Florida
Managed Medical Assistance Program

1115 Research and Demonstration Waiver

4th Quarter Report
April 1, 2014 – June 30, 2014
Demonstration Year 8

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I. Waiver History

On October 19, 2005, Florida's 1115 Research and Demonstration Waiver named "Medicaid Reform" was approved by the Centers for Medicare and Medicaid Services (Federal CMS) for the period July 1, 2006 until June 30, 2011. The program was initially implemented in Broward and Duval Counties on July 1, 2006 and expanded to Baker, Clay and Nassau Counties on July 1, 2007. A three-year waiver extension was granted by Federal CMS on December 15, 2011 to continue program operations for the period July 1, 2011 through June 30, 2014.

On June 14, 2013, Federal CMS approved an amendment to the waiver to implement the Managed Medical Assistance (MMA) program. The previously named waiver "Medicaid Reform" was renamed to "Managed Medical Assistance." The amendment approval documents can be viewed on the Agency's website at the following link: http://ahca.myflorida.com/medicaid/statewide_mc/mma_fed_auth.shtml.

Federal approval of the MMA amendment permits 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 managed care plans, customized benefit packages, healthy behavior programs, risk-adjusted premiums based on enrollee health status and continuation of the Low Income Pool. The MMA program will increase consumer protections as well as quality of care and access for Floridians in many ways including:

- Increases recipient participation on Florida's Medical Care Advisory Committee and convenes smaller advisory committees to focus on key special needs populations;
- Ensures the continuation of services until the primary care or behavioral health provider reviews the enrollee's treatment plan;
- Ensures recipient complaints, grievances and appeals are reviewed immediately for resolution as part of the rapid cycle response system;
- Establishes healthy behaviors programs to encourage and reward healthy behaviors and, at a minimum, requires plans offer a medically approved smoking cessation program, a medically directed weight loss program and a substance abuse treatment plan;
- Requires Florida's External Quality Assurance Organization to validate each plan's encounter data every three years;
- Enhances consumer report cards to ensure recipients have access to understandable summaries of quality, access and timeliness regarding the performance of each participating managed care plan;
- Enhances the 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;
- Enhances metrics on plan quality and access to care to improve plan accountability; and
- Creates a comprehensive state quality strategy to implement a comprehensive continuous quality improvement strategy to focus on all aspects of quality improvement in Medicaid.

The existing Medicaid Reform program will be phased out as the MMA program is implemented in each region of the state no later than October 1, 2014, and as approved by Federal CMS. The state authority to operate the Medicaid Reform program is located in section (s.) 409.91211, F.S., and will sunset October 1, 2014.

On November 27, 2013, the Agency submitted another three-year waiver extension request to Federal CMS to extend Florida's 1115 MMA Waiver for the period July 1, 2014 through June 30, 2017. Please refer to Section VI of this report for more information on the waiver extension request.

Quarterly Report Requirement

The quarterly and annual reporting requirements for the waiver are specified in Special Terms and Conditions (STCs) #90 and #91 of the waiver. 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, including, but not limited to, approval and contracting with new managed care plans, specifying coverage area, populations served, benefits, enrollment, and other operational issues as found in this report.

This report is the fourth quarterly report for Demonstration Year Eight covering the period of April 1, 2014 – June 30, 2014. For detailed information about the activities that occurred during previous quarters of the demonstration, refer to the quarterly and annual reports, which can be accessed at: http://ahca.myflorida.com/Medicaid/medicaid_reform/federal.shtml.

Please note, the Medicaid Reform program was phased out this quarter as the MMA program was implemented in Baker, Clay, Duval, and Nassau counties (Region 4) on May 1, 2014 and Broward County (Region 10) on July 1, 2014. Therefore, this quarter's report concludes reporting of the Medicaid Reform program in the quarterly reports.

II. Operational Update

A. Managed Medical Assistance Program

1. Implementation Activities

On May 1, 2014, the Agency began implementation of the MMA program in Regions 2, 3 and 4. The Agency is coordinating with the contracted MMA plans and the Agency's choice counseling vendor to create a transition to ensure that the volume of recipients being transitioned occurs in an organized manner. The following tables provide the phased implementation schedule for the MMA program and the MMA program regions established under Part IV of Chapter 409, F.S.

MMA Implementation Schedule		
Regions	**Enrollment Date**	**Status**
2, 3 and 4	May 1, 2014	Completed
5, 6 and 8	June 1, 2014	Completed
10 and 11	July 1, 2014	On Schedule
1, 7 and 9	August 1, 2014	On Schedule

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

a) Comprehensive Outreach and Education Strategy

A detailed description of the Agency's comprehensive outreach and education strategy for the MMA program is provided in the MMA Implementation Plan, available on the Agency's website at the following link: http://ahca.myflorida.com/medicaid/statewide_mc/mma_fed_auth.shtml. The comprehensive outreach schedule and activities for this quarter is provided in Attachment I of this report.

b) Medicare-Medicaid Eligible Enrollees

Please note, Medicare-Medicaid eligible enrollees who are enrolled in a Medicare Advantage plan will participate in an open enrollment period that coincides with the Medicare open enrollment period (October 15 through December 7) to facilitate enrollees' choice of Medicare and Medicaid managed care plans. Therefore, MMA coverage will begin on January 1, 2015 for enrollees in both Medicare and Medicaid managed care plans. The Agency continues to seek technical assistance from the CMS Medicare-Medicaid Coordination Office to promote alignment and integration with Medicare for Medicare-Medicaid eligible individuals in the MMA program.

2. Health Care Delivery System

The following provides an update for this quarter on health care delivery system activities for managed care plan contracting, benefit packages, and plan readiness review and monitoring.

a) Managed Care Plan Contracting

Table 1 lists the contracted managed care organizations for the MMA program. Please refer to Attachment II, MMA Enrollment Report, of this report for the MMA plans that began providing services during this quarter.

Table 1
MMA Plans

Amerigroup Florida**	Molina**
Better Health	Positive Health Care*
Clear Health Alliance*	Preferred
Coventry**	Prestige Health Choice
First Coast Advantage	Simply
Freedom Health*	South Florida Community Care Network
Humana Medical Plan**	Staywell
Integral Quality Care	Sunshine Health***
Magellan Complete Care*	UnitedHealthcare**

*This MMA plan is contracted to provide specialized services.

**This MMA plan is also contracted to provide LTC services under the 1915(b)(c) Long-term Care Waiver.

***Sunshine Health is contracted to provide specialized services and is also contracted to provide LTC services under the 1915(b)(c) Long-term Care Waiver.

During this quarter, the Agency finalized a Statewide Medicaid Managed Care (SMMC) general contract amendment, effective June 1, 2014, which incorporated corrections and changes to the SMMC contracts. The general amendment applied to the Long-term Care (LTC) plans, MMA plans and the MMA plans that are also contracted to provide LTC services. A copy of the model contract may be viewed on the Agency's website at: http://ahca.myflorida.com/SMMC.

There was one contract interpretation, six policy transmittals and three “Dear Provider” letters released to the managed care plans during this quarter.

The contract interpretation advised managed care plans of the following:

- For Comprehensive LTC plans and MMA plans, provided guidance on the development of contracts with the Florida Medical Schools Quality Network in accordance with s. 409.975(2), F.S.

The six policy transmittals advised managed care plans of the following:

- Provided notice of federal requirements on the provision of hospice and curative care.
- For Comprehensive LTC plans and MMA plans, advised of a new ad hoc reporting requirement for reporting plan enrollees who have been diagnosed with HIV or AIDS, or have had a change in status from HIV to AIDS.
- For Comprehensive LTC plans and MMA plans, replaced previous policy transmittal and advised of a new ad hoc reporting requirement for reporting plan enrollees who have been diagnosed with HIV or AIDS, or have had a change in status from HIV to AIDS.
- For Comprehensive LTC plans and LTC Fee-for-Service plans, provided performance measures for LTC plans to use to monitor participating nursing facilities.
- For Comprehensive LTC plans and LTC Fee-for-Service plans, advised LTC plans of a new ad hoc report requirement regarding the freedom of choice selection by LTC plan enrollees in accordance with the federally approved 1915(c) Home and Community Based Services Waiver.
- For Comprehensive LTC plans and LTC Fee-for-Service plans, advised of the process for documenting and processing retroactive changes to nursing home per diem rates.

The three “Dear Provider” letters advised managed care plans of the following:

- The Agency developed a guide for Medicaid practitioners to utilize when billing services provided use the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model.
- Reminded managed care plans that there are additional behavioral health codes in the contracts that can be used as downward substitutions for services in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.
- Informed Comprehensive LTC plans and LTC Fee-for-Service plan about the implementation of a Community High Risk Pool (CHRP) in the LTC program.

Also during this quarter, the Agency is finalizing revisions to the SMMC Report Guide to include corrections and new reporting requirements, and is also beginning to gather items for the next SMMC general contract amendment.

b) Benefit Packages

In addition to the expanded benefits available under the MMA program that are listed in Attachment II of this report, the managed care plans will provide standard benefits in accordance with the Florida Medicaid State Plan, the Florida Medicaid Coverage and

Limitations Handbooks, and the Florida Medicaid fee schedules. The table below lists the standard benefits that will be provided under the MMA contracts that were executed by the MMA plans:

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

c) Plan Readiness Review and Monitoring

The Agency selected 14 standard, non-specialty MMA plans through a competitive procurement process. In addition, the Agency selected five companies to provide services to specialty populations, including specialty plans focused on HIV/AIDS, child welfare and foster care, severe mental illness, and dual eligibles with chronic conditions.

In March 2014, the Agency completed the process of conducting a readiness review of MMA plans. All MMA plans were required to submit requested readiness documents in order for the Agency to complete a thorough desk review of identified key areas before the MMA plans began providing services on May 1, 2014. As of June 30, 2014, the Agency has received responses to the readiness review request for 17 of 18 MMA plans. The Agency has also completed desk reviews and on-site reviews for 17 of 18 MMA plans as shown in Table 2 located on the following page. The only MMA plan that has not completed the readiness process is Freedom Health, which isn't scheduled to "Go Live" until January 2015. Furthermore, the Agency holds

weekly calls with all MMA plans, and continues to monitor the MMA plans on a daily basis as the SMMC program rolls out statewide.

Table 2
MMA Plan Readiness Review

MMA Plan	Readiness Review Request Sent	Readiness Review Response Received	Desk Review Complete	Onsite Review Complete
1. **AHF/Positive**	X	X	X	X
2. **Amerigroup**	X	X	X	X
3. **Better**	X	X	X	X
4. **Clear Health**	X	X	X	X
5. **Coventry**	X	X	X	X
6. **FCA**	X	X	X	X
7. **Freedom**				
8. **Humana**	X	X	X	X
9. **Integral**	X	X	X	X
10. **Magellan**	X	X	X	X
11. **Molina**	X	X	X	X
12. **Preferred**	X	X	X	X
13. **Prestige**	X	X	X	X
14. **SFCCN**	X	X	X	X
15. **Simply**	X	X	X	X
16. **Staywell**	X	X	X	X
17. **Sunshine**	X	X	X	X
18. **United**	X	X	X	X

d) Health Plan Reported Complaints, Grievances and Appeals

Health Plan Reported Complaints

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

Table 3
MMA Health Plan Reported Complaints
(May 1, 2014 – June 30, 2014)

Quarter	Total
May 1, 2014 – June 30, 2014	3,950

Grievances and Appeals

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

Table 4
MMA Grievances and Appeals
(May 1, 2014 – June 30, 2014)

Quarter	Total Grievances	Total Appeals
May 1, 2014 – June 30, 2014	567	340

Medicaid Fair Hearing (MFH)

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

Table 5 MMA Medicaid Fair Hearings Requested and Medicaid Fair Hearings Held (May 1, 2014 – June 30, 2014)		
Quarter	**MFHs Held**	**MFHs Requested**
May 1, 2014 – June 30, 2014	0	0

Beneficiary Assistance Program (BAP)

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

Table 6 MMA BAP Requests (May 1, 2014 – June 30, 2014)	
Quarter	**Total**
May 1, 2014 – June 30, 2014	0

e) Agency-Received Complaints/Issues

Table 7 provides the number of complaints/issues the Agency received by type of health plan during this quarter. There were no trends discovered in the Agency-received complaints for this quarter.

Table 7 Agency-Received MMA Complaints/Issues (May 1, 2014 – June 30, 2014)	
Quarter	**Total**
May 1, 2014 – June 30, 2014	785

3. Enrollment Data

Attachment III provides an update of the monthly MMA enrollment in each region that the MMA program was implemented this quarter, beginning May 1, 2014 and ending June 30, 2014, and contains the following enrollment reports:

- Number of MMA Plans in Regions Report, and
- MMA Enrollment by Region Report.

4. Choice Counseling Program

The following provides an update for this quarter on choice counseling program activities for the call center, self-selection rate and auto assignments.

a) 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 8:00a.m. – 8:00p.m., and Friday 8:00a.m. – 7:00p.m. During this quarter, the call center had an average of 315 full time equivalent employees who can answer calls in English, Spanish and Haitian Creole.

The choice counseling call center received 551,984 calls during this quarter, which remains within the anticipated call volume. Table 8 provides the call volume for this quarter.

Table 8
Call Volume for Incoming and Outgoing Calls
(April 1, 2014 – June 30, 2014)

Type of Calls	April	May	June	Totals
Incoming Calls	125,201	176,332	250,451	**551,984**
Outgoing Calls	7,352	22,892	2,808	**33,052**
Totals	**132,553**	**199,224**	**253,259**	**585,036**

b) Self-Selection and Auto Assignment Rates

From August 2013 to June 2014, 35% of recipients enrolled in the demonstration self-selected a managed care plan and 65% were auto-assigned. Table 9 provides the current self-selection and auto-assignment rate for this quarter.

Table 9
Self-Selection and Auto-Assignment Rate*
(April 1, 2014 – June 30, 2014)

	April	May	June
Self-Selected	148,680	242,221	359,896
Auto-Assignment	431,126	515,395	469,202
Total Enrollments	579,806	757,616	829,098
Self-Selected %	26%	32%	43%
Auto-Assignment %	74%	68%	57%

* 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 rate as *"Voluntary Enrollment Rate,"* the data is 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 rate includes the Long-term Care and Managed Medical Assistance populations.

