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November 29, 2016

Mr. Adam Goldman
Project Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
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Dear Mr. Goldman:

The Agency for Health Care Administration is submitting the enclosed quarterly report for Demonstration Year 11 of Florida's 1115 Managed Medical Assistance Waiver. The report provides an overview of the required areas of interest specified in Special Term and Condition #83 for activities from July 1, 2016 through September 30, 2016.

We appreciate your efforts in working with our staff on Florida's 1115 Managed Medical Assistance Waiver. Should you have any questions, please contact Alexander Warmka at (850) 412-4259. We look forward to continuing to work with you.

Sincerely,



Beth Kidder
Interim Deputy Secretary
for Medicaid

BK/aw



Florida Managed Medical Assistance Program

1115 Research and Demonstration Waiver

1st Quarter Report

**July 1, 2016 – September 30, 2016
Demonstration Year 11**



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Managed Medical Assistance Waiver Program

Quarterly Report Requirement

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

This report is the first quarterly report for Demonstration Year (DY) 11 covering the period of July 1, 2016, through September 30, 2016. For detailed information about the activities that occurred during previous quarters of the demonstration, please refer to the quarterly and annual reports at

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

Demonstration Goals

The primary goal of the Managed Medical Assistance (MMA) Waiver is to improve outcomes through care coordination, patient engagement in their own health care, and maintaining fiscal responsibility. This is achieved by meeting the following objectives:

- Enhancing fiscal predictability and financial management
- Improving access to coordinated care
- Improving program performance



Enhancing Fiscal Predictability and Financial Management

Financial oversight requirements have been established to improve the fiscal and program integrity of MMA plans. The MMA Waiver program has enabled the State to better manage public resources while improving performance and consumer satisfaction.

A. Medical Loss Ratio

Fifteen of the MMA plans reported a medical loss ratio equal to, or greater than, 85% for the reporting period, demonstrating plans invest in the health care needs of the enrollees served.

B. Encounter Data

The Agency implemented the ability for plans to submit encounters for expanded services that are over and above the state plan covered services.

Encounter data submission timeliness and accuracy are closely monitored through weekly, monthly and trending reporting tools. An end-to-end testing region for encounters was implemented, allowing the plans to test their encounters to ensure they meet Agency accuracy requirements prior to sending live transactions.

C. Budget Neutrality

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

Improving Access to Coordinated Care

The MMA Waiver program has improved access to coordinated care by facilitating enhanced plan transparency, specifying robust provider network requirements, and streamlining enrollment processes. Enrollees have more choice, more information, and more guidance to help them make health care decisions and access services than ever before in the history of the Florida Medicaid program.

A. Managed Medical Assistance Plan Contracting

The Agency continued contracts with 11 MMA standard plans and six MMA specialty plans.

B. Managed Medical Assistance Plan and Regional Enrollment Data

Due to express enrollment, new recipients who are mandated to participate in the MMA Waiver program have been allowed to immediately take advantage of robust provider networks and expanded benefits offered by the plans.

Attachment II provides an update of MMA plan and regional enrollment for the reporting period.

C. Choice Counseling Program

Call Center Activities

The choice counseling call center, located in Tallahassee, Florida, operates a toll-free number and a separate toll-free number for hearing-impaired callers. The call center uses a tele-interpreter language line to assist with calls in over 100 languages. The hours of operation are Monday through Thursday 8:00 a.m. – 8:00 p.m., and Friday 8:00 a.m. – 7:00 p.m. During this quarter, the call center had an average of 159 full time equivalent employees available to answer calls.

The choice counseling call center received 205,167 calls during the reporting period which was a slight decrease from the previous quarter, but remains within the anticipated call volume.

Call Volume for Incoming and Outgoing Calls (July 2016 – September 2016)				
Type of Calls	July	August	September	Totals
Incoming Calls	66,528	76,462	62,177	205,167
Outgoing Calls	256	402	351	1,009
Totals	66,784	76,864	62,528	206,176

Mail:

Choice counseling outbound mail activities remained consistent with the previous quarter. Open enrollment packets decreased from the previous quarter, which can be attributed to a cyclical decrease in the number of recipients who are in open enrollment during this period.

Outbound Mail Activities (July 2016 – September 2016)				
Mail Activities	July	August	September	Total
New-Eligible Packets*	64,056	62,626	57,407	184,089
Confirmation Letters	54,699	61,553	80,803	197,055
Open Enrollment Packets	105,372	101,545	84,265	291,182

*Mandatory and voluntary

Face-to-Face/Outreach and Education:

Choice counseling outreach activities for this quarter remained consistent with the previous quarter.

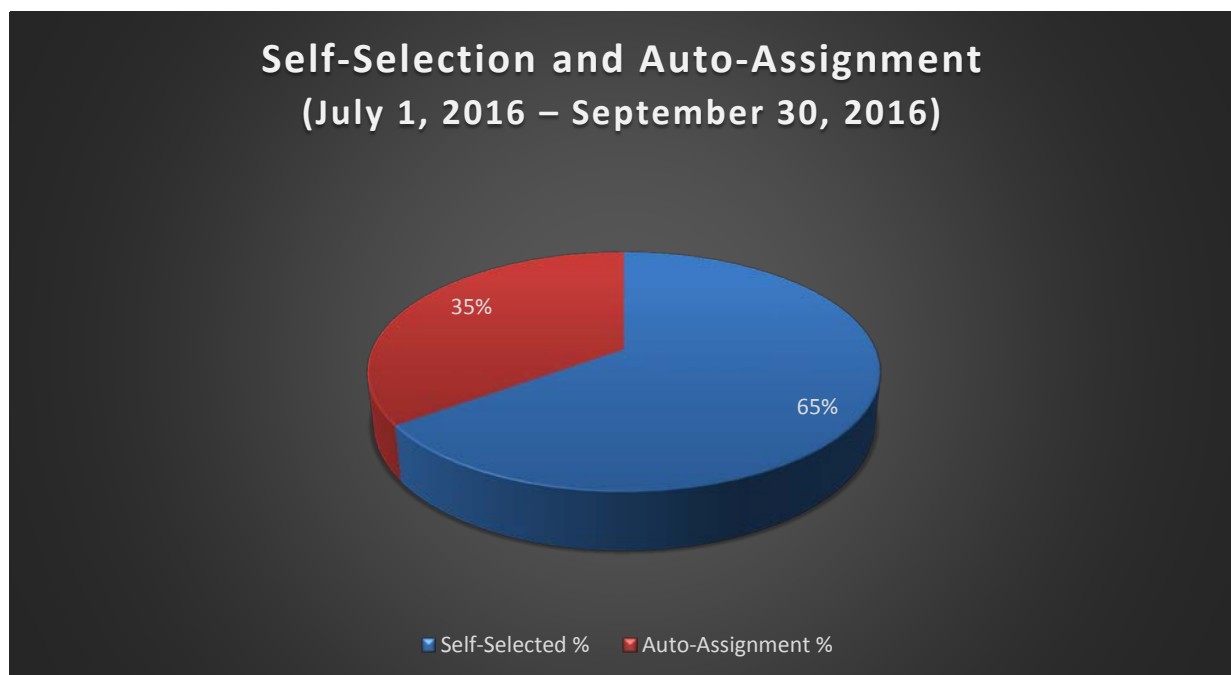
Choice Counseling Outreach Activities (July 2016 – September 2016)				
Field Activities	July	August	September	Total
Group Sessions	5	8	28	41
Private Sessions	4	14	1	19
Home Visits and One-On-One Sessions	42	42	26	110

Self-Selection and Auto Assignment Rates:

The rate of auto-assignments decreased significantly in Q4 DY10. Auto-assignments during the reporting period remained below previous quarters, but experienced a slight increase when compared to Q4 DY10; the Agency will monitor this to determine if a new trend is emerging.

Self-Selection and Auto-Assignment Rates (July 1, 2016 – September 30, 2016)				
	July	August	September	Total
Self-Selected	52,116	57,987	46,479	156,582
Auto-Assignment	18,214	28,767	39,104	86,085
Total Enrollments	70,330	86,754	85,583	242,667

Note: The term “self-selection” refers to recipients who choose their own plan, and the term “assigned” refers to recipients who do not choose an MMA plan are auto-assigned to a plan.



D. Integration for Medicare – Medicaid Eligible Individuals

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.

