

Florida Medicaid Managed Medical Assistance Waiver

**1115 Research and Demonstration Waiver
#11-W-00206/4**

Annual Report

**July 1, 2016 – June 30, 2017
Demonstration Year 11**

**Agency for Health Care
Administration**



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Managed Medical Assistance Program

Annual Report

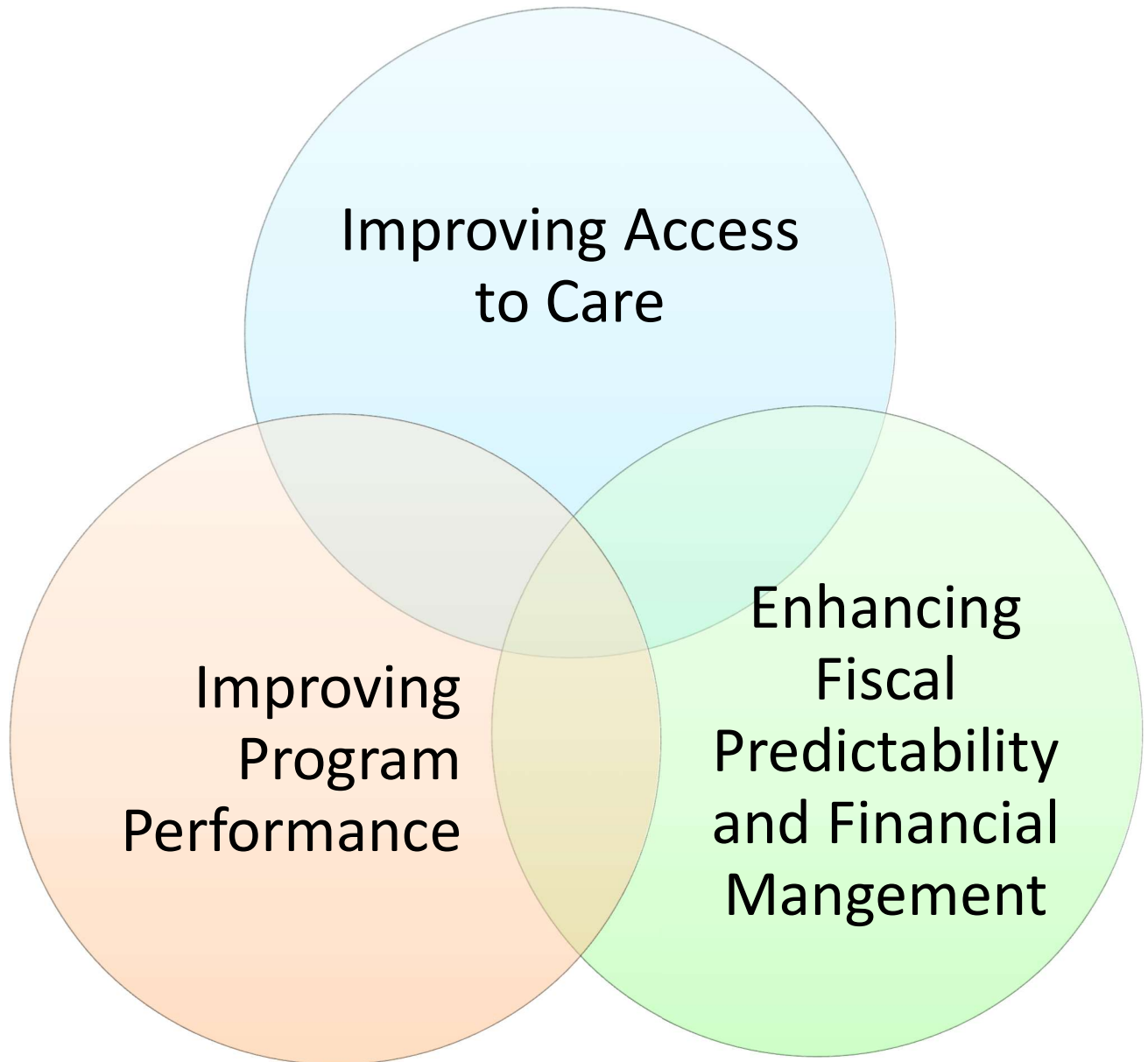
The State is required to submit an annual report summarizing the events occurring during the demonstration year or anticipated to occur in the near future that affect health care delivery.

This report is the annual report for Demonstration Year (DY) 11 covering the period of July 1, 2016, through June 30, 2017. For detailed information about the activities that occurred during previous quarters of the demonstration, please refer to the quarterly and annual reports at http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/mma_fed_auth.shtml.

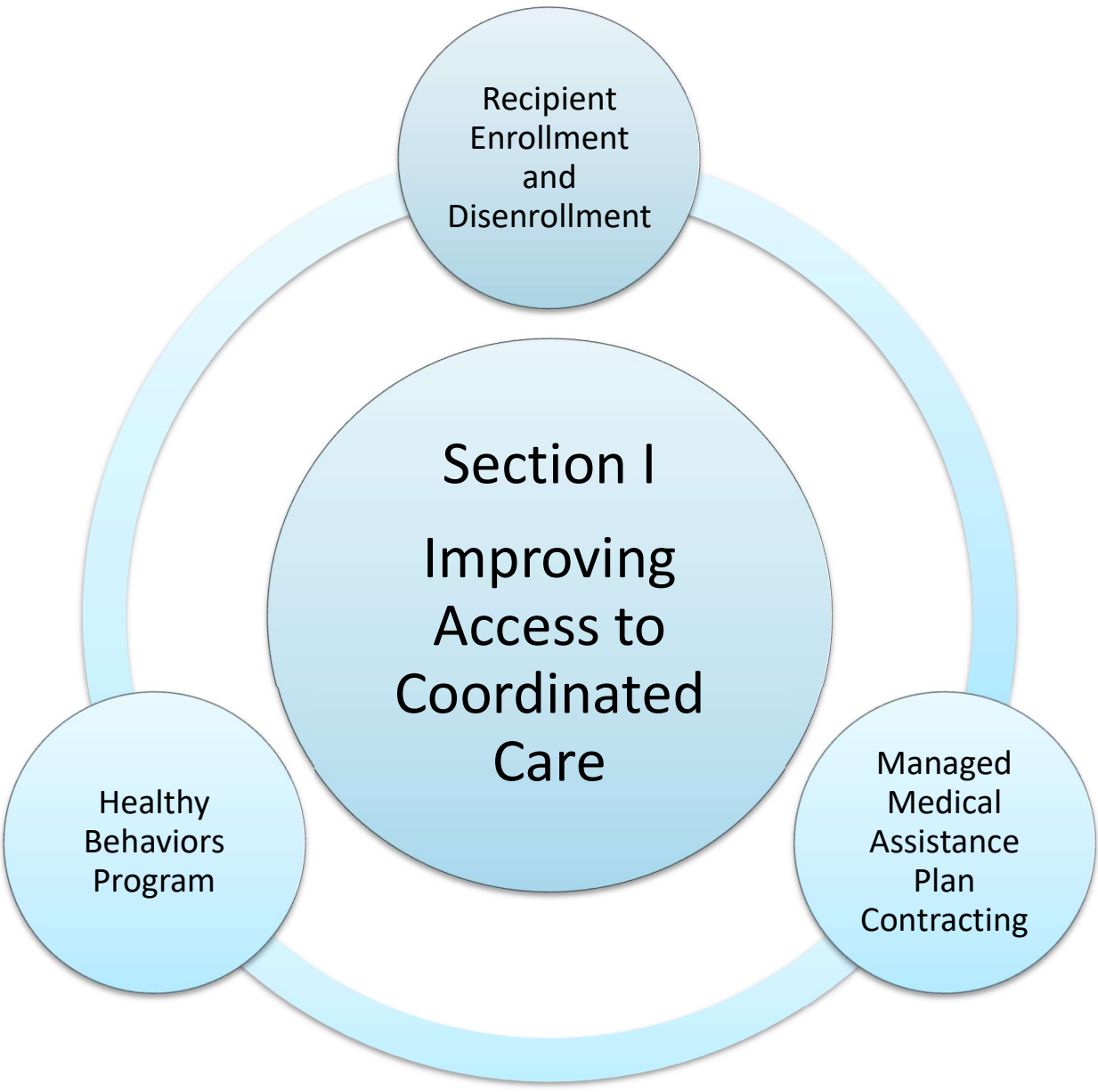
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Demonstration Goals

The Managed Medical Assistance (MMA) program improves health outcomes for Florida Medicaid recipients while maintaining fiscal responsibility. This is achieved through care coordination, patient engagement in their own health care, enhancing fiscal predictability and financial management, improving access to coordinated care, and improving overall program performance.



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Recipient Enrollment and Disenrollment Activities

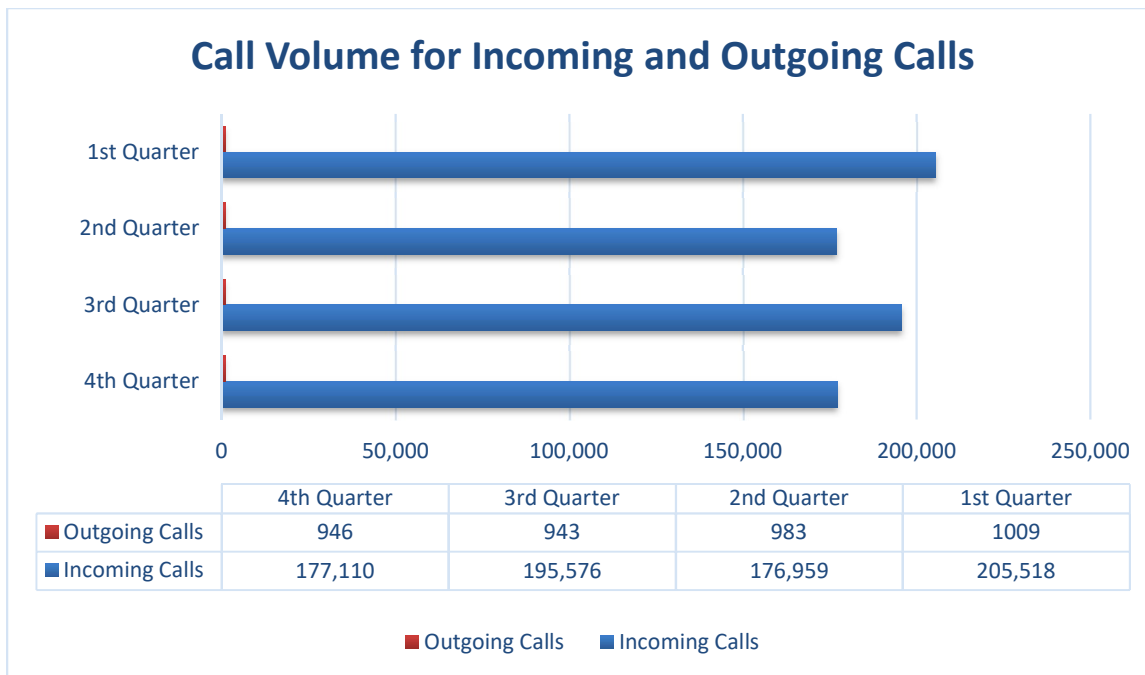
The State of Florida’s enrollment process allows individuals who are mandatory for enrollment in the MMA program to enroll into an MMA plan immediately upon being determined eligible for Florida Medicaid. This process allows Florida Medicaid recipients the immediate benefit of receiving their health care through an integrated system of care as well as access to the expanded benefits offered by the MMA plan.

The Agency for Health Care Administration (Agency) contracts with a choice counseling vendor to manage Florida Medicaid recipients’ enrollment in, and disenrollment from, managed care plans.

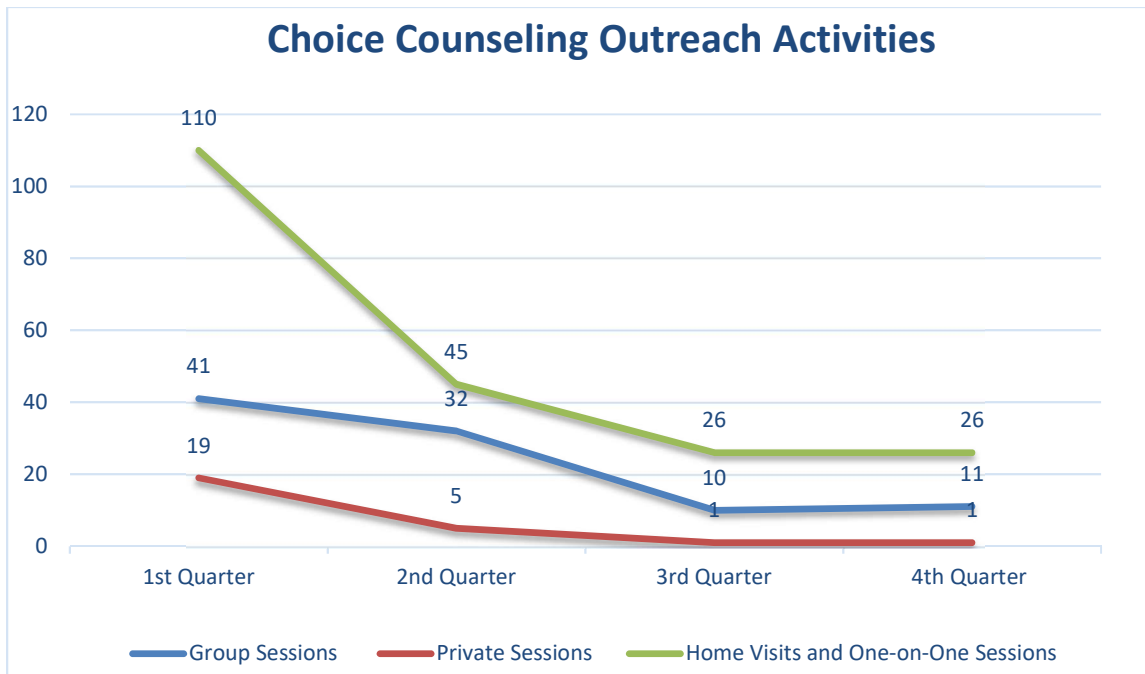
See Attachment II for the MMA plan and regional enrollment for DY 11.