5. Quality

The following provides an update on quality activities for the External Quality Review Organization (EQRO) and health plan performance measure reporting.

a) EQRO

On April 1, 2014, the Agency approved the Annual Technical Report for SFY 2012-2013 that was submitted to the Agency last quarter by Health Services Advisory Group, Inc. (HSAG), Florida's contracted EQRO. The Agency submitted the report to Federal CMS on April 8, 2014.

On May 20, 2014, HSAG conducted an on-site quarterly meeting with the managed care plans and Agency staff in Tallahassee. Presentations were given by the Florida Department of Health on the following topics: Improving Asthma Outcomes, the Diabetes Prevention Change Program, and Diabetes Self-Management Education. Agency staff provided a presentation on the Event Notification Service, which offers participating managed care plans an opportunity to receive alerts when members receive services in an emergency department or are admitted to an inpatient hospital setting. HSAG's Performance Improvement Project (PIP) Coordinator provided a presentation on HSAG's redesigned PIP summary forms. On May 20 and May 21, HSAG provided one-on-one PIP technical assistance sessions to each of the managed care plans that requested them.

In addition to the onsite meeting, during this quarter HSAG submitted the SFY 2013-2014 Annual Performance Improvement Project Validation Summary Report to the Agency. The Agency submitted comments to HSAG on June 23, and the final version of the report was submitted to the Agency and approved on June 30, 2014.

On June 13, 2014, HSAG submitted the first draft of the annual Encounter Data Validation Study related to their review of the Agency's and its contracted managed care plans' information systems. The Agency submitted comments to HSAG on June 24, 2014 and expects to receive the final version of this report, in addition to an encounter data medical record validation report, during the next quarter.

b) Plan Performance Measure Reporting

During this quarter, the Agency updated the Performance Measure Specifications Manuals for the LTC and MMA plans. In the past the Agency's specifications manual has only included Agency-defined measures, as all other required performance measures were the National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set (HEDIS) measures. Due to the inclusion of non-HEDIS measures from the Adult and Child Core Sets of measures, as well as several Health Resources and Services Administration – HIV/AIDS Bureau measures, the Performance Measure Specifications Manuals now include a list of all the required performance measures, with links to the technical specifications for non-HEDIS, non-Agency-defined measures. The updated Performance Measure Specifications Manuals for July 1, 2015 reporting will be provided to the LTC and MMA plans during the next quarter.

6. Policy and Administrative Issues

The Agency continues to identify and resolve various operational issues for the managed care plans. 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 "Dear Provider" letters and policy transmittals to the managed care plans. The following provides an update for this quarter on these forums as the Agency continues its initiatives on process and program improvement.

a) Fraud and Abuse Meetings

As an effort to enhance the program integrity function required by contract, the Agency typically holds quarterly meetings with the health plans and other state agencies involved with health care fraud and abuse in order to discuss fraud and abuse initiatives and current health plan processes.

During this quarter, the Agency held a fraud and abuse meeting on June 13, 2014 for all health plans. The training was located in Tampa, Florida. The fraud and abuse meeting included the following:

- Presentation by the Agency's Background Screening Unit on how the plans can utilize the Clearinghouse when doing background screenings;
- Government agencies sharing about processes that are integral to the health plans' anti-fraud efforts;
- Discussion about operational issues (Agency site visits, provision of information regarding terminated providers, provider registration processes, investigation updates, and other training needs);
- Health plan best practices; and
- Health plans sharing concerns or needs about more effectively addressing fraud.

Fifty-four persons attended the training, with representation from all but two Medicaid health plans, which were excused due to job related issues.

B. Medicaid Reform

Please note, the Medicaid Reform program was phased out this quarter as the MMA program was implemented in Baker, Clay, Duval, and Nassau counties (Region 4) on May 1, 2014 and Broward County (Region 10) on July 1, 2014. Therefore, this quarter's report concludes reporting of the Medicaid Reform program in the quarterly reports.

1. Health Care Delivery System

The following provides an update for this quarter activities related to the health care delivery system for health plan contracting, benefit packages, health plan reported complaints, grievances and appeals, Agency-received complaints, grievances and appeals, medical loss ratio, and on-site surveys and desk reviews.

a) Health Plan Contracting

Health Plan Applications and Expansion Requests

Health plan application and expansion requests will not be processed through the implementation of the MMA program. Please refer to Attachment I, Medicaid Reform Enrollment Report, for a listing of the Reform health plan contracts.

Health Plan Capacity

Health plan capacity is monitored on an ongoing basis to ensure recipients have a choice of at least two health plans in each demonstration county. Please refer to Attachment I, Medicaid Reform Enrollment Report, for a listing of the Reform health plans operating by county.

b) Benefit Packages

The customized benefit packages became operational on January 1, 2013 and will remain valid through the implementation of the MMA program, effectively overlapping Demonstration Years Seven and Eight. To view the customized benefit packages, please refer to the second quarter report of Demonstration Year Eight.

Expanded Services

In Year Eight of the demonstration, all of the capitated health plans continue to offer expanded or additional benefits that were not previously covered by the state under the Medicaid State Plan in order to meet the needs of new enrollees. The following is a list of the expanded services currently offered by the capitated health plans of which the over-the-counter drug benefits and adult preventive benefits are the most frequently offered:

- Over-the-counter drug benefit – $25 per household per month
- Adult preventive dental
- Circumcisions for male newborns
- Additional adult vision
- Nutritional counseling.

Plan Evaluation Tool

The health plans' Year Seven benefit packages were approved during the second quarter of Demonstration Year Seven and became effective January 1, 2013. For 2014, the current health plans' Year Seven benefit packages will be extended through the implementation of the MMA program.

c) Health Plan Reported Complaints, Grievances and Appeals

Health Plan Reported Complaints

Table 10 provides the number of complaints reported by health plan type for this quarter.

Table 10
Reform Health Plan Reported Complaints
(April 1, 2014 – June 30, 2014)

Quarter	HMO Complaints	PSN Complaints
April 1, 2014 – June 30, 2014	760	34

Grievances and Appeals

Table 11 provides the number of grievances and appeals by health plan type for this quarter.

Table 11
Reform Grievances and Appeals
(April 1, 2014 – June 30, 2014)

Quarter	HMO Grievances	HMO Appeals	PSN Grievances	PSN Appeals
April 1, 2014 – June 30, 2014	228	110	32	24

Medicaid Fair Hearing (MFH)

Table 12 provides the number of MFHs requested and held during this quarter. There were a total of 18 MFHs requested this quarter, of which ten were for HMOs and eight for PSNs. There were a total of 12 MFHs held during this quarter, 11 of which were received this quarter. In regards to outcomes, two of the MFHs held received mixed results in favor of the plan and the member, one of the hearings was in favor of the MCE and the other issues are pending a result.

Table 12
Reform Medicaid Fair Hearings Requested and Medicaid Fair Hearings Held
(April 1, 2014 – June 30, 2014)

Quarter	Plan Type	MFHs Requested	MFHs Held
April 1, 2014 – June 30, 2014	**HMO**	10	5
	PSN	8	7
	Total	**18**	**12**

Beneficiary Assistance Program (BAP)

Table 13 provides the number of requests submitted to the BAP during this quarter.

Table 13 Reform BAP Requests (April 1, 2014 – June 30, 2014)			
Quarter	**HMO**	**PSN**	**Total**
April 1, 2014 – June 30, 2014	0	0	**0**

d) Agency-Received Complaints/Issues

Table 14 provides the number of complaints/issues the Agency received by type of health plan during this quarter. There were no trends discovered in the Agency-received complaints for this quarter.

Table 14 Agency-Received Reform Complaints/Issues (April 1, 2014 – June 30, 2014)			
Quarter	**HMO**	**PSN**	**Total**
April 1, 2014 – June 30, 2014	4	4	**8**

e) Medical Loss Ratio (MLR)

During this quarter, all 12 capitated health plans submitted their first quarter MLR reports for Demonstration Year Eight to the Agency on or before the due date. The Agency submitted the capitated plan's MLR results to Federal CMS by May 15, 2014, as outlined in Table 11, Health Plan Medical Loss Ratio Reporting Schedule, of the second quarter report for Demonstration Year Eight. All 12 capitated health plans reported an MLR above 85% for the reporting period.

f) On-Site Surveys and Desk Reviews

During this quarter, the Agency did not conduct on-site surveys of the health plans. The Agency continued to conduct desk reviews of health plan provider networks for adequacy; review financial reports; review medical, behavioral health, and fraud and abuse policies and procedures; and review and approve performance improvement projects, quality improvement plans, disease management programs, member and provider materials and handbooks.

2. Enrollment Data

Attachment IV of this report provides an update of the monthly Reform enrollment for this quarter, beginning April 1, 2014 and ending June 30, 2014, and contains the following enrollment reports:

- Medicaid Reform Enrollment Report,
- Medicaid Reform Enrollment by County Report, and
- Medicaid Reform Voluntary Population Enrollment Report.

During this quarter, there were a total of 15 Reform health plans – 11 HMOs and four FFS PSNs – prior to the implementation of the MMA program. Attachment I shows enrollment numbers decreasing for Baker, Clay, Duval, Nassau and Broward counties due to freezing of new enrollments during the transition to the MMA program.

3. Choice Counseling Program

The following provides an update for this quarter on choice counseling program activities for online enrollment, call center and new eligible self-selection data.

a) Online Enrollment

Table 15 shows the number of online enrollments by month for this quarter. There were no new enrollments due to the freezing of new enrollments during the transition to the MMA program.

Table 15
Online Enrollment Statistics
(April 1, 2014 – June 30, 2014)

	April	May	June
Enrollments	0	0	0

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 the hearing-impaired callers. The call center uses a tele-interpreter language line to assist with calls in over 100 languages. The hours of operation are Monday through Thursday 8:00a.m. – 8:00p.m., and Friday 8:00a.m. – 7:00p.m. During this quarter, the call center had an average of 20 full time equivalent employees who can answer calls in English, Spanish and Haitian Creole. The choice counseling call center received 19,033 calls during this quarter, which is trending down as expected. Table 16 provides the call volume of incoming and outgoing calls during this quarter.

Table 16
Call Volume for Incoming and Outgoing Calls
(April 1, 2014 – June 30, 2014)

Type of Calls	April	May	June	Totals
Incoming Calls	9,121	9,912	0	**19,033**
Outgoing Calls	108	4	0	**112**
Totals	**9,229**	**9,916**	**0**	**19,145**

<u>Outbound and Inbound Mail</u>

During this quarter, the choice counseling vendor mailed the following:

- New-Eligible Packets (mandatory and voluntary) 0
- Confirmation Letters 262
- Open Enrollment Packets 0
- Transition Packets (mandatory and voluntary) 0
- Plan Transfer Letters (mandatory and voluntary) 0

Health Literacy

During this quarter, the Special Needs Unit documented and reported on the verbal reviews and referrals as shown in Table 17.

Table 17
Number of Referrals and Case Reviews Completed
(April 1, 2014 – June 30, 2014)

	April	May	June
Case Referrals	419	0	0
Case Reviews	379	0	0

Face-to-Face/Outreach and Education

Table 18 provides the outreach activities that were performed this quarter.

Table 18
Choice Counseling Outreach Activities
(April 1, 2014 – June 30, 2014)

Field Activities	4th Quarter – Year 8
Group Sessions	0
Private Sessions	0
Home Visits and One-On-One Sessions	0
No Phone List*	0
Outbound Phone List	0
Enrollments	0
Plan Changes	0

*Attempts made by field choice counselors to contact recipients who do not have a valid phone number in the Health Track System.

The Mental Health Unit

During this quarter, the Mental Health Unit completed five recipient referral calls.

Complaints/Issues

There were no complaints received related to the choice counseling program during this quarter.

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 rank 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 a health plan or to make a health plan change.

Due to the implementation of the MMA program, there were not enough surveys available for a statistically valid sample.

c) New Eligible Self-Selection Data

From July 2010 to June 2014, 66% of recipients enrolled in the demonstration self-selected a health plan and 34% were auto-assigned. Table 19 shows the current self-selection and auto-assignment rate for this quarter.

Table 19
Self-Selection and Auto-Assignment Rate*
(April 1, 2014 – June 30, 2014)

	April	May	June
Self-Selected	403	310	41
Auto-Assignment	0	0	0
Total Enrollments	403	310	41
Self-Selected %	100%	100%	100%
Auto-Assignment %	0%	0%	0%

* 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 rate as *"Voluntary Enrollment Rate,"* the data is 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.

4. Enhanced Benefits Account Program

The following provides an update for this quarter on enhanced benefits account program activities for the call center, statistics, advisory panel, and phase-out of the enhanced benefits account program.

a) Call Center Activities

The enhanced benefits call center, managed by the choice counseling vendor [Automated Health Systems (AHS)], located in Tallahassee, Florida, operates a toll-free number and a toll-free number for hearing impaired callers. The call center answers all inbound calls relating to program questions, provides enhanced benefits account updates on credits earned/used, and assists recipients with utilizing the web-based over-the-counter product list. The call center is staffed with employees who speak English, Spanish and Haitian Creole. In addition, a language line is used to assist with calls in over 100 languages. The hours of operation are Monday – Thursday 8:00a.m. – 8:00p.m., and Friday 8:00a.m. – 7:00p.m.

The Automated Voice Response System (AVRS) that provides recipients balance-only information handled 21,108 calls during this quarter. Table 20 located on the following page highlights the enhanced benefits call center and mailroom activities during this quarter.

Table 20 Highlights of the Enhanced Benefits Call Center Activities (April 1, 2014 – June 30, 2014)			
Enhanced Benefits Call Center Activity	**April**	**May**	**June**
Calls Received	3,040	3,154	3,149
Calls Answered	2,967	3,123	3,084
Average Talk Time (minutes)	5:24	4:41	4:53
Calls Handled by the AVRS	6,801	7,297	7,010
Outbound Calls	10	7	2
Enhanced Benefits Mailroom Activity			
EB Welcome Letters	191	249	676

Outreach and Education

During this quarter, the call center mailed 1,116 welcome letters and 144,701 coupon statements. The choice counselors continue to provide up-to-date information for recipients regarding their enhanced benefits account balances.

Complaints

Table 21 provides a summary of the complaints received and actions taken during this quarter.