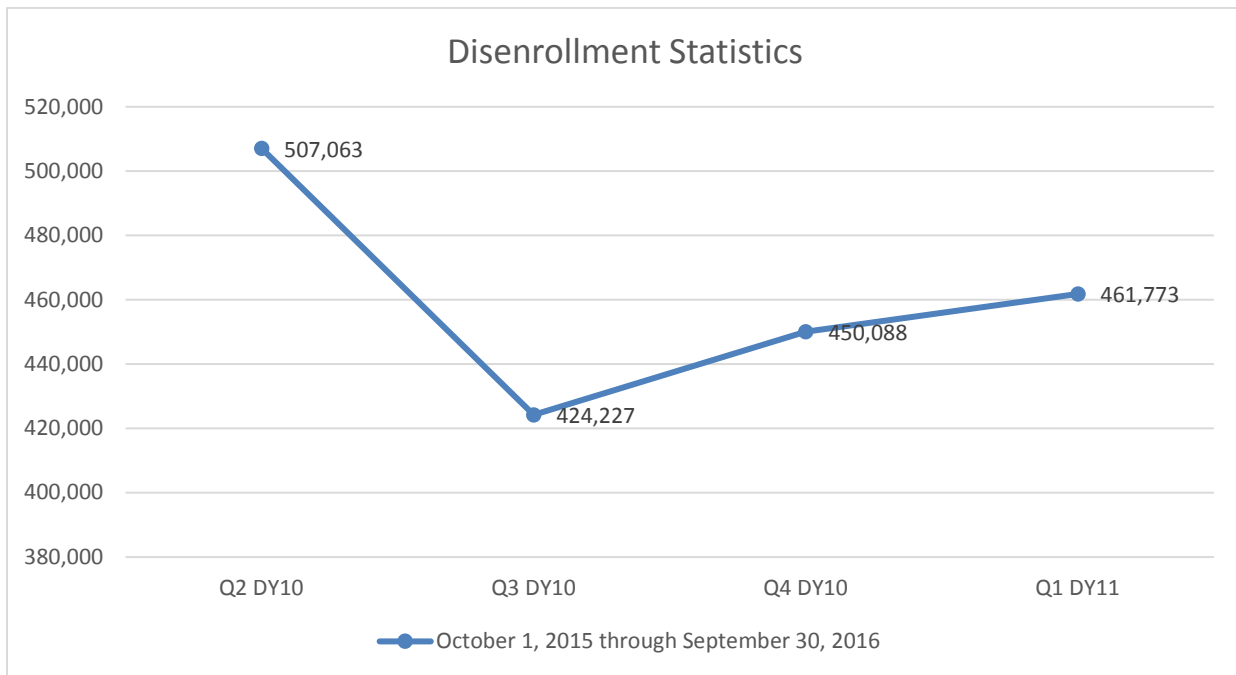
The following table provides the total number of enrollees who were auto-assigned to a sister Medicare Advantage Plan during the reporting period:

Medicare and Florida Medicaid Dual Integration Enrollment Statistics (July 1, 2016 – September 30, 2016)				
	July	August	September	Total
Enrollments	24	27	15	66

E. Disenrollment Breakout :

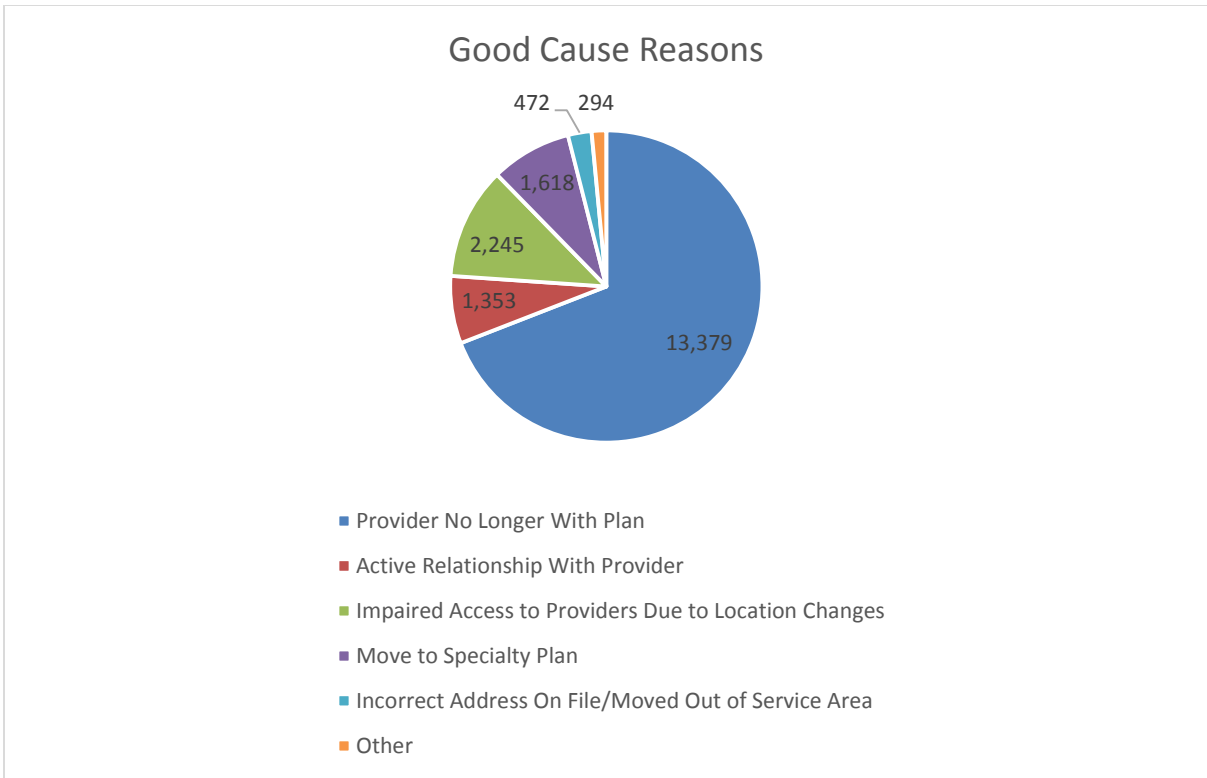
Disenrollment Statistics (July 2016 – September 2016)				
	July	August	September	Total
Disenrollments⁴	143,782	147,402	151,228	442,412
Good Cause⁵	3,792	6,335	9,234	19,361
Total Disenrollments	147,574	153,737	160,462	461,773

Disenrollment figures for the reporting period did not experience a significant change when compared to Q4 DY10, and were 9% lower than Q2 DY10.



⁴ Disenrollment requests processed for enrollees during the first 90 days of plan enrollment, who are voluntary for plan enrollment, or during open enrollment.

⁵ Disenrollment requests processed for enrollees who were locked into their plan.



F. Managed Care Plan Outreach

The MMA Waiver program facilitates additional outreach and informational opportunities that would not be available without the MMA plans. During the reporting period, plans either sponsored, co-sponsored or participated in 1,553 events.

G. Healthy Behaviors Program

Healthy Behaviors programs encourage and reward healthy behaviors. The programs are voluntary, and require written consent from each participant prior to enrollment into the program. The Healthy Behaviors programs include counseling services, service coordination, rewards and incentives.

Attachment III provides data collected and reported by the MMA plans for each Healthy Behaviors program during the reporting period. The Agency plans to increase the monitoring and review activities for the healthy behaviors program during DY11, in the following areas:

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

Improving Program Performance

The MMA program’s performance and monitoring data demonstrates that the MMA program provides a high quality of service to enrollees and has improved both the coordination of care

and health care outcomes. Performance monitoring demonstrates MMA plan enrollees have access to the highest quality of care in the history of the Florida Medicaid program.

