement include:
    - Prenatal Care: the statewide weighted mean increased from 71% in CY 2013 to 84% in CY 2014.
    - Postpartum Care: the statewide weighted mean increased from 51% in CY 2013 to 60% in CY 2014.
    - Adults' Access to Preventive Care – 65+ Years: the statewide weighted mean increased from 73% in CY 2013 to 80% in CY 2014.
    - Diabetes – HbA1c Poor Control: the statewide weighted mean decreased from 48% in CY 2013 to 42% in CY 2014. Since this is an inverse measure, lower rates are better.
    - Diabetes – HbA1c Good Control: the statewide weighted mean increased from 43% in CY 2013 to 48% in CY 2014.
    - Diabetes – HbA1c Testing: the statewide weighted mean increased from 80% in CY 2013 to 85% in CY 2014.
    - Prenatal Care Frequency: the statewide weighted mean increased from 60% in CY 2013 to 65% in CY 2014.

c) Comprehensive Quality Strategy

There is no update to this section for the first quarter of DY10.

d) Assessing Enrollee Satisfaction

During the first quarter of DY10, the MMA Plan's Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Vendors submitted the plans' CAHPS survey results files to the Agency and Agency staff compiled and began reviewing the survey results. A summary of results will be included in the next quarterly report.

Attachment I
Expanded Benefits under the MMA Program

Expanded benefits are those services or benefits not otherwise covered in the MMA program's list of required services, or that exceed limits outlined in the Florida Medicaid State Plan and the Florida Medicaid coverage and limitations handbooks and fee schedules. The MMA plans may offer expanded benefits in addition to the required services listed in the MMA Exhibit for MMA plans, upon approval by the Agency. The MMA plans may request changes to expanded benefits on a contract year basis, and any changes must be approved in writing by the Agency. The chart below lists the expanded benefits approved by the Agency that are being offered by the MMA standard plans in 2015.

Expanded Benefits Offered by MMA Standard Plans

	MMA Standard Plans													
Expanded Benefits	**Amerigroup**	**Better Health**	**Coventry**	**First Coast**	**Humana**	**Integral[1]**	**Molina**	**Preferred**	**Prestige**	**SFCCN**	**Simply**	**Staywell**	**Sunshine**	**United**
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
Adult vision services (Expanded)	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Art therapy	Y			Y		Y					Y	Y		Y
Equine therapy											Y			
Home health care for non-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
Medically related lodging & food		Y		Y	Y	Y		Y		Y	Y	Y		
Newborn circumcisions	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
Outpatient hospital services (Expanded)	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
Pet therapy				Y		Y					Y			
Physician home visits	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
Post-discharge meals	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
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
Waived co-payments	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

[1] The First Coast Advantage plan contract ended February 28, 2015.

Attachment II
Calendar Year 2013-2014 Florida Medicaid Managed Care Performance Measures

	CY 2013		CY 2014		
Measure	**CY 2013 Weighted Mean[1]**	**CY 2013 Comparison to National Mean[2]**	**CY 2014 Ongoing Plan Weighted Means[3]**	**CY 2014 Comparison to National Mean[4]**	**CY 2014 Compared to CY 2013 Weighted Mean**
Adolescent Well-Care	50%	At the mean	53%	Higher	Higher
Adults' Access to Preventive Care - 20-44 Yrs	68%	Lower	68%	Lower	Same
Adults' Access to Preventive Care - 45-64 Yrs	83%	Lower	85%	Lower	Higher
Adults' Access to Preventive Care - 65+ Yrs	73%	Lower	80%	Lower	Higher
Adults' Access to Preventive Care - total	72%	Lower	74%	Lower	Higher
Adult BMI Assessment	82%	Higher	86%	Higher	Higher
Annual Dental Visit	40%	Lower	34%	Lower	Lower
Annual Monitoring for Patients on Persistent Medications - ACEs/ARBs	N/A	N/A	92%	Higher	N/A
Annual Monitoring for Patients on Persistent Medications - Digoxin[5]	N/A	N/A	46%	Lower	N/A
Annual Monitoring for Patients on Persistent Medications - Diuretics	N/A	N/A	92%	Higher	N/A
Annual Monitoring for Patients on Persistent Medications - total	N/A	N/A	92%	Higher	N/A
Antidepressant Medication Mgmt - Acute	53%	At the mean	52%	Higher	Lower
Antidepressant Medication Mgmt - Continuation	38%	Higher	36%	Higher	Lower
Use of Appropriate Medications for People with Asthma	81%	Lower	84%	At the mean	Higher
Breast Cancer Screening	55%	Higher	59%	Higher	Higher
Call Answer Timeliness	95%	Higher	87%	Higher	Lower
Controlling Blood Pressure	53%	Lower	57%	Higher	Higher
Childhood Immunization Status - Combo 2	76%	At the mean	75%	Higher	Lower
Childhood Immunization Status - Combo 3	71%	Lower	71%	At the mean	Same
Children & Adolescents' Access to Primary Care Practitioners (PCPs) - 12-24 months	95%	Lower	96%	At the mean	Higher