A. Choice Counseling Call Center Activities

Incoming calls represented approximately 99% of the total calls during DY 11.

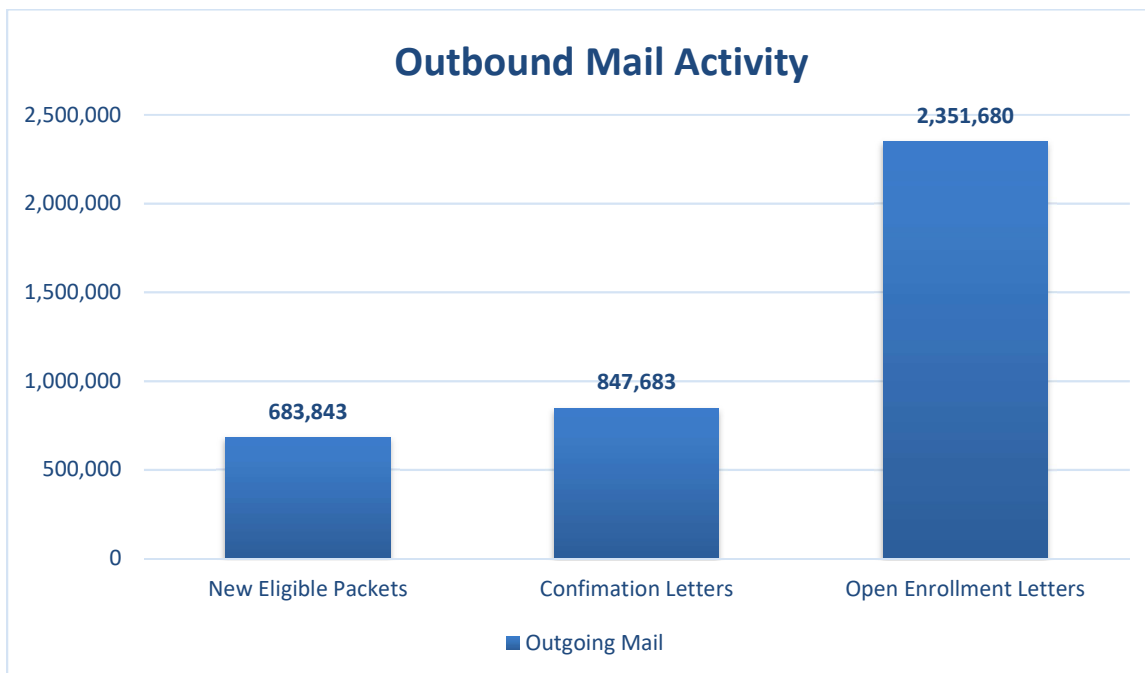


B. Face-to-Face/Outreach and Education:

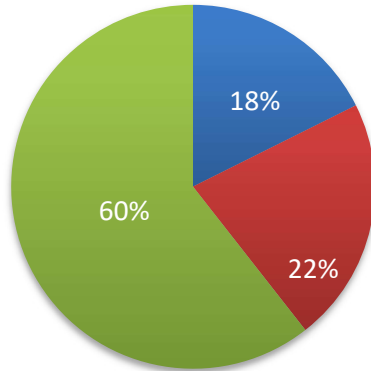


The overall demand for face-to-face choice counseling sessions decreased by approximately 77% during DY 11 as more recipients are choosing to access choice counseling through the online portal or the call center.

C. Outbound Mail Statistics



Total Outgoing Mail Demonstration Year 11

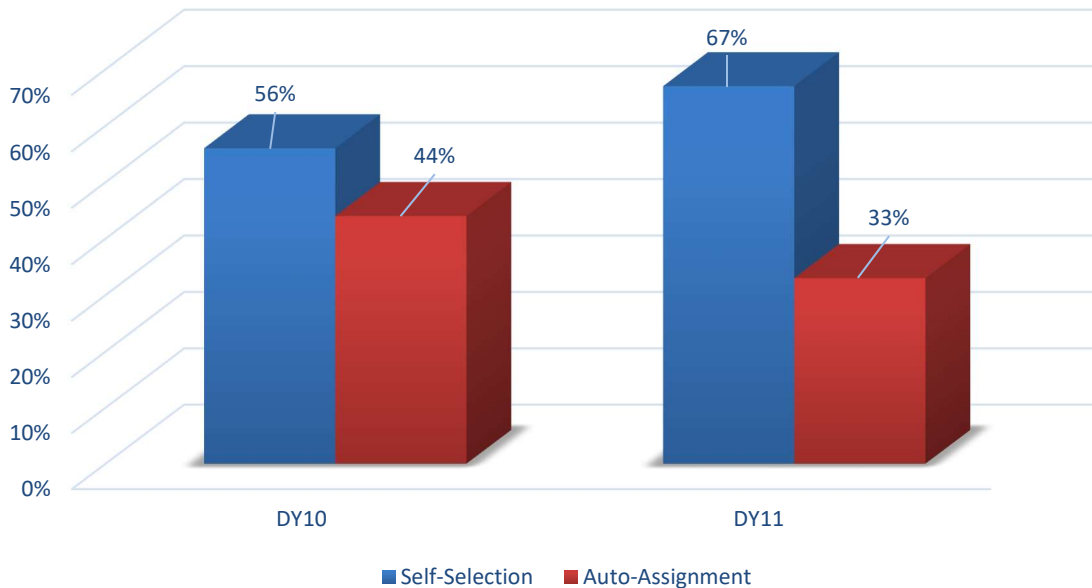


■ New Eligible Packets ■ Confirmation Letters ■ Open Enrollment Packets

During DY11, the State’ designated choice counseling vendor mailed out 2,351,680 open enrollment letters, accounting for approximately 60% of the total outgoing mail.

D. Enrollment and Disenrollment Statistics

Self-Selection & Auto-Assignment Rates

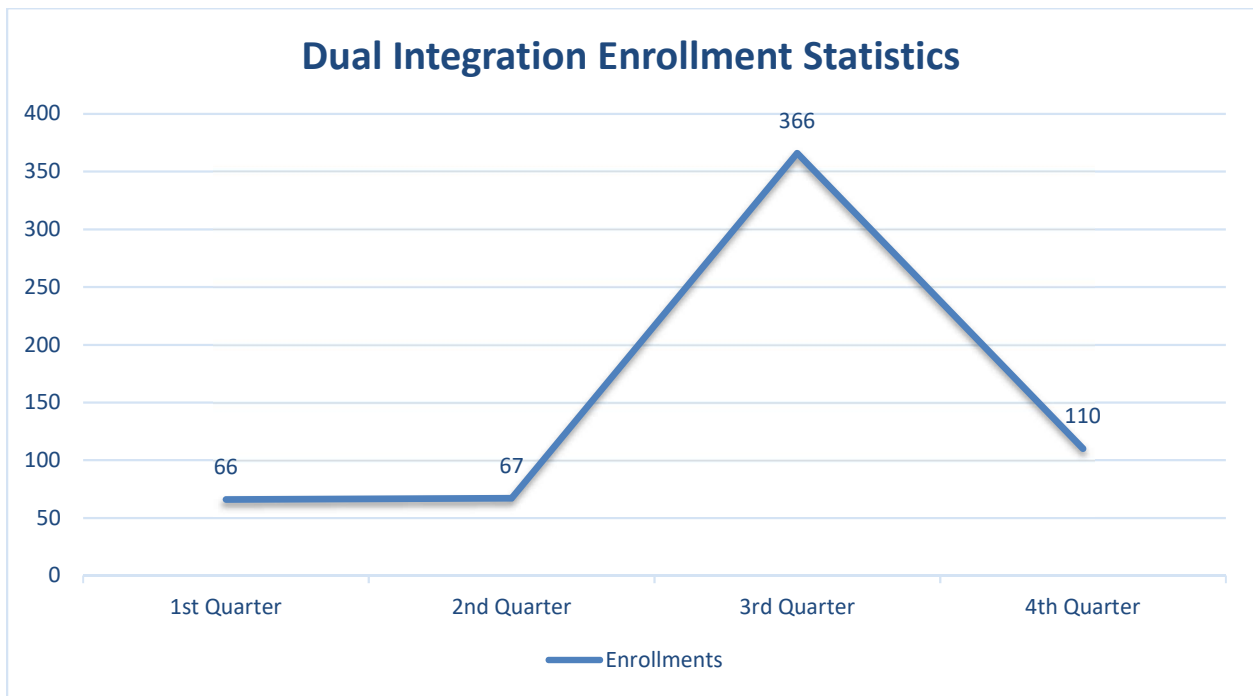


The State encourages recipient engagement in the plan selection process. The self-selection rate among recipients increased from 56% of recipients self-selecting their MMA plan during DY10 to 67% of recipients self-selecting their plan during DY11.

Dual Integration for Medicare

Individuals fully eligible for both Medicare and Florida Medicaid (dually eligible recipients) are required to enroll in an MMA plan to receive Florida Medicaid covered services. Recipients who do not choose an MMA plan are auto-assigned to a plan using the dual eligible auto assignment algorithm. The algorithm helps promote alignment between Medicare and Medicaid by enrolling Florida Medicaid recipients into the MMA plan that is considered a “sister plan” to their Medicare Advantage Plan, when available.

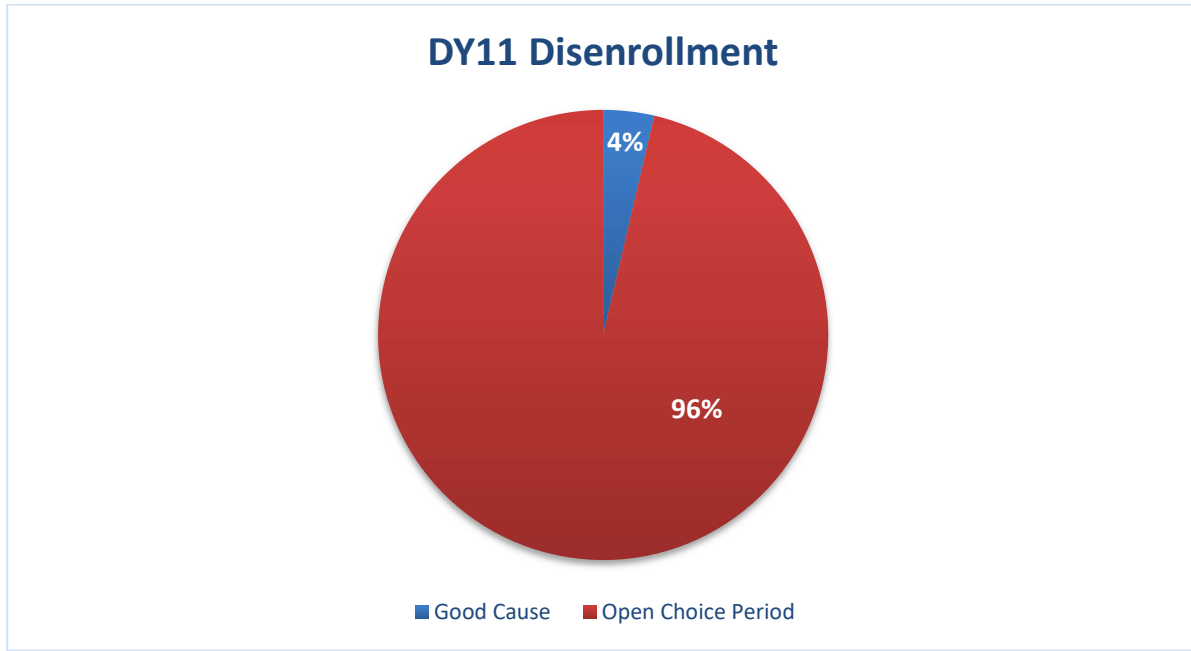
Dual integration enrollments occur primarily during the 3rd quarter, when Medicare recipients are in open enrollment. The total number of dually eligible recipients enrolled into sister MMA plans during each quarter of DY11 followed the projected trend.