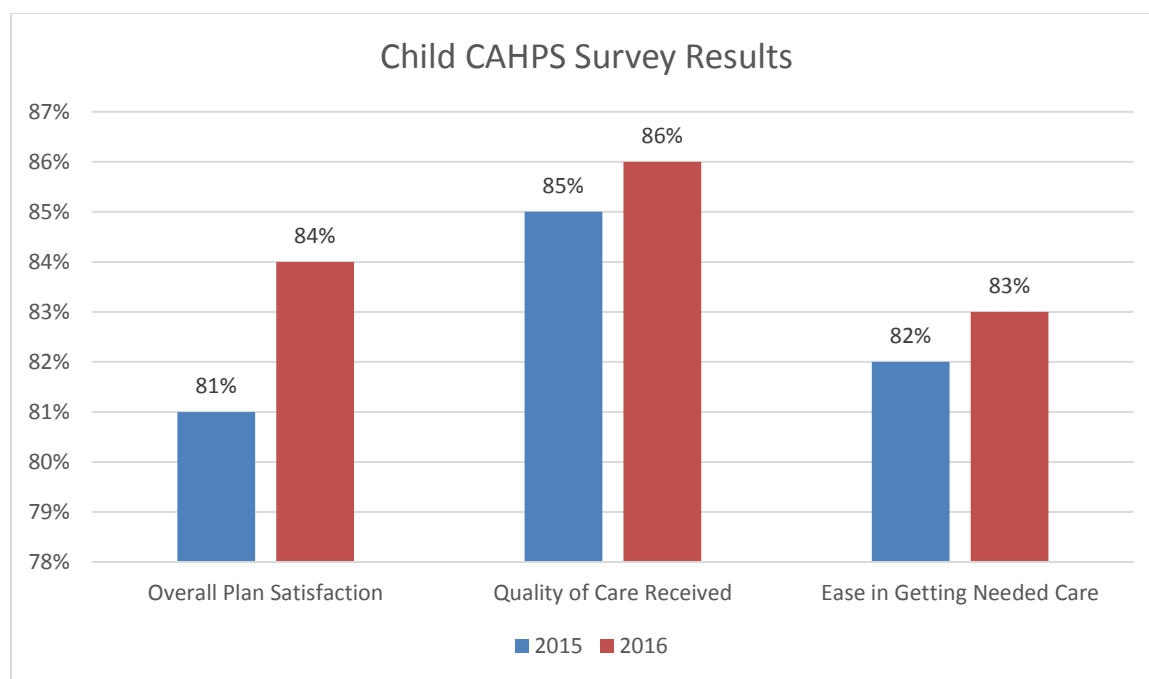
A. Enrollee Satisfaction

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 were posted on 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, including:

2016 CAHPS Survey Item	Adults	Child ⁶
Overall Plan Satisfaction	73%	84%
Quality of Care Received	75%	86%
Ease in Getting Needed Care	80%	83%

Child survey results for 2016 reflected a significant increase in overall plan satisfaction from the previous year.



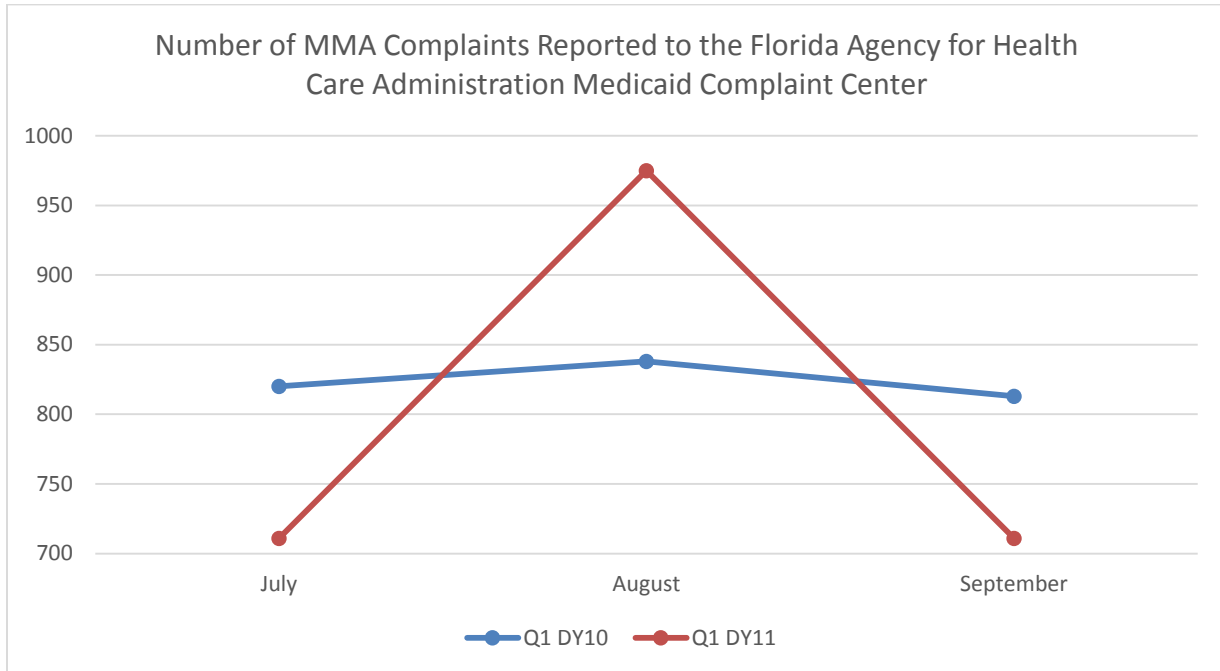
B. Complaints, Grievances and Appeals

The Agency operates a centralized complaint operations center to help resolve complaints timely. Data is collected, aggregated, and trended to inform plan-specific compliance actions

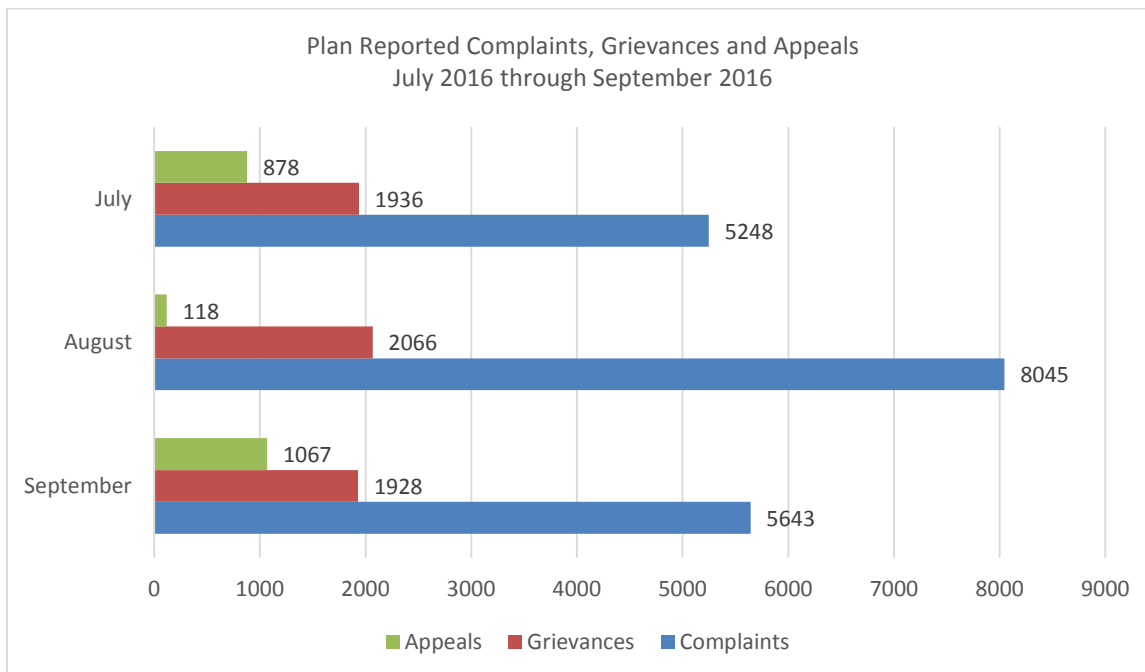
⁶ The Child Consumer Assessment of Healthcare Providers and Systems survey is conducted by asking parents about the health care their children have received.

and general Agency quality improvement initiatives. The Agency publishes monthly reports on its Web site detailing complaint data.

