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GOVERNOR

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May 27, 2016

Mr. Adam Goldman
Project Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Mr. Goldman:

The Agency for Health Care Administration is submitting the enclosed 3rd Quarterly Report for Demonstration Year Ten of Florida's 1115 Managed Medical Assistance Waiver. The report provides an overview of the required areas of interest specified in Special Term and Condition #83. The report covers activities from January 1, 2016 through March 31, 2016.

We appreciate your efforts in working with our staff on Florida's 1115 Managed Medical Assistance Waiver. Should you have any questions, please contact me at (850) 412-4007. We look forward to continuing to work with you.

Sincerely,

Justin M. Senior
Deputy Secretary for Medicaid

JMS/hm

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Florida
Managed Medical Assistance Program

1115 Research and Demonstration Waiver

3rd Quarter Report

January 1, 2016 – March 31, 2016
Demonstration Year 10

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Table of Contents

List of Tables

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I. Waiver History

On October 15, 2015, the Centers for Medicare and Medicaid Services (CMS) approved an amendment to Florida's 1115 Managed Medical Assistance (MMA) Waiver. The amendment allows:

- Medicaid-eligible children receiving prescribed pediatric extended care services and beneficiaries residing in group home facilities licensed under section 393.067, Florida Statutes (F.S.), to voluntarily enroll in managed care through the Managed Medical Assistance program;
- Changes to managed care enrollment to auto-assign individuals into managed care during a plan choice period immediately after eligibility determination and to allow changes to the auto-assignment criteria; and
- Extension of the Low Income Pool program through the remainder of the demonstration ending June 30, 2017 as specified in the Special Terms and Conditions of the Managed Medical Assistance waiver.

The approved Waiver amendment documents can be viewed on the Agency for Health Care Administrations (Agency) Web site at the following link:

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

On July 31, 2014, CMS approved a three-year extension of the Florida's 1115 Research and Demonstration Waiver authorizing the Managed Medical Assistance program. The Waiver approval period is July 31, 2014 through June 30, 2017 with a one-year extension of the Low Income Pool program until June 30, 2015.[1]

Federal approval of the Managed Medical Assistance program permitted the State to move from a fee-for-service system to managed care. 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 Low Income Pool program. The Managed Medical Assistance 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

[1] The Agency submitted an amendment to CMS in 2015 to extend the Low Income Pool program until June 30, 2017. The amendment request was approved by CMS on October 15, 2015.

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 performance improvement projects by focusing on six key areas with the goal of achieving improved patient care, population health, and reducing per capita Florida 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 Florida 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 third quarterly report for demonstration year 10 covering the period of January 1, 2016, through March 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/annual.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; and MMA plan readiness review and monitoring.

a) MMA Plan Contracting

Table 1 lists the contracted plans for the Managed Medical Assistance program. Please refer to Attachment III of this report, for enrollment information for this quarter.

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

*Contracted as a specialty plan to serve a targeted population. Changed name from "Children's Medical Services Network" to "Children's Medical Services".

**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.

Removed Preferred and Integral Quality Care from the table above, since both contracts terminated in October 2015.

Prestige health plan was acquired by Florida True Health effective October 1, 2015, and The Preferred and Integral plans were purchased by Molina Healthcare of Florida, Inc. on October 15, 2015 and October 31, 2015, respectively.

<u>Plan Contracting Status</u>

During this quarter, the Agency continued contracts with 11 MMA plans providing Managed Medical Assistance services and six MMA specialty plans. The MMA specialty plans serve enrollees with HIV/AIDS, dual eligibles with chronic conditions, enrollees with serious mental illness, enrollees in the child welfare system, and children with special health care needs.

Critical Incidents

Each of the 16 MMA plans is required to submit an Adverse and Critical Incident Summary Report to the Agency. This report is due monthly, by the 15th calendar day of the month following the reporting month. The purpose of this report is to monitor all MMA plans' adverse and critical incident reporting and management system for adverse and critical incidents that negatively impact the health, safety or welfare of enrollees. The MMA plans are required to report critical incidents relating to enrollee abuse/neglect and exploitation to the following state agencies: Florida Department of Health, Florida Department of Children and Families and Florida Department of Elder Affairs.

The table below illustrates the data collected by the MMA plans for this quarter.

Quarterly Critical Incidents Summary
January 2016 – March 2016

Incident Type	Amerigroup # of Events	Better Health # of Events	Clear Health Alliance # of Events	CMS # of Events	Coventry # of Events	Freedom # of Events	Humana # of Events	Magellan # of Events	Molina # of Events	Positive # of Events	Prestige # of Events	SFCCN # of Events	Simply # of Events	Staywell # of Events	Sunshine # of Events	United # of Events	Total By Incident Type
Enrollee Death	0	1	0	24	0	0	3	6	1	0	2	21	2	1	0	0	**61**
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	0	0	**0**
Fracture or Dislocation of bones or joints	0	0	0	1	0	0	4	0	0	0	0	0	0	1	0	0	**6**
Any condition requiring definitive or specialized medical attention which is not consistent with the routine management of the patient's case or patient's preexisting physical condition	0	1	0	0	0	0	3	10	1	0	1	0	0	0	3	0	**19**
Any condition requiring surgical intervention to correct or control	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**1**
Any condition resulting in transfer of the patient, within or outside the facility, to a unit providing a more acute level of care	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	**2**
Any condition that extends the patient's length of stay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
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	1	0	0	0	0	0	**1**
Total of all incidents:	**0**	**2**	**0**	**25**	**0**	**0**	**12**	**16**	**2**	**0**	**5**	**21**	**2**	**2**	**3**	**0**	**90**

Integration for Medicare-Medicaid Eligible Individuals

Florida continues to engage in activities to identify ways in which to integrate services for dual eligibles. These activities include participation in person, on webinars and conference calls with the Centers for Health Care Strategies through their “Inside” Affinity groups and also participation in the Integrated Care Resource Center Study Hall calls and webinars.

The State has contracts in place with Dual Eligible Special Needs Plans (D-SNPs) and Fully Integrated Dual Eligible Special Needs Plans for the dually eligible population.

The State continues to work toward automating Medicare claim information for the Florida MMA plans to streamline Medicare crossover claims.

b) Benefit Packages

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

The table 2 lists the standard benefits provided under the MMA plan contracts:

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.