E. Disenrollment Statistics

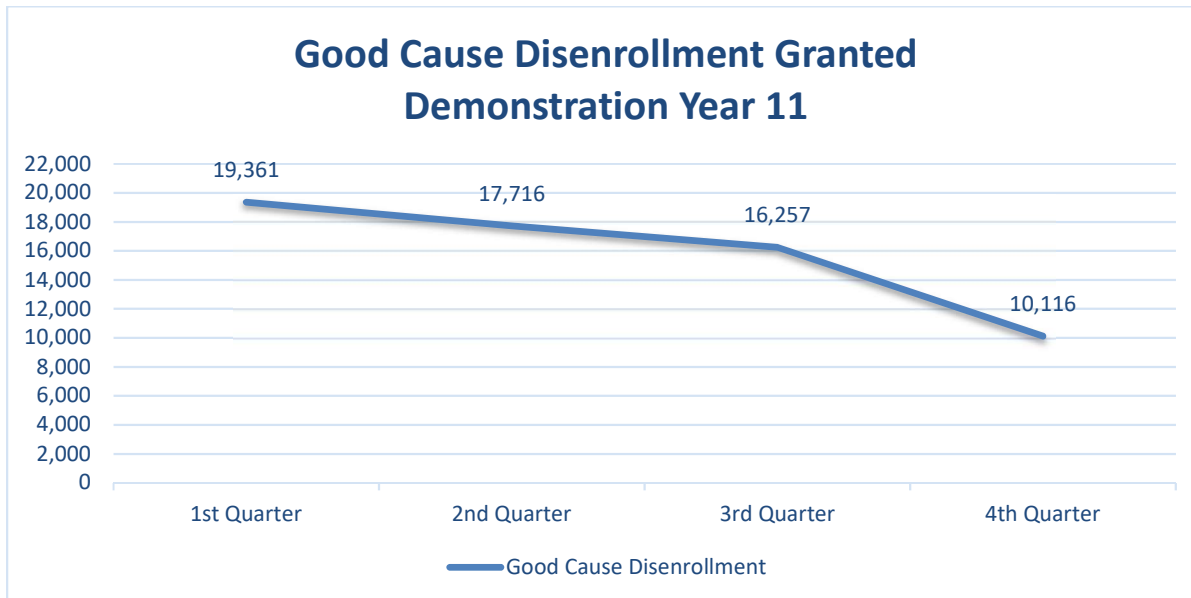
The State categorizes enrollee disenrollments from an MMA plan into two types:

1. Open Choice Period Disenrollment
2. Good Cause Disenrollment



Good Cause Disenrollments

Disenrollments outside of the 120-day post enrollment period, or outside of the enrollee's open enrollment period, are only allowable for good cause. Good cause reasons are defined in the Florida Administrative Code.



The number of good cause disenrollment requests declined during each quarter of DY11.

Managed Medical Assistance Plan Contracting Activities

A. Plan Contracting Status

The Agency continued contracts with 11 MMA standard plans and 6 MMA specialty plans. The current MMA plan contract expires on December 31, 2018. The Agency released an Invitation to Negotiate on July 14, 2017 to solicit bids for a new five-year contract term.

B. Contract Amendments

During DY11, the Agency finalized six contract amendments, and completed revisions to the Statewide Medicaid Managed Care Report Guide. Examples of substantive changes made to the contract during DY11 include:

- Incorporated the federal Home and Community-Based Settings final rule requirements
- Incorporated the modifications necessary to comply with the federal Managed Care final rule requirements
- Revised the grievance system process
- Revised the pharmacy network adequacy standards

A copy of the model contract is available on the Agency's Web site at http://ahca.myflorida.com/Medicaid/statewide_mc/plans.shtml.

C. Communication to MMA Plans

During DY11, the Agency released 26 policy transmittals and 2 Contract Interpretations. The Agency did not release any Dear MMA Plans letters. Examples of policy transmittal topics include:

- Ad hoc reporting requests
- Changes to reporting templates
- New coverage requirements
- Revised payment methodologies

A full listing of the Agency's communications to MMA plans is available on the Agency's Web site at http://ahca.myflorida.com/Medicaid/statewide_mc/smmc_plan_comunications.shtml

D. Managed Care Plan Outreach

The MMA program facilitates additional outreach, and informational opportunities for Florida Medicaid recipients that otherwise would not be available. The events are categorized as “Public”, “Educational”, or “Marketing”. Events can vary in type, topic and target audience. During DY11, the MMA plans either sponsored, co-sponsored, or participated in 4,982 events. Examples of events held during DY11 include:

- 11th Annual Light of the World Clinic Health Expo – a public event that provided the community with health information on topics such as prenatal care along with free vision screenings, dental screenings, medical consults, fitness demonstrations, etc.
- Be Wise, Dental Check-Up – a plan sponsored educational event that collaborated with the Department of Health to provide enrollees with dental screenings, health education, and on-site activities that promoted healthy dental habits.
- Foundational Health – a marketing event where the plans provided Florida Medicaid recipients, and individuals potentially eligible for Florida Medicaid, with plan information.

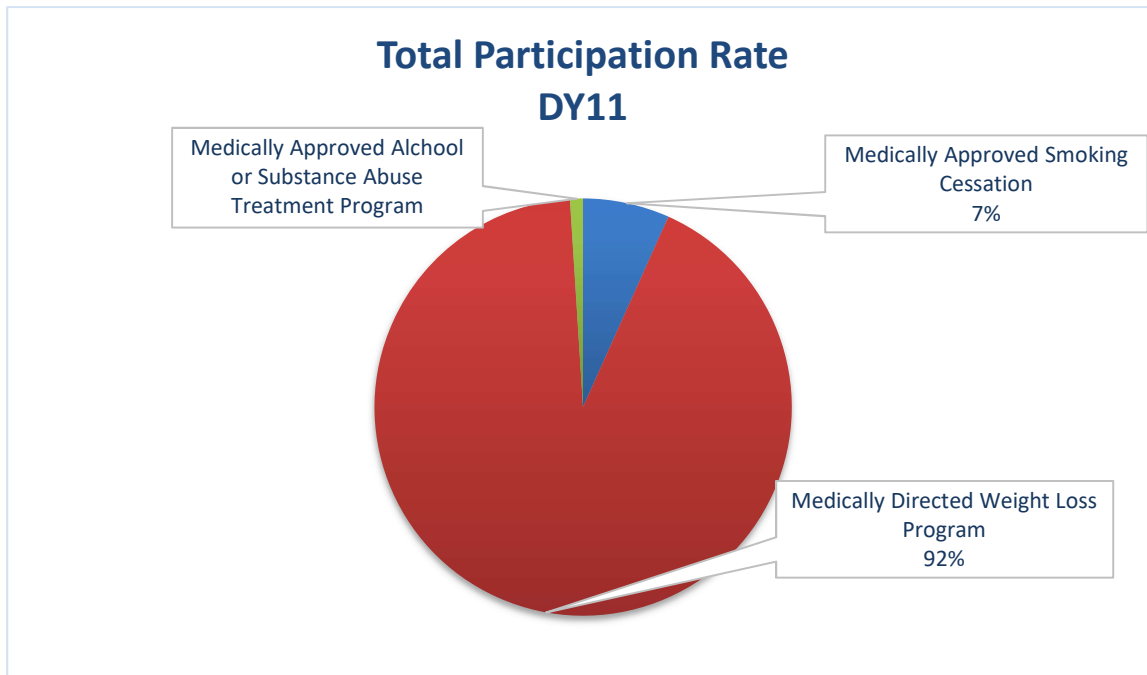
Healthy Behaviors Program

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

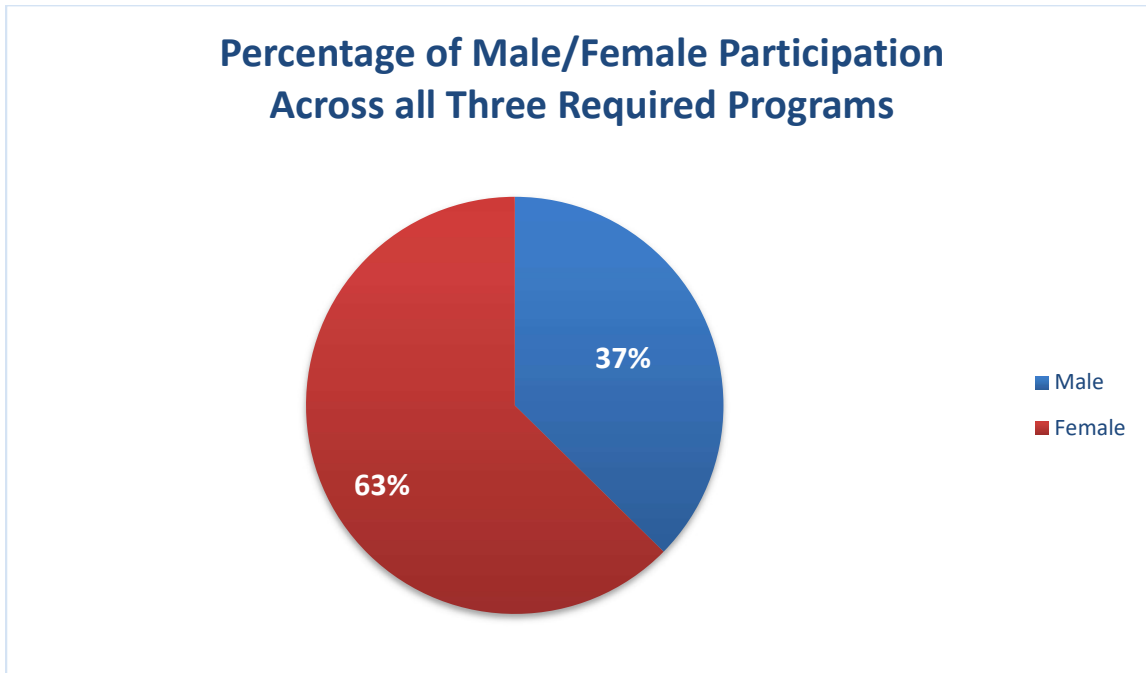
- Medically approved smoking cessation program
- Medically directed weight loss program
- Alcohol or substance abuse treatment program

The Agency encourages plans to conduct additional healthy behavior programs. Accordingly, several offer programs in preventive dental, prenatal care, and well-child visits, in line with some of the State's primary goals, and areas of interest for the MMA program. Attachment III provides data reported by the MMA plans for all healthy behavior programs offered.

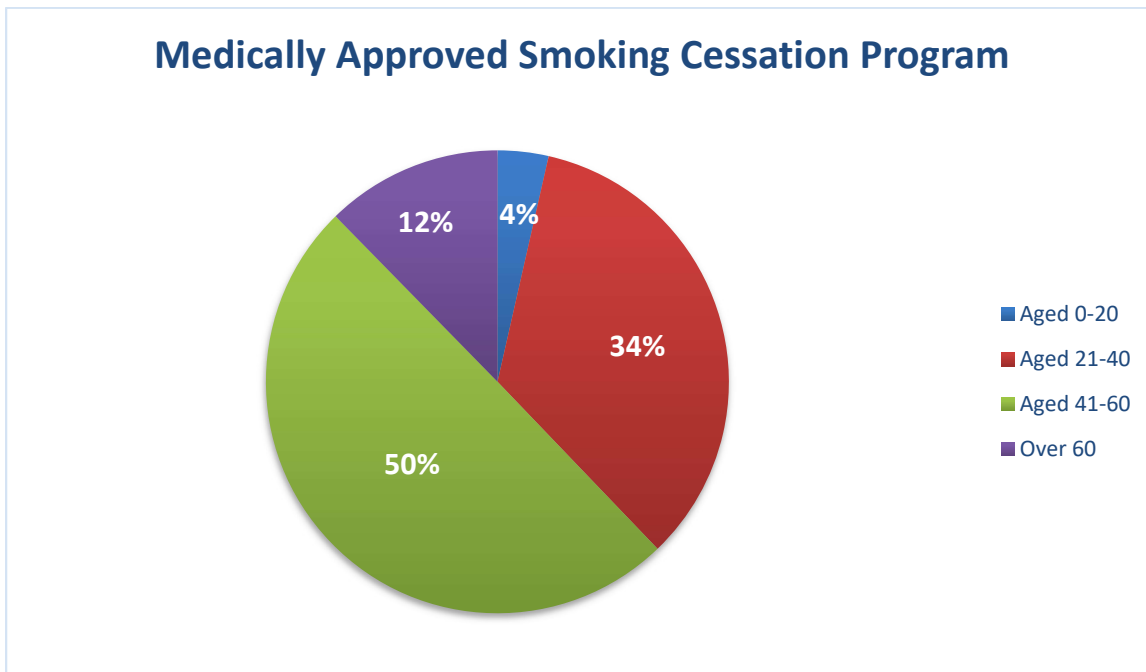
All of the healthy behavior programs are voluntary, and require written consent from each participant prior to enrollment in the program. The following tables provide participation data for the required programs.



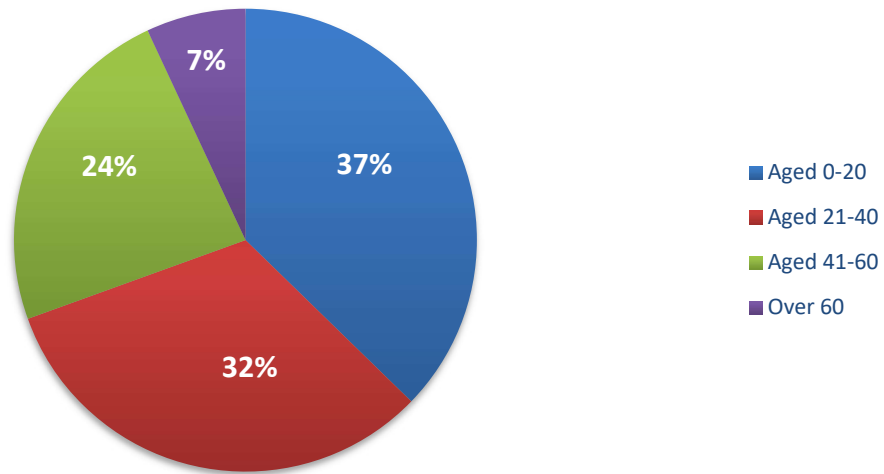
In DY11, women participated in healthy behaviors programs at a higher rate than men did, making up 63% of total program participants. Women also accounted for 70% of the total participants that completed one of the three required healthy behavior programs during DY11.