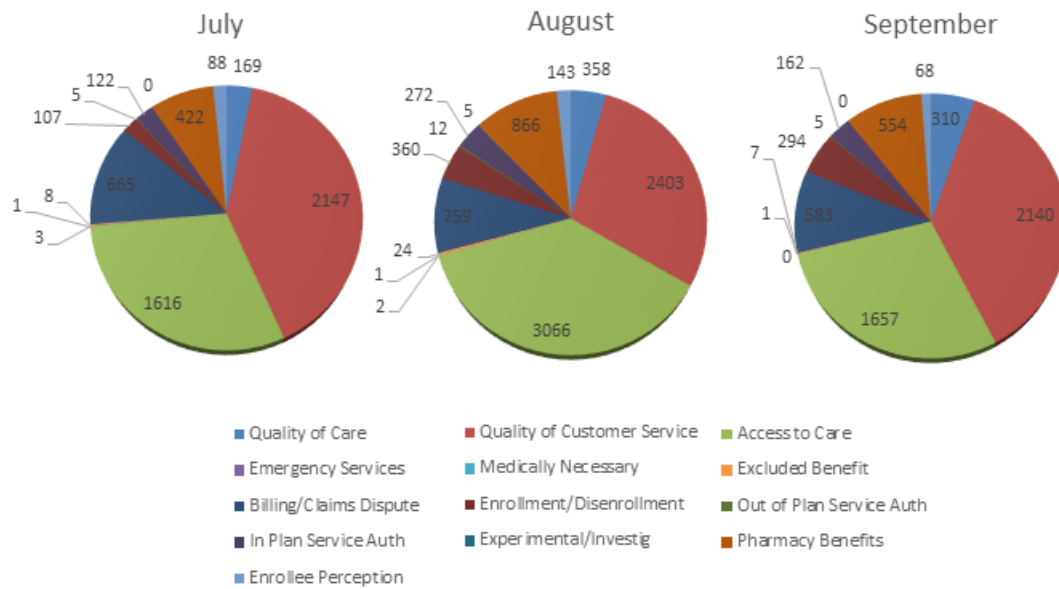
Complaints received by the Agency during the reporting period decreased slightly when compared to Q1 DY10. The increase in complaints in August is consistent with previous years. The Agency believes that this may be due to a cyclical increase in parents accessing services for children immediately prior to the start of the new school year.



Complaints reported by MMA plans increased during the month of August. It was later identified that some providers had misreported assistance calls as complaints. The plans corrected their protocols, leading to a more accurate data in September.



Complaint Reasons Reported by Plans

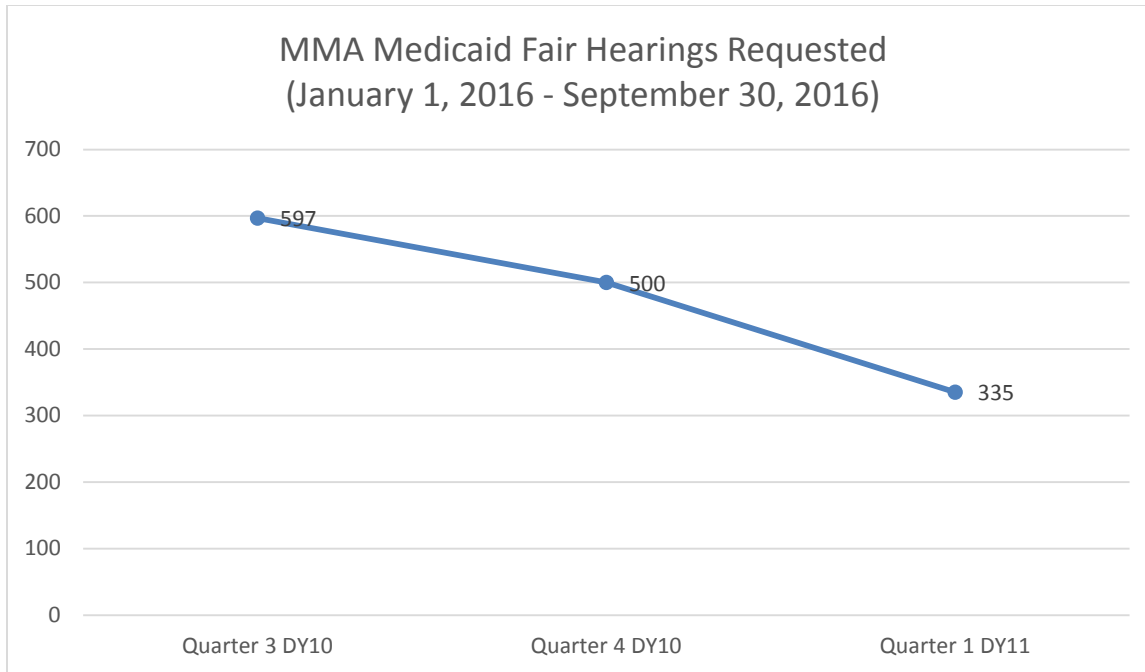


Quarterly Highlights

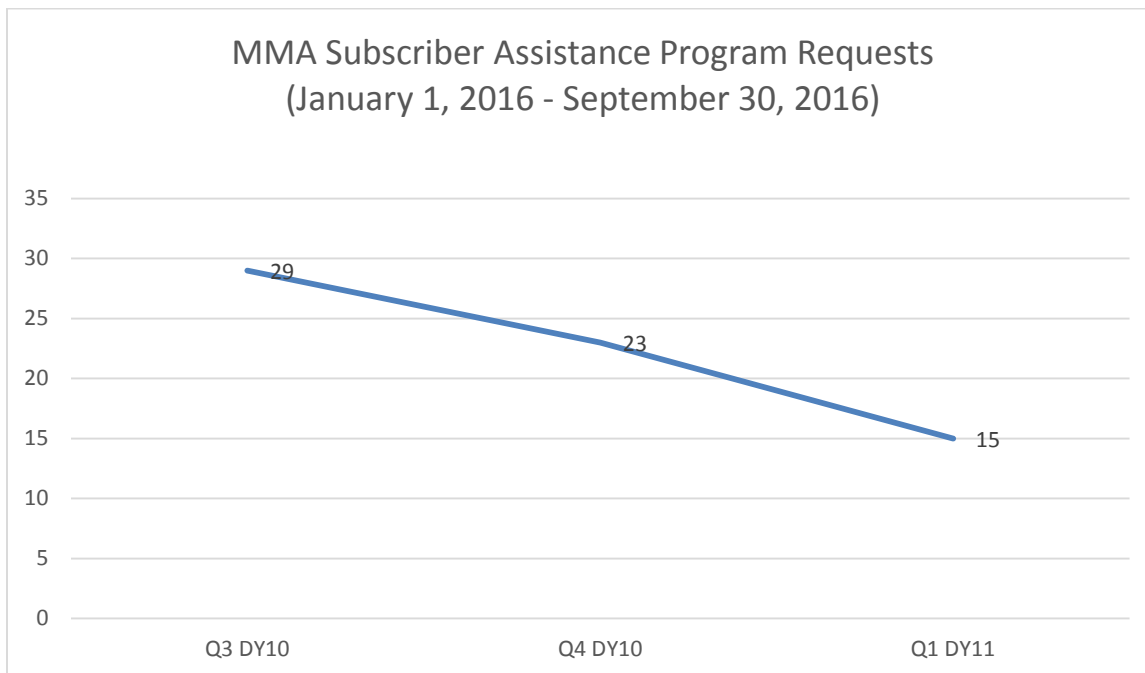
- Complaints on access to care decreased by 30% since Q2 DY10.
- Complaints on billing disputes decreased by 16% from the previous quarter.
- Complaints on the quality of customer service decreased by 5% from the previous quarter.

C. Medicaid Fair Hearing and Subscriber Assistance Program

There were 335 MMA Florida Medicaid fair hearing requests during the reporting period. The number of fair hearing requests have decreased by 44% since Q3 DY10. This decrease may be due to a greater number of enrollees resolving issues with plans without the need for a fair hearing.



There were 15 Subscriber Assistance Program requests during the reporting period. The number of Subscriber Assistance Program requests have decreased by 48% since Q3 DY10.