	CY 2013		CY 2014		
Measure	**CY 2013 Weighted Mean[1]**	**CY 2013 Comparison to National Mean[2]**	**CY 2014 Ongoing Plan Weighted Means[3]**	**CY 2014 Comparison to National Mean[4]**	**CY 2014 Compared to CY 2013 Weighted Mean**
Children & Adolescents' Access to Primary Care Practitioners (PCPs) - 25 months-6 years	88%	At the mean	89%	Higher	Higher
Children & Adolescents' Access to Primary Care Practitioners (PCPs) - 7-11 years	87%	Lower	89%	Lower	Higher
Children & Adolescents' Access to Primary Care Practitioners (PCPs) - 12-19 years	84%	Lower	86%	Lower	Higher
Chlamydia Screening - 16-20 years	58%	Higher	57%	Higher	Lower
Chlamydia Screening - 21-24 years	70%	Higher	70%	Higher	Same
Chlamydia Screening - total	63%	Higher	60%	Higher	Lower
Diabetes - HbA1c Testing	80%	Lower	85%	Higher	Higher
Diabetes - HbA1c Poor Control (INVERSE)	48%	Higher (Worse)	42%	Lower (Better)	Lower (Better)
Diabetes - HbA1c Good Control	43%	Lower	48%	Higher	Higher
Diabetes - Eye Exam	49%	Lower	51%	Lower	Higher
Diabetes - LDL Screening	80%	Higher	82%	Higher	Higher
Diabetes - LDL Control	33%	Lower	34%	At the mean	Higher
Diabetes - Nephropathy	80%	Higher	84%	Higher	Higher
Engagement of Alcohol and Other Drug Dependence Treatment - 13-17 years of age	N/A	N/A	13%	Lower	N/A
Engagement of Alcohol and Other Drug Dependence Treatment - 18+ years of age	N/A	N/A	6%	Lower	N/A
Engagement of Alcohol and Other Drug Dependence Treatment - total	N/A	N/A	7%	Lower	N/A
Follow-up after Hospitalization for Mental Illness - 7 day	27%	Lower	24%	Lower	Lower
Follow-up after Hospitalization for Mental Illness - 30 day	45%	Lower	38%	Lower	Lower
Follow-up Care for Children Prescribed ADHD Medication - Initiation	48%	Higher	50%	Higher	Higher
Follow-up Care for Children Prescribed ADHD Medication - Continuation and Maintenance[6]	62%	Higher	61%	Higher	Lower

	CY 2013		CY 2014		
Measure	**CY 2013 Weighted Mean[1]**	**CY 2013 Comparison to National Mean[2]**	**CY 2014 Ongoing Plan Weighted Means[3]**	**CY 2014 Comparison to National Mean[4]**	**CY 2014 Compared to CY 2013 Weighted Mean**
Initiation of Alcohol and Other Drug Dependence Treatment - 13-17 years of age	N/A	N/A	46%	Higher	N/A
Initiation of Alcohol and Other Drug Dependence Treatment - 18+ years of age	N/A	N/A	43%	Higher	N/A
Initiation of Alcohol and Other Drug Dependence Treatment - total	N/A	N/A	44%	Higher	N/A
Prenatal Care Frequency	60%	Lower	65%	Higher	Higher
Immunizations for Adolescents - Combo 1	63%	Lower	65%	Lower	Higher
Lead Screening in Children	60%	Lower	62%	Lower	Higher
Prenatal Care	71%	Lower	84%	Higher	Higher
Postpartum Care	51%	Lower	60%	Lower	Higher
Well-Child First 15 Mos. - 0 Visits (INVERSE)	2%	At the mean	3%	At the mean	Higher (Worse)
Well-Child First 15 Mos. - 6(+) Visits	54%	Lower	55%	Lower	Higher
Well-Child 3-6 Years	75%	Higher	75%	Higher	Same

[1]Data are submitted to the Agency by HMOs and PSNs and are audited by NCQA-certified HEDIS auditors. Each rate for calendar year 2013 is the weighted mean across Reform and Non-Reform health plans, weighted by the number of eligible members each plan had per measure. Eligible members are those enrollees who meet all criteria for each specific measure.