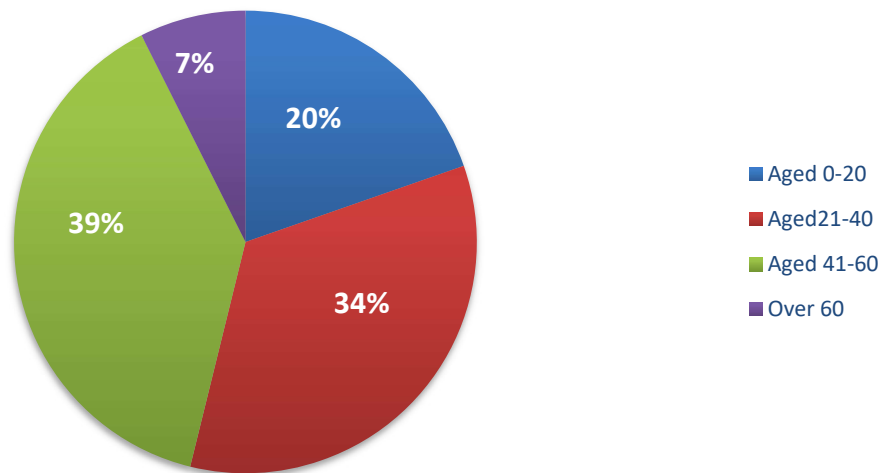
The following charts detail the participation by age group for each required healthy behaviors program.



Medically Directed Weight Loss Program



Alcohol or Substance Abuse Treatment Program



The Agency will launch a monitoring initiative in the first quarter of DY12 to assess the MMA plans' healthy behavior initiatives. The State will monitor:

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

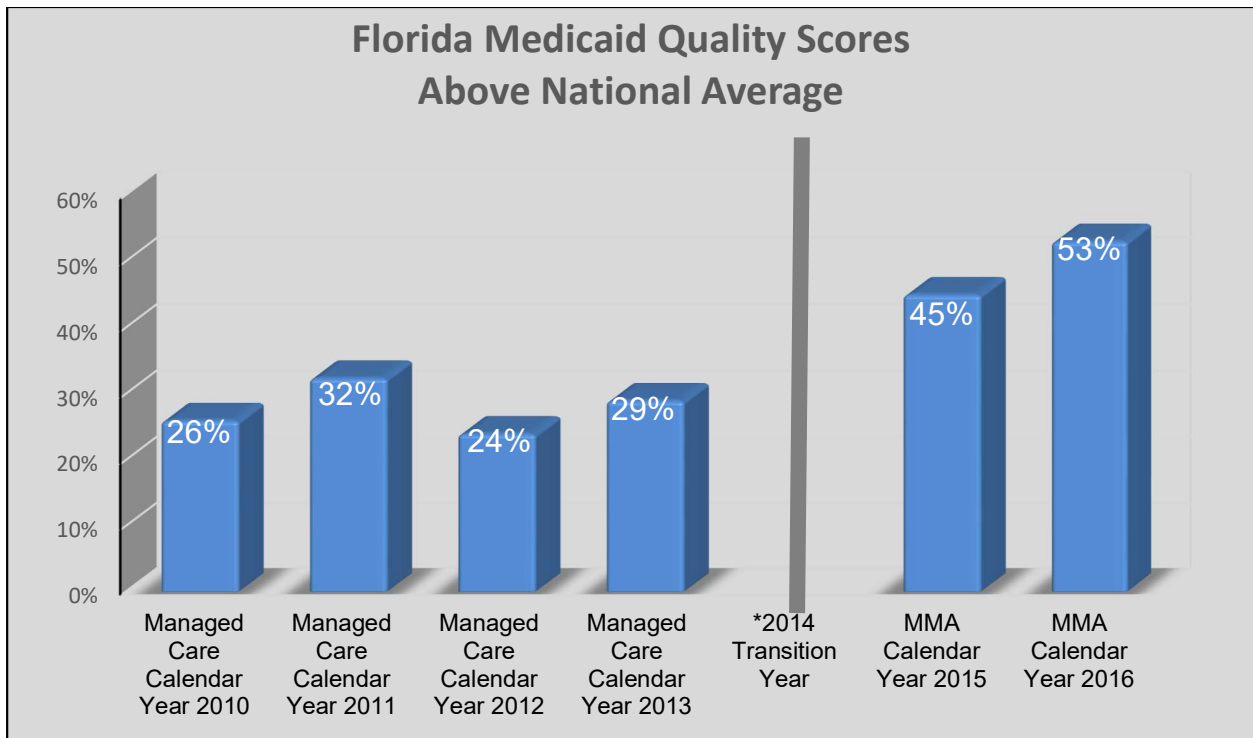


Quality Activities

A. Healthcare Effectiveness Data and Information Set (HEDIS)

The Agency compares performance measure submissions from the plans to the National Committee for Quality Assurance HEDIS National Medicaid Means and Percentiles. Agency posts MMA plan scores on the site at http://ahca.myflorida.com/Medicaid/quality_mc/index.shtml.

The State continues to see a significant improvement in its quality scores since the inception of the MMA program. The calendar year 2016 performance measure submissions were due to the Agency by July 1, 2017. Preliminary findings indicate the 2016 quality scores increased 8-percentage points over calendar year 2015, and are above the national average. These results will be available on the Agency's Web site as soon as the final review is complete.



B. Consumer Assessment of Healthcare Providers (CAHPS)

The Agency received the MMA plan's Consumer Assessment of Healthcare Providers and Systems survey results in July 2016. The statewide averages for the adult and child surveys and the plan-specific rates for the reporting period are available at www.FloridaHealthFinder.gov. Highlights of the survey results for 2016 reflect high satisfaction (a rating of 8, 9, or 10 on a 10- point scale) with MMA plans statewide.

2016 CAHPS Survey Highlights		
2016 CAHPS Survey Item	Adults	Child
Overall Plan Satisfaction	73%	84%
Quality of Care Received	75%	86%
Ease in Getting Needed Care	80%	83%

C. CMS - 416/Child Health Check-Up Reporting

The Agency submitted the finalized CMS - 416 Report for the Federal Fiscal Year (FFY) 2015/16 to CMS. The report included the highest dental scores in the history of the Florida Medicaid program.

CMS – 416 Highlights

- 36 percent of eligible children aged 1 through 20 years, enrolled for 90 continuous days, received a preventive dental service, as calculated using the Child Core Set PDENT measure. This is a 3-percentage point increase from last year and a 17-percentage point increase from the FFY 2011 – 2012 report.
- 156,291 children received a sealant on a permanent molar, an increase of more than 16,550 children (12 percent) compared to last year.

More than 41 percent of eligible enrollees accessed some form of oral health care through Florida Medicaid.

D. Comprehensive Quality Strategy

The Comprehensive Quality Strategy (CQS) outlines Florida's strategy for assessing and improving the quality of health care and services furnished by the managed care organizations and other providers within Florida Medicaid. The draft CQS was submitted to CMS on March 3, 2017 and is available on the Agency's Web site at http://ahca.myflorida.com/medicaid/Policy_and_Quality/Quality/docs/Draft_Full_Amended_012317.pdf.

E. External Quality Review Organization

The Agency contracts with Health Services Advisory Group (HSAG) as its External Quality Review Organization (EQRO) vendor. During DY11, HSAG submitted the following annual reports to the Agency.

- Annual Technical Report (2015-2016)
- Annual Performance Improvement Project (PIP) Validation Summary Report
- Annual Validation of Encounter Data Report

F. Evaluation of the Demonstration

The Agency executed a contract with the University of Florida (UF) to conduct the MMA program evaluation. The Project 1 Interim Evaluation Report was submitted to the Agency May 1, 2017, and the interim reports for Projects 2-5 were submitted on June 1, 2017.

G. Critical Incidents

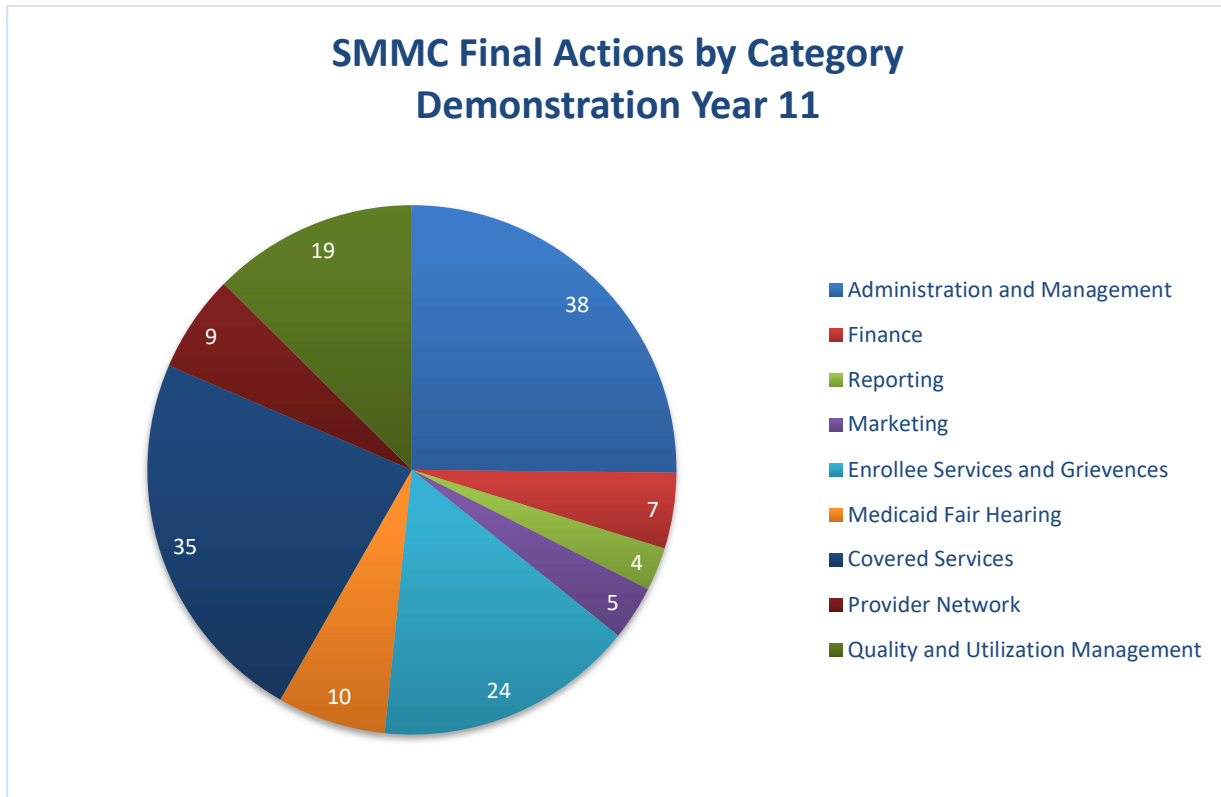
The Agency monitors critical incidents, and follows up with plans when it detects reporting anomalies or trends to determine what the issues are, and to obtain detailed information around those specific incidents. The Agency discovered one MMA plan reported items as critical incidents that did not meet the contract definition during the beginning of DY11, and worked with the plan to remediate the issue for future reports. See Attachment IV for the DY11 critical incident summary

Plan Compliance

Compliance Actions

The Agency monitors the MMA plans performance through a variety of mechanisms including plan reports/submission, desk and on-site compliance reviews, and stakeholder feedback. The Agency provides oversight in all aspects of plan operations and may take the following compliance actions when plans fail to meet requirements specified in the contract:

- **Corrective Action Plan:** A submission outlining how the managed care plan will remedy an area of non-compliance.
- **Liquidated Damage:** Liquidated damages are not intended to be in the nature of a penalty, but are intended to be reasonable estimates of the Agency’s projected financial loss and damage resulting from the managed care plan’s nonperformance, including financial loss as a result of project delays.
- **Sanction:** Monetary or non-monetary action, including, but not limited to enrollment freezes or temporary management of the managed care plan.



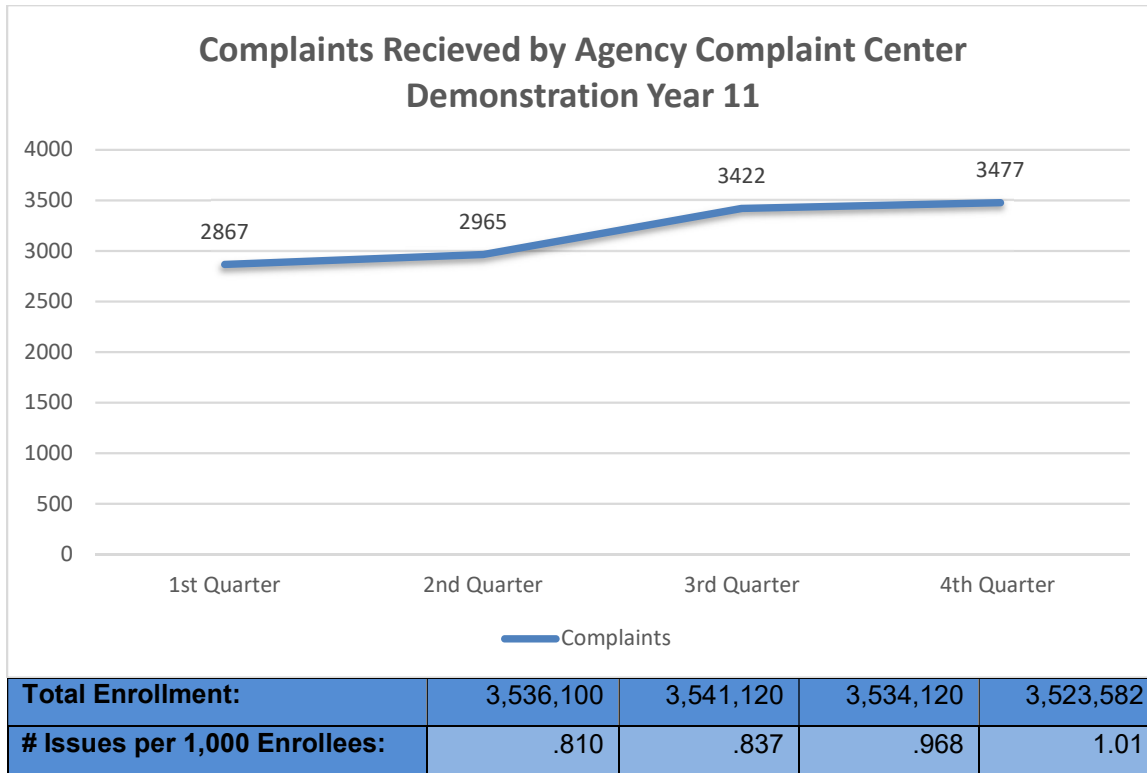
*This data includes compliance actions for both MMA and Long-term Care plans.