There have been no changes to standard benefits since the last quarterly report.

c) MMA plan Readiness Review and Monitoring

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 continues to analyze complaints as they come in to the Agency, and work with each MMA plan to ensure timely resolution of these issues.

The Agency has several other mechanisms in place to ensure the MMA plans are compliant with the contract. When non-compliance is found, the Agency will take compliance actions against the plan in the form of a Corrective Action Plan, Sanction, and/or Liquidated Damage. The Agency issued eight Corrective Action Plans, four Sanctions totaling $45,000, and 22 Liquidated Damages totaling $211,000 this quarter.

In addition to the above activities, the Agency began preparing for onsite visits that will take place between May, 2016 and October, 2016. Furthermore, 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, 16 plans submitted their first quarter Medical Loss Ratio reports for demonstration year 10, on or before the due date. The Agency submitted the plans' preliminary demonstration year 10 Medical Loss Ratio results to CMS in February 2016. One of the 16 plans that submitted their first quarter Medical Loss Ratio reports for demonstration year 10 reported a Medical Loss Ratio below 85%.

The plans' Medical Loss Ratio data are evaluated annually to determine compliance, and quarterly reports are provided for informational purposes. Seasonality and inherent claims volatility may cause Medical Loss Ratio 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
(January 1, 2016 – March 31, 2016)

Quarter	Total
January 1, 2016 – March 31, 2016	13,816

Grievances and Appeals

Table 4 provides the number of Managed Medical Assistance grievances and appeals for this quarter.

Table 4
MMA Grievances and Appeals
(January 1, 2016 – March 31, 2016)

Quarter	Total Grievances	Total Appeals
January 1, 2016 – March 31, 2016	4,934	3,402

Medicaid Fair Hearing (MFH)

Table 5 provides the number of Managed Medical Assistance Medicaid Fair Hearings requested and held during this quarter.

Table 5
MMA MFHs Requested and Held
(January 1, 2016 – March 31, 2016)

Quarter	MFHs Requested	MFHs Held
January 1, 2016 – March 31, 2016	597	222

Subscriber Assistance Program (SAP)

Table 6 provides the number of requests submitted to the Subscriber Assistance program during this quarter.

Table 6
MMA SAP Requests
(January 1, 2016 – March 31, 2016)

Quarter	Total
January 1, 2016 – March 31, 2016	29

f) Agency-Received Complaints/Issues

Table 7 provides the number of complaints/issues related to the Managed Medical Assistance 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
(January 1, 2016 – March 31, 2016)

Quarter	Total
January 1, 2016 – March 31, 2016	2,452

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
(January 1, 2016 – March 31, 2016)

	January	February	March	Total
Enrollments	11,929	11,901	9,953	**33,783**

b) Disenrollment Breakout

Table 9 shows the number of disenrollments by month for this quarter.

Table 9
Disenrollment Statistics
(January 1, 2016 – March 31, 2016)

	January	February	March	Total
Disenrollments[2]	117,595	137,155	146,967	**401,717**
Good Cause[3]	7,746	8,694	6,070	**22,510**
Total Disenrollments	**125,341**	**145,849**	**153,037**	**424,227**

[2] Disenrollment request processed during the recipients 1st 120 days of plan enrollment, are voluntary for plan enrollment or in open enrollment.
[3] Disenrollment requests processed for recipients who were locked into their plan and not in open enrollment.

c) 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 10 provides the call center statistics for this quarter. The choice counseling calls remain within the anticipated call volume for the quarter.

Table 10
Call Volume for Incoming and Outgoing Calls
(January 1, 2016 – March 31, 2016)

Type of Calls	January	February	March	Totals
Incoming Calls	86,179	78,641	74,966	**239,786**
Outgoing Calls	665	592	448	**1,705**
Totals	**86,844**	**79,233**	**75,414**	**241,491**

Mail

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

Table 11
Outbound Mail Activities
(January 1, 2016 – March 31, 2016)

Mail Activities	January	February	March	Totals
New-Eligible Packets*	51,099	50,862	48,628	150,589
Confirmation Letters	67,344	93,230	53,631	214,205
Open Enrollment Packets	53,748	309,893	382,386	746,027

*Mandatory and voluntary.

Face-to-Face/Outreach and Education

Table 12 provides the choice counseling outreach activities for this quarter.

Table 12
Choice Counseling Outreach Activities
(January 1, 2016 – March 31, 2016)

Field Activities	January	February	March	Totals
Group Sessions	15	16	7	38
Private Sessions	6	13	7	26
Home Visits and One-On-One Sessions	38	35	42	115

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 Managed Medical Assistance program.

d) Self-Selection and Auto-Assignment Rates

Table 13 provides the current self-selection and auto-assignment rates for this quarter.

During this quarter the Agency implemented the Express Enrollment process to facilitate recipient's enrollment into managed care plans sooner.

Table 13
Self-Selection and Auto-Assignment Rates
(January 1, 2016 – March 31, 2016)

	January	February	March
Self-Selected	67,030	78,601	86,884
Auto-Assignment	78,272	139,133	87,690
Total Enrollments	145,302	217,734	174,574
Self-Selected %	46.13%	36.1%	49.77%
Auto-Assignment %	53.87%	63.9%	50.23%

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 Managed Medical Assistance populations.

3. Healthy Behaviors Programs

Healthy Behaviors Programs

Each of the 16 MMA plans were required to create a minimum of three Healthy Behavior programs that addressed smoking cessation, weight loss, and alcohol or substance abuse. There were a total of 83 Healthy Behavior programs submitted by the MMA plans that were approved for implementation.

Attachment II of this report, provides the data collected by the plans for each of their Healthy Behaviors programs for this quarter. The 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, provides an update of MMA plan and regional enrollment for this quarter, and contains the following enrollment reports:

- Number of MMA plans
- Regional Managed Medical Assistance enrollment

5. Policy and Administrative Issues

The Agency continues to identify and resolve various operational issues for the Managed Medical Assistance program. The Agency 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, no contract amendments were executed for the MMA plans. The Agency finalized revisions to the Statewide Medicaid Managed Care Report Guide to include corrections and new reporting requirements, and also began to gather items for the next general contract amendment. A copy of the model contract may be viewed on the Agency's Web site at http://ahca.myflorida.com/SMMC

Agency Communications to MMA plans

There were six policy transmittals released to the MMA plans during this quarter. There were no contract interpretations or Dear MMA plan letters released during this quarter.