[2]National Mean as published by NCQA, Medicaid product line. The National Mean that is presented is the National Mean for 2013 reporting, which is calculated using CY 2012 service data.

[3]Includes performance measure data for plans with ongoing operations for all of calendar year 2014, including pre and post-MMA months.

[4]National Mean as published by NCQA, Medicaid product line. The National Mean that is presented is the National Mean for 2014 reporting, which is calculated using CY 2013 service data.

[5]Only 6 of 16 plans had sufficient eligible members to report a rate for this measure for CY 2014.

[6]Only 4 of 15 plans had sufficient eligible members to report a rate for this measure for CY 2013 Reform. 7 of 24 plans had sufficient eligible members to report a rate for this measure for CY 2013 Non-Reform. 8 of 16 plans had sufficient eligible members to report a rate for this measure for CY 2014.

Attachment III
Healthy Behaviors Program Enrollment

Chart A of Attachment III provides a summary of enrollees in Healthy Behaviors Programs for this quarter. Chart B of Attachment III provides a summary of enrollees that have completed a Healthy Behaviors Program for this quarter.

For this quarter (July 1, 2015 – September 30, 2015), 3 out of 18 MMA plans reported no enrollment in any of the Healthy Behaviors Programs offered and 12 of the 18 plans reported enrollees had completed at least one Healthy Behaviors Program.

Chart A
Healthy Behaviors Program
Enrollment Statistics
(July 1, 2015 – September 30, 2015)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Amerigroup Florida							
Smoking Cessation	19	3	16	0	5	12	2
Weight Management	71	11	60	4	24	35	8
Alcohol and/or Substance Abuse	1	1	0	0	0	0	1
CDC Performance Measure Incentive	0	-	-	-	-	-	-
Performance Measure Incentives	0	-	-	-	-	-	-
Maternal Child Incentive	0	-	-	-	-	-	-
Better Health							
Smoking Cessation	9	4	5	0	2	5	2
Weight Management	35	10	25	2	11	17	5
Substance Abuse	0	-	-	-	-	-	-
Maternity	2	0	2	0	2	0	0
Well Child Visits	137	74	63	137	0	0	0
Children's Medical Services							
Tobacco Cessation	1	1	0	1	0	0	0
Overcoming Obesity	48	18	30	48	0	0	0
Changing Lives*	0	0	0	0	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	14	4	10	0	0	13	1
Weight Management Healthy Behaviors Rewards	7	0	7	0	0	7	0
Alcohol & Substance Abuse	0	-	-	-	-	-	-
Maternity Healthy Behaviors	0	-	-	-	-	-	-

Chart A Healthy Behaviors Program Enrollment Statistics (July 1, 2015 – September 30, 2015)							
Program	**Total Enrolled**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Rewards							
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	0	-	-	-	-	-	-
Alcohol or Substance Abuse	1	0	1	0	0	0	1
Humana Medical Plan							
Smoking Cessation	1	1	0	0	0	0	1
Family Fit	71	7	64	3	22	36	10
Substance Abuse	0	0	0	0	0	0	0
Mom's First Prenatal & Postpartum	5033	0	5033	409	4504	120	0
First Baby Well Visit Incentive	5860	3058	2802	5860	0	0	0
Children's Nutrition Incentive	142758	71891	70867	142758	0	0	0
Lead Screening & Well-Child Visit Incentive	55328	28301	27027	55328	0	0	0
Adolescent Well-Child Visits Incentive	73875	36116	37759	73875	0	0	0
Integral Quality Care							
Smoking Cessation	0	-	-	-	-	-	-
Weight Management	0	-	-	-	-	-	-
Substance Abuse Counseling	0	-	-	-	-	-	-
Adult Health Maintenance	0	-	-	-	-	-	-
Child Health Maintenance	0	-	-	-	-	-	-
Magellan Complete Care							
Smoking & Tobacco Cessation	303	89	214	8	114	160	21
Weight Management	407	77	330	23	181	180	23