The Agency posts quarterly compliance actions reports on the Agency’s Web site at http://ahca.myflorida.com/medicaid/statewide_mc/compliance_actions.shtml.

Complaints and Grievances

A. Agency Complaint Operations Center Activities

The Agency operates a centralized complaint operations center to help resolve complaints timely and to determine if plans are complying with the terms of their contract. The Agency collects, aggregates, and trends the data for general quality improvement initiatives.

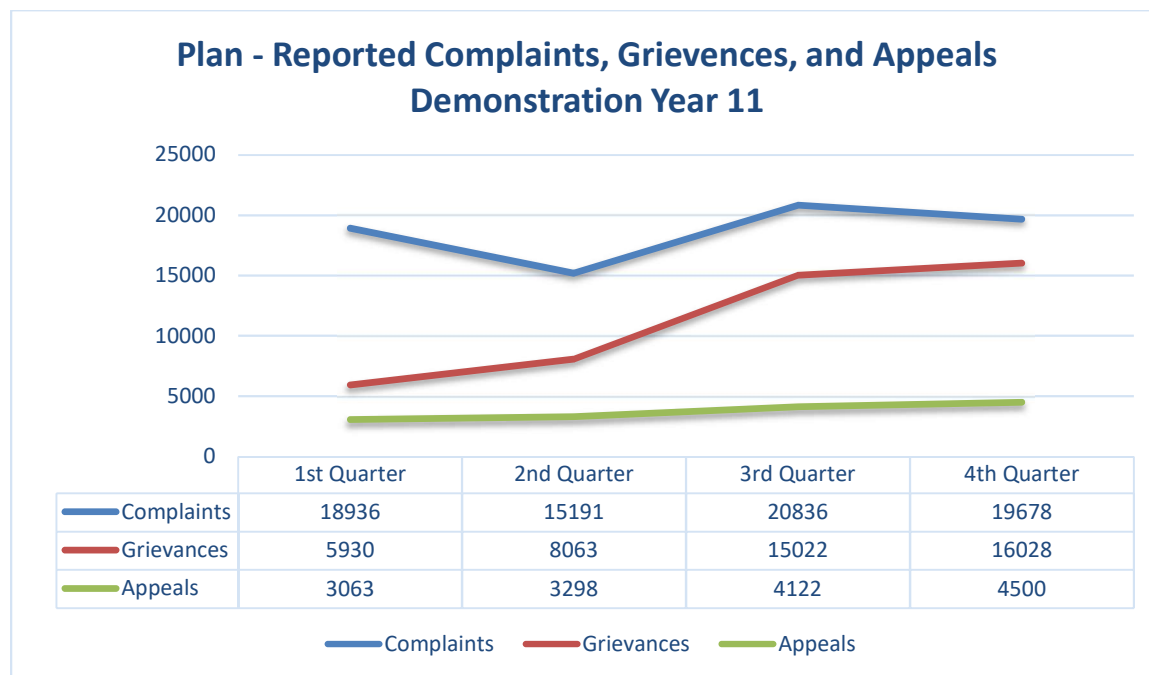


*This data includes complaints received for the MMA and Long-term Care programs.

B. Plan-Reported Complaints, Grievances and Appeals

The MMA plans are required to report all complaints they receive directly on the monthly provider complaint report. The report must include new complaints received during the reporting month, and all pending complaints from previous reporting months. The Agency held a technical assistance call with plans in December 2016 to discuss the monthly report submission requirements, review the monthly reporting template, and address any additional questions from plans on the monthly provider complaint report.

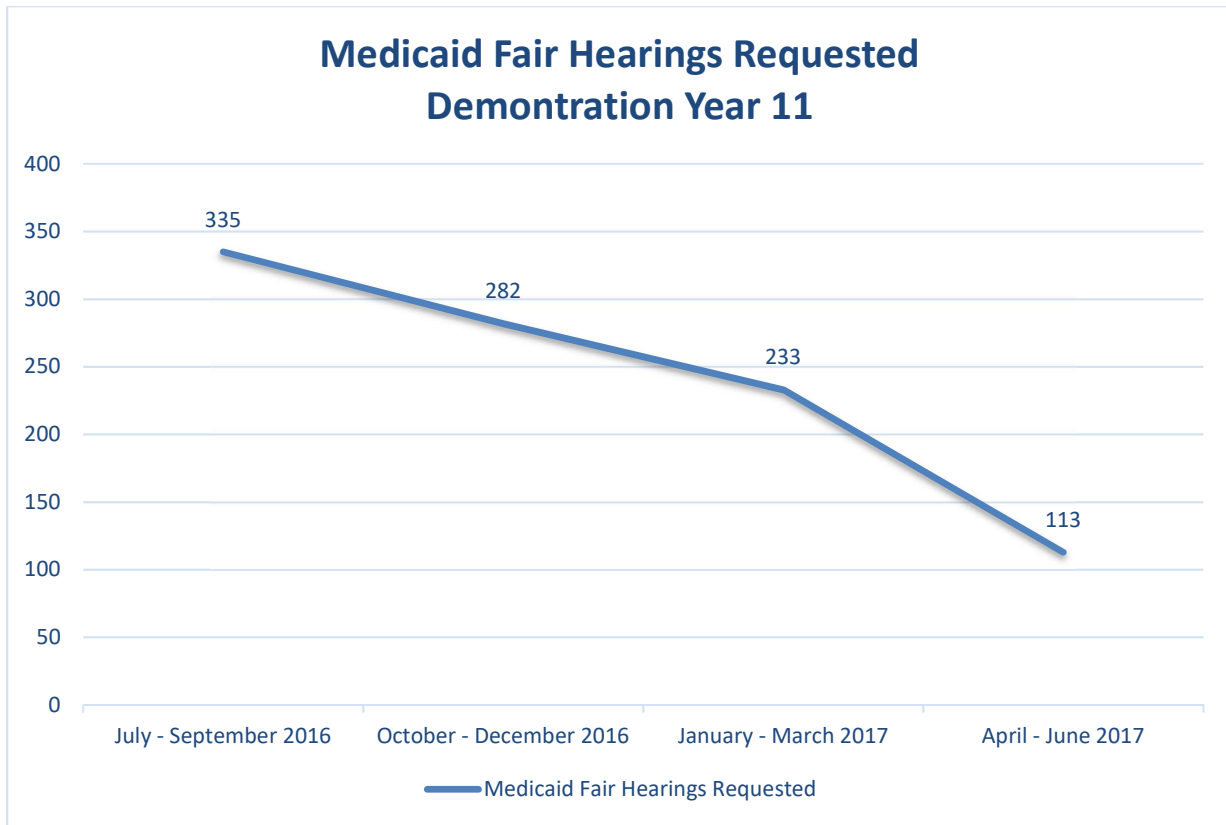
Prior to the call, a majority of the monthly reports received from the plans appeared only to include new complaints, and did not include the pending complaints. The increase in the number of complaints reported by the plans since the technical assistance call coincides with plans including pending complaints in the reporting beginning in the 3rd quarter.



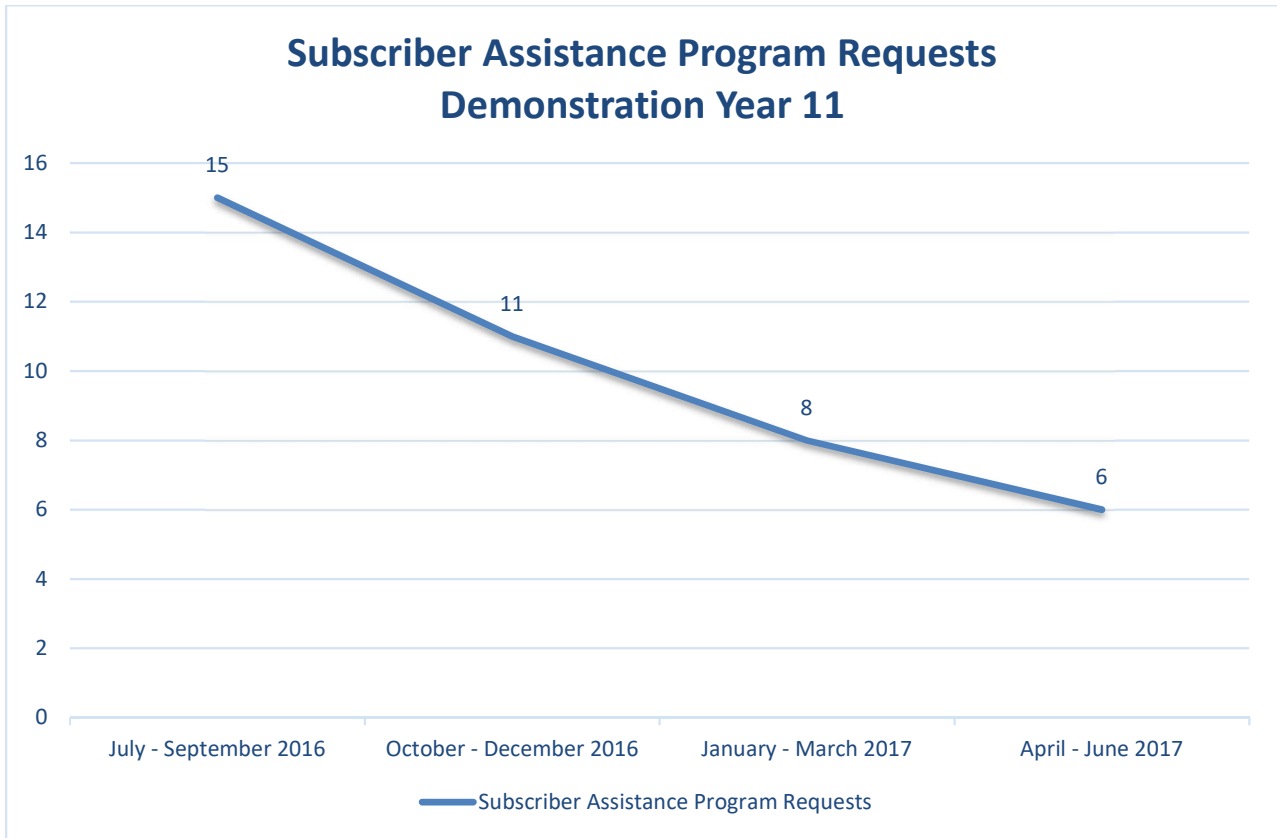
Total Enrollment:	3,437,913	3,441,547	3,434,468	3,423,582
# complaints per 1,000 Enrollees:	5.5	4.4	6.0	5.7
# Grievances per 1,000 Enrollees:	1.72	2.34	4.37	4.68
# Appeals per 1,000 Enrollees:	.89	.95	1.2	1.31