D. Critical Incidents

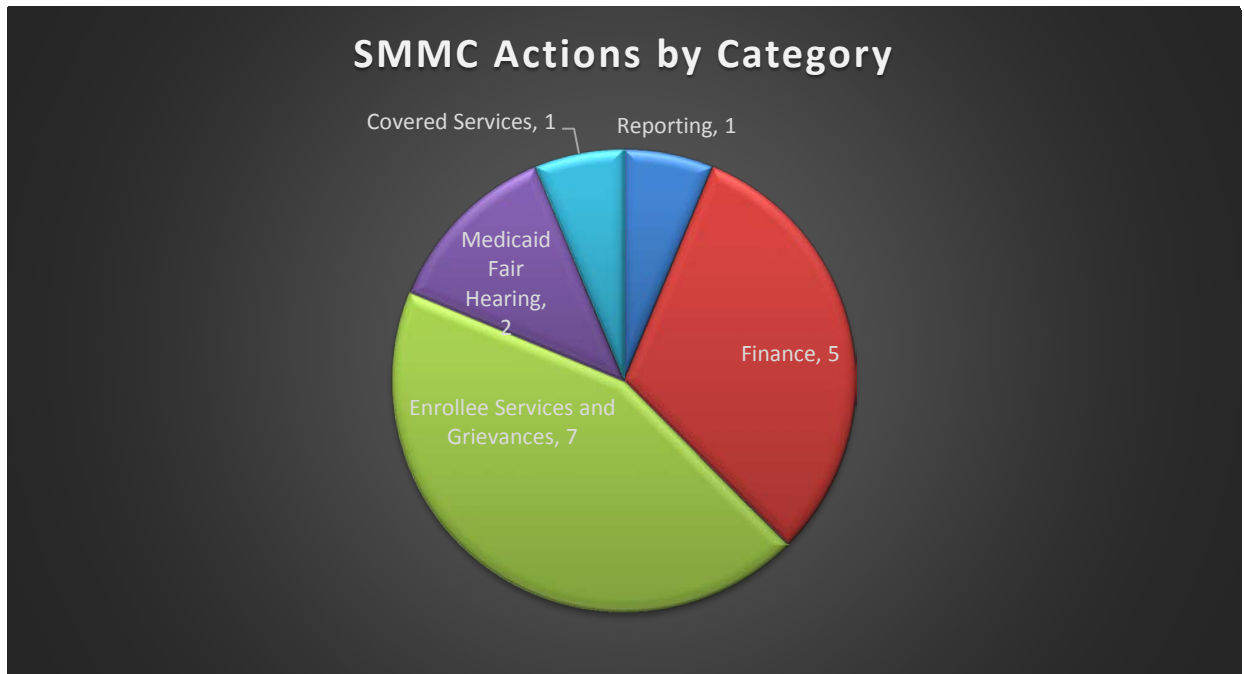
The Agency monitors critical incidents and follows up with plans when it detects reporting anomalies or trends to determine what the issues are and to obtain more detailed information around those specific incidents. Critical incidents remained at expected levels and did not

experience a significant change from the previous quarter. See Attachment IV for additional information.

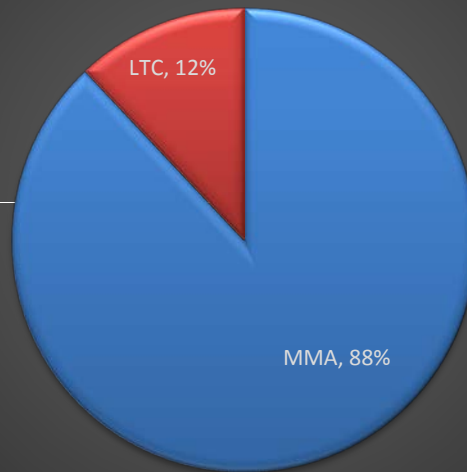
Plan Compliance

A. Compliance

The MMA plans are held accountable when an action (or lack thereof) does not meet contractual requirements to support or further the goals of the MMA Waiver program. The Agency monitors MMA plan activities to ensure continued compliance with the MMA contract. Actions refer to requiring the plan to submit and implement a corrective action plan, or imposing sanctions or liquidated damages. The Agency levied a total of \$74,500 in sanctions and liquidated damages during the reporting period. Note: Data includes actions for the Long-term Care (LTC) program.



SMMC Actions by Program Type



B. Contract Amendments

During the reporting period, the Agency finalized a general contract amendment for the MMA plans, effective August 15, 2016, which incorporated technical corrections, and the following substantive changes to MMA plans' contracts:

- Incorporated the home and community-based settings final rule requirements
- Revised reporting on enrollees under the age of 21 years receiving private duty nursing or nursing facility services
- Amended utilization management criteria
- Incorporated changes from the 2016 legislative session
- Revised performance measure liquidated damages

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

C. Agency Communications to MMA plans

There were six policy transmittals and one contract interpretation released to the MMA plans during the reporting period.

The policy transmittals advised the MMA plans of the following:

- Ad hoc reporting requirement for all policies and procedures related to MMA plans' provider complaint processes
- Ad hoc reporting requirement for certain dental provider specialty types
- Changes in the Supplemental HIV/AIDS Report
- Ad hoc reporting requirement for dental services rate information
- Notification of changes to the Florida Medicaid fair hearing process
- Notification of the Agency's parameters for a pharmacy lock-in program

The contract interpretation clarified the application of national standardized criteria in conducting utilization management activities and issuing notices of action to enrollees.

Low Income Pool

There were no low-income pool updates during the reporting period.

Evaluation Activities

During the reporting period, the final MMA evaluation contract was sent to the vendor for review. This revised contract included all elements of the CMS-approved evaluation design. The Agency anticipates executing the evaluation contract in the second quarter of DY11.

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 Special Term and Condition (STC) #85.

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

Table A		
PCCM Targets		
WOW⁸ 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

Tables B through J contain the statistics for Medicaid Eligibility Groups (MEGs) 1, 2 and 3 for date of payment beginning with the period July 1, 2016 and ending September 30, 2016. Case months provided in Tables B and C for MEGs 1 and 2 are actual eligibility counts as of the last day of each month. The expenditures provided are recorded on a cash basis for the month paid.

⁸ 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
DY11/Q41	July 2016	559,212	\$441,764,943	\$789.98
DY11/Q41	August 2016	558,999	\$479,216,804	\$857.28
DY11/Q41	September 2016	545,075	\$489,427,842	\$897.91
DY11/Q41	July-Sept 2016 Total⁹	1,663,286	\$1,410,409,589	\$847.97
	Managed Medical Assistance- MEG 1 Total¹⁰	41,084,165	14,510,684,892	971.47

* 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	7,279,528	\$1,935,227,890	\$265.85
DY11/Q41	July 2016	2,468,515	\$593,136,325	\$240.28
DY11/Q41	August 2016	2,462,307	\$602,509,434	\$244.69
DY11/Q41	September 2016	2,426,083	\$611,054,893	\$251.87
DY11/Q41	July-Sept 2016 Total¹¹	7,356,905	\$1,806,700,651	\$245.58
	Managed Medical Assistance- MEG 2 Total¹²	225,193,029	17,816,852,035	192.12

* 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

⁹ MMA MEG1 Quarter Total

¹⁰ MMA MEG1 Totals (from DY01 on)

¹¹ MMA MEG2 Quarter Total

¹² MMA MEG2 Total (from DY01 on)

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

Table D			
MEG1 and MEG2 Annual Statistics			
DY09– MEG 1	Actual CM	Total	PCCM
MEG 1 – DY09 Total	5,326,173	\$4,233,871,048	\$794.92
WOW DY09 Total	5,326,173	\$4,190,100,299	\$786.70
Difference		\$43,770,749	
% of WOW PCCM MEG 1			101.04%
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	\$4,841,144,456	\$745.88
WOW DY10 Total	6,490,488	\$5,388,532,947	\$830.22
Difference		\$(547,388,491)	
% of WOW PCCM MEG 1			89.84%
DY10– MEG 2	Actual CM	Total	PCCM
MEG 2 – DY10 Total	29,687,183	\$7,771,693,032	\$261.79
WOW DY10 Total	29,687,183	\$10,065,142,524	\$339.04
Difference		\$(2,293,449,493)	
% of WOW PCCM MEG 2			77.21%
DY11/Q41 – MEG 1	Actual CM	Total	PCCM
MEG 1 – DY11 Total	1,663,286	\$1,303,359,825	\$783.61
WOW DY11 Total	1,663,286	\$1,437,511,558	\$876.81
Difference		\$(134,151,734)	
% of WOW PCCM MEG 1			89.37%
DY11/Q41– MEG 2	Actual CM	Total	PCCM
MEG 2 – DY11 Total	7,356,905	\$1,708,116,606	\$232.18
WOW DY11 Total	7,356,905	\$2,609,052,789	\$354.64
Difference		\$(900,936,183)	
% of WOW PCCM MEG 2			65.47%

For DY9, MEG 1 has a PCCM of \$794.92 (Table D), compared to WOW of \$786.70 (Table A), which is 101.04% 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 \$745.88 (Table D), compared to WOW of \$830.22 (Table A), which is 89.84% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$261.79 (Table D), compared to WOW of \$339.04 (Table A), which is 77.21% of the target PCCM for MEG 2.