Chart A Healthy Behaviors Program Enrollment Statistics (July 1, 2015 – September 30, 2015)							
Program	**Total Enrolled**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Substance Abuse	54	21	33	3	22	25	4
Molina							
Smoking Cessation	33	13	20	0	5	24	4
Weight Loss	12	2	10	0	4	8	0
Alcohol or Substance Abuse	0	-	-	-	-	-	-
Pregnancy Health Management	1837	0	1837	169	1638	30	0
Pediatric Preventative Care	1372	678	694	1372	0	0	0
Positive Health Care							
Quit for Life Tobacco Cessation	0	-	-	-	-	-	-
Weight Management	22	13	9	0	2	17	3
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	22	7	15	0	6	14	2
Weight Loss	29	5	24	2	12	12	3
Alcohol & Substance Abuse – “Changing Lives Program”	4	2	2	0	1	3	0
Simply							
Quit Smoking Healthy Behaviors Rewards	9	7	2	0	0	4	5
Weight Management Healthy Behaviors Rewards	9	1	8	3	3	1	2
Alcohol and Substance	0	-	-	-	-	-	-

Chart A Healthy Behaviors Program Enrollment Statistics (July 1, 2015 – September 30, 2015)							
Program	**Total Enrolled**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Abuse							
Maternity Healthy Behaviors Rewards	2	0	2	0	2	0	0
Well Child Visit Healthy Behaviors Rewards	64	39	25	64	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	507	208	299	6	152	293	56
Weight Management	21533	8265	13268	7986	6806	5596	1145
Substance Abuse	0	-	-	-	-	-	-
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	13	4	9	0	2	11	0
Weight Loss Healthy Rewards	37	4	33	1	16	16	4
Substance Abuse Healthy Rewards	0	0	0	0	0	0	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	-	-	-	-	-	-

Chart A Healthy Behaviors Program Enrollment Statistics (July 1, 2015 – September 30, 2015)							
Program	**Total Enrolled**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Female Cancer Screening	0	-	-	-	-	-	-
UnitedHealthcare							
Tobacco Cessation – text2quit	4	0	4	0	0	3	1
Florida Population Health/Health Coaching for Weight Loss	14	1	13	1	5	7	1
Substance Abuse Incentive	0	-	-	-	-	-	-
Baby Blocks	1167	0	1167	23	1051	93	0

*Alcohol and/or substance abuse program.

Chart B Healthy Behavior Programs Completion Statistics (July 1, 2015 – September 30, 2015)							
Program	**Total Completed**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Amerigroup							
Smoking Cessation	33	9	24	0	10	19	4
Weight Loss	149	22	127	7	57	69	16
Alcohol & Substance Abuse – “Changing Lives Program”	1	1	0	0	0	0	1
Better Health							
Weight Loss	1	1	0	0	0	0	1
Well Child Visits	5	3	2	5	0	0	0
Children’s Medical Services							
Tobacco Cessation	0	0	0	0	0	0	0
Overcoming Obesity	10	3	7	10	0	0	0
Changing Lives*	1	1	0	1	0	0	0
Clear Health							
Smoking Cessation	1	0	1	0	0	1	0
Freedom							
Alcohol or Substance Abuse	1	0	1	0	0	0	1
Humana							
Family Fit	16	0	16	1	4	8	3
Mom’s First Prenatal & Postpartum	329	0	329	41	284	4	0
First Baby Well Visit Incentive	2701	1416	1285	2701	0	0	0
Children’s Nutrition Incentive	11938	6033	5905	11938	0	0	0
Lead Screening & Well-Child Visit Incentive	2589	1347	1242	2589	0	0	0
Adolescent Well-Child Visits Incentive	11291	5652	5639	11291	0	0	0
Molina							
Pregnancy Health Management	769	0	769	54	703	12	0
Pediatric Preventative Care	7	4	3	7	0	0	0
Prestige Health Choice							
Smoking Cessation	1	0	1	0	1	0	0
Weight Loss	2	0	2	0	0	1	1