The policy transmittals advised the MMA plans of the following:

- The Agency's contracted third party liability vendor, Health Management Systems, Inc., is suspended until further notice.

- Revised audit requirement concerning the annual Achieved Savings Rebate report.
- Ad hoc reporting requirement for the submission of expanded benefit details for inclusion in the April 2016 contract amendment.
- New kick payment rates and requirements for submission of kick payment requests.
- Ad hoc reporting requirement related to diabetes disease management.
- Changes in the telemedicine coverage provisions.

III. Low Income Pool

One of the fundamental elements of the demonstration is the low income pool program. The low income pool 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 Florida Medicaid, underinsured, and uninsured populations. The low income pool program is also designed to establish new, or enhance existing, innovative programs that meaningfully enhance the quality of care and the health of low-income populations, as well as increase access for select services for uninsured individuals.

Demonstration Year 10 Low Income Pool Special Terms and Conditions – Reporting Requirements

The following provides an update of the demonstration year 10 Low Income Pool Special Terms and Conditions that required action during this quarter.

Low Income Pool Related Special Terms and Conditions

Special Term and Condition #70a – Low Income Pool Reimbursement and Funding Methodology Document.

This Special Term and Condition requires the submission of a demonstration year 10 draft Reimbursement and Funding Methodology Document and a demonstration year 11 draft Reimbursement and Funding Methodology Document for CMS approval by November 30, 2015.

- On February 25, 2016, the Agency submitted to CMS the updated draft of the demonstration year 10 Reimbursement and Funding Methodology Document including CMS edits.

- On March 1, 2016, CMS approved the demonstration year 10 Reimbursement and Funding Methodology Document.

- On March 28, 2016, the Agency submitted an updated draft of the demonstration year 11 Reimbursement and Funding Methodology Document to CMS including the latest edits from CMS.

IV. Demonstration Goals

The following table provides the activities the State undertakes to measure its progress toward the demonstration goals.

Table 14
Demonstration Goals

Demonstration Goals	How Goals are Measured
Improving outcomes through care coordination, patient engagement in their own health care, and maintaining fiscal responsibility	• Beneficiary self-selection rate (how many actively choose a plan) • Consumer Assessment of Healthcare Providers and Systems results • Beneficiaries actively participating in Healthy Behaviors programs
Improving program performance	• Plan Performance Measures (Healthcare Effectiveness Data and Information Set, adult and child core set measures, and other Agency-defined performance measure scores) • Compliance Actions (e.g., corrective action plans, liquidated damages, sanctions) • Transparency of program information (e.g., Health Plan Report Card, Quarterly Statewide Medicaid Managed Care Reports) • Monitoring activities (e.g., network adequacy, complaints monitoring)
Improving access to coordinated care	• Percentage of eligible recipients enrolled in health plans
Enhancing fiscal predictability and financial management	• Medical Loss Ratio • Achieved Savings Rebate • Monitoring of financial statements and comparing to encounter data

V. Monitoring Budget Neutrality

In accordance with the requirements of the approved Managed Medical Assistance waiver, the State must monitor the status of the program on a fiscal basis. To comply with this requirement, the State submits waiver templates on the quarterly CMS-64 reports. CMS-64 reports 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 IV of this report are through this quarter of demonstration year 10. The 1115 Managed Medical Assistance waiver is budget neutral as required by the Special Terms and Conditions 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, the Managed Medical Assistance program was operational in all regions of the State. The case months and expenditures reported are for enrolled mandatory and voluntary recipients.

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 Special Term and Condition #87, is monitored using data based on date of service. The Per-Member Per-Month and demonstration years are tracked by the year in which the expenditure was incurred (date of service). The Special Terms and Conditions 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 IV of this report for an update on Budget Neutrality figures through this quarter of demonstration year 10.

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 Managed Medical Assistance program, based on the encounter data submitted and processed.

The Agency has contracted with Health Services Advisory Group, Inc. as its external quality review organization vendor since 2006. Beginning on July 1, 2013, the Agency's new contract with Health Services Advisory Group, Inc. required that the external quality review organization conduct an annual encounter-type focused validation, using protocol consistent with the Centers for Medicare and Medicaid Services protocol, "Validation of Encounter Data Reported by the Managed Care Organization." Health Services Advisory Group, Inc. 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. Health Services Advisory Group, Inc. will compare encounter data with the MMA plans administrative data and will also validate provider-reported encounter data against a sample of medical records.

Hewlett Packard Encounter Support Team continues to work with the MMA plans to offer on-site visits, training, and technical assistance. During this quarter encounter data monitoring tools continued to be improved including the addition of trending reports. The Agency and Hewlett Packard began the second phase of the project for direct submission of Medicare crossovers to the plans.

b) Collection and Verification of Encounter Data

MMA plans are required to submit encounter data to the Florida Medicaid Management Information System. The encounter data is verified by applying validity edits. The encounters are maintained and viewable in the Florida Medicaid Management Information System and in the Decision Support System (Data Warehouse).

c) Rate Setting/Risk Adjustment

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

The Agency continues the process for Managed Medical Assistance risk adjustment by sending MMA plans all of its Florida Medicaid encounter data for 12 service months. Encounter data validation is a major part of the Managed Medical Assistance risk adjustment process. Every quarter, according to a defined timetable of events, MMA plans receive all their Florida Medicaid Management Information System reported encounters for a 12-month measurement period. The MMA plans are given a month to review its data, and submit corrections, as needed

through the standard Florida Medicaid Management Information System reporting process. After a month, all Florida Medicaid encounter data for the same 12-month measurement period are extracted from Florida Medicaid Management Information System 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 Special Term and Conditions #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 Managed Medical Assistance waiver evaluation activities as of the third quarter of demonstration year 10:

- CMS approved the Draft Evaluation Design for the Managed Medical Assistance waiver on January 5, 2016.
- The Agency continued to work on changes to the contract throughout February and March 2016.
- A final version of the contract was sent to the University of Florida evaluation team for execution on March 31, 2016.