Table 21 Enhanced Benefits Recipient Complaints (April 1, 2014 – June 30, 2014)	
Recipient Complaint	**Action Taken**
1. A recipient called about the customer service she received at the pharmacy regarding her account.	➲ The call center advised apologized to the recipient and explained the OTC list is updated monthly; however products on the list may not be at each pharmacy.

b) Enhanced Benefits Statistics

As of the end of this quarter, 14,289 recipients lost EBA eligibility resulting in losing EBA credits, totaling $641,578.99. Table 22 provides the EBA program statistics during this quarter.

Table 22 Enhanced Benefits Account Program Statistics (April 1, 2014 – June 30, 2014)				
Fourth Quarter Activities – Year Eight		**April**	**May**	**June**
I.	Number of health plans submitting reports by month in each county	31	31	31
II.	Number of enrollees who received credit for healthy behaviors by month	39,958	27,731	23,085

Table 22 Enhanced Benefits Account Program Statistics (April 1, 2014 – June 30, 2014)				
Fourth Quarter Activities – Year Eight		**April**	**May**	**June**
III.	Total dollar amount credited to accounts by each month	$969,150.00	$683,707.50	$648,502.50
IV.	Total cumulative dollar amount credited through the end each month	$81,871,188.66	$82,554,896.16	$83,203,398.66
V.	Total dollar amount of credits used each month by date of service	$712,032.76	$712,772.36	$702,078.68
VI.	Total cumulative dollar amount of credits used through the month by date of service	$46,865,315.86	$47,578,088.22	$48,280,166.90
VII.	Total unduplicated number of enrollees who used credits each month	21,856	21,697	20,539

c) Enhanced Benefits Advisory Panel

There was no EB Advisory Panel meeting held during this quarter. To view information on previous panel meetings, please visit the Agency's EBA website at the following link: http://ahca.myflorida.com/Medicaid/medicaid_reform/enhab_ben/enhanced_benefits.shtml.

d) Notice of EBA Program Phase Out

During this quarter, there were no notices mailed regarding the phase-out of the EBA program.

5. Demonstration Goals

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

Objective 1: To ensure there is an increase in the number of health plans from which an individual may choose, an increase in the different type of health plans, and increased enrollee satisfaction.

The Medicaid Reform program was phased out this quarter as the MMA program was implemented in Baker, Clay, Duval, and Nassau counties (Region 4) on May 1, 2014 and Broward County (Region 10) on July 1, 2014. The MMA program provides a limited number of plans in the 11 geographic regions to ensure stability, significant recipient choice and coverage in rural areas of the state. Please refer to Section II.A., Managed Medicaid Assistance Program, of this report for more information on the number and different type of MMA plans available in the MMA program.

Objective 2(a): To ensure that there is access to services not previously covered.

In Year Eight of the Reform demonstration, all of the capitated health plans offered expanded or additional benefits that were not previously covered under Florida's Medicaid State Plan in order

to meet the needs of new enrollees. Please refer to Section II.A.2 of this report for additional information on the capitated health plans benefit packages and expanded benefits.

Objective 2(b): To ensure that there is improved access to specialists.

The Annual Report will demonstrate access to specialists. The latest analysis on access to specialists can be found in the Final Annual Report for Demonstration Year Seven at the Agency's following link: http://ahca.myflorida.com/Medicaid/medicaid_reform/annual.shtml.

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

A summary of results of the sixth year of performance measures is included in the second quarter report for Demonstration Year Eight. During this quarter, the health plans submitted Lessons Learned from their Performance Measure Action Plan activities, and the Agency sent out liquidated damages letters to the health plans (based on the 2013 performance measure submission). The Agency also sent the health plans the benchmarks against which their 2014 performance measure submissions will be compared. The Performance Measure Report covering calendar year 2013 is due to the Agency by July 1, 2014.

Performance measures for the MMA program are discussed in Section II.A.5. of this report.

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

The Agency runs 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. Using this model, the Agency can 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 enables a comparison by county or by health plan. The reports generated include morbidity scoring for risk adjustment (MedRx), utilization per member per month (normalized to report per 1,000 recipients), and distribution by category of the QI's at the statewide level (including fee-for-service and managed care), as well as for each managed care organization and for the Reform health plans and the non-Reform health plans. The model has been updated to support the latest version (4.4) provided by Agency for Healthcare Research and Quality. The aggregate data for all health plans demonstrate ACSC hospitalizations have trended down over the past three and a half state fiscal years.

Reports can be generated for designated Florida counties possessing similar Standard Metropolitan Statistical Areas (SMSA) characteristics – classified as small rural, medium rural, medium urban and large urban areas. Reports are also generated for plan-to-plan comparisons.

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

The Agency uses a model based on the New York University ED (emergency departments) algorithm to analyze the utilization of emergency departments. The aggregate data for all health plans demonstrate the Emergency Department utilizations went down between State Fiscal Years (SFY) 2010-11 and 2011-12; back up in SFY 2012-13; and then decreased during the first half of 2013-14.

This model is set up to process and compare results between fee-for-service recipients and managed care enrollees. These reports also include a volumetric with morbidity scoring (MedRx), utilization per member per month (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 Reform and non-Reform health plan groups. Portions of the report are designed to show county comparisons based on utilization by managed care eligible recipients, or according to health plan member utilization. The model has been updated to support the latest version (2.0) provided by New York University.

The algorithm developed by New York University is 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.

Objective 4: To ensure that enrollee satisfaction increases.

During this quarter, the Agency's evaluation vendor completed administering the Consumer Assessment of Health Care Providers and Systems (CAHPS) Health Plan 5.0 Survey for Reform and Non-Reform health plan enrollees. Survey results were submitted to the Agency at the end of this quarter and will be reviewed during the first quarter of Demonstration Year Nine. Enrollee satisfaction survey results for the past year will be included in the Reform Evaluation Draft Final Summary Report that the Agency will submit to Federal CMS 120 days after the end of the Reform demonstration.

Objective 5: To evaluate the impact of the low income pool (LIP) on increased access for uninsured individuals.

STC #84 – Tier-One Milestone

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 website at the following link: http://www.fdhc.state.fl.us/Medicaid/medicaid_reform/lip/documents.shtml. Please refer to Section III, Low Income Pool, of this report for an update (if available) on both Tier-One Milestone reports.

STC #85 – Tier-Two Milestone

This STC requires that the top 15 LIP hospitals, which are allocated the largest annual amounts in LIP funding, participate in initiatives that broadly drive from the three overarching goals of Federal CMS' Three-Part Aim. These initiatives focus on: infrastructure development; innovation and redesign; and population focused improvement. Please refer to Section III, Low Income Pool, of this report for an update on STC #85.

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 October 30, 2012, Federal CMS approved the Agency's Final Evaluation Design. When available, the results of the evaluation will be reported under Section VI, Evaluation of the Demonstration, of this report.

III. Low Income Pool

One of the fundamental elements of the demonstration is the Low Income Pool (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.

1. LIP Council Meetings

During this quarter, the Agency held no LIP Council meetings.

2. LIP STCs - Reporting Requirements

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

STC #84d – LIP Tier-One Milestones

This STC requires the submission of an annual *Milestones Statistics and Finding Report*, which provides a summary of LIP payments received by hospital and non-hospital providers, the number and types of services provided, the number of recipients served, and the number of service encounters, and provides information relevant to the research questions associated with domain v of the 1115 MMA Waiver.

- On April 1, 2014, the Agency submitted to Federal CMS the annual *Milestones Statistics and Finding Report* for Demonstration Year Seven. The report can be viewed on the Agency's website at the following link: http://ahca.myflorida.com/Medicaid/medicaid_reform/lip/documents.shtml

STC #85 – LIP Tier-Two Milestones

This STC requires the top 15 hospitals receiving LIP funds to choose three initiatives that follow the guidelines of the Three-Part Aim. These hospitals must implement new, or enhance existing, health care initiatives, investments, or activities with the goal of meaningfully improving the quality of care and the health of populations served. The three initiatives should focus on: infrastructure development; innovation and redesign; and population-focused improvement.

- On April 25, 2014, the Agency submitted to Federal CMS the second quarter reporting for SFY 2013-14 for the 44 hospital initiatives.
- On June 20, 2014, the Agency submitted to Federal CMS the third quarter reporting for SFY 2013-14 for the 44 hospital initiatives.

IV. Monitoring Budget Neutrality

In accordance with the requirements of the approved Florida 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 IV of this report are through the fourth quarter (April 1, 2014 – June 30, 2014) of Demonstration Year Eight. 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. For counties where Medicaid Reform is operating, the case months and expenditures reported are for enrolled mandatory and voluntary individuals. For counties where Medicaid Reform is not operational, the mandatory population and expenditures are captured and subject to the budget neutrality. However, these individuals receive their services through the Medicaid State Plan, the providers of the 1915(b) Managed Care Waiver and/or providers of 1915(c) Home and Community Based Services Waivers.

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 #94, is monitored using data based on date of service. The Per Member Per Month (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. The current CMS 64 reporting methodology will continue through the implementation of the MMA program.

Please refer to Attachment V of this report for an update on Budget Neutrality figures through the fourth quarter (April 1, 2014 – June 30, 2014) of Demonstration Year Eight.

V. Encounter and Utilization Data

1. Encounter Data

During this quarter, several monthly Encounter Data Compliance Reports were distributed to the managed care plans. The Compliance Reports for encounters processed in February 2014 and March 2014 were distributed on April 29, 2014 and May 22, 2014, respectively. These reports focused on analytical measures to gauge the accuracy and timeliness of the encounter data submissions from each managed care plan. The analytical processes used to generate the Compliance Reports undergo iterative reviews and validation checks each month. The Compliance Reports are modified as needed to address any issues and to incorporate additional functionality.

Reviewing and refining the methodologies for editing, processing and extracting encounter data are ongoing processes for the Agency. During this quarter, several system modifications and data table upgrades were implemented to improve the quality of encounter data and encounter data analytics. Agency for Healthcare Research and Quality (AHRQ) 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 needed. 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 has also developed a report for monitoring services, expenditures and utilization of the newly implemented Long-term Care program, based on the encounter data submitted and processed.

The Agency has contracted with Health Services Advisory Group, Inc. (HSAG) as its External Quality Review Organization (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 contracted managed care plans are complete and accurate. HSAG will compare encounter data with the managed care plan's administrative data and will also validate provider-reported encounter data against a sample of medical records. During this quarter, HSAG delivered its draft first encounter data report which contained an analysis of encounter data field validity and completeness, a review of the Agency's and managed care plan's encounter data systems and processes, and recommendation of future improvement opportunities.

2. Rate Setting/Risk Adjustment

The rate setting process for September 2013 through August 2014 currently uses hospital inpatient, hospital outpatient, physician/other, pharmacy and mental health encounter data.

During this quarter, this methodology for setting rates was phased out with the implementation of the Florida's Statewide Medicaid Managed Care program. The final reports for Region 4 were received from the actuary on April 11, 2014 and for Region 10 on June 16, 2014.

The first quarterly report for Demonstration Year Nine will contain activities relating to the rate/risk adjustment process for the SMMC program.

VI. 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 #110 – 113 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.

To view the Final Evaluation Design for the current waiver period December 16, 2011 – June 30, 2014 and to view the Final Evaluation Report that covers the initial five-year demonstration period, please visit the Agency's website at the following link: http://ahca.myflorida.com/Medicaid/quality_management/mrp/contracts/med027/index.shtml. For information on evaluation activities, reports and findings that occurred prior to this quarter, please refer to previous quarterly and annual reports posted on the Agency's website at: http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml.

Pending and Upcoming Evaluation Reports and Activities

The following provides an update of the pending and upcoming evaluation reports and activities during this quarter:

- The University of Florida (UF) submitted the final version of the Low Income Pool *Milestone Statistics and Findings Report* for Demonstration Year Seven, and the Agency submitted this report to Federal CMS on April 1, 2014.
- The UF research team submitted reports to the Agency on evaluation domains i-iii and v-ix, covering data through SFY 2011-12. Agency staff provided feedback to UF on these reports and they were revised and approved. It is anticipated that these reports will be posted to the Agency's website next quarter.
- During the next quarter, UF will submit the draft Final Evaluation Summary Report to the Agency for review.
- Florida International University (FIU) completed its analysis of interviews with compliance staff for several managed care plans and finished conducting content analysis of managed care plans' anti-fraud plans and fraud and abuse activity reports.
- FIU submitted a draft final report of the evaluation of domain iv at the end of this quarter. Agency staff will provide feedback to the research team next quarter and the FIU research team will then submit the revised report to the Agency.
- Federal CMS sent feedback on the updated Draft Evaluation Design for the MMA program (submitted by the Agency in February 2014) to the Agency at the end of May. Agency staff reviewed the comments from Federal CMS and began revising the updated Draft Evaluation Design. The Agency will discuss the comments and revisions with Federal CMS next quarter.

VII. Waiver Extension Request

On November 27, 2013, the Agency submitted a three-year waiver extension request to Federal CMS to extend Florida's 1115 MMA Waiver for the period July 1, 2014 to June 30, 2017. The waiver extension request document can be viewed by visiting the Agency's website at the following link:
http://ahca.myflorida.com/medicaid/statewide_mc/mma_fed_auth_extension.shtml.

Status of Federal Approval

- On December 12, 2013, Federal CMS notified the Agency they had finished their preliminary review of the state's extension request and determined the state's request has met the requirements of a complete extension request as specified under Section 42 CFR 431.412(c). Federal CMS posted the documents for public comments on their website for 30 days at the following link:
  http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html.

- On June 30, 2014, the Agency received a letter from Federal CMS granting a 31-day temporary extension of the 1115 MMA Waiver until July 31, 2014. The temporary extension ensured continued service delivery to Medicaid recipients and provided additional time to finalize the waiver authorities, expenditure authority and STCs of the waiver.