Chart B Healthy Behavior Programs Completion Statistics (July 1, 2015 – September 30, 2015)							
Simply							
Well Child Visit Healthy Behaviors Rewards	5	4	1	5	0	0	0
Staywell							
Smoking Cessation	410	165	245	6	114	246	44
Weight Management	1517	477	1040	382	424	570	141
Sunshine Health							
Tobacco Cessation Healthy Rewards	10	4	6	0	1	8	1
Weight Loss Healthy Rewards	14	2	12	0	3	8	3
Substance Abuse Healthy Rewards	0	0	0	0	0	0	0
UnitedHealthcare							
Baby Blocks	31	0	31	1	29	1	0

Attachment IV
MMA Enrollment Report

Number of MMA Plans in Regions Report

The following table provides each region 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 1 provides the number of general and specialty MMA plans in each region.

Table 1
Number of MMA Plans by Region
(April 1, 2015 – June 30, 2015)

Region	General	Specialty
01	2	3
02	2	4
03	4	4
04	4	3
05	4	5
06	7	5
07	6	5
08	4	4
09	4	5
10	4	6
11	10	6
Unduplicated Totals	13	6

MMA 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 quarter being reported. Table 2 provides a description of each column in the MMA Enrollment reports that are located on the following pages in Tables 3A and 3B.

Table 2
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 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 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 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 3A located on the following page lists, by health plan and type, for this quarter and compared to last quarter, the total number of TANF and SSI individuals enrolled, and the corresponding market share. In addition, the total MMA enrollment counts are included at the bottom of the report.

Table 3B lists enrollment by region and plan type, for this quarter and compared to last quarter, the total number of TANF and SSI individuals enrolled and the corresponding market share. In addition, the total MMA enrollment counts are included at the bottom of the report.

Table 3 A
MMA Enrollment by Plan and Type[2]
(July 1, 2015 – September 30, 2015)

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	GENERAL	310,274	31,969	74	15,415	357,732	11.1%	**347,747**	2.87%
Better Health	GENERAL	86,412	8,960	38	4,211	99,621	3.1%	**96,932**	2.77%
Coventry Health Care Of Florida	GENERAL	45,613	4,464	39	3,293	53,409	1.7%	**49,989**	6.84%
Humana Medical Plan	GENERAL	279,589	37,741	230	28,436	345,996	10.7%	**323,494**	6.96%
Integral Quality Care	GENERAL	86,868	8,020	15	5,444	100,347	3.1%	**96,691**	3.78%
Molina Healthcare Of Florida	GENERAL	155,693	16,495	50	8,767	181,005	5.6%	**172,581**	4.88%
Preferred Medical Plan	GENERAL	19,155	3,081	20	2,521	24,777	0.8%	**29,038**	-14.67%
Prestige Health Choice	GENERAL	282,262	31,812	42	19,869	333,985	10.3%	**323,876**	3.12%
South Florida Community Care Network	GENERAL	39,491	3,457	8	1,774	44,730	1.4%	**44,937**	-0.46%
Simply Healthcare	GENERAL	60,838	13,237	142	12,295	86,512	2.7%	**89,756**	-3.61%
Staywell Health Plan	GENERAL	622,829	69,658	79	29,638	722,204	22.4%	**704,217**	2.55%
Sunshine State Health Plan	GENERAL	367,176	37,331	107	43,588	448,202	13.9%	**440,460**	1.76%
United Healthcare Of Florida	GENERAL	237,037	27,942	92	28,906	293,977	9.1%	**287,670**	2.19%
General Plans Total		2,593,237	**294,167**	**936**	**204,157**	**3,092,497**	**95.7%**	**3,007,388**	**2.83%**
Positive Health Plan	SPECIALTY	199	887	0	797	1,883	0.1%	**1,908**	-1.31%
Magellan Complete Care	SPECIALTY	20,859	19,341	14	269	40,483	1.3%	**41,930**	-3.45%
Freedom Health	SPECIALTY	-	0	0	72	72	0.0%	**79**	-8.86%
Clear Health Alliance	SPECIALTY	1,356	4,970	2	3,228	9,556	0.3%	**9,601**	-0.47%
Sunshine State Health Plan	SPECIALTY	20,415	1,834	0	3	22,252	0.7%	**21,999**	1.15%
Children's Medical Services Network	SPECIALTY	37,587	26,223	0	149	63,959	2.0%	**65,424**	-2.24%
Specialty Plans Total		80,416	**53,255**	**16**	**4,518**	138,205	**4.3%**	**140,941**	**-1.94%**
MMA TOTAL	**MMA**	**2,673,653**	**347,422**	**952**	**208,675**	**3,230,702**	**100%**	**3,148,329**	**2.62%**

[1] 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.
*Preferred Medical Plan ceased operations effective July 31, 2015.