VIII. Quality

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

a) External Quality Review Organization

Beginning in November 2015, the Agency contracted with Health Services Advisory Group, Inc. to conduct a network adequacy review of the Statewide Medicaid Managed Care plans' hospital networks. During phase one of the project, Health Services Advisory Group, Inc. was tasked with comparing network data submitted by the MMA plans, to the licensure source data, to identify discrepancies in the MMA plans' network data. The first draft of the phase one report was submitted to the Agency on January 20, 2016.

During Phase two of the project, Health Services Advisory Group, Inc. was tasked with comparing the calendar year 2016 Medicare Advantage Reference File to the Agency's hospital network standards contained in the Statewide Medicaid Managed Care contract, identifying the differences in the two sets of standards, and producing a report describing the results. The first draft of the phase two report was submitted to the Agency on March 18, 2016.

On February 2, 2016, the Agency and Health Services Advisory Group, Inc. hosted a quarterly educational webinar for the MMA plans that focused on topics for improving the MMA plans' performance improvement projects related to dental services. In addition, the Agency also provided an overview of their plans for quarterly Performance Improvement Project "check-in" sessions with the MMA plans in order to monitor the progress of each MMA plan's Performance Improvement Projects throughout the year. The next External Quality Review quarterly meeting will be held on May 25, 2016.

State Fiscal Year 2015 - 2016 is the third year of a five-year contract with Health Services Advisory Group, Inc. that requires the completion of an encounter data validation study. The study includes an encounter data file review, a comparative analysis and a medical record review. During this quarter, Health Services Advisory Group, Inc. received encounter data files from the Agency and the MMA plans. Health Services Advisory Group, Inc. used this data to evaluate the extent to which encounters submitted by the plans are accurate and complete when compared to data stored in the MMA plans' data systems. On March 30 and 31, 2016, Health Services Advisory Group, Inc. held technical assistance calls with the MMA plans to provide instructions on the submission of clinical records for a sample of encounters that occurred during the study period. This component of the encounter data validation study will assess the completeness and accuracy of encounters through a review of clinical records.

On February 26, 2016, Health Services Advisory Group, Inc. submitted the first draft version of the State Fiscal Year 2014 – 2015 Annual Technical Report of External Quality Review Results to the Agency.

b) Plan Performance Measure Reporting

During the third quarter of demonstration year 10, the Agency finalized and posted the Agency-defined Managed Medical Assistance and Long-term Care performance measure

specifications manuals for July 1, 2016 reporting (representing calendar year 2015) to the Agency's April 2016 Report Guide Web site.

Agency staff also worked with Health Services Advisory Group, Inc. to develop a custom rate template for the Agency-defined Child Core Set and Adult Core Set performance measures that MMA plans are required to report by July 1, 2016. This template will be posted on the April 2016 Report Guide web page for MMA plans in the fourth quarter of demonstration year 10.

c) Comprehensive Quality Strategy

Agency staff is working on updating the Comprehensive Quality Strategy and identified staff to be included in a kick-off meeting to be held during the fourth quarter of demonstration year 10.

d) Assessing Enrollee Satisfaction

During this quarter, Agency staff reviewed the MMA plans' Consumer Assessment of Healthcare Providers and Systems survey tools and cover letters that are being used in the 2016 survey. The plans' National Committee for Quality Assurance-certified survey vendors began the survey process during this quarter as well. Agency staff met several times during the quarter to discuss different ways in which the enrollee satisfaction results could be presented in order for them to be more useful to Medicaid recipients in selecting a plan.

Attachment I
Expanded Benefits under the Managed Medical Assistance Program

Expanded benefits are those services or benefits not otherwise covered in the Managed Medical Assistance 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 Managed Medical Assistance 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 2016.

There were no changes to expanded benefits during this quarter.

Expanded Benefits Offered by MMA standard Plans

Expanded Benefits	MMA Standard Plans										
	Amerigroup	Better Health	Coventry	Humana	Molina	Prestige	SFCCN	Simply	Staywell	Sunshine	United
Adult dental services (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adult hearing services (Expanded)	Y	Y		Y	Y		Y	Y	Y	Y	Y
Adult vision services (Expanded)	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
Art therapy	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
Influenza vaccine	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y
Medically related lodging & food		Y		Y			Y	Y	Y		
Newborn circumcisions	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Nutritional counseling	Y	Y		Y	Y		Y	Y	Y		Y
Outpatient hospital services (Expanded)	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
Pet therapy								Y			
Physician home visits	Y	Y		Y			Y	Y	Y	Y	Y
Pneumonia vaccine	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y
Post-discharge meals	Y	Y		Y	Y		Y	Y	Y	Y	Y
Prenatal/perinatal visits (Expanded)	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
Shingles vaccine	Y	Y	Y	Y			Y	Y	Y	Y	Y
Waived co-payments	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y

Attachment II
Healthy Behaviors Program Enrollment

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

For this quarter, two out of 16 MMA plans reported no enrollment in any of the Healthy Behaviors Programs offered and 12 of the 16 plans reported enrollees had completed at least one Healthy Behaviors Program.

Chart A
Healthy Behaviors Program
Enrollment Statistics
(January 1-March 31, 2016)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Amerigroup Florida							
Smoking Cessation	56	13	43	1	6	38	11
Weight Management	194	32	162	9	59	101	25
Alcohol and/or Substance Abuse	4	2	2	0	0	2	2
CDC Performance Measure Incentive	0	0	0	0	0	0	0
Performance Measure Incentives	0	0	0	0	0	0	0
Maternal Child Incentive	0	0	0	0	0	0	0
Better Health							
Smoking Cessation	10	3	7	0	2	7	1
Weight Management	35	9	26	3	12	17	3
Substance Abuse	0	0	0	0	0	0	0
Maternity	11	0	11	1	9	1	0
Well Child Visits	272	155	117	272	0	0	0
Children's Medical Services							
Tobacco Cessation	1	1	0	1	0	0	0
Overcoming Obesity	118	45	73	118	0	0	0
Changing Lives*	11	8	3	11	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	17	6	11	0	0	15	2
Weight Management Healthy Behaviors Rewards	8	0	8	0	0	7	1
Alcohol & Substance Abuse	2	1	1	0	0	2	0
Maternity Healthy Behaviors Rewards	1	0	1	0	1	0	0