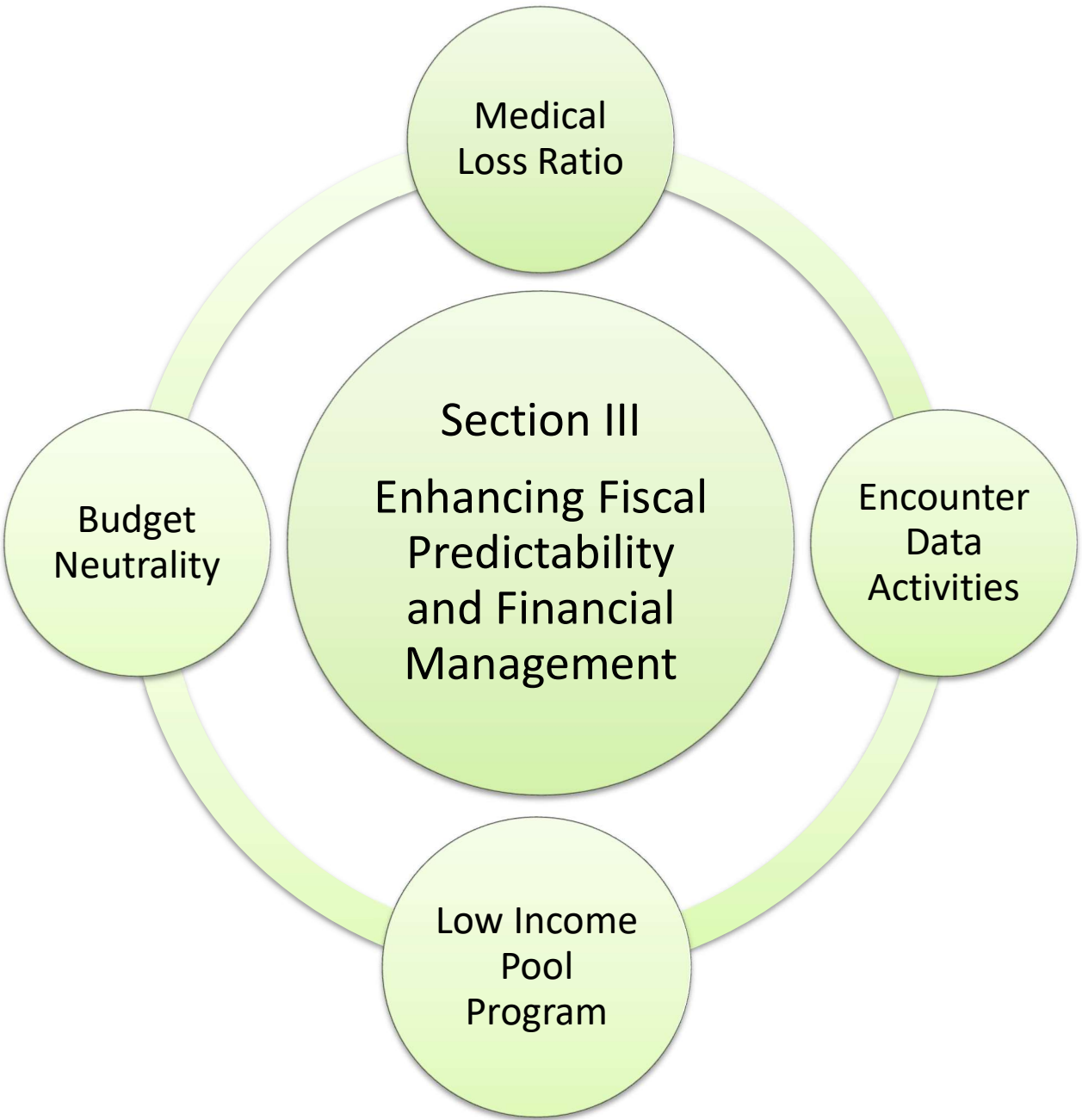
Fair Hearings and Subscriber Assistance Program

The number of fair hearings requested declined by approximately 48% during DY11.



The number of Subscriber Assistance Program (SAP) requests decreased by more than 50% during DY11. .





Enhancing Fiscal Predictability and Financial Management

Through the MMA program, the State is able to improve the management of public resources while improving performance, and consumer satisfaction. The State established financial oversight requirements to improve the fiscal, and program integrity of MMA plans.

A. Medical Loss Ratio Status¹

The MMA plans reported the annual medical loss ratio (MLR) for calendar year 2016 during DY11. All plans reported an MLR equal to, or greater than, the required 85%. The Agency evaluates the plans' MLR on an annual basis to account for seasonality, and quarterly fluctuations.

B. Encounter Data Activities

During DY11, the Agency implemented systemic improvements to enable plans to submit encounters for expanded benefits and implemented an automatic crossover of Medicare secondary claims to enhance the plans' claims processing, and encounter data submissions.

The Agency continues to work with MMA plans and Medicare carriers on ways to improve encounter data submissions. The State monitors encounter data submission timeliness and accuracy on a weekly basis, and analyzes trends monthly.

C. Budget Neutrality Status

The MMA Waiver continued to be budget neutral throughout DY11, demonstrating that federal Medicaid expenditures with the waiver were less than federal spending without the waiver. See Attachment I for the budget neutrality figures for this reporting period.

D. Low Income Pool

During DY11, the Agency distributed Low Income Pool payments to eligible providers in all four tiers and submitted the following final reports to CMS:

- SFY 2015-16 Low Income Pool (LIP) Payments and FY 2015 Charity Care Report
- Final Intergovernmental Transfer Report
- Low Income Pool Cost Limit Report to CMS.

The final reports are available on the Agency's Web site at <http://ahca.myflorida.com/Medicaid/Finance/finance/LIP-DSH/LIP/documents.shtml>

¹ The Medical Loss Ratio for managed care plans with enrollment of less than 1,000 life years is considered "non-credible". The Agency contracts with one plan (Freedom Health, Inc.) that has enrollment of less than 1,000 life years, therefore, Freedom's MLR is not included in this report.

Attachment I

Budget Neutrality Update

In Tables A through H, both date of service and date of payment data are presented. Tables that provide data on a quarterly basis reflect data based on the date of payment for the expenditure. Tables that provide annual or demonstration year data are based on the date of service for the expenditure.

The Agency certifies the accuracy of the member months identified in Tables B through H, in accordance with STC #78.

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

Table A		
PCCM Targets		
WOW² PCCM	MEG 1	MEG 2
DY1	\$948.79	\$199.48
DY2	\$1,024.69	\$215.44
DY3	\$1,106.67	\$232.68
DY4	\$1,195.20	\$251.29
DY5	\$1,290.82	\$271.39
DY6	\$1,356.65	\$285.77
DY7	\$1,425.84	\$300.92
DY8	\$1,498.56	\$316.87
DY9	\$786.70	\$324.13
DY10	\$830.22	\$339.04
DY11	\$876.81	\$354.64

The quarter beginning October 2014 (Q34 - date of payment) is the first complete quarter under MMA. Historical data prior to this quarter is available upon request.

Tables B through H of this attachment contain the statistics for Medicaid Eligibility Groups (MEGs) 1, 2 and 3 for date of payment beginning through June 30, 2017. Case months provided in Tables B and C for MEGs 1 and 2 are actual eligibility counts as of the last day of each month. The expenditures provided are recorded on a cash basis for the month paid.

² Without Waiver

**Table B
MEG 1 Statistics: SSI Related**

DY/Quarter	Actual MEG 1	Case months	Total Spend*	PCCM
DY09/Q34	Oct-Dec 2014	1,500,372	\$1,307,504,932	\$871.45
DY09/Q35	Jan-Mar 2015	1,462,357	\$1,134,356,032	\$775.70
DY09/Q36	Apr-Jun 2015	1,337,626	\$999,171,844	\$746.97
DY10/Q37	Jul-Sep 2015	1,596,204	\$1,154,199,030	\$723.09
DY10/Q38	Oct-Dec 2015	1,604,502	\$1,211,850,145	\$755.28
DY10/Q39	Jan-Mar 2016	1,616,079	\$1,247,196,020	\$771.74
DY10/Q40	Apr-Jun 2016	1,673,703	\$1,268,969,637	\$758.18
DY10/Q41	July-Sept 2016	1,663,286	\$1,410,409,589	\$847.97
DY11/Q42	Oct-Dec 2016	1,664,558	\$1,440,904,934	\$865.64
DY11/Q43	Jan - March 2017	1,652,117	\$1,435,824,785	\$869.08
DY11/Q44	April 2017	551,252	\$481,914,819	\$874.22
DY11/Q44	May 2017	547,139	\$495,405,016	\$905.45
DY11/Q44	June 2017	532,538	\$475,103,649	\$892.15
DY11/Q44	Apr-Jun 2017	1,630,929	\$1,452,423,483	\$890.55
	Managed Medical Assistance- MEG 1 Total³	46,031,769	18,839,838,095	961.10

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

**Table C
MEG 2 Statistics: Children and Families**

DY/Quarter	Actual MEG 2	Case months	Total Spend*	PCCM
DY09/Q34	Oct-Dec 2014	6,858,360	\$1,997,982,421	\$291.32
DY09/Q35	Jan-Mar 2015	7,294,147	\$1,720,540,183	\$235.88
DY09/Q36	Apr-Jun 2015	6,479,912	\$1,461,749,214	\$225.58
DY10/Q37	Jul-Sep 2015	7,370,555	\$1,751,656,163	\$237.63
DY10/Q38	Oct-Dec 2015	7,489,852	\$2,166,649,322	\$289.28
DY10/Q39	Jan-Mar 2016	7,547,248	\$1,921,711,711	\$254.62
DY10/Q40	Apr-Jun 2016	7,650,908	\$1,935,227,890	\$252.94
DY11/Q41	July-Sep 2016	7,701,261	\$1,806,700,651	\$234.60
DY11/Q42	Oct-Dec 2016	7,692,285	\$2,213,198,925	\$287.72
DY11/Q43	Jan-Mar 2017	7,718,856	\$2,095,819,000	\$271.52
DY11/Q44	April 2017	2,604,958	\$663,930,235	\$254.87
DY11/Q44	May 2017	2,576,257	\$692,918,437	\$268.96
DY11/Q44	June 2017	2,533,323	\$784,522,034	\$309.68
DY11/Q44	Apr-Jun 2017	7,714,538	\$2,141,370,706	\$277.58
	Managed Medical Assistance- MEG 2 Total⁴	249,034,444	24,267,240,666	199.63

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

³ MMA MEG1 Totals (from DY01 on)

⁴ MMA MEG2 Total (from DY01 on)

Tables D and E provide cumulative expenditures and case months for the reporting period for each demonstration year. The combined PCCM is calculated by weighting MEGs 1 and 2 using the actual case months. In addition, the PCCM targets as provided in the STCs are also weighted using the actual case months.

Table D			
MEG1 and MEG2 Annual Statistics			
DY09– MEG 1	Actual CM	Total	PCCM
MEG 1 – DY09 Total	\$4,235,554,765	\$795.23	\$4,235,554,765
WOW DY09 Total	\$4,190,100,299	\$786.70	\$4,190,100,299
Difference	\$45,454,466		\$45,454,466
% of WOW PCCM MEG 1			101.08%
DY09– MEG 2	Actual CM	Total	PCCM
MEG 2 – DY09 Total	27,169,344	\$6,171,352,881	\$227.14
WOW DY09 Total	27,169,344	\$8,806,399,471	\$324.13
Difference		\$(2,635,046,589)	
% of WOW PCCM MEG 2			70.08%
DY10– MEG 1	Actual CM	Total	PCCM
MEG 1 – DY10 Total	6,490,488	\$4,882,613,719	\$752.27
WOW DY10 Total	6,490,488	\$5,388,532,947	\$830.22
Difference		\$(508,972,910)	
% of WOW PCCM MEG 1			90.61%
DY10– MEG 2	Actual CM	Total	PCCM
MEG 2 – DY10 Total	30,058,563	\$7,786,418,492	\$259.04
WOW DY10 Total	30,058,563	\$10,191,055,200	\$339.04
Difference		\$(2,404,636,708)	
% of WOW PCCM MEG 2			76.40%
DY11– MEG 1	Actual CM	Total	PCCM
MEG 1 – DY11 Total	6,610,890	\$5,589,360,047	\$845.48
WOW DY11 Total	6,610,890	\$5,796,494,461	\$876.81
Difference		\$(207,134,414)	
% of WOW PCCM MEG 1			96.43%
DY11– MEG 2	Actual CM	Total	PCCM
MEG 2 – DY11 Total	30,826,940	\$8,143,779,777	\$264.18
WOW DY11 Total	30,826,940	\$10,932,466,002	\$354.64
Difference		\$(2,788,686,225)	
% of WOW PCCM MEG 2			74.49%

For DY9, MEG 1 has a PCCM of \$795.23 (Table D), compared to WOW of \$786.70 (Table A), which is 101.08% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$227.14 (Table D), compared to WOW of \$324.13 (Table A), which is 70.08% of the target PCCM for MEG 2.

For DY10, MEG 1 has a PCCM of \$752.27 (Table D), compared to WOW of \$830.22 (Table A), which is 90.61% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$259.04 (Table D), compared to WOW of \$339.04 (Table A), which is 76.40% of the target PCCM for MEG 2.

For DY11, MEG 1 has a PCCM of \$845.48 (Table D), compared to WOW of \$876.81 (Table A), which is 96.43% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$264.18 (Table D), compared to WOW of \$354.64 (Table A), which is 74.49% of the target PCCM for MEG 2.

Table E			
Managed Medical Assistance Cumulative Statistics			
DY 09	Actual CM	Total	PCCM
Meg 1 & 2	32,495,57	\$10,406,907,646	\$320.26
WOW	32,495,57	\$12,996,499,70	\$399.95
Difference		\$(2,589,592,124)	
% Of WOW			80.07%
DY 10	Actual CM	Total	PCCM
Meg 1 & 2	36,549,051	\$12,669,032,211	\$346.53
WOW	36,549,051	\$15,579,588,147	\$426.27
Difference		\$(2,910,555,936)	
% Of WOW			81.32%
DY 11	Actual CM	Total	PCCM
Meg 1 & 2	37,437,830	\$13,733,139,824	\$366.83
WOW	37,437,830	\$15,940,058,833	\$425.77
Difference		\$(2,206,919,009)	
% Of WOW			86.15%

For DY9, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table E) is \$399.95. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table E is \$320.26. Comparing the calculated weighted averages, the actual PCCM is 80.07% of the target PCCM.

For DY10, the weighted target PCCM for the reporting period using the actual case months and the MMA specific targets in the STCs (Table E) is \$426.27. The actual PCCM weighted for the reporting period using the actual case months and the MMA specific actual PCCM as provided in Table E is \$346.53. Comparing the calculated weighted averages, the actual PCCM is 81.32% of the target PCCM.