Attachment I
Comprehensive MMA Outreach Schedule

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
Week of 4/1/2014				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Providers/Beneficiaries/Stakeholders/Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	Legislature	External Affairs	Letter	Letters provided to Legislators in Regions 1, 7, and 9 notifying of implementation of the SMMC Managed Medical Assistance (MMA) Program within their districts effective August 1, 2014.
	AHCA Staff	Executive Management	Phone	Area Office Update call provided 2 months prior to Go Live
	General Public / Media	Communications Office	Press Release	Inform recipients of Welcome Letters coming
	General Public	Communications Office	Facebook	Inform recipients of Welcome Letters coming
	General Public	Communications Office	Twitter	Inform recipients of Welcome Letters coming
	AHCA Staff	Outreach Team	IN Person	MMA Update/ SMMC Data Analytic Brown Bag Lunch.
	Recipients	Choice Counseling	In Person	Presentation to recipients regarding enrollment counseling at the following facilities: Lake Alfred, ALF, Arlington Adult Residential Facility, Bridgeview Center, Autumn Breeze, Carmen Villas, Williston Health & Rehab, DOH Taylor County, Palm Garden of Jacksonville, Middleburg ALF, North Point Retirement Center, Orange Park ALF, Josephine Home Away From Home, Forest Lake Manor, Diamond Ridge Health & Rehab, Indian Oaks Manor.
	Providers	Outreach Team	In Person	SMMC/MMA Update to MediPass HIV/AIDS and PAC Waivers providers.
	Providers	Outreach Team	In person	SMMC/MMA Update with an emphasis on DME to Fl. Association of Home Care Services
	Providers	Choice Counseling	In Person	Enrollment Counseling presentation to recipients at the following facilities: DOH Franklin County, Sunrise Health Center, Brookdale Atriun at Regency, The Forum at Deer Creek.
	Standard Populations	Choice Counseling	Letter	Pre-Welcome Letters mailed
Week of 4/7/2014				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	Providers/Beneficiaries/Stakeholders/Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Providers	Choice Counseling	In Person	Staff training regarding Choice Counseling at the following locations: Jackson County Transportation, Claridge House Nursing and Rehab, DOH Sarasota, Harbor Beach, DOH Gulf County, Jackson Memorial Hospital.
	Providers	Choice Counseling	In Person	Educational presentation regarding Choice Counseling.
	AHCA Staff	Executive Management	PowerPoint	Monthly AHCA Staff update on SMMC.

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
	Recipients	Choice Counseling	In Person	Presentation to recipients regarding enrollment counseling at the following facilities: Southlake Nursing & rehab, Oakbrook of Labelle, Presbyterian Home, Aging solutions Inc., Coral Landing Assisted Living, Taylor Home, Haines City Healthcare, Lakeside Pavilion, Signature Healthcare of Orange Park, Seaside Manor ALF, Jackson County Transportation, Lakeland Hills CTR, Mental Health Resource Center, Palatka Health Care Center, Seminole County DOH, Emanuel ALF, Nurses Helping Hands, Taylor Care Center, Westminster Woods Julington, Bay Center.
	Network Provider Associations	Outreach Team	In Person	MMA Update to the Healthy Start Coalition of Volusia and Flager County
	Network Providers	Area Office Staff	Calls/Webinars	Area office staff will conduct trainings for network providers for six weeks starting two weeks before go live.
Week of 4/14/2014				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	Providers/Beneficiaries/Stakeholders/Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Network Provider Associations	Outreach Team	In Person	SMMC/MMA update with the Florida Medical Association.
	Network Provider Associations	Outreach Team	In Person	SMMC/MMA update with the Transportation board with Bradford County Disadvantage Board and Gilchrist County Transportation Disadvantage Board, Levy County
	Recipients	Choice Counseling	In Person	Enrollment Counseling presentation to recipients at the following facilities: Citrus Health & Rehab, Hardee Manor Healthcare Center, Signature Healthcare of North Florida, Okeechobee Healthcare Nursing Facility, Heart of Florida ALF, Harbor House of Ocala, Morton Plant Rehab, DOH Hernando County, Amazing Grace, Pines of Sarasota, Water Crest Care Nursing & Rehab, BigBend Community Based Care, DOH Suwannee County, Lake Park of Madison, Palm Krest Manor, The Plantation on Summers ALF, NW Fl. Community Hospital.
	Network Provider Association/Stakeholders	Choice Counseling	In person	Tour of the Choice Counseling Call Center
	Network Providers	Choice Counseling	Phone Call	Provider training relating to SMMC/MMA in Tampa and Area 10
	General Public	Choice Counseling	In Person	SMMA/MMA Update at the Community Resource Center
	Network Providers/Provider Associations	Choice Counseling	In Person	Staff training regarding Choice Counseling at the following locations: Park Summit, DOH Citrus County, DOH Hamilton County.
	Network Provider Associations	Outreach Team	In Person	SMMC/MMA Updates for the following: Healthy Start, Mom Care Providers, Pediatrician office, University Counseling office, Local Hospital Provider.
Week of 4/21/2014				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
	Providers/Beneficiaries/Stakeholders	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Beneficiaries	Choice Counseling	Letter	Welcome Letters mailed
	Beneficiaries	Choice Counseling	Letter	Reminder Letters mailed
	Recipient	Outreach Team	In Person	Meet with a recipient for SMMC/MMA update and MMA request for exemption process.
	Network Providers/Provider Associations	Choice Counseling	In Person	Staff training regarding Choice Counseling at the following locations: SI Boniface Gardens, Puerta Del Sol, A1A Care Center, Hialeah Residence, Behavioral Health Workgroup, Jackson Memorial Hospital, DOH Pasco County,
	Recipients	Choice Counseling	In Person	Enrollment Counseling presentation to recipients at the following facilities: My Grandfather Home Care, Easter Seals SFL, Cabot Reserve on the Green, Magnolia Manor, Nuevo Renacer Corp., Home Away From Home, Springwood Court ALF, Summit, Abuelos Ana ALF, Homestead Manor, Peninsula Care & Rehab, Maria Sweet Home, Vandor Geriatric Center.
	Plans/Providers/General Public/Stakeholders	Area Office Staff	In Person	Medical Care Advisory Committee Meeting.
	Network Providers, Network Provider Associations	Outreach Team	In Person	Presentation regarding enrollment counseling for multiple facilities.
	Network Providers	Outreach Team	In Person and Phone	Presentation/ Call to provide an SMMC/MMA update.
	Network Providers	Choice Counseling	In Person	Educational presentation regarding Choice Counseling.
	Network Providers/Network Provider Association	Outreach Team	In Person	SMMC/MMA Update at the Interagency Fraud Task Force meeting
	Network Provider Association	Area Office Staff	In Person	SMMC/MMA Update to Primacy Care Access Network and Oncology Managers of Florida
	Network Provider Association/Providers/Stakeholders	Outreach Team	Phone Call	SMMC MMA and child welfare population
Weeks of 5/1/2014 & 5/5/2014				
	General Public	Outreach Team	Website Update	Monthly meetings to update SMMC Website.
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Providers/Beneficiaries/Stakeholders/Special Populations/Plans	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	Legislature	External Affairs	Letter	An update letter sent 3 months prior to go-live for each phase.
	AHCA Staff	Executive Management	Phone	Area Office Update call provided 2 months prior to Go Live
	General Public / Media	Communications Office	Press Release	Inform recipients of Welcome Letters coming
	General Public	Communications Office	Facebook	Inform recipients of Welcome Letters coming

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
	General Public	Communications Office	Twitter	Inform recipients of Welcome Letters coming
	General Public / Media	Communications Office	Press Release	Press Release for Phase 1 Regions Go Live Date
	Network Provider Associations	Outreach Team	Phone/Webinar	MMA and PAC waiver update to the Florida HIV/AIDS Advocacy network
	Recipients	Choice Counseling	In Person	Educational session regarding enrollment and choice counseling to recipients at St. Dominic Gardens, San Lorenzo, Judith's ALF, Regents Park at Aventura, Parkland Rehab and Nursing, Heartland for Children, Federation Gardens, Comprehensive Health Care, Claridge House Nursing and Rehab, Crest Haven, Headstart Program, Sunset Lake Health & Rehab, Jewish Federation of South Broward, Sabal Palms Healthcare Center, Casa Herminda, Las Brisas Home Care, St. Boniface Gardens, Lutheran Services, St. Andrews Towers, Capital Area Community Action Agency, Ruby Residential Care, Jackson Memorial Perdue Medical Center, Maribel Paradise Home, Residencia San Lazaro
	Providers	Choice Counseling	In Person	Staff Training at Healthy Start Coalition Hillsborough, Signature Health Care Palm Beach, Boulevard Rehab Center
	Network Provider Associations	Area Office Staff	In Person	MMA Rollout Question and Answer session with Community Social Workers, Case Managers and Discharge Planners and the Healthy Start Coalition
	Providers/Plans	Secretary Dudek	In Person	MMA Region 4 Roll out at the Florida Osteopathic Medical Association
	Providers	Agency Staff	Phone	Conference Call / MMA roll-out question and answer session
	General Public	Communications Office	Facebook	Inform recipients of Welcome Letters coming
	General Public	Communications Office	Twitter	Inform recipients of Welcome Letters coming
	Providers	Outreach Team	In Person	Florida Council of EMS Chiefs, EMS Advisory Council, Access to Care Committee, Florida Ambulance Association, SHINE Statewide Leadership Training for Volunteers
	Network Provider Associations	Outreach Team	In Person	Headstart Pre K Office with PACT (Parents, Partners and Community Advocating for Children Together) to discuss Child Welfare and CMSN
	Providers	Area Office Staff	Conference Call	MMA Question and Answers session for regions 2, 3, 4 Hospitals/Hospice, Physicians/Medipass and Pharmacy providers
Week of 5/12/2014				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans
	Recipients	Choice Counseling	In Person	Presentation to recipients regarding enrollment counseling at the following: Harbor Beach, Heritage Health Care, St. Andrews Towers, Claridge House Nursing and Rehab, The Sterling, One Senior Place, Ive Home ALF.
	Providers/Beneficiaries/Stakeholders/Special Populations/Provider Associations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs
	AHCA Staff	Executive Management	PowerPoint	Monthly AHCA Staff update on SMMC
	Network Providers	Area Office Staff	Calls/Webinars	Area office staff will conduct trainings for network providers for six weeks starting two weeks before go live

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
	Network Provider Associations	Outreach Team	In Person	PCA Best Practice Seminar in Ft. Lauderdale to discuss Private Duty Nursing DME
	Network Provider Associations	Area Office Staff	In Person	National Association of Social Workers in the Gainesville region to discuss general MMA
	Network Provider Associations	Outreach Team and Choice Counseling	In Person	General MMA at the Center for Independent Living in Miami
	Providers/Plans/Network Provider Association	Outreach Team	In Person	MPI Statewide Meeting/Training
	Provider Network Associations/Providers	Area Office Staff	In Person	Presentation Overview of MMA with Early Steps/Early Intervention Staff, Paso County Health Department, Caring Professional Organizations (geriatric professionals), Center for Independent Living in Miami
	Provider Network Associations	Outreach Team	In Person	Private Care Association annual meeting: discussed MMA and Background Screening, Nurse Registry, DME and Home Health Providers Statewide
	Providers/Provider Network Associations	Outreach Team	In Person	Commission for Transportation Disadvantaged Managed Care Workshop for transportation coordinators
Week of 5/19/2014				
	Network Provider Associations/Plans	Outreach Team	In Person	Palm Beach Medical Association IN Palm Beach, Florida Association of Speech Language Pathologists and Audiologists in Orlando to discuss general MMA
	General Public	Communications Office	Facebook	Inform recipients of Welcome Letters coming
	General Public	Communications Office	Twitter	Inform recipients of Welcome Letters coming
	Network Provider Associations	Outreach Team	In Person	Discuss MMA, Child Welfare, CMSN with Guardian Ad Litem's Statewide meeting
	Network Provider Associations/Plans	Outreach Team and Choice Counseling	In Person	Discuss MMA transportation with the Fl. Assisted Living Association Mini Conference in Tampa
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A
	Providers/Beneficiaries/Stakeholders/Special Populations/Provider Associations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs
	Providers	Outreach Team	In Person	SMMC/MMA Hospice, Home Health presentation to providers in Tampa
	General Public/Recipients/Plans/Network Provider Associations/Stakeholder	Outreach Team	TV	Assistant Deputy Secretary for Medicaid Operations was interviewed regarding Agency offered MMA webinars, with the Florida Channel.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans
Week of 5/26/2014				
	Network Provider Associations/Plans	Outreach Team	In Person	Discuss MMA at the monthly implementation meeting with FLS, FLTC Solutions
	General Public	Communications Office	Facebook	Inform recipients of Welcome Letters coming

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
	General Public	Communications Office	Twitter	Inform recipients of Welcome Letters coming
	Recipients	Choice Counseling	In Person	Presentation to recipients regarding enrollment counseling at the following: Midtown Manor ALF, West Broward Rehab & Health Care, St. Andrews Towers, The Forum at Deer Creek, Oaks of Kissimmee.
	Network Provider Associations/Plans	Outreach Team	In Person	Discuss MMA at the Dental Advisory Group Meeting
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans
	Providers/Beneficiaries/Stakeholders/Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs
	Standard Populations	Choice Counseling	Letter	Welcome Letters mailed
	Standard Populations	Choice Counseling	Letter	Reminder Letters mailed
	General Public/Media	Communications Office	Press Release	Press Release for Phase 2 Regions Go Live Date
	Standard Populations/Special Populations, Beneficiaries	Choice Counseling	In Person	Public Session regarding enrollment counseling at DOH in Seminole county, Pediatric Center of Lee county, DCF Fleming Island, Hialeah Residence, Hubbard House, Ann-way Assisted Living, Stanley House, WIC Keystone Heights, Horizon Assisted Living, Mayra Adult Living Facility, The Forum at Deer Creek, DOH Gadsden County, River Villas ALF, Water Crest Care Nursing Care, The Azalea Project, Ponce Therapy Care Center, Lutheran Social Services, All Seasons ALF, Robert Sharp Towers, Capital Area Community Action Agency Gadsden.
	Standard Populations/Special Populations, Beneficiaries	Area Office Staff	In Person	Presentation for an MMA overview at Pasoc County School District, AHCA Region 10
	AHCA Staff	Choice Counseling	In Person	Staff training regarding Choice Counseling at DOH Escambia, The Lodge Health & Rehab, Healthy Start Coalition Pasco, Central Florida Kidney Center.
Week of 6/2/2014				
	General Public	Outreach Team	Website Update	Monthly meetings to update SMMC Website.
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Providers/Beneficiaries/Stakeholders/Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	AHCA Staff	Executive Management	Phone	Area Office Update call provided 2 months prior to Go Live
	General Public / Media	Communications Office	Press Release	Press Release for Phase 2 Regions Go Live Date.