Chart A Healthy Behaviors Program Enrollment Statistics (January 1-March 31, 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
Baby Visions Prenatal & Postpartum Incentive	0	0	0	0	0	0	0
Freedom Health							
Smoking Cessation	1	1	0	0	0	1	0
Weight Loss	4	2	2	0	1	2	1
Alcohol or Substance Abuse	1	1	0	0	0	1	0
Humana Medical Plan							
Smoking Cessation	1	0	1	0	0	1	0
Family Fit	97	15	82	1	34	52	10
Substance Abuse	1	0	1	0	0	1	0
Mom's First Prenatal & Postpartum	3831	0	3831	307	3435	89	0
First Baby Well Visit Incentive	3373	1785	1588	3373	0	0	0
Children's Nutrition Incentive	130068	65648	64420	130068	0	0	0
Lead Screening & Well-Child Visit Incentive	51511	26451	25060	51511	0	0	0
Adolescent Well-Child Visits Incentive	71261	35009	36252	71261	0	0	0
Pediatric Well Visit (PWV) Program	1506	755	751	1506	0	0	0
Baby Well Visit (BWV) Program	553	290	263	553	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	304	83	221	6	106	168	24
Weight Management	439	88	351	26	189	201	23
Substance Abuse	55	20	35	3	23	25	4
Molina							
Smoking Cessation	26	10	16	0	8	10	8
Weight Loss	26	3	23	2	11	9	4

Chart A Healthy Behaviors Program Enrollment Statistics (January 1-March 31, 2016)							
Program	**Total Enrolled**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Pregnancy Health Management	956	0	956	115	841	0	0
Pediatric Preventative Care	9	3	6	9	0	0	0
Positive Health Care							
Quit for Life Tobacco Cessation	0	0	0	0	0	0	0
Weight Management	12	10	2	0	0	9	3
Alcohol Abuse	0	0	0	0	0	0	0
Prestige Health Choice							
Smoking Cessation	10	2	8	0	3	7	0
Weight Loss	20	8	12	5	3	9	3
Alcohol & Substance Abuse – “Changing Lives Program”	2	1	1	0	1	1	0
Behavioral Health Follow-Up Program	2	1	1	2	0	0	0
Comprehensive Diabetes Care Program	267	76	191	1	17	156	93
Maternity Program	5	0	5	0	5	0	0
Well-Child Program	131	70	61	131	0	0	0
Simply							
Quit Smoking Healthy Behaviors Rewards	12	9	3	0	0	4	8
Weight Management Healthy Behaviors Rewards	15	4	11	3	6	3	3
Alcohol and Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	4	0	4	0	4	0	0
Well Child Visit Healthy Behaviors Rewards	105	61	44	105	0	0	0
South Florida Community Care Network							
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							
Smoking Cessation	159	69	90	0	54	86	19

Chart A Healthy Behaviors Program Enrollment Statistics (January 1-March 31, 2016)							
Program	**Total Enrolled**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Weight Management	3129	1207	1922	1207	994	730	198
Substance Abuse	2	1	1	0	2	0	0
Healthy Diabetes Behaviors	0	0	0	0	0	0	0
New Member Healthy Behavior Engagement	0	0	0	0	0	0	0
Well Woman Healthy Behavior	0	0	0	0	0	0	0
Children's Healthy Behavior Engagement	0	0	0	0	0	0	0
Sunshine Health							
Tobacco Cessation Healthy Rewards	26	12	14	0	1	17	8
Weight Loss Healthy Rewards	51	10	41	3	19	26	3
Substance Abuse Healthy Rewards	0	0	0	0	0	0	0
Preventive Adult Primary Care Visits	0	0	0	0	0	0	0
Preventative Well Child Primary Care Visits	0	0	0	0	0	0	0
Start Smart for your Baby (perinatal management)	0	0	0	0	0	0	0
Post Behavioral Health Discharge Visit in 7 Days	0	0	0	0	0	0	0
Preventive Dental Visits for Children	0	0	0	0	0	0	0
Diabetic Healthy Rewards	0	0	0	0	0	0	0
Female Cancer Screening	0	0	0	0	0	0	0
UnitedHealthcare							
Tobacco Cessation – text2quit	0	0	0	0	0	0	0
Florida Population Health/Health Coaching for Weight Loss	7	1	6	0	2	5	0
Substance Abuse Incentive	0	0	0	0	0	0	0
Baby Blocks	2474	0	2474	161	2251	62	0

*Alcohol and/or substance abuse program.

Chart B Healthy Behavior Programs Completion Statistics (January 1-March 31, 2016)							
Program	**Total Completed**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Amerigroup Florida							
Smoking Cessation	6	1	5	0	2	3	1
Weight Management	15	3	12	4	1	8	2
Alcohol and/or Substance Abuse	0	0	0	0	0	0	0
CDC Performance Measure Incentive	0	0	0	0	0	0	0
Performance Measure Incentives	0	0	0	0	0	0	0
Maternal Child Incentive	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	0	0	0	0	0	0	0
Well Child Visits	9	4	5	9	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 Alliance							
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 & 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
Baby Visions Prenatal & Postpartum Incentive	0	0	0	0	0	0	0

Chart B Healthy Behavior Programs Completion Statistics (January 1-March 31, 2016)							
Program	**Total Completed**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Freedom Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	1	0	1	0	1	0	0
Alcohol or Substance Abuse	1	1	0	0	0	1	0
Humana Medical Plan							
Smoking Cessation	0	0	0	0	0	0	0
Family Fit	15	0	15	0	5	6	4
Substance Abuse	0	0	0	0	0	0	0
Mom's First Prenatal & Postpartum	263	0	263	21	237	5	0
First Baby Well Visit Incentive	4027	2128	1899	4027	0	0	0
Children's Nutrition Incentive	10537	5199	5338	10537	0	0	0
Lead Screening & Well-Child Visit Incentive	3641	1920	1721	3641	0	0	0
Adolescent Well-Child Visits Incentive	7466	3504	3962	7466	0	0	0
Pediatric Well Visit (PWV) Program	0	0	0	0	0	0	0
Baby Well Visit (BWV) Program	0	0	0	0	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	2	0	2	0	0	2	0
Weight Management	2	0	2	0	2	0	0
Substance Abuse	3	0	3	0	2	1	0
Molina							
Smoking Cessation	11	5	6	0	4	4	3
Weight Loss	17	1	16	1	9	5	2
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Pregnancy Health Management	0	0	0	0	0	0	0
Pediatric Preventative Care	9	3	6	9	0	0	0
Positive Health Care							
Quit for Life Tobacco Cessation	0	0	0	0	0	0	0