For DY11, the weighted target PCCM for the reporting period using the actual case months and the MMA specific targets in the STCs (Table E) is \$425.77. The actual PCCM weighted for the reporting period using the actual case months and the MMA specific actual PCCM as provided in Table E is \$366.83. Comparing the calculated weighted averages, the actual PCCM is 86.15% of the target PCCM.

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 F identifies the DY11 costs for these two programs. For budget neutrality purposes, these CNOM costs are deducted from the savings resulting from the difference between the With Waiver costs and the With-Out Waiver costs identified for DY11 in Table E above.

Table F	
WW/WOW Difference Less CNOM Costs	
DY11 Difference July 2016 - June 2017:	\$(2,206,919,009)
CNOM Costs July 2016 – June 2017:	
Healthy Start	\$41,165,686
PACC	\$471,101
DY11 Net Difference:	(\$2,165,282,223)

Table G	
MEG 3 Statistics: Low Income Pool	
MEG 3 LIP	Paid Amount
DY09/Q34	\$690,421,416
DY09/Q35	\$556,474,290
DY09/Q36	\$830,244,034
DY10/Q37	\$0
DY10/Q38	\$303,368,192
DY10/Q39	\$437,678,858
DY10/Q40	\$257,014,028
DY11/Q41	\$0
DY11/Q42	\$0
DY11/Q43	\$390,048,771
DY11/Q44	\$187,263,611
Total Paid⁵	\$11,631,183,943

Expenditures for DY11 for MEG 3, Low Income Pool (LIP), were \$577,312,382 (94.98%) of \$607,825,452.

Table H			
MEG 3 Total Expenditures: Low Income Pool			
DY*	Total Paid	DY Limit	% of DY Limit
DY09	\$2,077,139,740	\$2,167,718,341	95.82%
DY10	\$998,061,078	\$1,000,000,000	99.81%
DY11	\$ 577,312,382	\$ 607,825,452	94.98%
Total MEG 3	\$11,631,183,943	\$11,775,543,793	98.77%

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

⁵ MMA MEG3 Total (from DY01 on)

Attachment II

Managed Medical Assistance Enrollment Report

Managed Medical Assistance Enrollment

There are two categories of Florida Medicaid recipients who are enrolled in an MMA plan: Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI). The SSI category is broken down further in the MMA enrollment reports, based on the enrollee's eligibility for Medicare. The MMA enrollment reports are a complete look at the entire enrollment for the MMA Waiver for the reporting period. Table 1 provides a description of each column in the MMA enrollment reports that are located on the following pages in Tables 2 and 3.

Table 1 MMA Enrollment by Plan and Type Report Descriptions	
Column Name	Column Description
Plan Name	The name of the MMA plan
Plan Type	The plan's type (Standard or Specialty)
Number of TANF Enrolled	The number of TANF recipients enrolled with the plan
Number of SSI Enrolled - No Medicare	The number of SSI recipients enrolled with the plan and who have no additional Medicare coverage
Number of SSI Enrolled - Medicare Part B	The number of SSI recipients enrolled with the plan and who have additional Medicare Part B coverage
Number of SSI Enrolled - Medicare Parts A and B	The number of SSI recipients enrolled with the plan and who have additional Medicare Parts A and B coverage
Total Number Enrolled	The total number of recipients with the plan; TANF and SSI combined
Market Share for MMA	The percentage of the Managed Medical Assistance population compared to the entire enrollment for the quarter being reported
Enrolled in Previous Quarter	The total number of recipients (TANF and SSI) who were enrolled in the plan during the previous reporting quarter
Percent Change from Previous Quarter	The change in percentage of the plan's enrollment from the previous reporting quarter to the current reporting quarter

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

Table 3 lists enrollment by region and plan type, and the total number of TANF and SSI individuals enrolled and the corresponding market share, for the reporting period and prior quarter.

Table 2
MMA Enrollment by Plan and Type
 (July 1, 2016 – June 30, 2017)

Plan Name	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous year	Percent Change from Previous Year
			Medicaid Only	Medicare Part B	Medicare Parts A and B				
Amerigroup Florida	STANDARD	363,075	33,438	40	17,528	414,081	10.4%	435,076	-4.8%
Better Health	STANDARD	108,203	10,060	25	5,513	123,801	3.1%	120,738	2.5%
Coventry Health Care Of Florida	STANDARD	62,787	5,843	20	4,121	72,771	1.8%	70,979	2.5%
Humana Medical Plan	STANDARD	331,816	39,735	144	35,473	407,168	10.2%	424,540	-4.1%
Integral Quality Care ⁶	STANDARD	-	-	-	-	-	0.0%	7,588	-100.0%
Molina Healthcare Of Florida	STANDARD	369,619	37,614	65	22,630	429,928	10.8%	387,255	11.0%
Preferred Medical Plan ⁷	STANDARD	-	-	-	-	-	0.0%	512	-100.0%
Prestige Health Choice	STANDARD	346,059	36,950	38	24,096	407,143	10.2%	389,753	4.5%
South Florida Community Care Network	STANDARD	48,206	4,339	17	2,487	55,049	1.4%	53,105	3.7%
Simply Healthcare	STANDARD	77,462	15,797	112	13,203	106,574	2.7%	107,771	-1.1%
Staywell Health Plan	STANDARD	702,704	74,922	64	36,325	814,015	20.5%	832,716	-2.2%
Sunshine State Health Plan	STANDARD	500,992	45,410	61	56,119	602,582	15.2%	577,196	4.4%
United Healthcare Of Florida	STANDARD	287,065	31,211	41	31,883	350,200	8.8%	353,971	-1.1%
Standard Plans Total		3,197,988	335,319	627	249,378	3,783,312	95.2%	3,761,200	0.6%
Positive Health Plan	SPECIALTY	272	1,013	1	1,048	2,334	0.1%	2,187	6.7%
Magellan Complete Care	SPECIALTY	36,540	25,444	14	22,707	84,705	2.1%	69,189	22.4%
Freedom Health	SPECIALTY	-	-	-	159	159	0.0%	130	22.3%
Clear Health Alliance	SPECIALTY	1,969	5,436	1	3,849	11,255	0.3%	10,833	3.9%
Sunshine State Health Plan	SPECIALTY	32,505	1,998	-	3	34,506	0.9%	33,163	4.0%
Children's Medical Services Network	SPECIALTY	31,783	25,070	1	175	57,029	1.4%	59,656	-4.4%
Specialty Plans Total		103,069	58,961	17	27,941	189,988	4.8%	175,158	8.5%
MMA TOTAL		3,301,057	394,280	644	277,319	3,973,300	100%	3,936,358	0.9%

⁶ Integral Quality Care ceased operations effective October 31, 2015

Table 3
MMA Enrollment by Region and Type
 (July 1, 2016 – June 30, 2017)

Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Region	Enrolled in previous year	Percent Change from previous year
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	Standard & Specialty	113,489	13,429	6	8,733	135,657	3.4%	131,410	3.2%
02	Standard & Specialty	117,617	16,446	3	11,056	145,122	3.7%	143,405	1.2%
03	Standard & Specialty	275,889	35,437	13	22,111	333,450	8.4%	331,415	0.6%
04	Standard & Specialty	341,123	37,221	18	23,902	402,264	10.1%	393,472	2.2%
05	Standard & Specialty	190,738	25,536	12	21,541	237,827	6.0%	238,495	-0.3%
06	Standard & Specialty	456,369	53,875	43	30,347	540,634	13.6%	538,572	0.4%
07	Standard & Specialty	451,900	52,461	51	27,000	531,412	13.4%	525,127	1.2%
08	Standard & Specialty	227,096	21,556	23	19,211	267,886	6.7%	272,729	-1.8%
09	Standard & Specialty	301,088	29,029	66	22,132	352,315	8.9%	340,556	3.5%
10	Standard & Specialty	290,679	31,480	100	22,292	344,551	8.7%	333,351	3.4%
11	Standard & Specialty	535,069	77,810	309	68,994	682,182	17.2%	687,826	-0.8%
MMA TOTAL		3,301,057	394,280	644	277,319	3,973,300	100%	3,936,358	0.9%
01	STANDARD	111,656	12,526	6	8,641	132,829	3.5%	128,518	3.4%
02	STANDARD	112,076	13,417	3	9,919	135,415	3.6%	133,747	1.2%
03	STANDARD	268,847	32,786	13	21,822	323,468	8.5%	320,809	0.8%
04	STANDARD	327,527	31,781	16	21,445	380,769	10.1%	373,543	1.9%
05	STANDARD	182,068	21,088	12	18,246	221,414	5.9%	223,982	-1.1%
06	STANDARD	440,104	45,433	41	26,817	512,395	13.5%	513,315	-0.2%
07	STANDARD	437,282	44,002	51	23,834	505,169	13.4%	500,307	1.0%
08	STANDARD	222,942	19,683	23	18,961	261,609	6.9%	266,369	-1.8%
09	STANDARD	291,491	23,582	64	19,275	334,412	8.8%	323,785	3.3%
10	STANDARD	280,393	24,684	99	19,419	324,595	8.6%	315,081	3.0%
11	STANDARD	523,602	66,337	299	60,999	651,237	17.2%	661,744	-1.6%

⁷ Preferred Medical Plan ceased operations effective October 15, 2015

Table 3
MMA Enrollment by Region and Type
 (July 1, 2016 – June 30, 2017)

STANDARD TOTAL		3,197,988	335,319	627	249,378	3,783,312	100.0%	3,761,200	0.6%
01	SPECIALTY	1,833	903	-	92	2,828	1.5%	2,892	-2.2%
02	SPECIALTY	5,541	3,029	-	1,137	9,707	5.1%	9,658	0.5%
03	SPECIALTY	7,042	2,651	-	289	9,982	5.3%	10,606	-5.9%
04	SPECIALTY	13,596	5,440	2	2,457	21,495	11.3%	19,929	7.9%
05	SPECIALTY	8,670	4,448	-	3,295	16,413	8.6%	14,513	13.1%
06	SPECIALTY	16,265	8,442	2	3,530	28,239	14.9%	25,257	11.8%
07	SPECIALTY	14,618	8,459	-	3,166	26,243	13.8%	24,820	5.7%
08	SPECIALTY	4,154	1,873	-	250	6,277	3.3%	6,360	-1.3%
09	SPECIALTY	9,597	5,447	2	2,857	17,903	9.4%	16,771	6.7%
10	SPECIALTY	10,286	6,796	1	2,873	19,956	10.5%	18,270	9.2%
11	SPECIALTY	11,467	11,473	10	7,995	30,945	16.3%	26,082	18.6%
SPECIALTY TOTAL		103,069	58,961	17	27,941	189,988	100.0%	175,158	8.5%

Attachment III

Healthy Behaviors Program Enrollment

Table A provides a summary of enrollees who participated in healthy behaviors program during DY11.

Table B provides a summary of enrollees who completed a healthy behaviors program during DY11.

Table A							
Healthy Behaviors Program							
Enrollment Statistics							
(July 1, 2016 – June 30, 2017)							
Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Aetna Better Health of Florida							
Medically Approved Smoking Cessation Program	0	0	0	0	0	0	0
Medically Directed Weight Loss Program	0	0	0	0	0	0	0
Medically Approved Alcohol or Substance Abuse Recovery Program	0	0	0	0	0	0	0
Baby Visions Prenatal	4	0	4	0	4	0	0
Baby Visions Post-Partum	4	0	4	0	4	0	0
Amerigroup							
Medically Approved Smoking Cessation Program	45	11	34	1	7	25	12
Medically Directed Weight Loss Program	182	25	157	2	46	109	25
Medically Approved Alcohol or Substance Abuse Recovery Program	7	2	5	0	1	4	2
Maternal Child Care Services	7,532	0	7,532	1,112	6,307	113	0
Annual Dental Visit	481,289	244,292	236,997	481,289	0	0	0
Childhood Immunizations	26,881	13,594	13,287	26,881	0	0	0
Adolescent Immunizations	15,811	8,090	7,721	15,811	0	0	0
Better Health							
Smoking Cessation	11	2	9	0	1	6	4
Weight Management	27	9	18	4	6	13	4
Substance Abuse	0	0	0	0	0	0	0
Maternity	30	0	30	2	26	2	0
Well Child Visits	1,066	611	455	1,066	0	0	0
Children's Medical Services							
Tobacco Cessation	16	16	0	16	0	0	0
Overcoming Obesity	676	341	335	676	0	0	0
Changing Lives*	48	29	19	48	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	42	23	19	0	1	31	10
Weight Management Healthy Behaviors Rewards	15	3	12	0	0	12	3

Table A
Healthy Behaviors Program
Enrollment Statistics
(July 1, 2016 – June 30, 2017)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Alcohol & Substance Abuse	7	4	3	0	1	6	0
Maternity Healthy Behaviors Rewards	2	0	2	0	2	0	0
Well Child Visit Healthy Behaviors Rewards	0	0	0	0	0	0	0
Freedom Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	5	2	3	0	0	3	2
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Humana Medical Plan							
Smoking Cessation	1	0	1	0	1	0	0
Family Fit	197	29	168	3	73	84	37
Substance Abuse	1	0	1	0	1	0	0
Mom’s First Prenatal & Postpartum	4,943	0	4,943	402	4,432	109	0
Pediatric Well Visit (PWV) Program	11,635	5,924	5,711	11,635	0	0	0
Baby Well Visit (BWV) Program	4,696	2,421	2,275	4,696	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	719	199	511	12	258	371	78
Weight Management	1,115	215	892	69	489	486	71
Substance Abuse	137	49	88	6	61	60	10
Maternity Incentive Program	281	0	281	56	225	0	0
Molina							
Smoking Cessation	14	8	6	0	4	8	2
Weight Loss	6	2	4	0	5	1	0
Alcohol or Substance Abuse	10	4	6	0	5	5	0
Pregnancy Health Management	3,864	0	3,864	330	3,460	74	0
Well Child	10,350	5,246	5,104	10,350	0	0	0
Adult Access to Preventative & Ambulatory Health Services	2,764	1,455	1,309	12	1,977	629	146
Positive Health Care							
Quit for Life Tobacco Cessation	2	2	0	0	1	1	0
Weight Management	35	29	6	0	3	25	7
Alcohol Abuse	0	0	0	0	0	0	0
Childhood Checkups	25	14	11	23	2	0	0
Retinal Eye Exam Program	0	0	0	0	0	0	0
Prestige Health Choice							
Smoking Cessation	16	6	10	0	3	11	2
Weight Loss	41	11	30	5	8	21	7
Alcohol & Substance Abuse – “Changing Lives Program”	1	1	0	0	0	1	0
Behavioral Health Follow-Up Program	10	7	3	6	0	3	1