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
	Recipients	Area Office Staff	In Person	Enrollment Counseling session at DOH- Escambia, Safe Children Coalition, Ybor City Healthcare and Rehab, Jerome Golden Center, Jackson Memorial LTC Center, Capital Area Community Action Agency, Pediatric Centers of Lee County, Jackson Memorial LTC Center, Baker County Health Department, DOH-Gadsden, Century Care Center, TANF-Putnam, Sunny Hills of Homestead ALF, Guardian Care Nursing, Century Florida Kidney Center, AHCA Area 10, Laurelwood Assisted Living, Lutheran Social Services, Cove Springs Neighborhood Resource, Berkshire Manor SNFO, Oakland Terrace Apartments.
	Staff	Area Office Staff	In person	Choice Counseling Presentation to staff at Palms Medical Group, Jackson North Medical Center, Healthy Start Coalition, House of Honor ALF
	Providers, Network Provider Associations, General Public, Recipients	Outreach Team	In Person	MMA Rollout Questions and Answer session at: FLS and Foundation for LTC Solutions, Health Fair in Port St. Joe, Jackson North Medical Center, Baptist Children Hospital, ADRC in Sunrise, Annual Governors Summit on Disabilities.
	Providers	Area Office Staff	Conference Call	MMA Question and Answers session for regions 5, 6, 8 Hospitals/Hospice, Physicians/Medipass and Pharmacy providers
Week of 6/9/2014				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	Providers/Beneficiaries/Stakeholders/Special Populations/Provider Associations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Providers	Area Office Staff	Conference Call	Provider Training / MMA Overview
	AHCA Staff	Executive Management	PowerPoint	Monthly AHCA Staff update on SMMC.
	Providers	Area Office Staff	Conference Call	MMA Question and Answers session for regions 5, 6, 8 Hospitals/Hospice, Physicians/Medipass and Pharmacy providers
	Recipients	Area Office Staff	In Person	Enrollment Counseling session at Jewish Federation of South Broward, Amber Lake ALF, Douglas Gardens North, Central Florida Kidney Center, Jerome Golden Center, Victorian Manor, Sunbather Center, Capital Area Community Action Center, DOH-Brevard, Whispering Hopes Health and Rehab, Beneva Lakes, F.A.C.T Program Kissimmee, Los Roblos, Century Care Center, Career Source NE Fl, DOH-Gadsden, Consulate Health Care of N. Ft. Meyers, DOH- Jefferson, Palace Retirement Home, Consulate Health Care, Lauderhill Assisted Living, Florida Community Health Center, The Palace Nursing Home, St. Anne's Gardens, Coral Landing Assisted Living, Matanzas Group Home, Emerald Gardens ALF, Osceola Council on Aging, DOH- Madison, A1A Care Center, Lutheran Social Services, Career Source -Starke, AHCA Area 10, Visionary Landing, Covenant Village Center, Children's Comprehensive Care Center, SREC Senior Services, DOH-Escambia, DOH-Lafayette, DOH-Franklin, Orlando Health and Rehab
	Staff	Area Office Staff	In person	Choice Counseling Presentation to staff at DOEA-Ocala, Crest haven East, Flagler County Human Services, Devereux Children's Hospital, DOH- Gainesville, Brain Injury Association of America

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
	Network Provider Associations	Outreach Team	In Person	MMA Overview and Dialysis Services, transportation and continuity of care at: Council of Nephrology Social Workers, FL. Assisted Living Facility Association, Project Launch State and Local Councils, FL. Association Quarterly Meeting, Transportation Disadvantage Meeting
	Recipients/Providers	Area Office Staff	In person	MMA Snapshot at Elder Options office in Gainesville
	Providers	Area Office Staff	Conference Call	MMA Question and Answers session for regions 5, 6, 8 Hospitals/Hospice, Physicians/Medipass and Pharmacy providers
	Network Providers	Area Office Staff	Calls/Webinars	Area office staff will conduct trainings for network providers for six weeks starting two weeks before go live.
Week of 6/16/2014				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	Providers/Beneficiaries/Stakeholders/Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Providers	Area Office Staff	Conference Call	MMA Question and Answers session for regions 5, 6, 8 Hospitals/Hospice, Physicians/Medipass and Pharmacy providers
	Recipients	Area Office Staff	In Person	Enrollment Counseling Session at: Jerome Golden Center, Christian Home, Apopka Retirement Center, Salmo 23 Elder Care Inc., Ft. Lauderdale Retirement Home, Alpine Adult Care Center, DOH- Pinellas County (St. Pete site), DOH-Layfayette, Century Care Center, Claridge House Nursing and Rehab, Hampton Court Skilled Nursing (N. Beach Miami), McClucky Enterprise, Jackson Memorial Perdue Medical Center, Council Towers South, Hubbard House, Career Source (Fleming island), Capital Area Community Action Agency, Pediatric Center of Lee County, Central Florida Kidney Center, Osceola County Health Department, Palmer House Independent Living, Lutheran Services, Lake View Care Center, Palermo Lakes, Cross Pointe Care Center, Guardianship Program of Dade County, Bishop Christian Home, Heavenly Blessings Ministries, DOH- Jackson County Health Department, DOH- Suwannee County Health Department, WIC Keystone Heights, UPC of Central Florida, DOH-Gulf, AHCA, Lutheran Social Services, Rosewood Manor, Consulate Health Care, Summer Brook Health Care DOH- Franklin.
	Recipients	Area Office Staff	In person	Choice Counseling Presentation Agency for Persons with Disabilities, Waiver Support Coordinators, Avante Jacksonville.
	Providers	Area Office Staff	Conference Call	MMA Question and Answers session for regions 5, 6, 8 Hospitals/Hospice, Physicians/Medipass and Pharmacy providers.
	Providers	Area Office Staff	In Person	Provider CMS 1500 Training at Mary Grixxle State Office Building in Largo.
	Providers	Area Office Staff	In Person	Medicaid Provider Training with SMMC Overview, LTC and MMA Snapshots at Medicaid Field office 10.
	Network Provider Associations	Area Office Staff	In Person	MMA Snapshot at North Brevard Coalition Community Meeting.
	Network Provider Associations	Outreach Team	In Person	MMA Implementation Overview at Howie in the Hills/ARC of Florida Annual Best Practice Forum.

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
	Providers	Area Office Staff	In Person	Presentation of SMMC Overview, MMA and LTC Snapshots to Jamaica National Building Society Members at Woodlands Country Club.
	Recipients/Providers	Area Office Staff	In Person	Transitioning to MMA presentation to Retirement Living Facility.
	Provider Network Associations/Staff	Area Office Staff	In Person	Transitioning to MMA presentations to APD and staff.
	Staff	Area Office Staff	In person	Choice Counseling Presentation for staff at: Guardianship Program of Dade County Inc., Willowbrooke Court at Azalea Trace.
Week of 6/23/2014				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	Providers/Beneficiaries/Stakeholders/Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Standard Populations	Choice Counseling	Letter	Reminder Letters mailed
	Providers	Area Office Staff	Conference Call	MMA Question and Answers session for regions 5, 6, 8 Hospitals/Hospice, Physicians/Medipass and Pharmacy providers
	Recipients	Area Office Staff	In Person	Enrollment Counseling at: Seminole County DOH, Sanford, Homestead Retirement Home, Brevard Family Partnership, Guardian Home ALF, Bayside Manor, Osceola County Health Department, Inasmuch Adult Living Facility, Twin Cities Pavilion ALF, Gulfshore Rehab and Nursing, Century Care Center, St. Johns County Social Services, WIC Fernside, DOH- Jackson, Westpointe Retirement Community, Florida Community Health Centers, Inc., Meridian Behavioral Health, Central Florida Kidney Center, DOH Brevard, Healthy Start Pinellas, Lutheran Social Services, AHCA, Rosewood Manor, Grandview Retirement Center, Career Source Fleming Island.
	Recipients/Providers	Area Office Staff	In Person	Choice Counseling presentation at: The Early Learning Coalition of Big Bend Region, Inasmuch Adult Living Facility, Pablo Towers Apartments, Pablo Hamlet Apartments, Heritage Oaks, Westpoint Retirement Community, Escambia Baptist Health Care; Lakeview Center, Bartow Agricultural Center.
	Providers	Area Office Staff	Conference Call	MMA Question and Answers session for regions 5, 6, 8 Hospitals/Hospice, Physicians/Medipass and Pharmacy providers
	General Public/Standard Recipients/Special Populations	Area Office Staff	In Person	World Refugee Day to answer MMA and LTC questions.
	Provider Associations	Outreach Team	In Person	Monthly Implementation Meeting regarding MMA
	Providers/Recipients	Outreach Team	In Person	Choice Counseling, Plan Enrollment Case management at: Twin Cities and Crestview Manor ALF, Happy Acres ALF.
	Provider Associations	Area Office Staff	In Person	Head Start meeting, MMA Snapshot, MMA Standard and Specialty Plans list

Attachment II
Expanded Benefits under the MMA program

Expanded benefits are those services or benefits not otherwise covered in the SMMC program's list of required services, or that exceed limits outlined in the Medicaid State Plan and the Florida Medicaid Coverage and Limitations Handbooks and the Florida Medicaid Fee Schedules. The managed care plans may offer expanded benefits in addition to the required services listed in the MMA Exhibit for MMA plans and Comprehensive LTC plans, and the LTC Exhibit for Comprehensive LTC plans and LTC plans, upon approval by the Agency. The managed care 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 SMMC health plans in 2014.

Expanded Benefits Offered by Plans														
List of Expanded Benefits	**Amerigroup**	**Better Health**	**Coventry**	**First Coast**	**Humana**	**Integral**	**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
Adult hearing services (Expanded)	Y	Y			Y	Y (Region 1 only)	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	
Equine therapy												Y		
Home health care for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y (Region 1 only)	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 (Region 1 only)	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	
Outpatient hospital services (Expanded)	Y	Y			Y	Y (Region 1 only)	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
Pet therapy					Y		Y					Y		
Physician home visits	Y	Y			Y	Y (Region 1 only)	Y		Y		Y	Y	Y	Y
Pneumonia vaccine	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
Prenatal/Perinatal visits (Expanded)	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 (Region 1 only)	Y		Y		Y	Y	Y	Y
Waived co-payments	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
NOTE: Details regarding scope of covered benefit may vary by managed care plan.														

Attachment III
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, specialty and child welfare MMA plans in each region that the MMA program was implemented during this quarter.

Table 1
Number of MMA Plans in Regions
(May 1, 2014 – June 30, 2014)

Region	Number of General Plans	Number of Specialty Plans	Number of Child Welfare Plans
2	2	1	1
3	4	1	1
4	4	-	1
5	4	1	1
6	7	1	1
8	4	1	1
Unduplicated Totals	9	1	1

MMA Enrollment by Region Report

There are two categories of 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 by Region report, based on the recipients' eligibility for Medicare. The MMA Enrollment by Region report is 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 by Region report that is located on the following page in Table 3.

Table 2
MMA Enrollment by Region Report Descriptions

Column Name	Column Description
Plan Name	The name of the MMA plan
Plan Type	The plan's type (General, Specialty or Child Welfare)
Plan Region	The number of the region the plan operates in
Number of TANF Enrolled	The number of TANF recipients enrolled with the plan in the region listed
Number of SSI Enrolled - No Medicare	The number of SSI recipients enrolled with the plan in the region listed and who have no additional Medicare coverage
Number of SSI Enrolled - Medicare Part B	The number of SSI recipients enrolled with the plan in the region listed 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 in the region listed and who have additional Medicare Parts A and B coverage
Total Number Enrolled	The total number of enrollees with the plan in the region listed; TANF and SSI combined
Market Share for MMA by Region	The percentage of the MMA population in the region listed that the plan's recipient pool accounts for
Enrolled in Previous Quarter	The total number of recipients (TANF and SSI) who were enrolled in the plan in the region listed 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 (in the region listed)

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

Table 3 MMA Enrollment by Region (May 1, 2014 – June 30, 2014)										
Plan Name	**Plan Type**	**Plan Region**	**Number of TANF Enrolled**	**Number of SSI Enrolled**			**Total Number Enrolled**	**Market Share for MMA**	**Enrolled in Previous Quarter**	**Percent Change from Previous Quarter**
				No Medicare	**Medicare Part B**	**Medicare Parts A and B**				
Clear Health Alliance	SPECIALTY	2	86	125	-	44	255	0.3%	N/A	N/A
Prestige Health Choice	GENERAL	2	34,088	5,826	1	3,588	43,503	43.4%	N/A	N/A
Staywell	GENERAL	2	45,647	6,590	2	3,507	55,746	55.6%	N/A	N/A
Sunshine State Health Plan	CHILD WELFARE	2	683	59	-	-	742	0.7%	N/A	N/A
REGION 2 TOTAL			**80,504**	**12,600**	**3**	**7,139**	**100,246**	**100.0%**	**N/A**	**N/A**
Clear Health Alliance	SPECIALTY	3	208	220	-	89	517	0.2%	N/A	N/A
Prestige Health Choice	GENERAL	3	46,153	6,827	2	2,718	55,700	24.7%	N/A	N/A
Staywell	GENERAL	3	71,993	8,381	3	2,986	83,363	37.0%	N/A	N/A
Sunshine State Health Plan	GENERAL	3	20,211	3,409	2	3,434	27,056	12.0%	N/A	N/A
Sunshine State Health Plan	CHILD WELFARE	3	1,734	131	-	-	1,865	0.8%	N/A	N/A
United Healthcare	GENERAL	3	45,687	6,770	3	4,142	56,602	25.1%	N/A	N/A
REGION 3 TOTAL			**185,986**	**25,738**	**10**	**13,369**	**225,103**	**100.0%**	**N/A**	**N/A**
First Coast Advantage	GENERAL	4	57,019	8,424	2	1,483	66,928	25.0%	N/A	N/A
Staywell	GENERAL	4	49,717	5,240	3	3,336	58,296	21.7%	N/A	N/A
Sunshine State Health Plan	GENERAL	4	63,262	6,840	5	4,549	74,656	27.8%	N/A	N/A
Sunshine State Health Plan	CHILD WELFARE	4	2,003	162	-	-	2,165	0.8%	N/A	N/A
United Healthcare	GENERAL	4	54,359	6,700	6	5,088	66,153	24.7%	N/A	N/A
REGION 4 TOTAL			**226,360**	**27,366**	**16**	**14,456**	**268,198**	**100.0%**	**N/A**	**N/A**
Amerigroup	GENERAL	5	54,420	6,702	1	2,694	63,817	41.0%	N/A	N/A
Clear Health Alliance	SPECIALTY	5	508	278	1	116	903	0.6%	N/A	N/A
Prestige Health Choice	GENERAL	5	16,462	2,751	3	1,609	20,825	13.4%	N/A	N/A
Staywell	GENERAL	5	33,287	5,758	2	2,309	41,356	26.5%	N/A	N/A