For DY11, MEG 1 has a PCCM of \$783.61 (Table D), compared to WOW of \$876.81 (Table A), which is 89.37% of the target PCCM for MEG 1. MEG 2 has a PCCM of \$232.18 (Table D), compared to WOW of \$354.64 (Table A), which is 65.47% 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	\$10,405,223,930	\$320.20
WOW	32,495,57	\$12,996,499,70	\$399.95
Difference		\$(2,591,275,840)	
% Of WOW			80.06%
DY 10	Actual CM	Total	PCCM
Meg 1 & 2	36,177,671	\$12,612,837,488	\$348.64
WOW	36,177,671	\$15,453,675,472	\$427.16
Difference		\$(2,840,837,984)	
% Of WOW			81.62%
DY 11/Q41	Actual CM	Total	PCCM
Meg 1 & 2	9,020,191	\$3,011,476,430	\$333.86
WOW	9,020,191	\$3,875,178,374	\$429.61
Difference		\$(863,701,944)	
% Of WOW			77.71%

For DY9, the weighted target PCCM for the reporting period using the actual case months and the MEG specific targets in the STCs (Table E) is \$399.95. The actual PCCM weighted for the reporting period using the actual case months and the MEG specific actual PCCM as provided in Table F is \$320.20. Comparing the calculated weighted averages, the actual PCCM is 80.06% 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 \$427.16. The actual PCCM weighted for the reporting period using the actual case months and the MMA specific actual PCCM as provided in Table G is \$348.64. Comparing the calculated weighted averages, the actual PCCM is 81.62% 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 \$429.61. The actual PCCM weighted for the reporting period using the actual case months and the MMA specific actual PCCM as provided in Table G is \$333.86. Comparing the calculated weighted averages, the actual PCCM is 77.71% 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 without waiver costs identified for DY11 in Table E above.

Table F	
WW/WOW Difference Less CNOM Costs	
DY11 Difference July 2016 - June 2017:	\$(863,701,944)
CNOM Costs July 2016 – June 2017:	
Healthy Start	\$10,957,022
PACC	\$119,956
DY11 Net Difference:	(\$852,624,966)

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
Total Paid	\$11,053,871,561

Expenditures for the 41 quarters for MEG 3, Low Income Pool (LIP), were \$11,053,871,561.

Table H			
MEG 3 Total Expenditures: Low Income Pool			
DY*	Total Paid	DY Limit	% of DY Limit
DY09	\$2,077,139,740	\$2,167,718,341	95.82%
DY10	\$ 998,061,078	\$1,000,000,000	99.81%
DY11	\$0	\$607,825,452	0.00%
Total MEG 3	\$ 11,053,871,561	\$11,775,543,793	93.87%

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

Attachment II

Managed Medical Assistance Enrollment Report

Managed Medical Assistance Enrollment

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

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

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

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

Table 2
MMA Enrollment by Plan and Type¹³
 (July 1, 2016 – September 30, 2016)

Plan Name	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
Amerigroup Florida	STANDARD	324,896	33,655	84	16,041	374,676	10.9%	375,189	-0.1%
Better Health	STANDARD	94,242	9,557	28	4,740	108,567	3.2%	107,287	1.2%
Coventry Health Care Of Florida	STANDARD	53,552	5,724	40	3,842	63,158	1.8%	60,442	4.5%
Humana Medical Plan	STANDARD	296,260	38,332	210	31,956	366,758	10.7%	366,399	0.1%
Molina Healthcare Of Florida	STANDARD	302,485	32,045	110	18,800	353,440	10.3%	343,239	3.0%
Prestige Health Choice	STANDARD	287,712	32,864	81	20,829	341,486	9.9%	334,278	2.2%
Community Care Plan	STANDARD	42,210	3,882	23	2,157	48,272	1.4%	47,907	0.8%
Simply Healthcare	STANDARD	62,495	14,647	154	11,635	88,931	2.6%	88,613	0.4%
Staywell Health Plan	STANDARD	617,811	69,137	123	30,767	717,838	20.9%	718,225	-0.1%
Sunshine State Health Plan	STANDARD	425,650	41,864	112	47,579	515,205	15.0%	505,250	2.0%
United Healthcare Of Florida	STANDARD	244,683	28,213	65	28,391	301,352	8.8%	301,895	-0.2%
General Plans Total		2,751,996	309,920	1,030	216,737	3,279,683	95.4%	3,248,724	1.0%
Positive Health Plan	SPECIALTY	183	884	1	894	1,962	0.1%	1,972	-0.5%
Magellan Complete Care	SPECIALTY	26,957	21,701	18	12,607	61,283	1.8%	58,031	5.6%
Freedom Health	SPECIALTY	-	-	-	114	114	0.0%	104	9.6%
Clear Health Alliance	SPECIALTY	1,427	4,860	2	3,249	9,538	0.3%	9,696	-1.6%
Sunshine State Health Plan	SPECIALTY	29,688	2,004	-	2	31,694	0.9%	31,771	-0.2%
Children's Medical Services Network	SPECIALTY	29,368	24,136	-	135	53,639	1.6%	53,498	0.3%
Specialty Plans Total		87,623	53,585	21	17,001	158,230	4.6%	155,072	2.0%
MMA TOTAL	MMA	2,839,619	363,505	1,051	233,738	3,437,913	100%	3,403,796	1.00%

¹³ During the quarter, an enrollee is counted only once in the plan of earliest enrollment. Please refer to <http://ahca.myflorida.com/SMMC> for actual monthly enrollment totals.

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

Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	Standard & Specialty	96,773	12,102	10	7,068	115,953	3.4%	114,377	1.4%
02	Standard & Specialty	101,028	15,070	8	9,264	125,370	3.6%	124,466	0.7%
03	Standard & Specialty	237,038	32,291	35	18,188	287,552	8.4%	286,226	0.5%
04	Standard & Specialty	292,646	33,348	44	19,553	345,591	10.1%	341,599	1.2%
05	Standard & Specialty	163,709	23,190	29	17,423	204,351	5.9%	202,174	1.1%
06	Standard & Specialty	391,036	49,878	88	25,079	466,081	13.6%	462,148	0.9%
07	Standard & Specialty	387,254	48,272	77	22,236	457,839	13.3%	452,197	1.2%
08	Standard & Specialty	195,275	19,434	42	15,616	230,367	6.7%	227,981	1.0%
09	Standard & Specialty	260,121	26,718	71	18,270	305,180	8.9%	301,175	1.3%
10	Standard & Specialty	250,717	28,832	107	18,810	298,466	8.7%	294,556	1.3%
11	Standard & Specialty	464,022	74,370	540	62,231	601,163	17.5%	596,897	0.7%
MMA TOTAL		2,839,619	363,505	1,051	233,738	3,437,913	100%	3,403,796	1.00%
Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	STANDARD	95,083	11,250	10	6,994	113,337	3.5%	111,659	1.5%
02	STANDARD	95,935	12,296	8	8,507	116,746	3.6%	115,973	0.7%
03	STANDARD	230,352	29,568	35	17,951	277,906	8.5%	276,637	0.5%
04	STANDARD	281,098	28,373	44	18,106	327,621	10.0%	324,134	1.1%
05	STANDARD	156,560	19,340	28	15,398	191,326	5.8%	189,565	0.9%
06	STANDARD	378,181	42,084	85	23,062	443,412	13.5%	440,016	0.8%
07	STANDARD	374,766	40,514	73	20,404	435,757	13.3%	430,655	1.2%
08	STANDARD	191,588	17,648	42	15,399	224,677	6.9%	222,240	1.1%
09	STANDARD	251,612	21,671	69	16,517	289,869	8.8%	286,233	1.3%

10	STANDARD	241,998	22,708	107	17,055	281,868	8.6%	278,211	1.3%
11	STANDARD	454,823	64,468	529	57,344	577,164	17.6%	573,401	0.7%
GENERAL TOTAL		2,751,996	309,920	1,030	216,737	3,279,683	100.0%	3,248,724	1.00%

Table 1B
MMA Enrollment by Region and Type
(July 1, 2016 – September 30, 2016)

Region	Plan Type	Number of TANF Enrolled	Number of SSI Enrolled			Total Number Enrolled	Market Share for MMA by Plan	Enrolled in Previous Quarter	Percent Change from Previous Quarter
			No Medicare	Medicare Part B	Medicare Parts A and B				
01	SPECIALTY	1,690	852	-	74	2,616	1.7%	2,718	-3.8%
02	SPECIALTY	5,093	2,774	-	757	8,624	5.5%	8,493	1.5%
03	SPECIALTY	6,686	2,723	-	237	9,646	6.1%	9,589	0.6%
04	SPECIALTY	11,548	4,975	-	1,447	17,970	11.4%	17,465	2.9%
05	SPECIALTY	7,149	3,850	1	2,025	13,025	8.2%	12,609	3.3%
06	SPECIALTY	12,855	7,794	3	2,017	22,669	14.3%	22,132	2.4%
07	SPECIALTY	12,488	7,758	4	1,832	22,082	14.0%	21,542	2.5%
08	SPECIALTY	3,687	1,786	-	217	5,690	3.6%	5,741	-0.9%
09	SPECIALTY	8,509	5,047	2	1,753	15,311	9.7%	14,942	2.5%
10	SPECIALTY	8,719	6,124	-	1,755	16,598	10.5%	16,345	1.5%
11	SPECIALTY	9,199	9,902	11	4,887	23,999	15.2%	23,496	2.1%
SPECIALTY TOTAL		87,623	53,585	21	17,001	158,230	100%	155,072	2.0%

Attachment III

Healthy Behaviors Program Enrollment

Table A provides a summary of recipients in Healthy Behaviors programs for the reporting period. Table B provides a summary of recipients who have completed a Healthy Behaviors Program during the reporting period.