Chart B Healthy Behavior Programs Completion Statistics (January 1-March 31, 2016)							
Program	**Total Completed**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Weight Management	0	0	0	0	0	0	0
Alcohol Abuse	0	0	0	0	0	0	0
Prestige Health Choice							
Smoking Cessation	2	0	2	0	0	2	0
Weight Loss	5	1	4	1	0	3	1
Alcohol & Substance Abuse – “Changing Lives Program”	0	0	0	0	0	0	0
Behavioral Health Follow-Up Program	1	0	1	1	0	0	0
Comprehensive Diabetes Care Program	136	33	103	0	8	82	46
Maternity Program	1	0	1	0	1	0	0
Well-Child Program	25	13	12	25	0	0	0
Simply							
Quit Smoking Healthy Behaviors Rewards	0	0	0	0	0	0	0
Weight Management Healthy Behaviors Rewards	0	0	0	0	0	0	0
Alcohol and Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	0	0	0	0	0	0	0
Well Child Visit Healthy Behaviors Rewards	5	0	5	5	0	0	0
South Florida Community Care Network							
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							
Smoking Cessation	103	45	58	0	40	49	14
Weight Management	404	129	275	133	124	112	35
Substance Abuse	4	1	3	0	1	3	0
Healthy Diabetes Behaviors	0	0	0	0	0	0	0
New Member Healthy Behavior Engagement	0	0	0	0	0	0	0
Well Woman Healthy Behavior	0	0	0	0	0	0	0

Chart B Healthy Behavior Programs Completion Statistics (January 1-March 31, 2016)							
Program	**Total Completed**	**Gender**		**Age (years)**			
		Male	**Female**	**0–20**	**21–40**	**41–60**	**Over 60**
Children's Healthy Behavior Engagement	0	0	0	0	0	0	0
Sunshine Health							
Tobacco Cessation Healthy Rewards	21	10	11	0	2	16	3
Weight Loss Healthy Rewards	42	6	36	1	11	21	9
Substance Abuse Healthy Rewards	0	0	0	0	0	0	0
Preventive Adult Primary Care Visits	0	0	0	0	0	0	0
Preventative Well Child Primary Care Visits	0	0	0	0	0	0	0
Start Smart for your Baby (perinatal management)	0	0	0	0	0	0	0
Post Behavioral Health Discharge Visit in 7 Days	0	0	0	0	0	0	0
Preventive Dental Visits for Children	0	0	0	0	0	0	0
Diabetic Healthy Rewards	0	0	0	0	0	0	0
Female Cancer Screening	0	0	0	0	0	0	0
UnitedHealthcare							
Tobacco Cessation – text2quit	0	0	0	0	0	0	0
Florida Population Health/Health Coaching for Weight Loss	0	0	0	0	0	0	0
Substance Abuse Incentive	0	0	0	0	0	0	0
Baby Blocks	158	0	158	8	144	6	0

*Alcohol and/or substance abuse program.

Attachment III
Managed Medical Assistance Enrollment Report

Number of MMA plans in Regions Report -

The following table provides each region established under Part IV of Chapter 409, F.S.

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

Table 2 provides the number of standard and specialty MMA plans in each region.

Table 1 Number of MMA plans by Region (January 1, 2016 – March 31, 2016)		
Region	Standard	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	9	6
Unduplicated Totals	11	6

Managed Medical Assistance Enrollment

There are two categories of Florida Medicaid recipients who are enrolled in the plans: Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI). The SSI category is broken down further in the Managed Medical Assistance Enrollment reports, based on the recipients' eligibility for Medicare. The Managed Medical Assistance Enrollment reports are a complete look at the entire enrollment for the Managed Medical Assistance program for the quarter being reported. Table 3 provides a description of each column in the Managed Medical Assistance Enrollment reports that are located on the following pages in Tables 3A and 3B.

Table 3
MMA Enrollment by Plan and Type Report Descriptions

Column Name	Column Description
Plan Name	The name of the MMA plan
Plan Type	The plan's type (General or Specialty)
Number of TANF Enrolled	The number of TANF 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 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 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 Managed Medical Assistance 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 Managed Medical Assistance enrollment counts are included at the bottom of the report.

Table 3 A
MMA Enrollment by Plan and Type[1]
(January 1, 2016 – March 31, 2016)