Table 3 MMA Enrollment by Region (May 1, 2014 – June 30, 2014)										
Plan Name	**Plan Type**	**Plan Region**	**Number of TANF Enrolled**	**Number of SSI Enrolled**			**Total Number Enrolled**	**Market Share for MMA**	**Enrolled in Previous Quarter**	**Percent Change from Previous Quarter**
				No Medicare	**Medicare Part B**	**Medicare Parts A and B**				
Sunshine State Health Plan	GENERAL	5	21,174	3,145	3	3,048	27,370	17.6%	N/A	N/A
Sunshine State Health Plan	CHILD WELFARE	5	1,393	115	-	-	1,508	1.0%	N/A	N/A
REGION 5 TOTAL			**127,244**	**18,749**	**10**	**9,776**	**155,779**	**100.0%**	**N/A**	**N/A**
Amerigroup	GENERAL	6	94,708	10,735	6	3,202	108,651	30.6%	N/A	N/A
Better Health	GENERAL	6	15,174	2,655	3	1,323	19,155	5.4%	N/A	N/A
Clear Health Alliance	SPECIALTY	6	252	370	-	142	764	0.2%	N/A	N/A
Humana	GENERAL	6	20,336	3,388	9	2,521	26,254	7.4%	N/A	N/A
Integral	GENERAL	6	16,046	2,328	1	1,164	19,539	5.5%	N/A	N/A
Prestige Health Choice	GENERAL	6	20,443	2,966	1	1,483	24,893	7.0%	N/A	N/A
Staywell	GENERAL	6	94,535	12,937	3	3,522	110,997	31.3%	N/A	N/A
Sunshine State Health Plan	GENERAL	6	34,088	4,650	-	3,031	41,769	11.8%	N/A	N/A
Sunshine State Health Plan	CHILD WELFARE	6	2,644	189	-	-	2,833	0.8%	N/A	N/A
REGION 6 TOTAL			**298,226**	**40,218**	**23**	**16,388**	**354,855**	**100.0%**	**N/A**	**N/A**
Clear Health Alliance	SPECIALTY	8	275	211	-	79	565	0.3%	N/A	N/A
Integral	GENERAL	8	35,512	2,747	3	1,783	40,045	22.6%	N/A	N/A
Prestige Health Choice	GENERAL	8	43,239	5,052	2	2,754	51,047	28.7%	N/A	N/A
Staywell	GENERAL	8	63,132	5,793	2	2,821	71,748	40.4%	N/A	N/A
Sunshine State Health Plan	GENERAL	8	9,117	1,282	3	2,462	12,864	7.2%	N/A	N/A
Sunshine State Health Plan	CHILD WELFARE	8	1,221	85	-	-	1,306	0.7%	N/A	N/A
REGION 8 TOTAL			**152,496**	**15,170**	**10**	**9,899**	**177,575**	**100.0%**	**N/A**	**N/A**
MMA Enrollment TOTALS			**1,070,816**	**139,841**	**72**	**71,027**	**1,281,756**			

Attachment IV
Medicaid Reform Enrollment Report

Medicaid Reform Enrollment Report

There are two categories of Medicaid recipients who are enrolled in the health plans: Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI). The SSI category is broken down further in the enrollment reports, based on the recipients' eligibility for Medicare. Each enrollment report and the process used to calculate the data it contains are described on the following pages. The Medicaid Reform Enrollment Report is a complete look at the entire enrollment for the demonstration program for the quarter being reported. Table 1 provides a description of each column in Medicaid Reform Enrollment Report.

Table 1
Medicaid Reform Enrollment Report Column Descriptions

Column Name	Column Description
Plan Name	The name of the Medicaid Reform plan
Plan Type	The plan's type (HMO or PSN)
Number of TANF Enrolled	The number of TANF recipients enrolled with the plan
Number of SSI Enrolled – No Medicare	The number of SSI recipients who are enrolled with the plan and who have no additional Medicare coverage
Number of SSI Enrolled – Medicare Part B	The number of SSI recipients who are 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 who are enrolled with the plan and who have additional Medicare Parts A and B coverage
Total Number Enrolled	The total number of recipients enrolled with the plan; TANF and SSI combined
Market Share for Reform	The percentage of the total Medicaid Reform population that the plan's recipient pool accounts for
Enrolled in Previous Quarter	The total number of recipients (TANF and SSI) who were enrolled in the plan during the previous reporting quarter
Percent Change from Previous Quarter	The change in percentage of the plan's enrollment from the previous reporting quarter to the current reporting quarter

Table 2 provides an unduplicated count of the recipients enrolled in each Reform health plan at any time during this quarter. There were a total of 299,277 recipients enrolled in the Reform demonstration during this quarter. There were 15 Reform health plans active during this quarter with market shares ranging from 0.08% to 25.7%.

Table 2
Medicaid Reform Enrollment
(April 1, 2014 – June 30, 2014)

Plan Name	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for Reform	Enrolled in Previous Quarter	Percent Change from Prev. Qtr.
			No Medicare	Medicare Part B	Medicare Parts A and B				
Care Florida	HMO	2,476	565	1	119	**3,161**	**1.06%**	3,792	-16.64%
Clear Health	HMO	11	48	-	2	**61**	**0.02%**	67	-8.96%
Freedom	HMO	3,119	529	-	102	**3,750**	**1.25%**	4,307	-12.93%
Humana	HMO	10,326	1,973	4	357	**12,660**	**4.23%**	14,307	-11.51%
Magellan	HMO	521	90	-	12	**623**	**0.21%**	764	-18.46%
Medica	HMO	3,110	745	-	158	**4,013**	**1.34%**	4,622	-13.18%
Molina	HMO	24,352	3,090	9	524	**27,975**	**9.35%**	31,576	-11.40%
Positive	HMO	14	234	-	10	**258**	**0.09%**	279	-7.53%
Staywell	HMO	14,970	1,538	2	134	**16,644**	**5.56%**	19,173	-13.19%
Sunshine	HMO	68,156	7,765	8	1,045	**76,974**	**25.72%**	85,754	-10.24%
United	HMO	7,019	1,216	2	188	**8,425**	**2.82%**	9,393	-10.31%
HMO Total	**HMO**	**134,074**	**17,793**	**26**	**2,651**	**154,544**	**51.64%**	**174,034**	-11.20%
Better Health	PSN	36,342	4,685	9	617	**41,653**	**13.92%**	46,119	-9.68%
CMS	PSN	5,283	4,069	-	22	**9,374**	**3.13%**	9,541	-1.75%
FCA	PSN	49,138	8,272	3	1,519	**58,932**	**19.69%**	65,374	-9.85%
SFCCN	PSN	30,165	3,995	4	610	**34,774**	**11.62%**	38,576	-9.86%
PSN Total	**PSN**	**120,928**	**21,021**	**16**	**2,768**	**144,733**	**48.36%**	**159,610**	-9.32%
Reform Enrollment Totals		**255,002**	**38,814**	**42**	**5,419**	**299,277**	**100.00%**	**333,644**	-10.30%

Medicaid Reform Enrollment by County Report

The number of HMOs and PSNs in each of the Reform demonstration counties, prior to implementation of the MMA program in those counties, are listed in Table 3.

Table 3
Number of Reform Health Plans in Demonstration Counties
(April 1, 2014 – June 30, 2014)

County Name	Number of Reform HMOs	Number of Reform PSNs
Baker	**2**	**1**
Broward	**11**	**3**
Clay	**3**	**1**
Duval	**3**	**2**
Nassau	**2**	**1**

The Medicaid Reform Enrollment by County Report is similar to the Medicaid Reform Enrollment Report; however, it has been broken down by county. The Reform demonstration counties are listed alphabetically, beginning with Baker County and ending with Nassau County. For each county, HMOs are listed first, followed by PSNs. Table 4 provides a description of each column in the Medicaid Reform Enrollment by County Report.

Table 4
Medicaid Reform Enrollment by County Report Descriptions

Column Name	Column Description
Plan Name	The name of the Medicaid Reform plan
Plan Type	The plan's type (HMO or PSN)
Plan County	The name of the county the plan operates in (Baker, Broward, Clay, Duval or Nassau)
Number of TANF Enrolled	The number of TANF recipients enrolled with the plan in the county listed
Number of SSI Enrolled - No Medicare	The number of SSI recipients who are enrolled with the plan in the county listed and who have no additional Medicare coverage
Number of SSI Enrolled - Medicare Part B	The number of SSI recipients who are enrolled with the plan in the county listed and who have additional Medicare Part B coverage
Number of SSI Enrolled - Medicare Parts A and B	The number of SSI recipients who are enrolled with the plan in the county listed and who have additional Medicare Parts A and B coverage
Total Number Enrolled	The total number of recipients enrolled with the plan in the county listed; TANF and SSI combined
Market Share for Reform by County	The percentage of the demonstration population in the county listed that the plan's recipient pool accounts for
Enrolled in Previous Quarter	The total number of recipients (TANF and SSI) who were enrolled in the plan in the county listed 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 (in the county listed)

Table 5 located on the following page lists, by health plan and county, for this quarter and compared to last quarter, the total number of TANF and SSI individuals enrolled and the market share for each county. In addition, the total Medicaid Reform enrollment counts are included at the bottom of the report.

Table 5
Medicaid Reform Enrollment by County Report
(April 1, 2014 – June 30, 2014)

Plan Name	Plan Type	Plan County	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for Reform by County	Enrolled in Previous Quarter	Percent Change from Previous Quarter
				No Medicare	Medicare Part B	Medicare Parts A and B				
United	HMO	Baker	513	76	-	7	596	20.96%	669	-10.91%
Staywell	HMO	Baker	74	6	-	1	81	2.85%	86	-5.81%
FCA	PSN	Baker	1,894	251	-	21	2,166	76.19%	2,432	-10.94%
Baker			**2,481**	**333**	**0**	**29**	**2,843**	**100.00%**	**3,187**	**-10.79%**
Clear Health	HMO	Broward	11	48	-	2	61	0.03%	67	-8.96%
Freedom	HMO	Broward	3,119	529	-	102	3,750	2.11%	4,307	-12.93%
Humana	HMO	Broward	10,326	1,973	4	357	12,660	7.11%	14,307	-11.51%
Magellan	HMO	Broward	521	90	-	12	623	0.35%	764	-18.46%
Medica	HMO	Broward	3,110	745	-	158	4,013	2.25%	4,622	-13.18%
Molina	HMO	Broward	24,352	3,090	9	524	27,975	15.71%	31,576	-11.40%
Positive	HMO	Broward	14	234	-	10	258	0.14%	279	-7.53%
Care Florida	HMO	Broward	2,476	565	1	119	3,161	1.78%	3,792	-16.64%
Staywell	HMO	Broward	5,532	405	1	42	5,980	3.36%	6,798	-12.03%
Sunshine	HMO	Broward	33,119	3,364	7	392	36,882	20.71%	41,121	-10.31%
Better Health	PSN	Broward	36,342	4,685	9	617	41,653	23.39%	46,119	-9.68%
CMS	PSN	Broward	3,324	2,943	-	14	6,281	3.53%	6,388	-1.68%
SFCCN	PSN	Broward	30,165	3,995	4	610	34,774	19.53%	38,576	-9.86%
Broward			**152,411**	**22,666**	**35**	**2,959**	**178,071**	**100.00%**	**198,716**	**-10.39%**
Sunshine	HMO	Clay	5,297	550	-	57	5,904	45.13%	6,695	-11.81%
Staywell	HMO	Clay	583	61	-	4	648	4.95%	753	-13.94%
United	HMO	Clay	2,457	326	-	49	2,832	21.65%	3,179	-10.92%
FCA	PSN	Clay	3,286	365	1	45	3,697	28.26%	4,289	-13.80%
Clay			**11,623**	**1,302**	**1**	**155**	**13,081**	**100.00%**	**14,916**	**-12.30%**
Staywell	HMO	Duval	8,520	1,050	1	85	9,656	9.64%	11,192	-13.72%
Sunshine	HMO	Duval	29,740	3,851	1	596	34,188	34.14%	37,938	-9.88%
United	HMO	Duval	3,023	647	-	95	3,765	3.76%	4,153	-9.34%
CMS	PSN	Duval	1,959	1,126	-	8	3,093	3.09%	3,153	-1.90%
FCA	PSN	Duval	40,762	7,267	2	1,409	49,440	49.37%	54,573	-9.41%
Duval			**84,004**	**13,941**	**4**	**2,193**	**100,142**	**100.00%**	**111,009**	**-9.79%**
Staywell	HMO	Nassau	261	16	-	2	279	5.43%	344	-18.90%
United	HMO	Nassau	1,026	167	2	37	1,232	23.97%	1,392	-11.49%
FCA	PSN	Nassau	3,196	389	-	44	3,629	70.60%	4,080	-11.05%
Nassau			**4,483**	**572**	**2**	**83**	**5,140**	**100.00%**	**5,816**	**-11.62%**
Reform Enrollment Totals			**255,002**	**38,814**	**42**	**5,419**	**299,277**		**333,644**	**-10.30%**

As with the Medicaid Reform Enrollment Report, the number of recipients is extracted from the monthly Medicaid eligibility file and is then counted uniquely based on the most recent month in which the recipient was enrolled in a health plan. The unique recipient counts are separated by the counties in which the health plans operate.

Medicaid Reform Voluntary Population Enrollment Report

The populations identified in Tables 6 and 7 may voluntarily enroll in a Medicaid Reform health plan. The voluntary populations include individuals classified as Foster Care, SOBRA, Refugee, Developmental Disabilities, or Dual-Eligible (enrolled in both Medicaid and Medicare). The Medicaid Reform Voluntary Population Enrollment Report provides a count of both the new and existing recipients in each of these categories who chose to enroll in a Medicaid Reform health plan. "New" enrollees are defined as those recipients who were not part of Medicaid Reform for at least six months prior to the start of the quarter. Table 6 provides a description of each column in this report.