During the reporting period, one out of 16 MMA plans reported no enrollment in any of the Healthy Behaviors programs offered, and 13 of the 16 plans reported recipients had completed at least one Healthy Behaviors program.

Table A							
Healthy Behaviors Program							
Enrollment Statistics							
(July 1, 2016 – September 30, 2016)							
Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Amerigroup Florida							
Smoking Cessation	4	0	4	0	1	2	1
Weight Management	34	3	31	0	8	23	3
Alcohol and/or Substance Abuse	0	0	0	0	0	0	0
Maternal Child Incentive	109	0	109	2	102	5	0
Dental Incentive	0	0	0	0	0	0	0
Immunization Incentive	0	0	0	0	0	0	0
Better Health							
Smoking Cessation	7	2	5	0	1	5	1
Weight Management	18	6	12	3	5	8	2
Substance Abuse	0	0	0	0	0	0	0
Maternity	16	0	16	4	14	1	0
Well Child Visits	497	276	221	497	0	0	0
Children's Medical Services							
Tobacco Cessation	4	4	0	4	0	0	0
Overcoming Obesity	149	72	77	149	0	0	0
Changing Lives*	13	8	5	13	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	17	8	9	0	0	12	5

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

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Weight Management Healthy Behaviors Rewards	6	1	5	0	0	5	1
Alcohol & Substance Abuse	3	2	1	0	1	2	0
Maternity Healthy Behaviors Rewards	1	0	1	0	1	0	0
Well Child Visit Healthy Behaviors Rewards	0	0	0	0	0	0	0
Coventry							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	0	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0	0
Freedom Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	2	1	1	0	0	1	1
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	28	8	20	1	14	11	2
Substance Abuse	0	0	0	0	0	0	0
Mom’s First Prenatal & Postpartum	1585	0	1585	118	1430	37	0
Pediatric Well Visit (PWV) Program	1601	800	801	1601	0	0	0
Baby Well Visit (BWV) Program	440	233	207	440	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	334	93	241	6	120	177	40
Weight Management	506	98	408	28	220	229	37
Substance Abuse	64	23	41	3	28	28	5
Molina							
Smoking Cessation	14	8	6	0	4	8	2
Weight Loss	5	1	4	0	4	1	0
Alcohol or Substance Abuse	9	4	5	0	5	4	0

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

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Pregnancy Health Management	1932	0	1932	165	1730	37	0
Well Child	0	0	0	0	0	0	0
Adult Access to Preventative & Ambulatory Health Services	2167	N/A	N/A	14	1382	630	141
Positive Health Care							
Quit for Life Tobacco Cessation	0	0	0	0	0	0	0
Weight Management	12	10	2	0	0	9	3
Alcohol Abuse	0	0	0	0	0	0	0
Prestige Health Choice							
Smoking Cessation	7	2	5	0	0	6	1
Weight Loss	12	3	9	2	2	7	1
Alcohol & Substance Abuse – “Changing Lives Program”	1	1	0	0	0	1	0
Behavioral Health Follow-Up Program	2	2	0	1	0	1	0
Comprehensive Diabetes Care Program	241	69	172	1	14	133	93
Maternity Program	13	0	13	0	12	1	0
Well-Child Program	75	37	38	75	0	0	0
Simply							
Quit Smoking Healthy Behaviors Rewards	9	5	4	0	1	4	4
Weight Management Healthy Behaviors Rewards	14	3	11	0	6	3	5
Alcohol and Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	3	0	3	0	3	0	0
Well Child Visit Healthy Behaviors Rewards	235	102	133	235	0	0	0
Community Care Plan							
Tobacco Cessation	1	1	0	0	0	1	0

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

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Obesity Management	0	0	0	0	0	0	0
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Staywell							
Medically Approved Smoking Cessation Program:	294	116	178	6	105	147	36
Medically Directed Weight Loss Program:	7081	2716	4365	2589	2334	1666	492
Alcohol or Substance Abuse Recovery Program:	33	13	20	4	17	11	1
New Member Healthy Behaviors: Health Risk Assessment	122,157	53,096	69,061	85,246	23,128	9,348	4,435
New Member Healthy Behaviors: Initial PCP Visit	122,110	53,078	69,032	85,225	23,111	9,340	4,434
Children's Healthy Behaviors: Well Child Visit	27,553	14,224	13,329	27,553	0	0	0
Children's Healthy Behaviors: Child Health Check Up	109,403	55,814	53,589	109,403	0	0	0
Children's Healthy Behaviors: Adolescents Check Up	288,384	144,555	143,829	284,419	3965	0	0
Children's Healthy Behaviors: Dental Check Up	454,575	229,834	224,741	450,610	3965	0	0
Well Woman Healthy Behaviors: Screening Mammogram	36,222	0	36,222	0	2328	29,133	4,761
Diabetes Healthy Behaviors: Eye Exam	16,693	5,530	11,163	356	3,650	9,068	3,619
Diabetes Healthy Behaviors: HgbA1C Control	16,695	5,530	11,165	356	3,653	9,066	3,620

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

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Diabetes Healthy Behaviors: LDL Control	16,699	5,531	11,168	356	3,652	9,071	3,620
Healthy Pregnancy Behaviors: Prenatal Visits	8,352	0	8,352	1,512	6,690	144	6
Healthy Pregnancy Behaviors: Postpartum Visits	4,320	0	4,320	1,261	3,021	38	0
Sunshine Health*							
Tobacco Cessation Healthy Rewards	20	7	13	0	2	13	5
Weight Loss Healthy Rewards	31	8	23	3	10	17	1
Substance Abuse Healthy Rewards	5	3	2	0	1	3	1
Breast Cancer Screening:	748	0	748	0	0	456	292
Cervical Cancer Screening:	5637	0	5637	0	4526	1024	87
Diabetic Screening:	155	56	99	0	9	90	56
Postpartum Visits:	706	0	706	81	615	10	0
Prenatal Visits:	152	0	152	16	129	7	0
Preventive Adult Primary Care Visits:	5387	1065	4322	0	3228	1683	476
Preventive Dental for Children:	34214	16722	17492	34213	1	0	0
Preventive well child PCP visits:	62167	31552	30615	62078	89	0	0
Well Child visits in first 15 months:	2127	1095	1032	2127	0	0	0
Behavioral Health Post Hospitalization follow up visit:	112	69	43	112	0	0	0
UnitedHealthcare							
Tobacco Cessation – text2quit	0	0	0	0	0	0	0

*Includes standard and specialty plans

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

Program	Total Enrolled	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Florida Population Health/Health Coaching for Weight Loss	3	1	2	1	1	1	0
Substance Abuse Incentive	0	0	0	0	0	0	0
Baby Blocks	2,873	0	2,873	192	2,608	73	0

*Alcohol and/or substance abuse program.