Plan Name	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for Managed Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
Amerigroup Florida	STANDARD	**324,099**	33,893	80	16,795	**374,867**	11.1%	**360,948**	3.9%
Better Health	STANDARD	**92,422**	9,396	34	4,557	**106,409**	3.1%	**100,344**	6.0%
Coventry Health Care Of Florida	STANDARD	**49,409**	5,167	39	3,634	**58,249**	1.7%	**55,333**	5.3%
Humana Medical Plan	STANDARD	**294,931**	38,467	205	29,931	**363,534**	10.8%	**348,760**	4.2%
Integral Quality Care*	STANDARD	**-**	-	-	-	**0**	0%	**100,285**	-100.0%
Molina Healthcare Of Florida	STANDARD	**288,803**	30,101	96	18,223	**337,223**	10.0%	**213,840**	57.7%
Prestige Health Choice	STANDARD	**276,999**	31,246	55	19,933	**328,233**	9.7%	**334,185**	-1.8%
South Florida Community Care Network	STANDARD	**41,597**	3,705	19	1,918	**47,239**	1.4%	**44,827**	5.4%
Simply Healthcare	STANDARD	**63,037**	14,253	134	12,702	**90,126**	2.7%	**86,132**	4.6%
Staywell Health Plan	STANDARD	**628,941**	71,103	73	31,133	**731,250**	21.6%	**727,361**	0.5%
Sunshine State Health Plan	STANDARD	**405,186**	40,201	121	46,889	**492,397**	14.6%	**452,709**	8.8%
United Healthcare Of Florida	STANDARD	**247,956**	28,891	83	29,626	**306,556**	9.1%	**296,252**	3.5%
General Plans Total		**2,713,380**	**306,423**	**939**	**215,341**	**3236,083**	**95.8%**	**3,120,976**	**3.7%**
Positive Health Plan	SPECIALTY	**177**	886	1	817	**1,881**	0.1%	**1,886**	-.0.3%
Magellan Complete Care	SPECIALTY	**23,836**	20,401	16	1,074	**45,327**	1.3%	**43,405**	4.4%
Freedom Health	SPECIALTY	**-**	-	-	65	**65**	0.0%	**68**	-4.4%
Clear Health Alliance	SPECIALTY	**1,360**	4,967	1	3,263	**9,591**	0.3%	**9,509**	0.9%
Sunshine State Health Plan	SPECIALTY	**27,870**	1,991	1	4	**29,866**	0.9%	**31,668**	-5.7%
Children's Medical Services Network	SPECIALTY	**30,803**	24,720	-	137	**55,660**	1.6%	**55,182**	0.9%
Specialty Plans Total		**84,046**	**52,965**	**19**	**5,360**	**142,390**	**4.2%**	**141,718**	**0.5%**
Managed Medical Assistance TOTAL	**MMA**	**2,797,426**	**359,388**	**958**	**220,701**	**3,378,473**	**100%**	**3,262,694**	**3.5%**

[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.
*Integral Quality Care ceased operations effective October 31, 2015.

Table 3 B
MMA Enrollment by Region and Type
(January 1, 2016 – March 31, 2016)

Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for Managed Medical	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	Standard & Specialty	93,814	11,902	10	6,951	112,677	3.3%	108,023	4.3%
02	Standard & Specialty	99,593	15,041	6	8,985	123,625	3.7%	120,275	2.8%
03	Standard & Specialty	234,174	31,554	25	17,711	283,464	8.4%	276,624	2.5%
04	Standard & Specialty	285,540	32,878	38	19,028	337,484	10.0%	324,943	3.9%
05	Standard & Specialty	161,758	22,958	31	15,784	200,531	5.9%	194,229	3.2%
06	Standard & Specialty	386,279	49,415	63	23,127	458,884	13.6%	442,615	3.7%
07	Standard & Specialty	380,227	47,944	63	20,834	449,068	13.3%	433,910	3.5%
08	Standard & Specialty	196,950	19,212	44	14,555	230,761	6.8%	224,405	2.8%
09	Standard & Specialty	254,085	26,380	68	16,601	297,134	8.8%	285,162	4.2%
10	Standard & Specialty	245,695	28,376	122	16,969	291,162	8.6%	279,198	4.3%
11	Standard & Specialty	459,311	73,728	488	60,156	593,683	17.6%	573,310	3.6%
Managed Medical		2,797,426	359,388	958	220,701	3,378,473	100%	3,262,694	3.5%

Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for Managed Medical	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	STANDARD	92,031	11,031	10	6,875	109,947	3.4%	105,175	4.5%
02	STANDARD	94,590	12,267	6	8,823	115,686	3.6%	112,330	3.0%
03	STANDARD	227,601	28,756	25	17,490	273,872	8.5%	266,959	2.6%
04	STANDARD	274,704	27,935	38	18,923	321,600	9.9%	309,124	4.0%
05	STANDARD	155,027	19,191	30	15,194	189,442	5.9%	183,138	3.4%
06	STANDARD	374,144	41,709	62	22,692	438,607	13.6%	422,631	3.8%
07	STANDARD	368,505	40,224	60	20,235	429,024	13.3%	413,874	3.7%
08	STANDARD	193,265	17,373	44	14,331	225,013	7.0%	218,613	2.9%
09	STANDARD	245,959	21,461	67	16,010	283,497	8.8%	271,728	4.3%
10	STANDARD	237,139	22,295	118	16,258	275,810	8.5%	264,011	4.5%
11	STANDARD	450,415	64,181	479	58,510	573,585	17.7%	553,393	3.6%
STANDARD TOTAL		2,713,380	306,423	939	215,341	3,236,083	100.0%	3,120,976	3.7%

Table 3 B
Managed Medical Assistance
Enrollment by Region and Type

Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for Managed Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	SPECIALTY	1,783	871	-	76	2,730	1.9%	2,848	-4.1%
02	SPECIALTY	5,003	2,774	-	162	7,939	5.6%	7,945	-0.1%
03	SPECIALTY	6,573	2,798	-	221	9,592	6.7%	9,665	-0.8%
04	SPECIALTY	10,836	4,943	-	105	15,884	11.2%	15,819	0.4%
05	SPECIALTY	6,731	3,767	1	590	11,089	7.8%	11,091	-0.0%
06	SPECIALTY	12,135	7,706	1	435	20,277	14.2%	19,984	1.5%
07	SPECIALTY	11,722	7,720	3	599	20,044	14.1%	20,036	0.0%
08	SPECIALTY	3,685	1,839	-	224	5,748	4.0%	5,792	-0.8%
09	SPECIALTY	8,126	4,919	1	591	13,637	9.6%	13,434	1.5%
10	SPECIALTY	8,556	6,081	4	711	15,352	10.8%	15,187	1.1%
11	SPECIALTY	8,896	9,547	9	1,646	20,098	14.1%	19,917	0.9%
SPECIALTY TOTAL		84,046	52,965	19	5,360	142,390	100.0%	141,718	0.5%

Attachment IV
Budget Neutrality Update

In Charts A through H of Attachment IV, 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 IV in accordance with Special Term and Condition (STC) #88.

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 Managed Medical Assistance waiver. The new reporting operation was effective October 2014 (Q34 - date of payment), which is the first complete quarter under the Managed Medical Assistance program.

Chart A of Attachment IV shows the Primary Care Case Management (PCCM) Targets established in the Managed Medical Assistance (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[4] 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.

Tables B through J of Attachment V contain the statistics for Medicaid Eligibility Groups (MEGs) 1, 2 and 3 for date of payment beginning with the period January 1, 2016 and ending March 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.