Table A
Healthy Behaviors Program
Enrollment Statistics
(July 1, 2016 – June 30, 2017)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Diabetes Testing Program	497	139	358	2	29	272	194
Diabetes Eye Exam Program	2	1	1	0	0	1	1
Maternity Program	87	0	87	2	79	6	0
Postpartum Program	0	0	0	0	0	0	0
Well-Child Program	173	93	80	173	0	0	0
Adolescent Well-Care Program	7	5	2	7	0	0	0
Dental Program	119	54	65	119	0	0	0
Breast Cancer Screening Program	4	0	4	0	0	3	1
Lead Screening Program	0	0	0	0	0	0	0
Cervical Cancer Screening Program	3	0	3	0	0	3	0
Simply							
Quit Smoking Healthy Behaviors Rewards	21	12	9	0	2	10	9
Weight Management Healthy Behaviors Rewards	25	7	18	0	10	5	10
Alcohol and Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	5	0	5	0	5	0	0
Well Child Visit Healthy Behaviors Rewards	537	273	264	537	0	0	0
Community Care Plan							
Tobacco Cessation	1	1	0	0	0	1	0
Obesity Management	0	0	0	0	0	0	0
Alcohol or Substance Abuse	4	2	2	1	1	2	0
Staywell							
Medically Approved Smoking Cessation Program:	1,293	471	822	53	495	598	147
Medically Directed Weight Loss Program:	29,119	11,126	17,993	10,997	9,498	6,621	2,003
Alcohol or Substance Abuse Recovery Program:	79	41	38	12	31	27	9
New Member Healthy Behaviors: Health Risk Assessment	313,752	114,366	180,374	206,684	67,382	25,696	13,990
New Member Healthy Behaviors: Initial PCP Visit	313,655	133,352	180,303	206,634	67,356	25,677	13,988
Children's Healthy Behaviors: Well Child Visit	90,385	46,526	43,859	90,385	0	0	0
Children's Healthy Behaviors: Child Health Check Up	334,235	171,027	163,208	334,235	0	0	0
Children's Healthy Behaviors: Adolescents Check Up	877,557	440,327	437,230	865,696	11,861	0	0
Children's Healthy Behaviors: Dental Check Up	138,6488	701,879	684,609	1,374,625	11863	0	0
Well Woman Healthy Behaviors: Screening Mammogram	107,695	0	10,7695	0	6,992	86,299	14,404

Table A
Healthy Behaviors Program
Enrollment Statistics
(July 1, 2016 – June 30, 2017)

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Diabetes Healthy Behaviors: Eye Exam	46,259	15,313	30,946	935	9,910	25,150	10,264
Diabetes Healthy Behaviors: HgbA1C Control	46,247	15,311	30,936	935	9,913	25,134	10,265
Diabetes Healthy Behaviors: LDL Control	46,269	15,313	30,956	935	9,914	25,156	10,264
Healthy Pregnancy Behaviors: Prenatal Visits	27,535	0	27,535	4747	22,351	425	12
Healthy Pregnancy Behaviors: Postpartum Visits	13,892	0	13,892	5,753	8,034	104	1
MMA Backpack Project	154,077	76,676	77,401	154,077	0	0	0
Sunshine Health							
Medically Approved Smoking Cessation Program	115	53	62	0	14	82	19
Medically Directed Weight Loss Program	179	28	151	30	47	78	24
Medically Approved Alcohol or Substance Abuse Recovery Program	57	31	26	2	19	31	5
United Healthcare							
Medically Approved Smoking Cessation Program	1	1	0	0	0	1	0
Medically Directed Weight Loss Program	9	2	7	1	3	5	0
Medically Approved Alcohol or Substance Abuse Recovery Program	0	0	0	0	0	0	0
Baby Blocks	6,915	0	6,915	478	6,280	157	0

*Alcohol and/or substance abuse program.

Table B
Healthy Behaviors Program
Completion Statistics
(July 1, 2016 – June 30, 2017)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Aetna Better Health of Florida							
Medically Approved Smoking Cessation Program	0	0	0	0	0	0	0
Medically Directed Weight Loss Program	0	0	0	0	0	0	0
Medically Approved Alcohol or Substance Abuse Recovery Program	0	0	0	0	0	0	0
Baby Visions Prenatal	4	0	4	0	4	0	0
Baby Visions Post-Partum	4	0	4	0	4	0	0
Amerigroup Florida							
Medically Approved Smoking Cessation Program	8	2	6	0	1	7	0

**Table B
Healthy Behaviors Program
Completion Statistics
(July 1, 2016 – June 30, 2017)**

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Medically Directed Weight Loss Program	23	4	19	0	2	17	4
Medically Approved Alcohol or Substance Abuse Recovery Program	0	0	0	0	0	0	0
Maternal Child Care Services	526	38	488	107	408	11	0
Annual Dental Visit	268	167	101	266	2	0	0
Childhood Immunizations	7	2	5	7	0	0	0
Adolescent Immunizations	11	9	2	11	0	0	0
Better Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Management	0	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0	0
Maternity	3	0	3	0	3	0	0
Well Child Visits	114	63	51	114	0	0	0
Children’s Medical Services							
Tobacco Cessation	0	0	0	0	0	0	0
Overcoming Obesity	11	8	3	11	0	0	0
Changing Lives*	0	0	0	0	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	2	2	0	0	0	2	0
Weight Management Healthy Behaviors Rewards	0	0	0	0	0	0	0
Alcohol & Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	0	0	0	0	0	0	0
Well Child Visit Healthy Behaviors Rewards	0	0	0	0	0	0	0
Freedom Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	1	1	0	0	0	0	1
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Humana Medical Plan							
Smoking Cessation	0	0	0	0	0	0	0
Family Fit	29	4	25	0	12	13	4
Substance Abuse	0	0	0	0	0	0	0
Mom’s First Prenatal & Postpartum	1,152	0	1,152	108	1,020	24	0
Pediatric Well Visit (PWV) Program	5,268	2,632	2,636	5,268	0	0	0
Baby Well Visit (BWV) Program	833	452	381	833	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	12	4	8	0	4	8	0
Weight Management	8	0	8	0	8	0	0
Substance Abuse	12	4	8	0	8	4	0

**Table B
Healthy Behaviors Program
Completion Statistics
(July 1, 2016 – June 30, 2017)**

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Maternity Incentive Program	169	0	169	23	146	0	0
Molina							
Smoking Cessation	6	2	4	2	4	0	0
Weight Loss	0	0	0	0	0	0	0
Alcohol or Substance Abuse	9	4	5	0	5	4	0
Pregnancy Health Management	1,966	0	1,966	187	1,737	42	0
Well Child	4,307	2,142	2,165	4,307	0	0	0
Adult Access to Preventative & Ambulatory Health Services	0	0	0	0	0	0	0
Positive Health Care							
Quit for Life Tobacco Cessation	0	0	0	0	0	0	0
Weight Management	0	0	0	0	0	0	0
Alcohol Abuse	0	0	0	0	0	0	0
Childhood Checkups	7	5	2	6	1	0	0
Retinal Eye Exam Program	0	0	0	0	0	0	0
Prestige Health Choice							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	3	1	2	0	0	3	0
Alcohol & Substance Abuse – “Changing Lives Program”	0	0	0	0	0	0	0
Behavioral Health Follow-Up Program	3	1	2	2	1	0	0
Diabetes Testing Program	343	96	247	2	22	199	121
Diabetes Eye Exam Program	0	0	0	0	0	0	0
Maternity Program	11	0	11	0	11	0	0
Postpartum Program	0	0	0	0	0	0	0
Well-Child (31 days to 15 months old) Program	100	49	51	100	0	0	0
Well-Child (3 to 6 years old) Program	0	0	0	0	0	0	0
Adolescent Well-Care Program	70	32	38	70	0	0	0
Dental Program	0	0	0	0	0	0	0
Breast Cancer Screening Program	0	0	0	0	0	0	0
Lead Screening Program	0	0	0	0	0	0	0
Cervical Cancer Screening Program	0	0	0	0	0	0	0
Simply							
Quit Smoking Healthy Behaviors Rewards	0	0	0	0	0	0	0
Weight Management Healthy Behaviors Rewards	1	0	1	0	0	0	1
Alcohol and Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	0	0	0	0	0	0	0
Well Child Visit Healthy Behaviors Rewards	71	26	45	71	0	0	0

**Table B
Healthy Behaviors Program
Completion Statistics
(July 1, 2016 – June 30, 2017)**

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Community Care Plan							
Tobacco Cessation	3	2	1	0	0	3	0
Obesity Management	0	0	0	0	0	0	0
Alcohol or Substance Abuse	1	0	1	0	0	1	0
Staywell							
Medically Approved Smoking Cessation Program:	179	53	126	14	87	65	13
Medically Directed Weight Loss Program:	533	126	407	148	220	137	28
Medically Approved Alcohol or Substance Abuse Recovery Program:	14	5	9	4	7	2	1
New Member Healthy Behaviors: Health Risk Assessment	249	84	165	106	91	48	4
New Member Healthy Behaviors: Initial PCP Visit	639	219	420	341	172	117	9
Children's Healthy Behaviors: Well Child Visit	925	380	545	794	126	3	2
Children's Healthy Behaviors: Child Health Check Up	220	97	123	200	20	0	0
Children's Healthy Behaviors: Adolescents Check Up	579	274	305	536	27	16	0
Children's Healthy Behaviors: Dental Check Up	800	369	431	752	36	12	0
Well Woman Healthy Behaviors: Screening Mammogram	142	2	140	4	19	110	9
Diabetes Healthy Behaviors: Eye Exam	74	15	59	12	23	38	1
Diabetes Healthy Behaviors: HgbA1C Control	69	18	51	6	16	43	4
Diabetes Healthy Behaviors: LDL Control	52	20	32	4	14	30	4
Healthy Pregnancy Behaviors: Prenatal Visits	288	7	281	39	239	10	0
Healthy Pregnancy Behaviors: Postpartum Visits	229	8	221	30	189	10	0
Sunshine Health							
Medically Approved Smoking Cessation Program	43	20	23	9	17	11	6
Medically Directed Weight Loss Program	112	38	74	37	25	41	9
Medically Approved Alcohol or Substance Abuse Recovery Program	134	59	75	129	1	4	0
MMA Backpack Project	0	0	0	0	0	0	0
United Healthcare							
Medically Approved Smoking Cessation Program	0	0	0	0	0	0	0
Medically Directed Weight Loss Program	4	2	2	2	0	2	0

**Table B
Healthy Behaviors Program
Completion Statistics
(July 1, 2016 – June 30, 2017)**

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Medically Approved Alcohol or Substance Abuse Recovery Program	0	0	0	0	0	0	0
Baby Blocks	1,098	0	1,098	48	1,019	31	0

*Alcohol and/or substance abuse program.

Attachment IV

Annual Critical Incident Summary

Annual Adverse Incidents Summary April 2017 – June 2017

	Coverity - Aetna	Amerigroup	Better Health	Clear Health Alliance	CMS	Community Care Plan	Freedom	Humana	Magellan	Molina	Positive	Prestige	Simply	Staywell	Sunshine	United	Total By Incident Type
Incident Type	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events
Enrollee Death	0	0	1	0	7	1	0	2	7	3	0	2	2	2	7	0	34
Enrollee Brain Damage	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Enrollee Spinal Damage	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Permanent Disfigurement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Fracture or Dislocation of bones or joints	0	0	0	0	1	0	0	2	4	0	0	2	0	8	16	0	33
Any condition requiring definitive or specialized medical attention which is not consistent with the routine management of the patient's case or patient's preexisting physical condition	0	1	1	1	5	0	0	2	10	0	0	3	2	1	57	0	83
Any condition requiring surgical intervention to correct or control	0	1	3	0	2	1	0	1	2	0	0	3	2	5	4	0	24
Any condition resulting in transfer of the patient, within or outside the facility, to a unit providing a more acute level of care	0	2	2	0	6	0	0	0	2	0	0	2	0	5	127	0	146
Any condition that extends the patient's length of stay	0	1	1	0	0	0	0	0	0	0	0	1	0	3	11	0	17
Any condition that results in a limitation of neurological, physical, or sensory function which continues after discharge from the facility	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Total of all incidents:	0	5	8	1	21	2	0	7	26	3	0	13	6	24	223	0	339

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State of Florida
Rick Scott, Governor

Agency for Health Care Administration
Justin M. Senior, Secretary

2727 Mahan Drive
Tallahassee, FL 32308

Mission Statement
Better Healthcare for All Floridians.