Table B
Healthy Behavior Programs
Completion Statistics
(July 1, 2016 – September 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Amerigroup Florida							
Smoking Cessation	4	1	3	0	1	3	0
Weight Management	6	1	5	0	1	5	0
Alcohol and/or Substance Abuse	0	0	0	0	0	0	0
Maternal Child	71	0	1	70	71	0	0
Dental	21	8	13	21	0	0	0
Immunizations	0	0	0	0	0	0	0
Better Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Management	0	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0	0
Maternity	2	0	2	0	2	0	0
Well Child Visits	51	30	21	51	0	0	0
Children's Medical Services							
Tobacco Cessation	0	0	0	0	0	0	0
Overcoming Obesity	2	0	2	2	0	0	0
Changing Lives*	0	0	0	0	0	0	0
Clear Health Alliance							
Quit Smoking Healthy Behaviors Rewards	0	0	0	0	0	0	0

Table B
Healthy Behavior Programs
Completion Statistics
 (July 1, 2016 – September 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Weight Management Healthy Behaviors Rewards	0	0	0	0	0	0	0
Alcohol & Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	0	0	0	0	0	0	0
Well Child Visit Healthy Behaviors Rewards	0	0	0	0	0	0	0
Coventry							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	0	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0	0
Freedom Health							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	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	2	1	1	0	0	2	0
Substance Abuse	0	0	0	0	0	0	0
Mom's First Prenatal & Postpartum	284	0	284	27	249	8	0
Pediatric Well Visit (PWV) Program	1435	719	716	1435	0	0	0
Baby Well Visit (BWV) Program	0	0	0	0	0	0	0
Magellan Complete Care							
Smoking & Tobacco Cessation	3	1	2	0	1	2	0
Weight Management	2	0	2	0	2	0	0
Substance Abuse	3	1	2	0	2	1	0
Molina							
Smoking Cessation	6	2	4	2	4	0	0

Table B
Healthy Behavior Programs
Completion Statistics
(July 1, 2016 – September 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Weight Loss	0	0	0	0	0	0	0
Alcohol or Substance Abuse	9	4	5	0	5	4	0
Pregnancy Health Management	1966	0	1966	187	1737	42	0
Well Child	4307	N/A	N/A	4307	0	0	0
Adult Access to Preventative & Ambulatory Health Services	0	0	0	0	0	0	0
Positive Health Care							
Quit for Life Tobacco Cessation	0	0	0	0	0	0	0
Weight Management	0	0	0	0	0	0	0
Alcohol Abuse	0	0	0	0	0	0	0
Prestige Health Choice							
Smoking Cessation	0	0	0	0	0	0	0
Weight Loss	1	0	1	0	0	1	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
Comprehensive Diabetes Care Program	258	74	184	1	16	152	89
Maternity Program	7	0	7	0	7	0	0
Well-Child Program	82	39	43	82	0	0	0
Simply							
Quit Smoking Healthy Behaviors Rewards	0	0	0	0	0	0	0
Weight Management Healthy Behaviors Rewards	0	0	0	0	0	0	0
Alcohol and Substance Abuse	0	0	0	0	0	0	0
Maternity Healthy Behaviors Rewards	0	0	0	0	0	0	0
Well Child Visit Healthy Behaviors Rewards	31	9	22	31	0	0	0

Table B
Healthy Behavior Programs
Completion Statistics
(July 1, 2016 – September 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Community Care Plan							
Tobacco Cessation	2	1	1	0	0	2	0
Obesity Management	0	0	0	0	0	0	0
Alcohol or Substance Abuse	0	0	0	0	0	0	0
Staywell							
Medically Approved Smoking Cessation Program:	8	4	4	3	2	3	0
Medically Directed Weight Loss Program:	18	4	14	2	8	8	0
Medically Approved Alcohol or Substance Abuse Recovery Program:	3	0	3	0	3	0	0
New Member Healthy Behaviors: Health Risk Assessment	64	26	38	28	17	19	0
New Member Healthy Behaviors: Initial PCP Visit	151	58	93	85	40	25	1
Children's Healthy Behaviors: Well Child Visit	192	67	125	141	48	3	0
Children's Healthy Behaviors: Child Health Check Up	48	20	28	38	10	0	0
Children's Healthy Behaviors: Adolescents Check Up	111	60	51	92	12	7	0
Children's Healthy Behaviors: Dental Check Up	162	72	90	135	19	8	0
Well Woman Healthy Behaviors: Screening Mammogram	27	2	25	3	6	16	2
Diabetes Healthy Behaviors: Eye Exam	17	4	13	4	6	7	0

Table B
Healthy Behavior Programs
Completion Statistics
(July 1, 2016 – September 30, 2016)

Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
Diabetes Healthy Behaviors: HgbA1C Control	5	1	4	1	0	4	0
Diabetes Healthy Behaviors: LDL Control	6	2	4	1	0	5	0
Healthy Pregnancy Behaviors: Prenatal Visits	74	4	70	9	64	1	0
Healthy Pregnancy Behaviors: Postpartum Visits	57	5	52	8	46	3	0
Sunshine Health*							
Tobacco Cessation Healthy Rewards	5	4	1	1	1	1	2
Weight Loss Healthy Rewards	14	3	11	0	6	5	3
Substance Abuse Healthy Rewards	1	0	1	0	0	1	0
Preventive Adult Primary Care Visits	0	0	0	0	0	0	0
Breast Cancer Screening:	748	0	748	0	0	456	292
Cervical Cancer Screening:	5637	0	5637	0	4526	1024	87
Diabetic Screening:	155	56	99	0	9	90	56
Postpartum Visits:	706	0	706	81	615	10	0
Prenatal Visits:	152	0	152	16	129	7	0
Preventive Adult Primary Care Visits:	5387	1065	4322	0	3228	1683	476
Preventive Dental for Children:	34214	16722	17492	34213	1	0	0
Preventive well child PCP visits:	62167	31552	30615	62078	89	0	0
Well Child visits in first 15 months:	2127	1095	1032	2127	0	0	0

*Includes standard and specialty plans

Table B
Healthy Behavior Programs
Completion Statistics
 (July 1, 2016 – September 30, 2016)

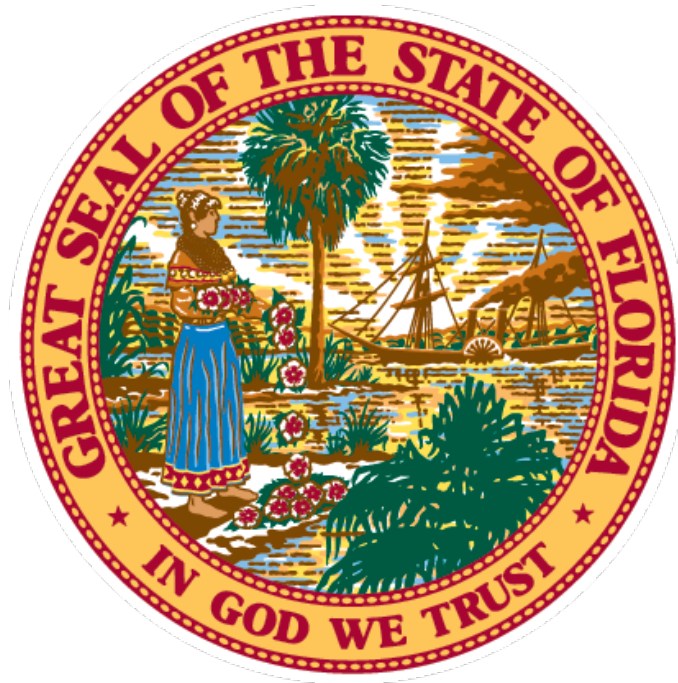
Program	Total Completed	Gender		Age (years)			
		Male	Female	0–20	21–40	41–60	Over 60
UnitedHealthcare							
Tobacco Cessation – text2quit	0	0	0	0	0	0	0
Florida Population Health/Health Coaching for Weight Loss	0	0	0	0	0	0	0
Substance Abuse Incentive	0	0	0	0	0	0	0
Baby Blocks	243	0	243	9	226	8	0

Attachment IV

**Quarterly Critical Incidents Summary
July 2016 – September 2016**

	Amerigroup	Better Health	Clear Health Alliance	CMS	Coventry	Freedom	Humana	Magellan	Molina	Positive	Prestige	Community Care Plan	Simply	Staywell	Sunshine	United	Total By Incident Type
Incident Type	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events	# of Events
Enrollee Death	0	0	0	7	0	0	1	4	3	0	1	0	0	0	0	0	16
Enrollee Brain Damage	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Enrollee Spinal Damage	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Permanent Disfigurement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fracture or Dislocation of bones or joints	0	0	0	1	0	0	1	2	0	0	1	0	0	1	3	0	9
Any condition requiring definitive or specialized medical attention which is not consistent with the routine management of the patient's case or patient's preexisting physical condition	0	0	0	2	0	0	0	1	0	0	1	0	0	0	23	0	27
Any condition requiring surgical intervention to correct or control	0	3	0	0	0	0	0	0	0	0	1	0	1	1	2	0	8
Any condition resulting in transfer of the patient, within or outside the facility, to a unit providing a more acute level of care	0	0	0	4	0	0	0	1	0	0	1	0	0	2	41	0	49
Any condition that extends the patient's length of stay	0	1	0	0	0	0	0	0	0	0	1	0	0	0	10	0	12
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	1	0	0	0	0	0	0	0	0	1
Total of all incidents:	0	4	0	14	0	0	2	9	3	0	6	0	1	4	79	0	122

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State of Florida
Rick Scott, Governor

Agency for Health Care Administration
Justin M. Senior, Interim Secretary

2727 Mahan Drive
Tallahassee, FL 32308

Mission Statement
Better Healthcare for All Floridians.