Table 3 B
MMA Enrollment by Region and Type
(July 1, 2015 – September 30, 2015)

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	MMA	87,877	11,469	6	6,566	105,918	3.3%	103,733	2.11%
02	MMA	95,826	14,757	5	8,774	119,362	3.7%	116,601	2.37%
03	MMA	226,223	30,513	20	16,677	273,433	8.5%	265,868	2.85%
04	MMA	269,907	31,730	26	17,860	319,523	9.9%	312,208	2.34%
05	MMA	157,540	22,276	24	14,734	194,574	6.0%	190,245	2.28%
06	MMA	373,038	48,204	74	21,570	442,886	13.7%	432,175	2.48%
07	MMA	361,327	46,471	85	19,183	427,066	13.2%	415,694	2.74%
08	MMA	193,155	18,811	30	13,640	225,636	7.0%	220,196	2.47%
09	MMA	239,610	25,164	43	15,442	280,259	8.7%	271,072	3.39%
10	MMA	231,034	27,191	95	16,094	274,414	8.5%	267,040	2.76%
11	MMA	438,116	70,836	544	58,135	567,631	17.6%	553,497	2.55%
MMA TOTAL		2,673,653	347,422	952	208,675	3,230,702	100%	3,148,329	2.62%
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	GENERAL	86,186	10,527	6	6,492	103,211	3.3%	101,062	2.13%
02	GENERAL	90,756	11,965	4	8,662	111,387	3.6%	108,463	2.70%
03	GENERAL	219,664	27,592	20	16,463	263,739	8.5%	256,201	2.94%
04	GENERAL	260,427	26,797	26	17,815	305,065	9.9%	297,098	2.68%
05	GENERAL	151,345	18,523	23	14,204	184,095	6.0%	179,505	2.56%
06	GENERAL	361,752	40,556	71	21,230	423,609	13.7%	412,828	2.61%
07	GENERAL	349,844	38,432	80	18,714	407,070	13.2%	395,056	3.04%
08	GENERAL	189,146	16,813	30	13,415	219,404	7.1%	213,575	2.73%
09	GENERAL	231,654	20,211	43	14,949	266,857	8.6%	257,614	3.59%
10	GENERAL	222,615	21,128	95	15,456	259,294	8.4%	251,873	2.95%
11	GENERAL	429,848	61,623	538	56,757	548,766	17.7%	534,113	2.74%

Table 3 B
MMA Enrollment by Region and Type
(July 1, 2015 – September 30, 2015)

GENERAL TOTAL		2,593,237	294,167	936	204,157	3,092,497	100.0%	3,007,388	2.83%
01	SPECIALTY	1,691	942	-	74	2,707	2.0%	2,671	1.35%
02	SPECIALTY	5,070	2,792	1	112	7,975	5.8%	8,138	-2.00%
03	SPECIALTY	6,559	2,921	-	214	9,694	7.0%	9,667	0.28%
04	SPECIALTY	9,480	4,933	-	45	14,458	10.5%	15,110	-4.32%
05	SPECIALTY	6,195	3,753	1	530	10,479	7.6%	10,740	-2.43%
06	SPECIALTY	11,286	7,648	3	340	19,277	13.9%	19,347	-0.36%
07	SPECIALTY	11,483	8,039	5	469	19,996	14.5%	20,638	-3.11%
08	SPECIALTY	4,009	1,998	-	225	6,232	4.5%	6,621	-5.88%
09	SPECIALTY	7,956	4,953	-	493	13,402	9.7%	13,458	-0.42%
10	SPECIALTY	8,419	6,063	-	638	15,120	10.9%	15,167	-0.31%
11	SPECIALTY	8,268	9,213	6	1,378	18,865	13.7%	19,384	-2.68%
SPECIALTY TOTAL		80,416	53,255	16	4,518	138,205	100.0%	140,941	-1.94%

Attachment V
Budget Neutrality Update

In Charts A through H of Attachment V, both date of service and date of payment data are presented. Charts that provide data on a quarterly basis reflect data based on the date of payment for the expenditure. Charts 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 Charts B through H of Attachment VI in accordance with STC #87.