Table 6
Medicaid Reform Voluntary Population Enrollment Report Descriptions

Column Name	Column Description
Plan Name	The name of the Medicaid Reform plan
Plan Type	The plan's type (HMO or PSN)
Plan County	The name of the county the plan operates in (Baker, Broward, Clay, Duval or Nassau)
Foster, SOBRA and Refugee	The number of unique Foster Care, SOBRA, or Refugee recipients who voluntarily enrolled in a plan during the current reporting quarter
Developmental Disabilities	The number of unique recipients diagnosed with a developmental disability who voluntarily enrolled in a plan during the current reporting quarter
Dual-Eligibles	The number of unique dual-eligible recipients who voluntarily enrolled in a plan during the current reporting quarter
Total	The total number of voluntary population recipients who enrolled in Medicaid Reform during the current reporting quarter
Medicaid Reform Total Enrollment	The total number of Medicaid Reform recipients enrolled in the health plan during the reporting quarter

Table 7 lists the number of individuals in the voluntary populations who chose to enroll in the Reform demonstration, as well as the percentage of the Medicaid Reform population they represent.

Table 7
Medicaid Reform Voluntary Population Enrollment Report
(April 1, 2014 – June 30, 2014)

Plan Name	Plan County	Reform Voluntary Population								Medicaid Reform Enrollment
		Foster, Adoption Subsidy, and SOBRA		Developmental Disabilities		Dual-Eligibles		Total Voluntary		
HMO's		New	Existing	New	Existing	New	Existing	Number	Percentage	
Care Florida	Broward	-	52	-	3	-	120	**175**	**5.54%**	**3,161**
Clear Health	Broward	-	-	-	-	-	2	**2**	**3.28%**	**61**
Freedom	Broward	-	63	-	7	-	102	**172**	**4.59%**	**3,750**
Humana	Broward	-	171	-	32	-	361	**564**	**4.45%**	**12,660**
Magellan	Broward	-	6	-	-	-	12	**18**	**0.00%**	**623**
Medica	Broward	-	32	-	6	-	158	**196**	**4.88%**	**4,013**
Molina	Broward	-	426	-	46	-	533	**1,005**	**3.59%**	**27,975**
Positive	Broward	-	-	-	-	-	10	**10**	**3.88%**	**258**
Staywell	Broward	-	53	-	6	-	43	**102**	**1.71%**	**5,980**
Staywell	Baker	-	1	-	-	-	1	**2**	**2.47%**	**81**
Staywell	Clay	-	11	-	-	-	4	**15**	**2.31%**	**648**
Staywell	Duval	-	81	-	7	-	86	**174**	**1.80%**	**9,656**
Staywell	Nassau	-	3	-	-	-	2	**5**	**1.79%**	**279**
Sunshine	Broward	-	495	-	56	-	399	**950**	**2.58%**	**36,882**
Sunshine	Clay	-	74	-	5	-	57	**136**	**2.30%**	**5,904**
Sunshine	Duval	-	550	-	54	-	597	**1,201**	**3.51%**	**34,188**
United	Baker	-	11	-	1	-	7	**19**	**3.19%**	**596**
United	Clay	-	38	-	5	-	49	**92**	**3.25%**	**2,832**
United	Duval	-	88	-	22	-	95	**205**	**5.44%**	**3,765**
United	Nassau	-	24	-	5	-	39	**68**	**5.52%**	**1,232**
HMO Total		**-**	**2,179**	**-**	**255**	**-**	**2,677**	**5,111**	**3.31%**	**154,544**
PSN's										
Better Health	Broward	-	533	-	83	-	626	**1,242**	**2.98%**	**41,653**
CMS	Broward	-	95	-	239	-	14	**348**	**5.54%**	**6,281**
CMS	Duval	-	593	-	114	-	8	**715**	**23.12%**	**3,093**
FCA	Baker	-	31	-	4	-	21	**56**	**2.59%**	**2,166**
FCA	Clay	-	63	-	4	-	46	**113**	**3.06%**	**3,697**
FCA	Duval	-	802	-	151	-	1,411	**2,364**	**4.78%**	**49,440**
FCA	Nassau	-	48	-	7	-	44	**99**	**2.73%**	**3,629**
SFCCN	Broward	-	589	-	72	-	614	**1,275**	**3.67%**	**34,774**
PSN Total		**-**	**2,754**	**-**	**674**	**-**	**2,784**	**6,212**	**4.29%**	**144,733**
Reform Totals		**0**	**4,933**	**0**	**929**	**0**	**5,461**	**11,323**	**3.78%**	**299,277**

Attachment V
Budget Neutrality Update

In the following tables (Tables 1 through 7), both date of service and date of payment data are presented. Tables that provide data on a quarterly basis reflect data based on the date of payment for the expenditure. Tables that provide annual or demonstration year data are based on the date of service for the expenditure.

The Agency certifies the accuracy of the member months identified in Tables 2 through 5 in accordance with STC #95(a).

In accordance with STC #94(d)(iv), the Agency has initiated the development of the new CMS64 reporting operation that will be required to support the 1115 MMA Waiver. The APS Healthcare company (a subcontractor under the FMMIS fiscal agent: HP Enterprise, Inc.) has been assigned the task of designing and constructing the new CMS64 waiver software application. In preparation for this task, APS is operating the current CMS64 software system. APS's understanding of the current operation will facilitate its development and design of the new application. Agency staff is working with APS to address application requirements and general design concepts. The new reporting operation will become effective in January, 2015.

Table 1 shows the Primary Care Case Management (PCCM) Targets established in the waiver as specified in STC #76. These targets will be compared to actual waiver expenditures using date of service tracking and reporting.

Table 1
PCCM Targets

WOW PCCM	MEG 1	MEG 2
DY01	$948.79	$199.48
DY02	$1,024.69	$215.44
DY03	$1,106.67	$232.68
DY04	$1,195.20	$251.29
DY05	$1,290.82	$271.39
DY06	$1,356.65	$285.77
DY07	$1,425.84	$300.92
DY08	$1,498.56	$316.87

Tables 1 through 8 provide the statistics for MEGs 1, 2 and 3 for the period beginning July 1, 2006, and ending June 30, 2014. Case months provided in Tables 2 and 3 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.

Table 2 MEG 1 Statistics: SSI Related					
Quarter		MCW Reform	Reform Enrolled		
Actual MEG 1	Case months	Spend*	Spend*	Total Spend*	PCCM
Q1 Total	737,829	$534,465,763	$13,022,287	$547,488,050	$742.03
Q2 Total	741,024	$656,999,737	$40,270,607	$697,270,344	$940.96
Q3 Total	746,739	$627,627,027	$74,363,882	$701,990,909	$940.08
Q4 Total	752,823	$627,040,703	$98,024,915	$725,065,618	$963.13
Q5 Total	755,417	$630,937,251	$101,516,732	$732,453,983	$969.60
Q6 Total	755,837	$648,757,106	$106,374,845	$755,131,951	$999.07
Q7 Total	758,014	$651,490,311	$111,968,931	$763,459,242	$1,007.18
Q8 Total	764,701	$661,690,100	$115,206,649	$776,896,750	$1,015.95
Q9 Total	818,560	$708,946,109	$116,393,637	$825,339,746	$1,008.28
Q10 Total	791,043	$738,232,869	$128,914,992	$867,147,861	$1,096.21
Q11 Total	810,753	$783,046,121	$125,741,442	$908,787,564	$1,120.92
Q12 Total	829,386	$676,381,576	$120,999,077	$797,380,652	$961.41
Q13 Total	826,842	$846,747,351	$153,763,674	$1,000,511,025	$1,210.04
Q14 Total	830,530	$769,968,776	$137,267,631	$907,236,407	$1,092.36
Q15 Total	847,324	$781,783,604	$141,815,963	$923,599,567	$1,090.02
Q16 Total	852,445	$732,226,661	$129,489,247	$861,715,907	$1,010.88
Q17 Total	868,873	$880,557,949	$163,583,238	$1,044,141,187	$1,201.72
Q18 Total	876,564	$823,362,358	$147,720,232	$971,082,591	$1,107.83
Q19 Total	851,488	$793,116,969	$137,115,775	$930,232,743	$1,092.48
Q20 Total	902,833	$730,735,500	$137,409,896	$868,145,395	$961.58
Q21 Total	933,661	$897,184,808	$165,500,587	$1,062,685,395	$1,138.19
Q22 Total	916,713	$780,812,437	$149,928,159	$930,740,596	$1,015.30
Q23 Total	871,050	$806,728,589	$161,201,346	$967,929,935	$1,111.22
Q24 Total	932,443	$878,147,146	$168,609,996	$1,046,757,142	$1,122.60
Q25 Total	939,670	$876,968,622	$168,972,615	$1,045,941,236	$1,113.09
Q26Total	953,518	$865,669,039	$218,704,121	$1,084,373,159	$1,137.24
Q27 Total	964,650	$749,820,061	$229,337,800	$979,157,860	$1,015.04
Q28 Total	973,098	$855,023,277	$235,487,639	$1,090,510,916	$1,120.66
Q29 Total	982,712	$879,236,988	$234,142,785	$1,113,379,773	$1,132.97
Q30 Total	991,303	$894,044,760	$230,694,425	$1,124,739,185	$1,116.89
Q31 Total	1,007,552	$841,069,140	$201,039,197	$1,042,108,337	$1,034.30
April 2014	339,717	$439,021,196	$88,913,591	$527,934,787	$1,554.04
May 2014	339,557	$158,552,323	$32,054,482	$190,606,805	$561.34
June 2014	339,549	$284,472,380	$54,916,699	$339,389,079	$999.53
Q32 Total	1,018,823	$882,045,900	$175,884,772	$1,057,930,671	$1,038.39
MEG 1 Total	27,604,218	24,510,864,606	4,640,467,093	29,151,331,699	1,056.05

* 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 3 MEG 2 Statistics: Children and Families					
Quarter		MCW Reform	Reform Enrolled		
Actual MEG 2	Case months	Spend*	Spend*	Total Spend*	PCCM
Q1 Total	3,944,437	$491,214,740	$1,723,494	$492,938,235	$124.97
Q2 Total	3,837,172	$590,933,703	$21,021,285	$611,954,988	$159.48
Q3 Total	3,728,063	$559,579,323	$44,697,737	$604,277,060	$162.09
Q4 Total	3,653,147	$524,161,918	$57,096,383	$581,258,301	$159.11
Q5 Total	3,588,363	$520,316,242	$57,360,334	$577,676,576	$160.99
Q6 Total	3,648,832	$553,763,665	$63,871,154	$617,634,819	$169.27
Q7 Total	3,736,212	$570,477,394	$69,992,290	$640,469,684	$171.42
Q8 Total	3,856,584	$564,601,990	$70,899,271	$635,501,261	$ 164.78
Q9 Total	4,080,307	$586,455,736	$70,031,931	$656,487,667	$160.89
Q10 Total	4,174,698	$659,100,473	$71,936,704	$731,037,178	$175.11
Q11 Total	4,298,379	$708,620,481	$73,835,227	$782,455,708	$182.04
Q12 Total	4,541,456	$581,030,798	$60,822,514	$641,853,312	$141.33
Q13 Total	4,772,864	$824,013,811	$98,637,714	$922,651,526	193.31
Q14 Total	4,959,454	$768,385,369	$89,723,473	$858,108,842	$173.02
Q15 Total	5,098,381	$773,609,163	$93,647,855	$867,257,018	$170.10
Q16 Total	5,203,143	$793,529,141	$90,471,922	$884,001,063	$169.90
Q17 Total	5,356,742	$766,604,001	$91,544,719	$858,148,720	$160.20
Q18 Total	5,470,396	$848,694,828	$99,937,769	$948,632,597	$173.41
Q19 Total	5,247,390	$787,922,115	$91,638,763	$879,560,878	$167.62
Q20 Total	5,611,671	$673,700,632	$90,712,877	$764,413,510	$136.22
Q21 Total	5,695,156	$965,461,910	$121,274,250	$1,086,736,159	$190.82
Q22 Total	5,773,020	$778,633,250	$99,802,883	$878,436,134	$152.16
Q23 Total	5,592,756	$860,576,398	$115,331,882	$975,908,280	174.50
Q24 Total	5,895,265	$922,979,983	$122,296,078	$1,045,276,061	$177.31
Q25 Total	6,013,128	$884,131,387	$121,673,666	$1,005,805,053	$167.27
Q26 Total	6,092,265	$1,016,884,642	$131,066,964	$1,147,951,606	$188.43
Q27 Total	6,117,120	$915,201,600	$133,635,131	$1,048,836,732	$171.46
Q28 Total	6,125,887	$1,018,851,885	$133,876,042	$1,152,727,927	$188.17
Q29 Total	6,179,797	$1,059,131,680	$75,589,844	$1,193,254,080	$193.09
Q30 Total	6,237,710	$1,070,712,185	$144,755,094	$1,215,467,279	$194.86
Q31 Total	6,198,060	$901,166,406	$122,286,818	$1,023,453,224	$165.12
April 2014	2,073,461	$485,506,218	$74,562,670	$560,068,887	$270.11
May 2014	2,075,518	$113,845,160	$16,741,937	$130,587,098	$62.92
June 2014	2,102,763	$302,019,241	$42,753,483	$344,772,725	$163.96
Q32 Total	6,251,742	$901,370,619	$134,058,091	$1,035,428,710	$165.62
MEG 2 Total	160,979,597	24,441,817,470	2,923,782,719	27,365,600,189	169.99

* 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.

For Demonstration Year One, MEG 1 has a PCCM of $972.13 (Table 4), compared to WOW of $948.79 (Table 1), which is 102.46% of the target PCCM for MEG 1. MEG 2 has a PCCM of $160.23 (Table 4), compared to WOW of $199.48 (Table 1), which is 80.32% of the target PCCM for MEG 2.

For Demonstration Year Two, MEG 1 has a PCCM of $1,022.14 (4), compared to WOW of $1,024.69 (Table 1), which is 99.75% of the target PCCM for MEG 1. MEG 2 has a PCCM of $169.85 (Table 4), compared to WOW of $215.44 (Table 1), which is 78.84% of the target PCCM for MEG 2.

For Demonstration Year Three, MEG 1 has a PCCM of $1,057.86 (Table 4), compared to WOW of $1,106.67 (Table 1), which is 95.59% of the target PCCM for MEG 1. MEG 2 has a PCCM of $166.96 (Table 4), compared to WOW of $232.68 (Table 1), which is 71.76% of the target PCCM for MEG 2.