[4] Without Waiver

Tables D and F will reflect prior Demonstration Year (DY) periods (Reform), and Tables 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 Tables.

Table B
MEG 1 Statistics: SSI Related

DY/Quarter	Actual MEG 1	Case months	Total Spend*	PCCM
DY10/Q39	January 2016	544,876	$394,784,318	$724.54
DY10/Q39	February 2016	543,963	$418,167,487	$768.74
DY10/Q39	March 2016	527,240	$434,244,215	$823.62
DY10/Q39	Total[5]	1,616,079	$1,247,196,020	$771.74
	Managed Medical Assistance- MEG 1 Total[6]	37,747,176	37,232,695,710	986.37

* 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
DY10/Q39	January 2016	2,529,109	$566,039,785	$223.81
DY10/Q39	February 2016	2,545,812	$595,408,832	$233.88
DY10/Q39	March 2016	2,472,327	$760,263,094	$307.51
DY10/Q39	Total[7]	7,547,248	$1,921,711,711	$254.62
	Managed Medical Assistance- MEG 2 Total[8]	210,556,596	39,521,779,647	187.70

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

[5] MMA MEG1 Quarter Total
[6] MMA MEG1 Totals (from DY01 on)
[7] MMA MEG2 Quarter Total
[8] MMA MEG2 Total (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.

Table 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	$945,905,305	$4,360,443,950	$1,090.00
WOW DY8 Total	4,000,390			$5,994,824,438	$1,498.56
Difference				$(1,634,380,488)	
% of WOW PCCM MEG 1					72.74%
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	$3,495,849,793	$4,227,005,585	$793.63
WOW DY9 Total	5,326,173			$4,190,100,299	$786.70
Difference				$36,905,286	
% of WOW PCCM MEG 1					100.88%
DY09– MEG 2	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 2 - DY09 Total	27,169,344	$889,324,630	$5,279,568,937	$6,169,702,401	$227.08
WOW DY9 Total	27,169,344			$8,806,399,471	$324.13
Difference				$(2,636,697,069)	
% of WOW PCCM MEG 2					70.06%

For DY8, MEG 1 has a PCCM of $1,090.00 (Table D), compared to WOW of $1,498.56 (Table A), which is 72.74% of the target PCCM for MEG 1. MEG 2 has a PCCM of $177.57 (Table D), compared to WOW of $316.87 (Table A), which is 56.04% of the target PCCM for MEG 2.

For DY9, MEG 1 has a PCCM of $793.63 (Table D), compared to WOW of $786.70 (Table A), which is 100.88% of the target PCCM for MEG 1. MEG 2 has a PCCM of $227.08 (Table D), compared to WOW of $324.13 (Table A), which is 70.06% of the target PCCM for MEG 2.

Table E MMA Enrolled			
DY10– MEG 1	**Actual CM**	**Total**	**PCCM**
MEG 1 – DY10 Total	**4,816,785**	**$3,473,719,043**	**$721.17**
WOW DY10 Total	**4,816,785**	**$3,998,991,243**	**$830.22**
Difference		**$(525,272,200)**	
% of WOW PCCM MEG 1			**86.86%**
DY10– MEG 2	**Actual CM**	**Total**	**PCCM**
MEG 2 – DY10 Total	**22,407,655**	**$5,739,584,548**	**$256.14**
WOW DY10 Total	**22,407,655**	**$7,597,091,351**	**$339.04**
Difference		**$(1,857,506,803)**	
% of WOW PCCM MEG 2			**75.55%**

For DY10, MEG 1 has a PCCM of $721.17 (Table E), compared to WOW of $830.22 (Table A), which is 86.86% of the target PCCM for MEG 1. MEG 2 has a PCCM of $256.14 (Table E), compared to WOW of $339.04 (Table A), which is 75.55% of the target PCCM for MEG 2.

Table F MEG 1 and MEG2 Cumulative Statistics					
DY 08	**Actual CM**	**MEG 1 & 2 Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
Meg 1 & 2	**28,867,69**	**$7,198,209,036**	**$1,577,824,647**	**$8,776,033,684**	**$304.01**
WOW	**28,867,69**			**$13,874,528,641**	**$480.62**
Difference				**$(5,098,494,958)**	
% Of WOW					**63.25%**
DY 09	**Actual CM**	**MEG 1 & 2 Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
Meg 1 & 2	**32,495,57**	**$1,621,289,255**	**$8,775,418,731**	**$10,396,707,96**	**$319.94**
WOW	**32,495,57**			**$12,996,499,70**	**$399.95**
Difference				**$(2,599,791,78)**	
% Of WOW					**80.00%**

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 $304.01. 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 (Table 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 Table F is $319.94. Comparing the calculated weighted averages, the actual PCCM is 80.00% of the target PCCM.

Table G

Managed Medical Assistance Enrolled			
DY 10	Actual CM	Total	PCCM
Meg 1 & 2	27,224,440	$9,213,303,590	$338.42
WOW	27,224,440	$11,596,082,594	$425.94
Difference		$(2,382,779,004)	
% Of WOW			79.45%

For DY10, the weighted target PCCM for the reporting period using the actual case months and the MMA specific targets in the STCs (Table G) is $425.94. 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 $338.42. Comparing the calculated weighted averages, the actual PCCM is 79.45% 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. 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.

Table H WW/WOW Difference Less CNOM Costs	
DY10 Difference July 2015 - December 2015:	$(2,382,779,004)
CNOM Costs July 2015 – December 2015:	
Healthy Start	$29,536,657
PACC	530,710
DY09 Net Difference:	($2,352,711,637)

Table I MEG 3 Statistics: Low Income Pool	
MEG 3 LIP	Paid Amount
DY10/Q38	$437,678,858
Total Paid	$10,796,857,533

Expenditures for the 40 quarters for MEG 3, Low Income Pool (LIP), were $10,796,857,533.

Table J MEG 3 Total Expenditures: Low Income Pool			
DY*	Total Paid	DY Limit	% of DY Limit
DY10	$741,047,050	$1,000,000,000	74.10%
Total MEG 3	$10,796,857,533	$11,167,718,341	96.68%

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

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Mission Statement
Better Healthcare for All Floridians.