In accordance with STC #87(d)(ii), the Agency initiated the development of the new CMS-64 reporting operation that will be required to support the MMA Waiver. The new reporting operation was effective October 2014 (Q34 - date of payment), which is the first complete quarter under the MMA program.

Chart A of Attachment V shows the Primary Care Case Management (PCCM) Targets established in the MMA Waiver as specified in STC #99(b). These targets will be compared to actual waiver expenditures using date of service tracking and reporting.

Chart A
PCCM Targets

WOW 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	$864.26	$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.

Charts B through J of Attachment V contain the statistics for MEGs 1, 2 and 3 for date of payment beginning with the period July 1, 2015, and ending September 30, 2015. Case months provided in Charts s 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.

Charts D and F will reflect prior DY periods (Reform), and Charts E and G will reflect current (MMA) DY periods since those are date of service driven expenditures. The Agency will report the three most recent DYs in these Charts.

Chart B MEG 1 Statistics: SSI Related				
DY/Quarter	Actual MEG 1	Case months	Total Spend*	PCCM
DY10/Q37	July 2015	536,859	$374,010,038	$696.66
DY10/Q37	August 2015	534,625	$378,596,081	$708.15
DY10/Q37	September 2015	524,720	$401,592,912	$765.35
DY10/Q37	Total[3]	1,596,204	$1,154,199,030	$723.09
	MMA - MEG 1 Total[4]	34,526,595	34,773,649,545	1,077.16

* 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.

Chart C MEG 2 Statistics: Children and Families				
DY/Quarter	Actual MEG 2	Case months	Total Spend*	PCCM
DY10/Q37	July 2015	2,439,675	$522,403,320	$214.13
DY10/Q37	August 2015	2,465,623	$538,394,324	$218.36
DY10/Q37	September 2015	2,465,257	$690,678,102	$280.16
DY10/Q37	Total[1]	7,370,555	$1,751,475,745	$237.63
	MMA - MEG 2 Total[2]	195,519,496	$35,433,418,614	$181.23

* 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.

[3] MMA MEG1 Quarter Total
[4] MMA MEG1 Totals (from DY01 on)

Charts D, E, F and G 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.

Chart D MEG 1 and MEG2 Annual Statistics					
DY08 – MEG 1	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 1 - DY08 Total	**4,000,390**	**$3,414,538,645**	**$945,246,791**	**$4,359,785,435**	**$1,089.84**
WOW DY8 Total	**4,000,390**			**$5,994,824,438**	**$1,498.56**
Difference				**$(1,635,039,003)**	
% of WOW PCCM MEG 1					**72.73%**
DY08– MEG 2	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 2 - DY08 Total	**24,867,309**	**$3,783,670,392**	**$631,919,342**	**$4,415,589,734**	**$177.57**
WOW DY8 Total	**24,867,309**			**$7,879,704,203**	**$316.87**
Difference				**$(3,464,114,469)**	
% of WOW PCCM MEG 2					**56.04%**
DY09 – MEG 1	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 1 - DY09 Total	5,326,173	**$731,155,792**	**$3,462,745,846**	**$4,193,901,637**	**$787.41**
WOW DY9 Total	5,326,173			**$4,190,100,299**	**$786.70**
Difference				**$3,801,338**	
% of WOW PCCM MEG 1					**100.09%**
DY09– MEG 2	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 2 - DY09 Total	27,169,344	**$889,324,630**	**$5,268,336,760**	**$6,157,661,389**	**$226.64**
WOW DY9 Total	27,169,344			**$8,806,399,471**	**$324.13**
Difference				**$(2,648,738,081)**	
% of WOW PCCM MEG 2					**69.92%**

For DY8, MEG 1 has a PCCM of $1,089.84 (Chart D), compared to WOW of $1,498.56 (Chart A), which is 72.73% of the target PCCM for MEG 1. MEG 2 has a PCCM of $177.57 (Chart D), compared to WOW of $316.87 (Chart A), which is 56.04% of the target PCCM for MEG 2.