For Demonstration Year Four, MEG 1 has a PCCM of 1077.30 (Table 4), compared to WOW of $1,195.20 (Table 1), which is 90.14% of the target PCCM for MEG 1. MEG 2 has a PCCM of $166.91 (Table 4), compared to WOW of $251.1 (Table 29), which is 66.42% of the target PCCM for MEG 2.

For Demonstration Year Five, MEG 1 has a PCCM of $1,096.59 (Table 4), compared to WOW of $1,290.82 (Table 1, which is 84.95% of the target PCCM for MEG 1. MEG 2 has a PCCM of $167.11 (Table 4), compared to WOW of $271.39 (Table 1), which is 61.58% of the target PCCM for MEG 2.

For Demonstration Year Six, MEG 1 has a PCCM of $1,104.25 (Table 4), compared to WOW of $1,356.65 (Table 1), which is 81.40% of the target PCCM for MEG 1. MEG 2 has a PCCM of $176.13 (Table 4), compared to WOW of $285.77 (Table 1), which is 61.63% of the target PCCM for MEG 2.

For Demonstration Year Seven, MEG 1 has a PCCM of $1,097.22 (Table 4), compared to WOW of $1,425.84 (Table 1), which is 76.95% of the target PCCM for MEG 1. MEG 2 has a PCCM of $179.68 (Table 4), compared to WOW of $300.92 (Table 1, which is 59.71% of the target PCCM for MEG 2.

For Demonstration Year Eight, MEG 1 has a PCCM of $1006.00 (Table 4), compared to WOW of $1,498.56 (Table 1), which is 67.13% of the target PCCM for MEG 1. MEG 2 has a PCCM of $167.98 (Table 4), compared to WOW of $316.87 (Table 1), which 53.01% of the target PCCM for MEG 2.

Tables 4 and 5 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.

For Demonstration Year One, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table 5) is $322.50. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table 5 is $293.53. Comparing the calculated weighted averages, the actual PCCM is 91.02% of the target PCCM.

For Demonstration Year Two, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table 5) is $352.88. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table 3 is $314.60. Comparing the calculated weighted averages, the actual PCCM is 89.15% of the target PCCM.

For Demonstration Year Three, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table 5) is $372.29. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table 5 is $309.27. Comparing the calculated weighted averages, the actual PCCM is 83.07% of the target PCCM.

For Demonstration Year Four, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table 5) is $386.76. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table 5 is $297.57. Comparing the calculated weighted averages, the actual PCCM is 76.94% of the target PCCM.

For Demonstration Year Five, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table 5) is $413.05. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table 5 is $296.27. Comparing the calculated weighted averages, the actual PCCM is 71.73% of the target PCCM.

For Demonstration Year Six, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table 5) is $432.81. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table 5 is $303.57. Comparing the calculated weighted averages, the actual PCCM is 70.14% of the target PCCM.

For Demonstration Year Seven, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table 5) is $453.85. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table 5 is $304.41. Comparing the calculated weighted averages, the actual PCCM is 67.07% of the target PCCM.

For Demonstration Year Eight, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table 5) 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 Table 5 is $284.11. Comparing the calculated weighted averages, the actual PCCM is 59.11% of the target PCCM.

Table 4 MEG 1 and 2 Annual Statistics					
DY01 – MEG 1	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 1 - DY01 Total	2,978,415	$2,631,566,388	$263,851,544	$2,895,417,932	$972.13
WOW DY1 Total	2,978,415			$2,825,890,368	$948.79
Difference				$69,527,564	
% of WOW PCCM MEG 1					102.46%
DY01 – MEG 2	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 2 - DY01 Total	15,162,819	$2,293,656,191	$135,864,711	$2,429,520,901	$160.23
WOW DY1 Total	15,162,819			$3,024,679,134	$199.48
Difference				$(595,158,233)	
% of WOW PCCM MEG 2					80.32%
DY02 – MEG 1	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 1 - DY02 Total	3,033,969	$2,655,180,625	$445,971,300	$3,101,151,925	$1,022.14
WOW DY2 Total	3,033,969			$3,108,877,695	$1,024.69
Difference				$(7,725,769)	
% of WOW PCCM MEG 1					99.75%
DY02 – MEG 2	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 2 - DY02 Total	14,829,991	$2,254,071,149	$264,786,465	$2,518,857,614	$169.85
WOW DY2 Total	14,829,991			$3,194,973,261	$215.44
Difference				$(676,115,647)	
% of WOW PCCM MEG 2					78.84%
DY03 – MEG 1	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 1 - DY03 Total	3,249,742	$2,937,427,184	$500,344,974	$3,437,772,158	$1,057.86
WOW DY3 Total	3,249,742			$3,596,391,979	$1,106.67
Difference				$(158,619,822)	
% of WOW PCCM MEG 1					95.59%
DY03 – MEG 2	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 2 - DY03 Total	17,094,840	$2,572,390,668	$281,844,467	$2,854,235,134	$166.96
WOW DY3 Total	17,094,840			$3,977,627,371	$232.68
Difference				$(1,123,392,237)	
% of WOW PCCM MEG 2					71.76%
DY04 – MEG 1	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 1 - DY04 Total	3,357,141	$3,066,429,103	$550,235,443	$3,616,664,546	$1,077.30
WOW DY4 Total	3,357,141			$4,012,454,923	$1,195.20

Table 4 MEG 1 and 2 Annual Statistics					
Difference				**$(395,790,377)**	
% of WOW PCCM MEG 1					**90.14%**
DY04 – MEG 2	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 2 - DY04 Total	**20,033,842**	**$2,992,091,000**	**$351,770,759**	**$3,343,861,760**	**$166.91**
WOW DY4 Total	**20,033,842**			**$5,034,304,156**	**$251.29**
Difference				**$(1,690,442,397)**	
% of WOW PCCM MEG 2					**66.42%**
DY05 – MEG 1	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 1 - DY05 Total	**3,499,758**	**$3,247,599,951**	**$590,194,459**	**$3,837,794,411**	**$1,096.59**
WOW DY5 Total	**3,499,758**			**$4,517,557,622**	**$1,290.82**
Difference				**$(679,763,211)**	
% of WOW PCCM MEG 1					**84.95%**
DY05 – MEG 2	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 2 - DY05 Total	**21,686,199**	**$3,225,551,490**	**$398,406,833**	**$3,623,958,323**	**$167.11**
WOW DY5 Total	**21,686,199**			**$5,885,417,547**	**$271.39**
Difference				**$(2,261,459,223)**	
% of WOW PCCM MEG 2					**61.58%**
DY06 – MEG 1	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 1 - DY06 Total	**3,653,867**	**$3,385,729,683**	**$649,065,772**	**$4,034,795,456**	**$1,104.25**
WOW DY6 Total	**3,653,867**			**$4,957,018,666**	**$1,356.65**
Difference				**$(922,223,210)**	
% of WOW PCCM MEG 1					**81.40%**
DY06 – MEG 2	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 2 - DY06 Total	**22,956,197**	**$3,543,588,406**	**$499,575,622**	**$4,043,164,027**	**$176.13**
WOW DY6 Total	**22,956,197**			**$6,560,192,417**	**$285.77**
Difference				**$(2,517,028,389)**	
% of WOW PCCM MEG 2					**61.63%**
DY07 – MEG 1	**Actual CM**	**Actual Spend MCW & Reform Enrolled**		**Total**	**PCCM**
MEG 1 - DY07 Total	**3,830,936**	**$3,330,902,447**	**$872,460,169**	**$4,203,362,616**	**$1,097.22**
WOW DY7 Total	**3,830,936**			**$5,462,301,786**	**$1,425.84**
Difference				**$(1,258,939,170)**	
% of WOW PCCM MEG 1					**76.95%**

Table 4 MEG 1 and 2 Annual Statistics					
DY07– MEG 2	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 2 - DY07 Total	24,348,400	$3,890,893,353	$483,915,369	$4,374,808,722	$179.68
WOW DY7 Total	24,348,400			$7,326,920,528	$300.92
Difference				$(2,952,111,806)	
% of WOW PCCM MEG 2					59.71%
DY08 – MEG 1	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 1 - DY08 Total	4,000,390	$3,256,029,225	$768,343,431	$4,024,372,657	$1,006.00
WOW DY8 Total	4,000,390			$5,994,824,438	$1,498.56
Difference				$(1,970,451,782)	
% of WOW PCCM MEG 1					67.13%
DY08– MEG 2	Actual CM	Actual Spend MCW & Reform Enrolled		Total	PCCM
MEG 2 - DY08 Total	24,867,309	$3,669,575,214	$507,618,494	$4,177,193,707	$167.98
WOW DY8 Total	24,867,309			$7,879,704,203	$316.87
Difference				$(3,702,510,495)	
% of WOW PCCM MEG 2					53.01%

Table 5 MEG 1 and 2 Cumulative Statistics					
DY 01	Actual CM	MEG 1 & 2 Actual Spend MCW & Reform Enrolled		Total	PCCM
Meg 1 & 2	18,141,234	$4,925,222,579	$399,716,255	$5,324,938,833	$293.53
WOW	18,141,234			$5,850,569,502	$322.50
Difference				$(525,630,669)	
% Of WOW					91.02%
DY 02	Actual CM	MEG 1 & 2 Actual Spend MCW & Reform Enrolled		Total	PCCM
Meg 1 & 2	17,863,960	$4,909,251,774	$710,757,766	$5,620,009,540	$314.60
WOW	17,863,960			$6,303,850,956	$352.88
Difference				$(683,841,416)	
% Of WOW					89.15%
DY 03	Actual CM	MEG 1 & 2 Actual Spend MCW & Reform Enrolled		Total	PCCM
Meg 1 & 2	20,344,582	$5,509,817,851	$782,189,441	$6,292,007,292	$309.27
WOW	20,344,582			$7,574,019,350	$372.29
Difference				$(1,282,012,059)	
% Of WOW					83.07%
DY 04	Actual CM	MEG 1 & 2 Actual Spend MCW & Reform Enrolled		Total	PCCM
Meg 1 & 2	23,390,983	$6,058,520,103	$902,006,202	$6,960,526,306	$297.57
WOW	23,390,983			$9,046,759,079	$386.76
Difference				$(2,086,232,774)	

Table 5 MEG 1 and 2 Cumulative Statistics					
% Of WOW					76.94%
DY 05	Actual CM	MEG 1 & 2 Actual Spend MCW & Reform Enrolled		Total	PCCM
Meg 1 & 2	25,185,957	$6,473,151,442	$988,601,293	$7,461,752,734	$296.27
WOW	25,185,957			$10,402,975,168	$413.05
Difference				$(2,941,222,434)	
% Of WOW					71.73%
DY 06	Actual CM	MEG 1 & 2 Actual Spend MCW & Reform Enrolled		Total	PCCM
Meg 1 & 2	26,610,064	$6,929,318,089	$1,148,641,394	$8,077,959,483	$303.57
WOW	26,610,064			$11,517,211,082	$432.81
Difference				$(3,439,251,599)	
% Of WOW					70.14%
DY 07	Actual CM	MEG 1 & 2 Actual Spend MCW & Reform Enrolled		Total	PCCM
Meg 1 & 2	28,179,336	$7,221,795,800	$1,356,375,538	$8,578,171,338	$304.41
WOW	28,179,336			$12,789,222,314	$453.85
Difference				$(4,211,050,976)	
% Of WOW					67.07%
DY 08	Actual CM	MEG 1 & 2 Actual Spend MCW & Reform Enrolled		Total	PCCM
Meg 1 & 2	28,867,699	$6,925,604,439	$1,275,961,925	$8,201,566,364	$284.11
WOW	28,867,699			$13,874,528,641	$480.62
Difference				$(5,672,962,277)	
% Of WOW					59.11%

Commencing with the January-March 2014 quarter, the Healthy Start Program and the Program for All-inclusive Care for Children (PACC) are authorized as Cost Not Otherwise Matchable (CNOM) services under the 1115 MMA Waiver. Table 6 identifies the DY08 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 DY08 in Table 5 above.

Table 6 WW/WOW Difference Less CNOM Costs	
DY08 Difference July 2013 - June 2014:	($5,672,962,277)
CNOM Costs January 2014 - June 2014:	
Healthy Start	$9,944,595
PACC	$295,361
DY08 Net Difference:	($5,662,722,321)

Table 7 MEG 3 Statistics: Low Income Pool	
MEG 3 LIP	**Paid Amount**
Q1	**$1,645,533**
Q2	**$299,648,658**
Q3	**$284,838,612**
Q4	**$380,828,736**
Q5	**$114,252,478**
Q6	**$191,429,386**
Q7	**$319,005,892**
Q8	**$329,734,446**
Q9	**$165,186,640**
Q10	**$226,555,016**
Q11	**$248,152,977**
Q12	**$178,992,988**
Q13	**$209,118,811**
Q14	**$172,524,655**
Q15	**$171,822,511**
Q16	**$455,671,026**
Q17	**$324,573,642**
Q18	**$387,535,118**
Q19	**$180,732,289**
Q20	**$353,499,776**
Q21	**$57,414,775**
Q22	**$346,827,872**
Q23	**$175,598,167**
Q24	**$227,391,753**
Q25	**$189,334,002**
Q26	**$243,596,958**
Q27	**$277,637,763**
Q28	**$308,722,821**
Q29	**$163,925,949**
Q30	**$316,726,485**
Q31	**$374,225,087**
Q32	**$301,519,921**
Total Paid	**$7,978,670,743**

Table 8 shows that the expenditures for the 32 quarters for MEG 3, Low Income Pool (LIP), were $7,978,670,743 (99.73% of the $8 billion cap).

Table 8 MEG 3 Total Expenditures: Low Income Pool			
DY*	**Total Paid**	**DY Limit**	**% of DY Limit**
DY01	$998,806,049	$1,000,000,000	99.88%
DY02	$999,632,926	$1,000,000,000	99.96%
DY03	$877,493,058	$1,000,000,000	87.75%
DY04	$1,122,122,816	$1,000,000,000	112.21%
DY05	$997,694,341	$1,000,000,000	99.77%
DY06	$807,232,567	$1,000,000,000	80.72%
DY07	$1,019,291,544	$1,000,000,000	101.93%
DY08	$1,156,397,442	$1,000,000,000	115.64%
Total MEG 3	$7,978,670,743	$8,000,000,000	99.73%

*DY totals are calculated using date of service data as required in STC #108.

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