For DY9, MEG 1 has a PCCM of $787.41 (Chart D), compared to WOW of $786.70 (Chart A), which is 100.09% of the target PCCM for MEG 1. MEG 2 has a PCCM of $226.64 (Chart D), compared to WOW of $324.13 (Chart A), which is 69.92% of the target PCCM for MEG 2.

Chart E MMA Enrolled			
DY10– MEG 1	**Actual CM**	**Total**	**PCCM**
MEG 1 - DY09 Total	**1,596,204**	**$1,048,435,340**	**$656.83**
WOW DY9 Total	**1,596,204**	**$1,325,200,485**	**$830.22**
Difference		**$(276,765,144)**	
% of WOW PCCM MEG 1			**79.12%**
DY10– MEG 2	**Actual CM**	**Total**	**PCCM**
MEG 2 - DY09 Total	**7,370,555**	**$1,663,264,526**	**$225.66**
WOW DY9 Total	**7,370,555**	**$2,498,912,967**	**$339.04**
Difference		**$(835,648,441)**	
% of WOW PCCM MEG 2			**66.56%**

For DY10, MEG 1 has a PCCM of $656.83 (Chart E), compared to WOW of $830.22 (Chart A), which is 79.12% of the target PCCM for MEG 1. MEG 2 has a PCCM of $255.66 (Chart E), compared to WOW of $339.04 (Chart A), which is 66.56% of the target PCCM for MEG 2.

Chart F MEG 1 and MEG2 Cumulative Statistics					
DY 08	**Actual CM**	**MEG 1 & 2 Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
Meg 1 & 2	**28,867,699**	**$7,198,209,036**	**$1,577,166,133**	**$8,775,375,169**	**$303.99**
WOW	**28,867,699**			**$13,874,528,641**	**$480.62**
Difference				**$(5,099,153,472)**	
% Of WOW					**63.25%**
DY 09	**Actual CM**	**MEG 1 & 2 Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
Meg 1 & 2	**32,495,517**	**$1,620,480,421**	**$8,731,082,605**	**$10,351,563,027**	**$318.55**
WOW	**32,495,517**			**$12,996,499,770**	**$399.95**
Difference				**$(2,644,936,743)**	
% Of WOW					**79.65%**

For DY8, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Chart F) is $480.62. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Chart F is $305.99. Comparing the calculated weighted averages, the actual PCCM is 63.25% of the target PCCM.

For DY9, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Chart F) 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 Chart F is $318.55. Comparing the calculated weighted averages, the actual PCCM is 79.65% of the target PCCM.

Chart G MMA Enrolled			
DY 10	**Actual CM**	**Total**	**PCCM**
Meg 1 & 2	**8,966,759**	**$2,711,699,867**	**$302.42**
WOW	**8,966,759**	**$3,824,113,452**	**$426.48**
Difference		**$(1,112,413,585)**	
% Of WOW			**70.91%**

For DY9, the weighted target PCCM for the reporting period using the actual case months and the MMA specific targets in the STCs (Chart G) is $426.48. The actual PCCM weighted for the reporting period using the actual case months and the MMA specific actual PCCM as provided in Chart F is $302.42. Comparing the calculated weighted averages, the actual PCCM is 70.91% 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 MMA Waiver. Chart H 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 DY10 in Chart G above.

Chart H WW/WOW Difference Less CNOM Costs	
DY09 Difference July 2014 - December 2014:	**$(1,112,413,585)**
CNOM Costs July 2014 – December 2014:	
Healthy Start	**$7,130,176**
PACC	**$221,186**
DY09 Net Difference:	**(1,105,062,223)**

Chart I MEG 3 Statistics: Low Income Pool	
MEG 3 LIP	**Paid Amount**
Q37	**$0**
Total Paid	**$0**

Chart I of Attachment V shows that the expenditures for the 37 quarters for MEG 3, Low Income Pool (LIP), were $0.

Chart J MEG 3 Total Expenditures: Low Income Pool			
DY*	**Total Paid**	**DY Limit**	**% of DY Limit**
DY10	$0	$1,000,000,000	0%
Total MEG 3	$0	$1,000,000,000	0%

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

This page intentionally left blank.

State of Florida
Rick Scott, Governor

Agency for Health Care Administration
Elizabeth Dudek, Secretary

2727 Mahan Drive
Tallahassee, FL 32308
ahca.myflorida.com

Mission Statement
Better Healthcare for All Floridians.